



VANCOUVER DRUG TREATMENT COURT

PROJECT PROPOSAL

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Submitted by: Federal Prosecution Service
Vancouver Regional Office

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Canada. Department of Justice. Federal
Vancouver drug treatment court project
proposal

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Drug Treatment Courts: An Overview

DRUG TREATMENT COURTS: AN OVERVIEW

Introduction

The Federal Prosecution Service, Department of Justice Canada, B.C. Region, proposes to establish a pilot Drug Treatment Court as one of a variety of responses needed to address the serious drug problem in Vancouver. The Drug Treatment Court is consistent with the four pillar approach of the Vancouver Agreement, a tripartite agreement of the federal and provincial governments and the City of Vancouver, committing the three levels of government to work together to create healthy, safe and sustainable communities. A four-year pilot Drug Treatment Court is proposed to allow for a meaningful evaluation of its impact.

Since 1998, a Department of Justice led multi-level Drug Court Planning Committee has been working on developing a model for a drug treatment court for British Columbia. This proposal, which builds on the work of the Committee, has been prepared jointly by the Department of Justice Canada and the Ministry of Attorney General in consultation with the Drug Court Planning Committee and other agencies, including:

- Health Canada
- BC Ministry of Health
- BC Ministry of Education
- BC Ministry of Social Development and Economic Security
- BC Ministry for Children and Families
- BC Ministry of Community Development, Co-operatives and Volunteers
- Provincial Court Judiciary
- Vancouver City Council
- Vancouver City Police
- Royal Canadian Mounted Police
- Vancouver-Richmond Health Board
- Vancouver Agreement Steering Committee
- Legal Services Society
- Representatives of the Defence Bar

The Concept of Drug Treatment Courts

Drug Treatment Courts emerged in the United States as an effective option for individuals charged with criminal offences motivated by substance dependence. Eligible persons are offered an intensive and co-ordinated combination of judicial supervision, multi-phased treatment for their dependence, and a range of other services and supports. The following characteristics are common to most Drug Treatment Courts:

- Persons accused of crimes motivated by drug dependence are screened by the prosecutor to assess eligibility for the Drug Treatment Court;
- Eligible participants are offered a choice between the regular judicial process or the Drug Treatment Court program;
- Participants commit to an extended period of treatment for dependence and frequent hearings before the Drug Treatment Court judge to monitor program compliance, treatment and overall progress;
- Treatment follows a series of phases from stabilisation, to dealing with specific addictions, to addressing long-term issues like housing and employment;
- Services are primarily outpatient (individual and group counselling) with options for detoxification, inpatient treatment, methadone maintenance and alternative treatments;
- Frequent drug testing and a wide range of sanctions and rewards are used but are based on realistic expectations concerning relapse and program compliance; and
- Successful completion of the program is within a flexible timeframe, requires a significant period of treatment compliance and results in a withdrawal of the charge or a non-custodial sentence, depending on the seriousness of the crime.

The U.S. Experience

The first drug court in North America opened in Florida in 1989. Since then, over 220,000 offenders have entered drug court programs in the U.S.¹ Drug courts are now underway in the U.S. in 48 of 50 states and in a number of North American Tribal Courts. The evidence accumulating regarding the success of drug courts in the U.S. is encouraging. An extensive review of U.S. drug courts² concluded the following:

- About 60% of those who enter drug courts are still in treatment after one year;
- Although most participants have been previously exposed to the criminal justice system, drug courts are bringing many into treatment for the first time. Although 72% have been incarcerated in the past, only 26% participants have previously been in treatment; and
- Individuals participating in drug courts show greater reductions in drug use and criminal behaviour than do those on other forms of supervision or monitoring within the judicial system.

The Portland Drug Court was one of the earliest to be developed in the U.S. A broad analysis of its impact has estimated a cost saving to the judicial system of \$2.5 million over a two-year period. Extending the analysis to savings from reduced theft, victimization and medical costs, the estimated savings grew to over \$10 million over two years.³

A number of presentations at the 2001 Conference of the National (U.S.) Association of Drug Court Professionals included references to the impact that U.S. drug courts are having on the reunification of families, the birth of drug-free babies, parents being able to regain and retain child custody, and participants improving their education, vocational training and employment status. Drug courts are now either underway or under development in Australia, England and Ireland.

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1. U.S. Drug Court Activity Summary Information, June 1998
 2. Belenko, S. (2001) Research on Drug Courts: A Critical Review 2001 Update National Drug Court Institute Review, June 2001
 3. Finangan, M. (1998) An Outcome Program Evaluation of the Multnomah County S.T.O.P. Drug Diversion Program

The Canadian Experience - Toronto Drug Treatment Court

The first Canadian Drug Treatment Court opened in Toronto in December 1998, as a four-year pilot supported by the federal Crime Prevention Investment Fund in collaboration with the Centre for Addiction and Mental Health.

The Toronto Drug Treatment Court is guided by a multi-level Steering Committee and a Community Consultation Committee. The initiative shares many of the features of the U.S. models, but is based on a two-track model with an 8-15 month treatment period. Track one is designed for individuals charged with possession of small amounts of cocaine or heroin. Upon successful completion, participants have their charge withdrawn. Track two is designed for individuals charged with trafficking or possession for the purpose of trafficking. Track two participants must enter a plea of guilty but are guaranteed a non-custodial sentence upon successful completion. To date, Track two is attracting many more participants than Track one.

Since its commencement in December 1998 and as of December 5, 2000, 250 participants have been accepted into the Toronto Drug Treatment Court. The court holds sessions on two half days each week (20-25 appearances each session). On September 3, 1999, the first eight participants successfully completed the program.

Members of the Toronto Drug Treatment Court team have advised that many participants are making significant progress. A powerful dynamic of mutual support and encouragement has emerged within the participant group. Individuals know each other through group therapy and attendance at the court sessions. An extensive evaluation of the pilot project is underway to study the broader economic impact, and to compare participant data at entry, post-treatment and after one year out of the program.

Vancouver Drug Treatment Court

VANCOUVER DRUG TREATMENT COURT

Drug Dependence Issues in Vancouver

By 1998, there were an estimated 11,700 injection drug users in Greater Vancouver⁴, with a large percentage living on the streets or in temporary housing in a few square blocks in the Downtown Eastside. Several secondary communicable disease epidemics relate to the primary epidemic of injection drug use within the community. Hepatitis A, Hepatitis B, Hepatitis C, HIV, syphilis and tuberculosis are among the 'burden of illness' within this drug using population. For example, over 90% of injection drug users are infected with Hepatitis C and are at risk for co-infections of Hepatitis A⁵. The province has experienced an epidemic of drug overdose deaths in recent years⁶, with a preliminary total of 404 overdose deaths in the province for 1998, 194 of which were in the City of Vancouver⁷.

Impact on the Criminal Justice System

The large number of people with drug dependence in the Downtown Eastside has resulted in a concentrated pocket of despair and crime that has the potential to continue to escalate. The current system is considered by many to be ill equipped to deal with the number of persons with a drug dependence that are charged with criminal offences.

The Department of Justice and Ministry of Attorney General are concerned that the traditional approach to prosecutions in the Downtown Eastside does not sufficiently address the issue of recidivism amongst drug dependent offenders, since it does not address the underlying cause of the criminal behaviour.

Need for a Solution

The current process is not working because it does not combine health and criminal justice perspectives to address the underlying causes of the problem. In addition to the suffering of individuals and families and the devastation for communities, the recycling

⁴ Whynot, E. M. (1998) Vancouver CCENDU 1998 Report

⁵ B.C. Centre for Disease Control

⁶ Cain, J. V. (1994) Report of the Task Force into Illicit Narcotic Overdose Deaths in British Columbia

⁷ Communication with Chief Coroner, September 1999

of offenders through the justice system perpetuates inefficiencies that breed frustration and cynicism among justice, health and other social agencies. The two levels of government share their frustration with the current approach and believe that a better alternative is available within the existing legal framework.

The proposed Vancouver Drug Treatment Court ("VDTC") would provide a treatment option for those caught up in the criminal justice system, and ultimately reduce the burden and long-term cost of processing high numbers of drug-related cases and repeat offenders. It could benefit those individuals who would not normally seek out treatment for their drug dependence. It is, however, just one part of a comprehensive spectrum of services and supports that must be in place to address the situation in Vancouver.

It is recognized that there is a deficit of appropriate addiction treatment services in Vancouver. The treatment services proposed for this pilot will add much needed addiction services that are not available in the community. The VDTC will therefore not draw on already beleaguered resources, but will add a new opportunity for people addicted to cocaine or heroin to receive help and enhance the continuum of care available in the region.

Purpose of the Vancouver Drug Treatment Court

The VDTC has as its ultimate goal, the prevention of further criminal involvement and the reintegration of offenders into the community as well-functioning contributing members of society.

The VDTC will also:

- Further our understanding of the impact of these programs in the Canadian context and will serve as a demonstration/implementation model for other Canadian jurisdictions;
- Provide an alternative model to the Toronto's Drug Treatment Court, allowing comparisons and contrasts that will guide program implementation in other jurisdictions. The Vancouver program will have a unique treatment program and case management process;
- Provide a better understanding of program characteristics that impact participant retention and completion rates;

- Guide policy development by providing information on the impact of Drug Treatment Courts in different environments; and
- Develop profiles on those offenders who are best able to utilize the services of a Drug Treatment Court Program.

Benefits of the Vancouver Drug Treatment Court

The goal of the VDTC is to make drug dependant offenders productive and non-criminal members of society. By reducing the flow of criminals into the criminal justice system, substantial cost savings will be realized. US statistics indicate that the average cost of treatment for one drug treatment court defendant averages \$1800 per year as opposed to the one year of incarceration in a non treatment venue at \$26,000 per year. Treatment has the added benefit of relieving the pressure of jail overcrowding and reducing police overtime costs in attending court. This does not include the substantial savings to communities where there will be a reduction in criminal activity.

The VDTC is designed to provide benefits for three inter-connected but distinct groups. These groups are Canadian Society, the Individual and the Criminal Justice/Treatment System.

The Benefits for Canadian Society are:

- Reduce the continuing and escalating level of crime necessary to support a serious drug dependence;
- Reduce the public concern about rising crime rates by offering an opportunity for dependant offenders to make changes in their lives so that they are not remaining active in criminal behaviour;
- Develop a cost-effective alternative to incarceration. Present penal institutions are at or near capacity and this program offers an opportunity to intervene in the crime pattern at an earlier stage and at much lower costs;
- Develop an intervention strategy to assist those who otherwise may not become involved in the treatment system and allow offenders an opportunity to address health and psychosocial concerns at an early stage. It is generally understood that early intervention is more likely to produce behaviour change;

- Assist partners and children, often the secondary victims of crime, who suffer the financial penalties when the (predominantly male) offenders are incarcerated. Women and children are forced to live at poverty levels as partners/parents are incarcerated. Specific emphasis will be put on assisting the offenders in finding employment or educational opportunities in order to break the poverty cycle;
- Reduce the long-term problems of Fetal Alcohol Syndrome, Fetal Alcohol Effects, Fetal Drug Syndrome and family discord that surrounds heavy drug use;
- Reduce the effects of family discord on youth unemployment as the individual in treatment provides a positive role model for children; and
- Provide an opportunity for the criminal justice system, addictions treatment services and social agencies to work together to reduce the incidence of crime and the impact of addictions in the criminal justice system.

The Benefits for the Individual are:

- Provide a meaningful alternative to jail for those charged with drug-related offences;
- Provide an opportunity for individuals to make clear decisions and take back control of their lives;
- Enhance the offender's social stability by connecting the participant with appropriate community services and resources to improve employment/vocational opportunities, encourage stable and appropriate housing and reduce drug dependence; and
- Provide a therapeutic environment where an emphasis will be placed on motivating and supporting participants to become engaged in the treatment process. Participants will be given an opportunity to set goals and make positive changes in their lives and will learn specific strategies and develop skills to reduce relapse.

The Benefits for the Criminal Justice system are:

- An intervention strategy to assist those who otherwise may not become involved in the treatment system and allow participants an opportunity to address health and psychosocial concerns at an early stage;
- Provide a meaningful alternative to jail for those charged with drug-related offences;

- Facilitate communication and co-operation between the criminal justice and addiction treatment systems;
- Gather data in order to evaluate the program as well as to provide a baseline for further research on the impact of treatment on recidivism rates, with regard to substance use, criminal activity and other health related concerns;
- Develop profiles on those offenders who are best able to utilize the services of a Drug Treatment Court program; and
- Develop the capacity to produce a comprehensive training package for professionals that could be replicated across the country.

Program Description

PROGRAM DESCRIPTION

Location and Timeframe

The VDTC will be located at the Provincial Courthouse at 222 Main Street, which is situated in the Downtown Eastside area of Vancouver. The pilot program will process drug charges and some *Criminal Code* charges motivated by substance dependence.

A comprehensive team of therapists and case managers will provide treatment service for VDTC participants as well as referrals to other services.

The Pilot is envisioned for a four-year timeframe in order to support meaningful evaluation of the program, and to allow for comparisons with the Toronto Drug Treatment Court. The VDTC will be designed to accommodate 50 active participants in the first year and build to 100 participants by the end of the four-year period.

Eligibility Criteria

At the discretion of the Crown, the Drug Treatment Court option will be available for adults who are addicted to heroin and/or cocaine (other illicit substances may be considered at the request of potential participants) and have been charged under the *Controlled Drugs and Substances Act* with possession, possession for the purpose of trafficking, trafficking or related *Criminal Code* offences. The program is not designed for first time offenders.

In particular, the following criteria will be considered by the Crown in determining the eligibility of a potential participant:

- Acceptance of the candidate by the treatment provider and agreement of the candidate to abide by the terms of the treatment contract;
- Whether the offender has previously violated the criminal law (including convictions, discharges or diversions) and, if so, the date and nature of previous violations and the nature of sentence imposed. A previous history that indicates the offender is unlikely to be amenable to court supervision may preclude admission, as may a history of violent crime. Unsuccessful completion of a Drug Treatment Court program within the last year will ordinarily preclude admission;

- Whether the offender is facing other criminal charges;
- Whether the offender poses a risk to the community;
- The seriousness of the offence;
- Whether the individual is trafficking for commercial gain. Only those who traffic to support a personal drug dependence will be considered for the program; and
- Whether the offence involved a young person under the age of 18 years or the offence was committed in or near a school or near a playground where children could be involved. Generally, in these circumstances participation will be denied.

Conditional to the approval of the Crown, participants will enter the program through one of the two following eligibility tracks:

Track 1 - designed for offenders charged with possession of cocaine or heroin, and/or *Criminal Code* offences, with a demonstrable dependence on cocaine and/or heroin. The Crown will withdraw the charge(s) against successful Track 1 participants.

Track 2 - designed for offenders charged with trafficking, possession for the purpose of trafficking, and/or *Criminal Code* offences, with a demonstrable dependence on cocaine and/or heroin. An individual with an extensive criminal record charged with possession of cocaine or heroin *may* be considered for participation in this track. Upon successful completion, Track 2 participants will be given a non-custodial sentence.

Candidates for both tracks will be screened and assessed by the treatment provider to determine whether substance dependence exists.

Opt-Out Period

Participants have seven days from the date of the participant's initial acceptance to opt out of the commitment. If this occurs, the accused will be referred back to the regular judicial system.

Progress Through the Drug Treatment Court

Participation in the pilot program requires a detailed orientation to the program. After signing a waiver in which they give up their right to have the sentence imposed as soon as practicable, participants will enter a guilty plea to the drug charge and then be released on bail with conditions to appear in court and participate in the treatment program. The participant will then begin at least one year of regular court appearances, periodic and random drug testing, multi-phased treatment for substance dependence (including methadone as an option), mental health counselling, and a range of other support services to address issues like housing, literacy, nutrition, parenting, life skills, and employment.

Members of the VDTC team, which will consist of the judge, prosecutor, defence counsel, case managers and treatment providers, will monitor each participant's progress carefully. The VDTC team will rely on a non-adversarial process in which the members work together in the best interests of the participants and the public.

If the participant leaves or is expelled from the program after the opt-out period, he or she will be sentenced and will not normally be allowed to re-enter the program for one year. Termination from the program will be at the discretion of the judge, in consultation with the VDTC team, and will likely be the result of a strong pattern of non-participation or re-offending.

The Courtroom

Detailed expectations, rules, incentives and possible sanctions will exist, with each individual and situation being assessed on a case by case basis by the judge in consultation with the VDTC team.

Rewards for participants who are doing well will include:

- reduced court appearances;
- positive feedback;
- progression to the next program phase; and ultimately
- successful completion of the program.

Failure to abide by the conditions of the program may result in:

- increased court appearances;
- community work service;
- issuance of warrants for participants who fail to appear for court;
- revocation of bail; or
- expulsion from the program.

Treatment

Upon entering the program, participants will be given a comprehensive dependence assessment. Treatment and case management plans will be developed, and participants matched to appropriate service and support components. It is anticipated that up to 30% of participants will have co-occurring mental health concerns and may require mental health treatment in addition to substance abuse treatment.

In addition to other therapies, treatment will include the delivery of the Substance Abuse Management Program ("SAM"), which was developed in British Columbia and is currently being used to assist substance dependent correctional inmates. SAM, which has received international recognition, is an intensive, group-based treatment readiness program. Through highly cognitive, problem solving and behavior modification approaches participants learn to make better choices regarding drug use, social contacts and criminal activity. The program is divided into twenty hour-long intensive group sessions, focused on understanding choices and behaviors, and enhancing motivation, readiness and benefit regarding addiction treatment.

Case Management

Effective case management is recognized as a critical ingredient in the success of the Drug Treatment Court pilot program. Case management plans will be individualized, comprehensive, realistic and flexible in building and pursuing their objectives. Case managers will:

- Plan and implement solutions to each participant's health, housing, economic and educational needs;
- Assess each participant's needs, monitor, identify and facilitate access to programs and services; and

- Maintain comprehensive records of the overall case management plan, strategies by which to implement the plan, the participant's interaction with various services/agencies and all aspects of the participant's efforts to address their substance dependence.

As part of the treatment and case management process, participants will undergo periodic and random urine drug testing. The results will be made known to the VDTC team and will be used to monitor the progress of the participants in the program. A positive drug screen may result in a review or modification of the treatment plan including recommendation to a detoxification program. Relapse is expected and participants will not be expelled from the program unless there is a pattern of repeated positive tests and lack of participation and compliance with the program.

It is anticipated that urine drug testing will be more frequent at the beginning of a participant's involvement in the program. Initially, weekly random urine screening will be carried out using in-office test kits, with full laboratory analysis being done only in cases where the kit indicates the presence of prohibited substances and the participant disputes the results.

Program Completion

Successful completion of the program will be finalized and celebrated in the courtroom, after the following requirements have been met:

- Participation in the program normally for a minimum of one year;
- A period of stability and compliance with a successful treatment program;
- Commitment to the goal of either employment or active engagement in an educational program; and
- Recommendation of the VDTC team.

Monitoring and Program Evaluation

MONITORING and PROGRAM EVALUATION

Governance

The VDTC program will be governed by a Steering Committee consisting of members from the key participating groups (e.g. Vancouver police and RCMP, treatment providers, the Ministry of the Attorney General and probation services). The Steering Committee will be chaired by the Deputy Director of Prosecutions, B.C. Region. In addition, a Community Consultation Committee ("CCC") consisting of community stakeholders (e.g. Chinese business community, Downtown Business Improvement Association, other service providers and representatives from local government) will be formed. The VDTC Program Manager will participate in the CCC and act as the conduit between the CCC and the Steering Committee.

Project Monitoring

The VDTC Program Manager will be responsible for preparing quarterly reports that will be reviewed by the Steering Committee. Included in these progress reports will be statistical information on the number of new applicants to the program, the retention and completion rates. The reports will also update the Steering Committee on implementation progress and ability to meet specific targets, such as number of active participants engaged in the program.

Evaluation

Building on the Toronto experience, it is expected that a quasi-experimental design involving an experimental group and a comparison group will be adopted for purposes of conducting the evaluation. The experimental and comparison groups will be tracked for a period of time and compared along a number of dimensions including demographics, recidivism, drug use, and quality of life and various well-being measures. Program retention, completion and termination levels, and the use of sanctions and rewards while participants are in the program, will be important aspects of both the process and outcome evaluation components. Although evaluation of the VDTC will be federally funded, the province will participate in its design. An evaluation plan will be developed jointly with British Columbia's representatives.

Communications Plan

Plans are being developed for a series of public education meetings in the community to ensure that community members, and the public in general, are aware of the Vancouver model and understand the concept and purpose of drug treatment courts. In addition, meetings of the Community Consultation Committee (CCC) during the project will provide a means for public consultation and feedback.

Budget

BUDGET

Costs

The proposed budget for the VDTC has been developed taking into account the following:

Participants - VDTC will consist of a model that initially accommodates 25 active participants in the first six months, increasing to 50 by the end of the first year. The program will continue with 50 active participants in year two, increasing to 75 active participants by the end of year three and 100 active participants by the end of year four.

Treatment - the Vancouver Richmond Health Board (VRHB) will be contracted to provide non-medical counselling services. A specialized treatment program will be developed to meet the specific needs of this target group. Participants, however, will be referred to existing services in the community as needed. A detailed account of referrals to the community will be kept and will provide the evaluation team with a participant needs profile and will provide information about availability/scarcity of services for this population.

Ministry of the Attorney General of British Columbia - The Attorney General of British Columbia will cover any costs related to court infrastructure, including a judge, duty counsel, court clerk and support staff and sheriff. The Attorney General of B.C. will also provide 50% of funding for non-medical treatment costs.

Department of Justice Canada - It is assumed that the National Crime Prevention Centre will provide 50% of funding for the non-medical treatment costs. This funding will be in addition to the Department of Justice commitment of a prosecutor, administrative staff and project manager.

BUDGET

Budget Assumptions

I. Justice Component

General

- In years 1 and 2, the VDTC will sit two days a week, 52 weeks a year. In years 3 and 4, the pilot VDTC will sit up to 3.5 hours a day to reflect the gradual addition of program participants.
- There is a 1.5 hour pre-court conference meeting, 2 days a week involving the VDTC team.
- A court day is calculated at 4.5 hours a day.

Judiciary

- A Provincial Court Judge is available for 810 hours per year [180 sitting days x 4.5 hours a day].
- The court hours, pre-court conference hours, time for preparation outside of court, and professional development have been considered in calculating the judicial resources required.
- The annual salary for a Provincial Court Judge is \$144,059. Benefits are calculated as 18.23% of salary.
- The judicial cost reflects salary and benefits.

Court Services

- The court clerk is a Court Clerk 3, with an annual salary of \$39,442. A court clerk is available for 1400 work hours per year.
- The sheriff is a Deputy Sheriff 11, with an annual salary of \$55,594. The sheriff full time employee ("FTE") required includes in-court security and pre and post court security preparation time.
- The registry clerk annual salary is \$36,007. The registry clerk FTE required is calculated as 60% of the in-court clerk FTE.
- All employee benefits are calculated as 18.23% of salary.
- FTE cost reflects salary and benefits.

Case Management

- Case managers are probation officers dedicated to the VDTC. For budget purposes, the caseload ratio is generally assumed to be 25 offenders to 1 probation officer. For the VDTC pilot, it is assumed that the VDTC case managers will deliver the Substance Abuse Management (SAM) program to groups of VDTC participants as part of pre-treatment. As a result, the caseload ratio is assumed to be 18 individuals to 1 caseworker for the pilot.
- The annual cost for one case manager position is \$70,000. The figure includes salary, benefits, phone, PC lease, some travel, vehicle, and office expenses plus an additional one time start up cost of \$8,000 to cover training, furniture purchase, cabling and minor space renovations, software purchase, and office supplies.
- There is one administrative support person for every three case managers. The base salary for the support person is \$36,000.
- All employee benefits are calculated as 18.23% of salary.

Legal Aid

- In years 1 and 2, it is assumed that legal aid counsel required is 1.5 days a week, or 0.3 FTE based on VDTC court hours. In years 3 and 4, it is assumed that legal aid counsel required is 3 days a week, or 0.6 FTE.
- The base salary for a staff Legal Services Society lawyer is \$71,000.
- Administrative support is at a ratio of 1 support person for every 3 lawyers. The base salary for the support staff position is \$36,000.
- All employee benefits are calculated as 18.23% of salary.
- FTE cost reflects salary and benefits.

Prosecution

- The base salary for a federal Crown counsel is \$71,000.
- The base salary for the administrative support staff is \$36,000.
- All employee benefits are calculated as 18.23% of salary.
- The Federal Department of Justice will dedicate a Crown counsel for the pilot.
- FTE cost reflects salary and benefits.

Program Manager

- The Federal Department of Justice will provide a program manager for the VDTC pilot. The Department of Justice has budgeted \$91,800 for this position, which includes salary, benefits and overhead.

II. Treatment Component

General

- A Ministry for Children and Families approved community treatment agency will be contracted to provide day treatment services for the pilot.
- Physician Services will be covered under the Medical Services Plan.
- A physician will provide medical screening and interpret urine screen results.
- Therapist to participant ratio will not normally exceed 20 participants per clinical staff position.

Therapeutic Assessment Professional

- The Therapeutic Assessment professional will be either a psychologist or psychiatric social worker that will conduct addiction and mental health assessment of participants.
- The budget represents \$70,000 salary, 18% benefits, 10% backfill and 8% administrative cost.

Clinical Counsellors

- Based on a ratio of 17 individuals to 1 counsellor, the number of counsellors required by year is:
 - Year 1: 2
 - Year 2: 2
 - Year 3: 3
 - Year 4: 4
- In year 4, the ratio of counsellors to participants is slightly greater than the 17 to 1 ratio. This slightly higher ratio reflects the ability of the counsellors to provide services to a greater number of participants due to their experience gained over the course of the pilot.

- The budget reflects \$50,000 salary, 18% benefits, 10% backfill and 8% administrative cost.

Administrative Support

- Administrative support services will be provided on an as needed basis through a service contract.

Medical Detox Services

- The Toronto Drug Treatment Court has no medical detox beds. However, the proposal for the VDTC is budgeting 1 medical detox bed at \$200 per bed for 365 days a year each year over 4 years.

Urinalysis

- Urine Drug Testing Kits will be used as a case management tool.
- Full laboratory analysis will only be used for confirmation of positive urine drug kits and for sanctioning purposes.
- Confirmatory urine drug testing is estimated at 25% of samples.
- The Urine Drug Testing Kit cost is \$16 per sample. A full laboratory analysis test cost is \$60 per sample.
- In year 1, 988 samples will be tested at \$16 per sample. [19 samples (half of 38 participants) x 52 weeks]. In addition, there will be 247 samples [25% of 988] requiring full lab testing at \$60 per sample.
- In year 2, 1300 samples will be tested at \$16 per sample. [25 samples (half of 50 participants) x 52 weeks]. In addition, there will be 325 samples [25% of 1300] requiring full lab testing at \$60 per sample.
- In year 3, 1950 samples will be tested at \$16 per sample. [38 samples (half of 75 participants) x 52 weeks]. In addition, there will be 488 samples [25% of 1950] requiring full lab testing at \$60 per sample.
- In year 4, 2600 samples will be tested at \$16 per sample. [50 samples (half of 100 participants) x 52 weeks]. In addition, there will be 650 samples [25% of 2600] requiring full lab testing at \$60 per sample.
- 8% of total urinalysis cost has been added to reflect the cost of miscellaneous testing supplies.

Male and Female Urine Attendants

- The salary and benefits of a urine-testing attendant is \$45,000 per year.

Transportation Assistance

- Bus pass at \$50 per pass for 12 months for 50% of active participants.

Meals

- Lunch will be provided five days a week for 52 weeks for active participants.
- The lunch cost \$2 per participant per day.
- The existing Corrections Branch food service contract provider will prepare additional lunches for the VDTC pilot participants.

Continuing Education

- \$12,000 for continuing education has been budgeted for years 1 and 2. \$15,000 has been budgeted for years 3 and 4.

B

DRUG TREATMENT COURT BUDGET

	Year 1	Year 2	Year 3	Year 4
Pre-court Conference Hours	156	156	156	156
Court Hours	312	312	312	312
Court Days	69.3	69.3	69.3	69.3

Justice FTEs

	Year 1	Year 2	Year 3	Year 4
Judiciary				
Judge	0.5	0.5	1.0	1.0

Court Services Staff

Court Clerk	0.53	0.53	0.84	0.84
Sheriff	0.41	0.41	0.41	0.41
Registry Staff	0.32	0.32	0.50	0.50
Sub-Total	1.26	1.26	1.75	1.75

Case Management

Case Manager	2.1	2.8	4.2	5.6
Admin Staff	0.7	0.9	1.4	1.9
Sub-Total	2.7	3.7	5.6	7.4

Legal Aid

Duty Counsel	0.6	0.6	0.6	0.6
Admin Staff	0.2	0.2	0.2	0.2
Sub-Total	0.8	0.8	0.8	0.8

Prosecution

Provincial Crown Counsel	0.5	0.5	1.0	1.0
Federal Crown Counsel	0.5	0.5	1.0	1.0
Admin Staff (Federal)	0.5	0.5	1.0	1.0

Program Management

Program Manager	1.0	1.0	1.0	1.0
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Total Federal Full Time Employees (FTE)	2.0	2.0	3.0	3.0
Total Provincial FTE	5.8	6.8	10.2	12.0
Total Justice FTE	7.8	8.8	13.2	15.0

Justice Expenditures

	Year 1	Year 2	Year 3	Year 4
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Judiciary

Judge	\$ 85,160	\$ 85,160	\$ 170,321	\$ 170,321
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Court Services Staff

Court Clerk	\$ 15,589	\$ 15,589	\$ 15,589	\$ 15,589
Sheriff	\$ 27,181	\$ 27,181	\$ 27,181	\$ 27,181
Registry Staff	\$ 8,539	\$ 8,539	\$ 8,539	\$ 8,539
Sub-Total	\$ 51,308	\$ 51,308	\$ 51,308	\$ 51,308

Case Management

Case Manager	\$ 143,889	\$ 194,444	\$ 291,667	\$ 388,889
Admin Staff	\$ 29,163	\$ 39,410	\$ 59,115	\$ 78,820
Sub-Total	\$ 173,052	\$ 233,854	\$ 350,782	\$ 467,709

Legal Aid

Duty Counsel	\$ 50,366	\$ 50,366	\$ 50,366	\$ 50,366
Admin Staff	\$ 8,513	\$ 8,513	\$ 8,513	\$ 8,513
Sub-Total	\$ 58,879	\$ 58,879	\$ 58,879	\$ 58,879

Prosecution

Provincial Crown Counsel	\$ 41,972	\$ 41,972	\$ 83,943	\$ 83,943
Federal Crown Counsel	\$ 41,972	\$ 41,972	\$ 83,943	\$ 83,943
Admin Staff (Federal)	\$ 21,281	\$ 21,281	\$ 42,563	\$ 42,563

Program Management

Program Manager	\$ 91,800	\$ 91,800	\$ 91,800	\$ 91,800
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Total Federal FTE Commitment	\$ 155,053	\$ 155,053	\$ 218,306	\$ 218,306
Total Provincial FTE	\$ 410,371	\$ 471,173	\$ 715,232	\$ 832,160
Total Justice FTE	\$ 565,424	\$ 626,226	\$ 933,538	\$ 1,050,465

	Year 1	Year 2	Year 3	Year 4
Treatment FTEs				
Therapeutic Assessment Professional	1.0	1.0	1.0	1.0
Clinical Counsellors	3.0	3.0	4.5	5.5
Male and Female Attendants	0.7	0.7	1.0	1.0
Admin Support (contracted as needed)	--	--	--	--
Total Treatment FTE	4.7	4.7	6.5	7.5

	Year 1	Year 2	Year 3	Year 4
Treatment Expenses				
Therapeutic Assessment Professional	\$ 98,129	\$ 98,129	\$ 98,129	\$ 98,129
Clinical Counsellors	\$ 210,276	\$ 210,276	\$ 315,414	\$ 385,506
Male and Female Attendants	\$ 30,000	\$ 30,000	\$ 45,000	\$ 45,000
Admin Support	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
Medical Detox	\$ 73,000	\$ 73,000	\$ 73,000	\$ 73,000
Urinalysis	\$ 65,256	\$ 86,208	\$ 129,312	\$ 171,216
Transportation Assistance	\$ 11,250	\$ 15,000	\$ 22,500	\$ 30,000
Meals	\$ 19,500	\$ 26,000	\$ 39,000	\$ 52,000
Continuing Education	\$ 12,000	\$ 12,000	\$ 15,000	\$ 15,000
Total Treatment Expenses	\$ 544,411	\$ 575,613	\$ 762,355	\$ 894,851

FTEs				
Total Federal FTE Commitment	2.0	2.0	3.0	3.0
Total Provincial FTEs (including Treatment)	10.5	11.5	16.7	19.5
Total DTC Proposal FTEs (including Treatment)	12.5	13.5	19.7	22.5

Justice Expenditures				
Total Federal Commitment	\$ 155,053	\$ 155,053	\$ 218,306	\$ 218,306
Total Provincial Commitment	\$ 410,371	\$ 471,173	\$ 715,232	\$ 832,160
Total Treatment Expenses *	\$ 544,411	\$ 575,613	\$ 762,355	\$ 894,851
Total Drug Treatment Court Proposal Cost	\$ 1,109,835	\$ 1,201,839	\$ 1,695,893	\$ 1,945,316

* 50% of Treatment Expenses will be paid by the Department of Justice and 50% will be paid by the Ministry of the Attorney General

Breakdown of Urinalysis Cost

	Year 1	Year 2	Year 3	Year 4
Number of Active Participants	25/50	50	75	100
Urinalysis Kit Cost - everyone once a week (Participants x 52 weeks x \$16)	\$ 31,200	\$ 41,600	\$ 62,400	\$ 83,200
Full Lab Testing Cost - everyone once a month (Participants x 12 months x \$60)	\$ 27,000	\$ 36,000	\$ 54,000	\$ 72,000
Misc Supplies ((Kit cost + lab cost + attendant cost) x 8%)	\$ 7,056	8,608	12,912	16,016
Urinalysis Total	\$ 65,256	\$ 86,208	\$ 129,312	\$ 171,216

Clinical Treatment Program Description

CLINICAL TREATMENT PROGRAM DESCRIPTION

The treatment component of the VDTC is an intensive, multiphase program for all VDTC participants. The treatment component will be coordinated with the VDTC's case management component so that, as much as possible, participants experience a seamless system of service.

The VDTC treatment program is a minimum one-year in length and will have a capacity to serve 50 - 75 participants. This capacity will be established over the course of the first year of operation. Approximately 4 new participants will be admitted each week. An attrition rate of up to 50% is expected.

Treatment participants will be adult men and women addicted to heroin and/or cocaine who have been accepted into the VDTC program. Most can be expected to be dependent on a number of other licit and illicit substances and experiencing severe problems in multiple areas. Most participants who inject their drugs will have extensive health problems and/or risks including communicable diseases like HIV/AIDS and Hepatitis C. Up to 30% of participants are expected to have a co-existing mental disorder. Participants must be cognitively and behaviorally able to participate in the treatment process.

The approach to treatment is based on the theory of addictions whereby treatment is expected to address the range of issues that participants experience. This is accomplished through direct therapeutic addiction counselling in combination with strong case management and linkages of clients to other required services.

In the VDTC program the treatment component is provided by the Vancouver/Richmond Health Board ("VRHB") and is focussed on comprehensive assessment, treatment planning and therapeutic group and individual counselling. Employees of the Ministry of Attorney General Probation Services will provide case management services.

The treatment and case management components will be co-located and work closely together. The work of the two staff groups will be as coordinated and integrated as possible to ensure that the range of participants' issues and needs are addressed and that transitions between case management and treatment services are smooth and continuous.

The treatment team will provide reports to the Court and treatment team members will attend Court sessions as needed when specific treatment input/comment is required.

Treatment Program Details

The treatment program will be guided by the overall principles of the VDTTC, which incorporate the core principles of effective addiction treatment. The treatment program will also meet the British Columbia Provincial Alcohol and Drug Program Standards and Policies.

At entry to the treatment program participants will receive a comprehensive addictions assessment by a Therapeutic Assessor with clinical addictions and mental health expertise. A treatment plan will then be developed and shared with the case management providers to ensure that case management services reflect key treatment requirements.

While assessment will include the Michigan Alcohol Screen Tool (MAST) and the Drug Assessment Screening Tool (DAST) a more extensive addictions assessment tool(s) will be required. The selection of these additional tools will be completed before final implementation of the treatment program.

Assessment is an ongoing process. Treatment progress will be monitored and reviewed by the treatment team on a regular basis throughout the program. Case managers and the participant will be involved in such reviews. Urinalysis and other relevant information gathered by the case managers will be shared with the treatment team and incorporated into the treatment plan. Treatment plans will be revised as necessary to reflect participants changing needs and issues.

Treatment services will be provided by experienced addiction counsellors using a structured outpatient "day" treatment approach and will address both addiction and mental health issues of participants.

Participants that require more specialized addiction, mental health and/or medical services at any point(s) in the treatment program will be linked to such services by the

treatment team and those services will be incorporated into the participant's overall treatment plan. Participants with serious mental health or other issues may also be required to attend additional group and/or individual treatment sessions.

Throughout the treatment program participation in "12-step" and other self-help groups will be strongly encouraged and may be a requirement for participants who require additional support.

Relapse is not unexpected and participants will not be expelled from treatment unless there is a pattern of lack of participation in and compliance with the program and/or repeated urinalysis results indicating continued drug use.

Phases of Treatment

The treatment program consists of three main phases: stabilization/orientation (up to six weeks), intensive treatment (up to six weeks), and longer-term stabilization and maintenance (a minimum of 40 weeks). All treatment phases include "homework" assignments as part of the structured group and individual counselling requirements.

Phase 1 - stabilization/orientation phase of treatment involves 6 hours per week of co-ed "open" group counselling and orientation to the treatment program. In the second three weeks of this phase 1 hour per week of individual counselling is added to the 6 "open" group counselling hours.

Experience with other Drug Treatment Courts has shown that when participants are retained in the program for at least 3 months they are much more likely to complete the program. Retention in treatment is a key objective during the stabilization/orientation phase.

Treatment and case management staff work closely together during stabilization and orientation. Counsellors identify participant needs for particular specialty services such as residential or other addiction treatment, mental healthcare, primary health care and support needs like housing, help with literacy, money and transportation. Case managers then work to help participants meet the identified needs.

The Substance Abuse Management (SAM) program is 21 hours in length and designed to prepare participants for intensive treatment and group work. The SAM program is provided as part of participants' group counselling requirements and will be provided primarily by case management staff. The addiction counsellors will participate regularly in the SAM program and may assume more presentation responsibility in the final few sessions so as to ease participants' transition to intensive treatment.

Phase II - intensive phase of treatment involves 10 hours of "closed" group and 1 hour of individual counselling per week and includes three stages:

- Two weeks of intensive individual and co-ed group treatment focussed on detailed addiction education, intensive self-assessment, and the development of personal and family safety plans in the event of relapse or worsening drug use.
- Two weeks of gender-specific cognitive and process group work focussed on improving communication and relapse prevention skills in a gender-specific context. Group work will include anger management, violence prevention, parenting, family-of-origin and sexual abuse issues.
- Two weeks of co-ed group work focussed on cognitive and life skills work that expands the skills learned in the previous stage but in a mixed gender context.

Phase III - Longer-term stabilization and maintenance phase of treatment includes participation in "open" therapeutic group focussing on relapse prevention and reinforcement of learned skills including but not limited to parenting, relationships, communication and anger management.

In the first four weeks of this phase 4 hours of group counselling per week is required. In addition 1 hour of individual counselling biweekly and at least 10 hours per week of involvement in self-help groups is required. For the remainder of the maintenance phase participation in two hours of group counselling and at least 10 hours per week in self-help groups is required.

Treatment Services for Clients with Co-Existing Addiction and Mental Disorders

In the initial months of the program when the number of clients in treatment at any one time is expected to be small, clients with dual disorders will be managed in the same group as other participants wherever possible. Where the mental health issues temporarily preclude involvement in the prescribed group processes and where specialized mental health services are not required, participants with dual disorders may receive many services in individual counselling sessions. The treatment team will closely monitor the needs and experiences of dually diagnosed participants and will design and implement a treatment stream specific to this population as the numbers of such participants increase and need dictates.

TREATMENT COMPONENT STAFFING

Therapeutic Assessor

A full-time Therapeutic Assessor will carry out comprehensive addiction assessments and develop individualized treatment plans for all VDTC treatment participants. This includes the need to administer and interpret a variety of related psychological testing instruments. The Assessor will provide consultation to the addiction counsellors on clinical issues as needed and will participate in the ongoing review and revision of the treatment program and specific treatment groups. The Assessor may also provide education and some clinical supervision to the addiction counsellors in a variety of clinical areas in which the assessor is particularly qualified (such as dual disorders).

The Therapeutic Assessor is a unionized position. The preferred academic qualification is a Ph.D. in Counselling Psychology. It is essential that the Assessor have extensive clinical addictions and mental health experience with severely and chronically affected client populations.

Addiction Counsellors

Three full-time addiction counsellors are required. These will be unionized positions. One position will operate as a lead therapist who will carry an active caseload but will also be responsible to coordinate the therapy team and maintain administrative records. The lead therapist will also be responsible for providing clinical supervision to the other counsellors. The counsellors will report administratively to a VRHB excluded manager but will coordinate their activities with the activities, philosophy and direction of the VDTC team.

The Addictions Counsellors will be responsible to provide group and individual counselling for VDTC participants in accordance with individualized treatment plans and participate in the overall functioning of the VDTC program. The counsellors will also be responsible to provide accurate and timely progress reports on participants to the Program Manager.

Qualifications will include a Masters Degree in a directly related field and extensive clinical addictions and/or mental health experience with severely and chronically affected client populations.

Budget for Treatment Component

Therapeutic Assessor (1 full-time equivalent)	\$ 76,095
Lead Counsellor (1 full-time equivalent)	\$ 75,259
Clinical Counsellors (2 full-time equivalents)	\$ 139,738
Backfill for vacation & education leave (10% of salary costs)	\$ 29,109
Continuing education	\$ 6,000
Total treatment costs	\$ 326,201

Operations

Administrative support (contracted - estimated at 0.3 FTE)	\$ 12,546
Administrative overhead (6% of salaries & benefits)	\$ 19,967 max
Program Supplies (to be invoiced to the VDTC)	\$ 7,500 max.
Total operations costs	\$ 40,013

Total Treatment & Operations Costs **\$ 366,214**

Budget Assumptions for Treatment Component

1. This budget covers the annual operation costs – start-up year budget must be modified to address start-up and a potential part-year operation.
2. Salaries include 18% benefits.
3. Backfill to cover staff vacation and education leave (upper average of 20 + 5 days per year per full-time equivalent) is calculated at 10%.
4. Clinical treatment case ratios will average 20 clients per clinical counsellor.

5. Administrative assistance will be provided by contract with an employment agency if the need is greater than what would already be available through the service provider. Given co-location of the treatment and case management components of the VDTC the VRHB will not be able to reassign existing administrative staff to a new site. This may increase the amount of contracted administrative support required for the treatment program.
6. Continuing education costs are estimated at \$1,500 per clinician.
7. Program supplies costs include occupational therapy and treatment supplies and are estimated at up to \$150 per client per year. Treatment supplies do not include medication or medical supplies - it is assumed that the BC Medical Services Plan (MSP) or Social Assistance will cover such costs.
8. "Overhead" does not include costs related to treatment/program supplies, client transportation assistance, client childcare assistance, or other miscellaneous expenses. Overhead includes purchase or lease costs of office supplies and equipment such as copier, fax and computers or furniture, monthly phones/faxes/computer network fees and staff mileage expenses. If some of these items are provided at no charge by Justice or Corrections then the costs will be reduced.
9. The treatment providers will be co-located with the VDTC Program Manager and case management services. No facility lease or maintenance fees will be charged to the treatment provider.
10. One-time capital renovation, furniture and equipment costs are not included in this budget.
11. Costs for urinalysis and related staffing (attendants) will be covered by Justice/Corrections and are not included in this treatment budget.

12. The VRHB will make its primary care physicians who have expertise with methadone maintenance and opiate dependent persons available on an MSP fee-for-service basis.
13. Liability insurance costs are covered by the Vancouver/Richmond Health Board.
14. Interpretation costs are not included in this budget.
19. Salary Costs

Therapeutic Assessor

Ph.D. Psychology preferred - expertise in Mental Health and Addictions @ \$64,487 each full-time equivalent

1 X \$64,487 + 18% benefits = \$76,095*

*This is the mid-range of the classification for Ph.D. Psychologists in VRHB - a current dispute may raise the salary about \$5,000 per year

Lead Clinical Counsellor

VRHB equivalent is Senior Mental Health Worker @ \$63,779 each full-time equivalent

1 X \$63,779 + 18% benefits = \$75,259

Clinical Counsellors

VRHB equivalent is Community Mental Health Worker @ \$59,211 each full-time equivalent

2 X \$59,211 + 18% benefits = \$139,738

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