

Chittenden County Treatment Court Burlington, VT *Process Evaluation Report*

Submitted to:

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BACKGROUND

Drug courts are designed to guide offenders with substance use problems into treatment that will reduce drug use and improve the quality of life for the offenders and their families. Benefits to society include substantial reductions in crime and decreased drug use, resulting in reduced associated costs to taxpayers and increased public safety.

In a typical drug court program, participants are closely supervised by a judge who is supported by an interdisciplinary team including a drug court administrator, case managers, substance abuse treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants.

Drug courts are effective in reducing criminal recidivism (GAO, 2005), improving the psychosocial functioning of offenders (Kralstein, 2010), and reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have been shown to cost less to operate than processing offenders through business-as-usual in the court system (Carey & Finigan, 2004; Carey et al., 2005).

More recently, research has focused not just on *whether* drug courts work but *how* they work, and *who* they work best for. Research-based best practices have been developed (e.g., Volume I of NADCP's Best Practice Standards was published in 2013 and Volume II in 2015). These Best Practice Standards present practices that have been associated with significant reductions in recidivism or significant increases in cost savings or both. The Standards also describe the research that illustrates for whom the traditional drug court model works best, specifically, high-risk/high-need individuals. The Standards recommend that drug court programs either limit their population to high-risk/high-need individuals, or develop different tracks for participants at different risk and need levels (i.e., follow a risk-need responsivity model). That is, drug courts should assess individuals at intake to determine the appropriate services and supervision level based on their assessment results (e.g., Andrews, Bonta, & Wormith, 2006; Lowenkamp & Latessa, 2005). This research has led to the development of more sophisticated drug court programs, including programs that have implemented multiple tracks for their offenders based on the four "quadrants" of risk and need (high-risk/high-need, high-risk/low-need, low-risk/high-need, and low-risk/low-need). The first known programs to implement all four tracks, or quadrants, were the drug courts in Greene County and the City of St. Louis, Missouri, where the judicial officers/commissioners and coordinators worked with their teams



and with community organizations to develop appropriate supervision, treatment and other complementary services for participants at each risk and need level.

Process Evaluation Description and Purpose

Research has demonstrated that drug courts that have performed monitoring and evaluation and made changes based on the feedback have significantly better outcomes, including twice the reduction in recidivism rates and over twice the cost savings (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012; Carey, Waller, & Weller, 2011). A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals began with the "10 Key Components of Drug Courts" (NADCP, 1997) and expanded based on a prodigious amount of research in the field to include (as described earlier) the Adult Best Practices Standards Volume I (2013) and Volume II (2015). Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and, in turn, increased cost-effectiveness and cost-savings. In addition, and particularly relevant to this study, a process evaluation should include a detailed description of the program that can be used to assist other jurisdictions in implementing the same program model

Project Description and Purpose

NPC Research has been working with Vermont's Court Administrator's Office since 2008 to assess and provide technical assistance to improve Vermont's Adult Drug Courts and determine the programs' adherence to best practices. In 2013, a comprehensive process evaluation was completed in Chittenden County Treatment Court (CCTC), while abbreviated assessments on best practices were completed in Washington and Rutland counties.

In late 2015, NPC Research was contracted by the State of Vermont Court Administrator's Office to provide an updated process evaluation of the Chittenden County Treatment Court, along with an outcome and cost-benefit study. This report updates our previous process evaluation and summarizes program characteristics and practices, analyzes the degree to which this program is following guidelines based on the 10 Key Components, and provides commendations on best practices as well as recommendations for program improvement and enhancement.

Process Evaluation Methods

NPC collected the information for this process evaluation report from an online program assessment, staff interviews, participant focus groups, observations of drug court staffings and court sessions, and program documents such as the policy and procedures manual and staffing sheets. The methods used to gather information from each source are described below.

ELECTRONIC PROGRAM SURVEY

NPC used a web-based assessment to gather program process information from the drug court team. NPC developed this assessment, which provides a consistent method for collecting structure and process information from drug courts, based on four main sources: NPC's extensive experience with drug courts, the American University Drug Court Survey, a published paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts, and the 10 Key Components established by the NADCP (1997). The survey covers a number of areas, particularly areas related to the 10 Key Components and the Best Practice Standards—including eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, continuing care, identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use). The use of this assessment allows NPC to begin building an understanding of the program, as well as to collect information that will support a thorough review of the data collected about the site.

OBSERVATION

NPC staff members visited the Chittenden County Treatment Court to observe the judge preside over staffing and drug court sessions, interaction of all team members, and discussions regarding court responses to participant behavior. These observations provided information about the structure, established procedures, and routines used in the drug court.

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person, were a critical component of the process study. NPC staff conducted detailed interviews (both in 2013 and 2015) with individuals involved in the administration of the Chittenden drug court, including the judge, program coordinator, deputy state's attorney, deputy public defender, treatment clinicians, case managers, and treatment court intern.

Interviews clarify and expand upon information gained from the online assessment, obtain a deeper and more comprehensive understanding of the program's process, and identify changes



that have occurred with the program over time. NPC's Drug Court Typology Interview Guide¹ was used as a source for detailed questions about the program. This guide was developed from the same sources as the online survey and provides a consistent method for collecting structure and process information from different types of drug courts. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations, as well as the most important and unique characteristics of the CCTC.

FOCUS GROUPS

In 2013, NPC staff conducted a focus group with current participants and participants that successfully completed the program (graduates). The group included four females and six males. There were three graduates and seven active participants (in Phases 1, 2 and 3 of the program). Researchers also conducted a focus group by phone with participants who did not complete the program successfully. The 2015 site visit team completed a focus group including a graduate and four current participants. The focus groups provided participants with an opportunity to share their experiences and perceptions regarding the drug court process and to suggest improvements.

DOCUMENT REVIEW

The evaluation team reviewed program documents including the participant handbook, program referral forms, staffing sheets, screening forms, risk assessment tool, management information system and the program policy and procedure manual to better understand the operations and practices of the CCTC.

TECHNICAL ASSISTANCE CALL

CCTC staff participated in a follow-up teleconference with NPC staff to facilitate a discussion of practices observed and recommendations for program enhancement following each site visit. This discussion allowed team members to ask questions, helped NPC determine the feasibility of recommended enhancements and helped ensure the accuracy of NPC's findings.

¹ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found on the NPC Research website at <http://npcresearch.com/wp-content/uploads/Drug-Court-typology-guide-NPC-Research-01-26-04-copyrighted.pdf>

GENERAL SUMMARY OF FINDINGS AND RECOMMENDATIONS

This section includes brief background information about the Chittenden County Treatment Court and then a summary of the key results and recommendations. The section following this summary provides the detailed results and recommendations for each key component. *Please note that the commendations and recommendations in this summary do not include all commendations and recommendations and do not include the detailed information available in the main text of the report. Please see the main report later in this document for full information.*

The CCTC was implemented in June 2003 to interrupt the cycle of addiction by combining evidence-based treatment and intensive judicial supervision, with the overall goals of reducing the impact of drug-related cases on the criminal justice system, enhancing community safety, increasing participants' sobriety and enabling them to be more productive members of the community. The program, designed to take a minimum of 9 months to complete, accepts only post-plea/pre-conviction participants. The program population consists of high-risk/high-need Chittenden County residents that have been charged with crimes related to their drug addiction. The CCTC has a capacity to serve approximately 40 participants in the adult drug court program at one time. As of February 2016, the program reports 33 active participants. Since implementation in 2003, a total of 309 participants entered the program, including 125 graduates, 141 terminations and 10 who left the program due to transfers or who were deceased. This results in an overall retention rate of approximately 53%.

Overall, the CCTC follows the guidelines and best practices within the 10 Key Components of Drug Courts. Among its many positive attributes, the program should be specifically commended for the following practices:

- **The team now has a law enforcement representative.** NPC previously recommended that the team work to include a law enforcement liaison on the team. CCTC team members noted that there was generally support from local law enforcement agencies, but that time constraints prevented them from participating. However, team members stated during the December 2015 follow-up call that a law enforcement representative is now participating on the team. The CCTC is commended for addressing this issue, as research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism rates, and higher cost savings (Carey et al., 2011, 2012). If their role is not already defined on the team, the CCTC can use law enforcement to assist with home visits to verify that participants are living in an environment conducive to recovery.
- **All active team members attend both staffing and court sessions.** The CCTC judge, both attorneys, the coordinator, treatment representatives and case managers all attend both staffing meetings and court sessions. Research suggests that greater team member

representation at staffing and court sessions is related to greater reductions in recidivism and higher cost savings (Carey et al., 2012).

- **A policy committee meets regularly.** The program has implemented a policy committee, referred to as “systems meetings.” The purpose of these meetings is to discuss and make decisions about drug court policy issues that cannot be addressed during staffing sessions. The committee is also responsible for ensuring the court is working toward program goals. This committee should plan on using an upcoming session to address the commendations and recommendations described in this report.
- **CCTC has a dedicated public defender and deputy state’s attorney assigned to the program.** Best practices research indicates that this results in positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). Both attorneys are aware of the team approach while participating in drug court proceedings and are clearly supportive of the drug court model.
- **The program uses a validated assessment tool to determine participant risk and need (including level of substance use disorder).** A validated assessment tool allows the program to provide more appropriate and effective substance use treatment and other services.
- **The program offers an array of treatment services and uses evidence-based programming.** The CCTC offers a breadth of diverse and specialized services to program participants through its partnership with the Howard Center, along with utilizing various other treatment providers in the area. One area of note, is the new IOP program that is currently housed in the courthouse. This is a clinical best practice (to be co-located) and the CCTC is highly commended for being able to establish this type of programming.
- **The program offers referrals for ancillary services for participants.** Team members reported that the CCTC makes referrals for medical, dental and psychiatric care when needed. Meeting participant needs across the spectrum of issues affecting their lives can help them be more successful. In addition, appropriate care can help mitigate participant use of substances to self-medicate problems related to physical pain. Many programs have seen benefits with reduction in recidivism from offering health services.
- **The program provides relapse prevention education while participants are active in the program and an aftercare program following graduation.** Drug courts that provide relapse prevention education and aftercare have significantly improved participant outcomes (Carey et al., 2012). A relapse prevention plan enhances participants’ ability to maintain the behavioral changes they have accomplished through participation in the CCTC. Although aftercare services are not required of all participants, having these services is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.
- **Drug testing occurs at least 2 times per week and now occurs on weekends.** Research indicates that testing 2 or more times per week in at least the first phase leads to lower recidivism rates, and continuing this frequency throughout the program is a recommended practice. The program is also commended for implementing weekend testing. Although testing 7 days a week is difficult to do, having the ability to test even 1

day per weekend greatly increases the amount of coverage on participants and substantially reduces the window of time that participants know testing will not occur. The CCTC should also be commended for extending the hours for testing on the weekday so that participants can more easily meet their drug testing requirements around their work schedules.

- **Participants are required to test clean for greater than 90 days before they can graduate.** Research has shown that greater than 90 days is a best practice, and the longer clients are required to be clean before graduation, the more positive their outcomes (both in terms of lowered recidivism and lower costs) (Carey et al., 2005, 2008, 2012).
- **Results from drug testing are obtained within 1 day.** The drug testing company utilized by the CCTC (Burlington Labs) is able to provide results for most drug tests within 1 day, including EtG testing. The CCTC is commended for working with a drug testing agency that provides results within 2 days as research has shown this best practice is associated with higher graduation rates and lower recidivism (Carey et al., 2008).
- **In response to participant feedback during the evaluation process, the team adjusted the clean time requirements for phase advancements.** Since clean time requirements were less than the overall program phase length, participants reported that continued substance use occurred until they needed to start accumulating clean time for phase advancement. During the follow-up call after the site visit, the team reported that this practice has already changed, and any new participants entering the program are now subject to clean time requirements that equal the minimum time required in each phase, specifically, 60 days in Phase 1, 90 in Phase 2, and 90 in Phase 3.
- **Appropriate jail sanction lengths.** Jail sanctions for CCTC participants are generally 1–2 days. Although the option to use jail as a sanction is an integral piece of an effective drug court (Carey et al., 2008), jail should not be used for excessive lengths of time. There are some behaviors that are extremely difficult for individuals who are addicted to substances to perform in the early phases of the program, particularly abstinence. The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring. For this reason, the CCTC is commended for using jail infrequently.
- **The program requires participants to stay through the entire court hearing.** Drug court hearings are a forum for educating all participants and impacting their behavior. It is important that the court requires most participants (exceptions can be made) to stay for the entire hearing to observe consequences (both good and bad) and to learn how those who are doing well are able to succeed and make healthy choices and positive changes in their lives.
- **Status review hearings occur once every 2 weeks.** Research has shown that court appearances once every 2 weeks can have better outcomes than less frequent court appearances (Carey et al., 2008; Marlowe et al., 2006) (except in very high-risk populations who may do better starting with weekly appearances).

- **Judges preside over drug court for 2 years.** Drug court advocates have successfully worked with the state to allow drug court judges to stay beyond the usual 1-year rotations for up to 2 years on the drug court bench. The program and other drug court advocates should continue to campaign the Vermont Supreme Court (and other appropriate parties) regarding implementation of a policy that would structure the judicial rotation so that judges can stay on the drug court bench longer, have some time for training by the previous judge for the newly incoming judge, and eventually have the same judges rotate back through to the drug court bench, utilizing their past experience. Allowing the judge to volunteer for this service, if possible, also increases the potential for improved client outcomes (Carey et al., 2008, 2012). If it is not possible to change the frequency of rotation, it is important to have previous drug court judges available to new judges for consultation, as judge experience and longevity are correlated with more positive participant outcomes and greater cost savings (Finigan, Carey, & Cox, 2007).
- **The program has participated in this process evaluation and will have an outside evaluation of outcomes and costs.** Drug courts that have participated in outside evaluation and have adjusted their program practices based on the results of these evaluations have significantly lower recidivism and higher cost savings (Carey et al., 2012). An evaluation of process, outcomes and costs, will be beneficial to the program for continuing improvement. In addition, outcome and cost findings can be especially helpful in obtaining funding from federal and state sources.
- **The program has creatively and effectively addressed many participant needs.** The program is commended for creating solutions to challenges in the program and in the community faced by participants. Team members provided examples of challenges they have solved related to psychiatric services and housing. This responsiveness and support helps the participants develop trust in the program and allows them to see that the program is working in their best interests.

Although this program is functioning well, NPC's review of program operations resulted in some recommendations for program enhancements. We recognize that it is not always feasible to implement all of these recommendations due to budgetary, policy or infrastructure limitations. The following recommendations reflect the primary areas of program improvement identified in the staff and participant interviews and observations during the site visit. Background information, more detailed explanations, and additional recommendations are presented within each of the 10 Key Components in the main body of the report. Appendix A provides some suggestions for how to organize the recommendations and make plans to implement any changes.

- **Provide clarification on team member roles.** In 2013, NPC observed that there was a lack of clarity in the roles of several team members. In particular, the schedules, expectations and duties related to case manager interactions with the clients were not well defined. There were some participants assigned specifically to case managers who provided support and scheduled regular meetings with participants. However, in other instances, participants may receive case management and attend regular meetings with treatment clinicians at Howard Center (or other treatment agencies). Communication

among team members in the situation does occur but this overlap in services and duties may result in confusion for team members about how they should interact with these participants. The program may benefit from having more clear expectations and outlined duties for these case managers (or assigning one to drug court and the other to mental health court). NPC recommends that the team work together on a Memorandum of Understanding (MOU) that clearly defines all team member roles and responsibilities, including the role of the case managers.

- **Increase use of email communication.** Some team members noted that the use of email communication has lessened over time. This may be due to the turnover of team members, and the difficulty for some to use the treatment provider's encrypted email system. However, ongoing communication between court sessions is integral to informing team members of participant behaviors, and ensures that all information, including positive drug tests, is being considered before a court response is rendered. One possible option is to use participant initials or other pseudonyms that allow for easier communication without compromising confidentiality. Another option is to allow all team members to share information within the court's updated drug court database.
- **Work to have a probation department representative on the team.** The probation department was initially involved with the program, but the relationship became contentious over time. Team members noted their concern that probation officers took a punitive approach incongruent with the treatment-based approach of drug court. However, team members also noted the lack of a probation representative greatly affected supervision levels of participants. In particular, the program does not have access to alcohol monitoring or GPS devices and no other options are currently available. In addition, home checks are infrequent due to lack of time or training. Finally, the lack of probation involvement impacts the participant population as the program is less likely to accept offenders currently on probation/furlough/parole which limits their pool of potential clients. It is highly recommended that the program reach out to the probation department again to request their support and help in selecting an officer who is interested in and willing to be trained in the treatment court model. The program should require that they be formally trained before joining the team and complete an orientation before attending staffing and court sessions. Most importantly, the team should outline the duties, tasks, and expectations of the probation officer in the MOU between all relevant agencies.
- **Participants should be represented by counsel during their time in the program.** Currently, when any participants that retain private attorneys (or have conflict of interest in the public defender's office) are discussed in staffing, the assigned public defender leaves the room due to concerns related to the Health Insurance Portability and Accountability Act (HIPAA) and potential conflict of interest. The public defender's chief concern is that she should not learn certain information unless a release is signed at each staffing. It is strongly recommended that the program address this issue, as team members also expressed concern regarding ex parte communication. Participants should always be represented by counsel during discussions in staffing sessions and any subsequent court sessions, particularly if there is a possibility that there may be

sanctions that involve property or liberty interests. If private attorneys are unable (or unwilling) to be present, or the conflict attorney is not able to attend, these participants must be represented by the public defender. HIPAA concerns are not typically an issue since the program can have the appropriate parties sign a confidentiality form. Going forward, the program should give serious consideration to having participants sign up with the public defender once they enter in the program, and have a second attorney available in the case of conflicts.

- **Work to increase program capacity.** Team members were unsure of the exact reason for the lower number of active participants, but noted it was probably due to several issues over time. This includes the turnover of staff members, particularly the program coordinator, drug court judge, and state courts official, which resulted in a temporary hold on accepting new participants. A local program, Rapid Intervention Community Court (RICC), is also accepting individuals who may be eligible for drug court, possibly resulting in fewer referrals for the CCTC. RICC works to intervene with lower level offenders and defendants with an extended history within the criminal justice system (individuals who may also be considered eligible for participation in drug court). The team should consider coordinating with the RICC to clarify the eligibility criteria for each program and determine if there are ways that they can work together to provide the services and resources needed for the population they serve. In addition, the team could review their eligibility guidelines and do more outreach agencies that refer offenders to the program. This will help gain a better understanding of how participants are being referred to the CCTC and whether there are additional defendants that are not being referred despite meeting eligibility criteria that could be referred going forward.
- **Continue efforts to reduce the time between arrest and program entry.** The team stated that significant delays hinder program entry for some participants. This is typically caused by the length of time between arrest and charges being filed (typically 6 weeks), delays in receiving paperwork (police reports, etc.), and the concern on the part of the public defender's office to expedite cases to protect due process rights. Team members noted the number of high-level changes required to substantially change arrest to entry times. However, the team should still consider conducting a case flow review to address potential bottlenecks to the entry process, perhaps identifying smaller issues that slow down the process, with the hope that larger system issues may be addressed in the future.
- **Monitor participant time in program.** During both visits to the CCTC, it was noted that many participants had been active in the program for extended periods of time (some as long as 4 years). While a set amount of time to complete the program should not be established, the program must consider the amount of resources that participants may be using and weigh that with providing the opportunity to other potential participants. NADCP created a new 5-phase form that the CCTC may use as a template for establishing timelines and milestones with participants. There is currently a training planned for an NADCP staff member to travel to Vermont to provide training in person on the five phase model as well as incentives and sanctions.

- **Evaluate general phase requirements:** The requirements of each program phase should mirror the basic stages of recovery including initiation of abstinence and stabilization, maintenance, relapse prevention and aftercare planning. The current participant handbook states that certain phases are “minimum of 3-4 months,” with no distinction of what may allow a participant to advance phases in 3 months versus 4 months. It was observed that most participants were required to be in the phase for 4 months, which may necessitate an update to the handbook to reflect this requirement. Each phase should also have specific goals that must be achieved before advancement, regardless of the length of time the participant is in that phase. The upcoming training from NADCP staff will assist the CCTC team in developing their phase model following research based best practices.
- **Develop specific guidelines on the use of sanctions and rewards and give a printed copy to each team member.** Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rates and 3 times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2011). These guidelines should be considered a starting point for team discussion of rewards and sanctions during staffing sessions and not hard and fast rules. They can help the team in maintaining consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various reward and sanction options available to the team so they do not fall into habits of using the same type of sanctions (e.g., jail, loss of sober time) so frequently that they become ineffective. The CCTC has previously begun to address this recommendation by scheduling policy meetings with the specific goal to create guidelines for the team on incentives and sanctions; however, turnover among team members has delayed this action. It is recommended that all team members receive training in the use of incentives and sanctions, along with proximal and distal goals. Since the time of the site visit, NADCP has been contacted and plans for training are underway.
- **Explain the reasons for rewards and sanctions in court and be aware of the importance of appearing fair.** Because this drug court often imposes rewards and sanctions on an individualized basis, the team needs to take into consideration the appearance of unequal treatment for similar infractions. The court should communicate the rationale behind decisions regarding sanctions and incentives, even if it seems redundant at times. NPC encourages the team to explain court responses to behavior in detail during court sessions for the benefit of the participant being addressed by the judge and for the participants who are observing. In particular, the judge should describe the noncompliant behavior that the participant needs to stop and why a specific sanction was chosen with the intention of changing that behavior, and then describe what the participant should be doing instead. It can be very helpful for a participant to hear from the judge what they should do and not just what they should not do. This provides the participant with a positive behavior they can use in place of the negative behavior.

Similarly, time should be taken with participants who are doing well to emphasize what they are doing right. The court should encourage participants to share in court what

strategies they used to make it to appointments on time, or to avoid a situation that would trigger relapse, etc. Most participants already know what it looks like to do the wrong thing and be in trouble; what they often do not know is how to do it right. Participants can learn about correct behavior by listening to those participants who are doing well in court.

- **Increase participant time spent before the judge, particularly for participants who are doing well.** During the court session observation, participants spent an average of 2 minutes speaking with the judge. An average of 3 minutes or greater per participant is related to higher graduation rates and significantly lower recidivism rates than drug courts that spend less than 3 minutes per participant (Carey et al., 2011). Since the court session is a learning opportunity for all participants, spending more time with the participants who are doing well, and ensuring that all participants can hear the conversation (rather than private conversations), will allow other participants to observe and learn positive behaviors that will help them replace old negative behaviors. High-performing participants should be used as an example for others, and should be given much more praise in front of the courtroom, along with engaging them in conversations about how they are accomplishing their goals. The drug court model is based on behavior modification so the focus should be on their behaviors.
- **Consider ideas to enhance graduation ceremonies.** The observed graduation ceremony was extremely positive. The team should consider ways to bring in outside agencies and additional community members to attend the ceremony as a means of garnering additional support for the program. Announcing the gifts that are given to participants or having the deputy state's attorney announce any dismissed/reduced charges are also ways to add weight to the ceremony.
- **Continue to share evaluation and assessment results.** The CCTC team members are encouraged to discuss the overall findings, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. In anticipation of receiving this report, the CCTC should schedule a time for the policy committee to discuss the results of this report and how the information it contains can be used. The program should also set time aside to review the Adult Drug Court Best Practice Standards (Volume I & II) to see which are being met and which are attainable for the program.

Courts that have participated in an evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012). Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program.

- **Invest resources in training for all new team members, and work to ensure refresher training occurs for all other team members at regular intervals.** In particular, role-specific training would be extremely beneficial for the drug court coordinator, deputy state's attorney, and law enforcement representative (if no training has been received). Team members recently noted that the entire CCTC team will be attending the 2016

National Association of Drug Court Professionals Annual Training Conference. Additionally, providing a training opportunity for a probation officer on the role of probation in drug court may increase their buy in to the drug court model. All new team members should also be required to complete some formal training before (or shortly after) joining the team. The program provides an orientation, a packet of resources (policy and procedure manual, participant handbook, etc.) for review, and completion of online webinars available through NADCP, however not all team members are completing these orientation and training activities. We recommend that the program set up a system for team members to work together to ensure new members complete the orientation activities. In addition, setting aside time once per month or every other month to watch webinars or review information on best practices and other topics can help keep all team members up to speed.

- **Consider establishing an advisory group to further connect with existing and new community partners.** The team should continue discussing possible community connections and resources, and consider establishing an advisory group that meets once or twice per year—both for ideas for generating outside support to enhance the program, and to be responsive to changes in the environment and participant needs. If it has not been done recently, completing a community mapping worksheet can help to reevaluate new resources and identify additional areas of need. (http://dn2vfhykblonm.cloudfront.net/sites/default/files/community_mapping_resources_chart.pdf).
- **Continue to invite community members and staff from other agencies to CCTC graduations.** Despite being established for many years, team members noted that much of the general community is still unaware of the CCTC program and its mission to improve the community and individual lives. It is important to educate those not familiar with drug courts about how the drug court model works and its benefits. Graduation ceremonies provide powerful testimony for the effectiveness of drug courts. Inviting potential partners, such as speakers involved in the recovery or treatment community, to graduation ceremonies is one low-cost strategy for strengthening outreach efforts, and allows them to witness positive program impacts.

Overall, the CCTC has successfully implemented a program that incorporates the 10 Key Components of Drug Courts. The program is commended for implementing a program that follows many best drug court practices. The staff should set aside time to discuss the findings and recommendations in this report, both to enjoy the recognition of its accomplishments and to determine how to respond to the recommendations.

10 KEY COMPONENTS OF DRUG COURTS DETAILED EVALUATION RESULTS

The Chittenden County Treatment Court (referred to as the CCTC for the remainder of the report) was implemented in June 2003 as a collaborative effort between the Superior Court, State’s Attorney’s Office, Public Defender’s Office, Department of Corrections, Department of Health, and the local treatment agency (Howard Center) to provide eligible participants with an alternative to traditional criminal justice processes. The program is designed to take a minimum of 9 months to complete, with most successful participants reported to complete the program in 18 months. The CCTC takes only post-plea/pre-conviction participants, and targets high-risk/high-need Chittenden County residents that have been charged with crimes related to their drug addiction. The most common drug of choice is opiates/heroin (40%), followed by prescription opiates (20%), marijuana (15%), cocaine (15%), and alcohol (10%). As of February 2016 there were 33 active participants in the program.

KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.

The focus of this key component is on the integration of treatment services with traditional court case processing. Practices that illustrate an adherence to treatment integration include the role of the treatment provider in the drug court system and the extent of collaboration of all the agencies involved in the program.

The original monograph on the 10 Key Components (NADCP, 1997) describes drug court as a collaboration among all members of a team consisting of treatment providers, the judge, the prosecutor, the defense attorney, the coordinator, case managers, and other community partners. All partners contribute to the strength of this model because each sees the participant from a unique perspective and their collaboration helps engage participants and change behavior. It is also important to keep team members engaged in the process by ensuring they have input on drug court policies and feel their role and contribution is valued.

National Research

Greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for participants, including reduced recidivism and, consequently, reduced costs at follow-up (e.g., Baker, 2013; Carey et al., 2005, 2012; Shaffer, 2011; VanWormer, 2010). Also, greater law enforcement involvement increases graduation rates, reduces recidivism and reduces outcome costs (Carey et al., 2008, 2012).

Research has also demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including



higher graduation rates and lower recidivism costs (Carey et al., 2005, 2008). Findings also indicated that when the treatment provider uses email to convey information to the team, the program has greater reductions in recidivism (Carey et al., 2012).

Chittenden County Treatment Court Process

- The CCTC team is composed of a judge, drug court coordinator, deputy state's attorney, public defender, treatment provider representatives (clinical coordinator and senior clinician), and a part-time case manager. These team members have regular contact with participants throughout their time in the program.
- The program has experienced significant turnover since the 2013 evaluation, with the judge, drug court coordinator, deputy state's attorney, and two case manager positions being held by different individuals as of the October 2015 visit. Some of this turnover was due to regularly scheduled rotations (Vermont judges rotate every 2 years for example), while others were due to turnover typical of human services programs.
- The CCTC judge position rotates approximately every 2 years, based on guidelines created by the Vermont Supreme Court (which rotates most judges annually). These guidelines require that judges preside over different divisions (criminal, family, drug court, etc.), which then allows the Supreme Court to address staffing issues by assigning judges interchangeably. The Supreme Court has allowed CCTC judge tenures to exceed 1 year (up to 2 years), but these rotations do not typically allow for overlap of judges during the transition, resulting in an abrupt change to the program in most cases.
- The team noted that law enforcement has always been considered a drug court team member, but that time constraints limit their ability to attend staffing and court. However, during the December 2015 follow-up call, team members noted that a law enforcement officer is now able to regularly participate in drug court program activities.
- CCTC staffing meetings occur twice a month on Thursday afternoons, with sessions averaging 2 hours. Regular attendees include the judge, drug court coordinator, deputy state's attorney, public defender, treatment provider representatives (clinical coordinator and senior clinician), part-time case manager, and law enforcement representative. Probation officers do not typically attend, but community partners will sometimes attend if they are working with, or have additional information about participants. An additional meeting consisting of treatment clinicians and case managers is held weekly outside of staffing sessions on Wednesdays to discuss participant needs.
- The team discusses every participant scheduled for the upcoming court session during staffing meetings. Discussions center on treatment involvement, employment, phase advancement, drug testing, overall progress, and responding to participants' positive and negative behaviors. Most team members provide feedback and participate in discussions before they decide on court responses. The judge has the authority to make the final decision (or to implement responses that differ from the team recommendations); however, he rarely asserted this authority over the team.
- Drug court status review hearings are held every other week on Thursday afternoons (immediately following the staffing session), and generally last about 2 hours. All team

members who participate in the staffing session attend the court session as well. Court security officers may be present if a participant is going into custody, but they are not considered members of the team.

- CCTC works primarily with one treatment provider, Howard Center, to provide treatment services to the majority of participants in the program. CCTC requires that participants have health insurance coverage. The majority are eligible for Medicaid, which pays for the treatment services they receive. Team members reported that representatives from Howard Center regularly provide written progress reports for staffing sessions and also communicate with the team verbally in staffing and court sessions. Clinicians from other agencies typically provide updates and maintain contact with Howard Center clinicians and/or case managers for participants receiving treatment services outside of Howard Center.
- The CCTC has a formal policy committee that meets every 6 months outside of staffing sessions (called systems meetings) to discuss program issues. Team members acknowledged, however, they held only one systems meeting in the past year. The team has discussed scheduling a meeting in early 2016. The committee consists of all active team members who always attend staffing and court sessions.
- Treatment clinicians and case managers perform the majority of case management for drug court participants. However, the clinical coordinator, public defender, and drug court coordinator regularly provide case management services when needed. Home visits are completed primarily by the case managers assigned to the program, but do not occur regularly.

Commendations

- **The team now has a law enforcement representative.** NPC previously recommended that the team work to include a law enforcement liaison on the team. CCTC team members noted that there was generally support from local law enforcement agencies, but that time constraints prevented them from participating. However, team members stated during the December 2015 follow-up call that a law enforcement representative is now participating on the team. The CCTC is commended for addressing this issue, as research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism rates, and higher cost savings (Carey et al., 2011, 2012). If their role is not already defined on the team, the CCTC can use law enforcement to assist with home visits to verify that participants are living in an environment conducive to recovery.
- **All active team members attend both staffing and court sessions.** The CCTC judge, both attorneys, the coordinator, treatment representatives and case managers all attend both staffing meetings and court sessions. Research suggests that greater team member representation at staffing and court sessions is related to greater reductions in recidivism and higher cost savings (Carey et al., 2012).

Focus group quote: (Participant talking about the CCTC generally)

“It’s life changing. I’m a lot farther than I thought I was.”

- **A policy committee meets regularly.** The program has implemented a policy committee, referred to as “systems meetings.” The purpose of these meetings is to discuss and make decisions about drug court policy issues that cannot be addressed during staffing sessions. The committee is also responsible for ensuring the court is working toward program goals. This committee should plan on using an upcoming session to address the commendations and recommendations described in this report.

Suggestions/Recommendations

- **Provide clarification on team member roles.** In 2013, NPC observed that there was a lack of clarity in the roles of several team members. In particular, the schedules, expectations and duties related to case manager interactions with the clients were not well defined. There were some participants assigned specifically to case managers who provided support and scheduled regular meetings with participants. However, in other instances, participants may receive case management and attend regular meetings with treatment clinicians at Howard Center (or other treatment agencies). Communication among team members in the situation does occur, but this overlap in services and duties may result in confusion for team members about how they should interact with these participants. The program may benefit from having more clear expectations and outlined duties for these case managers (or assigning one to drug court and the other to mental health court). NPC recommends that the team work together on a Memorandum of Understanding (MOU) that clearly defines all team member roles and responsibilities, including the role of the case managers.
- **Increase use of email communication.** Some team members noted that the use of email communication has lessened over time. This may be due to the turnover of team members, and the difficulty for some to use the treatment provider’s encrypted email system. However, ongoing communication between court sessions is integral to informing team members of participant behaviors, and ensures that all information, including positive drug tests, is being considered before a court response is rendered. One possible option is to use participant initials or other pseudonyms may also allow for easier communication without compromising confidentiality. Another option is to allow all team members to share information within the court’s updated drug court database.
- **Work to have a probation department representative on the team.** The probation department was initially involved with the program, but the relationship became contentious over time. Team members noted their concern that probation officers took a punitive approach incongruent with the treatment-based approach of drug court. However, team members also noted the lack of a probation representative greatly affected supervision levels of participants. In particular, the program does not have access to alcohol monitoring or GPS devices, and no other options are currently available. In addition, home checks are infrequent due to lack of time or training. Finally, the lack of probation involvement impacts the participant population as the program is less likely to accept offenders currently on probation/furlough/parole which limits their pool of potential clients. It is highly recommended that the program reach out to the probation department again to request their support and help in selecting an officer

who is interested in and willing to be trained in the treatment court model. The program should require that they be formally trained before joining the team and complete an orientation before attending staffing and court sessions. Most importantly, the team should outline the duties, tasks, and expectations of the probation officer in the MOU between all relevant agencies.

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.

This key component is concerned with the balance of three priorities. First, unlike traditional case processing, drug courts require a collaborative approach between roles that are traditionally adversarial. Second, the drug court remains responsible for promoting public safety. Third, participants' due process rights must be protected.

National Research

Research by Cissner et al. (2013) and Carey et al. (2012) found that participation by the prosecution and defense attorneys in team meetings and at drug court status review hearings had a positive effect on graduation rates and recidivism² costs.

In addition, drug courts that included charges in addition to drug offenses also showed lower recidivism costs. Allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment³ costs while drug courts that mixed pre-trial and post-trial offenders had similar outcomes as drug courts that keep those populations separate (Carey et al., 2008).

Chittenden County Treatment Court Process

- A dedicated public defender and deputy state's attorney have been assigned to the drug court team and actively participate in all staffing and court sessions. Private attorneys also represent a portion of the program's participants (approximately 25%) due to conflicts of interest at the public defender's office. These private attorneys may attend staffing and court sessions to represent participants assigned to them; however, this does not always occur.
- The program accepts post-plea/pre-conviction participants only. Potential participants are typically identified by the public defender's office.
- The CCTC deputy state's attorney regularly communicates with those in his office about referrals the team has under consideration (as other deputy state's attorneys must agree to allow someone to enter the program). He may also communicate with local law

² Recidivism costs are the expenses related to the measures of participant outcomes, such as re-arrests, jail time, probation, etc. Successful programs result in lower recidivism costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

³ Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.



enforcement agencies to learn more about participants and their criminal history. This allows the CCTC deputy state's attorney to provide input and ultimately give approval to anyone entering the program.

- The public defender and deputy state's attorney are always included on all CCTC policy-related matters.
- The public defender has received drug court-specific training, role-specific training, and also attended drug court state and national conferences.
- The current deputy state's attorney has not received any formal drug-court specific training, but will be attending the 2016 National Association of Drug Court Professionals Annual Training Conference and also the 2016 regional conference.
- Both attorneys are always aware when a drug court participant is sanctioned to jail for noncompliant behavior.
- The CCTC does accept individuals who do not have drug-related charges (crimes not related to their addiction). The program allows individuals receiving medication-assisted treatment into the program.

Commendations

- **CCTC has a dedicated public defender and deputy state's attorney assigned to the program.** Best practices research indicates that this results in positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). Both attorneys are aware of the team approach while participating in drug court proceedings and are clearly supportive of the drug court model.

Suggestions/Recommendations

- **Participants should be represented by counsel during their time in the program.** Currently, when any participants that retain private attorneys (or have conflict of interest in the public defender's office) are discussed in staffing, the assigned public defender leaves the room due to concerns related to the Health Insurance Portability and Accountability Act (HIPAA) and potential conflict of interest. The public defender's chief concern is that she should not learn certain information unless a release is signed at each staffing. It is strongly recommended that the program address this issue; participants should always be represented by counsel during discussions in staffing sessions and any subsequent court sessions, particularly if there is a possibility that there may be sanctions that involve property or liberty interests. If private attorneys are unable (or unwilling) to be present, or the conflict attorney is not able to attend, these participants must be represented by the public defender. HIPAA concerns should not be an issue since the program has the appropriate parties sign a confidentiality form. The program should require the public defender to stay in staffing as long as the releases have been signed, and should give serious consideration to having participants sign up with the public defender once they enter in the program, as well as have a second attorney available in the case of conflicts.

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.

The focus of this component is on the development, clarity and effectiveness of the eligibility criteria and referral process. Different drug courts have different eligibility and exclusion criteria. Some drug courts include criteria unrelated to the defendant's criminal history or addiction severity, such as requiring that participants admit to a drug problem or meet other "suitability" requirements. Research reveals that the most effective drug courts have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to all potential referral sources. Drug courts also differ in how they determine if a client meets entry criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time, but also results in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is the efficiency of the program entry process, including how long it takes a defendant to move through the system from arrest to referral to drug court entry. The goal is to implement an expedient process. The time between arrest to referral and referral to drug court entry, the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake, are all factors that impact the expediency of program entry.

National Research

There is extensive research indicating that offenders who are addicted to illicit drugs or alcohol (i.e., have moderate to severe substance use disorder) and are at high risk for criminal recidivism or failure in typical rehabilitative dispositions are best suited for the full drug court model including intensive supervision and drug and alcohol treatment. Drug courts that focus their efforts on high-risk, high-need offenders show substantial reductions in recidivism and higher cost savings (Carey et al., 2008, 2012; Cissner et al., 2013; Downey & Roman, 2010; Lowenkamp, Latessa, & Smith, 2006). NADCP recommends that drug courts that allow offenders who are not high-risk/high-need into their programs should develop different tracks that adapt the treatment and supervision services to fit the specific risk and need level of their participants (NADCP, 2013).

Carey et al. (2008) found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment costs and outcome costs. Courts that accepted other types of charges, in addition to drug charges also had lower outcome costs, although their investment costs were higher.

Those courts that expected 50 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012).



Other research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008). Moreover, programs that did not exclude offenders with mental health issues had a significant cost savings compared with those that did (Carey et al., 2012).

Chittenden County Treatment Court Process

- The target population of the CCTC is high-risk/high-need offenders living in Chittenden County that are substance dependent and have committed crimes driven by addiction. The program only accepts substance dependent individuals into the program, and participants must be amenable to treatment to be eligible for entry. There is a “back out” period where participants can try the program and decide not to participate.
- The drug court coordinator completes an interview with individuals that have been referred to the program and initially approved by the state’s attorney’s office. These offenders are screened for eligibility using the Ohio Risk Assessment Screening Tool (ORAS) which assesses an individual’s likelihood of failing to appear and risk of re-offending by evaluating their criminal history, employment/residential stability and drug use.
- Individuals using certain narcotic medications (benzodiazepines) and individuals that do not admit to having a drug problem are not eligible for consideration to the drug court. Those individuals on narcotic medications who are not eligible for drug court are typically screened for mental health court.
- The CCTC eligibility requirements are written but the program was unsure if all referring team agencies have copies of the eligibility criteria.
- The team noted that most program referrals are received from the public defender’s office and local defense attorneys, but the state’s attorney’s office, local court, probation office, law enforcement, child welfare case worker, general public (including schools), mental health agencies, Section 8 Housing Authority, and local jails may also identify and refer potential participants to the program.
- Once a referral has been received, the drug court coordinator will pass this information to the appropriate deputy state’s attorney, who must then give approval. Once approved, the drug court coordinator will schedule a face-to-face interview to screen participants using the ORAS. The coordinator will also go over program requirements and give participants an example of an expected schedule if they enter the program. The CCTC will then schedule eligible and appropriate participants to observe an upcoming court session. The information gathered on a participant up to this point is then brought to the CCTC team for consideration during the next scheduled staffing session. The team discusses this information along with a participant’s criminal history, appropriateness for the program, and many other factors before deciding as a team to accept an individual into the program. Participants that express an interest in joining then attend a new participant program orientation to review the participant handbook in detail. All

participants then enter the orientation phase of the program for a minimum of 30 days. At the end of the orientation phase, participants decide whether to enter the program and the CCTC decides if the program is appropriate for the participant.

- The team estimates that the time between participant arrest and referral to the drug court program is 2 months or more. The estimated time between drug court referral and program entry is 1–2 months, for a minimum total estimated time from arrest to drug court entry of 3–4 months.
- Howard Center creates a full bio-psycho-social assessment on all offenders to determine level of care shortly after admission to drug court. Howard Center then creates an individualized treatment plan from the assessment, including a schedule of group and individual therapy sessions.
- The CCTC estimates that 80% of participants are poly-substance users/abusers, with opiates (prescription and heroin) being the most prominent drug of choice.
- Incentives for participants to enter the drug court include charges for the case that led to drug court being dismissed, early termination of probation, probation sentence not being served, suspension of jail or prison sentences, and reducing felony charges to misdemeanor charges. Focus group participants also noted that the structure, resources, and support of the program were the biggest reasons for entering the program.
- The CCTC's official capacity is 40 participants. As of February 2016, the program had 33 active participants.

Commendations

- **The program uses a validated assessment tool to determine participant risk and need (including level of substance use disorder).** A validated assessment tool allows the program to provide more appropriate and effective substance use treatment and other services.

Suggestions/Recommendations

- **Work to increase program capacity.** Team members were unsure of the exact reason for the lower number of active participants, but noted it was probably due to several issues over time. This includes the turnover of staff members, particularly the program coordinator, drug court judge, and state courts official, which resulted in a temporary hold on accepting new participants. A local program, Rapid Intervention Community Court (RICC), is also accepting individuals who might also be eligible for drug court, possibly resulting in fewer referrals for the CCTC. RICC works to intervene with lower level offenders and defendants with an extended history within the criminal justice system (individuals who might be appropriate for drug court). The team should consider coordinating with the RICC to clarify the eligibility criteria for each program and determine if there are ways that they can work together to provide the services and resources needed for the population they serve. In addition, the team could review their eligibility guidelines and do more outreach agencies that refer offenders to the program. This will help gain a better understanding of how participants are being referred to the

CCTC and whether there are additional defendants that are not being referred despite meeting eligibility criteria that could be referred going forward.

- **Continue efforts to reduce the time between arrest and program entry.** The team stated that significant delays hinder program entry for some participants. This is typically caused by the length of time between arrest and charges being filed (typically 6 weeks), delays in receiving paperwork (police reports, etc.), and the concern on the part of the public defender's office to protect due process rights through a deliberate, but not necessarily timely, process. Team members noted the number of high-level changes required to substantially change arrest to entry times. However, the team should still consider conducting a case flow review to address potential bottlenecks to the entry process, perhaps identifying smaller issues that slow down the process, with the hope that larger system issues may be addressed in the future.

Prompt program placement is associated with higher cost savings and it engages people who need treatment sooner, which increases their chances of success. Programs should take advantage of the window of time after an arrest as a teachable moment (or moment for change) where the impact is going to be most effective. Provisions can be put in place that still protect due process rights, while fully informing a defendant of the consequences and details of the program. In addition, part of an advocate's role is to help clients make the best decision possible (including for their long-term outcomes), particularly when a person is likely not able to make the best decision for themselves because they are under the influence.

The CCTC should continue to accept defendants who have had significant amounts of time pass since their arrest (team stated there were some defendants who have been pending for 6 months or more). Many drug court programs accept offenders after substantial amounts of time have passed since their arrest and can have successful outcomes in spite of this gap, although it should be noted that this practice should be an exception.

During the most recent visit, team members noted that the head of the state ethics committee may be able to deliver a training to the defense bar on how to refer people to drug court more quickly and share the research demonstrating why they should. The CCTC is highly encouraged to follow through on this, as it will help open up the dialogue and perhaps address some the issues they currently face.

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICES.

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services appropriate to their clinical needs. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of treatment and habilitation services to provide, available levels of care, and which services are important for their target population.

National Research

National research has demonstrated that outcomes are significantly better in drug courts that offer a continuum of care for substance abuse treatment including residential treatment and recovery housing in addition to outpatient treatment (Carey et al., 2012; Koob, Brocato, & Kleinpeter, 2011; McKee, 2010). Assigning a level of care based on a standardized assessment of treatment needs as opposed to relying on professional judgment or discretion results in significantly better outcomes (Andrews & Bonta, 2010; Vieira, Skilling, & Peterson-Badali, 2009). In the criminal justice system, mismatching offenders to a higher level of care than they require has been associated with negative effects including poor outcomes. For example, offenders who received residential treatment when a lower level of care was appropriate had significantly higher rates of treatment failure and criminal recidivism than offenders with comparable needs who were assigned to outpatient treatment (Lovins, Lowenkamp, Latessa, & Smith, 2007; Lowenkamp & Latessa, 2005).

Further, drug courts are more effective when they offer access to complementary treatment and social services to address co-occurring needs. A multisite study of approximately 70 drug courts found that programs were significantly more effective at reducing crime when they offered mental health treatment, family counseling and parenting classes, and were marginally more effective when they offered medical and dental services (Carey et al., 2012). Drug courts were also more cost-effective when they helped participants find a job, enroll in an educational program, or obtain sober and supportive housing (Carey et al., 2012). A statewide study of 86 drug courts in New York found that when drug courts assessed participants for trauma and other mental health needs, and delivered mental health, medical, vocational or educational services where indicated had significantly greater reductions in criminal recidivism (Cissner et al., 2013).

However, research does not support a practice of delivering the same complementary services to all participants. Drug courts that required all of their participants to receive educational or employment services were determined to be less effective at reducing crime than drug courts that matched the services to the assessed needs of the participants (Shaffer, 2006). Further, according to Volume II of NADCP's Best Practice Standards, "Requiring participants to receive unnecessary services is not merely a waste of time and resources. This practice can make outcomes worse by placing excessive demands on participants and interfering with the time they have available to engage in productive activities (Gutierrez & Bourgon, 2012; Lowenkamp et al., 2006; Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013; Vieira et al., 2009)."

Other research on drug court practices found that programs that require at least 12 months for participants to successfully complete have higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey et al., 2008), found that having a single provider or an agency that

oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower recidivism-related costs. More recent research supports this finding, revealing that reductions in recidivism decrease as the number of treatment agencies increase (Carey et al., 2012).

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success (Lurigio, 2000).

Chittenden County Treatment Court Process

- The CCTC program is intended to last a minimum of 9 months and has three phases (and an optional aftercare phase). The first phase of the program lasts a minimum of 3 months. Each of the next two phases last a minimum of 3 months (but generally last 4 months). It was reported that most participants take an average of 18 months to successfully complete the program.

Focus group quotes: (Participants talking about the what they don't like about the program)

- “They want you to have normal big boy house...do all things a citizen does. But then, you can't have those things because you have group, UAs, court every other Thursday.... they make it hard to have full-time employment. But it's necessary for the structure of program. So it goes back and forth...”
 - “I have to be late to work 3 days a week. And leave work early 2 days a week.”
- Participants also have the option to enter an aftercare phase after graduation. For those that opt to complete this aftercare phase, the program provides continuing support by having participants periodically check in with their case manager and following their relapse prevention plan. Participants may also mentor new participants in the CCTC.
 - Numerous agencies in Chittenden County provide treatment services to program participants, but a single agency (Howard Center) treats the majority of participants. Howard Center coordinates and provides oversight for most treatment services received by participants.
 - Participants typically attend one individual treatment session and three group sessions every week in Phase I. Participants then attend one individual treatment session and two group sessions per week in the last phase. The amount of treatment/number of sessions is evaluated by the treatment provider throughout the program and slightly decreases as participants' progress through the program, but then increases toward the end to prepare participants to leave the program.
 - Participants are also strongly encouraged to attend self-help meetings throughout the program. In the first phase of the program, it is suggested that participants attend three meetings per week. This decreases to two meetings per week in the last two phases of the program.

- Participants are always screened for co-occurring mental disorders as well as suicidal ideation. Mental health treatment is required for CCTC participants who are found to have co-occurring disorders as part of their program-related treatment. There is also a standalone mental health court in Chittenden County for individuals that require a higher level of mental health services.
- Howard Center staff complete an in-house assessment on participants that determines areas of need, including substance abuse and mental health diagnoses. This information is then used to create an individualized care plan for the participant and is adjusted as appropriate during their time in the program.
- Services (or types of treatment) required for *all participants* are based on assessed level of care and include: mental health counseling, outpatient individual treatment sessions health education, health care, Motivation Interviewing, Recovery training and contingency management. Services (or types of treatment) required for *some participants* include: detoxification outpatient group treatment sessions, residential treatment, psychiatric services, job training/vocational program, employment assistance, family/domestic relations counseling, GED assistance, prescription drugs for substance dependence, TCU Mapping enhanced Counseling, parenting classes, anger management/violence prevention. Services *offered to participants but not required* include: gender-specific treatment sessions, self-help (e.g., AA or NA), language or cultural specific programs, prenatal program, housing assistance, dental care, transportation assistance, Twelve Step Facilitation Therapy, University of Cincinnati Corrections Institute CBT for Substance Abuse curriculum, Seeking Safety, Mindfulness training, and Moral Reconciliation Therapy.
- Depending on their health insurance coverage, aftercare services are available to some participants after graduation. If funding from their insurance is possible, participants can continue to receive any or all treatment services available.
- Child care services are available to eligible drug court participants through the Agency of Human Services Reach-Up Program.
- The CCTC works with local sober community centers to provide “recovery coaches” to participants. Recovery coaches are certified, trained individuals that meet with participants to work on goal setting and other recovery management services. Team members noted that they differ from a 12-step sponsor in their approach (strength-based vs. 12-step), certification requirements, professional accountability, and affiliation with a community organization.
- The program requires participants complete the Making Recovery Easier (MRE) program during Phase 1 of the program. MRE is a program designed to orient participants regarding the 12-Step Fellowships of Alcoholics Anonymous and Narcotics Anonymous, and offers suggestions for selecting a recovery program that’s appropriate for them.
- The CCTC utilizes resources in the faith community by referring participants to Joint Urban Ministry Project (J.U.M.P.), a local church that provides a drop-in center to assist individuals with food, transportation, or utility assistance.

- Participants can also receive employment services when referred to the local Department of Labor, Division of Vocational Rehabilitation, Vermont Works for Women, and the Burlington Community Justice Center.
- GED classes and education assistance can be obtained through the local Vermont Adult Learning Center.
- The team regularly refers participants to the local resource centers to receive a limited number of free bus passes. Participants may also be sent to Bike Recycle Vermont to obtain a refurbished bicycle at a discounted price.

Commendations

- **The program offers an array of treatment services and uses evidence-based programming.** The CCTC offers a breadth of diverse and specialized services to program participants through its partnership with the Howard Center, along with utilizing various other treatment providers in the area. One area of note is the new IOP program that is currently housed in the courthouse. This is a clinical best practice (to be co-located) and the CCTC is highly commended for being able to establish this type of programming.

Focus group quotes: (Participants talking about the what they like about the program)

- “Resources. Stability. Commitments. Consistency. Structure. Things you need to rebuild and have your life in order.”
- “Counselors”
- “Bob! He cares.....One of a kind. He teaches us how to respond to things instead of reacting impulsively. Break down recovery to a day at a time. Minute at a time. Instead of thinking way too far ahead. Don’t act out of complacency.”
- “Same thing for Elliot as with Bob. She goes out on a limb with me. She is only counselor I’ve ever opened up to.”
- “Counselors help with anything. Help me with finding a house, finding a job. Just the life stuff you don’t think of”
- “When you come to drug court, you get out of jail... so you are at the lowest point in your life. They help you from ground up to restructure your whole life.”

- **The program offers referrals for ancillary services for participants.** Team members reported that the CCTC makes referrals for medical, dental and psychiatric care when needed. Meeting participant needs across the spectrum of issues affecting their lives can help them be more successful. In addition, appropriate care can help mitigate participant use of substances to self-medicate problems related to physical pain. Many programs have seen benefits with reduction in recidivism from offering health services.
- **The program provides relapse prevention education while participants are active in the program and an aftercare program following graduation.** Drug courts that provide relapse prevention education and aftercare have significantly improved participant outcomes (Carey et al., 2012). A relapse prevention plan enhances participants’ ability to maintain the behavioral changes they have accomplished through participation in the

CCTC. Although aftercare services are not required of all participants (except for those that have received a Section 8 voucher from the program), having these services is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.

Suggestions/Recommendations

- **Monitor participant time in program.** During both visits to the CCTC, it was noted that many participants had been active in the program for extended periods of time (some as long as 4 years). While a set amount of time to complete the program should not be established, the program must consider the amount of resources that participants may be using and weigh that with providing the opportunity to other potential participants. NADCP created a new 5-phase form that CCTC may use as a template for establishing timelines and milestones with participants. There is currently a training planned for an NADCP staff member to travel to Vermont to provide training in person on the five phase model as well as incentives and sanctions.
- **Evaluate general phase requirements.** The requirements of each program phase should mirror the basic stages of recovery including initiation of abstinence and stabilization, maintenance, relapse prevention and aftercare planning. The current participant handbook states that certain phases are “minimum of 3-4 months,” with no distinction of what may allow a participant to advance phases in 3 months versus 4 months. It was observed that most participants were required to be in the phase for 4 months, which may necessitate an update to the handbook to reflect this requirement. Each phase should also have specific goals that must be achieved before advancement, regardless of the length of time the participant is in that phase. The upcoming training from NADCP staff will assist the CCTC team in developing their phase model following research-based best practices.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It can also be a benefit to participants in demonstrating their sobriety to others and to use as a tool in learning refusal skills. Key Component #5 encourages frequent testing but does not define the term “frequent” so drug courts have developed their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

Drug and alcohol testing should provide an accurate, timely and comprehensive assessment of unauthorized substance use throughout participants’ enrollment in the drug court.

National Research

Outcomes are significantly more positive when detection of substance use is likely (Kilmer, Nicosia, Heaton, & Midgett, 2012; Marques, Jesus, Olea, Vairinhos, & Jacinto, 2014; Schuler, Griffin, Ramchand, Almirall, & McCaffrey, 2014) and also when participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken &

Kleiman, 2009; Marlowe, Festinger, Foltz, Lee, & Patapis, 2005). Therefore, the success of drug courts depends, in part, on the reliable monitoring of substance use.

Participants are unlikely to disclose substance use accurately. Studies find that between 25% and 75% of participants in substance abuse treatment deny recent substance use when biological testing reveals a positive result (e.g., Auerbach, 2007; Harris, Griffin, McCaffrey, & Morral, 2008; Morral, McCaffrey, & Iguchi, 2000; Tassiopoulos et al., 2004). Accurate self-report is particularly low among individuals involved in the criminal justice system, most likely because they are likely to receive punishment for substance use (Harrison, 1997).

Research on drug courts in California and nationally (Carey et al., 2005, 2012) found that drug testing that occurs randomly, at least twice per week, is the most effective model. Because the metabolites of most drugs of abuse are detectable in urine for approximately 2 to 4 days, testing less frequently leaves an unacceptable time gap during which participants can abuse substances and evade detection, thus leading to significantly worse outcomes (Stitzer & Kellogg, 2008). In addition, drug test results that were returned to the program in 2 days or less have been associated with greater cost savings and greater reductions in recidivism (Carey et al., 2012).

In addition to frequency of testing, it is important to ensure that drug testing is random (so that individuals cannot predict when testing will occur and therefore use in between tests) and fully observed during sample collection (ASAM, 2010, 2013; Auerbach, 2007; Carver, 2004; Cary, 2011; McIntire, Lessenger, & Roper, 2007). In focus groups with participants after they left their programs, individuals have reported many ways they were able to “get around” the drug testing process, including sending their cousin to the testing agency and bringing their 12-year-old daughter’s urine to submit.

Chittenden County Treatment Court Process

- CCTC requires participants to call into a recorded message every weekday that states a drug testing color. Colors are selected randomly by the testing lab and the message is set at 6 a.m. each day. If the message states a participant’s assigned color, he or she must provide a sample at the drug testing facility between 8 a.m. and 4 p.m. the same day. A participant’s drug test color may change (to increase or decrease testing frequency) while participating in the program.

Focus group quotes: (Participants talking about suggestions for improvements to the program)

- “Earlier and later hours for UAs”
- “I have to go to the clinic Monday, Wednesday, Friday and give a UA. And they don’t accept it for drug court. Except sometimes they do accept it and other times they don’t. It’s just sometimes it seems like my facilitators pick and choose when they’re going to help me out.”

- Previously drug testing occurred Monday through Friday. Drug testing did not occur on weekends, but during the evaluation follow-up call, team members noted that drug tests can now be collected on Saturdays from 9am-1pm. Weekday hours have also been extended to 7am-7pm.
- Most participants can be tested a maximum of 8 times per month, due to insurance covering the costs. Team members did state that on occasion, more than eight tests are collected on a participant in a given month. In these cases, the drug testing facility typically absorbs the additional cost of the tests.
- Drug test collection is performed for the program primarily by Burlington Labs. The drug testing facility is staffed by a male and female employee, and tests are fully observed. Participants are also required to wash their hands and empty their pockets prior to providing a UA to reduce the likelihood of tampering. The team noted that the probation office, medication-assisted treatment providers and other physicians may occasionally collect participant drug tests and follow the same procedures.

Focus group quotes: (Participants talking about the drug testing process)

- “They always observe. They got the mirrors, everything. If you are caught screwing with a drug test, you are terminated.”

- Participants are tested 2–3 times per week on average through all phases. The team reported that drug testing is done for cause (if there is suspicion or someone appears under the influence).
- Drug testing is mainly performed with an 8-panel test, though other methods (such as breathalyzers, instant test cups, etc.) are also utilized on occasion. Ethyl Glucuronide (Etg) testing for alcohol occurs on all samples, as well as testing for whether a sample is diluted. Burlington Labs is able to process tests instantly, providing initial results to the CCTC typically within 24 hours. Additional testing for synthetic drugs (bath salts, synthetic marijuana, etc.) requires a note from a doctor as well and occurs infrequently due to high costs.

Focus group quotes: (Participants talking about the what they don't like about the program)

- “I can't find full-time employment because I have to worry about whether it will affect me giving my UAs.”

- Results from drug testing are housed in a secure online site developed by Burlington Labs, which requires team members to log in to obtain results. The team is typically updated at the next scheduled drug court staffing regarding results, but treatment staff may discuss drug tests with participants prior to their regularly scheduled court date.
- Participants must be alcohol and drug free for at least 90 consecutive days before they can graduate the program.



Commendations

- **Drug testing occurs at least 2 times per week and now occurs on weekends.** Research indicates that testing 2 or more times per week in at least the first phase leads to lower recidivism rates, and continuing this frequency throughout the program is a recommended practice. The program is also commended for implementing weekend testing. Although testing 7 days a week is difficult to do, having the ability to test even 1 day per weekend greatly increases the amount of coverage on participants and substantially reduces the window of time that participants know testing will not occur. The CCTC should also be commended for extending the hours for testing on the weekday so that participants can more easily meet their drug testing requirements around their work schedules.
- **Participants are required to test clean for greater than 90 days before they can graduate.** Research has shown that greater than 90 days is a best practice, and the longer clients are required to be clean before graduation, the more positive their outcomes (both in terms of lowered recidivism and lower costs) (Carey et al., 2005, 2008, 2012).
- **Results from drug testing obtained within 1 day.** The drug testing company utilized by the CCTC (Burlington Labs) is able to provide results for most drug tests within 1 day, including EtG testing. The CCTC is commended for working with a drug testing agency that provides results within 2 days as research has shown this best practice is associated with higher graduation rates and lower recidivism (Carey et al., 2008).
- **In response to participant feedback during the evaluation process, the team adjusted the clean time requirements for phase advancements.** Since clean time requirements were less than the overall program phase length, participants reported that continued substance use occurred until they needed to start accumulating clean time for phase advancement. During the follow-up call after the site visit, the team reported that this practice has already changed, and any new participants entering the program are now subject to clean time requirements that equal the minimum time required in each phase, specifically, 60 days in Phase 1, 90 in Phase 2, and 90 in Phase 3.

Suggestions/Recommendations

- **Look into funding to increase the frequency of specialized testing.** Drug courts must have a plan of action in place to combat use of designer/synthetic drugs. The inability to test for these substances will greatly undermine the goals of your program if remains unchecked. Programs must be aware that the use of designer drugs is always an option for participants, due to the ease in which they can be obtained (both over-the-counter and online) and fact that most are loosely considered “legal”. It is almost inevitable a participant in your program will try to use these substances to avoid detection. Comprehensive research has not been conducted, but anecdotal evidence has clearly shown the negative effects of these largely unregulated drugs. The short and long-term risks associated with designer drugs pose a serious danger to a participants’ overall health. Recognizing the potential damage these substances may cause and acting upon them should be one of the drug court’s highest priorities. Although budget constraints can

greatly limit programs, the CCTC should work to increase the frequency of their specialized testing. Because of the high costs associated with these tests, programs are encouraged to at least test a small number of participants randomly, as it will (at a minimum) act as a deterrent to participants in the program.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.

The focus of this component is on how the drug court team responds to participant behavior during program participation, including how the team works together to determine an effective, coordinated response. Drug courts have established a system of rewards and sanctions that determine the program's response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, a formal system applied evenly to all participants, or a combination of both. The key staff involved in decisions about appropriate responses to participant behavior varies across courts. Drug court team members may meet and decide on responses, and/or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details on this system of rewards and sanctions, so their ability to anticipate a response from their team may vary significantly across programs.

National Research

The drug court judge is legally and ethically required to make the final decision regarding sanctions or rewards, based on expert and informed input from the drug court team including information gained from case management. All drug courts surveyed in an American University study reported that they had established guidelines for their sanctions and rewards policies, and nearly two thirds (64%) reported that their guidelines were written (Cooper, 2000).

The Multisite Adult Drug Court Evaluation (MADCE), found significantly better outcomes for drug courts that had a written schedule of predictable sanctions that was shared with participants and staff members (Zweig, Lindquist, Downey, Roman, & Rossman, 2012). Another study found 72% greater cost savings for drug courts that shared their sanctioning regimen with all team members (Carey et al., 2008, 2012).

The MADCE results also suggest that drug courts should remind participants frequently about what is expected of them in the program and the likely consequences of success or failure (Zweig et al., 2012). Another study showed that when staff members in drug courts consistently reminded participants about their responsibilities in treatment and the consequences that would ensue from graduation or termination they had higher program retention rates (Young & Belenko, 2002).

It is important to avoid having the sanctions and incentives guidelines be overly structured. Two studies reported significantly better outcomes when the drug court team reserved discretion to



modify scheduled consequence in light of the context in which the participant behavior occurred (Carey et al., 2012; Zweig et al., 2012).

Drug courts working with addicted offenders should adjust participants' treatment requirements in response to positive drug tests during the early phases of the program rather than imposing sanctions. Participants might, for example, require medication, residential treatment, or motivational-enhancement therapy to improve their commitment to abstinence (Chandler, Fletcher, & Volkow, 2009) and be unable to comply with program abstinence requirements early in the program.

Drug courts achieve significantly better outcomes when they focus more on providing incentives for positive behaviors than they do on sanctioning negative behavior. Incentives teach participants what positive behaviors they should continue to perform, while sanctions teach only what behaviors participants should stop doing. In the MADCE, significantly better outcomes were achieved by drug courts that offered higher and more consistent levels of praise and positive incentives from the judge (Zweig et al., 2012).

Drug courts have significantly better outcomes when they use jail sanctions sparingly (Carey et al., 2008; Hepburn & Harvey, 2007). Research indicates that jail sanctions produce diminishing, or even negative, returns after approximately 3 to 6 days (Carey et al., 2012; Hawken & Kleiman, 2009). Also, studies show better outcomes in drug courts that exert leverage over their participants, meaning the participants can avoid a serious sentence or disposition if they complete the program successfully (Carey et al., 2012; Cissner et al., 2013; Goldkamp, White, & Robinson, 2001; Longshore et al., 2001; Mitchell, Wilson, Eggers, & MacKenzie, 2012).

Finally, drug courts that responded to infractions immediately, particularly by requiring participants to attend the next scheduled court session, had twice the cost savings and programs that required participants to pay fees and have a job or be in school at the time of graduation had significant cost savings compared to programs that did not (Carey et al., 2012).

Chittenden County Treatment Court Process

- Most case management is performed by clinical case managers and case managers; however, the clinical coordinator and public defender also participate in case management on occasion. Participants meet with their clinical case managers on a regular basis with the frequency of contact set by assessment and subsequent plan of care. If participants are struggling or have additional needs, the clinical case manager will also schedule case management visits. The case managers review participant activities—such as self-help meetings attended, job searches, and drug testing results—and perform additional case management services (transportation needs, family issues, etc.) as needed.
- Incentives for participants to enter the drug court include charges for the case that led to drug court being dismissed, early termination of probation, probation sentence not

being served, suspension of jail or prison sentences, and reducing felony charges to misdemeanor charges.

- Participants are provided a participant handbook upon entry into the program that outlines program requirements and lists a number of possible sanctions a participant may receive for non-compliance.
- Participants are also given a written list of possible rewards. There is a written list of specific behaviors and associated rewards, so participants know what kinds of behaviors lead to rewards.
- Participants receive intangible rewards (such as applause and praise from the judge) and tangible rewards (such as gift cards and certificates). Rewards may be provided during court by the judge or outside of court by other team members. Most rewards are provided in a standardized manner. For example, participants receive gift cards for making all (or most) appointments/meetings between court dates.

Focus group quotes: (Participants talking about incentives they like)

- “They got a fast pass. If you have a good 2 weeks, you can go see judge first in court and then just leave.”

- Positive feedback from the judge and applause were reported by the team to be the most effective reward.
- The team noted that they have periodically gathered feedback from participants regarding rewards and stated that phase change certificates are effective. Tokens, wrist bracelets, and coming to court less were also reported to be valued by participants.
- CCTC team members are not given written guidelines about sanctions, rewards and treatment responses to participant behavior. Some team responses are standardized (the same sanction/reward are provided for the same kinds of behavior), but the site visit team observed that most responses are discussed as a group and decided on a case-by-case basis.
- Some team members that attend staffing and court sessions have received training in the use of rewards and sanctions to modify behavior.
- Sanctions did not appear to be graduated (severity increases with more frequent or more serious infractions) during observations of the program.
- Sanctions are typically imposed at the next court session for non-compliant behavior and may include writing essays, community service, increased drug testing, more court appearances, returning to an earlier phase, and jail.

Focus group quotes: (Participants talking about sanctions that are effective)

- “Meetings. Community service hours. Written papers. Day of arraignments.... It’s hard not to learn from seeing people all day coming in and out of jail.”
- “You can’t fake an essay.”
- “I think all the sanctions are effective in my opinion”



- The team noted that daily check in, increased court appearances, and admonishment by the judge were particularly effective responses to non-compliance.
- Jail is always used as a sanction for any new charges or citations and may be used on occasion for noncompliance. When jail is utilized, the court most often uses 1–2-day jail sanctions.
- Jail is rarely used as an alternative for detoxification or residential when detoxification or residential treatment is not available.
- The treatment court intern tracks rewards and sanctions given to each participant over the course of the program. This information is available during staffing sessions each time a participant appears in court.
- Failure to appear in court, missing treatment sessions, tampering with drug tests, new arrest for violent offense, or lack of progress in treatment/program may also result in termination, but are not necessarily automatic termination criteria. All circumstances and issues are considered before anyone is officially terminated from the program.
- Termination from the program results in the participant’s criminal case being sent back to the criminal court docket for adjudication. This may result in the full imposition of the offender’s original sentence, a period of probation, or convictions staying on a participant’s record.
- In order to graduate participants must remain drug and alcohol free for 90 days, complete community service, complete a relapse prevention plan, have sober housing, pay all court-ordered fines and fees (such as restitution), and complete a graduation application. In addition to these requirements, participants must also complete a community service project before progressing to the last phase of the program. This must be a self-initiated deed, and participants cannot use community service they have performed as a sanction to satisfy this requirement. Examples are included in the handbook, and team members are available to help participants create a plan to complete the project.
- Graduations are held at the beginning of regularly scheduled court sessions. Participants are recognized individually, with several team members speaking about the participant and their progression through the program and their success. A participant’s family or friends are invited to attend as well. Participants are also presented with a graduation certificate and receive a present (such as a gift card) from the team. Team members may also bring in refreshments to celebrate the occasion.
- All participants leave the CCTC with an aftercare plan and a relapse prevention plan and/or a wellness recovery action plan. Participants may choose to voluntarily continue to see their case managers and clinicians on an outpatient basis once they have completed the program.

Commendations

- **Appropriate jail sanction lengths.** Jail sanctions for CCTC participants are generally 1–2 days. Although the option to use jail as a sanction is an integral piece of an effective drug court (Carey et al., 2008), jail should not be used for excessive lengths of time.

There are some behaviors that are extremely difficult for individuals who are addicted to substances to perform in the early phases of the program, particularly abstinence. The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring. For this reason, the CCTC is commended for using jail infrequently.

Suggestions/Recommendations

- **Develop specific guidelines on the use of sanctions and rewards and give a printed copy to each team member.** Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rates and 3 times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2011). These guidelines should be considered a starting point for team discussion of rewards and sanctions during staffing sessions and not hard and fast rules. The state courts office has previously provided examples for the team to review. They can help the team in maintaining consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various reward and sanction options available to the team so they do not fall into habits of using the same type of sanctions (e.g., jail, loss of sober time) so frequently that they become ineffective. The CCTC has previously begun to address this recommendation by scheduling policy meetings with the specific goal to create guidelines for the team on incentives and sanctions; however, turnover among team members has delayed this action. It is recommended that all team members receive training in the use of incentives and sanctions, along with proximal and distal goals. Since the time of the site visit, NADCP has been contacted and plans for training are underway.
- **Explain the reasons for rewards and sanctions in court and be aware of the importance of appearing fair.** Because this drug court often imposes rewards and sanctions on an individualized basis, the team needs to take into consideration the appearance of unequal treatment for similar infractions. The court should communicate the rationale behind decisions regarding sanctions and incentives, even if it seems redundant at times. NPC encourages the team to explain court responses to behavior in detail during court sessions for the benefit of the participant being addressed by the judge and for the participants who are observing. In particular, the judge should describe the noncompliant behavior that the participant needs to stop and why a specific sanction was chosen with the intention of changing that behavior, and then describe what the participant should be doing instead. It can be very helpful for a participant to hear from the judge what they should do and not just what they should not do. This provides the participant with a positive behavior they can use in place of the negative behavior.

Similarly, time should be taken with participants who are doing well to emphasize what they are doing right. The court should encourage participants to share in court what strategies they used to make it to appointments on time, or to avoid a situation that would trigger relapse, etc. Most participants already know what it looks like to do the wrong thing and be in trouble; what they often do not know is how to do it right.

Participants can learn about correct behavior by listening to those participants who are doing well in court.

Certainty, immediacy, and magnitude relate to how rewards and sanctions are actually imposed. However, perceptions of rewards and sanctions are also very important. Evidence from cognitive psychology reveals that individuals are more likely to perceive a decision as being correct and appropriate if they believe that fair procedures were employed in reaching that decision. In fact, the perceived fairness of the procedures exerts a greater influence over participants' reactions than does the outcome of the decision. Specifically, participants will be most likely to accept an adverse judgment if they feel they (1) had a fair opportunity to voice their side of the story, (2) were treated in an equivalent manner to similar people in similar circumstances, and (3) were accorded respect and dignity throughout the process. When any one of these factors is absent, behavior not only fails to improve, but may get worse, and participants may sabotage their own treatment goals (NDCI Judicial Benchbook, 2011).

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.

The focus of this component is on the judge's role in drug court. The judge has an extremely important function for drug court in monitoring participant progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide more specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports and policy making. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

National Research

Drug court judges have a professional obligation to remain abreast of legal, ethical and constitutional requirements related to drug court practices (Meyer, 2011; Meyer & Tauber, 2011). Further, outcomes are significantly better when the drug court judge attends regular training including annual conferences on evidence-based practices in substance abuse and mental health treatment and community supervision (Carey et al., 2008, 2012; Shaffer, 2011).

On average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program (Carey et al., 2005, 2008, 2011). Marlowe, Festinger, Lee, Dugosh, and Benasutti (2006) also demonstrated that biweekly court sessions were more effective for high-risk offenders, whereas less frequent sessions (e.g., monthly) were as effective for lower risk offenders. Similarly, a meta-analysis involving 92 adult drug courts (Mitchell et al., 2012) and another

study of nearly 70 drug courts (Carey et al., 2012) found significantly better outcomes for drug courts that scheduled status hearings every 2 weeks during the first phase of the program.

In addition, programs in which the judge remained on the bench for at least 2 years had the most positive participant outcomes. Research recommends that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005, 2012; Finigan, Carey, & Cox, 2007). There is evidence that drug court judges are significantly less effective at reducing recidivism during their first year on the drug court bench than during ensuing years (Finigan et al., 2007). Most likely this is because judges, like most professionals, require time and experience to learn how to perform their jobs effectively.

Outcomes were also significantly better in drug courts where the judges regularly attended staffing meetings (Carey et al., 2008, 2012). Observational studies have shown that when judges do not attend staffing meetings before court, they are less likely to be adequately informed or prepared when they interact with the participants during court hearings (Baker, 2013; Portillo, Rudes, Viglione, & Nelson, 2013).

According to NADCP's Best Practice Standards (2013), "Studies have consistently found that drug court participants perceived the quality of their interactions with the judge to be among the most influential factors for success in the program (Farole & Cissner, 2007; Goldkamp, White, & Robinson, 2002; Jones & Kemp, 2013; National Institute of Justice, 2006; Satel, 1998; Saum et al., 2002; Turner, Greenwood, Fain, & Deschenes, 1999). The MADCE study found that significantly greater reductions in crime and substance use were produced by judges who were rated by independent observers as being more respectful, fair, attentive, enthusiastic, consistent and caring in their interactions with the participants in court (Zweig et al., 2012)."

In a study of nearly 70 adult drug courts, outcomes were significantly better when the judges spent an average of at least 3 minutes, interacting with the participants during court sessions (Carey et al., 2008, 2012). Interactions of less than 3 minutes may not allow the judge the necessary time to understand each participant's perspective, discuss with the participant the importance of compliance with treatment, explain the reason for a sanction about to be applied, or communicate that the participant's efforts are recognized and valued by staff.

Chittenden County Treatment Court Process

- The current CCTC judge was assigned to the program about 1 year ago, but was one the founding members of the CCTC and has presided over this drug court for multiple 2-year terms over the last several years.
- As described earlier in this report, the program has had multiple judges rotate into the position since program inception, due to Vermont Supreme Court guidelines that require judges to switch divisions annually. Overlap does not occur when judges rotate,

resulting in abrupt changes to the program, a problem that was expressed by team members and focus group participants during the site visit.

During the focus groups, participants stated that the rotation of judges was difficult for them. Some found having a new judge daunting and “scary.” Others admitted that it was hard to trust a new person and that it felt like they were starting over.

- Drug court participants are required to attend court sessions once every 2 weeks in Phase 1, decreasing to once per month by the last phase, but may be increased at any time depending on a participant’s progress.
- The NPC team observed a staffing session on the most recent visit that began at 12:30 p.m. and lasted approximately 90 minutes, with the team discussing 19 participants who were scheduled for court, in addition to two new referrals.
- Staffing is primarily facilitated by the judge and treatment representatives. However, most team members were engaged in discussions during the staffing, and the team generally displayed good communication. The treatment representatives began with updates on participants scheduled to appear in court and makes recommendations on a court response to the team. Staffing notes contain details such as demographics, employment status, education level, court start date, phase dates, drugs of choice, last use, UA results (positives, dilutes, dates given), and updates from the participant’s last meeting with relevant team members.
- Participants are required to stay for the entire drug court session, although exceptions can be made for participants on occasion (those who need to return to work or have been excused for pre-approved reasons).
- In addition to the drug court docket, the CCTC judge also presides over other cases and dockets in the county. In between the time spent in staffing and court, the judge receives communication from team members about participants and other administrative matters.
- The judge has received formal drug court training and attended multiple national conferences.
- Court began at 2:35 p.m. The session ended at 3:23 p.m., with 16 participants seen by the judge. One participant graduated during the session. The graduation was about 20 minutes and included a speech by team members and the participant, as well as the participant’s parents. The remaining participants were seen as usual over the remaining half hour of court, resulting in an average of approximately 2 minutes per participant in front of the judge.
- Court sessions begin with participants being called to a podium in front of the judge’s bench. Observations of the judge revealed that he was caring and respectful when addressing participants. The judge offered words of encouragement or support privately during court with the participant standing close to bench, frequently with the courtroom microphone off. Recognition and encouragement were given to some participants when appropriate, and the judge followed recommendations provided by the team during staffing sessions.

Focus group quotes: (Participants talking about their experience with the judge)

- “Love the judge. Both judges. They both have a way of doing things.”
 - “The Judge cares, he just doesn’t show it much. But he’s more strict which I needed”
 - Words that describe the judge: “Stern. Consistent. Fair. Understanding.”
 - “Both judges are compassionate.”
- Other team members spoke up during the court session or addressed participants privately (when needed) to clarify issues such as community service hours or next appointments.
 - Team members engaged in discussions with participants after the court session to confirm requirements, offer encouragement, or just to continue conversations that occurred in court.

Commendations

- **The program requires participants to stay through the entire court hearing.** Drug court hearings are a forum for educating all participants and impacting their behavior. It is important that the court requires most participants (exceptions can be made) to stay for the entire hearing to observe consequences (both good and bad) and to learn how those who are doing well are able to succeed and make healthy choices and positive changes in their lives.
- **Status review hearings occur once every 2 weeks.** Research has shown that court appearances once every 2 weeks can have better outcomes than less frequent court appearances (except in very high-risk populations who may do better starting with weekly appearances) (Carey et al., 2012; Marlowe et al., 2006).
- **Judges preside over drug court for 2 years.** Drug court advocates have successfully worked with the state to allow drug court judges to stay beyond the usual 1-year rotations for up to 2 years on the drug court bench. The program and other drug court advocates should continue to campaign the Vermont Supreme Court (and other appropriate parties) regarding implementation of a policy that would structure the judicial rotation so that judges can stay on the drug court bench longer, have some time for training by the previous judge for the newly incoming judge, and eventually have the same judges rotate back through to the drug court bench, utilizing their past experience. Allowing the judge to volunteer for this service, if possible, also increases the potential for improved client outcomes (Carey et al., 2008, 2012). If it is not possible to change the frequency of rotation, it is important to have previous drug court judges available to new judges for consultation, as judge experience and longevity are correlated with more positive participant outcomes and greater cost savings (Finigan et al., 2007).

Suggestions/Recommendations

- **Increase participant time spent before the judge, particularly for participants who are doing well.** During the court session observation, participants spent an average of 2 minutes speaking with the judge. An average of 3 minutes or greater per participant is

related to higher graduation rates and significantly lower recidivism rates than drug courts that spend less than 3 minutes per participant (Carey et al., 2011). Since the court session is a learning opportunity for all participants, spending more time with the participants who are doing well, and ensuring that all participants can hear the conversation (rather than private conversations), will allow other participants to observe and learn positive behaviors that will help them replace old negative behaviors. High-performing participants should be used as an example for others, and should be given much more praise in front of the courtroom, along with engaging them in conversations about how they are accomplishing their goals. The drug court model is based on behavior modification, so the focus should be on their behaviors.

- **Consider ideas to enhance graduation ceremonies.** The observed graduation ceremony was extremely positive. The team should consider ways to bring in outside agencies and additional community members (such as speakers involved in the recovery or treatment community) to attend the ceremony as a means of garnering additional support for the program. Announcing the gifts that are given to participants or having the deputy state's attorney announce any dismissed/reduced charges are also ways to add weight to the ceremony.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.

This component encourages drug court programs to monitor their progress toward their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

National Research

Like most complex service organizations, drug courts have a tendency to drift, in which the quality of their services may decline over time (Van Wormer, 2010). The best way for a drug court to guard against this drift is to monitor its operations, compare its performance to established benchmarks, and seek to align itself continually with best practices (NADCP, Best Practice Standards, Volume II, 2015). That is, the best way for drug courts to ensure they are following the model is to perform self-monitoring of whether they are engaged in best practices and to have an outside evaluator assess the programs' process, provide feedback, and then make adjustments as needed to meet best practices.

Carey et al. (2008, 2012) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to be correlated with significant reductions in recidivism and cost savings: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator. Courts that have modified their programs based on evaluation findings have experienced a significant reduction in recidivism and twice the cost savings compared to courts that do no modifications (Carey et al., 2012). The same is true of programs that make modifications based on self-review of program statistics (Carey et al., 2012).

Chittenden County Treatment Court Process

- The CCTC collects data both electronically and on paper for participant tracking including information from the primary treatment provider, Howard Center. There is no central database specifically for the drug court that stores all relevant participant information. Treatment providers and the court have separate databases and some information, including treatment attendance and drug testing results, are housed in multiple locations across agencies.
- Participant data are monitored by the CCTC to ensure the program is operating as intended.
- This report documents the second external evaluation of the CCTC by NPC. The program also reported that a study was completed internally that measured the program's outcomes, but that changes were not made based on its findings.

Commendations

- **The program has participated in this process evaluation and will have an outside evaluation of outcomes and costs.** Drug courts that have participated in outside evaluation and have adjusted their program practices based on the results of these evaluations have significantly lower recidivism and higher cost savings (Carey et al., 2012). An evaluation of process, outcomes, and costs will be beneficial to the program for continuing improvement. In addition, outcome and cost findings can be especially helpful in obtaining funding from federal and state sources.

Suggestions/Recommendations

- **Continue to share evaluation and assessment results.** The CCTC team members are encouraged to discuss the overall findings, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. In anticipation of receiving this report, the CCTC should schedule a time for the policy committee to discuss the results of this report and how the information it contains can be used. The program should also set time aside to review the Adult Drug Court Best Practice Standards (Volume I & II) to see which are being met and which are attainable for the program.

Courts that have participated in an evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012). Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program.

KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.

This component encourages ongoing professional development and training of drug court staff. Team members should be updated on new research-based procedures. Drug courts must decide who receives this training and how often. Ensuring thorough training for all team members can be a challenge during implementation as well as for courts with a long track record. Drug courts are encouraged to continue organizational learning and share lessons learned with new hires.

Team members should receive role-specific training in order to understand the collaborative nature of the model. Team members must not only be fully trained on their role and requirements, but also be willing to adopt the balanced and strength-based philosophy of the drug court. Once understood and adopted, long assignment periods for team members are ideal, as tenure and experience allow for better understanding and full assimilation of the model components into daily operations.

National Research

NADCP's Best Practice Standard on Multidisciplinary Teams (Volume II, 2015) states:

Drug Courts represent a fundamentally new way of treating persons charged with drug-related offenses (Roper & Lessenger, 2007). Specialized knowledge and skills are required to implement these multifaceted programs effectively (Carey et al., 2012; Shaffer, 2011; Van Wormer, 2010). To be successful in their new roles, staff members require at least a basic knowledge of best practices in a wide range of areas, including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, and drug and alcohol testing. Staff must also learn to perform their duties in a multidisciplinary environment, consistent with constitutional due process and the ethical mandates of their respective professions. These skills and knowledge-sets are not taught in traditional law school or graduate school programs, or in most continuing education programs for practicing professionals (Berman & Feinblatt, 2005; Center for Court Innovation, n.d.; Harvard Law School, n.d.; Holland, 2010). Staff need ongoing specialized training and supervision to achieve the goals of Drug Court and conduct themselves in an ethical, professional and effective manner.

Practitioners must receive the necessary resources, receive ongoing training and technical assistance, and be committed to the quality assurance process to operate effective programs as intended (Barnoski, 2004; Latessa & Lowenkamp, 2006). Andrews and Bonta (2010) maintain that correctional and court programs must concentrate on effectively

building and maintaining the skill set of the employees (in the case of drug courts—team members) who work with offenders. Training and support allow teams to focus on translating drug court best practice findings into daily operations and build natural integrity to the model (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010).

Carey et al. (2008, 2012) found that drug court programs requiring all new hires to complete formal training or orientation and requiring *all* team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

Chittenden County Treatment Court Process

- Most team members have received drug court-specific training and completed sanctions and incentives training.
- Some team members have received training about the target population of the program, role-specific duties, and strength-based philosophy and practices.
- Staff members occasionally bring new information on drug court practices, including drug addiction and treatment, to staffing meetings.
- The evaluation team learned that some team members had not received training on the drug court model before (or soon after) joining the team.

Recommendations

- **Invest resources in training for all new team members, and work to ensure refresher training occurs for all other team members at regular intervals.** In particular, role-specific training would be extremely beneficial for the drug court coordinator, deputy state’s attorney, and law enforcement representative (if no training has been received). Additionally, providing a training opportunity for a probation officer on the role of probation in drug court may increase their buy in to the drug court model. All new team members should also be required to complete some formal training before (or shortly after) joining the team. The program provides an orientation, a packet of resources (policy and procedure manual, participant handbook, etc.) for review, and completion of online webinars available through NADCP, however not all team members are completing these orientation and training activities. We recommend that the program set up a system for team members to work together to ensure new members complete the orientation activities. In addition, setting aside time once per month or every other month to watch webinars or review information on best practices and other topics can help keep all team members up to speed.

KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.

This component encourages drug courts to develop partnerships with other criminal justice service, nonprofit and commercial agencies. For these collaborations to be true “partnerships,” regular meetings with the partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater



access to a variety of services. Drug courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main drug court team; who will provide input primarily through policymaking; and what types of services will be available to participants through these partnerships.

The overall focus is on sustainability, which includes engaging interagency partners, becoming an integral element of the solution to drug problems in the community, creating collaborative partnerships, learning to foresee obstacles and addressing them proactively, and planning for future funding needs.

National Research

Responses to American University's National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

In addition, Carey et al. (2005) and Carey et al. (2011) found that drug courts that had formal partnerships with community agencies that provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

Chittenden County Treatment Court Process

- The CCTC was initially funded through the State of Vermont Department of Health Division of Alcohol and Drug Abuse (ADAP) and also relied on Medicaid for participants' treatment services. Division of Alcohol and Drug Abuse Programs (ADAP) continues to be the base funding for the program. The CCTC has been able to secure additional funding through a joint SAMHSA/Bureau of Justice Assistance (BJA) grant from 2012-2015 (extended to September 2016) to expand clinical service delivery, peer to peer services and training. Additional funds come from private donations from families in the community.
- The drug court has developed and maintained relationships with organizations that can provide services for participants in the community and refers participants to those services when appropriate, including education, housing, and employment.
- Although the team meets to discuss program policy, the CCTC does not have an advisory board with community members that meets outside of staffing sessions to discuss the program and resources in the community.

Commendations

- **The program has creatively and effectively addressed many participant needs.** The program is commended for creating solutions to challenges in the program and in the community faced by participants. Team members provided examples of challenges they have solved related to psychiatric services and housing. This responsiveness and support

helps the participants develop trust in the program and allows them to see that the program is working in their best interests.

Suggestions/Recommendations

- **Consider establishing an advisory group to further connect with existing and new community partners.** The team should continue discussing possible community connections and resources, and consider establishing an advisory group that meets once or twice per year—both for ideas for generating outside support to enhance the program, and to be responsive to changes in the environment and participant needs. If it has not been done recently, completing a community mapping worksheet can help to reevaluate new resources and identify additional areas of need. (http://dn2vfhykblonm.cloudfront.net/sites/default/files/community_mapping_resources_chart.pdf).
- **Continue to invite community members and staff from other agencies to CCTC graduations.** Despite being established for many years, team members noted that much of the general community is still unaware of the CCTC program and its mission to improve the community and individual lives. It is important to educate those not familiar with drug courts about how the drug court model works and its benefits. Graduation ceremonies provide powerful testimony for the effectiveness of drug courts. Inviting potential partners, such as speakers involved in the recovery or treatment community, to graduation ceremonies is one low-cost strategy for strengthening outreach efforts, and allows them to witness positive program impacts.

ADDITIONAL RESOURCES

The appendices at the end of this document contain resources to assist the program in making any changes based on the feedback and recommendation in this report. Appendix A provides a brief “how-to” guide for beginning the process of changing program structure and policies. Other important and useful resources for drug courts are available at the National Drug Court Resource Center’s website: <http://www.ndcrc.org> and www.drugcourtonline.org.

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APPENDIX A: GUIDELINES FOR HOW TO REVIEW PROGRAM FEEDBACK

Brief Guide for Use of NPC Evaluation and Technical Assistance Reports

The 10 Key Component assessment results can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

When you receive the results:

- Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- Set up a meeting** with your team and policy committee to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps**. You can use the format below or develop your own:

Format for reviewing recommendations:

Recommendation: Copy the recommendations from the electronic version of report and provide to the group.

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Response to recommendation: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Indicate the following:

- 1. This recommendation will be accepted. (see next steps below)
- 2. Part of this recommendation can be accepted (see next steps below and indicate here which parts are not feasible or desirable, and why)
- 3. This recommendation cannot be accepted. Describe barriers to making related changes (at a future time point, these barriers may no longer exist) or reason why the recommendation is not desirable or would have other negative impacts on the program overall.

Next steps: Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a **person who is present**. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
 - Task: (make sure tasks are specific, measurable, and attainable)
 - Deadline or review date: (e.g., June 10th) The dates for some tasks should be soon (next month, next 6-months, etc.); others (for longer-term goals for example) may be further in the future.
 - Who will review: (e.g., advisory board will review progress at their next meeting)
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- **Contact NPC Research** after your meeting(s) to discuss any questions that the team has raised and not answered internally, or if you have requests for other resources or information.
 - **Contact NPC Research** if you would like to hold an additional conference call with or presentation to any key groups related to the study findings.
 - **Request technical assistance or training as needed** from NADCP/NDCI or other appropriate groups.
 - **Add task deadlines to the agendas of policy meetings**, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.