Drug Treatment and Education Fund Program Evaluation Final Report August 2007

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Disclaimer

Points of view and interpretation of data expressed in this document are those of the author/s and do not necessarily represent the official position or policies of the Arizona Supreme Court, Administrative Office of the Courts.

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Executive Summary

Overview

The Drug Treatment and Education Fund (DTEF) was established in April 1996 with the enactment of A.R.S. § 13-901.01 by the Arizona Legislature. The act requires that first and second time non-violent offenders who are convicted of personal possession or use of a controlled substance be diverted from prison and sentenced to probation and drug treatment and that a fund be created (A.R.S. § 13-901.02), which receives revenue from a tax on liquors, to provide substance abuse education or treatment services as mandated by the Act. The Arizona Supreme Court, Administrative Office of the Courts (AOC), administers the funds to each of the fifteen county probation departments in Arizona and provides oversight and reporting. A total of $3,297,020 was distributed to all adult probation departments (counties) in FY2006. Pursuant to statute, counties are required to screen probationers sentenced under A.R.S. § 13.901.01 (mandatory cases) for substance abuse problems and refer them to appropriate treatment that is either funded through DTEF, or other public or private funds. Counties may also use the DTEF for "discretionary" cases, that is, for probationers who were screened and determined to need treatment but were not sentenced pursuant to A.R.S. § 13-901.01.

LeCroy & Milligan Associates, Inc. conducted an evaluation to provide information for improvements to the DTEF programs in the fifteen county adult probation departments. The counties' practices were compared to the Arizona Codes of Judicial Administration section 6-205, Drug Treatment and Education Fund, which are referred to throughout this report as the 'DTEF code.' In addition, the National Institute of Drug Abuse (NIDA) Principles of Drug Abuse Treatment for Criminal Justice Populations (NIDA principles) were also used as a framework in which to compare county processes and treatment practices to evidence based practices in the field. A limited and preliminary analysis of probationers' substance abuse treatment completion rates and probation outcomes was conducted. Profiles of the fifteen counties were developed to summarize the local level DTEF processes and substance abuse treatment characteristics. The county profiles served as a foundation for reporting on the aggregate findings that are summarized in this document and are provided as an appendix to this report.

Key Findings

The Drug Treatment and Education Fund is a funding stream and not a program, and the DTEF code requires that specific processes and treatment program components be in place if a county probation department applies for and receives a DTEF allocation. A consistent theme that exists across the counties and should be noted as a backdrop for understanding the following key findings about the treatment referral and provision is that probation departments currently have limited control and accountability over the services probationers might receive that are funded by the Arizona Healthcare Cost Containment System (AHCCCS) and provided through the Regional Health Behavioral Authorities (RBHA).

Substance Abuse Screening Process

- High variability across the counties was evident in their substance abuse screening processes. The DTEF code requires that counties use the Adult Substance Use Survey (ASUS) to screen DTEF eligible cases for substance abuse and to use the ASUS information for preparing a treatment referral to a provider funded by DTEF. While all of the counties reported compliance with the requirement for screening all incoming DTEF eligible mandatory cases, eight counties go beyond this requirement and screen all incoming defendants, as part of the pre-sentence investigation process. Five counties screen only drug-involved cases, and two counties only screen mandatory cases.
- The type of staff who scored the ASUS varied within each county. The type of staff included supervising officers (n=5), pre-sentence writers (n=3), DTEF coordinators (n=3), in-house paraprofessional screeners (n=2), and treatment counselors (n=2). Those who scored the ASUS were not always the same staff that administered the ASUS or prepared the treatment referral. For example, in nine out of 15 counties, the supervising officer prepared the referral.
- Six counties complied with the requirement that the ASUS be re-administered 180 days after treatment placement. The ASUS re-assessment scores were considered to be of low utility since they were often higher than the baseline assessment taken prior to treatment.

- A prevailing view across most counties was that ASUS information was redundant and perhaps misleading. The ASUS was viewed by 25% of officers as "accurate" and 55% viewed it as "somewhat accurate." It was also perceived as difficult to use and interpret and was considered a paperwork burden by smaller counties. Six counties reported the need for more training in how to use the ASUS.

Probationer Screening for Ability to Pay for Treatment

- All DTEF probationers were assessed for their ability to pay for treatment, and all counties but one assessed co-payments of at least $1 to probationers to subsidize their DTEF funded treatment.
- Screening for AHCCCS eligibility is required by the DTEF code. Seven counties used a pre-screening tool (either developed in-house or by local Department of Economic Security (DES) staff) to determine whether probationers might be eligible for AHCCCS. The remaining number of counties directly sent probationers to the local DES office or RBHA provider to handle the AHCCCS eligibility process or they conducted in-house screenings using paraprofessional staff.
- Eight counties reported a reluctance to screen for AHCCCS due to long delays in the enrollment eligibility and treatment intake process at the local DES offices and/or the RBHA provider.

Treatment Referral and Placement

- Probation departments used the pre-sentence report and risk/needs assessment as supplementary information to the ASUS for making a treatment referral. Officers' direct experiences with the probationer and the risk/needs assessments were reported to be more valid information than the ASUS.
- The average time reported from referral to treatment placement was 7-14 days. However, the range was one to 45 days, or "many weeks."
- Referrals to DTEF funded treatment providers were generally perceived to have a faster placement than those referred to a local RBHA provider, with exceptions in at least four counties.
- Six counties expressed a need for more training and technical assistance in the DTEF treatment referral and tracking procedures.

They also expressed a need for more information about treatment practices and about techniques for supervising methamphetamine addicts.

Treatment Continuum of Care

- All counties have the required components of the treatment continuum of care available; however, a majority of counties have to send probationers to other counties in order to receive long-term residential treatment.
- Of the treatment providers sampled, a majority reported using NIDA recommended evidence-based strategies such as cognitive behavioral therapy, cognitive skills development, and the Matrix Model. A majority also reported providing the NIDA recommended 90 days of treatment.
- Four counties refer a proportion of their DTEF eligible probationers to an adult drug Court. Drug court is considered to be a promising model for addressing both the supervision and treatment of drug-involved offenders.
- Counties reported that most DTEF probationers received substance abuse education followed by standard outpatient treatment. Motivational enhancement and lapse/relapse components might be included as part of the treatment regimen or as stand-alone programs.
- Twelve counties reported the need for more treatment service capacity and options in order to address probationers' needs, such as in-patient services, more intensive and individualized services, and Spanish-speaking counselors.
- Eight counties reported a need for more supportive services to address the ancillary needs of probationers in recovery, such as halfway houses and other sober living options, transportation, employment and medical services.
- Concerns about the quality and capacity of the local RBHA providers were raised in nine counties.

Treatment Planning and Collaborative Case Management

- All treatment providers except for two reported developing individualized treatment plans for their probation clients.
- Fifty-two percent of the treatment counselors reported including probation officers in the treatment planning process for probation clients. Officers' perceptions of how much input they have in treatment planning varied--13% reported having no input, 36% a little, 36% some, and 9% a lot of input.
- Fifty-three percent of treatment counselors rated their communication with probation agencies as effective. In contrast, 33% of probation officers rated their communication with treatment agencies as effective.
- Forty-six percent of counselors and 42% of officers reported bi-lateral information sharing about the probation client's progress. However, all the treatment and probation administrators who were interviewed perceived that the information sharing was mostly bi-lateral.
- Both probation and treatment agency staff reported the need for improvements in communication.

Treatment Completion

- Completion rates for substance abuse education and treatment varied by county and treatment placement. Of the seven counties that were included in the analysis, completion rates for substance abuse education ranged from 66% to 91%; for standard outpatient treatment from 45% to 65%; and for intensive outpatient treatment 35% to 68%.
- There was a significant relationship found between treatment completion and successful completion of probation for both Maricopa and Pima County samples. Over 80% of probationers who completed their substance abuse treatment in both counties successfully completed their probation, as compared to about 50% of the probationers who did not complete treatment.
- These results, although limited and preliminary, concur with DTEF programs' intended goals and outcomes as well as previous research evidence on treatment compliance and probation outcomes.

DTEF Program Monitoring and Reporting

- Four counties reported a limited capacity for negotiating cost-effective treatment contracts especially for long-term residential treatment, and for providing oversight of treatment provider's performance.
- Counties currently have limited capabilities through the Adult Enterprise Tracking System (APETS) for generating DTEF related reports to assist in program monitoring and accountability. Reports might include probationers currently receiving treatment and treatment service expenditure information.
- Local technical capacity to oversee quality control of data management, generate reports, and audit DTEF information is limited in smaller counties.

Conclusions and Recommendations

County adult probation departments in Arizona are striving to implement the DTEF program requirements within their specific governing structures and treatment resource capacities of their counties. Treatment provider availability for DTEF services varies considerably due to county population, geography, and the capacity limits of the Arizona behavioral health treatment system. Although the county departments are making efforts to use the DTEF efficiently and effectively, there are areas for improvement, both at the county and state levels. Recommendations for improvement are provided below.

AHCCCS Screening Process

The AHCCCS screening process was found to pose significant implementation challenges for county probation departments and therefore some departments were reluctant to fully engage in this process. There was high variation in how the departments handled this requirement. The DTEF monies are limited, so AHCCCS funded services are needed in order to address both the treatment and ancillary needs (e.g. medical, dental, etc.) of probationers determined to be eligible for AHCCCS.

The following is recommended for the AOC to consider:

> *Recommendation One. The DTEF requirement that probation departments must screen defendants for AHCCCS eligibility and treatment should be further examined and possibly revised in order to increase the consistency and efficiency of the screening processes across the counties.*

Inter-Agency Collaboration, Treatment Quality and Capacity

The results showed that access to treatment, treatment quality, and the collaboration between probation and treatment agency staff in managing probationers' recovery from substance abuse need improvement. The following recommendations include strategies that could be implemented at both the state and local levels:

> *Recommendation Two. Local and state level probation and treatment agencies, including the Regional Behavioral Health Authorities, should increase communication and foster collaboration for the management and accountability of the drug-involved probationer in his/her recovery process.*

> *Recommendation Three. The AOC, with the collaboration of the local county probation departments, treatment agencies, and the Regional Behavioral Health Authorities, should strategically plan to improve probationers' access to more individualized treatment and compliance with substance abuse treatment.*

> *Recommendation Four. The AOC should consider taking responsibility for the requests for proposals for treatment services rather than keeping the responsibility at the county level. The AOC should consider assuming the responsibility for monitoring and oversight of the treatment contracts.*

Substance Abuse Screening Process

The following recommendations address probation staff's challenges in using the Adult Substance Use Survey (ASUS), such as the confusion about the purpose of the ASUS as a screening tool, and the low compliance with the requirement that probationers receive an ASUS re-assessment after 180 days in treatment.

> *Recommendation Five. Technical assistance and training for local probation staff on the Adult Substance Use Survey (ASUS) should be increased.*

Recommendation Six. Consider discontinuation of the requirement to re-assess probationers using the ASUS at 180 days after treatment.
Recommendation Seven. Investigate whether other substance abuse screening tools are available and feasible to use in the field, validated for use with criminal justice populations, and based on sound research evidence.

Program Technical Assistance

The following recommendations address the county level need for assistance in the implementation of DTEF program policies and procedures:

Recommendation Eight. Increase technical assistance and training in DTEF procedures, substance abuse treatment, and supervision strategies for methamphetamine addicts.

Recommendation Nine. Increase and streamline the data quality assurance and technical assistance provided to county staff responsible for managing DTEF data in APETS.

I. Introduction

This report provides a comprehensive evaluation of the State of Arizona Drug Treatment and Education Fund's program processes both across and within each of Arizona's fifteen county adult probation departments. It includes a brief overview of the scope of adult substance abuse in the State of Arizona, the evaluation methods used, and a description of major findings across the fifteen county probation departments. This evaluation was commissioned to provide objective and feasible recommendations for improvements to the implementation of DTEF. These recommendations are provided in the final section of this report. For ease of reference, a list of acronyms is provided in Appendix A. A profile of each of the fifteen county probation department's programs and other supportive information are also provided in Appendix B.

The following terms are used throughout this report, and refer to the following:

- *DTEF Code*: Arizona Codes of Judicial Administration Section 6-205, Drug Treatment and Education Fund
- *DTEF eligible offender/probationer*: Defendants identified at the pre-sentence or post-sentence period as meeting the criteria for receiving treatment through DTEF.
- *DTEF probationer*: Probationer who has received treatment funded by DTEF.
- *DTEF treatment provider*: A treatment provider who provides substance abuse treatment services funded by DTEF.

I. A. Background on Drug Treatment and Education Fund

The Drug Treatment and Education Fund originated from the Drug Medicalization, Prevention and Control Act, passed by Arizona voters in 1996 (A.R.S. § 13-901.01). It requires that first and second time non-violent offenders who are convicted of personal possession or use of a controlled substance be diverted from prison and sentenced to probation and drug treatment. The Act also created the DTEF fund (A.R.S § 13-901.02), which receives revenue from a tax on liquors, to provide substance abuse education

or treatment services as mandated by the Act. The Act was amended in November 2002 by public referendum (Proposition 302) to allow for incarceration of offenders who violated their probation by either non-completion of treatment or re-offending.

The Arizona Supreme Court, Administrative Office of the Courts (AOC), administers the funds to each of the fifteen county probation departments in Arizona, provides oversight, and prepares an annual accountability report that details the cost-savings realized from the diversion of persons from prison to probation. A total of $3,297,020 was distributed across all probation departments in fiscal year 2006. These funds are used not only to provide treatment to probationers who meet the criteria of the statute (i.e., mandatory cases), but they can also be used for probationers who have drug problems but do not meet the statutory requirements (i.e., discretionary cases). For many counties, DTEF is the major funding source used for their probationers' substance abuse treatment needs.

I. B. Evaluation Overview

A process and impact evaluation was commissioned by the AOC to provide information for improvements to the DTEF programs within the fifteen county probation departments. LeCroy and Milligan Associates, Inc. was awarded the evaluation contract on July 1, 2006.

The Drug Treatment and Education Fund, as its name implies, is a funding source and not a program per se. However, there is a statutory code that mandates that each county department implement specific drug abuse screening and treatment program components, in addition to financial and data monitoring processes. The DTEF code is included in the Appendix of this report.

Each county probation department varies according to administration, policies, procedures, size, and resources within the governing context of both the county and the state. Despite DTEF code requirements, the counties implement their DTEF "program" within the strengths and challenges of their specific context. Given this variability and complexity, LeCroy and Milligan

Associates, Inc. employed a combination of assessment approaches in order to describe the counties' implementation of the DTEF according to its code requirements. Multiple stakeholders were interviewed and surveyed, archival records were reviewed, and screening, assessment, and treatment processes were observed on a limited basis. This multi-strategy approach provided a rich source of descriptive program information used to set the foundation for a meaningful and useful impact evaluation.

The impact evaluation design was based on analyses of data from two state probation case tracking systems, the Adult Probation Enterprise Tracking System (APETS[1]), and the Probation Information Management System (PIMS[2].) Due to various unanticipated challenges encountered during the examination of these databases, adequate data from these systems were not available to conduct a thorough study of DTEF's impact. Nonetheless, limited outcome data were identified and are included in the report (i.e., treatment and probation outcomes). The challenges encountered in this project and alternative strategies for addressing program impact will be described in the final section of this report.

I. C. Brief Literature Summary

<u>Substance Abuse Prevalence Rates in the United States and Arizona</u>

Data reported in 2005 by SAMSHA show that the adult general population in Arizona had similar or somewhat lower rates than the adult general population in the United States for illicit drug use. However, the Arizona

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[1] The Adult Probation Enterprise Tracking System (APETS) is a database that contains sentencing and probation information on all county probation cases. The system was implemented first with Maricopa County in 1999. Full implementation was completed by the end of 2006. At the time of implementation, counties continued to have their own tracking systems.

[2] The Probation Information Management System (PIMS) was the database tracking system used by twelve counties for probation case tracking through 2006. All fifteen counties were required to input DTEF treatment data into the PIMS module for DTEF case tracking. PIMS was gradually replaced by APETS for all probation and DTEF treatment tracking purposes.

adult population tends to have higher rates for cocaine use and binge alcohol use and dependence than the general adult population in the U.S. Table 1 details Arizona and national rates of substance abuse (SAMSHA, 2005).

Table 1. Arizona and National Substance Abuse Rates by Drug and Population

Substance and Population	Arizona	U.S. Average
Illicit drug use* (ages 18-25)	15.14%	19.76%
Illicit drug use (ages 26+)	5.37%	5.65%
Cocaine use (ages 18-25)	7.51%	6.77%
Alcohol use (ages 18-25)	61.27%	59.25%
Alcohol use (ages 26+)	59.73%	55.1%
Binge alcohol** (ages 18-25)	44.01%	41.54%
Binge alcohol (ages 26+)	22.3%	21.07%
Alcohol dependence*** (ages 18-25)	8.24%	7.21%
Alcohol dependence (ages 26+)	3.57%	2.87%

*Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.
**Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.
***Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

Substance abuse in the criminal justice population is higher than in the general population. Lurigio and colleagues (2003) conducted a random sample of 627 adult probationers in Illinois and found that they had significantly higher rates of substance use than the general population. A large percentage of crimes are committed directly after, or while using drugs or alcohol, and the need to acquire them may be a contributing factor to violence and theft that leads to incarceration. A 2002 survey of local jails

completed by the U.S. Department of Justice found that two-thirds of jail inmates were regular drug users and over half reported using drugs in the month prior to their current offense (U.S. Department of Justice, 2002). In a study done on probationers in Illinois, 64% of the study sample had a history of substance abuse (Huebner, 2004).

The criminal justice population in Arizona also shows high rates of substance abuse. Table 2 lists a sample of 2003 substance abuse rates and risk indicators for adult male arrestees in Tucson and Phoenix according to the Arrestee Drug Abuse Monitoring Program (ADAM). This information is shown in comparison to the national median (Zhang, 2003).

Table 2. Substance Abuse Rates and Risk Indicators for Adult Male Arrestees

Substance*	**Tucson**	**Phoenix**	**National Median**
Crack Cocaine positive test	*42.5*	*23.4*	*30.1*
Crack Cocaine (reporting use in last year)	*23.0*	*13.6*	*17.2*
Powder Cocaine positive test	*42.5*	*23.4*	*30.1*
Powder Cocaine (reporting use in last year)	*30.7*	*12.9*	*13.6*
Marijuana positive test	*44.1*	*40.9*	*44.1*
Marijuana (reporting use in last year)	*54.5*	*48.4*	*51.9*
Methamphetamine positive test	*16.0*	*38.3*	*4.7*
Methamphetamine (reporting use in last year)	*19.5*	*34.8*	*7.7*
Heavy use of any 5 drugs	*45.5*	*40.7*	*37.0*
Risk for drug dependence	*42.5*	*41.8*	*39.1*
Alcohol positive test	*11.0*	*10.8*	*9.5*
At risk for alcohol dependence	*32.8*	*26.0*	*28.6*

*Positive tests for drug use were based on urinalysis tests usually completed within one day of arrest and always within 48 hours. During the same time frame, personal interviews were conducted for self-reporting of drug/alcohol use within the last year. Heavy use of any of 5 drugs is defined as 13 or more days of self-reported consumption of a drug in a 30-day period in the year before the interview. The five drugs considered are cocaine, heroin, marijuana, methamphetamine, and PCP. Alcohol or drug dependence is measured by a clinically based, dependency screen regarding drug use experiences during the prior year.

Drug Treatment Outcome Studies

There is a growing body of evidence that shows drug treatment has a positive influence on probationer outcomes. According to the National Institute on Drug Abuse, treatment reduces drug abuse and criminal activity by 40 to 60 percent (NIDA, 2006). Participation in treatment reduces the chances of criminal recidivism (i.e., defined as re-arrest or re-conviction) but most evidence suggests that this is only the case for individuals who complete the full course of treatment. Treatment completion is defined differently by study, treatment program, and the role of the justice system. A general definition for completion would be participation in 70 percent of the expected services. Offenders who completed a drug court program, based on this definition of completion, were found in one study to be three times less likely to be rearrested (Anspach & Ferguson, 2003).

Data from the 2000 Illinois Probation Outcome Studies (Huebner, 2004), which included 3,017 individuals discharged from probation in Illinois, showed similar results. Individuals who completed the course of treatment had recidivism rates of 12% at year one and 37% at year four post-probation. Individuals who did not complete treatment were shown to be more likely to recidivate than those who did not receive any treatment. Adams, Olson, and Adkins (2002) found that non-completers had a recidivism rate of 33% at one year and 67% at year four post-probation, in comparison to the no-treatment group that had a 27% recidivism rate at one year and a 53% recidivism rate at year four post-probation.

Studies also suggest that involuntary treatment, such as that mandated by the criminal justice system as part of the terms and conditions of probation, may have a positive impact on completion of substance abuse treatment. Most studies suggest that the outcomes for individuals who are legally pressured to enter treatment are as good or better than outcomes for those who entered voluntarily (NIDA, 2006). Legal pressure also tends to increase attendance rates and encourages more lengthy treatment involvement.

I. D. The Publicly-Funded Adult Treatment Service System in Arizona

Criminal justice systems have grown increasingly reliant on publicly funded, behavioral health services as part of sentencing options/strategies for their populations. Arizona is no exception. The Arizona Department of Health Services Division of Behavioral Health Services (ADHS/DBHS) administers the publicly funded behavioral health service system for individuals, families, and communities in the state. The funding for these services comes from a variety of federal and state sources, including Arizona Health Care Cost Containment System (AHCCCS). Many of the providers who service probationers are part of this system. The DTEF code requires that probationers be screened for eligibility to receive services through the AHCCCS.

The ADHS/DBHS contracts with Regional Behavioral Health Authorities (RBHA) and Tribal Behavioral Health Authorities (TRBHA) for the administration of these funds. These authorities are managed care organizations or entities responsible for developing and managing networks of community agencies to deliver substance abuse and mental health treatment services for persons eligible for federal or state funding (ADHS, 2005).

In fiscal year 2006, the ADHS/DBHS contracted with four RBHAs: the Community Partnership of Southern Arizona, Cenpatico Behavioral Health of Arizona, Northern Arizona Regional Behavioral Health Authority, and Value Options. ADHS/DBHS also contracted with three TRBHAs: the Pascua Yaqui Tribe of Arizona, the Gila River Indian Community, and the Navajo Nation (ADHS, 2006).

Local service providers are selected by the RBHAs to administer the treatment programs. Individuals who are served by these providers enter the system through various means. One in five individuals, or about 19.8%, reported that they entered treatment due to a court order or a referral by a criminal justice agency. In general, criminal justice system referrals are more common in rural regions of the state. In Yuma and La Paz Counties, 41.8% of

all persons in substance abuse treatment were referred by a court or parole/probation officer. In Southeastern Arizona, nearly one in three (30%) were referred by the criminal justice system.

In FY2006, approximately 47,000 adults statewide received treatment in the ADHS/DBHS behavioral health system for substance use, abuse or dependence (ADHS, 2006). In FY2005, the DTEF funded substance abuse education and treatment for 8,575 probationers (AOC, 2006). Although there may be overlap in clientele numbers, DTEF funds treatment for a considerable number of individuals in addition to what the DBHS managed care network provides.

I. E. Evaluation Methodology

The evaluation was designed to examine the process and impacts of the DTEF continuum of care program. Specifically, the evaluation was designed to answer the following process and impact evaluation questions:

Process Evaluation Questions

1) Who are the DTEF offenders?
2) How are the offenders screened and assessed for treatment?
3) How is the continuum of care configured and implemented in each county?
4) What is the flow of the offender through treatment—from placement to completion?

Impact Evaluation Questions

1) *What is the effect of the DTEF program on offender recidivism?*
    a. Is recidivism lower among DTEF offenders who participate in treatment than among those who do not?
    b. Is recidivism lower among DTEF offenders who complete treatment than among those who do not?
    c. Is recidivism lower among DTEF offenders than non-DTEF offenders?

2) *What is the effect of the DTEF program on offender relapse rates?*
    a. Are relapse rates lower among DTEF offenders who participate in treatment than among those who do not?
    b. Are relapse rates lower among DTEF offenders who complete treatment than among those who do not?
    c. Are relapse rates lower among DTEF offenders than non-DTEF offenders?
3) *Does the number of programs and/or treatment services an offender is allowed to begin and/or participate in have an impact on whether they complete a treatment program?*
4) *What are the similarities and differences of treatment counselors/programs, and what is the effectiveness of each?*

The impact evaluation was designed as a comprehensive multivariate analysis across all county programs aimed at determining whether the combination of the DTEF substance abuse treatment and community supervision are effective in reducing substance abuse and criminal behavior. A specific sampling plan was devised to achieve representation of all or most counties across the state in order to answer the questions listed above. The original plan was to use data extracted from APETS and PIMS, and, if feasible to supplement these data with information from probationer case files and from felony arrest history through one year after probation completion. However, due to several major challenges, the full impact analysis was not conducted. A detailed description of the assessment of the APETS and PIMS data is provided in Appendix E along with a discussion of the limitations of these data. Preliminary outcome data are presented in this report, accompanied by a discussion of various factors to consider for any future efforts to evaluate DTEF programs for its impact on probationer outcomes. What follows is a detailed description of the design and implementation of the process evaluation.

Process Evaluation

The process evaluation was designed to provide a detailed analysis of the DTEF program in each of the fifteen counties in order to describe characteristics of the offenders processed and the extent to which offenders received the appropriate services according to the DTEF codes and procedures and within the particular context and constraints of each county probation department. The NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations were used for the development of questions about the treatment processes and about collaboration between probation and treatment staff in the management of a probationer's recovery process. Specifically, NIDA's Principles were used as a framework for assessing each of the county's DTEF-funded treatment continuum configuration and other related components (i.e. monitoring and supervision practices, cooperation and communication between probation and treatment staff, etc.) These principles are provided in Appendix D.

Qualitative and quantitative methods were used to address the primary process evaluation questions listed in Table 3. Site visits were conducted with each of the fifteen county adult probation departments. These site visits involved face-to-face interviews with key staff (e.g., DTEF program coordinator, probation officers, treatment coordinator, treatment staff, etc.), self-administered surveys regarding the treatment process and client case management, and a review of documents, policies and procedures. Table 3 shows the data collection methods and data sources used to answer each of the central evaluation questions.

Table 3. Process Evaluation Questions, Data Collection Methods and Data Sources

Central Evaluation Question	Data Collection Method	Data Source
1) *Who are the DTEF offenders?*	Database extractions; site visits	APETS & PIMS databases, probation DTEF coordinators
2) *How are offenders screened and assessed for treatment?*	Site visit interviews with key staff; surveys, review of county DTEF assessment tools, policy, procedural documents.	Probation DTEF program coordinators, probation officers, clinical treatment administrators, and treatment counselors. Treatment contracts, probation department policies.
3) *How is the continuum of care configured and implemented in each county?*	Site visit interviews with key staff; surveys, key document review.	Probation DTEF Program Coordinators, probation officers, clinical treatment administrators, treatment counselors. Treatment contracts, probation department policies. National Institute on Drug Abuse (NIDA) and DTEF codes.
4) *What is the flow of the offender through treatment-- from placement to completion?*	Database extractions, site visit interviews with key staff, surveys, key document review.	APETS & PIMS databases, probation DTEF Program Coordinators, probation officers, clinical treatment administrators, treatment counselors. Treatment contracts, probation department policies.

Data Collection

The site interviews were initiated in October 2006 and were completed in April 2007. A total of 40 face-to-face interviews were conducted with probation and treatment agency staff, and 375 surveys were completed by Probation DTEF Coordinators, probation officers, clinical directors, and treatment counselors. Table 4 shows the total numbers of interviews and surveys completed by each type of evaluation participant within each county. Database extractions from the centralized probation databases supplemented the information obtained at the site visits.

Table 4. Completed DTEF Process Evaluation Surveys and Interviews

	Probation Department Staff			Treatment Agency Staff		
County	**Probation Officer Survey**	**DTEF Coordinator Survey**	**DTEF Coordinator Interview**	**Treatment Coordinator Survey**	**Treatment Coordinator Interview**	**Treatment Counselor Survey**
Apache	5	1	1	2	2	4
Cochise	9	1	1	1	1	2
Coconino	8	1	1	1	2	6
Gila	11	1	1	1	1	3
Graham	1	1	1	1	1	1
Greenlee	2	1	1	1	1	1
La Paz	2	1	1	1	1	1
Maricopa	59	1	4	1	3	21
Mohave	12	1	1	2	2	5
Navajo	3	1	1	1	1	0
Pima	94	1	2	2	2	16
Pinal	12	1	1	1	0	3
Santa Cruz	8	1	1	1	1	1
Yavapai	39	1	1	2	2	4
Yuma	3	1	1	0	1	4
Total	***268***	***15***	***19***	***20***	***21***	***72***

Probation Department Staff Data Collection

All DTEF coordinators were requested to participate in the DTEF survey and site interviews. Each county probation department was sent a survey either by electronic mail or U.S. postal service, and 100% were either returned prior to the site visit or at the time of the visit. All DTEF coordinators participated in the site interviews and were sometimes accompanied by other staff and/or administrators.

All officers were requested to participate in the DTEF survey, except for Maricopa County, where a sample of officers who provided supervision to DTEF probationers was selected. Current lists of probation officers who provide field supervision were obtained from the departments. The overall response rate was 58% with a range between 13% and 100%. The probation officer survey was either distributed by probation administrators by mail or provided at the time of the site visit. For eight counties, the survey was available through an Internet link that was sent to probation officers by inter-departmental electronic mail.

Treatment Agency Data Collection

The treatment administrators or clinical directors from a sample of treatment agencies were requested to participate in the evaluation. They were asked to complete a short survey prior to an interview that was conducted either face-to-face or by phone. They were also asked for permission to survey their treatment counselors who provided direct services to the DTEF probationers. There was a 91% participation rate for treatment agencies (N=21) requested to participate in the evaluation.

The number of treatment providers funded by DTEF across the counties varied considerably. For example, in Yavapai County there were fifteen providers, whereas in Graham, Greenlee, and La Paz counties there was only one provider. Given evaluation resources and time constraints, the DTEF coordinator for the probation department was asked to provide the contact information for up to two external providers who received the most DTEF referrals. There were exceptions to this request, such as for Maricopa County, where in-house treatment staff were interviewed in addition to two external community providers. Also, for Yuma County, the in-house treatment counselors for their drug court were included in the evaluation. For five counties only one provider was included due to the following reasons: 1) only one provider was used in that county; 2) the other provider did not respond to requests to participate in the evaluation; or 3) the other provider primarily serviced AHCCCS funded clients. In some cases, the AHCCCS provider was included because they provided most or all treatment to probationers within a county.

Quantitative Analysis

The entire population of DTEF offenders (i.e., coded in the database as DTEF funded) sentenced to probation after November 27, 2002, and their requisite data were extracted from the APETS and PIMS databases with assistance from the AOC Management Information staff. This resulted in a data extraction of a total of 53,408 probationers.

The final data extraction was assessed and further filtered using criteria applied by the evaluation team in order to achieve consistency and validity across county data. This smaller sample that was drawn was used for the impact analysis and for the creation of the data section of the individual county profiles. See Appendix E for more details about this process.

Due to some low sample sizes (e.g., less than 50 cases), only seven of the fifteen counties could be reported on with data from the APETS and PIMS databases (Table 5). Of the seven counties, PIMS data were used for the analysis on five counties because they did not yet have sufficient numbers in APETS due to the staggered inauguration of APETS across the state during the time the evaluation was being conducted. As shown in Table 5, a majority of the county program data (except for Maricopa and Pima) had to be used from the older, discontinued database system (PIMS).

Table 5. Counties used in the County Profile Analysis (Large Enough Sample Size >50)

County	*Included in Analysis*	*Data Source*	County	*Included in Analysis*	*Data Source*
Apache		PIMS	**Mohave**	✔	PIMS
Cochise	✔	PIMS	**Navajo**		PIMS
Coconino	✔	PIMS	**Pima**	✔	APETS
Gila		PIMS	**Pinal**		PIMS
Graham		PIMS	**Santa Cruz**	✔	PIMS
Greenlee		PIMS	**Yavapai**	✔	PIMS
La Paz		PIMS	**Yuma**		PIMS
Maricopa	✔	APETS			

Data extracted from APETS and PIMS were used to summarize the characteristics, treatment, probation supervision and status of the offender. Frequencies, percentages, cross-tabulations, and summary statistics (e.g., means) were reported. Non-parametric tests for significance were conducted on selected variables. The mandatory and discretionary DTEF funded probationers were compared in terms of offender characteristics and treatment recommendations and placements. The outcome measures examined were treatment completion rates and probation termination status. These results are summarized in the "Key Findings" section of the seven county profiles that have data sections provided in Appendix B.

Qualitative Analysis

Qualitative data (e.g., open-ended responses to survey and/or interview questions) were analyzed for content themes. A framework was developed based on the DTEF legislative code and on the NIDA Principles for treatment that was used to classify adherence to continuum of care service standards and quality. In addition, a brief literature review was conducted to assist in the conceptualization of this framework and for coding of the content.

Summary. The primary goals of the analyses were to describe and summarize DTEF cases and the distinguishing program characteristics by county. Individual county profiles were developed and then used to conduct a cross-program comparison describing the similarities and differences of the DTEF programs across the state. This comparison was based on key factors derived from the DTEF codes, NIDA standards, and other factors identified in the research literature. The fifteen individual county profiles are included in Appendix B. Seven counties had sufficient data in APETS and PIMS to conduct a descriptive analysis on a sample of their probationers who received DTEF services.

Data extracted from the probation case management information databases were used to conduct a preliminary impact analysis on treatment completion and probation termination data.

II. Process Evaluation Results

This section describes the DTEF program processes and implementation across the counties, including screening, referral, treatment placement, the continuum of care, treatment planning, supervision/accountability practices (e.g., case management), and program impact. See Appendix B for the specific county processes or characteristics of implementation that are described in the county profiles. Some subsections of the results begin with the NIDA principle and DTEF code as applicable to the reported results. For a full list of NIDA principles and the DTEF program code see Appendix C and D.

II. A. Screening Processes

The DTEF substance abuse screening and assessment process is a key implementation activity. The DTEF code prescribes that DTEF eligible probation cases are screened for substance abuse with the Adult Substance Use Survey (ASUS) (Wanberg, 1997).[3] The ASUS scores are used for determining the type and level of treatment recommendation so that the probationer will receive the most effective treatment for addressing his or her substance abuse recovery. Figure 1 depicts an overview of the screening and referral process and the various points at which the counties may show variation in these processes. The AHCCCS screening is included in the diagram because it is a mandatory process required by the DTEF code. What follows is a summary of the major patterns across the state for each area depicted in Figure 1. Table 6 summarizes by county how the ASUS screening is done, that is, at what point it occurs, who is screened, and who scores it.

[3] The Adult Substance Use Survey (ASUS) is a self-report survey designed to assess an individual's perceived alcohol and other drug use involvement in ten commonly defined categories of drugs, and to measure the degree of disruption that might result from drug use. It can be used as a screening instrument for adults, 19 years or older and is designed to be brief, 10-15 minutes in length.

Figure 1. Adult Substance Abuse Screening and Referral Process

Screening for Substance Abuse
At pre-sentence, post-sentence
or both pre-sentence and post -sentence

Probationer
Mandatory Treatment as prescribed by 13.901.01 or Discretionary (court-ordered or need identified at post-sentence)

Self-pay

Assess Ability to Pay For Treatment

Assess for Level of Treatment Need

AHCCCS enrolled

DTEF Co-pay

AHCCCS Provider

Referral to Treatment

DTEF funded provider

In-house treatment & community treatment

Community treatment only

Continuum of Care Placement

Substance abuse education	Motivational enhancement	Standard Outpatient	Intensive outpatient	Lapse - relapse prevention	Day treatment	Short-term residential	Long-term residential	Aftercare (not prescribed by code)

Table 6. Adult Substance Abuse Screening Process

	TOTAL	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
ASUS Screening Done																
Pre-sentence	***8***	X				X	X		X	X	X	X		X		
Post-sentence	***3***							X							X	X
Both pre- and post-sentence	***4***		X	X	X								X			
Who is Screened																
All defendants	***8***	X	X	X		X	X			X		X			X	
Only drug cases	***5***				X			X	X (high score on OST)		X			X		
Only those designated under 13.901.01	***2***												X			X
Who Scores ASUS																
Pre-sentence writer	***3***	X								X				X		
Supervising officer	***5***				X		X	X			X		X			
In-house paraprofessional screeners	***2***								X			X				
Treatment counselor	***2***					X										X
DTEF Coordinator	***3***		X	X											X	

Who Makes Treatment Referral																
	TOTAL	**Apache**	**Cochise**	**Coconino**	**Gila**	**Graham**	**Greenlee**	**La Paz**	**Maricopa**	**Mohave**	**Navajo**	**Pima**	**Pinal**	**Santa Cruz**	**Yavapai**	**Yuma**
Supervising officer	***9***	X			X		X	X		X	X	X	X	X		
DTEF Coordinator	***3***		X	X											X	
In-house Paraprofessional Screener	***1***								X							
In-house counselor	***2***					X										X

Screening for Substance Abuse and Who is Screened

NIDA Principle 4: Comprehensive assessment is the first step in the treatment process.

DTEF Code I.1.a, b: Screening with Adult Substance Use Survey.

DTEF Code I.1.c.: Trained staff in ASUS administration and interpretation.

DTEF Code I.1.d: Treatment recommendations based on ASUS and other secondary assessments.

All counties are using the ASUS to screen probationers for substance abuse. The majority of counties (n=8) conduct the ASUS screening at the pre-sentence stage, and a majority (n=8) screen all incoming defendants. The other counties either screen all incoming drug cases or only mandatory cases (Table 6).

The ASUS is designed to be a self-report tool. Most defendants receive the ASUS in their pre-sentence packet of forms that they are required to complete on their own. However, when defendants have low reading skills, the pre-sentence staff or probation officer will provide defendants assistance by reading the ASUS questions.

There is considerable variation in who scores the ASUS. As shown in Table 6, the supervising officer in five counties is responsible for this task, and in the other counties the pre-sentence writer or DTEF coordinator is responsible for ASUS scoring. Maricopa and Pima counties employ para-professional staff specifically for this purpose. Maricopa County has an entire department, called the Assessment and Referral Center (ARC) that is responsible for probationer screening and assessment for criminogenic risks and needs, including substance abuse. The ARC staff administer the risk and needs assessments in a face-to-face interview format and give the defendant the ASUS to complete on their own. The ARC screener then scores the ASUS and prepares the treatment referral. The ARC staff are funded solely through DTEF monies. In Pima County, two staff funded by DTEF monies are responsible for tracking and quality assurance of DTEF mandatory cases, ASUS scoring, and ASUS data entry responsibilities.

Identification of Mandatory and Discretionary Cases

If all mandatory cases are screened and referred to treatment, probation departments may use any remaining DTEF monies to serve other probationers with drug problems (i.e., discretionary cases). The determination of how much funding is available for discretionary cases typically occurs by periodic monitoring and assessment of DTEF funds and the flow of mandatory cases through the court. Also, four counties (Coconino, Maricopa, Pima, and Yuma) have contractual arrangements to use DTEF monies for personnel who screen, assess, and treat drug offenders. Five counties primarily use the funds for discretionary purposes because most of their mandatory cases are covered by AHCCCS funding (i.e., Apache, Coconino, Gila, Navajo, and Santa Cruz) (Table 7).

Tracking the mandatory cases and ensuring these cases receive treatment can be a challenge for some counties. The paperwork and monitoring required was reported to be a burden by five counties (Apache, Graham, Greenlee, La Paz, Pinal). Specifically, the implementation and scoring of the ASUS, completion of the referral recommendation, and tracking the treatment recommendation, placement and outcomes were considered to be a burden. Also, an accurate and timely accounting of mandatory cases is needed by counties to make valid case projections and allocations to fulfill the DTEF requirements and to estimate discretionary fund amounts. Pima and Yavapai counties specifically mentioned that the APETS generated reports are not sufficient for this purpose.

Assess for Level of Treatment Need

DTEF Code H.1.b.: Treatment matching based on specific needs of probationer.

DTEF Code I.1.d: Treatment recommendations based on ASUS and other secondary assessments.

All fifteen county probation departments reported that the ASUS is used as a basis for treatment recommendations. However, not all county DTEF coordinators and/or probation officers think the ASUS is useful or accurate for this purpose. More information is provided in the next section about probation staff's perception of the utility and accuracy of the ASUS.

Once the ASUS is scored, the assigned staff person not only reviews the ASUS results, but also reviews the pre-sentence investigation report and the Offender Screening Tool (OST)[4] scores in order to make the treatment recommendation. In some counties where the DTEF coordinator assumes this role of screener, he or she may confer with the supervising officer about the referral. For instance, officers may have a preference for where particular probationers receive services based on their perceived needs and/or a certain provider's treatment approaches. Other factors taken into consideration are the treatment provider's location and the probationer's ability to pay for treatment. Once the probationer is referred to a treatment provider, most providers conduct a more in-depth intake assessment in order to make a final determination on an appropriate placement and to create the treatment or "service" plan. Providers licensed by the state are required to administer an intake protocol, approved by the Department of Behavioral Health Services, which assesses client bio-psychosocial needs and strengths.

Perceptions of the Adult Substance Use Survey (ASUS)

Probation staff's perspectives about the ASUS were assessed since it is a key tool for the screening and referral processes. Officers[5] were asked if the ASUS was accurate and helpful, and if they use the ASUS scores and its related information for generating a treatment recommendation. The DTEF coordinators were asked similar questions in the site visit interview. Figure 2 shows that only 25% of probation officers think the ASUS is "accurate," and 55% view it as "somewhat accurate." Figure 3 shows that 43% see the ASUS as "somewhat helpful" and 25% as "helpful." About two-thirds (64%) of the probation officers reported using the ASUS information. Of those who

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[4] The Offender Screening Tool (OST) is a mandated interview protocol for all county probation departments to assess offender risk and need for the determination of the appropriate offender supervision level and case management requirements.

[5] Probation Officers in Maricopa County were not asked questions about the ASUS because the department's Assessment and Referral Center staff administer and score the ASUS and generate the treatment referrals. Therefore, they are not included in the analysis on officers' perceptions of the ASUS.

reported not using the ASUS information (36%), some of the main reasons given were as follows:

- defendant/probationer gives dishonest or socially desirable answers
- little or no ASUS training has been provided
- treatment providers use their own tools and their judgment is given more weight by probation staff
- officer experience and judgment, and other information such as the OST/FROST, are more frequently utilized
- the ASUS form is difficult to read.

Figure 2. Probation Officers' Perception of ASUS Accuracy

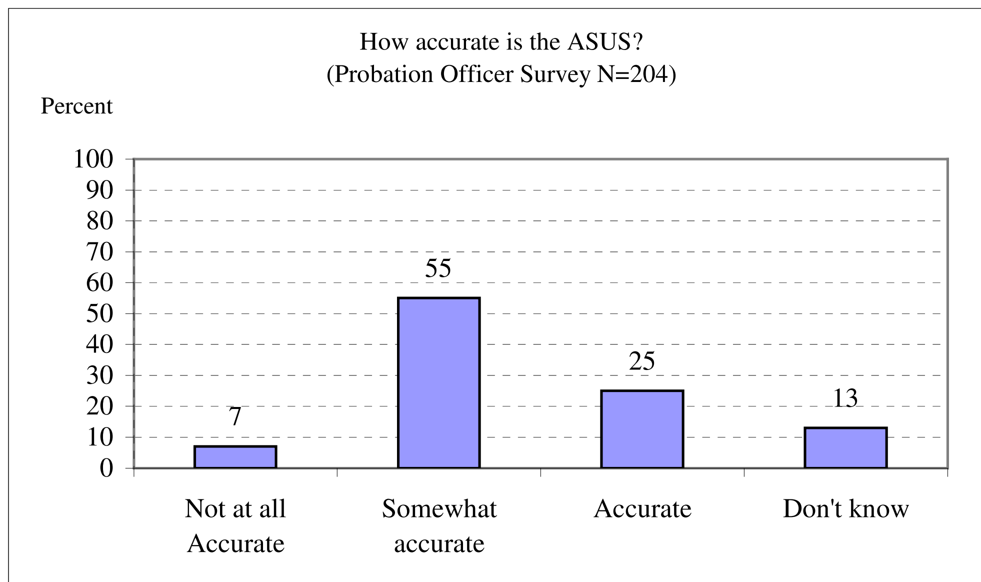
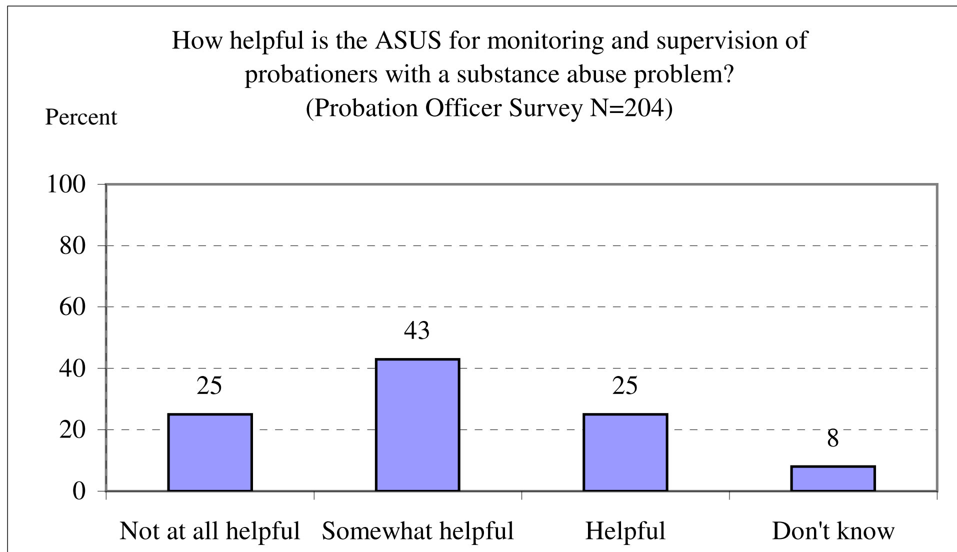


Figure 3. Probation Officers' Perception of ASUS Helpfulness



The DTEF coordinators (N=15) shared similar perspectives to the probationer officers, that is, nine coordinators felt the ASUS was accurate but usually qualified their answers about its accuracy with statements such as "for what it is intended to measure," and "if the defendant/probationer answers honestly." The remaining number (n=6) either did not think it was accurate due to the probationer "dishonesty" or they did not know. Several coordinators (n=3) reported that defendants at the pre-sentence stage under-represent their substance abuse problems on the ASUS in order to avoid a stricter sentence.

DTEF code also requires that the probationer be re-assessed with the ASUS at 180 days after entrance into treatment or upon change in treatment. Only six counties reported that they conduct these re-assessments, and almost all reported concerns about the validity and utility of the results. It was noted that probationers' ASUS scores tend to be elevated at the re-assessment period since they have been receiving treatment and recognize they have a substance abuse problem. Analyses of ASUS re-assessment data from selected county samples validate these reports. Due to this, concerns were expressed about using the post-treatment ASUS scores as an outcome measure since it would not accurately portray a probationer's treatment progress. Wanberg (1997) indicates that elevated ASUS scores at a re-assessment period could even mean positive treatment progress if the probationer is more self-aware and open about their problem.

The results reported above indicate that periodic training and technical assistance for the ASUS is needed in order to reinforce its purpose. Four counties reported the need for more ASUS training (Apache, Gila, Greenlee, Pinal). Five counties did not have trained staff in ASUS administration and interpretation (see Table 26). Concerns were raised by both officers and DTEF staff about defendants' ability to read the ASUS and also its ease of use for the officer to score and interpret. Coconino County would like to make the ASUS optional since their primary treatment provider does not follow the ASUS generated treatment referral recommendations.

Assess Ability to Pay for Treatment

DTEF Code G.1.g.: Assess co-payments.
DTEF Code H.1.e: Assess probationers' eligibility to receive DTEF services for their financial ability to pay. If unable to pay, probationers are to complete an AHCCCS referral form and Title19 and/or 21 application.

The DTEF code requires that a probationer be assessed for their ability to pay for DTEF treatment and/or be screened for AHCCCS eligibility. This financial/income screening determines the co-payment to be assessed the probationer, whether the probationer should be formally enrolled on AHCCCS, or whether the probationer should be referred to an AHCCCS provider if he or she is already enrolled as an AHCCCS recipient (e.g., has an AHCCCS client card). AHCCCS eligibility is based on specific income eligibility requirements. If an individual is eligible, then he/she can be enrolled on AHCCCS and receive physical and behavioral health treatment services through an AHCCCS approved facility. The AHCCCS enrollment period was reported by some DTEF Coordinators to take as long as 45 days or "many weeks." The enrollment backload appeared to be dependent on the Department of Economic Security (DES) office location where high workloads of staff were prevalent.

Departmental Procedures for DTEF Co-payment of Services

Thirteen counties indicated that they assess a co-payment to the probationer for DTEF treatment services and have specific departmental policy and procedures that address this strategy. For determining the probationer's co-payment, most departments use the AOC matrix tool that accounts for the monthly income and household size of the probationer. The DTEF-funded treatment provider is typically responsible for collecting the co-payment from the client and documenting this payment on the invoice to the probation department. A majority (67%) of officers reported that they receive documentation from their department about the status of probationers' DTEF co-payments.

Departmental Procedures for AHCCCS Screening

Table 7 summarizes the AHCCCS screening processes by county. Seven counties use a pre-screening tool and/or review the pre-sentence report to assess a probationer's likelihood for AHCCCS eligibility. Based on this information, staff will send the probationer to the local DES office for formal eligibility screening or to the local RBHA provider. Six counties either send the probationer directly to the RBHA provider or to the local DES office for screening. Maricopa County recently hired staff in-house to specifically screen for AHCCCS. Only one county does not screen for AHCCCS because the waiting period for AHCCCS enrollment and treatment intake period was perceived as too long.

Table 7. AHCCCS Screening Process

	TOTAL	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
AHCCCS Screening																
Send directly to local AHCCCS provider	***4***	X		X							X			X		
Pre-screen with tool and/or review pre-sentence information then send to AHCCCS provider	***7***		X		X	X	X					X			X	X
Send directly to DES	***2***							X					X			
In-house AHCCCS Screeners	***1***								X							
Does not screen	***1***									X						
Most or all Referrals Sent to AHCCCS Provider																
Yes	***5***	X		X	X						X			X		
No	***9***		X			X	X	X	X	X		X			X	X
Unknown	***1***												X			

II.B. Treatment Referral and Placement Process

NIDA Principle 5. *Matching services to fit the needs is critical for successful treatment.*
DTEF Code H.1.b. *Treatment matching based on specific needs of probationer.*

The primary criteria used by the probation departments for eligibility into a DTEF-funded treatment program (in addition to the DTEF code requirements) are the following:

- financial need (but not AHCCCS enrolled or eligible)
- no serious mental health problems
- no history or potential for violence
- whether it is a first DTEF treatment placement for a probationer (i.e., most counties will not pay for a second round through DTEF unless court-ordered or other special circumstances).

Table 6, presented in the previous section, shows the referral processes for each county. In nine counties, the supervising officer is responsible for generating the treatment referral. However, in five of these counties, the officer is not responsible for administering or scoring the ASUS, which may decrease the likelihood of using the ASUS information for treatment referral decisions. In the three counties, (Maricopa, Yavapai and Yuma) where the ASUS administration, scoring, and treatment referral are under the responsibility of a DTEF treatment coordinator or paraprofessional, there may be more quality control of the placements and, ultimately, the treatment resources. For example, in Maricopa County, the para-professional screener makes the referral, unless it is a drug court case. If the case is to be referred to drug court, then an in-house treatment staff conducts an intake and determines the treatment placement. Similarly, if a probationer in Yuma County is referred to Drug Court, then an in-house treatment counselor determines the treatment referral and placement.

In all counties, the probation department's treatment recommendation typically does not vary from the actual placement. Any discrepancy between the recommendation and placement decision is most likely seen in the intensity of placement, for example, standard outpatient versus long-term residential treatment. All DTEF coordinators reported that the treatment

provider makes the final decision about the treatment placement after an intake assessment is conducted. Maricopa County is an exception since internal policy and contractual agreements prescribe the treatment placement decision for external treatment providers. That is, if the external treatment provider determines that a different placement is needed based on their additional assessment then adequate justification must be provided to the Maricopa County probation department.

Time to Treatment Placement

According to NIDA Principles, treatment should be available and accessible to take advantage of the individual's readiness for treatment during the crisis period (i.e., sentencing and probation initiation). If there are waiting periods, and/or treatment is not easily accessible, then the probationer may lose his/her willingness and motivation to enter treatment. Overall, counties are providing accessible and reasonably quick entry into outpatient treatment. For example, if outpatient treatment is DTEF funded, and all factors proceed well (i.e., probationer makes appointment, officer and provider follow specified procedures, etc.), placement occurs within 7 to 14 days from the time of referral. However, the time to placement can range from one day (immediate) to 45 days. The size of the county and type of treatment (e.g., residential) influences this process. In geographically large counties, such as Yavapai, Apache, and Navajo, as well as large and populous counties such as Maricopa and Pima, efforts are made to provide treatment services that are accessible to probationer residence or on convenient bus routes. However, due to lack of public transportation (probationers often have their vehicle licenses suspended) or lack of treatment providers, providers are not always easily accessible. In at least three counties, Coconino, Pima, and Yavapai, treatment providers have worked with probation to employ ways to hasten the treatment placement process. Smaller counties tend to have faster placements than the larger counties. For example, in Cochise, Greenlee, La Paz, and Santa Cruz Counties the referral intakes take less than one week.

Although referral to treatment usually occurs in a timely manner, waiting lists for treatment placement were reported in seven counties. The longest waiting periods were for residential treatment in Coconino, Maricopa, and

Yuma counties, with waiting periods that ranged from one to four months. Three counties (Cochise, Maricopa and Pima) reported a waiting period for DTEF funded outpatient programs. In Maricopa and Pima Counties, these programs were for special populations (i.e., youthful offenders and women in trauma). Finally, three counties (Mohave, Navajo, and Yavapai) reported long waiting periods, even "many weeks," for treatment provided through the local RBHA agency (i.e., AHCCCS funded services).

Referrals to AHCCCS Funded Providers

Nine DTEF Coordinators and some officers reported concerns and problems with referring probationers to their local RBHA service provider for treatment. A problem that was consistently reported was the amount of time it takes for the probationer to get into treatment, especially if the probationer needs to be enrolled into the AHCCCS system. In Maricopa County, for example, it was reported that it typically takes 30 to 45 days for AHCCCS to approve an application. Once enrolled, there still may be a wait due to lack of treatment provider capacity (e.g., high caseloads). Recently, Maricopa County hired a staff person to specifically screen for AHCCCS in order to expedite this process.

Another concern raised by four counties (Apache, Cochise, Coconino, and Navajo) was that the local RBHA treatment provider was not referring clients to other ADHS authorized community providers in their county. Some of these providers are contracted by the probation department to provide DTEF treatment services. DTEF treatment providers in Cochise, Coconino, and Navajo counties specifically reported that they had difficulties getting referrals from the local RBHA provider. The DTEF coordinators were very concerned about this since they would like to increase the treatment accessibility and options within their counties.

Lack of communication and control once the probation department sends a probationer to a RBHA agency was also cited as a major concern. That is, the RBHA provider is under no obligation to provide regular status reports about a probation-referred client since the probation department is not directly funding the treatment service. High workloads and staff attrition in some of

these RBHA agencies may also exacerbate any efforts to foster relationships and increase communications with the local county probation department. DTEF coordinators and probation officers were more likely to express frustration with the RBHA providers than the DTEF providers in their attempts to obtain information about a probationer's status.

Finally, the quality of treatment provided by local RBHA agencies was also raised as a concern by several DTEF coordinators. In summary, many probation department staff are reluctant to send their probationers to AHCCCS funded treatment due to concerns about the enrollment period, waiting lists for treatment, and treatment quality.

II.C. Treatment Continuum of Care

NIDA Principle 3. Treatment must last long enough to produce stable behavioral changes (duration at least 90 days).
NIDA Principle 5. Matching services to fit the needs is critical for successful treatment.
DTEF Code H.1.c.: Service delivery continuum in place.
DTEF Code H.1.a.: Use of current research and evidence-based intervention strategies.

The DTEF code specifies that five treatment components comprise the continuum of care offered in each county. Exceptions to this must be approved by the AOC if a service is not available or if an additional service is provided (see Table 8). Arizona Codes of Judicial Administration, Section 6-205 provides definitions for these five treatment modalities of the continuum:

1) substance abuse education-- an intervention service for probationers in an outpatient setting for two to twelve sessions.
2) outpatient treatment—There are two types of outpatient treatment. *Standard outpatient* means a service in a non-residential setting that consists of one 90 minute, face-to-face group session per week with a minimum of five face-to-face contact hours per week, or one one-hour individual session may be substituted for one 90 minute group session.
   Intensive outpatient is a service in a non-residential setting that consists of a minimum of three, two-hour face-to-face group sessions per week. One one-hour individual session may be substituted for one, two–hour group session.

3) motivational enhancement—a client-centered counseling approach for initiating behavior change by helping probationers resolve ambivalence about engaging in treatment and stopping drug use.
4) lapse/relapse prevention— a service in a non-residential setting that facilitates maintaining abstinence as well as provides help for probationers who experience relapse.
5) residential treatment—There are three types of care categorized under residential treatment. *Day treatment* means a service in a non-residential setting used in lieu of residential treatment and consisting of five days per week for six hours of face-to-face contact per day. *Short-term* residential is any type of treatment or counseling for alcohol and drug disorders where the probationer resides at the facility for 30 days or less. *Long-term residential treatment* is any type of treatment or counseling for alcohol and drug disorders where the probationer resides at the facility for 31 days or more.

All counties have the five components of the continuum of care available, with the exception of motivational enhancement. In the four counties (Cochise, Graham, Greenlee, La Paz) where this treatment option was not indicated, the treatment providers reported that they incorporate motivational enhancement strategies into their program, rather than provide it as a separate modality, per se. Although the DTEF code specifies that residential treatment be available, it does not specify whether access should be to both short-term (30 days or less) and long-term treatment (31 days or more). All counties have access to either short-term or long-term residential treatment, although two counties report that long-term is not available (Cochise & Coconino). Although residential treatment may be provided, a majority of counties have to send their clients out of their county, often to Phoenix or Tucson, to receive it. DTEF coordinators were concerned that this practice removes the probationer from their community and local support systems.

Length of Treatment

Research on effective substance treatment and NIDA principles recommend that treatment length should be at least 90 days in order to maximize the potential for a positive impact. DTEF coordinators and treatment providers report that this principle is met for most components.

Most Frequent Placement Type Provided

DTEF coordinators and treatment agency administrators were asked what treatment placement DTEF probationers most frequently received. Standard outpatient treatment was the most frequently used placement type. The data samples from the probation databases validate these reports.

Table 8. Treatment Continuum of Care Components Available by County

County	*1. Substance Abuse Education*	*2. Standard outpatient*	*2. Intensive outpatient*	*3. Motivational enhancement*	*4. Lapse/ relapse prevention*	*5. Day Treatment*	*5. Short-term residential*	*5. Long-term residential*	*Time to Treatment Placement (DTEF)*
Apache*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	30 days
Cochise	Yes	Yes	Yes	No	Yes	No	Yes	No	1-2 days
Coconino*	Yes (in-house)	Yes	Yes	Yes	Yes	No	Yes	No	14 to 30 days
Gila*	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	30-45 days
Graham	Yes	Yes	No	No	Yes	No	Yes	Yes	unknown
Greenlee	Yes	Yes	No	No	Yes	No	Yes	Yes	same day
La Paz	Yes	Yes	Yes	No	Yes	No	Yes	Yes	same day
Maricopa	Yes (in-house & community)	Yes (in-house & community)	Yes (in-house & community)	Yes (in-house & community)	Yes (in-house & community)	No	Yes (Not DTEF)	Yes (Not DTEF)	7-45 days
Mohave	Yes	Yes	Yes	Yes	Yes	No	Yes (Not DTEF)	Yes (Not DTEF)	7 days

County	*1. Substance Abuse Education*	*2. Standard outpatient*	*2. Intensive outpatient*	*3. Motivational enhancement*	*4. Lapse/ relapse prevention*	*5. Day Treatment*	*5. Short-term residential*	*5. Long-term residential*	*Time to Treatment Placement (DTEF)*
Navajo*	Yes	Yes	Yes	Yes (in-house)	Yes	No	Yes	Yes	varies
Pima	Yes	Yes	Yes	Yes	Yes	No	Yes (Not DTEF)	No	7-14 days
Pinal	Yes	Yes	Yes	No	Yes	No	Yes	Yes	unknown
Santa Cruz*	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	7 days
Yavapai	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	7-14 days
Yuma	Yes (in-house)	Yes (in-house)	Yes (in-house)	Yes (in-house)	Yes (in-house)	No	Yes	Yes	7 days for Drug Court
Total	**15**	**15**	**13**	**10**	**15**	**0**	**15**	**12**	
	**Note: Most services are funded by AHCCCS.*								

Treatment Curricula or Strategies

NIDA Principle 7. Treatment should target factors associated with criminal behaviors.

The DTEF Code requires that evidence-based practices be used in the treatment continuum of care. NIDA recommends that criminal thinking, antisocial values, anger/hostility, and problem-solving be addressed in treatment to reduce recidivism. Effective approaches recommended by NIDA are cognitive-behavioral treatment, contingency management, and medications. Promising approaches include drug courts, moral reasoning, and motivational interviewing. Table 9 below shows the various evidence-based or promising treatment approaches recommended by NIDA that are used by the counties. Most county providers employ cognitive behavioral therapy and the Matrix Model. Maricopa County requires that all of its contracted providers use Wanberg and Milkman's (1998) *Criminal Conduct and Substance Abuse Treatment*, which employs a cognitive behavioral approach and addresses criminogenic behaviors.

Although eight counties have adult drug courts, currently only four of them use DTEF funds to pay for treatment and/or drug court personnel. These four counties are Gila, Maricopa, Pima and Yuma. Table 10 shows which counties have drug courts and which ones are using DTEF funds for staff and treatment. Drug courts incorporate the blending of the criminal justice and treatment/social service systems to address offenders with drug addiction. A drug court participant undergoes an intense regimen of substance abuse and mental health treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before a judge with specialized expertise in the drug court model (Fox & Huddleston, 2003). In addition, drug courts may provide job skill training, family/group counseling, and many other life-skill enhancement services. Further description of the drug courts for these counties is provided in Section II. G.

Table 9. Treatment Curriculum and/or Approaches Employed by Treatment Providers

Treatment Curriculum and/or Approaches Employed by Treatment Providers	Total # Counties
a. Reasoning and Rehabilitation (Ross & Fabiano, T-3 Associates)	0
b. Thinking for a Change, Cognitive Skills	7
c. Co-Occurring Disorders Treatment	7
d. Cognitive Behavioral Therapy (CBT)	14
e. Matrix Model	10
f. Moral Reconation Therapy	2
g. Preparation for Change: The Tower of Strengths & Weekly Planner (Texas Christian University)	0
h. Other/Evidenced-based or Research Validated Practices: *Home Study Cognitive Skills/Life Skills American Correction Institute-Utah*	1
Criminal Conduct and Substance Abuse Treatment (Wanberg & Milkman)	2
Gorski Relapse Model	2
Covington's Helping Women Recover	2
Life in Balance (Hoffman, Landry & Caudill)	1
American Community Corrections Institute Workbook	1
Stages of Change Model	2

Table 10. Adult Drug Courts in Arizona Funded by DTEF

County	*Adult Drug Court*	*Funded by DTEF*
Apache		
Cochise		
Coconino	✔	
Gila	✔	✔
Graham		
Greenlee		
La Paz		
Maricopa	✔	✔
Mohave		
Navajo	✔	
Pima	✔	✔
Pinal		
Santa Cruz		
Yavapai	✔	
Yuma	✔	✔

Although the DTEF code requires that evidence based treatment be employed, the probation departments do not have full control over what strategies are used by their contracted providers, especially if they are RBHA providers. The RBHA providers are required by the Arizona Department of Behavioral Health to employ certain practices, for example, the Matrix Model. This requirement explains why a majority of providers (n=10) reported using the Matrix Model.

Treatment counselors were asked their opinion about the effectiveness of the curricula and/or approaches used with their probation clients. Overall, most counselors felt that they were effective and useful. There were a few counselors, specifically in Maricopa County (5 of 22), who felt that the *Criminal Conduct and Substance Abuse Treatment* (Wanberg & Milkman, 1998) was not relevant or useful to their clients' needs. One counselor from Pima felt similarly about Stephanie Covington's *Helping Women Recover (1999)*. Finally, two providers, one in Pima and the other in Yavapai County, expressed their opinion that standard curricula are often not suitable for their

clientele (e.g., "not in touch with the real world") and so they often adapt curricula or develop their own materials and programs.

Other Supportive Treatments

NIDA Principle 2. Recovery from drug addiction requires effective treatment and management of disorder over time.

NIDA Principle 12. Medications are an important element of treatment.

Recovery from drug addiction requires management of the disorder over time since there may be lapses and relapses. All counties provide additional supportive treatments, such as aftercare components, either formally or informally and require or strongly recommend participation in self-help or recovery groups. Besides what is prescribed by the DTEF code for service components, six counties also provide medications such as methadone maintenance (Gila, Maricopa, Mohave, and Pima) and other pharmacological therapy (Gila, Maricopa, Pima, Santa Cruz and Yavapai). For some counties, it is unclear whether these services are funded through DTEF or some other source. Medications can be effective at stabilizing the brain and helping it return to normal functioning (NIDA, 2006). Also, for those with mental disorders, medications to treat mental health conditions are critically important.

Services to Address Probationers' Ancillary Needs

NIDA Principle 5. Matching services to fit the needs is critical for successful treatment.

DTEF Code H.1.b.: Treatment matching based on specific needs of probationer

A probationer with a substance abuse problem may have other needs that can affect his/her recovery. Evidence-based practice indicates that a comprehensive assessment should not only include a thorough diagnosis of the substance problem, but should also identify individual needs and strengths related to the client's recovery and rehabilitation. These include the following: physical, mental health, housing, employment, educational, childcare, as well as criminogenic needs (CSAT, 2005; NIDA, 2006).

Probation and treatment staff were asked about the availability of various "ancillary services" to address the needs of probationers with substance abuse problems. On a list of the various ancillary services that could be provided to address probationers' needs, a majority of DTEF coordinators reported that this list of services were either "sometimes" or "always available" to their probationers if identified as a need. The services that were reported as not being available in seven of the counties were housing referral, medical, dental, and stress management services. A table listing the ancillary services available within each county is in Appendix G.

II. D. Treatment Planning and Case Management Practices

NIDA Principle 8. Treatment planning should involve treatment and criminal justice personnel.

According to NIDA principles, once the probationer's treatment needs have been identified, a treatment/service plan should be created to address these needs, along with the other terms and requirements of probation supervision. Ninety-four percent (94%) of the treatment counselors reported that they develop an individualized treatment or "service" plan for their probation clients. Of the sample plans obtained from the providers, most were a template that listed the client's presenting problems, long-term and short-term objectives, methods to achieve the goals, and measures to indicate whether the goals were met. Counselors most frequently reported that the treatment plans are updated on a quarterly or "as needed" basis.

Ideally, the probation officer and treatment provider work together on managing the treatment plan. NIDA principles describe the benefits of this working relationship as follows:

> "It blends the functions of criminal justice and treatment systems to optimize outcomes; for example, there is close supervision with community based treatment, consequences for noncompliance are certain and immediate, and there is opportunity to avoid incarceration or a criminal record."

Table 11 shows that slightly over half (51.5%) of the treatment providers reported that they involve probation staff in their treatment planning.

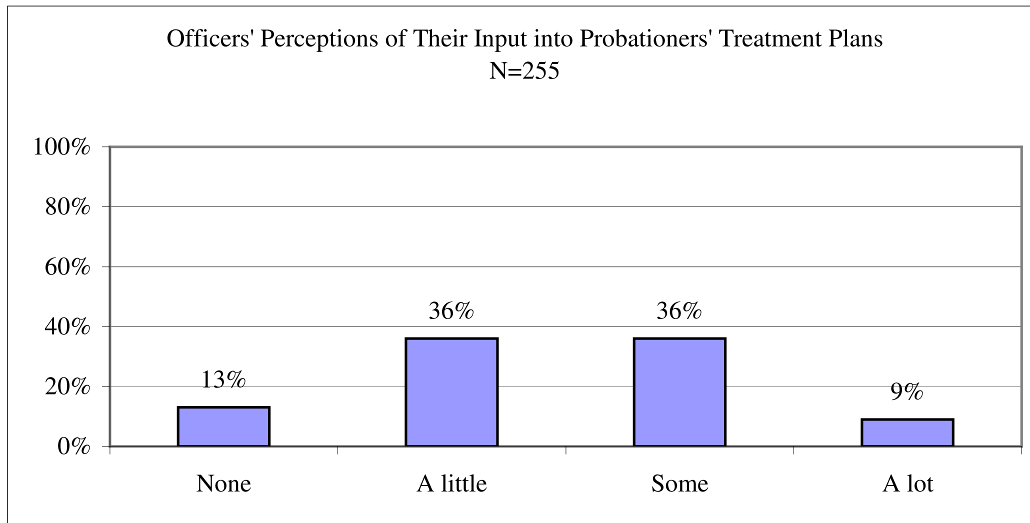
Table 11. Are court/probation staff involved in treatment planning with your clients? (Source: Treatment Counselor Survey)

County	*No*		*Yes*		*Total for County*	
	#	%	#	%	#	%
Apache	1	25.0	3	75.0	4	100.0
Cochise	2	100.0	0	0.0	2	100.0
Coconino	3	50.0	3	50.0	6	100.0
Gila	2	66.7	1	33.3	3	100.0
Graham	1	100.0	0	0.0	1	100.0
Greenlee	0	0.0	1	100.0	1	100.0
La Paz	0	0.0	1	100.0	1	100.0
Maricopa	14	70.0	6	30.0	20	100.0
Mohave	3	60.0	2	40.0	5	100.0
Navajo	N/a*	N/a	N/a	N/a	N/a	N/a
Pima	6	42.9	8	57.1	14	100.0
Pinal	0	0.0	3	100.0	3	100.0
Santa Cruz	0	0.0	1	100.0	1	100.0
Yavapai	0	0.0	3	100.0	3	100.0
Yuma	1	25.0	3	75.0	4	100.0
State Aggregate	***33***	***48.5***	***35***	***51.5***	***68***	***100.0***

(*N/a=not applicable, Navajo County has the same counselor/provider as Apache County)

Figure 4 shows officers' perceptions of their own input in treatment planning. About 36% of officers perceive they have a "little," and 36% perceive they have "some" input. Officers' perceptions vary by county, with Gila County having the highest percentage (45.5%) of officers reporting they have no input, followed by Maricopa County (37.9%).

Figure 4. Officers' Perceptions of Their Input into Probationers' Treatment Plans



Treatment Provider and Probation Staff Communication about Probation Client Treatment Progress

Establishing and maintaining communication between the probation and treatment agencies is essential for effective and successful management of drug-involved probationers (CSAT, 2005). It is recommended that communication should begin at the system level and then is carried out daily at the case level. Treatment and probation agency communications about the probation client could include probation agencies sharing the pre-sentence investigation reports and treatment providers giving regular reports to judges and/or officers about treatment attendance and progress. Treatment agencies need to know about any changes in the justice status of the probationer and about progress in meeting other special conditions of the sentence (CSAT, 2005).

Several questions about communication processes were asked of both probation and treatment agency staff. Thirty-six percent (36%) of counselors/ treatment providers have contact with the supervising officers on a weekly basis, and 46% reported having monthly contact. DTEF treatment providers submit monthly progress reports with their billing. Beyond the required

monthly report, most counselors communicate with probation via phone calls and electronic mail. The exceptions are for those counselors who provide treatment for the drug court. Daily to weekly contacts occur in-person between drug court team members, including the counselors. Treatment providers for drug court are also more likely to attend court hearings, and officers are more likely to attend client treatment update meetings.

Several treatment providers made a point of mentioning that their treatment group sessions are open for observation by supervising probation officers at any time. Other providers are more restrictive, and some do not allow observations at all without permission from the probation client.

Counselors were asked questions about the responsiveness of the probation officer to their probation client's treatment process. Table 12 shows that 72% of treatment counselors felt that officers were "supportive" of the probation client's treatment process, while 27% felt the officers were "somewhat supportive." Only one treatment counselor reported probation officers were "not at all supportive." Also, if a counselor was dissatisfied with a probation client's progress, 98% of counselors reported that probation officers heed their advice and warn the probation client about his/her behavior.

Table 12. "Do you feel that the average referring probation officer is supportive of the treatment process?" (Source: Treatment Counselor Survey)

	Not at all supportive		*Somewhat supportive*		*Supportive*		*Total for County*	
County	#	%	#	%	#	%	#	%
Apache	0	0.0	2	50.0	2	50.0	4	100.0
Cochise	0	0.0	0	0.0	2	100.0	2	100.0
Coconino	0	0.0	0	0.0	6	100.0	6	100.0
Gila	0	0.0	0	0.0	3	100.0	3	100.0
Graham	0	0.0	0	0.0	1	100.0	1	100.0
Greenlee	0	0.0	0	0.0	1	100.0	1	100.0
La Paz	0	0.0	0	0.0	1	100.0	1	100.0
Maricopa	1	4.8	3	14.3	17	81.0	21	100.0
Mohave	0	0.0	1	20.0	4	80.0	5	100.0
Navajo	n/a*	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pima	0	0.0	11	68.8	5	31.3	16	100.0
Pinal	0	0.0	3	100.0	0	0.0	3	100.0
Santa Cruz	0	0.0	0	0.0	1	100.0	1	100.0
Yavapai	0	0.0	0	0.0	3	100.0	3	100.0
Yuma	0	0.0	1	25.0	3	75.0	4	100.0
State Aggregate	***1***	***1.5***	***18***	***26.5***	***49***	***72.1***	***68***	***100.0***

(*n/a=not applicable, Navajo County has the same counselor/provider as Apache County)

Perceptions of Communication Effectiveness

Both probation staff and treatment providers were asked the same or similar questions about the amount and quality of interaction they have regarding probation clients under their supervision and treatment. Tables 13 and 14 show the perceptions of communication effectiveness between the treatment counselors and probation officers.

Table 13. "How effective is communication between you and treatment agencies?" (Source: Probation Officer Survey)

	Not at all Effective		*Somewhat Effective*		*Effective*		*Total for County*	
County	#	%	#	%	#	%	#	%
Apache	1	20.0	3	60.0	1	20.0	5	100.0
Cochise	1	12.5	4	50.0	3	37.5	8	100.0
Coconino	1	14.3	6	85.7	0	0.0	7	100.0
Gila	1	9.1	6	54.5	4	36.4	11	100.0
Graham	0	0.0	0	0.0	1	100.0	1	100.0
Greenlee	0	0.0	0	0.0	2	100.0	2	100.0
La Paz	0	0.0	1	50.0	1	50.0	2	100.0
Maricopa	6	10.3	37	63.8	14	24.1	57	100.0
Mohave	1	9.1	7	63.6	3	27.3	11	100.0
Navajo	0	0.0	1	50.0	1	50.0	2	100.0
Pima	3	3.3	47	51.6	41	45.1	91	100.0
Pinal	1	11.1	7	77.8	1	11.1	9	100.0
Santa Cruz	0	0.0	5	83.3	1	16.7	6	100.0
Yavapai	3	7.9	27	71.1	8	21.1	38	100.0
Yuma	0	0.0	1	33.3	2	66.7	3	100.0
State Aggregate	***18***	***7.1%***	***152***	***60.1%***	***83***	***32.8%***	***253***	***100.0***

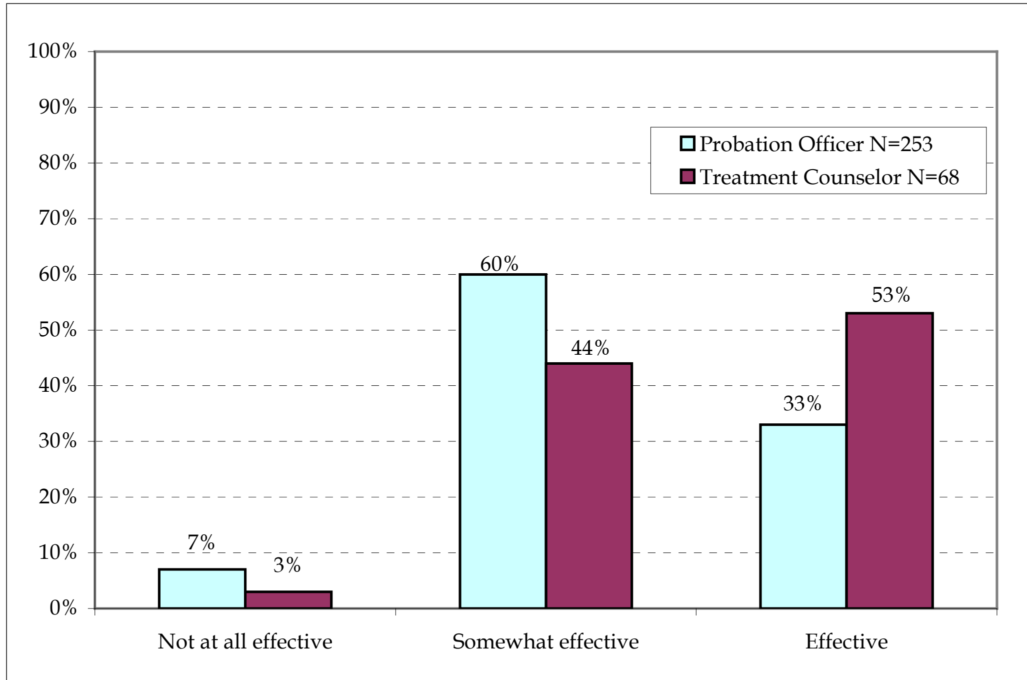
Table 14. "In your opinion, how effective is the communication between you and the probation agency?" (Source: Treatment Counselor)

	Not at all Effective		*Somewhat Effective*		*Effective*		*Total for County*	
County	#	%	#	%	#	%	#	%
Apache	1	25.0	1	25.0	2	50.0	4	100.0
Cochise	0	0.0	0	0.0	2	100.0	2	100.0
Coconino	0	0.0	2	33.3	4	66.7	6	100.0
Gila	0	0.0	0	0.0	3	100.0	3	100.0
Graham	0	0.0	0	0.0	1	100.0	1	100.0
Greenlee	0	0.0	0	0.0	1	100.0	1	100.0
La Paz	0	0.0	0	0.0	1	100.0	1	100.0
Maricopa	1	4.8	9	42.9	11	52.4	21	100.0
Mohave	0	0.0	3	60.0	2	40.0	5	100.0
Navajo	n/a*	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pima	0	0.0	14	87.5	2	12.5	16	100.0
Pinal	0	0.0	3	100.0	0	0.0	3	100.0
Santa Cruz	0	0.0	0	0.0	1	100.0	1	100.0
Yavapai	0	0.0	0	0.0	3	100.0	3	100.0
Yuma	0	0.0	1	25.0	3	75.0	4	100.0
State Aggregate	**2**	***2.9***	***30***	***44.1***	***36***	***52.9***	***68***	***100.0***

(*n/a=not applicable, Navajo County has the same counselor/provider as Apache County)

Figure 5 shows a comparison of probation officers' and treatment counselors' responses about communication effectiveness. Across the counties, officers tend to have slightly lower perceptions of effectiveness than the counselors', with 33% of officers rating their communication with treatment agencies as "effective," and 53% of counselors rating their communication with probation as "effective."

Figure 5. Perceived effectiveness of the communication between probation and treatment agency staff



An indicator of communication effectiveness and collaboration is the perception of bilateral or equal information sharing. Of those counselors who responded to this question, about 46% felt that there was an equal sharing of information. Clinical administrators/directors perceived that, overall, the information sharing was bi-lateral. The probation department's perspectives about bilateral information sharing were similar, with about 42% of the officers reporting that there was equal sharing of information. One of the common themes that surfaced from probation officers' open-ended comments about the quality of treatment provided to probationers was the need for more information from the counselor about the probationer's non-compliant behaviors and/or treatment progress.

Notably, some DTEF coordinators for the probation departments, as well as clinical directors of treatment agencies, reported that inter-agency communication either diminished or improved over time. For example, in

Coconino and Cochise counties it was noted by their DTEF coordinators that the local RBHA inter-agency meetings between probation and the local treatment providers designed to assist in problem solving and improving services, had decreased in the past year or two. One DTEF-funded community treatment provider in Maricopa County noted that Maricopa County probation had decreased the frequency of its formal meetings with treatment providers and that important department policy and procedural changes were not communicated in a timely manner. Conversely, in Gila and Santa Cruz counties, increased efforts were made by both probation and the local RBHA's to meet and share information about probation and treatment processes. In smaller, rural counties, communication between probation and treatment and the responsiveness of both agencies to each other's needs tended to be perceived more favorably. For example, in La Paz County, the probation staff communicate and refer clients easily to the treatment provider who has an office location one block away from the probation office.

II. E. Treatment Agency Characteristics and Counselor Qualifications

DTEF Code G.3 & 4. Licensure, credentials, and certifications are required.

Treatment Agency Characteristics

Administrators of the treatment agencies provided information about their agency characteristics, such as number of years in operation, type of agency (mental health clinic, private practice, etc.), budget information, licensure, staff capacity, and client caseloads. Twenty agencies and/or practitioners participated in the evaluation. Nearly half of the treatment providers across the counties who participated were in a private, individual or group practice. Maricopa and Yuma County Adult Probation also have their own in-house substance abuse treatment counselors who primarily serve drug court participants.

A majority of the agencies or practitioners had been in operation for eight or more years. Thirteen of the 20 agencies had licensure with the State Department of Public Health. Two agencies had accreditation by one of two

major accreditation commissions for healthcare. Four of the agencies were the local RBHA provider within the county.

Substance abuse counselor caseloads ranged from as low as one to ten, to as high as 40 or more clients. The average number treated per month ranged from a low of four to a high of 400. These variations are indicative of the size of the county and the treatment agency capacity. Twelve of twenty agencies reported that a range from 60% to 100% of their clientele were under criminal justice supervision. Five agencies reported that their probation clientele were decreasing and that their budgets for the substance abuse treatment programs were also decreasing. These agencies also reported that a range from 40% to 70% of their budget was spent on substance abuse treatment. Appendix H summarizes the characteristics of each individual treatment agency/provider characteristics by county.

Counselor Characteristics

A total of 69 counselors from the treatment agencies participated in a survey that asked questions about their background and experience as well as information about the substance abuse treatment he/she provides to probationers. Sixty-eight percent (68%) had five to seven or more years experience working in the alcohol and drug treatment field. Similarly, a majority (65%) had worked five to seven or more years with criminal offenders. The most frequently reported highest degree received was a Masters Degree in Social Work, Psychology, or Counseling. Ninety-two percent were licensed with the state to practice counseling. Of those who were not licensed (n=5), four reported either in-process application for licensure with the state, and/or were under supervision by a licensed counselor. Eighty percent (80%) of counselors were White, 9% Hispanic, 6% African American, 1% Native American, and the remaining percentage marked "other." Forty percent (40%) of the counselors were in recovery from substance abuse. The average number of treatment groups provided per week was about four, with a range from one to ten. Table 15 shows the counselor characteristics by county.

Table 15. Treatment Counselor Characteristics

	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
Total Respondents	**4**	**2**	**6**	**3**	**1**	**1**	**1**	**21**	**5**	**2**	**16**	**3**	**1**	**4**	**4**
Years worked in alcohol/ drug treatment field	7+	7+	5.6	6	6	7+	7+	7+	7+	7+	5	3	5	7+	5.8
Years worked for agency	5.25	6	3.3	2.3	1	5	4	4	5.2	7+	3	1.3	5	4	2.5
Years worked in current position	5.25	5	3.3	2.7	6	5	3	3.7	5.4	6.5	3.1	1.3	3	4.5	2.5
Years worked with offenders	6	7+	5.3	6	7+	7+	7+	6.2	6.8	6.5	5.3	5	5	7+	6
Modal highest degree held	MA	MA	MA	MA	MA	HS	MA	MA	MA	MA	MA	MA	HS	MA/HS	HS/ MA/BA
Ethnicity/Race															
% White	100%	50%	100%	67%	100%	100%	100%	85%	80%	100%	75%	67%		100%	50%
% Hispanic		50%		33%				5%	20%		6%		100%		25%
% Black								10%			6%				25%
% Native American											6%				
% Other-Mixed											6%	33%			
% in Recovery	**50%**	50%	33%	67%	0%	100%	0%	20%	60%	50%	44%	33%	0%	100%	75%
Mean # of hours direct services provided to clients	10	6	23.5	28.3	4	10	12	18.9	14.3	20	17.5	23	20	30	40
Mean # of clients assigned to counselor	45	12	39.5	74.3	8	10	60	33.7	18	20	41	46.3	100	35	38.5
Mean weekly # of groups	2.25	3	3	2.7	4	2	1	4.5	2.8	2	6.5	2.7	6	2.25	4.8
Mean # clients per group	8.5	7.5	13.5	10.3	4	5	8	11	8.2	10	12.3	12	10	9	9.3
% of caseload CJ Population	35%	65%	62%	42%	100%	100%	30%	99%	29%	60%	72%	25%	70%	76%	99%
Mean # of individual sessions per week	11.5	4.5	3.5	16.7	0	3	5	1.3	4.2	16.5	4.8	11	10	19.7	8.8

II. F. Perceptions of Treatment Availability and Quality

Probation officers, probation DTEF coordinators, and clinical directors/ administrators of treatment agencies all were asked about treatment availability and capacity to fill treatment needs. There was a convergence in perceptions across probation and treatment agency participants about needs for treatment and other supportive services to help probationer recovery efforts. A summary of these findings is presented in Table 16. The most frequently mentioned need was for an increased number of providers and treatment programs. Specifically, more intensive programs, such as in-patient, and long-term residential treatment were reported as a high need in all the counties by both probation and treatment agencies. Also, in a majority of counties, both probation and treatment agency staff reported the need for sober and supportive housing options, such as halfway houses. Several counties mentioned supportive housing, especially for women with children. For example, in Gila County, the DTEF coordinator reported that mothers with a methamphetamine addiction have intense and multiple needs that challenge their resource-poor court and social service systems, because these women have cases in both the dependency and criminal courts. While keeping families safe and intact is the ultimate goal for these types of cases, there are limited treatment and living options for these women to maintain contact with their children as they try to recover from their addictions.

Less frequently mentioned, but reported due to the high proportion of probationers of Hispanic descent, was the need for more Spanish-speaking treatment providers. Notably, this was mentioned by officers in or near border counties, including Santa Cruz, Maricopa, and Pima counties.

Probation staff also reported concerns and dissatisfaction with the quality of treatment, particularly services obtained through RBHA providers. In four counties, the clinical directors of DTEF funded treatment agencies specifically mentioned difficulties in getting referrals from the local RBHA provider, even though their agency or practice was licensed by ADHS to provide AHCCCS-funded treatment. Finally, both probation and treatment agency staff in five counties specifically reported difficulties communicating or obtaining timely information from each other.

Table 16. Needs for Treatment and Other Supportive Services

Theme	Counties Reporting This Issue	Data Sources		
		DTEF coordinator	Officer	TX provider
Not enough treatment providers/programs to fill needs; need more treatment modality options	Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Pima, Mohave, Navajo, Pinal, Santa Cruz, Yavapai (N=12)	X	X	X
Need more in-patient, residential treatment	All counties	X	X	X
Need medical detoxification services	Gila, Graham, Greenlee, Mohave, Pima, Yavapai (N=6)	X	X	X
Inconsistent quality of treatment; need for flexibility and treatment modality options	Cochise, Coconino, Gila, Maricopa, Navajo, Pinal, Yavapai (N=7)	X	X	
Dissatisfaction with local RBHA provider (e.g. high caseloads, quality, and unwillingness to refer clients to other providers)	Cochise, Coconino, Greenlee, Gila, Maricopa, Navajo, Pima, Pinal, Santa Cruz (N=9)	X	X	X
Need more sober and supportive living options (half-way houses, etc)	Cochise, Coconino, Gila, Graham, Mohave, Pima, Santa Cruz, Yavapai (N=8)	X		X
Increased communication between probation and treatment agencies needed	Apache, Coconino, Maricopa, Pima, Santa Cruz (N=5)	X	X	X
Need more Spanish speaking counselors/programs	Maricopa, Pima, Santa Cruz (N=3)		X	X

Additional evidence for the findings above include two separate closed-ended questions that asked probation officers to rate the quantity and quality of the substance abuse treatment programs in their county. Nearly 44% of probation officers reported there were not enough programs, 31% indicated that there was an adequate number but that there could be more, and 23% said there were enough programs available. Although 64% of probation officers across the counties rated the treatment quality as "adequate," within five counties about 40-50% of the officers rated the treatment quality as "poor."

Probation officers' comments about why they gave a rating of "needs improvement" or "poor" to the quality of substance abuse treatment in their county were grouped into the same major themes presented in Table 16 above. Examples of officer's verbatim comments are provided below.

Probation Officer comments about the amount and quality of treatment:

Not enough treatment providers/programs to fill needs; need more treatment modality options

-We are very limited in the amount of providers we have. We could always use more, since sometimes the staff clash with the probationers. It would also help if we had more choices in the type of treatment they receive. (Apache)

-There are not a lot of options to place offenders in. That I am aware of, there is little or no groups for Spanish speakers, and no cognitive based groups. All offenders are put in the same groups and treated the same. Long- time users are in groups with first time users. There is no drug education programs, all offenders are screened and found to need counseling. The treatment classes are not flexible in times and do not take into account the offenders that work 8-5. The evening group starts at 5pm. (Pinal)

-Not enough programs. Some classes are full and out of control. Not enough money for IOP. (Cochise)

-Not enough Dr.'s or staff to adequately support residents of county. Quality assurance of programs sporadic. (Gila)

-Only one provider available in the county. She is stretched thin with contracts from other funding sources. (Greenlee)

-Because of the high need, providers tend to be cookie cutter versions of treatment that are not specifically tailored to each client's need. With these placements (which are the easiest to get clients into), there is usually a problem with communication between probation and treatment (Maricopa).

Need more intensive, and in-patient, residential programs

-Most defendants w/ long histories of drug abuse need more intensive drug tx, but do not get it. The drug tx offered to those on meth is not adequate b/c they always relapse. (Maricopa)

-I believe that there need(s) to be many more residential beds. The few…treatment beds available to a city the size of Phoenix is ridiculous. It creates long waiting list and the opportunity to get a client into treatment at the opportune moment. (Maricopa)

-I believe most treatment programs are too general in nature, and not enough time is available to make a program more specific to the individual. (Pima)

-I have a lot of offenders that successfully complete SOP Tx and test dirty within days or weeks of graduation or even during Tx. Something doesn't seem to quite stick or get through to them the way I think it should. I think Tx needs to be more intensive and more frequent. (Pinal)

-A few sober living environments, but No residential treatment facilities in county. Current outpatient treatment typically running at max level. (Mohave)

-In need of more residential treatment options, especially for pregnant women and single parents. (Yuma)

Quality of providers

-Again, the size of the agencies makes it difficult for the defendant to get an in-take done and placed in a group. Also, group sizes are so large, often some defendants are forgotten in class, not held accountable to participate and just slide through without getting help. (Maricopa)

-Poor quality of providers, overloaded system and lack of available providers. Absolutely no in-patient treatment available. (Mohave)

-Rates of relapse, complaints about the provider's interest only in their client payment and co-payment rather than the tx itself, clients inability to fully express issues because of a mixed gender group - same gender based groups appear to be more effective with favorable tx providers, tx providers should add and or develop cognitive classes with substance abuse counseling which could be more effective. (Pima)

-I believe that the treatment providers need to find new methods of dealing with substance abuse. I get a lot of complaints from my defendants that they show the same substance abuse tapes over and over. I find the success rate of SEABHS in Nogales to be very low. It's hard to pin point the problem but I don't see it being very successful with my defendants. (Santa Cruz)

Better communication between probation and treatment

-Some providers need improvement in communicating with the probation officers regarding the progress/noncompliance of the defendant in order to further assist the defendant. (Pima)

-We are not receiving adequate, timely feedback on probationers that are in enrolled in treatment. The time it takes to get a probationer into a group needs to be improved also. (Maricopa)

Need more Spanish- speaking providers

-Need more Spanish-speaking providers. (Pima)

-There are not sufficient providers who want to come to Santa Cruz County. Providers need to be able to communicate in the Spanish language in order to be effective, therefore this cuts our candidate pool in 1/2. (Santa Cruz)

-The treatment for Spanish is very limited and of a lesser quality. In west side of Phoenix, there are only two treatment providers and one of them is not DTEF funded. Thus there are no options for them to choose from. (Maricopa)

II. G. Supervision and Accountability Practices to Manage Behavior

NIDA Principle 10. A balance of rewards and sanctions can encourage pro-social behavior and treatment progress.

The two systems of probation and treatment have the challenge of developing sanctions along the treatment continuum and determining when criminal justice intervention is appropriate. SAMSHA recommends that a fair and balanced application of rewards and sanctions that are graduated in nature be used. Sanctions could include increasing or decreasing probation requirements, levels of supervision, or limits on movement. Rewards could include recognition and praise from judges, officers, counselors and peers, certificates of recognition, and tangible gifts. Positive change or progress in behavior, rather than avoidance of rule-breaking, should be the joint goal (CSAT, 2005).

In this section, the mandated supervision requirements for probation are briefly described. Following this, a summary of the types of sanctions and rewards that officers and treatment counselors use in response to probationers' behaviors in the treatment and recovery process are reported.

Probation Supervision Characteristics

Probation in Arizona has different levels of supervision that vary by intensity of monitoring and terms that the defendant must follow. As authorized by Arizona Code of Judicial Administration § 6-201, the Standard Probation Supervision program established minimum supervision requirements for the four supervision levels of maximum, medium, minimum, and report only. The majority of probationers funded by the DTEF are under the Standard Probation Supervision program (SPS), at the medium level (as reported by the DTEF coordinator and review of county sentencing data samples). Medium level supervision requires at least one visual contact per month that is varied and unscheduled.

There are typically other conditions that a drug-involved probationer is required to follow, including drug testing. County DTEF coordinators report that drug testing of drug-involved probationers typically occurs monthly on a random basis and/or at the discretion of the officer. Urinalysis and mouth swabs tend to be the tools used for testing. The Treatment Assessment Screening Center color system provides testing for a majority of counties. Most counties report satisfaction with the drug testing in terms of flexibility, accuracy and timeliness. The DTEF does not fund drug testing since it is considered a standard monitoring practice. Testing is employed as a common sanction or incentive (i.e., reduction in testing frequency) in response to a drug-involved probationer's behavior.

Drug Court

Four counties (Gila, Maricopa, Pima, and Yuma) use DTEF to fund treatment services for a proportion of their probationers referred to drug court. Although this evaluation was not focused on drug courts, their significance is noted and briefly described.

The counties who employ drug courts maintain that they are more effective with drug abusing probationers than standard supervision combined with treatment. The National Institute on Drug Addiction considers drug courts a "promising" practice. Drug courts are more intensive in supervision and treatment compared to what probationers receive under standard supervision. Although the drug court model may vary by county in terms of offender case referral criteria, length, probation department's role (e.g., pre- or post-conviction entry into drug court), all the models are based on therapeutic jurisprudence and intensive case management. The drug court "team" is generally comprised of the judge, prosecutor, defense attorney, probation staff, and treatment provider. The team's responsibilities are to closely monitor the defendant's treatment progress and to provide a balance of appropriate rewards and punishments (e.g., contingency management) to motivate the defendant. The treatment provided in drug court is typically intensive outpatient and aftercare resulting in longer duration such as six months to one year. Probationers are required to follow a rigorous regimen of treatment attendance, drug testing, and court appearances, as well as other

conditions or terms of probation as ordered. These requirements decrease over time as the probationer successfully moves through the program's phases or tracks. If the probationer succeeds in drug court, then he/she typically completes his/her probation term and may even have his/her conviction dismissed.

Officers' Frequently Used Sanctions in Response to a Positive Alcohol or Drug Test

The sanctions that were most frequently reported as potential consequences for a positive alcohol or positive drug test, in descending order of percentage endorsed (officers could endorse more than one) are listed in Table 17.

Table 17. Sanctions Most Frequently Reported by Probation Officers as Consequences for a Positive Alcohol or Drug Test

Sanctions	***Percentage***
More frequent drug testing	93%
Petition to revoke	88%
Intensification of treatment	82%
More frequent contact with the officer	73%
Re-assessment of the treatment plan	65%
More attendance at self-help groups	64%
Loss of privilege	57%
Petition to modify probation	43%
More community service hours assigned	35%
House arrest	25%
Other: jail, antabuse medication, written homework, withdraw co-pay amount for treatment	15%

Drug court officers (n=18) reported a slightly different pattern of sanctions used than officers who provide standard or intensive supervision. They reported a higher percentage of using community service hours, reassessment of the treatment plan, and house arrest.

Officers' Frequently Used Incentives in Response to Positive Behavior

The incentives that were most frequently reported as rewards for a positive treatment behavior, in descending order of percentage endorsed (officers could endorse more than one) are described in Table 18.

Table18. Incentives Most Frequently Reported by Probation Officers as Rewards for Compliant Behavior

Incentives	Percentage
Verbal praise from officer	94%
Reduce drug testing	80%
Verbal praise from counselor	58%
Reduce officer contact	57%
Certificate issued	32%
Reduce treatment sessions	28%
Verbal praise from peers/other probationers	13%
Other rewards: curfew reduced, travel privilege, early probation termination, extra privilege, gift baskets, YWCA passes, modification of probation, reduce community service hours	13%
Vouchers, tokens, credits given	8%

Drug court officers (n=18) reported a slightly different pattern of incentives used than officers who provide standard or intensive supervision (IPS). They reported a higher percentage of more counselor praise, more verbal praise from other probationers, reduction of treatment sessions, vouchers, credits, points, reduction of officer contact, and gifts.

The different pattern of sanctions and incentives used by drug court officers in comparison to other field officers is to be expected, given that drug court promotes the use of contingency management, which is predicated on fair and balanced use of sanctions and incentives. In several counties (e.g., Cochise, Maricopa, Pima, and Yavapai), DTEF coordinators made a point to mention that they have specific policies about the use of intermediate sanctions and even specify a number of positive alcohol or drug tests prior to the use of more restrictive sanctioning.

Treatment Provider Monitoring and Accountability

A treatment contract should cover issues of negative behavior, as well as the rewards associated with compliance and eventual successful completion-.(CSAT, 2005)

Eighty-four percent (84%) of the treatment counselors reported that a written behavioral contract was provided to the client in which the specific requirements and expectations for client involvement are specified. Also, 95% of the counselors reported that clients are made aware of the behaviors that are restricted in treatment and the consequences of these behaviors. These processes are important to have in place because it helps clients establish boundaries and understand they are accountable for their behavior (CSAT, 2005).

About 49% of counselors reported that drug testing is used in their program to verify a client's drug use. Table 19 shows these results by county. Clinical directors indicated that drug testing was used for therapeutic reasons. However, not all providers report the probation clients' test results to the supervising officer.

Table 19. Does your program use urinalysis to verify a client's drug use? (Source: Treatment Counselor Survey)

County	*No*		*Yes*		*Total for County*	
	#	%	#	%	#	%
Apache	4	100.0	0	0.0	4	100.0
Cochise	2	100.0	0	0.0	2	100.0
Coconino	3	50.0	3	50.0	6	100.0
Gila	0	0.0	3	100.0	3	100.0
Graham	0	0.0	1	100.0	1	100.0
Greenlee	1	100.0	0	0.0	1	100.0
La Paz	1	100.0	0	0.0	1	100.0
Maricopa	11	55.0	9	45.0	20	100.0
Mohave	2	40.0	3	60.0	5	100.0
Navajo	n/a*	n/a	n/a	n/a	n/a	n/a
Pima	10	66.7	5	33.3	15	100.0
Pinal	0	0.0	3	100.0	3	100.0
Santa Cruz	0	0.0	1	100.0	1	100.0
Yavapai	1	33.3	2	66.7	3	100.0
Yuma	0	0.0	4	100.0	4	100.0
State Aggregate	***35***	***50.7***	***34***	***49.3***	***69***	***100.0***

(*n/a=not applicable, Navajo County has the same counselor/provider as Apache County)

Treatment Providers' Use of Sanctions and Rewards

Treatment counselors most frequently reported use of rewards for positive behavior were verbal praise from the counselor, verbal praise from the other clients in the group, and issuance of a certificate of completion. The most frequently reported sanctions used by counselors in response to a probationer's negative behaviors in treatment include attendance at extra treatment sessions and support group sessions (AA or NA), loss of privileges, homework, and increased drug testing. Other sanctions less frequently mentioned by counselors, were staffing with the officer, discharge from treatment, jail, or temporary removal from the group. The type of behaviors that would prompt discharge from treatment includes continual disrespectful

behavior, violence, absconding, non-compliance with treatment/frequent absences, and continued use of drugs.

II. H. Probation Agency Staff Background and Training

Probation officer and staff training in substance abuse issues, for example, on the physiology of addiction, the treatment and recovery process, and supervision strategies with drug involved offenders, is highly recommended for effective supervision and case management. Ideally, training should be available across the criminal justice and treatment systems in order to promote collaboration and integration (CSAT, 2005).

DTEF Probation Coordinator Background

DTEF coordinators had varied experience in substance abuse treatment and in working with drug involved offenders. Most (N=11) reported learning about substance abuse issues in classes received through the required probation officer training academy and through hands-on experience supervising probationers. In addition to these avenues for learning, four coordinators had either earned a degree in social work and/or a certificate in substance abuse counseling. Two coordinators had previously coordinated county drug courts, and one was currently the coordinator for their drug court in addition to coordinating DTEF. Three coordinators reported that they did not receive training about the DTEF program. There also was a wide range in the number of years they had been serving as DTEF coordinators, from one month to ten years.

Substance Abuse Related Training Offered to Probation Staff

DTEF Coordinators were asked what type of training in substance abuse and addictions was available to officers and other probation staff. Table 20 shows that "motivational interviewing" and "street drugs, use and terminology" were the most frequently mentioned. Ten DTEF coordinators indicated that officers receive training in referral policies and procedures, substance use-involved offenders, and mental health symptoms.

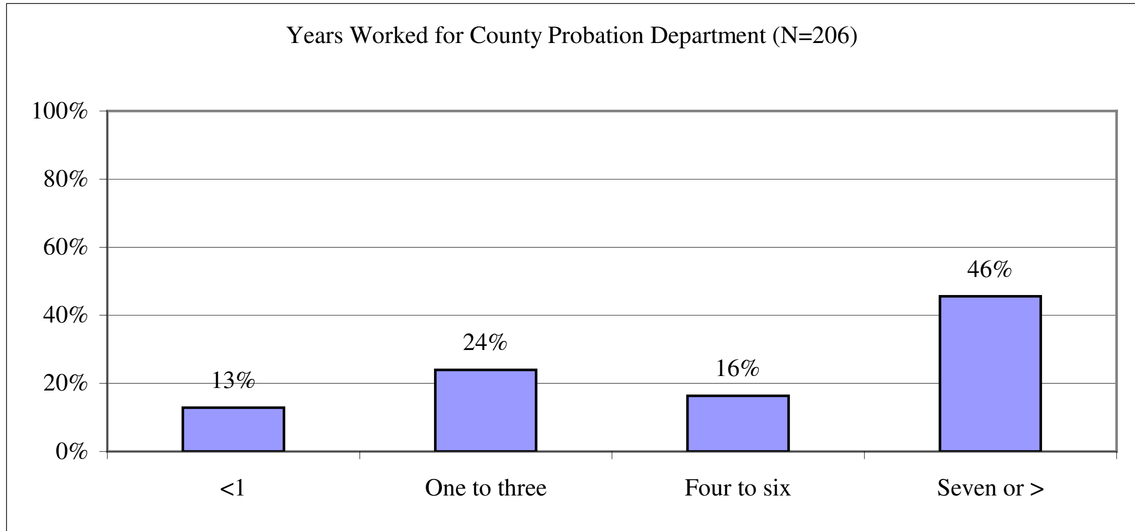
Table 20. Substance Abuse Related Training Available to Probation Officers

County	Referral policies and procedures	Street drugs, use and terminology	Substance use – involved offenders	Mental health symptoms	Motivational interviewing
Apache		X	X	X	X
Cochise	X	X	X	X	X
Coconino			X		
Gila	X			X	X
Graham					
Greenlee		X	X	X	
La Paz	X				X
Maricopa	X	X	X	X	X
Mohave	X	X	X		X
Navajo		X			X
Pima	X	X	X	X	X
Pinal	X	X			X
Santa Cruz		X			X
Yavapai	X	X	X	X	X
Yuma	X	X	X	X	X
Total	10	11	10	9	12

Probation Officer Background

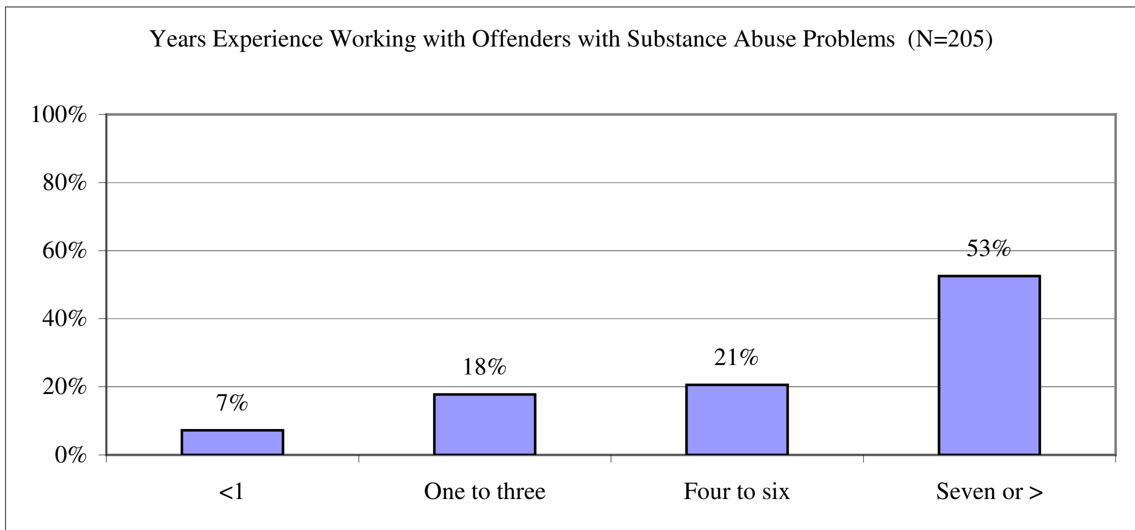
Of the probation officers who completed a survey, nearly half reported working for their current probation department for seven or more years. Sixteen percent reported working for the department for four to six years, and about 37% had worked for the county probation department for three or less years (Figure 6).

Figure 6. Years Worked for County Probation Department



Regarding their experience, slightly over half (53%) of the officers reported having seven or more years experience working with substance abusing offenders, 16% reported four to six years experience, and 25% had three or less years experience. See Figure 7 below.

Figure 7. Years experience working with offenders with substance abuse problems



Need for Staff Training

Sixty percent (60%) of officers felt they needed more training in substance abuse issues even though they had some experience, and 9% felt that they had little experience and could use more. See Table 21 for officers' reported training needs in supervising probationers with substance abuse problems.

Table 21. Office Training Needs for Supervising Offenders with Substance Abuse Problems

	Only need training to keep up to date in the field		*Some experience, could use some training*		*Little experience, could use intensive and frequent training*		*Total for County*	
County	#	%	#	%	#	%	#	%
Apache	0	0.0	5	100.0	0	0.0	5	100.0
Cochise	2	28.6	4	57.1	1	14.3	7	100.0
Coconino	2	25.0	4	50.0	2	25.0	8	100.0
Gila	3	33.3	5	55.6	1	11.1	9	100.0
Graham	0	0.0	1	100.0	0	0.0	1	100.0
Greenlee	0	0.0	2	100.0	0	0.0	2	100.0
La Paz	1	50.0	1	50.0	0	0.0	2	100.0
Maricopa	17	29.3	33	56.9	7	12.1	57	100.0
Mohave	4	36.4	7	63.6	0	0.0	11	100.0
Navajo	2	66.7	1	33.3	0	0.0	3	100.0
Pima	33	36.3	53	58.2	5	5.5	91	100.0
Pinal	1	11.1	6	66.7	2	22.2	9	100.0
Santa Cruz	1	14.3	5	71.4	1	14.3	7	100.0
Yavapai	12	31.6	22	57.9	4	10.5	38	100.0
Yuma	1	33.3	2	66.7	0	0.0	3	100.0
State Aggregate	***79***	***31.2***	***151***	***59.6***	***23***	***9.0***	***253***	***100.0***

Other training needs mentioned by officers and/or DTEF coordinators included the following:

- The treatment and recovery process, that is, what specifically goes on in treatment
- What the DTEF monies can be used for
- How to effectively supervise methamphetamine addicts
- ASUS administration, scoring, and interpretation
- DTEF referral procedures and processes
- The philosophy and techniques of therapeutic jurisprudence.

III. Program Impact

In this section, results from an analysis of the treatment data from seven of the 15 counties treatment data are reported. The relationship between treatment completion status and probation outcomes was also examined for Maricopa and Pima counties. Additionally, probation staff's definitions of program success, and their perceived strengths and weaknesses in achieving this success with drug-involved probationers in their county are provided.

III. A. Treatment Completion Rates

Data were available from seven of the 15 counties (Cochise, Coconino, Maricopa, Mohave, Pima, Santa Cruz, and Yavapai) for probationer completion rates across the continuum of treatment. Table 22 displays completion rates for three of the placement types: substance abuse education, standard outpatient, and intensive outpatient. The respective profiles for these counties are in Appendix B where the entire distribution of probationers' completion rates is shown by placement type. The completion rate results have many limitations and should be interpreted with caution. Despite these limitations, the rates are reported in order to illustrate potential trends and to inform the development of future studies. The limitations of these data and the challenges to evaluating the outcomes of the DTEF funded programs are described in more detail later in this section.

Substance abuse education has the highest completion rates of all placement types (Table 22). This placement typically has the shortest duration (e.g., 8 to 16 hours over 4 to 12 weeks) and is the least demanding on the probationer. All placement types have completion rates that vary by county, but intensive outpatient shows notable rate fluctuations. Since intensive outpatient is longer in duration and requires attendance at more counseling sessions, it can be the most demanding for probationers. The rate variations could be due to many factors such as type of probationer, treatment provider and program requirements, probation supervision received, variations across counties in how treatment completion is defined, as well as incomplete or missing data.

Table 22. Completion Rates by Treatment Placement Type

County	Substance Abuse Education	Standard Outpatient	Intensive Outpatient
Cochise	66%	*	*
Coconino	91%	45%	35%
Maricopa	76%	55%	47%
Mohave	66%	55%	35%
Pima	*	51%	68%
Santa Cruz	*	*	*
Yavapai	*	65%	56%

** Below threshold for reporting, <20 cases.*

The treatment completions rates by DTEF status (i.e., mandatory or discretionary) are reported below in Table 23. In most counties, the overall completion rates, regardless of placement type, are fairly similar with the exception of Cochise County. This is somewhat surprising given that distributions of mandatory and discretionary cases varied across the counties, with some counties primarily funding mandatory cases (e.g., Maricopa), some counties having a more equal distribution (e.g., Pima), and others funding primarily discretionary cases (e.g., Mohave).

Table 23. Completion Rates by DTEF Status

County	Mandatory	Discretionary
Cochise	50%	63%
Coconino	58%	55%
Maricopa	56%	51%
Mohave	52%	56%
Pima	63%	59%
Santa Cruz	*	76%
Yavapai	69%	71%

** Below threshold for reporting, <20 cases.*

The placement types and their completion rates were also examined by DTEF status (Table 24). Given the range in distribution of DTEF status by county, there were very uneven and very low sample sizes for some different placement types by DTEF status. However, six counties had a large enough sample size to explore at least one placement type further. As shown below, there appears to be no particular trend for completion success by DTEF status. That is, in some counties, mandatory cases may have higher completion rates for a certain placement, such as in Maricopa County, whereas in Pima County there is an opposite pattern. This variation could be due to a number of factors, such as sentencing patterns by county, the DTEF funding policies and patterns, and/or county specific supervision practices, treatment completion definitions, or limitations of the data extraction from PIMS and APETS.

Table 24. Completion Rates by Treatment Placement Type and DTEF Status

County	Substance Abuse Education		Standard Outpatient		Intensive Outpatient	
	Mandatory	*Discretionary*	*Mandatory*	*Discretionary*	*Mandatory*	*Discretionary*
Cochise	60%	71%	*	*	*	*
Coconino	93%	90%	*	*	33%	34%
Maricopa	79%	70%	56%	46%	47%	47%
Mohave	*	*	54%	56%	*	*
Pima	*	*	36%	52%	67%	71%
Santa Cruz	*	*	*	*	*	*
Yavapai	*	*	60%	72%	*	*

* *Below threshold for reporting, <20 cases.*

III. B. Relationship of Treatment Completion to Successful Termination of Probation

Data for Maricopa and Pima counties were available to examine the relationship between substance abuse treatment completion and successful completion (i.e., early or full termination) of probation. The other five counties did not have a sufficient sample size to be included in this analysis.

Cross tabulations of DTEF probationers' treatment completion status with their probation outcomes were conducted. A chi-square test was used to test for the significance of the relationship and the phi coefficient was used to test the strength of the relationship. Figures 8 and 9 show separate results for Maricopa and Pima counties. There was a significant relationship between treatment completion status and probation outcome. In both counties, probationers who completed their substance abuse treatment had a higher percentage of successful completion of probation than those probationers who did not complete their treatment. The strength of the relationships tested was moderate (Phi coefficients = .44 (Pima) and .34 (Maricopa), p<.00).

Figure 8. Maricopa County: Probation Outcomes and Treatment Completion Status

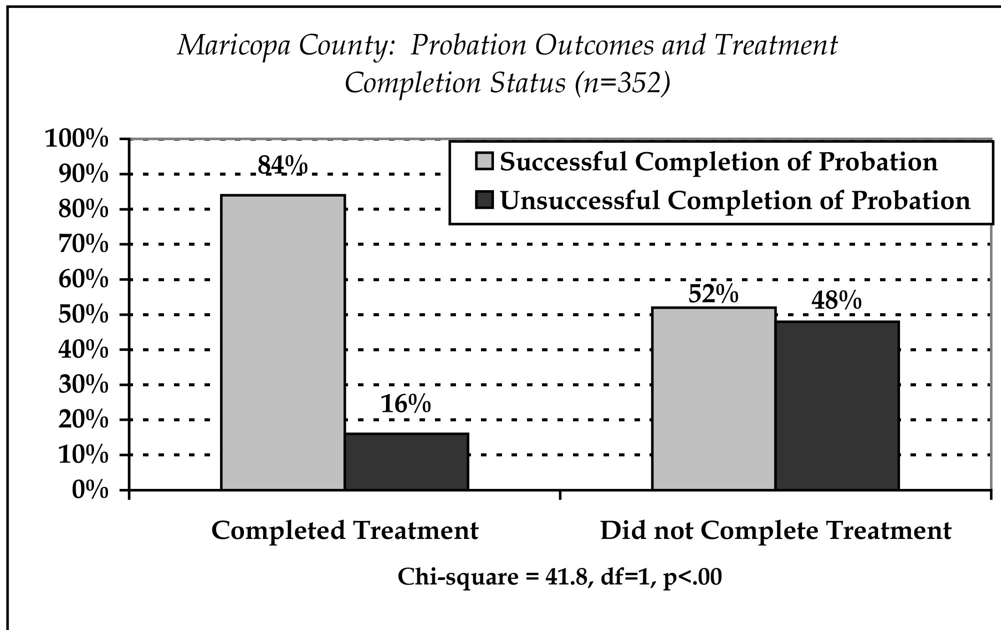
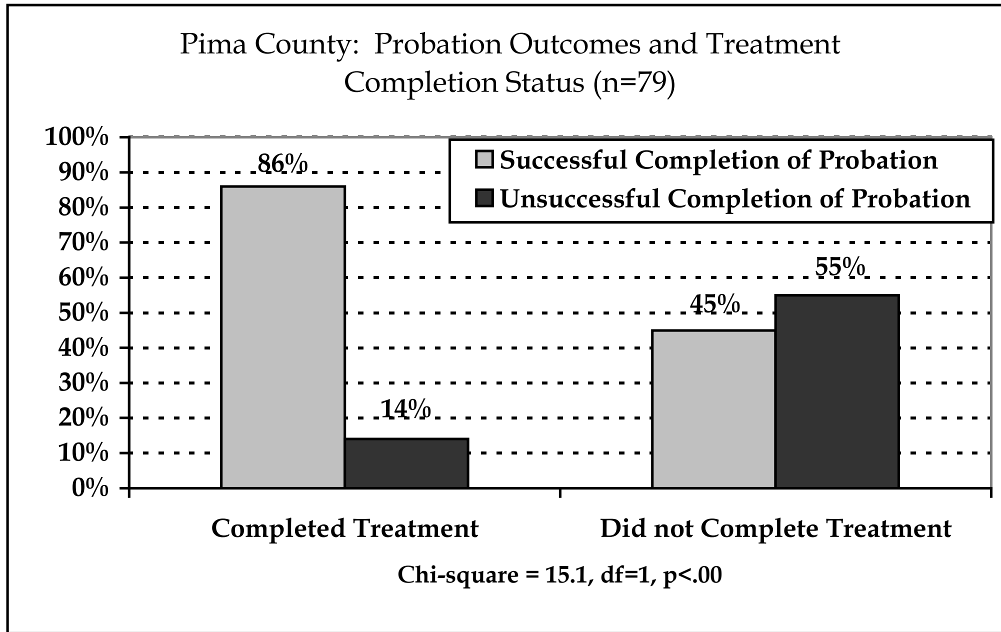


Figure 9. Pima County: Probation Outcomes and Treatment Completion Status



III. C. Summary and Limitations of Outcome Data and Analysis

The counties' completion rate results for standard outpatient treatment are similar to what has been reported (55%) in the DTEF 2005 Annual Report Card for overall treatment completion[6]. The results of this evaluation show that, across the counties, substance abuse education completion rates are considerably higher (66% to 91%) than standard and intensive outpatient treatment (35% to 68%). This is to be expected since substance abuse education is less therapeutic and shorter in duration.

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[6] DTEF Annual Report card calculates treatment completion rates on the last treatment that occurred for the probationer during the fiscal year. For this evaluation, the first placement during the time period of 1/1/2004 to 12/31/2006 was used, except for Maricopa County where the last treatment placement between 1/1/2005 and12/31/2006 was used.

The treatment completion and/or compliance rates and their variability for this evaluation are similar to what has been reported in the published and technical report literature. For example, Anspach and Ferguson (2003) reported treatment "compliance" rates of 29% to 48% for adult drug court participants, whereas Huebner (2004) reported 71% treatment retention for a randomly drawn sample of probationers in Illinois. In a random sample of probationers selected for a Minnesota study of publicly funded substance abuse treatment, completion rates of 42% were found (Minnesota Office of the Legislative Auditor, 2006). In all of these studies, treatment compliance and/or completion significantly predicted successful probation outcomes and/or lower recidivism rates in their study participants.

A statistically significant relationship was found between treatment completion and successful probation completion for both Maricopa and Pima Counties. In Pima County, 86% of those who completed treatment completed their probation term successfully. For Maricopa, the rate was 84%. For those who did not complete their substance abuse treatment, the rates of successfully completing probation were much lower. Pima had a 45% rate and Maricopa a 52% rate of successful probation completion. The strength of the relationship between treatment completion and probation completion was of moderate to medium strength based on the types of correlations typically achieved in social science research and evaluation (Lipsey, 1990). The strength of this relationship is consistent with previous evidence in the area of substance abuse treatment research.

Although these results are what the DTEF program intends for its outcomes, they are limited and should be investigated further. There are myriad factors that could influence these rates and relationships that were not controlled for in this analysis. Some of the factors (besides treatment completion) that have been found in the research literature to influence outcomes include the following:

Individual characteristics: age, gender, criminal history, education, employment.

Treatment: attendance (i.e., the more variable the attendance the greater likelihood to recidivate), duration of treatment.

Although data fields for these influencing factors existed in the probation databases, they could not be used for this evaluation due to missing data or other technical issues related to linking case and treatment data. The following section briefly describes some of the challenges faced in attempting to evaluate the impact of the DTEF programs.

Challenges to Impact Evaluation

Several major challenges were encountered with the implementation of the originally proposed impact evaluation. These can be categorized into two major areas: 1) use of data for the evaluation from the centralized probation management tracking databases, PIMS and APETS; and 2) the ambitious scope and original intent of the evaluation. These challenges will be described in this section and recommendations will be made in the final section of this report for the potential design of impact evaluations in the future.

Initially, it was thought that the APETS system could provide all, if not most, of the data for the outcome analysis. (See Appendix I for the list of variables used to measure the constructs that were proposed for the impact evaluation.) However, once data were extracted and examined, it was found that the variables that were considered to be useful for the evaluation either were not populated with enough data (missing data) or were limited because of inconsistent data definitions across counties and/or the database structure. Another complicating factor was that the probation departments were in the process of completing a major change in case management systems. That is, statewide county probation departments were required to migrate from their old systems and paper case files to the new centralized tracking system called APETS. This migration started in 1999 and was just completed this past year. This database migration required that data also be extracted from the older system, PIMS, for thirteen out of fifteen counties. The challenges and issues that were assessed during the course of the evaluation project, and the problem solving that occurred to address these challenges took several months. The following describes the difficulties encountered with the databases in more detail.

Missing data and inconsistent data field definitions existed for the treatment data collected on DTEF funded cases, which is why data for only seven counties could be reported. The amount of missing data for treatment attendance and completion rates ranged from 14% to 100%. Offender risk and needs assessment information either were not available because data were not extracted for the evaluation, were missing due to system migration issues, or had not been entered. The Adult Substance Use Survey (ASUS) data, which is rich with descriptive information about probationers' substance use and life disruption due to drug use, were not available in the database because ASUS data were not required to be entered into APETS. However, the ASUS global and scale scores were available and fairly complete for each county. See Appendix J for a listing of the variables that were proposed for use in the impact analysis and the missing data rates.

In addition to the data limitations described above, important characteristics about DTEF program implementation at the local level were learned through the process study. These characteristics have contributed to the understanding of other factors that needed to be assessed or accounted for in the impact evaluation. The diversity across county contexts in terms of treatment provider programs (e.g., type, funding source, length, curricula or strategies used), type of probation supervision (e.g., Drug Court model versus standard probation supervision), and level of probation and treatment provider interaction were some of the major influential characteristics. The scope of the evaluation required that an impact evaluation be conducted only on DTEF treatment programs. The reality is that in some counties mandatory cases have their treatment funded through AHCCCS; therefore, treatment information is not tracked by probation for these cases. Also, a probationer may enter into a DTEF treatment program and the funding source may change in mid-treatment, making the treatment data unavailable. For future evaluations, inter-agency agreements would have to be negotiated in order to obtain data from the various treatment agencies that provide services to probationers.

The originally proposed impact evaluation design would not have adequately controlled for the myriad factors that could influence the DTEF program outcomes. The number of DTEF programs and their diversity and complexity, warrant a different approach to evaluation in the future.

III. D. Staff Definitions of Program Success

DTEF coordinators were asked to define what a successful DTEF probationer would look like and/or what their definition is of program success. Nearly all coordinators included in their definitions of success completion of the treatment program. Following that, the most commonly reported responses were compliance with the terms of probation, no relapses or positive drug tests, and no new arrests. A few coordinators and/or administrative staff reported that although this was the goal, most probationers relapse and/or do not change their behavior. These coordinators acknowledged that these goals are more of a "political" response to reflect public expectations of criminal justice, rather than a reflection of practicality and public health concerns.

Three coordinators noted that success should be viewed from a harm reduction perspective, which they felt was a more realistic way to approach drug-involved offenders but more difficult to accept and manage in the justice system. For example, one coordinator noted that an addict who quits heroin but smokes marijuana, maintains employment, and keeps good family relationships should be considered a success. Another coordinator said that good attendance at treatment should be considered a success, because relapses are to be expected, and treatment is essential for helping the probationer deal with these relapses. Another coordinator expressed that success in treatment usually leads to a better quality of life and more stability for the offender, but that the treatment process may take longer than the probation term. That is, a probationer can successfully complete probation without completing the course of treatment successfully.

Program success was also viewed from a quantifiable performance measure perspective. Specific outcome measures were recommended by three coordinators, such as reviewing arrest history five years prior to sentencing and then five years after current sentencing offense; graduation from drug court followed by 18 months sobriety; and no convictions one year following program completion.

III. E. Strengths and Weaknesses in Achieving Success

DTEF coordinators reported their perspectives about the strengths and weaknesses of their probation department in achieving their vision of program success under DTEF. They were asked to think of the staff, tools, and resources needed to help DTEF probationers achieve this success. The most frequently mentioned perceived strengths included good community relationships, effective management of the DTEF monies, efficient placement of probationers into treatment, and good relationships with treatment providers. The most frequently mentioned weaknesses were the need for more training, funding, and staffing to implement the DTEF program. Training areas mentioned were for DTEF processes and procedures, the substance abuse treatment process, and supervision techniques and practices for methamphetamine addicts. Table 25 below shows the listing of strengths and weaknesses by county.

Table 25. DTEF Coordinators' Perceived Strengths and Weaknesses of their County Probation Department's Implementation of DTEF

Strengths	County
Knowledge of the community; relationships with community members and law enforcement; tribal community relationship improved.	Apache, Gila, Coconino, Santa Cruz
Officers understand the addiction process	Cochise
Probationers gain entry into treatment quickly and/or good relationship with treatment provider	Coconino, Greenlee, Mohave, Pima
County jail has in-custody treatment	Coconino, Greenlee
Officers are doing well assessing the probationers and checking for AHCCCS	Graham
Improved processes and procedures, in-house treatment	Maricopa
Effective management of DTEF funds	Maricopa, Graham, Greenlee, Pinal, Pima
Successful program (Drug Court)	Yuma
Responsive management	Santa Cruz

Weaknesses	County
Need more training : DTEF processes/procedures, treatment, supervision of methamphetamine addicts, how to collaborate with social service providers	Apache, Coconino, Gila, Greenlee, Pinal, Yavapai
Need better treatment providers, and more intensive treatment programs as Drug Court to reach more drug-involved offenders.	Coconino, Navajo, Pinal
Need more community resources to support recovery	Gila, Yavapai
Need more staff to implement DTEF	Gila, Apache, Graham, Greenlee, La Paz, Pima
Need more treatment providers	Graham, Greenlee, Pinal
Need more funding for treatment	Maricopa, Pima
DTEF funding is not flexible enough; it restricts funding of other services to support recovery	Gila, Mohave, Coconino, Yuma, Yavapai
Need technical assistance for grant writing and research on treatment	Pima

III. F. Perceptions of the DTEF Fund and Administrative Office of the Courts

DTEF coordinators were also asked about the strengths and weaknesses of the Administrative Office of the Courts' administration of the DTEF program. The county probation coordinators perceived the DTEF funds to be a valuable and essential funding source. Several coordinators reported that their probation population's treatment needs would not be met if DTEF monies were unavailable. For example, Maricopa County indicated that DTEF is the primary funding source for substance abuse treatment.

A majority of the coordinators perceived the AOC Adult Services Division staff as responsive and helpful, with staff making concerted efforts to accommodate their concerns. Examples of the AOC's responsiveness have been their consistent honoring of budget requests and/or additional requests for funding. County probation administrators have also voiced concerns about the DTEF code requirements, specifically AHCCCS screening and funding requirements. In response, the AOC formed a committee to propose revisions to the DTEF code.

The perceived weaknesses or areas for improvement were primarily about the use of DTEF funds, or the lack thereof. Several counties mentioned the need for more flexibility in how they can use the funds; for example, three coordinators mentioned the need to fund halfway houses or supportive living environments. At least two coordinators mentioned the need to provide more funding at the local level for oversight and management of treatment contracts.

Some concerns were expressed about the use of DTEF funds for drug courts. For the first time this past year, the state appropriated funding for drug courts, whereas previously drug courts were primarily grant funded. It was argued that if drug courts are now a state priority, but with no consistent funding source for them, DTEF funds may be diverted to fund drug courts. It was recommended by one DTEF coordinator that policy should be created to provide direction to counties about the proportion of DTEF funds that can be applied to drug courts based on §13.901.01 case flow and other factors.

The treatment services request for proposal (RFP) process was considered to be problematic and burdensome by several county coordinators, primarily in rural counties. Some coordinators mentioned that the service contracting should be centralized at the AOC, similar to what the AOC has in place for the juvenile offender treatment RFPs. These coordinators felt that the AOC could negotiate more consistent fees and standards in the contracts and maintain better quality control than what could be done at the local level. Related to this was the need for training and technical assistance on treatment contract audits. In contrast, one large urban county and a smaller rural one, indicated that they valued the "hands-off" administration by the AOC of the DTEF monies and did not believe that a centralized contracting process would be beneficial.

Finally, several coordinators mentioned problems with the data management, tracking, and reporting processes for DTEF. The report queries were considered to be limited, and currently, APETS does not have the capacity to track DTEF financial information or drug court data. The structure of the APETS treatment module makes it difficult to track cases that extend beyond a fiscal year. In the recent past, data definitions for the DTEF treatment fields were changed, and documentation of these changes appears to have been inconsistent or lost. A primary complicating factor for data management was the change in database platforms for probation case management statewide. During the course of the platform change, case information was lost or mis-matched, due to incompatibilities. A few coordinators had complaints about APETS that were related to this change in systems. That is, they preferred the old system (e.g. PIMS) and felt that APETS is more cumbersome and difficult to enter information into and that it increases staff workloads.

IV. Conclusions and Recommendations

The goal of this report was to provide a comprehensive description of the Arizona county adult probation departments' program implementation of the DTEF funded programs in order to provide the AOC information for policy and program improvement. These results and the following conclusions and recommendations were based on the best available information collected under the resource, time, and data limitations of this study. The information in this report is not meant to be a definitive assessment of the process and impact of DTEF programs. Rather, it should be perceived as a tool for program planning and future development of appropriate impact studies on treatment for drug-involved probationers.

The process evaluation results show that county adult probation departments in Arizona are striving to implement the DTEF program requirements within the specific governing structures and the treatment resource capacities of their counties. The implementation of the DTEF program is highly dependent on the specific needs and context of the county probation departments such as geographical location, population size, local county governance, and probation departments' leadership, philosophy and culture. Given the variation in these factors, there is also high variability in how the counties screen, assess, and place their probationers into treatment, as well as the extent to which treatment is valued and efforts are made to foster collaboration with providers. The availability of treatment providers for DTEF services varies considerably due to each county's population size, geography, and the limits of the Arizona behavioral health treatment system capacity.

However, given this variability, DTEF code requires that certain policies, procedures and program components be in place in order to maintain consistency and quality. Table 26 shows a summary of results of the counties that are meeting the various requirements of the program operational code for DTEF. The table clearly shows that a majority of counties are meeting all or most of the requirements, except for DTEF code I.1.e. Only six counties reported adherence to this requirement for use of the ASUS to reassess a probationer's substance problem at 180 days. The reasons for this are not

entirely clear, but it could possibly be related to probation staff's perceptions that the post-ASUS scores are invalid. Analysis of sample county ASUS re-assessment scores tend to show higher scores than the baseline assessments. Other areas where counties are indicated as not meeting the specific code requirements and the reasons for them are provided in their respective county profiles available in the Appendix.

Table 26. County Adult Probation Department's Compliance with the Drug Treatment and Education Fund Judicial Code

DTEF Code	Description	✔= Adherence No=No adherence N/A=Not Applicable
G.1	**Written policy and procedures on management of DTEF funded services**	**✔ = 12** (No=Graham, Greenlee, La Paz)
G.1.g	**Assess co-payments**	**✔ = 13** (No=Graham, Greenlee)
G.2	**Process for entering into contractual agreement with agencies for drug treatment and education services**	**✔ = 15**
G.3 & 4	**Licensure, credentials, and certifications**	**✔ = 14** (No=Graham)
G.5	**Clinical supervision of uncertified staff by certified and credentialed staff**	**✔ = 14** (No=Graham)
H.1.a	**Use of current research and evidence-based intervention strategies**	**✔ = 14** (No=Yavapai)
H.1.b	**Treatment matching based on specific needs of probationer**	**✔ = 14** (No=Greenlee)

DTEF Code	Description	✔= Adherence No=No adherence N/A=Not Applicable
H.1.c	**Service delivery continuum in place**	**✔ = 11** (No=Cochise, Graham, Greenlee, La Paz)
H.1.e	**Assess probationers' eligibility to receive DTEF services for their financial ability to pay. If unable to pay, probationers complete an AHCCCS referral form and Title 19 and/or 21 application**	**✔ = 14** (No=Mohave)
I.1.a, b	**Screening with ASUS**	**✔ = 15**
I.1.c	**Trained staff in ASUS administration and interpretation**	**✔ = 10** (No=Navajo, Graham, Greenlee, La Paz, Santa Cruz)
I.1.d	**Treatment recommendations based on ASUS and other secondary assessments**	**✔ = 15**
I.1.e	**Reassessment of probationer's substance abuse problem at 180 days or upon significant event, using ASUS**	**✔ = 6** (No=Cochise, Navajo, Mohave, Apache, Coconino, Graham, Greenlee, Santa Cruz, Yavapai)

In addition to comparing the adult probation departments' practices to the DTEF code, this evaluation used the NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations as a conceptual framework for evaluating the treatment programs and other related components in assisting probationers in their recovery from substance abuse. These principles are based on evidence-based practices and are considered to be the current model to strive for when planning and implementing treatment programs for drug-

involved offenders. A key finding is that many counties are constrained in their ability to follow these principles because they face resource gaps that are beyond their capacity to provide. For example, all counties indicated the need for more treatment providers and supportive resources, such as intensive in-patient treatment and sober and supportive housing. Many counties do not have the array of community resources required to adequately match services to offender needs. Given that major caveat, most probation managers are keenly aware of their limited resource capacity and strive to follow the NIDA principles using creative strategies to meet probationers' needs within their local contexts.

Although the county departments are making efforts to use the DTEF monies in the most effective and efficient ways in which they are capable, there are areas for improvement, both at the county and state levels. The following section describes recommendations for improvement and areas for further investigation.

IV.A. Recommendations

AHCCCS Screening and Eligibility

Recommendation One. The DTEF requirement that probation departments must screen defendants for AHCCCS eligibility and treatment should be further examined and possibly revised in order to increase the consistency and efficiency of the screening processes across the counties.

Probation departments' reluctance to screen for AHCCCS arises out of an experience with a publicly funded health system that can result in long delays for AHCCCS eligibility determination, waiting periods for intake assessments, and unresponsive and/or over-worked RBHA providers. Probation managers, officers, and even providers expressed concerns about the quality and consistency of treatment due to high turnover and provider caseloads. There was considerable variation in how the counties handled the screening requirement. For some counties, AHCCCS screening was handled by the RBHA agency that was also the department's primary treatment provider, and in other counties, an in-house pre-screening tool was used. The AHCCCS screening requirement for DTEF raises several difficult issues

because it involves the interaction of a complex multi-layered state and regional behavioral health managed care system with a complex state and county criminal justice system. Despite these system challenges, the DTEF monies are limited, and AHCCCS funded services are needed in order to address both the treatment and ancillary needs (e.g. medical and dental) of probationers determined to be eligible for AHCCCS. In the short-term, AOC could further examine the DTEF code requirement with the intent of making the screening process more consistent and clear across the counties, and where possible, to streamline the screening so that the paperwork burden is decreased.

Improving Inter-agency Collaboration, Treatment Capacity and Quality

Evidence-based practice goals call for quick treatment placement of the drug-involved offender, as well as the collaboration of probation and treatment agencies to maintain offender accountability. Adult probationers often manifest an array of complex, socio-psychological issues that require a relatively intense level of treatment and access to a wide range of social services. These needs and goals are at odds with the reality of what the publicly-funded managed health care system can provide in some regions of the state. The changes needed should occur not only at the local probation department level, but also at the Regional Health Behavioral Authority or at the state policy level because the problems are systemic. County and state officials who represent both criminal justice and behavioral treatment interests should continue to make concerted efforts to plan and implement strategies for dealing with these issues. Given the volume of offenders at risk for substance abuse and addiction in Arizona and the increasing reliance of the courts on the publicly funded treatment system, strategic and long-term efforts are required. The following recommendations in this section (Two through Four) are provided with these considerations in mind.

Recommendation Two. There should be more efforts at the local probation level to increase the interaction between probation, treatment agencies, and the Regional Behavioral Health Authorities, and to collaborate in the management and accountability of the drug-involved probationer in his/her recovery process.

It was beyond the scope of this evaluation to comprehensively describe the probation officers' and treatment counselors' supervision, accountability and case management practices for drug-involved offenders receiving DTEF treatment. However, the results from the assessment of both officer and treatment provider use of sanctions and incentives, input into treatment planning, and perceived sharing of client information, point to patterns that may indicate this as an area requiring further attention. Workloads are high for both officers and counselors, and collaboration takes more effort and time. Nonetheless, there are some changes that could be implemented or practices re-established in some counties that might not require inordinate time or resources.

The pattern of results tends to indicate that increased communication at the administrative levels between both probation and treatment agencies is needed and that leadership should emphasize communication and collaboration as a priority. For instance, several treatment directors mentioned that the probation agencies they work with had discontinued meetings with representatives from probation, treatment, and other social services agencies. The same complaint was raised by two probation agencies about their local RBHA, that is, the RBHA discontinued its problem-solving meetings on treatment related issues. The commonly reported problem of not receiving required reports or communications from the treatment provider about client progress is also indicative of management priorities. If clients are receiving publicly-funded treatment through the local RBHA provider, there is likely no requirement to report client progress to the officer. An inter-agency memorandum requesting this type of reporting could be made by the probation department with periodic monitoring to ensure compliance. Treatment administrators should be encouraged to recognize and factor in more staff time for reporting to the criminal justice system, especially if a large percentage of their clientele are referred from probation.

Other states and national organizations have encountered and recognized the difficulties of the interactions between the criminal justice systems and publicly funded managed care systems. For example, National Treatment Accountability for Safer Communities (TASC) recommends a variety of activities that courts and individual judges can undertake to influence how

managed care is implemented in their state or local jurisdictions and to improve behavioral health service delivery for court populations (Peyton, Heaps, and Whitney, 1999). Their activities range from education efforts about the needs of the court, such as seminars, conferences, and position papers, to development of specialty managed care entities dedicated to justice populations.

Recommendation Three. The AOC, with the collaboration of the local county probation departments, treatment agencies, and Regional Behavioral Health Authorities, should strategically plan to improve probationers' access to more individualized treatment and compliance with substance abuse treatment.

Treatment compliance (i.e., successful treatment completion) is an important factor in a probationer's success on probation. Prior research and findings from this evaluation support this assertion. The process evaluation's results indicate the need for improvements in matching treatment and ancillary resources to address the individual needs of the drug-involved probationer, as well as increasing the availability and intensity of treatment.
A strategic planning process that engages both probation and treatment agencies would be another way to increase or enhance collaboration efforts as discussed in the previous recommendation.

Recommendation Four. The AOC should consider taking the responsibility of the requests for proposals for DTEF treatment services rather than keeping it at the county level, and also to assume the responsibility for monitoring and oversight of the treatment contracts.

Several of the rural counties indicated that it was beyond their technical capacity to obtain contracts for quality treatment services at reasonable costs and to monitor these contracts once established. The negotiation for in-patient treatment services at a manageable cost was mentioned as particularly problematic. This recommended strategy could help to increase the quality control over the treatment services funded by DTEF. It also could possibly motivate the RBHA treatment agencies that either serve and/or receive DTEF monies to increase the quality of their service to probationers.

Substance Abuse Screening and Referral Processes

Recommendation Five. Technical assistance and training for local probation staff on the Adult Substance Use Survey (ASUS) should be increased.

All counties are administering the ASUS; however, some counties see it as a perfunctory requirement because they do not understand its purpose. In some counties, staff were not trained and did not know how to properly score and interpret the results or apply its information to referral recommendations. Consequently, they do not value the information it provides and view it as a workload burden. Some county staff perceive the ASUS as redundant and/or misleading. It was frequently noted that treatment providers conduct their own intake assessments and are expertly trained to make placement decisions, and it is not the role of probation to conduct these screenings. This perspective may be indicative of field staff viewing the ASUS as an assessment rather than a screening tool (i.e., a tool for quick identification of whether there may be a problem or not). It was also frequently mentioned that the OST and FROST were taken more seriously than the ASUS because these tools do not solely rely on probationer self-report. It was widely perceived that probationers under-report their substance use on the ASUS in order to increase their chances of a lenient sentence. One DTEF coordinator would like the ASUS to be optional for these reasons.

On the other hand, there were counties that use the ASUS as intended (e.g., Maricopa, Cochise, Pima, Yavapai, and Yuma) and therefore perceive the instrument as effective, if used appropriately. In addition to more training and technical assistance about the purpose and administration of the ASUS, the AOC could use these counties as case studies on how to effectively administer and apply ASUS results.

Recommendation Six. Consider discontinuation of the requirement to re-assess probationers with the ASUS at 180 days after treatment.

The following reasons justify this recommendation: the lack of training and technical assistance for ASUS administration and interpretation, the high non-compliance rates for this DTEF code requirement, and reports from the field that these scores may be an invalid outcome measure for treatment

progress. In addition, it is unclear whether the re-assessment score results are used at the local or state level for reporting and evaluation.

Recommendation Seven. The AOC should investigate whether other substance abuse screening tools are available and feasible to use in the field, validated for use with criminal justice populations, and based on sound research evidence.

Given the above reasons, and fact that the ASUS was considered to be difficult to use and interpret by many county staff, it may be worthwhile to identify other screening tools that are shorter and more feasible to use in the field. Also, SAMSHA best practices indicate that basic demographic and personal history information about the offender should be collected only once, with each office or agency only adding new data items. The use of the ASUS, along with the pre-sentence investigation report, and the OST and FROST, as well as the treatment provider's own assessments may create information redundancy and client burden. Best practice recommends that information should follow the offender-client and be shared among the criminal justice and treatment agencies so the offender does not have to answer evaluative, personal questions repeatedly (CSAT, 2005).

Technical Support and Assistance from AOC

Recommendation Eight. More technical assistance and training should be provided statewide on DTEF processes and procedures, substance abuse treatment, and supervision strategies for methamphetamine addicts.

The support and assistance provided by AOC staff was generally viewed as helpful and commendable. The primary critical feedback from the field was that there should be more training and assistance, particularly in overall DTEF implementation at the local level. Probation staff reported the need for more knowledge about the treatment processes and about best practices in order to be more supportive of treatment goals. Finally, the rise in methamphetamine use across the state and the consequent rise in the number of probationers with the addiction were mentioned as a challenge for field supervision.

Database Management and Quality Assurance

The Adult Enterprise Tracking System (APETS) is a comprehensive database used for tracking the progress of probationers in Arizona. APETS was inaugurated in Maricopa County in 1999, and it replaced all other county probation database tracking systems in FY 2007. APETS is a large, powerful and complex relational system that was designed for direct input of case information and for report generation by multiple users: probation officers, local county administrative staff, and state administrative staff. This evaluation's scope of work did not include an assessment of the APETS system, yet, issues about the system surfaced in the field since the DTEF code requires that treatment data be entered into APETS, and that DTEF case tracking and performance reporting be done using APETS data. Also, as reported earlier, the evaluation intended to use an APETS data extraction as its primary source for the impact analysis. Therefore, the following recommendations are based on the issues that naturally arose as a result of the evaluation work and are provided upon request by the AOC.

Recommendation Nine. Increase and streamline data quality assurance processes and technical assistance provided to the county staff responsible for managing DTEF data in APETS.

There is no formal data field "dictionary" that defines each data field in the APETS database, nor is there clear documentation of changes in data field definitions or use. APETS changed definitions of data fields and business rules for reporting over the years; however, documentation about these changes was not readily available or clear. Data from 2004 was considered to be particularly problematic for Maricopa County. Examples of some of the issues include the following:

> *-In Maricopa County, use of different fields to track the county in which the offender's case originated and were supervised had changed over time.*
> *-The treatment outcome field definition was changed to provide more clarity about what option should be used to indicate a successful treatment completion.*
> *-Treatment placement types were transposed in the PIMS database.*
> *-Some probation outcome categories lacked definition.*

-Counties used DTEF treatment type fields differently based on their business needs. For example, with the AOC's direction, Maricopa County utilized the "Assessment Only" category to designate cases that did not successfully enter into treatment. These cases were still counted as cases under DTEF, even though they most likely did not engage in DTEF treatment or they eventually received treatment through another source.

Missing data were pervasive. DTEF treatment fields used to track treatment attendance and the reasons for unsuccessful completion of treatment had high amounts of missing data. Risk/needs assessment and ASUS information were missing too. Although the specific reasons for the high amounts of missing DTEF treatment data are not fully known, there are several points in the tracking process where obtaining data could be difficult. For instance, if efficient and effective communication protocols have not been established between probation and treatment providers, then obtaining complete client treatment attendance information, completion of treatment status, and reasons for non-completion would be difficult. Intra-probation department protocols for data collection and entry may be another contributing factor.

Given that multiple users enter data into the APETS system, there should be clear and available documentation for data entry, and whenever possible, built-in safeguards to prevent data entry errors. Data quality assurance reports should be routinely conducted on the DTEF treatment data to ensure accuracy and completeness. Currently, most counties do not have the technical nor resource capacity to conduct these reports and audit the data. Also, probation staff considered the APETS report queries to be limited, and currently APETS does not have the capacity to track DTEF financial information.

Evaluation and Research Needs

Recommendation Ten. In order to use APETS data effectively for research and evaluation, technical support should be readily available to assist the consultants with data extraction, database structure, and data documentation.

The APETS system is a large and complex database with a relational structure. It contains over 20,888 data fields and thousands of cases. Its primary purpose is for the management of probation cases. The development of report queries and data extractions for research and evaluation projects seems relatively new. If the APETS will be used for these types of projects in the future, then internal technical capacity should be increased to assist state and county research analysts as well as external consultants.

Recommendation Eleven. Future projects to evaluate the impact of the DTEF programs should address the complexities and scope of both probation supervision and treatment beyond the boundaries of DTEF programs. Consideration should be given to the diversity of the probation and treatment contexts.

The Drug Treatment and Education Fund is not a program but a source of funding for substance abuse education and treatment. Although this current evaluation was charged with conducting a process and impact evaluation of DTEF "programs," it encountered challenges in defining the scope of the DTEF evaluation. Probationers who received treatment under the DTEF may have continued to receive treatment that was not funded by the DTEF and, therefore, would not be included in the evaluation's scope. In many counties, probationers sentenced under § 13.90.01 had their treatment funded by AHCCCS and not DTEF. This effectively excluded these probationers from this evaluation and therefore potentially biased the results.

In the future, it is recommended that an evaluation have as its central question…

> *Does substance abuse education and treatment provided to probationers with substance abuse problems and sentenced under§ 13.901.01 improve their probation outcomes as compared to a similar group of probationers with substance abuse problems who do not receive treatment?*

Framing the central evaluation question in this way necessitates that the evaluation design consider and control for the various factors that would influence the outcomes, many of which have been described in this report of the program process results. Some of the more important ones include the following:

- Treatment type
- Treatment strategy or approach
- Collaborative case management approach, and/or probation and treatment provider communication and collaboration
- Drug court model or standard or specialized field probation supervision
- Probationer characteristics, i.e., risk and need level, substance abuse severity.

Future impact evaluations should also include a longitudinal design if impact is to be rigorously assessed. Drug addiction is considered to be a chronic disease that requires long-term intervention and management. If a comprehensive understanding of the combined efforts of probation supervision and treatment is to be obtained, a sample of individual probationers should be assessed over time. This would include tracking the primary treatment episodes, changes in supervision level, and lapses and relapses over the course of their probation term. The factors discussed above would necessitate a more complicated evaluation design, and/or a series of investigations that address more focused questions about the impact of treatment on probationers sentenced under §13.901.01 in Arizona.

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Appendices

Appendix A. Acronyms

Appendix B. Arizona County Adult Probation Drug Treatment and Education Fund Profiles

Appendix C. The Drug Treatment and Education Fund Program Operations Code

Appendix D. National Institute of Drug Addiction: Principles of Drug Abuse Treatment for Criminal Justice Populations

Appendix E. Description of the Preparation Database Extractions and Limitations of These Data

Appendix F. Table of Other Treatment Components Available by Counties

Appendix G. Table of Availability of Ancillary Services as described by DTEF Coordinators

Appendix H. Table of Detail of Individual Treatment Agency/Provider Characteristics by County

Appendix I. List of Constructs and Variables

Appendix J. Missing Data on Variables Used in the Evaluation

Appendix K. Financial Screening Forms; AHCCCS Pre-screen Forms