

NDSU'S BACK ON TRAC PROGRAM: POLICY RECOMMENDATIONS

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ABSTRACT

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Alcohol and other drug use by college students has been considered by college administrators to be problematic for many years, but strategies in place were not effective or were being under-utilized. Data taken from both the NDSU CORE Survey on Alcohol and Other Drug Use as well as the national CORE survey indicate that many students use alcohol as their drug of choice; 71% of those surveyed reported using alcohol within the 30 days prior to survey administration.

In 2006, North Dakota State University was selected as a pilot institution for the Back on TRAC program. Back on TRAC utilizes a holistic approach based on the drug court model and public health and combines this approach with rewards and sanctions for compliance with program requirements to provide treatment for substance abuse to college students. The program was implemented in 2008, and since then, 8 students have participated in Back on TRAC at NDSU.

Based on the Back on TRAC program used at NDSU, three recommendations have been made to increase the provision of services to program participants. These recommendations were developed using information collected about the program currently in place at NDSU, as well as information collected about the Back on TRAC program at Colorado State University, Oklahoma State University, and Texas A & M.

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INTRODUCTION

The Problem of Problem Drinking

In 2001, national data collected from college students between the ages of 18-24 revealed some alarming statistics. During that particular year, there were 1,357 alcohol-related fatalities, 599,000 injuries due to excessive drinking, 696,000 assaults upon intoxicated students, and 97,000 students experienced alcohol-related sexual assaulted. Data collected in a follow-up study found nearly identical results (Hingson, Zha, & Weitzman, 2009). College students also engage in high-risk drinking at a rate of almost 50% (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2010).

Data collected nationally in 2008 for the CORE Alcohol and Other Drug survey reveal similar findings with regard to high-risk drinking. Nationwide, a total of 71,198 students were surveyed from 134 institutions of higher education. Alcohol was by far the drug of choice for college students, with 71% of students reported having consumed alcohol within the 30 days prior to taking the survey, and 84% of students reporting use within the past year. 46.1% of those surveyed reported engaging in high-risk drinking in the two weeks before the administration of the survey. However, students reported use of illegal substances as well; within the past 30 days, 17% of students had used marijuana, 2.4% had used amphetamines, and cocaine had been used by 1.8%, with additional illicit drugs used at lower rates within the 30-day time frame. Furthermore, many students reported experiencing negative consequences as a result of their alcohol or other drug use. 37.1 % of students completing the survey reported experiencing some form of public misconduct, such as receiving a DWI/DUI, and 25%

of surveyed students reported experiencing some form of serious personal problems, such as sexual assault (Bergeron, 2009; CORE Institute, 2010).

Historically, alcohol use has been considered a rite of passage for college students (DeJong, 1998; Presley et al., 2002; Vicary & Karshin, 2002). Increasingly during the 1990s, alcohol use, and in particular high-risk drinking, became an issue of concern to college administrators and presidents across the United States (Vicary & Karshin, 2002; Wechsler et al., 2002; Weitzman, Nelson, and Wechsler, 2004). Currently, high-risk drinking is cited as the most pervasive health issue on college campuses, with both administrators and students recognizing the importance of the problem (DeJong, 1998, Perkins, 2002; & Vicary & Karshin, 2002). In fact, it has been estimated that somewhere between 20 to 25% of students have a drinking problem. Wechsler et al. (2002) recorded an increase in high-risk drinking rates in 62 out of 119 colleges that had been surveyed five times between 1993-2001. On a more positive note, Wechsler et al. (2002) also recorded a decrease in the high-risk drinking rate in 57 out of 119 colleges occurring over the same time period.

While students drink for a variety of reasons, including loss of inhibition and as a method of socialization, the fact remains that high-risk drinking has been found to result in numerous consequences for students. As cited by Wechsler et al. (2002), half of students engaging in frequent high-risk drinking reported five or more different alcohol-related consequences; this was 20 times greater than students who did drink but did not do so in a high-risk manner. Consequences from high-risk drinking are quite varied. Academic impairment was frequently cited as a result of high-risk drinking, as were health-related problems such as blackouts, physical illness, self-

harm, and unintended or unprotected sexual activity (Perkins, 2002). Students engaging in frequent high-risk drinking also experienced legal troubles, harmed others and damaged property, often leading to costs incurred by the college. Problems resulting from high-risk drinking were both immediate, such as physical illness, and more long-term, including legal issues (Perkins, 2002).

Several issues contribute to students engaging in high-risk drinking. First, certain personal characteristics have been found to increase the likelihood of an individual engaging in high-risk drinking. These risk factors include a family history of drinking, peer pressure and the desire to be accepted, believing that being drunk is a personal choice (and not beyond one's control), testing positive for ADHD, and having a history of behavior and conduct problems (Vicary & Karshin, 2002). Second, numerous social or group factors also increase the likelihood of an individual engaging in high-risk drinking. Those who are male, Caucasian, involved in athletics or Greek Life, or are freshman are more likely to engage in high-risk drinking. Additionally, the occurrence of important community events, such as football games or rush week, and being present where drinking games are being played increases the likelihood of high-risk drinking (Vicary & Karshin, 2002; Leinfelt & Thompson, 2004). Third, environmental characteristics of the college and community contribute to rates of high-risk drinking; specifically, the time of the year and day of the week correspond with an increase in alcohol consumption. In the fall and on the weekends, students are more likely to drink than during other seasons or days of the week (Smyth, Hayes, Thompson, & Nodes, 2010).

College administrators have long been aware of the issues regarding college student alcohol and other drug use, but the solution for the problem is not obvious and may be difficult to achieve, sometimes leading to an avoidance of the issue altogether. Prevention strategies and policies, such as those that focus on educating and changing drinking perceptions, or that provide short-term treatment, have been in place for many years at various institutions. However, many college students may not realize the extent of their substance abuse and in fact may not understand the consequences of their behavior until it is too late (Hingson, Heeren, Winter, & Wechsler, 2005; Presley, Meilman, & Leichter, 2002; Wechsler et al., 2002). Additionally, current prevention strategies targeting alcohol and drug use in college students may not be utilized as effectively as possible (Monchick & Gehring, 2006).

Alcohol Use at North Dakota State University

Alcohol use tends to be more problematic for North Dakota State University (NDSU) students than does use of other substances. Additionally, high-risk drinking is more common in the Midwest; North Dakota ranks second nationally in high-risk drinking, according to data from the 2009 Behavioral Risk Factor Surveillance System Centers for Disease Control and Prevention [CDC], 2009). Data collected through the CORE Alcohol and Other Drug Survey demonstrate higher rates of alcohol use, albeit slightly higher, amongst NDSU students compared to other college students nationally (Bergeron, 2009; CORE Institute, 2010). In 2008, 647 randomly sampled NDSU students completed the CORE Alcohol and Other Drug Survey, which asked students questions about alcohol and other drug consumption in an attempt to measure these

behaviors and student perceptions about drinking and drug use (Bergeron, 2009; CORE Institute, 2010).

Nationally, 84.1% of students reported consuming alcohol within the past year, compared to 84.3% of NDSU students reporting this same behavior. A larger percentage of NDSU students compared to students across the country reported consuming alcohol within the past 30 days (74.2% compared to 71.8%). However, 51.3% of students who were surveyed at NDSU indicated their class status as junior or senior, whereas only 45.2% of those students surveyed nationally did such. It is possible that NDSU has older students as compared to their national counterparts, and these students may be able to drink legally, therefore increasing the number of students reporting consuming alcohol within the past 30 days. On a more positive note, NDSU students under the age of 21 seem to use alcohol less than their national counterparts; 63.2% of NDSU students under 21 reported having consumed within the past 30 days, as compared to 66.4% of these students surveyed nationally (Bergeron, 2009; CORE Institute, 2010).

While reported rates of high-risk drinking have decreased since 2006, when the last CORE survey was administered to NDSU students, rates still remained high. In 2008, half of students surveyed (51%) reported having engaged in high-risk drinking, compared to 53.5% of students two years prior; an increase in moderation appears to have occurred. Furthermore, of those reporting high-risk drinking, 14% had done so twice within the past two weeks, and 18.3% had done so more than three times within the past two weeks. A total of 5.37 drinks were consumed each week on average among those who do drink; this number is down from 2006, when students who drank

reported consuming 6.51 drinks per week on average. Questions on the perceived use of alcohol by others were also asked on the CORE survey, and in most instances, students consumed less alcohol than they perceived their peers to consume. Male athletes were the only exception to this; it was perceived that their peers consumed six drinks in one sitting, while actual male athlete consumption was slightly above six drinks per sitting (6.04). For those students under 21, the source from which most alcohol was obtained was other friends who were older than 21, although this had decreased from the percent obtaining alcohol in this manner since 2006 (53.6% compared to 64.5%). Friends who were under 21 were also used to obtain alcohol (18.8%) and 7% reported using fake identification to obtain alcohol on their own. Unfortunately, it was reported that students obtained alcohol from parents 12% of the time, a percentage that had increased since 2006, when respondents indicated they had obtained alcohol from parents 10% of the time (Bergeron, 2009; CORE Institute, 2010).

NDSU students completing the CORE survey also were asked questions on the consequences of alcohol or other drug use; many of these consequences have been reported throughout the college alcohol literature. Of students who had used alcohol or other drugs, 67.6% had reported experiencing a hangover as a result, while another 51% had become physically sick. 33.8% had missed a class, while 24.2% reported having performed poorly on a test or project due to alcohol or substance use. Almost one-third (29.7%) had driven a car while under the influence, with 1% of total respondents having been arrested for DUI/DWI, and another 12% had been in trouble with the police, residence halls, or other campus authorities. Nearly 15% (14.7%) of

students reported having been hurt or injured, 9% had been taken advantage of sexually, and 2.3% of respondents had taken advantage of another person sexually as a result of alcohol and/or substance use. Only 7.9% of students perceived themselves to have a drinking or drug use problem. However, students reported experiencing these consequences less often than students in the CORE survey two years prior, consistent with the increase in students choosing to drink less often drink less per session (Table 1 displays these results (Bergeron, 2009).

Table 1. Consequences of Alcohol and Drug Use Reported by NDSU Students, 2008

Consequences	Percent of students who reported this on survey
Experienced a hangover	67.6
Became physically sick	51
Missed a class	33.8
Performed poorly on a test or important project	24.2
Driven a car while under the influence	29.7
Been arrested for DUI/DWI	1
Been in trouble with police, residence halls, or other campus authorities	12
Been hurt or injured	14.7
Been taken advantage of sexually	9
Taken sexual advantage of another	2.3
Perceived themselves to have drinking or drug use problem	7.9

Overall, NDSU students chose alcohol as their drug of choice compared to other substances. For instance, only a fifth of NDSU students reported using marijuana, the second most commonly used substance, within the past year, compared to 84.3% of students reporting alcohol use within that time frame. NDSU students reported using

all other illicit substances, with the exception of steroids, at lower rates than students reported nationally.

The Drug Court Model

During the 1990s, drug courts became quite popular throughout the country. Drug courts, which combine substance abuse treatment with criminal justice sanctions, are designed to reduce the number of offenders with drug-related charges within the criminal justice system (Burdon, Roll, Prendergast, & Rawson, 2001). Collaboration between various agencies is crucial to drug court success; members from the criminal justice system, community leaders, and public health professionals are expected to work together to effectively deliver services and ensure program delivery to participants. In addition, drug court participants are expected to adhere to certain guidelines and are required to complete certain components of the programs in which they are involved. Both juvenile and adult drug courts utilize specific criteria to determine eligibility, and the option to participate is provided to certain individuals in lieu of other sanctions. Drug courts are intended to intervene in alcohol and/or drug use as well as other criminal behavior; those involved as participants are highly supervised, and are required to meet weekly with the drug court judge to track progress within the program (Maring, 2009).

Evaluations of the drug court model have largely been positive. Recidivism rates for those who graduate from drug courts are lower than for those who do not participate; for example, those who completed the drug court in Dade County, Florida, were rearrested at a rate of 33% compared to a rearrest rate of 48% for the control group, and in Dallas, Texas, graduates were rearrested at a rate of 15.6%, compared to

the control group who were rearrested at a rate of 48.7%. Furthermore, evaluations have shown drug court models to be more cost effective than traditional incarceration. In North Dakota specifically, the average cost for a juvenile drug court participant was \$14.73 per day in 2002, compared with the cost of the North Dakota Youth Correctional Center at \$120 per day and placement in a group residential setting at \$100 per day (Maring, 2009). Community supervision costs less than juvenile drug court at \$11 per day, but the treatment provided by drug court is more intensive and utilizes more resources. The National Association of Drug Court Professionals estimated the costs of incarceration for drug offenders to be between \$20,000 and \$50,000 per year, whereas drug court programs typically cost between \$2,500 and \$4,000 annually (Maring, 2009).

Back on TRAC

Prevention programs that are well-coordinated and implemented properly can significantly impact the use of alcohol and other drugs by college students (Monchick & Gehring, 2006). Back on TRAC (treatment, responsibility, and accountability on campus) is one such program; it is based on the drug court model, in which offenders receive treatment as well as rewards and sanctions for adhering or not adhering to program requirements. Back on TRAC (BOT) uses elements of public health to provide services to college students, and is referred to as a “clinical justice” approach (Monchick & Gehring, 2006; National Judicial College [NJC], 2008). The program utilizes a strengths-based approach to offer assistance to students. The focus is on the strengths of the student and these strengths are used as a framework for BOT to determine how students can succeed in the program (NJC, 2008).

BOT offers institutions of higher education the opportunity to further student development, which is consistent with the philosophies of many colleges and universities. Treatment, responsibility, and accountability on campus are central to the program. Collaboration between multiple campus entities is critical to the success of the program, as BOT requires a multipronged approach to effectively assist participants. Certain criteria, for example, violations of North Dakota State University (NDSU) drug and alcohol policy or being a non-violent offender, must be met to become a participant in BOT, as resources are not infinite and are devoted to those who have the most need. Twelve tenets, adapted from the drug court model, along with 33 goals and objectives. These tenets and goals and objectives serve as a guide for monitoring participants through the process. The completion of three separate phases is necessary to graduate from the BOT program; additionally, participants are not allowed to graduate from their institution unless all requirements for BOT have been fulfilled (Monchick & Gehring, 2006).

The possibility of implementing a drug court model in the college setting has been discussed for over a decade. In 2002, Colorado State University (CSU) in Fort Collins became the first institution to implement Back on TRAC. The BOT program evolved from the Drugs, Alcohol, and You (DAY) IV program which began in 2000 in response to the increasing concern of college administrators regarding high-risk alcohol use in their student populations, in addition to use of other substances (Monchick & Gehring, 2006). DAY IV is based off of drug courts and emphasizes participant accountability and responsibility (DAY IV Handbook, 2006). The ideas of treatment through collaboration of community stakeholders combined with the potential for

sanctions if program requirements are not met were transferred to BOT from drug court and modified to better serve the target population of college students. Monchick and Gehring summarize BOT as “a therapeutic environment linking holistic treatment with a strict compliance monitoring system” (p. 4, 2006).

NDSU became one of the few universities across the nation invited to participate as a pilot of the BOT program after completing an application and selection process conducted by the National Judicial College in 2006. Oklahoma State University (OSU) and Texas A & M (TAMU) were also chosen as pilot institutions for the BOT program, in addition to the original program established at CSU (NJC, 2007). The program has been in operation since 2008.

Theoretical Framework

One of the theories utilized by BOT as well as drug courts is that of restorative justice, developed by Braithwaite (1989). Restorative justice places emphasis on the harm caused by the behavior and then focuses on fixing the harm caused, whether it is to society or a particular individual through the process of reintegrative shaming. According to Braithwaite (1989), reintegrative shaming, in which community disapproval of the actions of the offender is expressed and the offender is then welcomed back into the community, is key in creating less attractive criminal subcultures. For BOT, Restorative Justice and reintegrative shaming can be used for drug and/or alcohol use, violation of laws, or NDSU policies.

Two other theories are used to explain the BOT program. First, Chickering’s seven vectors of development theory is used by BOT (NJC, 2007). Chickering’s theory focuses on emotional, interpersonal, ethical, and intellectual development. The vectors

include developing competence, managing emotion, developing interdependence, creating an identity, developing mature relationships, finding purpose, and developing integrity. The seven vectors are used to explain the process by which people, in this case students, attain the aspects of development. According to BOT developers, students entering the program are in vectors one through three. The program seeks to further their development through all of the vectors by use of the three phases and the requirements wherein. The phases are structured to assist these students in progressing through the vectors and progressing toward emotional, interpersonal, ethical, and intellectual development (NJC, 2007).

BOT developers also utilize the stages of change model, developed by Prochaska (Prochaska & Velicer, 1997; NJC, 2007). This model incorporates five stages. First is the stage of precontemplation; in this stage individuals do not really think about ending their behavior, at least not in the foreseeable future, and tend to avoid discussion of their behavior. The second stage is that of contemplation, in which individuals plan on ending the behavior within the next six months and are more aware of the negative impacts of their behavior. This stage is followed by preparation, in which individuals intend to take significant action, have a plan, and may have already taken steps toward their goals. Next is the action stage in which behavior change is evident; however, relapse is possible so it is necessary to be attentive to this. The fifth and last stage is that of maintenance, in which individuals are working to prevent relapse. In this stage behavior change has slowed down and individuals are usually less tempted to relapse in this stage. This model is used in BOT development to explain the processes participants go through both before, during, and after the program. It is

recommended that students be approaching the third stage, preparation, to be successful in the program (Prochaska & Velicer, 1997; NJC, 2007).

Program Recommendations

While BOT has been in place, albeit under a different name, at CSU since 2000, the fact remains that it is a relatively new program at other institutions and improvements to the program are possible (Monchick & Gehring, 2006). Several policy changes can improve and strengthen BOT; these suggestions are applicable to the model in existence at NDSU and should not be assumed necessary or feasible at other campus, although they may provide an impetus for change. Based on this information, three recommendations have been made for the program currently in operation at NDSU.

To ensure that students needing assistance for substance abuse are identified, more collaboration between the Student Life office and the Department of Residence Life is essential. The Student Life office works with students who do not live in on-campus housing; because the BOT program is housed within this office, it is possible that students who live on-campus and go through the NDSU judicial process through the Department of Residence Life are being overlooked as potential participants. As a solution for this I would advocate for more regular communication between the two offices in the form of a liaison from the Department of Residence Life who can meet weekly with the other BOT team members. As campus resources are limited, using someone already employed by NDSU can assist in utilizing these resources wisely.

To sustain the program, I recommend the development of a stable source of finances, but doing so in a manner that does not prohibitively increase the cost of

participation for those entering the program. Presently, the BOT program at NDSU is subsidized through the budget of the Student Life office and a \$200 fee is collected from each participant. Fees go toward the payment of staff, the cost of testing, and other miscellaneous expenses. However, this may mean that only a certain number of students are able to participate in BOT at a given time. I recommend evaluating the current sustainability of the program as well as an examination of other areas of funding that could provide support for the program in the future.

Lastly, participants are expected to seek treatment for drug and alcohol abuse; this requires them to travel off-campus. I recommend examining some form of substance abuse treatment on-campus to increase the accessibility of this form of support to those involved as BOT participants. Funding and liability issues may prevent or discourage NDSU administrators from providing treatment on-campus, but other institutions utilizing the BOT program offer treatment for participants on site. NDSU can possibly develop a method in which program participants are more able to access substance abuse treatment when needed.

BACK ON TRAC AT NDSU

Staff Positions

Similar to the drug court model, BOT emphasizes the use of team members from a variety of backgrounds. According to the national framework developed for BOT, the Director of Judicial Affairs, Director of Residence Life, Counseling Center Director, Hearing Officer, Substance Abuse Clinician, Case Managers, Campus Police Officers, and program evaluators should ideally all participate as BOT team members. The staffing team at NDSU consists of Hearing Officers, a Status Officer, a Program Coordinator, Case Managers, a Student Advocate, and the Chief of University Police. Additionally, the BOT program utilizes an advisory board that meets once per month to discuss current program events. All members of the staffing team attend this meeting, in addition to the Department Chair from Criminal Justice and Political Science, the Senior Associate Director for Residence Life, a Licensed Addictions Counselor, the Director for Student Health Services, and a representative from the Career Center. Status hearings are held weekly and all BOT staff attend these meetings; Counseling Center and Student Health Services staff are not present but provide critical support to BOT through the services provided to program participants (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Each BOT team member plays a different role in the operation of the program. Hearing Officers are responsible for recommending students for BOT and also identify potential students who are eligible to participate in the program. The Status Officer is ultimately in charge of the participants and plays the role of the “judge” for the BOT program, similar to the judge present in drug court. Information is presented by the

BOT team during the weekly meetings by Case Managers and other team members, and based on this information, the team makes the decision as to whether or not sanctions or rewards should be meted out to participants. The Program Coordinator manages logistics, communication, and program administration, and assumes the role of the Status Officer if she is not able to attend a meeting. Both the Status Officer and the Program Coordinator at NDSU are also the Hearing Officers for the BOT program (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Case Managers, who are typically Student Affairs staff or NDSU graduate students, are those most directly involved with the BOT participants. Each participant in BOT is assigned one Case Manager who is responsible for providing the participant with information regarding services and resources on and off-campus through regular (i.e. weekly) meetings. Case Managers are responsible for providing the BOT team with information on the participants and from the BOT team to the participant in addition to assisting participants with program requirements. The Student Advocate provides a voice for BOT students and attempts to balance BOT program requirements while being fair to participants. The Chief of Police acts as a representative of the campus community and notifies the BOT team when a violation of law by a program participant occurs. When present, the Dean of Student Life acts mainly as an observer, but also contributes information and advice to the rest of the team and the Status Officer (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007). Table 2 lists BOT positions and their drug court equivalents.

Table 2. Drug Court and Back on TRAC Position Equivalents

Drug Court	Back on TRAC
Judge	Status Officer
Program Coordinator	Program Coordinator
Probation Officer	Case Managers
Defense Counsel	Student Advocate
Treatment Provider	Treatment Provider
Community Stakeholders	Community Stakeholders

Referral and Entry into the Program

To participate in the BOT program, students must meet several criteria. Each university utilizing BOT adapts the criteria to fit the policies of their institution. First, students must be recently suspended from NDSU due to one or more substance-related violations of the NDSU *Rights and Responsibilities: A Code of Student Behavior*.

NDSU is a dry campus and does not allow students to consume, possess, or be under the influence of alcohol regardless of their age while on campus. Additionally, drugs other than alcohol, including all illegal drugs as well as the misuse of controlled substances, are also prohibited—students may not be involved with other drugs on or off campus (NDSU *Rights and Responsibilities: A Code of Student Behavior*, 2008).

Violations that occur on campus are either reported to the Department of Residence Life, if the student is an on-campus resident, or to Student Rights and Responsibilities, which handles policy violations for off-campus students. Law enforcement agencies in the area, including the Fargo Police Department, Moorhead Police Department, West Fargo Police Department, as well as the NDSU University Police, will typically forward reports to Residence Life and Student Rights and Responsibilities officials (NDSU BOT *Student Handbook*, 2008).

Once these reports are received, students are notified of the alleged NDSU violations and attend a pre-hearing conference. At this point, the student decides to proceed with an administrative hearing, which occurs immediately following the pre-hearing conference, or proceed via Complaint Resolution Board, which occurs a few weeks following the pre-hearing conference due to having to find members to serve on the board. If the student is found responsible for a code violation and suspended from NDSU, a letter notifying them of the decision is sent. Up until this point, all students have been through the same process. Those who may qualify for BOT are sent additional information on the program with the decision letter. Meanwhile, they have the opportunity to seek an appeal of the suspension. Seeking an appeal occurs simultaneously while exploring the BOT program. After the student has received information on the BOT program and while potentially seeking appeal of the suspension, the lead BOT Case Manager meets with the student to discuss clinical evaluation. The student may refuse chemical evaluation by a treatment provider who partners with NDSU, in which case they are no longer eligible for BOT. If they are evaluated, the results are then shared with the BOT staff while NDSU Campus Police conduct a background check on the individual. If eligibility requirements for the program are met, participants may be officially invited to the program and will begin completion of the rest of the program requirements. Appendix A depicts the referral process into the program (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Second, students must comply with a pre-BOT contract that is in effect until official acceptance of the participant into the program. This contract is signed

immediately after the background check is conducted and while all eligibility requirements are being examined. Several steps are included in this contract. Students must complete a chemical evaluation with a designated off-campus provider within a certain timeline. Six such providers are listed within the Fargo-Moorhead community. Students signing the contract must also agree to allow BOT staff to communicate with parents or guardians regarding participation in the program. Abstinence from drugs and alcohol, verified through the use of urinalysis and breathalyzers, is required throughout the entire program and begins with the signing of this contract. Participants are also required to attend AA and/or NA meetings as designated by the treatment provider or BOT staff. Compliance with NDSU's *Rights and Responsibilities: A Code of Student Behavior* is necessary as well, as is the signing of a release of information form so that BOT members have access to information discussed with treatment providers and counselors (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Participants living on campus may be required to relocate to a different room, residence hall, or may be removed from on-campus living. Students are also notified that they must pay a \$200 administrative fee to participate in the program. Those planning to enter the program must complete all steps outlined in the contract and cannot violate these stipulations, or will not be granted entry into BOT; the contract is then signed in the presence of the BOT staff. The stipulations listed in the contract are those that the student will follow for the remainder of his or her time in the program. Several components are obligatory for all participants, yet the program is designed around the needs of each student and utilizes a strengths-based approach to provide

treatment. The BOT team reserves the right to determine who will ultimately be accepted into the program (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Back on TRAC Phases

Program participants are expected to complete three phases to graduate from BOT. Case Managers assist the participant and guide him or her through the BOT process. Abstinence from drugs and alcohol is a consistent requirement throughout the program, regardless of the current phase a participant may be completing. Phase One is the most intense phase of the BOT program. During this phase, participants are heavily supervised and have quite a structured schedule. Case Managers are provided with the member's class schedule, course syllabi, work schedule, if applicable, and grade reports. A daily planner is required, and participants are expected to bring this planner to the meetings with the Case Managers and the BOT status hearings as well. In addition, completion of a set amount of hours per week at Academic Collegiate Enhancement (ACE), a tutoring center on campus, is also required. All sanctions and assignments given out by the Status Officer are expected to be completed during this phase. During this phase, participants are expected to begin outpatient treatment and comply with all directives from treatment providers; these requirements are individualized and depend upon the need of the student. It is possible that treatment providers will require participants to attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings as well. Insurance tends to cover most treatment expenses, but in the event that a participant does not have insurance he or she can complete treatment at South East Human Services, which allows those seeking treatment to pay

on a sliding scale. Lastly, participants in Phase One are required to establish both short and long-term goals and complete a “phase advancement” form to move on to the following BOT phase (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Phase Two expectations are similar to those of Phase One. However, during this phase, the level of supervision of participants is typically less than that of the previous phase, and participants are expected to be more responsible for themselves. BOT participants are still required to provide Case Managers with class schedules, course syllabi, work schedules, and grade reports. Additionally, weekly meetings with both Case Managers and the BOT team are still required in this phase. ACE hours are often mandatory for participants, although the number of hours required are usually reduced in comparison to that of Phase One. Completion of assignments and sanctions is still necessary in Phase Two. Drug and alcohol treatment continues in this phase; participants usually complete outpatient treatment in this phase and may be required by treatment providers to complete an aftercare program as well. The BOT staff requires participants in this phase to attend AA/NA meetings a minimum of twice per week. Finally, Phase Two participants are expected to demonstrate progress toward the goals developed in the previous phase, need to complete treatment, and once again, complete a “phase advancement” form before being allowed to proceed to the last program phase (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Phase Three, the final phase in the BOT program, also necessitates the provision of class schedule, course syllabi, work schedule, and grade reports to Case Managers. ACE tutoring hours are not necessarily required for participants at this

phase of the program, nor are weekly meetings required with Case Managers or the BOT team. Progress toward the goals established in Phase One is necessary, as is assignment and sanction completion. However, the focus of goals shifts from one of short-term to long-term, as participants near the end of the program. A relapse prevention plan is created, and post-program goals are developed by the participant. At this point in the program, participants have completed the requirements designated by treatment providers but are still expected by the BOT staff to attend at least one AA/NA meeting per week. BOT participants are also expected to complete a paper summarizing their experiences in the program and must present this paper to the team to graduate from BOT. Once again, a “phase advancement/graduation” form is also completed. Completion of the program requirements takes at a minimum seven to eight months and can range up to fifteen months, and culminates in a graduation ceremony for participants where those critical in assisting the student throughout the program are invited to attend. Program participants do not necessarily progress easily from phase to phase; it is possible to have a phase reduction if the participant violates BOT requirements. Appendix B refers to the program outline (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

BOT participants are expected to remain abstinent from alcohol and other substances; this is considered to be one of the most important, if not the most important, guideline of the BOT program. To increase the likelihood of abstinence, those participating in BOT are expected to call into the Student Life Office every morning that NDSU is in operation by 10:00 a.m. to determine if it is necessary for them to have either a urinalysis (UA) or breathalyzer (BA) conducted that day. Testing

schedules are determined by the BOT team in advance and occur randomly to eliminate the possibility of participants falsifying test results. The UA used is able to detect alcohol use up to 80 hours prior to test administration; UAs are used much more often than are BAs. Typically, a participant is tested once per week, but may be asked to test on a weekend if the BOT team suspects the participant may be using alcohol and/or other drugs. In this case, a BA is administered. If a student does not call in for the test by the designated time, sanctions, or at least warnings, are issued by the staff during the weekly BOT meeting (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Sanctions and Incentives

The use of sanctions and incentives in the BOT program is thought to encourage participants to adhere to program guidelines. A student handbook, provided to each student in the first phase of BOT, details examples of both acceptable and unacceptable situations and lists potential rewards or sanctions depending on the actions of the participants. If participants have “clean” tests, potential rewards can result in one or any combination of incentives, including praise, support, or even more tangible rewards, such as gift cards or candy. However, “dirty” tests can lead to sanctions, such as community service, revoked privileges, a return to a lower phase, or even program dismissal. Similar to drug courts, more severe sanctions are used when violations are significant or numerous. Participants are expected to comply with the policies listed in *Rights and Responsibilities: A Code of Student Behavior*, and this compliance leads to rewards, but similar to failing a drug test, violations NDSU policies can lead to sanctions including community service, restitution, or even

program dismissal. Violations may be handled through the use of closed case review, in which other BOT participants are dismissed from the weekly meeting while the participant believed to have violated NDSU or BOT policy is asked to remain for questioning by the BOT team.

Program participants are expected to attend all meetings and arrive to those meetings on time; participants who comply with this component of the program can also expect some form of reward, while those who are late or do not attend meetings will be sanctioned for their actions. Sanctions and incentives are used to entice participants to complete the assignments given to them by Case Managers and other members of the BOT staff. Completing assignments results in the dispensation of rewards, while those who hand in assignments late or choose not to complete them can expect extended time in the current phase, more assignments, or community service. Assignments can include writing a report on what a participant completed while serving community service, or perhaps writing a report on an event a participant was required to attend. Overall, compliance with the day-to-day activities of the program, such as timely attendance, results in smaller rewards, while less routine activities, such as regular clean testing and completion of assignments, results in the participant receiving larger rewards. Similarly, violation of lesser guidelines, such as calling in late for drug testing result in lesser sanctions, while something larger, such as a missed meeting, would result in a harsher sanction (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Incentives and sanctions are graduated to fit the action taken by the BOT participant. The BOT team notes that sanctions, and rewards to a lesser degree, can be

altered to fit the situation to which they are being applied. Additionally, any combination of sanctions can be created for participants who are not compliant with program guidelines. Program dismissal, while not common, can be utilized as the ultimate sanction for noncompliance with the guidelines. If dismissal occurs, the suspension which had been previously applied to the participant's institutional record goes into effect (NDSU *BOT Student Handbook*, 2008; NDSU *BOT training materials*, 2007).

Program Participants

As of July 2010, eight students have participated in the program. Four participants had completed the program, two were in progress; one had completed all BOT paperwork and was accepted into the program but chose to withdraw after one day, and one participant had been removed from the program. All students were referred into the program as a result of violating NDSU alcohol policy; one student was referred based on an incident involving both alcohol and marijuana use. Appendix C provides demographic data on participants of the BOT program at NDSU (E. Frazier, personal communication, September 21, 2010).

Back on TRAC Costs

As with all programs, there are costs associated with the operation of BOT. Currently, participants are charged a one-time fee of \$200 when entering the program. This fee, although it does not cover all costs, is applied toward staffing for the program, participant testing, incentives, and graduation ceremonies. The BOT program is somewhat difficult to examine in terms of its monetary costs. An estimate provided by the Assistant Director of Student Rights and Responsibilities is that the BOT

program, since its implementation at NDSU in 2008, has cost a minimum of \$24,000 to operate (E. Frazier, personal communication, July 20, 2010). However, keeping students enrolled instead of applying suspension could represent a savings to NDSU. If students who participated in BOT were suspended even for one semester, the minimum amount of time given for a suspension, NDSU would lose out on at least \$3,000 per student; this is a minimum figure as some majors, such as landscape architecture, have higher tuition costs, and students from states other than North Dakota pay more in tuition. With eight participants to date, it appears as though NDSU is at least recouping BOT costs in terms of retaining these students.

Salary and benefits include the costs of providing funding for the Program Coordinator position as well as the Status Officer position. This money is included as a percentage (15%) of the salary of the Assistant Director for Student Rights and Responsibilities as well as the salary (35%) of the Assistant Director for Sexual Assault Prevention Programs. To date, four participants have completed the program, resulting in graduation ceremonies at a cost of approximately \$75 per ceremony. Testing, a necessary part of the program, ranges from \$10.95 to \$19.45 for UAs depending on if the test is being conducted to detect just alcohol or alcohol and/or other drug use. BAs are currently of no cost to the BOT program. Incentives are usually obtained from outside businesses or other NDSU departments, but occasionally some are purchased, as indicated by the cost provided above. Conference phones are used infrequently to speak with treatment providers at a cost of \$5 per occasion. Additional staffing includes case managers, who are paid \$12 per hour. Hall directors or other NDSU staff members who are not case managers volunteer their time to the program and are not

paid additionally for their BOT participation (E. Frazier, personal communication, July 20, 2010). Table 3 refers to the costs associate with the program since implementation until July 2010.

Table 3. Estimated Monetary Costs since Implementation (2008-2010)

Item	Cost
Salary and Benefits (Assistant Directors)	\$17,000.00
Graduation Ceremonies	300.00
Testing	3,568.19
Incentives	125.43
Conference Phone Use	60.00
Additional Staffing	3,000 (\$12 per Hour)
TOTAL	\$24,053.62

POLICY RECOMMENDATIONS FOR NDSU'S BOT PROGRAM

Residence Life Liaison

To effectively provide the BOT program, more collaboration is necessary between the Student Life office and the Department of Residence Life. Currently, the majority of students have entered the program based on violations that are handled by the Student Life office; only one student has participated in the program based on violations that occurred while living in the residence halls (E. Frazier, personal communication, September 21, 2010). Students who live on-campus are usually subject to other sanctions when violating policies found in the NDSU *Code of Student Behavior* including removal from the residence halls even though these policy violations may be similar to those of students living off-campus. Both students living on-campus and off-campus may be subject to suspension as a result of their policy violations, but those living off-campus are processed through the Student Life Office and are potentially more likely to be invited to participate in the BOT program whereas those living on-campus may simply be suspended from NDSU and removed from the residence halls due to not being as visible to staff more involved with BOT.

To ensure that students from the residence halls are offered the same opportunity to participate in the BOT program as their off-campus counterparts, I recommend more collaboration between the Department of Residence Life and Student Rights and Responsibilities. To achieve this, I suggest creating at least one liaison from the Department of Residence Life who would attend all weekly BOT meetings. Currently, the Senior Associate Director for Residence Life serves on the BOT Advisory Board. However, creating a position in which a Residence Life representative

would attend weekly BOT meetings is preferable. I would suggest that this individual or individuals would not be case managers to ensure a more permanent position on the BOT team. This liaison position can be built into the job requirements of any of the Hall Directors or Residence Life Directors currently on staff. The time commitment is minimal, requiring only about 2 hours per week to meet with other BOT staff. Additionally, the person filling the position will be able to bring information on policies and procedures used in the Department of Residence Life as guidance for the BOT staff and could also bring information as to the policies and procedures used by Student Rights and Responsibilities to those who work in the Department of Residence Life. Furthermore, this relationship would serve to enforce the principle of community relationships that are so key to BOT.

The creation of a liaison position opens the BOT program up to the possibility of having more participants since theoretically, more students and NDSU policy violations should be discussed at weekly BOT meetings. While this is beneficial to students needing assistance, the current set-up of BOT could need readjusting to adequately serve those involved in the program. However, BOT programs at other institutions could serve as a framework for the creation of a liaison between Residence Life and Student Life.

All of the other schools piloting BOT also report strong relationships with the housing departments at their institutions. Texas A & M (TAMU) indicated that a staff member from their Residence Life department was on the BOT staffing team, although the role of this person was not specified (K. Harrell, personal communication, October 21, 2010). CSU, which provided the foundation for the BOT program through the

development of their DAY IV office, reported a very strong relationship with their Residence Life department; in fact, according to communication with staff members from CSU (P. Osincup, personal communication, October 24, 2010), the Associate Director of Student Conduct is also the same as the Associate Director of Residence Life. This individual is a member of the staffing team and represents the “judge” of that BOT program (P. Osincup, personal communication, October 24, 2010). Oklahoma State University (OSU) also reported a good relationship with their Residential Life department; additionally, two BOT staff members represent Residential Life (T. Taylor, personal communication, October 20, 2010).

Both the Residential Life Staffing Team Member and the Residential Life Hearing Officer at OSU attend BOT meetings. It is the role of the Residential Life Staffing Team Member to communicate with the rest of the BOT staff about participants originating from Residential Life as well as train other Residential Life staff about the BOT program. The Residential Life Hearing Officer is responsible for adjudicating and referring cases involving removal from the residence halls. OSU staff state that the relationship between the departments has been beneficial (T. Taylor, personal communication, October 20, 2010).

Based on BOT programs offered at other institutions, I believe it is necessary to develop a liaison position between Residence Life and Student Life. Unlike OSU, it would not be necessary for the program in place at NDSU to utilize two staff members from Residence Life; instead, a hybrid position between the two roles could be developed. Similar to OSU, CSU, and TAMU, NDSU should seek to create a position for a Residence Life staff member to meet weekly with the rest of the BOT team in

addition to still having the Senior Associate Director for Residence Life Staffing serve on the Advisory Board. It is important for students living on-campus, represented by the Department of Residence Life, and students living off-campus, represented by Student Life, to have an equal chance of program participation if facing suspension from NDSU.

Financial suggestions

Presently, the BOT program is funded through participation fees, percentages of Student Life staff salaries, and donations in the form of program incentives. The program is able to operate under the current financial structure, but there is no plan for supporting the program in the future. In the event that BOT were to gain more participants, it is possible that the current financial set-up would not support the amount of participants in the program, leading to strains in terms of the oversight provided by case managers and other BOT team members. Long-term solutions are necessary to ensure BOT participants are provided with the assistance and support needed to complete the program.

Due to the small numbers of program participants, it will be difficult to obtain funding from multiple sources. For example, increasing student fees for the general student population (student activity fee) would most likely not be acceptable to students who are not involved in the program, even if the increase is minimal. Neither TAMU nor CSU indicated that an outside source provided funding for the program (K. Harrell, personal communication, October 21, 2010; P. Osincup, personal communication, October 24, 2010), although staff at CSU indicated that donations from the community were accepted. However, OSU officials did obtain a grant for

\$20,000 per year, though the length of this grant was not specified (T. Taylor, personal communication, October 20, 2010). Even so, other institutions piloting the program, when asked if they had a long-term source for funding, responded that they considered participation fees to be this long-term source. Currently at NDSU, participant fees are not considered to be long-term funding, but based on information from other BOT pilot schools, I believe the utilization of participation fees as more of a long-term source of funding can be considered.

Participants in the BOT program at NDSU are currently charged a one-time administrative fee of \$200; additionally, percentages of staff salaries and donations are used to support the program, as described previously. Participants at NDSU also pay for drug and alcohol testing when requesting a second test in the event that the first test was positive (J. Stoskopf, personal communication, October 22, 2010). In comparison to other institutions piloting this program, the fees at NDSU are minimal. CSU, which was the impetus for BOT, used to charge a \$200 administrative fee, similar to NDSU, but additionally required students to pay for drug and alcohol testing. Recently, CSU began charging students a fee of \$100 per month, as well as requiring students to pay for UAs and BAs. The minimum amount of time students will spend in the BOT program at CSU is five months, so students in the program will pay at least \$500 over the course of their time in BOT. Staff at CSU indicated that students spend a few hundred dollars on testing, although no definitive figure was provided (P. Osincup, personal communication, October 24, 2010).

Program fees at TAMU are also higher for participants than are fees at NDSU. Students pay an initial \$300 fee upon entry into the program, and pay an extra \$100 fee

for every additional semester spent in BOT. BAs are covered by the administrative fee, but UAs cost \$42-55 per test, depending upon the testing location, and must be paid by the student in addition to administrative fees. At a minimum, the \$300 fee is more than what students in the NDSU BOT are required to pay, not including testing costs (K. Harrell, personal communication, October 21, 2010). Costs at OSU are also higher for BOT participants in comparison to BOT fees at NDSU. Students at OSU initially pay a \$100 administrative fee, but also must pay for SCRAM bracelets, at a cost of \$12 per day for a minimum 60 days. Program participants also pay for random UA testing at a cost of \$20 per test; this takes place between zero and four times per week. The OSU Vice President for Student Affairs can contribute up to \$5 per day to cover the cost of the SCRAM bracelet, but even with the maximum contribution students will still pay \$420 minimum for the bracelet. This fee alone is more than what NDSU BOT program participants are expected to pay for the whole program (T. Taylor, personal communication, October 20, 2010).

To sustain the BOT program at NDSU, I recommend two options. First, NDSU should examine the possibility of obtaining a grant from an outside agency, as staff from OSU were able to do. I would recommend applying for funding for three years under this grant. Second, and to help provide a better source of longer-term funding, I recommend increasing the program fee. As discussed, program fees at other institutions that were selected to pilot BOT are a minimum of \$100 more than the fee required at NDSU. Currently, the BOT program at NDSU has not had many participants, but in the event that more students meet program criteria, more funds will be needed to sustain the program. By increasing fees, NDSU could potentially serve more students through

the BOT program. It is possible that some students will claim an inability to pay for the program, but the alternative of suspension from NDSU coupled with the fact that treatment and support for drug and alcohol addiction through other sources is usually higher, can provide an impetus for these students to obtain money for the program.

Treatment

At the moment, BOT program participants are required to seek substance abuse treatment off-campus. There is not an option to receive this type of treatment at NDSU. While treatment for substance abuse is necessary for participants, attempting to complete treatment at a facility that is located off-campus may pose some difficulties, especially when trying to balance the other requirements of BOT with schoolwork and additional activities. The possibility of offering some substance abuse treatment on-campus for BOT should be examined.

CSU, OSU and TAMU all report providing BOT participants at their institution with on-campus treatment. At CSU, students are charged a “health charge” from the health center; this charge is a portion of the monthly \$100 fee participants pay (P. Osincup, personal communication, October 24, 2010). Both the Counseling Center and the Health Center provide treatment for BOT program participants, the Counseling Center provides psychiatric treatment, while students visit the Health Center for UAs and BAs. Students are required to complete treatment on-campus at CSU but may seek additional treatment from community providers as well (P. Osincup, personal communication, October 24, 2010).

At OSU, BOT participants receive treatment through the Alcohol and Substance Abuse Center located on campus. Licensed Alcohol and Drug Counselors

(LADCs) are those who provide treatment to participants, and meeting at least twice per week with the LADCs is required to participate in group and/or individual counseling. Students are also required to attend at a minimum two AA/NA meetings; one of these meetings is held on-campus, while another is located off-campus (T. Taylor, personal communication, October 20, 2010)

TAMU BOT participants receive treatment through the Student Counseling Service located on campus. BOT participants as well as any student visiting the Student Counseling Service pay fees when setting and attending an appointment, but students in the BOT program may have the opportunity to meet with counselors more often as compared to students not in the program. A Licensed Chemical Dependency Counselor (LCDC) works with students who also sign release of information forms so that their meetings with the LCDC to be discussed with the rest of BOT staff. Students may also seek off-campus treatment in addition to that required on-campus (K. Harrell, personal communication, October 21, 2010).

Currently, NDSU requires BOT participants to complete outpatient treatment along with any other treatment components as directed by providers. Participants also must attend AA/NA meetings as stipulated by the BOT staff. Treatment providers have partnered with NDSU to meet the requirements of the BOT program; there are five facilities in the area that students may choose to visit that provide the treatment necessary for the program. The Counseling Center at NDSU does have the ability to provide Level 0.5 and Level 1 outpatient treatment, which consists of education and individual and group counseling for mental health and addiction, respectively, to students in need, but does not have the resources to provide the more intensive

treatment that BOT participants require. Students meeting with counselors for Level 1 services meet for approximately 1-2.5 hours per week. Those at the Counseling Center are able to refer BOT participants, as well as other students, to the five facilities that have partnered with NDSU (A. Stark-Booth, personal communication, October 26, 2010).

Presently, it is not feasible for NDSU to offer the level of treatment necessary for BOT participants. The program requires Level 11.1 services, in which clients are seen for 9-15 hours per week, and sometimes Level 11.5 services, in which the participant has required partial hospitalization. NDSU is not able to provide these services due to the size of the Counseling Center staff as well as not having the resources to do partial hospitalization. For these reasons NDSU has needed to partner with community providers to ensure that participants are receiving the necessary treatment. Schools that have been able to provide on-campus treatment typically are larger and have the staff necessary to present these resources to students in their BOT program (A. Stark-Booth, personal communication, October 26, 2010).

This does not mean, however, that NDSU cannot eventually provide this level of treatment for participants. It is possible that Counseling Center staff will grow while the BOT program grows as well. The possibility of offering on-campus treatment to participants is one that should always be considered, but the current set-up of off-campus treatment is realistic considering the limitations of Counseling Center staff at this time. As other schools have worked more with their health centers, perhaps the BOT staff at NDSU can further develop their relationship with Student Health Services to explore the idea of more intensive, alcohol and/or other drug treatment. When

requiring students to meet with Case Managers, BOT staff members, take UAs and BAs, attend classes, and complete sanctions, all typically located on the NDSU campus, it seems easier to also provide treatment on-campus to simplify the demanding requirements of the program. While not feasible at the moment, steps should consistently be taken in an effort to provide on-campus treatment to BOT participants. Possibly examining other on-campus resources, such as further strengthening the relationship with Student Health Services, or eventually hiring more LACs for the Counseling Center, can help move NDSU in this direction. Appendix D provides comparison data for CSU, OSU, TAMU and NDSU on many program elements.

CONCLUSION

Campus administrators have long been aware of the issues surrounding college alcohol use, but many policies in place have not been utilized effectively or have not addressed the issues as needed (Hingson et al., 2005; Wechsler et al., 2002). Data collected from the NDSU CORE Alcohol and Other Drug Survey as well as the CORE survey administered nationally in 2008 demonstrates the extent of alcohol consumption among college students. Half (51%) of NDSU students completing the survey report having engaged in binge drinking while 14% of those students reported having done so within the two weeks prior to completing the survey. Additionally, North Dakota ranks second nationally in high-risk drinking, perhaps making this behavior seem normal for those attending college within the state. Other drugs are used, but alcohol is the drug of choice for most college students.

Back on TRAC, which utilizes elements of the drug court model, is based on a public health approach in an effort to provide treatment, accountability, and responsibility to students identified as having problems with alcohol and/or other drugs. Since 2008, NDSU has been a pilot institution for the program. As of July 2010, eight students had participated in the BOT program. One evaluation has been completed of the program so far. This evaluation focused on program process; however, no other schools using BOT indicated that any type of formal evaluation had been conducted at their institution.

Recommendations for the BOT program at NDSU have been made based on information provided by other institutions that piloted the BOT program. An effort to create a liaison position between the Student Life Office and the Department of

Residence Life should be examined. Increasing participant fees and perhaps applying for a grant to subsidize the program is recommended, as the fee required for BOT at NDSU is relatively inexpensive in comparison to other institutions offering BOT. Lastly, BOT staff at NDSU should make efforts to provide on-campus treatment to program participants. This is currently not feasible but should be continuously examined while the program is in operation. These recommendations should be evaluated by BOT staff members as well as NDSU staff members to consistently improve the program and provide services to those NDSU students in need.

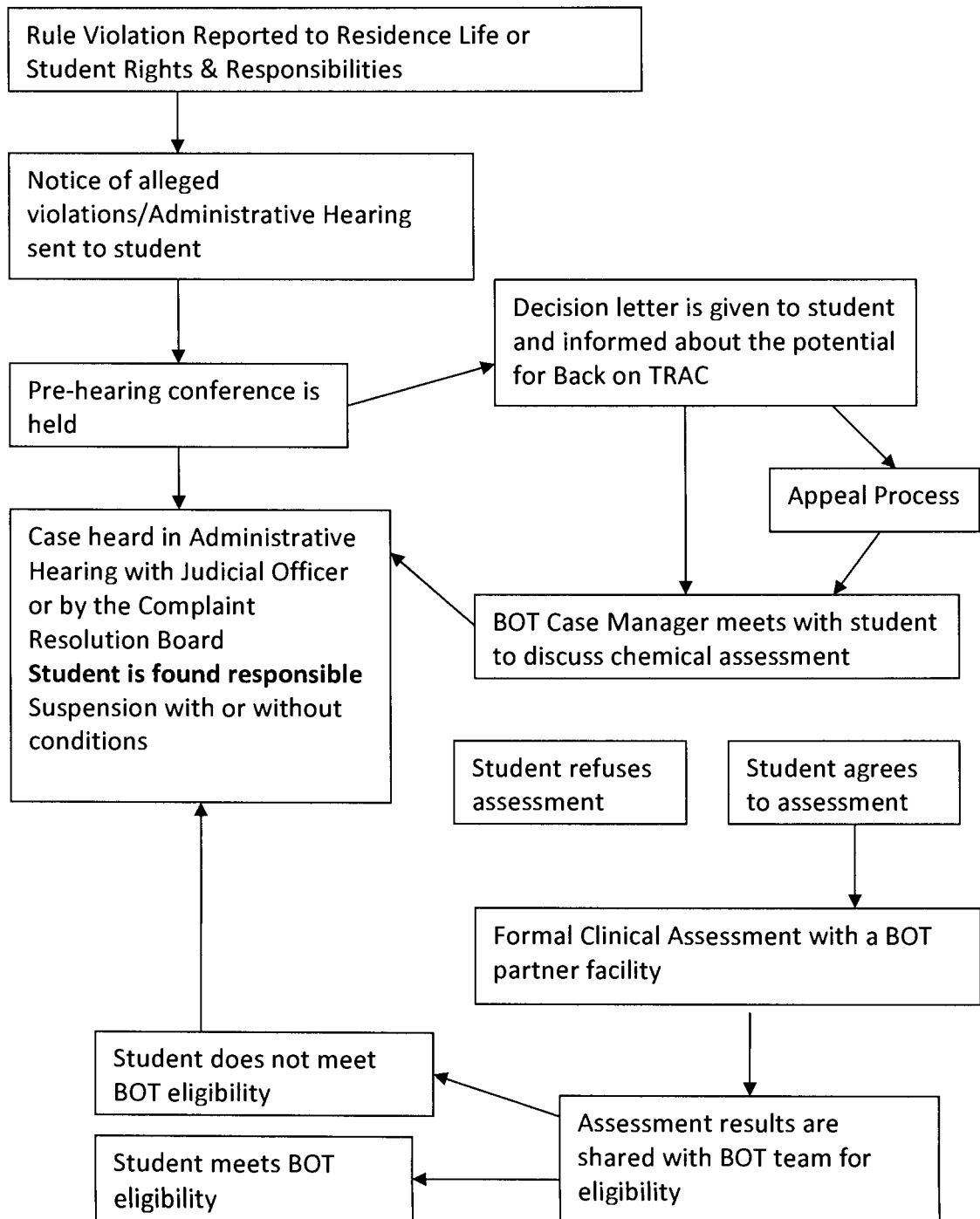
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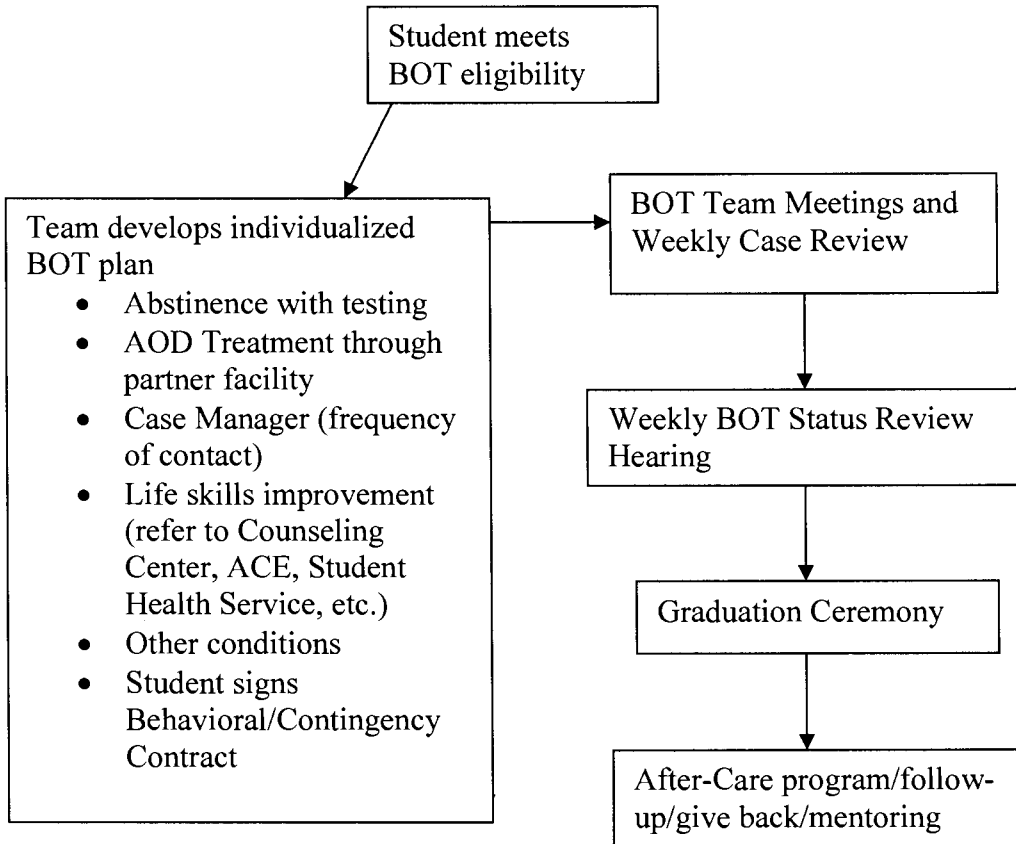
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APPENDIX A. REFERRAL PROCESS INTO BOT (NDSU BOT *STUDENT HANDBOOK*, 2008)



**APPENDIX B. BACK ON TRAC PROGRAM FLOWCHART (NDSU BOT
STUDENT HANDBOOK, 2008)**



APPENDIX C. PARTICIPANT DEMOGRAPHIC DATA

	1	2	3	4
Age upon entry into BOT	20	21	19	21
Gender	Male	Female	Male	Male
Class status	Junior	Senior	Freshman	Junior
Major	Agriculture Biosystems	Exercise Science	Undecided	Landscape Architecture
Nature of incident leading to suspension	Alcohol-related	Alcohol-related	Alcohol-related	Alcohol-related
Number of all prior incidents	5	4	3	4
Phase reduction	1 reduction (Phase 3→Phase 2)	None	1 reduction (Phase 3→Phase 2)	None
Length of time in program	17 months	12 months	18 months	12 months
Graduated from program	Yes	Yes	Yes	Removed from BOT

	5	6	7	8
Age upon entry into BOT	21	22	19	19
Gender	Male	Female	Male	Female
Class status	Senior	Senior	Freshman	Sophomore
Major	Psychology	Hospitality and Tourism Management	Mechanical Engineering	Exercise Science
Nature of incident leading to suspension	Alcohol-related	Alcohol-related	Alcohol and Marijuana	Alcohol
Number of all prior incidents	3	4	4	6
Phase reduction	None	None	1 reduction (Phase 3→Phase 2)	None
Length of time in program	9 months	1 Day	9 months	4 months
Graduated from program	Yes	Withdrew from BOT	In progress	In progress

APPENDIX D. BACK ON TRAC PROGRAM COMPARISONS

	North Dakota State University (NDSU)	Colorado State University (CSU)	Texas A & M (TAMU)	Oklahoma State University (OSU)
Treatment location	Off-Campus with collaborative facilities	On-campus	On-campus through Student Counseling Services	On-campus through Alcohol and Substance Abuse Center
Treatment provider	Facility staff members	Counseling Center and Health Center	Student Counseling Services staff	LADC's on staff
Program participation fees	\$200 plus any participant-requested testing	\$100 per month (minimum 5 months) plus UA/BA costs	\$300 initial fee for first semester; \$100 for every additional semester, \$42-55 for each UA	\$100 flat fee; SCRAM Bracelet (min.\$720), UA tests (\$20 each)
Outside funding	None currently	Donations	None currently	Grant-- \$20,000 per year, up to \$5 per day for SCRAM from VP for Student Affairs
Long-term funding	None currently	Participant fees	Participant fees	None currently
Number of participants to date	8	336 (since 2002)	30	41
Campus-wide relationships	Good; multiple departments	Good; collaborative	Good; collaborative	Good; multiple departments
Program evaluations	One to date	None	Some summaries	None to date
Number of students enrolled	14,400	26,500	49,000	21,149
Tuition per semester	Approx. \$3300	Approx. \$9,700	Approx. \$4,100 for 12 credits	Approx. \$2,800 for 12 credits