Process Evaluation Results: Statewide Strengths & Priorities for Improvement

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BACKGROUND

Treatment Courts

There has been a national trend for over 30 years toward guiding people charged with drug-related offenses into treatment rather than incarceration through treatment court programs, and evidence shows that treatment courts can significantly reduce criminal recidivism and increase cost savings. Many studies have demonstrated that treatment courts can effectively reduce recidivism, including fewer re-arrests, less time in jail, and less time in prison (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005; Carey, Mackin, & Finigan, 2012; Gottfredson, Kearley, Najaka, & Rocha, 2006; Wilson, Mitchell, & MacKenzie, 2006). These positive outcomes for treatment court participants in turn reduce taxpayer costs. For example, Bhati and colleagues found a 221% return on investment in treatment courts (Bhati, Roman, & Chalfin, 2008). Some treatment courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

The Impact of COVID-19

Despite the demonstrated effectiveness of treatment courts, referrals to treatment courts dropped nationally due to the pandemic. Potential participants were difficult to reach as regular court proceedings and sentencing in criminal dockets were reduced or delayed, and jail closures made it difficult to connect with potential participants (Zilius et al., 2020). Additionally, stay-at-home orders, shutdowns, and decreased arrests may have reduced the number of individuals entering the criminal justice system in the first place, particularly in the earliest waves of the pandemic.

Consistent with national trends, the pandemic created challenges for Vermont treatment courts. From March 2020 – June 2021, the Governor implemented a "Stay Home/Stay Safe" Order. On March 16, 2020, the Supreme Court of Vermont issued Administrative Order 49[1] declaring a Judicial Emergency to make temporary changes to court rules and operations with evolving operational adaptations. Case processing slowed significantly, creating a backlog. Hearings and processing of cases that may have been eligible for treatment courts were delayed or were remote when held. Referring agents were not meeting to discuss a treatment court option. Program intakes were suspended as Court restrictions on change of pleas were adopted. Motions to terminate were also suspended due to hearing restrictions. Overall, these changes led to dramatically reduced referrals to treatment courts. With the stay-at-home order ending in June 2021 and with amendments to Administrative Order 49, case processing began to increase, treatment court referrals began to flow, and intakes to the programs increased.

[1] https://www.vermontjudiciary.org/attorneys/rules/promulgated#:~:text=AO%2049%20Amendment%20%2D%20Declaration%20of%20Judicial%20Emergency%20and%20Changes%20to%20Court%20Procedures&text=This%20Order%20was%20promulgated%20on%20August%209%2C%202022.,or%20policies%20go%20into%20effect

The Impact of Criminal Justice Reform in Vermont

In Vermont, criminal justice reform efforts and various statute or legislative changes have changed the options for individuals who would have historically been referred to treatment courts. In 2007 – 2015, the Justice Reinvestment Act to reduce the prison population was passed.[2] In 2019, the Justice Reinvestment Act II established presumptive parole for people convicted of a non-listed (non-violent) offense.[3] Possession and other charges that were typically referred to treatment court are now presumptive probation referrals. To continue to reduce the prison population, there are fewer violations of those presumptive probationers that would historically be referred to treatment court. There is reportedly significantly less drug testing occurring. This makes probation a more attractive option for defendants who want to continue using substances and also results in fewer Violations of Probation, another significant feeder to the treatment court programs in Vermont.

In 2017, Act 61 – an adult diversion statute – made defendants with substance abuse disorders and mental health disorders eligible for diversion regardless of prior criminal history. Previously, only a first or second misdemeanor or first non-violent felony were eligible. As a result of this legislation, high risk/high need participants that would benefit from the intensive services and strict accountability of the treatment court programs were diverted to other less rigorous diversionary programs.[4]

Additionally, in 2017, the Youthful Offender Statue made the population aged 18 – 22 years eligible for diversion when they would have previously been referred to treatment court. High risk/high need young adults typically referred to treatment court are now diverted to the Tamarack Diversion Program. Juvenile cases moved from criminal to Family Treatment Court until age 22 or other judicial disposition. The impact on the treatment court docket is immediately evident. The average age of participants in the treatment courts went from 29 years old in 2016 to an average age of 36 in 2022.

A potentially unintended consequence of these reform efforts is reduced incentivization for participation in treatment courts for those charged with drug offenses, which in turn, means individuals may be less likely to be connected to needed substance use disorder treatment. Overall, criminal justice reform efforts in Vermont have led to a significant reduction in referrals. The results of this evaluation need to be considered within the challenges occurring at the national and state levels.

Process Evaluation Description and Purpose

Treatment courts that monitor and evaluate their programs and make changes based on the feedback have significantly better outcomes, including twice the reduction in recidivism rates and over twice the cost savings (Carey et al., 2012). A process evaluation reviews a program's policies and

[2] https://legislature.vermont.gov/statutes/section/03APPENDIX/003/00088

[3] https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Corrections%20and%20Institutions/Justice%20Reinvestment%20II/W~Ellen%20Whelan-Wuest~Vermont%20Justice%20Reinvestment%20II%20Summary~2-12-2020.pdf

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

procedures to assess whether the program is meeting its objectives and being implemented as intended. Nationally recognized guidelines have been established for treatment courts to assess program processes. The standards established by the National Association of Drug Court Professionals (NADCP) began with the 10 Key Components of Drug Courts (NADCP, 1997) and expanded to include NADCP's Adult Best Practices Standards (2013, 2015). The Best Practice Standards are practices that have been associated with significant reductions in recidivism or significant increases in cost savings or both.

Treatment courts are twice as cost-effective and have greater reductions in recidivism when they monitor and evaluate their program, review the findings as a team, and modify their practices to align with best practices (NADCP, 2015).

Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement and effectiveness for participants. Program improvement leads to better outcomes, which subsequently increases cost-effectiveness and cost savings. The Vermont process evaluations will be followed by an outcome and cost study (see Appendix A).

Present Report

In spring 2021, NPC Research successfully competed for contracts to conduct independent evaluations of four treatment court programs in Vermont: three adult drug treatment courts in Washington, Chittenden, and Rutland Counties, and the Southeast Regional DUI Treatment Docket. The work plan called for process evaluations to precede outcome and cost evaluations of each site, with an aggregate, statewide assessment of all four. COVID concerns delayed site visits planned for fall 2021 and NPC worked with the Vermont Judiciary to reschedule the onsite visits for summer 2022. The site visits occurred in June 2022 for each program and included in-person observations of a staffing meeting and status review hearing, a focus group with participants, and interviews of the treatment court team members.

This statewide report provides themes across the four programs in strengths, priorities for improvement, and recommendations. Each program also received a separate process evaluation report that summarized its alignment with best practices and priorities for improvement. In reviewing the findings, it is important to keep in mind that process evaluations capture a point in time. This report describes our findings for the four programs as of June 2022 – when the site visit occurred – based on the processes occurring and staff present at that time.

STATEWIDE PROGRAM STRENGTHS

All four sites followed a majority of the best practice standards. The strengths presented below are consistent across sites.

Strong Multidisciplinary Teams

Key Component (KC) #1 calls on programs to recognize the need for a collaborative multidisciplinary team to address the complex needs of participants. Key members of treatment courts include the judge, a prosecutor, a defense attorney, a substance use disorder treatment representative, the treatment court coordinator, local law enforcement, and a representative from probation. All key team members should regularly attend staffings and status review hearings. The team should have a Memorandum of Understanding (MOU) in place that specifies team member roles and what information will be shared.

The Vermont treatment courts should be commended for having strong multidisciplinary teams with representatives from most key agencies and high attendance and engagement at staffings and hearings. Team members displayed a deep commitment to their roles and responsibilities. Focus group participants generally spoke highly about the teams. While some teams have struggled with staff turnover, all currently have the core team members although two should add law enforcement officers and one court is currently recruiting for the coordinator role. Participation by law enforcement officers is a challenge nationally and is exacerbated by law enforcement staffing reductions. **Another strength is Vermont's statewide MOU that gets signed every three years and when new practitioners join the team.**

Focus Group Participants:

"The team is really great. They go above and beyond."

"I think the team works great together, and they are consistent."

"[You] can go to anyone on the team [with] any problems, and they'll help you."

"Support of the team really made it good."

Our evaluation also indicates that teams generally exhibited good communication, information-sharing, and decision-making, which promotes better outcomes for participants (NADCP, 2015). Research shows that team members and participants feel team communication is one of the most important predictors of treatment court success. Good communication promotes consistent messaging to participants and thorough attention to participant behavior. Moreover, team members have an obligation to share their recommendations and observations based on their professional expertise for the judge to consider when rendering a decision (NADCP, 2015).

Key Informants:

"We have an awesome team…Everyone is phenomenal. We may disagree or debate things, but we all have a good relationship where we can sort of debate things. I really enjoy being there."

"People get along. People don't mind having differing opinions. People share an opinion without it being misunderstood or misinterpreted."

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

Strong Commitment to Education and Training

Vermont's treatment court team members showed a high degree of commitment to the training and learning process. KC #9 emphasizes the importance of continuing education to promote a high level of professionalism for each team member and effective program planning, implementation, and operations, and Team members participated in many training opportunities. In interviews, some provided concrete examples of how the trainings positively changed their thinking or practices.

Additionally, the coordinators and the State Programs Management Team should be commended for effectively organizing, promoting, and funding training opportunities. There have been several recent statewide and regional court specific trainings, such as a full-day retreat on team roles and incentives, sanctions, and therapeutic responses, as well as another two-day Statewide conference that included training on using the State's new incentives and sanctions matrix. These educational opportunities will further advance the alignment of the teams with Best Practice Standards and will likely improve participant outcomes.

> ***"[The coordinator] is constantly getting people into trainings." – Key Informant***

Strong Judicial Leadership

All the Vermont treatment court programs exhibited strong judicial leadership, which is particularly important because the judge has an extremely powerful impact on promoting positive outcomes for treatment court participants. In fact, participants' perception of the quality of their interactions with the judge is one of the most influential factors for success in treatment courts (NADCP, 2013). NADCP's Best Practice Standard III – Roles and Responsibilities of the Judge – outlines evidence-based practices for judges to promote better outcomes for participants, including:

- ✓ Professional training to stay abreast of current law and evidence;
- ✓ Presiding for at least 2 years to promote knowledgeability, as well as stability for participants;
- ✓ Regularly attending staffing meetings to monitor participant progress and receive team input;
- ✓ Spending at least 3 minutes with each participant in court;
- ✓ Having a supportive judicial demeanor, including expressing optimism about participants' abilities to improve, asking open-ended questions, and allowing participants the opportunity to explain their perspectives;
- ✓ Relying on treatment professionals for treatment plans and therapeutic adjustments; and
- ✓ Making the final decisions on incentives and sanctions.

The Vermont treatment court judges generally followed these best practices. NPC observed that the judges interacted kindly and warmly with participants during the status review hearings. Focus group participants spoke highly of all the judges.

Focus Group Participants:

"Very good judge that has a heart."

"Judge sincerely wants to help."

"The judge is awesome."

"The judge encourages you…the judge tells you how you're important to the group when you're doing well."

"I really like the judge. The judge cares."

Program Accountability Promotes Sobriety

The Vermont treatment courts use accountability and structure to effectively promote sobriety and recovery for participants. This aligns with KC #6, which includes ensuring that progress through the program is supported by a behavioral response strategy that encourages engagement and recovery and discourages problem behaviors.

In the focus groups, participants from all sites said the program promoted their sobriety and recovery. **Thus, this indicates that Vermont's treatment courts are effectively using response strategies that encourage behavioral change for participants.**

Focus group responses to "What do you like most about the program?"

"Being held accountable."

"Keeps you honest with your use and criminal behavior."

"The accountability, support, and structure, which are helpful in recovery."

"The structured schedule. It teaches you responsibility."

Focus Group Participants:

"The level of accountability is a help. If you start to waver, there are things to get you back on track."

"The structure and guidelines help."

"The program keeps you sober."

"The program is a good thing if your goal is to be sober."

STATEWIDE PRIORITIES FOR IMPROVEMENT & RECOMMENDATIONS

Increase Referrals

- ***Key Component 3: Eligible participants are identified early and promptly placed in the treatment court.***

As noted above, the impact of COVID-19 and criminal justice reform statutes and legislation in Vermont have dramatically reduced referrals to treatment courts.

Recommendations:

- ✓ **Increase referrals by accepting higher-risk referrals, such as those that have higher-level listed offenses and drug trafficking charges.** Research shows that these higher-risk treatment court participants have equivalent reductions in recidivism (Carey et al., 2012), and individuals with substance use disorders and drug sales charges perform as well as or better than individuals with drug possession charges (Cissner et al, 2013). Treatment courts that include higher-risk participants can achieve significant cost savings for their community by reducing recidivism among those involved in higher-risk crimes, which are typically more costly than other nonviolent crimes (Carey et al., 2012). Additionally, accepting higher-risk referrals can increase access to treatment courts for men of color (NADCP, 2019). Teams may also benefit from attending additional trainings on eligibility and serving higher-risk populations.
- ✓ **Thoroughly assess referral barriers and develop strategies to specifically address these barriers to be integrated into the forthcoming Process Improvement Plans.** This may include:
    - Reviewing incentives and considering how to increase incentivization compared to typical case processing;
    - Ensuring there are no disincentives for participation, such as harsher penalties for not graduating from the treatment court compared to plea agreements; and
    - Asking referral sources to track their reasons for not referring individuals for screening to help accurately identify referral barriers (NADCP, 2019).
- ✓ **Include the referring agencies in the state training plan.** This can build connections to increase referrals and allow the teams to promote the benefits and enhance the reputation of their programs. Include training on the target population and eligibility criteria and emphasize the benefits of the program.

> ***"The carrot for the program is not as big as it used to be. The culture around incarceration is shifting in Vermont with alternatives being explored more and more, so people are not facing the same carceral hits. The program's appeal is that people can serve less jail time, but without that looming issue, this is not as big of an incentive."*** *– Key Informant*

Facilitate Faster Program Entry

- ***Best Practice Standard 3.1: The time between arrest (or the incident that prompts a referral) and treatment court entry is 50 days or less.***

All the programs need to facilitate faster entry into their programs as they typically took considerably longer than 50 days from arrest. The sooner individuals needing treatment are connected to resources and treatment services, the better their outcomes are likely to be. Timely entry into the programs has likely been made more challenging due to delays in case processing due to the COVID-19 pandemic.

> ***"We get these folks a lot later in the process. A lot of folks have already gotten off alcohol by the time they start."*** *– Key Informant*

Recommendations:

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

Address Disagreement on Abstinence-Only Marijuana Policy

- ***Key Component 6: A coordinated strategy governs treatment court responses to participants' compliance.***

Some teams were grappling with the issue of marijuana use since Vermont legalized medical and personal marijuana use. This is also in the context of a state that has declining disapproval of marijuana use and increased marijuana use among young adults. In fact, compared to all other states, Vermont has the highest rate nationally of marijuana use among young adults aged 18 to 25 in the past 30 days (Vermont Department of Health, 2021). Vermont team members expressed varying opinions on marijuana use in their role on the team, ranging from abstinence-only to allowing marijuana use as a form of harm reduction from other drugs.

However, this disagreement varied dramatically by site, with some programs having no conflict and one having ongoing tension and dysfunction. State leadership has done extensive abstinence-based training with the one program. The State has addressed the concerns and worked to prevent disagreements from happening among teams. Continual training will be part of the annual Statewide Training Plan. Disagreement on this issue had additional negative effects on program performance:

- *Program referrals*: Some team members or referral sources appeared reluctant to refer potential participants to programs they saw as overly strict regarding marijuana use, thus reducing referrals.

- *Phase advancement and program participation length*: Participants were stuck in phases for long times due to persistent marijuana usage. Length of time in the program is an important performance metric, and long participation times can greatly increase the costs of the program.
- *Participant buy-in*: Participants getting mixed messages from the team could impact their motivation to remain abstinent from marijuana, their program progress and advancement, or their interest in staying in the program at all. Several participants felt there was hypocrisy because MAT was allowed but marijuana was not.
- *Team dynamics and cohesion*: Disagreements about marijuana among team members were a challenging issue to navigate that disrupted cohesion.

Recommendations:

- ✓ **Continue training/education.** Current research in addiction science promotes an abstinence-only policy for marijuana, similar to abstinence from alcohol. Continued education for team members, treatment service providers, and participants could be done by sharing addiction science and research on the negative effects of marijuana on overall physical health and mental health (Memedovich et al., 2018) and brain health – especially for the more potent strains available now (Testai et al., 2022). Consistent marijuana use is also associated with significant declines in cognitive performance, decision-making, verbal learning, retention, and executive function (Lovel et al., 2020).
- ✓ **Add agreement to an abstinence-only marijuana policy to the MOU**. Given the proliferating negative effects these disagreements are having on some programs and teams, it may be necessary to update the statewide MOU to require an agreement to an abstinence-only marijuana policy to participate on the treatment court team. This updated MOU would then need to be signed by all current team members and as new team members join. Team members who cannot fully support the abstinence-based model should step down from the team. Future research may suggest that a harm reduction model is more effective in the treatment court context, at which point this topic may be revisited.
- ✓ **Provide clear and consistent education to participants for adherence to the policy about marijuana use.** At one site, the marijuana policy was cited by multiple focus group participants when they were asked what they liked least about the program. Participants felt there was hypocrisy because MAT was allowed but marijuana was not. The Vermont Adult Drug Court Policy and Procedure Manual has a policy (pages 31 – 33) and guidelines for participants around medically prescribed marijuana. For those who are ineligible for medical marijuana, participants need to hear consistent messages of abstinence and the rationale why from all team members, even if those team members personally subscribe to a harm reduction model or have permissive attitudes towards marijuana. Citing addiction science and brain health research may help participants understand the rationale more clearly.

Amend Required Judicial Rotations

➢ ***Best Practice Standard 7.3: The judge's term is at least 2 years.***

As noted earlier, a statewide strength for the Vermont treatment courts is strong judicial leadership with the judges closely following best practices and engaging in a supportive manner with participants, but required judicial rotations challenge the ability to meet best practices. To work around this challenge, the judges rotate but remain in a treatment court when possible.

Research shows that programs have better outcomes when the judge has *at least* 2 years of experience in treatment courts, and the current rotation guidelines of 2 years in Vermont for treatment court judges mean that judges rotate right when they reach the threshold for improved participant outcomes. There are other disadvantages of the current rotation requirements.

- The treatment court model involves considerable ongoing unique judicial training that requires significant costs and resources, so required rotations are not highly cost-efficient.
- Research shows that the judge is one of the important factors that affect participant success, and having the same judge promotes stability for participants, who may have very little stability in their lives otherwise. In a focus group, when participants were asked what they liked least about the program, one person responded, "We switched judges."

Recommendations:

✓ **Initiate a policy change or exemption in the Vermont Supreme Court guidelines that would allow treatment court judges to preside beyond 2 years or indefinitely, which could:**

- Enhance alignment with best practices;
- Improve program outcomes and increase cost savings; and
- Increase participants' experiences and success.

Improve Sanctions & Incentives

➢ ***Key Component 6: A coordinated strategy governs treatment court responses to participants' compliance.***

Incentivizing positive behaviors produces significantly better outcomes in treatment courts than sanctions (NADCP, 2013). Programs should aim to have a ratio of incentives to sanctions of at least 4:1, but ideally 10:1 (Wodahl et al., 2011). Across the programs, there was feedback that showed potential areas for improvement in sanctions and incentives, particularly for increasing the consistency in incentives and sanctions, enhancing the relative ratio of incentives to sanctions, and offering more gift card incentives. For example, one participant said they received one gift card in an entire year. Another said they only got two gift cards with a value of $2.50 each for 14 months of being sober. Overall, some participants

> ***"There is tension around the consistency of sanctions (same thing for each participant) versus recognizing individual differences…This debate over sanctions occupies a lot of our time."*** *– Key Informant*

and some team members felt more gift card incentives would positively support participants and promote behavioral change.

Recommendations:

- ✓ **Continue to increase consistency in incentives and sanctions.**
    - Closely following the State's new incentives and sanctions matrix (Vermont Behavior Response Matrix) will generate more consistency, and the State has also organized a conference on its use and implementation to further enhance consistency and effective use of the matrix.
    - Collect the data to monitor the incentives to sanctions ratio in the Datagain Information Management System (DIMS).
- ✓ **Increase the number of incentives.**
    - Incentives should greatly outnumber sanctions, and programs should aspire to the ideal ratio of 10:1 for incentives to sanctions.
- ✓ **Improve management of incentives to offer a greater range of options, such as gift cards.**
    - Programs could survey or ask participations which incentives are most motivating to them to tailor it to them and enhance motivation for behavioral change.

Respond More Quickly to Participant Non-Compliance

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

One of the goals of treatment courts is to ensure that participants are fully aware of the relationship between their specific actions and resulting sanctions. Research has demonstrated that for sanctions to be most beneficial, they need to closely follow the behavior that they are intended to change. In fact, treatment courts that imposed sanctions immediately after noncompliant behavior had more positive participant outcomes and had 100% greater cost savings (Carey et al., 2012). If teams wait two weeks or more to apply a sanction, the participants may have other more relevant issues arise by then, or they may have improved their behavior by then. In the latter case, they would receive a sanction at the same time they are doing well, which may provide an unclear or defeating message. In the four programs, sanctions were generally not provided immediately following the infraction but instead at the next status review hearing.

Recommendations:

- ✓ **Implement procedures and guidelines that allow sanctions or therapeutic responses to be imposed more quickly so they are more strongly tied to infractions.** For example, the team should consider responding to participant behaviors – particularly threats to individual safety (e.g., relapse) or public safety (e.g., getting picked up for a new charge) – with sanctions and

treatment adjustments between status review hearings. The team may want to develop a list of those behaviors and a standardized process for determining if the coordinator, case manager, community supervision partners, or others need to bring the participant in for a meeting or potentially administer a response according to agreed-upon policies and procedures. In addition, DIMS has an app that the team and the participants will use to send participants notifications about behavior and immediate responses.

Create Integrated Case Plans

➢ ***Key Component 4: Treatment courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.***

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

Recommendations:

✓ **Continue efforts to create integrated case plans that would:**

- Address treatment progress and participation;
- Integrate personalized non-treatment goals and objectives; and
- Incorporate family and child-level goals and objectives as appropriate.

Key Informants:

"There is no formal written treatment case plan specific to the [program], but it is something that I'd like to see. I want to see a collaborative document with probation and others which allows everyone to see what each other is doing. Right now, the treatment plan drives a lot of what the staffing team does."

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

For example, the plan may include objectives related to employment, housing, education or skills training, and achieving phase advancement requirements, among other goals. This approach has the advantage of balancing the emphasis on achieving treatment with non-treatment goals. The transition to the new statewide data management system will facilitate this process with a built-in integrated case management plan provided by the case manager. Additionally, there was a 2-day intensive training for case managers and their leadership, and there will be future ongoing technical assistance for case management. As such, the stage has already been set for these efforts in Vermont.

STATE POLICY RECOMMENDATIONS

- ✓ **Continue abstinence-only policy for marijuana.**
    - Unless forthcoming research suggests otherwise, this is consistent with best practices.
    - Add agreement to the abstinence-only policy to the statewide MOU.
- ✓ **Revise guidelines for judicial rotations for treatment court judges to extend beyond 2 years.**
    - Current rotation guidelines of 2 years mean that judges rotate right when they reach the threshold for improved participant outcomes.
- ✓ **Continue statewide opportunities for training and technical assistance.**
- ✓ **Sustain support for effective and consistent responses to behavior.**
    - The new statewide matrix should enhance effectiveness and consistency.
- ✓ **Continue data management system integration efforts.**
    - This allows for self-monitoring and real-time evaluations and adjustments for participants, the program, and at the state level.
- ✓ **Maintain ongoing evaluations of processes, outcomes, and costs.**
    - Integrating feedback from evaluations has been shown to reduce recidivism and increase cost-effectiveness.
- ✓ **Continue State leadership in the consistent implementation of Best Practice Standards.**
    - The Executive Oversight Committee and the Statewide Advisory will provide this leadership.
    - All programs should create local steering/advisory committees with local stakeholders to promote collaboration and program enhancement.
    - The upcoming Process Improvement Plans for all sites and the state will allow the teams to integrate evaluation feedback to modify their practices, which has been shown to promote greater reductions in recidivism and greater cost savings (Carey et al., 2008; Carey et al., 2012).
- ✓ **Build support and the capacity to serve higher-risk populations.**
    - Individuals at higher risk of recidivism (often those who have a history of more substantial criminal involvement) may have higher criminogenic needs, including the need for increased supervision, treatment, and supportive services. Programs should consider how to amend policies regarding eligibility and program benefits to include those at high risk. Furthermore, criminogenic and treatment needs may exceed those typically available for those at lower risk. Supervision caseload, housing, and transportation needs should be reviewed at each site and State policy should prioritize

these and other indicated needs to support the success of individuals at higher risk of recidivism.

- ✓ **Improve outreach and education to referral agencies to attract more participants into the treatment courts.**
    - Criminal justice reform, marijuana legalization, and shifts in popular opinion in Vermont have reduced the availability of high-value incentives for treatment court participation such as expungement, sentence reductions, and the reduced possibility of incarceration. While these may be positive developments in many respects, individuals with substance use disorders may also be avoiding needed treatment that would reduce the likelihood of engaging in additional criminal activity. That said, participant focus groups indicated that the structure and accountability of the programs work, as does the availability of treatment and other supportive services. The State should continue to advance its plans to educate and train stakeholders about the success of higher-risk defendants in treatment court programs.

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APPENDIX A: EVALUATION PLAN

This document is based on the research approach described in NPC's responses to the Vermont Judiciary's Requests for Proposals for evaluations of the adult drug treatment dockets in Chittenden, Washington, and Rutland Counties and the Southeastern Regional DUI treatment court.[5] This plan also reflects modifications to the process evaluation necessary to address travel restrictions due to the COVID pandemic. Those modifications notwithstanding, core methods and deliverables are unchanged from our original proposal.

NPC plans to conduct the evaluation through two overlapping and mutually reinforcing, multi component studies. NPC will initiate the first study, a Process Evaluation, followed by an Outcome and Cost Evaluation. At this time, changes due to COVID are only expected to affect the process evaluation and are noted in ***italics*** in that subsection.

Process Evaluation. The process evaluation will proceed through the following 5 steps:

1. Administer the Best Practice Self-Evaluation Tool (BeST), and online assessment of treatment court practices and protocols with all 3 programs. NPC developed and maintains the BeST, which is often used in our collaborative work with the National Association of Drug Court Professionals (NADCP) and other research, training, and technical assistance providers. The BeST addresses best practices associated with the ten key components of drug courts and both volumes of NADCP's Best Practice Standards. The BeST is a web-enabled, secure survey designed to be completed as a team with the answers typically entered online by the treatment court coordinator. Once information is gathered from the team, it takes approximately 45 minutes to complete.
2. Review the programs' policy and procedure manuals and participant handbooks. NPC researchers review the manuals and assess their quality and completeness against treatment court best practice standards.
3. Conduct interviews with every member of the treatment court team. The questions included in these structured interviews are informed by the teams' responses to the BPS in addition to additional priorities that the Judiciary may identify.
4. Conduct focus groups with program participants. Trained facilitators engage in dialogue with 8-15 program participants to gather their perspectives and insights regarding participation in the program including observations about team dynamics, and sense of fairness etc.
5. Observe pre-court staffing meetings and status review hearings. NPC researchers use guides to monitor the teams' adherence to best practice standards.

[5] In the interest of efficiency, this document is intended to serve as the Revised Evaluation Plan for the drug and DUI treatment court evaluations even though they are covered under separate contracts between NPC and the Judiciary.

At the conclusion of these steps and before developing our process report describing our findings, the process evaluation team debriefs with each court team to offer initial impressions with a focus on strengths. The debrief is a collaborative process where NPC staff works with the team on problem solving and local support for implementing any potential recommended program enhancements. We also offer the team the opportunity to ask questions or provide any additional insights they would like for us to consider as we prepare our report. Once drafted, we review each report with the team and discuss where we may need to make edits or add clarification. The final draft will be provided to the team and the Vermont Judiciary. A summary report combining key findings across all four sites will also be provided to assist the state in determining any common needs for training or other types of support.

Modifications to the Process Evaluation Due to Covid: *In-person site visits will be delayed by approximately 6 months pending changes to NPC's travel policy. However, each team will receive an interim report that will reflect the following:*

- Findings from the BeST Assessment described above
- A review of their Participant Handbook and Policy and Procedure Manual
- Video interviews with approximately 3 – 4 team members including
  - The judge
  - The coordinator
  - Any other key members who have very recently (within the last 2 months) or will soon (within the next 6 months) leave their positions

The final process evaluation report will follow the on-site visit and summarize data collected from interviews with the remaining treatment court team members, focus groups with participants, and court observation. The final evaluation report will provide updates to the information and findings in the interim report and serve as a complete review of the Vermont treatment courts.

Outcome and Cost Study. NPC proposes the following steps for data collection and other activities in conducting the outcome and cost-benefit analysis of Vermont's adult drug courts as outlined in the RFP.

1. Request program and administrative data (from adult drug courts, state databases including the Vermont Crime Information Center and Vermont Department of Corrections, and local treatment, court and other agencies as needed).
2. Clean, restructure, and merge data (using as many common identifiers as possible and as many iterations as needed, using LinkPlus software).
3. Use propensity score matching to select comparison groups for each program. Ideally, the comparison sample is made up of individuals who are similar to those who have participated in the adult drug court program (e.g., similar demographics, risk and need levels, treatment and criminal history), but who have not participated in the program. Comparing program participants to offenders who do not participate in the adult drug court (comparison group

members) is complicated by the fact that program participants may systematically differ from comparison group members, and those differences, rather than the drug court, may account for some or all of the observed differences in the impact measures. To address this complication, once the potential comparison sample (for each program) is identified, we will use a method for matching the two groups called propensity score weighting, which provides some control for differences between the program participants and the comparison group and is designed to mimic random assignment (Rosenbaum & Rubin, 1983[6]).

4. Prepare outcome data for analysis by cleaning outcome data elements such as employment and housing data, code arrest or case filing charges, count relevant outcome elements, including arrests, jail and prison days, drug tests and results, treatment days, etc., for program and comparison groups.
5. Analyze data at program level and state level. Once the comparison groups are selected and matched to the adult drug court participants, and the data are compiled and cleaned, the dataset will be ready to analyze. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS and will perform these analyses to answer a set of outcome evaluation questions, based on available data and developed in collaboration with state and program leaders.
6. Collect **cost** data elements from budgets, programs, state and local agencies.
7. Extract relevant outcomes data and results from outcome study.
8. Analyze cost data, including calculating cost-benefits. The cost approach developed and used by NPC Research is called Transactional and Institutional Cost Analysis (TICA) and was used in Vermont in our previous studies. The TICA approach views an individual's interaction with publicly funded agencies as a set of transactions in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed or change hands. In the case of drug courts, when a participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used.

All the transactional costs for individuals are calculated to determine the overall cost per participant. This figure is generally reported as an average cost per person for the program, and outcome/impact costs due to re-arrests, jail time and other recidivism costs. In addition, due to the nature of the TICA approach, it is also possible to calculate the cost for drug court processing for each agency as well as outcome costs per agency. In addition, this study will explore other societal costs related to substance abuse, such as health issues, child welfare involvement, and employment challenges.

[6] Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies of causal effects. Biometrika, 70, 41–55.