

# Alcohol and Other Drug Treatment Court Outcomes Evaluation 2018-19

## Summary Evaluation Report

June 2019

IN C



MINISTRY OF  
JUSTICE  
*Tabu o te Ture*

New Zealand Government

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# Executive summary

The Alcohol and Other Drug Treatment (AODT) Court (Te Whare Whakapiki Wairua) addresses a profoundly difficult problem where substance abuse and offending behaviour are entangled. Internationally, such courts have existed for many years and have diverted some in the criminal justice system with substance abuse disorders into treatment.

This report provides a summary of the three key components of New Zealand's AODT Court evaluation, which was conducted over 2018 and 2019.

The evaluation includes three components:

- a quantitative outcomes evaluation
- a qualitative evaluation and
- a cost–benefit analysis.

The AODT Court's intended outcomes are to:

- reduce reoffending
- reduce AOD consumption and dependency
- reduce the use of imprisonment
- positively impact on health and wellbeing and
- be cost-effective.

AODT Court, as used in this report, refers to all aspects of the initiative, meaning the Court as well as the management, treatment, drug testing, monitoring and mentoring of participants. The evaluation covers the period from the establishment of the Court in 2012.

The purpose of the evaluation is to measure the AODT Court's success in achieving the outcomes listed above.

## Quantitative Outcomes Evaluation

The key results from the quantitative outcomes evaluation shows there were large reductions over all of the reoffending measures, as well as for rates of Police non-crime related incidents, within the two years following a participant's entry into the AODT Court, when compared with matched offenders.

Over longer follow-up periods, the results show the reductions over most reoffending measures declines. There were only significant differences for the overall reoffending rate and frequency of reoffending measures within three years, and no significant differences for any of the measures within a four-year follow-up period. This pattern of decline is consistent with addiction treatment relapse effects, and the need for addiction management is likely to be lifelong.

Benefit use was also measured to partially quantify the effect of the AODT Court on wellbeing. This aligns with the Treasury's individual wellbeing domain 'Income and

Consumption'<sup>1</sup>. Benefit use was captured as well as the reasons participants left benefits (for example, employment, study). In the first two years the proportions of AODT Court participants on a benefit were not significantly different from matched offenders. Over a longer follow-up period (two- to three- and three- to four-year follow-up periods), a similar pattern was observed.

In terms of the administrative health data, there are substantive data quality and statistical limitations. Noting these limitations, there is no evidence for statistically significant differences in benefit receipt between all of the AODT Court participants and the matched comparison groups.

It is important to note that many changes have occurred as the AODT Court has developed over the course of the pilot, including the integration of tikanga and te reo Māori. Additionally, graduates are now sentenced to Intensive Supervision with Judicial monitoring, resulting in continuing oversight by Judges and Probation Officers for up to two years post sentence, and they are subject to ongoing drug testing. These changes may result in improved results for later participants and graduates. However, the effect of these improvements has not been able to be assessed in this evaluation.

## **Qualitative Outcomes Evaluation**

Resulting from interviews with AODT Court participants (14 graduates and seven exited participants), whānau members, treatment providers and justice stakeholders and review of Court files, the following evaluation assessment has been made:

- the AODT Court contribution to improving the lives of graduates and exited participants is good (for example graduates improving their self-esteem, experiencing better relationships with whānau, improved physical health, connection with work or training, and better connection with cultural and spiritual values, and some maintaining sobriety for up to four years after graduation)
- participant outcomes cannot be compared with other offenders with AOD issues based only on qualitative data (see quantitative evaluation)
- the AODT Court implementation is excellent
- transferability of AODT Court elements cannot be assessed based only on qualitative data.

## **Cost–Benefit Analysis**

The cost of the pilot was \$14.46m with benefits estimated at \$19.19m, giving a cost–benefit ratio of 1.33 (range of 0.91–1.75). The Cost–Benefit Ratio average of 1.33 represents a cost-neutral intervention, leaning towards a small to moderate positive return on investment relative to the standard Court process.

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<sup>1</sup> The Treasury. Our People – Multidimensional wellbeing in New Zealand (AP 18/04). Retrieved from: [treasury.govt.nz/publications/ap/ap-18-04-html#section-3](https://treasury.govt.nz/publications/ap/ap-18-04-html#section-3)

A number of other possible social benefits were identified, but were not able to be measured or monetised, and so were not included in the Cost–Benefit Analysis. This is a common limitation of cost–benefit analysis.

## **Future Considerations**

This report identifies considerations for the future planning of AODT Courts in New Zealand including issues and potential opportunities. While not the direct focus of the evaluation components, the report also raises issues highlighted in previous evaluations that continue to impact on the existing AODTC model.

This report includes a discussion of what ‘success’ looks like for an AODT Court from an international perspective and New Zealand’s position within that context, as well as from a New Zealand perspective on ‘best practice and care’.

It also discusses broader cost and benefit issues to strengthen the potential benefits of the AODT Court for the participants, their families and for the community.

## **Conclusion**

This outcomes evaluation shows that AODT graduates experience better relationships with whānau, improved health, and better connections with work or training, and with cultural and spiritual values. Some maintain sobriety for up to four years after graduation.

Within two years, AODT Court participants were less likely to reoffend, less likely to be in prison, and were less involved with Police.

However, over longer follow-up periods the effectiveness declines, most clearly in terms of reoffending.

The existing AODT Court model requires further refinement in process, policy, and implementation for it to reach its potential and deliver the outcomes that are possible. Ongoing investment in the existing AODT Courts must be framed in the context of strengthening delivery to lead to better justice and health results for the participants. Considerations for AODT Court arrangements in other locations will need to account for the findings of this evaluation to ensure they achieve the intended outcomes.

# Introduction

This report brings all of the evaluation activities together, to help inform the future direction of the AODT Court. It presents a summary of each evaluation component and provides additional considerations and discussion on key opportunities.

This report should be read in the context of the reports on all of the AODT Court evaluation activities undertaken over 2018–19, in particular:

- **the quantitative outcomes evaluation** (referred to as the outcomes evaluation), led by the Ministry of Justice, which investigates whether AODT Court participants had reduced rates of reoffending and imprisonment compared with a matched group of offenders. The report also examines whether benefit usage and Police non-crime related incident rates were lower for AODT Court participants. A summary of a quantitative evaluation investigating health and wellbeing outcomes, conducted by the Ministry of Health, is also included
- **the qualitative outcomes evaluation** by Litmus, led by the Ministry of Health, comprising a suite of in-depth interviews and workshops with health sector treatment providers, AODT Court participant graduates and early exiters, and justice sector contributors to the Court process, including the judiciary. The qualitative evaluation also involved Court case file reviews and a scan of the literature on AODT Court outcomes
- **the cost–benefit analysis**, led by the Ministry of Justice, which assesses how successful the Court has been in achieving its fifth objective, which is to be cost-effective.

# AODT Court — Background

Internationally, courts like the AODT have existed for many years and have been diverting those in the criminal justice system with substance abuse disorders into treatment. These courts address profound and difficult problems associated with substance abuse. This can include chronic relapse.

New Zealand's AODT Court is a joint initiative between the Government, government agencies, and the judiciary. It was first established in November 2012 as a five-year pilot across two District Court sites — Waitakere and Auckland.

The AODT Court is designed to be consistent with international best practice, and to supervise offenders whose offending is driven by AOD issues, by providing judicial oversight of their engagement with treatment programmes and rehabilitation support services.

A *Formative Evaluation for the Alcohol and Other Drug Treatment Court Pilot* was started 12 months after the pilot had been running and published in March 2014. The goals of the evaluation were to assess how well the AODT Court was implemented against the original design by examining the operation of the AODT Court one year after implementation.

The *Final Process Evaluation for the Alcohol and Other Drug Treatment Court* was published in August 2016, and included an evaluation and cost-effectiveness analysis. The evaluation aimed to:

- provide information and feedback on the implementation of the AODT Court to support the Ministry and judiciary to ensure the processes are fit-for-purpose
- describe how the Court operates in practice
- assess whether it is meeting outcomes and
- assess whether it is cost effective.

The overall purpose of the final process evaluation was to assess the operation of the AODT Court against its intended design and outcomes, with a focus on determining whether the AODT Court has reduced reoffending and reimprisonment.

Early indications from this evaluation were that the pilot appears to be largely achieving its objectives, based on feedback from stakeholders, participants, and their families. The full summary of previous evaluations is provided in Appendix A.

The 2017 *Report Back on the Alcohol and Other Drug Treatment Court Pilot and other AOD-related Initiatives* considered the promising results from the evaluations and proposed to continue piloting the AODT Court to allow for better informed decisions on whether it merits permanent investment in 2019. The report recommended that the Court be continued at its two pilot sites until 30 June 2020, to allow for robust reoffending analysis to inform decisions on future investment.

Accordingly, Cabinet agreed to extend the term of the pilot until 30 June 2020 and to decide whether to permanently establish the model at the pilot sites in the first half of 2019. Cabinet

noted that outcomes need to be measured over a longer period to provide confidence that it provides good return on investment.

In response, throughout most of 2018 and in the first quarter of 2019, the Ministry of Justice led a cross-agency outcomes evaluation of the AODT Court.

The evaluation included three components:

- a quantitative outcomes evaluation
- a qualitative evaluation
- a cost–benefit analysis.

These three components of the evaluation were carried out by the Ministry of Justice and Ministry of Health (who commissioned Litmus), with support from New Zealand Police, the judiciary, Department of Corrections and the Ministry of Social Development, to ensure that data were accessible and analysed in a meaningful way to achieve the evaluation objectives.

An external advisory function was established to provide ongoing, expert advice on the evaluation, including peer review of research outputs.

## Overview of the AODT Court

The AODT Court is aimed at defendants whose offending is driven by AOD dependency and are facing an imprisonment term of up to three years. It is a specialist court which operates under general jurisdiction.

The AODT Court aligns with international research and the top 10 practices for reducing recidivism<sup>2</sup>. However, the earlier formative evaluation highlights some distinctive features of the AODT Court in NZ:

- the post-plea pre-sentence design (most other drug courts operate a post-sentence model)
- the inclusion of Māori cultural practices
- the inclusion of participants charged with driving while intoxicated
- the ability for participants to attend 12 step meetings
- the use of peer support for participants (other drug courts have not integrated this workforce into the drug court team).

Potential participants are referred by Judges from defendants appearing in the Auckland and Waitakere District Courts. They undertake a specialist assessment to determine AOD dependency and may then be referred to the AODT Court. The eligibility of potential participants is assessed in a pre-Court meeting where the victim's views are heard. They will then face a Determination Hearing where the AODT Court Judge makes a final decision. Once the defendant pleads guilty and consents to participate, they enter the AODT Court.

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<sup>2</sup> Carey SM, Mackin JR & Finigan MW. (2012). What works? The ten key components of drug Court: research-based best practices. In: National Drug Court Institute. 2012. Best Practices in Drug Courts. Drug Court Review, Vol VIII, Issue I. Alexandria, Virginia.



In the AODT Court participants face three phases of approximately six months each. Progression between phases requires a written letter from the participant requesting the move to the next stage. Each stage has different expectations of the participant, from attending AODT Court fortnightly in phase one to attending every four to eight weeks in phase three. There are also graduated incentives and sanctions to motivate participants.

Participants may exit the programme in three ways: graduation, termination, and withdrawal. They may graduate if they meet all requirements. Alternatively, they may exit through termination for such reasons as further offending, deliberate failure to comply, or violent behaviour. Participants may also choose to withdraw from the programme. At the time of the formative evaluation no participant had graduated from the AODT Court.

## **Governance**

The AODT Court steering group oversees the pilot and involves members of the Ministry of Justice, New Zealand Police, judiciary, Ministry of Health and the Department of Corrections. Their roles include ensuring the AODT Court is: meeting objectives, working as a decision-making body for issues within the project team, solving cost issues, monitoring stakeholder engagement and representing stakeholder interests, monitoring the pilot's progress, and engaging in the development of the pilot evaluation.

The AODT Court Working Group is responsible for implementing projects and work allocated by the Steering Group, keeping an operational overview of the AODT Court, and addressing operational and policy issues raised regarding the AODT Court.

## **Independent Community Support Group**

The Community Advisory Group (CAG) is a voluntary group which provides practical support and input to the AODT Court. The CAG is made up of 12 representatives from Victim Support, the New Zealand Society of Alcohol and Drug Dependence, Drink Drive NZ, the legal profession, and philanthropic organisations (such as Rotary), treatment providers including the 12-step movement (AA and NA), and Māori and Pacific communities. Their roles include: being a voice from a community perspective, informing community networks of the function and purpose of the AODT Court, and fundraising for participant recovery and rewards.

## **Determining Eligibility and Admitting Participants**

Defendants may be identified as being potentially eligible for the AODT Court by any relevant party in Court. Once referred, defendants undergo a CADS assessment to determine AOD dependence and receive information about the AODT Court. The AODT Court team discuss eligibility in a pre-Court meeting, with the AODT Court Judge making the final entry decision, which the defendant is informed of at a Determination Hearing.

The defendant eligibility criteria for the AODT Court are:

- be a New Zealand citizen or resident
- be aged 17 years and over
- have a residential address
- reside in the Court catchment area
- be able to attend programme sessions
- be willing to participate in the AODT Court programme
- be facing charges at the Auckland or Waitakere District Courts
- be referred by a Judge or Community Magistrate
- be facing charges for which the sentencing starting point is imprisonment (for a period of one to three years)
- be charged with their third or subsequent drink driving offence in the aggravated form for all drink driving charges.
- enter or indicate a guilty plea or that early resolution of charges is likely
- have no other charges going through the Court that cannot be brought together with these charges
- be charged with offending that is driven by AOD dependency, including recidivist drink drivers
- be at high-risk of reoffending (using the Risk of re-conviction and Risk of re-imprisonment (RoC\*RoI) score<sup>3</sup>)
- have a moderate–severe substance-related dependency (as per the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV))
- be, or believed to be, using illicit drugs, misusing other psychoactive substances (including alcohol) and this precipitates or perpetuates their offending
- be at risk of harming themselves, their family and the community as a consequence of using AOD.

Defendants may be excluded if: they have serious mental or medical health that may prevent their participation, if their only active charges are breaches of a sentence or Court order, if they have current sexual or serious violent or arson related offending, or if they have a criminal history of sexual offending or arson.

The Court is also guided by a 50–day advisory rule. This rule states that a maximum of 50 days is recommended between offence and acceptance into Court, as this is generally the time window in which people contemplate changing their behaviour.

When assessing the potential participant, the CADS team produce a report that recommends treatment options and cultural input, and confirms that the options have been discussed with the defendant, as well as clarifying any other needs.

## AODT Court Programme

The AODT Court team consists of the AODT Court Judge, the case manager, the Court co-ordinator, the defence counsel, the Police prosecutor, peer support workers, and (from October 2013) the Pou Oranga (Māori adviser). Each of the roles are considered in turn.

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<sup>3</sup> Defined as a RoC\*RoI score between 0.5 and 0.9

- **Judges** lead the AODT Court team, hold participants accountable, and sentence participants who successfully complete the AODT Court programme.
- **The Clinical Manager**, appointed and employed by the lead treatment provider Odyssey Auckland, maintains clinical oversight of the treatment services, and of the treatment staff including peer support workers, case managers and case coordinators.
- **Case Managers**, employed by Odyssey, are responsible for coordinating the treatment programme tailored for participants to address their AOD issues, and provide a support recovery programme. Case Managers report participants' progress to the AODT Court. They facilitate communication between the AODT Court, the treatment provider, and the participant. They also provide testing reports and deal with positive tests.
- **Peer Support Workers** employed by Odyssey have lived experience and are responsible for engaging and supporting AODT Court participants in their treatment pathway during their time in the AODT Court. The Peers provide reports to the Case Managers to provide a full picture of each participant's recovery.
- **The AODT Court Coordinator** role was initially administrative but has evolved to include many tasks to manage relationships and the flow of information between external stakeholders and the AODT team.
- **Police prosecutors** ensure public safety is a central focus in the AODT Court. They take a non-adversarial role; informing the Court of the victim's views and providing intelligence on the defendant. There was one Police prosecutor in Waitakere and five rostered in Auckland.
- **Defence Counsel** provide services that advocate for and represent participants to ensure their rights are protected. Over the process defence counsel have been encouraged to become more engaged with the AODT Court process.
- **The Pou Oranga (Māori adviser)** was a new role established in October 2013 to give advice on how to engage with Māori participants while also ensuring the kaupapa Māori aspects are included in the Court process and treatment plan.
- **The Court Registry Officer** is responsible for providing judicial support and case progression.
- **The Community Probation Officers** were introduced in the second year of the AODT Court. They attend pre-Court meetings and Determination Hearings, facilitate graduates' transition to the Probation Service, and manage the intensive supervision sentences of graduates.
- **The AODT Court team** meets in pre-Court team meetings to consider reports and share information about the participants appearing on that sitting day. This interdisciplinary team focuses on collaborating with consistency, and establishing lines of communication to ensure timely responses to issues.

Pre-Court team meetings offer time to monitor the participants' progress by sharing information among the team.

## Victim Engagement

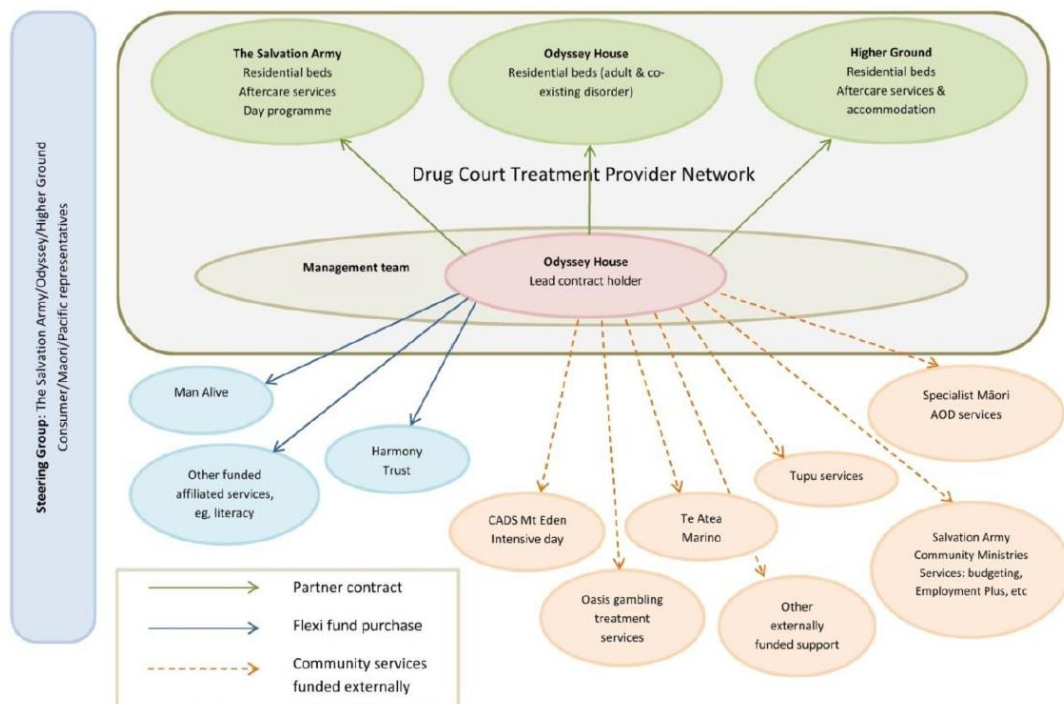
Victims can participate in the AODT Court process much like in other Courts; by attending the hearings, being kept informed about the defendant's progress through the Court, attending sentencing, and through other means. Because the AODT Court involves delayed sentencing, victims wait for a longer period before their views are heard, which usually occurs in phase 3.

Where appropriate, the AODT Court Judge may direct participants to restorative justice, generally in the second phase of the AODT Court. Where there is an identified victim, who agrees to participate, there is a presumption that participants will take part in a restorative justice process.

Where a victim does not exist (or does not wish to participate), consideration may be given to restorative justice with a community panel, indirect restorative justice with New Zealand Police representing victims' views, or the participant writes an apology letter to the victim(s).

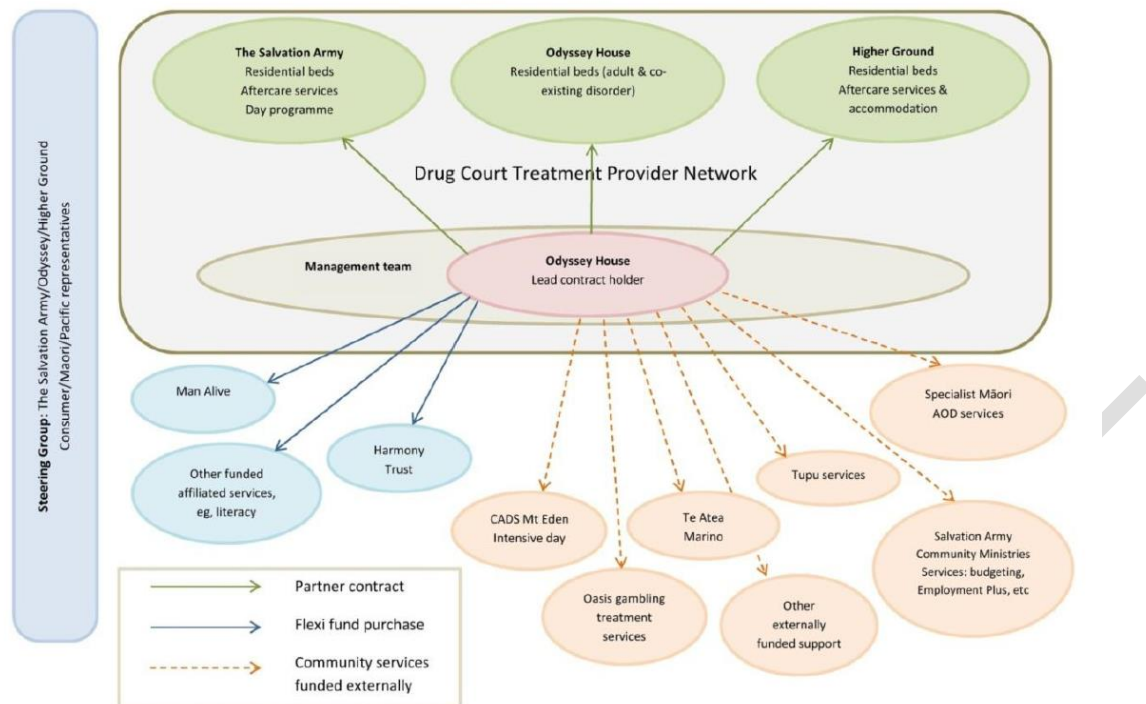
## Treatment

The Ministry of Health has contracted Odyssey House as the lead provider of a comprehensive AOD assessment and treatment service to support the AODT Court. They form an AOD Court treatment provider network with Higher Ground and the Salvation Army.



Note: AOD = alcohol and other drug; CADS = Community Alcohol and Drug Services.

Figure 1 shows the full network of treatment services provided to the AODT Court.



Note: AOD = alcohol and other drug; CADS = Community Alcohol and Drug Services.

**Figure 1: AODT Court Treatment Services<sup>4</sup>**

## Testing

All participants in the AODT Court are required to undergo regular and random AOD testing through all phases. Positive tests can result in sanctions being imposed.

Since July 2014, ESR has directly collected samples from community-based participants and those in residential treatment.

For community-based participants, ESR runs a collection clinic from one central location accessible by public transport.

Alcohol testing is completed using SCRAM anklets. For those without an anklet, alcohol testing is conducted twice weekly in conjunction with other drug testing. Urine testing is used for other drugs. The testing is indirectly observed using mirrors, and from April 2014, all samples have been tested at the ESR laboratory to detect a wider range of drugs.

For the collection service, ESR has developed a team of five staff who have undertaken the NZQA qualification for AOD sample collection. A security service is also contracted to provide a security guard at the clinic.

<sup>4</sup> From: Litmus. (2014). *Formative Evaluation for the Alcohol and Other Drug Treatment Court Pilot*. Wellington: Litmus.

## Exiting: Termination and Graduation

AODT Court participants may exit the Court through termination or voluntary exit, or through graduation.

AODT Court participants may be terminated from the AODT Court in the following situations:

- further offending
- deliberate and persistent failure to comply with treatment and/or testing requirements
- violence or seriously threatening behaviour within the treatment setting or in Court precincts
- being exited from treatment by a treatment provider due to a serious breach of rules
- acting in a manner which causes the AODT Court to conclude that continued participation is untenable.

Participants may choose to withdraw from the AODT Court. If a participant withdraws or is terminated, their case manager will prepare a termination report, they are remanded in custody to a District Court sentencing list, and are sentenced in the normal manner. Participants can be sentenced by an AODT Court Judge or by a District Court Judge. Progress in AODT Court is considered as a mitigating factor in sentencing.

Participants who successfully complete all three phases of the AODT Court and achieve all requirements, graduate from the Court. Successful participants take part in a graduation and sentencing event at Court and are invited to participate in a He Takitini graduation celebration at a marae or another suitable community venue. Participants may also participate in a graduation event on completion of their treatment programmes.

Graduated participants are sentenced by an AODT Court Judge, taking completion of the AODT Court into account as a significant mitigating factor.

## Meeting Māori Cultural Needs

Tikanga Māori practices have become an inherent part of the AODT Court. For example, everyone in the AODT Court, including participants and whānau, participate in practices of himene (hymn), waiata (song) and karakia (prayer). There is also a daily reading.

Karakia takes place on three occasions: in the closed Court session, the beginning of open Court, and when Court closes. At the start of Court, this process provides a time of 'kia tau'/settling, putting people at ease before the Court room proceedings begin and again at the close of Court. A haka is usually performed for Māori and non-Māori participants graduating from the AODT Court.

The graduation ceremony takes place in the AODT Court and a further celebration of the graduation is held on a marae or at another suitable community venue. This is He Takitini (the many who stand together) where recent graduates join with those who have graduated in the past. These events are attended by up to 300 people, including local dignitaries. Whānau are invited to the Court room ceremony where there are speeches by the

participants who describe their journey through the AODT Court. Many whānau choose to attend a He Takitini graduation celebration.

The Pou Oranga and the Māori Cultural Advisory Group (MCAG) worked collaboratively with the AODT Court and Ngati Whatua to host the first He Takitini.

The Pou Oranga (Māori cultural advisor) is an intrinsic part of the AODT Court and is available to contribute to the discussion on who is accepted into the AODT Court at pre-Court team meetings, as requested by the AODT Court Judge. The contract for the Pou Oranga role is held by Odyssey House, funded by the Ministry of Health. The current Pou Oranga is an employee of Higher Ground.

The role of the Pou Oranga has evolved with the AODT Court and participants. The purpose of the Pou Oranga role (as per the job description) is to:

- attend and participate in the Auckland and Waitakere AODT Court days (providing cultural safety, conducting appropriate Mihi/welcome and Poroporoaki/farewell processes for participants, and cultural support)
- establish Māori cultural processes and procedures (tikanga) within the AODT Court
- support the AODT Court treatment team as required (case managers, peer and operational support workers and other staff), including the provision of tikanga training
- develop collaborative relationships with local marae
- develop Māori cultural and AOD recovery pathways for Māori participants
- develop kaupapa whānau oranga support structures for participants.

The Māori Cultural Advisory Group (MCAG) was formed as a collaborative roopu (group), to provide advice and cultural support to the Pou Oranga. It is also a strategic group involved in discussing issues, which has resulted in the development of a Cultural Framework for the AODT Court. Some members can also stand in for the Pou Oranga role in Court as required.

The group meets twice monthly. MCAG is comprised of cultural advisors from the AOD treatment providers (Odyssey House, Salvation Army and Higher Ground), mana whenua representation, representation from Hoani Waititi Marae, and wider Māori service providers involved in AODT Court work.



# Evaluation Design

The key justice sector outcome indicators for the AODT Court are reduced reoffending and imprisonment. There are also other important outcome objectives both within and outside the justice sector.

Accordingly, the scope of the evaluation covered all of the AODT Court's intended outcomes to:

- reduce reoffending
- reduce AOD consumption and dependency
- reduce the use of imprisonment
- positively impact on health and wellbeing
- be cost-effective.

The overall purpose of the evaluation is to measure the AODT programme's success in achieving its goals.

The outcomes evaluation quantifies how well the AODT Court achieves its intended outcomes for participants over follow-up periods of one to four years. It uses administrative data from Court participants and a matched comparison group. This part of the evaluation quantifies the degree to which the AODT Court achieves its aims.

The qualitative evaluation provides context and depth to the overall evaluation. It uses data gathered through a series of interviews with AODT Court stakeholders, including participants and their whānau, and case file reviews. This part of the evaluation provides a greater understanding of how the AODT Court achieves its aims.

The cost-benefit analysis (CBA) takes findings from the outcomes analysis and cost data from agencies to quantify the benefits of the AODT Court compared with its costs. This part of the evaluation provides an estimate of the fiscal return from the AODT Court.

## Evaluation Questions

The evaluation sought to respond to key objectives and questions.



**Table 1: Descriptions of the components of the AODT Court evaluation**

Evaluation objectives	Evaluation questions
<b>Objective 1:</b> <i>Determine whether the initiative reduces reoffending and incarceration</i>	<ul style="list-style-type: none"> <li>• Did the initiative reduce the rate of reoffending (the proportion of offenders who reoffended) of those who participated, in comparison to offenders in the comparison group? Analysis will be done with and without breaches of orders.</li> <li>• Did the initiative reduce the frequency of reoffending (number of new proved offences per 100 offenders) of those who participated, in comparison to offenders in the comparison group? Analysis will be done with and without breaches.</li> <li>• Did the initiative reduce the rate of serious reoffending (the proportion of offenders who reoffended for a serious offence) of those who participated, in comparison to offenders in the comparison group?</li> <li>• Did the initiative reduce the rate of reoffending resulting in imprisonment (the proportion of offenders who were re-imprisoned) of those who participated, in comparison to offenders in the comparison group?</li> </ul>
<b>Objective 2:</b> <i>Determine whether the initiative reduces AOD consumption and dependency</i>	<ul style="list-style-type: none"> <li>• Did the initiative reduce the number of repeat alcohol and drug treatment service users compared to those who did not participate in the process?</li> <li>• Do participants in the AODT process have higher participation and completion rates respectively of AOD treatment services compared to those not going through AODT Court?</li> <li>• Did the initiative reduce AOD use/dependency of people who went through the AODT programme, compared to those who went through the usual process?</li> </ul>
<b>Objective 3:</b> <i>Determine whether the initiative positively impacts on the health and wellbeing of service users</i>	<ul style="list-style-type: none"> <li>• Did the service users perceive a positive impact on their health and wellbeing?</li> <li>• Did the people who graduated from the programme have better health and wellbeing than the people who dropped out of the AODT programme, or the people who received services as usual?</li> <li>• Did the service users have increased employment outcomes?</li> <li>• Did the service users have increased or decreased welfare usage?</li> </ul>
<b>Objective 4:</b> <i>Determine whether the initiative is cost-effective</i>	<ul style="list-style-type: none"> <li>• What are the current operating costs of the pilot per annum compared with the costs per annum that would have arisen if the same cases were processed in the usual way?</li> <li>• Does the pilot operate at a net gain or loss after factoring in sentence-related savings?</li> <li>• What is the total ratio of savings (attributable to the benefits measured under these four objectives) to costs of the model?</li> </ul>

# Methodology

## Quantitative analysis: justice outcomes

Quantitative analyses were completed by the Ministry of Justice and Ministry of Health using the same core dataset. Each focused-on justice and health outcomes respectively.

Reoffending and imprisonment, benefit dependency, and Police non-criminal event call-out rates for those who have participated in the AODT Court were compared with similar (matched) offenders who had been through the mainstream Court process and received a prison sentence.

The participant group was selected from all offenders who entered the AODT Court between 8 November 2012 and 31 March 2017. After data validation, a total of 315 participants were selected to be used in the analysis.

As a randomised trial was not feasible, AODT Court graduates and early exiters were matched separately with other similar offenders released from prison over the same time period using propensity score matching, and who met the following specific criteria:

- aged 18 or above;
- received a sentence of imprisonment of over six months and up to three years; and
- pleaded guilty.

Graduates were matched by year of entry into the AODT Court/release from prison, and the predicted probability of being an AODT Court graduate. Early exiters were matched by year of entry into the AODT Court/release from prison, and the predicted probability of exiting early from the AODT Court.

Predicted probabilities for propensity score matching were calculated from a logistic regression model of factors most related to offenders graduating/exiting the AODT Court.

To ensure the comparison group was large enough, offenders from Courts outside of Auckland were also included as potential matched offenders. Two sub-groups of matched offenders were therefore selected. The first was selected from those sentenced in Auckland region Courts, with a second group selected from those sentenced in Courts outside of Auckland, providing up to two matched offenders overall per AODT Court participant.

## Quantitative analysis: health outcomes

The Ministry of Health quantitative analysis compared health outcomes for AODT Court graduates and early exiters who entered the Court between 8 November 2012 and 31 March 2017, with four groups of matched offenders who were released from prison over the same period.

The Ministry of Justice provided the Ministry of Health with a dataset containing names, ethnicity, date of birth details, and Court entry and exit dates for all AODT Court participants who entered the AODT Court between 8 November 2012 and 31 March 2017. The dataset

also contained names, ethnicity, date of birth details, and prison sentence start and end dates for up to 15 potential matched offenders per participant.

The Ministry of Health linked the individual level data to the National Health Index (NHI) number to retrieve the associated health service utilisation data. However, there are a number of data limitations that affect the analysis.

A major limitation is that most AODT Court participants agree to be in the AODT Court and logically most will have some level of motivation to accept treatment for their addiction. The engagement with the Judge and the wider team in the Court setting is designed to enhance and maintain that motivation. However, there is no way to measure motivation among the matched group. Therefore, differences in motivation could not be accounted for in this evaluation.

Among several limitations to this analysis, a major caveat on the results is that the criteria used to select offenders for the AODT Court could not be used for matched offenders. AODT Court participants were matched with similar offenders, by including three AOD-related measures, namely: number of drink driving convictions; number of AOD sentence conditions imposed; and, assessed level of drug and alcohol addiction (Department of Corrections assessment). However, any differences between participants and matched offenders for the specific AOD eligibility criteria for the AODT Court will affect the results.

There are substantive data quality and statistical limitations in administrative health data, which limit the ability to identify statistical differences in health outcomes between AODT Court participants and matched offenders. Very few of the participants had a completed Alcohol and Drug Outcome Measure (ADOM)<sup>5</sup>, which was developed for use in adult community-based outpatient addiction services where change can be measured over a period of time.

A caveat on the reoffending results is that the two AODT Courts are both located in Auckland. To ensure the matched comparison group was large enough (a maximum of two matched offenders per AODT Court participant), 75% of matched offenders were from Courts outside Auckland. This introduced a potential for bias to the analysis if reoffending/imprisonment rates were different in Auckland compared with the rest of the country. However, analysis suggests there were no differences in reoffending rates, and little or no differences in imprisonment rates between comparable offenders sentenced in Courts in the Auckland region and the rest of the country.

## Qualitative evaluation

The Ministry of Health commissioned Litmus to undertake a qualitative evaluation of the AODT Court. The analysis explores participant health and wellbeing outcomes, a

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<sup>5</sup> Alcohol and Drug Outcome Measure (ADOM) is a Ministry of Health data collection and reporting method for all community-based outpatient adult addiction services. ADOM provides service users with a way to rate and track key areas of change during their treatment journey. This includes changes in use of alcohol and other drugs, lifestyle and wellbeing, and satisfaction with treatment progress and recovery.

comparison of outcomes to other offenders with AOD issues, ongoing implementation learnings and the transferability to other Court settings.

Litmus interviewed 21 AODT Court participants (14 graduates and seven exited participants) and 10 whānau members. They interviewed 22 people from treatment providers and 19 justice stakeholders. They reviewed 52 Court files to identify differences in outcomes between AODT Court participants (28) and a comparable sample of offenders (24).

To frame their analysis Litmus developed a holistic and culturally appropriate outcomes model for the AODT Court, based on Te Whare Tapa Whā (Durie 1985) and the Recovery Capital model (White and Cloud 2008). The model has four interrelated outcome domains: taha hinengaro (mental health), taha whānau (family health), taha tinana (physical health) and taha wairua (spiritual health).

The overall findings were that the AODT Court supported graduates to achieve positive short and medium-term outcomes across the four taha/domains. All stakeholders endorsed this finding. Interviewed graduates demonstrated they were maintaining sobriety gained through the AODT Court for up to four years after graduation.

While findings from across the data streams triangulate strongly, Litmus identified potential selection bias in participant feedback and limited comparable information in the file review.

In the Court file review, files for the comparison group provided an overview of the offender's pre-sentence but lacked information on whether any treatment was received, or outcomes from the intervention post-sentence. Therefore, Litmus could not assess the effect of AOD treatment or other support received against the four taha of the AODT Court outcomes model in the case file review.

## Cost–benefit analysis

The cost model details the actual measured operating costs of the AODT Court for all agencies involved. This data from the Ministry of Health, Ministry of Justice, Department of Corrections and Police used figures from actual participants from the AODT Courts, and from matched offenders in the standard Court process (as detailed in the Quantitative Outcomes methodology).

The cost model then compared AODT Court costs with detailed counterfactual costs, which estimated the costs for the same people if they had gone through the standard District Court process rather than attending the AODT Court. The cost model provided the basic cost data for the cost–benefit analysis.

The benefits of the AODT Court were collated and a cost–benefit analysis completed. Where possible, costs and benefits were monetised and modelled in a variant of Treasury's CBAX tool. Where benefits could not be monetised, they were included in the narrative portion of the cost–benefit analysis.

The CBAX tool is a spreadsheet model that contains a database of values to help agencies monetise impacts and to do cost–benefit analysis. The CBAX tool is a spreadsheet model that helps agencies to:

- take a consistent approach across government to cost–benefit analysis, including common values and assumptions
- take a long-term and broad view of societal impacts, costs and benefits
- rigorously assess these by monetising and discounting impacts, where possible
- be transparent about the assumptions and evidence base<sup>6</sup>.

It was not possible to use the CBAX tool in its entirety for a number of reasons. Justice-related benefits (savings) to public sector agencies (for example, reduced reoffending and imprisonment) were calculated using estimates provided directly by agencies, rather than using values in the CBAX tool itself. As agreed by all agencies involved in the evaluation, these estimates were the same as those used in the model to evaluate the cost of the AODT Court.<sup>7</sup> Private benefits (to victims) were calculated using estimates sourced directly from Treasury's CBAX tool.

Secondly, differences in justice-related outcomes between AODT Court participants and matched offenders varied over each follow-up year of the evaluation. Benefits to participants were largest in the first year but reduce markedly over longer follow-up periods. Further, the size of the differences in each year varied between measures. Differential benefit rates in each year cannot be used in the CBAX tool.

Differences in reoffending volumes between AODT Court participants and matched offenders have been used to calculate public and private benefits over follow-up periods of one to four years. As a randomised trial was not feasible, AODT Court graduates and early exiters were matched separately with other similar offenders released from prison using propensity score matching. Graduates were matched by year of entry into the AODT Court/release from prison, and the predicted probability of being an AODT Court graduate. Early exiters were matched by year of entry into the AODT Court/release from prison, and the predicted probability of exiting early from the AODT Court.

Predicted probabilities for propensity score matching were calculated from a logistic regression model of factors most related to offenders graduating/exiting the AODT Court. More detail about the matching process can be found in the AODT Court Qualitative Outcomes Evaluation report.

A total of 290 out of 315 (92%) AODT Court participants were matched to 553 offenders released from prison.

Final model benefits assume reoffending volumes were the same as that observed over time periods of one to four years for AODT Court participants and matched offenders.

The CBAX tool was also not able to be used for health-related benefits for the AODT Court. Data quality and statistical limitations restricted the ability to identify statistical differences

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<sup>6</sup> The Treasury. 2018. The Treasury's CBAX Tool. Retrieved from: [treasury.govt.nz/information-and-services/state-sector-leadership/investment-management/plan-investment-choices/cost-benefit-analysis-including-public-sector-discount-rates/treasurys-cbax-tool](https://treasury.govt.nz/information-and-services/state-sector-leadership/investment-management/plan-investment-choices/cost-benefit-analysis-including-public-sector-discount-rates/treasurys-cbax-tool)

<sup>7</sup> For example, the cost of a prison bed per annum was \$60,000 compared with a cost of \$12,847 in the CBAX tool.

between AODT Court participants and matched offenders for reduced AOD dependence and use, and other health-related outcomes.

Instead, the approach taken was to use the best available data from recent New Zealand evidence. That data was from a cost–benefit analysis on the longer-term impact of youth receiving AOD treatment and follow-up services.<sup>8</sup> The public and societal benefits per youth from this evaluation were used as upper bounds<sup>9</sup> on the non-justice-related benefits which could accrue to the public sector and individuals themselves through reduced AOD addiction.

In undertaking the CBA, a range of other potential benefits of the AODT Court were also considered. The other social benefits listed below were ultimately not included in the CBA, but may occur in graduates of the AODT Court:

- reduced work by Collections
- improved mental health
- strong, positive relationships
- care arrangements for children
- improved parenting skills (potentially less involvement by Oranga Tamariki and the Family Court)
- engagement in community
- fewer financial problems
- improved victim (whānau) wellbeing
- reduced criminogenic thinking.

While great care and effort was taken to include as many benefits as possible, there are practical barriers to the measurement, quantification, and comparative analysis of some factors. The above variables were not included for one or more of the following reasons:

- a lack of available data by which to measure them (either for participants and/or matched offenders);
- a lack of a comparable dataset (to make an equivalent comparison); and/or
- an inability to justifiably monetise a potential benefit for the purposes of a CBA.

Ultimately, the range of benefits included in the CBA is on par with the most comprehensive analyses of alcohol and drug courts, shown in a meta-analysis of the drug courts that operate in North America and other countries (see Appendix B — International Meta-Analyses).

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<sup>8</sup> Table 14 from 'Superu (2016). Youth Mental Health Project: Cost Benefit Analysis.

<sup>9</sup> These were used as upper bounds given that the benefits for youth would be much higher than those for AODT Court participants.

# Evaluation Results —

## Summary

The following summarises and synthesises results from the outcomes evaluation by each evaluation objective. The detailed methodology and results for each evaluation component are set out in the full reports, which should be read alongside this summary report.

### Objective 1: Determine whether the initiative reduces reoffending and incarceration

The qualitative analysis showed large reductions over all the reoffending measures as well as for rates of Police non-crime related incidents, within the two years following a participant's entry into the AODT Court, when compared with matched offenders.

Within two years, AODT Court participants:

- were 23% less likely to reoffend for any offence – an absolute difference of 16 percentage points;
- were 24% less likely to reoffend for offences excluding breaches<sup>10</sup> – an absolute difference of 16 percentage points;
- committed 42% fewer new offences per 100 offenders;
- were 35% less likely to reoffend for a serious offence<sup>11</sup> – an absolute difference of 14 percentage points;
- were 25% less likely to be imprisoned because of their reoffending – an absolute difference of 10 percentage points; and
- were involved in 24% fewer Police non-crime related incidents per 100 offenders.

Over longer follow-up periods, the results suggest that the effectiveness of the AODT Court in reducing reoffending and imprisonment declines markedly. There were only significant differences for the overall reoffending rate and frequency of reoffending measures within three years, and no significant differences for any of the measures within a four-year follow-up period.

This outcome is what would generally be expected following an intervention for an addiction. Addiction is a chronic relapsing disorder and generally not totally cured by an intervention. The correctional and criminal justice effects (that is, reoffending) are consistent with, and

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<sup>10</sup> Breaches are principally breaches of community service orders, parole, or probation.

<sup>11</sup> For the purpose of this evaluation, a serious offence is defined as any offence with a Justice Sector seriousness score of 150 or above. Common offences with a seriousness score of just over 150 are: Threatens To Kill/Do Grievous Bodily Harm (GBH) (Verbal); Receives Property (Over \$1,000); and, Unlawfully Takes Motor Vehicles (Motor Cars/Trucks Etc).



informed by, addiction treatment relapse effects as those treated move to greater independence and self-reliance once they move from management by the Court, and again when they complete their sentence.

However, the comparison of all the reoffending measures was only based on the cohort of AODT Court participants entering the Court up to 31 March 2014 and matched offenders released from prison over the same period. This cohort accounted for just over 60% of all participants and matched offenders who could be tracked over a three-year follow-up period. This means that although this decline in the effectiveness of the AODT Court over time is almost certainly real, there is less confidence in the scale of the differences observed over all the reoffending measures between AODT Court participants and matched offenders over three and four-year follow-up periods. To have real confidence in the scale of those differences would require a larger number of participants and matched offenders to be compared. Additionally, it needs to be noted that the Court has been evolving and significant changes have occurred. The Court had no graduates by 31 March 2014, and it now has 195.

Graduates accounted for 46% of those entering the AODT Court up to 31 March 2017. Graduates had substantially better reoffending outcomes than offenders released from prison who were matched to graduates. In summary, graduates had a 28 % lower reoffending rate, had a 27 % lower imprisonment rate, and committed 71% fewer new offences per 100 offenders than matched offenders over a three-year follow-up period.

Overall, this evaluation found that the AODT Court reduces reoffending and reincarceration for a period of time and to a greater extent for graduates of the Court.

## **Objective 2: Determine whether the initiative reduces AOD consumption and dependency**

In the Court file review, both AODT Court participants and the comparison group offenders expressed motivation to address their AOD issues. AODT Court participants accessed a wide range of AOD treatment and other support to assist their recovery journey pre-sentence. In contrast, the comparison group received very limited treatment pre-sentence.

The Ministry of Health administrative health data had several limitations that constrained the possibility of finding evidence for reduction in AOD consumption and dependency for AODT Court participants.

Taking this into account, the analysis for this evaluation found no statistically significant evidence for differences between all the AODT Court participants and the matched comparison groups across measures of AOD face to face contacts, although there are indications that graduates may be doing better.

There was no statistical evidence that AODT Court graduates had better treatment outcomes using ADOM scores, but they did report the highest level of progress to where they want to be in their AOD addiction recovery.



As such, it is impossible to say if there is any difference in terms of treatment outcomes between the AODT Court participants and comparison group. However, there is other evidence for similar treatment that indicates improvement in the ADOM health and well-being scores for the AODT Court participants.

Exited participants said they struggled to comply with the justice and treatment requirements of the AODT Court. All exited participants interviewed had relapsed since exiting the AODT Court. Some were current AOD users, two were maintaining recovery and one had reoffended.

The AODT Court is fundamentally a collaboration between the Justice and AOD treatment sectors. While there are areas of ongoing tension because of ideological differences between the two sectors, the previous process evaluations showed that the AODT Court is seen as an effective collaboration.

Treatment has evolved over the course of the pilot to address gaps and issues. A lack of treatment beds, lack of treatment readiness among participants, and lack of appropriate treatment for diverse needs, were cited as issues in the Formative Process Evaluation. The AODT Court and treatment network have taken steps to address each of these issues by introducing more treatment beds, providing treatment readiness programmes, and introducing more treatment options, such as a kaupapa Māori treatment programme (although this is no longer offered)<sup>12</sup> and Moral Reconation Therapy.

Meeting the needs of the AODT Court has put pressure on the services available for community-based referrals. The AODT Court is also perceived by some to be unfairly resourced compared to other AOD services and is creating service inequalities. Due to the success of the AODT Court, other AOD services have concluded they are simply under-resourced.

Due to data limitations (for example, small sample size) it is not possible to determine whether the AODT Court reduces AOD consumption and dependency. However, evidence from ADOM data for similar treatment indicates a 15% improvement in the ADOM health and wellbeing scores.<sup>13</sup> Through the qualitative evaluation:

- graduates reported a higher level of progress towards where they want to be in their recovery;
- stakeholders, participants and whānau considered the AODT Court resulted in a transformational change for graduated participants and their whānau;
- graduates achieve positive short and medium-term outcomes across the four taha/domains (hinengaro, whanau, tinana, wairua); and

<sup>12</sup> In 2016, stakeholders recognised the need for a kaupapa Māori treatment provider. Te Ara Hou was receiving referrals from the AODT Court under their National Methamphetamine contract. However, in 2018 Te Ara Hou was limited to their contract. As such they could not receive AODT Court participants.

<sup>13</sup> The 15% reduction estimate from other ADOM studies was used in the cost-benefit analysis of this evaluation.

- interviewed graduates demonstrated they were maintaining sobriety gained through the AODT Court for up to four years after graduation.

## **Objective 3: Determine whether the initiative positively impacts on the health and wellbeing of service users**

### **Experience of feeling well**

Before entering the AODT Court, participants reported having low self-esteem. Participants wanted to change but did not know how. Most participants had multiple previous convictions and long-term AOD use. Most felt marginalised and isolated from their communities. They described using AOD to cope with difficult events or past trauma. Participants had low awareness of the impact of their offending. Māori participants described a loss of identity and the impact of colonisation on their mental wellbeing.

Through being in the AODT Court, graduates built self-esteem, better understood recovery, and developed skills to stay in recovery (taha hinengaro). Graduates were more connected and capable of caring for and engaging with whānau (taha whānau). Graduates experienced positive health outcomes, becoming healthier as they gained sobriety (taha tinana). Graduates valued connecting and building taha wairua through the AODT Court.

Through being in the AODT Court, most exited participants who were interviewed had developed a sense of honesty, greater ability to trust and were aware of recovery pathways. Some had developed skills to cope with their addictions (taha hinengaro). Some exited participants were reconnecting with whānau, and others remained disengaged (taha whānau). Exited participants' health improved when they maintained sobriety (taha tinana). Exited participants experienced limited taha wairua outcomes.

Litmus concluded that the AODT Court's contribution to improving the lives of both graduates and exited participants is good.

### **Use of health services**

The Ministry of Health administrative health data had several limitations that constrained the possibility of finding evidence for improvement in health and wellbeing for AODT Court participants.

Taking this into account, the analysis found no statistically significant evidence for differences between all the AODT Court participants and the matched comparison groups across measures of Emergency Department attendances, and public hospital discharges, although there are indications that graduates may be doing better.

As such, it is impossible to say if there is any difference in terms of the use of other types of health services between the AODT Court participants and comparison group.

## Benefit usage

The qualitative analysis did not find a clear change in benefit use in the first two years. Over both years, the proportions of AODT Court participants on a benefit were not significantly different from matched offenders, though there was evidence of a lower proportion of participants being on a benefit for at least 80% of the first year after entry to the AODT Court. And of those offenders who were on a benefit in the first year, AODT Court participants were less likely to become employed (6.0% versus 17.7%), with no significant difference in the second year.

Over a longer follow-up period (two- to three- and three- to four-year follow-up periods), a similar pattern was observed. The proportions of AODT Court participants on the benefit within two- to three- and three- to four-year follow-up periods were not significantly different from those of matched offenders. Over the same time periods, there were also no significant differences in the proportions of offenders on a benefit who managed to find employment.

## Stakeholder perspective

All stakeholders including graduates were adamant graduates would not have achieved the health and wellbeing outcomes within the four taha without the intervention from the AODT Court. Graduates had been cycling through the Courts for years. Most had previously received some AOD treatment, with minimal or no success in achieving or sustaining recovery. Without the intervention of the AODT Court, participants would have continued to cycle through the justice system.

Overall, it appears that the AODT Court positively impacts participants' general health and wellbeing. However, there is no specific impact in terms of income support (benefit) receipt.

## Objective 4: Determine whether the initiative is cost-effective

The total cost for an AODT Court participant was \$98,228 while the cost per person for the standard District Court process was \$67,921. Across the whole group, the difference between the total AODT Court cost and standard cost was \$14.46m.

The cost-benefit analysis was completed using cost information from the cost model, as well as a variant of Treasury's CBAX tool. Benefits (savings) to public sector agencies were calculated using estimates provided directly by agencies. Private benefits (to victims) were calculated using estimates sourced directly from Treasury's CBAX tool.

An external review of the Cost Benefit Analysis noted it was well done and to be commended, but recommended the results be put in perspective of different methodologies used internationally (for example Transactional and Institutional Cost Analysis). This methodology accounts for more and varied benefits and assesses them over longer periods. The reviewer noted it was remarkable there were savings given the study included people who experienced the programme when it was just starting and a time period of implementation change.

Differences in reoffending volumes between AODT Court participants and matched offenders have been used to calculate public and private benefits over follow-up periods of one to four years.

**Table 2: CBA Summary**

	Final AODT Court Cost-Benefit Model		
	Average	Lower bound	Upper bound
Public benefits	3.32	2.66	3.98
Private benefits	15.87	10.49	21.26
<b>Total benefits</b>	<b>19.19</b>	<b>13.14</b>	<b>25.25</b>
<b>Costs (\$M)</b>	<b>14.46</b>	<b>14.46</b>	<b>14.46</b>
<b>Net Benefit (\$M)</b>	<b>4.74</b>	<b>-1.31</b>	<b>10.79</b>
<b>Cost Benefit Ratio</b>	<b>1.33</b>	<b>0.91</b>	<b>1.75</b>

The cost of the pilot was \$14.46m with benefits estimated at \$19.19m giving a cost benefit ratio of 1.33 (range of 0.91-1.75).

## Possible Cost–Benefit Differences with International Studies

A result of 1.33 is toward the lower end of the spectrum of international studies, which tend towards a 2.50 average cost-benefit ratio.<sup>14</sup> Several possible explanations for this difference, and what implications they may have for the AODT Courts, are discussed below.

<sup>14</sup> For example, from the international Meta-Analyses included in the Outcomes Evaluation: Lee et al. Washington State Institute of Public Policy, 'What Works and What Does Not?' (2015), Juvenile Drug Court \$2.32 benefits–costs ratio, Adult Drug Court \$3.02 benefits–costs ratio; National Institute of Justice, 'Multi-Site Adult Drug Court Evaluation' (2011), \$2.02 benefits–costs ratio; Government Accountability Office, 'Adult Drug Courts' (2005), an average of \$2.93 benefits–costs ratio.

## **There may be differences in the population treated by New Zealand's Courts**

The risk profile of participants entering the New Zealand AODT Court may be lower than the risk profile of participants overseas. Reducing reoffending by offenders with a lower risk of offending will have a smaller benefit than reducing the reoffending of higher risk offenders. Approximately one-third of the New Zealand participants committed drink-driving offences. Most overseas jurisdictions exclude offenders who only have drink-driving convictions from their eligibility criteria. Instead of a categorical exclusion, the New Zealand AODT Courts directly rely on the AOD assessment's moderate–severe substance abuse dependency. In many cases the current charge might be drink-driving but there is a substantial history of other dependency related offending.

That said, other studies, such as the US National Institute of Justice,<sup>15</sup> have concluded that “drug Courts seem to work equally well across most subgroups of client populations.” In other words, even if treating a lower-risk group produces less net-benefit (due to the lower cost of their offending), it doesn't necessarily mean that the treatment is less effective in affecting that subgroup's AOD behaviour.

## **This evaluation was conducted over a longer-than-average timeframe**

The New Zealand AODT Court evaluation had a four-year follow-up period from participant enrolment, tracking participants from the first year of establishment of the Courts, and their status four-years hence. This is significantly longer than the average follow-up period, which appears to be two years for most other studies.<sup>16</sup>

In the quantitative outcomes report, there were significant effects in the short term, but these reduced over time. A CBA would produce different results depending on the point at which the CBA was carried out. It is possible that, with a similarly long follow-up period, international studies would also have observed a reduction-over-time in the effect of the overseas AODT Courts. Given that treatment itself is typically only 18 months (for a successful participant who graduates), this reduction is likely to be a feature of the chronic relapsing nature of addiction and the absence of adequate ongoing support or failure to access the support which is available.

## **We modelled marginal AODT Court costs over standard Courts (not comparative net-differences)**

The model took the marginal AODT Court costs and benefits over the standard Court process — for example, cost of extra time spent by Judges with participants, cost of

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<sup>15</sup> Multi-Site Adult Drug Court Evaluation (2011), Volume 4, Pg 261

<sup>16</sup> Ibid, Pg 8, “The design included a baseline and two follow-up waves of offender surveys at 6- and 18-months post-enrollment, as well as official crime records at 24 months, which allowed us to examine whether drug Court effects are durable or recede over time.”

treatment, measurable justice and health outcomes, etc. An alternative method would be to separately model both the AODT Court absolute costs and benefits, and the standard Court costs and benefits, and compare the difference. We have assumed the differences between the AODT Court process and standard Court process do not have significant cost or benefit implications beyond those accounted for.

## **Actual and Future Cost–Benefit Ratios May Differ**

The Cost–Benefit Report measured what happened over the pilot programme. However, changes in practices over time means that the results obtained from what has occurred will not necessarily forecast future performance.

## **AODT Court pilot services and procedure evolved over time**

While the AODT Court standards have been consistent since launch, the processes applied in practice have adjusted over time, as highlighted in the Qualitative report. For example, the overall profile of offenders admitted may have changed after the first year of implementation, as eligibility standards for referral from standard Courts to the AODT Court became more well known.

## **Local supply and demand affects AODT Court capacity**

The experience of the pilot illustrates that participants on a waiting list for admittance to treatment services would be held on remand, at a cost to the justice system, without receiving potential benefits derived from treatment. The AOD assessments for offenders referred to the Courts are intended to evaluate participants' health needs, and is not necessarily a triage process related to use of the available local resources. AODT Court operations are constrained by these local supply and demand issues.

## **Potential future modifications in expenditure**

The Quantitative Health Report found that New Zealand AODT Courts incur a higher cost of drug testing (both in the type and frequency of such monitoring). Health expenditure forms most of the Court's expenses, and drug testing is a particularly large proportion of that. So, any modifications to such expenditure could improve cost-effectiveness, although the evaluation is not designed to estimate the magnitude of this or other potential reforms.

The Cost–Benefit Ratio average of 1.33 represents a cost-neutral intervention, leaning towards a small to moderate positive return on investment relative to the standard Court process. However, it needs to be noted again that many potential benefits were not able to be costed.

# Future Considerations

## What is ‘success’ for the AODT Court?

Broadly speaking, the AODT Court is successful when:

- participants successfully address their alcohol and drug dependency and reduce their substance use
- participants reduce recidivism
- the prison population is reduced
- the cost to Corrections is reduced
- offenders reintegrate well into their communities, especially if they have participated in inpatient treatment or served a prison sentence.

This section reflects on the results for each of the three evaluation components and provides additional context and discussion which could be considered in future planning for the AODT Court.

## Performance within the International Context

As background to the evaluation, review of international studies was undertaken to consider New Zealand’s AODT Court performance within a broader context. Some of those findings are discussed below, which allow consideration of the New Zealand evaluation findings in the context of what is seen in terms of ‘success’ internationally.

## Graduation Rates

While data and studies vary, graduation or completion rates in US drug courts average 50% to 70%. However, the caveat applies that it is unclear what proportion of graduates responded to the drug court services and what proportion might not have had serious drug problems upon entry<sup>17</sup>. With a 44% graduation rate, New Zealand’s AODT Court performance sits within the bounds of international performance.

## Cost–Benefit Analyses

While few international studies calculate cost–benefit analyses of the AODT Courts, those that have<sup>18</sup> found on average \$2.00–\$3.00 worth of benefits for every dollar spent on AODT Courts. The table of International Meta Analyses can be found in [Appendix B](#).

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<sup>17</sup> [ncbi.nlm.nih.gov/pmc/articles/PMC3211110/](https://ncbi.nlm.nih.gov/pmc/articles/PMC3211110/)

<sup>18</sup> Namely the NIJ (2011), GAO (2005), and Washington State Institute of Public Policy (2015), Lee et al., *What Works and What Does Not: Benefit-Cost Findings from WSIPP*

This evaluation has found \$1.33 worth of benefits for every dollar spent on New Zealand's AODT Court, with a range between \$0.91 and \$1.75.

## Cultural Context

Cultural context is a feature of the New Zealand approach and is broadly discussed in a number of international AODT Court studies. Joe Lunievicz (Director of Training Institute/Executive Director, National Development Research Institutes–USA) maintains that cultural competency in the AODT Court setting can result in:

- higher retention rates
- higher graduation rates
- enhanced quality assurance
- lower attrition rates<sup>19</sup>.

The current qualitative evaluation report and previous evaluations of New Zealand AODT Court discuss the importance of the cultural context in detail. With the introduction of Te Pou Oranga role one year into operations, tikanga Māori protocols became a normal and essential part of the AODT Court and its day-to-day operations.

Previous evaluations found the following in relation to cultural context in the New Zealand AODT Court:

- it 'works' for all, not just Māori
- it helps Māori connect and identify as Māori
- it helps others to connect with their own culture
- it provides visible Māori practices
- tikanga processes add value to Court processes
- the Pou Oranga position provides a strong role model for upholding tikanga of Court
- Te Reo Māori is integral in the Court.

However, it is important to note that the direct relationship between cultural context and AODT Court outcomes have not been, and cannot be, quantified through current evaluation methods.

## Sustaining Results

Most international studies track outcomes within a one to four-year period from entering the Court process<sup>20</sup>. Where outcomes were tracked for four years in other studies, outcomes were often similar to those seen in the New Zealand AODT Court Outcomes Evaluation. Contextually, the New Zealand AODT Court results are reflective of what can be expected from both a criminal justice perspective and a health perspective.

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<sup>19</sup> [slideserve.com/cardea/cultural-competency-in-your-drug-Court](https://slideserve.com/cardea/cultural-competency-in-your-drug-Court)

<sup>20</sup> For example, GAO (2005), Pgs 45, 53, timeframes covered.



The pattern of reoffending and imprisonment rates over four years is consistent with what would ordinarily be expected from a correctional and criminal justice perspective. In Year 1 the motivation of self-selected and motivated participants and the constraint exerted upon them by bail conditions which may be limiting (for example, restriction to a residential treatment facility) limits reoffending by the treatment group to those who exit very early.

The difference narrows in Year 2 as the early exiters who reoffend are recognised at a greater rate. In Year 3 the difference narrows further as the graduates who go on to reoffend enter the mix, as they gradually emerge from being under the constraints of bail and sentence, motivation wanes and treatment effects dissipate. The effect is such that by the end of Year 3 the difference is no longer statistically significant.

The effect continues into Year 4 to the point where there is no material difference in rates.

The pattern of results also makes sense from a health therapeutic point of view as a classic example of the addiction treatment relapse effect. Throughout Years 2 and 3, graduates and early exiters cease having full therapeutic support and cease having close Corrections supervision. This means the person is being expected to have sufficient resiliency to resist addiction impulses. Unfortunately, this is rarely the case, particularly for this group of people.

When relapse occurs, the full range of associated justice and health related harms reappear.

## Continuous Improvement

There is ample history of change and improvement as the AODT Court has evolved through the years. What were once future considerations are now improvements to the operational processes to benefit the participants and strengthen their recovery pathways. These changes may result in improved results for later participants and graduates when that data becomes available. These include:

1. November 2013 — the *Pou Oranga* role was introduced
2. Mid 2014 — Probation Officers began participating in the AODT Court team pre-Court meetings
3. September 2014 — The introduction of a graduate alumni group *He Takitini* which provides peer role models
4. March 2015 — Judges began to use 'Intensive Supervision' rather than Supervision as a sentence, as it provides more oversight for the participant and allows for drug testing under the sentence
5. 2015 — Judges began to impose a condition that the sentence be 'Judicially Monitored', which gives the Probation Officers meaningful 'back up' should there be issues around compliance
6. August 2015 — Kaupapa Māori recovery supports were introduced, eg *He Waka Eke Noa*
7. 2016 — Addition of a Case Administrator to the treatment team to help manage the workload of the Case Managers

# How could New Zealand drug Courts be more 'successful'

With the range of analysis undertaken for this evaluation, including environmental scanning and an international review, opportunities to improve efficiency and effectiveness have been identified which may contribute to a more 'successful' approach in the future.

## Lessons from the ongoing implementation of the AODT Court

The qualitative interviews found that AODT Court continues to be broadly consistent with its design principles and international best practice principles. All interviewed stakeholders continue to be positive about the ongoing implementation of the AODT Court.

Actions have been taken to address improvement areas identified in the 2016 process evaluation (see Appendix A). These included changes to restorative justice, refining the CADS role, addressing some resource pressure points, and strengthening the role of probation and defence lawyers.

Tikanga Māori has enriched the AODT Court and provides a model for working in partnership to achieve positive treatment and justice outcomes. Cultural practices such as integrating tikanga Māori and te reo Māori enhance the AODT Court processes, while Māori values are embedded throughout. Cultural leadership from the Judge, the Pou Oranga and engagement with Ngāti Whātua were critical for embedding tikanga practices.

Tensions continue over the boundary between judicial and clinical treatment decisions. Treatment providers would like the judiciary to be less involved in treatment decisions. International research highlights collaboration and communication across the AODT Court team is key to effectively negotiating in a complex and adaptive space.

Stakeholders identified several ongoing issues that are unresolved since the 2016 process evaluations. These include frustrations with the drug testing processes and its associated costs, limited residential treatment beds, variable application of the eligibility and exit criteria, and the resource-intensive nature of the AODT Court, particularly for case managers.

## Transferability of the AODT Court

Many interviewed stakeholders supported transferring the evidenced-based AODT Court design to other District Courts in larger urban centres. However, stakeholders agree that efficiently implementing the AODT Court will require:

- a large target population group
- available treatment services in the selected areas
- additional testing facilities
- additional resources for Police Prosecution, Probation Service, and Court staff.

These requirements are reinforced by findings from the process evaluations. Throughout the pilot the AODT Court received fewer referrals than anticipated, which was considered a risk by stakeholders. This was mitigated by high rates of acceptance, but it highlights the need for a large target population to draw from.

Availability of treatment and testing has been highlighted as an ongoing issue throughout the process evaluations. Over time a greater number of treatment options were introduced, but there continue to be gaps in suitable treatment for certain groups. Meeting the needs of the AODT Court has put pressure on treatment services. This shows the importance of considering the availability of treatment services in any AOD Court location.

Given the level of unmet need, some treatment stakeholders interviewed in the Qualitative Outcomes Evaluation were concerned the AODT Court creates inequitable access to AOD services for other offenders. These stakeholders support exploring other less intensive variations of the Court. However, the impact of implementing fewer components of the AODT Court is unknown.

Resourcing for the AODT Court was discussed across each process evaluation. The need for some resources was originally underestimated. To achieve an effective AODT Court process there was a significant increase in resources. Resource allocation increased for the following roles:

- Judges have an additional half day to prepare for the AODT Court
- The Court coordinator capacity increased from one to two full-timers
- Te Pou Oranga role was introduced
- Case managers, following a review of their role, received an operations support worker and a housing coordinator to support their role
- Police prosecution's allocation to the Court increased from one-day to three days
- Community probation increased their resourcing to have two probation officers allocated to each Court to cover for leave/sickness, and to manage the workload and stresses of the role.

Each of these resourcing issues highlights the need to learn from the current AODT Courts in New Zealand and to scope AODT Court roles carefully.

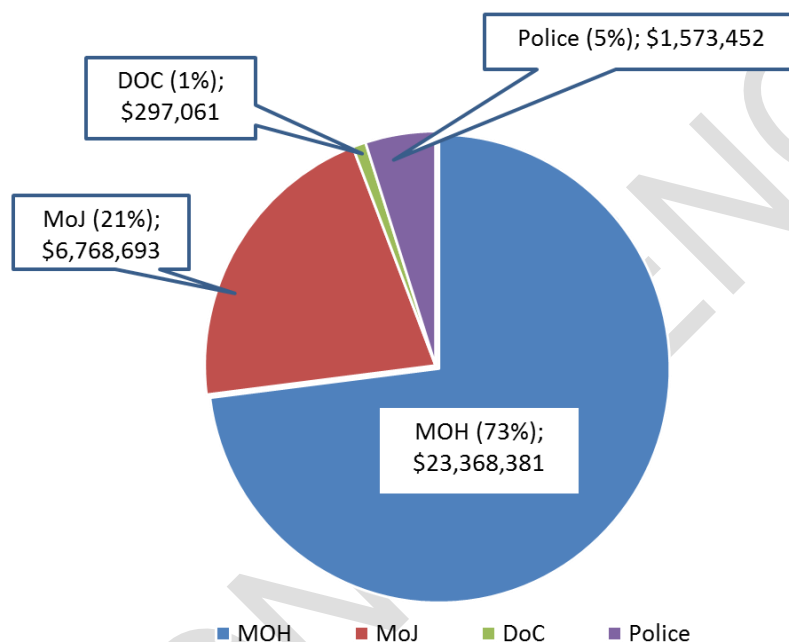
In the Qualitative Outcomes Evaluation, stakeholders suggested the following components are critical in supporting positive AOD outcomes: inclusive and affirming relationship with the Judge, tikanga Māori and the role of the Pou Oranga, a range of treatment options, a drug testing regime, and collaboration across all AODT Court stakeholders.

## **Consider Cost Efficiency options**

There are clear cost efficiencies to be gained from the AODT Court pathway that could be used to enable treatment of more people who might benefit from treatment with judicial oversight, in particular by implementing a more refined therapeutic process to drug testing that provides more nuanced and flexible oversight/motivation (that is, incentives, which in health terms can be seen as a 'dose-response relationship').

The following graphs and table report the actual costs to the Ministry of Health for the supply of treatment services to the AODT Court for the period from November 2012 to June 2018 (that is, Financial Years 2012/2018). The expenditure is placed in the context of other government agency costs and in comparison to similar packages of treatment care.

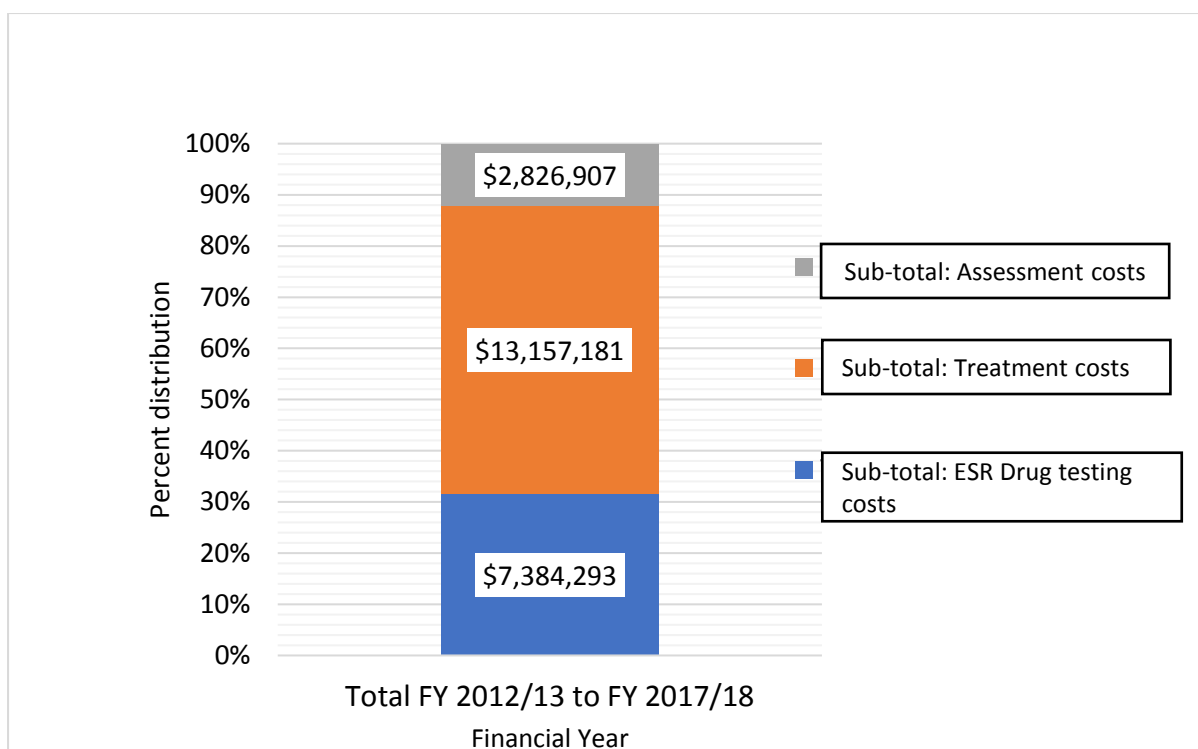
Figure 2 shows that for the November 2012 to June 2018 period, the Ministry of Health paid \$23.4 million for treatment services (including assessment and drug testing), which represents 73% of the total cost of the AODT Court. The second highest contributor was the Ministry of Justice at \$6.7 million, representing 21% of total costs.



**Figure 2: Comparative agency cost of AODT Court for period November 2012 to June 2018<sup>21</sup>**

Figure 3 shows that of the \$23.4 million, 30% (that is, \$7.4 million) was the cost of the ESR drug testing. A further \$2.8 million was for assessment costs, and \$13.2 million for direct treatment costs.

<sup>21</sup> MoJ is Ministry of Justice, DOC is Department of Corrections, and MOH is Ministry of Health.



**Figure 3: Distribution of total actual health costs of AODT Court, FY 2012/13 – 2017/18**

Table 3 provides a breakdown of the average costs of AODT Court treatment costs for the 482 entrants covered over the six financial years. The bottom part of the table provides a cost comparison for similar packages of care.

**Table 3: Cost of AODT Court treatment and comparison with other treatment services**

AODT Court Cost to MoH (482 entrants), for financial period 2012/2018		
	Mean \$	Total \$
Ministry of Health cost	48,482.12	23,368,381.06
Treatment Cost – (Incl. assessment & excl. testing)	27,297.06	13,157,181.28
ESR Drug Testing Cost	15,320.11	7,384,293.15
Standard treatment cost range, for financial period 2017/2018		
	Mean \$	Typical Range \$
Meth residential service	17,267.00	16,334.00 – 36,534.00
Community-based treatment	2,518.00	1,178.00 – 8,625.00

The figures and table highlight that the cost of AODT Court residential treatment (excluding the cost of drug testing) is in the same range as similar packages of care for methamphetamine residential services, but is considerably higher when the cost of drug testing is added.

The question arising is whether the current package of services being delivered is the right mix for the range of AODT Court participants entering the programme, or alternatively, whether the current range of participants is suitable for the AODT Court.

The current cost of the drug testing regime at 30% of total treatment costs to Health is disproportionate. From a therapeutic perspective, given the abstinence model of care that the AODT Court is based upon, the level of expenditure on intrusive and extensive drug testing cannot be defended when a simple saliva test for the presence of drugs and alcohol is all that is required. Where a saliva test returns positive then a more invasive procedure may be justified as part of a more nuanced continuum of treatment.

## Consider Effectiveness of Services

There are also opportunities to consider the services being utilised through the AODT Court to improve effectiveness, and within the context of efficiency. There needs to be a focus on implementing better defined packages of treatment delivery services that are more closely aligned with patient needs from a clinical perspective. For example, there is an opportunity for a better mix of community-based services and residential services, and/or more follow-up support post-graduation and for resiliency building.

## Quantify and Attribute Other Potential Benefits

While great care and effort was taken to include as many benefits in the CBA as possible, there are practical barriers to the measurement, quantification, and comparative analysis of some factors. The other social benefits listed below were ultimately not included in the CBA:

- reduced criminogenic thinking
- reduced work by Collections
- improved mental health
- strong, positive relationships
- care arrangements for children
- improved parenting skills
- engagement in community
- fewer financial problems
- improved victim (whānau) wellbeing

They were not included for one or more of the following reasons:

- a lack of available data by which to measure them (either for participants and/or matched offenders);
- a lack of a comparable dataset (to make an equivalent comparison); and/or
- an inability to justifiably monetise a potential benefit for the purposes of a CBA.

Just because a benefit is unable to be measured or monetised does not mean it does not exist. Below, we note the reasons provided as to why the AODT Court may have a positive impact on these benefits. Further, some factors may be indirectly measured, including as part of the qualitative evaluation.

We also note that the range of benefits included is on par with the most comprehensive analyses of the AODT Court, as indicated by reviewing meta-analyses of the drug courts that operate in North America and other countries.

## **Reduced Work by Collections**

Participants (including all graduates and some early exiters) have received a lesser sentence than they would otherwise have received outside of the AODT Court, as credit for progress in treatment. One possible sentence that AODT Court participants may avoid (besides imprisonment) is a fine. Any participants who avoid receiving a fine for their offending, or who are prevented from reoffending in the long-term, result in less work for Collections.

Fewer fines as part of sentences mean fewer fines to collect and less work for Collections; just as fewer imprisonment sentences and/or reduced terms of imprisonment mean less cost to Corrections.

It should be noted that AODT Court eligibility criteria require a charge for which the sentence would otherwise be imprisonment, so the effect on imprisonment is more significant. The reduction in costs of imprisonment were estimated as part of the CBA.

## **Improved Mental Health**

AOD consumption is correlated with some mental health outcomes, such as depression and anxiety<sup>22 23</sup>. A side-benefit of health treatment delivered by the AODT Court could therefore be an improvement in mental health from reduced AOD dependency and abuse. While direct measures of mental health were not available in a form that would allow comparison between AODT Court participants and the match offender group, the qualitative evaluation of AODT Court participants has provided an indirect measure.

## **Strong, Positive Relationships and Reduction in Family Violence**

AOD dependency can impair healthy relationships between offenders and their families and friends. In addition, offending that results in imprisonment removes offenders from their homes, making it harder to maintain those social connections. The Ministry of Health's National Drug Policy 2015–2020 cites examples of AOD-related harm to others as including violence, foetal AOD exposure, family break-up and child neglect. Reduced AOD abuse and reduced imprisonment can enable an AODT Court participant to rebuild and maintain better relationships. This in turn could reduce the number of Police service calls in response to family violence situations.

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<sup>22</sup> Cornelius JR, Bukstein O, Salloum I, Clark D. 2003. Alcohol and psychiatric comorbidity. *Recent Developments in Alcoholism*, 16, pp. 361–374, retrieved from: [ncbi.nlm.nih.gov/pubmed/12638646](https://ncbi.nlm.nih.gov/pubmed/12638646)

<sup>23</sup> Kessler RC. 2004. The epidemiology of dual diagnosis. *Biological Psychiatry*, 56, pp. 730–737, retrieved from: [ncbi.nlm.nih.gov/pubmed/15556117](https://ncbi.nlm.nih.gov/pubmed/15556117)

## Care Arrangements for Children, and Improved Parenting Skills

Related to the potential for improved relationships among offenders and their families is the impact on offenders' children. A reduction in AOD abuse, and any consequent reduction in imprisonment, could allow participants to maintain contact with, or care of, their children. Conversely, untreated substance abuse and sentences of imprisonment can result in children being transferred into the custody of state or foster care.

Reduced AOD abuse may also help improve offenders' parenting skills; beyond reduced symptoms of AOD abuse, successful treatment could facilitate offenders' self-improvement and ability to seek help with their parenting.

These benefits are exemplified below, in a Family Court Judge's perspective on the AODT Court.

A Family Court Judge highlights the impact that the AODT Court has had on enabling a family to be reunited

'...It has become increasingly apparent that there are many cases involving participants in the AODT Court who have concurrent proceedings in the Family Court. The progress made by those participants in the AODT Court is such that it has a real and significant, concrete and positive effect on the Family Court outcomes. Examples include cases where children have been returned to their parent's full-time care, or where they are finally able to play a meaningful part of their children's lives, whereas previously they have been absent parents whose behaviours have typically involved risk and harm to their family members. There are also cases where there has also been significant family violence (for example, breaches of protection orders, assaults against their child's mother). In these cases, the underlying behaviour is addressed through the AODT Court to the point where the Family Court can be satisfied that the participant is now a safe parent.

The prospect that the Family Court may return a child to their care or improve their contact with them if they graduate (and sometimes before they graduate) is a significant motivating factor for AODT Court participants. They have access to more support and programmes (including parenting programmes) than is available in the Family Court jurisdiction....'.

## Engagement in Community

AODT Court participation may increase offenders' ability and inclination to engage in the community in several ways. Successful treatment and reduced imprisonment may: reduce AOD abuse that inhibits engagement; put participants into contact with long-term support services (such as AA); and encourage participants to engage with community networks (such as social or sporting activities and clubs) rather than prison. All participants in the AODT Court are expected to undertake voluntary community service while in the AODT Court as a way of giving back to the community and engaging positively with it. Many thousands of hours of community work have been carried out by participants.



## **Fewer Financial Problems**

Both AOD dependency and negative interaction with the criminal justice system (from recidivism to imprisonment) can undermine offenders' financial security. Conversely, the AODT Court may redirect and enable offenders to access appropriate helping services, and the end result of this may be relatively higher incomes. While the financial status of AODT Court participants and matched offenders was not available for analysis, the CBA did compare the percentage of people on income support (benefits) over different follow-up periods.

## **Improved Victim (whānau) Wellbeing**

The CBA did estimate the reduced costs of victimisation, based on the relative reoffending numbers by participants and matched offenders. However, this definition of victimisation relates to those who are the subject of criminal offending. A broader conception of those harmed by the offenders' AOD abuse and offending would include the family/whānau of offenders. The measured reductions in offending may be a proxy for reduced rates of harm on this second group of victims. However, a direct measure of their wellbeing (as well as that of victims of the matched offender group) was unavailable.

# Conclusion

The key results show that there were large reductions over all the reoffending measures within the two years following a participant's entry into the AODT Court, when compared with matched offenders. Over longer follow-up periods, the results in reducing reoffending and imprisonment decline markedly.

The evaluation shows a reduction in AOD dependency during a participant's time in the Court and that the AODT Court contribution to improving the lives of graduates and exited participants is good, which relates to positive health and wellbeing. Graduates experience better relationships with whanau, improved health and better connection with work or training and cultural and spiritual values. Some maintain sobriety for up to four years after graduation.

The Cost–Benefit Ratio average of 1.33 represents a cost-neutral intervention, leaning towards a small to moderate positive return on investment relative to the standard Court process.

The evaluation has identified opportunities for further improvements to the overall design and delivery of the AODT Court. The aim is to improve operational efficiency and effectiveness to enable better support for the participants to address their treatment needs and achieve the goals set by the AODT Court.

The existing AODT Court model requires further refinement in process, policy, and implementation for it to reach its potential and deliver the outcomes that are possible. Ongoing investment in the existing AODT Courts must be framed in the context of strengthening delivery to lead to better justice and health results for the participants. Considerations for AODT Court arrangements in other locations will need to account for the findings of this evaluation to ensure they achieve the intended outcomes.

# Appendices

## Appendix A | Prior Evaluations of AODT Court

This appendix summarises the three process evaluations of the Alcohol and Other Drug Treatment (AODT) Court. It has a focus on methods, key findings, and recommendations; particularly those that are relevant to the outcomes evaluation.

### Formative Evaluation of the Alcohol and Other Drug Treatment Court Pilot

The formative evaluation for the Alcohol and Other Drug Court was the first evaluation of the AODT Court, which started 12 months after the pilot began. It was published on 31 March 2014.

The goals of this evaluation were to assess how well the AODT Court has been implemented compared with the original design, and identify learnings and improvements to strengthen the pilot. The methods used in this evaluation were:

- **Observations.** The Waitakere AODT Court was observed twice, and the Auckland AODT Court once. This included pre-Court team meetings and open Court sessions.
- **Interviews.** Nineteen participants were interviewed, and three included a whānau member or support person. Thirty stakeholders and providers who are involved or engaged in the implementation and delivery of the AODT Courts were also interviewed.
- **Group discussions.** Three group discussions were held with the 30 stakeholders across the two AODT Courts.

### Process Evaluation for the Alcohol and Other Drug Treatment Court: Interim Report

The AODT Court process evaluation was conducted by Litmus Limited and carried out in two phases. The interim report was published on 18 August 2015. It reports on findings from phase one of the process evaluation carried out between 16 March and 21 May 2015.

The evaluation used a mixed-method approach:

- **Observation.** Both Waitakere and Auckland AODT Courts were observed once, both including pre-Court meetings and open Court. The evaluators also observed the AODT Court He Takitini Ceremony ('the many who stand together') celebration at Hoani Waititi Marae.
- **Interviews.** Twenty-five AODT Court participants and two whānau members were interviewed, as well as 51 AODT Court team members and key informants.

- **Administrative data.** AODT Court administrative data shows the flow and demographic profile of people through the AODT Court pathway. Data was analysed by Ministry of Justice Research and Evaluation staff.

## Final Process Evaluation for the Alcohol and Other Drug Treatment Court

The final process evaluation of the AODT Court was conducted by Litmus Limited and the final report was published on 17 August 2016. The evaluation purpose was to provide information and feedback on the implementation of the AODT Court to support the Ministry and judiciary, to ensure the processes are fit-for-purpose, describe how the Court operates in practice, assess whether it is meeting outcomes, and assess whether it is cost effective.

The goal of the Final Process Evaluation was to assess the operation of the AODT Court against its intended design and describe its evolution to inform the interpretation of programme outcomes.

Methods used in this evaluation were:

- **Interviews.** Twenty-three AODT Court participants and six of their whānau members were interviewed, as well as 33 AODT Court team members and key informants.
- **Group discussions.** Thirty-one AODT Court team members and key informants, referred to as stakeholders, participated in group discussions.
- **Administrative data.** Data from the AODT Court database, JAX. The Ministry of Justice Research and Evaluation Team analysed the administrative data.

## Who was in the AODT Court for each process evaluation?

Table 4 shows the numbers of participants accepted into the Court at the date of data collection for each process evaluation. It also shows percentages of those who had a CADS assessment that were subsequently recommended for a Determination Hearing, those who were accepted into the Court after a Determination Hearing, and some demographic details for participants accepted into the Court. More detailed data, including demographic information, can be found in each respective evaluation report.

**Table 4: Summary of participants accepted into the AODT Court across the three process evaluations**

	<b>Formative Evaluation</b>	<b>Interim Report</b>	<b>Final Process Evaluation</b>
<b>Data at date</b>	16 December 2013	28 April 2015	13 April 2016
<b>Number of participants accepted into the AODT Court</b>	99	205	282
<b>% of CADS assessed recommended for AODT Court</b>	84%	86%	97%
<b>% of determination cases accepted into AODT Court</b>	62%	61%	64%
<b>% male</b>	87%	87%	87%
<b>% Māori</b>	44%	49%	44%
<b>% EBA24</b>	38%	26%	30%
<b>% RoC*RoI in range</b>	80%	60%	68%

<sup>24</sup> Primary engagement charge is EBA and there are no other non-driving related active charges. EBA includes charges for driving with excess breath/blood alcohol or refusing to provide a sample.

## Key findings and recommendations from process evaluations of the AODT Court

The table below summarises the key findings and recommendations of the three process evaluations, particularly those that are relevant to the outcomes evaluation.

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
<b>Governance, management, &amp; training</b>	<b>Key findings</b>	<p>The overall governance and operational management of the AODT Court were found to be working as intended in the pilot's design.</p> <p>Throughout the first year there was ongoing reflection on ways to improve the pilot.</p> <p>AODT Court Judges were seeking to present progress reports to the Steering Group to provide context.</p> <p>Training had been thoroughly implemented for staff.</p>	<p>Generally, the overall governance of the AODT Court was working as intended in the pilot's design.</p> <p>A key strength of the Steering Group was cross-agency representation and broad support for the AODT Court. They were becoming more comfortable with the Court evolving from its original design.</p> <p>Some local stakeholders suggested the Steering Group had limited operational understanding of the Court.</p> <p>The AODT Court Steering Group flagged the risk that as the pilot moves into its final stages there may be a loss of personnel and knowledge. A key future focus for the Steering Group is maintaining the operational commitment to the AODT Court over the full term.</p> <p>Court observation was a critical induction tool; induction of new team members was challenging due to a</p>	<p>Governance and management structures of the AODT Court have generally remained consistent with the original design.</p> <p>Membership across governance and management has remained consistent and committed, except for the Ministry of Justice project manager role.</p> <p>The Steering Group noted AODT Court had not yet reached a 'steady' state, as new issues continue to arise which require governance level review and consideration.</p> <p>There was a lack of a clear boundary between governance level and operational level policy decisions. Decision making was constrained by a lack of real-time monitoring data.</p> <p>Training mechanisms were an annual workshop, feedback from international expert Judge Hora,</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
			lack of formalised handover processes.	and shadowing periods of two to four weeks for new Court team members.  Odyssey House was working with the Ministry of Health and Pou Oranga to develop an orientation training package for case managers and peer support workers.
	<b>Recommendations</b>	<p>Ensure timely reporting to the AODT Steering Group so they are aware of issues that require discussion at a governance level.</p> <p>Consider facilitating the involvement of AODT Court Judges at the Steering Group meetings so they may present their reports and proposals.</p> <p>Support ongoing induction and training for new appointees.</p>	<p>Consider ways to increase the understanding of the Steering Group role at a local level. Reflect on the usefulness of the Judges' Memo to increase the operational understanding amongst the Steering Group.</p> <p>Develop an induction tool for new AODT Court members at both a Court and agency level to enable effective handovers and to maintain clarity of roles.</p>	<p>Ensure the project support role is clearly defined and that there is continuity of staff in this role, to allow a clear pathway for raising issues that may require resolution through the AODT Court Steering Group.</p> <p>Resolve the tension around who is accountable for policy revisions relating to the design of the AODT Court.</p> <p>Develop an overarching induction manual for new staff and stakeholders. The manual would support the shadowing system and could be an updated version of the AODT Court handbook.</p> <p>Clarify the career pathways for peer support workers and for AODT Court graduates seeking to become peer support workers.</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
Eligibility & admission	Key findings	<p>AODT Court received fewer referrals than anticipated, which was identified as a risk. However, referrals generally appear to be suitable in terms of AOD dependency.</p> <p>Efforts have been made to increase awareness of the AODT Court, with the aim of also increasing referrals, including meetings with key external stakeholders, seminars, and advertising.</p> <p>Participants varied in their understanding about what would be involved in the programme. Some were dissatisfied with the information they received about the AODT Court.</p> <p>People who entered the Court thinking it was an easy option to avoid prison were seen as more likely to drop out early. Stakeholders believe a vital aspect of accepting participants is ensuring they are fully aware of what is expected of them at the AODT Court. The more they understand, the more likely they are to last past the first few weeks.</p> <p>Stakeholders felt that the right people were being selected for the Court, but the process was evolving.</p>	<p>Overall, the processes for identifying defendants and determining eligibility are working as intended and seem to have reached a steady state.</p> <p>Stakeholders suggested that the eligibility criteria were being met, but this could not be assessed by the evaluation.</p> <p>Changes since the formative evaluation:</p> <ul style="list-style-type: none"> <li>CADS assessors attend the pre-Court team meetings when new referrals are being considered</li> <li>Community Probation and the Pou Oranga now attend pre-Court team meetings and Determination hearings</li> <li>Judicial discretion may be used in the application of the RoC*RoI score when determining eligibility</li> <li>introduction of a template for referring counsel where confirmation is required on some of the eligibility criteria</li> <li>the length of time spent on pre-Court team meetings had shortened.</li> </ul> <p>The evaluation did not report on whether criteria around violence had been strengthened.</p>	<p>Overall the process for identifying defendants and determining eligibility are working as intended and have strengthened.</p> <p>Referral flows to the AODT Court were still inconsistent and lower than expected, with higher than expected acceptance ratios.</p> <p>Sustaining the number of participants was driving promotion of the Court, and potentially use of discretionary elements in the eligibility criteria. Awareness and understanding of the Court were growing.</p> <p>CADS assessors' involvement in pre-Court meetings, which was initiated after the formative evaluation, helped their reports become more relevant.</p> <p>Time management and process had improved in pre-Court meetings.</p> <p>Changes since the inception of the AODT Court:</p> <ul style="list-style-type: none"> <li>the eligibility checklist for referring defence counsel and Judges was updated</li> <li>the CADS reporting template was updated to ensure the</li> </ul>



		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		Interviews showed a lack of clarity on acceptance of people with violent histories and lack of process to deal with disagreements on this issue among the AODT Court team.	<p>Awareness of the AODT Court and eligibility criteria was mixed among potential referrers.</p> <p>Referrals for AOD assessment were still lower than expected, but the AODT Court was nearing capacity and a high proportion of referred cases (86%) were recommended for the Court.</p> <p>Concerns were raised about people accepted into the AODT Court with serious mental health issues, which are an exclusion criterion.</p> <p>Stakeholders again raised concerns about participants remaining on remand in custody while waiting for a residential treatment programme or safe housing.</p> <p>Most participants started the programme thinking the Court was an easy option to avoid prison and did not appreciate the significant demands the Court would place on them.</p>	<p>information informs determination</p> <ul style="list-style-type: none"> <li>the participant agreement was updated to improve information for potential participants</li> <li>the participant handbook was updated in 2014.</li> </ul> <p>The Auckland AODT Court tends to have cases with more complex issues.</p> <p>Stakeholder views varied on the level of discretion used in the application of the eligibility criteria, particularly around the RoC*RoI score.</p> <p>The informed consent process for participants was found to be working well.</p> <p>As of March 2016, the AODT Court Treatment Network Steering Group meets quarterly.</p>
	<b>Recommendations</b>	Determine the feasibility of using a checklist to record and provide evidence that participants met the eligibility criteria at the Determination Hearing.	<p>Continue to develop processes for early identification of significant mental health issues that cannot be accommodated by the Court.</p> <p>Reflect on whether further actions can be undertaken to decrease the</p>	Consider the strategies to have a more consistent flow of referrals to the Court to enable more efficient AOD assessment processes.

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>Investigate the feasibility of establishing clear criteria for offenders with violent histories.</p> <p>Develop a process to review eligibility decisions where there is disagreement within the AODT Court team on whether a potential participant meets the defined criteria.</p> <p>Establish a feedback loop between the AODT Court and AOD assessor to create greater understanding of the rationale for acceptance and non-acceptance into the AODT Court.</p>	<p>time participants remain on remand in custody, while waiting for a residential treatment programme or safe housing.</p>	<p>Ensure the ongoing promotion of the AODT Court to District Court Judges and defence lawyers.</p> <p>Review the areas of clinical risk identified by CADS. In particular clarify which agency has clinical responsibility for treatment provided in non-CADS settings, and between the CADS assessment and the Determination Hearing.</p> <p>Clarify who is responsible for providing further information sought in the Determination Hearing.</p> <p>Determine whether further actions can be undertaken to decrease the time participants remain on remand in custody, while waiting for a residential treatment programme or safe housing.</p>
<b>AODT Court programme</b>	<b>Key findings</b>	<p>While the AODT Court team roles were working together as intended, the scope of the AODT Court case managers, Court co-ordinator, and defence counsel roles were expanding beyond original expectations which was impacting on their capacity to manage increasing caseloads.</p>	<p>Overall, the operation of the AODT Court is working well and as intended. Concerns about workforce capacity continued with AODT Court team members investing time and commitment beyond what was contracted or sustainable.</p> <p>Overall, the AODT Court teams were working well together. However, there is an inherent tension in the</p>	<p>The operation of the AODT Court largely aligns with its original design and the team were working effectively but there is room for improvement.</p> <p>There is strong interagency communication.</p> <p>Participants gave generally positive feedback about the AODT</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>At the outset of the pilot there were two Court co-ordinators, but at the time of the evaluation there was one Court co-ordinator working full-time across both Courts.</p> <p>Some police prosecutors would like more consideration of public safety. The international expert noted that the rotation of prosecutors in Auckland was not good practice and ideally the role would be filled by one consistent individual. Others believed there is benefit in rotating the prosecutors so they don't get 'captured' by participants.</p> <p>Members of the AODT Court team suggested that the appointment of social workers would be helpful to deal with accommodation, income, educational and vocational issues.</p> <p>The AODT pre-Court team meetings and Court hearings were being undertaken as intended in the pilot design, but time management was an issue.</p> <p>The extent to which information could be shared, and to what extent the participant could be informed, was also an issue as there is a need to weigh up what is confidential, what is legally privileged, and what</p>	<p>Court in terms of balancing treatment, judicial, and justice priorities and processes.</p> <p>Changes to the AODT Court team since the formative evaluation:</p> <ul style="list-style-type: none"> <li>• one Judge had changed roles and was no longer presiding over the AODT Court</li> <li>• two other Judges have been trained and cover leave</li> <li>• appointment of an additional Court coordinator</li> <li>• a review of the case manager role</li> <li>• JAX has been reviewed and was being backfilled</li> <li>• introduction of a non-drug Court roster — to have AODT Court counsel available to attend participant arrest matters and breaches outside of the AODT Court days.</li> </ul> <p>Since the formative evaluation, the AODT Courts introduced a new initiative called the 'A Team', which recognises participants who are tracking well. Also, participants were required to appear at Court 20 minutes before commencement to ensure streamlined processes for checking cards in Court.</p>	<p>Court team and had trust in them. Having a consistent AODT Court team was seen as useful. However, turnover was high as the job is a high-pressure one.</p> <p>Case manager roles have been reviewed and extra support put in place, so they are now more confident in refusing inappropriate tasks that create pressure in their role. Participants noted the frustration at the changing of their case manager due to high staff turnover.</p> <p>Housing coordinator and operations support worker roles were introduced to make the case manager role more sustainable.</p> <p>Peer support workers had several challenges and often feel compelled to help stressed case workers. Peer support workers have received no direction on how they can develop a career pathway. Participants enjoy having a peer support person.</p> <p>With current resources, the Police prosecution role is not sustainable as the role is significantly more time intensive than previously expected.</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>is in the participant's interests to share with the group.</p> <p>Incentives and sanctions have been shown to assist behaviour modification.</p> <p>At the time of the evaluation it was too early to reflect on the average time spent in each phase as most participants were moving into phase two, with only one in phase three. There had been no graduations.</p>	<p>Participants highlighted being able to talk directly to the Judge and the encouragement received from the Court team as making the AODT Court different to the District Court.</p>	<p>Due to issues with the JAX database, a separate spreadsheet was set up to inform the Court's operation, resulting in Court coordinators maintaining two databases.</p> <p>The length of time spent in the AODT Court was at the upper end of what is expected.</p> <p>Feedback on the use of incentives was mixed. Some see it as positive, but others said cash incentives can place abstinence at risk.</p>
	<b>Recommendations</b>	<p>Review the scope of the AODT Court case managers, the AODT Court coordinator, and defence counsel roles and responsibilities to address their current expansion and ensure they can complete their expected tasks within their current FTE and expected caseload.</p> <p>Determine who holds responsibility for addressing participants' financial and social needs (for example, their accommodation and income).</p> <p>Consider an occasional team debrief to discuss implementation and the tensions inherent in roles, communications, and relationships within a therapeutic Court model to</p>	<p>Develop documentation and guidelines that clearly detail the different AODT Court team roles and role boundaries.</p> <p>Continue to monitor and reflect on the balance between support and self-efficacy for phase three participants.</p> <p>Continue to facilitate discussion of administrative details outside of Court time to reduce time taken during Court hearings.</p>	<p>Monitor and maintain the appropriate boundaries between judicial and treatment decisions.</p> <p>Ensure relieving judges are kept informed about any policy changes in the Court.</p> <p>Determine if it is appropriate for the Court coordinators to maintain both the JAX database and their spreadsheet.</p> <p>Ensure peer support workers can work in a way that supports the development of self-efficacy in participants and the sustainability of their role.</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>ensure the contribution of team members' expert opinions are heard.</p> <p>Strengthen time management practices to reduce the length of the pre-Court team meetings and AODT Court sessions.</p> <p>As data becomes available, calculate participants' phase duration.</p>		<p>Review the defence counsel and supervisor role to determine the most effective and efficient structure, and consider holding some refresher training on lawyer/client privilege.</p> <p>Consider further resources for the Police Prosecution Service to ensure the sustainability of their AODT Court role within the wider context of the service.</p> <p>Review the frequency of monitoring of participants to ensure this is in line with best practice standards. Then consider whether the process of monitoring participants and bringing them before the Court earlier than scheduled can be changed (within the best practice guidelines) to create a more even and sustainable workload for case managers.</p> <p>Explore whether there are other efficiencies to be made in the AODT Court day to ensure a timely and effective process (eg review of time spent on Determination Hearings and graduation, and the time the Judge spends with each participant).</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
Meeting Māori cultural needs	Key findings	<p>There was a focus within governance groups on meaningfully incorporating tikanga Māori into the Court process.</p> <p>Both Courts had forged relationships with local iwi.</p> <p>To support the work of the Auckland Judge it was felt that there is need to build strong relationships with the Māori community. At the time of this evaluation, this work had begun.</p> <p>Māori tikanga in the Courts was in its infancy stage.</p>	<p>Tikanga Māori processes were adopted into the daily operations of the AODT Court and largely embraced.</p> <p>Since the formative evaluation, the development of Māori tikanga had continued to evolve and become more bedded-in to the AODT Court.</p> <p>Changes since the formative evaluation include:</p> <ul style="list-style-type: none"> <li>• formalisation and extension of the Pou Oranga role from two to three days per week</li> <li>• development of a Māori Cultural Framework</li> <li>• the creation of a Cultural Assessment Form.</li> </ul> <p>MCAG members recommended considering contracting Māori AOD providers to give AODT Court participants the option of being able to access kaupapa Māori services.</p> <p>The Pou Oranga and MCAG felt that training in tikanga was lacking for AODT Court team members.</p> <p>The Pou Oranga role boundaries were unclear. The structure and capacity required for the Pou Oranga role required further consideration.</p>	<p>Tikanga was used in day to day practice and has been normalised in the Court. The Pou Oranga and Judges' roles were critical in normalising tikanga Māori in the Court.</p> <p>Māori and non-Māori participants and their whānau were overwhelmingly supportive of tikanga Māori in the Court.</p> <p>One comment was that non-Māori participants should be able to incorporate their cultures into their graduation ceremonies to meet everyone's cultural needs.</p> <p>Changes from the original design include:</p> <ul style="list-style-type: none"> <li>• in 2013 the upgraded handbook referenced the Pou Oranga and acknowledged its role in creating cultural pathways and support for Māori</li> <li>• the Māori Cultural Advisory Group was established in 2014</li> <li>• Matua Raki: Takarangi Competency Framework has been used in training</li> <li>• He Takitini (the many who stand together) graduate group celebration began in</li> </ul>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
				<p>November 2014. This is now held every six months in rotating marae.</p> <p>Māori participants said the use of tikanga in the Court made them feel safe and met their needs.</p> <p>New Zealand is leading the world with ensuring cultural competency and safety in the AODT Court — the levels of cultural competence are unparalleled.</p> <p>The Court aims to further strengthen use of tikanga Māori, including additional training.</p>
	<b>Recommendations</b>	<p>Clarify the role of tikanga Māori in the design of the AODT Court.</p>	<p>Further work is required to embed an understanding of tikanga in the AODT Court, cement relationships with mana whenua, and enhance the ability of the AODT Court team to work with whānau.</p> <p>Consider the scope and capacity of the Pou Oranga role.</p>	<p>Further cultural competency training for AODT Court team members and wider stakeholders.</p> <p>Continue to investigate succession planning for the Pou Oranga role.</p> <p>Where treatment providers do not have a dedicated Māori cultural advisor in place, clarify how the needs of Māori are being met.</p> <p>Review and update information provided to whānau on the AODT Court to cover tikanga Māori, the recovery process, treatment providers and their expectations of AODT Court participants using their services.</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
				<p>Ensure whānau are informed early about He Takitini and, if possible, live-stream or record the ceremony for whānau who cannot attend.</p> <p>Explore the feasibility of introducing an extended care programme and financial rewards programme to support graduates.</p>
Victim engagement	Key findings	<p>Because the AODT Court involves delayed sentencing, victims wait for a longer period before their views are heard, which usually occurs in phase 3.</p> <p>Victim advisor roles have not been used much at this stage of the evaluation, as few victims asked to stay informed about the participant's progress.</p> <p>Victim involvement was not working as intended, as presenting victims' views during the Determination Hearing was not being consistently delivered.</p> <p>The processes for victim involvement in phase 3 were yet to be developed.</p>	<p>Overall, there was increased victim involvement in the AODT Court since the formative evaluation. However, there was room for further consideration into appropriate victim involvement.</p> <p>There had been some improvement, with greater inclusion of victim views prior to Determination Hearings.</p> <p>There seemed to be a lack of role clarity and possible duplication between Police and victim advisors, in informing victims about AODT Court processes.</p> <p>The response from victims was mixed.</p> <p>Concerns about the length of time between offence and restorative justice remained. Few restorative justice meetings were reported.</p>	<p>Improvements have been made to keep victims informed and offer them the opportunity to engage in the AODT Court processes.</p> <p>Few victims engage in the AODT Court. A pamphlet was being developed to inform victims about the Court and how victims can be involved.</p> <p>Victims of family violence are a priority, and there was an increase in the number of participants with family violence offences.</p> <p>Victims are often disappointed if the offender is referred to the AODT Court because reparation will not come for a long time, or they feel the offender is getting off lightly.</p> <p>Having restorative justice processes take place in phase three has been acknowledged as</p>



		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
				inappropriate or unhelpful, as this is 18 months after the event. It was proposed that restorative justice meetings should take place during phase one, which may increase victim participation.
	<b>Recommendations</b>	Determine how victim involvement can be achieved as intended in the Determination Hearing.	Further discussion and consultation between victim advisors, Police, and the AODT Court to clarify the best process for involving victims in the AODT Court (including restorative justice meetings) and to clarify roles.	It will be useful to review whether moving the restorative justice process to phase one has the desired outcomes for victims.
<b>Treatment</b>	<b>Key findings</b>	<p>Treatment pathways and relationships were found to be working as intended, but there were challenges to accessing timely treatment services that best meet participants' needs.</p> <p>Stakeholders believed that the AODT Court treatment provider network was effectively addressing issues as they arose.</p> <p>Lack of treatment readiness was seen to contribute to participants not completing treatment programmes. In November 2013 CADS implemented a treatment readiness programme for AODT Court participants on remand.</p>	<p>Overall, the AODT Court treatment process is working well.</p> <p>Several positive aspects of treatment have been sustained or improved since the formative evaluation, such as good relationships and communication between the AODT Court and the treatment network, and the close relationship with the 12-step fellowship movement.</p> <p>Changes since the formative evaluation are:</p> <ul style="list-style-type: none"> <li>• introduction of treatment readiness programmes</li> <li>• use of a broader range of treatment programmes (including Moral Reconation Therapy)</li> </ul>	<p>The AODT Court provides a model for effective collaboration between the Justice and AOD treatment sectors.</p> <p>There was a diverse mix of treatment options. Stakeholders believe that over time the treatment was being better matched to participants' needs.</p> <p>Changes to the AODT Court:</p> <ul style="list-style-type: none"> <li>• an increase of six beds available at the Wings Trust by March 2016</li> <li>• change to a 'real recovery' approach from the initial reliance on treatment services. This involves AODT participants engaging in the</li> </ul>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>12-step programmes (AA and NA) were seen as integral to AODT Court treatment.</p> <p>Several treatment issues were outlined:</p> <ul style="list-style-type: none"> <li>• a shortage of treatment beds</li> <li>• challenges for women when staff and other participants are predominantly male</li> <li>• lack of a programme to deal with some women's history of sexual abuse and trauma</li> <li>• a need for treatment facilities for specific cultural groups</li> <li>• a need for programmes to address criminal behaviour</li> <li>• a need to achieve the right mix of participants in treatment programmes</li> <li>• a need for more community-based treatment and accommodation options.</li> </ul> <p>The AODT Court Treatment Network Steering Group was contracting Wings Trust to provide additional beds.</p> <p>Stakeholders refer to the needs of other programmes and services, such as psychological interventions, support around family issues,</p>	<ul style="list-style-type: none"> <li>• introduction of a housing coordinator</li> <li>• increased community accommodation options</li> <li>• rules around information sharing clarified for peer support workers.</li> </ul> <p>These developments were found to have further strengthened the AODT Court treatment process.</p> <p>However, stakeholders highlighted areas of unmet need, including an ongoing need for housing, programmes dedicated to women, specialist psychiatric services, assistance for participants to access basic life needs, and a Māori treatment provider.</p>	<p>community, taking responsibility for their lives, and engaging with their culture</p> <ul style="list-style-type: none"> <li>• the 90-day non-residential programme by the Salvation Army increased from 24 to 40 beds by 2016</li> <li>• started referring to He Ara Hou, a kaupapa Māori treatment programme, in 2015.</li> </ul> <p>New roles (including a clinical manager, a housing coordinator and an operations support worker) have eased pressure on the AODT Court treatment team.</p> <p>Meeting the needs of the AODT Court has put pressure on the services available for community-based referrals.</p> <p>A shortage of supported accommodation and treatment beds continues to be the main unmet need.</p> <p>While many stakeholders felt that Moral Reconnection Therapy (MRT) was valuable, there were mixed reviews. Peer support workers were facilitating MRT, and they felt that they did not have the skills needed, and that the role</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>literacy skills, training and employment advice.</p> <p>The peer support role was expanding beyond its intended scope and caseload, including filling in for absent case managers, which the peer support workers did not feel qualified to undertake.</p>		<p>conflicted with their peer support role.</p> <p>The interface between the judiciary and treatment is a point of negotiation and, at times, tension.</p>
	<b>Recommendations</b>	<p>Consideration by the AODT Court Steering Group and the AODT Court Treatment Network Steering Group to determine whether there are any solutions to the identified gaps in treatment types.</p> <p>Review the scope of the peer support workers' role.</p>	<p>Continue to clarify the role and workload requirements of key treatment roles.</p> <p>Provide numeric data to obtain a clearer understanding of treatment use and pathways.</p> <p>Consider whether further services can be made available where there are unmet needs such as mental health services, social worker services, services for women, and kaupapa Māori AOD treatment services.</p> <p>Consider whether coordination of continuing care may be developed and how this can be balanced with increasing self-efficacy.</p>	<p>More safe accommodation and residential beds.</p> <p>Strengthen the cultural component of the 90-day programme.</p> <p>Consider whether an evaluation of MRT is required to inform use in other regions if the AODT Court is rolled out.</p> <p>Review the role of peer support workers in facilitating MRT groups.</p> <p>Consider whether service gaps for participants with children can be better met.</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
Testing	Key findings	<p>AOD testing is evolving as the teams learn what does and does not work.</p> <p>For those without an anklet, alcohol testing doesn't allow for comprehensive coverage of alcohol use.</p> <p>As at 16 December 2013, 64 positive test results have been recorded for the months of November 2012 to September 2013.</p> <p>Participants said that testing was good motivation to stay sober, especially in the initial stages.</p> <p>Issues identified with testing were:</p> <ul style="list-style-type: none"> <li>• inaccessible community testing locations</li> <li>• timeliness and content of testing information</li> <li>• reduced testing quality in residential facilities</li> <li>• limited tools for alcohol testing (the AODT Court had 30 SCRAM anklets)</li> <li>• testing coverage excluding 'designer drugs'</li> </ul> <p>There was a lack of clarity on whether the AOD testing was implemented as intended.</p>	<p>All areas of the AOD testing have strengthened since the formative evaluation, resulting in improved integrity of the testing regime.</p> <p>In mid-2014, the contract between the Ministry of Health and ESR was renegotiated and the scope widened. Changes included:</p> <ul style="list-style-type: none"> <li>• ESR rather than a contractor has assumed responsibility for collections in Auckland</li> <li>• ESR, rather than treatment providers, carry out testing of participants in residential treatment</li> <li>• random testing increased from four to five times per fortnight</li> <li>• the ESR team carries out spot testing in the District Court building on Court days</li> <li>• full laboratory testing rather than on-site testing is carried out on every sample</li> <li>• breath testing has ceased</li> <li>• one central clinic was established in Dominion Rd (which is more accessible)</li> <li>• fortnightly KPI report has been introduced.</li> </ul> <p>Some changes are still consolidating, and some challenges</p>	<p>There had been improvements to the AOD sample collection and testing regime of the AODT Court. The change in provider from the subcontractor to ESR has been effective.</p> <p>Communication between the Court and the provider has improved and testing in treatment facilities has become more consistent.</p> <p>Initially sample provision was not observed, but due to influence from the judiciary, indirect observation with the use of mirrors was introduced to avoid participants tampering with samples. This requires two staff.</p> <p>From July 2015 there was an increase in funding for sample collection and testing.</p> <p>In December 2015 ESR assumed direct provision of the SCRAM service, which has drastically improved the service.</p> <p>Despite the improvements, concerns remain about the integrity of the system. Solutions such as directly observing sample collection will not address all evasion tactics.</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
			remain such as reporting, capability of the ESR team, and children at the clinic. There were calls for observed testing.	As in previous evaluations, participants reported difficulty with accessing testing services.  At the time of the evaluation, a new provider was being sought for the SCRAM system.
	<b>Recommendations</b>	Facilitate communication between the AODT Court and ESR to agree expectations for future reporting and address the differing perceptions on the timeliness and content of the information reported.  Review the quality of testing in residential treatment against AODT Court pilot design expectations.  Investigate the quality of alcohol testing required at different stages in the Court process to address concerns on the adequacy of twice-weekly breath testing to monitor alcohol use after SCRAM anklets are removed.	Continue consolidating the changes to the AOD testing processes and improving testing reporting.	Given the pressure on case managers' time, consideration is needed on whether the follow-up of testing anomalies could sit elsewhere.  The SCRAM system will require review of its ongoing efficiency and effectiveness within the AODT Court.
<b>Leaving the Court: exiting &amp; graduating</b>	<b>Key findings</b>	The formative evaluation was unable to assess whether the exit process was implemented as intended.	While opinions across the AODT Court team differ on when to exit participants with repeated relapses, the overall exit processes for the	Some stakeholders said policies on the criteria leading to a participant being exited from the AODT Court had become clearer,

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		<p>There were no graduations to evaluate at the time of the formative evaluation. Graduation processes were still being developed.</p> <p>It was too early to make a conclusive determination of the exit rate for the NZ AODT Court. There was recognition that exits are not necessarily failures.</p> <p>Stakeholder opinions varied on when someone should be exited from the AODT Court and whether appropriate sentences are imposed on those exited.</p> <p>Stakeholders emphasised the need for a discharge plan to support those who are exited to continue their recovery.</p>	<p>AODT Court are being operationalised as intended.</p> <p>The exit rate from the AODT Court is comparable with drug courts in other jurisdictions.</p> <p>Court participants, but not stakeholders, highlighted the need for more support after leaving the Court. Whether discharge plans had been developed was not mentioned.</p> <p>Processes for graduating from the AODT Court have developed and continue to evolve as more participants reach this stage, and the AODT Court team reflect on what works and what does not work. The graduation processes have not yet reached a steady state, as stakeholders and some participants raised concerns about the transition from the AODT Court to the community.</p> <p>Community probation officers have begun attending hearings and pre-Court team meetings, to strengthen post-graduation support.</p> <p>The AODT Court was planning to introduce an exit interview process.</p>	<p>but others felt improvements were needed to ensure consistency in the use of exits.</p> <p>Exit rates between the two AODT Courts vary. This may reflect the differing population or inconsistent decision-making between the two Courts. The exit rate remains consistent with international AOD Courts.</p> <p>The perception remains that the experience of the AODT Court was beneficial for exited participants.</p> <p>AODT Court graduates' need for aftercare seems to have been addressed through strengthening the role of the Probation Service, sentencing graduates to intensive supervision, and mutual support between graduates.</p> <p>By 2016 intensive supervision with judicial monitoring had become a common sentence condition.</p> <p>The proportion of Māori graduates is similar to the proportion accepted into the AODT Court, reflecting success in engaging Māori participants.</p>
	<b>Recommendations</b>	Investigate the extent to which exited participants require further	Continue to monitor and reflect on exit and termination processes,	Exit interviews with exited participants would assist the AODT

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>support for AOD recovery after exit from the AODT Court, for example, consider developing a discharge plan for exited participants.</p>	<p>especially when to exit after continued lapses or breaches.</p> <p>Consider the number of graduation events and their purpose in participants' ongoing recovery journey.</p> <p>Consider what is required to further aid the transition of graduated participants (for example, consider the extent to which self-efficacy is being developed during the programme, and the level and type of support needed after graduation).</p> <p>Improve the timeliness of information communicated to community probation officers and continue to clarify and document the scope of the role.</p> <p>Clarify the accepted proportion of cases that take longer to graduate than the anticipated maximum of 78 weeks, to enable interpretation and evaluative assessment on whether this is within expectations.</p> <p>Continue to monitor and observe the time to graduation, including investigation of trends as more participants graduate from the Court.</p> <p>The length of time to graduate has implications for resources and the</p>	<p>Court team to refine and improve practices.</p>

		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
			flow of participants through the AODT Court.	
<b>Evaluation limitations</b>		<p>The database used by the AODT Court (JAX) had insufficient systems and workforce capacity for ensuring data quality.</p> <p>Because of a lack of available or suitable data, the evaluation was unable to assess:</p> <ul style="list-style-type: none"> <li>the application of the eligibility criteria</li> <li>time spent in custody</li> <li>participants' phase duration</li> <li>incentives and sanctions</li> <li>implementation of the exit process</li> <li>reasons for exiting</li> <li>sentences imposed after exit.</li> </ul> <p>The evaluators recommended a full review of the AODT Court data collection process be conducted.</p>	<p>JAX was not available during the interim process evaluation.</p> <p>The evaluation did not have access to data on:</p> <ul style="list-style-type: none"> <li>the application of the eligibility criteria</li> <li>AOD testing</li> <li>the extent to which victims' views were included</li> <li>restorative justice meetings</li> <li>AOD treatment services</li> <li>phase duration</li> <li>incentives and sanctions.</li> </ul>	<p>The evaluation was unable to assess the application of the eligibility criteria due to a lack of available or suitable data.</p>
<b>Overall</b>	<b>Key findings</b>	<p>Overall, interviewees felt the strengths of the AODT Court outweighed its challenges. The Māori advisor highlighted the evolving ability of the Court to meet Māori cultural needs. Participants said they were making changes to their lives and making the most of</p>	<p>Overall the AODT Court was found to be operating as intended. There had been continual improvement and development.</p> <p>The AODT Court was reaching a 'steady state'. Some changes were still being bedded in such as the AOD testing, and other areas were</p>	<p>Overall, the implementation of the AODT Court is broadly consistent with its original design. Variations in the design have occurred, reflecting implementation lessons and the need to be relevant in the New Zealand context.</p> <p>The resource required to implement the AODT Court design</p>



		Formative Evaluation	Interim Process Evaluation Report	Final Process Evaluation
		<p>the opportunity and support given to them.</p> <p>Challenges remain for the AODT Court. Overall, they were:</p> <ul style="list-style-type: none"> <li>managing public perceptions as the pilot is under media scrutiny</li> <li>potential equity issues and the need to justify the additional resourcing in terms of cost-effectiveness</li> <li>measuring health and wellbeing outcomes is difficult — despite treatment programmes attempting to do this, their work is often impacted by attrition.</li> </ul> <p>Overall, the evaluators concluded that the implementation of the pilot has broadly followed the intended design.</p>	<p>still developing such as the processes for graduation.</p> <p>An inherent tension in a therapeutic Court is balancing treatment, justice, and judicial priorities and processes. This tension was acknowledged by the Court team and found to be managed effectively by a collaborative and collegial approach, and effective Judicial leadership that sought to respect differing perspectives.</p> <p>Broad support for the AODT Court was evident among everyone interviewed.</p> <p>Planning was required to manage how the pilot period will end, including managing expectations for the future of the programme.</p>	<p>was underestimated in relation to: (1) the time required by the Judges, Court coordinators, case managers, peer support workers, and Police prosecutors; and (2) the number of places needed in supported accommodation.</p> <p>The consensus amongst stakeholders, participants and whānau is that the AODT Court is resulting in transformational change for participants and their whānau; the Court has reduced AOD-related harm for participants and some of their whānau.</p>

## Appendix B | International Meta-Analyses

International Meta-Analyses of Alcohol and Drug Court Evaluations												
Meta-Analysis	# of Studies	# of Subjects	Location	Effect on Recidivism	Measurement	# Needed to Treat (to Prevent 1 Reoffender)	Victim Benefits	State Benefits	Marginal Costs	Net-Benefits	\$ Benefit–Cost Ratio	Other Social Benefits
Aos et al, WSIPP (2006)	571		Mostly US	↘	Total arrests or convictions		↘	↘	↘	↘		✓
↳ Adult drug courts	57	19,258		–8.0%		13	\$4,395	\$4,705	\$4,333	\$4,767	\$2.10	
↳ Juvenile drug courts	15	1,624		–3.5%		29	\$4,232	\$3,167	\$2,777	\$4,622	\$2.66	
Lee et al, WSIPP (2015)							↘	↘	↘	↘		✓
↳ Juvenile justice (most comparable programmes)												
↳ Multisystemic therapy for substance abusing juvenile offenders							\$21,991	\$5,235	\$7,578	\$19,648	\$3.59	
↳ Multisystemic family therapy for substance abusers							\$9,904	\$4,281	\$7,805	\$6,380	\$1.82	
↳ Drug court							\$5,226	\$2,092	\$3,159	\$4,159	\$2.32	
↳ Adult criminal justice (most comparable programmes)												
↳ Drug offender sentencing alternative (for drug offenders)							\$15,710	\$5,494	\$1,576	\$19,628	\$13.45	
↳ Case management: swift & certain/graduated sanctions for substance abusing offenders							\$11,142	\$4,510	\$4,897	\$10,755	\$3.20	
↳ Drug courts							\$10,768	\$3,919	\$4,870	\$9,817	\$3.02	

International Meta-Analyses of Alcohol and Drug Court Evaluations												
Meta-Analysis	# of Studies	# of Subjects	Location	Effect on Recidivism	Measurement	# Needed to Treat (to Prevent 1 Reoffender)	Victim Benefits	State Benefits	Marginal Costs	Net-Benefits	\$ Benefit–Cost Ratio	Other Social Benefits
NIJ MADCE (2011), National Institute of Justice multi-site alcohol and drug court evaluation	23	1,156	US	–11.0%	Self-reported offending	9	\$11,566	\$1,632	\$6,533	\$6,665	\$2.02	✓
GAO (2005), Government Accountability Office	27		US	Reduced	Mixed	N/A	↗	↗	↗	↗		✓ (only drug use)
↳ *Breaking the Cycle	1		Multiple	–7% to –35%	Arrest rates	3–14	\$479–\$7,324	\$0–\$1,320	\$767–\$1,461	\$1,032–\$6,257	\$2.35–\$5.28	
↳ *D.C. Superior Court Drug Intervention Program	1		Washington D.C.	–1% to –8%	Arrest rates	13–100	\$6,203–\$24,030	\$19–N/A	\$3,248–\$8,708	\$2,978–\$15,322	\$1.92–\$2.76	
↳ *Multnomah County STOP Drug Diversion Program	1		Oregon	–1.0%	Arrest rates	100	\$1,301	\$2,329	–\$1,442	\$5,072	\$3.52	
↳ *Washington State Drug Court Program	1		Washington	–2% to –6%	Conviction rates	17–50	\$3,020	\$3,759	\$3,892	\$2,887	\$1.74	
GAO (2011), Government Accountability Office	32		US	–6% to –26%	Arrest rates	4–50	N/A	N/A	N/A	Median: \$5,446		✓ (only drug use)
Shaffer (2006)	60	24,322	US	–9.0%	Mixed	11	↗	↗	↗	↗		X
↳ Adult drug courts		20,830		–10.0%		10	N/A	N/A	N/A	N/A		
↳ Juvenile drug courts		3,492		–5.0%		20	N/A	N/A	N/A	N/A		
Latimer et al (2006)	54	~14,000	Mostly US	–13.0%	Mixed	8	N/A	N/A	N/A	N/A		X
Lowenkamp et al (2005)	33		US	–7.3%	Mixed	14	N/A	N/A	N/A	N/A		X

International Meta-Analyses of Alcohol and Drug Court Evaluations												
Meta-Analysis	# of Studies	# of Subjects	Location	Effect on Recidivism	Measurement	# Needed to Treat (to Prevent 1 Reoffender)	Victim Benefits	State Benefits	Marginal Costs	Net-Benefits	\$ Benefit-Cost Ratio	Other Social Benefits
Mitchell et al (2012a)	154			↴	Mixed	↴	↴	↴	↴	↴		X
↳ Adult drug courts	92			-12.0%		8	N/A	N/A	N/A	N/A		
↳ Juvenile drug courts	34			-6.5%		15	N/A	N/A	N/A	N/A		
↳ DWI drug courts (driving while intoxicated)	28			-12.0%		8	N/A	N/A	N/A	N/A		
Seigny et al (2013)				↴	Mixed	↴	↴	↴	↴	↴		X
↳ "Jail" (remand or short-term sentences)				-8.0%		13	N/A	N/A	N/A	N/A		
↳ "Prison" (longer-term, generally more serious offending)				-12.0%		8	N/A	N/A	N/A	N/A		
Welsh et al (2015)	154			N/A	Mixed	↴	↴	↴	↴	↴		X
↳ Drug courts with undesirable effects	5	3,598	US				N/A	N/A	N/A	N/A		
Wilson et al (2006)	50			-12.0%	Mostly arrest rates	8	N/A	N/A	N/A	N/A		X

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