

# STATEWIDE PROCESS EVALUATION RESULTS

## EXECUTIVE SUMMARY

The full statewide treatment court evaluation report provides themes across Vermont's three adult drug treatment courts in Washington, Chittenden, and Rutland Counties, and the Southeast Regional DUI Treatment Docket in strengths, priorities for improvement, and recommendations. This document summarizes the key findings from the full report.

### Statewide Strengths

#### ***Strong Multidisciplinary Teams***

The Vermont treatment courts should be commended for having strong multidisciplinary teams with high attendance and engagement at staffings and hearings. Team members displayed a deep commitment to their roles and responsibilities. Focus groups with program participants typically spoke highly about the teams. Teams generally exhibited good communication, information-sharing, and collaborative decision-making, which promotes better outcomes for participants (NADCP, 2015).

#### ***Strong Commitment to Education and Training***

Vermont's treatment court team members showed a high degree of commitment to learning and participated in many training opportunities. Continuing education promotes a high level of professionalism and effective program planning, implementation, and operations (NADCP, 2015).

#### ***Strong Judicial Leadership***

All the Vermont treatment court programs had strong judicial leadership, which is particularly important because the judge has an extremely powerful impact on promoting positive outcomes for participants (NADCP, 2013). NPC observed that the judges interacted kindly and warmly with participants while providing accountability during the status review hearings. Focus group participants spoke highly of all the judges.

#### ***Program Accountability Promotes Sobriety***

Participants from all sites said the program's accountability and structure promoted their sobriety and recovery. This indicates that Vermont's treatment courts are effectively using response strategies that encourage positive behavioral change in participants.

### Statewide Priorities for Improvement & Recommendations

#### ***Increase Referrals***

COVID-19 and criminal justice reform efforts have dramatically reduced referrals to treatment courts.

- ✓ Increase referrals by accepting higher-risk referrals, such as those that have higher-level listed offenses and drug trafficking charges. Higher-risk treatment court participants have equivalent reductions in recidivism (Carey et al., 2012), and individuals with substance use disorders and

drug sales charges perform as well as or better than individuals with drug possession charges alone (Cissner et al, 2013).

- ✓ Thoroughly assess referral barriers, develop strategies to specifically address these barriers, and integrate those strategies into the forthcoming Process Improvement Plans.
- ✓ Include the referring agencies in the state training plan.

### **Facilitate Faster Program Entry**

The best practice for program entry is within 50 days of arrest, and all the programs took considerably longer than this. The sooner individuals needing treatment are connected to resources and treatment services, the better their outcomes are likely to be. Timely entry into the programs has likely been made more challenging due to delays in case processing due to the COVID-19 pandemic.

- ✓ Conduct an in-depth review of case flow to identify bottlenecks, structural barriers, and points in the process for expediting entry.
- ✓ Create a more systematic identification and referral process to shorten the time between arrest and program entry.
- ✓ Set a goal for the maximum number of days for entry and work toward it.
- ✓ Consider additional strategies to engage referrals in treatment as early as they are identified even if they are not in the program yet.

### **Address Disagreement on Abstinence-Only Marijuana Policy**

Vermont team members expressed varying opinions on marijuana use in their role on the team, ranging from abstinence-only to allowing marijuana use as a form of harm reduction from other drugs. This disagreement varied dramatically by site, with one program experiencing ongoing tension about this issue. This disagreement had additional negative effects on program performance, including reduced program referrals, lower participant buy-in, slower phase advancement, and team conflict.

- ✓ Continue training/education promoting an abstinence-only policy based on current research.
- ✓ Add agreement to an abstinence-only marijuana policy to the statewide MOU.
- ✓ Provide clear and consistent education to participants for adherence to the policy for marijuana use.

### **Amend Required Judicial Rotations**

A statewide strength for the treatment courts is strong judicial leadership, but required judicial rotations challenge the ability to meet best practices. Research shows that programs have better outcomes when the judge has *at least* 2 years of experience in treatment courts, and Vermont's current rotation guidelines of 2 years for treatment court judges mean that judges rotate right when they reach the threshold for improved participant outcomes. The treatment court model involves considerable ongoing judicial training that requires significant costs and time, so required rotations reduce cost efficiency. Also, having the same judge promotes stability for participants, who may have very little stability in their lives otherwise.

- ✓ Initiate a policy change or exemption in the Vermont Supreme Court guidelines that would allow treatment court judges to preside beyond 2 years, which could enhance alignment with best practices, improve program outcomes, increase cost savings, and boost participant success.

## **Improve Sanctions & Incentives**

Incentivizing positive behaviors produces significantly better outcomes in treatment courts than sanctions (NADCP, 2013). Programs should aim to have a ratio of incentives to sanctions of at least 4:1, but ideally 10:1 (Wodahl et al., 2011). Across the programs, there was feedback that indicated potential areas for improvement, particularly for increasing the consistency in incentives and sanctions, enhancing the relative ratio of incentives to sanctions, and offering more gift card incentives.

- ✓ Continue to increase consistency in incentives and sanctions. Closely follow the State's new incentives and sanctions matrix to generate more consistency. Collect data in the Datagain Information Management System (DIMS) to monitor incentives and sanctions.
- ✓ Increase the number of incentives. Programs should aspire to the ideal ratio of 10:1 for incentives to sanctions.
- ✓ Improve management of incentives to offer a greater range of options, such as gift cards.

## **Respond More Quickly to Participant Non-Compliance**

Research has demonstrated that for sanctions to be most beneficial, they need to closely follow the behavior that they are intended to change. In fact, treatment courts that imposed sanctions immediately after noncompliant behavior had more positive participant outcomes and greater cost savings (Carey et al., 2012).

- ✓ Implement procedures and guidelines that allow sanctions or therapeutic responses to be imposed more quickly so they are more strongly tied to infractions.

## **Create Integrated Case Plans**

Currently, there are not treatment court case management plans independent of the substance use treatment plans. This may limit the scope of services and supports available to participants and monitored by the team.

- ✓ Continue efforts to create integrated case plans that would address treatment progress and participation, integrate personalized non-treatment goals and objectives, and incorporate family and child-level goals and objectives as appropriate.

## **State Policy Recommendations**

- Continue abstinence-only policy for marijuana.
- Revise guidelines for judicial rotations for treatment court judges to extend beyond 2 years.
- Continue statewide opportunities for training and technical assistance.
- Sustain support for effective and consistent responses to behavior.
- Continue data management system integration efforts.
- Maintain ongoing evaluations of processes, outcomes, and costs.
- Continue State leadership in the consistent implementation of Best Practice Standards.
- Build support and the capacity to serve higher-risk populations.
- Improve outreach and education to referral agencies to attract more participants into the treatment courts.