WINDSOR COUNTY DUI TREATMENT DOCKET PROCESS EVALUATION

FINAL REPORT

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SUBMITTED TO:

Kim Owens, Court Programs Manager
Vermont Judiciary

SUBMITTED BY:

Marcia L. Bellas, Ph.D., Research Associate
Crime Research Group

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Introduction

A process evaluation is designed to document a program's policies and procedures, assess whether the program was implemented with fidelity and is delivering services to its target population as intended. A process evaluation compares the program to some set of standard criteria. For DUI courts, the National Center for DWI Courts (NCDC) established these standards in *The Ten Guiding Principles of DWI Courts* and *DWI Court Model Compliance Checklist*.[1] Because best practices for DUI courts have not yet been established, evaluations sometimes use the top ten best practices for drug courts.[2]

By identifying a program's successes and shortcomings, a process evaluation provides a tool with which to improve a program. A process evaluation also assures that documentation exists with which to replicate the program in other jurisdictions. This is particularly important for the Windsor County DUI Treatment Docket (WCDTD), the first DUI court in Vermont.

Most repeat DUI offenders in Vermont are given a probationary sentence of 15 months to two years, with an imposed (split) sentence of not more than 90 days. Following the National Center for DWI Courts (NCDC) model, WCDTD is a post-sentence and voluntary program designed to hold repeat DUI offenders accountable and change their behavior through long-term treatment. Convictions are not reduced or expunged following program completion.

Methods

To determine whether, and how well, the program adheres to NCDC's Ten Guiding Principles of DWI Courts and the top ten drug court best practices related to reduced recidivism, an evaluator from the Crime Research Group reviewed program documents and program data (the latter was limited by availability), observed Team meetings and the docket, interviewed all but two Team members, and surveyed participants. The Program Coordinator answered questions and provided information throughout the process.

Document Review

The evaluator reviewed all available program documents to better understand WCDTD policies and procedures and assure appropriate documentation. These documents included the *Policy*

[1] National Center for DWI Courts, http://www.dwicourts.org/resources/publications

[2] See Carey, Shannon M., Juliette R. Mackin and Michael W. Finigan. 2012. "What Works? The Ten Key Components of Drug Court: Research-Based Best Practices. *Drug Court Review*, vol. VIII, I, pp. 6-42; Carey, Shannon M., Theresa Herrera Allen, and Eric L. Einspruch. 2012. *San Joaquin DUI Monitoring Court Process and Outcome Evaluation Final Report*. Portland, Oregon: NPC Research.

and Procedures Manual; *Participant Handbook* and attachments; forms provided to participants; notes from Team meetings; and other internal documents used by the referring attorneys, Program Coordinator and Case Manager.

Review of Program Data

WCDTD initially provided a spreadsheet of participant data to the evaluator. The evaluator reviewed all data collected by the program and made suggestions of additional data needed for internal monitoring and external evaluations.

Site Visit

The evaluator made quarterly site visits between February, 2014 and September, 2015 to observe Team meetings and court hearings. These observations provided information about the content, dynamics and tenor of Team meetings and court proceedings, and a more tangible sense of participants and their progress in the program than could be obtained from documents alone.

Key Stakeholder Interviews

The evaluator conducted phone interviews with all Team members except two who did not respond to requests for an interview. Interviews were tailored to the role of the person being interviewed, but generally asked about their history with the program; goals of the program and the extent to which they are being achieved; job responsibilities as they relate to the program and interactions with participants if any; effects of the program on their work or that of other staff members in their agency/office; any challenges associated with WCDTD participants; whether there have been any procedural changes to the program; whether the program has functioned as expected; relationships between Team members; what about the program works well and what might help it function more effectively and efficiently; whether the program appears to be achieving its goals; and ways that the program has impacted participants and their families.

Participant Surveys

On the date of the evaluator's site visits, individuals in Orientation and those who had reached at least the midpoint of a program phase (based on the program's stated minimum length of time for each phase) were told to appear one-half hour early for their court appearance. At that time the evaluator asked participants to complete a survey, first explaining the purpose of the evaluation and that completing the survey is voluntary. Those who agreed, signed and were given a copy of a consent form.[3]

[3] The evaluator initially attempted to interview participants by phone. Only one participant returned phone calls (after three attempts). Researchers then changed their strategy and asked participants to complete a written survey, and compliance was nearly 100 percent.

Survey questions for those in Orientation asked about the enrollment process (clarity, whether they were given copies of signed documents, whether staff members treated them fairly and respectfully, and gave them opportunities to ask questions) reasons for participating and expectations, what aspects of the program have been most challenging and what aspects most made them want to complete the program.

Questions for those in Phase 1 asked whether things have gone as expected, whether staff have treated them fairly, what aspects of the program have been most challenging and what aspects most made them want to complete the program. Surveys for participants in subsequent phases asked these same questions, as well as questions about which aspects of the program and which Team members have been most helpful during that particular phase of the program, and in what ways their lives have changed since being involved in the program. Surveys for participants in Phase 3 and 4 also asked whether they would recommend the program to others (and reasons), and asked for suggestions of ways to improve the program.

Windsor County DUI Treatment Docket (WCDTD) Overview

Windsor County, Vermont

Windsor County is located in south eastern Vermont and borders New Hampshire to the east. The county encompasses approximately 970 square miles, and Woodstock is the county seat. The Superior Court is located in nearby White River Junction. The U.S. Census Bureau estimated Windsor County's population to be 56,014 in 2014, with 81.1 percent being 18 years or older. It estimated the racial/ethnic composition of the county in 2013 to be 95.3 percent non-Hispanic white; 1.4 percent Hispanic; .9 percent Asian; .7 percent Black; .3 percent Native American; and 1.5 percent two or more races. The median household income in 2009-2013 was $52,460, with 10.3 percent of county residents living below the poverty level.[4]

Several Team members indicated that Windsor County is well-suited for such a docket, because the county was already treatment-focused, uses incarceration "judiciously" and perhaps most importantly for the success of DUI courts has a cooperative legal culture. Others also pointed to the high number of DUI cases in Windsor.[5]

[4] U.S. Census Bureau. 2015. http://quickfacts.census.gov/qfd/states/50/50027.html

[5] Examining charges for DUI second offense or higher in 2012 and 2013 as a percentage of all charges filed showed that Windsor County is 4.5 percent—close to the state average of 4.7 percent. Counties with the highest percentage of DUI2+ charges were Lamoille and Grand Isle (7.5 percent each) and Washington (7 percent). Counties with the lowest percentages were Bennington (3.3 percent), Orleans (3.3 percent) and Chittenden (3.6 percent).

WCDTD Goals

As stated in its *Policy and Procedures Manual*, the goals of WCDTD are:

1) participant sobriety and recovery from substance dependence and addiction;
2) reduction in recidivism rates; and
3) enhanced public safety.

The program is designed to meet these goals by combining "substance abuse intervention, enhanced probation supervision, and regular judicial oversight of repeat offense impaired drivers."[6]

Target Population, Eligibility Criteria and Motivations to Enter the Program

The WCDTD is a voluntary program that targets "moderate to high risk/high need" repeat DUI offenders. To be eligible for the WCDTD program, individuals must be at least 18 years of age and repeat DUI offenders with an addiction to alcohol (and perhaps other substances as well), and who are able and willing to address their addiction(s) and follow program requirements. Individuals must reside in Windsor County, Vermont or an area supervised by the Hartford or Springfield, Vermont Probation and Parole offices. Those convicted of offenses that involved serious bodily injury are ineligible. Individuals with a history of violent behavior or with unresolved charges are also likely to be ineligible, according to program's policy manual.

The charges targeted by the WCDTD program are a DUI Third Offense or greater; a DUI Second Offense with a Blood Alcohol Concentration (BAC) at any time of at least .15; and a DUI Second Offense with a prior DUI charge that was reduced to a non-DUI conviction. These are felony-level offenses, and offenders must plead guilty to participate in the program.

Because WCDTD is a post-conviction program, a participant's conviction record is not affected by program completion. Robert Sand, former Windsor County State's Attorney and an initiator of the WCDTD, noted that it may be harder to sell the program to potential participants when "incarceration is not the default option," as is the case in Vermont. As the participant survey found, some participants are motivated to enter the program by a desire to receive substance abuse treatment and attain sobriety, and/or to improve the quality of their life or that of family members. Participation in the program may allow some individuals to avoid or reduce jail time and/or to have a suspended license reinstated more quickly. A plea agreement may include furlough status under which individuals cannot operate a vehicle or leave the state. Thus avoiding furlough status by pleading guilty is an incentive to participate, although most WCDTD participants do lose their license for a time so cannot drive legally.

[6] Windsor County, *Vermont DUI Treatment Docket (WCDTD) for Repeat Offense Impaired Driving Cases Policies and Procedures Manual* (revised May 4, 2015), page 2.

Implementation of the WCDTD

In 2012 Robert Sand, then Windsor County State's Attorney, Judge Patricia Zimmerman, then Windsor County Superior Court Judge, and a group of other stakeholders attended a National Center for DWI Courts (NCDC) training in California. In addition to Robert Sand and Judge Patricia Zimmerman, attendees included Jordana Levine (defense attorney), Mark Young (Health Care and Rehabilitation Services), Mark Devins (Probation & Parole), Christopher O'Keefe (then with the Hartford Police Department), Garry Scott (Vermont State Police), and Karen Gennette (Court Program Manager). Most of these Team members were/are involved in Windsor County's "Sparrow Project," a pre-conviction treatment program for offenders with substance abuse and co-occurring mental health issues.

After attending the NCDC training, the group committed to establishing a DUI court in Windsor County. The WCDTD Team expanded to include additional representatives. With guidance from Judge Zimmerman, an experienced treatment court judge, the Team worked collaboratively to identify a target population, and develop protocols and eligibility guidelines.

Karen Gennette, then Court Program Manager, obtained funding for the pilot program from the Vermont Governor's Highway Safety Education Program, administered by the Department of Public Safety. Funding was effective October, 2012 and has been renewed annually. The grant funds the Program Coordinator and Case Manager positions, and part of the Supervising Case Manager's and the Defense Attorney's time.

Stephanie Clark, a former Ohio magistrate, was hired as program coordinator in August, 2013. Although Judge Zimmerman intended to stay on as the WCDTD judge during retirement, she ultimately decided not to do so. Her replacement, Judge Karen Carroll, took over in September, 2013. The Deputy State's Attorney and Defense Counsel jointly made their first referral to the program in October, 2013. Aimee Tucker, the WCDTD Case Manager and employee of HCRS was hired in April, 2014, replacing the program's initial Case Manager.

Participant Population and Program Capacity

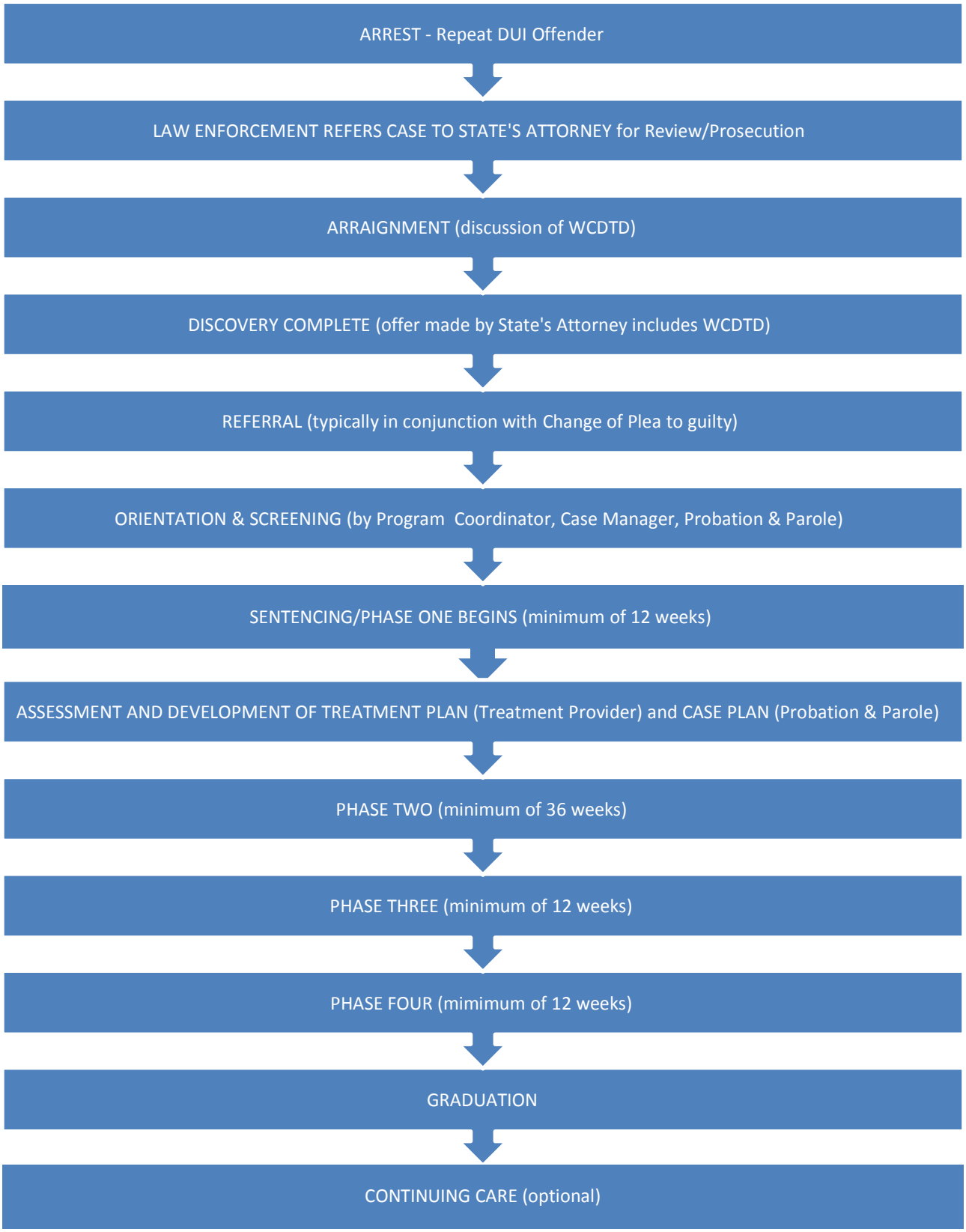
The first participant entered Orientation in December 2013. The WCDTD's program capacity is 25 participants at any one time, but this capacity has not yet been reached. As of September 28, 34 individuals were referred to the program. Of those, 12 were found either to be ineligible for clinical reasons (four) or because their housing was not approved by Probation and Parole (three), they opted out (three) or were terminated because of a new DUI charge (two). One individual graduated in June, 2015, and 21 were current participants, (four individuals were in Orientation; six in Phase 1; six in Phase 2; four in Phase 3; and one in Phase 4).

As of June 19, 2015, the average age of participants including those in Orientation was approximately 21; and five were female. All but one was non-Hispanic white. Thirteen participants used other drugs in addition to alcohol.

Program Overview

Figure 1 below shows a flow chart of the WCDTD. The State's Attorney and the offender's Defense Attorney jointly recommend individuals to the program. The Judge must agree that the referral is appropriate. Those referred must be willing to participate and must plead guilty to their DUI charge. This typically requires a change of plea. Those who complete Orientation and choose to continue in the program enter Phase 1 at their sentencing hearing. Individuals whose sentence includes serving time (not to exceed 90 days) may participate in the program during incarceration.

Figure 1: Flow Chart of Windsor County DUI Treatment Docket



During Orientation, individuals meet with the Program Coordinator and Case Manager twice to review program requirements and address any questions (the Defense Attorney reviews paperwork with participants in advance and participants typically sign documents in her presence). Participants also observe at least two DUI dockets. They meet with their Probation Officer who reviews the Conditions of Supervision, assesses risk/supervision level, and determines whether each individual's housing situation meets Probation and Parole's standards for a safe and sober environment. Individuals must also obtain medical insurance if they do not have it.

While Orientation is intended to last not more than 30 days, it often takes longer for individuals to meet all criteria required to advance to Phase 1 in particular the housing criteria. **As of June 19, 2015, the average length of time spent in Orientation was 68 days—more than twice the target length (median number of days was 58, and the range was 31-179).**[7] In addition to concerns about length of time in Orientation, several Team members including the prosecutor expressed concern about the length of time between offense and referral to WCDTD. Whether this can be reduced without compromising offenders' due process rights is unknown.

Substance abuse treatment begins during Phase 1 of the program. This phase focuses on attaining stability and lasts at least 12 weeks with a minimum 30 days of sobriety prior to entering Phase 2. The second phase, which focuses on learning sober living skills, lasts a minimum of 36 weeks and requires at least 90 days of continuous sobriety to advance to Phase 3. The third phase, which lasts at least 12 weeks, focuses on relapse prevention and requires a minimum of 90 days of continuous sobriety. The fourth and final phase focuses on maintenance, and lasts at least 12 weeks with a minimum of 180 days of continuous sobriety. Requirements for each phase must be met to advance to the next phase, and all must be met to graduate from the program. Program completion does not result in a reduction or the expungement of charges since a basic premise of DUI courts is offender accountability. (Appendix A provides a more detailed description of the WCDTD).

Most participants receive treatment through Health Care and Rehabilitation Services' (HCRS) Hartford or Springfield office. Individuals referred to the program are first screened by the Case Manager and Supervising Case Manager, both employees of HCRS, for substance abuse and addiction.[8] The WCDTD Program Coordinator also conducts the Ohio Risk Assessment System's Community Supervision Screening Tool (CSST). Unless individuals screen out, they are referred to HCRS or elsewhere for a clinical assessment and development of a treatment plan. Participants typically engage in Intensive Outpatient Treatment, which involves individual and group therapies. Attendance at some type of community support group is also required (e.g., Alcoholics Anonymous; Narcotics Anonymous). The WCDTD Case Manager works to identify any

[7] Phases 1-4 have minimum target lengths, but no specified maximum.

[8] Supervising Case Manager Mark Young holds this job title with WCDTD. His job title at HCRS is Criminal Justice Program Coordinator, and he is trained and licensed in substance abuse treatment. He also coordinates Windsor County's Sparrow Program, a pre-sentencing treatment program for non-violent offenders with mental health and substance abuse issues.

needs/obstacles to success that participants may have, and to make appropriate referrals for ancillary services.

Following are the Ten Guiding Principles of DWI Courts and associated research questions which provide a framework for evaluating the program. Suggestions/recommendations to enhance the program are also included as appropriate.[9]

WCDTD Ten Guiding Principles of DUI Courts Results

Guiding Principle #1: Determine the Population

> Targeting is the process of identifying a subset of the DWI offender population for inclusion in the DWI Court program. This is a complex task given that DWI Courts, in comparison to traditional Drug Court programs, accept only one type of offender: the hardcore impaired driver. The DWI court target population, therefore, must be clearly defined, with eligibility criteria clearly documented.

National Standard

According to the NCDC, the highest priority in selecting a target population is community impact—focusing on individuals who have the most negative impact on the community. Typically this points to repeat offenders with severe alcohol/drug addictions or dependence who are motivated to change their behavior.

The NCDC advises involving community groups and stakeholders in the process of defining the target population to address potential political and community opposition. NCDC further advises taking into account both offense and offender characteristics in establishing eligibility criteria. Admission and eligibility criteria should be clearly written. DUI programs should also take into consideration their resources and the number of participants it can accommodate when setting eligibility criteria.

Research Question: *Has the program clearly defined the target population for the program and are eligibility criteria clearly documented?* **YES**

WCDTD Process

The target population identified in the WCDTD *Policy and Procedures Manual* is consistent with NCDC recommendations. Eligibility criteria include both offender and offense characteristics. Specifically, the target population for the WCDTD program consists of those convicted of a third DUI offense or higher; a second DUI offense with a Blood Alcohol Content (BAC) at any time of at least .15 or greater; or a second DUI offense with a prior DUI charge that was reduced to a

[9] Text in the gray boxes is taken verbatim from the NCDC publication, *The Ten Guiding Principles of DWI Courts*, *Ibid*.

non-DUI conviction. In addition, individuals must be at least 18 years of age, able and willing to address their addiction(s) and follow program requirements. Individuals must reside in Windsor County, Vermont or an area supervised by the Hartford or Springfield Probation and Parole offices. Individuals are ineligible for the program if they have been convicted of offenses that involved death or serious bodily injury. Those with a history of violent behavior or with unresolved charges are generally ineligible for the program, according to the program's policy manual.

WCDTD did not establish a broad-based committee of community stakeholders (advisory capacity) to assist in developing eligibility criteria as NCDC recommends, but instead relied on stakeholders in the criminal justice community and national standards to set policies and procedures. The Team is currently in the process of recruiting five individuals for an Advisory Committee and of defining their duties and roles.

Suggestions/Recommendations

- Continue work to identify potential Advisory Committee members and invite them to participate. Establish guidelines for service on the Committee. Should any change in program population parameters appear merited, include committee members in that process.

- Identify a broader group of stakeholders, communicate with them regularly about the program and involve them to the extent feasible (e.g., invite them to observe the docket and/or attend graduations; keep them informed of program statistics and the results of program evaluations).

Guiding Principle #2: Perform a Clinical Assessment

A clinically competent and objective assessment of the impaired-driving offender must address a number of bio-psychosocial domains including alcohol use severity and drug involvement, the level of needed care, medical and mental health status, extent of social support systems, and individual motivation to change. Without clearly identifying a client's needs, strengths, and resources along each of these important bio-psychosocial domains, the clinician will have considerable difficulty in developing a clinically sound treatment plan.

National Standard

Individuals referred to a DUI program should be assessed by trained individuals using valid and reliable instruments designed to assess a variety of bio-psychosocial dimensions. A comprehensive assessment—re-administered periodically—will help inform the selection of an appropriate treatment plan for each participant. Collateral information, including police

reports, prior criminal history and current probation status should also be used in the assessment.

Research Question: *Is each individual referred to the program clinically assessed by trained individuals using appropriate instruments?* **YES**

WCDTD Process

The Case Manager and Supervising Case Manager provide comprehensive screening of individuals referred to the program using validated tools. Screening tools include the Self-Sufficiency Matrix (SSM), the Mental Health Screening Form III (MHSF-III), the Michigan Alcohol Screening Test (MAST), CAGE (acronym representing the instrument's four questions), and UNCOPE (acronym representing the instrument's six questions). If an individual presents with depression, the screening also includes the Patient Health Questionnaire (PHQ-9). The Supervising Case Manager subsequently conducts an interview with participants to tie their responses together and obtain any other needed information.

The Supervising Case Manager makes a referral to HCRS clinical staff for an assessment, or to another agency if more appropriate. Based on the results of the assessment, a clinical team develops an individualized treatment plan for each participant.

In addition to the screening conducted by the WCDTD Case Manager and Supervising Case Manager, the Program Coordinator administers the Ohio Risk Assessment Instrument (ORAS), which she has been trained to do. She currently uses the Community Supervision Screening Tool (CSST) module, a short set of questions designed to assess four risk factors: number of prior adult felony convictions; current employment status; the extent to which drugs are readily available in the respondent's neighborhood; and the extent to which the respondent has criminal friends. The program coordinator also compiles collateral information for all individuals referred to the program.

Recommendation: Continue to work to identify and adopt a DUI-normed assessment tool.[10]

Guiding Principle #3: Develop a Treatment Plan

> Substance dependence is a chronic, relapsing condition that can be effectively treated with the right type and length of treatment regimen. In addition to having a substance abuse problem, a significant proportion of the DWI population also suffers from a variety of co-occurring mental health disorders. Therefore, DWI Courts must carefully select and implement treatment strategies demonstrated through research to be effective with the hardcore impaired driver to ensure long-term success.

[10] The Program Coordinator expects to begin using the American Probation and Parole Association's (APPA) *Impaired Driver Assessment* (IDA) sometime in 2016 (free training will be available on-line beginning spring, 2016). http://www.appa-net.org/eweb/docs/APPA/pubs/SRNUIDA.pdf. This assessment tool was developed by Nathan Lowe of the APPA, with funding from the National Highway Traffic Safety Administration.

National Standard

DUI courts use treatment programs that incorporate evidence-based practices and tailor treatment plans to individual needs, which often include co-occurring disorders. Treatment may include motivational, cognitive-behavioral and/or pharmacological interventions, continuing/after care, relapse prevention training, establishing participant competencies for each phase of the program, and a recovery support program. Results from drug and alcohol testing inform treatment. The Team monitors the quality of the treatment approaches, maintains HIPAA and 42CFR, Part 2, revised confidentiality requirements, and obtains written consent forms from participants prior to sharing information with Team members.

Research Question: *Does the treatment provider develop a treatment plan for each participant?*
YES

WCDTD Process

WCDTD offers a variety of treatment options to meet each individual's needs. Results of evidence-based screening and assessment tools inform each participant's treatment plan, which is determined by a Team of clinical professionals. The WCDTD Supervising Case Manager then follows up with these clinicians to discuss details of how the treatment plan fits with the WCDTD goals and program requirements. Reassessments are conducted as clinically appropriate and new treatment plans are developed every six months as required by the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP). Team members are mindful of the need to obtain signed consent forms from participants before sharing confidential treatment information with each other, and the importance of not disclosing treatment information in open court or in emails with each other.

Suggestions/Recommendation

- The WCDTD Case Manager monitors treatment plans and provides a link between the program and clinicians (typically HCRS staff members), the Team should discuss the possibility of undertaking a periodic independent audit by an external clinical professional. This would be particularly important if program success rates are lower than expected (although other factors could be responsible) or if participants raise concerns about treatment effectiveness.

Guiding Principle #4: Supervise the Offender

Driving while impaired presents a significant danger to the public. Increased supervision and monitoring by the court, probation department, and treatment provider must occur as part of a coordinated strategy to intervene with hardcore DWI offenders and to protect against future impaired driving.

National Standard

Program requirements and expectations, including sanctions and incentives, are clearly communicated in writing to participants, and accommodations are made for those who do not speak English or have literacy issues. Participants have regular visits with probation officers, which include drug and alcohol testing, as well as random testing at home or in the workplace. Probation officers share test results and other pertinent information with the Team, and monitor attendance at support group (self-help) meetings. Missed appointments result in a sanction. The judge orders participants to avoid places where alcohol is sold, sees participants in court a minimum of every other week initially, and at that time provides evidence-based incentives and sanctions determined in advance in consultation with the Team. The Team provides positive and negative reinforcement to participants as soon as possible after a behavior occurs. Those who are licensed to drive are mandated to use an ignition interlock device.

Research Question: *Does the program provide appropriate levels of supervision to each participant?* **YES, TO THE EXTENT THAT THIS CAN BE DETERMINED**

WCDTD Process

The level of supervision by Probation and Parole varies by district may vary by individual based on their risk assessment. It may also change over time (supervision may be reduced for people who are further along and fully compliant). Consequently it may be difficult to determine without the use of statistical controls whether a specific amount (or threshold) and/or type of supervision is associated with success. The extent to which visits and tests for alcohol and drug use are random may also contribute to any differences in success rates between districts and participants.

Probation and Parole responds to serious violations immediately, as recommended by NCDC. Less serious violations are brought to the Team for discussion before sanctions are imposed by the Judge. Probation Officers also provide positive reinforcement when participants are caught "doing something right"—a printed card and candy. The Judge then mentions this is court, providing additional positive reinforcement.

Probation and Parole does not monitor participation in a 12-step or other self-help programs as recommended. Participants write a summary of each meeting for their Case Manager, but due to the confidential nature of these meetings attendance is not verified.

A Probation Officer checks on participants who report being sick and therefore unable to attend an appointment with a treatment provider, Case Manager, Probation Officer or court appearance.

WCDTD uses SCRAM units, and several participants have obtained ignition interlock devices. Use of the latter is controlled by the Department of Motor Vehicles. Participants must apply themselves, but WCDTD can pay a portion of the installation fee.

Abstaining from alcohol is listed as a program rule in the Participant Handbook, and as a condition in the Participant Contract and Probation and Parole's Conditions of Supervision (participants sign the latter two documents).

Suggestions/Recommendations

- As soon as participant data can be analyzed, determine whether there is an association between number and type (random/nonrandom) of visits by Probation and Parole and testing (assess by district also, as other unmeasured factors may vary by district). Make adjustments to protocols if merited, and monitor regularly.

- The Team supports the use of ignition interlock devices, but has determined that current state regulations are adequate for the program. The Team might revisit this issue periodically since national standards stipulate that participants who are licensed to drive be required to have such a device.

Guiding Principle #5: Forge Agency, Organization and Community Partnerships

Partnerships are an essential component of the DWI Court model as they enhance credibility, bolster support, and broaden available resources. Because the DWI Court model is built on and dependent upon a strong team approach, both within the court and beyond, the court should solicit the cooperation of other agencies, as well as community organizations to form a partnership in support of the goals of the DWI Court program.

National Standard

The DUI Court Team should include at a minimum a judge, prosecutor, defense attorney, program coordinator, treatment provider, probation officer, and law enforcement officer. All Team members should sign a Memorandum of Understanding (MOU) making clear their roles and responsibilities. The court should also build a broad partnership with agencies, organization and key stakeholders in the community. MOUs should also be signed by these partners. The court should communicate regularly to the community about the progress of the DUI court.

Research Question: *Has the program developed effective partnerships with agencies and organizations within and beyond the community?* **IN PART**

WCDTD Process

Five members of the current WCDTD Team were involved in the program's initial planning and implementation phases with guidance from NCDC.[11] Others subsequently joined the Team or replaced individuals who left the Team. Following reinstatement of a law enforcement

[11] Robert Sand (former Windsor County State's Attorney) Mark Young (HCRS), Jordana Levine (Defense Attorney), Mark Devins (Probation Officer, Hartford District) and Christopher O'Keefe (law enforcement).

representative in January 2015, the Team now has appropriate individual/agency representation. Team members have attended NCDC national training conferences. Team members are pleased with the dedication and collegiality of other members. In interviews, some cited the good working relationships among Team members despite their different roles and perspectives as a particularly positive aspect of WCDTD.

Only the Case Manager, treatment provider and Defense Attorney sign MOUs.

Broad-based and consistent community partnerships are not yet established. Some Team members have given presentations about WCDTD in a variety of settings, but this has not reached the level of sustained community partnerships.

Either Stephanie Clark or a panel of Team members has made a presentation to the Upper Valley Vital Communities Leadership Institute, the Lebanon (New Hampshire) Rotary Club, the Hartford Police Department and its Citizens' Academy, the Vermont Highway Safety Administration's Impaired Driving Summit, the Department for Children and Families, the International Association of Chemical Testing, and the New England Association of Drug Court Professionals. Robert Sand, former Windsor County State's Attorney, spoke at the program's first graduation in June 2015 about the impact of the program on participants and Team members. He subsequently spoke to a group of Vermont Law School alumni about treatment courts. Supervising Case Manager Mark Young has presented a brief overview of the WCDTD at several staff meetings and manager meetings and submitted a write-up for the HCRS newsletter.

Incentives for participants are purchased with funds from the Vermont Governor's Highway Safety Education Program grant that supports the program, and through HRCS's Sober Today and Tomorrow (STAT) Fund. The STAT fund was established specifically to purchase incentives. Thus far, only individuals have donated to the fund; businesses and organizations have not yet been solicited directly for donations.

Suggestions/Recommendations

- NCDC recommends Memoranda of Understanding (MOU) or Memoranda of Association (MOA) for all Team members so that expectations are clear.

- Work to establish on-going partnerships with stakeholders within the community and the state, including law enforcement. The police chief of one of the larger municipalities in Windsor County knew very little about the program when interviewed by the evaluator. Provide regular communication about the program to stakeholders.

- Consider whether the Team wants to provide names of participants to police departments so officers know who in their jurisdiction is participating in the program as several police chiefs suggested. This could establish another setting in which authority figures can provide positive feedback to participants, as well as strengthen relationships

with police departments within the program's geographic area.

- Consider expanding the list of invitees to program graduations. Continue to invite state officials, but add local officials, community leaders and organizational representatives to help to forge the relationships that NCDC advises. Educating these individuals about the program would allow them to answer any questions asked by constituents who may hear or read about the program, and yield a group from which advisory board members could be drawn. Graduations provide an opportunity to highlight the program to the general public as well via the press. Inviting the press must be weighed against a participant's desire for privacy (court hearings are open to the public, but reporters may not know about graduations unless invited to attend).

- Continue to work to establish an Advisory Committee, identifying prospects based on what they can contribute to the group and the program. Establish clear roles and responsibilities for committee members.

- Solicit donations (cash or tangible items) for program incentives from organizations and businesses, as well as individuals a role for volunteers or Advisory Committee members). Soliciting donations will provide an opportunity to increase awareness of and support for the program within the immediate community.

Guiding Principle #6: Take a Judicial Leadership Role

Judges are a vital part of the DWI Court Team. As leader of this team, the judge's role is paramount to the success of the DWI Court program. The judge must be committed to the sobriety of program participants, possess exceptional knowledge and skill in behavioral science, own recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the DWI Court Team, therefore, is of utmost importance.

National Standard

The DUI court judge has extensive experience handling DUI cases and has knowledge of addictive and associated behaviors. The judge leads and motivates the Team, draws on their expertise, and assures that Team members receive sufficient and on-going training. The judge is interested in and engages participants, and enforces program requirements. The judge conducts community outreach, educates and shares information, develops cooperative relationships with community and victim's groups, and works to ensure funding for continued operation of the DUI court.

Research Question: *Has the judge taken a leadership role?* **IN PART**

WCDTD Process

Although Judge Karen Carroll did not have previous treatment court experience, she read relevant material, attended several trainings and observed a treatment court. Team decisions are democratic, but all members are aware that the judge has final say. Observations, participant surveys and feedback from Team members demonstrate that Judge Carroll cares about participants and wants them to succeed. She is comfortable enforcing program requirements, administering sanctions, providing incentives, and is concerned about treating participants fairly and equitably.

Due to the traveling nature of Vermont's judiciary, some judicial functions have shifted to the Program Coordinator (e.g., the Program Coordinator identifies training needs and arranges for them; she works to motivate the Team and keep them on track). The community outreach piece did not rise to the top for Judge Carroll given the other demands of initiating the program and of her job generally (as discussed under Guiding Principle #5, other Team members have done some community outreach).

Suggestions/Recommendations

- Although judges in Vermont cannot solicit funds for a court program, the WCDTD judge can work with the Team (or a sub-committee) and the Advisory Committee when formed to develop strategies to achieve long-term financial sustainability.

- Recommend that the program's new judge take a leadership role in increasing awareness of the WCDTD and that evidence-based DUI courts are effective at reducing recidivism and costs to the state.

Guiding Principle #7: Develop Case Management Strategies

Case management, the series of inter-related functions that provides for a coordinated team strategy and seamless collaboration across the treatment and justice systems, is essential for an integrated and effective DWI Court program.

National Standard

Team members collect and provide participants' case, testing, treatment and supervision information to the Case Manager, who is also a member of the DUI Team. The Case Manager informs Team members of participants' progress. The Case Manager assures that participant assessment, service planning, resource allocation and performance monitoring are coordinated and do not duplicate efforts either by Team members or participants, and assures that participants are not given inconsistent information.

Research Question: *Has the program developed effective case management strategies that coordinate the efforts between the treatment and criminal justice systems?* **YES**

WCDTD Process

The Case Manager meets with each participant in her office at the court house as part of Orientation, and then weekly once participants enter Phase 1. She makes referrals and coordinates participants' schedules, and monitors compliance and other measures of progress. She administers breathalyzer tests at meetings and before court appearances. The Case Manager facilitates communication between participants, and their treatment providers and Probation Officer.

The Case Manager keeps records, including information from Probation and Parole, and emails one-page Case Management Reports to the Program Coordinator, who then distributes them to Team members prior to Team meetings. The Program Coordinator subsequently enters data manually into spreadsheets and (separately) into the program's data base. Both the Case Manager and Supervising Case Manager attend court appearances. Based on feedback from participants, the Case Manager provides critical support to participants in navigating the program and in their recovery.

Suggestions/Recommendations

- Continue to work to develop a more efficient data entry system to the extent possible, preferably a web-based system that allows the Case Manager and Probation Officers to enter their own data.

- Use the data base to generate reports rather than maintaining separate spreadsheets (alternatively, enter data into spread sheets and import to the larger data base). Enter/import data into the program data base in a timely manner.

- Consider whether and how less time could be spent discussing participants' progress at Team meetings, provided that Case Management Reports are distributed well enough in advance to allow Team members to read them and the Defense Attorney to discuss any non-compliant behavior and potential consequences with participants.

Guiding Principle #8: Address Transportation Issues

Though nearly every state revokes or suspends a person's driving license upon conviction for an impaired driving offense, the loss of driving privileges poses a significant issue for those individuals involved in a DWI Court program. In many cases, the participant solves the transportation problem created by the loss of their driver's license by driving anyway and taking a chance that he or she will not be caught. With this knowledge, the court must caution the participant against taking such chances in the future and to alter their attitude about driving without a license.

National Standard

The DUI Court articulates to participants that they may not drive without a valid driver's license, and monitors that participants follow this requirement. Any driving privileges are granted in compliance with state regulations and any conditions set by the participant's Probation Officer. Team members convey to participants that they are responsible for solving their transportation problems, but the DUI Court has developed plans to address transportation barriers within their community.

Research Question: *Does the program address transportation problems faced by participants while at the same time allowing participants to take responsibility for solving them?*
SOMEWHAT

WCDTD Process

The WCDTD makes clear that participants are responsible for their own transportation. The Case Manager and Probation Officers work to accommodate participants as much as possible (e.g., meeting in their community when possible; offering standing and back-to-back appointments). The Deputy State's Attorney indicated that transportation challenges have kept some individuals from choosing to be referred to the program, but this information has not collected systematically. Participants seem to be managing to solve transportation issues. Nonetheless, survey data show that transportation is a major difficulty/challenge for participants.

Driving illegally is not routinely monitored, but the Team knows if a participant is picked up and charged with another driving offense.

Suggestions/Recommendations

- Assess the extent to which transportation (and other) issues have contributed to offender choosing not to be referred to the program. To date, statistics on individuals who the prosecutor thinks may be eligible for the program but ultimately are not referred have not been kept (reasons that people opt or screen out after they are referred to the program are collected by the Program Coordinator). In such cases, a meeting with the Case Manager to identify possible options may be helpful. The Team may also want to brainstorm strategies to meet transportation needs. Although the national standard is that participants need to be responsible for solving their own transportation issues, in discussing this issue NCDC's publication, *The Ten Guiding Principles of DWI Courts*, provides examples of ways that some programs assist participants (e.g., a bicycle loan program). If transportation issues become prohibitive for participants *or potential participants*, the Team could strategize solutions (e.g., developing a volunteer transportation network).

Guiding Principle #9: Evaluate the Program

To convince stakeholders about the power and efficacy of DWI Court, program planners must design a DWI Court evaluation model capable of documenting behavioral change and linking that change to the program's existence. A credible evaluation is the only mechanism for mapping the road to program success or failure. To prove whether a program is efficient and effective requires the assistance of a competent evaluator, an understanding of and control over all relevant variables that can systematically contribute to behavioral change and a commitment from the DWI Court Team to rigorously abide by the rules of the evaluation design.

National Standard

In preparation for the program evaluation, DUI offenders are randomly assigned to the program or to an alternative, such as probation. If not randomly assigned, an appropriate alternative group is used for comparison (e.g., those arrested/cited in the same jurisdiction before the program began but who meet the criteria for participation) or the evaluation statistically controls for client characteristics that correlate with outcomes. The evaluation examines outcomes for all participants, including those who did not graduate, and includes short (in-program) and long-term (post-program) outcomes. The evaluation reports the percentage of participants who completed all or part of the program, number and types of interventions, including pharmaceutical, and any ancillary services delivered, how compliance was assessed, incentives and sanctions imposed and the fidelity with which they were imposed.[12]

Research Question: *Has the program been evaluated by a competent evaluator?* **IN PART**

WCDTD Process

The project planners designed a comprehensive evaluation of the program from the outset– one capable of documenting behavioral change and linking it to the program. This includes a process evaluation, an outcome evaluation with both in-program and post-program components, and a cost-benefit analysis.

Random assignment (one of NCDC recommended research designs) is not feasible for this jurisdiction since space in the program is still available. Withholding the DUI treatment court from some offenders would therefore raise ethical issues. Instead, the outcome evaluation will use a comparison group of people in the same jurisdiction charged with offenses that would have qualified them for the program, but which occurred prior to its initiation. In-program recidivism will be assessed, but long-term outcomes can be determined only after adequate time has elapsed.

[12] For recommendations regarding data collection and program evaluation protocols see National Center for DWI Courts. 2010. *Introductory Handbook for DWI Court Program Evaluations*. NCDC: Alexandria, VA.

The ability to determine whether specific factors appear to influence outcomes will be limited initially because of the small number of participants in Year 1 and the large number of factors that can potentially influence outcomes. The process evaluation reports on the proportion of participants who completed all or part of the program, and how compliance was assessed.

Suggestions/Recommendations

- Continue to collect good quality data. As soon as possible, begin to compile summary statistics regularly (e.g., quarterly) and use the data to monitor the program and inform decisions about any changes to protocols. Continue to plan to have an outside evaluator conduct an outcome evaluation when enough people have completed the program and enough time has elapsed to allow for meaningful analyses. Conduct recidivism studies periodically as long as the program is in operation.

- Collect data on those who appear to be eligible for the program but choose not to participate, particularly the reasons for their decision, and separately those who begin but drop out of the program. This information is potentially useful for several reasons:
  1) It can identify barriers to program participation (perceived or real), and whether any barriers appear to affect certain types of individuals more than others (e.g., lack of child care may disproportionately affect women). The Team can then determine whether a response is needed to reduce or remove barriers or the perception of barriers.
  2) This group can provide a comparison group to which participants and program graduate's recidivism rates can be compared. Those who choose not to participate may be less motivated to address their substance abuse issues than those who enter the program, so one would expect a higher recidivism rate for this group. If this were not the case, it would raise questions about the program's effectiveness.

- Monitor length of time between arrest and referral to the program and reasons for any undo delays. Determine whether times should and can be shortened without compromising participants' due process rights.

- Monitor length of time in Orientation and in each Phase and reasons for times that exceed target lengths. Work to reduce time if it regularly exceeds target length (or increase target time if this seems merited).

Guiding Principle #10: Ensure a Sustainable Program

The foundation for sustainability is laid, to a considerable degree, by careful and strategic planning. Such planning includes considerations of structure and scale, organization and participation and, of course, funding. Becoming an integral and proven approach to the DWI problem in the community however is the ultimate key to sustainability.

National Standard

The DUI Court develops a strategic plan to identify potential resources and build partnerships with community stakeholders (e.g., business and elected officials, advocates, treatment and other human services). The DUI Court has written agreements with key stakeholders. The DUI Court has identified all program costs, has developed a diversified funding plan and has considered incorporating as a 501c(3) non-profit corporation. The Court communicates regularly and in a variety of ways with the public about the Court's work, outcomes and cost-benefit. The Court attends to the needs of Team members to assure that they feel that their work is valuable and appreciated.

Research Question: *Is a sustainable future for the program assured?* **NO**

WCDTD Process

As previously discussed, ensuring a sustainable future has taken a back seat to initiating the program. The program currently relies on grants from the Vermont Governor's Highway Safety Education Program, with a 25 percent in-kind match requirement.

Suggestions/Recommendations

- It will undoubtedly be easier to "sell" the program if positive outcomes are shown (i.e., reduced recidivism and lower costs relative to alternatives), but meaningful long-term recidivism studies are still years away. As WCDTD ends its second year of operation, it is important to focus on strategic planning, sustainability and alliance-building. Perhaps a sub-committee of the Team (including the Judge and Program Coordinator) could begin this process.

- Soliciting for the HCRS "STAT" Fund (the 501c(3)) used to purchase incentives for participants) and establishing an Advisory Committee may provide some opportunities to develop funding. This Committee can explore ways to increase community engagement and identify funding prospects for the STAT Fund, and the program as a whole or some of its components. It can solicit donations and assist with fund-raising events or recruit volunteers to do so. As is generally the case with organizational budgets, some components will appeal to potential donors more than others—identify these, "package" them and identify individuals to whom they might appeal.

Drug Court Best Practices Related to Reduced Recidivism

Below are the top ten best practices associated with reduced recidivism in drug courts. The first is the practice with the largest effect, and they are ranked in descending order. Associated with each practice are commendations and recommendations for the WCDTD. These best practices

were identified by Cary et al. (2012) after analyzing data form 69 drug courts nationally.[13] Carey et al. selected courts that used consistent methods of data collection, including recidivism and cost analyses, and which had a sample size of at least 100 participants.[14]

1. ***Drug Courts with a program caseload (number of active participants) of less than 125 had more than five times greater reductions in recidivism than programs with more participants.***

Researchers have not yet identified the mechanisms driving this effect, but hypothesize that it is related to the degree of individual attention provided by case workers and judges and level of supervision by probation and parole. As the number of participants increase, so do caseloads (all programs in the study had one judge regardless of size).

Commendation: The maximum capacity of the WCDTD is 25 participants at any one time (it has not yet reached this number). Programs with 1-25 participants are associated with the greatest reductions in recidivism (48 percent) relative to programs with 125 or more participants. This does not mean that the program should not get any larger, but that care must be taken to assure that participants receive the same level of supervision and support as when fewer participants are in the program.

2. ***Drug Courts where participants were expected to have greater than 90 days clean (negative drug tests) before graduation had 164% greater reductions in recidivism compared with programs that expected less clean time.***

The longer participants are abstinent prior to graduation, the more likely they are to continue this abstinence after graduation.

Commendation: The WCDTD requires 180 days of continuous sobriety immediately preceding graduation.

3. ***Drug Courts where the judge spent an average of three minutes or greater per participant during court hearings had 153% greater reductions in recidivism compared with programs where the judge spent less time.***

The interactions and relationships between participants and the Judge are critical to program and participants' success. Carey et al. (2012) found that moving from just under to just over three minutes doubles the reduction in recidivism. Notably, the researchers found that the linear relationship between time spent and reductions in recidivism continues (e.g., spending 7 minutes with participants triples the positive effect), so more time is better.

Commendation: Judge Carroll spends at least three minutes interacting with participants.

[13] The study also identified best practices associated with lower costs. These are not considered here except to say that four of the ten best practices associated with reduced recidivism are also associated with reduced costs (numbers 6, 7, 9 and 10).

[14] Carey, Shannon M., Juliette R. Mackin and Michael W. Finigan. 2012. *Ibid*.

Recommendation: Periodically ask a Team member to time the new judge's interactions with participants without her knowledge. This is particularly important when there are time pressures (e.g., when the docket starts late or there are events that are out of the ordinary).

4. Drug Courts where treatment providers communicated with the court or Team via e-mail had 119% greater reductions in recidivism.

Email provides quick communication between Team members and is particularly important when a participant does something that requires a sanction.

Commendation: The WCDTD Team communicates regularly via email concerning participants' progress. Between Team meetings, email is the primary method of communication. Importantly, the Program Coordinator has advised Team members not to use email to communicate about treatment since this written record could compromise participant confidentiality.

5. Drug Courts where a representative from treatment attended Drug Court Team meetings had 105% greater reductions in recidivism.

The physical presence of a treatment representative at Team meetings is associated with greater reductions in recidivism relative to programs where treatment providers send information but do not attend.

Commendation: The WCDTD Team includes two representatives from the treatment provider, Health Care and Rehabilitation Services—the Case Manager and Supervising Case Manager. They provide critical feedback to the rest of Team and serve a pivotal role in Team meetings that focus on participants' progress. At Team meetings, the Case Manager reports on participant's attendance at meetings and treatment sessions, as well as test results. She also conveys any particular challenges participants are facing such as job loss or the end of a relationship. The Program Coordinator sends this information to other Team members in advance of the meeting, and it is reviewed by the Case Manager at the meeting.

Recommendation: Some Team members are concerned about the time spent reviewing participants' progress. When Team meetings exceed the time allotted, this also delays the start of the docket, requiring participants to wait.[15] As the number of participants grows, so too does the need to streamline meetings and/or be realistic about the docket's starting time. One way to reduce time spent is to omit the Case Manager's summaries, provided that everyone receives *and reads* Case Management Reports in advance of meetings. Team members also

[15] Participants must often take time off work to attend court appearances, treatment and other meetings. Many rely on others for transportation and some for child care. Maintaining a regular docket schedule as much as possible and starting on time is therefore important. Starting the docket on time in particular holds the Team to the same standard expected of participants.

spend a considerable amount of time discussing sanctions. Since consistency and fairness is paramount, this should become routine over time.

Recommendation:

6. Drug Courts where internal review of the data and program statistics led to modifications in program operations had 105% greater reductions in recidivism.

This practice involves two components: 1) using an electronic data collection and information management system to easily compile statistics on participants' progress and program performance and operations, which is then reported regularly to the Team; 2) using the data to assess and continually monitor performance, make adjustments to program procedures and identify areas where training may be needed.

The WCDTD has been hindered by a data system that was not designed specifically for the program. The WCDTD has compiled much of the case management data in paper format, which is then entered manually by the Program Coordinator. Probation and Parole's data is provided in either paper or spreadsheet which also is then entered manually, a time consuming task. The Program Coordinator has also maintained both spread sheets of particular measures (e.g., dates as participants move through the program) and the larger data base. A staff member from the Crime Research Group redesigned the WCDTD data base, which was originally designed for a juvenile court. Although the data base is improved, it is old, has space limitations and still not ideal for the program. The revised data base became operational in August 2015. Thus data has not yet been used to report and monitor or make adjustments to the program.

Commendation: The Program Coordinator collects the data needed to monitor and evaluate participants and program progress.

Recommendation: Move to an electronic data entry system for the Case Manager and Probation and Parole officers to eliminate manual data entry by the program coordinator.

Recommendation: As soon as possible, begin to generate regular reports (at least quarterly) for Team showing aggregate measures of participants' progress (e.g., percentage of participants—perhaps by phase—who attended meeting with the Case Manager, meetings with their Probation Officer, and various types of treatment sessions; percentage of positive/negative test results; percentage who completed Orientation and phases on time) and measures of program performance (e.g., average time from referral to enrollment, average number of contacts with participants by a Probation Officer—scheduled and random separately; average number and type of tests administered—scheduled and random separately; average number of therapies by type). The extent to which these measures correlate with participant compliance, sobriety, recidivism and overall success in each phase of the program can then be assessed and procedural changes made if needed.

7. Drug Courts where a treatment representative attended court hearings had 100% greater reductions in recidivism than programs where treatment did not attend.

Attendance at court hearings by representatives from the treatment provider demonstrates to participants that the program is therapeutic and that treatment providers are an integral part of the Team. Since sanctions and rewards are given during court hearings and these often involve whether the participant complied and engaged in treatment and the results of testing administered by the Case Manager, the treatment staff's presence at the hearing assures that participants do not tell the judge a different version of what happened (they are permitted to convey additional details/explanation).

Commendation: The Case Manager and Supervising Case Manager attend all court hearings and interact informally with participants while there.

8. Drug Courts that allowed nondrug charges (e.g., theft or forgery) had 95% greater reductions in recidivism than Drug Courts that accepted only drug charges.

This is less of an issue for DUI Courts than for Drug Courts. For those charged with drug possession, other nondrug charges may be driven by the drug addiction. Thus, addressing the underlying addiction may eliminate other criminal behaviors.

WCDTD's *Policy and Procedures Manual* does not address this issue directly, but the Program Coordinator indicated that additional non-DUI related charges would not keep an individual from participating unless the offense(s) involve death or serious bodily injury. In addition, "participants with unresolved charges or with a history of violent behavior may be precluded from enrollment in the program."[16]

9. Drug Courts that had a law enforcement representative on the Drug Court Team had 88% greater reductions in recidivism than programs that did not.

The law enforcement officer may interact with participants in the community or their homes and can provide information to other Team members and positive feedback to participants when merited. The officer can bring information and insights to colleagues about the benefits of treatment courts.

Commendation: The WCDTD initially had two law enforcement representatives on the Team, but both left in 2013. The Program Coordinator invited to rejoin the Team in 2015, and Christopher O'Keefe, who is now a Senior Inspector with the Department of Motor Vehicles, agreed.

[16] Windsor County DUI Treatment Docket (WCDTD) for Repeat Offense Impaired Driving Cases, *Policy and Procedures Manual*, revised May 4, 2015, page 4.

10. Drug Courts that had evaluations conducted by independent evaluators and used them to make modifications in Drug Court operations had 85% greater reductions in recidivism than programs that did not use these results.

As with the process of internal data collection, analysis and resulting program modifications described in Best Practice #6, an external evaluator can provide an objective assessment of a program's operations, strengths and areas where changes may be advantageous. The DUI court can then use the evaluation to make modifications to the program.

Commendation: The WCDTD contracted with an outside evaluator early on. The contractor helped identify data that the program should collect and re-designed a data base for this purpose. This report represents the process evaluation of the program. An in-program recidivism study has also been completed by the Crime Research Group. Post-program recidivism will be evaluated when enough time has elapsed to make it a meaningful exercise.

Participant Surveys

Beginning in November 2014, the evaluator administered written surveys quarterly to program participants. In advance of these docket days, participants who had reached the mid-point of Orientation or a Phase (based on target length of time) were notified to appear one-half hour early to complete the voluntary survey. When participants arrived, the evaluator explained the purpose of the survey, assured confidentiality and obtained signed consent forms. The evaluator gave participants printed information about the survey, her contact information and a copy of the consent form.

With few exceptions, participants did appear early to complete a survey. Those who did not were still able to complete the survey because the docket is typically late getting starting. Only three individuals refused to complete a survey (one person completed one survey, but refused to complete a subsequent one). Some participants missed completing a survey due to excused absences from court.

The number of completed surveys totaled 16 for Orientation; 13 for Phase 1; four for Phase 2; and one each for Phases 3 and 4. Due to the small number of respondents who completed surveys for Phases 2, 3 and 4 and the importance of maintaining participants' anonymity, responses to these surveys are not reported. Appendix B shows responses to survey questions for Orientation (Tables 1-3) and Phase 1 (Tables 4-5).

Orientation - Table 1 shows responses to questions which asked the participant who first told them about the program; who else they talked with prior to their referral to the program; the main reason they wanted to participate; and what their expectations were for the program. Most respondents learned about the program from their Defense Attorney (68.8 percent), and about one-quarter from the State's Attorney/prosecutor. About one-third of respondents also talked with the Program Coordinator (32 percent); 28 percent talked with a Clinician or Counselor; 20 percent with their Defense Attorney; and 12 percent with the prosecutor

(although the question is worded "prior to referral," most of these conversations probably took place after the individual was referred).

Approximately 59 percent of respondents indicated that the main reason they enrolled in the program was to stop drinking (58.8 percent). About one-quarter (23.5 percent) wanted to get their license back as soon as possible, and 17.6 percent wanted to reduce or eliminate jail time. In response to the question about expectations for the program, 55 percent of respondents indicated that they expected to have the support and information needed to maintain sobriety, 25 percent wanted to get their license back quicker; ten percent said that they wanted a better/new life; and five percent wanted to avoid a felony charge.

The Orientation survey also asked participants about the logistics of entering the program—for example, whether the program was clearly explained; whether they had the opportunity to ask questions; whether they understood the papers they were asked to sign; and perceptions of treatment by program staff (see Table 2). By and large, survey responses reflect exceedingly well on those involved in orienting potential participants. For most of these questions, all but one or two respondents answered favorably. The question with the fewest favorable responses asked whether the participant understood what would happen to them if they did not do what was expected of them in the program (those four selected "somewhat" rather than "yes"). This may reflect the variety of possible sanctions that can be administered (and that those new to the program would observe administered in court), making them less certain of what the consequences would be for transgressions.

The Orientation and all other surveys asked participants to rank up to three things that most made them want to complete the program during Orientation or the phase they were in, and to rank up to three things that have been the most challenging or difficult parts of the program during that time. Reponses for Orientation are shown in Table 3. More than half (56.3 percent) of respondents said that not wanting to drink alcohol or to feel the need to drink was what most made them want to complete the program. Twenty-five percent of respondents selected wanting to improve the quality of life for their family and 25 percent chose wanting to get their license back as the primary reason. Smaller percentages selected the remaining response options (percentages total more than 100 percent because some respondents selected multiple answers). Second and third choices tended to follow the same patterns, except that no one selected not wanting to drink alcohol as their third most important reason for wanting to complete the program, but 81.3 percent of respondents selected it as their first or second reason.

The most challenging or difficult part of the program during Orientation was being compliant with all program requirements for 37.5 percent of respondents, followed by transportation (25 percent) and staying sober (12.5 percent). Twenty-five percent of respondents ranked transportation as the second most challenging aspect of the program, followed by getting time off work to attend court, treatment sessions and other meetings (18.8 percent) and finding new friends and activities that do not involve alcohol or drug use (18.8 percent). Transportation was also the most frequently selected third ranked challenge (25 percent of respondents), followed by being subject to random alcohol and drug testing (18.8 percent) and finding new friends and

activities (18.8 percent). Taking first, second and third rankings together, 75 percent of respondents indicated that this was a difficult or challenging aspect of the program—more than for any other response option.

Phase 1 - The Phase 1 survey also asked whether things have gone as expected and whether they think they have been treated fairly by program staff. As Table 4 shows, 76.9 percent of respondents answered affirmatively to the first question and 69.2 percent did so to the second. Remaining respondents answered "somewhat" (no one selected "no" as their response). Thus the most favorable response to the question asking whether things have gone as expected ("yes") was less frequent in Phase 1 than in Orientation (76.9 versus 93.8 percent, respectively). Similarly, the most favorable response to the question about being treated fairly by staff was less frequent in Phase 1 than in Orientation (69.2 versus 81.3 percent).

Asked what did not go as expected in Phase 1, one respondent said they thought the program would be more treatment focused than punishment; one said they weren't expecting to change Probation Officers; and one said there were some communication mishaps. Comments regarding perceived unfairness during Phase 1 pertained to "being punished for relapses" "inaccurate reporting by a Probation Officer"; "some unreliability regarding scheduled appointments"; and (unspecified) "inconsistency."

Those who commented on fair treatment in Phase 1 (and Orientation) tended to focus on respect, dignity, being listened to, and the support shown by Team members. "I've been treated with respect and listened to. I feel the whole Team really cares," one respondent wrote. Another wrote, "Fairness and respect of and for individual's concerns." A respondent appreciated that the Team has a "good understanding that addiction is a disease and not a moral issue." This perspective was echoed by another respondent who wrote, "They were not pointing fingers at me or making me feel bad about myself."

As was asked on the Orientation survey, the Phase 1 survey asked respondents to rank up to three things that most made them want to complete the program during Phase 1 (responses are shown in Table 5). Slightly more than half (53.8 percent) ranked not wanting to drink alcohol or feel the need to drink alcohol as their first reason. Nearly the same percentage of respondents (46.2 percent) chose wanting to improve the overall quality of their life or wanting to improve the overall quality of life for their family (also 46.2) as the primary reason. Thus, although the percentage of respondents choosing not wanting to drink alcohol as the primary motivator was about the same during Orientation and Phase 1, respondents were more like to rank improvements in quality of life for themselves or their family as the first reason for wanting to complete the program in Phase 1. The quality of life responses were the most frequently selected second ranked reason, and improving the quality of life for their family was the most frequently ranked third ranked reason. Taking the first, second and third ranking together, 92.3 selected wanting to improve the quality of their life, and 84.6 percent of respondents selected not wanting to drink and 84.6 percent chose wanting to improve the quality of life for their family.

Respondents were asked to rank the most difficult or challenging aspects of the program during Phase 1. As Table 5 shows, nearly half of respondents (46.2 percent) selected transportation. About one-quarter of respondents (23.1 percent) chose getting to all appointments and being compliant with program requirements, followed by getting time off work (15.4 percent). Getting to appointments/being compliant, and transportation were most frequently ranked as the second most challenging aspect of the program (23.1 percent), and getting to appointments/being compliant was also most frequently ranked third (23.1 percent).

When first, second and third rankings are combined, transportation and getting to appointments/being compliant stand out as being chosen more than any response options (76.9 and 69.2 percent of respondents, respectively). Comparing responses to this same question on the Orientation survey, respondents were about as likely to rank transportation as the first, second or third most challenging aspect of the program (75 percent of respondents in Orientation versus 76.9 in Phase 1). Respondents were more likely to rank getting to appointments/being compliant as one of the three most challenging aspects during Phase 1 than they did in Orientation, however (50 percent of respondents in Orientation versus 69.2 percent in Phase 1). This suggests that the Case Manager should continue to be alert to this issue and help participants problem-solve as needed. Should a more systematic response be merited (e.g., if participants are unable to complete the program because of it), the Team can work collectively to address the issue.

Summary and Conclusions

Overall, the Windsor County DUI Treatment Docket Team has done an exemplary job of designing and implementing a program that adheres to the standards established by the National Center for DWI Court (NCDC). With few and relatively minor exceptions, the Team has followed both the NCDC's guiding principles and the best practices associated with reduced recidivism among drug court participants/graduates established by the National Association of Drug Court Professionals (NADCP). While it is too soon to know how effective WCDTD will be in reducing recidivism among repeat DUI offenders, the program has been implemented with fidelity to national standards.

The Team and particularly the Program Coordinator Stephanie Clark are to be commended for their hard work, dedication and professionalism. They did not start a program and "put it on autopilot," but continue to attend trainings and work to improve the program. Team members clearly respect each other and the collaborative Team process. Feedback from participants attests to the Team's commitment to the program and those who are working to overcome their addictions.

The process evaluation did find some areas where the WCDTD could make improvements, but for the most part, the Program Coordinator and Team are making efforts to remedy them. First is the need to establish an Advisory Committee. NCDC recommends this be done when the program is still in the design stage, but an Advisory Committee for WCDTD is only now being formed. Similarly, better integration with a community of stakeholders is advised, and keeping them involved and

vested in the program. WCDTD has made some progress on this, but work remains. This is an area where the new Judge could provide leadership. A focus on strategic planning and long-term financial sustainability is also critical, since the program currently relies on grant funding which is rarely guaranteed. That these needs have been put on the back burner is understandable given the demands of starting a new treatment court, but as the program enters its third year prioritizing them is advised.

In terms of the workings of the program itself, the Team has done a good job developing program documents, and revising them as needed. The "moving parts" (e.g., treatment, probation, court appearances, testing) appear to be well coordinated. Working to keep Team meetings to the allotted time frame is advised, as is being mindful of the effect on participants of delays in court starting times and avoidable deviations from expected court dates. Transportation is a major challenge for participants so it is important to continue to problem-solve and monitor any associated negative consequences on compliance and program completion.

Data analysis is clearly a challenge for the program—in part because of the sheer volume of all that must be collected. Although the Program Coordinator is diligent in collecting data, the data base itself has not been conducive to utilizing the data effectively. This has been rectified somewhat by a redesigned data base, but it is still limited by the outdated software. It is critical that data entry become less cumbersome to the Program Coordinator. If separate spread sheets continue to be maintained, these should be imported into the larger data base to ease data entry demands and to keep the larger data base current. Critical too is the need to start using data to regularly report measures of program and participant progress to the Team. This can provide important information with which to monitor the program and make adjustments to protocols.

These shortcomings are far outweighed by the positive aspects of the program. The WCDTD can serve as a model and Team members as a valuable resource to any other DUI courts initiated in Vermont.

Appendix A: Program Description

The WCDTD Team

Judge
Judge Karen Carroll replaced Judge Patricia Zimmerman in September 2013 and presided over the WCDTD until September, 2015 when Judge Nancy Corsones replaced her. Judge Carroll did not have prior experience with a DUI court, but read relevant material, observed the Rutland County substance abuse docket, and attended several national trainings. Although the Team functions in an egalitarian manner, Judge Carroll has ultimate decision-making authority. She oversees sentences, administers incentives and sanctions, and discharges participants from the program. Judge Corsones has treatment court experience.

Program Coordinator
Stephanie Clark, J.D. has served as Program Coordinator since August, 2013. Her position is full-time, but temporary (without benefits) because of the uncertainties surrounding program funding. She spends most of her time on communication and coordination; data entry/administrative tasks; and outreach and education. Stephanie Clark works closely with the Judge, the program's Case Manager and Supervising Case Manager. Although she is not typically involved with participants after Orientation, she is very aware of each participant's progress. Her role includes long-term planning, and assessing where members of the Team are with regard to their knowledge of DUI treatment courts and where they need to be. She arranges trainings as needed, and works to motivate the Team.

When individuals are referred to the program, they have already gone over program requirements with their defense counsel and signed paperwork. Stephanie Clark conducts the ORAS, and she and the Case Manager meet with participants twice during Orientation to review procedures and expectations. After that Stephanie Clark sees participants in court, but direct contact with them is minimal.

Prosecutor
Windsor County Deputy State's Attorney Glenn Barnes represents the State's interests. When appropriate, he suggests to the Defense Attorney that a defendant consider the WCDTD by including it in arraignment paperwork. If the defendant and Defense Attorney agree, the Deputy State's Attorney and the Defense Attorney jointly make the referral to the program, using a joint referral form. The Judge makes the final determination about whether a case is referred. The prosecutor is present at all court hearings involving participants. Should a participant fail to follow program requirements to such an extent that the Deputy State's Attorney deems that a charge of Violation of Conditions is appropriate, he recommends prosecution to Team and/or will file a notice of discharge.

Defense Counsel

Defense Attorney Jordana Levine is employed by a private public defense firm and is contracted by the program. Participants may be represented by a variety of private attorneys prior to sentencing. When sentencing takes place and individuals enter Phase 1 of the program, attorneys typically end their representation. The program's Defense Attorney continues to represent participants' interests and advocates on their behalf. Communication between participants and defense counsel is confidential and not shared with Team members without participants' permission.

Case Manager and Supervising Case Manager

WCDTD contracted the services of a Case Manager (Aimee Tucker) and a Supervising Case Manager (Mark Young). Both are employed by HCRS. The Case Manager and the Program Coordinator meet with participants during Orientation to go over the participant handbook, contract and expectations. The Case Manager and the Supervising Case Manager conduct initial drug and alcohol screenings. The Case Manager meets with each participant weekly, helps them obtain insurance and find stable housing approved by Probation and Parole, verifies treatment (follows up with providers) schedules appointments and conducts breathalyzer tests prior to court appearances and when she meets with participants. The Case Manager screens for ongoing needs and makes referrals as appropriate, and provides an important source of support for participants.

Probation and Parole

Four representatives from Probation and Parole are members of the Team—two from the Springfield District and two from the Hartford District. Probation Officers conduct an initial interview with individuals prior to sentencing to be sure participants understand the program and its requirements, and that they want to participate and can be successful. Participants and their Probation Officer sign an agreement outlining requirements for participation. Probation officers conduct a risk assessment to determine the appropriate level of supervision (one Probation Officer treats all participants as high risk offenders since the remainder of his case load are sex offenders). Participants are re-evaluated for risk level periodically while participating in the program.

Law Enforcement

Christopher O'Keefe (formerly of the Hartford Police Department) and Garry Scott (Vermont State Police) were initially members of the Team. Both left in 2013 and there was not a law enforcement representative on the Team until Christopher O'Keefe re-joined in early 2015. He is now a Senior Inspector with Vermont's Department of Motor Vehicles.

Former Windsor County State's Attorney
Robert Sand, former Windsor County State's Attorney and current Governor's Liaison to Criminal Justice Programs, was instrumental in initiating the WCDTD and has maintained a place on the Team.

Team Training

In addition to the National Center for DWI Courts (NCDC) national training attended by initial stakeholders in 2012, the whole Team or some Team members attended other trainings by NCDC, the National Association of Drug Court Professionals (NADCP) and the New England Association of Drug Court Professionals (NEADCP). Helen Harberts, a trainer for NADCP and NCDC, provided on-site trainings for the Team in 2013 and 2014. The Program Coordinator asked Team members to complete NADCP's 13-hour on-line course, "Essential Elements of Adult Drug Courts," but she does not know how many did so. The Team attended a three-hour ignition lock demonstration/training in 2014. The Program Coordinator attended the Vermont Highway Safety Administration's conference in 2014 and has viewed various webinars on topics relevant to DUI courts.

Team Meetings

The WCDTD Team generally meets on the first and third Fridays of each month, directly before court hearings.[17] The first meeting of the month focuses on systems/procedural issues. The Case Manager provides status reports on participants at both meetings and the Team discusses any issues to be addressed by the Judge and any rewards/sanctions to be administered in the subsequent court hearing.

Court Hearings

During court hearings, each participant stands before the judge in turn. Participants must stay for the entire hearing unless they have been rewarded with a "Fast Pass." This allows the participant to go first and to leave after their time with the Judge.[18] The Judge speaks to participants about their progress, provides verbal feedback, and issues sanctions or tangible incentives as merited and agreed on by Team.

Screening and Assessment

After the WCDTD Case Manager and Supervising Case Manager receive a referral, they conduct an initial screening to determine whether the individual is clinically appropriate for the program. They use a variety of evidence-based screening tools, including the Self-Sufficiency Matrix (SSM), the Mental Health Screening Form III (MHSF-III), the Michigan Alcohol Screening Test (MAST), CAGE (acronym representing the instrument's four questions), and UNCOPE

[17] It is not unusual for docket days to be rescheduled to accommodate holidays, trainings or other conflicts.
[18] The Team does not give more than one Fast Pass per court date, and out of respect for participants it does not give them when a participant is scheduled to advance to the next phase of the program.

(acronym representing the instrument's six questions). If an individual presents with depression, the screening also includes the Patient Health Questionnaire (PHQ-9).

The Supervising Case Manager then conducts an interview to tie responses together and obtain any additional needed information. He makes a referral to a treatment provider so that individuals can access care quickly and to assure that legal proceedings do not slow down this process. Most individuals are referred to HCRS for a Diagnosis and Evaluation with clinical staff. This clinical assessment builds on information gathered during the screening to make a diagnosis and determine an appropriate course of treatment.

Should screening indicate that someone is not appropriate for the WCDTD or that another treatment provider is more suitable than HCRS, Mark Young refers that person to an appropriate agency for a complete assessment. Thus, even if an individual is determined to be inappropriate for WCDTD or ultimately chooses not to participate in the program, they can continue with treatment if desired. Participants may have a drug addiction or other co-occurring mental health disorder and still be eligible for the program provided they can carry out program requirements.

In addition to treatment screening and assessment, the Program Coordinator administers the Ohio Risk Assessment System's (ORAS) Community Supervision Screening Tool (CSST). The CSST assesses four risk factors: number of prior adult felony convictions; current employment status; the extent to which drugs are readily available in the respondent's neighborhood; and the extent to which the respondent has criminal friends.[19] The Program Coordinator noted that although an ORAS score should be moderate to high, a lower score does not prohibit participation if scores are high on other screening tools. **As of June 19, 2015, participants' ORAS scores ranged from 8-29, with an average score of 19.6.** As previously noted, three individuals were found to be clinically ineligible (not alcohol dependent).

The Program Coordinator and Case Manager meet with new referrals to go over program requirements and answer questions. The Case Manager then meets regularly with participants to help them organize and schedule treatment and other program appointments, and address barriers to success (e.g., child care and transportation). The Case Manager administers breathalyzer tests prior to each court hearing, and when she meets with participants. The Case Manager tracks participants' progress (e.g., test results, attendance, issues, feedback from providers), prepares reports prior to Team meetings and reviews the progress of each participant at Team meetings.

Treatment Overview

Following an individual's screening and assessment, the HCRS clinical team discusses the case and makes recommendations for treatment from among various options. These options include individual counseling, recovery group, pharmacological, and intensive outpatient. Participants

[19] WCDTD initially used the ORAS Community Supervision Tool (CST), but after a year and a half changed to the shorter CSST.

are required to attend community meetings—Alcoholics Anonymous, Narcotics Anonymous or some similar but non-religious recovery meetings.[20] Individuals may be reassessed if there is a major change in substance use, family status or some other factor. Clinical staff members develop new treatment plans every six months as required by the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP).

Drug and Alcohol Testing and Other Types of Supervision

A Probation Officer visits and must approve participants' housing for safety and accessibility. Probation Officers meet with participants in their office and in the field, and conduct a breathalyzer, swab test or urinalysis. Random tests are currently only administered during the field visit. Within the next several months, the program will begin using a color-coded random alcohol/drug testing system. Participants will be assigned a color, and must call in each day to see whether their color was randomly selected. If so, they must report for a urinalysis by a specified time that day. A laboratory employee will collect samples at one of the probation offices and transport them to the lab for analysis.

Participants may also be required to call in or physically check in with their Probation and Parole Office. The two district offices differ in the number of contacts they have with participants, and Probation Officers may reduce the number of contacts with participants as they move through the program or increase their frequency as a sanction.

Participants are also required to meet with the Case Manager. She administers breathalyzer tests (but not urine tests) at these appointments and prior to each court hearing. The Case Manager also verifies attendance at treatment sessions, court hearings and any other mandatory appointments.

The program began using EtG urine tests in fall 2014. This test captures alcohol use for the previous 40 hours (longer than standard tests). If an EtG is positive and the participant denies use, the test will be sent to a laboratory for confirmation and the participant will be required to pay the cost if a positive result is confirmed. The program also has several SCRAM units which allow remote monitoring for alcohol consumption.

A missed test or diluted urine sample is counted as a positive test. The Team may respond to a positive test with a change in treatment or and/or a sanction. Participants are not terminated from the program for a positive test, unless they are charged with another DUI. Probation officers report test results to the Case Manager who includes them in her reports. **As of June 19, 2015, 464 drug tests including breathalyzers were ordered, and 13 (2.8 percent) were positive.**

[20] Because of the emphasis on anonymity among these groups, WCDTD cannot verify attendance. The program requires participants to write a report about each meeting and submit it to the Case Manager, but this does not assure that participants do in fact attend meetings.

Incentives and Sanctions

The program uses incentives and sanctions to encourage or discourage participants' behaviors. Incentives, which include such things as stones with a meaningful word on them and a $5 gift card, are given at phase advancement or to mark a significant accomplishment in a participant's life. The Judge also praises participants publicly, and may request a round of applause by those in the court room. As one Team member noted, "positive reinforcement is an important part of the program. There's a Team of 10-12 people who might not have previously been cheering for defendants—individuals who previously had negative experiences with the players; all of the sudden—praise, clapping, recognition. These are things they have not heard from authority figures in the past and it reinforces the positive behavior they are developing."

Participants also receive up to four "recovery coins" (tokens) at each court appearance for complying with program requirements since the last docket. These coins can be exchanged for a gift card. Several Team members noted their surprise at how meaningful these coins become to participants. One observed that "it doesn't matter what the incentives are if they are the currency of the program. We put a value on that and participants put a value on it." **Between the first participant's enrollment in December, 2013 and June 19, 2015, the judge administered incentives 563 times, most frequently coins.**

The judge also administers sanctions at court appearances for any noncompliant behavior (e.g., a missed appointment). Sanctions are graduated unless the behavior merits a more severe response from Probation and Parole and/or the State's Attorney's office. Sanctions may begin with community service hours (suspended or imposed), and be increased to a day observing court or time in jail. The judge may also order a change in level of supervision or treatment.

Between the first participant's enrollment in December, 2013 and June 19, 2015, the judge administered 34 sanctions or treatment responses. These included jail time of less than a week (six times), work crew (twice), community service (ten times), phase demotion (once), observing court from the jury box (four times), increase in community support meeting attendance (twice), essay (twice), admonishment (three times), and some other unspecified response (four times).

Vermont's treatment program coordinators drafted a six-page *Treatment Court Sanction Chart* for Phase 1 participants. It outlines appropriate sanctions for different types of transgressions with the goal of uniform and fair treatment across participants. The group has not yet drafted sanctions for subsequent phases.

Program Phases

WCDTD requires participants to be in each phase of the program for a minimum of number of weeks. This includes a minimum number of continuous days of sobriety immediately preceding advancement to the next phase. The program is designed to last a minimum of 72 weeks or about 18 months, including Orientation. Individuals must complete all phase requirements and receive the endorsement of the Team to advance to the next phase. Graduation occurs when all

Phase requirements are completed and graduation is recommended by the Team. Participants are also encouraged to participate in Continuing Care following graduation.

Individuals referred to the WCDTD review program requirements and documents with their defense counsel, and sign documents in her/his presence. Defense counsel gives these clients a copy of the *Participant Handbook* and a copy of each signed document. These documents include:

- *Handbook Acknowledgment and Agreement* - indicates that the participants, has read, understands and agrees to follow the rules in the handbook;
- *Participant Contract* - lists more specific rules, each of which must be initialed in addition to the participant's signing the document indicating that they have read, understand and are willing to enter the agreement with WCDTD;
- *Medical Request Release* - acknowledges that the participant understands that their medical records are protected by Federal Regulation 42 CFR, Part 2, and can be released only with their written consent, and that the participant may revoke this permission at any time.
- *Authorization for Release and Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information* - allows WCDTD staff to obtain information pertinent to the participant's eligibility, progress, attendance and compliance from relevant parties.
- *Consent to Provide Contact Information* - gives permission for WCDTD to release information to the program evaluators, provides assurance that their name and other personal information will not be revealed by the evaluators, and gives permission for the program to provide contact information to the evaluator.

The *Participant Handbook* lists requirements for Orientation and each of the program's four phases.[21]

Phase 1 Requirements. Phase 1 focuses on **stability**, including finding safe housing with sober individuals and developing a regular schedule. Phase 1 lasts a minimum of 12 weeks, and requires that participants:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety and show up at all alcohol and drug screenings;
- Attend Community Recovery Supports two times per week or as directed by Treatment Provider or Case Manager;
- Attend all treatment appointments and engage in therapy and/or Relapse Prevention;
- Find and obtain safe and sober housing;
- Use daily planner/journal;
- Attend smoking cessation class if directed to do so by Case Manager
- Participate in sober living activities;
- Maintain constructive use of time by seeking or maintaining sober work, school, or vocational training, or volunteering on a regular basis; and

[21] Windsor County DUI Treatment Docket, *Participant Handbook*, Revised March 10, 2015.

- Have a minimum of 30 days of continuous sobriety, excluding any days utilizing a SCRAM unit, immediately preceding advancement into Phase 2.

In addition to the above requirements, participants must write a "Goodbye to Alcohol" letter, and explain why advancement to the Phase 2 is merited.

Phase 2 Requirements: Phase 2 focuses on **sober living skills** to support participants in their recovery. Phase 2 lasts a minimum of 36 weeks and requires that participants:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety and show up at all alcohol and drug screenings;
- Attend Community Recovery Supports two times per week or as directed by Treatment Provider or Case Manager;
- Attend all treatment appointments and engage in therapy and/or Relapse Prevention;
- Maintain a sober and stable living environment;
- Participate in sober living activities;
- Use daily planner/journal;
- Maintain stable employment, be in school or a vocational program, or volunteer regularly;
- Make a financial plan to begin to pay court costs, treatment costs, and/or restitution (personal budget and payment plan);
- Have a minimum of 90 days of continuous sobriety, excluding any days utilizing a SCRAM unit, immediately preceding advancement to Phase 3.

Participants must also write an essay describing the tools they have acquired to help in their recovery, and explaining why advancement to Phase 3 is merited.

Phase 3 Requirements: Phase 3 focuses on **relapse prevention** by applying recovery skills. Phase 3 lasts a minimum of 12 weeks and requires that participants:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety and show up at all alcohol and drug screenings;
- Attend Community Recovery Supports two times per week or as directed by Treatment Provider or Case Manager;
- Attend all treatment appointments and engage in therapy and/or Relapse Prevention;
- Maintain a sober and stable living environment;
- Participate in sober living activities;
- Use daily planner/journal;
- Maintain stable employment, be in school or a vocational program, or volunteer regularly;
- Maintain financial responsibility by following a personal budget;
- Use daily planner/journal;
- Write a change plan for treatment with your Case Manager;

- Discuss community service projects with your Case Manager and choose one;
- Have a minimum of 90 days of continuous sobriety, excluding any days utilizing a SCRAM unit, immediately preceding advancement to Phase 4.

In addition, participants must write a proposal for a community service project to the Team, and, explain why advancement to Phase 4 is merited.

Phase 4 Requirements: Phase 4 focuses on **maintenance—**maintaining the progress and achievements that participants have made. This final phase of the program lasts a minimum of 12 weeks, and requires that participants:

- Attend all scheduled Court appearances;
- Attend all scheduled probation meetings;
- Be compliant with sobriety and show up at all alcohol and drug screenings;
- Attend Community Recovery Supports two times per week or as directed by Treatment Provider or Case Manager;
- Participate in sober living activities;
- Maintain a sober, safe and stable living environment;
- Maintain stable employment, enrollment in school or a vocational program, or continue regular volunteer work;
- Maintain financial stability by following approved budget
- Use daily planner/journal;
- Model an appropriate and sober lifestyle;
- Complete community service project; and
- Maintain continuous sobriety for six months immediately preceding graduation.

Graduation

Graduation Requirements: The *Participant Handbook* lists the following requirements for graduation:

- Completed all required treatment and progressed through the phases;
- Completed all terms and conditions of probation;
- Maintained a minimum of six months of continuous sobriety immediately preceding graduation;
- Able to support and maintain oneself through legal means;
- Maintained stable living situation that supports sobriety, and have developed a healthy support system;
- Developed long-term sobriety plan that addresses triggers, and includes ways to avoid relapse and seek help should a relapse occur. The plan must be presented to the Court and approved by the Team;
- Completed community service project to satisfaction of Case Manager;
- Complied with all terms and conditions of the program contract.

The graduation ceremony takes place in the court room. The Judge and graduating participant(s) are provided an opportunity to speak. In the program's first graduation (June, 2105), Robert Sand, former State's Attorney for Windsor County and current Governor's Liaison to Criminal Justice Programs and Team member, also spoke. Other state dignitaries and law enforcement officers attended. The Judge presented the graduate with a certificate of graduation and a reception followed.

Continuing Care

Program graduates may choose to participate in Continuing Care which provides a support system to help individuals maintain sobriety. During Continuing Care, individuals follow their Relapse Prevention/Maintenance Plan and any required probation conditions. They may also contact the WCDTD Case Manager once per month, and may choose to mentor new participants to the program. The policy manual does not specify a time limit for those who elect to use the Continuing Care option. Stephanie Clark expects this support to be available to graduates as long as they are on probation, which could be a year or more after program completion.

Termination/Unsuccessful Completion

The WCDTD *Policy and Procedures Manual* and *Participant Handbook* list a variety of reasons that participants may be terminated from the program. These include behavior that is a risk to public safety; disappearance from Probation supervision; unexcused absence for 30 days or more; moving outside of the program's service area; arrest for a new criminal charge; diagnosis of a new condition that prevents participation in or benefit from the program; failure to move through the program's phases; unexcused absences from court appearances; threatening or engaging in violent behavior toward others involved in the program; failure to comply with the terms of the program's contract. Participants may also choose to withdraw from the program. If termination is not voluntary, participants are entitled to due process, including a notice of termination, representation by an attorney and a termination hearing.

Fees

The WCDTD does not charge a fee for participation. However, participants must often pay restitution as part of their sentence. The State of Vermont requires individuals whose license is suspended because of an alcohol-related offense to complete the CRASH course administered by the Vermont Department of Health.[22] This course focuses on the effects of alcohol and drugs on behavior and driving ability. The cost of the course is $400-$600. WCDTD can assist with part of this cost if needed (the program can also subsidize the cost of installing an ignition interlock device).

[22] The CRASH acronym stands for Counter measures Related to Alcohol & Safety on Highways.

Data Collected by the WCDTD for Tracking and Evaluation Purposes

The WCDTD uses Vermont's treatment court Management Information System (MIS), a system that uses Microsoft Access. Not designed specifically for the WCDTD, some fields do not apply and some tracking methods are cumbersome. A staff member from the Crime Research Group recently re-designed the data base to be more appropriate to WCDTD. The data base is still limited by its age, however, and the inability for anyone other than the Program Manager to enter data. The Program Coordinator enters data provided by the Case Manager and Probation Officers—a time consuming task. More efficient would be a system that allows these individuals to enter data directly into a web-based system or to provide an electronic file that be imported into the database.

WCDTD collects a great deal of data, but until the data base was redesigned some could not readily be used for evaluation/analysis. Data entered includes participant demographics; start and end dates for Orientation and subsequent phases; types and dates of treatments, court appearances, contacts with probation officers; dates and outcomes of breathalyzer tests and urinalyses; rewards and sanctions.

Funding

The WCDTD (pilot) program has been funded through grants from Vermont's Governor's Highway Safety Education program, administered by the Vermont Department of Public Safety (DPS). Funding initially began in November, 2012 (maximum expenditures of $173, 786 by September 30, 2013). DPS granted (a maximum of) $250,665 for the second year, and $256,250 for the third year. Note that these figures include a required match of at least 25 percent in in-kind donations.[23] To date, the program has not expended these amounts, largely because it has not yet reached its capacity of 25 participants at any one time. The Program Coordinator indicated that although no line items have gone over budget, she has requested and made a few shifts in amounts between items.

Long-term funding for the program has not been secured. The Program Coordinator hopes that if results of the outcome evaluation are favorable, this will increase the chances of the Vermont Judiciary taking over funding the program permanently.

Advisory Committee

The WCDTD Team has not yet established a broad-based Advisory Committee of community stakeholders, but is working on this (to date the Team has recruited two of a target number of five members). NCDC recommends convening such a group early on to assist in developing program eligibility criteria and later as a way to develop broad-based community support and

[23] Time and other expenses for all Team members are not paid directly by the grant. The grant includes funding for the salaries (or a portion of them) for the Program Coordinator, Defense Attorney, Case Manager and Supervising Case Manager. For others, time spent traveling to/from and in Team meetings, working with participants and other expenses (e.g., mileage) are tracked and applied toward the 25 percent in-kind match required by the grant.

secure resources for the program. WCDTD does have endorsements from groups such as Vital Communities and Mothers against Drunk Driving.

Community Partners

Aside from Team members and their respective agencies, WCDTD has not developed community partnerships other than the primary treatment provider, and to a lesser extent recovery-support programs such as Alcoholics Anonymous. The WCDTD does not regularly disseminate information about the program to the community.

Appendix B: Participant Survey Data

TABLE 1: LEARNING ABOUT AND ENROLLING IN THE PROGRAM (N=16)	N	%
Who first told you that you might be eligible for the program?		
State's Attorney/Prosecutor	4	25.0%
Defense Attorney	11	68.8%
Clinician or Counselor	1	6.3%
WCDTD Program Coordinator	0	0.0%
Someone else	0	0.0%
Total	16	100.0%
Who else did you talk with about the program before you were referred?*		
State's Attorney/Prosecutor	3	12.0%
Defense Attorney	5	20.0%
Clinician or Counselor	7	28.0%
WCDTD Program Coordinator	8	32.0%
Someone else	0	0.0%
Total (multiple responses permitted)	25	100.0%
What is the main reason that you wanted to enroll in the program?		
Want to stop drinking and thought program could help	10	58.8%
Want to get license back as fast as possible	4	23.5%
Want to reduce or eliminate jail time	3	17.6%
Want to be on probation rather than furlough	0	0.0%
Other	0	0.0%
Total (one person checked two response options)	17	100.0%
What were expectations for the program when you enrolled?		
Maintain sobriety (support; information)	11	55%
New start/better life	2	10%
Did not want felony charge	1	5%
Get license back quicker	5	25%
Thought would benefit from program (unspecified benefits)	1	5%
Total (multiple responses permitted)	20	100%

TABLE 2: PERCEPTIONS AND LOGISTICS OF ORIENTATION PROCESS (N=16)						
	YES		SOMEWHAT		NO	
DURING ORIENTATION …	N	%	N	%	N	%
Was the program clearly explained to you?	15	93.8%	0	0.0%	1	6.3%
Have you understood what would happen if you did what was asked of you?	14	87.5%	2	12.5%	0	0.0%
Have you understood what would happen if you did NOT do what was asked of you?	12	75.0%	4	25.0%	0	0
Have there been any parts of the program that have been unclear or hard to understand?	1	6.3%	1	6.3%	14	87.5%
Have you had the opportunity to ask questions?	16	100.0%	0	0.0%	0	0.0%
Did you understand all of the papers you were asked to sign?	15	93.8%	0	0.0%	1	6.3%
Were you given copies of all papers that you were asked to sign? (response option is "not sure" rather than "somewhat")	14	87.5%	1	6.3%	1	6.3%
Have you been treated respectfully by staff?	15	93.8%	1	6.3%	0	0.0%
Have program staff members listened to you?	14	87.5%	1	6.3%	1	6.3%
Do you think that you have you been treated fairly by program staff?	13	81.3%	3	18.8%	0	0.0%
Have things gone as you expected?	15	93.8%	0	0.0%	1	6.3%

TABLE 3: REASONS MOST WANT TO COMPLETE PROGRAM AND MOST CHALLENGING PARTS DURING ORIENTATION (N=16).								
	RANK							
	FIRST		SECOND		THIRD		TOTAL	
What has most made you want to complete the program during orientation?*	N	%	N	%	N	%	N	%
I don't want to drink alcohol or feel the need to drink alcohol.	9	56.3%	4	25.0%	0	0.0%	13	81.3%
I want to improve the overall quality of my life.	3	18.8%	4	25.0%	5	31.3%	12	75.0%
I want to improve the overall quality of life for my family.	4	25.0%	3	18.8%	3	18.8%	10	62.5%
I want to get my license back as soon as possible.	4	25.0%	0	0.0%	3	18.8%	7	43.8%
I want to avoid going to jail.	2	12.5%	3	18.8%	2	12.5%	7	43.8%
I want to avoid being put on furlough.	1	6.3%	0	0.0%	1	6.3%	2	12.5%
I don't want to disappoint the judge and other program staff.	1	6.3%	1	6.3%	1	6.3%	3	18.8%
Other (this is not where I want to live)	1	6.3%	0	0.0%	0	0.0%	1	6.3%
What have been the most difficult or challenging parts of the program for you during orientation?*	N	%	N	%	N	%	N	%
Staying sober	2	12.5%	1	6.3	2	12.5%	5	31.1%
Getting to all program appointments and being compliant with all program requirements each week	6	37.5%	1	6.3%	1	6.3%	8	50.0%
Transportation	4	25.0%	4	25.0%	4	25.0%	12	75.0%
Getting time off work to appear in court and go to appointments, go to treatment or fulfill other program requirements	0	3.0%	3	18.8%	2	12.5%	5	31.3%
Finding child care when I have to appear in court, go to treatment or fulfill other program requirements	1	6.3%	0	0.0%	2	12.5%	3	18.8%
Being subject to random and frequent alcohol and drug testing	0	0.0%	1	6.3%	3	18.8%	4	25.0%
Attending community recovery meetings	1	6.3%	1	6.3%	2	12.5%	4	25.0%
Finding new friends and activities that do not involve alcohol or drug use	1	6.3%	3	18.8%	3	18.8%	7	43.8%
Other (partner must take time off work to care for/transport child)	1	6.3%	0	0.0%	0	0.0%	1	6.3%

**Although participants were instructed to rank a maximum of three responses, four people ranked more than three (e.g., they marked multiple 1's, 2's and 3's.) These are included in the frequency counts.*

TABLE 4: PERCEPTIONS OF PHASE 1 (N=13).	YES		SOMEWHAT		NO	
DURING PHASE ONE …	**N**	**%**	**N**	**%**	**N**	**%**
Have things gone as you expected?	10	76.9%	3	23.1%	0	0.0%
Do you think that you have you been treated fairly by program staff?	9	69.2%	4	30.8%	0	0.0%

TABLE 5: REASONS MOST WANT TO COMPLETE PROGRAM AND MOST CHALLENGING PARTS DURING PHASE 1 (N=13).								
	RANKING							
	FIRST		SECOND		THIRD		TOTAL	
What has most made you want to complete the program during Phase1?*	N	%	N	%	N	%	N	%
I don't want to drink alcohol or feel the need to drink alcohol.	7	53.8%	2	15.4%	2	15.4%	11	84.6%
I want to improve the overall quality of my life.	6	46.2%	5	38.5%	1	7.7%	12	92.3%
I want to improve the overall quality of life for my family.	4	46.2%	3	23.1%	4	30.8%	11	84.6%
I want to get my license back as soon as possible.	4	30.8%	0	0.0%	1	7.7%	5	38.5%
I want to avoid going to jail.	0	0.0%	2	15.4%	1	7.7%	3	23.1%
I want to avoid being put on furlough.	1	7.7%	0	0.0%	1	7.7%	2	15.4%
I don't want to disappoint the judge and other program staff.	0	0.0%	1	7.7%	2	15.4%	3	23.1%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	FIRST		SECOND		THIRD		TOTAL	
What have been the most difficult or challenging parts of the program for you during Phase 1?*	N	%	N	%	N	%	N	%
Staying sober	2	15.4%	1	7.7%	1	7.7%	4	30.8%
Getting to all program appointments and being compliant with all program requirements each week	3	23.1%	3	23.1%	3	23.1%	9	69.2%
Transportation	6	46.2%	3	23.1%	1	7.7%	10	76.9%
Getting time off work to appear in court and go to appointments, go to treatment or fulfill other program requirements	2	15.4%	1	7.7%	3	15.8%	6	46.2%
Finding child care when I have to appear in court, go to treatment or fulfill other program requirements	0	0.0%	1	7.7%	2	15.4%	3	23.1%
Being subject to random and frequent alcohol and drug testing	0	0.0%	0	0.0%	2	15.4%	2	15.4%
Attending community recovery meetings	1	7.7%	1	7.7%	1	7.7%	3	23.1%
Finding new friends and activities that do not involve alcohol or drug use	2	15.4%	1	7.7%	2	10.5%	5	38.5%
Other (partner misses work to transport participant)	0	0.0%	0	0.0%	1	7.7%	1	7.7%

**Although participants were instructed to rank a maximum of three responses, three people ranked more than three (that is, they wrote multiple ones, twos and threes.) These are included in the frequency counts. Two people did not assign a number to their responses. Since their ranking could not be determined, each checked response was given equal weight and assigned a one.*