

Southeast Regional DUI Treatment Docket

PROCESS EVALUATION REPORT

September 2022



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This project was supported by Grant No. 5H79TI081055-02 awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Vermont Judiciary. SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. This report is prepared by NPC Research, the evaluation consultant for the Vermont Judiciary, the grant recipient of SAMHSA Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts (ATDC).



BACKGROUND

Treatment Courts

There has been a national trend for over 30 years toward guiding people charged with drug-related offenses into treatment rather than incarceration through treatment court programs. The treatment court model has also been used with a special focus on individuals charged with specific types of offenses, such as driving under the influence of alcohol/intoxicants (DUI). In a typical treatment court program, participants are closely supervised by a judge who is supported by a team of professionals and attorneys operating outside of traditional adversarial roles. These professionals include addiction treatment providers, prosecuting attorneys,



defense attorneys, case managers, probation officers, law enforcement, and family services providers who work together to provide needed services to participants and their families. Generally, there is a high level of supervision and a standardized program that includes treatment for all the participants, including phases that each participant must pass through by meeting certain goals. The treatment court model also includes frequent random drug testing.

Evidence shows that treatment courts can significantly reduce criminal recidivism and increase cost savings. Many studies have demonstrated that treatment courts can effectively reduce recidivism, including fewer re-arrests, less time in jail, and less time in prison (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005; Carey, Mackin, & Finigan, 2012; Gottfredson, Kearley, Najaka, & Rocha, 2005, 2006; Wilson, Mitchell, & MacKenzie, 2006). These positive outcomes for treatment court participants in turn reduce taxpayer costs. For example, Bhati and colleagues found a 221% return on investment in treatment courts (Bhati, Roman, & Chalfin, 2008). Some treatment courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

Reduced Referrals: COVID-19 and Criminal Justice Reform

Despite the demonstrated effectiveness of treatment courts, two concurrent national trends have reduced the number of referrals to these programs: the COVID-19 pandemic and criminal justice reform. The COVID-19 pandemic created serious challenges for treatment courts and their ability to meet the needs of their participants, but treatment courts across the U.S. used creativity and resilience to adapt. Nonetheless, referrals to treatment courts dropped nationally due to the pandemic. Potential participants were difficult to reach as regular court proceedings and sentencing in criminal dockets were reduced or delayed, and jail closures made it difficult to connect with potential participants (Zilius et al., 2020). Additionally, stay-at-home orders, shutdowns, and decreased arrests may have reduced

the number of individuals entering the criminal justice system in the first place, particularly in the earliest waves of the pandemic.

Criminal justice reform efforts have also gained momentum across the U.S., which includes efforts to reduce incarceration, change policies, and increase diversion options that have consequently reduced referrals to treatment courts. In Vermont, various statute or legislative changes have changed the options for individuals who would have historically been referred to treatment courts, which are described in detail below. A potentially unintended consequence of these reform efforts is lesser incentivization for participation in treatment courts for those charged with drug offenses, which in turn, means individuals may be less likely to be connected to needed substance use disorder treatment. These evaluation results need to be considered within the challenges occurring at the national and state levels.

Process Evaluation Description and Purpose

Treatment courts that monitor and evaluate their programs and make changes based on the feedback have significantly better outcomes, including twice the reduction in recidivism rates and over twice the cost savings (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012; Carey, Waller, & Weller, 2011). A process evaluation considers a program’s policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations.

To accomplish these goals, the evaluator must have criteria or standards to apply to the program. For treatment courts, some nationally recognized guidelines have been established and have been used to assess program processes. The standards established by the National Association of Drug Court Professionals (NADCP) began with the “10 Key Components of Drug Courts” (NADCP, 1997) and expanded to include NADCP’s Adult Best Practices Standards Volume I (2013) and Volume II (2015). These Best Practice Standards present practices that have been associated with significant reductions in recidivism or significant increases in cost savings or both. There are additional guidelines outlined in the Guiding Principles of DWI Courts from the National Center for DWI Courts (NCDC), which focus specifically on DUI/DWI offenders (NCDC, 2005). These provide a successful framework for implementing DUI/DWI courts and include principles related to team member makeup and training, participant eligibility and referral, treatment offering, monitoring, responses to behavior, and community partnerships. Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement and effectiveness for participants. Program improvement leads to better outcomes, which subsequently increases cost-effectiveness and cost savings. The process evaluation is the first of the evaluations for the Vermont treatment courts, which will be followed by an outcome and cost study. The entire evaluation plan is provided in Appendix A.

Treatment courts are twice as cost-effective and have greater reductions in recidivism when they monitor and evaluate their program, review the findings as a team, and modify their practices to align with best practices (NADCP, 2015).

Present Evaluation

In spring 2021, NPC Research successfully competed for contracts to conduct independent evaluations of four treatment court programs in Vermont: three adult drug treatment courts in Washington, Chittenden, and Rutland Counties, and the Southeast Regional DUI Treatment Docket (SERDTD). The work plan called for process evaluations to precede outcome and cost evaluations of each site, with an aggregate, statewide assessment of all four.

Because COVID concerns delayed site visits planned for fall 2021, NPC worked with the Vermont Judiciary to reschedule the onsite visits for summer 2022. Because of the delay, NPC provided a preliminary process assessment for each site in December 2021 based on a review of program materials (e.g., policy and procedures manuals, participant handbooks), key informant interviews with core program staff, and an analysis of responses to the online Best Practice Survey.

This report updates and expands the preliminary report for the Southeast Regional DUI Treatment Docket (SERDTD) by drawing from the in-person observation of a staffing meeting and status review hearing, a focus group with participants, and additional interviews of the SERDTD team members.

However, it is important to note that process evaluations capture a point in time. This report describes our findings and recommendations as of June 2022 – when the site visit occurred – based on the processes occurring and staff present at that specific time. The report tells us what happened in the program up to that point and where it is now, as well as suggests pathways forward for increasing the adoption of best practices and improving outcomes.

How to Use this Report

The following sections describe our findings and recommendations for the SERDTD as of June 2022. This report is designed to encourage the team to discuss potential opportunities for improvement in accordance with the 10 Key Components and Best Practice Standards. NPC encourages teams to review this report together, discuss observations, and identify opportunities for improvement.



Overview of Southeast Regional DUI Treatment Docket

In 2002, under Act 128, the Vermont Legislature established a pilot project to create drug courts. Three counties initiated pilot drug court programs. Since the establishment of these drug courts and initial indications of their efficacy, more Vermont counties started drug and other treatment court models. The Windsor County DUI docket began in 2014 with funding from the Governors Highway Safety Program. In Vermont, most repeat DUI offenders are given a probationary sentence of 15 months to two years, with an imposed (split) sentence of not more than 90 days. Following the National Center for DWI Courts (NCDC) model, the DUI docket is a post-sentence, voluntary program designed to hold repeat DUI offenders accountable and change their behavior through long-term treatment. Convictions are not reduced or expunged following program completion (Belas, 2015; Crime Research Group, 2015).

The program targets “moderate to high risk/high need” repeat DUI offenders with an addiction to alcohol and other substances who are supervised by Hartford or Springfield Vermont Probation and Parole offices. Those convicted of offenses that involved serious bodily injury are ineligible (Crime Research Group, 2015).

For the first four years of the DUI docket program, eligible charges included DUI Third Offense or greater; a DUI Second Offense with a Blood Alcohol Concentration (BAC) at any time of at least .15%; and a DUI Second Offense with a prior DUI charge that was reduced to a non-DUI conviction. In 2018, with funding through SAMHSA, the docket was expanded to include Windham and Orange County defendants. The Brattleboro Probation and Parole Office was added to supervise offenders with the Hartford and Springfield Probation and Parole Offices. The program augmented the legal-eligibility criteria to include: third alcohol/drug-related driving offense; second alcohol/drug-related driving offense with a BAC at any time of at least 0.15%; second alcohol/drug-related driving offense where the impairing agent is an illicit controlled substance; or first alcohol/drug-related driving offense when accompanied by at least two subsequent violations of conditions of release or two violations of conditions of probation involving drug or alcohol use.

The expansion initiative for the newly named Southeast Regional DUI Treatment Docket (SERDTD) to encompass Windsor, Windham, and Orange Counties was interrupted by the COVID-19 pandemic. From March 13, 2020 – June 2021, in response to the beginning of the global Covid-19 pandemic, the Governor implemented a “Stay Home/Stay Safe” Order. On March 16, 2020, the Supreme Court of Vermont issued Administrative Order 49¹ declaring a Judicial Emergency to make temporary changes to court rules and operations with evolving operational adaptations. Case processing slowed significantly, creating a backlog. Hearings and processing of cases that might be eligible for SERDTD were delayed and were remote when held, thereby impacting treatment court referrals. Since cases were not moving through the courts for processing, and referring agents were not meeting to discuss a treatment court option, referrals to the SERDTD program slowed while the court was closed. The Windsor Courthouse, where the SERDTD operates, was one of the last courts to reopen for in-person hearings. By June 2021, the courts started to reopen and restrict public access. However, the Windsor

¹ <https://www.vermontjudiciary.org/attorneys/rules/promulgated#:~:text=AO%2049%20Amendment%20%2D%20Declaration%20of%20Judicial%20Emergency%20and%20Changes%20to%20Court%20Procedures&text=This%20Order%20was%20promulgated%20on%20August%209%2C%202022.,or%20policies%20go%20into%20effect>

Courthouse required upgrades to the HVAC system for health and safety reasons, which delayed its reopening. The SERDTD hearings were moved to the Windham Courthouse in Sept 2021 until the repairs were completed at the Windsor Courthouse in May 2022.

In addition to the lack of new referrals and case processing, SERDTD experienced turnover on the SERDTD team. Three individuals held the Regional Treatment Court Coordinator position from April 2021 to the present. The coordinator's role is critical to the team process, best practices, grant activities, outreach to referring sources, and screening potential defendants.

During this period, the program modified practices in alignment with recommendations from NADCP and the Center for State Courts. Court operations, reduced through the Judiciary's Emergency Order, essentially halted court procedures. Case flow slowed significantly, which impacted program referrals. Program intakes were suspended as Court restrictions on change of pleas were adopted. Motions to terminate were suspended due to hearing restrictions. Treatment services shifted swiftly to telehealth and phase advancement applications slowed. New referrals were connected to service providers and waitlisted for when the Judiciary's Emergency Order was lifted. Staffings were held remotely, and remote hearings were reserved for only those who were struggling. Probation contacts were modified to support physical distancing guidelines set by the Centers for Disease Control and Prevention (CDC) through non-contact means only. Patient service centers for urinary drug testing closed, and new testing protocols funded by the CARES ACT were implemented. Immediacy of incentives and sanctions were challenged. The focus shifted to therapeutic responses of safety, health, and welfare to wrap participants in services to prevent overdose deaths.

Overall, the Covid-19 "Stay Home/Stay Safe" Order and the Supreme Court's declared Judicial Emergency significantly impacted the operation of the SERDTD. With the stay-at-home order ending in June 2021 and with amendments to Administrative Order 49, case processing began to increase. Some of the Order's provisions remained in effect until September 6, 2022, when permanent rules or policies went into effect. As court operations began to open back up slowly in June 2021, the SERDTD experienced a longer lag time for referrals to flow to the program and intakes to increase. Because repairs were needed in the Windsor Courthouse that historically administered SERDTD, in-person hearings moved to the Windham Courthouse from September 2021 through April 2022. SERDTD returned to the Windsor Courthouse in May 2022 and the general court operations opened back up. Subsequently, referrals began to flow to the program and intakes have increased slowly.

Impact of Criminal Justice Reform in Vermont

Criminal justice reform has inadvertently created reduced incentives to opt into the DUI docket by providing competing incentives and benefits that are more attractive options for defendants. In addition to criminal justice reform, the augmented eligibility criteria are not producing fruit for referrals. DUI #1 and #2's do not provide enough incentive for defendants to opt into a longer, more intensive DUI program. Changes under reform provisions mean they will not face enough jail time, an impetus for voluntarily entering the program. An inadvertent outcome of reform measures to reduce incarceration in Vermont has been that probationers are less likely to be drug tested, which is also a more attractive option to DUI offenders than to comply with the DUI abstinence-based program. These downward pressures on the eligible target population in combination with the COVID-19 pandemic and the closure of the Windsor courthouse have contributed to the lower number of participants in the DUI docket today.

Additional criminal justice reform movements have put downward pressure on treatment court referrals in Vermont. In 2007 – 2015, the Justice Reinvestment Act to reduce the prison population was passed.² In 2019, the Justice Reinvestment Act II established presumptive parole for people convicted of a non-listed (non-violent) offense.³

Possession and other charges that were typically referred to treatment court are now presumptive probation referrals. To continue to reduce the prison population, there are fewer violations of those presumptive probationers that would historically be referred to treatment court. There is reportedly significantly less, if any, drug testing occurring. This makes probation a more attractive option to defendants who want to continue using substances and also results in fewer Violations of Probation, another significant feeder to the treatment court programs in Vermont.

In 2017, Act 61 – an adult diversion statute – made defendants with substance abuse disorders and mental health disorders eligible for diversion regardless of prior criminal history. Previously, only a first or second misdemeanor or first non-violent felony were eligible. As a result of this legislation, high risk/high need participants that would benefit from the intensive services and strict accountability of the treatment court programs were diverted to other less rigorous diversionary programs.⁴

Sec. 2 of Act 61 also amended the adult diversion statute to require that for an individual charged with a qualifying crime defined in 13 V.S.A. § 7601(4)(A), the prosecutor must provide the defendant the opportunity to participate in diversion unless the prosecutor states on the record why doing so in this case would not serve the ends of justice. However, Sec. 2 retained language of existing law stating that the State’s Attorney retains final discretion of each case over the referral for diversion. In effect, Sec. 2 created a default that persons charged with a qualifying crime would be diverted, but prosecutors can reverse the default and not divert the person if the prosecutor makes the required statement on the record.

Additionally, in 2017, the Youthful Offender Statue made the population aged 18 – 22 years eligible for diversion when they would have previously been referred to treatment court. High risk/high need young adults typically referred to treatment court are now diverted to the Tamarack Diversion Program. Juvenile cases moved from criminal to Family Treatment Court until age 22 or other judicial disposition. The impact on the treatment court docket is immediately evident. The average age of participants in treatment court went from 29 years old in 2016 to an average age of 36 in 2022.

² <https://legislature.vermont.gov/statutes/section/03APPENDIX/003/00088>

³ <https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Corrections%20and%20Institutions/Justice%20Reinvestment%20II/W~Ellen%20Whelan-Wuest~Vermont%20Justice%20Reinvestment%20II%20Summary~2-12-2020.pdf>

⁴ Effective July 1, 2017, 2017 Acts & Resolves No. 61, Sec. 213 amended 3 V.S.A. § 164 (the adult diversion statute) to make a person with substance abuse or mental health treatment needs eligible for Diversion regardless of prior criminal history record, except if the person is charged with a listed crime under 13 V.S.A. § 5301.14.

Program Strengths & Priorities for Improvement

This section summarizes some key strengths and priorities for improvement based on NADCP's Key Components and Best Practice Standards. Please note that this is not a comprehensive list of all strengths or areas for improvement, but instead highlights the program's greatest perceived strengths and highest priority areas for improvement. After this section, there are detailed results for each of the Key Components that provide a more comprehensive assessment of the program's alignment with best practices.

Program Strengths

Overall, the SERDTD follows most best practices standards. Among its many positive attributes, the program was especially strong in the following areas:

Frequent Communication Monitors Participant Behavior. The SERDTD team has a clear strength in regularly communicating by email about participants. Good communication is key for any successful team effort, and this is particularly true of treatment courts. NADCP's Best Practice Standard VIII on the Multidisciplinary Team outlines best practices for teams that promote better outcomes for participants, emphasizing the importance of communication (NADCP, 2015). Research supporting this Best Practice Standard shows that team members and participants feel team communication is one of the most important predictors of treatment court success. For a treatment court to provide immediate and appropriate responses to participant behavior, it must operate with quick and accurate communication about participant activities. Using email as a primary communication method allows swift communication simultaneously with all team members. Ongoing communication among staff ensures participants receive consistent messages, reduces unwarranted burdens on participants, and prevents participants from falling through the cracks or eluding responsibility for their actions by providing different information selectively to different team members.

Key Informants:

"There is a lot of email traffic in between team meetings and status conferences, so any time there is a missed appointment or positive test, there is a lot of communication about it. The day before staffing, we get an email summary with a list of all the good things and a list of people who is potentially in line for a sanction."

"Positive results are shared by the case managers using an encrypted email. The team members will discuss that as a list to follow up with during the next hearing. Case managers also work with participants after a positive test to talk about what is going on and how they are doing."

"I feel the court is consistently on top of how the participants are doing – their UAs, their alco-sensors – and because of this, we can react pretty quickly and as a coordinated team."

Continuum of Quality Treatment and Support Services. The SERDTD provides a comprehensive array of services to participants. While the SERDTD works with multiple treatment agencies, the Clinical Case Manager oversees all treatment and shares information with the team to ensure consistent communication on participant progress, thus aligning with best practices for Key Component (KC) #4. She bridges the gap between providers and the team by sharing updates about participants' treatment engagement and progress. She also advocates for participants by sharing their questions or concerns with the team. Participants are also screened for specific issues, such as depression, suicide, trauma, and domestic violence, and can be referred to various agencies to meet their treatment and related services needs, including family treatment. Furthermore, there is also a Treatment Operations Director who facilitates service linkages on a programmatic level. He works with partner agencies to ensure the provision of evidence-based treatment services.

In the focus groups, nearly all participants spoke positively about their experiences in treatment or related services.

Several participants spoke highly of Moral Reconciliation Therapy (MRT). Participants also named specific treatment providers when asked what they liked most about the program.

The SERDTD was especially strong in these areas, though there were other strengths of the SERDTD not captured here. The 10 Key Component section details the SERDTD strengths for each component and the related best practices.

| *Priorities for Improvement*

NPC's evaluation revealed some priority areas for improvement that could promote overall program improvement. Again, this section is not intended to be a comprehensive list of all areas for improvement, but rather these are areas that may need to be prioritized.

Referral Process. As noted above in the overview of the SERDTD, referrals to the program have been deeply affected by the COVID-19 pandemic, criminal justice reform in Vermont, and staff turnover. A consistent theme in the interviews was challenges related to referral numbers or the referral process. Interviewees said that the SERDTD is not getting many referrals, even though *"there are definitely a ton of eligible cases."* Interviewees suggested the following underlying issues are contributing to the referral challenge:

- **County Differences:** The large differences in sentence structures, incentives for participating,

Focus group responses to:
"What do you like most about the program?"

"Individual therapy with a therapist."

"You can get a therapist wherever."

"Two AA meetings a week."

"I initially was not excited about therapy, but I felt it really helped me. I found myself looking forward to talking to the therapist."

"MRT. It made me aware that I was doing some things wrong. Basically, I was disloyal to my kids...You don't realize that all they ever wanted was you."

Key Informants:

"Our top priority is getting our numbers back in line."

"Our biggest focus is the referral issue."

and existing connections to the SERDTD across counties produce very different referral numbers, even accounting for differences in population sizes. For example, one interviewee explained that in Orange County, there is a greater incentive for participation because a felony may be reduced to a misdemeanor, but the SERDTD does not have a solid connection to Orange County to fully capitalize on this incentive, so they do not get as many referrals as they could.

Key Informants:

“The main incentive is really limited. I think we could do a lot more to incentivize people to want to participate. The real incentive is being on probation because the other types of supervision these people would be on would be way worse.”

“The carrot for the program is not as big as it used to be. The culture around incarceration is shifting in Vermont with alternatives being explored more and more, so people are not facing the same carceral hits. The program’s appeal is that people can serve less jail time, but without that looming issue, this is not as big of an incentive.”

“It’s a pretty significant demand on the participants. Most people would rather get a DUI 2 and get 60 hours in jail than be potentially exposed to a hard sentence if they fail.”

▪ **Limited Incentivization for Participation:**

Interviewees suggested that incentives for participation are limited and are being reduced further by shifts in Vermont culture and criminal justice reform away from incarceration. Indeed, a focus group participant said they participated in the SERDTD to avoid a lengthy jail sentence. Additionally, participation in the SERDTD may appear more difficult and substantially longer than standard case processing for potential participants.

▪ **Frequent Plea Agreements:** In part reflecting the impact of criminal justice reform efforts in Vermont, some noted that referrals are reduced by the number of plea agreements. One interviewee said, *“The state attorney always puts referral to the Docket as a baseline option, but a lot of deals are struck, which gets in the way of referrals. In some cases, referral to the court is a last-minute option.”*

▪ **Impact of COVID:** The pandemic deeply reduced referrals for the SERDTD as noted above. One interviewee explained, *“There was a substantial time where there was no active policing...you’re only pulling someone over if they’re going over 85 miles per hour, so this impacted referrals.”*

▪ **Lack of Coordinator.** Historic turnover and vacancy in the SERDTD coordinator role were also cited by interviewees as reducing referrals. The network for referrals and connections weakened without this role.

The SERDTD should thoroughly review the referral process, incentives for participation, and program requirements to assess where the program can make modifications to leverage change and increase timely referrals.

- ✓ The team may want to conduct an in-depth review of case flow to identify barriers to participation and points in the process where adjustments to procedures could facilitate program participation.
- ✓ The program should discuss how to increase incentives for participation, especially given a shifting culture away from incarceration that was a frequent motivator in the past.

- ✓ The team should also review whether program requirements could be modified to be less onerous but still aligned with best practices.
- ✓ The team could ask referral sources to track their reasons for not referring individuals for screening, which will help accurately identify referral barriers even though it will place a time burden on staff (NADCP, 2019).
- ✓ The SERDTD team should develop strategies to specifically address barriers they identify and integrate these in the forthcoming Process Improvement Plan.

Boosting referrals should include encouraging and accepting higher-risk referrals from all referral sources, such as those that have higher-level listed offenses and drug trafficking charges. Research shows that these higher-risk treatment court participants have equivalent reductions in recidivism (Carey et al., 2012), and individuals with substance use disorders and sales charges perform as well as or better than individuals with possession charges (Cissner et al, 2013). Additionally, accepting higher-risk referrals may increase access to treatment courts for men of color (NADCP, 2019). The team may also benefit from attending additional trainings on eligibility.

The SERDTD team may also consider developing a more formalized training and engagement strategy plan for referral sources. This can build connections to promote referrals and allow the SERDTD team to emphasize the benefits of the program. Additionally, once the newly hired coordinator is onboarded, the incumbent needs to create a robust network for referrals and build stronger connections to the counties served by the SERDTD.

Build and Retain the Core Team. According to KC #1, key members of treatment courts include the judge, a prosecutor, a defense attorney, a substance use disorder treatment representative, the treatment court coordinator, local law enforcement, and a representative from probation. The SERDTD team has undergone several transitions in team members, which has been very disruptive to program functioning, in addition to the COVID pandemic. Most notably, the team lacked a permanent court coordinator at the time of the site visit, and recruitment is underway to fill the position as soon as possible. The Treatment Operations Director, employed by the primary treatment provider, continues to provide program coordination while the position is vacant. With new team members, it is imperative to engage in team building, creating trust, and clarifying roles and responsibilities.

Key Informants:

“We have had high turnover with the court coordinator, which is incredibly challenging.”

“There has certainly been a period of instability. We ended up having higher turnover with judges for reasons outside of normal rotation, then so much turnover with coordinators. I don’t think anyone has stayed more than a year since then.”

“Our team for the last year and a half has struggled.”

“There has been a lot of change the past couple of years.”

The SERDTD team should also focus on the retention of current team members to prevent additional turnover, particularly because the focus group participants spoke so highly of the current team. One participant said, *“We go to court because we got in trouble, but after you’re in it for a bit, you realize they really don’t care about that. They really care about getting you through and working through the issues. They don’t hold your hand. That being said, if you need help, they’re more than willing to help.”* The retention of the current team members will continue to promote stability for participants.

Focus Group Participants:

“The team is really great. They go above and beyond.”

“I think the team works great together, and they are consistent.”

“Support of the team really made it good.”



10 KEY COMPONENTS: FINDINGS AND RECOMMENDATIONS

This section is organized according to the 10 Key Components (KC) of adult treatment court programs⁵ with cross-references to the Guiding Principles of DWI Courts.⁶ It provides comprehensive information on the SERDTD’s alignment with the best practices for each KC. The KCs include:

1. Treatment courts integrate alcohol and other drug treatment services with justice system case processing;
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights;
3. Eligible participants are identified early and promptly placed in the treatment court program;
4. Treatment courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services;
5. Abstinence is monitored by frequent alcohol and other drug testing;
6. A coordinated strategy governs treatment court responses to participants' compliance;
7. Ongoing judicial interaction with each treatment court participant is essential;
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness;
9. Continuing interdisciplinary education promotes effective treatment court planning, implementation, and operations; and
10. Forging partnerships among treatment courts, public agencies, and community-based organizations generates local support and enhances treatment court effectiveness.

The following subsections summarize the evaluation team’s findings and recommendations related to the SERDTD’s implementation of best practices associated with each component.

⁵ Available at: <https://www.ojp.gov/pdffiles1/bja/205621.pdf>. We have modified the KC language slightly to be more inclusive of other treatment court types.

⁶ Available at: https://www.dwicourts.org/wp-content/uploads/Guiding_Principles_of_DWI_Court_0.pdf.

Key Component #1: Treatment Courts integrate alcohol and other drug treatment services with justice system case processing

Guiding Principle #5: Forge Agency, Organization, and Community Partnership

Recommended practices associated with this Key Component call on programs to recognize the need for a collaborative multidisciplinary team to address the complex needs of participants. Key members of treatment courts include the judge, a prosecutor, a defense attorney, a substance use disorder treatment representative, the treatment court coordinator, local law enforcement, and a representative from probation. All key team members should regularly attend staffings and status review hearings. The team should have a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies) that specifies team member roles and what information will be shared.

Key Component #1: Strengths

As noted above, the SERDTD team has a clear strength in regularly communicating by email about participants' progress. The team has a Clinical Case Manager and a Treatment Operations Director that ensure appropriate and quality treatment and support services are available to the SERDTD participants on an individual- and programmatic-level. The team also has robust participation from the probation department including two officers (covering all three jurisdictions served by the program).

Furthermore, Vermont has a statewide MOU that gets signed every three years and as new practitioners enter the team. There are plans to update the MOU to include information about data sharing. There is no research regarding the frequency with which an MOU is revisited. At a minimum, they should be revisited and signed whenever there is personnel turnover or a significant change to policy that will be impacted by the MOU. As these are signed and updated, we encourage the SERDTD team to review agreements – particularly regarding data sharing – so that participant progress and engagement in treatment and other supportive services can continue to be monitored, with ongoing communication regarding participant behavior.

The program should be commended for implementing the following recommended best practices associated with KC #1:

- 1.1 The treatment court has a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies)
 - i. MOU specifies team member roles
- 1.2 The treatment court has a written policy and procedure manual
- 1.3 All key team members attend staffing (judge, prosecutor, defense attorney, treatment, treatment court coordinator, and supervision)
- 1.4 All key team members attend court sessions/status review hearings (judge, prosecutor, defense attorney, treatment, treatment court coordinator, and supervision)
- 1.8 Treatment communicates with the team via email

Key Component #1: Recommendations

The SERDTD is not currently following these evidence-based best practices for KC #1:

- 1.5 Law enforcement (e.g., police, sheriff) is a member of the treatment court team
- 1.6 Law enforcement attends pre-court team meetings (staffings)
- 1.7 Law enforcement attends court sessions (status review hearings)

Add a Law Enforcement Officer to the Team. Although there is robust representation of supervision from departments of probation across jurisdictions on the SERDTD, NPC encourages the team to continue to pursue partnerships with local law enforcement to include a representative on the team. Research has shown that treatment courts that include law enforcement as an active team member have higher graduation rates, lower recidivism rates, and higher cost savings (Carey et al., 2011, 2012). Local police can help the team, particularly in their ability to monitor participants' interactions with law enforcement and involvement in criminal activity before it leads to a new charge or violation. Law enforcement is often the eyes and ears on the street, observing participant behavior and interacting with them in the community. They may also assist with home visits. Additionally, law enforcement participation on the team can change participants' views of law enforcement, as well as law enforcement's views of participants.

Notably, several team members said they are already trying to find a law enforcement officer currently to add to the SERDTD team. Several people mentioned very positive experiences with the previous (now retired) law enforcement officer on the team, so the SERDTD already has experience building law enforcement relationships successfully and understands the value added. Time constraints and criminal justice reform efforts in Vermont that have reduced law enforcement staff numbers were noted as significant barriers to law enforcement participation. The SERDTD team may consider discussing how to remove as many barriers as possible to facilitate law enforcement participation while also emphasizing the importance and impact of the program. The SERDTD team should make certain that local and state police understand their participation in treatment court as a cost-effective way to deal with repeat offenders who have substance use disorders. The SERDTD should also be seen as an avenue for addressing quality-of-life issues and preserving public safety.

Clarify Information Sharing. Although the team did well with communicating regularly by email about participant progress, there was still confusion about *what* information was appropriate to share. Information sharing, particularly from treatment, seems to be impacted by a lack of clarity about what can be shared with the rest of the team. To make informed and fair decisions about their response to participant behavior, it is crucial that all necessary information be provided to the team. Treatment providers may be permitted to share confidential treatment information with the team with a voluntary, informed, and competent waiver of the participant's confidentiality and privacy rights

Key Informants:

"We used to have the chief from Brattleboro on the team, and that was really, really positive. During COVID, we lost him, and then he retired... We definitely have support across the agencies, but we need to find someone to invest the extra time."

"The law enforcement representative was very willing to help out and work with us. He did a lot to support the participants."

(NADCP, 2013). Language should be included on what information can and will be shared. The MOU could also be used as a training tool for new team members, which is particularly important given staff turnover. Discussions or trainings may help address these issues. NPC has many resources regarding the types of information that should be shared by which members of the team.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

In treatment courts, traditional adversarial roles between prosecutors and defense counselors should be replaced by a collaborative approach with a focus on recovery and community safety rather than the criminal case that brought the participant into the program.

Key Component #2: Strengths

The defense attorney on the SERDTD team has over 8 years of experience on the team, thus bringing historical knowledge. Additionally, the SERDTD benefits from a deputy state's attorney who has expressed support for the program. At the time of the evaluation site visit, he was very new to the program and had not yet had the opportunity to participate in DUI Court training. Furthermore, at the time, he had no relief to afford him the additional time required to participate in the treatment court (i.e., his caseload remains unchanged since his assignment to the program). Another team member noted that the prosecutor and defense understand that they are working towards the common goal of promoting participant well-being.

"[With the prosecutor and defense] there is an understanding that they are a team who are here to promote well-being in participants." – Key informant

The SERDTD team should be commended for implementing the following best practices associated with KC #2:

- 2.1 A prosecuting attorney attends treatment court team meetings (staffings)
- 2.2 A prosecuting attorney attends court sessions (status review hearings)
- 2.3 A defense attorney attends treatment court team meetings (staffings)
- 2.4 A defense attorney attends court sessions (status review hearings)

Key Component #2: Recommendations

Training on Roles, Responsibilities, and Collaboration. The SERDTD team would benefit from additional trainings that generated more clarity in roles and responsibilities and offered strategies to improve collegial and collaborative decision-making. The SERDTD applied to and was awarded a training sponsored by the National Highway Traffic Safety Administration (NHTSA), Office of Impaired Driving and Occupant Protection, Impaired Driving Division. The team will attend a four-day training from Oct 25 – 28, 2022. Several interviewees noted a historic tension between team members, including representatives of the state's attorney and defense representatives. Challenges may be exacerbated because the SERDTD team is implementing a complex program serving several

jurisdictions with different policy and practice priorities, and there are state's attorneys in two of the three counties in the SERDTD region making referrals that are not on the SERDTD team. The team should participate in training and work collaboratively to ensure that there are clear expectations for how the defense and prosecuting attorneys work together in a treatment court context. The team may also benefit from trainings related to effectively managing conflict. All the SERDTD team members may benefit from participating in cross training (e.g., prosecutors attending training for defense attorneys and vice versa) to gain clarity in roles and responsibilities, particularly given staff turnover.

Key Component #3: Eligible participants are identified early and promptly placed in the Treatment Court program

Guiding Principle #1: Determine the Population

Best practices associated with the implementation of this component include the early identification and engagement of eligible participants entering the criminal justice system. The treatment court should use validated, standardized assessment tool(s) to determine eligibility. Delays in entry increase the likelihood of continued substance use and additional criminal activity.

Key Component #3: Strengths

The SERDTD team should be commended for implementing the program according to best practices associated with KC #3, including:

- 3.2 Current treatment court caseload/census (number of individuals actively participating at any one time) is less than 125
- 3.3 The treatment court accepts offenders with serious mental health diagnoses, as long as they have been assessed as capable of understanding and following program requirements
- 3.4 The treatment court accepts offenders who are using medications to treat a substance use disorder
- 3.5 The treatment court uses validated, standardized assessment tool(s) to determine eligibility.
- 3.6 Participants are given a participant handbook upon entering the treatment court

Key Component #3: Recommendations

The SERDTD is not currently following this evidence-based best practice for KC #3:

- 3.1 The time between arrest (or the incident that prompts a referral) and treatment court entry is 50 days or less

Facilitate Faster Program Entry. Like many courts, the SERDTD interviewees indicate that participants often enter the program much later than 50 days after an arrest. Timely entry into the program has likely been made more challenging due to delays in case processing due to the pandemic. Keeping in

mind that the sooner individuals needing treatment are connected with resources, the better their outcomes are likely to be, the SERDTD team may want to:

- ✓ Conduct an in-depth review of case flow to identify bottlenecks, structural barriers, and points in the process where adjustments to procedures could facilitate quicker placement into the SERDTD;
- ✓ Create a more systematic identification and referral process that may shorten the time between arrest and treatment court entry;
- ✓ Set a goal for the maximum number of days it takes to get participants into the program and work toward achieving that goal;
- ✓ Increase incentivization for participation in the SERDTD compared to typical case processing; and
- ✓ Even if the program is unable to overcome all the barriers to early entry, the team should consider additional strategies to connect potential participants to treatment as early as they are identified even if their cases have not been brought into the SERDTD docket.

Key Informants:

“We get these folks a lot later in the process. A lot of folks have already gotten off alcohol by the time they start.”

“The arrest to entry time is something that I think needs to be resolved in the prosecutor’s office. There is a long delay between the arrest and when the paperwork is processed. I think that the judges who handle the initial case can set the arraignment the next day, which forces the prosecution to complete the paperwork sooner. I think that if offenders get in the door quicker, they will get in the court quicker.”

Determine Referral Barriers and Expand to a Higher-Risk Population. As already noted, the pandemic, criminal justice reform efforts, and turnover within the SERDTD caused a dramatic reduction in referrals. As such, the referral process should be prioritized as a focus area for potential improvement. Some interviewees noted that program duration is excessive relative to the overarching charge, and long program stays among some participants and the designed length of the program (exceeding 16 months) were disincentives for program participation. The team would benefit from a thorough assessment of these barriers to develop strategies and a plan to address them.

The SERDTD should encourage and accept higher-risk referrals. Higher-risk treatment court participants have equivalent reductions in recidivism, and treatment courts that include higher-risk participants can achieve significant cost savings for their community by reducing recidivism among those involved in higher-risk crimes, which are typically more costly than other nonviolent crimes (Carey et al., 2012).

The SERDTD team should determine the target population as defined by their clinical treatment and criminogenic needs and then consider restructuring the program to calibrate the structure to match those needs based on valid and reliable instruments. Once these parameters are established and documented, the team should work with potential referral sources, and identify opportunities during the case process when participants can be identified, screened, recruited, and enrolled in the program. For example, some DUI courts have successfully partnered with police or state troopers to identify and “flag” potential participants at arrest. NPC can work with the team to identify other DUI programs that have been successful in identifying and engaging participants earlier and at higher rates.

Key Component #4: Treatment Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services

Guiding Principle #2: Perform a Clinical Assessment

Guiding Principle #3: Develop the Treatment Plan

Guiding Principle #7: Develop Case Management Strategies

Guiding Principle #8: Address Transportation Issues

Effective implementation of this component includes consideration of all the co-occurring issues potentially faced by participants including primary healthcare, chronic health conditions, employment, housing, education, child needs, and relationship issues. The treatment court should also have processes in place to ensure the quality and accountability of the treatment provider(s).

Key Component #4: Strengths

As noted above as a strength of the program, the SERDTD provides a comprehensive array of services, and the focus group participants generally appeared to find their treatment to be high quality. The Clinical Case Manager overseeing all treatment and sharing information with the team ensures consistent communication on participant progress. The Treatment Operations Director organizes and plans trainings for treatment services and works to ensure evidence-based treatment services. Both individuals are senior members of the team with many years of experiences, so they have ample experience and can provide historical knowledge. They both attend all staffings and hearings.

"We have a very strong treatment team who has helped me get familiar with that side of things." – Key informant

Additionally, the program should be commended for implementing the following evidence-based practices associated with KC #4:

- 4.1 The treatment court uses no more than two treatment agencies to provide treatment for a majority of participants or a single agency/individual provides oversight for any other treatment agencies treating treatment court participants
- 4.2 Treatment court uses validated, standardized assessment tool(s) to determine level and type of services needed
- 4.3 Participants with co-occurring mental health and substance use disorders are connected to coordinated treatment whenever possible
- 4.4 Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments
- 4.5 Treatment providers are licensed or certified to deliver substance abuse treatment
- 4.6 Treatment providers are licensed or certified to deliver mental health treatment
- 4.7 Treatment providers have training and/or experience working with a criminal justice population

- 4.8 The treatment court has processes in place to ensure the quality and accountability of the treatment provider
- 4.9 The treatment court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program
- 4.10 The minimum length of the treatment court program is 12 months or more

Key Component #4: Recommendations

Calibrate Length of Treatment. Although the program meets the standard length of service of 12 months or more at 17 months, as noted above, the team may want to consider better calibrating the design to participants' needs which may lead to a shorter program stay. This may also encourage greater participation.

Create an Integrated Case Plan. The SERDTD relies on the treatment provider for case management services. The team may want to consider a treatment court case management plan that integrates the participants' non-treatment goals, such as the attainment of employment, license reinstatement, housing, phase advancement requirements, etc. This approach has the advantage of balancing the emphasis on achieving treatment with non-treatment goals. This also may allow enhanced monitoring and collaboration towards goals by the SERDTD team.

"There is no formal written treatment case plan specific to the Docket, but it is something that I'd like to see. I want to see a collaborative document with probation and others which allows everyone to see what each other is doing. Right now, the treatment plan drives a lot of what the staffing team does." – Key informant

Continue Expanding Transportation Support. SAMHSA provided funding to support the transportation needs of participants. However, the COVID-19 pandemic disrupted transportation, including van rides. Additionally, despite this funding, participants still raised transportation needs in the focus group, especially related to getting to their drug testing appointments. Interviews with some team members confirmed the challenges related to getting participants to testing facilities, although several team members also remarked that they are working with their vendor to increase the number of locations where participants can submit their tests. In terms of service enhancements, the team should consider focusing on continuing to expand transportation support through enhanced coordination of rides and increased engagement of participants.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing

Guiding Principle #4: Supervise the Offender

Best practice implementation of this component requires frequent, random, observed substance use testing by qualified personnel using evidence-based methods. This ensures accountability, enables progress monitoring, and promotes participant safety.

Key Component #5: Strengths

The SERDTD benefits from two probation officers who divide the participants by jurisdiction to ensure that participants have ongoing, frequent community supervision across a wide, rural area. Furthermore, the program uses frequent (at least 8 times per month) random substance use testing by a qualified provider.

The team has implemented all recommended practices and should be commended for engaging in the following evidence-based practices associated with KC #5:

- 5.1 Drug testing is random/unpredictable
- 5.2 Drug testing occurs on weekends/holidays
- 5.3 Collection of test specimens is witnessed directly by staff
- 5.4 Staff that collect drug testing specimens are trained in appropriate collection protocols
- 5.5 Drug test results are back in 2 days or less
- 5.6 Drug tests are collected at least 2 times per week
- 5.7 Participants are expected to have greater than 90 days sobriety (negative drug tests) before graduation
- 5.8 Participants receive regular drug testing to ensure they are using any prescribed and approved medications appropriately

Key Component #5: Recommendations

Consider Barriers to Testing. While the SERDTD is following all best practices, the team may want to consider how to address barriers to participants for completing testing. In the focus group, several participants noted challenges in getting tested. As noted above, a lack of transportation to the testing center was a barrier. Several said they had to bike or walk to the facility. The facility is also closed at lunch. Working full-time also made meeting testing requirements a challenge.



Key Component #6: A coordinated strategy governs Treatment Court responses to participants' compliance

This component includes ensuring that progress through the program is supported by a behavioral response strategy that encourages engagement and recovery and discourages problem behaviors. Responses should be informed by a decision support tool that accounts for proximal and distal goals and incorporates a continuum of incentives, sanctions, and treatment responses. Furthermore, the team should monitor incentives and sanctions to ensure a higher ratio of incentives to sanctions.

Key Component #6: Strengths

Interviewees indicated that the team is generally “fair and balanced” with respect to responding to participant behavior. During the one status review hearing that the evaluation team observed (and therefore just anecdotal evidence), the team presented one incentive and one sanction each to two participants. In one case, the case manager noted the important difference between distal and proximal goals when considering the sanction that was assigned. The team used a fishbowl incentive and a work crew assignment as a sanction.

The SERDTD program’s accountability was noted by the focus group participants as promoting their success. Additionally, the SERDTD also utilizes a service-oriented graduation project that promotes participants giving back to the community impacted by their offenses.

The team should be commended for meeting the following best practice standards:

- 6.1 The treatment court has incentives for graduation, including avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence
- 6.3 Team members are given a written copy of the incentive and sanction guidelines
- 6.4 The treatment court has a range of options for responding to participant behavior (including alternatives such as praise and recognition from the judge, certificates, writing assignments, and community service)
- 6.5 In order to graduate, participants must have a job, be in school, or be involved in some qualifying positive activity
- 6.6 In order to graduate, participants must have a sober housing environment
- 6.7 The treatment court reports that the typical length of jail sanctions is 6 days or less
- 6.8 The treatment court retains participants with new possession charges (new possession charges do not automatically prompt termination)

Focus Group Participants:

“The level of accountability is a help. If you start to waver, there are things to get you back on track without true punishment.”

“The structure and guidelines help.”

“The program keeps you sober.”

Key Component #6: Recommendations

The SERDTD is not currently following this evidence-based best practice for KC #6:

- 6.2 Sanctions are imposed immediately after non-compliant behavior (e.g., treatment court will impose sanctions in advance of a participant’s regularly scheduled court hearing)

Respond More Quickly to Non-Compliant Behavior. One of the goals of treatment courts is to ensure that participants are fully aware of the relationship between their specific actions and resulting sanctions. Research has demonstrated that for incentives and sanctions to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce. Treatment courts that imposed sanctions immediately after noncompliant behavior had more positive participant outcomes and had 100% greater cost savings (Carey et al., 2012). If teams wait two weeks or more to

apply a sanction, the participants may have other more relevant issues arise by then, or they may have improved their behavior by then. In the latter case, they would receive a sanction at the same time they are doing well, which may provide an unclear or defeating message.

Some interviewees indicated that sanctions are not necessarily provided immediately following the infraction unless there is a severe violation. For a greater impact, implement procedures and guidelines that allow incentives, sanctions, and therapeutic responses to be imposed more quickly so they are more strongly tied to infractions. For example, the team should consider responding to participant behaviors – particularly threats to individual safety (e.g., relapse) or public safety (e.g., getting picked up for a new charge) with sanctions and treatment adjustments between status review hearings. The team may want to develop a list of those behaviors and a standardized process for determining if the coordinator, case manager, community supervision partners, or others need to bring the participant in for a meeting or potentially administer a response. The SERDTD team’s strength in ongoing communication regarding participant behavior should be complemented by responses from the team according to agreed upon policies and procedures.

Increase Incentives. Incentivizing positive behaviors produces significantly better outcomes in treatment courts than sanctions (NADCP, 2013). Programs should aim to have a ratio of incentives to sanctions of at least 4:1, but ideally 10:1 (Wodahl et al., 2011). Intangible incentives – such as judicial praise – are motivating. During the observed hearing, there were opportunities for giving incentives for participants for coming to court, such as applause. NPC has a comprehensive list of incentives, many of which have no monetary cost, that the team may want to use to help them increase the proportion of incentives.

Key Component #7: Ongoing judicial interaction with each Treatment Court participant is essential

Guiding Principle #6: Take a Judicial Leadership Role

More successful treatment courts recognize the judge as the leader of the team. A positive, mutually respectful relationship increases the likelihood that the participant will remain engaged in treatment and pursue their goals. A positive relationship with the judge also reminds the participant that people in positions of authority care about their health and well-being.

Key Component #7: Strengths

The judge provides strong leadership for the team and participants. This was evident during the pre-court staffing and status review hearing. During the hearing, she showed genuine warmth and care toward the participants, including asking some of them about their children. The hearing observed by the evaluation team preceded the July 4th holiday. The judge asked all the participants what their

Focus Group Participants:

“I really like the judge. She cares.”

“When the judge whispers, she encourages you. She tells you how you’re important to the group when you’re doing well.”

“She cares about everyone, but she’s also got to do her job.”

“I think the handshake is a good touch.”

plans were and how they would avoid substance use during the festivities. Multiple participants spoke warmly of her doing the focus group.

The team should be commended for implementing the following best practices related to KC #7:

- 7.1 Participants have court sessions (status review hearings) every 2 weeks, or once per week, in the first phase
- 7.2 The judge spends an average of 3 minutes or greater per participant during court sessions (status review hearings)
- 7.3 The judge's term is at least 2 years or indefinite
- 7.4 The judge was assigned to treatment court on a voluntary basis
- 7.5 In the final phase of treatment court, the clients appear before the judge in court at least once per month

Key Component #7: Recommendations

The team has no recommendations related to Key Component #7 at this time.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

Guiding Principle #9: Evaluate the Program

Better outcomes and cost savings are associated with ongoing performance monitoring and regular program evaluation. Electronic information management systems should also incorporate reporting capacity that enables the team to monitor participant and program level progress. These data should also be reviewed regularly for the purpose of oversight and to monitor program performance against goals and objectives. The team should also use periodic studies of program implementation and outcomes to support changes to programming and policies.

Key Component #8: Strengths

Interviewees indicated that the SERDTD has quarterly Systems Meetings where they review and discuss data to help them make any policy changes or shifts. For example, they reviewed data on participants' use of the alco-sensor. Additionally, the team used information from their database to inform discussion and decision-making during the pre-court staffing meeting. **The Vermont Judiciary is adopting a new statewide data management system that will enhance and streamline the team's ability to quickly monitor, report, and review program performance metrics.**

In line with expectations set forth by the State Programs Manager and best practices, the SERDTD team is using NADCP's Equity and Inclusion Assessment Tool (EIAT) to monitor for potential disparities. Best Practice Standard II on Equity and Inclusion reinforces the importance of assessing and reducing disparities (NADCP, 2013). NPC commends the team for regularly assessing for equivalent access, retention, and treatment.

The policy meeting agendas should include standing items to monitor performance, including the results from the EIAT and any disparities associated with participant characteristics. The results of the EIAT may spark trainings or conversations with referral sources. The team could share the results to show what the data reveal and where disparities – if any – are arising. This may allow for data-informed decision-making. Furthermore, the absence of disparities is just as important to document and share as it shows a program strength and suggests that current policies and procedures are not having disparate impacts.

The SERDTD is implementing the following evidence-based practices associated with KC #8:

- 8.1 The results of treatment court evaluations have led to modifications in treatment court operations
- 8.2 The treatment court's review of its own data and/or regular reporting of treatment court statistics has led to modifications in treatment court operations
- 8.3 The treatment court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files)
- 8.4 The treatment court monitors data to assess whether there are disparities (e.g., gender, racial, etc.) in who enters the program
- 8.5 The treatment court monitors data to assess whether there are disparities (e.g., gender, racial, etc.) in who graduates from the program

Key Component #8: Recommendations

Share Information. The evaluation team noticed that information shared with the team included very limited information (or no information) regarding the participants' diagnoses, participation in treatment, or community supervision contacts, which is important information about participants' needs and progress. This is related to earlier points regarding specifying what information should be shared with the team. The new data management system adopted by the State will facilitate this information-sharing, and service providers will need to ensure this information is entered into the database.

Continue Reviewing Participants with Long Participation Times. The SERDTD team should monitor data to identify and consider alternative approaches to addressing the needs of individuals whose length of participation in any phase significantly (e.g., >50%) exceeds program design. The new data management system will also make collecting data and assessing performance significantly easier.

Key Component #9: Continuing interdisciplinary education promotes effective Treatment Court planning, implementation, and operations

All treatment court staff should participate in regular, robust education and training. These opportunities should reflect the interdisciplinary nature of treatment court implementation. Treatment court staff should receive ongoing cultural competency training.

Key Component #9: Strengths

Nearly all team members reported having participated in several treatment court trainings, including State, regional, and national events. The team is implementing the following best practices associated with KC #9:

- 9.1 All new hires to the treatment court complete a formal training or orientation
- 9.2 All members of the treatment court team are provided with training in the treatment court model
- 9.3 Treatment court staff members receive ongoing cultural competency training
- 9.4 Treatment court staff members receive education in substance use disorders
- 9.5 Treatment court staff members receive education in mental health disorders

Key Component #9: Recommendations

Continue Prioritizing Training for All Team Members. NPC encourages the team to continue to ensure participation in ongoing training and ensure that the newest members receive training about their role in the team and the treatment court model. Interviews and observations of team dynamics also indicate that team members would benefit from additional training regarding collaborative decision-making in a treatment court context. Disagreements regarding responses to behavior, lack of participation in discussions among some team members, and the dominance of others indicate that collaboration may be limited. In addition to serving as potential sources of friction, these dynamics are likely to be reflected in program performance, and according to some interviewees, may be inhibiting referrals from some sources. Facilitated team building may also be a good use of time for the team. Finally, as members of the treatment court team grow in their own roles, they should be encouraged to participate in trainings specific to others' roles to expand their understanding of how each team member approaches the treatment court (e.g., attorneys and judges should participate in treatment providers' training). NADCP's E-Learning Center,⁷ Treatment Courts Online,⁸ and the Vermont Judiciary are recommended training resources. NPC can recommend specific training to the team as requested.

Participate in Cultural Competency Training Annually. One of the most significant predictors of positive outcomes for racial and ethnic minority participants in substance abuse treatment is culturally sensitive attitudes on the part of the treatment staff, especially managers and supervisors. In line with Best Practice Standard II: Equity and Inclusion and best practice 9.3, each member of the treatment court team should attend up-to-date training events on diversity, equity, and inclusion (DEI), including recognizing implicit cultural biases and correcting disparate impacts to ensure equity and inclusion in treatment court practices and procedures.

"What would you like to see your treatment court start doing that it's not already doing?"

"Tweak and change approaches in regard to equity and inclusion." – Key informant

⁷ <https://www.nadcp.org/e-learning-center/>

⁸ <https://treatmentcourts.org/>

Treatment court staff should participate in DEI and cultural competency trainings on an ongoing basis, ideally annually. A meta-analysis of research on the impact of diversity trainings shows a significant positive impact of training hours on improving learning outcomes (Bezrukova et al., 2016). In other words, time spent in training matters. Even brief one-hour online diversity trainings have been shown to create some positive attitude change and some limited behavioral change, but more consistent and ongoing efforts are required to create greater sustained improvements (Chang et al., 2019). Therefore, we recommend DEI trainings on an annual basis. As an introduction to the topic, Treatment Courts Online has several modules related to cultural competency in their courses for adult drug courts. Additionally, NADCP has an online course on Standard II: Equity and Inclusion. NDCI also recently launched a new equity and inclusion series. These organizations may also be good contacts to request state-level synchronous DEI trainings or in-person trainings.

Key Component #10: Forging partnerships among Treatment Courts, public agencies, and community-based organizations generates local support and enhances Treatment Court effectiveness

Guiding Principle #10: Ensure a Sustainable Program

Efficient and effective treatment courts develop collaborative partnerships among private community-based organizations, public criminal justice agencies, and substance use and mental health treatment delivery systems. These collaborations provide guidance to improve the treatment court's access to the full continuum of care and supportive services while bringing together partners who can support program improvement and sustainability.

Teams should develop a local three-level system of governance for managing and supporting their program (Center for Children and Family Futures & NADCP, 2019). The names of these levels do not matter, but the membership, roles, and responsibilities of each level should be documented, and each member should enter into an agreement that they will fulfill their role at the level they serve. In general, they may be described this way:

Level 1. Operational team (includes those that regularly attend staffing and hearings) – focuses on the ongoing, day-to-day operations of the program.

Level 2. Policy team (typically includes the operational team plus leadership from the collaborating agencies, such as treatment agency directors, police chiefs, court administrators, and other senior-level decision-makers) – focuses on questions of policy and reviewing program performance. This team meets less often, such as quarterly.

Level 3. Local advisory/steering committee (typically includes the policy team and community stakeholders such as leaders of community-based organizations, advocates, alumni, business leaders, elected officials, etc.) – focuses on building community support for the program, addressing participant needs that extend into the community (e.g., housing and transportation), reviews program performance, advocates for program funding and aids in acquiring and distributing resources. This team may meet only twice per year or could meet more frequently.

Key Component #10: Strengths

The State Judiciary has established a **Statewide Advisory Committee and an Executive Oversight Committee that will enhance best practices and bolster support at the state level**. As described in the Vermont Adult Drug Treatment Court Program Policies and Procedures Manual, the treatment courts should have a four-tiered governance structure:

1. The Regional Treatment Team
2. A Regional Steering Committee
3. The Statewide Advisory Committee
4. The Statewide Executive Oversight Committee

Each treatment court has an operational team, which corresponds to Level 1 described earlier. As noted in Vermont’s Policies and Procedures Manual, **the operational team holds Systems Meetings to discuss program-level policies or practices at least every quarter, which aligns with Level 2 described above**. However, the Systems Meetings would likely benefit from expanded membership that also includes leadership from the partner agencies. The Statewide Committees provide leadership, collaboration, and process improvements at a state level.

The SERDTD team is implementing the following best practice associated with KC #10:

- 10.2 The treatment court has a steering committee or policy group that meets regularly to review policies and procedures

Key Component #10: Recommendations

The SERDTD is not currently following this evidence-based best practice for KC #10:

- 10.1 The treatment court has an advisory committee that includes community members

Establish a Local Advisory Committee. NPC recommends that the SERDTD work with community partners and the Judiciary to consider ways of developing additional local partnerships, including a regional advisory committee (or could alternatively be called a steering committee). This is described above as Level 3, and it is aligned with the Regional Steering Committee expected in Vermont’s Policies and Procedures Manual. As a regional program serving multiple counties, the SERDTD faces logistical challenges bringing community partners and others together to support the program. Interviewees discussed the differences between those jurisdictions in terms of population density, politics, infrastructure, and in other important domains. According to interviewees, these differences (in addition to geographical distance) challenge the development of cross-agency and cross-system collaboration. Nonetheless, creating this collaborative group and utilizing virtual meeting platforms to bridge physical distance could significantly strengthen the SERDTD. This would create deeper partnerships, co-training opportunities, and allow for more frequent communication. NDCI offers a training on how to identify and host an advisory board that offers strategies on how to engage members, analyze discussion content, and obtain useful results.

SUMMARY FOR IMPROVEMENTS

Overall, the SERDTD is adhering to many Key Components and Best Practice Standards. In the focus group, participants spoke highly of the team and the positive impact of the SERDTD program on their sobriety. Nonetheless, the SERDTD team has faced challenges with referrals that reflect in part criminal justice reform, the pandemic, and staff vacancies, and referrals should be prioritized for improvement. The SERDTD also faces unique challenges by serving multiple counties that have very different sentence structures, incentives, and existing connections to the program.

For some potential areas for improvement, the SERDTD may want to discuss strategies to:

- Clarify information to be shared with the team (KC #1)
- Add law enforcement representation to the team and staffings (KC #1)
- Continue training on roles, responsibilities, and collaboration for prosecutors and defense attorneys (KC #2)
- Expand participant population to a higher-risk population due to criminal justice reform efforts that have decreased referrals to the DUI docket (KC #3)
- Refine referral process and lengthy program requirements (KC #3)
- Streamline the process from arrest to program entry to get participants into the SERDTD more quickly (KC #3)
- Calibrate length of treatment to meet participants' needs (KC #4)
- Consider an integrated case plan beyond the treatment plan that includes treatment progress and participation as well as other personalized goals and objectives (KC #4)
- Increase incentives and rewards (KC #6)
- Respond more quickly to participant behaviors with incentives and sanctions (KC #6)
- Continue prioritizing training for all team members, including trainings on team collaboration and collaborative decision-making (KC #9)
- Establish a local advisory/steering committee that includes community members and the deputy state's attorneys in the three counties (KC #10)

The State Programs Manager and her team will work with the treatment court teams to develop a Process Improvement Plan. This is aligned with best practices as research shows that treatment court teams that use evaluations conducted by independent evaluators to modify their practices had greater reductions in recidivism and had 100% greater cost savings (Carey et al., 2008; Carey et al., 2012). As such, these Process Improvement Plans may help further decrease recidivism and increase cost savings.

NPC recommends that the team use this report to foster conversation about our findings and recommendations. The evaluation team is ready to respond to any questions or suggestions for how this report can be more accurate and helpful. We will continue to work with the SERDTD team, the Vermont Judiciary, and program partners to complete an outcome and cost study (see Appendix A).

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APPENDIX A: EVALUATION PLAN

This document is based on the research approach described in NPC’s responses to the Vermont Judiciary’s Requests for Proposals for evaluations of the adult drug treatment dockets in Chittenden, Washington, and Rutland Counties and the Southeastern Regional DUI treatment court.⁹ This plan also reflects modifications to the process evaluation necessary to address travel restrictions due to the COVID pandemic. Those modifications notwithstanding, core methods and deliverables are unchanged from our original proposal.

NPC plans to conduct the evaluation through two overlapping and mutually reinforcing, multi component studies. NPC will initiate the first study, a Process Evaluation, followed by an Outcome and Cost Evaluation. At this time, changes due to COVID are only expected to affect the process evaluation and are noted in *italics* in that subsection.

Process Evaluation. The process evaluation will proceed through the following 5 steps:

1. Administer the Best Practice Self-Evaluation Tool (BeST), and online assessment of treatment court practices and protocols with all 3 programs. NPC developed and maintains the BeST, which is often used in our collaborative work with the National Association of Drug Court Professionals (NADCP) and other research, training, and technical assistance providers. The BeST addresses best practices associated with the ten key components of drug courts and both volumes of NADCP’s Best Practice Standards. The BeST is a web-enabled, secure survey designed to be completed as a team with the answers typically entered online by the treatment court coordinator. Once information is gathered from the team, it takes approximately 45 minutes to complete.
2. Review the programs’ policy and procedure manuals and participant handbooks. NPC researchers review the manuals and assess their quality and completeness against treatment court best practice standards.
3. Conduct interviews with every member of the treatment court team. The questions included in these structured interviews are informed by the teams’ responses to the BPS in addition to additional priorities that the Judiciary may identify.
4. Conduct focus groups with program participants. Trained facilitators engage in dialogue with 8-15 program participants to gather their perspectives and insights regarding participation in the program including observations about team dynamics, and sense of fairness etc.
5. Observe pre-court staffing meetings and status review hearings. NPC researchers use guides to monitor the teams’ adherence to best practice standards.

⁹ In the interest of efficiency, this document is intended to serve as the Revised Evaluation Plan for the drug and DUI treatment court evaluations even though they are covered under separate contracts between NPC and the Judiciary.

At the conclusion of these steps and before developing our process report describing our findings, the process evaluation team debriefs with each court team to offer initial impressions with a focus on strengths. The debrief is a collaborative process where NPC staff works with the team on problem solving and local support for implementing any potential recommended program enhancements. We also offer the team the opportunity to ask questions or provide any additional insights they would like for us to consider as we prepare our report. Once drafted, we review each report with the team and discuss where we may need to make edits or add clarification. The final draft will be provided to the team and the Vermont Judiciary. A summary report combining key findings across all four sites will also be provided to assist the state in determining any common needs for training or other types of support.

Modifications to the Process Evaluation Due to Covid: *In-person site visits will be delayed by approximately 6 months pending changes to NPC's travel policy. However, each team will receive an interim report that will reflect the following:*

- Findings from the BeST Assessment described above
- A review of their Participant Handbook and Policy and Procedure Manual
- Video interviews with approximately 3 – 4 team members including
 - The judge
 - The coordinator
 - Any other key members who have very recently (within the last 2 months) or will soon (within the next 6 months) leave their positions

The final process evaluation report will follow the on-site visit and summarize data collected from interviews with the remaining treatment court team members, focus groups with participants, and court observation. The final evaluation report will provide updates to the information and findings in the interim report and serve as a complete review of the Vermont treatment courts.

Outcome and Cost Study. NPC proposes the following steps for data collection and other activities in conducting the outcome and cost-benefit analysis of Vermont's adult drug courts as outlined in the RFP.

1. Request program and administrative data (from adult drug courts, state databases including the Vermont Crime Information Center and Vermont Department of Corrections, and local treatment, court and other agencies as needed).
2. Clean, restructure, and merge data (using as many common identifiers as possible and as many iterations as needed, using LinkPlus software).
3. Use propensity score matching to select comparison groups for each program. Ideally, the comparison sample is made up of individuals who are similar to those who have participated in the adult drug court program (e.g., similar demographics, risk and need levels, treatment and criminal history), but who have not participated in the program. Comparing program participants to offenders who do not participate in the adult drug court (comparison group

members) is complicated by the fact that program participants may systematically differ from comparison group members, and those differences, rather than the drug court, may account for some or all of the observed differences in the impact measures. To address this complication, once the potential comparison sample (for each program) is identified, we will use a method for matching the two groups called propensity score weighting, which provides some control for differences between the program participants and the comparison group and is designed to mimic random assignment (Rosenbaum & Rubin, 1983¹⁰).

4. Prepare outcome data for analysis by cleaning outcome data elements such as employment and housing data, code arrest or case filing charges, count relevant outcome elements, including arrests, jail and prison days, drug tests and results, treatment days, etc., for program and comparison groups.
5. Analyze data at program level and state level. Once the comparison groups are selected and matched to the adult drug court participants, and the data are compiled and cleaned, the dataset will be ready to analyze. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS and will perform these analyses to answer a set of outcome evaluation questions, based on available data and developed in collaboration with state and program leaders.
6. Collect **cost** data elements from budgets, programs, state and local agencies.
7. Extract relevant outcomes data and results from outcome study.
8. Analyze cost data, including calculating cost-benefits. The cost approach developed and used by NPC Research is called Transactional and Institutional Cost Analysis (TICA) and was used in Vermont in our previous studies. The TICA approach views an individual's interaction with publicly funded agencies as a set of transactions in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed or change hands. In the case of drug courts, when a participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used.

All the transactional costs for individuals are calculated to determine the overall cost per participant. This figure is generally reported as an average cost per person for the program, and outcome/impact costs due to re-arrests, jail time and other recidivism costs. In addition, due to the nature of the TICA approach, it is also possible to calculate the cost for drug court processing for each agency as well as outcome costs per agency. In addition, this study will explore other societal costs related to substance abuse, such as health issues, child welfare involvement, and employment challenges.

¹⁰ Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies of causal effects. *Biometrika*, 70, 41–55.