VANDERBURGH COUNTY TREATMENT COURT

PROCESS EVALUATION REPORT

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Prepared by

NPC Research

Shannon M. Carey, Ph.D.
carey@npcresearch.com

Laura Hunter, Ph.D.
hunter@npcresearch.com

Colin Holloway, Ph.D.
holloway@npcresearch.com

David Reinitz, B.A.
reinitz@npcresearch.com

BACKGROUND

Treatment courts provide integrated substance use disorder treatment, behavioral health services, and intensive judicial supervision as an alternative to incarceration. The goals are to reduce rearrests, increase public safety, and provide treatment and other recovery support services to justice-involved individuals with substance use disorders or mental health disorders to promote long-term recovery and enhance the quality of life for participants and their families and communities.

Research has demonstrated that treatment courts effectively reduce recidivism, including fewer rearrests and less time incarcerated. An independent review of 154 treatment court evaluations found that a vast majority of the study findings showed that participants had significantly lower recidivism than non-participants, thus demonstrating the widespread effectiveness of treatment courts (Mitchell et al., 2012). These positive outcomes for treatment court participants in turn reduce taxpayer costs. For example, one study found a 221% return on investment in treatment courts (Bhati et al., 2008).

The Vanderburgh County Treatment Court (VCTC) was implemented in 2001 to provide eligible individuals (people with substance use disorders at moderate or high risk for criminal recidivism) with the appropriate level of supervision and intervention, case management, and comprehensive treatment and wrap-around services as an alternative to criminal detention. Program goals include improving public safety by reducing criminal activity and recidivism and enhancing the quality of life of participants and their families. The program also has a goal to be self-sustaining, providing services through a user fee so the program is not a taxpayer expense. Since its inception, the VCTC has served 1,827 participants, including 170 active participants and 902 graduates at the time of the evaluation. The program has the capacity to serve 175 active participants.

The VCTC is a four-phase program consisting of individual and group counseling for substance use disorder, case management, drug and alcohol testing, status hearings, Moral Reconation Therapy (MRT), and regular attendance at recovery support meetings. The VCTC has three programs, and three judges oversee the programs.

- Day Reporting Drug Court: The Day Reporting Drug Court is a 12 to 18-month program for individuals with first time non-violent felony offenses. Charges are dismissed upon successful completion of the program.
- Forensic Diversion Program: The Forensic Diversion Program is for individuals facing a prison sentence as an alternative to incarceration. This program lasts 24 to 36 months.
- Re-Entry Court: In the Re-Entry Court, participants who first complete the Therapeutic Community at the Department of Corrections are sentenced to the program, which lasts 24 to 36 months.

PROCESS EVALUATION DESCRIPTION

Treatment courts that monitor and evaluate their programs and make changes based on the feedback have significantly better outcomes, including twice the reduction in recidivism rates and over twice the cost savings (Carey et al., 2008, 2011, 2012). A process evaluation considers a program's policies procedures to determine whether it has been implemented as intended and is delivering planned services to target populations. To accomplish these goals, the evaluator must have criteria or standards to apply to the program. For treatment courts, nationally recognized guidelines have been established and have been used to assess program processes. The standards established by All Rise (formerly known as the National Association of Drug Court Professionals, NADCP) began with the 10 Key Components of Drug Courts (NADCP, 1997) which were expanded to include All Rise's Adult Best Practices Standards (2013, 2015, 2024). These Best Practice Standards present practices associated with significant reductions in recidivism, significant increases in cost savings, or both.

In 2024, NPC Research (NPC) was contracted to conduct a process, outcome, and cost evaluation of the VCTC program. The process evaluation precedes the outcome and cost evaluations and establishes whether the program has implemented the basic components needed for an effective treatment court, whether the VCTC is maintaining fidelity to the treatment court model and following best practice standards. The process evaluation began with the VCTC team completing NPC's online Best Practice Self-Assessment (BeST) which provides key background information about the program and measures the extent to which some best practices are being used in the VCTC as it is currently implemented. This tool provides a broad understanding of how the program operates and was used to guide interviews during an August 2024 virtual site visit conducted by NPC. During the visit, NPC staff observed the program's staffing meeting and two treatment court sessions and interviewed team members. Interviews were performed with the three VCTC judges, program director, four case managers, defense attorney, deputy prosecutor, law enforcement officer, two treatment providers, peer support specialist, assistant business director, and a community partner who assists with housing and resources. NPC staff also conducted a focus group with seven participants who ranged in phases, length of time in the program, and assigned judge. This report summarizes key findings and recommendations collected through these evaluation methods. Illustrative quotes from the team member interviews and the focus group are included. (Quotes are de-identified to ensure confidentiality.)

Findings were overwhelmingly positive and indicated that the VCTC adheres to the overall treatment court model and has implemented many best practices. This report provides commendations on program strengths and best practices already in place and presents recommendations for program improvement and enhancement.

PROGRAM STRENGTHS

Overall, the VCTC is performing admirably. The program is commended for implementing many effective best practices and is encouraged to take note of these practices and continue to engage in them. This section highlights some of the program's greatest strengths but is not a comprehensive list of all strengths. The full list of best practices utilized by the VCTC is included as an attachment.

1. Excellent multidisciplinary team with strong communication

A common theme raised by team members during interviews was that the team is a strength of the VCTC, which they believe promotes participant success and positive outcomes. In interviews, team members displayed a deep commitment and investment in the program and their roles in it. Team members also expressed admiration for and trust in other team members.

In particular, the VCTC team does well with communication, information-sharing, and decision-making, which can support better outcomes for participants. Research shows that team members and participants rate team communication as one of the most important factors for success. Good communication promotes consistent messaging to participants and thorough attention to participant behavior (All Rise, 2024). During staffing, team members were observed to be a collaborative, engaged group that shared information relevant to their roles and effectively worked together. Team members rated communication highly and noted relevant participant information is shared consistently and in a timely manner. If needed, information is shared between staffing meetings to ensure quick responses to participant behavior. The team maintains appropriate boundaries on what treatment information should and should not be shared.

Team Member Interview Quotes:

- "[What is going well is] having a team that communicates and is engaged. We have a strong cohesive team. The other part is at all our staffings, we have representatives from every treatment provider we use and every supportive housing provider. They engage in the discussion on how someone doing – if they are struggling, if they need this or that."
- "I think the team works really well together. The communication is good."

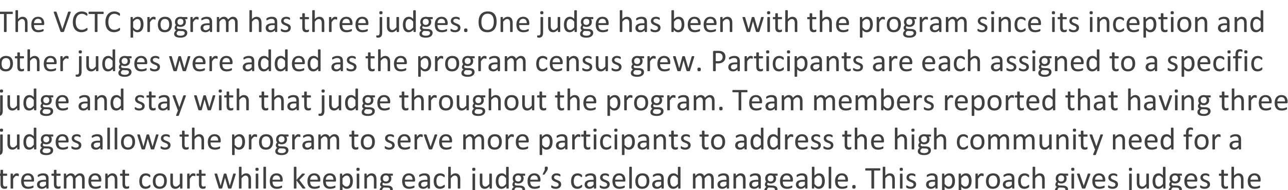
Participants spoke highly of their interactions with team members, as described further in the section on participant feedback. Overall, the VCTC has a strong, dedicated team with excellent communication that supports participant success.

> "[The VCTC team members] are always respectful. Very positive experience on that aspect." – *Participant*

2. Strong judicial leadership

Strong judicial leadership is vital because participants' perception of the quality of their interactions with the judge is one of the most influential factors for success in treatment courts (All Rise, 2024). Evidence-based practices for judges to promote better outcomes for participants include:

- ✓ Professional training to stay abreast of current law and evidence;
- ✓ Attending staffings consistently to monitor participant progress and receive team input;
- ✓ Having a supportive judicial demeanor, including expressing optimism about participants' abilities, asking open-ended questions, and allowing participants to explain their perspectives;
- ✓ Spending at least 3 minutes with each participant in court;
- ✓ Relying on treatment professionals for treatment plans and therapeutic adjustments; and
- ✓ Making the final decisions on incentives and sanctions.



The VCTC program has three judges. One judge has been with the program since its inception and other judges were added as the program census grew. Participants are each assigned to a specific judge and stay with that judge throughout the program. Team members reported that having three judges allows the program to serve more participants to address the high community need for a treatment court while keeping each judge's caseload manageable. This approach gives judges the opportunity to build personalized connections with participants and gives them each enough time and attention in court. Team members also shared that the judges each having different perspectives add value to decision-making.

The three judges follow best practices related to the role of the judge. They all have attended trainings offered by All Rise and the state. The interviews showed the judges are highly respected by team members. The judges respect everyone's role and gather appropriate input before making a decision. Team members said judges rely on treatment providers' expertise for service adjustments related to substance use disorder and mental health treatment plans.

Aligned with evidence-based best practices, the judges interacted warmly with participants during court observations. They asked open-ended questions that allowed participants to explain their perspectives. Start times and end times for a sample of participants were recorded, and both judges spent at least 3 minutes with participants consistently.

Participants spoke highly of all the judges. Furthermore, each of the judges demonstrated a supportive judicial demeanor, including expressing optimism about participants, with statements such as:

> "I love my judge."
> – *Participant*

- "You've made a lot of progress in a short period of time."
- "This is a good opportunity for you, and you're taking advantage of it."
- "Any employer would be lucky to have you."
- "You've done incredibly well, you've worked really hard, and it's showing."

Team Member Interview Quotes:

- "I think the judges do amazing. They spend a good amount of time with each participant at court. They just care so much. We are so blessed to have these judges who truly are invested in this program. It's more than just a job. They really care about that the people and their recovery, and it shows to the participants and to the community."
- "I really do appreciate the judge's vision here and his leadership style. It's just perfect. It just seems like he just does it exactly right at every turn and corner. He just seems to see it very well. His vision and leadership really contribute in a big way to this program's successes."

3. Effective case management

The VCTC benefits from having case managers who provide extensive case management. The case managers develop individualized case plans for each participant based on assessed needs across a variety of domains. As aligned with best practices, the case managers meet with participants at least once a week in Phase 1 (All Rise, 2024). The meeting frequency continues to be at least once a week in Phase 2, moves to biweekly in Phase 3, and then once per month in Phase 4. The case managers typically see participants more frequently than the minimum though, often daily in early phases. They also remain in close contact through cell phones. Participants are provided with support, affirmations, problem-solving, and role-modeling from case managers. In the focus group, participants spoke highly of their experiences with the case managers and the support case managers provided.

The case managers offer services that help participants build recovery capital, including the financial, personal, social, and other assets needed to enhance their quality of life, pursue productive life goals, and sustain recovery. Case managers connect participants with opportunities for employment, education, and trades training, and they work with participants to increase their readiness for interviews. Team members said there has been widespread success in increasing participants' employment and income. Case managers also assist with skill-building, budgeting, and connecting to community resources such as rental assistance. There is also a focus on social capital by ensuring participants have sponsors and connections to the recovery community. Overall, the case managers effectively and comprehensively build participants' recovery capital, which research shows increases long-term success (All Rise, 2024).

Participants:

"I can talk to my case manager about any problem. [They] listen and give advice or hear me out even if they can't give advice."

"My case manager really helped me. [They] built trust…You have to trust the person you are working with. That's what I like the most [about the program]."

Team Member Interview Quotes:

- "Our case managers do a really wonderful job of trying to meet people at their level and trying to find out what's really going on to be a support. I think that they do a really good job of caring about the individuals that they're working with. It's not just a job for most of them, they really do care. They're really trying to help people put their lives back together."
- "The case managers can usually see that there's going to be a petition to revoke [PTR]. They can sense it, feel it, notice changes in treatment and engagement. They're really good about spotting those kinds of things and trying to address them before it leads to an AWOL situation."

4. High-quality array of substance use disorder treatment

Program participants receive high-quality, evidence-based treatment for substance use disorders, co-occurring disorders, mental health issues, and trauma, which is based on their assessed needs. Based on the Best Practice Self-Assessment results and interviews with two VCTC treatment providers, the program has many strengths in treatment services, including:

- Treatment providers offer a wide range of treatment modalities and services, such as group therapy, individual counseling, intensive outpatient, outpatient, residential treatment, and aftercare.
- Treatment providers perform full clinical assessments to match clients to the appropriate level of care and services.
- Providers create individualized treatment plans based on assessed needs. Clients are reassessed regularly, and treatment plans are updated accordingly.
- Providers practice collaborative, person-centered treatment planning where goals are mutually set and agreed upon by the client and provider.
- Providers utilize evidence-based treatment, such as Cognitive Behavioral Therapy (CBT), Moral Reconation Therapy (MRT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Seeking Safety, among others.
- Providers integrate trauma-informed counseling and practices.
- Providers assess and treat co-occurring disorders.
- Providers offer relapse prevention curriculum.

Additionally, representatives from all treatment providers consistently attend staffings, which has been shown to decrease participant recidivism and increase the cost-savings of programs (Carey et al., 2012). Focus group participants spoke highly of their experiences in treatment, with some participants saying that the treatment received was the best part of the program.

"I have a good therapist and can let everything out. It's my favorite part of the program. MRT really pinpoints the problems, teaches me more responsibility and to be more selfless and help other people."
– *Participant*

5. Strong community partnerships that enhance recovery capital

The team includes multiple community partners who connect VCTC participants with housing. This is vital as treatment courts should provide housing assistance for participants so their basic human needs are met, and they can focus on recovery (All Rise, 2024). These community partners also provide additional services that boost participants' recovery capital, such as case management, peer support, employment assistance, skill-building, medication management, and assistance with obtaining resources (e.g., health insurance, social security, driver's licenses, etc.). Community partners regularly attend staffings and attend treatment court trainings with the team. Team members reported that the support and services provided by the community partners enhanced the long-term success of the participants. Overall, there appears to be a high degree of community support and engagement for the VCTC program, which can enhance sustainability and impact.

Team Member Interview Quotes:

- "We're very fortunate to have as many partners as we do, and they actually come to staffing. We've had those partners for years and longstanding relationships, and they attend, and they're invested. And if they have something to say they'll raise their hand and they'll say it. That's something we do really well is having everybody at the table and able and willing to speak at the table."
- "When you go to a staffing meeting, you have a representative from all the treatment centers in town and all the housing, and that's awesome to see the community work together for an ultimate goal for these clients to have the best chance of getting sober and staying sober."
- "We've got partners, and I think everybody does a really good job of trying to do the best they can for our participants. I think we give them a really nice platform on making changes in their life, not for just short term, but for the long term."

PRIORITY RECOMMENDATIONS

The following section lists areas that should be prioritized when considering adaptations in practice or seeking additional funding or other resources.

1. Continue efforts to reduce the use of jail as a sanction, particularly for positive drug tests

At the site visit in August 2024, team members reported that participants would immediately be taken into custody for positive drug test results for certain substances, such as methamphetamine and fentanyl, with the intention to protect participant safety and community safety. While well intentioned, this practice is not aligned with research-based guidance in the Best Practices Standards (All Rise, 2024):

> "Jail detention is *not* used to achieve rehabilitative goals, such as to deliver in-custody treatment for continuing substance use or to prevent drug overdose or other threats to the person's health, because such practices *increase* the risk of overdose, overdose-related mortality, and treatment attrition. Before jail is used for any reason other than to avoid a serious and imminent public safety threat or to sanction a participant for repeated infractions of proximal goals, the judge finds by clear and convincing evidence that jail custody is necessary to protect the participant from imminent and serious harm and the team has exhausted or ruled out all other less restrictive means to keep the person safe. If no less restrictive alternative is available or likely to be adequate, then as soon as the crisis resolves or a safe alternative becomes available, the participant is released immediately from custody and connected with needed community services," (All Rise, 2024, p. 70; see also p. 94-97).

Even brief periods of abstinence due to being in custody can cause declines in opioid tolerance, which in turn dangerously increases overdose risk when opioid use is resumed upon release. Jail also disrupts treatment, can lead to stress reactions (especially for those with trauma histories or PTSD symptoms), and provides exposure to high-risk peers (All Rise, 2024). Furthermore, time spent in jail can also disrupt important pro-social activities, such as employment, education, and family duties. A plethora of research also shows that incarceration tends to increase recidivism.

Furthermore, taking participants into custody immediately for positive drug tests runs the risk of incarcerating people who did not use any substances due to false positives, which can have deleterious effects on participants. This is particularly a concern due to the high false positive rates for methamphetamines, the most common substance used by VCTC participants. Focus group participants reported being taken into custody for false positives (later confirmed as false positives), which caused high levels of fear, stress, and anxiety each time they were tested. Even without any substance use, they felt they could be taken into custody for a false positive. They said jail disrupted their jobs and livelihoods. Additionally, seeing many participants jailed when they attended court caused participants to feel anxiety about their own situation. It set a tone where participants felt the program focused more on what people were doing wrong than on what they were doing right.

Focus Group Quotes:

- "False positive should be sent off for confirmation before being taken to jail. I was going to work and taken to jail in my work clothes. It's not fair, and it's not right. I've always hated that. It makes me anxious all the time. Even when I know I haven't used, I know going to jail is a possibility. It's happened to me."
- "False positives and going to jail when you're doing well [is what I like least about the program]. It adds stress – it's scary and stressful."
- "Every time we go to court, you sit there for so long seeing people in jail, it makes me stressed and anxious. They will say you're doing well, but we're seeing people in trouble all the time."
- "You see a lot of people going to jail. It's a very expensive program, it's not for the weak. I pray for the new faces."

Recommendations from All Rise (2024) include the following:

- Until participants have achieved early remission, substance use should be responded to with treatment adjustments, not sanctions or jail, to keep participants safe and improve their outcomes (see All Rise, 2024, p. 86).
- Jail should be avoided in the first 30 to 60 days. Jail sanctions during this early period are associated with higher recidivism and lower graduation rates (see All Rise, 2024, p. 95).
- Jail should generally not be used for distal goal infractions, such as substance use prior to early remission for individuals with substance use disorders (see All Rise, 2024, p. 95).

Some team members also felt that the program could reduce custody responses for positive drug tests, such as the example below.

Team Member Interview Quote:

- "We could do a better job of not taking people into custody just because there's a positive screen, especially when the first couple of hearings, they are usually told to please be honest with us. I don't think in the first 30 days that if there's a positive that we should automatically be taking them into custody."

However, some VCTC team members feel that incarceration is necessary for positive drug test results to protect the health and safety of participants. Because there are no detox facilities in Evansville, these team members feel that jail is a safer option to disrupt active substance use while waiting for an in-patient bed, which usually takes 3-4 days. Participants get transferred from the jail to a treatment facility once a bed is available. These team members also feel this policy protects community safety.

Overall, the VCTC team has initiated several recommended changes from the time of the site visit:

- They revised responses to positive drug tests to be individualized based on a participant's risk, need, and progress. Additionally, their case manager is able to provide input on whether jail would or would not be effective for the participant.
- They plan to have a 100% warm handoff from the jail to the treatment facility

- Other potential responses have been added, such as a jury box sanction, in-house community service hours and detaining participants in the work release day room for 4-8 hours.
- The team began getting monthly reports on the lab testing results. There were two false positives for fentanyl, which shaped how the program will respond to positive tests.
- The team attended a training session on alternatives to jail in Jan 2025 offered by NPC Research.

The VCTC has already made progress in reducing the use of jail sanctions for positive drug tests and implementing new approaches to responding to use.

2. Ensure random drug testing occurs at least twice per week

According to best practice, participants should be tested randomly at least twice per week throughout the treatment court program until all other program requirements and activities have been reduced and participants are being prepared for graduation or have entered continuing care. Drug tests occurring at least twice per week in Phase 1 are associated with lower participant recidivism and increased cost-savings (Carey et al., 2012). The use of drug tests to detect substance use is a therapeutic tool to modify participant behavior and support their recovery (Cary, 2024).

The VCTC has a minimum of six urine drug tests per month, which should be increased to eight tests per month to meet the twice per week threshold. Furthermore, it appears that these minimums are set by month rather than by week, which means participants may not be tested every week. In the focus group, participants talked about how they would sometimes be tested multiple days in a row and would keep track of their monthly tests. Even though the process is randomized by month, it did not feel random to participants because of the uneven frequency. Plus, they felt once they reached their monthly minimum, they likely would not be tested for a while, which reduced the pressure of accountability offered by drug tests. In addition to boosting the amount of drug tests to eight per month, the VCTC should randomize tests by week rather than month to ensure consistency in drug testing and its power to support behavior change.

In addition, participants should not be told how many tests to expect for any particular time period. As demonstrated by the quote, if participants know the number of tests to expect, they know when they have reached the limit and can then use without detection.

> "Drug testing is random, 6 times a month, but it's not very random. Sometimes it's 3-4 times in a row, then you go over a week without a test. We should be tested every week. The past month, it was 4-5 times in a row at the beginning of the month. We do keep track, and we can play the system. The algorithm is messed up. We should get tested every week."
> – *Participant*

3. Continue to expand incentives to support positive behavior change

Incentivizing positive behavior produces significantly better outcomes in treatment courts than sanctions (All Rise, 2024). Programs should aim to have a ratio of incentives to sanctions of at least 4:1, but ideally 10:1 (Wodahl et al., 2011). Intangible incentives – such as judicial praise – are motivating. The VCTC appears to make frequent use of judicial praise. Some focus group participants said that those affirmations meant a lot to them, with one participant saying, "*The judge said she's proud of me. That felt good*." Case managers also reported providing incentives such as gift cards, bus passes, positive affirmations, and certificates.

> "[If I could change one thing about the program, it'd be] more positive reinforcement. When we're in active recovery, we're relearning life. The chips system is nice, but the courts should also give a pat on the back to say, 'you're coming a long way,' or a memento to hold on to remind us we're doing good." – Participant

The focus group participants had mixed feedback, with some participants saying that they felt like the program focuses on both what is going well and what is going wrong, whereas others felt there is a little more focus on what is going wrong and that they would appreciate more incentives. In interviews, team members also had mixed feelings about the program's use incentives and sanctions – some felt they were well balanced, whereas others felt more incentives should be offered and there should be more focus on positive behaviors.

Team Member Interview Quotes:

- "By the sheer volume of cases, sometimes we focus too much on the negatives. We don't have all the information or do not have as much of a structured model to provide incentives, so I do think that we need to focus more on incentives. I don't know that we focus more on sanctions, I just think that we could do better about focusing on incentives."
- "I've learned of some other treatment courts that do fun little programs to where you get coins or some little thing that says it's worth so many points, and then you gather them up and you can buy something with it. It's just something to make them want to do these little things so that they can get something bigger…For some people, to be on time for a month, it's monumental, and we don't recognize that. Those small wins are big things for some people."

Since the time of the site visit, the team has implemented new incentives, such as fee reductions, travel privileges, and weekly or monthly prizes for meeting program requirements. To continue to expand the use of incentives, the VCTC team could:

- Discuss how to focus more on incentives and positive behaviors in staffing and court.
- Continue to expand the range of incentives offered, which can be low-cost or no-cost, such as a superstar board or having an "A Team."
- Attend additional trainings on low or no-cost incentives, such as "Incentives on a Dime" or "Incentives Camp" (where low-cost incentives are created).
- Engage in training on the use of a response decision guide to assist the team in key information to take into account in making decisions on incentives, sanctions and service adjustments for effective behavior change.

PARTICIPANT FEEDBACK

An important part of the process evaluation was hearing from VCTC participants about their experiences with the program. NPC conducted a focus group with seven participants, who ranged in their phase, length of time in the program, assigned case manager, and assigned judge. This summarizes their subjective experiences and feedback. Focus group quotes are provided.

Participants most liked and appreciated the following parts of the program:

- *The support provided by the program team, including the case managers, judges, and treatment providers.* They felt the team provided a lot of assistance overall for their recovery. They said trusted their case managers and were very open with them, and in turn, the case managers provided a lot of helpful advice and support. Participants all spoke highly of the judges. They also sensed that the team had good communication.

"I love that the case managers and judges get together before court and talk about us. It lets you know they communicate."

- *The structure and accountability of the program helped participants make positive changes.* They trusted the program and process to help them make changes they wanted to make. Participants also felt that the program was fair in its accountability. They appreciated that the VCTC is an alternative prison with a therapeutic approach and felt like the structure provided by the program was better than probation alone.

"My case manager was really strict, which is what I needed. It's very fair. If you're doing the right thing, they'll work with you."

- *Clear expectations and understanding of what is needed to succeed and graduate.* All participants across a range of phases felt that they knew what was expected of them in the program. They reported that their case managers thoroughly reviewed the Participant Handbook with them.

"I know what's expected of me."

"They made it perfectly clear to me [what I need to do to graduate]."

- *The treatment and groups provided through the program.* Participants generally spoke highly of their experience in treatment, including outpatient, groups, individual sessions, Moral Reconation Therapy (MRT), and Matrix. They also appreciated that their recovery groups provided access to people with lived experience, which provided role models and connection.

Focus Group Quotes:

- "At first, I didn't care for the treatment. I'm not used to having to share feelings. Halfway through it, I started to appreciate it. My therapist was really helpful and really helped me on things on that were traumatic from my childhood."
- "In recovery, we do some treatment with people with lived experience. We're sitting at the same table. They're an alcoholic or addict too. They've sat where I've sat. That humbled me. I found it helpful."

Participants reported that the following parts of the program are most challenging for them:

- *Immediate incarceration for positive test results*, some which were later shown to be false positives. As described in Priority Recommendation 1, substance use should be responded to with treatment adjustments, not sanctions or jail, until participants have achieved early remission, and jail should be avoided in the first 30 to 60 days.
- *Inconsistent frequency of drug tests*. As noted in Priority Recommendation 3, ensure random testing occurs at least twice per week. Randomize by week rather than month.
- *Desired more positive reinforcement and incentives*. The VCTC should discuss how to focus more on incentives and positive behaviors in staffing and court and expand the range of incentives offered as detailed in Priority Recommendation 4.
- *Transportation barriers*. For participants without a license or a car, it was difficult to get everywhere they needed to on time. They reported that people who need to take the bus can spend 2-4 hours per day getting to and from where they need to go. They felt that participants not being allowed to give each other rides made the situation even more difficult, and they also felt it would be easier if there was another drug testing facility on the east side.

Focus Group Quotes:

- "Not driving is really hard. I didn't know how to ride the bus. It really sucked in the beginning."
- "The people who don't have transportation, I feel horrible for them. You're not allowed to get rides."

Participants offered the following suggestions for program enhancements for the team to consider:

- *Permit participants to give each other rides*. One said, "If someone needs a ride, I want to volunteer to do that fellowship work." This is something that happens in other treatment courts and can be used as a prosocial activity for those giving the rides and can be incentivized. It is important to ensure that the driver has adequate insurance to cover passengers.
- *Allow participants to replace the Change Orientation Group (COG) with an alternative if requested*. Participants had mixed feelings about the COG groups. Some participants found the meetings very helpful and genuine, whereas others did not have positive experiences. Some also reported that the meeting times made attendance difficult. One person reported that case managers occasionally attend, which changed what they felt they could share. The same service or peer support options are not always appropriate and meaningful to everyone. And some individuals are not appropriate for groups, resulting in disruptions during groups and creating anxiety and stress for the participant. Giving participants a choice helps with buy-in as well as giving them a sense of some control and agency in their own lives.

Focus Group Quotes with Positive Experiences:

- "I really did enjoy [COG], and I want to go back after COG after I finish MRT. It's a good thing for newcomers to help them understand."
- "I like COG. When you see someone who's been there, done that, it's so much easier to listen to what they say. They've been in our shoes."

Focus Group Quotes Providing Feedback:

- "I don't feel that COG should be mandatory. I don't get much out of them."
- "I think COG is annoying. I'd rather do other things in its place. It's too big. It's hard to sit in the back. Some people talk the entire time. It's difficult if you can't make either meeting time. If they want you to succeed, you should be able to do other things, especially if it messes with your work schedule. It was less intimate than MRT and too big for me. It didn't help me at all."
- "Case managers go to COG on Wed. I will not share certain things in my life if they're there. Some things are not my case manager's business."

ADDITIONAL RECOMMENDATIONS

Based on the evaluation overall, including participant feedback, there are several additional recommendations for the team to consider.

Continue to explore ways to reduce participant fees

Participants are required to pay $150 per month for program fees and drug testing. The VCTC supports participants' ability to pay fees through budgeting, connecting participants to well-paying jobs, or occasionally waiving fees for participants who are deemed unable pay after reviewing their finances. Team members said participants with unpaid fees can still graduate from the program, but sometimes graduations are delayed if participants have remaining unpaid fees (which then increases the program resources used by these participants). Fees may cause participants serious stress that undermines treatment gains and goals (All Rise, 2024). When participants with limited income do pay fees, it is often accompanied by neglect of other financial obligations, increased debt, housing instability, and emotional distress (All Rise, 2024). Given the research findings, All Rise recommends that fees should be avoided if possible, or only pursued for participants who can clearly pay without experiencing serious distress.

Participant fees cover a large share of the VCTC's budget (more than 80%), so it is not feasible to remove all fees, but the program is encouraged to seek alternate sources of funding to offset participant fees where possible, especially in the early phases when participants are in the process of stabilization. Phases 1 and 2 were characterized as the most difficult by focus group participants, and they reported that they see a lot of participants get terminated in these early phases. In one of the observed court sessions, a newer participant expressed worry and anxiety about the payments, along with managing all the program expectations with all his other obligations – working, children, and long transportation times with needing to take the bus everywhere. Once participants made it to Phase 3, focus group participants said they felt that they reached the threshold to maintain success.

The VCTC has already been mindful of participant fees. For example, they moved to in-house drug testing to substantially reduce the costs of drug screens for participants. Additionally, they recently added a $5 fee reduction as an incentive. The VCTC team is encouraged to continue to discuss ways to reduce the burden of fees on participants, especially during early phases. The VCTC could petition the state or county to provide additional funding to the VCTC, which can save tax-payer money in the long run with fewer rearrests and less time incarcerated.

Team Member Interview Quote:

- "I would really like for us to get to a point where early in the program, like Phase 1, that we're not requiring any fees, whether we get that subsidized through some other source or try to move some of those to the end. I think that when people are just getting started, seeing that build up can be more counterproductive than productive, especially because we require them to be under a certain level before they can phase up."

Ensure eligibility, termination and reentry criteria are objective, in writing, shared, and applied consistently

Objective criteria for program entry, termination, and re-entry should be written, shared with team members and referral sources, and applied consistently. It was reported that there is occasional inconsistency and subjectivity in reasons referrals are rejected or participants are terminated from the program. Referral sources should have clear written eligibility criteria so that appropriate referrals are received, and program resources and time are not spent on ineligible candidates. As long as referrals meet criteria for inclusion and space is available, they should be admitted to the program without the need for discussion around suitability. For program termination, only participants with verified violations of written criteria should be considered for termination. The VCTC team may need to review and revisit their criteria to ensure they can be objectively measured applied consistently.

Return to more formal graduation ceremonies

Prior to the pandemic, there were quarterly graduation ceremonies. Currently, graduates are acknowledged at the beginning of regular court sessions. Several team members expressed wanting to return to the quarterly graduations that felt more celebratory and meaningful.

Team Member Interview Quote:

- "One thing I wish we got back to quarterly graduations. We used to have like a little reception with cake, cookies, and refreshments afterwards…We would do it Tuesday evenings at like 4:00 after court, and it was easier for family members or friends to come. We would encourage younger participants or newer participants to come and watch….For some of these folks, they've never graduated anything. You know they've completed treatment, but having something where you're given a certificate or plaque and somebody is shaking your hand, this is the only time that's ever happened or will ever happen to them. So I liked the quarterly graduations where there was a little more pomp and circumstance to it."

Expand pro-social recovery activities and events

Participant engagement in prosocial community or cultural activities can enhance recovery capital and has been found to be associated with improved treatment outcomes (All Rise, 2024). Several team members expressed their desire to organize more events for participants. Team members wanted these types of events to build community and connections, but also to build social skills and show participants that they can have fun without the use of drugs and alcohol.

Team Member Interview Quotes:

- "We do have events from time to time that we offer, but I think that we could probably improve on that and start working with peer supports as well, so that we can maybe have someone sort of designated to plan those types of sober events."
- "For a lot of our participants, their social skills are really bad, so maybe having a little more social skill stuff. Instead of a picnic once a year, maybe every quarter do some form of social event…Maybe take a survey of the participants on what social events they would like that will help anxiety or anti-socialness. I see us getting into the community more, seeing what the community can offer for social settings where there is no alcohol…There's always going to be alcohol and stuff wherever we go but teach that we can be there without using those products."
- "[I'd like to see] more togetherness. We used to have more picnics before Covid. We had more picnics and recovery-based get-togethers. Participants love that. Being able to interact with the judges, the case managers, and the team – they love it. They want to see us as regular people, and to get to know us. We used to do more of that. I think that it would be really beneficial if we went back to some of it."

RECOMMENDED NEXT STEPS

The results of this report can be used for many purposes, including 1) improving program structure and practices for better participant outcomes, 2) preparing grant applications to demonstrate program needs or illustrate the program's capabilities, 3) requesting resources from potential state or private funders or other local groups, and 4) requesting training and technical assistance from All Rise or other technical assistance providers. Possible next steps for this report include:

- **Distribute copies of the report** to all members of your team and other key individuals involved in your program.
- **Set up a meeting** with your team to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. The coordinator will **facilitate** the meeting to prioritize goals and next steps.
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and develop plans to implement any new policies or procedures.

APPENDIX:

BEST PRACTICE ASSESSMENT RESULTS

VANDERBURGH COUNTY TREATMENT COURT (IN) BEST PRACTICE ASSESSMENT RESULTS

Adult Treatment Courts

This report has been created using the results of NPC's Treatment Court Assessment tool. The best practice ratings below are made based on how questions were answered on the assessment.

Treatment Court Background

▶ Implementation year	2001
▶ Current active caseload / current capacity	170 * / 175
▶ Graduates (successful completions)	902
▶ Non-graduates (unsuccessful completions)	714

The most commonly used substance(s) among participants is/are Methamphetamine (60%)

The treatment court serves high and moderate risk and high need participants.

Best Practices by Key Component - Quick Review:

The statistics in this summary table indicate the percentage of best practices (BPs) met within each Key Component (KC). The intention is to help identify which components need additional focus and support. Note, some practices are easier to implement than others (e.g., require less time or fewer resources) and some practices are restricted by local and state policies. This summary is not intended as a score or a grade indicating the quality of your program, but rather a navigational tool to aid in guiding your attention in the report to where you can celebrate best practices met and where you may require more assistance.

Key Component	Best Practices Met (%)
KC1. Team Collaboration	90%
KC2. Public Safety & Due Process	100%
KC3. Participant Eligibility & Program Entry	100%
KC4a. Treatment Practices	90%
KC4b. Treatment & Auxiliary Services	96%
KC5. Drug Testing	100%
KC6. Responses to Participant Behavior	100%
KC7. Role of the Judge	86%
KC8. Monitoring & Evaluation	80%
KC9. Team Training	100%
KC10. Program Support & Sustainability	100%

KC Review Key: Meeting most practices In progress, room for improvement Priority area for discussion

*Treatment courts serving over 125 active participants may struggle meeting some best practices due to size (e.g., frequent drug testing may be costly, time spent with the judge may be limited, etc.). Large programs, or those seeking to grow, should ensure they continue to meet research based best practices through adequate staffing, services and other resources for all participants.

VANDERBURGH COUNTY TREATMENT COURT (IN)

Results as of June 2024 - Revised

The tables below provide a list of treatment court best practices and whether your program is meeting that best practice, based on the answers in your assessment. The results for your treatment court on the key best practices listed in the table are meant to serve as a *starting point* for discussion about how you are implementing best practices in your program, including what you are doing well and what you would like to do better. We hope that it will be useful for beginning or continuing conversations with your team.

The answers to the best practices below are compiled based on the treatment court's responses to one or more questions on NPC's Treatment Court Assessment:

- "Yes" indicates that the treatment court reports performing the practice.
- "No" indicates that the treatment court reports not performing the practice.
- "Missing" indicates that the treatment court did not respond to the question, or set of questions, necessary to determine whether the treatment court is performing the practice.

Key Component 1:

> *Treatment courts integrate alcohol and other drug treatment services with justice system case processing*

9 out of 10 practices met (90%)

		Performing this practice?
1.1	The treatment court has a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies)	Yes
	i. MOU specifies team member roles	Yes
	ii. MOU specifies what information will be shared	Yes
1.2	The treatment court has a written policy and procedure manual	Yes
1.3	All key team members[1] attend pre-court team meetings (staffings)	Yes
1.4	All key team members[2] attend court sessions/status review hearings	Yes

[1] Key team members include the judge, a prosecutor, a defense attorney, a substance use disorder treatment representative, the treatment court coordinator, and a representative from probation. Best practice research currently defines supervision as represented by someone from probation. However, treatment court programs where participants enter pre-plea or pre-conviction may not have a representative from probation on the team. Probation may not have legal authority or jurisdiction over participants in these situations, and the role of supervision monitoring may fall under a case manager or other team member. NPC recognizes that the role of supervision may be met by someone from an agency other than probation, and NPC commends programs who have this role identified and actively engaged in staffings and court sessions.
[2] See previous footnote.

		Performing this practice?
1.5	Law enforcement (e.g., police, sheriff) is a member of the treatment court team	Yes
1.6	Law enforcement attends pre-court team meetings (staffings)	No
1.7	Law enforcement attends court sessions (status review hearings)	Yes
1.8	Treatment communicates with court via email	Yes

Key Component 2:

Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

4 out of 4 practices met (100%)

		Performing this practice?
2.1	A prosecuting attorney attends pre-court team meetings (staffings)	Yes
2.2	A prosecuting attorney attends court sessions (status review hearings)	Yes
2.3	A defense attorney attends pre-court team meetings (staffings)	Yes
2.4	A defense attorney attends court sessions (status review hearings)	Yes

Key Component 3:

Eligible participants are identified early and promptly placed in the treatment court

9 out of 9 practices met (100%)

		Performing this practice?
3.1	The time between the eligible event (or the incident that prompts a referral) and treatment court entry is 50 days or less	Yes
	The average time between the eligible event and the referral is: ***20+ days***	
	The average time between referral and treatment court entry is: ***10+ days***	
3.2	Other charges in addition to drug charges are eligible for treatment court entry	Yes
3.3	The treatment court accepts individuals with serious mental health diagnoses	Yes
3.4	The treatment court uses validated, standardized assessment tool(s) to determine eligibility	Yes
3.5	Participants are given a participant handbook upon entering the treatment court	Yes

		Performing this practice?
3.6	The treatment court accepts individuals who are using legally prescribed psychotropic medications	Yes
	The treatment court accepts individuals who are using medications to treat a substance use disorder:	
3.7	Methadone	Yes
3.8	Naltrexone (Vivitrol)	Yes
3.9	Buprenorphine (Suboxone)	Yes

Key Component 4a: Treatment Practices

Treatment courts provide access to a continuum of alcohol, drug, and other treatment and rehabilitation services

9 out of 10 practices met (90%)

		Performing this practice?
4.1	The treatment court uses no more than two treatment agencies to provide treatment for a majority of participants or a single agency/individual provides oversight for any other treatment agencies treating treatment court participants	No
4.2	The treatment court uses validated, standardized assessment tool(s) to determine level or type of services needed	Yes
4.3	Participants with co-occurring mental health and substance use disorders are connected to coordinated treatment whenever possible	Yes
4.4	Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	Yes
4.5	Treatment providers are licensed or certified to deliver substance use disorder treatment	Yes
4.6	Treatment providers are licensed or certified to deliver mental health treatment	Yes
4.7	Treatment providers have training and/or experience working with a criminal justice population	Yes
4.8	The treatment court has processes in place to ensure the quality and accountability of the treatment provider	Yes
4.9	The treatment court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	Yes
4.10	The minimum length of the treatment court program is 12 months or more	Yes

Key Component 4b: Available Services

Substance Use – 7 out of 7 services available (100%)

		Performing this practice?
The treatment court offers or makes referrals to the following services:		
S.1	Outpatient (group or individual)	Yes
S.2	Intensive outpatient	Yes
S.3	Residential	Yes
S.4	Relapse prevention services	Yes
	Legally prescribed medication for substance use disorders:	
S.5	Methadone	Yes
S.6	Naltrexone (Vivitrol)	Yes
S.7	Buprenorphine (Suboxone)	Yes

Behavioral Health– 6 out of 7 services available (86%)

		Performing this practice?
The treatment court offers or makes referrals to:		
S.8	Mental health treatment	Yes
S.9	Peer support services	Yes
S.10	Trauma-related services	Yes
S.11	Training for participants in illness self-management	No
S.12	Crisis intervention services	Yes
S.13	Anger management classes	Yes
S.14	Criminal thinking interventions	Yes

Family and Children –4 out of 4 services available (100%)

	The treatment court offers or makes referrals to:	Performing this practice?
S.15	Parenting classes	Yes
S.16	Family/domestic relations counseling	Yes
S.17	Services for participants' children	Yes
S.18	Childcare while participants are in treatment or in court (or participating in other treatment court requirements)	Yes

Complementary Services –8 out of 8 services available (100%)

	The treatment court offers or makes referrals to:	Performing this practice?
S.19	Health care	Yes
S.20	Dental care	Yes
S.21	Housing assistance	Yes
S.22	Supportive housing	Yes
S.23	Gender-specific services	Yes
S.24	Culturally specific services	Yes
S.25	Supported employment	Yes
S.26	Transportation assistance	Yes

Key Component 5:

Abstinence is monitored by frequent alcohol and other drug testing

9 out of 9 practices met (100%)

		Performing this practice?
5.1	Drug testing is random/unpredictable	Yes
5.2	Drug testing occurs on weekends	Yes
5.3	Drug testing occurs on holidays	Yes
5.4	Collection of test specimens is witnessed directly by staff	Yes

		Performing this practice?
5.5	Staff members who collect drug testing specimens are trained in appropriate collection protocols	Yes
5.6	Drug test results are back in 2 days or less	Yes
5.7	Drug tests are collected at least 2 times per week	Yes
5.8	Participants are expected to have at least 90 days of sobriety, as determined by negative drug tests, before graduation	Yes
5.9	Participants receive regular drug testing to ensure they are using any prescribed and approved medications appropriately	Yes

Key Component 6:

A coordinated strategy governs treatment court responses to participants' compliance

9 out of 9 practices met (100%)

		Performing this practice?
6.1	The treatment court has incentives for graduation such as avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence	Yes
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., treatment court will impose sanctions in advance of a participant's regularly scheduled court hearing)	Yes
6.3	Team members are given a written copy of the incentive and sanction guidelines	Yes
6.4	The treatment court has a range of response options which are individualized based on participant circumstances and proximal and distal behaviors	Yes
6.5	The treatment court has a range of options for responding to participant behavior (including alternatives such as praise and recognition from the judge, certificates, writing assignments, and community service)	Yes
6.6	In order to graduate, participants must have a job, be in school, or be involved in some qualifying positive activity	Yes
6.7	In order to graduate, participants must have a sober housing environment	Yes
6.8	The treatment court reports that the typical length of jail sanctions is 6 days or less	Yes
6.9	The treatment court retains participants with new possession charges (new possession charges do not automatically prompt termination)	Yes

Key Component 7:

Ongoing judicial interaction with each participant is essential

6 out of 7 practices met (86%)

		Performing this practice?
7.1	Participants have court sessions (status review hearings) every 2 weeks, or once per week, in the first phase	Yes
7.2	The judge spends an average of 3 minutes or more per participant during court sessions (status review hearings)	Yes
7.3	The judge's term is at least 2 years or indefinite	Yes
7.4	The judge was assigned to the treatment court on a voluntary basis	Yes
7.5	In the final phase of the treatment court, the participants appear before the judge in court at least once per month	No
7.6	The judge has received training on the treatment court model	Yes
7.7	The judge has had training on the legal and constitutional issues related to treatment courts	Yes

Key Component 8:

Monitoring and evaluation measure the achievement of treatment court goals and gauge effectiveness

4 out of 5 practices met (80%)

		Performing this practice?
8.1	The results of program evaluations have led to modifications in treatment court operations	Yes
8.2	The treatment court's review of its own data and/or regular reporting of program statistics has led to modifications in treatment court operations	No
8.3	The treatment court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files)	Yes
8.4	The treatment court monitors data to assess whether there are disparities (e.g., gender, racial, etc.) in who *enters* the program	Yes
8.5	The treatment court monitors data to assess whether there are disparities (e.g., gender, racial, etc.) in who *graduates* from the program	Yes

Key Component 9:

Continuing interdisciplinary education promotes effective treatment court planning, implementation, and operations

5 out of 5 practices met (100%)

		Performing this practice?
9.1	All new hires to the treatment court complete a formal training or orientation	Yes
9.2	All members of the treatment court team are provided with training in the treatment court model	Yes[3]
9.3	All members of the treatment court team receive ongoing cultural competency training	Yes
9.4	All members of the treatment court team receive education in substance use disorders	Yes
9.5	All members of the treatment court team receive education in mental health disorders	Yes

Key Component *10*:

Forging partnerships among treatment courts, public agencies, and community-based organizations generates local support and enhances treatment court effectiveness

2 out of 2 practices met (100%)

		Performing this practice?
10.1	The treatment court has an advisory committee that includes community members	Yes
10.2	The treatment court has a steering committee or policy group that meets regularly to review policies and procedures	Yes

[3]The following team members were noted on the assessment as not trained in the treatment court model: Law Enforcement, Peer Support Specialist, Community Partner.Those marked as “not a member of the team” are not included in the scoring for this practice.