



**Submitted for Assessment of Resource Allocation Analysis**

*Characteristics of DTCO Clients*

*Key Features of DTCO*

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*This report has been prepared in response to a request made on June 15, 2012 to assist Justice Canada in completing an Assessment of Resource Allocation. This report is prepared in two parts. First, an analysis of the demographic characteristics of Ottawa Drug Treatment Court (DTCO) clients for the period of April 1, 2009 to March 31, 2010; and second a description of some of the key features of the DTCO that are important to be considered in a resource allocation assessment. This report does not include DTCO “detailed operating costs.” For this information please refer to “Schedule G” of the most recent DTCO funding application (as per email from Francesca McConnell dated 22/06/2012).*

## **Characteristics of DTCO Clients**

The majority of our clients spoke English as their first language (97%), and were male (66%). Some of our clientele were engaged in methadone treatment at the time of admission (14%), but very few were involved in a substance abuse treatment program (8%). Most however, have had prior experiences with treatment services (63%). Of those who had previously attempted a treatment program, 33% had participated in a single program, 29% in two different programs, and the majority (37.5%), had three or more treatment episodes prior to entry. The fact that so many clients had engaged in multiple treatment programs is unsurprising, given the severity of issues facing this population.

61% of our clients listed crack as their drug of choice, and 95% of clients reported using crack within 6 months prior to entry into the program. Of these clients who used crack in the six months prior to treatment, 82% described themselves as daily crack users. Though crack is the primary drug used, many of our clients also abused other substances; see Table 1: Monthly

Drug Use of Clients Prior to Entry into DTC for more information. The second most common drug of choice was opiates at 26%, followed distantly by cannabis (8%), and alcohol (5%).

As part of the brief interview for treatment (BIT) that DTC counselors conduct with clients at the beginning of the program, clients are asked about their drug use habits prior to entry. In order to ensure a more valid estimation of monthly spending, only clients which were able to provide information on the use patterns of their two top drugs of choice (or one if only using one drug) were included. 24 of the 39 clients served in 2010-2011, were able to provide these detailed estimations of the amount, and frequencies of the substances they typically used. Using these detailed self-reports it was possible to estimate the average monthly spending for a client prior to admission into the program. The combined monthly spending of these 24 clients was \$209,000, for an estimated 2.5 million annually. The average client in the Ottawa DTC program spent ~\$8,700 dollars on substance use every month, or an estimated \$104,400 annually per client. If we assume that the 24 clients who have provided information regarding their use are typical, then it is estimated that the 39 clients examined here would have spent 4.1 million dollars annually, prior to entry into the program.

**Table 1: Monthly Drug Use of Clients Prior to Entry into DTC (April 1, 2010-March 31, 2011)**

<b>Drug Used</b>	<b># of Clients that used in past 6 months (n=38)*</b>	<b># of Clients with use data</b>	<b>Total Estimated Cost/Month</b>	<b>Average Estimated Cost/Month (per user)</b>
Alcohol	16	9	2,776.47	308.50
Cannabis	25	20	11,178.50	558.93
Cocaine	7	6	2,300.00	383.33
Crack	36	28	190,080.00	6,788.57
Ecstasy	2	2	2,100.00	1,050.00
Opiates	13	10	39,600.00	3960.00
Overall	N/A	N/A	\$248,034.97	N/A

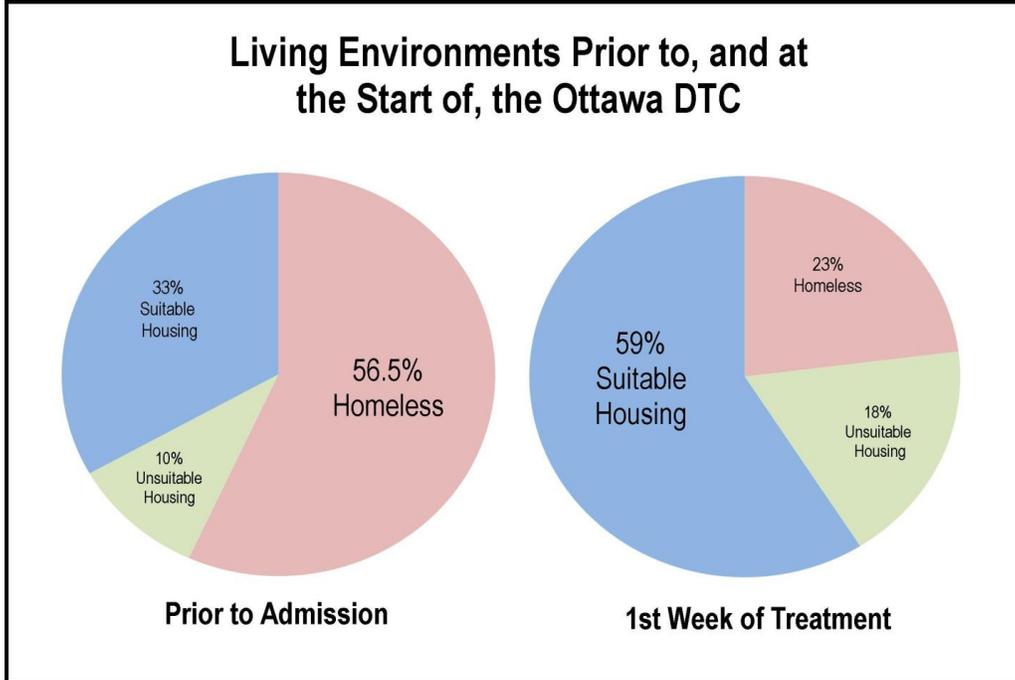
\*The above table includes all drug use data provided by all 38 clients (with completed BITs), regardless of whether or not they were able to provide estimations on their top two drugs of choice.

During the BIT, when clients were asked about their primary source of income, most responded that they were receiving support from social services (69%), either through Ontario Works (58%), or the Ontario Disability Support Program (11%). However the amount of money clients were spending on their drug use, as well the charges that brought them to the DTC, provide strong evidence that these social services were not their “primary source” of income. A quarter of our clients (25%) admitted that illegal activities supplied the majority of their income. Of these clients, the majority listed drug dealing (44%) as their income source, 24% said prostitution, and the rest were involved in various other criminal activities (32%). Very few of our clientele mentioned employment (6%) as their primary income, in fact the majority of clients had not had any form of employment for some time. 64% of clients did not work in the year prior to admission, and this number rises to 76% for those which did not work within 6 months of admission. The prospects for employment in this population are impeded by the generally poor level of education clients possess, less than half (46%) have completed high school, and only one client had any form of post secondary certification (3%).

Nearly all of our clients have a criminal record prior to DTC charges (87%), furthermore a smaller percentage of our clients also had outstanding charges (18%). At their times of admission to the program, these 39 clients were being accused of 293 separate charges. The majority of these being due to administration of justice offences (53%), followed by theft/break in related charges (19%), next by drug related charges (13%), and a host of various different charges make up the rest (14%). More than half (59%) of clients had at least one drug related charge (trafficking or possession) when admitted to DTCo.

Housing is an issue for most of our clients. More than half (56.5%) of our clientele are homeless when they apply to DTC, and an additional 10% are in unstable/high-risk housing. This leaves only a third of our clientele (33%) living in suitable housing conditions. Housing is large barrier to treatment, and is one of the first obstacles that DTC staff tackle when admitting a client into the program. By the very first week of treatment the number of clients who are homeless and those who are in suitable housing has reversed. More than half (59%) of our clients are in suitable housing, 13% are in inadequate (unstable or high risk) housing, 5% in transitional housing, and 23% remain homeless. See Fig 1.

**Fig 1**



The majority of clients in this program have children (64%), but only 12% of these parents enjoy access to their children. Less than half of our clients are in romantic relationships upon entry into the program (38%), and the majority of the clients who are in relationships have partners which are also involved in substance abuse (67%). Furthermore, many clients (84%) report that the majority of the people they associate with have substance abuse issues. 71% of clients reported that the majority of people they associate with prior to entry into the program are involved in illegal activities.

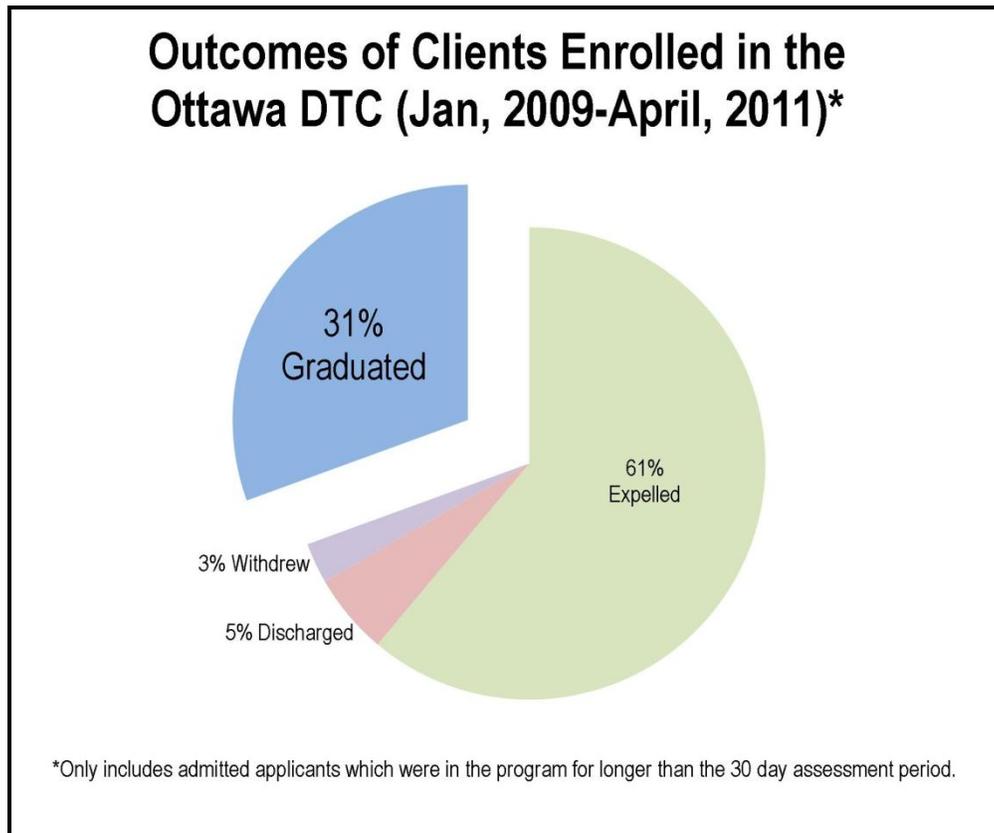
The mental and emotional health of individuals entering our program is generally quite poor, 11% of our clients reported that they have been hospitalized at some point in their lives due to the severity of their psychiatric issues. More than half (55%) of our clients have been diagnosed with a psychiatric condition, and 50% of these clients were diagnosed with multiple mental health concerns. The most common conditions are depression (36%), anxiety disorders

(31%), and PTSD (17%). The severity of these issues is such that 16% of our clients reported attempting to commit suicide at some point in their lives. 34% of clients see a psychiatrist or psychologist, and half of those clients (53%) have a mental health outreach worker.

Unfortunately these numbers under-represent the mental health needs of our client population. Many of our clients would benefit from mental health services but have never undergone any form of psychiatric assessment. The professional appraisal of our client's mental health, by the DTCO nurse practitioner, is that 90% of the clients served in 2010-2011 would have benefited from a psychiatric assessment.

DTCO clients were released from DTC for a variety of different reasons. However, when analyzing the graduation rates of clients in our program, the 12 month window used in this report is simply too short to provide meaningful data on client outcomes. This is primarily because a client needs to be in the program for at least 9 months to be eligible to graduate, and this means that most clients who graduate will spend some time in treatment outside of the chosen timeframe. A more appropriate timeframe to analyze would be for all clients who began treatment between January 1, 2009 and April 1, 2011, and which exited DTC prior to January 1, 2012. Using this time frame it was found that of the clients who made it past the 30 day assessment window, 31% graduated, 61% were expelled, 6% were discharged, and 3% withdrew. See Fig 2.

**Fig 2**



### **Key Features of the Ottawa DTC**

As reflected above, DTCO clients are high needs marginalized individuals. During the 2010-2011 fiscal year, 39 DTCO clients received about 10,000 hours of treatment. DTCO applies an Assertive Community Reinforcement Approach (ACRA) to treatment. This approach requires our counsellors to undertake extensive case management activities, particularly after initial release from custody. DTCO counsellors routinely drive and accompany clients to external appointments, interviews, assessments, etc. This approach also utilizes a contingency management program that rewards client's positive behaviour with a selection of useful items such as toothpaste/brushes, deodorant, laundry detergent, kitchen utensils and small

appliances, clothing articles, shaving razors, cleaning products, and other items useful in setting up or maintaining a household. In some select circumstances where gaps in other services exist, Ottawa DTC may assist clients with larger expenditures such as purchasing a mattress, paying a portion of rent arrears or fines, etc.

All DTCO counsellors receive criminogenic training. DTCO programming is designed to focus on criminal thinking/behaviour, addiction and the relationship between them. During the first 4 months (or more) of treatment, DTCO clients attend programming at the treatment centre for approximately 6 hours per day, five days a week. DTCO clients also attend residential treatment programs as required.

Through a partnership with the John Howard Society, clients attend an employment and education readiness program that facilitates their access to education upgrading programs offered on-site at the John Howard Society or a local community college. This program supports progress to Phase II of DTCO, where clients attend work or school daily.

Ottawa DTC provides supervised transitional housing that includes private bachelor apartment units. This service is offered in partnership with the John Howard Society and the Elizabeth Fry Society. These partners were specifically chosen because of their experience and expertise in the rehabilitation of offenders.

Ottawa DTC has an onsite community kitchen and has developed a partnership with the Ottawa Food Bank to supplement our own budget, providing clients with two meals per day. A partnership with the City of Ottawa includes not only life skills coaching, designed specifically

for our unique population; but also, includes a weekly cooking class that permits clients to prepare and take home several meals for the week.

Through a partnership with the Somerset West Community Health Centre (SWCHC), a Nurse Practitioner attends the treatment centre each week to attend to the many acute health needs of our participants. DTCO participants also visit physicians at the SWCHC clinic to ensure a continuity of care. This unique relationship also permits us to maintain a stringent urine drug testing program with twice weekly sample collection witnessed by nursing staff and laboratory specimen analysis paid for by the Provincial government. 76% of all UDT samples tested return a “negative” for all illicit substances. Table 2. provides further detail into UDT results for this period.

Table 2: UDT Test Results for All Clients (March 2010 - April 2011)

Client Identifier	Number of UDTs requested	Number of UDTs Attended	Number of CLEAN UDTs	Number of DIRTY UDTs	Number of MISSED UDTs	Number of EXCUSED UDTs	Number of ERRORS (mislabelled, insufficient sample, lab does not have sample, etc)	% of clean/ attended
<b>TOTALS</b>	1143	918	697	206	169	56	13	
1	7	4	1	2	3	0	1	25%
2	3	3	0	3	0	0	0	0%
3	17	15	10	5	2	0	0	67%
4	41	40	39	1	1	0	0	98%
5	0	0	0	0	0	0	0	n/a
6	2	2	2	0	0	0	0	100%
7	59	41	24	17	17	1	0	59%
8	93	71	41	28	6	16	0	58%
9	10	5	0	5	5	0	0	n/a
10	15	13	9	4	0	2	0	69%
11	9	5	4	1	4	0	0	80%
12	0	0	0	0	0	0	0	n/a
13	0	0	0	0	0	0	0	n/a
14	86	77	53	24	8	1	0	69%
15	92	91	87	3	0	1	1	96%
16	36	23	11	12	13	0	0	48%
17	8	6	2	4	2	0	0	33%
18	2	2	2	0	0	0	0	100%
19	57	44	35	9	11	2	0	80%
20	5	5	5	0	0	0	0	100%
21	97	89	57	32	2	6	0	64%
22	68	55	48	7	11	2	0	87%
23	11	8	8	0	2	1	0	100%
24	28	20	12	8	8	0	0	60%
25	15	5	1	4	10	0	0	20%
26	0	0	0	0	0	0	0	n/a
27	82	72	68	0	5	5	4	94%
28	8	3	2	1	5	0	0	67%
29	6	3	3	0	3	0	0	100%
30	26	17	10	6	8	1	1	59%
31	44	42	41	0	0	2	1	98%
32	12	12	12	0	0	0	0	100%
33	35	23	22	0	9	3	1	96%
34	78	53	46	7	19	6	0	87%
35	69	55	32	19	9	5	4	58%
36	0	0	0	0	0	0	0	n/a
37	3	2	0	2	1	0	0	0%
38	13	10	10	0	1	2	0	100%
39	6	2	0	2	4	0	0	0%
<b>AVERAGE % CLEAN</b>							<b>76%</b>	

DTCO supports and encourages client reintegration in the community through weekly social-recreation activities. Every Friday afternoon, clients participate in a counsellor supervised activity such as trips to museums, city parks and attractions, bowling, hikes, softball, etc. DTCO clients also participate in an annual Dragon Boat race and a camping trip.

Family members of DTCO clients are often included as part of the circle of care for the client; however, DTCO is able to take family member support a step further by leveraging Rideauwood's multi-service centre. A number of DTCO client family members have been fast-tracked into our Family Program and participated in full treatment programs designed to address their own distress and difficulties.

The DTCO has also been an active partner in DOJ and CADTC initiatives such as conference organizing, evaluation/research initiatives, training, and general advocacy and support for drug treatment courts at a national and international level.

Appendix i

Drug Treatment Court Pilot Sites – Client Data 2010-2011	Ottawa
Average monthly caseload	15.42 <i>(39 clients were served throughout March 2010-April 2011)</i>
Client Retention Rate  (Annual Average Days in Program for 2010-11)	235.52 days  <i>When we include those who did not complete the 30 day assessment period the average is decreased to 190.59days.</i>
% of <del>DTC</del> clients with clean Urine Drug Testing results while attending the Program	76% See Table 2: UDT Test Results for April 1, 2010 – March 31, 2011 <i>When we expand this timeframe to include the entirety of each treatment episode for all 39 clients the percentage drops to 67%</i>
Typical Client  <i>Describe characteristics of a typical client (gender, education level, housing situation, etc).</i>	
Other factors / Accomplishment (uniqueness of site)  <ul style="list-style-type: none"> <li>• <i>Any internal studies (ex. cost/benefit; crime reduction)</i></li> <li>• <i>Provincial employees (collective agreement)</i></li> </ul>	

*Source:* Contribution agreements – Department of Justice Canada