

AN EVALUATION OF YUKON'S COMMUNITY WELLNESS COURT

Submitted to:

Yukon Justice

Submitted by:

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TABLE OF CONTENTS

Executive Summary	vii
Acknowledgements	xi
1.0 Introduction.....	1
1.1 Background.....	1
1.2 Purpose of this Report	3
1.3 Organization of the Report.....	3
2.0 Literature Review of Problem-solving Courts	5
2.1 Problem-solving Courts: Origins	5
2.2 Problem-solving Courts: Philosophical Underpinnings and Aims.....	6
2.3 Evaluations: Descriptions, Limitations and Findings	7
2.3.1 Process and Outcome Evaluations in Four Tribal Wellness Courts, United States, 2005	8
2.3.2 The NSW Drug Court: Re-evaluations of its Effectiveness, Australia, 2008	8
2.3.3 Vancouver Drug Treatment Court Evaluation, Canada, 2006	10
2.3.4 Evaluation of the Implementation and Outcomes of the Canadian Mental Health Association, Ottawa Branch’s Court Outreach Program, Canada, 2009	10
2.4 Challenges and Lessons Learned	12
3.0 Structure and Process of the Community Wellness Court (CWC).....	15
3.1 CWC Objectives	15
3.2 Theory of Change	15
3.3 Logic Model	17
3.4 Processing of Cases.....	19
3.4.1 Admission Process.....	19
3.4.2 Court Monitoring.....	23
3.4.3 CWC Programming.....	25
3.4.4 Leaving the CWC	27
4.0 Methodology	31
4.1 Research Objectives.....	31
4.2 Process Analysis	31
4.2.1 Sources of Data	31
4.3 Outcome Analysis	34
4.3.1 Sources of Data	34
4.4 Outcome Research Design.....	34
4.5 Research Limitations	37
5.0 Activities and Outputs of the Community Wellness Court (CWC).....	39
5.1 Number of Clients Served.....	39
5.2 Timelines	41

5.3	Demographic Characteristics and Background	44
5.4	Risk Level and Offending Patterns	47
5.5	Needs and Services.....	48
5.6	Justice Wellness Centre	53
5.7	Victims	55
6.0	Effectiveness of the Community Wellness Court (CWC)	57
6.1	Short-Term Outcomes: Service Outcomes	57
6.2	Short-Term Outcomes: Lifestyle Improvement	59
6.3	Long-Term Outcomes: Reoffending.....	63
7.0	Views of the CWC Clients	65
7.1	Why Did You Commit to the CWC?	65
7.2	Did the CWC Meet Your Needs?	65
7.3	Did the CWC Help You Meet Your Conditions?	65
7.4	Were the Support Services Appropriate?.....	66
7.5	Were Support Services Readily Available and Accessible?.....	66
7.6	Were the Support Services Helpful?	66
7.7	Was the CWC Program Appropriate for You?	66
7.8	Were Aftercare Services Offered?	67
7.9	Did the Clients think that the CWC was an Effective Program?.....	67
8.0	Summary and Conclusions.....	69
8.1	Research Objectives.....	69
8.2	Findings: Process Analysis	69
	8.2.1 Development and Implementation of the CWC	69
	8.2.2 Activities and Outputs	70
8.3	Findings: Outcome Analysis	71
	8.3.1 Short-Term Service Outcomes.....	72
	8.3.2 Short-Term Lifestyle Improvement Outcomes.....	72
	8.3.3 Long-Term Outcome: Reoffending.....	72
8.4	Views of the CWC Clients.....	73
8.5	Conclusions	74
	8.5.1 Objectives #1 and #2	74
	8.5.2 Objective #3	75
	8.5.3 Objective #4	75
	8.5.4 Objective #5	75
	References.....	77

Appendix A: Data Entry Report

Appendix B: Data Exit Report

Appendix C: Client Interview Schedule

LIST OF TABLES AND FIGURES

Table 3.1	CWC Logic Model.....	18
Figure 3.1	Client Flow Through the Community Wellness Court	20
Table 4.1	Process Analysis: Research Questions and Associated Data	32
	Collection Components	
Table 4.2	Outcome Analysis: Research Questions and Associated Data.....	35
	Collection Components	
Figure 5.1	Number of Clients Processed Through the Community Wellness	40
	Court (June 2007 – May 2011)	
Table 5.1	Source of Referral to CWC by Program Group.....	42
Figure 5.2	Number of Suitable Clients Having a First Appearance by Year.....	43
Table 5.2	Number of Days Between Milestones in the CWC for Program.....	44
	Completed Group	
Table 5.3	Demographic Characteristics of Clients by Program Group.....	45
Table 5.4	Background Characteristics of Clients in the Active, Completed,	46
	and Not Suitable Groups at Program Entry	
Table 5.5	LS/CMI Risk Level Score and Number of Previous Convictions	48
Table 5.6	Number of Current Charges by Program Group	49
Table 5.7	Primary Drug Used by Clients with Substance Abuse Problems	51
	by Program Group	
Table 5.8	Mental Health Diagnoses for Clients with Mental Health Problems	52
	by Program Group	
Table 5.9	Number of Clients in Active, Completed and Partially Completed	53
	After Wellness Plan Filed Groups Involving Various Agencies/Resources in the Wellness Plan	
Figure 5.3	Number of Visits Made to the Justice Wellness Centre	54
Table 6.1	Substance Abuse Services Used While in CWC by Program.....	58
	Completed Clients with Substance Abuse Issues	

Table 6.2	Outcomes of Program Completed Clients with Substance Abuse Issues	58
Table 6.3	Mental Health Services Used While in CWC by Program Completed Clients with Mental Health Issues at Program Entry	59
Table 6.4	Mental Health Outcomes of Program Completed Clients with Mental Health Issues at Program Entry	60
Table 6.5	Number of Program Completed Clients who Experienced an Improvement in Housing During CWC	61
Table 6.6	Extent to Which Program Completed Clients Reached their Education and Employment Goals During CWC	61
Table 6.7	Personal Supports Available to Program Completed Clients on Exit from CWC	62
Table 6.8	First Nation Supports Used by Program Completed First Nation Clients During CWC	63
Table 6.9	Number of Offences Before, During and After CWC for Program Completed and Partially Completed Clients	64
Table 6.10	Number of Clients in the Completed and Partially Completed Groups Who Reoffended After Leaving the Program	64

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 Court was established in May 2007 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 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 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.

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 clients who received substance abuse treatment programs were rated as making significant progress in dealing with their substance-abuse issues while in the program. As well, program records indicated that clients with mental health issues made progress in dealing with these issues while in the CWC. Given these findings, it appears that the CWC has 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, it would appear that the CWC has also 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.

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.

Objective #3

In terms of objective #3, every effort is made throughout the CWC process to address victim's 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 court. 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. Thus, it would appear that the CWC is achieving objective #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.

While historically there have been some difficulties with insufficiencies in the programming, the opening of the Justice Wellness Centre in December 2010 has rectified this issue. The Centre provides extended programming and support for community corrections clients who go through the CWC. It is open seven days a week from 8 a.m. until 7 p.m. 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 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 to conduct the current summative evaluation of the first four years of the Court's operation.

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)

1.2 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. 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.

Information contained in this report hopefully 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 contains an analysis of the outcome evaluation. Chapter 7.0 contains an analysis of data collected from interviews with eight clients who completed the CWC program. Finally, Chapter 8.0 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).

2.4 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 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 Justice Wellness Centre 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 Justice Wellness Centre is open seven days a week from 8 a.m. to 7:30 p.m. 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

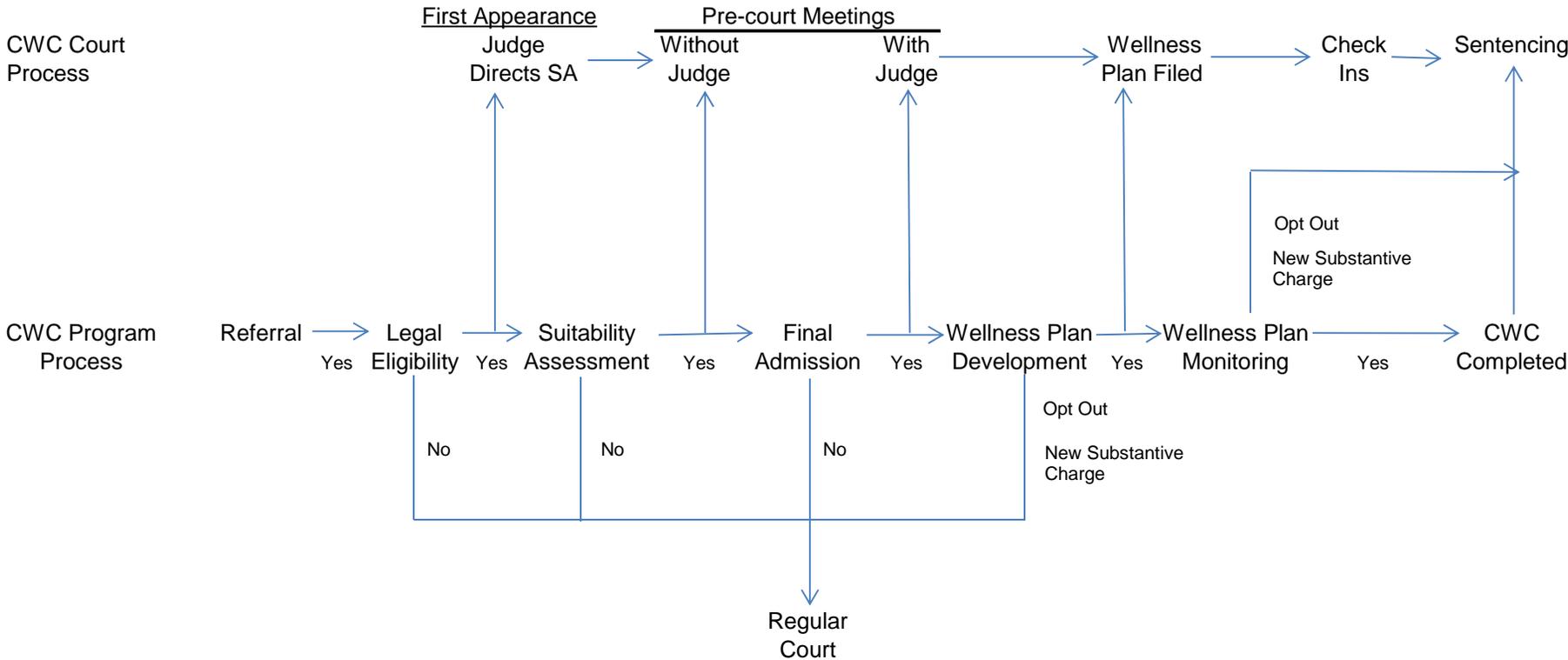
Referrals

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 Manager (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.
- 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

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. 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 offender's matters are adjourned for a period of 60 days during which he/she meets regularly with the PCM to develop an individualized Wellness Plan. 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, CRILF developed an evaluation which included the use of both quantitative and qualitative data and focused retrospectively on the first four years of the court's operation from June 2007 to May 2011.

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);
- Justice Wellness Centre program records;
- Follow-up interviews with CWC clients who graduated (n=8) (see Appendix C); and
- Key informant interviews.

Table 4.1

Process Analysis: Research Questions and Associated Data Collection Components

Research Questions	Data Collection Strategies			
	CWC Program Database	CRIS System	JWC Program Records	Service Provider 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	JWC Program Records	Service Provider 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;
- Court Record Information System (CRIS); and
- Follow-up interviews with CWC clients who graduated (n=8).

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 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) was not user-friendly and did not generate reports that could be easily used for the evaluation.

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. In other words, it addresses question 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

This section of the process analysis findings is relevant to the following research questions from Table 4.1:

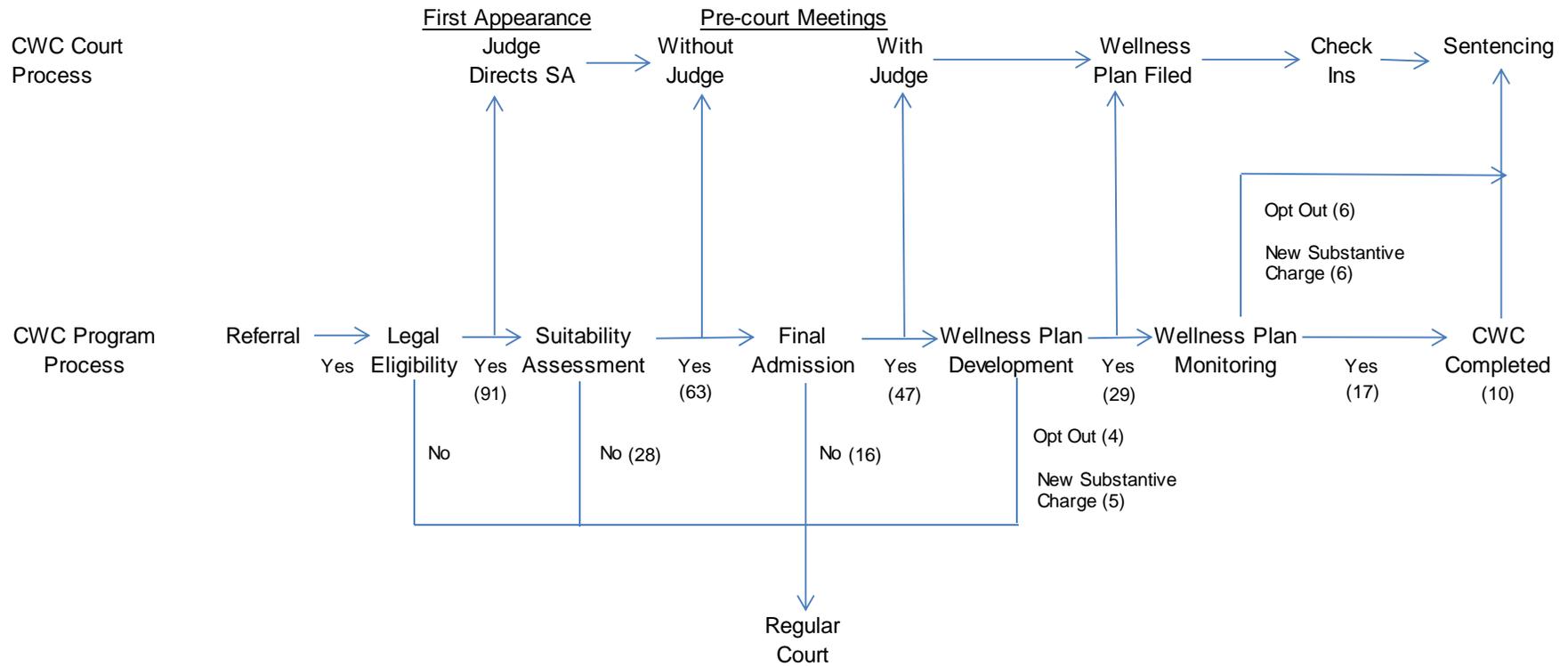
1. How many clients have been served?
2. How many referrals were assessed not suitable?
3. Why were referrals assessed not suitable?
4. What is the current active caseload?
5. Who has been the major referral source?

Figure 5.1 contains a breakdown of the total number of clients processed through the Community Wellness Court from June 2007 to May 2011. As indicated, a total of 91 alleged offenders were referred to the CWC and met the legal eligibility. Of the total, 63 (69%) were found suitable and 31% 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, 47 (75%) met the final admissions criteria and were accepted into the CWC program. 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 47 who were accepted into the program, the development of the Wellness Plan was initiated. Of these, 4 opted out at this stage and 5 were removed because of new substantive charges. Twenty-nine (62%) completed the Wellness Plan and it was filed in the court. Of those clients whose Wellness Plans were filed in court, 17 (59%) had completed their Wellness Journey by May 31, 2011; 6 opted out and 6 were removed because they committed new substantive charges. These 12 cases were referred to sentencing in the CWC since their Wellness Plan had been filed with the court. The 10 clients who completed were also sentenced as indicated by Figure 5.1.

Figure 5.1

Number of Clients Processed Through the Community Wellness Court
(June 2007 - May 2011)



The active caseload as of May 31, 2011 was a total of 19 clients: 3 were at the Suitability Assessment stage; 9 were at the Wellness Plan development stage; and 7 were at the Wellness Journey stage with their Wellness Plan being monitored. The primary presenting problems for these cases included 15 with addictions, 3 with mental health issues and 3 with FASD.

In terms of source of referral to the CWC program, Table 5.1 indicates that the major source of referral for all of the different program groups was clearly defence legal aid. The next most frequent source of referral was probation staff and only one client was self-referred but was found not suitable.

5.2 Timelines

This section of the process analysis findings is 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 by year. It indicates that intake into the CWC has been relatively stable since 2008 with 12 coming into the program that year, 9 in 2009 and 10 in 2010. A further 8 have entered the program in the first half of 2011.

Table 5.2 contains information on the average number of days 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 25 days with a range up to a maximum of 92 days. From Suitability Assessment completed until Wellness Plan filed the average was over 151 days with a range from 70 to 436. The average time from filing of the Wellness Plan until sentencing date was 342 days with a range from 42 to 539. The total time in the program from first appearance until sentencing date was an average of 517 days or just over 17 months (range = 210-711 days) which is within the expected duration of 12 to 18 months.

Table 5.1

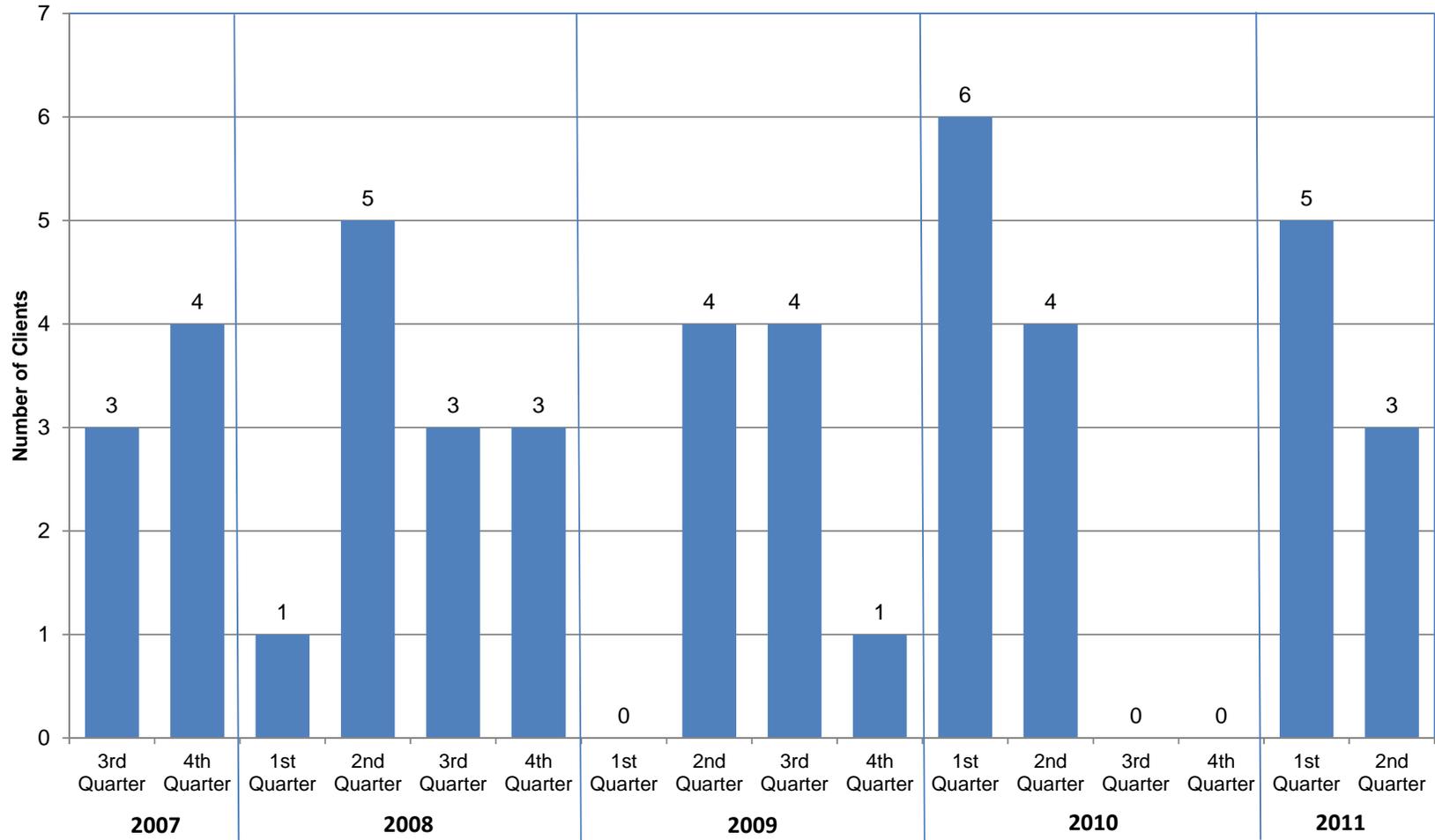
Source of Referral to CWC by Program Group

Referral Source	Group											
	Active		Completed		Partially Completed Before Wellness Plan Filed		Partially Completed After Wellness Plan Filed		Not Suitable		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Defence Legal Aid	10	100.0	6	60.0	2	66.7	2	50.0	5	93.8	35	81.4
Defence Private	0	0.0	2	20.0	0	0.0	1	25.0	0	0.0	3	7.0
Probation Staff	0	0.0	2	20.0	1	33.3	1	25.0	0	0.0	4	9.3
Self-represented	0	0.0	0	0.0	0	0.0	0	0.0	1	6.3	1	2.3

Source of data: Program Records

Figure 5.2

Number of Suitable Clients Having a First Appearance by Year¹



Source of data: Program Records

¹ Missing cases of date of first appearance = 4.

Table 5.2

**Number of Days Between Milestones in the CWC
for Program Completed Group**

Milestone	Mean	Range
First Appearance – Suitability Assessment Completed (n=9)	25.0	0-92
Suitability Assessment Completed – Wellness Plan Filed (n=9)	151.7	70-436
Wellness Plan Filed – Sentencing Date (n=10)	341.5	42-539
Total Time from First Appearance to Sentencing Date (n=10)	517.3	210-711

Source of data: Program Records

5.3 Demographic Characteristics and Background

This section of the process analysis findings is 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 5.3 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 partial completion before Wellness Plan was filed group which were all males. First Nation clients are overrepresented with a total of approximately 70%. This pattern holds for all groups except the completed program group in which 40% were First Nations.

In terms of presenting problems, Table 5.3 indicates that overall, as would be expected, the majority of clients had addictions (42%) or addictions and mental health issues (38%). A further 18% had FASD in combination with addictions and/or mental health issues as the presenting problem. This varied somewhat by group where the partially completed before Wellness Plan filed group was overrepresented in cases involving addictions and FASD and the not suitable group was overrepresented with cases involving just addictions.

Table 5.3

Demographic Characteristics of Clients by Program Group

Characteristic	Group											
	Active		Completed		Partially Completed Before Wellness Plan Filed		Partially Completed After Wellness Plan Filed		Not Suitable		Total	
Age at First Appearance ¹	31.2 (n=13)		32.2 (n=10)		32.7 (n=9)		30.8 (n=12)		34.0 (n=16)		32.3 (n=60)	
Mean	18-59		21-48		18-48		19-43		19-51		18-59	
Range	n	%	n	%	n	%	n	%	n	%	n	%
Gender												
Male	13	72.2	7	70.0	9	100.0	9	75.0	11	68.8	49	75.4
Female	5	27.8	3	30.0	0	0.0	3	25.0	5	31.3	16	24.6
Ethnicity												
First Nations	14	77.8	4	40.0	7	77.8	7	58.3	12	75.0	44	67.7
Caucasian	4	22.2	6	60.0	2	22.2	5	41.7	4	25.0	21	32.3
Presenting Problem ²												
Addictions	9	56.3	3	30.0	1	12.5	3	25.0	9	64.3	25	41.7
FASD	0	0.0	1	10.0	0	0.0	0	0.0	0	0.0	1	1.7
Addictions and Mental Health	3	18.8	6	60.0	2	25.0	8	66.7	4	28.6	23	38.3
Addictions and FASD	1	6.3	0	0.0	5	62.5	1	8.3	1	7.1	8	13.3
Addictions, Mental Health and FASD	3	18.8	0	0.0	0	0.0	0	0.0	0	0.0	3	5.0

Source of data: Program Records

¹ Missing cases on age = 5.

² Missing cases on presenting problem = 5.

Table 5.4 contains information regarding the background characteristics of clients in the active, completed and not suitable groups at program entry. Overall, the largest group in terms of source of income was employed with 36% of the total number of clients. The second major source of income was social assistance with over 30%. This varied somewhat by group with the not suitable clients being overrepresented in the social assistance group with 44%.

Table 5.4

Background Characteristics of Clients in the Active, Completed, and Not Suitable Groups at Program Entry

Characteristic	Group						Total	
	Active		Completed		Not Suitable			
	n	%	n	%	n	%	n	%
Source of Income								
No Income	2	20.0	2	20.0	2	12.5	6	16.7
Social Assistance	2	20.0	2	20.0	7	43.8	11	30.6
Employment Insurance	1	10.0	1	10.0	0	0.0	2	5.6
Employment	4	40.0	3	30.0	6	37.5	13	36.1
Social Assistance and Employment	1	10.0	2	20.0	1	6.3	4	11.1
Education Level								
Some High School	6	60.0	5	50.0	12	75.0	23	63.9
High School Graduate	4	40.0	4	40.0	1	6.3	9	25.0
Trade	0	0.0	0	0.0	2	12.5	2	5.6
Some University	0	0.0	1	10.0	0	0.0	1	2.8
Unknown	0	0.0	0	0.0	1	6.3	1	2.8
Marital Status								
Single	9	90.9	8	80.0	10	62.5	27	75.0
Married	0	0.0	1	10.0	0	0.0	1	2.8
Cohabiting	1	10.0	1	10.0	5	31.3	7	19.4
Divorced	0	0.0	0	0.0	1	6.3	1	2.8
Client's Motivation Level								
Very Motivated	4	40.0	0	0.0	3	18.8	7	19.4
Motivated	5	50.0	7	70.0	5	31.3	17	47.2
Low Motivation	1	10.0	3	30.0	8	50.0	12	33.3
Substance Abuse								
Yes	9	90.0	9	90.0	13	81.3	31	86.1
No	1	10.0	1	10.0	3	18.8	5	13.9
Mental Health Problems								
Yes	4	40.0	4	40.0	4	25.0	12	33.3
No	3	30.0	4	40.0	7	43.8	14	38.9
Unknown	1	10.0	1	10.0	3	18.8	5	13.9
Missing	2	20.0	1	10.0	2	12.5	5	13.9
FASD								
Yes	3	30.0	1	10.0	0	0.0	4	11.1
No	4	40.0	9	90.0	13	81.3	26	72.2
Suspected	1	10.0	0	0.0	1	6.3	2	5.6
Unknown	0	0.0	0	0.0	1	6.3	1	2.8
Missing	2	20.0	0	0.0	1	6.3	3	8.3

Source of data: Program Records

In terms of education, Table 5.4 indicates that the not suitable group was less educated than the other two groups with only 6.3% having graduated high school compared to 40% for the other two groups. In terms of marital status, the vast majority in all groups were single; however, the not suitable group was more likely to be cohabitating with 31% compared to only 10% for the other two groups. Motivation to be involved with the program also varied considerably by groups with the not suitable group having the lowest motivation (50%) and the active group having the highest motivation (40%).

Table 5.4 also indicates that the most common problem for all of the clients was substance abuse with 86% of the total indicating that this is a primary problem. Mental health issues were the second most frequent problem with 40% of the active and completed clients indicating mental health problems compared to 25% of not suitable clients. One-third (30%) of the active clients also indicated that FASD was a presenting problem compared to only one client in the completed group and none of the non-suitable group.

5.4 Risk Level and Offending Patterns

This section of the process analysis findings is relevant to the following research questions from Table 4.1:

13. What is the average LS/CMI score 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 5.5 presents information on the LS/CMI risk score and previous offending patterns of CWC clients for the active, completed and not suitable 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 5.5 indicates, the average LS/CMI scores were the highest for the not suitable group at 43.2 (range = 17-77) and the lowest for the completed group 15.4 (range = 7-27) with the active group at 17.8 (range = 10-36). This indicates that the not suitable 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 not suitable 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 likelihood that treatment will be effective.

Table 5.5

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

Characteristic	Group						Total	
	Active		Completed		Not Suitable		n	%
	n	%	n	%	n	%		
LS/CMI Score								
Mean	17.8 (n=6)		15.4 (n=5)		43.2 (n=6)		26.1 (n=17)	
Range	10-36		7-27		17-77		7-77	
Previous Convictions								
Mean	5.5 (n=10)		8.6 (n=10)		18.9 (n=16)		12.3 (n=36)	
Range	0-16		0-30		0-83		0-83	

Source of data: Program Records

The findings presented in Table 5.5 regarding the average number of previous convictions by program groups indicate a pattern similar to the LS/CMI scores. The not suitable group averaged 18.9 previous convictions (range = 0-83) compared to 5.5 convictions for the active group (range = 0-16) and 8.6 for the completed group (range = 0-30).

Table 5.6 provides a profile of the current charges to be dealt with by the CWC by program group. Overall, the most common charges were administrative as opposed to substantive charges. This was particularly true for the not suitable group in which 31% of the charges were for failure to comply with conditions of an undertaking and 18% were for failure to comply to a probation order. In terms of substantive charges, assaults were the most common charges for the completed and not suitable groups, while public mischief was most common for the active group.

5.5 Needs and Services

This section of the process analysis findings is 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?
18. How many clients were ordered to be involved with various agencies/resources?

Table 5.6

Number of Current Charges by Program Group

Charge	Group						Total	
	Active (n=9)		Completed (n=8)		Not Suitable (n=16)			
	n	%	n	%	n	%	n	%
Assault	6	12.2	4	17.4	7	8.4	17	11.0
Assault with Weapon	2	4.1	0	0.0	5	6.0	7	4.5
Aggravated Assault	2	4.1	0	0.0	0	0.0	2	1.3
Assaulting Peace Officer with Weapon	0	0.0	1	4.3	1	1.2	2	1.3
Forcible Confinement	0	0.0	0	0.0	1	1.2	1	0.6
Uttering Threats	0	0.0	4	17.4	3	3.6	7	4.5
Harassing Telephone Calls	0	0.0	0	0.0	1	1.2	1	0.6
Obstructing Peace Officer	0	0.0	1	4.3	1	1.2	2	1.3
Impersonating Peace Officer	0	0.0	0	0.0	1	1.2	1	0.6
Public Mischief	8	16.3	0	0.0	0	0.0	8	5.2
Mischief	1	2.0	0	0.0	3	3.6	4	2.6
Being Unlawfully in Dwelling House	0	0.0	0	0.0	1	1.2	1	0.6
Causing a Disturbance	0	0.0	1	4.3	1	1.2	2	1.3
Trespassing at Night	0	0.0	0	0.0	1	1.2	1	0.6
Breaking and Entering	5	10.2	1	4.3	1	1.2	7	4.5
Theft of Motor Vehicle	2	4.1	0	0.0	2	2.4	4	2.6
Operation while Impaired	4	8.2	1	4.3	3	3.6	8	5.2
Dangerous Operation of Motor Vehicle	0	0.0	0	0.0	1	1.2	1	0.6
Impaired Driving Causing Bodily Harm	0	0.0	0	0.0	2	2.4	2	1.3
Failure to Comply with Motor Vehicle Prohibition	1	2.0	1	4.3	0	0.0	2	1.3

Cont'd.

Table 5.6 (continued)

Charge	Group						Total	
	Active (n=9)		Completed (n=8)		Not Suitable (n=16)			
	n	%	n	%	n	%	n	%
Prohibition from Operating Motor Vehicle	2	4.1	1	4.3	0	0.0	3	1.9
Possession of Illegal Substance	2	4.1	0	0.0	0	0.0	2	1.3
Possession for Purposes of Trafficking	0	0.0	3	13.0	0	0.0	3	1.9
YCJA Offence	1	2.0	0	0.0	0	0.0	1	0.6
Municipal Offence	0	0.0	0	0.0	1	1.2	1	0.6
Escape and Being at Large without an Excuse	4	8.2	0	0.0	5	6.0	9	5.8
Failure to Comply with Conditions of Undertaking	1	2.0	4	17.4	26	31.3	31	20.0
Failure to Comply with Probation Order	8	16.3	1	4.3	15	18.1	24	15.5
Failure to Appear	0	0.0	0	0.0	1	1.2	1	0.6
Total	49	100.0	23	100.0	83	100.0	155	100.0

Source of data: Program Records

Table 5.7 provides information regarding the primary drug used by clients with substance abuse problems by program group. The findings indicate that alcohol is the most common substance abused with over 93% of the total number of clients reporting this. Marijuana is second most reported at 26% and crack and cocaine are also quite prevalent at 16% and 19% respectively. Group comparisons show only minor differences. For example, the active group is somewhat more inclined to use marijuana (44%) than the other two groups whereas the completed group was somewhat more likely to use crack (44%).

Table 5.7

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

Drug	Group						Total	
	Active		Completed		Not Suitable			
	n	%	n	%	n	%	n	%
Alcohol								
Yes	8	88.9	8	88.9	13	100.0	29	93.5
No	1	11.1	1	11.1	0	0.0	2	6.5
Marijuana								
Yes	4	44.4	2	22.2	2	15.4	8	25.8
No	5	55.6	7	77.8	11	84.6	23	74.2
Crack								
Yes	1	11.1	4	44.4	0	0.0	5	16.1
No	8	88.9	5	55.6	13	100.0	26	83.9
Cocaine								
Yes	2	22.2	2	22.2	2	15.4	6	19.4
No	7	77.8	7	77.8	11	84.6	25	80.6
Prescription Drugs								
Yes	1	11.1	0	0.0	0	0.0	1	3.2
No	8	88.9	9	100.0	13	100.0	30	96.8
Crystal Meth								
Yes	0	0.0	1	11.1	0	0.0	1	3.2
No	9	100.0	8	88.9	13	100.0	30	96.8
Heroin								
Yes	0	0.0	0	0.0	0	0.0	0	0.0
No	9	100.0	9	100.0	13	100.0	31	100.0
Methadone								
Yes	0	0.0	0	0.0	1	7.7	1	3.2
No	9	100.0	9	100.0	12	92.3	30	96.8
Ecstasy								
Yes	1	11.1	0	0.0	0	0.0	1	3.2
No	8	88.9	9	100.0	13	100.0	30	96.8

Source of data: Program Records

In terms of mental health issues, Table 5.8 provides a profile of diagnoses for clients with mental health problems by program group. By far the most common problem is depression with both the active and completed groups being diagnosed with depression in 50% of the cases.

Table 5.8

**Mental Health Diagnoses for Clients with Mental Health Problems
by Program Group**

Diagnosis	Group						Total	
	Active		Completed		Not Suitable			
	n	%	n	%	n	%	n	%
Depression	2	50.0	2	50.0	1	25.0	5	41.7
Depression and ADHD	1	25.0	0	0.0	0	0.0	1	8.3
Depression, Bi-Polar Disorder and Personality Disorder	0	0.0	0	0.0	1	25.0	1	8.3
Personality Disorder	0	0.0	1	25.0	0	0.0	1	8.3
Missing	1	25.0	1	25.0	2	50.0	4	33.3

Source of data: Program Records

Table 5.9 provides a profile of the various agencies involved in the Wellness Plans for the active, completed and partially completed after Wellness Plan was filed groups. The most commonly used programs are the Department of Justice addiction programs which were involved in over 53% of the cases. These programs include individual counselling, group counselling, and White Bison. The second most commonly accessed programs were Health and Social Services (HSS) Adult Services with 19% of the cases listing these services. The third most reported services were the Department of Justice Offender Programs including spousal abuse and sex offender programs, Department of Justice Support Worker, and Alcohol and Drug Services (HSS). FASSY, a unique supportive program for persons with FASD, was also listed as being involved in a significant number of cases at over 12%.

Table 5.9

Number of Clients in Active, Completed and Partially Completed After Wellness Plan Filed Groups Involving Various Agencies/Resources in the Wellness Plan

Agency/Resource	n	% of Cases
Department of Justice Addiction Programs ¹	17	53.1
Adult Services (HSS)	6	18.8
Department of Justice Offender Programs ²	5	15.6
Department of Justice Support Worker	5	15.6
Alcohol and Drug Services	5	15.6
FASSY	4	12.5
Department of Justice Mental Health Programs	3	9.4
Forensic Psychiatrist	3	9.4
First Nation	3	9.4
Skookum Jim's	3	9.4
Physician	2	6.3
Many Rivers	2	6.3
Supported Independent Living	1	3.1
YARC	1	3.1

Source of data: Program Records

Total N=32

¹ Includes counselling, group, and White Bison

² Includes Spousal Abuse and Sex Offender

5.6 Justice Wellness Centre

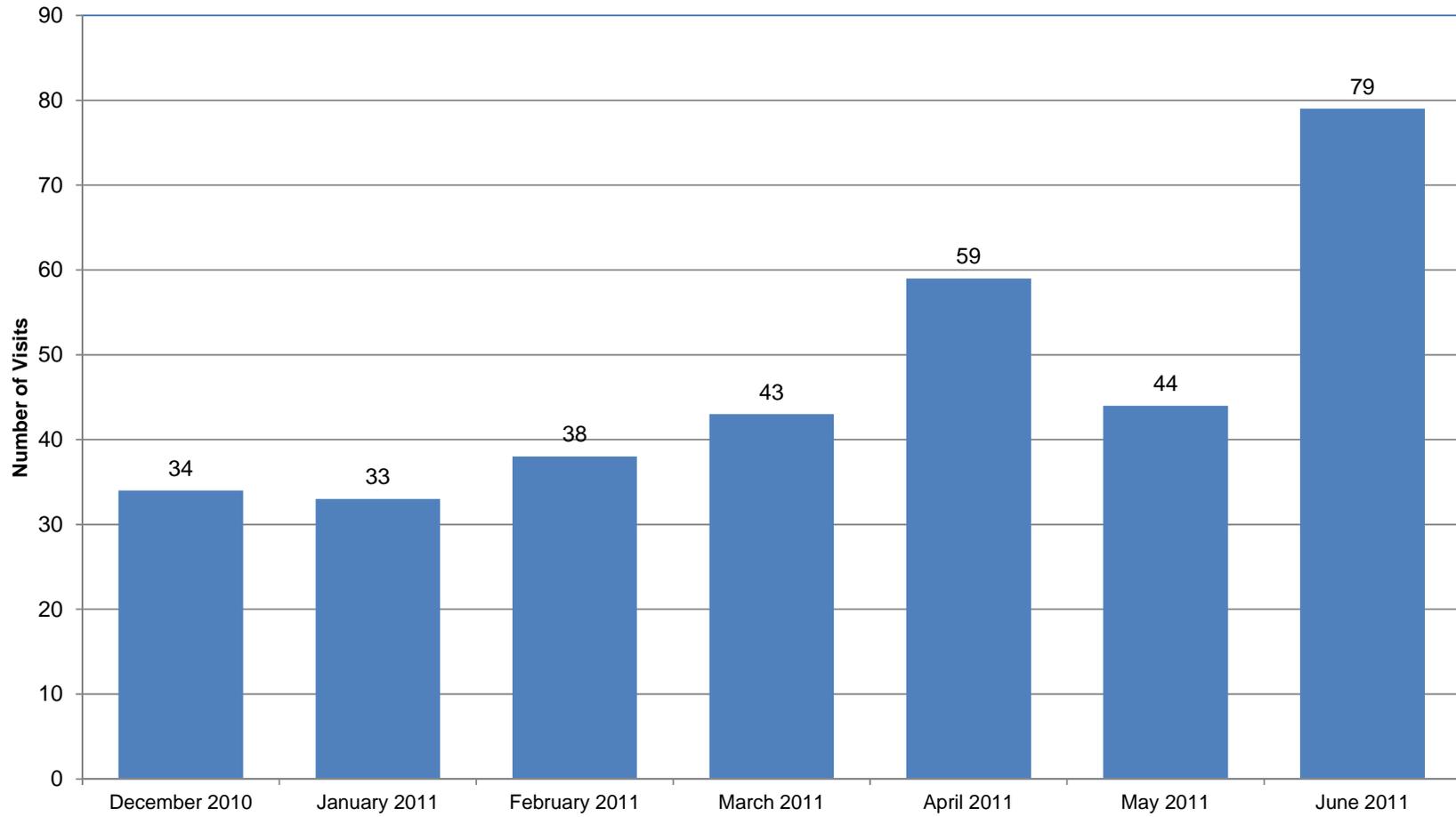
This section of the process analysis findings is relevant to the following research question from Table 4.1:

19. How is the Justice Wellness Centre being used?

The Justice Wellness Centre just opened in December 2010. The Centre was intended to provide extended programming and support for community corrections clients who go through the CWC. The Centre is open seven days a week from 8 a.m. to 7:30 p.m. and provides comprehensive programming mandated by the CWC which includes addictions counselling, employment, education, and skill development that will help prevent offending. Figure 5.3 provides utilization data of the Justice Wellness Centre. As indicated, there has been a relatively steady increase from 34 visits in December 2010 to 79 in June 2011.

Figure 5.3

Number of Visits Made to the Justice Wellness Centre



Source of data: Program Records

5.7 Victims

This section of the process analysis findings is 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. 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.

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 7.0.

6.1 Short-Term Outcomes: Service Outcomes

This section of the short-term outcome analysis findings is 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 by program completed clients with substance abuse issues at entry. As indicated, the most common service used was individual counselling with this service having been received by eight of the nine clients (89%). Second, both Alcoholics Anonymous/Narcotics Anonymous and White Bison, a First Nations alcohol treatment program, were the second most used programs with five of the nine clients having completed them (56%). Group counselling was also provided for three of the clients while two of the clients were involved in residential treatment in the Yukon and detox.

Table 6.2 provides more information regarding the outcomes of substance abuse services used by the clients who completed the CWC program. First, program records indicated that the level of participation in the substance abuse treatment programs was moderate or active for eight of the nine clients. Only one was perceived to have a low level of participation in the substance abuse treatment. More importantly, all nine of the completed clients were rated as having made significant progress in dealing with their substance abuse issues while in the program. Further, seven of the nine were able to maintain sobriety while they were in the CWC program. Half of the clients, however, had slips during CWC program and only three were identified as having no slips. Finally, over half the clients continued receiving substance abuse aftercare.

Table 6.1**Substance Abuse Services Used While in CWC
by Program Completed Clients with Substance Abuse Issues**

Service	n	%
Individual Counselling	8	88.9
Alcoholics Anonymous/Narcotics Anonymous	5	55.6
White Bison (First Nations Alcohol Treatment Program)	5	55.6
Group Counselling	3	33.3
Detox	2	22.2
Residential in Yukon	2	22.2
Residential outside Yukon	1	11.1

Source of data: Program Records

Total n = 9

Table 6.2**Outcomes of Program Completed Clients with Substance Abuse Issues**

Outcome	n	%
Level of Participation in Substance Abuse Treatment		
Low	1	11.1
Moderate	4	44.4
Active	4	44.4
Total	9	100.0
Progress Made with Substance Abuse		
Yes	9	100.0
No	0	0.0
Total	9	100.0
Client Able to Maintain Sobriety While in CWC		
Yes	7	77.8
Somewhat	1	11.1
No	1	11.1
Total	9	100.0
Client Had Slips During CWC		
Yes	5	55.6
No	3	33.3
Missing	1	11.1
Total	9	100.0
Client Accessing Substance Abuse Aftercare		
Yes	5	55.6
No	4	44.4
Total	9	100.0

Source of data: Program Records

Total n = 9

Table 6.3 contains information on the use of mental health services while in the CWC by program completed clients who had mental health issues at the time of entering the program. Of the four clients in this group, three had psychiatric consultation services, three were treated with medication and two received individual counselling.

Table 6.3

Mental Health Services Used While in CWC by Program Completed Clients with Mental Health Issues at Program Entry

Service	n	%
Psychiatric Consultation	3	75.0
Medication	3	75.0
Individual Counselling	2	50.0

Source of data: Program Records

Total n = 4

Table 6.4 provides more information regarding the outcomes for those who used mental health services while in the CWC program. Program records indicated that three of the four made progress in dealing with their mental health issues while in the CWC. Two of these were also identified as making progress through stabilizing their lifestyle. Three made progress by becoming compliant in taking their medication and two also made progress through regular participation in mental health supports services. In terms of attitude towards the mental health services when they exited the CWC, three of the four were positive. Only one of the completed clients accessed mental health aftercare services.

6.2 Short-Term Outcomes: Lifestyle Improvement

This section of the short-term outcome analysis findings is relevant to the following research questions from Table 4.2:

5. How many clients experienced an improvement in housing during the program?
6. Did clients reach their educational and employment goals during the program?
7. Were personal supports and recreational activities available for the clients?
8. Were First Nations supports used?

Table 6.4

**Mental Health Outcomes of Program Completed Clients
with Mental Health Issues at Program Entry**

Outcome	n	%
Progress Made		
Yes	3	75.0
No	1	25.0
Total	4	100.0
Type of Progress Made: Stable Lifestyle		
Yes	2	66.7
Missing	1	33.3
Total	3	100.0
Type of Progress Made: Medication Compliance		
Yes	3	100.0
Missing	0	0.0
Total	3	100.0
Type of Progress Made: Regular Participation in Mental Health Supports		
Yes	2	66.7
Missing	1	33.3
Total	3	100.0
Attitude Towards Mental Health Services on CWC Exit		
Positive	3	75.0
Missing	1	25.0
Total	4	100.0
Mental Health Aftercare Provided on CWC Exit		
Yes	1	25.0
No	1	25.0
Missing	2	50.0
Total	4	100.0

Source of data: Program Records

Table 6.5 contains information regarding the number of program completed clients who experienced improvement in housing during the CWC. Program records indicated that 6 of 10 clients experienced improvement in housing and 5 of the clients owned their own residence.

Table 6.6 provides information on the extent to which the program completed clients reached their educational and employment goals during the CWC. Program records indicate that none of the clients reached their educational goals during the CWC program. Further, only four of nine applicable cases reached their employment goals. However program records indicate that during the CWC program half of the clients improved their employment, three remained stable in their employment, one lost employment and one experienced lesser employment.

Table 6.5

Number of Program Completed Clients who Experienced an Improvement in Housing During CWC

Housing Characteristic	n	%
Change in Housing		
Improvement	6	60.0
Stayed the Same	4	40.0
Total	10	100.0
Type of Housing Improvement ¹ (n=6)		
Own Residence	5	83.3
Sober Residence	2	33.3
Stable Residence	3	50.0

Source of data: Program Records

¹ Multiple response data.

Table 6.6

Extent to Which Program Completed Clients Reached Their Education and Employment Goals During CWC

Education/Employment Item	n	%
Client Reached Education Goals		
Yes	0	0.0
No	5	50.0
Not Applicable	4	40.0
Missing	1	10.0
Total	10	100.0
Client Reached Employment Goals		
Yes	4	40.0
No	5	50.0
Not Applicable	1	10.0
Total	10	100.0
Change in Employment Status During CWC		
Employment Improved	5	50.0
Employment Remained Stable	3	30.0
Less Employment	1	10.0
Lost Employment	1	10.0
Total	10	100.0

Source of data: Program Records

In terms of personal supports available to the program completed clients on exit from CWC, Table 6.7 indicates that 9 of the 10 clients had a personal support person. Further, a majority (6 of the 10) reported that their supports were at least moderately healthy. Half of the clients reported that they had made progress in developing new personal supports and 7 of the 10 reported that they had participated in recreational and leisure activities during their Wellness Journey while in the program.

Table 6.7
Personal Supports Available to Program Completed Clients on Exit from CWC

Support	n	%
Client Had Personal Support Person		
Yes	9	90.0
Missing	1	10.0
Total	10	100.0
General Support System at CWC Exit		
Low Number of Healthy Supports	3	30.0
Moderate Healthy Supports	6	60.0
Missing	1	10.0
Total	10	100.0
Progress in Developing New Personal Supports		
Yes	5	50.0
No	3	30.0
Missing	2	20.0
Total	10	100.0
Participation in Recreation/Leisure Activities During Wellness Journey		
Yes	7	70.0
No	3	30.0
Total	10	100.0

Source of data: Program Records

Table 6.8 provides information on First Nations supports used by program completed First Nations clients during their involvement with CWC. Half of the First Nations clients made contact with First Nations during their Wellness Journey. Further, three of the First Nations clients reported engaging in First Nations cultural activities during their involvement with the CWC and three of the four clients used First Nations treatment services.

Table 6.8

First Nations Supports Used by Program Completed First Nation Clients During CWC

Support	n	%
Client Made Contact with First Nations During Wellness Journey		
Yes	2	50.0
No	2	50.0
Total	4	100.0
Client Engaged in First Nations Cultural Activities		
Yes	3	75.0
No	1	25.0
Total	4	100.0
Client Used First Nations Treatment Services		
Yes	3	75.0
No	1	25.0
Total	4	100.0

Source of data: Program Records

6.3 Long-Term Outcomes: Reoffending

This section of the long-term outcome analysis findings is 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 6.9 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 4.2 for substantive charges pre-CWC to 0.4 after CWC sentencing) and the partially completed group after Wellness Plan was filed (from 5.5 for substantive charges pre-CWC to 0.2 after CWC sentencing) compared to the partially completed before Wellness Plan filed group (from 2.8 for substantive charges pre-CWC to 2.0 after CWC). Unfortunately, these patterns are difficult to interpret because we were not able to control the timeframe of the individual client's offending patterns.

Table 6.9

Number of Offences Before, During and After CWC for Program Completed and Partially Completed Clients

Time Period	Group					
	Completed (n=10)		Partially Completed Before Wellness Plan Filed (n=9)		Partially Completed After Wellness Plan Filed (n=13)	
	Mean	Range	Mean	Range	Mean	Range
Pre-CWC						
Substantive Charges	4.2	0-10	2.8	0-9	5.5	0-14
Administrative Charges	3.0	0-15	2.6	0-6	3.2	0-17
During CWC						
Substantive Charges	0.4	0-2	0.3	0-1	0.5	0-1
Administrative Charges	1.0	0-6	missing	--	missing	--
After CWC Sentencing						
Substantive Charges	0.4	0-2	2.0	0-5	0.2	0-1
Administrative Charges	0.4	0-2	0.4	0-3	0.6	0-4

Source of data: Program Records

Table 6.10 provides a comparison for offending patterns by comparing the rate of reoffending after completion of the CWC for clients who completed the program with the rate of reoffending for the clients in partially completed groups. For the completed group, the rate of reoffending was 30% (3 of the 10 clients) between the time they were sentenced at CWC and May 31, 2011. In comparison the rate of reoffending for the partially completed before Wellness Plan was filed was 66% (6 of 9 clients) and the rate for the partially completed after Wellness Plan was filed clients was 31% (4 of 13 clients). Again caution must be exercised given the lack of ability for the researchers to strictly control the timeframe.

Table 6.10

Number of Clients in the Completed and Partially Completed Groups Who Reoffended After Leaving the Program

Group	n	%
Completed (n=10)	3	30.0
Partially Completed Before Wellness Plan Filed (n=9)	6	66.7
Partially Completed After Wellness Plan Filed (n=13)	4	30.8

Source of data: Program Records

7.0 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 the last week of May 2011 in Whitehorse with clients who completed the program. 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. The responses to specific questions which correspond to the research questions in Table 4.2 are analyzed below. The information contained in this chapter is relevant to the research objective 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.

7.1 Why Did You Commit to the CWC?

When asked why they committed to the CWC, five of the eight respondents indicated that they needed to “change their lives.” One commented that he realized that if he didn't change his life he was going to die soon while another commented that he did not want to go back to jail. The other three respondents indicated that they had difficulty making a commitment at first but were encouraged and supported by their CWC counsellor and over time became very motivated and committed to the CWC process. One respondent who was involved with the program in its initial stage indicated that it was difficult to get motivated at first because of the lack of programming.

7.2 Did the CWC Meet Your Needs?

When asked if the CWC met their needs, five of the respondents indicated that it did while three indicated that it did not. For those who indicated that it did meet their needs, one respondent indicated that it exceeded expectations and that the counsellors and probation officers were great. A second respondent in this category indicated that it took a while to get into the program but now wished that the program would have been longer. A third respondent indicated that he really liked the incentives, particularly Tim Horton's tickets and bus tickets. Another responded by indicating that turnover of counsellors was a real problem in the early stage of the CWC.

For the three respondents who indicated that the CWC did not meet their needs, all indicated that there was not enough programming when the court first started up and there should have been more one-on-one programming. One commented that it would have been nice to have the Justice Wellness Centre as a resource when the court first started.

7.3 Did the CWC Help You Meet Your Conditions?

When asked whether the CWC helped to meet their conditions, seven of the eight respondents indicated that it did. The only respondent who said that it did not

expressed some difficulty meeting the requirements of attending the various programs because of full-time work. Most of the respondents who felt that the CWC helped them meet their conditions praised staff, indicating that they worked well with their probation officers, their counsellors were great and the judge was really good and understanding. One recent client commented that the Justice Wellness Centre really helps. A couple of other clients indicated that the incentives were good and one indicated that passes to the pool and workouts were great because it made him feel like part of the community. Only one indicated the threat of jail scared him.

7.4 Were the Support Services Appropriate?

When asked if the support services were appropriate, five of the eight respondents indicated that they were. Only one indicated that they were not and the remaining two indicated that they were somewhat appropriate. Some indicated that a good relationship with their probation officer really helped while four respondents indicated that services would have been more appropriate if there was more one-on-one counselling. One respondent commented that the White Bison program was not appropriate for non-First Nations clients.

7.5 Were Support Services Readily Available and Accessible?

When asked whether support services were readily available and accessible, six of the eight respondents indicated that they were. Only one indicated that they were not but also indicated that he did not need them and one respondent had no opinion. A number of the respondents indicated that taxi and bus passes really helped with accessibility.

7.6 Were the Support Services Helpful?

When asked whether support services were helpful to them, seven of the eight respondents indicated that they were. Only one respondent indicated that they were not but also indicated that he was involved in the early stage of the program and not enough programming was available. For those who felt services were helpful, five indicated that the services helped them “find themselves.” One felt the services were helpful because the counsellor was willing to listen and would follow-up after sessions with a check-in with the client. Another indicated that sessions with the psychiatrist helped him deal with his mental health issues. Finally, one respondent felt that the program also helped him to develop his leadership skills.

7.7 Was the CWC Program Appropriate for You?

When respondents were asked whether the CWC program was appropriate for them, seven of the eight indicated that it was. Only one indicated that it was not but also added that he was involved at the early stages of the program and not enough programming was available. For those who felt CWC programming was appropriate many felt that it made them a “different person” by helping them deal with their addictions. One client indicated that this was the first time he was clean in 15 years. A

number of clients also mentioned that the supportive approach of the CWC was really helpful and that the judge was also supportive.

7.8 Were Aftercare Services Offered?

For the six respondents for whom aftercare was applicable, four indicated that they were receiving aftercare services, mainly counselling. The two who were not receiving aftercare services indicated that they would still like to.

7.9 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 respondents indicated that it was effective. However, they did have suggestions about how to make it better. One was that there should be more one-on-one counselling to deal with the individual needs of the clients. Another suggestion was that there should be some type of support services for clients who have completed the program. The idea of a crisis line was mentioned so that graduated clients would have a resource to go to when they were in crisis.

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

“If you get involved in the court and do exactly as you’re told, miracles do happen.”

“If it wasn’t for this program, I would still be drunk.”

“It is perfect for people who want to help themselves; way better than the alternative.”

“It is good for those who want to take it; you need to be motivated. Deep inside this is what I needed.”

8.0 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).

8.1 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.

8.2 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.

8.2.1 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 continued to develop, monitor and sustain the CWC.

- The opening of the Justice Wellness Centre in December 2010 filled in the gap in the CWC system which historically resulted in insufficient programming. All key components of the CWC system are now in place.

8.2.2 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

- Over the four-year period of the study a total of 91 offenders were referred to the CWC and met legal eligibility. About a third were found not suitable and another 25% did not meet final admission criteria. Thus, 47 were accepted into the program and the Wellness Plan development was initiated. Further, attrition occurred through clients opting out or being removed because of new substantive charges. As of May 31, 2011, 10 clients had completed the program and were sentenced.
- The active caseload as of May 31, 2011 was a total of 19 clients: 3 at the Suitability Assessment stage; 9 at the Wellness Plan development stage; and 7 were in their Wellness Journey.
- Defence legal aid was the major source of referral.
- The average time between first appearance and completion of Suitability Assessment was 25 days. The average time from Suitability Assessment completion until Wellness Plan filed was 151 days. The average time from Wellness Plan filed until sentencing date was 342 days.

Client Profiles

- The majority of clients were male (75%) and First Nations were overrepresented (70%).
- The majority of clients had addictions (42%) or addictions and mental health issues combined (38%). A further 18% had FASD. The partially completed before Wellness Plan filed group was overrepresented by clients with FASD.
- 36% of the clients were employed and 30% were on social assistance.
- The most common problem for all clients was substance abuse (86%) and mental health issues was second at 40%. Almost one-third (30%) of current active clients have FASD.

- The LS/CMI risk for reoffending scores were highest for the not suitable group and lowest for the completed group. Almost 75% of the active and completed groups were in the midrange risk category compared to the not suitable group which had 75% in the high risk range.
- In terms of previous convictions prior to the program, the not suitable group averaged 18.9 compared to 5.5 for the active client group and 8.6 for the completed client group.
- The most common charges currently dealt with by the CWC were administrative charges. The most common substantive charges were assaults, public mischief, and break and enter.

Needs and Services

- Alcohol was the most common substance abused (93%). Marijuana was the second most reported (26%) and crack and cocaine were also prevalent (16% and 19% respectively).
- For those clients with mental health issues, the most common problem was depression.
- Department of Justice addictions programs were the most commonly used programs at 53% of the cases. These programs include counseling, group therapy and White Bison. The second most involved program was Health and Social Services Adult Services with 19%.
- Use of the Justice Wellness Centre has increased from 34 visits in December 2010 to 79 in June 2011.
- The CWC provides a range of voluntary services and supports for victims if they choose to participate.

8.3 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 findings discussed below should be interpreted within the context of the limitations of this evaluation which are discussed in Section 4.5. Further, as the literature review indicates, evaluating problem-solving courts is difficult due to a number of 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 the complex etiologies.

8.3.1 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 (89%) and the second most common programs were Alcoholics Anonymous/Narcotics Anonymous and White Bison.
- All nine of the completed clients who received substance abuse treatment programs were rated as having made significant progress in dealing with their substance abuse issue while in the program. Seven of the nine maintained sobriety while in the program.
- Four of the completed clients had mental health issues at the time of entering the program. Three of these received psychiatric counseling services and three were treated with medication.
- Program records indicated that three of the four clients with mental health issues made progress in dealing with their issues while in the CWC.

8.3.2 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.

- Six of the ten completed clients experienced improved changes in housing while in the CWC and five clients owned their own residence.
- None of clients reached their educational goals during the CWC program and only four of the nine applicable cases reached their employment goals. However, half of the clients improved their employment while in the program.
- Half the clients reported that they had made progress in developing new personal supports and seven of the ten also reported participating in recreational and leisure activities.
- Three of the four First Nations clients used First Nations treatment services.

8.3.3 Long-Term Outcome: Reoffending

Chapter 6.0 presents findings regarding reoffending after completing or leaving the program. The major findings were as follows:

- In a comparison of the average number of offences before, during and after the CWC program for the program completed and partially completed clients there was a decrease in the pattern of offending during and after the CWC. This

decrease was more pronounced for the completed program group and the partially completed group after Wellness Plan was filed.

- In terms of the rate of offending after completing or leaving the program, the completed program group was lowest at 30% compared to 66% for partially completed before Wellness Plan was filed group and 31% for partially completed after Wellness Plan was filed group.

8.4 Views of the CWC Clients

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

- Most of the completed clients committed to the CWC because they realized they needed to change their lives.
- Five of the respondents indicated that the CWC did meet their needs and three indicated that it did not due to lack of programming when the CWC was started.
- Seven of the respondents felt the CWC helped them meet their conditions. They praised the CWC counselors, probation officers and judge for helping them.
- A number of the respondents indicated that they liked the incentives.
- Most of the respondents felt that the support services were appropriate and that a good relationship with their probation officer really helped.
- Most 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 but one of the respondents indicated that the CWC program was appropriate for them. The one that indicated it was not added that he was involved at an early stage and there was not enough programming available.
- All of the respondents indicated that they thought the CWC was an effective program for them. Many, however, suggested that more one-on-one counseling would be useful.
- A number of testimonial statements were made regarding the CWC by the respondents as follows:

“If you get involved in the court and do exactly as you’re told, miracles do happen.”

“If it wasn’t for this program, I would still be drunk.”

“It is perfect for people who want to help themselves; way better than the alternative.”

“It is good for those who want to take it; you need to be motivated. Deep inside this is what I needed.”

8.5 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.

8.5.1 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 clients who received substance abuse treatment programs were rated as making significant progress in dealing with their substance abuse issues while in the program. As well, program records indicated that clients with mental health issues made progress in dealing with these issues while in the CWC. Given these findings, it appears that the CWC has 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, it would appear that the CWC has also 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.

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.

8.5.2 Objective #3

In terms of objective #3, every effort is made throughout the CWC process to address victim's 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. Thus, it would appear that the CWC is achieving objective #3.

8.5.3 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.

While historically, as indicated by the analysis above, there have been some difficulties with insufficiencies in the programming, the opening of the Justice Wellness Centre in December 2010 has rectified this issue. The Centre provides extended programming and support for community corrections clients who go through the CWC. It is open seven days a week from 8 a.m. until 7 p.m. and provides comprehensive programming mandated by the court which includes addictions counseling, employment, and educational and skill development that will help prevent offending.

8.5.4 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**

Note: This report should be completed for ALL CWC clients who have had a Suitability Assessment (SA) completed. If a client exits the CWC before you have had the chance to complete the SA, please complete the information to the best of your knowledge.

For clients who have been found suitable and who are in the Wellness Plan development stage, complete this form after the Wellness Plan is filed, or once they leave the court (if they exit before the Wellness Plan is completed).

The information on this entry form will be used to get data on the client when they FIRST enter the court. If you are having trouble deciding when to fill out and submit this entry form, ask yourself: “Do I have a “snapshot” of this client when he/she entered the court?” If yes, then fill out this form. If no, and he/she is still in the court, wait until you have the preliminary information to compile that “snapshot”, then submit this form. If no, and he/she has exited the court, fill out this form to the best of your knowledge.

Please save a copy of this electronic report as follows:

“CWC”, plus Client’s last name, plus first initial of client’s first name, plus first three letters of the month the client entered the CWC, plus the year they entered into the CWC

(EXAMPLE: John Doe entered into the CWC in April of 2009 would be:

“CWCjdoeapr2009”

+++++

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) _____

Section I. CLIENT PROFILE/BASIC NEEDS

4. Client Probation file number: _____(write number)
5. Client Court file number: _____(write number)
6. Referral source:

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

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

8. Client surname: _____

9. Client first name: _____

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

11. Client's age on 1st appearance: __ (Write number)

12. Gender: Male Female

13. Client's ethnicity:

- Aboriginal
- Caucasian
- Other _____

14. Marital status:

- Single
- Married
- Co-hab.
- Dating
- Divorced
- Widowed

15. Does the client have any dependents? Select One

16. If yes, how many dependents does the client have?

__ (Write number) or Not applicable

17. If yes, are the dependents children (under the age of 17) or adults?

- Children Adults Children & adults Not applicable

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

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

___ (Write number) Not applicable

19. Are Family and Children's Services involved? Select One

Not applicable

20. If yes, how are they involved? (explain) _____

Not applicable

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

- No income
- Social Assistance
- Employment insurance
- Employment
- Social assistance and employment
- Other _____

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

- Unemployed
- Part-time employment
- Full-time employment
- Seasonal employment
- Other _____

23. What education level has the client obtained (highest level)?

- No education
- Elementary
- Some High School
- High School (graduate)
- Trade
- Some University
- University (graduate)
- Other _____

24. Does the client have their own physician on entry to the CWC? Select One

25. If yes, who: _____ Don't know Not applicable

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

26. Does the client have any physical disabilities that you are aware of?
Select One

27. If yes, what are they? _____ Not applicable

28. Does the client have any health challenges that you are aware of? Select One

29. If yes, what are they? _____ Not applicable

30. Where did the client live when the charges were laid (the charges that have him/her in the CWC)?

- YARC
- Own residence
- Rental
- Family
- Friend
- Shelter
- No fixed address
- Other _____

31. Was the client incarcerated when referred to the CWC? Select One

32. Where is the client living on formal acceptance into CWC?

- YARC
- Own residence
- Rental
- Family
- Friend
- Other _____
- Not applicable

Section II. CRIMINAL HISTORY

33. What are client's current charges (list Criminal Code offence. If there are breaches, also indicate what the breaches are for.)? _____

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

34. How many previous convictions does the client have (not including current)? ____
(Write number)

35. How many of these convictions have been as an adult? ____ (Write number)

36. Indicate the previous convictions and how many he/she has of each.
(Check all that apply.)

- Assaults ____
- Domestic Assaults ____
- Sex assaults ____
- Property ____
- Drug ____
- Weapons ____
- Impaired Driving ____
- Breaches ____ What are breaches for? _____ Unknown
- Other _____ (indicate type and CODE number (I.E CC 273.1))
- Not applicable

Section III. CLIENT'S PARTICIPATION STATUS IN CWC

37. Date of client's first CWC appearance: __/ Month / ____ (DD/MM/YYYY)

38. Is the client currently in the CWC? Select One

(If YES, go to section IV, question 46.)

39. Date of client's last CWC appearance: __/ Month / ____ (DD/MM/YYYY)

40. What stage was the client in when they left the court?

- Suitability Assessment Wellness Plan development

41. Why did the client exit the CWC?

- Not suitable Declined to participate Both

42. If client exited because "**Not Suitable**", under what criteria?

- Legal criteria Treatment criteria Both

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

43. If **Not Suitable** under "legal criteria", for what reasons (check all that apply).
- Not applicable
 - Crimes that involve violence against children and senior citizens
 - 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
 - Crimes of a sexual nature
 - Serious crimes of violence
 - Offence(s) committed primarily for a commercial or profit motive (i.e. *commercial* grow operations)
 - Outstanding immigration issues which may result or have already resulted in a deportation order
 - Known affiliation with a criminal organization
 - Other serious criminal charges outstanding
 - Other (explain): _____

44. If "**Not Suitable**" under treatment criteria, for what reason? (Check primary reason.)
- Not applicable
 - Doesn't fit criteria (does not have an addiction, mental health problem, and/or FASD/cog.)
 - Lacks motivation
 - Insufficient resources in CWC (explain): _____
 - Other (explain): _____

45. If the client **DECLINED** to participate in the CWC, why? (Check primary reason.)
- Not applicable
 - Entered "not guilty" plea
 - Generally not interested
 - Program too long
 - Program too hard (not ready)
 - Did not meet client's treatment/support needs
 - Other (explain): _____

Section IV. SUITABILITY ASSESSMENT (SA) STAGE

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

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

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

Incomplete

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

- Addiction
- Mental Health
- FASD
- Addiction and Mental Health
- Addiction and FASD
- Addiction, Mental Health and FASD
- Mental Health and FASD
- Unknown

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

- Very motivated
- Motivated
- Low motivation
- Unknown

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

Section V. WELLNESS PLAN (WP) DEVELOPMENT

(NOTE: If the client exited before the Wellness Plan was completed, complete this section to the best of your knowledge, including resources he/she may have accessed up until the point of their exit from the CWC.)

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

Not applicable

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

Not applicable Incomplete

52. What agencies are involved in the client's Wellness Plan (WP)? Check all that apply. (If the client did not have a WP completed, indicate what agencies were used up until he/she exited from the court.)

DoJ Addictions (includes counseling, group, and White Bison)

DoJ Offender Programs (i.e, Spousal Abuse, Sex Offender)

DoJ Support Worker

First Nation

FASSY

Many Rivers

Skookum Jim's

CAIRS

Alcohol and Drug Services (ADS, HSS)

Adult Services (HSS)

Other (indicate) _____

Not applicable

53. Does the client have a personal support person(s)? Select One

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

Not applicable

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

55. If yes, who is the client's support person(s)? (Check all that apply and indicate how many support persons in each category.)

- Family member ____(write number)
- Friend ____(write number)
- AA/NA sponsor ____(write number)
- Community member ____(write number)
- Community service provider ____(write number)
- Other ____(write number) Indicate: _____
- Not applicable

56. How would you rate the client's general support system on entry into the CWC?

- No healthy supports
- Low number of healthy supports
- Moderate number of healthy supports
- High number of healthy supports
- Not applicable

57. Is the client participating in any recreation and/or leisure activities on entry into the CWC? Select One

58. If yes, what kinds of activities? (Check all that apply.)

- Sport
- Hobbies
- Community events
- Cultural events
- Other (explain): _____
- Unknown
- Not applicable

Section VI. SUBSTANCE USE

59. Does the client have problems with substance use? Select One

If **NO**, go to question 66)

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

- Mild Moderate Severe Unknown

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

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

- Alcohol
- Marijuana
- Crack
- Cocaine
- Prescription Drugs
- Heroin
- Crystal meth
- Cocaine
- Other (indicate): _____
- Unknown

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

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

- Detox
- Counselling
- Group
- Residential in Yukon
- Residential outside Yukon
- AA/NA
- Other _____
- Not applicable

64. How would you rate the client's attitude toward accessing substance abuse services on entry into the CWC?

- Poor Good Excellent Unknown

65. What services are going to be provided to the client through the CWC? (Check all that apply.)

- Detox
- Individual counselling
- Group counseling
- White Bison
- Residential in Yukon
- Residential outside Yukon
- AA/NA
- Other (indicate): _____
- Not applicable

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

Section VII. MENTAL HEALTH

66. Does the client have a mental health problem(s) that you are aware of? Select One

If "No", go to section VIII (question 79)

67. Did the client have a confirmable (documented) mental health diagnosis prior to entry into the CWC?

Select One

68. What is the client's documented mental health diagnosis on entry into the CWC?

Axis1: Select One Other _____ Not applicable

69. Date of Axis 1 diagnosis ___/ Month / ____ (DD/MM/YYYY)

70. Axis II: Select One Other _____ Not applicable

71. Date of Axis II diagnosis ___/ Month / ____ (DD/MM/YYYY)

72. Axis III: Select One Other _____ Not applicable

73. Date of Axis III diagnosis ___/ Month / ____ (DD/MM/YYYY)

74. Has the client received treatment for their mental health problems in the past?
Select One

75. Was the client on medication on entry into the CWC? Select One

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

76. What kind of treatment has the client received in the past? (Check all that apply.)

- No past treatment
- Medication
- Counselling
- Group
- Psychiatric consultation
- Other (explain): _____
- Unknown
- Not applicable

77. What is/was the client's attitude towards mental health services on entry to the CWC?

- Poor Positive Excellent

78. What treatment is being provided to the client through the CWC? (Check all that apply.)

- Diagnosis
- Medication stabilization
- Individual counselling
- Group counselling
- Psychiatric consultation
- Other (explain): _____
- Not applicable

Section VIII. FASD

79. Does the client have FASD (confirmed or suspected)? Select One

(If "No", go to section IX, question 87)

80. Did the client have an FASD diagnosis on entry into the CWC? Select One

81. Is a formal FASD assessment part of the client's WP? Select One

82. Did the client have FASD support prior to entering the CWC? Select one

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

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

- FASSY
- Challenge
- Other _____
- Unknown
- Not applicable

84. Is the client accepting or refusing FASD supports? Select One

85. If the client is refusing all or some supports, what services is the client refusing?
Explain: _____ Not applicable

86. What FASD supports are you **trying** to provide to the client through the CWC?
(Check all that apply. If the client refuses support, please indicate the services you are *trying* to help the client access.)

- FASSY
- Challenge
- Other _____
- Not applicable

Section IX. VOCATIONAL

87. Does the client have education goals as part of their WP? Select One

88. If yes, what are they? _____ Not applicable

89. Can the client read? Select One

90. Can the client write? Select One

91. Does the client have employment goals as part of their WP? Select One

92. If yes, what are they? Select One Not applicable

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

X. GENERAL

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

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

95. **IMPORTANT**: Are there services and/or supports that are not available for this client and that you believe would benefit this client? Select One

96. If yes, what are they? Not applicable

97. Has the client participated in or been referred to the CWC before? Select One

98. If yes, please define their former participation status: Select One
 Not applicable

99. Please provide a few general comments about how you feel the client is going to do/or how they did to date in the CWC, and what their major challenges could be, based on the knowledge you have. This will help to provide some context for the information provided.

DIRECTIONS FOR SUBMISSION

Thank you for filling out this data report. Now that you are done, and if you haven't already, please save it one final time as follows:

"CWC", plus Client's last name, plus first initial of first name, plus first three letters of the month, plus the year they entered into the CWC

Yukon Community Wellness Court Evaluation
September 2010
Data ENTRY Report

(EXAMPLE: John Doe who entered into the CWC in April of 2009 would be

“CWCjdoeapr2009”

Please e-mail a copy of this data report to the CWC Coordinator at
Tanya.Basnett@gov.gc.ca

Thank you.

APPENDIX B
DATA EXIT REPORT

Yukon Community Wellness Court
September 2010

Data EXIT Report

Note: This report should ONLY be filled out for CWC clients who have formally completed the CWC or who have had a Wellness Plan filed and then exited the court (for whatever reason).

For clients who have formally completed the CWC, please complete this form AFTER the sentencing hearing. For clients who have exited the court before he/she has formally completed the CWC, please complete this report after they have exited.

This report is designed to get a snapshot of the client AFTER they have been involved in some level of programming associated with the CWC. If you are having trouble deciding when to fill out and submit this entry form, ask yourself: “Did the client have a Wellness Plan filed, and were they in the CWC long enough to participate in SOME programming?” If the answer is yes, complete the report to the best of your knowledge.

Please save a copy of this electronic report as follows:

“CWC”, plus first initial of first name, plus client’s last name, plus first three letters of the month they exited the CWC, plus the year they exited from the CWC.

(EXAMPLE: John Doe, who exited the CWC in April of 2010, would be

“CWCjdoeapr2010”

Thank you.

+++++

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)

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

6. Client surname: _____

7. Client first name: _____

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

Same as on entry into CWC Changed to: Select One

9. Did the number of client dependents change from what it was when they entered the CWC? Select One No change Not applicable

10. 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?
Select One Not applicable

11. If yes, explain the change in FCS involvement: _____
 Not applicable

12. Did the client have their own physician on exit from CWC? Select One

13. If yes, who is the physician? _____
 Same as on entry Not applicable

14. If the client came into the CWC with some health or ability challenges, were some of these addressed while he/she was in the CWC? Select One
 Not applicable

15. If, yes, please explain: _____ Not applicable

16. Did the client make any housing changes while in CWC? Select One

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

17. If improved, what was the improvement(s)? (Check all that apply.)

- Own residence
- Sober residence
- Stable residence
- Other _____
- Not applicable

18. If the housing situation worsened, how did it worsen? (Check all that apply)

- Evicted
- No housing
- Unstable
- Not applicable

19. Did the client's income change during their involvement in the CWC?

Select One

20. Please explain any changes: _____

- Not applicable

II. WELLNESS PLAN AND JOURNEY

21. Did the client finish *developing* his/her Wellness Plan? Select One

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

- Dropped out
- New charges and no longer suitable
- Asked to leave for non-participation
- Other _____
- Not applicable

23. Did the client finish his/her Wellness Journey (as per his/her Wellness Plan and/or by consensus of the pre-court team)? Select One

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

24. If no, why not? (Check primary reason.)

- Dropped out
- New charges and no longer suitable
- Asked to leave for non-participation
- Other _____
- Not applicable

25. Did the client incur new charges while in the CWC? Select One

26. If yes, what were they? _____ (Please indicate all new charges by the Criminal Code offence, and section number. If it was a breach, please also indicate what the breach was for (i.e. failing to report, abstain, etc.)

27. If the client dropped out of the CWC on their own volition, why? (Choose all that apply.)

- Program too long
- Program too hard
- Employment
- CWC's programming did not meet client's treatment/support needs
- Other _____
- Not applicable

28. If the client dropped out of the CWC before formal completion, please indicate the status of their charges on exit from the court. Select One

- Not applicable

29. If other, please explain: _____ Not applicable

III. SUBSTANCE ABUSE

30. Did the client have an addiction to drugs and/or alcohol on entry into the CWC?
Select One

(If "NO", go to section IV, question 43)

Yukon Community Wellness Court
September 2010

Data EXIT Report

31. What was his/her primary drug of choice? (Check all that apply.)

- Alcohol
- Marijuana
- Crack
- Cocaine
- Prescription Drugs
- Heroin
- Crystal meth
- Methadone
- Ecstasy
- Other (indicate): _____

32. 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.)

- Detox
- Individual counselling
- Group counseling
- White Bison
- Residential treatment in Yukon
- Residential treatment outside Yukon
- AA/NA
- Other _____

33. Were service provided by Alcohol and Drug Services (ADS) used by the client?
Select One

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

- Detox
- Detox day program
- Counselling
- 28-day treatment program
- Other _____
- Not applicable

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

- Low Moderate Active

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

36. Did the client make progress in addressing their substance abuse?
Select One
37. If yes, indicate general type of progress. (Check all that apply.)
- Abstinence
 - Reduced drug use
 - Use of less severe substance
 - Other _____
 - No progress
38. To your knowledge, did the client have any slips (use of alcohol and drugs) during the CWC? Select One
39. Was the client able to maintain sobriety/drug free period while in the CWC?
Select One
40. If yes or somewhat, for how long?
- Less than 3 months
 - 3- 6 months
 - 7- 9 months
 - More than 10 months
 - For the duration of their participation in CWC (___ months)
 - Other. Explain: _____
 - Not applicable
41. Is/was substance abuse aftercare provided on exit from the CWC? Select One
- Not applicable, did not finish CWC.
42. If yes, please indicate what aftercare services are being accessed. (Check all that apply.)
- Detox
 - Individual counselling (DoJ)
 - Group counseling (DoJ)
 - Individual counselling (ADS)
 - Group counseling (ADS)
 - Residential in Yukon
 - Residential outside Yukon
 - AA/NA
 - Other _____

Yukon Community Wellness Court
September 2010

Data EXIT Report

Not applicable

IV. MENTAL HEALTH

43. Does the client have a mental health problem? Select One

(If "No" go to section V, question 55)

44. Did the client have a mental health diagnosis completed as part of their CWC Wellness Plan? Select One

Not applicable, already had a diagnosis.

45. If yes, what was the diagnosis? Select One Not applicable

46. If there was more than one diagnosis, what was the second diagnosis: Select One

Not applicable

47. If there was more than one diagnosis, what was the third diagnosis: Select One

Not applicable

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

Select One

Did not have diagnosis on entry into CWC

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

Individual counseling, indicate agency: _____

Group counseling, indicate agency: _____

Psychiatric consultation, indicate physician: _____

Medication

Other _____

50. Did the client make progress while in the CWC for their mental health problems?
Select One

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

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

- Stable lifestyle
- Medication compliance
- Regular participation in mental health supports
- Other _____
- Not applicable

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

- Poor Positive Excellent

53. Is mental health aftercare provided on exit from the CWC? Select One

- Not applicable, did not complete the CWC.

54. If yes, what services will be accessed?

- Mental Health Services DoHSS
- Offender programs DoJ _____(indicate what service/program)
- Psychiatric consultation
- Other _____
- Not applicable

V. FASD

55. Does the individual have FASD? Select One

(If "No", go to section VI, question 65)

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

- Select One Not applicable, client had one on entry to CWC

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

- FASSY
- Challenge
- Other _____

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

58. How would you rate the client's acceptance of FASD supports?

- Weak
- Moderate
- Active

59. Please explain: _____

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

Select One

61. If yes, please explain: _____ Not applicable

62. If no, please explain: _____ Not applicable

63. Is FASD aftercare provided on exit from the CWC? Select One

- Not applicable, client did not complete the CWC.

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

- FASSY
- Challenge
- Other _____
- Not applicable

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

VI. EMPLOYMENT AND EDUCATION

65. Did the client reach his/her employment goals? Select One

66. Did the client's employment status change during his/her involvement in the CWC?

- Yes, employment improved
- Employment remained stable
- No, lost/less employment
- Did not have or pursue employment
- Other _____

67. Did the client engage in any employment readiness activity while in the CWC?
Select One

68. Did the client reach his/her education goals? Select One

69. Please explain the client's education activities: _____
 Not applicable

VII. FAMILY AND COMMUNITY SUPPORT

70. Did the client have a support person(s) during their Wellness Plan development or during their wellness journey? Select One

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

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

- No support wanted
- No support available
- Support left during WJ
- Other (explain) _____
- Not applicable

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

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

- No healthy supports
- Low number of healthy supports
- Moderate healthy supports
- High number of health supports
- Difficult to determine, exited too early

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

Select One

75. Please explain: _____ Not applicable, exited too early.

76. 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.)?

Select One

77. If yes, please explain: _____ Not applicable.

78. Do you feel this event affected their progress in the CWC?

Select One Not applicable.

VIII. FIRST NATIONS

79. Is the client First Nation? Select One

(If the client is NOT First Nation, go to question 86)

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

Select One

81. Did the client engage in First Nation cultural activities/treatment during their WP?
(I.e. White Bison, culturally relevant residential treatment.)

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

Select One

82. If yes, what were they? _____ Not applicable

83. If no, why not (check all that apply)?

- Not interested
- No FN options available to meet client's needs
- Other _____
- Not applicable

84. Were First Nation services used for this client in their Wellness Journey? (i.e. counseling at Kwanlin Dun, including health care, dental care, etc)

Select One

85. If yes, what services were accessed: _____ Not applicable

IX. RECREATION AND LEISURE

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

Select One

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

- Same as on entry into CWC
- Sport
- Hobbies
- Community events
- Cultural events
- Other _____
- Not applicable

X. SENTENCE

88. What was the client's sentencing date ___/ Month / ____ (D/MON/YYYY)

- Not sentenced in the CWC

Yukon Community Wellness Court
September 2010

Data EXIT Report

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

90. What sentence did the client received: Select One Not applicable

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

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

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

- Abstain
- Treatment
- Do not attend
- No contact
- Other _____
- Not applicable

GENERAL

94. If you did not already provide an LS/CMI score on the CWC ENTRY report, please indicate the LS/CMI score here: _____(write score)

Already recorded. Did not complete the LS/CMI with the client

95. LS/CMI: _____ % likelihood to reoffend (write percentage).

Already recorded. Did not complete the LS/CMI with the client

96. **IMPORTANT:** Were there services and/or supports that you believe the client would have benefited from while in the CWC that were not available in the community while he/she was in the CWC? Select One

97. If yes, what were they? Not applicable

**Yukon Community Wellness Court
September 2010**

Data EXIT Report

98. Please provide a few general comments about how you feel the client did in the CWC while he/she participated. I.e., did he/she struggle, and if so, why? Did they have a lot of support? What challenges lie ahead, etc. This will help to provide some context for the information provided.

DIRECTIONS FOR SUBMISSION

Thank you for filling out this data report.

1) If you haven't already, please save it as follows:

"CWC", plus first initial of first name, plus client's last name, plus first three letters of the month they exited the CWC, plus the year they exited from the CWC.

(EXAMPLE: John Doe, who left the CWC in April of 2010, would be

"CWCjdoeapr2010")

2) Please e-mail a copy of this data report to the CWC Coordinator:

Tanya.Basnett@gov.yk.ca

Thank you.

APPENDIX C
CLIENT INTERVIEW SCHEDULE

Community Wellness Court (CWC)
Client Interview Schedule

ID #: _____

Location: _____

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

The Canadian Research Institute for Law and the Family 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 YOUR INVOLVEMENT WITH THE CWC

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?

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?