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## **Final Report: Process Evaluation of the Second Judicial District Juvenile Drug Court in Albuquerque, New Mexico**

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**FINAL REPORT**

**PROCESS EVALUATION  
OF THE SECOND JUDICIAL DISTRICT  
JUVENILE DRUG COURT IN  
ALBUQUERQUE, NEW MEXICO:**

**For The Administrative Office of the Courts and the Second Judicial District  
Juvenile Drug Court Program**

**Prepared by the  
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## EXECUTIVE SUMMARY

The Institute for Social Research (ISR) at the University of New Mexico was contracted by the Second Judicial District Court (SJDC) from July 1, 1999 to September 30, 2000, to conduct a process evaluation of the Second Judicial District Juvenile Drug Court.

**Specifically, the evaluation was designed to:**

Revise the existing ISR-designed juvenile drug court database for use by the SJDC Juvenile Drug Court. Based upon discussions and agreements with SJDC staff we made necessary revisions including the addition/deletion of variables, the addition/deletion of variable values, structural design changes, and the addition of necessary reports.

Monitor the implementation of the SJDC Juvenile Drug Court. This will include providing a process evaluation of the established goals and objectives of the program and determining how clearly these goals and objectives are defined and implemented.

Provide intermediate outcome information regarding what type of client is successful in and can benefit from the drug court program.

Provide monthly progress reports detailing tasks completed for the month, issues, and anticipated tasks.

Provide a final report detailing all findings and recommendations.

**Tasks completed to perform this evaluation include:**

- A review of a survey sent to the SJDC drug court requesting information specific to their court.
- A review of the Policies and Procedures Manual for the Second Judicial District Juvenile Drug Court Program.
- A review of the existing literature regarding other juvenile drug courts throughout the United States, which included literature that focused on studying the impact and success of drug courts.
- Creation and implementation of an automated record keeping system for the drug court program. The database created on *Microsoft Access* is being used by SJDC staff.
- The collection of client information, that is maintained by the drug court staff.
- The collection of client criminal arrest histories from the court.
- The collection of client substance abuse treatment services from the treatment provider.



- A qualitative analysis of the observations made by evaluation staff .

#### **Findings:**

- One hundred seventy four juveniles were referred to the drug court program between August 26, 1998 to September 29, 2000. Forty-seven clients have been admitted into the drug court during this time period. Thirteen have graduated from the program and fifteen have terminated, resulting in a graduation rate of 46.4%.
- More than 89% of the clients were male.
- More than 63% of the clients were Hispanic, 19.1% were Anglo and 2.1% were Black.
- The average age at intake was 16.
- All clients had an extensive history of substance abuse.
- The clients average age at first drug use was 12.4 years.
- Upon entry into the program, more than 57% of clients were unemployed.
- A total of 3,034 urinalysis tests were administered. Of these tests, 4.1% were positive for illicit substances.
- Participants in this drug court had extensive criminal histories. The clients averaged 6.5 arrests prior to enrolling in drug court.
- More than 61% report a history of alcohol abuse in their family.
- This drug court has a high level of parental involvement. Drug court participants' parents are required to attend family counseling sessions and are held accountable.

#### **Recommendations:**

*The following recommendations were given to the drug court team prior to release of this report. As a result, the drug court team has made program modifications to address our recommendations.*

- One of the goals in this drug court is to have a 70% program completion rate, but the current rate is 46.4%. It is important to note that this drug court is serving juveniles with extensive substance abuse and criminal histories. Due to these extensive histories, it may be realistic to expect a lower graduation rate.



- We recommend that discussions take place between the drug court team and those that refer juveniles to the drug court to terminate inappropriate referrals that may be taking up too much of the court's time and resources.
- We recommend the use of the Teen Addiction Severity Index (T-ASI). Because the T-ASI is designed as a treatment and research instrument it can be used for treatment and to measure clients change and progress over time. We also recommend the T-ASI be administered at intake and at least one other point while in treatment.
- We recommend that reasons for denying admittance into the program be clearly documented into standard categories.
- We recommend that all services rendered by the treatment provider be documented in the database. This would include wilderness activities, individual and group counseling, family and multi-family groups, relapse prevention groups, MRT information, and attendance at 12-step meetings.
- We recommend that urinalysis results be documented clearly. This would include noting the measure for each positive urinalysis. This is necessary in order to determine if measures are increasing or decreasing. We realize that including measures may not be feasible due to the use of test kits and cost. We discovered that not always was the positive substance detected listed and we were, at times, unable to determine if a sanction was imposed for a positive urinalysis.
- It is our recommendation that all sanctions and incentives be documented and entered into the database.
- We recommend that all contacts with drug court participants be documented whether the contact was made by a probation officer, counselor, drug court coordinator or judge.
- It is our recommendation that a representative from the public schools be a member of the core drug court team and not solely a member of the advisory team.
- We recommend an increased focus on additional research that addresses client outcomes. This is necessary in to order to examine the effectiveness of specific drug courts and drug courts in general. It is important to compare drug court program clients with other matched offenders who do not become program participants. Currently, we know very little about how effective drug courts are in reducing recidivism (measured by re-arrest and time to re-arrest). While some anecdotal evidence exists this is not definitive.



## CHAPTER 1: INTRODUCTION

### *Introduction*

This Process Evaluation Report is being submitted by the Center for Applied Research and Analysis (CARA), Institute for Social Research (ISR), at the University of New Mexico in order to satisfy the requirements of our contract with the Second Judicial District Court (SJDC) for the project period July 1, 1999 to September 30, 2000. This report focuses on our process evaluation of the juvenile drug court supported by the funds provided by the federal Drug Court Program Office (DCPO) through the SJDC.

Our evaluation focused on the development of the court's program design and the implementation of the drug court while including a design for a future outcome evaluation. Toward this end our contract contained the following scope of work:

- Revise the existing ISR juvenile drug court database for use by the SJDC Children's Court Drug Court. Based upon discussions and agreements with SJDC staff we will make necessary revisions including the addition/deletion of variables, addition/deletion of variable values, structural design changes, and the addition of necessary reports.
- Monitor the implementation of the SJDC Children's Court Drug Court. This will include providing a process evaluation of the established goals and objectives of the program and determining how clearly these goals and objectives are defined and implemented.
- Provide intermediate outcome information regarding what type of client is successful and can benefit from the drug court program.
- Provide monthly progress reports detailing tasks completed for the month, issues, and anticipated tasks.
- Provide a final report detailing all findings and recommendations.

To accomplish this scope of work a number of tasks were completed. A complete discussion of these tasks is included in a later chapter on our methodology. Briefly, tasks completed include; the use of a drug court survey; the design and use of hard copy data collection forms by drug court staff; the design and implementation of an automated client management database; attendance of regular drug court meetings and court sessions; and the observation of the drug court program. This report includes all data collection and data analysis procedures, findings, and relevant literature. We discuss the drug court program, the project and its methodology, analyses and findings, policy implications, and conclusions and recommendations. The report covers all the major organizational components of the program and evaluation. **It is important to note that this drug court program is in the early stages of development. As the program develops, challenges and problems are inherent. Many issues are being addressed both as a**



**result of this report and as a result of efforts made by the drug court staff.**

### *Report Organization*

This report is organized using the following format. First, we include a project description that briefly describes the complete project. Second, a review of relevant literature is included. This provides general information about the development of juvenile drug courts in the United States, their relevance, the goals and objectives of drug courts, their current status, and relevant research and findings. Third, we include a methodology section that includes information on our evaluation plan, design, data sources, types of data, and data analysis methods. Fourth, we present an aggregated description of the court and a descriptive analysis of the court using information from the database, drug court survey (Appendix A) and our observations. In addition, this chapter includes an analysis of client-level data using frequencies with narrative. Finally, we provide a chapter with conclusions and recommendations based upon our findings.



## CHAPTER 2: PROJECT DESCRIPTION

### *Introduction*

The Institute for Social Research (ISR) at the University of New Mexico was contracted to conduct a process evaluation of the Second Judicial District Juvenile Drug Court. The focus of this contract is on process rather than outcomes. This emphasis on process occurs for a number of reasons. First, the SJDC drug court is relatively new, having been in operation a little over 24 months. Second, the length of the contract and the available resources do not allow for an outcome study. Third, and most important, it is necessary to complete and document the process of these drug courts in order to measure outcomes. This evaluation contract is designed to help complete and document this process. While the focus of this contract and research is on process, some emphasis has been placed on designing an outcome and impact study in the future.

A focus on process is a focus on how something happens rather than on the outcomes or results obtained. Programs vary in their emphasis on process. Process evaluations are aimed at understanding the internal dynamics of how a program, organization, or relationship operates. Process data permits judgement to be made about the extent to which the program or organization is operating the way it is supposed to be operating. It also reveals areas in which relationships can be improved as well as highlighting strengths of the program that should be preserved. Process descriptions are also useful in permitting people not intimately involved in a program, for example, external funding sources, public officials, external agencies, to understand how a program operates. This permits such external persons to make more informed decisions about the program. Finally, process evaluations are particularly useful for dissemination and replication of model interventions where a program has served as a demonstration project or is considered to be a model worthy of replication. It is important to know the extent to which a program is effective after it is fully implemented, but it is also important to learn how the program was actually implemented. When outcomes are evaluated without knowledge of implementation, the results seldom provide a direction for action because the decisions made lack information about what produced the observed outcomes. Unless one knows that a program is operating according to design, there may be little reason to expect it to produce the desired outcomes (Patton, 1986).

Drug courts have arisen in response to the increasing number of drug and alcohol related arrests in New Mexico. One of the most common responses to this growing problem has been the creation of special drug courts. Overall, drug courts are a relatively new approach used by state and local governments to address drug and alcohol related crime. These courts monitor the treatment and behavior of drug and alcohol-using defendants. The drug courts are designed to provide community-based treatment and supervision to selected offenders who are identified as having substance abuse issues and could benefit from drug education and treatment.

The ISR is contracted to provide this process evaluation by examining the established goals of the program and determining how clearly these goals are defined. In order to accomplish this, a



questionnaire was sent out to the drug court program staff in May 2000. The questionnaire asked for basic information on the program, eligibility criteria, incentives and sanctions, court processes, information dissemination, program supervision, urinalysis and drug testing, program fees, treatment information, program funding, and community involvement. This information allows the ISR to determine how the program goals are defined and how they are carried out within the drug court.

The ISR is also contracted to examine the variables collected by the drug court program staff and recommend appropriate modifications to the current data collection process while aiding in the creation of an automated record keeping system. The design and operation of the drug court is being monitored by ISR evaluation staff through the examination of the client-tracking and information keeping systems used by the drug court staff. A *Microsoft Access* database created initially for New Mexico's Second Judicial District Adult Drug Court has been modified for the juvenile drug court. The database was revised to fit the needs of the juvenile drug court with input from drug court program staff. As a result of an examination of the variables collected by program staff, the ISR evaluation staff will include in this report recommendations aimed at improving the data collection process as well as the quality of the data collected.

The ISR is contracted to analyze client information utilizing data collected from the drug court program including the treatment provider. The ISR is contracted to provide an analysis concerning what types of clients the program has served. This analysis is designed to assist the drug court administrators in determining what sort of clients were referred to the program and any patterns which may have been present since the start of the program. This will also illustrate what type of client is successful in and can benefit from the drug court program. By conducting an analysis of the data extracted from the *Microsoft Access* database, the ISR staff will provide drug court administrators with information needed for a clear understanding of the demographic criteria of the clients they serve.

The last contractual obligation involves the provision of a multiple analysis: one using quantitative techniques to describe each sub-population being served; the second being qualitative in nature, stating the extent to which program goals have been met.

The tasks used to accomplish the above-mentioned goals include a literature review, the collection of available data on all individuals, and the design of a database to automate client level information collected for use by the drug court program staff. Client demographic and criminal history information was collected from the drug court program records. Client substance abuse history and treatment information was collected from the drug court designated treatment provider. This process evaluation documents the specific elements comprising the drug court.



## CHAPTER 3: LITERATURE REVIEW

### *Introduction*

Drug abuse has become a common trait among offenders in the criminal justice system. Beginning in the mid-1980's, the number of drug-related crimes in the United States soared. (Drug Strategies, 1999). Due to high demands on the probation system resulting from its supervision of violent offenders and others posing dangerous threats to the community, low-level drug offenders received significantly less supervision and their criminal behavior continued. This cycling of drug offenders through the courts and back into the communities only compounded the problem; it created a cycle of crime among drug abusers, who became repeat offenders in an already overwhelmed criminal justice system.

In response to the upward trend in drug abuse and related crimes, the United States began its "War on Drugs," which emphasized a policy of imposing severe mandatory sentences for drug offenders. As a result of this strategy, prisons around the country quickly filled to capacity, with drug offenders accounting for 72 percent of this increase in the federal prisons between 1990 and 1996 (Drug Strategies, 1999). These efforts did little to reduce the demand for drugs.

By the mid-1980s, the courts became overloaded with drug cases, and it became apparent that the traditional system for dealing with drug offenders was ineffectively dealing with drug abuse. Some jurisdictions developed systems to expedite the processing of drug cases, however these models rarely, if ever, mandated substance abuse treatment for drug offenders. In fact, these systems merely accelerated the revolving door for drug offenders and failed to address the problems of habitual drug users (Drug Strategies, 1999). By the late 1980s, jurisdictions began seeking alternative methods of dealing with drug offenders. In 1989, in response to the need for an alternative to the traditional method of processing drug crimes, Dade County, Florida created and implemented the first drug court program. The goal of the program was to reduce the costs of incarceration, drug abuse and recidivism. (Drug Strategies, 1999). In 1990 the Oakland Drug Court was created and, by the end of 1992, drug courts had been established in Las Vegas, Nevada; Portland, Oregon; and Fort Lauderdale, Florida. By 1999, drug courts were commonplace in American jurisdictions, with 279 adult and 69 juvenile drug courts in operation and 164 adult and 48 juvenile drug courts in the planning process (National Drug Court Institute, 2000).

### *Substance Abuse Treatment in Adolescents: Multidimensional Family Therapy*

Multidimensional Family Therapy (MDFT) is a family-based form of substance abuse treatment that is delivered in an out-patient setting. (National Institute on Drug Abuse, 2000). The underlying premise of MDFT is that drug use in adolescents is influenced not only by the individual but by family members, peers, and the surrounding community. Much like the structure of drug courts, MDFT is divided into several phases, with successful completion of one phase required before the adolescent may proceed to the next.



The MDFT treatment format consists of individual and family sessions as well as sessions that involve other, non-family members in the adolescent's life. Sessions take place in the clinic, the home, the family court, school, or other location within the community.

Individual sessions with the adolescent focus on developmental tasks such as decision-making and mastery, acquiring effective communication and problem-solving skills, and developing job skills. In addition to these individual sessions, the treatment provider works closely with the adolescent's parents in order to assist them in examining their parenting style and enabling them to distinguish influence from control.

Recent controlled trials to determine the effectiveness of MDFT revealed that this method of adolescent drug treatment brought about overall improvement in the adolescents, including a reduction in drug use and other related behaviors, and improvement in academic performance.

#### *Juvenile Substance Abuse Treatment in the Juvenile Drug Court*

Although drug abuse is more common among adults, the juvenile population shares in the problem of substance abuse. In 1998, the National Household Survey on Drug Abuse revealed that approximately 9.9 percent of youths between the ages of 12 and 17 reported illicit drug use during the thirty-day period immediately preceding the survey interview (U.S. Department of Health and Human Services, 1999). Although this figure represents a notable decrease from the estimated 11.4 percent reported in 1997, substance abuse among this age group remains a serious problem.

Likewise, drug abuse among juveniles in the criminal justice system remains unacceptably high. (Office of Juvenile Justice and Delinquency Prevention, 1998). In 1995, the percentage of youths who tested positive for drugs ranged from 19 percent in Portland to 58 percent in Washington, DC. Recognizing that juvenile delinquency is often related to substance abuse, as evidenced by the high number of juveniles with substance abuse problems who are subject to the jurisdiction of juvenile courts, several jurisdictions have begun to explore the possibility of adapting the adult drug court model to juveniles (Office of Justice Programs, 2000). Indeed, several juvenile drug courts have emerged over the last few years.

Because adolescent substance abuse is different from that of adults, juvenile drug courts must be cautious in applying adult drug treatment techniques. According to Kimbrough, (1998), there are several aspects of juvenile substance abuse that distinguish it from that of adults. First, according to Kimbrough, not all adolescent drug use leads to drug dependency. Although some juveniles do continue to increase the frequency and extent of their drug use, many only briefly experiment with and never develop a dependency upon drugs. Rather than a life-long battle with substance abuse that is often the case with adults who abuse drugs, adolescent drug use is more properly thought of as a behavioral problem often associated with other behavioral problems such as delinquency, premature sexual activity, failure in school, or disorders such as attention deficit, hyperactivity, or depression. Thus, treatment programs that focus only on drug abuse “. . . run the risk of missing the interrelationship of the biological, cognitive, social, emotional, and contextual factors that create behavior, and thus are likely to fail” (Kimbrough, 1998:13).



Second, Kimbrough notes that adolescent drug abuse is influenced by a number of risk factors, including family relations, performance in school, peer associations, neighborhood environment, and the initiation of drug use at an early age. In order to address these factors effectively, treatment intervention must be comprehensive and individualized.

The third characteristic that Kimbrough suggests distinguishes juvenile substance abuse from that of adults is the influence of family. Because of the strong influence the family has on the life of an adolescent, those who receive little or no guidance or emotional support from their parents, whose families experience frequent conflict, or whose parents have substance abuse problems run the risk of abusing drugs. To counteract these risk factors, treatment intervention for children and adolescents must involve the family (Kimbrough, 1998:14).

Finally, Kimbrough notes a strong relationship between juvenile substance abuse and developmental issues faced by adolescents:

Adolescents' transition to adulthood is characterized by the search for self-identity and development of a personal set of values (which may cause them to temporarily question their parents' values), the acquisition of competencies and skills necessary for adult roles, the achievement of emotional independence from parents, and the ability to find compromise between the pressure to achieve and the acceptance of peers. [It] is a time when youth may test the limits—experimenting with a wide array of behaviors, attitudes, and activities as a way of learning what is permitted and what is not. In the search for ways to entertain themselves and experience excitement, adolescents may engage in risky behavior, including experimentation with alcohol and other drugs (Kimbrough, 1998:14).

Because of these events, Kimbrough suggests that juvenile drug treatment programs must be developmentally appropriate and must provide special guidance and support when needed in order to assist the adolescent during these difficult stages of development.

Before treatment intervention will be effective, both the juvenile and their family must be assessed. The assessment should not only assist drug court officials in determining whether the juvenile poses a risk to the community, but must enable officials and treatment providers to gain adequate information concerning the needs of the juvenile. In a typical drug court setting, a preliminary assessment is conducted soon after arrest in order to determine whether the juvenile has problems that may be associated with drug or alcohol use. If this initial screening indicates alcohol or drug abuse, a more detailed assessment of the youth is performed. The purpose underlying this more comprehensive assessment is to gather information that will assist drug court officials in designing an individualized intervention plan. It should accurately identify those who are in need of treatment, assess the severity of the problem, and shed light on the nature and consequences of their drug abuse (Kimbrough, 1998:16). Moreover, the assessment should assist program officials in determining to what extent the youth's family should be involved in the intervention, if at all. According to Kimbrough, the assessment should not be limited to a single method of gathering information. Rather, information should be obtained



through “. . . direct observation, interviews with the juvenile, specialized testing, interviews with the family, and a medical evaluation” (Kimbrough, 1998:17). Generally, the assessment covers several aspects of the juvenile’s life, including alcohol and drug use, medical as well as mental health history, family and school history, involvement with the child welfare system, involvement in the juvenile justice system, peer relationships, gang affiliation, interpersonal skills, recreational activities, and the child’s neighborhood and home environment.

The assessment process should not end following this initial evaluation. Due to changing circumstances in the child’s home, the process of assessing the needs of the juvenile participant should be on-going so that the drug court officials and the treatment provider may respond to the child’s changing needs.

#### *Substance Abuse Prevention in Adolescents*

The National Institute on Drug Abuse (NIDA) has identified several risk factors that are associated with a greater potential for drug abuse as well as protective factors that reduce the potential for such use (National Institute on Drug Abuse, 1999:2-3). The most important factors identified are those that affect early development, which occur mostly in the family setting. These risk factors include: (1) chaotic home environments, especially those in which parents abuse drugs or have mental illnesses; (2) ineffective parenting; and (3) lack of mutual attachments and nurturing. In addition to these early developmental risk factors, other factors exist that relate to the interactions of children with socialization mediums other than the family, including schools, peers, and the community, such as: (1) shyness and aggressive conduct in the classroom; (2) poor performance in school; (3) poor social coping skills; (4) associations with deviant peers; and (4) perceptions of acceptance of drug-use in schools, among peers, and in the community.

In a similar fashion, protective factors and their impact varies with the child’s stage in the developmental process. According to NIDA, the most prominent protective factors include: (1) strong family bonds; (2) the monitoring of conduct within the family unit and participation of parents in the lives of their children; (3) success in school performance; (4) bonds with the family, school, and religious organizations; and (5) espousal of conventional norms concerning drug abuse. Moreover, the availability of drugs and drug trafficking patterns may also contribute to the number of children and adolescents who choose to use drugs (NIDA, 1999).

While these factors indicate that drug use prevention programs should focus on family relationships, peer relationships, school environment, and community environment, emphasizing these aspects of an adolescent’s life who has already begun to use drugs seems to make sense as well.

#### *Characteristics of Juvenile Drug Courts*

Although initially, many believed the application of the drug court model to the juvenile courts would be relatively straight forward, the process of developing juvenile drug courts soon revealed a number of challenges not present in the adult drug court environment (Drug Court



Clearinghouse and Technical Assistance Project, 2000). Challenges unique to juvenile drug courts include (1) counteracting negative influences of peers, gangs, and other members of the community and family members with whom the juvenile must regularly interact; (2) addressing problems within the family environment, such as alcohol or drug abuse, which hinder the child's ability to refrain from drug use and to perform successfully in school and in activities outside of school; (3) obtaining adequate information about the child to address the child's problems without breaching confidentiality requirements applicable to juvenile proceedings; (4) handling the sense of invulnerability of juveniles who typically do not have the sense of having "hit bottom" frequently experienced by many adult drug court participants; and (5) responding to the evolving needs of juveniles as a result of the many changes that occur in the lives of every adolescent and teenager. These challenges, though not exhaustive, require the development of juvenile drug courts to include special strategies in order to address these issues.

Despite the need for flexibility in juvenile drug courts, several characteristics remain common among these courts, such as (1) early comprehensive intake assessments; (2) greater focus on the functioning of the family and that of the child throughout the juvenile court process; (3) closer integration of the information collected during the assessment process relating to the child and his/her family; (4) increased coordination between the court, school system, and other agencies in the community in developing a plan for each child; and (5) more active and continuous judicial supervision of the child's case, treatment process, and performance; and (6) immediate sanctions for noncompliance with the conditions set by the court by either the child or the family (DCCTAP, 2000:2).

Perhaps the most important characteristic distinguishing the juvenile drug court from its adult counterpart is the involvement of the family in the juvenile drug court process. In addition to placing conditions on the parents of juveniles in the program, the treatment services address family issues and those of the child (DCCTAP, 2000:5). This emphasis on the family stems from the theory that family issues are the root causes of the juvenile's involvement in the system. Unless these family issues are addressed, the juvenile will only return with the same problems.

While juvenile drug courts engage the family of the juveniles in the program, one challenge associated with involving family members is defining the child's family. Courts are observing with increased frequency that the immediate "family" of a juvenile may not necessarily fit the traditional notion of the family; friends, neighbors, and other caretakers may in some cases be the practical equivalent of a child's family. Thus, juvenile drug courts must often identify an adult figure, other than a family member, to work with the child while in the program and recognize that this figure may change during the course of the court's jurisdiction (DCCTAP, 2000:5). Furthermore, the nature of a child's family may change during the court's involvement as many juveniles may have children of their own during this period.

Those involved in the juvenile drug courts have also observed that the program itself may take on the characteristics of an extended family. Indeed, most programs that focus on family issues also recognize that many dysfunctional families will not, despite the court's efforts, be amenable to change. When this situation arises, juvenile drug courts must also attempt to provide the juvenile with the ability to move forward in life without family. Many of these programs must also



recognize that some children may have little chance of recovery while living with their family and may even need to be removed from their family environment during the court's jurisdiction. (DCCTAP, 2000:5).

Juvenile drug courts also frequently develop close relationships with schools, places where juveniles should spend a significant amount of time. While the courts face some challenges in dealing with schools due to the different procedural frameworks within which each agency must operate, the courts are nonetheless making efforts to work with the schools so that juveniles in the program may remain in school. By working with the schools to keep participants from being expelled or assigned to other programs that remove the child from school, the courts limit the amount of unsupervised time that these juveniles would otherwise have. In jurisdictions where the juvenile drug courts are working with schools, the schools are also benefiting from drug courts because they tend to reduce disruptions in school and provide court sanctions that are also consistent with school policies (DCCTAP, 2000:6).

In addition to working closely with the families and the schools of participants, juvenile drug courts are making efforts to involve other members of the community such as churches, local businesses, and recreational services. Many juvenile drug courts are also creating components of their programs to address the various ethnic and cultural backgrounds of participants (DCCTAP, 2000:6).

#### *Aftercare*

Drug treatment intervention should not stop once a juvenile completes the drug court program. Because one of the primary goals of drug court programs is to reduce recidivism, what occurs after the drug court experience is just as important to the continued success of the child as the drug court experience itself (Kimbrough, 1998:17). Drug courts have generally provided ancillary services to assist participants in obtaining housing, transportation, and job training in order to support their progress in treatment and beyond drug court. Likewise, juvenile drug courts must also provide adolescents with a network of support once they are returned to the community. Access to post drug court counseling and to services that enable youth to obtain the skills needed to maintain ongoing abstinence once close supervision by the drug court program ends is crucial to reducing the risk of relapse and recidivism among successful participants.



## CHAPTER 4: METHODOLOGY

### *Introduction*

During the initial funding cycle, there were two primary goals set forth by ISR project staff: first, to conduct a process evaluation by examining the drug court program's established goals, design, and structure and assess its intermediate impact upon participating inmates, and secondly, to establish a framework that would be used in the future to conduct an outcome evaluation and evaluate the program's long-term success. A number of tasks were completed to meet these two goals. This section describes our methodology for reaching these two goals.

Prior to data collection, a number of meetings were held among our staff to finalize the research design and methodology. We assigned staff members to the drug court project and used a methodology that was similar to the one used for other drug court evaluations. During the course of the funding period it was necessary to make revisions and adjustments to our research design and methodology due to changes in the research environment. These changes, which were unforeseen, included some problems in implementing an automated client management database for the court, designing and implementing hard copy data collection forms which are patterned after the database, and collecting some of the data necessary for the evaluation. These changes limited us in implementing all of our proposed activities and meeting all of our proposed goals.

### *Drug Court Survey*

One of the tasks we completed was a survey of the drug court. In this survey we included a number of different subject areas. Subject areas included:

- Program Information
- Eligibility Criteria
- Program Coordination
- Incentives and Sanctions
- Court Processes
- Supervision
- Information Dissemination
- Program Fees
- Treatment Information
- Rehabilitation and Aftercare
- Program Funding
- Community Involvement

This information was used to provide a general description of all the pertinent aspects of the drug court; it provided us with a snapshot of the design and general operation of the drug court at the time the survey was completed.



### *Client Management Database*

In order to fulfill the immediate research goals, we revised the automated Second Judicial District Adult Drug Court client management database. This automated *Microsoft Access* database was originally designed to be used by the Second Judicial District Adult Drug Court and was tailored to fit the needs of the juvenile drug court. ISR staff back-entered available data up to May 31, 2000. All data that was in the participant's file was entered, including demographic information, criminal history and substance use information as well as services received. The database was turned over to drug court staff on June 26, 2000 and they have since been responsible for entering all client level data.

### *Client Management Database Forms*

The paper forms and the database are designed to collect various types of information. Four main forms have been designed to collect information pertaining to a drug court client at several stages during participation in the drug court program. The forms are the referral/assessment form (Appendix B), activity form (Appendix C), and exit form (Appendix D).

The referral/assessment form is designed to gather information pertaining to the eligibility of an individual for the drug court program. The form is the first one to be completed when an individual has first contact with drug court staff. Based on the information pertaining to the individual's substance abuse and criminal history the screening staff are able to determine whether or not the client meets minimum eligibility requirements in order to participate in the drug court program. In addition, the form allows the drug court to document basic information on every person who interviews as a potential drug court participant. The information is collected whether or not individuals actually become program participants. This form also collects information regarding each drug court participant that will aid in providing supervision and treatment. The form collects information such as home address and phone numbers, place of employment, substance abuse information, and information pertaining to the criminal case itself. The form also collects demographic information including: age, ethnicity, gender, educational level, and employment status allowing drug court staff to describe the drug court population and to provide statistics related to these demographics.

The activity form is used to document each event or activity that takes place between participants and drug court staff. Among others, these activities include client-probation officer contacts, hearings before the drug court judge, treatment activities, drug testing, and phone contacts.

The exit form is the last form to be completed with program participants. The primary purpose of the exit form is to document the final disposition of each client. The form is completed when clients leave the program. Whenever possible, this form is completed whether or not the participant successfully completes the program.

### *Testing Instruments*

The Youth Screening and Treatment Opportunities Program (Y-STOP) is designed to assess



juveniles for health, substance abuse and violence-related problems so they can be counseled and referred for appropriate services. The Y-Stop program was designed to be administered in a juvenile justice setting, in schools, activity centers and general teen populations. It was designed by researchers at the Behavioral Health Research Center of the Southwest.

The Substance Abuse Subtle Screening Inventory (SASSI) is a brief and easily administered psychological screening measure that helps identify individuals with a high probability of having substance abuse disorders. It is self-administered and is scored by clinicians or other staff members and can assist in developing treatment plans.

The Teen Addiction Severity Index (T-ASI) is designed as a relatively brief, semi-structured interview and is not recommended or designed to be self-administered. The T-ASI is a treatment/research instrument and is designed to provide important information about aspects of a patient's life which may contribute to substance abuse syndrome. At the time of the writing of this report, the SJDC juvenile drug court had not begun utilizing the T-ASI. Drug court treatment provider staff have inferred that training is needed before administering the T-ASI. Discussions have been made regarding training sessions in the use of the T-ASI. The T-ASI collects extensive information in seven problem areas: medical, employment/support, alcohol, drug, legal, family/social, and psychiatric. The T-ASI also has a general information section which collects basic demographic information. The T-ASI is designed to be administered by technical staff, it is not necessary to have clinical staff administer the instrument.

In our original discussions with the drug court program staff, we recommended that the T-ASI be used not only at intake but at discharge and at other points in the treatment cycle. This was recommended because of the fact the instrument can be used to measure changes overtime in the seven problem areas. It is not necessary to re-administer the complete T-ASI at follow-up points. Rather, composite scores have been developed from combinations of items in each problem area that are capable of showing change and that offer the most internally consistent estimate of problem status.

### *Criminal Histories*

We also collected criminal histories data on all program participants in order to more completely describe the participants in the drug court program. This information is useful in determining whether juveniles meet eligibility criteria and in profiling program participants.

### *Observation*

In order to better understand the drug court program, we have attended various regularly held meetings. These meetings have included drug court advisory meetings, screening sessions and drug court sessions. Observation forms are completed any time one of our staff attends any of the above sessions. In addition, we have been in regular contact with the program staff throughout the project.



### *Consent and Locators*

In anticipation of a future outcome study, we have designed a participant consent form, assent form and a participant locator form. The consent and assent forms are based upon other forms we have used in similar research projects and have been approved by the University's Institutional Review Board as well as the Children, Youth and Families Department legal counsel. The consent and assent forms allow us access to clients for interviews, notify them of their rights, inform them of the purpose of the study and notify them that they will receive payment for their participation. All juveniles involved in our outcome study will be asked to sign an assent form. In addition, if the juvenile is age 14 or under a parent will be asked to sign a consent form.

The original locator instrument was designed using guidelines from the Center for Substance Abuse Treatment's (CSAT) "Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-Up Studies." This form collects locational information on participants including, names, phone numbers, and addresses of significant others.

### *Data Collection*

Using the sources noted above we have collected all available data. Data collection has occurred on two levels. First, we have collected data on all clients. All data necessary for completion of a process evaluation has not been available for all program participants for a variety of reasons. Forms were revised and implemented after the program began, thus complete data is not available for all participants. Also, the quality of the data varies over time, and by type of data and form. This will be discussed later in the report. Second, we have collected data at the program level. This has primarily occurred through the use of the drug court survey and our observations. This also occurs when the client level data is aggregated and compared to the drug court survey.

All of this information was collected with the goal of conducting a process evaluation of the drug court program's established goals, design, and structure and to assess its intermediate impact upon participating inmates. A later section of this report details our findings regarding this goal.

### *Data Analyses*

Data analyses included in this report focus on a discussion of the participants in the drug court program. This is done using frequencies and cross-tabulations. In addition, a qualitative discussion of the drug court program is provided. This section relies on information from the drug court survey and our observations.

It was also our intention to perform intermediate outcome analyses using multivariate techniques. This type of analysis allows us to look at what proportion of clients graduate from the programs, demographic differences between those who graduate and those who terminate, and which variables affect intermediate outcomes. We were not able to completely perform these analyses



for a number of reasons. First, and most importantly, the program has not been in operation long enough to have a large enough number of clients to analyze. Second, there is missing data due to improper data collection procedures. In addition, the client management database has not been in use for a long enough period of time. Third, we have not had enough time to completely match all the data and construct a single database to conduct analyses. This is primarily a result of delays in collecting data and problems encountered in entering all the hard copy data collected by the program.

### *Conclusion*

The general goal of our methodology was to provide the framework to complete a process evaluation of the drug court program. Towards this end our methodology was designed to gather comparable information at the program level and at the client level using the noted methods. With this information it is possible to conduct a process evaluation and to lay the groundwork for an outcome evaluation. Later chapters in this report describe the data collected using these methods.



## CHAPTER 5: CLIENT LEVEL ANALYSIS OF THE SECOND JUDICIAL DISTRICT JUVENILE DRUG COURT

### *Introduction*

From August 24, 1998 to September 30, 2000, 174 juveniles have been referred to the drug court program. One hundred twenty four of those were ineligible to participate for various reasons. Table 5.1 below presents the reasons for ineligibility.

Table 5.1 - Reasons for denying admittance into drug court (n=124)		
Reason	Frequency	Percent
Juvenile had violent criminal history	23	18.6%
Juvenile lacks drug abuse and/or criminal history	17	13.7
Lack of parental support	17	13.7
Juvenile too old	12	9.7
Missing	36	29.0
Other	19	15.3

More than 18% of the juveniles referred to the program were deemed ineligible for the drug court because they had violent criminal histories. More than 13% were denied due to insufficient drug abuse and/or criminal histories. More than 13% were denied due to lack of parental support and more than 9% were too old. Juveniles must be under age 18 to participate in the program. Another 29.0 % were denied for unknown reasons. The other value includes transportation problems, gang involvement, case jurisdiction transfers, other commitments, and participation refusals. It is obvious that many of these juveniles should not have been referred in the first place. Due to a change in the database, information regarding program denials will be documented more completely and accurately in the future. The reasons for the high referral rate of clients who are not eligible should be addressed and resolved so the number of clients who are not eligible is reduced.

Between August 24, 1998 and September 30, 2000, forty-seven clients have been admitted to the drug court, which serves juvenile offenders.



<b>Table 5.2 - Gender (n=47)</b>		
Gender	Frequency	Percent
Male	42	89.4
Female	5	10.6

A large majority (more than 89%) of clients were male. Two other juvenile drug courts in New Mexico also report having more than 80% male participants. According to the Drug Courts Program Office (1998) significantly more males than females are clients in drug court programs nationally. Table 5.2 echoes this finding for the SJDC drug court.

<b>Table 5.3 - Ethnicity (n=47)</b>		
Ethnicity	Frequency	Percent
Anglo	9	21.4
Hispanic	30	71.4
Black	1	2.4
Native American	1	2.4
Other	1	2.4

Missing - 5

More than 71% of all clients in the Second Judicial District juvenile drug court were Hispanic, while only 1.2% were Black. A juvenile drug court in northern New Mexico has more than 48% Hispanic participants, while 78% are Hispanic in a southern NM juvenile drug court. It is evident that Hispanics are over-represented across all drug court programs in NM and Anglos and Blacks are under-represented when compared to their representation in the general population.

<b>Table 5.4 - Age at intake (n=47)</b>		
Age	Frequency	Percent
14 & under	5	10.9
15	4	8.7
16	20	43.5
17	17	36.9

Missing - 1

The average age at intake was 16 years. More than 80% of the clients were ages 16 and 17 at



intake. In the national context, about 58% of juvenile drug court participants were 16-17 years of age (DCPO, 1998). The reasons why clients on average are older in this drug court deserves further exploration and explanation.

<b>Table 5.5 - Attending School at Intake (n=47)</b>		
Attending School	Frequency	Percent
Yes	30	73.2
No	11	26.8

Missing - 6

More than 73% of juveniles were attending school at the time of his/her intake.

<b>Table 5.6 - Type of School Attending (n=47)</b>		
Type of School	Frequency	Percent
Regular	14	41.2
Alternative	11	32.4
Special Education	9	26.4

Missing - 13

More than 41% of juveniles in school were in regular public school. More than 26% were in special education.

<b>Table 5.7 - Reason Not Attending School (n=47)</b>		
Reason	Frequency	Percent
Drop Out	3	27.3
Expelled/Suspended	4	36.3
Graduate	2	18.2
Other	2	18.2

More than 36% of juveniles not in school were expelled or suspended.



<b>Table 5.8 - Living Arrangements (n=47)</b>		
Arrangement	Frequency	Percent
With both parents	14	36.9
With one parent	20	52.6
With other family	4	10.5

Missing - 9

Almost 53% of the clients lived with one parent. Living arrangements reported in other juvenile drug courts in NM reflect that about 37% of participants live with just one parent. Nationally, about 57% of participants live with one parent (DCPO, 1998).

<b>Table 5.9 - Parent's marital status (n=47)</b>		
Parent status	Frequency	Percent
Divorced	16	43.3
Married	11	29.7
Never married	4	10.8
Other	6	16.2

Missing - 10

More than 43 percent of the clients' parents were divorced. The 'other' value includes widowed and unknown.

<b>Table 5.10 - History of alcohol abuse in the family (n=47)</b>		
Is there a history of alcohol abuse in the family?	Frequency	Percent
No	5	14.7
Yes	29	85.3

Missing - 13

More than 85% report a history of alcohol abuse in their family. This finding along with the prior table (5.9) may have implications for family involvement in treatment and long term success of clients.



Table 5.11 - Employment status (n=47)		
Status at intake	Frequency	Percent
Employed	14	34.1
Unemployed	27	65.9

Missing - 6

Almost 66% of clients were unemployed at intake. Other juvenile drug courts in NM reported that participants had higher percentages of unemployment such as 62% in a northern court and 71% in a southern juvenile drug court.

Table 5.12 - Primary Substance (n=47)		
Substance	Frequency	Percent
Alcohol	3	8.6
Marijuana	27	77.0
Crack	1	2.9
Cocaine	1	2.9
Other	3	8.6

Missing - 12

Marijuana is the drug of choice for slightly more than 77% of the clients. In a southern NM juvenile drug court, just over 40% of participants report their drug of choice as marijuana. Primary substance information was missing for 12 clients. This type of information should always be collected.

Table 5.13 - Age at First Drug Use (n=47)		
Age at first use	Frequency	Percent
8-10 years old	3	8.1
11 years old	9	24.4
12 years old	6	16.2
13 years old	8	21.6
14 years old	6	16.2
15-16 years old	5	13.5

Missing - 10



The average age at first drug use was 12.4. Nationally over 59% of juvenile drug court participants report first using drugs at 13 years or older. This data indicates that clients on average use illicit substances approximately four years before becoming clients in drug court, and begin on average at a younger age than nationally.

<b>Table 5.14 - Sexually Active (n=47)</b>		
Is client sexually active?	Frequency	Percent
No	6	17.6
Yes	26	76.5
Unknown	2	5.9

Missing - 13

More than 76% report being sexually active. Less than 18% report being sexually abstinent. This suggests further attention be paid to implications of these teens being sexually active and their participation in risky behaviors.

<b>Table 5.15 - Protected Sex (n=41)</b>		
Protected Sex?	Frequency	Percent
No	6	20.7
Sometimes	9	31.0
Usually	4	13.8
Always	8	27.6
Don't know	2	6.9

Missing - 12

Less than 26% of the sexually active juveniles report having protected sex sometimes, 22.9% report protected sex always and more than 17% of sexually active juveniles report never having protected sex.

<b>Table 5.16 Smoke Cigarettes? (N=47)</b>		
Smoke?	Frequency	Percent
No	6	18.8
Yes	26	81.2

Missing - 15



More than 81% report that they smoke cigarettes regularly. This information was missing for 15 clients.

<b>Table 5.17 -Criminal History (n=47)</b>		
Number of prior arrests	Frequency	Percent
Three arrests or less	5	10.7
4-5 arrests	16	34.0
6-7 arrests	10	21.3
8-9 arrests	8	17.0
Ten arrests or more	8	17.0

Missing - 0

Table 5.17 illustrates the number of crimes that were committed by clients prior to their commitment to drug court. The 47 clients in this drug court had a combined total of 307 prior arrests. These juveniles had an average of 6.5 prior arrests. Participants in the juvenile drug court in southern New Mexico averaged 2.4 prior arrests. Of particular interest are the 17% of the clients who have 10 or more prior arrests. These data indicate that drug court clients have extensive criminal histories by the time they become drug court clients which may impact success rates and outcomes.

<b>Table 5.18 -Referring Offense (n=47)</b>		
Offense	Frequency	Percent
DWI	4	9.8
Part I offenses- crimes against persons	1	2.4
Part I offenses- crimes against property	2	4.9
Part II offenses- Drug related	21	51.2
Part II offenses- property related	2	4.9
Part II offenses- all other offenses	11	26.8

Missing - 6



More than 60% had referring offenses that were drug/alcohol-related arrests. Part I offenses include crimes against property such as auto theft. Part II drug related offenses include offenses such as drug possession, solvent abuse, and probation violations due to drug use. Property related Part II offenses include receiving stolen property. Other Part II offenses include battery, possession of alcohol, forgery, unlawful possession of a handgun, and probation revocation.

Table 5.19 - Urinalysis (n=3034)		
	Frequency	Percent
Negative	2910	95.9%
Positive	124	4.1%
Total	3034	100%

More than 3000 drug tests were submitted during this reporting period. Slightly more than 4% of urinalyses submitted tested positive for illicit substances. Drug tests in a southern NM juvenile drug court were 16.9% positive and 26.1% positive in a northern New Mexico juvenile drug court. Preliminary findings from the most recent American University national drug court survey found that for the 13 juvenile and adult courts that reported urinalysis test results, an average of 10% of the tests were positive (Cooper, 1998). This drug court has lower positive rates than two other New Mexico juvenile drug courts and from recent findings from a national drug court survey. This area deserves further study regarding what is contributing to the lower positive rates.

### *Discussion and Conclusion*

Preliminary analyses reveal that clients in this drug court are engaging in or are exposed to a number of high-risk behaviors. Many of the juveniles come from single-parent homes and a large majority from homes in which family alcohol and other drug use is reported. They have a large number of previous arrests and have used drugs and/or alcohol for an average of four years before entering drug court. More than 30% actively participate in unprotected sex and more than 80% smoke cigarettes. These data suggest clients in this drug court have extensive criminal histories and extensive substance abuse histories as measured by arrests and self-report age at first use. This drug court also accepts clients, who on average, are older than other New Mexico juvenile drug courts clients and clients nationally. These data, taken together, suggest this drug court is accepting clients who are older, more criminally involved, and who report a longer history of substance abuse. Nationally the focus of juvenile drug courts has been on intervening at an early stage with youthful offenders. This early stage is both in terms of substance abuse and criminal involvement. Focusing on more serious youthful offenders using the drug court model is counter to the general philosophy and may impact the short term and long term success of the program. The drug court team should carefully consider the issues involved in how individuals are currently referred, accepted, processed and exited through the program. If, in fact, upon further investigation it is discovered this court is accepting more serious offenders and they do not have favorable outcomes it may be necessary to adjust the program to focus on a



group of less serious offenders.

Family involvement is required in this court and the participant's parents attend family counseling sessions. Parents are expected to remain drug and alcohol free and may be subject to sanction if non-compliant. The drug court juvenile probation officers often visit the participant's at school to monitor his/her progress. Although juveniles who claim gang membership are not normally admitted into drug court, some juveniles who are affiliated may participate. The preliminary analyses indicate that clients come from families in which some member or members have a history of substance abuse and where parents are not currently married. These data suggest it may be difficult to obtain and keep family involvement. Additional information should be collected to further explore family involvement and family dynamics in the drug court process.

To date, little information has been collected regarding school involvement and so very little is included in this report. Research has shown that school involvement in the drug court process is important and is beneficial to both clients, the program and the schools. In the future more complete information should be collected regarding school involvement and progress and efforts made to discover how school involvement effects long term success.

In addition to working closely with the families and the schools of participants, juvenile drug courts are making efforts to involve other members of the community such as churches, local businesses, and recreational services. Many juvenile drug courts are also creating components of their programs to address the various ethnic and cultural backgrounds of participants (DCCTAP, 2000:6).

Much of the client demographics presented here mirror national demographics. However, caution should be exercised when comparing one drug court to another or when comparing local drug courts to drug courts nationwide. There are many factors that can and do affect the success or failure of any given program. The following chapter presents more specific qualitative data within the drug court.



## CHAPTER 6: PROGRAM LEVEL DESCRIPTION OF SECOND JUDICIAL DISTRICT JUVENILE DRUG COURT

### *Introduction*

This chapter, using information from the drug court survey, the policy and procedures manual, our observations, and discussions with drug court staff and team members provides a program level process evaluation of the program. This combined with the client level data completes the process evaluation and forms the basis for the recommendations. What follows is a description of the Second Judicial District juvenile drug court. A review of the drug court survey and the court's policy and procedures manual was used to identify goals, objectives, and program structure. Observational notes were used to determine how clearly the goals and objectives were defined and exit forms were used to identify the clients final disposition.

### *Goals and Objectives*

The Second Judicial District Juvenile Drug Court, located in Albuquerque, began operating on August 24, 1998. The drug court is a three phase, nine month program that is designed to serve juvenile offenders. All of the clients for this court are post-adjudication or probation/parole violators. The stated objectives of this drug court include "elimination of new arrests and at least a 70% program completion rate and participant abstinence from drug and alcohol use." (Policies and Procedures Manual for the Second Judicial District Juvenile Drug Court Program, 1998). The graduation rate for this court at the time of the writing of this report was just less than 50%. The drug court team is aware of this rate and is discussing ways to improve the graduation rate. The courts target population consists of juveniles involved in the criminal justice system because of substance abuse related arrests. More than 53% of the referring offenses were clearly drug-related.

### *Program Information*

The Second Judicial District Juvenile Drug Court includes a drug court team which has representatives from various agencies involved in the program. The drug court team consists of the drug court judge, program director, juvenile probation officer, representative(s) from the drug court treatment provider, children's court attorney, public defender and court administrator. Although the entire drug court team participates in every aspect of the drug court, all decisions are ultimately made by the drug court judge. The drug court team, as described by the Second Judicial District Juvenile Drug Court Policies and Procedures Manual, includes:

- Drug Court Judge- "The drug court judge approves all JDC referrals, holds court hearings and staffings, imposes sanctions and offers incentives."
- Program Director- "The program director coordinates efforts among the court, probation officer, public defender, district attorney, and law enforcement. Gathers data for evaluation efforts. Maintains data collection and assures compliance with the program."
- Juvenile Probation Officer- "The juvenile probation officer participates in initial



screenings, makes JDC participant referrals, attends all staffings and court reviews. Conducts home, work and school visits, writes progress reports, monitors compliance, and makes recommendations to the court.

- Treatment Provider- “participates in initial screenings and makes recommendations to the court on eligibility. Conducts individual, group, family, and multi-family counseling. Creates individualized treatment plans, writes progress reports and participates in JDC staffing and court reviews.”
- Children’s Court Attorney- “files JDC petitions, screens participants for statutory eligibility. Attends staffings and court reviews, recommends sanctions and incentives. Represents the state’s interests during the participants’ involvement with the JDC.”
- Public Defender- “The drug court public defender provides legal counsel to drug court participants, reviews all program documents, and prepares all necessary orders, affidavits, and other relevant information, including meeting regularly with the drug court judge and drug court coordinator.”
- Deputy Court Administrator I- “supervises the activities of the JDC director and oversees the drug court budget. This individual is part of the drug court team and evaluates the performance of the drug court director, assigns tasks, monitors the work output of drug court and responds to the directives of the drug court judge. He/she also supervises grant compliance and reviews program funding needs.”
- Albuquerque Police Department representative- “attends reviews and staffings, provides community and police resources, in addition to mentors that work with the participants to acquaint them with various functions of police work.”

All team members have input into which juveniles are admitted into the program, what sanctions are imposed, as well as other important factors relating to the progress of the participants. Drug courts across the nation have found it beneficial to have a representative from the schools on the drug court team.

*Program Components and Structure*

Table 6.1 - Length of Program					
Phase I	Phase 2	Phase 3	Aftercare	Total Length	Avg. Length of Stay
Eight weeks	Eight weeks	Eight weeks	1-3 months	7-9 months	8.4 months

The actual average length of stay in the program for those who have terminated and graduated is 8.4 months. The average length of stay for both terminated and graduated participants in a southern NM juvenile drug court was 6.4 months. National statistics have revealed that drug court participants who stay in the program longer have shown better outcomes (DCCTAP, 2000)

The Second Judicial District Juvenile Drug Court Program has been set up as a three-phase program in which participants move from a highly supervised treatment program in phase I, to a



less intensive treatment program in phase III. A minimum number of points must be earned in each phase in order to move into the next phase. Phase I is a minimum of eight weeks long and requires daily contact with probation/surveillance officers. Participants are required to earn 80 points in Phase I. During this phase, participants are required to submit a minimum of three negative drug tests and attend three family and individual counseling sessions each week. Participants must also have no unexcused school absences or work at least 20 hours a week if a high school diploma or GED has been obtained. Further requirements include writing a journal and attending weekly drug court session. Failure to complete requirements can result in loss of points. Phase II requirements are similar to those of Phase I except for changes in curfew. In order to move on to Phase III, participants are required to complete 50 hours of service learning. Service learning hours have traditionally been served at various community agencies such as the animal shelter, biological park, children's hospital, police department and senior citizen centers. Phase III is reached after successful completion of Phase I and II and upon agreement of the drug court team and panel review. Participants in Phase III must continue contact with probation officer, have negative drug tests, attend counseling sessions, drug court sessions and 12-step meetings, as well as school/work participation. Those who successfully meet the requirements of Phase III must also participate in an exit interview in which the drug court team provides feedback and discusses the requirements of aftercare before being discharged from probation.

### *Eligibility Criteria*

According to the Policies and Procedures Manual, criteria for acceptance into SJDC are:

- The child has demonstrated failure to complete standard probation due to drug usage or positive drug screens.
- The child has a delinquent history that is related to drug or alcohol referrals.
- The probation officer must be made aware of problems/issues related to drug/alcohol use.
- The child must be between the ages of 13-17.
- The family must be willing to participate in the child's treatment, transportation and court appearances.
- There is to be no current gang affiliation or association with members.

This drug court accepts juvenile, non-violent offenders, some of whom are repeat offenders, who are post-adjudication or probation/parole violators. Eligibility for drug court is screened by the drug court screening committee. The final decision to accept or reject a referred defendant into drug court is then made by the drug court judge. It has become apparent to the drug court team that many juveniles are being referred to the program that are not appropriate for various reasons. Many have violent criminal histories, gang affiliations, lack of parental support, and/or transportation problems.

### *Incentives and Sanctions*

Sanctions are imposed on a case by case basis, except for positive drug screens which are pre-determined. Infractions that prompt the use of sanctions include positive drug screens, failure to



participate, failure to appear at drug court sessions, failure to pay fees or do community service, missing school or counseling sessions and non-compliance with probation agreement. The SJDC team employs a wide variety of sanctions which include any one or a combination of the following:

- jail time
- fines and/or fees
- loss of program points or level
- suspension
- report writing
- increased community service
- termination from program

Any participant not complying with all conditions of the drug court is subject to sanction. Although the entire drug court team will discuss appropriate sanctions for clients who falter, the final decision rests with the drug court judge. Positive drug screen results have the following sanctions:

- First positive = sanction determined by drug court team
- Second positive = detention for 1-2 days or a weekend
- Third positive = detention for 3-4 days
- Fourth Positive = detention for 7-10 days
- Fifth Positive = sanction determined by drug court team including review for program termination.

Some clients have been required to pay restitution for their crimes. Although some sanctions may be prescribed, the drug court judge has final say in all sanctioning matters and can make changes if desired.

Incentives are used for clients who commit to program requirements, have good reports and/or complete the wilderness program. Incentives include certificates, food and movie coupons and amusement park passes.

### *Court Processes*

After a juvenile is deemed eligible for the drug court program, he/she attends an orientation session and then appears before the judge during the regularly scheduled drug court session. Drug court sessions are held every Wednesday. All members of the drug court team routinely attend the pre-drug court meetings as well as the drug court sessions. At this meeting the drug court coordinator discusses each participant's weekly activities and record of compliance. If requirements are not met for some reason, it is here that decisions are made as to the appropriate sanction for the noncompliance.



### *Supervision*

Meetings are held every week to discuss participants' progress. Drug court is held immediately after the drug court meeting adjourns. All the drug court participants gather to report to the judge their activities since their last appearance in the court. The judge publicly acknowledges both achievement and failure in the program. If sanctions are necessary due to a client's failure to comply, the sanction given is usually one agreed upon by the entire drug court team in the meeting just prior to the court session. Additional supervision is given by the juvenile probation officers who have frequent contact with all participants at school, home and at court.

### *Drug Testing*

Progress in the drug court is measured by the clients' ability to complete weekly program requirements, achieve negative urinalysis results in drug testing, and avoid subsequent criminal activity. The frequency of drug testing changes as a client progresses through the drug court. The client is tested a minimum of three times per week in each phase. More frequent testing may occur if deemed necessary. The specimens are sent to the laboratory under a direct chain of command. This court also uses drug tests that instantly reveal results without having to be sent to a lab. As stated previously, more than 3000 drug tests were submitted during this reporting period resulting in about 4% being positive.

### *Treatment Information*

Treatment component modalities include individual, group and family sessions. Phase I is referred to as the learning level which includes multi-family groups, relapse prevention, and adventure programming. Phase II is the accepting level and is similar to Phase I. Phase III, or the willing level includes a relapse prevention plan and 12 step program involvement. During all phases, participants take part in Moral Reconciliation Therapy (MRT). The aftercare phase is referred to as the succeeding level and includes the development and implementation plan as well as the above mentioned groups and sessions.

### *Conclusion*

This drug court has been in operation since August 1998. Forty-seven clients have been admitted. As of September 29, 2000 nineteen clients were still active, thirteen had graduated, and fifteen had terminated for a variety of reasons. This results in a graduation rate of 46.4%.

During the course of the evaluation, drug court staff have had to revise and modify a number of different policies and procedures which has necessitated the revision of forms they use to collect data. This has impacted our ability to collect necessary data and resulted in us not being able to analyze all treatment level data. We believe this situation has been settled and forms will not receive major revisions in the near future.

We would have liked to analyze the data from this court by using cross-tabulations and Chi-Square tests, but because of the low number of cases (47), this type of analysis was not possible.



This type of analysis would have allowed us to begin to profile successful versus unsuccessful clients by looking at their demographic characteristics, including their drug of choice. In reviewing the data it appears that minorities are over-represented as drug court clients. This is not too surprising considering minorities are disproportionately represented in every stage of the criminal justice system (arrests, courts, and prisons). When reviewing the tables it is apparent that drug court program clients in the Second Judicial District have more serious involvement with the criminal justice system. Drug court program clients appear to be involved in risk taking behavior as evidenced by the criminal histories, sexual activity tables and other drug usage.



## CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

### *Conclusion*

Having provided a process evaluation by examining the established goals of the program, we were better able to determine how clearly these goals were defined. It seems that the drug court is serving the intended population and some of the goals are being reached. We have examined the variables collected by the drug court program staff and have recommended appropriate modifications to the current data collection process.

This drug court has been in operation since August 1998. It is important to reiterate that because this drug court is in the early stages of development, problems and challenges are to be expected. Many issues have been and are being addressed to solve programmatic and logistic problems.

One of the key components of a drug court is that "initial and ongoing planning is carried out by a broad-based group, including persons representing all aspects of the criminal justice system, the local treatment delivery system, funding agencies, the local community and other key policy makers"(DCPO, 1997). The relationship that the drug court has formed with local community agencies seems to be helpful for the clients as well as the agencies involved.

### *Recommendations*

***The following recommendations were given to the drug court team prior to release of this report. As a result, the drug court team has made program modifications to address our recommendations.***

The recommendations listed below are supported by the National Association of Drug Court Professionals and the Drug Court Programs Office through nationwide drug court research. Based on this, we recommend the following;

- One of the goals in this drug court is to have a 70% program completion rate, but the current rate is 46.4%. It is important to note that this drug court is serving juveniles with extensive substance abuse and criminal histories. Due to these extensive histories, it may be realistic to expect a lower graduation rate.
- We recommend that discussions take place between the drug court team and those that refer juveniles to the drug court to terminate inappropriate referrals that may be taking up too much of the court's time and resources.
- We recommend the use of the Teen Addiction Severity Index (T-ASI). Because the T-ASI is designed as a treatment and research instrument it can be used for treatment and to measure clients change and progress over time. We also recommend the T-ASI be administered at intake and at least one other point while in treatment.



- We recommend that reasons for denying admittance into the program be clearly documented into standard categories.
- We recommend that all services rendered by the treatment provider be documented in the database. This would include wilderness activities, individual and group counseling, family and multi-family groups, relapse prevention groups, MRT information, and attendance at 12-step meetings.
- We recommend that urinalysis results be documented clearly. This would include noting the measure for each positive urinalysis. This is necessary in order to determine if measures are increasing or decreasing. We realize that including measures may not be feasible due to the use of test kits and cost. We discovered that not always was the positive substance detected listed and we were, at times, unable to determine if a sanction was imposed for a positive urinalysis.
- It is our recommendation that all sanctions and incentives be documented and entered into the database.
- We recommend that all contacts with drug court participants be documented whether the contact was made by a probation officer, counselor, drug court coordinator or judge.
- It is our recommendation that a representative from the public schools be a member of the core drug court team and not just a member of the advisory team.
- We recommend an increased focus on additional research that addresses client outcomes. This is necessary in order to examine the effectiveness of specific drug courts and drug courts in general. It is important to compare drug court program clients with other matched offenders who do not become program participants. Currently, we know very little about how effective drug courts are in reducing recidivism (measured by re-arrest and time to re-arrest).



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**APPENDICES**

Appendix A- Drug Court Survey

Appendix B- Referral/Assessment Form

Appendix C- Activity Form

Appendix D- Exit Form







6. What type of cases does your drug court include? (Mark all that apply)

Deferred prosecution (Pre-adjudication)

Post-adjudication

Probation/Parole violation

Other, (specify) \_\_\_\_\_

7. Who serves as Drug Court Coordinator in your program?

\_\_\_\_\_

8. What is your average client caseload? \_\_\_\_\_

9. Please list names and titles of all Drug Court staff and judges.

Name

Title

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Do your staff have computers available for their use?  Yes  No

11. If yes, do these computers use Windows?  Yes  No

**Section 2: Eligibility**

1. Who screens for eligibility?

Police

District attorney

Public defender

Pre-trial services

Probation/ Drug Court Coordinator

Jail personnel

Court staff

Judge (in court/ out of court)

Drug Court Team

Other (specify) \_\_\_\_\_



2. When is the eligibility determination made?

- At the time of arrest (pre-release)
- Before the first court hearing
- At the first court hearing
- After the first court hearing
- Other (specify) \_\_\_\_\_

3. What offenses are eligible? (Mark all that apply)

- Misdemeanors
- Felonies
- Drug sales
- Drug possession for sale
- Drug user
- Non-drug offenses

4. Are offenders with gang affiliations or memberships excluded from participating in your program?  Yes  No

5. Are offenders with convictions for violent crimes excluded from participating in your program?  Yes  No

6. Are offenders with convictions for sex crimes excluded from participating in your program?  Yes  No

7. Are there other reasons for exclusion?  Yes  No

(If yes, specify) \_\_\_\_\_

---

**Section 3: Program Coordination**

1. Who is responsible for:

	<u>Name</u>	<u>Title</u>
Agency coordination	_____	_____
Information management	_____	_____
Case management	_____	_____
Program monitoring	_____	_____
Assessing services	_____	_____
Program reviews	_____	_____
Recommending modifications	_____	_____







6. What type of cases does your drug court include? (Mark all that apply)

Deferred prosecution (Pre-adjudication)

Post-adjudication

Probation/Parole violation

Other, (specify) \_\_\_\_\_

7. Who serves as Drug Court Coordinator in your program?

\_\_\_\_\_

8. What is your average client caseload? \_\_\_\_\_

9. Please list names and titles of all Drug Court staff and judges.

Name

Title

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Do your staff have computers available for their use?  Yes  No

11. If yes, do these computers use Windows?  Yes  No

**Section 2: Eligibility**

1. Who screens for eligibility?

Police

District attorney

Public defender

Pre-trial services

Probation/ Drug Court Coordinator

Jail personnel

Court staff

Judge (in court/ out of court)

Drug Court Team

Other (specify) \_\_\_\_\_



**APPENDICES**

Appendix A- Drug Court Survey

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2. When is the eligibility determination made?

- At the time of arrest (pre-release)
- Before the first court hearing
- At the first court hearing
- After the first court hearing
- Other (specify) \_\_\_\_\_

3. What offenses are eligible? (Mark all that apply)

- Misdemeanors
- Felonies
- Drug sales
- Drug possession for sale
- Drug user
- Non-drug offenses

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5. Are offenders with convictions for violent crimes excluded from participating in your program?  Yes  No

6. Are offenders with convictions for sex crimes excluded from participating in your program?  Yes  No

7. Are there other reasons for exclusion?  Yes  No  
(If yes, specify) \_\_\_\_\_

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1. Who is responsible for:

	<u>Name</u>	<u>Title</u>
Agency coordination	_____	_____
Information management	_____	_____
Case management	_____	_____
Program monitoring	_____	_____
Assessing services	_____	_____
Program reviews	_____	_____
Recommending modifications	_____	_____



2. Who has ultimate authority in Drug Court decisions?

Drug Court team

Judge

District attorney

Program coordinator

Other (specify) \_\_\_\_\_

**Section 4: Incentives and Sanctions:**

1. Do you use sanctions and incentives in your program?  Yes  No

2. What prompts the use of sanctions? (Mark all that apply)

Dirty tests

Failure to participate

Failure to appear at a court session

Failure to pay fees or do community service

Other (specify) \_\_\_\_\_

3. Which sanctions are used? (Mark all that apply)

Jail time

Fines and fees

Community service

Loss of program points or level

Other (specify) \_\_\_\_\_

4. What prompts the use of incentives? (Mark all that apply)

Clean tests

Full participation

Good reports

Payment of fees on time

Other (specify) \_\_\_\_\_



5. What incentives are used? (Mark all that apply)

**Reductions in**

- Term of diversion/probation
- Term of supervision in diversion/probation
- Program fee
- Program contacts/requirements
- Other (specify) \_\_\_\_\_

**Rewards:**

- Certificates
- Mementos
- Other (specify) \_\_\_\_\_

6. How do participants know about consequences of their level of participation in the program? (Mark all that apply)

- Point system
- Handbook
- Phases
- Contracting
- Drug testing agreements
- Other (specify) \_\_\_\_\_

7. Who decides when incentives and sanctions are used?

- Judge
- District attorney
- Probation agency
- Pre-trial agency
- Treatment agency
- Drug court team
- Other (specify) \_\_\_\_\_

8. Under what circumstances is the offender removed from the program? (Mark all that apply)

- Failure to participate
- Failure to appear in court
- New charges filed
- New drug charges filed
- Other (Specify) \_\_\_\_\_



9. What is the most likely disposition of a case when a participant is removed from the program? *(Mark all that apply)*

Reinstatement of criminal proceedings

Court trial and conviction

Plea

Dismissal of case

Other *(specify)* \_\_\_\_\_

10. Is the participant likely to do significant jail time if convicted of the original offense?

No jail time

Up to one month

More than one month

More than six months

More than one year

11. Who makes the determination to remove someone from the program?

Judge

District attorney

Drug Court team

Probation/Drug Court Coordinator

Combination of above

Other *(specify)* \_\_\_\_\_

12. What conditions must be met to complete the program?

Clean tests

Full participation

Fees paid

Other *(specify)* \_\_\_\_\_

13. How long must the participant be in full compliance before graduation?

No set time limits

Three months

Six months

Nine months

One year

Other *(specify)* \_\_\_\_\_



**Section 5: Court Processes**

1. When does the participant first appear before a judge?

- The same day as arrest
- After one day
- Within one week
- Longer than one week

2. Is the participant first seen at a general arraignment or in Drug Court?

- General arraignment
- Drug Court calendar

3. Are progress reports heard in Drug Court session or in a general session?

- Drug Court session
- General session

4. When is a participant admitted to the program?

- Before the first court appearance: How long before appearance? \_\_\_\_\_
- At the first court appearance
- At the second court appearance
- Other (*specify*) \_\_\_\_\_

5. When are court appearances after admission into the program set?

- Less than one week
- One or more weeks after first court appearance (Number of weeks \_\_\_\_\_)

6. During a typical drug court session, do the following participants appear?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Those in custody for failure in the program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Those appearing for progress reports        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Those admitted into the program             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. If they appear, what is the order of appearance of these participants (i.e. failure = 2nd, progress reports = 1st, new admits = 3rd).

Failure = \_\_\_\_\_ Progress reports = \_\_\_\_\_ New admits = \_\_\_\_\_



8. What members of the Drug Court or treatment team regularly attend Drug Court sessions?

Name

Title

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9. When is the initial appearance at treatment?

Immediately after court

Within one hour of court

On the same day of court

Within one week of court

Other (specify) \_\_\_\_\_

10. When is the initial appearance at supervision?

Immediately after court

Within one hour of court

On the same day of court

Within one week of court

Other (specify) \_\_\_\_\_

11. Is transportation provided to initial treatment site?

Yes

No

12. Is there a Drug Court orientation session?

Yes

No

13. What is the format of the orientation setting?

Individual, one-on-one

Group



**Section 6: Information Dissemination**

1. To whom is Drug Court information provided? *(Mark all that apply)*

- Court
- District attorney
- Public defender
- Treatment provider
- Supervision agency
- Participant
- Other *(specify)* \_\_\_\_\_

2. How is the information provided? *(Mark all that apply)*

- Written report
- Online
- By data print out
- Phone or in person
- Other *(specify)* \_\_\_\_\_

3. What information is provided? *(Mark all that apply)*

- Drug treatment information (all/ partial)
- Treatment/ supervision participation (all/ partial)
- Drug testing information
- Personal history
- Criminal history

4. How is information presented? *(Mark all that apply)*

- Narrative form
- Score card
- Point system
- Activity sheets/Progress reports
- Other *(specify)* \_\_\_\_\_

5. When is information made available?

- Immediately (at time of failure)
- After one or more days *(specify)* \_\_\_\_\_
- At next court appearance



**Section 7: Supervision**

1. Who provides supervision? *(Mark all that apply)*

Drug Court program

Probation

Pre-trial services

Treatment provider

Other *(specify)* \_\_\_\_\_

2. In what kind of setting is supervision provided?

Individual

Group

Both

3. What types of meetings are held? \_\_\_\_\_

4. Who attends these meetings? *(name and title)* \_\_\_\_\_

5. When are these meetings held? \_\_\_\_\_

6. How often is supervision provided per week in:

First Phase \_\_\_\_\_

Second Phase \_\_\_\_\_

Third Phase \_\_\_\_\_

7. What is the supervisory agency responsible for?

Monitoring criminal conduct \_\_\_\_\_

Monitoring treatment \_\_\_\_\_

Monitoring drug testing \_\_\_\_\_

Determining client eligibility \_\_\_\_\_

Screening and assessment \_\_\_\_\_

Drug testing \_\_\_\_\_

Treatment \_\_\_\_\_

Education and rehabilitation \_\_\_\_\_

Other *(specify)* \_\_\_\_\_



8. Does your program offer bilingual services?  Yes  No

9. Is the supervisory agency responsible for notifying the offender for failure to participate?

Yes  No

10. If yes, by what means?

Phone

Letter

Other (specify) \_\_\_\_\_

### **Section 8: Urinalysis and Drug Testing**

1. Who provides drug testing? (Mark all that apply)

Treatment provider

Probation/supervisory staff

Other (specify) \_\_\_\_\_

2. When is the first drug test given?

At arrest

At first court appearance

After admittance to program

Other (specify) \_\_\_\_\_

3. How often is drug testing done, per week?

During Phase one \_\_\_\_\_

During Phase two \_\_\_\_\_

During Phase three \_\_\_\_\_

4. What method of drug testing is used?

Hair

Blood

Urinalysis

Other (specify) \_\_\_\_\_

5. If urinalysis is required, where is it conducted?

In-house lab

Outside commercial lab



6. What factors must be considered when selecting a drug test provider? (Mark all that apply)

- Cost per test
- How many screens conducted
- Speed of test results
- other (specify) \_\_\_\_\_

7. What is the response to clean/ dirty urinalysis? (Mark all that apply)

- Increase/decrease in testing
- Increase/decrease in sanctions or incentives
- Increases/decrease in supervision
- Increase/decrease in treatment
- Other (specify) \_\_\_\_\_

8. Where is the drug testing conducted? (Mark all that apply)

- Court building
- Probation
- Treatment center
- Lab
- Other (specify) \_\_\_\_\_

**Section 9: Program Fees**

1. Does your program collect fees from participants? (If yes, go to #2, if no go to #5)

Yes       No

2. Are fees:

- Mandatory
- Discretionary

3. What is the program fee? \_\_\_\_\_

4. What options does the offender have regarding the fee? (Mark all that apply)

- Fee can be worked off (Community Service)
- Fee can be excused
- Offender can earn incentives to reduce fee
- Other (specify) \_\_\_\_\_



5. Is community service or other work:

- Mandatory
- Discretionary

6. What kind of community service is available to the participant? *(Mark all that apply)*

- Non-profit organizations
- Anti-drug programs
- Work programs
- Other *(specify)* \_\_\_\_\_

7. What are the sanctions for failure to pay? *(Mark all that apply)*

- Jail time
- Additional fees
- Delayed graduation
- Delay in advancement in program
- Other *(specify)* \_\_\_\_\_

8. What are the incentives of paying on time? *(Mark all that apply)*

Reductions in:

- terms of diversion/probation
- terms of supervision (reducing level of supervision/probation)
- Program fees
- Program contacts/requirements

**Section 10: Treatment Information**

1. Where is the assessment conducted?

- At treatment program
- In jail
- At supervisory agency
- Other *(specify)* \_\_\_\_\_

2. What instrument is used for assessment? \_\_\_\_\_

3. Are offenders given different treatments based on assessment results?

- Yes       No



4. Are treatment options available for these special populations?

- |                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| Dual diagnosis    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pregnant women    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mentally disabled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIV positive      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. When is assessment completed?

- Before admittance into program, specify time period (in days) \_\_\_\_\_
- After results are reviewed
- During course of the program

6. Agency that provides treatment: \_\_\_\_\_

7. Which of these services is provided to participants by treatment providers? (*Mark all that apply*)

- Drug testing
- Supervision
- Counseling group/individual
- Acupuncture
- Education
- Rehabilitation services
- Other (*specify*) \_\_\_\_\_

8. When does participant first have contact with treatment provider?

- At initial court hearing
- Immediately after court hearing
- Other (*specify*) \_\_\_\_\_

9. Where are the first and subsequent contacts?

- Court house
- Treatment provider
- Other (*specify*) \_\_\_\_\_

10. Are services provided at one or more locations?

- Single location
- More than one location



11. Who does the treatment provider report to?

Court

Supervisory agency

Other (specify) \_\_\_\_\_

12. How often are reports provided from treatment provider?

Weekly

Monthly

Other (specify) \_\_\_\_\_

13. Is a drug test summary provided?

Yes

No

14. When does the treatment provider report a failure to participate in the program?

Immediately

Within 24 hours

Within forty- eight hours

Other (specify) \_\_\_\_\_

15. How long does it take to return the offender to court after a failure to participate?

Less than 24 hours

Less than one week

More than one week (Number of weeks \_\_\_\_\_)

**Section 11: Rehabilitation and Aftercare**

1. What rehabilitation services are provided?

Education

Job training

Health (medical, dental)

Housing assistance

Other (specify) \_\_\_\_\_

2. Where are rehabilitation and aftercare services provided? (Mark all that apply)

In the program

Outside of the program

At a college/ junior college

At a high school

Through adult education

Other (specify) \_\_\_\_\_



3. When are services made available?

- At the start of the program
- Middle to end
- After graduation from the program

4. Are aftercare services available to graduates who would like them?  Yes  No

5. Are any of the following required for graduation?

- |                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| Job placement     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Job stability     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Community service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Section 12: Program Funding**

1. How is the program funded? *(Mark all that apply)*

- Federal grant
- State grant
- Block grants (Bryne, other)
- State agency (Alcohol, Drugs, AOC)
- County agency
- Community agency
- Non-profit foundation (local, national)
- Corporate grant
- Special tax(State, local, etc.)
- Direct county funding
- Court funding
- Combination of above
- Other *(specify)* \_\_\_\_\_

2. Which other options are available for current or continued funding? *(Mark all that apply)*

- Reorganization of existing programs
- Accessing existing community resources
- Accessing existing government resources
- Other *(specify)* \_\_\_\_\_



3. What evaluation data do you feel will be useful to sustain funding? *(Mark all that apply)*

Recidivism measurements

Time in custody

Retention in program/ treatment

Costs

Other *(specify)* \_\_\_\_\_

4. Are there any other ways that the Institute for Social Research can be helpful for the continued success of New Mexico's Drug Court programs? \_\_\_\_\_  
\_\_\_\_\_

**Section 13: Community Involvement**

1. How does your program involve community organizations? *(Mark all that apply)*

Media coverage

Planning

Management

Resource support

Other *(specify)* \_\_\_\_\_

2. How will or has community involvement helped sustain your program? *(Mark all that apply)*

Funding

Perceived positive impact on community

Other *(specify)* \_\_\_\_\_

3. Is an increase in community involvement desired or planned?  Yes  No

4. What media contacts can be initiated? *(Mark all that apply)*

Press

TV

Radio

Other *(specify)* \_\_\_\_\_

5. At what point in the planning or implementation should media contact occur?

At the beginning of the program

During pilot program

After evaluation of program

Other *(specify)* \_\_\_\_\_



6. How can positive or negative coverage impact the program? *(Mark all that apply)*

Funding/resource support

Morale

Other *(specify)* \_\_\_\_\_

7. Please include any comments, suggestions, or problem areas that may be of concern.

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**Thank You For Taking The Time To Fill Out This Survey**



DRUG COURT REFERRALS

rev.07/10/00

1. Date: \_\_\_\_\_ (mm/dd/yy)

2. Last Name: \_\_\_\_\_ 3. First Name: \_\_\_\_\_

4. Current P.O.: \_\_\_\_\_ 5. JPPO File #: \_\_\_\_\_ 6. Ref.# \_\_\_\_\_

7. Referring Source: \_\_\_\_\_ 8. Current Charges: \_\_\_\_\_

9. Location of Child \_\_\_\_\_

10. Address: \_\_\_\_\_ 11. City: \_\_\_\_\_

12. Zip: \_\_\_\_\_ 13. Phone #: \_\_\_\_\_ 14. Work #: \_\_\_\_\_

15. Sex: \_\_\_\_\_ 16. Age: \_\_\_\_\_ 17. DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 18. SS#: \_\_\_\_\_

19. Mother's Last Name: \_\_\_\_\_ 20. Mother's First Name: \_\_\_\_\_

21. Address of Mother (if different than juvenile): \_\_\_\_\_

22. City: \_\_\_\_\_ 23. Zip: \_\_\_\_\_

24. Father's Last Name: \_\_\_\_\_ 25. Father's First Name: \_\_\_\_\_

26. Address of Father (if different than juvenile): \_\_\_\_\_

27. City: \_\_\_\_\_ 28. Zip: \_\_\_\_\_

29. Date of Disposition Hearing: \_\_\_\_\_ (mmddyy)

30. Referring Judge: \_\_\_\_\_

31. Client's Attorney: \_\_\_\_\_ 32. CCA: \_\_\_\_\_

33. Court #: \_\_\_\_\_

34. Ethnicity: \_\_\_\_\_ (use code below)

- 1 Caucasian
- 2 Hispanic
- 3 Native American
- 4 African American
- 5 Asian
- 6 Other, specify \_\_\_\_\_

35. Number of prior drug and alcohol charges: \_\_\_\_\_

36. Number of violent offenses: \_\_\_\_\_

37. Probation Term: \_\_\_\_\_  
1 - 6 month CD    2 - Extended CD    3 - 2 year probation    4 - Pending

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

Accepted: \_\_\_\_\_

Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

TASI Date: \_\_\_\_\_



DRUG COURT ASSESSMENT FORM

SCHOOL

Attending? Yes \_\_\_\_\_ No \_\_\_\_\_ School type: Regular \_\_\_\_\_ Alternative \_\_\_\_\_ Special Ed \_\_\_\_\_

Name of School : \_\_\_\_\_ Grade Level: \_\_\_\_\_

School-Related Problems: *(check all that apply)*

Absenteeism \_\_\_\_\_

Failing Grades \_\_\_\_\_

Fights \_\_\_\_\_

Other, specify \_\_\_\_\_

If not in school, mark one of the following:

Dropout \_\_\_\_\_ Expelled \_\_\_\_\_ Suspended \_\_\_\_\_ Graduated \_\_\_\_\_

Do you have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

LEGAL

Age of first adjudication \_\_\_\_\_

Number of Adjudications \_\_\_\_\_

FAMILY

Who are you living with? *(check all that apply)*

Both Parents \_\_\_\_\_

Single Parent \_\_\_\_\_

Other Relative \_\_\_\_\_

Foster Care \_\_\_\_\_

Guardian \_\_\_\_\_

Other, Specify \_\_\_\_\_

Parents marital status:

Divorced \_\_\_\_\_

Married \_\_\_\_\_

Separated \_\_\_\_\_

Never Married \_\_\_\_\_

Widow/Widower \_\_\_\_\_

Other, Specify \_\_\_\_\_

ACTIVITIES

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, hours per week: \_\_\_\_\_

Are you a member of a gang? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what gang: \_\_\_\_\_

Are you affiliated with a gang? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what gang: \_\_\_\_\_

If yes, gang name (moniker,AKA) \_\_\_\_\_

Recreational Activities: Yes \_\_\_\_\_ No \_\_\_\_\_

Types: \_\_\_\_\_

\* Along with formal activities like sports or music, list community or family activities such as caring for siblings,



grandparents, helping with the family business, volunteer work, etc.

**SEX**

Sexually active? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, age first sexually active \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever had any children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, How many? \_\_\_\_\_

Protected sex? No \_\_\_\_\_ Sometimes \_\_\_\_\_ Usually \_\_\_\_\_ Always \_\_\_\_\_ Not Applicable \_\_\_\_\_

**SUBSTANCE ABUSE TREATMENT OR OTHER INTERVENTIONS**

Previous substance abuse treatment or intervention?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list type(s): \_\_\_\_\_  
\* If formal treatment, list types as: RTC, day tx, inpatient, outpatient, maintenance

If other intervention, list program: \_\_\_\_\_

**SUBSTANCE ABUSE**

Do you smoke cigarettes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, age at first use: \_\_\_\_\_

How many times in the last 30 days did you smoke? \_\_\_\_\_

Have you tried to quit? \_\_\_\_\_

**ALCOHOL**

Is there a history of alcohol use in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

Do you drink alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, age at first use: \_\_\_\_\_

How many times in the last 30 days did you use alcohol? \_\_\_\_\_

How many times in the last 30 days did you drink to intoxication? \_\_\_\_\_

Comments: \_\_\_\_\_

Have you ever had five or more (females, three or more) drinks in one day? \_\_\_\_\_

How often do you drink five or more (females three or more) drinks at one time?

\_\_\_\_\_ Less than once a month

\_\_\_\_\_ 1-2 times a month

\_\_\_\_\_ 1 time a week

Comments: \_\_\_\_\_

When did you drink last? \_\_\_\_\_ (# of days)

Age at first intoxication? \_\_\_\_\_

Was there ever a time when you could drink more without feeling the effects of alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever experienced blackouts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, How many? \_\_\_\_\_



Have you ever experienced delirium tremens? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, How many? \_\_\_\_\_

When you drink, do you: Drink alone? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_  
Drink around other people? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Have you ever missed work or school because you were drinking alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever driven under the influence of alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Have you ever been arrested for DWI? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Have you ever been violent because you were drinking? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, How many times? \_\_\_\_\_

**DRUGS:**

Have you ever taken illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a history of drug use in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

Drug of choice: \_\_\_\_\_

Age of first use: \_\_\_\_\_ Number of years of use: \_\_\_\_\_

**Drug History:**

None: \_\_\_\_\_

Experimental: \_\_\_\_\_

Regular: \_\_\_\_\_

Serious: \_\_\_\_\_

Have you ever used any of the following drugs in your life?

Marijuana _____	How many times? Daily _____ Weekly _____ Monthly _____
Barbituates _____	How many times? Daily _____ Weekly _____ Monthly _____
Downers _____	How many times? Daily _____ Weekly _____ Monthly _____
Tranquilizers _____	How many times? Daily _____ Weekly _____ Monthly _____
Stimulants _____	How many times? Daily _____ Weekly _____ Monthly _____
Speed _____	How many times? Daily _____ Weekly _____ Monthly _____
Cocaine _____	How many times? Daily _____ Weekly _____ Monthly _____
Crack cocaine _____	How many times? Daily _____ Weekly _____ Monthly _____
Heroin _____	How many times? Daily _____ Weekly _____ Monthly _____
Other opiates _____ (Codeine, Demerol, Morphine, Methadone, Darvon, Opium, Delaudid)	How many times? Daily _____ Weekly _____ Monthly _____
Psychedelics _____ (LSD, Mescaline, Peyote, Psilocybin, DMT, PCP)	How many times? Daily _____ Weekly _____ Monthly _____

More than one substance per day (alcohol included)? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



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Did you ever find you were unable to cut down or stop your use of any drug? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which drug(s) 1) \_\_\_\_\_, 2) \_\_\_\_\_, 3) \_\_\_\_\_

Have you ever become violent while under the influence of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_

Have you been arrested for your behavior while using drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Have you ever driven under the influence of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Have you been arrested for doing something to get money to buy drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_

Have you neglected to eat properly or take care of yourself while you were on drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Since your first use of drugs do you require larger amounts to get high? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever experienced withdrawal symptoms when you cut down or stopped using drugs or alcohol?

Symptoms:

Nausea/Vomiting \_\_\_\_\_ (y/n)

Anxiety \_\_\_\_\_ y/n

Depressed Mood \_\_\_\_\_ y/n

Irritability \_\_\_\_\_ y/n

Tremor \_\_\_\_\_ y/n

Sweating \_\_\_\_\_ y/n

Rapid Heartbeat \_\_\_\_\_ y/n

Diarrhea \_\_\_\_\_ y/n

Disturbed Sleep/Increased Dreaming \_\_\_\_\_ y/n



NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ FILE: \_\_\_\_\_

Task	Week	Week	Week	Week	Week	Week	Week
# Contacts of CSO / PO:							
# Of Drug Tests and Results:							
Attended Counseling: Individual: Group: Family:							
School Attendance: # of Absences: Day Attended:							
Written in Journal:							
Drug Court Attendance:							

Comments:



## CLIENT EXIT FORM

Exit Date (mm/dd/yy) \_\_\_\_\_

Referral No: \_\_\_\_\_

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Updated Address

\_\_\_\_\_  
Apt. No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Updated Phone Number: \_\_\_\_\_

Updated Education: \_\_\_\_\_

- |   |                         |    |                                |
|---|-------------------------|----|--------------------------------|
| 1 | First Grade             | 10 | Sophomore in High School       |
| 2 | Second Grade            | 11 | Junior in High School          |
| 3 | Third Grade             | 12 | High School Grad or GED        |
| 4 | Fourth Grade            | 13 | Some College                   |
| 5 | Fifth Grade             | 14 | Associates Degree or Voc. Tech |
| 6 | Sixth Grade             | 16 | Bachelor's Degree              |
| 7 | Seventh Grade           | 18 | Master's Degree                |
| 8 | Eighth Grade            | 20 | Doctorate                      |
| 9 | Freshman in High School | 99 | Missing                        |

Updated Employment: \_\_\_\_\_

- 0 No  
1 Yes

Disposition: \_\_\_\_\_

- |   |                       |    |                     |
|---|-----------------------|----|---------------------|
| 1 | Absconded             | 4  | Completed/Graduated |
| 2 | Terminated            | 9  | Other (specify)     |
| 3 | Voluntary Termination | 99 | Missing             |

How long was client in program? \_\_\_\_\_ months.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_