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INTRODUCTION

Performance measurement is considered an essential activity in many government and non-profit agencies because it "has a common sense logic that is irrefutable, namely that agencies have a greater probability of achieving their goals and objectives if they use performance measures to monitor their progress along these lines and then take follow-up actions as necessary to insure success" (Poister, 2003). Effectively designed and implemented performance measurement systems provide tools for managers to exercise and maintain control over their organizations, as well as a mechanism for governing bodies and funding agencies to hold programs accountable for producing the intended results.

The argument for measuring the performance of treatment courts is compelling because they must compete with other priorities of the criminal justice system for a finite amount of resources. This makes it incumbent upon treatment courts to demonstrate that the limited resources provided to them are used efficiently and that this expenditure of resources produces the desired outcomes in participants. To this end, treatment court performance measures should demonstrate that participants are receiving evidence-based treatment in sufficient doses, improving their capability to function effectively in society, and that participants are held accountable and public safety is protected.

Performance measurement is distinct from program evaluation and consequently does not attempt to ascertain the "value-added" by a treatment court over an appropriate "business-as-usual" alternative (typically probation or incarceration). Rather, performance measures provide timely information about key aspects of the performance of the treatment court to program managers and staff, enabling them to identify effective practices and, if warranted, to take corrective actions.

The National Center for State Courts' (NCSC) philosophy for the development of performance measures is guided by a few important principles. First, we aim for a small number of measures targeting the most critical of treatment court processes. Second, performance measures are developed with significant input from stakeholders. NCSC acts as an informed facilitator, offering suggestions and making recommendations for performance measures, but the ultimate decision is made by the advisory committee convened by the state-level agency responsible for treatment courts. Third, the target audiences for the performance measures are individual treatment courts. That is, these measures are intended to provide information to individual courts to improve their performance. The information generated by the performance measures will also be useful to state-level policy makers, but they are not the primary target

audience. Fourth, performance measures are well-documented. Detailed "specification" sheets are written for each performance measure, documenting data sources, calculations, and interpretation, leaving little equivocation about the gritty details of the performance measure.

The Wisconsin Circuit Courts have been proactive in seeking knowledge and guidance regarding the most effective strategies for use with criminal offenders in their courts. In the past, the NCSC conducted a Wisconsin-based research and strategic planning project that produced recommendations regarding the implementation of court-related, evidence-based strategies for the criminal courts. The primary objective of this earlier project was to provide guidance to promote the use of evidence-based practices within the criminal courts, courtsupported programs, and throughout the criminal justice system. Among the overarching recommendations was the recommendation to encourage the development and use of meaningful measures that can be used to assess program performance and inform the distinct activity of program evaluation. The development of performance measures for Wisconsin's treatment courts began with drug and hybrid courts and resulted in the Wisconsin Statewide Drug and Hybrid Court Performance Measures (henceforth, drug and hybrid court performance measures) in 2015. In 2022, this work was expanded by the development of performance measure systems for Wisconsin's OWI and veterans courts, and supplementary measures for drug courts with a mental health track. The OWI and veterans court measures are each designed to be used as a stand-alone performance measure system, while the mental health track measures are meant to be used in conjunction with the drug and hybrid court performance measures.

Three Work Groups, one for OWI courts, one for veterans courts, and one for mental health tracks, were formed to provide information about the policies and practices of Wisconsin's treatment courts and feedback on the measures proposed by NCSC staff. The Veterans Treatment Court (VTC) Work Group included veterans court team members, and staff from the Wisconsin Director of State Courts Office (DSCO), Wisconsin Department of Justice, and Wisconsin Department of Corrections. The project and the work of the VTC Work Group were informed by a number of resources. First, the *Wisconsin Statewide Drug and Hybrid Court Performance Measures* (2012) provided the basis for the performance measurement system. Measures established in this report and also deemed generally applicable to treatment courts following the drug court model were retained as written or modified for the use of veterans treatment courts. Second, the *Ten Key Components of Veterans Treatment Courts* provided information about the specific goals of veterans treatment courts. Third, the discussion was informed by previous work conducted by NCSC to develop performance measures for treatment courts in other states and research on evidence-based practices (Carey et al., 2012). Finally, the *High Performance Court Framework* (Ostrom and Hanson, 2010) was used

to ensure that the selected measures provided a "balanced" perspective that represents competing values (e.g., productivity, efficiency, effectiveness, access).

The selected measures are listed by performance category in **Table 1** below. *Outcome* Measures target efforts of the court to hold participants accountable for substance use (percentage of positive discrete and continuous monitoring drug and alcohol tests, and the period of time between last positive drug test and discharge), re-offending (in- and post program recidivism), and average time between arrests. Processing and Admission Measures focus on key steps and components of processing participants through veterans treatment court. They include measures of timeliness (processing times and length-of-stay), target population, availability of mentors, outcomes, and team collaboration. Dosage Measures examine the amount of treatment services, court and supervision, and drug and alcohol testing (incentives and sanctions, units of service, frequency of status hearings, frequency of drug and alcohol testing, frequency of supervision contacts, and length and frequency of mentor contacts) participants receive. *Procedural Fairness Measures* examine participants' perceptions of veterans treatment court components and team members (perceived procedural justice), access and fairness, and the availability of services to meet their needs. Social Functioning Measures focus on behaviors that influence participants' capacity to function successfully in society and which may, if not properly addressed, be criminogenic for some participants (employment, education, residency, family status, medication compliance, and military benefits).

Table 1: Wisconsin Veterans Treatment Court Performance Measures

Outcome Measures

- 1. Sobriety
 - a. Average Percentage of Positive Drug and Alcohol Tests
 - b. Average Percentage of Days with Positive Continuous Monitoring Alcohol Tests
 - Average Period of Time from Last Positive Drug or Alcohol Test to Program Discharge
- 2. In-Program Recidivism
 - a. In-Program Rearrests
 - b. In-Program Convictions
- 3. Post-Program Recidivism
 - a. Post-Program Rearrests
 - b. Post-Program Convictions
- 4. Average Time Between Arrests

Processing and Admission Measures

- 5. Processing Time
- 6. Percentage of Participants by Risk/Need Category and Program Track
- 7. Ratio of Eligible Trained Mentors to Admissions
- 8. Discharge Type
- 9. Average Length-of-Stay
- 10. Team Collaboration

Dosage Measures

- 11. Incentives and Sanctions
 - a. Incentive/Sanction Ratio
 - b. Time Between Negative Behavior and Response
- 12. Attendance at Scheduled Treatment Services
- 13. Frequency of Status Hearings
- 14. Frequency of Supervision Contacts
- 15. Frequency of Drug and Alcohol Tests
- 16. Mentor Relationship
 - a. Frequency of Contact with Mentor
 - b. Length of Mentorship

Procedural Fairness Measures

- 17. Perceived Procedural Fairness
- 18. Access and Fairness
- 19. Availability of Services
 - a. Average Time Waiting for Services
 - b. Percentage of Services Unavailable

Social Functioning Measures

- 20. Improvement in Employment Status
- 21. Improvement in Educational Status
- 22. Improvement in Residency Status
- 23. Medication Compliance
- 24. Military Benefits

Measurement Considerations

Performance measurement requires an extensive supporting informational infrastructure, including a database containing the required data elements recorded at the level of the individual participant. For purposes of consistency across Wisconsin's treatment courts, the veterans treatment court measures propose the use of the same measurement considerations employed in the drug and hybrid court performance measures. These include the use of annual admission and discharge cohorts to organize the reporting of performance measures and the measurement of performance measures over time.

In line with the National Research Advisory Committee (NRAC) recommendations and good research practice, NCSC recommends organizing admission and discharge streams of participants into cohorts for reporting purposes. Longitudinal and retrospective cohorts, corresponding to "admission" and "discharge" cohorts, respectively, have long been a staple of bio-medical research and more recently of sociological and criminological research.

Admission cohorts consist of all veterans treatment court participants admitted during the same time period. Because all members of the cohort are admitted during the same timeframe, they will be equally subject to the same set of historical influences during the time they participate in treatment court, some of which may influence their progression through the program. For example, court policy may change as the cohort progresses through veterans treatment court (e.g., the frequency of urinalysis may increase or decrease as a result of the court's budget or treatment providers may change). By using admission cohorts, we are able to link changes in the performance of different admission cohorts to particular events. For example, decreasing the frequency of urinalysis for a particular admission cohort may result in an increased termination rate for that cohort in comparison to previous admission cohorts that had a higher frequency of urinalysis. Because we know that everyone in the admission cohort is subject to the same set of historical influences, and that the only difference between the two cohorts is the frequency of urinalysis, it is easy to explain the performance differential. Thus, admission cohorts are used to control for historical artifacts that may lead to incorrect conclusions about treatment court performance.

Discharge cohorts consist of all veterans treatment court participants that are discharged from the program during the same period of time, whether successfully or in some other fashion. They do not provide the same level of protection against historical artifacts as admission cohorts do. However, they do avoid the delays in reporting information that are associated with admission cohorts (which must be tracked until every member of the admission cohort is

discharged to provide complete information). Because treatment courts can rarely wait for admission cohorts to be discharged before they can produce performance data, the use of discharge cohorts is recommended for most performance measures, except where noted.

It is important to note that some of the veterans treatment court measures expand the focus of the analysis beyond admission and discharge cohorts. The "access and fairness" measure uses a referral cohort (i.e., all of the individuals referred to the court in the same period). The "team collaboration" measure uses meetings, rather than participants, as the unit of analysis.

Throughout this report, reference is made to annual admission or discharge cohorts. An annual timeframe is used for two reasons. First, many treatment courts are relatively small with few participants admitted or discharged during a given period of time. Courts in this category will require a year to accumulate a sufficient number of admissions and discharges to be able to draw any valid inferences about their performance. Because most performance measures are reported in percentages, smaller courts will not be penalized for a small reporting sample. However, to put the performance measure into perspective, frequencies (e.g., number of participants for a specific measure) should be reported in conjunction with the percentages. Secondly, annual reporting for most measures somewhat reduces the burden of reporting for treatment courts. The exception to this guidance is the "team collaboration" measure, which should be completed quarterly.

Distinct from the use of cohorts to report performance measure information, some performance measures must be measured over time to increase their utility. For example, percentage of failed drug tests is measured by phase or quarter of participation to provide information not only about how often participants are failing drug tests, but also about when these failures occur. If failures are clustered at certain points of processing, programmatic changes may be required at that processing point. The choice of time frame for each measure (monthly, by phase, or quarterly) was informed by relevant research.

OUTCOME MEASURES

1. Sobriety

There are three sobriety performance measures: Average Percentage of Positive Drug and Alcohol Tests; Average Percentage of Days with Positive Continuous Monitoring Tests; and Average Time from Last Positive Drug Test to Program Discharge. While the definitions of each measure are unique, the purpose, sources, and User's Note apply to all three measures.

A. Average Percentage of Positive Drug and Alcohol Tests

Definition: The average percentage of total drug tests and average percentage of total alcohol tests that return positive for an illegal or banned substance (e.g., alcohol, prescription drugs used for non-medical purposes or without a valid prescription, etc.) or have results that are considered positive (e.g., refusal to complete test, admission of use, late test, missed test, diluted test, or tampered sample). Tests that are returned positive for prescription drugs used for valid medical purposes should be excluded.

This indicator should be based on annual discharge cohorts and broken out by type of test

Cohort:

Annual Discharge

Data Required:

- Date of Program Admission
- Date of Drug Test
- Result of Drug Test
- Date of Alcohol Test
- Result of Alcohol Test
- Date of Program Discharge
- Type of Program Discharge
- Date of Phase Change

(e.g., drug or alcohol) and phase (or quarter if the program does not use phases) of program participation. Using phase or quarter in program provides the court with important information as to the rates of positive use during different stages of program participation (e.g., percentage of drug tests administered to the participants in the discharge cohort during their first phase or quarter of participation that returned as positive). The time-based results can alert the veterans treatment court program to deficiencies in its program at specific points in time. The results from Preliminary Breath Tests (PBT) and sweat patches should also be included in the numerator and denominator of this measure. Continuous Monitoring tests should be excluded from this measure.

B. Average Percentage of Days With Positive Continuous Monitoring Alcohol Tests

Definition: The average percentage of days on which a participant has a positive result on continuous monitoring alcohol tests of total days monitored. Positive results include indication of use, admission of use, and tampering with the monitoring device.

To account for the results from a continuous monitoring device, this measure is distinguished from the discrete testing described in the previous measure. The continuous drug or alcohol measure is calculated by dividing the

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Date Continuous Monitoring Initiated
- Date Continuous Monitoring Concluded
- Date of Positive Results

number of days of detected substance use by the total number of days of continuous monitoring to determine an overall percentage of days for which participants had a positive result while on continuous monitoring. Sweat patches should not be considered continuous monitoring tests. Since they only provide one result (use or no use), the are considered discrete tests and should be included in Indicator A of this measure.

C. Average Period of Time From Last Positive Drug or Alcohol Test To Program Discharge

Definition: The average number of days between the last positive drug or alcohol test and discharge by type of discharge. If there are no positive drug tests, this time period is equal to the participants' length-of-stay (LOS) in the program. If there is only one positive, this period is equal to the number of days between the date of that test and discharge. If there are multiple positives, it is equal to the date of the last positive test and the discharge date.

Cohort:

Annual Discharge

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Date of Positive Drug Test

Purpose: Sobriety is a goal of all treatment courts because it fosters participant rehabilitation, public safety, and participant accountability. Research suggests that treatment courts that require participants to have greater than 90 days with only negative drug tests before

graduation have reduced recidivism and produce significant cost savings over treatment courts that do not have this requirement.

Sources: Carey et al., 2012

Heck, 2006

Kelly and White, 2011

USER'S NOTE:

The ultimate determination of whether a drug test was positive or negative will be made only after all challenges to the test results have been resolved. This performance indicator should include the results of all drug tests administered, not only those administered by the drug court but also including those administered by external treatment providers. Requiring testing results from parties external to the court may not be feasible for some courts but they should take steps to make this possible in the near future. In the interim, drug tests administered by the drug court can be used. The results from Preliminary Breath Tests (PBTs) should be included in this measure.

The following formulas can be used to calculate the indicators of the sobriety performance measure.

INDICATOR A: Average Percentage of Positive Drug and Alcohol Tests can be calculated in two steps. First, the percent of positive drug tests is calculated for each participant using the following formula:

```
Positive Drug and Alcohol Tests = \frac{Total \# of \ Positive \ Drug \ Tests \ for \ each \ Participant}{Total \# of \ Drug \ Tests \ for \ each \ Participant}*100
```

The Percentage of Positive Drug and Alcohol Tests per Participant are then averaged across the cohort:

INDICATOR B: Average Percentage of Days with a Positive Continuous Monitoring (CM) Alcohol Tests can be calculated in two steps. First, calculate the Percentage of Days with Positive Continuous Monitoring Alcohol Tests for each participant who had continuous monitoring:

$$\%$$
 of Days with Positive CM Tests per Participant = $\frac{\# \ of \ Days \ with \ a \ Positive \ Test}{Total \ \# \ of \ Days \ on \ CM} * 100$

Then, the Percentage of Days with Positive CM Alcohol Tests Per Participant are averaged across the members of the cohort who were on continuous monitoring:

```
\frac{Average \% Positive}{CM Tests} = \frac{Sum of \% of Days with Positive CM Tests per Participant}{\# of Participants on CM}
```

INDICATOR C: The Average Period of Time from Last Positive Drug or Alcohol Test to Program Discharge can be calculated in two steps. First, determine the average length of time between last positive test and program discharge for each participant:

```
\# of Days between Last Positive and Discharge per Participant = Discharge Date - Date of Last Positive Test
```

Then, Period of Time from Last Positive Drug or Alcohol Test to Program Discharge can be averaged across the cohort:

```
Average of Days
\begin{array}{c} \textit{Between Last} \\ \textit{Positive and} \\ \textit{Discharge} \end{array} = \begin{array}{c} \textit{Sum \# of Days Last Positive to Discharge per Participant} \\ \# \textit{ of Participants} \end{array}
```

2. In-Program Recidivism

A. In-Program Rearrests

Definition: The number and percentage of participants who are arrested for a new offense between admission and discharge.¹ In addition to the total in-program rearrest rate, in-program rearrest recidivism should be reported by type of program discharge and by offense level and type.² Arrests for offenses that cannot result in incarceration, such as non-criminal traffic offenses, should be excluded from this measure.

B. In-Program Convictions

Definition: The number and percentage of participants convicted of a new criminal offense occurring between admission and discharge.³ In addition to the total in-program conviction rate, in-program conviction recidivism should be reported by type of program discharge and by offense level and type. Case filings for offenses that cannot result in incarceration, such as non-criminal traffic offenses, should be excluded from this measure.

Purpose: Treatment courts are expected to produce low rates of in-program recidivism among participants in comparison to other more traditional interventions

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Date of Offense
- Level of Offense
- Type of Offense
- Date of Conviction
- Level of Conviction
- Type of Conviction

such as probation or community-based treatment. The combination of judicial supervision, treatment, and incentives and sanctions that uniquely characterize treatment courts are expected to lower recidivism, a finding that is supported by research. This measure allows programs to examine recidivism in a particular year and explore changes over time which can illuminate effects of programmatic changes.

¹ If offense date is not available, please use arrest date. Always attempt to use the date which is closest in time to the offending behavior. Note that this measure requires tracking an offense that was committed during program participation to determine whether a charge was filed. If a charge was filed, tracking should commence with the date of the offense for which the charge was filed.

² See <u>Appendix A</u> for more details on the recommended offense classification scheme and its application to performance measures.

³ Ibid.

NCSC | Statewide Veterans Treatment Court Performance Measures

Sources: Heck, 2006

U.S. Government Accountability Office, 2005

USER'S NOTE:

INDICATOR A: In-Program Rearrests can be calculated with the following formula:

$$\frac{In\ Program}{Rearrests} = \frac{\#\ of\ Participants\ Arrested\ for\ New\ Offense\ During\ Program}{\#\ of\ Participants}*100$$

INDICATOR B: In-Program Convictions can be calculated with the following formula:

$$\frac{In\ Program}{Convictions} = \frac{\#\ of\ Participants\ Convicted\ of\ New\ Offense\ During\ Program}{\#\ of\ Participants} *100$$

In Wisconsin, Operating After Revocation (OAR), a traffic offense, is sometimes classified as a criminal offense and sometimes not. If the OAR is classified as criminal, it should be included in this measure. To put the percentages in the proper context, frequencies should also be reported.

These formulas can be adjusted for type of discharge and type of in-program offense.

Additional information about offense categories and levels can be found in Appendix A.

3. Post-Program Recidivism

A. Post-Program Rearrests

Definition: The percentage of participants who are arrested within three years from time of discharge from veterans treatment court, reported by type of discharge.⁴ Post-program rearrest recidivism is defined as any new arrest for a felony or misdemeanor offense for participants after discharge from the program for the following time frames:

- 0-6 months after program completion
- 7-12 months after program completion
- 13-24 months after program completion
- 25-36 months after program completion

B. Post-Program Convictions

Definition: The percentage of participants who commit an offense within three years from time of discharge from drug court who are convicted of the offense, reported by type of discharge.⁵ Post-program conviction recidivism is defined as any new felony or misdemeanor offense resulting in a conviction for drug court participants after discharge from the program for the following time frames:

- 0-6 months after program completion
- 7-12 months after program completion
- 13-24 months after program completion
- 25-36 months after program completion

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Date of New Offense
- Level of New Offense
- Type of New Offense
- Date of New Conviction
- Level of New Conviction
- Type of New Conviction

⁴ Identifying post-program rearrests may require the courts to access Portal. Every county in Wisconsin has an individual with access to Portal, usually the sheriff or the district attorney. Courts may be able to work with these individuals to access rearrest data.

⁵ This measure requires tracking an offense that was committed after program participation to determine whether it ultimately produced a conviction. If a conviction occurred, tracking should commence with the date of the offense that produced the conviction.

Post-program recidivism will be reported similarly to in-program recidivism, by type of discharge, category, and level of offense (see **Appendix A**). To put the percentages in the proper context, frequencies should also be reported.

Purpose: The NCSC recommends tracking the percentage of participants who are rearrested following departure from the program (successfully or not). The NCSC generally recommends using the definition for recidivism as an arrest that results in a conviction. Convictions provide an added layer of protection for local variations in arresting and charging practices. However, the NCSC recommends that programs with a high incidence of mental health diagnoses track all rearrests, as participants with mental health treatment needs may not be charged with a crime if they are found incompetent to stand trial, found not criminally responsible, or if they "time out" while being held in jail or in a hospital. Such factors impact conviction rates differently for this population and do not provide as accurate of a measure of criminal behavior.

Sources: Heck, 2006

Skeem et al., 2014

USER'S NOTE:

INDICATOR A: Post-program Rearrests can be calculated with the following formula:

 $\frac{\textit{Post-Program}}{\textit{Rearrests}} = \frac{\textit{\# of Participants Arrested for New Offense after Discharge}}{\textit{\# of Participants}} * 100$

INDICATOR B: Post-program Convictions can be calculated with the following formula:

Post-Program = $\frac{\# of \ Participants \ Convicted \ of \ New \ Offense \ after \ Discharge}{\# of \ Participants} * 100$

In Wisconsin, Operating After Revocation (OAR), a traffic offense, is sometimes classified as a criminal offense and sometimes not. If the OAR is classified as criminal, it should be included in this measure. To put the percentages in the proper context, frequencies should also be reported.

This formula can be adjusted for type of discharge, time frame of post-program offense, and type of post-program offense.

Additional information about offense categories and levels can be found in Appendix A.

4. Average Time Between Arrests

Definition: The average amount of time, in days, between program discharge and first post-program arrest or between post-program arrests within three years of program discharge, disaggregated by discharge type.

The NCSC generally recommends defining recidivism as an arrest that results in a conviction. Convictions provide an added layer of protection for local variations in arresting and charging practices. However, the NCSC recommends that measures for programs with a high incidence of participants with mental health treatment needs track all rearrests, as participants may not be charged with a crime if

Cohort:

 Annual Discharge Cohort

Data Required:

- Dates of New Arrests
- Date of Program Discharge
- Type of Program Discharge

they are found incompetent to stand trial, found not criminally responsible, or if they "time out" while being held in jail or in a hospital. Such factors impact conviction rates differently for this population and do not provide as accurate of a measure of criminal behavior.

Purpose: While the primary outcome for participants is no additional involvement with the criminal justice system, researchers and practitioners argue that recidivism or rearrest rates do not fully capture successful outcomes for participants with mental health treatment needs. Although mental illness is not a criminogenic risk factor (does not lead to increased rates of reoffending), recidivism is a critical outcome measure. General risk factors predicted recidivism, with no incremental utility added by risk factors unique to mental illness (Skeem et al., 2014). Rather than focusing solely on the percentage of individuals convicted, the average time between arrests disaggregated by discharge type allows programs to see if individuals who successfully complete the program are spending a longer period without criminal justice contact than those who do not complete successfully.

Sources: Skeem et al., 2014

USER'S NOTE:

Due to inherent difficulties and limitations in tracking this performance measure, Average Time Between Arrests should be tracked only for the first three years following program discharge. The measure is calculated by discharge cohort. All criminal arrests should be included, even those which do not result in conviction.

Average Time Between Arrests can be calculated with the following formulas, which should be disaggregated by program discharge type. This first formula indicates the total number of days between discharge and first post-program arrest, calculated for each participant:

Days Between
Discharge and New Arrest = Date of Arrest - Discharge Date

For each subsequent post-program arrest, use the following formula:

 $\frac{Days\ Between}{Arrests} = Date\ of\ New\ Arrest - Date\ of\ Previous\ Arrest$

Calculate total days between arrests, which is the sum of all previous calculations (from discharge to the first arrest, and the days between subsequent arrests) for all arrests in the discharge cohort and divide that by number of post-program arrests for all participants in the discharge cohort to determine the average time between arrests:

PROCESSING AND ADMISSION MEASURES⁶

5. Processing Time

Definition: The average processing time between important referral and admission events in number of days. The number of days between each event will be tracked for each participant and averaged.

The average processing time is measured between:

- Arrest and Identification of Veteran Status
- Identification of Veteran Status and Referral for Screening
- Referral and Eligibility Determination
- Eligibility Determination and Admission to the Veterans Treatment Court
- Admission and First Treatment Episode⁷

Cohort:

Annual Admission

Data Required:

- Date of Arrest
- Date of Veteran Status Identification
- Date of Referral for Screening
- Date of Eligibility Determination
- Date of Program Admission
- Date of First Treatment Episode

Although this measure divides the average processing time by sequential milestones, programs can combine the average time between multiple sequential milestones determine the average time between non-sequential milestones. For example, average time between *arrest* and *admission* can be determined by summing the average times for *arrest* and *referral for screening*, *referral* and *eligibility determination*, and *eligibility determination* and *admission*.

Purpose: Research indicates that effectiveness of treatment and long-term adjustment is linked to swiftness of entry to treatment. Programs with shorter processing times experience greater reductions in recidivism. Improved outcomes are achieved when the processing time between arrest and program admission is less than 50 days. With veterans specifically, identifying veteran status as soon as possible is also important because rates of self-report are

⁶ The Processing and Admission Measures are based on admission cohorts. However, it may be beneficial in some instances to generate these measures based on discharge cohorts to assist with the interpretation of other performance measures that are based on discharge cohorts.

⁷ First Treatment Episode refers to the first VTC-initiated substance use disorder treatment episode.

low. One of the key components of veterans treatment courts is to promptly identify eligible participants and place them in the program, due to the traumatic nature of arrest and the likelihood that it will create a crisis and an immediate recognition of the need for treatment. This measure provides programs with insight into the efficiency of their referral and admission processes.

Sources: Carey et al., 2012

Rempel et al., 2003

USER'S NOTE:

Processing Time can be calculated in two steps. First, the date of the initial event must be subtracted from the date of the subsequent event. This calculation can be applied to all four indicators of processing time. For example:

 $\frac{Processing\ Time\ Between}{Arrest\ and\ Referral} = Date\ of\ Referral - Date\ of\ Arrest$

This result must then be averaged across all participants, calculated with the following formula:

 $\frac{Average\ Processing\ Time}{Between\ Arrest\ and\ Referral}\ =\ \frac{Total\ Processing\ Time\ for\ All\ Participants}{\#\ of\ Participants}$

6. Percentage of Participants by Risk/Need Category and Program Track

Definition: The percentage of participants who fall into each criminal risk/criminogenic need category using a validated risk and need assessment tool, disaggregated by track for courts with separate risk/need tracks. This is calculated by totaling the number of program or program track participants in each risk and need category, then dividing it by the total number of participants in the program for courts without separate tracks, and by the number of

Cohort:

Annual Admission

Data Required:

- Date of Program Admission
- Track Assignment
- Risk and Needs
 Assessment Results

participants assigned to the respective track for courts with separate tracks.

Purpose: Research has shown treatment courts that target high-risk, high-need participants have produced optimal outcomes in terms of cost savings and reduction in recidivism. Using standardized tools to screen and assess participants is critical to target the right participants and to provide appropriate treatment to participants. Risk/need assessment tools such as COMPAS or the LSI-R are used to identify criminal behavior risk and criminogenic needs of participants and to classify the participants as low, medium, or high risk; and low, medium, or high need. This measure allows programs to examine the populations served and consider whether participants are from the target population.

While treatment courts often focus on high-risk/high-need individuals, veterans treatment courts may serve a greater variety of individuals. Research has shown that offering a continuum of care leads to significantly better outcomes. Mixing participants with different risk levels in the same treatment and supervision groups not only leads to inefficiencies but can also produce worse outcomes for lower risk participants, including increased substance use and higher recidivism rates. Utilizing separate program tracks helps to ensure participants are receiving the tailored treatment and services appropriate to their risk and needs assessment. For programs that serve different participant subgroups, this performance measure helps to evaluate whether participants are assigned to appropriate program tracks and thus whether treatment and service dosage is aligned to participants' risk and needs.

NCSC | Statewide Veterans Treatment Court Performance Measures

Sources: Andrews and Bonta, 2010

Carey, 2019

Carey and Davis, 2021

Carey et al., 2012 and 2015

Lovins et al., 2007

Marlowe, 2009 and 2012

USER'S NOTE:

The Percentage of Participants by Risk/Need Category and Program Track can be calculated using the following formula (illustrating an example for high risk/high need participants in Track A):

$$\frac{\% \ of \ HR/HN \ Participants}{in \ Track \ A} = \frac{\# \ of \ HR/HN \ Participants \ in \ Track \ A}{Total \ \# \ of \ Participants \ in \ Track \ A} \quad *100$$

This formula can be adjusted for every category of risk and need. For programs without tracks, this formula can be adjusted to capture the entire program population:

$$\frac{\% \ of \ Participants}{who \ are \ HR/HN} = \frac{\# \ of \ Participants \ who \ are \ HR/HN}{Total \ \# \ of \ Participants}$$
 *100

7. Ratio of Eligible Trained Mentors to Admissions

Definition: The number of trained mentors (i.e., roster) as compared to the number of admissions in a cohort. Peer mentor training should be a formalized training aimed at preparing mentors for their role in mentoring a veteran who are court involved, including traumainformed approaches, and understanding substance use disorders and other mental health disorders.

Cohort:

Annual Admission

Data Required:

- Date of Program Admission
- Total Number of Trained Mentors by Calendar Year

Purpose: A unique feature of many veterans treatment

courts is the use of veteran peer mentors, which is thought to increase successful completion of the program and improve socio-emotional outcomes. Although the use of peer mentors has gained popularity in veterans treatment courts, little research to date has examined the role of peer mentors on outcomes. As peer mentors are integral to the veterans treatment court as recognized by the National Association of Drug Court Professionals, the National Drug Court Institute, and Justice for Vets, it is important to track the ratio of trained mentors that are available for assigning to participants.

Sources: Cavanaugh, 2011

McGuire et al., 2013

Russell, 2009

USER'S NOTE:

The performance measure is the average number of participants per trained mentor, which can be calculated by dividing the number of participants in an admission cohort to the number of trained mentors available in the year spanned by that cohort's dates of admission.

$$\frac{Ratio\ of\ Eligible\ Trained}{Mentors\ to\ Admissions}\ =\ \frac{\#\ of\ Trained\ Mentors}{\#\ of\ Participants}$$

8. Discharge Type

Definition: The percentage of participants discharged from the program through *graduation*, *termination*, or *other means.*⁸ Additionally, programs should calculate the percentage of participants that remain active at the time of reporting.

Indicators are the percentage of participants that fall into the following categories:

- Graduation
- Termination
- Voluntary Withdrawal
- Administrative Discharge⁹
- Active

Cohort:

Annual Admission

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge

Purpose: Program retention is one of the key predictors of positive post-treatment outcome. Retention is an accountability measure because the longer participants are engaged in the program and treatment, the better their outcomes after leaving the program. Research has indicated that those who graduate from treatment court programs are significantly less likely to recidivate than those discharged by other means.

Sources: Belenko, 1998

Cheesman et al., 2016

Heck, 2006

Rempel et al., 2003

⁸ The final numbers for discharge type will be reflected only when all members of the admission cohort have been discharged from the program, leaving 0% in the active category.

⁹ The Administrative Discharge exit type comprises exits that are not graduations, terminations, or voluntary withdrawals. Some examples of this type are transfers due to a relocation outside the court's jurisdiction, or the death or serious illness of a participant.

USER'S NOTE:

Discharge Type can be calculated by applying the following formula to each type of discharge. Graduation is the type of discharge used in this example.

$$\%$$
 Graduated = $\frac{\# \ of \ Participants \ who \ were \ Discharged \ by \ Graduation}{\# \ of \ Participants} * 100$

Programs should additionally track the types or reasons for discharge.

9. Average Length-of-Stay

Definition: The average length of time (days) participating in veterans treatment court, measured from admission to discharge and reported by type of discharge (e.g., graduation, termination, or other). Ideally, this time interval will exclude any time that a participant was not an active participant because of bench warrants or jail time unrelated to veterans treatment court. When a participant absconds (defined by the Wisconsin Department of Correction as absent 30 or more days), the participant is considered to be in "inactive" status since they are not participating actively

Cohort:

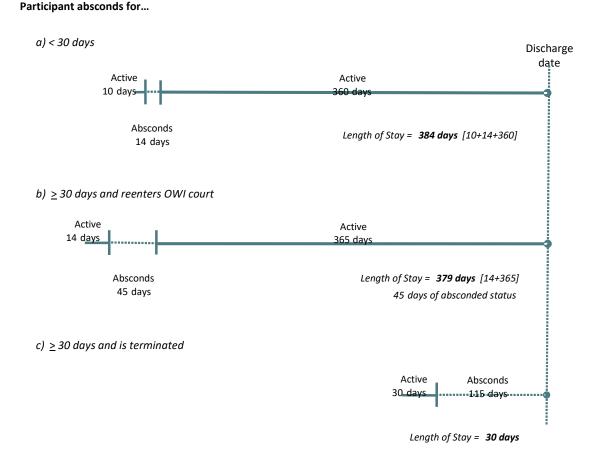
Annual Admission

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Number of Days Inactive During Program

in veterans treatment court. Ideally, the time in inactive status should be deducted from the participant's overall length of stay in the program.

Figure 1: Calculating length-of-stay, examples



Purpose: Treatment court participants must stay in treatment long enough to realize an effect. Research indicates that three months of substance use treatment may be the minimal threshold for detecting dose-response effects, 6 to 12 months may be the threshold for clinically meaningful reductions in substance use, and 12 months of substance use treatment appears to be the "median point" on the dose-response curve: e.g., approximately 50 percent of clients who complete 12 months or more of substance use treatment remain abstinent for an additional year following completion of treatment. Longer retention not only indicates success in treatment but also predicts future success in the form of lower rates of post-treatment substance use and re-offending.

Sources: Cissner and Rempel, 2005

Marlowe et al., 2003

USER'S NOTE:

Length-of-Stay is a calculation of the number of days active in the program. It can be calculated using the following formula:

 $Length-of-Stay = [(Discharge\ Date - Admission\ Date) + 1] - \#\ of\ Days\ Inactive$

The Average Length-of-Stay can be calculated by using the following formula:

$$Average \ Length-of-Stay \ = \ \frac{Sum \ of \ Length \ of \ Stay}{\# \ of \ Participants}$$

This calculation represents the Average Length-of-Stay for the entire cohort. It will be adjusted for participants who graduated and those who were terminated from the program.

10. Team Collaboration

Definition: The percentage of staffings that all required team members either attended or for which they provided relevant information despite not attending. For each meeting, ¹⁰ track whether each required team member or agency:

- 1) Attended staffing
- 2) Did not attend staffing, but provided relevant information by other means
- 3) Did not attend staffing and did not provide relevant information by other means

Focus of Analysis:

Quarterly Team Meetings

Data Required:

- Dates of Meetings
- Meeting Attendance
- If Information Provided

Summarize the data quarterly. This measure is not reported by discharge or admission cohort. This measure is program-specific, and results should not be generalized to other courts or conclusions about agencies.

Purpose: Collaboration is integral to the case management of an effective treatment court program. It is most effective when each agency and actor in the drug court is aware of the others' interactions with and viewpoints about the participants. Pertinent information gathered during assessment and monitoring must be provided to the entire team in time for the court's periodic review of each participant's progress. The accuracy and promptness of this information sharing are not only critical for developing a unified supervision and treatment plan and appropriate sanctions and incentives but also help to maintain quality assurance across program components. Additionally, timely information-sharing reduces undue burdens for program participants and team members alike and enhances the efficiency of the program. Preliminary studies have found that a high level of collaboration, which is enabled by information sharing, is a crucial factor in helping a program adhere to program standards and achieve successful outcomes.

This measure provides a gauge to the court of the level of collaboration across the entire program team and helps to identify gaps in information sharing. Tracking such gaps will allow the court to investigate reasons, such as a lack of resources, lack of commitment by individuals/agencies, structural barriers, and other obstacles to effective collaboration.

¹⁰ Note that this measure does not track missing information by participant, nor by team member. It simply tracks incomplete information at the meeting level. If the percentage of meetings with incomplete information is higher than expected, it might be warranted to disaggregate by team member/agency to explore the reasons for the high frequency of missing information.

Sources: Monchick, 2006

National Association of Drug Court Professionals, 2015

U.S. Department of Justice, 1997

van Wormer et. al, 2020

USER'S NOTE:

Track team member attendance and the provision of relevant information if a team member does not attend in person at each staffing. There are three possible options for each required team member at each meeting:

- 1) Attended staffing
- 2) Did not attend staffing, but provided relevant information by other means
- 3) Did not attend staffing and did not provide relevant information by other means

If any member of the team does not attend or provide relevant information by other means, that is considered a staffing with incomplete information.

Adjusting the timeframe as needed, summarize the number of meetings with incomplete information on a quarterly basis. Then calculate the percentage of staffings that information relevant for discussion was unavailable:

If the court sees a high percentage of staffings with incomplete information, look into the data by team member to determine if there is a pattern in the cause of incomplete information at staffings.

$$\%$$
 of Staffings with Incomplete Information by Team Member $=$ Total # of Staffings where Team Member did not Attend and did not Provide Information Total # of Staffings *100

DOSAGE MEASURES

11. Incentives and Sanctions

A. Incentive/Sanction Ratio

Definition: This performance measure has three parts, which can be defined as follows: 1) the average number of sanctions administered to participants, 2) the average number of incentives administered to participants, and 3) the ratio of average incentives to average sanctions.¹¹ Each indicator should be calculated by discharge type (graduation, termination, and other).

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Date of Sanction
- Date of Incentive

Purpose: The use of sanctions and incentives is important to increasing effectiveness of treatment and reducing recidivism and cost. Using sanctions and incentives in combination improves outcomes over using either independently. While controlled scientific studies are lacking, there is some evidence indicating that incentives should be used more often than sanctions or that they should at least be used at the same frequency. This measure can be used to examine both the extent to which the program uses sanctions and incentives and the application of one relative to the other.

¹¹ The ratio is calculated after averaging the number of incentives and sanctions. For evaluation purposes, programs should additionally consider the distribution of incentives to sanctions at the individual level.

B. Time Between Negative Behavior and Response

Definition: The average response time (in days) between the date of the precipitating negative behavior (i.e., violation of the program rules) and the date of the response.

Purpose: Behavioral research indicates that in terms of reducing undesirable behavior, delays in issuing sanctions have a negative impact on their effectiveness. In order to be as effective as possible, sanctions should be delivered with both

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Date of Sanction
- Date of Program Violation

certainty and immediacy, with courts striving to be consistent with participant expectations. Reducing the time between negative behavior and the court's response to that behavior can therefore help ensure that program sanctions maintain their efficacy.

Sources: Longshore et al., 2001

Marlowe, 2008

Marlowe and Kirby, 1999

Russell, 2015

USER'S NOTE:

INDICATOR A: Average number of sanctions during program participation can be calculated using the following formula. The same formula can be used to calculate the average number of incentives during program participation.

To calculate the Ratio of Incentives to Sanctions, use the averages above in the formula below.

Average Ratio of Incentives to Sanctions =
$$\frac{Average \# of Incentives}{Average \# of Sanctions}$$

INDICATOR B: Time Between Negative Behavior and Response is the average number of days between the date of a negative behavior (i.e., violation of the program rules) and the date the team imposed a sanction in response to the behavior. If multiple responses were imposed for a participant's negative behavior, use the first response to calculate the interval for this measure. For example, if a probation officer responds to a positive drug test by telling the individual to appear at the next scheduled veterans treatment court docket, the date of that verbal response should be used to calculate the time interval.

For the purposes of this measure, the focus of the equation is the instance of negative behavior and the time taken to initially respond to that behavior, no matter the number or severity of sanctions in response. However, for evaluation purposes it is important to track all responses to capture the severity of the sanctions.

Average Response Time = $\frac{Sum \ of \ All \ Response \ Times \ to \ Negative \ Behavior}{\# \ of \ Instances \ of \ Negative \ Behavior \ Responded \ To}$

The logic of this measure can also be applied to the time to implementation of an incentive in response to positive behavior. However, it can sometimes be more challenging to determine the exact date of a positive behavior, which may occur incrementally over a span of time rather than in one instance.

12. Attendance at Scheduled Treatment Services

Definition: The average number of units¹² of treatment attended by participants, by treatment type, by treatment provider type (VA Services vs. Community Services), and by type of discharge (graduation, termination, or other). The units of treatment services measure examines veterans treatment court activities that address the criminogenic needs of participants.

Types of treatment services include:

- Outpatient Substance Use Disorder Treatment
- Outpatient Mental Health Treatment
- Cognitive-Behavioral Treatment
- Residential (Inpatient) Treatment (Substance Use Disorder and Mental Health)
- Ancillary services¹³

Cohort:

Annual Discharge

Data Required:

- Date of Program Admission
- Type of Treatment Provider (VA Services vs Community Services)
- Date of Treatment Service
- Treatment Service Attendance
- Type of Treatment Service
- Date of Ancillary Service
- Type of Ancillary Service
- Date of Program Discharge
- Type of Program Discharge

Treatment service units should be based on actual attendance, not just referrals to service. Each session of outpatient service is considered a unit of service. For inpatient treatment, each day should be considered a unit of service.

¹² Use hours of service if available, otherwise use sessions. Sessions can be converted to hours based on the average amount of time for a typical session of whatever service is being provided.

¹³ Ancillary services address "criminogenic needs" (Andrews and Bonta, 2010) of veterans treatment court participants, other than substance abuse and mental health.

At the conclusion of the reporting period, the total number of units of service received by each participant who was discharged during that period will be averaged by category as follows:

Ancillary Service	Unit of Count
Outpatient Mental Health Treatment	Sessions/Hours
Outpatient Substance Use Treatment	Sessions/Hours
Cognitive-Behavioral Treatment ¹⁴	Sessions/Hours
Residential Mental Health Treatment	Days
Residential Substance Use Treatment	Days

Ancillary Service	Unit of Count
Medical/dental services	Appointment
Life Skills Class	Session
Parenting Class	Session
Community Support Groups (e.g., AA/NA/12 step)	Meeting

Purpose: Treatment services must be delivered in sufficient dosage to veterans treatment court participants to be effective. Research shows, for instance, that 200 hours of group treatment for high-risk, high-need participants increases treatment effectiveness and reduces recidivism. Examining the totals by discharge type allows the court to explore differences between those who complete the program and those who do not complete the program, which controls for some differences in length of stay between the groups. In addition to being helpful in determining dosage as a performance measure, tracking units of service is critical because it allows researchers to determine which services affect clients in a positive way; helps programs to identify service gaps; and serves as a means to conduct cost-benefit analysis in the future.

Sources: Heck, 2006

Sperber et al., 2013

¹⁴ Cognitive-behavioral treatment may address mental health or substance use. However, for the purposes of this measure, cognitive-behavioral treatment is distinguished from other forms of substance use and mental health treatment and should be recorded in its own category.

13. Frequency of Status Hearings

Definition: The average number of status hearings attended by participant per month during each phase (or quarter if the program does not use phases) of program participation, by type of discharge.

Purpose: Research indicates that programs which have status hearings at least two times per month during the first phase or quarter of participation have greater reductions in recidivism. This measure allows programs to monitor the monthly frequency of status hearings during program participation by phase or quarter.

Sources: Carey et al., 2012

Cohort:

Annual Discharge

Data Required:

- Date of Program Admission
- Date of Status Hearing
- Date of Program Discharge
- Type of Program Discharge
- Date of Phase Change

USER'S NOTE:

Frequency of Status Hearings is calculated for each participant. The following formulas can be used to calculate the average frequency of status hearings for the entire discharge cohort and can be adjusted to calculate the Frequency of Status Hearings in each phase or quarter.

First, calculate the number of status hearings per month per participant:

$$\# \ of \ Status \ Hearings \ per \ Month \ per \ Participant = \frac{Total \ \# \ of \ Status \ Hearings \ Attended \ by \ Participant}{\# \ of \ Months \ in \ Program}$$

Then, average the number of status hearings per month per participant over the discharge cohort:

14. Frequency of Supervision Contacts

Definition: The average number of face-to-face supervision contacts per month, by type (e.g., home, or office), per participant. As virtual options become more commonplace, courts should be mindful of what counts as a face-to-face contact and be sure to include all those types in this measure. For example, supervision meetings on Zoom may count as face-to-face contacts. Only contacts for supervision purposes should be included in this measure. These indicators should be disaggregated by the participant's phase (or

Cohort:

Annual Discharge

Data Required:

- Date of Program Admission
- Date of Supervision Contact
- Type of Supervision Contact
- Type of Program Discharge
- Date of Phase Change

quarter if the program does not use phases) in the program to account for variation in supervision throughout participation in the program.

Purpose: Supervision is an important design feature of veterans treatment court. The intention of supervision is to ensure public safety and hold participants accountable to the program requirements. Research indicates that supervision should be based upon risk and need assessments to better target participants' criminogenic needs. This is a measure of the level of supervision provided to participants.

Sources: Bonta et al., 2008

Supervision contacts can be made by any team member responsible for supervising compliance with the program (e.g., probation officer, case manager).

Frequency of Supervision Contacts is calculated for each participant. The following steps should be used to calculate the average frequency of supervision contacts for the entire discharge cohort and can be adjusted to calculate the Frequency of Supervision Contacts in each phase or quarter.

First, calculate the number of supervision contacts per month per participant:

```
\# of \ Supervision \ Contacts \ per \ Month \ per \ Participant \ = \ \frac{Total \ \# \ of \ Contacts \ made \ by \ Participant}{\# \ of \ Months \ in \ Program}
```

Then average the number of supervision contacts per month per participant over the discharge cohort:

$$\# \ of \ Supervision \ Contacts \ per \ Month \ = \ \frac{Sum \ of \ \# \ of \ Contacts \ per \ Month \ per \ Participant}{\# \ of \ Participants}$$

15. Frequency of Drug and Alcohol Tests

Definition: The frequency of drug and alcohol tests is measured as the average number of attended drug and the average number of attended alcohol tests conducted weekly.¹⁵ This measure will be reported out by type of test (i.e., drug tests, alcohol test). This performance measure should be calculated based upon participant's phase or quarter in program.

Purpose: Drug and alcohol testing is a critical element of veterans treatment court. Research indicates that the most effective and cost-efficient treatment court

Cohort:

Annual Discharge

Data Required:

- Date of Drug Test
- Date of Alcohol Test
- Date of Program Admission
- Date of Program Discharge
- Date of Phase Change

programs test participants randomly two times per week. The Frequency of Drug and Alcohol Tests measure allows programs to make adjustments to the drug and alcohol testing policy to increase effectiveness in outcome and cost savings.

Sources: Carey et al., 2012

USER'S NOTE:

Frequency of Drug Testing can be calculated by utilizing the following formulas.

$$\frac{Frequency\ of\ Drug}{Tests\ per\ Participant}\ =\ \frac{\#\ Drug\ Tests\ for\ each\ Participant}{\#\ of\ Weeks\ in\ Program}$$

Average Frequency of Drug Tests per Participant across the discharge cohort.

$$\frac{Average\ Frequency}{of\ Drug\ Tests}\ =\ \frac{Sum\ of\ Frequency\ of\ Drug\ Tests\ per\ Participant}{\#\ of\ Participants}$$

These calculations can be adjusted for each phase or quarter of participation. This can also be reported out for the frequency of alcohol testing.

¹⁵ A participant's attendance at testing is the key factor in determining if a test counts toward this measure. If the participant attends the test, but does not produce a specimen, that still counts as a conducted test.

16. Mentor Relationship

A. Frequency of Contact with Mentor

Definition: The average number of participant-mentor contacts by participant with mentor, per month during each phase of program, by type of discharge.

B. Length of Mentorship

Definition: The number of days from the first and last contact between the mentor and participant, ending at discharge, regardless of whether the mentor-participant relationship continues.

Purpose: Mentors can play a significant role in providing participants with guidance and need to spend time building a trusting relationship.

Typically, mentorship relationships require frequent and consistent contacts between the mentor and participant. While mentorship relationships are encouraged for the duration of

Cohort:

Annual Discharge

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Date of Mentor-Participant Contact
- Type of Mentor-Participant Contact
- Date of Phase Change

Cohort:

Annual Discharge

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Date of First Contact with Mentor
- Date of Last In-Program Contact with Mentor

the program or even longer, there are various reasons a mentorship relationship might end earlier. Because tracking contacts is less practical and reliable following discharge from the program, we recommend ending at discharge even if the relationship informally continues. It is important to track the length of the relationship to understand how mentorship impacts proximal and distal outcomes. These performance measures can also provide programmatic information to improve mentor recruitment, training, and assignment of peer mentors to participants.

Sources: Fournier, 2021

Jalain and Grossi, 2020

Frequency of Mentor Contacts is calculated for each participant. The following steps should be used to calculate the average frequency of mentor contacts for the entire discharge cohort and can be adjusted to calculate the Frequency of Mentor Contacts in each phase or quarter. First calculate the number of mentor contacts per month per participant.

$$\# of Mentor Contacts$$
 $per Month per Participant$ = $\frac{Total \# of Contacts \ with Mentor}{\# of Months in Program}$

Then average the number of mentor contacts per month per participant over the discharge cohort.

$$\# of Mentor Contacts \\ per Month = \frac{Sum of \# of Contacts per Month per Participant}{\# of Participants}$$

Length of Mentorship is a calculation of the number of days with an active mentorship relationship. It can be calculated using the following formula

 $Length\ of\ Mentorship\ =\ Date\ of\ Last\ Mentor\ Contact\ -\ Date\ of\ First\ Mentor\ Contact$

The Average Length of Mentorship can be calculated by using the following formula:

$$Average \ Length \ of \ Mentorship = \frac{Sum \ of \ Length \ of \ Mentorship \ for \ all \ Participants}{\# \ of \ Participants}$$

PROCEDURAL FAIRNESS MEASURES

17. Perceived Procedural Fairness

Definition: Procedural fairness refers to the participant's perception of decision-making during program participation. There are five indicators that examine perceptions of the judge, treatment, case manager, probation, and the court, generally. The measure is the composite score for all items within each domain (judge, treatment, case manager, probation, and court) based upon survey responses of active program participants. Scores are calculated for all active

Cohort:

Active Participants

Data Required:

- Participant's Phase
- Survey Question Scores

participants by phase at a consistent point in time during the year, on an annual basis.

Purpose: Procedural fairness has been broadly linked with legal compliance, willingness to accept unfavorable decisions, and legitimacy. The measurement of procedural fairness includes a survey of participants regarding their perceptions of the veterans treatment court judge, probation officer, case manager, treatment staff, and overall court.¹⁶ Participants are administered a survey of Likert scale questions one time per year (survey can be administered for a period of two to three weeks during court appearances or probation officer contacts to get maximum participation). The questions included on this survey focus on participants' perceptions of the opportunity to be heard, fairness of treatment, respect, and neutrality of decisions. The results reflect the typical participant's perception of how fairly program staff treated them during program participation.

It is extremely important that the survey be administered and results compiled in such a way that survey responses are not able to be connected to specific participants. This is to ensure that participants will respond honestly and that their responses will not be used against them by program staff. Participants will need to be reassured on this issue. To this end it is also important that the demographic information supplied by participants taking the survey not be used by staff to identify individual participants.

Sources: Ostrom and Hanson, 2010

Rottman, 2007 Tyler, 2006, 2003

¹⁶ Additional categories of drug court team members may be added or modified to ensure various court configurations are covered by the instrument.

Participants are asked to answer six (6) general questions each about the judge, case manager, probation, treatment staff, and the court. The performance measure is the average score in each domain. This can be calculated as follows for each domain:

```
Participant's \ Perception = Score \ for \ Question \ 1 + Score \ for \ Question \ 2 \dots  of Judge + Score \ for \ Question \ 6
```

$$\frac{Average\ Perception}{of\ Judge}\ =\ \frac{Sum\ of\ Participants'\ Perceptions\ of\ Judge}{Total\ \#\ of\ Participants\ Completing\ the\ Survey}$$

This calculation can also be used to examine differences by phase in program.

For more detailed instructions about how to implement and score the survey please see Appendix B.

18. Access and Fairness

Definition: This measure tracks a referral cohort as it progresses through veterans treatment court. At each of three processing points, the percentage of each demographic group of interest in the referral cohort is examined to identify changes in its composition, as members drop out or change status from previous processing steps.

 Referral: Referrals are disaggregated by race, ethnicity, gender, and age, and percentages are compared to similar percentages of *veterans* treatment court eligible arrests, if available. If not, compare referrals to the percentages of all arrests in the jurisdiction.

Cohort:

Annual Referral Cohort

Data Required:

- Race, ethnicity, gender, and age of referral(s)
- Date of referral
- Referral Source
- Date of Admission or reason referral was not admitted
- Date of Discharge
- Type of Discharge
- Admission: For the demographic characteristic of interest (e.g., race): The number of
 referral cohort members of each race who are admitted is divided by the total number of
 referrals of each race. This percentage can be interpreted as the probability that a
 referral of each race will be admitted. This probability can be compared to other races to
 determine whether the admission rates are comparable.
- Discharge: For the demographic characteristic of interest (e.g., gender): The number
 of referral cohort members admitted who are male who Successfully Complete is
 divided by the total number of referral cohort members admitted. This probability is
 compared to the percentage of female admissions to determine the extent of attrition
 from admission to discharge. These probabilities should be compared to determine if
 attrition rates are comparable between the groups being compared.

Purpose: Establishing and maintaining equitable access to justice for all court users is a fundamental responsibility of courts. This Access and Fairness measure provides treatment courts with a way to assess for inequities among demographic groups at the key decision points of referral, admission, and discharge.

Sources: National Association of Drug Court Professionals, 2015

Access and Fairness is measured based on the percentages of different demographic groups of interest in each cohort (race, ethnicity, gender, and age) as compared to percentages of other demographic groups.

Example:

The following is an illustrative calculation for African American referrals:

% of African Americans in Referral Cohort	= Total # of African Americans in Referral Cohort Total # of Referrals in Cohort
% of African Americans in Referral Cohort Admitted	= Total # of African Americans in Referral Cohort Admitted Total # of African Americans in Referral Cohort
% of African American Admissions Successfully Completing	= Total # of African Americans who Successfully Complete Total # of African Americans in Referral Cohort Admitted

19. Availability of Services

A. Average Time Waiting For Services

Definition: The average number of days between the date of referral to a service and the date of first access to that service.

B. Percentage Of Services Unavailable

Definition: The percentage of time a service was functionally unavailable to a participant because the waiting list was too long or there were not sufficient existing resources to serve the participant. This measure captures referrals that cannot be included in Indicator A since they do

Cohort:

Annual Discharge Cohort

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Date of Referral to Service
- Date of First Appointment or Intake
- If Service is Not Available

not, by definition, have a Date of First Appointment or Intake to include in the calculation.

Purpose: It is important for veterans treatment courts to connect participants with needed treatment services in an efficient manner throughout program participation. The goal of this measure is to track length of time from each referral to services to a participant's first appointment with that service, and whether the service was not available. In addition to tracking how wait lists affect individuals for different types of services, this measure also tracks resource limitations that constrain the court. The goal of this measure is to identify systemwide service gaps and provide leverage for discussing how to secure appropriate community resources to meet the needs of the participants at early system intercepts.

Source: Pinals & Callahan, 2020

INDICATOR A: Average Time Waiting for Services is a calculation of the number of days spent waiting for services from program admission to discharge. Each referral is tracked separately for each participant, but all wait times across all participants in the cohort are summed for a total, then divided by the number of participants in the cohort. It can be calculated using the following formula:

$$Average \ Time \ Waiting = \underbrace{Sum \left(First \ Appointment \ or \ Intake \ Date - Referral \ Date\right)}_{\textit{f or Services}} = \underbrace{First \ Appointment \ or \ Intake \ Date - Referral \ Date}_{\textit{f of Participants}}$$

INDICATOR B: Percentage of Services Unavailable calculates the percentage of time a referral is unable to be completed because the waitlist is too long for the service to be a reasonable option, or access is otherwise precluded by other resource shortages at the facility providing the service. It can be calculated using the following formula:

$$\begin{array}{rcl} \textit{Percentage of Services} &=& \underline{\textit{Referrals Unable to be Completed Due to Resource Lack}} \\ \textit{Unavailable} & & \#\textit{of Referrals} \end{array}$$

SOCIAL FUNCTIONING MEASURES

20. Improvement in Employment Status

Definition: The number and percentage of employable participants who were not employed at admission and who were employed at program discharge. Categories of employment include: part-time, full-time, and volunteer. Participants who are unable to work due to a disability, full-time students, full-time caregivers, and retirees should be excluded from the count. This measure should be reported by program discharge type.

Purpose: Employment reduces rates of relapse in substance use, as well as recidivism rates of participants. Employed participants are engaging in a pro-social activity and have a higher income, which makes them less likely to

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Employment Status at Program Admission
- Employment Status at Program Discharge

engage in substance use and criminal behavior. Additionally, employment requirements significantly increase the cost-effectiveness of the veterans treatment court program. This measure allows programs to examine the extent to which participants' employment needs are being met during program participation and can indicate to the program if there is a gap in employment services.

Sources: Carey et al., 2012

McLellan et al., 1994 Peters et al., 1999

USER'S NOTE:

Improvement in Employment Status can be measured by using the following formula:

 $\frac{Improvement \ in}{Employment \ Status} = \frac{\# \ of \ Participants \ with \ an \ Improvement \ in \ Employment}{\# \ of \ Participants \ Expected \ to \ be \ Employed} * 100$

21. Improvement in Educational Status

Definition: The percentage of participants who complete an educational or vocational program during veterans treatment courts participation or who were actively attending one of these at discharge, by type of program discharge.

Purpose: Completion of an educational or vocational program increases participants' stability in employment and reduces recidivism rates. Engagement in education increases participants' involvement in prosocial behaviors and reduces likelihood of relapse or participation in criminal behavior. This measure can

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Education Level at Program Admission
- Education Level at Program Discharge

Belenko, 2006 Hull et al., 2000

USER'S NOTE:

Sources:

Improvement in Educational Status can be calculated using the following formula.

inform programs about the linkage of participants to educational resources.

Improvement in Educational Status = # who earned GED or HS Diploma during Participation or who were actively pursuing one at Discharge *100 # without GED or HS Diploma at Admission

22. Improvement in Residency Status

Definition: The percentage of participants with an improvement in residency, defined as movement from unstable to stable residency status, between program admission and program discharge. Programs will assess the stability of a participants' residence at program admission and at program discharge pursuant to participants' "access to housing of reasonable quality in the absence of threats". A stable housing situation is "permanent, safe, and appropriate for the needs of the household." The measure will examine the improvement in residency status from program

Cohort:

Annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Stability of Housing at Program Admission
- Stability of Housing at Program Discharge

admission to discharge for those with unstable housing at program admission and calculating an improvement (as a yes/no) at the time of discharge by type of program discharge.

Purpose: Housing is identified as an important need of those with substance use and mental health disorders. Measuring change in housing status provides programs with an important indicator of how well the program meets participants' needs and can help identify potential gaps in services.

Sources: Wenzel et al., 2001

USER'S NOTE:

Improvement in Residency Status can be calculated using the following formula.

 $\begin{array}{c} \textit{Improvement in} \\ \textit{in Residency} \\ \textit{Status} \end{array} = \frac{\# \ \textit{of Participants with Improvement in Residency at Discharge}}{\# \ \textit{of Participants in Unstable Housing at Admission}} * 100 \end{array}$

¹⁷ Frederick et al., 2014

¹⁸ Leap Housing, 2022

23. Medication Compliance

Definition: The rate of medication compliance among participants with a medication plan, tracked at each staff meeting. This measure is recorded weekly and reported by quarter of program participation.

Purpose: Medication stability is necessary for achieving improved outcomes for individuals in veterans treatment court. It is important for courts to monitor compliance with medication plans that address

Cohort:

Annual Participants

Data Required:

- Date of Meeting
- Compliance Status
- Date of Program Admission

physical, substance use disorder, and mental health treatment needs that may negatively impact a participant's ability to participate fully in, and receive all the benefits from, treatment court participation.

The NCSC recommends that courts track medication compliance at each staff meeting for all participants with a medication plan that is monitored by the court or part of the case plan. At each case review/staff meeting, all participants in discussion should be recorded as "compliant" or "non-compliant" on their medication plan. Medication compliance should be defined as adherence to their clinical treatment plan, such as taking prescribed medications routinely. This information may be gathered using urinalysis results or other clinical tests as gathered by the treatment provider or community monitor. It may also be reported by a third party able to verify individual compliance (e.g., treatment provider, probation officer, group home coordinator).

Sources: Andrews and Bonta, 2010

Center for Substance Abuse Treatment, 1998

Kane et al., 2013

Rate of Medication Compliance is recorded for each participant with a medication plan at weekly staff meetings. The following formulas can be used to calculate the average rate of medication compliance for each quarter and can be adjusted to calculate the rate for the entire discharge. First calculate the rate of medication compliance recorded at each weekly staff meeting.

```
\frac{Participant\ rate\ of}{medication\ compliance}\ =\ \frac{\#\ of\ meetings\ participant\ deemed\ compliant}{\#\ of\ meetings\ w/\ participant\ on\ a\ medication\ plan}
```

Then add the total number of participants with a medication plan deemed compliant for all weekly meetings in the quarter and divide by the sum of all participants with a medication plan for all weekly meetings in the quarter.

$$\begin{array}{c} \textit{Total rate of} \\ \textit{medication compliance} \end{array} = \frac{\textit{Sum of participants deemed compliant}}{\textit{Sum of participants with a med plan}} \end{array}$$

24. Military Benefits

Definition: The percentage of participants who are eligible for VA benefits who are receiving at least one benefit type within each of five high-level benefit categories: financial, medical, mental health, housing, and general services. This measure is reported at program admission and at program discharge, by benefit type and discharge type.

Purpose: Research indicates that participants who receive VA benefits are more likely to have stable housing upon program completion, but they may also be more likely to be unemployed following program discharge. VA benefits may disincentivize seeking employment, but they may also provide greater stability in finances, allowing participants to secure

Cohort:

Annual Participants

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Benefit at Admission
- Type of Benefit at Discharge
- Type of Program Discharge
- Benefit Eligibility for Each Type

reliable housing. Measuring changes in the increase or decrease of benefits allows programs to assess whether additional educational and vocational resources may be needed. Additionally, some research has found that veterans treatment court programs that work closely with the VA are associated with lower rates of participant termination from the program, which suggests that programs should work to increase participant awareness of VA programs and benefits. Strengthening the partnership with the VA is considered one of the ten key components of veterans treatment courts.

Sources: Johnson et al., 2016

Russell, 2009 Tsai et al., 2018

Tsai and Rosenheck, 2013

Military benefits are measured in five high-level categories: financial, medical, mental health, housing, and general services. A participant meets the criteria for the high-level category if they are receiving at least one benefit type in the category. This measure is reported at program admission and at program discharge, by the benefit type, and by type of discharge. Only individuals

The formula below uses financial benefits at admission as an example. This formula can be used for benefits at admission and discharge and for each benefit type.

 $\begin{array}{ll} \textit{Percentage of Eligible} \\ \textit{Participants Receiving} \\ \textit{VA Financial Benefits} \end{array} = \begin{array}{ll} \# \ \textit{of participants with at least one financial benefit} \\ \# \ \textit{of participants eligible for financial benefits} \end{array}$

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Appendix A

Charge Categories for Criminal Histories/RAP Sheets

The following categorization for criminal records is based upon the FBI's Uniform Crime Reporting (UCR) Program and Black's Law Dictionary. The categorization was developed by the National Center for State Courts for project work specific to problem-solving courts.

CHARGE CATEGORIES FOR CRIMINAL HISTORIES/RAP SHEETS

Person Offenses: refer to offenses against a person defined by the FBI's Uniform Crime Reporting (UCR) Program as those offenses involving force or the threat of force.

Murder Homicide, non-negligent manslaughter, voluntary homicide

Sex offenses Forcible intercourse, sodomy, penetration with a

foreign object, carnal knowledge of minor, internet sex crimes, pornography, nonviolent or non-forcible sexual

assault

Robbery Unlawful taking of anything of value by force or threat of

force; armed, unarmed, and aggravated robbery, car-jacking,

armed burglary, armed mugging

Assault Aggravated assault, aggravated battery, assault with a

deadly weapon, felony assault or battery on a law

enforcement officer, simple assault, and other felony or

misdemeanor assaults

Other person offense Vehicular manslaughter, involuntary manslaughter, negligent

or reckless homicide, kidnapping unlawful imprisonment, hit-

and-run with bodily injury, intimidation, and extortion

Family violence Spousal or intimate partner assault or battery, spousal or

intimate partner abuse, child abuse or neglect, cruelty to a

child, reckless endangerment

Property Offenses: refer to property offenses defined by the FBI's Uniform Crime Reporting (UCR) Program as the taking of money or property, or the damage of property, without the use or threat of force against the victims.

Burglary Any type of entry into a residence, industry, or business with

or without the use of force with the intent to commit a felony

or theft. Breaking and entering.

Larceny/theft Unlawful taking, carrying, leading, or riding away of property

from the possession or constructive possession of another. Grand or petty theft or larceny, shoplifting, or the stealing of any property or article that is not taken by force and violence or by fraud such as thefts of bicycles, motor vehicle parts

and accessories

Motor vehicle theft Auto theft, conversion of an automobile, receiving and

transferring an automobile, unauthorized use of a vehicle,

possession of a stolen vehicle, larceny or taking of an

automobile

Fraud/Forgery Forging of a driver's license, official seals, notes, money

orders, credit or access cards or names of such cards or any other documents with fraudulent intent, uttering a forged instrument, counterfeiting, possession and passing of worthless checks or money orders, possession of false

documents or identification, embezzlement, obtaining money by false pretenses, credit card fraud, welfare fraud, Medicare fraud, insurance claim fraud, fraud, swindling, stealing a

thing of value by deceit, and larceny by check

Other property offense Receiving or buying stolen property, arson, reckless burning,

damage to property, criminal mischief, vandalism, criminal trespassing, possession of burglary tools, and unlawful entry

for which the interest is unknown

Drug Offenses: refer to drug offenses defined by the FBI's Uniform Crime Reporting (UCR) Program as the violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use.

Drug trafficking Trafficking, sales, distribution, possession with intent to

distribute or sell, manufacturing, and smuggling of controlled

substance

Other drug offenses Possession of controlled substances, prescription violations,

possession of drug paraphernalia, and other drug law

violations

OWI Driving Under the Influence

Public Order Offenses: refer to public order offenses akin to the public nuisance defined by *Black's Law Dictionary* as any unreasonable interference with rights common to all members of community in general and encompasses public health, safety, peace, morals, or convenience.

Weapons The unlawful sale, distribution, manufacture, alteration,

transportation, possession or use of a deadly weapon or

accessory

Driving-related Driving with a suspended or revoked license, and any other

felony in the motor vehicle code. DOES NOT INCLUDE

OWI

Other public order Flight/escape, prison contraband, habitual offender,

obstruction of justice, rioting, libel, slander, treason, perjury,

prostitution, pandering, bribery, disturbing the peace,

indecent exposure and tax law violations

Technical Offense: refers to any other type of offense not otherwise addressed by the categories described above.

Violation of court order Violation of court order resulting in a new charge (violation of

a law, e.g., Failure to register as sex offender). Includes

violation of probation/parole/commitment order.

Other Offense: refers to any other type of offense not otherwise addressed by the categories described above.

Other criminal offense



Appendix B

Procedural Fairness Survey

PARTICIPANT EXPERIENCES SURVEY INSTRUCTIONS

The Participant Experiences Survey¹⁷ can be administered by recreating the survey in an online format or can be printed directly from the provided PDF file ("*Participant Experiences Survey Instrument.pdf*"). Responses should be scored in the provided Excel file ("*Participant Experiences Survey Data.xlsx*"). Specific instructions for data entry and interpreting score ranges are below.

Data entry should be as follows:

•	"Strongly Agree"	= 7
•	"Agree"	= 6
•	"Somewhat Agree"	= 5
•	"Neither Disagree nor Agree"	= 4
•	"Somewhat Disagree"	= 3
•	"Disagree"	= 2
•	"Strongly Disagree"	= 1
•	"Not Applicable"	= -98

Score ranges for all four sections are as follows:

•	Maximum Score	= 7
•	"High" Score	= 6
•	"Low" Score	= 2
•	Minimum Score	= 1

¹⁷Measure items were developed by the National Center for State Courts or taken and amended from the following sources:

[•] Henderson, H., Wells, W., Maguire, E. R., & Gray, J. (2010). Evaluating the measurement properties of procedural justice in a correctional setting. *Criminal Justice and Behavior*, *37*, 384-399.

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PROCEDURAL FAIRNESS SURVEY

Thank you for your willingness to complete this survey. We are interested in learning more about your personal experiences with the court staff and services to date. The following four sections specifically target the **judge**, **probation**, **treatment staff**, **and the court generally**. In each section, please consider all of your interactions with the indicated person or persons and indicate how much you agree or disagree with each statement listed in the left hand column. For each statement, please select the response option that **best represents your opinion** by placing an **X** in the corresponding box.

Today's Date:	
What is the name of the court you are involved in?	
What is your current phase in the program?	
How long have you been in the program?	months

Section 1: Your Experiences with the Judge In this section, please consider all of your interactions with the primary judge with whom you have had contact throughout your dealings with the court.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
The judge applies rules consistently to everyone.							
The judge makes me feel comfortable enough to say how I really feel about things.							
3. The judge gives me a chance to tell my side of the story.							
4. The judge treats me politely.							
5. The judge is knowledgeable about my case.							
6. The judge makes decisions about how to handle my problems in a fair way.							
Section 2: Your Experiences with your Case Manager In this section, please consider all of your interactions with your primary case manager.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
Case Manager In this section, please consider all of your	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
Case Manager In this section, please consider all of your interactions with your primary case manager. 7. My case manager interacts with me in a							Δ
Case Manager In this section, please consider all of your interactions with your primary case manager. 7. My case manager interacts with me in a professional manner. 8. I know that my case manager truly wants to							
Case Manager In this section, please consider all of your interactions with your primary case manager. 7. My case manager interacts with me in a professional manner. 8. I know that my case manager truly wants to help me. 9. My case manager gives me enough of a							
In this section, please consider all of your interactions with your primary case manager. 7. My case manager interacts with me in a professional manner. 8. I know that my case manager truly wants to help me. 9. My case manager gives me enough of a chance to say what I want to say. 10. The way my case manager handles my case							

Section 3: Your Experiences with Probation In this section, please consider all of your interactions with your primary probation officer.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
13. My probation officer interacts with me in a professional manner.							
14. I know that my probation officer truly wants to help me.							
15. My probation officer gives me enough of a chance to say what I want to say.							
16. The way my probation officer handles my case is fair.							
17. My probation officer treats all of his or her clients equally.							
18. I feel safe enough to be open and honest with my probation officer.							
Section 4: Your Experiences with Treatment In this section, please consider all of your interactions with your primary treatment provider.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
Treatment In this section, please consider all of your interactions with your primary treatment	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	☐ Disagree (2)	Strongly Disagree (1)
In this section, please consider all of your interactions with your primary treatment provider. 19. The treatment staff gives me a chance to tell	_			_			
In this section, please consider all of your interactions with your primary treatment provider. 19. The treatment staff gives me a chance to tell my side of the story. 20. I believe the treatment staff is genuinely	_						
In this section, please consider all of your interactions with your primary treatment provider. 19. The treatment staff gives me a chance to tell my side of the story. 20. I believe the treatment staff is genuinely interested in helping me with my problems. 21. The treatment staff interacts with me in a							
In this section, please consider all of your interactions with your primary treatment provider. 19. The treatment staff gives me a chance to tell my side of the story. 20. I believe the treatment staff is genuinely interested in helping me with my problems. 21. The treatment staff interacts with me in a professional manner.							

Section 5: Your Experiences with the Court in General In this section, please consider all of your interactions with the staff of the court that have not been specifically mentioned above.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
25. They treat all people and groups equally.							
26. They are fair in their dealings.							
27. They care about me.							
28. They treat me with courtesy.							
29. They listen to me.							
30. They are trustworthy.							