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A PROCESS EVALUATION OF THE RIVERSIDE COUNTY
DEPENDENCY RECOVERY DRUG COURT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

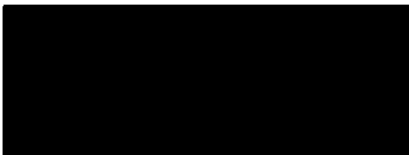
by
Philip Marshall Breitenbucher
Sean Collins Sullivan
June 2003

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6-3-03
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ABSTRACT

The purpose of this article is to describe results of a process evaluation of the Riverside County Dependency Recovery Drug Court Program. In all, 17 different individuals representing 12 different agency perspectives provided information about the drug court program for this study. Results indicated that although the program was relatively new, drug court team members believed that the program adapted the two "key components " of drug court successfully into their program. The feedback from each of the agencies surveyed was overwhelmingly positive.

The process evaluation approach provided in-depth information from a variety of perspectives on two dimensions of the program.

ACKNOWLEDGMENTS

The researchers would like to acknowledge those who have contributed to the success of this project. We would like to thank the Riverside County, Dependency Recovery Drug Court committee for the opportunity to conduct this research. Specifically, we would like to thank Pamela Miller, Collaborative Justice Coordinator.

We would also like to acknowledge Pat O'Boyle-Hauer our field supervisor for her support and guidance throughout this project.

Our faculty supervisor, Dr. Nancy Mary, has provided us with invaluable leadership and direction.

Finally, we would like to acknowledge our family for their support throughout the length of the MSW program.

Thanks to all of you.

DEDICATION

This project is dedicated to my fiancée, Desiree Medina. Your love and support has inspired and motivated me to continue to strive for excellence.

I love you with all my heart.

Phil Breitenbucher

This project is dedicated to my two sons, Collin and Ethan Sullivan. Your youthful energy and love has been my strength and inspiration to challenge myself to be a positive role model and father to you both.

I love you both very much.

Sean C. Sullivan

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CHAPTER ONE

INTRODUCTION

The introduction will begin with a problem statement that introduces the population of focus of this research, the policy and the practice contexts that influence how the needs of this population are addressed, and a description of the proposed study. The second part of the introduction will describe the purpose of the study and its significance for the social work profession.

Problem Statement

Child welfare caseworkers are often involved with parents with substance use disorders (U.S. General Accounting Office [GAO], 1997). In the United States it has been estimated that 15% of women of childbearing age currently abuse substances (National Institute Of Drug Abuse, 1995), and approximately 11% of children (8.3 million) are under the care of at least one drug- or alcohol-abusing parent (Karoll & Poertner, 2002). Evidence from various national studies suggests 40% to 80% of all confirmed neglect and maltreatment cases involve substance abuse (Karoll & Poertner, 2002).

Substance abusing parents usually experience multiple problems that few child welfare agencies and substance

abuse treatment programs are prepared to address. With the enactment of the federal Adoption and Safe Families Act of 1997 (ASFA) states are required to file a petition to terminate parental rights if a child has been in out-of-home care for at least 15 of the most recent 22 months. With the enactment of ASFA, the needs of substance abusing parents have moved to the foreground. Child welfare and substance abuse treatment programs must collaborate to provide children with safe, stable homes with nurturing families as a foundation for healthy and productive life.

ASFA created a renewed emphasis on immediate planning for children requiring child welfare services (CWS) to find more effective ways to achieve family stability. ASFA emphasizes timely decision making by requiring permanency decisions for abused and neglected children within a 12-month timeline and includes mandates to terminate parental rights once a child has been placed in out-of-home care for 15 of the previous 22 months unless compelling reasons exist not to initiate termination.

Riverside County receives approximately 18,538 reports of suspected child abuse or neglect each year. In 2001, there were 6,742 dependency cases in Riverside County, of which approximately 4,140 children received

out-of-home placements. It is estimated that in Riverside County, California, 70-80% of children currently entering the foster care system do so because of abuse or neglect associated with familial substance abuse.

Attention to related problems of substance abuse and child maltreatment within families is a core element of the service delivery required on the part of CWS agencies. These mandates place a burden on CWS to ensure prompt and adequate services for parents, with an emphasis on making reasonable efforts to obtain access to resources and coordination of community services (McAlpine, Marshall, & Harper, 2001).

Collaboration between CWS agencies and substance abuse treatment providers is an essential link if families are to be given real opportunities for recovery and children are to have a chance to grow up in safe family situations. In many communities, when children are removed from parental custody, the response is to offer parents a list of local treatment agencies with instructions to seek treatment and abstain from drug use. If the parent happens to be successful, with or without help from the child welfare agency, reunification is possible. If not, the agency may move toward termination of parental rights. Using concurrent planning strategies, CWS may place a

child in a foster family home with adoption potential. This approach may secure a permanent home for the child, but the family is likely to have received little or no treatment. Thus, the underlying issues that plagued the family initially are still in existence and have never been addressed. This further increases the probability of recidivism amongst these families with every new child born testing positive to drugs.

The Drug Court Model

As of August 1999, 396 different jurisdictions in the United States had implemented a drug court program (Drug Court Clearinghouse and Technical Assistance Project [DCCTAP], 1998). Drug courts are treatment oriented and target clients whose major problems stem from substance abuse. Although there are some standards that are required for each drug program, each drug court program is unique in how its program meets the overall standards and delivers the treatment service to clients (Logan, Williams, Leukefeld, & Milton, 2000).

The Riverside County Dependency Recovery Drug Court seeks to integrate the "Key Components" identified by the Department of Justice (1998). The design of drug court consists of structural accountability, judicial control,

individual accountability, and graduated sanctions (Tauber, 1994). This structure decreases the amount of needed resources from the social, health, and legal systems. Delivery of services is integrated into a phase system that has benchmark performance levels before advancement can occur into the next level. The goals of drug court are to provide intensive treatment for substance abuse and increase individual accountability for self-sufficiency (O'Boyle-Hauer, 1999).

Structural accountability is one example of the uniqueness of this model. Structural accountability is defined as the close collaboration between members of the drug court team. This collaboration includes those professionals from social services, substance abuse treatment, juvenile defense panel, mental health, and public health. The focus of these members is on treatment issues after assessment and identification of treatment needs of each client.

Purpose of the Study

The purpose of this study is to evaluate the implementation of the "Key Components" into the Riverside County Dependency Recovery Drug Court program. This research will employ a self-administered questionnaire

survey design as a method of data collection. Drug court administrative personnel will be surveyed to conduct this process evaluation. To better understand how and why a program such as drug court is effective, an analysis of how the program was conceptualized and implemented will be conducted. A process evaluation, in contrast to an examination of program outcome only, can provide a clearer and more comprehensive picture of how drug court impacts those involved in the drug court process e.g., judges, staff, clients, defense attorneys, and treatment providers.

Specifically, a process evaluation provides information about program aspects that lead to desirable or undesirable outcomes (Logan et al., 2000). Because changes in the original program design may affect program outcomes, a process evaluation can be an important tool in helping judges, treatment providers, staff, clients, and defense council to better understand and improve the drug court process. In addition, a process evaluation may help reveal strategies that are most effective for achieving desirable outcomes and may expose those areas that are less effective. Finally, a process evaluation may facilitate the replication of a drug court program in other locations.

Significance of the Project for Social Work

This research will impact social work on various levels. For the social work profession, this research offers empirical data reflecting the impact of substance abuse on the child welfare system. It is hoped that this research will have a direct and positive impact on the services offered to parents struggling with addiction. Any opportunity for an individual to access substance abuse treatment is an opportunity to affect individual as well as societal change. Social workers can use the information contained in this research to aid them in making decisions regarding the individual's treatment plan.

In terms of social work practice on an agency level, this project will provide useful information to the Riverside County Dependency Recovery Drug Court (DRDC) in terms of meeting the needs of future and current clients. This study may also have a favorable impact on fundraising efforts by demonstrating that the DRDC holds itself accountable to its clients by looking at itself critically. This is important in competing for the limited funding available in our changing social welfare system.

In terms of social work research, this project will contribute to the relatively small body of literature on

the effectiveness of applying the criminal drug court model to family drug court. In evaluating the effectiveness of drug court, researchers have often relied on only the program outcomes such as termination, graduation, and recidivism rates. In contrast, a process evaluation can provide a clearer and more comprehensive picture of how drug court impacts those involved in the drug court process.

The proposed process evaluation will provide an excellent foundation for this program to enhance their service delivery methods and to take the next steps in following through with their outcomes evaluation. This research seeks to answer the following questions: 1) Is the DRDC conducting interdisciplinary education that promotes effective drug court planning? 2) Is the DRDC integrating alcohol and other drug treatment services with dependency case processing?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically, this chapter is dedicated to sampling and reviewing some of the latest theoretical and empirical research on drug courts and their programs. This chapter also reviews the theoretical conception of the drug court model and a detailed description of the Riverside County Dependency Recovery Drug Court.

Historical Framework

In the 1930s the Federal Prison Narcotic Farm System was developed to meet the rising need of the correctional system to house those convicted of drug related offenses. At this time, most state and local facilities were overloaded due to the increase in drug related arrests and convictions (Musto, 1973). Throughout the 1940's, the incarceration of drug addicts was the primary method of case disposition.

Public health personnel were involved in running these farms and noticed a high recidivism rate for discharged prisoners. Additionally, they noted a deeper penetration of addicts into the criminal justice system to

maintain their habits (Musto, 1973). The farms eventually evolved into facilities that promoted research projects from the public health, social services, and medical professions. These institutions also provided training internships for the newly established National Institute of Mental Health (NIMH). The experience of NIMH personnel working on the farms combined with public health, social service, and medical professions, would be the nucleus of a staunch advocacy campaign for treatment starting in the 1950,s (Musto, 1973). The criminal justice system, however, still influenced the greatest number of case dispositions.

The sophistication of the transportation and delivery system of drugs following World War II pressured legislatures to pass drug control laws that changed the penalties for an individual who was convicted of a narcotic offense. The 1956 Narcotic Control Act was the pinnacle of legislative controls. It prohibited the suspension of guilty sentences and in some cases supported the enforcement of the death penalty (Musto, 1973).

The Medical Model

During the Kennedy and Johnson administrations the National Institute of Mental Health presented empirical

research that concluded that drug use is a physiological and psychological disease and should be treated within a medical model. This paradigm shift, as well as legal rulings and legislation in the 1960s, placed the emphasis on prevention and treatment rather than solely interdiction and incarceration (Goldstein, 1994).

In 1962, the Supreme Court ruled that addiction was a disease and not a crime (Musto, 1973). The Supreme Court also stated that "civil commitment" in a medical hospital may be more appropriate than in a correctional facility (Glaser, 1974). Additionally, ancillary services provided through a medical setting were incorporated as part of an aftercare plan. Acknowledging that aftercare was an important part of any recovery plan furthered the philosophical view that addiction is a disease rather than a moral deficiency (Lewis, 1994).

The deinstitutionalization movement within the mental health community initiated the outpatient model of service delivery. The primary concept of this model was to provide the least restrictive setting for treatment. The community care center, part of the building block of the Great Society social program of the 1960's, provided treatment services and customized prevention campaigns at a local level. The criminal justice system responded by shifting

resources of interdiction away from the individual user and focused on the supplier and trafficker of narcotics (Sessions, 1991).

The Emergence of Drug Court

The Anti-Drug Abuse Acts of 1986 and 1988 funded primarily enforcement measures due to the devastation of crack cocaine use during this period. The increased drug arrests overwhelmed correctional institutions, courts, and law enforcement. By 1991, 50% of inmates had used drugs in the month before their arrest (ONDCP, 1995). They were also serving longer sentences. For example, the average sentence in a state facility for drug possession was 4 years and 1 month. Sixty-eight percent of property offenders who are substance abusing were rearrested within 3 years of their releases (Department of Justice, 1998). The revolving door analogy was used to describe the lack of existing intervention on drug use and criminal activity. Criminal justice personnel as well as treatment providers agreed that the traditional approaches of case processing in many instances were not effective in reducing the drug involvement of persons in the criminal courts (DOJ, 1993).

There was a clear need for diversionary programs for those individuals with a substance abuse problem who committed nonviolent crimes. The drug court model was first proposed in Dade County Florida in 1989 (National Center on Addiction and Substance Abuse, 1998). Although similar programs were operating in metropolitan areas such as New York City and Chicago, the Florida model was different. The philosophical engine behind the Florida model of drug court was the recognition that "drug use is not just a criminal justice issue, but a public health problem with deep roots in society" (Substance Abuse and Mental Health Services Agency, 1996). This model utilized structural accountability, judicial control, and individual accountability. The structural accountability within drug court was used to form alliances between community-based treatment providers and the criminal justice system. The judicial control uses the coercive power of incarceration to focus on the individual's behavior and progress in a treatment setting. Individual accountability is visible in reduced recidivism activity as well as follow up on ancillary services such as health and dental and other self-care activities.

Drug court utilizes a collaborative approach to enlist all the professional disciplines involved in

treatment issues. The collaborative theory of helping uses a case management model to deliver services. Treatment services include graduated sanctions that are used when the client does not comply with the program requirements. Research indicates that it is the "certainty of the sanction rather than the severity of the consequence" that has great impact (Harrell, Cook, & Carer, 1998, p. 10).

The target population of the drug court program varies. Although some violent offenders are accepted into some programs, the most frequent participants are those individuals who commit nonviolent offenses and have a substance abuse problem (GAO, 1997). The drug court program has a screening and assessment process. Screening determines eligibility and appropriateness for drug court. Assessment determines what services are needed to support the participant's attempt at a successful completion of the drug court program (Peter & Peyton, 1998).

Evaluation on the Effectiveness of the Drug Court Program

In the United States, drug courts had been established in 361 jurisdictions and 220 others were in various stages of planning by the summer of 1999 (Drug Court Clearinghouse and Technical Assistance Program, 1998). According to Miethe, Lu and Reese (2000, p. 523),

"Concerns about greater court efficiency and the need for aggressive treatment of substance abusers have been the primary impetus for the emergence of drug courts across the country." With the proliferation of drug courts, numerous theoretical frameworks, and descriptive and empirical studies were published concerning the various policies and programs that these institutions adopted (e.g., Belenko, 1998; Belenko, 1999; Deschenes & Greenwood, 1995; Goldkamp, 1994; Goldkamp & White & Robinson 1993; Miethe, Lu, & Reese, 2000; Peters & Murrin, 2000; Sherin & Mahoney, 1996; Tauber, 1994; Terry, 1999).

Current research of drug courts is limited to evaluation and outcome reports, virtually no longitudinal data exists (National Center on Addiction and Substance Abuse, 1998). The federal government, in recognition of the need for evaluation and measurement, has required an evaluation component for any agency that is receiving federal grant monies. Other governmental oversight includes the Drug Court Clearinghouse and Technical Assistance Project (Cooper, 1997) at American University, which is sponsored by the Drug Court Program Office, a subsidiary of the Department of Justice.

The Drug Court Clearinghouse and Technical Assistance project (DCCTAP) was listed as a contributor in providing

common terms for the evaluation report prepared by the GAO. The DCCTAP conducted a study as part of a legislative requirement of the 1994 Violent Crime Act. The information in the report was qualified by the limited parameters of the data available. The survey instrument was independent of others used by DCCTAP, and the questionnaire design had open-ended as well as closed-item questions. The overall findings were in aggregate form. Each jurisdiction's methodology and procedures were described to supplement the interpretations results of the overall study.

The evaluation was conducted using 16 drug court programs that have been in operation from 1989 through 1996 (GAO, 1997). The evaluators acknowledge the inability to draw firm conclusions from this study because of methodology variation of each drug court program.

Conclusion on drug courts' retention and effectiveness was in agreement with other previously conducted preliminary studies. For example, drug courts were found to have a positive impact. There are a significant number of jurisdictional studies that show cost savings as well as participant completion rates in the program itself. The retention rate of programs that continue to use the drug court model was significantly higher than program retention rates for probation-based

programs. The range of retention rates was described as less than 1% to over 70% with an average of 43% (GAO, 1997).

Other societal benefits were noted, such as drug-free babies, decreased dependency on the foster care system, completion of a high school education, and development of employment skills (GAO, 1997). Relapse was recorded less frequently for those participating in drug court. Recidivism measures also varied greatly in data collection techniques. Two programs cited in the GAO Study cited a recidivism rate of 20% and 10%, and reported treatment costs from \$3,215-\$5,834, as opposed to \$8,400, to incarcerate the same individual for a six-month jail sentence (GAO, 1997)

Goldkamp, White, and Robinson (1993) evaluated the methodology of studying both the impact and the process of drug courts. They offered an analytical framework to answer the core question of "do drug courts work?" To answer this question they applied a drug court typology developed previously. This typology meant to identify the basic structural dimensions present in different drug court programs in order to develop a general body of knowledge about the functioning of drug courts. The authors argue that the question whether drug courts work

should be treated in two parts: 1) compared with no drug court handling of certain drug abuse cases, do drug courts produce better results and 2) if the comparison shows that drug courts seem to work, how do they operate?

Essentially, this article focuses on issues concerning outcome and process evaluations of drug court programs. In analyzing the findings of the empirical illustration of this typology involving two different drug courts, the authors found some support that these programs can contribute to crime reduction and the variations in outcomes may be explained by factors related to the operation of the drug courts.

Longshore et al. (2000) showed concern of difficulty drawing clear conclusions regarding the variability of the treatment outcomes in relation to the program characteristics. In order to rectify this situation, the authors proposed five drug court dimensions that might be proven useful in this endeavor. They suggested the following dimensions: leverage, population severity, program intensity, predictability and rehabilitation emphasis as a new approach to describe drug court structure and process. According to Longshore et al. (2000) the main advantage of using these dimensions was that each one of them can be scored on a range of low to

high. In addition they lend themselves to propose a set of systematic hypotheses regarding the effects of the structure and the program process on the drug court outcomes.

Burdon, Roll, Prendergast, and Rawson (2000) found after a literature review of the growth, operations, and evaluations of drug courts that most of the program "models" emphasize punishment such as graduated sanctions. They also found that these programs make little use of treatment strategies aimed at reinforcements that would promote behavior change and abstinence from substance abuse. The authors presented "contingency techniques that involve systematic application of reinforcement contingent upon the performance of specified behaviors." According to Burdon et al. the evaluation of these techniques is currently under way in a study of a substance abuse treatment program that defendants from a drug court are referred to. This study may shed some light on the general issue of how to implement successful treatment modalities of substance abuse in a criminal justice setting.

One of the problems that many drug court programs faced was their high failure rates. To avoid this occurrence, which could endanger the future of drug courts, there was a major concern to develop better

screening methods for participants who may successfully complete and benefit from these programs. This issue was a recurring one in many treatment and correctional programs and often leads to controversies. There was always the lingering question of whether better methods of screening of prospective participants will lead to "creaming," i.e., that only the low risk cases will be admitted into the program.

Saum and Scarpitti (2000) dealt with a developing phenomenon concerning drug courts. Namely, many of them move from their initial function of providing diversion programs for first-time drug offenders to dealing with more complex clients. Increasing numbers of these new types of participants have criminal records, including violent crimes. As noted, originally, drug court programs were designed to deal with non-violent substance abusers and most of them were clearly treatment oriented. The inclusion of offenders with more extensive criminal histories in these programs presents drug court decision-makers with a difficult situation in which they have to seek a balance between the need for treatment and the implementation of corrections. This undertaking involves the selection of prospective participants whose criminal records would suggest that their inclusion in the

program would not pose a risk to the public. So far there is little known about whether drug courts are suitable for handling offenders having violent criminal records.

The Effectiveness of Drug Courts: Recidivism

The following two articles focus on the effectiveness of drug court programs in terms of reduction of recidivism. They study the extent of recidivism of drug participants and the recidivism of comparable felony drug offenders who were adjudicated in the traditional manner and/or were placed on probation. These articles investigate the central question: Do drug courts produce better results compared to no drug court?

Spohn et al. (2001) conducted an evaluation of the effectiveness of the Douglas County (Omaha), Nebraska drug court program in terms of the reduction of recidivism of its participants. Using a methodologically sophisticated research design the authors compared offenders who participated in the drug court program with two matched comparison groups on a number of measures of recidivism. Their findings showed favorable results for the drug court participants.

In an article concerning drug court effectiveness Brewster 2001 reports the results of the evaluation of the

drug court program in Chester County, Pennsylvania. In this empirical study program participants were compared with offenders who were placed on probation, but answered the eligibility criteria of the program (i.e., were charged with non-mandatory drug offenses; were not under probation or parole supervision at the time when charged; and had no prior record of violent offenses). Drug court participants and the comparison group members were compared in terms of their current status, new arrests, revocation or removal from the program, and the results of drug testing. The evaluation showed some drug court effectiveness in drug tests and re-arrest rates during the program. However, the survival rate in the program was substantially lower in the drug court program than in traditional probation. Furthermore, there were racial differences between those who completed and those who were removed from the program. The follow-up of the small group of drug court graduates also showed some positive results.

Barriers to Successful Drug Court Completion

Wolf and Colyer (1996) reviewed the everyday problems of participants in complying with the formal requirements of the program. The article focused on the problems mentioned in court and were classified as individual,

immediate social milieu, and larger social structure problems. The qualitative analysis presented in their study suggests that many substance users face various problems that might impede their successful participation in drug court programs and their subsequent recovery from drug addiction. The authors identified several recovery types and problem profiles. The findings might have practical applications for drug court judges, program managers and staff members by identifying different types of offenders and the various problems they face in participating in drug court programs.

Cresswell and Deschenes (2001) examined participants' perceptions of the Orange County, California drug court program. At the outset the authors suggest that for a drug court to be considered effective, alternative to traditional punishment such as probation and incarceration, offenders and policy makers must view them similarly. Following this premise the article examined the variations in the perceptions of severity and effectiveness between minority and non-minority participants. The study suggested certain differences based on the minority status of participants. While the two groups perceived the severities of various sentences

differently, the perceived effectiveness of the program indicated only few differences.

Applying the Drug Court Concept in Family Court Environments

The drug court program is grounded in the "key components" described in the Department of Justice (1998) publication *Defining Drug Courts: The Key Components*. These components are: 1) Drug courts integrate alcohol and other drug treatment services with justice system processing, 2) Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights, 3) Eligible participants are identified early and promptly placed in the drug court program, 4) Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services, 5) Abstinence is monitored by frequent and other drug testing, 6) A coordinated strategy governs drug court responses to participants' compliance, 7) Ongoing judicial interaction with each drug court participant is essential, 8) Monitoring and evaluation measure the achievement of program goals and gauge effectiveness, 9) Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations, 10) Forging

partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. The family drug court model has adopted these "key components" in order to ensure appropriate service delivery to the clients and to evaluate the effectiveness of the drug court program.

A family drug court differs from criminal court because it is a special docket for cases involving some loss or restriction of parental rights due to the parent's substance use. A family drug court may target matters involving custody and visitation disputes; abuse, neglect, and dependency cases, non-support; petitions to terminate parental rights; guardianship proceedings; or related matters. Family Drug courts utilize the adult drug court techniques of intensive, continuous judicial supervision of participants and coordination of treatment and rehabilitation services provided. They differ from the adult drug court model, however, in several respects. The family drug court, although similar to the adult drug court in terms of services and protocols, usually focus on the "best interests of the child," particularly if the case arises from the abuse/neglect docket and this focus is the court's paramount consideration in responding to

the progress or lack thereof of the parent (McGee, Parnham, & Smith, 2000).

In contrast to the traditional adult drug court where all cases are criminal, cases in family drug courts may originate in any division. Family drug courts have jurisdiction over juvenile, family law or domestic relations cases.

In some states, subject matter jurisdiction may be exclusive with one court division and in other states, it may be concurrent with different court divisions. Because state and county court systems vary significantly in structure, juvenile and family cases are frequently dispersed through these various systems (McGee, Parnham, & Smith, 2000).

In neglect and dependency situations, cases often "linger" for months, if not years, waiting for an opportunity to reunite the child with the parent. During this period, the child's life is placed on "hold," separated from the parent and placed either with a relative or non-relative custodian in foster care while the parent attends treatment after treatment program with usually no apparent permanent change of behavior. For the drug dependent parent, the imminent threat of permanent termination of parental rights is not as motivating a

factor as one might expect. Given the compelling nature of addiction and the debilitating influence on the user's ability to appreciate the long-term consequences of their use, termination of parental rights often appears to be a vague process "to be dealt with" several months in the future. Addiction denies the parent appropriate foresight and forces the addict to live and survive only for the moment. Future threats, regardless of their severity, do not motivate the drug dependent individual (McGee, Parnham, & Smith, 2000).

The traditional dependency system, with its mandated periodic judicial review, does not provide a meaningful or motivating consequence for the non-complying parent. Without any enforcement mechanisms, both the court and the caseworker experience a great deal of frustration. The caseworker and the parent frequently appear to become "adversaries." The mother resents the intrusion and constant requirement imposed by the case plan and the case worker resent the persistent non-compliance by the parent, neither of whom have much recourse with the traditional approach. By the nature of the proceedings, the court's role in these cases encompasses an extremely heavy burden concerning the welfare of the child. Unlike most cases, the court is aware of the failures of the parties and the

system because of mandated periodic reviews. In a traditional proceeding, at the review, the child welfare department usually asks for the "status quo" since, in most cases, the parent has failed to abstain for a substantial period of time to justify a recommendation of reunification.

This situation is dramatically changed if the case is handled through the family drug court process. Frequent court reviews, coupled with the court's ability to impose immediate consequences, can provide the necessary motivation of the parent to attempt a lifestyle change. The relationship between the parent and the caseworker also experiences a dramatic change. With more frequent compliance, the caseworker is often viewed by the client as the core of support system. The court's perspective also changes. Instead of the traditional review hearing in which the parent is often passive or defensive, the court actually participates in a process of significant changes in the parent and observes these changes at the court hearings. All of these dynamics, of course, equate to a direct, positive and substantial benefit to the child. The reward for the court is the unification of a family in a healthy nurturing environment, which gives a child an

opportunity for a normal and productive life (McGee, Parnham, & Smith, 2000).

Riverside County Dependency Recovery Drug Court

The Riverside County Dependency Recovery Drug Court (DRDC) target population is young parents (18 years and older) with children (ages 0 to 5 years) who live in Riverside County and have not been successful in helping themselves and their families. The overall goal of the program is to establish an integrated court based collaboration that protects children from abuse and neglect, precipitated by substance abuse in the family, through timely decisions, coordinated services, substance abuse treatment, and safe and permanent placements.

The DRDC has identified a set of specific goals and objectives to be met within the first year of operation (See figure 1). The first goal identified by the DRDC is to expand and enhance treatment services of Riverside County's Drug court for families in Dependency Court. In this effort they will establish a multi-agency steering committee to help guide the enhancement and expansion of the Dependency Court. The main focus areas are: 1) Provide Strengthening Families Program services to 160 families. 2) Assess each case weekly, bi-monthly, or monthly based

on an objective point system. 3) Document the policies and procedures that were established and/or modified to enhance the Dependency Court. 4) Adopt the ten-strength-based characteristics of effective Family Drug Court.

The second goal identified is to enhance the capacity of the Dependency Court to provide drug treatment as an alternative to loss of child custody. In this effort the DRDC will significantly improve accessibility to residential drug, alcohol treatment service and mental health services for families in Dependency Court. To provide education and employment services to improve parents' ability to care for their children.

The third goal identified by the DRDC is to conduct rigorous process and outcome evaluation to inform local and state governance about the efficacy and possible cost savings associated with the dependency drug court program and to improve family drug court operations.

The DRDC is designed with many of the same characteristics of the drug courts currently operating in criminal and family law. Supervision of each case by the court is intensified to ensure reunification goals are met. On a case-by-case basis, when safe to do so, children

stay with or are returned to their parent(s) to eliminate or minimize the adverse effects associated with removal.

As the client enters the court system the Drug Court Judge reviews and examines eligibility criteria for each parent. Preliminary information is gathered and sorted and used to determine the level of the client's substance abuse problem and whether a detailed clinical assessment is warranted. In-depth information concerning the client's substance abuse and treatment history, current conditions, emotional and physical health, family status, social roles, victimization, education, and criminal history is gathered.

The Department of Mental Health/Substance Abuse Program (DOMH/SAP) uses the Addiction Severity Index (ASI) to determine initial eligibility for the DRDC. Utilizing the ASI assessment tool, the parent is evaluated for substance abuse history and determination of current level of usage; health; criminal history and risk to re-offend; family and social history; employment and work skills; educational level; financial status; transportation and housing needs; and legal status, including an evaluation of special program terms and conditions as ordered by the court. The parent(s) are then referred to treatment and/or detoxification as needed. Eligible parents are advised of

their eligibility and potential options. If the parent chooses to participate in the DRDC they are provided with the rules and regulations of the program and sign a contract for voluntary entry into the eighteen-month program.

Once the client has been admitted into the program they are assigned a Recovery Specialist who provides intense case management and monitors each client's progress. The role of the Recovery Specialist is to support child and adult progress towards reunification. The Recovery Specialists provides the parents with the needed skills to advocate for resources and services. The Recovery Specialist works to identify needed skills and organize a Family Reunification Workshop for parents participating in the DRDC.

Summary

The literature important to the project was presented in Chapter Two comprises only a small sample of the growing number of drug court programs in the nation. It is impossible to make sweeping generalizations about drug courts because of the sheer numbers and the variation in the program details, in their management practices, in their screening policies, in their participants, in their

staff, in the local criminal justice system and in many other characteristics of the various jurisdictions. Nevertheless, the basic idea behind the establishment of drug courts involves some degree of treatment under supervision for certain types of substance abusers remains a general characteristic of these programs.

CHAPTER THREE

METHODS

Introduction

Chapter Three documents the steps used in implementing the research. Specifically, this section describes the methods used in conducting a process evaluation of the Riverside County, Dependency Recovery Drug Court.

Study Design

The purpose of this study was to evaluate how well the Riverside County implemented the key components into their newly developed Dependency Recovery Drug Court (DRDC). This research employed a self-administered questionnaire survey design as a method of data collection. Drug court administrative personnel were surveyed to assess their perception of the integration of the "Key Components." In all, 17 different individuals representing several different agency perspectives have provided information about the drug court program. Although it would have been ideal to obtain outcome measures this is not feasible due to the limited time in which to conduct this study. Furthermore, this is a newly

developed program in which outcome measures are not yet available.

The focus of the process evaluation was guided by a literature review from several different sources (Department of Justice, 1998, DCCTAP, 1997; Drug Courts Program Office, 1998). Based on this review of the literature a questionnaire-survey instrument was developed to assess the level of adaptation of two of the "Ten Key Components" of drug court to the DRDC. The instrument included a combination of quantitative and qualitative questions that provided the participants the flexibility to write comments.

This research sought to answer the following questions: 1) Is the DRDC conducting interdisciplinary education that promotes effective drug court planning? 2) Is the DRDC integrating alcohol and other drug treatment services with dependency case processing?

Sampling

The sample for the study consisted of DRDC committee members representing 12 different agencies. The agencies represented were; Department of Public Social Services, Child Protective Services, Department of Mental Health, Mental Health\ACT, Substance Abuse Treatment, Riverside

County Superior Court, Juvenile Courts Division, County Counsel Office, Juvenile Defense Panel, Riverside County Sheriff's Department, Riverside Office of Education and WestEd. Purposive sampling was employed to collect the sample. The participants that were selected were known to be good sources of information and invaluable in determining how well the DRDC has integrated the "key components" into its program.

Data Collection and Instruments

The researchers collected data from a self-reported questionnaire. It took approximately 15 minutes to complete the questionnaire, which was divided into three sections. The first section included the demographics of the respondents' age, gender, ethnicity, and level of education. The next two sections assessed the respondents' perceptions of the adaptation of the key components into the program. The questions were framed in a Likert style format. The respondents were asked to respond to the questions on a scale of strongly agree to strongly disagree. The questions contained in the survey had been directly adapted from the Departments of Justice's "Defining Drug Courts: The Key Components" (1997). The questions were framed to measure the two major research

questions: 1) Is the DRDC conducting interdisciplinary education that promotes effective drug court planning? 2) Is the DRDC integrating alcohol and other drug treatment services with dependency case processing? At the end of the survey, a section was allowed for the subjects to add further comments.

The limitation of the evaluation instrument was that it had not been pre-tested; specific ratings for reliability and validity were not available. Pretests were conducted with DRDC staff, and these researchers' colleagues at the graduate level to help identify potential validity problems. The strength of the instrument, however, was that it is specific to the Riverside County Dependency Recovery Drug Court program and the needs of this study.

Procedures

The researchers utilized multiple methods of distribution in order to maximize the possible sample size. First, the researchers emailed a packet containing a consent form (Appendix B), questionnaire and a debriefing statement (Appendix C) to the entire DRDC committee. The email contained directions on how to review the survey. The researchers then sent several follow-up emails to he

DRDC committee to encourage response. The researchers then distributed, in-person, a packet at a DRDC committee meeting. Participants were informed that all answers were confidential and only group data was used in the study. Participants were given the consent form, which described the purpose of the study and the nature of their participation. The subjects were then asked to answer the questionnaire as truthfully as possible. Subjects were informed that they were free to withdraw from the study at anytime without penalty.

The questionnaires were collected and analyzed. The data was inputted into an SPSS program and statistical analysis was conducted. The qualitative comments were compiled and synthesized.

Protection of Human Subjects

The confidentiality of the study participants was a primary concern of the researchers. To protect the human subjects that were involved in the study, the researchers kept all data confidential. The researchers safeguarded the confidentiality of the collected data by limiting the number of individuals who reviewed the data. The data was kept locked at the researcher's office in a locked drawer during the study. Once the questionnaires had been

collected and the data had been entered into a computer file, the questionnaires and the list of participants was destroyed. Thereafter, raw data in the computer file were identifiable only by case ID numbers.

Data Analysis

In order to address the research questions, the data taken from the survey relating to how well the Dependency Recovery Drug Court (DRDC) implemented the two "Key concepts of drug court" into their program was analyzed using the Statistical Package for the Social Sciences (SPSS). As the data was inputted into the SPSS, each variable was given a numerical value. These values were used to determine descriptive statistics, including the mean, median, and mode. Frequencies were obtained to determine the distribution of socio-demographics, which included age, education, gender, marital status, and number of DRDC meetings attended. Additionally, correlations were computed to assess if DRDC team members felt that the program had successfully implemented the two "key components" of drug court.

Data analysis primarily employed descriptive statistics in order to summarize the characteristics of the sample. These descriptive statistics included

univariate statistics such as frequency distributions, measurements of central tendency, and dispersion.

In addition, the comments section of the questionnaire was evaluated in order to assist in making some conclusions about the DRDC's success in adapting the key components into their program.

Summary

As indicated, this study intended to produce results that can be used to assist the DRDC to evaluate its success in adapting the key components into their program. Steps were taken to enhance the reliability and validity of the data and to protect the confidentiality of the participants in the study.

CHAPTER FOUR

RESULTS

Introduction

This section describes the results of a process evaluation of the Riverside County, Dependency Recovery Drug Court. Lastly, the Chapter concludes with a summary of the results.

Presentation of the Findings

In all 24 surveys were sent out to representatives from 12 different agencies. Of those 24 surveys 17 were returned (70%). The majority of respondents were female (58.8%), whereas 41.2% were male. The majority of respondents identified themselves as Caucasian (n = 9, 52.9%). Two (11.8%) were Hispanic/Latino, one African American (5.9%), and one Asian/Pacific Islander. Two of the respondents (11.8%) identified themselves as "other," and two more abstained from answering the question.

The average age of respondents was 39.6 (n = 16, one declined to answer). 18.8% of respondents stated they were under 30 years old, another 18.7% stated they were in their thirties. 25% of the respondents were between the age of 43 and 48, while the remaining 18.8% were in their fifties.

A majority (n = 10, 58.8%) of the respondents reported having a graduate/professional degree. Approximately one third (29.4%) of the respondents reported having a college degree and the remaining 11.8% of respondents stated that they had at least some college.

Finally, respondents were asked to indicate the number of committee meetings attended. Approximately half (47.1) of the respondents had only been to 1-5 meetings. One respondent had attended 6-10 meetings. The other half (47.1%) of respondents had attended more than 10 committee meetings.

Implementation of Key Components

Due to the limited time available to conduct the study, the evaluators decided to choose two of the ten "Key Components" that most adequately describe and evaluate how well the DRDC is implementing the "Key Components." The key components that were chosen were:

1) Is the DRDC conducting interdisciplinary education that promotes effective drug court planning? 2) Is the DRDC integrating alcohol and other drug treatment services with dependency case processing? Participants were surveyed to evaluate their perception of the implementation of the key

components. The respondents were given the opportunity to provide comments.

Respondent Perceptions of the Drug Court Program

Question 21 on the survey asked for the respondents' overall, satisfaction of the drug court implementation process. Ninety-four point one percent (n = 16) of the respondents stated that they were satisfied with the process. Of the remaining 20 questions eight questions on the survey related to 1) Is the DRDC conducting interdisciplinary education that promotes effective drug court planning? Twelve of the questions on the survey related to 2) Is the DRDC integrating alcohol and other drug treatment services with dependency case processing? Is the DRDC conducting interdisciplinary education that promotes effective drug court planning?

As shown in Table 1, the participants in general agreed that the DRDC was conducting interdisciplinary education in an effort to promote drug court planning. Table 1 illustrates the response percentages in descending order. It appears that the committee has attained a basic level of understanding of the drug court model. For instance, all of the respondents either strongly agreed (11.8%) or agreed (88.2) that DRDC personnel have attained

a basic understanding of the drug court model. However, when asked about specific mental health and recovery issues the response rating was not as positive. For example, almost one third (29.4%) of the respondents felt that DRDC personnel had not attained a basic understanding of the interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis"). Presented in Table 1 are the percentages of responses by category (see Table 1).

Table 1. Interdisciplinary Education Response Percentages

	Strongly Agree	Agree	Disagree	Strongly Disagree	Missing
1. Personnel have attained a level of basic education pertaining to the drug court model:	11.8%	88.2%	0%	0%	0%
2. Key DRDC staff have a basic knowledge of the legal requirements of the drug court program:	23.5%	70.6%	5.9%	0%	0%
3. Key DRDC personnel have a basic understanding of sensitivity to racial, cultural, ethnic, gender, and sexual orientation as they affect the operation of the drug court:	23.5%	64.7%	5.9%	0%	5.9%
4. Key DRDC personnel have a basic understanding of Federal, State, and local confidentiality requirements:	17.6%	64.7%	5.9%	5.9%	5.9%

	Strongly Agree	Agree	Disagree	Strongly Disagree	Missing
5. Interdisciplinary education is provided for every person involved in drug court operations to develop a shared understanding of the values, goals, and operating procedures:	17.6%	58.8%	11.8%	0%	11.8%
6. Key DRDC staff understand the dynamics of abstinence and techniques for preventing relapse:	11.8%	64.7%	11.8%	5.9%	0%
7. Key DRDC personnel understand AOD abuse and treatment:	11.8%	58.8%	23.5%	5.9%	0%
8. Key DRDC personnel have a basic understanding of the interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis")	11.8%	41.2%	29.4%	0%	17.6%

Is the DRDC integrating alcohol and other drug treatment services with dependency case processing?

As shown in Table 2, twelve of the questions were related to the integration of services. Table 2 presents the finding in descending order of agreement. The top of Table 2 shows that the DRDC appears to be using a collaborative process. For instance, all of the respondents (n = 17) agreed or strongly agreed that the planning of the DRDC had been carried out by a broad based

group and that documents defining the DRDC's mission, goals, eligibility criteria, operating procedures, and performance measures had been collaboratively developed. However, almost one-third (29.4%) of the respondents felt that the DRDC policies had not been clearly articulated and another 23.5% felt the procedures had not been clearly articulated. Presented in Table 2 are the percentages of responses by category (see Table 2).

Table 2. Integration of Services Percentages

	Strongly Agree	Agree	Disagree	Strongly Disagree	Missing
9. Documents defining the DRDC's mission, goals, eligibility criteria, operating procedures, and performance measures have been collaboratively developed, reviewed, and agreed upon:	52.9%	47.1%	0%	0%	0%
10. The DRDC Judge responds to each participant's positive efforts as well as to noncompliance behavior:	35.3%	64.7%	0%	0%	0%
11. Initial and ongoing planning of the DRDC has been carried out by a broad-based group:	58.8%	35.3%	0%	0%	5.9%
12. The DRDC has clearly articulated its drug testing standards and procedures:	23.5%	70.6%	0%	0%	5.9%
13. The DRDC's goals are clearly articulated:	11.8%	70.6%	5.9%	5.9%	5.9%

	Strongly Agree	Agree	Disagree	Strongly Disagree	Missing
14. The court and treatment providers maintain frequent exchanges of timely and accurate information about the individual participant's overall program performance:	41.2%	41.2%	5.9%	0%	11.8%
15. The court and treatment providers maintain ongoing communication:	29.4%	52.9%	11.8%	0%	5.9%
16. The DRDC Judge plays an active role in the treatment process, including frequently reviewing of treatment progress:	29.4%	52.9%	11.8%	0%	5.9%
17. The DRDC has clearly articulated its responses to relapse and to noncompliance with other program requirements:	11.8%	70.6%	11.8%	5.9%	0%
18. Mechanisms for sharing decision making and resolving conflicts among DRDC team members have been established:	11.8%	58.8%	17.6%	5.9%	5.9%
19. The DRDC's procedures are clearly articulated:	5.9%	70.6%	23.5%	0%	0%
20. The DRDC's policies are clearly articulated:	11.8%	58.8%	29.4%	0%	0%

Researchers ran a cross tabulation between number of group meetings attended and the questions on the survey. The meetings were grouped into categories of 0-5 meetings attended and 6 or more meetings attended. Approximately half (47.1%) of the respondents had attended 1-5 meetings and the other half (52.9%) of respondents had attended

more than 10 committee meetings. Utilizing Pearson's R, a level of significance $\alpha = .021$ was found between the number of group meetings attended and question number nineteen in Table #2, "The DRDC's procedures are clearly articulated." It appears that the more meetings committee members attended the less satisfied they felt with the development of the procedures.

Qualitative Data

The participants were given a space to make comments after each question on the survey. Out of the 17 participants that were surveyed, five participants made comments on 12 of the 21 questions.

A comment made on question #7 in Table 1, "Key DRDC personnel understand AOD abuse and treatment," was consistent with the response percentages of the survey. The respondent wrote "Attorneys and Commissioner are not as informed as they should be," which is consistent with the 29.4% of respondents that disagreed with the above statement.

Comments made on question #8 in Table 1, "Key DRDC personnel have a basic understanding of the interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis)," is consistent with the response percentages of the survey.

The respondents wrote "Training is needed in this area; More info for all is needed to make better decisions in acceptance and noncompliance; Has not come up in the meetings I have attended" which is consistent with the 29.4% that disagreed with the above statement and the 17.6% that abstained from answering the question.

A comment was made on question #18 in Table # 2, "Mechanisms for sharing decision making and resolving conflicts among DRDC team members have been established." A respondent wrote " A formal process may be helpful," which is consistent with the 23.5% that disagreed with the above statement and the 5.9% that abstained from answering the question.

Furthermore, participants were given an overall section to make comments at the end of the survey. In all 4 participants made comments in this section, they wrote that overall they were satisfied with the DRDC procedures and communication.

Summary

Chapter Four reviewed the results extracted from the project. In all, 17 different individuals representing 12 different agency perspectives provided information about the drug court program for this study. Results indicated

that although the program was relatively new, drug court team members believed that the program had adapted the two "key components" of drug court successfully into their program. Overall, the respondents felt that they had attained a basic level of understanding of the drug court model, and that they had worked well in the collaborative process.

The results also revealed some areas of needed improvement. One-third of the respondents felt that the DRDC needed more education and training in areas related to mental illness and the disease of addiction. Furthermore, one-third of the respondent's felt that the policies and procedures had not been clearly articulated. The implications of these results are further discussed in Chapter five.

CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a presentation of the conclusions drawn as a result of completing the project. Further, the limitations of the project are discussed, as well as recommendations for social work practice, policy and research are presented. Lastly, the Chapter concludes with a summary.

Discussion

The Riverside County, Dependency Recovery Drug Court was established approximately six months ago. This program is based on the "Key Components" (Department of Justice, 1997) and has three program phases that take a client approximately 12 months to complete. At the time of data collection the DRDC had only three active participants, therefore the evaluators chose to conduct a process evaluation. More specifically, this project evaluated the perceptions of the DRDC staff in effort to identify how successful the DRDC planning committee had been in implementing two of the "key components" identified by the Department of Justice. The two components chosen for this

project were "integration of services/collaboration" and "interdisciplinary education."

In regards to "integration of services," it appears that the DRDC is working well as a collaborative. The responses related to collaboration were overwhelmingly positive. However, almost one-third of the respondents felt that the DRDC policies and procedures had not been clearly articulated. Furthermore, nearly one-fifth of the respondents felt they had not clearly articulated responses to relapse and non-compliance. Leading these researchers to conclude that although the respondents felt that they worked well together as a collaborative, they had not been successful in completing the task of clearly articulating the procedures. It is common when working in a collaborative effort with representatives from multiple agencies that the process becomes more important than the achievement of the task. While the process of "team building" is important it is also critical that goals and tasks be achieved in a timely manner.

The collaboration and the communication between the various players in the drug court program are vital to the success of the drug court program. It enables the judge to create a system of accountability where there usually is none, accountability on the part of the participants as

well as the service providers. In turn, participants are accountable in a system, which previously, has been unaccountable to them, as well. System accountability can also produce results notwithstanding limited resources. Coordination among all agencies is critical. The integration of these services through a drug court program can identify "gaps" in the system which can be filled by a cooperative effort as opposed to the traditional "finger pointing" response.

From the literature review conducted for this project we can clearly see the importance of using a collaborative process in the planning stage. However, when working with large planning groups the completion of task and the decision making cycle may take longer than preferred. Also, it is very common that these large planning groups become lost more in the process of meeting rather than in the task of doing. It may then be recommended that an agenda be constructed for each meeting and timeframe be placed for each item on the agenda. This allows for a healthy discussion and yet it sets boundaries keeping the discussion focussed.

Eight questions in the survey were designed to measure "interdisciplinary education." It appears that the DRDC committee has a basic understanding of the drug court

model, legal requirements and cultural issues. However, many of the respondents felt that the DRDC committee does not understand the disease of addiction and the recovery process. Another area of weakness appeared to be the DRDC understanding of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis.")

As a multi disciplinary team all members come with a different expertise. This expertise may not be in the field of mental health and/or substance abuse. Drug court practitioners must recognize that the situations that are bringing many parents under the court's jurisdiction are often complicated, and are often multi-generational. It is necessary that all "team" members recognize the disease of addiction and have a basic understanding of the recovery process. All activity generated by the drug court must be designed to have therapeutic value, including the interaction between "treatment" and "court" processes which should be on-going.

Limitations

The limitations of this approach include generalizability across time and programs. The evaluation was specifically for the period between October 1, 2002 and March 31, 2003. Changes that occur after this point in

time are not reflected. Also, the representatives surveyed may or may not have reflected all attitudes toward this drug court program. One other limitation is the small sample size. In addition, the limitation of the instrument was that it had not been pre-tested; specific ratings for reliability and validity were not available. Furthermore, this study was limited because of the lack of observational data. Due to the program being fairly new it was not feasible to interview or survey clients to obtain their perspective of the drug court. Additionally, the study was limited to one survey rather than an on-going evaluation.

Recommendations for Social Work Practice, Policy and Research

This research impacts social work on various levels. For the social work practice, this research offers empirical data reflecting the impact of substance abuse on the child welfare system. It is hoped that this research will have a direct and positive impact on the services offered to parents struggling with addiction. Any opportunity for an individual to access substance abuse treatment is an opportunity to affect individual as well as societal change. Social workers can use the information

contained in this research to aid them in making decisions regarding the individual's treatment plan.

In terms of social work practice on an agency level, this project provides useful information to the Riverside County Dependency Recovery Drug Court (DRDC) in terms of meeting the needs of future and current clients. Based on the research findings from this study the researchers make the following recommendations.

The DRDC conduct a more thorough approach to interdisciplinary education as it pertains to AOD, mental illness, and understanding working with dual diagnosis clients. This would assist all key DRDC personnel in understanding the disease of addiction and process of relapse and recovery. As stated previously, the DRDC is composed of a multi disciplinary team of whom 58.8% had graduate or professional degrees. However, it is likely that many of the members did not specialize in mental health and/or substance abuse treatment.

It is further recommended that the DRDC committee revisit the procedures to assure that they have been clearly articulated. Once again this may be one of the difficulties in working with a multi-disciplinary team. Each discipline has its own "language" and defining a common language may be one solution to this obstacle. The

other is understanding group process and finding a way to facilitate the meetings in a way that builds relationships (process) but also completes the task.

This study may also have a favorable impact on fundraising efforts by demonstrating that the DRDC holds itself accountable to its clients by looking at itself critically. This is important in competing for limited resources and funding available in our changing social welfare system.

In terms of social work research, this project will contribute to the relatively small body of literature on the effectiveness of applying the criminal drug court model to family drug court. In evaluating the effectiveness of drug court, researchers have often relied on only the program outcomes such as termination, graduation, and recidivism rates. In contrast, a process evaluation can provide a clearer and more comprehensive picture of how the drug court procedures are being implemented. Therefore, it is recommended that the benchmarks are articulated in the survey as well as the all 10 key components of drug court and be reviewed by the committee on an on-going basis to ensure successful implementation.

Family or Dependency drug are relatively new and there has not been a sufficient period of operation to document significant results over the long term. However, family drug courts are reporting that their initial experience confirms remarkable sustained turnaround by parents in the program, who were otherwise at high risk for continued, escalating substance abuse. Such indicators as recidivism, drug usage, education achievement, and family preservation, either through retention or through regaining custody, should be measured to assess the true outcomes and potential of family drug courts.

Conclusions

In summary, results of the process evaluation found that although this drug court program is new, it is highly regarded program locally. Although this process evaluation was conducted at an early phase in the implementation process it appears that overall the program has been effective in meeting its implementation goals. The program appears to be following the principles of the "Key Components" (Department of Justice, 1997) closely on both a daily basis as well as in future planning. The feedback from each of the agency representatives surveyed was overwhelmingly positive. The drug court seems to be

functioning by its motto "Reclaiming our families . . . one at a time" and truly strives to provide an opportunity to better individuals' lives as well as the community in which the program is grounded.

While the respondents felt strongly that the committee members were working well together it appears that there were some areas that needed continued improvement. Interagency education should be provided to all group members, specifically in the area of mental health and substance abuse issues. Furthermore, a common language should be developed in an effort to more clearly articulate the program's procedures.

This process evaluation provides an excellent foundation for this program to take the next steps in following through on their outcomes evaluation. In addition, updating the process evaluation on an annual basis might also be important. This process evaluation approach provided in-depth multi-perspective analysis of existing perceptions and attitudes regarding different aspects of this drug court program through the stated period of time. It is the hope of the evaluators that the knowledge gained from this study will be used to help motivate and guide the committee in its further operations.

APPENDIX A
QUESTIONNAIRE

Survey Questionnaire
A Process Evaluation of the Riverside County
Dependency Recovery Drug Court

Introduction:

You have been selected to take part in this study because we are interested in assessing the process of the implementation of the DRDC program. We are interested in finding out your perceptions of the following statements. This questionnaire will begin with some information about you.

We would appreciate your honest and thoughtful answers to these questions. Please be assured that answers are confidential. Your name will not appear on this questionnaire and there will be no way to identify you with the answers that you give to the questions that follow. In other words, you do not have to worry that the agency or County staff will know your individual answers.

Your participation in this study is voluntary and you do not have to answer any or all of these questions if you do not want to. If you do choose to participate you should keep in mind that this is not a test; there are no right or wrong answers. We hope you will answer these questions as truthfully as possible so that we can get an honest assessment of the Dependency Recovery Drug Court program.

Section I:

Please provide the following information:

1. Age _____
2. Gender
 - a. Male
 - b. Female
3. Ethnicity
 - a. African American
 - b. Caucasian
 - c. Asian/Pacific Islander
 - d. Hispanic/Latino
 - e. Other

4. Marital Status
 - a. Married
 - b. Divorced
 - c. Single
 - d. Other

5. Highest Education Level:
 - a. high school degree
 - b. some college
 - c. college degree
 - d. graduate or professional degree

6. The number of DRDC meetings you have attended:
 - a. 0
 - b. 1 - 5
 - c. 6 - 10
 - d. more than 10

Section II:

Please indicate your level of agreement with the following statements by circling your choice:

	Strongly Agree	Agree	Disagree	Strongly Disagree
21. Personnel have attained a level of basic education pertaining to the drug court model:	1	2	3	4
22. The DRDC's goals are clearly articulated:	1	2	3	4
23. The DRDC's policies are clearly articulated:	1	2	3	4
24. The DRDC's procedures are clearly articulated:	1	2	3	4
25. Key DRDC personnel understand AOD abuse and treatment:	1	2	3	4
26. Key DRDC staff understand the dynamics of abstinence and techniques for preventing relapse:	1	2	3	4
27. The DRDC has clearly articulated its responses to relapse and to noncompliance with other program requirements:	1	2	3	4
28. Key DRDC staff have a basic knowledge of the legal requirements of the drug court program:	1	2	3	4
29. The DRDC has clearly articulated its drug testing standards and procedures:	1	2	3	4
30. Key DRDC personnel have a basic understanding of sensitivity to racial, cultural, ethnic, gender, and sexual orientation as they affect the operation of the drug court:	1	2	3	4
31. Key DRDC personnel have a basic understanding of the interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis"):	1	2	3	4

	Strongly Agree	Agree	Disagree	Strongly Disagree
32. Key DRDC personnel have a basic understanding of Federal, State, and local confidentiality requirements:	1	2	3	4
33. Initial and ongoing planning of the DRDC has been carried out by a broad-based group:	1	2	3	4
34. Documents defining the DRDC's mission, goals, eligibility criteria, operating procedures, and performance measures have been collaboratively developed, reviewed, and agreed upon:	1	2	3	4
35. The court and treatment providers maintain ongoing communication:	1	2	3	4
36. The court and treatment providers maintain frequent exchanges of timely and accurate information about the individual participant's overall program performance:	1	2	3	4
37. The DRDC Judge plays an active role in the treatment process, including frequently reviewing of treatment progress:	1	2	3	4
38. The DRDC Judge responds to each participant's positive efforts as well as to noncompliant behavior:	1	2	3	4
39. Interdisciplinary education is provided for every person involved in drug court operations to develop a shared understanding of the values, goals, and operating procedures:	1	2	3	4
40. Mechanisms for sharing decision making and resolving conflicts among DRDC team members have been established:	1	2	3	4
41. Overall, I am satisfied with the implementation process of the DRDC:	1	2	3	4

Section III:

The space below has been provided for you to make any comments that you feel would be useful in the assessment of the DRDC.

Comments: _____

Thank you for participation.

APPENDIX B
INFORMED CONSENT

Oral Informed Consent

I am asked to participate in this research study that is designed to measure how well Riverside County Dependency Recovery Drug Court is able to integrate the key components into its' program. This study is being conducted by Phil Breitenbucher and Sean Sullivan, graduate students of social work at California State University at San Bernardino under the supervision of Dr. Nancy Mary, Professor at California State University at San Bernardino. This study has been approved by the Department of Social Work Human Subject Review Board, California State University, San Bernardino.

In this study I will be asked about my social, economic status. I will also be asked questions about the Dependency Recovery Drug court program itself. This survey will take approximately 15 minutes to complete.

I understand my participation in this study will be totally voluntary. I can refuse to participate in, or withdraw from the study at any time without penalty. I also understand that I do not have to answer any question that I may not wish to answer. When I am done filling out the survey, I will be given a debriefing statement.

If I have any questions about the study, I can contact Dr. Nancy Mary at California State University, San Bernardino, the Department of Social Work, 5500 University Parkway, San Bernardino, California 92407 or call her at (909) 880-5560.

I acknowledge that I have been informed of, and that I understand, the nature and purpose of the study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Agency Informed Consent

Riverside County Dependency Recovery Drug Court (DRDC) is asked to participate in this research study that is designed to measure how well Riverside County Dependency Recovery Drug Court is able to integrate the key components into its' program. This study is being conducted by Phil Breitenbucher and Sean Sullivan, graduate students of social work at California State University at San Bernardino under the supervision of Dr. Nancy Mary, Professor at California State University at San Bernardino. This study has been approved by the sub committee of Social Work Department Institutional Review Board, California State University, San Bernardino.

The DRDC agrees to be asked questions about the Dependency Recovery Drug court program. This survey will take approximately 15 minutes to complete.

The DRDC understands that its participation in this study will be totally voluntary. That it can refuse to participate in, or withdraw from the study at any time without penalty. The DRDC understand that its committee members do not have to answer any question that they may not wish to answer. When the participant is done filling out the survey, a debriefing statement will be given to the participant.

If the DRDC, or its committee members have any questions about the study, they can contact Dr. Nancy Mary at California State University, San Bernardino, the Department of Social Work, 5500 University Parkway, San Bernardino, California 92407 or call her at (909) 880-5560.

The DRDC acknowledges that it has been informed of, and that it understands, the nature and purpose of the study, and it freely consents to participate.

Signature of Agency Representative

Date

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

The study you have just completed was designed to investigate how well the DRDC has conducted interdisciplinary education that promotes effective drug court planning and how well the DRDC integrated alcohol and other drug treatment services with dependency case processing.

Thank you for participating in this study and for not discussing the contents of the survey with other people.

If you feel uncomfortable or distressed as a result of participating in this study, referrals are available to local mental health agencies.

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Phil Breitenbucher & Sean Sullivan

2. Data Entry and Analysis:

Team Effort: Phil Breitenbucher & Sean Sullivan

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Phil Breitenbucher & Sean Sullivan

b. Methods

Team Effort: Phil Breitenbucher & Sean Sullivan

c. Results

Team Effort: Phil Breitenbucher & Sean Sullivan

d. Discussions

Team Effort: Phil Breitenbucher & Sean Sullivan