HAMiLTON COUNTY DRUG COURT PROCESS EVALUATION

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The Hamilton County Drug Court is determined to reduce recidivism by guiding substance abusing offenders to long-term sobriety. The HCDC uses a team approach to working with substance abusing offenders and addresses not only substance abuse but provides an overall assessment of criminogenic risk and need. The mission of the HCDC is to unite community resources in an intensive supervision and treatment program for non-violent, drug addicted, and drug dependent defendants. Participating in this program offers drug court participants the chance to learn personal responsibility, reach long-term sobriety, improve their social and vocational skills, and improve their pro-social thinking skills. The HCDC provides a universal approach promoting public safety, reducing substance abuse, reducing recidivism, reducing overcrowding, and offering participants a way to become productive members of society.

Drug courts are complex systems designed to reduce recidivism related to substance abuse. Therefore, drug court processes must be examined to determine if the program is working as planned. The Hamilton County Drug Court Advisory Board decided to have a process evaluation completed to determine if the HCDC is operating as originally planned. This report details the findings of the evaluation and clarifies the processes used by the HCDC. This evaluation is divided into five sections. The first two sections examine the research methods used for data collection and describe the characteristics of the program. The last three sections review The 10 Key Components of Drug Courts, describe the 8 Principles of Effective Intervention, and offer recommendations for program enhancement.
1. Research Methods

This evaluation was conducted with the cooperation of the Hamilton County Drug Court Advisory Board in an effort to identify if program goals and objectives are being fulfilled. Data collection methods included surveys, interviews, court observation, and a review of all documents related to the drug court program. All data was documented throughout the 2011 and 2012 fiscal year. Data collections methods are discussed in detail below.

Surveys

The first part of the data collection process involved gathering qualitative information about the program, staff, and participants. According to Miles & Huberman (1994), “all research has a qualitative grounding.” Surveys were used to collect data on program characteristics, attitudes, and measure levels of satisfaction. The first staff survey included questions on program development, policy and procedure, population, case processing, and collected demographic data on all team members. A second survey was used to collect information about staff attitudes.

According to Fishbein and Ajzen (1975), attitude is an important concept that is often used to understand and predict people’s reaction to an object or change. Allport (1935) also found that attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual’s response to all objects and situations to which it is related. Therefore, in order to recognize the relationship between attitude and behavioral change emphasis was placed on collecting data related to staff and participant attitudes.
Satisfaction surveys were also used to collect qualitative data. Staff satisfaction was measured on a five point scale in which a score of one indicated no support and a score of five indicated a high level of support. Drug court participants were also given a satisfaction survey similar to the one used with staff. This survey was given to all active drug court participants to gain knowledge about what they experienced while in the HCDC Program. This survey also collected data on participant suggested changes. For example, many of the participants stated that they had a very difficult time keeping up with the fees of the program, more precisely, the fees for urine screens. The participants suggested the drug court team members discuss other less expensive ways to test for substances such as a "dipstick" method. Overall, the surveys collected a large amount of qualitative data and helped explain the attitudes and satisfaction levels of both drug court team members and participants.

Interviews

Interviews were another technique used to collect data about the HCDC Program. This researcher met with drug court staff and discussed the development, progress, and changes occurring since inception. Those individuals not available or those who did not want to participate in the interview process completed a questionnaire similar to the interview questions. An interview guide was also developed to collect data on the responsibilities of each team member position. This provided a more detailed look at each drug court position.

Drug court participants were also interviewed to gather feedback about the program. These interviews accomplished two goals. First, they helped gain program buy-in from the participants. Secondly, they offered participants a way to provide feedback about the program and what they thought may need changed. For instance, participants were able to voice
opinions about the program and remain anonymous. There were eleven participants who contributed data. At the time of the study this was the entire population of the drug court program. All participants were asked the same thirteen questions and answers were recorded. Each interview was approximately thirty minutes in length which allowed ample time for participants to answer the interview questions. The data collected from these interviews is located in Appendix D.

Document Review

All documents related to the HCDC were organized and reviewed. The *Hamilton County Drug Court Policy and Procedures Manual* provided information on the administration, management, screening and clinical rights, operation, case management, facilities, fiscal management, and personnel management of the program. Other documentation examined included the following:

- Participation Agreement
- Criminal Justice Consent for Release of Confidential Information
- General Consent for Release of Confidential Information
- Hamilton County Probation Adult Case Plan (IRAS)
- Process on Violation
- Urine Drug Screen Voicemail Set up
- Random Drug Screen Information Form
- Weekly Behavioral Objectives
- Rewards & Sanctions
Assessments – Indiana Risk Assessment System (IRAS), Subtle Substance Abuse Screening Inventory (SASSI), and the Individualized Service Contract (ISC)

Order Terminating Drug Court Participation

Verified Petition to Terminate Drug Court Participation

Warrant Order

Request for Warrant for Violation of Drug Court Participation Agreement

Verified Petition to Terminate Drug Court Participation and Information of Violation of Probation

Verified Petition to Terminate Drug Court Participation and Information of Violation of Probation and Request for Warrant

The Clinical Eligibility Screening Tool was also reviewed. Once eligibility is determined, the drug court assessment staff conducts a clinical eligibility screening. The clinical screening included, at a minimum, the following:

Statement of the presenting problem

Social, peer group and environmental setting from which the participant comes

Military service history

Financial status

Alcohol and drug use of family members and attitudes toward use

Occupational and educational status

Legal history and current legal status

Medical history

Mental health history
Current thoughts of suicide or homicide

The clinical screening also incorporated information related to prescription and over-the-counter drug use which includes:

- Substances used in the past
- Substances used recently, especially within the last 48 hours
- Substances of preference
- Frequency of use of each substance
- Previous occurrences of overdose, withdrawal, or adverse reactions
- Year of first use of each substance
- Method of administration of each substance
- History of previous substance abuse treatment

In general, the processes of the HCDC Program were examined by effectively using surveys, interviews, and document review to collect data.

II. Program Characteristics

Drug Court Hearings

All drug court team members attend case staffing and status hearings weekly. Status hearings are conducted every Monday at 1:30 p.m. If a team member is not able to attend either of these activities they stay in contact by email or phone. All team members are emailed participant updates before court explaining the current status of the participant and what has transpired within the last seven days. Team cohesion appears to be important to the HCDC due to its ability to have all team members attend both case staffing and court hearings.
In 2011 and 2012 this researcher documented the processes occurring during drug court hearings. All drug court participants in phase one of the program attend court weekly. Phase two participants attend court every other week and phase three participants attend court once a month. All participants are required to dress appropriately and maintain acceptable behavior during court proceedings. Participants are also required to remain in the courtroom until all hearings have completed. There are exceptions to this rule. For example, this researcher observed a participant who needed to leave the hearings early so he would not be late to work. He politely talked to the judge and was permitted to leave early. The drug court team then incorporated this event into their rewards program. If approved, leaving after your hearing is used as a reward. The average time spent with an individual drug court participant was approximately four minutes; this average increased if the participant was in violation or needed to talk about other topics. The HCDC does not have a time limit and each participant is given sufficient time to speak with the judge about his or her progress. All participants were given verbal praise for accomplishing goals and formally recognized when moving phases. The HCDC has a bulletin board to show phase position in the program. This researcher observed many participants moving phases and they all seemed proud of this accomplishment. The ability to witness status hearings allowed accurate process identification and the capability to understand the general "mood" of the courtroom atmosphere.

This researcher also participated in case staffing. Meetings were held every Monday at 11:00 a.m. During case staffing decisions were made using a collaborative effort. All team members were given time to offer their recommendations about a case in an informal way to determine the best overall response. Generally, court observation and the ability to witness
case staffing explained the successful methods the HCDC used to process participants through the program.

Drug Court Team

The drug court team consisted of a primary and secondary judge, drug court coordinator, case manager, two prosecutors, two public defenders, community corrections director, community corrections field services coordinator, two treatment providers, and a program evaluator. All members of the drug court team participated in all areas of the program. During case staffing all members of the drug court team discussed the current status of participants and their records of compliance. Although the judge is in charge of these team meetings, decisions regarding the program and participants are made with input from all team members. Overall, as a group, the drug court team efficiently worked together to maintain an effective program.

Judge

The primary drug court judge has supervised the program since inception and played an integral part in its design. She carries both the responsibilities of drug court supervisor and trial court judge. She works approximately sixty hours a week and spends, at a minimum, 25% of her time on drug court duties. The remainder of her time is spent running the Superior 5 Trial Court and supervising the court's six employees. She also supervises the CARE Program, writes grants, and participates in all other trial judge requirements.

The secondary drug court judge provides court supervision in the absence of the primary judge. He is also a trial court judge and assists the HCDC in making positive changes to the
program. Both judges have taken leadership roles within the program and continue to work with all team members in an effort to provide public safety and increase the quality of life for the participants.

Drugs Court Coordinator

The drug court coordinator was part of the original design team and assisted the judge in setting up the program. This position is responsible for the administration, management, and coordination of court services. The drug court coordinator also supervises operations which includes, but is not limited to, supervising drug court staff, court compliance with state statutes and rules, developing problem-solving court policies and procedures, managing service contracts, supervising grant applications, facilitating drug court team meetings, and serving as the liaison to local service providers and community groups. The drug court coordinator also attends drug court hearings, advisory board meetings, and works to educate the general public on the drug court program. Overall, the drug court coordinator provides many services to keep the program running efficiently.

Drug Court Case Manager

The third staff member involved with the drug court is the case manager. Currently, there are two case managers responsible for direct supervision of program participants. This position is a dedicated member of the drug court team and supervises a maximum caseload of forty participants. At a minimum, the drug court case manager spends approximately thirty-seven and half hours each week completing drug court related tasks. These tasks include, but are not limited to, supervising caseloads, interviewing participants, administering assessments,
working with treatment providers, and providing progress and compliance reports to the drug court team.

*Prosecutor*

The HCDC has two prosecuting attorneys which represent the state in drug court cases and determine if participants meet all legal eligibility criteria required for admission. In order to participate in the drug court program, potential candidates must be approved by the prosecuting attorney. This position is also responsible for advising the drug court team on how to pursue violations of the program due to a new arrest or non-compliance and developing plea agreements. The prosecutor attends all team meetings, court hearings, and maintains an open line of communication with all drug court team members.

*Public Defender*

There are two public defenders on the HCDC team. Their primary function is to represent participants in all court hearings related to the drug court process. The public defenders also work with the judge and prosecuting attorney on plea agreements, treatment conditions, and all other court requirements of the program. They refer participants to the drug court program and attend all drug court team meetings and hearings. The defense team understands the dynamics of the drug court model and how structure and treatment lead to better overall outcomes for participants. According to one drug court team defense attorney, "drug court does fit the description of help as it offers a lot of structure and treatment.” Generally, the prosecution and defense teams work together to decide the best overall decision.
in regards to drug court participants. Both parties understand the importance of working together using a non-adversarial approach.

Hamilton County Community Corrections

There are currently two staff members from Hamilton County Community Corrections on the drug court team. The first is the director of personnel. This position is responsible for updating the drug court team on changes related to community corrections programming. A large portion of drug court participants are placed in community corrections programs during their participation in drug court. The director of personnel supervises these programs and reports information to the drug court team during case staffing.

The second community corrections staff member is the field services coordinator. Their primary responsibility is field supervision of drug court participants. She maintains weekly field contacts, attends case staffing, and reports to all court hearings. Hamilton County Community Corrections works cohesively with the HCDC to provide participants with suitable living arrangements and evidence-based services.

Treatment Providers

There are currently two primary treatment providers working with the HCDC. The first treatment provider is Aspire; they provide substance abuse counseling, mental health counseling, and aftercare for drug court participants. This program meets with clients three times a week for three hours a session. Once intensive outpatient therapy is completed, most participants are placed in Aspire's aftercare program Sober Living. This is a twelve week program that meets one time per week to work on relapse prevention. The Aspire drug court
representative is certified by the state to manage substance abusing participants and attends case meetings, provides guidance on treatment related services, and provides progress reports to the drug court team.

Substance abuse treatment is also provided by Pro-Active Resources. Pro-Active Resources facilitates a 72-hour drug treatment out-patient program. This program is research based, uses cognitive-behavioral therapies, and incorporates a psycho-educational component. All counselors are certified addictions specialist and recovering substance abusers. Participants are required to attend, at a minimum, two AA/NA meetings per week. Pro-Active Resources also provides aftercare. The Continued Care program is a twelve to twenty hour aftercare program that meets with participants one to two times per week. The Pro-Active representative is also certified by the state to manage substance abusing participants, partakes in case staffing, provides advice on treatment related services, and makes progress reports available to the drug court team.

Drug Court Team Member Training

All drug court team members receive on-the-job training and attend drug court related conferences. For example, the drug court judge, coordinator, and case manager all attended the Bureau of Justice Assistance Drug Court Planning Initiative and annual drug court training conducted by the Indiana Judicial Center. They have also attended the National Association of Drug Court Professionals (NADCP) conference and completed training workshops on drug court principles offered by the National Drug Court Institute. All other training opportunities are conducted “in house” and all drug court team members are required to complete these trainings. These classes include training on various drug related issues such as relapse
prevention, rewards and sanctions, risk and need classification, and case supervision.

According to the drug court case manager, “the best training for drug court preparation was being able to observe working drug courts around Indiana.” Drug court team members completed four visits to various drug courts around the state of Indiana. Generally, team members receive a large amount of formal training which includes attending conferences, in-house training, and court observation.

Program Capacity

The HCDC has the capacity to serve a maximum of forty participants. This is a relatively new program and participation continues to grow. The current capacity as of April 2012 was fourteen active participants. To date, the program has steadily grown and more participants are being referred to the program. Since inception, the program has not filled all available positions and can accommodate at least twenty-six more participants. As of April 2012, there have been fourteen active participants, six terminations, and four pending cases. Total clientele for the first quarter of 2012 included twenty-four cases (including active, terminated, and pending categories). There has also been seventy-eight participants denied entry into the program since 2010. According to the HCDC Management Information System, there were twelve male and twelve female participants and all were Caucasian. The primary drug of choice was alcohol (25%). Other drugs found in this population included: opiates (12.5%), Crack (4.17%), cocaine (4.17%), and marijuana (23%). Age classification for this population ranged from nineteen to over forty-one years in age. The highest percentage age classification for this population was twenty-two to thirty (37.5%). Since inception, referrals continue to increase and the program is becoming more efficient.
Drug Court Goals

The HCDC has a specific list of goals and objectives to reduce recidivism and illegal substance abuse. According to the Process and Procedures Manual, "the mission of the Hamilton County Drug Court is to unite resources of our community in an intensive supervision and treatment program for non-violent drug addicted and drug dependent defendants. Drug court participants have the opportunity and incentive to learn personal responsibility, achieve long term sobriety, and enhance their social, vocational and academic skills. The holistic approach of the Court promotes public safety, reduces criminal justice costs, reduces jail overcrowding, and empowers participants to become productive members of our community with the use of evidenced based practices."

The goals and objectives of the HCDC include:

- Reducing recidivism by guiding substance abusing offenders to long-term sobriety and overall life improvements
- Reducing the overall criminal justice costs by reducing drug addiction, street crime, and costs of incarceration
- Collaborating with community agencies to develop a systematic approach to working with substance abusing and addicted offenders
- Providing eligible offenders early and affordable access to a full continuum of substance abuse services including detoxification, residential services, outpatient services, supportive living programs, support groups, and relapse prevention
- Enrolling up to 30 eligible offenders in the drug court within the first year of operation
Providing immediate accountability through the use of graduated sanctions for defendants who are not in compliance with program rules.

Facilitating the acquisition or enhancement of academic, vocational, and life skills development in defendants.

The drug court team uses the above goals to reduce recidivism and substance abuse within the program.

Drug Court Screening Process

The following section details the screening process for potential drug court candidates before they start the program. The process begins with arrest. Once the participant is placed in the Hamilton County Jail they are scheduled for an initial hearing. Referrals are made by the defense counsel, prosecutor's office, and probation department at the time of the initial hearing. During the initial hearing the defendant is asked if he or she has a drug abuse problem. If the defendant admits to drug abuse then the case is transferred to the prosecutor for an eligibility determination including a formal background investigation. Then the Superior Court Six Judge is notified. If the participant does not meet the eligibility criteria they are placed back into standard processing. If they do meet the criteria they are scheduled for clinical screening. At the time of the clinical screening, the Indiana Risk Assessment System (IRAS), Texas Christian University Client Evaluation of Self and Treatment Intake Version (CJ CEST-Intake), Subtle Substance Abuse Screening Inventory (SASSI-3), and Criminal Thinking Scale (CTS) are administered. Once all assessments have been completed the case is reviewed by the drug court team and recommendations are made. If accepted into the program the participant is scheduled for orientation and added to the HCDC Management Information.
System. If denied, the participant's information is still entered into the management information system for tracking purposes but they are placed in standard processing and supervised by their originating court. Overall, the HCDC uses a formal screening process, which includes, interviewing and assessing participants to determine if they are suitable for the program. The following HCDC Flow Chart displays the selection process for drug court participants.

*Figure A: Hamilton County Drug Court Flow chart*
If offender answers yes to drug problem case moves to prosecutor and Sup. 6 Judge is notified

Determines legal eligibility for program - Must be approved to move ahead.

Defense attorney will discuss program with offender

Drug court team member discusses case and recommendations

Intake conducted and orientation scheduled
Eligibility Criteria

There are two forms of eligibility criteria used by the HCDC. The first is legal eligibility. According to the Policy and Procedure Manual, "offenders may be referred to the Hamilton County Drug Court by the Hamilton County Circuit Court Judge or any of the six Hamilton Superior Court Judges, the prosecuting attorney's office, defense attorneys, Hamilton County Community Corrections, or Hamilton County Probation Department." All referrals to the drug court are submitted to the drug court coordinator or case management supervisor who provides a copy of the referral to the drug court deputy prosecutor. The deputy prosecutor then states whether or not the participant meets all eligibility criteria. Persons admitted to the drug court must meet eligibility guidelines outlined in IC 33-23-16 and Section 18 of the Problem-Solving Court Rules and those established by the drug court team. The drug court team considers interested parties eligible for participation if they are:

- At least 18 years of age
- Have reliable transportation
- Have a willingness to participate in treatment as well as court appointments and hearings
- They must admit to either an addiction or significant abuse of mood altering substances
- Must enter a guilty plea to a felony offense and/or multiple or repetitive misdemeanor offenses or admit to violating probation

In addition, the HCDC considers accepting high to moderate risk offenders or low risk offenders with high levels of need in areas other than substance abuse. These risk and need levels are determined by the Indiana Risk Assessment System (IRAS), along with the Substance
Abuse Subtle Screening Inventory (SASSI-3) and the Client Evaluation of Self and Treatment Intake Version (CJ CEST-Intake).

A person is not eligible for the Hamilton County Drug Court program if he or she is charged with or convicted of a felony during which they carried, possessed, or used a firearm or other dangerous weapon and:

- Force was used against another person, or
- Death or serious bodily injury occurred to any person

A person is also not eligible for the HCDC if they have one or more prior convictions for a felony crime of violence involving the use or attempted use of force against any person with the intent to cause death or serious bodily harm. Candidates with outstanding warrants, detainers, or pending terms of probation or parole in other counties or states are also ineligible.

Furthermore, the HCDC will not accept a referral for any type of sex offense. Final determination of the individual's eligibility to participate in the HCDC rests with the Hamilton County Drug Court Judge. The HCDC provides services to offenders who meet eligibility criteria under the above-referenced authorities and the criteria for admission established by the team.

The court does not discriminate on the basis of race, religion, gender, sexual orientation, ethnicity, age or disability.

The second type of program eligibility is clinical eligibility. Following the legal eligibility screening, the drug court case manager or C.A.R.E. program assessment staff conducts a clinical eligibility screening preceding a referral for treatment evaluation. The clinical screening includes the following:

- Statement of the presenting problem
Social, peer group, and environmental setting of the participant

Military service history

Financial status

Alcohol and drug use of family members and attitudes toward use

Occupational and educational status

Legal history and current legal status

Medical history

Mental health history and current thoughts of suicide or homicide

The clinical eligibility screening shall also include an alcohol and drug use history of the participant, including information related to prescription and over the counter drug use, which provides the following information:

Substances used in the past

Substances used recently, especially within the last 48 hours

Substances of preference

Frequency of use of each substance

Previous occurrences of overdose, withdrawal, or adverse reactions

Year of first use for each substance
Method of administration of each substance

History of previous substance abuse treatment

Assessments are completed during the clinical screening process. The Indiana Risk Assessment System (IRAS) is administered to determine risk and need. In addition, the Subtle Substance Abuse Screening Inventory (SASSI-3) and the Client Evaluation of Self and Treatment Intake Version (CJ CEST-intake) are also administered at this time. All clinical screenings are conducted in the form of a personal face-to-face interview. The case manager or assessment officer documents this contact by producing a narrative summary of the case manager or assessment officer's clinical impression and a recommendation concerning the offender's appropriateness for drug court. In addition, an Individualized Service Contract (ISC) is also generated for each client and signed at the time they are admitted into the program. A copy of this form is given to the client, sent to the treatment provider, and also maintained in the participant's record.

Following the clinical screening, the assessment officer provides all team members with a copy of the narrative summary and the case is presented at the next available drug court team staffing. If the client is not eligible for the program, then a Notice of Declination form is completed by the deputy prosecutor, program coordinator, or drug court judge. The Notice of Declination outlines the date and reasons why the participant was refused admission into the program. This form is also used if the client declines program admittance. A copy of this form is maintained in the clinical screening case record which is housed in the office of the drug court coordinator. This record remains confidential and separate from the general probation file.
Overall, participants must meet all legal and clinical eligibility criteria to participate in the program.

Orientation

Participants found to be eligible for the HCDC are assigned an assessment officer within ten days to obtain all the necessary information from the participant. This information is then submitted to the drug court team for review. If necessary, a presentence investigation is also conducted at this time. If the offender is incarcerated, then a yellow drug court orientation folder is taken to the jail for the offender to review. The staff member reviews the following information with the participant individually or in a group setting and provides the information in writing. The information reviewed includes:

- Eligibility criteria, including the fact that a person does not have a right to participate in drug court
- Services offered by the drug court either directly or by referral
- Requirements for successful completion including court appearances, chemical testing, day reporting, appointments with case managers and treatment providers, self-help groups, and other regularly scheduled appointments
- Behavior that could result in sanctions or termination from drug court
- Possible sanctions for non-compliance with drug court requirements
- Information about treatment providers used by the drug court
- Information about the cost to participants for the administration fee, user fee, chemical testing, and treatment expenses and the procedure and schedule for paying those costs
Information about the drug court's policy and procedures for scheduling and conducting chemical tests

Advice that a participant always has the opportunity to obtain the advice of counsel

Hamilton County Drug Court treatment provider information

Following the completion of the orientation session, the staff member has the participant sign a form indicating they have been provided a copy of the orientation information and understand the information provided. The case manager places a copy of the signed form in the participant's drug court case record. If the participant refuses to sign the form or does not sign the form for any other reason, the case manager documents the reasons in the participant's record. Generally, orientation provides an opportunity for the participants to complete all necessary drug court documentation once they are eligible for the program.

Program Phases

The HCDC uses a three phase system to process participants through the program. Phase one is three to five months; phase two is six to nine months; and phase three is six months. The program from start to finish is eighteen months but may last longer if the participant fails to complete the program requirements. Moreover, phase duration is dependent on the participant's progress. Some participants may remain in the program longer than eighteen months for failing to complete their program requirements. Currently, no participants have graduated from the program but two are scheduled to graduate in 2012.

Phase one requires participants to start the treatment process while maintaining abstinence from substance use. If necessary, participants are placed in a detoxification
program. Once detoxification has completed the participant starts treatment. Phase one may also require participants to take part in work release or electronic monitoring. They may also be required to complete scheduled and random urine drug screens, agree to a curfew, home visits, and attend at least three support group meetings per week. The participant is also obligated to attend status hearings weekly and remain alcohol and drug free for at least six weeks before moving into phase two.

Phase two requires the client to complete his or her alcohol and drug treatment program, attend all required support group meetings, and complete any other outside requirements (parenting classes, family counseling, financial counseling, cognitive therapy, employment assistance, or job skill training, etc.) required by the court. The HCDC is an all-inclusive program that works with the client to improve all aspects of the participant's life. This widespread approach works to develop and support a drug and alcohol free lifestyle for the participant.

In phase two, the participant reports to court at least twice a month. The participant also reports to his or her case manager at least two to three times a month, depending upon the participant's progress. Urine drug screens are required on a scheduled and random basis. The participant must remain drug and alcohol free for a substantial period of time before moving to phase three. Random home visits also continue during phase two. As in phase one, if a participant fails to comply during phase two, sanctions are imposed. Prior to moving to phase three, all aspects of the participant's treatment plan must be completed and all fees must be paid in full. Approximately two months prior to the participant moving into phase
three, a relapse prevention plan identifying personal goals to maintain sobriety is completed. The relapse prevention plan is presented to the presiding judge and drug court team during staffing. This process must be completed with the support and final approval of the client's case manager or judge before being eligible for phase three. Once all the requirements of phase two are completed the participant is transitioned to phase three.

Phase three is the final stage of the HCDC Program. This phase allows the participant to apply skills gained from treatment to maintain a drug free lifestyle. While in phase three participants are required to continue attending support group meetings and report to their case manager as directed. They also continue to submit to urine drug screens. Unless given a specific incentive, the participant is required to attend court once a month. If the participant fails to comply with the Drug Court Participation Agreement, sanctions may be imposed. Furthermore, if the participant does not complete all phases of the program successfully, they are required to return to court for appropriate judicial action.

Program graduation also occurs during phase three. The HCDC is getting ready to host its first graduation ceremony this year and are in the planning stages for the event. The graduation ceremony is designed to praise those participants who successfully complete all three phases of the program. Furthermore, the HCDC provides support at every phase of the program to help participants remain substance free and graduate from the program.

Drug Testing Program

The HCDC uses a color coded, phone-in system for drug testing. Participants are assigned an identification color and are required to call in each day to see if their color has been
selected for screening. Drug court team members are responsible for selecting a color each day and recording a retrievable message to inform participants of the color. If their color has been chosen, they must report for their urine screen as directed. Participants must also pay for urine drug screens as part of their involvement in drug court. All urine drug screens are collected by properly trained staff that follows the chain of custody. All urine drug screens are observed and then sent to Witham Toxicology Labs for analysis. The following substances are included in the panel tests:

**Figure B: Urine Drug Screen Test Substances**

<table>
<thead>
<tr>
<th>Class</th>
<th>Screen Cutoff Level</th>
<th>Confirmation Cutoff Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine/Methamphetamine</td>
<td>500 ng/ml</td>
<td>500 ng/ml</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>200 ng/ml</td>
<td>100 ng/ml</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>200 ng/ml</td>
<td>75 ng/ml</td>
</tr>
<tr>
<td>Cocaine</td>
<td>150 ng/ml</td>
<td>75 ng/ml</td>
</tr>
<tr>
<td>Opiates</td>
<td>300 ng/ml</td>
<td>150 ng/ml</td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>25 ng/ml</td>
<td>10 ng/ml</td>
</tr>
<tr>
<td>THC/Cannabinoids</td>
<td>20 ng/ml</td>
<td>10 ng/ml</td>
</tr>
<tr>
<td>Methadone</td>
<td>300 ng/ml</td>
<td>150 ng/ml</td>
</tr>
<tr>
<td>Creatinine++</td>
<td>20 ng/ml</td>
<td>NONE</td>
</tr>
<tr>
<td>Urine Alcohol</td>
<td>20 ng/dl</td>
<td>20 ng/dl</td>
</tr>
<tr>
<td>K2/Spice/Synthetic Cannabinoid</td>
<td>++Creatinine levels are tested to detect adulteration due to excessive water intake. Sample testing at a creatinine level of 20 ng/ml or below will be considered a positive result.</td>
<td></td>
</tr>
</tbody>
</table>
The following list provides the type and cost of each drug test.

*Urine Drug Screen Fee Schedule*

- **8 Panel = $22.00**
- **ETG = $42.00** (includes 8 panel)
- **Suboxone = $52.00** (includes 8 panel) **$128.00** fee for confirmation
- **Bath Salts = $82.00** (includes 8 panel)
- **LSD = $131.00** (includes 8 panel)
- **Spice/K2 = $57.00** (includes 8 panel)
- **Tramadol = $32.00** (includes a 12 panel)
- **Cotinine = $32.00** (includes 8 panel)

*Administration and User Fees*

Participants in the HCDC are assessed a one-time one hundred dollar administration fee upon their admittance into the program which covers the cost of assessment and eligibility screenings. This fee is waived if the individual had a C.A.R.E. program assessment within the last six months. In addition, each participant is assessed a monthly user fee of fifty dollars beginning their second month of participation in accordance with IC 33-23-16-23. A minimum of five dollars a week must be paid by each participant for program fees. The HCDC has a total user fee cap of seven hundred fifty dollars; therefore a participant's user fee balance shall never exceed this amount. Participants are required to pay the user fee in full prior to successful discharge from the program. Participants in the HCDC are also assessed fees for
services provided by the Hamilton County Department of Probation Services and Hamilton County Community Corrections, such as chemical testing or work crew fees. Fees collected may only be used for expenses related specifically to the drug court program. All user fees are kept in the user fee fund.

*User Fee Fund*

The Hamilton County Auditor maintains the drug court user fee fund and provides the Director of Probation and the Drug Court Coordinator with a monthly report of income, disbursement, and fund balance. The Director of Probation or the Probation Department Office Administrator is responsible for monthly reconciliation of the fund. The HCDC Judge is responsible for ensuring all disbursements from the user fee fund are in accordance with IC 33-19-8-5.

*Fee Collection Procedures*

The HCDC user fees are collected by the Hamilton County Clerk. Partial payments are accepted and receipts are issued to participants when payments are made. The clerk deposits the drug court user fees then provides the Director of Probation Services a monthly report of the deposits. The Hamilton County Clerk has implemented an accounting system that complies with the requirements of the State Board of Accounts. This accounting system also prevents theft of funds and remains in compliance with IC 33-23-16-23.

*Incentives and Sanctions*

The HCDC team uses incentives and sanctions for the purpose of modifying participant behavior. Incentives and sanctions are administered by the drug court judge throughout all phases of the program with recommendations from all team members. Incentives and
sanctions also occur during status hearings and are observed by all participants. During status hearings the judge talks to the participants about their actions to understand their state of mind and determine if they are taking responsibility for their actions. There are many different forms of incentives and sanctions used by the HCDC judge. For example, some of the incentives the HCDC uses to modify participant behavior include oral praise, gift certificates, group recognition, public phase movement, decreases in community service hours, and vouchers for free urine drug screens. During status hearing participants are also given tickets for completing weekly tasks. These tickets are then placed in a community bowl and two names are drawn during court. The two winners get to choose a reward. Some of the rewards include free urine screens and gift cards. This reward program occurs every week during status hearings. If a participant’s name is not drawn they are still rewarded with a candy bar or piece of fruit for their weekly performance. Sanctions are also used by the HCDC to modify participant behavior. Sanctions include, but are not limited to, essays, work crew hours, community service hours, commitment to jail, work release or electronic monitoring, increased court appearances, increased drug testing, and imposed or increased curfew.

Drug Screen Sanctioning Policy

Recently, the HCDC Team created a sanctioning policy for positive urine drug screens. This policy is used to motivate participants to be honest about their drug use and increase their accountability. According to the policy, there are three different sanctioning guidelines. These include volunteering admission of use before the urine drug screen is given, admitting to use but not pre-screened volunteered, and not admitting to use. Sanctioning guidelines are also
dictated by the number of positive urine screens. The urine screen sanctioning guideline is as follows:

Dirty and dilute screens will be sanctioned as follows:

Where there is a volunteered admission of use (before screen given):

1st use: Treatment review

2nd use: Report to case manager three times each week and possible treatment review

3rd use: Report to case manager daily, increased drug screens, treatment review until 5 negative, non-dilute screens

4th use: Report to case manager daily, daily drug screens, treatment review until 10 negative, non-dilute screens

Additional uses will be sanctioned as decided by the Drug Court Team

Where there is honest, but not pre-screen volunteered, admission of use:

1st use: Report to case manager three times each week and possible treatment review

2nd use: Report to case manager daily, increased drug screens, treatment review until 5 negative, non-dilute screens

3rd use: Report to case manager daily, daily drug screens, treatment review until 10 negative, non-dilute screens
4th use: 48 hours in jail and then report to case manager daily, daily drug screens, treatment review until 10 negative, non-dilute screens

Additional uses will be sanctioned as decided by Drug Court Team

Where there is use which is not admitted (dishonest use):

1st use: 48 hours in jail and report to case manager three times per week, possible treatment review

2nd use: Any additional dishonest uses will be sanctioned as decided by Drug Court Team

In order to facilitate behavioral change the HCDC team created a firm but fair policy for positive urine screens. The value of this policy has yet to be determined but outcome measures are being collected to determine its effectiveness. Generally, based on the honesty of the participant, this policy offers an impartial resolution to substance abuse within the HCDC Program.

III. Hamilton County Drug Court and the 10 Key Components

According to the National Association of Drug Court Professionals, successful drug court programs consist of 10 Key Components (NADCP, 1997). These components provide drug courts a framework to follow in developing and maintaining a successful program. In order to examine how the HCDC adheres to these components this researcher created research questions based upon the 10 Key Components. In the following sections these questions are examined and explanations are discussed describing how the HCDC has successfully incorporated these ten components into their program.
KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING

Study Question: Has the HCDC integrated treatment with case processing?

During staffing all members meet together to discuss relevant cases and to determine best practices for addressing participant risks and needs. The HCDC integrates drug treatment with case processing at many levels within the program. For example, treatment is incorporated during each phase of the program. Treatment selection begins in phase one. Participants choose a program and begin their recovery. Substance management continues in phase two and three. Participants are required to complete stated goals and maintain sobriety. Graduation is concluded during the end of phase three and participants are successfully released from treatment. Overall, the HCDC Program integrates treatment in many different aspects of the program to reduce substance abuse.

KEY COMPONENT #2: USING A NONADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.

Study Question: Does the HCDC use a nonadversarial approach to promote public safety and protect the rights of participants?

According to Heck & Thanner (2006), drug courts require a collaborative effort and their success or failure is based on member cooperation. The drug court system is different from the traditional adversarial system in how it incorporates input from many different members collaboratively. Even though they have different job responsibilities, team members agree the most important tasks at hand are to provide public safety and protect the rights of program
participants. One goal of the HCDC is to reduce recidivism by guiding substance abusing offenders to long-term sobriety and overall life improvements. Therefore, cooperation among team members must be continuous in order to attain this goal. Drug courts are designed to operate by using input from all team members with the judge as leader among equals (NADCP, 1997). Furthermore, the judge makes final determination when dealing with a participant's legal status; however, it is appropriate for the judge to trust the knowledge of all drug court team members in making these decisions. Having a drug court team consisting of such a diverse group of professionals from all aspects of the criminal justice system is one method the HCDC uses to address the needs of participants in a non-adversarial approach.

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.

Study Question: Are eligible participants being identified in a timely manner and if so are they being placed in the program swiftly?

The HCDC has written criteria for program eligibility and screening instruments are used to determine appropriate candidates. For example, participants may be referred to the program by judges, defense attorneys, prosecutors, probation officers, and community corrections officers. The average time from referral to start of the program is approximately forty-seven days. The original time limit set by the HCDC was forty-five days so the program is close to that time limit by only averaging two more days than originally designed. The HCDC accepts participants with drug offenses and also accepts participants with non-drug related offenses when the participant has a known drug related problem.
The HCDC program uses three main assessments to determine if eligibility criteria are met. First, an intake officer conducts the Indianaan Risk Assessment System (IRAS) to determine the overall risk score for the participant and identify criminogenic needs, responsivity issues, strengths, and barriers to treatment. The second assessment administered is the SASSI-3. This assessment measures overall substance abuse. The third and most recent assessment being conducted is the CJ-CEST Intake Version. This assessment helps determine motivation and treatment readiness, measures psychological and social factors, and provides an overall picture of where the client is compared to other participants. Overall, the HCDC uses evidenced-based assessments to identify participants and promptly place them in the program.

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG, AND OTHER RELATED TREATMENT AND REHABILITATION SERVICES.

Study Question: Are drug court participants being offered a variety of treatment services?

According to recent research, drug court participants require not only alcohol and drug treatment but also need assistance in many supplementary areas. For example, Heck & Thanner (2006) found factors such as co-occurring disorders, homelessness, basic educational deficits, employment, and education need to be addressed or the participant’s success in treatment will be compromised and may cause noncompliance. Continued assessment also plays an integral part in successful program completion; intake assessments are important to collect but are wasted if follow-up assessments are not completed. Matching participant needs to appropriate programs, when many different programs exist, show reductions in noncompliance according to Clawson, Bogue, and Joplin (2005).
Communication systems and treatment barriers are other areas requiring consideration when developing a treatment continuum. Treatment providers need a systematic approach to delivering treatment information to the drug court team. Some drug court programs address this with monthly treatment reports or by having monthly meetings to discuss treatment issues. This information sharing process must be formalized to make all parties aware of treatment issues so immediate rewards and sanctions are utilized to address treatment needs.

The HCDC program effectively provides treatment to program participants. As stated previously in this essay, two main treatment providers work with the HCDC. Pro-Active Resources provides a 72 hour out-patient drug treatment program for substance abusing participants. This program is research based and uses both cognitive behavioral and psycho-educational components. Pro-Active also requires two NA/AA meetings per week at a minimum.

Another successful program utilized by the HCDC is managed through Aspire. Aspire offers out-patient substance abuse care and mental health counseling. The HCDC program also uses Hamilton County Community Corrections to address areas of concern outside the realm of substance abuse. They supervise participants on adult work release and electronic monitoring while at the same time offering evidence-based treatment programs.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.

Study Question: is the amount of drug tests administered enough to effectively manage abstinence?
Drug testing of participants is crucial to monitoring program adherence. The HCDC utilizes a color-coded screening system. A participant is assigned a color corresponding to their program phase. They are required to call into the drug screen line on a daily basis to find out if they are required to report for screening on that day. Participants also follow a urine screening policy based on their phase level. They are required, at a minimum, to complete two weekly urine screens in phase two and two monthly urine screens in phase three. Participants are also screened a minimum of three times per week during phase one and may be screened at any time to ensure compliance. The HCDC uses a screening system and written policy to effectively manage substance abuse within the program.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANT'S COMPLIANCE.

Study Question: Are graduated rewards and sanctions used in the program to address participant behaviors?

The HCDC incorporates a written agenda when dealing with rewards and sanctions. The HCDC team uses graduated incentives and sanctions for the purpose of modifying participant behavior. Sanctions and incentives are administered by the presiding drug court judge and may be based upon recommendations from the drug court team. Possible incentives may include, but are not limited to, verbal praise and group recognition, vouchers for free drug screens, gift certificates, additional privileges while in HCCC programming, phase advancements, decreased court appearances or certificates of recognition. Possible sanctions may include, but are not limited to, work crew assignments, community service work,
commitment to jail, work release or home detention, increased court appearances, increased drug testing, essay writing or imposed or increased curfew. The drug court case manager's records all sanctions and incentives issued in the participant's record.

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH DRUG COURT PARTICIPANT IS ESSENTIAL.

Study Question: Do drug court participants spend an adequate amount of time with the judge? Do drug court participants spend an adequate amount of time with drug court team members? What topics are discussed during meeting times with the judge or other drug court team members?

The HCDC participants meet with the judge one time per week when in phase one. They see the judge twice per month in phase two and meet one time per month when in phase three. While observing weekly hearings this researcher recorded the amount of time each participant spent with the judge. The judge spent an average of four minutes with each drug court participant during court. This amount of time increased based on participant need. For example, when a violation occurred the judge spent a large amount of time discussing differing topics related to the participant's case. The judge also used motivational interviewing skills to gain knowledge about the situation and what may have led to the violations. She then spoke to the courtroom workgroup and a well processed response was formulated to address the needs of the participant.

Drug court participants also meet with the drug court case manager weekly to check-in and talk about events from the last week. Case manager meetings last on average twenty minutes but meeting time is increased based on participant need. During meetings participants
discuss what has transpired in the last seven days. They also discuss completion of conditions. Although the main focus of check-in is to see the current status of the participant, many other areas are checked by the case manager. For example, conversation topics related to employment, family dynamics, mental health, and overall attitudes about the participant's life are discussed. This type of interpersonal relationship has been found to increase the intrinsic motivation of the participant. For instance, these conversations illustrate to the participant the officer has interest not only in their criminally related issues but how they are physically and mentally coping with their sobriety. The HCDC spends a reasonable amount of time meeting with participants to discuss various topics related to their case as well as their lifestyle.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.

Study Question: How does the HCDC use data collection to determine program effectiveness?

Currently the HCDC is using a modified version of the Buffalo Management Information System. The HCDC also uses the Odyssey Case Management System. Both systems collect client and program level data used for statistical analysis. System manuals are available for reference and trainings are conducted for staff. Odyssey is used as the primary case management system due to its ability to interface with the Hamilton County Courts. Due to having two data management systems, duplication of information cannot be avoided. The HCDC has addressed the issue of duplication by hiring additional data entry positions to enter all information related to drug court participants. The HCDC effectively collects data used to determine program effectiveness and, though repetitive, the HCDC feels this is necessary in order to maintain complete and up-to-date information on drug court participants.
KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE
DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.

Study Question: Do HCDC team members receive continuing education on topics related to drug courts?

Many members of the HCDC Team have attended drug court related training. All members except the Prosecutor’s Office have attended conferences sponsored by NADCP and IJC. It is recommended the members of the Prosecutor’s office attend the next available drug court training and attend the upcoming NADCP Conference. Members also attend yearly workshops presented by the Indiana Judicial Center. The HCDC continues to attend educational training on drug courts to increase the effectiveness of the program.

KEY COMPONENT 10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.

Study Question: Has the HCDC effectively made relationships with other community organizations?

According to the HCDC surveys, community support continues to grow as the program matures. The HCDC has created many different relationships with community organizations which include the Hamilton County Express, Hamilton County Council on Alcohol and Other Drugs, Hamilton County Bar Association, Carmel Rotary Club, and County Advisory Board. The HCDC also has given presentations to law enforcement agencies within Hamilton County and continues to give presentations to businesses, clubs, and the general public. Overall, the HCDC
has made good relationships with community organizations to enhance the effectiveness of the program.

IV. Hamilton County Drug Court and the 8 Principles of Effective Intervention

The HCDC has successfully integrated the 8 Principles of Effective Intervention into their program. The following section defines the 8 Principles of Effective intervention and how they are unified with the goals and objectives of the HCDC.

PRINCIPLE 1: ASSESS ACTURIAL RISK/NEED

Using unfailing and valid assessment of risk and need is a requirement for the effective management of participants (Gendreau & Goggin, 1995). Earlier in this essay, assessment instruments were discussed describing the process for program eligibility. These assessments focus on both dynamic and static risk factors, outline criminogenic needs, and are validated. The HCDC staff is formally trained on conducting assessments and has found, when used collaboratively, provide a large amount of detailed data used to make informed decisions about participant treatment and supervision.

PRINCIPLE 2: ENHANCE INTRINSIC MOTIVATION

The HCDC provides intrinsic motivation to participants by using interpersonal skills, pro-social role-modeling, and motivational interviewing. According to Clawson, Bogue, and Joplin (2005), “motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institutional staff.” All members of the HCDC role model pro-social behaviors on a daily basis and cognitive behavioral trainings are incorporated into the program to help with negative attitudes and belief systems. One area the HCDC program is exceptionally well versed
in is motivational interviewing. All officers are trained by Ray Ferns, a certified instructor of motivational interviewing, and are required to complete follow-up trainings. The use of motivational interviewing provides officers a tool to increase intrinsic motivation which is, according to the research, more effective than persuasion in enhancing behavior change.

PRINCIPLE 3: TARGET INTERVENTIONS

3a) Risk Principle

Research states the greatest reductions in recidivism are created by prioritizing supervision and treatment resources for higher risk offenders. The HCDC pro-actively assigns resources based on the level of risk. The higher the risk, the more services a participant receives. According to Clawson et al., (2005), changing resources from lower to higher risk offenders encourages harm-reduction and public well-being because these participants have greater need for pro-social skills and thinking, and are more likely to be repeat offenders. The HCDC also effectively addresses the needs of its participants and interventions are directed.

3b) Need Principle: Target interventions to criminogenic needs.

The HCDC prioritizes the criminogenic needs of participants to provide directed services to those needs most related to criminal offending. Emphasis is placed on the dynamic factors related to the participant's criminal background. These include, but are not limited to, family dysfunction, antisocial attitudes, criminal personality, and substance abuse. Focusing on criminogenic needs provides participants the best strategy for behavioral change. Responsivity is also successfully addressed by the HCDC Program.

3c) Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
Responsivity is matching offender characteristics to appropriate programs and services. Some characteristics the HCDC focuses on include motivational level and learning style. As stated earlier in this essay, the HCDC uses validated evidence-based assessments to identify barriers to treatment. The CJ-CEST is used to understand the motivation of the participant and helps match them to the appropriate treatment provider. If performance is lower in a particular class participants may be able to change to another group with a different facilitator who may teach in a more beneficial way. The HCDC focuses on two main factors when determining how to address responsivity within the program; they are matching the right offender to the right treatment and matching the communication style of the facilitator to the learning style of the participant. This is accomplished by providing a large pool of facilitators with differing teaching skills.

**PRINCIPLE 4: SKILL TRAIN WITH DIRECTED PRACTICE (USE COGNITIVE BEHAVIORAL TREATMENT METHODS)**

Correctional agencies should order, plan, and budget to implement programs that have been proven to reduce recidivism. The HCDC provides evidence-based cognitive programs such as Thinking for a Change and Anger Control Training. Requirements for facilitating these classes require officers to complete formal training and gain certification from an accredited organization. Once certified, officers can facilitate these groups with the assistance of another officer who may or may not be formally certified to teach the class. According to the program requirements, only one certified instructor is required for each class. Certification skills are not just taught, but are practiced by officers and the resulting pro-social attitudes and behaviors are
reinforced. These skills are then passed from instructor to participant. This process not only models pro-social behavior but also provides intrinsic motivation to the participants.

**PRINCIPLE 5: INCREASE POSITIVE REINFORCEMENT**

Graduated rewards and sanctions are used by the HCDC to facilitate behavioral change. This researcher found the HCDC uses, at a minimum, a four-to-one ratio of rewards to sanctions and in many instances the reward rate was as much as six-to-one. According to the research, participants respond better to positive reinforcement than negative reinforcement. This is not to say punishment should be neglected, but rather, punishments should be applied in an immediate and consistent manner. In order for punishment to have an effect it must be given swiftly and the certainties of punishment prioritized; only then will the process of behavioral change begin.

**PRINCIPLE 6: ENGAGE ONGOING SUPPORT IN NATURAL COMMUNITIES**

The HCDC has forged partnerships with the surrounding community. Two of the main supporters include the Hamilton County Council on Alcohol and Other Drugs and Hamilton County Bar Association. A continued effort on creating partnerships is recommended to gain additional support for the HCDC program. During interviews, this researcher learned most participants have a difficult time working within the community and staying away from negative peers. Drug court team member surveys revealed 62.5% of the drug court team answered "neutral" when asked about community support of the program. It is recommended the drug court team continue to provide public presentations about the drug court and how it reduces criminal offending within Hamilton County.
PRINCIPLE 7: MEASURE RELEVANT PROCESSES/PRACTICES

The HCDC uses a modified version of the Buffalo Management Information System to record all relevant data. This is a new system for the HCDC and is still in the process of modification. All current participants are listed in the database and data is being collected. All assessments are entered into the HCDC MIS and reports are generated to track progress. The HCDC also performs staff evaluations yearly to assess the overall performance of officers working within the HCDC Program.

PRINCIPLE 8: PROVIDE MEASUREMENT FEEDBACK

The HCDC has two levels of measurement feedback. The first level includes monitoring participant progress and providing feedback to the participant. For example, the treatment facilitators provide written reports on participant progress that is explained by the case manager during check-in meetings. The CJ Cest-intake assessment is also used to monitor progress and has the ability to provide progress reports in six month intervals. Participants also receive feedback during status hearings. Another form of feedback involves explaining how the HCDC Program is developing.

The second level of feedback includes measuring the delivery of services, collecting data on staff and participant attitudes, and conducting interviews on how the program is progressing. This evaluation provides important feedback about processes, policies, and procedures used to address the needs of substance abusing participants. Once enough data has been collected this researcher will conduct an outcome study to answer the research questions found to be of importance to the HCDC. This report also provides feedback on how
the program compares to other similar drug court programs. Overall, measurement feedback is an important part of the HCDC Program.

Since its inception, the HCDC has worked to improve their program to better address public safety, while at the same time, assist substance abusing participants in positive behavioral modification. This evaluation has detailed the processes related to the successful operation of the HCDC. Program characteristics such as court hearings, team member features, team member training requirements, program capacity, eligibility criteria, orientation, phase movement, drug testing, and incentives and sanctions have all been discussed and provide support the HCDC is meeting its goals.

The 10 Key Components of Drug Courts and the 8 Principles of Effective Intervention were also summarized. The HCDC has effectively integrated drug treatment with case processing. All members of the courtroom workgroup understand the purpose of the program and work together in a non-adversarial approach to facilitate positive behavioral change. Participants are identified quickly and placed in the program according to policy. The HCDC uses a continuum of drug treatment services and abstinence is monitored by following the HCDC policy on drug testing. Rewards and sanctions are used throughout the program to empower positive behavior change. The HCDC monitors many different program variables in order to measure program effectiveness. All drug court team members attend yearly training as required. The HCDC also maintains community relationships by speaking at public forums and community support continues to grow as the program matures. Overall, examining these activities indicates the HCDC Program provides a valuable service to the community of Hamilton County and increases the quality of life for its participants.
V. Recommendations:

The following recommendations for the HCDC are listed below:

- During staffing all current members of the HCDC are present to discuss current cases. Adding a member of law enforcement to these group meetings would serve two main purposes. First it would offer another "voice" in the group and a fresh perspective. Secondly, it would give law enforcement personnel vital information on how the HCDC Program is using a restorative approach with drug abusing offenders. Interagency cooperation would also be enhanced due to the communication between the HCDC and law enforcement community.

- While reviewing the documents used by the program this researcher found a lack in consistency. Uniformity in the creation of HCDC documents would provide ease of use and allow staff to better identify the documents used for drug court. It is recommended a formal procedure be created in which all records of the HCDC Program be created in a consistent manner.

- Currently the HCDC has had one primary judge overseeing the program since its inception. It is recommended the drug court team work on creating guidelines for transitioning new judges into the position who share similar beliefs about the program as the current judge. These guidelines would list specific qualities a judge is required to
have in order to supervise the HCDC Program and would make transition as easy as possible.

- Currently the HCDC does not have a sustainability plan for its future. It is recommended the program create a subcommittee to formulate viable funding options for the future. Currently, the court is supported by a three year grant from BJA. BJA requires a written sustainability plan detailing how the court will be supported once BJA funding has ended.

- Overall, assessments have been effectively incorporated into the HCDC Program. It is recommended an assessment measuring quality of life standards be incorporated into the current assessment schedule. The “Heff Scale” would be a viable choice to help measure housing, employment, and family functioning within the program which research states are important qualities related to criminal behavior to track within a drug court program.

- During participant interviews many had concerns about the cost of urine screens. The HCDC continues to come up with good cost reducing alternatives and it is recommended they continue to search for ways to reduce cost such as incorporating a “dipstick” testing procedure. These dipstick tests would detect illegal substances which could then be sent to Witham for formal analysis. If the dipstick was negative the sample would not be sent to Witham and cost would be reduced.

- During participant interviews it was discovered that some were very concerned about leaving the program. It is recommended the drug court team create an Alumni Program for participants to help with transitioning away from the drug court program.
program would offer an aftercare component and provide continued communication between participants and drug court team members. It is also recommended the drug court team have program graduates come back and speak to current participants about life after the program. This would offer guidance on situations occurring once released from the program.