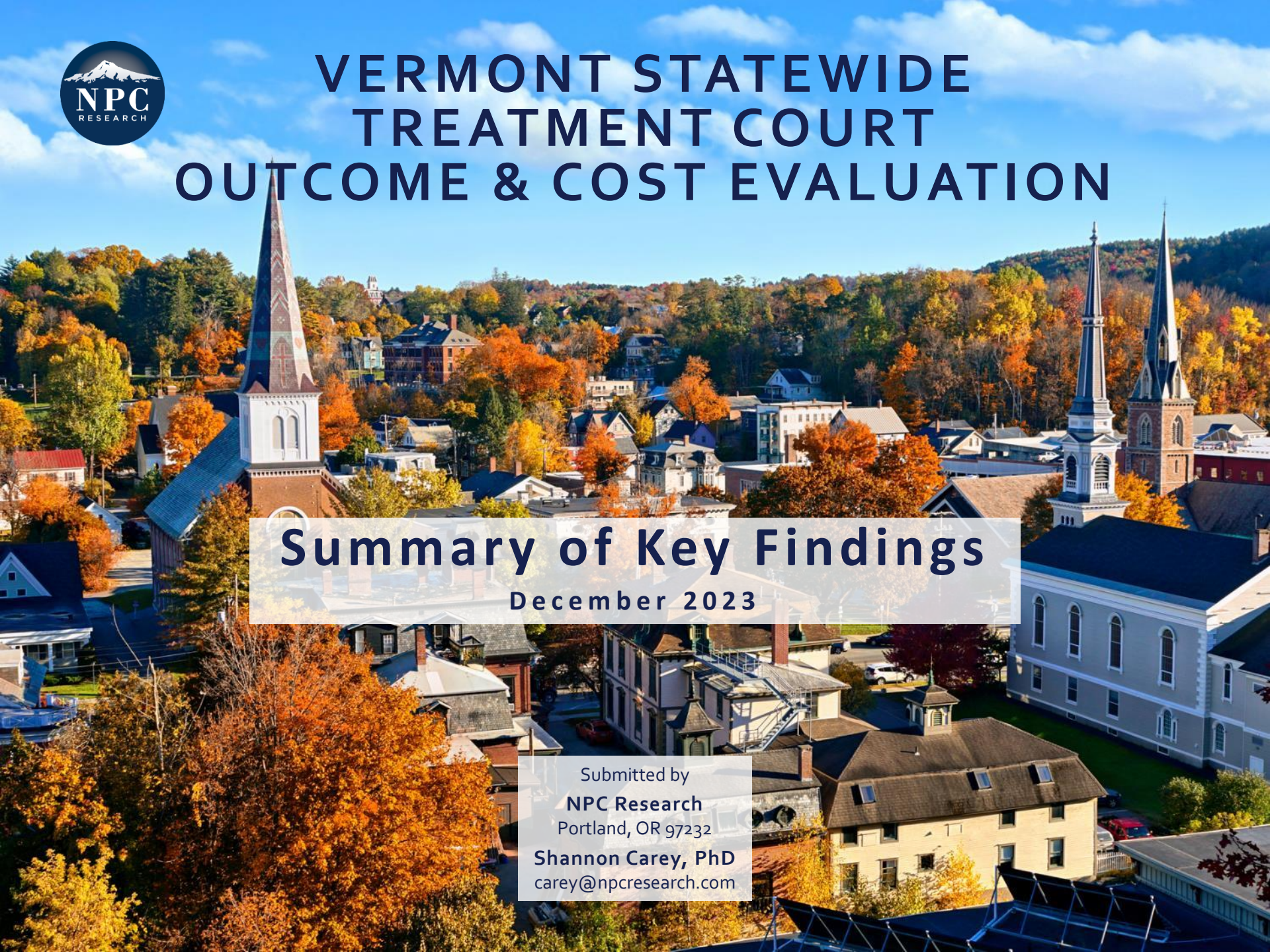

VERMONT STATEWIDE TREATMENT COURT OUTCOME & COST EVALUATION

Summary of Key Findings

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Submitted by

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Background

In 2021, the Vermont Judiciary initiated a statewide process, outcome and cost evaluation of its adult treatment courts: Chittenden County Treatment Court (CCTC), Chittenden County *Mental Health Court* (CCMHC), Washington County Treatment Court (WCTC), Rutland County Treatment Court (RCTC), and the Southeast Regional *DUI Treatment Docket* (SERDTD). The purpose of the evaluation was to provide the state with key information about the effectiveness of its programs and recommendations for improvements to support the programs in their main goals to reduce recidivism, protect public safety and improve the lives of participants and their families.

During 2022, 107,477 Americans died from drug overdoses, according to Centers for Disease Control and Prevention's provisional data. In March 2021, the Government Accountability Office (GAO) added national efforts to prevent, respond to, and recover from drug misuse to its high-risk list. The 2022 National Drug Control Strategy states that alternatives to incarceration such as treatment courts can enhance long-term public safety, reduce recidivism, and save tax-payer dollars.

Treatment courts reduce recidivism, increase public safety and yield cost savings when they follow best practices.

Treatment courts provide integrated substance use disorder treatment, behavioral health services, and intensive judicial supervision as an alternative to incarceration. The goals are to reduce rearrests, increase public safety, and provide treatment and other recovery support services to justice-involved individuals with substance use disorders (SUD) or mental health disorders to promote long-term recovery and enhance the quality of life for participants and their families and communities.

Background

To be effective, treatment courts must follow the best practice standards. Based on rigorous research, best practices are those that significantly increase the graduation rate, reduce recidivism and save taxpayer dollars.

Treatment courts reduce recidivism, increase public safety and yield cost savings. Many studies have demonstrated that treatment courts effectively reduce recidivism, including fewer rearrests and less time incarcerated.[1] An independent review of 154 treatment court evaluations found that a vast majority of the findings showed that participants had significantly lower recidivism than non-participants, thus demonstrating the widespread effectiveness of treatment courts.[2] 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.[3]

To be effective in reducing recidivism and producing cost savings, treatment courts must follow best practices. While an overwhelming majority of treatment court evaluations show reduced recidivism for participants, some programs do not positively impact recidivism.[4] To have positive outcomes, treatment courts must follow research based best practices. The Best Practice Standards[5] for treatment courts are practices that research has shown are associated with significant reductions in recidivism or significant increases in cost savings or both. These research based best practices, include training each team member on the treatment court model, engaging the judge and other team members long term (without rotation) so they can learn from training and experience how to effectively implement the program, ensuring all team members are represented (recidivism increases any time a team is missing a key role), training in effective behavior modification techniques including the use of incentives to teach participants new behaviors and how to appropriately use of sanctions (avoiding the harmful effects of jail), and matching services to each participant's assessed clinical and criminogenic needs.

Statewide Process Evaluation: Summary of Key Findings

By assessing alignment with the **10 Key Components of Drug Courts** and **Best Practice Standards**, the statewide process evaluation completed in **October 2022** provided themes in strengths and priority recommendations across Vermont's treatment courts.

Key Strengths

Strong Multidisciplinary Teams

- ✓ Teams had high attendance and engagement at staff meetings and court sessions.
- ✓ Program participants spoke highly about the teams.
- ✓ Teams exhibited good communication, information-sharing, and decision-making, which are associated with better outcomes for participants.

Strong Commitment to Education and Training

- ✓ Team members participated in many training opportunities, which support effective program planning, implementation, and operations.

Strong Judicial Leadership

- ✓ All programs had strong judicial leadership, which is vital for positive participant outcomes.
- ✓ Judges interacted warmly with participants while providing accountability.
- ✓ Focus group participants spoke highly of all judges.

Program Accountability Promotes Sobriety

- ✓ Participants credited the program's accountability and structure for establishing their sobriety.
- ✓ Programs use response strategies that encourage positive behavioral change.

Priority Recommendations

Amend Required Judicial Rotations

Research finds better outcomes when the judge has *at least* 2 years of treatment court experience.

- ✓ Initiate a policy change or exemption to allow treatment court judges to preside beyond 2 years to improve program outcomes, increase cost savings, and boost participant success.

Increase Referrals

Criminal justice reform and COVID reduced referrals.

- ✓ Assess referral barriers and develop strategies to address identified barriers.

Facilitate Swifter Program Entry

The best practice is within 50 days of arrest. The sooner individuals needing treatment are connected to services, the better their outcomes tend to be.

- ✓ Review case processing to identify intervention points to expedite entry and create a more systematic referral process.

The 2022 process evaluation found that each treatment court currently meets a majority of best practice standards. Each program developed a process improvement plan to address priority recommendations to enhance practices.

Statewide Challenges to Implementing Best Practices

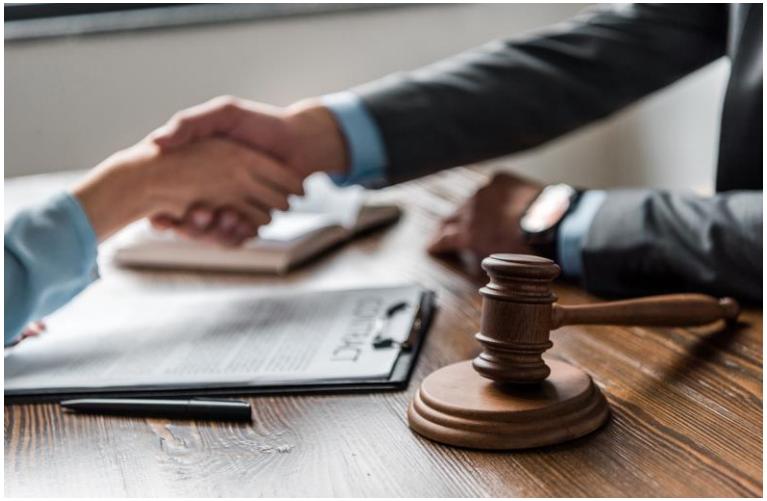
No statewide legislation requiring adherence to treatment court standards or to support the infrastructure needed for treatment court success. The lack of statewide infrastructure and legislation to oversee treatment courts creates challenges in ensuring that programs are held accountable to appropriate standards and also destabilizes their infrastructure and impact. Although the Court Administrator's Office has provided regular training, the lack of any authority to hold programs accountable means that Vermont treatment courts have conflicting practices related to participant accountability, incentives and sanctions, phase advancement, discharge, and other practices vital for participant success and behavioral change. The inability to enforce best practice standards means that treatment courts are not consistently reducing recidivism and may unintentionally harm participants.

Studies show significantly lower recidivism and nearly three times greater cost savings after the second year a judge presides over the treatment court and even larger reductions in recidivism when a judge's term is indefinite.[6]

Judicial rotation requirements. Treatment courts have better outcomes when the judge has *at least* 2 years of experience.[6,7] The current 2-year rotations mean that judges rotate just when they reach the threshold for improved participant outcomes. Judges, like all professionals, require time and experience to learn new roles and perform novel tasks effectively and efficiently. Judges tend to be least effective in their first year on the treatment court bench, with outcomes improving in the second year and thereafter. Judicial turnover exacerbates the instability in participants' lives, which may explain why outcomes decline in direct proportion to the number of judges before whom participants must appear. This is evident in Vermont in the results from the 2017 evaluation of the Chittenden County Treatment Court where recidivism increases in the years after a new judge rotates into the program.

Statewide Challenges *(Continued)*

No state-level formal agreements with partner agencies. Without agreements that require alignment with best practices, partners have engaged in practices both inside and outside of the treatment court programs that deter participation or inadvertently harm participants. Some past State's Attorneys created offers that increased jail time for failure to complete treatment courts, thereby deterring participation and punishing people for trying to address their substance use disorder. Partners also increased incarceration for non-graduates which the numbers show (in Vermont and multiple national research studies) results in increased recidivism. Some previous State's Attorneys have not supported treatment courts, which severely reduced referrals. While law enforcement participation on treatment court teams reduces participant recidivism, law enforcement is missing in half the program teams.



Lack of leadership buy-in. Because electors in the legislature change every two years, there is no continuity in support and understanding of treatment courts. After 20 years, the programs have not successfully integrated into court operations. Underfunding and lack of consistent infrastructure and resources to support these programs have eroded confidence and the ability of these treatment courts to engage in best practices.

Statewide Challenges *(Continued)*

Lack of consistent funding for programs. Due to inadequate and inconsistent state funding, programs rely on grant funding which has destabilizing effects when the funding runs out and there are no reliable long-term resources and support. These and other resource limitations have had numerous negative effects on program effectiveness, including:

- **Staff turnover and long vacancies.** Coordinators are limited-service grant-funded positions, which has hampered the ability to recruit and retain experienced professionals since people would prefer more guaranteed long-term employment. The coordinator role is vital for overseeing the program, connecting to participants, engaging referral sources and partners, ensuring quality data collection, and facilitating effective collaboration of the multidisciplinary team. Treatment courts rely on buy-in from referral sources, so turnover and vacancies negatively affect referrals as well as the quality of work from inexperience. Turnover requires additional time and resources to recruit and train staff.
- **Unmet treatment needs.** Shortages and lack of funding in treatment services create challenges to meet the treatment needs of participants, including limitations in mental health services. Residential treatment was previously given up to 120 days, but policy changes have now capped it at 14 days regardless of participants' diagnosed needs. Residential options are severely limited in the state. Funding limitations prevent providers from offering proven effective services such as Moral Reconation Therapy and Criminal Thinking.
- **Lack of community resources to meet basic needs.** The scarcity of housing, transportation, health care, and social services means that participants' basic human needs are often not being met, which detracts from their ability to focus on recovery.

Previous lack of a quality statewide database. Prior to the implementation of the statewide data information management system (DIMS) in 2023, the state did not have a quality database system for treatment courts statewide to collect key data to demonstrate effectiveness and appropriately monitor participants. The current evaluation is evidence of this, as the study was hampered by incomplete data on the timing and amount of services delivered.

Criminal justice reform. Criminal justice reform efforts and statute or legislative changes have changed options for individuals typically referred to treatment courts, resulting in reduced incentivization for participation and fewer referrals.

- **In 2007-2015**, the **Justice Reinvestment Act** to reduce the prison population was passed.
- **In 2017, Act 61** made adults with substance abuse disorders and mental health disorders eligible for diversion regardless of prior criminal history. High risk/high need participants who would benefit from treatment courts were diverted to less rigorous diversionary programs.
- **In 2017,** the **Youthful Offender Statute** made the population aged 18 – 22 years eligible for diversion when they would have previously been referred to treatment court.
- **In 2019,** the **Justice Reinvestment Act II** established presumptive parole for those convicted of a non-violent offense. Possession and other charges previously typically referred to treatment court changed to presumptive probation referrals.

Evaluation Methods

The outcomes and costs were measured against a matched comparison group of individuals who were arrested and charged with a treatment court eligible arrest in the same county. The comparison groups were successfully matched to participants on age, gender, race, and criminal history.

However, creating a valid matched comparison group for CCMHC was not possible because there were no data on mental health status for comparison group members. Lacking an indicator of mental health diagnosis in the comparison group prevented confirmation that the comparison individuals were a true match to the CCMHC participants. The best option was to compare participants to themselves in a pre-post design looking at arrests pre and post CCMHC entry to assess whether their arrests decline over time.

To assess the extent to which the programs were meeting their goal of reducing recidivism, **we followed individuals who entered the programs between 2015 and 2019** and the matched comparison groups from the same time period.

Why use participants from 2015 to 2019?
Evaluating participants who entered in 2015-2019 provides at least 2 years of recidivism data based on when NPC received the data. Participants who entered more recently have not had enough time pass to adequately assess their long-term recidivism. This also allows sufficient time for participants to enter and complete the program based on the average time to complete. In addition, having several years of participant data allows a large enough sample size for valid analyses.

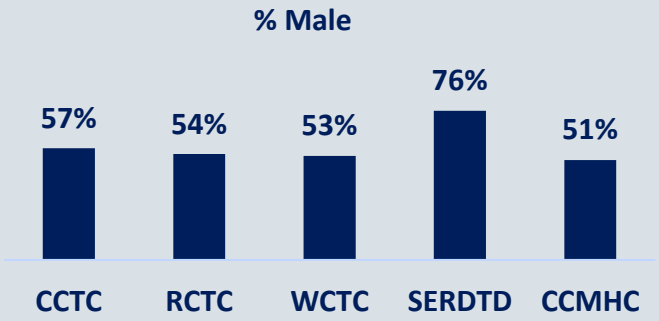
Keep in mind:

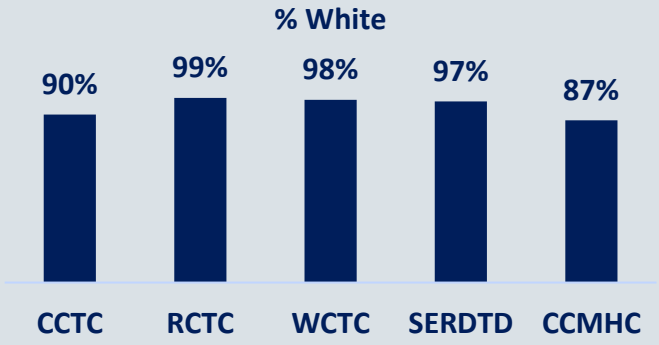
- Participant outcomes reflect treatment court practices during the 2015-2019 time period. Process changes and improvements have been made since then.
- Because recidivism is measured 2 years after program entry, results include both in-program and post-exit recidivism.

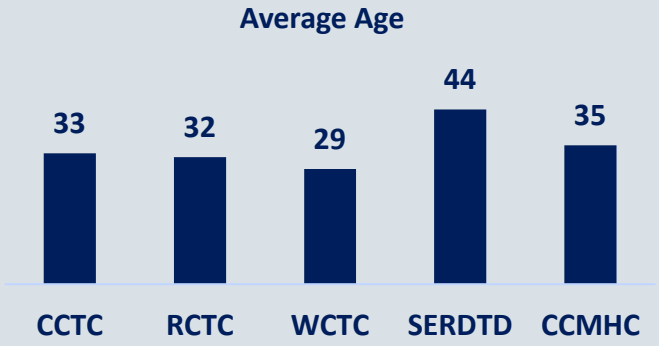
Detailed methodology and data sources are provided in a separate Methods Appendix.

Evaluation Results

Participant Characteristics

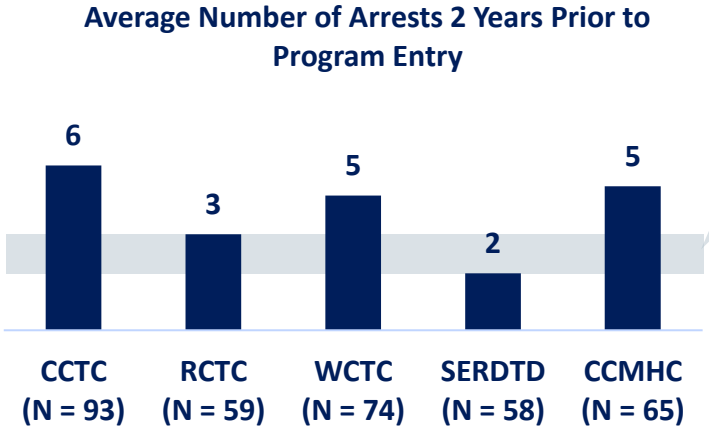






The outcome evaluation measured whether the programs were serving the appropriate population of high-risk high-need individuals, whether they met their overarching goal of reducing recidivism and whether participants were completing the programs successfully. Recidivism outcomes were measured against a matched comparison group of individuals who were eligible for the treatment court in the same jurisdiction but who did not participate.

- Participants appear to be high risk, particularly in CCTC, WCTC, and CCMHC, in which the number of arrests in the 2 years prior to program entry is about *double* what is typical in other programs across the country (about 2-3 arrests on average in the 2 years prior to entry).

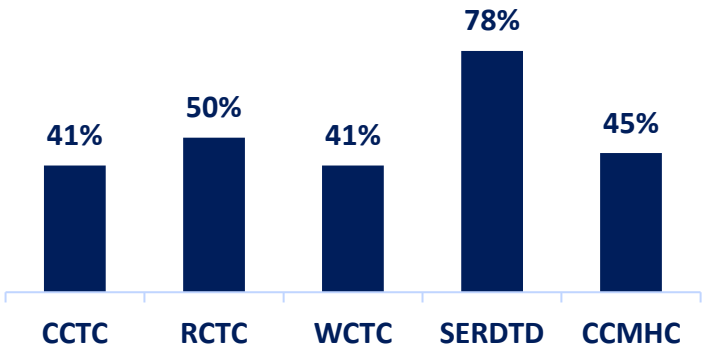


- About half of the participants were male, except in SERDTD, which had a majority of male participants (mirroring the DWI offender population which is primarily male).
- Nearly all participants were white in RCTC, WCTC, and SERDTD. About 9 out of 10 participants were white in CCTC and CCMHC.
- The average participant age ranged from 29 to 44 across the programs.

Program Outcomes: Graduation Rates

- The graduation rate represents the number of individuals who successfully completed the program out of the total number of participants who entered between 2015-2019 *and* who exited the program. It excludes active participants.
- Since non-graduates tend to spend less time in programs than graduates, excluding those entering after 2019 allows time for participants to achieve the outcomes (graduation or non-completion) necessary for a balanced comparison.

Graduation Rates 2015-2019



Key findings:

- For the three adult treatment courts and the mental health court, the graduation rates are lower than their national averages (59% and 57%, respectively).
- The DUI court's graduation rate is slightly higher than the national average (76%).

Contributing factors:

- **The risk level of the programs' participants is very high** compared to many adult treatment courts (based on arrest history) except for the SERDTD participants. The graduation rate likely reflects this challenging population with complex needs. The programs serve as a final effort to avoid long-term incarceration.
- **Resource shortages in Vermont may hinder graduation.** Given the extremely high risk level, participants may not get the intensity of services to meet their assessed needs. The scarcity of housing, transportation, health care, and social services means that participants' basic human needs are often not being met, which detracts from their focus on recovery. National research shows that DUI Court participants have higher average socioeconomic status than participants in other court types, so a lack of community resources may be less of a barrier for the SERDTD participants.

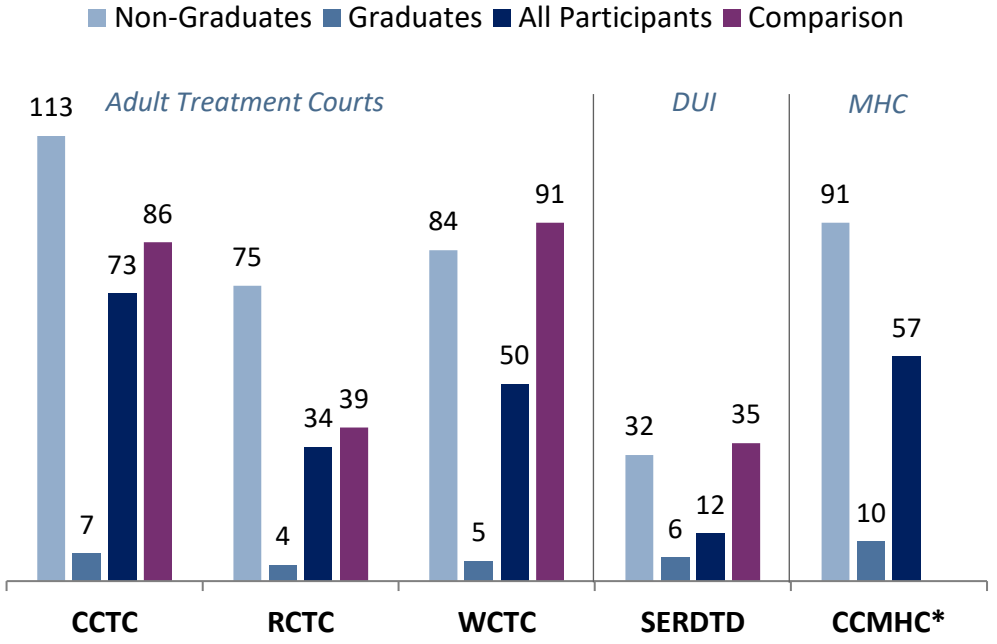
Program Outcomes: Incarceration

Key findings:

- Graduates of all programs spent very little time incarcerated on average.
- Non-graduates spent extensive time incarcerated in the three adult treatment courts and the mental health court. Since incarceration of any length tends to increase recidivism and contribute to other poor outcomes such as relapse and overdose, this likely contributed to worse outcomes for non-graduates rather than simply treatment court ineffectiveness.
- CCTC and RCTC non-graduates spent considerably more time incarcerated than their matched comparison groups.

Incarceration tends to lead to higher recidivism. Lengthy time spent incarcerated likely increased the recidivism of non-graduates. Incarceration also likely reduced the graduation rate.

Average Total Number of Days Incarcerated 2 Years Post Entry



** Creating a valid matched comparison group for CCMHC was not possible because there were no data on mental health status for comparison group members.*

Contributing factors:

- **There are no state-level formal agreements with partner agencies.** Without agreements requiring alignment with best practices, partners have engaged in practices that inadvertently harm participants. For example, past State's Attorneys created offers that increased jail time for failure to complete treatment courts, thereby deterring participation and punishing people for their attempt to address their substance use disorder.
- **Notably, incarceration may be outside of the control of the programs**, especially when individuals are rearrested or otherwise violate probation or parole while in the program. Participants on furlough may be under DOC jurisdiction. *Adding DOC partners to the governance structure and implementing legislation requiring adherence to research based standards would help improve this***.** See the 'Key Recommendations' section for more details.

Program Outcomes: Recidivism Rates

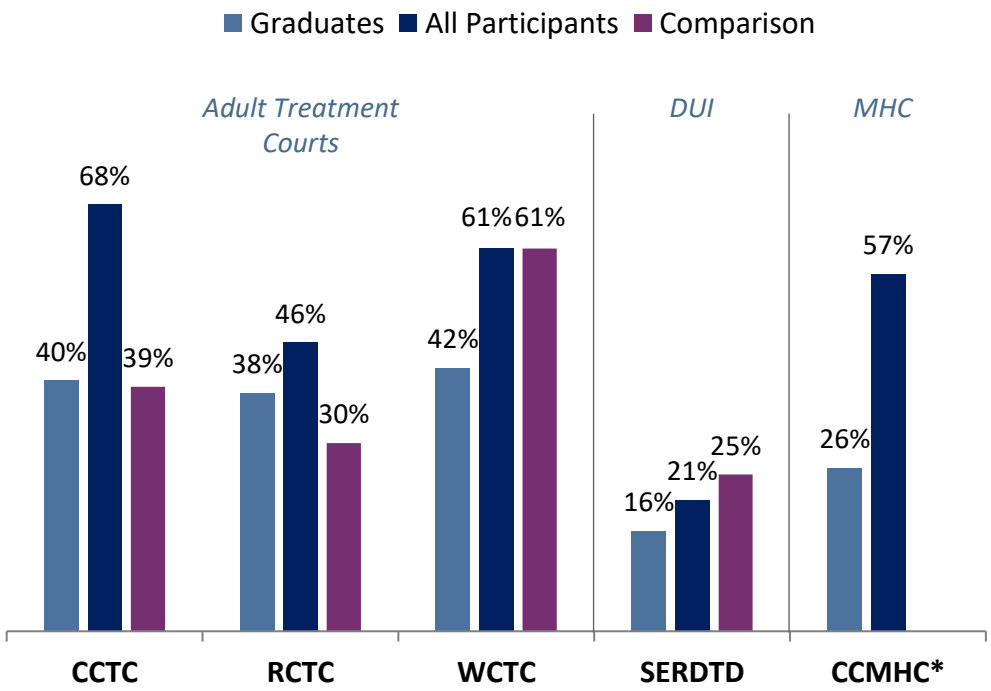
Recidivism outcomes are presented as the rearrest rate (the percentages of individuals in the participant and comparison groups that are rearrested). Arrests are used as a measure of recidivism because they are an indication of engagement in criminal activity at the time an incident occurs in contrast to using measures such as convictions, which may not occur for several months to years after an incident (or a conviction may not occur at all).

The *Supplemental Findings Appendix* provides rearrest rates by charge type (property, person, drug) and severity (felony, misdemeanor) and also provides average numbers of rearrests.

Key findings at 2 years post program entry:

- CCTC participants are rearrested more often than the comparison group, although graduates have similar rates to the comparison group.
- RCTC participants are more likely to be rearrested overall than the comparison group, but this varied by charge (see the *Supplemental Findings Appendix*). RCTC participants were rearrested at *lower* rates than the comparison group for person, drug, and felony charges, but at *higher* rates for property, DUI, and misdemeanor charges.
- WCTC participants are rearrested at the same rate overall as the comparison group, but graduates recidivated substantially less.
- SERDTD participants are rearrested less often than their comparison group.
- The pre-post analysis of CCMHC found that the average number of arrests for participants decreased 2 years after program entry compared to 2 years prior to entry.

Recidivism Rates (Percent Rearrested) 2 Years Post Entry



** Because there was no comparison group for CCMHC, a pre-post analysis design was used to evaluate the program. See the site specific CCMHC report for details.*

Keep in mind:

- **Participant outcomes reflect treatment court practices during this time period. Process changes and improvements have been made since then.**
- Because recidivism is measured 2 years after program entry, results include both in-program and post-exit recidivism.

What contributed to higher recidivism rates?

Extensive time incarcerated. Incarceration is important to consider because time spent incarcerated means participants are unable to participate in the program activities and services intended to support their recovery, and incarceration tends to lead to higher recidivism.

Staff turnover, including judicial rotations and coordinator vacancies. Judges and coordinators have not been consistently engaged with the treatment courts long term. State judicial rotation requirements and limited-service coordinator positions have contributed to this. In a 2017 study of the CCTC, participant recidivism subsequently increased after each judicial rotation.

Increased surveillance. Higher recidivism rates may be a byproduct of the "surveillance effect" in which participants are more likely to be arrested simply because they are surveilled and caught more frequently. This may be particularly true in Vermont communities where law enforcement may have repeat offenders and unsuccessful participants on their radars.

Inadequate treatment. Due partially to lack of state level support, Treatment courts were under-resourced and may not have had the ability to provide the type or dosage of treatment required to support long-term recovery.

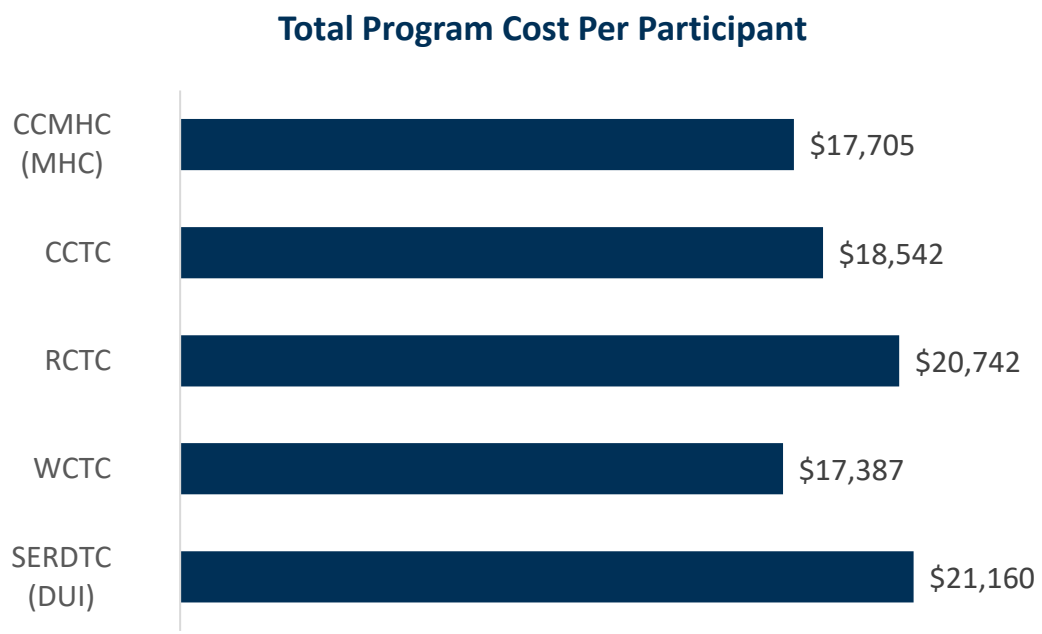
State and local structural and resource limitations hampered treatment courts' ability to follow best practices. Treatment courts did not have all the resources and staff necessary to follow evidence based best practices during the study period (2015-2019).

Notably, improvements have been implemented in the years since the study sample (2015-2019).

- **Enhanced training.** The statewide training protocol ensures ongoing training.
- **Improved data management system.** The new high-quality statewide data information management system (DIMS) improves data quality and monitoring.
- **Developed statewide policy and procedure manual based on Best Practice Standards.** This may improve alignment with best practices and help ensure consistent practices within the state.
- **Conducted evaluations and created process improvement plans (PIP).** 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.
- **Established governance structure.** A state-level governance structure was established to provide leadership, collaboration, support, and process improvements at the local and state level.
- **Reduced jail sanctions.** Programs have reported reducing the use of jail sanctions for participants in recent years.

Program Investment Costs

A cost evaluation was conducted using the transactional and institutional cost analysis (TICA) approach. Costs were analyzed for program activities (investment costs), as well as outcome activities after program participation including rearrests, new court cases, time incarcerated, and time on probation.



Costs

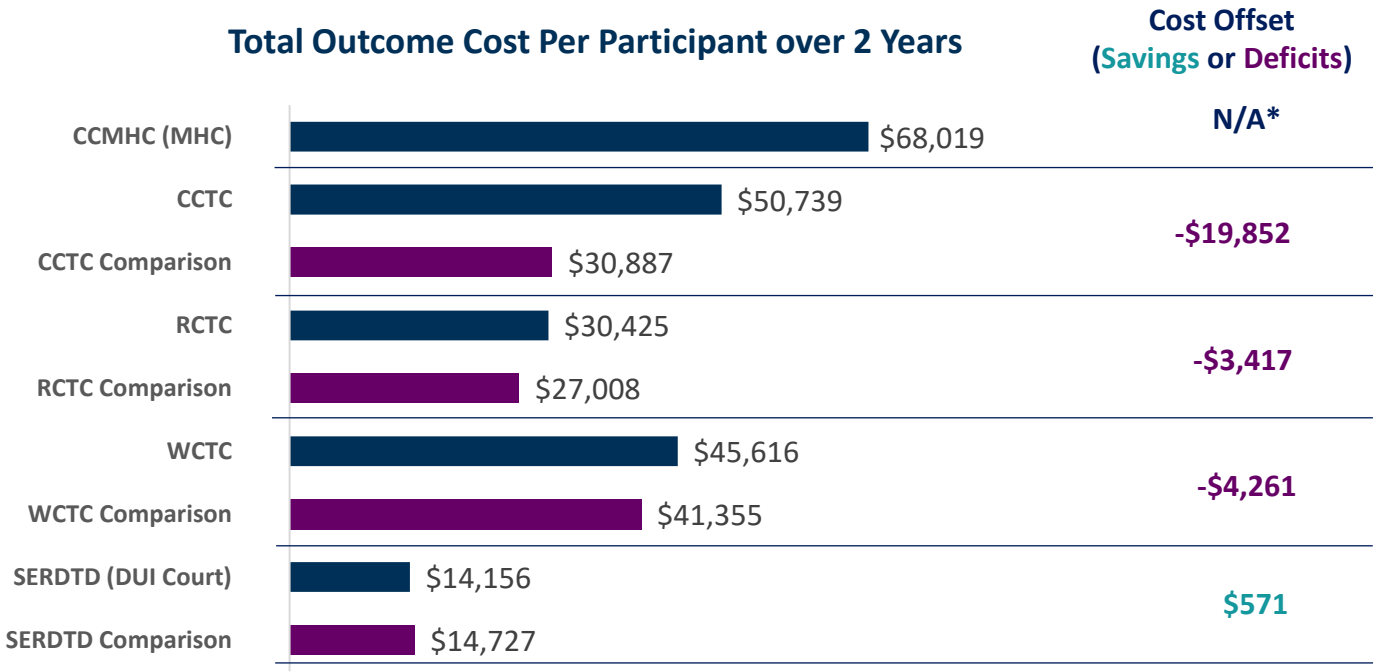
- WCTC showed the lowest cost per participant.
- SERDTD (the DUI court) showed the highest cost per participant.
- These program costs fall within the typical range of treatment court program costs across the United States based on cost studies performed by NPC (roughly $4,000 to $30,000 per participant). However, none of these reported program costs include the costs of treatment services, which are an integral part of the treatment court programs.*

* Due to a lack of complete substance abuse treatment data for any of Vermont's treatment court programs, treatment costs could not be accurately calculated for this cost analysis. Based on NPC treatment court studies from other states across the U.S., substance use and mental health disorder treatment costs an average of $10,688 (ranging from $639 to $35,743) per participant. On average, estimated program costs in Vermont with treatment costs included would increase the total for each program by approximately $10,000. The new totals would still fall within the range of program costs nationally.

Outcome Costs

The costs displayed in the graph below are for recidivism related activities that occur after program entry including rearrests, new court cases, days on probation and days incarcerated. The difference in cost between the treatment court participants and the comparison group provides the cost offset (or savings) due treatment court participation. For detailed cost results, see the individual program reports. Detailed cost analysis methodology is provided in the *Methods Appendix* provided as a companion to this report. **The graph below demonstrates the following findings:**

- SERDTD participants have the lowest outcome costs due to generally less criminal activity in the DUI offender population.
- SERDTD showed a cost savings of $571 per participant due to lower recidivism than the comparison group and is the only program that had savings. As expected, based on the recidivism results, all other programs had higher outcome costs for their participants than the comparison group.



**Due to a lack of comparison group for CCMHC, it was not possible to generate a cost offset amount.*

Key Recommendations

Treatment courts reduce criminal recidivism, protect public safety and save taxpayer money when they follow evidence-based practices and have adequate resources and infrastructure. To get the well-documented benefits of treatment courts, there must be accountability, structure, resources, and buy-in.

- **Implement legislation to require adherence to research based standards and to provide consistent and adequate funding to support treatment court success.** Wyoming's Court Supervised Treatment Programs Act is an example.

- **Create infrastructure to support best practice implementation.** Program success requires stable funding, skilled and trained team members, sustained engagement with partners, and specialized and ongoing professional education.
    - **Ensure adherence to best practice standards** by granting the Programs Manager authority to uphold the statewide policy and procedure manual and/or establish a certification process.
    - **Establish formal state agreements with partners** to mitigate practices that reduce the program's reach and effectiveness**.** Various examples were provided of partners engaging in practices that deterred or harmed participants.
    - **Invest needed resources and program funding** so that participants and staff get the resources required to promote participant success and reduce recidivism.
    - **Address judicial rotation requirements** by initiating a policy change or exemption allowing trained treatment court judges to preside indefinitely to incur the benefits related to increased efficiency, experience and expertise, to enhance alignment with best practices, reduce recidivism, and increase cost savings.
    - **Fund the coordinator position** to address the negative effects of it being a limited service position including recruitment difficulties, extended vacancies, and poor retention which contributes to less effective program operations, lower sustained engagements and partnerships, instability for participants, and inconsistent data entry and monitoring.
    - **Fund more training and professional development** to provide targeted technical assistance, coaching, and mentoring to support team members' competencies.

Key Recommendations (Continued)

- **Reduce the use of incarceration** since incarceration consistently leads to higher recidivism and lower treatment court success rates.
- **Build statewide capacity to meet basic needs** so treatment courts can match appropriate services to participant needs and improve access to housing, transportation, medical services, and SUD and mental treatment services, including residential care. For example, New Hampshire has developed a partnership between the Judicial Branch, the Department of Corrections, the Department of Health and Human Services, and the Bureau of Drug and Alcohol Services to provide essential shelter and housing to individuals who are in imminent need for them to remain successful in recovery and to significantly decrease chances of recidivism (see Community Housing Program | New Hampshire Judicial Branch (nh.gov)).
- **Consistently collect and use data to monitor treatment and services received** to ensure all service needs are being addressed.

- **Create program improvements, buy-in and sustainability through partnerships**
  - **Educate new leadership on treatment courts** that demonstrate treatment court benefits and the need to follow all best practices to achieve positive outcomes.
  - **Add key behavioral health and justice partners to the governance structure, including the Vermont Department of Health, Department of State's Attorneys and Sheriffs, Office of the Defender General, and Department of Corrections.** This governance structure would provide a formal way to engage key partners on topics critical to the success of the treatment courts and their participants, such as aligning resources to address program needs and ensuring treatment courts are considered and used effectively in state-level plans regarding justice-involved individuals with behavioral health needs. Consistent buy-in from these key partners could raise the profile and efficacy of the treatment courts, enhance accountability to program goals, and increase resource sharing that will support the programs, participants and community safety.
  - **Prioritize local advisory committees** to build community support, address participant needs in the community (e.g., housing and transportation), review program performance, advocate for funding, and help with acquiring resources.

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1. For example, see Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What Works? The 10 Key Components of Drug Courts: Research Based Best Practices. *Drug Court Review, 8*(1), 6–42.

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For questions about this report or project, please contact
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