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

CALGARY DRUG TREATMENT COURT

2014 EVALUATION REPORT

CALGARY DRUG TREATMENT COURT SOCIETY

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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 at the Calgary Courts Centre.

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 an alternative for drug addicted offenders that integrates justice, social and health services and treatment, 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 and has now secured funding until March 2018. The current CDTC Board of Directors includes representation from Calgary Police Services, Private-Corporate sector, Provincial Prosecutions Branch, Court Manager and other Not for Profit sector organizations. The program currently employs an Executive Director, a Clinical Director and two Case Managers who provide the following services:

- Manage general addiction treatment – provided in residential and/or Day Treatment programming (12-step or 16-step program, or SMART Recovery);
- A CDTC 12-week day program that serves either as an alternative or an addition to residential treatment for participants, depending on their needs;
- 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;
- Employment supports and skills development;
- Budgeting and financial management supports;
- Family counseling depending on needs;
- 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;
- Cognitive behavioral intervention and moral reconnation programming and related referrals;
- Connection to Elders and traditional practices e.g., sweat lodges; and,
- Basic needs supports such as food, damage deposit, Alberta Works rent and income supports until they are able to work, etc.

CDTC aligns its resources by utilizing existing community services so as not to reproduce existing expertise and to reduce redundancies and limit costs. The program has developed strong linkages with numerous addiction treatment services and related programs in Calgary and surrounding area. Those programs include residential treatment options, day programs, as well as other ancillary services and community agencies that are needed to support CDTC clients (e.g., health, financial, skill development, employment and housing) and that work with a wide variety of client groups (e.g., men, women or Aboriginal participants). CDTC partners that provide recovery-related services include:

Addiction Treatment Facilities

- Simon House Recovery Centre for men
- Aventa for women
- South Country (Lethbridge) for men and women
- Shunda Creek (Enviros) supports young men aged 18 to 24 and their families.
- Poundmaker's Lodge Treatment Centre
- 1835 House

Housing Agencies

- Calgary Dream Centre
- Calgary John Howard Society (various housing options and services)
- Mustard Seed Tower
- Keys to Recovery
- Victory Manner
- Centre of Hope
- YWCA Mary Dover House
- Salvation Army Women's Integrated Supportive Housing program
- Youville Residence
- Servant's Anonymous Society

Day Programs

- Alberta Health Services
- 1835

1.3 Program Process

The applicants to the program are first screened by the City Police Service and 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 charges[2]. 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. In addition to meeting these eligibility requirements, applicants for the program are required to be:

- Adult drug-addicted offenders who live in Calgary and who are over the age of 18;
- Dependent on methamphetamine, cocaine, heroin, or another opiate;
- 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; and,
- Assessed by the program's drug treatment providers as being suitable for treatment, such that mental health or other barriers are not excessive and preclude effective participation in the program.

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,

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

- 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.

Applicants whose admission is recommended by the CDTC pre-court team are offered an opportunity to enter a judicially supervised drug rehabilitation program. Once admitted, the participants are eligible for stage advancement at four points during the program in response to completing specific program requirements. The previous three-stage approach was revised in 2014 to include five stages in order to increase attention to phase advancement and participant's progress both by the participants themselves and the members of the staff team. Stage advancement is announced in court and recognizes participants' progress in the program. The stages are briefly described below:

Stage 1 – Intensive Treatment (12 weeks)

The focus of Stage One is addiction treatment. Participants either attend a residential addiction treatment program or the CDTC Day Program depending on treatment assessment and program availability. In order to go on to the next stage in the CDTC program, participants must complete the required substance abuse treatment program, must attend Court and support group meetings, be compliant with the program requirements and spend at least 12 weeks in the program.

Stage 2 – Developing Your Recovery Skills (12 weeks)

The focus of this stage is putting into action what was learned in treatment. In this stage the participants no longer attend an addictions program during the day, but are expected to attend a minimum of 3 support groups per week that work best for their recovery and to continue attending court on a weekly basis. They are also expected to declare a home group and to have a committed sponsor.

They must also obtain sober/drug-free housing as well as employment. Those housing options include supportive, sober-living housing attached to a treatment program that the participants may have attended in Stage 1. In order to gain employment the participants can work with Alberta Works Career and Employment Consultant affiliated with CDTC. The participant graduates to Stage 3 when all these conditions, as well as demonstration of 5 weeks compliant behaviour, are met.

Stage 3 – Practical Application (12 weeks)

This stage allows the participants to continue to incorporate recovery and CDTC program into the daily living. By this time the participants will have obtained full-time approved employment, can apply for decreased Court attendance, will have developed a budget (if needed with the help from Alberta Works), will continue attending support and Home group meetings and have weekly contact with the full-time sponsor. They will be able to graduate to the next stage if they meet all these requirements and have demonstrated compliance for a period of at least 8 weeks.

Stage 4 – Community Transition (3 months)

The focus of this Stage is on developing community supports and connections. One important element is developing a "safety net", or support system beyond the CDTC team and including people, places and things that support the individual's recovery. The participants are expected to become involved in some service/volunteer work and document 5 hours of volunteer activity for 3 months. Expansion of leisure time activities is also encouraged during this stage to provide an opportunity to broaden the participant's life. During this stage the participants are expected to continue their involvement with the support group, the sponsor, the Home Group as well as demonstrate achievement of employment, money management and housing expectations as in the previous stages. Finally, they are required to complete the CDTC Criminal and Addictive Thinking Course to support relapse prevention planning.

Stage 5 – Graduation

Graduation can take place after completing a minimum of one year in the program. In order to apply to graduate from the CDTC program the participants must meet the following requirements.

- Complete 12 consecutive months in the CDTC program;
- Have a minimum of six months consecutive negative (i.e., clean) drug and alcohol tests at some point during your involvement with CDTC program;
- Be drug and alcohol-free with negative (i.e., clean) drug and alcohol tests for at least the 3 months immediately prior to graduation;
- Successfully complete a substance abuse treatment program;
- Have no new criminal charges during the six months immediately prior to graduation;
- Have successfully completed the Criminal & Addictive Thinking Program;
- Have suitable housing and demonstrated "Wellness Living" circumstances for 3 months immediately prior to graduation. In some cases, depending on the needs of the participant, alternatives to full-time employment are considered including volunteerism, enrollment in an educational program, and/or full-time commitment to parenting. Wellness living also means regularly attending meetings, and having an involved Sponsor; and,
- The participant demonstrates an acceptable Relapse Prevention Plan that includes participation in community-based recovery programs and addresses the ongoing needs of the individual from a bio-psycho-social perspective.

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 through frequent meetings with the CDTC Counselor/Case Manager, supervision of release conditions by a Probations Officer, 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 CDTC Evaluation

This document represents a fifth evaluation report, supplementing previous reports and summarizing information about CDTC activities from its inception up to December of 2014. This document represents an update to the earlier evaluation reports. Where possible, the results are compared across five service periods: 1) start-up to February 28, 2008; 2) March 1, 2008 to March 30, 2010; 3) April 1, 2010 to March 30, 2012 ; 4) April 1, 2012 to March 30, 2014; and 5) March 30 2014 to December 2014. In some instances, in order to speak to the data in a more meaningful way, the most recent period was aggregated together with the 2012/2014 service period data.

These periods were selected to reflect the progress of the program, fiscal year periods and available funding. The first period reflects minimal funding ($50,000 annually), the second period reflects a period of fluctuating funding, while the last two periods had funding levels closer to that of federally funded drug courts. 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 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 and is attached in Appendix A.

Client screening: Documentation provided by CDTC Crown was used to describe Crown screening processes and results (Section II).

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 (SPin). This information is discussed in Section III.

Client retention, participation and outcomes : Information about retention, client participation in program processes and outcomes were documented using information from the weekly updates on client progress. Sections III, IV and V discuss information about client retention, outcomes related to relapses and stability indicators, additions, recidivism as well as client feedback about the program gathered using Exit Surveys.

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 was discussed in the previous, 2012 report.

SECTION II. PARTICIPANT SCREENING

As discussed in the program description section, clients must take several screening and application steps in order to be accepted into the program. These are in place to ensure that the applicant meets legal requirements and whose mental health and addiction needs can be addressed through program offerings.

2.1 Screening Process

Most referrals to CDTC come from defence lawyers or the Remand Centre staff and others 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.

Crown screening is followed by the treatment screening which is comprised of an interview and administration of the standardized assessment tool (SPin). Treatment assessment helps determine presence of addiction to eligible substances (i.e., methamphetamine, cocaine, heroin or another opiate) and examines applicant's suitability to participate in treatment, focusing, in particular, on whether there are any significant mental health issues or other issues that may create challenges for the client in the program.

Length of Application Processing

As shown in Table 1 below, it takes about two months to process most applications (median of 55 days). In some instances the process is significantly slower, particularly where time is required for a police check. Moreover, some applicants take a long time to decide whether or not CDTC is the right program for them, resulting in somewhat lengthy periods between the date of arrest and date of application to the program[3].

Table 1. Length of Application Processing (Days)

	Min	Max	Mean	Median	N
From date of arrest to date application received by Crown	0	861	79	49	204
From date application received to police check received	0	700	31	22	141
From date application received to CDTC admission	0	561	78	55	76

[3] Information was incomplete, particularly in the early stages of program implementation. Analysis in this section reflects the data that was available.

CDTC Crown data suggests a decreasing length of time in application processing, if the initial start-up period, which resulted in acceptance of a very small number of participants, is excluded. As shown in Table 2 below, the average and the median number of days between application to Crown and date of program admission has been decreasing over the last three service periods – from a median of 64 in the 08/10 to a median of 47 in 12/14 service period.

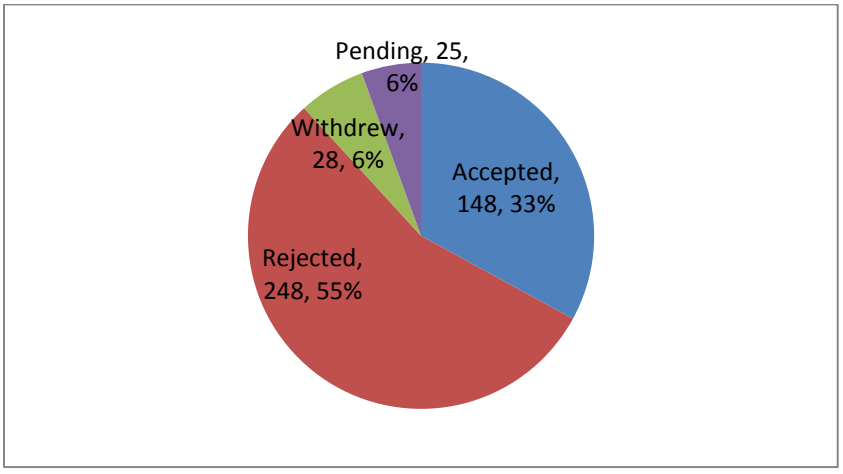
Table 2. Length of Application Processing (from application to admission date) by Service Period

Service Period	Minimum	Maximum	Mean	Median	N
May 1/07 to Feb 28/08	0	163	42	21	6
Mar 1/08 to Mar 30/10	0	561	96	64	27
Apr 1/10 to Mar 30/12	0	486	92	55	23
Apr 1/12 to Dec 31/14	0	120	49	47	20
Total	**0**	**519**	**80**	**55**	**76**

2.2 Screening Results

As shown in the Figure 1 below, in the period between January 2007 and December 2014, CDTC Crown reviewed a total of 449 applications and has accepted about 33% or 148 applicants.[4]

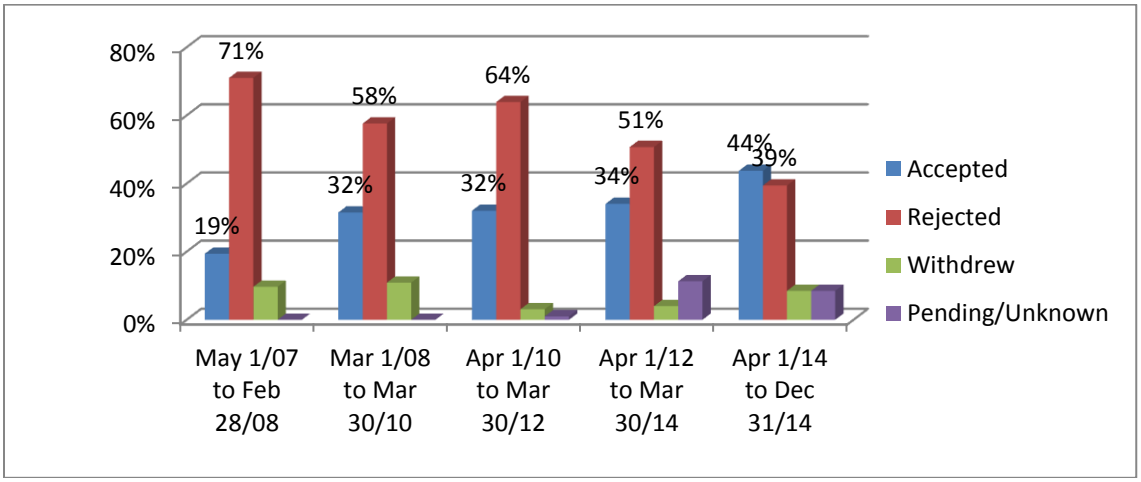
Figure 1. CDTC Screening Results



[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) were not formally tracked and are not included.

As shown in Figure 2, the acceptance rates have increased consistently over the CDTC implementation period. The program now rejects proportionally fewer applicants than it did at its inception (from 71% in the earliest program period to 39% in the most recent service period). Conversely, the acceptance rates have increased from 19% to 32%, 34% and 44%. The acceptance rates in the most recent time period are likely to change due to the fact that the year has not yet concluded and a number of applications are pending for review by the Crown.

Figure 2. Change in CDTC Acceptance/Rejection Rates by Service Period



The reasons for refusing admission were grouped in 8 different categories and often there were more than one reason for the decision. As shown in Table 3 below[5], perceived risk to the community was the most frequently cited reasons for non-acceptance (documented in almost half of the cases where this information was available) followed by individuals facing jail sentences less than 1 or more than 3 years (20%), those with offences for commercial gain (10%), those who had criminal or gang affiliations (8%) and those whose mental health issues were judged beyond the capacity of the program to manage (7%). 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.

[5] The data in the table is based on information that was available and does not include cases that are pending or for whom reasons for rejection were not given.

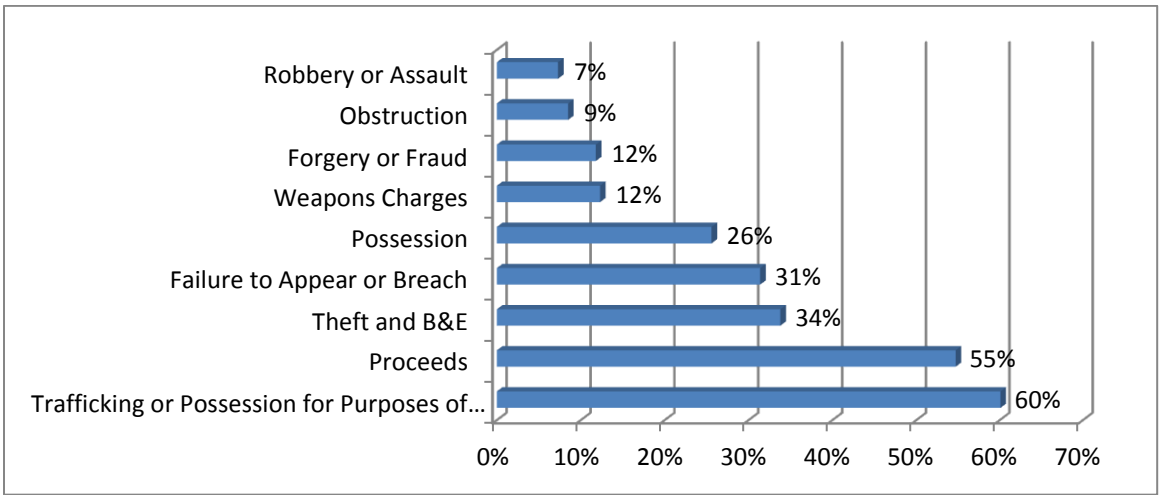
Table 3. Reason for Rejection

	Number	Percent
Risk to community	109	45.6%
Jail sentence less than 1 or greater than 3 years	48	20.1%
Commercial	23	9.6%
Has connection to gang/criminal organization	19	7.9%
Serious mental health	17	7.1%
Consumption in car	7	2.9%
Facing deportation	7	2.9%
Prior participation in DTC	6	2.5%
Under 18	2	0.8%
Offence near a school or place frequented by children	1	0.4%
Total	**239**	**100.0%**

Charges and Screening

The charges that were pending for the applicants at the time of CDTC screening fit into eight general categories reflected in Figure 3 below (in most cases applicants were charged with multiple offences). As shown in the figure a majority of applicants were charged with trafficking or possession for the purpose of trafficking as well as possessing the proceeds of crime (between 55% and 60% respectively). A large proportion of clients were also charged with theft-related offences (34%), failure to appear in court, probation breaches or breaches of recognizance (31%) and about 26% were charged with simple possession. The remaining types of charges for minority of the applicants (13% or fewer) included weapons charges, forgery or fraud, obstruction and robbery or assault charges.

Figure 3. 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 may 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 51% of the applicants) or the CDTC appointed Provincial Crown which manages files with offences such as break and enter, theft and assault (45%) and 4% were managed within both jurisdictions.

SECTION III. RETENTION

3.1 Number of Clients Served

Once in program, the clients are expected to report to probation officer as directed, follow the conditions of their CDTC bail order, follow the treatment direction of the CDTC treatment team submit to random drug tests, attend, on a weekly basis, the Drug Treatment Court, and, if they are in a residential placement, to follow the rules and policies of that placement. Participants can be discharged from the program and returned to court for sentencing or be asked to leave the residential treatment program prior to completion if they commit a new offence or if they 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.

Between May 2007 and December of 2014 the program accepted 148 applicants. 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. There were 120 clients who were formally considered as CDTC participants and 28 applicants who withdrew within one month of admission. The 28 applicants are not included in this discussion or the table below because they have not been in the program long enough to experience any type of impact.

The number of clients served by the program depended, over the years, on the amount of funding available as well as the time that it took to initially develop the program and its policies. The information in this report compares client information across service periods that have been selected to account for the start-up phase as well as the earlier phases during which the program was not fully funded.

As shown in Table 4 below, the program has been able to consistently accommodate a higher number of active clients within each subsequent service period: from 6 in its start-up period, to 26 in the 2008 to 2010 time span, 41 in the 2010 to 2012 service period, 59 in the 2012 to 2014 time frame and 45 in the first nine months of the current service period.

Table 4. Number of Clients Served by Service Period

Service Period	Number Served
May 1/07 to Feb 28/08	6
Mar 1/08 to Mar 30/10	26
Apr 1/10 to Mar 30/12	41
Apr 1/12 to Mar 30/14	59
Apr 1/14 to Dec 31/14	45
Total	120

Tables 5 and 6 illustrate the CDTC client retention rates. Table 5 shows retention rates reflecting the service period in which the clients were admitted. Table 6 shows retention rates reflecting the service period in which the clients completed the program and, therefore, includes only clients who have left the program.

Table 5 describes the percentages as a proportion of all clients admitted in a particular service period and includes clients currently in program as well as those who have left the program. The table shows the reduction in discharge proportions (from 70% in early program stages to about 40% and 50% later on[6]). The graduation and discharge rates for the two most recent service periods are preliminary in this table because almost half of the participants are still in the program.

Table 5. Program Status by Service Period of Admission

Service Period	**Discharged**		**Graduated[7]**		**In Program**		**Total**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2007-2008	3	50.0%	3	50.0%	0	0%	6	100%
2008-2010	14	70.0%	6	30.0%	0	0%	20	100%
2010-2012	11	40.7%	16	59.3%	0	0%	27	100%
2012-2014	21	50.0%	12	28.6%	9	21.4%	42	100%
2014-2015[8]	1	4.0%	0	0.0%	24	0.0%	25	100%
Total	**50**		**37**		**33**		**120**	**100%**

Table 6 most accurately describes the program's graduation and discharge rates, because it takes into account only those clients who have completed the program in either of the five service periods. Inclusion into this calculation of the clients who are still in the program would not reflect those who will likely graduate or others who would be discharged and would not, therefore, represent the true rates, comparable across service periods.

Table 6. Program Status by Service Period of Program Completion

Service Period	**Discharged**		**Graduated**		**Total**	
	Number	Percent	Number	Percent	Number	Percent
2007-2008	0	0.0%	0	0.0%	0	100%
2008-2010	9	75.0%	3	25.0%	12	100%
2010-2012	13	54.2%	11	45.8%	24	100%
2012-2014	22	56.4%	17	43.6%	39	100%
2014-2015	6	50.0%	6	50.0%	12	100%
Total	**50**		**37**		**87**	**100%**

[6] The proportions in the first service period are less meaningful given the overall small number of participants

[7] Note that the number of graduates includes one client who was described as "Engaged Discharged". This client remained in the program for a full two years and was discharged on the day before his scheduled graduation.

[8] to the end of December 2014

As can be seen from Table 6 there were no clients who left the program (or who were either discharged or who graduated) in the first service period. According to the information in the table, over the course of the last two service periods graduation rates have increased from about 25% to 50% and discharge rates dropped from 75% to about 50%.

3.2 Length of Stay and Completion Status

Clients are expected to remain in the program for a period of at least one year. The average length of stay in the program is consistent with this requirement – clients remain in the program an average of about 13 months (386 days). Over half of the clients (59%) remained in the program for one year or longer.

The clients were generally discharged for a combination of reasons which often included being absent without leave, chronic noncompliance, chronic relapse and their own choice to withdraw from the program. In 2014 CDTC has developed and implemented a dismissal policy to ensure that clear and consistent approach is used to make dismissal decisions. The policy states that a dismissal from the program may occur when:

- A participant absconds from the program;
- A participant fails to meet the basic minimum program requirements for participation in CDTC;
- An adequate/suitable addiction treatment option is not available to meet the participant's addiction treatment needs; or
- A participant demonstrates repeated non-compliance with the proximal goals of the program, which continues despite progressive court sanctions along with other program interventions.

Not including those who left within one month, there were a total of 87 clients who left the program, including 50 who were discharged and 37 who graduated. Analysis with respect to the length of time in program was done on those clients who were discharged or graduated to determine association between length of time in program and graduation status (Table 7).

Overall, the participants remained in the program for an average of about 13 months. Predictably, clients who graduate are likely to remain in the program for a longer period of time than the clients who are discharged (an average of about 17 months as compared to about 10 months for the discharged clients). Moreover, and as shown in Table 7 below a relatively large proportion of discharged clients (n=15, representing an additional 17% of all 87 clients who left the program or 30% of the 50 clients who were discharged) remain in the program for one year or longer. Judging by the length of their stay in the program, these clients may have been able to make substantial progress in spite of their discharge status.

Table 7. Months in Program by Program Completion Status

Months in Program	Discharged		Graduated		Total	
	Number	Percent	Number	Percent	Number	Percent
3 months or less	6	12.0%	0	0.0%	6	6.9%
between 3 and 6 months	15	30.1%	1	2.8%	16	18.4%
between 6 months and 1 year	14	28.0%	0	0.0%	14	16.1%
between one year and 18 months	7	14.0%	25	67.6%	32	36.8%
18 months or longer	8	16.0%	11	29.7%	19	21.8%
Total	**50**	**100.0%**	**37**	**100.0%**	**87**	**100.0%**

As shown in the Table 8, added together, the proportions of graduates and the long-stay discharges have increased over the last 5 service periods, now at almost 60% of all clients who left the program.

Table 8. Percent of Engaged Clients by Service Period

Service Period	Number Graduated	Number Long-Stay Discharges	Total Discharged & Graduated	Percent of Engaged Clients
2007-2008	0	0	0	0.0%
2008-2010	3	2	12	41.6%
2010-2012	11	7	24	75.0%
2012-2014	17	5	39	56.4%
2014-2015	6	1	12	58.3%
Total	**37**	**15**	**87**	**59.8%**

SECTION IV. CLIENT DESCRIPTION

This section summarizes information about 120 clients who were accepted into the program between May of 2007 and December 2014 and who remained in the program for one month or longer. The section discusses demographic characteristics, stability, health and addiction-related factors. Where possible and relevant, the discussion identifies differences, between clients accepted in the five service periods and examines the interaction between client characteristics and retention in the program.

4.1 Demographic Characteristics

CDTC gathered information about clients' gender, age and ethnocultural background. Overall, the program's composition is about 80% male, on average 34 years of age (with majority of the participants - about 77% - aged 40 years of age or younger), and primarily of European origins (65% as compared to 22% of FNMI and 13% of clients with other backgrounds, e.g., Caribbean, Asian and African). The service period break-down is provided in Table 9 below.

Table 9. Clients' Demographic Characteristics by Service Period of Admission

	2007-2008		**2008-2010**		**2010-2012**		**2012-2014**[9]	
Gender	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Male	5	83.3%	14	70.0%	20	74.1%	56	83.6%
Female	1	16.7%	6	30.0%	7	25.9%	11	16.4%
Age (average)	(36.0)		(32.6)		(34.4)		(33.1)	
under 30	2	33.3%	10	50.0%	10	37.0%	21	31.8%
31 to 40	2	33.3%	6	30.0%	10	37.0%	30	45.5%
41 or older	2	33.3%	4	20.0%	7	25.9%	15	22.7%
Ethnocultural background[10]								
FNMI	1	20.0%	4	20.0%	9	37.5%	9	15.5%
European	1	20.0%	12	60.0%	14	58.3%	43	74.1%
Other	3	60.0%	4	20.0%	1	4.2%	6	10.3%

According to the information in the Table 9, there were some minor differences in client composition across three programming periods. Most notably, the program accepted a lower proportion of female clients in the 2012-2014 service period (about 16% as compared to about 30% between 2008 and 2012). This is a result of fewer women applying to the program and others not meeting basic eligibility screening – which appears to be a common occurrence across other court programs.

[9] To December 2014
[10] Ethnocultural background was documented for 107 participants

Additionally, the program now appears to accept more clients in the mid age range (31 to 40) and fewer of the youngest under 30 age group or 41 years of age and older group (33%, 30%, 37% and 46% were 31 to 40 years of age). Finally, in the most recent service period the program has accepted proportionally more clients with European origins (74% as compared to 58%, 60% or 20% in earlier service periods)[11].

Retention and Demographic Characteristics

- Female clients are more likely to graduate than male clients. Fifty three percent of female clients who left the program graduated, as compared to 40% of male clients. This information confirms other research suggesting that women do better in treatment than men (NADCP, 2012).
- Youngest clients (30 or younger) are least likely to graduate as compared to the 31 to 40 age group or the oldest client group (41 or older) (25%, 50%, and 63% respectively of those who left the program). 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 tend to have used substances since early age and bring more behavioural and developmental problems that can be more difficult to manage in residential treatment settings.
- FNMI clients are the least likely to graduate (of those who were FNMI and left the program 32% successfully graduated as compared to 48% of the clients with European origins and 42% of the clients of other backgrounds.)

4.2 Stability Factors

At the time of arrest[12]:

- 91% were earning less than $15,000 per year, and all but 2 of the clients for whom this information was available earned most of their income illegally prior to admission to the program (e.g., through drug trafficking, theft, prostitution and fraud);
- 62% did not graduate high school;
- 73% were unemployed; and,
- 47% were living in a homeless shelter or on the street and an additional 37% did not have permanent housing and were living with their friends or family or in transitional housing.

Less than half of the clients (44%) indicated that they had someone to whom they could go for support (usually family or friends). Forty five clients (37%) also indicated that they had children under 18 years of age, 20 clients (17%) had children who were under 6 years of age and two clients were pregnant at the time of their admission to CDTC. There were only 5 instances in which children were living with the clients at the time of their admission to the program.

[11] These comparisons are subject to completeness of data gathered – demographic information gathered was much more comprehensive in the final service period than in the first two service periods.
[12] Percentages based on total respondents with this information

About 74% or 89 clients had physical or mental health concerns at the time of intake. Those conditions ranged from treatable problems such injuries, allergies, migraines and eating disorders (n=45, 38%), to serious chronic problems requiring on-going management such as heart problems, Hepatitis C, HIV and chronic pain (n=61, 51%) or mental health concerns such as depression, anxiety, bi-polar disorder, schizophrenia, PTSD, anti-social personality disorder, panic disorder (n=43, 36%). Additionally, 58 clients had dental problems and 34 had problems with eyesight. Furthermore, 17 clients had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), and 3 with Fetal Alcohol Spectrum Disorder (FASD).

4.3 Assessment

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 to support CDTC program evaluation. The applicants accepted by the Crown complete an initial assessment, which contains detailed information about applicant's background, drug use and mental health history. CDTC currently uses Service Planning Instrument ($SPIn_{tm}$) by Orbis Partners to gather necessary assessment information, it is also used to determine client's eligibility for the program.

The SPIn includes pre-screen and full assessment versions. The Pre-Screen employs 30 predictive static and dynamic items that yield classifications of "low", "moderate", and "high" risk of reoffending. As a time saving device, the Pre-Screen rapidly identifies the "moderate" and "high" risk cases that will need more intensive services. For cases that pre-screen as higher risk, the Full Assessment is recommended as a method for developing a detailed profile of the dynamic risk factors that will become the focus of case planning. Using SPIn software, Pre-Screen results are displayed for Static and Dynamic risk using "low", "moderate", and "high" risk levels. The Pre-Screen software also produces a list of the key need "areas of concern" (e.g., aggression, substance abuse, employment, etc.) that are likely to provide direction for case planning and supervision priorities.

The Full Assessment includes 90 to 95 items and builds on the Pre-Screen to provide a more detailed case planning assessment of risk, needs and strengths. The Full Assessment contains many items that easily translate into case plan goals or "targets". There is a concentration of dynamic items (both need and strength) that can be reassessed as the offender's supervision proceeds. The Full Assessment ensures that the case plans and the ongoing monitoring of the offender's progress is based on factors that are behaviorally based and grounded in current research on factors that affect offending. The software component that generates Full Assessment results has been designed to allow for an integrated approach to case planning. The results of the full assessment and the case planning steps are linked with functionality that encourages case analysis and tracking of progress.[13]

[13] Above reproduced from http://orbispartners.com/wp-content/uploads/2014/07/SPIn-Brochure.pdf

CDTC began using SPIn in October of 2013. Since that time a total of twenty three clients completed SPIn assessments. As shown in Table 10 below, the highest risk factors for these clients included substance use, social influences (i.e. anti-social peers), mental health issues and criminal history. The lowest risk factors (and highest protective factors) included positive attitudes, lack of violent history, and low aggression. These results support the idea that, for most clients, addictions (that ultimately result in criminal involvement) represent a way of coping with pre-existing mental health issues and concerns.

Table 10. SPIn Risk Factors

Risk Factor	High	Moderate	Low	None
Substance Use	78%	17%		
Social Influences	61%	13%	22%	4%
Mental Health	57%	13%		
Criminal History	52%	30%	13%	4%
Response to Supervision	39%	17%	4%	39%
Stability	39%	39%	9%	13%
Family	30%	39%	22%	9%
Social/Cognitive Skills	13%	26%	35%	26%
Employment	9%	22%	9%	61%
Attitudes		22%	26%	52%
Violent History			35%	65%
Aggression			9%	91%

4.4 Addictions

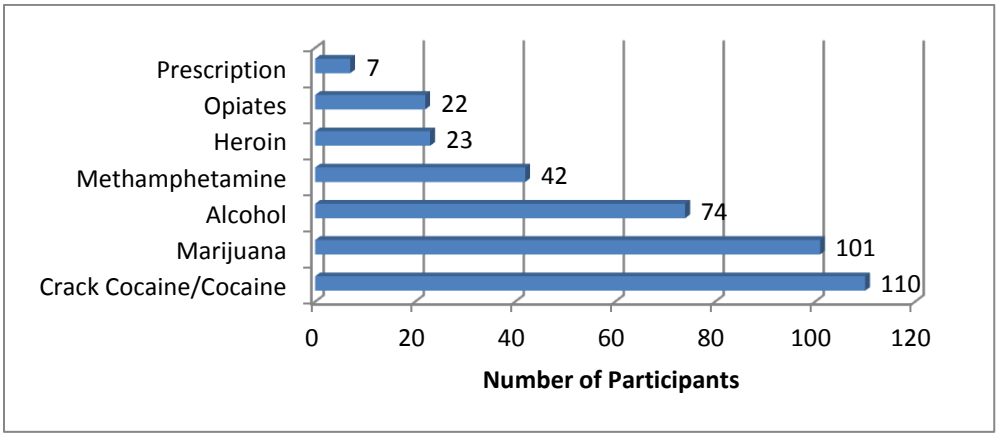
All clients admitted to CDTC met the DSM criteria for addiction, defined as "a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period": This pattern is further defined as:

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, or cocaine, or heroin, or another opiate. Figure 4 provides information about the clients' drugs of choice. Almost all clients who answered this question were addicted to cocaine or crack cocaine (n=110 or 92%) and a large majority (n=96, 80%) also had multiple addictions – generally these were addictions to cocaine and alcohol.

A substantial number of clients – about 35% – were also addicted to methamphetamine, 19% were addicted to heroin, 18% to opiates and 7 client or about 5% were addicted 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.

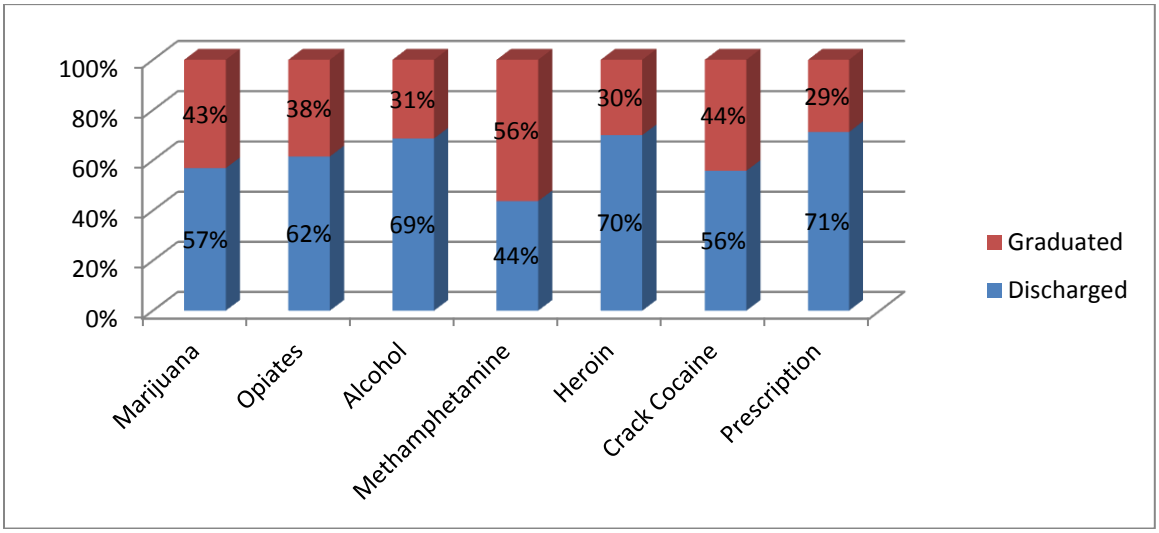
Figure 4. Participants' Drugs of Choice



For most clients these addictions were long-standing – for example, 92% of those with Alcohol addictions and 60% of those with Cocaine addictions started using at 18 years of age or younger. At least 65% of the clients had attempted to address their long-standing addiction problems prior to their admission to the Drug Treatment Court Program and for many the program was an option of last resort. Almost all of the previous services were residential treatment options, however, none of these services included a judicial component. Such treatment options included Aventa, Alpha House, Calgary Dream Centre, Centre of Hope Salvation Army, Fresh Start, Sunrise Native Addictions, Native Healing Lodge, Henwood in Edmonton, Servants Anonymous, Bonnyville, Simon House, Serenity Ranch, Shunda Creek, 1835, and Poundmakers. They also included day treatment programs such AADAC, Teen Challenge, NAS, Roof Program and Enviros.

As shown in Figure 5 below, choice of drug was associated with the clients' retention. Those who used heroin, alcohol, and prescription drugs and were least likely to graduate – 70%, 69% and 71% respectively were discharged, as compared to 56% of those who used crack/cocaine, 57% of marijuana and 44% 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 5. 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

Housing

The treatment assessment team recommends particular type of addiction program that is most suitable to client's needs – including residential treatment or day programs. At program admission, those in residential treatment are housed in one of the several treatment centers and others live in the community housing. When they move into Stage II, usually after about 3 months in Stage I, all participants begin seeking a longer-term housing alternative which must be in place at least three months before they exit the program.

All of the 37 clients who have graduated before December 31, 2014 had some type of stable housing in the community upon program exit. This included 18 clients with their own residence in the community (including regular apartments, subsidized apartments as well as housing-first options), 12 who were in a long-term transitional housing, (e.g., Calgary Dream Centre, Simon House, Key to Recovery) and 6 clients who shared community housing with their families and sometimes friends.

Employment

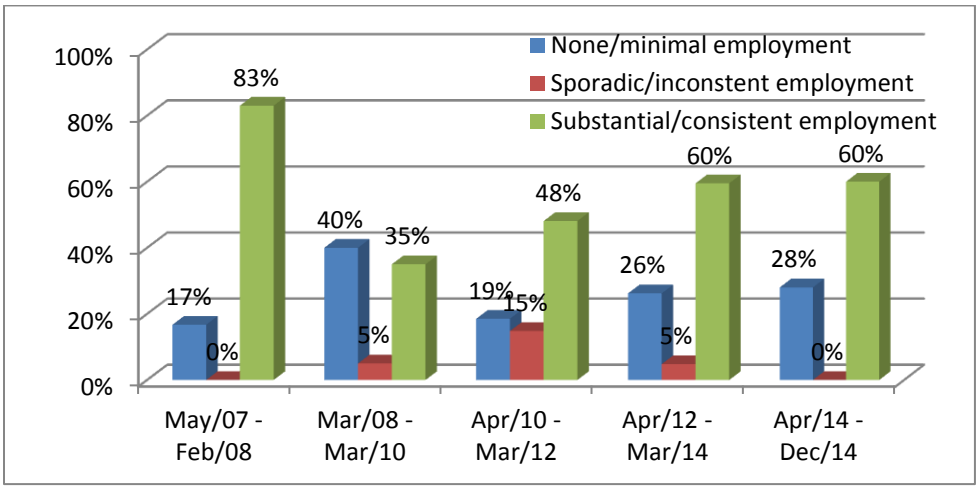
In late 2009 CDTC began a formal employment program which was a partnership among CDTC, Alberta Works and several private employers in the community. The program seeks to help address barriers those with addictions often experience in the workplace. The graduates are expected to have a minimum of 3 months of employment prior to graduation.

In total, over half (65 of 120 clients) have retained substantial and consistent employment over the course of the program, about a third (n=32) were not employed or had almost no employment and an additional 6% (n=7) had sporadic or inconsistent employment. Other clients were either not eligible for employment because they were in Phase I of the program (n=3), were unable to work (n=6) or were attending school (n=2).[14] Consistent with program requirements, 84% of graduates have had stable and consistent employment while in program as compared to 26% of those who were discharged.

[14] Employment status was unknown for 5 clients all of whom were discharged from the program

The rates of successful employment have been increasing over the course of program operations. As shown in Figure 6 below, with the exception of the first service period which was based on a total of 6 participants, the rate of substantial/consistent employment has increased from 35% in the 08/10 service period to 60% in the most recent service period.

Figure 6. Participants' Employment Stability by Service Period



Health

CDTC also links program clients with health resources and helps them develop linkages with positive support systems. For example a large majority of CDTC clients (about 74% or 89%) had physical or mental health concerns at the time of intake. 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, linkages with CUPS for HIV and HepC support as well as both CUPS and Sheldon Shumir health centre for chronic illness management. Additionally, CDTC provided to the clients accompaniment to medical appointments, support with medication management, and assistance to address pregnancy-related complications. In general, CDTC worked to assist clients negotiate the barriers associated with access to health services.

Positive Supports

Connection to a positive support group is one of the elements that contributes to successful recovery process and is, therefore, one of the program expectations. For example, during Stage 2, all of the clients are expected to declare a home group and to have a committed full-time sponsor. As they progress through the subsequent stages they are expected to regularly attend support and home group meetings and have weekly contact with their sponsor. Additionally, a requirement of Stage 4 is to become involved in some service/volunteer work and expand leisure time activities, which also provides an opportunity for the program participants to expand their positive support networks.

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.

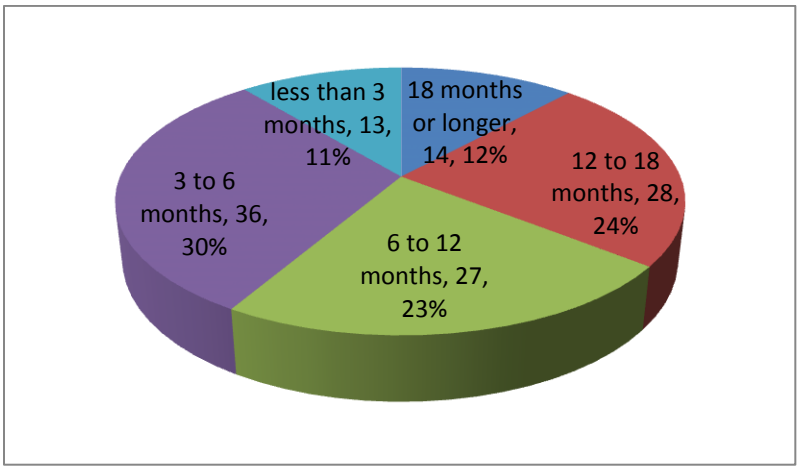
Prior to coming into the programs, all clients were using drugs or alcohol on a continuous basis, interrupted by rare periods of sobriety. By comparison, over the course of an average of 13 months in the program 36% of the CDTC clients never relapsed or went AWOL while in program (n=43) and an additional 28% only had one relapse or AWOL instance (Table 11).

Table 11. Number of Relapse/AWOL instances while in program

	Number	Percent
None	43	35.8%
One	34	28.3%
Two	16	13.3%
Three	11	9.2%
Four or more	16	13.3%
	120	100.0%

Furthermore, while they were in the program their periods of sobriety were much longer than what the clients have experienced prior to their entry into the CDTC program. As illustrated in the chart below, almost 60 % of clients experienced periods of sobriety of 6 months or longer, with 36% sober for over a year (Figure 7).

Figure 7. Longest periods of sobriety while in program



Predictably, there was an association between presence of relapses or AWOLs and clients' discharge status: 80% of the discharged clients had relapses or went AWOL while in program, as compared to 43% of program graduates. The fact that not all of those with relapses and AWOLs were discharged and that not all of those who were discharged relapsed or went AWOL illustrates the complex nature of this work and demonstrates how the program takes into account a variety of different indicators to inform discharge decisions.

In fact, one of the recent achievements of CDTC has been development and implementation of the CDTC dismissal policy to ensure that a clear and consistent approach to make dismissal decisions. The policy states that a dismissal from the program may occur when:

- A participant absconds from the program;
- A participant fails to meet the basic minimum program requirements for participation in CDTC;
- An adequate/suitable addiction treatment option is not available to meet the participant's addiction treatment needs; or
- A participant demonstrates repeated non-compliance with the proximal goals of the program, which continues despite progressive court sanctions along with other program interventions.

5.3 Recidivism

Recidivism is defined as presence of criminal charges or convictions post-graduation. Since starting operations in 2007, CDTC undertook two recidivism studies – one with a cohort of 15 program participants who graduated between October 2007 and June 2010, as summarized in 2011 report, and another that took place after April 2010 and is summarized here (detailed analysis can be made available upon request).

<u>Study Cohort and Methods</u>

- 22 CDTC clients who successfully graduated in the period between April 2010 and November 2013. Their post-graduation crime involvement was tracked until August 31, 2014.
- Information regarding historical activity includes convictions only, and information regarding post-program activity includes convictions and current or pending charges, but does not include charges that were subsequently withdrawn, stayed or dismissed.
- Data for this report was obtained from the JOIN system.

<u>Results</u>

- 68.2% of the graduates had no new criminal convictions since graduation and 81.8% had no new criminal convictions or outstanding charges at one year post-graduation;
- There was a total reduction in criminal convictions from 794 pre-admission to 48 post-graduation. (The time that has elapsed between graduation and August 31, 2014 for the 22 graduates in the study ranges from about 11 and 52 months and averages 28 months).

- Number of convictions per graduate prior to their involvement in the program range from 7 to 95 and average 36.1. Number of convictions following graduation from the program range from 0 to 16 and average 2.18.
- A much greater percentage of offences committed prior to admission were of a more severe type than those committed following graduation (e.g., property-related – 40% vs. 33% post-graduation; drug-related – 16% vs. 2% post-graduation; administrative – 28% vs. 63% post-graduation)

5.4 Client Feedback

CDTC participants now complete exit surveys upon conclusion of their program involvement. This section summarizes information provided by eight program graduates who completed these surveys between November of 2014 and February of 2015.

The survey participants described the program length as appropriate – reflecting varied individual circumstances and the need for time to address their significant addiction issues. As one participant noted "it is as long as you make it", and another said "for many of us addiction was a part of our lives for years. The way to learn the tools to help us in our lives we need time to do it."

The survey respondents were satisfied with services they received. All of them described the services as very helpful, thought that they were treated fairly, and that program staff were sensitive to their cultural background always or most of the time, and all but one said that they would choose to enter CDTC if they were to do it over again. This one participant referred to continuous drug testing and court monitoring as "very overwhelming, if I had to do it over again I might take my chances in jail".

They also described various program elements as very or generally helpful. These elements included drug court sessions, drug court judge, residence, group and individual counseling, drug/alcohol testing, sanctions, rewards, and program staff (CDTC, employment, CPS, Duty Council and Prosecutors). CDTC staff was the highest rated element with all respondents judging them as very helpful. Employment staff or Alberta Works received the lowest ratings, with two respondents describing this as not helpful at all or somewhat helpful.

When asked to identify program elements that were particularly effective in helping them combat their addictions the respondents highlighted group sessions in general, Criminal and Addictive Thinking group, drug testing, and one-on-one counseling they received, particularly from their case manager (as described by one participant: "The ability to talk with counselors and to be most honest with them" was very important). They also described some incentives that were most helpful, including Tim Hortons cards ("these were little treats that I enjoyed"), opportunities to leave the residence and curfew extensions, and, in general, receiving positive feedback in court, from caseworkers and at graduation.

Conversely, sanctions that were most effective were not being able to leave the residence or earlier curfew as well as criminal sanctions such as jail, stricter probation conditions, community service hours and having to come to court more often.

The graduates were also asked to compare their current situation to how it was before they started CDTC, specifically with respect to staying clean and sober, employment, education, housing, connections with family, network of positive supports, network of professional supports, physical health and well-being, involvement with crime, legal situation, financial situation, emotional and psychological well-being and overall quality of life. In most instances they described their situation better than it was before they started the program, exceptions including employment, education and health (which stayed the same for some) and housing situation which got worse for one of the participants.

Overall, all participants expressed a great degree of appreciation they felt for the support and the tools for dealing with addiction that they received over the course of their participation in the program, as illustrated in these comments.

- I would have not been able to continue my sobriety without the whole CDTC team. They have given me all the tools to maintain my sobriety.
- Thank you for everything, teaching me about recovery, about myself and helping me get my life back, I owe you guys everything.
- I will be forever grateful for all the help I received through the CDTC.
- Saved my life/taught me how to stay sober. Learned discipline.
- I found a lot of tools that were taught helped me to stay sober. It was very humbling and created a lot of memories for me to remember.

Some of the participants provided suggestions that they thought would have improved their experience and outcomes. These comments often related to the participant's desire for increased flexibility in program requirements, as well as more opportunity for group or individual counseling.

- The drug testing and court every week gets overwhelming at times: one drug test a week and one court appearance per month would have been fine.
- Sometimes I felt as if all the staff were "by the books" and needed to learn how to communicate to the participants in a way that would be more effective.
- Shorten probation/vary duration and conditions person to person.
- Sometimes I needed more group sessions and therapy but wasn't about to reach out at times. Another mandatory session of some sort of therapy during the week would be helpful.
- If a participant is having problems, they should be able to go to pre-court meeting to address the whole team and express themselves outside of court.

All of the survey respondents were able to identify supports, systems or plans in place to prevent future relapses to using drugs or alcohol. These plans included constant contact with their sponsors, regular attendance of meetings, and surrounding themselves with family as well as friends who are also in recovery. In general, the focus of their plans was to stay in contact with their "recovery community" while staying away from "certain people, places, things" that are not conducive to recovery.

SECTION VI. SUMMARY AND NEXT STEPS

6.1 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 and the length of the application process has decreased over the five program service periods;
- The number of accepted applicants has been increasing over the course of program service delivery – a result of streamlined screening processes, changes in legislation, and addition of day programming;
- Eligible individuals are offered an intensive and judicially supervised addiction recovery program, now supported by clear and consistent dismissal, absconding and sanctions/reward policies as well as requirements for "promotion" from one program stage to another;
- Program provides access to multiple treatment facilities for men and women as well as FNMI clients and addiction treatment based on promising practices;
- CDTC client characteristics are consistent with the 'high needs and high risk' group recommended for Drug Courts;
- The program has been able to consistently accommodate a higher number of active clients within each subsequent service period;
- CDTC's graduation rate has been increasing each fiscal year – from about 25% in initial years of operation to 44% to 50% in the most recent years;
- Seventeen percent of CDTC clients have been discharged after a long-term stay with the program. Those clients are also likely to receive substantial benefit from their participation in the program. The proportions of graduates and the long-stay discharges have increased over the last 5 service periods, now at almost 60% of all clients who left the program;
- The program had a positive impact on several pro-social lifestyle indicators including housing (all of the graduates obtained some type of stable community housing post program) and employment (over half of all program participants have been able to retain substantial and consistent employment, including 84% of the graduates).
- Prior to coming into the programs, all clients were using drugs or alcohol on continuous basis, interrupted by infrequent periods of sobriety. By comparison, 36% of the CDTC clients never relapsed and an additional 28% only had one relapse while in program. Additionally, almost 60% of the program participants experienced periods of sobriety of 6 months or longer with 36% being drug-free and sober for a year or longer.
- Recidivism study of 22 graduates demonstrated that almost 70% of graduates had no new criminal convictions and 82% had no new criminal convictions or outstanding charges at one year post-graduation.
- Clients describe the program as life changing, its services as effective and the CDTC staff and court team as supportive, caring and helpful.

6.2 Recent Program Developments

Court Team Processes

The program continues to streamline its processes, further clarifying roles and responsibilities of all those involved. One significant change this year has been to change the structure of the meetings, such that administrative issues are addressed outside the court team. The court team time can then be devoted to discussions requiring everyone's input.

As a result of this and continued focus on relationship building the members now have a more cohesive team, allowing for an opportunity for open discussion and exchange of opinions. This year's experience continues to demonstrate the importance to the effective functioning of the court team of individual's commitment, ability to regularly attend meetings and members' expertise and background that is consistent with the focus of CDTC work.

Expanding Participant Access

CDTC continues to expand its day program, which works well for the lower risk clients, clients who are not likely to succeed in residential treatment, as well as in instances when appropriate residential treatment options are not available. This is a 12-week intensive day program provided in three to four half days per week and that is compulsory for all CDTC participants. The program helps support relapse prevention and recovery, as well as to manage participants' offending cycles, multiple addictions and other criminogenic needs.

The day program and the increasing strengths of CDTC community connections has allowed the program to provide a range of interventions corresponding with varied and diverse needs of the participants. In this way, the roster of CDTC offerings can accommodate both entrenched and criminogenic population as well as those who are in the system primarily because of the mandatory minimum sentencing law. CDTC follows the recommendations provided by Craig, Dixon, and Gannon (2013) in What Works in Offender Rehabilitation: An Evidence-Based Approach to Assessment and Treatment to vary programming according to client need:

> *"Research on correctional populations has demonstrated that putting low-risk and low-need offenders in high-intensity programmes may result in negative effects. Some have hypothesized that this may be the result of intensive programmes interfering with other existing positive factors for those with low needs, such as good family relationships, positive supports, pro-social attitudes and the ability to gain steady employment.*
>
> *Based on such research, certain correctional jurisdictions, including the Correctional Serivce of Canada, have adopted an approach of providing correctional programmes based on an assessment of offender risk for re-offending and problem severity.*

A range of interventions are available, from community-based low-intensity interventions (if required) for those assessed as having a low-intensity problem, to intensive prison-based programmes for those with substantial and severe substance abuse histories. Research on these programmes has demonstrated their effectiveness, particularly in reducing recidivism".

Policy Development

Over the past year CDTC has developed several policies that helped establish common expectations and ensure consistency of services among all court team members and CDTC staff, especially as they relate to moving through program stages, as well as sanctions and discharge decisions (now documented in the revised participant manual). These policies helped increase consistency in CDTC processes, build efficiency, and helped develop clear understanding of criteria for decision making. The specific policies are:

- Sanctions and incentives are provided in court each week in response to participants' behavior. Sanctions and incentives are also built into the overall program model and day to day practices. Sanctions and incentives are used to decrease negative behavior and increase positive behavior. The sanctions and incentives procedures were developed in accordance with the guidance provided by Marlow (2012).

- Dismissal policy provides clear and consistent approach to making dismissal decisions and implement dismissal processes in order to facilitate timely decision-making, consistency and a respectful process for participants. It also describes CDTC responses and procedures when participants' whereabouts are unknown, when they are not in residence as directed or when they don't appear in court as required. The procedures are outlined to reflect program response to specific absconding circumstances and length of absence.

- CDTC program stages have been revised from three to five, each phase consisting of specified treatment objectives, therapeutic and rehabilitative activities and specific requirements for "promotion" into the next stage.

Assessment Tools

In July of 2011 the program replaced its original assessment tool (Personality Assessment Inventory) with DUSI-R. However, CDTC staff found the tool too difficult to use and the reports that the tool produces not necessarily useful. As a result of their experience with DUSI-R CDTC has moved to SPin – an assessment tool that is commonly used by the Corrections Department. Spin has proven to be a good fit with the program needs: according to staff it is a good management and assessment tool and help develop deeper understanding of what places people at risk for relapsing.

Integrating Best Practices

CDTC has integrated within all of its work with program participants the "Moral Reconation Therapy" (MRT) which is a unique cognitive-behavioural approach initially designed to be utilized within a prison-based drug treatment therapeutic community. It has been recognized as an evidenced-based and a "best practice" program in reducing recidivism of drug-addicted offenders. The MRT is particularly well-suited to CDTC because it combines the criminogenic thinking, values, morals and identity. This approach, along with the policy development work has solidified further the idea that the focus of case management is on behavior rather than emotion-guided intervention.

6.3 Plans for the 2015/2016 fiscal year

Over the last two years the program has been engaged in discussions with the Alberta Government regarding potential transition of the program to the auspices of the government. At this time the program has decided to continue with an independent non profit model that will remain in place for at least 3 more years. CDTC continues to rely on government funding and additional resources are required for the program to function at its full capacity.

The following summarizes the issues CDTC would like to consider as it moves into 2015/2016 fiscal year:

Program Resourcing

- CDTC requires greater core funding to support core service delivery. This would minimally include administrative support (currently provided by one of the case managers) as well as another case manager to provide more groups and individual support that are highly valued by program participants and to undertake a variety of other tasks including clinical consultation, drug testing, transportation supports, management, etc.
- Addressing isolation is an important factor in relapse prevention. The program needs a 'family interventionist' – a staff member who can help participants successfully reconnect with their families as part of the transition to stability using thorough assessment and counseling approaches.
- CDTC also needs dollars to support participants' basic needs that often arise, including housing or damage deposits for those leaving remand as well as for transportation supports.
- Finally, core operations should include financial and Human Resources support, that is dedicated to the program rather than provided as part of fiscal agent responsibilities.

Community Resource Access

- Women with addictions and who are dealing with significant trauma and abuse are difficult to engage and may require more than one residential program stay. However, once they have failed they cannot come back. Because of limited number of residential treatment options for women in Calgary many are not able to receive treatment they need.

- Many of CDTC participants have mental health issues or concerns that often become evident once the client stops using drugs or alcohol and then mental health supports are critical. These clients require forensic assessment and treatment that is not available within the program and is limited in the community.
- Given the importance of stable, safe and affordable housing to recovery, CDTC will be focusing on developing connections with housing resources in Calgary, including, in particular, affordable housing alternatives.

Programming

- CDTC's employment grant with the City of Calgary is due to expire and CDTC is looking to continue building this program using current linkages with Alberta Works as well as developing linkages with other community agencies. This is a necessary program that has to be sustained over a long-term so that all conditions for successful recovery are in place. Providing schooling or apprenticeship opportunities is also important to support career development for those who wish to have access more meaningful employment prospects than the options currently available to them.
- An aftercare program would be an important contribution for CDTC graduates. Continued connection to their "recovery community" is part of the relapse prevention plan for many graduates. In this way the graduation date becomes a part of gradual and smooth transition into the community. Currently CDTC case manager maintains connections with graduates to the degree possible and a dedicated staff member is needed to take on those tasks. An aftercare program would provide a professionally facilitated group for the graduates on a weekly or bi-weekly basis.

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	
Court Staff • Liaison workers (2) • Judicial staff • Probation ***Treatment Staff*** • Counselors • Supervisor//Manager • Admin/support • Partner agency staff ***Research/Evaluation*** • Consultant ***Boards/Committees*** • Steering Committee • Operations Committee • John Howard Society as a fiscal agent ***Funding*** • Multiple funding partners ***Materials and facilities*** • Treatment beds Office space/equip't	***Court Staff*** • Eligibility screening • Assessment • Case conferencing • Referrals • Reviews/supervision • Implement rewards & sanctions ***Treatment staff*** • Drug screening • Addiction treatment • Aftercare • Ongoing assessment • Data collection ***Assist with film dev.*** ***Evaluation*** • Develop framework Data sharing protocol • Data collection • Database design and maintenance • Data analysis/ Reporting	***Offenders*** • # screened • # in court • # in treatment (attending, completing) • demographic characteristics ***Service Providers*** • # training sessions • # attending training sessions • # participating in collaborative activities ***Public*** • # viewing the video or receiving other media releases • # participating in workshops	***Offenders*** 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 ***Program*** 8. Systemic implementation of program protocols 9. Efficient movement of offenders through system 10. Program accountability ***Service Providers*** 11. Enhanced collaboration and communication 12. Enhanced knowledge of court process and issues ***Public*** 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