

**AN EVALUATION OF YUKON'S
COMMUNITY WELLNESS COURT:
June 2007 to December 2013**

Submitted to:

Yukon Justice

Submitted by:

Joseph P. Hornick, Ph.D.

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The views expressed in this report are those of the author
and do not necessarily represent the views of
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EXECUTIVE SUMMARY

The Yukon Community Wellness Court (CWC) is a therapeutic court model that is designed to work with offenders to address the underlying, root causes of their offending behaviour. The CWC was established as a response to the recognition that a substantial proportion of offenders in the Yukon have underlying issues related to wellness such as alcohol and drug addictions, mental health problems, or Fetal Alcohol Spectrum Disorder (FASD). This evaluation covers the period from the beginning of the CWC in June 2007 until December 31, 2013.

This report presents results of a comprehensive process and summative outcome evaluation analysis designed to monitor and test the effectiveness of the CWC. More specifically, the evaluation objectives were as follows:

- (1) to identify whether the Community Wellness Court and program continues to be implemented as planned; and
- (2) to determine the effectiveness of the Community Wellness Court process and program at achieving their objectives.

Methodology

A comprehensive process and summative outcome evaluation analysis was designed to monitor and test the effectiveness of the CWC. The process analysis examined how the CWC has been implemented and answered the question of whether the program was carried out as it was intended.

The outcome analysis included a measurement of short and long-term outcomes to determine whether the program had its intended effect in achieving specific program objectives. The outcome analysis used a retrospective longitudinal pretest-posttest design with non-equivalent comparison groups (i.e., those who dropped out or were removed from the program without completing it).

As the literature review indicates, evaluating problem-solving courts is difficult due to the inherent limitations including: the voluntary nature of the program; the complexity of the program (i.e., every client is subject to a unique combination of program activities); time in the program may vary considerably by individual clients; and the client group can be difficult due to their complex etiologies. This study was also affected by these limitations.

Conclusions

The five stated primary objectives of the CWC set the framework for the conclusions of this report. The primary objectives of the CWC were as follows:

1. The “revolving door” of recidivism and re-offending is reduced for the individuals who participate in the CWC.
2. The safety of Yukon communities is enhanced by providing individuals who participate in the CWC with supports that reduce their risk to re-offend.
3. The needs of those victimized during the commission of the offence(s) before the CWC are adequately addressed.
4. The capacity of the core partners of the CWC is adequate to the roles they must play and partnerships are fostered with other key stakeholders in support of the Court’s objectives.
5. The use of and effectiveness of alternative justice approaches in the Yukon, including community-based justice, therapeutic or problem solving approaches and restorative justice, is increased.

Objectives #1 and #2

Achievement of objectives #1 and #2 above will be considered together because they share the same short-term and long-term outcomes. In terms of short-term outcomes relevant to these objectives, it is significant that the completed clients who received substance abuse treatment programs were rated as making significantly more progress in dealing with their substance abuse issues while in the program than the partially completed comparison group clients. As well, program records indicated that the completed clients with mental health issues made more progress in dealing with these issues while in the CWC than did the partially completed comparison group clients. Given these findings, it appears that the CWC has been very successful at reducing the underlying issues related to offending behaviour and by so doing also reduced the probability of reoffending, particularly with clients who complete the program.

In terms of long-term outcomes, the CWC has also contributed to reducing reoffending behavior (in terms of the number of charges) for both the completed program group as well as for the partially completed comparison program groups. The fact that the decrease in offending was more pronounced with the completed program group and the partially completed program group after Wellness Plan than for the partially completed before Wellness Plan group suggests that increased time in the program contributes to the reduction of new charges even if the clients do not complete the program.

The strongest evidence, however, for the short-term impact of the CWC was the reduction in the rate of client reoffending (both substantive and administrative charges) for the completed clients compared to the partially completed clients while the clients were involved with the CWC. Likewise, the strongest evidence for the long-term impact of the CWC was a significant reduction in the rate of client offending (both substantive and administrative charges) for the completed clients in comparison to the partially

completed comparison group clients.

In addition, the findings from interviews with completed clients suggests that the CWC program has had a profound effect on reducing their underlying issues of addictions and mental health problems and thus has contributed significantly to helping them change their lives and become more productive and active members of their communities. This view is also supported by the key informant partners who for the most part either agreed or strongly agreed that the CWC was meeting these two objectives.

The findings summarized above added to the fact that the CWC has achieved a 38% completion rate supports the conclusion that the CWC has been very successful at reducing reoffending and enhancing the safety of Yukon communities, particularly Whitehorse, by reducing the risk of CWC clients to reoffend.

Objective #3

In terms of objective #3, every effort is made throughout the CWC process to address victims' needs and concerns. Safety considerations, of course, are given the highest priority. The CWC provides a range of voluntary services and supports for victims of the offences that are dealt with in the CWC. Primary providers of the services are the Crown Witness Coordinators through the Public Prosecution Service of Canada and Victim Services through the Yukon Department of Justice.

The CWC encourages victims to be heard at all stages of the process either directly or through their Victim Service workers. The CWC judge likewise reminds victims of the services and supports that are available to them if they choose to participate and encourages them to express their needs during all proceedings.

Despite the activities outlined above, there is significant evidence to indicate that the CWC is not meeting the goal of adequately addressing the needs of victims. There appears to be a general lack of involvement of Victim Services in the CWC process as is indicated mainly by the interviews of key informants. Interestingly, two thirds of the key informant respondents indicated that they disagreed that this objective was being adequately met.

Objective #4

The findings of the process analysis, summarized above, strongly suggest that the CWC is meeting its fourth objective. The program structure, components and activities are well developed and compatible. The steering committee and working group continue to develop, monitor and sustain the CWC in partnership with the key partners in support of the CWC's objectives. However, the CWC Policies and Procedures Manual should be updated to deal with some of the procedural issues mentioned in this report.

While historically, as indicated by the analysis in the previous evaluation report (Hornick et al. 2011), there have been some difficulties with insufficiencies in the programming, the opening of the Justice Wellness Centre in December 2010 has significantly reduced this issue. The Centre provides extended programming and support for community corrections clients who go through the CWC. It is open six days a week, 8:00 AM to 4:30 PM Monday to Friday and 10:00 AM to 3:00 PM on Saturday, and provides comprehensive programming mandated by the court which includes addictions counseling, employment, and educational and skill development that will help prevent offending.

Objective #5

The Yukon CWC has become part of a rich history in the Yukon of developing alternatives within the traditional criminal justice system. These include the development of a Domestic Violence Treatment Option (DVTO) court in 2001, and the use of First Nations approaches to justice such as an Elders panel and sentencing circles. The CWC was created in response to a growing awareness within the Yukon justice community that many offenders, in particular repeat offenders, experience multiple psycho-social issues such as substance abuse, mental health problems, and FASD as well as inadequate housing and unemployment.

Given the scope of these problems in the Yukon, officials from the Yukon Department of Justice and a territorial judge came together to develop a therapeutic court that would address the underlying issues that contribute to an individual's offending behaviour. In recognition of the disproportionate number of offenders with First Nations ancestry, it was also the intent of the court to work with local First Nations to provide culturally sensitive services and supports. Additional partners in the early development of the CWC included Yukon Legal Services Society, Public Prosecution Service of Canada, the Yukon Department of Health and Social Services, and the RCMP.

The findings from both the process analysis and outcome analysis document the successful implementation of the CWC as well as its effectiveness. Thus, the CWC has become an important and useful additional restorative justice alternative to the traditional justice approach.

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1.0 INTRODUCTION

The Yukon Community Wellness Court (CWC) is a therapeutic court model that is designed to work with offenders to address the underlying, root causes of their offending behaviour. The Court was established as a response to the recognition that a substantial proportion of offenders in the Yukon have underlying issues related to wellness such as alcohol and drug addictions, mental health problems, or Fetal Alcohol Spectrum Disorder (FASD).

Offenders who are eligible for the CWC are initially required to plead guilty. They are then assessed and an individualized Wellness Plan is developed to address their unique needs. The Wellness Plan typically involves the coordination of a team of professionals and community partners to provide the required supports identified during the assessment phase. The completion of the Wellness Plan lasts up to 18 months, and sentencing takes place following completion of the plan or if the client chooses to opt out or faces new substantive charges after the Wellness Plan was filed in court.

1.1 Background¹

The Yukon Community Wellness Court is part of a rich history in the Yukon of developing alternatives within the traditional criminal justice system. These include the development of a Domestic Violence Treatment Option (DVTO) court in 2001, and the use of First Nations approaches to justice such as an Elders panel and sentencing circles. The CWC was created in response to a growing awareness within in the Yukon justice community that many offenders, in particular repeat offenders, experience multiple psycho-social issues such as substance abuse, mental health problems, and FASD as well as inadequate housing and unemployment.

Given the scope of these problems in the Yukon, officials from the Yukon Department of Justice and a territorial judge came together to develop a therapeutic court that would address the underlying issues that contribute to an individual's offending behaviour. In recognition of the disproportionate number of offenders with First Nation ancestry, it was also the intent of the court to work with local First Nations to provide culturally sensitive services and supports. Additional partners in the early development of the CWC included Yukon Legal Services Society, Public Prosecution Service of Canada, the Yukon Department of Health and Social Services, and the RCMP.

The CWC began as a pilot project in May 2007 and began accepting referrals in June 2007. As of May 2011, 91 offenders had been referred to the Court and 10 offenders had successfully completed the program. A formative evaluation of the CWC that examined the program's achievements and challenges was completed in 2009 (The Four Worlds Centre for Development Learning, 2009) and in April 2011 Yukon Justice

¹ Information in this section was adapted from the Yukon Community Wellness Court's Policies and Procedures Manual.

contracted the Canadian Research Institute for Law and the Family (CRILF) to conduct the a summative evaluation of the first four years of the Court's operation (from June 2007 to June 2011). This report prepared by Dr. Joseph Hornick (former Executive Director of CRILF) presents a more detailed summative evaluation of the Community Wellness Court from the first intake of clients in June 2007 to December 2013 and builds on the previous 2011 report prepared by CRILF.

1.1.1 Yukon Community Wellness Court (CWC): Monitoring Report (2009)

The formative evaluation (The Four Worlds Centre for Development Learning, 2009) well documents the struggles and successes of the CWC during its early implementation stage as follows:

By January 2008, the Court had 10 clients, 3 of whom had completed the assessment and planning process and were implementing their Wellness Plans. The Wellness Plans were proving to be an effective structure for the use of the Judge and probation officers for the type of intensive supervision process called for by the Court. The Steering Committee had developed, with the support of the external monitor, a theory of change document and monitoring framework. The most significant challenge for the Court continued to be the development of a comprehensive wellness program that could meet the diverse needs of its clients and build on community resources. Another ongoing challenge was the integration of Aboriginal resources and approaches to wellness into the Court's Processes and services.

At the beginning of October 2008, 13 offenders who were either currently part of the Community Wellness Court or who were accepted into the Court but did not complete the process were interviewed about their experiences and perceptions. These individuals provided a consistently positive account of the Court's impact on their lives. Even those individuals who elected not to complete their wellness program emphasized positive features of the Court, such as the following: 1) its role in helping people take responsibility for changing their own lives and dealing with the consequences when they make poor choices; 2) access to resources such as counseling, diagnosis and treatment for mental and physical health issues, addictions treatment, and help in finding housing; 3) the case management system that consists of a team of professionals who work together to address the complex life issues that people before the Court face; 4) the knowledge that someone cares and will be there for you; and 5) the support the Court offers in helping people make life goals and achieve those goals one step at a time (goals such as employment, further education, repairing family relationships, staying clean and sober, and staying out of trouble). At the same time, the offenders asked for clearer information about the Court's purpose, processes, programs, timelines and benchmarks for progress. They also noted that the wellness programming that clients of the Court were being offered did not differ in

any noticeable way from that which is available to other offenders or to individuals not in trouble with the law who are seeking help for their addictions and mental health issues. (pp. 1-2)

1.1.2 Evaluation of the Yukon's Community Wellness Court (2011)

The 2011 report prepared by CRILF represented a preliminary process and summative outcome evaluation analysis designed to monitor and test the effectiveness of the CWC. The overall findings of the report document the successful implementation of the CWC and as well suggest its effectiveness. The report concludes that the CWC has become an important and useful additional restorative justice alternative to the traditional justice approach.

The findings of the process analysis strongly suggest that the CWC was meeting its implementation objectives. The program structure, components and activities were well developed and compatible. The steering committee and working group continued to develop, monitor and sustain the CWC in partnership with the key partners in support of the CWC's objectives.

In terms of short-term outcomes, the CRILF evaluation found that it appeared that the CWC had been successful at reducing the underlying issues related to wellness and by so doing also reduced the probability of reoffending. In terms of long-term outcomes, the CRILF report concluded that the CWC contributed to reducing reoffending behavior by those clients who complete the program as well as by those clients who stayed in the program past the time of their Wellness Plan being filed in court.

1.2 Purpose of this Report

This report presents results of a comprehensive process and summative outcome evaluation analysis designed to monitor and test the effectiveness of the CWC from its beginning in June 2007 to December 2013. The specific evaluation objectives are as follows:

- (1) to identify whether the Community Wellness Court and program continues to be implemented as planned; and
- (2) to determine the effectiveness of the Community Wellness Court process and program at achieving their objectives.

This report builds on the previous 2011 CRILF evaluation report summarized above. Thus, information from the previous report has been adapted and updated and is included in this report, especially Chapters 1.0 through 4.0. It is anticipated that the findings of this report will contribute to future decision-making to assist with the future planning for the court.

1.3 Organization of the Report

This report is organized into eight chapters. Chapter 2.0 contains a literature review of problem-solving courts that have been established in Canada, the United States, Australia, and New Zealand. Chapter 3.0 discusses the structure and process of the CWC in the Yukon. Chapter 4.0 presents the methodology that was used in conducting the evaluation of the CWC. Chapter 5.0 presents the results of the process analysis of the CWC and Chapter 6.0 contain an analysis of the outcome evaluation. Chapter 7.0 contains an analysis of data collected from interviews with 19 key partners. Chapter 8.0 contains analysis of data as collected from interviews with eight clients who completed the CWC program. Finally, Chapter 9.0 presents a summary and conclusions arising from the evaluation of the CWC.

2.0 LITERATURE REVIEW OF PROBLEM-SOLVING COURTS

This chapter of the report provides a description of problem-solving courts, including their origins, variations, aims and philosophical underpinnings. Further, this chapter assesses the most recent evaluations carried out on problem-solving courts and identifies the limitations of these evaluations. Issues that impede rigorous evaluation procedures are also examined. Awareness of these limitations and issues is intended to help advocate for more effective evaluations in the future. To ensure that problem-solving courts are meeting their objectives it is important that any evaluations conducted are as rigorously designed as possible given the inherent limitations of studies in this area.

2.1 Problem-solving Courts: Origins

The origins of problem-solving courts can be traced back to indigenous and tribal justice systems operating in the United States, Canada, Australia and New Zealand before colonization (Bakht, 2005). Increasingly, in the past couple of decades, efforts among various jurisdictions have been made to learn from these systems and introduce them into the western judicial structure (Winick & Wexler, 2003). Currently, a wide range of problem-solving court models exists, the largest number operating in the United States. The first problem-solving court, the Miami Dade County Court, was established in 1989 in Florida, and operates as a drug treatment court to this day. Since the late 1980s problem-solving courts have developed rapidly and now in addition to drug treatment courts include mental health, domestic violence, Aboriginal, juvenile wellness and community courts (Goldberg, 2005).

It is argued that the development of these courts was influenced by various factors which include: (1) changes within social institutions that have traditionally addressed communal problems such as mental health and substance abuse; (2) an increase in the incarcerated population and prison overcrowding; (3) advances in the quality and application of therapeutic interventions; (4) feminist movements and increased awareness of domestic violence; and (5) the heavy caseload crisis affecting the functioning of many courts (Bakht, 2005). Additionally, growing concern that the legal system has become too complex and unresponsive to community needs has fostered initiatives to simplify court procedures and to offer alternatives to court proceedings and incarceration by implementing less formal forums where the parties to the legal problem gain greater control (Flatters, 2006).

Influenced by these factors and initiatives in the year 2000 during the United States Conference of State Court Administrators and United States Conference of Chief Justices, the utilization of therapeutic jurisprudence as the future direction for courts in the United States was officially affirmed (Bakht, 2005). Adoption of these principles moved across the Canadian border in the late 1990s and the first drug treatment court appeared in Toronto, Ontario in 1998. Advantageous to the implementation of problem-solving courts in Canada were also the comprehensive changes to sentencing provisions of the Criminal Code enacted by Parliament in 1996 (Bakht, 2005). The

Supreme Court of Canada has interpreted these provisions as modes of restorative justice, which are complimentary to principles of therapeutic jurisprudence (Bakht, 2005). Since the enforcement of these changes, drug-treatment, mental health, domestic violence, Aboriginal and community courts emerged within provinces and territories throughout Canada.

2.2 Problem-solving Courts: Philosophical Underpinnings and Aims

The conceptual basis behind all problem-solving courts includes therapeutic jurisprudence and restorative justice (King & Wagner, 2005). The traditional criminal justice model and its adversarial nature cannot always handle the complexity of certain social and human problems, and often the inability to deal with root causes of criminal behaviour guarantees re-offending (Bakht, 2005). Problem-solving courts recognize that criminality does not always stem from personal choice but may be a product of an unfortunate social or personal situation such as poverty, addiction, low literacy, mental illness, impaired emotional skills, or abuse (Goldberg, 2005). Therefore, these courts favour a more therapeutic approach to justice, are concerned with more than just a response to the immediate legal problem, and lean towards uncovering the underlying issues without sacrificing judicial and legal values (Goldberg, 2005).

Therapeutic jurisprudence essentially attempts to minimize the law's anti-therapeutic consequences and focuses on the legal system's impact on emotional life and on psychological wellbeing (Alaska Justice Forum, 2009). This branch of jurisprudence affirms that all legal processes potentially impact the welfare of all parties involved in the legal proceedings including the accused, victims, witnesses, lawyers, jurors, court staff and parole officers (King & Wagner, 2005). There is a focus on the wellbeing of the accused for two main reasons: (1) if legal processes deal with the underlying problem and offer rehabilitation to the accused then the legal problems associated with the accused may be resolved for good or at least be limited; and (2) the accused is often more willing to accept a decision made against them and make improvements in their lives if they feel that the court has taken into account their situation in reaching its decision (King & Wagner, 2005). This reasoning deviates from the "one size fits all" approach common to the criminal justice system (Bakht, 2005) and addresses the "revolving door" phenomenon where repeat offenders are consistently prosecuted by the legal system (Goldberg, 2005).

Complementary to therapeutic jurisprudence and its objective of maximizing therapeutic gains throughout legal processes is the approach of restorative justice. Restorative justice is a process where all parties involved in an injustice have the chance to discuss its effects and collectively decide what course of action is needed in order to promote healing of those affected. Restorative justice takes many forms, including healing and sentencing circles, restorative probation, and family group conferences (Braithwaite, 2002), and is especially characteristic of cultural perspectives within Aboriginal communities.

It is also worth noting that problem-solving courts whether mental health, drug treatment, or community oriented share a number of common characteristics. The

standard goal is not simply to clear cases from the docket but to make a positive impact in the lives of defendants, victims, all others involved, and the community (Goldberg, 2005). The approach common to these courts is a non-adversarial, team-based approach that includes treatment services that are provided by social service agencies within the community. Further, objectives often include reductions in recidivism, increased compliance with treatment programs, increased accountability among defendants, abstinence for addicts, increased treatment of mental disorders, decreased prevalence of domestic violence, strengthening the community, and alternatives to incarceration (Goldberg, 2005).

2.3 Evaluations: Descriptions, Limitations and Findings

Many hold problem-solving courts in high regard and hope that this new court system will be more effective than the traditional criminal justice system in reducing recidivism and helping offenders deal with their underlying issues, whether it be addiction, mental disorder, emotional problems or anger management. Others question the recent developments and rapid growth of problem-solving courts because the lack of documentation cannot illustrate with certainty that problem-solving courts are capable of meeting their goals and objectives (Slinger & Roesch, 2010). It appears that evaluations of problem-solving courts have not kept pace with their rapid growth. Instead, assumptions are made about their effectiveness, particularly in regards to decreased recidivism and an increase in addict sobriety. Unfortunately such assumptions could lead to the expansion of ineffective programs. Further, offering a program to offenders without adequate testing of its effectiveness could pose ethical problems (Slinger & Roesch, 2010).

Thus, there is an urgent need for more empirically-based program evaluations. It is difficult to draw conclusions from the limited number of studies conducted on problem-solving courts across various jurisdictions. There is especially a lack of rigorous evaluations available in Canada (Slinger & Roesch, 2010). A common problem among all jurisdictions is that the studies conducted are very limited in scope, involve the use of non-randomized comparison groups, often are mostly qualitative and lack the use of quantitative data, and illustrate selection bias.

Below, the most recent evaluations conducted on several problem-solving court models in the United States, Australia and Canada are summarized. The findings of each evaluation as well as the study limitations are discussed. Considering the growing number of problem-solving courts in operation across the United States, Canada, Australia, South Africa, and the United Kingdom, it is noteworthy that only a very limited number of these courts have been evaluated. The reports reviewed below are some of the most recent (since 2005), most rigorous and most relevant to the Yukon Community Wellness Court evaluation.

2.3.1 Process and Outcome Evaluations in Four Tribal Wellness Courts, United States, 2005

This evaluation reviewed the first four Tribal Wellness Courts in the United States under the Tribal Drug Court Initiative. The four courts evaluated were the Blackfeet Alternative Court (adult) and Fort Peck Community Wellness Court (juvenile) in Montana, the Hualapai Wellness Court (adult and juvenile) in Arizona, and Poarch Band of Creek Indians Drug Court (adult) in Alabama (Gottlieb, 2005).

The goal of the study was to provide a culturally sensitive assessment to ensure that sensitivity towards local customs and values was not overlooked. The evaluation used a mixed-method design where stakeholders of the wellness program were interviewed and these qualitative data were used to provide a context for interpreting quantitative results. Descriptive data which included the documentation of the history of the program's development, and comparisons of planned implementation to actual implementation were also collected. A pretest-posttest research design was used to test for program effects; however, no comparison groups were used. The data collection strategy was retrospective and this introduced common problems such as faulty memory, missing documents, and difficulty with locating previous program participants (Gottlieb, 2005).

Another limitation of this study was that participant demographic information was often incomplete and wellness court activities such as the frequency of drug testing and its results were not routinely documented across all four Tribal Wellness Courts. Much of this information was not usable because of missing data. The lack of basic demographic information and program activity limited data analysis and suggests that findings may be skewed because important variables were not considered in the evaluation (Gottlieb, 2005).

Even though the four Tribal Wellness Courts had success stories, on the whole it was found that program graduates were as likely to re-offend as non-graduates. However, adult graduates took longer to re-offend than non-graduates and program participants had fewer post-program than pre-program charges within a three-year time period. The data also showed a 3-year recidivism rate ranging from 50-64% among the adult courts, and over 90% in the juvenile courts. The data collected demonstrate that men were as likely as women to have a post-program alcohol or drug arrest and that the majority of adult post-program arrests were for public intoxication or disorderly conduct (Gottlieb, 2005).

2.3.2 The NSW Drug Court: Re-evaluations of its Effectiveness, Australia, 2008

This report presents a re-evaluation of a program designed to measure the effectiveness of the New South Wales (NSW) Drug Court in reducing recidivism compared to conventional sanctions after changes were implemented in response to a previous evaluation (Weatherburn et al., 2008). The changes included greater police input into eligibility screening, a more flexible sanctioning system, a lower legislative

threshold for program termination, closer monitoring of participants, more intensive urine testing, and changes to eligibility criteria dealing with violent offenders.

The first stage of analyses carried out involved comparing a sample of offenders placed in the drug court program with a non-equivalent comparison group of offenders selected for the program but removed from it because they were convicted for violent offences and given conventional sanctions (mostly imprisonment) or because they were deemed to reside out of the area. The second stage of analysis involved comparing offenders who had successfully completed the drug court program to the existing non-equivalent comparison group of offenders given conventional sentences (Weatherburn et al., 2008).

The study measured the time it took for participants in both groups to re-offend and the type of offences that were committed. The following independent variables were included in the analysis: most serious offence for which the person was convicted, number of concurrent offences, Indigenous status, area of residence, age, sex, number of prior convictions, and number of prior offences against a person (Weatherburn et al., 2008).

Findings indicated that in general offenders were more likely to re-offend if they had a large number of concurrent offences and a large number of prior convictions, especially when violent. Those of Aboriginal and Torres Islander status were more likely to re-offend than those of non-Aboriginal or Torres Islander status, and males in comparison to females were more likely to be reconvicted of an offence against a person but less likely to be convicted of a property offence. Overall, the drug court group (i.e., all of those who received at least some treatment) was 17% less likely than the comparison group to be reconvicted of any offence, 30% less likely to be convicted of an offence involving violence, and 38% less likely to be convicted of a drug offence. Additional comparisons between the drug court completed group and comparison group indicated that members of the drug court completed group were found to be 37% less likely to be reconvicted of any offence, 65% less likely to be reconvicted of an offence against the person, 35% less likely to be reconvicted of property offences and 58% less likely to be reconvicted of a drug offence (Weatherburn et al., 2008).

Additional analyses compared the drug court completed group (those who completed the program), the drug court terminated group (those who were removed from the program) and those placed in the comparison group. Findings indicated that 56% of those who were placed in the program did not complete it. There were similar numbers of men, women, Indigenous and non-Indigenous people in each group. It was found that the drug court completed group was less likely than the drug court terminated group but more likely than the comparison group to have multiple concurrent offences, less likely than both groups to commit a violent offence, less likely than both groups to have multiple prior convictions, more likely than the comparison group to reside in the catchment area, and less likely than both groups to be reconvicted for an offence against the person (Weatherburn et al., 2008).

The results of the study seem to provide evidence that the Drug Court program is more effective than conventional sanctions in reducing the risk of recidivism among offenders whose crime is drug-related. However, the study acknowledges that there are a number of factors that place limitations on the conclusions. The study's inability to conduct a randomized trial evaluation and the inability to eliminate selection bias may have affected the results. It was also indicated that there may have been unmeasured factors that influenced both selection into the Drug Court and the risk of further reoffending. These factors included community association, judicial supervision, random urine screens, regular report backs, and a system of rewards and sanctions (Weatherburn et al., 2008).

2.3.3 Vancouver Drug Treatment Court Evaluation, Canada, 2006

The objective of this evaluation was to assess whether offender participation in a drug court program had any statistically significant effects on the rate of recidivism (Werb et al., 2007). This study employed a quasi-experimental design with a matched comparison group. The most eligible participants were recruited for the drug treatment group and a group of individuals who matched the drug treatment group on key pre-specified variables provided the matched comparison group. This matched comparison group consisted of volunteer incarcerated offenders and a number of offenders who were traced through probation files and electronic records of drug offenders with reported addictions. The drug treatment group was matched on the following variables: ethnicity, gender, previous violent offences, age, and previous number of sentences. Participants in the matched comparison group were on average older, male, and Caucasian. Also, individuals in the matched comparison group spent double the average days in remand, more months in custody, and were less likely to commit drug offences. All of these differences could have significantly affected the findings.

No statistical difference was observed regarding the rate of charges participants accrued during the course of the program. Further, no noticeable difference was observed between drug court treatment participants and the matched comparison group in reference to post-program criminal charges measured six months after completing participation in the drug treatment court (Werb et al., 2007). The major limitation of this study was that participants were not tracked longitudinally for the long-term.

2.3.4 Evaluation of the Implementation and Outcomes of the Canadian Mental Health Association, Ottawa Branch's Court Outreach Program, Canada, 2009

This study involved an evaluation of the implementation and outcomes of the Canadian Mental Health Association (CMHA) Ottawa Branch's Court Outreach Program. The Court Outreach Program of CMHA Ottawa is a community support program, which offers outreach services to individuals with severe and persistent mental illness when they have become legally involved. Outreach services include client and systems advocacy, symptom management, supportive counseling, life skills teaching, and crisis intervention (Aubry et al., 2009).

The study used a mixed methods approach relying on information from multiple sources. Primary qualitative data were collected from different stakeholder groups involved with the program. Further, secondary quantitative data were obtained from the management information system at CMHA Ottawa. For the implementation evaluation, focus groups with program staff as well as the key informants were asked a set of very generic questions. These questions included: (1) Is the Court Outreach Program being delivered to the intended population? (2) Is the Court Outreach Program being implemented as planned? and (3) What are the perceived strengths and weaknesses of court outreach? For the outcome evaluation the following questions were asked of focus groups and key informants: (1) Are there changes in client functioning for clients over the course of participation in the Court Outreach Program? (2) Is there a reduction in hospitalizations and an improvement in adherence to their medication regimen for clients in the Court Outreach Program? (3) What are the legal outcomes of clients after participation? and (4) What are the perceived impacts of the Court outreach Program on the legal system (Aubry et al., 2009)?

Program staff and key informants stressed during the implementation evaluation that those in greatest need should be given access to the program first because of limited program resources relative to demand. It was apparent that many more clients could be referred to the program if its capacity was increased. An evaluation of the services offered found that the program was for the most part running as planned. The services offered effectively targeted mental health problems, legal issues, social isolation, financial issues, housing difficulties, and offered individualized programs. The evaluation also stated that the support services offered were an important feature of the program, although there was no additional information provided as to why this was the case and which supports were effective and for what reasons (Aubry et al., 2009).

The summary of the outcome evaluation concluded that the program increased community ability, decreased homelessness, increased independent living, decreased the severity of mental health symptoms, and increased more favorable legal outcomes. It was also concluded that only 2 of the 55 terminated clients were incarcerated at termination and only one client was detained at participation. Further, program staff and key informants reported that for those who participated in the program there was a reduction of administrative demands on the legal system and a contribution to the development of a recently opened mental health court. The positive legal outcomes also included clients having charges withdrawn, avoiding incarceration, preventing breach of condition, decreasing the amount of time spent on probation, and meeting bail conditions (Aubry et al., 2009).

The study has a number of limitations that need to be taken into account when drawing conclusions from the findings. The first is that there was no comparison group who did not receive the services of the Court Outreach Program. Further, the clients were followed only for a short period of time. Additionally, the quantitative data collected relied on information that was gathered by internal sources. Finally, the sample sizes of the groups on which outcomes of the program were evaluated were too small for any tests of significance (Aubry et al., 2009).

2.3.5 Evaluation of Vancouver's Downtown Community Court

As indicated by Somers et al. (2014) Vancouver's Downtown Community Court (DCC) was created as a strategic response to long-standing problems related to crime in Vancouver's downtown. The DCC is based on the recognition that many offenders in the community face challenges that may increase their risk of offending and at the same time assumes that community resources can be integrated to assist offenders to reduce recidivism and enhance the overall wellness and safety of the community. Extensive planning and development preceded the implementation of the court and over fourteen agencies collaborated in the DCC, including health, justice and social services.

The resources of the DCC include a triage team and representatives of health, justice and social service agencies who work with DCC participants. Offenders with more complex needs and higher risk are assigned to a Case Management Team (CMT) which consists of four probation officers, two staff members from the health authority, two staff from social assistance and one police officer. Additional resources assigned to this team include one aboriginal court worker, one housing worker, one victim support worker, and one forensic psychologist. The CMT oversees the completion of community service requirements as well as educational and counseling services.

Somers et al. (2014) evaluation of the DCC investigated the impact of the CMT on recidivism among DCC participants who were at a high level of risk to reoffend because of their criminogenic issues. While random assignment was not possible matched comparison groups were used. In terms of results, the DCC offenders triage to the CMT (n=249) achieved significantly greater reductions in overall offending, primarily reductions in property offenses. Somers et al. (2014) concluded that the "CMT achieved significantly greater reductions in recidivism than traditional court among offenders with complex needs and high numbers of previous offenses". Limitations of this evaluation include the fact that the design was quasi-experimental and there was only one year of follow-up.

2.4 Challenges and Lessons Learned

The challenges and limitations that may affect and hinder problem-solving court evaluations and reports are addressed in this section. Awareness of these issues hopefully will result in more rigorous research designs and data collection in future evaluations. This awareness will also provide a more accurate analysis of what occurs in practice, what processes used by problem-solving courts are successful, and in what areas weaknesses reside. Recognition of certain factors will allow court and program managers to identify where the most significant improvements can be made. However, while some limitations cannot be easily controlled, they must be at least recognized.

The first problem resides in the language used to define the various models under the problem-solving court umbrella. The most predominant problem-solving court models in Canada are "community," "mental health," and "drug treatment" courts. Each model, even though conceptually similar, varies to some degree in terms of goals and approach.

The community courts, for example, are usually established to unite the justice system within the community that it serves (Slinger & Roesch, 2010). It is evident that troubled communities often foster criminal behaviour; therefore, community courts seek to rehabilitate the offender by improving the community. Sentences given by these courts are community focused, the idea being that rehabilitation of the community will lead to rehabilitation of the offender. Community service, drug treatment and job training is offered to the offender as part of sentencing and because the court's central focus is the community it is required to deal with a greater variety of offenders, not just those suffering from a drug addiction or mental illness (Slinger & Roesch, 2010).

Mental health courts and diversion programs have been introduced as a response to the over-population of the mentally ill in the criminal justice system and the "revolving door" phenomenon which finds the mentally ill in constant transition between hospital emergency rooms and the courts (Slinger & Roesch, 2010). Mental health courts shift responsibility onto the criminal justice system for the provision of basic mental health care services (Schneider, 2010). Treatment of the offender is usually the first priority of mental health court programs and incarceration is avoided. Those who participate will typically be required to comply with an individually tailored treatment program or a fixed program - this will depend on the jurisdiction in which the court is operating (Schneider, 2010).

Drug courts, similar to mental-health courts, try to break the "revolving door" phenomenon of reoffending that can be seen with substance addicts. In order to break the cycle of reoffending and incarceration, drug courts avoid the use of jail as punishment and instead impose mandatory addiction treatment in conjunction with frequent testing and monitoring of the participant to ensure that the program is adhered to. It is hoped that by treating the addiction, the resultant criminal activity will either be eliminated or significantly reduced (Slinger & Roesch, 2010).

One complicating factor is that the inner workings of drug, mental health, and community courts also vary. It is not common to find one drug court that replicates another drug court model, even within the same jurisdiction. There is lack of a definite blueprint for each problem-solving court model, which makes evaluations more difficult. The variability among models poses a barrier to multi-jurisdictional evaluation that would be very useful in analyzing the general operation of problem-solving court systems (Slinger & Roesch, 2010).

Some objectives among problem-solving courts are universally shared, such as public safety, cost reduction and quality of life enhancement for the offender. However, in addition to these common goals, many communities have unique problems, resources and initiatives on which their court is based, but these are often overlooked (Slinger & Roesch, 2010). Initiatives distinct to each community need to be acknowledged and court models must be developed in consideration of community requirements.

Further, community demographics need to be accounted for when developing treatment programs and evaluating effectiveness. Rarely do the same demographics appear within each community, and often one treatment program must cater to very different cultural groups. This is especially relevant in communities with a large Aboriginal population. Aboriginal cultural perspectives should be recognized and respected by the treatment programs without replacing the needs of other cultural groups. Cultural perspectives should be well-balanced and differences between each approach should be considered when conclusions are made about effectiveness of treatment programs.

Another factor that needs to be more carefully considered is the eligibility criteria for each treatment program. Some programs only accept offenders who have committed less serious offences whereas others will consider admission of serious offenders. The type of offence committed prior to treatment may affect the offender's recidivism. It is also important to determine what type of drug the offender is addicted to and the level of their addiction, as well as the kind of mental disorders offenders have before being admitted into a mental health court. Awareness of these variables will help regulate what type of treatment is most suitable for a given disorder and addiction. Currently there are also problems with dual diagnosis in that offenders with addictions often suffer from mental disorders as well. The two factors need to be thoroughly analyzed to determine whether it is the addiction, mental disorder, or both that play a factor in the criminal behaviour (Slinger & Roesch, 2010).

Program participation for all problem-solving court systems is deemed voluntary because the defendant has the right to opt out of the program at any point in time. However, it is debatable whether that is in fact the case, especially when the offender is mentally ill or in a dissociative state from substance abuse and may not have the competence to make an informed decision (Slinger & Roesch, 2010). Court participants often report that they were informed of their choice to participate after they already agreed to enroll in the program. Further, there are cases where offenders enter the program to simply avoid incarceration but do not fully comprehend court requirements, which may result in increased dropout rates. Therefore, it is essential that each court has a thorough admission process with a suitability assessment and set requirements. It is important not to deem the program ineffective before participant suitability is evaluated (Redlich et al, 2006).

Another difficulty lies in the fact that most problem-solving court models are designed to accommodate each individual offender by providing a unique combination of services to fit their needs. When evaluating individualized programs, it is difficult to assess the success of the program as a whole, as there are simply too many variables to consider and dosage cannot be determined easily. Often it is extremely difficult to understand why a program may work for one offender but not another.

To determine program success it would be valuable to evaluate the training quality of court staff, the quality of the treatment received by offenders, what model of supervision is used to monitor offenders, the effects of various additional services available within the community to offenders, community response to the court system,

and the level of community involvement. There are many things happening to an offender while they are participating in a mental health or drug court program; therefore, it is essential to determine which components are affecting outcomes in both a positive and negative way, and which components have no effect at all (Schneider, 2010). Furthermore, detailed records need to be kept of relapse and re-offending rates after the participant has completed the program. Currently there are not enough longitudinal designs used to assess the long-term outcomes of problem-solving courts (Hartford, Carey, & Mendonca, 2007). The use of program graduation is insufficient to determine success.

3.0 STRUCTURE AND PROCESS OF THE COMMUNITY WELLNESS COURT (CWC)²

The Yukon Community Wellness Court (CWC) is a therapeutic court model that is designed to work with offenders to address the underlying, root causes of their offending behaviour. The Court was established as a response to the recognition that a substantial proportion of offenders in the Yukon have underlying issues related to wellness such as alcohol and drug addictions, mental health problems, or Fetal Alcohol Spectrum Disorder (FASD).

Offenders who are eligible for the CWC are initially required to plead guilty. They are then assessed and an individualized Wellness Plan is developed to address their unique needs. The Wellness Plan typically involves the coordination of a team of professionals and community partners to provide the required supports identified during the assessment phase. The completion of the Wellness Plan lasts up to 18 months, and sentencing only takes place following completion of the plan.

3.1 CWC Objectives

The primary objectives of the CWC are as follows:

1. The “revolving door” of recidivism and re-offending is reduced for the individuals who participate in the CWC.
2. The safety of Yukon communities is enhanced by providing individuals who participate in the CWC with supports that reduce their risk to re-offend.
3. The needs of those victimized during the commission of the offence(s) before the CWC are adequately addressed.
4. The capacity of the core partners of the CWC is adequate to the roles they must play and partnerships are fostered with other key stakeholders in support of the Court’s objectives.
5. The use of and effectiveness of alternative justice approaches in the Yukon, including community-based justice, therapeutic or problem solving approaches and restorative justice, is increased.

3.2 Theory of Change

The partners of the CWC have adopted a “theory of change” that describes the underlying philosophy of the court process and therapeutic interventions which facilitates achievement of the CWC objectives. The theory of change serves as a guide

² Information in this section was adapted from the Yukon Community Wellness Court’s Policies and Procedures Manual.

to ensuring that the court's approach to working with offenders is systematic and it serves as a tool for monitoring the court's effectiveness. The theory of change identifies seven crucial therapeutic elements that need to take place in order to achieve the CWC objectives. They are as follows:

1. **The offender takes responsibility for his/her action:** the participant must plead guilty and agree to abide by certain conditions, including consent to random drug testing. He/she must be willing to work with a team of service providers and supports to address some of their identified problems/needs.
2. **Intense supervision:** judicial supervision and intensive bail supervision and case-management will hold participants accountable for their actions and provide intensive support to help participants pursue wellness.
3. **Therapeutic treatment and supports:** these are provided to participants so they can meaningfully address the underlying issues that contribute to their offending behaviour, with an emphasis on addictions, mental health problems and FASD.
4. Services and supports should be **culturally relevant** to improve outcomes for First Nations offenders who form the majority of the Yukon corrections population.
5. In recognition that participants live in families and communities and will transition from justice supports to the community, participants will be assisted to build **healthy personal support networks**.
6. The CWC will also work towards building **partnerships** with justice and non-justice services in the community to further support participants' Wellness Journeys.
7. **Personal and skills development:** once a participant's immediate treatment needs are initiated and the client is stabilized and making consistent progress, he/she will require further supports to gain the personal and vocational skills required to become a productive and self-reliant member of the community. This can include accessing anger management programs or literacy supports, attaining higher levels of education, developing employment-related skills and finding and maintaining work.
8. **Social determinants of health:** the CWC recognizes the importance of helping participants build a pattern of life that is positive and allows people to meet their basic needs with dignity. Wellness requires having access to a wide range of supports that cross all life areas and includes housing, income security, spirituality and sense of purpose, cultural integrity, learning opportunities, and strong families and communities. Many of these areas present significant challenges for participants in the CWC and the court will assist participants to identify their needs holistically and to access appropriate services and supports

9. **Incentives and sanctions:** the CWC will use incentives and sanctions as a method of encouraging participants to seek wellness.
10. **Graduation and transition:** the CWC is a temporary program that clients can use to begin or continue a path to wellness. Participants will graduate from the program and receive a sentence that reflects their progress. Participants will be supported to make a smooth transition to other community-based services once they have completed their personal program.

3.3 Logic Model

Logic models are particularly useful in describing new programs and in defining performance measures. A detailed logic model is useful in providing an overall description of the new program, ensuring that there is some consistency in program implementation both over time in different locations if the program is expanded, and aiding in the identification of short and long-term outcomes or impacts expected from the program. A detailed logic model is based on the program objectives and contains inputs and resources needed to implement the program, the activities of the program, outputs, as well as short and long-term outcomes which are essential to the summative evaluation. Table 3.1 contains a detailed logic model of the CWC process and program.

The main inputs include: project funding; administrative committees, such as the CWC Steering Committee and CWC Working Group; staff, such as the special CWC Judge and Court Coordinator; the Justice Wellness Centre and staff; key partners; and service agencies.

The CWC requires the cooperation and participation of key partners in the justice and social services system. These include:

- Territorial Court of Yukon
- Public Prosecution Service of Canada
- Yukon Legal Services Society
- Court Services, Department of Justice
- Victim Services, Department of Justice
- Adult Probation, Department of Justice
- Offender programs, Department of Justice
- Council of Yukon First Nations
- Department of Health and Social Services
- RCMP

Table 3.1
CWC Logic Model

Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> - Project funding - CWC Judge - CWC Court Coordinator - CWC Steering Committee - CWC Working Group - Justice Wellness Centre - CWC Program Coordinator - CWC Primary Case Manager (PCM) - Key partners - Service agencies 	<ul style="list-style-type: none"> - Process referrals - Screen for legal eligibility - Assess suitability - Conduct final admission - Conduct Pre-Court meetings - Develop Wellness Plan - File Wellness Plan in court - Coordinate the provision of service - Monitor Wellness Plan - Conduct court check-ins - Graduate sentenced clients - Hold steering committee meetings - Hold working group meetings - Entry and Exit data forms filled out by PCM 	<ul style="list-style-type: none"> - Inappropriate cases are screened out through the suitability assessment - Suitability assessments are completed within two weeks - Wellness Plan development is completed within 60 days - Sanctions and incentives are provided to the clients - Appropriate services are provided to clients in a timely fashion <ul style="list-style-type: none"> • substance abuse • mental health services • FASD • vocational/educational services - Justice Wellness Centre is used by CWC clients - Victims are asked about their needs and are referred 	<ul style="list-style-type: none"> - Clients with substance abuse reduce/abstain from substance use - Clients with mental health issues make progress - Clients with FASD make progress - Housing improves for clients - Clients achieve employment and educational goals - Clients' family and community supports improve - Recreation and leisure improves for clients - First Nations clients engage in cultural activities 	<ul style="list-style-type: none"> - Offending by clients decreases for clients in the program and after they complete the program - Clients with substance abuse abstain - Clients remain mentally healthy - Clients with FASD get long-term support - Clients' housing remains stable - A healthy lifestyle is maintained by clients - Clients are healthy, productive members of the community

It should be pointed out that the Justice Wellness Centre (JWC) just opened in December 2010. During the early implementation of the CWC, as part of the Correctional Redevelopment Strategic Plan, the Department of Justice identified the need for it to offenders who require community supervision. The JWC is intended to fulfill this need by providing extended programming and support for community corrections clients who go through the CWC or who are low risk probation or bail clients. The JWC is open six days a week, 8:00 AM to 4:30 PM Monday to Friday and 10:00 AM to 3:00 PM on Saturday, and provides comprehensive programming mandated by the CWC which includes addictions counseling, employment, education and skill development that will help to prevent reoffending.

CWC activities are discussed in detail under the section “processing of cases” below. Outputs will be identified and discussed in the process analysis in Chapter 5.0 below and short-term outcomes and long-term outcomes will be examined in detail in Chapters 6.0 and 7.0 of this report.

3.4 Processing of Cases³

The CWC is a voluntary program. In order to participate, the offender must make an application in regular court for admission to the CWC. In the CWC, admission requires the offender to meet the legal eligibility criteria and to be deemed suitable for treatment by a CWC bail supervisor. The offender must accept responsibility for his/her offending behaviour, sign a waiver, and abide by certain bail conditions. The overall process of the community wellness court as pictured in Figure 3.1 involves the interaction between court supervisory activities and program service and therapeutic activities. Individual stages of activity and decision-making pictured in the client flow model can be grouped under three major types of activity: the admission process, court monitoring and CWC programming. The specific individual activities are discussed below under these headings.

3.4.1 Admission Process

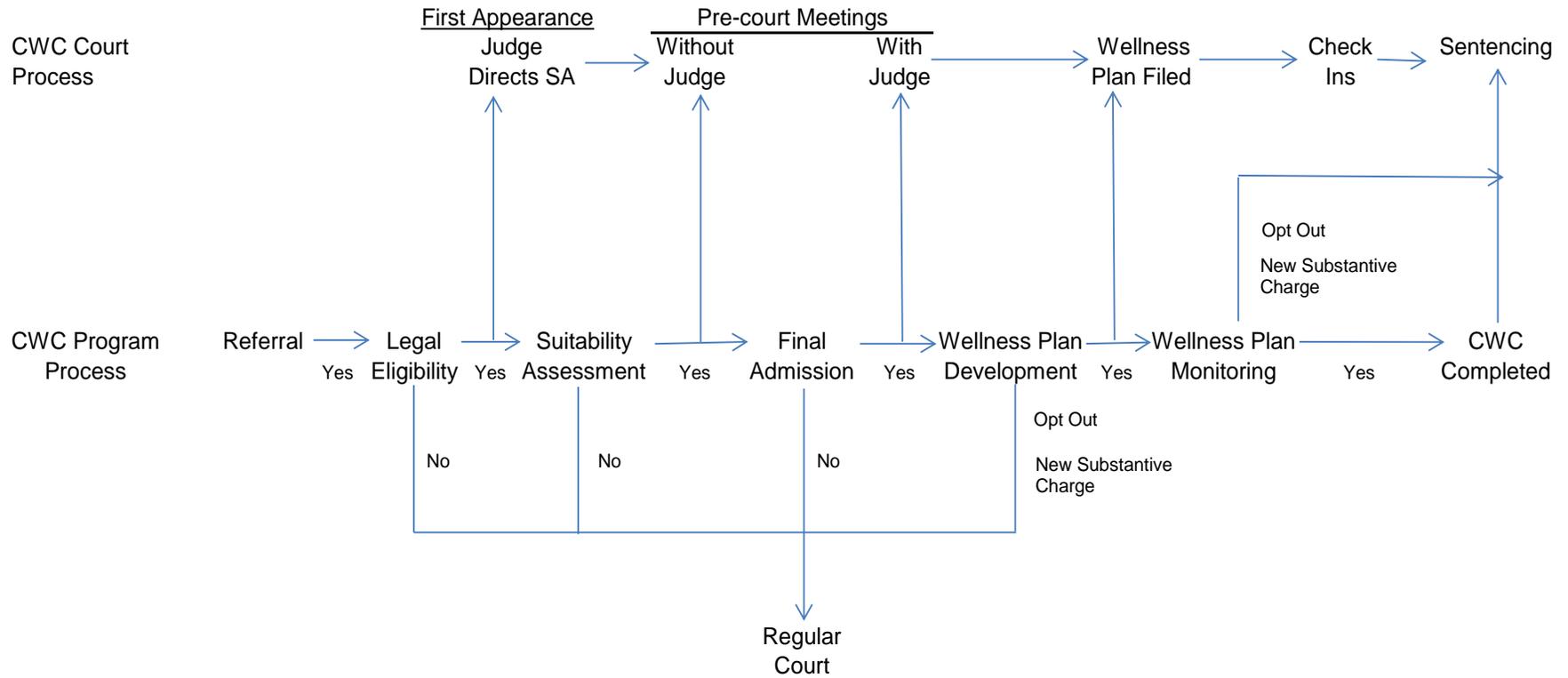
Referrals

Potential CWC participants may come from a number of referral sources including the RCMP, Crown Counsel, Defence Counsel, Aboriginal Court Workers, probation officers, community justice committees, and other community groups or organizations who may consider an offender appropriate for the CWC. An offender may also be self-referred. Individuals or organizations seeking to refer a potential participant should advise the CWC-assigned Crown. Where an offender is identified as a potential participant and the offender expresses an interest in participating in the CWC, the offender’s matter(s) will be adjourned to the next CWC docket for suitability screening.

³ Information in this section was adapted from the Yukon Community Wellness Court’s Policies and Procedures Manual.

Figure 3.1

Client Flow Through the Community Wellness Court



Legal Advice and Representation

The CWC recognizes the importance of every CWC candidate and participant having access to independent legal advice and representation at all stages of the CWC. Where candidates or participants are unable to retain counsel, they may rely on the services of a Legal Aid Duty Counsel assigned to the CWC. Duty Counsel will be present at all CWC sittings to provide legal assistance to unrepresented candidates or participants, and to provide agency services as required to individuals who have retained counsel.

Legal Eligibility Criteria

To be eligible, an accused must have outstanding *Criminal Code* or *Controlled Drugs and Substances Act* charge(s) where one or more of the following is a contributing factor to the criminal conduct:

- An addiction to alcohol and/or other drugs;
- A mental health problem; and/or
- An intellectual disability, including but not limited to Fetal Alcohol Spectrum Disorder (FASD).

An accused is not eligible in the following circumstances:

- Offence(s) resulting in death (e.g., murder, manslaughter);
- In general, crimes that involve violence against children and senior citizens;
- Offence(s) committed near a schoolyard, playground, or other area where children are likely to be present, where there is evidence that the offender is in the area to commit an offence targeting or otherwise involving children;
- In general, crimes of a sexual nature;
- In general, serious crimes of violence;
- Offence(s) for which the Crown is considering making a Dangerous Offender application or Long Term Offender application or where an accused has been designated as a High Risk Offender in the National Flagging System;
- Offence(s) committed primarily for a commercial or profit motive (e.g., *commercial* grow operations);
- Where the offender has outstanding immigration issues that may result or have already resulted in a deportation order;
- Where the offender is known to be affiliated with a criminal organization;
- Where the offender has other serious criminal charges outstanding.

In general, decisions related to the admissibility of an offender into the CWC are made based on a collaborative approach between members of the CWC pre-court team. For public safety and public interest reasons, however, the Crown may in more serious circumstances determine that an offender should not be admitted into the CWC. In such circumstances, the CWC-assigned Crown has the discretion to permit or not permit an accused to be assessed further for admission into the CWC.

Suitability Assessment

Individuals who meet the legal eligibility criteria must undergo a Suitability Assessment conducted by a CWC Primary Case Manger (PCM). The PCM also serves as the accused's Bail Supervisor. During this stage, the PCM spends time with the accused over a two-week period to determine the issues that make the person suitable for the CWC. The PCM also conducts a preliminary assessment of other needs that would likely become part of the participant's Wellness Plan (i.e., housing, family support, employment and other social determinants of health).

During the Suitability Assessment stage, the PCM explains the CWC process and the level of commitment the offender will have to make if he/she chooses to participate. The PCM also makes a determination of the individual's motivation using motivational interviewing. Several assessments may be completed at this stage to help identify needs including:

- LS/CMI (Level of Service/Case Management Inventory) – a general risk assessment and case management tool. In 2013, this was replaced with the Yukon Offender Services Inventory (YOSI).
- DAST (Drug Abuse Screening Tool) – an assessment of the severity of drug misuse problems.
- PRD (Problems Related to Drinking) – assessment of the severity of alcohol misuse problems.
- General Health Questionnaire – a profile of the participant's more recent health issues. It is also a valid screen for certain mental health concerns such as anxiety, depression and thoughts of self-harm.

If the individual is considered suitable for the CWC, referrals are immediately offered by the PCM to various services which would assist in stabilization where appropriate: detoxification, substance abuse counselling, mental health assessment and treatment, and medical assessment and treatment. If the offender is of Aboriginal ancestry, and with permission from the offender, the PCM may seek input from the client's First Nation or from an Aboriginal Court Worker.

Final Admission Requirements

An individual who meets the legal eligibility criteria and who is deemed to be suitable may opt into the CWC at their next court appearance. To be admitted into the CWC, the following admission requirements must be met:

1. Entrance of a guilty plea;
2. Provision of a waiver in the approved form;
3. Agreement to abide by specified bail conditions.

A guilty plea must be entered in order for the individual to participate in the CWC. Where there are multiple offences, guilty pleas are not required on all offences. Defence counsel is free to negotiate with Crown counsel and reach an agreement with

Crown counsel as to what pleas will be required. At this stage, Crown and defence counsel should also discuss and generally resolve any issues relating to the facts of the offence that the individual is prepared to admit. This is to prevent any disagreements that could potentially arise at the end of the CWC program

Signing the waiver is necessary because the CWC program requires a level of participation beyond what is expected in regular court, including drug and/or alcohol testing that the individual cannot be compelled to participate in without his or her consent. It is therefore necessary for each individual interested in the CWC to sign a waiver before being accepted into the CWC program.

The close monitoring essential to the CWC requires participants to be bound by certain conditions. There are standard bail conditions for CWC participants; however, some conditions may vary depending on individual circumstances. Each participant's performance on conditions will be closely monitored by the PCM/Bail Supervisor and other members of the core CWC treatment team, such as an addictions counsellor. Compliance or non-compliance will be addressed through use of sanctions and incentives.

3.4.2 Court Monitoring

Pre-Court Meetings

Before every sitting of the CWC, a pre-court meeting is held to review all matters set on the CWC docket. The CWC pre-court meetings are attended by a pre-court team that is made up of front-line workers that include Duty Counsel, defence counsel, the designated Crown, the PCM/bail supervisor, the CWC Coordinator, and such other parties as may be agreed upon by the core CWC pre-court team. The CWC Judge will attend the beginning of each pre-court meeting for the purposes of participating in the discussion of CWC participants who are in the Wellness Journey stage (i.e., who have entered guilty pleas), and who are conducting a regular check-in. Upon the CWC Judge's departure, individuals in the Suitability Assessment stage (pre-plea) will be discussed. The PCM and other members of the CWC treatment team are expected to provide verbal progress reports for each participant whose file is on the court list that day. The reports should cover the participant's record of reporting to their bail supervisor, attendance for treatment and other assessments/services and supports, the results of any drug or alcohol testing, and general progress vis-à-vis the participant's Wellness Plan. Each member of the pre-court team has input into how the Court should respond to the participant's progress or lack thereof. The team discusses each participant's compliance or non-compliance with orders of the Court. In general, the pre-court team will reach a consensus as to what should happen in court on that day. Disagreements will be resolved in court by the CWC Judge.

Check-ins

While following their individual Wellness Plan, CWC participants are required to appear before the Court on a periodic basis for check-ins to monitor their performance.

The frequency of check-ins will be dependent on the participant's performance. Good performance will result in reduced check-in requirements; poor performance will result in increased check-in requirements. As each participant is called, the PCM, or other member of the CWC treatment team, may be called upon to provide the Court with a brief oral summary of the participant's progress to date. The Court may invite the participant's family or support person(s), the victim(s), or any representative of the victim(s), to provide input to the Court on the participant's progress. The Court will hear from counsel as is necessary, but the primary focus of the check-in discussion is between the CWC Judge and the participant. A sanction or incentive may be given depending on the circumstances of each participant's file.

Sanctions and Incentives

The CWC utilizes a system of sanctions and incentives to address and respond to the performance of CWC participants in the CWC. Where CWC participants are non-compliant with the expectations of the CWC program, they will receive one of the sanctions listed below. Where CWC participants are compliant with or exceed the expectations of the CWC, they will receive one or more of the incentives or rewards listed below.

The available sanctions include, but are not limited to the following:

Admonishment/reproach from the CWC Judge;

- Increased frequency of court appearances;
- Increased reporting conditions;
- Increased drug/alcohol testing;
- Production of a letter outlining what happened, why, and what has been learned;
- Community service orders;
- Attend "10 AA meetings in 10 days" (or other programming as appropriate);
- More restrictive release conditions;
- Temporary revocation of bail.

The available incentives/rewards include, but are not limited to the following:

Commendation/praise from the CWC Judge;

- Reduced frequency of court appearances;
- Reduced reporting conditions;
- Reduced drug/alcohol testing;
- Receipt of coffee cards;
- Bus passes;
- Receipt of movie passes, recreation facility vouchers, etc.;
- Less restrictive release conditions;
- Certificate of achievement to reflect one-year participation;
- Overall reduction in required length of participation in the CWC program.

3.4.3 CWC Programming and Services

Participants in the CWC are offered a range of services and support during all stages of the CWC process. The key stages are suitability assessment, Wellness Plan development, Wellness Journey, and transition. Services are provided by the Yukon Department of Justice, as well as by local service and support agencies. The possible services/programs include but are not limited to the following:

- Respectful Relationships Program;
- Respectful Relationships Violence Program;
- Substance Abuse Management Program;
- Emotions Management Program;
- Job Readiness Program;
- 4 session Program: Nutrition, Budgeting, Social Anxiety and Loneliness;
- How to Interpret your Probation Order;
- Changing Paths Program;
- White Bison Program;
- Violence Prevention Program;
- Resume Writing;
- Men's Wellness Program on Saturdays;
- Referrals to Nicole Bringsley(psychologist);
- Referrals to Raghu Kathamil (addictions counsellor);
- Parenting Program offered by Family and Children's Services;
- Brown bag sessions offered to clients from variety of agencies including Mental Health (Depression and Anxiety), Blood Ties 4 Directions, Learning Disabilities Organization, FASSY and RCMP.

Suitability assessment stage is discussed above under the admission process. Other key stages of the CWC programming are discussed below.

Wellness Plan Development

If the offender meets both legal and treatment suitability criteria, he/she is formally accepted into the court and the Wellness Journey period formally begins. The Wellness Plan is ordered and the client continues checking in every two weeks while the Wellness Plan is being developed. Services and supports are either maintained if already in place or identified and referrals for additional services initiated.

The Wellness Plan is at the heart of the CWC. Its development is shaped by the following three principles:

1. Client Centered: The Wellness Plan is individually tailored to each offender's needs, goals, abilities and risks. The offender is involved in its development. The plan should be realistic, address the client's problem areas, and be agreeable to both the client and the wellness team.
2. Holistic: The CWC is designed to help clients whose criminal behaviour is, in part, the result of substance abuse, mental health problem(s), and/or FASD. However, recognizing the various and many layers of challenges offenders face, the CWC recognizes the need to work with the client as a whole person: attending to their physical, emotional, mental and spiritual needs.
3. Collaborative Process: Clients of the CWC will likely have multiple wellness needs and may require a variety of services to address these needs. As such, services will be provided by a community of supports. Service providers actively collaborate, using an integrated case-management model, to ensure that the delivery of services is as seamless as possible.

The PCM works closely with the offender to help them identify realistic wellness goals. The PCM also works closely with the offender to identify service providers that he/she is willing to work with in order to reach their goals. During this period the PCM may continue to administer several assessments to understand the client's needs and capacity to follow a Wellness Plan.

The CWC is aimed at providing services and supports to address three primary areas that may serve to underlie the offender's criminal behaviour: substance abuse, mental health problems, and/or FASD or other cognitive impairments. Assessments and the provision of services and supports are targeted first to these areas.

Participants in the CWC have priority access to substance abuse counselling services as provided by the Department of Justice. The PCM provides a referral to a substance abuse counsellor who provides further assessment and counselling services. Various assessments may be administered by the CWC substance abuse counsellors during this stage.

Many of the CWC participants are expected to have significant alcohol and other drug addictions. If the client is in active withdrawal and they are in custody at the time, the release from custody may be delayed until they are stabilized. The counsellor may also make referrals to substance abuse services as provided by other local agencies, such as Alcohol and Drug Services, and/or make a referral to an external residential treatment program.

If the participant has, or is suspected of having, a mental health problem, he/she is referred by the PCM to undergo a psychiatric consultation with a mental health specialist or a CWC consulting psychiatrist. A case plan for mental health services will include: psychiatric diagnosis; identification of client objectives; interventions and treatment. Mental health services may include: psychological tests (e.g., the Hamilton Depression Rating Scale, personality inventory); neuro-psychological testing; specialized therapy (e.g., dialectical behaviour therapy, trauma counselling); and/or admissions to the Whitehorse General Hospital or other psychiatric units required for stabilization or rehabilitation.

If a client is suspected of having FASD, the PCM will work closely with the offender to identify and set up a network of community-based supports, including working closely with the offender's family, friends, and community. The offender will likely require a formal determination of FASD and he/she may be placed on a wait list to have an assessment completed if one has not already been completed. The provision of services is not dependent on the FASD diagnosis first being completed.

Finalizing the Wellness Plan

The PCM is responsible for developing the in-depth Wellness Plan that reviews the offender's history and identifies the services and supports that will be used by the offender on their Wellness Journey. The Wellness Plan incorporates the service recommendations made by other service providers. The PCM submits the completed Wellness Plan in advance to the pre-court meeting to Crown and defence. The plan is further discussed at the pre-court meeting on the day that the plan is expected to be filed in court. Pending consensus from the pre-court team, the plan is then filed in court.

Wellness Plan Monitoring

The Wellness Plan should be reviewed and reasonably adapted to meet offenders' changing needs and circumstances while they are in the CWC. The Wellness Plan Summary Form should be reviewed with the offender every six months. Dates for review should be indicated on the Summary Form. If the Wellness Plan is altered, copies should be sent to Crown and defence, as well as formally filed with the court.

Participants who have completed 12 months in the CWC from the date that the suitability assessment was completed will be given a One Year Achievement Certificate. The CWC coordinator keeps track of when certificates should be given and notifies the

Judge, defence counsel, and the PCM one to two weeks in advance to ensure that the required individuals are available in court the day that the certificate is expected to be presented. The PCM is responsible for filling out the certificate and bringing it to the pre-court meeting on the day that the certificate is to be given. The certificate is presented to the participant in court by the Judge.

Transition planning

Participants in the CWC will very likely require ongoing services and supports after they formally complete the CWC. To this end, the PCM is responsible for developing, in consultation with the participant, a transition plan from the CWC to the community, one to three months in advance of the anticipated sentencing date. Appropriate service referrals are made during this time. A formal copy of the transition plan may be required by the Crown before the sentencing date is set.

3.4.4 Leaving the CWC

A participant can opt out of the CWC at any time. A participant can also be removed from the CWC at any time. The following information outlines the steps to be taken and the outcome of each option.

Opting Out before Wellness Plan Filed

A participant can opt out of the CWC before the Wellness Plan is filed with the Court. Should a participant choose to opt out, they will advise the CWC of this intention at their next scheduled CWC appearance. Once this notice is given, there will be an automatic revocation of the individual's existing process and a reconsideration by the CWC Judge (or her designate) of the participant's bail status. There is an expectation that the participant will be reverted to their pre-CWC bail status, absent special circumstances. When a candidate opts out of the CWC before the Wellness Plan is filed, all guilty pleas entered in the CWC can be withdrawn as of right, except in circumstances where facts have been read in.

Removal before Wellness Plan Filed

A participant can be removed from the CWC before the Wellness Plan is filed with the Court. Should this be the case, the participant will go to show cause in the regular Court with the understanding that if they are no longer suitable for the CWC, they will revert to pre-CWC bail status, absent special circumstances, and there will be a consideration of the new offence(s). Wherever possible, the CWC Judge will preside over the show cause hearing. When a candidate is removed from the CWC before the Wellness Plan is filed, all guilty pleas entered in the CWC can be withdrawn as of right, except in circumstances where facts have been read in.

Opting Out/Removal after Wellness Plan Filed

A participant can opt out or be removed from further participation in the CWC after the Wellness Plan has been filed with the Court. In this instance, the participant will have their interim release status reviewed by the CWC Judge (or her designate). At the participant's next appearance to follow their opting out or removal, Crown and Defence counsel will be provided with an opportunity to make representations for the purposes of determining whether the participant should be returned to their pre-CWC status, remain on current conditions, or be placed on modified conditions pending sentence. After the Wellness Plan is filed, the participant is no longer entitled to withdraw guilty plea(s) as of right. The participant will be sentenced by the CWC Judge wherever possible.

Removal Because of New Charges

Participants who acquire new charges while in the CWC are sanctioned or may be removed from the CWC, depending on the nature of the charge(s). The effect of a new substantive offence on the participant's status in the CWC will depend on the nature and circumstances of the new charge. For more serious charges, the CWC pre-court team must discuss whether the participant can continue in the CWC. If the new charge is to be disposed of in the CWC, the waiver and the CWC release order must be amended to reflect the new offence information.

The CWC recognizes that recovery is a lifelong process and that "slips" are a regular part of the CWC process for many participants. Accordingly, the Crown will generally not seek a plea or conviction on breaches of abstain conditions so long as the participant is actively pursuing their Wellness Plan. Samples provided by a participant pursuant to the CWC will not be used in any prosecution against the participant for breach of an abstain condition. However, as a sanction for the breach, the court may give consideration to ordering the participant to spend some time in custody. Any time spent in custody with respect to such a sanction will, in most cases, not be taken into account in sentencing when calculating credit for remand time.

Sentencing

Upon successful completion of the Wellness Plan, a participant shall proceed to a sentencing hearing. The Bail Supervisor will file a summary report of the participant's progress in the CWC. Input from the CWC treatment team will be included in the summary report. The sentencing hearing will typically allow for comments from members of the treatment team, other professionals and community supports involved with the participant, and from victims and victim supports, in addition to Crown and defence Counsel. The CWC Judge will impose a sentence that, while applying the sentencing principles set out in sections 718, 718.01, 718.1 and 718.2 of the *Criminal Code*, particularly recognizes the positive rehabilitative steps taken by the participant. The extent to which the sentence will be reduced from what might have been imposed had the participant not participated in the CWC will generally depend upon the

participant's degree of success in adhering to and completing the Wellness Plan, taking into account the nature of the offence for which the participant is being sentenced.

At the sentencing hearing, the Crown may enter a stay of proceedings, withdraw the charges or ask the CWC Judge to impose an absolute discharge. For more serious offences, while not eliminating the possibility of any of the preceding dispositions, conditional discharges, suspended sentences and relatively short conditional sentences may be sought. For the most serious offences, the Crown, while considering all other options, may choose to seek conditional sentences up to two years less one day. Requests for a period of probation to follow a conditional sentence will be made on a case-by-case basis. The CWC may also utilize First Nations justice initiatives, including circle sentencing hearings in the community, where such initiatives are requested, available and are suitable.

4.0 METHODOLOGY

The goal of this project is to provide an evaluation of the CWC's functioning that would allow for making decisions to assist with future planning for the court. To accomplish this, the research team developed an evaluation which included the use of both quantitative and qualitative data and focused retrospectively on the total time that the court has been operating from its beginning in June 2007 to December 2013.

4.1 Research Objectives

This report presents results of a comprehensive process and summative outcome evaluation analysis designed to monitor and test the effectiveness of the CWC. More specifically, the evaluation objectives were as follows:

- (1) to identify whether the Community Wellness Court and program continues to be implemented as planned; and
- (2) to determine the effectiveness of the Community Wellness Court process and program at achieving their objectives.

4.2 Process Analysis

It is important to monitor program implementation and development through a process analysis during a comprehensive outcome evaluation to ensure consistency and efficacy of the program and to identify program drift. The process analysis examined how the CWC has been implemented and answered the question of whether the program was carried out as it was intended. It primarily involved monitoring and documenting program activities and outputs. Table 4.1 contains research questions based on the objectives of the CWC (see Section 3.1) and data collection strategies. This table provides the framework for the process analysis.

4.2.1 Sources of Data

A variety of methodologies and techniques for data collection were used in the process analysis, including the following:

- CWC program database which contains data collected from the Primary Case Manager (PCM) through the use of the entry and exit reports (see Appendices A and B);
- Court Record Information System (CRIS);
- Follow-up interviews with CWC clients who completed (n=8) (see Appendix C); and
- Key informant interviews (n=19) (see Appendix D).

Table 4.1

Process Analysis: Research Questions and Associated Data Collection Components

Research Questions	Data Collection Strategies		
	CWC Program Database	CRIS System	Key informant Interview
1. How many clients have been served?	X		
2. How many referrals were assessed not suitable?	X	X	
3. Why were referrals assessed not suitable?	X		
4. What is the current active caseload?		X	
5. Who has been the major referral source?	X	X	
6. How many suitable clients have entered the program since it was set up?	X		
7. What are the timelines by stage of the process?	X		
8. What are the demographic characteristics of clients by program group?	X	X	
9. What are the presenting problems for the clients?	X	X	
10. What are the background characteristics of clients by program group?	X		

Table 4.1 (continued)

Research Questions	Data Collection Strategies		
	CWC Program Database	CRIS System	Key informant Interview
11. What is the motivation level of clients by program group?	X		
12. What is the profile of the client's substance abuse, mental health, and FASD problems?	X		
13. What is the average LS/CMI score by program group at entry into the program?	X		
14. What is the average number of previous convictions by program group at entry into the program?	X	X	
15. What is the profile of current charges to be dealt with by the CWC by program group?	X		
16. What is the primary drug used by clients with substance abuse problems by program group?	X		
17. What is the mental health diagnosis for clients with mental health problems by program group?	X		
18. How many clients were ordered to be involved with various agencies/resources?	X		
19. How is the Justice Wellness Centre being used?			X
20. How are the needs of victims met?			X

4.3 Outcome Analysis

The outcome analysis included a measurement of short- and long-term outcomes to determine whether the program had its intended effect in achieving specific program objectives. Table 4.2 contains research questions based on the objectives of the CWC (see Section 3.1) and data collection strategies. This table provides the framework for the outcome analysis.

4.3.1 Sources of Data

A variety of methodologies and techniques for data collection were used in the outcome analysis including:

- CWC program database which contains data collected from the Primary Case Manager (PCM) through the use of the entry and exit reports (see Appendices A and B);
- Court Record Information System (CRIS); and
- Follow-up interviews with CWC clients who completed (n=8) (see Appendix C).

4.4 Outcome Research Design

As the literature review indicates, evaluating problem-solving courts is difficult due to the inherent limitations including: the voluntary nature of the program; the complexity of the program (i.e., every client is subject to a unique combination of program activities); time in the program may vary considerably by individual clients; and the client group can be difficult due to their complex etiologies.

While it is recognized that the best design for a summative outcome evaluation would be a longitudinal randomized controlled trial (RCT), given the voluntary nature of program participation and the retrospective nature of the data, random assignment to the CWC was not possible. As an alternative we used a quasi-experimental design; more specifically, a retrospective longitudinal pretest-posttest design with non-equivalent comparison groups (i.e., those who dropped out or were removed from the program without completing it). Hopefully, a monitoring time series study based upon the current summative evaluation will be continued by the program and longer-term outcome analysis and program monitoring will be possible.

Table 4.2

Outcome Analysis: Research Questions and Associated Data Collection Components

Research Questions	Data Collection Strategies		
	CWC Program Database	CRIS System	Client Follow-up Interview
Short-Term Outcomes			
1. What substance-abuse services were used by the clients with substance abuse issues?	X		
2. What were the outcomes for the clients who received substance-abuse services?	X		
3. What mental health services were used by the clients with mental health issues?	X		
4. What were the outcomes for the clients who received mental health services?	X		
5. How many clients experienced an improvement in housing during the program?	X		
6. Did clients reach their educational and employment goals during the program?	X		
7. Were personal supports and recreational activities available for the clients?	X		
8. Were First Nations supports used?	X		
Long-term Outcomes			
9. Did the number of offences decrease during and after the program for the clients who completed?	X	X	
Views of the Clients			
10. Why did the clients commit to the CWC?			X

Table 4.2 (continued)

Research Questions	Data Collection Strategies		
	CWC Program Database	CRIS System	Client Follow-up Interview
11. Did the CWC meet their needs?			X
12. Did the CWC help the clients to meet their conditions?			X
13. Were the support services appropriate?			X
14. Were the support services readily available and accessible?			X
15. Were the support services helpful?			X
16. Was the CWC program appropriate?			X
17. Were aftercare services offered?			X
18. Overall, did the clients think the CWC was an effective program?			X

4.5 Research Limitations

There are a number of limitations which were outside the control of the evaluators. These are discussed briefly below.

Lack of a Randomized Control Group

The fact that the CWC intake is voluntary makes it impossible to randomly assign clients to the program and to a non-treatment (i.e., standard treatment) control group.

Difficulty Measuring Dosage

CWC clients face a combination of unique problems (i.e., addictions, mental health, FASD) all combined with offending. As a result, each client requires a unique Wellness Plan. In addition, the time in the program varies considerably for clients. Both of these characteristics make it very difficult to measure what dosage is necessary for achieving the best outcomes.

Limited Information on Some of the Clients

While entry data and exit data were available for most of the clients who completed the program, only limited data were available on the clients who opted out without completing the program or who were removed from the program because of new offending.

Low Numbers of Clients

The number of clients in the various program groups that were analyzed for this evaluation were low which precluded examining differences among groups with tests of statistical significance.

Lack of User-friendly Database

The Court Record Information System (CRIS) which provided charge data for the time period January 2005 to December 2013 was not user-friendly and did not generate reports that could be easily used for the evaluation. Further, the time that individual clients entered and left the program varied considerably over time. Thus, the time periods for clients before, during and after the program vary. Finally, the CRIS System only contains information on offenses that occurred within the Yukon jurisdiction.

Lack of Victim Data

No data were available from victims.

5.0 ACTIVITIES AND OUTPUTS OF THE COMMUNITY WELLNESS COURT (CWC)

This chapter presents the findings of the process analysis for the period from the beginning of the CWC in June 2007 until December 2013 unless otherwise indicated. The process analysis addresses questions I of whether the program was carried out as it was intended and reports on the activities and outputs listed in the logic model in Section 3.3.

5.1 Number of Clients Served

The findings from the process analysis in this section are relevant to the following research questions from Table 4.1:

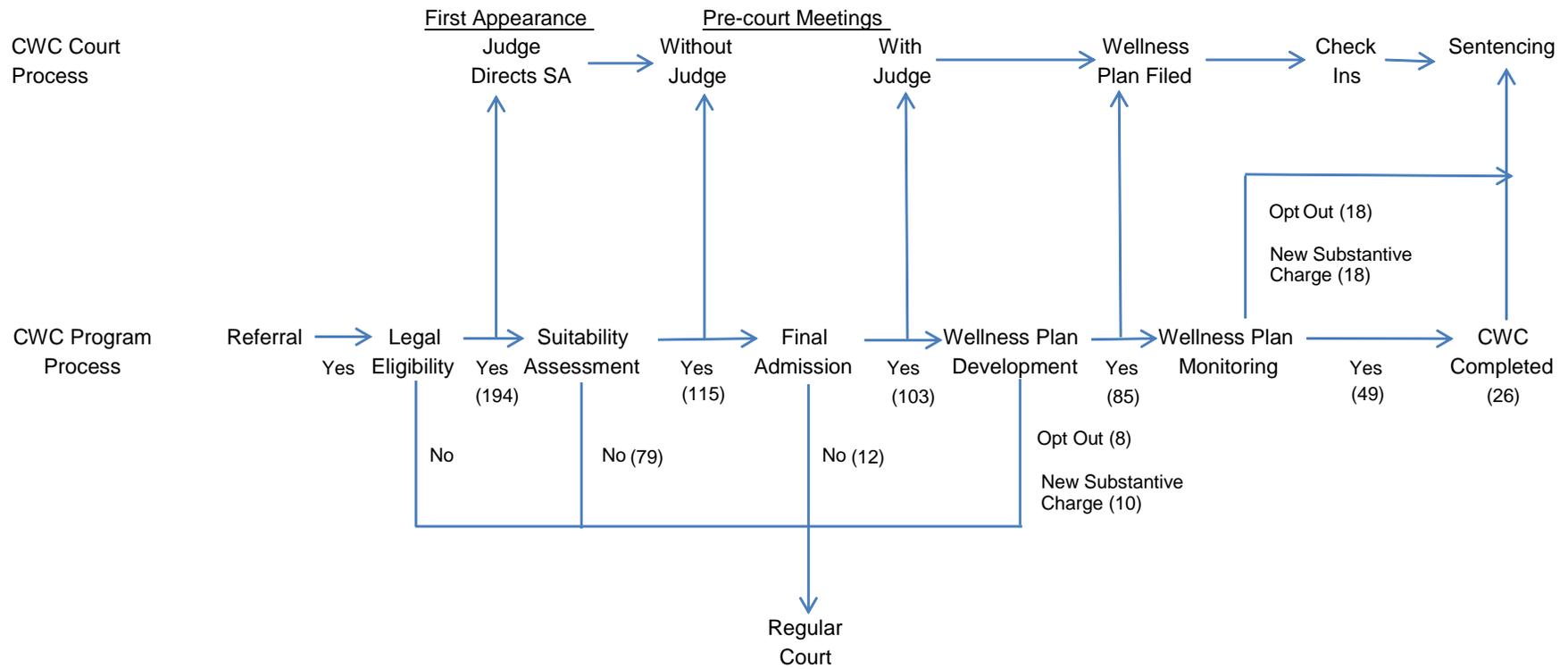
1. How many clients have been served?
2. How many referrals were assessed not suitable?
3. Why were referrals assessed not suitable?
4. What is the current active caseload?
5. Who has been the major referral source?

Figure 5.1 contains a breakdown of the total number of clients processed through the CWC from June 2007 to December 2013. As indicated, a total of 194 alleged offenders were referred to the CWC and met the legal eligibility over the six and one half years. Of the total, 115 (59%) were found suitable and 79 (41%) were not. The majority of those found not suitable were rejected on the basis of the “treatment criteria” and a few also lacked motivation. Of those assessed as suitable, 103 (90%) met the final admissions criteria and were accepted into the CWC. Those who were not assessed as suitable or did not meet final admission criteria were referred back to the regular court as indicated in Figure 5.1.

For the 103 who were accepted into the program, the development of the Wellness Plan was initiated. Of these, 8 opted out at this stage and 10 were removed because of new substantive charges. Eighty-five (83%) completed the Wellness Plan and those were filed in the court. Of those clients whose Wellness Plans were filed in the Court, 36 (42%) either opted out (18) or were removed because they committed new substantive charges (18). These 36 cases were referred to sentencing in the CWC since their Wellness Plan had been filed with the court. The 26 clients who completed were also sentenced by the CWC as indicated by Figure 5.1 up to December 31, 2013.

Figure 5.1

Number of Clients Processed Through the Community Wellness Court
(June 2007 - December 2013)



The active caseload as of December 31, 2013 was a total of 23 clients: 5 were at the Suitability Assessment stage; 9 were at the Wellness Plan development stage; and 9 were at the Wellness Journey stage with their Wellness Plan being monitored. In terms of source of referral to the CWC program over the years, all but a few of the clients were referred by defence legal aid.

5.2 Timelines

The findings from the process analysis in this section are relevant to the following research questions from Table 4.1:

6. How many suitable clients have entered the program since it was set up?
7. What are the timelines by stage of the process?

Figure 5.2 presents the number of suitable clients having their first appearance in the CWC by year (i.e., “starting clients”). The findings indicate that intake into the CWC was relatively stable from 2008 to 2010 with 12 coming into the program in 2008, 9 in 2009 and 10 in 2010. This pattern was followed by significant increases to 17 clients in 2011 and a further increase to 29 starting clients in 2012. In 2013 the number of starting clients dropped back to 14. The first clients to complete the program did so in 2009 with four clients completing. Since then four more clients graduated in 2010, six in 2011, followed by five completed clients in 2012 and seven in 2013. Given that the average time to complete the program is approximately 18 months, the current 26 completed clients would have been part of a cohort of approximately 69 clients who started the program which results in a completion rate of approximately 38%.

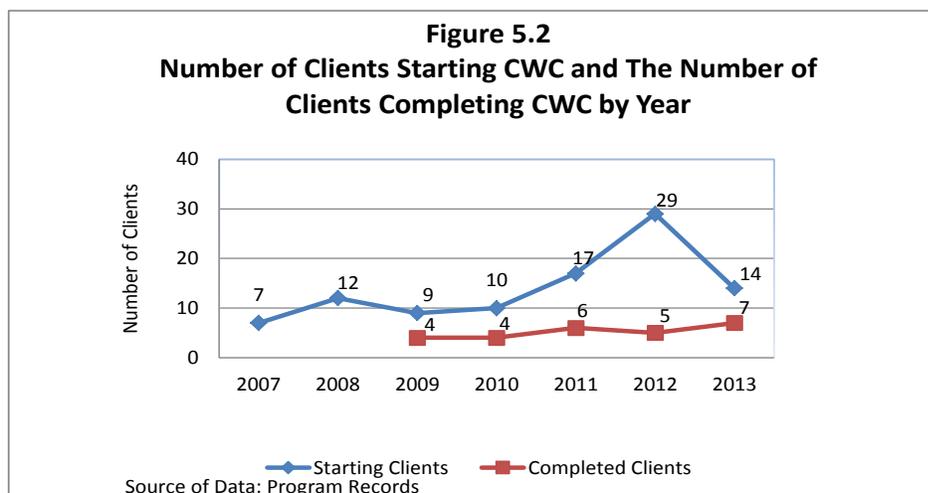


Table 5.1 contains information on the average number of weeks/months between milestones in the CWC program for the completed group. As is indicated, the average time between First Appearance and completion of the Suitability Assessment was 4.4 weeks with a range up to a maximum of 13 weeks. From First Appearance until Wellness Plan filed the average was over 18.6 weeks with a range from 5 to 37 weeks. The total time in the program from First Appearance until Sentencing Date was an average of 18.4 months with the range of 7 to 33 months which is within the expected duration of the CWC program. In comparison, time in the program for those clients who left before the wellness plan averaged 5.6 months compared to 9.8 months for clients who left after the Wellness Plan was filed.

Table 5.1

**Number of Weeks/Months Between Milestones in the CWC
for Program Completed Group**

Milestone	Mean	Range
First Appearance to Suitability Assessment Completed (n=21)	4.4 Weeks	1-13 Weeks
First appearance to Wellness Plan Completed (n= 14)	18.6 Weeks	5-37 Weeks
Total Time from First Appearance to Sentencing Date (n= 26)	18.4 Months	7-33 Months

Source of data: Program Records

5.3 Demographic Characteristics and Background

The findings from the process analysis in this section are relevant to the following research questions from Table 4.1:

8. What are the demographic characteristics of the clients by program group?
9. What are the presenting problems for the clients?
10. What are the background characteristics of clients by program group?
11. What is the motivation level of clients by program group?
12. What is the profile of the client’s substance abuse, mental health, and FASD problems?

Table 5.2 contains information regarding demographic characteristics of the clients and their presenting problems. Overall, the majority of clients, approximately 75%, are male and 25% are female. This does not vary significantly by group except for the partially completed before Wellness Plan was filed group which were all males. The average age of the clients ranges from a low of 29 years for the before the partially completed group after Wellness Plan to a high of 41 years old for the active group. First Nation clients are overrepresented with a total of approximately 58%. This pattern holds for both partially completed groups but in the active and completed program group 50% were First Nations.

Table 5.2

Demographic Characteristics of Clients by Program Group

Characteristic	Group									
	Active (N=23) ¹		Completed (N=26) ¹		Partially Completed Before Wellness Plan Filed (N=18) ¹		Partially Completed After Wellness Plan Filed (N=36) ¹		Total (N=103)	
Age at First Appearance										
Mean	41.3 (n=16)		30.1 (n=15)		34.9 (n=10)		29.3 (n=15)		33.3 (n=67)	
Range	24-54		20-49		19-55		19-43		19-55	
	n	%	n	%	n	%	n	%	n	%
Gender										
Male	20	86.9	10	38.4	18	100.0	29	80.6	77	74.7
Female	3	13.0	16	61.5	0	0.0	7	19.4	26	25.2
Ethnicity										
First Nations	11	50.0	13	50.0	11	61.1	24	68.6	59	58.4
Other	11	50.0	13	50.0	7	38.8	11	31.4	42	41.6
Presenting Problem										
Addictions	14	60.9	15	57.6	7	38.9	15	41.7	51	51.5
FASD	0	0.0	3	11.5	1	5.6	1	2.8	5	5.0
Addictions and Mental Health	4	17.4	5	19.2	3	16.7	14	38.9	26	26.2
Addictions and FASD	2	8.7	1	3.8	5	27.8	3	8.3	11	11.1
Addictions, Mental Health and FASD	0	0.0	1	3.8	2	11.1	0	0.0	3	3.0
Mental Health	2	4.3	1	3.8	0	0.0	0	0.0	3	3.0

Source of data: Program Records

¹ The difference between the overall N's and the cell n's is due to Missing cases.

In terms of presenting problems, Table 5.2 indicates that overall, as would be expected, the majority of clients (90%) had addictions or addictions in combination with other presenting problems. More specifically, 52% had addictions alone, 26% had addictions and mental health issues, and 11% had addictions and FASD. This pattern varied somewhat by group where the partially completed before Wellness Plan group was overrepresented in cases involving addictions and FASD (28%).

Table 5.3 contains information regarding the background characteristics of clients in the active, completed and partially completed groups (which contains both the before and after Wellness Plan clients) at program entry. Overall, the most common source of income was social assistance which was the primary source of income for 32% of the total client population. The second major source of income was employment which was the primary source of income for approximately 28% of the clients. This varied somewhat by group with the partially completed group having approximately 36% on social assistance compared to 20% for the active clients.

In terms of education, Table 5.3 indicates that the partially completed group was less educated than the other two groups with only approximately 20% having graduated high school compared to 33% and 26% for the active and completed group respectively. The active and completed groups were also much more likely to have attended trade school (13% and 16% respectively compared to 7% for the partially completed group). In terms of marital status, the vast majority in all groups were single (60-67 %). However, the active group and completed group were more likely to be married (20% and 22% respectively) compared to the partially completed group (7%). The completed group was more likely to be cohabitating with 17 % compared to less than 7% for the other two groups. Motivation to be involved with the program also varied considerably by groups with the partially completed group having the lowest motivation (24%) and the active and completed group having the highest motivation with approximately 21% in the very motivated category compared to 7% of the partially completed clients.

Table 5.3 also indicates that the most common problem for all of the clients was substance abuse with over 90% of the total indicating that this was a primary problem. Mental health issues were the second most frequent problem with 30% of all groups reporting this except for the completed group where this was reported for approximately 10% of the clients. FASD was reported as a presenting problem for approximately 20% of all groups.

Table 5.3
Background Characteristics of Clients in the Active, Completed,
and Partially Completed Groups at Program Entry

Characteristic ¹	Group						Total (N=77)	
	Active (N=16)		Completed (N=19)		Partially Completed (N=42) ²			
	n	%	n	%	n	%	n	%
Source of Income								
No Income	2	13.3	2	10.5	8	19.0	12	15.8
Social Assistance	3	20.0	6	31.5	15	35.7	24	31.5
Employment Insurance	2	13.3	1	5.2	2	4.7	5	6.5
Employment	5	33.3	6	31.5	10	23.8	21	27.6
Social Assistance and Employment	3	20.0	4	21.0	7	16.6	14	18.4
Education Level								
Elementary	0	0.0	0	0.0	3	7.3	3	4.0
Some High School	8	53.3	9	47.3	25	60.9	42	56.0
High School Graduate	5	33.3	5	26.3	8	19.5	18	24.0
Trade	2	13.3	3	15.8	3	7.3	8	10.6
Some University	0	0.0	2	10.5	2	4.8	4	5.3
Marital Status								
Single	10	66.7	11	61.1	23	56.1	44	59.5
Married	3	20.0	4	22.2	3	7.3	10	13.5
Cohabiting	1	6.7	1	5.5	7	17.0	9	12.1
Divorced	1	6.7	2	11.1	8	19.5	11	14.8
Client's Motivation Level								
Very Motivated	3	21.4	4	21.0	3	7.3	10	13.7
Motivated	10	71.4	11	57.8	25	63.4	46	63.0
Low Motivation	1	7.1	4	21.0	12	24.2	17	23.3
Substance Abuse								
Yes	14	93.3	18	94.7	38	92.6	70	92.1
Mental Health Problems								
Yes	6	31.5	2	10.5	13	30.9	21	27.3
FASD								
Yes	3	20.0	4	21.0	7	17.9	14	19.2
Suspected	1	6.6	0	0.0	2	5.1	3	4.1

Source of data: Program Records (Intake Forms)

¹ Differences between the overall N's and the cell n's are due to missing cases.

² The two partially completed groups (before and after Work Plan) are collapsed into one "partially completed" for the Intake and Exit databases because of missing cases.

5.4 Risk Level and Offending Patterns

The findings from the process analysis in this section are relevant to the following research questions from Table 4.1:

13. What is the average LS/CMI score (a standardized measure of risk to reoffend) by program group at entry into the program?
14. What is the average number of previous convictions by program group at entry into the program?
15. What is the profile of current charges to be dealt with by the CWC by program group?

Table 5.4 presents information on the LS/CMI risk score and previous offending patterns of CWC clients for the active, completed, and partially completed groups at program entry. The LS/CMI is a comprehensive measure of risk and need factors as well as a fully functional case management tool. It is designed to assist professionals in management and treatment planning with adult and late adolescent offenders in justice, forensics, correctional, prevention and related agencies. As Table 5.4 indicates, the average LS/CMI scores were the highest for the partially completed group at 28.3 (range = 15-41) and the lowest for the completed group 13.8 (range = 7-27) with the active group at 23.0 (range = 12-48). This indicates that the partially completed group was at significantly higher risk for reoffending than the other two groups since scores above 20 are classified as very high risk to reoffend (approximately 73%). Scores from 11 to 19 are classified as medium risk to reoffend (approximately 48%) and scores below 10 are low risk for reoffending (approximately 20%). Almost three-quarters of the scores for the active and completed groups were in the midrange compared to 75% of the partially completed clients with scores greater than 20 placing them in the high risk range. This indicates that the program is focusing on clients who are at moderate risk for reoffending as opposed to those at extremely high risk, thus most likely increasing the probability that treatment will be effective.

Table 5.4

**LS/CMI Risk Level Score and Average
Number of Previous Convictions by Program Group**

Characteristic	Group		
	Active	Completed	Partially Completed
LS/CMI Score			
Mean	23.0 (n=5)	13.8 (n=9)	28.3 (n=9) ¹
Range	12-48	7-27	15-41
Previous Convictions			
Mean	19.8 (n=14)	7.0 (n=16)	31.5 (n=29)
Range	0-76	0-30	0-92

Source of data: Program Records (Entry Forms)

¹ Data for this group are only available from March 2012 – December 2013.

The findings presented in Table 5.4 regarding the average number of previous convictions by program groups indicate a pattern similar to the LS/CMI scores. The partially completed group averaged 31.5 previous convictions (range = 0-92) compared to 19.8 convictions for the active group (range = 0-76) and 7.0 for the completed group (range = 0-30).

Table 5.5 provides a profile of the current charges to be dealt with by the CWC by program group. Overall, the active group and the completed group have similar charge profiles. The most common charges for these two groups were violent crimes which accounted for 38% of the total charges for the active group and 57% of the charges for the completed group. The second most common charge for these two groups was other crime, more specifically criminal driving charges (mainly, operating while impaired and refusal to provide a sample). Administrative charges for the active and completed groups were relatively low at 16% and 11% of total charges respectively.

In comparison, the most common charges for the partially completed group were administrative charges which accounted for 42% of their total number of charges. The second most common type of charge was for violent crime, again mainly common assaults at 26% of total charges which was notably lower than violent crime for the other two groups. Another major difference between the partially completed group and the other two groups is the level of property crime which was 18% for this group compared to 8% for the active group and 4% for the completed group. The lack of drug charges for all groups should also be noted.

Table 5.5

**Current Charges Dealt with by CWC
by Program Group (June 2011 – December 2013)**

Current Charge	Program Group						Total (N=77)	
	Active (N=16)		Completed (N=19)		Partially Completed (N=42)			
	n	%	n	%	n	%	n	%
Violent Crime								
Major Assaults	3	8.1	12	21.4	12	8.8	27	11.8
Common Assaults	6	16.2	15	26.8	18	13.2	39	17.0
Threats/Harassment	3	8.1	4	7.1	5	3.7	12	5.2
Sexual Assault	2	5.4	1	1.8	0	0.0	3	1.3
Subtotal Violent Crime	14	37.8	32	57.1	35	25.7	81	35.4
Property Crime								
Theft	0	0.0	0	0.0	6	4.4	6	2.6
Break/Enter	2	5.4	1	1.8	9	6.6	12	5.2
Possession Stolen Property	0	0.0	0	0.0	3	2.2	3	1.3
Deceit/Framed	1	2.7	0	0.0	1	0.7	2	0.9
Mischief	0	0.0	1	1.8	6	4.4	7	3.1
Subtotal Property Crime	3	8.1	2	3.6	25	18.4	30	13.1
Drug Offences								
Possession	0	0.0	0	0.0	0	0.0	0	0.0
Trafficking	0	0.0	3	5.4	0	0.0	3	1.3
Subtotal Drug Offences	0	0.0	3	5.4	0	0.0	3	1.3
Other Crime								
Weapons	0	0.0	0	0.0	0	0.0	0	0.0
Criminal Driving	11	29.7	13	23.2	16	11.8	40	17.5
Other	3	8.1	0	0.0	3	2.2	6	2.6
Subtotal Other Crime	14	37.8	13	23.2	19	14.0	46	20.1
Administrative Crime								
Fail to Appeal/ Comply	4	10.8	1	1.7	16	11.8	21	9.2
Fail to Comply Sentence order	2	5.4	5	8.9	41	30.1	48	21.0
Subtotal Administrative	6	16.2	6	10.7	57	41.9	69	30.1
Total Charges	37	100	56	100	136	100	229	100
\bar{X} Substantive Charges	$\bar{X} = 1.9$		$\bar{X} = 2.6$		$\bar{X} = 1.8$			
\bar{X} Administrative	$\bar{X} = 0.3$		$\bar{X} = 0.3$		$\bar{X} = 1.3$			

5.5 Alcohol and Drug Use

The findings from the process analysis in this section are relevant to the following research questions from Table 4.1:

16. What is the primary drug used by clients with substance abuse problems by program group?
17. What is the mental health diagnosis for clients with mental health problems by program group?

Table 5.6 provides information regarding the alcohol and drugs used by clients with substance abuse problems by program group. The findings indicate that alcohol is reported to be the most common substance abused and was used by 92% of the total number of clients. Further, there was little variation between groups on the use of alcohol and all groups reported over 90% use.

Table 5.6

**Primary Drugs Used by Clients with Substance Abuse Problems
by Program Group**

Drug	Group						Total	
	Active		Completed		Partially Completed			
	n	%	n	%	n	%	n	%
Alcohol								
Yes	14	93.3	17	94.5	34	89.5	6.5	91.5
No	1	6.6	1	5.5	4	10.5	6	8.5
Marijuana								
Yes	4	26.6	7	38.8	9	23.7	20	28.2
No	11	73.3	11	61.2	29	76.3	51	71.8
Crack								
Yes	1	6.6	1	5.5	5	13.2	7	9.8
No	14	93.3	17	94.5	33	86.8	64	90.2
Cocaine								
Yes	2	13.3	0	0.0	4	10.5	6	8.5
No	13	86.6	18	100.0	34	89.5	65	91.5
Prescription Drugs								
Yes	0	0.6	0	0.0	2	5.2	2	2.8
No	15	100.0	18	100.0	36	94.8	69	97.2
Crystal Meth								
Yes	0	0.0	1	5.5	0	0.0	1	1.5
No	15	100.0	17	94.5	38	100.0	70	98.5
Heroin								
Yes	0	0.0	0	0.0	1	2.6	1	1.5
No	15	100.0	18	100.0	37	97.4	70	98.5

Source of data: Program Records (Entry Forms)

The second most reported substance used was marijuana at 28% for the total number of clients. However, the program completed group reported 39% usage of marijuana compared to 27% for the active group and 24% for the partially completed group. Crack was the next most commonly used substance and was reported for 10% of the total group of clients, however; use varied significantly from a low of 6% for the completed program group to a high of 13% for the partially completed group. Use of cocaine was also reported for a few of the active and partially completed clients (13% and 11% respectively) but not for the completed group.

In terms of mental health issues, Table 5.7 indicates that the active group had the highest level, i.e. 38% of formal mental health diagnoses prior to entering the CWC. The partially completed group had the lowest portion of clients with mental health diagnosis at 26% and the completed group was in the middle with 32% of the clients having a formal diagnoses.

Table 5.7

Mental Health Diagnoses for Clients with Mental Health Problems Prior to CWC by Program Group

Diagnosis	Group						Total	
	Active		Completed		Partially Completed			
	n	%	n	%	n	%	n	%
Yes	6	37.5	6	31.6	11	26.2	20	26.0
No	10	62.5	10	68.4	31	73.8	57	74.0

Source of data: Program Records (Entry Forms)

5.6 Justice Wellness Centre (JWC)

The findings from the process analysis in this section are relevant to the following research question from Table 4.1:

19. How is the Justice Wellness Centre being used?

The Justice Wellness Centre opened in December 2010. The JWC was intended to provide extended programming and support for community corrections clients including those who go through the CWC. The JWC is open six days a week, 8:00 AM to 4:30 PM Monday to Friday and 10:00 AM to 3:00 PM on Saturday, and provides comprehensive programming mandated by the CWC which includes addictions counselling, employment, education, and skill development that will help prevent

offending. A separate evaluation is currently being conducted to determine how the JWC is being used and how effective it is.

5.7 Victims

The findings from the process analysis in this section are relevant to the following research question from Table 4.1:

20. How are the needs of victims met?

Every effort is made throughout the CWC process to address victims' needs and concerns. Of course, safety considerations are given the highest priority. The CWC provides a range of voluntary services and supports for victims of the offences that are dealt with in the CWC. Primary providers of the services are the Crown Witness Coordinators through the Public Prosecution Service of Canada and Victim Services through the Yukon Department of Justice.

The CWC encourages victims to be heard at all stages of the process either directly or through their victim service workers. The CWC Judge likewise reminds victims of the services and supports that are available to them if they choose to participate and encourages them to express their needs during all proceedings.

5.8 Sentence

Table 5.8 contains information regarding the type of sentence that the CWC Judge ordered for those clients who completed the CWC program. Suspended sentence and curative discharge were the two most common sentences administered by the court. Each of these was ordered for 32% of the clients who completed the program. The second most frequent type of sentence was incarceration and probation which was ordered for 16% of the clients. Conditional sentence was also used in two cases (11%) and conditional discharge and incarceration were ordered for one client.

Table 5.8

Type of Sentence for Completed CWC Clients

Sentence	Completed Group (N=19)	
	n	%
Conditional Sentence	2	10.5
Suspended Sentence	6	31.6
Conditional Discharge	1	5.3
Incarceration	1	5.3
Incarceration and probation	3	15.7
Curative Discharge	6	31.6

Source of data: Program Records (Exit Forms)

6.0 EFFECTIVENESS OF THE COMMUNITY WELLNESS COURT (CWC)

This chapter presents an analysis of the client short-term and long-term outcome data and is relevant to the second objective of this research evaluation study: to determine the effectiveness of the Community Wellness Court process and program at achieving their objectives. The specific indicators of short-term and long-term outcome are consistent with the CWC logic model discussed in Section 3.3. It should be pointed out, however, that in terms of long-term outcome the main focus is on reoffending behaviour due to limitations of the retrospective nature of this evaluation study. Some additional long-term qualitative outcome data are presented in Chapter 8.0.

6.1 Short-Term Outcomes: Service Outcomes

The findings of the short term analysis in this section are relevant to the following research questions from Table 4.2:

1. What substance abuse services were used by the clients with substance abuse issues?
2. What were the outcomes for clients who received substance abuse services?
3. What mental health services were used by clients with mental health issues?
4. What were the outcomes for the clients who received mental health services?

Table 6.1 contains information regarding the substance abuse services used while in the CWC for program completed clients and partially completed clients with substance abuse issues. As indicated, the most common service used for both groups was individual counselling with this service having been received by 74% completed program clients and 65% of the partially completed clients. Second, Alcoholics Anonymous/Narcotics Anonymous treatment program was the second most used program with 35% of the completed clients and 41% of the partially completed clients having used this service. Group counselling was provided for 30% of the completed clients compared to 41% of the partially completed clients. Residential treatment in the Yukon was used for approximately 30% of both the completed clients and the partially completed clients. White Bison, a First Nations alcohol treatment program, was used for 26% of the completed program clients and 12% of the partially completed clients. Residential treatment outside the Yukon was also used for three of the completed program clients and one of the partially completed clients.

Table 6.1

Substance Abuse Services Used While in CWC by Program Completed and Partially Completed Clients with Substance Abuse Issues (June 2007–December 2014)

Services	Group			
	Completed (N=23)		Partially Completed ¹ (N=17)	
	n	%	n	%
Individual Counselling	17	73.9	11	64.7
Alcoholics Anonymous/Narcotics Anonymous	8	34.8	7	41.2
White Bison (First Nations Alcohol Treatment Program)	6	26.1	2	11.8
Group Counselling	7	30.4	7	41.2
Detox	3	13.0	5	29.4
Residential in Yukon	7	30.4	5	29.4
Residential outside Yukon	3	13.0	1	5.8

Source of data: Program Records (Exit Forms)

¹ Data for this group were only available from March 2012 to December 2013

Table 6.2 provides information regarding the outcomes of substance abuse services used by the clients who completed and partially completed the CWC program as perceived by case managers. First, program records indicated that the level of participation in the substance abuse treatment programs was active for the majority (57%) of program completed clients compared to 35% of the partially completed clients. Only 9% of the completed clients were perceived as having low level of participation compared to 35% of the partially completed clients. Next, the vast majority (96%) of program completed clients were perceived as making progress with the substance abuse treatment compared to 53% of the partially completed clients. Similarly, 70% of the completed clients were perceived as being able to maintain sobriety while in the CWC compared to only 18% of the partially completed clients. Further, the partially completed group was reported as having a much higher number of slips during the program compared to the completed group (88% compared to 44%). Substance-abuse aftercare services were provided for the majority (65%) of completed clients but only one of the partially completed clients accessed aftercare services.

Table 6.2

Outcomes of Program Completed and Partially Completed Clients with Substance Abuse Issues

Outcomes	Group			
	Completed (N=23)		Partially Completed ¹ (N=17)	
	n	%	n	%
Level of Participation in Substance Abuse Treatment				
Low	2	8.7	6	35.3
Moderate	8	34.8	5	29.4
Active (high)	13	56.5	6	35.3
Progress Made with Substance Abuse				
Yes	22	95.6	9	52.9
No	1	4.3	8	47.1
Client Able to Maintain Sobriety While in CWC				
Yes	16	69.5	3	17.6
Somewhat	3	13.0	6	35.3
No	4	17.4	8	47.1
Client Had Slips During CWC				
Yes	10	43.5	15	88.2
No	13	56.5	2	11.8
Client Accessing Substance Abuse Aftercare				
Yes	15	65.2	1	5.9
No	8	34.8	16	94.1

Source of data: Program Records (Exit Forms)

¹ Data for this group were only available from March 2012 to December 2013.

Table 6.3 contains information on the use of mental health services while in the CWC for program completed clients and partially completed clients who had mental health issues at the time of entering the program. The majority of completed clients (54%) received individual counseling compared to less than a third (27%) of the partially completed clients. The completed clients also receive more psychiatric consultation (39%) and medication (31%) than the partially completed clients (18%).

Table 6.3

Mental Health Services Used While in CWC by Program Completed and Partially Completed Clients with Mental Health Issues

Services	Group			
	Completed (N=13)		Partially Completed ¹ (N=11)	
	n	%	n	%
Psychiatric Consultation	5	38.5	2	18.1
Medication	4	30.8	2	18.1
Individual Counselling	7	53.8	6	27.2
Other	1	7.6	5	45.5

Source of data: Program Records (Exit Forms)

¹ Data for this group were only available from March 2012 to December 2013.

Table 6.4 provides information regarding the outcomes for completed and partially completed clients who used mental health services while in the CWC program. Overall, the mental health outcomes were more positive for the completed program clients than for the partially completed clients. Program records indicated that 82% of the completed clients made progress in dealing with their mental health issues while in CWC compared to 67% of the partially completed clients. 46% of the completed clients also were reported to have made progress toward stabilizing their lifestyle compared to only 12% of the partially completed clients. Progress on medical compliance was also reported for 36% of the completed clients compared to 22% of the partially completed clients. Likewise, significantly more of the completed clients (46%) reported regular participation in mental health supports compared to the partially completed clients (33%). In terms of attitude towards mental health services, over 70% of the clients from both groups reported positively when they exited the CWC. Few clients from either group (approximately 20%) were provided aftercare mental health services.

Table 6.4

Mental Health Outcomes of Program Completed and Partially Completed Clients With Mental Health Issues

Outcomes	Group			
	Completed (N=11)		Partially Completed ¹ (N=9)	
	n	%	n	%
Progress Made				
Yes	9	81.1	6	66.6
No	2	18.2	3	33.3
Type of Progress Made: Stable Lifestyle				
Yes	5	45.5	1	11.1
No	6	55.5	8	88.9
Type of Progress Made: Medication Compliance				
Yes	4	36.4	2	22.3
No	7	63.6	7	77.7
Type of Progress Made: Regular Participation in Mental Health Supports				
Yes	5	45.5	3	33.3
No	6	55.5	6	66.6
Attitude Towards Mental Health Services on CWC Exit				
Positive	8	72.7	7	77.7
No	3	27.3	2	22.3
Mental Health Aftercare Provided on CWC Exit				
Yes	2	18.1	2	22.3
No	9	81.8	7	77.7

Source of data: Program Records (Exit Forms)

¹Data for this group were only available from March 2012 to December 2013.

6.2 Short-Term Outcomes: Lifestyle Improvement

The findings of the short term outcome analysis in this section are relevant to the following research questions from Table 4.2:

7. Were personal supports and recreational activities available for the clients?
8. Were First Nations supports used?

In terms of personal supports available to the program completed clients in the partially completed clients on exit from CWC, Table 6.5 indicates the majority of both groups indicated that they had personal support persons (75% for the completed clients compared to 65% of the partially completed clients). In terms of their general support system, one third (33%) of the completed clients were reported to have moderate to high support systems compared to a quarter (24%) of the partially completed clients.

Next, the completed clients appeared to be much more successful in developing new personal supports than the partially completed clients (42% progress compared to 12% progress). Over half (54%) of the completed clients reported participation in recreation/leisure activities during their wellness journey compared to just over a third (35%) of the partially completed clients.

Table 6.5

Personal Supports Available to Program Completed and Partially Completed Clients on Exit from CWC

Supports	Group			
	Completed (N=24)		Partially Completed ¹ (N=17)	
	n	%	n	%
Clients Had Personal Support Person				
Yes	18	75.0	11	64.7
No	6	25.0	6	35.3
General Support System at CWC Exit				
No/Low Number of Healthy Supports	16	66.6	13	76.5
Moderate/high Healthy Supports	8	33.3	4	23.5
Progress in Developing New Personal Supports				
Yes	10	41.6	2	11.7
No	4	58.4	15	88.3
Participation in Recreation/Leisure Activities During Wellness Journey				
Yes	13	54.2	6	35.3
No	11	45.8	11	64.7

Source of data: Program Records (Exit Forms)

¹Data for this group were only available from March 2012 to December 2013

Table 6.6 provides information on First Nations supports used by program completed First Nations clients during their involvement with CWC. The vast majority (73%) of completed program First Nations clients made contact with First Nations during their Wellness Journey compared to just over 40% of the partially completed First Nations clients.

Table 6.6

First Nations Contact by Program Completed and Partially Completed First Nation Clients During CWC

First Nations Contact	Group			
	Completed		Partially Completed ¹	
	n	%	n	%
Ethnicity				
First Nations	11	50.0	11	64.7
Other	11	50.0	6	35.3
First Nations Client Made Contact with First Nations During Wellness Journey				
Yes	8	72.7	7	41.1
No	3	27.9	10	58.9

Source of data: Program Records (Exit Forms)

¹ Data for this group were only available from March 2012 to December 2013.

6.3 Long-Term Outcomes: Reoffending

The findings of the long-term outcome analysis in this section are relevant to the following research question from Table 4.2:

9. Did the number of offences decrease during and after the program for the clients who completed?

Table 6.7 contains information regarding the average number of offences before, during and after the CWC for program completed and partially completed clients. In general, as would be expected, there is a decrease for all groups in the pattern of offending from before to during and after CWC. However, the reduction is more pronounced for the completed program group (from 3.1 for substantive charges pre-CWC to 0.2 after CWC sentencing) and the partially completed group after Wellness Plan was filed (from 5.2 for substantive charges pre-CWC to 1.5 after CWC sentencing) compared to the partially completed before Wellness Plan filed group (from 3.7 for substantive charges pre-CWC to 1.3 after CWC). The rate of administrative charges changed only slightly for all groups over time. Unfortunately, these patterns are difficult to interpret because we were not able to control the timeframe of the individual client's offending patterns.

Table 6.7**Number of Charges Before, During and After CWC for Program Completed and Partially Completed Clients (June 2007–December 2013)**

Time Period And Type of Charge ¹	Group								
	Completed (n=26)			Partially Completed Before Wellness Plan Filed (n=17)			Partially Completed After Wellness Plan Filed (n=29)		
	n	Mean	Range	n	Mean	Range	n	Mean	Range
Pre-CWC									
Substantive	81	3.1	0-7	63	3.7	0-12	151	5.2	0-18
Administrative	35	1.3	0-13	50	2.9	0-9	89	3.1	0-14
During CWC									
Substantive	3	0.1	0-2	19	1.1	0-10	38	1.3	0-13
Administrative	21	0.8	0-7	40	2.4	0-7	88	3.0	0-11
After CWC ²									
Substantive	5	0.2	0-3	22	1.3	0-10	44	1.5	0-9
Administrative	30	1.2	0-30	25	1.5	0-11	60	2.1	0-12

Source of data: CRIS

Unit of Analysis: Charge

¹ CRIS charge data for the time period January 2005 to December 2013 were provided for all offenders who made a first appearance in the CWC from June 2007 to December 2013.

² The average time after CWC for the completed group was 26.5 months (range =1-56 months).

Table 6.8 provides information regarding reoffending rates during and after completion of the CWC for clients who completed the program and for the clients in partially completed groups. For this analysis, we used the client as the unit of analysis in order to provide a clearer picture of the impact of the CWC on the individual clients within the different program groups. For the completed clients during the CWC, the rate of substantive reoffending was 8% with only two clients reoffending during the time that they were actively involved with CWC. In comparison, the rate of substantive reoffending was 30% for the partially completed before Wellness Plan clients and was 31% for the partially completed after Wellness Plan. In terms of administrative re-offenses during the CWC, the rate of reoffending for the completed clients was 20% compared to 59% for the partially completed before Wellness Plan clients and 62% for the partially completed after Wellness Plan.

Analysis of the rate of reoffending after the CWC provides a similar pattern of differences between the groups of clients. For substantive charges, the rate of reoffending after CWC was 12% for the completed clients compared to 29% for the partially completed before Wellness Plan clients and 31% for the partially completed after Wellness Plan clients. Further, it should be pointed out that the group of three completed clients who re-offended actually includes one client who has completed the program twice and had re-offended twice. The pattern of reoffending with administrative charges is similar with the completed program clients obtaining a rate of 4% compared to 24% for the partially completed before Wellness Plan clients and 38% for the partial

completed after Wellness Plan. These findings suggest that the CWC has a significant positive impact on those clients who complete the program and as well has some positive effect on those who only partially complete the program.

Table 6.8

**Number of Completed and Partially Completed Clients
Who Reoffended¹ During and After CWC
(June 2007 – December 2013)**

Time Period And Type of Charge	Group					
	Completed (n=26)		Partially Completed Before Wellness Plan Filed (n=17)		Partially Completed After Wellness Plan Filed (n=29)	
	n of clients	%	n of clients	%	n of clients	%
During CWC						
Substantive	2	7.6	5	29.4	9	31.0
Administrative	5	19.2	10	58.8	18	62.1
After CWC						
Substantive	3	11.5	5	29.4	9	31.0
Administrative	1	3.8	4	23.5	11	37.9

Source of data: CRIS

Unit of Analysis: Client

¹ Reoffending is defined as new charges being laid

7.0 VIEWS OF THE CWC PARTNERS

This chapter presents findings relevant to the process analysis. In other words, it addresses the question of whether the program was carried out as was intended and reports on the activities and outputs listed in the logic model in Section 2.2. The data analyzed and presented below were collected through the use of face-to-face interviews and focus groups (if more than 2 people were interviewed at the same time) conducted with 19 key informants from the CWC key partners in February 2014 in Whitehorse, approximately six and one-half years after the CWC started. The list of key partner organizations includes the following:

- Territorial Court of Yukon
- Public Prosecution Service of Canada
- Yukon Legal Services Society
- Court Services, Yukon Department of Justice
- Victim Services, Yukon Department of Justice
- Adult Probation, Yukon Department of Justice
- Offender programs, Yukon Department of Justice
- Council of Yukon First Nations
- Yukon Department of Health and Social Services
- RCMP
- Fetal Alcohol Syndrome Society Yukon (FASSY)

It should be noted that since the CWC partners consist of so many different organizations, not all questions/issues discussed below are equally relevant to all of the key informants. The CWC partner interviews examined a number of questions related to background information, perceptions of the CWC process, programs and services and overall perceptions of the impact of CWC.

7.1 Background of CWC Partners

When asked how long they had been involved with CWC, the overall average for all respondents was just over three years. Four of the respondents had been involved for less than one year and two of the respondents had been involved with the CWC since planning and development started in 2005. Further, 6 of the 19 respondents had indicated that they had been involved in the development of the CWC.

7.2 Perceptions of the CWC Process

This section presents information collected from the respondents about the components and the process of the CWC. Each listed component is followed by a discussion of the responses regarding whether the component was perceived as working well or not and what changes should be made.

7.2.1 Admission Process

Referral Process

Of the 14 key informants who responded to this item, 11 indicated that the referral process was working very well. However, four indicated that there should be more clarity regarding who could qualify for the CWC. Both education and a clearer definition regarding who could qualify were suggested.

Legal Eligibility

Six of the 14 key informants who responded to this item indicated that the legal eligibility process was working well. However, six also mentioned that high-risk cases can be problematic and that the Crown often requested that the suitability assessment to be completed prior to granting legal eligibility. Three of the respondents mentioned the need for better communication and possibly more case conferencing, especially to deal with high risk cases.

First Appearance

All 13 of the key informants who responded to this item indicated first appearances were working well.

Suitability Assessment

Of the 17 key informants who responded to this item 6 indicated that the suitability assessment was working well and some of these attributed this to good communication between the Crown and the probation officers. Two of these respondents however mentioned that it often took too long to complete the assessment. In addition, five respondents indicated that persons with cognitive impairments were difficult to assess and took longer, and three mentioned the need for better assessment tools as well as culturally appropriate tools for First Nations clients. Finally, four respondents indicated that Victim Services could provide useful input regarding the suitability assessments and suggested that a protocol should be developed that would facilitate more involvement.

Final Admission

Of the nine key informants who responded to this item most indicated that the final admission process worked okay; however, some felt the process was biased in favor of the client. In addition, the issue of lengthy and complex conditions was raised and the suggestion was made that plain language conditions need to be developed (possibly in the CWC operations manual).

7.2.2 Court Monitoring

Pre-Court Meetings

Of the 16 key informants who responded to this item, 4 indicated that the pre-Court meetings were working very well and that "it was a good place to talk about clients". In addition, 5 respondents indicated that the process could be adversarial at times and 4 indicated that victim's issues are not being discussed enough at the meetings. Finally, three mentioned the need for more detailed information (i.e. saying that a client was "doing well" was not very helpful). Two respondents suggested that more case conferencing could solve many of the problems in the Pre-Court meetings.

Check Ins

Ten of the 16 key informants who responded to this item indicated the check ins were good and they help keep clients accountable. In addition, two respondents felt that the client should always be required to attend court and four respondents felt that the victim should be informed about check ins.

Sanctions and Incentives

All 12 of the key informants who responded to this item indicated that sanctions and incentives were very good but one-half of these respondents indicated that resources were too limited. In addition, one respondent indicated that there was a need for more clarity in what they are and how they should be used.

Sentencing

Of the 15 key informants who responded to this item 10 indicated that sentencing was working well and several mentioned PSR reports were good and the sentences were balanced. There was also a general recognition that by the time the clients finished the program they had been involved for 18 to 24 months and thus deserved balanced sentences. Several, however, also indicated that mandated minimum sentences could be a problem in the future. In terms of victim's issues, four respondents indicated that there had to be more involvement for the victims in sentencing and likewise indicated that there needed to be more clarity between Victim Services and the Crown Witness Coordinator.

7.2.3 CWC Programming

Wellness Plan

Four of the 15 respondents indicated that the Wellness Plan provided good detailed information. However, 10 of the respondents indicated that it took too long to complete and file it. In addition, two respondents indicated that they thought FASSY could be a good resource and should be included in the Wellness Plan and two others felt that there should be more culturally relevant programming included in the Wellness Plans for First Nations clients. Finally, three respondents indicated that there should be more psychological testing information and consultation included in the Wellness Plan and that it should be considered a working document.

Wellness Plan Monitoring

Of the 15 key partners who responded, 9 indicated that Wellness Plan monitoring was going well and that the PO's were doing a good job; however, they also identified that there seemed to be some program drift. Four respondents indicated that victims should have more information regarding the monitoring process and what is going on. Finally two respondents indicated that FASSY is only brought into this process if something is not working.

7.3 Services and Programs

When asked whether there were sufficient support services available to which CWC clients could be referred, only one of the 16 eligible respondents said yes. The remaining 15 respondents indicated that support services were not sufficient. Further, seven of those who indicated support services were not sufficient indicated that the Justice Wellness Centre (JWC) has helped significantly but additional services are also needed. Two of the respondents also suggested that the JWC should be open on weekends. When asked what services were most needed 10 respondents indicated mental health services such as group therapy and four respondents suggested the need for more services and programs for FASD clients.

When asked whether referrals for CWC clients were made to the most appropriate programs, 7 of the 16 who responded indicated that they were and 9 indicated that they were not. For those who felt that clients were not referred to the most appropriate program, five indicated that this in part was due to staff turnover. In addition, five mentioned the lack of housing and programming particularly for FASD clients and two mentioned the need for First Nations services and programs.

When asked whether relevant information regarding the CWC clients is being shared by the partners with CWC program, 11 of the 17 possible respondents indicated that it was. The remaining six key informants indicated that it was not. Four of these indicated that not enough relevant information was being shared with victims and two

indicated that they felt more program/treatment information regarding the client should be shared.

7.4 Impact of CWC

The basic goals of the CWC are to: (1) reduce offending; (2) enhance the safety of Yukon communities; (3) adequately address the needs of the victims; (4) foster partnerships with key stakeholders; and, (5) increase the use and effectiveness of alternative justice approaches and restorative justice. For each of these goals the respondents were asked whether they agreed or disagreed that CWC was meeting the goal. A total of 12 key informants responded to these questions. For the goal of reducing crime, three of the respondents indicated that they strongly agreed that the CWC was meeting this goal and nine also agreed. In terms of the goal of enhancing safety of Yukon communities, three respondents indicated that they strongly agreed that CWC was meeting this goal, seven agreed and two disagreed. In terms of the goal of adequately addressing the needs of victims, three agreed that CWC was meeting this goal and nine disagreed. In terms of the goal of fostering partnerships, one strongly agreed that CWC was meeting this goal, seven agreed and four disagreed. In terms of the goal of increasing the use and effectiveness of alternative justice approaches, six strongly agreed that CWC was meeting this goal and another six agreed.

8.0 VIEWS OF THE CWC CLIENTS

This chapter presents an analysis of the data from the CWC client interviews. Seven face-to-face interviews and one telephone interview were conducted during February 2013 in Whitehorse with clients who completed the program (one client had not yet completed but had been in the program for over one year). The client interviews examined a number of questions related to their background, perceptions of involvement with the CWC and overall perceptions of the effectiveness of the CWC. Responses corresponding to specific research questions in Table 4.2 are summarized below. The information contained in this chapter is relevant to the research objectives of determining whether the program was carried out as it was intended as well as the research objective of determining whether the CWC was effective at achieving its objectives.

8.1 Why Did You Commit to the CWC?

When asked why they committed to the CWC, all eight clients indicated that they wanted to “change their lives.” Six of the eight also commented that they wanted to avoid jail. Three clients mentioned that the CWC was a “good opportunity to change things” and one client indicated that the CWC provided “the needed discipline and structure to change things.” One client said “I had been battling alcohol since my mid-20s with lots of impaired charges and I figured I would either go back to jail or figure a way out of this life.” His lawyer mentioned the CWC and he thought he would give it a try. Another client said “I wanted to make changes in my life and this seemed the solution.”

8.2 Did the CWC Meet Your Needs?

When asked if the CWC met their needs, all eight of the clients indicated that it did; however, one client said “yes but partially” and indicated “more workshops were needed.” For those who indicated that it did meet their needs, one client indicated that “it exceeded expectations and that the counsellors and probation officers were always supportive.” A second client said that “Residing in Whitehorse at the ARC was very supportive and helped me return to the community.” A third client said “caring from the probation officers feels really good and it made me not want to let them down.” Another client said “With all the programming and treatment, it really made me see that I have addiction problems and how they were leading me down a destructive path and how they really affected my life and the people involved in my life and how my choices affected them.”

8.3 Did the CWC Help You Meet Your Conditions?

When asked whether the CWC helped them to meet their conditions, all eight clients indicated that it did. Most of these clients praised staff, indicating that they worked well with their probation officers and their counsellor was great. One client commented that “staying at the ARC really helped me remain sober and meet my conditions.” Another client said “It really helped me stay sober after a while and it helped me to learn to cope with everyday stressors without getting drunk or high.”

8.4 Were the Support Services Appropriate?

When asked if the support services were appropriate for them, seven of the eight clients indicated that they were and one indicated that it was not appropriate because the program focused on substance abuse issues. Most of those who felt the services were appropriate said that services help them work on their issues, understand themselves, and achieve stability. One client said “Although at first, I was reluctant to participate in counseling and treatment because I was angry to be involved with the law once again! Blaming everyone else for my faults. Then when I really immersed myself in the programming, I saw this was all my doing and that alcohol played a major role.”

8.5 Were Support Services Readily Available and Accessible?

When asked whether support services were readily available and accessible, five of the eight clients indicated that they were. Only one indicated that they were not but also indicated that the CWC did not have a program for his specific conditions. Finally, two of the clients indicated that some programs were readily available and others were not. Two of the clients also mentioned that support services really worked well for them because of the flexible schedule which fit with their work schedules.

8.6 Were the Support Services Helpful?

When asked whether support services were helpful to them, seven of the eight clients indicated that they were. Only one client indicated that they were not but also indicated that they did not have programming for his specific condition. For those who felt services were helpful, most indicated that services helped them address their issues, see things differently and understand themselves better. For example, one client said, “the psychologist helped with getting me to see things from a different perspective and the biggest obstacle was understanding myself.”

8.7 Was the CWC Program Appropriate for You?

When the clients were asked whether the CWC program was appropriate for them, all eight of the clients indicated that it was. Many felt that it made them a different person by helping them deal with their addictions. One client said, “I struggled with addictions since my teen years. This was a timely opportunity for me.” Another said, “the program helped me get treatment and helped me return to my community.” Finally, another client said, “it helped me get where I am today. More perspective on where I want my life to be. I have a full-time job in my own home.”

8.8 Were Aftercare Services Offered?

When asked whether aftercare services were provided and whether they were appropriate, five of the eight clients said yes and many indicated that the probation officers and the psychologist that the JWC used were very helpful in providing them with follow-up services. For example, one client said that he was still doing check ins with his probation officer and was told if they were not frequent enough he could ask for more.

8.9 Did the Clients Think that the CWC was an Effective Program?

When asked if they thought that the CWC was an effective program for them, all eight of the clients indicated that it was effective.

A number of testimonial statements regarding the CWC were made by the clients at the end of the interviews. A few examples are as follows:

"Yes, it can be effective for those that are serious about making changes."

"If a person is committed in wanting to change, all the services are available. The counseling and the treatment. Even my probation officer helped me a lot and I am thankful for his help and understanding."

"The CWC should expect us to be here 18 to 24 months. People really want help but it takes this long."

"I wish there were more agencies that can handle the volume."

"Yes, it will help; they really understand and know that I have a disability."

"It's a good program. It looks at the individual and their problems and I wouldn't change that. If some don't get it, at least some seeds might be planted."

"The programming and talks help ground me, my work and life changes. My home life changed and my relationships."

"Housing is a key issue. Everybody needs a safe place. The CWC should create something on the weekends for support in a safe place."

"The JWC needs to be a bigger place."

"It was good interacting with the judge in court."

"The Justice Wellness Centre gave me the option of doing something different."

9.0 SUMMARY AND CONCLUSIONS

The Yukon Community Wellness Court (CWC) is a therapeutic court model that is designed to work with offenders to address the underlying root causes of their offending behaviour. The CWC was established as a response to the recognition that a substantial proportion of offenders in the Yukon have underlying issues related to wellness such as alcohol and drug addictions, mental health problems, or Fetal Alcohol Spectrum Disorder (FASD). This evaluation covers the period from the beginning of the CWC in June 2007 until December 31, 2013.

9.1 Research Objectives

This report presents the results of a comprehensive process and summative outcome evaluation analysis designed to monitor and test the effectiveness of the CWC. More specifically, the evaluation objectives were as follows:

- (1) to identify whether the Community Wellness Court and program continues to be implemented as planned; and
- (2) to determine the effectiveness of the Community Wellness Court process and program at achieving their objectives.

9.2 Findings: Process Analysis

This section summarizes the findings that are relevant to the first research objective: to identify whether the Community Wellness Court and program continues to be implemented as planned.

9.2.1 Development and Implementation of the CWC

Chapter 3.0 documents in detail the development and implementation of the CWC and it is relevant to the first objective of this evaluation. The major findings were as follows:

- The CWC is a comprehensive, multicomponent/partner strategy designed specifically for dealing with offenders who have issues related to wellness such as alcohol and drug addictions, mental health problems, or FASD.
- The CWC program structure, components and activities are well developed, compatible, and clearly documented in the logic model (see Table 3.1). They are consistent with best practices of other problem-solving courts as indicated by Chapter 2.0.
- The steering committee and working group have continued to develop, monitor and sustain the CWC.

- The opening of the Justice Wellness Centre (JWC) in December 2010 filled a gap in the CWC system which historically resulted in insufficient programming. All key components of the CWC system are now in place; however, turnover of staff has been a recent issue.

9.2.2 Activities and Outputs

Chapter 5.0 presents findings regarding the activities and outputs of the CWC. The major findings were as follows:

Intake and Case Flow

- During the six and one-half years that the CWC has been operational a total of 194 alleged offenders were referred to the CWC and met legal eligibility. Of the total 115 (59%) were found suitable and 79 (40%) were found not suitable. Another 10% did not meet final admission criteria. Thus, 103 were accepted into the program and Wellness Plan development was initiated. Further, attrition occurred through clients opting out or being removed because of new substantive charges. As of December 31, 2013, a total of 26 clients had completed the program and were sentenced.
- The active caseload as of December 31, 2013 was a total of 23 clients: 5 at the Suitability Assessment stage; 9 at the Wellness Plan development stage; and 9 were in their Wellness Journey.
- Defense counsel was the major source of referral.
- The average time between first appearance and completion of Suitability Assessment was just over four weeks. The average time from first appearance until Wellness Plan filed was just over 18 weeks. The average time from first appearance until sentencing date was 18.5 months.
- Controlling for the average time to complete the program, the completion rate is approximately 38% of the clients who started the program.

Client Profiles

- The majority of clients were male (75%) and First Nations were overrepresented with 58%.
- The majority of clients had addictions (52%) or addictions and mental health issues combined (26%). A further 19% had FASD. The partially completed before Wellness Plan filed group was overrepresented by clients with addictions and FASD (28%).
- Social assistance was the primary source of income for 32% of the clients and employment was a primary source of income for 28% of the clients.

- The partially completed group was less educated than the active and completed groups.
- In terms of marital status, the majority (60-67 %) of all groups were single.
- The LS/CMI risk for reoffending scores indicate that the partially completed group was at significant higher risk for reoffending than the other two groups.
- In terms of convictions prior to the program, the partially completed group averaged 32 previous convictions compared to 20 for the active client group and 7 for the completed client group.
- The most common current substantive charges dealt with by the CWC were charges for violent crimes (35%) followed by other crimes (20%) which was mainly operating a vehicle while impaired. Administrative charges accounted for 30% of the total charges.

Needs and Services

- Alcohol was the most common substance abused (92%). Marijuana was the second most reported (28%) and crack was also prevalent (10%).
- The prevalence of mental health issues range from a low 26% for the partially completed clients to a high of 38% for the active clients.
- The Justice Wellness Centre (JWC) opened in December 2010 to provide extended programming and support for community corrections clients including those who go through the CWC. A separate evaluation is currently being conducted to determine how the JWC is being used and how effective it is.
- The CWC provides a range of voluntary services and supports for victims if they choose to participate.
- Suspended sentence and curative discharge were the two most common sentences administered by the CWC. The second most common type of sentence was incarceration followed by probation.

9.3 Findings: Outcome Analysis

In this section, the findings are summarized that are relevant to the second research objective: to determine the effectiveness of the Community Wellness Court process and program at achieving their objectives. The major findings outlined below.

9.3.1 Short-Term Service Outcomes

Chapter 6.0 presents findings regarding short-term service outcomes for clients who completed the CWC up to the time of their exit.

- The most common service used by the completed clients was individual counseling (74% for completed clients and 65% for the partially completed clients). The next most commonly used programs in descending order were Alcoholics Anonymous/Narcotics Anonymous, group counseling, and residential care in the Yukon.
- For those clients who received substance-abuse treatment programs, 96% of the completed clients were rated as having made significant progress in dealing with their substance abuse issues while in the program compared to 53% of the partially completed clients. Further, 70% of the completed clients compared to 18% of the partially completed clients were able to maintain sobriety while in the CWC.
- In terms of mental health services used while in CWC, the majority of completed clients (54%) received individual counseling compared to less than a third (27%) of the partially completed clients. The completed clients also received more psychiatric consultation (39%) and medication (31%) than the partially completed clients (18%).
- Overall, 82% of the completed clients made progress in dealing with their mental health issues while in the CWC compared to 67% of the partially completed clients.

9.3.2 Short-Term Lifestyle Improvement Outcomes

Chapter 6.0 presents findings regarding the short-term lifestyle improvement outcomes for clients who completed the CWC up to the time of their exit. The major findings were as follows

- The majority of both the completed clients (75%) and the partially completed clients (65%) indicated they had personal support persons. However, the completed clients appeared to be much more successful in developing new personal supports than the partially completed clients (42% compared to 12%).
- The vast majority (73%) of completed program First Nations clients made contact with First Nations during their Wellness Journey compared to just over 40% of the partially completed First Nations clients.

9.3.3 Long-Term Outcome: Reoffending

Chapter 6.0 presents findings regarding reoffending during the CWC and after completing or leaving the program and provides the primary measures of the long-term impact of the CWC. The major findings were as follows:

Number of Charges before, during and after CWC

- There was a decrease in the pattern of offending during and after the CWC for all three of the study groups: the completed group; partially completed before Wellness Plan group; and, partially completed after Wellness Plan group.
- The decrease in offending was more pronounced for the completed program group and the partially completed after Wellness Plan group than for the partially completed before Wellness Plan group.

Rate of Individual Client Reoffending during CWC

- The rate of substantive reoffending was 8% for the completed clients with only two clients reoffending during the time that they were actually involved with the CWC. In comparison, the rate of substantive reoffending was 30% for the partially completed before Wellness Plan clients and 31% for the partially completed after Wellness Plan.
- In terms of administrative offenses during the CWC, the rate of reoffending for the completed clients was 20% compared to 59% for the partially completed before Wellness Plan clients and 62% for the partially completed after Wellness Plan.

Rate of Individual Client Reoffending after CWC

- The rate of substantive reoffending after CWC was 12% for the completed clients compared to 29% for the partially completed before Wellness Plan clients and 31% for the partially completed after Wellness Plan.
- The pattern of reoffending with administrative charges is similar with the completed clients obtaining a rate of 4% compared to 24% for the partially completed before Wellness Plan clients and 38% for the partially completed after Wellness Plan clients.
- The findings regarding reoffending rates suggest that the CWC has a significant positive impact on those clients who complete the program and as well as some positive effect on those who only partially complete the program.

9.4 Views of the CWC Partners

Chapter 7.0 contains the results of the interviews conducted in February 2014 with 19 key informants who represent the CWC partners. The major findings are summarized below.

9.4.1 Perceptions of the CWC Process

- Most key informants indicated the referral process is working well; however, four indicated that there should be more clarity regarding who could qualify for the CWC. Education and a clear definition regarding who could qualify were suggested.
- Six key informants indicated that the legal eligibility process was working well; however, six also mentioned that high-risk cases can be problematic. Three respondents mentioned the need for better communication and possibly more case conferencing on high-risk cases.
- All key informants indicated that first appearances were working well.
- Six respondents indicated that the suitability assessment was working well and attributed this to good communication between the Crown and probation officers. Two of these respondents, however, mentioned that it often took too long to complete the assessment. Others indicated that clients with cognitive impairments were difficult to assess and took longer. There was also mention of the need for better assessment tools as well as culturally appropriate tools for First Nations. It was also suggested that Victim Services may also be able to provide useful input for the suitability assessment.
- Most of the key informants indicated that the final assessment process worked okay; however, some thought the process was biased in favor of the client. In addition, the issue of lengthy and complex conditions was raised and the suggestion was made that plain language conditions were needed.
- Of the 16 key informants who responded, four indicated the pre-court meetings were working well. Five indicated the process could be adversarial at times and four indicated victims' issues are not being discussed enough at meetings. Three mentioned the need for more detailed information and two respondents suggested more case conferencing could solve many problems in the pre-court meetings.
- Ten of the 16 key informants indicated check ins were good and help keep clients accountable. Two felt that the client should always be required to attend court and four felt that the victim should be informed about check ins.

- All of the key informants who responded indicated that sanctions and incentives were good but half of these respondents indicated that the resources were too limited.
- Most of the respondents indicated that sentencing was working well and several mentioned the PSR reports were good and the sentences were balanced. There was also a general recognition that the time of involvement in the program should be taken into consideration. Several mentioned that mandated minimum sentence could be a problem in the future. Four respondents indicated the need for more involvement of the victim in sentencing.
- The majority of respondents indicated that it took too long to develop the Wellness Plan. In Addition, three respondents indicated there should be more psychological testing information and consultation included in the Wellness Plan.
- Most of the respondents indicated that Wellness Plan monitoring was going well and the PO's were doing a good job; however, they also identified that there seemed to be some program drift. In addition four respondents indicated that victim should have more information regarding the monitoring process. Two respondents indicated that FASSY is only being brought into the process if something is not working.

9.4.2 Services and Programs

- The vast majority of respondents indicated that support services were not sufficient but half of them also indicated that the Justice Wellness Centre (JWC) has helped significantly. Two respondents suggested that the JWC should be open on weekends. When asked what services were most needed the majority of respondents indicated mental health services such as group therapy and others suggested the need for more services and programs for FASD clients.
- When asked whether referrals of clients were made to the most appropriate programs less than half of the respondents indicated that they were and some of these thought that this was due to staff turnover. In addition, five mentioned the lack of housing and programming particularly for FASD clients and two mentioned the need for First Nations services.
- When asked whether relevant information regarding the clients is being shared by the partners, a majority of respondents indicated that it was. However, four respondents indicated that not enough relevant information was being shared with victims.

9.4.3 Impact of CWC

The basic goals of the CWC are to: (1) reduce offending; (2) enhance the safety of Yukon communities; (3) adequately address the needs of the victims; (4) foster partnerships with key stakeholders; and, (5) increase the use and effectiveness of alternative justice approaches and restorative justice. For each of these goals the respondents were asked whether they agreed or disagreed that CWC was meeting the goal. A total of 12 key informants responded to these questions.

- For the goal of reducing crime, three of the respondents indicated that they strongly agreed that the CWC was meeting this goal and nine also agreed.
- In terms of the goal of enhancing safety of Yukon communities, three respondents indicated that they strongly agreed that CWC was meeting this goal, seven agreed and two disagreed.
- In terms of the goal of adequately addressing the needs of victims, three agreed that CWC was meeting this goal and nine disagreed.
- In terms of the goal of fostering partnerships, one strongly agreed that CWC was meeting this goal, seven agreed and four disagreed.
- In terms of the goal of increasing the use and effectiveness of alternative justice approaches, six strongly agreed that CWC was meeting this goal and another six agreed.

9.5 **Views of the CWC Clients**

Chapter 7.0 contains the results of follow-up interviews with eight completed clients. The major findings were as follows:

- All of the completed clients committed to the CWC because they realized they needed to change their lives and many also indicated they wanted to avoid jail.
- All of the respondents indicated that the CWC did meet their needs.
- All of the respondents indicated that the CWC helped them meet their conditions. They praised the CWC counselors and probation officers.
- Most of the respondents indicated that the support services were appropriate and that services helped them work on their issues, understand themselves, and achieve stability.
- The majority of the respondents indicated that services were readily available to them.

- All but one of the respondents indicated that support services were helpful to them and helped them find themselves.
- All of the respondents indicated that the CWC program was appropriate for them.
- All of the respondents indicated that they thought the CWC was an effective program for them.
- A number of testimonial statements were made regarding the CWC by the respondents as follows:

"Yes, it can be effective for those that are serious about making changes."

"If a person is committed in wanting to change, all the services are available - the counseling and the treatment. Even my probation officer helped me a lot and I am thankful for his help and understanding."

"The CWC should expect us to be here 18 to 24 months. People really want help but it takes this long."

"I wish there were more agencies that can handle the volume."

"Yes, it will help, they really understand and know that I have a disability."

"It's a good program. It looks at the individual and their problems and I wouldn't change that. If some don't get it, at least some seeds might be planted."

"The programming and talks help ground me, my work and life changes. My home life changed and my relationships."

"Housing is a key issue. Everybody needs a safe place. The CWC should create something on the weekends for support in a safe place."

"The JWC needs to be a bigger place."

"It was good interacting with the judge in court."

"The Justice Wellness Centre gave me the option of doing something different."

9.6 Conclusions

The five stated primary objectives of the CWC set the framework for the conclusions of this report. The primary objectives of the CWC were as follows:

1. The “revolving door” of recidivism and re-offending is reduced for the individuals who participate in the CWC.
2. The safety of Yukon communities is enhanced by providing individuals who participate in the CWC with supports that reduce their risk to re-offend.
3. The needs of those victimized during the commission of the offence(s) before the CWC are adequately addressed.
4. The capacity of the core partners of the CWC is adequate to the roles they must play and partnerships are fostered with other key stakeholders in support of the Court’s objectives.
5. The use of and effectiveness of alternative justice approaches in the Yukon, including community-based justice, therapeutic or problem solving approaches and restorative justice, is increased.

9.6.1 Objectives #1 and #2

Achievement of objectives #1 and #2 above will be considered together because they share the same short-term and long-term outcomes. In terms of short-term outcomes relevant to these objectives, it is significant that the completed clients who received substance abuse treatment programs were rated as making significantly more progress in dealing with their substance abuse issues while in the program than the partially completed comparison group clients. As well, program records indicated that the completed clients with mental health issues made more progress in dealing with these issues while in the CWC than did the partially completed comparison group clients. Given these findings, it appears that the CWC has been very successful at reducing the underlying issues related to offending behaviour and by so doing also reduced the probability of reoffending, particularly with clients who complete the program.

In terms of long-term outcomes, the CWC has also contributed to reducing reoffending behavior (in terms of the number of charges) for both the completed program group as well as for the partially completed comparison program groups. The fact that the decrease in offending was more pronounced with the completed program group and the partially completed program group after Wellness Plan than for the partially completed before Wellness Plan group suggests that increased time in the program contributes to the reduction of new charges even if the clients do not complete the program.

The strongest evidence, however, for the short-term impact of the CWC was the

reduction in the rate of client reoffending (both substantive and administrative charges) for the completed clients compared to the partially completed clients while the clients were involved with the CWC. Likewise, the strongest evidence for the long-term impact of the CWC was a significant reduction in the rate of client offending (both substantive and administrative charges) for the completed clients in comparison to the partially completed comparison group clients.

In addition, the findings from interviews with completed clients suggests that the CWC program has had a profound effect on reducing their underlying issues of addictions and mental health problems and thus has contributed significantly to helping them change their lives and become more productive and active members of their communities. This view is also supported by the key informant partners who for the most part either agreed or strongly agreed that the CWC was meeting these two objectives.

The findings discussed above added to the fact that the CWC has achieved a 38% completion rate supports the conclusion that the CWC has been very successful at reducing reoffending and enhancing the safety of Yukon communities, particularly Whitehorse, by reducing the risk of CWC clients to reoffend.

9.6.2 Objective #3

In terms of objective #3, every effort is made throughout the CWC process to address victims' needs and concerns. Safety considerations, of course, are given the highest priority. The CWC provides a range of voluntary services and supports for victims of the offences that are dealt with in the CWC. Primary providers of the services are the Crown Witness Coordinators through the Public Prosecution Service of Canada and Victim Services through the Yukon Department of Justice.

The CWC encourages victims to be heard at all stages of the process either directly or through their Victim Service workers. The CWC judge likewise reminds victims of the services and supports that are available to them if they choose to participate and encourages them to express their needs during all proceedings.

Despite the activities outlined above, there is significant evidence to indicate that the CWC is not meeting the goal of adequately addressing the needs of victims. There appears to be a general lack of involvement of Victim Services in the CWC process as is indicated mainly by the interviews of key informants. Interestingly, two thirds of the key informant respondents indicated that they disagreed that this objective was being adequately met.

9.6.3 Objective #4

The findings of the process analysis, summarized above, strongly suggest that the CWC is meeting its fourth objective. The program structure, components and activities are well developed and compatible. The steering committee and working group continue to develop, monitor and sustain the CWC in partnership with the key

partners in support of the CWC's objectives. However, the CWC Policies and Procedures Manual should be updated to deal with some of the procedural issues mentioned in this report.

While historically, as indicated by the analysis in the previous evaluation report (Hornick et al. 2011), there have been some difficulties with insufficiencies in the programming, the opening of the Justice Wellness Centre in December 2010 has significantly reduced this issue. The JWC provides extended programming and support for community corrections clients who go through the CWC. It is open six days a week, 8:00 AM to 4:30 PM Monday to Friday and 10:00 AM to 3:00 PM on Saturday, and provides comprehensive programming mandated by the court which includes addictions counseling, employment, and educational and skill development that will help prevent offending.

9.6.4 Objective #5

The Yukon CWC has become part of a rich history in the Yukon of developing alternatives within the traditional criminal justice system. These include the development of a Domestic Violence Treatment Option (DVTO) court in 2001, and the use of First Nations approaches to justice such as an Elders panel and sentencing circles. The CWC was created in response to a growing awareness within the Yukon justice community that many offenders, in particular repeat offenders, experience multiple psycho-social issues such as substance abuse, mental health problems, and FASD as well as inadequate housing and unemployment.

Given the scope of these problems in the Yukon, officials from the Yukon Department of Justice and a territorial judge came together to develop a therapeutic court that would address the underlying issues that contribute to an individual's offending behaviour. In recognition of the disproportionate number of offenders with First Nations ancestry, it was also the intent of the court to work with local First Nations to provide culturally sensitive services and supports. Additional partners in the early development of the CWC included Yukon Legal Services Society, Public Prosecution Service of Canada, the Yukon Department of Health and Social Services, and the RCMP.

The findings from both the process analysis and outcome analysis document the successful implementation of the CWC as well as its effectiveness. Thus, the CWC has become an important and useful additional restorative justice alternative to the traditional justice approach.

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APPENDIX A
DATA ENTRY REPORT

**Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report**

1 Data input date (by PCM): __/ Month / ____ (DD/MON/YYYY)

2 Data input date (clerk): __/ Month / ____ (DD/MON/YYYY)

3 Name of primary case manager: (First) _____ (Last) _____

a. Section I. CLIENT PROFILE/BASIC NEEDS

4 Client Probation file number: _____(write number)

5 Client Court file number: _____(write number)

6 Referral source:

7 If "other" please indicate other referral source: _____ Not applicable

8 Client surname: _____

9 Client first name: _____

10 DOB: __/ Month / ____ (DD/MM/YYYY)

11 Gender: Male Female

12 Client's ethnicity:

a. Aboriginal

b. Caucasian

c. Other _____

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13 Marital status:

- a. Single
- a. Married
- b. Co-hab.
- c. Dating
- d. Divorced
- e. Widowed

2. Does the client have any dependents?

- a. Yes
- b. No

3. If yes, how many of the dependents are living with the client?

- a. ___ (Write number) Not applicable

4. Are Family and Children's Services involved?

- a. Yes
- b. No

5. What is the client's source of income?

- a. No income
- b. Social Assistance
- c. Employment insurance
- d. Employment
- e. Social assistance and employment
- f. Other _____

6. What is the client's employment status on entry to CWC?

- a. Unemployed
- b. Part-time employment
- c. Full-time employment
- d. Seasonal employment
- e. Other _____

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September 2010
Data ENTRY Report

7. What education level has the client obtained (highest level)?
- a. No education
 - b. Elementary
 - c. Some High School
 - d. High School (graduate)
 - e. Trade
 - f. Some University
 - g. University (graduate)
 - h. Other _____
8. Does the client have their own physician on entry to the CWC?
- a. Yes
 - b. No
 - c. Unknown
9. Does the client have any physical disabilities that you are aware of?
- a. Yes
 - b. No
 - c. Unknown
10. Does the client have any health challenges that you are aware of?
- a. Yes
 - b. No
11. Where did the client live when the charges were laid (the charges that have him/her in the CWC)?
- a. YARC
 - b. Own residence
 - c. Rental
 - d. Family
 - e. Friend
 - f. Shelter
 - g. No fixed address
 - h. Other _____
12. Was the client incarcerated when referred to the CWC?
- a. Yes
 - b. No

Section II. CRIMINAL HISTORY

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Data ENTRY Report

13. What are client's current charges (list Criminal Code offence. If there are breaches, also indicate what the breaches are for.)? _____
14. How many previous convictions does the client have (not including current)? ____
(Write number)
15. Indicate the previous convictions and how many he/she has of each.
- a. (Check all that apply.)
 - b. Assaults ____
 - c. Domestic Assaults ____
 - d. Sex assaults ____
 - e. Property ____
 - f. Drug ____
 - g. Weapons ____
 - h. Impaired Driving ____
 - i. Breaches ____ What are breaches for? _____ Unknown
 - j. Other _____ (indicate type and CODE number (I.E CC 273.1))
 - k. Not applicable

Section III. CLIENT'S PARTICIPATION STATUS IN CWC

16. Date of client's first CWC appearance: ___/ Month / ____ (DD/MM/YYYY)
17. If **Not Suitable** under "legal criteria", for what reasons (check all that apply).
- a. Not applicable
 - b. Crimes that involve violence against children and senior citizens
 - c. Offences committed near a schoolyard, playground, or other area where children are likely to be present, where there is evidence that the offender is in the area to commit an offence targeting or otherwise involving children
 - d. Crimes of a sexual nature
 - e. Serious crimes of violence
 - f. Offence(s) committed primarily for a commercial or profit motive (i.e. *commercial* grow operations)
 - g. Outstanding immigration issues which may result or have already resulted in a deportation order
 - h. Known affiliation with a criminal organization
 - i. Other serious criminal charges outstanding
 - j. Other (explain): _____

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18. If “**Not Suitable**” under treatment criteria, for what reason? (Check primary reason.)

- a. Not applicable
- b. Doesn't fit criteria (does not have an addiction, mental health problem, and/or FASD/cog.)
- c. Lacks motivation
- d. Insufficient resources in CWC (explain): _____
- e. Other (explain): _____

19. If the client **DECLINED** to participate in the CWC, why? (Check primary reason.)

- a. Not applicable
- b. Entered “not guilty” plea
- c. Generally not interested
- d. Program too long
- e. Program too hard (not ready)
- f. Did not meet client's treatment/support needs
- g. Other (explain): _____

Section IV. SUITABILITY ASSESSMENT (SA) STAGE

20. Date SA started (CWC court date): ___/ Month / ____ (DD/MM/YYYY)

21. Date SA completed (CWC court date): ___/ Month / ____ (DD/MM/YYYY)

22. What was the client's presenting treatment criteria? (Check only one.)

- a. Addiction
- b. Mental Health
- c. FASD
- d. Addiction and Mental Health
- e. Addiction and FASD
- f. Addiction, Mental Health and FASD
- g. Mental Health and FASD
- h. Unknown

23. How would you rate the client's motivation on entry into the CWC?

- a. Very motivated
- b. Motivated
- c. Low motivation
- d. Unknown

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Section V. WELLNESS PLAN (WP) DEVELOPMENT

24. Date WP started (CWC court date): ___/ Month / ____ (DD/MM/YYYY)

Section VI. SUBSTANCE USE

25. Does the client have problems with substance use?

- a. Yes
- b. No
- c. Unknown

26. How would you rate the client's problem/ level of addiction?

- Mild Moderate Severe Unknown

27. What is the client's primary drug of choice? (Check all that apply, but only primary one(s).)

- a. Alcohol
- b. Marijuana
- c. Crack
- d. Cocaine
- e. Prescription Drugs
- f. Heroin
- g. Crystal meth
- h. Other (indicate): _____
- i. Unknown

28. Has the client received treatment for his/her substance use problems in the past?

Select One

- a. Yes
- b. No
- c. Unknown

29. If yes, what service(s) did the client access? (Check all that apply.)

- a. Detox
- b. Counselling
- c. Group
- d. Residential in Yukon
- e. Residential outside Yukon
- f. AA/NA

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- g. Other _____
- h. Not applicable

Section VII. MENTAL HEALTH

30. Does the client have a mental health problem(s) that you are aware of?
- a. Yes
 - b. No
31. Did the client have a confirmable (documented) mental health diagnosis prior to entry into the CWC?
- a. Yes
 - b. No
32. Has the client received treatment for their mental health problems in the past?
- a. Yes
 - b. No
 - c. Unknown
33. Was the client on medication on entry into the CWC?
- a. Yes
 - b. No
 - c. Unknown

Section VIII. FASD

34. Does the client have FASD (confirmed or suspected)?
- a. Yes
 - b. No
35. Did the client have an FASD diagnosis on entry into the CWC?
- a. Yes
 - b. No
 - c. Unknown

**Yukon Community Wellness Court Evaluation
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36. Did the client have FASD support prior to entering the CWC?

- a. Yes
- b. No
- c. Unknown

37. If yes, what support? (Check all that apply.)

- a. FASSY
- b. Challenge
- c. Other _____
- d. Unknown
- e. Not applicable

IX. GENERAL

38. LS/CMI: _____(write score) Did not complete

39. LS/CMI: _____ % likelihood to reoffend (write percentage).
 Did not complete

APPENDIX B
DATA EXIT REPORT

**Yukon Community Wellness Court
March 2012**

Data EXIT Report

1. Data input date (by PCM): __/ Month / ____ (DD/MON/YYYY)

2. Data input date (by clerk): __/ Month / ____ (DD/MON/YYYY)

3. Name of primary case manager: (First) _____ (Last) _____

I. CLIENT PROFILE/BASIC NEEDS

4. Client Probation file number: _____(write number)

5. Client Court file number: _____(write number)

6. Client surname: _____

7. Client first name: _____

8. What was the client's marital status on exit from the CWC?

- a. Single
- b. Married
- c. Divorced
- d. Common Law
- e. Dating
- f. Widowed

9. If Family and Children's Services was involved on entry into the CWC, did that involvement change by the time the client exited from the CWC?

- a. Yes Not applicable
- b. No

10. Did the client have their own physician on exit from CWC?

- a. Yes
- b. No
- c. Unknown

**Yukon Community Wellness Court
March 2012**

Data EXIT Report

11. Did the client make any housing changes while in CWC?

- a. Yes
- b. No
- c. Unknown

II. WELLNESS PLAN AND JOURNEY

12. Did the client finish *developing* his/her Wellness Plan?

- a. Yes
- b. No

13. If no, why not? (indicate primary reason)

- a. Dropped out
- b. New charges and no longer suitable
- c. Asked to leave for non-participation
- d. Other _____
- e. Not applicable

III. SUBSTANCE ABUSE

14. What substance abuse services did the client access during the development of their Wellness Plan or while on their Wellness Journey? (Check all that apply.)

- a. Detox
- b. Individual counselling
- c. Group counseling
- d. White Bison
- e. Residential treatment in Yukon
- f. Residential treatment outside Yukon
- g. AA/NA
- h. Other _____

48. If yes, what ADS services were used? (Check all that were used.)

- a. Detox
- b. Detox day program
- c. Counselling
- d. 28-day treatment program
- e. Other _____

Yukon Community Wellness Court
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Data EXIT Report

49. How would you rate the client's participation in substance abuse programming?

- Low Moderate Active

50. Did the client make progress in addressing their substance abuse?

- a. Yes
b. No

51. If yes, indicate general type of progress. (Check all that apply.)

- a. Abstinence
b. Reduced drug use
c. Use of less severe substance
d. Other _____
e. No progress

52. To your knowledge, did the client have any slips (use of alcohol and drugs) during the CWC? Select One

- a. Yes
b. No

20. Was the client able to maintain sobriety/drug free period while in the CWC?

- a. Yes
b. No
c. Somewhat

21. If yes or somewhat, for how long?

- a. Less than 3 months
b. 3- 6 months
c. 7- 9 months
d. More than 10 months
e. For the duration of their participation in CWC (___ months)
f. Other. Explain: _____
g. Not applicable

22. Is/was substance abuse aftercare provided on exit from the CWC?

- a. Yes
b. No Not applicable, did not finish CWC.

**Yukon Community Wellness Court
March 2012**

Data EXIT Report

23. If yes, please indicate what aftercare services are being accessed. (Check all that apply.)

- a. Detox
- b. Individual counselling (DoJ)
- c. Group counseling (DoJ)
- d. Individual counselling (ADS)
- e. Group counseling (ADS)
- f. Residential in Yukon
- g. Residential outside Yukon
- h. AA/NA
- i. Other _____
- j. Not applicable

IV. MENTAL HEALTH

24. Did the CWC mental health diagnosis(es) differ from one(s) that they came into the CWC with?

- a. Yes Did not have diagnosis on entry into CWC
- b. No

25. What mental health treatment did the client access during their Wellness Journey? (Check all that apply.)

- a. Individual counseling, indicate agency: _____
- b. Group counseling, indicate agency: _____
- c. Psychiatric consultation, indicate physician: _____
- d. Medication
- e. Other _____

26. Did the client make progress while in the CWC for their mental health problems?

Select One

- a. Yes, Major
- b. Yes, Minor
- c. No

**Yukon Community Wellness Court
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Data EXIT Report

27. If yes, what progress was made? (Check all that apply.)

- a. Stable lifestyle
- b. Medication compliance
- c. Regular participation in mental health supports
- d. Other _____
- e. Not applicable

28. What is/was the client's attitude towards mental health services on exit from the CWC?

- Poor Positive Excellent

29. Is mental health aftercare provided on exit from the CWC?

- a. Yes
- b. No
- c. Not applicable, did not complete the CWC.

30. If yes, what services will be accessed?

- a. Mental Health Services DoHSS
- b. Offender programs DoJ _____(indicate what service/program)
- c. Psychiatric consultation
- d. Other _____
- e. Not applicable

V. FASD

31. Did the client have a formal FASD diagnosis on exit from the CWC?

- a. Yes
- b. No Not applicable, client had one on entry to CWC

32. What FASD specific supports did the client use in their WJ?

- a. FASSY
- b. Challenge
- c. Other _____

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Data EXIT Report

33. Did the client make progress with respect to how they managed the negative impact FASD was having on their life?

- a. Yes
- b. No

34. If yes, please explain: _____ Not applicable

35. Is FASD aftercare provided on exit from the CWC?

- a. Yes
- b. No
- c. Not applicable, client did not complete the CWC.

36. If yes, what aftercare services will be accessed?

- a. FASSY
- b. Challenge
- c. Other _____
- d. Not applicable

VI. FAMILY AND COMMUNITY SUPPORT

37. Did the client have a support person(s) during their wellness plan development or during their wellness journey?

- a. Yes
- b. No

38. If yes, how many? ___(write number)

39. If the client did NOT have a support person, why not?

- a. No support wanted
- b. No support available
- c. Support left during WJ
- d. Other (explain) _____
- e. Not applicable

**Yukon Community Wellness Court
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Data EXIT Report

40. How would you rate the person's general support system on exit from the CWC?

- a. No healthy supports
- b. Low number of healthy supports
- c. Moderate healthy supports
- d. High number of health supports
- e. Difficult to determine, exited too early

41. Do you feel the client has made progress on developing new social supports?

- a. Yes
- b. No

42. Did the client have a significant negative life experience while they were in the court (i.e. death of a relative or loved one, break-up of a relationship, etc.)?

- a. Yes
- b. No

VII. FIRST NATIONS

43. Is the client First Nation?

- a. Yes
- b. No

44. Did the client make contact with their First Nation during their WJ?

- a. Yes
- b. No

VIII. RECREATION AND LEISURE

45. Did the client participate in recreation/leisure activities in their WJ?

- a. Yes
- b. No

46. If yes, what activities was the client participating in on exit from CWC (check all that apply)?

- a. Same as on entry into CWC
- b. Sport

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March 2012**

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- c. Hobbies
- d. Community events
- e. Cultural events
- f. Other _____
- g. Not applicable

IX. SENTENCE

47. What was the client's sentencing date ___/ Month / ____ (D/MON/YYYY)
 Not sentenced in the CWC

48. Was the client sentenced in the CWC? Select One

- a. Yes
- b. No

49. What sentence did the client received: Select One

- a. Absolute Discharge
- b. Conditional Sentence
- c. Suspended Sentence
- d. Conditional Discharge
- e. Incarceration
- f. Incarceration and Probation
- g. Curative Discharge
- h. Not applicable

50. If the client was incarcerated, for how long? ___ months Not applicable

51. If probation was sentenced, how long is the probationary period? ___ months
 Not applicable

52. If there were conditions, what were they (beyond the standard)? (Check all that apply):

- a. Abstain
- b. Treatment
- c. Do not attend
- d. No contact
- e. Other _____
- f. Not applicable

APPENDIX C
CLIENT INTERVIEW SCHEDULE

**Community Wellness Court (CWC)
Client Interview Schedule**

ID #; _____

LOCATION: _____

Interview Date: _____ **Start time:** _____ **End time:** _____

Dr. Hornick is conducting an evaluation of the Community Wellness Court. Since you have participated in and have been sentenced in this court, we would like to invite you to participate in this evaluation. Your participation is completely voluntary and you are free to withdraw from the interview at any time. Any information used would be anonymous and individual information will never be reported.

Do you consent to participate? yes no

BACKGROUND INFORMATION

1. a) Are you currently bound by any conditions?
 yes no

b) If yes, which ones?
2. a) Are you currently engaged/engaging with the CWC?
 yes no

b) If no longer involved with the CWC, why are you no longer involved (e.g. change in circumstances, curative discharge, completed Wellness Plan)?
3. How long were you (have you been) involved with CWC?
4. Are you currently employed?
5. What is your current housing situation?
6. Are you currently in a relationship?
7. Do have support from your family and community?

PERCEPTIONS OF CWC PROCESS

8. Why did you commit to the CWC (explain)?

9. Do you think that the CWC met (or is meeting) your needs?

yes no

Why or why not?

10. Do you think that the CWC helped (or is helping) you meet your conditions?

yes no

Why or why not?

11. Did you breach your conditions or engage in any criminal activity after you entered the CWC?

yes no

If yes, what was the CWC's response to this?

Was this response appropriate?

12. What support services were you referred to by the CWC?

13. Do you think that the support services you were referred to were appropriate for you?

yes no

Why or why not?

14. Were the support services that you were referred to readily available and easily accessible?

yes no

Why or why not?

15. Did you make use of all of the support services to which you were referred?

yes no

Why or why not?

16. Do you think that the support services that you received were helpful to you?

yes no

Why or why not?

17. Did you receive any bail or probation sentencing conditions?

yes no

18. Do you think that the CWC was (or is) an appropriate program for you?

yes no

Why or why not?

19. Were aftercare services offered to you?

yes no

If yes, were the services appropriate?

OVERALL PERCEPTIONS OF CWC

20. Overall, do you think that the CWC is an effective program?

yes no

Why or why not?

21. Do you have any other comments or suggestions you would like to make about the CWC?

APPENDIX D

KEY INFORMANT INTERVIEW SCHEDULE

**COMMUNITY WELLNESS COURT (CWC)
INTERVIEW SCHEDULE FOR STAFF/KEY PARTNERS**

ID #: _____

Location: _____ **Date:** _____

Dr. Hornick is conducting a summative evaluation of the Community Wellness Court (CWC). The purpose of the evaluation is to identify whether the CWC court and program continues to be implemented as planned and to determine the effectiveness of the CWC process and program at achieving its objectives. You have been referred to us by CWC coordinator to participate in a short interview/focus group regarding your experiences with the CWC. Your participation is completely voluntary and you are free to withdraw from the interview/focus group at any time. Any information used will be anonymous and individual information will never be reported however, we may include anonymous direct quotes in the final report.

BACKGROUND INFORMATION

1. What is your position(s) with the CWC program?
2. How long have you been involved with the program?
3. Were you involved in the development of the program?
 yes no If yes, what was your role?

PERCEPTIONS OF CWC PROCESS

4. The components and process of the CWC are listed below. For each component/step of the process please indicate: (1) whether you feel it is working well: (2) or not working well: and, (3) what changes if any should be made.
 - 4.1 Referral Process
 - 4.2 Legal Eligibility
 - 4.3 First Appearance
 - 4.4 Suitability Assessment

- 4.5 Final Admission
- 4.6 Pre-Court Meetings
- 4.7 Wellness Plan
- 4.8 Wellness Plan Monitoring
- 4.9 Check Ins
- 4.10 Sanctions and Incentives
- 4.11 Sentencing
- 4.12 Additional Comments on the Process

5. Are there sufficient support services available to which CWC clients can be referred?
 yes no If no, what else is needed?
6. Are referrals of CWC clients made to the most appropriate program?
 yes no If no, why not?
7. Are CWC clients receiving services in a timely fashion?
 yes no If no, why not?
8. Does the program have formal partnerships (e.g., agreements, protocols) with all service providers?
 yes no If no, why not?
9. Is relevant information regarding the CWC clients shared by the partners with the CWC program?
 yes no If no, why not?
10. Are program/service gaps and opportunities being identified?
 yes no If no, why not?
11. Overall, do you find that clients are engaged in the program?
 yes no Why or why not?
12. Do you find it difficult to engage clients in the program?

yes no Why or why not?

13. To what extent are clients complying with treatment and bail and/or probation sentencing conditions?
 all of the time most of the time sometimes never (explain)

OVERALL PERCEPTIONS OF THE EFFECTIVENESS OF CWC

14. How much do you agree or disagree that CWC meets each of its goals listed below?

Goal #1: Reduces reoffending

- strongly agree agree disagree strongly disagree
 neither agree/disagree don't know

Goal #2: Enhances the safety of Yukon communities

- strongly agree agree disagree strongly disagree
 neither agree/disagree don't know

Goal #3: Adequately addresses the needs of the victims

- strongly agree agree disagree strongly disagree
 neither agree/disagree don't know

Goal #4: Partnerships are fostered with key stakeholders in support of the court's objectives

- strongly agree agree disagree strongly disagree
 neither agree/disagree don't know

Goal #5: Use and effectiveness of alternative justice approach and restorative justice is increased

- strongly agree agree disagree strongly disagree
 neither agree/disagree don't know

15. Do you have any other comments or suggestions you would like to make about CWC?