

INTRODUCTION TO THE ISSUE ON INNOVATIVE APPROACHES FOR THE TREATMENT COURT FIELD

John M. Eassey¹ ■ Julie Marie Baldwin²

The adult treatment court is one of the most significant innovations seen thus far in the criminal justice system. Not only was it innovative for its time as a treatment-based approach in a tough-on-crime era, it has continued to be a driving force behind further innovation in terms of the development of best practices and evidence-based programming.

Since the first drug court began processing and treating adult offenders with substance misuse issues three decades ago, the treatment court movement has not only established itself but has gained momentum. To date, it has produced a myriad of innovative justice system approaches to address substance misuse and other numerous underlying causes and correlates of criminal justice involvement. Hundreds of specialty court programs now dot the criminal justice landscape, including mental health, co-occurring disorder, veterans, healing to wellness, HOPE, prostitution, gun, and human trafficking courts.

Reflecting on this thirty-year movement, the desire to move fast and make change (innovate) when business as usual seems to be ineffective is noble and must be lauded. At the same time, it would be intellectually dishonest to overlook the challenges and failures that have also occurred during this time.

While there is no shortage of articles that seek to exploit the benefit of hindsight, one issue that is often overlooked is that rapid dissemination in the wake of innovation cuts both ways. That is, science is constantly struggling to keep pace with practice as evaluation inherently lags behind the implementation of innovations. For those who perform evaluation research, this is not news. For others, it may seem counterintuitive to suggest that rapid innovation, in an institution (such as the court system) renowned for operating at a glacial pace, can be problematic. It should be noted, there will always be a gap between innovation and evaluation because a program or practice must exist before it can be evaluated.

However, this evaluation gap is problematic when dissemination and adoption occurs too quickly. There are numerous examples over the past three decades where one jurisdiction develops and implements an innovative program which is then quickly adopted and entrenched within other jurisdictions before efficacy can be determined with any degree of scientific certainty (e.g., veterans treatment courts). Suppose the program or practice turns out to be ineffective for certain participants or more harmful than previous interventions. Rampant dissemination without confidence that it is making a positive difference should be cause for alarm and is frustrating for researchers and practitioners alike.

The reason for highlighting this issue is not to stifle or slow the pace of innovation. Indeed, even necessary programmatic change driven by scientific evidence at any stage is already likely to experience barriers, including resistance to change, ideological opposition, structural issues, and institutional inertia. We do not wish to further add to those. Indeed, imagine an environment in which courts are too afraid to try anything that might be perceived as remotely innovative before scientists have had a chance to evaluate and inform. How long would it take before policymakers begin to seriously question

¹Researcher in Residence of the Justice Programs Office at American University; Adjunct Professor in the Department of Justice, Law & Criminology at American University at American University

²Associate Director for Research of the Justice Programs Office at American University; Scholar in Residence in the Department of Justice, Law & Criminology at American University; Research Professor in the Department of Criminology and Criminal Justice at Missouri State University

just how much value is really being added if treatment courts become unable to rise to meet current criminal justice challenges? Treatment courts would become utterly ineffective if they did not remain capable of adapting to the changing best practices in criminal justice, mental and behavioral health, medicine, and technology to address the social problems de jour, as well as adopt the most up-to-date evidence-based approaches as they emerge and respond to community and participant feedback.

Rather, we raise this issue for two reasons. First is to underscore the increasing importance of striking an effective balance between evaluation research and innovation adoption. Over the next thirty years, we hope that the relationship between researcher and practitioner becomes a closer one. The fact that evaluation components are increasingly required with federal grants may support the trend in this direction. Second, it is to remind both researchers and practitioners that we cannot work toward minimizing the evaluation gap if the necessary pieces to conduct sound evaluation are not in place. Most notably is the role of implementation fidelity in the evaluation process.

Implementation fidelity generally refers to the extent to which the program/intervention in practice follows the (program) model, or the degree to which a program is delivered as intended. While implementation may seem like a relatively minor consideration in the grand scheme of ‘does this program work,’ how an intervention or aspects of interventions are delivered (whether it adheres to policy or innovation/deviation) may positively or negatively affect program results.

Should a program appear ineffective on paper, it is difficult, if not impossible, to firm conclusions about effectiveness without first knowing whether it was properly implemented.³ Beyond the evaluation of outcomes, an ancillary benefit of being attentive to implementation is that it allows for the early identification of potential problems and their quick corrections (Durlak and DuPre, 2008).

No innovation, no matter how sound the science it may draw from, will prove effective without patient and careful attention to the implementation. In short, implementation is an inherent, yet often overlooked, aspect of the evaluation process. In this vein, the second issue of the *Drug Court Review* seeks to contribute to the discussions of innovation, evaluation, and implementation by offering a collection of papers that not only touches on these issues, but also underscores how they impact, for better or worse, the aforementioned challenges.

The first article in this issue takes a step back to look forward. Drawing on their extensive work in the field of program evaluation, Miller, Miller, and Miller envision a national research agenda able to address existing gaps in the treatment court approach that they believe are stifling effectiveness and producing unintended outcomes. While the call for a theoretical research program is not new (Miller, Gibson, and Byrd 2008), their experience working closely with practitioners allows for some unique insight. In addition to the other core elements of their paradigm, they give special attention to the use of medication-assisted treatment (MAT) and the need for its standardization.

As the opioid epidemic persists, treatment courts will increasingly need to incorporate medication for opioid use disorder in rehabilitation. As such, Miller and colleagues hope that an explicit focus will help remediate some of the ideological resistance and stigma related to the use of MAT in the criminal justice community. This is especially timely given that a lot of recent funding opportunities are related to MAT, and those solicitations include a research component. More generally, Miller et al. remind us that the outcome evaluation begins at program implementation by underscoring the inextricable link between science and practice and the barrier played by ideology.

³See Fagan, Hanson, Hawkins, and Arthur (2008) for a more extensive discussion on implementation fidelity and its implications.

The second article in this issue, “The 10 Essential Elements of Opioid Intervention Courts,” represents the culmination of a recent roundtable between experts and practitioners facilitated and led by the Center for Court Innovation (CCI) and supported by the Bureau of Justice Assistance (BJA). The article indicates that the first opioid intervention court convened in 2017 in Buffalo, New York, to address the growing harm caused by the opioid epidemic. Since then, the model has spread to other states, including Pennsylvania and Arizona. Much like the 10 Key Components of Drug Courts, this Essential Elements article seeks to establish a set of principles to guide practice specific to opioid courts, while offering a degree of standardization necessary for effective evaluation of the model.

The third article describes the *Celebrating Families!* program, implemented as part of family drug court, and specifically focusing on drug court participants who have children or adolescents. While *Celebrating Families!* is one of several family skills training programs,⁴ a focus on the family unit as a whole within the drug court framework is hypothesized to produce better outcomes compared to focusing only on the individual participant (Stormshak, Dishion, Light, and Yasui 2005). In their description, Sparks and Tisch offer numerous practical tips to improve implementation that are likely to be useful for family drug courts which would like to offer programming that emphasizes skill building within the family unit. In light of our earlier discussion, evaluations of these implementations are strongly recommended.

The fourth article of this issue focuses on the role of US Department of Veterans Affairs (VA) in the veterans treatment court (VTC) model. While the VTC concept has been quickly adopted by jurisdictions across the country, many practitioners and court personnel have a limited knowledge of the inner workings of the VA itself. This can be problematic as many VTC programs extensively rely on the VA for many services, yet it is often the case that the priorities and prerogative of this vast bureaucracy do not align with the criminal justice system as a whole. Based on their extensive knowledge and work within the VA, Finlay and colleagues build on previous logic models (e.g., Blackburn and Cheesman 2015) to produce a model that demarcates the areas in which the VA integrates with the VTC while clarifying the various roles of the VA in the treatment process. As they note, this model is likely to be exceptionally useful in terms of facilitating communication and the development of policies within and between VTC stakeholders, as well as for jurisdictions seeking to begin their own VTC programs.

The final article will likely be of particular interest to court personnel and practitioners, although the message of collecting quality data should certainly resonate with research scientists as well. In particular, Cheesman, Broschius, and Kleiman describe a framework for managing drug court performance through a performance management system. They attempt to distinguish between performance management and data collection for evaluation purposes, while also articulating the inherent and complementary relationship between them. Most importantly, the system they describe has been implemented in many states, which puts them in a position to offer practical considerations and ways to overcome specific hurdles, in addition to the presentation of conceptual aspects. Further, the principles they outline are informed by the drug court standards, and they hold that their principles can be applied to any court program that values evidence-based practices, has an existing data tracking system they wish to improve upon, or seeks guidance on the effective implementation of one.

For treatment courts, part of this difficulty in assessing success too frequently stems from the fact that this question only arises when it comes time to measure the outcomes and impacts, and the requisite

⁴Other notable programs include Strengthening Families (Kumpfer and Magalhaes, 2008) and Nurturing Parenting (Nurturing Parenting, n.d.).

data, including implementation information, is not available because it has not been collected. As such, it is up to practitioners and researchers to be open to collaboration in the field's programmatic innovations and partner early into the implementation. Additionally, the field must continue to include implementation fidelity as a necessary area of collaborative research. These challenges, including those emphasized within this issue, can no longer remain an afterthought if the field continues to strive to advance.

John M. Eassey, PhD, received his PhD from the University of Florida and is currently a research scientist at American University. His research interests relate to crime across the life course, including the statistical methodology necessary to study such phenomenon. Within this domain, he specializes in crime and delinquency related to employment and employment conditions, substance use among general and special populations, and the relationship between peers and criminal behavior across the life course.

Julie Marie Baldwin, PhD, is the associate director for research of the Justice Programs Office at American University, a scholar in residence in the Department of Justice, Law & Criminology at American University, and a research professor in the Department of Criminology & Criminal Justice at Missouri State University. She specializes in translational and evaluation research with a focus on treatment courts, substance use and misuse, and subcultures including the military, law enforcement, and gangs. Dr. Baldwin is a nationally recognized expert on veterans treatment courts (VTCs) and continues to pioneer VTC research. She serves a research partner and consultant for a variety of agencies and organizations and has extensive experience conducting multi-site evaluations and national surveys, fostering strong researcher-practitioner partnerships, and working with vulnerable populations, programs, legislatures, agencies, and other researchers. She also serves as editor in chief of *Drug Court Review* and associate editor of the *American Journal of Criminal Justice*.

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