



# **Evaluation of Nebraska's Probation Problem Solving Courts**

**July 2008**

UNIVERSITY OF  
**Nebraska**  
PUBLIC POLICY CENTER

## Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>Chapter 1: Methodology.....</b>	<b>5</b>
<b>Chapter 2: Drug Court Literature Review.....</b>	<b>9</b>
<b>Chapter 3: Summary of Nebraska Problem Solving Court Evaluations.....</b>	<b>14</b>
<b>Chapter 4: Review of Policies and Procedures.....</b>	<b>20</b>
<b>Chapter 5: Qualitative Data Analysis.....</b>	<b>34</b>
<b>Chapter 6: Quantitative Data Analysis.....</b>	<b>54</b>
<b>Chapter 7: Key Findings and Recommendations.....</b>	<b>74</b>
<b>References.....</b>	<b>83</b>
<b>Appendices</b>	
<b>Appendix A: American Psychological Association Criteria for Evidence Based Practices.....</b>	<b>88</b>
<b>Appendix B: Policy Methods for Implementing Evidence Based Practices.....</b>	<b>91</b>
<b>Appendix C: Substance Abuse Evidence-Based Practices.....</b>	<b>92</b>
<b>Appendix D: Court Selection Processes.....</b>	<b>101</b>
<b>Appendix E: Interview and Focus Group Questions.....</b>	<b>109</b>

## EXECUTIVE SUMMARY

Eight Nebraska problem solving courts were examined for this evaluation: three adult drug courts, four juvenile drug courts, and one young adult problem solving court. The key questions intended to be addressed through this evaluation included the following:

1. To what extent do problem-solving courts serve appropriate persons, specifically in relation to risk classification?
2. How do the demographic characteristics of participants compare to the general population and other offenders?
3. To what extent do policies and procedures adhere to the proposed problem solving court rules
4. How do policies and procedures compare across courts?
5. What are possible areas of improvement, particularly in court procedures, treatment and ongoing program evaluation?
6. What are the participant outcomes, and to what extent are these outcomes associated with participant characteristics and program elements?

The evaluation used a variety of methods to answer these questions including a review of the literature and Nebraska problem solving court documentation, courtroom observations, focus groups and interviews, and analysis of data from the state probation information system. Quantitative information for this study was collected for the time period January 2006 through June 2007. Information about policies, practices and perceptions about problem solving court operations was collected during the summer of 2007. Therefore, this evaluation provides analysis for a particular period of time and does not reflect subsequent changes in problem solving courts.

Consistent with national trends, the majority of Nebraska problem solving court participants are classified as requiring a high level of community supervision. However, there were limited data available to answer this question. There were also limited data available to make a determination about what factors affect success in problem solving courts. It is recommended that data system improvements be developed to help answer these and other key policy questions.

There were mixed results regarding whether there are disparities with regard to race and ethnicity of court participants as compared to the general population of the communities they serve. The data available was limited and did not indicate disparities; however, this likely was the result of small sample size. Stakeholders identified potential selection biases that could be addressed through more equitable selection processes.

A review of written court policies and procedures revealed disparities between existing documented practices of the eight courts and the proposed court rules for problem solving courts. To conform to the proposed rules, enhancements in documentation are required for most courts.

Although currently problem solving courts are standardizing their policies and procedures, at the time of this study there were differences in policies and procedures across the eight problem solving courts reflecting the individual strengths and challenges faced by each. Many of the courts' practices are known by the team members, but are not well documented in policies and procedures. It is recommended that the combined knowledge and experience of the courts be captured in writing more clearly to help future team members and participants to clearly understand each court's target population, selection processes, instruments used in the selection process, and activities built into the phases of the problem solving court process. Similar to other evaluations of problem solving courts in Nebraska, this evaluation recommends developing documentation that clearly articulates standards for selecting participants in each problem solving court.

The preliminary results of this evaluation also yielded several additional findings that can be used as a basis for enhancing Nebraska's problem solving courts.

- Problem solving courts in Nebraska generally have strong, dedicated teams that are critical to the success of the courts. It is recommended that team functioning be enhanced through on-going training, team building and standardized orientation for new members.
- Court procedures strongly influence participant success. Recommendations include enhanced attention to practices in the courtroom such as voice amplification and regular use of trained interpreters. Documenting courtroom practices via standardized orientation material may help participants, their families, team members and communities understand judicial expectations in a courtroom.
- The role and expectations of treatment in the problem solving court process can be better articulated. It is recommended that expectations about the use of evidence based practices by treatment providers be articulated in writing along with clear expectations about how providers should report progress in treatment as part of the problem solving court process.
- Participants can be better served by developing the capacity for assessment and treatment of mental health disorders for participants with co-occurring disorders.
- The current state level data system has serious limitations for collecting the types of information useful for informing policy. Regular generation of reports via an integrated information system would make it possible to track and compare problem solving court activities. It is more likely that errors or omissions in court reporting data will be caught early if reports are meaningful to local courts and relied upon by statewide administrators.
- Standardized exit interviews of participants exiting problem solving courts are recommended as a mechanism for documenting challenges and successes in local court processes.

## **CHAPTER 1: METHODOLOGY**

Because of the substantial investment of tax dollars in Nebraska's problem solving courts, it is important to conduct rigorous evaluations on an ongoing basis to assess court functioning. The results of evaluations can inform short term and long term changes, if necessary, to improve their effectiveness and aid in sustaining and expanding them in the future. Improvement in the functioning of problem solving courts will lead to better and more productive lives for adults, children, and families served by these courts.

Evaluations of problem solving court programs are essential to understanding how well they work, improving the effectiveness of these courts and documenting lessons learned that can assist the development of new courts. The ongoing documentation of the performance of Nebraska's problem solving courts not only allows for judicial and public oversight of these innovative courts, program evaluations also allow the Administrative Office as well as individual courts to be in a position to successfully compete for funds that are (or may become) available for new program development, program expansion, or more extensive assessments of existing problem solving courts.

### **Background: Nebraska's Problem Solving Courts**

Problem solving courts developed as a response to the recognition that social issues such as alcohol abuse, drug addiction, and child abuse and neglect contribute to the criminal activities of defendants and that traditional criminal justice approaches lacked success addressing these issues. Offenders with these types of problems have high recidivism rates and tend to revolve in and out of correctional facilities (Hora, 2002). An estimated 80-90% of offenders have serious substance abuse problems (Lipton, 1998) and many more are afflicted by other issues addressed by problem solving courts. Nationwide, there are now thousands of problem solving courts being used to address not only criminal matters, but also other complex social issues that courts are asked to address.

Problem solving courts have expanded throughout Nebraska. At the time of the evaluation, 12 problem-solving courts functioned in seven Nebraska communities, with another four courts scheduled for implementation. These courts include adult, juvenile and family dependency drug courts. Special problem solving courts have received funding through the State Community Corrections Council; and the Nebraska Legislature appropriated \$2 million per year for these courts beginning July 1, 2006.

### **Evaluation Approach**

**This evaluation covers only the eight probation problem solving courts in Nebraska:** Scottsbluff Juvenile, Midwest Nebraska Adult, Northeast Nebraska Adult, Lancaster County Juvenile, Douglas County Juvenile, Douglas County Young Adult, Sarpy County Juvenile, and Sarpy County Adult. The method used for the evaluation is a participatory program evaluation design, which is particularly useful for complex projects that are collaborative in nature (Greene, 1988; Mark & Shotland, 1985). Participatory evaluations

provide stakeholders a greater role in the evaluation process, thus ensuring a greater understanding of the benefits of evaluation in the early stages of implementation. In addition, participation allows stakeholders to influence and share control over the implementation by influencing the parameters that guide the processes, decisions, and resources. Stakeholder participation helps with the interpretation of data in the context of the system's actual work, and may generate additional evaluation questions based on the needs of the participating organizations. The Evaluation Team included diverse stakeholders such as policy makers, judges, court administrative personnel and service providers and was responsible for advising on development of surveys, questionnaires, and protocols and selection of data collection procedures that maximize the utility of the information collected while minimizing the burden of data collection. The Evaluation Team also assisted in generating additional evaluation questions, interpreting the data, and communicating evaluation results to stakeholders.

The Evaluation Team met three times in the summer of 2007 and helped establish a program logic model that includes identification of the target population and their needs, assumptions about how to effectively address identified needs, strategies employed based on these assumptions, and outcomes expected as a result of the strategies. The logic model forms the basis of the evaluation by providing a guide for developing the specific evaluation questions and the methods to answer these questions.

### **Evaluation Questions**

The evaluation is both formative – designed to examine and improve current practices, and summative – designed to determine program outcomes. The evaluation was intended to answer the following major questions:

#### ***Questions related to participants and potential participants:***

1. Who do the courts intend to serve (target population)?
2. Who are they serving (participant characteristics) and how do participants rate on risk assessment measures?
3. How do participant characteristics compare to admission criteria, sentencing guidelines, and offenders not admitted to drug court (e.g., persons sentenced to probation or imprisonment)?
4. What issues exist related to access to services?

#### ***Questions related to program implementation:***

5. What are the core program components for each court, and how are they similar/different?
6. How do practices compare to proposed problem solving court rules?
7. How do current practices compare to best practices (evidence-based and national recommendations)?

#### ***Questions related to outcomes:***

8. What are participant outcomes (e.g., post-program recidivism)?

9. How do client characteristics (e.g., severity of offense, demographics, treatment needs) relate to outcomes?
10. How does program implementation (components) relate to outcomes?

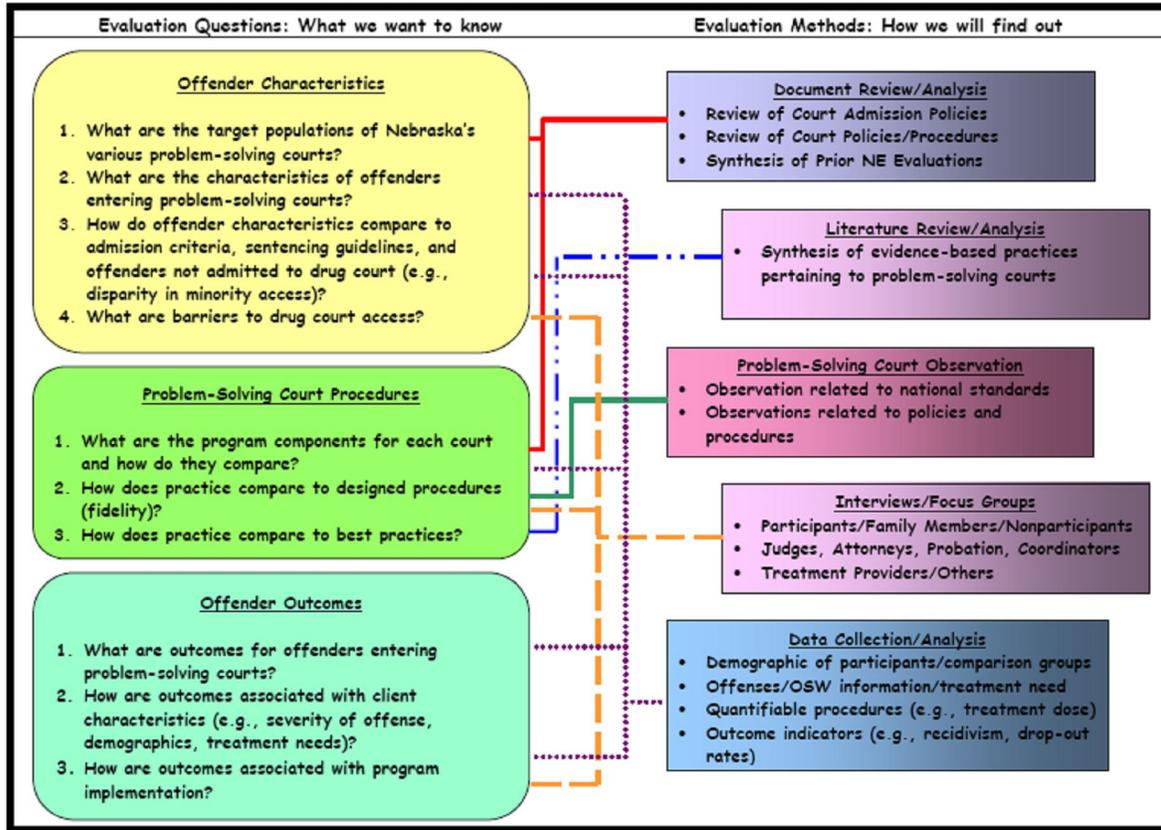
## **Evaluation Methods**

To answer these questions, the evaluation incorporated a mixed methods design that includes both qualitative and quantitative approaches. Information was collected from the state's data system pertaining to participant characteristics such as demographics, needs, criminal history, eligibility factors, and risk factors. A discrepancy analysis was used to compare participant demographic information (e.g., race, ethnicity, gender, age, living situation, employment status) with demographics of the Nebraska population and of criminal defendants by types of offense.

The qualitative component involved interviews and focus groups conducted with current and former participants, service providers, court staff, and other stakeholders to assess barriers to access and the efficacy, timeliness of admission procedures and identify program strengths and areas for improvement.. The evaluation also included observation of court proceedings and document reviews. We developed process maps for each of the eight courts that outline procedures and timing of court activities related to entry such as offender application, court screening, selection processes, and start of program activities. The process maps allowed us to construct models for establishing how processes are designed to function and to measure how actual practice fits with the models. We also worked with service providers to construct models that incorporate service principles and provider infrastructure information such as staff qualification and supervision. One consistent criticism of qualitative methods has been that the relatively small number of subjects limits external validity (Verschuren, 2003). Qualitative methods (e.g., case studies) are used to provide rich descriptions of an entity with the goal of particularization rather than generalization (Stakes, 1995). The goal of qualitative evaluation is to learn a lot about a relatively small number of subjects. Results are often used to illustrate an issue rather than attempt to generalize an experience. Validity is managed in qualitative evaluation somewhat differently than in quantitative evaluation. For example, in this evaluation validity is managed through a triangulation process involving multiple data sources to corroborate or validate the interview information.

Validity in quantitative evaluation is more strongly tied to methods that increase the likelihood that findings can be generalized to similar populations and situations. The use of both qualitative and quantitative evaluation methods in this evaluation allows us to offer rich explanations and examples to illustrate statistical findings that can be generalized. The qualitative analysis included constructing interview questions to obtain explanatory information regarding how and why participant characteristics and program factors affect client outcomes. Table 1 provides an overview of the evaluation questions and corresponding methods.

TABLE 1: INITIAL EVALUATION OF NEBRASKA'S PROBLEM-SOLVING COURTS



## CHAPTER 2: PROBLEM SOLVING COURT LITERATURE REVIEW

### Participant Characteristics

This section summarizes the literature related to individuals who participate in problem-solving courts with an emphasis on the characteristics of offenders who appear to succeed in these types of programs. A national review of drug courts (Belenko, 2001) drew the following conclusions about drug court participants:

- Drug court participants are predominantly male, have poor educational and employment achievements, have fairly extensive criminal histories, and prior failed treatment.
- Findings suggest that drug courts target offenders with midrange risk levels (i.e. Participants are typically higher risk than low level offenders who are typically given standard diversion and lower risk than drug offenders sentenced to prison or jail).
- Drug of choice for drug court participants vary widely across regions and courts reflecting varying local drug patterns and law enforcement practices.
- Drug court offenders often have other physical and mental health problems in addition to addiction (see also Wolf & Colyer, 2001).
- Some findings indicate that drug court participants report a high prevalence of sexual and physical abuse as well as suicidal ideation and attempts.

Researchers have examined demographic factors associated with success in problems solving courts. No significant differences have been found in outcomes between drug court graduates and non-graduates regarding gender, family income, history of sexual abuse, or self reported mental health problems (Peters et al., 1999; Senjo & Leip, 2001). In addition, no significant differences in satisfaction of drug court participants were found in terms of gender, age, race, employment status, education, primary drug choice, perceived need for treatment, or criminal history (Saum et. al., 2002).

Although marital status does not appear to be associated with success in drug court (Peters, Haas, & Murrin, 1999; Senjo & Leip, 2001), there does appear to be a correlation between graduation from drug court and living arrangement. Adult drug court participants who lived with their parents were more likely to graduate from drug court than those in other living arrangements; participants who lived with their partners or who were single with children were less likely to graduate (Peters, Haas, & Murrin, 1999).

The findings regarding a relationship between participant age and success have been mixed with some studies finding older offenders (Senjo & Leip, 2001) as less likely to graduate and other studies finding the opposite (Belenko, 2001) or no difference (Peters, Haas & Murrin, 1999). Some studies have found that juveniles may have a somewhat lower completion rate than adults in drug court (Belenko, 2001). There is some evidence to suggest that white participants have higher graduation rates than non-white offenders (Senjo & Leip, 2001; Belenko, 2001). The findings regarding the role of participant education level are also mixed. Peters, Haas, and Murrin (1999) found that a

significantly higher proportion of drug court graduates completed high school than non-graduates while Senjo and Leip (2001) reported that education level was not significant in terms of graduation rates.

Research indicates graduates of drug courts have significantly fewer prior arrests than non-graduates (Peters, Haas, & Murrin, 1999). Similarly, graduates are significantly more likely to be first-time offenders than non-graduates (Saum et. al., 2002), and offenders who are charged with misdemeanors are more likely to be successful in drug courts than those charged with felonies (Belenko, 2001). Other factors that appear inversely correlated with drug court success are the existence of criminality before the offender was arrested for a drug offense, history of personal offenses, early onset of criminality and participation in prior drug treatment (Miller & Shutt, 2001).

Type of drug charge/drug of choice appears to be a significant factor in participant success. Research indicates that individuals with charges related to cocaine and crack were less likely to graduate than participants with other types of drug charges (Belenko, 2001; Peters et al., 1999; Senjo & Leip, 2001; Miller & Shutt, 2001). Other studies concluded that participants whose primary drug of choice is alcohol or marijuana were more likely to graduate from drug courts than those who used other drugs (Peters et al., 1999). The motivation of offenders to participate in drug court appears to be associated with graduation rates. Graduates were more likely to indicate they enter drug court programs to get back with their family, get treatment, and keep their drivers licenses in addition to avoiding criminal justice consequences than were non-graduates (Saum et. al., 2002).

### **Drug Court Procedures**

Research supports the conclusion that the three main elements of drug courts (drug testing, judicial hearings and drug treatment) are effective in reducing subsequent crime and drug use. In a randomized experimental study Gottfredson, Kearley, Najaka, and Rocha (2007) determined that drug courts using these components resulted in reduced self-reported drug use and crime in comparison to a control group of offenders who were processed through standard adjudication. Sanctions appear to be a necessary component to the drug court process. A study using a random control group design concluded that drug court participants whose programs include judicial monitoring, drug testing, and sanctions were less likely to be arrested during the year following sentencing than those that only had judicial monitoring and drug testing (Harrell, Cavanagh, & Roman, 2000).

Incentives are also an important part of the drug court experience. Receiving encouragement in the courtroom (Goldkamp, White, & Robinson, 2002; Saum et al., 2002) serves as a powerful motivator for achievement (Goldkamp, White, & Robinson, 2002). Similarly, Senjo and Leip (2001) noted that participants who received more supportive comments during court monitoring were more likely to graduate from the program than those participants who received fewer supportive comments.

There appears to be an interaction between types of offenders included in drug courts and drug court procedures. High risk offenders, such as those diagnosed with antisocial personality disorder or who have a previous treatment failure, performed better in drug court programs in terms of drug screenings when required to attend bi-weekly status hearings (more intensive than the standard dose). However, low risk offenders performed equally well regardless of the “dosage of hearings” (Marlow, Fesinger, Lee, Dugosh, & Benasutti, 2006; Marlowe, Festinger, & Lee, 2004). Similarly, participants who were sanctioned early in the program benefited from additional supervision or services throughout the program to decrease chances of recidivism and/or drop out (Belenko, 2001). In addition, individuals with prior histories of treatment may provide more drug-free samples and higher rates of graduation when required to attend a higher dosage of hearings (Marlowe et al., 2004).

Several factors related to the processing of offenders do not appear associated to drug court graduation, such as time between arrest and program start (Peters et al., 1999; Senjo & Leip, 2001) or time spent in the drug court program (Senjo & Leip, 2001). Many drug courts try to link with community resources to assist the drug court participant’s ability to stay in school or find employment. Peters, Haas, and Murrin (1999) reported that drug court retention and graduation could be predicted by full-time employment. Belenko (2001) concluded that being in school was related to drug court completion.

The role of the judge has often been cited as an integral element of drug court programs (Belenko, 2001; Colorado Social Research Associates & Arapahoe House, 2006; Cooper, 1997; Goldkamp, White, & Robinson, 2002; NIJ, 2006; Saum et. al., 2002; Turner et. al, 1999). According to participant interviews and reports the relationship between the participant and the judge is one of the most important aspects of the drug court experience (Goldkamp, White, & Robinson, 2002). Participants also cited the importance of having one consistent judge assigned to their case and often reported problems with frequent judge substitution and/or rotating judges (Goldkamp, White, & Robinson, 2002). One study found that 80% of participants surveyed reported they would not have stayed in the program if they had not been required to meet regularly with the judge, and 73% believed they would not have remained in the program if they had appeared before rotating judges (Cooper, 1997). The same study noted that a significant number of participants reported that being able to meet with the judge to discuss progress and problems was the most significant reason for remaining in the program. This is consistent with other findings that suggest participants who have one consistent judge during the program are less likely to be terminated early from the program and miss fewer treatment sessions than participants who have multiple judges (NIJ, 2006).

### **Treatment Programs**

Treatment for addiction or mental health problems appears to be essential to the success of participants in problem solving courts. Drug Court participants in programs with added treatment components tend to have better outcomes. For example, participants who participated in a treatment program with drug testing, judicial monitoring plus an added

component of sanctions, were more likely to test drug free and less likely to be arrested within a year compared to those in a comparison program of drug testing and judicial monitoring alone (Harrell, Cavanagh, & Roman, 2001).

Self help groups also appear to be an effective additive component to problem solving courts. Research has shown that participants who attend Alcoholics Anonymous or Narcotics Anonymous meetings have a significantly lower likelihood of cocaine or heroin use in the year after sentencing (Harrell, Cavanagh, & Roman, 2000). However, commentators have noted that participation in traditional 12 step self-help programs may conflict with some evidence-based practices such as cognitive behavioral therapy. The two approaches together may be counterproductive or counterintuitive for participants (Bouffard & Taxman, 2004; NIJ, 2006).

The specific focus of treatment may have an effect on drug court outcomes. Based on a meta-analytic review, Dowden and Andrews (1999) concluded that the strongest predictors of treatment success, at least for female offenders, were for treatment programs that targeted criminogenic needs (such as preventing recidivism and family process variables). Addressing other interpersonal needs, such as self-esteem, was not related to positive treatment outcomes and was in fact associated with recidivism increases within the treatment group. For treatment to be effective it should be tailored to individual participants according to risk principles, need principles and responsivity (Dowden & Andrews, 1999). Treatment should include attention to things like individual client factors, the therapeutic relationship, and the participants' levels of hope and expectancy for change (Clark, 2001).

Access to treatment may also be a factor in the success of participants in problem solving courts. One study found that participants who did not graduate were more likely to report timing of and transportation to and from treatment sessions as problematic (Saum et al., 2002). Interviews with drug court graduates indicated that from their perspectives treatment programs improved their lives in the areas of family, employment and dealing with problems (Saum et al., 2002).

Evidence-based practices are treatment interventions that are scientifically proven to produce positive outcomes that can be delivered by clinical practitioners with a reasonable degree of adherence to the treatment model. Using evidence-based practices is important to enhance recovery efforts, reduce symptoms and increase quality of life. Participants are more likely to achieve positive outcomes such as maintaining employment, reduced hospitalization, and decreased criminal activity when evidenced-based practices are used to treat them. For administrators, evidence-based practices can be monitored through fidelity measures and are a means to achieving quality services (cost-savings and better outcomes) and accountability. The American Psychological Association criteria for evidence-based practices can be found in Appendix A. Policy methods for implementing evidence-based practices can be found in Appendix B. There are many evidence-based practices for treating substance abuse disorders that could be used for problem-solving court participants. Examples of these evidence-based practices include cognitive behavioral therapy, motivational enhancement therapy

including motivational interviewing, Multisystemic Therapy, the Matrix Model, and others (Brief descriptions of some of the prominent evidence-based practices can be found in Appendix C). Not all of the evidence-based treatment approaches have been tested with drug court offenders.

## **Evaluation**

Commentators have reviewed the status of program evaluations for problem solving courts and have issued recommendations for ongoing data collection processes and quality improvement processes intended to enhance drug courts. Many drug court evaluations are lacking in data on program services, sanctions, counseling sessions (type, number etc.) and supervision (Belanko, 2001; Heck & Thanner, 2006a). Even when problem solving courts collect data, often the evaluations are limited by a “lack of specificity about data collection time frames, especially in terms of recidivism outcomes” (Belanko, 2001). Heck & Thanner (2006b) make several recommendations about which measurement indicators to use when conducting drug court evaluations:

- Retention should always be calculated by cohort and as a ratio (number of people who complete or remain in the program/the number that enter the program during a given time).
- Clean drug screen tests are the most reliable measure of sobriety. All tests should be documented. Overall performance can be documented using average length of sobriety and average number of failed drug tests during a specific time.
- Arrests should be used as the primary measure for recidivism; however the collection of conviction data can also be valuable (see also Rempel, 2006)
- Units of service should be used to measure drug court activities that address the needs of participants. The unit of service should go beyond referrals and include actual attendance.

A number of recommendations have been made regarding the evaluation of outcomes, especially recidivism. For example, Rempel (2006) suggests that when considering recidivism it is often helpful to isolate drug related charges specifically from other charges, and to track in-program and post-program recidivism separately. Also, recidivism tracking data should begin for participants who fail when they are released from jail/prison, not the date of DC failure. Recidivism analysis should include a representative sample of all participant types (e.g. successful, unsuccessful, graduates, drop-outs etc.) Also appropriate comparison groups of non-participants should be utilized (Rempel, 2006; Johnson & Wallace, 2004).

## CHAPTER 3: SUMMARY OF NEBRASKA PROBLEM SOLVING COURT EVALUATIONS

A number of program evaluations have been conducted on Nebraska's individual problem solving courts. This section provides a brief summary of the evaluations, and the recommendations they generated.

### Problem Solving Court Evaluations

**Herz, D.C., Phelps, J., DeBuse, A. (2003). The Tri-County Juvenile Court Evaluation Study: A Final Report.** This outcome and process evaluation was conducted on the Tri-County drug treatment courts (Douglas, Lancaster and Sarpy Counties). The aim was to measure the ability of the drug treatment courts to accomplish their goals and objectives. A quasi-experimental research design was used to evaluate outcomes, as measured by pre/post-test surveys. Independent variables included group type; "treatment" included drug court participants while "comparison" included non-drug court participants matched in offender characteristics. Sample size included 39 youth from Douglas County, 34 from Lancaster Country, and 53 from Sarpy. The evaluation produced the following recommendations:

- Continue intense program evaluation including at a minimum:
  - Monitoring the screening process
  - On-going analysis of drug testing and supervision contacts
  - Monitor new arrests among DC participants (including those in the program, graduated, and terminated)
  - Monitor use of sanctions and rewards
  - Monitor how placements are used and duration of stays for participants.
- More directly evaluate the treatment programming received
  - Work with providers to develop specific objectives and standards.
- More directly evaluate school programming with measures including attendance, performance, and behavior. Conduct pre-post comparisons
- Review screening criteria
  - Current process does not include a risk/need assessment (terminated youths were slightly higher in need and risk)
  - Based on implementation of risk screening programs will either need to target low and moderate risk youth or adapt their program to match higher risk youths.
- Identify strategies to reduce terminations and voluntarily withdrawals (authors suggest including more family programming and interventions for previous trauma)
- Build cognitive behavioral interventions and structured intense family intervention programs into the DC program.
- Screen for mental health problems and build appropriate MH treatment.
- Investigate reasons for gender disparity

- Continue and expand collaborative efforts among counties and continue to incorporate the standardization of screening and assessment advocated by the Nebraska Substance Abuse Treatment Task Force
- Maintain web-based management information systems and enhance them. “The more consistent and available information is, the more capable programs are to evaluate their progress” (p. 50) .

**Clark, M., Hoggard, O. (2003). Strength-Based Training for Douglas County Drug Courts.** This evaluation was conducted in 2003 for the Douglas County juvenile drug court. The purpose of the evaluation was to assess the capacity of strength based principles within the Douglas County juvenile court program and to provide recommendations pertaining to program policies, juvenile drug court procedures, and operations. The methods included observations conducted on site and review of materials. Observations included Treatment Team Meeting, Drug Court Team Meeting, Parent/Participant Interviews, and the Drug Court Team Interview. Materials reviewed included Technical Assistant Requests, Comprehensive Participant Treatment Files, Weekly Progress Reports, Release of Information Forms, the Treatment Court Contract, the Drug Treatment Court Handbook, and the Team Building Assessment Packet. The evaluation produced the following recommendations:

- Rewrite the handbook in a more personal and compassionate tone (focus on hope in the book and when reviewing policies and procedures with juveniles)
- Team and treatment staff should use the strengths approach in treatment planning and all documentations
- Develop and provide cultural sensitivity training for staff
- Create partnerships with parents
- Provide services in a menu format (choices)
- Pay attention to participant and family perceptions and reactions to programming immediately (i.e. conduct an assessment early in treatment)
- Be mindful of the notion of “smart punishment” (i.e. don’t just sanction for the sake of punishment)
- Better align staff roles towards a therapeutic approach
- Increase staff retreats in order to address noted difficulties with team cohesion (author noted a small faction of dissatisfied team members)
- Change allotment of team member voting power in an effort to address overrepresented domains (e.g. treatment providers, county attorney, defense attorney etc.).

**Wakefield, W., Jobe, A. (2006). Sarpy County Adult Drug Court Program.** This evaluation was based on observations from March 2005 to July 2006. The goal of this evaluation was to examine the court process, responsibilities of the drug court team, effectiveness of treatment, and methods employed by the court, and provide recommendations. Materials reviewed included the Sarpy County Adult Drug Court Policy and Procedures Manual, the Sarpy County Adult Drug Court Participant’s Manual, structured interviews with Sarpy County Adult Drug Court Team Members (N= 9), a grant proposal submitted to the U.S Bureau of Justice Assistance, and direct evaluator

observations of staff meetings and weekly drug sessions (total of 341 hours). The recommendations from the evaluation included the following:

- “A systematic program of continued in-service training for all treatment drug court members should be developed and maintained” (p. 38)
- More solid levels of funding and resources for the court should be obtained.
- Reduce staff ambiguity concerning eligibility and admission criteria
- Consider utilization of more creative sanctioning and increased standardization of sanctioning
- Continue to encourage and cultivate participant support networks/comaraderie (e.g. create alumni groups)
- Use an alternative judge on occasion to encourage participants to become familiar with and trust another judge
- Revisit the voucher system for providers. It is cumbersome and a financial burden for providers
- Immediately address the under-representation of law enforcement representatives involved with drug court.

**Sasse, S., Wiersma, B. (2004). Central Nebraska Drug Court Process/Outcome Evaluation.** The evaluation included data pertaining to participants in the Central Nebraska Drug Court from March 2003 to December 2003. Data was obtained from the court’s Management Information System and analyzed using SPSS. Total sample size included 86 participants from the Central Nebraska Drug Court (CNDC). Statistical analyses were conducted on demographic variables, program length, expulsion and graduation outcomes, treatment services, eligibility, screening, assessment, urine analysis testing, sanctions/incentives, and criminal behavior. A summary of the recommendations of this evaluation include the following:

- The Court should continue to evaluate the effectiveness of the program on a yearly or bi-yearly basis.
- Demographic data for drug court participants differs from the demographic characteristics of persons arrested: males are underrepresented and females are over represented in drug court; Caucasians are overrepresented, and Hispanics are underrepresented in drug court.
- There is some ambiguity and inconsistency concerning admissions criteria from county to county according to staff reports. Evaluators were unable to confirm these reported inconsistencies.
- Jail is the primary sanction used in this drug court and has an impact on participants.
- Men are receiving most of the sanctions.
- Communication between staff and the community are efficient based on observations by the evaluators.
- The evaluators recommended that an in-depth cost-benefit analysis be conducted.
  - Information about participant fees and payment was incomplete or missing in the MIS data.
- The level and frequency of team meetings is adequate.

- The evaluators recommended the organization and execution of a yearly retreat for the team members.
- The evaluators advised that the drug court keep the current participant numbers near the present level. The evaluation noted that one coordinator is responsible for four sites whereas, in the literature, most coordinators only have responsibility for one site. The evaluators cautioned against over burdening the coordinator with a high case load.
- The evaluators recommended improvements in data collection. As stated by the evaluators: “It is clear from the Request for Proposal that the CNDC is desiring in-depth analysis of the data generated by the program. As it stands now, the current Management Information System (MIS) is fulfilling these desires at a minimal level. This may be the case due to two reasons: 1) the MIS does not generate the types of results which are most beneficial to the CNDC to perform ad hoc or long-term evaluations and therefore it is not used or; 2) the CNDC staff are not utilizing the MIS to its full potential. Given the difficulty this team had with the data in the MIS in writing this evaluation, we are of the opinion it is the former.” (p. 67).

**Martin, T.J., Spohn, C.C., Piper, R.K., Frenzel-Davis, E. (nd). Phase III Douglas County Drug Court Evaluation Final Report: Executive Summary.** This evaluation was conducted in 1999. Methods included personal interviews with 23 stakeholders and an analysis of drug court assessment, treatment, and extended recidivism. The evaluation was divided into five areas: (a) overall drug court effectiveness, (b) drug court assessments, (c) drug testing, (d) drug court treatment, and (e) recidivism. The evaluators made recommendations pertaining to assessments, drug testing, treatment as well as other areas:

- Recommendations regarding Assessments:
  - Reevaluate the level of treatment instrument to more accurately measure/address client outcomes that matter most in the drug court (i.e. current scores on the instrument bear little relationship to those that matter most).
  - Stop using the Substance Use History Matrix (SUHM) and just use the Level of Service Inventory. Evaluators report that their study found strong statistical relationships with client outcomes and the Level of Service Inventory.
  - The drug court “needs to test and implement substance abuse instrument(s) that can relate indicated clinical needs of clients to the entire range of contemporary therapeutic interventions, including the latest cognitive-behavioral approaches as well as new approaches that factor in the physiological state of the client” (p. 2) .
  - “Drug court case managers should conduct periodic client reassessments to adjust case management plans and to inform Region VI of the possible need to adjust treatment plans” (p. 2) “Currently, the drug court conducts reassessments only with clients who are about to graduate from the program; these are the clients who do not need a reassessment.”

- Recommendations regarding Drug Testing
  - The drug court should consider drug testing more frequently as more frequent drug testing was associated with better outcomes.
  - The drug court should maintain vigilance in timely responses to positive drug tests.
- Findings/Recommendations regarding Treatment
  - Levels of treatment determined to be needed by particular participants were not always available.
  - Wait times for entrance into treatment were sometimes substantial especially for residential treatment.
  - The evaluators recommend placing clients in the next best treatment alternative while awaiting openings in optimal treatment placements.
  - The evaluators found that current funding did not match up with the development of evidence-based practices: “A lack of financial incentives may also be stifling innovation. In this instance, some form of research and development grant might be needed to encourage the development and testing of new treatment interventions (e.g. MATRIX) on the part of treatment providers and allied organizations”
- General Recommendations
  - The evaluators recommended the development of a new risk/needs assessment system which incorporates the LSI.
  - The evaluation suggested conducting a substance abuse treatment needs assessment and market analysis for the community.
  - The evaluators recommended a study of drug court sanctions and incentives, specifically examining the effectiveness of different types.
  - Finally, the evaluators suggested conducting a study of participant perceptions and experiences while enrolled in the drug court program.

**Lancaster County Adult Drug Court (ISED Solutions, 2003).** This evaluation describes the participants of the Lancaster County Adult Drug Court (DC) during the court’s first year in operation. It covers general descriptions of the program participants, an analysis of drug use patterns, treatment participation outcomes and criminal recidivism after entering the drug court program. Key evaluation findings included the following:

- Minority participants are less likely than Caucasian participants to succeed in the substance abuse treatment programs being used.
- First and third quarters of the program are the most difficult for participants and have higher drop out rates.
- The drug court should explore ways to help participants during months 6-9.
- It would be helpful to find ways to better identify cues for drug use specific to men and minorities.
- The drug court should work to identify ways to address the issue that minorities tend to be less likely to graduate.

## Summary

Some themes can be derived from the existing problem solving court evaluations in Nebraska. One of these themes pertains to disparities in race and ethnicity of participants, either relating to access to problem solving courts themselves or in different success rates between minority participants and white participants. Another theme of the evaluations relates to the lack of consistency in applying admission or eligibility criteria in selecting participants. The ambiguity in selecting participants may be related to the racial/ethnic disparities of participants. A third theme is the need for enhanced evaluations of problem solving courts including the need for better data systems to inform decision making. Other recommendations include the need for better needs assessments and improved and more accessible treatment, additional resources to enhance problem solving court functions, and the need for team building and additional training for drug court team members.

## CHAPTER 4: COURT POLICIES AND PROCEDURES

This section compares written policies and procedures across courts and provides an analysis regarding how the policies and procedures for each court compare to the proposed problem solving court rules.

### Cross-Court Comparison

Since adult, juvenile, young adult courts operate with distinct populations and approaches, this analysis will separate the courts for the cross-court comparison.

#### Target Populations

In general the adult problem solving courts have more detailed descriptions of their exclusion criteria than their eligibility criteria, while the juvenile and young adult courts have more detailed criteria for eligibility than ineligibility. Three of the eight courts require participants to complete various screening devices as part of the eligibility requirements.

Two of the three adult problem solving courts identify specific eligibility requirements. Between these two courts there is general consistency on some of the conditions that would cause an offender to be ineligible for problem solving court; although there are some differences in how specifically the criteria are described. The similar elements for exclusion for the two courts include the following:

- Current charges or prior convictions involving violence (assaults, murder, manslaughter, felony sexual offense, domestic violence)
- Charged or found guilty of offenses involving drug dealing
- Multiple prior misdemeanor assaults (crimes against a person)
- Charged or found guilty of charges involving weapons

Some of the differences pertaining to eligibility criteria between the two adult courts with detailed policies and procedures include the following:

- The Northeast court excludes offenders if they 1) were in possession of more than 3 grams of cocaine, methamphetamine or similar drugs 2) if the county attorney determines the offender has a significant criminal history, 3) have a prior felony or misdemeanor diversion (excluding juvenile diversion), 4) have any gang involvement, 5) if enrollment would not be in the best interest of the offender's dependents, 6) have any prior convictions involving violence or weapons, 7) have multiple misdemeanors of crimes against a person, 8) charged with possession of drugs with intent to distribute or manufacturing.
- The Sarpy County court specifically excludes any offender currently charged with or found guilty of a class 1A, 1B, 1C or 1D felony, and/or robbery or felony

assault, and/or stalking, violation of a protection order, or misdemeanor domestic assault.

The Juvenile and Young Adult problem solving courts tend to provide their target population information under the list of eligibility requirements; whereas only one of these courts (Douglas Juvenile) includes a list of specific exclusion criteria. However, one court (Lancaster) does list a single exclusion criterion which restricts offenders with current or past sex offenses from participating in the court. Douglas County Juvenile court states that offenders who are “currently in treatment and progressing” and those who are in need of inpatient treatment will be considered ineligible. The juvenile courts and the young adult court only accept non-violent offenders except for Lancaster, which states that violent misdemeanor offenses will be considered on a case-by-case basis.

There is some variance in participant age requirements, with Scottsbluff listing acceptable ages as 13-17, Lancaster as 15-18, Douglas County Young Adult Court as 16-22. None of the other courts list eligibility age ranges.

- The Young Adult Court lists two criteria—age between 16 and 22 and charged with a non-violent offense.
- 1 Court has a cut off score of 24 or higher on the drug treatment court eligibility check list (offenders who score 24 or above are referred to drug court).
- 2 courts (Scottsbluff and Sarpy) require chemical dependency evaluations to be completed to be considered for eligibility.
- Lancaster County requires that the juvenile have “a recent (within 1 year) chemical dependency or substance abusing diagnosis” as part of the admission criteria.

### **Selection Process**

All three adult problem solving courts provide a similar set of steps in the selection process. One of the three courts (Sarpy County) specifically describes the first step of selection as involving “pretrial services” which require the offender to complete several different assessment instruments. The other two adult courts (Midwest & Northeast) begin the selection process with the County Attorney. Sarpy County Adult Drug Court describes the timelines for each stage of the selection process; the Northeast Adult Drug Court does not have timelines for each stage, but provides for a seven day timeframe for the offender to accept an offer to participate in the problem-solving court. The Midwest Adult Drug Court does not describe timelines for the selection process.

The entity making the final decision about eligibility for participation in the problem solving court differs across adult courts. In the Midwest Adult Drug Court the County Attorney makes the final eligibility determination for potential participants. In the other two courts the Drug Court Coordinator makes a referral to a committee or team who then makes the final recommendation for participation to the Judge (Sarpy and Northeast Drug Courts). None of the three adult courts describe the criteria used by the County Attorney

or the team in making the final determination of selection beyond what is listed as eligibility/ineligibility; for example, it is unclear how a determination would be made if two offenders qualify and there is only one opening for participation in a problem solving court.

For most of the juvenile problem solving courts, the selection process begins with the Probation Officer and/or the Coordinator who notify the offender about the possibility of participation in the problem solving court. For three of the Juvenile courts the Probation Officer assumes a central role at the beginning of the selection process. For the Young Adult Problem Solving Court, the Defense Attorney starts the selection process by petitioning for the offender’s placement in the problem solving court. The Young Adult court is somewhat unique in that it requires potential participants to interview with the team as part of the selection process. In most of the juvenile courts, the team makes a “final recommendation” which is then sent to the judge for a final decision. However for the Young Adult Court, after the team makes a recommendation it goes to the County Attorney who determines eligibility and who then sends it to the Judge for the final decision. Sarpy County Juvenile is also somewhat unique as the team is not involved with the selection process of participants and instead relies on the Coordinator to make recommendations to the Judge who then makes the final selection decisions. None of the Juvenile/Young Adult Problem Solving Court policies include specific time lines for the selection process. In addition, similar to the adult courts, none of the courts describe the criteria used by the final decision makers in determining selection. One court (Lancaster) does state that if no openings are available for a selected offender then he/she is referred to a control group for research purposes.

**Selection and Needs Assessment Instruments**

The probation problem solving courts differ in the instruments they require. The following table provides a cross court comparison of instruments that are specifically identified in each court’s policies and procedures or identified through interviews with each court. Treatment professionals may be administering assessment tools not included in the problem solving court policies and procedures or identified through the interviews.

Instruments Required by Probation Problem Solving Courts

<b>Problem Solving Court</b>	<b>Screening/Eligibility Instruments</b>	<b>Treatment Assessment Instruments</b>
Sarpy County Adult Court	<ul style="list-style-type: none"> <li>• Alcohol and Drug Scales</li> <li>• Simple Screening Instrument (SSI)</li> <li>• Substance Abuse Questionnaire (SAQ)</li> <li>• Standardized Risk Assessment Reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Addiction Severity Index (ASI)</li> </ul>

<b>Problem Solving Court</b>	<b>Screening/Eligibility Instruments</b>	<b>Treatment Assessment Instruments</b>
	Format for Substance Abusing Offenders (SRARF)	
Midwest Adult Court	None Identified	<ul style="list-style-type: none"> <li>• Midwest NE Prefill Report</li> <li>• Simple Screening Instrument (SSI)</li> <li>• Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF)</li> </ul>
Northeast Adult Court	<ul style="list-style-type: none"> <li>• Simple Screening Instrument (SSI)</li> <li>• Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF)</li> </ul>	None Identified
Sarpy County Juvenile Court	<ul style="list-style-type: none"> <li>• NE Adolescent Chemical Dependency Inventory (ACDI)</li> <li>• Simple Screening Instrument (SSI)</li> <li>• Drug Treatment Court eligibility Check List (screening; score of 24 or higher and chemical dependent/abuser diagnosis is recommended for placement)</li> <li>• Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF)</li> <li>• Youth Level of Service (YLS)</li> </ul>	None Identified
Douglas County Juvenile Court	<ul style="list-style-type: none"> <li>• Adolescent Chemical Dependency Inventory</li> <li>• Standardized Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Child and Adolescent Functional Assessment Scale (CAFAS)</li> </ul>

<b>Problem Solving Court</b>	<b>Screening/Eligibility Instruments</b>	<b>Treatment Assessment Instruments</b>
	Assessment Reporting Format for Substance Abusing Offenders (SRARF) <ul style="list-style-type: none"> <li>• Youth Level of Service (YLS)</li> <li>• Simple Screening Instrument (SSI)</li> </ul>	(treatment intake) <ul style="list-style-type: none"> <li>• Substance Abuse Subtle Inventory (SASSI)</li> </ul>
Lancaster Juvenile Court	<ul style="list-style-type: none"> <li>• NE Adolescent Chemical Dependency Inventory (ACDI)</li> <li>• Simple Screening Instrument (SSI)</li> <li>• Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF)</li> <li>• Youth Level of Service (YLS)</li> </ul>	None Identified
Scottsbluff Juvenile Court	None Identified	None Identified
Douglas Young Adult Court	<ul style="list-style-type: none"> <li>• Simple Screening Instrument (SSI)</li> <li>• Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF)</li> <li>• Youth Level of Service (YLS)</li> </ul>	None Identified

### **Phases of the Problem Solving Court Process**

All three adult courts have approximately the same intended length of participant involvement – between 18 and 20 months, and all have four phases that participants need to work through to successfully complete the program. All courts have treatment professionals as an integral part of the team. The three adult courts differ in the length of time for each phase; the Sarpy County court requires five months in phase three while the Northeast court requires nine months. Two of the adult courts provide detailed descriptions of each phase (Sarpy and Northeast); while the third court gives a list of requirements consistent across all phases and states that each case plan is tailored for the

unique situation of each participant. Some of the major similarities and differences among the three adult courts include the following:

- All three courts have requirements for employment or vocational/educational activities during participation in problem-solving court.
- The Midwest Adult Drug Court specifies a requirement for participation in weekly Moral Reconciliation Therapy (MRT) throughout all phases. Sarpy Adult Drug Court requires MRT during phases 3 and 4. The third court does not specify a requirement for MRT.
- Only one of the courts outlines specific goals and specific criteria for advancement for each phase (Northeast).
- Two (Midwest & Northeast) of the courts mention payment of fees as part of the requirements for phases. Sarpy Adult Drug Court has this provision included in its proposed policy and procedure changes.

The following are similarities and differences between the two adult courts with detailed policies and procedures related to the problem solving court phases (Sarpy & Northeast):

- Both require the same number of random drug tests/week in phase 1, 2, & 3.
- Both require the same amount of court appearances in phases 1 & 2 and similar requirements for phase 3 (every three weeks vs. once a month). Sarpy requires monthly court appearances during phase 4 while the Northeast does not describe a court appearance requirement for phase 4.
- Both require attendance at substance abuse support groups (AA/NA) 3 times per week during phases 1, 2, & 3.
- Both require “attendance at required treatment” in phases 1-3.
- Northeast requires attendance at an educational group 1x/week for phases 1 & 2 and as directed during phase 3. Sarpy does not specify an education requirement
- Sarpy describes the required number of contacts with a supervision officer according to phase while Northeast does not mention this requirement.

With regard to the five juvenile and the young adult problem solving courts, two courts (Lancaster and Scotts Bluff) have four phases while the remaining three courts (Douglas Young Adult, Douglas Juvenile, Sarpy) have three phases. The five juvenile courts are similar in the total time for participation in the problem-solving court, ranging from 9-14 months; however, one court also includes a 1-2 year maintenance period in addition to the eight months drug court period (Douglas Young Adult Court). Two of the juvenile/young adult courts (Sarpy, Douglas Young Adult) include Electronic Monitoring as a requirement of participation (at various phases); two courts use electronic monitoring as a sanction or consequence for behavior (Lancaster, Douglas Juvenile); one court uses electronic monitoring as a stabilization tool in the beginning of the program (Douglas Juvenile); and another court (Scottsbluff) does not mention the use of electronic monitoring.

The five juvenile/young adult courts differ in mandates related to home visits. One court (Douglas Young Adult) makes no mention of home visits; two juvenile courts (Sarpy, Lancaster) have specific requirements according to phase; one court (Douglas Juvenile) requires home visits as part of the required face to face contact with client and family, to include visits at home, work, school, treatment or court (a tracker sees youth in the home at least 1 time per week); and one court (Scottsbluff) states home visits are used if a police/probation officer suspects a need to search. Courts also provide different requirements pertaining to parent involvement. Two courts (Sarpy and Douglas Juvenile) require parents to have contact with a problem solving court officer (intensity level varies according to phase), and one court (Sarpy) requires attendance at parenting group during phase one of the process. Two of the courts (Lancaster, Scottsbluff) state that parents may be requested to attend counseling and/or parent groups at various phases. One court (Douglas Juvenile) requires parents to attend family therapy at least two times per month. One court (Douglas Young Adult) does not mention requirements or programming options for parents.

Attendance at court hearings is different across the juvenile/young adult problem solving courts. During phase one, two courts (Scottsbluff and Douglas Juvenile) require attendance at court every week (Douglas Juvenile requires attendance by both the child and parent(s)); two courts (Lancaster and Sarpy) require attendance every other week (or twice a month); and one (Douglas Young Adult) requires attendance monthly. During phase two, three courts (Douglas Juvenile, Lancaster, Scottsbluff) require attendance at court every other week, while 2 courts (Sarpy and Douglas Young Adult) require monthly attendance.

The following tables summarize the policies and procedures in place during the summer of 2007 in comparison to the Proposed Standards. It should be noted that the comparison of existing policies to the standards was based on a point-in-time analysis. The policies and procedures of each court are continuously modified to reflect improvements in court functioning and changes in circumstances.

**Comparison of Policies and Procedures to Proposed Rules  
Standards for Establishment of Drug Courts**

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: A general program Description</b>	
Douglas County Juvenile	Yes
Midwest Adult	Yes
Northeast Adult	Mission statement only
Douglas County Young Adult	Mission statement only
Lancaster County Juvenile	In participant manual
Sarpy County Adult	Yes (mission and purpose)
Sarpy County Juvenile	Philosophy and mission only
Scottsbluff Juvenile	Mission and general problem-solving description only.

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: A description of the target population it intends to serve</b>	
Douglas County Juvenile	Yes - Eligibility and ineligibility criteria
Midwest Adult	Yes - Target population described
Northeast Adult	Yes - Eligibility exclusions
Douglas County Young Adult	Yes - Basic eligibility requirements, no exclusion criteria
Lancaster County Juvenile	Yes - Eligibility and ineligibility criteria
Sarpy County Adult	Yes - Eligibility and ineligibility criteria
Sarpy County Juvenile	Yes - Eligibility criteria
Scottsbluff Juvenile	Yes - Eligibility criteria

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: Program Goals and how they will be measured</b>	
Douglas County Juvenile	Program goals listed. No measurement information.
Midwest Adult	Program goals listed. No measurement information.
Northeast Adult	Programming goals listed and measurement objectives listed
Douglas County Young Adult	No program goals listed
Lancaster County Juvenile	Program goals listed. No measurement information.
Sarpy County Adult	Program goals listed. No measurement information.
Sarpy County Juvenile	Program goals listed. No measurement information
Scottsbluff Juvenile	Program goals listed. No measurement information

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: An established eligibility criteria for participation in the drug court which includes a standardized, validated risk instrument as approved by the Administrative Office of the Courts</b>	
Douglas County Juvenile	Eligibility and ineligibility criteria described. Uses Adolescent Chemical Dependency Inventory, Level of Service Inventory and Simple Screening Instrument
Midwest Adult	Policies and Procedures describe general eligibility requirements; no ineligibility criteria and does not mention use of any instruments
Northeast Adult	Policies and procedures describe ineligibility criteria and basic eligibility criteria; no mention of any instruments.
Douglas County Young Adult	Policies and procedures describe general eligibility criteria; no mention of instruments used
Lancaster County Juvenile	Policies and procedures describe eligibility and ineligibility criteria which includes a completed ACDI and SSI

Sarpy County Adult	Policies and procedures describe eligibility and ineligibility; selection criteria includes the SSI, SAQ, and Risk assessment
Sarpy County Juvenile	Policies and procedures describe eligibility and selection criteria which includes the SSI & ACDI
Scottsbluff Juvenile	Policies and procedures do not describe the selection process, only eligibility criteria. No instruments listed.

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: The process or procedure by which an individual gains acceptance to participate in the drug court</b>	
Douglas County Juvenile	Yes
Midwest Adult	Yes
Northeast Adult	Yes
Douglas County Young Adult	Yes
Lancaster County Juvenile	Yes
Sarpy County Adult	Yes
Sarpy County Juvenile	Yes
Scottsbluff Juvenile	No

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: Drug/alcohol testing protocol</b>	
Douglas County Juvenile	Yes
Midwest Adult	Policies and procedures do not include this information
Northeast Adult	Yes
Douglas County Young Adult	Policies and procedures do not include this information
Lancaster County Juvenile	Yes
Sarpy County Adult	Yes
Sarpy County Juvenile	Yes
Scottsbluff Juvenile	Policies and procedures include a brief description for participants, but is not protocol specific.

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: A protocol for adhering to appropriate and legal confidentiality requirements and a plan to provide all team members with an orientation regarding confidentiality requirements of the 42 USC § 290dd-2, 42 CFR Part 2, if applicable</b>	
Douglas County Juvenile	Confidentiality protocol outlined. No mention of staff orientation.
Midwest Adult	No mention of confidentiality protocol
Northeast Adult	Policies and procedures include a copy of the

	confidentiality information signed by participants. No mention of staff training.
Douglas County Young Adult	Policies and procedures do not include this information
Lancaster County Juvenile	Policies and procedures describe confidentiality protocol but do not describe training for staff
Sarpy County Adult	Policies and procedures describe confidentiality protocol but do not describe training for staff
Sarpy County Juvenile	Policy on confidentiality, but does not describe staff training.
Scottsbluff Juvenile	Policies provide brief explanation of confidentiality for participants. No training described.

**Drug courts shall, in writing submit to the Administrative office of the Courts the following: The terms and conditions of participation in the drug court including but not limited to treatment, drug testing requirements, phase requirements, graduation/completion requirements, graduated sanctions and rewards and any applicable program service fees.**

Douglas County Juvenile	Yes
Midwest Adult	Some terms and conditions are included in the policies and procedures (e.g. phase requirements, sanctions and reward types).
Northeast Adult	Most are included in the policies and procedures
Douglas County Young Adult	Very limited information in this area; the phases are included in the policies and procedures
Lancaster County Juvenile	Yes
Sarpy County Adult	Yes
Sarpy County Juvenile	Yes
Scottsbluff Juvenile	Yes

**Drug courts shall, in writing submit to the Administrative office of the Courts the following: The process or procedure by which a participant's progress in the drug court is monitored**

Douglas County Juvenile	Yes
Midwest Adult	Yes
Northeast Adult	Yes
Douglas County Young Adult	Yes
Lancaster County Juvenile	Yes
Sarpy County Adult	Yes
Sarpy County Juvenile	Yes
Scottsbluff Juvenile	Yes

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: Developed policies and procedures governing its general administration including those relating to organization, personnel and finance.</b>	
Douglas County Juvenile	Yes except for finance
Midwest Adult	Yes
Northeast Adult	Policies and procedures do not include information in this area.
Douglas County Young Adult	Policies and procedures do not include information in this area.
Lancaster County Juvenile	Yes except for finance (although funding is listed as a goal).
Sarpy County Adult	Yes except for finance (although funding is listed as a goal).
Sarpy County Juvenile	Yes except for finance (financial is listed as a goal)
Scottsbluff Juvenile	Policies and procedures do not include information in this area.

<b>Drug courts shall, in writing submit to the Administrative office of the Courts the following: Screening and treatment for substance abuse shall adhere to the Nebraska Supreme Court Rule Regarding Use of Standardized Model for Delivery of Substance Abuse Services adopted by the Nebraska Supreme Court.</b>	
Douglas County Juvenile	Policies and procedures do not specify if NSC model is used.
Midwest Adult	Policies and procedures describe treatment requirements but do not specify if NSC model is used.
Northeast Adult	Policies and procedures do not describe treatment.
Douglas County Young Adult	Policies and procedures do not include this information
Lancaster County Juvenile	Briefly describes treatment requirements, does not specify if NSC model is used.
Sarpy County Adult	Policies and procedures state “providers must adhere to the NE Standardized Abuse Evaluation Format” and “the Addiction Severity Index (ASI) must be included”
Sarpy County Juvenile	Policies and procedures do not include this information
Scottsbluff Juvenile	Policies and procedures do not include this information

<b>All drug courts shall be post-plea or post-adjudication in nature</b>	
Douglas County Juvenile	Yes
Midwest Adult	Not specified in policies
Northeast Adult	Not specified in policies
Douglas County Young Adult	Yes
Lancaster County Juvenile	Not specified in policies
Sarpy County Adult	Yes
Sarpy County Juvenile	Not specified in policies
Scottsbluff Juvenile	Not specified in policies

Since all of the courts under review in this evaluation are probation courts, it is assumed that participants have probation officers involved in supervision. The following table identifies the extent to which probation is discussed in the problem solving court policies and procedures and the type of role expressed.

<b>Following the effective date of these rules all new drug courts, with the exception of family dependency drug courts, shall utilize probation personnel.</b>	
Douglas County Juvenile	Currently uses probation personnel
Midwest Adult	Currently uses probation personnel
Northeast Adult	Policies and procedures do not specify
Douglas County Young Adult	Currently uses probation personnel for case management.
Lancaster County Juvenile	Probation office has representative on team
Sarpy County Adult	Chief Probation Officer supervises the Problem-solving Court Coordinator
Sarpy County Juvenile	Probation has representative on team
Scottsbluff Juvenile	Policies and procedures do not specify probation involvement

<b>Drug courts shall implement and incorporate local and national evaluation results and resources identified as best practices upon recommendation by the Administrative Office of the Courts.</b>	
Douglas County Juvenile	Policies and procedures outline evaluation information (does not specify following recommendations of the Administrative Office of the Courts).
Midwest Adult	Policies and procedures do not specify
Northeast Adult	Policies and procedures do not specify
Douglas County Young Adult	Policies and procedures do not specify
Lancaster County Juvenile	Included as a program goal
Sarpy County Adult	Included as a program goal and under the responsibilities of the Coordinator.

Sarpy County Juvenile	Included as a program goal
Scottsbluff Juvenile	Policies and procedures do not specify

<b>Drug Courts shall not deny participation to anyone based on a person's financial status, gender, age, race, religion, ethnicity or physical disability.</b>	
Douglas County Juvenile	Does not specify in policies
Midwest Adult	Does not specify in policies
Northeast Adult	Does not specify in policies
Douglas County Young Adult	Does not specify in policies
Lancaster County Juvenile	Does not specify in policies
Sarpy County Adult	Does not specify in policies
Sarpy County Juvenile	Does not specify in policies
Scottsbluff Juvenile	Includes equal opportunity section. Does not include financial status in list.

<b>Prospective drug court participants shall be identified through a standardized structured screening process as approved by the Administrative Office of the Courts, designed to determine if they meet the drug court target population eligibility criteria.</b>	
Douglas County Juvenile	Not included in policies at this time
Midwest Adult	Not included in policies at this time
Northeast Adult	Not included in policies at this time
Douglas County Young Adult	Not included in policies at this time
Lancaster County Juvenile	Not included in policies at this time
Sarpy County Adult	Not included in policies at this time
Sarpy County Juvenile	Not included in policies at this time
Scottsbluff Juvenile	Not included in policies at this time

<b>Drug courts shall have in place a system of incentives and sanctions to address participant compliance or non-compliance with program rules.</b>	
Douglas County Juvenile	Yes
Midwest Adult	Yes
Northeast Adult	Sanctions briefly described no info on incentives.
Douglas County Young Adult	Policies and procedures do not specify
Lancaster County Juvenile	Yes
Sarpy County Adult	Yes
Sarpy County Juvenile	Yes
Scottsbluff Juvenile	Yes

<b>Drug courts in which the collection of state or local fees applies shall not deny entrance nor terminate from the program based on an individual's ability to pay.</b>	
Douglas County Juvenile	Not applicable
Midwest Adult	Policies and procedures only specify that participants must stay current with fees as a requirement of each phase.
Northeast Adult	Policies and procedures specify that "all program fees paid to date" is required for advancement at each phase.
Douglas County Young Adult	Policies and procedures do not address
Lancaster County Juvenile	Not applicable
Sarpy County Adult	Policies and procedures state: "treatment costs are the responsibility of the participant. Failure to meet financial responsibilities will result in sanctions and possible termination"
Sarpy County Juvenile	Not applicable
Scottsbluff Juvenile	Not applicable

## CHAPTER 4: QUALITATIVE DATA ANALYSIS

The purpose of this concurrent mixed-method evaluation was to better understand Nebraska's probation-affiliated problem solving courts by converging both quantitative (numeric) and qualitative (text) data. In this approach, probation database variables were examined to determine relationships between participant characteristics and outcomes. At the same time, the experiences of people involved in these courts were explored through interviews, review of court documents, and observations of court processes. The qualitative portion of this evaluation will also be used to explain or verify the results of the quantitative findings. It is a summary of the perceptions and processes that emerged from the qualitative data that begins to paint a picture of how Nebraska's probation-affiliated problem solving courts work. Direct quotes from the people interviewed are included as illustrations of the themes that are discussed. For example, the quote below is from a judge, summarizing the way many of the court team members viewed the value of problem solving courts.

*If we can bring them in with any hope of success, rather than having them go to prison, the opportunity to recover that individual and actually end up being less of a drain or a cost to society. . . is worth giving it a shot even if there might be some question, in my mind.*

### Methodology

As noted in the Methodology section, qualitative methods (e.g., case studies) are used to provide rich descriptions of an entity with the goal of particularization rather than generalization (Stakes, 1995). The goal of qualitative evaluation is to learn a lot about a relatively small number of subjects. Results are often used to illustrate an issue rather than attempt to generalize an experience. Validity is managed in qualitative evaluation somewhat differently than in quantitative evaluation. For example, in this evaluation validity is managed through a triangulation process involving multiple data sources to corroborate or validate the interview information. Hence, in qualitative analysis, it is not necessary to have large samples of different types of respondents, but to ensure in-depth information is collected from a few individual respondents from each of the stakeholder groups.

Qualitative methodology included over 45 hours of personal interviews, courtroom and staffing observations, and a court documentation review (e.g., policies, forms, etc). The interviews were conducted with 67 people (37 males and 30 females) associated with Nebraska's probation affiliated problem solving courts by the same evaluation team member. All but one interview was digitally recorded. The people interviewed represented court team members and participants. The participants included two juveniles (a male and female), eight adults, and two parents of juvenile participants.

	Coordinators	Educators	Treatment Providers	Judges	Probation Staff	Public Defenders	County Attorneys	Law Enforcement	Participants
Males	5	2	3	7	3	5	3	3	6
Females	3	2	8	3	7	1	1	0	5
Total	8	4	11	10	10	6	4	3	11

Extensive notes were taken of the audio recordings made of interviews and combined with a summary of policies and procedures and observation notes for each court. This process helped to form the qualitative data set for each court. Each data set was assigned to evaluation team members who were asked to listen to the recordings, review associated documents, and identify themes emerging from the data. Evaluation team members then met to identify similar and unique themes across courts. This guided a more in-depth review of both the documents and notes by providing an initial code set for use with the qualitative software program *Atlas.ti*. The data from the qualitative evaluation will be used to triangulate data found in quantitative analysis in the next phase of the evaluation.

### Participant Characteristics

Generally, Nebraska’s probation-affiliated problem solving courts rely on three filters when screening participants for inclusion. The first filter is the interpretation of court eligibility requirements by gatekeepers such as county attorneys, defense attorneys, and probation officers. Screening instruments serve as the second filter, and the third filter is the team or the judge who makes the final determination about inclusion. Screening determines eligibility and appropriateness for drug court inclusion and includes screening for clinical and justice system issues. Nebraska’s practices related to screening are consistent with published guidelines for drug courts on screening and assessment (Peters & Peyton, 1998)

Many of the team members interviewed expressed a desire to relax the eligibility criteria so that offenders that are presently excluded by the first filter (gatekeepers and broad eligibility criteria) could be considered for inclusion by the team. The general sentiment of most interviewed was that the gatekeeper screening may be eliminating potential participants because of technicalities or unwritten criteria imposed by the gatekeeper. For example, in some areas the county attorney will not refer adults with charges of child abuse or charges associated with delivery of a substance. These criteria may not be written, but it is understood by team members that, in their court, offenders with these

charges will not pass through the first screening filter, regardless of their broad suitability for participation.

*I wish the whole entire team would have a better opportunity to screen an individual prior to them coming into Drug Court.*

*A lot of people getting screened out are not residents of Dawson County or illegal aliens - small time dealers are now screened out, but I don't think they should automatically be excluded.*

The drug courts that have been in existence for a number of years and those that have high buy-in from gatekeepers reported that screening at the first level has evolved over time. The level of scrutiny by gatekeepers does not seem to differ among courts, but level of rigidity seems to have relaxed over time as confidence in court operations has increased.

*In beginning we were rejecting a lot because you had to be a resident of XYZ County because [a particular county] was supplementing a lot of the financing, so the judge wanted to keep it to [that county] residents. Since then it has gotten a little looser.*

*In the beginning we weren't even looking at anybody who had intent to deliver cases, but we're now looking at these with a little more discrepancy like if it was for personal use or dealing for profit.*

The type of changes in eligibility criteria that team members desired varied among the courts. This is consistent with national reviews. Nationwide, eligibility criteria for drug court inclusion varies widely (Tauber & Huddleston, 1999). It is recommended that individual drug courts base eligibility on established written criteria (National Association of Drug Court Professionals, 2004). There is no national standard for optimal eligibility criteria beyond what funders require. For example, drug courts that accept federal funding can not serve violent offenders (Section 2201 of the Omnibus Crime Control and Safe Streets Act, 42 U.S.C. 3796ii).

The general theme that emerged from interviews with team members was that most believed that they could handle more participants and were capable of serving participants with different types of legal charges. There was a sense from most teams that the courts were underutilized. The American Bar Association (2001) recommends that Drug Courts have access to internal resources to properly manage and supervise caseloads, but leaves the determination of what this means to individual jurisdictions. A Bureau of Justice Assistance (BJA) Drug Court Clearinghouse query regarding Drug Court case management resulted in reported caseloads across the country that varied from 16 to 75 supervisees per probation officer (BJA Drug Court Clearinghouse, 2006). Most adult drug courts reported that they were designed with the intent of having no more than 30-40 supervisees per officer or case manager. This is generally consistent with the

American Probation and Parole Association (AAPA) recommendations to hold intensive supervision caseloads to 20-30 cases per officer (Fulton, Stone & Gendreau, 1994). Many of the Nebraska team members interviewed believed that their caseloads were low enough to allow them to handle supervision of people with more complex cases or charges.

*I would like to look at people who do have prior felonies*

*If I were in charge, we would take alcohol and marijuana charges - we're already dealing with it – we're under utilized right now.*

*[I] wish we could get more kids in the program. With the scope of problem in community, we could have twice as many kids without taxing program resources.*

The second filter involved screening instruments like the LS/CMI assessment and the OSW. Nearly everyone interviewed believed that these screening instruments were the most objective part of the selection process. Chemical dependency evaluations were also viewed as useful and a necessary part of the selection process. Most team members believed that screening for serious mental health disorders was adequately covered in the assessment process. They did not have the same level of confidence in evaluations and instruments when it came to detecting less serious mental health issues. Stable mental health was a requirement in all of the courts, but the practical definition of what “stable mental health” meant varied. It was not uncommon for mental health problems to surface in treatment for chemical dependency issues after the person had already been included as a court participant. The level of criminality was another critical screening area. Although team members believed they could handle participants with more serious offenses, they did not want participants who had high levels of criminal thinking and long histories of criminal behavior.

*We have taken kids with mental health issues in addition to their drug problems. And we as a team have questioned if someone can be successful with pretty serious mental health issues.*

*Anybody who is the level of at-home or group home level or foster care level, and who has a mental health issue that can be addressed in that environment, can certainly do very well in drug court. It's when you get above that line that we have to step back and ask if this is the correct forum to address the issue.*

*Before, we had kids that were more criminal than addicts; but now learned to screen these out.*

The last screening filter in most courts is the judge, often with input from the team. This filter is a more subjective level of screening that taps into participant characteristics and history that is not amenable to screening instruments. Nebraska probation-affiliated problem solving courts all involve a high level of intense supervision that requires very

active involvement and compliance from participants. This reflects the Bureau of Justice Assistance principles of problem solving justice (Wolf, 2007). This last level of screening allows the judge and team members to assess the potential participant's ability to tolerate the cognitive demands associated with inclusion in the court.

*I talk to them. I'm looking at body language; I'm looking at what are they saying; I'm looking at, are they rolling their eyes; are they saying this is f-ing bs.*

*Bad attitude and uncooperative parents don't preclude acceptance, but no interest, no drug court.*

*If I have a chance to meet them ahead of time if there is some question if they are motivated or not, do they really want to be involved, are they just doing to get out of a worse kind of scenario.*

Team members believed that the participants who were eventually included were those who could potentially benefit the most from court programming. The participants included those people with a serious addiction to substances other than alcohol who were likely to need more intense supervision and services than traditional probation offered. These addicted persons may have a criminal history, but not a history that is lengthy or indicative of criminality as the primary problem.

*Someone who is low-risk; they are not a danger; they are going to work through the program. Basically, a high-need, low-risk kind of person.*

*The plan has always been to go after the middle of the road kid – kids who don't come into the system obviously needing long-term inpatient treatment. We're not going after that kid – nor are we going after the kid that is the casual experimenter, a casual user who doesn't necessarily abuse. We're looking for the kid that has a substance abuse problem or is chemically dependent but not necessarily to the extreme.*

*It's always been my understanding that we've always gone after the same type of kid in general – not the hard core gang bangers, not the kids with real severe criminal histories, violent, things like that.*

Juvenile courts serve youth from about age 13 to age 18. Screening often includes consideration of how old the juvenile will be at the end of the court experience, placing near 18 year olds in a transition age group that could be excluded. The Bureau of Justice Assistance recommends that juvenile drug courts use developmentally appropriate strategies that are suited for the psychological or emotional age of youth (BJA, 2003). Team member preferences for older adolescents as participants may reflect a lack of resources or perceived competence to tailor programming for younger adolescents. Most juvenile court team members prefer participants who are at least 15 years old to ensure that they have the cognitive ability to think abstractly and participate fully in treatment.

The adult court team members refer to maturity levels and criminal age as more important than chronological age of participants.

*It's your maturity level - it doesn't matter what age you are.*

*Younger kids have been more compliant, but I wonder how much they have retained. Kids in the 16-17 range will likely retain it better.*

Potential participants have varying levels of control regarding their participation in these specialty courts. In some courts, the decision is totally out of the offender's hands, in other courts, it is a voluntary decision to participate. This is related in some instances to whether or not the court is designed to supervise participants pre- or post-adjudication. Regardless of the entrance mechanism, each court ultimately expects that participants come to the experience with addictions that have contributed to their criminal behavior; have sufficient cognitive ability to participate in programming; require the intensity of supervision offered by the specialty court; and have some intact support systems that facilitate their participation.

*We are looking for someone who truly has an addiction, and it is going to require some long-structured period to resolve that.*

*I view drug court as, more or less, the last option for kids that are on the edge of being removed from the home being sent to Kearney. It's a way to try and add some structure and maintain them in the home.*

*We want kids who have supportive parents, but that may not be always the best, or functional, but someone that kid can live with.*

The characteristics of participants who were perceived as the most successful reflected a composite of the selection criteria. The following table includes a list of attributes used by interviewees to describe successful and unsuccessful participants. The young adult court is singled out because it uses selection criteria that are distinctly different from the juvenile and adult drug courts.

	<b>Young adult court participants</b>	<b>Juvenile drug court participants</b>	<b>Adult drug court participants</b>
<b>Characteristics of successful participants</b>	<ul style="list-style-type: none"> <li>• Maturity</li> <li>• Family/mentor involvement</li> <li>• Criminal age</li> <li>• Tolerance for process</li> </ul>	<ul style="list-style-type: none"> <li>• Maturity</li> <li>• Family involvement</li> <li>• Criminal age</li> <li>• Age/cognitive ability</li> <li>• Interested in change</li> <li>• Substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Maturity</li> <li>• Family involvement</li> <li>• Criminal age</li> <li>• Cognitive ability</li> <li>• Motivated to change</li> <li>• Substance abuse</li> </ul>

	Young adult court participants	Juvenile drug court participants	Adult drug court participants
		is primary	is primary
<b>Characteristics of unsuccessful participants</b>	<ul style="list-style-type: none"> <li>• History of violence</li> <li>• Lack of family support</li> <li>• Serious mental health problems</li> </ul>	<ul style="list-style-type: none"> <li>• History of violence</li> <li>• Lack of family support</li> <li>• Serious mental health problems</li> <li>• Low cognitive ability</li> <li>• Gang involvement</li> </ul>	<ul style="list-style-type: none"> <li>• History of violence</li> <li>• Lack of family support</li> <li>• Serious mental health problems</li> <li>• Low cognitive ability</li> <li>• High criminal thinking</li> </ul>

Courts serving urban areas noted that gang involvement was problematic and a barrier to success for young people involved in Drug Court. Youth involved with gangs were reported as likely to have more violence in their backgrounds and difficulty disassociating with peers who have a negative influence on their success. Urban and rural teams also voiced concern that current programming was not sufficient to meet the needs of minority populations. Several people interviewed noted that there were a number of barriers to success for young African American males. These barriers included gang involvement, poverty, and a lack of positive adult male influences. An informal survey of drug courts in March 2006 by the Bureau of Justice Assistance Drug Court Clearinghouse revealed that many of the drug courts in the United States handle gang affiliation on a case by case basis. Two of the respondents (San Diego County and South Bay) indicated that they purposefully exclude gang members and routinely check for gang membership as part of their screening. These anecdotal reports reflect the same perceptions that Nebraska team members have about the barriers associated with gang membership and drug court success.

*We're struggling with our African-American young men. It's hard to know whether if this is racial or whether if it's teenage stuff*

*Gangs – big problem. We screen out violence, which was initially our grant, but not necessarily gangs.*

Teams in rural areas indicated that they had few concerns about racial diversity, but did acknowledge that female participants needed more gender-specific support to succeed. This gender-specific need was related to many female participants' role as a single parent or as a relationship partner.

*We have started a women's support group because there weren't very many women going to AA -- there aren't that many women with that length of sobriety to sponsor somebody.*

There was little commentary from interviewees about other diversity issues such as the availability of interpreters, linguistically competent treatment providers, and the availability of programming (e.g., MRT groups) in other languages. Judges were particularly sensitive to the cultural make-up of court teams as compared to participants. Most teams had more females than males and few people of color.

*You didn't see an African American treatment provider sitting in that courtroom today. You didn't see a Latino treatment provider sitting in there today - in fact did you see a Latino sitting anywhere around the table during staffing - no- an African American - no- a lot of women which is typical of this industry - a lot of women are counselors and therapists - so for me that's a missing component that sometimes we have to be sensitive about.*

## **Process**

The most common strength noted by nearly all interviewees was the court team. There was a sense of camaraderie, shared purpose and passion among team members. A variety of positive words were used to describe the teams such as professional, committed, congenial, confident, and diverse.

*I like the team, because they are all rowing this boat in the same direction. They all know the purpose of the program and mission we have here and I respect all of that.*

The genesis of this sense could be traced by most teams to the initial national training opportunities specific to drug courts that facilitated networking and personal connection between team members. National training also helped court teams develop a shared philosophy that guided court operations and programming. New team members who attended similar national training alone reported that the training helped them understand the philosophy and become a better team member as a result. However, they did not have the same team bonding experience that other team members reported as significant when they attended as a group. Few teams in Nebraska have regular, ongoing training that involves the same level of team building and specificity that they experienced at the inception of their courts. They indicated that training opportunities in Nebraska were welcomed but cited time and financial constraints as barriers for full team involvement. Mature courts had experimented with periodic retreats for court teams and found them helpful and refreshing. Visiting other courts as a team was suggested by several participants as a way to increase connections and learn from other jurisdictions.

Not all teams had full participation from the same actors. County attorneys, law enforcement, treatment providers and judges had differing levels of team involvement across jurisdictions. It should be noted that the Bureau of Justice Assistance requires six key drug court team members in the courts they fund: a judge, prosecutor, defense attorney, treatment provider, researcher/evaluator/management information specialist,

and drug court coordinator (BJA-2008-1723). Individuals who were active in the team talked about the satisfaction they got from the experience. They noted that the best team members were assertive, professional, and committed to moving participants toward success.

*Working together we learned to trust each other, you learned to trust common sense and good judgment.*

*You're going to get people commenting on things that are typically outside their role or sphere of influence and you've got to be comfortable with that.*

The level of team involvement in the courtroom also varied. In some jurisdictions team members were always present in the courtroom. The philosophy adopted by those jurisdictions was that the presence of the team was a show of support for the participant and for the judge as he or she voiced the team's concerns or praise. Some teams attended court only during times of significance such as movement between phases or graduation. This practice reflected both philosophical differences and resource constraints. The teams also varied in the extent of their involvement during the actual court hearing, i.e., some were present but not vocal during the proceeding.

*It adds mystique to the process if the participants don't see us - and know that we are making decisions behind the scene about them. When I do show up there is a little more power associated with it if it is not routine. If I show up for something special only, it adds to the special support for a person - lends gravity to a situation.*

The interviews included specific questions about the judge as a significant team member because the relationship between the participant and the judge has been strongly correlated in existing literature. The role of the judge differs slightly between adult and juvenile drug courts. In juvenile court the judge is more likely to use more of a parental approach than in adult court. Regardless of personal style, all judges demonstrated leadership and were supportive and patient with participants.

*I think it's kind of like a parent, who's there and who's consistent.*

*Tough love - I want them to be intimidated - on the same hand I get to know them ... I like them... I am interested that they succeed.*

The judges across all the courts were sensitive to their role as the decision maker and legal lead for the team. This was balanced with a sense of responsibility related to their influence and control over the participant.

*The role pulls from the image, but is different. I'm the decider if you are doing what you are supposed to be doing in the program. I impose sanctions. I'm the person who provides encouragement on behalf of the system. The person that*

*facilitates reconciliation - becoming part of society; I'm an encourager, not a cheerleader.*

*We all lose track of our training to remember that these are drug-addicted people who don't have those thinking skills, let's not expect them to act like me or you. Sometimes I have to step in and be their advocate.*

The participants who were interviewed were also asked for their perceptions of the judge. Juvenile and adult court participants both held judges in high regard and cited the human side of the judges' demeanor toward them as particularly salient to their personal success. Participants were concerned about disappointing the judge. Adult court participants were more likely than juveniles to credit their personal relationship with the judge as a significant determinant in their success. Parents of participants in juvenile court were also quick to credit the judge. Adults involved as parents or participants cited the judge's role in the system and the social or community status of the judge as factors contributing to their desire to please him or her.

*She was compassionate.*

*He truly cares about us. He wants us to succeed.*

*It feels good to get his approval and get compliments from him. He's a nice guy. He didn't give up on me. He could have. Thank God he didn't.*

The judges who were interviewed had varying personal styles in the courtroom. Several of them noted that it was important to appear approachable and to express in some way that they care about the participants. Caring was demonstrated in different ways by judges in and out of the courtroom. Some adopted an informal style of communication with participants in the courtroom while others preferred to demonstrate caring through more formal communication. One court also had organized outings with the judge, team members and young participants in very informal, recreational settings.

*I think the young people need to see me as the judge, but also have to see me as a human being who concerned about their welfare. Apart from wearing the black robe, I am someone who wants to see them do well. I also think it is really important, that you have a connection with that young person.*

The teams' attitudes of caring and compassion surfaced as a component of note across all the courts. This was balanced by a strong theme of holding participants accountable through consistent, immediate consequences associated with very personal supervision and programming. At the core of this intense model is the notion that change occurs through relationships and that the team members' relationship with the participant is a model for positive interaction. The team member relationship that seemed to be most important for juveniles was with the probation officer and/or tracker. The juvenile's

relationship with the judge was also important, but they tended to cite their day-to-day team contacts as having the most impact on them.

*There is accountability and consistency - and there is relationship-building as part of it. We're the longest relationship they have.*

Participants were required to be present in the courtroom to support and learn from the experience of others. The judges and teams understood the need to be fair when incenting or sanctioning behavior. There was tension evident between the participants' desire for consequences to be consistent and the courts' desire for them to be personalized for the participant. In the courtroom participants are asked to be present to support and learn from the experience of others. Team members in many of the courts believe that being fair to the individual does not necessarily mean that participants receive similar consequences for like behaviors. This is consistent with research supported recommendations that sanctions be delivered with constancy, immediacy and in dosages that are meaningful to the participant rather than predictably allocated the same way for all participants (Marlowe & Kirby, 1999).

## **Incentives**

Incentives were a regular part of all of the courts examined. The type of incentives and the manner they are given to participants varied. Most courts used both tangible and intangible incentives. The tangible incentives included things like gift cards or money. Intangible incentives included applause, handshakes, hugs and positive comments from the judge and team. The judge was the primary dispenser of incentives. Small incentives may be dispensed by other team members in some jurisdictions as a way to immediately reinforce or reward behavior, but generally the judge took on the role of making decisions about the type of incentives. The philosophy adopted by the judge colored how these decisions were made. For example, if a judge believed that a participant's needs should be met and not framed as rewards, it was likely that individualizing incentives to meet needs would not occur in that courtroom. Some judges viewed movement through the phases of the court experience as enough incentive for the participant to change or comply. Others believed that positive feedback from the judge was more powerful than tangible rewards. Regardless of the philosophy adopted, all judges believed that incentives were useful. Most team members were interested in finding ways to increase the types of incentives offered in the courtroom and cited financial constraints as the primary barrier to doing so. A minority of team members held the view that some types of incentives did not have the desired effect of serving as a reward or positive consequence.

*I don't think there as effective as they can be...I think that, applause...you see embarrassment on the kids face and on the parents face when that happens and they don't, they more shut down and don't take that in consideration, Incentives that are personal are more powerful and meaningful than random ones – but any is better than none.*

This contrasts with the majority view:

*The tangible things are nice because they wouldn't otherwise be able to get these, but the verbal compliments are huge.*

The importance of incentives to participants was reflected in their comments. Many of them reported that their court experience was the first time they really received positive recognition.

*All I was used to hearing was negative reinforcement and it is not motivating...when you hear positive stuff... you think yeah I am doing good.*

*It feels good to be recognized and to be noticed.*

## **Sanctions**

*Before I went to training I thought sanctions were most important. But training taught me that if sanctions worked, the first time they went to jail it would have worked.*

Discussions about sanctions included concerns about whether they should be individualized or standardized. This was the same concern that surfaced when people talked about incentives. Creative sanctions were valued in some courts while others preferred to use gradations of a standard set of sanctions. Not all courts had a menu of graduated sanctions from which to choose. In all courts the judge alone determined the sanction. This was often done in consultation with the team prior to the participant's appearance. Some team members and participants believed that keeping consequences and sanctions unpredictable was a powerful influence on compliance while others placed a high value on consistency. At least one jurisdiction reported that sanctions were tracked, partly in an effort to foster consistency.

*It is hard to dish out individual consequences to people when everyone is sitting in the courtroom...we try to keep it fair so that we don't have that discourse.*

*It is not in policy, but we do have some practices. When we started, for the first 6 months it was pretty free-flowing on what we gave. Now it has gotten more consistent overall.*

Most team members tended to believe that individualizing sanctions made it more meaningful to participants but recognized that doing so may appear unfair to some participants. The middle ground that was most often taken was to consistently give out sanctions, but to vary the type and level of the sanction. In that way, judges maintain the

flexibility to tailor sanctions to be most meaningful for the individual. The differences among courts seemed to be linked to judicial preference.

*There's predictability that you are going to get sanctioned, but there is some creativity in what you'll be sanctioned with.*

*We used to sanction with community service a lot, and we started switching things up, we found it was much more effective to take someone's cell phone or computer instead of 2 hours of community service.*

Some judges used intangible sanctions in addition to things like detention or community service. The option of using stern words was not incorporated in policy as a sanction option, but was frequently and naturally used in the courtroom as a means of sanction and as a way to shape behavior of observing participants.

*Careful well spoken admonition from the judge is as good as any sanction. Detention wears out, but admonitions don't.*

## **Drug testing**

Accountability is a central theme of all programming in Nebraska's problem solving courts. Drug testing was identified as a key component related to accountability and sobriety for drug courts. There were differences in administration of drug tests across courts, but they did not differ in the level of importance placed on them. Most drug courts, juvenile and adult, randomly administered drug testing to participants with frequency of testing decreasing as the participant successfully progressed through programming phases. In rural areas random drug testing was harder to accomplish, so in some cases it was less random. Team members cited geography, distance and rural culture as factors that limited their ability to deliver the same level of intensity that was characteristic of drug court programming, including random drug testing. Drug court personnel countered the lack of randomness by structuring more frequent tests to capture drug use.

Participants viewed drug and alcohol testing as an important deterrent to using. Many of them expressed a desire for the frequency of testing in early phases of the program to be maintained in later phases as well. For some participants it was also a very positive way to prove to team members that they were not using drugs. For others, it was a game that involved realizing what random really meant.

*Are they going to come and give a breathalyzer on a Wednesday morning before they go to school, probably not, you kind of knew that, you also knew ... well they did a UA to me yesterday are they going to today?*

Testing for adulterated samples was prioritized by many team members as a necessary part of the drug testing program. The drug testing program has evolved over time to include emerging technologies and techniques, making it quite valuable as an accountability tool. Treatment providers have also found it valuable as a therapeutic tool.

*I think drug testing is a very important part of the program. I like working with folks who have that level of accountability. Because it is also about honesty - we can do some better confrontation when we know things. When they are lying then we've got nothing to work with.*

## **Treatment**

Evaluation and treatment is also central to the drug court experience. Nebraska has adopted a standardized model of chemical dependency assessment. This provides a uniform structure for treatment providers to follow when reporting substance abuse and addiction needs prior to a participant's inclusion in a drug court. There is no such standard in force for treatment protocols once a person has been selected for drug court programming. There was a general recognition by other drug court team members that treatment was important and that levels of treatment intensity could vary by the level of care provided (e.g., treatment provided in a residential setting or outpatient care in an office setting). In some courts a potential participant may be screened out of a drug court until they have reached an outpatient level of care. Other courts take participants, particularly juveniles, who may be in a residential setting.

Drug court teams seem to have less knowledge about the type of treatment modality that is most effective for use with addicted participants than they do about levels of care. Treatment providers claimed to be eclectic in their approach with most of them adhering to a combination of individual and group work using a mix of reality therapy, cognitive behavioral therapy and client-centered approaches.

*I use whatever type I think will benefit the client the most.*

*You can have the best system in the world and you can have the best laid out plans in the world and the best programs, but if you can't get people who can't connect with the client its all down the drain.*

The treatment professionals were viewed by other team members as having a unique perspective related to the participant. The value of this esteemed place on the team was often underestimated by treatment professionals. Much of what occurs in treatment was not available or known to drug court team members. This created a sense that treatment activities occurred in isolation from the rest of drug court programming. Some judges wanted more information about the participant's progress in treatment that was easy to understand and more goal-directed. They wanted treatment professionals to articulate participant goal attainment in terms that court officials could more readily use. The

relatively recent standardization of chemical dependency evaluations caused some judges to ask for a standardization of treatment protocols related to drug court participation.

*I want to know if you are following the standard model for treatment delivery and are you meeting the standards required to make sure that these people I'm putting through your program aren't just being brought through a process and dropped off without being helped. It is frustrating because I hear the counselors say we're meeting every week but I don't know if we are getting anywhere - well if you don't know, who does.*

*Treatment professionals are valuable team members – but I think our treatment needs to be evidence based, strength based, along with the supervision.*

*I'd like to have a therapy program that goes hand in hand with drug court.*

Many of the drug courts have probation staff leading participants through manualized group sessions that encourage healthy thinking and behaviors. Two popular programs are *Moral Reconciliation Therapy (MRT)* and *Thinking for a Change*. Although probation does not routinely consider these groups as treatment, they do target cognitive behaviors that are part of addiction treatment. None of the treatment professionals interviewed reported incorporating MRT or Thinking for a Change in their treatment planning.

*Individually, you are working on a treatment plan - you set certain goals that you need to work on. Most people will work on relapse prevention; working with that person to gain the knowledge and skills to lead a sober life.*

In addition to treatment and thinking groups, participants are asked to participate in support groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Treatment professionals generally separated their work from the 12 step programming. Some were concerned about the requirement to obtain support from AA or NA as it may be contraindicated in some cases.

*Treatment isn't doing part of the AA meetings at the treatment level because it is just a support group, its not treatment; but we encourage it and it is part of the treatment plan. But I will say that the majority of the kids do not like AA or NA and it is not beneficial to them.*

*Some of our kids don't have that ability or the IQ to have that abstract thought process and we have an extraordinary majority that hate a higher power, very resentful and not even ready to think about that in their life. So that's difficult for them to stomach or listen to it and it turns them off right away.*

Several team members expressed a desire for more treatment resources. Chemical dependency treatment resources were reported as more scarce in rural areas than urban settings. Both urban and rural team members wanted to develop these resources in-house

rather than depend on mental health and chemical dependency systems for services. They held the view that serving offender populations is a specialty area that few general practitioners are willing or able to serve effectively.

Although individuals with serious mental health problems are screened out of drug courts, there was a sense that a significant number of participants had mental health problems that could be amenable to treatment. Accessing mental health resources for participants was described as frustrating and difficult. The young adult court team members voiced a desire for increased involvement of all treatment professionals on their team. They believed that many of their participants could benefit from either substance abuse or psychological interventions. All of the courts recognized that mental health treatment availability was critical for some participants to succeed.

*If we had a mental health component so we could take more of the dual diagnosis kids and work with them I think there would be a great benefit for them, because I think they could do good I mean a lot of them just need the wrap around services.*

## **Success**

*It has helped me to know who I am now...the significance for me is self discovery*

Success is measured in Nebraska's problem solving courts through programmatic and personal indicators. The programmatic benchmark of success is graduation from the court. Progress toward this goal is marked by progression through phases that are defined by the level of intensity of programming and accountability. Following graduation a desired outcome for all courts is that the participant stay sober and out of legal difficulty. This was generally measured by rates of recidivism. Personal benchmarks were defined by the participant's goals and achievements. Most notably for drug court participants the goal was sobriety. Benchmarks for sobriety are mostly related to attainment of life skills such as finishing school, getting/maintaining a job, succeeding in familial and other interpersonal relationships, and becoming physically and mentally healthier.

Team members noted that some participants had striking changes in their physical appearance as a result of drug court. This was attributed to increased physical health and sobriety, the effect of positive reinforcement, increased self esteem and healthier social connections.

*The graduates look happier. I tell the kids that there are visible changes-the color of their skin, in terms of palette, healthy-looking, they smile*

*Sometimes it is physical stuff - how they comb their hair, what they wear, the makeup, some of that stuff - but also just their physical affect. How they carry themselves - their body language as we talked about earlier - just how that - sometimes you can really see that improve for the better.*

Discussions about the measures of personal success were thoughtful and deeply moving for many of those interviewed. When a participant graduates from the court experience, it is celebrated by other participants, the families of participants and the team. In some courts movement from one phase of programming to another is also celebrated. In addition to the formal programmatic successes, participants were most grateful for the personal successes they achieved. Many were pleased that they were able to meet the obligations and requirements that seemed so daunting when they first entered the court.

*I realized after a while that I can live clean - I didn't think I could do that - they showed me that I don't need drugs by holding me accountable. I'm grateful they showed me there is life after drugs. They believe in you and respect you.*

*Now it feels good to know - I'm not a failure, I'm not a loser - I can follow rules*

*I've got my honesty back. My family, my kids - I have an excellent relationship back that I ruined. It put me back to who I was before - a loving caring person. I cared about people, but when I used drugs that destroyed that - I'm who I was before and I feel good about that.*

The barriers to success are significant. One of the most difficult things for juveniles and young adults to accomplish was disassociating themselves from their former peer group.

*Attempting to get kids to change their peer group is very tough if you're in a high school setting and you want to get yourself away from that group, and the kids push and push, it is not very helpful. Where with adults you just change your social group much easier.*

*Prom was a barrier...because before DC I would have smoked and drank on prom...any kind of like holidays or events, football games or things like that would be a big one.*

Problem solving courts group participants together in programming with the hope that they will form a support network for each other. They ask that participants watch and listen to court proceedings for everyone in their group so that they learn and grow from each other's mistakes and successes. This approach was accepted by all team members, although some wondered about the viability and longevity of this as a peer group.

*I do think one of the draw backs is that we create a group of drug using kids that do lots of things together. They have created themselves a network....do lots of things together...(bowling, camping, treatment, etc.)...that is just a concern, there is no way really to change that. You do worry about that when you have a person who becomes connected with someone if that person fails.*

Another critical factor related to success or failure was family involvement. Juveniles and adults with supportive families, partners or mentors were perceived as being more successful than those with less support. Juveniles with parents who were using drugs or alcohol while the youth was attempting to stay sober were believed to be facing the greatest barriers to success. Team members wrestled with decisions about whether to encourage the juvenile's independence or to encourage repair of relationships with substance abusing parents. Many of the juvenile court team members expressed frustration with parents and a desire to hold them accountable for the effect their behavior had on their child. Most wanted to be able to offer more resources to parents like parenting classes, money management, and treatment or evaluation services.

*We learn a lot just by watching the interaction with the kids and their parents - reading between the lines what's said and what's not said.*

*If can get the parents on track, you can get the kids on track*

*Kids are kids, when you are an adult you can get to the point when you can separate from your parents, but when you're a kid and your living in that home it is hard.*

There was no consensus about the parameters of success related to recidivism. Relapse is not uncommon for addicts, and many of the team members accepted that criminal involvement may accompany relapse for some participants. It was their hope that this criminal activity was less serious and not as damaging as it could have been without drug court success. There were some team members who strongly believed that the court was not successful if the participant offended again for any reason at any point in time. This was tempered by a middle ground that defined success in terms of a reduced recidivism rate during a five year period after court involvement as compared to a similar population. Some interviewed even suggested that as long as a graduating participant who reoffended/drank again had some coping skills to rely on at that juncture, the drug court experience was not a failure.

*I think, if we get people through the program we have successes. If those people have gone from being criminals to people who are being productive citizens that is just fine. The graduation is just the sign. They can't get to graduation if they haven't completed it.*

## **Improvements**

The most frequently recommended improvement for Nebraska's problem solving courts was an increase in needed resources. This included funding for incentives and team training; support for parents; employment for participants; mentors for juveniles; better transportation options; increased options for community service; and dental care for participants, especially for methamphetamine addicts.

Team members wanted more active team involvement from county attorneys and law enforcement. In some courts treatment professionals were urged to be more assertive and to contribute more to team meetings. Specific training, retreats or visits among courts were seen as possible vehicles for increasing team development, involvement and expertise.

Many team members said that timing between screening and the start of court inclusion could be shortened. Streamlined referrals and quicker responses were linked for many courts. Other elements of the court process that were highlighted for improvement included: more funding and quicker turn around time for drug testing; earlier dissemination of information about the court experience to potential participants; lengthening the overall period of supervision; increasing the level of supervision offered in phase three protocols; and consideration of using team members for day-to-day participant supervision in addition to using only probation and tracker personnel.

The young adult court and several of the drug courts recommended enhanced mental health screening for potential participants. Several judges advocated for treatment professionals to use standard treatment protocols that were effective with drug court populations. Increased availability of treatment providers and team members from diverse backgrounds and cultures was identified as an improvement to the process and a needed addition in most communities.

Regular exit interviews with participants were not commonly done. Implementing routine exit interviews was seen as an improvement that could potentially help create better definitions of outcomes associated with program success.

### **Differences across courts**

Qualitative data suggests that courts differed slightly from each other. The areas that have the most reported variance include: Eligibility criteria; the role of gatekeeper; the amount of time allowed to pass between first identification of potential participants and formal inclusion in a program; the process for selection; specific conditions across phases; administration and tracking of incentives and sanctions; and the process for disposition of criminal charges.

There were numerous strengths and innovations reported and noted for each court. For example, Lancaster County asks participants to complete a form to help structure the dialogue between the court and the team. When used in conjunction with strong supervision it has been a very effective tool. Douglas County has the advantage of being one of the longest operating drug courts in Nebraska and is a model of active judicial participation in and out of the courtroom. Sarpy County has a well integrated program of incentives and sanctions that includes tracking protocols. They also enjoy multiple courts with consistency provided by a single coordinator.

Newer courts have learned from the established courts and are also contributing to Nebraska's strong system. The Midwest court for example, has incorporated gender specific programming in their court and has had active law enforcement involvement on the team. The courts in more rural areas have maintained a high level of supervision despite geographic barriers and scarce resources.

## CHAPTER 5: QUANTITATIVE DATA ANALYSIS

### Data Summary – Adults

#### About the Data

Most information is based on information from the NPMIS database. The information available was for all adult felony drug offenders in drug court jurisdictions. The information below is based on all offenders who were recorded as *sentenced* to drug court, and were at least 18 years of age at time of arrest. Information from NPMIS was augmented by information from the three adult drug courts in order to identify participants in their program. This additional information helped ensure accuracy of the information; for example, in the NPMIS database, most participants in the Northeast Nebraska adult problem solving court had been recorded as ‘pre-disposition’ rather than ‘drug court’, and 20% of the Sarpy County participants were mis-identified in NPMIS as being in traditional probation.

#### *Differences from the Preliminary Report*

In the preliminary report, all demographic information was based on the Preliminary Sentence Investigation/Offender Selection Worksheet (PSI/OSW) database. The reason for this is that the PSI/OSW database arrived ready for analysis, while the NPMIS database required format modifications prior to analysis. In order to provide some information based on data for the preliminary report, the PSI/OSW database was used at that time.

Now that the NPMIS database has been arranged for analysis, differences between the PSI/OSW information and the NPMIS information are apparent. The largest difference between the databases appears in gender and ethnicity information. From the PSI/OSW data, it appeared more men than women had participated in all of the adult drug courts. The NPMIS database, however, shows more women than men have participated in two of the three adult drug courts. Regarding ethnicity, the largest change is for the Midwest NE court, in which far more Hispanics are listed in NPMIS than in the PSI/OSW data.

An attempt was made to match the NPMIS and PSI/OSW data to determine why there may be differences. It was only possible to match three drug court participants (determined by the NPMIS database) between the two databases. Among these three people, there were no differences in gender or ethnicity between the databases. The primary reason so few people can be matched between the databases is that Behavioral Data Systems, who maintains the PSI/OSW data, encrypts probation ID numbers after a period of time, so this data cannot be matched with the NPMIS data. It is possible that the algorithm for selecting ‘drug court participants’ from the PSI/OSW data did not select people who actually ended up in drug court. It would be more appropriate to label them as ‘drug court eligible and sentenced to ISP’. In contrast, offenders in the NPMIS database can be identified based on probation ID numbers of drug court participants

(obtained directly from the courts). Therefore, we have decided to rely on NPMIS data this report.

One additional change from the preliminary report involves the LS/CMI data. This data was sent later and separate from the other NPMIS data. Data reported previously was for offenders in the same districts as the adult drug courts, under the belief that the LS/CMI data sent included only drug court participants. Once it became possible to merge this data with the rest of the NPMIS data, however, it is apparent that none of the offenders with LS/CMI data are actual drug court participants. Therefore, for adults, there is no LS/CMI data to report on drug court participants.

*Additional Information re: Quantitative Data*

1. We were unable to obtain data on the Douglas County Young Adult Court from the NPMIS data system. Therefore, no quantitative information on this court is included.
2. Adult drug court offenders for the Northeast and Sarpy County courts were only completely identified in the NPMIS database after receiving probation ID numbers from the courts. Checking these numbers for the Midwest court did not result in any differences.
3. For the comparison to county demographics, the number of drug court participants may be too small to detect differences.

**Number of Participants**

Table 1 shows the number of participants in each of the three probation adult problem solving courts included in the data system. Each has served between 20 and 29 participants over the last 18 months based on the NPMIS data base.

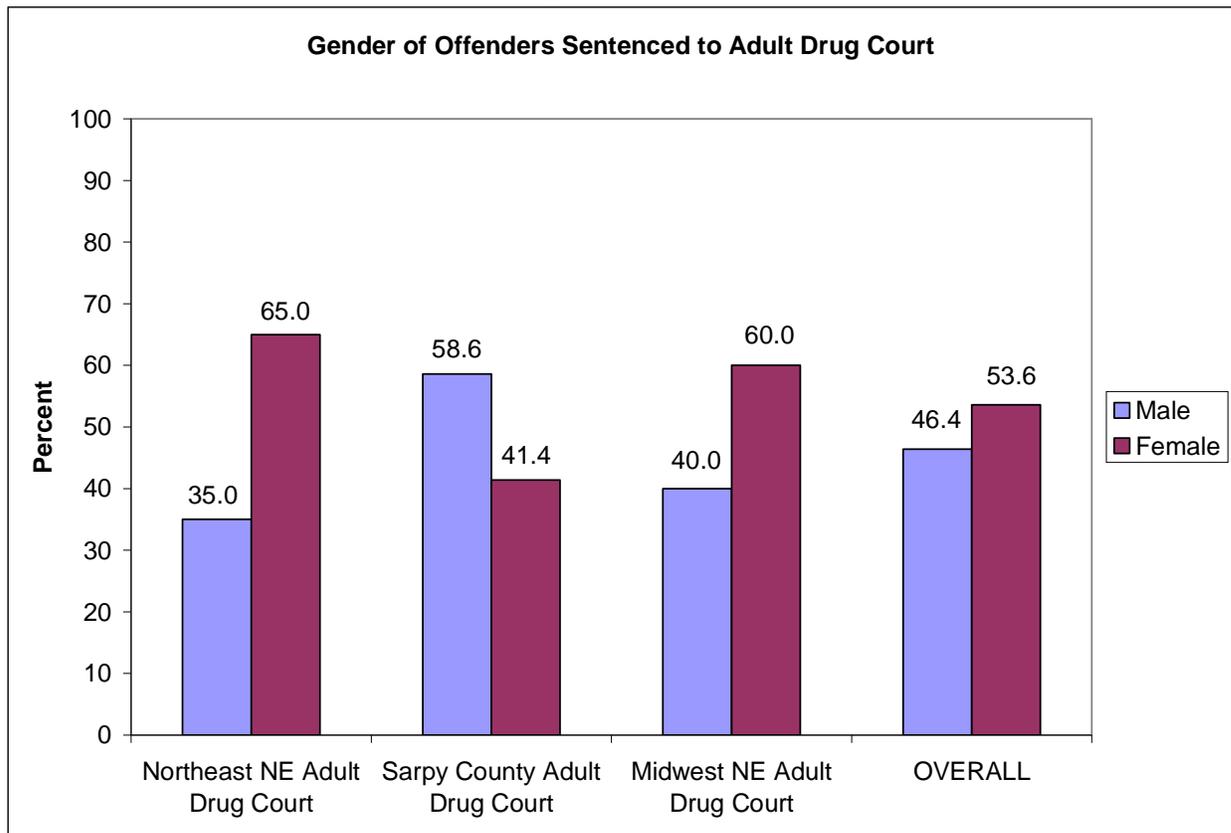
**Table 1**  
Number of participants by adult court  
1-1-2006 to 6-30-2007

	<b>NPMIS Database</b>	<b>PSI/OSW Database</b>
<b>Drug Court District</b>	<b>% (#)</b>	<b>% (#)</b>
Northeast NE Adult	29.0 (20)	33.9 (20)
Sarpy County Adult	42.0 (29)	39.0 (23)
Midwest NE Adult	29.0 (20)	21.7 (16)
<b>OVERALL</b>	<b>100.0 (63)</b>	<b>100.0 (59)</b>

## Demographic Information for Participants

Figure 1 below shows the gender of participants in each of the three adult probation problem-solving courts. There are generally more women than men enrolled in drug court programs. The data were examined for gender differences among the three adult drug courts. Although there appears to be a discrepancy across the three courts regarding the gender of participants (e.g., 41.4% of Sarpy County Adult Court participants are female while 65.0% of Northeast Adult Court participants are female), the results indicated no statistically significant differences between the courts ( $F(2,66) = 1.561, p = .218$ ).

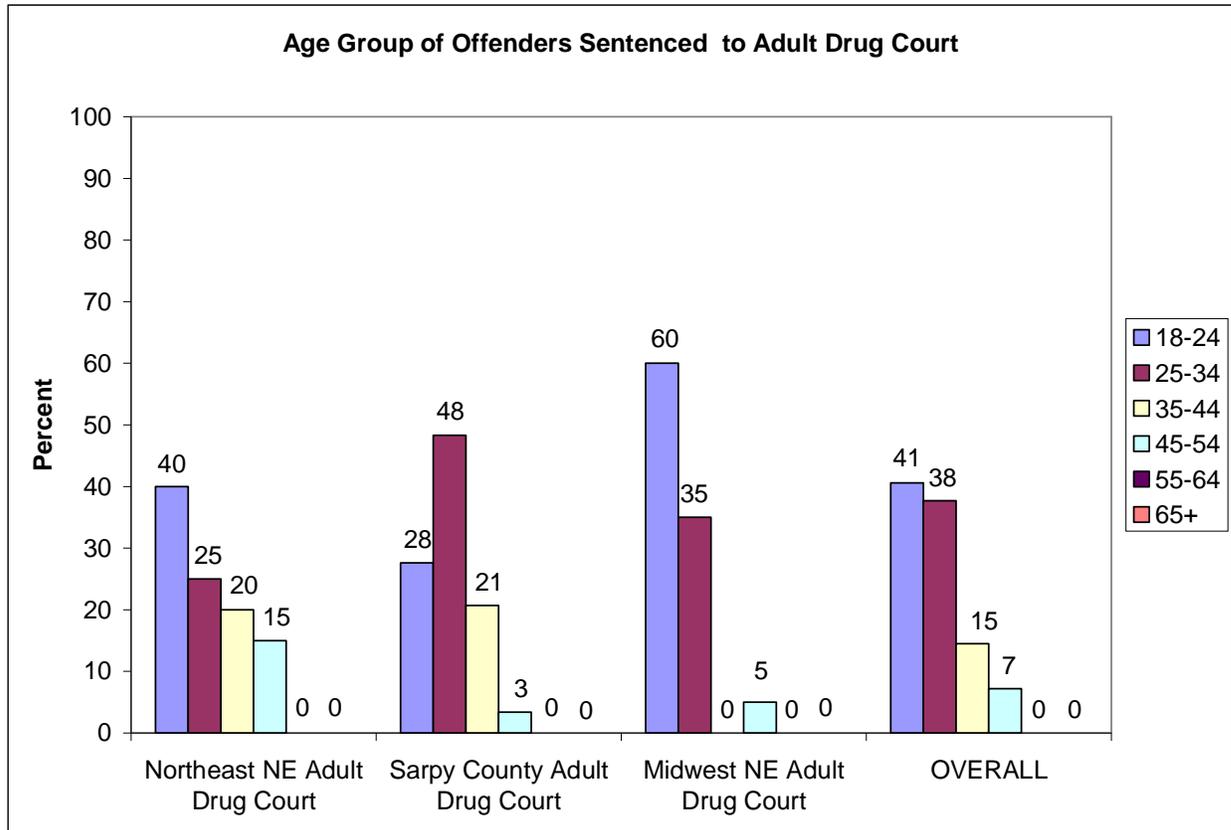
**Figure 1**



	<b>Northeast NE Adult</b>	<b>Sarpy County Adult</b>	<b>Midwest NE Adult</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
Male	35.0 (7)	58.6 (17)	40.0 (8)	46.4 (32)
Female	65.0 (13)	41.4 (12)	60.0 (12)	53.6 (37)

Figure 2 shows the ages of participants in the three adult problem-solving courts. The most common age range for participants overall in all three courts was 18 – 24 years of age, followed closely by 25 -34. Across the three courts, only 7% of participants were 45 years of age or older. The Midwest Adult Drug Court served the youngest population of the three courts; 60% of the participants in the Midwest Court were 18 to 24 years of age. The data was examined for age differences among the three adult drug courts. The results indicated no significant differences across the courts with regard to age ( $F(2,66) = 2.772, p = .070$ ), in part due to small sample sizes.

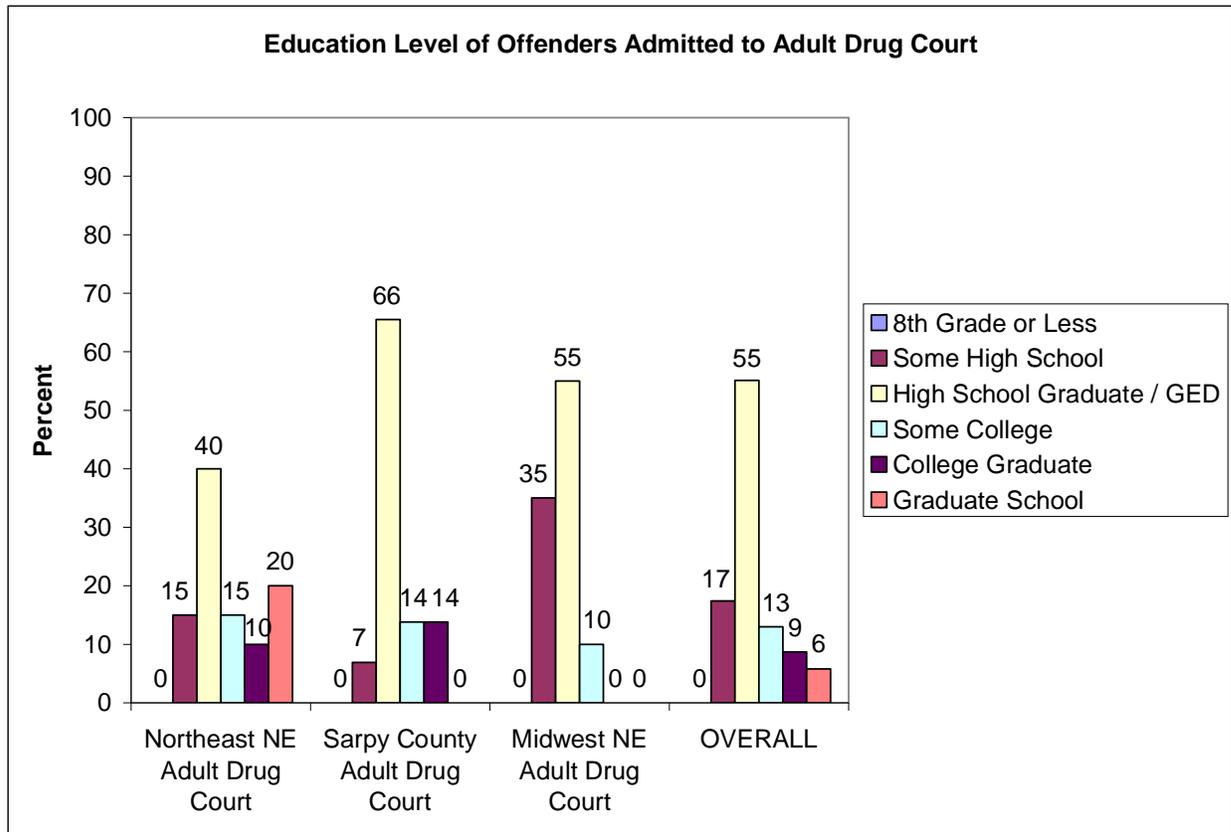
**Figure 2**



	<b>Northeast NE Adult</b>	<b>Sarpy County Adult</b>	<b>Midwest NE Adult</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
18-24	40.0 (8)	27.6 (8)	60.0 (12)	40.6 (28)
25-34	25.0 (5)	48.3 (14)	35.0 (7)	37.7 (26)
35-44	20.0 (4)	20.7 (6)	0 (0)	14.5 (10)
45-54	15.0 (3)	3.4 (1)	5.0 (1)	7.2 (5)
55-64	0 (0)	0 (0)	0 (0)	0 (0)
65+	0 (0)	0 (0)	0 (0)	0 (0)
<b>Average Age</b>	<b>30.60</b>	<b>30.76</b>	<b>25.25</b>	<b>29.12</b>

Figure 3 illustrates the education level of participants in adult problem-solving courts. The largest education category consisted of participants who had graduated from high school but had not attended college – an average of 55.1% across courts. The next highest category consisted of participants who had attended some high school but had not graduated. Across the three courts, only 14.5% were college graduates. There was not substantial variability in educational level across the three courts. According to the NPMIS data, three adult offenders who had only some high school at their sentence date obtained their GED or graduated from high school while in the drug court program.

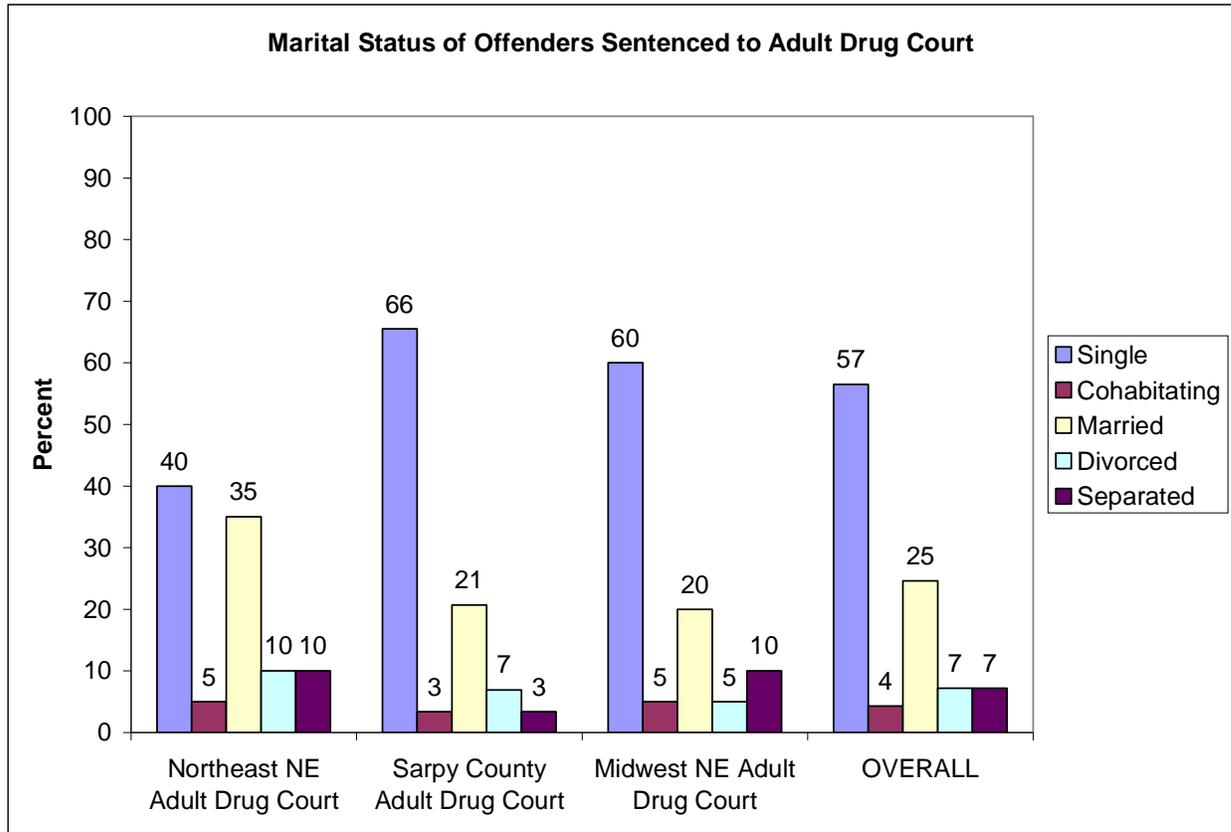
**Figure 3**



	<b>Northeast NE Adult</b>	<b>Sarpy County Adult</b>	<b>Midwest NE Adult</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
8 <sup>th</sup> Grade or Less	0 (0)	0 (0)	0 (0)	0 (0)
Some High School	15.0 (3)	6.9 (2)	35.0 (7)	17.4 (12)
High School Graduate/GED	40.0 (8)	65.5 (19)	55.0 (11)	55.1 (38)
Some College	15.0 (3)	13.8 (4)	10.0 (2)	13.0 (9)
College Graduate	10.0 (2)	13.8 (4)	0 (0)	8.7 (6)
Graduate School	20.0 (4)	0 (0)	0 (0)	5.8 (4)

Figure 4 shows the marital status of drug court participants across the three adult problem-solving courts. The majority of participants in each of the three courts were single. On average, only about 25% of drug court participants were married.

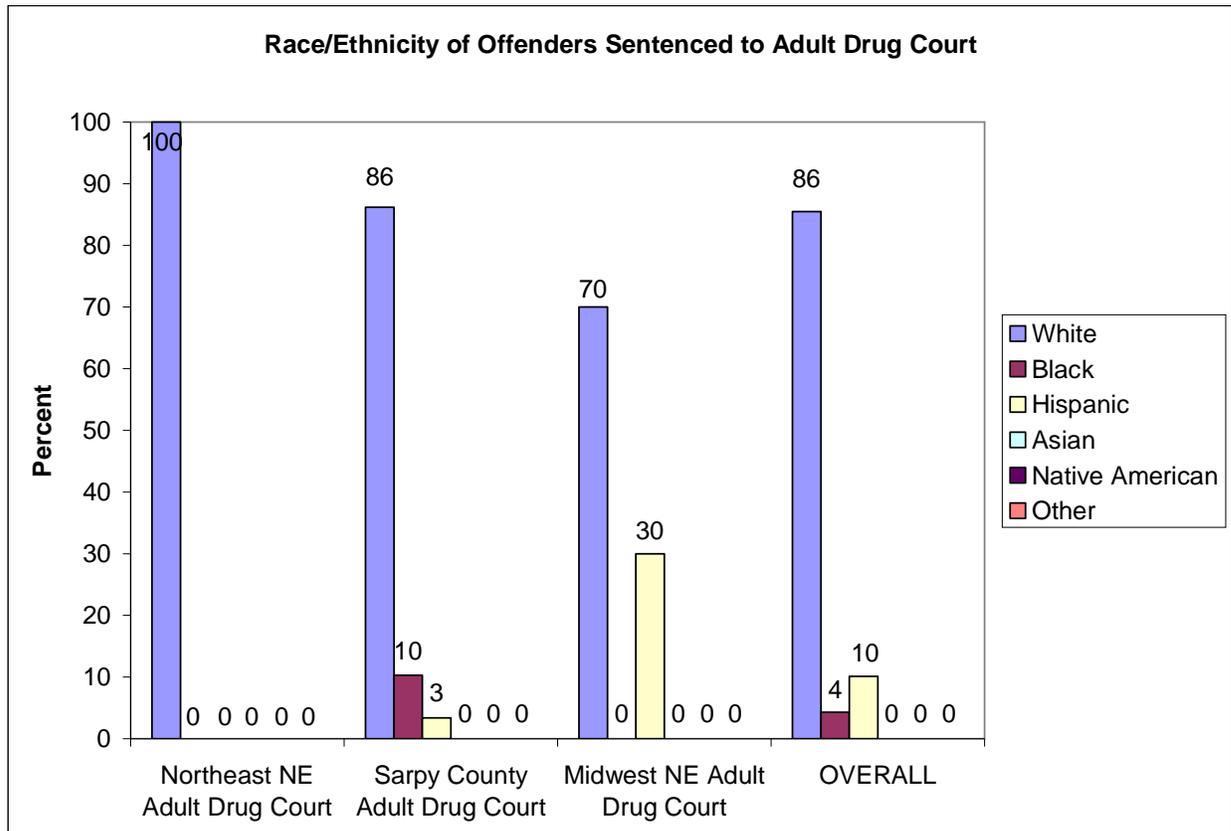
**Figure 4**



	<b>Northeast NE Adult</b>	<b>Sarpy County Adult</b>	<b>Midwest NE Adult</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
Single	40.0 (8)	65.5 (19)	60.0 (12)	56.5 (39)
Cohabiting	5.0 (1)	3.4 (1)	5.0 (1)	4.3 (3)
Married	35.0 (7)	20.7 (6)	20.0 (4)	24.6 (17)
Divorced	10.0 (2)	6.9 (2)	5.0 (1)	7.2 (5)
Separated	10.0 (2)	3.4 (1)	10.0 (2)	7.2 (5)

Figure 5 illustrates the race/ethnicity of adult drug court participants. Adult drug court participants were predominately White (an average of 86%). The race/ethnicity of participants did not vary much by court; the Midwest court had a larger proportion of Hispanic participants while the urban court (Sarpy County) had a larger proportion of Black participants.

**Figure 5**



	<b>Northeast NE Adult</b>	<b>Sarpy County Adult</b>	<b>Midwest NE Adult</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
White	100.0 (20)	86.2 (25)	70.0 (14)	85.5 (59)
Black	0 (0)	10.3 (3)	0 (0)	4.3 (3)
Hispanic	0 (0)	3.4 (1)	30.0 (6)	10.1 (7)
Asian	0 (0)	0 (0)	0 (0)	0 (0)
Native American	0 (0)	0 (0)	0 (0)	0 (0)
Other	0 (0)	0 (0)	0 (0)	0 (0)

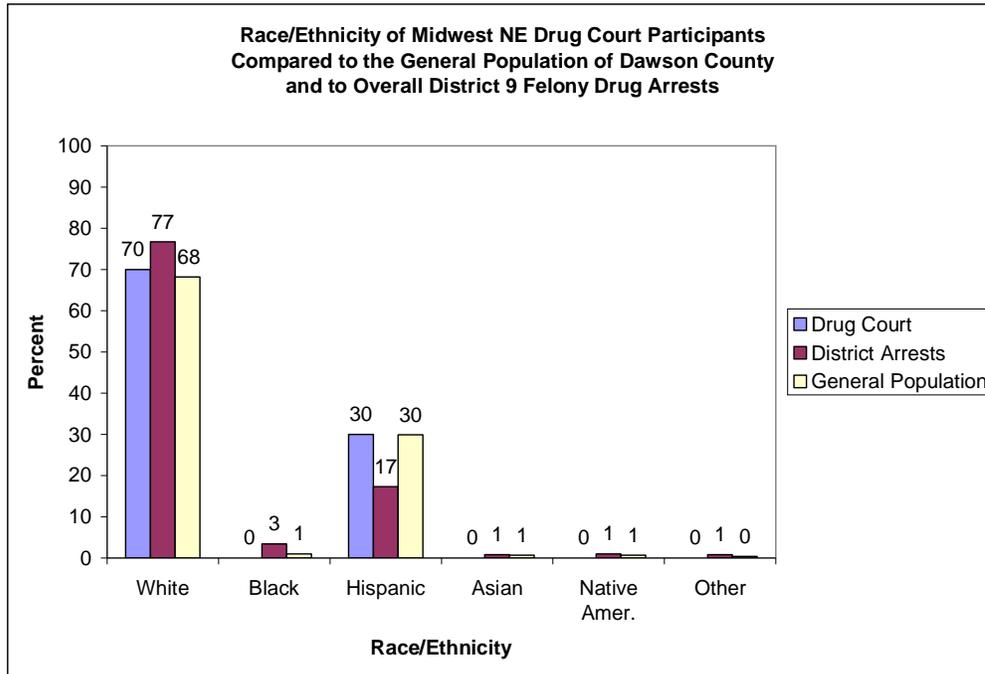
### *Examination of possible underserved populations*

The race/ethnicity demographic information for each adult drug court was compared to the demographics of the primary county served by each court, and to the demographics of all adults arrested on felony drug charges in the district served by the court. Results are presented below by court. Figure 6 shows the race/ethnicity for the Midwest Nebraska Adult Drug Court participants in relationship to the race/ethnicity of the general population in Dawson County where the Court is located. Dawson County has a relatively large Hispanic population, which appears to be equitably represented in the drug court. Statistical analysis did not detect any significant differences between those served by the Midwest NE adult drug court and the ethnic make-up of Dawson County ( $\chi^2(5) = 0.570$ ,  $p = .989$ ). There are also no ethnic differences between those served by the drug court and all of those arrested on drug felony charges in District 9 ( $\chi^2(5) = 3.182$ ,  $p = .672$ ).

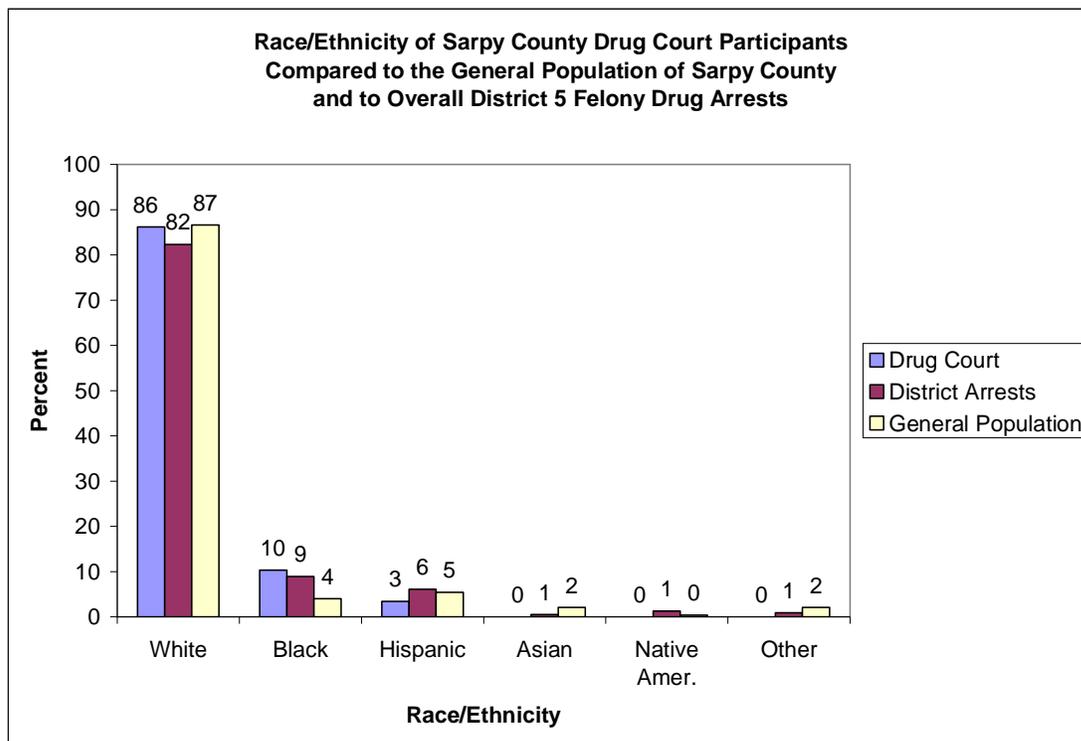
Figure 7 shows the race/ethnicity of participants in the Sarpy County Adult Drug Court in relation to the race/ethnicity of the adult population in Sarpy County. Statistical analysis did not detect significant differences between those served by the Sarpy County adult drug court and the ethnic make-up of Sarpy County ( $\chi^2(5) = 4.427$ ,  $p = .490$ ). There are also no ethnic differences between those served by the drug court and all of those arrested on drug felony charges in District 5 ( $\chi^2(5) = 1.247$ ,  $p = .940$ ).

Similarly, Figure 8 shows the race/ethnicity of the adult population in Madison County, the location of the Northeast Adult Drug Court in comparison to the race/ethnicity of drug court participants; Statistical analysis did not detect any differences between those served by the Northeast NE adult drug court and the ethnic make-up of Madison County ( $\chi^2(5) = 3.895$ ,  $p = .565$ ). There are also no significant ethnic differences between those served by the drug court and all of those arrested on drug felony charges in District 2 ( $\chi^2(5) = 5.674$ ,  $p = .339$ ).

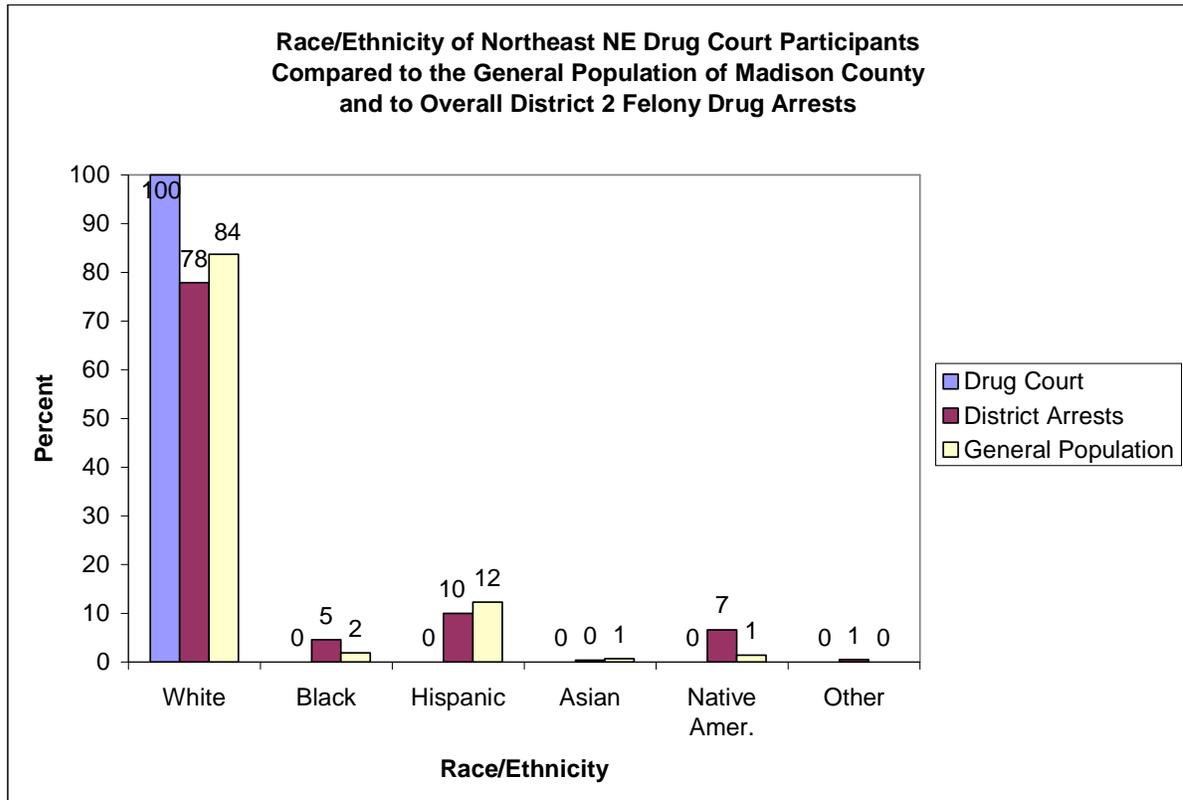
**Figure 6**



**Figure 7**



**Figure 8**



**Risk/Needs Levels**

*Wisconsin Risk/Needs Levels*

All adults in the Northeast NE (n=12), Sarpy County (n=23) adult drug courts with Wisconsin risk/needs assessments were placed at the maximum supervision level based on their initial score. In the Midwest NE court, five were placed at the maximum supervision level, and 13 were coded as ‘Other’. Subsequent assessments have resulted in no change to supervision level; all who were placed at a level on the Wisconsin risk/needs assessment remain at the maximum level.

There are 12 people in the Sarpy County Drug Court with initial Wisconsin Risk/Needs scores entered into NPMIS. Needs scores range from 16 to 33, with an average of 22.33 (std dev = 4.997). Risk scores range from 5 to 14, with an average of 9.08 (std dev = 2.746).

### *OSW Score*

Only five adult drug court participants have an OSW score listed in the NPMIS database. The chart below indicates which courts they are in and their recommended level of sentencing based on the OSW score. The two offenders at Level 1 had the maximum score for that level (10), and the three offenders at Level 3 had scores that would place them at the bottom of that level (16 and 17). These results are to be interpreted with caution, as they are based on less than 10% of the adult drug court population.

	<b>Northeast NE Adult</b>	<b>Sarpy County Adult</b>	<b>Midwest NE Adult</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
Level 1 – Traditional Probation (0-10)	50.0 (1)	0 (0)	100.0 (1)	40.0 (2)
Level 2 – ISP (11-15)	0 (0)	0 (0)	0 (0)	0 (0)
Level 3 – ISP/Work Ethic Camp (16-20)	50.0 (1)	100.0 (2)	0 (0)	60.0 (3)
Level 4 – Dept. of Corrections (21+)	0 (0)	0 (0)	0 (0)	0 (0)

### *LS/CMI*

There are only seven adults from the districts with adult drug courts who have LS/CMI data in the NPMIS database. None of these adults participated in drug court. Because collection of LS/CMI information on adults began in May 2007, there is so far no LS/CMI information available to evaluate the risk level of offenders entering the adult drug courts using this measure.

### **Outcomes**

#### *Drug Test Results*

There is a significant drop in positive drug test results from the first month to the second month in the program ( $t(64) = 3.297, p = .002$ ). Positive drug tests dropped from an average of 1.32 positives per person to 0.28 positives per person. Although the number of positive drug tests continued to decrease throughout the time in the program, this decrease was more gradual and there were no other month-to-month decreases large enough to be statistically significant. This pattern of results was the same when those who were later terminated from the drug court programs were excluded from analysis.

Of the 69 drug court participants, 53.6% had no drug test positives at any time during the program. However, 55 of these are still in the program, and thus have an opportunity for later positive drug tests. Of the 14 participants who can be confirmed are no longer in the program, 50.0% had no drug test positives while in the program. Three-fourths of those with no positives graduated, while one-fourth were terminated from the program. There are too few graduated (8) and terminated (6) participants to determine whether this difference in drug test positives is significant.

The remaining 46.4% of drug court participants were split among three additional patterns of positive drug tests: 18.8% had positive drug tests during the first one to two months in the program and none thereafter; 11.6% tested positive at least once after the first two months; and 15.9% had at least one positive test in the first two months and again later in the program.

Two of these patterns drove the drop in positive drug tests from the first month to the second month mentioned above. Participants with positive drug tests in the first 2 months and none thereafter decreased from an average of 3.36 positives to 0.36 positives ( $t(10) = 3.115$ ,  $p = .011$ ). This group also had a significant decrease in positive drug tests between their second and third months in the program ( $t(9) = 2.449$ ,  $p = .037$ ), dropping from 0.36 positives on average to zero positives for the remainder of the program.

Those who had positive drug tests both initially and later in the program also showed a significant decrease in positive tests from the first month ( $M = 4.45$ ) to the second month ( $M = 1.27$ ;  $t(10) = 2.504$ ,  $p = .031$ ). There continued to be a gradual decrease in positive tests for this group, but no other month-to-month decrease was significant.

Relationships between these positive drug test patterns and demographic variables were examined. There is only a significant relationship between gender and the positive drug test patterns ( $\text{chi-square}(3) = 8.247$ ,  $p = .041$ ). A higher percentage of men tested positive within two months of starting the program than did women, regardless of whether there were later positive tests (21.9% of men, 10.8% of women) or no positives later on in the program (28.1% of men, 10.8% of women).

#### *Predictors of Graduation vs. Termination*

There are too few graduated (8) and terminated (6) adult drug court participants to produce reliable comparisons and determine the factors which influence graduation or termination from the programs.

## Date Summary: Juveniles

### About the Data

A total of 13 juvenile offenders in drug court between January 2006 and July 2007 were able to be confirmed in the NPMIS database. Scotts Bluff Juvenile Drug Court had two people with risk/needs data, but without demographic information. Therefore, Scotts Bluff is left out of the presentation of demographic information below.

### Demographics

Table 2 shows the number of juveniles for which data were available for the three drug courts.

Table 2  
Number of participants by juvenile court  
1-1-2006 to 6-30-2007

<b>Drug Court District</b>	<b>#</b>	<b>%</b>
Sarpy County Juvenile	8	61.5
Douglas County Juvenile	2	15.4
Lancaster County Juvenile	3	23.1
OVERALL	13	100.0

Figure 9 shows the gender distribution by court. Unlike the adult drug courts, the juvenile drug courts served predominantly males. Statistical comparisons cannot be made among the courts with only thirteen juveniles.

**Figure 9**

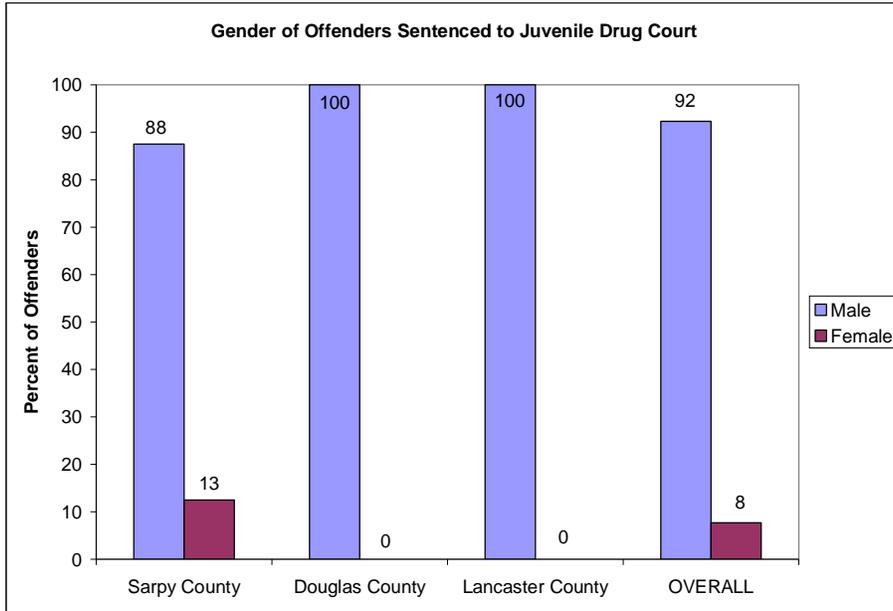
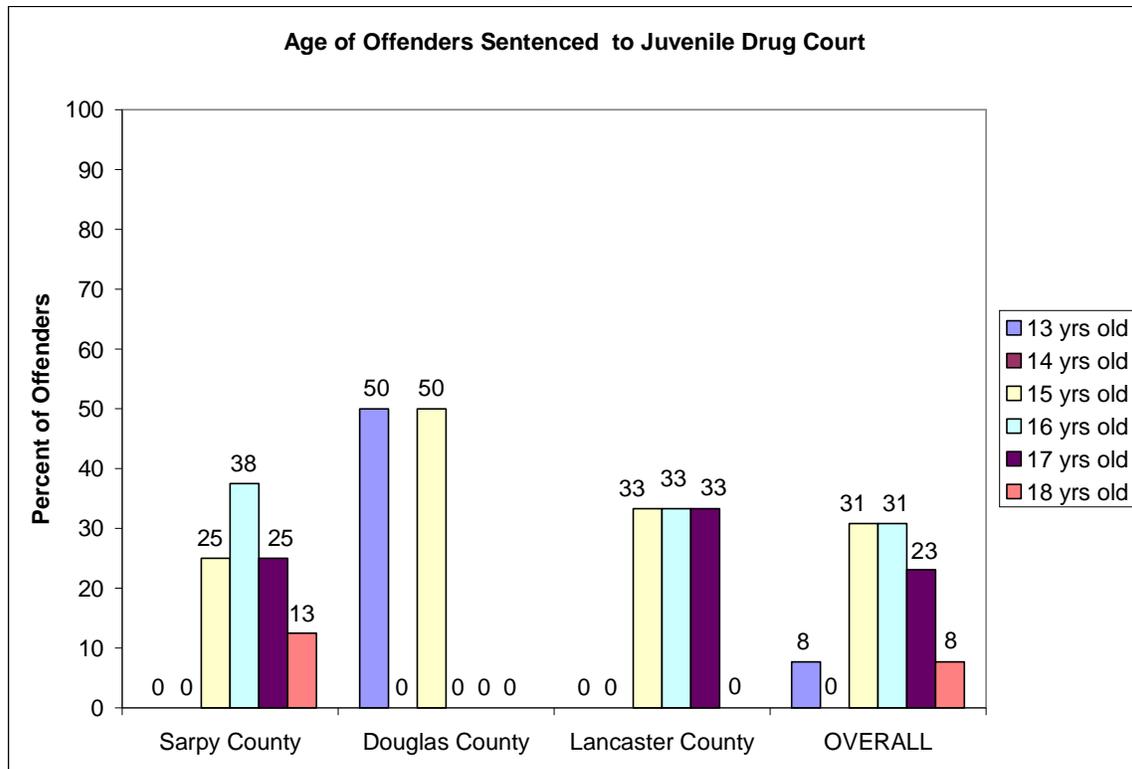


Figure 10 shows the age of juvenile offenders across the three drug courts. Eighty five percent of participants in juvenile drug courts were ages 16-18 years of age. Although statistical comparisons were not possible with such small numbers, the Sarpy and Lancaster County drug courts appeared to serve an older population in comparison to Douglas County.

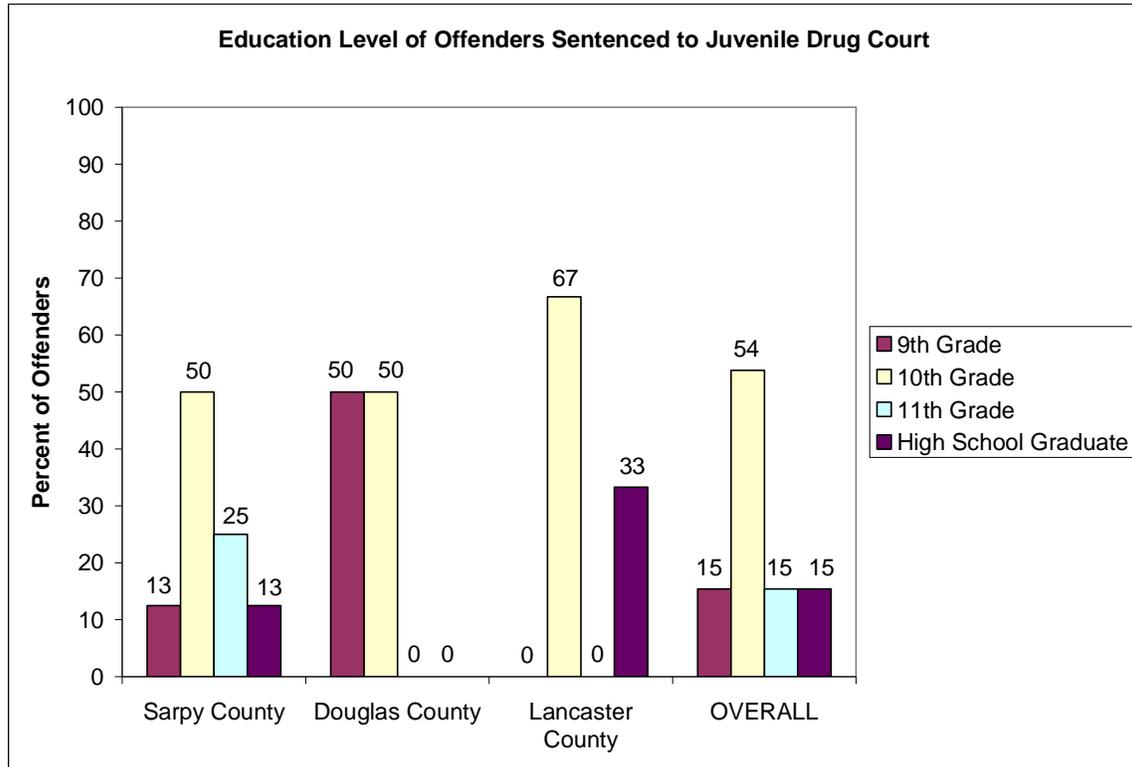
**Figure 10**



	<b>Sarpy County Juvenile</b>	<b>Douglas County Juvenile</b>	<b>Lancaster County Juvenile</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
13 years old	0 (0)	50.0 (1)	0 (0)	7.7 (1)
14 years old	0 (0)	0 (0)	0 (0)	0 (0)
15 years old	25.0 (2)	50.0 (1)	33.3 (1)	30.8 (4)
16 years old	37.5 (3)	0 (0)	33.3 (1)	30.8 (4)
17 years old	25.0 (2)	0 (0)	33.3 (1)	23.1 (3)
18 years old	12.5 (1)	0 (0)	0 (0)	7.7 (1)
<b>Average Age</b>	<b>16.25</b>	<b>14.00</b>	<b>16.00</b>	<b>15.85</b>

Figure 11 shows the initial education level of juveniles entering drug court. Most of the participants were in the tenth grade when they entered drug court. Douglas County tended to serve youth at lower grade level.

**Figure 11**



	<b>Sarpy County Juvenile</b>	<b>Douglas County Juvenile</b>	<b>Lancaster County Juvenile</b>	<b>OVERALL</b>
	% (#)	% (#)	% (#)	% (#)
7 <sup>th</sup> Grade or Less	0 (0)	0 (0)	0 (0)	0 (0)
8 <sup>th</sup> Grade	0 (0)	0 (0)	0 (0)	0 (0)
9 <sup>th</sup> Grade	12.5 (1)	50.0 (1)	0 (0)	15.4 (2)
10 <sup>th</sup> Grade	50.0 (4)	50.0 (1)	66.7 (2)	53.8 (7)
11 <sup>th</sup> Grade	25.0 (2)	0 (0)	0 (0)	15.4 (2)
12 <sup>th</sup> Grade	12.5 (1)	0 (0)	33.3 (1)	15.4 (2)

*Education by Age*

The percentage of each age group by grade level was examined to see if juveniles in drug court were in age-appropriate grade levels, or if they were behind their age group (see Table 3). Surprisingly, many juveniles appear to be in a class ahead of what would be predicted by their age. This includes: 13 year-olds in 9<sup>th</sup> grade, 15 year-olds in 11<sup>th</sup> grade, and 16-year olds in 12<sup>th</sup> grade. Only about 15% of juveniles may be behind their expected grade level (17 year-olds in 10<sup>th</sup> grade, when this age group would be expected to be in 11<sup>th</sup> and 12<sup>th</sup> grades).

**Table 3**  
**Age by Grade Level**

<b>Age</b>	<b>9<sup>th</sup> Grade</b>	<b>10<sup>th</sup> Grade</b>	<b>11<sup>th</sup> Grade</b>	<b>12<sup>th</sup> Grade</b>
13	7.7%	0	0	0
14	0	0	0	0
15	7.7%	15.4%	7.7%	0
16	0	23.1%	0	7.7%
17	0	15.4%	7.7%	0
18	0	0	0	7.7%

Table 4 shows the race and ethnicity of youth in juvenile drug court. Nearly 85% of juvenile drug court recipients were white. Slight differences were evident across courts; however, given the small sample sizes, statistical tests were not conducted.

**Table 4**  
**Race/Ethnicity For Juvenile Drug Courts**

	<b>Sarpy County Juvenile</b>	<b>Douglas County Juvenile</b>	<b>Lancaster County Juvenile</b>	<b>OVERALL</b>
	<b>% (#)</b>	<b>% (#)</b>	<b>% (#)</b>	<b>% (#)</b>
White	87.5 (7)	50.0 (1)	100.0 (3)	84.6 (11)
Black	0 (0)	50.0 (1)	0 (0)	7.7 (1)
Hispanic	12.5 (1)	0 (0)	0 (0)	7.7 (1)
Asian	0 (0)	0 (0)	0 (0)	0 (0)
Native American	0 (0)	0 (0)	0 (0)	0 (0)
Other	0 (0)	0 (0)	0 (0)	0 (0)

## **Risk/Needs Levels**

### *YLS/CMI*

There are six juvenile drug court participants who have YLS/CMI data in the NPMIS database. The risk-needs categories assigned by the YLS/CMI instrument are presented in the table below.

	%	N
Low	1	16.7%
Moderate	3	50.0%
High	2	33.3%

### *Wisconsin Risk/Needs Assessment*

Only six drug court juveniles have Wisconsin risk/needs assessment data available. Of these, five were placed at the maximum supervision level based on their initial score, and one was placed at the minimum supervision level. Subsequent assessments have resulted in no change to supervision level.

There are three drug court juveniles with initial Wisconsin Needs scores and four with Wisconsin Risk scores entered into NPMIS. Needs scores range from 19 to 21, with an average of 20.33 (std dev = 1.155). Risk scores range from 16 to 23, with an average of 19.25 (std dev = 2.986).

### *Juvenile OSW Score*

There are no juvenile drug court participants who have an OSW score listed in the NPMIS database.

## **Outcomes**

### *Drug Test Results*

Unlike the information on adults, there is not a significant drop in positive drug test results from the first month to the second month in the program, or between any other consecutive months. There is also not a significant decrease between the first month of drug testing and the last month for which a comparison can be made (month 5). This is likely due to a lack of power to detect significant differences related to the low number of juvenile drug court participants with data (n=13).

Of the 13 juvenile drug court participants for whom data was available, 61.5% had no drug test positives at any time during the program. However, six of these juveniles are

still in the program, and thus have an opportunity for later positive drug tests. Of the six participants who can be confirmed are no longer in the program, only 33.3% had no drug test positives while in the program. Half of those with no positives graduated, while half were terminated from the program. Three additional juveniles who graduated had positive drug tests within the first 2 months of the program and none thereafter. One additional juvenile who was terminated had no positive drug tests at the start of the program, but tested positive twice in the month before being terminated. There are too few graduated (4) and terminated (2) participants to determine whether these patterns in drug test results are predictive of who is graduated or terminated.

*Predictors of Graduation vs. Termination*

There are too few graduated (4) and terminated (2) juvenile drug court participants to produce reliable comparisons and determine the factors which influence graduation or termination from the programs.

**Data Elements for Evaluation**

This evaluation relied upon data in the Nebraska Probation Management Information System (NPMIS). This data system is used by all probation programs for information tracking and reporting. It was not developed specifically for Drug Courts, although it was revised over the summer of 2007 to include some drug court-specific information. The timing of the revision did not allow for the new types of information for drug courts to be included in the evaluation (data was sent to evaluators before the new data elements began to be used).

The following table lists the types of data that would be desirable for an evaluation of drug court programs, along with comments on whether this data is available from the NPMIS system.

<b>Recommended data elements</b>	
Common identification number used in all databases	Limited – State databases use at least either case number or probation ID number; pre-sentence investigation database maintained off-site encrypts ID number after a certain amount of time which makes it difficult to match this data with State-maintained data
General demographic information	Yes
Prior criminal history	Yes, in pre-sentence investigation, but data is difficult to match with State-maintained data (see comments on ‘Common identification number’)
Case information (charged offense and class of offense, disposition, court, case	Yes, but imperfect - Some offenders who are in drug court are not identified in the

or docket #)	database as such
Risk/Needs Assessments (OSW, LS/CMI or YLS/CMI, Wisconsin Risk/Needs Assessment)	Limited – Some of these assessments have only begun to be collected (i.e., LS/CMI for adults), others are available in hard-copy files but have not been entered into state-wide data
Drug court phases – current & completed	No – It will only be possible to collect this data on a statewide level if courts use the same system of phases
Drug testing data (# tests, # positives, level of drug testing)	Yes
Sanctions and incentives – drug court specific	No – Have data on probation administrative sanctions but no drug-court specific sanctions or incentives
Program outcomes (graduated, terminated, voluntary drop-out)	No – Must be inferred from discharge/revocation/transfer data

## CHAPTER 7: KEY FINDINGS AND RECOMMENDATIONS

**Problem solving courts are serving offenders at a level of risk that would warrant intensive supervision.** One of the objectives in this evaluation was to determine the risk level of current participants in Nebraska’s probation affiliated problem-solving courts based on available data. The drug court literature indicates problem-solving courts across the country tend to be designed for offenders who need a high level of community supervision.

There was limited data available on the level of risk for adult and juvenile offenders in drug court. We found that the adult offenders participating in Nebraska’s drug courts are predominantly those classified as requiring a high level of community supervision. The majority of adults were identified as requiring maximum supervision based on the Wisconsin Risk/Needs Assessment. A majority of adults with Offender Selection Worksheet (OSW) pre-sentence investigation data are classified as requiring intensive supervision. With regard to juveniles, the majority for which Wisconsin Risk/Needs scores were available were identified as requiring the maximum supervision level based on their initial score. Based on the data available, it appears that the adult and juvenile probation problem-solving courts are serving the appropriate population with regard to risk. However these conclusions are based on a limited sample of offenders.

**Based on the data available, there do not appear to be disparities in race/ethnicity of participants in comparison to the general population in each jurisdiction; however improvements should be made to ensure equity in the selection process.** Again, this conclusion is based on limited data. In contrast to the statistical data, stakeholders indicated that there may be some selection bias in choosing participants to problem solving courts. Individuals who were interviewed identified factors that may contribute to disparities including, in some jurisdictions, persons who are in the country illegally are screened out and, in other jurisdictions, gang members are excluded; since persons of color may have high representations in these two groups, exclusion based on these factors may lead to fewer minorities being accepted into problem-solving courts. Another factor that may lead to underrepresentation of persons of color is the lack of explicit standards in applying exclusion criteria. Although usually not stated in admission guidelines, many decision makers indicated they considered the attitude of the candidate or the support of the juvenile’s family in making their determinations. There is the possibility that cultural differences may influence perceptions of attitude or family involvement of minority candidates to problem-solving courts since most of the team members and treatment providers are white. Methods to address this issue include cultural sensitivity training, recruiting more diverse team members and treatment providers, and monitoring the diversity of problem-solving court participants on an ongoing basis and developing local strategies to address disparities.

**Enhancements would be required to ensure policies and procedures of the eight courts conform to the proposed problem-solving court rules.** As noted, the policies and procedures differ markedly across the problem solving courts. Some of these

differences reflect the length of time courts have been operating, the differences in community standards within which each court operates, the agreements forged among stakeholders about the offenders who should be targeted, and the processes that should be used to address participant's issues and needs. If the goal is to have all problem-solving courts meet a core set of standards as put forth in the proposed rules, substantial changes would need to be made in each court's policies and procedures. The major areas that would need to be addressed for most courts include the following:

- Expansion of the general program description
- Enhanced description of how the goals of the problem-solving court will be measured
- Identification of the standardized, validated risk instruments used to assist with acceptance decisions
- Enhanced description of plans to orient all team members regarding confidentiality
- Creation of written policies and procedures related to administration; particularly in the area of finance.
- Inclusion of procedures for screening and treating substance abuse that conform to the standardized model for delivery of substance abuse services
- Inclusion of procedures addressing how the problem-solving court use local and national evaluation results
- Enhanced description of practices related to non-discrimination (not denying participation based on a person's financial status, ability to pay, gender, age, race, religion, ethnicity or physical disability)

**The problem solving courts are not uniform in how they define their target populations.** Although many of the drug courts in Nebraska have similarities in admission criteria, a review of the policies and procedures across Nebraska's problem solving courts revealed substantial differences in the extent they define the population they intend to serve. It is not recommended that all courts use the same target population criteria, but it is recommended that courts use specific definitions and criteria in their documentation to accurately portray their intentions. Some of these differences between courts include the following:

1. Many of the problem-solving courts have specific and unique selection and exclusion criteria, such as excluding offenders who engaged in dealing drugs, were in possession of more than a certain amount of a drug, whose offense related to a specific type of drug, or were involved in a gang. Some of these are articulated in writing but most are simply preferences and practices that have evolved over time.
2. Even where courts have similar eligibility criteria, such as excluding violent offenders, some leave the definition of violent offenders open while others specify the types of offenses that would exclude one from drug court (e.g., murder, manslaughter, weapons violations, domestic assault, stalking, violation of a protection order, sex offenses).

3. Juvenile drug courts differ in the acceptable ages for participation. One court accepts ages 13 to 17, another accepts ages 15 to 18, while others do not identify an age range.
4. Often there are not clear standards regarding what can be considered in accepting someone into the program. Although not a written criterion, many of the decision makers discussed judging the motivation or attitude of the offender or the supportiveness of parents as factors in their decisions. Stakeholders mentioned other factors that influenced acceptance into the program such as excluding residents of certain counties because they had not contributed financially to the drug court, excluding persons with previous charges of child abuse (even though this was not an explicit exclusion criterion), or excluding a youth because of negative experience with the youth's family in the past.

**The problem solving courts are not uniform in defining the process to select participants.** The process used by problem solving courts to determine who is admitted varies across Nebraska's problem solving courts. Local courts have evolved organically and these practices reflect local team preferences. Much of the selection process is driven by practices that change given the personalities of team members involved in the process. Consistency within a court may be aided by the addition of some uniformity of definitions across courts. Some of the observed differences across courts include the following:

1. In some courts the county attorney makes the determination, in others the judge makes the decision based on a recommendation from the drug court coordinator, and in others it is the problem solving team that makes the recommendation to the judge.
2. In those courts in which the county attorney or coordinator had a significant role in determining acceptance, team members indicated the process could be improved if the entire team had a larger role. In drug courts in which team members did not screen for eligibility, there was concern that some candidates had been excluded from drug court that could have benefitted from participation. In addition, in these same courts there was concern that some candidates had been accepted to drug courts that were not appropriate. In jurisdictions where the team made the recommendation to the judge, there seemed to be agreement that the give and take during the team process and the varied perspectives of team members helped ensure that offenders who could most benefit were accepted as participants.
3. Courts varied in the type of standardized instruments used to assist in the selection process. Many of the courts did not note how screening and selection instruments are used within their policies and procedures.

**Good Problem Solving Court Team functioning is critical to court success.** Most courts identified their teams as a major asset and determinant of overall court success. There were varying degrees of participation from law enforcement and school personnel across teams. Teams that had active law enforcement members that embraced the court's

vision and supported its mission viewed it as a valuable link for supervision of participants. Law enforcement members created a bridge to law enforcement intelligence that helped the team spot problems and intervene early with participants. Another team member with varying degrees of representation on juvenile teams was someone from local educational systems. The smaller, rural communities seemed to be more connected with school personnel than urban areas. Educational system representatives provide a link to school personnel that interact with participants on a regular basis. This increases the team's ability to monitor a participant's academic progress and provides added insight into a participant's peer/social groups. Jurisdictions with multiple school systems may not be able to include someone from every school, but general representation from an educational system can provide valuable links and insights for the team.

Teams function best when they have had the opportunity for joint training. The byproduct of joint training has been increased understanding among team members of roles, responsibilities and personal style. It is recommended that teams receive training to enhance knowledge about problem solving court components on an annual basis that includes all team members from a given jurisdiction.

Team members being present at court hearings suggested to the participants that they were being supported by a number of concerned and capable adult professionals. Their presence also served as a reminder to participants that there was more than one set of eyes and ears devoted to their supervision. It is recommended that some level of team representation be maintained at court hearings. This expectation may be met through scheduled rotations or a general rule that team members should try to attend if at all possible.

Participation as a team member was identified as extremely rewarding by most of the people interviewed for this evaluation. Some team members pointed out that not everyone is well suited to serve on a problem solving court team. The selection process and desirable qualities for team members should be given thoughtful and strategic consideration and included in a primer that could be developed to orient new Nebraska problem solving court team members. Such a primer could spell out expectations for team members, including judges. It should include the observation that team members are expected to maintain integrity and do their "job," while being willing and politically/administratively authorized to try on non-traditional roles or use methods that are not commonly employed in standard court procedures.

There is value in having a team work together over time; however this has to be balanced with the need for the team to model diversity for participants. Team "diversity" can create diversity in opinions and thought that can help teams think creatively. This diversity should include consideration of age, gender, experience and racial or ethnic backgrounds of team members. The cultures represented in the community should be reflected on the team if possible. Increasing team diversity can carry the possibility that some team members may need encouragement to be more vocal/active in staff meetings. The drug court coordinator and judge should provide the leadership in the staff meetings

to set the expectation and culture that encourages active participation by all team members.

**Participant success is influenced by court procedures.** Courtrooms and court procedures generally convey a sense of respect, deference and seriousness to the participant. This can be done via the physical plant and courtroom set up. In most courtrooms participants are compelled to attend the entire court proceeding on the premise that they can “learn and grow” from the good and bad experiences of others. Yet often the voice amplification system within the courtroom is inadequate. One can typically hear what the Judge is saying but the responses/comments of the participants are often inaudible for court observers. The bigger the courtroom, the bigger this problem seems to be. The audience hears a rather lopsided conversation which can negate the potential positive effects that team members desire by asking participants to remain for all cases.

Interpreters for non-English speaking participants are a necessity in some jurisdictions. Using family members to interpret should be discouraged. Qualified court interpreters may be difficult to find or may be costly but it is recommended that problem solving courts include these professionals routinely when appropriate. Some courts already use this approach and others try to do so when possible for participants, but not for participants’ families. Routinely using court interpreters for non-English speaking family members could potentially improve communication with people that are important determinants of a participant’s success. Many of the participants noted that their inclusion in a problem solving court program had an impact on their family members. This potentially important side benefit may not be as powerful or noteworthy for non-English speaking family members if language is a barrier in the courtroom or with the team.

Problem solving court teams need to be proactive in soliciting community support for their programs. The success of participants in many cases is tied to effective use of community resources. This may be easier if program information was more widely disseminated.

It is recommended that materials be created that outline standard expectations and requirements of Nebraska’s problem solving courts so that potential participants, their legal counsel, parents and guardians can make a truly informed decision when entering into a program. This material should include information about open court hearings, the use of sanctions and incentives, expectations and participant responsibilities. Such material can be personalized by individual courts, but could contain some standard language to ensure that participants are making an informed decision, particularly in jurisdictions where participation truly is a choice. This material could also be used to market the program with community partners.

**Improve coordination of treatment and other problem solving court procedures.** Nebraska’s probation-affiliated drug courts blend accountability with treatment components. Many of the problem-solving courts in Nebraska already have elements of

an array of treatment services and supports in place. The next logical step is to connect these elements more strongly by integrating them in an individual offender's case plan and by ensuring treatment is coordinated with other services and drug court activities. Many problem-solving court personnel voiced concern that treatment was not always tied to the overall plan for the participant and that treatment occurred in isolation from the rest of drug court programming. An important step would be to establish standards for individualized problem-solving court plans for each participant that are incorporated into the substance use treatment and relapse prevention plans. These plans should clearly articulate goals for the individual including those related to treatment, specific strategies for reaching those goals, and measurable milestones toward reaching those goals. Treatment providers should be integrally involved in development of the plan by articulating how the selected treatment approaches will contribute to meeting individual goals and how treatment progress will be measured and reported. This type of integrated planning approach would enhance coordination between treatment and other court components including Moral Reconciliation Therapy, participation in self help groups such as Alcoholics/Narcotics Anonymous, community support, drug testing, sanctions and rewards, life skills training, job training and education. Treatment providers could benefit from specific training in the following:

- Assessment of criminogenic need as it relates to the drug use disorder
- Understanding risk factors and the principles of effective interventions
- Use of evidence based practices in treatment of criminal offenders
- Reporting treatment outcomes that are meaningful to court officials
- Treatment planning that includes consideration of participation in MRT and community support groups
- Treatment planning and case management specific to the needs of criminal offenders who are at high risk to reoffend based on their criminogenic needs
- Relapse Prevention specific to criminogenic factors, working toward negotiating replacement goals that are of value to the offender
- Recovery management to enhance the long term needs of criminal offenders

**Promotion of Evidence-Based Practices.** The manner in which substance abuse assessment is combined with court processes is now specified with the January 2006 statewide implementation of the *Nebraska Supreme Court Rule Regarding Use of Standardized Model for Delivery of Substance Abuse Services*. It is recommended that the process used to create this standardized assessment system be replicated to ensure substance abuse service providers administer evidence-based treatments with justice-involved individuals. Nebraska treatment providers are using some evidence-based practices in their work, but there is a tension between individualizing services and using treatment modalities that may dilute the effectiveness of treatment and raise questions about fidelity to the practices demonstrated to be effective. Developing standard expectations for treatment providers that serve justice-involved adults and juveniles with evidence-based treatment provision will take some time to finalize. An interim step that can be taken during this process is to offer or require training specifically for treatment providers who serve justice populations in:

- Evidence-based treatment (e.g., cognitive behavioral therapy; matrix model, Motivational Interviewing)
- Culturally appropriate treatment planning and provision
- Recovery management strategies based on evidence based principles

Longer term steps include working with funding sources such as the Nebraska Department of Health and Human Services Division of Medicaid and Long Term Care and Division of Behavioral Health and other funders to design and implement policies to promote evidence-based practices. Some strategies include the following:

- Incorporating standards of evidence-based practices for substance abuse treatment in clinical guidelines and regulations
- Identifying specific evidence-based services for problem-solving court participants
- Developing fidelity assessment processes required by funding sources
- Designing fiscal incentives to ensure sustainability of effective treatments and promote their use
- Development of evidence-based practices from utilization management and utilization review procedures
- Training of problem-solving court team members in evidence-based practices to help them make more informed choices about the types of interventions that would be effective for particular participants
- Developing report cards for service providers to identify level of fidelity to treatment models and outcomes produced for participants
- Using tele-health for supervision and consultation to ensure appropriate clinical oversight of evidence-based practice models, particularly in remote parts of the state.

**Assessment and Treatment of Mental Health Disorders.** In addition to standardizing treatment expectations and training, it is recommended that the type of mental health issues surfacing for drug court participants be tracked along with the type of treatment recommended or received to address these issues. Anecdotal reports from drug court team members indicate that more extensive mental health involvement in screening and treatment may be beneficial. Because the entrance requirement for most of Nebraska's problem-solving courts is a pre-existing drug problem, mental health issues are not typically recognized as a primary concern. Simply referring a participant to a mental health treatment provider after drug treatment ignores the complexity and inter-relatedness of both problems. A more effective approach would be to use evidence-based treatments that address both problems for participants that need it. Since there are limited treatment resources in rural areas and lack of capacity for dual disorder treatment, it may be desirable to link existing treatment providers to a virtual community of expertise and supervision via regular telehealth or video supervision. Creating a community of treatment providers across the state providing services to justice involved individuals could be a cost effective way to increase fidelity to treatment models. Telehealth may

also be used to link treatment expertise with offenders in remote areas or to create a virtual treatment group. This may be especially beneficial to offenders who require culturally appropriate services not available in their geographic area (e.g., women only therapy groups; Spanish-speaking therapy groups, etc.)

**Develop an Integrated Information System Generating Regular Useful Reports.** For this evaluation, it has been problematic obtaining useful data for the problem-solving courts. Many of the individual courts have developed their own data collection systems. While some courts have adopted the same type of system, many courts rely on their own processes for collecting, storing and analyzing information. We recommend developing or modifying the existing information system to allow direct data entry at the local level and providing for transfer of relevant information to the state level. This type of system would provide for ongoing reporting that could be of use to both the state and local problem solving courts. Specifically, the data system should include a unique common identifier so participants can be tracked across different systems, quality checks to ensure individuals are properly identified as problem solving court participants, required entry of risk and needs assessment data with quality checks, maintenance of data after individuals have been discharged from problem solving courts, and development of a standardized process for determining and coding data regarding participant outcomes.

**Conduct Standardized Interviews to Continuously Evaluate Problem Solving Courts.** A useful tool for conducting ongoing quality improvement is the use of exit interviews for both offenders who graduate from problem solving courts and for those who leave drug court without graduating. These types of interviews can be used to assess what has worked in the problem solving court process and elements of the process could be improved. Another option is to conduct annual interviews or focus groups with the problem-solving court team to determine successes and challenges from the perspectives of the team members. This approach also documents barriers confronted and lessons learned in addressing those barriers. The record of lessons learned is helpful for new team members understanding the history of the court and the reasons for specific processes. It also is helpful for other jurisdictions starting problem solving courts to build on the successes of established courts and avoid making some of the mistakes that others have made.

**Conduct Financial Analyses of Problem Solving Courts.** A cost analysis would be able to help answer critical questions related to problem solving courts such as the following:

1. What are the per-participant costs?
2. How do per-participant costs vary by type of service/sanctions and courts?
3. How do the per-participant costs compare to individuals adjudicated for the same charges by the state court system?
4. How do costs relate to outcomes?

Cost information would need to be obtained by individual served and amount of services received. It would be helpful to work with service providers to access cost information

from other funding sources per participant such as private insurance and Medicaid. In addition to treatment costs, the analysis should include costs for the other problem-solving court components such as court staffing, supervision, and administration to obtain a more complete estimate of per client costs.

**Develop a more Rigorous Evaluation of Outcomes.** The current evaluation provides limited information about outcomes. To have more confidence about the outcome findings, a more rigorous quasi-experimental evaluation design is warranted and involves identifying appropriate control groups. Use of control groups in the evaluation design will allow the evaluation team to draw conclusions about the overall effectiveness of problem-solving courts in Nebraska. In addition, employing comparison groups in the evaluation design allows careful assessment of the utility of different approaches used in these courts such as the use of particular court procedures, supervision of participants, or service modalities.

## REFERENCES

- Anton, R.F., Moak, D.H., Latham, P.K., Waid, R., Malcom, R.J., Dias, J.K., Roberts, J.S. (2001). *Journal of Clinical Psychopharmacology*, 21(1), 72-76.
- Ball, S.A., Martino, S., Nich, C., Frankforter, T.L., Van Horn, D., Crits-Christoph, P., Woody, G.E., Obert, J.L., Farentinos, C., Carroll, K.M. (2007). Size matters: multisite randomized trial of motivational enhancement therapy in community drug abuse clinics. *Journal of Consulting and Clinical Psychology*. 74(4), 556-567.
- Belenko, S. (2001). *A research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- Bouffard, J., & Taxman, F. (2004). Looking inside the "black box" of drug court treatment services using direct observations. *Journal of Drug Issues*, 22(4), 195-218.
- Bouffard, J. A., & Smith, S. (2005). Programmatic, counselor, and client-level comparison of rural versus urban drug court treatment. *Substance Use & Misuse*, 40, 321-342.
- Bureau of Justice Assistance. (2003). *Juvenile drug courts: Strategies in Practice*. Retrieved 2/27/2008 from <http://www.ncjrs.gov/pdffiles1/bja/197866.pdf> .
- Bureau of Justice Assistance Drug Court Clearinghouse. (March 7, 2006). FREQUENTLY ASKED QUESTIONS SERIES: Policies Re Admitting Eligible Drug Court Participants with Suspected Gang Affiliation. American University.
- Bureau of Justice Assistance Drug Court Clearinghouse. (September 6, 2006). FREQUENTLY ASKED QUESTIONS SERIES: Urban and Other Drug Court Case Management Caseloads Handled by Probation Staff: Numbers of Participants Per Case Manager and Case Management Functions Performed. American University.
- California evidence based clearinghouse (2006). *Community reinforcement approach (CRA) – summary*. Retrieved September 27, 2007, from <http://www.cachildwelfareclearinghouse.org/program/27> .
- California evidence based clearinghouse (2006). *Community reinforcement approach + voucher approach – summary*. Retrieved September 27, 2007, from <http://www.cachildwelfareclearinghouse.org/program/28>.
- California evidence based clearinghouse (2006). *Motivational interviewing (MI) –*

- summary*. Retrieved September 27, 2007, from <http://www.cachildwelfareclearinghouse.org/program/29>.
- Caroll, K.M., Ball, S.A., Nich,C., Martino, S., Frankforter, T.L., Farentinos, C., Kunkel, L.E., Mikulich-Gilbertson, S.K., Morgenstern, J., Obert, J., Polcin, D., Snead, N., Woody, G.E. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Journal of Drug and Alcohol Dependence*, 3 (28), 301-312.
- Clark, M. D. (2001). Change-focused drug courts: Examining the critical ingredients of positive behavior change. *National Drug Court Institute Review*, 3(2), 35-88.
- Colorado Social Research Associates & Arapahoe House (2006). *Integrated family drug court evaluation*.
- Cooper, C. (1997). *Drug court survey report*. Washington D.C.: Bureau of Justice Assistance, Office of Justice Programs.
- DeJong, C.A., Roozen, H.G., Rossum, L.G., Krabbe, P.F., Kerkhof, J.F.M. (2007). High abstinence rates in heroin addicts by a new comprehensive treatment approach. *American Journal on Addictions*, 16(2) , 124-130.
- Dowden, C., & Andrews, D. A. (1999). What works for female offenders: A meta-analytic review. *Crime Delinquency*, 45, 438-452.
- Fulton, B. A., Stone, S. B., & Gendreau, P. (1994). *Restructuring intensive supervision programs: Applying "what works."* Lexington, KY: American Probation and Parole Association.
- Gilbertson, S.K., Morgenstern, J., Obert, J., Polcin, D., Snead, N., Woody, G.E. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse : A multisite effectiveness study. *Journal of Drug and Alcohol Dependence*, 3 (28), 301-312.
- Goldkamp, J. S., White, M. D., & Robinson, J. B. (2001). Do drug courts work? Getting inside the drug court black box. *Journal of Drug Issues*, 31(1), 27-72.
- Goldkamp, J. S., White, M. D., Robinson, J. B. (2002, April). *An honest change: Perspectives on Drug Courts: Findings from drug court participant focus groups in Brooklyn, Las Vegas, Miami, Portland, San Bernardino and Seattle*. Retrieved August 7, 2007 from <http://www.ncjrs.gov/html/bja/honestchance/chp4.html>.
- Gottfredson, D. C., Kearley, B. W., Najaka, S. S., & Rocha, C. M. (2007). How Drug Treatment Courts Work: An Analysis of Mediators. *Journal of Research in Crime*

- and Delinquency*, 44(1), 3-35.
- Harrell A., Roman J.(2001). Reducing drug use and crime among offenders: the impact of graduated sanctions. *Journal of Drug Issues* 31(1), 207-232.
- Harrell, A., Cavanagh, S., & Roman, J. (2000). *Evaluation of the the D.C. Superior drug intervention Programs*. Washington D.C.: National Institute of Justice.
- Hayes, S.C., Wilson, K.G., Gifford, E.V., Bissett, R., Piasecki, M., Batten, S.V., Byrd, M., Gregg, J. (2004). A preliminary trial of twelve step facilitation and acceptance and commitment therapy with polysubstance-abusing methadone maintained opiate addicts. *Journal of Behavior Therapy*, 35(4), 667-688.
- Heck, C., & Thanner, M. H. (2006a). Drug court performance measurement: Suggestions from the national research advisory committee. *Drug Court Review*, 5(2), 33-50.
- Heck, C., & Thanner, M. H. (2006). Evaluating drug courts: A model for process evaluation. *Drug Court Review*, 5(2), 51-82.
- Henggeler, S.W, Clingempeel, W, G., Brondino, M.J., Pickrel, S.G. (2002). Four year follow up of multisystemic therapy with substance abusing and substance dependent juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(7).
- Hengler, S.W., Halliday-Boykins, C.A., Cunningham, P. B., Randall, J., Shapiro, S.B., Chapman, J.E. (2006). Juvenile drug court: enhancing outcomes by integrating evidence based treatment. *Journal of Consulting and Clinical Psychology*, 74(1), 42-54.
- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.
- Higgins, S.T., Budney, A.J., Bickel, W.K., Foerg, F.E., Donham, R., & Badger, G.J. (1994). Incentives improve outcome in outpatient behavioral treatment of cocaine dependence. *Archives of General Psychiatry*, 51(7), 568 - 576.
- Higgins, S.T., Heil, S.H., Dantona, R., Donham, R., Matthews, M., & Badger, G.J. (2007). Effects of varying the monetary value of voucher-based incentives on abstinence achieved during and following treatment among cocaine-dependent outpatients. *Addiction*, 102(2), 271-281.
- Hora, P. (2002). A dozen years of drug treatment courts: Uncovering our theoretical foundation and the construction of a mainstream paradigm. *Substance Use & Misuse*, 37(12), 1469-1488.

- Johnson, C. M., & Wallace, S. (2004). Critical elements to consider for methodologically sound impact evaluations of drug court programs. *Drug Court Review*, 4(2), 35.
- Kaminer, Y., Burleson, J., Goldberger, R. (2002). Cognitive-behavioral coping skills and psychoeducation therapies for adolescents substance abuse. *Journal of Nervous & Mental Disease*. 190(11). 737-745.
- Liddle, H.A., Dakof, G.A., Parker, G.S. Diamond, K.B., Tejeda, M. (2001). Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *The American Journal of Drug and Alcohol Abuse*, 27(4), 651-688.
- Liddle, H. A., Dakof, G. A., Turner, R. W., Henderson, C. E., & Greenbaum, P. (2004). Treating adolescent drug abuse: A comparison of Cognitive Behavioral Therapy and Multidimensional Family Therapy. Manuscript submitted for publication.
- Marlowe, D. B., Festinger, D. S., & Lee, P. A. (2004). The judge is a key component of the drug court. *National Drug Court Institute Review*, 4(2), 4-34.
- Miller, W.R., Sorensen, J.L., Selzer, J.A., Brigham, G.S. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment*, 31, 25-29.
- Miller, J. M., & Shutt, J. E. (2001). Considering the need for empirically grounded drug court screening mechanisms. *Journal of Drug Issues*, 31(1), 91-106.
- Morgenstern, J., Blanchard, K.A., Morgan, T.J., Labouvie, E., Hayaki, J. (2001). Testing the effectiveness of cognitive-behavioral treatment for substance abuse in a community setting: within treatment and post treatment findings. *Journal of Consulting and Clinical Psychology*, 69 (6), 1007-1017.
- Motivational Interviewing Organization (2007). *Motivational Interviewing*. Retrieved on September 27, 2007, from <http://motivationalinterview.org/clinical/Adolescents.html>.
- Multisystemic Services (1998). *Treatment model*. Retrieved September 27, 2007, from <http://www.mstservices.com/text/treatment.html>.
- National Institute of Justice. (2006). *Drug courts: The second decade*. Washington, D.C.: U.S. Department of Justice Office of Justice Programs.
- National Institute on Drug Abuse. (1999). *Principles of drug addiction treatment: A research-based guide*. NIH Publication No. 99-4180.
- National registry of evidence based programs and practices (nd). *Intervention summary*:

- Matrix model*. Retrieved September 26, 2007, from [http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\\_ID=76](http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=76).
- National institute of drug abuse (2003). *Twelve step facilitation*. Retrieved September 26, 2007, from <http://www.drugabuse.gov/ADAC/ADAC10.html>.
- National institute of drug abuse (2005). *A cognitive behavioral approach: Treating cocaine addiction*. Retrieved September 27, 2007, from <http://www.drugabuse.gov/TXManuals/CBT/CBT4.html>.
- National institute of drug abuse (2005). *Scientifically based approach to drug addiction treatment*. Retrieved September 27, 2007, from <http://www.drugabuse.gov/PODAT/PODAT11.html>.
- Ouimette, P.C., Finney, J.W., Moos, R.W. (1997). Twelve-step and cognitive behavioral treatment for substance abuse: a comparison of treatment effectiveness. *Journal of Consulting and Clinical Psychology*, 65(2), 230-240.
- Peters, R. H., Haas, Amie L., Murrin, Mary R. (1999). Predictors of retention and arrest in drug courts. *National Drug Court Institute Review*, 2(1), 30-59.
- Rawson, R.A., Shoptaw, S.J., Obert, J.L., McCann, M.J., Hasson, A.L., Marinelli-Casey, P.J., Brethen, P.R., Ling, L. (1995). An intensive outpatient approach for cocaine abuse treatment. The matrix model. *Journal of Substance Abuse Treatment*, 12(2), 117-127.
- Rawson, R.A., Marinelly-Casey, P., Anglin, M.D., Dickow, A., Frazier, Y., Gallagher, C., Galloway, G. (2004). A multi site comparison of psychological approaches for the treatment of methamphetamine dependence. *Addiction*, 99(6), 708-717.
- Rempel, M. (2006). Recidivism 101: Evaluating the impact of your drug court. *Drug Court Review*, 5(2), 83-112.
- Roozen, A.J., Boulogne, J.J., Tulder, M.W., Brink, W., De Jong, A.J., & Kerkhof, J.F.M. (2004). A systematic review of the effectiveness of the community reinforcement approach in alcohol, cocaine, and opioid addiction. *Drug and Alcohol Dependence*, 74, 1-13.
- Saum, C. A., Scarpitti, F. R., Butzin, C. A., Perez, V. W., Jennings, D., & Gray, A. R. (2002). Drug court participants satisfaction with treatment and the court experience. *Drug Court Review*, 4(1), 39-83.
- Senjo, S. R., & Leip, L. (2001). Testing and developing theory in drug court: A four-part logit model to predict program completion. *Criminal Justice Policy Review*, 12, 66-87.

- Smith, J.E., Meyes, R.J., & Delaney, H.D. (1998) . The community reinforcement approach with homeless alcohol dependent individuals. *Journal of Consulting and Clinical Psychology*, 66 (3), 541-548.
- Stakes, R. E. (1995). *The Art of Case Study Research*. Thousand Oaks, California: Sage Publications Ltd.
- Substance abuse and mental health services administration model programs (nd). *Multidimensional Family Therapy*. Retrieved September 27, 2007 from <http://www.modelprograms.samhsa.gov/pdfs/model/multi.pdf>
- Sykes, C.M., Marks, D.F. (2001). Effectiveness of a cognitive behaviour therapy self help programme for smokers in London, UK. *Health Promotion International*, 16(3), 255-260
- Turner, S., Greenwood, P., Fain, T., & Deschenes, E. (1999). Perceptions of drug court: How offenders view ease of program completion, strengths and weaknesses, and the impact on their lives. *National Drug Court Institute Review*, 2(1), lviii-lxx.
- Verschuren, P. (2003). Case study as a research strategy: some ambiguities and opportunities. *International Journal of Social Research Methodology*, 6(2), 121 - 140.
- Waldron, H.B., Kaminer, Y. (2004). On the learning curve: the emerging evidence supporting cognitive-behavioral therapies for adolescent substance abuse. *Addiction*, 99 (2) 93-105.
- Wolf, E., & Colyer, C. (2001). Everyday hassles: Barriers to recovery in drug court. *Journal of Drug Issues*, 31(1), 233-258.
- Wolf, Robert V., (2007). Principles of problem-solving justice. *Bureau of Justice Assistance*. Retrieved 10/31/2007 from [http://www.courtinnovation.org/\\_uploads/documents/Principles.pdf](http://www.courtinnovation.org/_uploads/documents/Principles.pdf).

## **Appendix A**

### **American Psychological Association Criteria for Evidence Based Practices**

Practices and interventions for which there is sufficient empirical support of efficacious outcomes for relevant populations (Society of Clinical Child and Adolescent Psychology).

#### **Level 1: Strong Support**

- At least 2 good between group prospective design experiments with random assignment, demonstrating efficacy by either:
    - Superior to placebo or another treatment.
- OR
- Equivalent to an already established treatment.

AND

- Experiments must be conducted with treatment manuals.
- Characteristics of the client samples must be clearly specified.
- Effects must have been demonstrated by at least two different investigators or teams of investigators.

OR

- A large series of single-case design experiments ( $n \geq 9$ ) demonstrating efficacy. These experiments must have:
  - Used good experimental designs.
  - Compared the intervention to another intervention.
  - Characteristics of samples must be specified.
  - At least two different experimenters or teams.

#### **Level 2: Good Support**

- Two experiments showing the treatment is superior to a waiting-list control group.

OR

- One between group design experiment with clear specification of group, use of manuals, and demonstrating efficacy by either:
  - Superior to placebo or another treatment.
  - Equivalent to an already established treatment.

OR

- A small series of single case design experiments ( $n > 30$ ) with clear specification of group, use of manuals, good experimental designs, and compared the intervention to pill or psychological placebo or to another treatment.

**Level 3: Moderate Support**

- One between group design experiment with clear specification of group and treatment approach and demonstrating efficacy by either:
  - Superior to placebo or another treatment.
  - Equivalent to an already established treatment.

OR

- A small series of single case design experiments ( $n \geq 3$ ) with clear specification of group and treatment approach, good experimental designs, at least two different investigators or teams, and comparison of the intervention to pill, psychological placebo, or another treatment.

**Level 4: Minimal Support**

- Treatment does not meet criteria for Level 1, 2, 3, or 5.

**Level 5: Known Risks**

- At least one study demonstrating harmful effects of a treatment that otherwise would meet criteria for Level 4.

## **Appendix B**

### **Policy Methods for Implementing Evidence Based Practices**

Potential policy methods that states may use to promote the implementation of evidence-based practices (EBPs):

- Funding of EBPs
  - New funding used only for EBPs
  - Move existing funding from traditional practices to EBPs
  - Fiscal incentives to use EBPs (e.g., higher rates for services reflecting increased costs for implementing EBPs)
  - Fiscal incentives for outcomes (outcome based funding) – produces an indirect incentive to adopt EBPs)
  - Funding of start up for providers to shift to EBPs
  - Funding of training, technical assistance, supervision, fidelity monitoring
- Utilization Management/Review
  - Conduct reviews using standards for EBPs through a managed care organization, administrative services organization or state agencies
  - EBP training for case managers or care coordinators who make decisions about service delivery
  - EBP training for child and family team members in family-centered practice environments
  - Report cards identifying EBPs (e.g., fidelity measures) as well as outcomes so consumers can better decide services to access
  - Information dissemination to consumers and others who make decisions about services about what EBPs are and why they are important
- Promotion of EBPs through professional licensure/certification
  - incorporate into testing
  - special certificates for graduates of EBP training
  - CEUs for EBP training
  - Promote EBPs through program licensure/certification
  - Require accreditation through national organizations that focus on EBPs
- Training Opportunities
  - Funding of providers training in particular EBPs
  - Incorporate EBP into graduate/medical school training
  - Develop in-state institute for training and technical assistance
  - Incorporate EBPs in statewide workforce development plan
  - Centers of excellence where providers can learn about EBP from implementers
- Other Policy Methods
  - State mandated fidelity assessment
  - State focus on outcome measures – EBPs become a mechanism to achieve improved outcomes

## **Appendix C**

### **Substance Abuse Evidence-Based Practices**

The following eight substance abuse treatments are some of the more prominent approaches that could be classified as level 1, 2 or 3 evidence-based practices: Community Reinforcement Approach, Community Reinforcement Approach with Vouchers, Motivational Interviewing, the Matrix Model, Multidimensional Family Therapy, Multisystemic Therapy, 12 Step Facilitation, and Cognitive Behavioral Treatments.

#### 1. Community Reinforcement Approach (CRA)

CRA is a comprehensive cognitive-behavioral intervention for the treatment of substance abuse problems. *CRA* seeks to treat substance abuse problems through focusing on environmental contingencies that impact and influence the client's behavior. Developed in accordance with the belief that these environmental contingencies play a crucial role in an individual's addictive behavior and recovery, *CRA* utilizes familial, social, recreational, and occupational events to support the individual in changing his or her drinking/using behaviors and in creating a successful sobriety. The goal is to rearrange multiple aspects of an individual's life so that a clean and sober lifestyle is more rewarding than one that is dominated by alcohol and/or drugs. (California Evidence Based Clearinghouse, 2006, ¶ 1)

#### *Essential Components*

- Sobriety Sampling: Obtain client's agreement to sample time-limited sobriety
- Possible use of disulfiram
- Treatment Plan
- Behavioral Skills Training
- Job Counseling
- Social and Recreational Counseling
- Marital Counseling
- Relapse Prevention
- Caregiver Component: address caregiver's motivation to participate; address caregiver's promotion of their adolescent's drug/alcohol use; teach effective parenting skills

Community Reinforcement Approach has been found to improve drug related outcomes among juvenile offenders when integrated with Drug Court (Henggeler et al., 2006). In the treatment of alcohol, *CRA* has been found to reduce number of drinking days, however not continuous alcohol abstinence (Roozen, Boulogne, & Tulder, 2004). In a sample of homeless alcohol dependent individuals who either received *CRA* or a standard treatment, levels of alcohol intake, measured at baseline and follow-up, were lower for the *CRA* group (Smith, Meyes, & Delaney, 1998). *CRA* has also been shown to be

effective in the treatment of opiate addiction, in combination with naltrexone, among methadone treated patients (DeJong, Roozen, & Rossum, 2007).

<b>Population</b>	Individuals ages 12 and over
<b>Setting</b>	Community agency, hospital, outpatient clinic, and residential care facility
<b>Length</b>	1 session per week, 50-60 min each, for 12-16 weeks
<b>Format</b>	Individual and group
<b>Racial/Ethnic populations</b>	Has not been tested in specific racial/ethnic/cultural groups.
<b>Staffing needs</b>	Manual training
<b>Provider qualifications (minimal)</b>	Training and certification by Robert J. Meyers & Associates. State laws also govern who should be allowed to serve as a therapist.

## 2. Community reinforcement approach + vouchers (CRA+ voucher)

The Community Reinforcement + Vouchers (CRA + Vouchers) has been widely used in the treatment of cocaine abuse. CRA is “an intensive psychosocial therapy emphasizing changes in substance use; vocation; social and recreational practices; and coping skills. The Voucher Approach is a contingency-management intervention where clients earn material incentives for remaining in treatment and sustaining cocaine abstinence verified by urine toxicology testing. (California Clearinghouse, 2006, ¶ 1)

### *Essential Components*

- Vouchers: points awarded for negative UA tests results which can be accumulated to earn vouchers which have a monetary value.
- Counseling

CRA + vouchers, like CRA, has been shown to be an effective behavioral approach to treating cocaine addiction. The additive voucher component has been found to be more effective than CRA alone, showing an increase in retention rate to program and cocaine abstinence (Smith, Meyes, Miller, 2001; Higgins, Heil, & Dantona, 2007).

<b>Population</b>	Adults 18+ with a diagnosis of cocaine abuse or dependence
<b>Setting</b>	Outpatient clinic
<b>Length</b>	60 minute sessions, 2 or more times a week for the first 12 weeks, then once a week up to 24 weeks. Post 24 weeks of aftercare involves 1 check in session a month for the next 24 months.  UA provided 3 times per week during weeks 1-12; 2 times a week from weeks 12-24
<b>Format</b>	Not designed for group format

<b>Racial/Ethnic populations</b>	Has not been tested in specific racial/ethnic/cultural groups.
<b>Staffing needs</b>	2 therapists, 1 program managers, 1 data manager, 1 research assistant, 1 secretary, 1 post-doctoral fellow, 1 supervisory psychologist
<b>Provider qualifications (minimal)</b>	Therapists need a Master's degree and supervision by a licensed Ph.D.-level Psychologist. Research assistants need to have a Bachelor's degree.

### 3. Motivational Interviewing

Motivation Interviewing is a directive, client centered, counseling style of eliciting behavior change by helping clients to explore and resolve ambivalence. Compared to with nondirective counseling, it is more focused and goal-oriented. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal. (Motivational Interviewing Organization, 2007, ¶ 3)

#### *Essential Components*

- Express empathy
- Support self efficacy
- Roll with resistance
- Develop Discrepancy

Overall support for MI in the treatment of alcohol/drug abuse has been summarized in a meta-analysis of controlled trials (Hettrema, Steele, & Miller, 2005). In an efficacy trial, participants randomized to the MI group were found to have better 28 day retention, however no effects were found on substance abuse outcome at follow ups (Caroll., Ball, & Nich., 2006). Additional findings suggest that , Motivational Enhancement Therapy (MET) compared to standard counseling, may reduce substance use in regards to alcohol, but not primary drug use (Ball, Martino, & Nich, 2007).

<b>Population</b>	Individuals with substance abuse or dependence problems
<b>Setting</b>	Community Agency, Hospital, Outpatient Clinic, and Residential Care Facility.
<b>Length</b>	Usually 1-3 individual sessions. There is some evidence that 2-3 sessions are more effective than a single session. Less is known about the optimal intensity when delivered in a group format. 30-50 minutes each session.
<b>Format</b>	Designed to be conducted in a group (group size 5-7)

<b>Racial/Ethnic populations</b>	Has been tested in specific racial/ethnic/cultural groups.  Appears to produce higher effect sizes when used with minority populations. It has been particularly tested with African-American, Hispanic and Native American populations. (Hetteema, J., Steele, J., & Miller, W. R., 2005)
<b>Staffing needs</b>	Manual training
<b>Provider qualifications (minimal)</b>	None. Efficacy does not appear to be related to the level of practitioner degree.

#### 4. Matrix Model

The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The program includes education for family members affected by the addiction. The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient and using that relationship to reinforce positive behavior change. The interaction between the therapist and the patient is realistic and direct, but not confrontational or parental. Therapists are trained to conduct treatment sessions in a way that promotes the patient's self-esteem, dignity, and self-worth. (National Registry of Evidence Based Programs and Practices, 2007, Abstract section, ¶ 3)

##### *Essential Components*

- Therapist support
- Group/individual participation
- 12 step involvement
- Relapse prevention and education
- Family involvement

The Matrix Model has been widely used with stimulant dependent individuals, particularly cocaine and methamphetamine users (Rawson, Shoptaw, & Obert, 1995). In the largest controlled trial with methamphetamine users, participants randomized to a Matrix Model treatment attended more sessions, stayed in treatment longer, and had longer periods of abstinence compared to those in a standard treatment (Rawson, Marinelly-Casey, & Anglin, 2004).

<b>Population</b>	Ages 18-55 , primarily used to treat cocaine and methamphetamine addiction
<b>Setting</b>	Outpatient, suburban, urban
<b>Length</b>	16 session (1 hour each) over 4 months group, 6 month individualized
<b>Format</b>	Individualized (intensive 6 week program) or group (4 months)
<b>Racial/Ethnic populations</b>	Adapted for use with gay and bisexual men who use methamphetamine. It has also been adapted for use with Spanish-speaking, Thai, Native American, and Slovakian populations.
<b>Staffing needs</b>	Manual training
<b>Provider qualifications (minimal)</b>	Therapist

#### 5. Multidimensional Family Therapy for Adolescents (MDFT)

MDFT is a comprehensive and flexible family based program for substance abusing-adolescents or those at high risk of substance abuse and other problem behaviors. MDFT interventions targets the research-derived risk factors and processes that have created and perpetuate substance use and related problems such as conduct disorder and delinquency. MDFT also intervenes systematically to help individuals and families develop empirically derived protective and healing factors and processes that offset substance use and behavioral problems. MDFT is a multicomponent and multilevel intervention system. (Substance Abuse and Mental Health Services Administration, nd, p.1)

##### *Essential Components*

- Stage 1: Build the foundation
- Stage 2: Work the themes
- Stage 3: Seal the changes and exit

Randomized efficacy studies show support for MDFT. One study found that MDFT had the greatest improvement in treatment among marijuana and alcohol abusing adolescents when compared to outcomes of drug treatments: Adolescent Group Therapy (AGT) and Multifamily Education Intervention (MFEI) (Liddle, Dakof, & Parker, 2001). In a randomized trial of 224 adolescents referred to a community clinic, participants randomized to MDFT were more likely to abstain from drugs at one year follow-up compared to those randomized to individual CBT (Liddle & Dakof, 2004).

<b>Population</b>	Adolescents ages 11-18 high risk for substance abuse and their parents
<b>Setting</b>	Home based intervention
<b>Length</b>	3 stage intervention, lasting from 4-6 months
<b>Format</b>	Individual and family sessions
<b>Racial/Ethnic</b>	Has been applied in African-American, Hispanic/Latino, and White youth

<b>populations</b>	between the ages of 11 and 18
<b>Staffing needs</b>	2 full time therapists , 1 full time therapist assistant/case manager, one half time supervisor . Caseloads are 5-8 adolescent/families
<b>Provider qualifications (minimal)</b>	Therapists are Masters level professionals

#### 6. Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is a multifaceted treatment that addresses the factors associated with serious antisocial behavior in children and adolescents who abuse drugs. These factors include characteristics of the adolescent (for example, favorable attitudes toward drug use), the family (poor discipline, family conflict, parental drug abuse), peers (positive attitudes toward drug use), school (dropout, poor performance), and neighborhood (criminal subculture). By participating in intense treatment in natural environments (homes, schools, and neighborhood settings) most youths and families complete a full course of treatment. MST significantly reduces adolescent drug use during treatment and for at least 6 months after treatment. Reduced numbers of incarcerations and out-of-home placements of juveniles offset the cost of providing this intensive service and maintaining the clinicians' low caseloads. (National Institute of Drug Abuse, 2005, ¶ 1)

##### *Essential Component*

- Delivered in natural environment
- Family driven
- Goal oriented

One study shows that the long term effects of MST among juvenile offenders includes a decrease in aggressive criminal activity and increase in marijuana abstinence (Henggeler, Clingempeel, & Brondino, 2002).

<b>Population</b>	6-12 (Childhood), 13-17 (Adolescent)
<b>Setting</b>	Home, Other community settings, Outpatient, Rural and/or frontier, School, Suburban, Urban
<b>Length</b>	Approximately 4 months ; weekly therapist –family contact
<b>Format</b>	Individual and family sessions
<b>Racial/Ethnic populations</b>	American Indian/Alaska Native, Asian American, Black or African American, Hispanic or Latino, Other/unspecified, White
<b>Staffing needs</b>	MST team: 2-4 full time therapists, .50 time supervisor
<b>Provider qualifications (minimal)</b>	Therapist are Masters level professionals ; supervisor is PhD level professional

## 7. Twelve Steps Facilitation

Twelve Steps Facilitation (TSF) consists of a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse/alcoholism and other drug abuse/addiction. It seeks to facilitate two general goals in individuals with alcohol or other drug problems: acceptance (of the need for abstinence from alcohol or other drug use) and surrender, or the willingness to participate actively in 12-step fellowships as a means of sustaining sobriety. These goals are in turn broken down into a series of cognitive, emotional, relationship, behavioral, social, and spiritual objectives. Participation in self-help groups is central to TSF and is regarded as the primary agent of change. Specific objectives within TSF include attending 90 AA or NA meetings in 90 days, getting and using members' phone numbers, getting a sponsor, and assuming responsibilities within a meeting. (National Institute of Drug Abuse, 2003)

### *Essential Components*

- Based on 12 steps and 12 traditions of AA
- Participation in self help groups
- Spirituality component

TSF has been shown to be equally effective when compared to Acceptance and Commitment Therapy and Methadone Maintenance Treatment among polysubstance users (Hayes et al, 2004). In a comparison study of TSF to Cognitive Behavioral models of treatment in patients from U.S VA Medical Centers, patients randomized to TSF condition were more likely to be abstinent at 1 year follow-up (Ouimette, Finney, & Moos, 1997).

<b>Population</b>	Alcohol abusers and alcoholics and with persons who have concurrent alcohol-cocaine abuse and dependency
<b>Setting</b>	Outpatient, aftercare clients
<b>Length</b>	12-15 sessions, 1 hour each (assessment is 1.5 hours), over the course of 12 weeks
<b>Format</b>	Individualized and can be adapted for group
<b>Racial/Ethnic populations</b>	Has been used with clients of diverse socioeconomic, educational, and cultural backgrounds and a range of maladjustment.
<b>Staffing needs</b>	Facilitator, supervisor, manual
<b>Provider qualifications (minimal)</b>	Facilitator: Master's degree (or equivalent) in a counseling field and a minimum of 1,000 hours of supervised counseling experience, familiar with AA/NA  Supervisor: minimum of 2 years of prior general therapy supervisory experience, conducted TSF and other manual-guided therapies personally

## 8. Cognitive Behavioral Treatment

Cognitive Behavioral Therapy is a widely used therapeutic approach to modify thoughts and behaviors. Cognitive-behavioral Treatments are among the most frequently evaluated psychosocial approaches for the treatment of substance use disorders and have a comparatively strong level of empirical support . To date, more than 24 randomized controlled trials have been conducted among adult users of tobacco, alcohol, cocaine, marijuana, opiates, and other types of substances. CBT attempts to help patients recognize, avoid, and cope. That is, recognize the situations in which they are most likely to use cocaine, avoid these situations when appropriate, and cope more effectively with a range of problems and problematic behaviors associated with substance abuse. (National Institute of Drug Abuse, 2006)

### *Essential Components*

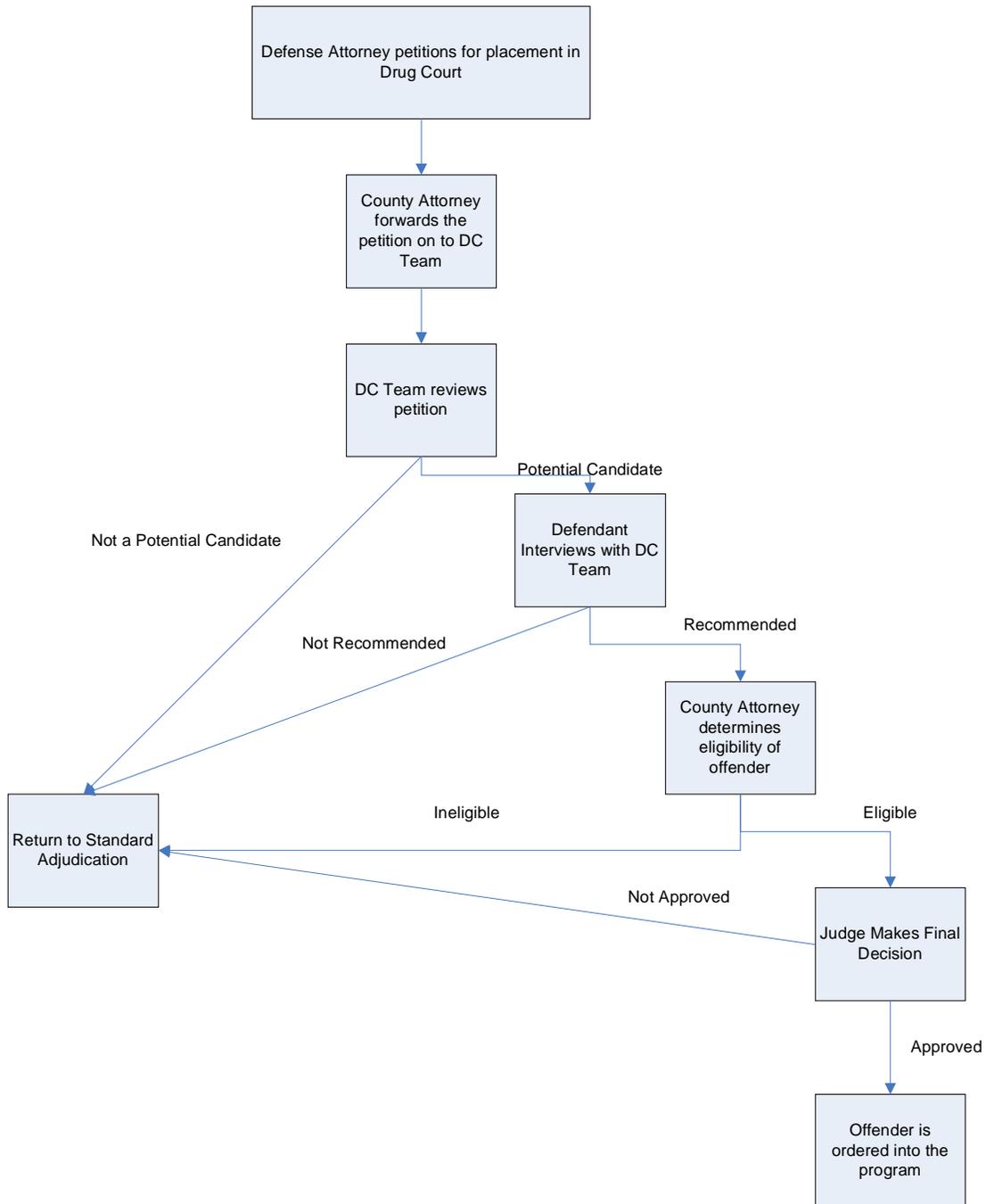
- Functional analyses of substance abuse
- Individualized training in recognizing and coping with craving, managing thoughts about substance abuse, problem solving, planning for emergencies, recognizing seemingly irrelevant decisions, and refusal skills
- Examination of the patient's cognitive processes related to substance use
- Identification and debriefing of past and future high-risk situations
- Practice of skills within sessions

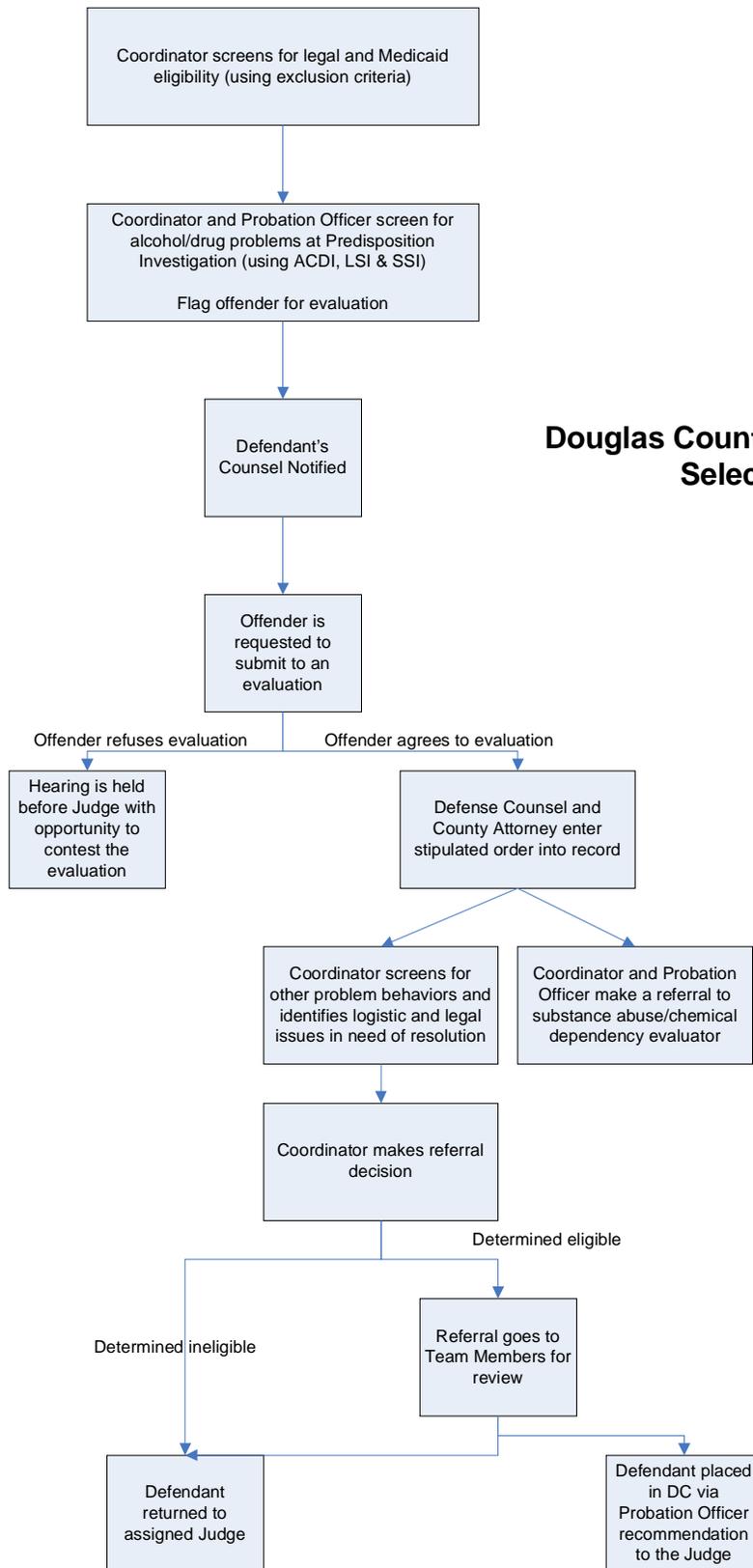
<b>Population</b>	Evaluated on various age ranges
<b>Setting</b>	Outpatient, inpatient
<b>Length</b>	12-16 sessions over 12 weeks
<b>Format</b>	Individual preferred, however can be adapted for groups, requiring lengthening session to 90 minutes
<b>Racial/Ethnic populations</b>	Outcomes evaluated on racial groups
<b>Staffing needs</b>	Therapist, CBT manual (i.e <i>Therapy Manual for Drug Abuse, National Institute of Drug Abuse, 1998</i> )
<b>Provider qualifications (minimal)</b>	Master's level in psychology, at least 3 years working in a substance abuse population

A systematic review of CBT usage among adolescent substance users shows an overall positive outcome in treatment (Waldron & Kamir, 2004). CBT is also found to be equally effective as a standard treatment (Morgenstern, Blanchard, Morgan, Labouvie, & Hayaki, 2001). When combined with pharmacological therapy for alcohol and nicotine

addiction treatment, groups with a CBT component to treatment showed a lower alcohol relapse rate (Anton et al., 1999) and greater cessation outcomes (Sykes & Marks, 2001). In adolescents, compared to psycho educational therapy, cognitive behavioral coping skills resulted in lower rate of positive urinalysis tests (Kaminer, Burleson, & Goldberger, 2002).

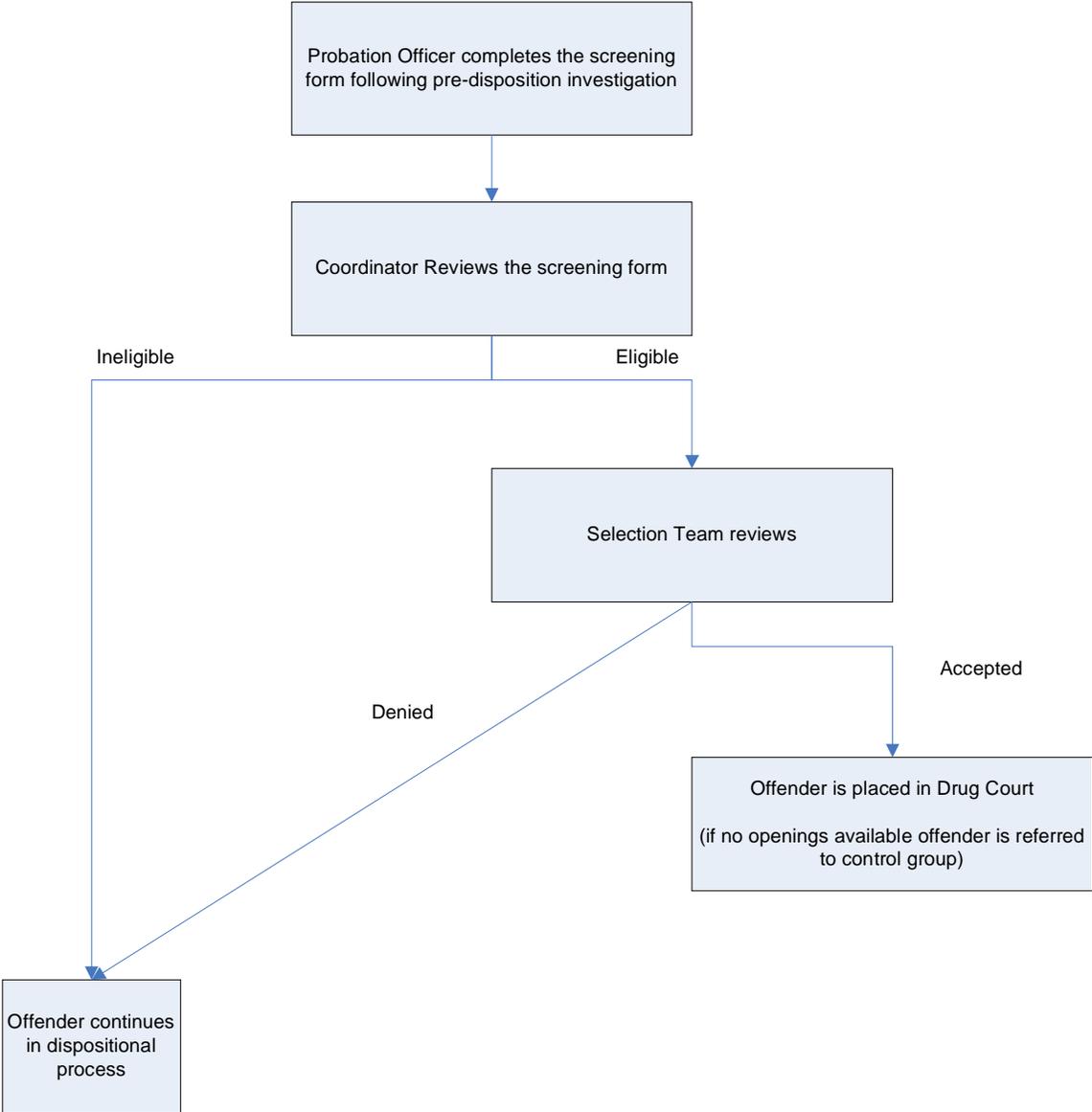
**APPENDIX D: SELECTION FLOW CHARTS BY COURT**  
**Douglas County Young Adult Court**  
**Selection Process**



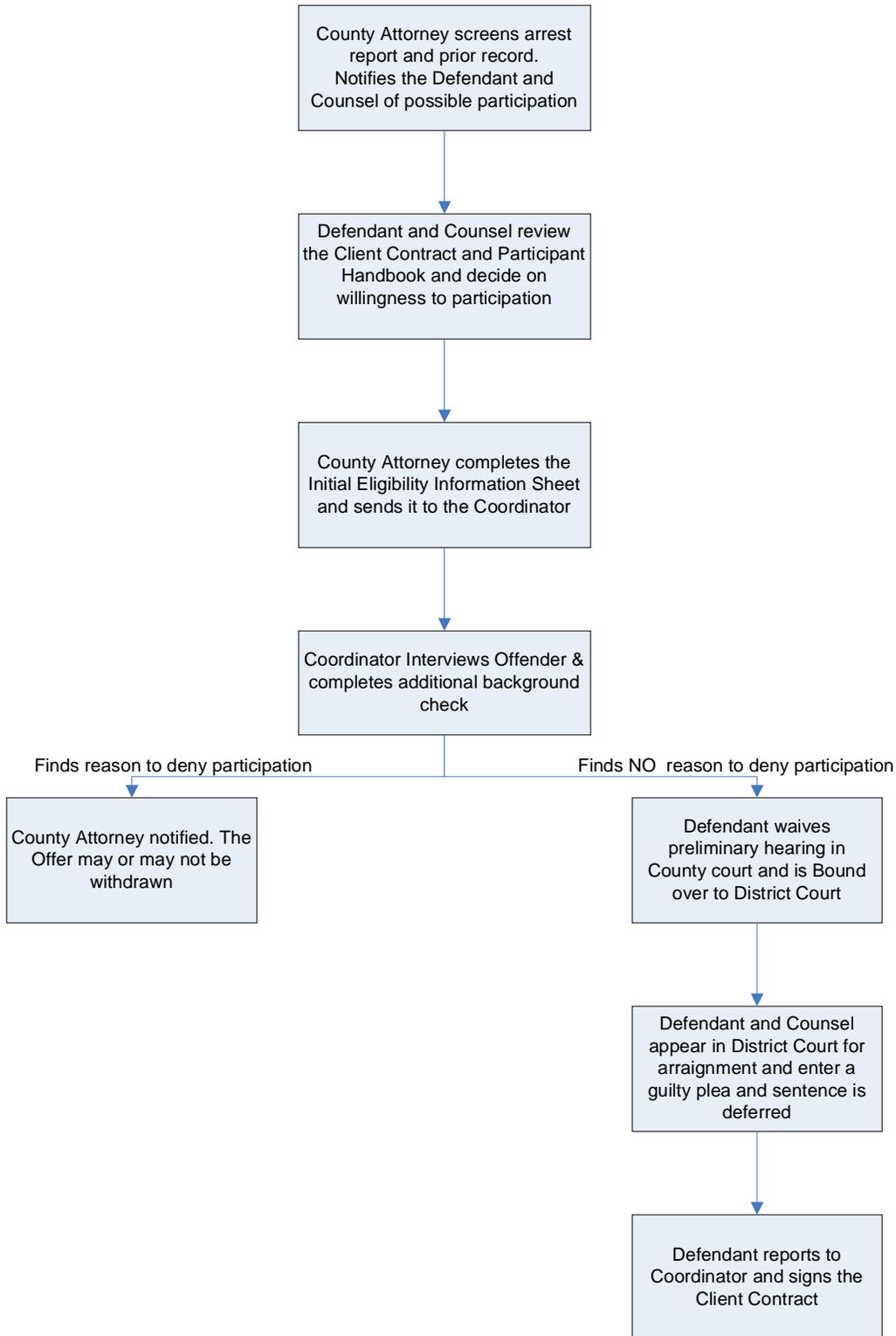


## Douglas County Juvenile Drug Court Selection Process

# Lancaster County Juvenile Drug Court Selection Process

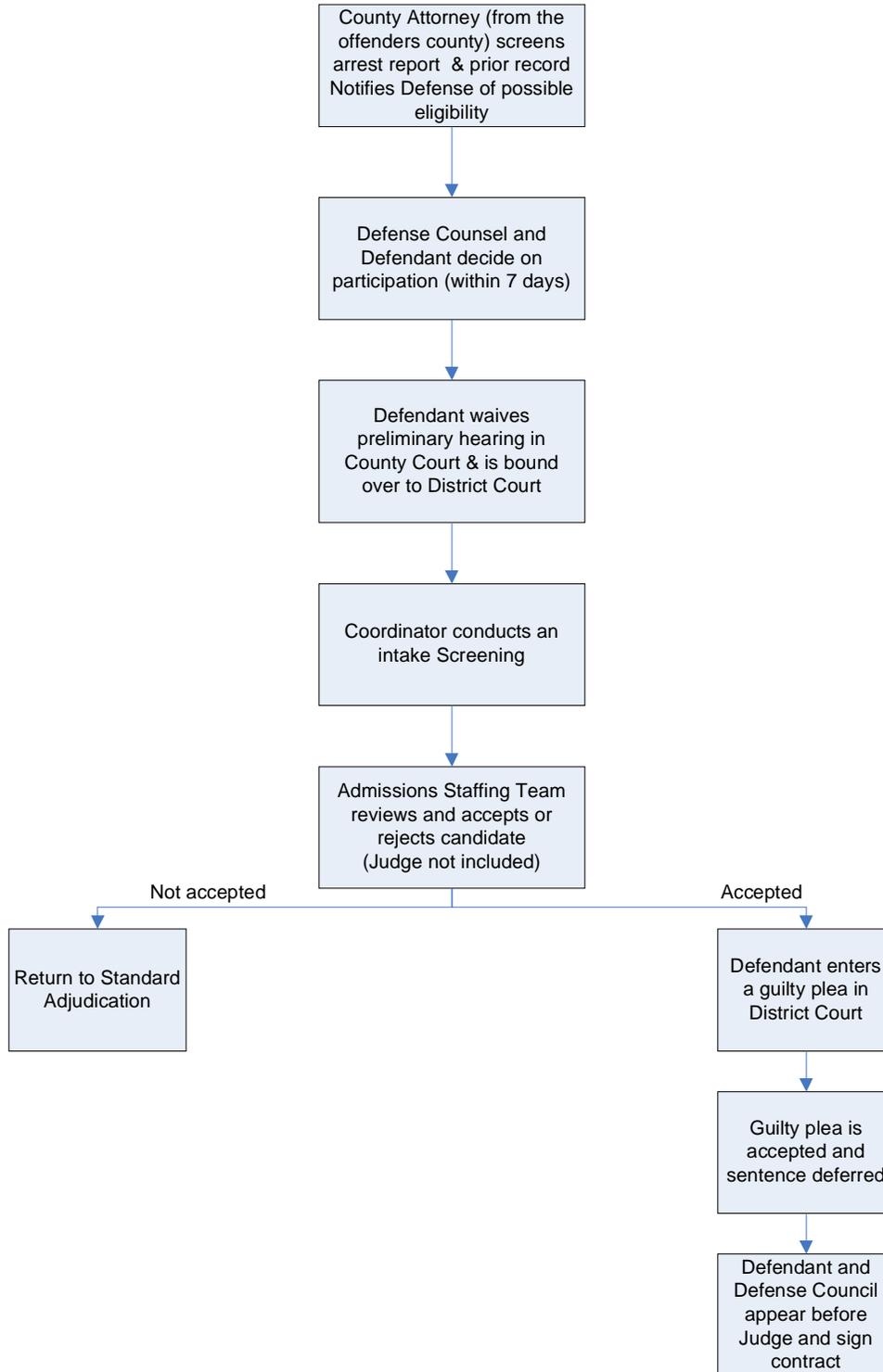


## Midwest Nebraska Adult Drug Court Selection Process

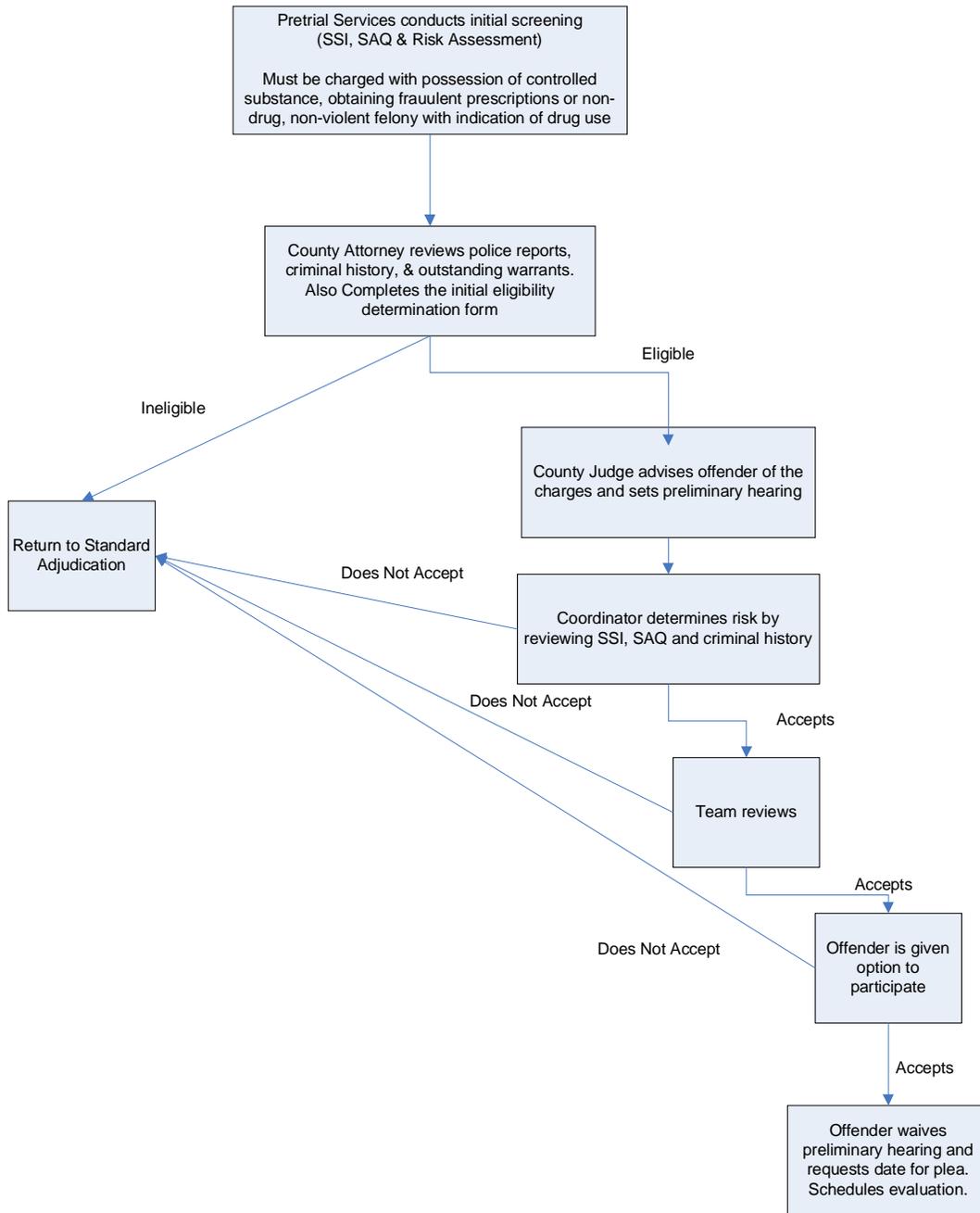




## Northeast Nebraska Adult Drug Court Selection Process

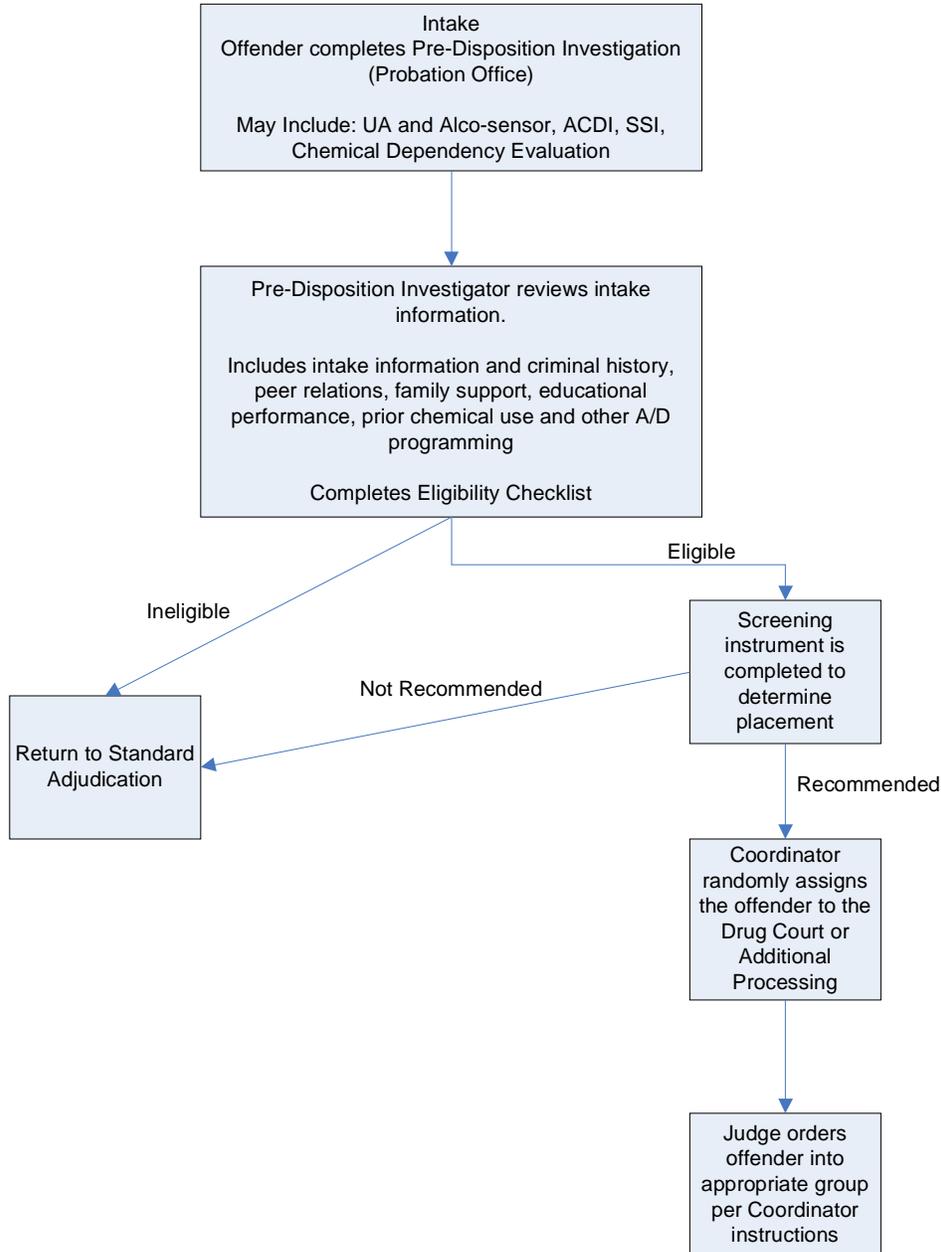


**\*Sarpy County Adult Drug Court  
Selection Process**  
(\*currently in the process of revisions)



## \*Sarpy County Juvenile Drug Court Selection Process

(\*currently under significant revision,  
procedures no longer follow below chart)



## **Appendix E**

### **Interview Questions**

The broad questions in bold were asked of everyone in the category. The bulleted questions were used as probes if the person interviewed did not address the desired areas in their answer to the broad question.

#### Court Officials

##### **Describe the characteristics of the people your DC is designed to serve**

- What are the characteristics of the participants in your DC
- What are the characteristics of the participants who are screened out of your DC
- Who do you wish you could serve that you currently aren't

##### **Describe how your DC program is implemented**

- Describe the process used to identify potential DC participants in your DC
- How long does it take to get into drug court
- How is your courtroom set up
- Describe the role of the judge(s) in your DC
- Describe how other court officials interacted with you in your DC experience
  1. Prosecutor
  2. Defense attorney
  3. Probation Officers
  4. Was there anybody else involved in the DC that we haven't talked about
- Describe the process used to match participants to services
- How does your drug court monitor/respond to participant compliance
- What is the role of alcohol and drug testing in your DC
- Tell me about the role of incentives in your DC
- Describe the community linkages that your DC has
- What community links is your DC missing
- What is the role and type of continuing education your DC team members have found most useful/least useful
- Tell me about how your drug court uses inter-disciplinary team approaches
- Describe any innovative practices in your DC that may not yet be reflected in the Policies or Procedures
- What do you do in your DC that is unique
- Describe how your DC measures its overall success
- How do you monitor the effectiveness of your DC outside of individual participant success
- How could your DC be improved

##### **What influences the success or failure of participants in your DC**

- Describe the offenders who are most likely to be terminated from the DC
- Describe the offenders who voluntarily leave DC
- Why do these offenders fail

- What are the barriers to recovery for participants of your DC
- Describe the DC participants who succeed
- How did participating in DC affect participants
  1. Specific skills gained
  2. Changes made
- What are the most significant things that go on inside the courtroom that influence participant success
- What are the most significant things that go on outside the courtroom that influence participant success
- Describe the treatment and rehabilitation services your DC uses
- What seems to work best with DC participants
- What services or supports do kids and their families need to be successful

### Treatment Providers

#### **Describe your impression of how the DC program is implemented**

- Describe your role in the process used to identify potential DC participants
- Tell me about how the courtroom is set up
- What is the role of the judge(s) in your DC
- Describe how other court officials interacted with you in your DC experience
  1. Prosecutor
  2. Defense attorney
  3. Probation Officers
  4. Was there anybody else involved in the DC that we haven't talked about
- Describe the process used to match participants to services
- How does your drug court monitor and respond to participant compliance
- What is the role of alcohol and drug testing in your DC
- Tell me about the role of incentives in your DC
- Tell me about how your drug court uses inter-disciplinary team approaches
- Describe the community linkages that your DC has
- What community links is your DC missing
- Describe any innovative practices in your DC that may not yet be reflected in the Policies or Procedures
- What do you do in your DC that is unique
- If you could change one thing about your DC, what would it be

#### **What treatment modalities do you use with DC participants**

- Describe the services you offer
  1. Assessment
  2. Group
  3. Individual
- What evidence based practices or best practices do you use, if any (for example cognitive behavioral therapy)
- What is the role of traditional 12 step programs in your treatment program
- How do you serve people with co-occurring disorders (mental health and substance abuse)

- What services or supports do kids and their families need to be successful
- What type of continuing education related to DC have you found most useful/least useful

**What influences the success or failure of participants in the DC program**

- What are the characteristics of the DC participants you serve
- What are the characteristics of the DC participants you don't accept for service
- Who do you wish you could serve that you currently aren't
- What are the barriers to recovery for participants of your DC
- How did participating in DC affect participants
  1. Specific skills gained
  2. Changes made
- What are the most significant things that go on inside the courtroom that influence participant success
- What are the most significant things that go on outside the courtroom that influence participant success
- Describe the DC participants who succeed
- What seems to work best with DC participants

Participants

**Tell me about your experience in the DC program**

- Tell me about how you came to be included in the DC program
- How did participating in DC affect you
  1. Specific skills gained
  2. Changes made
- What was your relationship with the judge(s) like
- Describe how other court officials interacted with you in your DC experience
  1. Prosecutor
  2. Defense attorney
  3. Probation Officers
  4. Was there anybody else involved in the DC that we haven't talked about
- How did your drug court monitor how you were doing
  1. Role of alcohol and drug testing
- What happened to people who didn't follow the program
- What happened to people who did follow the program
- If you could change one thing about your DC, what would it be

**What influenced the outcome of your experience in the DC program**

- What were the most significant things that went on inside the courtroom
- What were the most significant things that went on outside the courtroom
- Tell me about the treatment or rehabilitation services
- What services or supports do kids and their families need to be successful

## Courtroom Observation Worksheet

The following worksheet was used to guide observations of problem solving courts. Narrative notes were taken by the observer in addition to the checklist material

Court Location \_\_\_\_\_  Adult       Juvenile      
Family

### Courtroom set-up

- Seating arrangement - sketch
  - Participant location (e.g., closeness to bench; next to lawyer)
  - Location of other actors
  - Participant miked                       Yes               No
- Who's present?
  - Judge
  - Court coordinator
  - County prosecutor
  - Public defender
  - Participant/client/offender
  - Participant's family members (list)
  - Treatment provider
  - School representative (if juvenile or family court)
- Other (describe)

### Environmental factors

- Ambient noise
- Video recording                       Yes               No
- Presence of others in courtroom
  - General audience present                       Yes               No
- Other (describe)

### Judicial behavior:

- Level of eye contact with...
  - Court coordinator                       None               Little  Lots
  - County prosecutor                       None               Little  Lots
  - Public defender                       None               Little  Lots
  - Participant/offender                       None               Little  Lots
  - Participant's family members (list)
    - None               Little  Lots
  - Treatment provider                       None               Little  Lots
  - School representative                       None               Little  Lots
  - NA

- Physical contact w/ participant (describe if yes)     Yes     No
- Remains throughout session     Yes     No
- Judge addresses gallery     Yes     No
  - What does he talk about?
- Feedback issued (in this session – may not reflect all sessions)
  - Positive     None     Little  Lots
  - Negative     None     Little  Lots
- Other (describe)

Process

- Order of cases (anything noteworthy?)
- Order addressed (number in order)
  - \_\_\_\_\_ Court coordinator
  - \_\_\_\_\_ County prosecutor
  - \_\_\_\_\_ Public defender
  - \_\_\_\_\_ Participant/client/offender
  - \_\_\_\_\_ Participant's family members (list)
  - \_\_\_\_\_ Treatment provider
  - \_\_\_\_\_ School representative     NA
- Time spent on participant's case (number of minutes) \_\_\_\_\_
  - Time judge/court speaks/listens specifically to...
    - \_\_\_\_\_ Court coordinator
    - \_\_\_\_\_ County prosecutor
    - \_\_\_\_\_ Public defender
    - \_\_\_\_\_ Participant/client/offender
    - \_\_\_\_\_ Participant's family members (list)
    - \_\_\_\_\_ Treatment provider
    - \_\_\_\_\_ School representative     NA
- Participant addresses gallery     Yes     No
- Other (describe)