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Santa Barbara Substance Abuse Treatment Court

The UCSB Drug Court Research Team conducted a process evaluation of the Santa Barbara County Substance Abuse Treatment Court in Santa Barbara in January, February, and March of 2015. Team meeting observations, court session observations, stakeholder surveys and interviews, a focus group, review of administrative data, and consumer surveys were conducted. Results of this evaluation are presented and discussed.

SANTA BARBARA SUBSTANCE ABUSE TREATMENT COURT



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Executive Summary

SUMMARY

The Santa Barbara County Substance Abuse Treatment Court (SATC) was among the first 200 Drug Courts implemented in the United States. Today, Drug Courts exist nationwide in every U.S. state and territory. The SATC was designed to follow the 10 Key Components established by the National Association of Drug Court Professionals. The purpose of this study was to describe adherence of the Santa Barbara SATC to the 10 Key Components of drug courts, as well as to best practices within the field.

This process evaluation utilized nine sources of information: 1) observations of the team staffing prior to courtroom proceedings for 52 participants over seven days; 2) observations of the corresponding courtroom proceedings; 3) interviews with five SATC team members; 4) survey responses from the team members; 5) a focus group of team members regarding SATC adherence to best practices; 6) a review of SATC administrative documents and data; 7) consumer surveys with 17 SATC participants; 8) interviews with eight counselors at treatment agencies serving SATC clients; and 9) survey responses from the treatment counselors. Each method addressed aspects of the 10 Key Components critical for effective drug court functioning.

There was consistency in the information obtained through these different methods. Support was found for the court's adherence to aspects of all of the **10 Key Components**, with recommendations for future consideration also noted as indicated below:

1: Drug courts integrate alcohol and other drug treatment services with justice system case processing. The SATC engaged in multiple practices that supported adherence to Key Component 1. In line with best practices, SATC team members who attended staff meetings and status review hearings included the judge, attorneys, a treatment representative, and a probation officer. However, only one of the three treatment agencies that were identified as serving drug court clients was represented in drug court proceedings. Additionally, law enforcement and the coordinator were not involved in drug court proceedings. Compliance with Key Component 1 also requires that the stakeholders collaborate and communicate effectively with each other. Stakeholders reported that the collaboration and communication between team members was very strong, effective, and efficient. However, treatment representatives and team members indicated that there were some communication difficulties between the SATC team and treatment.

2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rehabilitation needs. The SATC engaged in multiple practices that supported their adherence to Key Component 2. In interviews and surveys, all team members reported that the SATC sets aside traditional adversarial roles to work collaboratively in the best interest of the clients and their rehabilitative needs. The defense attorney and probation officer use evidence-based eligibility criteria and risk and needs assessments to determine eligibility and suitability for the SATC. Supervision and treatment needs are also individualized to specific client needs. Decisions regarding sanctions and incentives are generally made by team consensus, with the judge arbitrating as needed.

3: Eligible participants are identified early and promptly placed in the drug court program. The SATC adhered to some practices supporting Key Component 3. For example, the program caseload stayed below the NADCP recommended 125-participant limit. However, stakeholders indicated that the time for entry into the program was not always less than 50 days from time of arrest. Moreover, given the recent passage of Proposition 47 and its subsequent effects on the criminal justice system, the number of participating clients has recently dropped.

4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. The SATC engaged in practices that supported adherence to Key Component 4. The SATC offered a variety of mental health and substance abuse recovery services, including residential treatment, sober living, day treatment, and outpatient services. Treatments were specifically chosen to be evidence-based, individualized to the participant, and delivered by qualified professionals. Treatment dosage and duration adhered to drug court best practices. Areas where this Key Component was not supported included the way support groups function, both in terms of the selection and preparation of participants and as well as administration of groups. In addition, there were three primary treatment agencies with which

the SATC worked, which is higher than the recommended one or two agencies. Moreover, there was some disagreement whether educational and vocational services are available to clients.

5: *Abstinence is monitored by frequent alcohol and other drug testing.* The SATC engaged in practices that supported its adherence to Key Component 5. Team members and counselors agreed that drug test results were quickly communicated to the team. Moreover, during observations, substance use progress and results of drug testing were frequently discussed, indicating that the team prioritized monitoring abstinence.

6: *A coordinated strategy governs drug court responses to participants' compliance.* Evidence from the present evaluation indicated that the SATC mostly adhered to Key Component 6. Incentives and sanctions were discussed in team meetings for more than half of the cases observed. Incentives were administered in more cases than sanctions. A majority of the responses to participant behavior occurred by way of team consensus; when consensus was not achieved, the judge was the final decision-maker. Observers noted that the treatment liaison appeared to have a great deal of input regarding decisions made by the team.

7: *Ongoing judicial interaction with each drug court participant is essential.* The SATC adhered to aspects of Key Component 7. Participants were required to attend frequent status review hearings and had an adequate opportunity to be heard. The judge maintained a professional demeanor toward participants when administering incentives and sanctions, and progressive sanctions were utilized. However, there were a few areas where the SATC did not adhere to best practices. For example, only 20% of status review hearings were heard for three or more minutes, and most participants indicated that they neither agreed nor disagreed that they had a good relationship with the judge and the team.

8: *Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.* The SATC had areas for improvement in Key Component 8. The SATC team members were unsure to what extent data was used to evaluate program effectiveness. In particular, team members did not know of any explicit attempts to ensure equivalency for historically disadvantaged members through the use of continual data monitoring. However, the SATC has made a concerted effort through team meetings, team discussions, and process and outcome evaluations to improve functioning to be in line with best practices.

9: *Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.* There is evidence that Key Component 9 has some support, but that this area also needs improvement. While all team members reported at least some informal training on drug courts, many expressed a desire and need for additional training opportunities. Most of the team members are relatively new to the SATC, so this may be a particularly useful time for team trainings. Some team members reported that there were a number of areas of drug court in which they had received little to no training, including community supervision, behavior modification, and evidence-based mental health and substance use treatments. Treatment counselors, on the other hand, reported high levels of formal, informal, and continuing education trainings.

10: *Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.* There was some support for Key Component 10. Most team members and treatment counselors felt that the community generally supports rehabilitative efforts, but is not aware of the SATC in particular. They did not feel that the drug court has garnered much positive media attention. They stated that there is a need for additional funding and publicity for the drug court. Treatment counselors provided some suggestions for ways this could be accomplished.

RECOMMENDATIONS

- 1) Team members reported both a need and a desire for more training regarding best practices in drug courts. While all team members are trained in their own particular fields, they reported less knowledge in areas outside of their traditional areas of expertise. There was a large number of new team members, many of whom had not received any formal training in drug courts. It would be beneficial to consider providing regular team trainings for all team members. Trainings could include brief informational sessions prior to team meetings in addition to attendance at a formal drug court conference.
- 2) There appeared to be some difficulty communicating between treatment and team members. It is essential that treatment counselors and the drug court team work openly and collaboratively to ensure participant success. Currently, there is only one agency with a treatment representative serving as a member of the drug court team. Having all treatment agencies represented at team meetings and court hearings would facilitate more direct and open communication. Moreover, it might be helpful for the team members to visit the treatment facilities to aid interagency understanding.
- 3) Treatment counselors reported minimal training regarding working specifically with drug court populations. Moreover, counselors frequently indicated in interviews and surveys that they were somewhat unfamiliar with certain drug court roles, procedures, or policies. Informational sessions for counselors might be beneficial to promote increased awareness of drug court policies and procedures. This would help increase interagency collaboration.
- 4) One of the foundational principles of drug courts is that consistent judicial interactions are essential for participant success. The literature suggests that a minimum of three minutes of interaction with each client during his or her hearing is necessary to gauge the participant's performance in program, intercede on the participant's behalf, emphasize to the participant the importance of compliance with treatment, or to communicate that the client's hard work and progress is valued by the team (National Association of Drug Court Professionals, 2013). Currently, the team spends an average of about two minutes with drug court clients during their hearings. It is recommended that the team continue to strive to increase the average amount of time spent on each hearing.
- 5) One finding that emerged from analyses was that participants often had different perspectives than team members and observers regarding the functioning of the drug court and the nature of their interactions with the team. How participants feel about their experiences in drug court could influence their progress. The SATC should continue to assess consumer perspectives, be aware of discrepancies, and take action as needed.
- 6) According to best practices, drug courts should place as much emphasis on incentivizing productive behaviors as it does on decreasing substance use, criminal activity, and other violations (National Association of Drug Court Professionals, 2013). The National Association of Drug Court Professionals, for example, suggests that criteria for phase promotion should include evidence that clients are participating in productive activities, such as employment, education, or peer support groups. In drug court hearings, team members should recognize individuals engaged in these types of activities and allow them opportunities to speak about these successes. Moreover, the SATC could consider including productive behaviors within their phase advancement criteria. Participants should also be given an opportunity to build these skills through involvement in vocational or educational services.

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. The SATC was designed to follow the 10 Key Components established by the National Association of Drug Court Professionals (see Table 1). A Policy Council, comprised of the Presiding Judge, District Attorney, Public Defender, Probation Officer, and representatives from treatment providers, 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 (though 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 followed to study these practices and empirically determine 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 those that did and did not employ that practice. Drug court practices were considered *Best Practices* if there were 40 or more drug courts that employed that practice which 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 National Association of Drug Court Professionals released a comprehensive review of the literature on best practices within drug courts. Due to the breadth of the list of suggested best practices, they are also presented at the end of this report.

10 KEY COMPONENTS OF DRUG COURTS

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rehabilitation needs.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

SOURCE: Office of Justice Programs (1997/2004).

Purpose

The purpose of this report was to describe the adherence of the Santa Barbara SATC to the 10 Key Components of drug courts, as well as to best practices within the field.

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 best practices; 6) a review of SATC administrative documents and data; 7) consumer surveys with SATC participants; 8) interviews completed by counselors at treatment agencies serving SATC clients; 9) survey responses from counselors at treatment agencies serving SATC clients. Three types of instruments were used: observation measures (two to assess the process of the team staffing prior to the court session and one to assess the court process itself); 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 survey to assess adherence to best practices); and an administrative data checklist (to assess adherence to the 10 Key Components and best practices). By obtaining information from multiple sources we were able to provide stronger documentation of program activities.

MEASURES

Measurement tools were used to structure observations of team meetings and courtroom hearings, as well as 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 this 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 the Key Components and best practices related to drug court functioning. All forms are attached in the Appendix.

Team Meeting Observations

The program evaluators conducted standardized observations of the SATC team's staffing. Information was recorded on time spent talking about each participant, topics discussed during the staffing meeting, the team process, and team cohesion.

Courtroom Observations

The program evaluators conducted standardized observations of the courtroom 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.

Interviews & Surveys

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, and each team member also completed a corresponding survey. Across these, respondents were asked about the role of each team member and about aspects of the court process that corresponded to each of the 10 Key Components. They were also asked about the strengths of the program and areas they would like to see improved.

Treatment Counselors

Semi-structured interviews assessing treatment counselors' knowledge 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 the role of each team member and about aspects of the court process and treatment that corresponded to each of the 10 Key Components. They were also asked about the strengths of the program and areas they would like to see improved.

Participants

A structured survey instrument was used with SATC participants using the kiosk at Probation. The survey had questions about demographics, as well as questions about participant perceptions of SATC processes, judicial interactions, and treatment-related questions reflected in the best practices.

Focus Group

A structured focus group was conducted with all team members of the SATC team in order to assess the team's adherence to best practices in the field, as outlined by Carey, Mackin, and Finigan (2012) and NADCP (2013). Each of the best practices outlined were discussed, and adherence was evaluated in part based on the team's responses.

Administrative Data

A checklist was used to determine the extent that the SATC maintained particular administrative documents and data that are recommended by the 10 Key Components and best practices literature.

Team Meeting Observations

PROCEDURES

Drug court team meetings were observed in order to describe the staffing process. Areas noted included time spent talking about each of the participants, the topics discussed, and observers' perceptions of team cohesion.

Measures

An instrument was adapted from several sources in the drug court literature (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, positive, failure to report, and diluted), sanctions, and incentives. Researchers also coded who made final team decisions as well as perceptions of team cohesion.

Data Collection

Data were collected over seven days of team meetings in Santa Barbara. Meetings were observed at the Santa Barbara courthouse. Three researchers attended each staffing. Researchers remained as inconspicuous as possible during their observations. Team meetings typically ran between 1:30 p.m. and 2:30 p.m. During each session, participants from other programs were interspersed with regular SATC participants; however, data on participants from other programs are not reported here.

RESULTS

The team meetings were held on Tuesday afternoons. Total time spent observing staff discussions of SATC cases over the seven-day period was 1 hour and 50 minutes. Staffings were for both SATC cases and cases for another treatment court. Information regarding only the SATC cases was recorded and reported. In attendance were the judge, the defense attorneys, the prosecutor, the treatment representative, the probation officer, the conflict attorney, a private attorney, bailiffs (1-2), the clerk, and a representative from Santa Barbara County's Probation Department. During two observation days, a visiting judge was presiding over the court instead of the current presiding judge.

Case Discussions

Researchers coded all of the SATC cases during the formal staff meetings over seven calendar days. On days when the current assigned judge was present, average time spent on each case was 2 minutes and 2 seconds, with a range from 5 seconds to 14 minutes, 22 seconds per case. The team spent slightly more time staffing cases this year compared to last year.

Observation	Current Assigned Judge	Visiting Judge
Total staffing time coded	1 hr. 21 min. 33 sec.	28 min. 50 sec.
Cases coded	40	12
Average time per case	2 min. 2 sec.	2 min. 24 sec.
Range in time per case	5 sec. – 14 min. 22 sec.	37 sec. - 5 min. 16 sec

The topics most frequently discussed when the current judge was present were treatment progress, case management, and court responses to client behavior (i.e., sanctions and incentives). Other topics included: general progress, housing, client substance use, drug testing results, vocational goals and progress, mental health issues, and educational goals and progress. Compared to findings from last year, this year the team discussed treatment progress, substance use, mental health, and educational progress less frequently but every other topic more frequently. In particular, the team discussed case management, housing, and sanctions and incentives much more often this year compared to the past.

Discussion Topics	Percentage of Cases	
	Current Assigned Judge	Visiting Judge
Treatment progress	<u>70%</u>	83%
Case management	<u>68%</u>	83%
Sanctions or Incentives	<u>68%</u>	50%
<i>Incentives</i>	<u>43%</u>	17%
<i>Sanctions</i>	<u>30%</u>	42%
General progress	<u>63%</u>	42%
Housing	<u>38%</u>	50%
Substance use	<u>25%</u>	42%
Drug testing	<u>23%</u>	33%
Vocational goals	<u>20%</u>	42%
Mental health	<u>5%</u>	0%
Educational goals	<u>3%</u>	0%

Decisions

Researchers reported on who they observed having the final say in a client’s case during team meeting discussions. Consensus regarding who made the decision was reached for 77% of cases. In those cases, 98% of decisions were rated as being made by team consensus and 2% of the decisions were rated as being made by the judge. In 19% of the cases, at least one person felt that either the judge or the treatment provider made the final decision. In 2% of cases, at least one person felt that probation or the public defenders made the final decision. Observers noted that the judge was often the person who stated the final decision and then looked to the team for consensus. Sometimes when there was no consensus, the final decision was deferred to a later date.

Team Cohesion

Researchers completed a scale that examined aspects of team cohesion after the conclusion of each observation day. 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 observers perceived team members as respectful toward each other, respectful toward participants, sharing information freely, working as a team, and open with each other. This was especially the case when the current judge was present. Scores for team cohesion were higher this year compared to last year, particularly in regards to respect for clients. Observers reported that the current team, particularly the judge, appeared dedicated to making drug court work for all clients and demonstrated concern for the clients. It was noted, however, that at times certain team members seemed to assert themselves more strongly than others.

Question	Current Assigned Judge Rating	Visiting Judge Rating
Did there appear to be a mutual respect between the agencies?	<u>3.9</u>	3.8
Did team members share information and knowledge freely with one another?	<u>3.6</u>	3.0
Did there appear to be a general sense of teamwork and partnership between the team members?	<u>4.3</u>	4.3
Did there appear to be an openness of information and communication between team members?	<u>4.1</u>	3.7
Did there appear to be a respect for clients (i.e., intrinsic worth, rights, capacities, and uniqueness)?	<u>4.5</u>	3.7

SUMMARY

Observations of the team process found respect conveyed for the participants and an openness of communication between the team members. Team meetings were usually spent discussing participants' progress in treatment, case management, and the court's response to client behavior (i.e., sanctions, incentives). Researchers noted that while the judge was often the person to state the final decision, he would look to the team for consensus and sometimes deferred decisions when consensus was not reached. All team members were actively involved in case discussions; however, some members seemed to have a larger role than others. Compared to last year, case discussions lasted longer and there seemed to be greater respect for clients.

Courtroom Observations

PROCEDURES

SATC hearings were observed in order to describe the review process in relation to the 10 Key Components. Areas observed included judicial interactions with participants, participant behavior, and the judge’s response to participant behavior.

Measures

One instrument per participant 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). Variables recorded included time spent on each case, case characteristics, judicial interactions with the participant, participant behavior in court, recognition of participant noncompliance and compliance, and the use of sanctions and incentives.

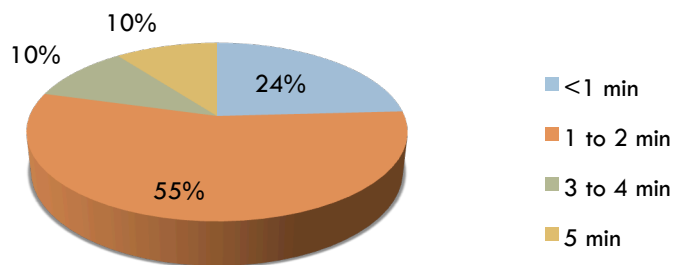
Data Collection

Data were collected over seven days of status review hearings for the SATC in Santa Barbara. Observations were completed over seven days. Court hearings were scheduled to take place between 2:30 p.m. and 3:30 p.m. on Tuesdays, immediately following the team meetings. Similar to the team meeting observations, participants from other treatment court programs were interspersed with SATC clients; however, only data on SATC clients are reported here. On two days, there was a visiting judge present. Results focus on days when the current presiding judge was present.

RESULTS

Time

There were 29 cases observed over 58 minutes, 38 seconds with the current assigned judge presiding. Average time spent per case was 2 minutes and 1 second, with a range from 22 seconds to 6 minutes, 4 seconds. The majority of cases (79%) were heard for less than three minutes. Compared to last year, however, more time was spent on average on cases. There were significantly fewer cases heard for under 1 minute than had been the case last year. The current presiding judge also spent more time on average on court hearings than the visiting judge.



Observation	Current Assigned Judge	Visiting Judge
Total time coded for status hearings	58 min. 38 sec.	18 min. 20 sec
Cases coded	29	11
Average time per case	2 min. 1 sec.	1 min. 40 sec.
Range in time per case	22 sec. - 6 min. 4 sec.	14 sec. - 6 min. 19 sec.
Percentage of Cases Heard:		
<1 minute	24%	55%
1-2 minutes	55%	27%
3-5 minutes	10%	9%
5+ minutes	10%	9%

Offenders

Over half of the participants observed were male (62%). A majority of cases heard were regular status hearings (94%) while the remainder was largely pre-participation hearings (14%). One participant (3%) was in custody at the time of her hearing. Compared to last year there was a greater percentage of female participants and fewer participants in custody at the time of their hearings.

Participants in Status Hearings

The current judge participated in all status hearings when he was present. Other participants included the treatment liaison (83% of cases), the defense attorney (15%), an interpreter (10%), the probation officer (10%), the prosecutor (10%), and a conflict or private attorney (7%). All SATC participants spoke in their hearings, and 34% shared a success story or gave an update on their progress. Compared to last year, probation officers participated in fewer court hearings and participants were more active in their own hearings.

Judicial Interactions

The current judge made regular eye contact with participants, spoke directly to the participants, and engaged with the participants by asking questions, making statements, imparting instructions, and providing advice in every status hearing observed. Additionally, he provided individualized feedback to all participants. The judge explained the consequences of compliance or noncompliance in the program to the participants in almost half of court cases observed (41%). He occasionally directed comments to the audience (7%). Compared to last year, improvements were seen across all six measures of judicial interaction. Compared to the visiting judge, the current judge was more likely to explain consequences of actions and to provide individualized feedback, which is in accordance with what we would expect to see since he has more opportunities to get to know the participants and their individual experiences. Overall, judicial interactions with participants were rated highly, even in situations where noncompliance was observed.

Observation	Current Assigned Judge	Visiting Judge
Eye contact	100%	100%
Talked directly to participant	100%	100%
Engaged with participant	100%	91%
Explained consequences	41%	27%
Commented to audience	7%	0%
Provided individualized feedback	100%	55%

Noncompliance and Sanctions

Noncompliance with some aspect of the program was observed in 31% of the cases. Program non-compliance included treatment absence(s) (17%), positive or adulterated tests (10%), violating rules at treatment (10%), unpaid fees (10%), failure to report/failure to test (7%), poor attitude (3%), lying to the court (3%), and arriving late (3%).

Sanctions were administered in 21% of cases heard. Sanctions included admonishment from the judge (14%), time in custody (5%), extended treatment (3%), sober living (3%), and termination (3%). In 14% of cases, noncompliance was reported but no sanctions were observed.

Compared to last year, noncompliance rates were about equal, but sanctions were slightly less frequent. In particular, jail sanctions were less frequent. There were also fewer types of sanctions observed, though the researchers frequently noted that the judge was often seeking alternative sanctions and seemed reluctant to use jail time as a sanction.

Recognition and Incentives

Recognition was given in 72% of cases. Recognition was observed for a variety of behaviors and accomplishments, including: doing well overall (79%), being eligible for graduation (17%), a job or school event (14%), a phase advancement (10%), working hard (3%), and a desire to take responsibility (3%).

Incentives were administered in 66% of cases. Incentives included praise from the judge (59%), receipt of a gold star (52%), courtroom applause (48%), praise from other team members (3%), shaking hands with the judge (3%), and having fees reduced (3%).

Compared to last year both recognition and incentives were given more frequently. When the visiting judge was present, recognition was observed in about the same percentage of cases but incentives were less frequently observed.

Observation	Current Assigned Judge	Visiting Judge
Noncompliance	<u>31%</u>	36%
Sanctions	<u>21%</u>	18%
Recognition	<u>72%</u>	73%
Incentives	<u>66%</u>	36%

SUMMARY

Compared to the last evaluation, there were a number of changes. Most of these changes were towards greater compliance with best practices. In part due to Proposition 47, there were fewer participants in drug court during this evaluation compared to the last evaluation. Last year, an average of nine participants were seen for court hearings each week whereas this year an average of six participants appeared each week for their hearings. Participants were more often given recognition and incentives. Clients participated more in their hearings than had been the case last year (from 45% last year to 100% this year). The team also spent on average more time per participant during their status review hearings this year (2 minutes, 1 seconds) compared to last year's evaluation (1 minutes, 38 seconds); however, this is still short of the three minutes, which would be in accordance with best practices. The team should continue to increase the average amount of time spent on court hearings, especially given that they have fewer participants than in the past. Giving participants more opportunities to share their successes with the team and each other may be one way of accomplishing this goal.

Researchers noted that the judge was interested in developing alternative sanctions to jail time. According to best practices, jail sanctions should be imposed "judiciously and sparingly." Initially, sanctions for substance use should involve therapeutic adjustments (as advised by treatment experts); later in the program, sanctions should be more punitive in nature (Marlowe, 2012). Little research is available on the efficacy of specific types of sanctions.

Stakeholder Interviews

PROCEDURES

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 was adapted and arrangements were made to meet with as many team members as possible to complete these interviews.

Measures

Interview protocols were adapted from NPC Research (2006) instruments designed specifically for the purpose of drug court process evaluations. The adapted protocol contained 22 questions on team members' perceptions of the SATC or their particular role on the team. The majority of questions focused on team functioning, transitions in the team, responsiveness to participants, and suggestions for program improvement.

Data Collection

A total of five collaborative court team members of the Santa Barbara SATC were interviewed for this report. Team members were interviewed over a two-month period in January and February. Research assistants obtained informed consent from each team member and conducted the interviews over the phone or through email. Interviews ranged from 20 to 45 minutes in length.

RESULTS

The findings focus on stakeholders' perceptions of team member roles, team cohesion, and responses to diverse participant needs. In addition, participants described what they considered to be the most effective practices of the court, areas for improvement, and recent team transitions. The interview responses were read independently by two of the authors of this report, with final decisions on how to label and describe roles reached by consensus. Quotes are provided, but edited to maintain anonymity while retaining their content.

Individual Roles

Each stakeholder was asked about his or her role within the court, and they were also asked about the roles of other team members. The following tables describe the findings on stakeholder perceptions of these roles.

Judge

The judge was described as being the leader of the team, the facilitator of team discussions, the enforcer of team decisions, and the protector of clients' rights.

Roles	Descriptions	Quotes
Leader	<ul style="list-style-type: none">▪ Preside over the court▪ Leadership role▪ Final decision maker	<i>"Certainly he is the lead of the team and has the final say as to the outcome of a case."</i>
Facilitator	<ul style="list-style-type: none">▪ Ensure the calendar moves along▪ Facilitate discussions▪ Mediate	<i>"He makes sure the calendar proceeds in an orderly manner and resolves any disputes amongst the team."</i>
Enforcer	<ul style="list-style-type: none">▪ Implement team decisions▪ Communicate with clients▪ Provide sanctions and praise	<i>"The judge is ultimately the main person. The client goes in front of the judge. That's a big deal. He's either going to give you an 'atta boy' or reprimand you. People like going in front of the judge. They like the praise."</i>
Protector	<ul style="list-style-type: none">▪ Protect clients' rights▪ Decide issues of law	<i>"One of the main roles of the judge is to ensure that all clients are treated fairly."</i>

Coordinator

This was not coded, as participants ultimately either incorrectly identified the coordinator as one of the treatment liaisons and extrapolated upon his duties or stated that a coordinator for SATC in Santa Barbara did not exist. The drug court team may consider addressing the question of whether or not there should be a more central coordinator in the future.

District Attorney

The district attorney's role was seen as both the community advocate and a team member. The district attorney's role was described as including aspects of client accountability as well as being the gatekeeper to the SATC.

Roles	Descriptions	Quotes
Gatekeeper	<ul style="list-style-type: none"> ▪ Determine eligibility ▪ Gatekeeper ▪ Get people into program 	<i>"She's the gatekeeper of those who are applying to the SATC. She determines their eligibility."</i>
Team Member	<ul style="list-style-type: none"> ▪ Participate in team discussions ▪ Provide input on treatment and violations 	<i>"She is an active participant in treatment team discussions. She provides input on treatment, consequences, and violations of terms."</i>
Client Accountability	<ul style="list-style-type: none"> ▪ Hold clients accountable ▪ Ensure proper sanctions 	<i>"She makes sure that the defense is representing their clients' shortcomings and faults in their attempts for sobriety and recommends consequences to that end."</i>
Community Advocate	<ul style="list-style-type: none"> ▪ Represent the people ▪ Ensure best practices 	<i>"She's there to represent the people, the community and the citizens."</i>

Public Defender/Defense Attorney

The public defender's role was seen as being a team member as well as a representative working in the best interest of the client. This position was seen as a liaison between the client and the team.

Roles	Descriptions	Quotes
Client Liaison	<ul style="list-style-type: none"> ▪ Gather information about client ▪ Act as the client's voice ▪ Communicate information to client 	<i>"The public defender is the liaison between the team and participants. Her job is to explain consequences to the participants and to solicit information from participants to provide to the team."</i>
Client Advocate	<ul style="list-style-type: none"> ▪ Advocate for client ▪ Protect the defendant's rights ▪ Advocate for less punitive outcomes ▪ Get client into treatment 	<i>"To help clients get the treatment they need, to ensure that the defendant is aware of his options and what consequences would result from the choices he makes, to advocate for client's wishes while keeping in mind the treatment objectives, and to protect the defendant's legal rights."</i>
Team Member	<ul style="list-style-type: none"> ▪ Participate in discussions ▪ Make recommendations 	<i>"He actively participates in team discussions and ensures that the needs of his client are being addressed."</i>
Client Support	<ul style="list-style-type: none"> ▪ Encourage client ▪ Work for the client's best interest 	<i>"They also encourage and redirect their clients."</i>

Probation Officer

Stakeholders reported that probation officers are responsible for holding offenders accountable, participating in the drug court process as a team member, and building relationships with clients.

Roles	Descriptions	Quotes
Client Supervision	<ul style="list-style-type: none"> ▪ Supervise clients in the community ▪ Ensure client compliance ▪ Conduct drug testing ▪ Monitor participant progress ▪ Handle offender violations and sanctions ▪ Conduct home visits 	<i>"The probation officer is responsible for ensuring clients are in compliance with all the terms and conditions of probation. Generally, they make sure they obey all laws."</i>
Team Member	<ul style="list-style-type: none"> ▪ Communicate client progress ▪ Participate in team discussions ▪ Make recommendations ▪ Collect and disseminate information 	<i>"Probation officers are active participants in the discussion of each case. They also gather information, such as prior histories, and provide updates to the court regarding residential treatment."</i>
Client Relationships	<ul style="list-style-type: none"> ▪ Counsel clients 	<i>"In addition to monitoring behavior and testing for controlled substances, probation officers also counsel defendants to keep them on track."</i>

Community Law Enforcement

Most stakeholders reported that community law enforcement ensure community safety and provide community supervision. However, one person stated that law enforcement has no current involvement with the drug court team, and another team member stated that law enforcement needs more compassion for vulnerable participants.

Roles	Descriptions	Quotes
Community Safety	<ul style="list-style-type: none"> ▪ Make initial arrests ▪ Keep community safe ▪ Deter crimes 	<i>"Their general role is to protect citizens and enforce the laws."</i>
Community Supervision	<ul style="list-style-type: none"> ▪ Monitor clients in community ▪ Communicate with team 	<i>"Like probation, they keep an eye on clients. They see them in the community."</i>
No Current Role	<ul style="list-style-type: none"> ▪ No current involvement on the team 	<i>"Traditionally, we don't have law enforcement involvement."</i>

Bailiff

Stakeholders described the role of the bailiff as maintaining the safety and order of the court. He was also described as a liaison with the jail, organizing the transportation of clients in custody and remanding clients who violate their orders.

Roles	Descriptions	Quotes
Maintain Order in Court	<ul style="list-style-type: none"> ▪ Maintain order of the court ▪ Keep the court safe ▪ Handle paperwork 	<i>"They maintain security during court appearances and give defendants their paperwork after their cases have been called."</i>
Jail Liaison	<ul style="list-style-type: none"> ▪ Coordinate transportation of clients in custody ▪ Remand clients 	<i>"They ensure the safety of the courtroom and assist with clients who are currently in custody. They coordinate transportation to the courtroom for the hearing."</i>

Substance Abuse Treatment Provider

The treatment providers' role was seen as providing services to clients, supporting clients, and monitoring client progress and behavior. They were described as also being an integral member of the drug court team.

Roles	Descriptions	Quotes
Monitor Progress	<ul style="list-style-type: none"> Monitor client progress Hold clients accountable 	<i>"Treatment providers ensure clients are provided with appropriate treatment and that they are working the program and complying with program expectations, and they update the team as to the progress of clients."</i>
Treatment	<ul style="list-style-type: none"> Provide treatment Determine client needs Develop treatment plans 	<i>"Their role is to craft and run a program that will help each individual."</i>
Team Member	<ul style="list-style-type: none"> Communicate client progress to team members Provide recommendations 	<i>"They provide weekly reports of clients' progress in programs, suggest individualized treatment plans, and make recommendations about useful sanctions."</i>
Support Clients	<ul style="list-style-type: none"> Encourage and support clients Guide clients through program Help clients maintain sobriety 	<i>"In addition to providing treatment for drug and alcohol issues, they give clients support in their recovery."</i>

Mental Health

In general, team members reported that county mental health provides treatment to participants and connects them to needed services. One person reported that they are not involved in drug court.

Roles	Descriptions	Quotes
Provide Treatment	<ul style="list-style-type: none"> Address mental health and substance use issues Assess clients' mental health Provide mental health treatment 	<i>"County mental health providers assess client mental health, administer and prescribe appropriate medications, and see clients at regular appointments to monitor progress."</i>
Link to Services	<ul style="list-style-type: none"> Recommend clients for treatment Connect clients to services 	<i>"The role of mental health is to make sure people who have mental health problems get them addressed with the county."</i>
No Current Role	<ul style="list-style-type: none"> No current involvement with the court 	<i>"No role."</i>

County Psychiatrist/Psychologist

According to team members, the county psychologist/psychiatrist provides mental health treatment services, monitors participant progress, and connects clients to mental health services. One person indicated that there is no psychologist on the drug court team.

Roles	Descriptions	Quotes
Provide Services	<ul style="list-style-type: none"> Assess client mental health needs Provide mental health treatment Prescribe medication Address mental health needs 	<i>"The psychiatrist is responsible for providing assessments, counseling, and – where appropriate – medications to help the defendant accomplish sobriety and mental stability."</i>
Monitor Progress	<ul style="list-style-type: none"> Monitor client mental health Monitor client medication 	<i>"Their role is assessment, administration of medications, and regular appointments to monitor progress."</i>
No Current Role	<ul style="list-style-type: none"> No involvement with the court 	<i>"No role."</i>

Diversity

Two areas of diversity were explored: gender-specific and culture-specific practices. In addition, stakeholders were asked to identify areas for improvement.

Gender-Specific Practices

Stakeholders identified gender-specific practices of the court, which included gender-specific treatment programs, groups, and sober living and residential homes. Some stakeholders could not identify any gender-specific practices. Responses were similar to last year's evaluation.

Specific practices	Descriptions	Quotes
Gender-Specific Treatment	<ul style="list-style-type: none"> ▪ Gender-specific treatment programs ▪ Gender-specific groups ▪ Gender-specific sober living and residential programs ▪ Services for pregnant women and new mothers 	<i>"Gender issues have specifically arisen in the case of a pregnant or new mother as a client. In that case, placement in a home for new mothers is done or considered."</i>
None	<ul style="list-style-type: none"> ▪ No gender-specific practices ▪ Not sure 	<i>"I am unsure there are any gender-specific practices in our court. Everything I have seen so far seems to indicate that treatment and reviews are gender neutral and individual specific."</i>

Culture-Specific Practices

Stakeholders identified a few culture-specific practices of the drug court, including Spanish-speaking groups, religious services, and interpreters. However, some individuals stated they were not aware of any culture-specific practices. Stakeholders generally indicated that they did not feel additional changes were required. These responses were consistent with those from the year before.

Specific practices	Descriptions	Quotes
Culture-Specific Practices	<ul style="list-style-type: none"> ▪ Spanish-speaking groups and counselors ▪ Religious and non-religious services ▪ Sensitive to cultural differences ▪ Interpreters 	<i>"We have some Spanish-speaking clients and those clients are certainly provided with a translator. I'm certain there are some counselors who are bilingual and bicultural and able to work with those clients."</i>
None	<ul style="list-style-type: none"> ▪ No culture-specific practices ▪ Not sure 	<i>"I do not think there are any culture-specific practices in our court, but that instead our practice is to be individual-specific while being sensitive to cultural differences."</i>
No Changes Needed	<ul style="list-style-type: none"> ▪ No changes needed 	<i>"I have not heard any concerns regarding cultural sensitivity."</i>

Community Support

The stakeholders were asked to identify ways in which the SATC had obtained community support, as well as ways in which more support could be obtained.

Practices

Most drug court team members reported that the community is generally supportive of rehabilitation but is not aware of the SATC in particular. One team member stated that the SATC specifically is well supported, citing graduation attendance as evidence of community support. In terms of suggestions for improvement, stakeholders reported that more publicity and funding for drug court would be helpful.

Specific practices	Descriptions	Quotes
Positively Supported	<ul style="list-style-type: none"> ▪ Graduations well attended ▪ Organizational support for SATC ▪ General support for rehabilitation 	<i>"Yes, there is community support. Graduations, which occur several times a year, provide a public forum which give visibility and public support for the drug court process."</i>
Community Not Aware	<ul style="list-style-type: none"> ▪ Not much public awareness of SATC 	<i>"I have not seen anything that indicates that SATC specifically is either approved of or disapproved of by the community. Rather, I can say that I feel the passing of Proposition 47 indicates that the community supports treatment over incarceration and believes that lives should not be tossed away because of addiction."</i>
Suggestions for Improvement	<ul style="list-style-type: none"> ▪ Need more publicity ▪ Need more funding 	<i>"There needs to be press releases for graduations and other things done to gain publicity. The district attorney can give press releases, so that is probably the avenue to do that."</i>

Drug Court Processes

The stakeholders were asked to identify how well various drug court processes worked, specifically the case referral process, determination of participant eligibility and exclusion, and determination of participant suitability. Stakeholders were also asked to identify ways in which these processes could be improved. The answers are outlined below.

Case Referrals, Eligibility, and Suitability

In general, stakeholders reported that case referrals, eligibility, and suitability all work well. There were some concerns that the process is too long. Additionally, a few team members indicated that there is sometimes controversy over decisions and who should make them. There appeared to be more contention regarding these practices than there was last year. Most stakeholders did not have suggestions for improvement.

Specific practices	Descriptions	Quotes
Case Referral	<ul style="list-style-type: none"> ▪ Generally works well ▪ Process is long 	<p><i>"The process works well enough in that all that happens is a defendant is referred by an attorney to the program and then he is assessed."</i></p> <p><i>"It could be improved. It takes a little time to get people into program."</i></p>
Eligibility	<ul style="list-style-type: none"> ▪ No issues ▪ Not everyone is aware of criteria 	<p><i>"Works just fine. The District Attorney determines eligibility based on the circumstances of the case."</i></p> <p><i>"I do not feel like the attorneys in other courts that are referring cases to SATC know which of their clients would be eligible."</i></p>
Suitability	<ul style="list-style-type: none"> ▪ Generally works well ▪ Too lenient 	<p><i>"I feel like probation does a good job meeting with defendants and determining suitability."</i></p> <p><i>"In two and a half years, probation has found all eligible clients to also be suitable."</i></p>
Suggestions for Improvement	<ul style="list-style-type: none"> ▪ Process needs to be quicker ▪ Treatment should be involved in suitability ▪ No recommendations 	<p><i>"I think they work fine, but they could be done quicker."</i></p> <p><i>"I'm not quite sure why probation does suitability – that should be a treatment thing."</i></p>

Team Cohesion

Each stakeholder was asked to answer questions about team cohesion. Stakeholders were also asked to provide examples of situations when the team works well and examples of situations when the team does not work well together. In addition, stakeholders were asked to provide suggestions for improvement when they responded with situations where the team does not work well together. Answers to these questions were grouped together into two main headings: Team Cohesion and Team Struggles.

Team Cohesion

All stakeholders reported that the current team works well together, which was an improvement from the past. In particular, the team stated that they collaborate well with each other, especially when clients are in trouble.

Primary Themes	Descriptions	Quotes
Collaboration	<ul style="list-style-type: none"> ▪ Collaborate together ▪ Openly share information and opinions ▪ Gather input from everyone ▪ Bring different perspectives 	<i>"I think the team works together really well, even when we have opposing opinions. Everyone has a different way of looking at things, which is okay. In the end, we come to a better decision because of it."</i>
Support Clients	<ul style="list-style-type: none"> ▪ Work for best interests of clients ▪ Support and encourage clients ▪ Work together when clients are in crisis 	<i>"I think we work very well together. Everyone has a cooperative attitude and everyone is interested in ensuring that the clients are demonstrating progress in their program."</i>

Team Struggles

Stakeholders were also asked to identify team struggles. Most of the team members failed to identify examples of times when the team struggles. Those who did indicated that there are times during discussions when people talk over each other or do not gather all information before jumping to conclusions. One person had a suggestion for improvement, which was more training for the team.

Primary Themes	Descriptions	Quotes
Fail to Listen	<ul style="list-style-type: none"> ▪ Talk over each other ▪ Jump to conclusions 	<i>"Sometimes there are too many people speaking at once. They are all good ideas, but everyone is trying to speak at the same time."</i>
None	<ul style="list-style-type: none"> ▪ No examples 	<i>"So far, I have not seen an instance where the team failed to work together well."</i>
Suggestions for Improvements	<ul style="list-style-type: none"> ▪ More trainings 	<i>"The more information one has, the better it is for the client and team. Training is always good – period. Trainings let people see the way things are supposed to be or what they should look like. I don't think there's enough training."</i>

Court Transitions

Stakeholders were asked several questions to gauge the impact of team transitions on the court. Stakeholders were asked how they felt the team has changed recently. They were also asked how they had been prepared for serving on the drug court team and what preparation they would advise for other individuals transitioning into their position.

Team Changes

When asked how the team had changed since last year, all team members reported that there were a number of new team members.

Specific practices	Descriptions	Quotes
New Members	<ul style="list-style-type: none"> New team members 	<i>"The two changes I am aware of are that the Deputy District Attorney and the Deputy Public Defender changed."</i>

Preparations for Drug Court

The majority of the drug court team members indicated that they had not received any specialized formal training prior to serving on the SATC. However, team members indicated that they had a number of informal training experiences, including prior experience with similar clients and courts, observations, consultation with previous team members, and self-study.

Specific practices	Descriptions	Quotes
Formal Training	<ul style="list-style-type: none"> School NADCP Formal trainings 	<i>"I attended NADCP in Anaheim and have attended multiple day-long trainings in Santa Barbara County."</i>
Informal Training	<ul style="list-style-type: none"> Prior experience with similar clients and courts Observations Consultation with prior members Self-study 	<i>"I attended two hearings with the person in my position prior, so that was kind of my training. I also had some literature to read. Finally, I've been working at this job for a number of years, so a lot of that general knowledge still applies."</i>

Suggestions for Preparations for Drug Court

Stakeholders provided suggestions for future staff transitions into the SATC team. These included aspects of formal trainings, such as drug court conferences, as well as informal trainings, including shadowing predecessors.

Specific practices	Descriptions	Quotes
Formal Training	<ul style="list-style-type: none"> National conferences Trainings on addiction Trainings on drug courts 	<i>"Going to conferences or workshops on drug courts would be helpful."</i>
Informal Training	<ul style="list-style-type: none"> Prior experience in the field Shadow predecessor Become familiar with best practices 	<i>"Anyone from our office would have the necessary experience. I do not think specific training is necessary. However, I do think it would be useful to shadow the predecessor for a few court dates prior to taking over."</i>

Courtroom Practices

Stakeholders were asked to answer questions on most effective court practices as well as areas for improvement.

Most Effective Practices

Stakeholders identified a number of SATC processes that they felt were promising practices. These included community supervision, weekly court reviews, positive reinforcement, and the length of the program. In addition, the collaborative team process and the dedication of the team were cited as strengths of the program.

Specific practices	Descriptions	Quotes
Drug Court Processes	<ul style="list-style-type: none"> ▪ Community supervision ▪ Weekly court reviews ▪ Positive reinforcement ▪ Length of program 	<i>“Well, everything is good. The length of the program is good – the longer, the better. The court reviews are good. The community supervision – I like that.”</i>
Team Process	<ul style="list-style-type: none"> ▪ Collaboration ▪ Team cares about clients ▪ Team is dedicated ▪ Team values the program 	<i>“We have a lot of individuals who are dedicated to helping people overcome addictions. It comes down to the individual and the people on the front lines-attorneys, probation, etc. - who give a lot of effort and worry. It is our strongest component.”</i>

Areas for Improvement

Most stakeholders stated that they did not have any ideas for improvements at this time. Two possible improvements were suggested: more trainings and a less democratic decision-making process.

Specific practices	Descriptions	Quotes
Decision-Making Process	<ul style="list-style-type: none"> ▪ Less democratic decision-making process 	<i>“Although a democratic approach is currently in place, I believe that certain voices and perspectives on the treatment team should be differentially weighed based on experience and time with certain offenders, rather than a popular vote. Popular vote ignores substantive experience with certain offenders and can enable certain clients to get over on the process at times, which is an impediment to their progress.”</i>
Training	<ul style="list-style-type: none"> ▪ More trainings 	<i>“We should have more trainings. It could be anything – a video, an actual training. Time is a factor. We could schedule a video, for example, to watch together before court instead of going somewhere. I would watch that.”</i>
No Suggestions	<ul style="list-style-type: none"> ▪ No suggestions provided 	<i>“No, I believe that SATC court is operating very well. I don’t see any area where we can improve the efficiency or positive outcomes. I’m pleased with the way it works.”</i>

SUMMARY

The stakeholders answered questions about team roles, court specific practices, and areas of strengths and weaknesses of the SATC team. In addition, stakeholders provided various suggestions for improvement for the court in the future. Team members were unable to identify the role of the coordinator. Stakeholders either reported there is no drug court coordinator or misidentified the coordinator.

Respondents indicated that there have been a number of transitions over the past year. In particular, the judge, the district attorney, the public defender, and the probation officer are all different from last year. In general, the team thought that the drug court processes, such as eligibility, suitability, and case referrals, work fairly well, though there were some suggestions for improvement in these areas, including making the process faster and including other team members in these decisions. Areas of strength included the collaborative process and how dedicated the team is to the success of all participants. Additionally, the team felt that there were a number of promising court practices, including weekly reviews, positive reinforcement, and community supervision.

In terms of areas for improvement, members of the team reported that the drug court would benefit from more publicity, more funding, more trainings, more openness in eligibility and suitability determinations, and improved decision-making procedures.

Stakeholder Surveys

PROCEDURES

A survey was adapted from existing scales that focused on stakeholder perceptions of adherence to the 10 Key Components for drug courts. Stakeholders completed the survey before or after in-person interviews with the research team.

Measures

A survey protocol was adapted from three scales by Hiller and colleagues (Hiller, Unpublished; Hiller et al., 2010; NPC Research, 2006) created to assess adherence to the 10 Key Components of drug courts. The adapted survey contained 37 questions. Each question solicited agreement ranging from *1= Strongly Disagree* to *5=Strongly Agree*.

Data Collection

A total of five team members involved in the SATC completed the survey. Surveys were distributed to the stakeholders prior to the in-person interviews, and were completed at various times before and after the in-person interviews took place. Research assistants obtained informed consent prior to surveying each team member.

RESULTS

Responses for each question are separated according to topic areas derived from Hiller et al.'s (2010) factor analysis, with each of the corresponding Key Components identified beneath each area. Hiller and colleagues' scale examined perceptions of drug courts' adherence to the 10 Key Components of Drug Courts. The authors found that while several of the Key Components stood alone, others could be collapsed into combined categories.

Eligibility and Program Components

This category includes aspects of Key Components 3, 4, 5, 6, and 7 and speaks to eligibility and suitability requirements and standard program components.

- *Key Component 3* -- Eligible participants are identified early and promptly placed in the drug court program.
- *Key Component 4* – Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- *Key Component 5* – Abstinence is monitored by frequent alcohol and other drug testing.
- *Key Component 6* – A coordinated strategy governs drug court responses to participants’ compliance.
- *Key Component 7* – Ongoing judicial interaction with each drug court participant is essential.

Overall, the team was rated positively across all aspects of eligibility and program components. In particular, there was a strong consensus that participants attend regular status hearings, participants are required to watch other participants’ status hearings, participants can be referred to higher levels of treatment, drug test results are quickly communicated, and minor infractions result in minor sanctions. Compared to last year, there was stronger agreement that these program components are implemented according to best practices. In particular, more team members reported that gender-specific treatment is available this year than last year.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
A participant must meet explicit legal criteria to be eligible for the program.	0%	0%	<u>20%</u>	<u>20%</u>	<u>60%</u>
A potential participant must meet distinct treatment criteria to be eligible for the program.	0%	0%	<u>20%</u>	<u>40%</u>	<u>40%</u>
Participants attend regular status/review hearings with the judge.	0%	0%	0%	0%	<u>100%</u>
Participants are required to watch the status hearings/reviews of the other participants.	0%	0%	0%	<u>20%</u>	<u>80%</u>
Participants can participate in educational and vocational assessment and training.	0%	0%	<u>20%</u>	<u>60%</u>	<u>20%</u>
A participant may be referred to a higher level of treatment if needed.	0%	0%	0%	<u>20%</u>	<u>80%</u>
Gender-specific treatment is available to those who want it.	0%	0%	<u>40%</u>	<u>40%</u>	<u>20%</u>
Culturally-sensitive interventions are utilized.	0%	0%	<u>20%</u>	<u>60%</u>	<u>20%</u>
Drug test results are quickly communicated to the drug court team.	0%	0%	0%	<u>20%</u>	<u>80%</u>
Precautions are taken to prevent participants from tampering with their drug tests.	0%	0%	0%	<u>60%</u>	<u>40%</u>
The severity of the sanction is matched with the seriousness of the infraction.	0%	0%	<u>20%</u>	<u>20%</u>	<u>60%</u>
Minor infractions result in minor sanctions.	0%	0%	0%	<u>20%</u>	<u>80%</u>

Therapeutic and Individual Jurisprudence

This category includes aspects of Key Components 2, 4, and 6 and speaks to the therapeutic aspect of the drug court process and the individualized interventions for drug court participants based on their needs.

- *Key Component 2* – Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ rehabilitation needs.
- *Key Component 4* –Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- *Key Component 6* – A coordinated strategy governs drug court responses to participants’ compliance.

There were overwhelmingly positive responses to questions regarding the individualization of services and the therapeutic nature of the drug court. All team members agreed that traditional adversarial roles are set aside, both therapeutic and court goals are represented, and sanctions and incentives are individualized based on client compliance and progress. Additionally, there was greater consensus that treatment is individualized for participants this year than in the past.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
Traditional adversarial roles are set aside during the drug court process.	0%	0%	0%	60%	40%
The operations of the drug court reflect both court and treatment goals.	0%	0%	0%	60%	40%
Treatment plans are individualized to the needs of each participant.	0%	0%	20%	20%	60%
Treatment plans are similar for each participant.	0%	0%	40%	40%	20%
All participants receive the same set of treatment services.	40%	60%	0%	0%	0%
Rewards are matched to the level of compliance shown by the participant.	0%	0%	0%	60%	40%
The drug court judge tends to individualize the sanctions given to the participant.	0%	0%	0%	20%	80%
The drug court rewards participant progress in the program.	0%	0%	0%	20%	80%
Sanctions are effective for influencing participant compliance.	0%	0%	0%	20%	80%

Team Collaboration and Communication

This category is mostly comprised of items related to Key Component 1, but it also involves an aspect of Key Component 9. This category speaks to the level of team collaboration and communication experienced within the drug court.

- *Key Component 1* – Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- *Key Component 9* – Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

For the most part, there was a high level of agreement on items within this section. Team members agreed that the judge values treatment providers’ recommendations, decisions are made collaboratively, everyone feels that they are important members of the team, and treatment and court staff work well together. Some team members indicated that treatment and staff have a difficult time communicating with each other. Responses were slightly less positive than last year, which is likely a reflection of the many changes that have taken place with team members in the past year and the need to re-establish group dynamics with the new team.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
The judge values the treatment providers’ recommendations about the participants.	0%	0%	0%	0%	100%
Court and treatment staff have a difficult time communicating with each other.	60%	0%	0%	20%	20%
The team has worked hard to understand each other’s perspective.	0%	0%	20%	20%	60%
Major decisions are made collaboratively by the drug court team.	0%	0%	0%	20%	80%
Everyone feels like they are an important part of the drug court team.	0%	0%	0%	20%	80%
Team members understand each other’s roles.	0%	0%	0%	40%	60%
Treatment and court staff work well together.	0%	0%	0%	20%	80%

Community Support

This category reflects Key Component 10, and speaks to level of support that the drug court has garnered in the community and the method in which community support is obtained.

- *Key Component 10* – Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

All team members agreed that the community is supportive of the drug court. The majority also stated that the drug court has a good network of treatment resources. There was some disagreement, however, over the media attention the drug court has received. In spite of the team reporting less favorable use of media than last year, more team members felt that the community is supportive of their efforts.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
The drug court has a rich network of treatment resources.	0%	0%	20%	40%	40%
The community is supportive of the drug court’s efforts.	0%	0%	0%	60%	40%
The drug court uses the news media to garner support.	20%	20%	40%	20%	0%
Media attention has been positive.	0%	20%	40%	40%	0%

Data Driven Program Development

This category reflects Key Component 8, the degree to which the drug court uses data and evaluation to continue to develop program efforts.

- *Key Component 8* – Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

In general, team members agreed that evaluation data has been used to make changes in the drug court; however, over half of team members either did not know or disagreed that the team regularly uses data to assess operations. Still, the number of respondents who reported that data is used regularly increased since last year.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
Evaluation data have been used to make changes in the drug court.	0%	0%	<u>20%</u>	<u>20%</u>	<u>60%</u>
The team regularly uses data to assess the operations of the program.	0%	<u>20%</u>	<u>40%</u>	<u>40%</u>	0%

Graduated Sanctions

This category reflects Key Component 6 and speaks to the manner in which the drug court responds to participant behavior with sanctions.

- *Key Component 6* – A coordinated strategy governs drug court responses to participants’ compliance.

The majority of respondents agreed that the court uses a graduated system of sanctions to address participants’ noncompliant behavior, though there was slightly less consensus on this than last year.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
The drug court uses a graduated system of sanctions to address noncompliant behavior.	0%	0%	<u>20%</u>	<u>20%</u>	<u>60%</u>

Defense and Prosecution Collaboration

This category reflects Key Component 2 and speaks to the level of collaboration between the defense and the prosecution in drug court proceedings.

- *Key Component 2* – Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ rehabilitation needs.

While respondents generally agreed that defense and prosecution work well together, there was some disagreement over whether the prosecution and defense work together to determine eligibility. It should be noted that there was a transition of the defense attorneys during the evaluation, so this result may be reflective of a transitioning period. Responses in this area were less positive than in the previous year.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
Prosecution and defense work together to identify who is eligible for court.	<u>20%</u>	0%	<u>20%</u>	<u>40%</u>	<u>20%</u>
Defense and prosecution work well together.	0%	0%	<u>20%</u>	<u>60%</u>	<u>20%</u>

SUMMARY

Across most areas surveyed, drug court team members had unanimously positive responses. In particular, team members concurred that eligibility processes, status hearings, drug testing, incentives, and sanctions all occur according to best practices. Moreover, team members overwhelmingly agreed that treatment is individualized and the team functions in a non-adversarial manner that prioritizes treatment. In general, the team also reported extremely positive views of the collaboration that occurs within the team. Compared to last year, responses were generally more positive except in regards to the collaboration between prosecution and defense. This particular result should be interpreted with caution, however, since there was a transition of district attorneys in the middle of the evaluation.

A few areas for improvement were identified. First, some team members felt that there were some difficulties in communication between treatment and team members. Having representatives from all treatment agencies present during team meetings might facilitate better communication. Additionally, there was some disagreement over the extent to which media had been used to increase awareness and support of the drug court. The team may want to consider increasing their publicity by inviting media to graduations and other events.

It is important to note when looking at agreements and disagreements that there were only five respondents. Additionally, there were some transitions in staff throughout the year and during the evaluation. The new district attorney did not complete a survey since he took over his role halfway through the evaluation. Thus, not all current perspectives are represented. Additionally, the period of transition could have disrupted some of the collaborative and communication protocols previously in place, and the team may need an adjustment period to settle into their new roles.

Treatment Counselor Interviews

PROCEDURES

The UCSB Evaluation Team interviewed treatment counselors regarding their training and their perceptions of the policies and practices of the SATC. The purpose was to determine the level of knowledge treatment providers had of the SATC process.

Measures

Interview protocols were adapted from NPC Research (2006) instruments designed for drug court process evaluations. The adapted protocol contained 19 questions, measuring treatment counselors' perceptions of the SATC, the treatment participants receive, and the counselors' training. The majority of questions focused on perceived advantages and disadvantages of participation in the SATC, how treatment differs for SATC and other clients, perceptions of SATC team members' roles, and suggestions for program improvement.

Data Collection

A total of eight treatment counselors serving clients in the Santa Barbara SATC were interviewed for this report. A majority of the interviews were conducted on the phone. Three participants chose to answer the questions on paper in writing instead. Research assistants obtained informed consent from each treatment counselor. Interviews ranged from 15 to 45 minutes in length.

RESULTS

Treatment Counselor Training

The treatment counselors were asked to identify any trainings that they had received: formal education, training at their agency, other formal trainings, trainings regarding recognizing implicit cultural biases (e.g., cultural sensitivity training), and trainings regarding correcting disparate impacts for members of historically disadvantaged groups. In addition, the treatment counselors were asked about any trainings they had received about working with drug court clients. The answers are outlined below.

Formal Education and Trainings

In general, treatment counselors reported three main sources of formal training: college and other formal certification programs, previous work and internship experiences, and regular continuing education trainings that occur at the treatment facilities.

Specific practices	Descriptions	Quotes
Formal Education	<ul style="list-style-type: none">College degreesCAADE certification	<i>"I have a bachelor's degree in psychology and a diploma at SBCC in AOD."</i>
Training at the Treatment Agency	<ul style="list-style-type: none">InternshipsContinuing education trainingsSupervision	<i>"Training is ongoing. We have continuing education hours that help us keep up in ethics, treatment planning, trauma, etc. We learn the latest techniques and ways of implementing them."</i>

Trainings for Drug Court Populations

Most treatment counselors reported that they took classes at colleges or universities that focused on multicultural sensitivity. There were some differences regarding whether counselors had received preparation or training to work specifically with drug court clients. Forty-three percent of counselors surveyed indicated they had received some type of training for drug court populations, whether through previous work experience, college classes, or other experiences. The other 57% reported that they had not received any specific training for working with drug court clients.

Specific practices	Descriptions	Quotes
Cultural Sensitivity Trainings	<ul style="list-style-type: none"> ▪ College courses ▪ Trainings at agency 	<i>"We do cultural and ethics diversity trainings every other year."</i>
Trainings to Work with Drug Court Clients	<ul style="list-style-type: none"> ▪ Previous work experience ▪ College courses ▪ Through agency ▪ None 	<i>"Not specifically for drug court populations. In my mind, someone who has chemical dependency is someone who has chemical dependency."</i>

Treatment Counselors' Perceptions of Drug Court

The treatment counselors were asked multiple questions about their perceptions of drug court, including the perceived purpose of drug court and how they felt the drug court benefited and disadvantaged the clients. The answers are outlined below.

Purpose of Drug Court

Treatment counselors reported that the main functions of drug court are to provide clients with substance abuse and mental health treatment instead of sending them to jail in hopes that it will motivate clients to change, to promote public safety by reducing recidivism, and to help clients avoid future negative consequences.

Specific practices	Descriptions	Quotes
Provide Treatment	<ul style="list-style-type: none"> ▪ Provide substance abuse treatment ▪ Address mental health needs 	<i>"To provide an evidence based form of rehabilitative treatment as an alternative to incarceration in order to reduce recidivism and provide the best possible care for the client's needs of mental health and substance abuse treatment."</i>
Avoid Negative Consequences	<ul style="list-style-type: none"> ▪ Help clients avoid going to jail ▪ Ward of future consequences 	<i>"The purpose is to head off potential problems for individuals who if a court intervention program referral did not exist, would face harsher and stiffer negative consequences from their continued use of substances."</i>
Motivate Clients	<ul style="list-style-type: none"> ▪ Educate clients ▪ Provide external motivation 	<i>"It's a diversion program to get treatment in lieu of going to jail. We educate clients that there are better options out there. They don't need to continue down the path."</i>
Public Safety	<ul style="list-style-type: none"> ▪ Prevent recidivism ▪ Promote public safety ▪ Monitor clients 	<i>"The purpose of drug court is to target offenders who are high risk, have a substantial risk for recidivism, and who have a history of not being compliant with probation due to underlying mental health issues that have not been addressed."</i>

Benefits of Drug Court

Treatment counselors reported a number of benefits of participating in drug court, including substance abuse and mental health treatment, opportunities for a second chance, avoidance of incarceration and convictions, and structure and accountability.

Specific practices	Descriptions	Quotes
Treatment	<ul style="list-style-type: none"> Provide substance abuse treatment Provide mental health treatment 	<i>"It benefits them primarily by giving them the option to do treatment instead of jail. They can access treatment, a psychiatrist, and therapy.... It addresses the underlying problem that has kept them reoffending."</i>
Second Chance	<ul style="list-style-type: none"> Provide job and educational opportunities Give clients a second chance Ward off future consequences Reduce stigma 	<i>"Drug court gives clients a chance to see how their present behavior is negatively affecting them while giving them a chance to correct their behavior before it becomes worse with correspondingly worse negative consequences."</i>
Avoid Incarceration	<ul style="list-style-type: none"> Do not receive conviction Avoid incarceration 	<i>"Those who successfully complete will have no conviction on their records, a significant benefit in future employment and career opportunities. Also, it gives them a better sense of rehabilitation through treatment instead of incarceration."</i>
Structure	<ul style="list-style-type: none"> Provide structure Hold clients accountable 	<i>"It holds them accountable, offers some structure, and encourages abstinence."</i>

Disadvantages of Drug Court

Some treatment counselors (37%) reported that there are no disadvantages to clients participating in drug court. Of those who did identify disadvantages, the time commitment was most frequently mentioned. One counselor also reported that drug court clients sometimes equate treatment with punishment.

Specific practices	Descriptions	Quotes
Time Commitment	<ul style="list-style-type: none"> Requirements are time-consuming Repetition of material causes burn out 	<i>"Some of the common problems that clients face are missing work or being laid off from work because court reviews and program requirements take up a considerable amount of time."</i>
Treatment Considered Punishment	<ul style="list-style-type: none"> View treatment as punitive 	<i>"Sometimes because they are court-ordered, they see the program as punitive not as treatment. This can make the process of recovery more challenging."</i>
None	<ul style="list-style-type: none"> None identified 	<i>"No, I don't see any disadvantages. They would not get any help in jail or prison."</i>

Treatment of Drug Court Clients

The treatment counselors were asked to indicate how client treatment needs were determined as well as the differences between how drug court and non-drug court clients are served. The answers are outlined below.

Determination of Treatment Needs

Treatment counselors reported that treatment decisions are generally made on an individual basis using formal assessments, as well looking at individual needs, client history, and propensity to change. Counselors mentioned that drug court also plays a role in determining treatment requirements. In addition, it was noted that treatment would be adjusted according to client progress or lack thereof.

Specific practices	Descriptions	Quotes
Individual Basis	<ul style="list-style-type: none"> Intake assessments Individual needs Client history Propensity to change 	<i>"It is based on their needs and their past involvement with law enforcement, their substance abuse history, and factors that delegate their lives such as medical necessity."</i>
Monitoring	<ul style="list-style-type: none"> Monitor progress and needs 	<i>"Treatment needs are determined through initial assessment and continued assessment over the duration of a client's time in program."</i>
Drug Court	<ul style="list-style-type: none"> Drug Court requirements 	<i>"Treatment needs are determined per court/legal requirements but not limited to those requirements in terms of client's treatment being customized to fit the needs of the client."</i>

Drug Court vs. Non-Drug Court Client Treatment

Treatment counselors reported that for the most part there is no difference in the treatment that drug court clients and non-drug court clients receive. The main difference reported was that drug court clients have additional goals that are specific to their court requirements. In addition, drug court clients sometimes receive treatment for longer amounts of time.

Specific practices	Descriptions	Quotes
Goals	<ul style="list-style-type: none"> Goals include complying with drug court requirements 	<i>"There are no differences in the way I work with them in terms of counseling and groups. In treatment plans, there's a goal specific to drug court – complying with court appearances and other guidelines."</i>
Treatment Duration	<ul style="list-style-type: none"> Length of program is longer 	<i>"Drug court clients will obviously have to fulfill court and legal requirements at the same time they are gaining benefit on an individual basis. Most program requirements are similar, but drug court program requirements are longer – 12 months minimum."</i>
No difference	<ul style="list-style-type: none"> None indicated 	<i>"There is no difference. All the clients need to comply with the program requirements since the structure plays an important role in recovery."</i>

Individual Roles

Each treatment counselor was asked what the role was of each of the drug court team members. The following tables describe treatment counselors' perceptions of these roles.

Judge

Most counselors described the role of the judge as being the leader and the enforcer for the team. The judge was seen as the leader in that he makes the final decisions and heads up the team. He was seen as the enforcer in that he gives legal directives, ensures compliance with treatment requirements, and doles out sanctions. Additionally, some counselors reported that the judge's role includes supporting clients and ensuring they are treated fairly.

Roles	Descriptions	Quotes
Leadership	<ul style="list-style-type: none"> ▪ The leader of the team ▪ Final decision maker 	<i>"The judge makes the ultimate decision; what he says goes."</i>
Enforcer	<ul style="list-style-type: none"> ▪ Give legal directives ▪ Ensure compliance with treatment ▪ Give sanctions 	<i>"The role of the judge in my understanding is to support the client where they are at and to make them accountable for their noncompliance. The judge is a great support because he can mandate extra structure, more programs, or evaluations for a client who is unwilling or dragging his feet."</i>
Support	<ul style="list-style-type: none"> ▪ Support clients ▪ Ensure fairness 	<i>"The judge ensures that the client is treated fairly and enforces consequences or gives praise as appropriate."</i>

District Attorney

The district attorney's role was seen as ensuring accountability and compliance of participants, protecting public safety, and working with the other team members to promote the client's best interest.

Roles	Descriptions	Quotes
Accountability	<ul style="list-style-type: none"> ▪ Participate in violations and sanctions ▪ Ensure accountability 	<i>"They actively participate in the staffing of cases and interact with the staffing team to address revocations, pleas, and application of sanctions and incentives."</i>
Public Safety	<ul style="list-style-type: none"> ▪ Represent the people ▪ Protect the public 	<i>"They represent the people - the safety of the people and the community."</i>
Team Member	<ul style="list-style-type: none"> ▪ Work collaboratively with team ▪ Identify solutions to problems ▪ Find appropriate treatment ▪ Participate in incentives 	<i>"Typically, they are there to prosecute the defendant. Here they work collaboratively with the PD and the judge to come up with a better solution than just charging and convicting."</i>

Public Defender/Defense Attorney

The public defender’s role was seen as the participants’ advocate and legal representative. Counselors stated that the defense attorney defends clients’ rights, helps them navigate the legal system, and supports clients. Some counselors also reported that the public defender acts as a team member who supports the treatment team to implement the best program for the client’s success and overall well-being.

Roles	Descriptions	Quotes
Legal Representative	<ul style="list-style-type: none"> ▪ Represent participants ▪ Defend clients’ rights ▪ Help clients navigate legal system 	<i>“The defense attorney is interested in promoting not only the legal rights but also the health and well-being of the defendant. At the same time, the defense attorney always makes the defendant’s constitutional rights the primary concern.”</i>
Client Advocate	<ul style="list-style-type: none"> ▪ Advocate for clients ▪ Work in client’s best interest ▪ Support client ▪ Seek less punitive outcomes 	<i>“The public defender ensures that clients understand their rights and advocates on behalf of the client’s desires.”</i>
Team Member	<ul style="list-style-type: none"> ▪ Support the team 	<i>“To support the treatment team to implement the best possible program and to ensure the client is meeting court and probation requirements for the client’s all around success.”</i>

Probation

Counselors reported that the role of probation officers is to hold clients accountable, provide community supervision, and work with other team members in determining the best course of action for participants.

Roles	Descriptions	Quotes
Accountability	<ul style="list-style-type: none"> ▪ Ensure compliance ▪ Give sanctions ▪ Monitor client progress ▪ Hold clients accountable 	<i>“Probation ensures that clients comply with court-mandated obligations and responsibilities set out in their probation contract.”</i>
Community Supervision	<ul style="list-style-type: none"> ▪ Provide community supervision ▪ Conduct home visits 	<i>“Probation officers provide referrals, promote abstinence, and enforce client behavior by monitoring their homes or places they are living.”</i>
Treatment Team Member	<ul style="list-style-type: none"> ▪ Connect clients to resources ▪ Support offenders ▪ Help with rehabilitation ▪ Work with other team members 	<i>“They assist the treatment team to carry out the best possible support and boundaries that will benefit the client to successfully maintain sobriety.”</i>

Substance Abuse Treatment Provider

Treatment counselors reported that the role of the treatment provider consists of providing treatment to clients to help with addiction recovery, updating the court and advocating on their clients' behalves, and acting as a case manager. Additionally counselors reported that they educate and support clients.

Specific practices	Descriptions	Quotes
Treatment Provider	<ul style="list-style-type: none"> Provide substance abuse treatment Aid with addiction recovery Teach clients coping skills 	<i>"Treatment providers provide evidence-based treatment that will support clients to successfully complete requirements..."</i>
Team Member	<ul style="list-style-type: none"> Give recommendations to the court Report on client progress Participate in weekly staffings 	<i>"At the same time, the treatment provider is an integral part of the drug court team who offers therapeutically sound suggestions and sanction ideas that could assist the client in his/her success in overall program."</i>
Case Manager	<ul style="list-style-type: none"> Provide clients with resources Conduct case management Perform drug testing 	<i>"The role is to provide treatment, give recommendations when the level of care is not high enough, and offer support and counseling. There's also the random drug testing component. Additionally, we ensure wrap-around services like therapy, social work, financial help, etc... Basically, it's effective case management."</i>
Support Clients	<ul style="list-style-type: none"> Support clients Advocate for clients 	<i>"We are there to assist the client in achieving his or her goals and to advocate when it is needed to promote ethical treatment."</i>
Educate Clients	<ul style="list-style-type: none"> Educate clients on addiction recovery Raise client awareness 	<i>"Our role is to teach clients how to become aware of their behavior and thoughts in their substance use/abuse, how these can be changed, and to provide the teaching necessary for clients to learn and develop skills and strategies to help them manage their lives and prevent a substance relapse from occurring."</i>

County Mental Health

The role of the mental health professional was described mainly as providing mental health treatment to those clients who are in need. They were also seen as consultants for both the team and the clients. Additionally, some counselors viewed county mental health as a member of the overall team and as a funder for mental health services.

Roles	Descriptions	Quotes
Treatment Provider	<ul style="list-style-type: none"> Provide mental health treatment Assist with mental health issues 	<i>"They support clients overall mental well-being and assist clients with any community based mental health programs."</i>
Consultant	<ul style="list-style-type: none"> Provide link to resources Offer recommendations Help client navigate system 	<i>"They should help clients navigate through the labyrinth that is county mental health and to make it accessible and easy to attain help for the client."</i>
Team Member	<ul style="list-style-type: none"> Act as a team member Work with substance use providers Update court on client progress 	<i>"I think they work collaboratively with everyone to make sure psychologically the client is doing well and has everything they need."</i>
Funder	<ul style="list-style-type: none"> Provide funding for treatment 	<i>"Ideally, they should be assisting in funding effective treatment for co-occurring disorders and providing services for the mentally ill."</i>

County Psychiatrist/Psychologist

The role of the County’s psychiatrist/psychologist was described as that of a treatment provider who provides assessments, prescribes and monitors medications, and creates treatment plans. Additionally, the psychiatrist was seen as a team member who collaborates with the rest of the drug court team.

Roles	Descriptions	Quotes
Treatment Provider	<ul style="list-style-type: none"> Provide assessments Prescribe and monitor medication Provide mental health treatment Create treatment plan 	<i>“The psychiatrist diagnoses patients and formulates a treatment plan for them that includes medications or therapy to ensure wellness.”</i>
Team Member	<ul style="list-style-type: none"> Give recommendations to the court 	<i>“Their role is the same as that of treatment providers. They are another link in the all important team.”</i>

Diversity

Two areas of diversity were explored in the treatment counselor interviews: gender-specific practices and culture-specific practices. In addition, stakeholders were asked to identify areas of improvement.

Gender-Specific and Culture-Specific Practices

Treatment counselors identified a number of gender- and culture- specific practices of the drug court, including gender-specific groups and curricula, perinatal programs, Spanish-speaking groups, interpreters, and cultural sensitivity trainings for counselors. One counselor stated that there are no culture-specific practices of the drug court. No treatment counselors provided suggestions for how these practices could be improved.

Specific practices	Descriptions	Quotes
Gender-Specific Services	<ul style="list-style-type: none"> Gender-specific curricula Gender-specific groups Perinatal programs 	<i>“Seeking Safety groups at Phoenix of Santa Barbara’s Dual Diagnosis Program is the only gender-specific offered group. It is appropriate due to the sensitive nature when dealing with PTSD and substance abuse issues.”</i>
Spanish Speaking Groups	<ul style="list-style-type: none"> Offer groups in Spanish 	<i>“We have some Spanish speaking counseling groups.”</i>
Interpreters	<ul style="list-style-type: none"> Translators in court 	<i>“The court provides a translator when it is needed, so this is a good way to include participants of other cultures.”</i>
Cultural Sensitivity Trainings	<ul style="list-style-type: none"> Cultural sensitivity trainings 	<i>“We received trainings, so counselors know about cultures and the ways clients from different cultures respond. Counselors use that training in sessions.”</i>
None	<ul style="list-style-type: none"> None 	<i>“We don’t have that at all. We use the Matrix model. We don’t go into cultural diversity in program.”</i>

Community Support

The treatment counselors were asked to identify ways in which the SATC had obtained community support as well as ways in which more support could be obtained.

Treatment counselors reported mixed feelings regarding the SATC’s community support. Some counselors felt that the drug court, or at least diversion programs in general, have community support. Half of the participants reported that they either do not think the drug court has support or they do not think the community is aware of it. Ideas for how the drug court could increase support included creating a newsletter, increasing publicity in Spanish, and educating the community and potential participants about the drug court. One counselor also mentioned that the drug court could use additional funding.

Specific practices	Descriptions	Quotes
SATC has Support	<ul style="list-style-type: none"> Generally positively supported Diversion has support 	<i>“I believe the whole concept of diversion has community support. The recent passage of Prop 47 is a sign of that. I’m not sure how it can be improved.”</i>
Not Supported	<ul style="list-style-type: none"> Does not have support Not sure 	<i>“I am not sure that the public is all that aware of the SATC program. Perhaps more human interest stories or interviews that are printed in the media would help.”</i>
Increase Publicity	<ul style="list-style-type: none"> Need to educate the community Create a newsletter Need publicity in Spanish Need to educate potential participants 	<i>“What I would like to see is more education and outreach to the public about the program.”</i>
Increase Lobbying	<ul style="list-style-type: none"> Lobby in Sacramento for more funding 	<i>“I would like to see more lobbying up in Sacramento for more money for the program and some way of reporting outcomes to Sacramento. They should make sure those counties that have been successful get rewarded with more funding to serve more people.”</i>

Areas for Improvement

Counselors were asked to identify areas for improvement for the drug court. Twenty-five percent were unable to identify any needed improvements. The counselors who identified areas suggested more funding, more services in Spanish, less paperwork, and having the team visit the treatment facilities. One counselor stated that the biggest issue with drug court is that some clients see treatment as a form of punishment, which makes recovery more difficult.

Specific practices	Descriptions	Quotes
No Changes Needed	<ul style="list-style-type: none"> None needed 	<i>"No, I think treatment is running successfully."</i>
More Financial Support	<ul style="list-style-type: none"> Increase funding for SATC 	<i>"At this point I think that I'm very impressed... I don't see anything that needs to improve other than possibly additional funding to expand."</i>
More Spanish-Speaking Services	<ul style="list-style-type: none"> Add more Spanish-speaking services 	<i>"It would be more effective if the Spanish-speaking population had a permanent group scheduled, so the service would be more complete."</i>
Less Paperwork	<ul style="list-style-type: none"> Decrease the amount of paperwork 	<i>"There should be less paperwork, so there is more time to concentrate on individual counseling with clients."</i>
Visit Treatment Facilities	<ul style="list-style-type: none"> The team should visit the treatment facilities 	<i>"It would be cool if the judge, the DA, and the PD would actually come down and see the treatment facility - what we do, the challenges we have, etc. Sometimes there's something I feel about a client, but I feel powerless as a counselor since members of the team are pushing for them to be moved up."</i>
Differentiate Treatment and Punishment	<ul style="list-style-type: none"> Differentiate treatment from punishment 	<i>"Some clients equate treatment as punishment instead of something they need. It makes the process of recovery more challenging. They say what they think the counselor wants to hear instead of being honest to avoid consequences."</i>

SUMMARY

Treatment counselors were asked questions about their training, their perceptions of the SATC, the treatment of drug court clients, the roles of various members of the drug court team, diversity, community support for the drug court, and ways the drug court could improve.

Counselors' responses indicated that in general, they seem to have positive perceptions of the SATC and the services provided to clients. Counselors reported that they participated in a number of formal trainings through college courses, treatment agencies, and continuing education credits. However, 57% of respondents reported that they had not been trained to work specifically with the drug court population. Treatment counselors generally agreed that drug court benefits clients by providing them with needed treatment and structure and by offering them a second chance. They reported that treatment decisions are usually made by considering both court requirements and individual needs. Additionally, counselors discussed the role of each member of the team, indicating that each team member retains some traditional roles while also acting as a collaborative member of the team whose primary interest is the client's well-being and success. Treatment counselors reported that there are some gender- and culture-specific practices, although some counselors felt that more Spanish-speaking services are needed. Counselors were divided on the extent to which they felt the SATC has garnered community support; most indicated that increasing publicity and funding for the drug court would be helpful. Other suggestions for improvement included having the team members visit the treatment facilities to increase understanding and collaboration between counselors and team members and decreasing the time commitment for drug court clients.

Treatment Counselor Surveys

PROCEDURES

A survey was adapted from existing scales that focused on treatment counselors' perceptions of adherence to the 10 Key Components for drug courts, as well as best practices in the field. Treatment counselors completed the survey as part of the interview process with the research team.

Measures

A survey protocol was adapted from three scales by Hiller and colleagues (Hiller, Unpublished; Hiller et al., 2010) created to assess adherence to the 10 Key Components of drug courts, as well as from NADCP's (2013) document outlining best practices in the field. The adapted survey contained 58 questions. Thirty-nine questions solicited agreement ranging from 1= *Strongly Disagree* to 5= *Strongly Agree*, followed by 19 questions that solicited answers of *True* or *False*.

Data Collection

Eight treatment counselors completed the survey within the same two-week period as the interviews were conducted. Research assistants obtained informed consent prior to distributing surveys to each counselor.

RESULTS

Responses for each question are separated according to topic areas derived from Hiller et al.'s (2010) factor analysis, with each of the corresponding Key Components identified beneath each area. For questions reflecting the drug court's adherence to NADCP's (2013) best practices recommendations, practices were placed under Hiller's headings where they best fit.

Eligibility and Program Components

This category includes aspects of Key Components 3, 4, 5, and 7, and speaks to eligibility and suitability requirements and standard program components.

- *Key Component 3* -- Eligible participants are identified early and promptly placed in the drug court program.
- *Key Component 4* – Drug courts provide access to a continuum of alcohol, drug, and other related services.
- *Key Component 5* – Abstinence is monitored by frequent alcohol and other drug testing.
- *Key Component 7* – Ongoing judicial interaction with each drug court participant is essential.

Hiller's Scale of 10 Key Components

In general, most treatment counselors agreed that the Drug Court follows best practices regarding eligibility and program components. In particular, all counselors agreed that drug test results are quickly communicated to the team. The item with the most ambiguity was whether gender-specific interventions are available for clients, with 50% of respondents reporting that they either disagreed with this statement or they neither agreed nor disagreed. Twenty-five percent of counselors also indicated that they neither agreed nor disagreed with the statement "Culturally-sensitive interventions are utilized." Additionally, a substantial portion of the treatment counselors (25%) disagreed that educational and vocational assessment and training are available to drug court clients.

Question	No Response	Don't Know	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
A potential client must meet distinct treatment criteria to be eligible for the program.	<u>12.5%</u>	<u>12.5%</u>	0%	0%	<u>12.5%</u>	<u>37.5%</u>	<u>25%</u>
Clients attend regular status/review hearings with the judge.	<u>12.5%</u>	0%	0%	0%	0%	<u>37.5%</u>	<u>50%</u>
Clients can participate in educational and vocational assessment and training.	0%	<u>12.5%</u>	0%	<u>25%</u>	<u>12.5%</u>	<u>37.5%</u>	<u>12.5%</u>
A client may be referred to a higher level of treatment	<u>12.5%</u>	0%	0%	0%	0%	<u>25%</u>	<u>62.5%</u>
Gender-specific treatment is available to those who want it.	0%	0%	0%	<u>12.5%</u>	<u>37.5%</u>	<u>50%</u>	0%
Culturally-sensitive interventions are utilized.	<u>12.5%</u>	0%	0%	0%	<u>25%</u>	<u>50%</u>	<u>12.5%</u>
Drug test results are quickly communicated to the team.	0%	0%	0%	0%	0%	<u>25%</u>	<u>75%</u>
Precautions are taken to prevent clients from tampering with drug tests.	<u>12.5%</u>	0%	0%	0%	<u>12.5%</u>	<u>25%</u>	<u>50%</u>

NADCP's Best Practices

Most treatment counselors indicated that they feel well-informed about drug court processes, that the drug court targets high-risk and high-needs offenders, and that clients can have co-occurring mental health or medical conditions. Although more than half of counselors reported that they have received or reviewed a copy of the policies and procedures of drug court, two counselors indicated that this was false and another person was not sure.

Question	No Response	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
I feel well informed about drug court processes.*	<u>12.5%</u>	0%	0%	<u>12.5%</u>	<u>62.5%</u>	<u>12.5%</u>
The drug court targets offenders for admissions who are high risk and high needs offenders.	0%	0%	0%	<u>12.5%</u>	<u>62.5%</u>	<u>25%</u>

*Note. This item was created by the research team and is not reflective of a specific NADCP best practice.

Question	No Response	Don't Know	True	False
Drug court clients (can) have co-occurring mental health conditions	0%	0%	<u>100%</u>	0%
Drug court clients (can) have co-occurring medical conditions.	<u>25%</u>	0%	<u>75%</u>	0%
I have received or reviewed a copy of the drug court policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments.	0%	<u>12.5%</u>	<u>62.5%</u>	<u>25%</u>

Therapeutic and Individual Jurisprudence

This category includes aspects of Key Components 4 and 6 and speaks to the therapeutic aspect of the drug court process and individualized interventions for drug court participants based on their needs.

- *Key Component 4* –Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- *Key Component 6* – A coordinated strategy governs drug court responses to participants’ compliance.

Hiller’s Scale of 10 Key Components

There was some variability in treatment counselors’ responses to questions regarding treatment and individual jurisprudence. In general, treatment counselors all agreed that treatment plans are individualized to each client; the majority felt that the drug court rewards client progress, sanctions are effective, and drug court operations reflect both court and treatment goals. Disagreement existed regarding the extent to which all clients receive the same set of treatment services.

Question	No Response	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
The operations of the drug court reflect both court and treatment goals.	0%	0%	<u>12.5%</u>	<u>12.5%</u>	<u>50%</u>	<u>25%</u>
Treatment plans are individualized to the needs of each client.	0%	0%	0%	0%	<u>12.5%</u>	<u>87.5%</u>
Treatment plans are similar for each client.	<u>12.5%</u>	0%	<u>62.5%</u>	<u>25%</u>	0%	0%
All drug court clients receive the same set of treatment services.	<u>12.5%</u>	<u>12.5%</u>	<u>25%</u>	<u>12.5%</u>	<u>25%</u>	<u>12.5%</u>
The drug court rewards client progress in the program.	<u>25%</u>	0%	0%	<u>12.5%</u>	<u>37.5%</u>	<u>25%</u>
Sanctions are effective for influencing participant compliance.	0%	0%	0%	<u>25%</u>	<u>50%</u>	<u>25%</u>

NADCP’s Best Practices

Treatment providers were asked a number of different questions regarding the extent to which they adhered to best practices in the treatment of drug court clients. There were a number of items for which one or more people indicated that they did not know the answer, neither agreed nor disagreed with statements, or simply did not respond. However, for the most part, there were high levels of agreement across most items on the treatment counselor surveys. In particular, treatment counselors had a strong consensus that treatment providers are proficient in delivering interventions; treatment providers are licensed or certified to deliver treatment; peer groups follow a structured model; a clinical assessment tool is used that diagnoses formal symptoms of addiction; clients receive 6-10 hours of counseling each week during their first phase; and the final phase of treatment is relapse prevention. In general, most counselors indicated that treatment of drug court clients largely follows best practices.

Areas of disagreement included whether adjustments to care are made based on clients’ responses to treatment rather than the programmatic phase structure of the drug court, whether treatment counselors receive supervision regarding their delivery of culturally-sensitive treatments, whether communication protocols are established between treatment and the drug court team, and whether clients are followed up with after they leave drug court.

Question	No Response	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
Of drug court offenders receiving treatment, members of historically disadvantaged groups receive the same levels of care and quality of treatment as other clients with comparable clinical needs.	<u>12.5%</u>	0%	0%	<u>25%</u>	<u>37.5%</u>	<u>25%</u>
The drug court administers evidence-based treatments that are effective for use with members of historically disadvantaged groups represented in the drug court population.	0%	0%	0%	<u>12.5%</u>	<u>62.5%</u>	<u>25%</u>
Standardized patient placement criteria govern the level of care that is provided (i.e., level of care is based on a standardized assessment of treatment needs as opposed to relying on professional judgment or discretion).	<u>12.5%</u>	0%	<u>12.5%</u>	<u>50%</u>	<u>25%</u>	0%
Adjustments to the level of care are predicated on each client's response to treatment and are not tied to the drug court's programmatic phase structure.	0%	0%	<u>25%</u>	<u>12.5%</u>	<u>37.5%</u>	<u>25%</u>
Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals.	0%	0%	0%	<u>25%</u>	0%	<u>75%</u>
Treatment providers administer behavioral or cognitive-behavioral treatments that have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.	<u>12.5%</u>	0%	0%	0%	<u>37.5%</u>	<u>50%</u>
Treatment providers are proficient at delivering the interventions.	0%	0%	0%	0%	<u>37.5%</u>	<u>62.5%</u>
Clients can be 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.	<u>12.5%</u>	<u>12.5%</u>	0%	0%	<u>50%</u>	<u>25%</u>
Treatment providers are licensed or certified to deliver substance abuse treatment.	0%	0%	0%	0%	<u>12.5%</u>	<u>87.5%</u>
Treatment providers have substantial experience working with criminal justice populations.	<u>25%</u>	0%	0%	<u>37.5%</u>	<u>25%</u>	<u>12.5%</u>
Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices.	<u>12.5%</u>	0%	0%	<u>25%</u>	<u>50%</u>	<u>12.5%</u>
Clients regularly attend self-help or peer support groups in addition to professional counseling.	<u>12.5%</u>	0%	0%	0%	<u>50%</u>	<u>37.5%</u>
The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.	0%	0%	0%	0%	<u>62.5%</u>	<u>37.5%</u>
Before clients enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy, to prepare the clients for what to expect in the groups and assist them to gain the most benefits from the groups.	<u>12.5%</u>	0%	<u>12.5%</u>	<u>25%</u>	<u>50%</u>	0%

Question	No Response	Don't Know	True	False
The clinical-assessment tool evaluates the formal diagnostic symptoms of substance dependence or addiction.	0%	0%	<u>100%</u>	0%
The clinical-assessment tool differentiates between diagnoses or symptoms of substance dependence and substance addiction.	<u>12.5%</u>	0%	<u>62.5%</u>	<u>25%</u>
If you deliver cultural or gender-specific treatments, did you receive comprehensive training on how to deliver this modality?	0%	<u>12.5%</u>	<u>75%</u>	<u>12.5%</u>
If you deliver cultural or gender-specific treatments, did you receive supervision on delivery of this modality?	<u>12.5%</u>	0%	<u>50%</u>	<u>37.5%</u>
If more than two agencies provide treatment to Drug Court clients, communication protocols are established to ensure accurate and timely information about each client's progress in treatment is conveyed to the Drug Court team.	<u>12.5%</u>	0%	<u>62.5%</u>	<u>25%</u>
Clients ordinarily receive six to ten hours of counseling per week during the initial phase of treatment.	0%	0%	<u>100%</u>	0%
Clients ordinarily receive approximately 200 hours of counseling over nine to twelve months.	<u>12.5%</u>	0%	<u>87.5%</u>	0%
Clients meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program.	0%	<u>12.5%</u>	<u>50%</u>	<u>37.5%</u>
Clients are screened for their suitability for group interventions.	<u>25%</u>	0%	<u>62.5%</u>	<u>12.5%</u>
Group membership is guided by evidence-based selection criteria (including clients' gender, trauma histories and co-occurring psychiatric symptoms).	0%	<u>75%</u>	<u>25%</u>	0%
Treatment groups ordinarily have no more than twelve clients.	<u>12.5%</u>	0%	<u>87.5%</u>	0%
Treatment groups ordinarily have at least two leaders or facilitators.	0%	0%	<u>12.5%</u>	<u>87.5%</u>
Treatment providers are supervised regularly to ensure continuous fidelity to the treatment models.	<u>12.5%</u>	0%	<u>75%</u>	<u>12.5%</u>
Clients complete a final phase of the Drug Court focusing on relapse prevention and continuing care.	0%	0%	<u>100%</u>	0%
Clients 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.	<u>12.5%</u>	0%	<u>87.5%</u>	0%
For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case managers attempt to contact previous clients 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.	<u>12.5%</u>	<u>12.5%</u>	<u>37.5%</u>	<u>37.5%</u>

Team Collaboration and Communication

This category is comprised of items related to Key Component 1 and speaks to team collaboration and communication.

- *Key Component 1* – Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Hiller's Scale of 10 Key Components

For the most part, counselors responded positively that the judge values treatment providers' recommendations and that treatment and court staff work well together. However, a large percentage of respondents either chose "I don't know" or "neither agree nor disagree" to statements regarding the collaboration between drug court team and treatment staff. In particular, half of the counselors reported that they neither agreed nor disagreed with the statement, "Court and treatment staff have a difficult time communicating with each other."

Question	Don't Know	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
The judge values the treatment providers' recommendations about the participants.	<u>12.5%</u>	0%	<u>12.5%</u>	<u>12.5%</u>	<u>37.5%</u>	<u>25%</u>
Court and treatment staff have a difficult time communicating with each other.	<u>12.5%</u>	<u>12.5%</u>	<u>25%</u>	<u>50%</u>	0%	0%
Treatment and court staff work well together.	0%	0%	0%	<u>37.5%</u>	<u>25%</u>	<u>37.5%</u>

NADCP's Best Practices

The majority of individuals agreed with the statement that treatment representatives are core members of the drug court team. None of the counselors surveyed disagreed with this statement.

Question	No Response	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings.	<u>12.5%</u>	0%	0%	<u>12.5%</u>	<u>25%</u>	<u>50%</u>

Community Support

This category reflects Key Component 10, and speaks to level of support that the drug court has garnered in the community and the method in which community support is obtained.

- *Key Component 10* – Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

Treatment counselors' responses to questions about community support for the drug court were predominantly neutral. The majority of counselors indicated that the community is supportive of the drug court's efforts; however, the remaining items received majority responses of neither agreement nor disagreement.

Question	No response	Don't Know	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
The drug court has a rich network of treatment resources.	0%	0%	0%	0%	75%	0%	25%
The community is supportive of the drug court's efforts.	0%	0%	12.5%	0%	25%	50%	12.5%
The drug court uses the news media to garner support.	0%	12.5%	0%	0%	75%	12.5%	0%
Media attention has been positive.	12.5%	12.5%	0%	0%	62.5%	12.5%	0%

Graduated Sanctions

This category reflects Key Component 6 and speaks to the manner in which the drug court responds to participant behavior with sanctions.

- *Key Component 6* – A coordinated strategy governs drug court responses to participants' compliance.

Most respondents agreed that the court uses a graduated system of sanctions to address participants' noncompliant behavior.

Question	Strongly Disagree 1	2	Neither Agree Nor Disagree 3	4	Strongly Agree 5
The drug court uses a graduated system of sanctions to address noncompliant behavior.	0%	0%	12.5%	50%	37.5%

SUMMARY

Treatment counselors answered a number of survey items regarding the extent to which the Santa Barbara SATC adheres to the 10 Key Components and best practices in the field. In general, responses were positive, indicating that most counselors believe that the drug court is following these standards. In particular, most treatment counselors agreed that eligibility criteria, status hearings, drug testing, treatment plans, peer support groups, relapse prevention, clinical assessment, and sanctions and incentives all occur according to best practices. Additionally, counselors indicated that treatment providers are highly qualified.

Some areas arose in which treatment counselors were in disagreement as to whether or not best practices are followed. Specifically, there was disagreement regarding the extent to which gender-sensitive interventions are utilized, whether vocational and educational services are available for clients, whether counselors receive copies of the policies and procedures of drug court, the extent to which all clients receive the same services, the criteria used for determining treatment placements, the supervision counselors receive, and whether there is follow-up with clients post-graduation. Additionally, responses to questions regarding communication between treatment and the drug court team indicated that this could be an area for improvement. The only item for which the majority of respondents indicated that best practices are not followed was "Treatment groups ordinarily have at least two leaders or facilitators."

On a large number of items, treatment counselors responded with neutral responses or did not respond. This could indicate ambiguity in the counselors' feelings on the items or that counselors did not know enough about the policies and procedures of the drug court in order to answer the questions. The drug court may benefit from providing information sessions or trainings on the drug court process for treatment counselors involved in the treatment of drug court clients in order to facilitate a better integrated drug court experience.

Best Practices

PROCEDURES

Two sets of information regarding best practices in drug courts (i.e., Carey, Mackin, & Finigan, 2012; National Association of Drug Court Professionals, 2013) were used to evaluate the extent to which Santa Barbara's SATC is functioning in line with best practices in the field.

Measures

The SATC was evaluated in terms of adherence to best practices, as outlined by the two best practices documents mentioned above. The best practices are separated into major and minor headings that are delineated in the same manner as they appear within NADCP's (2013) document. The SATC's adherence to best practices is demonstrated in two ways under each major section: by graphical representation and by a table detailing the information regarding the court's adherence.

Under each major heading information is provided on aspects of the best practices that fall under particular Key Components. However, it would be noted that not all of the best practices neatly exemplify practices outlined by the 10 Key Components, and this information should only be used as a guide to interpreting the results.

Graphical Representations

The graphical representation of adherence to best practices is intended to provide a brief snapshot into the SATC's adherence to best practices. A cumulative best practices score was calculated based on the number of best practices to which the SATC adhered, as outlined within that section. The blue areas of the graphs indicate the number of best practices within that section that the drug court is already implementing; the orange area indicates the number of best practices remaining to be fulfilled. In some instances, orange bars denote areas where team members stated that they did not track data; they do not inherently signify problematic practices. Bars without any orange indicate areas where all of the best practices within that section have been fulfilled.

Although NADCP outlines an ideal of best practices for drug courts, the graphs should not be interpreted to indicate that the drug court is deficient or inadequate in its provision of services; rather, this should be used as a guideline from which to view the drug court in future functioning, to the extent that these practices can be feasibly and realistically implemented.

Tabled Information

The tabled information is intended to provide a more in-depth analysis of the SATC's adherence to best practices. The table provides more detailed qualitative information regarding SATC's adherence to best practices.

Data Collection

A focus group including all of the team members was conducted in March of 2015 in order to obtain team input regarding the extent to which the team felt the practices were followed or implemented. Some of the information was supplemented with administrative documents and data.

RESULTS

The court's adherence to known best practices in drug courts is described in the tables below. In sum:

In terms of *target population*, the SATC has a set of formal entry criteria that was established based on drug court best practices and adheres to almost all aspects of best practices. Validated assessment tools are used to assess client suitability, and clients' criminal history does not automatically exclude them from being eligible participants. The only deviation from best practices within this domain was the exclusion of some clients on addiction medication.

In terms of serving *historically disadvantaged groups*, the SATC appears to be addressing equivalent access, treatment, dispositions, and incentives and sanctions. They do not collect raw data on these areas, but they frequently discuss and police themselves on these matters during their proceedings. Moreover, they reported that the drug court clientele has become increasingly diverse since the inception of the SATC. However, the SATC is unsure about equivalent retention rates across historically disadvantaged groups, and team trainings do not exist for the SATC team on cultural biases and correcting disparate impacts for historically disadvantaged client populations. Moreover, some team members expressed concern that the SATC may not meet the needs of undocumented immigrants or individuals who are financially disadvantaged.

In terms of the *roles and responsibilities of the judge*, most of these best practices were met. The judge frequently meets with participants and was observed as being supportive and respectful to clients. Additionally, the judge was perceived as the final decision-maker most of the time. Given that the judge is new to the SATC, he and the rest of the team members would benefit from additional training opportunities. Also, although the judge spent more time with participants this year than in the past, he still spent less than the recommended three minutes with participants on average.

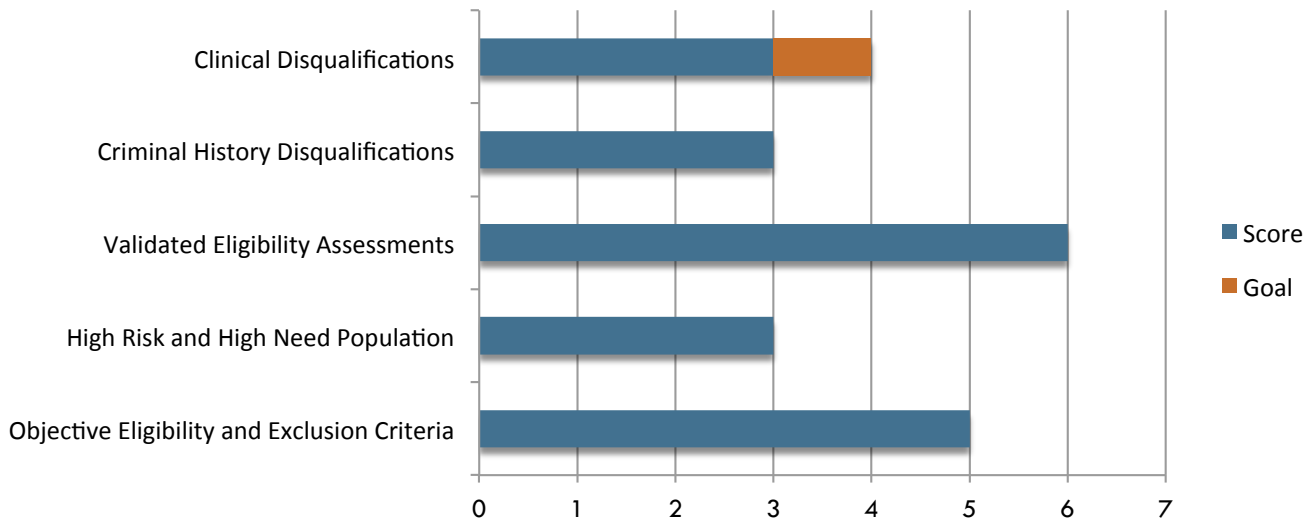
Incentives and sanctions are largely administered according to best practices. Policies and procedures regarding graduation, termination, sanctions, and therapeutic adjustments adhered to best practices. Moreover sanctions were administered respectfully and after clients had a chance to speak in their own defense. In the future, the drug court would benefit from focusing more on incentivizing productive behaviors, adjusting sanctions based on severity of offenses and time in program, and using jail sanctions more sparingly

Substance abuse treatment also followed best practices, though there were exceptions. Clients received a wide-range of evidenced-based treatments from credentialed providers. Areas where treatment deviated from best practices included level of care was sometimes determined by professional discretion or drug court phase structure; participants were occasionally kept in jail when waiting for beds in residential facilities; and only one agency sent a representative to be a member of the drug court team. Moreover, groups deviated from best practices in a number of ways, including having one facilitator, not screening participants, and not using preparatory interventions prior to peer support groups.

I. Target Population

This category includes aspects of Key Components 2 and 3 and speaks to aspects of the eligibility process and target populations served by the SATC.

- *Key Component 2* – Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ rehabilitation needs.
- *Key Component 3* – Eligible participants are identified early and promptly placed in the drug court program.



Note: The BLUE indicates the number of best practices SATC is already implementing; the ORANGE indicates the number of best practices that are left to be addressed. Each category varies in the number of total best practices that are examined.

Best Practice	True/False	Score
A. Objective Eligibility and Exclusion Criteria		5 / 5
Eligibility and exclusion criteria are: a. - defined objectively, b. - specified in writing, and c. - communicated to potential referral sources	a. True b. True c. True	a. 1 b. 1 c. 1
The Drug Court team does not apply subjective criteria or personal impressions to determine participants’ suitability for the program.	True	1
Evidence-based practices were used to design eligibility criteria.	True	1
B. High-Risk and High-Need Participants		3 / 3
a. - The drug court targets offenders for admissions who are high risk and high needs 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). -or- b.1. - 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). -and- b.2. - 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.	a. True b. True c. True	a. 1 b. 1 c. 1

Best Practice	True/False	Score
C. Validated Eligibility Assessments		6/6
Candidates for the Drug Court are assessed for eligibility using validated risk-assessment and clinical-assessment tools. ¹	True	1
Eligibility assessments are made on both risk (to determine supervision level) and needs (to determine need of treatment services).	True	1
The risk-assessment tool has been demonstrated empirically to predict criminal recidivism or failure on community supervision	True	1
The risk-assessment tool is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.	True	1
The clinical-assessment tool evaluates the formal diagnostic symptoms of substance dependence or addiction.	True	1
Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.	True	1
D. Criminal History Disqualifications		3/3
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	1
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	1
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).	True	1
E. Clinical Disqualifications		3/4
If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health conditions.	True	1
If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring medical conditions.	True	1
Candidates are not disqualified from participation in the Drug Court because they have been legally prescribed psychotropic medication.	True	1
Candidates are not disqualified from participation in the Drug Court because they have been legally prescribed addiction medication.	False	0

Summary

In general, the Santa Barbara SATC met the best practice standards for target population. They used objective, evidence-based criteria to determine eligibility. The drug court targeted high-risk and high-needs offenders. When making suitability determinations, the court uses both a clinical needs assessment and a risk assessment, and they did not automatically disqualify individuals based on a history of drug dealing, violence, medical health conditions, mental health conditions, or psychotropic medications. Compared to last year, the drug court team reported slightly more adherence to best practices in target population.

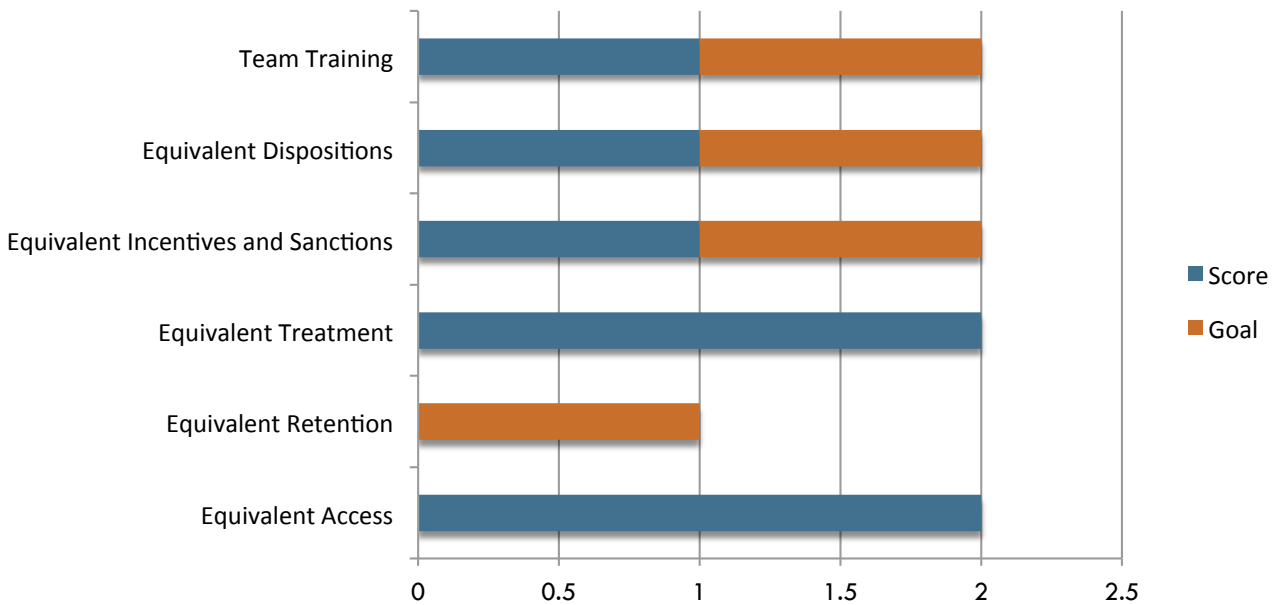
During the focus group, team members reported that there is controversy over some of the eligibility criteria. They indicated that there are some team members who would like to be more inclusive about who is allowed to participate in the SATC. Additionally, members indicated that while clients would not automatically be excluded for selling drugs, most likely in practice they would be barred from participating. Furthermore, clients prescribed methadone – an addiction medication - are not allowed to participate.

¹ In Santa Barbara, suitability and eligibility are distinct processes. Suitability – not eligibility – is determined based on clinical needs and risks and involves validated assessment measures for these purposes.

II. Historically Disadvantaged Groups

This category includes aspects of Key Components 3, 4, 6, 8, and 9 and speaks to aspects of the equivalency across SATC participants within the drug court process. It addresses equivalency of participants from historically disadvantaged groups with all other populations of participants in SATC. It also addresses the SATC’s team trainings in this area. Specifically, this category focuses on the extent to which the drug court team regularly monitors the participation and progress of participants from historically disadvantaged groups.

- *Key Component 3* – Eligible participants are identified early and promptly placed in the drug court program.
- *Key Component 4* –Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- *Key Component 6* – A coordinated strategy governs drug court responses to participants’ compliance.
- *Key Component 8* – Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- *Key Component 9* – Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.



Note: The BLUE indicates the number of best practices SATC is already implementing; the ORANGE indicates the number of best practices that are left to be addressed. Each category varies in the number of total best practices that are examined.

Best Practice	True/False	Score
A. Equivalent Access		2 / 2
a. - Eligibility criteria for the Drug Court are nondiscriminatory in intent and impact. -or- b. - 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- c. - These adjustments were not made because doing so would jeopardize public safety or the effectiveness of the Drug Court.	a. True	1
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	1

Best Practice	True/False	Score
B. Equivalent Retention		0 / 1
The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.	False	0
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	
C. Equivalent Treatment		2 / 2
Members of historically disadvantaged groups receive the same levels of care and quality of treatment as other participants with comparable clinical needs	True	1
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	1
D. Equivalent Incentives and Sanctions		1 / 2
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.	True	1
The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants.	False	0
E. Equivalent Dispositions		1 / 2
The Drug Court monitors the possibility of sentencing disparities, and takes corrective actions where needed.	False	0
Members of historically disadvantaged groups receive the same legal dispositions as other participants for completing or failing to complete the Drug Court program.	True	1
F. Team Training		1 / 2
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. False b. False	a. 0.5 b. 0.5

Summary

The Santa Barbara Drug Court seems to be working hard to ensure equivalency for historically disadvantaged groups. The team reported that in the past, the participants were overwhelmingly White, but now there are more Latinos involved. Additionally, they stated that all participants receive equitable treatment, sanctions, incentives, and access to drug court.

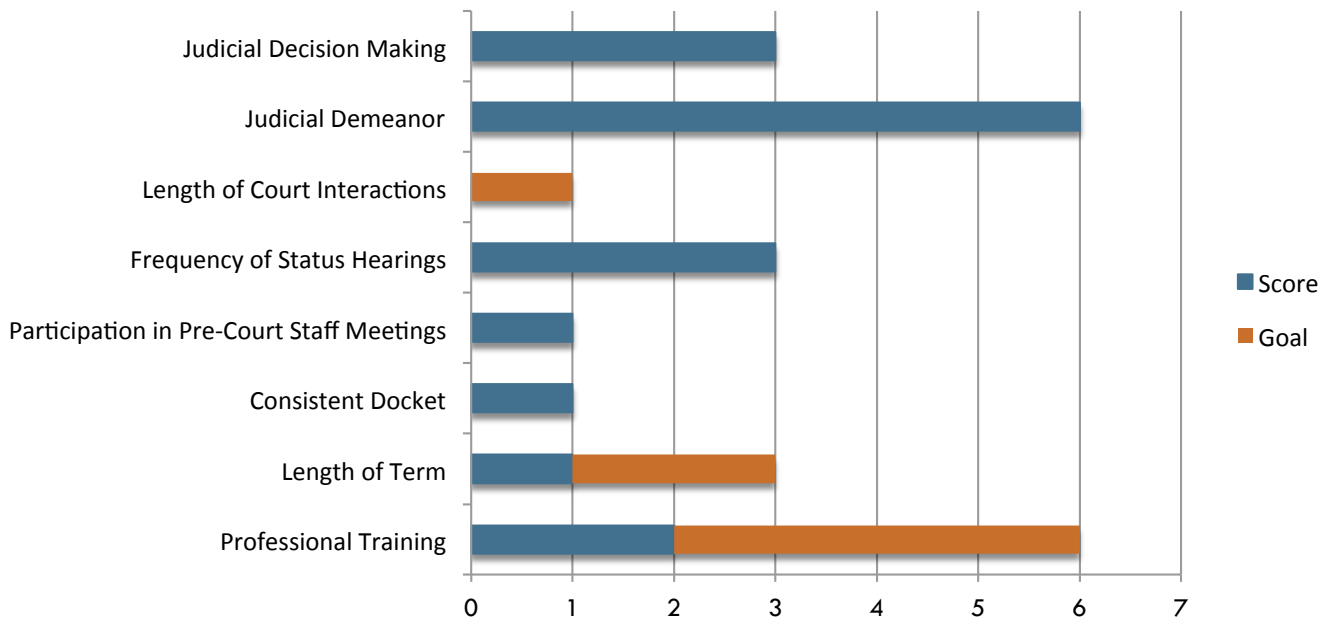
Although the drug court generally seems to provide equal access and treatment to historically disadvantaged groups, there were a few exceptions noted. Some team members reported that they would like to see more affordable treatment options for low-income participants or expansion of eligibility criteria to include undocumented immigrants. Additionally, the drug court team indicated that while they strive for equitable treatment among groups and carefully think through decisions to ensure fair treatment of all participants, they do not monitor equivalency across groups. It is important to note that the orange bars in this section do not indicate that the drug court engages in discriminatory practices; rather, it signifies that data regarding historically disadvantaged populations are not tracked and analyzed regularly. Compared to last year, team members reported slightly less monitoring of equivalency for historically disadvantaged groups.

The team stated that individually they have all attended some trainings on cultural sensitivity or disproportionate minority contact; however, they have not competed trainings together as a group, and for some individuals it has been a few years since their last training. The team expressed an interest in more trainings in this area.

III. Roles and Responsibilities of the Judge

This category includes aspects of Key Components 1, 7, and 9 and speaks to the different roles, responsibilities, and characteristics that the judge must take on within the context of the drug court processes.

- *Key Component 1* – Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- *Key Component 7* – Ongoing judicial interaction with each drug court participant is essential.
- *Key Component 9* – Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.



Note: The BLUE indicates the number of best practices SATC is already implementing; the ORANGE indicates the number of best practices that are left to be addressed. Each category varies in the number of total best practices that are examined.

Best Practices	True/False	Score
A. Professional Training		2 / 6
The Drug Court judge attends current training events (e.g., conferences, webinars, workshops) on:		
a. - legal and constitutional issues in Drug Courts,	a. True	a. 1
b. - judicial ethics,	b. True	b. 1
c. - evidence-based substance abuse treatment,	c. False	c. 0
d. - evidence-based mental health treatment,	d. False	d. 0
e. - behavior modification, and	e. False	e. 0
f. - community supervision.	f. False	f. 0
B. Length of Term		1 / 3
The judge presides over the Drug Court for no less than two consecutive years.	False	0
The judge was assigned to the Drug Court on a voluntary basis.	False	0
The judge's term on the Drug Court bench is indefinite in duration.	True	1
C. Consistent Docket		1 / 1
Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court.	True	1
D. Participation in Pre-Court Staff Meetings		1 / 1
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 Drug Court team.	True	1
E. Frequency of Status Hearings		3 / 3
Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program.	True	1
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	1
Status hearings are scheduled no less frequently than every four weeks until participants are in the last phase of the program.	True	1

Best Practices	True/False	Score
F. Length of Court Interactions		0 / 1
The Drug Court judge spends a minimum of approximately three minutes interacting with each participant in court.	False	0
G. Judicial Demeanor		6 / 6
The judge offers supportive comments to participants.	True	1
The judge stresses the importance of their commitment to treatment and other program requirements.	True	1
The judge expresses optimism about their abilities to improve their health and behavior.	True	1
The judge does not humiliate participants.	True	1
The judge does not subject participants to foul or abusive language.	True	1
The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.	True	1
H. Judicial Decision Making		3 / 3
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	1
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	1
The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions.	True	1

Summary

The Santa Barbara SATC met most of the best practice standards in terms of judicial interactions. The judge sees a consistent docket, participates in the pre-court staff meetings, and was observed to be supportive and respectful with all participants. Moreover, observers reported that the judge was the final decision-maker in meetings but relied on input from other team members to make decisions. One area in which the team did not meet best practices was for the judicial term: the current judge has only been with the drug court for less than a year and was assigned to the court. According to the team, judges typically stay for a longer period of time than has been the case recently.

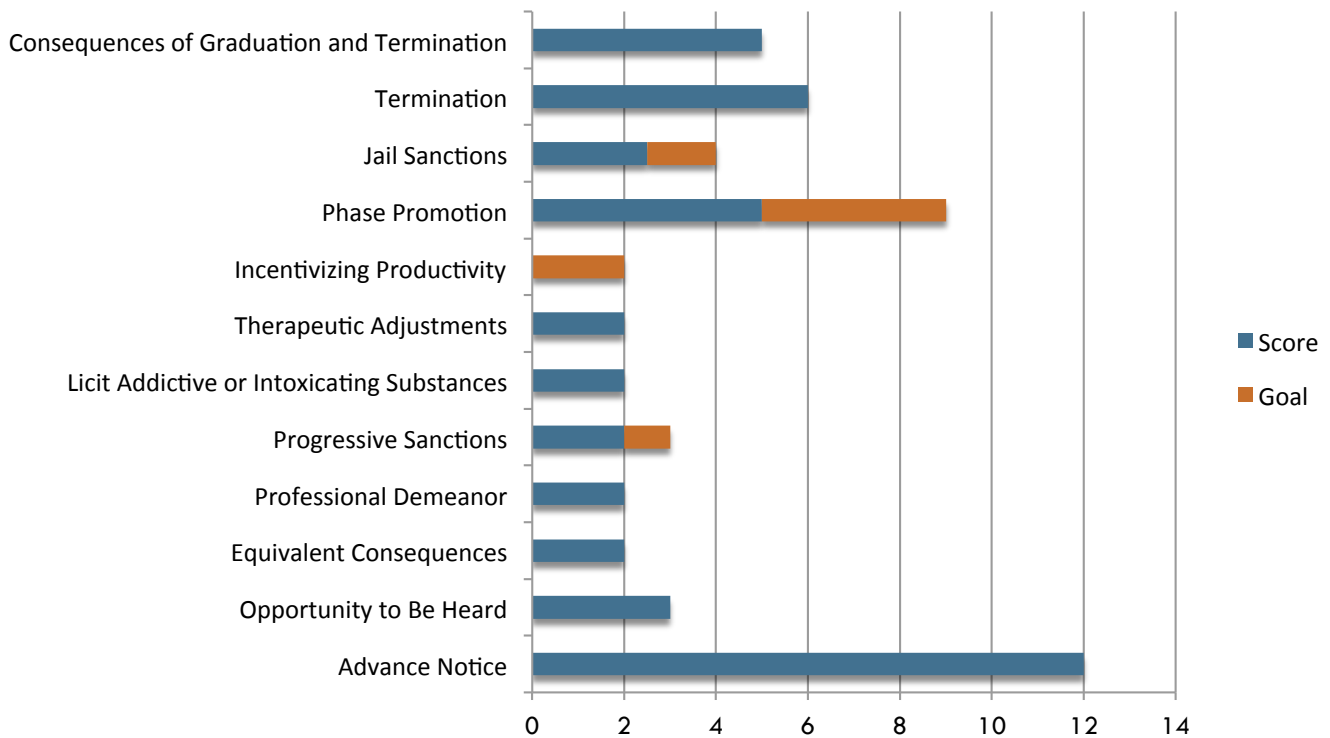
One area for improvement in this domain is the length of judicial interactions with clients. Best practices dictate that the judge should spend a minimum of three minutes with each participant. Observations of the drug court indicated that interactions are often shorter than three minutes.

Additionally, team members reported a need and desire for more training. Last year, the previous judge reported having received training in all areas of drug court; whereas, this year the current judge reported having only been trained in legal and constitutional issues in drug courts and judicial ethics. Team members stated that they would be interested in a wide range of trainings from general best practices of drug court to evidence-based treatments or community supervision. Given that a number of the team members are new this year, providing extra trainings for the team would help ease the transition and aid in adherence to best practices.

IV. Incentives, Sanctions, and Therapeutic Adjustments

This category includes aspects of Key Components 4, 5, 6, 7, and 8 and speaks to the manner in which incentives and sanctions are applied in response to participant behavior. In addition, this section addresses the way therapeutic adjustments are made to participants' treatment and program plans.

- *Key Component 4* – Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- *Key Component 5* – Abstinence is monitored by frequent alcohol and other drug testing.
- *Key Component 6* – A coordinated strategy governs drug court responses to participants' compliance.
- *Key Component 7* – Ongoing judicial interaction with each drug court participant is essential.
- *Key Component 8* – Monitoring and evaluation measure the achievement of program goals and gauge effectiveness



Note: The BLUE indicates the number of best practices SATC is already implementing; the ORANGE indicates the number of best practices that are left to be addressed. Each category varies in the number of total best practices that are examined.

Best Practice	True/False	Score
A. Advance Notice		12 / 12
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. 1 b. 1 c. 1
The policies and procedures provide a clear indication of: a. - which behaviors may elicit an incentive; b. - which behaviors may elicit a sanction; c. - which behaviors may elicit a therapeutic adjustment; d. - the range of consequences that may be imposed for those behaviors; e. - the criteria for phase advancement, graduation, and termination from the program; and f. - the legal and collateral consequences that may ensue from graduation and termination.	a. True b. True c. True d. True e. True f. True	a. 1 b. 1 c. 1 d. 1 e. 1 f. 1
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. b. - The discretion is generally limited to modifying the magnitude of the consequence as opposed to withholding a consequence altogether.	a. True b. True	a. 1 b. 1
The Drug Court reminds participants frequently about what is expected of them in the program and	True	1

Best Practice	True/False	Score
the likely consequences of success or failure.		
B. Opportunity to Be Heard		3 / 3
Participants are given an opportunity to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and therapeutic adjustments.	True	1
If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations.	True	1
Participants receive a clear justification for why a particular consequence is being imposed.	True	1
C. Equivalent Consequences		2 / 2
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.	True	1
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.	True	1
D. Professional Demeanor		2 / 2
Sanctions are delivered without expressing anger or ridicule.	True	1
Participants are not shamed or subjected to foul or abusive language.	True	1
E. Progressive Sanctions		2 / 3
The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.	True	1
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	1
For goals that are relatively easy for participants to accomplish, higher magnitude sanctions may be administered after only a few infractions.	False	0
F. Licit Addictive or Intoxicating Substances		2 / 2
Consequences are imposed for non-medically indicated use of intoxicating substances, including alcohol, cannabis and prescription medications regardless of the licit or illicit status of the substance.	True	1
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 non-addictive, non-intoxicating, and medically safe alternative treatments are available.	True	1
G. Therapeutic Adjustments		2 / 2
Participants do not receive sanctions if they are compliant with their treatment and supervision requirements but are not responding to the treatment (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	1
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	1
H. Incentivizing Productivity		0 / 2
The Drug Court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.	False	0
Criteria for phase advancement and graduation include objective evidence that participants are engaged in productive activities.	False	0
I. Phase Promotion		5 / 9
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	1
As participants advance through the phases of the program:		
a. - sanctions for infractions may increase in magnitude;	a. False	a. 0
b. - rewards for achievements may decrease; and	b. False	b. 0
c. - supervision services may be reduced.	c. False	c. 0
d. - Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use.	d. True	d. 1
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.	e. True	e. 1
a. - If a participant must be returned temporarily to the preceding phase of the program because of	a. True	a. 1

Best Practice	True/False	Score
a relapse or related setback, the team develops a remedial plan together with the participant to prepare for a successful phase transition. 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.	b. True/ False	b. 0.5
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/False	0.5
J. Jail Sanctions		2.5 / 4
Jail sanctions are imposed judiciously and sparingly.	True	1
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/False	0.5
Jail sanctions are definite in duration and typically last no more than three to five days.	True	1
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.	False	0
K. Termination		6 / 6
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. False d. True	a. 1 b. 1 c. 0 d. 1
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 not amenable to the treatments that are reasonably available in their community.	True	1
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.	N/A	1
L. Consequences of Graduation and Termination		5/5
Graduates of the Drug Court: a. - avoid a criminal record, b. - avoid incarceration, or c. - receive a substantially reduced sentence or disposition for completing the program.	a. True b. True c. True	a. 1 b. 1 c. 1
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	1
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	1

Summary

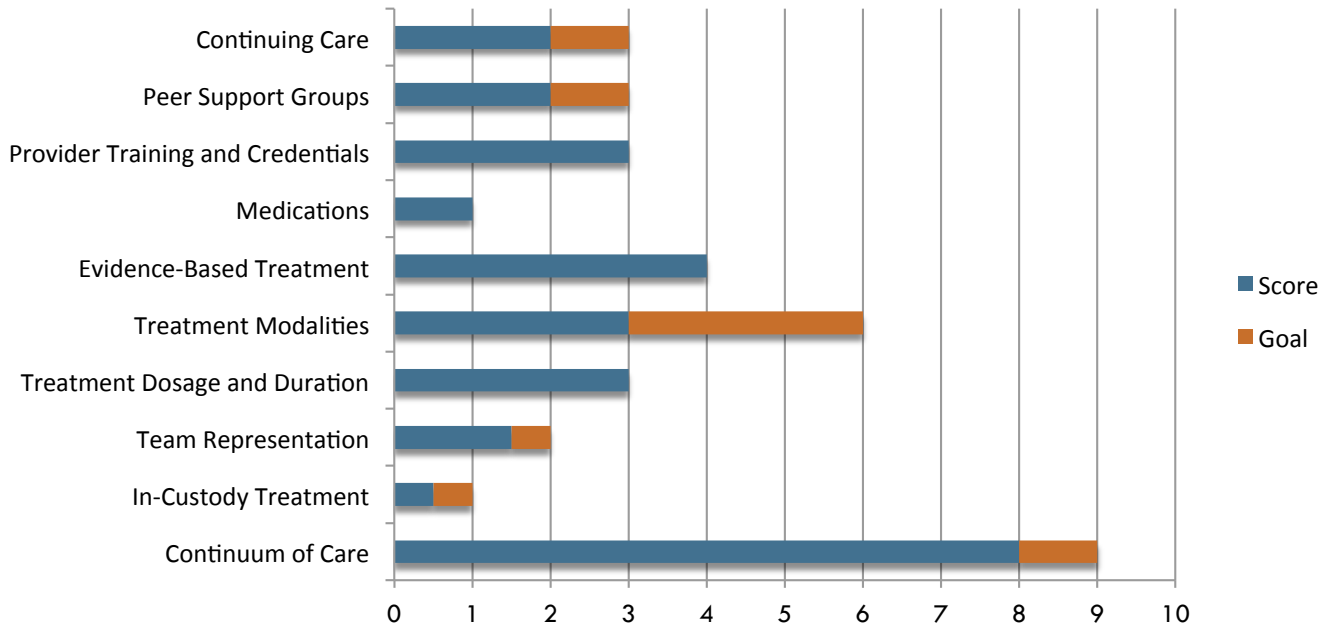
Santa Barbara's SATC adhered to a number of the best practices in terms of sanctions, incentives, and therapeutic adjustments. Specifically, the policies and procedures regarding these practices were communicated in advance in writing and were equivalent across different participants. Moreover, sanctions were communicated in a respectful manner, were administered in response to use of addictive substances, and were administered after clients had a chance to speak at their own hearings. Procedures and policies regarding graduation and termination also adhered to best practices. Participants were not terminated from drug court simply for failing to respond to treatment, but they could be terminated for repeated noncompliance or if they could not be managed safely in the community. Graduates of the drug court avoided a criminal record.

There were a few ways in which the SATC deviated from best practices. First, the drug court did not emphasize productive behaviors. This was a departure from what the team reported the previous year. Second, sanctions, rewards, and supervision did not vary based on how difficult the behaviors are to accomplish and how far along the client is in the program. Finally, jail sanctions were sometimes administered less sparingly than is in accordance with best practices, and participants rarely participated in hearings prior to being remanded.

V. Substance Abuse Treatment

This category includes aspects of Key Component 4 and speaks to the different aspects of the clients' substance abuse treatment programs within best practices.

- *Key Component 4* – Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.



Note: The BLUE indicates the number of best practices SATC is already implementing; the ORANGE indicates the number of best practices that are left to be addressed. Each category varies in the number of total best practices that are examined.

Best Practices	True/False	Score
A. Continuum of Care		8 / 9
The Drug Court offers a continuum of care for substance abuse treatment including: a. - detoxification, b. - residential, c. - sober living, d. - day treatment, e. - intensive outpatient services, and f. - outpatient services.	a. True b. True c. True d. True e. True f. True	a. 1 b. 1 c. 1 d. 1 e. 1 f. 1
Standardized patient placement criteria govern the level of care that is provided (i.e., level of care is based on a standardized assessment of their treatment needs as opposed to relying on professional judgment or discretion).	True/False	0.5
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/False	0.5
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	1
B. In-Custody Treatment		0.5 / 1
Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.	True/False	0.5
C. Team Representation		1.5 / 2
a. - Only one or two treatment agencies are primarily responsible for managing the delivery of treatment services for Drug Court participants. -or- b. - 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.	False True	 1
Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings.	True/False	0.5

Best Practices	True/False	Score
D. Treatment Dosage and Duration		3 / 3
Participants ordinarily receive: a. - six to ten hours of counseling per week during the initial phase of treatment, b. - approximately 200 hours of counseling over nine to twelve months; c. - however, the Drug Court allows for flexibility to accommodate individual differences in each participant's response to treatment.	a. True b. True c. True	a. 1 b. 1 c. 1
E. Treatment Modalities		3 / 6
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	1
The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a behavioral setback or relapse.	True	1
Participants are screened for their suitability for group interventions.	False	0
Group membership is guided by evidence-based selection criteria (including participants' gender, trauma histories and co-occurring psychiatric symptoms).	False	0
Treatment groups ordinarily have: a. - No more than twelve participants b. - At least two leaders or facilitators.	a. True b. False	a. 1 b. 0
F. Evidence-Based Treatments		4 / 4
Treatment providers: administer behavioral or cognitive-behavioral treatments that are: a. - documented in manuals b. - have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.	a. True b. True	a. 1 b. 1
Treatment providers are: a. - proficient at delivering the interventions b. - supervised regularly to ensure continuous fidelity to the treatment models.	a. True b. True	a. 1 b. 1
G. Medications		1 / 1
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.	True	1
H. Provider Training and Credentials		3 / 3
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	a. 1 b. 1 c. 1
I. Peer Support Groups		2 / 3
Participants regularly attend self-help or peer support groups in addition to professional counseling.	True	1
The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.	True	1
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.	False	0
J. Continuing Care		2 / 3
Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care.	True	1
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	1
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	0

Summary

The Santa Barbara Drug Court followed a number of the best practices for substance abuse treatment. Responses about best practices in substance abuse treatment from this year were very similar to responses from the previous year. Clients received treatment in proper dosages and durations. Treatment providers were properly trained and credentialed and delivered evidence-based treatments. Medications were prescribed in accordance with best practices. Moreover, a wide range of treatment options was available for clients, including residential treatment, sober living, detoxification, in-patient, and out-patient services.

There were also areas identified for improvement in substance abuse treatment. Team members indicated that level of care was sometimes determined by professional discretion or drug court phase structure. Additionally, participants were occasionally kept in jail when waiting for beds in residential facilities. Although there were three different treatment agencies that provided treatment, only one agency sent a representative to be a member of the drug court team. Moreover, groups deviated from best practices by having one facilitator, not screening participants, and not using preparatory interventions prior to peer support groups. Lastly, participants were not followed up with for at least ninety days after discharge.

Best Practices as Outlined by Carey, Mackin, and Finigan (2012)

Key Component	Drug Court Practices	True/False
1	Law enforcement is a member of the drug court team.	False
1	Judge, both attorneys, treatment, program coordinator, and probation attend staffings.	True/False (not the coordinator)
1	A representative from treatment attends drug court team meetings.	True/False (only from one of the agencies)
1	Coordinator attends drug court team meetings.	False
1	Law enforcement attends drug court team meetings.	False
1	Judge, attorneys, treatment, probation, and coordinator attend court sessions (status review hearings).	True/False (not the coordinator)
1	A representative from treatment attends court sessions (status review hearings).	True/False (only from one of the agencies)
1	Law enforcement attends court sessions (status review hearings).	False
1	Treatment communicates with court via email.	True
2	Drug Court allows non-drug charges.	True
3	The time between arrest and program entry is 50 days or less.	False
3	Program caseload (number of individuals actually participating at any one time) is less than 125.	True
4	The drug court works with two or fewer treatment agencies.	False
4	The drug court has guidelines on the frequency of individual treatment sessions that a participant must receive.	True
4	The drug court offers gender specific services.	True
4	The drug court offers mental health treatment.	True
4	The drug court offers parenting classes.	True
4	The drug court offers family/domestic relations counseling.	False
4	The minimum length of the drug court program is 12 months or more.	True
5	Drug test results are back in two days or less.	True
6	Team members are given a copy of the guidelines for sanctions.	True
7	Participants have status review sessions every two weeks in first phase.	True
7	Judge spends an average of 3 minutes or greater per participant during status review hearings.	False
7	The judge's term is indefinite.	True
8	The results of program evaluations have led to modifications in drug court operations.	True
8	Review of the data and/or regular reporting of program statistics has led to modifications in drug court operations.	True
9	All new hires to the drug court complete a formal training or orientation.	False

**Table adapted from: http://www.npcresearch.com/Files/Appendix_C_Best_practices_comparing_yes_to_no_with_N_sizes.pdf*

Summary

The Santa Barbara Drug Court adhered to most of the best practices outlined by Carey, Mackin, and Finigan (2012). For the most part, the SATC adhered to best practices regarding who was on the drug court team, the way drug court processes were conducted, program structure, judicial interactions, and services offered. Compared to last year, the team reported being at similar levels of compliance with these best practices.

According to this table, there were a few areas where the SATC strayed from best practices. Specifically, the coordinator did not attend staff meetings or court hearings, and only one treatment agency had a representative present. Similarly, local law enforcement did not participate regularly in drug court activities and was not considered a member of the core team. Formal training was not a requirement for new team members, although team members described a great desire to participate in more training. Time between arrest and program entry was longer than is recommended. The drug court did not offer services, such as family or domestic relations counseling. Finally, the judge spent, on average, less than three minutes with participants during court hearings. Three or more minutes per client is generally considered necessary to build relationships and address client functioning and progress.

Administrative Review

PROCEDURES

Drug court documents and data were requested for review in order to assess adherence to certain Key Components and best practices related to documentation and data tracking.

Measures

An instrument was adapted from the 10 Key Components and NADCP's (2013) best practices document in order to create a checklist of administrative documentation and data recommended by these sources to be maintained by drug courts. Researchers reviewed available documentation and data noting whether or not they were in alignment with the recommendations.

Data Collection

Data were collected from the SATC judge and Santa Barbara County Probation Department regarding programmatic documentation and data via email communication with these stakeholders.

RESULTS

Results of the administrative review were categorized as addressing: eligibility and suitability, policies and procedures, sanctions and incentives, treatment documentation, and data collection.

Eligibility and Suitability

Eligibility and suitability criteria are included in the Substance Abuse Treatment Court Standard and Practices Manual. In accordance with best practices, eligibility criteria are stated objectively and are defined in writing. In rare circumstances, the District Attorney is given discretion to override certain disqualifying offenses; however, that discretion is limited, and guidelines are provided to aid the District Attorney in exercising that discretion. The eligibility and suitability criteria do not exclude participants with mental health issues or those prescribed psychotropic medications.

The Substance Abuse Treatment Court Standard and Practices Manual also includes procedures regarding suitability. According to the manual, probation officers interview clients about a number of factors, including family and community ties, employment status, prior criminal history, drug use, and motivation to change and acknowledgment of need for treatment. Probation officers use the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) and the Texas Christian University Drug Screen (TCUDS), two evidence-based measures of offender risk and needs, in determining suitability. Use of risk and needs assessments in determining suitability are also in accordance with best practices.

Policies and Procedures

Data were collected from the judge and Santa Barbara Probation Department regarding policies and procedures. The Substance Abuse Treatment Court Standard and Practices Manual sets forth clear operational standards regarding personnel, intakes and referrals, courtroom procedures, participant fees, and the role of the judge. For the most part, the policies and procedures were clearly outlined and in accordance with best practices. Additionally, the judge provided evaluators with the Substance Abuse Treatment Court (SATC) Orientation Manual, which contains an overview of the court and provides a breakdown of the roles of each of the team members – the judicial officer, the prosecuting attorney, the defense counsel, the deputy probation officer, the treatment provider, the drug court coordinator, and the program evaluator.

Sanctions and Incentives

Data were collected from the judge regarding sanctions and incentives. The Substance Abuse Treatment Court Standard and Practices Manual delineated six potential sanctions the team could use as well as situations that would warrant termination from Drug Court or treatment. It did not, however, explicitly mention incentives. Thus, the policies on sanctions were in accordance with best practices. However, behaviors that might elicit an incentive were not explicitly stated within the administrative data provided to the researchers.

Treatment Documentation

Treatment policies and procedures were also provided to the team by the judge. The guidelines are articulated in the Substance Abuse Treatment Court Standard and Practices Manual, which states that treatment should be individualized, provided in licensed facilities, and include drug testing. According to the manual, treatment length is determined by the participant's progress; however, the minimum length of the program is 18 months.

The manual also includes clear guidelines for what treatment to include at each phase and criteria for advancement to the next phase as well as criteria for graduation. All of these procedures appeared to be in accordance with best practices. Specific information regarding types of treatment are not included in the manual and, therefore, could not be evaluated.

Data Collection

The Substance Abuse Treatment Court Standard and Practices Manual provided by the judge includes a section on data collection and program evaluation. According to the manual, data are to be collected and sent to the University of California at Santa Barbara for definition of the participant population and critical operational issues. Having a system for evaluation is compliant with best practices. This evaluation should include potential disproportionality for historically disadvantaged groups in eligibility determinations, retention, treatment quality, and sanctions and incentives.

SUMMARY

The Santa Barbara SATC team adhered to most of the best practices with regard to administrative documentation. The team had a manual that provided clear documentation of procedures and policies, guidelines for sanctions, and determinations of eligibility and suitability. Suitability assessments included evidenced-based risks and needs tools. Administrative data could be improved by including clear procedures for the administration of incentives. Additionally, it was unclear from the data provided how much information is given to participants prior to their participation in the SATC. Participants should also be provided with clear guidelines for how to progress through the program, and potential sanctions and incentives, and how sanctions and incentives will be allocated.

Consumer Surveys

PROCEDURES

Drug court participants were surveyed in order to assess the drug court’s adherence to specific Key Components and best practices, as well as client satisfaction with the drug court proceedings.

Measures

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, perceptions of court fairness). The instrument also included questions regarding client perceptions of drug court functioning and satisfaction with drug court proceedings.

Data Collection

Data was collected from the drug court participants relative to their perceptions regarding the quality of their interactions with team members, communication between themselves and the drug court team, fairness and equality in treatment and consequences, and their understanding of the process. Drug court participants were surveyed as part of their Probation check-in procedures at the kiosks at the Probation department. Participants responses reflected in the current report were collected by Probation during January, February, and March of 2015.

RESULTS

Participant Characteristics

Responses were available for 17 drug court participants in Santa Barbara’s SATC program. The ethnic breakdown of the participants was as follows: 58.8% White, 29.4% Hispanic, 5.9% Asian, and 5.9% Multiracial. For the majority of drug court participants (88.2%), it was either their first or second time going through the program while 5.9% had been through the program five or more times. The majority of the participants (82.4%) surveyed had been in the drug court program for more than six months.

Policies and Procedures

The participants were asked if the drug court went over policies and procedures related to graduation with them before they began the program. The majority of participants indicated they had been informed of expectations prior to their participation.

- *Key Component 1* – Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- *Key Component 2* – Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ rehabilitation needs.

Question	Yes	No
Before you started Drug Court, did someone talk to you about what you need to do to graduate the program?	82.4%	17.6%

Sanctions and Incentives

The participants were asked about the perceived fairness of sanctions and incentives received in drug court. In general, the majority of participants reported that incentives were fairly allocated. There was less agreement regarding the extent to which sanctions were fairly allocated.

- *Key Component 2* – Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ rehabilitation needs.
- *Key Component 6* – A coordinated strategy governs drug court responses to participants’ compliance.

Question	Don't Know	Strongly Disagree 1	2	Do not Agree or Disagree 3	4	Strongly Agree 5
I feel that I receive the same sanctions (consequences) and rewards as other people in the program in general.	0%	11.8%	17.6%	35.3%	23.5%	11.8%
I feel that I receive the same sanctions (consequences) as people in the program that are of different ethnicities.	0%	11.8%	5.9%	35.3%	35.3%	11.8%
I feel that I receive the same rewards as other people in the program that of are of different ethnicities.	5.9%	5.9%	11.8%	23.5%	41.2%	11.8%

Judicial Interactions

The participants were asked about the judge’s interactions with them in drug court. Over 75% of participants agreed or strongly agreed that the judge is supportive, tells them how important treatment is, and does not use curse worse or say mean things to them. There was less agreement about whether the clients felt that the judge reminds them what they have to do for drug court, believes they can improve their health and behavior, embarrasses them, or lets them tell their side of the story. The majority of clients reported that they neither agreed nor disagreed that they have a good relationship with the judge.

- *Key Component 1* – Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- *Key Component 7* – Ongoing judicial interaction with each drug court participant is essential.

Question	Strongly Disagree 1	2	Do not Agree or Disagree 3	4	Strongly Agree 5
The judge makes supportive comments to me during my hearings.	0%	5.9%	17.6%	52.9%	23.5%
During my hearings, the judge tells me how important it is to work my treatment program.	0%	0%	23.5%	52.9%	23.5%
During my hearings, the judge reminds me of what I have to do for Drug Court.	0%	11.8%	29.4%	47.1%	11.8%
The judge believes that I can improve my health and behavior.	5.9%	11.8%	17.6%	41.2%	23.5%
The judge embarrasses me.	29.4%	11.8%	47.1%	11.8%	0%
The judge uses curse words and/or says mean things to me.	58.8%	29.4%	5.9%	5.9%	0%
The judge lets me tell my side of the story when there are disagreements.	5.9%	11.8%	41.2%	35.3%	5.9%
I feel like I have a good relationship with the judge.	0%	5.9%	52.9%	23.5%	17.6%
When I go to Drug Court, the judge takes part in my hearing.	0%	5.9%	17.6%	52.9%	23.5%

Treatment

Participants were asked if everyone in drug court receives the same treatment. Clients did not appear to have strong opinions regarding the extent to which treatment is the same across participants. More clients agreed than disagreed with this sentiment.

- *Key Component 1* – Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- *Key Component 4* – Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Question	Yes	No
Does everyone in Drug Court get the same treatment, no matter what their needs are?	64.7%	35.3%

Question	Strongly Disagree 1	2	Do not Agree or Disagree 3	4	Strongly Agree 5
I have the same treatment program as other people in Drug Court with the same types of needs as me.	0%	17.6%	41.2%	29.4%	11.8%

Drug Court Team

Participants were also asked various questions about the drug court team. Participants appeared somewhat confused about who is the leader of the drug court team. Almost half of the participants reported that there is no leader (47.1%) and as many participants reported that the treatment person is the leader (23.5%) as reported that the judge is the leader (23.5%). Clients generally reported that both the public defender and the prosecutor take part in their hearings. About half of participants indicated that they feel respected by the drug court team and the team reminds them what will happen if they do well or fail. Almost half of participants (47.1%) reported that they neither agree nor disagree that they have a good relationship with the team.

- *Key Component 2* – Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rehabilitation needs.
- *Key Component 6* – A coordinated strategy governs drug court responses to participants' compliance.

Question	Judge	Prosecutor	Public Defender	Treatment Person	Probation Officer	There is no leader; they work together
Who is the leader of the Drug Court team?	23.5%	0%	0%	23.5%	5.9%	47.1%

Question	Strongly Disagree 1	2	Do not Agree or Disagree 3	4	Strongly Agree 5
The members of the Drug Court team often remind me of what will happen if I do well or if I fail.	0%	5.9%	35.3%	29.4%	29.4%
When I receive sanctions (consequences), members of the Drug Court team do not get angry with me.	0%	17.6%	47.1%	23.5%	11.8%
I feel like I have a good relationship with the whole drug court team.	0%	5.9%	47.1%	23.5%	23.5%
I feel respected by members of the Drug Court team.	0%	5.9%	41.2%	41.2%	11.8%
When I go to Drug Court, the public defender takes part in my hearings.	5.9%	0%	17.6%	58.8%	17.6%
When I go to Drug Court, the prosecutor takes part in my hearings.	5.9%	0%	35.3%	41.2%	17.6%

SUMMARY

Overall, participants reported mostly positive impressions of the drug court and the drug court team. Most participants reported that expectations were communicated to them prior to their participation in drug court and felt that they receive the same treatment as other participants in drug court. Additionally, the majority of participants reported that the judge is supportive to them and communicates the importance of treatment to them. Over half of participants reported that they feel respected by the drug court team. Very few participants reported negative experiences or perceptions of the SATC.

About a fourth of the participants reported that they believe they do not receive the same sanctions as other participants. It may be helpful for team members to clearly communicate reasons for incentives and sanctions during court hearings. Similarly, providing participants with written guidelines about what actions lead to incentives and sanctions may help with these perceptions.

While few participants reported negative relationships with the judge and the team as a whole, about half of participants reported neutral feelings. Court hearings could provide an opportunity for team members to build relationships with participants. Spending time recognizing participants' successes – both in treatment and in other areas of life – and listening to participants talk about their experiences may help clients feel more supported.

As many participants thought the treatment person was the leader of the drug court as identified the judge as the leader. It may be helpful to clarify what responsibilities and roles are associated with each position in the drug court.

Conclusions

SUMMARY OF FINDINGS

This SATC process evaluation utilized eight sources of information: 1) observations of team staffings; 2) observations of the 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 best practices; 6) a review of SATC administrative documents and data; 7) interviews and surveys with treatment counselors; and 8) consumer surveys with SATC participants. Each addressed aspects of the 10 Key Components or elements of known best practices, both of which are critical for effective drug court functioning.

10 KEY COMPONENTS

There was consistency in the information obtained through these different methods. Support for the Key Components and areas in need of further development are described below. Support was found for the court's adherence to aspects of all of the 10 Key Components, while suggestions for program improvement also emerged.

1: Drug courts integrate alcohol and other drug treatment services with justice system case processing. The SATC engaged in multiple practices that supported adherence to Key Component 1. In line with best practices, SATC team members who attended staff meetings and status review hearings included the judge, attorneys, a treatment representative, and a probation officer. However, only one of the three treatment agencies that were identified as serving drug court clients was represented in drug court proceedings. Additionally, law enforcement and the coordinator were not involved in drug court proceedings. Compliance with Key Component 1 also requires that the stakeholders collaborate and communicate effectively with each other. Stakeholders reported that the collaboration and communication between team members was very strong, effective, and efficient. However, treatment representatives and team members indicated that there were some communication difficulties between the SATC team and treatment.

2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rehabilitation needs. The SATC engaged in multiple practices that supported their adherence to Key Component 2. In interviews and surveys, all team members reported that the SATC sets aside traditional adversarial roles to work collaboratively in the best interest of the clients and their rehabilitative needs. The defense attorney and probation officer use evidence-based eligibility criteria and risk and needs assessments to determine eligibility and suitability for the SATC. Supervision and treatment needs are also individualized to specific client needs. Decisions regarding sanctions and incentives are generally made by team consensus, with the judge arbitrating as needed.

3: Eligible participants are identified early and promptly placed in the drug court program. The SATC adhered to some practices supporting Key Component 3. For example, the program caseload stayed below the NADCP recommended 125-participant limit. However, stakeholders indicated that the time for entry into the program was not always less than 50 days from time of arrest. Moreover, given the recent passage of Proposition 47 and its subsequent effects on the criminal justice system, the number of participating clients has recently dropped.

4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. The SATC engaged in practices that supported adherence to Key Component 4. The SATC offered a variety of mental health and substance abuse recovery services, including residential treatment, sober living, day treatment, and outpatient services. Treatments were specifically chosen to be evidence-based, individualized to the participant, and delivered by qualified professionals. Treatment dosage and duration adhered to drug court best practices. Areas where this Key Component was not supported included the way support groups function, both in terms of the selection and preparation of participants and as well as administration of groups. In addition, there were three primary treatment agencies with which the SATC worked, which is higher than the recommended one or two agencies. Moreover, there was some disagreement whether educational and vocational services are available to clients.

5: Abstinence is monitored by frequent alcohol and other drug testing. The SATC engaged in practices that supported its adherence to Key Component 5. Team members and counselors agreed that drug test results were quickly communicated to the team. Moreover, during observations, substance use progress and results of drug testing were frequently discussed, indicating that the team prioritized monitoring abstinence.

6: A coordinated strategy governs drug court responses to participants' compliance. Evidence from the present evaluation indicated that the SATC mostly adhered to Key Component 6. Incentives and sanctions were discussed in team meetings for more than half of the cases observed. Incentives were administered in more cases than sanctions. A majority of the responses to participant behavior occurred by way of team consensus; when consensus was not achieved, the judge was the final decision-maker. Observers noted that the treatment liaison appeared to have a great deal of input regarding decisions made by the team.

7: Ongoing judicial interaction with each drug court participant is essential. The SATC adhered to aspects of Key Component 7. Participants were required to attend frequent status review hearings and had an adequate opportunity to be heard. The judge maintained a professional demeanor toward participants when administering incentives and sanctions, and progressive sanctions were utilized. However, there were a few areas where the SATC did not adhere to best practices. For example, only 20% of status review hearings were heard for three or more minutes, and most participants indicated that they neither agreed nor disagreed that they had a good relationship with the judge and the team.

8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. The SATC had areas for improvement in Key Component 8. The SATC team members were unsure to what extent data was used to evaluate program effectiveness. In particular, team members did not know of any explicit attempts to ensure equivalency for historically disadvantaged members through the use of continual data monitoring. However, the SATC has made a concerted effort through team meetings, team discussions, and process and outcome evaluations to improve functioning to be in line with best practices.

9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. There is evidence that Key Component 9 has some support, but that this area also needs improvement. While all team members reported at least some informal trainings on drug courts, many expressed a desire and need for additional training opportunities. Most of the team members are relatively new to the SATC, so this may be a particularly useful time for team trainings. Some team members reported that there were a number of areas of drug court in which they had received little to no training, including community supervision, behavior modification, and evidence-based mental health and substance use treatments. Treatment counselors, on the other hand, reported high levels of formal, informal, and continuing education trainings.

10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness. There was some support for Key Component 10. Most team members and treatment counselors felt that the community generally supports rehabilitative efforts, but is not aware of the SATC in particular. They did not feel that the drug court has garnered much positive media attention. They stated that there is a need for additional funding and publicity for the drug court. Treatment counselors provided some suggestions for ways this could be accomplished.

BEST PRACTICES

The evaluation revealed that the drug court engaged in many practices consistent with best practices in the field. The Santa Barbara SATC has developed an effective system of integrating judicial court processing with alcohol and drug treatment characterized by frequent and open communication and collaboration. The court has a wide variety of treatment services available to participants, including some that are specifically targeted to females or historically disadvantaged ethnic groups. Moreover, court interactions with participants are frequent, respectful, and allow for participation by clients. Clients reported mostly positive views of their experiences with the drug court.

There are some areas in which the SATC diverges from best practice guidelines. Specifically, court hearings are often shorter than the recommended minimum of three minutes, the court did not emphasize incentivizing productivity, and treatment groups did not follow best practices. Team members also reported needing more training, and team members and counselors indicated that there are some difficulties in communication between treatment and the team. Additionally, team members and counselors reported that the SATC requires more publicity and funding.

RECOMMENDATIONS

- 1) Team members reported both a need and a desire for more training regarding best practices in drug courts. While all team members are trained in their own particular fields, they reported less knowledge in areas outside of their traditional areas of expertise. There was a large number of new team members, many of whom had not received any formal training in drug courts. It would be beneficial to consider providing regular team trainings for all team members. Trainings could include brief informational sessions prior to team meetings in addition to attendance at a formal drug court conference.
- 2) There appeared to be some difficulty communicating between treatment and team members. It is essential that treatment counselors and the drug court team work openly and collaboratively to ensure participant success. Currently, there is only one agency with a treatment representative serving as a member of the drug court team. Having all treatment agencies represented at team meetings and court hearings would facilitate more direct and open communication. Moreover, it might be helpful for the team members to visit the treatment facilities to aid interagency understanding.
- 3) Treatment counselors reported minimal training regarding working specifically with drug court populations. Moreover, counselors frequently indicated in interviews and surveys that they were somewhat unfamiliar with certain drug court roles, procedures, or policies. Informational sessions for counselors might be beneficial to promote increased awareness of drug court policies and procedures. This would help increase interagency collaboration.
- 4) One of the foundational principles of drug courts is that consistent judicial interactions are essential for participant success. The literature suggests that a minimum of three minutes of interaction with each client during his or her hearing is necessary to gauge the participant's performance in program, intercede on the participant's behalf, emphasize to the participant the importance of compliance with treatment, or to communicate that the client's hard work and progress is valued by the team (National Association of Drug Court Professionals, 2013). Currently, the team spends an average of about two minutes with drug court clients during their hearings. It is recommended that the team continue to strive to increase the average amount of time spent on each hearing.
- 5) One finding that emerged from analyses was that participants often had different perspectives than team members and observers regarding the functioning of the drug court and the nature of their interactions with the team. How participants feel about their experiences in drug court could influence their progress. The SATC should continue to assess consumer perspectives, be aware of discrepancies, and take action as needed.
- 6) According to best practices, drug courts should place as much emphasis on incentivizing productive behaviors as it does on decreasing substance use, criminal activity, and other violations (National Association of Drug Court Professionals, 2013). The National Association of Drug Court Professionals, for example, suggests that criteria for phase promotion should include evidence that clients are participating in productive activities, such as employment, education, or peer support groups. In drug court hearings, team members should recognize individuals engaged in these types of activities and allow them opportunities to speak about these successes. Moreover, the SATC could consider including productive behaviors within their phase advancement criteria. Participants should also be given an opportunity to build these skills through involvement in vocational or educational services.

Appendix

The appendix includes the following instruments:

1. Team Meeting Observations
2. Team Meeting Observations – By Case
3. Court Hearing Observations – Individual Sessions
4. Stakeholder Survey
5. Stakeholder Interview
6. Treatment Counselor Survey
7. Treatment Counselor Interview
8. Administrative Data Checklist
9. Consumer Survey

Drug Court Team Meeting Observations

This section is to be completed DURING the meeting:

Date: _____ Observer: _____

Team Observed: _____ Location: _____

1. Start Time: _____ 2. Stop Time: _____ 3. Total Meeting Length (in minutes): _____

4. Stakeholders in attendance: *(check all that apply)*

- Judge(s)
- Project/Resource Coordinator(s)
- Defense Attorney(s)
- Prosecutor(s)
- Treatment Liaison(s)
- Case Manager(s)
- Probation Officer(s)
- Law Enforcement
- Other(s); specify:

This section is to be completed AFTER the meeting:

<i>During the drug court team staffing meeting:</i>	Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
	1	2	3	4	5
10. Did there appear to be a mutual respect between the agencies?	1	2	3	4	5
11. Did there appear to be a respect for clients being discussed (i.e., intrinsic worth, rights, capacities, uniqueness, commonalities?)	1	2	3	4	5
12. Did team members share information and knowledge freely with one another?	1	2	3	4	5
13. Did there appear to be a general sense of teamwork and partnership between the team members?	1	2	3	4	5
14. Did there appear to be an openness of information and communication between the team members?	1	2	3	4	5

Drug Court Team Meeting Observations – After and Drug Court Team Meeting Observations – By Case adapted from:
 Cumming, T., & Wong, S. M. (2008). An evaluation of SDN’s inclusion support agencies: Exploring strengths-based approaches to inclusion support. Retrieved from <http://www.sdn.org.au/downloads/6-%20EVALUATION%20OF%20SDN%27S%20ISA-Final%20Copy.pdf>
 Giacomazzi, A. L. & Bell, V. (2007) Drug court program monitoring: Lessons learned about program implementation and research methodology. *Criminal Justice Policy Review*, 18(3), 294-312. doi:10.1177/0887403407301494
 Salvatore, C., Henderson, J. S., Hiller, M. L., White, E., & Samuelson, B. (2010). An observational study of team meetings and status hearings in a juvenile drug court. *Drug Court Review*, 7(1), 95-124. Retrieved from <http://www.ndci.org/sites/default/files/ndci/DrugCourtReviewVolume7PDF.pdf>
 Zweig, J. M. (2011). Description of the drug court sites in the multi-site adult drug court evaluation. In S. B. Rossman, J. K. Roman, J. M. Zweig, M. Rempel, & C. H. Lindquist (Eds.), *The multi-site adult drug court evaluation: Volume 3: The drug court experience (Chapter 2)*. Washington, DC: The Urban Institute, Justice Policy Center. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/237111.pdf>

Drug Court Team Meeting Observations – By Case

CASE #		SATC	RDC	Start Time	Stop Time	Team Meeting Observations					Final decisions on participant cases were made by:						
						Check the box below if any of the case discussions involved the following:					Judge	Team	Consensus				
						Client Progress				Sanctions and Incentives							
						Progress at treatment	Mental health progress	Substance use progress	General Client Progress - NO Mention of Tx	Education-related Activities	Vocation/employment/volunteering activities				Probation supervision/case management progress	Change in Housing	Mention of UA's (Indicate +, -, FTR, Diluted)
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
TOTALS																	

CASE #: _____

Drug Court Hearing Observations (Individual Sessions)
(to be completed DURING the court session; one for EACH participant)

Court: _____ Date: _____ Observer Initials: _____

- 1. Start Time: _____
- 2. Stop Time: _____
- 3. TOTAL Length: _____
- 4. Gender: Male Female
- 5. Appearance Type: *(check all that apply)*
 - Regular judicial status hearing
 - Pre-participation
 - In custody appearance
 - Sentencing

6. Indicate if the following stakeholders participated in the hearing: *(check all that apply)*
- Judge
 - Dedicated prosecutor
 - Dedicated defense attorney
 - Conflict attorney
 - Project/resource coordinator
 - Psychiatrist/psychologist
 - Probation officer
 - Treatment agency
 - Private Attorney
 - Bailiff
 - Other; specify: _____

<i>Indicate if the following occurred during the hearing:</i>	YES	NO
JUDICIAL INTERACTIONS		
7. Judge made regular eye contact with defendant for most of the appearance <i>(at least half the time)</i> .	<input type="checkbox"/>	<input type="checkbox"/>
8. Judge talked directly to defendant, as opposed to through attorney <i>(at least half the time)</i> .	<input type="checkbox"/>	<input type="checkbox"/>
9. Judge engaged with participant <i>(e.g., elicited questions/statements, imparted instructions/advice, etc.)</i> .	<input type="checkbox"/>	<input type="checkbox"/>
10. Judge explained consequences of future non/compliance <i>(e.g., phase advancement, graduation, jail, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Judge directed comments to the audience <i>(e.g., using the current case as an example)</i> .	<input type="checkbox"/>	<input type="checkbox"/>
12. Judge provided individualized feedback to the participant <i>(i.e., feedback/conversation was specific to the client)</i> .	<input type="checkbox"/>	<input type="checkbox"/>
DEFENDANT INTERACTIONS		
13. Defendant participated in his/her hearing <i>(e.g., asked questions, made statements, other than 1-word responses)</i> .	<input type="checkbox"/>	<input type="checkbox"/>
14. Defendant shared personal success and/or progress <i>(e.g., displayed artwork/talent, shared success story)</i> .	<input type="checkbox"/>	<input type="checkbox"/>

15. Noncompliance was: *(check all that apply)*
- Treatment absence(s)
 - Re-arrest
 - Poor attitude
 - Missed court date(s)
 - Returned on warrant
 - Positive drug test(s)
 - Violated rules at treatment
 - Other; Specify: _____

17. Were any of the following sanctions administered?: *(check all that apply)*
- Admonishment from judge
 - Admonishment from other staff; who?: _____
 - Participant failed drug court
 - Jail/custody time
 - Other sanction(s); list all:

16. Were any of the following compliant behaviors recognized?: *(check all that apply)*
- Drug-free days
 - Eligible for graduation
 - Phase advancement
 - Job/school event
 - Client is doing well
 - Other; specify: _____

18. Were any of the following incentives administered?: *(check all that apply)*
- Courtroom applause
 - Shook hands with judge
 - Gold star
 - Praise from judge
 - Praise from other staff; specify:

 - Other reward; specify: _____

Adapted from:
 Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What works? The ten key components of drug court: Research-based best practices. *Drug Court Review*, 8(1), 6-42.
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 Rossman, S. B., Roman, J., Zweig, D. K., Rempel, M., & Lindquist, C., eds. 2011. The Multi-Site Drug Court Evaluation. Washington, D. C.: The Urban Institute. (Study work product: does not appear in formal publication).
 Satel, S. L. (1998). Observational study of courtroom dynamics in selected drug courts. *National Drug Court Institute Review*, 1(1), 56-87.

Please circle the answer that shows how much you agree or disagree that each item describes the Substance Abuse Treatment Court (SATC).

QUESTION	Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
	1	2	3	4	5
1. Traditional adversarial roles are set aside during the drug court process	1	2	3	4	5
2. The operations of the drug court reflect both court and treatment goals.	1	2	3	4	5
3. Prosecution and defense work together to identify who is eligible for court.	1	2	3	4	5
4. A participant must meet explicit legal criteria to be eligible for the program.	1	2	3	4	5
5. A potential participant must meet distinct treatment criteria to be eligible for the program.	1	2	3	4	5
6. The judge values the treatment providers' recommendations about the participants.	1	2	3	4	5
7. Court and treatment staff have a difficult time communicating with each other.	1	2	3	4	5
8. The team has worked hard to understand each other's perspective.	1	2	3	4	5
9. Major decisions are made collaboratively by the drug court team.	1	2	3	4	5
10. Everyone feels like they are an important part of the drug court team.	1	2	3	4	5
11. Team members understand each others' roles.	1	2	3	4	5
12. Treatment and court staff work well together.	1	2	3	4	5
13. Defense and prosecution work well together.	1	2	3	4	5
14. Participants attend regular status/review hearings with the judge.	1	2	3	4	5
15. Participants are required to watch the status/reviews of the other participants.	1	2	3	4	5
16. Participants have educational and vocational assessment and training.	1	2	3	4	5
17. A participant may be referred to a higher level of treatment if needed.	1	2	3	4	5
18. Treatment plans are individualized to the needs of each participant.	1	2	3	4	5
19. Treatment plans are similar for each participant.	1	2	3	4	5
20. The drug court has a rich network of treatment resources.	1	2	3	4	5

21. All participants receive the same set of treatment services.	1	2	3	4	5
22. Gender-specific treatment is available to those who want it.	1	2	3	4	5
23. Culturally-sensitive interventions are utilized	1	2	3	4	5
24. Drug test results are quickly communicated to the drug court team.	1	2	3	4	5
25. Precautions are taken to prevent participants from tampering with their drug tests.	1	2	3	4	5
26. The drug court uses a graduated system of sanctions to address noncompliant behavior.	1	2	3	4	5
27. Rewards are matched to the level of compliance shown by the participant.	1	2	3	4	5
28. The drug court judge tends to individualize the sanctions given to the participant.	1	2	3	4	5
29. The severity of the sanction is matched with the seriousness of the infraction.	1	2	3	4	5
30. The drug court rewards participant progress in the program.	1	2	3	4	5
31. Sanctions are effective for influencing participant compliance.	1	2	3	4	5
32. Minor infractions result is minor sanctions.	1	2	3	4	5
33. The community is supportive of the drug court's efforts.	1	2	3	4	5
34. The drug court uses the news media to garner support.	1	2	3	4	5
35. Evaluation data have been used to make changes in the drug court.	1	2	3	4	5
36. The team regularly uses data to assess the operations of the program.	1	2	3	4	5
37. Media attention has been positive.	1	2	3	4	5

Adopted from:

Hiller, M. (unpublished). Drug Court Components Questionnaire. *Personal communication*.

Hiller, M., Belenko, S., Taxman, F., Young, D., Perdoni, M., & Saum, C. (2010). Measuring drug court structure and operations: Key components and beyond. *Criminal Justice and Behavior*, 37(9), 933-950. doi:10.1177/0093854810373727

Stakeholder Interview

Interview Date: _____

Respondent's Name: _____

1. What is your role (or what do you do) in the Drug Court program?
2. How long have you become involved in the drug court program, and how did you become part of the team (self-selection, required by employer, etc.)?
3. How were you prepared for working on the drug court team in terms of training, observation, advice?
4. 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?
5. How is your role in drug court different from someone in your profession who is working in a traditional court system?
6. On this team, what is the role of the:
 - a. Judge?
 - b. Coordinator?
 - c. Law enforcement? Bailiff? Community law enforcement?
 - d. Probation?
 - e. Public Defender or other defense counsel?
 - f. District Attorney?
 - g. Treatment provider (substance use; i.e., community treatment agencies)?
 - h. Mental health? County mental health services? Psychiatrist/psychologist?
6. How well do you think the drug court team works together?
7. Please give an example of types of situations when the team works well together.
8. Please give an example of types of situations when the team is not working well together? How could improvements be made to the way the team works together?
9. How well do the following processes work: The case referral process, Determination of participant eligibility/exclusion, Determination of participant suitability. How could these processes be improved?
10. What are the gender-specific practices of this court? What would you like them to be? (*You can also ask them, "Do you think there are any?" and questions like, "What would the SATC program/court have to do for you to be able to say confidently that there are gender-specific practices there?"*).
11. What are the culture-specific practices of this court? What would you like them to be? (*You can also ask them, "Do you think there are any?" and questions like, "What would the SATC program/court have to do for you to be able to say confidently that there are culture-specific practices there?"*).
12. Do you feel that the SATC program has garnered community support? In what ways? In what ways would you like this to be improved upon? (*You can also ask them, "Do you think there is any community support for SATC?" and questions like, "What would the SATC program/court have to do for you to be able to say confidently that community support has been fostered?"*).
13. What do you think are the most promising practices of this drug court?
14. How has the team changed since last year (if you were here last year)?
15. Are there any changes you would like to see happen that you think would improve the program or make it more effective?

Adapted from:

NPC Research (2006). *Adult Drug Court Typology Interview Guide*. Retrieved from [http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

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Treatment Counselor Survey

Please circle the answer that shows how much you agree or disagree that each item describes the Substance Abuse Treatment Court (SATC).

Question	1 = Strongly Disagree	2 = Disagree	3 = Neither Disagree Nor Agree	4 = Agree	5 = Strongly Agree	DK = I Don't Know
I feel well informed about drug court processes.	1	2	3	4	5	DK
The drug court targets offenders for admissions who are high risk and high needs 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).	1	2	3	4	5	DK
Of drug court offenders receiving treatment, members of historically disadvantaged groups receive the same levels of care and quality of treatment as other clients with comparable clinical needs.	1	2	3	4	5	DK
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.	1	2	3	4	5	DK
Standardized patient placement criteria govern the level of care that is provided (i.e., level of care is based on a standardized assessment of their treatment needs as opposed to relying on professional judgment or discretion).	1	2	3	4	5	DK
Adjustments to the level of care are predicated on each client's response to treatment and are not tied to the Drug Court's programmatic phase structure.	1	2	3	4	5	DK
Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings.	1	2	3	4	5	DK
Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals.	1	2	3	4	5	DK
Treatment providers administer behavioral or cognitive-behavioral treatments that have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.	1	2	3	4	5	DK
Treatment providers are proficient at delivering the interventions.	1	2	3	4	5	DK
Clients are (can be) 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.	1	2	3	4	5	DK
Treatment providers are licensed or certified to deliver substance abuse treatment.	1	2	3	4	5	DK
Treatment providers have substantial experience working with criminal justice populations.	1	2	3	4	5	DK
Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices.	1	2	3	4	5	DK
Clients regularly attend self-help or peer support groups in addition to professional counseling.	1	2	3	4	5	DK
The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.	1	2	3	4	5	DK
Before clients enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy, to prepare the clients for what to expect in the groups and assist them to gain the most benefits from the groups.	1	2	3	4	5	DK
The operations of the drug court reflect both court and treatment goals.	1	2	3	4	5	DK
A potential client must meet distinct treatment criteria to be eligible for the program.	1	2	3	4	5	DK

Question	1 = Strongly Disagree	2 = Disagree	3 = Neither Disagree Nor Agree	4 = Agree	5 = Strongly Agree	DK = I Don't Know
The judge values the treatment providers' recommendations about the clients.	1	2	3	4	5	DK
Court and treatment staff have a difficult time communicating with each other.	1	2	3	4	5	DK
Treatment and court staff work well together.	1	2	3	4	5	DK
Clients attend regular status/review hearings with the judge.	1	2	3	4	5	DK
Clients can participate in educational and vocational assessment and training.	1	2	3	4	5	DK
A client may be referred to a higher level of treatment if needed.	1	2	3	4	5	DK
Treatment plans are individualized to the needs of each client.	1	2	3	4	5	DK
Treatment plans are similar for each client.	1	2	3	4	5	DK
The drug court has a rich network of treatment resources.	1	2	3	4	5	DK
All drug court clients receive the same set of treatment services.	1	2	3	4	5	DK
Gender-specific treatment is available to those who want it.	1	2	3	4	5	DK
Culturally-sensitive interventions are utilized.	1	2	3	4	5	DK
Drug test results are quickly communicated to the drug court team.	1	2	3	4	5	DK
Precautions are taken to prevent clients from tampering with their drug tests.	1	2	3	4	5	DK
The drug court uses a graduated system of sanctions to address noncompliant behavior.	1	2	3	4	5	DK
The drug court rewards client progress in the program.	1	2	3	4	5	DK
Sanctions are effective for influencing client compliance.	1	2	3	4	5	DK
The community is supportive of the drug court's efforts.	1	2	3	4	5	DK
The drug court uses the news media to garner support.	1	2	3	4	5	DK
Media attention has been positive.	1	2	3	4	5	DK

Questions	True	False	Don't Know
The clinical-assessment tool evaluates the formal diagnostic symptoms of substance dependence or addiction.	True	False	DK
The clinical-assessment tool differentiates between diagnoses or symptoms of substance dependence and substance addiction.	True	False	DK
Drug court clients (can) have co-occurring mental health conditions	True	False	DK
Drug court clients (can) have co-occurring medical conditions.	True	False	DK
If you deliver cultural or gender-specific treatments, did you receive comprehensive training on how to deliver this modality?	True	False	DK
If you deliver cultural or gender-specific treatments, did you receive supervision on delivery of this modality?	True	False	DK
I have received or reviewed a copy of the drug court policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments.	True	False	DK
If more than two agencies provide treatment to Drug Court clients, communication protocols are established to ensure accurate and timely information about each client's progress in treatment is conveyed to the Drug Court team.	True	False	DK
Clients ordinarily receive six to ten hours of counseling per week during the initial phase of treatment.	True	False	DK
Clients ordinarily receive approximately 200 hours of counseling over nine to twelve months.	True	False	DK
Clients 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	DK
Clients are screened for their suitability for group interventions.	True	False	DK
Group membership is guided by evidence-based selection criteria (including clients' gender, trauma histories and co-occurring psychiatric symptoms).	True	False	DK
Treatment groups ordinarily have no more than twelve clients.	True	False	DK
Treatment groups ordinarily have at least two leaders or facilitators.	True	False	DK
Treatment providers are supervised regularly to ensure continuous fidelity to the treatment models.	True	False	DK
Clients complete a final phase of the Drug Court focusing on relapse prevention and continuing care.	True	False	DK
Clients 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	False	DK
For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case managers attempt to contact previous clients 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.	True	False	DK

Adopted from:

Hiller, M. (unpublished). Drug Court Components Questionnaire. *Personal communication*.

Hiller, M., Belenko, S., Taxman, F., Young, D., Perdoni, M., & Saum, C. (2010). Measuring drug court structure and operations: Key components and beyond. *Criminal Justice and Behavior*, 37(9), 933-950. doi:10.1177/0093854810373727

National Association of Drug Court Professionals (2013). Adult drug court: Best practice standards. Volume 1. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>

Treatment Counselor Interview

Interview Date: _____

Respondent's Name: _____

1. What is your role at the treatment facility that you work at?
2. What training did you receive to prepare you for work with this population?
 - a. Formal education?
 - b. Training at the treatment agency?
 - c. Other formal trainings?
 - d. Recognizing implicit cultural biases (e.g., cultural sensitivity training), and
 - e. Correcting disparate impacts for members of historically disadvantaged groups.
3. Did you receive any training about working with the drug court population?
4. What is the purpose of drug court?
5. How does drug court benefit clients?
6. Are there any disadvantages of clients being a part of the drug court?
7. How are client treatment needs (i.e., dosage, duration) determined?
8. Are there differences in the way you treat a drug court vs. non-drug court client or their treatment plan? If so, please elaborate.
9. On the drug court team, what is the role of the judge?
10. On the drug court team, what is the role of probation?
11. On the drug court team, what is the role of the Public Defender or other defense counsel?
12. On the drug court team, what is the role of the District Attorney?
13. On the drug court team, what is the role of the treatment providers?
14. On the drug court team, what is the role of County mental health?
15. On the drug court team, what is the role of the County psychiatrist/psychologist?
16. What are the gender-specific treatments available to drug court clients? What would you like them to be?
17. What are the culture-specific practices of this court? What would you like them to be?
18. Do you feel that the SATC program has garnered community support? In what ways? In what ways would you like this to be improved upon?
19. Are there any changes you would like to see happen that you think would improve the program or make it more effective?

Adapted from:

NPC Research (2006). *Adult Drug Court Typology Interview Guide*. Retrieved from [http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

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Administrative Data Checklist

- SATC Handbook
 - Participant copy
 - Team member copy
 - Treatment copy (if different)
- SATC eligibility criteria.
- SATC suitability criteria.
- SATC exclusionary criteria.
- The risk-assessment tool utilized for eligibility determinations.
- The clinical assessment tool utilized for eligibility determinations.
- Any official MOU's or written criteria outlining client ability to have medications while under SATC.
- Policies/procedures for phase advancement.
- Policies/procedures for graduation.
- Policies/procedures for termination from drug court.
- Policies/procedures for client receipt of sanctions.
- Policies/procedures for client receipt of incentives.
- Policies/procedures for client receipt of treatment services and treatment requirements.
- A list of possible incentives/sanctions.
- If conducted, any data analysis on:
 - Disparities in eligibility determinations (especially with minorities and women populations)
 - Disparities in retention rates (especially with minorities and women populations)
 - Treatment differences within the drug court population (especially with minorities and women populations)
 - Equivalency of incentives administered
 - Equivalency of sanctions administered

Consumer Survey

You are being asked to answer some questions about your experience with Drug Court. We want to find out how well it works and how to make it better.

There is no risk to you for answering these questions; you may report both good and bad experiences, as much or as little as you like, and everything is confidential. The information you tell us will be kept completely private. You do not have to tell us anything that you are uncomfortable sharing. You can choose whether to answer a question or not. Your answers will be anonymous and will not be shared with staff in a way that could identify you.

Thank you for helping us make Drug Court better!

Question	Response Choices					
1. What is your ethnicity?	Hispanic	White	Black	Native American	Other	
2. How many times have you gone through drug court before?	1	2	3	4	5 or more	
3. How long have you been in drug court (for your current time in the program)?	Less than 6 months	6 months or more				
4. Before you started Drug Court, did someone talk to you about what you need to do to graduate the program?	Yes	No				
5. Before you started Drug Court, did someone talk to you about what kinds of things you can get sanctions (consequences) for?	Yes	No				
6. Does everyone in Drug Court get the same treatment, no matter what their needs are?	Yes	No				
7. Who is the leader of the Drug Court team?	Judge	Prosecutor	Public Defender	Treatment Person	Probation Officer	There is no leader; they work together

For the next questions, please mark the choice that best describes how you feel about each sentence.

Question	Response Choices					
8. I have the same treatment program as other people in Drug Court with the same types of needs as me.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
9. I feel that I receive the same sanctions (consequences) and rewards as other people in the program in general. <i>(Examples of sanctions are: spending a few days in jail, having to go to more meetings, having to write a letter to the court).</i> <i>(Examples of rewards are: the judge saying nice things to you, other team members saying nice things to you, getting a gold star, getting a phase advancement, shaking hands with the judge).</i>	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
10. I feel that I receive the same sanctions (consequences) as people in the program that are of different ethnicities.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	Don't know - I have not received any sanctions.
11. I feel that I receive the same rewards as other people in the program that are of different ethnicities.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
12. The judge makes supportive comments to me during my hearings.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	

Question	Response Choices					
13. During my hearings, the judge tells me how important it is to work my treatment program.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
14. During my hearings, the judge reminds me of what I have to do for Drug Court.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
15. The judge believes that I can improve my health and behavior.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
16. The judge embarrasses me.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
17. The judge does uses curse words and/or says mean things to me.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
18. The judge lets me tell my side of the story when there are disagreements.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	Don't know – there haven't been disagreements
19. The members of the Drug Court team often remind me of what will happen if I do well or if I fail.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
20. When I receive sanctions (consequences), members of the Drug Court team do not get angry with me.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	Don't know – I have not received any sanctions
21. I feel like I have a good relationship with the judge.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
22. I feel like I have a good relationship with the whole drug court team.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
23. I feel respected by members of the Drug Court team.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
24. When I go to Drug Court, the judge takes part in my hearings.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	
25. When I go to Drug Court, the coordinator takes part in my hearings.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	I do not know this person
26. When I go to Drug Court, the public defender takes part in my hearings.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	I do not know this person
27. When I go to Drug Court, the prosecutor takes part in my hearings.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	I do not know this person
28. When I go to Drug Court, the treatment person takes part in my hearings.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	I do not know this person
29. When I go to Drug Court, the probation officer takes part in my hearings.	1 = Strongly Disagree	2 = Disagree	3 = Do not Agree or Disagree	4 = Agree	5 = Strongly Agree	I do not know this person

30. Is there anything you would like to confidentially tell us about the Drug Court?

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