

Rutland County Treatment Court

PROCESS EVALUATION REPORT

September 2022



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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 designed and are delivering planned services to intended 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 evaluations 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 the spring of 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 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 Rutland County Treatment Court (RCTC) 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 RCTC team members. The following sections describe our findings and recommendations for the RCTC 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 RCTC 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 the recommendations, and identify opportunities for improvement.

Overview of the Rutland 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 Rutland County in 2001 and began operations in January 2004. In an outcome and cost study of the program by NPC Research in January 2009, the RCTC demonstrated exemplary adherence to the 10 Key Components of Drug Courts, indicating that the program had been operating according to best practice guidelines. The outcome analyses netted positive results for program participants as compared to offenders that experience traditional court processes. NPC Research's Evaluation Report also included a cost benefit analysis, which indicated savings of \$15,977 per participant, including victimization costs, regardless of whether they graduated from the program.



A 2012 program evaluation by the University of Vermont found that graduation and retention rates increased during their two-year reporting period from Oct 1, 2010 – Sept 31, 2011, while matriculation time decreased, and abstinence increased dramatically with increasing time in the program. In Nov 2013, NPC Research conducted a Best Practice Assessment of the RCTC program and found they had again done an exceptional job in implementing its drug court program within the guidelines of the 10 Key Components.

In 2014, the Rutland States Attorney's Office changed direction, and attractive plea agreements to the high risk/high need target population declined. Program entries went from 40 in the first 4 months of Fiscal Year (FY) 2015 from July 2014 – Oct 31, 2014, down to 8 program entries in the remaining 8 months of the FY from Nov 2014 – June 2015. Program entry went from an average of 48 new participants per calendar year from 2007 – 2013 to an average of 17.5 per year from 2015 – 2021: a decline in program census of 64%.

Number of New Participants by Calendar Year

Year	New Participants
2015	24
2016	27
2017	22
2018	15
2019	8
2020	6
2021	21

The Regional Program Coordinator resigned in 2018, and the Court Administration decided to not fill the vacancy. In 2019, a legislative task force intervened to examine the issue of declining referrals for the RCTC. With recommendation by the State Programs Manager, the RCTC contracted with the Center for Court Innovation (CCI) in August 2020 for one year. The increase in program numbers in 2021 reflects in part this collaboration in combination with a renewed commitment to providing a full-time coordinator position and targeted judicial resources.

During the low referral period, several strategies failed to align the high risk/high need target population and acceptable plea agreements. With few new participants entering the program and in an effort to keep the program viable and to continue to provide support to those struggling with complex needs, program retention increased by 47% from 47% in 2016 to 89% in 2019 just before the Covid-19 global pandemic in 2020. Several participants remained in the program for multiple years – in some cases up to 4 years, which is significantly longer than the 14-month minimum length of the program and significantly longer than best practice indicates. Judicial officers and team members were reticent to discharge participants when they had the capacity to serve their needs. This trajectory continued through 2020, which contributed to the community’s loss of confidence in the once exemplary program.

These challenges were later compounded by the impact of the pandemic on the program. 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 RCTC were delayed and were remote when held, thereby impacting treatment court referrals. Since cases were not moving

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>

through the courts, and referring agents were not meeting to discuss a treatment court option, referrals were further reduced.

Throughout this time, the RCTC was without a coordinator to navigate the impact of the pandemic. However, 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. The immediacy of incentives and sanctions was 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 RCTC and further intensified low referrals and high retention. Participants who had remained too long in the program prior to the onset of the pandemic continued to be retained during the pandemic to prevent harm as recommended.

With the hiring of a full-time Program Coordinator in April 2021 and the stay-at-home order ending in June 2021, the RCTC began to strengthen. Additional Judicial officer resources were applied, and amendments to Administrative Order 49 allowed for increased case processing. 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 remained slow. Several team members that left were replaced by new team members. Even with these changes, the program continued to restore best practices. In July 2022, with the appointment of a new interim States Attorney, referrals began to flow steadily to the program, and intakes to the program increased. With renewed stakeholder and community interest, it is anticipated the program will continue to strengthen and provide a resource to alleviate the case backlog due to the pandemic.

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 Reinvestment Act II established presumptive parole for people convicted of a non-listed (non-violent) offense.³

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>

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.

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 RCTC follows many best practices. Among its many positive attributes, the program was especially strong in the following areas.



Multidisciplinary Team Communication. NADCP's Best Practice Standard VIII related to the Multidisciplinary Team outlines best practices that promote better outcomes for participants (NADCP, 2015). Of particular importance are team members' information-sharing, communication, and decision-making. Research supporting this Best Practice Standard shows that 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 (NADCP, 2015).

Although the RCTC team includes several new team members due to staff turnover, interviewees were optimistic about the future of the program, and the staffing observation and interviews show positive themes related to team communication:

- An overall collaborative and engaged team;

Key Stakeholders:

"[We communicate information about participants] primarily by email. It's definitely gotten better. In the past, there was difficulty with teammates responding to emails...It's been better."

"It's a good team. It's very well balanced."

"The biweekly staffings – everyone puts their two cents in. I find that really informative. Being filled in really helps out. The report helps streamline the process. It's handy having that."

- Team members share relevant information in the staffing;
- Everyone feels comfortable sharing their opinions and feels “equally heard” when discussing participants; and
- The judge elicits feedback from each team member during staffings.

While many team members are new, the case manager is an experienced asset to the team in terms of providing program guidance and participant engagement. She has been with the RCTC for over 13 years and can provide needed historical knowledge and context. Her presence provides stability for participants, who noted the challenges with changes in the judges and staff. One participant said, *“[The case manager] is great – she is phenomenal...She really goes above and beyond to do what’s best for me. She’s very professional. She’s great. She’s never not followed through on what she said she’s gonna do...She is the real day-to-day person.”*



The picture above shows a baby shower for a participant.

Improving Incentives and Sanctions. Key Component (KC) #6 states that treatment courts should ensure participant progress is supported by a behavioral response strategy that holds participants accountable and supports ongoing engagement in treatment. The interviews suggest that the RCTC is improving in its application of incentives and sanctions to motivate behavioral change and progress. The team has displayed creativity with sanctions when faced with reductions in sanction options due to the COVID pandemic.

Key Stakeholders:

“The accountability piece has improved. That was something that was lacking in terms of matching response to behavior. We weren’t shaping what we desired, we weren’t appropriately incentivizing. We’ve definitely gotten better at it. Now we have a dedicated team who definitely cares.”

“I think the balance is currently great with sanctions and incentives, but prior to the current judge, not so good.”

“The judge has a really nice balance of incentives and sanctions.”

“I think the incentives are going well – some courts don’t have the money for gift cards, so I’m grateful we have that.”

Strong Judicial Leadership. Participants' perception of the quality of their interactions with the judge is an influential factor 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 knowledgeability and 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 judge - he's awesome. He's new to this treatment team and said, 'you all have been doing this longer so I will converse with you to understand what's going on.' I thought that was really cool."

– Focus group participant

The RCTC judge is new to treatment courts, but he has experience leading different types of teams. He earned praise from several team members for his qualities as a good team leader who has a compassionate personality. When asked what was going well, one interviewee's first response was "the judge."



Additionally, the judge effectively led the observed staffing meeting including asking all team members for feedback, including those calling in remotely. In the observed status review hearing, the judge was observed interacting warmly and supportively with participants. While he is new and still learning the treatment court model, he displayed a commitment to training and to learning from his team members. He has the added benefit of being a Rutland community member himself, which gives him knowledge and insight into the local community.

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 RCTC, referrals to the program have been deeply affected by the COVID-19 pandemic, criminal justice reform in Vermont, and staff turnover in the past. A consistent theme in the interviews was challenges related to referral numbers or the referral process. Interviewees said that the RCTC is not getting the number of referrals they should be getting based on the numbers in the community, although referral numbers have been improving lately. In addition to the pandemic and criminal justice reform, interviewees suggested the following underlying issues are contributing to the referral challenge:

- Very few referrals from probation;
- Historical disagreements between the former prosecutor and defense attorneys about eligibility, as well as the risks and benefits of participation;
- Team members expressed feelings that the program's reputation has been eroded from where it had once been; and
- Related to the less positive reputation, there were also perceptions of low support for the treatment court from potential referral sources, such as attorneys. If attorneys do not support the RCTC, there is no pipeline of referrals into the program from that source.

Given the historical and contextual trends that have dramatically decreased referrals, there are also positive trends that will likely lead to improvements in referrals. The State's Attorney has changed recently, and he has already made a sizeable number of referrals. Furthermore, disagreements between the prosecutor and defense on referrals should be far less of an issue moving forward due to this change. Additionally, the statewide policy and procedures manual have laid out eligibility requirements, which should further reduce disagreement moving forward.

As well, the RCTC team is discussing referrals, making plans for process improvements, and feeling optimistic about the program's prospects. Discussions about referrals were currently characterized by the team as positive, respectful, and thoughtful. The probation member on the team is building the connection to probation to enhance that referral pipeline. The RCTC team is also planning two major upcoming efforts: 1) engaging staff in probation and parole to promote referrals, and 2) hosting a meeting/training for all referral sources on the target population and eligibility criteria. NPC is encouraged to see that the RCTC is already moving in a positive direction and planning improvements since the site visit.

NPC recommends that the RCTC continue to prioritize boosting referral numbers by thoroughly assessing referral barriers and developing strategies to specifically address these barriers that should be integrated into the forthcoming Process Improvement Plan. Asking referral sources to track their reasons for not referring individuals for screening may help accurately identify barriers, even if it will place a time burden on staff (NADCP, 2019).

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 RCTC 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 RCTC team to emphasize the benefits of the program. **The team should discuss additional strategies to enhance the reputation of the RCTC in the community.**

Address Lengthy Participation Times. Extended program participation is an effect of the pandemic and reduced referral numbers, criminal justice reform efforts, and staff turnover. Declining referral numbers subsequently increased participation times, which can far exceed the program intentions and best practices, as detailed above in the overview of the RCTC. These long participation times may be an attempt to keep census numbers up.

Long participation times were commonly identified as a challenge in the interviews. For example, some team members interviewed noted that some participants were in the program for very long times, such as 4 years overall or nearly 2 years in Phase 5. Team members also noted that long participation times can influence other participants' motivation to continue, attorneys' confidence in the program, and adherence to best practices, thereby having additional negative effects on program performance metrics.

Given these challenges and in line with KC #8 on monitoring participant progress, **the RCTC must develop a more coordinated approach to address these participants. The team needs to continue to monitor data to identify and consider approaches to addressing the needs of individuals whose length of participation in any phase is significantly longer (e.g., >50%) than program design.** The new data management system will make assessing performance significantly easier.

“[A participant had] 700 days in Phase 5. The last judge should have kicked them out. I’ve seen one person get kicked out. The reason to hold on is to keep someone alive and to help them, but at a certain point, if you’re doing more work than them, you might need to let go. It’s obviously case-by-case.”

– Key informant

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 RCTC'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 RCTC'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 that specifies team member roles and what information will be shared.

Key Component #1: Strengths

As described in the overview of the RCTC, the program has undergone significant changes over the past several years and was without a coordinator for over two years. Most core team members are new to the program and many of those are new to treatment courts. At the same time, **the team is almost unanimously optimistic about prospects for improvement and said there is “positive momentum” toward a sustainable, stable program moving forward.**

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 RCTC 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 RCTC team has also added a law enforcement officer since the site visit. This important addition has an array of benefits, including the heightened ability to monitor participants and potentially improving relationships between law enforcement officers and participants. In fact, 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).

The RCTC is consistent with all best practices associated with KC #1. The team should be commended for strong collaborative partnerships with representatives from all key agencies and for implementing the following best practices:

- 1.1 The treatment court has a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies)
 - 1.1a MOU specifies team member roles
 - 1.1b 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 pre-court team meetings (staffings) (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)
- 1.5 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)
- 1.8 Treatment communicates with court via email

Key Component #1: Recommendations

The RCTC is currently following all evidence-based best practices for KC #1, and NPC has no additional recommendations.

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

As noted above, the RCTC team has recently undergone many transitions - including changes to the attorneys on the team. **Interviewees indicated optimism that the current dynamic between the prosecutor and defense counsels will address some historical friction. Stakeholders also indicated that a new agreement regarding eligibility requirements displays improved collaboration.** The team should be commended for this progress and for implementing the following best practices:

- 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

Continue Building on Recent Progress. The team should build on recent progress to enhance and support the collaboration between the attorneys through additional training and opportunities to meet and document mutual expectations, policies, and practices (along with those guiding other team members).

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

As noted above, **the RCTC team has already been addressing the referral process, and they expressed optimism that collaboration and processes are improving.** The statewide policy and procedures manual with eligibility requirements will likely reduce disagreement moving forward. The RCTC team is planning two major efforts that could bolster referral numbers. The team will be engaging staff in probation and parole to enhance that referral pipeline, and the team is hosting a training for all referral sources on the target population and eligibility criteria so they understand who to refer to the program. The optimism and recent positive changes in practices, and personnel are likely to improve referral, recruitment, and engagement rates.

Additionally, the RCTC team is implementing the following recommended 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 RCTC 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 RCTC interviewees indicate that participants often enter the program much later than 50 days after their 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 to services, the better their outcomes are likely to be, the RCTC 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 RCTC;
- ✓ 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 RCTC 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 RCTC docket.

Determine Referral Barriers and Expand to a Higher-Risk Population. As already noted, the pandemic, criminal justice reform, and turnover within the RCTC caused a dramatic reduction in referrals. Interviewees indicated several barriers to referrals, including plea agreements, the lack of agreement between attorneys, and a reluctance among some referral sources to refer to the RCTC due to the erosion of its reputation. While the RCTC has noted that referral numbers have gotten better recently and have planned engagement with referral sources, the team would benefit from a thorough assessment of these barriers to develop strategies and a plan to address them. **The RCTC 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

Key Stakeholders:

“The referral process is an issue – what is the holdup?”

“We used to be such a reputable program. What do the partners on the team need to do to feel like we can get back to that reputation?”

“I would love to see the change in perception that probation is easier. Is it about what’s easier or what’s gonna be most beneficial in the long term of their life? People felt like not doing drug court was the easier thing.”

“If there needs to be a better carrot, then we need to have a conversation about what that looks like.”

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).

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 RCTC provides participants with a comprehensive continuum of treatment supports and services. Significant strengths of treatment services include the use of manualized, evidence-based modalities and several gender-specific groups.

“We have phenomenal groups here – the facilitators are amazing. People leave the groups happy.”
– Key informant

The program should be commended for implementing all best practices associated with KC #4, including:

- 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

Create 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. NPC recommends that the team create an integrated case plan that addresses treatment progress and participation as well as other personalized goals and objectives. NPC recommends that the case plan also include family and child-level goals and objectives as appropriate.

Continue Focus on Housing and Supportive Services.

Many interviewees indicated that connecting participants to supportive services, especially housing, was a challenge in the communities the RCTC serves. This was a common struggle for all sites in Vermont. Housing (including sober, transitional, and permanent) should continue to be a focus of efforts with community-based partners, including treatment providers.

“The clinical and program plans need to intersect and be combined. I believe we should be building case plans from the court and filter that into the treatment plan.” – Key informant

“All housing is lacking. Sober and safe housing is hard to find. I have several individuals who are not living in safe places, with domestic violence, drug use, alcohol use. I feel like we’re doing them a disservice. I hate complaining about something that we don’t have a solution for the problem, but I’m not sure what to do.” – Key informant

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 RCTC team reports that participants are required to participate in frequent (at least twice per week, on average) random drug tests throughout all phases of the program. The team should be commended for addressing best practices associated with the implementation of 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

NPC has no recommendations regarding 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

While some interviewees expressed concern about the program's recent history with holding participants accountable, **they also expressed perceptions that the consistency of behavioral response has improved recently.** Additionally, interviewees noted that while there has been tension between treatment representatives, the public defender, and the prosecution regarding the use of sanctions, important leadership and team changes have improved these relationships and encouraged collaboration. Team members noted that the State Programs Manager has been an important and stabilizing presence for the team.

The team should be commended for implementing the following best practices associated with KC #6:



- 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
- 6.7 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 RCTC 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)
- 6.6 In order to graduate, participants must have a sober living environment

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 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.

Integrate Housing into Case Plans. Team members and participants agreed almost unanimously that housing is one of the biggest challenges to participants' long-term success. This challenge was also

noted as the primary barrier to requiring that participants have acquired safe and sober housing as a condition of graduation. Having a safe and substance-free place to live is crucial for a participant's long-term recovery. Participants' case plans should include working with participants to assess their housing environment, identify housing options, and help them apply for and obtain safe and sober housing.

Continue Training and Team Building for a Coordinated Response. Being a relatively new team, the RCTC should continue its efforts to build internal trust and collaboration. Team trainings can be an important means by which a mutual understanding of roles and responsibilities can be established, along with how those roles and responsibilities complement each other. The full-day training in June 2022 that the RCTC attended that addressed team roles likely provided a solid foundation the team can continue to build on. Additionally, the State's new incentives and sanctions matrix and the related training on using it in September 2022 will likely help the team improve collaborative decision-making as well.

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

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

Observations, participant feedback, and interviewees demonstrated the strength of the new judge. Although he is new to the program, many noted the value of his sincere commitment to the participants and the program. His demeanor on and off the bench reflected this commitment, including a collaborative approach to the team during the pre-court staffing and a warm, sympathetic demeanor on the bench. One interviewee noted that participants appreciate that he is "*part of the [Rutland] community.*" The team should be commended for 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

Continued Treatment Court Training. NPC recommends that the judge participate in additional training to increase his ability to support the team’s collaborative efforts. The evaluation team understands that the judge has already committed to several training opportunities.

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 team uses individual progress reports during staffing meetings to review participant behavior and as part of the discussions regarding responses to behavior. Additionally, the RCTC team has Systems Meetings at least quarterly to review performance and policies. 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 RCTC 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 RCTC 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 RCTC 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

Turnover among team members presents a challenge to the team with respect to keeping everyone trained in the implementation of best practices. That said, **interviewees – including those who had already benefited from training – expressed an interest in participating in additional opportunities for professional development.** In fact, several team members participated in a training about incentives and sanctions while the evaluation team was on site. Others described plans to attend the 2022 National Association of Drug Court Professionals (NADCP) training conference.

The team should be commended for 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 recommends that the team continue to prioritize training. Notably, the RCTC team recently completed a full-day retreat on team roles and incentives, sanctions, and therapeutic responses. Several interviewees observed that the State treatment court leadership encourages treatment court members to participate in regional and national training events. NADCP's E-Learning Center,⁶ Treatment Courts Online,⁷ and the Vermont Judiciary are recommended training resources. NPC can recommend specific training to the team as requested. As members of the treatment court team grow in their own roles, they should be encouraged to continue 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).

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. 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 Stakeholders on Areas for Improvement:

"We're still a very new team. We're still in the forming phase. There's a lot of training that needs to occur."

"The need for the training. Some additional role and responsibility clarity would be helpful."

"If anything, more training would be helpful. I'm a big believer in hands-on training."

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

⁷ <https://treatmentcourts.org/>

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

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, 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 and 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. Additionally, the Statewide Committees provide leadership, collaboration, and process improvements at the state level.

The RCTC 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 RCTC 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 RCTC 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 the Policies and Procedures Manual. A local committee may also help enhance the referral process and increase referral numbers. 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



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

SUMMARY FOR IMPROVEMENTS

Overall, the RCTC is performing well and adhering to the Key Components and Best Practice Standards. The RCTC seems to be in a team stabilization phase in which they will make significant process improvements in the future. **Interviewees expressed optimism that the program is improving.** The RCTC team has demonstrated a strong commitment and improved communication around participant progress. Accountability for participants is improving. The referral process will likely be functioning better due to the RCTC team's efforts.

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

- Streamline the process from arrest to program entry to get participants into the RCTC more quickly (KC #3)
- Expand participant population to a higher-risk population due to criminal justice reform (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)
- Respond more quickly to participant behaviors with incentives and sanctions (KC #6)
- Review and address participants with long participation times (KC #8)
- Continue prioritizing training for all team members (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 research team will continue to work with the Rutland 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.