

Chittenden County Treatment Court

PROCESS EVALUATION REPORT

September 2022



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TABLE OF CONTENTS

Background.....	3
10 Key Components: Findings and Recommendations	12
Summary For Improvements	28
Bibliography	30
Appendix A: Evaluation Plan	34

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BACKGROUND

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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. 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. 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.

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. The work plan called for process evaluations to precede outcome and cost evaluations of each site, with an aggregate, statewide assessment of all four. NPC and the Vermont Judiciary are working to amend that agreement to include an evaluation of Chittenden County's Mental Health Treatment Court.

COVID concerns delayed site visits planned for fall 2021 and 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 Chittenden County's Treatment Court (CCTC) 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 CCTC team members. The following sections describe our findings and recommendations for the CCTC program.

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 CCTC as of June 2022. This report is designed to encourage the team to discuss potential opportunities for improvement in accordance with Best Practice Standards. NPC encourages teams to review this report together, discuss observations, and identify opportunities for improvement.

Overview of Chittenden County Treatment Court

In 2002, under Act 128, the Vermont Legislature established a pilot project to create drug courts. Community stakeholders began planning for a treatment court in Chittenden County in 2001. The CCTC was one of the three drug courts established by Act 128 and began operating in January 2003. It was established as a pilot program for combating drug crimes, not only drug possession, but drug-related crimes (both misdemeanors and felonies), such as retail theft, burglaries, and grand larceny. Offenders identified as having substance use disorders are referred to the court by law enforcement, probation officers and attorneys and put into a treatment program whose goal is to reduce drug dependency and improve the quality of life for offenders and their families. In most cases, after their successful completion of drug court, the original charges are dismissed or reduced. The benefits to society include reduced recidivism by the treatment court participants, leading to increased public safety and reduced costs to taxpayers (Vermont Center for Justice Research, 2014).

In June 2004, Chittenden County expanded to include a Mental Health Court to improve mental health, promote self-sufficiency, and reduce crime and its impact on the community and critical justice resources. The Chittenden County Mental Health Court (CCMHC) offers a cost-effective alternative to the cycle of arrest, incarceration and hospitalization for mentally ill individuals charged with a criminal offense. The program seeks to hold participants accountable and assists them to achieve long-term stability and become law-abiding citizens and successful family/community members. In February 2018, the CCTC added a co-occurring track for participants with dual mental health and substance use disorders. While this has been helpful for the participants, it may have inadvertently impacted intakes to the CCMHC docket.

In 2015, an outcome and cost study of the program by NPC Research addressed discrepancies in prior years between court policy and practice, especially around substance use during program participation, phase progression, and responses to behavior. Prior to the completion of and as noted in the 2015 NPC report, under the new Court Administrator's Office management, the program had begun to amend team practices to align with NADCP's Best Practice Standards. During the years

following the report to the present time, team leadership is commended for ensuring adherence to these Best Practice Standards.

However, the pandemic created challenges for the CCTC, like other treatment courts nationally (Zilius et al., 2020). 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 have been eligible for the CCTC or the CCMHC were delayed or were remote when held, thereby impacting treatment court referrals. Since cases were not moving through the courts, and referring agents were not meeting to discuss a treatment court option, referrals to the Chittenden programs slowed.

During this period, the program modified practices in alignment with COVID-19 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 Chittenden County programs. 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, referrals began to flow steadily to the programs and intakes increased.

Impact of Criminal Justice Reform in Vermont

As noted above, national criminal justice reform movements have put downward pressure on treatment court referrals, and this is also the case in Vermont as detailed in this section. In 2007 – 2015, the Justice Reinvestment Act to reduce the prison population was passed.² In 2019, the Justice

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>

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

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.

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

The CCTC follows most best practice standards. Among its many positive attributes, the program is especially strong in the following areas:

Response to the 2015 Process Evaluation. Team members interviewed discussed the impact of the 2015 evaluation. They indicated that the CCTC now has a better alignment with best practices due to the strategies of the team to incorporate the evaluation findings and feedback. This strength shows alignment with Key Component (KC) #8 and Best Practice Standard X.

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).

Strong Judicial Leadership. The judge has an extremely important function and powerful impact in promoting positive outcomes for treatment court participants. Participants' perception of the quality of their interactions with the judge is one of the most influential factors for success in treatment courts (NADCP, 2013). NADCP's Best Practice Standard III – Roles and Responsibilities of the Judge – outlines evidence-based practices for judges to promote better outcomes for participants, including:

- ✓ Professional training to stay abreast of current law and evidence;
- ✓ Presiding for at least 2 years to promote knowledgeable, as well as stability for participants;
- ✓ Regularly attending staffings to monitor participant progress and receive team input;
- ✓ Spending at least 3 minutes with each participant in court;
- ✓ Having a supportive judicial demeanor, including expressing optimism about participants' abilities to improve, asking open-ended questions, and allowing participants the opportunity to explain their perspectives;
- ✓ Relying on treatment professionals for treatment plans and therapeutic adjustments; and
- ✓ Making the final decisions on incentives and sanctions.

The CCTC judge follows these best practices. The judge has had extensive training and treatment court experience, he is respected by the team members, and he makes the final decision

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

"Very good judge that has a heart."

"Judge sincerely wants to help."

on sanctions and incentives. NPC observed that the judge interacted kindly and warmly with participants during the status review hearing. Focus group participants spoke highly of the judge.

Multidisciplinary Team with Strong Communication. NADCP’s Best Practice Standard VIII on the Multidisciplinary Team outlines best practices for teams that promote better outcomes for participants (NADCP, 2015). Of particular importance is team information-sharing, communication, and decision-making, and the CCTC excels at these. 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. Good communication promotes consistent messaging to participants and thorough attention to participant behavior. Moreover, team members have an obligation to share their recommendations and observations based on their professional expertise for the judge to consider when rendering a decision (NADCP, 2015).

Our evaluation indicates a strong team with excellent communication, information-sharing, and decision-making. The staffing observation showed a collaborative, engaged group sharing information and working effectively as a team. The interviews revealed that even if people had differing opinions, they were able to express them and feel heard. The interviews also indicated widespread respect for others on the team. Team members were deeply committed to their roles and responsibilities. Focus group participants also acknowledged the strong team. One participant said, “[You] can go to anyone on the team [with] any problems, and they’ll help you.”

Key Informants:

“We have an awesome team. The Judge is so great. Everyone is phenomenal. We may disagree or debate things, but we all have a good relationship where we can sort of debate things. I really, really enjoy being there.”

“People get along. People don’t mind having differing opinions. People share an opinion without it being misunderstood or misinterpreted.”



Effectively Creating Community Partnerships. In line with KC #10, team members have created or deepened partnerships with community-based organizations and public agencies that serve relevant populations. For example, the defense attorney is part of a non-profit organization that supports treatment court participants. Some of the non-profit's goals are to provide gift card incentives to participants and build alumni associations. The social work liaison in the police department works with the Homeless Alliance and one of their subcommittees to connect people to housing. She is also planning a Mental Health Summit for the city. These community partnerships can enhance the continuum of services offered to participants and build awareness of the CCTC in the community.

Mobile Drug Testing. Frequent random drug testing is vital for monitoring substance use, applying incentives or sanctions, or modifying supervision or treatment to effect positive behavioral change (KC #5). The mobile testing van was greatly appreciated by the team members and focus group participants. This allowed testing to happen regularly, and it addresses transportation barriers common in Vermont. This option offers more flexibility to participants on where and when they could get tested, which allowed minimal disruption to their work schedules.

“The mobile van is really great. You can talk to him, and he will come to wherever works for you.”

- Focus group participant

| *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.

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. The CCTC appears to make frequent use of intangible incentives, which focus group participants appreciated. One said that acknowledgment as an incentive means a lot. Another participant described liking the Superstar Board because he took a picture of it multiple times to show his progress to his stepdaughter, and she then allowed him to see his grandkids.

However, multiple team members interviewed felt they did not give enough gift card incentives. Similarly, focus group participants suggested more gift card incentives are needed. One participant said they received one gift card in an entire year. Another said they only got two gift cards with a value of \$2.50 each for 14 months of being sober. Overall, participants and team members felt more gift card incentives would positively support participants and promote behavioral change.

Notably, at the debrief meeting, the CCTC team indicated that they were able to partner with a local non-profit to get some gift card incentives, which is encouraging. This also shows the benefits of their community partnerships. Overall, we recommend that the CCTC **continue or expand gift card incentives for participants and aim for the overall 10:1 ratio of incentives to sanctions to motivate positive behavioral change in participants.** The program may want to survey or ask participants what incentives are most motivating to them.

Clarify Marijuana Use Policy to Participants. The marijuana policy was cited by multiple focus group participants when they were asked what they liked least about the CCTC program. Several participants felt there was hypocrisy because MAT was allowed but marijuana was not, even with a medical card and legalized marijuana in the state. One person said they took eight different pills for mental health conditions but wanted to use marijuana instead as it helped in the past. The participant wished they could use marijuana as MAT.

The insights gained from the participants suggest that the CCTC team should clarify the rationale for why marijuana is prohibited to participants. Without a clear rationale, participants are viewing the policy as unjust when comparing it to MAT. This could potentially be done by sharing addiction science research and research on the effects of marijuana on brain health (Testai et al., 2022), overall physical health and mental health (Memedovich et al., 2018), and cognitive performance and decision-making (Lovel et al., 2020).

10 KEY COMPONENTS: FINDINGS AND RECOMMENDATIONS

This section is organized according to the 10 Key Components (KC) of adult treatment court programs. It provides comprehensive information on the CCTC's alignment with the best practices for each KC.⁵ These components 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 CCTC'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.

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

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

The Chittenden team should be commended for a highly functional multidisciplinary team, high attendance and engagement at staffings, and strong collaborative partnerships with representatives from most key agencies. The team benefits from having a community liaison from the police department.

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 CCTC 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 CCTC is successfully implementing the following evidence-based practices relative to 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
 - ii. MOU specifies what information will be shared
- 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 CCTC 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. NPC encourages the CCTC 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.

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 CCTC 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 CCTC.

“The city downsized the police recently, so we have not had police resources.” – Key informant

Interviewees indicated that law enforcement officers may be skeptical of the program's ability to reduce recidivism, especially among those with lengthy criminal histories. This may require that the CCTC program leaders address questions or concerns regarding participants with long criminal histories and assure them of the CCTC's commitment to reducing recidivism. The CCTC 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 CCTC should also be seen as an avenue for addressing quality-of-life issues and preserving public safety.

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 CCTC benefits from having a prosecuting attorney and defense attorney with ample experience in treatment courts who excel at using a non-adversarial approach. Team interviews reveal a high degree of support for the treatment court model from both sides and a collaborative approach between the two. One interviewed team member noted, “[The prosecutor] works really well together with the defense.”

While non-adversarial and collaborative, the prosecutor and defense approach the treatment court with their distinct roles in mind. According to the interviews, the defense attorney spends a great deal of time going over the contracts with referrals to ensure their understanding. She also advocates for clients in various ways, addressing their other basic (e.g., housing) and legal needs (e.g., restraining orders). The prosecutor looks to maintain consistency in standards for referrals based on charges, the treatment needs, and the integrity of the CCTC program.

NPC commends the CCTC for fostering a collaborative relationship among all team members that provides the context for working together with a priority on participant success. The team is successfully implementing all the evidence-based practices associated with Key Component #2, including:

- 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

NPC has no recommendations regarding the CCTC’s implementation of this Key Component. However, because of their strengths and experience, the team may want to consider how to communicate their successes and strategies to other treatment courts in Vermont, possibly through mentorship or cross-site discussions.

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

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 CCTC eligibility criteria allow for serving a high-risk population. Evidence from treatment courts shows that there is little difference in outcomes between violent and non-violent offenders. Although COVID-19 and criminal justice reform efforts have reduced referrals to treatment courts, the CCTC did

comparatively well relative to other programs, in part due to their acceptance of a higher-risk population. The team should also be commended for reducing time to treatment access (even if treatment court admission is delayed) by contacting all referrals for early assessment for and connection with substance use treatment, regardless of whether that participant enters the program.

Additionally, the program should be commended for implementing the following best practices associated with KC #3:

- 3.2 Current treatment court caseload/census (number of individuals actively participating at any one time) is less than 125
- 3.3 Other charges in addition to drug charges are eligible for treatment court entry
- 3.4 The treatment court accepts individuals with serious mental health diagnoses, as long as they have been assessed as capable of understanding and following program requirements
- 3.5-3.7 The treatment court accepts individuals who are using medications to treat their substance use disorder (methadone, naltrexone, buprenorphine/naloxone)
- 3.8 The treatment court accepts individuals who are using legally prescribed psychotropic medications
- 3.9 Treatment court uses validated, standardized assessment tool(s) to determine eligibility
- 3.10 Participants are given a participant handbook upon entering the treatment court

Key Component #3 Recommendations

The CCTC 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 CCTC often has participants enter the program more than 50 days after their arrest. Interviewees indicated that there are several points from arrest to referral to entry that delay program entry. The team also suggested that it was hard to incentivize treatment court participation if individuals were not facing jail time, and this challenge has likely increased recently with criminal justice reform efforts. Keeping in mind that the sooner individuals needing treatment are connected to services, the better their outcomes are likely to be, the CCTC 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 CCTC;

“If they’re not facing a jail sentence, they’re probably not going to do treatment court. So until there’s pressure, they won’t work on the resolution...Every step in the process is a time sink... Someone would really need to want earlier in the process to go to treatment court. People don’t consider treatment court until it’s a last option instead of going to jail...The biggest hurdle is the referral process.” – Key informant

- ✓ 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 CCTC compared to typical case processing; and
- ✓ Even if the program is unable to overcome all barriers to early entry, the team should consider additional strategies to engage potential participants in treatment as early as they are identified even if their cases have not been brought into the CCTC docket.

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

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 have processes in place to ensure the quality and accountability of the treatment provider(s).

Key Component #4: Strengths

The Howard Center is the treatment provider for nearly all participants, and when someone is referred to another provider, such as for trauma treatment, the Howard Center still provides the primary case management and reports on progress to the CCTC team. This ensures regular communication about participant progress. Additionally, Howard provides all participants with an individualized treatment plan. Team members expressed confidence in the quality of treatment at the Howard Center, including their use of evidence-based practices.

Overall, the CCTC offers program participants a full continuum of services and supports according to evidence-based best practices:

- 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

“If you ask [the treatment providers] for help, they give it to you.”

– Focus group participant

- 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

Continue Efforts for an Integrated Case Plan. Interviewees indicated that there is no treatment court case management plan independent of the treatment plan, which may limit the scope of services and supports available to participants and monitored by the court team. The team has begun consideration of an integrated case plan that addresses treatment progress and participation as well as other personalized goals and objectives. NPC recommends that the team continues this effort and incorporate family and child-level goals and objectives as appropriate.

Systematically Assess Family Needs. NPC suggests that the team may want to consider systematically assessing for children’s and family needs. The program will refer participants to supportive family services when those service needs are identified, but it is unclear whether the team has consistent information to inform those referrals and monitor access.

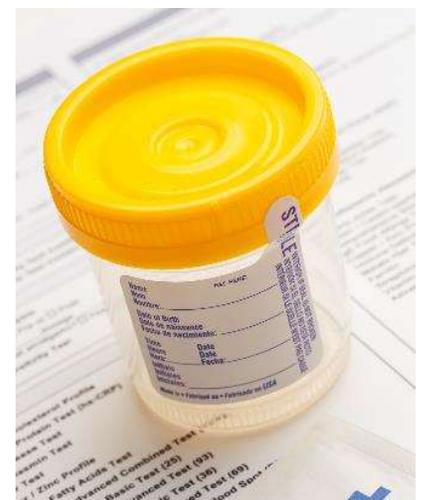
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing

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 CCTC team should be commended for having frequent (at least twice per week) observed drug tests throughout all phases of the program that test for a broad range of substances. The team’s partnership with a mobile testing unit is particularly important as it addresses participants’ transportation challenges. Evidence-based practices related to KC #5 and implemented by the CCTC team include:

- 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

NPC has no recommendations regarding the implementation of KC #5.

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

The CCTC team should be commended for implementing nearly all the best practices associated with KC #6. These efforts have been particularly impressive considering the disruptions caused by the COVID pandemic. Court observations and participant feedback reflect that the program focuses on incentives and limits the use of sanctions (including very limited use of using jail sanctions).

The CCTC's implementation of best practices associated with KC #6 include:

- 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

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

"Being held accountable."

*"Keeps you honest with your use
and criminal behavior."*

- 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)

Key Component #6: Recommendations

The CCTC 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 (Carey et al., 2012).

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 behaviors. For example, the team should consider responding to participant infractions – 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.

Continue Efforts to Improve Consistency. Incentives and sanctions options and distributions were disrupted by COVID, which created challenges. Now that the CCTC is back in-person, team members expressed hope that consistency would increase for incentives and sanctions, although some team members thought incentives and sanctions were already in the process of improving. Additionally, interviewees were optimistic about the implementation of the new statewide response matrix. Many team members participated in a training on incentives and sanctions that included the use of a new tool while researchers were onsite. Additional trainings and greater reliance on the State’s new behavior response matrix should help promote consistency while still preserving the ability to individualize responses within the range of options.

“There is tension around consistency of sanctions (same thing for each participant) versus recognizing individual differences...This debate over sanctions occupies a lot of our time.” – Key informant

Continue to Increase Gift Card Incentives. As noted above, at the time of the site visit, several interviewees lamented the lack of gift card incentives. Subsequent conversations with the CCTC team indicated that a local non-profit has provided some gift card incentives for participants, and the team members expressed optimism that the non-profit could continue to provide these gift cards as incentives for positive behaviors.

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

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

During the pre-court staffing and the status review hearing, the evaluation team noted that the judge's experience and training were obvious in his leadership of the team and demeanor on the bench. Participants also indicated that they felt the judge was compassionate and respectful. The CCTC is implementing the following best practices associated with 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

As the program is implementing all best practices associated with KC #7, NPC has no additional recommendations for the CCTC team.

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

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

The CCTC coordinator and case manager track participant progress, share that information in advance of staffing meetings, and use that information for periodic Systems Meetings to review performance and policies. Many interviewees also noted the use of a 2015 evaluation report has guided program improvements. In addition, all interviewees appeared interested in the results of the present evaluation and expressed their intention to use NPC’s findings for continued improvement. 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 CCTC 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 CCTC 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

Continue Reviewing Participants with Long Participation Times. The 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. Interviewees indicated an awareness of this issue, and the team is committed to reviewing cases where participants are “stuck.”

The CCTC team appears to have a thoughtful approach to these participants by considering whether they are still making progress and recognizing that many of these participants have extensive trauma histories. 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

All interviewees indicated training experience at local, regional, and national events in addition to online training opportunities. The CCTC 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 Training for All Team Members. NPC recommends that the CCTC consider additional trainings or expert consultation related to 1) connecting participants with housing, and 2) better serving participants using methamphetamine. The CCTC recently obtained training on the latter topic, and additional trainings may help the CCTC to continue to better engage and stabilize their changing participant pool that includes a greater proportion of methamphetamine users. NADCP's E-Learning Center,⁶ Treatment Courts Online,⁷ and the Vermont Judiciary are also excellent resources. As individuals' expertise grows in their own role, they should be encouraged to participate in trainings specific to others' roles (e.g., attorneys and judges should participate in treatment provider training).

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

⁶ <https://www.nadcp.org/e-learning-center/>

⁷ <https://treatmentcourts.org/>

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. 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.⁸ 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

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.

Each team 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,



⁸ <https://www.ndci.org/resource/training/equity-and-inclusion-series/>

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.

As an additional strength, the CCTC has many important and strong community partners including those addressing housing and homelessness. Although the team does not have a local advisory committee, they have a relationship with a local non-profit that serves treatment court participants. The 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 CCTC 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 CCTC work with community partners and the Judiciary to consider ways of developing additional local partnerships, including a local 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. Chittenden is unique in Vermont in terms of the scale and density of potential partners and would benefit from a local advisory group in addition to the state-level group. 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.⁹

“We don’t have an advisory committee for the treatment court, and [we] desperately need it...We also need a county-level advisory board of housing folks that we can bring issues to.” – Key informant



⁹ See “Session 4: How to Identify and Host an Advisory Board” at <https://www.ndci.org/resource/training/equity-and-inclusion-series/>.

Mental Health Docket

During the site visit, the Judiciary asked NPC to add the Chittenden County Mental Health Court (CCMHC) docket as a focus of the evaluation. NPC researchers observed the status review hearing for the CCMHC.

Chittenden has three tracks – mental health, co-occurring, and substance use – which can allow the treatment court to best serve high-risk individuals with a range of needs for mental health treatment and substance use disorder treatment, including those with co-occurring disorders. Creating a separate track for participants with co-occurring disorders allows treatment courts to better respond to those participants' needs while maintaining fidelity to the treatment court model for participants with low mental health needs (Steadman et al., 2013). As such, the CCMHC docket and co-occurring track may improve outcomes and enhance the treatment court experience for all participants. **NPC will work with the CCMHC team to add the docket to the forthcoming outcome and cost study.**

Chittenden is appropriately using its screening and assessment process for determining tracks for participants with mental health treatment needs and co-occurring disorders. Initial screenings followed by clinical assessments by a licensed professional should determine appropriate placement into mental health or co-occurring tracks (Steadman et al., 2013). This aligns with the practice in Chittenden in which the coordinator does the initial screening, and a clinician performs an assessment to determine which track the participant best fits. Additionally, the team does ongoing assessments to ensure participants are placed in the correct group.

The evaluation team's primary recommendation for process improvements is to clarify and differentiate the policies, procedures, and participant requirements across dockets. The team's membership, policies, and procedures appear largely consistent across the tracks, although the mental health docket has three phases compared to five phases for the other two tracks. One team member interviewed questioned whether having the same criteria for all three groups made sense, particularly for substance use in the mental health docket. Participants with co-occurring conditions may require more intensive contact and monitoring, along with more flexible responses for noncompliance that are more realistic for participants (Steadman et al., 2013). Mental health court participants may be unable to meet work requirements, and they may need greater support and additional ongoing case management (Council of State Governments, 2005).

NPC recommends that the Chittenden team work together to review the eligibility criteria, policies, procedures, and participant expectations for each track to determine if any should be modified. The team may want to start by discussing and defining the purpose of each of their tracks. Questions to start with might be: *Why are participants separated into these tracks? What is different in each track? How does this benefit the team? How does this benefit the participants in each track?* Documenting these in writing will promote team understanding and facilitate effective onboarding for new team members.

SUMMARY FOR IMPROVEMENTS

Overall, the CCTC is performing very well and adhering to the Key Components and Best Practice Standards. The CCTC team should be commended for its significant progress in addressing the recommendations provided in the 2015 evaluation of the program. These improvements are even more impressive considering the COVID pandemic and other important context changes, such as criminal justice reform. The CCTC team has excellent communication, appears highly engaged and collaborative, and team members share relevant information that aids participant progress. **The CCTC team members could serve as positive mentors to other statewide treatment court teams.**

For potential areas of improvement, the CCTC may want to discuss strategies to:

- Add law enforcement representation to the team and staffings (KC #1)
- Streamline the process from arrest to program entry to get participants into the CCTC more quickly (KC #3)
- 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)
- Continue to increase incentives overall and gift card incentives (KC #6)
- Clarify the rationale for marijuana policies for participants and other stakeholders (KC #6)
- Make more consistent use of the matrix for incentives and sanctions (KC #6)
- Continue to obtain ongoing and additional training relevant to engaging and stabilizing the CCTC's changing participant profile of more methamphetamine users (KC #9)
- Establish a local advisory/steering committee that includes community members (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. The NPC team will continue to work with the Chittenden team, the Vermont Judiciary, and program partners to complete an outcome and cost study (see Appendix A). We will continue to engage all the treatment court teams and state leaders in the meantime through ongoing conversations about our findings and how to best interpret the data we are collecting.

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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.¹⁰ 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.

¹⁰ 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, 1983¹¹).

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.

¹¹ Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies of causal effects. *Biometrika*, 70, 41–55.