



OUR VISION IS TO BUILD SAFE COMMUNITIES
FREE FROM THE IMPACT OF DRUG RELATED CRIME

CALGARY DRUG TREATMENT COURT

2012 EVALUATION REPORT

CALGARY DRUG TREATMENT COURT SOCIETY

TABLE OF CONTENTS

I. PROGRAM DESCRIPTION	1
1. PROGRAM VISION, MISSION AND OBJECTIVES	1
2. PROGRAM DEVELOPMENT	1
3. PROGRAM PROCESS.....	2
4. TREATMENT FACILITIES.....	4
II. CDTC EVALUATION	8
1. EVALUATION HISTORY	8
2. EVALUATION FRAMEWORK.....	8
3. EVALUATION LIMITATIONS	9
III. CLIENT SCREENING AND RETENTION	10
1. SCREENING AND ADMISSION	10
2. RETENTION	13
4. CDTC RETENTION RATES IN CONTEXT.....	14
IV. CLIENT DESCRIPTION AND RETENTION.....	15
1. DEMOGRAPHIC CHARACTERISTICS.....	15
2. STABILITY FACTORS.....	17
3. HEALTH.....	18
4. ADDICTIONS.....	20
5. CLIENT DESCRIPTION - SUMMARY.....	22
V. PROGRAM OUTCOMES	23
1. PRO-SOCIAL LIFESTYLE INDICATORS	23
2. ADDICTION AND RELAPSES	25
3. CRIMINAL RECIDIVISM.....	24
VI. ANALYSIS OF GRADUATION APPLICATIONS	27
1. CONTEXT OF ADDICTION ONSET	27
2. ADDICTIVE THINKING	28
3. EARLY CHALLENGES IN THE CDTC PROGRAM.....	28
4. EFFECTIVE COMPONENTS OF THE CDTC PROGRAM	29
5. SELF-WORTH, SELF-CARE AND SELF-ESTEEM	30
6. NEW KNOWLEDGE TO SUPPORT RECOVERY	31
7. GIVING BACK.....	32
VII. SOCIAL RETURN ON INVESTMENT	33
1. OVERALL CDTC SROI.....	33
2. BENEFITS AND COSTS BY PARTICIPANT GROUP	34
VIII.SUMMARY AND NEXT STEPS	36
1. PROGRAM RESULTS - HIGHLIGHTS	36
2. ADDRESSING PREVIOUS RECOMMENDATIONS	36
3. NEXT STEPS FOR CDTC	38
IX. REFERENCES.....	41

TABLE OF CONTENTS - CONTINUED

LIST OF TABLES

1. REASON FOR REJECTION.....	11
2. SROI YEAR 1.....	34
3. SROI YEAR 2.....	35
4. ADDRESSING RECOMMENDATIONS FROM THE SECOND EVALUATION REPORT	37

LIST OF FIGURES

1. CDTC CROWN SCREENING RESULTS.....	10
2. TYPES OF CHARGES	12
3. RETENTION STATUS TO-DATE	13
4. RETENTION AND GENDER	15
5. RETENTION AND AGE.....	16
6. RETENTION AND ETHNO-CULTURAL BACKGROUND.....	17
7. EMPLOYMENT, EDUCATION AND RELATED FACTORS	17
8. PHYSICAL HEALTH CONDITIONS	18
9. PERSONALITY ASSESSMENT INVENTORY RESULTS	20
10. PARTICIPANTS' DRUGS OF CHOICE	21
11. RETENTION AND DRUG OF CHOICE	22
12. GRADUATES' EMPLOYMENT STATUS AT PROGRAM EXIT	24
13. LENGTH OF TIME CLEAN.....	25

LIST OF APPENDICES

A. CALGARY DRUG TREATMENT COURT LOGIC MODEL	47
B. CURRENT CDTC BOARD OF DIRECTORS LISTING	50
C. RECIDIVISM ANALYSIS: 2007 - 2010	51
D. SROI CALCULATION CHART	54

SECTION I. PROGRAM DESCRIPTION

Like other drug treatment courts in Canada, the Calgary Drug Treatment Court (CDTC), is intended to provide an alternative approach to working with non-violent offenders charged with offences that are directly or indirectly related to drug addiction. Eligible individuals are offered an intensive and judicially supervised addiction recovery program. This drug treatment court program is the only pre-sentence justice program that provides a holistic or wrap around approach integrating Justice, Law Enforcement, Health Services, Housing, Employment, Treatment and Rehabilitation services. The court operates weekly on Thursdays from 10:30am to 2:00 pm in the Calgary Provincial Courthouse.

1.1 Program Vision, Mission and Objectives

CDTC Vision: To build safe communities free from the impact of drug related crime

CDTC Mission: By providing a Justice Alternative for drug addicted offenders that integrates justice, health services and treatment to restore the lives of addicts and empower them to be productive members of the community.

CDTC Key Objectives:¹

- To reduce criminal recidivism
- To lower costs
- To build safe communities

1.2 Program Development

The development of the Calgary Drug Treatment Court was originally supported by a small steering committee that began its work in 2004 under the leadership of Judge Pepler. Following Judge Pepler's retirement, in the fall of 2006, Judge Ogle agreed to preside over the CDTC pilot project. The CDTC formally opened in May of 2007. The program operations were supported by a CDTC Steering Committee, which included representation from the Provincial and Federal Crown, Alberta Legal Aid, Community Corrections (Probation), Calgary Police Service and addiction treatment providers. The City of Calgary Crime Prevention Investment Plan (CPIP) provided interim operational funding and further funding was provided by Alberta Justice Safe Communities Innovation Fund. The City has also provided in-kind support by assigning a Calgary Police Service representative who participates actively in the program. In-kind funding for personnel involved Judge, Crown prosecutor, duty counsel, court security staff, probation staff, and court clerk time and has been provided through the Alberta government.

¹ For more detailed description of CDTC objectives please see CDTC logic model in Appendix A



Current Program Status

Since the pilot start-up in May of 2007, the program was granted full Charity Status by Canada Revenue Agency, secured funding until March 2013 from Safe Communities and the City of Calgary and has expanded its roster of treatment agencies. The current CDTC Board of Directors includes representation from the City of Calgary, Calgary Police Services, Private-Corporate sector, Prosecution Branch of Canada, Court Manager and other Not for Profit sector organizations. (See Current Board of Directors listing in Appendix B).

CDTC aligns its resources by utilizing existing community services so as not to reproduce existing expertise and to reduce redundancies and limit costs. Since program start-up there have been a total of eleven agencies that partnered with CDTC work by providing housing, treatment or recovery based services to CDTC clients and CDTC worked with numerous other community agencies to support clients' financial, employment, skill development, counseling, health and other recovery needs.

1.3 Program Process

The applicants to the program are first screened by the Crown Prosecutor to limit admission to non-violent, drug addicted offenders who had been charged with offences such as possession for the purpose of trafficking (CDSA); trafficking (CDSA); or non-violent Criminal Code charges². In addition to meeting these eligibility requirements, applicants for the program are required to be:

1. Adult drug-addicted offenders who live in Calgary and who are over the age of 18;
2. Dependent on methamphetamine, cocaine, heroin, or another opiate; and,
3. Assessed by the program's drug treatment providers as being drug addicted. This assessment, as well as an initial drug screening, is completed while the applicant is in custody at Calgary Remand Centre or at Calgary Correctional Centre.

CDTC excludes those applicants who are violent, who have gang affiliations, whose offences are carried out for commercial gain or those with sex or domestic violence offences.

Applicants to the CDTC are also required to:

- Observe a full session of the Calgary Drug Treatment Court;
- Complete a CDTC Application form containing information about criminal and substance abuse history and reasons for applying for program admission;
- Sign waivers consenting to provide information to the court and to the CDTC Treatment Team and to abide by conditions for participation in the program;
- Agree to postpone Bail Application until the program application process is complete;
- Agree to accept responsibility for criminal conduct and plead guilty to the offence; and,
- Complete a Treatment Assessment Form, containing detailed information about background, history and drug use, as well as any other assessment the treatment provider or the CDTC pre-court team considered necessary.

² Note that screening criteria were changed to accept applicants with residential break and enter offences



Applicants whose admission is recommended by the CDTC pre-court team are offered an opportunity to enter a judicially supervised drug rehabilitation program. There are three progressive stages to the CDTC program:

1. Treatment/Rehabilitation Stage
2. Community Integration/On-going Recovery Stage
3. Application for Graduation and Sentencing Stage

Stage 1

The applicants must be willing to enter residential treatment for the first stage of the program which, depending on the needs of the participant and requirements of the treatment program, may range from three to five months. In the course of the first stage, CDTC treatment staff work closely with the agency recovery and treatment staff to assist participants in reaching their goal of living a drug and crime-free life in the community. During the residential treatment stage, clients participate in a recovery program targeting addictions and are connected to other resources such as individual and family counseling, employment-related skill development programs, including computer skills training, life skills instruction, money management services (including debt management, banking, budgeting), and linkages to other community services such as medical and dental services and services needed to acquire necessary identification (e.g., Alberta Health Care Card, Driver's License, Band Status etc).

Stage 2

Stage 2 of the program is the longest stage and averages from 8 to 18 months, depending on how participants move through their recovery. The expectations for this stage are for participants to abstain from using drugs and alcohol; obtain stable housing; demonstrate a way to support themselves either through employment or else be enrolled in a school program; as well as have a solid recovery support network. They must also complete the mandatory 10 week Criminal and Addictive Thinking course offered by the CDTC Treatment team.

Stage 3

Stage 3 is the final stage which involves application for graduation and sentencing. In order to graduate from the program, the client must achieve the following requirements:

- Be drug and alcohol free and have clean drug and alcohol tests for a minimum of six months including the three months directly prior to graduation;
- Achieve successful completion of the residential treatment component;
- Complete Transition into Community (Stage 2);
- Demonstrate stable employment, or community volunteer service or be enrolled in an education program;
- Successfully complete the Criminal and Addictive Thinking Course;
- Have a solid recovery plan including a relapse prevention plan and network of support; and,
- Submit a completed "Graduation Application" to the Team for review and approval.



The participants' progress is routinely monitored through weekly court appearances in the Drug Treatment Court before three rotating judges who work as a team, apprising each other of the participants' status on a weekly basis. Monitoring is also provided by frequent meetings with the CDTC Counselor/Case Manager and random drug screening. The CDTC Court Team also meets weekly to review current cases, pending applications, and other business. When participants complete the program requirements, they return to court to be sentenced for the original offence and celebrate this achievement with a Graduation Ceremony. Successful completion of the program generally results in a non-custodial sentence.

1.4 Treatment Facilities

Those facilities initially included the Salvation Army Centre of Hope, Calgary Dream Centre for men and Aventa Addiction Treatment for Women. Subsequently, the roster of agencies has been expanded to include Fresh Start Recovery, Simon House Recovery Centre and Shunda Creek for men; Youville Recovery Residence for Women, YWCA Mary Dover House and Servants Anonymous Society for women and Poundmaker's Lodge Treatment Centre and Sunrise Native Addictions Services for the First Nations, Métis and Inuit (FNMI) clients (the facilities currently used by CDTC clients are briefly described below). CDTC also worked closely with programs providing other types of supports such as Mustard Seed, Victory Manor, Renfrew Recovery, and Alberta Health Services Addictions Services Day Program.

The Salvation Army Centre of Hope and Aventa subsequently left the program. Aventa was unable to continue its partnership with CDTC without receipt of additional funding needed to appropriately staff and align services with the special needs of the female offender population. Partnership discussions between CDTC and Aventa are on-going. The Centre of Hope location proved to be a challenging environment for relapse prevention.

Facilities for Men

- **The Calgary Dream Centre** has been in operation for nearly seven years and provides therapeutic community for men who are coming off the streets or other unhealthy living arrangements and need a place to get back on their feet. There may be up to 125 men living in the facility. The men are provided with three meals a day and shared accommodation and are expected to do chores every day to contribute to program operations. Dream Centre participants may be in A stream (free residence 28-day addiction recovery program that includes life skills and relapse prevention), B stream (working and paying rent but live at the centre with restrictions and mandatory AA meetings), and C stream (men who have jobs and are working towards independent living). The Dream Centre uses a Hazelden Model to guide the addiction treatment that is provided on site. This is a zero tolerance abstinence-based facility, which means that any use of drugs or alcohol will result in removal from the facility for a period from two weeks to 30 days.
- **Simon House Recovery Centre** was founded in the early 1980's by Bernard Barry, a Franciscan brother and two women, Doreen Baker and Sheila Cameron. It provides a three phase program that begins for a man when he accepts he has a problem and determines he wants to deal with



it by changing his attitudes and behaviors. Phase One consists of a seven week program rooted in the Alcoholics Anonymous (AA) philosophy and where intensive individual and group sessions are delivered in concert with a personally designed recovery program. Each plan will foster empowerment and an abstinence life style. Upon completion of Phase One, clients have the option to access Phase Two which provides long term residential support for up to 18 months. Men must have completed Phase One, have fulltime employment, a home support group and completed the twelve steps. Phase Three provides low cost independent living in homes provided by Simon House. Men must stay clean and sober and share in rent, utilities and food³.

- **Fresh Start Recovery Centre** offers a comprehensive approach to drug and alcohol abuse. The program provides both residential and outpatient treatment options and utilizes the Twelve Step model and Family Systems approach. New residents take part in an intensive recovery program that can last 8 to 16 weeks depending on individual needs. The program includes daily individual and group counseling, as well as recreational therapeutic activities. Those who successfully complete the intensive program can stay in the house for up to 18 months as long as they are employed or enrolled in an education program and continue to abstain from drug or alcohol use. Fresh Start has adapted various models of Relapse Prevention Therapies to ensure that the program is designed to give the best opportunity for success. Fees are based on a sliding scale. Fresh Start is also a zero tolerance, abstinence-based facility³.
- **Shunda Creek** is a program of Enviros which provides innovative, family orientated programming to Alberta's children, youth, adults and families. It is a ten-bed, adventure-based wilderness treatment program located outside of Rocky Mountain House. This program addresses addiction-based issues that require residential treatment and support as determined by Alberta Health Services - Addiction and Mental Health's outpatient services. The Shunda Creek program supports extensive family involvement and strikes a balance between addiction treatment, strengthening the family, employment support, academic upgrading (if required), outdoor education, and community experiences. The aim is to support young men aged 18 to 24 and their families in creating lasting, positive change.

Facilities for Women

- **Youville Recovery Centre** operates a residential recovery facility for women who experience the co-occurring issues of addiction, mental health distress and a history of abuse. In a home-like setting, Youville promotes recovery by providing its clients with holistic counseling and programming services that strive to meet the physical, emotional, spiritual, occupational, and social needs of each client. For women who are mothers and who might otherwise avoid recovery for fear of being separated from their children, Youville additionally offers accommodations and programs that keep families intact and that allow mothers and their children to remain together during recovery. Youville's residential program currently has a capacity to serve 37 women, four with their children and is a two-phase program that includes a Day treatment component and outreach services. Women can spend up to two years at Youville.

³ Note that due to the Simon House and Fresh Start requirements clients remain on-site for treatment during Phase I and the clients do not attend court. Instead, the CDTC Counselor/Case Manager presents a weekly status report to the Court.



- **Servants Anonymous Society (SAS)** residences offer participants and their children a safe, kind place to live and the opportunity to implement the tools and life skills they learn in SAS day Programs. Healing comes through a residential model that is not a group home, but rather four women sharing a home in a child-friendly neighborhood, where each roommate takes responsibility for creating a healthy living environment. During Stage 1 women live in one of the five Front Line houses and work to stabilize their recovery and learn positive cleaning and lifestyle skills. The Live-In volunteer aims to model the attitudes and life skills taught in the day programs. Each participant has her own room and can stay between 6 and 12 months. During Stage 2 women enter one of 10 Transitional Apartments where they enjoy more independent living (separate apartments) in a safe, supported community environment, where a Live-In volunteer is available. The Apartment Manager supports tenants in applying skills that are needed when they move (addressing loneliness, landlord/tenant procedures, budgeting and problem-solving, etc.).

Facilities for First Nations, Métis and Inuit (FNMI) Clients

- **Sunrise Native Addictions Services** provides a holistic, Aboriginal based addictions program through education, prevention and treatment to achieve an addiction free lifestyle for Aboriginal peoples, families and communities. During its 6 Week In-House Program clients participate in an intensive program consisting of group sessions and one-to-one counselling. There is also a 12-week residential program for clients who have previously completed a drug and alcohol treatment program but who require further in-depth treatment to support integration into the community (a nine month outpatient follow-up consisting of one-to-ones or group counseling is included).
- **Poundmaker's Lodge Treatment Centre** is an accredited addiction treatment centre near Edmonton, Alberta. Established in 1973, Poundmaker's Lodge has been a leader in the provincial, national and global addiction treatment community. Poundmaker's Lodge accepts all peoples from all walks of life as outlined in its mission statement. Through concepts based in the cultural and spiritual beliefs of traditional First Nations peoples in combination with 12-Step, abstinence based recovery, Poundmaker's Lodge offers a holistic treatment experience that focuses on the root causes of addiction and empowers people in their recovery from addiction. The program combines traditional Aboriginal spirituality with 12 Step programs (Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous), informational lectures, and group therapy to help clients restore balance to their lives.

Other Treatment and Supports

Over the course of their program stay, CDTC participants receive several different types of treatment and rehabilitative services, including:

- General addiction treatment (12-step or 16-step program);
- Relapse prevention;
- Gender specific group work focused on living a life of recovery;
- Individual counseling aimed at addressing a variety of issues such as past trauma, abuse, anger management and self-esteem;
- Family counseling;



- Access to medical , mental health and dental services based on individual needs;
- Life skills programming with focus on problem solving;
- Criminal and Addictive Thinking group for Phase II participants; and,
- Cognitive and behavioral therapy in combination with psychodrama approaches.

Employment Program

The CDTC Employment program was designed to provide safe and supervised employment to participants who successfully completed Stage 1 of the program and who were ready to begin employment. The program was designed recognizing that most of the participants accepted into drug court had little if any, legal employment histories. Given such histories and criminal records they would have a difficult time obtaining employment that was safe and that also respected the restrictions that being in CDTC programming had, specifically, weekly court appearances and the need to have all employment prescreened and approved by the Court Team.

The Employment Program was designed to provide an opportunity of working with a program friendly employer, for whom placement would be automatically approved if a participant wanted it. Calgary businesses are approached to partner with CDTC by hiring a CDTC participant in an employee role that the business requires, using a cost sharing and resource sharing model. As a result, the participant gains access to crucial work experience and the employer gains a new employee at considerable cost savings (i.e. shared salary costs). At the end of the work term it is the desired outcome that the employer will retain the participant as a full time employee.

The Employment Program was also designed to teach participants some basic employment skills, such as submitting a resume, meeting to discuss the employment, showing up on time, calling in if sick, giving notice when leaving a job, etc. Unless otherwise medically restricted, it is the expectation of CDTC graduation that the participant will be working and be able to support him or herself, be in school or be parenting a young child full time.

In the 2011/2012 fiscal year the CDTC Employment Program was expanded to leverage and maximize resources available through Human Services – Alberta Works, which included funding, expertise, programs, referrals, assessment, etc. An Employment Consultant from Human Services-Alberta Works was appointed to CDTC Court Team and shared information about participants' progress with CDTC Counselors/Case Managers.



SECTION II. CDTC EVALUATION

2.1 Evaluation History

This document represents a third evaluation report, summarizing information about CDTC activities from its inception up to March 2012. The first evaluation report was produced in December of 2008 and covered the period between February 2007 and November of 2008 and the second report summarized information from program inception to July of 2010.

This document builds on the information collected in the earlier evaluation reports. It describes and summarizes all evaluative information that has been collected since the inception of the program, including client documentation, client feedback, stakeholder feedback, and the Social Return on Investment Analysis (SROI). In addition to cumulative analysis, and to address specific requirements from the Safe Communities Innovation Fund (SCIF) the report also highlights 2011/2012 fiscal year program activities and results.

2.2 Evaluation Framework

The evaluation framework is consistent with the previous research and promising practices in evaluation of drug treatment courts and coordinated community responses such as CDTC (Rempel, 2006 and 2010; Carey, 2008; Heck, 2006), and includes the following components:

Logic Model: The purpose of a logic model is to ensure meaningful evaluation by identifying and linking the project components in a logical fashion. The CDTC Logic Model identifies project activities, inputs, outputs and outcomes (attached in Appendix A).

Description of the Client Group: CDTC clients' history and characteristics were collected using information in the client screening summary provided by CDTC Crown, the application forms, and the assessment forms completed by each client. This information is discussed in Section IV.

Client screening, retention, participation and outcomes: Documentation provided by CDTC Crown was used to describe Crown screening processes and results (Section III). Information about retention, client participation in program processes and outcomes were documented using a review of the minutes of the pre-court meetings, weekly updates on client progress, and other relevant internal communications. Sections III, IV and V discuss information about client retention, outcomes related to relapses and recidivism as well as stability indicators.

Participant Feedback: Over the course of 2011/2012 fiscal year nine program participants completed application for graduation and those letters were analyzed to gather participants' perspectives with regards to their experience in the program and its effectiveness. The themes based on the letters are discussed in Section VI.



Social Return on Investment: The Social Return on Investment (SROI) methodology is a principles-based approach that values change for people and the environment that would otherwise not be valued. It assigns monetary value to traditionally non-valued things such as the environment and social value (The City of Calgary, 2010). CDTC SROI is presented in Section VII.

2.3 Evaluation Limitations

The CDTC evaluation was based on multiple sources of data, was consistent with promising practices in drug court program evaluations and included both qualitative and quantitative data collection and analysis methods. The research that was gathered on evaluation of drug courts provided the context for the development of the evaluation methodology and the analysis of the results (see Section X for the related references). As all other evaluations, however, this study was subject to several limitations, as listed below:

- Comparatively small sample of participants on which the report is based creating limitations for comparisons with other drug courts and for statistical testing;
- Limited follow-up information available, and comparatively short follow-up period;
- Some client information was not available, particularly for the clients participating in the first two years of the program, when data collection systems were not yet fully developed.



SECTION III. CLIENT SCREENING AND RETENTION

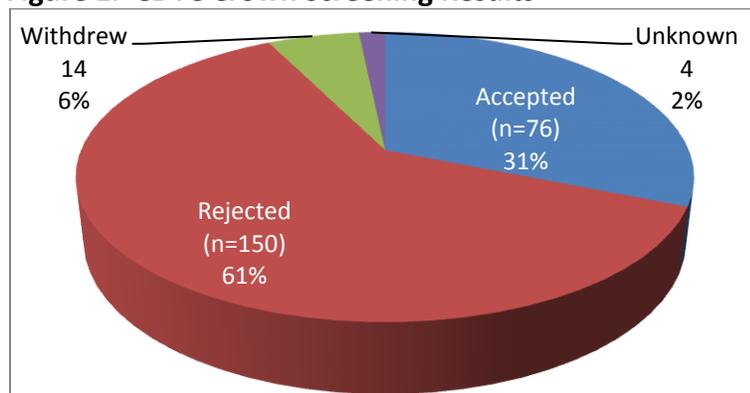
As discussed in the program description section, clients must participate in several screening and application activities in order to be accepted into the program, to ensure that the applicant meets legal requirements and treatment screening to assess mental health and level of addiction. Once in program, the client is expected to follow the rules and policies of the residential placement, submit to random drug tests and attend, on a weekly basis, the Drug Treatment Court. Participants can be discharged from the program and returned to court for sentencing if they commit a new offence, are asked to leave the residential treatment program prior to completion, break house rules at the treatment facility, repeatedly fail drug and alcohol screening, exhibit repeated failure to comply with expectations of court team, demonstrate lack of progress in working towards recovery over a period of time, or if any of their behaviour is thought to represent a threat to public safety.

3.1 Screening and Admission

Most referrals to CDTC come from defence lawyers or the Remand Centre staff or are self referrals. Clients interested in admission to the program complete a CDTC Application form containing information about criminal and substance abuse history and reasons for applying. The application is reviewed by the Federal and/or the Provincial Crown for consistency with the CDTC eligibility criteria. The Crowns also receive a criminal background history from the Calgary Police Services and consult with police in making screening decisions.

As shown in the Figure 1 below, in the period between January 2007 and March 2012, CDTC Crown reviewed a total of 244 applications.⁴ Over the five years of program operations, the Crown has accepted 31% or 76 of the applicants. In the period between April 1st 2011 and March 31st 2012 the CDTC Crown reviewed 64 applications and accepted a substantially higher proportion of the applicants (n=25 or about 40%).

Figure 1. CDTC Crown Screening Results



⁴ Note that only formal applications to the Crown are reflected here. The informal applications (e.g., phone calls to Crown by the lawyers or others that did not result in the completed application) are not included.

Crown screening is followed by the treatment screening which is comprised of administering the Personality Assessment Inventory. Crown and treatment screen are then followed by the full court team screening where other members such as Community Corrections, Police Services and Human Services offer additional perspective.

The reasons for refusing admission by Crown, Treatment and/or Court Team were grouped in 8 different categories and often there were more than one reason for the decision. As shown in Table 1 below, perceived risk to the community was the most frequently cited reasons for non-acceptance (documented in over 62% of the cases) followed by individuals whose jail sentences were less than 1 or more than 3 years (23%), those whose mental health issues were judged beyond the capacity of the program to manage (17%), and those with offences for commercial gains (12%). The remaining reasons included consumption in a motor vehicle, prior participation in the program, applicant under 18, applicant facing deportation and cases with offences that took place near a school or places frequented by children.

Table 1. Reason for Rejection⁵

Reason for Rejection	Overall		2011/2012	
	Number	Percent	Number	Percent
Risk to community	86	62.3%	13	36.1%
Jail sentence less than 1 or greater than 3 years	32	23.2%	5	13.9%
Serious Mental health	24	17.4%	14	38.9%
Commercial	17	12.3%	2	5.6%
Consumption in a motor vehicle	5	3.6%	0	0.0%
Prior participation in DTC	2	1.4%	0	0.0%
Under 18	1	0.7%	0	0.0%
Facing deportation	1	0.7%	1	2.8%
Offence near a school or places frequented by children	1	0.7%	1	2.8%

Reasons for rejection have changed substantially in the 2011/2012 fiscal year. The applicants in that fiscal year were more likely to be rejected as a result of serious mental health issues (39% as compared to 17%), but much less likely to be rejected because they were judged to be risk to the community (36% as compared to 62% of the applicants overall)⁶. This shift in the last fiscal year is a reflection of some changes in Crown screening criteria, better clarity among referring sources as to the CDTC eligibility requirements, a larger emphasis in the program on mental health screening to ensure a good fit between participant's needs and CDTC services, and, in general, the experience gained over time by the court team.

⁵ Based on a total of 138 of 157 rejected applicants overall and 34 of 36 rejected applicants in 2011/2012 fiscal year for whom reason for rejection was documented.

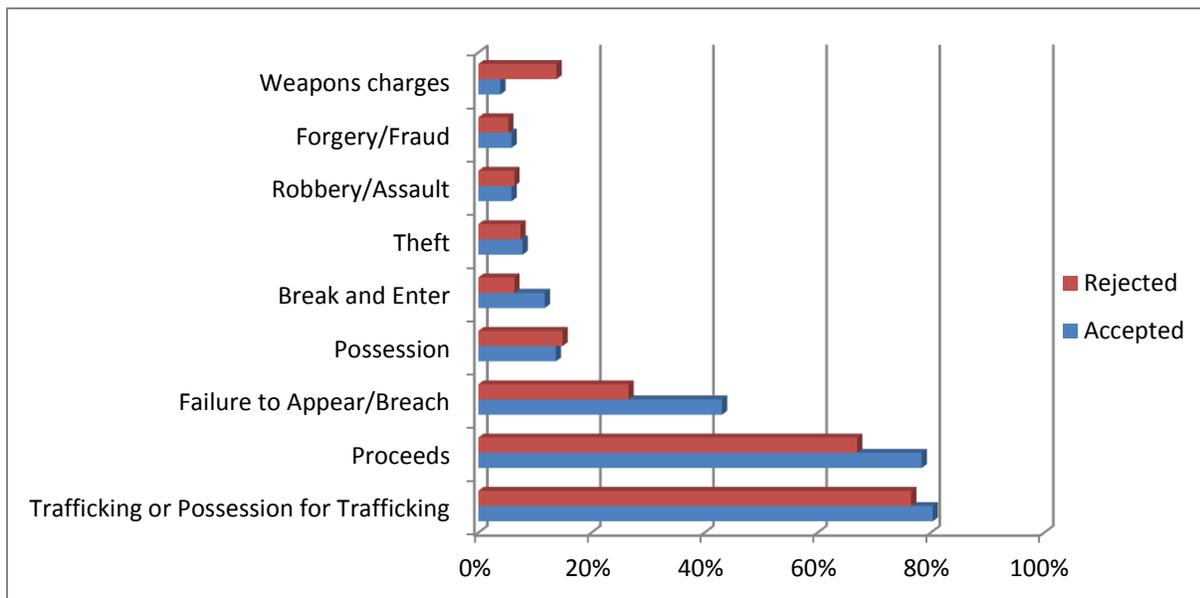
⁶ Risk to the community considerations often included those with gang or crime family affiliations, offences that were carried out for commercial gain and offenders with history of violence.



Charges and Screening

The CDTC applicants came with diverse and often multiple charges. Those charges were grouped into 8 general categories reflected in Figure 2 below. As shown in the Figure a large majority of applicants both accepted and rejected were charged with trafficking or possession for the purpose of trafficking as well as possessing the proceeds of crime (between 67% and 80%). A large proportion of clients were also charged with failure to appear in court, probation breaches or breaches of recognizance (27% to 43%) and about 15% were charged with possession. The remaining types of charges included theft, robbery or assault, forgery or fraud and weapons or related charges. As can be noted from the Figure, there were little differences between the charges of accepted or rejected clients with a possible exception of clients with breach related charges who were more likely to be accepted and those with weapons charges who were less likely to be accepted into the program.

Figure 2. Types of Charges



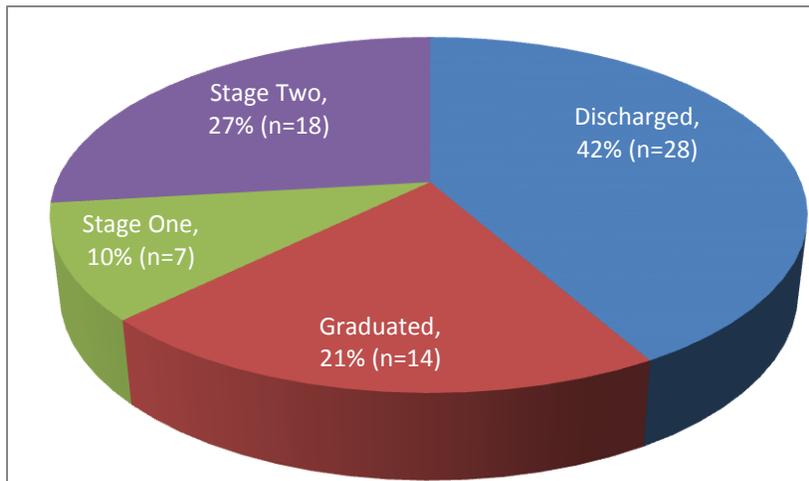
The Controlled Drugs and Substances Act is Canada's federal drug control statute. Passed in 1996 by the Chrétien government, it repeals the Narcotic Control Act and Parts III and IV of the Food and Drug Act and establishes eight Schedules of controlled substances and two Classes of precursors. The drug-related offences of the applicants to CDTC usually fall under Schedule I of the Act and those applicants are then under the jurisdiction of the CDTC appointed Federal Crown (as was the case for 86% of the applicants). The remaining 14% of the applications were managed by the CDTC appointed Provincial Crown and included files with offences such as break and enter, theft and assault.

3.2 Retention

All clients who are judged eligible by the Crown, Treatment and by the Court Team can choose to leave the program within the first 30 days and withdraw their guilty plea without penalty. A total of 8 clients left the program in their first month with the program. Sixty eight of all applicants remained in the program for a period of one month or longer, with seventeen of these being accepted into the program in the 2011/2012 fiscal year.

As shown in the Figure 3 below, 28 clients have been formally discharged since program start up (a rate of about 42%). The clients were generally discharged for a combination of reasons which often included multiple relapses, behaviour problems in the program, their own choice to withdraw from the program, and/or a team decision that the services did not represent a good match for the needs of the participant.

Figure 3. Retention Status To-Date



Fourteen clients (21%) successfully graduated and, as of August 17 2012, 25 clients (37%) were still in the program. Of those 17 clients who were in the program after one month in the 2011/2012 fiscal year, to-date 2 have been discharged, 3 graduated, 1 remains in program in Stage I and 11 clients or almost two-thirds of all those admitted in 2011/2012 (65%) are transitioning into the community in Stage II of the program.

3.3 CDTC Retention Rates in Context

Efforts were made to complete a comparative analysis of the CDTC retention rates to the retention rates of other Canadian Drug Courts⁷ (Gliksman, Newton-Taylor, Patra, and Rehm, 2004; Edmonton, 2008; Millson, et al, 2005; Gorkoff, Weinrath and Cattini, 2010, Innova Learning, 2004). Unfortunately, this has proven to be a daunting task because of several significant differences among the drug courts. Specifically, CDTC program may differ from many other programs in the following ways:

- CDTC criteria supports admission of higher risk clients, with an array of issues in addition to addictions such as physical and mental health, homelessness, unemployment and multiple felony convictions, possibly resulting in lower graduation rates and higher discharge rates than in programs that accept less complex client groups;
- CDTC graduation decisions may be more stringent than those in some of the other court programs, requiring long periods of abstinence, demonstration of stable employment or community service or education enrollment, and successful transition into community;
- CDTC discharge decisions may also be more stringent and thresholds for discharge lower than some of the other programs; and,
- As compared to most other programs in Canada, CDTC did not receive early Federal Funding and this resource capacity may impact CDTC retention rate.

Given the limitations above, it is difficult to determine precisely how CDTC retention rates compare to the retention rates in other Canadian courts. However, even with all these limitations, Calgary's discharge rate of about 42% is lower than the rates in other courts, specifically Toronto (84%) and Vancouver (51%), but is comparable to or higher than the rates in Winnipeg (17%) and in Edmonton (39%).

Most notably, Calgary's graduation rate of 21% is on the higher end of the graduation rates compared to other drug treatment courts elsewhere in Canada that range between 7% and 16%.

⁷ There are six drug court programs in Canada, including those in Toronto, Edmonton, Vancouver, Winnipeg, Ottawa and Regina.



SECTION IV. CLIENT DESCRIPTION AND RETENTION

This section summarizes information about 68 clients who were accepted into the program since May of 2007 and remained in CDTC longer than one month. The section discusses demographic characteristics, stability, health and addiction-related factors. Where possible and relevant, the discussion includes comparisons between clients who applied to the program but were rejected with those who were accepted into the program; identifies differences, if any between the overall client sample and those accepted in 2011/2012 fiscal year; and, examines the interaction between client characteristics and retention in the program.

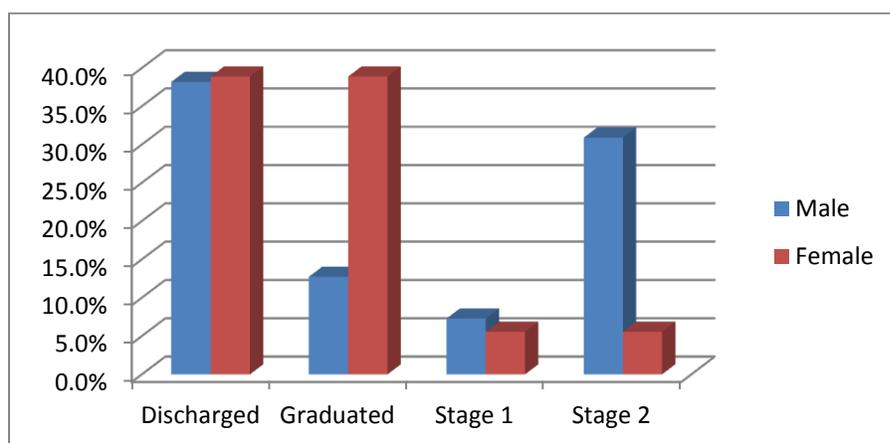
4.1 Demographic Characteristics

Gender

About two thirds of all clients accepted into the program were male (75%). Proportionally, more females were accepted into the program (25%) than were rejected (17%). However, fewer females than males were accepted into the program in 2011/2012 fiscal year (15% as compared to 32% of all clients accepted prior to April 1, 2011). In 2011/2012 Youville was the only treatment provider available to CDTC female clients, thereby limiting access to residential programming for women.

As shown in Figure 4, while female clients are more likely to formally graduate (39% as compared to 13% of males), a substantially higher proportion of male clients are currently in Stage II (31% as compared to 6% of females) and many of those clients are also likely to graduate. This information confirms other research suggesting that women do better in treatment than men (NADCP, 2012).

Figure 4. Retention and Gender

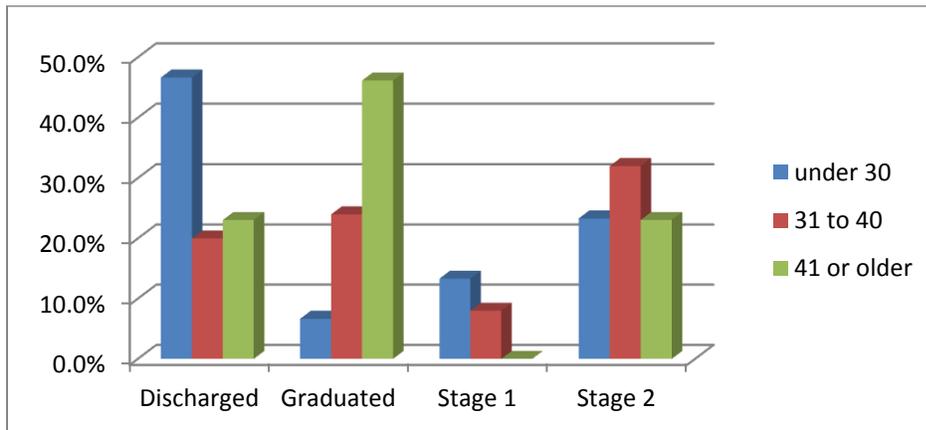


Age at Admission

On average applicants to CDTC were about 34 years old. There was no significant difference with respect to age of the applicants who were accepted or rejected from the program, nor the applicants who were accepted into the program in the 2011/2012 fiscal year.

Almost half of CDTC clients were 30 years of age or younger (44%). As shown in the chart below, youngest clients (30 or younger) are less likely to graduate as compared to the oldest clients (41 or older) or the 31 to 40 age group (7%, 24% and 46% respectively) (Figure 5). These results are consistent with evaluations of other drug courts where younger clients present challenges for the drug court programs, both in terms of retention and treatment (Patra, 2007). Younger male clients also bring more behavioural and developmental problems that can be more difficult to manage in residential treatment settings.

Figure 5. Retention and Age

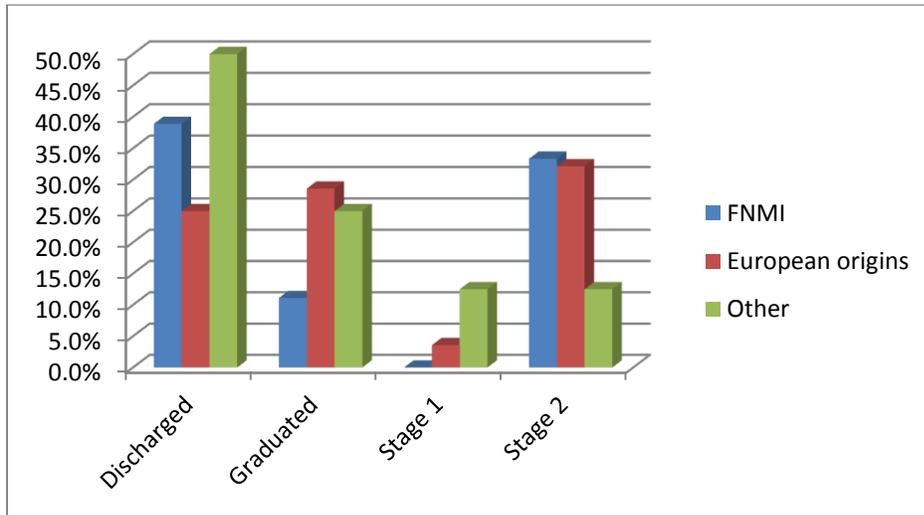


Ethno-Cultural Background

Overall, about a third of the clients self-identified as Aboriginal (First Nations, Métis or Inuit) (30%), 54% of the clients were of European origins and the remaining 14% had other visible minority backgrounds, including Caribbean (n=3), African (n=2) and Middle Eastern, Asian or Latin American (n=1 each). There were some minor differences in the background of clients admitted in the most recent fiscal year: 33% of those clients were First Nations, Métis or Inuit (FNMI), 60% were of European origins and 7% were of other backgrounds.

As shown in Figure 6 below, visible minority and FNMI clients are most likely to be discharged early (50% and 39% as compared to 25% of the clients with European origins.) Conversely, clients with European origins are more likely to graduate (29% as compared to 11% and 25% of FNMI and other ethno-cultural groups). It is, however, promising that a comparatively large proportion of First Nations, Métis and Inuit clients are currently in Stage II of the program (33%).

Figure 6. Retention and Ethno-Cultural Background

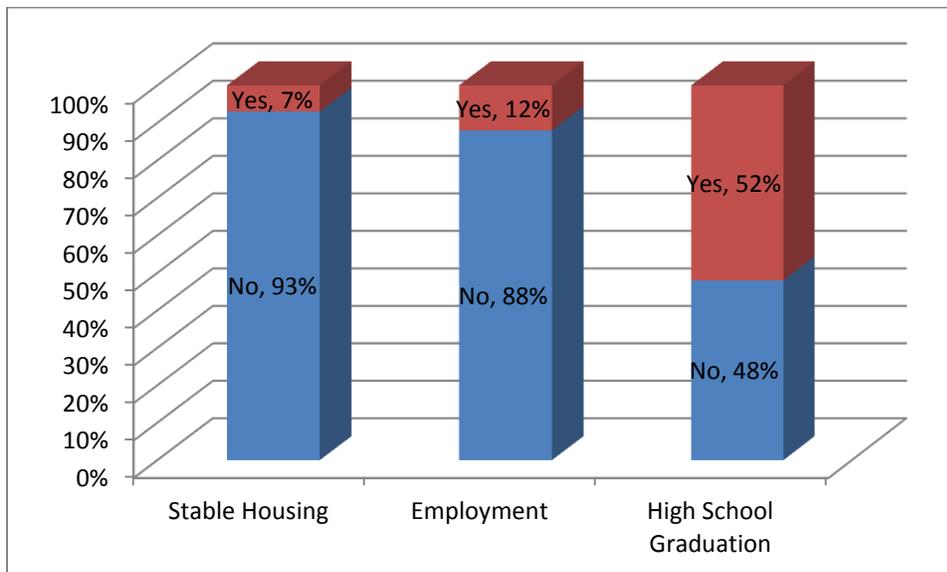


4.2 Stability Factors

Employment, Education, Income and Housing

At the time of intake, 88% of the program participants were unemployed, almost half (48%) did not complete high school, and an overwhelming majority of those responding (93%) have had an unstable housing history or were living on the street at the time of acceptance into the program (Figure 7).

Figure 7. Employment, Education and Housing



All of the clients for whom this information was available earned \$15,000 per year or less (n=47), and all but two of these clients (96%) earned their income illegally (e.g., through drug trafficking, theft, prostitution and/or fraud).

Family and Supports

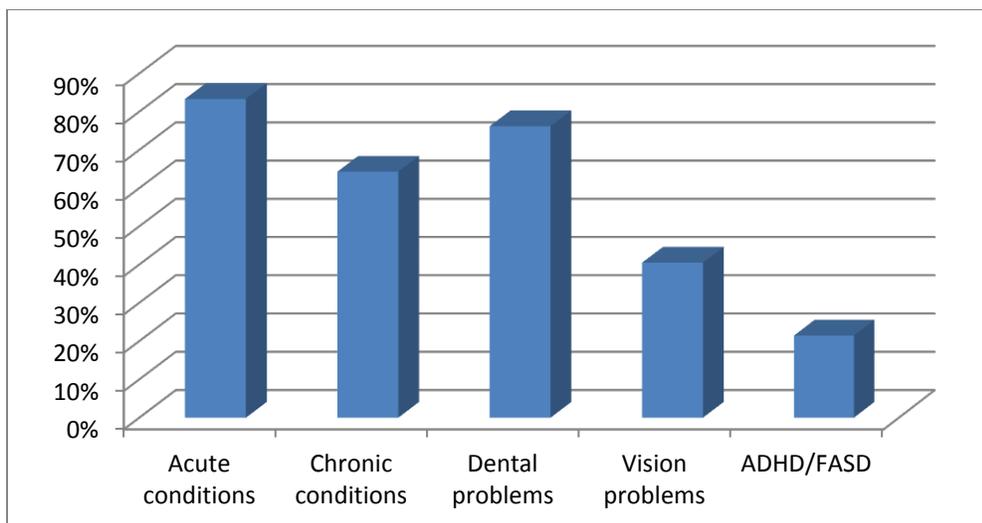
Fewer than half of the clients (n=31) indicated that they had someone to whom they could go for support (usually family or friends). Twenty nine clients also indicated that they had children and 38% of these clients had children who were under 6 years of age. In two instances those children were usually living with the clients and two clients were pregnant at the time of their admission to CDTC.

4.3 Health

Physical Health

Of those clients whose information about health was gathered, about 76% or 42 clients had physical health concerns at the time of intake. Those conditions ranged from acute, treatable problems such injuries, allergies, migraines and eating disorders (n=35), to serious chronic problems requiring on-going management such as heart problems, Hepatitis C, HIV and chronic pain (n=27). Additionally, 32 clients or about 60% had dental problems and 41% had problems with eyesight. Furthermore, 8 clients had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and 3 with Fetal Alcohol Spectrum Disorder (FASD) (Figure 8).

Figure 8. Physical Health Conditions



Mental Health

Information obtained from the assessment process is used to inform selection of the most appropriate treatment program, inform case management and court team recommendations, and for purposes of CDTC program evaluation. The applicants accepted by the Crown complete an initial Treatment Assessment Form, which contains detailed information about applicant's background and drug use history. Personality Assessment Inventory (PAI) is also used to determine client eligibility.

The PAI is administered by a trained professional (CDTC works with a licensed Psychologist), and is an objective inventory of adult personality that assesses psychopathological syndromes and information relevant for clinical diagnosis, treatment planning, and screening for psychopathology. The PAI contains 344 items, and helps identify clients whose mental health concerns are more serious than what can be managed in the program. Scores of 70 and above indicate the presence of significant concerns in that area. Scores at or above 96 are associated with an extreme degree of problem. "The PAI clinical scales were developed to provide information about critical diagnostic features of 11 important clinical constructs. These 11 scales may be divided into three broad classes of disorders: those within the neurotic spectrum, those within the psychotic spectrum, and those associated with behavior disorder or impulse control problems"⁸ (see PAI scales listed in Box 1 below).

Box 1. Personal Assessment Inventory Scales

Aggression (AGG)	Somatic Complaints (SOM)
Alcohol Problems (ALC)	Depression (DEP)
Antisocial Features (ANT)	Mania (MAN)
Anxiety (ANX)	Suicidal Ideation (SUI)
Anxiety-Related Disorders (ARD)	Stress (STR)
Borderline Features (BOR)	Non-support (NON)
Drug Problems (DRG)	Treatment Rejection (RXR)
Paranoia (PAR)	Dominance (DOM)
Schizophrenia (SCZ)	Warmth (WRM)

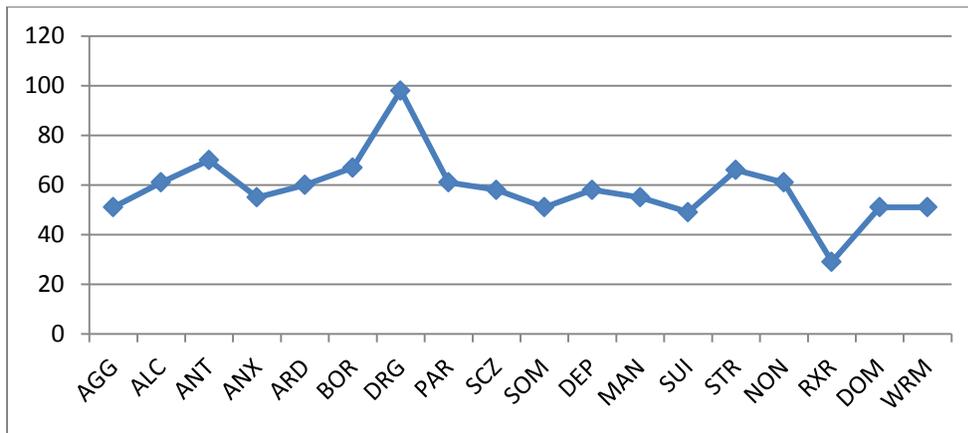
The PAI results suggest that, for most CDTC clients, drug addiction may be a form of self-medication for various underlying mental health issues including anxiety, depression, stress, shame, interpersonal problems as well as post-traumatic stress disorder associated with long-standing history of abuse (Figure 9). Specifically, the chart shows that most CDTC clients have significant elevations on Anti-social (ANT), Borderline (BOR), Drug (DRG), and Stress (STR) sub-scales.⁹

⁸ www.4.parinc.com/products/Product.aspx?ProductIDF=PAI

⁹ Note that median scores may obscure the actual scores



Figure 9. Personality Assessment Inventory Results



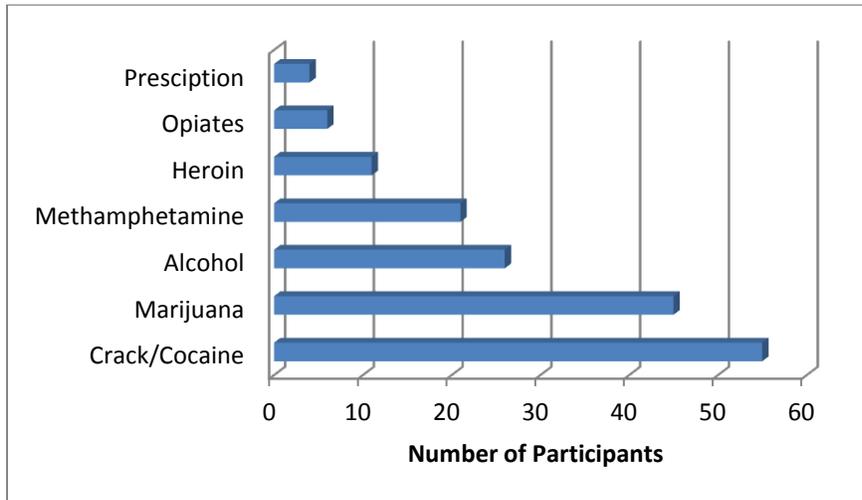
4.4 Addictions

All clients admitted to CDTC met the DSM criteria for addiction, defined as “a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period”: This pattern is further defined as:

1. Recurrent substance use resulting in failure to fulfill major role obligations at work, school or home;
2. Recurrent substance use in situations in which it is physically hazardous (e.g. street living);
3. Recurrent substance-related legal problems; and,
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

Congruent with CDTC admission criteria, all clients were addicted to methamphetamine, cocaine, heroin, or another opiate. Figure 10 provides information about the clients’ drugs of choice. Most clients who answered this question were addicted to cocaine and many also had multiple addictions – generally these were addictions to both cocaine and marijuana or cocaine and alcohol. A substantial number of clients – about 40% (n=21) – were also addicted to methamphetamine, 11 were addicted to heroin, 6 to opiates and 4 to prescription medication. CDTC staff also report that many CDTC clients in addition to their primary drug addiction, presented with other addictions, including sex, food and gambling.

Figure 10. Participants' Drugs of Choice

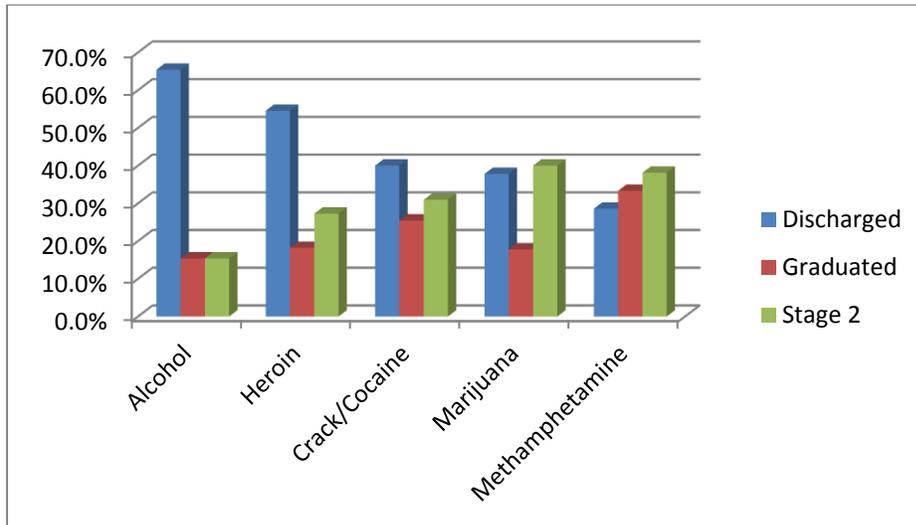


For most clients these addictions were long-standing – for example, 93% of those with Marijuana addictions, 90% of those with Alcohol addictions, 70% of those with Cocaine addictions, and 42% with Methamphetamine addictions started using at 18 years of age or younger.

At least 43% of the clients had attempted to address their addiction problems prior to their admission to the Drug Treatment Court Program and almost all of these were residential treatment options. Such treatment options included Calgary Dream Centre, Salvation Army, Servants Anonymous, Slim Thorpe, Serenity Ranch, Anchorage Treatment Centre, Side Door Program, Action North, Recovery House, Bonnyville, Renaissance and Ponoka.

As shown in Figure 11 below, choice of drug was associated with the clients' retention. Those who used alcohol and heroin were least likely to graduate (65% and 55% respectively were discharged, as compared to 40% of those who used crack/cocaine, 38% of marijuana and 33% of methamphetamine users). Both alcohol and heroin have especially potent and displeasing withdrawal symptoms in comparison to the other drugs. Detoxification from these drugs requires very specific medical attention and access to such facilities in Calgary is limited.

Figure 11. Retention and Drug of Choice



4.5 Client Description - Summary

The CDTC client population is consistent with the ‘high needs, high risk’ group that Marlow (2010) suggests drug courts should target. According to Marlow, the clients represent a good fit for the Drug Treatment Courts if they are:

- Younger
- Previously failed treatment
- Drug dependent or addicted
- Unemployed
- Homeless
- With chronic medical conditions
- Diagnosed with antisocial personality disorder
- With more prior felony convictions

Clients with multiple and complex array of issues over and above their addictions require intensive services and supports, lower case load sizes and involvement of multiple disciplines.

SECTION V. PROGRAM OUTCOMES

The CDTC program seeks to accomplish several outcomes for its clients, for the service providers who are involved with the program and for the community as a whole. This section summarizes the information measuring the pro-social lifestyle indicators as well as participant behavior, relapse and recidivism outcomes.

5.1 Pro-Social Lifestyle Indicators

Pro-social lifestyle indicator measures were: ability to secure and maintain affordable housing, ability to secure employment or upgrading and strengthened informal supports.

Housing

Participation in residential treatment is one of the conditions of CDTC program admission. Therefore, all of the CDTC clients are housed in one of the several treatment centers at the time of their admission to the program. When they move into Stage II, usually after about 3 months in Stage I, the participants begin seeking a longer-term housing alternative which is expected to be in place by the time they exit the program. Of the 14 clients who have graduated to-date, 7 had obtained permanent housing in the community (e.g., an apartment, living with family, Pathways to Housing) and 4 were in a long-term transitional housing (e.g., Fresh Start, Brenda Strafford). Housing information about the remaining 3 clients was not available.

Employment

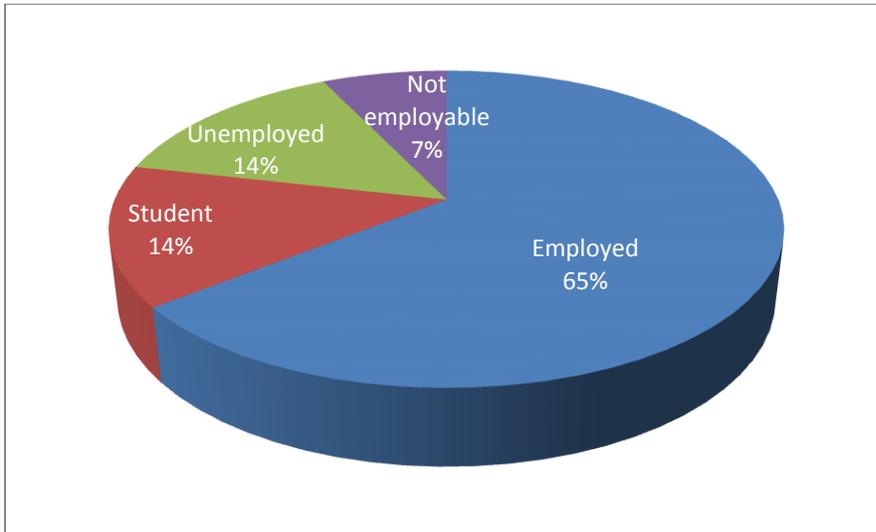
At the time of program exit, nine (64% of 14) CDTC graduates were employed, two were students, two were unemployed and one was not eligible for employment due to health issues (Figure 12). Additionally, at least 7 of the clients who were discharged from the program were also employed at program exit. Eight of the 17 clients admitted in the most current fiscal year were also employed and they included two graduates and six Stage II participants. *It is important to note, that with some minor exceptions, all of these clients have been long-term unemployed at the time of their arrest and acceptance into the program.*

In late 2009 CDTC began a formal employment program which included CDTC, Alberta Works and several private employers in the community. The program seeks to help address barriers those with addictions often experience in the workplace. Since the program started, a total of 24 CDTC clients were linked with employment opportunities, as summarized below.

- CDTC clients were employed at 22 different companies often including construction, retail or restaurant industries.
- In almost all cases these represented full-time jobs.
- The hourly wage ranged from \$9 to \$19 per hour.
- Ten clients had to change their jobs while in program.

Figure 12. Graduates' Employment Status at Program Exit





Health

Over 70% of clients (47 out of 66 for whom this information was available and 12 of 17 in the most recent fiscal year) were assisted by the program to address their health needs. Most of these clients neglected their health needs for a long period of time. The supports provided by CDTC and/or treatment facility staff included linkages with dentists for dental work or surgery, accompaniment to the hospital emergency room for pain or injuries, support with medication management, or assistance addressing pregnancy-related complications.

Positive Supports

Fifteen clients have been able to reconnect with positive sources of support over the course of their stay with the program. Seven of these clients were able to reconnect with multiple sources of support, which most often included family members (e.g., mother, siblings, children) and, in some cases girlfriends or boyfriends. Most CDTC clients have not been in contact with their families or friends for over 10 years.

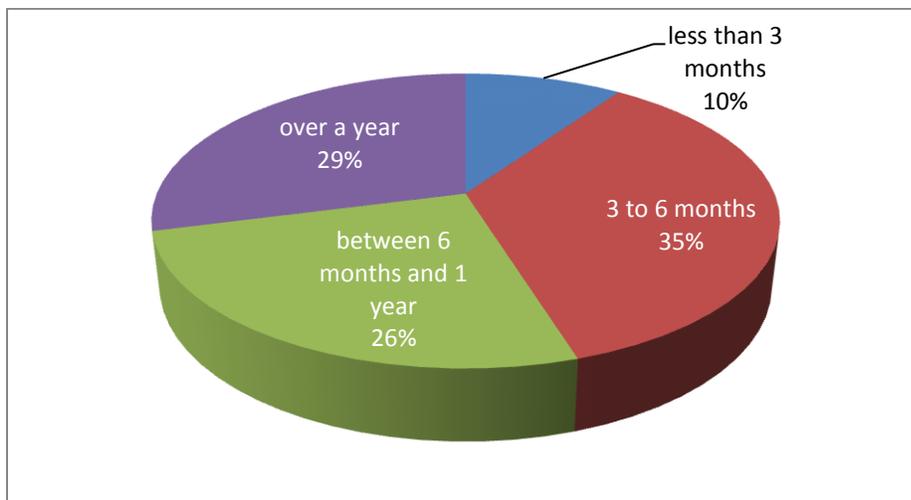
It is now a requirement for program graduation that the clients get connected with a sponsor to support them in their recovery process. Almost half of the clients were documented to do so (48%) and almost all of those for whom sponsorship was not documented were in the program prior to 2011/2012 fiscal year.

5.2 Addiction and Relapses

When in the program, the clients were expected to follow the rules of each treatment facility, demonstrate positive attitude, actively participate in treatment options, remain in the treatment facility unless provided permission to leave and to abstain from drug and alcohol use. Clients' compliance is tracked using several indicators, including number of days clean, presence or absence of positive drug tests or relapses and number of times clients were absent without leave and others.

About half of all the clients (34 of 66 clients for whom this information was documented) had a relapse or was absent without leave or both. Many of the clients who relapsed while in program, experience those relapses less frequently over the course of the program and the nature of the relapse changed. For example, of 31 clients for whom length of time clean was tracked, all but 3 were clean for 100 days or more and half of them remained clean for a period of 7 months or longer (Figure 13).

Figure 13. Length of Time Clean



In cases of clients who have demonstrated long-term program engagement, the length of time between relapses increased and the nature of those relapses changed (e.g., including shorter AWOL periods and incidents that are less serious in nature). Notably, in the year prior to their admission to the program all of these clients might have been sober for much shorter periods, likely consisting of a few days at a time.

5.3 Criminal Recidivism

Recidivism is an important indicator of CDTC program impact. Recidivism analysis provides information about CDTC clients' involvement in crime related activities and how those rates are affected by their participation in CDTC program. Gathering this information involves access to data about CDTC participants' criminal charges, arrests and sentencing prior to, during and after their involvement in the program. Privacy and ethical considerations require that numerous systems and policies governing confidentiality and sharing of information be addressed, that permissions be obtained from the Alberta Justice and that a direction from the department is given to appropriate staff to gather and supply raw data to CDTC for analysis.

In the past, CDTC was fortunate that one of its Board Members had access to the JOIN system and supported an interim request for recidivism data for information about 15 clients who attended the program between October 2007 and June 2010. This process was limited as it could only focus on information in JOIN system, and Alberta charges only, and it involved a significant investment of time on the part of CDTC staff and the Board member.

In subsequent discussions, CDTC Safe Communities Innovation Fund (SCIF) representative indicated that, because the Department of Justice required that recidivism analysis be included in the evaluation it was the responsibility of the Alberta Justice Department to request the data. The SCIF representative then asked that CDTC provide him with the specifics regarding the data which the program was seeking so that the Department could manage the data request on behalf of CDTC.

Such a request was made by CDTC to SCIF on June 5th, 2012. Several reminder requests were also submitted in the period between July and September. However, no data was provided by SCIF representative and it is, therefore, not possible, to provide, at this time an up-to-date recidivism analysis here.

CDTC will submit such an analysis as an addendum to this report as soon as the raw data becomes available from the department. In the meantime, the reader is referred to the original recidivism analysis that is reproduced in Appendix C.



SECTION VI. ANALYSIS OF GRADUATION APPLICATIONS

“In the last year I have learned how to live on life’s terms. I have learned how to be responsible, productive and a functioning member of society. I have learned that honesty is very important, no matter what and I have learned that I am important. I have learned that with hard work I could change and that I am a different person today because of the CDTC.”

A total of nine applications for graduation gathered over the course of 2011/2012 fiscal year from the CDTC program and were reviewed to form the following analysis. Each theme derived from these applications is presented below and followed by exemplars that illustrate the theme content.

1.1 Context of Addiction Onset

The most commonly reported contributors to the onset of addiction were, first, a chaotic family environment with frequent parental addiction and, often, a history of neglect or abuse. A second common factor was learning early to escape from negative emotions through the use of alcohol or drugs and, a third factor, learning to find a ‘community’ and sense of belonging in other addicts. While these factors were not present in all cases, they were present in the majority. The fourth and final step described was beginning to commit various criminal activities in order to be able to pay for drugs and to ‘fit’ in the community.

1. Context of family dysfunction, often with parental addictions and history of abuse. Because of this history, many applicants began alcohol and/or drug use at an early age and consequently had missed significant developmental opportunities.
 - “My whole life I have struggled with things. My father was an alcoholic and my mother [as well]. Things never felt whole or right. When I got old enough I was hell bent on making things feel “right.” I was drinking and doping at 12 and it progressed right out of control very fast. “
2. Alcohol and/or drug abuse was most often used as a way to escape from emotional pain and the turmoil of family relationships.
 - “I had lost touch with reality and there were so many dark days where I would sit there like a zombie hoping the next time I used it would take me out.”
3. The sense of a ‘community’ of users developed as a way to feel a sense of belonging somewhere.
 - “I drove an instant wedge between family and friends because I figured I had found a place to fit in.”



- “I knew hundreds of people but [I know now that]not one of them was a friend. In actuality, would you sell your friends drugs, take their money for drugs, when it should be going to their children’s food and necessities? NO!!”
4. The development of a criminal history as a means of affording drugs and belonging in the community. Criminal activity typically included, for females, prostitution, gambling and ‘hustling’ for dealers. For male clients, and for females in the later course of addiction, this range of criminal behavior expanded to include small-scale trafficking.
 - “At first spending \$40 or \$50 seemed like a lot of money, but as my addiction grew so did my need to find a way to afford my drugs, which led me to my criminal path.”
 - “You bring me customers, I’ll hook you up.”
 - “My life [became] extremely stressful because once other people know that you’re selling drugs, the craziness begins and doesn’t end.”

1.2 Addictive Thinking

As the applicants moved into the addictive process, they were aware of adopting the mores of their new ‘community’ to an extent that signaled to them the loss of their previous understanding of interpersonal ethics and moral behavior. Patterns of addictive thinking described by the applicants included:

1. Failure to acknowledge the consequences of criminal and addictive behavior.
 - “I never thought about consequences. I had a one-set criminal mind and worked up any scam to get my next fix.”
2. Seeing jail/prison as a kind of safety net and relying on it as a place of temporary refuge.
 - “I did not care about getting caught because jail became a sanctuary and safety net for me.”
3. Loss of concern for others
 - “I certainly did not care about who [addiction] would affect in the end.”

1.3 Early Challenges in the CDTC Program

Soon after their admission to the program, the applicants reported having come to the realization that staying and succeeding in the program would require a personal commitment on a scale they had never really confronted previously. The decision had to be made whether to move forward into a challenging and difficult recovery process or escape back into their addictions. Staying in the program and taking it seriously meant having to re-learn skills for self-management, accepting authority and accountability, living with others, and finding new ways to deal with strong, negative emotions like anger and often painful feelings such as shame and interpersonal conflicts. Working thorough these challenges were made more difficult by the turn-over of CDTC staff.



1. Recognizing that the CDTC program would mean hard work.
 - “After about a month, the novelty wore off and the realization [set in] that to change my life around was going to require a lot of patience and extremely hard work.”
 - “It was at this point I decided to dig my heels in and do the work rather than just go through the motions.”
2. Learning to live with structure and accountability.
 - “The early weeks were the hardest part. There was a sense that it would be easier to ‘do my time.’ I had to complete a 5 month treatment program at a residence full of others [who were] facing similar issues in their lives. I had to learn how to live with complete strangers in a place where there were so many rules they had a handbook!”
 - “When I first started drug court, like mostly everyone else, I just wanted to get out of jail. I did not want to have to do the work that came with it. I was not even sure if I was going to stay. [Structure] was definitely hard for me. I struggled a lot there.”
3. Learning to deal with emotions without using drugs or alcohol.
 - “I felt angry at myself for not being able to handle all of the new feelings that I was experiencing in treatment. Angry for having to deal with stuff straight. Angry for so many things.”
4. Learning to cope with personnel changes in the program.
 - “I have found the changes in the Team to be frustrating at times, and so have some of the other participants. I have to realize that change is inevitable.”

1.4 Effective Components of the CDTC program. What worked?

Almost all of the applicants for graduation identified the strength and variety of supports provided by CDTC staff members, by other clients, and by treatment agency personnel as critical to their success in the program. The primary function of these supports was to break down the personal isolation applicants felt and to show them that it was possible both to trust and accept support and to provide support to others. Supports allowed emotions to be expressed without fear of judgment, supported the development of accountability and helped applicants to re-establish a sense of self-esteem and a vision of a different possible future.

1. Supports from CDTC staff and from other clients broke down personal isolation, helped them learn to ask for help and began to build a sense of self-worth.
 - “It really helps tremendously knowing that there is a whole team of people behind you, who believe in you, who believe that you are worth it, who believe that you can be someone. “
 - “It was having the huge support from the drug court team. I am also grateful to other clients for all their help and support in my recovery. It made me know that I was not alone and that being good friends and helping each other out is a huge part of recovery. “



- “My experience in drug court was the best choice that I have made in my life. It has shown me that there are people that do care about me. That it is okay for me to reach out for help.”
 - “What worked for me the most was the support that I received and that there was a judge that cares for me instead of just wanting to put me in jail.”
 - “For once in my life I had these amazing supports and networks of people who told me to keep doing the next right thing. Then I’m surrounded by others who come from where I did and are in this program with me and doing the same as me. As I worked through this program, friendships developed and progressed. You grow to take care of one another and you really want the best for everyone.”
 - “What worked best for me was being allowed to share my feelings without being put down.”
 - “Most of all I am thankful for my support network, which is so broad. Now if one or more members fail me, I have many more others that I can depend on.”
 - “I feel blessed to have the people I have in my life now. It’s almost like they walk along beside me making sure not to let me fall. I have feel thankful that I didn’t give up all the times that I said I wanted to, because I am a better person now. I always have someone to talk to and I will not be judged.”
2. Supports provided an opportunity to ‘become the person you might have been’. There was a strong sense of having emerged from the program as a new version of self, the self that they might have been had their development not been interrupted.
- “I was given the opportunity to re-evaluate my life. [Where] people believe in you, you’re never too old to become ‘new’. [It was] a second chance at becoming the person I knew I could be if only given a chance. “
 - “I learned that I am a strong and capable woman. That I can do anything I put my mind to.”
3. Supports from AA (alcoholics anonymous) or other addiction support meetings were important parts of the recovery process for most applicants. They also formed an important component in their recovery plans.
- “I love going to meeting and know the importance of them, and will continue my routine of three a week.”
 - “.. continuing with my weekly meetings no matter how tired from work, or how busy I get.”

1.5 Self-Worth, Self-Care and Self-Esteem

All of the applicants spoke in one way or another about a shift in personal focus from drugs/addiction to individual development. This shift resulted from the gradual development of a sense of self-worth and from re-connecting with the person they had been before the addiction began or with a version of who they might have become in the future. In effect, the process was one of learning to take themselves seriously as persons who have something to offer in the world and setting out to discover what that might be; rather than seeking to numb feelings or give in to despair. This new focus on self care initially meant living one day at a time in a new life, avoiding old patterns and relationships and learning to identify with other personal characteristics, rather than identifying self only as an addict. The importance of self-



support as a form of self-care and the development of self-knowledge and self-worth were also elements of this theme.

- “Self-care is most important. Also taking one day at a time and not overdoing it. For example, not taking on too much at one time. Stay honest and not hanging out with the people that put my recovery at risk, and of course stay away from high risk situations and ask for help when I need it.”
- “I have become someone I only wished I could be, and I did it sober. I know I will have tough days but I know I’ve built myself a strong foundation with wonderful supports, and I’ve been using them.”
- “[I am] taking the time for self-care, because when I start feeling bad, negative thinking begins.”
- “To be proud of what I’ve accomplished so far and take pride in the hard work it took to finish this program!”

1.6 New Knowledge to Support Recovery

The acquisition of new knowledge, particularly about relapse prevention planning, included elements such as learning to recognize early warning signs, knowing what triggers are, recognizing factors that might lead to relapse, paying attention to physical, emotional, social and spiritual health and developing ‘straight’ friendships. Others were more complex understandings of important components of personal growth and development. Applicants spoke of “Putting into action all that was learned in treatment” and using their new knowledge of addiction, recovery, and personal growth and self-management to strengthen their recovery.

1. Relapse Prevention Knowledge: Aspects of relapse prevention planning differed across applicants, but usually included all of the strategies mentioned above. The most important here was applicants had, as a consequence of completing the CDTC program, acquired tools that they are sure will help them respond positively to future difficulties and that will gradually become permanent parts of a new way of life.

- “Being accountable to myself and others [is the key] for me. Continuing counseling ... making it to school every day on time...continuing to journal, reporting to probation, and engaging in after care [are most important].”
- “Remembering that there will always be struggles in life and that how we deal with those struggles makes or breaks you.”
- “My plan for dealing with future struggles will be to always tell someone ‘Hey, I’m struggling! I need help.’”
- “My relapse prevention plan is to keep going to meetings, work on my steps and keep talking to people that are close to me about the things that I am dealing with and find hard.”
- “I wrote down the 10 biggest threats to my sobriety. I had to really look at the things that make me want to use the most (old places, persons and things) and in response to these threats I have a ready and planned behavior response.”
- “I have prepared a plan that consists of rewarding activities that I use to reduce feelings of temptation. This is a long list that I use for my moments of inactivity. I’ve tried it during my moments of feeling restless and bored. I take more time now to do the things I enjoy doing sober, as it helps me keep sober.”



- “I am going to continue taking my medications as prescribed because they help me stay stable. I am going to keep a list of phone numbers in my wallet at all times just in case something comes up. I am going to continue volunteering. I am going to stay away from the zones where my drug use took place, and most of all stay away from the people that will have a bad effect on me, using my phone numbers when I feel tempted. And I’m going to continue to come to court once in a while to show my respect and my support to other participants in the program, reassuring that it can be done!”
2. Personal Frameworks for Recovery: Some participants had brought together their new learning’s into a personal framework that they intended to use as a guide for thinking about recovery and for planning/managing their everyday challenges.
- “I’d like to sum up my experience with a word acronym I invented (A.I.R). I need A.I.R. to breathe and I need to breathe to live. A = Accountability, I = Individuality, R = Responsibility. Accountable – When I am accountable I’m kept in line because relapsing doesn’t happen overnight. It is when little thoughts, ideas, behaviors are allowed into my life that cause me to gradually deviate from the path of recovery. Individuality –When I am treated like an individual, I no longer feel like a prisoner or robot. As an individual, I can express myself and share my feelings in a safe environment. I have choices to make as well, by either accepting or rejecting suggestions. Responsibility – When I am responsible I no longer have to be told what I can and cannot do.”
3. A final component of new knowledge was developing a better-informed understanding of all the community resources and various forms of support and assistance that are available to support recovery. These resources were sometimes located within treatment agencies, but might also be in the community, in mental health organizations, or in education settings.
- “I attended Art Therapy and a course called Power of Blessing which were also very beneficial to my recovery. “
 - “The Criminal and Addictive Thinking course opened my eyes to many things.”
 - “I took the LEEP program at John Howard Society. “
 - “I renewed several tickets and discovered many more great resources.”

1.7 Giving Back

Helping others by doing service work, chairing Alcoholics Anonymous or Cocaine Anonymous meetings, or volunteering at agencies related to addiction also formed part of applicants’ approach to their recovery. Such activities support the new self-image and sense of self-worth.

- “Participating in speaking to kids in schools lends the opportunity to give back, and aid me in maintaining my sobriety. Not only now, but in the future.”
- “This led to me being asked to share my story with Y.D.I.P. which I continue to do on a regular basis – giving back.”



SECTION VII. SOCIAL RETURN ON INVESTMENT

“The social return on investment (SROI) methodology is a principles-based approach that values change for people and the environment that would otherwise not be valued. It assigns monetary value to traditionally non-valued things such as the environment and social value” (The City of Calgary, 2011). In addition to information that has already been provided in this report (e.g., project description and the logic model), the components of the SROI usually include a Theory of Change and monetizing the change using financial proxies. This is a third version of CDTC SROI, taking into account new CDTC information and expanding the SROI to include, in addition to criminal justice indicators, other indicators related to utilization of health system, housing, and client stability factors.

7.1 Overall CDTC SROI

Theory of Change

If repeat, chronic untreated addicts who commit non-violent crimes to support their habits, participate in a multi-disciplined, intensively supervised court/treatment program, then they are less likely to use drugs and reoffend.

Scope of the SROI

This SROI calculation considers the 18 participants who are new admissions in the 2011-2012 year and estimates the related benefits and costs over two years. It does not consider the cost implications of participants who entered the program during previous years and continue to receive program services, or new admissions that will enter the program during the 2012-2013 year (2nd year of the SROI calculation).

Program Benefit

- Cost reallocation within the justice system and as specifically related to the work of the police, probation, legal aid, and court;
- Reduction in incarceration as well as the cost of property that is stolen to support the addiction;
- Reduction in the costs of addiction-driven crime;
- Reductions in costs related to treatment of mental and behavioral disorders resulting from addictions;
- Reductions in Child Services costs;
- Reductions in hospital and related costs;
- Reductions in community services costs;
- Employment-related benefits, such as taxes, turn-over, use of income support; and,
- Reduction in shelter costs.



Cost of Delivering CDTC Program

- In-kind costs including the Judge, court clerk, security, facility, legal aid or duty counsel, the work of the Crown prosecutor, probation and the work of the assigned police officer;
- CDTC budget that includes staffing, operation and office costs, evaluation costs as well as treatment and housing costs associated with the first phase of the program;
- Temporary stays in Remand that occur for CDTC clients most often as a result of a positive drug test or other transgressions that break the rules of the treatment facility; and,
- Probation services that are provided after the program conclusion as part of the standard procedure associated with final sentencing.

Differentiating Factors – Cost Implications

Calculations are based on 18 participants entering the program during the 2011-2012 fiscal year. The differential effects on cost are captured by categorizing participants into the following three groups.

- Minimum portion of participants = approximates 10% or 2 participants
- Moderate portion of participants = approximates 35% or 6 participants
- High portion of participants = approximates 55% of 10 participants

7.2 Benefits and Costs by Participant Group

(Please see Appendix D for the SROI template containing detailed calculations).

Table 2: SROI Year 1

Area of Cost/Benefit	Minimal portion of participants	Moderate portion of participants	High portion or participants	Total Taxpayer Cost/Benefit
Substance use	\$0	\$0	\$0	\$0
Child custody	\$0	\$0	\$0	\$0
Health	\$5,435	\$10,333	\$2,801	\$18,569
Community Services	-\$1,270	-\$1,905	-\$3,176	-\$6,351
Crime	\$340,529	\$1,001,063	\$1,473,671	\$2,815,263
Employment	\$0	\$0	\$0	\$0
Housing	\$20,681.50	\$53,294.50	\$53,550	\$127,526
Total Benefits				\$2,955,007
Modesty of Claim (16% of Benefit)				\$472,801
Program Costs				\$759,395
Net Benefit				\$1,722,811
Net Benefit to Cost Ratio = \$2.27				



Table 3. SROI Year 2

Area of Cost/Benefit	Minimal portion of participants	Moderate portion of participants	High portion of participants	Total Taxpayer Cost/Benefit
Substance use	\$11,429	\$0	\$0	\$11,429
Child custody	\$0	\$0	\$0	\$0
Health	\$5,484	\$10,480	\$0	\$15,964
Community Services	-\$2,816	-9.063	\$0	-\$11,879
Crime	\$340,529	\$1,001,063	\$273,67	\$1,615,263
Employment	\$174,509	\$560,917	\$490,207	\$1,225,633
Housing	\$20,681.50	\$28,958.00	\$0	\$49,639
Total Benefits				\$2,906,049
Modesty of Claim (16% of Benefit)				\$464,967
Program Costs				\$325,455
Net Benefit				\$2,115,627
Net Benefit to Cost Ratio = \$6.50				

The SROI ratio indicates that, for every dollar spent, \$2.25 is created in savings to the community in the first year of program and \$6.50 is created in the second year.

The program results and value created as illustrated through the SROI indicates that this program is a worthwhile long-term investment to reduce drug use and criminal involvement among repeat offenders who are suffering from the chronic disease of addiction.





SECTION VIII. SUMMARY AND NEXT STEPS

8.1 Program Results - Highlights

In general, the information presented in this report demonstrates that CDTC is valuable to the community and the clients that it serves. Some highlights are as follows:

- The applicants undergo a thorough and careful screening process;
- Eligible individuals are offered an intensive and judicially supervised addiction recovery program;
- Program provides access to multiple treatment facilities for men and women and addiction treatment based on promising practices;
- CDTC client characteristics are consistent with the 'high needs and high risk' group recommended for Drug Courts;
- For the engaged participants, the length of time between relapses increases and the nature of the relapse incidents becomes less serious over time;
- CDTC's graduation rate of 21% is on the higher end of the graduation rates compared to other DTCS elsewhere in Canada that range between 7% and 16%;
- Over half of the program participants remained drug free and sober for a period of 6 months or longer;
- The program supports clients in obtaining long-term housing – at least half of the program participants – all of whom have had an unstable housing history or were homeless before program admission – were able to obtain permanent housing in the community;
- The program helps clients develop long-term stability by linking them with multiple supports such as individual and family counseling, skill development programs, money management services, medical, vision and dental services and services needed to acquire necessary identification;
- A comprehensive employment program is in place that provides the participants with crucial work experience as well as long-term employment opportunities. 65% of CDTC participants were employed at the time of graduation and all of these clients have been long-term unemployed at the time of their entry into the program;
- Clients describe the program as life changing and the CDTC staff and court team as supportive, caring and helpful;
- The Social Return on Investment analysis showed that, for every dollar spent, \$2.25 are created in savings to the community in the first year of program and \$6.50 are created in the second year.

8.2 Addressing Previous Recommendations

This document represents a third evaluation report, summarizing information about CDTC activities from its inception up to April 30, 2012. The second evaluation report covered the period from program inception up to July of 2010. Table 4 on the following page summarizes the progress that was made with respect to the key recommendations made in the second report.



Table 4. Addressing Recommendations from the Second Evaluation Report

Recommendation	Action
Program expansion while ensuring adequate individual client attention and support	As a result of improved branding and expanded networking within the justice system and broader community, the client roster has expanded significantly in the 2011/2012 fiscal year - a higher proportion of applicants was accepted into the program (40% as compared to 31% in the previous years)
Diversification of treatment provider roster	In the 2011/2012 fiscal year CDTC added six new treatment programs to its roster with a particular focus on women, FNMI clients and younger men.
Developing an alternative to Remand for clients who are temporarily removed from treatment facilities	CDTC has established a relationship with the Calgary Dream Centre to temporarily house clients removed from other treatment options. As a result only one client has been sent to Remand in that fiscal year. Going forward, CDTC will work on developing a similar option for women and making an agreement with the Calgary Dream Centre more permanent and flexible.
Consistency in sanctions and rewards	CDTC Court Team and staff have developed a participant progress log to keep track of sanctions, so that trends in the types of sanctions assigned to various behaviours can be identified and examined for their effectiveness. CDTC is in the process of developing a high level algorithm that will provide clear linkages between behaviours, treatment phase and appropriate sanctions.
Programming to reflect the needs of younger clients	CDTC has added Shunda Creek to its treatment roster, which specializes in addiction treatment for men, aged 18 to 24.
On-going access to client criminal background information	Discussions with the Justice Department have produced a greater awareness among government representatives of the complexities involved for non-profit organizations to access this information. SCIF representative agreed to submit an internal request to the Department for raw data to support CDTC recidivism analysis.
Establishing an alumni group for CDTC graduates	An alumni group has been put in place and terms of reference for the group have been developed. CDTC is in the process of establishing regular meeting schedule and ensuring consistent participation.
Role clarification among Court Team members	CDTC is currently in the process of revising the Operations Manual which includes the role descriptions of all staff and Court Team members. The manual also describes, with greater clarity and in more concrete and tangible ways than in the past, the policies and procedures guiding team decision making to participants' requests and applications ensuring consistent and systematic response from the team members. Multiple forms structuring process for participants' requests have also been developed to ensure clarity and consistency in requests and responses to those requests.
Importance of establishing a formal process for cross-disciplinary dialogue to deal with tensions and issues that are bound to arise in any multidisciplinary program.	On a monthly basis CDTC now holds "business bite" meetings which focus specifically on team dynamics, operations, strategy and any other non-client related issues, with a particular emphasis on providing everyone with an opportunity to have a voice in the discussion. The Team members also sought out and engaged in ongoing professional development as a team including full attendance at the International Training Conference on Problem Solving Courts & Innovative Approaches to Justice held in Toronto in 2012. These activities help develop openness, transparency and trust among the team members. They enhance team decision making and support professional development of the entire multidisciplinary team consistent with best practices of drug courts.

8.3 Next Steps for CDTC

The evaluation and discussions with program stakeholders also helped identify several directions for actions in the next year, as described in the summary below.

Alignment with Criminal Justice System

The issue of Governance and sustainable program funding is a barrier to CDTC capacity building and ongoing progressive success in deliverables. Similar programs embedded within the criminal justice system receive better access to services and resources for their designated offender population, than CDTC does as a Not-For-Profit Organization.

For example, the number of treatment beds and services already in existence within various government departments and across multiple Ministries for pre-sentence, provincial offenders is limited to CDTC without priority or in kind resources and from outside the system, while those same services are more easily accessible and more timely accessible to internal government programs. In addition, the funding inequity between federal parole per diem rate (approx. 180.00 per night) and provincial Alberta Works per diem rate (\$40.00 per night) for community based treatment beds, unfairly disadvantages the pre-sentence provincial offender. Furthermore, reliance on annual grant funding does not allow for long-term strategic planning necessary for capacity building, continuous program growth and development. There are also significant challenges for CDTC participants accessing some essential services (e.g., health services, detoxification services) further complicating seamless justice service delivery. CDTC is also unable to empirically document the impact it makes on criminal recidivism without access to criminal justice information.

In order to maximize service effectiveness and efficiency, CDTC has begun discussions with the Government of Alberta to explore a Governance model not only for the CDTC but other drug courts in Alberta that would produce greater alignment with the Criminal Justice System. Ongoing work in the upcoming fiscal year will be needed and will involve the collaborative dialogue of numerous stakeholders.

Expanding Services

Since May of 2007 CDTC has accepted 68 applicants. Client capacity was limited in congruence with limited committed financial resources; in recognition that client numbers had to be relatively small so that clients could be accommodated in high-demand community residential treatment beds; and so that clients could receive intensive, judicially supervised programming. While the evaluation showed that the program is successful with many of its participants, it may not be sustainable given the current array of resources and staffing that goes into supporting service delivery, supervision, housing and treatment for the high need-high risk complex offender. Moreover, the demand for addiction treatment within the offender population will continue to expand, particularly with the most recent legislation excepting Drug Court clients from mandatory minimal sentence requirement. To expand program capacity and



to make sure that program services are client-centered and that each client is linked with a best possible service, CDTC will open a day program in later 2012. Processes will be developed and integrated that support the triaging and matching of a participant to a treatment-rehabilitation program that is best aligned with their needs. CDTC will also look for a commitment from government to support expansion of its office space, particularly to accommodate highly sensitive group discussions that will take place in the day program.

Supporting Diverse Client Groups

The evaluation shows that some challenges continue to exist for some client groups in CDTC: there is a shortage of treatment beds for women in Calgary, younger clients tend to leave the program earlier, and the program is less successful with visible minority or FNMI clients than with clients of European backgrounds. Expansion to include day treatment will help address some of those concerns by providing an opportunity to have gender-specific groups, groups for FNMI participants and groups for younger clients. The day program will also integrate best practices from both justice and treatment paradigms in a curriculum that is trauma informed and grounded in culturally appropriate approaches.

Day programming will also provide treatment opportunities designed to stop the cycle of addictions in families. Those supports may include parenting classes, helping parenting participants reconnect with their children and providing programming for women with children.

Health

Most CDTC participants come to the program with serious health issues – at program entry 76% of them had physical conditions ranging from acute, treatable problems such as injuries, allergies, migraines and eating disorders to serious chronic problems requiring on-going management such as heart problems, Hepatitis C, HIV and chronic pain. Many clients also had dental and vision problems that had to be addressed.

CDTC approaches the treatment of its clients from a holistic perspective – its focus is not just on addictions but it includes, in addition to an array of other programming, health-related services and supports. Every client in the program is connected with a family physician and is supported to have a full health assessment/physical. Additional health specialists are consulted as needed. This work is enhanced by access to medical information that CDTC now receives, with client's permission, from Alberta Health Services.



However, CDTC continues to experience access barriers, and would like, in the upcoming year, to determine ways to obtain easier access to family doctors, medical clinics, and addiction detoxification options, possibly through expanded partnership with Alberta Health Services department. In addition, exploration into alternative therapies for the treatment of addiction as a chronic disease such as acupuncture, equine therapy will be explored.

Employment and Education

CDTC employment program provides safe and supervised employment as well as basic employment skills to CDTC participants. In the last fiscal year almost two-thirds of the participants were employed at the time of graduation and all of these clients have been long-term unemployed at the time of their entry into the program. In the last fiscal year the program has made two major changes: it was expanded to leverage and maximize resources available through Alberta Works/ Human Services and it started using a cost sharing and resource sharing model with participating employer organizations.

CDTC plans to continue building on the success of its employment program by recruiting more employers and supporting more participants in their transition to a stable life style. However, education and literacy represent some of the key barriers for obtaining employment and maintaining employment over a longer period of time. Almost half of CDTC participants did not graduate from high school, and many of them lack basic computer literacy skills that are essential in today's workplace. Supporting participants to help them obtain a high school diploma and/or equivalency along with basic computer literacy skills will be one of the directions for CDTC in the up-coming year.

Treatment of Addiction as a Chronic Disease

One of the goals for CDTC in the up-coming year will be to continue its work in ensuring that its processes, programs, services and partnerships are consistent with the management of addiction as a chronic disease. This approach places CDTC as only one of many resources and services along the treatment and rehabilitation continuum – CDTC participants will be given the tools and supports necessary to develop and grow their personal skill set and will be assisted in accessing and establishing appropriate and sustainable service relationships (with programs, people, resources) in the community that support the clients full reintegration and sustainability into community living.

Accordingly, CDTC may consider reducing the length of its Stage II component, while clarifying and further defining the conditions under which a participant is ready to leave the program. CDTC may also consider revising its current definition of graduation, potentially making a distinction between those who complete the program while abstinent and those who are not able to achieve significant period of abstinence but who are successful in the program otherwise.



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APPENDIX A: CALGARY DRUG TREATMENT COURT LOGIC MODEL

GOALS

1. To rehabilitate drug dependent offenders through Court-mandated treatment.
2. To promote public safety by reducing recidivism.
3. To promote cost effectiveness in the justice process, in health services, and in the community.
4. To collect information on the effectiveness of the drug treatment court to refine treatment approaches and provide a clinical research base for the study of drug dependency.
5. To focus community resources to build knowledge and awareness among criminal justice, health and social service practitioners and the public about drug courts and drug use.
6. To improve the health of participants and the public through drug treatment and the promotion of healthy lifestyles.

INPUTS	OUTPUTS		OUTCOMES*
	ACTIVITIES	PARTICIPANTS	
<p>Court Staff</p> <ul style="list-style-type: none"> • Liaison workers (2) • Judicial staff • Probation <p>Treatment Staff</p> <ul style="list-style-type: none"> • Counselors • Supervisor//Manager • Admin/support • Partner agency staff <p>Research/Evaluation</p> <ul style="list-style-type: none"> • Consultant <p>Boards/Committees</p> <ul style="list-style-type: none"> • Steering Committee • Operations Committee • John Howard Society as a fiscal agent <p>Funding</p> <ul style="list-style-type: none"> • Multiple funding partners <p>Materials and facilities</p> <ul style="list-style-type: none"> • Treatment beds • Office space/equip't 	<p>Court Staff</p> <ul style="list-style-type: none"> • Eligibility screening • Assessment • Case conferencing • Referrals • Reviews/supervision • Implement rewards & sanctions <p>Treatment staff</p> <ul style="list-style-type: none"> • Drug screening • Addiction treatment • Aftercare • Ongoing assessment • Data collection <p>Assist with film dev. Evaluation</p> <ul style="list-style-type: none"> • Develop framework Data sharing protocol • Data collection • Database design and maintenance • Data analysis/ Reporting 	<p>Offenders</p> <ul style="list-style-type: none"> • # screened • # in court • # in treatment (attending, completing) • demographic characteristics <p>Service Providers</p> <ul style="list-style-type: none"> • # training sessions • # attending training sessions • # participating in collaborative activities <p>Public</p> <ul style="list-style-type: none"> • # viewing the video or receiving other media releases • # participating in workshops 	<p>Offenders</p> <ol style="list-style-type: none"> 1. Increased accountability for behavior; motivation to comply with the program; respect for the court process 2. Drug avoidance skill development 3. Improved housing and living conditions 4. Decreased recidivism 5. Decreased drug use 6. Increased pro-social lifestyle indicators 7. Improved overall well-being of the participants <p>Program</p> <ol style="list-style-type: none"> 8. Systemic implementation of program protocols 9. Efficient movement of offenders through system 10. Program accountability <p>Service Providers</p> <ol style="list-style-type: none"> 11. Enhanced collaboration and communication 12. Enhanced knowledge of court process and issues <p>Public</p> <ol style="list-style-type: none"> 13. Enhanced public awareness of drug court and related issues



DEFINITIONS FOR OUTCOMES:

OFFENDER-LEVEL OUTCOMES

Immediate

1. Increased accountability for behavior, motivation to comply with the program and respect for the court process: Regular attendance in court, decreased incidence of special concern reports, regular attendance at treatment, completion of treatment, completion of treatment tasks assignments, follows through on community referrals, satisfaction with program components, increased knowledge about the program.
2. Increased confidence in drug avoidance abilities, increased knowledge about substance abuse and drug avoidance skills.

Intermediate

3. Improved housing and living conditions: Able to secure and maintain stable affordable housing.
4. Decreased recidivism: number of arrests, charges, convictions and breaches during and subsequent to program completion. Length of time from program completion to a subsequent offence.
5. Decreased drug use: Reduced frequency of drug use, increased periods of abstinence, reduced relapses.
6. Increased pro-social lifestyle indicators: Ability to secure employment, education or life skills training; participation in recreational activities, increased awareness and intention to live in a pro-social manner in the community.

Ultimate

7. Improved well-being: enhanced self-esteem, mental and physical health, enhanced social skills, reduced incidence of domestic violence and other family discord.

PROGRAM OUTCOMES

Immediate

8. Systematic implementation of program protocols: fidelity of the program as delivered to the model developed for the court and treatment.

Intermediate

9. Efficient movement of offenders through the process: Reduced time from charge to treatment initiation.
10. Program accountability: Production of regular reports, communication plan, manuals, protocols etc. on the dates scheduled, ongoing identification of the strengths and weaknesses of the DTC and revision of process as needed.



Ultimate

11. Cost savings: A cost benefit analysis of the program can identify cost savings to the community of the drug court process.

SERVICE PROVIDER OUTCOMES

Immediate

12. Enhanced collaboration and communication: information sharing agreements in place, program builds on existing expertise in community, partnership development

Intermediate

13. Enhanced knowledge of court process and issues: Further development of service provider's knowledge base and skills, generating best practice information, contributing to the field through research data collection

PUBLIC OUTCOMES

Ultimate

14. Enhanced public awareness of drug court and related issues: Improved public awareness of drug court and of problems associated with drug use (particularly the relationship between addiction and crime, impact on FAS, addiction treatment). This outcome would be accomplished through a completion of a film/video by a community partner for use in school drug education programs and working together with others to deliver public education workshops.



APPENDIX B CURRENT BOARD OF DIRECTORS LISTING

- Holtby, Brian; Chair
Alberta Justice, Specialized Prosecutions Branch, Assistant Executive Director
- Schweitzer; Doug, Vice Chair
Osler, Hoskin & Harcourt LLP, Associate
- Gulak, John; Secretary/Treasurer
Prairie Merchant Corporation, General Counsel
- Goard, Carolyn; Director
Alberta Council of Women's Shelters Director, Member Programs & Services
- Sparrow, Monty; Director
Calgary Police Services , Sergeant
- Hage, Basem; Director
Provincial Court and Senior Court, Manager
- Steinraths, Greg; Director
City of Calgary Bylaw Services
- Sand, Gord; Director
John Howard Society, Executive Director



APPENDIX C

RECIDIVISM ANALYSIS: 2007-2010

An application was submitted and permission was obtained to gain access to the Alberta Justice Department for information describing criminal involvement of the CDTC clients. The information was collected for a total of 15 clients who attended the program between October 2007 and June 2010. The characteristics of those clients were comparable to the overall CDTC client group and included:

- 12 males and 3 females;
- 5 clients of African heritage and 2 FNMI clients;
- 8 clients 30 years of age or younger, 3 aged 31 to 40 and 4 aged 41 or older;
- 5 graduates and 10 discharged clients; and,
- 8 clients who remained in program for a year or longer, three clients who were in the program for a period of 9 to 10 months and the remaining four clients who were in the program for a period ranging between 3 and 5 months.

Recidivism information included all charges and convictions related to the incidents that took place in three time periods: 1) in the year prior to program admission; 2) during the client's program participation; and, 3) a year after program graduation or discharge or before June 30th 2010, whichever came first. For simplicity the analysis focused on charges only. The charges were divided into 2 types:

1. Type I charges were those resulting from breaches of conditions that did not involve active participation in criminal behavior but were rather issues of attendance or rule compliance (e.g., not attending counseling, not attending court, residing at a particular residence, failure to report to a Probation Officer, failure to carry a release document, failure to attend for fingerprints, etc).
2. Type II charges were those that resulted from active involvement in crime (e.g., trafficking, possession for the purpose of trafficking, property damage, tempering with a motor vehicle, weapons charges, theft, robbery and assault).

Figure 11 illustrates the frequency of Type I and Type II incidents for 5 graduates.¹⁰ Both types of the incidents have decreased substantially for almost all graduates when pre-program and in-program year were compared. The opposite trend, where the number of post-program incidents was higher than the number of pre-program incidents, was true for only 1 of 5 graduates (see Client D, Type II incidents).

¹⁰ *denotes less than 3 months between conclusion of program and June 2010 ; (j) denotes that the participant was jailed for some period of time after program completion and, therefore, their number of incidents post program could not be provided



Figure 1. Type I and Type II Incidents – Graduates

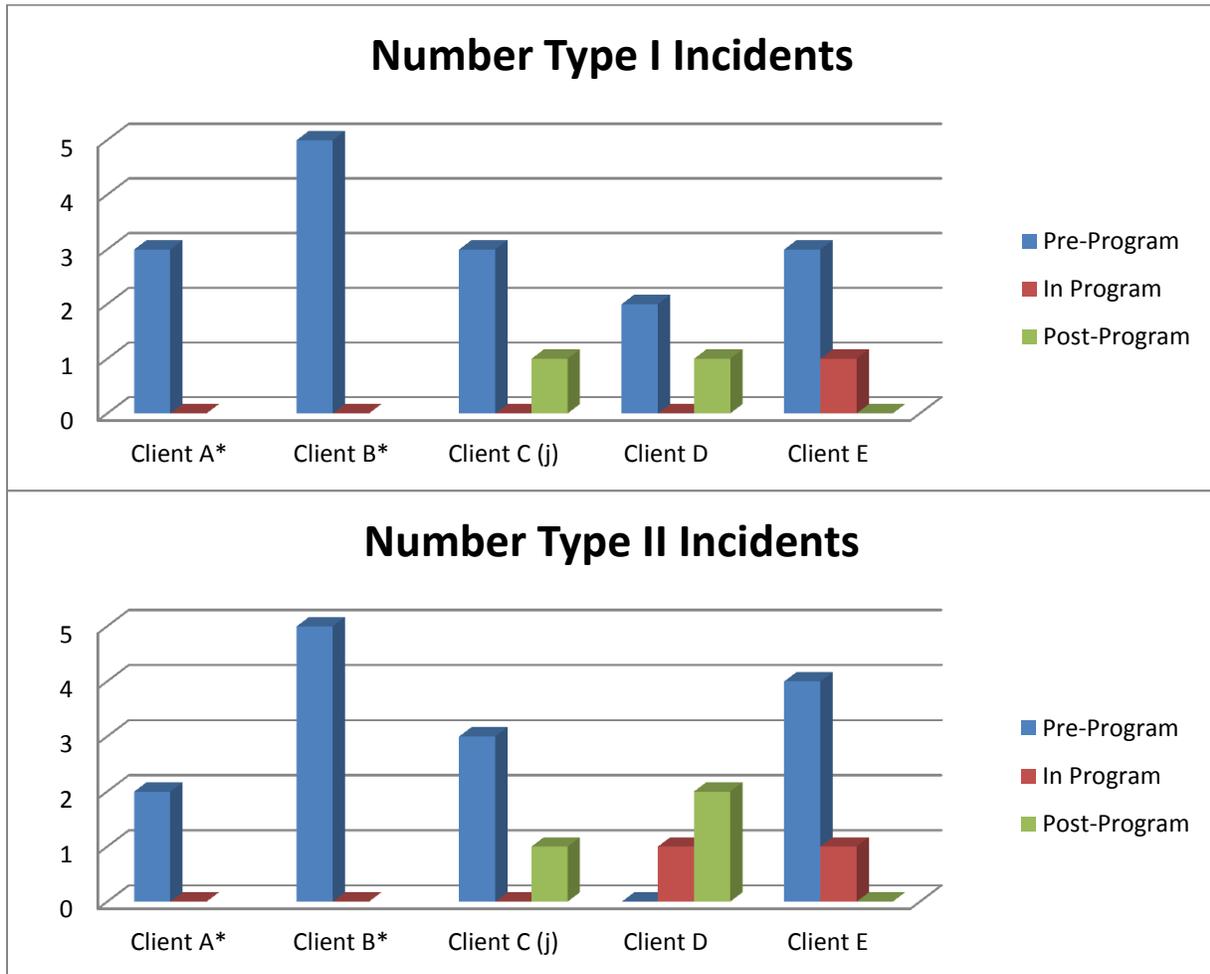
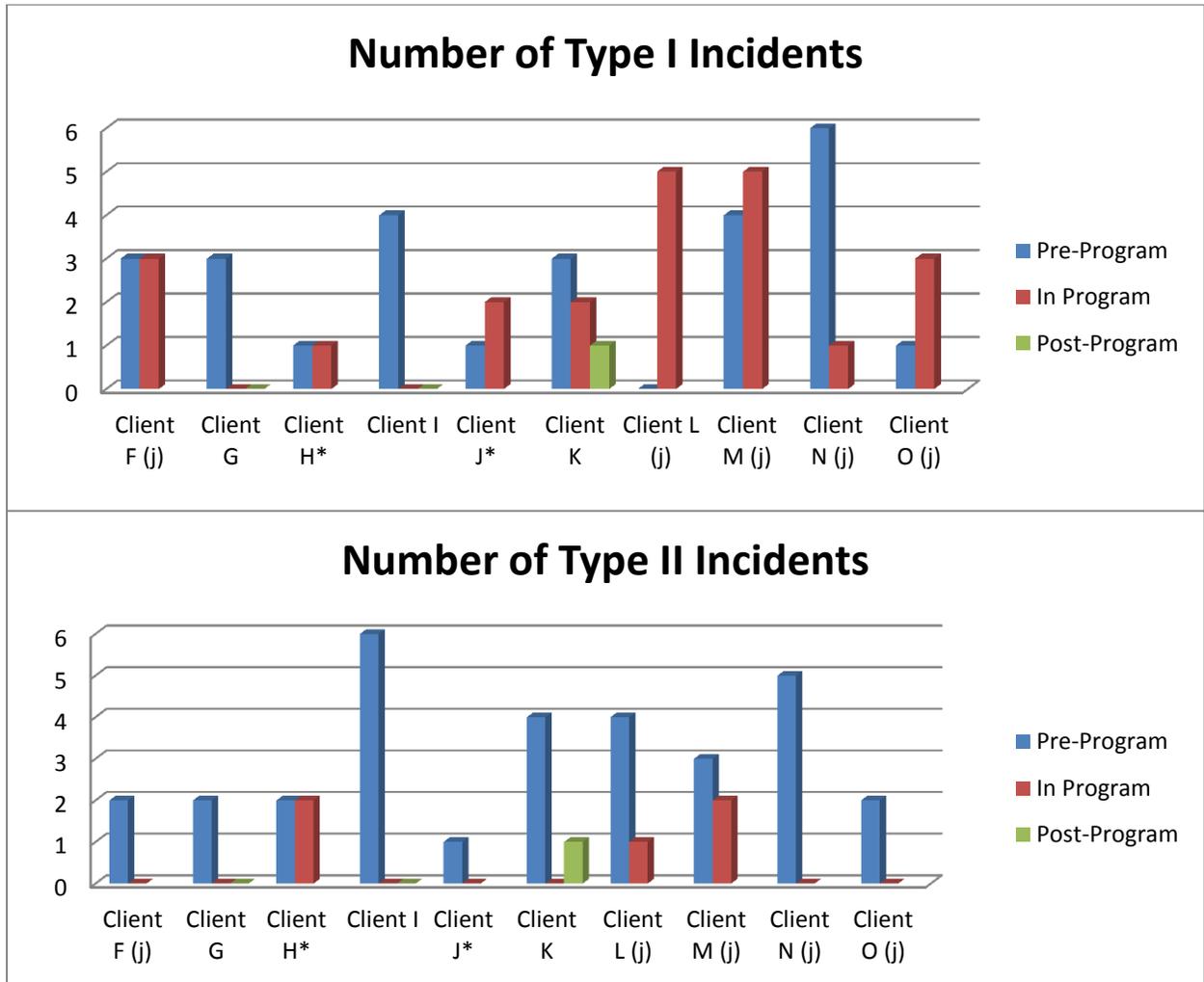


Figure 12 illustrates the frequency of Type I and Type II incidents for 10 discharged clients. The pattern of Type I incidents was different with the discharged clients than with the graduates. That is, there was not a consistent decrease for all clients from pre-program to in-program period. While there appeared to be a significant decrease in the number of incidents for three of the discharged clients, there was no change observed for two clients and the remaining four discharged clients had more Type I incidents while in-program than they did in the pre-program year.

However, even for discharged clients there was a consistent decrease in the number of Type II incidents when the pre-program and in-program time periods were compared. In the similar fashion as with the graduates, those discharged clients for whom post program information was available, showed a substantially lower number of incidents when pre and post program year were compared.

Figure 2. Type I and Type II Incidents – Discharged Clients



APPENDIX D

SROI CALCULATION CHART

Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
Substance Use					
<ul style="list-style-type: none"> • Residential Recovery programming • Court appearances • Drug testing • Recovery support network 	Participants abstain from use of drugs/alcohol	# of participants avoiding a mental/behavioral crisis due to abstaining from drugs/alcohol	Reduction in cost to provide acute care inpatient services to treat mental and behavioral disorders resulting from: <ul style="list-style-type: none"> • use of alcohol – H28 (\$6,368/stay) • use of psychoactive substances – H29 (\$5,061/stay) 	SROI Canada Financial Proxy List – H28 and H29	Taxpayer cost reallocation of \$11,429 (yr 2) <ul style="list-style-type: none"> • Alcohol related - \$6,368 for 1 participant and • Drug related - \$5,061 for 1 participant
	Participants reduce use of drugs/alcohol	# of participants avoiding a mental/behavioral crisis reducing use of drugs/alcohol			
	Prevention of Children’s Services investigating and taking custody of children	# of investigations by Alberta Children’s Services	Reduction in investigations (45 hours of Social Worker time, at \$37.32/hour = \$1,679.40/investigation)	http://www.mcf.gov.bc.ca/bcchildprotection/pdf/Workload_Training_and_Budget_Changes.pdf (Re: Hours to complete investigation) Alberta Wage and Salary Survey (re: hourly wage)	Taxpayer cost reallocation of \$0 (Future benefit discussed in assumptions)
		# of children in gov’t care	Reduction in government custody of children (\$66/day for foster care)	http://calgaryclosetohome.com/wp-content/uploads/2011/03/SROI-	Taxpayer cost reallocation of \$0 (Future benefit discussed in assumptions)



			Foster-Care.pdf	
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Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
Health					
	Prevention of health problems related to substance abuse	# of short term health effects (i.e. accidents, suicide, assaults, and other physical effects)	Reduction in use of walk in clinics (\$24.29/visit)	SROI Canada Financial Proxy List (H2)	Taxpayer cost reallocation of \$885.24 (yr 1) + \$590.16 (yr 2) <ul style="list-style-type: none"> 8 participants have 2 fewer visits in year one (\$295.08) and 3 fewer visits in year 2 (\$442.62) 10 participants have 2 fewer visits in year one (\$491.80)
			Reduction in use of emergency room (\$231/visit)	SROI Canada Financial Proxy List (H4)	Taxpayer cost reallocation of \$6,006 (yr 1) + \$3,696 (yr 2) <ul style="list-style-type: none"> 2 participants have 2 fewer visits/yr (\$462/yr) 6 participants have 2 fewer visits (\$2,772/yr) 10 participants have 1 fewer visits in year one (\$2,310 in year 1)
			Reduction in ambulance rides (\$361.49/trip)	Alberta's rising ambulance fee blasted - - C-Health	Taxpayer cost reallocation of \$722.98 (yr 1) + \$722.98 (yr 2) <ul style="list-style-type: none"> 2 participants have 1 fewer ambulance trip/year
			Reduced hospital stays – \$1,038/day	SROI Canada Financial Proxy List (H1)	Taxpayer cost reallocation of \$10,380 (yr 1) + \$10,380 (yr 2) <ul style="list-style-type: none"> 10 participants have 1 fewer hospital stays as a result of short-term illness or accident/year
		# of chronic illnesses (i.e. cancer, liver cirrhosis, infectious)	Reduced hospital stays – \$1,038/day	SROI Canada Financial Proxy List (H1)	Taxpayer cost reallocation of \$2,076 (yr 2) <ul style="list-style-type: none"> 2 participants have 1 fewer hospital stays as a result of chronic illness (year 2) – mostly future cost benefit



		disease)			
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Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
Use of Community Services					
Case management coordination and support for access to community resources	Participants access the services needed to address barriers to recovery and promote overall well-being	<p>Access to community supports and services including:</p> <ul style="list-style-type: none"> • Counselling (i.e. re: mental health, parenting, supportive counselling) • Employment training; • Financial management services (i.e. debt repayment) • Recreational programming • Legal Aid for non-criminal matters (i.e. Custody and Access) 	Community Services	<p>Alberta Wage and Salary Survey</p> <ul style="list-style-type: none"> • SS9 (Social Worker hourly wage= \$31.76) • Alberta Works Human Services hourly wage based on in-kind contributions data (\$33.65) • R1 – Cost of parks and recreation program = \$100 • J3 – Cost of Legal Aid = \$84/hour 	<p>Taxpayer cost allocations</p> <ul style="list-style-type: none"> • 2 participants use (\$1,270.40/yr 1 + \$2,816.41/yr 2): <ul style="list-style-type: none"> ○ 20 greater hours of counselling/parenting/mental health support services/year (2 x \$31.76/hr x 20 = \$1,270.40/yr) ○ 20 greater hours of employment training/yr 2 (\$33.65/hr x 20 = \$673/yr 2) ○ 10 greater hours of financial mgt/debt repayment services (2 x \$33.65 x 10 hrs = \$673/yr 2) ○ 1 greater recreation program in yr 2 (2 x \$100/program - \$200/yr 2) • 6 participants use (\$1,905.60/yr 1) + \$9,063.60/yr 2): <ul style="list-style-type: none"> ○ 10 greater hours of counselling/parenting/mental health support services/year (6 x \$31.76 x 10 hrs = \$1,905.60/year) ○ 10 greater hours of employment training/yr 2 (\$33.65/hr x 10 = \$2,019/yr 2) ○ 10 greater hours of financial mgt/debt repayment services (2 x \$33.65 x 10 hrs = \$2,019/yr 2) ○ 1 greater recreation program in yr 2 (6 x \$100/program - \$600/yr 2) ○ 1 greater Legal Aid access re: custody and access (6 x \$84/hr x 5 hrs = \$2,520) • 10 participants use (\$3,176/yr 2): <ul style="list-style-type: none"> ○ 10 greater hours of counselling/parenting/mental health services (10 x \$31.76 x 10 hrs = \$3,176/year 1)



Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
Crime					
10 week Criminal and Addictive Thinking program	Participants develop new patterns of thinking that protect against recidivism and relapse	<ul style="list-style-type: none"> # of incidents of criminal activity 	Reduction in cost of lost property due to theft - \$20,000/month for individuals with a serious drug addiction	CPS data	Taxpayer cost savings of \$2,160,000 (yr 1) + \$960,000 (yr 2) <ul style="list-style-type: none"> 2 participants stop property theft that they would have committed for 6 months/year (\$240,000/yr) 6 participants stop property theft that they would have committed for 6 months/year (\$720,000/yr) 10 participants stop property theft that they would have committed for 6 months in year one (\$1,200,000/yr 1)
			Reduction in police investigations - \$1,912	SROI Canada Financial Proxy List (J8)	Taxpayer cost reallocation of \$168,256 (yr 1) + \$168,256 (yr 2) <ul style="list-style-type: none"> 8 participants stop crimes that would otherwise be investigated by police on 6 occasions per year (8 x 6 x \$1,912 = \$91,776/yr) 10 participants stop crimes that would otherwise be investigated by police on 4 occasions per year. (10 x 4 x \$1,912 = \$76,480/yr)
			Reduction in use of Legal Aid - \$84/hour	SROI Canada Financial Proxy List (J3)	Taxpayer cost reallocation of \$36,960 (yr 1) + \$36,960 (yr 2) (based on estimate of 5 hours/case or \$420/case) <ul style="list-style-type: none"> 8 participants use Legal Aid on 4 fewer occasions/yr (8 x 6 x \$420 = \$20,160/yr) 10 participants use Legal Aid on 3 fewer occasions/yr (10 x 4 x \$420 = \$16,800/yr)



Crime Continued					
Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
			Reduction in court time (justice, crown, court security officer, court clerk) - \$2,000/process	Program data – in-kind contributions	Taxpayer cost reallocation of \$124,000 (yr 1) + \$124,000 (yr 2) <ul style="list-style-type: none"> 8 participants use court time 4 fewer times/yr (8 x 4 x \$2,000 = \$64,000) 10 participants use court time 3 fewer times/yr (10 x 3 x \$2,000 = \$60,000)
			Reduction in police attendance at court J9 - \$319/attendance	SROI Canada Financial Proxy List (J9)	Taxpayer cost reallocation of \$19,778 (yr 1) + \$19,778 (yr 2) <ul style="list-style-type: none"> Police attendance at court is required 4 fewer times/year for 8 participants (\$10,208); and 3 fewer times/year for 10 participants (\$9,570)
			Reduced incarceration (provincial prison) - \$143/day	SROI Canada Financial Proxy List (J5) Corrections and Conditional Release Statistical Overview (shows that more than 50% of cases involving one charge are incarcerated for 1 month or less)	Taxpayer cost reallocation of \$265,980 (yr 1) + \$265,980 (yr 2). <ul style="list-style-type: none"> 10 participants have 4 less terms of incarceration in year 1 = \$171,600 and 4 less in year 2 = \$171,600 (estimated 30 days of incarceration per conviction or \$4,290). 8 participants have 3 less terms of incarceration in year one = \$102,960 and 3 less in year 2 = \$102,960 (estimated 30 days of incarceration per conviction or \$4,290).
			Reduction in use of Probation Officer (\$25.86/hour) x 1 hour/week x	SROI Canada Financial Proxy List (J2) http://publications.gc.ca/Collection-	Taxpayer cost reallocation of \$16,912 (yr 1) + \$16,912 (yr 2) <ul style="list-style-type: none"> 10 participants have 35 fewer weeks of probation per year x \$25.86/hr (\$9051.00/yr) 8 participants have 38 fewer weeks of probation per year x \$25.86/hr (\$7,861.44/yr)



			average period of probation for one charge (14 months or 61 weeks)	R/Statcan/85-002-XIE/0019785-002-XIE.pdf	Reduction in probation time is estimated as the period of time between incarcerations for each participant group – as described directly above.
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Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
Employment					
Employment related skills development <ul style="list-style-type: none"> Resume writing and interview preparation Basic skills (i.e. notice of sick day, resignation) Computer skills Life skills Financial mgt Community resources Placement with supportive employer 	Participants more readily access and maintain employment	<ul style="list-style-type: none"> % change in annual taxes paid 	Increased annual taxes paid - F2 (\$908.88 annual taxes based on full-time minimum wage salary)		Taxpayer cost savings of \$79,552.56 (yr 2) <ul style="list-style-type: none"> 4 participants earn \$17.50/hr or \$35,000/yr on average, and pay \$4,681.44/yr in taxes in year 2 (4 x \$4,681.44 = \$18,725.76) 10 participants earn \$20.50/hr or \$41,000/yr on average and pay \$6,082.68 in taxes in year 2 (10 x \$6,082 = \$60,826.80) (Based on program data)
		<ul style="list-style-type: none"> # of incidents of employee turnover 	Reduced cost of employee turnover to employers (\$38,000 = estimated cost to employers of replacing a worker = 100% of average salary)	http://alis.alberta.ca/pdf/cshop/FindersKeepers.pdf	Taxpayer cost savings of \$1,064,000 (yr 2) <ul style="list-style-type: none"> 8 participants have 2 fewer changes in employment (\$38,000 annual salary x estimated cost to employer of 100% salary) in year two = \$608,000 6 participants have 2 fewer changes in employment (\$38,000 annual salary x estimated cost to employer of 100% salary) in year two = \$456,000
			Reduction in use of AEI income support F13 - \$6,997/year for single person with no children	SROI Canada Financial Proxy List (F13)	Taxpayer cost reallocation of \$55,976 (yr 2) <ul style="list-style-type: none"> 2 participants use income support for 1 less year in year 2 (\$13,994) 6 participants use 1 year less income support in year two (\$41,982)



Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
Employment - continued					
			Increase in payment of child support	Justice Canada - Child Support Online Lookup	Taxpayer cost savings of \$23,328 (yr 2) <ul style="list-style-type: none"> 6 participants begin making child support payments - based on child support payments for average salary of \$41,000 (6 x \$324/month x 12 months = \$3,888)
			Increase in payment of outstanding debts (vehicle insurance and legal fines)		Taxpayer cost savings of \$5,400 (yr 2) <ul style="list-style-type: none"> 6 participants pay outstanding debts of \$400 for vehicle insurance and \$500 in fines (\$900/person/yr)



Program Activities	Benefits	Indicators	Financial Proxies	Source	Cost Implications
Housing					
Support for access to stable housing	Participants access affordable housing	<ul style="list-style-type: none"> # of shelter stays 	Reduction in shelter stays - \$35,000 per person per year (\$35,000 total service and shelter cost and related social service costs) – or \$95.89/day	CBC: The fifth estate - No Way Home, The Cost of Homelessness	Taxpayer cost reallocation of \$109,144 (yr 1) + \$26,420 (yr 2) [Based on assumption that 15 participants used shelter services) <ul style="list-style-type: none"> 2 participants stay in shelter for 3 months less time/year (\$17,500/yr) 5 participants stay in shelter for 3 months less time/per year (\$43,750/yr) 8 participants stay in shelter for 2 month less time in year 1 (\$46,480/yr 1)
Recovery plan (for transition to community)	Participants sustain housing	<ul style="list-style-type: none"> # of failed tenancies 	Reduction in lost rent to landlords due to failed tenancies - \$707/month = average cost of bachelor suite in Calgary	http://www.calgary.ca / layouts/cocis/DirectDownload.aspx?target=http%3A%2F%2Fwww.calgary.ca%2FCSPS%2FCNS%2FDocuments%2Fhomelessness%2Fff-04 affordable housing calgary.pdf&noredirect=1&sf=1	Taxpayer cost savings of \$12,726 (yr 1) and \$5,656 (yr 2) <ul style="list-style-type: none"> 8 participants have one fewer failed tenancies in year one and year two 10 participants have 1 fewer failed tenancy in year one
		<ul style="list-style-type: none"> # of participants using subsidized housing 	Cost of subsidized housing estimated as \$707/month average rent, minus \$200/month income support for rent = \$507/month.	SROI Canada Financial Proxy List – HSE 1	Taxpayer cost allocation of \$24,336 (yr 2) <ul style="list-style-type: none"> 4 participants use subsidized housing in year 2 (4 x \$707/month average rent - \$200/month rent paid through income support = \$507 x 12 months (x 4) = \$24,336) (Based on assumption that 4 participants are not employed at a wage sufficient to pay non-subsidized housing rates)



