

# SANTA BARBARA COUNTY DRUG COURT PROCESS EVALUATION



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## Santa Maria 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 Maria in September, October, and November of 2014. 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 County Drug Court Process Evaluation

## SANTA MARIA 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, and has served over 1,000 participants since its inception in 1993. The SATC was designed to follow the 10 Key Components established by the National Association of Drug Court Professionals. The purpose of this study was to describe adherence of the Santa Maria SATC to the 10 Key Components of drug courts, as well as to best practices within the field.

This process evaluation utilized eight sources of information: 1) observations of the team staffing prior to courtroom proceedings for 69 participants over two days; 2) observations of the corresponding courtroom proceedings; 3) interviews with 13 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 SATC participants; 8) interviews with 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, treatment representatives, and probation officers. The bailiff was also in attendance; however, a designated law enforcement representative and the coordinator did not attend. Compliance with Key Component 1 requires that the stakeholders collaborate and communicate effectively with each other. Most team members reported that collaboration had improved significantly from the year before. They described the atmosphere as one characterized by positivity and open communication. A few stakeholders indicated that when collaboration breaks down, it is due to team members not listening to one another and being unwilling to compromise.

**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 line with best practices, the SATC allowed participants with non-drug charges, participants with mental health issues, participants with medical conditions, and participants taking anti-addiction or psychotropic medications to be admitted. The SATC currently targets high risk and high need offenders, which had not always been the case. The team used empirically validated assessment tools to determine risk and need status of clients. Finally, the SATC demonstrated equivalent access, retention, treatment, incentives, sanctions, and dispositions across historically marginalized populations.

**3: Eligible participants are identified early and promptly placed in the drug court program.** The SATC adhered to practices supporting Key Component 3. The stakeholders indicated that the time for entry into the program was generally less than 50 days from time of arrest. In addition, the program caseload stayed below the NADCP recommended 125-participant limit. However, the team indicated that lack of funding had caused some hurdles in terms of providing services. Additionally, some team members had concerns that the mental health system and residential living programs did not have enough space to accommodate everyone with needs.

**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 recovery services. While the SATC works with more than the recommended two treatment agencies, doing so allowed for specialized treatment for perinatal women and for those with co-occurring disorders. The treatment agencies and SATC team were in frequent contact with one another regarding participant progress. In addition, the SATC coordinator ensured that the treatment agencies were functioning according to drug court guidelines. Areas in which this

Key Component was not supported included that participants were sometimes incarcerated until residential placements became available, and that approaches to participant treatment were not highly individualized. Additionally, some treatment providers reported that aftercare was not consistently provided to program participants.

**5: *Abstinence is monitored by frequent alcohol and other drug testing.*** The SATC engaged in practices that supported its adherence to Key Component 5. Drug test results were generally reported to the team quickly. In addition, drug testing and client substance use were frequent topics of conversation in team meetings and court sessions, indicating that the SATC team was monitoring participant abstinence closely.

**6: *A coordinated strategy governs drug court responses to participants' compliance.*** Evidence from the present evaluation indicated that the SATC adhered to Key Component 6. Incentives and sanctions were discussed in a majority of cases. There were a variety of noncompliant behaviors observed, and a variety of sanctions administered as a result. The Drug Court team had a list of guidelines indicating what sanctions would be appropriate for different types of noncompliance. A majority of the responses to participant behavior were determined by team consensus, demonstrating that the SATC team responded to participants with a coordinated team strategy. In addition, participant recognition and incentives were administered when knowledge of positive participant behavior was known. However, there was some evidence jail sanctions were sometimes of an indefinite duration and exceeded the suggested three to five day limit.

**7: *Ongoing judicial interaction with each drug court participant is essential.*** The SATC largely adhered to Key Component 7. Participants were required to attend frequent status review hearings and had an adequate opportunity to be heard during these hearings. The judge maintained a professional demeanor toward participants when administering incentives and sanctions, and progressive sanctions were utilized. Client feedback indicated that they generally felt respected and supported by the judge and the rest of the drug court team. Phase promotion, jail sanctions, and participant termination occurred in line with best practices. However, there were a few areas where the SATC did not adhere to best practices. In particular, most participants' hearings lasted less than the best practice guideline of at least three minutes.

**8: *Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.*** The SATC adhered to Key Component 8. The SATC has used data to evaluate program effectiveness and modify operations based on that feedback since its inception. There are some areas that the SATC has not explicitly evaluated that may be of benefit to address in future reports. However, the SATC has made a concerted effort through process and outcome evaluations to improve functioning in line with best practices.

**9: *Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.*** There was mixed evidence in support of the SATC's adherence to Key Component 9. Treatment counselors reported that they attend frequent trainings, especially in the domain of cultural sensitivity. Team members had varying level of training. Still, most members indicated that they had attended drug court conferences and other types of informal trainings to learn about the various practices of drug courts and local community resources. Additionally, a few members reported that the judge had organized trainings to familiarize new members with local resources. Recently, efforts have been made to develop a manual describing the roles of the members of the drug court team to help ease the transition of new team members. A few members suggested that more trainings in the future, particularly in regard to cultural sensitivity, may be helpful.

**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. Team members indicated that the SATC had forged partnerships with a variety of agencies. However, most team members stated that more could be done in this domain. Specifically, team members reported that in recent years there had been less publicity on the SATC and the work that is being done. There was some confusion over whose responsibility it would be to increase community awareness on the SATC. Numerous suggestions were made for improvements, including involving more alumni, increasing media attention, and increasing the number of partnerships with other community organizations.



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## RECOMMENDATIONS

- 1) A number of individuals, both members of the core team and counselors who work at the treatment facilities, expressed concern that there was not enough community outreach occurring for the drug court. Additionally, there was some confusion over whose responsibility this would be. The drug court may consider creating a plan for increasing publicity and community partnerships. Hosting events, such as panels, to increase community awareness of the SATC and the outcomes of its participants, could help promote public approval. Additionally, the court could consider using the media more effectively to advertise the drug court. Alumni groups and activities could also help with this effort.
- 2) Judicial interactions with participants during court hearings, on average, are of a shorter duration than the recommended minimum of three minutes. In addition the average time spent with participants decreased since last year. Increasing the time spent with each client would give the team more opportunities to praise pro-social activities, check in with participants about their progress, and remind clients of the importance of complying with program requirements. This may be accomplished by spending less time on staffing client cases. Having clear guidelines for how to handle difficult situations that commonly arise may help create a more streamlined and efficient staffing process. A specific recommendation of a time breakdown will be provided to the team (see Appendix 1).
- 3) At times, access to beds in residential facilities appears to be a problem. Sometimes incarceration is used to house participants until beds at residential facilities become available. Keeping clients incarcerated until residential treatment is available is not aligned with best practices for drug courts. The team should investigate alternative solutions to this problem. For example, if a client cannot attain residential treatment, the team could require that he or she has a heavier treatment load at an outpatient agency, support groups, or a combination of the two until residential treatment can be attained.
- 4) According to some sources, the treatment protocol did not vary much across participants. Given the heterogeneity of participants who enter the SATC, more individualization of treatment plans could result in more effective treatment for a wider range of participants.
- 5) Some treatment providers expressed apprehension that they had been informed that Medi-Cal might not provide funding for prolonged treatments. The team should investigate this concern and research alternative funding options if it is the case.
- 6) There is a need to keep up on the latest research findings as our knowledge of effective drug court practices grows. Team members should participate in trainings regarding best practices in drug courts (e.g., cultural biases, addressing discrepancies in drug court processing across populations). Participating in trainings together can also help the team collaborate more effectively.

# Introduction

## WHAT ARE DRUG COURTS?

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

## SANTA BARBARA COUNTY DRUG COURT

The Santa Barbara County Substance Abuse Treatment Court (SATC) was among the first 200 Drug Courts implemented in the United States, and has served over 1,000 participants since its inception in 1993. The SATC was designed to follow the 10 Key Components established by the National Association of Drug Court Professionals (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 (minimum 8 weeks)

Phase 2: Recovery Plan Development (minimum 8 weeks)

Phase 3: Reality and Life Skills Development (minimum 8 weeks)

Phase 4: Ongoing treatment (minimum 8 weeks)

Phase 5: Expanded Life Skills and Graduation Preparation (minimum 12 weeks)

Participants successfully complete the program when they have met their treatment goals and tested negative for substances for at least 45 consecutive days.

## 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 Maria 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 client; 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

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

### Courtroom Observations

Standardized observations of the courtroom process were conducted by the program evaluators. 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 with each team member also completing 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 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.

### **Consumer Surveys**

A structured survey instrument was used with SATC participants using the kiosk at Probation. The surveys 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. Within the checklist, areas for improvement and suggestions for the future were documented.

# 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 observer 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 and positive), sanctions, and incentives. Researchers also coded who made final team decisions, as well as perceptions of team cohesion.

### Data Collection

Data were collected over two days of team meetings in Santa Maria. Meetings were observed at the Santa Maria courthouse. Three to four researchers attended each staffing. Researchers remained as inconspicuous as possible during their observations. Team meetings typically ran from 9 a.m. until 11 a.m. Additional staffings were completed during court hearings as needed

During the team meetings observed, case discussions about Reentry Drug Court (RDC) participants were interspersed with those of regular SATC participants. The RDC was designed to provide drug court processing for adults exiting jail, with treatment services beginning in jail and continuing in the community. Data obtained on RDC and SATC participants are tabled separately for comparative purposes, with the narrative focusing on SATC data.

## RESULTS

The regular team meetings were held on Tuesday mornings, with additional impromptu staff meetings held as needed during the same afternoon. Total time spent observing staff discussions over the two-day period was 4 hours and 34 minutes. In attendance were the judge, defense attorneys (3), prosecutor, treatment liaisons (6), probation officers (2), conflict attorney, bailiff, psychologist, court intern, clerks (2), and the treatment coordinator from the Public Defender’s Office.

### Case Discussions

Researchers coded all of the cases discussed during the formal staff meetings over two calendar days. Average time spent on each case was 4 minutes and 2 seconds, with a range from 26 seconds to 14 minutes and 31 seconds. Average time per case was longer for RDC than for SATC participants.

Observation	SATC	RDC	TOTAL
Total staffing time coded	<b>2 hr., 39 min.</b>	1 hr., 55 minutes	4 hr., 34 min.
Cases coded	<b>41</b>	28	69
Average time per case	<b>3 min., 52 sec.</b>	4 min., 06 sec.	3 min., 58 sec.
Range in time per case	<b>26 sec. – 9 min., 49 sec.</b>	36 sec. – 14 min., 31 sec	26 sec. – 14 min., 31 sec

For SATC cases, the most frequent topics of discussion were treatment progress, general client progress, and case management. Other topics included the use of sanctions/incentives, substance use, drug tests, mental health, housing, vocational activities, and educational activities. For RDC participants, more focus was put on sanctions and housing and less on substance use than was the case for general SATC participants. Compared to last year, the team focused more on case management, substance use, housing, and vocational activities and less on mental health progress for SATC participants.

Discussion Topics	% SATC cases	% RDC cases	% TOTAL cases
Treatment progress	<b>100%</b>	75%	90%
Case management	<b>88%</b>	100%	96%
General progress	<b>85%</b>	86%	86%
Substance use	<b>59%</b>	21%	43%
Sanctions/incentives	<b>56%</b>	75%	64%
<i>Sanctions</i>	<b>39%</b>	54%	45%
<i>Incentives</i>	<b>20%</b>	29%	23%
Housing	<b>39%</b>	54%	45%
Drug Testing	<b>34%</b>	18%	28%
Vocational activities	<b>32%</b>	14%	25%
Mental health	<b>15%</b>	21%	17%
Educational goals	<b>2%</b>	0%	1%

## Decisions

Researchers reported on who they observed making the final decision regarding a client's case during team meeting discussions. The observers indicated that 65% of the cases were decided by the judge and 35% of cases were determined by team consensus.

## 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 team members were perceived as respectful toward each other, respectful toward participants, as sharing information freely, working as a team, and as open with each other:

Question	Rating
Did there appear to be a mutual respect between the agencies?	4.3
Did team members share information and knowledge freely with one another?	4.2
Did there appear to be a general sense of teamwork and partnership between the team members?	4.5
Did there appear to be an openness of information and communication between team members?	4.3
Did there appear to be a respect for clients (i.e., intrinsic worth, rights, capacities, and uniqueness)?	4.2

## SUMMARY

Observations of the team process found respect conveyed for participants and an openness of communication between the team members. Most of the time in team meetings was spent discussing participants' progress in treatment, case management, general progress, and sanctions and incentives. Observers noted that many team members participated in discussions of each case, the judge often appeared to be the final arbitrator, and team members' opinions were openly welcomed and considered in discussions. The judge often checked in with team members to ensure that final decisions were acceptable to all members.

# 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 was used to capture information on the court proceedings. This instrument was adapted from the literature on best practices in Drug Courts (Carey, Mackin, & Finigan, 2012; Cumming & Wong; 2008; Rossman et al., 2011a; Rossman et al., 2011b; Satel, 1998), with one instrument used to record information per participant. 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.

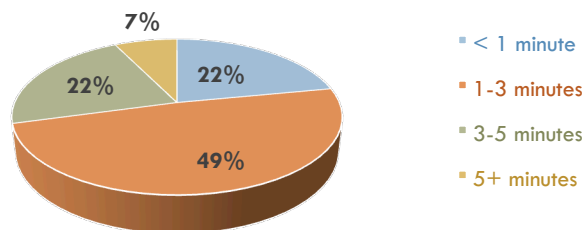
### Data Collection

Data were collected over two days of status review hearings for the SATC in Santa Maria. Court hearings ran from 11 a.m. to 12 p.m. and then resumed after lunch recess and continued through the afternoon. Similar to the team meeting observations, both SATC and RDC cases were observed and recorded; this information is recorded separately for comparative purposes; however, the narrative of the report focuses on SATC cases only. Compared to last year, there were more RDC cases heard and less SATC cases.

## RESULTS

### Time

There were 41 SATC cases observed over 1 hour and 40 minutes. The average time spent per case was 2 minutes and 31 seconds. While the majority of the cases (71%) were heard for less than three minutes, there was a range from 43 seconds to 15 minutes and 10 seconds per case. There were no drastic differences between general SATC and RDC participant data, though more RDC cases were heard for over five minutes than general SATC cases.



Observation	Total	SATC	RDC
<b>Total time coded for status hearings</b>	2 hr., 50 min.	<b>1 hr., 40 min.</b>	1 hr., 10 min.
<b>Cases coded</b>	63	<b>41</b>	22
<b>Average time per case</b>	2 min., 45 sec.	<b>2 min., 31 sec.</b>	3 min., 12 sec.
<b>Range in time per case</b>	38 sec. – 15 min., 10 sec.	<b>43 sec. – 15 min., 10 sec.</b>	38 sec. – 7 min., 50 sec.
<b>Percentage of cases heard for:</b>			
>1 minute	21%	<b>22%</b>	18%
1-2 minutes	44%	<b>49%</b>	36%
3-7 minutes	21%	<b>22%</b>	18%
8+ minutes	14%	<b>7%</b>	27%



### Offenders

More SATC participants were male (62.5%) than female (37.5%). A majority of cases heard were regular status hearings (75%). A few were pre-participation hearings (8%) or sentencing hearings (3%). About 25% of the participants observed were in custody at the time of their hearing. This was an increase from the 16% of participants who were in custody at the time of their hearing last year.

### Participants in Status Hearings

The judge participated in all status hearings. Other team members who spoke during status hearings included the defense attorney (33% of cases), probation officers (25% of cases), treatment liaisons (18% of cases), the prosecutor (3% of cases), interpreters (3% of cases) and participants’ family members (3% of cases). However, the public defender and conflict attorney who are usually assigned to the SATC calendar were absent during both observation days, due to unforeseen circumstances, which may have contributed to a possible underreporting of their participation in the SATC cases. Most SATC participants spoke in their hearings (80%), and some of them shared a success story (35%).

### Judicial Interactions

The judge made eye contact and spoke directly to the participants in almost every hearing. The judge engaged with the participant most of the time (90%) by eliciting questions/statements, imparting instructions, and providing advice. In 78% of cases, the feedback given to clients was specific to their circumstances. The judge sometimes explained the consequences of compliance or noncompliance in the program to the participant (15% of the time), and directed comments to the audience in 3% of the hearings.

### Noncompliance and Sanctions

Noncompliance with some aspect of the program was noted in 28% of the cases, which was lower compared to last year (39%). Program non-compliance included treatment absences (8%); needing to make payments to the court, treatment, or probation (8%); missing court dates (5%); being returned on warrant (5%); violating rules at treatment (5%); obtaining new charges (3%); positive drug tests (3%); and not coming to court in proper attire (2%).

Sanctions were administered in 30% of all cases heard. Sanctions were administered as follows: admonishment from the judge (18%), remand into custody (13%), admonishment from other team members (8%), ordered back to court later that week (8%), community service (3%), delayed graduation (3%), ordered to attend Reasoning and Rehabilitation (3%), ordered to apply to Clean and Sober living (3%), given a 30 day blackout period (3%), ordered to attend 30 meetings in 30 days (3%), and removed from Drug Court (3%).

### Recognition and Incentives

Recognition was given in 85% of all cases, which was also an improvement from last year (71%). Recognition was observed for a variety of behaviors and accomplishments including doing well overall (70%), ready for phase advancement (18%), making payments (8%), having a large number of drug-free days (3%), getting a new job (3%), testing clean (3%), having a good attitude (3%), attending program and testing regularly (3%), applying for Clean and Sober living (3%), completing programs (3%), and completing community service hours (3%).

Incentives were administered in 78% of the cases. Incentives included praise from the judge (70%), courtroom applause (33%), praise from other staff (15%), shaking hands with the judge (5%), phase promotion (5%), receiving a hug from the judge (3%), and being eligible to graduate (3%).

Observation	TOTAL	SATC	RDC
<b>Appearance Type</b>			
<i>Regular status hearing</i>	57%	<u>75%</u>	32%
<i>In-custody</i>	40%	<u>25%</u>	68%
<b>Noncompliance</b>	27%	<u>28%</u>	27%
<b>Sanctions</b>	29%	<u>30%</u>	27%
<b>Recognition</b>	72%	<u>85%</u>	41%
<b>Incentives</b>	61%	<u>78%</u>	32%

## SUMMARY

Observations of the court process indicated a high level of involvement from the judge, who was directly engaged with participants in all hearings and provided individualized feedback to most participants (78%). A variety of sanctions, recognitions, and incentives were used.

Compared to the last evaluation, there were a few of changes. The percentage of cases heard for less than three minutes increased slightly from 64% in the previous evaluation to 71% in this one. However, clients were observed participating more in their hearings than had been the case last year (from 59% last year to 80% this year), and judicial interactions were observed to be more personalized. A higher percentage of participants were in custody at the time of their hearing this year compared to last year (25% and 16%, respectively). There was also an increase in the number of participants who received some form of recognition by the court (85%; in prior evaluation was 70%).

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# Stakeholder Interviews

## PROCEDURES

The UCSB Evaluation Team studied the SATC team members' perceptions of the SATC team and the SATC process in Santa Maria. In order to capture this information, an interview protocol was adapted; 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 13 collaborative court team members of the Santa Maria SATC were interviewed for this report. A majority of the interviews were conducted on one of two afternoons in September of 2014 at the Santa Maria courthouse. The remaining interviews were completed by phone within the next few weeks. Research assistants obtained informed consent from each team member and conducted the interviews in private locations. 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 their role within the court (i.e., “What is your role (or what do you do) in the Drug Court program?”). They were also asked about the roles of other team members (i.e., “On this team, what is the role of the...?”). The following tables describe the findings on stakeholder perceptions of these roles.

### Judge

The judge was described as having a strong leadership role, with traditional and non-traditional elements. The judge was seen as gathering input from team members and mediating disagreements with the goal of reaching a consensus. At the same time, the judge presided over the court and ultimately was the decision-maker.

Roles	Descriptions	Quotes
<b>Leadership</b>	<ul style="list-style-type: none"> <li>Has leadership role for drug court team</li> <li>Voice and face of the team</li> <li>Gets everyone to work together as a team</li> </ul>	<i>“The judge provides the overall direction and cohesion for the court. She is a personal face to the defendants coming in to court.”</i>
<b>Traditional Role</b>	<ul style="list-style-type: none"> <li>Presides over the court</li> <li>Enforces decisions</li> <li>Maintains order</li> <li>Similar to the role of all judges</li> </ul>	<i>“She is the judge who presides – the person who enforces everything we bring to the table.”</i>
<b>Non-Traditional Role</b>	<ul style="list-style-type: none"> <li>Non-adversarial role</li> <li>Finds the best solution for each person</li> </ul>	<i>“The judge interacts with the client; she supervises and supports them when they’re doing well and creates modifications when they are not... She works with both sides to come up with the best solution for the client.”</i>
<b>Facilitator</b>	<ul style="list-style-type: none"> <li>Keeps the calendar moving</li> <li>Mediates disputes</li> </ul>	<i>“She keeps the calendar moving forward on a daily basis and has the final say when decisions need to be made. Sometimes she also tries to operate as a mediator between parties if there are disagreements.”</i>
<b>Decision Maker</b>	<ul style="list-style-type: none"> <li>Gathers input from everyone</li> <li>Makes the final decision</li> </ul>	<i>“She makes the final decision in collaboration with the team and based on the other team members’ perspectives and suggestions.”</i>

### Coordinator

Almost half of the members of the SATC team expressed confusion when asked about the role of the coordinator. Those who knew the coordinator described her role as obtaining and managing funding, as well as overseeing the drug court program and treatment. She was also identified as organizing trainings for team members.

Roles	Descriptions	Quotes
<b>Funding</b>	<ul style="list-style-type: none"> <li>Obtains/manages grants and funding</li> </ul>	<i>“She deals with the financing and gets the money to do what we need to do. She’s good at getting grants.”</i>
<b>Treatment Monitor</b>	<ul style="list-style-type: none"> <li>Monitors treatment quality</li> <li>Ensures treatment is compliant with model</li> </ul>	<i>She oversees treatment, making sure we are in compliance with the curriculum and staying true to the model.”</i>
<b>Training Coordinator</b>	<ul style="list-style-type: none"> <li>Coordinates trainings</li> </ul>	<i>“She does background stuff like funding and coordinating Drug Court conferences.”</i>
<b>Overseer of Best Practices</b>	<ul style="list-style-type: none"> <li>Oversees policies and procedures of Drug Court</li> <li>Keeps abreast of new research</li> </ul>	<i>“The coordinator has constant relations with treatment providers and the probation office. Basically, she collaborates in any policy or procedure that concerns Drug Court activities.”</i>

### District Attorney

The district attorney’s role was seen as both the gatekeeper to the SATC and as a team member. He was described as needing to balance the interests of the people of the state of California by ensuring public safety while at the same time helping to advance goals of treatment team.

Roles	Descriptions	Quotes
Gatekeeper	<ul style="list-style-type: none"> <li>Determines eligibility</li> </ul>	<i>“He’s the gatekeeper for Drug Court and determines whether or not someone is eligible.”</i>
Traditional Prosecutor Role	<ul style="list-style-type: none"> <li>Protects public safety</li> <li>Represents the people</li> <li>Participates in termination, violation, sanction processes</li> </ul>	<i>“He speaks on behalf of the people and make sure that the defendants are properly sanctioned and always treated according to the law.”</i>
Non-adversarial	<ul style="list-style-type: none"> <li>Team member</li> <li>Finds solutions to serve participants</li> <li>Advocates for treatment</li> </ul>	<i>“The District Attorney is not adversarial. He’s more likely to encourage treatment than for incarceration.”</i>

### Public Defender/Defense Attorney

The public defender’s role was seen as the participants’ advocate both to get into the program and once in the program. She was seen as having to balance the interests and desires of her clients with their best interests in terms of treatment.

Roles	Descriptions	Quotes
Representative/Advocate for Participants	<ul style="list-style-type: none"> <li>Represents participants</li> <li>Advocates for participants</li> <li>Protects participants’ rights</li> <li>Seeks least punitive outcome</li> <li>Participants’ voice</li> </ul>	<i>“She represents the clients, makes sure their rights are being protected, and ensures they are being treated fairly.”</i>
Non-Traditional Role	<ul style="list-style-type: none"> <li>Non-adversarial role</li> <li>Works for best interest of participants</li> <li>Guide client successfully through treatment</li> </ul>	<i>“The Public Defender’s role is somewhat blended and less adversarial. She advocates for treatment even if the client doesn’t want it at the moment.”</i>

### Bailiff

Stakeholders described the role of the bailiff as maintaining the safety and order of the court. He was also described as being more sensitive and supportive to clients than a bailiff would be in an ordinary court.

Roles	Descriptions	Quotes
Keeps Order of Court	<ul style="list-style-type: none"> <li>Maintains order of court</li> <li>Keeps court safe                             <ul style="list-style-type: none"> <li>Protects judge</li> </ul> </li> </ul>	<i>“He makes sure court is safe, the judge is safe, and things are moving in a smooth, orderly fashion.”</i>
Participant Contact	<ul style="list-style-type: none"> <li>Supportive to clients</li> <li>Conveys to clients that he cares about them</li> </ul>	<i>“First consideration of a bailiff is always the safety of the courtroom and the judge. In a treatment court, he also has to be sensitive to the clientele and the needs of the population. He generally has more interaction with clients. They know that he cares too and is not just waiting to remand.”</i>

**Community Law Enforcement**

Most stakeholders described law enforcement as having a very limited role in the Drug Court. Community law enforcement was seen as responsible for the initial referrals and contact with clients. Some team members reported that local law enforcement also provides transportation for clients, maintains public safety, and supports clients by attending graduation.

Roles	Descriptions	Quotes
<b>Limited Role</b>	<ul style="list-style-type: none"> <li>Not active team members</li> <li>Used to be more involved in the past</li> </ul>	<i>"They don't have a very big role in the Court."</i>
<b>Refer Clients</b>	<ul style="list-style-type: none"> <li>Recognizes client needs</li> <li>Refers clients to Drug Court</li> <li>Arrests clients initially to get them into the system</li> </ul>	<i>"They are responsible for getting people off the street and recognizing their needs."</i>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>Transports clients from jail to treatment</li> </ul>	<i>"They communicate with treatment while clients are in jail and arrange transportation at their release."</i>
<b>Attend Graduation</b>	<ul style="list-style-type: none"> <li>Attends graduation</li> </ul>	<i>"Sometimes they come to graduation."</i>

**Probation**

The probation officers were described as having "one of the most important roles in the Drug Court." They were seen as responsible for monitoring offenders in the community and holding participants accountable. Additionally, probation officers were described as cultivating relationships with participants, determining suitability, and collecting and disseminating information regarding client progress.

Roles	Descriptions	Quotes
<b>Monitoring Offenders</b>	<ul style="list-style-type: none"> <li>Provides community supervision</li> <li>Ensures offenders are in compliance</li> <li>Keeps track of offenders</li> <li>Conducts home visits</li> <li>Tests for drugs</li> </ul>	<i>"Probation officers supervise defendants in the program and report to the team how they are doing in terms of attending programs, reporting as directed, drug testing, and new arrests or new charges."</i>
<b>Team Member</b>	<ul style="list-style-type: none"> <li>Collects and disseminates information about client progress</li> <li>Makes recommendations</li> <li>Team members</li> </ul>	<i>"Probation is the arm of the judge and of the drug court and works to keep tabs on people. They respond back to drug court on the needs of the people and let's know what up in their life."</i>
<b>Relationship with Participants</b>	<ul style="list-style-type: none"> <li>Encourages and supports participants</li> <li>Sees participants often</li> <li>Develops relationships with participants</li> </ul>	<i>"They have a very important role. They have a one on one relationship with the defendants."</i>
<b>Participant Accountability</b>	<ul style="list-style-type: none"> <li>Holds participants accountable</li> <li>Involved in client sanctions</li> </ul>	<i>"They monitor clients and bring them in if there's a problem. Probation officers have an accountability role. They support clients, but it's more of a compliance support."</i>
<b>Suitability</b>	<ul style="list-style-type: none"> <li>Determines suitability</li> </ul>	<i>"For Drug Court, probation determines suitability in terms of deciding a goodness of fit for the defendant to be in the program."</i>

**Substance Abuse Treatment Provider**

The treatment provider’s role was described as “the key to success for clients who are ready.” They were seen as providing participants’ services and reporting back to the group as a team member. They were described as advocating for participant needs, monitoring participants’ progress, and having a relationship with participants.

Roles	Descriptions	Quotes
<b>Provides Treatment</b>	<ul style="list-style-type: none"> <li>▪ Provides assessment</li> <li>▪ Provides treatment</li> <li>▪ Works toward participant sobriety</li> </ul>	<p><i>“They are the ones who provide treatments. They provide counseling and teach participants how to maintain sobriety and how to function in society.”</i></p>
<b>Guides clients through the program</b>	<ul style="list-style-type: none"> <li>▪ Educates clients</li> <li>▪ Provides clients with resources</li> <li>▪ Refers clients to other services</li> </ul>	<p><i>“Treatment providers give the client an avenue to change. They navigate clients through the early part of recovery, which are some of the toughest times.”</i></p>
<b>Team Member</b>	<ul style="list-style-type: none"> <li>▪ Advocates for participants’ needs</li> <li>▪ Updates the court about the clients’ progress and what is happening in their lives</li> <li>▪ Provides recommendations</li> </ul>	<p><i>“Treatment providers’ input is based on program compliance and progress. They offer up information that the judge wouldn’t otherwise know, for instance if a client just enrolled in school or had a baby – more personalized information.”</i></p>
<b>Support Clients</b>	<ul style="list-style-type: none"> <li>▪ Develops relationships with clients</li> <li>▪ Spends the most time with clients</li> <li>▪ Advocate for clients</li> </ul>	<p><i>“Treatment providers tend to advocate a lot for their clients. They tell us about mitigating factors, such as family troubles, the loss of a job, etc.”</i></p>
<b>Monitors Participant Progress</b>	<ul style="list-style-type: none"> <li>▪ Monitors participant progress and compliance</li> <li>▪ Conducts drug tests</li> </ul>	<p><i>“They keep participants honest by testing them, and if there are violations, their role is to notify the team.”</i></p>

**Mental Health**

The role of the mental health professional was described as identifying participants with mental health needs, providing mental health treatment, linking participants to other resources, and monitoring participant progress. Some team members reported that mental health is not often involved and that their role is minimal in the Drug Court.

Roles	Descriptions	Quotes
<b>Link to Mental Health Resources</b>	<ul style="list-style-type: none"> <li>Recommends participants for Mental Health treatment</li> <li>Connects with resources</li> </ul>	<i>"They are responsible for networking our clients into the appropriate agencies for mental health treatment."</i>
<b>Provides Services</b>	<ul style="list-style-type: none"> <li>Provides assessments</li> <li>Provides treatment</li> <li>Provides diagnosis</li> </ul>	<i>"They do mental health assessments and determine the best treatments and programs based on the defendant's needs."</i>
<b>Monitors Participant Progress</b>	<ul style="list-style-type: none"> <li>Monitors participant mental health</li> <li>Monitors participant medication</li> </ul>	<i>"They report back on defendants who are getting medication from mental health. They let the team know if they are complying and make recommendations about changes to those things."</i>
<b>Limited Role</b>	<ul style="list-style-type: none"> <li>Not often involved</li> <li>Difficult to obtain mental health services</li> </ul>	<i>"It used to be easy to access mental health. It has not been very easy lately. They cut back a lot on services, which has been a frustration for the Drug Court team. It can be months, and those first months are so important. If we don't stabilize them, we can lose them."</i>

**County Psychiatrist/Psychologist**

The role of the County's psychiatrist/psychologist was described as being a consultant for the court regarding mental health issues and services. Their role was also defined as identifying participants with mental health needs, providing mental health assessment and treatment, and monitoring participant progress.

Roles	Descriptions	Quotes
<b>Link to Mental Health Resources</b>	<ul style="list-style-type: none"> <li>Identifies offenders with mental health needs</li> <li>Recommends participants for mental health treatment</li> <li>Provides a link to community resources</li> </ul>	<i>"After screening individuals, they refer participants to the appropriate mental health agencies."</i>
<b>Mental Health Consultant</b>	<ul style="list-style-type: none"> <li>Provides expert information about mental health</li> </ul>	<i>"He is able to provide an expert perspective that the rest of us don't always have. He can tell us the reasons for participants' behaviors or identify red flags. The rest of us don't have that training."</i>
<b>Provides Services</b>	<ul style="list-style-type: none"> <li>Provides assessments and screenings</li> <li>Provides mental health treatment</li> <li>Provides diagnosis</li> </ul>	<i>"Our psychiatrist not only sits in court and consults, but he's also a treating psychologist. He meets with clients and has groups with participants."</i>
<b>Monitors Participant Progress</b>	<ul style="list-style-type: none"> <li>Monitors participant mental health</li> <li>Monitors participant medication</li> </ul>	<i>"During staffings they provide input regarding mental health progress."</i>



## Diversity

Two areas of diversity were explored; gender-specific (i.e., “What are the gender-specific practices of SATC or treatment?”) and culture-specific practices (i.e., “What are the culture-specific practices of SATC or treatment?”). In addition, stakeholders were asked to identify areas for improvement (i.e., “What would you like them to be?”).

### Gender-Specific Practices

Most stakeholders reported that participants are treated equally in the court, but that there are some gender-specific treatment options. The team was split evenly between individuals who felt the court was doing enough gender-specific programming and those who wanted to see more gender-specific treatment programs, groups, or residential houses.

Specific practices	Descriptions	Quotes
<b>Gender-specific Treatment</b>	<ul style="list-style-type: none"> <li>Gender-specific treatment</li> <li>Gender-specific groups</li> <li>Program for pregnant women</li> </ul>	<p><i>“We do try to differentiate when needed. We have one residential house for pregnant woman and an outpatient program for women. Some of the programs try to structure treatment according to gender... Women’s and men’s groups are available through the various treatment providers.”</i></p>
<b>Equality in the Courtroom</b>	<ul style="list-style-type: none"> <li>Everyone treated the same in court</li> </ul>	<p><i>“In court, I don’t think there are any gender-specific practices. Everybody is treated the same.”</i></p>
<b>None</b>	<ul style="list-style-type: none"> <li>None identified/don’t know</li> </ul>	<p><i>“I’m not sure. I don’t think there are any. I think they’re all treated the same.”</i></p>
<b>Suggestions for Improvement</b>	<ul style="list-style-type: none"> <li>More gender-specific treatment programs</li> <li>More gender-specific groups</li> <li>More female-specific services</li> </ul>	<p><i>“It could definitely be improved. We do not have enough services specific to women. We are really hurting for female specific sober living environments.”</i></p>
<b>No Changes Needed</b>	<ul style="list-style-type: none"> <li>Already have enough</li> </ul>	<p><i>“I think the court is empathic towards gender. For instance, we’ve had clients who are gay, and there were certain situation we didn’t put the client in because of that. We were being sensitive to the needs of the client. I would like to see equal treatment practices.”</i></p> <p><i>“I don’t think we need gender specific practices in the court nor additional ones in programs. The resources are too limited.”</i></p>

**Culture-Specific Practices**

All stakeholders identified some culturally-specific practices, whether it was using an interpreter in the courtroom or having culturally-sensitive treatment services. Bilingual groups and treatment programs specific to Native Americans were the most often identified culturally-sensitive practices. Stakeholders differed on whether they believed more improvements were needed. About half of the people interviewed felt that there were sufficient services and efforts to be culturally sensitive. Others felt that it would be useful to have more Spanish-speaking groups and cultural sensitivity trainings.

Specific practices	Descriptions	Quotes
<b>Culturally-Sensitive Services</b>	<ul style="list-style-type: none"> <li>▪ Bilingual treatment services</li> <li>▪ Bilingual staff</li> <li>▪ Treatment for Chumash Indians</li> <li>▪ LGBT sensitive programs</li> </ul>	<i>“There’s a clear effort for Spanish speakers to get those groups or to get Native Americans into culturally specific rehabilitation programs.”</i>
<b>Courtroom Practices</b>	<ul style="list-style-type: none"> <li>▪ Spanish-speaking interpreters</li> </ul>	<i>“We have a Hispanic population that requires an interpreter, which is always made available to them. She is vital some of the time.”</i>
<b>Areas for Improvement</b>	<ul style="list-style-type: none"> <li>▪ Need more Spanish-speaking groups/services</li> <li>▪ Need more cultural sensitivity trainings</li> <li>▪ Always room for improvement</li> </ul>	<p><i>“Now there aren’t any culturally specific practices besides some Spanish speaking groups, but just a few. We need a cultural competence training and not only for different ethnic groups.”</i></p> <p><i>“We definitely try, but I think there’s always room for improvement.”</i></p>
<b>No Changes Needed</b>	<ul style="list-style-type: none"> <li>▪ No improvements needed</li> </ul>	<i>“I think it’s good the way it is.”</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

Stakeholders varied in their perceptions of whether or not the court had strong community support. The general feeling expressed was that the court needed to do more to engage community agencies and increase the publicity of the Drug Court. However, there seemed to be confusion among stakeholders regarding who should be responsible for getting more community support.

Specific practices	Descriptions	Quotes
<b>SATC has Support</b>	<ul style="list-style-type: none"> <li>▪ Some good press coverage</li> <li>▪ Community members attend graduation</li> <li>▪ Some community support</li> </ul>	<p><i>"It is a positively supported program... Graduation is when people come out to support the graduates."</i></p>
<b>Need to Increase Support</b>	<ul style="list-style-type: none"> <li>▪ Less support than in past</li> <li>▪ Some opponents in the community</li> <li>▪ Some opponents within the court system</li> </ul>	<p><i>"In general, I think that Drug Courts have both supporters and opponents in the community. There is not a strong, shared belief that the Drug Courts work in the whole court system either."</i></p> <p><i>"In the past there used to be more support... At some point that stopped."</i></p>
<b>Suggestions for Improvement</b>	<ul style="list-style-type: none"> <li>▪ Need more publicity of the Drug Court</li> <li>▪ Bring more people in at graduations</li> <li>▪ Involve more community organizations</li> <li>▪ Have participants be more visible in the community doing community service</li> </ul>	<p><i>"We could stand to involve more community organizations, particularly having more aid and employment opportunities. We should try to get cultural organizations and advocates from various cultural groups involved."</i></p> <p><i>"I think it wouldn't hurt to have more media attention since we are doing good work and the people in the community should know about it."</i></p>

## 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/exclusion, and determination of participant suitability. Stakeholders were also asked to identify ways in which this process could be improved. The answers are outlined below.

### Case Referral Process

In general, stakeholders reported that this process usually works well. Some stakeholders reported that other courts seem to be unclear on who is eligible for the program; as a result, the other courts sometimes refer the wrong people. Additionally, a number of individuals reported that they were unsure of how the process works. Only one person provided a suggestion for improvement, which was to allow more people into the program.

Specific practices	Descriptions	Quotes
<b>Works Well</b>	<ul style="list-style-type: none"> <li>No issues</li> <li>Smooth process</li> </ul>	<p><i>"It works fine. I don't see any issues with it."</i></p> <p><i>"There's not much time between arrest and when they're referred into drug court programs."</i></p>
<b>Other Courts Unclear on Eligibility</b>	<ul style="list-style-type: none"> <li>Other courts don't understand the criteria</li> </ul>	<p><i>"It's a mixed bag. There are some difficulties with other courts not being clear on the criteria. There's a lack of clarity."</i></p>
<b>Don't Know</b>	<ul style="list-style-type: none"> <li>Not sure how it works</li> </ul>	<p><i>"I have no idea how it works."</i></p>
<b>Suggestions for Improvement</b>	<ul style="list-style-type: none"> <li>Should make criteria more explicit for other referral sources</li> <li>Increase caseload</li> </ul>	<p><i>"We are in need of more clients. There seems to be an issue with identifying individuals to be sent to us. We rely on those outside of our team to make the referrals, so we're dependent on outsiders to keep supplying individuals."</i></p> <p><i>"Some written guidelines to public defender and district attorney and judges would be helpful to them. Guidelines haven't gone up in a while, it could even be a brown bag lunch thing."</i></p>

### Eligibility Process

Most of the stakeholders reported that this process usually works well except for two members who stated that they did not know enough about the process to comment on how it works. Most of the team members felt that there was no need for improvement, although a few people felt that more people should be allowed to participate.

Specific practices	Descriptions	Quotes
<b>Works Well</b>	<ul style="list-style-type: none"> <li>Clear, objective criteria</li> <li>Allows for some discretion</li> </ul>	<p><i>"I think it works. It's very objective. Certain things make a person ineligible. It's pretty much black and white. There's one or two areas where the District Attorney has some discretion to be able to let someone in."</i></p>
<b>Don't Know</b>	<ul style="list-style-type: none"> <li>Not sure how it works</li> </ul>	<p><i>"I don't quite understand eligibility. The rest of the team does."</i></p>
<b>No Changes Needed</b>	<ul style="list-style-type: none"> <li>No need for improvement</li> </ul>	<p><i>"I think that what we do works, so there is no reason to change it."</i></p>
<b>Suggestions for Improvement</b>	<ul style="list-style-type: none"> <li>Consider eligibility on a case-by-case basis</li> <li>Expand eligibility criteria</li> </ul>	<p><i>"I think certain charges exclude right away, but it should be more case by case. We should look at the individual instead of the case by itself."</i></p>

### Suitability Process

Stakeholders reported that this process usually works well. Some stakeholders felt that the process was unclear or too subjective. One member reported that they did not know enough about the process to comment on it. Suggestions for improvement included making the process more collaborative and standardized.

Specific practices	Descriptions	Quotes
<b>Works Well</b>	<ul style="list-style-type: none"> <li>▪ No problems</li> <li>▪ Works well</li> </ul>	<i>"It is working well. I haven't seen any problems with that."</i>
<b>Lack of Clarity</b>	<ul style="list-style-type: none"> <li>▪ Subjective</li> <li>▪ All members not aware of criteria</li> <li>▪ Lacking transparency</li> </ul>	<i>"Right now all we get is a report and it's a simple yes or no. It's too open to subjectivity. We need a more transparent process."</i>
<b>Suggestions for Improvement</b>	<ul style="list-style-type: none"> <li>▪ Standardized suitability interview process</li> <li>▪ More transparency regarding the process</li> </ul>	<i>"I wish we had a more standardized, written suitability interview process. We need standardized questions that are asked for every case so we can read these probation officers' notes... It would be nice to have a drug addiction assessment."</i> <i>"It would be nice to sit in on a suitability. It would help if I understood what the process is."</i>
<b>No Changes Need</b>	<ul style="list-style-type: none"> <li>▪ No improvements needed</li> </ul>	<i>"I don't know of any way it could be improved. We make little changes as we go. I can't think of anything that would help."</i>

### Team Cohesion

Each stakeholder was asked to answer 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 three main headings: Team Cohesion, Team Struggles, and Areas for Improvement.

#### Team Cohesion

Stakeholders indicated that in general the team works well together and exhibits many aspects of effective teamwork. Stakeholders were able to provide multiple examples of the team working in the best interest of the participants and of team members working together to provide effective drug court practices. The atmosphere was described as very positive, with openness of information and willingness of team members to compromise.

Primary Themes	Descriptions	Quotes
<b>Work Well Together</b>	<ul style="list-style-type: none"> <li>Positive atmosphere</li> <li>Team member get along</li> <li>Listen to each other</li> </ul>	<i>"Our team works excellent together. There is a good deal of camaraderie and laughter."</i>
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>Open communication</li> <li>Integrate information</li> <li>Share resources</li> <li>Collaborate toward solutions</li> </ul>	<i>"The communication is excellent. Everyone has the opportunity to have input. We even help each other... We continue to talk it out until we agree on a particular viewpoint."</i>
<b>Work in Best Interest of Client</b>	<ul style="list-style-type: none"> <li>Willing to compromise for the client's best interest</li> <li>Proactive in approaching client needs</li> </ul>	<i>"We take a very proactive approach to get the needs of the client met. It's good. No one takes pride in ownership. It's all about what's best for the client."</i>
<b>Improvement from Past</b>	<ul style="list-style-type: none"> <li>Less conflict than in the past</li> </ul>	<i>"I think it works very well. A couple of years ago there was some animosity, but you don't see that anymore."</i>
<b>Don't Know</b>	<ul style="list-style-type: none"> <li>Not sure</li> </ul>	<i>"I don't know."</i>

#### Team Struggles

Stakeholders also identified struggles that the team is facing or has faced recently. Problems with team processes were largely attributed to transitions. Most stakeholders attributed disagreements to differences in opinion over how to handle participant problems, which led to communication breakdowns or an inability to compromise. A few members were unable to identify any difficulties the team has had recently.

Primary Themes	Descriptions	Quotes
<b>Transition Issues</b>	<ul style="list-style-type: none"> <li>Adjusting to each other</li> <li>Has improved over time</li> </ul>	<i>"We work together pretty well. There are still some issues. We have some new players and you can sense some frustration at times. As we learn each other and our roles it will work itself out"</i>
<b>Differences in Opinion</b>	<ul style="list-style-type: none"> <li>Differences in opinion about responding to client behavior</li> <li>Unwilling to compromise</li> </ul>	<i>"It's not that we aren't working well together. It's just that we are working from different angles."</i>
<b>Team Process</b>	<ul style="list-style-type: none"> <li>Communication problems</li> <li>Inconsistency in responses</li> <li>Elongated conversations without direction</li> </ul>	<i>"There are times in court when people don't listen to each other. You have some extremes of opinion, and people get frustrated. Then there's a breakdown in communication."</i>
<b>None identified</b>	<ul style="list-style-type: none"> <li>Don't know</li> <li>None</li> </ul>	<i>"Not anymore. I would say within the last year we had a team member who was adversarial and there was conflict, but we don't have that now... We are a well-oiled machine."</i>

**Areas for Improvement**

Stakeholders identified several areas for improvement: setting time limits for conversations, responding to participant behaviors consistently across clients, and being more willing to compromise. Most stakeholders indicated that the team generally works very well together, and they did not know what to do to improve the program.

Specific practices	Descriptions	Quotes
<b>Time Limits</b>	<ul style="list-style-type: none"> <li>Set time limits for conversations</li> </ul>	<i>"Sometimes there is ongoing discussion that can last for minutes/hours without direction. It is inefficient and causes frustration. Time limits would help."</i>
<b>Consistency</b>	<ul style="list-style-type: none"> <li>Respond to client behaviors consistently</li> </ul>	<i>"In general I feel there should be more consistency in how the defendants receive sanctions or incentives. This inconsistency is often the reason for disagreements between team members."</i>
<b>Compromise</b>	<ul style="list-style-type: none"> <li>Be willing to compromise</li> </ul>	<i>"We need to acknowledge that we will not always get our way. If we're too focused on that the collaboration doesn't work."</i>
<b>No suggestions</b>	<ul style="list-style-type: none"> <li>Don't know</li> <li>None</li> </ul>	<i>"I don't think there is anything that would make things better. We're always tweaking things a little bit."</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

Respondents indicated that the most drastic change was the transition of several new key team members into the drug court team. Some team members felt that they were still undergoing an adjustment period and settling into their new roles. Others felt that the team did better after time for transitioning.

Specific practices	Descriptions	Quotes
<b>Changes in Team Members</b>	<ul style="list-style-type: none"> <li>Some new members of the team</li> <li>Adjusting to one another</li> </ul>	<i>"There are new team members. We're still adjusting to each other."</i>
<b>Work Better Together</b>	<ul style="list-style-type: none"> <li>More cohesive and collaborative</li> <li>Trust each other more</li> <li>Less tension</li> </ul>	<i>"It has evolved into a peaceful, productive, and collaborative system."</i>
<b>Settling into Roles</b>	<ul style="list-style-type: none"> <li>More experienced and comfortable with roles</li> </ul>	<i>"It has improved. Newer team members are becoming more experienced and comfortable in their roles."</i>

#### Preparations for Drug Court

The majority of the drug court team members indicated that they had received little to no training prior to serving on the SATC. Team members stated that conferences (particularly NADCP), other trainings, and on-the job experiences helped prepare them for drug court. Some members also stated that observations and consultations with previous team members were useful.

Specific practices	Descriptions	Quotes
<b>Conferences and Trainings</b>	<ul style="list-style-type: none"> <li>NADCP</li> <li>Informal trainings through the judge</li> <li>Trainings about drugs and rehabilitation</li> </ul>	<i>"I was sent to the Drug Court Conference in June. I also had additional trainings from the judge."</i>
<b>No Prior Experience or Training</b>	<ul style="list-style-type: none"> <li>No prior training</li> <li>Learned on the job</li> <li>Learned through self-study</li> </ul>	<i>"Just on the job training. I've had no formal training for the specific needs of Drug Court."</i>
<b>Prior Experience</b>	<ul style="list-style-type: none"> <li>Prior experience with similar population</li> </ul>	<i>"I had some prior experiences with Prop 36 clients, so there's many of the same principles."</i>
<b>Observation and Consultation</b>	<ul style="list-style-type: none"> <li>Observation and consultation with previous team member</li> </ul>	<i>"I mostly learned from the previous person that was working in the same position. Then I learned from experience."</i>



### **Suggestions for Preparations for Drug Court**

There were numerous suggestions on how to facilitate future staff transitions into the SATC team. These included reading about drug courts; observing the process; and attending NADCP and other trainings. In addition, stakeholders indicated that new staff members should be allowed to shadow someone in their position and should keep an open mind about the process.

<b>Specific practices</b>	<b>Descriptions</b>	<b>Quotes</b>
<b>Study the Process</b>	<ul style="list-style-type: none"> <li>▪ Read about the SATC</li> <li>▪ Understand team roles</li> <li>▪ Become familiar with community resources</li> </ul>	<i>"It would be useful to be able to review the documentation describing the Drug Court procedures, its history, how the sanctions are usually administered. Now there is much more documentation available, and it's a fundamental part of a good training."</i>
<b>Trainings</b>	<ul style="list-style-type: none"> <li>▪ Attend NADCP or other conferences</li> </ul>	<i>"Attend the yearly training. That's the optimal training one can have. It exposes you to all the principles and practices that one should know about."</i>
<b>Observe the Process</b>	<ul style="list-style-type: none"> <li>▪ Attend hearings and team meetings</li> <li>▪ Shadow person in the position</li> </ul>	<i>"Shadow here at the SATC. Come and see how your role fits. Observe someone with experience who's done it before and ask questions."</i>
<b>Keep an Open Mind</b>	<ul style="list-style-type: none"> <li>▪ Get advice from other team members</li> <li>▪ Don't default to incarceration</li> </ul>	<i>"The individual needs to have an open mind and be able to change their thoughts from their traditional role. They need to switch off that role and be more of a team of treatment providers."</i>
<b>Nothing Specific</b>	<ul style="list-style-type: none"> <li>▪ No specific training</li> <li>▪ Depends on the person</li> </ul>	<i>"It depends on the individual... There is no specific training I would suggest for someone working in my position."</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, including the use of evidence-based practices and effective treatment programs and other services. In addition, the collaborative team process and the firm but positive interactions with clients were cited as being very effective.

Specific practices	Descriptions	Quotes
<b>Team Works Well Together</b>	<ul style="list-style-type: none"> <li>▪ Good teamwork</li> <li>▪ Collaboration</li> <li>▪ Communicate well</li> </ul>	<i>“The general camaraderie, positive teamwork, and a strong sense of team. Everyone is supportive of each other and their opinions. It’s a very positive thing. You can build a lot from that.”</i>
<b>Program Components</b>	<ul style="list-style-type: none"> <li>▪ Treatment</li> <li>▪ Probation</li> <li>▪ Provides tools, resources, and opportunities</li> </ul>	<i>“I think when we see a void in someone’s life, we really do try to find resources for them. For example, employment. We send them to employment programs at Probation. We give them the resources they need beyond substance abuse treatment to get them back on their feet.”</i>
<b>Interactions with Clients</b>	<ul style="list-style-type: none"> <li>▪ Holds clients accountable</li> <li>▪ Provides clients with positive feedback</li> <li>▪ Cares about the clients</li> <li>▪ Consistent with sanctions and incentives</li> </ul>	<i>“It educates these folks that have gone through the program and opens their eyes to possibilities and potentials they didn’t even realize they had...Everyone who gets a job gets a round of applause from the court and gets real positive feedback. I think that works well.”</i>
<b>Follow Best Practices</b>	<ul style="list-style-type: none"> <li>▪ Uses evidence-based models</li> <li>▪ Follows the 10 key components</li> <li>▪ External monitoring</li> </ul>	<i>“The team is very good in staffing, using lines of communication, choosing evidence-based treatment models, following the 10 key components model, and providing incentives and sanctions in very consistent way.”</i>

### Areas for Improvement

Stakeholders identified a number of different areas in which the team could improve. Most of the suggestions involved increasing team members’ knowledge, adding more treatment options for clients, and increasing community support. Some team members felt that interactions with participants could be improved by decreasing the use of punishment or becoming more consistent. Additionally, a few people had suggestions for modifying suitability criteria. One person could not identify any areas in which the team could improve.

Specific practices	Descriptions	Quotes
<b>Clientele</b>	<ul style="list-style-type: none"> <li>Get more participants into the SATC</li> <li>Focus more on high-risk and high-need offenders</li> </ul>	<p><i>“We should be getting more people into SATC because it really is the best program we have in terms of length of time.”</i></p> <p><i>“We need a stronger focus on high risk and high need offenders.”</i></p>
<b>More Access to Services</b>	<ul style="list-style-type: none"> <li>More women’s sober living homes</li> <li>Greater access to mental health services</li> </ul>	<p><i>“We need more women’s sober living homes. I don’t know if the court has the ability to help promote or encourage other community based organizations to open women’s treatment centers, but it’s definitely needed.”</i></p> <p><i>“Our clients with mental health issues need to get the services they need.”</i></p>
<b>Increase Knowledge</b>	<ul style="list-style-type: none"> <li>Training in best practices</li> <li>Better understanding of roles</li> <li>Cultural competency trainings</li> </ul>	<p><i>“We should do more trainings that are specific to Drug Court. We need to have a better understanding of roles.”</i></p>
<b>Responses to Clients</b>	<ul style="list-style-type: none"> <li>More consistency</li> <li>Less focus on punishment</li> </ul>	<p><i>“I think the biggest problem has to do with inconsistency. When we are inconsistent, we lose the respect for the defendant.”</i></p>
<b>More Community and Alumni Involvement</b>	<ul style="list-style-type: none"> <li>Greater community involvement</li> <li>Greater connection with our alumni</li> <li>More community support</li> </ul>	<p><i>“I would like to see greater participation of alumni and greater community involvement. We could do community work projects where we go out to help the community. It would be great for the community to see Drug Court participants doing that.”</i></p>
<b>No Suggestions for Improvement</b>	<ul style="list-style-type: none"> <li>Don’t know</li> <li>None</li> </ul>	<p><i>“No, I don’t think I have anything.”</i></p>

### 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 aware of the roles of the various team members and insights into what practices were working well and where improvements could be made. With the exception of the role of the coordinator, team members were able to explain the various team members’ roles. In general, the team responded positively to questions about processes for procuring new participants. Additionally, the majority of team members felt that the team works very well together and that members of the team genuinely care about the clients and work for their best interest. Team members acknowledged that there had been a number of changes in personnel, which had led to a period of adjustment. Stakeholders identified the following potential areas for improvement: clarity in the suitability process; more willingness to compromise; expansion of eligibility criteria; more services for females, Spanish speakers, and participants with mental illnesses; increased community support; and additional trainings in best practices and cultural competency.

# 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 12 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, but within the same two-week period as the interviews were conducted. Research assistants obtained informed consent prior to surveying each team member and made every attempt to facilitate the stakeholders completing the surveys in private locations.

## 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 et al.'s 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.

There were high levels of agreement across items that reflected that participants attended regular status hearings, participants must meet explicit legal criteria to be eligible for the program, and drug tests results were provided in a timely manner. Some disagreement was noted on whether or not participants were required to watch the status reviews of other participants, whether participants must meet distinct treatment criteria to be eligible, whether or not culturally-specific treatments were available, and whether or not minor infractions resulted in minor sanctions. The utilization of culturally-sensitive treatments was the only area in which the majority of respondents did not respond positively.

Question	No Response	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%	0%	<b>8%</b>	<b>83%</b>	<b>8%</b>
A potential participant must meet distinct treatment criteria to be eligible for the program.	0%	0%	<b>17%</b>	<b>17%</b>	<b>58%</b>	<b>8%</b>
Participants attend regular status/review hearings with the judge.	0%	0%	0%	0%	<b>42%</b>	<b>58%</b>
Participants are required to watch the status/reviews of the other participants.	0%	<b>17%</b>	<b>8%</b>	0%	<b>42%</b>	<b>33%</b>
Participants have educational and vocational assessment and training.	<b>8%</b>	<b>8%</b>	0%	<b>17%</b>	<b>33%</b>	<b>33%</b>
A participant may be referred to a higher level of treatment if needed.	<b>8%</b>	0%	<b>8%</b>	<b>8%</b>	<b>33%</b>	<b>42%</b>
Gender-specific treatment is available to those who want it.	0%	0%	<b>8%</b>	<b>8%</b>	<b>67%</b>	<b>17%</b>
Culturally-sensitive interventions are utilized.	0%	<b>17%</b>	0%	<b>42%</b>	<b>25%</b>	<b>17%</b>
Drug test results are quickly communicated to the drug court team.	0%	0%	0%	0%	<b>50%</b>	<b>50%</b>
Precautions are taken to prevent participants from tampering with their drug tests.	0%	0%	<b>8%</b>	<b>8%</b>	<b>33%</b>	<b>50%</b>
The severity of the sanction is matched with the seriousness of the infraction.	0%	0%	<b>8%</b>	<b>8%</b>	<b>58%</b>	<b>25%</b>
Minor infractions result in minor sanctions.	0%	<b>8%</b>	<b>8%</b>	<b>25%</b>	<b>50%</b>	<b>8%</b>

### 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 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 was variability in respondents’ perceptions of these items. Stakeholders generally agreed that traditional adversarial roles are set aside during the drug court process; however, most of the other items produced some levels of disagreement. Disagreement was highest on items that stated that treatment plans are similar for each participant and all participants receive the same set of treatment services. In almost all instances a majority of respondents reported positive views.

Question	No Response	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%	8%	58%	33%
The operations of the drug court reflect both court and treatment goals.	0%	0%	8%	8%	33%	50%
Treatment plans are individualized to the needs of each participant.	0%	0%	8%	8%	67%	17%
Treatment plans are similar for each participant.	0%	17%	8%	25%	42%	8%
All participants receive the same set of treatment services.	8%	0%	17%	25%	33%	17%
Rewards are matched to the level of compliance shown by the participant.	0%	0%	8%	17%	50%	25%
The drug court judge tends to individualize the sanctions given to the participant.	0%	0%	17%	33%	42%	8%
The drug court rewards participant progress in the program.	0%	0%	8%	17%	33%	42%
Sanctions are effective for influencing participant compliance.	0%	0%	8%	17%	58%	17%

### Team Collaboration and Communication

This category is mostly comprised of items related to Key Component 1, but 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.

The majority of responses to these items were positive. High levels of agreement were found on items that indicated that the judge values treatment providers’ recommendations and treatment and court staff work and communicate well together. Some disagreement was found on items that reflected that major decisions were made collaboratively by the team, team members understanding other team members’ roles, and feeling like they were an important part of the SATC team. Nevertheless, even on these items the majority of respondents had positive responses. Compared to last year, the team indicated that collaboration and communication has improved.

Question	No Response	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%	<b>42%</b>	<b>58%</b>
Court and treatment staff have a difficult time communicating with each other.	0%	<b>50%</b>	<b>42%</b>	<b>8%</b>	0%	0%
The team has worked hard to understand each other’s perspective.	0%	0%	<b>8%</b>	<b>25%</b>	<b>33%</b>	<b>33%</b>
Major decisions are made collaboratively by the drug court team.	0%	0%	<b>8%</b>	<b>8%</b>	<b>42%</b>	<b>42%</b>
Everyone feels like they are an important part of the drug court team.	<b>8%</b>	0%	<b>8%</b>	<b>17%</b>	<b>33%</b>	<b>33%</b>
Team members understand each other’s roles.	0%	0%	<b>8%</b>	<b>8%</b>	<b>50%</b>	<b>33%</b>
Treatment and court staff work well together.	0%	0%	0%	<b>25%</b>	<b>50%</b>	<b>25%</b>

### 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.

The SATC team disagreed on most of these items. In particular, there were high levels of disagreement on items that asked whether the Drug Court has a rich network of resources and whether the community is supportive of the Drug Court’s efforts. Compared to last year, the team had less positive views of the community support for the Drug Court. In particular, stakeholders were less likely to indicate that the drug court has used news media to garner support.

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%	<b>25%</b>	<b>8%</b>	<b>58%</b>	<b>8%</b>
The community is supportive of the drug court’s efforts.	0%	<b>17%</b>	<b>25%</b>	<b>58%</b>	0%
The drug court uses the news media to garner support.	<b>17%</b>	<b>25%</b>	<b>50%</b>	<b>8%</b>	0%
Media attention has been positive.	0%	<b>8%</b>	<b>50%</b>	<b>33%</b>	<b>8%</b>

### 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.

There was wide variety in the responses to these questions. While half of respondents agreed that the team regularly uses data to assess the operations of Drug Court, the other half did not know or did not agree that this occurred.

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%	8%	50%	25%	17%
The team regularly uses data to assess the operations of the program.	0%	33%	17%	50%	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.

Almost all respondents agreed or strongly agreed that the court used a graduated system of sanctions to address participants’ noncompliant behavior. One person strongly disagreed with this statement, however.

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.	8%	0%	0%	50%	42%

### 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.

Almost all stakeholders agreed that defense and prosecution work well together. There was some disagreement over whether prosecution and defense work together specifically to determine eligibility, though even in this particular case most team members felt that they do. This was an improvement from last 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.	0%	17%	8%	50%	25%
Defense and prosecution work well together.	0%	0%	8%	67%	25%



## SUMMARY

Stakeholders had the highest level of agreement on items that reflected the ‘basics’ of drug court processes; that is, there was strong agreement that participants attended regular status hearings, graduated sanctions were used to respond to noncompliance, drug test results were provided in a timely manner, eligibility was based on clear legal criteria, the judge valued the treatment providers’ recommendations, and the court and treatment staff communicated well with each other.

Compared to last year, respondents tended to respond more positively on questions that asked about communication and collaboration within the team. In particular, more team members felt that the defense and prosecutor work well together. Similar responses were also found in the stakeholder interviews, indicating that this has been an area of growth for the team this past year.

Areas with disagreement, but for which more respondents had positive than negative responses, included the use of culturally-sensitive treatments, treatment plans being similar for all participants, having a rich network of treatment resources, having community support, and using data to make programmatic changes. It should be noted that in many instances, respondents had no opinion (neither agree nor disagree) in response to these questions.

Finally, less than half of all respondents indicated that news media was used effectively. Compared to last year, team members were less likely to endorse questions that asked whether the Drug Court has garnered positive media attention. The Drug Court team may want to focus on ways to use the media more effectively in the future to garner more community support.

It is important to note that there was considerable disagreement among stakeholders on many of the survey items. This reflects a discrepancy in team member perceptions of how the SATC functions. In part, this may be a reflection of differences in length of experience in the treatment court. This may also be due to differences in training received, particularly about best practices related to drug court effectiveness. This outcome suggests that the court may benefit from team training on drug court processes and how various roles function within a drug court to exemplify best practices related to the 10 Key Components.

# Treatment Counselor Interviews

## **PROCEDURES**

The UCSB Evaluation Team studied treatment counselors' understanding of the SATC team and the SATC process in Santa Maria. The purpose was to determine the level of knowledge treatment providers had of the SATC process. In order to capture this information, an interview was conducted on the areas of interests.

### **Measures**

Interview protocols were adapted from NPC Research (2006) instruments designed for drug court process evaluations. The adapted protocol contained 19 questions, each with questions on treatment counselors' perceptions of the SATC, as well as their background and 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 5 treatment counselors serving clients in the Santa Maria SATC were interviewed for this report. A majority of the interviews were conducted on the phone. One person completed the interview electronically. 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 (i.e., “What trainings did you receive to prepare you for working with this population...?”). In addition, the treatment counselors were asked about any trainings they had received about working with drug court clients (i.e., “Did you receive any training about working with the drug court population?”). The answers are outlined below.

#### Formal Education and Trainings

In general, treatment counselors reported two main sources of training: college and other formal certification programs and regular continuing education training that occur at the treatment facilities.

Specific practices	Descriptions	Quotes
<b>Formal Education</b>	<ul style="list-style-type: none"> <li>College degrees</li> <li>CAADE certification</li> </ul>	<i>“I have my Associate’s degree and I’m certified through CAADE.”</i>
<b>Training at the Treatment Agency</b>	<ul style="list-style-type: none"> <li>Internships</li> <li>Continuing education trainings through the agency</li> </ul>	<i>“We go to trainings all the time for HIPAA, confidentiality, ethics, motivational interviewing, cultural sensitivity, etc.”</i>

#### Trainings for Drug Court Populations

In general, treatment counselors reported that they often received continuing education credits for trainings that involve aspects of cultural sensitivity. There was some disagreement regarding whether counselors had received preparation or training to work specifically with drug court clients. Sixty percent of counselors surveyed indicated they had received some type of training for drug court, whether through previous work experience, college classes, or other experiences. The other 40% reported that they had not received any specific training for working with drug court clients.

Specific practices	Descriptions	Quotes
<b>Cultural Sensitivity Trainings</b>	<ul style="list-style-type: none"> <li>Working with Native populations</li> <li>Working with people of different ethnicities</li> <li>Working with LGBT clients</li> </ul>	<i>“Yes, we receive trainings that make us able to deal both with advantaged and disadvantage groups, because they have different, specific needs. For example, there are trainings for working with gays and lesbians, Latinos, and African-Americans. It helps a lot to be more informed on other cultures, to respect them and to know how to relate with them.”</i>
<b>Trainings to Work with Drug Court Clients</b>	<ul style="list-style-type: none"> <li>Drug Court Conferences</li> <li>Previous work experience</li> <li>College courses</li> <li>SAMHSA (Substance Abuse and Mental Health Services Administration)</li> <li>None</li> </ul>	<i>“When I was in college we had alcohol and drug classes that specifically focused on providing treatment within the criminal justice systems. SAMSHA is also a great resource for providing mental health services to clients in the criminal justice system.”</i>

### Treatment Counselor Perceptions of Drug Court

The treatment counselors were asked to answer 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 aid clients in addiction recovery through substance abuse treatment, to provide structure and accountability, to help clients change their lives for the better, and to avoid incarceration.

Specific practices	Descriptions	Quotes
<b>Addiction Recovery</b>	<ul style="list-style-type: none"> <li>Helps clients become drug and alcohol free</li> <li>Provides substance abuse treatment</li> </ul>	<i>“The purpose is to get people clean and sober and get them started on a whole new life.”</i>
<b>Provide Structure</b>	<ul style="list-style-type: none"> <li>Provides structure and accountability</li> </ul>	<i>“I think the purpose is to give them the structure that they need to complete the program. They are held accountable and given the opportunity to make better choices. Going to court weekly is important to them. They loved being acknowledged and getting a certificate when they phase – it sends a good message.”</i>
<b>Change their Lives</b>	<ul style="list-style-type: none"> <li>Helps clients achieve goals</li> <li>Helps clients make better choices</li> <li>Provides resources for other problems</li> </ul>	<i>“Drug Court helps people in changing their lives. It helps them get a drug and alcohol free live, but also to deal with issues other than alcohol and drug use. To help them achieve their goals.”</i>
<b>Avoid Incarceration</b>	<ul style="list-style-type: none"> <li>Helps clients avoid going to jail</li> </ul>	<i>“The purpose of Drug Court is to provide treatment for low risk offenders and to help them avoid incarceration.”</i>

#### Benefits of Drug Court

Treatment counselors reported three main benefits of Drug Court: it provides clients with substance abuse treatment, it helps clients better their own lives, and it enables them to work with instead of against the legal system.

Specific practices	Descriptions	Quotes
<b>Substance Abuse Treatment</b>	<ul style="list-style-type: none"> <li>Provides substance abuse treatment</li> </ul>	<i>“If you saw them when they come and then when they finish the program... miracles happen! You wouldn’t recognize them. We stabilize their conditions and refer them to the best treatments for them or treat them.”</i>
<b>Better Lives</b>	<ul style="list-style-type: none"> <li>Provides job and educational opportunities</li> <li>Gives clients a second chance</li> <li>Helps clients get clean and sober</li> </ul>	<i>“It gives them a sense of meaningful, helps them to be more aware of the choices they have made in the past, and gives them the opportunity to give back to society. They are more confident. They have jobs, education, etc.”</i>
<b>Partnership with Legal System</b>	<ul style="list-style-type: none"> <li>Works with instead of against the legal system</li> </ul>	<i>“Working with the legal system helps a lot because it’s no longer us versus others anymore. They recognize more easily that everyone is on their side.”</i>

**Disadvantages of Drug Court**

Most treatment counselors (60%) reported that there are not any disadvantages to clients participating in drug court. Of those who did identify disadvantages, social stigma and treatment duration were the only ones mentioned.

Specific practices	Descriptions	Quotes
<b>Social Stigma</b>	<ul style="list-style-type: none"> <li>Some social stigma associated with being a participant</li> </ul>	<p><i>“Just some social stigma, similar to what happens with mental health problems, but that’s the only thing.”</i></p>
<b>Treatment Length</b>	<ul style="list-style-type: none"> <li>Treatment duration is too long for insurance to cover it</li> </ul>	<p><i>“Medi-Cal funds a lot of the clients, and they are saying they aren’t going to pay for treatment that is lengthy unless the client is in imminent danger of relapse, and by a year into it, they are doing pretty well. As a treatment provider, it will be hard to justify having the government paying for 3 more months.”</i></p>
<b>None</b>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<p><i>“I don’t think so. I think it’s beneficial to the client because everybody wants to be accepted into society. This gives them a way out that is not so shameful. They get to learn new skills. In my opinion, I don’t think there’s a disadvantage at all. It’s almost like a flame is lit for them. It’s good for the community too. When people are participating in drug court they are not out doing criminal activity. When people go into prison, they can meet other criminals.”</i></p>

### 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 as observations, drug testing, and consultations with other professionals. One counselor mentioned that treatment frequency is sometimes predetermined based on Drug Court phase.

Specific practices	Descriptions	Quotes
<b>Individual Basis</b>	<ul style="list-style-type: none"> <li>Intake assessments</li> <li>Observations</li> <li>Consultation with physicians</li> </ul>	<i>"We do an assessment. We mostly use an instrument called the Addiction Severity Index that evaluates clients' substance use but also how they are doing in different areas of their lives. Then, we make treatment plans based on this information."</i>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>Monitors progress and needs</li> <li>Drug testing</li> </ul>	<i>"The duration of drug court is 18- month program which is good amount of time for treatment. It sounds like a long time, but it goes by quickly when they're in treatment. Provides a good foundation for staying clean (need to stay clean for 6 months to graduate). Kind of like having cancer- you can go into remission, but you need to be constantly monitored and in recovery."</i>
<b>Drug Court</b>	<ul style="list-style-type: none"> <li>Drug Court participation</li> </ul>	<i>"Normally everyone starts off at the same point. They always start out at five days a week if referred through the criminal justice system."</i>

#### Drug Court vs. Non-Drug Court Client Treatment

Treatment counselors reported that for the most part there is no difference between the way Drug Court clients and Non-Drug Court clients are served. The main difference reported was that Drug Court clients attend treatment and court hearings more frequently. In addition, Drug Court clients may not be as far along in addiction recovery at treatment onset due to treatment being mandatory.

Specific practices	Descriptions	Quotes
<b>Frequency</b>	<ul style="list-style-type: none"> <li>More interaction with treatment counselors</li> <li>More frequent groups</li> <li>More court appearances</li> </ul>	<i>"The only difference is that with Drug Court clients the groups are more frequent, so the treatment is a bit more intense."</i>
<b>Mandatory Treatment</b>	<ul style="list-style-type: none"> <li>Treatment and classes are mandatory</li> <li>Different stages of change</li> </ul>	<i>"It is my experience that most drug court clients when they arrive are still in the pre-contemplative phase of their addiction and can be highly resistant to change. Non-Drug Court tend to be self-motivated."</i>
<b>No difference</b>	<ul style="list-style-type: none"> <li>None indicated</li> </ul>	<i>"No, everything is pretty much the same. We promote the 12 steps and abstinence. What's good for us is the staff are alumni members and we track successes. That in itself it attractive, we are all in the 12 step program, and we celebrate it."</i>

## Individual Roles

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

### Judge

Most counselors described the role of the judge as being the leader of the team. She was described as having a traditional role in the sense that she presides over the court and enforces decisions of the team. She was also described as having a non-traditional role in the sense that she supports clients through the process. One counselor did not answer the question.

Roles	Descriptions	Quotes
<b>Leadership</b>	<ul style="list-style-type: none"> <li>▪ Has leadership role for drug court team</li> <li>▪ Final decision maker</li> <li>▪ Gathers input from others</li> </ul>	<i>"The judge makes the final decision, coordinates the team, and makes sure that the team works in a peaceful way."</i>
<b>Traditional Role</b>	<ul style="list-style-type: none"> <li>▪ Presides over the court</li> <li>▪ Responsible for decisions</li> <li>▪ The enforcer</li> </ul>	<i>"To implement the suggestions of the treatment team and implement sanctions as needed."</i>
<b>Non-Traditional Role</b>	<ul style="list-style-type: none"> <li>▪ Non-adversarial role</li> <li>▪ Supports clients</li> </ul>	<i>"They're like the parent in the Drug Court. They give approval to clients in an otherwise scary situation. This is a therapeutic court."</i>
<b>No Response</b>	<ul style="list-style-type: none"> <li>▪ (Did not answer the question)</li> </ul>	N/A

### District Attorney

The district attorney's role was seen as both the gatekeeper to the SATC and as a team member. He was described in non-traditional terms as being pro-treatment and acting in the clients' best interests. He was also described in more traditional terms as representing the people of the state of California and protecting the public.

Roles	Descriptions	Quotes
<b>Gatekeeper</b>	<ul style="list-style-type: none"> <li>▪ Determines who enters program</li> </ul>	<i>"He makes a fair assessment if the client is suitable for Drug Court."</i>
<b>Non-traditional role</b>	<ul style="list-style-type: none"> <li>▪ Problem-solver</li> <li>▪ Team member</li> <li>▪ Pro-treatment</li> </ul>	<i>"He's looking at the best interest of the community as well as the client. He wants to keep the people safe, of course, and determine what is best for them. He will also provide input regarding treatment."</i>
<b>Traditional Role</b>	<ul style="list-style-type: none"> <li>▪ Protects the public</li> <li>▪ Represents the people</li> </ul>	<i>"He makes sure the public is protected from the client, but I have to say that he's pretty compassionate as well."</i>

**Public Defender/Defense Attorney**

The public defender role was seen as the participants’ advocate. She was described as the voice of the participant and the person who is always looking for the participant’s best interest. One counselor described her role as determining whether the client is suitable for Drug Court.

Roles	Descriptions	Quotes
<b>Represents/Advocates for Participants</b>	<ul style="list-style-type: none"> <li>▪ Represents participants</li> <li>▪ Advocates for participants</li> <li>▪ Seeks least punitive outcome</li> <li>▪ Participants’ voice</li> <li>▪ Works for best interest of participants</li> </ul>	<i>“She’s awesome. She represents the clients and defends them, but she doesn’t “make excuses” for them. She defends the clients in order to get the best possible outcomes for them.”</i>
<b>Determines suitability</b>	<ul style="list-style-type: none"> <li>▪ Determines client suitability</li> </ul>	<i>“To make a fair assessment if the client is suitable for the Drug Court program.”</i>

**Probation**

The role of the probation officer was described as having evolved over time. Counselors reported that probation officers are more supportive of and work with the clients more than they have in the past; their role was still described as one of participant accountability, but also as being less punitive. Counselors also stated that probation officers provide education to clients and determine participant suitability.

Roles	Descriptions	Quotes
<b>Relationship with Participants</b>	<ul style="list-style-type: none"> <li>▪ Counsels participants</li> <li>▪ Encourages and supports clients</li> <li>▪ Mentors clients</li> </ul>	<i>“They take on the role of mentoring the clients and are more into working with the clients together to help the clients instead of harming them. They have had more of the authority presence in the past but it has changed”</i>
<b>Participant Accountability</b>	<ul style="list-style-type: none"> <li>▪ Holds participants accountable</li> <li>▪ Handles violations and sanctions</li> <li>▪ Provides community supervision</li> <li>▪ Drug testing</li> </ul>	<i>“Probation holds the clients accountable by visiting them and making sure they are following through.”</i>
<b>Suitability</b>	<ul style="list-style-type: none"> <li>▪ Determines suitability</li> </ul>	<i>“They determine clients’ suitability.”</i>
<b>Education</b>	<ul style="list-style-type: none"> <li>▪ Teach classes</li> <li>▪ Educate clients</li> </ul>	<i>“PO’s also teach WAGE\$\$ and other classes in the drug and alcohol treatment so that clients can see them in a different light.”</i>



**Substance Abuse Treatment Provider**

Treatment counselors reported that the role of the treatment provider consisted of providing treatment to clients to help them with addiction recovery, updating the court and advocating on their clients’ behalves, and acting as a case manager.

Specific practices	Descriptions	Quotes
<b>Treatment Provider</b>	<ul style="list-style-type: none"> <li>Provides a range of treatment services to clients</li> <li>Helps clients with addiction recovery</li> <li>Teaches clients coping skills</li> </ul>	<p><i>“My role is to provide them with drug and alcohol treatment and individual counseling.”</i></p> <p><i>“Treatment providers’ job is to teach coping skills to maintain long-term abstinence.”</i></p>
<b>Team Member</b>	<ul style="list-style-type: none"> <li>Updates the court on clients’ progress in treatment</li> <li>Updates the court on clients’ lives</li> <li>Advocate for client needs</li> </ul>	<p><i>“We’re there to let the court know how they are doing, if there is an area that needs to be looked at - if there are housing or mental health needs. We’re in the trenches here with them and see them on a daily basis. We are always advocating for what they need.”</i></p>
<b>Case Manager</b>	<ul style="list-style-type: none"> <li>Acts as a case manager for clients</li> <li>Provides clients with resources</li> <li>Supports clients</li> </ul>	<p><i>“We provide resources and do case management... As a counselor, I’m referring to 12 step program and general education during group.”</i></p>

**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 a referral source for clients who need specialists and as a source of information regarding client mental health.

Roles	Descriptions	Quotes
<b>Provides Services</b>	<ul style="list-style-type: none"> <li>Provides assessments</li> <li>Provides MH treatment</li> <li>Addresses dual diagnosis issues</li> <li>Prescribes medication</li> </ul>	<p><i>“Their role is to mediate and to provide services to clients.”</i></p>
<b>Connect to Services</b>	<ul style="list-style-type: none"> <li>Refers clients to specialists</li> </ul>	<p><i>“They are a good referral source.”</i></p>
<b>Monitors Participant Progress</b>	<ul style="list-style-type: none"> <li>Monitors participant mental health</li> <li>Monitors participant medication</li> <li>Updates court regarding client progress</li> </ul>	<p><i>“Some of the clients are in mental health programs. They attend groups and see a psychiatrist. County mental health providers come in and tell the team how their client is doing, how they tested, if they changed medication and how this could affect clients’ behavior.”</i></p>

**County Psychiatrist/Psychologist**

The role of the County’s psychiatrist/psychologist was described as identifying participants with mental health needs, providing mental health assessment and medication, and monitoring participant progress. He was also seen as a vital referral source for clients with mental health needs.

Roles	Descriptions	Quotes
<b>Provides Services</b>	<ul style="list-style-type: none"> <li>▪ Provides assessments</li> <li>▪ Administers medication</li> </ul>	<p><i>“He administers and monitors medications where applicable.”</i></p> <p><i>“He assesses clients with mental health needs.”</i></p>
<b>Connects Clients to Services</b>	<ul style="list-style-type: none"> <li>▪ Helps clients get into the mental health system</li> <li>▪ Recommends clients for treatment</li> <li>▪ Refers clients to specialists</li> </ul>	<p><i>“If there is a client who has mental health needs, he assesses them and connect them to resources. Without the referral, the client might not even get seen. They are overwhelmed over there.”</i></p>
<b>Monitors Mental Health</b>	<ul style="list-style-type: none"> <li>▪ Monitors clients’ mental health needs</li> <li>▪ Monitors clients’ medications</li> <li>▪ Attends Drug Court and provides updates</li> </ul>	<p><i>“The psychologist usually attends the Drug Court when needed for specific clients and gives an update on clients’ needs and how they’re doing in therapy.”</i></p>

## 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 Practices

Treatment counselors identified gender-specific practices of the court that fell within two categories: services for participants with children and gender-specific treatments. None of the counselors offered suggestions for improvement.

Specific practices	Descriptions	Quotes
<b>Services for Participants with Children</b>	<ul style="list-style-type: none"> <li>▪ Women with children</li> <li>▪ Men with children</li> <li>▪ Pregnant women</li> </ul>	<i>"Project Preemie and Turning Point are for moms with babies. They can live there if they have children five and under or are pregnant moms seeking safety. We do parenting classes as well at Drug Court treatment."</i>
<b>Gender-Specific Treatment</b>	<ul style="list-style-type: none"> <li>▪ Gender-specific treatment</li> <li>▪ Gender-specific groups</li> </ul>	<i>"There are different curricula, especially for women. We always make sure to have one all men and one all women group because otherwise women won't open up if men are present and the other way around."</i>

### Culture-Specific Practices

Treatment counselors varied in their perceptions of the availability of culturally-specific services. Almost everyone noted that there are groups and interpreters for people who speak Spanish. Some believed that more culturally-sensitive services are needed, and others disagreed.

Specific practices	Descriptions	Quotes
<b>Culturally-Sensitive Services</b>	<ul style="list-style-type: none"> <li>▪ Spanish-speaking groups</li> <li>▪ LGBT services</li> <li>▪ Interpreters</li> </ul>	<i>"They have interpreters for non-English speaking clients. There are some Spanish groups."</i>
<b>No Need for Special Practices</b>	<ul style="list-style-type: none"> <li>▪ No need for special practices</li> <li>▪ No improvements needed</li> </ul>	<i>"I'm wondering why they are focusing so much on culture? When I think of culture, I'm thinking not about race but about gang culture. Stereotyping is not important. Recovery is recovery if you are an addict... Perhaps more categorizing for gangs or for the gay community, but not necessarily about race when dealing with addiction."</i>
<b>Areas for Improvement</b>	<ul style="list-style-type: none"> <li>▪ Need more Spanish speaking groups/services</li> </ul>	<i>"There are some Spanish groups – though not for other language groups. These groups are not many, but it's getting better."</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 generally reported that the drug court is a positively supported program. They cited Recovery Days, panels, partnerships with community organizations, and graduations as ways the SATC has garnered community support. Suggestions for improvement included alumni groups and more publicity of the drug court.

Specific practices	Descriptions	Quotes
<b>SATC has Support</b>	<ul style="list-style-type: none"> <li>▪ Community support</li> <li>▪ Good turnout at events</li> </ul>	<i>"We have a lot of community support. We are really good about going out and have these recovery days in the park where the judge does a walk with the community, and everyone goes out together. We make sure that everyone is in the know."</i>
<b>Ways SATC has Garnered Support</b>	<ul style="list-style-type: none"> <li>▪ Graduation</li> <li>▪ Events celebrating recovery</li> <li>▪ Work with community agencies to provide resources to participants</li> <li>▪ Panels on the SATC</li> </ul>	<i>"We have a pretty good turnout. There are many events celebrating recovery with the community. We get help from organizations such as the Food Bank. We receive toys to give to clients' children or clothes from Church groups."</i>
<b>Need to Increase Community Support</b>	<ul style="list-style-type: none"> <li>▪ Community not aware of SATC</li> </ul>	<i>"As far as people in the community, I don't think people really know about it. When people's own family members have gone through addiction, then they tend to be more supportive of drug court. Some people are relieved when they get busted because they know they will get help. Other people aren't even really aware of Drug Court- it's not like there are billboards advertising it. If you're not looking for it, then you will probably not attend to the information."</i>
<b>Suggestions for Improvement</b>	<ul style="list-style-type: none"> <li>▪ More publicity of Drug Court</li> <li>▪ Alumni group of successful participants</li> <li>▪ None needed</li> </ul>	<i>"I think an alumni group would be good, and maybe more recognition by the community."</i>

## Areas of Improvement

Stakeholders were asked to identify areas for improvement in the drug court. Treatment counselors identified two main areas of improvement: increasing the number of treatment programs and providing better housing and transportation support. Specifically, treatment counselors reported a need for more female-specific programs, alumni groups, and sober living homes. One counselor reported that there is too much focus on using evidence-based practices.

Specific practices	Descriptions	Quotes
<b>Treatment</b>	<ul style="list-style-type: none"> <li>▪ More treatment programs</li> <li>▪ More programs for females</li> <li>▪ Less focus on evidence-based practices</li> <li>▪ More alumni groups</li> </ul>	<p><i>“We could use more programs to be honest. We are busting at the seams. People can’t get in right away, and they lose hope or have to go out of town.”</i></p> <p><i>“I think that they’ve got people higher up that don’t really know what’s going on in the trenches. They want us to do evidenced-based stuff. This stuff can be great for the first 30, 60, 90 days, but we’re here with the clients for the long run. The evidenced based practices - working in the trenches I don’t think it’s very helpful. We need to have the clients be more of the focus and facilitate their ability to help each other.”</i></p>
<b>Housing and Transportation</b>	<ul style="list-style-type: none"> <li>▪ More sober living homes</li> <li>▪ Better homeless shelters</li> <li>▪ Support for transportation and housing needs</li> </ul>	<p><i>“I would like to see more resources for houses, in particular more sober living houses because the waiting lists are very long. The shelters for the homeless could be improved too. They are not the best.”</i></p>

## SUMMARY

Treatment counselors were asked questions about their training, their perceptions of Drug Court, 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 very positive perceptions of Drug Court. Treatment counselors reported that members of the Drug Court team work in the best interest of the clients and indicated that they have seen movement towards more support and less punitive measures. In general, treatment providers seemed satisfied with the workings of Drug Court, though they indicated that there is a need for more services for participants. In particular, treatment counselors reported that there is a need for more housing resources and better access to mental health services. It is worth noting that many of the counselors’ responses were similar to those obtained by the drug court team members who were interviewed with the same questions, indicating a strong sense of identity and presence of the SATC in Santa Maria.

# 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

Five 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

There were high levels of agreement across treatment counselors that the Drug Court follows best practices. All counselors agreed that potential clients must meet distinct treatment criteria, regularly attend hearings with the judge, drug tests results are quickly communicated, and precautions are taken to prevent clients from tampering with drug tests. The item with the most ambiguity was whether culturally-sensitive interventions are utilized, with 40% of respondents indicating they neither agreed nor disagreed.

Question	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.	0%	0%	0%	<b>20%</b>	<b>80%</b>
Clients attend regular status/review hearings with the judge.	0%	0%	0%	<b>20%</b>	<b>80%</b>
Clients can participate in educational and vocational assessment and training	0%	0%	<b>20%</b>	<b>20%</b>	<b>60%</b>
A client may be referred to a higher level of treatment	0%	0%	<b>20%</b>	<b>60%</b>	<b>20%</b>
Gender-specific treatment is available to those who want it.	0%	0%	<b>20%</b>	<b>20%</b>	<b>60%</b>
Culturally-sensitive interventions are utilized.	0%	0%	<b>40%</b>	<b>20%</b>	<b>40%</b>
Drug test results are quickly communicated to the team.	0%	0%	0%	<b>40%</b>	<b>60%</b>
Precautions are taken to prevent clients from tampering with drug tests.	0%	0%	0%	<b>40%</b>	<b>60%</b>

**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 the majority of counselors reported that they have received or reviewed a copy of the policies and procedures of drug court, one person 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.*	<b>20%</b>	0%	0%	0%	<b>20%</b>	<b>60%</b>
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).	<b>20%</b>	0%	0%	<b>20%</b>	<b>20%</b>	<b>40%</b>

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

Question	Don't Know	True	False
Drug court clients (can) have co-occurring mental health conditions	<b>20%</b>	<b>80%</b>	0%
Drug court clients (can) have co-occurring medical conditions.	<b>20%</b>	<b>80%</b>	0%
I have received or reviewed a copy of the drug court policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments.	<b>20%</b>	<b>60%</b>	<b>20%</b>

### 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 on treatment counselors’ responses to questions regarding treatment and individual jurisprudence. In general, treatment counselors all agreed that treatment plans are individualized to each client and that sanctions are effective; the majority felt that the drug court rewards client progress. Disagreements existed regarding the extent to which all clients receive the same set of treatment services and how similar treatment plans are among clients.

Question	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%	<b>40%</b>	<b>40%</b>	<b>20%</b>
Treatment plans are individualized to the needs of each client.	0%	0%	0%	<b>80%</b>	<b>20%</b>
Treatment plans are similar for each client.	<b>20%</b>	<b>20%</b>	<b>20%</b>	<b>40%</b>	0%
All drug court clients receive the same set of treatment services.	<b>20%</b>	0%	<b>20%</b>	<b>40%</b>	<b>20%</b>
The drug court rewards client progress in the program.	0%	0%	<b>20%</b>	<b>60%</b>	<b>20%</b>
Sanctions are effective for influencing participant compliance.	0%	0%	0%	<b>60%</b>	<b>40%</b>

### NADCP’s Best Practices

Treatment Providers were asked a number of different questions regarding the extent to which they adhered to best practices in 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 participants must meet certain eligibility criteria, clients attend regular staff meetings, and drug court clients can have co-occurring mental health or medical conditions. In general, most counselors indicated that treatment of drug court clients largely follows to best practices.

Areas of disagreement included whether treatment counselors receive supervision in administering gender-specific and culturally-sensitive treatments; whether clients meet with a treatment provider for at least one individual session per week during the first phase; whether clients complete relapse prevention and continuing care; and whether treatment providers regularly check up on clients after they complete 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>20%</u>	0%	0%	<u>40%</u>	0%	<u>40%</u>
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.	<u>20%</u>	0%	0%	<u>40%</u>	<u>20%</u>	<u>20%</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 their treatment needs as opposed to relying on professional judgment or discretion).	<u>20%</u>	0%	0%	<u>20%</u>	<u>40%</u>	<u>20%</u>
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.	<u>20%</u>	0%	0%	<u>20%</u>	<u>40%</u>	<u>20%</u>
Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals.	<u>20%</u>	0%	0%	<u>20%</u>	<u>40%</u>	<u>20%</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>20%</u>	0%	0%	<u>40%</u>	<u>40%</u>	0%
Treatment providers are proficient at delivering the interventions.	<u>20%</u>	0%	0%	0%	<u>60%</u>	<u>20%</u>
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.	<u>20%</u>	0%	0%	<u>40%</u>	<u>20%</u>	<u>20%</u>
Treatment providers are licensed or certified to deliver substance abuse treatment.	<u>20%</u>	0%	0%	0%	<u>20%</u>	<u>60%</u>
Treatment providers have substantial experience working with criminal justice populations.	<u>20%</u>	0%	0%	<u>20%</u>	<u>40%</u>	<u>20%</u>
Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices.	0%	0%	0%	0%	<u>40%</u>	<u>60%</u>
Clients regularly attend self-help or peer support groups in addition to professional counseling.	0%	0%	0%	0%	<u>60%</u>	<u>40%</u>
The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.	0%	0%	0%	<u>20%</u>	<u>40%</u>	<u>40%</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.	0%	0%	0%	<u>20%</u>	<u>80%</u>	0%

Question	Don't Know	True	False
The clinical-assessment tool evaluates the formal diagnostic symptoms of substance dependence or addiction.	<u>20%</u>	<u>80%</u>	0%
The clinical-assessment tool differentiates between diagnoses or symptoms of substance dependence and substance addiction.	<u>40%</u>	<u>60%</u>	0%
If you deliver cultural or gender-specific treatments, did you receive comprehensive training on how to deliver this modality?	<u>20%</u>	<u>80%</u>	0%
If you deliver cultural or gender-specific treatments, did you receive supervision on delivery of this modality?	<u>40%</u>	<u>40%</u>	<u>20%</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>20%</u>	<u>80%</u>	0%
Clients ordinarily receive six to ten hours of counseling per week during the initial phase of treatment.	<u>20%</u>	<u>80%</u>	0%
Clients ordinarily receive approximately 200 hours of counseling over nine to twelve months.	<u>20%</u>	<u>80%</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>60%</u>	<u>40%</u>
Clients are screened for their suitability for group interventions.	<u>20%</u>	<u>80%</u>	0%
Group membership is guided by evidence-based selection criteria (including clients' gender, trauma histories and co-occurring psychiatric symptoms).	<u>20%</u>	<u>80%</u>	0%
Treatment groups ordinarily have no more than twelve clients.	0%	<u>100%</u>	0%
Treatment groups ordinarily have at least two leaders or facilitators.	0%	<u>100%</u>	0%
Treatment providers are supervised regularly to ensure continuous fidelity to the treatment models.	0%	<u>100%</u>	0%
Clients complete a final phase of the Drug Court focusing on relapse prevention and continuing care.	0%	<u>80%</u>	<u>20%</u>
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.	0%	<u>100%</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>20%</u>	<u>40%</u>	<u>40%</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

There was a variety in responses within this section. Forty percent of individuals neither agreed nor disagreed on each of these items. Counselors mostly agreed that the judge values their recommendations and that treatment and court staff work well together. However, there was inconsistency across respondents to the item reflecting that court and treatment staff have a difficult time communicating with one another.

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%	<u>40%</u>	0%	<u>60%</u>
Court and treatment staff have a difficult time communicating with each other.	0%	<u>40%</u>	<u>40%</u>	0%	<u>20%</u>
Treatment and court staff work well together.	0%	0%	<u>40%</u>	<u>20%</u>	<u>40%</u>

#### NADCP’s Best Practices

The majority of individuals either did not respond or did not agree or disagree to 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>20%</u>	0%	0%	<u>40%</u>	<u>20%</u>	<u>20%</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 drug court has a rich network of treatment resources; however, the remaining items received majority responses of neither agreement nor disagreement.

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%	<u>40%</u>	<u>60%</u>	0%
The community is supportive of the drug court’s efforts.	0%	0%	<u>60%</u>	<u>40%</u>	0%
The drug court uses the news media to garner support.	0%	0%	<u>100%</u>	0%	0%
Media attention has been positive.	0%	0%	<u>60%</u>	<u>40%</u>	0%

### Graduated Sanctions

## Santa Barbara County Drug Court Process Evaluation

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 used 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%	<u>20%</u>	<u>40%</u>	<u>40%</u>

### SUMMARY

Treatment counselors answered a number of survey items regarding the extent to which the Santa Maria SATC adheres to the 10 Key Components and best practices in the field. The responses were generally very positive, indicating that most counselors believe that the Drug Court is following these standards. In particular, treatment counselors agreed that eligibility criteria, sanctions, drug testing, peer support groups, counselor trainings, and court hearings all occur according to best practices. For the most part, counselors indicated that the court and treatment staff work well together.

Some areas arose in which treatment counselors had some disagreement as to whether or not best practices are followed. Specifically, there was disagreement regarding the extent to which culturally-sensitive interventions were utilized, whether counselors received copies of policies and procedures of drug court, the extent to which all clients received the same services, the frequency with which clients met individually with treatment providers during the first phase of treatment, and whether treatment providers followed up with drug court clients after they complete the program. There were no items in which the majority of respondents indicated that the drug court does not follow best practices.

On a large number of items, treatment counselors responded with neutral responses or did not respond. This could indicate ambiguity in participants’ feelings on the items or that participants 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.

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# 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 Maria'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 red area indicates the number of best practices remaining to be fulfilled. Bars without any red 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 November of 2014 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 graphs and tables below. In sum:

In terms of *target population*, the SATC has formal entry criteria, although the district attorney can use judgment to admit participants who do not fully meet those criteria, such as those with a history of a violent crime but who are not viewed as a current threat. Efforts are being made to target high-risk, high-need offenders for enrollment.

In terms of *servicing historically disadvantaged groups*, no problems were noted. Differences in success rates across groups have been studied, and changes made over time to assure equal possibilities for success (e.g., additional Spanish-speaking services for men were recommended and obtained). Some issues, such as potential differences in sentencing or incentives and sanctions across participant groups, are assumed to be fair but have not been examined.

The judge had training in all areas recommended. She was assigned to the position, but has an indefinite term as recommended. Although the judge sees participants as frequently as recommended, particularly during the beginning of the program, fewer than half of all participants had at least three minutes with her during their court sessions. She made many positive statements to participants and supported participants' pro-social involvement as well as their drug and alcohol free days.

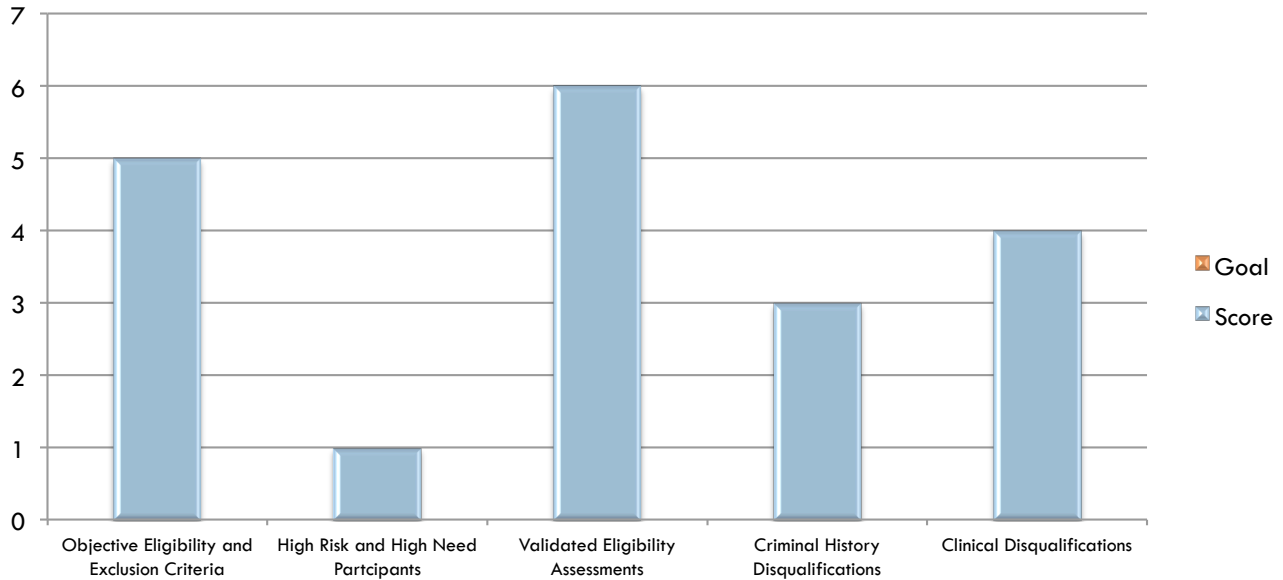
Incentives and sanctions are largely administered as recommended by the best practice literature. The few deviations include incentives being higher later in the program rather than earlier in treatment, jail sanctions being used somewhat more frequently than recommended, return to phase 1 for a short time after relapse even in later phases of treatment, and some sanctioned incarcerations being indefinite in duration until residential placements become available. Some of these are practical (e.g., staying in jail until placements are available) and others were established early in the court process and have not been re-examined since that time.

Substance abuse treatment also followed best practices. However, programs did not provide participants with preparations for 12 step meetings, most participants received similar treatments with little variation, and there was only one moderator per group for group therapy. Additionally, occasional changes in treatment plans were made without treatment provider recommendation. As with sanctions and incentives, some of these (e.g., one moderator) were based on resource availability, while other protocols were established early in the advent of the SATC and have not been changed.

### 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 RED 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
<b>A. Objective Eligibility and Exclusion Criteria</b>		<b>5 / 5</b>
Eligibility and exclusion criteria are: a. - defined objectively, b. - specified in writing, and c. - communicated to potential referral sources	a. <b>True</b> b. <b>True</b> c. <b>True</b>	a. <b>1</b> b. <b>1</b> c. <b>1</b>
The Drug Court team does not apply subjective criteria or personal impressions to determine participants’ suitability for the program.	<b>True</b>	<b>1</b>
Evidence-based practices were used to design eligibility criteria.	<b>True</b>	<b>1</b>
<b>B. High-Risk and High-Need Participants</b>		<b>1 / 1</b>
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; otherwise the program is wasting its resources or making outcomes worse for some participants). -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. <b>True</b>  b. <b>N/A</b>	a. <b>1</b>

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Best Practice	True/False	Score
<b>C. Validated Eligibility Assessments</b>		<b>6 / 6</b>
Candidates for the Drug Court are assessed for eligibility using validated risk-assessment and clinical-assessment tools.	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
<b>D. Criminal History Disqualifications</b>		<b>3 / 3</b>
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
<b>E. Clinical Disqualifications</b>		<b>4 / 4</b>
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.	True	1

**Summary**

In general, the Santa Maria 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 medication.

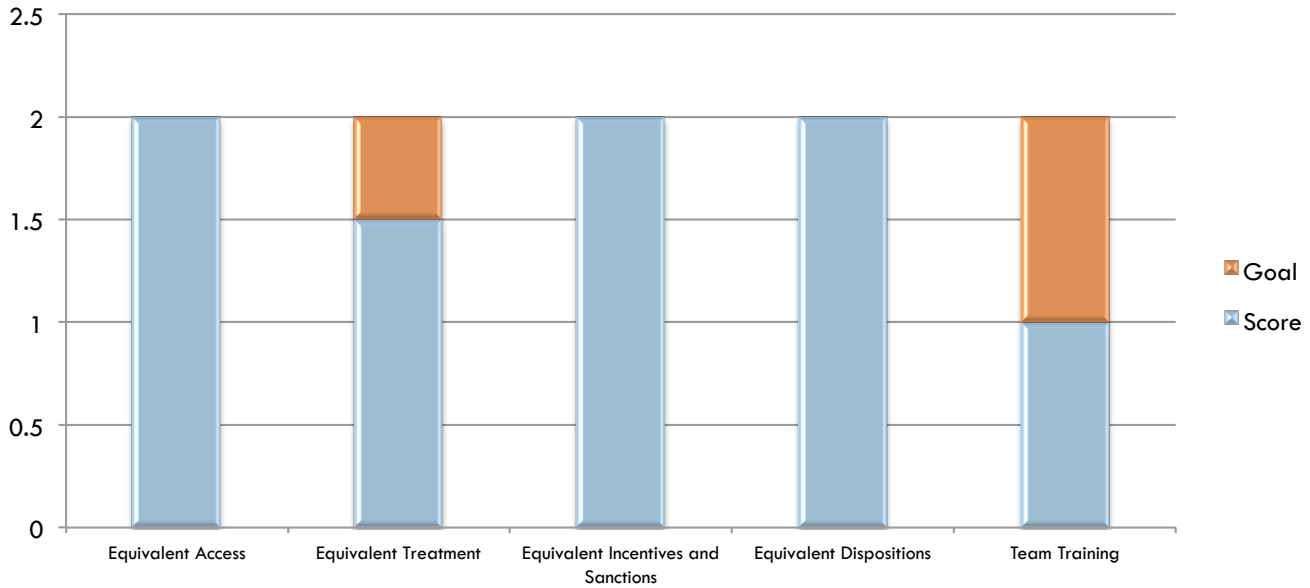
The only criterion for which the SATC did not get full credit was for the use of a risk-assessment tool that is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. There is not enough research evidence about the use of the Correctional Offender Management Profile for Alternative Sanctions (COMPAS) with women and racial and ethnic minorities to be able to conclude that it is equally effective with all groups.



## 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. In particular, it addressed 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.

- *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 RED 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
<b>A. Equivalent Access</b>		<b>2 / 2</b>
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

**Santa Barbara County Drug Court Process Evaluation**

Best Practice	True/False	Score
<b>B. Equivalent Retention</b>		<b>4 / 4</b>
The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.	<b>True</b>	<b>1</b>
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.	a. <b>True</b> b. <b>True</b> c. <b>True</b>	a. <b>1</b> b. <b>1</b> c. <b>1</b>
<b>C. Equivalent Treatment</b>		<b>1.5 / 2</b>
Members of historically disadvantaged groups receive the same levels of care and quality of treatment as other participants with comparable clinical needs	<b>True</b>	<b>1</b>
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.	<b>True/False</b>	<b>0.5</b>
<b>D. Equivalent Incentives and Sanctions</b>		<b>2 / 2</b>
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.	<b>True</b>	<b>1</b>
The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants.	<b>True</b>	<b>1</b>
<b>E. Equivalent Dispositions</b>		<b>2 / 2</b>
The Drug Court monitors the possibility of sentencing disparities, and takes corrective actions where needed.	<b>True</b>	<b>1</b>
Members of historically disadvantaged groups receive the same legal dispositions as other participants for completing or failing to complete the Drug Court program.	<b>True</b>	<b>1</b>
<b>F. Team Training</b>		<b>1 / 2</b>
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. <b>True/False</b> b. <b>True/False</b>	a. <b>0.5</b> b. <b>0.5</b>

**Summary**

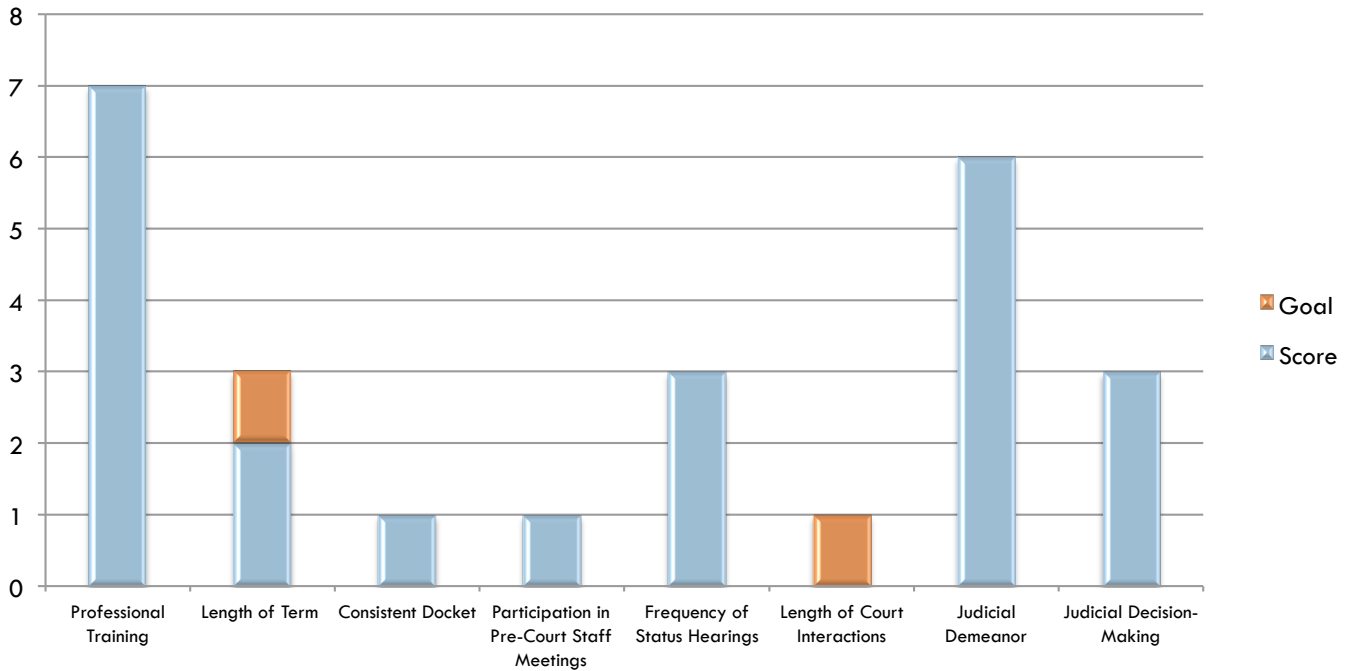
The Santa Maria Drug Court made progress on ensuring equivalency for historically disadvantaged groups. Compared to last year, scores were higher in this domain. In particular, team members reported that they monitored equivalency in sanctions and incentives, dispositions, and retention. The Drug Court used eligibility standards that were not biased against historically disadvantaged groups.

Areas where the Santa Maria SATC could improve in equivalency for disadvantaged populations include cultural-sensitivity trainings. Specifically, the SATC utilized specific evidenced-based treatments for some groups, such as Native Americans, but not for all groups. Similarly, team members reported there had been one cultural training, but more trainings may be warranted.

### 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 RED 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
<b>A. Professional Training</b>		<b>7 / 7</b>
The Drug Court judge attends current training events (e.g., conferences, webinars, workshops) on:		
a. - legal and constitutional issues in Drug Courts,	a. <b>True</b>	a. 1
b. - judicial ethics,	b. <b>True</b>	b. 1
c. - evidence-based substance abuse treatment,	c. <b>True</b>	c. 1
d. - evidence-based mental health treatment,	d. <b>True</b>	d. 1
e. - behavior modification, and	e. <b>True</b>	e. 1
f. - community supervision.	f. <b>True</b>	f. 1
The judge attends annual training conferences and workshops.	<b>True</b>	1
<b>B. Length of Term</b>		<b>2 / 3</b>
The judge presides over the Drug Court for no less than two consecutive years.	<b>True</b>	1
The judge was assigned to the Drug Court on a voluntary basis.	<b>False</b>	0
The judge’s term on the Drug Court bench is indefinite in duration.	<b>True</b>	1
<b>C. Consistent Docket</b>		<b>1 / 1</b>
Participants ordinarily appear before the same judge throughout their enrollment in the Drug Court.	<b>True</b>	1
<b>D. Participation in Pre-Court Staff Meetings</b>		<b>1 / 1</b>
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.	<b>True</b>	1
<b>E. Frequency of Status Hearings</b>		<b>3 / 3</b>
Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program.	<b>True</b>	1
The frequency of status hearings may be reduced gradually after participants have initiated	<b>True</b>	1

**Santa Barbara County Drug Court Process Evaluation**

Best Practices	True/False	Score
abstinence from alcohol and illicit drugs and are regularly engaged in treatment. Status hearings are scheduled no less frequently than every four weeks until participants are in the last phase of the program.	True	1
<b>F. Length of Court Interactions</b>		<b>0 / 1</b>
The Drug Court judge spends a minimum of approximately three minutes interacting with each participant in court.	False	0
<b>G. Judicial Demeanor</b>		<b>6 / 6</b>
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
<b>H. Judicial Decision Making</b>		<b>3 / 3</b>
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**

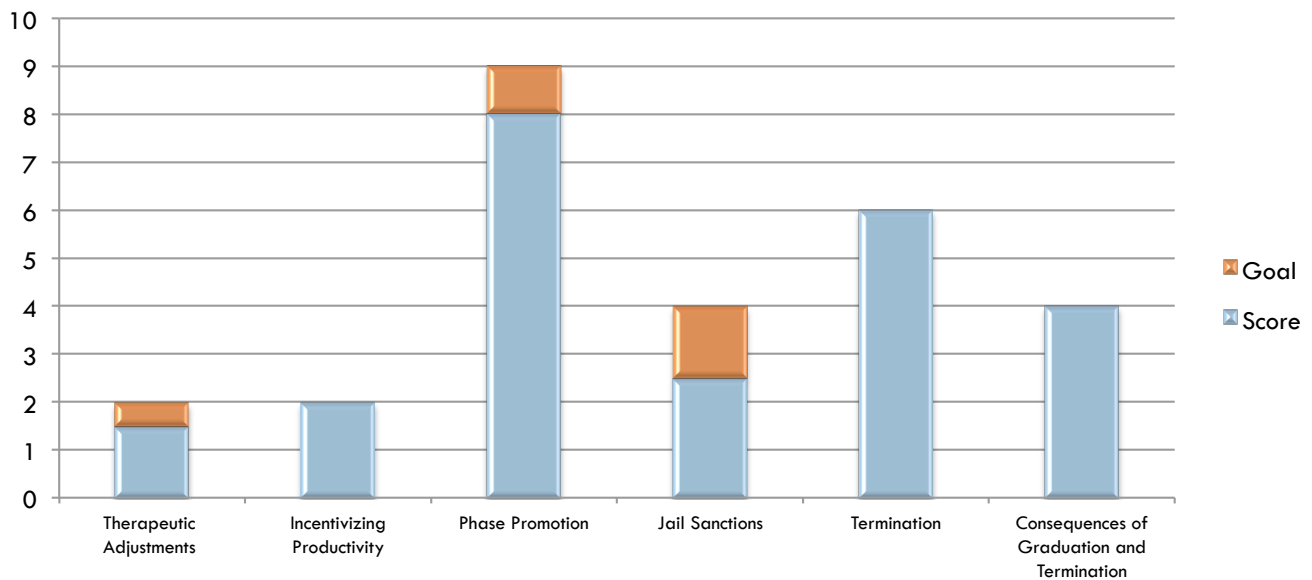
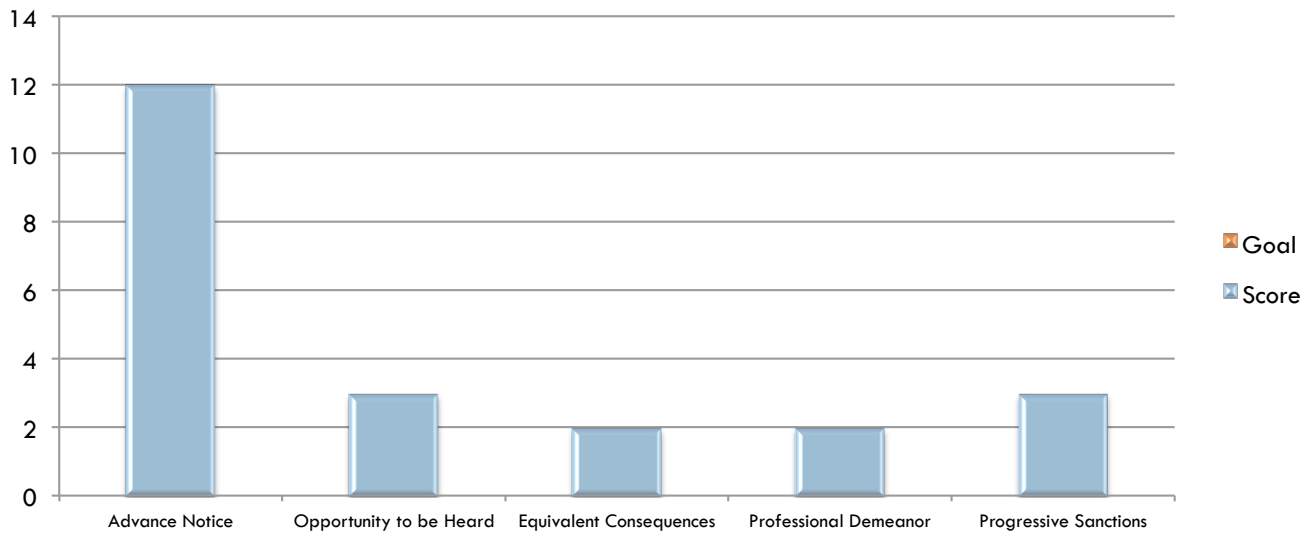
The Santa Maria SATC met most of the best practices standards in terms of judicial interactions. The judge attended the appropriate trainings, she participated in pre-court staff meetings, and she used input from other team members to make the final decision. Observers and SATC clients agreed that the judge offered supportive comments, stressed the importance of commitment to the program, treated clients with respect, and gave clients the opportunity to speak in their meetings. Similarly, all clients saw the same judge at frequent status hearings as appropriate for their phase of the program.

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. The only other area where the Drug Court did not meet the best practices standards was that the judge was assigned to the court and did not volunteer for the position.

### 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



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**Santa Barbara County Drug Court Process Evaluation**

Best Practice	True/False	Score
<b>A. Advance Notice</b>		<b>12 / 12</b>
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.-and- 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 the likely consequences of success or failure.	True	1
<b>B. Opportunity to Be Heard</b>		<b>3 / 3</b>
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
<b>C. Equivalent Consequences</b>		<b>2 / 2</b>
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
<b>D. Professional Demeanor</b>		<b>2 / 2</b>
Sanctions are delivered without expressing anger or ridicule.	True	1
Participants are not shamed or subjected to foul or abusive language.	True	1
<b>E. Progressive Sanctions</b>		<b>3 / 3</b>
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.	True	1
<b>F. Licit Addictive or Intoxicating Substances</b>		<b>2 / 2</b>
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
<b>G. Therapeutic Adjustments</b>		<b>1.5 / 2</b>
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	True/False	0.5

Best Practice	True/False	Score
therapy to improve their commitment to abstinence).		
<b>H. Incentivizing Productivity</b>		<b>2 / 2</b>
The Drug Court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.	True	1
Criteria for phase advancement and graduation include objective evidence that participants are engaged in productive activities.	True	1
<b>I. Phase Promotion</b>		<b>8 / 9</b>
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. As participants advance through the phases of the program:	True	1
a. - sanctions for infractions may increase in magnitude,	a. True	a. 1
b. - rewards for achievements may decrease, and	b. False	b. 0
c. - supervision services may be reduced.	c. True	c. 1
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 relapse or related setback, the team develops a remedial plan together with the participant to prepare for a successful phase transition.	a. True	a. 1
-and- b. - The Drug Court team does not mandate that the participant return to the first stage of treatment, if they are in later phases of the program and have experienced a prolonged period of abstinence.	b. True	b. 1
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	1
<b>J. Jail Sanctions</b>		<b>2.5 / 4</b>
Jail sanctions are imposed judiciously and sparingly.	True/False	0.5
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	1
Jail sanctions are definite in duration and typically last no more than three to five days.	False	0
Participants are given access to counsel and a fair hearing if a jail sanction might be imposed because a significant liberty interest is at stake.	True	1
<b>K. Termination</b>		<b>6 / 6</b>
Participants may be terminated from the Drug Court if they:	a. True	a. 1
a. - no longer can be managed safely in the community,	b. True	b. 1
b. - are unwilling or unable to engage in treatment,	c. True	c. 1
c. - are too impaired to benefit from the treatments available in the community, or	d. True	d. 1
d. - fail repeatedly to comply with treatment or supervision requirements.		
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.	True	1
<b>L. Consequences of Graduation and Termination</b>		<b>4 / 4</b>
Graduates of the Drug Court:	a. True	a. 1
a. - avoid a criminal record,	b. True	b. 1
b. - avoid incarceration, or	c. True	c. 1
c. - receive a substantially reduced sentence or disposition for completing the program.		
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.	N/A	N/A

**Summary**

## **Santa Barbara County Drug Court Process Evaluation**

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Santa Maria's SATC adhered to a number of the best practices in sanctions, incentives, and therapeutic adjustments. Specifically, the policies and procedures regarding these practices were communicated in advance and were equivalent across different participants. Moreover, sanctions were progressive in nature, were given for use of addictive substances, and were administered after clients had a chance to speak at their own hearings. The Drug Court used incentives to reinforce productive behaviors, such as employment. 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 and if they could not be managed safely in the community. Graduates of the Drug Court avoided a criminal record.

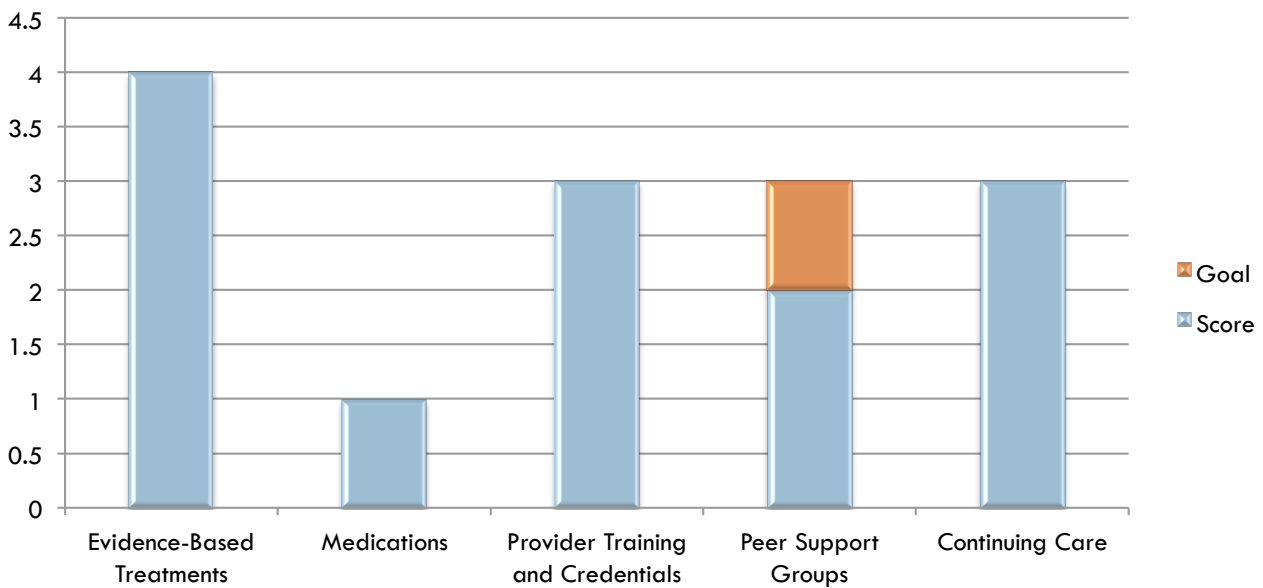
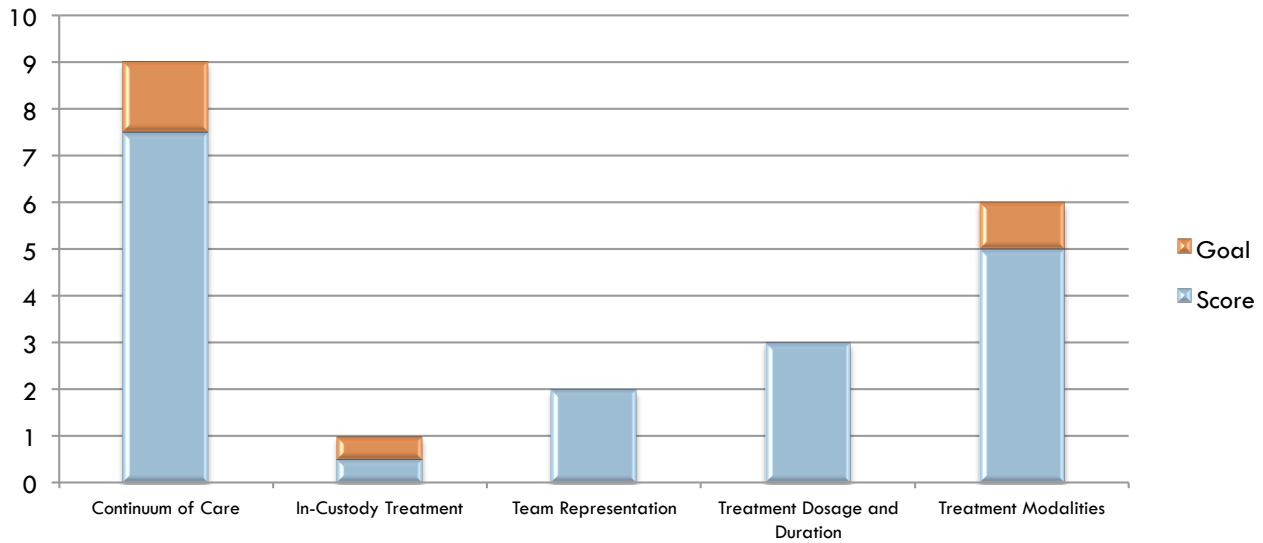
There were a few ways in which the Santa Maria Drug Court deviated from best practices. First, team members reported that therapeutic adjustments were not always based on the recommendations of treatment staff. Also, in a substance abuse court, jail sanctions should be used rarely. Some members of the team felt that these sentences were not used as sparingly as they could be. Santa Maria's SATC had a number of different possible sanctions they could use; other types of sanctions, then, should be implemented when appropriate. Similarly, jail sentences should be short in duration, typically lasting no more than three to five days. In Santa Maria, clients sometimes spent longer periods of time in jail when they were waiting for beds at a treatment facility.



### 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 RED 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
<b>A. Continuum of Care</b>		<b>7.5 / 9</b>
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. False e. True f. True	a. 1 b. 1 c. 1 d. 0 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	1
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>B. In-Custody Treatment</b>		<b>0.5 / 1</b>
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
<b>C. Team Representation</b>		<b>2 / 2</b>
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.	b. 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	1
<b>D. Treatment Dosage and Duration</b>		<b>3 / 3</b>
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
<b>E. Treatment Modalities</b>		<b>5 / 6</b>
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.	True	1
Group membership is guided by evidence-based selection criteria (including participants’ gender, trauma histories and co-occurring psychiatric symptoms).	True	1
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
<b>F. Evidence-Based Treatments</b>		<b>4 / 4</b>
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
<b>G. Medications</b>		<b>1 / 1</b>
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

Best Practices	True/False	Score
<b>H. Provider Training and Credentials</b>		<b>3 / 3</b>
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. <b>True</b> b. <b>True</b> c. <b>True</b>	a. <b>1</b> b. <b>1</b> c. <b>1</b>
<b>I. Peer Support Groups</b>		<b>2 / 3</b>
Participants regularly attend self-help or peer support groups in addition to professional counseling.	<b>True</b>	<b>1</b>
The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.	<b>True</b>	<b>1</b>
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.	<b>False</b>	<b>0</b>
<b>J. Continuing Care</b>		<b>3 / 3</b>
Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care.	<b>True</b>	<b>1</b>
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.	<b>True</b>	<b>1</b>
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.	<b>True</b>	<b>1</b>

**Summary**

The Santa Maria Drug Court followed a number of the best practices for substance abuse treatment. Treatment representatives were key members of the Drug Court team, participants received sufficient treatment dosage, and participants were prescribed medication as needed. Additionally, treatment representatives were credentialed to deliver services, utilized evidence-based treatments, and provided continuing care after the final phase is completed in accordance with best practices.

There were a few areas for improvement in terms of best practices. For example, best practices dictate that substance abuse treatment courts provide a range of services, including day treatment, that groups are run by two facilitators, and treatment providers use an evidenced-based preparatory curriculum to prepare participants for what to expect in the groups. Additionally, team members indicated that participants were sometime kept incarcerated until a bed in a residential facility could be found, and the team indicated that minor changes were sometimes made without treatment provider input.

**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	False (not coordinator)
1	A representative from treatment attends drug court team meetings	True
1	Coordinator attends drug court team meetings	False
1	Law enforcement attends drug court team meetings	Bailiff
1	Judge, attorneys, treatment, probation, and coordinator attend court sessions (status review hearings)	False (not coordinator)
1	A representative from treatment attends court sessions (status review hearings)	True
1	Law enforcement attends court sessions (status review hearings)	Bailiff
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	True
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](http://www.npcresearch.com/Files/Appendix_C_Best_practices_comparing_yes_to_no_with_N_sizes.pdf)

**Summary**

The Santa Maria 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. In fact, compared to last year, the team was more congruent with 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. 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, though there were attempts over the last year to better prepare new team members. 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 judge and the 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 documentation were included in the Substance Abuse Treatment Court Standard and Practices Manual. In accordance with best practices, eligibility criteria were stated objectively and were defined in writing. However, the manual had not been updated since November 2010, and changes to the eligibility criteria had been made since that time. The judge provided the new eligibility standards, which also met the criteria for best practices, to the evaluation team. According to best practices, offenders should not be automatically disqualified from drug court for drug sales or a history of violence. In these circumstances, the eligibility criteria left room for some discretion. The eligibility and suitability criteria did not exclude participants with mental health issues or those prescribed psychotropic medications.

The Substance Abuse Treatment Court Standard and Practices Manual also included 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, and motivation to change and acknowledgment of need for treatment. These criteria have changed over time. Probation officers now use the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) and the Texas Christian University Drug Screen (TCUDS), two evidence-based measures of offender risks 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 was collected from the judge regarding policies and procedures. The Substance Abuse Treatment Court Standard and Practices Manual set forth clear operational standards regarding personnel, intakes and referrals, courtroom procedures, participant fees, and the role of the judge. Terms and conditions of drug court were also provided to the defendant prior to his or her entry into the drug court in both oral and written form. Similarly, policies and procedures of the Drug Court were communicated to participants through a participant handbook, which included information regarding opting out, search and seizure, the length and phases of the program, fees associated with the program, court dates and times, sanctions and incentives, mental health and other services available, and graduation. For the most part, the policies and procedures were clearly outlined and in accordance with best practices.

## Sanctions and Incentives

Data was 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. Additionally, the judge provided the evaluation team with a list of noncompliant behaviors and corresponding sanctions and interventions. This list seemed to provide clear guidance on appropriate consequences, yet it still left room for some team discretion based on circumstances. 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 were articulated in the Substance Abuse Treatment Court Standard and Practices Manual, which stated that treatment should be individualized, provided in licensed facilities, and include drug testing. According to the manual, treatment length would be determined by the participant's progress; however, the minimum length of the program would be 18 months. However, it is unclear from the present evaluation if all participants were completing this minimum time requirement in the program, as prescribed by the policies and procedures manual.

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

## Data Collection

The Substance Abuse Treatment Court Standard and Practices Manual provided by the judge also included a section on data collection and program evaluation. According to the manual, data is to be collected and sent to the University of California at Santa Barbara for evaluation of best practices and operational issues. Having a system for evaluation is compliant with best practices. Best practices also indicate that Drug Courts should evaluate potential disproportionality for historically disadvantaged groups in eligibility determinations, retention, treatment quality, and sanctions and incentives. Administrative data provided to the evaluation team did not include evaluations regarding disproportionality for historically disadvantaged groups.

## SUMMARY

The Santa Maria 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. Participants were also provided with a handbook of policies and procedures of drug court. Administrative data could be improved by updating the manual to reflect the latest updates to eligibility, including clear procedures for the administration of incentives, and by establishing clear protocol for evaluating whether disproportionality is occurring for historically disadvantaged groups.

# 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 October and November of 2014.

## RESULTS

### Participant Characteristics

Responses were available for 32 drug court participants in Santa Maria’s SATC program.<sup>1</sup> The ethnic breakdown of the participants was as follows: 43.8% Hispanic, 53.1% White, and 3.1% Multiracial. For the majority of drug court participants (93.8%), it was either their first or second time going through the program, while 3.1% had been through it four times before, and 3.1% had been through the program five or more times. About half of the participants (59.4%) 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 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?	<b>81.3%</b>	<b>18.8%</b>

<sup>1</sup> One participant was excluded because less than one fourth of the survey was completed.



## Sanctions and Incentives

The participants were asked about the perceived fairness of the sanctions and incentives received in drug court. In general, the majority of participants reported that sanctions and rewards 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	Strongly Disagree	Disagree	Do not Agree or Disagree	Agree	Strongly Agree
I feel that I receive the same sanctions (consequences) and rewards as other people in the program in general.	<u>3.1%</u>	<u>18.8%</u>	<u>12.5%</u>	<u>50.0%</u>	<u>15.6%</u>
I feel that I receive the same sanctions (consequences) as people in the program that are of different ethnicities.	<u>3.1%</u>	<u>6.3%</u>	<u>15.6%</u>	<u>62.5%</u>	<u>12.5%</u>
I feel that I receive the same rewards as other people in the program that of are of different ethnicities.	<u>9.4%</u>	<u>3.1%</u>	<u>18.8%</u>	<u>56.3%</u>	<u>12.5%</u>

## Judicial Interactions

The participants were asked about the judge’s interactions with them in drug court. Over 90% agreed or strongly agreed that the judge was supportive, told them how important treatment was, believed they could improve, and did not embarrass them. The majority of participants also reported that the judge took part in their hearings, let them tell their side of the story, and that they had 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	Disagree	Do not Agree or Disagree	Agree	Strongly Agree
The judge makes supportive comments to me during my hearings.	0%	<u>3.1%</u>	<u>3.1%</u>	<u>50.0%</u>	<u>43.8%</u>
During my hearings, the judge tells me how important it is to work my treatment program.	0%	<u>3.1%</u>	0%	<u>53.1%</u>	<u>43.8%</u>
During my hearings, the judge reminds me of what I have to do for Drug Court.	0%	<u>6.3%</u>	<u>6.3%</u>	<u>56.3%</u>	<u>31.3%</u>
The judge believes that I can improve my health and behavior.	<u>3.1%</u>	0%	<u>6.3%</u>	<u>50.0%</u>	<u>40.6%</u>
The judge embarrasses me.	<u>50.0%</u>	<u>40.6%</u>	<u>6.3%</u>	<u>3.1%</u>	0%
The judge does uses curse words and/or says mean things to me.	<u>59.4%</u>	<u>28.1%</u>	0%	<u>3.1%</u>	<u>9.4%</u>
The judge lets me tell my side of the story when there are disagreements.	<u>9.4%</u>	<u>6.3%</u>	<u>12.5%</u>	<u>59.4%</u>	<u>12.5%</u>
I feel like I have a good relationship with the judge.	<u>3.1%</u>	<u>3.1%</u>	<u>15.6%</u>	<u>40.6%</u>	<u>37.5%</u>
When I go to Drug Court, the judge takes part in my hearings.	0%	<u>3.1%</u>	<u>6.3%</u>	<u>62.5%</u>	<u>28.1%</u>

**Treatment**

Participants were asked if everyone in drug court receives the same treatment. Clients indicated that they felt that they had the same treatment program as other people in the program with similar needs. However, they also reported that everyone in drug court receives the same treatment regardless of need.

- *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?	<b>65.6%</b>	<b>34.4%</b>

Question	Strongly Disagree	Disagree	Do not Agree or Disagree	Agree	Strongly Agree
I have the same treatment program as other people in Drug Court with the same types of needs as me.	<b>3.1%</b>	<b>18.8%</b>	<b>9.4%</b>	<b>56.3%</b>	<b>12.5%</b>

**Drug Court Team**

The participants were asked various questions about the drug court team. Most of the participants (62.5%) reported that there was no leader of the drug court team and that the team members all worked together. In general, most participants indicated that they had good relationships with the team, and they felt respected by members of the team. While most participants indicated that members of the team did not get angry with them when they received sanctions, about one-fifth disagreed or strongly disagreed with this statement.

- *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?	<b>34.4%</b>	0%	0%	<b>3.1%</b>	0%	<b>62.5%</b>

Question	Strongly Disagree	Disagree	Do not Agree or Disagree	Agree	Strongly Agree
The members of the Drug Court team often remind me of what will happen if I do well or if I fail.	0%	<b>3.1%</b>	<b>6.3%</b>	<b>62.5%</b>	<b>28.1%</b>
When I receive sanctions (consequences), members of the Drug Court team do not get angry with me.	<b>6.3%</b>	<b>15.6%</b>	<b>15.6%</b>	<b>50.0%</b>	<b>12.5%</b>
I feel like I have a good relationship with the whole drug court team.	0%	<b>6.3%</b>	<b>18.8%</b>	<b>50.0%</b>	<b>25.0%</b>
I feel respected by members of the Drug Court team.	0%	<b>6.3%</b>	<b>15.6%</b>	<b>50.0%</b>	<b>28.1%</b>
When I go to Drug Court, the public defender takes part in my hearings.	<b>3.1%</b>	<b>3.1%</b>	<b>18.8%</b>	<b>43.8%</b>	<b>31.3%</b>
When I go to Drug Court, the prosecutor takes part in my hearings.	0%	<b>9.4%</b>	<b>28.1%</b>	<b>53.1%</b>	<b>9.4%</b>

**SUMMARY**

Overall, participants reported largely positive impressions of the drug court and the drug court team. In particular, participants reported positive interactions with the drug court team, especially the judge. Additionally, they reported that participants were treated equally in the program and that they were well informed of the expectations for them. About a fifth of the participants reported that they felt they do not receive the same sanctions and incentives as other participants and that members of the team get angry with them when they receive sanctions. It may be helpful for team members to clearly communicate reasons for incentives and sanctions during court hearings. Similarly, providing participants with written guidelines for what actions lead to incentives and sanctions may help with these perceptions.

# 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.

### Key Component #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, treatment representatives, and probation officers. The bailiff was also in attendance; however a designated law enforcement representative and the coordinator did not attend. Compliance with Key Component 1 requires that the stakeholders collaborate and communicate effectively with each other. Most team members reported that collaboration had improved significantly from the year before. They described the atmosphere as one characterized by positivity and open communication. A few stakeholders indicated that when collaboration breaks down it is due to team members not listening to one another and being unwilling to compromise.

### Key Component #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 line with best practices, the SATC allowed participants with non-drug charges, participants with mental health issues, participants with medical conditions, and participants taking addiction or psychotropic medications to be admitted. The SATC currently targets high risk and high need offenders, which had not always been the case. The team used empirically validated assessment tools to determine risk and need status of clients. Finally, the SATC demonstrated equivalent access, retention, treatment, incentives, sanctions, and dispositions across historically marginalized populations.

### Key Component #3

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

The SATC adhered to practices supporting Key Component 3. The stakeholders indicated that the time for entry into the program was generally less than 50 days from time of arrest. In addition, the program caseload stayed below the NADCP recommended 125-participant limit. However, the team indicated that lack of funding had caused some hurdles in terms of providing service. Additionally, some team members had concerns that the mental health system and residential living programs did not have enough space to accommodate everyone with needs.

### Key Component #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 recovery services. While the SATC works with more than the recommended two treatment agencies, doing so allowed for specialized treatment for perinatal women and for those with co-occurring disorders. The treatment agencies and SATC team were in frequent contact with one another regarding participant progress. In addition, the SATC coordinator ensured that the treatment agencies were functioning according to drug court guidelines. Areas in which this Key Component was not supported included that participants were sometimes incarcerated until residential placements

became available, and that approaches to participant treatment were not highly individualized. Additionally, some treatment providers reported that aftercare was not consistently provided to program participants.

### **Key Component #5**

***Abstinence is monitored by frequent alcohol and other drug testing.***

The SATC engaged in practices that supported its adherence to Key Component 5. Drug test results were generally reported to the team quickly. In addition, drug testing and client substance use were frequent topics of conversation in team meetings and court sessions, indicating that the SATC team was monitoring participant abstinence closely.

### **Key Component #6**

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

Evidence from the present evaluation indicated that the SATC adhered to Key Component 6. Incentives and sanctions were discussed in a majority of cases. There were a variety of noncompliant behaviors observed, and a variety of sanctions administered as a result. The Drug Court team had a list of guidelines indicating what sanctions would be appropriate for different types of noncompliance. A majority of the responses to participant behavior were determined by team consensus, demonstrating that the SATC team responded to participants with a coordinated team strategy. In addition, participant recognition and incentives were administered when knowledge of positive participant behavior was known. However, there was some evidence jail sanctions were sometimes of an indefinite duration and exceeded the three to five day limit.

### **Key Component #7**

***Ongoing judicial interaction with each drug court participant is essential.***

The SATC largely adhered to 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. Client feedback indicated that they generally felt respected and supported by the judge and the rest of the drug court team. Phase promotion, jail sanctions and participant termination occurred in line with best practices. However, there were a few areas where the SATC did not adhere to best practices. In particular, most participants' hearings lasted less than three minutes.

### **Key Component #8**

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

The SATC adhered to Key Component 8. The SATC has used data to evaluate program effectiveness and modify operations based on that feedback since its inception. There are some areas that the SATC has not explicitly evaluated that may be addressed in future studies. However, the SATC has made a concerted effort through process and outcome evaluations to improve functioning in line with best practices.

### **Key Component #9**

***Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.*** There was mixed evidence in support of the SATC's adherence to Key Component 9. Treatment counselors reported that they attend frequent trainings, especially in the domain of cultural sensitivity. Team members had varying level of training. Still, most members indicated that they had attended drug court conferences and other types of informal trainings to prepare for their roles. Additionally, a few members reported that the judge had organized trainings to familiarize new members with local resources. Recently, efforts have been made to develop a manual describing the roles of the members of the drug court team to help ease the transition of new team members. A few members suggested that more trainings in the future, particularly in regards to cultural sensitivity, may be helpful.

### **Key Component #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. Team members indicated that the SATC had forged partnerships with a variety of agencies. However, most team members stated that more could be done in this domain. Specifically, team members reported that in recent years there had been less publicity on the SATC and the work that is being done. There was some confusion over whose responsibility it would be to increase community awareness on the SATC. Numerous suggestions were made for improvements, including involving more alumni, increasing media attention, and increasing the number of partnerships with other community organizations.

## BEST PRACTICES

The evaluation revealed that the drug court engaged in many practices consistent with best practices in the field. The Santa Maria SATC has developed an effective system of integrating judicial court processing with alcohol and drug treatment characterized by frequent, 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 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, jail sanctions are more frequent and longer in length than is recommended, and treatment services are not always individualized to meet client needs. Additionally, there appears to be a shortage of available residential facilities and mental health services for participants. Many members of the Drug Court team also expressed concern that publicity and support for the Drug Court has declined in recent years.

## RECOMMENDATIONS

- 1) A number of individuals, both members of the core team and counselors who work at the treatment facilities, expressed concern that there was not enough community outreach occurring for the drug court. Additionally, there was some confusion over whose responsibility this would be. The drug court may consider creating a plan for increasing publicity and community partnerships. Hosting events, such as panels, to increase community awareness of the SATC and the outcomes of its participants could help promote public approval. Additionally, the court could consider using the media more effectively to advertise the drug court. Alumni groups and activities could also help with this effort.
- 2) Judicial interactions with participants during court hearings, on average, are of a shorter duration than the recommended minimum of three minutes. In addition the average time spent with participants decreased since last year. Increasing the time spent with each client would give the team more opportunities to praise pro-social activities, check in with participants about their progress, and remind clients of the importance of complying with program requirements. This may be accomplished by spending less time on staffing client cases. Having clear guidelines for how to handle difficult situations that commonly arise may help create a more streamlined and efficient staffing process. A specific recommendation of a time breakdown will be provided to the team (see Appendix 1).
- 3) At times, access to beds in residential facilities appears to be a problem. Sometimes incarceration is used to house participants until beds at residential facilities become available. Keeping clients incarcerated until residential treatment is available is not aligned with best practices for drug courts. The team should investigate alternative solutions to this problem. For example, if a client cannot attain residential treatment, the team could require that he or she has a heavier treatment load at an outpatient agency, support groups, or a combination of the two until residential treatment can be attained.
- 4) According some sources, the treatment protocol did not vary much across participants. Given the heterogeneity of participants who enter the SATC, more individualization of treatment plans could result in more effective treatment for a wider range of participants.
- 5) Some treatment providers expressed apprehension that they had been informed that Medi-Cal might not provide funding for prolonged treatments. The team should investigate this concern and research alternative funding options if it is the case.
- 6) There is a need to keep up on the latest research findings as our knowledge of effective drug court practices grows. Team members should participate in trainings regarding best practices in drug courts (e.g., cultural biases, addressing discrepancies in drug court processing across populations). Participating in trainings together can also help the team collaborate more effectively.

# Appendix

The appendix includes the following instruments:

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

# Santa Barbara County Drug Court Process Evaluation

## SANTA MARIA SUBSTANCE ABUSE TREATMENT COURT (SATC)

Fall 2014 Evaluation

Supplemental Handout

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### THE “THREE-MINUTE” BEST PRACTICE

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

*Note:*

- Numbers are reflecting the total number of cases per day – both SATC and RDC.
- Observation numbers reflect the total time over two-day periods.
- Numbers from the 2013 report are also provided at the end; however, divergences between numbers from the 2013 and 2014 reports were generally not observed.

### TEAM STAFFINGS

- Over the two-day period, a total of 4 hours and 34 minutes were spent in staffing. This equates to approximately 2 hours and 17 minutes and 34 cases per day.
- Staffing is currently designated to occur between 9 a.m. and 11 a.m. on SATC days, as well as additional time as needed during status review hearings in the afternoon.

### COURTROOM HEARINGS

- Over the two-day period, a total of 2 hours and 50 minutes were spent in status review hearings across 55 cases. This equates to approximately 1 hour and 25 minutes and 28 cases per day.
- Staffing is currently designated to occur between 11 a.m. and 12 p.m., and then again from 1:30 p.m. and 4:30 p.m. on SATC days.
- *Note:* Additional time during court hearings is sometimes used for staffing cases, to let private and court-appointed attorneys make arrangements, wait for results for drug tests, determine treatment availability, and complete other administrative duties.

### SUMMARY

- If 28 cases are heard on average a day, there is potential to spend *at least* three minutes with a client during status review hearings.
  - $28 \text{ cases} * 3 \text{ minutes} = 84 \text{ minutes} = 1 \text{ hour}, 24 \text{ minutes}$
  - Currently, status review hearings are occurring over an average of 1 hours, 25 minutes; the potential for spending 3 minutes with each client exists.
- In addition, there are currently 4 hours designated for status review hearings, only 1.25 of which are currently being utilized for the sole purpose of holding client status review hearings; while almost double the time is spent in staffing (2 hours and 17 minutes a day, on average).
- Thus, the team may benefit from restructuring their current SATC timetable and working to designate specific and explicit times for their staffings and status review hearings.
  - This could potentially be achieved by:
    - holding all staffings in the morning, followed by all status review hearings in the afternoon;
    - using a timer to ensure each client is heard for at least three minutes during status review hearings;
    - utilizing the strong communication skills demonstrated between team members during the week (e.g., through emails and other communications) to discuss details about clients, and avoid discussing these details at length when the team meets, unless necessary;
    - determine as a team if any other efforts can be made to minimize time taken away from status review hearings and increase time spent with clients.



## Reference Data

## TEAM STAFFINGS

## Year 2 - 2013

Observation	TOTAL	SATC	RDC
Total staffing time coded	4 hr., 49 min.	4 hr., 9 min.	40 minutes
Cases coded	67	53	14
Average time per case	4 min., 19 sec.	4 min., 42 sec.	2 min., 52 sec.
Range in time per case	14 sec. – 39 min.	14 sec. – 39 min.	40 sec. – 6 min.

## Year 3 - 2014

Observation	TOTAL	SATC	RDC
Total staffing time coded	4 hr., 34 min.	2 hr., 39 min.	1 hr., 55 minutes
Cases coded	69	41	28
Average time per case	3 min., 58 sec.	3 min., 52 sec.	4 min., 6 sec.
Range in time per case	26 sec. – 14 min., 31 sec	26 sec. – 9 min., 49 sec.	36 sec. – 14 min., 31 sec

## COURTROOM HEARINGS

## Year 2 - 2013

Observation	TOTAL	SATC	RDC
Total time coded for status hearings	2 hr., 50 min.	2 hr., 17 min.	33 minutes
Cases coded	55	44	11
Average time per case	3 min., 6 sec.	3 min., 7 sec.	3 min., 0 sec.
Range in time per case	22 sec. – 15 min., 30 sec.	22 sec. – 15 min., 30 sec.	47 sec. – 9 min., 59 sec.
Percentage of cases heard for:			
>1 minute	22%	25%	9%
1-2 minutes	42%	39%	55%
3-7 minutes	29%	30%	27%
8+ minutes	7%	7%	9%

\*The majority of the cases (64%) were heard for less than three minutes.

## Year 3 - 2014

Observation	Total	SATC	RDC
Total time coded for status hearings	2 hr., 50 min.	1 hr., 40 min.	1 hr., 10 min.
Cases coded	63	41	22
Average time per case	2 min., 45 sec.	2 min., 31 sec.	3 min., 12 sec.
Range in time per case	38 sec. – 15 min., 10 sec.	43 sec. – 15 min., 10 sec.	38 sec. – 7 min., 50 sec.
Percentage of cases heard for:			
>1 minute	21%	22%	18%
1-2 minutes	44%	49%	36%
3-7 minutes	21%	22%	18%
8+ minutes	14%	7%	27%

\*The majority of the cases (71%) were heard for less than three minutes

## 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>

CASE #		SATC		RDC		Start Time		Stop Time		Check the box below if any of the case discussions involved the following:				Final decisions on participant cases were made by:														
										Client Progress	Sanctions and Incentives	Were sanctions discussed?	Were incentives discussed?	Judge	Team	Other												
										Progress at treatment	Mental health progress	Substance use progress	General Client Progress - <i>NO</i> Mention of Tx	Education-related Activities	Vocation/employment/volunteering activities	Probation supervision/case management progress	Change in Housing	Mention of U.A.'s (Indicate +, -, FTR, Diluted)	Were sanctions discussed?	Were incentives discussed?								
1																												
2																												
3																												
4																												
5																												
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19																												
20																												
<b>TOTALS</b>																												

**CASE #:** \_\_\_\_\_

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

SATC  
 RDC

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 (works for community based treatment)
- Private Attorney
- Bailiff
- Other; specify: \_\_\_\_\_

<i>Indicate if the following occurred during the hearing:</i>	YES	NO
<b>JUDICIAL INTERACTIONS</b>		
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"/>
<b>DEFENDANT INTERACTIONS</b>		
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.  
 Cumming, T., & Wong, S. M. (2008). An evaluation of SDN's inclusion support agencies: Exploring strengths-based approaches to inclusion support. Rossman, S. B., Roman, J., Zweig, D. K., Rempel, M., & Lindquist, C., eds. 2011. *NIJ's Multi-Site Drug Court Evaluation Courtroom Observation Protocol*. Washington, D. C.: The Urban Institute. (Study work product: does not appear in formal publication).  
 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.

## Drug Court Stakeholder Survey

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		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 in 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

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## 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?

On this team, what is the role of the:

6. Judge?
7. Coordinator?
8. Law enforcement? Bailiff? Community law enforcement?
9. Probation?
10. Public Defender or other defense counsel?
11. District Attorney?
12. Treatment provider (substance use; i.e., community treatment agencies)?
13. Mental health? County mental health services? Psychiatrist/psychologist?
14. How well do you think the drug court team works together?
15. Please give an example of types of situations when the team works well together.
16. 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?
17. 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?

18. 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?")*.
19. 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?")*.
20. 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?")*.
21. What do you think are the most promising practices of this drug court?
22. How has the team changed since last year (if you were here last year)?
23. 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

Interview Date: \_\_\_\_\_

**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

**Santa Barbara County Drug Court Process Evaluation**

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
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
<hr/>						
The clinical-assessment tool evaluates the formal diagnostic symptoms of substance dependence or addiction.				<b>True</b>	<b>False</b>	<b>DK</b>
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

**Santa Barbara County Drug Court Process Evaluation**

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

## 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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### trative 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

**Santa Barbara County Drug Court Process Evaluation**

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 <b>sanctions</b> 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 <b>rewards</b> 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 of 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	
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	1 =	2 =	3 = Do not	4 =	5 =	Don't know –



story when there are disagreements.	Strongly Disagree	Disagree	Agree or Disagree	Agree	Strongly Agree	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?

# References

- Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012a). Appendix C: Best practices comparing yes to no with n sizes. *NPC Research*. Retrieved from [http://www.npcresearch.com/Files/Appendix\\_C\\_Best\\_practices\\_comparing\\_yes\\_to\\_no\\_with\\_N\\_sizes.pdf](http://www.npcresearch.com/Files/Appendix_C_Best_practices_comparing_yes_to_no_with_N_sizes.pdf)
- Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012b). What works? The ten key components of drug court: Research-based best practices. *Drug Court Review*, 8(1), 6-42.
- 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
- 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
- Hora, P. F. (2002). A dozen years of drug treatment courts: uncovering our theoretical foundation and the construction of a mainstream paradigm. *Substance Use & Misuse*, 37, 1469–1487.
- 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>
- NPC Research (2006). *Adult Drug Court Typology Interview Guide*. Retrieved from [http://www.npcresearch.com/Files/NPC\\_Research\\_Drug\\_Court\\_Typology\\_Interview\\_Guide.pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide.pdf)
- Rossman, S. B., Roman, J., Zweig, D. K., Rempel, M., & Lindquist, C., eds. (2011a). *NIJ's Multi-Site Drug Court Evaluation Courtroom Observation Protocol*. Washington, D. C.: The Urban Institute.
- Rossman, S. B., Roman, J., Zweig, D. K., Rempel, M., & Lindquist, C., eds. (2011b). *The Multi-Site Drug Court Evaluation*. Washington, D. C.: The Urban Institute.
- 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.
- Satel, S. L. (1998). Observational study of courtroom dynamics in selected drug courts. *National Drug Court Institute Review*, 1(1), 56-87.