Best Practices and Evaluation Framework for

Kingston’s Drug Treatment Court

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The procedures in the Best Practices Guide and Program Evaluation Framework for the Kingston Drug Treatment Court are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
DEDICATION

For serenity.
ABSTRACT

Over the past 18 months, The Kingston Drug Treatment Court went from planning to full implementation. In this short time, the Kingston Drug Treatment Court has found success with two graduates succeeding in the program with several more working on the development of exit plans for graduating the program. In order to be able to develop an effective and efficient method of evaluating the Kingston Drug Treatment Court, an evaluation framework has been provided. The evaluation framework builds on the resources available at the John Howard Society of Kingston and within the Kingston Drug Treatment Court. Specifically, aiming to be as cost-effective as possible and remaining flexible to allow the program to be evaluated at a time when resources can be allocated. A literature review of best practices focused on the implementation of different aspects of implementing a drug treatment court, ranging from client characteristics’ level and method of being sanctioned to the interactions the clients have with the judicial aspects.
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Chapter I: Introduction

Drug Treatment Courts

Starting in Miami Florida in 1989, drug treatment courts (DTCs) were developed to address the skyrocketing rates of incarceration among non-violent drug offenders during the crack-cocaine epidemic of the 80’s. The DTC model is intended to act as a diversionary track for offenders who are charged with non-violent drug related offences for which the primary motivation is to contribute to their addiction. Clients plead guilty to the charges against them and are released to the drug treatment court as diversion from incarceration. Once released, clients work through both group and individual programming, are required to undergo regular urinalysis, and are sanctioned or rewarded by a judge biweekly. The graduation criterion for this rigorous program is a minimum of nine months of sobriety. In the US, more than 2000 DTCs have been created since the initial development of the Miami DTC 25 years ago. Internationally, the innovative emulation of criminal justice and mental health treatment have spread across the globe reaching the European countries of Norway and the United Kingdom, to South American countries of Jamaica and Bermuda, as well as far across the planet to Australia (Cooper, 2003). DTCs were introduced in Canada in 1998 with the opening of the Toronto Drug Treatment Court. By 2006, six additional drug treatment courts had opened across Canada to include Edmonton, Winnipeg, Ottawa, Regina, Vancouver, and Calgary.

Kingston Drug Treatment Court

The Kingston Drug Treatment Court (KDTC) opened in September 2014. At the John Howard Society in Kingston, Ontario, the KDTC was developed quickly and implemented without hiring new staff. With less than eight months of planning, the KDTC was underway, a decision that took frontline workers by surprise. This meant the KDTC programming was added onto the frontline staff’s existing casework. With the swift implementation of the KDTC, no overarching
goals for the program were formulated, nor was a plan for future evaluation. Another challenge arising from their situation is funding. If the John Howard Society is unable to show funders the progress made and where additional funding would increase the benefits achieved by the program, then future funding may not be available to them. An evaluation could be planned to show progress toward goals, identify ways to improve the program, and provide accountability to funders. In addition, a best practice guide was created from a literature review to give an evidence-based foundation for further refining the KDTC.

**The John Howard Society of Kingston**

The John Howard Society of Kingston is a not-for-profit agency that addresses community justice needs both in the community and in local correctional institutions. The Society provides a multitude of programs, including its institutional pre-release workshops, a bail verification and supervision program, a community correctional center, and the Kingston Drug Treatment Court. The John Howard Society operates under the Risk-Needs-Responsivity model of addressing and reducing crime. Informal conversation with frontline workers have shed light on difficulties that they had with women in the DTC. Over the initial 18 months of operation, seven women have dropped out of the program, while only one has graduated. This is in contrast to men, with a single drop-out and one graduate, and seven continuing with the program. This need for further information on best practices for working with women in DTC was expressed by numerous staff members both at AMHS-KFLA and the John Howard Society. To increase the effectiveness of the DTCs ability to work with specific populations, a literature review will focus on demographic characteristics such as gender, ethnicity, family makeup, age, drug of choice and substance use history. With the recent introduction of the KDTC, a program evaluation will be planned for the John Howard Society of Kingston to assess whether and how the KDTC is achieving its goals. The creation of an evaluation framework was created to provide The John Howard Society with a
means to self-evaluate the KDTC program. An emphasis in development of the evaluation framework will be given to being cost-effective and requiring a low investment of labour
Chapter II. Literature Review And Best Practices

Program theory

The theory behind DTCs is that offenders who are addicted to illicit substances and commit offences to sustain addiction will no longer offend once the addition is treated (Department of Justice Canada, 2008). With the goal of addressing the offender’s addiction, the DTC program strikes a balance between a conservative, punitive approach to offenders and a liberal, harm reduction approach to dealing with addiction (Department of Justice Canada, 2008). On the punitive side, offenders diverted to DTC plead guilty to their charges and, if they choose to leave the DTC program or are unable to continue with the rigorous DTC programming, they are sentenced to the charges that they had plead guilty to. Contrasting the punitive aspect of DTC, the programming is run using a harm reduction approach that does not expect an offender to immediately be abstinent; rather, abstinence is an eventual goal for the offender to work towards (Department of Justice Canada, 2008).

Drug Treatment Court Overview

Over the 25 years since the first DTC opened, many research studies have been conducted to evaluate the effectiveness of these courts in reducing recidivism. Research on outcomes has yielded mixed results. A number of evaluations have shown that DTC’s reduce rearrest rates by 59% for those who complete the programming. Banks and Gottfredson (2004) found no difference in rearrest rates between drop-outs and graduates at a 4-month follow up. However, at 12 months, DTC participants had a lower rearrest rate than drop-outs, the effect that the DTC program had on rearrest rates were found after a 12-month follow-up indicating that DTC
programs effects become stronger over a longer period of time Brewster (2001) found that participants in the Chester County (Pennsylvania) DTC program had decreased substance use compared to a control group, and that graduates had decreased rearrest rates over a control group who received incarceration as a punishment for their drug offences. Goldkamp & Weiland’s (1993) evaluation on the Dade County DTC program found that participants in the DTC program had 60% reduction in rearrests in a 12-month follow-up. Listwan, Sundt, Holsinger & Latessa (2003) studied the effect of the Cincinnati DTC on recidivism. Program participants had a 12% reduction in rearrest rates and a 50% reduction in drug-related rearrest rates in comparison with a control group who received “treatment as usual”, which was most commonly incarceration or probation. Vito and Tewksbury (1998) evaluated the Jefferson County DTC and found that graduates of the program had a reconviction rate of 13.2% in comparison to 59.5% of DTC drop-outs and 55.3% of the control group. Wolfe, Guydish & Termondt (2002) found a deep reduction in re-arrest in a two-year follow-up of the San Mateo County DTC, with 53% of drop-outs occurring new charges versus only 19% of graduates. However, a notable number of studies have found that DTCs do not have an effect in reducing the rearrests rates of those who completed the programming. Spohn, Piper, Martin, & Frenzel (2001) found that in the Douglas County DTC, initial evaluations saw a positive effect on re-offense, however once offender risk was controlled for the effect on re-offending disappeared, further indicating that a selection bias was at play. Deschenes and Greenwood found that even among first time low risk offenders, only 40% of the offenders admitted to the program made it to graduation. A study of the Denver DTC by Granfield, Eby, & Brewster (1998) found that it had no statistically significant effect over alternative forms of probation than did drug screening alone. Bowers (2008) even proposes a that DTCs have an overall negative effect on the target client group while providing a way for some offenders to avoid jail time by participating in the DTC programming without serious addiction issues. He found that the
participants who were most likely to graduate were recreational users who were not heavily addicted, and entered the DTC program to avoid incarceration. In contrast, genuinely addicted clients were less likely to succeed in DTC programming, and upon dropping out, were sentenced to harsher penalties than they would have otherwise faced with the standard guilty plea (Bowers, 2008). Both Bowers (2008) and Sevigny, Fuleihan, & Ferdic (2013) have found that DTC drop-outs face sentences that are two to four times longer than comparison groups due to the policy in many DTC programs that require program participants to plead guilty to all charges faced rather than negotiating a plea deal.

Several meta-analytic studies have evaluated the effectiveness of DTCs on a larger scale, with mixed albeit positive-leaning results. Belenko (2001) examined the findings from 37 evaluations done over a two-year period (1999-2001), and reported that overall DTCs reduced drug use and rearrest rates. Out of the 37 DTC evaluations reviewed, only six had a 12-month follow-up of participants. Of these six, three DTCs had moderate reductions in re-arrest rates, one had a small reduction, and two had no reductions (Belenko, 2001). Only three used an experimental design with clients randomly assigned to either DTC or “treatment as usual”. Among these three studies, only one demonstrated positive results in reducing rearrest rates (Belenko, 2001). A follow-up study to update Belenko’s 2001 meta-analysis was conducted by Jensen and Mosher (2006) to review DTC outcome evaluations between 2001 and 2005. They only found 11 studies over his time period that had truly randomized assignment. Of these 11 studies, recidivism was significantly reduced in nine, while one was found to reduce recidivism but not enough for a statistically significant result and one was found to have no impact on recidivism (Jensen & Mosher, 2001).

Both Belenko (2001) and Jenson and Mosher (2006) mentioned that many barriers exist in evaluating DTCs, as no methodological consistency exists to evaluate DTCs. In particular, they noted that each evaluation differed in the definition of recidivism and used a different length of
time to measure recidivism (Belenko, 2001; Jenson & Mosher, 2006). Another concern was the possibility of selection bias, with successful results more likely to be published (Belenko, 2001; Jenson & Mosher, 2006).

To address the above concerns, Wilson, Mitchell, & MacKenzie (2006) collected evaluation data on 50 different drug courts, with the majority of the data being unpublished. In their large sample of studies, DTCs were found to reduce recidivism by an average of 26% (Wilson et al. 2006). Wilson et al. (2006) gave further cautions to their findings as lack of a scientific methodology did not allow them to produce results that were of sufficient quality for a scientific standard. However, despite weak methodology of the evaluations collected by Wilson et al. (2006) an overall positive view of DTCs are evident.

In 2005, the US Government Accountability Office (GAO) conducted a review of evaluations of DTC programs. The GAO found 117 evaluations of DTCs that contained outcome data, which were narrowed to 27 reports that met a standard for evaluative quality (US Government Accountability Office, 2005). The GAO concluded that DTCs reduced reconviction for graduates. However, with graduation rates ranging from 27% to 66%, more research is needed to focus on increasing graduation rates within DTCs and establishing a standard for DTC programs to follow.

One aspect that the GAO studied and found particularly concerning was a high degree of variance between drug test results and self-reported drug use. Drug testing results show a large reduction in drug use, that was often contradicted by self-reports (US Government Accountability Office, 2005).

Overall, DTCs have an overall positive effect on recidivism, but serious concerns need to be addressed and evaluated in order to establish the effectiveness of drug courts. The review of the literature as well as developing a best practices will help in the process of standardizing the DTC
Program.

**Program Characteristics**

Program characteristics focus on how to best implement and execute a DTC program. Developing how best to implement a DTC program increases the ability to evaluate each program by decreasing inter-program differences in treatment modality.

**Admission Process**

Adherence to admission standards, regardless of clinicians’ subjective impressions, enhances the positive effects that DTC programs have (Belenko et al., 2011). Following an evidence-based admission process both increases the effectiveness that the DTC programming has, as well as increases the cost-benefit analysis (Sevigny et al., 2013). While good intentions may drive clinicians to vet clients in order to assess their suitability for the DTC program in terms of motivation for change or readiness for treatment, no effect on either graduation rates or re-arrest rates have been found in doing so (Rossman et al., 2011)

**Program size**

In an evaluation of 69 DTC programs across the USA, Carey, Mackin, & Finigan (2012) found that, the largest and most significant correlation associated with reduced recidivism rates was program size. The most effective DTC programs had less than 25 clients at a time, with programs having more than 75 clients showing a significant decrease in effectiveness (Carey, Mackin, & Finigan, 2012). Key aspects associated with larger programs that would have a negative impact on the effectiveness of the DTC programs are less time with judges and larger client-clinician ratios (Carey et al., 2012).
Judge interaction

The role of the judge is a fundamental aspect to the DTC program. The judge’s power and status equates to motivational power through praise and punishment. Although the time that judges spend with each client is relatively short compared to clinicians working in DTCs, that time has a large impact on the program outcomes. The amount of time spent with each client is highly positively correlated with reductions in recidivism (Carey et al. 2012). The greatest impact on increasing graduation rates is found when judges makes three or more minutes of individualized attention to each client at each meeting (Carry et al. 2012)

Reward Procedures

Sanctions

Sanctions are an integral part of DTC programming. However, the effective use of sanctions is vital to ensuring client success. Not only is the level of sanctions given important, but also the preparation and development of the understanding that any participant has of them. Several aspects of sanctions are addressed in the following sections.

Specificity

A clear understanding by the client of cause and effect in the DTC process is vital to maintaining a pro-social attitude towards the programing. If a DTC client does not know that a specific behaviour will result in a sanction, or the severity of the sanction, then he or she may be more likely to develop feelings of resentment, or view the program as unfair (Marlowe 2008). This
adversity is exactly the attitude that the DTC model seeks to avoid. An additional concern noted by Marlowe (2008) is that vague and unpredictable sanctions lend themselves to more negotiation and justification by clients that can cause them to defer responsibility or avoid a justly-deserved sanction. To reduce the over-use or under-use of sanctions, clinicians should clearly outline specific actions that would cause a client to be given a sanction, as well as clear and measurable ways of following treatment to avoid sanctions. Examples of overly vague expectations are for clients to “act maturely” or to “behave responsibly”. Alternatively, examples of specific expectations that clients must achieve in order to avoid sanctions are to “attend every scheduled appointment” or “appear for a breathalyser test before 9 A.M. each morning”. Throughout the duration of treatment, each client may need to be directly informed on the changes of expectation alleviated, and the additional expectation given to the client can be paired with an alleviation of expectation. As each program expectation is peeled back, further explanation of the specific expectations and changes in consequence should be given to each client. Examples of this may where a client is given a verbal reprimand by the judge for a client in the early stages of the program, as compared to a weekend in detox for a client at a later stage who had already been granted more liberty.

**Certainty**

Consistency and immediacy in addressing any infractions by program participants have been shown to positively impact behavioural changes (Marlowe 2008). Marlowe advises that a minimum of two urinalysis tests be performed per week on a randomized schedule. This is to ensure that clients cannot systematically modify substance use to avoid detection in the program. Moreover, urinalysis should be the last obligation taken away from clients, and only after a sustained abstinence from substances for at least four to six months in order to maximize efficacy
(Marlowe, 2008).

**Immediacy**

An elementary principle of behavioural psychology is that a punishment acts as a more effective deterrent if it is applied immediately after the occurrence of the target behaviour. A common critique of the criminal justice system is that its administration of punishment is often months or years after the infraction was done. Research demonstrates that, in DTC programs, the administration of sanctions on a bi-weekly basis improves program adherence for high-risk clients (Marlowe, 2008).

**Graduation Criteria**

DTC programs that expect clients to reach a minimum of 90 days sober have reduced re-arrest rates among graduates (Carey et al. 2012), compared to programs with shorter sobriety requirements. This is aligned with current research that states the longer a client is sober, the more likely they are to continue their sobriety (Kelly & White, 2011) Those DTCs that have a graduation criteria of 90 days or more of sobriety before graduation have 164% greater impact in reducing re-arrest than those programs who have less than 90 days sober as a graduation criterion (Carey et al. 2012).

**Demographics**

**Gender**

Butzin, Saum, and Scarpitti (2002) investigated gender differences in the completion rates of DTC programs and did not find consistent evidence of gender differences in graduation rates. However, Butzin, et al. (2002) that found men were more successful in DTC programming (as cited in GAO, 1997), while others have found that women are more successful in DTC
programming (as cited in Drug Court Clearinghouse, 1999). In comparison to male offenders, female offenders have a greater likelihood to have risk factors that are identified in the RNR model of criminal offending, including lower levels of employment and education, and higher levels of family or marital instability (Peters, Strozier, Murrin & Kearns, 1997). Female offenders often have more barriers to treating their addiction, such as higher rates of depression, anxiety, suicidal ideation and higher rates of childhood abuse (Peters et al., 1997). In Butzin et al.’s (2002) evaluation of the Delaware Drug Treatment Court, they did not find statistically significant differences in the graduation rates between men and women (67% and 61%, respectively). Additionally Messina, Calhoun and Warda (2012) studied the effects of gender-responsive treatment in four different DTC programs in the San Diego County, California. They found that giving gender-responsive treatment programs (specifically, Helping Woman Recover and Beyond Trauma) had no statistically significant improvement over the standard DTC programming. While Messina et al. (2012) noted that women who received the gender-responsive programming had greater reductions in PTSD symptoms, this can be attributed to the fact that the women in the gender-responsive treatment program had access to the DTC programming in addition to Helping Woman Recover and the Beyond Trauma programs in comparison to the control group, who only had access to the regular DTC programming. However, these findings for gender-specific treatment outcomes for DTCs does not follow the pattern in the literature on gender-specific treatment with other programs in the aspects of substance abuse or correctional therapy. For example, Kissin, Tang, Campbell, Claus and Orwin (2014) have found that providing woman who are in conflict with the law, and who have substance use disorders with gender specific-treatment in an intensive impatient program led to a statistically significant decrease in rearrest rates compared to those who do not receive gender-specific treatment.
**Age**
Older client age has been found to be a contributing factor to success within a DTC program (Hickert, Boyle, & Tollefson, 2009). These findings support the conclusions reached by Butzin et al. (2002) and their evaluation on the demographic factors associated with DTC program success. This further affirms Belenko’s (1999) conclusion on participant retention being positively correlated with a client’s age. A study by Mateyoke-Scrivner et al.’s (2004) on two Kentucky DTC programs found that the average age for graduates was 32.5 years, in comparison 27.7 years among drop-outs.

**Education**
In the Mateyoke-Scrivner et al. (2004) evaluation of DTC participants’ demographic characteristics, they found that the average graduate of a DTC program only had .6 years more schooling than the average DTC drop-out. Moreover, Logan, Williams, Leukefeld and Minton (2000) did not find a correlation between the number of years a client spent in school and the rates of graduation in DTC programming. However, this is contrasted when evaluating levels of education in relation to completion rates in the DTC programming the research concludes the intuitive idea that clients with higher levels of education have increased rates of completion and lower rates of rearrest in a two year followup (Peters, Haass & Murrin, 1997). Additionally, Sechrest and Shichor (2001) found that clients who had a high school diploma (high school graduates or those who completed a GED) had a graduation rate 9% higher than those without a high school diploma. Clients who have a high school diploma have a higher rate of graduating in the DTC programming.

**Employment**
Employment is an important aspect to address in the field of community justice. The RNR model of criminal offending puts lack of educational success and employment satisfaction as part of its central eight risk factors for criminal activity. Logan et al. (2000) collaborate the claim finding those DTC participants who identified employment as an area they struggled in the initial interviews had higher drop-out rates than those who reported a positive employment history. Mateyoke-Scrivner et al. (2004) found that a DTC participant with full time employment were 2.9 times more likely to graduate in comparison with DTC participants who were unemployed. Furthermore Mateyoke-Scrivner (2004) also noted that income had no statistically significant difference on graduation rates indicating that the act of holding a job is associated with success in the DTC program rather than the increased income that it would provide.

Summary

Program characteristics

The 30 year history of DTC programs and the lack of a universal standard for creating DTC programs have developed the ability for researchers to assess different aspects of the DTC program and determine what practices have been found to optimize the program. Starting with ensuring potential clients are selected based on the mandated target population and not on a clinician’s intuition. Specifically to the KDTC and its youth is to focus on ensuring potential clients are selected based on matching the clients risk level to the KDTC program’s intensity. Keeping the treatment as well as sanctions specified and adhering to the responsivity principle is key to keeping clients engaged and motivated

Demographics

While gender-specific treatment within DTC programming was not found to improve
results for women, awareness of individuals needs under the RNR model of treatment should still be addressed under the responsivity principle. Both increases of age and education level increase the success of in the DTC programs and addressing education and employment needs may be benefits to the client. The author hypothesizes that having a high school diploma increases the ability to gain employment, and with satisfaction in employment being a part of the central eight in the RNR model, many adult offenders may have an increased predisposition to improving their employment if they have a high school diploma.
Chapter III. Method

Participants

This program evaluation framework is intended for use by the John Howard Society with adult clients, aged 18 years or older, who are in the Kingston Drug Treatment Court. Participants should have a history of drug or acquisitive offending in order to obtain drugs, as well have been diverted to the Kingston Drug Treatment Court. Acquisitive offending covers many charges including theft, trafficking and possession for the purpose where the motivation was to gain money.

Facilitators

The evaluation framework is intended for use by the John Howard Society of Kingston and for them to work in conjunction with the court, specifically the Justices of the KDTC, and by program staff at AMHS-KFLA. This evaluation framework does not require specialized training to use or to put into practice.

The best practice guide is intended for use by the John Howard Society of Kingston in order to help guide any policy changes in the KDTC that John Howard management would like to implement.

Design

The evaluation framework was created by the author as part of an applied thesis in the Bachelor of Applied Arts in the Behavioural Psychology undergraduate degree program at St.
Lawrence College during a 16-week thesis placement. The aim of the evaluation framework is for the John Howard Society of Kingston to evaluate of the Kingston Drug Treatment Court on an ongoing basis for program planning and service delivery. It is also intended to assist JHS in implementing evidence-informed practices for DTCs based on the review of research. The program evaluation is meant to provide John Howard staff with a means to evaluate the strengths and challenges of the KDTC, as well as its adherence to the evidence-based practices of drug treatment courts. This format was selected in order to give vital feedback to John Howard on challenges for the program, as well as direction on how these challenges can be addressed.

The implementation of any best practices in the KDTC should be a collaborative decision among all agencies involved. Therefore, it is recommended that the planning and execution of any changes to the KDTC be collaborative through all stages. This will allow effective communication between agencies toward agreement on what changes or additions to the KDTC each agency will be responsible for.
Chapter IV: Results

The best practices guide contains information under two main headings: program characteristics and participant demographic characteristics. Demographic characteristics focused on being responsive to clients’ individual needs. Responsiveness to the needs of female participants was emphasized, but client age, education level, and employment history were also addressed.

The evaluation framework is the foundation for a program evaluation of the KDTC. This framework gives JHSK the means to evaluate the KDTC program internally, at its own pace. It also allows the evaluation questions to be responsive to the needs and priorities of the KDTC. Specifically, the framework addressed the following considerations: stakeholder investment, creating and developing evaluation questions, and identifying indicators and outcome measures for those questions.
Chapter V: Discussion

Thesis Summary

The KDTC best practices guide and evaluation framework were developed using past evaluations of DTC programs across North America. The best practice guide and its content were created to provide the John Howard Society and the KDTC with specific areas to self-evaluate and direction based on research. The program evaluation framework was created as a means to streamline the evaluation process for the KDTC and to give the John Howard Society the ability to, conduct a self-assessment with limited resources. This would allow the John Howard Society to further build the KDTC program and to enhance its effectiveness by identifying possible areas for improvement. Along with the program evaluation framework, the best practices guide will aid the John Howard Society to further develop the KDTC program. The program evaluation framework was based on the Program Evaluation Toolkit (The Ontario Centre of Excellence for Child and Youth Mental Health, 2013) and adapted by the author to the KDTC program. The best-practices guide was developed based on the specific needs identified by frontline-staff and management within the KDTC. Many key areas of the DTC program were addressed.

Limitations and Challenges

While the aim of this program evaluation was to be practical and pragmatic in its development, several limitations are to be considered. The funding challenges that not-for-profit agencies face, and political and societal constraints create a challenge to evaluating the KDTC regardless of how streamlined the process is. Further limitations exist as the time constraints of this project. While the author developed the framework, the design and execution of the evaluation will need to be done by the John Howard Society.

A challenge in creating change within the KDTC, is it’s a program that is executed by three
different agencies with different mandates and values that need to be consulted on any changes. While this creates challenges in implementation the best practices guide provided aims to address this by giving evidence based direction to the KDTC program.

**Multi-level Challenges to Service Implementation**

**Multilevel Challenges to Service Implementation**

Many challenges arise when running a program with several different agencies.

**Client level**

Clients may face a considerable challenge when participating in a program run by three different parties. While the clients have the most at stake, they have the least power and liberty to have any fundamental change in their own lives during this process. Each client enters the DTC program with the overarching threat of incarceration; for some there would be significant mandatory minimum sentence. With this pressure, they are expected to live up to the obligations given to them by the John Howard Society, AMHS-KFLA, and the Justice of the Peace. Each invested party holds different levels of expectation from each client that makes it difficult for them to establish the programs “right and wrong”.

**Program level**

The rapid development and implementation of the Kingston DTC may have created several oversights and troubleshooting conflicts. This is seen in the different expectations each agency has for the clients, and in how the program works. However, with each service provider having different lenses and different levels of power at play, it may lead to conflict among the DTC service providers.

**Organizational level**

Each organization participating in the administration of the DTC has a different mandate and a unique work environment. The perspective I have on these environments are clouded by the
environment I have experienced. While John Howard is a non-profit with a small office with two committed workers to the DTC, FCMH is a large organization with over 200 employees who commit two workers to the DTC. While the court has two Justices of the Peace who have final say on the reward or punishment of DTC clients, they may understandably be less responsive to the mental health needs of an offender than they are to public safety.

**Societal level**

The societal aspect to this problem is the slow change in moving to the evidence-based best practices needed to actually help the clients. The court is influenced not only by clients’ actions, but by the public. The idea of public safety is put in front of the improvement of the clients even though all evidence available suggests that risk to public safety from DTCs is very low.

**Contributions to Behavioural Psychology Field**

The best practices guide was written based on research done prior and inspired by the field of behavioural psychology, and focused on improving the quality of life and the overall health of the clients in the DTC programs and of communities as a whole. The evaluation framework was created as an attempt to improve and further develop the KDTC program and thereupon aiding the program participants in developing strategies to achieve and maintain sobriety while reducing criminal offending in the community.

**Recommendations for Future Research**

Future research should further assess the possible benefits of gender-specific treatment options for women participants in DTC programs. It would be also advantageous to develop best practices and ways of implementing them efficiently/accessibly specifically for DTC programs that are small in size, as the majority of the research has been on DTC programs with 50 or more participants. The KDTC and many smaller DTC programs across North America may benefit from research that caters to their contingencies and is specific to their individual needs.
References


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Appendix A: Summary of Personal Communications

Agency Contacts

L. Jack, Manager (2015-11-05)

Jack was interviewed to discuss the needs of the literature review and to establish the scope of the evaluation. Jack disclosed that woman has a difficult staying in the program and that information to help improve the success of woman in the KDTC would be helpful to improving the KDTC. Jack reported that information related to appropriate sanctions would be helpful for the KDTC.

T. Deligha, Community Parole Officer (2015-11-07)

Deligha was also interviewed initially to gain insight on the challenges that KDTC faces. Deligha affirmed that woman were a challenge for the KDTC and mentioned that information regarding punishment consistently would help as Deligha felt that females are punished more harshly in the KDTC. Deligha suggests that this may influence the drop-out rate of females in the program. Suggestions on best practices with woman along with best practices among sanctions would be helpful.
## Appendix B: Identifying Stakeholders

### PLANNING YOUR EVALUATION: IDENTIFYING RELEVANT STAKEHOLDERS

#### STAKEHOLDERS – WORKSHEET 1

<table>
<thead>
<tr>
<th>Types of Stakeholders</th>
<th>Possible Stakeholder Groups</th>
<th>Place an X next to those whom you might want to include in the evaluation</th>
<th>Communication plan (email, meetings, reports, presentations, workshops, etc)</th>
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<tbody>
<tr>
<td>Program Staff</td>
<td>Program Staff</td>
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<td>Program leadership</td>
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<td>Others accountable for Program/Project</td>
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<td>Organizational Leadership</td>
<td>Executive director</td>
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<td>Program manager(s)</td>
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<td>Board of directors</td>
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<td>Advisory boards</td>
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<td>Steering committee</td>
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<tr>
<td>Program Beneficiaries</td>
<td>Clients</td>
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<td>Families</td>
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<td>Children</td>
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<td>Researchers/Evaluators</td>
<td>Researchers</td>
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<td>Evaluators</td>
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<td>Students</td>
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<tr>
<td>Types of Stakeholders</td>
<td>Possible Stakeholder Groups</td>
<td>Place an X next to those whom you might want to include in the evaluation</td>
<td>Communication plan (email, meetings, reports, presentations, workshops, etc)</td>
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<td>Volunteers</td>
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<td>Collaborating organizations</td>
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<td>Community</td>
<td>Community service groups</td>
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<td>Groups</td>
<td>Referring agencies</td>
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<td>Schools</td>
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<td>Policy Groups</td>
<td>Local policy makers/advisors</td>
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<td>Advocacy organizations</td>
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<td>Other</td>
<td>Staff from similar programs/initiatives</td>
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<td>Professional associations</td>
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The following worksheet will help you finalize the list of individuals and groups you would like to engage, and determine what each of them could potentially contribute, how important it is to involve them, and what might motivate them to participate.
PLANNING YOUR EVALUATION: DETERMINING STAKEHOLDER
ROLES, PRIORITIES AND MOTIVATIONS – WORKSHEET 2

<table>
<thead>
<tr>
<th>Who are your stakeholders?</th>
<th>What does each stakeholder bring to the evaluation?</th>
<th>How important is it to have their Perspectives and experiences represented?</th>
<th>What may motivate the stakeholders to participate?</th>
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### Appendix C: Assessing Validity and Reliability Worksheet

<table>
<thead>
<tr>
<th>(N)</th>
<th>Validity</th>
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<tbody>
<tr>
<td></td>
<td>With what target population has the measure been used?</td>
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<td>With what additional measure has this measure been correlated?</td>
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<td>What outcomes have been assessed using this measure?</td>
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<td>How accurate a prediction of significant outside criteria does the measure provide?</td>
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<td>How closely do the measures’ reported objectives correspond to your objectives?</td>
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<td>What have reviewers and critics said about the measure?</td>
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<td>(√)</td>
<td><strong>Reliability</strong></td>
<td><strong>Comments</strong></td>
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<td>Do the authors indicate the size and nature of groups for which data is reported?</td>
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<td>Do they indicate the type of reliability coefficient computed?</td>
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<td>Do they give the mean and standard deviation for the groups?</td>
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<td>Do they report reliability for each type of group they may be included in the evaluation?</td>
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<td>General Reference Information?</td>
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<td></td>
<td>Reliability</td>
<td>Comments</td>
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<tr>
<td>1</td>
<td>What is the name of the measure?</td>
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<td>What is the date of publication?</td>
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<td>3</td>
<td>What is the cost?</td>
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<td>4</td>
<td>How long does it take to administer?</td>
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<td>√</td>
<td>Practical Considerations</td>
<td>Comments</td>
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<td></td>
<td>Are the instruction and procedures suited to your population?</td>
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<td>Are the time requirement reasonable for your purposes?</td>
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<td>Is the measure sensitive to change?</td>
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<td>Is the format that is to be used legible, attractive and convenient?</td>
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<td></td>
<td>How much time is required in scoring the measure?</td>
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<td></td>
<td>Do you or your staff have the skill to administer and score the instrument? If not, are there funds available to hire someone?</td>
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<td></td>
<td>Were the norms for the measure developed on a similar population?</td>
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<td></td>
<td>How much does the measure cost when employed in your situation?</td>
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</table>
Appendix D: KDTC Flow Chart

Drug Treatment Court Process

Charge with drug related crime to support addiction

Complete Applications

{ Defence Counsel | Deputy Counsel }

Accused Person’s matters remanded into DTC stream

Crowns (Federal and Provincial) Reviews Application

AMHS KFL&A completes intake assessment

ACCEPTED

Plead to Charge(s)

Released on John Howard Ball Supervision

Remanded back into regular stream

Clients of the Drug Treatment Court

Addictions worker

- Drug use reporting
  - One on one counselling
  - Groups

Mental Health worker

- Mental Health symptom Management
  - One on one counselling
  - Groups

Ball Supervisor

- Supervision and Monitoring of Ball Conditions [ex. Housing, associates, finances etc.]
- Oversee Urine Screens
- Enforce sanctions

Phase 1 (active use)

2-3 groups per week
One on one appointments with MH worker, Addictions worker, and Ball Supervisor
At least 2 random urine screens a week

Phase 2 (1 month without substance use)

1-2 groups per week
Reduction in one on one appointments with MH, worker, Addictions worker
At least 1 random urine screen a week

Last edit 09/21/2015
Appendix E: Program Logic Model

PROGRAM LOGIC MODEL FOR THE KINGSTON DRUG TREATMENT COURT

NEED IN THE COMMUNITY: PROVIDE COST EFFECTIVE PROGRAMMING WITHIN THE COMMUNITY JUSTICE SERVICES

PROGRAM GOAL(S): TO REDUCE OFFENDING BY REHABILITATING DRUG DEPENDENT OFFENDERS

RATIONALE(S): RESEARCH SHOWS THAT DRUG TREATMENT COURTS ARE A COST EFFECTIVE MEANS OF ADDRESSING DRUG ADDICTED OFFENDERS

PROGRAM COMPONENTS

ACTIVITIES

Justice of the Peace
Target population: DTC Participants
Give accountability and motivation to comply with the DTC program
Administering sanctions and rewards
Enhance public awareness of the KDTC and the risks of drug use

John Howard Society
Target population: DTC Participants
Provide accountability and urinalysis to KDTC clients.
Reducing criminogenic risk factors for KDTC clients
Increase pro-social thoughts, attitudes and lifestyles

AMHS-KFLA
Target population: DTC Participants
Increase skills in drug avoidance and
Increasing mental health and sobriety for KDTC clients
Provide improved self-esteem, mental health, social skill and problem solving to KDTC clients
Appendix F: Program Evaluation Framework.

Consideration for Evaluation

Several considerations for an evaluation were addressed before the preparation of the evaluation framework. Due to the multitude of programs being run by The John Howard Society of Kingston, an establishment of scope of the evaluation is essential. The scope of this evaluation encompasses the KDTC program. Although the Bail Verification and Supervision program shares similarities in programing with the KDTC, only those who have been admitted into the DTC program will be evaluated. For instances of clients who are released on bail with the John Howard Society and then afterward admitted into the program, inclusion in evaluation data collection should begin when they are admitted. However, background data and client history collected from a client’s time in the Bail Verification and Supervision program may be used in the KDTC evaluation. The primary goal for this evaluation framework is to develop the means for John Howard staff and management to collect and analyze data in order to observe the results and impact that the KDTC has on their clients. Another goal for the evaluation framework is provide a way for the John Howard Society to reflect upon and modify the program to be responsive to the needs of the clients. Information gathered from the evaluation can be drawn from several sources. Pre-entry information gathered will present the John Howard Society with demographic and historical information one clients, and the level of success that each of those clients have achieved in the program. Information on duration in the program for those who drop out can inform the John Howard Society on where in the KDTC program are clients most vulnerable for failure. Reflectively this information can be used to identify areas where the KDTC can further develop treatment programming as well as to identify areas to campaign for increased funding. Post-program results are also taken from both drop-outs and graduates of the program to measure the effect of completing the program, as
well as duration in the program on both further drug use and further rearrests rates. This information can be used to determine the effectiveness of the program through, e.g., the effect of duration program participation, on success rates, and whether graduates have a higher rate of success compared to drop-outs.

The development of the evaluation framework has the support of both the Executive Director and the Manager of the John Howard Society of Kingston. The largest challenge is the time required for program evaluation. With a primary characteristic of the program evaluation framework being its low time investment to be executed, an objective for the framework is to aid the John Howard Society in answering its questions about the KDTC with minimal time investment. The planning for the evaluation is also designed around having no to minimal budget.

**Stakeholder Investment**

The importance of establishing and maintaining stakeholder investment during a program evaluation is critical to its success (The Ontario Centre of Excellence for Child and Youth Mental Health, 2013). Due to the latency between the program evaluation framework and the execution of the program evaluation being unknown, stakeholder commitment must be engaged at the beginning of the execution of the evaluation.

The term “stakeholder” is a term applied to anyone who has a vested interest in the content of the evaluation or more practically put, anyone who will use the results of the evaluation. Preskill and Jones (2009) identifies three types of uses for evaluations from which it is possible to work backward to identify stakeholders: instrumental use, conceptual use and political/symbolic use, In the evaluation of the KDTC, the majority of the stakeholders that will
be consulted with fall into the first category. The direct use of the evaluation results is also called *instrumental use* and comes from the use by clinicians directly involved in the program being evaluated. These are the clinicians and frontline workers in the KDTC. The second group of stakeholders are those who will be making future decisions on a larger level based on the evaluation and will make *conceptual use* of the evaluation (Preskill & Jones, 2009). These stakeholders are the managers of the agencies involved in the KDTC. Lastly, political/symbolic use of the program evaluation may be made by those who will make further decisions on if a similar program should be initiated or funding for the current program should continue.

This process of establishing stakeholder investment should be conducted by the evaluation lead. This role includes establishing and clarifying the roles and responsibilities of other stakeholders and make sure that communication is maintained during the evaluation.

Adapted from the Program Evaluation Toolkit is a worksheet that can help identify relevant stakeholders (Appendix B). The Program Evaluation Toolkit is a guide on how to develop program evaluations (The Ontario Centre of Excellence for Child and Youth Mental Health, 2013). This Identifying Relevant Stakeholders worksheet enables the identification of each type of stakeholder as well as the stakeholder group that each stakeholder type can fall into. This allows the initial planning of assessing possible involvement from as many different perspectives allowing the program evaluation to be conclusive to many different community members within the KDTC. The worksheet also allows for the means of communication between stakeholders to be established (e.g., e-mail, meetings, or reports). Once the stakeholders are involved, then the assessment of possible roles, priorities and motivations of each stakeholder needs to be undertaken. When assessing the role each stakeholder plays, what they bring to the evaluation is considered. Each stakeholder can bring fourth many benefits to the evaluation from their interest and experience in the field, a diverse perspective or the ability
to take on extra responsibilities for the evaluation or offering their buy-in support or influence to the evaluation. Evaluating the priority of each stakeholder’s perspective and experience in relation to the evaluation should also be done along with establishing the various motives that each stakeholder has in the evaluation. A worksheet (Appendix B) is provided in order to assist with this process.

**Developing the Program Logic Model**

The John Howard Society of Kingston has developed a flow chart for the KDTC that outlines the progression of clients through the program (Appendix D). The KDTC flow chart provides an overview of the process that clients go through in order to move into each phase of the KDTC from entrance into the program to graduation. A Program Logic Model is also developed by the author and included as Appendix E.

**Identify Evaluation Questions**

Once the stakeholders of the KDTC are established, work in identifying and focusing on the evaluation question can begin. Through informal conversations with several stakeholders in the KDTC program, this author has identified several possible evaluation questions that can be used as a starting point when engaging all the current stakeholders:

1. Are demographic and client history characteristics associated with success or failure to complete in the KDTC program?
2. What are the rates of reoffence for graduates and participants of the KDTC? For drop-outs?
3. What are the rates of relapse for KDTC graduates?

Before starting the evaluation, it is important to consult all stakeholders. Including stakeholders while identifying the evaluation questions enables the evaluation lead to maintain
transparency and avoid creating conflict mid-evaluation if any stakeholders have concerns about the evaluation questions. Having an open dialog with the stakeholders of the KDTC at this stage of the evaluation will also enable them to add to potentially add to the quality and scope of the research questions being asked. While the initial questions were generated by consulting stakeholders it is important to be responsive to changes in staffing, the KDTC program and in the community that may have occurred. Engaging all the stakeholders in this stage of the evaluation will facilitate investment in the evaluation from all parties and make data collection and implementing any changes derived from the evaluation easier. Preskill & Jones (2009) have developed several questions that can be posed to stakeholders in order to generate or flesh out evaluation questions:

- As you think about the program or initiative, what would success look like?
  What would we need to know to explore the extent to which the program is effective or successful?
- What do you know about this program or initiative? What do you still not know that would be important to know?
- What are you really curious about? What do you wish you knew about this program or initiative?
- What questions seem to come up repeatedly, in conversations with others or in your own work, concerning the effectiveness impact, and/or success of this program or initiative?
- Imagine yourself in various other roles—policy-makers, program designers, program administrators, researchers, clients, community members, health care providers, organization leaders. What do you want to know about the program or initiative?
Identifying Indicators

Indicators are the ways you are able to measure how successful a program is. The mission statement or the goal of a program is often stated as what the programs intended outcome will be, the indicators are a means of measuring if a program has succeeded in achieving those goals. Indicators are the observable and measurable ways that allow the program to be ruled as a success when working towards less measureable outcomes. In the field of criminal justice, a difficulty arises with the ability for indicators to be an accurate measure of client success. Many clients have an incentive for being seen as successful. In the KDTC, clients in the program often face mandatory minimums for failure in the program, and graduates are placed on a one-year probation. With the main objective for any DTC to break the cycle of offending by helping clients who are addicted to substances, two main difficulties exist in identifying indicators: (a).the ability to measure whether clients have relapsed with their substance use; and (b), whether clients who relapse after graduation have an incentive not to inform the KDTC. Similarly, a graduate may be committing crimes but not getting caught for them and this would also decrease the accuracy of the indicators. In light of the questions brought forth above, many of them are assessed by measuring the results of the failure to succeed. For example rates of reoffence for graduates and participants of the KDTC? are measured in the negative of the program objective, and can only measure the result of an unsuccessful client rather than an unsuccessful client directly (measuring the client getting caught rather than committing an offence). A similar situation exists with attempts to answer questions such as: What are the rates of relapse for KDTC graduates?

Identifying Outcome Measures
An outcome evaluation is one that assesses the extent to which a program achieves its intended effects on its target population. Short-term goals such as client development of skills, changes in attitude or behaviour can be measured by Service Planning Instrument (SPIn), which assesses risk and protective factors.

Does the outcome hold importance to stakeholders? KDTC stakeholders may hold a variety of values and priorities. For example, a priority for the Court is to ensure no risk to the community exists from clients in the KDTC. Frontline staff may prioritize the development of client’s mental health and sobriety.

Is the outcome within the scope of the program being evaluated? In the bounds of the KDTC, a client’s scholastic achievement while in the program is not an accurate reflection of the programming offered.

Is the KDTC at a stage of maturity where the specified outcome can be accurately measured? As the KDTC is relatively young, some outcomes, such as post-graduation success, may not yet be reliably measureable,

Is the selected outcome measurable? With the difficulty of evaluating client success in the realm of criminal justice aside, do evaluators have access to measures with high reliability and validity that are made to assess the outcomes the evaluators are looking for?

**Validity & Reliability**

In the selection of any measures to assess outcomes an evaluator needs to ensure that the measure is both valid and reliable itself as well as in the population of the KDTC. If the evaluator does choose to use a measure to assess outcomes a helpful resource is provided in Appendix Din order to help the evaluator judge the measure would be sufficiently valid, reliable, and practical.

**Practical Considerations**
Appendix D has several questions that can be used to help with practical considerations, such as….

**Identifying Process Measures**

A process evaluation focuses on comparing the actual implementation of the program with the intended implementation. This helps ensure that the program is delivered as planned and that it working with the intended population. For the KDTC, this type of evaluation can be used to ensure that the clients accepted into the program are from the target population. If a client enters the program and did not offend due to an addiction, then the KDTC is not working with the intended client group.

**Methods**

The specific methods used to evaluate the KDTC will depend on available resources, the outcomes that are being measured, and the type of evaluation that is being done.