



BJA DRUG COURT CLEARINGHOUSE PROJECT

SPECIAL ISSUES RELEVANT TO RURAL DRUG COURTS: SUMMARY OF RESPONSES TO AN INFORMATION REQUEST

I. INTRODUCTION

In March 2005, the BJA Drug Court Clearinghouse at American University distributed a request for information to drug courts in a cross-section of rural areas to identify special implementation issues rural drug courts are encountering and strategies being used to address them. This information was being compiled at the request of the National Rural Alcohol and Drug Abuse Network for use in the planning of the Network's annual National Rural Institute on Alcohol and Drug Abuse in June 2005.

The information requested focused primarily on the factors that set rural drug courts apart from their urban counterparts. While drug courts in rural areas may not have the resources of urban areas, they often find a way to "get the job done" – in spite of fewer resources – through cooperative efforts, determination, and creative thinking. The intent of the information request was, therefore, to identify both the issues and problems rural drug courts were encountering in implementing and maintaining their programs and, where appropriate, the solutions developed to address them. In designing the "information request", special attention was also given to identifying resources (faculty and materials) that could be tapped for the 2005 Institute.

II. BACKGROUND OF RESPONDING PROGRAMS

A total of 24 responses, reflecting the experience of 32 adult, juvenile and family state drug courts, described below, provided information:

<u>Types of Programs Responding</u>	
Adult:	21
Family:	2
Juvenile:	8
DUI	<u>1</u>
Total	32

Respondents represented drug courts in the following states:

Alaska	1
Georgia	1
Idaho	4
Minnesota	2
Missouri	20
New Hampshire	1
New Mexico	1
Nevada	1
Oregon	1

The majority of the population sizes served by these drug courts was under 50,000, as reflected in the

following chart:

Size of Population Served By Responding Drug Courts

Under 25,000:	11
25,000 – 50,000:	8
50,001 – 100,000:	5
100,001 – 125,000	6
125,001-150,000	1
over 125,000	1 (182,165)

The geographic area of the jurisdiction in which the drug court for the responding programs was located averaged 852 square miles, with a median of 843 square miles.

Most of the responding programs had begun operation since January 2002, with over 40% having started since January 2004, as reflected in the following chart:

Implementation Dates for Responding Programs

January 1996 – December 1999:	5
January 2002 – December 2003:	9
January 2004 – present:	14

The number of participants served by the programs and the number of graduates, up to the time of response, fell into the following categories:

No. of Participants Served by Responding Programs

Less than 25 participants:	8
25-50 participants:	9
50-75 participants:	3
75-100 participants:	6
100-150 participants:	3
150-200 participants:	3

No. of Graduates of the Responding Programs

No graduates yet:	7
1-10 graduates:	9
11-25 graduates:	5
26-50 graduates:	4
51 – 100 graduates:	5
over 100 graduates	2

Chart I provides a summary of the number of participants and graduates from the responding program.

Chart I: Number of Participants, Graduates and Implementation Dates for Responding Programs

Drug Court	Implementation Date	Total Participants Ever Enrolled	Total Graduates to Date
Juneau, Alaska	6/1/05	--	--
Forsyth Co., Ga.	1/1/04	61	0
2 nd Jud. District of Idaho (4 courts)	1/1/02	123	45
Dodge Co., Minn. (adult and juvenile courts)	6/1/03	26	4
Linn Co., Mo.	9/1/02	25	7

Drug Court	Implementation Date	Total Participants Ever Enrolled	Total Graduates to Date
Franklin Co., Mo	2/1/00	180	61
Lewis Co., Mo	3/1/05	3	0
Cape Girardeau, Mo.	8/1/04	80	19
Newton/McDonald Cos.-Neosho	6/1/04	97	27
Howell Co., Mo.	7/1/04	7	1
Wayne Co., Mo.	7/1/04	10	0
McDonald/Newton Cos.-Pineville-juv	12/1/99	72	34
Lincoln Co., Mo.	11/1/04	7	0
McDonald /Newton Cos.-Pineville-fam	4/1/03	10	6
Tany/Christian Cos. (2 programs)	2/1/98	180	112
Grundy/Mercer/Putnam/Harrison Cos. (4 programs)	2/1/04	33	3
Lafayette Co., Mo.	1/1/96	180	108
Marion Co., Mo.	2/8/05	12	0
Polk Co., Mo.	10/30/04	4	0
Butler Co., Mo.	5/1/99	92	48
Merrimac Co., New Hamp.	1/1/01	115	45
Dona Ana Co., New Mexico	12/1/97	189	129
Nye Co., Nevada	4/22/02	95	26
Clatsop/Tillamook Cos., Oregon	7/1/01	37	41

III. PRINCIPAL DRUGS USED BY PARTICIPANTS IN THE RESPONDING DRUG COURTS

Most of the responding drug courts cited marijuana, alcohol, and methamphetamine as the principal drugs used by participants in their drug court. Six programs also cited crack/cocaine; four also noted prescription drugs and two noted cigarettes. Those programs with heavy methamphetamine use were located in Missouri, Georgia, Oregon and Nevada; those which did not report significant methamphetamine use were located in New Hampshire, Alaska, and New Mexico.

Chart II: Principal Drugs Used by Participants in the Responding Drug Courts

Drug Court	Principal Drugs Used by Participants					
	Marijuana	Crack/Cocaine	Heroin	Meth-amph.	Alcohol	Prescr. Drugs
Juneau, Alaska					X	
Forsyth Co., Ga.	X			X	X	
2 nd Jud. District of Idaho (4 courts)	X			X	X	
Dodge Co., Minn. (adult and juvenile courts)	X			X	X	
Linn Co., Mo.	X			X	X	
Franklin Co., Mo	X			X	X	
Lewis Co., Mo	X			X	X	
Cape Girardeau, Mo.	X	X		X		
Newton/McDonald Cos.-Neosho	X			X	X	
Howell Co., Mo.	X			X		X
Wayne Co., Mo.	X			X		X
McDonald/Newton Cos.-Pineville-juv	X			X	X	
Lincoln Co., Mo.		X		X		X
McDonald /Newton Cos.-Pineville-fam	X			X	X	
Tany/Christian Cos. (2 programs)	X	X		X		
Grundy/Mercer/Putnam/Harrison Cos. (4 programs)	X			X	X	

Drug Court	Principal Drugs Used by Participants					
	Marijuana	Crack/ Cocaine	Heroin	Meth- amph.	Alcohol	Prescr. Drugs
Lafayette Co., Mo.	X			X	X	
Marion Co., Mo.	X	X		X	X	
Polk Co., Mo.	X			X	X	
Butler Co., Mo.	X			X	X	
Merrimac Co., New Hamp.	X				X	
Dona Ana Co., New Mexico	X	X		X		
Nye Co., Nevada	X		X	X		
Clatsop/Tillamook Cos., Oregon	X			X	X	

IV. TREATMENT AND OTHER SERVICES AVAILABLE

Respondents were provided with the following list of services frequently used for drug addicted individuals and asked to indicate whether any of these were available to their drug court participants

- | | |
|---|-------------------------------------|
| medical detoxification centers | outpatient treatment |
| mental health screening | other crisis intervention services |
| mental health case management services | residential treatment |
| mental health therapy services | public health screening |
| mental health residential services | public health services |
| crisis intervention services through law enforcement agency | social model detoxification centers |
| alcohol and drug abuse day treatment | |
| other special services | |

Responses indicated that the most frequently available services were: mental health screening; mental health case management and mental health therapy services; outpatient drug treatment; residential drug treatment public health screening and public health services. Services less likely to be available (e.g., not available in more than half of the responding courts) were: medical detoxification centers; social model detoxification centers; crisis intervention services through law enforcement agencies; and life skill classes, including employment and job readiness; financial management; GED classes, health and fitness. A summary of the services available in the responding drug courts is presented in Chart III (Parts 1-3):

Chart III Treatment and Other Services Available in the Responding Drug Courts- Part I

Drug Court	Services Available					
	Med Detox	MH Screen	MH Case Mgt	MH Therapy	MH Resid. Services	L.E. crisis intervention
Juneau, Alaska	X	X	X	X		
Forsyth Co., Ga.	X	X	X	X		
2 nd Jud. District of Idaho (4 courts)		X	X	X		
Dodge Co., Minn. (adult and juvenile courts)	X	X	X	X	X	X
Linn Co., Mo.		X				
Franklin Co., Mo		X				
Lewis Co., Mo						
Cape Girardeau, Mo.		X		X		
Newton/McDonald Cos.-Neosho	X	X	X	X	X	X
Howell Co., Mo.						
Wayne Co., Mo.		X				
McDonald/Newton Cos.-Pineville-juv	X	X	X	X	X	X
Lincoln Co., Mo.	X	X	X	X	X	

Drug Court	Services Available					
	Med Detox	MH Screen	MH Case Mgt	MH Therapy	MH Resid. Services	L.E. crisis intervention
McDonald /Newton Cos.- Pineville- fam	X	X	X	X	X	X
Tany/Christian Cos. (2 programs)		X		X		
Grundy/Mercer/Putnam/Harrison Cos. (4 programs)		X	X			X
Lafayette Co., Mo.	X			X		
Marion Co., Mo.	X	X	X	X	X	X
Polk Co., Mo.				X		
Butler Co., Mo.		X	X	X		
Merrimac Co., New Hamp.		X	X	X	X	
Dona Ana Co., New Mexico		X	X	X	X	
Nye Co., Nevada	X	X	X	X	X	
Clatsop/Tillamook Cos., Oregon				X		

Chart III Treatment and Other Services Available in the Responding Drug Courts- Part 2

Drug Court	Services Available					
	Alc & Drug Abuse Day Treatment	Outpat. Treatment	Other crisis interven. Services	Resid. Treatmt	Pub. Hlth screening	Pub Health Services
Juneau, Alaska	X	X	X	X	X	X
Forsyth Co., Ga.		X		X		
2 nd Jud. District of Idaho (4 courts)		X		X	X	X
Dodge Co., Minn. (adult and juvenile courts)	X	X		X	X	X
Linn Co., Mo.		X		X	X	X
Franklin Co., Mo	X	X	X	X	X	X
Lewis Co., Mo						
Cape Girardeau, Mo.	X	X		X	X	
Newton/McDonald Cos.-Neosho	X	X		X	X	X
Howell Co., Mo.	X	X		X		
Wayne Co., Mo.		X		X	X	
McDonald/Newton Cos.- Pineville-juv	X	X		X	X	X
Lincoln Co., Mo.		X		X	X	X
McDonald /Newton Cos.- Pineville-fam	X	X		X	X	X
Tany/Christian Cos. (2 programs)		X		X		
Grundy/Mercer/Putnam/Harrison Cos. (4 programs)		X		X	X	X
Lafayette Co., Mo.		X		X		
Marion Co., Mo.	X	X	X	X	X	X
Polk Co., Mo.		X		X		
Butler Co., Mo.			X	X		X
Merrimac Co., New Hamp.	X	X		X		X
Dona Ana Co., New Mexico		X		X		X
Nye Co., Nevada		X		X	X	X
Clatsop/Tillamook Cos., Oregon		X		X		X

Chart III Other Services Available in the Responding Drug Courts- Part 3

Drug Court	Other Services Available					
	Social model Detox Center	Other Services 1	Other Services 2	Other Services 3	Other Services 4	Other Services 5
Juneau, Alaska		Alaska Native Health Services				
Forsyth Co., Ga.						
2 nd Jud. District of Idaho (4 courts)						
Dodge Co., Minn. (adult and juvenile courts)	X					
Linn Co., Mo.						
Franklin Co., Mo		Life skills classes which include: parenting	Financial/ Anger/Stress Management	Health & Fitness	Effective Listening/ communicating	Sober Activities
Lewis Co., Mo						
Cape Girardeau, Mo.	X					
Newton/McDonald Cos.-Neosho	X					
Howell Co., Mo.						
Wayne Co., Mo.	X					
McDonald/Newton Cos.-Pineville-juv	X					
Lincoln Co., Mo.	X					
McDonald /Newton Cos.-Pineville-fam	X					
Tany/Christian Cos. (2 programs)						
Grundy/Mercer/Putnam/Harrison Cos. (4 programs)						
Lafayette Co., Mo.						
Marion Co., Mo.	X	Employment assistance		GED classes offered locally		
Polk Co., Mo.						
Butler Co., Mo.	X					
Merrimac Co., New Hamp.						
Dona Ana Co., New Mexico						
Nye Co., Nevada		Job Readiness	Life skills	GED	Drivers License	
Clatsop/Tillamook Cos., Oregon						

V. PRINCIPAL ISSUES/PROBLEMS ENCOUNTERED IN IMPLEMENTAINING AND SUSTAINING THE DRUG COURT PROGRAMS AND THEIR RESOLUTION

A. Issues/Problems Encountered During the First 12 months of operation:

Respondents were asked to list the five most important issues/problems that they had encountered in implementing their drug court during the first twelve months. Responses indicated the most frequent problems were: lack of adequate training for team members; lack of adequate services; lack of transportation; need for better team member communication and support for the program, need for clean and sober housing; difficulties and costs entailed in conducting drug tests; and need for detox facilities.

Chart IV summarizes the problems noted.

Chart IV: Issues/Problems Encountered During the First 12 Months of Operation

Jurisdiction	Issues/Problems Encountered During First Twelve Months Of Drug Court Operation
Juneau, AK	<ul style="list-style-type: none"> (1) Only two treatment providers in town, which can have long waiting lists; (2) Cost of med care, and Naltrexone is extremely high. (3) Skimpy public transportation schedule
Forsyth, GA	<ul style="list-style-type: none"> (1) Ability to verify self-help meetings: obtained community support & volunteers have come forward offering to assist; (2) Locating, installing, learning a data management system to be used by all drug court staff.
2nd Judicial District of Idaho	<ul style="list-style-type: none"> (1) Lack of training for team members; lack of support from team members (2) Lack of nearby drug testing labs (so rural that there are no Fed X options, had to use US Mail and send urine specimens out of state- reporting time over a week) (3) Lack of de-tox facility for new clients (4) No temporary housing for homeless clients (5) Clients from rural areas have to drive many miles for treatment services and/or urine tests or chose to relocate their home to a town with a treatment center.
Dodge, MN	<ul style="list-style-type: none"> (1) Transportation of Drug Court Participants to Treatment services, work, drug court and school (2) Lack of resources and services for participants in the county (3) Establishing an abuse-free home for the participants and maintaining family involvement. (4) An executive committee needed to be established in the process (5) Weekly meetings between case managers, coordinator and the judge need to be established earlier in the process.
Lincoln, MO	<ul style="list-style-type: none"> (1) Participants lack of initiative to succeed at the program. (2) Setting up the Drug Court so by default we are focusing on the hardest cases imaginable (3) Participants lack of transportation options.
Linn, MO	<ul style="list-style-type: none"> (1) Lack of services overall (2) Lack of buy in from other agencies, continually changing personnel (3) Rural area, lack of number of participants because of lack of enforcement. (4) We have trouble getting them to change behavior.
Franklin, MO.	<ul style="list-style-type: none"> (1) Buy-in to the program by the judiciary and members of the law enforcement community, getting clients into the drug court program in a timely manner. (2) Funding: How will we be able to continue to fund our program (3) Participant home environment/families: poor home environment, including physical environment and people in the home, was not conducive to recovery and lack of alternative housing (4) Transportation of drug court participants to treatment and court. (5) Lack of psychiatric services available in our area
Cape Girardeau, MO	<ul style="list-style-type: none"> (1) Transportation to treatment and Court (2) Safe and Affordable housing (3) No available medical deter. for Rx drug users.
Newton/McDonald, MO-Neosho	<ul style="list-style-type: none"> (1) Getting clients referred-getting law enforcement to buy in-which we did. (2) Transportation to and from treatment and AA/NA meetings.
Howell, MO	<ul style="list-style-type: none"> (1) Funding (2) Due to our Circuit's Large Geographical size, being able to organize and facilitate meetings with Drug Court team members is an issue (3) Using out-of-state drug screen laboratories for confirmation of urine analysis.

Jurisdiction	Issues/Problems Encountered During First Twelve Months Of Drug Court Operation
Wayne, MO	<ul style="list-style-type: none"> (1) Transportation (2) Child Care (3) Funding (4) Co-Occurring Participants
McDonald/Newton, MO-Pineville-juv	<ul style="list-style-type: none"> (1) Getting clients referred-getting law enforcement to buy in-which we did. (2) Transportation to and from treatment and AA/NA meetings.
McDonald/Newton, MO-fam	<ul style="list-style-type: none"> (1) Getting clients referred-getting law enforcement to buy in-which we did. (2) Transportation to and from treatment and AA/NA meetings.
Grundy/Mercer/Putnam/Harrison, MO	<ul style="list-style-type: none"> (1) Transportation of clients to treatment site and to hearings (2) Finding funding for treatment and save for clients who don't qualify for state grants (3) communication problems between team members due to no money for a coordinator
Marion, MO	<ul style="list-style-type: none"> (1) Funding, transportation for participants, transportation for participants, employment for participants, and community service work sites (2) Fear of inadequacy and lack of experience of team (Not a major problem, scared we didn't know enough) (3) Some difficulties handling inconsistencies (4) Immediate participant failure in residential treatment, multiple unsuccessful discharges (5) Inconsistency with treatment provider
Polk, MO	<ul style="list-style-type: none"> (1) Financing the Project (2) No local Drug treatment provider (3) Availability of continuing training for new drug court team members. (4) (4) narrow eligibility criteria to admit drug court participants
Butler, MO	<ul style="list-style-type: none"> (1) Developing consistent referral base-have had to educate and inform lawyers of program (2) Transportation is always an issue. We have no public transportation (3) Financial assistance to clients for medical and dental needs.
Merrimac, NH	<ul style="list-style-type: none"> (1) There was a lack of Mental Health Services for youth with substance abuse issues in the area (2) There was confusion with the referral process to get a youth into the drug court program (3) There was a long waiting list to get youth or the family substance abuse services (4) There was a lack of parent support groups.
Dona Ana, NM	<ul style="list-style-type: none"> (1) Availability of services in local area (2) Transportation (3) Mental Health in-patient for girls (4) Undocumented children
Nye, NV	<ul style="list-style-type: none"> (1) Funding (2) Accumulating qualified volunteers (3) Implementation of training provided to team members (4) Community support and education

B. Issues/Problems Encountered After the First Year of Operation

For those programs operating over 12 months, respondents were asked to list the five most important issues (problems) encountered in maintaining the program after its first year of operation. Slightly over half (13) of the respondents represented programs that had been operating for more than one year and noted, in addition to a continuation of the problems encountered during the first

year, the following: need for more adequate case management services; strategies to attract and retain you males, in particular; and developing community support for the program. The few programs that appeared to have developed strategies to address at least some of these problems noted the following: establishing a weekly meeting schedule for the team; development of a Memorandum of Understanding outlining team member responsibilities; using the local sheriff's department and treatment provider to provide monitoring of alcohol use; developing a procedures handbook which then served as the foundation for team training; and redefining the criteria by which program success should be measured which take into consideration the participant's family situation. Chart V summarizes the issues noted and strategies developed to address them.

Chart V: Issues/Problems Encountered After the First Year of Operations and Strategies to Address them

Jurisdiction	Issues/Problems Encountered After First Year	Strategies Developed to Address Issues/Problems
Forsyth, GA	<ul style="list-style-type: none"> (1) Expanding facilities/meetings as the program grows (2) Data collection and management is difficult due to time constraints and backlog of information 	
2nd Judicial District, ID	<ul style="list-style-type: none"> (1) Lack of personnel to maintain close supervision (probation services) for clients (2) Lack of Mental health services for any but the most severe cases (3) Lack of De-tox facility for new clients (4) No temp housing for homeless clients (5) Clients from rural areas have to drive many miles for treatment services and/or urine tests or choose to move to a town w/ a treatment center. 	
Dodge, MN	<ul style="list-style-type: none"> (1) Case manager/coordinator turnover (2) Participants have difficulty getting to meetings and work/school because they do not have a drivers license 	<ul style="list-style-type: none"> (1) Memorandum of understanding for team members needed to be implemented (2) Funding from grants and from the community
Linn, MO	<ul style="list-style-type: none"> (1) The problems listed for the first 12 months continue to be a problem. We are having problems getting the kids to change their behavior because we don't have big enough hammer to hold over them. (2) We don't have buy from other agencies. Some were changing personnel monthly. Our treatment providers is 60 miles away and change people a lot. They have one person for three counties. (3) The standard attitude is if they are drinking, at least they aren't doing drugs. (4) We get few referrals from law enforcement. 	
Franklin, MO	<ul style="list-style-type: none"> (1) Funding: how will we be able to continue to fund our program. (2) Participant home environment/families: poor home environment, including physical environment and people in the home, is not conducive to recovery and lack of alternative housing (3) Transportation of Drug court participants to treatment services and court. (4) Lack of psychiatrics services available in our area. 	

Jurisdiction	Issues/Problems Encountered After First Year	Strategies Developed to Address Issues/Problems
Cape Girardeau, MO	<ul style="list-style-type: none"> (1) transportation to treatment and Court (2) Safe and Affordable housing (3) No available medical detox . for Rx drug users. 	
Newton/McDonald, MO-Neosho	<ul style="list-style-type: none"> (1) Transportation to and from court and AA/NA meetings. (2) We seem to have less success with young males 17-23 years old. 	
McDonald/Newton, MO-Neosho-juv	<ul style="list-style-type: none"> (1) Transportation to and from court and AA/NA meetings. (2) We seem to have less success with young males 17-23 years old. 	
McDonald/Newton, MO- Pineville-fam	<ul style="list-style-type: none"> (1) Transportation to and from court and AA/NA meetings. (2) We seem to have less success with young males 17-23 years old. 	
Tany/Christian, MO	<ul style="list-style-type: none"> (1) Transportation Issues to treatment (drivers license revoked) w/o other available mass transportation (2) Available medical alcohol treatment / Naltraxzone etc. (3) In the beginning, a few DA's they will be perceived "weak" by the public if they offer a Drug Court 	
Grundy/Mercer/Putnam/Harrison, MO	<ul style="list-style-type: none"> (1) transportation (2) funding for treatment 	
Lafayette, MO	<ul style="list-style-type: none"> (1) No public Transportation (2) no money for mental health evaluations (3) no constant NA/AA meetings. They are started by people, they quit . , someone else starts one etc. (4) no good rewards for those doing exceptionally well. 	
Butler, MO	<ul style="list-style-type: none"> (1) Having residential treatment beds available when relapse occurs or client struggles with stopping drug use. (2) Butler County Drug Court needs a Drug Court Administrator and won't get one due to funding 	
Merrimac, NH	<ul style="list-style-type: none"> (1) There are very few residential programs for youth with substance abuse issues (2)There are no intensive day treatment programs for youth (3) There is a long wait to receive a substance and psychological evaluation 	

Jurisdiction	Issues/Problems Encountered After First Year	Strategies Developed to Address Issues/Problems
Dona Ana, NM	(1) Sustainability across all levels of services (2) Cross-cultural treatment (Bi-Lingual) (3) Parenting classes in rural areas	(1) Growth in treatment services in all areas (2) Bi-lingual services
Nye, NV	(1) Funding source for fulltime coordinator	(1)Continued education including funding for incoming team members (2)Implementing mandatory aftercare program
Clatsop/Tillamook, OR	(1) Adequate treatment. The county has not funded treatment. As a result felony offenders have treatment through probation department but misdemeanor offenders must provide own treatment. State funds provide for felony offenders. (2) District attorney participation (3) Offenders with long term methamphetamine addictions often need a mentor to assist in learning, transportation of offender , locating housing and job searching. No funds available for these positions.	

C. Unanticipated Difficulties Encountered in Sustaining the Drug Court Program

Respondents were also asked to note any unanticipated difficulties/problems encountered after the first 12 months of the program’s operation and to indicate how they were resolved. In this regard, respondents most frequently noted the following: developing the capability to test for alcohol use, dealing with staff turnover, the absence of 12 step programs geared to young people, the lack of “pro social” programs for youth, and the need to develop community support. Strategies used to address these issues included: requesting the recovery community to develop 12-step meetings geared to youth; contacting a local community college to develop an adventure-based program for youth, developing program handbooks which served as a framework for periodic training, instituting random alcohol tests with breathalyzers, and communicating with local leaders, including the bar, to provide information on the drug court program and the need for their support.

VI. TRAINING PROGRAMS ATTENDED AND DESIRED

A. Nature of Training Received

Respondents were asked to indicate any special training programs the professionals involved with their drug courts had attended which they felt other rural programs might find beneficial. The training programs most frequently noted were those conducted by BJA, NADCP, and training conferences conducted by state drug court associations and other state agencies.

B. Nature of Training Desired

Respondents were also asked to note the areas of training, if any, the professionals involved with

their drug courts would currently find useful. Many respondents noted the need for training in the area of mental health screening and services, team relationships; alcoholism, using sanctions and incentives effectively, and drug testing. Many also noted that most, if not all, of their teams had received no training and had neither the funds nor time to attend training programs.

C. Materials Developed of Potential Use to Other Rural Drug Courts

Respondents were asked to note any special materials developed for their drug courts that other rural programs might find useful. Those most frequently noted were policy and procedures manuals and client handbooks. One program noted it had commissioned a specially designed commencement coin which was minted.

D. Expertise in Serving as Faculty for Training Programs for Rural Drug Courts

Finally, respondents were asked to indicate interest in participating in the Rural Institute's Training program and any special experience or areas of expertise they would like to contribute, or other assistance they might be interested in providing. While only a few programs indicated interest in contributing their expertise to rural training programs, those that responded noted: (1) providing expertise from the perspective of the role of the judge; use of surveillance officers to assist with supervisions of juveniles; and the development of special programs for juveniles, including martial arts training.