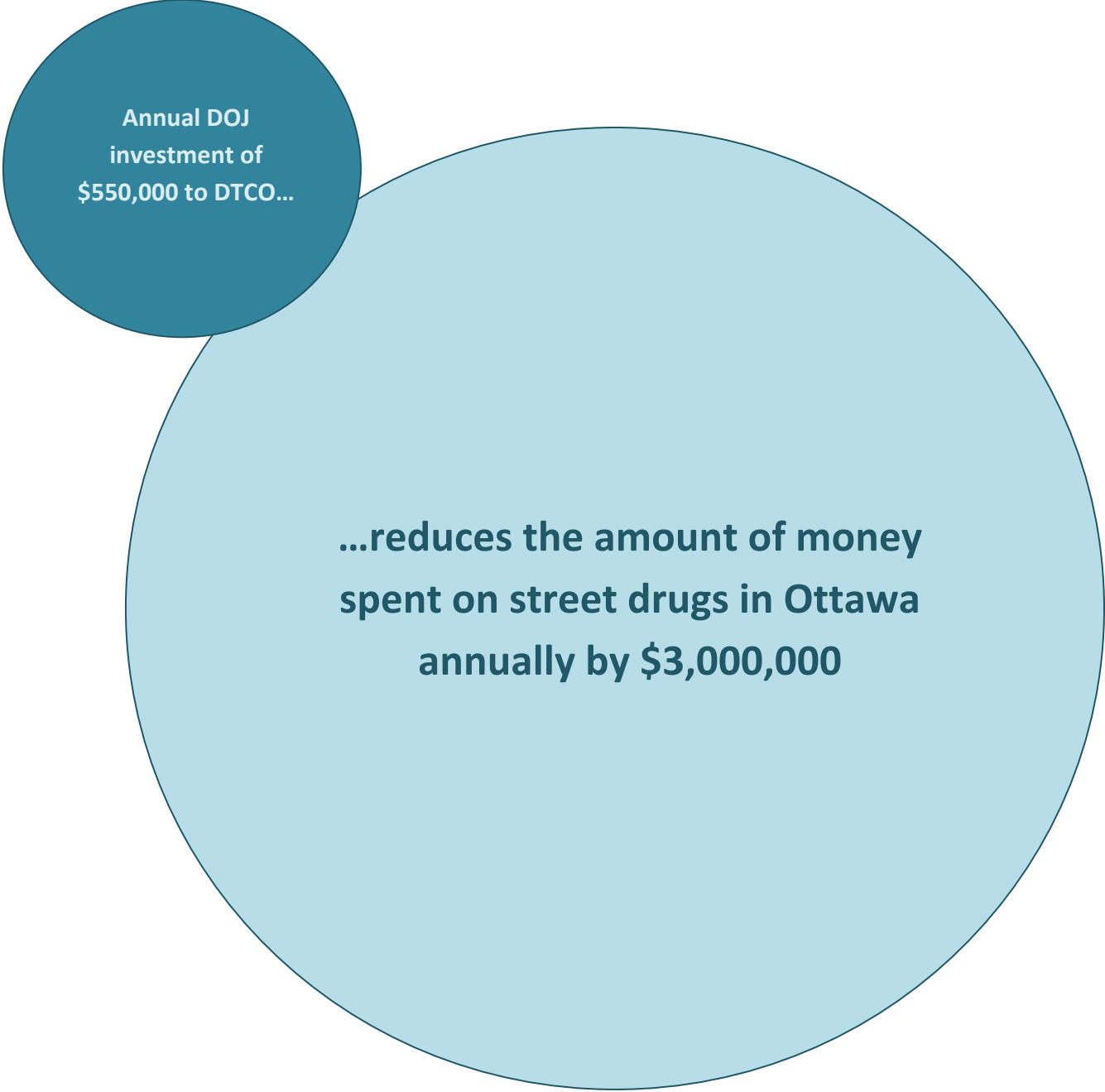


Outcome Evaluation of the Ottawa Drug Treatment Court Pilot Project



Annual DOJ
investment of
\$550,000 to DTCO...

The diagram consists of two overlapping circles. The smaller circle on the left is dark teal and contains the text 'Annual DOJ investment of \$550,000 to DTCO...'. The larger circle on the right is light blue and contains the text '...reduces the amount of money spent on street drugs in Ottawa annually by \$3,000,000'. The circles overlap in the center.

**...reduces the amount of money
spent on street drugs in Ottawa
annually by \$3,000,000**

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Executive Summary

In 2006 the Department of Justice Canada published *A Meta-Analytic Examination of Drug Treatment Courts: Do They Reduce Recidivism?*, which stated, "...the results of this meta-analysis provides clear support for the use of drug treatment courts as a method of reducing crime among offenders with substance abuse problems."

The Ottawa Drug Treatment Court (DTCO) program has evolved dramatically over the nearly three years it has been operational. When the DTCO first became operational, treatment was very individualized and case management oriented, whereas now participants are engaged in DTCO activities – primarily group – for up to 30.5 hours per week.

DTCO participants are a population that is high risk to reoffend, high needs, and 82% of the participants were regular users of crack cocaine (79% of those were daily users prior to entry into DTCO). The average amount spent on drugs by participants prior to entry was \$549.40 per day. Health is also a major concern for DTCO participants; at the time of the writing of this evaluation there are 24 participants in the DTCO, 15 of whom have Hepatitis C and 3 of whom are HIV positive.

Key partnerships with the John Howard (JHS) and Elizabeth Fry (EFS) Societies, and Somerset West Community Health Centre (SWCHC) established from the beginning of the program, have provided vital support in the areas of housing, education and employment activities, and health. Forty percent of participants were housed at one of these agencies upon entry into the DTCO program. JHS is also now running an Essential Skills group for all participants (male and female), and since its inception (7 months to date), 75% of eligible participants have become engaged in employment or education activities. SWCHC provided vital health screens and referrals to DTCO participants and collected 2,000 urine samples.

After the first year of operations, the DTCO program implemented a criminal thinking component that has become integrated into the entire program. Since that time, in-program recidivism has dropped from 46.5% in the first year to 13.55% in subsequent years.

The most significant reduction noted in this evaluation is that in the amount of substance use when comparing the frequency and amount of use prior to entry into the DTCO versus during the period participants were active in the program. Prior to entry, 94.6% of participants were using 3 – 5 times per week or more (89.2% were daily users of at least one substance). In program, the average frequency of use is less than once per month. A sample of 37 active participants, taken over a six month period, spent \$15,403 on substance use; for an equivalent period of time, using at the rate reported prior to entry, they would have spent \$1,516,703 had they not been participating in the DTCO program. That is a reduction of \$1.5 million spent on drugs in Ottawa in only six months.

Introduction

Evaluation

This outcome evaluation will respond to the reporting requirements from the Department of Justice Canada, as outlined in Table 2 of the National Performance and Evaluation Reporting Requirement. In addition to the requirements, other data has been included where it showed particularly relevance to the effectiveness of the DTCO program, demonstrated where a need has been identified, or was deemed to be of potential interest to the Department of Justice.

Methodology

Data for this evaluation was drawn from a number of sources. The information collected in the Brief Interview for Treatment (BIT) was the source for information on participants' substance use, housing status, education, and employment prior to entry into the DTCO, and basic demographic information (i.e., age, gender, language). The treatment provider generated progress reports, court logs, use book, DTCIS, and participant files were the primary data sources for participant information during their time in DTCO. Legal information related to custody, charges, exit from program, new charges, and sentencing was provided by the Crown Attorney's office and Probation Services. Information related to participant activities with DTCO partners was compiled by the partners (John Howard Society, Elizabeth Fry Society and Somerset West Community Health Centre) and from treatment records.

The Ottawa Drug Treatment Court also recognizes the contribution of Public Safety and Emergency Preparedness Canada, who provided invaluable assistance in providing the 2007 DTCO Process Evaluation, from which some data included in this evaluation was drawn or used for comparison.

The data consists of an analysis of the 105 clients who have participated in the program for any length of time; though where data for some participants is unknown or unavailable, the *n* will equal an amount less than 105 and will include all participants for which data is available. The data does not include information on people who applied for the DTCO program and were screened out by either the Crown Attorney or the treatment provider, or who withdrew their application prior to entry. For those 105 participants, it should be noted that the data included in this evaluation is for the period of time for which they were considered "active" in the DTCO program. Active is defined as present and participating in the treatment and court programming. Some participants absconded from the program for times ranging from several weeks to over a year, and for the purposes of this evaluation, that period of absence was deducted from any data collection. It was also, therefore, not included in the length of stay in program data. Participants who were absconded or otherwise absent for less than 21 days were still considered active and their period of absence was not deducted from the data.

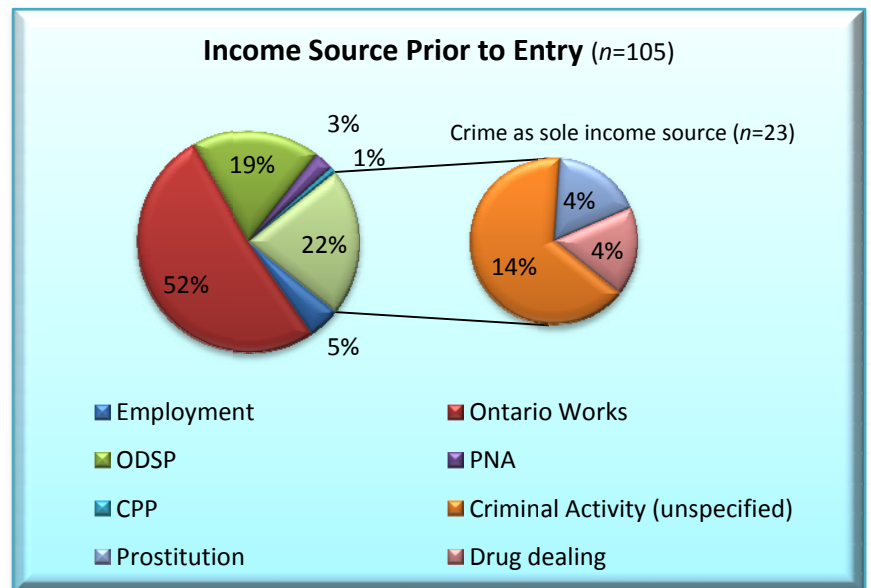
DTCO Participants

There were 105 participants who entered the DTCO program and participated in some amount of treatment programming. The average age of the participants was 35.6 years; ranging from 19 to 56 years. Seventy-seven percent of the participants were male and 23% female. The vast majority of participants spoke English as their first language (91%) and the remaining 9% spoke French as their first language.

Social Indicators

The social indicators of housing, employment and education were notably lacking in the participants' lives prior to entry into the DTCO program. Suitable housing was a major concern for a most of the participants as 72% were homeless or had unsuitable housing prior to entry. Sixty-one percent of participants had not completed high school and 87% were unemployed just prior to entry (32% had been employed within the previous 12 months); 5% ($n=5$) of DTCO participants reported employment as an income source just prior to entry into the program, while 75% were receiving income from Ontario Works, ODSP, PNA or CPP, and 22% ($n=23$) of the participants indicated that criminal activity was their sole source of income. Chart 1 shows the breakdown of income source for participants prior to entry into the DTCO.

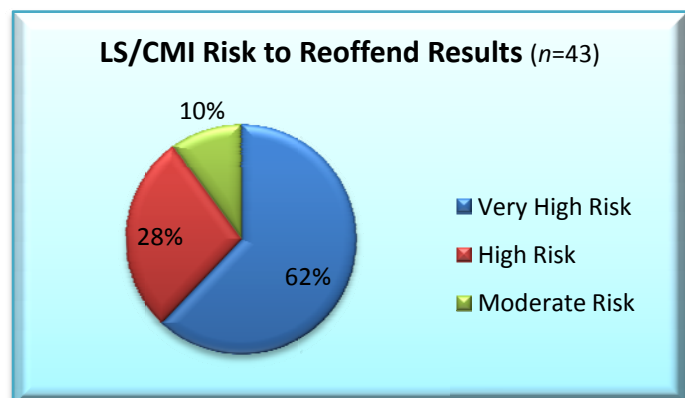
Chart 1



Risk to Reoffend

According to the 2007 process evaluation, during the first year of operation, 39 participants were assessed for risk to reoffend using a standardized risk/need assessment instrument – the Level of Service/Case Management Inventory (LS/CMI). Sixty-two percent of participants scored in the Very High Risk range (score 30 or higher), 28% scored in the High Risk range (score between 20 and 29) and 10% in the Moderate Risk range (score between 10 and 19). No participants scored in the Low Risk range (score less than 10).

Chart 2

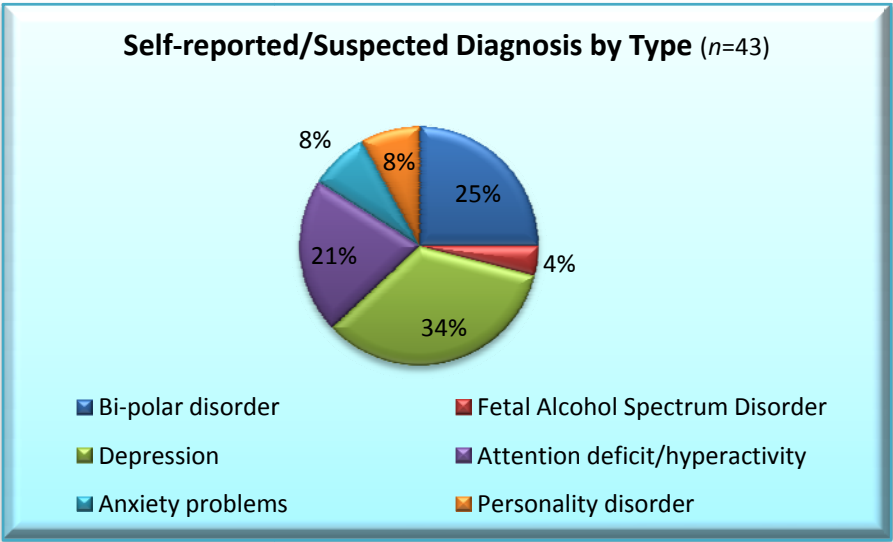


Physical and Mental Health

Although a nurse practitioner provides health screens for all clients who enter the DTCO, data is not available for a full analysis of the physical and mental health of all clients. A snapshot of the current DTCO participants (n=24) provides some idea of the health status of participants; 62.5% (n=15) have Hepatitis C, 12.5% (n=3) are HIV positive and 12.5% (n=3) have other health issues (i.e., breast cancer, seizure disorder, Hepatitis A, B, D).

Mental health data from the first year of DTCO operations shows that 56% of participants self-reported or were suspected of having a mental health diagnosis. Eight participants self-reported or were suspected of depression and six of having bi-polar disorder. The remaining breakdown by type is represented in Chart 3 below.

Chart 3

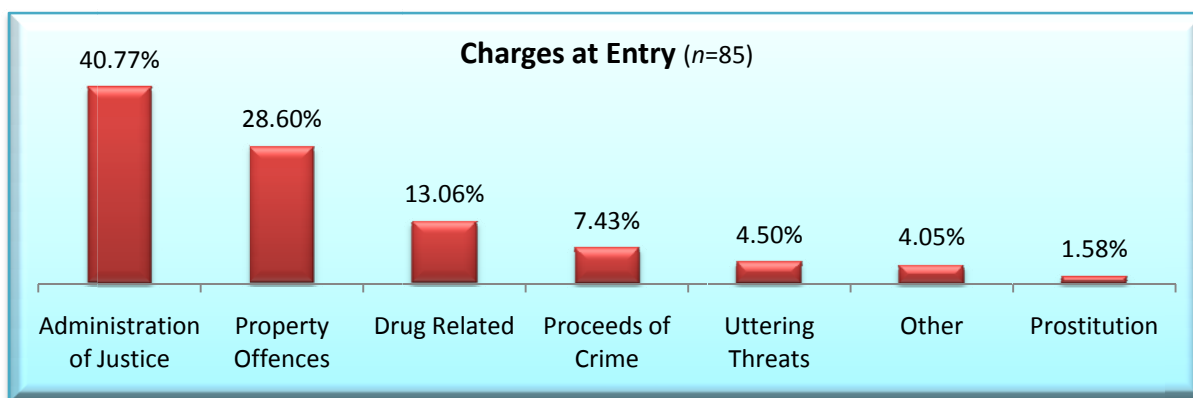


Recommendation			
Physical and mental health data should be captured and compiled by SWCHC on a regular and on-going basis and submitted to a primary data collection point at the treatment centre.			

Criminal Charges at Entry to DTCO

Data was available for 85 of 105 participants admitted to DTCO. The average number of charges that the participants pled guilty to was 5.2 (range 1 – 17). A total of 444 charges were pled to for these 85 participants. The majority of charges (40.77%) were administration of justice offences (i.e., breach of recognizance, failure to appear, breach of probation), and 28.60% were property offences (i.e., theft, break & enter, attempt to commit theft, etc.). Drug related charges accounted for 13.06% of offences. Other charges, such as proceeds of crime, uttering threats, mischief, driving while disqualified, accounted for 15.98% of the total. While prostitution accounted for less than 2% of entry charges, 7% of DTCO participants noted prostitution as a source of income during their initial assessment interview.

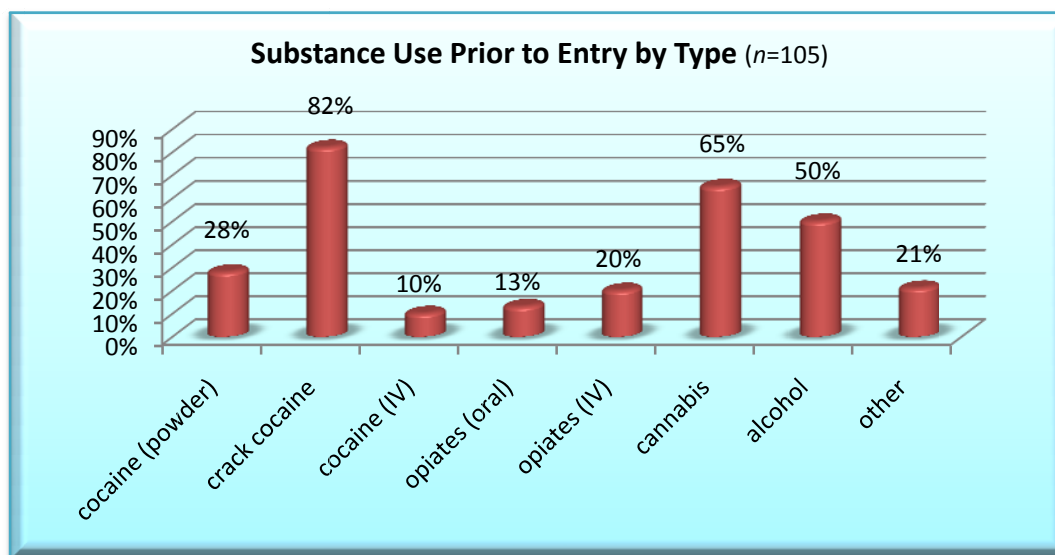
Chart 4



Substance Use

The drug of choice for DTCO participants was overwhelmingly crack cocaine, with 82% of DTCO participants being regular users of crack (79% of those were daily users), with an average of \$450 spent on crack every day (average \$559.40 spent per day on all substances). Overall substance use by type prior to entry is represented in Chart 5 below.

Chart 5



DTCO Program

The Ottawa Drug Treatment Court has been in operation since March of 2006. In its first year it accepted 43 participants into the program; treatment consisted of primarily individualized counselling and case management, and the rate of retention at six months in program was 19%. In the two years following the 2007 Process Evaluation, the DTCO program has undergone significant programming changes through rigorous examination and application of the best programming to meet the needs of this particular client group.

The DTCO Treatment Program is operationally managed by the DTCO Director, who is a Program Manager at Rideauwood Addiction and Family Services (the DTCO service provider), and who is responsible for overseeing the program as a whole; however, governance, policy and procedural issues and decisions are managed collaboratively by the entire DTCO team, which includes primary treatment, probation and court team members. These team meetings are held, on average, quarterly, and a full day retreat is held annually to deal with more complex issues.

The DTCO is also supported by a community advisory committee, including representatives from police services, the judiciary, probation services, the defence bar, John Howard Society of Ottawa, Elizabeth Fry Society of Ottawa, Somerset West Community Health Centre, and all DTCO team members.

There is no wait list for treatment in the DTCO Program — treatment begins immediately upon release from custody.

Application to the DTCO

Data for this section relies upon the results of the DTCO process evaluation covering the period of February 2006 to February 2007; unfortunately, only partial data was maintained during the second phase of the evaluation process and is too incomplete to be of substantive value.

During the first year of operation data exists for 113 individuals who were screened for eligibility by the Crown Attorney's office. Forty-three individuals (38%) were deemed eligible by the Crown and treatment and entered the DTCO program as participants. Of the remaining 70 individuals, 70% ($n = 49$) were determined ineligible by the Crown due to present or past violent charges/convictions. Twenty-three percent ($n = 16$) withdrew their applications prior to a treatment interview, and 6% ($n = 5$) were deemed not suitable by treatment following the initial interview/assessment.

Processing the DTCO Applicants

At the time of application, most participants (96%) were in remand custody during the application process, having spent an average of 29.25 days in custody prior to application. Once the application form was completed and signed the time to release averaged 16.02 days. During these 16 days, the process included: 1) delivery of the application, 2) Crown screening decision, 3) referral to treatment, 4) interview/assessment by treatment, 5) treatment suitability decision, 6) arrangements for release (i.e., housing), and 7) the applicant being put over to an appropriate court date for release/entry.

The 2007 process evaluation indicated that the time elapsed once treatment was notified to release participants from custody averaged 11.7 days. Since that time, treatment has made it a policy to process and be prepared to release any approved applicants within 7 days, however, data is not available for the period from February 2007 to the time of this evaluation, so this cannot be reliably verified.

Table 1. The average length of time from arrest to program entry

	Arrest to Application	Application to Entry	Total Arrest to Entry
	<i>(n=61)</i>	<i>(n=61)</i>	<i>(n=61)</i>
Range	1 – 186 days	1 – 40 days	1 – 186 days
Mean	29.25 days	16.02 days	45.26 days
Median	27.5	15.5	38

DTCO participants are met by treatment staff at the court house when they are released from custody and their acute needs are addressed immediately; participants are often released with no money, place to live, no clothes but what they are wearing, and even no shoelaces. Treatment staff then transport them to their residence. Participants are required to attend the treatment centre by 9:00 a.m. the day following their release for orientation to the program and to begin the structured treatment activities. There is no wait list for treatment in the DTCO program.

DTCO's Contributions to the Promotion of DTCs

The DTCO program has also been involved in the promotion and development of drug treatment courts through a number of activities. These include; the production of informative materials on Drug Treatment Courts and DTCO in particular, presenting in the community and at conferences, and hosting representatives from within Canada and internationally who express interest in drug treatment courts or may be investigating setting up a drug treatment court in their community.

DTCO Materials

The materials produced by DTCO include; Case Management Practice Guidelines (see Appendix A), DTCO policies and procedures, a marketing pamphlet and poster, a display banner, an information sheet for the Ontario defence bar and provincial and federal Crowns, and participant/facilitator manuals for treatment groups.

[NOTE: The version of the Case Management Practice Guidelines attached is current as of April 2008 and is scheduled for revision in April 2009. Participants now engage in employment and education activities with John Howard from the beginning of the program, rather than at Phase II as indicated in the April 2008 version of the Case Management Practice Guidelines.]

DTCO Presentations

DTCO has hosted visitors from Ontario, New Brunswick, Nova Scotia, Québec, England, Bosnia, Latvia and Russia. Representatives from the DTCO have also given over 25 presentations at the local level, as well as presented at six conferences, both provincial and national in scope. Delegates in attendance at these conferences include the public, policy makers, and practitioners in law, education, addictions, mental health, and corrections. DTCO also hosted the 2nd National Canadian Association of Drug Treatment Courts conference in Ottawa in November of 2008.

Promotion and Information-Sharing on DTCs

There is currently a high level of awareness and interest in the DTCO happening in Ottawa. During November and December there had been a rapid increase in the rate of referrals and intakes. During one single pre-court session in December, 14 applications were under various stages of consideration. In recent months considerable work has been done with Ottawa Police Services to generate 'buy-in' among officers. The DTCO has also received recent radio coverage over the CADTC conference and press coverage over the effect of the transit strike on community services. The Ottawa Citizen is also planning a feature story on the DTCO sometime early in 2009. A variety of other promotional events are in the planning stages for 2009 and if the current momentum continues the program will soon be at capacity.

DTCO Partners & Allied Service Providers

One of the most critical aspects of the DTCO's ability to operate is its partnerships with other community agencies. Partnerships with Ontario Works Addictions Services Initiative (OW ASI), Somerset West Community Health Centre (SWCHC), John Howard Society of Ottawa (JHS), and the Elizabeth Fry Society of Ottawa (EFS), supported the development of the program in the areas of financial assistance, urine drug testing, health screens, housing, and employment and education services.

Ontario Works (OW) Addictions Services Initiative (ASI)

Although not part of the original proposal, the ASI pilot, for which Rideauwood Addiction and Family Services is also a service provider, began at the same time as DTCO and a partnership developed naturally and immediately. The ASI is a special social assistance program for people for whom addiction

DTCO and ASI staff work together to ensure participant safety in the early stages of treatment.

is identified as a barrier to employment. This partnership has continued to grow and strengthen considerably since it began and it is now a key partnership. DTCO participants are assigned an OW worker specially trained in addictions; several ASI workers have even co-trained on DTCO programming with DTCO staff.

ASI workers are able to provide participants with a level of support and encouragement not ordinarily available. For example, participants are free from job search obligations until treatment indicates they are ready; special allowances for recreational activities are available; bus passes are provided to facilitate participation in DTCO; a financial contribution to DTCO allows every participant to take part in DTCO social recreation activities; OW also provides bus tickets to/from out of town residential treatment facilities and/or withdrawal management centres when required.

ASI workers work closely with DTCO staff to ensure participant safety by limiting the amount of cash available to them and helping them to avoid high risk neighbourhoods. Cheques are not released to participants unless the DTCO case manager is present; participants are given bus passes instead of cash; direct payments are made for maintaining housing; requisitions for clothing and household items are provided; and all DTCO participants are now referred to one OW site located in a safe neighbourhood that is also conveniently close to the DTCO treatment centre.

ASI managers have also attended all CADTC conferences and presented at the most recent conference in Ottawa. In December 2008, OW assumed responsibility for the DTCO Healthy Living group designed to teach basic living skills, such as budgeting, shopping, cooking, nutrition, fitness, and health.

John Howard Society of Ottawa & Elizabeth Fry Society of Ottawa

Housing

Safe and suitable housing is one of the key issues faced by DTCO participants when they are released from custody and into the program. Though every effort is made to secure safe housing for all participants upon their release from custody, 19% were released to a shelter, which is not considered safe and suitable housing. The DTCO's partnerships with the JHS and the EFS have played a vital role in providing safe housing for DTCO clients.

Chart 6

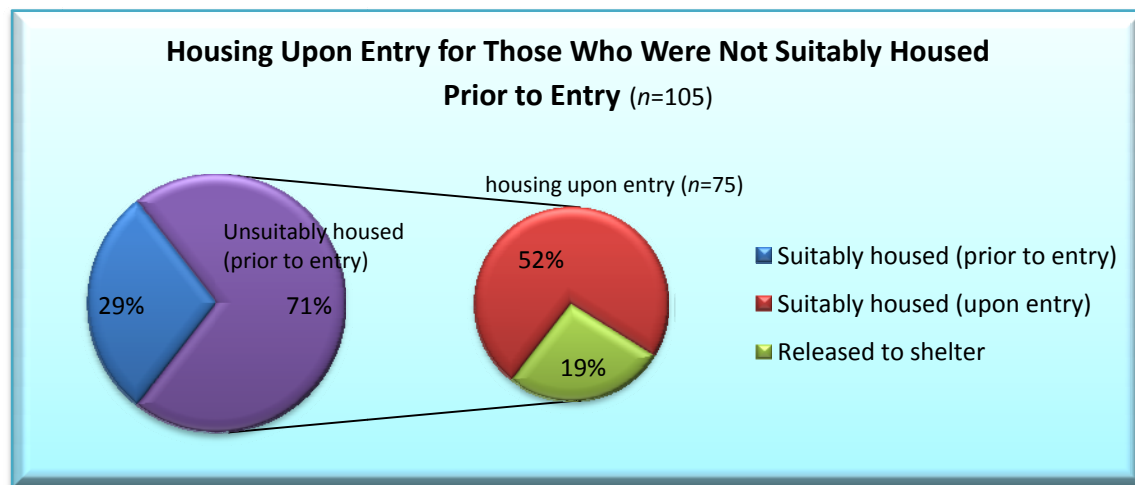
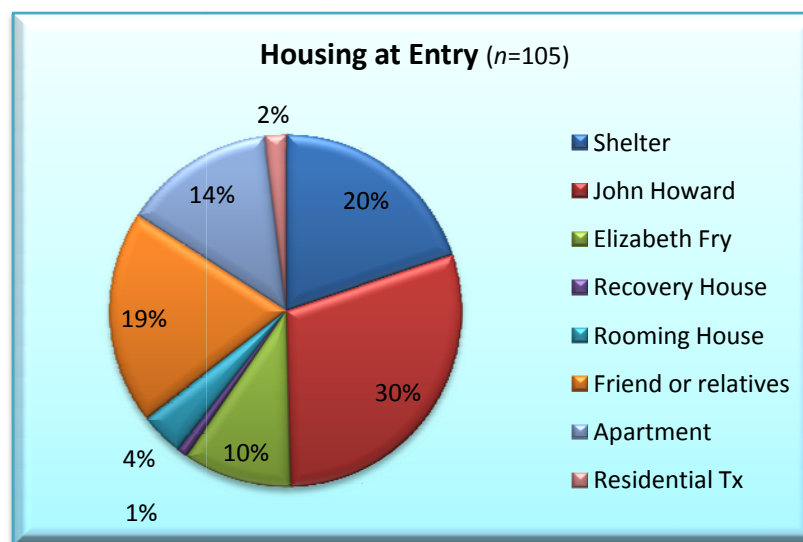


Chart 7



Of the 26 DTCO participants released from custody to a shelter, half (n=13) were never housed before either absconding or being removed from the program. Of these 13 participants 85% (n=11) lasted less than 30 days in the program – in fact, their average length of stay was only 7 days (range 1 – 28 days). For the 2 participants who remained longer than 30 days, one lasted for 64 before being removed by the court for constant issues of compliance, while the other absconded within 48 days.

The remaining 13 DTCO participants who were released from custody to a shelter, but were placed in stable housing, had a longer length of stay in the program averaging 129.8 days (range 28 – 399). The average length of time to house these participants was 8 days (range 2-23 days).

There has been a single exceptional case where a participant was successfully housed at a shelter for an extended period. This person had been offered other housing opportunities, but chose to continue residing at the shelter in order to maintain priority to receive a subsidized housing unit where his children could visit. After 100 days at the shelter, where, remarkably, he remained abstinent, he accepted a JHS unit. While at the Union Mission, he was sheltered in the dry wing and participated in their evening treatment programming, in addition to DTCO programming. (See: [The Union Mission](#) section under [Allied Service Providers](#) for more information.)

John Howard Society of Ottawa – Tom Lamothe Residence

At the launch of the DTCO in 2006, the JHS made a commitment to provide five apartment units in a supervised transitional housing residence for one year to demonstrate the importance of specialized transitional offender housing in DTCO. In 2007, the DOJ provided funding to continue the project for an additional year, purchasing four apartment units from JHS. When this funding lapsed in 2008, funding was obtained from the Homelessness Partnering Secretariat.

The Tom Lamothe residences include individual furnished bachelor apartments. The residence is staffed seven days a week, all common areas inside the building are video monitored, an onsite food bank and free laundry facility is also available, and housing search support is available to participants transitioning out of the residence. John Howard Society has housed 45 DTCO participants for a total of 2,904 housing days. Four are currently still housed there and 12 out of 41 participants (29.27%) moved, either directly or within 2 weeks, from the residence into market or long-term housing.

“It is believed that housing that is supportive of pro-social attitudes and behaviour, which is stable and supervised is linked to reduced risk of reoffending. Reduced risk implies that the individual is likely to remain engaged in treatment longer and thereby enhances the likelihood of pro-social changes.”

*-2007 DTCO Process
Evaluation*

Elizabeth Fry Society – J.F. Norwood House

EFS and DTCO have an arrangement that allows female DTCO participants to have priority access to beds at J.F. Norwood House. The EFS is an organization dedicated to supporting female offenders to reintegrate into the community. J.F. Norwood is an 11 bed transition home for women and is staffed 24 hours per day. Since access is based on availability, rather than contracted beds, wait times vary from immediate access to one month.

J.F. Norwood staff work very closely with DTCO staff to help participants to be successful. For example, when any new participant who was considered to be high risk was released from custody, J.F. Norwood staff or volunteers accompanied them in the community for the first week or two to make sure they got to treatment, court, and other appointments safely. J.F. Norwood staff also provided considerable

emotional support, encouragement, and a supportive homelike atmosphere have been strong advocates for the women. EFS staff have attended all DTCO trainings and CADTC conferences.

Employment and Education

Since the inception of the DTCO, JHS has provided education and employment services to DTCO participants. This program element has evolved over time and has been refined into the current service offered as part of the Homelessness Partnering Secretariat funding. Upon entry into the DTCO program all participants (male and female) participate in the “Essential Skills” group facilitated by JHS staff and offered onsite at the treatment centre.

This group provides pre-employment/education services in a structured format and includes basic job and education readiness skills/orientation, as well as individual sessions and practical assistance to facilitate moving participants into employment/educational activities. To date 34 participants have attended Essential Skills sessions. The number who became involved in some form of employment or educational activity during or following participation is 6. The average number of sessions they attended is 7.66 (range 3 – 16).

While this number (6) may appear small, it must be recognized that this program element has only been available for the last 7 months. Also, the available pool of participants who were eligible to commence employment/educational activities must be considered. DTCO participants are not able – due to the

Recommendation

DTCO and JHS would like to build on the success of the housing partnership to secure funding to develop a dedicated DTCO residence that would contain 12 bachelor apartments for DTCO participants exclusively. A commitment to ongoing funding will be necessary for this to happen and will greatly alleviate the work required in seeking funding year-to-year. Safe housing is important to participants’ ability to stabilize early in the program and help motivate them towards successful participation.

One of the challenges the Tom Lamothe residence of the JHS has experienced is the discrepancy between how the legal system treats DTCO participants and parolees. DTCO participants may be given repeated chances to continue in the community following relapses, whereas parolees are often returned to custody after a single relapse. This can cause a problem in the residents receiving conflicting messages. A dedicated facility for DTCO participants would also eliminate this concern.

treatment schedule – to participate in these activities for at least the first 4 months. Only 12 participants met the criterion. Of these 12, four were on the Ontario Disability Support Program – each of them being functionally disabled, preventing them from participating in a meaningful level of employment or educational activities. This reduced the available pool to 8 participants. Therefore, since the Essential Skills program began, 75% of all eligible participants have begun employment or education activities.

By way of comparison, prior to the implementation of this group, only 58.82% (10/17) of qualifying participants participated in employment or educational activities. This is an increase of 16.18% in only 7 months.

Somerset West Community Health Centre

SWCHC provides health clinic services to DTCO participants. A nurse practitioner, specifically dedicated to DTCO, conducts initial health screens with every participant within their first week of participation in the DTCO. The nurse practitioner will also make referrals to other health providers as needed, such as specialized medical care, dental and optometrist referrals. She also ensures a 30-minute follow-up/check-in session is held every two weeks with each participant to answer any ongoing or emerging health questions or concerns they may have – or just to talk about any health related lifestyle issues.

The partnership includes urine drug testing with observed specimen collection. Since participants attend for UDT at least once per week, they commonly have any acute health care needs addressed at the same time. Participants also have full access to all SWCHC services, such as; ID clinic, counselling services, acupuncture, smoking cessation programs, and others.

Allied Service Providers

Though no formal partnerships or purchase of service agreements have been established, alliances with a number of agencies and service providers have been established to make the process of accessing these services faster and simpler. These alliances typically develop following a meeting where the DTCO program has been presented and explained. Allied service providers who provide services to addicted, homeless, marginalized populations are often frustrated in their ability to effectively provide these services by the scarcity of supporting services available. Since DTCO provides such comprehensive and intensive case management services – monitored by the courts – many service providers go out of their way to be supportive in providing services.

The Union Mission

A protocol has recently been established with the Union Mission for Men. The UM is a shelter service that has a high level of commitment to providing supportive services to its client base. In the past year DTCO and the UM have developed a protocol to ensure that participants released to the shelter system have an opportunity for success.

Under this protocol, all male DTCO participants released to the shelter system are expected to reside at the UM (though there are three shelters for adult men in Ottawa), attend the UM evening addiction programming (in addition to regular DTCO programming), and within approximately four days are

admitted to the “dry wing”. The dry wing is a special section of the UM that is physically separate from the regular dormitory and includes rooms that have only 1-3 beds in them. All residents in this wing are making efforts towards sobriety and attend either the UM day or evening addictions programming. Although the protocol is recent, results so far are promising.

The Ottawa Food Bank

Commencing in January/February 2009, this partnership will see the implementation of an onsite food bank at the DTCO. The Ottawa Food Bank will also contribute food to the DTCO kitchen where participants cook meals and share nutritious meals daily.

Psychiatric Services

Commencing in January 2009, a psychiatrist with an addiction specialty will keep an office at the treatment centre one day per week for DTCO participants. Dr. Ruth Taylor will provide psychiatric counselling, assessment, diagnosis, prescribe/monitor psychotropic medication, facilitate specialized mental health groups, and consult with DTCO staff.

The Ottawa-Carleton Detention Centre

OCDC is the detention centre where 100% of DTCO participants are incarcerated. In recognition that intensive up-front interview/assessment and release planning contributes to reducing the likelihood of a return to custody, the OCDC professional visit liaison is generous in accommodating up to six professional visits per week to DTCO staff.

Ottawa Police Services

Ottawa Police Services has supported the operation of DTCO in numerous ways. OPS has provided generous access to participants (pre-release) held in cells at the courthouse; donated many boxes of clothing to the DTCO clothes cupboard; provided a police liaison to the DTCO; and have expedited the execution of bench warrants for high risk participants who have absconded. In the spring of 2008, DTCO was invited to do a presentation for the OPS street crimes unit. Recently, the DTCO Crown Attorney and OPS began working closely on crafting release conditions and discussing new applicants to improve screening and increase community safety. In January and February 2009, the Crown Attorney, a DTCO graduate, and the DTCO Director will be providing six, one-hour training sessions to officers of Ottawa Police Services. OPS officers have also attended all CADTC conferences.

Withdrawal Management Services

Forty-one participants (39%) attended a withdrawal management centre at some point during their active participation in the DTCO program. DTCO refers the majority of participants to Ottawa Withdrawal Management Services, but also refers participants to the Cornwall and Kingston Withdrawal Management Centres.

Ottawa Withdrawal Management Services (OWMS)

OWMS is the only ‘detox’ in the Ottawa area. OWMS and DTCO management have had several meetings and discussions on how to better serve DTCO participants. OWMS and DTCO staff communicate as

needed to discuss participant compliance to OWMS regulations. OWMS Director attended the recent CADTC conference in Ottawa.

Cornwall Withdrawal Management Centre (CWMS)

Located approximately 100kms from Ottawa the CWMC has proven a valuable allied service provider in accepting participants for 'extended stays' – up to a week at a time. This is valuable not only for the participants who have ingested high doses of drugs, but is offered as a 'preventative' measure to participants who have only used a small amount of drugs, but are at high risk for relapse or on methadone.

Residential Addiction Treatment

Thirteen DTCO participants (12%) attended residential addiction treatment while active in the DTCO program. Participants may be admitted to a program anywhere from 48 hours to 2 months from the date of referral based upon the availability of beds. Only those who are willing and motivated to attend residential treatment and who are housed, or have a reasonable prospect of being suitably housed upon their return from residential treatment, are referred. All referrals are made within the context of the Ontario Ministry of Health Assessment and Referral Guidelines.

Rideauwood Addiction and Family Services

Rideauwood Addiction and Family Services is the treatment service provider for the DTCO; however, the DTCO program runs as a separate and distinct program with a dedicated budget, treatment staff and program management. Nine DTCO participants (8%) were referred to Rideauwood's Adult Program. There was no wait time for participation in this program, other than the time intervening their date of referral and the start date of that program's next cycle.

DTCO has also referred 15 participant family members to Rideauwood Addiction and Family Services' Family Member program (a counselling program for family members of people with addictions or substance use issues). Clients are contacted within 24-48 hours of the referral. At the time of the writing of this evaluation, two people are active in the Family Program at Rideauwood, eight have attended the Family Spiral information session, one is engaged in phone counselling because they live outside of town, and nine other contacts have been made.

St. Vincent de Paul Society

Within 24 hours of their release from custody, participants are provided with a \$75 voucher from the St. Vincent de Paul Society thrift shop, located just a few blocks from the treatment centre, so that they can purchase clothing – many have no clothing other than what they are wearing at the time of their release from custody.

Community Networks Addressing Drug Use

The Community Adult Justice Network of Ottawa (CAJN) is a strategic leadership group dedicated to building and enhancing coordination, partnerships, education and advocacy regarding adult justice

issues in the Ottawa area. Rideauwood Addiction and Family Services is a member of this network, and for a time the DTCO Program Director was the agency's representative to CAJN.

In 2007, when the DTCO attended training and introduced criminogenics into its programming, OW ASI, JHS, and EFS staff were invited to participate in the criminal thinking training, thus expanding their own knowledge of the DTCO client base and how to better serve them. JHS and EFS staff also attended an anger management for offenders training session sponsored by the DTCO.

In 2008 DTCO hosted the 2nd National Canadian Association of Drug Treatment Courts conference and invited and facilitated subsidies for 30 delegates from local partners and community stakeholders from Ottawa to attend the conference, learn more about drug treatment court practices, and network with people from DTCO and other DTCs from across the country.

In 2007, DTCO and Rideauwood Addiction and Family Services did a presentation for the Deputy Minister of Health (Ontario) about the DTCO program, presented information and answered questions on DTCO for the Honourable Michael Bryant, then Ontario's Attorney General, and hosted a press conference for the Federal Justice Minister, the Honourable Robert Nicholson. Minister Nicholson also provided opening remarks to over 200 delegates at the 2nd National CADTC conference in Ottawa in 2008.

DTCO is also active on larger regional networks like Addictions Ontario and the Champlain Local Health Integration Network.

Court

The Ottawa Drug Treatment Court sits every Tuesday and Thursday. *[Note: approximately 6-10 court dates per year are cancelled due to judicial scheduling conflicts, CADTC conferences, and other DTC meetings.]* Participants are expected to attend every court session unless excused for reasons such as illness, medical, dental, or other appointments. Participants further along in the program (minimum of approximately 4 months) may be excused from Thursday appearances for work or school – eventually participants may be required to attend only once every 2 weeks if they have a full-time work or school commitments and are stable in their recovery. Since the beginning of the program there have been nearly 3,000 court appearances by active DTCO participants.

The DTCO Court Team

As drug treatment court is a specialized therapeutic court, having a consistent team of knowledgeable and experienced court players is essential. In order to ensure this consistency, each position in the DTCO court team is filled by the same one or two persons on a regular or rotating basis. These team members develop knowledge through attending CADTC conferences and round table meetings, cross-training between the legal members of the court team and treatment, and through sharing of print articles relevant to addictions, criminogenics, and therapeutic jurisprudence. Recently, it has become a practice for new members of the court team to tour not only the treatment centre, but also the city's shelters and withdrawal management centre.

The DTCO Court Team Members

Judge: There are currently 5 provincial court judges prepared to sit in drug treatment court – two primaries and three alternates. Both of the primary judges have been with DTCO since its inception and sit most frequently (73% of court dates). The alternate judges each spent time observing DTCO prior to sitting and were also aided by a set of written guidelines for DTCO judges prepared by the two primary judges. Judges are assisted by a small team of dedicated clerks in both pre-court and court.

Crown Attorney: DTCO prosecutorial responsibility is shared between the provincial and federal Crown offices, with primary responsibility alternating annually. During approximately the first two years of DTCO, the provincial Crown took the lead, and in the third year primary responsibility shifted to the federal Crown. Both federal and provincial Crowns frequently attend DTCO pre-court and court sessions and provide back-up support to each other.

Duty Counsel: The current DTCO duty counsel has been an active member since the program's inception and has only missed DTCO sessions for holidays. A back-up duty counsel fills in during these absences and occasionally sits in on pre-court meetings to keep abreast of DTCO proceedings.

Probation Officer: Two probation officers alternate this responsibility – one has been with DTCO since its inception.

Para-legal: This role has recently been added as a temporary position and is funded by the federal Crown's office. Responsibilities include receiving all DTCO applications, opening files and liaising with the police. In 2009 the paralegal will also screen all new files in bail court to identify potential DTCO clients and take on responsibility for court related data collection for the court side of the DTCO program.

DTCO Director (Program Manager): The director/manager provides information on participant progress in treatment during pre-court meetings. Back-up for this role is provided by the Clinical Manager, and/or the Court Liaison. All three personnel have worked in DTCO since its inception.

Court Liaison: The court liaison is a treatment staff member who conducts assessments on applicants and reports on findings to the court team.

Pre-Court Meetings

Pre-court meetings are held prior to every DTCO court session and are generally 2 – 2.5 hours long. These meetings are attended by all members of the court team. There are two primary purposes to the pre-court meetings. The first is to allow the team to review and discuss the progress of each DTCO participant – facilitated through *progress reports*. These reports track participants' overall progress in treatment and overall compliance in the time intervening the last court session and the current, and form the basis of discussion and decision making regarding how each participant will be dealt with in court. Matters discussed range from eligibility for rewards, to minor and more serious sanctions, to removal from the program. The team endeavours to work on a consensus model and consensus is typically reached for rewards and minor sanctions (community service hours), however, as sanctions increase to include bail revocation, and/or removal from the program consensus becomes more difficult.

The second primary function of the pre-court meeting is the management of new applicants. Referring defence counsel frequently attend pre-court meetings to address the DTCO team during the application phase. The results of assessments completed by the court liaison are reported and include a recommendation as to whether or not the applicant is suitable for the program. Release conditions tailored to the individual are also determined at this meeting.

DTC Court Sessions

At entry into the DTCO program, participants are required to attend court twice a week, on Tuesdays and Thursdays. Participants are called before the judge in turn and engaged in brief conversation as to how they are doing. They are always asked specifically if they have any substance use or high-risk situations to report. Following the participant's discussion with the judge, treatment staff summarizes the progress report for the court record. If there were no issues requiring a sanction, the participant is rewarded for their efforts and takes their seat. If some aspect of the participant's behaviour warrants a sanction, the Crown will make submissions as to the specific issue and request a sanction, followed by duty counsel who will also make submissions to be adjudicated and determined by the judge.

Rewards and Sanctions

Rewards

At the heart of drug treatment courts is the premise that human behaviour is shaped more effectively by recognizing and rewarding desirable behaviours, than it is by punishing undesirable behaviours. Drug treatment courts are designed in such a way as to allow the court to participate in this behaviour change by bestowing both tangible and intangible rewards for compliance with program objectives.

Praise and Encouragement: The most common form of reward is verbal praise and encouragement, accounting for 70% of all rewards. Some participants find it to be the most influential form of reward. Judges in the DTCO are quick to acknowledge progress and compliance with statements such as:

That's terrific! A really positive report! You're really doing well, keep up the good work – praise, encouragement, coffee card, and early leave – and we'll see you next week!

or;

I started to write in my notes 'good report,' but as treatment was speaking I scratched that out and wrote 'excellent report,' you're doing a really good job and clearly working very hard on your recovery. Keep up the good work!

As part of the process of offering praise, the judge will sometimes recognize participant success by asking them to share their experience with the court and for the benefit of the other participants:

You've been doing really well for a long time now. Can you tell us what it is that you are doing that has helped you to stay clean for so long?

Even when participants are doing poorly and the judge is administering some form of sanction, an opportunity is always created for praise. Judges find some opportunity to include praise in virtually every situation:

First, I want to note that you were honest about your substance use. Also, that you contacted treatment as soon as you realized you missed your appointment. Honesty is critical to this program because we can't help you resolve your problems unless you are honest with us about what is going on . . . so you are to be praised for your honesty, for reporting your use right away, and for contacting treatment about the missed appointment. We don't sanction for substance use, however, the missed treatment appointment does warrant a sanction and you will be required to complete 4 hours of community service work by next week.

Encouragement can be used in combination with praise or admonishment and is intended to prompt participants who are struggling with compliance or substance use, for example, the above statement might be followed by:

. . . John, everyone here wants to see you succeed. You've been struggling for a few weeks now, but you've done really well in the past. I know you can do it again. I'm going to challenge you to stand before me next week and claim a coffee card. You can do it!

Coffee Card: The coffee card is a reward given to participants who have had a full week of complete compliance and reported no substance use. It is the second most commonly used reward and accounts for 20% of all rewards. The coffee card is a \$5 gift card from Tim Horton's. This is a highly prized reward by participants not only for its monetary value, but also for the intrinsic value of the status of achieving

it. Participants are often visibly proud to receive their first coffee card, or to receive one after a lengthy period of struggle. Participants sometimes use the coffee card to go as a group after court, to get a meal, or pool their cards to purchase and share their monthly supply of coffee for home brewing.

The coffee card is a reward that recognizes and encourages participant's short-term success and it provides participants with a short-term goal that is realistically achievable, resulting in an immediate tangible reward to facilitate behaviour change.

Early Leave: DTCO participants are not only expected to attend court twice per week, they are expected to remain in court throughout the entire DTCO proceedings which can last from 45 minutes to 1.5 hours. Early leave also accounts for 16% of all rewards and is designed to encourage participants to achieve a medium-term goal. Clients who are granted early leave are called at the beginning of the list and may leave court immediately after their matter is heard. In order to earn this reward participants must first be in the drug treatment court for at least 60 days and must have achieved 30 days of abstinence from all substances. Once this initial criterion is met, participants must sustain their progress in order to continue earning it on an appearance by appearance basis. However, the reward, if withheld, can be earned back by the next court appearance, encouraging the participant to resume their prior successful behaviour by ensuring some measure of success and reward is always within reach.

Less Frequent Appearances: This reward allows for participants to attend court with less frequency and is typically applied to participants who have become engaged in a busy work or school schedule. There is no set time at which this reward may be applied; however, it is typically sometime after the 3–4 month mark as participants are engaged in treatment on a daily basis during that phase. This reward is designed primarily to encourage long-term success and support participants integrating into society. Typically, the reward begins with permission to attend court on Tuesday only, however, as time to graduation draws nearer, participants may only be required to appear every second Tuesday if their schedule warrants the absence. This reward is not automatically withheld for non-compliance or substance use, but may be withdrawn based on clinical assessment. In order to ensure that participants with disabilities and are unable to attend work or school may still become eligible for this reward, any participant who has 6 months of participation in the DTCO and 3 months of continuous abstinence from all substances automatically becomes eligible for this reward. Participants with disabilities may also qualify earlier than six months if they are attending volunteer work.

A variety of rewards are available to recognize and encourage short, medium, and long-term successes.

Charts 8 and 9 below summarize the average distribution of rewards in DTCO.

Chart 8

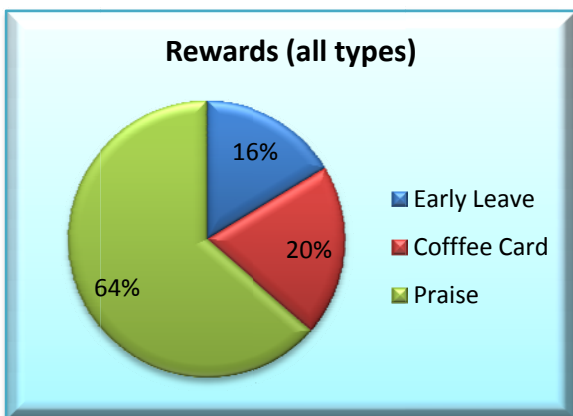
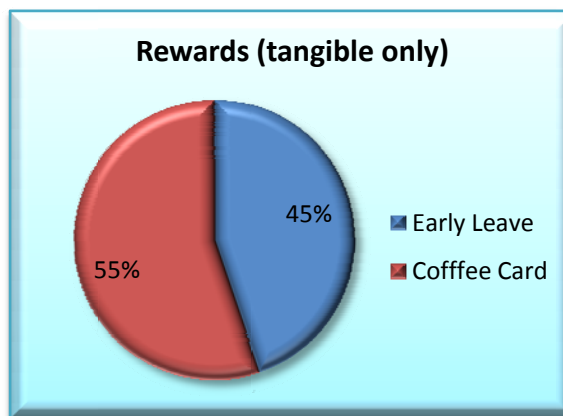


Chart 9



Sanctions

The social sciences also tell us that sanctions can be effective in shaping behaviour, however, it is not the severity of the sanction that is most effective in affecting change, but rather, the immediacy with which it is imposed and the consistency with which it follows an undesirable behaviour. As with rewards, therapeutic courts like the DTCO have the opportunity to participate in behaviour change. Because DTCO sits twice each week, sanctions can be administered swiftly.

Admonishment: The Canadian Oxford English Dictionary defines 'admonish' as: 1. *reprove, esp. gently* 2. *urge* 3. *give advice to* 4. *warn*. Admonishment is the most commonly used sanction in the DTCO, however, it should be noted that though participants may receive an admonishment as their sole sanction, other sanctions are virtually always accompanied by an admonishment.

This is the sixth week in a row that you have missed a treatment appointment. Now you have also missed a urine drug test. I'm not sure that community service hours are doing it anymore. I'm going to revoke your bail for 3 days. While you are in custody, I want you to think about what is happening and how you are going to do things differently when you come back. We expect more – you've done better in the past and I know you can get back on track.

When used on its own, it is typically in place of a more tangible sanction such as community service hours, for participants who have never been sanctioned or have not been sanctioned in a long time:

You have been doing well for a long time and I see that it has been 3 months since you have had any problems. While missing treatment usually warrants a sanction, I'm going to let you off with a warning this time, and a reminder that you must attend all appointments.

Admonishment as a sanction, not coupled with some other form of sanction represents 24% of all sanctions.

Community Service Hours: Community service hours (CSH) are the most commonly administered *tangible* sanction in DTCO – representing 55% of all sanctions. Anywhere from 2 CSH to 20 CSH (mean 6.4 hours) may be administered to an individual participant at any appearance depending on the

seriousness and number of infractions. CSH are expected to be completed quickly – anywhere from several days to two weeks, depending on the amount of hours assigned. CSH are normally completed at a local community centre and involve cleaning duties.

Bail Revocation: Short of removal from the program, bail revocation is the most serious sanction that a participant can receive. Bail revocation is usually a 'last resort' sanction for a participant who has repeatedly been assigned other sanctions such as community service. Bail revocation may also be assigned to a participant who has committed many infractions of DTCO rules at once (usually associated with a 'drug run') and the quantum of CSH warranted could not be completed in a reasonable amount of time. Bail revocation may also be assigned to a participant who has failed to complete their CSH even after an extension was permitted. Of all sanctions, bail revocation is invoked the least at 7% of the time. The range of bail revocation is 1 – 5 days (mean = 2.6 days).

DTCO sanctions are applied immediately and consistently to ensure optimal effectiveness in changing behaviour.

Other Sanctions: Other sanctions are usually things that would be considered meaningful or therapeutic for a particular participant, and make up 14% of all sanctions. Other sanctions include mandatory attendance at 12-step meetings, preparing a letter for the court, a period of reduced curfew/house arrest, or developing a specific plan to avoid high-risk situations and/or substance use.

Charts 10 and 11 below summarize the average distribution of sanctions in DTCO.

Chart 10

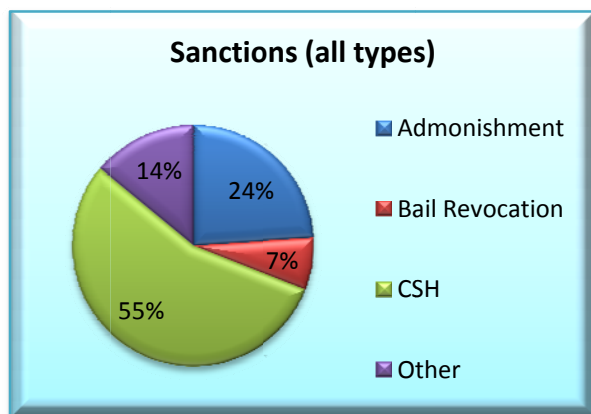
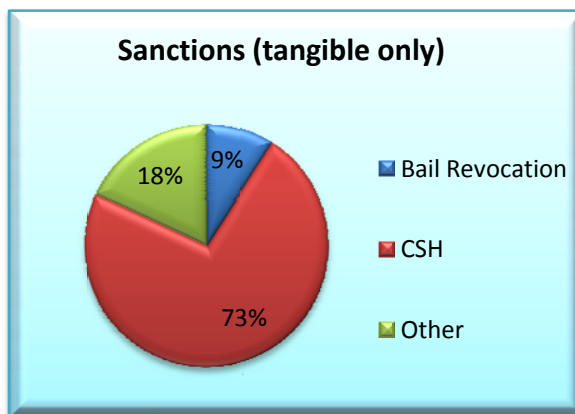


Chart 11



Charts 12 and 13 show the ratios of rewards to sanctions for all types and for tangible rewards and sanctions only. Rewards are handed out, on average, three times more than sanctions.

Chart 12

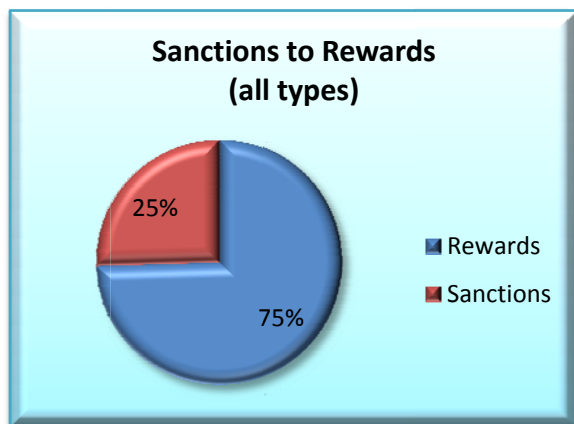
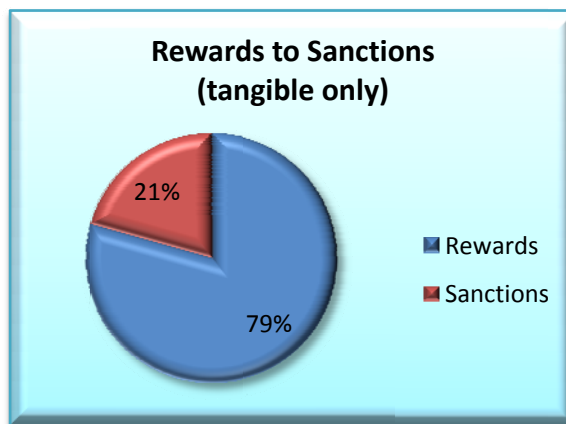


Chart 13

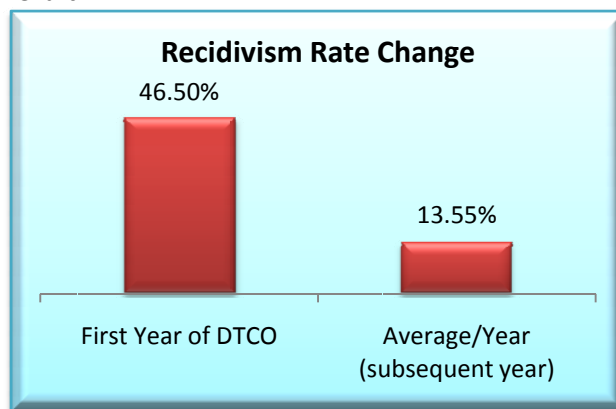


Recidivism – New Charges while in Program

In total, 33.33% (32/96) of DTCO participants reoffended while under the jurisdiction of the DTCO; however, this number is overrepresented by results from the first year of DTCO operation with the incidence of in-program recidivism dropping from 46.5% (20/43) in the first year to an average of 13.55% (12/53 over 610 days) per year in the subsequent period. Another change demonstrated is the frequency of reoffending by participants. During the first year of operation 4 participants reoffended multiple times while active in the program, however, in the subsequent period (610 days), only 2 participants reoffended multiple times.

Chart 14 represents the change in recidivism that occurred following the first year of operation. It should be noted that of the 12 participants who reoffended subsequent to the first year of operation only 3 offended while active in treatment. The rest had all absconded for periods of anywhere from 10 days to 6 months and 4 of the 12 absconded immediately upon release to DTCO and before attending any treatment appointments.

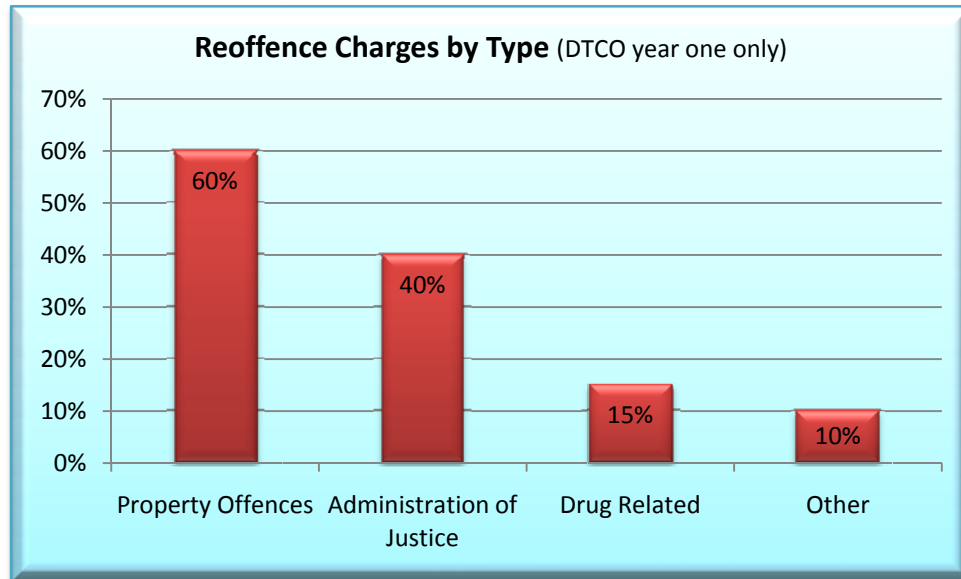
Chart 14



Likely, the most significant explanation for the reduction in recidivism is the change to DTCO programming, introduced in the spring of 2007, which included criminogenic specific programming and increased frequency and duration of treatment sessions. As discussed in the [Treatment](#) section of this evaluation, these added elements are consistent with the principles of effective correctional treatment (see Case Management Practice Guidelines, Appendix A) and added considerable structure, dosage, frequency, and offender specific treatment to the program.

Chart 15 below illustrates the percent of charges by type that the 20 participants who reoffended during the first year of DTCO were charged with (Data post 2007 was not reliably available).

Chart 15



Treatment

Evolution of DTCO Treatment Programming

When DTCO began in the spring of 2006 participants attended two groups per week, the Monday check-in group and a men's group at JHS and a women's group at EFS. Treatment was primarily individualized and case management oriented. Participants met with their case managers several times a week for individual sessions which were quite lengthy (ranging from one hour to half a day in length), or received support out in the community.

In the winter of 2006, DTCO procured funding to provide additional training for treatment staff. After some research on what training would be of most benefit to the DTCO clients and program, Dr. Barbara Armstrong was contracted to provide training on the delivery of several criminogenics groups. Though some criminal behaviour groups were being provided by JHS and EFS, they were not specifically focussed enough on changing criminal thinking. The Dr. Armstrong training was completed in the spring of 2007. Also at this time a community kitchen was opened at the treatment centre, fully stocked with food and utensils, and participants began cooking for themselves and were provided with nutritious food on a daily basis to encourage attendance.

In the summer of 2007 the criminogenics groups and model was integrated into all programming and treatment approaches. By this time there were four groups available to participants; Monday check-in, Basics/Lifestyles, Living Clean and Sober, and Social Recreation.

Throughout the winter of 2007 and spring 2008, Dr. Armstrong's conflict resolution group was integrated into the programming and groups were running 4-5 days/week. By the spring/summer 2008 new clients in Phase I of the program were engaged in either treatment, treatment-related, or court activities on a daily basis from 9 a.m. to 3 p.m., Monday to Friday, providing the structure and level of activity that, as observed by treatment staff, seemed to reduce the amount of personal crises experienced by participants, which in turn reduced the amount of treatment time and resources spent on diffusing these crises.

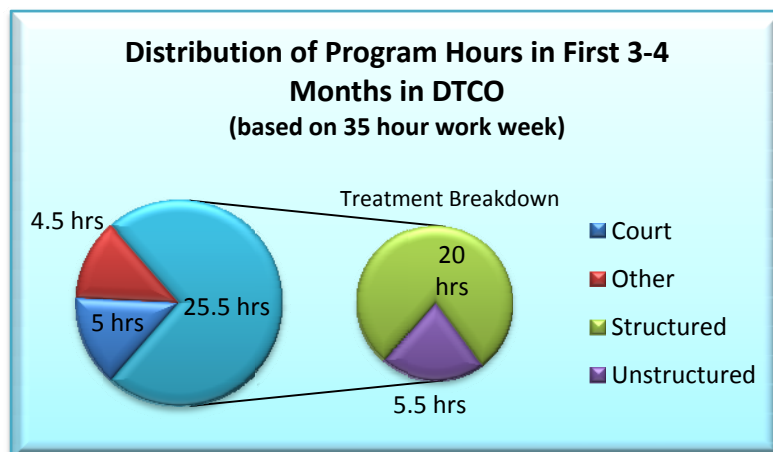
In the fall of 2008, Phase I divided into two subgroups, one group (the 'A' group) – new participants– participated in treatment groups focused mainly on stabilization of substance use, changing criminal thinking, and life skills. After approximately 3 – 4 months, participants progressed to the next level of activities ('B' group) that focused on developing insight into their addiction and behaviours.

Treatment sessions

The treatment program for DTCO is not segregated by drug of choice. Participants are all involved in the same treatment activities, as outlined in the *Case Management Practice Guidelines* (Appendix A). Certain adjustments to the treatment program may be made on an as needed basis for clients with particular needs. Though the current program is mainly group oriented, participants still receive individual treatment contacts on a regular basis.

Chart 16

A typical week for a DTCO participant in the first 3 – 4 months of Phase I of the program involves treatment activity for approximately 25.5 hours. When time attending court is added to the schedule, participants are involved in structured activity for approximately 30.5 hours each week. 'Other' indicates time that is unaccounted.



The DTCO Routine

Morning: Participants arrive at the treatment centre between 8:30 a.m. and 9:30 a.m. to gather and have breakfast. A morning treatment group runs 4 days per week, with one morning per week dedicated solely to individual counselling sessions. On the individual counselling mornings, 'high risk' participants spend the morning at the treatment centre in unstructured time before and after their individual session.

Lunch: Two days each week treatment staff work with the participants as a group to prepare lunch. The other three days, participants are free to leave the centre for the lunch hour, though almost all stay to prepare their own lunch in the kitchen.

Afternoon: Group is run three afternoons per week, with Tuesday and Thursday afternoons dedicated to court attendance. These activities typically run until 3:00 – 3:30 p.m. However, Friday afternoons are dedicated to a social recreational outing that usually runs until 4:30 p.m.

Individual counselling sessions also occur throughout the day. Individual sessions during this phase of treatment tend to be very brief and frequent. Additional brief individual sessions frequently occur in the evenings and on weekends by phone.

While this is a typical routine, DTCO participants are permitted to be absent from the treatment centre for valid reasons such as medical, dental, legal, CAS, social assistance appointments, etc. Participants may also be excused for illness, though if they are thought to be malingering, a medical note is required. Since, DTCO participants tend to be very high needs and marginalized members of the community, it is not unusual for a participant's personal crisis to cause deviation to his/her treatment schedule: having to attend detox after a relapse, having to find emergency housing after an eviction, missing treatment due to a relapse, having lost all clothing and possessions in a relapse, are just a few examples of the types of situations that might arise.

Sometime during the 4th month, it is expected that participants will meet the criteria to become involved in educational or employment activities and move on to the 'B' group mentioned above. These participants have the option of attending treatment only in the mornings three days per week, with the

other two mornings expected to be filled with work or school. This schedule lasts for approximately two months when participants complete Phase I and move into Phase II.

During Phase II, treatment activity drops off dramatically, as participants move into more intensive employment or educational activities. Individual contacts may reduce to 1 hour, or less, per week and only one evening DTCO group is offered, though not all participants are required to attend. Some participants may additionally become involved in other Rideauwood programming that accounts for one evening group per week, though this is also not required of all participants.

Recommendation

When the education and employment activities were moved to Phase I of the treatment programming, there was little remaining of structured programming for participants in Phase II of the DTCO. While participants in this phase are often involved in work or school, and are often attending court less frequently, there may still be benefit derived for them in regular, though less intensive participation in programming.

The DTCO program would do well to review Phase II treatment activities and consider a mandatory requirement for a minimum number of relapse prevention treatment hours for completion of this phase. Also at this phase, participants are actively beginning their reintegration into regular social activities and, though some of this is integrated into the programming in Phase I, specific emphasis on developing and solidifying their connection to resources (both internal and external), increasing their resiliency, and promoting a focus that is positive, future- and goal-oriented (in the longer term) should be considered a treatment target.

Retention in DTCO

There are four ways for DTCO participants to leave the program; graduation, withdrawal, discharge, and absconding. Of those who either withdraw or are discharged, some may meet the requirements of a successful participant. The primary criterion for *successful participant* is having received more than 150 days of treatment as an active participant in the DTCO program.

The average length of stay for participants in DTCO is 118 days ($n=105$). If this is broken down by the 63% of participants who were active in the program longer than 30 days ($n=66$), and the 37% of participants who were in the program less than 30 days ($n=39$), the average length of stay is 178 days and 14 days respectively.

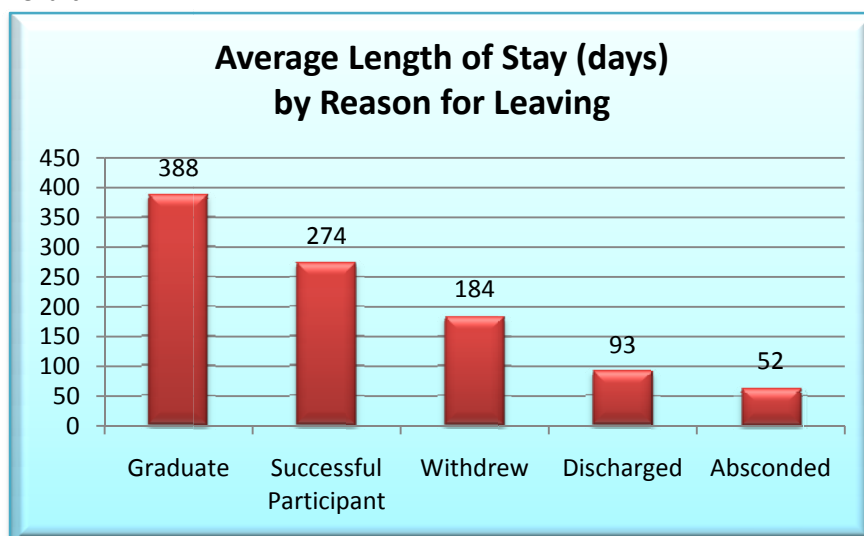
Of the participants who were discharged from the program, 41% ($n=22$) were in the program for less than 30 days. Of the 59% ($n=32$) who were in the program for more than 30 days, 10 were successful participants whose average length of stay was 288 days.

DTCO has a 29% success rate when considering Graduates and Successful Participants

Forty percent of participants who withdrew ($n=4$) were in the program for less than 30 days; of the remaining 60% of people who withdrew ($n=6$), all were successful participants whose average length of stay was 298 days.

DTCO has had 8 graduates, 22 successful participants, 10 who withdrew from the program (6 of whom were successful participants), and 54 who were discharged (10 of whom were successful participants). Six of the current active participants (and potential graduates) already meet the criterion for successful participant. Of the 16 successful participants, who either withdrew or were discharged, all but 2 were housed and had a stable source of income; and 9 were either employed, attending school, or both.

Chart 17



The overall retention rates for DTCO participants increased significantly at 3 and 6 months in program compared to those reported in the 2007 Process Evaluation for the first year of operations. A small percentage of participants (8.4%) who are admitted to DTCO abscond before attending the treatment centre for their first appointment.

Table 2. Retention Rates in DTCO, year 1 compared to all years

	1 month	3 months	6 months	9 months
	(n=43)	(n=36)	(n=31)	
Active Participants (Feb 06 – Feb 07)	63% (n=27)	31% (n=11)	19% (n=6)	Not reported
	(n=106)	(n=101)	(n=90)	(n=76)
Active Participants (Feb 06 – Dec 08)	64% (n=68)	43% (n=43)	28% (n=25)	21% (n=16)

Profile of a Graduate

Bill was a 40 year old male who was admitted to DTCO with charges of theft under \$5000 (x2), breach, (x2), and failure to comply. Bill was raised in a family of affluence, but at the age of 13 he started experimenting with drugs and alcohol and by age 16, he was regularly smoking hashish, drinking alcohol, taking large amounts of LSD, and snorting cocaine. By the time Bill was 20, he was in jail for the first of 8 incarcerations. When Bill was admitted to DTCO, his last home was under a piece of canvas in a public park. He hadn't had an address in several years and he supported his now \$1000 a day crack cocaine habit by dealing drugs and shoplifting.

Bill had a desire to stop using drugs, but was initially resistant to treatment recommendations. He wanted to ride on his intellect and do things his way. Early on, Bill started going to 12-step meetings which seemed to help him not only with his substance use but with his attitude. Gradually, Bill became determined to not only stop using drugs but to better his life. Bill eagerly accepted treatment recommendations and support offered to him.

Twelve months later, Bill graduated from the DTCO, and received a sentence of 1 day probation. Bill was initially housed at the John Howard Society residence when he came into DTCO. He is now employed as a full-time support staff in the same residence, and is attending college to become an addictions counsellor. Bill is now 29 months clean.

Profile of a Successful Participant

Al was a 43 year-old, who entered DTCO with charges of theft under \$5000 (x3), proceeds of crime (x2), and a breach of an undertaking. Al was 13 years old when he started smoking marijuana and drinking alcohol, by the time he was 27, he was smoking crack cocaine on a daily basis. Al primarily supported his drug habit through shoplifting. He considered himself an expert. At the time of Al's last arrest his drug habit cost about \$900 a day.

He had been to 3 different treatment centres over the years, but never managed to stay clean for more than a month before relapsing on crack. He had spent the past few years sleeping on the street, or in a shelter, or on the occasional couch. For the most part, his family wanted nothing more to do with him.

Al had many incarcerations, spending close to half of his adult life in custody. Along the way, Al had been diagnosed with bi-polar disorder, explosive personality disorder, and chronic addiction. At times he was prescribed medication to treat these disorders, but he would never attend follow-up appointments and remained untreated.

When he first came into the program he struggled with abstinence and had a number of relapses with crack, marijuana and alcohol in the first few months. He also struggled with criminal behaviour and admitted to treatment staff that he continued to shoplift on occasion. Al worked closely with treatment staff and attended regularly. Generally his compliance was good. He began to abstain from crack cocaine and stopped shoplifting altogether. At one point Al achieved 3 months of abstinence from all substances. Al moved from the John Howard residence and secured a unit in a clean, agency-run, supported rooming house. Al had also begun work, for the first time in many years, as a custodian in a large community centre.

Then Al relapsed on marijuana. After that Al continued to abstain from crack and criminal activity, but relapsed regularly on marijuana – reporting use on a weekly basis. He continued to struggle with attempts at abstinence, but eventually he became discouraged and after 15 months of participation in the DTCO, he made the decision to stop trying, to continue smoking, and withdraw from the DTCO.

At entry into the DTCO, the Crown was seeking a sentence of 7 months jail and one year of probation. When Al voluntarily withdrew from the program, he was given a 90 day conditional sentence and 365 days probation. Al successfully completed his conditional sentence and period of probation. He continues to be employed in the same position at the community centre, has his own apartment – and continues to smoke marijuana. Al has not smoked crack or reoffended for two years now.

DTCO Participant Reports

Progress Reports: A progress report is completed for each active client the day prior to a court session. These reports track their progress in treatment in the time intervening the last court session and the next. Information reported on includes, treatment contacts (group or individual), treatment related activities (appointments related to housing, health, social assistance, probation, urine drug testing, methadone, legal issues, etc), UDT results, and overall progress in treatment. These reports are distributed to all pre-court team members in advance, the evening prior to court, and are reviewed in pre-court for each client.

Urine Drug Test: Urine drug tests are randomized and clients are tested on average once per week, though they may be instructed by either treatment or the court to be tested on a more regular basis over a period of time or as requested. Urine samples are collected at SWCHC where they are observed by a nurse practitioner. The samples are processed by Gamma Dynacare Laboratories and the results are faxed to the treatment centre, usually within 2-4 days of the sample being collected.

Use Book: A new process was implemented in the summer of 2008 to help track participant drug use. After each use of an illicit substance participants are required to fill out a form identifying the dates, quantity, and frequency of use. If there is later a change to the report, the participant is instructed to correct the paperwork.

Court Logs: Court logs are recorded by the court liaison during pre-court and court sessions and track information such as, rewards and sanctions, narrative on any discussion of participants that took place in pre-court and court amongst the court team, substance use reported by participants in court, bench warrants issued, and the date of the participant's next appearance in court.

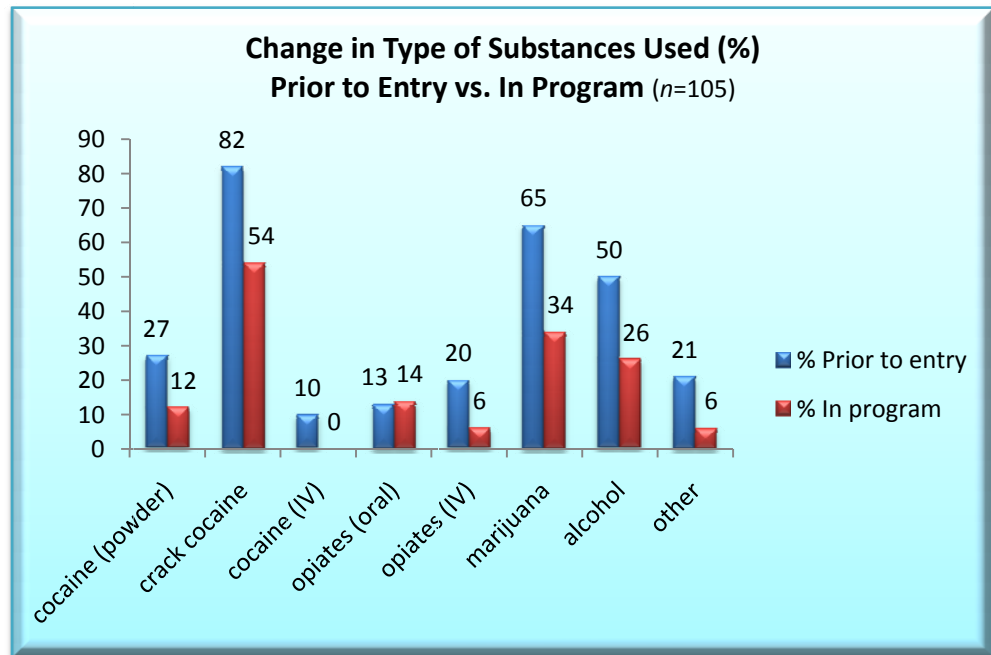
Exit Summary: An exit summary is prepared for each participant when they graduate from the DTCO program. This is a summary of their activities and achievements in treatment. For an example of an exit summary, see Appendix B.

DTCO Participant Change in Substance Use in Program

IV drug use dramatically decreased during the in-program period; a reduction of 100% of IV cocaine use and a 70% decrease in IV opiate use. DTCO participants who are regular IV users may enter a verbal contract with their case managers to not break skin if they are going to relapse. This is a part of the harm reduction approach employed to help prevent the spread of infectious disease and other health concerns related to IV drug use. This form of harm reduction may also have contributed to the slight increase in the use of oral opiates (7.1% increase), since if the IV users relapsed, they usually kept their contract to not break skin, and often, therefore, chose to use oral opiates instead.

It is important to note that while looking at the reduction of substance use by type of substance (Chart 18) may provide useful information on harm reduction, it does not provide the best data on the actual change in substance use for DTCO participants, since it does not indicate the amount or frequency

Chart 18



of use. This data is outlined in the following section, and provides insight into the significant effect DTCO has had on reducing substance use amongst participants for their period in the program.

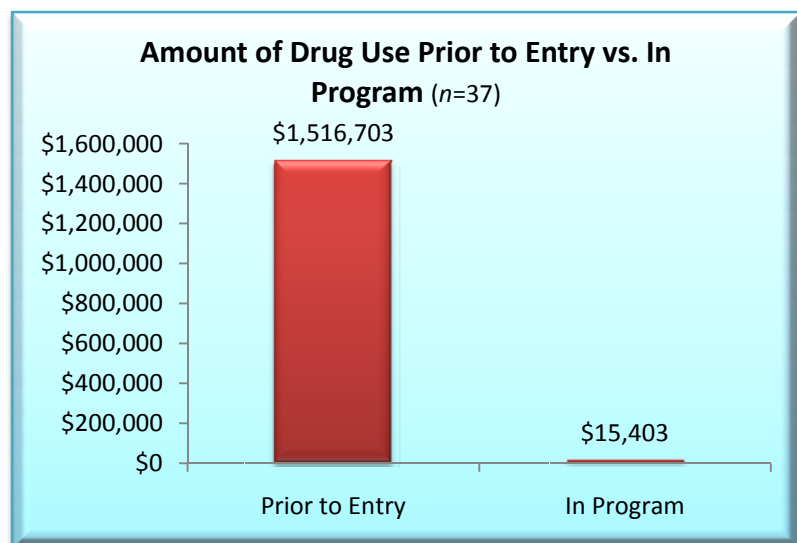
Reduction in Substance Use- Amount and Frequency

While substance use was tracked on the progress reports, the *amount used* was often absent from the report, and it was not uncommon for there to be some variance between what was reported to treatment versus the court. So, in the summer of 2008, a Reported Use Form was implemented and explained to participants as the report to which they would be held accountable to in court and to which their urine drug test results would be compared. Participants are required to attend the treatment centre and complete a form on the day immediately following their use, even if they do not have a treatment appointment scheduled.

Therefore, though the period covered is limited to six months, the source data for amount and frequency of use derives from the Reported Use Forms and has an $n=37$. The data compares all participants active in the program during the capture period of the Use Book and compares their reported use prior to entry for an equivalent length of time.

Chart 19 shows the total amount which would have been spent on substance use by the participants in the data set if they had not been in

Chart 19



program and were using at the rate which they reported was their use just prior to entry, calculated for a period of time equivalent to that for which they were active in DTCO for the capture period, so that it could be fairly compared to the amount they spent on substance use while in the DTCO program. It is noteworthy that of the \$15,403 spent on substance use in program, \$5,670 can be accounted for by a single relapse event by one participant.

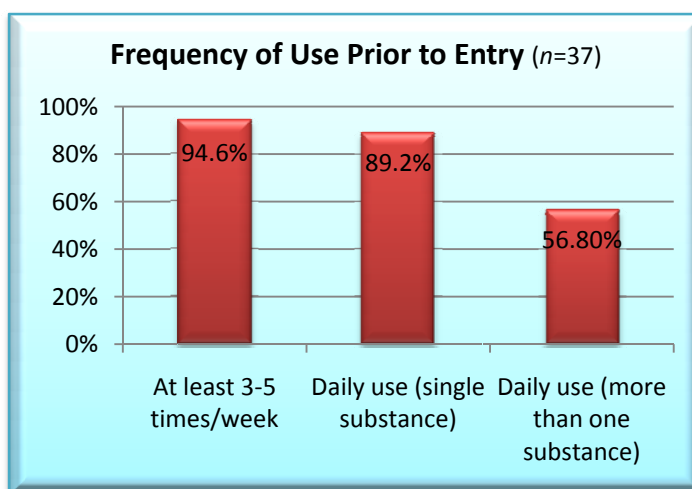
The dollar amounts reflected in Chart 19 only represents the amount DTCO participants were actually spending on their drug use; it does not take into consideration the actual costs of the crimes committed to derive the money required to support their use at this level. For example, if they were shoplifting merchandise from a retailer or committing other thefts, the dollar amounts represented in these charts only reflect the street value of that merchandise. Other costs of the crimes committed to support their drug habits could include insurance costs, security and policing services, and the personal distress experienced by the victims of these crimes.

The reduction in the amount of money spent on drugs while participants were active in the program is staggering. For a six month period, 37 participants had a reduction in use of \$1.5 million dollars.

The frequency of substance use also decreased dramatically while participants were active in the DTCO program; Chart 20 shows the frequency of use for the participants included in the Use Book data prior to their entry into the DTCO program. During the time period captured in the Use Book, the average frequency dropped to 0.8 times per month (ranging from no use to 3.2 times per month).

Twenty-two percent of the participants ($n=8$) had no substance use during the Use Book capture period and all but one can be verified by urine drug test results (and that participant accounts for the shortest length of time out of those 8 participants, at 10 days). The average time these 8 participants were active during the Use Book period was 76.5 days (range 10 – 177 days, median 63.5 days).

Chart 20



Recommendations

Treatment Facility

As the DTCO program has evolved and continues to grow, one of the strengths that has become evident is the sense of community among participants and treatment staff at the treatment centre. Participants begin arriving at 8:30 a.m. to socialize, cook breakfast, and prepare for the day. Between morning and afternoon sessions they prepare lunch, socialize, and often lend a hand with chores. Participants frequently stay behind at the end of the day after treatment ends, just to have a safe place to be in the community – this is especially true for those residing in the shelter system. While the current physical configuration at the treatment centre facilitates these activities, it could be improved to maximize the potential for these purposes. Extended hours in a site with a yard, laundry and shower facilities, and a dedicated lounge area would benefit not only shelter participants, but also, the majority who have few pro-social connections in the community. Also the program would benefit by securing a certified recreologist to expand and improve the current social recreation group to include one-to-one work to assist participants in developing meaningful leisure pursuits and improve access to resources available in the wider community.

New Programming

In February 2009, the DTCO will be adding a new programming element that will see a special group implemented that focuses on participants with co-occurring trauma and addiction issues. In January 2009, a psychiatrist specializing in addiction issues will dedicate one full day per week of her practice to DTCO with service delivered right at the treatment centre. This should see an improvement in outcomes for participants with mental health problems.

Recommendations continued

Data Collection

The data collection process for DTCO was another aspect of the program that evolved over time; particularly following the Interim Process Evaluation. It became evident that there was vital program data that was not being captured in the regular process. This missing data centred around capturing the type, amount and frequency of substance use in a meaningful way that reflected harm reduction. In the past six months that data has been captured using the Reported Use Form and tracked in the Use Book. Other data that was missing was treatment contacts; and, though there were estimates provided in the 2007 Process Evaluation, in the second year of DTCO operations the type of contact was codified and the duration of each contact started to be captured on the progress reports. The employment of a Data Manager in early 2008 was another step that was taken to ensure the data collection process for DTCO was being managed effectively.

It became evident during this process that data collection is a key factor in how DTCO efforts are reflected. Further integration and effective data management is proposed by:

- 1. Having a full day retreat of the entire DTCO team to set out data collection priorities, protocols and responsibilities;*
- 2. Establishing clear processes for communicating any changes to programming that will affect data collection or data variables;*
- 3. Providing training to all relevant staff on data collection and processing procedures;*
- 4. Conducting regular and rigorous data integrity checks;*
- 5. Providing quarterly data reports to the DTCO Director;*
- 6. Maintaining the para-legal position with the Crown Attorney's office for the maintenance and consistency of data collection for the court;*
- 7. Providing guidance and training for designates from DTCO partners (JHS, EFS, SWCHC, and OW ASI) on data collection for variables specific to their contact with DTCO participants.*

Conclusion

This evaluation provides a summary of the activities and outcomes of the DTCO in the three years since this pilot project became operational. In that time the program evolved, both in its program content and in its ability to serve the specific needs of the addicted offender population in Ottawa. Programming became more group-oriented, criminogenic-specific groups and training was integrated, the Community Reinforcement Approach (including contingency management) was practically applied; and as a result, the outcomes, as compared to the 2007 process evaluation, have significantly improved.

As with any program, on-going strategies for process and program improvement is critical in maintaining and improving upon these successes. The recommendations highlighted throughout this evaluation could help support this process. The process of doing this evaluation has provided many insights to the DTCO management and plans are already in effect to improve upon targeted areas. Learning from this process, regular “evaluations” of the DTCO (provided through the quarterly data reports as recommended in the previous section), will be a key tool in ensuring that momentum towards improvement is sustained.

As a pilot project, the DTCO’s purpose was to not only provide addictions treatment to offenders in Ottawa, but to also demonstrate that the drug treatment court model is effective in achieving the desired outcomes of; reduced recidivism, reduction in substance use, and improvements in social indicators. This evaluation clearly shows that excellent results are being achieved with a very difficult to serve population, and sustaining this service is of great benefit to the community.

Appendix A – Case Management Practice Guidelines

[see enclosed book, printed and bound]

Appendix B – Sample Exit Summary

[Note: Participant's name and dates have been altered to protect anonymity.]

OTTAWA DRUG TREATMENT COURT EXIT SUMMARY

Report date:	<u>January 19, 2007</u>
Participant name:	<u>John Doe</u>
Date of entry into DTCO:	<u>April 15, 2006</u>
Graduation date:	<u>January 20, 2007</u>
Level of graduation:	<u>Level I</u>
Housing upon graduation:	<u>Private rental market</u>
Employment/education upon graduation:	<u>Machine Operator</u>

URINE DRUG TESTING (UDT)

Rideauwood Addiction and Family Services conducts random witnessed urine drug testing. Typically, specimen collection is directly observed by a nurse practitioner. All specimens are analyzed by Gamma-Dynacare Laboratories. Specimens are subject to both immunoassay and high performance liquid chromatography analysis. In some situations, gas chromatography-mass spectrometry may be used. Participants are tested on average once-per-week. Participants are also required to provide a specimen on demand, and some participants may be on a pre-determined schedule of several times per week. In the last months of treatment participants may go to a weekly (minimum) scheduled collection protocol in order to accommodate work or school requirements.

Total number of UDT results:	<u>37</u>
Total number of negative UDT results*:	<u>37</u>
Clean date as reported by participant:	<u>February 23, 2006</u>
Clean date as verified by UDT results:	<u>April 16, 2006</u> (tested on first day of treatment)

** Refers to 'negative' for mood altering substances unless prescribed/recommended by a medical professional or as available in an over-the-counter medication and approved by case manager.*

TREATMENT SERVICES SUCCESSFULLY COMPLETED

John Doe attended both group and individual outpatient counselling at Rideauwood Addiction and Family Services. He successfully completed all core treatment programs that were in place during his participation. Listed below is a summary of documented contacts.

- **Individual counselling and case management**

Total sessions attended:	<u>69</u>
Total individual hours:	<u>34.5</u>

The frequency and duration of individual/case management sessions in DTCO is highly variable and dependent upon need. Typically, participants receive individual sessions 2-5 times per week in the first month, however, these sessions may range anywhere from 15 to 90 minutes or more. The number of individual sessions, and in some cases, the duration often decline over the course of treatment as participants stabilize. Case managers employ a variety of approaches including cognitive-behavioural therapy, transtheoretical model, motivational interviewing, the disease concept model, cognitive therapy, community reinforcement, relapse prevention, supportive counselling, and ensure that the guidelines for effective correctional treatment (risk, need, responsivity, integrity) are adhered to with a substantive focus on criminal thinking throughout the entire treatment continuum. A copy of the DTCO case management practice guidelines is available upon request.

- **Group counselling**

Total sessions attended: 72

Total group hours: 175

Groups attended: listed below

Basics: Two to 4 didactic interactive group sessions that introduces participants to the cognitive-behavioural therapy approach used throughout the treatment programming. This group also provides basic skills in communication, self-monitoring, self-regulation, and self-identification of attitude patterns.

Monday check-in group: Weekly group attended during the first 3-5 months of treatment. It is a process oriented group that helps participants deal with current issues that are presenting problems in their lives, as well as functional analysis of any relapses.

Lifestyles criminal thinking program: Eight to 10 weekly, didactic interactive group sessions that teaches participants an advanced level of cognitive-behavioural skills. This program specifically addresses pro-criminal attitudes and provides skills to change thinking and behaviour patterns that lead to re-offending. Topics include pro-criminal thinking patterns, identifying thinking errors, changing self-talk, victim awareness, stages of moral development, neutralizations that support crime. The group terminates with participants developing their own plan for change.

Addiction treatment program: Fourteen weekly group sessions that utilize both a didactic interactive and a group process approach. This group builds on cognitive-behavioural skills, but also introduces participants to cognitive therapy. This treatment group provides in-depth coverage of a number of key concepts; including, the disease model of addiction, signs of relapse, self-defeating thinking patterns and cognitive distortions, and introduces participants to daily mood logs. Participants are assessed weekly on depression and anxiety measures. A degree of stability in both addiction and lifestyle are required to participate in this group.

Living clean and sober group: Six weekly, didactic interactive group sessions utilizing a cognitive behavioural approach, which builds on skills taught throughout DTCO programming, with a special emphasis on recognizing and managing high-risk situations. This program specifically addresses recognizing and avoiding/coping with high-risk situations, recognizing and managing thinking errors that lead to relapse, substance/crime refusal skills, developing a support system, coping with family relationships, and developing pro-social activities.

Social recreation group: Weekly group attended during the first 3-4 months of treatment. This program involves experiential participation in pro-social activities allowing participants to explore a variety of

leisure activities that are healthy and do not involve drug/alcohol use. Activities include, but are not limited to, bowling, baseball, canoeing, skating, visits to local attractions and museums.

Conflict resolution group: An intensive 10 day phase totaling approximately 25 treatment hours. This group utilizes didactic interactive presentations building on advanced cognitive-behavioural skills and addresses cognitions and behaviours that lead to aggression. Participants learn to self-monitor and self-regulate their behaviour while improving choices and relationships. Topics include: anger & aggression, the impact of past learning on current behaviour, relationship patterns, changing thinking to change behaviour, problem solving, communication, empathy, self-disclosure, assertiveness, self-monitoring, and self-regulation.

EMPLOYMENT AND EDUCATION

Essential Skills Group: An open number of group and individual sessions designed to assist participants to identify employment/education aptitude, skills, and goal setting.

Number of sessions attended: 8
Total individual/group hours attended: 18

Employment: Part-time since August 2006
Full-time since October 2006

John Doe began working part-time in August of 2006, as a cleaner for Laurin Cleaning Services. In October 2006, John Doe began full-time employment working on a gas pipeline as a general labourer for Sommerville Construction. After being laid off in November of 2006, John Doe commenced employment with Spadicinni Carpentry as a framer. Due to some recent health concerns, John Doe has had to switch to lighter duties and is currently employed with Warnock Equipment Services, as a grader operator.

OTHER SERVICES

- **12-step participation (AA/NA)**

John Doe reports having been actively involved in 12-step meetings since he began in the DTC program. John Doe reports regular attendance at 3, 12-step meetings per week. He has a home-group and a sponsor.

COURT PARTICIPATION

Ottawa Drug Treatment Court participants are expected to appear in court twice per week. During court, treatment makes a brief report on each participant's compliance, progress, and/or any special issues. Each participant must address the Judge directly and report any substance use or high risk situations. Participants who have not been in compliance with the expectations of treatment or with the conditions of their undertaking are subject to a sanction by the court ranging from community service hours to bail revocation, or in some circumstances, removal from the program. After 60 days, participants who have met certain criteria become eligible to be called at the beginning of the list (Early Leave). In some situations, participants who are doing particularly well may also become eligible to

appear once per week or less (Less Frequent Appearances). If a participant fails to attend a court appearance he/she is subject to bench warrant.

First Early Leave date:	<u>June 17, 2006</u>
Less Frequent Appearance granted date:	<u>August 12, 2006</u>
Number of Bench Warrants issued:	<u>0</u>
Number of Sanctions issued:	<u>1</u> (warning for missed UDT)
Number of new criminal charges incurred:	<u>0</u>

AFTERCARE

John Doe has an ambitious aftercare plan to continue attending a minimum of 3, AA meetings per week, as well as attending other counselling sessions/programs at both Rideauwood and Serenity Renewal for Families. John Doe has already begun attending a weekly relapse prevention group at Serenity Renewal. John Doe plans to continue to remain under the care of a psychiatrist for anxiety.

ADDITIONAL COMMENTS

John Doe was a successful participant of the Ottawa Drug Treatment Court and has achieved the highest level of graduation. In 9 months that John Doe has been in the program he has reported continues abstinence. John Doe tested negative for illicit substance use on each of his 37 UDTs. John Doe did miss one UDT on August 22, after arriving at the clinic 15 minutes late, however, he promptly notified treatment and was only warned by the court as this was his first infraction.

Of the 141 documented treatment contacts John Doe did not miss any appointments or arrive late without a valid reason (i.e., illness). John Doe completed all assignments and homework and demonstrated a good knowledge and practice of the material. Typically, John Doe presented with a positive and recovery oriented attitude and offered encouragement and support to his peers. He listened actively to feedback and suggestions from staff and other group members.

John Doe has also been an active member in Alcoholics Anonymous. Early in the program John Doe followed recommendations and obtained an AA sponsor. It was also recommended to John Doe that he attend AA meetings daily during his first 90 days of treatment. John Doe surpassed this recommendation by attending twice per day. Since John Doe has begun working he has reduced his attendance to 3 times per week.

When John Doe first entered the program he agreed to accept an apartment unit at a John Howard Society residence sponsored by the Ottawa Drug Treatment Court. This residence is staffed 24 hours a day and monitored by video camera. Rules at this residence are strict and include curfew and pre-approval of any visitors. John Doe was a model resident and did not violate any rules of the residence. In early September, John Doe decided to move in with his girlfriend and her two young children. John Doe agreed to a home visit by treatment staff that included an interview with, and background check of, his girlfriend. Treatment approved of the move as long as John Doe agreed to remain committed to maintaining regular attendance at AA meetings, ensured ongoing compliance with treatment appointments, and continued to maintain his sobriety.

Overall, John Doe presented as a hard working, consistent, and serious participant. He has made dedicated efforts towards resolving all of his legal issues – both criminal and civil, and has not reoffended since becoming involved in the program. John Doe has also made tremendous gains in reconnecting with his children and restoring relations with the mother's of his children.

John Doe's prognosis for ongoing abstinence and remaining crime-free is excellent, as long as he continues with his treatment activities, remains an active AA member, and maintains sobriety as a priority. Like all recovering persons, John Doe has some personal issues that require further attention. John Doe has expressed a commitment to resolving these issues one at a time and to completing the Drug Treatment Court Program and establishing a strong aftercare program.

This report prepared by **Rideauwood Addiction and Family Services** on this 19th Day of January, 2007

LIMITATIONS OF THIS REPORT

Every effort has been made to provide accurate information in this report; however, information is subject to clerical error, and/or errors in reporting. Additional areas of concern include:

Urine drug testing:

While a rigorous UDT protocol and testing methodology is employed, a negative UDT result does not guarantee that an individual has not consumed substances. The validity of results is subject to a number of factors including, but not limited to: testing frequency, level of detection calibrations (as determined by the US Substance Abuse and Mental Health Administration), individual metabolic rates, and dilution.

Treatment services successfully completed:

The groups/programs listed under this heading are those for which the participant has met the minimum requirements for attendance, actively participated, and demonstrated sufficient understanding of the program material. With the exception of the Monday check-in group and the social recreation group, all groups/programs require attendance at every session provided and any session missed must be made up for in the next treatment cycle.

Total sessions attended:

This exit summary does not include any treatment or employment/ education contacts that may have occurred between the date of this report (indicated at the top of the page) and the date of actual graduation, nor does it reflect any contacts that occur subsequent to graduation. While every effort has been made to provide accurate information on the number of sessions attended, these reports are subject to under-reporting as a result of unscheduled contacts with treatment staff other than the participant's case manager.

Other services:

While every effort is made to obtain accurate reports on attendance and participation from other services, Rideauwood Addiction and Family Services does not warrant the accuracy of information provided by third-party services.

Participation in 12-step meetings relies primarily upon self-report. In some cases verification of participation may be requested by having the participant provide a note signed by the meeting chairperson; however, 12-step meetings are anonymous and any such verification should not be considered to have the same weight as if received from an allied service provider.

DTCO information not provided in this summary:

This document is a summary of treatment activity only and does not include information pertaining to activity that takes place in the drug treatment court, such as, court imposed sanctions/rewards, bench warrants, days absent from court, new criminal charges, 'bail' revocations, etc.

FURTHER INQUIRIES REGARDING THIS PARTICIPANT

Effective from the participant's date of graduation, all consents to the disclosure of information with Rideauwood Addiction and Family Services expire. Any inquiries regarding this participant must be made in writing and accompanied by an original signed consent to disclosure of information that meets Personal Health Information Act standards. Any written reports requested are subject to a minimum administrative fee of \$250.
