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**Review of the Adult
Drug Court Program in
Uinta County (Evanston),
Wyoming**

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I. INTRODUCTION

A. Background of this Assignment

Uinta County Wyoming is a rural county comprised of 2,070 square miles in the southwestern part of the state with a population of approximately 22,000 persons. The combination of a major interstate artery running through the county, extensive law enforcement patrol areas, sparsely populated areas, and mountainous topography has facilitated the development of methamphetamine production and use as a major criminal justice and public health problem in the county.

Concerned about the level of substance abuse in general and methamphetamine use in particular, and frustrated with the inability of traditional criminal justice processing and sparse treatment resources to adequately address these problems in the context of the county's geographical and economic situation, criminal justice system officials have implemented a drug treatment court program in the limited jurisdiction County Court in Evanston, the county seat. The program began operations in November 1997, with the assistance of an implementation grant from the Drug Courts Program Office (DCPO) of the Office of Justice Programs, U.S. Department of Justice. Following the end of the DCPO grant, the Uinta County Drug Court operations have been funded with state and local resources, private support, and participant fees. Uinta County has applied for a second Drug Courts Program Office grant to expand the Drug Court program to the municipal court, with a greater emphasis on outpatient treatment.

The Uinta County Drug Court program design includes the unusual feature (for drug court programs) of using the county jail as the situs for treatment services, including both a six -week initial phase of in-custody treatment as well as post- custody treatment and ancillary services during subsequent program phases. The Drug Court program is post-sentence in character and enrolls approximately 60 participants, male and female, per year who are charged with drug and/or alcohol offenses.

During the program's second year, by virtue of elections and career changes, the County Prosecutor, Chief Deputy Prosecutor and the Assistant Public Defender who were part of the original

Drug Court program planning team have been replaced. The other key members of the original planning team -- the County Judge, the Sheriff, the treatment counselors and the Program Coordinator (who is also the Jail Administrator of the Sheriff's Department) — remain with the program.

In January 2000, the Drug Court Program Coordinator, Lieutenant David Evins of the Uinta County Sheriff's Department, requested that the OJP Drug Court Clearinghouse and Technical Assistance Project at American University (DCCTAP) undertake a multi-disciplinary review of current program operations and interagency and community collaboration. The DCCTAP project selected two nationally experienced Drug Court practitioners and a member of the project staff who had visited the Uinta County Drug Court during its inaugural phase to conduct the review. The members of the review team were: Tim Smith, a certified substance abuse counselor who manages the delivery of substance abuse treatment services to seven drug courts in a multi-county region of California by Mental Health Systems, Inc., a contract service provider; Kenneth Wallentine, Chief Deputy County Attorney in Uintah County (Vernal), Utah (located across the state line from Evanston and facing similar criminal justice issues), who is responsible for the prosecution of narcotics distribution offenses and founded the Drug Court program in that jurisdiction; and Joseph A. Trotter, Jr., Director, Office of the Justice Programs, School of Public Affairs at American University where the OJP Drug Court Clearinghouse and Technical Assistance Project is housed and the DCCTAP project staff member who had worked with the Uinta County, Wyoming Drug Court planning team prior to implementation of the program in 1997.

B. Study Methodology and On Site Agenda

Following review of background information on the Uinta County program, the consultants conducted an on-site visit to Evanston on April 16-18, 2000. During the visit, the consultants met with all of the Drug Court planning team members; the County Attorney; representatives of the Public Defender Office; and county, state, and private mental health, remedial education, social services, and substance abuse treatment service providers based in Uinta County and involved with the Drug Court program. During the visit the consultants also met with seven participants in the in-

custody treatment phase of the program; participants in the subsequent outpatient phases of the program; and with participants involved with the Drug Court alumni group. They also observed a Drug Court promotion ceremony involving the current group of clients who had been in treatment for six weeks in the jail as well as the regularly scheduled reviews before the Drug Court judge for several other clients.

The Uinta County Drug Court Team was given an oral briefing on the consultants' findings and preliminary recommendations at the conclusion of the site visit. Several post-visit telephone calls were made to obtain additional information on some elements of program operations and to clarify data collected during the site visit. This report presents the consultants' findings and recommendations. This report was sent as a final draft to local officials in June and is now submitted as the final technical assistance report.

II. Program Design and Participant Profile Information

A. Key Personnel Involved with the Drug Court Program

The Uinta County Drug Court program has five key operational personnel:

- C the Drug Court judge: County Court Judge John Mealey;
- C the Drug Court coordinator: Lt. Dave Evins of the Uinta County Sheriff's Department;
- C the Drug Court field support officer: Deputy Sheriff Fred Montgomery;
- C the deputy county attorney: Donley Linford; and
- C the treatment providers: Ms. Linda Boal and Ms. Mary Sandness, of the Choices treatment program.

Since this is a post-sentence program, there is no assistant public defender assigned to the program, but the chief public defender, Ms. Connie Steininger, is available when her presence is requested by the Drug Court team. (She or one of her colleagues, Mr. Kent Brown, was available throughout the consultants' on-site visit.) Defendants who are represented by the Public Defender's Office receive counsel and advocacy from the time of their appointment at arraignment up to and through their plea, (a requisite for program enrollment) and sentencing stages of the case. All of the key operational personnel are competent, committed, hard working, and proud of the program and its contributions to the community.

In addition to Judge Mealey, two other elected officials play major roles in the continued viability, if not the actual conduct, of the Drug Court program: County Attorney Thomas Barnes who was elected to office after the program had been implemented, and Sheriff Forest Bright, who rightly could be called a co-leader of the program with Judge Mealey because of his active participation in the original design of the program and his department's and staff's central role in its implementation. In addition to the Jail Administrator/Drug Court Program Coordinator, who also is an MRT Treatment counselor and a mentor for the Alumni and Resource Assistance Team associations formed by Drug Court participants, and the Deputy Sheriff serving as full time Drug Court Officer,

14 other deputies volunteer to help with drug testing. In addition, a specially trained Lieutenant conducts an innovative program called “Coach” in which Drug Court program participants in the aftercare phases of the program can volunteer to receive weekly half-hour telephone counseling sessions, oriented towards reinforcing self-discipline and building confidence and self-esteem. Other deputies volunteer for security/escort duty to permit a family event to be held outside of the jail during the six-week in-jail treatment phase of the program.

B. Program Design

1. Eligibility Criteria

Candidates for the Uinta County Drug Court are selected from misdemeanor defendants appearing in County Court before the County Judge and charged with a drug or alcohol offense. In Wyoming, the first possession of a Schedule II drug, such as methamphetamine and cocaine, is generally charged in County Court. In Uinta County, the County Judge generally sentences defendants convicted of these offenses to six months in the county jail for the first offense. This sentencing practice provides a solid incentive for defendants to opt for the Drug Court, which entails participating in a jail-based treatment program of approximately six weeks followed by a 46-week outpatient treatment regime. (See “Program Participation Requirements” below).

There are no more specific criteria for eligibility articulated in any of the program literature made available to the consultants. It was determined from interviews that while District Court (i.e., felony) defendants are not eligible for the program, that the prosecutor’s office is advised by the Drug Court Officer when a promising candidate who is charged initially with a felony has been identified in the course of his review of arrest charges and criminal histories of defendants at the jail. If that defendant subsequently enters into a plea agreement at the District Court level to a lesser charge, he or she may be eligible to be enrolled in the program as a condition of his or her District Court probation.

2. Treatment Program Phases and Participation Requirements

The Uinta County Drug Court treatment program has five phases:

Phase I (1-2 weeks) Intervention: Criminal justice assessment and substance abuse assessment by a Choices counselor) of the defendant's appropriateness for the program and development of the initial treatment plan;

Phase II (4-12 weeks) Restructuring: In-Jail Treatment program for most participants although private outpatient treatment program, or private or state inpatient treatment is also available; two court appearances — for progress review and promotion to the non-custodial phase of the program --are required during this phase. The first seven steps of the Moral Reconciliation Therapy (MRT) treatment modality are completed during this phase and participants are subject to random drug testing.

Phase III (6-12 weeks) Reintegration: Non-custodial aftercare including frequent drug testing, 12 Step support groups, and completion of individual recovery plans. Bi-weekly court reviews and completion of the last five steps of MRT are included during this phase of the program.

Phase IV (40+/- weeks) Maintenance: Continued aftercare and drug testing based on progress and performance; and 12 Step support group participation. Subject to modification of frequency by the Drug Court judge, monthly court reviews are included in this phase.

Phase V - Graduation: Continuation of 12 Step support group and community activities stressed. Graduates must have paid \$300 program fee and all outstanding fines/fees from court case.

Although the Uinta County Drug Court program's formal design identifies three choices of inpatient or outpatient treatment for the restructuring phase (Phase II) of the program, it is not clear if any have been permitted to avail themselves of outpatient treatment services in lieu of an inpatient program or the jail program during phase two. Statistics provided to the consultants indicate that about 22 (16%) of the cumulative program enrollment of 138 participants as of April 1, 2000, had enrolled in private or state inpatient programs for the restructuring/treatment phase of the Drug Court program; all of the others enrolled in the jail-based program. Participants who enroll in private or state inpatient programs are allowed to continue their aftercare in outpatient programs other than that

conducted by Drug Court program staff, but some do elect to participate in the aftercare provided by the Drug Court program during phases III and IV.

Earlier in the Uinta County program's development, return to the jail-based program by the participants who had received private sector inpatient treatment in order to participate in MRT therapy had been mandatory, but the resignation of a deputy who had been trained in MRT instruction left only the Drug Court coordinator available to conduct the MRT classes, and his workload did not permit adding the other group of program participants to the MRT schedule. Consequently, only a few of the participants who chose private or state inpatient programs have been enrolled in the MRT program, and that enrollment has been on a voluntary basis. It is planned that during the next program continuation period that the Drug Court coordinator will obtain special MRT training to be able to train and certify MRT instructors, and at that time, the program's MRT therapy sessions will probably be opened up to or made mandatory for participants who received their inpatient treatment in other than the jail program. It does not appear that comparative performance statistics on enrollees who participate in the jail-based or private sector treatment or on enrollees who receive or do not receive MRT therapy are maintained by the program.

A discussion of the treatment content of the Uinta County program is presented in Section IV of this report.

C. Case Management and Other Services

Case management for jail program participants during the custodial portion of the program is provided by the Choice treatment counselors. During the aftercare phases of the jail program, case management is provided by the Drug Court officer, assisted by the counseling staff as necessary. The requirements of the aftercare phases of the program for participants are laid out in the Resources Checklist (see Attachment __) prepared for each participant at the conclusion of the custodial treatment phase of the program. This Checklist covers a wide range of community-based counseling, rehabilitative, and recovery activities provided primarily by public and private service agencies with which the Drug Court program has established referral relationships, and with whom the Drug Court officer communicates to monitor compliance with the aftercare program by participants. The

consultants met with representatives of virtually all of these collaborating service providers during the site visit and all were highly complimentary of the Drug Court program and of the motivation and performance of the program's clients, generally.

D. Drug Testing

The Drug Court has an excellent resource in the Deputy Sheriff/Drug Court Officer assigned to track inmates' progress upon release from the county jail. He has designed a superior drug testing protocol and it appears that the Drug Court judge and team allow him the necessary and proper flexibility to meet the individual testing needs of the participants. He has done an excellent job of creating a support network of other deputies to assist in random and surprise drug tests. A call-in, color-coded, random system forms the backbone of the testing program. Based on the amount of drug testing supplies purchased, it appears that the Drug Court conducts approximately 250 tests per month, at a cost of about \$9.00 for a poly-drug screen.

E. Participant-Formed Support Groups

The Uinta County program participants have formed two types of support groups: a recently established Alumni Association whose meetings and other activities will be open to spouses and significant others; and a Resources Assistance Group (RAT), comprised of active participants in the later stages of program participation who combine resources and undertake fund-raising initiatives to help other program participants who are having difficulty transitioning to the non-custodial phases of the program. Among other activities conducted to date have been the raising of money to enroll one of the program participants in a supplemental outpatient program; the acquisition of used furniture to help a program participant and his family establish a new residence; and the adoption of a highway section in the name of the Drug Court program. The RAT group concept, in particular, is an innovative idea that the DCCTAP project intends to publicize among the national Drug Court community; and the formation documents, manuals and mission statements of both it and the alumni group will be added to the DCCTAP Clearinghouse for the benefit of other programs.

F. Participant Information

1. Enrollment

As noted above, the Uinta County Drug Court has enrolled approximately 60 participants per year during its two and one-half years of operation. No routine statistics are maintained on the size and characteristics of the participant target group nor are program enrollment criteria more specific than “persons charged with drug and/or alcohol offenses” included in the materials provided to the team. Upon inquiry, however, the Program Coordinator and Drug Court officer developed the information for the consultants that approximately 250 potential program participants are processed by the County Court each year. Further inquiry regarding the approximately 190 defendants who are not recruited for or who decline enrollment in the program elicited the information that about 50% of these defendants either declined to participate and did their time or worked out a plea agreement that did not include Drug Court participation. The remaining 50% reportedly did not get accepted into the Drug Court because of prior criminal activity, current charges, arrangements to be used by the State Division of Criminal Investigation to work drug cases; lack of continued residency in Uinta County; or failure to pass the assessment process.

As of April 1st, the program had enrolled 138 participants, approximately 25% of whom were female. All but five of the enrollees were recruited from among County Court defendants; the five non-County Court defendants were referred to the Drug Court by the general jurisdiction District Court judge as a condition of their District Court sentence. The District Court probation officer assists the Drug Court officer in monitoring these District Court defendants and providing community supervision of them for program compliance, including such interventions as home visits.

As of the date of the site visit, the program had 59 active participants, 14 AWOL participants, 26 clients who either voluntarily left or had been terminated from the program, and 33 graduates. These statistics reflect a retention rate for the program of 70%, which is consistent with the retention rates for adult programs nationally, based on reporting to the DCCTAP project.

2. Prior Criminal History and Drug Use of Participants at Time of Program Entry

Statistics provided to the consultants indicated that program participants had an average of nine prior arrests before entering the program (prior conviction information was not available) and that approximately two-thirds of the enrollees had been abusing alcohol or drugs for 11 or more years. Although no statistics on instant charges were able to be provided to the consultants, it was indicated that all enrollees had been charged with drug or alcohol offenses; the five District Court defendants had felony-level offenses and the remainder of the enrollees had misdemeanor-level charges (including an unspecified number of individuals whose original charge was a felony that was reduced to a misdemeanor). Program information indicates that almost 85% of program enrollees admitted to methamphetamine use and, for 60% of the total enrollment, it was the drug of choice.

The Uinta County program does not have an automated information system; consequently, aggregate and cumulative participants profile data (e.g., on screening activities and outcomes, instant and prior charges, education status, employment status, comparative performance of various categories of clients, etc.) that would be valuable for internal program monitoring and assessment are not readily available. One of the follow-up activities of the DCCTAP Project will be to separately communicate with project staff on information elements that should be regularly maintained and reviewed, even if only manually, at least pending action on the recommendation submitted elsewhere in this report that resources be found to develop a modest MIS system to support the program. This observation about project shortcomings in record-keeping and monitoring capabilities should not obscure the consultants' acknowledgment and appreciation of the willingness of program staff to manually retrieve certain program data requested prior to and during the site visit.

3. Employment Status of Participants

One statistic that program staff appear to routinely maintain, at least for active participants, relates to their employment status. Among statistics presented to the team on the program situation as of mid-March, 2000, of the 54 active participants at that time, 52 were "employable;" and of the 52 "employable" participants, only two were "unemployed." Following

up on this remarkable but ambiguous statistic with the knowledge that at least some of the active participants were still in the custodial phase of their treatment program, the consultants were advised that many of the program participants are employed at the time of their instant arrest and that both the sheriff and the program coordinator make proactive efforts to contact employers on behalf of program enrollees to attempt to get the employers to hold their jobs while they are in the custody stage of treatment. These intervention efforts reportedly are usually successful in convincing employers to hold a position for the participants until completion of the in-custody phase of the program. Post-release job development and placement efforts are made for those who are unemployed. Employment (or full-time school or assumption of full-time homemaker responsibilities) is a requirement for graduation; consequently, much (and apparently fruitful) attention is paid to this aspect of the clients' transition to responsible and sober lifestyles during the aftercare phases of the program.

The consultants did not have an opportunity to review the qualitative aspects of the Drug Court clients' employment situation, but did ascertain that the Uinta County program (not unlike many other Drug Court programs) has not yet made use of the Federal Employment Bonding program, sponsored by the U.S. Department of Labor, which is specifically geared to ex-offenders and persons with substance abuse histories. It is a significant job placement aid which can result in higher quality placements, as well, and is available through each state's employment assistance system. Materials describing this special program and containing state-specific access information were provided to the Uinta County Drug Court Team by the DCCTAP project staff following the site visit.

4. Recidivism

Recidivism statistics maintained by the program coordinator indicate that only four (12 %) of the 33 program graduates have been re-arrested within a 12-month period following graduation. These arrests entailed: one delivery charge and three DUI offenses. In contrast, the program coordinator estimates that there have been 25-30 arrests among the participants who were dropped or withdrew from the program. The graduate recidivism rate compares favorably with

recidivism rates for graduates reported to the DCCTAP project for other adult Drug Court programs nationally.

III. Background: Typical Drug Court Practices

While each community is unique and Drug Court treatment programs vary among jurisdictions, some general observations can be made regarding the design and delivery of Drug Court services generally, based on national survey information compiled by the Drug Court Clearinghouse and the experiences of other programs. The following is a summary of these observations which may be relevant to the present review of the Uinta County program.

A. Criminal Justice System Processes

1. Incentives to Enter the Program

Most Drug Court treatment programs provide “legal” incentives (e.g. reduction or dismissal of charges, an alternative to incarceration, etc.) for defendants to enter the program. Designing a program on the belief that offenders will enter the program simply because they want to access treatment services is usually not successful with typical Drug Court clients. Similarly, Drug Court programs have not been successful in attracting offenders to enter the program if the conditions of entering the Drug Court are more intensive, or onerous from the offender’s perspective, than the consequences of having the case disposed of in the usual manner. For example, few offenders will want to enter a 12- to 15-month Drug Court program which requires attendance at treatment sessions three or four times a week, frequent drug testing, and weekly contact with a judge and probation officer if the alternative sentence on the case is two years of probation involving monthly contact with a probation officer and the same misdemeanor conviction on their record. In Uinta County, the alternative six month jail sentence is clearly an incentive for Drug Court program participation.

2. Eligibility Criteria for Program Participation

Drug Court programs need to develop clearly defined criteria for program eligibility which can be used by the criminal justice community to identify potentially Drug Court eligible defendants who should be referred to the program. In some instances these referrals may be made

by officials involved with the program (e.g., prosecutors). In other instances, however, they may be made by persons who are not directly involved with the program (e.g., other judges, prosecutors, defense counsel, etc.) but who come into contact with defendants who may warrant program screening. Generally, two sets of screening criteria are used: criminal justice (current charge and prior criminal history); and substance abuse severity (generally relating to history and extent of substance addiction). Other criteria may also be developed (e.g., residence in county, etc.).

3. Screening Procedures

Typically, Drug Court programs will designate one office or agency to conduct the initial criminal justice screening, applying the criteria adopted by the Drug Court team. This initial criminal justice screening should occur as soon as possible following arrest. For programs that target only post-adjudicated offenders, early screening often promotes expedited disposition of these cases so that the defendant can begin treatment as soon as possible after arrest. Defendants who meet the criminal justice criteria for Drug Court eligibility are usually then referred for consultation with the public defender regarding the relative merits of Drug Court participation in their particular situation. Those defendants opting for the Drug Court, are then referred for substance abuse screening. To promote consistent and sound program practices, many Drug Courts develop procedures for documenting the results of the initial screening process for defendants who are determined eligible as well as those who either appear to be ineligible or decline to participate in the program.

4. Review Hearings

Critical to all Drug Court programs are the periodic and frequent review hearings for the participant before the Drug Court judge. During these review hearings, the judge reviews the client's progress in the program, based generally upon his/her drug test results and compliance with program requirements. The judge admonishes noncomplying participants, verbally and/or through the application of sanctions and, more importantly, praises and encourages participants when they comply with program requirements and when they achieve milestones in their recovery process. The effectiveness of the judge in this process is directly related to the quantity and quality of information

provided to him/her by the rest of the Drug Court team, primarily during a pre-court staffing session. Typically, Drug Courts have program clients appear before the Drug Court judge every week or every other week during the initial phases of the program, diminishing the frequency of these hearings as the client progresses into the later program phases. The review hearing schedule following release from the jail based program in Uinta County is consistent with that of most Drug Court programs.

5. Pre-Court Hearing Staffing Sessions

Most Drug Court programs have adopted the practice of “briefing” the judge about a client’s progress in the program during a pre-court staffing session held prior to the review hearing. Typically in attendance at these staffings will be a representative from the prosecutor’s office, the public defender’s office, the treatment program, whoever is providing case management services to the program (frequently probation), and, often, other organizations which provide additional services to program clients.

The objective of the staffing is to provide a forum at which representatives from all of the agencies having contact with the client in the program can meet in private to review the client’s performance in the program and discuss any special issues which have developed that may need to be addressed in open court. Each Drug Court participant should execute a waiver of his/her confidentiality rights under USC 42 CFR to permit discussion of information relating to his/her participation in the substance abuse treatment program at the staffing session.

An additional function of the pre-court staffing is to provide an opportunity for the Drug Court team to attempt to reach a consensus prior to the court review hearing on the more appropriate action to take in response to the client’s recent performance in the program or any special issues raised. Although it is not uncommon for Drug Court team members to disagree on what action is appropriate in a given situation, it is far preferable to have these disagreements aired at the staffing rather than before the participant in open court. Ultimately, it is the responsibility of the judge to make the final decision, taking into account the recommendations of the various team members.

B. Typical Drug Court Treatment Services

1. Frequency of Group Treatment Sessions

The typical Drug Court utilizes an intensive out-patient treatment program model. Most programs schedule group sessions four or five days per week in the first phase, then three or four days a week in the second phase, then two to three days a week in the third phase and finally one to two sessions a week in the fourth phase or aftercare phase. Uinta County is clearly an exception by requiring defendants to participate initially in an in-patient, jail-based treatment program although this program design provides the framework for the “re-entry” Drug Court concept which is presently being considered in a number of jurisdictions.

2. Length and Size of Group Sessions

Outpatient group treatment sessions are usually scheduled for 60 to 90 minutes. Drug Court clients tend to lose their focus if the groups are for a longer of period of time. The average size of the groups usually ranges from eight to fifteen persons with the size of most groups usually around ten clients.

3. Allocation of Counselor Time

In the course of a normal day it is not uncommon for a Drug Court counselor to conduct two or three groups per day. Drug Court counselors also need time (a) to conduct one or two individual treatment sessions (usually 50 minutes) a day; (b) for charting and record keeping (up to one hour per day); and (c) for case management and reporting to court (also approximately one hour per day).

4. Counselor-Client Ratios

In the seven Drug Court programs Mental Health Systems operates in California, the counselor to client caseloads average 25 - 30 clients per counselor. This ratio is typical of many other Drug Court programs.

5. Client Fees

Many Drug Courts charge clients fees for participation and drug testing, usually ranging between \$10.00 to \$20.00 per week. Many programs bill clients on a sliding scale. Some programs “cap” the total amount of fees required of a single client (e.g. the total amount of weekly fees the program would collect from a client who progressed normally through the program.) If a person cannot pay on time he/she is often sanctioned if the failure to pay is “willful” (e.g., the individual has the capacity to pay but doesn’t) and a payment plan is worked out and approved by the Judge. In situations in which an individual is unable to pay (e.g., not working), programs will often defer the payment obligation until the individual has become employed. A typical sanction for non-payment of fees might be requiring the client to do a set amount of community service hours. Some programs reduce a portion of the client fee as a participant progresses through the program. The \$300 per participant total fee charged to Uinta County Drug Court participants is reasonable and within the range typically charged.

6. Other Funding Sources for Treatment Services

In view of the intensity and duration of treatment services required by Drug Court programs, other sources of funding — in addition to client fees — are needed to pay for these services. In addition to federal Drug Court grant funds to stimulate program implementation, the sources most frequently used to sustain Drug Court programs include: local health insurance and/or medicaid payments to which the participant may be entitled; funding provided by state legislatures, county and/or city legislative bodies; asset forfeiture funds contributed by local law enforcement agencies; and funding and services available through state and local treatment agencies.

C. Other Services

1. Case Management and Supervision

Critical to the success of any Drug Court program is the provision of effective case management services. The role of the case manager is to monitor a Drug Court client’s performance

while in the program and to make referrals for special services which the client may need. It is the case manager who links the participant with the range of services needed to holistically address both his/her drug addiction and the underlying problems interrelated with it. Among the monitoring functions Drug Court case managers frequently perform include monitoring of drug testing; compliance with 12-step program attendance requirements; and insuring compliance with curfew conditions. Among the referral services a case manager may include referrals for housing; medical care; vocational training, etc. (See “Ancillary Services” below).

2. Drug Testing

Frequent, random drug testing is the cornerstone of a Drug Court program. Most Drug Court programs require clients to come to a collection point -- often where treatment services are provided or to the courthouse. Some programs supplement these requirements with additional “spot tests” performed in the field by case managers. Many of the smaller programs, particularly, use point of contact tests (cups or panels) that are analyzed by the person collecting the sample, usually by a reading of the color of a strip or dipstick. Some jurisdictions which conduct a higher volume of drug tests have pre-existing labs where samples are sent for analysis. Most programs are conducting a sufficiently volume of tests to justify the costs of acquiring an instrument which can provide the program with quantitative test results at a lower cost per test than that entailed with the point of contact tests. Regardless of the testing methods used, the program should have the capability to perform confirmation testing and should ensure that all staff involved in the testing process following standardized testing procedures and protocols. The testing should be frequent and random throughout the entire period of program participation.

3. Ancillary Services

Most Drug Court clients have a variety of needs that require addressing in addition to their salient substance abuse problems. Often these needs, if not addressed, can interfere with their progress in the program. Frequently, Drug Court clients will also have mental health or medical problems. Many clients will need assistance in finding drug free housing, or be able to benefit from

education and vocational training programs. Child care need can interfere with a client's ability to attend treatment sessions. Program staff need to be sensitive to these needs and the Drug Court program should develop linkages with the agencies or service providers which provide services in these ancillary areas.

IV. Observations Regarding Uinta County Drug Court Program Operations

A. General

The county jail staff and administration offer an example of superior law enforcement and corrections management. The jail-based program seems to be well-designed and well-administered. The treatment providers work hard and long to provide treatment services. The corrections officers expressed a genuine interest in the success of Drug Court and the participants. It is highly unusual and very commendable to see key law enforcement administrators taking charge of a treatment program and dedicating the necessary degree of resources to the program. Virtually all of the program participants with whom the team met expressed a high degree of satisfaction with the program's services and structure --- including the initial jail-based treatment component.

B. Client Screening and Eligibility Determination

Apart from the generally defined targeted population of defendants sentenced for drug or alcohol offenses, there do not appear to be any more specific articulated standards for admission to the program. The Drug Court coordinator indicated that the program strictly follows the federal requirement for exclusion of violent offenders. Since the initial six-week jail-based treatment program in which most of the participants enroll is a "closed" program (e.g., new admittees must all begin at the same time), some concern was expressed that efforts to "recruit" program participants are more vigorous at the time a new program is starting up if there are not enough participants to fill the class. These recruitment efforts often focus on defendants who have been recently sentenced and are serving their time in the county jail. An inherent challenge in a closed-group treatment modality, such as is conducted in the "restructuring"/Phase II component of the Uinta County Program, is the pressures created to fill a numerical quota for each Drug Court treatment/education class cycle.

Screening of Drug Court program candidates begins in the jail and is conducted, initially, by the Drug Court officer, who reviews booking lists and criminal histories of new arrestees. If a

defendant meets the current charge and the criminal history criteria (unspecified in detail in the literature made available to the consultants), the Drug Court officer will seek permission from the defendant's assigned counsel after arraignment to interview the potential client further and explain the Drug Court program to him or her. If the defendant expresses an interest in the program, the Drug Court officer will refer him or her to the Drug Court counselors for a substance abuse assessment. One of the counselors will administer the SUDDS-IV (Substance Abuse Disorders Diagnostic Schedule) and Alcohol Use Profile screening instruments to the candidate and also develop, through interviews, an assessment of whether the candidate has a support system in the community adequate to help sustain his recovery efforts after completion of the treatment phase of the program. If the candidate satisfies both the criminal justice and substance abuse assessments as meeting program criteria, his or her attorney and the Drug Court prosecutor are notified and the case referred to the Drug Court judge with a recommendation for admission to the program. If the substance abuse assessment indicates that the candidate is in the early stages of drug or alcohol dependency, the defendant will be recommended for outpatient treatment; if assessed as being in the middle or late stages of dependency, the recommendation will be for in-patient treatment.

It appears that the pre-Drug Court experience of very unsatisfactory results with outpatient treatment of substance dependent defendants has resulted in very limited acceptance of outpatient treatment recommendations for Drug Court candidates; virtually all recommended candidates are given the choice of the program's jail-based six-week treatment program or the option of enrolling, at their expense, in a private or state inpatient program, which operate on sliding fee scales. The two major programs available to participants are located in Rock Springs, Wyoming (about 90 minutes from Evanston) and in Salt Lake city, Utah. About 16% of the program enrollees (16 of 138, as of April 1, 2000) have elected to enroll in private or state inpatient programs.

A similar screening process is undertaken for defendants who are first identified by the Drug Court officer as program candidates after they have been sentenced (i.e., those defendants who have pled guilty and been sentenced at arraignment prior to being identified as program candidates by the Drug Court officer) with the exception that since they are no longer represented by counsel, defense attorneys are no longer involved in the enrollment decision-making process. No information was

available to the consultants about the respective numbers of program clients who were recruited for the program in the pre-conviction and post-sentencing stages of their cases.

C. Interagency Collaboration

1. Need to develop common perspective on the part of the court, prosecution, and indigent defense system leadership regarding the Drug Court program

There is a lack of common perspective on the part of the court, prosecution and indigent defense system leadership about the Drug Court program's design, operational policies and operating style that is preventing the program from achieving its true potential, as positive as its current outcomes appear to be. This issue will be discussed in the section below on interagency relationships.

The most important task facing the Uinta County Drug Court program is the establishment of a cohesive and mutually supportive interagency environment to optimize program impact. There are two targets in this regard -- the wider substance abuse treatment community and judicial system agencies. In the latter case, the primary agencies that need to be involved are the County Attorney's Office and the Public Defender's Office, but the District and Municipal Courts need to be involved as well. Both the County Courts Attorney's Office and the Public Defender's Office need to be involved in both the oversight of the program as well as its day-to-day operations. Currently the program appears to be run primarily by the Judge with lesser input provided from the County Attorney, Sheriff's Department staff, the Public Defender, or treatment staff.

2. Involvement of the Public Defender and County Attorney

a. Involvement in current program operations

A special factor is at play in the public defender's program participation status under the current program design in that a State statute provides that public defender representation terminates after the sentencing stage of a criminal case unless the attorney is re-appointed. Consequently, the public defender has little reason to attend pre-hearing performance reviews and courtroom appearances of the program participants after they are sentenced and enrolled in the Drug

Court program. Voluntary involvement in performance reviews is apparently limited by the fact that public defender attorneys, including the supervising attorney, are part-time and overloaded with cases, since the office has for some time been one FTE attorney short of its authorized staffing level.

In discussions with the consultants, the County Attorney was generally very supportive of treatment alternatives to incarceration and traditional punitive approaches. There had been no involvement by the current County Attorney in the Drug Court design and planning process which took place during the tenure of his predecessor. That omission, coupled with the apparent breach of treatment confidentiality practices by an early participant, led to tension between the County Attorney and the Drug Court program. Although full participation and support by the prosecution office has not been achieved, the county attorney has designated one prosecutor to support the Drug Court.

The lack of engagement of the public defender agency with the Drug Court program and the County Attorney's lack of enthusiasm for the program are situations that warrant proactive efforts by the remaining original members of the Uinta County Drug Court Team to bring them back to full partnership. Exacerbating the situation that neither the current County Attorney nor the Supervising Public Defender were part of the original policy team that designed and implemented the Drug Court is the apparent lack of regular communication between the program and their respective offices on program experiences and progress. For example, the public defender mentioned that she does not have a copy of the grant application for the Drug Court program; and the County Attorney indicated that he did not have a document that articulated current program eligibility criteria. If the Drug Court program did not make it a point to assure that the two officials were given complete information on the program and its history upon assuming their new positions, it is not surprising that they did not feel a close affiliation with the program.

b. Involvement in future program development

An opportunity to redress the overall situation presents itself with the current interest in developing an outpatient component of the program and, possibly, expanding the target group of offenders and offenses eligible for the Drug Court program. Both defense and prosecution

need to be at the table when those choices are discussed and the decisions made, and consideration must be given to the incentives necessary for each to see in the design and conduct of the Drug Court program an enhancement of the missions of their respective offices. In the case of the public defender, this will probably mean, among other things, an opportunity for defender clients to avoid imposition of a custodial sentence or a conviction upon successful program performance. Presumably, workload or not, if the program design were pre-plea or post plea/pre-sentence, the public defender's presence at performance reviews would be within the scope of his or her duties, a fact that should be kept in mind as discussions about program modification proceed. In the case of the County Attorney, among other things, it may mean the expansion of the program to District Court and the acceptance of the prosecutor's role as the gatekeeper of the program with respect to eligibility criteria.

3. Relationships With the Local Substance Abuse Treatment Community

In regard to the program's relationship with the local substance abuse treatment community, recent promising developments have included outreach by Drug Court program representatives to two reputable outpatient treatment providers located in Evanston: Cornerstone and Pioneer, both of which are interested in being further integrated into the Drug Court program. Their current role is limited to providing aftercare services to the relatively small number of participants who elect to obtain treatment at private or state inpatient facilities rather than at the jail during phase II of the program. The consultants met with representatives of both organizations during the site visit, and the representative of at least one of them noted that its services can be provided to Drug Court clients on a sliding scale as low as \$2 per hour. The consultants were advised by the Drug Court program that its continuation grant application pending with the Drug Courts Program Office provides for funds to be used to permit the Drug Court program to pay directly for such outpatient treatment services in appropriate cases. These initiatives should be continued and expanded, and relationships solidified, by fully integrating the community-based substance abuse treatment providers into the Drug Court program.

The apparent change for the better in the availability of community-based substance abuse treatment services and the providers' apparent willingness to participate more fully in the Drug Court program may warrant the piloting of a substantial outpatient component of the Drug Court program during the restructuring/Phase II stage of the treatment program. These outpatient participants would still be able to participate in the MRT therapy provided by counselors and correctional staff at the jail facility, but would start it during a later stage (Phase III) than the jail-based treatment group, similar to the accommodation currently made for a few of the participants who elected to receive private or state inpatient treatment under the current program. It may even be feasible to incorporate MRT earlier into the outpatient participant's treatment program, given the Evanston location of the service providers. Piloting an outpatient treatment component of the project with Evanston-based agencies also would provide an opportunity to compare performances among various categories of participants in different treatment settings, with the objective of optimizing use of the jail in-patient resources of the program for those participants who require them.

These initiatives within the local substance abuse treatment community should be continued and expanded, perhaps in conjunction with granting access to Drug Court participation to individuals charged with a broader range of AOD-abusing, non-violent offenders than only those charged with drug possession and DUI offenses. Consideration of expanding the target group for program participation, however, will require bringing defense and prosecution to the table again with the Court as active partners in the program design and implementation processes.

D. Treatment services currently being provided to clients in the Drug Court program.

1. Jail-Based Treatment Services Provided

The consultants were impressed with the services being offered the clients in the jail-based treatment program. There was, however, concern that the program is very staff intensive and this intensity may not be necessary for all program participants. The program uses two counselors from the Choices Treatment Program, in addition to David Evins from the sheriff's department. Other staff come in to facilitate specific groups during the six weeks. This staffing arrangement

results in a very high ratio of staff to clients. While this treatment modality may be effective, it probably is not appropriate or necessary for all of the individuals coming into the program. There did not appear to be any salient characteristics of the clients whom the consultants met on-site that distinguished them from other Drug Court participants who have been successful in well-structured outpatient Drug Court treatment programs that have access to inpatient treatment if and as necessary. None of the clients interviewed in Uinta County had ever previously participated in a highly structured outpatient program like those that are typically found in most Drug Courts and therefore did not provide any indication that such a program might not be effective. In view of the costs entailed in running the in-patient jail based program, it might be more cost-effective to reserve these slots for those who first demonstrate that an intensive outpatient treatment program is not adequate to meet their needs.

There was also concern that participants are not exposed to persons in recovery as a formal component of their initial treatment program — either through their counselors or through special resources/mentors.

2. Follow-up Outpatient Aftercare Services

The aftercare (i.e., Phases III and IV) services which the Drug Court program participants are required to receive during the 46 weeks of outpatient services following their six-week custodial treatment program are specified in a Resource Checklist completed for each participant by the Drug Court counseling staff upon completion of the custodial program. As noted above, these include potentially a wide range of transitioning and aftercare services designed to strengthen the personal, family and community viability of the participants as they pursue their recovery goals. The philosophy of the program is to require during the post-custodial phase what the staff's six-week period of intensive treatment interaction with the participants believe is necessary for each individual. The participants' compliance with their Resource Checklist of required services and activities is monitored by the Drug Court Officer.

All participants are mandated to complete the final seven steps of MRT (weekly one-hour sessions) and participate in weekly group transition counseling sessions (1&1/2 hours per week),

both of which are conducted by program staff. All also must complete 90 recovery activities during the first 90 days of their post-custodial period, primarily attendance at 12-step meetings, and thereafter attend two 12-step sessions a week. The remainder of their aftercare services, which can entail substantially more hours per week of contact with service providers, primarily if not wholly in group settings, depends on the individual recovery plans for each participant reflected in his or her Resource Checklist. In addition, random drug testing, home visits, and periodic court review hearings are required throughout the aftercare period. Program staff provide ad hoc individual counseling to participants throughout this period, as may be requested.

It is unclear whether the program participants who elected to receive inpatient services from private or state providers in lieu of jail-based treatment during Phase II have their recovery plans developed by the Drug Court counseling staff; and, if they are developed by their private sector inpatient service providers instead, whether it is reduced to a Resource Checklist by Drug Court staff and monitored by the Drug Court Officer.

3. Issues Raised by Merging MRT and 12-Step Approaches

The MRT curriculum being used in the program has 12-steps which is similar to NA/AA. Clients indicate that MRT has helped them to see areas in their lives where they had been dishonest with themselves. The mixture of MRT during the jail-based portion of the treatment program with the 12-step model required for subsequent phases places clients in an awkward situation. While similar to twelve step programs, MRT postulates that a person's use of drugs or alcohol is a moral decision in contrast to the disease concept that AA/NA adopts. Unlike twelve step programs, MRT also does not include a spirituality component. The program is therefore teaching clients one thing (MRT) in the jail program and then releasing them into the community to learn another way of looking at recovery through reliance on 12-step meetings and the 12-step community for support. The treatment program would be more effective if it had more continuity through the different phases of the program instead of attempting to utilize two differing treatment concepts.

4. Client Support Groups

As noted in Section II above, program participants have formed two types of support groups: a recently established Alumni Association, whose meetings and other activities are open to spouses and significant others; and a Resources Assistance Group (RAT), comprised of active participants in the later stages of aftercare, who combine resources and undertake fund-raising initiatives to help other program participants who are having difficulty transitioning to the non-custodial phases of the program. Among their activities to date have been the raising of money to enroll one of the program participants to a supplemental outpatient program, the acquisition of used furniture to help a program participant and his family establish a new residence, and the adoption of a highway section in the name of the Drug Court program. These activities are very significant and are indicative of the power the Drug Court program is exercising on the life of participants.

V. Recommendations

Recommendation 1: Develop an interagency committee of justice system and community treatment organization representatives to review current and prospective program needs and to meet regularly to discuss policy and procedural issues relating to program operations.

An interagency Drug Court Committee with this mandate and membership, and perhaps with representation from the faith and civic communities, as well, would be very helpful to the Drug Court program. It would be a formal manifestation of community validation and support for the program, with positive implications for its institutionalization, and it would serve as a source of independent advice on substantial policy and procedural issues whose resolution might otherwise be hindered by the inherent political dynamics of the criminal justice system agencies that are carrying out the operational program.

Recommendation 2: Provide more clarification and definition regarding participant eligibility criteria and screening procedures from both the criminal justice and substance abuse perspectives.

When queried by the consultants, some of the key actors in the Uinta County Drug Court program were unable to articulate participant eligibility criteria and screening procedures from one or both perspectives with assurance and specificity. While early problems regarding recruitment of eligible defendants without their consultation with counsel seem to have been remedied, the problem of sentenced defendants who are no longer represented by counsel and are recruited without benefit of legal advice under current program procedures should also be reviewed. For reasons of internal efficiency, image of the program, avoidance of legal complications, preservation of constitutional due process, ethics, and program evaluation, it is important that program eligibility criteria and recruitment/screening procedures be agreed to by the criminal justice officials involved with the program, reduced to writing, completely understood by all of the collaborating individuals and

agencies, and available for dissemination to the public. Most important for the integrity of the program, they must be adhered to, unless mutually modified, even under pressures of recruitment and performance goals and timetables. [See, also, Recommendation 4, below, regarding MOUs].

Recommendation 3: Develop a protocol for recording and analyzing key program operational information, particularly defendant screening and assessment procedures and results, reasons for and characteristics of eligible defendants who do not enter the program, and client characteristics and program points for participants who drop out of the program, and distribute these on a periodic basis to members of the Drug Court Operational Team and the Drug Court Committee . [See also Recommendations 1 and 11].

It is very important to constantly monitor and periodically analyze recruitment, screening and program attrition data to determine how well the program is doing in reaching and retaining defendants for whom it was designed in the first place. The insight gleaned from these analyses will enable informed policy and procedural decisions, including program targeting and design modifications. Data from structured exit interviews with both withdrawing or terminated participants and successful ones (even at intermediate program stages) should be an integral part of this program monitoring process.

Recommendation 4: Clarify the Respective Roles of the Judge, County Attorney, Public Defender and Treatment Provider(s) in the Current and Prospective Expanded Drug Court Program.

This is an essential element in every Drug Court program because of the fact that good-faith interagency collaboration is so critical to the success of the venture. The most desirable way of achieving this role clarification is to develop and formalize an interagency Memorandum of Understanding (MOU) among the criminal justice agencies and treatment providers concerning their respective responsibilities, expectations, authority, rights, and operational frames of reference in carrying out the Drug Court program. The MOU should also indicate the criteria for program admission, screening procedures, and clarify who is responsible for decisions made at each stage of

the drug court process, including the final decision for program admission and termination. The existence of an MOU will not only minimize conflict and inadvertent counterproductive actions by any of the parties, but it will serve as a common frame of reference for discussions and negotiations concerning program or role modifications.

Recommendation 5: Review and revise program materials, if necessary, regarding the criminal justice incentives for program participation

It appears that the criminal justice incentives for program participation is the reduction of jail time — or avoidance altogether if a private residential treatment program is selected -- and not the avoidance of a conviction or other mitigation of charge. The program literature, however, appears to suggest that other criminal justice incentives may include the latter benefits. If this is not the case, the literature should be revised to present an accurate picture of the program, including the criminal justice system benefits for participating.

Recommendation 6: Consider expanding the Drug Court program to include both pre-sentence defendants and the post-sentenced defendants who District and Municipal Courts.

The addition of a post-plea/pre-sentenced client group to the current Drug Court program would have multiple benefits: (1) the public defender would be still be the attorney of record for Drug Court clients in the pre-sentence phase of the case process, and would therefore have an incentive to fully engage with the program; (2) a greater number of defendants would be willing to enroll in the Drug Court program in consideration of the possibility of avoiding a criminal conviction or sentence of incarceration in return for successful performance; and, (3) use of the jail-based inpatient treatment resources of the program could be optimized, reserving it for the most appropriate defendants

Recommendation 7: Consider continuing expansion of the program’s treatment services to include outpatient treatment modalities during the initial program phases.

The increased availability of Evanston-based substance abuse treatment providers, their expressed interest in participating in the Drug Court program, and the possibility that their services may be available to Drug Court clients at generous sliding scale rates make this an opportune time to consider including a substantial outpatient component in the Drug Court program, even if on a pilot basis to test out comparative treatment modalities with different categories of clients.

Recommendation 8: Provide Cross-Training for Drug Court Staff on Topics Relevant to Drug Court Program Services and Operations

On-going interdisciplinary training is important for all Drug Court programs. In Uinta County, this training should include an overview of the criminal justice process and the various procedural and ethical canons that apply to criminal justice practitioners. Similar orientation regarding substance abuse treatment services should also be provided and, in addition, also address the various orientations of the treatment services being required (e.g., MRT and 12-step). Typical hypothetical situations, for example, should be discussed and approached from these varying perspectives. Non-treatment professionals should also be oriented to these approaches and their implications on the way(s) participants respond to program challenges .

Recommendation 9: The frequency of 12-Step meetings during the jail-based Restructuring Phase of the program should be increased.

Currently, only one 12 Step session is provided for Drug Court clients during their six-week period of jail-based treatment in Phase II of the program. Most of the Phase II and IV clients interviewed by the consultants identified this as a significant weakness in their jail-based preparation for the subsequent community-based phases of the program. Related to this, most also, felt that counseling during the jail phase would have been significantly enhanced had they been able to receive at least some of their counseling from recovering addicts, because they felt that they could

not be completely honest with counselors (for fear of misunderstanding or disbelief and, consequently, punishment) who had not personally shared their addiction experiences.

Recommendation 10: Consider upgrading the quality of drug testing devices to an Instrument capable of quantifying drug levels

At the present time, the program is using the instant cups. Based on the amount of drug testing supplies purchased, it appears that the Drug Court conducts approximately 200 tests per month, at a cost of about \$9.50 for a poly-drug screen. The Drug Court should consider upgrading the quality of the testing devices to an instrument capable of quantifying drug levels. The volume of drug tests makes this an economically feasible task. A further goal should be the standardization of testing procedures. Currently, fourteen different corrections officers administer tests, with varying degrees of quality control. A single control technician for drug testing, properly trained, would enhance the accuracy of the testing program. The Drug Court should also evaluate the benefit of expanding its testing services to other client bases, particularly other units of state, federal and local government.

Recommendation 11: Obtain and install an automated information system to track relevant information regarding Drug Court participant characteristics and program performance.

Although the program has compiled considerable information through the current manual, paper tracking system, the lack of automated MIS support for the Drug Court program is greatly hampering internal information exchange and program assessment, as well as the ability of the program to provide rapid and credible reporting on program performance to funding sources. The program needs to resolve this infrastructure deficiency on a priority basis.

VI. Conclusion

The Uinta County, Wyoming Drug Court Program has many strengths which are contributing to its effectiveness in the community. Like many Drug Courts, it has experienced growing pains during its initial period of operation. Data provided by program officials and interviews with participants corroborate the significant role which the program is playing. The track record it has achieved and the significant community-based services that have been solicited and coordinated to support it provide a sound foundation for its further development. The impact of the program and the efficacy of its design will be further and more formally addressed through the conduct of an independent evaluation which program officials are about to commission with a local university.

The most significant challenges the program currently faces are the need to re-establish a solid framework of collaboration and sense of joint ownership of the program among the justice system community in Uinta County, as it had at the inception of the program, and to expand the program's current focus on jail-based services to include a continuum of out-patient treatment services. The recommendations provided in this report are designed to assist program officials in addressing these tasks.