

# Washington County Treatment Court

## PROCESS EVALUATION REPORT

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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.

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*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).*

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## Present Evaluation

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

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

This report updates and expands the preliminary report for the Washington County Treatment Court (WCTC) 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 WCTC team members. The following sections describe our findings and recommendations for the WCTC 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 WCTC 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 Washington County Treatment Court

In 2002, under Act 128, the Vermont Legislature established a pilot project to create drug courts. Three communities in Rutland, Chittenden and Bennington began planning for a Drug Court. Since the establishment of these drug courts, and the initial indications of their efficacy, additional Vermont counties started drug court programs. The Washington County Treatment Court began official operation in September 2006. It was established as a pilot program for combating drug crimes, not only drug possession, but drug-related crimes (both misdemeanors and felonies), such as retail theft, burglaries, and grand larceny. Offenders identified as having substance use disorders are referred to the court by law enforcement, probation officers and attorneys and put into a treatment program whose goal is to reduce drug dependency and improve the quality of life for offenders and their families. The benefits to society include reduced recidivism by the treatment court participants, leading to increased public safety and reduced costs to taxpayers.

The WCTC program operated without a full-time Program Coordinator until 2016. Prior to that time, no data was kept for the program. A SAMSHA grant beginning in 2016 provided financial support to hire a full-time Program Coordinator, as well as support to unify community treatment providers to work together, integrate co-occurring treatment services from different providers, improve communication and collaboration, and incorporate best practice standards into its operations. The grant allowed a shift to a co-occurring model and enhanced services for participants.

A 2019 process evaluation and preliminary recidivism study by the Crime Research Group (CRG) showed that the WCTC was functioning as a strong, evidence-based treatment court model overall. The CRG study noted the intentional focus on best practices and the use of this knowledge in team

meetings created a strong multidisciplinary team. CRG recommended incorporating more flexible responses for behaviors driven by mental illness to improve the advancement of participants through the program phases and achieve a higher rate of success.

However, the pandemic created challenges for the WCTC, like other treatment courts nationally (Zilius et al., 2020). From March 13, 2020 – June 2021, in response to the beginning of the global Covid-19 pandemic, the Governor implemented a “Stay Home/Stay Safe” Order. On March 16, 2020, the Supreme Court of Vermont issued Administrative Order 49<sup>1</sup> declaring a Judicial Emergency to make temporary changes to court rules and operations with evolving operational adaptations. Case processing slowed significantly, creating a backlog. Hearings and processing of cases that might have been eligible for the WCTC were delayed or were remote when held, thereby impacting treatment court referrals. Since cases were not moving through the courts, and referring agents were not meeting to discuss a treatment court option, referrals to the WCTC slowed.

During this period, the program modified practices in alignment with COVID-19 recommendations from NADCP and the Center for State Courts. Court operations, reduced through the Judiciary’s Emergency Order, essentially halted court procedures. Case flow slowed significantly, which impacted program referrals. Program intakes were suspended as Court restrictions on change of pleas were adopted. Motions to terminate were suspended due to hearing restrictions. Treatment services shifted swiftly to telehealth and phase advancement applications slowed. New referrals were connected to service providers and waitlisted for when the Judiciary’s Emergency Order was lifted. Staffings were held remotely, and remote hearings were reserved for only those who were struggling. Probation contacts were modified to support physical distancing guidelines set by the Centers for Disease Control and Prevention (CDC) through non-contact means only. Patient service centers for urinary drug testing closed, and new testing protocols funded by the CARES ACT were implemented. Immediacy of incentives and sanctions were challenged. The focus shifted to therapeutic responses of safety, health, and welfare to wrap participants in services to prevent overdose deaths.

Overall, the Covid-19 “Stay Home/Stay Safe” Order and the Supreme Court’s declared Judicial Emergency significantly impacted the operation of the WCTC. With the stay-at-home order ending in June 2021 and with amendments to Administrative Order 49, case processing began to increase. Some of the Order’s provisions remained in effect until September 6, 2022, when permanent rules or policies went into effect. As court operations began to open back up slowly in June 2021, referrals began to flow steadily to the program and intakes increased.

### **Impact of Criminal Justice Reform in Vermont**

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

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<sup>1</sup> <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>

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

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

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.<sup>4</sup>

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.

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<sup>3</sup> <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>

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

## Program Strengths & Priorities for Improvement

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

### Program Strengths

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

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

- ✓ Professional training to stay abreast of current law and evidence;
- ✓ Presiding for at least 2 years to promote 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 WCTC judge follows these best practices. He has completed numerous trainings, and he stressed the



### Key Informants:

*"The judge has done a nice job of setting boundaries about who the treatment recommendations come from."*

*"The judge came in and was holding people accountable a bit more, which a fresh set of eyes can do."*

*"People are lingering – they were not moving through the program. [The judge] is holding them more accountable."*

*"The sandwich approach [i.e., offering negative feedback in between positive comments] by the judge has always been really good."*

importance of training for the rest of the WCTC team. He has approximately 5 years of experience as a treatment court judge, including experience shifting treatment courts to better align with Best Practice Standards. Team members interviewed by NPC noted the strengths of the judge, including that he sets appropriate boundaries, gives sanctions appropriately to promote accountability, and offers participant feedback in a positive manner.

In the staffing, the judge summarized the discussion about each participant and clarified the incentives, sanctions, and treatment responses to participants' specific behaviors. In the courtroom observation of status review hearings, the judge:

- Followed the decisions made at the staffing;
- Allowed participants to speak and explain their behavior;
- Very clearly explained the reasons for sanctions or incentives;
- Engaged in a warm manner during the interactions; and
- Described to each participant what they were doing right or what behavior to change.

**Strong Commitment to Training.** KC #9 emphasizes the importance of continuing education to promote a high level of professionalism for each team member and effective planning, implementation, and operations. The WCTC team members showed a high degree of commitment to the training and learning process and most reported that they had attended treatment court trainings. Team members also provided examples of how the trainings changed their thinking or practices. The

***“[The coordinator] is constantly getting people into trainings.” – Key informant***

team's strong record of training is due in part to the WCTC coordinator. Several team members said the coordinator conducted role-specific conversations with team members and connected them to relevant trainings. Additionally, the coordinator plans to set training expectations for the team.

**Community Partners on the Team.** With a police officer and a law enforcement liaison on the team, the WCTC has team members representing community partnerships that can generate local support and enhance program effectiveness (KC #10). The police officer gets information from his city's police department and the Department of Health to share with the team. He believes that the program can benefit the community and sees his role as helping to create support from the city. His larger work in the community – such as coordinating the needle exchange program and training people on how to use Narcan – may help him raise community awareness for the WCTC. The law enforcement liaison does community outreach and can connect participants with housing and other services they need. Both of these team members also help with home visits if there are warrants.

## 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.

**Clarity and Consensus around Marijuana Use Policy.** Like many treatment court teams and practitioners across the country, the WCTC is grappling with the issue of marijuana use since Vermont has legalized medical and personal marijuana use. This is also in a context of a state that has declining disapproval of marijuana use and increased marijuana use among young adults. In fact, compared to all other states, Vermont has the highest rate nationally of marijuana use in the past 30 days among young adults aged 18 to 25 (Vermont Department of Health, 2021). The WCTC team members expressed varying opinions on marijuana use, ranging from abstinence-only to allowing marijuana use as a form of harm reduction from other drugs.

However, this disagreement among team members appears to be having additional negative effects on program performance, with interviewees suggesting this disagreement has affected program referrals, participant buy-in, participant phase advancement and program participation time, and team dynamics and cohesion. Each is described below.

- *Program referrals:* Some team members or referral sources appeared reluctant to refer potential participants to the WCTC given their perspective that the program was overly strict regarding marijuana use. This may reduce program referrals.
- *Participant buy-in:* If participants get mixed messages from the team, it could impact their motivation to remain abstinent from marijuana, and in turn, their program progress and advancement. Or it may impact their interest to stay in the program at all.
- *Phase advancement and program participation length:* One team member noted that a participant had been in Phase 1 for an extremely long time due to persistent marijuana usage. Length of time in the program is an important performance metric, and long participation times can greatly increase the costs of the program.
- *Team dynamics and cohesion:* In the team member interviews, nearly all interviewees cited disagreements about marijuana among team members as a challenging issue to navigate. The evaluation team also observed tension around this issue in the staffing meeting.

**Responding to participant marijuana use remains an important area for discussion and consensus-building within the WCTC, particularly as the issue appears to be having various negative effects.**

**NPC recommends two avenues for consensus-building:**

1. **Continued training/education:** Current research in addiction science promotes an abstinence-only policy, similar to abstinence from alcohol. Continued education could potentially be done by sharing addiction science and research on the negative effects of marijuana on overall physical health and mental health (Memedovich et al., 2018) and brain health – especially for the more potent strains available now (Testai et al., 2022). Consistent marijuana use is also associated with significant declines in cognitive performance, decision-making, verbal learning, retention, and executive function (Lovel et al., 2020).

2. **Adding agreement to an abstinence-only marijuana policy to the MOU:** Given the proliferating negative effects these disagreements are having on the program and the team, it may be necessary to update the MOU to require agreement to an abstinence-only marijuana policy to participate on the treatment court team. This updated MOU would then need to be signed by all current team members and as new team members join.

**Co-Occurring Track Eligibility and Participant Expectations.** Team members expressed confusion around who gets placed on the co-occurring track and why. Specifically, NPC learned the following:

- Several team members interviewed did not understand the process for track assignment decisions and questioned whether it was based on an objective assessment or criteria.
- Several team members interviewed felt that almost all the WCTC participants have co-occurring mental health issues, so the purpose and impact of having this distinct track seemed unclear.
- There also appears to be confusion about whether a participant can change tracks after starting the WCTC. One interviewee said participants cannot change tracks whereas another said they could.
- Some team members felt that in the co-occurring track, participants experienced too much leniency to the point that it hindered progress.
- A focus group participant responded that they did not know who decides which track they are placed on when asked what they liked least about the program.

***“There are folks in the regular track who have a lot of co-occurring issues who should receive a different treatment path...Putting people in the co-occurring should be based on need and assessment.” – Key informant***

Furthermore, a distinct barrier in Washington County is that treatment for substance use and mental health occur at separate places, so the treatment providers do not inherently work together. Treatment happening in silos complicates the process and requires more collaboration. **To best serve participants and their array of needs, the treatment providers need to develop a plan that includes policies and practices to enhance their collaboration and improve how they share their clients.**

**Given the large degree of confusion about the tracks among team members, the WCTC team needs to work together to review and document the purpose, policies, procedures, and participant expectations for the co-occurring track.** The team may want to start by discussing and defining the purpose of their tracks. Questions to start with might be: *Why are participants separated into these tracks? What is different between the two tracks? How does this track structure benefit the team? How does it benefit the participants in each track?* When discussing what is different between the tracks, the team needs to discuss monitoring and responses to behavior. Participants with co-occurring conditions may require more intensive contact and monitoring, along with more flexible responses for noncompliance that are more realistic for participants (Steadman et al., 2013). At the same time, an interviewee suggested that this track was given too much leniency. Addressing these questions can help the team members generate consensus. Documenting these answers in writing will promote team understanding and greater consistency for participants within each track, as well as facilitate effective onboarding for new team members.

**Furthermore, the eligibility criteria and assessment process must be clarified and documented.** Risk and need should drive track-placement decisions. And just like determining eligibility for treatment courts in general, the process for assigning tracks should be determined by using objective criteria and a validated assessment tool. Team members should not use personal impressions or subjective criteria to determine tracks. Research suggests that initial screenings followed by clinical assessments by a licensed professional should determine appropriate placement into co-occurring tracks (Steadman et al., 2013). While the Program Coordinator has a clinical background, the clinical assessment should ideally be conducted by a licensed professional outside of the coordinator role. Given the current state of confusion around eligibility and assessment, this needs to be clearly documented and shared in writing. The program may also want to consider consolidating tracks for new participants until the team has its policies and procedures in place to support implementation.

**Training Related to Team Communication.** NADCP's Adult Best Practice Standards suggest that sharing information, contributing observations and recommendations within members' areas of expertise, and engaging in effective communication and decision-making are best practices for treatment court teams (NADCP, 2013). Several team members expressed concerns about team communication, including:

- Some team members said they did not quite understand what information they should (or could) share;
- Others felt that needed information was not shared freely or in reports before the staffing (i.e., information was guarded);
- Some team members wondered whether their opinions were taken into consideration;
- Some suggested that some team members' opinions appeared to count more than others; and
- Some perceived a reluctance from other team members to express their views and said not everyone contributes to decision-making discussions.

Communication issues are an area that can be addressed through the WCTC's ongoing commitment to trainings. Training topics to pursue may include the roles and responsibilities of each team member, information to share by role, understanding your lane (to avoid offering recommendations outside your scope of expertise), team-building, and effective communication.

# 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 WCTC's alignment with the best practices for each KC.<sup>5</sup> These components include:

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

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

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

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

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

### Key Component #1: Strengths

Many interviewees noted that the WCTC program has undergone significant upheavals and challenges over the past several years. These challenges have been driven, in large part, by team member turnover and policy changes. That said, **almost all interviewees referred to the current team as the most important strength of the program and that they were optimistic about the program's direction. All interviewees indicated support for the program.**

WCTC is consistent with most best practices associated with KC #1. **The team should be commended for strong collaborative partnerships with representatives from all key agencies. The team also benefits from having a police officer and a social worker liaison from the police department with deep connections to the community, a strong commitment to the treatment court model, and the ability to connect participants with community services.**

**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 WCTC 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.

Many interviewees commented on the disruption caused by the COVID-19 pandemic. Some also noted the benefit of remote participation, while others

**“What is working well?”**

***“A great team...more solid than we've been in years.” – Key informant***



noted that continued remote participation of team members interfered with team dynamics. There is no research indicating whether remote team member participation decreases program effectiveness.

The WCTC is successfully implementing the following evidence-based practices relative to KC #1:

- 1.1 The treatment court has a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies)
  - i. MOU specifies team member roles
  - ii. MOU specifies what information will be shared
- 1.2 The treatment court has a written policy and procedure manual
- 1.3 All key team members attend staffing (judge, prosecutor, defense attorney, treatment, treatment court coordinator, and supervision)
- 1.4 All key team members attend court sessions/status review hearings (judge, prosecutor, defense attorney, treatment, treatment court coordinator, and supervision)
- 1.5 Law enforcement (e.g., police, sheriff) is a member of the team
- 1.6 Law enforcement attends court team meetings (staffing meetings)
- 1.7 Law enforcement attends court sessions (status review hearings)
- 1.8 Treatment communicates with the team via email

## Key Component #1: Recommendations

**Discuss Expectations for Information-Sharing:** As noted above, some of the WCTC team members expressed uncertainty about what information should be shared with the team. Discussions or trainings may help address these issues. NPC has many resources regarding the types of information that should be shared by each member of the team. Also, the statewide MOU may facilitate a better understanding and may be a useful starting point for deeper discussions by the WCTC team. Additionally, observers noticed that a few team members spoke very little during the pre-court staffing meeting. The team may want to establish a way to more systematically solicit input from everyone present.

## 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

Some interviewees noted that, historically, the attorneys have not collaborated well. However, **most noted that this issue has subsided and that there is an increase in cooperation. While the prosecutor and defense approach the WCTC with their distinct roles in mind, team members noted that they are non-adversarial and collaborative.**

***“In staffing, [the defense and prosecutor] are playing the roles you would expect them to.” – Key informant***

The WCTC team should be commended for implementing best practices associated with KC #2:

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

## Key Component #2: Recommendations

**Review Remote Participation.** As noted in reference to KC #1, some interviewees wanted all team members to join staffing and status review hearings in person, including the attorneys. The team may want to consider a policy about the circumstances under which participants and team members can join remotely.

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

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

## Key Component #3: Strengths

**The WCTC judge is also the judge on the criminal docket and can ensure referrals are being considered by prosecutors for potentially eligible participants, which can strengthen the referral pipeline.**

The WCTC should be commended for implementing the following best practices associated with KC #3:

- 3.2 Current treatment court caseload/census (number of individuals actively participating at any one time) is less than 125
- 3.3 Other charges in addition to drug charges are eligible for treatment court entry
- 3.4 The treatment court accepts individuals with serious mental health diagnoses, as long as they have been assessed as capable of understanding and following program requirements

- 3.5-3.7 The treatment court accepts individuals who are using medications to treat their substance use disorder (methadone, naltrexone, buprenorphine/naloxone)
- 3.8 The treatment court accepts individuals who are using legally prescribed psychotropic medications
- 3.9 Treatment court uses validated, standardized assessment tool(s) to determine eligibility
- 3.10 Participants are given a participant handbook upon entering the treatment court

### Key Component #3: Recommendations

The WCTC 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 WCTC often has participants enter the program more than 50 days after their arrest. Timely entry into the program has likely been made even more challenging due to delays in case processing due to the pandemic. Keeping in mind that the sooner individuals needing treatment are connected with resources and treatment, the better their outcomes are likely to be, the WCTC team can:

- ✓ 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 WCTC;
- ✓ 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 WCTC 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 WCTC docket.

**Continue Clarifying the Co-Occurring Track:** As noted above, some interviewees and participants were confused about eligibility and placement decisions across tracks. Some participants were also not sure what track they were on. The team has already begun discussing the criteria and rationale for a co-occurring track and should continue that work. Additional strategies and discussion prompts were offered above. Steadman et al. (2013) offers some instruments and best practices to modify treatment courts for those with co-occurring disorders. Additional training – such as NADCP’s “Co-Occurring Disorders” online module – or connections with other programs implementing a co-occurring track may be helpful. The program may also want to consider consolidating tracks for new participants until the team has policies and procedures to support implementation.

**Determine Referral Barriers and Expand to a Higher-Risk Population.** As already noted, the pandemic and criminal justice reform caused a significant reduction in referrals for the WCTC.

NPC recommends that the WCTC 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).

*“Maybe open the program up to other people. The State can reject dealers – that should be reconsidered. Felony-level distributors should be considered.”*  
– Key informant

**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 WCTC 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 WCTC team to emphasize the benefits of the program. This plan may also incorporate ways to address disagreements related to participant marijuana use among referral sources.

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

### Key Component #4: Strengths

**The WCTC participants have access to a wide array of treatment and other supportive services,** although some modalities (i.e., MRT) are not currently available. The team should be commended for successfully implementing the following best practices associated with KC #4:

- 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

The WCTC is not currently following this evidence-based best practice for KC #4:

- 4.1 The treatment court uses no more than two treatment agencies to provide treatment for a majority of participants or a single agency/individual provides oversight for any other treatment agencies treating treatment court participants

The WCTC relies on several local service providers that are not connected or coordinated. Some team members felt that this practice has some benefits, such as allowing a participant to choose their own treatment as a way to build trust. Some interviewees, however, were unsure about the quality of all the treatment options or whether there was sufficient information-sharing about treatment participation and progress.

### **Establish a Communication System for Treatment Providers.**

Consistent with best practices, NPC recommends that the treatment court should use no more than two core treatment agencies or establish a communication system that designates a single entity to oversee and coordinate treatment services as well as ensure communication consistently occurs about participant treatment progress with the rest of the team.

***“I would like to see a more universal treatment plan which encourages the different providers to communicate.” – Key informant***

**Enhance Treatment Quality Assurance.** One of the most important elements of a successful treatment court is the quality of treatment services provided. A more robust quality assurance process needs to be put in place to ensure the accountability of the various treatment providers. This improved assurance process needs to ensure services are consistent with the treatment court model and best practices, such as evidence-based practices, culturally appropriate approaches, fidelity to treatment models, and appropriate matching of individuals to services based on assessed needs. Quality assurance processes may include a clinical director that performs clinical supervision and reports regularly to the treatment court coordinator or other members of the team on the specific services being provided, the evidence base behind those services, and the quality and fidelity to the model being demonstrated by the treatment provider(s).

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

***“[It’s a] conflict of interest that the case manager, sober house, and one-on-one counselor all are the same person.”***  
– Focus group participant

## **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 WCTC program requires frequent (8 times per month) random substance use testing and typically receives results within 2 days.** The WCTC is operating consistent with the following best practices:

- 5.1 Drug testing is random/unpredictable
- 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**

The WCTC is not currently following this evidence-based best practice for KC #5:

- 5.2 Drug testing occurs on weekends/holidays

**Expand Testing Times.** Unfortunately, the testing agency does not collect specimens on weekends or holidays, so the WCTC team should explore ways to expand testing windows. Drug use is more likely to occur on evenings, weekends, and holidays. If weekend or holiday testing does not occur, this can result in opportunities for participants to use, knowing that a specific number of days will pass before the next possible test. Substances that have shorter detection windows, such as alcohol or cocaine, may then be used without the program's knowledge.

***“All of us have to work to support our families, but the UA place doesn't open until 9:30 am and closes on Friday afternoon at 3:30.”***  
– Focus group participant

Although testing may be difficult to perform seven days per week, having the ability to test one day per weekend or testing one or two weekends per month would greatly increase the amount of coverage for participants and substantially reduce the amount of time during which participants believe testing will not occur. Additionally, the limited hours of the testing facility hindered participants' abilities to balance work obligations.

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

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



### **Key Component #6: Strengths**

The WCTC offers a wide range of responses to behavior, and there were several strengths to the WCTC's approach:

- ✓ During the observed court session, the number of incentives substantially outweighed sanctions.
- ✓ The team considered treatment adjustments during the pre-court staffing meeting.
- ✓ During the site visit, the team participated in a remote training regarding sanctions and incentives.
- ✓ Interviewees suggested that sanctions have increased, but generally viewed this positively as promoting greater accountability.
- ✓ Focus group participants appreciated the accountability, structure, and support that promoted their recovery.

***“Sanctions and incentives and those types of things – we're on point and we're definitely getting better.”*** – Key informant

Additionally, the WCTC team is implementing the following best practices:

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

## Key Component #6: Recommendations

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

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

**Respond More Quickly to Non-Compliant Behavior.** Although interviewees reported frequent communication regarding participant behavior between status review hearings, they do not typically respond to behaviors except during status review hearings. 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).

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.

**Generate Consensus for Policies for Marijuana Use.** Responding to marijuana use was the most prominent theme that emerged from interviews with team members. There is disagreement regarding the extent to which testing positive for THC should result in sanctions or interfere with phase progression. Some interviewees expressed concern that participants who reduced their use of more harmful substances (e.g., opioids or methamphetamines) but continued to use marijuana were being harmed by the program's abstinence-only policy. Team member interviews and the participant focus group made it clear that this may be the team's greatest policy challenge. This is an issue that the WCTC team should continue to address with internal team discussions and conversations with state leaders to reach a consensus as soon as possible.

**Continue Efforts to Improve Sanction Consistency.** Team members and focus group participants felt that sometimes sanctions were not consistent. For example, a team member felt that gender impacted sanctions, saying *"Sometimes favor goes more towards women than men... I felt [a woman] should have been sanctioned more and some males that shouldn't have been sanctioned as much as they were."* Focus group participants also perceived inconsistency with sanctions. Despite these concerns, a team member noted that consistency appears to be improving. Additionally, utilizing the new statewide sanction and incentive matrix should improve consistency.

**Increase Gift Card Incentives.** Incentivizing positive behaviors produces significantly better outcomes in treatment courts than sanctions (NADCP, 2013). Programs should aim to have a ratio of incentives to sanctions of at least 4:1, but ideally 10:1 (Wodahl et al., 2011). Intangible incentives – such as judicial praise – are motivating, and the WCTC did make good use of those. However, some team members interviewed felt the WCTC did not give enough gift card incentives. Similarly, focus group participants suggested more gift card incentives are needed. Overall, we recommend that the WCTC **provide more gift card incentives to support participants and motivate positive behavioral change.** The program may want to survey or ask participants what incentives are most motivating to them.

#### Focus group participants:

*"Sanctions do not seem to be equal across the board. If we're supposed to be held accountable, [we need to know] what to expect. It pisses me off when people get away with stuff and [redacted] goes to jail for pot."*

*"Jail seems like a weird sanction for this kind of program. Seems contradicting to the whole purpose of the program."*

*"A \$5 gas card is worthless."*

## 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

Interviewees noted the compassion of the judge and his positive leadership of the team. Many were glad to have the greater consistency and accountability that he brought to the program. The evaluation team's observations confirmed these strengths. **The judge also did well to tie incentives or sanctions to participants' specific behaviors in the staffing and status review hearings.** The WCTC 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

The WCTC is implementing all best practices associated with KC #7, and NPC has no recommendations.

## 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 WCTC coordinator and case manager track participant progress and share that information in advance of staffing meetings. Additionally, the WCTC 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.** Some interviewees also noted that a previous evaluation report guided program improvement efforts in Washington County. In addition, interviewees appeared

interested in the results of the present evaluation and expressed their intention to use NPC's findings for continued improvement.

**In line with expectations set forth by the State Programs Manager and best practices, the WCTC 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 WCTC should be commended for implementing the following best 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

**Address Lengthy Participation Times.** The team should monitor data to identify and consider alternative approaches to addressing the needs of individuals whose length of participation in any phase significantly (e.g., >50%) exceeds program design. 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

**Interviewees noted that the coordinator and state leaders ensure that orientation and ongoing trainings are available to all team members.** Recent turnover among team members makes these resources particularly important.

The WCTC should be commended for operating according to all best practice standards with respect to training, including:

- 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 the WCTC's Strong Commitment to Training.** The evaluation team recommends that the WCTC team continue to engage in training – particularly for those who are new to the team. Other members may benefit from participating in cross-role training (e.g., prosecutors attending training for defense attorneys and vice versa). In this report, NPC has recommended several training topics that may be particularly useful for the WCTC, including trainings that address co-occurring disorders for track determination, team building, information-sharing, and roles and responsibilities. NADCP's E-Learning Center,<sup>6</sup> Treatment Courts Online,<sup>7</sup> and the Vermont Judiciary are also excellent resources.

**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



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

<sup>7</sup> <https://treatmentcourts.org/>

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.<sup>8</sup> These organizations may also be good contacts to request state-level synchronous DEI trainings or in-person trainings.

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

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

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

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

Level 2. Policy team (typically includes the operational team plus leadership from the collaborating agencies, such as treatment agency directors, police chiefs, court administrators, 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.

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

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

**The team also has long-serving team members who engage in community outreach and serve the community in various capacities, while also informing the team of health department information and community resources and serving as a liaison between the WCTC and the community.** The WCTC 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 WCTC 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

**Add Community Members to the Local Advisory Committee.** It is a strength of the WCTC that the program already has a local steering committee (or alternatively called an advisory committee). However, NPC recommends adding community members, particularly leaders of community organizations, social service agencies, or political and business leaders. This is described above as Level 3, and it is aligned with the Regional Steering Committee expected in the Policies and Procedures Manual. Including community members on the 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.<sup>9</sup>

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<sup>9</sup> 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 WCTC is adhering to many Key Components and Best Practice Standards.** The WCTC team should be commended for its significant progress in addressing recent challenges including team turnover. **All interviewees expressed optimism the program is heading in a positive direction.** These improvements are even more impressive considering judge and staff transitions, the COVID pandemic, criminal justice reform, the legalization of marijuana, and other important implementation context changes.

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

- Pursue training on team members' responsibilities for what information to share with the team (KC #1)
- Add agreement to an abstinence-only marijuana policy to the team member MOU (KC #1)
- Clarify (or consolidate) treatment court tracks (KC #1 & KC #3)
- Streamline the process from arrest to program entry to get participants into the WCTC more quickly (KC #3)
- Expand participant population to a higher-risk population due to criminal justice reform (KC #3)
- Establish a system for communication for treatment and other supportive services to enhance communication about participant engagement and progress (KC #4)
- Better monitor treatment provider quality (KC #4)
- Consider an integrated case plan beyond the treatment plan that includes treatment progress and participation as well as other personalized goals and objectives (KC #4)
- Explore ways to expand testing hours, including testing on weekends and holidays (KC #5)
- Develop consensus and clarify the rationale for marijuana policies (KC #6)
- Address long participation times (KC #8)
- Add community members to the local advisory/steering committee (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 Washington 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.<sup>10</sup> 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:

- 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.
- 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.
- 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.
- 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.
- Observe pre-court staffing meetings and status review hearings. NPC researchers use guides to monitor the teams’ adherence to best practice standards.

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<sup>10</sup> 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, 1983<sup>11</sup>).

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.

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