

# Lincoln County Drug Court



# Annual Report

Year 2

FY 2007-2008



August 2008

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# LINCOLN COUNTY DRUG COURT

## ANNUAL REPORT

### YEAR 2

### FY 2007-2008

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## 1. Program Purpose

The **Lincoln County Drug Court Program** is a drug treatment court, utilizing evidence-based best practices, to help drug addicted mothers, pregnant women, parents and others become sober and responsible caregivers, thus helping drug endangered children be healthy and safe from neglect and abuse. The Program provides individualized and intensive guidance and supervision, effective and sustained addiction treatment, as well as access to a comprehensive range of interrelated treatment and recovery support services. This framework promotes recovery, health, and safety for substance-abusing parents and their children. The Lincoln County Drug Court Program is a part of a comprehensive strategy begun in 2000 and known as the Lincoln County Meth Initiative ([www.co.lincoln.or.us/meth/](http://www.co.lincoln.or.us/meth/)).

The short-term objectives of the Program are to facilitate the provision of effective evidence-based treatment services for meth addicted pregnant women and mothers, as well as other caregivers. Mid-term outcome objectives are to enable mothers and other caregivers to begin the long-term process of recovering from meth and other addictions and effectively parent their own children. When participants acquire knowledge through interactions with treatment staff and are given a healthy and safe environment in which to have those exchanges, participants are expected to improve in all aspects of life. This framework has been shown to be the most effective intervention for this population.

**Appendix A** contains the amended Drug Court Program Budget for FY 2007-2008, showing the allocation of Byrne, CJC, and other Program funds. **Appendix B** contains Year 2 and cumulative client and program level data. **Appendix C** contains Year 2 demographic characteristics, and **Appendix D** contains cumulative demographic characteristics.

The Program graduated its first clients during its second year of operation (the Program is designed to take a minimum of 12 months to complete).

## 2. Target Population

The target population is methamphetamine addicted mothers and pregnant women. However, the program also treats other forms of addiction, as well as other addicts, with particular emphasis on caregivers for drug-endangered children. Acceptance into the Program is based on available space, as well as the following criteria listed in their order of priority: (1) Meth addicted pregnant women; (2) meth addicted mothers; (3) Meth addicted fathers; and (4) all others.

Requests to participate in the Program may come from any source. The Lincoln County Drug Court Coordinator then meets with and explains the program to the prospective program participant. Based upon the responses given by the person and an appearance in court, the Drug Court Judge then decides whether it is appropriate for the court to support the referral.

The Judge's support results in the person being scheduled to participate in the Program. For those that are not yet sentenced, the participant enters into a plea agreement disposing of all pending offenses in the 17<sup>th</sup> Judicial District, with sentencing deferred as authorized by Oregon Law. All Program participants execute releases and forms required by state and federal law to ensure the Program receives ongoing reports from evaluators and treatment providers.

### 3. Program Components

After acceptance into the Program, participants are then referred for an evaluation by qualified and certified staff from the Lincoln County Health & Human Services Department. Attention is paid during the evaluation process to dual diagnosis issues (addiction and mental health), as well as poly drug issues (addiction to multiple substances). After the evaluation, a treatment plan is generated, thereby aligning the participant with the proper intensive treatment and recovery support services utilizing evidence-based best practices.

Program participants regularly attend Drug Court, with the Drug Court Team (Drug Court Judge, Drug Court Coordinator, Drug Court Officer, and treatment providers) carefully monitoring the ongoing progress of the person in treatment and compliance by the person with the Program, while simultaneously providing recovery support for each participant.

Based upon a combined consultation between the evaluator and clinician, as well as upon the progress achieved by the participant, advancement through the various levels of treatment by the participant take place over the course of the term of the Program with the minimum participation being twelve (12) months. The following are the Program phases:

- **Phase 1 (pre-plea):** Begins at orientation (usually first Drug Court appearance) and usually requires 2 weeks to complete. This period is used to determine acceptance into the Drug Court Program. Applicants must demonstrate commitment to the program through completion of certain intake and legal obligations.
- **Phase 1 (post-plea):** Phase 1 is required by the Program to be a minimum of 60 days, but can be reduced by the Drug Court Judge in appropriate cases to 30 days. The phase 1 requirements include designated minimum hours and contacts each week with the treatment provider, participation in a minimum of two weekly support groups, multiple monitored weekly urinalysis, attendance in Drug Court each week, and weekly contact with the Drug Court Officer.
- **Phase 2:** To advance from Phase 1 to Phase 2, the participant must: Spend a minimum of 30 days in Phase 1; provide a minimum of 30 days of negative UAs, including the last twelve; attend a minimum of two support groups weekly; schedule and attend the assigned number of individual and group sessions with the treatment provider; and, if required, provide written verification of a physical examination and fulfill all additional treatment activities required by the Drug Court Judge. Once accepted into Phase 2, there is additional curriculum and goal-setting established. Phase 2 is required to be a minimum of 120 days in length, but can be reduced by the Drug Court Judge, in appropriate cases, to 90 days. The Phase 2 requirements are: A minimum of two treatment contacts per week, with the schedule determined by the treatment provider and Drug Court Judge; and two weekly monitored random UAs.
- **Phase 3:** This is primarily a monitoring phase. During this period, there is one to eight hours per week of outpatient treatment. At this level, the participant is transitioning into community-based support networks that encourage recovery and long-term growth. The Program and participants work to coordinate the transition from the Program back into the community. The Program also works in conjunction with community partners to support positive lifestyle changes, enabling independence from the criminal justice system.

- **Graduation and Alumni Association:** Upon successful completion of the Program, each participant is entitled to participate in a Drug Court graduation ceremony in open court, joining with others who have also graduated, becoming part of the Lincoln County Drug Court Alumni Association. Graduation from the Program will culminate in the dismissal of pending criminal charges which were to be dismissed pursuant to the District Attorney's plea agreement presented to the Drug Court Judge at time of entry into the Program.

The Lincoln County drug court uses three treatment providers, and these providers all use evidence-based practice (EBP) approaches to chemical dependency treatment. All treatment staff at the three treatment agencies receive intensive clinical supervision and support from clinical supervisors within their agencies. The treatment providers use the following EBP:

- (1) *Matrix Intensive Outpatient Program for the Treatment of Stimulant Abuse*, Integrated Substance Abuse Programs, University of California at Los Angeles (UCLA) (Rich Rawson, 2004; Hazelden Foundation, 2005);
- (2) *Twelve Step Facilitation Therapy*, Project Match, Tollard, Connecticut (2004);
- (3) *Wraparound (a treatment planning process, not a treatment model)*, Kaleidoscope Program, Chicago Illinois (2005);
- (4) *Motivational Interviewing*, University of New Mexico (Miller, 1983);
- (5) *ASAM Patient Placement Criteria, 2<sup>nd</sup> Ed Revised* (Mee-Lee and Magura (for treatment matching to level of care based on need); and
- (6a)-(6d) United States Department of Health & Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA): *Integrated Dual Disorders Treatment; TIP 39, Substance Abuse Treatment & Family Therapy; TIP 9, Assessment & Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse; and TIP 42, Substance Abuse Treatment for Persons with Co-Occurring Disorders.*

The Drug Court Judge utilizes a range of incentives and sanctions designed to reward and hold each participant accountable for effective and sustained treatment and recovery. Incentives and sanctions are used on a sliding scale based on progress and conduct by each participant. Examples of incentives include celebration of success in open court, the award of small gifts, movie theater tickets and, ultimately, graduation from the Program and dismissal of pending criminal charges.

Examples of sanctions include increased frequency of court appearances, increased frequency of random urinalysis, increased visits from the Drug Court Officer, immediate short duration incarceration and, ultimately, expulsion from the Program. To facilitate immediate short duration incarceration (an essential component of accountability), the Lincoln County Sheriff has established special county jail capacity to fulfill this requirement, without cost to Program grant funds.

It should also be noted that the Lincoln County Drug Court Program was just selected to participate in a study to examine whether the provision of enhanced incentives results in better outcomes.

## 4. Program Resources

The Lincoln County Drug Court is funded through Byrne and CJC grants, as well as other resources and personnel contributed by Lincoln County and the Trial Court Administrator. **Appendix A** contains the amended Drug Court Program Budget for FY 2007-2008, showing the allocation of Byrne, CJC, and other Program funds.

Program grants and other economic resources for the second year of operation (FY 2007-2008) are nearly the same as those for the third year of operation (FY 2008-2009), and provide for a Program capacity of approximately 25 persons in the Program at any given point in time. The Program has recently applied for a federal grant to enhance Program services and expand the Program capacity to approximately 40 participants at any given time.

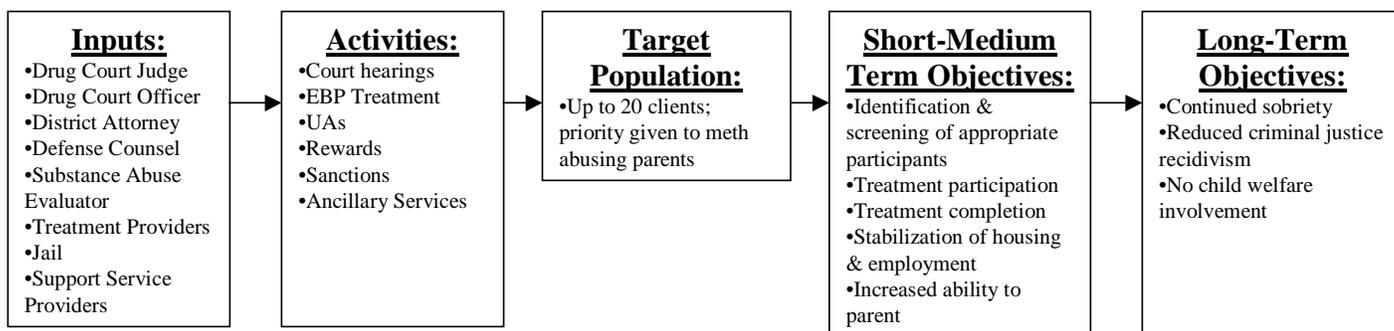
The Drug Court Program employs a full-time Drug Court Officer and a part-time Drug Court Coordinator. The Drug Court Program is a collaborative effort with a number of key stakeholders:

- The Honorable **Thomas O. Branford**, Lincoln County Circuit Court Judge: Serves as the Lincoln County Drug Court Judge.
- Drug Court Officer **Rob Eoff**: Performs parole and probation monitoring and accountability functions for the Drug Court and its participants.
- Drug Court Coordinator **Jim Upton**: Performs screening, docketing, planning, administrative, and management functions for the Drug Court Program.
- Treatment program administrators **Janet Wicklund**, **Bernadette Ray**, and **Lalori Lager**: Provide evidence-based treatment services for Drug Court Program participants, and regularly attend Drug Court sessions as appropriate to ensure the success of Drug Court participants.
- Clinical Supervisor **Barbara Turrill**: Coordinates evaluations and treatment referrals for Drug Court participants.
- Grant Administrator **Julie Kay**: Administers payments and draw downs pursuant to the Byrne and CJC Drug Court Grant Agreements.
- Lincoln County Commissioner **Bill Hall**, on behalf of the Board of Commissioners: Encourages the continued development and expansion of Drug Court capacity.
- Lincoln County Sheriff **Dennis Dotson**: Ensures that jail space is available to support the sanctions imposed by the Drug Court Judge.
- Lincoln County District Attorney **Bernice Barnett**: Determines some appropriate referrals to the Drug Court Program.
- Community Corrections Director **Suzi Gonzales**: Provides the Drug Court Officer and related parole and probation function support for the Drug Court Program.
- Health & Human Services Director **Jan Kaplan**: Provides prompt evaluation services for persons admitted into the Drug Court Program by the Drug Court Judge.
- DHS Child Welfare Regional Program Manager **Joe Pickens**: Encourages and supports the use of Drug Court for target population child caregivers who struggle with addictions.
- Trial Court Administrator **Nancy Lamvik**: Provides necessary court staff support for the Drug Court Program.
- Assistant County Counsel **Rob Bovett**: Grant writer for the Drug Court Program, and lobbies for sustained and increased drug court funding at the Legislature and Congress.

## 5. Logic Model

See Figure 1 below for the Program logic model (no changes since the last Report).

Figure 1: Lincoln County Drug Court Logic Model



## **6. Process Evaluation**

### ***a. Participants Served***

The Program enrolled 18 clients during Year 2, and continued serving clients enrolled during Year 1, for a total of 41 clients served at some point during Year 2. Just over half of the clients served during Year 2 were male (54%), compared to 64% served during Year 1. Thus, during Year 2, the program enrolled more women. As with Year 1, clients ranged in age, with the majority falling between 18 and 34 years of age.

Of the new clients enrolled in Year 2, six (33%) were meth-abusing mothers (the primary target population). The remaining clients either had no children, were not meth abusers, or were male. As with Year 1, when 28% of the enrolled clients were meth-abusing mothers, the majority of clients served actually were not from the primary target population. However, it is worth noting that the six clients enrolled during the second half of Year 2 were all meth abusers; four were women with children, one was a woman without children, and one was a man with children. Thus, it appears that during the latter half of Year 2, the program focused more intensely on serving the primary target population of the grant.

The program has a 67% graduation rate. Those clients that were terminated from the program were noncompliant with treatment, missed court appearances, and had dirty UAs. Given the small numbers of clients served, and the even smaller number of terminated clients (8 over the course of two years), it is not possible to conduct statistical analysis to determine whether terminated clients differ systematically (e.g., in terms of race, gender, drug of choice) from successful clients.

### ***b. Program Implementation During Year 2***

One of the ongoing challenges faced by the program during Year 1 and during the first half of Year 2 was the lack of a dedicated Drug Court Coordinator. The Drug Court Officer was responsible for the Coordinator duties until a dedicated half-time Drug Court Coordinator was hired mid way through Year 2. The DC Coordinator is responsible for OTCMS data entry and other administrative duties. Prior to his hire, the Drug Court Officer attempted to complete these duties on top of his duties as the Parole Officer for all drug court clients. With the hire of the Drug Court Coordinator, the Drug Court Officer is can focus solely on his Probation Officer duties, and the Coordinator has the time necessary to devote to all of the administrative duties of the court.

Another ongoing challenge faced by the program has been fine-tuning the referral process. During key stakeholder interviews in Year 1, stakeholders commented that the referral numbers were lower than expected, the process took longer than expected, and that the focus did not seem to be on the primary target population (meth abusing mothers). During Year 2, stakeholders reported that the number of referrals had increased, but still voiced concerns over the sometimes lengthy process. As noted above, however, by the end of Year 2, referrals were focused on the primary target population.

Another theme that emerged from key stakeholder interviews in Year 2 was the strength of relationships between many of the public and private agencies involved in the drug court team. Stakeholders in particular noted the strength of the relationship between the Department

of Health, the treatment providers, and the court. Similarly, stakeholders noted that the treatment providers were very well respected and were providing high quality services to drug court clients.

Another theme that emerged from the Year 2 stakeholder interviews was the issue of rewards and sanctions and phase advancement. Stakeholders noted that rewards and sanctions were not given out in a uniform fashion, resulting in some uncertainty among team members and drug court clients about what could be expected. However, while some stakeholders noted this as a challenge, others noted that having rewards and sanctions individualized to each client was a more effective approach than having uniform policies.

During Year 2, the program operated at or near capacity, and despite some continued fine-tuning of the referral process, was operating a fully functional drug court program. The treatment providers were fully integrated into the Drug Court Tteam and clients received timely and appropriate treatment services combined with the close judicial oversight that is the hallmark of drug court programming.

## **7. Fidelity to 10 key components and evidence-based programs/practices**

The Lincoln County Drug Court is implemented using the 10 Key Components. Below we describe each component and the Program's adherence.

### ***Key Component #1***

***Drug Courts integrate alcohol and other drug treatment services with justice system case processing***

#### **National Research**

Previous research (Carey *et al.*, 2005) has indicated that greater representation of team members from collaborating agencies (*e.g.*, defense attorney, treatment, prosecuting attorney) at team meetings and court sessions is correlated with positive outcomes for clients, including reduced recidivism and, consequently, societal cost savings.

#### **Program Adherence**

As described above, the Lincoln County Drug Court is a collaborative Program involving the court and three treatment providers, all of whom are integral members of the drug court team. The treatment providers are utilizing EBPs, attend drug court sessions, and work with the court to monitor and encourage participant progress.

### ***Key Component #2***

***Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights***

#### **National Research**

Recent research by Carey, Finigan, & Pukstas, under review, found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions had a positive effect on graduation rate and on outcome costs.

## **Program Adherence**

As described above, the District Attorney and defense counsel generate some of the Program referrals. The Program is currently attempting to create a structure to provide for a consistent prosecutor and defense counsel for the Drug Court Program to provide stability and consistency.

### **Key Component #3**

***Eligible participants are identified early and promptly placed in the drug court program***

## **National Research**

Swift and efficient entry into drug court and treatment is related to ongoing program success and longer-term outcomes such as graduation and continued sobriety and reduced recidivism.

## **Program Adherence**

Participants are identified, evaluated, and referred to treatment in a timely fashion; often participants begin treatment within days or weeks of starting the Drug Court Program.

### **Key Component #4**

***Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation service***

## **National Research**

Programs that have requirements on the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs<sup>1</sup> (Carey *et al.*, 2005) and substantially higher graduation rates and improved outcome costs<sup>2</sup> (Carey, Finigan, & Pukstas, under review). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions two or three times per week have better outcomes (Carey *et al.*, 2005). Programs that require more than three treatment sessions per week may create a hardship for clients, and may lead to clients having difficulty meeting program requirements. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes, even if the total number of treatment sessions in a given week exceeds three.

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). According to Lurigio (2000), "the longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success."

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<sup>1</sup> Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

<sup>2</sup> Outcome costs are the expenses related to the measures of participant progress, such as recidivism, jail time, etc. Successful programs result in lower outcome costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

## **Program Adherence**

As described above, the Program utilizes three treatment providers, all of whom use EBPs and all of whom are integral members of the Drug Court Team. The Program has clear requirements in terms of treatment dosage (e.g., number of sessions per week) and length, as is consistent with national research. Program data indicate that participants are, indeed, attending their treatment sessions as mandated by the court. In addition, the Program includes an aftercare component, as recommended by national research.

## **Key Component #5**

***Abstinence is monitored by frequent alcohol and other drug testing***

## **National Research**

Research on drug courts in California (Carey *et al.*, 2005) found that drug testing that occurs randomly, at least three times per week, is the most effective model. If testing occurs frequently (that is, three times per week or more), the random component becomes less important.

Programs that tested more frequently than three times per week did not have any better or worse outcomes than those that tested three times per week. Less frequent testing resulted in less positive outcomes. It is still unclear whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some programs take multiple urine samples and then select only some of the samples to test. Further research will help answer this question.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week.

## **Program Adherence**

Program data indicate that on average, participants received slightly less than the national average of 2 UAs per week, and half of the participants had at least one positive UA.

## **Key Component #6**

***A coordinated strategy governs drug court responses to participants' compliance***

## **National Research**

Nationally, experience shows that the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. All drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

Carey, Finigan, and Pukstas, under review, found that for a program to have positive outcomes, it is not necessary for the judge to be the sole person who provides sanctions. When the judge is the sole provider of sanctions, it may mean that participants are better able to predict when those sanctions might occur, which might be less stressful. However, allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the non-compliant behavior. Immediacy of sanctions is related to improved graduation rates.

## **Program Adherence**

The Program uses both sanctions and rewards for drug court participants. As described above, rewards include celebration of success in open court, the award of small gifts, movie theater tickets and, ultimately, graduation from the Program and dismissal of pending criminal charges. Sanctions include increased frequency of court appearances, increased frequency of random urinalysis, increased visits from the Drug Court Officer, immediate short duration incarceration and, ultimately, expulsion from the Program.

### ***Key Component #7***

***Ongoing judicial interaction with each drug court participant is essential***

## **National Research**

From its national data, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Further, research in California and Oregon (Carey *et al.*, 2005; Carey & Finigan, 2003) demonstrated that participants have the most positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts not impose fixed terms on judges, as experience and longevity are correlated with cost savings (Carey *et al.*, 2005; Finigan, Carey, & Cox, 2007).

## **Program Adherence**

Program data indicate that during the first year of operation, drug court participants attended court 3-4 times per month, indicating that the Program is successful in ensuring ongoing and frequent interaction between the judge and the participants.

### ***Key Component #8***

***Monitoring and evaluation measure the achievement of program goals and gauge effectiveness***

## **National Research**

Carey, Finigan, and Pukstas, under review, found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) Maintaining paper records that are critical to an evaluation; 2) regular reporting of program statistics led to modification of drug court operations; 3) results of program evaluations have led to modification to drug court operations; and 4) drug court has participated in more than one evaluation by an independent evaluator. Graduation rates were associated with some of the evaluation processes used. The second and third processes were associated with higher graduation rates, while the first process listed was associated with lower graduation rates.

## **Program Adherence**

The Program contracted with an external evaluation firm (NPC Research) for assistance with required evaluation activities. During the next year, the State of Oregon has decided to contract

with a single firm (NPC Research) for evaluation of all Oregon drug courts, in order to ensure uniformity of data analysis and usefulness to policy makers and others.

### **Key Component #9**

***Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations***

#### **National Research**

The Carey, Finigan, and Pukstas, under review, study found that drug court programs requiring team members to receive training in preparation for implementation and continued training for new and veteran drug court team members was associated with positive outcomes costs and higher graduation rates.

It is important that all partner agency representatives understand the key components and best practices of drug courts, and that they are knowledgeable about adolescent development, behavior change, substance abuse, mental health issues and risk and protective factors related to delinquency.

#### **Program Adherence**

The Program sent some of its key treatment providers to a specialized drug court training conference during the last fiscal year, and plans to have additional Drug Court Team members attend specialized drug court training this next fiscal year.

### **Key Component #10**

***Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness***

#### **National Research**

Responses to American University's National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

#### **Program Adherence**

Early in Program implementation, the Program enlisted the assistance of a community-based prevention and recovery support program in Lincoln County, Thugz Off Drugz. Thugz have provided consistent support, as well as structured housing and accountability, for selected Program participants that are in need of such services. Program coordination and collaboration is also enhanced through two additional Lincoln County community-based prevention coalitions, namely Community Efforts Demonstrating the Ability to Rebuild and Restore (formerly known as the Siletz Tribal Meth Task Force) and the Partnership Against Alcohol and Drug Abuse (PAADA), as well as the outreach and community education efforts of the Lincoln County Meth Initiative ([www.co.lincoln.or.us/meth/](http://www.co.lincoln.or.us/meth/)).

## **8. Lessons Learned**

### **a. Major obstacles, issues, problems, barriers encountered to date**

The Program initially had a slow start-up. First, there seemed to be some confusion among respondents about what the referral process is or should be - where referrals should originate, at what point in an offender's case the referral would come, etc. Second, there was some concern that determining eligibility is a time-consuming process and there are not funds available to support this activity. Third, there was some disagreement among key players about who the appropriate drug court client is - a hard-core drug user or someone less severe.

Another early challenge was simply the process of bringing together disparate agencies. Each player involved with the drug court had its own agenda and coming together to form a drug court necessitated working through and beyond these issues.

A third early challenge was that there was not always clarity around people's roles, for example, who is responsible for what piece of the process.

### **b. Solutions and any major program changes or modifications made to resolve issues**

The initial problems and challenges identified above have been overcome, partly as a matter of the passage of time and operation of the Program, and partly through bringing together the Drug Court partners to resolve those issues through collaboration. In addition, the County hired a Grant Administrator to assist with the implementation and administration of the drug court grants, and the Trial Court Administrator hired a part-time Drug Court Coordinator.

### **c. Key success factors**

Key success factors already accomplished have been the implementation of the Drug Court Program, the entry of Program participants, the provision of evidence-based treatment and recovery support services to drug addicted caregivers and others, and the successful completion and graduation of drug court program participants.

The key future success factors will be sustained recovery from addictions that leads to a return as a productive and healthy member of society and family. In short, the saving of families and lives.

The first program graduations occurred during the second year of operations. This was a very exciting event for the Program, the Drug Court Team, and the entire community. A front page newspaper article is pasted on the next two pages:

## **Drug Court honors first graduates**

Wednesday, February 27, 2008  
By Terry Dillman Of the *News-Times*

Seven individuals appeared in Judge Robert Huckleberry's courtroom Friday morning to face the final disposition of an important decision in their lives. Regina Harley, Chantel Harris, Juan Ramirez-Flores, Francisca "Sissy" Rilatos, James Schaefer, Nicole Trickler, and Joe Wade sat in the jury box as family, friends, treatment providers, and other supporters packed the courtroom to observe a benchmark event: the first-ever graduation from Lincoln County Drug Court.

"You're not only inspiring to the people who work with you, but those who graduate with you," Drug Court Coordinator Jim Upton told them. He and Huckleberry, the presiding judge of Lincoln County Circuit Court who serves as drug court judge, presented certificates to the seven successful program participants.

Huckleberry and Assistant County Counsel Rob Bovett - a leader in dealing with the methamphetamine crisis at local, state and national levels - put the county's program together, with Bovett administering the grant funds.

Established in October 2006 and funded by grants secured through the Oregon Criminal Justice Department, the drug court focuses on treatment and recovery, rather than trying to deal with drug abuse and related crime issues strictly by enforcement efforts. It handles cases involving substance-abusing offenders with comprehensive supervision, drug testing, treatment, sanctions and incentives. A key component of the Lincoln County Methamphetamine Initiative launched in 2000, the program's primary client focus is meth-addicted women, especially mothers and pregnant women, but it also treats other addictions, with particular emphasis on caregivers for drug-endangered children. Individuals charged with drug-related crimes have the option of entering the program by applying through their attorneys. If the district attorney's office deems them eligible to participate, they enter into a plea agreement, which defers sentencing.

Participants receive numerous incentives to become drug-free and successfully complete the program, including dismissal of charges against them. Those who fail to comply with the strict guidelines face sanctions, among them jail time, and dismissal from the program.

The program is a public-private collaboration, involving the district attorney's office, the sheriff's office, community corrections, county commissioners, representatives from the county health and human services department, as well as private and non-profit treatment service providers, most of whom were on hand for the Feb. 22 ceremony.

Judge Huckleberry met regularly with drug court participants, monitored compliance with program guidelines, and kept tabs on the progress of those in treatment. At the outset, County Commissioner Bill Hall said everyone involved believed Huckleberry's "experience, sense of compassion, and ability to judge character" would make him an outstanding drug court judge. Others said the judge's no-nonsense attitude in holding folks responsible for their actions also factored into the equation.



Nichole Trickler, who graduated from Lincoln County Drug Court on Feb. 22, is ready to work on a better future for herself, her nearly three-year-old son Wesley Culver, and her baby, due to arrive on April 22. Trickler said the difficult treatment and recovery program was worth the effort. (Photo by Terry Dillman)

All of those traits showed in the judge's comments to the graduates.

"When we began this odyssey, many of you wondered whether you would ever graduate," Huckleberry said. "It hasn't always been smooth sailing, but in the end, you did the heavy lifting necessary to be designated a graduate of this program. The on-going contact has proven to be a benefit to all of us. I want you folks to succeed, not just in this program, but in life, to be a productive, responsible member of this community, and not just consume its resources. I know how hard it was, but you did the right thing."

They also did it the old-fashioned way: they earned it.

Huckleberry handed out the certificates, assisted by Upton and Probation Officer Rob Eoff, who the judge said had - along with others - "worked so assiduously to help these folks through this very difficult time in their lives."

Each had the opportunity to say a few words about their experience.

"It's been hard, but it's been worth it," said Nicole Trickler. Tears welled up and her voice broke as she talked about getting her almost-three-year-old son Wesley back, and the baby she is carrying - due April 22 - who could now enter the world drug-free.

Regina Harley said the program helped her "build a lot of character, self-esteem, and (other) things money can't buy." She said she "became closer to my family and my kids," calling the program "a really good deal."

One by one, the others stepped forward to receive their certificates and personalized accolades from Judge Huckleberry. Then everyone watched as Francisca Rilatos, a member of the Siletz Tribe, received the highest honor bestowed on a Native American. Tribal elder Walt Klamath performed an eagle feather ceremony, after which he presented the feather - something "not given lightly" - to Rilatos to honor her for a year of sobriety and acknowledging "the problems she has had to overcome to get where she is."

Other obligations prevented Bill Hall, who chaired the committee that established the drug court program, and Rob Bovett, who wrote and lobbied the state law and grants that enable and fund the effort, from attending the graduation, but they provided written comments.

"Drug courts make sense," Hall stated. "They work, They save lives, They give people the opportunity to break free of the grip of addiction. They stop the revolving door of the legal system, which allows us to spend our tax dollars more wisely." He encouraged the graduates to become the core of a Lincoln County Drug Court Alumni Group to offer support and encouragement for future participants.

"A lot of time and energy went into making this drug court a reality, but you have had the truly difficult task," Hall noted. "I hope you are proud of what you have accomplished, and that this will be one of many milestones on your path to a better future."

Bovett lauded the teamwork, collaboration, and hard work put in by the drug court team, and the "leadership and commitment" from Judge Huckleberry.

"Your efforts save lives and families, and reduce crime," Bovett stated, telling the judge "the legacy of Lincoln County Drug Court belongs to you."

Huckleberry finished the graduation ceremony by acknowledging the "tremendous effort" each of the seven graduates had made by completing the program. "It's a character-builder in every sense of the word," he concluded. "In the end, what these folks have done is for themselves, and it benefits their families and the communities in which they live."

## REFERENCES

- Bureau of Justice Assistance Drug Court Clearinghouse Project, Justice Programs Office, School of Public Affairs, American University (2006). *Drug Court Activity Update*. Retrieved June 2007 from <https://spa.american.edu/justice/documents/1966.pdf>
- Carey, S. M., & Finigan, M. W. (2003). A detailed cost analysis in a mature drug court setting: Cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3), 292-338.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (under review). *Adult drug courts: Variations in practice, outcomes and costs in eighteen programs in four states*. Submitted to the U.S. Department of Justice, National Institute of Justice, May 2007. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and avoided costs, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Cooper, C. (2000). *2000 drug court survey report: Program operations, services and participant perspectives*. Retrieved 2006 from <http://spa.american.edu/justice/publications/execsum.pdf>
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004). *Cost analysis of Anne Arundel County, Maryland Drug Treatment Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004). *Cost analysis of Baltimore City, Maryland Drug Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Submitted to the U.S. Department of Justice, National Institute of Justice, December 2006. NIJ Contract 2005M073.
- Government Accountability Office (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes*. Retrieved October 2006, from <http://www.gao.gov/new.items/d05219.pdf>
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. Y. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31(1), Winter 2001, 7-26.
- Lurigio, A. J. (2000). Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. *Criminal Justice and Behavior*, 27(4), 495-528.
- National Association of Drug Court Professional Drug Court Standards Committee (1997). *Defining drug courts: The key components*. U. S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.
- National Drug Court Institute and National Council of Juvenile and Family Court Judges (2003). *Juvenile drug courts: Strategies in practice*. U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- SAMHSA/CSAT Treatment Improvement Protocols (1994). TIP8: Intensive outpatient treatment for alcohol and other drug abuse. Retrieved October 23, 2006, from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.28581>

**Appendix A: Amended Program Budget (FY 2007-2008)**

**Lincoln County Drug Court Program**

**COMBINED AMENDED BUDGET**

for

**FISCAL YEAR 2007-2008**

	Byrne Funds	CJC Funds	Other Funds	TOTAL
Drug Court Officer		\$59,850 <sup>3</sup>		\$59,850
Drug Court Coord			\$32,000 <sup>4</sup>	\$32,000
Treatment <sup>5</sup>	\$82,180	\$24,850	\$1,638 <sup>6</sup>	\$108,668
Jail space			\$36,500 <sup>7</sup>	\$36,500
Administration			\$5,600 <sup>8</sup>	\$5,600
Evaluation	\$12,643			\$12,643
Other – UA/incent		\$12,900		\$12,900
Travel/Training		\$1,950		\$1,950
Job Counseling		\$450		\$450
<b>TOTAL</b>	<b>\$94,823</b>	<b>\$100,000</b>	<b>\$75,738</b>	<b>\$270,561</b>

<sup>3</sup> Full-time position paid with CJC grant funds (11 months) and Lincoln County Community Corrections Department funds (1 month).

<sup>4</sup> Half-time position paid by Trial Court Administrator. This was a new position half way through the fiscal year.

<sup>5</sup> The cost of treatment services provided by the consortium of treatment providers will not exceed the following rates:

Detox		\$65 per day
Residential	Single individual	\$85 per day
	With 1 child under 6	\$145 per day
	With 2 children under 6	\$195 per day
Outpatient	Individual sessions	\$35 per hour
	Group sessions	\$15 per hour
	Mental health counseling	\$80 per hour

<sup>6</sup> Forfeiture Trust Fund (additional treatment funds to complete Byrne grant match).

<sup>7</sup> County General Fund (soft match within existing budget).

<sup>8</sup> *Id.*

## Appendix B: Year 2 and Cumulative Client/Service and Program Level Data

### I. CLIENT/SERVICE DATA

#### A. Number of clients by drug court program completion

	Year 2 FY 2007-2008	Cumulative since 7/06
a. Clients who entered the drug court program	18	43
b. Number of children of enrolled clients	9	34
c. Number of clients who graduated from the drug court program	16	16
d. Number of clients who did not graduate from the drug court program and are no longer receiving services	6	8

#### B. Number and type of services available to clients (frequency of services provided)

	Year 2 FY 2007-2008	Cumulative since 7/06
e. Number of clients that were enrolled in:		
Alcohol and drug treatment services	37	41
Anger management services	1*	1*
Job search coaching	2*	2*
Funding assistance for medical expenses	1*	1*
Thugz Off Drugz recovery support services	1*	1*
Mental health counseling and/or medications	2*	2*

\* **Comments:** These subcategories have only been tracked separately since October 1, 2008.

## II. PROGRAM LEVEL DATA

### A. Standardized Performance Measures

Performance Area	Performance Measures	Year 2 FY 2007-2008	Cumulative since 7/06
<b>Recidivism</b>	<i>New felony or misdemeanor arrests</i>		
	Participants arrested while in program	0	0
	Graduates charged w/in 12 mo after graduation	N/A**	N/A**
<b>Abstinence/Relapse</b>	<i>Percentage / number of positive UAs during program</i>		
	Total UAs provided	362	1,779
	Number / percentage of UAs that were positive	39 (11%)	263 (15%)
<b>Accountability and social functioning</b>	<i>Restoration of custody rights/visitation rights</i>		
	Number and percent of graduates with custody/visitation maintained/restored at time of graduation	9 of 13 who had children (69%)	9 of 13 who had children (69%)

\*\* **Comments:** 12 months has not elapsed since the first graduation.

Performance Area	Performance Measures	Rate since 7/06
<b>Retention Rate</b>	Number/Percentage of enrollees retained at <b>90 days</b>	97% (38 of 39)
	Number/Percentage of enrollees retained at <b>180 days</b>	87% (32 of 37)
	Number/Percentage of enrollees retained at <b>365 days</b>	88% (22 of 25)

Performance Area	Performance Measures	Year 2 FY 2007-2008	Cumulative since 7/06
<b>Graduation Rate</b>	Total graduates for period	16	16
	Cumulative graduation rate (total number of graduates since program's inception)/(total number of graduates + total number of terminations, both measured since program's inception)		67% (16 of 24)

## Appendix C: Demographic Characteristics – Year 2

<i>Descriptive Characteristics of Byrne Methamphetamine Reduction Grant Program Participants</i>	<i>Methamphetamine Reduction Grant</i>										
	Deschutes County Mental Health Department	Jackson County Health & Human Services	Choices Counseling Center	Relief Nursery	Lincoln County	Linn County Department of Health Services	Family Building Blocks	Mid-Columbia Center for Living	Center for Human Development	Washington County Department of Health & Human Services	Yamhill County
Total Number of Children Served					41						
Total Number of Clients Served					41						
Gender (%)											
Male					54%						
Female					46%						
Unknown					0						
Age Range (%)											
Under 18					0						
18-24					27%						
25-34					44%						
35-44					10%						
45-54					12%						
55-64					5%						
65 and over					0						
Unknown					2%						
Race/Ethnicity (%)											
American Indian/Alaskan Native					10%						
Asian/Pacific Islander					0						
Black or African-American					0						
Hispanic					10%						
White					80%						
Multi-racial					0						
Unknown					0						

W = White; H = Hispanic; B = Black; AIAN = American Indian and Alaska Native; A = Asian; NHOPI = Native Hawaiian and Other Pacific Islander (federal race/ethnicity categories). If OTCMS captures the data differently please change the categories and I will make changes accordingly).

**Appendix D: Demographic Characteristics – Cumulative**

<i>Descriptive Characteristics of Byrne Methamphetamine Reduction Grant Program Participants</i>	<i>Methamphetamine Reduction Grant</i>										
	Deschutes County Mental Health Department	Jackson County Health & Human Services	Choices Counseling Center	Relief Nursery	Lincoln County	Linn County Department of Health Services	Family Building Blocks	Mid-Columbia Center for Living	Center for Human Development	Washington County Department of Health & Human Services	Yamhill County
Total Number of Children Served					41						
Total Number of Clients Served					43						
Gender (%)											
Male					54%						
Female					46%						
Unknown					0						
Age Range (%)											
Under 18					0						
18-24					26%						
25-34					44%						
35-44					9%						
45-54					12%						
55-64					7%						
65 and over					0						
Unknown					2%						
Race/Ethnicity (%)											
American Indian/Alaskan Native					12%						
Asian/Pacific Islander					0						
Black or African-American					0						
Hispanic					9%						
White					79%						
Multi-racial					0						
Unknown					0						

W = White; H = Hispanic; B = Black; AIAN = American Indian and Alaska Native; A = Asian; NHOPI = Native Hawaiian and Other Pacific Islander (federal race/ethnicity categories). If OTCMS captures the data differently please change the categories and I will make changes accordingly).



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