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Back on TRAC:
Treatment, Responsibility & Accountability on Campus

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Should a college provide the cocoon to assist students who, like larva, will continue their development during their college years and complete their metamorphosis from children into adults?

Biologically speaking: "In a protective covering (cocoon or chrysalis), the larva is transformed into an adult. During pupation, larval structures break down and adult structures form; wings appear for the first time." (Encyclopedia Britannica Online--10-27-04)

Pupation is somewhat analogous to the developmental stage that children go through between the ages of 13 and 21, albeit the age range is rather elastic. For many, the last four or so years of this metamorphosis occurs outside the protective cocoon of parental oversight but within the ostensibly protective confines of the college campus—whose overriding mission remains "student development."

The challenge for college administrators, faculty, staff and others lies in how to guide and monitor "development" without damaging the "wings" of exploration, discovery and freedom. But, the reality is that too many students dip their "wings" into substances to assist in these pursuits. Indeed, it is frightening to realize how many do so to the point of saturation and harmful consequences.

Parents understand that youths are prone to being influenced into risky behaviors. Most parents want to know that there is a cocoon of watchful adults and healthy interventions to corral their children should they stumble. Parents with offspring in college, or soon to be there, would give "two thumbs way up" to Back on TRAC. But the question remains: Will college administrators have the vision to implement something so promising?

Randy Monchick, Ph.D., J.D.

Introduction

Institutions of higher education continue to make significant strides in developing comprehensive prevention measures and campus/community coalitions to help offset the perceived "culture of substance abuse" that has permeated college environments for decades

(DeJong et al., 1998). It has been shown that the well-coordinated implementation of promising prevention strategies can lead to a significant reduction in the irresponsible and illegal use of alcohol and drugs (Weitzman et al., 2004; NIAAA, 2002; DeJong and Langford, 2002). Recent data from the ongoing Monitoring the Future study reveal that between 1991-2004, the annual percentage of college students who drink alcohol declined from 88.3% to 81.2% (O'Malley et al., 2005). Stated alternatively, the number of abstainers has increased significantly from 12% to 19%. Since the work of the "prevention community" has substantially escalated over this time period, it is plausible that college and underage alcohol risk reduction strategies, such as social norming, safe rides, keg registration and other preventative interventions, are having an overall impact. That is the good news. Indeed, the good work of the "prevention" community must continue if we are to maintain the downward trend in underage college student drinking or at least keep such use from re-escalating.

The bad news is that, despite our best prevention efforts, college student substance abuse continues at what could be characterized as an alarming rate. Heavy episodic drinking and drugging remain rampant and too tempting for many of our students to avoid. And so we again find ourselves at a crossroads. We can throw our hands up, blindly accept the existence of the problem and either hide behind allegedly stressed resources to effectively ignore responsibility for meaningful treatment interventions or "pass" the problem on by adopting zero tolerance policies. Or, we can develop "smart interventions" designed to catch the problem on an individual level before it becomes a headline.

Back on TRAC is a "smart intervention" that targets students whose excessive use of substances has created serious consequences for themselves or others. The "TRAC" moniker stands for **Treatment, Responsibility, and Accountability on Campus**. Back on TRAC adapts the integrated public health-public safety principles and components of the successful drug court model and applies them to the college environment (Marlowe et al., 2004; Marlowe, 2003; Marlowe 2002; Belenko, 2001; Belenko, 1998). It holds substance abusing students to a high level of accountability, while providing long-term, holistic treatment and rigorous compliance monitoring. It does this without interrupting the student's educational process. It also unites campus leaders, judicial affairs personnel and programming professionals with their governmental, judicial and treatment counterparts in the surrounding community, an intervention

partnership that should serve as the hub for a comprehensive campus/community strategy for dealing with underage drinking and drugging in the off-campus as well as on-campus environment.

Those who have witnessed the community drug court system model substantially change the face of the community justice and treatment system over the past decade know about the positive "leveraging" power harnessed by holding one's job, freedom, or even children over one's head as the motivation for entering and completing structured treatment. In a college setting, it is the threat of dismissal from the institution or loss of significant campus privileges that stands as the "stick" to help compel entry into and maintenance within a new lifestyle of treatment-consistent behavioral patterns. Armed with this knowledge, the next step is to provide the structure to make such a campus-based leveraged intervention appropriate and highly likely to be successful.

Back on TRAC provides an extremely powerful system model for giving substance abusing students the structure to reorient, focus, mature and succeed, a purpose in sync with the sometimes forgotten mission of all institutions of higher education, that being "student development." Indeed, it is past time for higher education and the judicial system to link hands in: (1) addressing the overlapping impacts of substance abuse on campus and community life and (2) developing a coordinated and collaborative systems-based "clinical justice" intervention that promotes student development and campus/community civility. The Back on TRAC pilot program, operating under the moniker of DAY IV, is concluding its fourth year at Colorado State University (CSU) and has won the full-fledged support of campus and community leaders.

Statement of the Problem

Recent studies underscore that underage drinking as well as chronic and acute binge drinking are endemic on college campuses (ACHA-NCHA, 2000-2005; O'Malley et al. 2005; Weitzman, 2004; Knight et al, 2002; O'Malley & Johnston, 2002; Johnston et al., 2000; Wechsler et al. 1998). Almost half of all college students are heavy episodic drinkers, also known as binge drinkers—typically defined for higher education research purposes as 5+ drinks for males or 4+ for females consumed within 2 hours at least once within a two-week period. *Id.* As a general rule, consumption of this lower end amount of alcohol in this time frame will result in a blood-alcohol level of .08, the general legal threshold for a determination of impairment. Although

some disciplines have questioned higher education's use of the term "binge drinking," because of the more extreme and repetitive alcohol imbibing connotations the term has invoked in other circles and times, for purposes of this paper the terms binge drinking and heavy episodic drinking are synonymously defined as noted above.

Data from the American College Health Association's National College Health Assessment reveal that about 1/5 of students *occasionally* binge drink, defined as bingeing once or twice within the two-week period preceding the administration of the survey instrument, with the proportion of male to female occasional bingers slightly favoring males (ACHA-NCHA, 2000-2005). However, the percentage of *frequent* binge drinkers, defined as 3+ bingeing episodes over the prior two weeks, has fluctuated in a non-patterned manner over recent years between 19% - 34% for males and 10% - 14% for females (*Id)*. While the national bi-weekly binge drinking rate tends to vary between 40% and 50%, a recent survey of the University of Wisconsin system placed that figure at 60% –70% (Foley, 2005). While there is some indication that college student bingeing has experienced a slight decline over the past two or three decades, the latest Monitoring the Future data shows that, despite some annual fluctuations, binge drinking has not changed much since 1991 (O'Malley et al., 2005; Wechsler et al., 1998; Engs and Hanson, 1992). The bottom line is too many students binge to excess (White et al., 2002, finding 40% of Duke Univ. students experienced alcohol blackouts during the prior year). Indeed, binge drinking remains a problem of epic proportion and extends well beyond the college student population. A nationwide study of binge drinking from 1993-2001 revealed the number of binge drinking episodes per adult had increased significantly (17%) since 1993 and dramatically (35%) since 1995 across all age strata (Naimi et al., 2003). The largest increase was seen in underage drinkers aged 18-20 (56% increase), averaging 15.3 episodes/person/*year* (*Id*). Binge drinkers were almost 14 times as likely to report alcohol-impaired driving (*Id*).

The consequences of college student binge drinking remain substantial and wide-ranging and include serious injury or death (most notably from car crashes, assault, suicide, falls, burns, drowning, and alcohol poisoning), sexual promiscuity, unprotected sex, pregnancy, STD transmission, and an assortment of criminal behaviors including assault, intimidation, DWI, theft and property damage—as well as such relatively lesser harms as missed classes, academic failure, relationship problems, and noise disturbances (AMA, 2004; NHTSA, 2003; Wechsler et

al., 1995). Based on 2001 data of college students aged 18-24, there were 1,700 alcohol-related college student deaths in 2001--most (1,138) from motor vehicle crashes; 500,000 students injured due to excess alcohol; 630,000 students assaulted due to alcohol-fueled anger; 400,000 impaired fulltime students engaging in unprotected sex; and 70,000+ students sexually assaulted (rape-1.5 in 100) (Hingson et al., 2005). High-risk drinking remains the #1 health risk in college.

Illicit drug using amongst college students also remains substantial (O'Malley et al., 2005). Although a slight decline has occurred since 2001, the annual prevalence of use since 1991 increased from 29.2% to 36.2%; the annual use of illicit drugs other than marijuana increased from 13.2% to 18.6% (*Id*). As far as daily use is concerned, almost 5% of students use marijuana daily compared to almost 4% who use alcohol daily (*Id*). While daily ingestion of any mind-altering substance is of concern due to its potentially deleterious impact on the developing brain, the focus of the Back on TRAC intervention is on the *recurrent* use of a psychoactive substance under dangerous or inappropriate circumstances (APA-DSM IV, 1994).

The reality is that despite our best preventative strategies, a significant proportion of college students will repeatedly engage in alcohol or illicit drug abusing experimentation until they are physically or emotionally scarred or dismissed from school for poor academic performance or other substance-induced behavioral consequences (Hingson et al, 2005; Asmus, 2002; Wechsler et al, 2002; Presley et al., 1998; Engs et al, 1996). Notably, almost one-third of college students could qualify for a *DSM-IV* diagnosis of alcohol abuse, with an additional 6% being diagnosable as alcohol dependent (Knight et al. 2002). Absent successful intervention, many of these future alumni will struggle with serious alcohol or illicit drug-related problems and inadvertently represent our institutions in far less than stalwart fashion (McCarty et al., 2004; Tucker, et al., 2003; O'Neill et al., 2001; Schulenberg et al. 1996a & b, indicating that heavy episodic drinking during one's youth serves as a significant risk factor in the onset of alcohol-related problems as an adult). The data sends one very clear message: Implementation of a proven accountability-based intervention program on college campuses is needed to provide a substance abuse safety net for our sons and daughters who no longer have a parent's daily influence to help monitor and counter negative peer and cultural pressures.

The Back on TRAC Model

It is incontrovertible that substance abuse, particularly alcohol abuse, at institutions of higher education results in negative consequences to students and their families, campuses and communities. Causes include attitudes and habits brought to campus and alcohol's pervasiveness on campus from college cultural norms, societal influences, peers with legal access to alcohol, and developmental pressure. It is the Back on TRAC mission *"to promote student development and civility by creating and supporting integrated intervention programs for students with substance abuse problems."* By adapting the drug court system model to the college environment, Back on TRAC creates a therapeutic environment for linking holistic treatment with a strict compliance monitoring system. This "clinical justice" system approach fills in many of the gaps found in the often-isolated delivery of traditional intervention methodologies. Back on TRAC offers an intervention process designed specifically for students whose risky drinking or drugging is "out-of-control."

Back on TRAC recognizes that most substance abusers, if given a choice, will not enter a treatment program without being coerced by the potential loss of something the student deems important. Back on TRAC assumes that identified substance abusing students will respond positively to evidence-based coercive therapeutic interventions when the consequences for failure to enroll are clearly delineated and judicial monitoring is employed. The substance abuse/criminal justice evaluation literature offers substantial evidence to support this assumption (Marlowe, 2002).

Back on TRAC primarily targets those students who, because of significant substance-fueled behaviors, have come to the formal attention of a college or university's office of judicial affairs. Formal referrals to judicial affairs typically come from campus law enforcement, residence hall advisors, Greek life representatives, or the community law enforcement/judicial system. However, as Colorado State University has learned, self-referrals are increasing as counseling and health center staff, parents, faculty, and "friends" become aware of the intervention and attempt to convince troubled students to seek help--before risky behavioral patterns escalate or injurious behaviors reoccur and before formal judicial interventions become necessary. Back on TRAC utilizes the student's "trouble" as a window of opportunity for the student to "voluntarily"

enter the program or face dismissal, substantial loss of campus privileges, or some other leveraging sanction such as the parents' withdrawal of financial support.

The program is rigorous, highly motivational, abstinence-based, developmentally appropriate, and client-centered. It draws from the strongest theoretical foundations and evidence-based practices in neurophysiology, biology, psychology, human development, social work, and sociology. It puts into practice the best that counseling, clinical case management, and judicial monitoring has to offer while providing a peer-support network to facilitate change in the people, places, and things that had helped fuel the substance abusing lifestyle. Because it is grounded in a **collaborative system** of holistic treatment and high accountability, it sets the stage for a substantial restructuring of the individual's lifestyle.

The Back on TRAC methodology consists of a team-based approach to individualized treatment, clinical case management, frequent and random alcohol & drug testing, weekly case reviews, peer-attended status reviews (i.e., open progress hearings conducted by a campus judicial affairs officer), and immediate administration of performance-based sanctions and rewards. The Back on TRAC model not only enhances treatment success and positive life change in the participants, it lays a strong foundation for enhancing campus/community partnerships, revitalizing the university's commitment to its mission of student development, and promoting campus/community civility. When combined with a comprehensive and collaborative approach across the full gamut of education, prevention, and treatment, the adaptive application of the drug court system model to the college campus forms the foundation for a multi-track intervention system that will timely reach more students more effectively and reduce substance abuse behavior and its consequences.

The length of time between a student's entry into Back on TRAC and the student's graduation from the program will vary based on an individually tailored treatment plan and progress in attaining both individual and program goals. Although it may be theoretically possible for a participant to graduate after four months in the program, experiences with the CSU pilot program indicate the average length of time from program entry to graduation will be seven to eight months. Upon entry into Back on TRAC, each participant commits to attend all designated individual and group treatment sessions, recovery group meetings, study sessions, leisure

activities, and Back on TRAC-sponsored events and comply with all aspects of the program's alcohol and drug testing mandates. In addition, each participant enters into a behavioral/developmental contract with the treatment team that identifies the participant's specialized needs and goals and a course of action the participant agrees to follow to attain those goals. This means that participants construct and commit to their own unique program of growth within the framework of the larger Back on TRAC program structure.

The Back on TRAC model imparts a new treatment-based methodology for helping combat college student substance abuse. Offering students a structured "treatment" option to substance abuse should not be viewed as something beyond the scope of higher education. In fact, it is consistent with the "student development" mission of higher education institutions. When coupled with the knowledge that a substantial portion of their college students would be clinically diagnosable as substance abusers or chemically dependent, institutions and their constituents ostensibly have a moral, ethical and, under certain circumstances, legal obligation to redirect these troubled students' energies and social practices so as to reduce the negative consequences of substance abuse on the individual, family, community, and institution.

Back on TRAC's Twelve Central Tenets—Draft #1

Although the drug court model of integrated system intervention has evolved to address target populations other than criminal offenders addicted to illicit drugs, the model has been guided since 1997 by a set of ten principles that, viewed together, generally define what must be in place to be considered a true drug court (NADCP, 1997). Back on TRAC (BOT) has borrowed generously from the drug court's ten key components in generating a working draft of twelve central tenets to guide the implementation of BOT programs on the recognizably diverse college landscapes. Taken together, they define the BOT system model and serve as a guide for BOT program development and operation. They have been constructed to allow individual BOT programs the flexibility to mold their operations to fit their respective institutional and community environments while remaining true to the core tenets. A further elaboration of each of the tenets described below is in the process of being drafted and will include performance benchmarks to guide campuses in fitting the model to their unique campus/community administrative structures and resources. A draft monograph of these central tenets will be distributed later this year to interested campuses and will form the basis for the planning and

implementation of the program on campuses selected as BOT demonstration sites. The monograph is being touted as a draft because it is envisioned as a continuing work in progress, and will be periodically revised and refined to reflect the knowledge and best practices gleaned from implementation and enhancement of the model at the demonstration sites. What follows below is the *first* draft of Back on TRAC's Twelve Central Tenets.

1. **Back on TRAC (BOT) promotes student development and civility by creating and supporting *integrated* clinical justice intervention programs for students with substance abuse problems.**

   The concept of "clinical justice" is used to connote the integration of key principles and components of a science-based public health and public safety model. In addition to the overriding and pre-determined *leveraged* punitive response to program failure, e.g., dismissal from the institution, these key clinical justice components include utilization of assessment-driven and individually tailored treatment protocols, holistic clinical case management, random and frequent alcohol/drug testing protocols, judicial monitoring/supervision, and the judicial application of graduated sanctions and incentives timely tied to program performance.

   In the BOT model, an intervention with a student does not occur in isolation, but rather is designed, implemented, monitored, and enhanced by the ongoing sharing of information and expertise across a variety of overlapping professional disciplines. BOT recognizes that mental health, substance abuse treatment, law enforcement, and other service providers have traditionally worked independently of and oftentimes in isolation from each other. This is unfortunate, because the work of one provider often overlaps and impacts the work product of another provider.

   To put the theoretical concept of integrated clinical justice into practice requires the systematic linkage of a variety of administrative entities and providers who have services to offer that can alter substance abusing lifestyles. The BOT model creates a collaborative partnership and therapeutic alliance among campus-based service divisions, departments, and offices as well as between campus and community service providers. Under this model, the

office of campus judicial affairs, the health center, the counseling center, campus law enforcement, and other relevant "partners" share information and expertise and use that information to enhance the effectiveness and efficiency of service delivery to the individual student. For example, it is well-known that a substantial percentage of substance abusers are likely to experience co-occurring mental disorders, and *vice versa* (CSAT, 2005). Yet, tradition indicates that mental health, substance abuse treatment, and law enforcement too often exercise their mandates in a vacuum—despite the fact that the success of one often depends on the success of the other. When psychiatric, substance abuse treatment, and judicial enforcement interventions are structured, processed, and monitored in collaborative and coordinated fashion, the likelihood of a successful outcome is greatly enhanced (*Id*).

Uniting traditionally isolated administrative entities sets the stage for transitioning "clinical justice" principles from the context of *theory* to the reality of *practice*. The transition from theory to practice must be facilitated by a multi-disciplinary team of professional practitioners representing the various relevant professions and administrative entities. It is the administrators of the various entities that, at least in part, comprise the BOT planning team. It is the skilled practitioners that comprise the therapeutic BOT clinical justice staffing team.

Educating and involving the administrators of the diverse provider organizations and offices allows for identification of competing priorities and conflicting internal policies and procedures. Useful changes in entity protocols can then occur and cooperative agreements structured to clarify relationships and diminish or resolve potential conflicts.

BOT is designed to be operated under the auspices/jurisdiction of the campus' Office of Judicial Affairs. Judicial Affairs plays the key monitoring role in coordinating information flow across the provider entities, presiding over the status hearings, and imposing performance-based sanctions and incentives (based on the input of the BOT staffing team). Although Judicial Affairs takes the administrative lead in the BOT model, its role is no more or less important than the roles played by the other provider representatives on the BOT staffing team.

2. **Using well-established campus judicial processes which protect individual due process rights, sanctioning outcomes are expanded to include the Back on TRAC (BOT) treatment diversion option.**

The processing of cases referred to the campus' judicial affairs office for allegations of substance-related violations of the institution's code of conduct are to be governed by the same procedural safeguards as any other conduct referral. Students whose behavior is formally called into question by a campus' judicial office have a right to receive a notice of the charges and a hearing on the legitimacy of those charges (Stoner, 2005). In addition, the students are entitled to any other "rights" that are codified within the policy and procedures governing an institution's code of conduct (*Id*). In short, all due process considerations remain intact during the processing of a case that could result in a BOT referral.

BOT is akin to a sentencing option. It only becomes a potential disposition if *responsibility* for the violation has been attributed to the student. The fact that many of the referred cases may have originated, been resolved, or remain pending under the jurisdiction of an off-campus law enforcement or judicial body is normally of little concern to the processing of the student conduct case. However, there may be a tendency in certain cases for judicial affairs to delay processing until another jurisdiction concludes its evidence gathering, charging, adjudication or disposition phase. Nevertheless, the clinical assessment process normally should not be delayed and, if substance abuse is diagnosed, steps should be taken to facilitate the student's entry into BOT or an appropriate alternative treatment regimen.

BOT promotes a strict adherence to relevant due process safeguards while emphasizing a non-adversarial, team-based, and clinically informed approach to case resolution. Eligibility for the BOT intervention should be strongly considered for any student who has been found responsible for violating the institution's code of conduct and for whom there is sufficient clinical evidence supporting a diagnosis of substance abuse or substance dependency. For eligible students, BOT should be viewed as a disposition of first, rather than last, resort.

3. Early identification of Back on TRAC (BOT) candidates helps students succeed and relieves the community from negative behavior.

The speed with which a judicial affairs office processes an alleged conduct violation is a matter of concern. The behavioral modification literature strongly suggests that the closer treatment entry is tied to the frightening consequences of a bingeing incident, such as the fear generated from apprehension by the authorities or the suffering of a debilitating physical injury or the scary recognition of what transpired during one's stupor, the higher the offending student's motivation for pursuing treatment and the more successful the intervention (Martin et al., 1992). Quick judicial action following a traumatizing event like arrest/apprehension can capitalize on the crisis, intensify treatment "readiness", and significantly alleviate treatment roadblocks caused by the student's camouflaging "denial" or minimization of a substance abuse problem. Unlike criminal court processes, judicial affairs does not have to contend with elongated delays from due process, evidentiary, or other motion-induced tactical challenges typically found between apprehension and criminal court case resolution. Upon identification of a candidate for BOT intervention, an expedited eligibility screening process should be initiated so that treatment, if called for, is not delayed.

A number of easily administered eligibility screening tools exist to assist in expediting the substance abuse diagnostic process. All are designed to offer a first-line look at whether a referred student has a significant substance abuse problem. Some can be self-administered or administered on-line. None offer perfect snapshots and the reliability of several of the instruments as well as their applicability in a college environment can be and has been debated. While debating the advantages and disadvantages of one over another is beyond the scope of this document, one that appears to have relatively sound applicability to the college student population is the Rutgers Alcohol Problem Index (RAPI) (Miller, et al., 2002; White and Labouvie, 1989).

If the screening tool indicates that a substance abuse problem likely exists, a face-to-face clinical assessment should immediately be scheduled. If the clinical assessment leads to a diagnosis of substance abuse or substance dependency, and the student meets the other

eligibility requirements of the BOT intervention, the clinician should promptly advise the student about the BOT program and encourage the student to give it strong consideration.

4. **Back on TRAC (BOT) provides a comprehensive array of individually tailored, strengths-based treatment and support services that match the student's position on the continuum of use and addresses deficits across the range of bio-psychosocial domains.**

Generally speaking, treatment success depends on timely enrollment in treatment, skillful assessment of needs, accessibility to a comprehensive array of clinical and ancillary support services, and creation of therapeutic alliances among and between treatment staff and clientele. Successful treatment will employ motivational processes that encourage rapid engagement in the treatment plan and enhance retention for the amount of time necessary for recommended treatment dosages to take effect and appropriate behavior *patterns* to become ingrained.

Comprehensive Treatment: While the initial focus of the BOT therapeutic intervention is on curbing the use of mind-altering substances, other clinical or therapeutic support services will be needed to help the student reprioritize goals, maintain focus, and successfully transition to a substance-free lifestyle. Developing and maintaining new and healthy patterns of living may require assistance with mental health issues and medication, family and relationship counseling, mentoring, academic learning and study habits, career counseling, and spiritual growth.

As in a drug court setting, the BOT experience is a "comprehensive therapeutic experience, only part of which takes place in a designated [clinical] treatment setting." (NADCP, 1997). Because substance abusers present with a myriad of problems, the BOT team's arsenal of treatment options must be wide-ranging and include a multi-faceted referral network. Certainly, many of the substance abusers' treatment issues will be readily identifiable and revolve around standard developmental issues, such as "bad choices," peer pressure, diminished self-esteem, shyness, lack of direction, anger management concerns, stress-induced neuroses, and minor learning disabilities where the prescribed, problem-solving course of action will be relatively straightforward. However, some students will present with

unique and complex problems symptomatic of such things as traumatizing abusive relationships, sexual abuse, domestic/family violence, unresolved sexual orientation issues, significant learning disabilities, and serious and persistent mental illnesses where medical intervention and medication stabilization protocols may need to be introduced. Some may even present with minor to major physical maladies, including sexually transmitted diseases, that had been previously undiagnosed or for which appropriate care had been ignored. Failure to take care of these seemingly ancillary issues can undermine one's program compliance and substance abuse recovery. To effectively coordinate the delivery of potentially diverse and specialized treatment protocols, the BOT team will need to include competent representation from the mental health profession and access to competent medical care.

Case Management: Given that the BOT participants will be receiving a variety of individually tailored treatment and support services, there must be a designated BOT case manager to take the lead on coordinating the treatment referral network, linking participants to the needed services, consistently monitoring the delivery of the needed services, documenting the student's circumstances and progress, and reporting that information to the BOT staffing team. Just as in a successful drug court, a case management system is necessary to provide the administrative structure required for an effective BOT program.

> *Case management, whether carried out by a formally designated case manager or split amongst multiple team members, is the force holding the varied and many drug court elements together, ensuring that: (1) clients are linked to relevant and effective services; (2) all service efforts are monitored, connected, and in synchrony; and (3) pertinent information gathered during assessment and monitoring is provided to the entire drug court team in real-time. Case management forms the framework around which the drug court process can credibly and effectively operate.*
>
> Monchick et al., 2006.

Assessment-Based, Client-Centered Treatment Planning: Determining the substance abuser's *needs* is the first step in developing an appropriate treatment plan. The substance abuse clinician needs to conduct a thorough bio-psychosocial assessment covering all areas of the student's life. Although there are several validated assessment tools available for

assisting the clinician during the assessment process, e.g., the Addiction Severity Index (ASI), none are meant to replace the need for a skilled face-to-face interactive interview. Structuring an individualized treatment plan requires a thought-provoking motivational interview so that the participant actively contributes to and vests in the plan's development. It should be remembered that the assessment is not a static event, but rather is to be revisited as the student progresses or regresses or is confronted with emerging personal, social, familial, or physiological challenges.

Strengths-Based Treatment: The strengths-based perspective assumes that each individual has inherent strengths and hopes that can be drawn upon to build a structural framework for reorienting one's patterns of living. Unlike traditional psychiatric diagnoses and interventions that describe clients in terms of their deficits, the strengths-based approach inventories the positive characteristics and pride-inducing successes in a client's life and uses those strengths to guide, motivate, and empower a journey towards realistic behavioral change, spiritual growth, and a new and more socially acceptable lifestyle. In effect, the clinician functions as an inspirational coach, offering motivational guidance for the individual's structuring of a socially acceptable path towards a set of personally enriching and attainable goals (See e.g., Clifton and Anderson, 2006; Rath and Clifton, 2004).

Recovery and Support Groups: The recovery support network available for substance abusers is extensive. Most of these groups offer education and encouragement for those contemplating or seeking to maintain abstinence. Many participants find benefit in participating in self-help support groups, such as Alcoholics Anonymous, that provide both a set of principles to help structure or restructure one's life and an opportunity to work with a sponsor/mentor from that group. Moos, et al., 2005. Alternative support groups, such as church oriented or non-twelve step programs, may also be accessed and utilized. Virtually all clinicians would strongly encourage or require the substance abusing student's involvement in 12-step or other abstinence support groups as part of the student's treatment plan.

Victim Impact Panels: Some of the participants in BOT will have entered the program lucky to have been apprehended before a serious, albeit unintentional, victimization occurred.

Others will enter the program having survived a DUI crash or other frightening episode of impairment with minimal injury or property damage to others. All will be lucky not to have killed or seriously injured someone or themselves. But they certainly could have. This fact should be confronted in the early stages of the participant's treatment program and perhaps resurrected periodically until the reality sinks in. BOT would do well to plan for and incorporate a "victimization" component/victim's perspective into its treatment protocol.

Exposure to mature victim impact panels or other dramatic mechanisms that impart the perspective of the innocent victim can provide eye-opening teaching moments for internalizing the harm that can come from "not so innocent" bingeing. Use of these support services can serve as a powerful adjunct to treatment, especially when followed up with practices that aid the participants in processing and internalizing their observations. Utilization of mature victim input panels and emergency room or morgue visitations are especially useful "teaching" tools in helping the DUI offender come to terms with the destructive power of impairing substances. Local MADD chapters or prosecutor's offices are potential resources for assistance in arranging such educational opportunities.

Environmental *Triggers*/Relapse Prevention: All recovering substance abusers must learn how to effectively deal with stimuli that can "trigger" the desire to return to inappropriate use of alcohol or illicit drugs. Potential triggers assuredly will surround participants. Students will find themselves at social gatherings or work-related events where drinking and drugging will be occurring. Even well meaning family members or friends can innocently or ignorantly provide risks to abstinence.

Advertisement of alcohol-related products is prevalent throughout our environment. BOT participants are likely to be bombarded with stimuli that may trigger a desire to drink. Interestingly, despite the absence of formal advertising, illicit drugs are also readily available, with their use subtly if not openly promoted by peers. Dealing with these risk factors by focusing on refusal techniques is essential to both short and long term sobriety. But formal advertisements or direct offers to use are not necessarily the most potent triggers for relapse. During the treatment process, clients learn how to handle these obvious triggers so that their relapse potency is negated or extremely diminished. The more difficult triggers

to identify and control are the situation-specific stressors that may be unique to the individual and can cause him/her to seek immediate relief through substance use or abuse. Identifying one's potential triggers and learning how to handle such situations is a central focus of all successful substance abuse treatment programs.

Learning how to deal with triggers and other risk factors will also prove useful to graduates of BOT who, after reaching the age of majority or becoming free from any authority-imposed monitoring constraints, may choose to pursue a course of responsible drinking. Some will be able to do so successfully. Others will make the attempt, learn that it does not mesh well with their lives, and return to the substance-free way of living for which BOT had prepared them. Hopefully, few will return to lifestyles that revolve around substance abuse. In any event, the systematic incorporation of a relapse prevention component in the BOT treatment plan should prove to be of significant value in avoiding relapse or in assisting those who do relapse to expeditiously seek the necessary help to get back on track.

Community Service: Community service is also considered an important adjunct to treatment. It can provide an exposure to a new and hopefully healthy set of acquaintances and an opportunity to expand one's life experience. It can also be tailored to positively impact one's spiritual growth. For example, doing community service at a hospital emergency room on weekend nights not only offers assistance to others, it can provide substantial internal reinforcement for maintaining sobriety. There will be a variety of service opportunities available on and off campus that would welcome the assistance of the BOT students. The BOT program itself may even decide to create or sponsor an existing charitable endeavor as an ongoing project.

Academic Learning Centers: Many of the entering BOT participants will be struggling in their classrooms and academically deficient or on the cusp of being so. Others will be significantly under-achieving. Virtually all of the participants will be in need of learning assistance. Even those that have managed to maintain reasonable grades will be able to benefit from the knowledge, skills and structure provided by campus-based learning assistance centers. The BOT program should make arrangements with the learning center to

help structure an appropriate individual or group study regimen for BOT participants and to provide individually appropriate learning assistance.

While far from exhaustive, the assessment and treatment issues raised here serve to point out the necessity in having an array of BOT-accessible support services, a knowledgeable BOT substance abuse clinician, and a competent case manager. The clinician and lead case manager should be expected to stay in close contact, keep abreast of developments and resources in the ever-expanding treatment field, and utilize their respective expertise to provide other BOT team members, as well as auxiliary or adjunct BOT service providers, with continuing education.

5. **Integrating positive family, peer, residential, and leisure support networks within an individualized treatment plan is essential for giving the substance abuser the structure to reorient, focus, mature, and succeed.**

The BOT model recognizes that an individual's growth can be challenged or supported by one's family and peer network. Families should be contacted immediately once a student reaches threshold eligibility for BOT. This has been found to be an effective measure to reduce substance abuse on campus and complies with the Family Education Rights and Privacy Act (FERPA) (Gehring, et al., 2001). In most cases, family support will exist for the student's entry into the program. The role family members will play in the treatment process will vary depending on the individual's treatment needs, logistical impediments such as the distance between the family's residence(s) and the college, and the family's commitment to the process.

In many cases, the family's knowledge of, or personal history with, substance abuse will become an issue in the treatment process. Linking family members with Al-Anon or other educational/support groups can be a very useful adjunct to developing a new structure of living for the student in recovery. Inviting family members to campus to meet the BOT staff, view a BOT status hearing or graduation, and experience a slice of their child's BOT life helps create an important supportive partnership and can further solidify the student's commitment to the treatment process.

Family members can play a variety of roles in the therapeutic process. This includes providing leveraging incentives for successful completion of the program, monitoring alcohol/drug testing during school "breaks," and providing or withholding potential rewards for program-related performance. Nevertheless, although the family member(s) role can be a powerful adjunct to the student's growth, there are situations where the student is best served by maintaining a distance from some or all family members. In short, the role the family will play is just one of several treatment issues that the clinician and the student will need to address.

Peer influence is also an obvious influential variable in the treatment process and can serve as a motivational enhancement or an obstacle to positive attitudinal and behavioral change. In almost all cases, the substance abusing student will be challenged to figuratively or literally move away from certain peers and embrace others. Although the responsibility for taking control of one's life lies within the student, it is oftentimes foolhardy to think that students will be willing to change, let alone be independently capable of changing, their social group or social haunts immediately upon entry into the program. Students will need support, encouragement, and perhaps a judicial mandate to generate the necessary impetus for such structural change to occur. Importantly, the BOT team must remain attuned to the need to help provide mentoring assistance, a substitute peer network, and an alternative residential living environment.

Substance-free housing obviously can provide useful insulation for BOT participants who find themselves in *trigger-laden* housing situations that compete with their treatment goals. Colleges and universities are increasingly providing substance-free housing (Finn, 1996). Some provide entire residence halls specifically devoted to substance-free living. Others provide designated substance-free rooms or apartments. Residents of substance-free housing normally sign a contract committing to a completely substance-free lifestyle. Oftentimes this includes a commitment to refrain from any tobacco products as well. Because the number of available slots will be limited, a timely application is typically required. Ideally, an institution that implements a BOT program will be able to make advance arrangements with student housing administrators to set aside some space for participants who enter BOT. Otherwise, BOT program planners may do well to tap into the well of program supporters in the larger community who can assist in recruiting supportive landlords willing to assist in offering BOT participants and graduates substance-free living opportunities. After the BOT program develops a cadre of graduates, one or more may become interested in assisting with the establishment of an Oxford House or its equivalent and serve as the live-in manager of a house occupied by other recovering abusers. For more information about the Oxford House model, see http://www.oxfordhouse.org/main.html.

The BOT therapeutic network must incorporate structured substance-free leisure activities as part of the overall treatment protocol. It is axiomatic that orchestrating a change in a

substance abuser's *social* network likely means learning new leisure time and recreational pursuits. It should be no surprise that a substance abusing student's social life and leisure time are typically organized around "getting buzzed." For most abusers, drinking or drugging is a shared social event. In a substance abuser's mind, having a "good time" socially means getting intoxicated and hanging out in situations where others are encouraged to pursue a similar course of action. Whether the buzz is used to overcome feelings of inadequacy, shyness, or other social trepidations, it is perceived by the student to serve a useful set of purposes. Thus, a requirement to pursue a substance-free social life may be a foreign and threatening prospect to a substance abuser. Nevertheless, reorienting the student to a satisfying substance-free lifestyle is a necessary component of the BOT intervention and requires experiential learning opportunities to "*meet and greet*" and "*play"* without a buzz. The BOT planning and staffing teams must reach out to campus and community organizations and groups who make available substance-free leisure pursuits and include them in the BOT therapeutic scheme so that substance free "good times" can be experienced.

6. Abstinence is monitored by frequent and random alcohol and drug testing.

BOT is a program of abstinence. As long as the participants are in the program, they are required to remain free of any alcohol or illicit drug. It is essential that the BOT program incorporate a sound alcohol and drug monitoring system to assure treatment compliance and to detect use in order to intervene appropriately. Testing for alcohol and drugs must therefore be frequent and random. Due to the rapid excretion of alcohol from one's system, detection of alcohol can prove more challenging than testing for most popular illicit drugs. Innovative practices such as use of remote alcohol testing, breath alcohol testing at every contact, rigorous testing frequency, unannounced home visits, or BOT staff "pop-ins" at popular drinking establishments or events can aid in the establishment of a sound alcohol monitoring protocol.

Testing should take place at every possible point of contact. Breath testing is relatively inexpensive, non-invasive, and quickly administered. Random and occasional urine testing should back up the breath testing. While urine testing is not currently as effective for

alcohol, it assists with the identification and prevention of poly substance abuse. The reality is that many abusers of alcohol also use illicit drugs and *vice versa*. When one's drug of choice is unavailable, the use of an alternative substance is heightened. Accordingly, regardless of the "drug of choice" or the specific drug of abuse that brought them to the attention of BOT, BOT participants need to be tested for both alcohol and the range of illicit drugs that are readily available to the student population. Bottom line: many substance abusers use more than one illicit substance, or learn to use another substance when being tested for alcohol only.

The decision whether to outsource drug testing or provide drug testing in-house will depend on several factors such as cost, simplicity of administration, and ease of participant access to the testing location. Other considerations include the BOT staff's ability and willingness to collect the specimen, monitor its delivery, and store the specimen for subsequent pick-up by or delivery to a laboratory for secondary analysis or confirmation. While drug testing may be outsourced, a BOT program should have on hand at least two hand-held alcohol breath testing devices and a good supply of disposable mouthpieces. To minimize expense, the CSU program maintains in the BOT check-in office a personally identifiable, *baggie*-encased mouthpiece per participant. These are rinsed and dried after each test and available for re-use by the participant when breath testing is conducted at the BOT office. The disposable mouthpieces are used when breath testing is done in the field. Caveat: The use or re-use of a mouthpiece should comply with the manufacturer's recommendations/guidance. Each BOT team should receive in-depth training on the science behind breath and urine testing techniques and protocols, collection procedures, randomization testing options, manipulation methodologies, and alternative testing methods. For a good introductory overview of drug testing in a drug court environment, see Robinson and Jones, 2000.

Alcohol and drug testing in a college student environment can pose some unique challenges. Most notably perhaps is the dilemma posed by adapting to an academic calendar that offers intermittent holidays and vacations that may necessitate participants being absent from the campus for brief or extended periods of time. Maintaining an alcohol and drug testing program during *college breaks* will require special arrangements for testing the participant in

remote locations. As a general rule, the parent(s) or other designated family member should be viewed as a first option for overseeing the testing function during these times and may even administer the tests. When this is not viable, a long-standing member of the local recovery network may be identified as willing to serve in this role. Alternatively, or in addition, the BOT case manager may make suitable arrangements with a testing facility near where the student will be residing.

7. **Intentional team building and continuing inter-disciplinary education promotes competence, commitment to the program's mission, goals and objectives, and a climate of collaboration, cohesiveness, and creativity.**

Operating a successful multi-disciplinary, team-based BOT intervention necessitates a team unity and a working knowledge of the missions, goals, values, philosophies, mandates, terminologies, and impacting areas of technical expertise of the various disciplines and organizations represented on the team. This means creating team-based pedagogical situations for enhancing cross-discipline learning.

BOT planning and staffing teams will be made up of representatives from diverse disciplines whose professional missions will overlap. At a minimum, the BOT planning and staffing teams consist of representatives from campus judicial affairs, substance abuse counseling, mental health, and campus law enforcement. At various points in the development or operation of the program, additional representatives from the campus and surrounding community will join the team.

A partnership between BOT staff and local court and law enforcement officials is essential. Many of the substance abusers who come to the attention of BOT will be under the jurisdiction of off-campus authorities. This means they will either be in the process of being supervised by probation authorities or they will have a case pending adjudication or disposition in the court system. The resolution of the off-campus case may well include a referral to BOT. The referral may come from the student's defense attorney, the arresting officer, the prosecutor, the judge, the probation officer, or another relevant court official,

such as the local drug court coordinator. If the referred student is accepted into BOT, off-campus authorities will need to keep tabs on the student's performance. This could mean one or more "officers of the court" may become regular or periodic members of the BOT staffing team or observers of the BOT status hearing. In particular, if the community has an adult drug court in operation, it may prove useful for the community drug court coordinator to regularly attend BOT staffings. Periodic attendance at relevant BOT events by other community-based judicial system partners should prove advantageous for all involved. For example, the "arresting officer" in a relevant case may show up to give input at a specific staffing or status hearing or attend the graduation of a student the officer had originally taken into custody. A probation or community corrections officer may attend because one or more of the officer's caseload may be in BOT. Moreover, since the local prosecutor' office may well be providing or at least authorizing the daily sharing of "booking" information (so that BOT can stay abreast of student arrests), it would make sense for a representative of that office to occasionally be present to see the fruits of their offices' labors and reinforce their continuing collaboration. Maintaining the involvement of the local court officials is important for adding "eyes and ears" to the monitoring process and for maintaining a strong BOT referral network. **Caveat:** As noted below under Central Tenet #11, the sharing of BOT information must conform to all federal and state confidentiality and privacy protections. While at first glance this may appear to preclude allowing "visitors," there are protocols that can easily be put into place to maintain confidentiality/privacy while still allowing for the authorized sharing/release of relevant information to designated justice and treatment system partners.

One or more representatives from the off-campus court system should serve on the BOT planning team and may serve on the BOT staffing team. If the local community has an operative drug court, representatives from that drug court should be brought into both the planning and operational process. To create a climate of competent collaboration amongst campus and off-campus providers, each involved BOT professional is expected to contribute discipline-specific knowledge to the BOT planning, implementation, and operational process. This means sharing information about how each team member's profession is governed, the policies and procedures under which their respective offices are designed to operate, and the

ethical and legal requirements and boundaries to which they are expected to adhere. It also means keeping fellow BOT team members up-to-date on changes in a partnering organization's relevant internal policies, procedures, and techniques.

Both cross-discipline learning and team unity will be enhanced by BOT team members and partners working together to develop BOT technical and promotional documents. Perhaps the most important of these documents will be a BOT "policy and procedures" handbook describing the program's mission, goals, objectives, structure, target population, eligibility criteria, entry process, phases, forms, potential sanctions/incentives, treatment and monitoring protocols, and staff job/role descriptions. The creation of the handbook offers a structured opportunity for the team to think through each BOT component, solicit input from BOT partners, and record relevant information describing the program's structure and process. The handbook is also an appropriate place for including inter and intra-organizational memorandums of understanding (MOU) that document and clarify the partnering providers' contributions to the BOT process. The handbook should be envisioned as a "living and breathing" document that will be updated as staff and partners transition and the program matures. It is in this sense that each edition of the handbook offers an historical snapshot of the program's ongoing development. In keeping with the drug court field's spirit of information sharing, and to assist in the BOT program planning and implementation phase, BOT programs are encouraged to make their handbooks available upon request.

Each BOT team member recognizes each other's field of expertise and looks to that in-house expert to provide leadership in appropriate circumstances. Ongoing cross-training should be mandatory for all team members so that their understanding of each other's roles is increased and their ability to work as a cohesive unit enhanced. The more team members openly share their expertise and their responses to participant situations, the more their responses to participants' ever-changing situations become consistent with one another and predictable. Oftentimes, much of this collaborative learning takes place during team meetings. A lesson from mature drug court teams would suggest alternating discipline-specific presentations/discussions at periodic or regularly scheduled meetings (such as monthly "brown bag" luncheons preceding a staffing). Attending relevant discipline-specific

seminars or cross-discipline educational conferences as a team will also further enhance the team's knowledge base while building or reinforcing team camaraderie. One of the great strengths of the drug court system model is the "rehabilitative" power generated from enhanced linkage between justice and treatment system professionals. BOT embraces this linkage and consistently seeks opportunities to further the relevant education of all contributing partners in the BOT mission.

8. **A coordinated staffing strategy, utilizing input and expertise from the entire Back on TRAC (BOT) staffing team, oversees the student's weekly progress towards goal attainment and contract compliance.**

BOT teams understand the personal struggles, hardships, imperfections and baggage that give rise to young careers of substance abuse or dependency and make change difficult. They recognize that, despite the problematic consequences of one's abuse, for many of the participants the use of mind-altering substances was a quasi-effective method for salving emotional wounds. It is the BOT team's job to help the participant heal while learning to live substance-free. Performing that job effectively means understanding that entering the program by itself will not magically or immediately extinguish old habits. Nevertheless, BOT teams understand that while participants need time to change, they must show progress towards change. Holding participants accountable for making progress is a central function of BOT.

Students enter into BOT at various stages of development. Some will display an adolescent immaturity while others will portray sophistication beyond their years. Initial attitudes toward their program involvement will stretch from disdain to ambivalence to calm acceptance. They will enter at various points in the stages of change (DiClemente and Velasquez, 2002). Their receptiveness to change will vary from an expressed motivation for working towards resolution of acknowledged problems to staunch denial of any need to change. Their character traits will run the gamut from straightforward honesty and integrity to secretive manipulation and downright deceit. Some will embrace a spirit of cooperation and support for change while others will work to undermine their own or others' progress.

Attempts to form negative alliances and triangulations will occur and set the stage for potential program disruption or even upheaval. The BOT team prepares to deal with the range of participant emotions, attitudes, and behaviors by setting clear cut performance standards, regularly sharing all relevant participant information and unabashedly holding participants accountable for their performance. Adherence to the BOT imposed structure is paramount for staff as well as participants. Within that relatively rigid program structure, there remains an abundance of latitude for therapeutically purposeful creativity and individually tailored growth opportunities.

In many respects, the BOT team functions as a disciplined set of parents or coaches. Their strategies are consistent with keeping the participants moving forward towards accomplishment of individual as well as program goals. The program goals of abstinence and public safety are clearly imposed on the participants. Program requirements include honesty, openness and a commitment to do the work necessary to attain one's individual goals. At times, these program goals and requirements do not mesh smoothly such as when a participant's violation of the abstinence goal is discovered solely because of the participant's honest revelation. A mature BOT team holds the individual accountable for the violation of the program goal while simultaneously embracing the participant for his or her honesty.

A participant's progress through the drug court experience is measured by his or her compliance with the treatment regimen. While abstinence is a goal, "there is value in recognizing incremental progress toward the goal…." (NADCP, 1997). Progress markers include the following: showing up in a timely manner at all required treatment meetings, ancillary service appointments, and status hearings; participating openly and honestly in therapeutic groups; submitting to all alcohol and drug tests; reaching out to others with encouragement; and making documented strides towards accomplishing goals delineated within one's individualized developmental contract.

Movement towards the attainment of program goals and adherence to program requirements are not the only markers of progress. Each participant will have identified personal goals and worked with the BOT team to chart a personally relevant and corresponding treatment plan.

This individualized plan will have been reduced to writing and signed by the BOT participant, witnessed by the BOT counselor and acknowledged by the BOT staffing team. Adherence to this developmental or behavioral "contract" provides a meaningful yardstick for marking the participant's progress.

Keeping track of a participant's progress requires the coordinated sharing of progress information on a regular basis. Because each participant will be expected to perform daily in concert with his/her treatment plan, much can happen in a participant's life within a week's time. Whether positive, negative or seemingly mundane, each participant's movement towards his/her goals needs to be rigorously documented and frequently shared amongst BOT team members. The establishment of regularly scheduled BOT staff meetings is necessary. These *staffings* serve as the vehicle for regularly sharing up-to-date information about participant progress and for making strategic recommendations for sanctions, incentives, treatment plan modifications, or program enhancements. Most BOT programs will set these meetings to correspond to and immediately precede the regularly scheduled formal status hearings. Staffings provide the opportunity for each BOT staff member to stay abreast of participant and program developments and provide input into the BOT decision-making process. This includes helping to determine whether a sanction or incentive is ripe for delivery and what that punishment or reward should entail.

> Drug courts must reward cooperation as well as respond to non-compliance. Small rewards for incremental successes have an important effect on a participant's sense of purpose and accomplishment. Praise from the judge for regular attendance or for a period of clean drug tests, encouragement from the treatment staff or judge at particularly difficult times, and ceremonies in which tokens of accomplishment are awarded in open court for completing a particular phase of treatment are all small but very important rewards that bolster confidence and give inspiration to continue.
>
> NADCP, 1997; excerpted from Key Component #6

The choice and range of sanctions for non-compliance or incentives for worthy accomplishments are limited more by the imagination of the BOT team, participants, and ancillary contributors to the program's ongoing development than by the availability of

tangible prizes. Nevertheless, tangible tokens and prizes are useful implements in the BOT tool belt of incentives and may well be donated by the campus student center, bookstore, athletic department, movie theaters, restaurants and the like. Developing a base of program sponsors from the campus and community is oftentimes as easy as asking for their sponsorship and their ideas for objects that students would likely find rewarding.

Non-tangible incentives will abound. Encouragement and praise from the hearing officer during the formal status hearing are easily administered and powerful reinforcements. Similarly, individualized warnings and admonishments have their own unique powers in reinforcing participant and program boundaries. **Caveat:** Warnings should not be given unless there is follow-up monitoring of the behavior and immediate imposition of appropriate sanctions for the continuation of the disapproved behavior.

Incentives may include removal of previously imposed restrictions, an earning back of privileges previously withheld, a decrease in number of required community service hours, a partial remittal of program costs, a relaxation of supervision, a reduction in required substance testing appearances, or an excused absence from a subsequent status hearing or other normal program requirement, to name a few. Examples of readily available sanctions include the imposition of a curfew, demotion to an earlier phase of the program, or a ratcheting up of supervision, drug tests, community service hours, study halls, and support group meeting attendance. Obviously, the ultimate sanction of termination from the program should be avoided as long as possible to allow the participant every viable opportunity to demonstrate a commitment to program goals. Sometimes it takes a series of slips, admonishments, sanctions and periodic therapeutic interventions before a participant begins to understand the utility of the program and its application to his/her personal betterment. The program needs to hang onto the student long enough for this message to be delivered, received and internalized.

BOT team member roles in a staffing are not always performed in keeping with their traditional non-BOT workplace functions. For example, a BOT counselor at times may embrace a sanctioning position that does not appear to conform to a counselor's traditional

nurturing role. On the other hand, the team's law enforcement liaison may take issue with other team members' proposed imposition of a sanction. This is because the team member's perception of the needs and goals of the BOT program and the best interests of the clientele at times may result in situational role reversals. Thus, when viewing a BOT "staffing," the positions the team members occupy outside of the BOT setting may not be easily identifiable to the naïve observer. Borrowing from the mantra of the drug court world, the adversariness that traditional roles may have fostered is to be left outside the door so that the focus can be on what is in the best interests of the participants. While good faith disagreements will of course arise, the spirit of collaboration, cooperation, and consensus building will govern. During times when consensus is not attainable, the hearing officer must move from the role of consensus builder to conflict resolution overseer and ultimate decision-maker. Watching the BOT staffing team keep each other "on track" offers evidence of how collaboration, cooperation and a commitment to the program's mission, goals and objectives allows professionals to think and work outside the silos of their individual work traditions.

9. **A coordinated, incentive-based status review in a Back on TRAC (BOT) peer setting, facilitated by a caring authority figure playing a role akin to a drug court judge, fosters student development and accountability. The regularly scheduled peer-attended status hearings provide a formal structure for reviewing participant progress and administering incentives for compliance and systematic sanctions for non-compliance.**

The fruits of the participants' labors, as well as those of the BOT staff, come together in regularly scheduled judicially governed "status hearings." A status hearing is a ceremonial, open case review process wherein the progress of each of the participants is formally addressed. In addition to providing a therapeutic opportunity for acknowledging participants' progress, the open case review provides a setting for BOT program policies to be displayed and reinforced and "to give the participant a sense of how he or she is doing in relation to others" (NADCP, 1997 at 27).

In an adult drug court, the status hearing would typically take place in a formal courtroom with a judge presiding over a cohort of seated participants and court officials, serially

interacting with each participant on the docket, reviewing each participant's progress in front of all present, dispensing incentives or imposing sanctions, and at times therapeutically addressing the entire cohort and courtroom audience. It is oftentimes referred to as "theater," because it is effectively scripted in advance by the BOT team at a pre-hearing staffing and performed in a ceremonious environment (Nolan, 2001).

While BOT status hearings are neither presided over by a judge nor held in a formal court of law, the atmosphere of officialdom and judicial authority are nonetheless present. The BOT status hearing is held in a designated judicial affairs hearing room with an authorized hearing officer presiding. While the layout of the hearing room and its accoutrements will vary by institution, steps should be taken to give the atmosphere a tone of formality. The size of the room should be sufficient to comfortably seat all participants and the BOT staffing team. Space should remain available for approved invitees such as interested parents, faculty, significant others, institutional administrators, judicial system officials, and healthcare professionals. Appropriate waivers should be signed by all invited observers, acknowledging and pledging to honor the confidentiality of the proceedings. Participants should have already signed appropriate waivers to allow the sharing of progress reports and limited personal information in such a forum. Even with such waivers in place, steps should be taken by BOT staff to respect each participant's privacy and sensitivities and expose in summary form only that information absolutely necessary to fulfill the monitoring, sanctioning and incentive process. If sensitive issues do surface and require dialogue, the option to conduct dialogues out of the earshot of attendees should be utilized.

While the hearing officer administers the sanctions or incentives from the *bench*, he or she only does so on the basis of recommendations from the BOT staffing team, recommendations that are solicited during the pre-status hearing meetings of the BOT team. These staffings are designed for the BOT staffing team to timely share the latest information about each participant's progress since the previous status hearing and to try to reach consensus on whether a sanction or incentive is in order and what that sanction or incentive should be. Much as a judge would do in a drug court setting, the hearing officer serves as the formal but caring authority figure that, because of the role's inherent power to sanction participants, can

directly and immediately shape the life of each participant. Under the aegis of the office of judicial affairs, the hearing officer remains the ultimate arbiter in the selection and imposition of sanctions and incentives and the resolution of BOT disputes.

As a general rule, all participants should be timely present for this weekly or biweekly event and sit through the entire proceeding. In addition to the presiding hearing officer, the primary substance abuse clinician and lead case manager should be present. Other members of the BOT team should appear at least periodically as their schedules will allow. The length of the hearing will vary based on the number of participants in the program and the hearing officer's ability to move expeditiously but effectively through the process. Sufficient acoustics should exist or sound equipment employed to ensure that the intended "open" communications between hearing officer and participant can be heard by all attendees.

10. Continuous data collection via implementation of a Management Information System (MIS) fuels an ongoing process and outcome evaluation and enables perpetual monitoring of participant and program progress.

BOT is data driven. While thoughtful and guided planning is of utmost importance in the startup of a BOT program, the subsequent ability to rationally adjust, adapt, and enhance ongoing program operations is of equal import and requires a viable database and ongoing process and outcome evaluation. Identifying, collecting, storing, and transmitting data is useful for the ongoing management of the program, essential for the monitoring of participant performance, and absolutely necessary for determining the effect of BOT on its participants, participants' families, the institution, and the community. It is only through the thoughtful identification and systematic collection of relevant demographic, program, process, and outcome data elements that a foundation can be laid for a comprehensive and comprehendible program evaluation.

<u>BOT Management Information System (MIS):</u> Every BOT program must develop a system for documenting pertinent information. As a tracking device, an MIS allows for information to be recalled for purposes of conducting historic or evaluative reviews of the performance of

a specific participant, a group of participants, an entire caseload, a service provider(s), a unique program component, or the overall BOT program itself (Monchick, et al., 2006). Given the sheer volume of information needed to monitor participant performance, the development and consistent utilization of an *electronic* management information system (MIS) is recommended. While the daily recording as well as weekly, bi-weekly, or other periodic summarization of participant progress data can be accomplished via "pen and paper," the information will ultimately need to be reentered into an electronic format for an appropriate analysis to take effect. The ability to enter data one time and thus not duplicate efforts makes an electronic data entry system highly preferred. Such systems do not have to be overly complex and can be adapted without cost from drug court-based MIS programs that exist in the public domain. Alternatively, volunteer MIS developers may be solicited from faculty or graduate programs within the BOT institution for the purpose of incorporating the necessary fields and data elements into an existing judicial affairs electronic information system. It is also plausible that the vendor responsible for an existing MIS program may be willing to provide the necessary system adjustments at minimal cost.

While an MIS allows for the recording, tracking, and reporting of information in an accurate, comprehensive, and timely manner, it relies on humans to reliably obtain and enter the data. Given that the MIS serves as a repository of participant and program information, quality control methods need to be in place to ensure accuracy, completeness and consistency of data entry. In short, an MIS is only as good as the information that is entered into it.

Gearing up for Program Evaluation: Today's consumers, legislators, taxpayers, and other potential beneficiaries or benefactors are increasingly expecting that rigorous evaluations justify continued spending of tax, charitable, or consumer dollars. To adequately address their concerns, a methodologically sound outcome evaluation should be constructed to document the program's impact. Corresponding with the outcome evaluation should be a process evaluation to determine what it is about the program that causes, enhances, or detracts from its utility and efficacy. The design and oversight of these types of evaluations requires the services of a trained evaluator.

The development of a valid, reliable and meaningful evaluation requires adequate preparation. The program documentation and data identification process ideally begins when the BOT planning process is initiated. Since the BOT planning process will influence the initial structuring of the program, a local BOT evaluator needs to be identified and welcomed as an original member of the BOT planning team. The evaluator's role, in pertinent part, is to assist the team in identifying the program's goals and objectives and converting those goals and objectives into "measurable" ones. The evaluator will also take the lead in: (1) identifying relevant program, participant, and environmental variables that can impact the desired outcomes, (2) defining variables in operational terms, (3) identifying and defining relevant data elements, and (4) structuring a process for collecting and recording the necessary data elements. The evaluator needs to help keep the planning and staffing teams on track with the evaluation and not allow others' agendas to undermine the evaluation design or the data collection process.

Ultimately, a BOT evaluation design should consider the types of information that policymakers, stakeholders, and the public would want to see in determining whether a program is effective…and worth the cost. This means that the evaluation design must take into consideration the interests of Legislatures, victim impact groups (e.g., MADD), local government entities (city and county commissions, local planning councils, local law enforcement), funding sources, and media, to name a few. In designing an appropriate evaluation of a program, the identified evaluator solicits the BOT staff's input to help ensure that the evaluation design accounts for the realities of the program's operation.

While the designated BOT evaluator orchestrates the evaluation design and oversees the data collection system, responsibility for collecting and recording the data generally falls to one or more members of the BOT staffing team. Most likely, the BOT team will rely on the BOT case manager(s) to systematically gather, record, and disseminate the relevant participant information in a timely and accurate manner. The evaluator and the case manager, among others, must be agreeable partners in the evaluation process and understand their respective roles.

Program History: Maintaining a history of a BOT program's development is necessary to inform an evaluation. Just as terrain varies from landscape to landscape and transforms due to human manipulations and idiosyncratic climatic changes, so too do the environments within which programs operate. New partners and resources will be added as program components are tweaked. Clients will come into the program with unique needs and the program will adjust accordingly. Staff will transition over time. Political worlds will alter and impact the institutional, community, and program environment. Traditional methods may lose their relevance or impact. New and promising techniques will emerge. Because BOT will have to function within the realities of a constantly changing environment, an emerging history of the program should be recorded and appropriately date stamped to document the timing of program changes.

11. Back on TRAC (BOT) conforms to state and federal confidentiality rules and regulations as well as the ethical guidelines governing the performance of each professional discipline represented on the BOT staffing team.

The ability to acquire, store, and reveal program participants' identities and clinical status in a BOT program is governed by state and federal law. Each member of the BOT staffing team must develop a base knowledge about the relevant confidentiality and privacy rules and regulations. Appropriate release forms will need to be devised to obtain proper authorization for the release of identifying information. Protocols will need to be put into place to help ensure that communications about the participants do not occur absent appropriately signed releases. Participants, as well as staff, need to understand the requirements and pledge to uphold the spirit of confidentiality and privacy.

Confidentiality Protections: There is a right to confidentiality. Absent an appropriately obtained signed release of information, information about the "identity, diagnosis, prognosis or treatment of any patient" cannot be disclosed by "any program relating to substance abuse education, prevention, training, treatment, rehabilitation or research, which is conducted, regulated or directly or indirectly assisted by any department or agency of the United States." (42 U.S.C. §290dd-2 (2002). Also see 42 C.F.R. Part 2.; SAMHSA, 2004).

Privacy Protections: In addition to the confidentiality requirements outlined under 42 CFR Part 2, the more recent Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes specific privacy protection requirements on substance abuse treatment programs that are classifiable as "covered entities," and transmit health information electronically "in connection with transactions for which the U.S. Department of Health and Human Services (HHS) has adopted a HIPAA standard (45 CFR Part 162." See 45 CFR §160.103). According to HHS, the HIPAA transactions that a substance abuse treatment program might engage in currently include:

- Submission of claims to health plans
- Coordination of benefits with health plans
- Inquiries to health plans regarding eligibility, coverage or benefits or status of health care claims
- Transmission of enrollment and other information related to payment to health plans
- Referral certification and authorization (*i.e.*, requests for review of health care to obtain an authorization for providing health care or requests to obtain authorization for referring an individual to another health care provider) (SAMHSA, 2004, p. 4.)

In addition to codified laws and regulations, many professional organizations or institutional workplaces have developed standards or guidelines on how members of that profession or institution should ethically operate under certain situations. Not only must BOT staff conform to their own professional discipline's regulations and ethical codes of conduct, they should be made aware of any unique boundaries imposed upon fellow BOT providers by their respective professions or organizations. Learning the ethics and relevant nuances of each other's professional operations, and resolving any apparent conflicts or misinterpretations, should be part of the ongoing BOT team building and interdisciplinary education processes.

12. Forging partnerships among campus/community organizations and providers creates local support, generates system collaboration and enhances Back on TRAC (BOT) program effectiveness.

BOT is designed to alter destructive behavior patterns of students who abuse substances. This goal, in part, is indirectly embedded within the mission of many other public and private agencies, community-based organizations, and programs. Each likely has labored for years or even decades in their respective attempts to contribute towards substance abuse prevention, deterrence, or rehabilitation. Generally speaking, the effectiveness of these attempts either will have not been formally documented or will have been less than satisfactory. While their intentions have been honorable, their attempts to significantly impact the problem will have been hampered by numerous obstacles. Perhaps the two most often mentioned are a lack of resources and a lack of collaborative system support. BOT begins with the premise that most resources for an effective intervention already exist within a campus/community. It is the coordination and smart application of existing resources that creates the challenge for BOT. By building coalitions and forging partnerships amongst the various judicial, educational, and health system entities that already contribute resources to combating substance abuse, the holistic and collaborative BOT intervention system can be created.

Historically, there has been a disconnect between and within judicial, law enforcement and treatment systems. Traditionally, each system has tried to take credit for having the solution to the problem, despite a lack of documenting evidence. Even within the separate systems, a spirit of distrust, lack of communication, non-sharing of resources, and unhealthy competitiveness has too often characterized operations. Fighting for the funding dollar has typically dominated the landscape with little concern for, and often at the expense of, the other systems or system components. In short, one entity's gain has too often been viewed as another entity's loss. The good news is that in the past decade or so, some public and private funding sources have tried to coerce a change in some of these negative traditions by tying at least some funding opportunities to systematic attempts at

collaboration and integration. The drug court systems model perhaps best exemplifies such a collaborative and integrative methodology.

Unlike virtually all other treatment or justice system interventions, the drug court approach has now been subjected to hundreds of evaluations (Marlowe et al., 2004; Marlowe, 2003; Marlowe 2002; Belenko, 2001; Belenko, 1998). While the rigor of many of these evaluations can be and has been criticized, the reality is that 99% of the evaluations, including all those that have passed the muster of academic peer review, have documented that the drug court model works (*Id*). The drug court "model" is clearly a sound one. The challenge for drug courts and BOT programs remains one of developing and maintaining the partnerships needed for implementing the key components of the model.

Building partnerships necessitates educating the community. The process begins with identifying the key community-based judicial, law enforcement, and health agencies, organizations, associations, and groups. The next step is identifying respected leaders within each and meeting with those individuals to explain BOT and enlist their support on the BOT campus/community steering committee. This should be initiated early in the anticipated creation of BOT since the input of these stakeholders will be essential to a successful BOT planning process. Their role will be to help plan BOT and introduce the concept to sponsors, provider partners, and other potential stakeholders. **Caveat:** Some communities will already have well-functioning coalitions in place. BOT planners should always seek to make use of existing campus or community coalitions so that key leaders are not inadvertently overburdened with duplicative or uncoordinated committee work. Armed with committed stakeholders, the BOT campus/community coalition will prove to be a powerful tool for generating and coordinating resources.

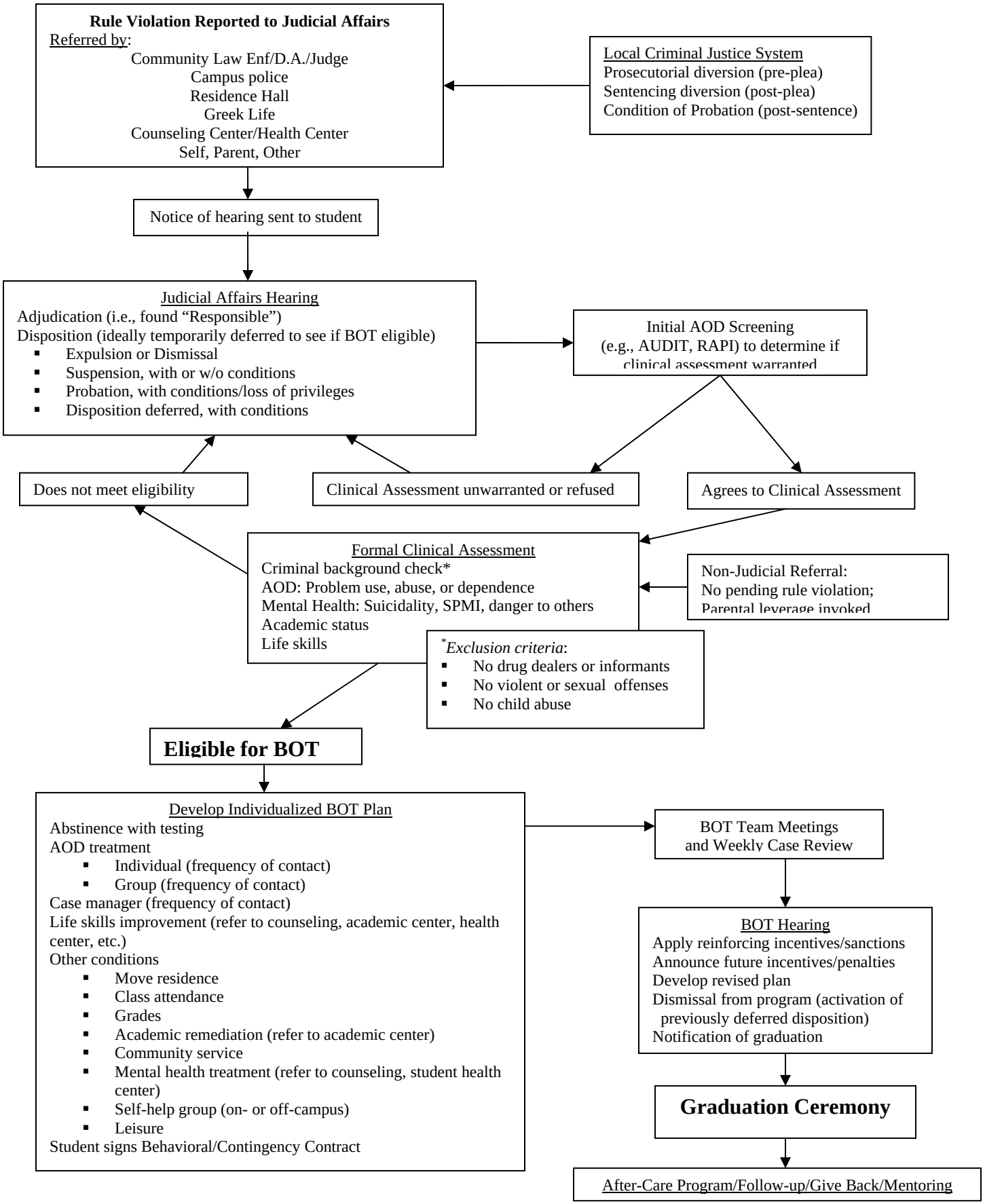
Eliciting community support for BOT should not be overly burdensome and is accomplishable. This is because the impact of the program will be felt not only by the participating students, their families, and the college, but by the community at large. Educating the public about BOT existence, operation, and rationale for effectiveness

provides an added measure of comfort to one's community and become an impetus for improved town-gown relationships. The community will be encouraged to learn that local college students with substance abuse problems are being identified, monitored and appropriately treated. Neighborhood associations, community politicians, civic-minded groups, organizations, businesses, community justice system representatives, and past victims of substance-fueled behavior will be gratified to learn that the college is taking an active role in enhancing the safety of the community. Knowing that students with histories of substance fueled encounters will be less likely to be out and about destroying property, assaulting citizens or gunning [their engines] for innocent victims is something for which the community will be thankful and supportive.

The Back on TRAC Process (see Figure 1)

The following diagram offers a summary visualization of the Back on TRAC process, from identification of rule violation to program entry to program completion. For an in-depth textual explanation of how this general process is being applied at Colorado State University, see Lisa Miller's companion paper to this manuscript submission (Miller, L., 2006).

Figure 1--Back on TRAC (BOT) Program Flowchart



Back on TRAC Goals and Objectives:

The BOT program has the capacity to achieve goals that will positively impact the participant, the family, the institution, and the surrounding community. The BOT planning team, as part of the program planning process, must give substantial thought to developing meaningful, accomplishable, and measurable goals and objectives. Potential goals to be considered may include:

1. Implementation of structure to monitor compliance with treatment and other judicially imposed sanctions for substance fueled offenses;
2. Implementation of structure to generate timely interventions for substance abusing students;
3. Increased knowledge by BOT participants re: impact of substance abuse, identification of personal triggers, and relapse avoidance;
4. Positive changes in attitudes, motivations, and aspirations among BOT participants;
5. Increases in cognitive functioning of BOT participants;
6. Positive change in BOT participant's peer relationships, e.g., greater association with non-abusers;
7. Increase in GPAs of program participants;
8. Increase in BOT participant involvement in volunteer service groups;
9. Enhanced personal (psychological, social, familial) development;
10. Reduction in number of binge drinking and/or drug use incidents;
11. Increase in amount of time BOT participants spend in family-oriented activities;
12. Improvement in BOT participant-parent relationships;
13. Reduction in BOT student-generated alcohol or drug related incidents occurring off-campus;
14. Retention of High Risk Students, i.e., decrease in # of dismissals related to substance abuse;
15. Increase in graduation rate;
16. Increased effectiveness of treatment for high risk abusers;
17. Increase in percentage of students pursuing alcohol-free & drug-free lifestyle;

18. Reduction in Residence Hall and campus law enforcement alcohol and drug related complaints re: BOT participants;
19. Cost Savings to Institution/Fiscal Responsibility;
20. Enhanced pride amongst college administrators in staying true to the institutional mission;
21. Enhanced confidence amongst parents that the college will be "looking after the best interests" of their child;
22. Enhanced campus-community relationships and partnerships;
23. Creation of a new cadre of campus leaders/mentors from BOT graduates;
24. Implementation of complaint-generated multi-track substance abuse intervention system with judicial affairs oversight;
25. Increased communication, cooperation and collaboration among and between campus/community providers;
26. Increased understanding of provider roles and services available across departments, divisions, programs, organizations, and agencies;
27. Enhanced integration of service delivery and efficacy of resource utilization;
28. Reduction in duplication of services across agencies/organizations/groups/offices;
29. Improvement in relationship between campus administrators and community officials;
30. Safer campus/community;
31. Enhanced job satisfaction of service providers who significantly interface with BOT;
32. Establishment of a new alumni base of students and their families who now have a more entrenched reason to "give back" to the institution;
33. Establishment of viable endowment or foundation for support of BOT.

The Development of the Back on TRAC Initiative

As early as 1999, representatives from the National Association of Drug Court Professionals (NADCP) and National Drug Court Institute (NDCI) began discussing the potential for adapting the drug court system model to college campus jurisdiction. Sometime during 2000, a visionary drug court judge in Fort Collins, CO, with the support of the local District Attorney approached

representatives of Colorado State University about the idea. A pilot program called DAY IV was started--and the seeds of a national initiative were sewn.

In 2002, a subcommittee of the NADCP Board of Directors was established to begin to develop a blueprint for a national initiative. In 2004, a national committee, intentionally inclusive of some renowned skeptics from higher education, was created to bring insight, direction and enlightened energy to the initiative. During a committee brainstorming session, the "Back on TRAC" moniker was developed with the "TRAC" acronym standing for Treatment, Responsibility & Accountability on Campus. Towards the end of 2004, communications were initiated between NADCP/NDCI, The National Judicial College, and The Century Council to gauge the latter's interest in providing "no strings attached" seed funding for a national demonstration project. The Century Council embraced the notion. The decision was made to headquarter the initiative at The National Judicial College. Serious planning for the initiative kicked off in June 2005 with a small amount of funding from NDCI, ONDCP, and The Century Council and with verbal assurances from The Century Council that it would provide the necessary financial resources beginning in 2006. A national research committee was subsequently formed to begin to lay the foundation for process and outcome evaluations of the local demonstration programs and the overall national initiative.

The Application Process: A Sneak Preview

On or about June 1, 2006, a formal solicitation for BOT demonstration sites is to be announced through relevant higher education publication(s), websites, and list serves. Interested institutions will have about a three-week period of time to submit a brief *letter of interest.* The *letter* will be designed to give interested institutions the opportunity to identify a coordinating contact person and briefly explain why it should be considered a viable demonstration site. A BOT Demonstration Site Application Kit will then be sent to those institutions deemed to be viable demonstration site candidates.

The application has been designed to be completed by a multi-disciplinary committee representing the following roles or their equivalent on the campus:

A. Dean of Students
B. Director of Judicial Affairs
C. Director of Health Center
D. Director of Counseling Center
E. Director of Alcohol and Drug Programs
F. Director of Residence Life
G. Campus Police Chief
H. President of the Student Body
I. Designated "Back on TRAC" Evaluation Coordinator

Although a morning or equivalent meeting of the application team should be sufficient to complete the application, the institutions will have about a two-month window of opportunity to bring the multi-disciplinary application team together and submit the completed application. To assist in identifying an institution's need for the BOT intervention, summary data from the campus' CORE, Safety Update, NCHA, or similar database will be requested. The application will also seek information concerning existing campus or community coalitions/task forces, relevant service delivery strengths and gaps, and the applicant team's honest analysis of current relationships across departments/divisions/offices/providers, including how substance abuse interventions might be enhanced by improved collaboration.

Selection of up to five demonstration sites will be made by the BOT National Committee in early September, 2006. The National Judicial College and National Drug Court Institute will provide the selected demonstration sites with the technical assistance and training needed to plan and implement BOT. The training will include on-site technical assistance as well as a 3 ½ - 4 day planning/implementation training event at Colorado State University (CSU). The initial on-site technical assistance will be provided on a selected date during fall 2006. It will include a BOT presentation to key campus and community policymakers/stakeholders, as well as a post-presentation debriefing/workshop with the local 10-person BOT planning team. The training event at CSU is envisioned to occur in February 2007.

Although some overlap may well occur, the local BOT *planning team* will be configured differently from the application team. The *planning team* will be expected to consist of the following:

1. Vice President-Student Affairs (optional)
2. Director of Judicial Affairs
3. Director of Residence Life
4. Director, Counseling Center
5. hearing officer
6. substance abuse clinician
7. case manager
8. campus police officer
9. evaluator/researcher
10. District Attorney (or drug court coordinator or drug court judge if a drug court exists in your community)

On-site technical assistance will also be offered during the months following the February 2007 CSU training event and preceding the demonstration sites' expected implementation of the program in the fall of 2007. It is expected that all approved travel, lodging, and per diem expenses for the training and technical assistance will be covered by The National Judicial College through funding from The Century Council.

The Back on TRAC National Committee

Randy Monchick, Ph.D., J.D. (Chair), Drug Court Administrator (ret.)-North Carolina
William DeJong, Ph.D., Director-National Center for College Health and Safety; Professor—Boston University School of Public Health
Judge William Dressel, President, National Judicial College
Donald Gehring, Ed. D., Founder of The Association for Student Judicial Affairs
William Georges, Senior Vice President-Programs, The Century Council
C. West Huddleston, Director, National Drug Court Institute
Peter Lake, J.D., Professor of Law, Stetson University, College of Law
Stu VanMeveren, former District Attorney, 8th Judicial District, Fort Collins, Colorado

Lisa Miller, Director of Day Programs, Colorado State University
Barbara Snyder, Ph.D, Vice President for Student Affairs, University of Utah
Robin Wright, Senior Deputy Court Administrator, Pensacola, Florida

Is Your Institution Ready for Back on TRAC?

Selecting and preparing BOT planning and staffing teams will take considerable thought and commitment. If done well, watching a well-oiled BOT team in action will be akin to watching a well-coached college basketball team. Competent BOT team members collaborate with each other, provide well-timed assists, establish position to screen out opposing forces, and rely on each other's unique skills and competencies to move the student towards the goal of responsible decision-making and successful matriculation.

BOT is looking for "pioneers" to implement a model that could well change the face of campus judicial affairs and counseling center interventions with serious substance abusers. The *promise* of the BOT systems model extends beyond a baseline mechanism for providing serious substance abusers with a judicially monitored treatment structure. As BOT develops and matures, it has the capacity to become a hub for the creation or revitalization of a potent campus-community coalition. As experienced by CSU administrators and officials from the surrounding Fort Collins, CO community, its tentacles can significantly interface with the establishment and maintenance of effective environmental strategies for minimizing illegal, impulsive, and recurrent substance use on and off campus. Whether one occupies the role of a campus administrator, city or county official, service provider, volunteer, or participant, those who participate in the BOT process will feel both awed and reenergized by the power of a truly collaborative system put into practice.

The challenge begins with a multi-disciplinary willingness to reevaluate the way business is currently being conducted and an administratively supported, cross-discipline vision and commitment to build collaborative planning and staffing "teams." In most cases, all it takes is a willingness to let go of "turf" and embrace change.

Resources, evaluation, long-term sustainability and other issues of note

Resource Availability: While a common reaction to implementing "yet another program" often draws protestations of an inadequacy of resources, many higher education administrators have made it clear to us that the larger institutions likely already have sufficient campus/community resources to create the intensive intervention that BOT promotes. Institutions that lack sufficient on-campus treatment and supervision resources can, in most cases, partner with community service providers to create the necessary components for an effective BOT intervention. CSU administrators have learned that most of the program's central functions can be efficaciously performed by existing staff from the counseling center, health center, and judicial affairs office. They have also discovered that tapping into the creative juices of relevant graduate programs can fill potential service gaps and enhance program performance. For example, while the counseling center should be able to fulfill the substance abuse counseling function by redirecting the energy and focus of an existing counselor, the provision of case management services initially may appear to be an unfunded obstacle. However, a little "collaboration" with the graduate programs in psychology, social work, human development, or other relevant fields can yield previously untapped case management and other important service delivery resources, data management, or evaluation assistance.

Sustainability: It should be remembered that a student's participation in BOT will not be "rent-free." It is a "voluntary" program that offers a tremendous value, i.e., a structured opportunity for participants to get "back on track" and successfully matriculate. As a "voluntary" program, the student is made aware of the financial costs prior to signing on to the program. Upon choosing to enter the program, the student commits to the agreed upon financial obligation. The fees not only fund some of the "costs" of delivering program services, they also serve to further lock in a student's commitment to make use of the provided services. It is a well-known adage amongst clinical providers that a patient's psychological commitment *to* a recommended program of action is enhanced by his/her financial investment *in* the recommended program.

The participants' financial contribution can substantially offset many of the costs of the program. Whether the fee is an upfront program entry fee or a periodic fee for service, full payment of all

fees is required prior to graduation from BOT. The amount of the service fee is to be determined by each planning team after giving consideration to potential insurance reimbursements or program subsidization from student health fees or other "general funds." Local and state-based foundations, governmental grant opportunities, corporate donations/sponsorships/endowments, legislative matching funds, and other charitable sources of money, services, or supplies also provide potential "revenue" avenues to enhance or sustain program operations over the long term. The BOT national office expects to assist local BOT sites in developing short and long-term sustainability strategies.

Data-based Needs Assessment: Each college should have a readily accessible data bank, e.g., CORE, Safety Update, or NCHA data, to help it assess the extent of the substance abuse problem amongst the student population. For most schools, this should reveal the need for BOT and may provide additional targeting information.

Expanding Campus Jurisdiction: Should institutions of higher education assume jurisdiction over off-campus behavior? There will be competing points of view or "concerns" presented regarding the propriety of an educational institution sanctioning students for off-campus behaviors. Some campus administrators may express a fear that the creation of an on-campus treatment intervention system for behavior that occurs off-campus will end up with the off-campus community "passing the buck" and further stressing a campus' already limited resources. Other administrators will take the opposite tack and experientially document the advantages and efficiencies that have inured to their campuses and communities from assuming jurisdiction of relevant off-campus behavior. Although the BOT model has the flexibility to work for campuses that choose to avoid jurisdictional involvement in a student's off-campus aberrant behavior, the designers of the model urge campuses to include local judicial officials in the planning process. Experience has taught us that once campus and community officials get to know each other and learn how each jurisdiction's system operates, they are able to develop highly ethical collaborative processes that can enhance the efficacy of both systems.

Right to "treatment": There is no "right" to treatment. The fact that a treatment program is offered to certain people, but not to others does not *ipso facto* create a right to enter the program.

Right to "diversion": There is no "right" to "diversion," i.e., a less harsh alternative sanction. The fact that an ostensibly "lesser" sanction is offered to some individuals as an alternative to an ostensibly "harsher" sanction, e.g., BOT offered in lieu of dismissal from the institution, does not *ipso facto* create a right to be granted the opportunity to entertain an alternative sanction.

Conclusion

Alcohol and other substance abuse-related tragedies are receiving increasing media and interest group attention. The external pressure to do something intelligent and constructive continues to build. The momentum and infrastructure exists to support reduction of college student substance abuse. Support for system change to significantly reduce underage and heavy episodic drinking and illegal drugging lies within college and community populations and amongst parents who anticipate college education for their children. Back on TRAC offers institutions of higher education an extremely powerful system model for giving substance abusing students the structure to reorient, focus, mature and succeed. The question remains: Will higher education administrators step up to the plate?

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