

Peterborough and City of Kawartha Lakes Community Support Court: An Impact Assessment

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Abstract

The purpose of the present project was to evaluate the Peterborough and Kawartha Lakes Community Support Courts (CSCs) and assess their impact on recidivism and participants' success in rehabilitation. The goal of the CSC programs is to provide therapeutic support to individuals involved in the criminal justice system, particularly those facing mental health, substance use or other complex social challenges. This study aimed to evaluate the effectiveness of the CSCs and identify factors contributing to participant success including emotional and behavioural changes and community reintegration. Through a comprehensive literature review, secondary data analysis, and survey and interviews with members of the CSC multidisciplinary team, the study identified the strengths and areas for improvement in the CSC model. The findings highlight the efficacy of CSCs in promoting individual rehabilitation and community well-being by addressing the complex, interconnected challenges faced by participants. The evaluation concludes with recommendations for continued innovation, investment, and enhanced collaboration among agencies, emphasizing the importance of providing individuals with ongoing support

Keywords: Community Support Court, Therapeutic Court, Criminal Justice System, Recidivism, Person-Centered Justice, Peterborough, City of Kawartha Lakes, Alternative Justice, HSJCC

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Problem Solving Courts

In recent years, the judicial system has expanded beyond its traditional role of dispute resolution to address complex social and psychological issues underlying criminal behavior. Historically, courts acted as neutral arbiters, but limitations of this model—particularly its failure to address root causes of crime—have prompted the development of problem-solving courts (Winick, 2003; Van de Veen, 2004; Marinos & Whittingham, 2019; Haskins, 2019). Across Canada and internationally, these courts have emerged to respond more effectively to cases involving intersecting and persistent social and personal issues (Slinger & Roesch, 2010).

Problem-solving courts aim to reduce recidivism by addressing the underlying causes of criminal behavior through comprehensive support and treatment for both victims and offenders (Van de Veen, 2004). Traditional courts often lack the expertise, tools, and resources to manage these complexities, which frequently resurface despite judicial intervention (Williams, 2021; Van de Veen, 2004). In contrast, problem-solving courts adopt collaborative, interdisciplinary approaches, with judges playing an active role in guiding and motivating participants, and monitoring progress (Winick, 2003).

These courts coordinate efforts among social workers, healthcare providers, and community agencies to address both legal and personal challenges, including substance use, poverty, cognitive impairments, mental illness, trauma, and limited literacy (Howieson, 2023; Goldberg, 2011).

Theoretical Framework

At their core, problem-solving courts prioritize rehabilitation over punishment, offering treatment and support through a collaborative approach that involves judges, health care professionals, and social workers (Goldberg, 2011). This model seeks to address the complex,

often interconnected issues—such as substance use, mental health disorders, poverty, or cognitive impairments—that contribute to criminal behavior. The popularity of these courts has grown across many countries, including the USA, Canada, Australia, New Zealand, and the U.K., as they shift the focus of the justice system from punitive measures to therapeutic and rehabilitative solutions (Winick, 2003; Ward, 2014). Through their focus on addressing root causes, preventing recidivism, and improving community well-being, problem-solving courts represent a new, holistic approach to justice that integrates therapeutic principles into the legal process (Marinos & Whittingham, 2019). This shift reflects a broader transformation in the judiciary, as courts move toward a more community-oriented, rehabilitative model of justice.

Problem-solving courts are rooted in the principles of Therapeutic Jurisprudence and Restorative Justice, which focus on the well-being of individuals and address the underlying causes of criminal behavior. Therapeutic jurisprudence, which influenced the establishment of problem-solving courts in the U.S. for drug offenders and individuals with mental illness, also played a role in shaping Ontario's first problem-solving courts in the late 1990s (Marinos & Whittingham, 2019). These concepts are reflected in Canadian legislation, with the Canadian Criminal Code (1985) emphasizing alternatives to incarceration (Section 718.2(e)) and recognizing restorative justice as a central sentencing goal (*R. v. Proulx*, 2000; Marinos & Whittingham, 2019). Additionally, the Ministry of the Attorney General's Crown Policy Manual grants prosecutors discretion for diversion, reinforcing the idea that incarceration is not the only appropriate legal response. Collectively, these legal frameworks fostered an environment conducive to the integration of therapeutic principles and the creation of problem-solving courts in Canada.

These courts assert that individuals facing significant life challenges and who encounter the legal system require support, rather than punitive correctional services (Nguyen, 2018;

Slinger & Roesch, 2010). These programs aim to divert defendants from traditional custodial sentences by focusing on conflict resolution, healing for victims, rehabilitation for offenders, and strengthening community relations to prevent future dysfunction (Goldberg, 2011). By using a collaborative model, problem-solving courts bring together judges, prosecutors, defence counsel, law enforcement, social service agencies and health service professionals to create individualised treatment plans depending on the unique circumstances and needs of each participant (Government of Canada, 2024a). This approach encourages accountability and offers individuals charged with offences the chance to receive support, treatment, and counselling, with the goal of reducing recidivism and promoting long-term recovery. Instead of relying solely on incarceration as a deterrent, these courts aim to address the root causes of criminal behaviour, offering a pathway for offenders to reintegrate into society.

Overview of Relevant Theories

Therapeutic or problem-solving courts in Canada challenge the traditional adversarial justice system, which is seen as inadequate for addressing underlying issues like substance abuse, mental illness, and repeat offending (Williams, 2021). These courts draw on therapeutic jurisprudence (TJ) and restorative justice to balance legal accountability with the recognition of social and psychological factors influencing criminal behavior (Nguyen, 2018; Slinger & Roesch, 2010; Hannah-Moffat & Maurutto, 2012).

Therapeutic jurisprudence, introduced by Wexler and Winick in the 1980s, is a multidisciplinary theory that examines how legal processes impact psychological well-being (Magner, 1997). It suggests that law can be either therapeutic or anti-therapeutic (Van de Veen, 2004; Kaiser & Holtfreter, 2015), advocating for a holistic, less punitive approach to justice that addresses root causes of crime and supports offender rehabilitation (Luther, Mela & Bae, 2013).

This aligns with a continuum of care model, offering wraparound services to facilitate successful offender reintegration (Kaiser & Holtfreter, 2015).

Restorative justice, championed by John Braithwaite, focuses on healing the harm caused by crime through collaboration among victims, offenders, and communities (Gresson, 2018). Research shows that restorative practices reduce recidivism, improve compliance with victim agreements, and promote positive outcomes for both victims and offenders (Goldberg, 2011).

Applicability to Therapeutic Justice

Scholars, such as Winick and Wexler, have highlighted specialized courts as a fitting application of therapeutic jurisprudence, where legal processes, particularly the role of judges, aim to support offender rehabilitation (Winick & Wexler, 2001; Kaiser & Holtfreter, 2015). However, while therapeutic jurisprudence provides guiding principles for these programs, it does not fully explain why these principles effectively reduce recidivism. Kaiser and Holtfreter suggest a model that incorporates procedural justice and legitimacy to help explain the relationship between therapeutic jurisprudence principles and observed positive outcomes (2015). Additionally, this model incorporates the principles of effective intervention to further enhance offender rehabilitation, underscoring the potential of integrating these perspectives to improve specialized court outcomes.

Therapeutic jurisprudence, as outlined by Winick and Wexler (2001), emphasizes principles such as ongoing judicial intervention, close monitoring of behavior, integration of treatment services, multidisciplinary involvement, and collaboration with community organizations. These principles underscore the pivotal role of the judiciary and legal processes in promoting offender rehabilitation. The effectiveness of these principles aligns closely with evidence-based intervention strategies commonly employed in community corrections (Kaiser &

Holtfreter, 2015). For instance, the collaboration with community support, a key aspect of therapeutic jurisprudence, mirrors the community-based interventions advocated in effective rehabilitation models. Scholars like McIvor (2009) have suggested that integrating procedural justice into therapeutic jurisprudence provides a theoretical rationale for the success of specialized court programs. Procedural justice concepts, such as legitimacy and voice, may mediate the relationship between therapeutic jurisprudence and offender outcomes (McIvor, 2009; Kaiser & Holtfreter, 2015). A proposed model by Kaiser and Holtfreter integrates the core principles of therapeutic jurisprudence, procedural justice, and evidence-based intervention strategies. This approach offers a more holistic framework for understanding and improving specialized court programs, particularly in their capacity to reduce recidivism among diverse offender populations, including those with mental health issues, veterans, and drug-involved offenders (Kaiser & Holtfreter, 2015).

The model presented by Kaiser and Holtferer integrates key principles of therapeutic jurisprudence as identified by Winick and Wexler (2001), which include continuous judicial involvement, close monitoring with immediate feedback, combining treatment services with judicial proceedings, multidisciplinary collaboration, and partnerships with community-based and governmental organizations. These principles stress the significant role of the judiciary and legal process in supporting offender rehabilitation. Additionally, the model aligns with principles of effective intervention used in community corrections, such as conducting risk/needs assessments, implementing targeted interventions, using positive reinforcement, providing cognitive-behavioral therapy, measuring outcomes, and fostering motivation (Kaiser & Holtfreter, 2015). By combining these evidence-based practices with therapeutic jurisprudence, the model suggests that specialized court programs can improve offender compliance and reduce recidivism, leading to enhanced public safety. The model also suggests that specialized courts

can increase judicial legitimacy and procedural justice through the application of the therapeutic jurisprudence principles.

Procedural justice emphasizes fairness, legitimacy, and the importance of providing individuals with a voice in the legal process, all of which have been shown to enhance the perceived legitimacy of the court system (Kaiser & Holtfreter, 2015). Specialized court programs can increase both judicial legitimacy and procedural justice through practices such as impartiality, consistency, and the opportunity for offenders to express their views. The relationship between judges and offenders is central to the success of specialized courts (Winick, 2002; Gottfredson et al., 2007; Kaiser & Holtfreter, 2015). This dynamic is crucial in therapeutic jurisprudence, where offenders who feel respected and heard are more likely to comply with court orders.

Beyond procedural fairness and therapeutic jurisprudence, problem-solving courts can be connected to two additional key bodies of evidence: risk-need-responsivity and evidence-based deterrence (Bowen & Whitehead, 2015). The Risk-Need-Responsivity (RNR) model is a foundational framework in criminal justice, particularly in therapeutic court settings, where it helps guide the development of interventions and treatment strategies for individuals in the system (Bowen & Whitehead, 2015). The model is based on three principles: risk, need, and responsivity, each of which aims to optimize the effectiveness of rehabilitation efforts. The risk principle emphasizes that interventions should be aligned with the individual's likelihood of reoffending, prioritizing high-risk offenders for more intensive treatments while low-risk individuals receive less intervention. The need principle focuses on identifying and addressing criminogenic needs—specific factors such as substance abuse, mental health disorders, or antisocial attitudes that contribute to criminal behavior. Finally, the responsivity principle highlights the importance of tailoring interventions to the individual's learning style, cognitive

abilities, and personal characteristics to enhance engagement and effectiveness. In therapeutic courts, applying the RNR model allows for targeted, personalized treatment that can improve outcomes by reducing recidivism and promoting successful reintegration into the community (Ministry of Justice, 2016). By aligning interventions with an individual's risk level, needs, and responsiveness, the RNR model offers a comprehensive approach to rehabilitation within these courts (Gutierrez & Bourgon, 2009).

Evidence-based deterrence in the context of therapeutic courts in Canada refers to the use of empirical research and data to inform policies and practices aimed at reducing recidivism and promoting rehabilitation among individuals involved in the criminal justice system (Bowen & Whitehead, 2015; Kaiser & Holtfreter, 2015). Evidence-based deterrence emphasizes the importance of assessing and applying strategies that have been proven effective through rigorous research, such as providing incentives for progress, monitoring compliance, and using individualized treatment plans. By relying on data-driven approaches, therapeutic courts aim to not only deter future criminal behavior but also reduce the overall burden on the judicial system and improve long-term outcomes for offenders. Research suggests that such approaches can be more effective than traditional punitive measures, leading to better outcomes in terms of reduced recidivism and improved societal reintegration (Bowen & Whitehead, 2015).

Types of Therapeutic Courts in Canada

Therapeutic courts in Canada have evolved as a progressive approach to addressing the intersection of criminal behavior and underlying social, psychological, and substance use issues. Drawing inspiration from U.S. models, particularly Florida's drug courts from the 1980s, Canada began adopting this approach in the 1990s in response to the overrepresentation of individuals with mental health and addiction issues in the criminal justice system. The first Canadian

therapeutic court, the Toronto Drug Treatment Court, was established in 1998, paving the way for similar initiatives across the country (Kaiser & Holtfreter, 2016; Gutierrez & Bourgon, 2009). This led to the development of Mental Health Courts and Integrated Treatment Courts, which aim to address the complex, co-occurring nature of mental health and substance use disorders among individuals in the criminal justice system (Berg & Burke, 2023). Today, therapeutic courts are considered an essential part of the Canadian justice system, offering a more compassionate and effective alternative to traditional criminal proceedings for individuals grappling with the dual challenges of crime and mental health or addiction issues.

In Canada, a wide range of problem-solving court models have been developed to provide specialised programs for individuals involved with the justice system. These specialized courts include mental health courts (MHCs), drug treatment courts (DTCs), community support courts (CSCs), wellness courts, Indigenous courts, youth courts and domestic violence courts (Government of Canada, 2024b; Ontario Court of Justice, 2023). Each court model is tailored to address specific issues that contribute to criminal behaviour. The characteristics of problem solving courts differ among these courts depending on the nature of the problem the court has been established to deal with, however there are certain salient features that these courts share (Van de Veen, 2004; Ministry of Justice, 2016). Many problem-solving courts in Canada are distinguished by enhanced coordination and collaboration across various sectors. These courts adopt a multi-disciplinary approach to address complex social issues, often establishing specialized or dedicated units within both the justice system and the community (Goldberg, 2011). Key features include judicial monitoring and supervision, where judges actively oversee participants' progress, as well as the involvement of Case Workers. These individuals are specifically assigned to each case and play a critical role in ensuring that participants receive personalized attention and support throughout their court-interventions (Van de Veen, 2004).

Specialized courts are designed to address the complex and multifaceted needs of offenders, going beyond merely responding to the criminal behavior for which they are charged. In collaboration with community partners and court workers, these courts focus on identifying and addressing the underlying issues that may contribute to criminal behavior, such as addiction, mental health, and social challenges (Hannah-Moffat & Maurutto, 2012). The goal is to ensure the successful completion of treatment programs and support long-term lifestyle changes. To facilitate this, courts are typically assigned a court worker, often employed by a community agency, who conducts initial intake assessments and helps determine the appropriate treatment and social services for the offender. These courts provide access to a wide range of services that extend far beyond traditional treatment options, including wellness programs, family services, financial management workshops, housing support, food assistance, education, personal skills development, abuse counseling, and culturally sensitive programming (Hannah-Moffat & Maurutto, 2012; Government of Canada, 2024). Offenders benefit from holistic care that encompasses physical, mental, and social health needs, such as psychiatric services and medical care. The integration of these services creates a platform for collaborative efforts between the health, justice, and social service sectors, offering opportunities to address the offenders' needs in a comprehensive way (Evaluating Division, 2015; Reid et al., 2021). For many individuals in these courts, it is the first time their issues have been assessed and acknowledged in such a holistic manner, particularly those who have lacked access to basic medical care, mental health assessments, and essential services (Hannah-Moffat & Maurutto, 2012).

DTC, MHC and CSCs are all specialized judicial approaches within the Canadian criminal justice system that aim to address the root causes of criminal behaviour through therapeutic models. DTCs are among the most prevalent types of problem-solving courts and operate within the criminal justice system to provide judicially supervised treatment programs to

adult, non-violent offenders who have been charged under the *Controlled Drugs and Substances Act* or the *Criminal Code*, where drug addiction played a role in the offence (Evaluating Division, 2015; Weekes et al., 2007). Under s.10(4)(a) of the *Controlled Drugs and Substances Act*, a DTC program is required to comply with an internationally recognized set of principles and must be approved by the Attorney General (Evaluation Division, 2015). Consequently, DTCs are typically consistent in their approach, with programs in different regions working with similar policies and principles. Unlike traditional criminal justice approaches, which often rely on incarceration or community supervision with limited access to treatment, DTCs offer motivated individuals involved in the justice system an opportunity to access comprehensive treatment services. The ultimate goal of these programs is for participants to complete their treatment under supervision of the court to receive non-custodial sentences (Evaluating Division, 2015; Government of Canada, 2024a). While the primary objective of DTC programs is to achieve abstinence from substance use, they recognize that complete abstinence may not always be a realistic or immediate goal for all participants. The Government of Canada's guidelines for DTCs emphasise that the most important measure of success is a participant's ability to address the underlying causes of their substance use, break the cycle of criminal behaviour, and develop healthier, more positive behaviours that benefit both themselves and the community (2024a).

MHCs, on the other hand, emerged as a response to the overrepresentation of individuals with mental illness in the criminal justice system. These courts aim to offer therapeutic alternatives to traditional sentencing by connecting individuals with appropriate psychiatric care and community resources. The goal is to help stabilize the individual's mental health, address the underlying causes of their criminal behaviour, and reduce the likelihood of reoffending (Pedneault et al., 2023). Unlike DTCs, MHCs in Canada lack a national set of recognized principles and often focus on individualized treatment plans (Evaluating Division, 2015).

However, most MHCs share common objectives, such as diverting individuals from the regular justice stream, improving individual well-being, and reducing recidivism (Reid et al., 2021; Human Services and Justice Coordinating Committee, 2017).

Although the MHC and DTC models can often help individuals suffering from mental health issues or addiction issues, the practice of separating individuals with addiction-related struggles into drug courts and those with mental health issues into MHCs contradicts the existing research on prevalence of co-occurring disorders within the justice system. Studies show that mental health and substance use disorders frequently occur together, to the extent that they should be viewed as the norm rather than an exception (Krausz, 2009; Gordon et al., 2019). According to the Centre for Addiction and Mental Health, individuals with a mental illness are twice as likely to have substance use disorders compared to the general population (*Mental Illness and Addiction: Facts and Statistics*, n.d; Rush et al., 2008). Research shows that more than 50% of those seeking help for an addiction also have mental health struggles, and 15-20% of those seeking help from mental health services also struggle with addiction (Krausz, 2009). This is commonly known as co-occurring disorders, which refers to individuals who meet the diagnostic criteria for both a substance use disorder and a concurrent mental health disorder (Rojas & Peters, 2015). Rates of individuals suffering with co-occurring disorders within the criminal justice setting are much higher compared to the general population (Rojas & Peters, 2015). Research has shown that individuals with co-occurring disorders are more likely to encounter barriers to successful rehabilitation, higher rates of treatment dropout, relapse, reoffending and reincarceration (Rojas & Peters, 2015). Relatedly, offenders with co-occurring disorders have much higher rates of recidivism and reincarceration compared to those without these disorders (Rojas & Peters, 2015).

Recognizing the importance of providing comprehensive and integrated treatment for individuals with mental health and/or substance use issues, the integrated therapeutic court model combines addiction treatment and mental health programs to offer participants access to a full range of necessary services. This model acknowledges the complex social circumstances faced by individuals within the criminal justice system, recognizing that participants may have co-occurring or concurrent disorders, experiencing both addiction and mental health challenges (Reid et al., 2021; Gordon et al., 2019). Integrated court models also provide support for individuals with trauma, brain injury and intellectual disabilities. Community support courts, also known as “wellness” or “community treatment courts”, represent a newer, integrated approach within Canada’s problem-solving court models. CSCs focus on rehabilitation and community reintegration, offering participants access to a broad range of services including drug addiction treatment, mental health care, housing assistance, and employment support (Peterborough Community Support Court, 2024; Government of Canada, 2024). By prioritising treatment over punishment, CSCs aim to help participants overcome their challenges and contribute positively to their communities. In contrast to conventional courts, CSCs are typically *offender-specific* rather than *offence-specific* (Court Services Division, 2022). The success of these courts has been consistently documented in literature, with studies showing that integrated approaches to treatment yield better outcomes for both individuals and society (Peterborough Community Support Court, 2024; Government of Canada, 2024).

Limitations of Traditional Courts

Traditional courts in Canada face significant limitations when it comes to addressing the complex, underlying causes of criminal behavior, particularly in cases involving mental illness, substance abuse, and other social issues. Unlike problem-solving courts, which focus on

rehabilitation and treatment, the traditional judicial system often addresses only the symptoms of criminal behavior rather than the root causes. As noted by Van de Veen (2004), the justice system is not equipped to resolve the underlying issues that contribute to criminal behavior, such as substance abuse or mental health conditions. Traditional courts often focus solely on punishment, leaving rehabilitation and treatment options to be determined by probation authorities, who may lack the specialized knowledge or resources to provide adequate support (Marinos & Whittingham, 2019).

Furthermore, while Canadian legal precedents, such as *R. v. Proulx* and *R. v. Gladue*, have emphasized the importance of considering community-based treatment and rehabilitative options, traditional courts still struggle to implement these recommendations effectively (Van de Veen, 2004). Judges in general courts typically lack the specialized training required to understand and address the complex issues at the heart of many criminal cases, such as mental health and substance use disorders. As a result, the traditional judicial model often fails to provide holistic, coordinated care for offenders, relying instead on probation officers and defense counsel, who may not have access to the necessary treatment programs or community-based services.

In contrast, therapeutic or problem-solving courts offer a more collaborative and integrated approach. These courts bring together a multidisciplinary team of professionals, including judges, mental health experts, and social service providers, to address the specific needs of offenders. By focusing on rehabilitation and restorative justice, problem-solving courts are better equipped to provide the resources and support required for long-term recovery and reintegration into the community. This integrated model contrasts sharply with traditional courts, where case management is often fragmented and lacks the coordination necessary for effective treatment and rehabilitation (Winick, 2003). Overall, the limitations of traditional courts

highlight the need for a more specialized, resource-rich approach to addressing the underlying causes of criminal behavior, making problem-solving courts a more effective alternative for many individuals involved in the justice system.

Outcomes of Therapeutic Courts

Rehabilitation success

Therapeutic courts in Canada have shown significant success in rehabilitating offenders, particularly in reducing recidivism and addressing the underlying causes of criminal behavior. Many jurisdictions report positive outcomes, with both offenders and stakeholders expressing high levels of satisfaction (British Columbia Ministry of Justice, 2016). These courts facilitate enhanced collaboration between justice professionals and health and social service partners, improving access to vital support services and fostering better rehabilitation outcomes.

Additionally, they provide alternative sentencing options that combine treatment and supervision methods, which are more tailored to the needs of the individual compared to traditional punitive approaches.

In particular, DTCs have undergone the most rigorous evaluations and have shown notable benefits, including reduced drug use, decreased recidivism, and better management of relapse. DTCs integrate substance abuse treatment with other rehabilitative services, supporting long-term recovery and reducing the likelihood of reoffending (Ministry of Justice, 2016). These courts are especially effective for chronic offenders, with research indicating a greater reduction in offending compared to traditional methods. For instance, the Downtown Community Court in Vancouver, which manages offenders with complex health and social challenges, has been particularly successful in reducing criminal behavior through an integrated case management team (Ministry of Justice, 2016).

The success of therapeutic courts is further evidenced by a Canadian meta-analysis, which found that DTCs led to a 14% reduction in recidivism compared to traditional courts (Latimer et al., 2006). For MHCs, studies found that graduates were more likely to maintain stable housing, employment, and healthcare, and had fewer interactions with the police (Department of Justice, 2022). Studies highlight that the rehabilitation provided by MHCs is not just about reducing reoffending, but also about fostering stability and improving quality of life for participants (Schneider, 2010).

Furthermore, success in therapeutic courts is often measured by therapeutic outcomes—such as improvements in mental health, substance use, and social stability—rather than mere compliance or the clearing of dockets (Goldberg, 2016). This focus on long-term rehabilitation, addressing the root causes of criminal behavior, reflects the core principles of therapeutic jurisprudence, which aims to improve both the individual and the broader community's well-being. Despite these successes, challenges in resource availability and the need for more integrated community-based support services remain, which may hinder the full realization of therapeutic court programs' potential. Expanding resources and improving coordination across agencies will be key to sustaining and enhancing rehabilitation outcomes for participants.

Mental Health and Substance Use Outcomes

The effectiveness of therapeutic courts in Canada, particularly in addressing mental health and substance use issues, has been a subject of growing interest, with several studies suggesting positive outcomes for participants. While research on therapeutic courts is still evolving, the available evidence indicates that both MHCs and DTCs have had beneficial impacts on mental health and substance use outcomes, including reductions in recidivism,

improved treatment adherence, and better quality of life (Reid et al., 2021; Stevenson et al., 2017).

For MHCs, studies have shown that they can reduce recidivism by addressing the root causes of criminal behavior, often linked to untreated mental health conditions. Participants in MHCs have demonstrated improvements in mental health, including reduced psychiatric symptoms and better psychological functioning. In Saskatoon, an evaluation of the MHS Court found that participants experienced fewer hospital admissions and a decline in emergency room visits in the year following program participation, suggesting a reduction in mental health crises that typically lead to urgent care (Reid et al., 2021). Furthermore, MHCs have been associated with increased adherence to mental health treatment regimens, which in turn reduces the likelihood of reoffending. However, quantitative research measuring long-term mental health improvements remains a challenge, with much of the evidence focusing on hospital admissions and emergency room visits as indicators of success (Reid et al., 2021).

Similarly, DTCs have shown promising results in reducing substance use and recidivism, especially for individuals with long histories of addiction and involvement with the criminal justice system. Research on Vancouver's DTC program found that participants who completed the program experienced significant reductions in drug use and were less likely to be re-arrested compared to those who did not participate (Stevenson et al., 2017). Success in DTCs is measured not by complete abstinence but by reductions in drug use and harm, with many participants reporting improved physical and mental health, stable housing, and better employment outcomes (Reid et al., 2021). Moreover, DTCs have been found to improve engagement with treatment services, as the court's structure—regular court appearances, drug testing, and close supervision—acts as a motivating factor for individuals to remain committed to treatment plans.

While these positive outcomes suggest that therapeutic courts can play a crucial role in addressing mental health and substance use issues, challenges remain. These include limitations in resources, variability in program availability across regions, and the need for more integrated community-based support services. Additionally, the effectiveness of these courts is contingent on the availability and quality of treatment options, as well as the coordination between court teams and service providers (Reid et al., 2021). Addressing these gaps in service delivery and expanding access to resources is vital for ensuring that the positive outcomes associated with therapeutic courts are sustainable over time.

Challenges and Critiques for the Effectiveness of Therapeutic Courts

Therapeutic courts are praised for their potential to address the underlying causes of criminal behavior and prioritize rehabilitation over punitive measures. However, the effectiveness of these courts in achieving their intended goals remains a subject of ongoing debate among scholars and practitioners in Canada. One major challenge is the lack of comprehensive and rigorous evaluations, which limits the evidence available to support or refute the positive impact of therapeutic courts (Reid et al., 2021). Many studies focus primarily on short-term outcomes, such as reductions in recidivism, without considering the long-term effects on participants' lives or broader community outcomes (Marinos & Whittingham, 2019).

Additionally, the success of these courts is heavily dependent on the availability and quality of community-based support services, which can vary widely across regions (Reid et al., 2021). In some areas, limited access to appropriate treatment and rehabilitation programs may hinder the courts' ability to achieve positive outcomes. Furthermore, while therapeutic courts are designed to address the needs of specific populations, such as individuals with mental health issues or substance use disorders, there are concerns about their ability to consistently deliver

tailored interventions. The reliance on standardized treatment protocols, often informed by medical or psychiatric models, may overlook the complexity of individual circumstances or fail to adequately address environmental or social factors that contribute to criminal behavior (Marinos & Whittingham, 2019; Reid et al., 2021). Researchers have consistently highlighted the importance of providing interventions for both emotional and criminogenic needs to reduce recidivism (Marinos & Whittingham, 2019). However, in some cases, the process of matching individuals to appropriate interventions to address emotional and criminogenic needs can be hindered by limited resources or insufficient coordination between the courts, treatment providers, and community organizations.

Despite their benefits, specialized courts have faced criticism. One of the main concerns is the significant financial investment required to operate these courts, which some argue could be better spent on strengthening other social support structures (Ministry of Justice, 2016). However, several Canadian evaluation studies have attempted to quantify these savings and have concluded that therapeutic courts generate savings that substantially outweigh the costs of funding the programs (Reid et al., 2021). Overall, while therapeutic courts in Canada hold promise in addressing the root causes of criminal behavior, their effectiveness is contingent on the availability of resources, the quality of interventions, and the consistent application of principles across different courts. More robust and longitudinal evaluations are necessary to better understand the long-term outcomes and identify areas for improvement in the design and implementation of these courts.

Equity and Access Issues

The requirement of a guilty plea in specialized courts, particularly in mental health and therapeutic courts, is a significant point of concern. Critics argue that this requirement can

present a barrier to participation for individuals whose mental health or cognitive impairments may hinder their ability to understand the nature of their actions or the legal proceedings. Many individuals involved in therapeutic courts have underlying conditions such as mental illness, intellectual or developmental disabilities, or trauma, which may affect their memory, comprehension, or decision-making abilities (Reid et al., 2021). As a result, these individuals might not fully grasp that they are pleading guilty to a criminal offense, raising ethical questions about whether they can truly provide informed consent to participate in the program.

Additionally, defense counsel may hesitate to recommend a therapeutic court option to clients if a guilty plea is required, particularly when the client would face long-term consequences, such as a criminal record, even if the plea results in a suspended sentence. Some argue that for certain individuals, the outcome of a guilty plea followed by participation in a therapeutic court program might not lead to a more favorable result than if they were allowed to pursue alternatives outside of the criminal justice system, such as social services or mental health care (Reid et al., 2021). The issue of the guilty plea complicates the accessibility and fairness of therapeutic courts, potentially deterring individuals from seeking help and undermining the intended rehabilitative and restorative goals of these courts.

Critics also highlight the therapeutic court's narrow eligibility criteria. This can limit individuals' access to therapeutic courts based on offence characteristics and criminal history. This is especially troublesome for marginalized populations who are victimized by systemic racism and are systematically targeted in arrests and incarcerations, and receive greater charges and sentences (Reid et al., 2021). Federally approved DTCs follow the federal guidelines which exclude a number of offences, including violent offences, driving offences, residential break and enters, and trafficking for commercial gain. This is viewed as a barrier for many stakeholders, who raise concern about the changing social scene and needs of clients are not being met without

adopting changes in eligibility criteria. The Steering Committee on Justice Efficiencies and Access to the Criminal Justice highlight one of the problematic excluded charges, commercial drug trafficking, highlights that specialized courts regularly have clients who “use substances to such a degree that they would be considered commercial traffickers, but the supply they have is just what they use” (Reid et al., 2021). Based on the current DTC eligibility criteria, individuals charged with that offence who would greatly benefit from therapeutic court programs, are excluded from accessing the rehabilitative and holistic services offered by specialized courts.

Another issue is the role of the justice system in connecting vulnerable individuals with social services. Critics contend that the justice system should not serve as the primary gateway for accessing services and that treatment should be provided much earlier—before individuals are involved in the criminal justice system (Ministry of Justice, 2016). For instance, offering drug addiction treatment prior to criminal involvement could benefit both public safety and the well-being of the individual, while also being more cost-effective.

Additionally, using courts as entry points for services may have unintended consequences, such as unnecessarily involving individuals in the justice system or creating a "net-widening" effect, where people are arrested for minor offenses solely to access services. This concern arises from diversionary programs that refer more individuals to treatment than would have been the case in the absence of the program, particularly for minor offenses that would otherwise lead to release (Marinos & Whittingham, 2019). While these efforts reflect well-intentioned attempts by police and court officials to support offenders, they also risk expanding the reach of the criminal justice system. This can lead to increased incarceration, especially if individuals fail to meet treatment goals, such as not completing recommended programs or refusing medication, potentially resulting in penalties like the reinstatement of charges. This can disproportionately affect marginalized groups, raising concerns about equity

and access within these systems (Marinos & Whittingham, 2019). These practices raise concerns about the overextension of therapeutic court systems and the potential for inequitable outcomes for individuals who are unable to meet court requirements.

Ethical Considerations

One of the first challenges for those working from the traditional court process perspective was the consideration of whether the role of the court is to solve societal issues or to adjudicate. Does taking on societal problems fit in the mission of court functions? Does the court have the jurisdiction to be involved? Although these questions were not intended to be the focus of the group discussion, attendees spent several hours on the first day of the focus group discussing whether the court should be taking on this role. Clearly, these concerns were important from the perspective of the overall mission of the court and the traditional court process

Ethical considerations surrounding therapeutic courts in Canada arise from the requirement for individuals to self-identify as members of specific groups to qualify for diversion into specialized courts. For some problem-solving courts, such as drug treatment or domestic violence courts, the nature of the offense is sufficient to trigger eligibility for diversion. However, for courts focused on mental health or Indigenous populations, individuals or their caregivers must explicitly identify the person as belonging to these groups. This raises ethical concerns, particularly around the stigma associated with mental illness, intellectual or developmental disabilities (IDD) and substance use disorders (Marinos & Whittingham, 2019). The reliance on biomedical definitions, such as DSM-5 diagnoses, to determine eligibility can inadvertently reinforce the idea that individuals with mental health conditions, substance use disorders or IDD are "special" populations whose behaviors are disruptive or threatening

(Marinos & Whittingham, 2019). Such classifications may perpetuate harmful stereotypes, making some individuals reluctant to disclose their conditions. This issue calls for careful ethical reflection on how eligibility criteria for therapeutic courts may unintentionally marginalize vulnerable populations (Marinos & Whittingham, 2019).

Additionally, ethical considerations in therapeutic courts in Canada, particularly in MHCs, arise from how justice professionals interpret and apply philosophical assumptions about mental health and disability. Some professionals view mental disorders through a medical lens, using diagnostic criteria like the DSM-5 to classify conditions as treatable, which aligns with therapeutic jurisprudence and invites psychiatric interventions (e.g., medication, psychosocial treatments). However, this approach presents challenges when dealing with individuals with intellectual and developmental disabilities (IDD), as these conditions often cannot be treated in the same way as mental illness (Marinos & Whittingham, 2019). While MHCs may struggle with IDD cases due to the absence of specific treatments for cognitive impairments, a more holistic perspective—such as that outlined in the United Nations Convention on the Rights of Persons with Disabilities—would shift the focus from "fixing" deficits to addressing environmental factors that may reduce recidivism (Marinos & Whittingham, 2019). This approach may help ensure that individuals with IDD are not subjected to inappropriate medical treatments and may promote alternatives that better suit their needs, such as recognizing social, environmental, and biomedical factors in the criminal behavior of these individuals

Recommendations for Implementation

To enhance the effectiveness and accessibility of therapeutic courts in Canada, particularly for individuals with mental health and substance use challenges, several key recommendations have emerged from the Steering Committee on Justice Efficiencies and Access

to the Criminal Justice System (Reid et al., 2021). First, the creation of a dedicated, multi-disciplinary team—comprising judges, lawyers, program managers, and treatment providers—ensures a collaborative approach to participant support. Additionally, programming should offer distinct spaces for treatment access, drop-ins, and celebratory events to engage participants effectively. It is crucial to implement three types of programs: mental health diversion, intensive mental health treatment, and drug treatment programs, all integrated within "concurrent disorders" courts that coordinate treatment efforts (Reid et al., 2021). Pre-court meetings and specialized data collection, supported by adequate funding, are essential for ongoing program evaluation. Establishing steering committees at provincial, regional, and local levels will ensure strategic consistency and provide tailored guidance. Other important practices include developing comprehensive policies and procedures, creating accessible public information through dedicated websites, and broadening eligibility for DTCs using risk assessment tools (Reid et al., 2021). Reducing administrative burdens and employing independent urine screeners will improve program integrity. Post-program support, including ongoing resources and peer mentorship, is critical for DTC graduates. Finally, integrating culturally relevant incentives and evolving therapeutic courts, such as specialized programs for cultural trauma and FASD courts in Manitoba, demonstrates a commitment to meeting the unique needs of diverse populations (Reid et al., 2021). These best practices collectively aim to improve the therapeutic court framework, making it more supportive and effective for individuals within the justice system.

Challenges Specific to Community Support Courts

The evaluation of community courts in Canada has been limited in both extent and scope, with very little published literature on the success of these specialized courts. Notably, there are no publicly-accessible studies on recidivism in peer-reviewed journals. This lack of empirical

research becomes particularly pressing given the potential for community courts to expand, as seen in the growth of other problem-solving courts.

A significant challenge in evaluating Community Support Courts, in particular, is the lack of funding for the program, which impacts the collection and recording of data. Many of these programs do not have designated coordinators or managers tasked with documenting case details. As a result, other members of the court team—such as judges, their assistants, or Crown counsel—are often responsible for recording this information. The type and extent of the data recorded can vary greatly depending on the workload of the assigned team member (National Judicial Institute et al., 2011).

In addition, the British Columbia Ministry of Justice highlights the importance of regular collection, analysis, and reporting of outcomes and processes to continually improve specialized court operations (2016). It is essential to maintain both informal monitoring and formal evaluations to assess and improve the functioning of these courts.

A further complication in evaluating the success of problem-solving courts is the lack of consensus on their goals and how success should be measured. There is a variability of operational guidelines and goals, depending on the specialized court's access to localized resources, funding and the specific initiatives that lead to the court's conception. While some objectives, such as public safety, cost reduction, and improving the offender's quality of life, are commonly shared across all problem-solving court models, many communities have distinct goals and initiatives that shape the foundation of their specific court programs (Slinger & Roesch, 2010). Different objectives are pursued, such as efficiency, crime rate reduction, and recidivism prevention, but there is no agreed-upon framework for evaluating these factors. Some courts focus on objective measures like recidivism rates, while others consider subjective factors

such as public opinion, stakeholder satisfaction, and participant feedback. This lack of agreement on what constitutes success complicates the evaluation process (Ministry of Justice, 2016).

Additionally, evaluating the success of Community Support Courts is complicated by conflicting goals. For instance, courts may aim to achieve both efficiency and reduced recidivism, which can be contradictory. Increasing court appearances for offenders, which might reduce recidivism, can simultaneously slow the court's ability to clear its docket, presenting challenges in assessing the effectiveness of these courts (Ministry of Justice, 2016).

Even when compatible goals and success measures are identified, attributing outcomes to the specific activities of specialized or problem-solving courts remains difficult due to the complex and multi-causal nature of justice initiatives. For example, crime rates are influenced by various factors, such as other justice reforms, demographic shifts, and legal changes, which complicates efforts to directly link crime rate reductions to court activities. Moreover, broader national trends may affect local crime rates, making it challenging to assess the court's unique impact (Ministry of Justice, 2016).

Proving causal links between the activities of specialized courts and their outcomes is particularly difficult due to the lack of experimental designs, such as random assignment, in many evaluations. Random assignment is considered the gold standard for assessing program effectiveness, as it controls for pre-existing differences between groups. However, the legal and social frameworks surrounding community courts are often not flexible enough to accommodate such controlled experiments. As a result, many evaluations rely on non-equivalent matched groups, where comparisons are made between groups of offenders that may not be sufficiently similar. This methodological limitation makes it difficult to definitively attribute outcomes to the court's activities and reduces the ability to draw causal conclusions with confidence.

Finally, interpreting the outcomes of specialized or problem-solving courts presents additional challenges. For example, a decrease in reported crime could be misinterpreted as a failure of the court. A study of Domestic Violence Courts illustrates this issue, noting that these courts, with their rehabilitative focus, anticipate that victims will be more likely to report incidents of domestic violence as they gain confidence in the justice system. Without a thorough evaluation, it might appear that the court's approach is increasing domestic violence, despite the fact that the court may actually be successful in reducing re-offending and fostering greater trust in the system. As emphasized in one report, the absence of a proper evaluation does not necessarily mean the program is failing. This highlights the need for more rigorous evaluations that extend beyond recidivism rates to fully assess the impact of specialized courts.

Overall, current practices for evaluating problem-solving court models fall short in providing conclusive results. Despite the rapid expansion of these models, the lack of rigorous research means that comprehensive evaluations may continue to be neglected (Slinger & Roesch, 2016). It is crucial that future evaluations address both process and outcomes, clearly demonstrating the connections between them using robust research methodologies. Given the need for improved evaluation models and the proven strength of random assignment in producing reliable results, it is essential to advocate for its use in future evaluations.

The Peterborough CSC

Established in 2011, the Peterborough CSC is a specialized criminal court that offers support for individuals with complex social circumstances and needs. Located in Peterborough, Ontario, this court provides an alternative to traditional criminal justice proceedings by focusing on rehabilitation and support rather than punitive measures. CSC is designed to provide a structured, supportive and rehabilitative path for participants. The goal of the Peterborough CSC,

according to the policy and procedures operational manual, is to address mental health and addiction issues which underlie the offending behaviour, reduce recidivism rates, and increase community service partnerships and provision of care to participants. The court operates with a collaborative approach, involving a multidisciplinary team of professionals, including legal representatives, mental health experts, social workers, and community organizations. These professionals work together to create tailored treatment and support plans for participants, ensuring they receive the appropriate care and guidance to address their unique needs.

The Peterborough CSC employs a three-track approach—Track 1, Track 2, and Diversion—designed to address the underlying causes of criminal behavior while offering tailored support and rehabilitation. Each program has distinct eligibility criteria, treatment plans, and completion requirements. The process begins with a referral and assessment to determine eligibility, followed by enrollment. Participants then receive an individualized treatment plan that addresses their specific needs. Regular court sessions monitor progress, while ongoing support and services help address mental health, substance abuse, and other challenges (Peterborough Community Support Court, n.d.). Accountability is upheld throughout the program, culminating in graduation, with aftercare available to ensure long-term success.

The Diversion program is designed for individuals charged with minor offenses who are dealing with mental health or substance abuse issues (Peterborough Community Support Court, n.d.). The aim is to divert them from the traditional criminal justice system and connect them with supportive treatment and services. Participants in the Diversion program commit to engaging in rehabilitation activities, such as counseling or substance abuse treatment. Successfully completing the program may allow participants to avoid a criminal record, while also supporting their recovery and facilitating their reintegration into the community.

Track 1 is intended for individuals with more severe or ongoing mental health, substance abuse and/or other challenges and are being charged with moderately severe offences. This track offers a more structured and intensive approach, with close supervision and regular court appearances. Participants receive a comprehensive range of services tailored to their specific needs, such as mental health treatment, addiction support, housing assistance, and vocational training. The primary focus of Track 1 is to address the underlying causes of criminal behavior, support long-term recovery, and reduce the risk of reoffending, ultimately promoting greater stability and reintegration into society.

Track 2 is designed for individuals facing serious charges or those with complex needs that require intensive intervention and support. Participants in this track often have a history of repeated offenses or face significant challenges that contribute to their criminal behavior. Track 2 offers the highest level of supervision and the most comprehensive support services, including coordinated care plans that address mental health, substance abuse, housing, employment, and other critical areas. The goal is to provide strong, holistic support to help participants make meaningful changes in their lives, improve their overall well-being, and reduce the risk of future criminal activity (Peterborough Community Support Court, n.d.). Both Track 1 and Track 2 end with a joint submission for a non-custodial sentence, a withdrawal of charges, or a stay, with the latter resulting in the Crown discontinuing the prosecution but could be brought back and re-prosecuted again within a year if the individual is charged with new offences.

Eligibility criteria:

Individuals who are charged with an offence that is directly correlated with substance use, mental health concerns, brain injury and/or developmental/intellectual disability. To be

eligible for Diversion, applicants must have a mental health and/or substance use concern, be charged with a Class 1 offence (i.e., mischief under \$5000, theft under \$5000, cause disturbance, fraud under \$5000, etc.), and have no or a minor criminal record and not facing any significant jail time (under 90 days). Track One eligibility criteria include having a mental health or substance use concern, charge(s) that warrant a conviction but not necessarily jail time or may be facing a minimum jail time of less than 90 days and most likely has a criminal record. If accepted into Track 1 the client must plead guilty to their charge(s). In contrast, an individual applying for Track 2 must have a mental health and/or addiction concern, be facing 90 or more days of jail time, must plead guilty to their charge(s), and sentencing is held over until the individual completes the program or is discharged (Nguyen, 2018; Peterborough Community Support Court, n.d.).

Treatment Plans

Diversions typically last around 6 months, while Track 1 generally includes a 3-month diversion followed by a probationary period. Track 2 is the most intensive of the three tracks and can take between 3-24 months to complete. This track also involves regular twice-weekly urine screenings and mandates 3 consecutive months of abstinence in the final phase of the program (Nguyen, 2018). All clients are actively involved in developing their diversion plan, called a Community Treatment Intervention Plan (CTIP), which is based on assessments, additional evaluations, reports from collaborative professionals, and input from the participants themselves. Track 2 is the only track that requires the CTIP to be approved by the Multidisciplinary Team (MDT) before proceeding (Peterborough Community Support Court, 2024). Treatment plans in Track 2 include extensive interventions towards rehabilitation, recovery and stabilization.

Participants also maintain frequent contact with the Court Support Worker or Lead Staff throughout their involvement in the program.

The City of Kawartha Lakes CSC

Located in Lindsay, Ontario, the City of Kawartha Lakes Community Support Court, established in 2004, is an integrated court that deals with concurrent addiction and mental health issues. The treatment plan integrates mental health with substance-related care for participants with a concurrent disorder. The mandate of the City of Kawartha Lakes CSC is to address the root causes of offending behavior in order to reduce recidivism, promote accountability, and enhance public safety (City of Kawartha Lakes Community Support Court, 2024). This includes factors such as mental health, addiction, dual diagnosis, trauma, brain injury, racism, and social determinants of health. The court operates through two distinct streams: diversion and court support. The Crown will assess the nature of the offence and the applicant's circumstances to determine the appropriate stream, in consultation with defence counsel and community partners.

The Court diversion program accepts individuals who have been charged with minor offences, and who struggle with mental illness or symptoms of mental illness. The participant's engagement with the program lasts approximately 3-6 months. Individualized diversion plans are developed with Justice Service Workers and/or community partners, who monitor the participant's progress throughout the program and provide updates to the Crown Attorney. Upon completion of the CSC diversion plan, charges against the participant will be withdrawn.

The Court Support program requires that a participant plead guilty at the early stages of admission. This program requires approximately 4-6 months of engagement, and successful completion of the Court Support track will result in community disposition, usually a probation

order (Reid et al., 2021). Similar to the Court diversion program, individualized court support plans are developed with Justice Service Workers and/or community partners, who monitor the participant's progress. At the end of the program, the Justice Service Workers and community partners will prepare a Completion Summary to provide to the Sentencing Judge, who will make the final determination on sentencing matters. Both programs require regular court appearances by the participant.

Eligibility criteria

Any individual 16 years or older with charges before the court in Lindsay or Minden may apply to be considered for the City of Kawartha Lakes CSC (CMHA Haliburton, Kawartha, Pine Ridge, 2022). The CSC Crown determines eligibility in consultation with defence counsel, the Justice Service Worker, and community partners. The Crown will consider the nature and circumstances of the charge(s) as well as the applicant's background and situation. The Crown will also consider whether identified factors, such as mental health, substance use, developmental delay, acquired brain injury, or other social determinants of health, contributed to the criminal charges. The applicant must be willing to engage in an individualized treatment plan to address these identified factors. Additionally, the applicant must present a level of risk that is manageable and can be monitored by the CSC. Participation in the program requires the applicant to waive delay and must be voluntary (City of Kawartha Lakes Community Support Court, 2024).

Treatment Plans

Individualized diversion or court support plans are developed to address offenders' justice and social circumstances and reduce the risks of reoffending. These plans are facilitated as a suitable alternative within the criminal justice system that provides individuals with access to treatment and support in order to minimize the possibility of further involvement in court. These developed plans could include participation in mental health or addiction support programming, and additional referrals to community services.

Methods

The current study is an evaluation and assessment of the Peterborough and Kawartha Lakes CSC, focusing on their impact on recidivism and identifying factors that could influence participants' success in completing rehabilitation programs. The aim of this evaluation is to gain insights into the impact of the CSC programs on the community and provide a more inclusive definition of success by exploring additional parameters that highlight the multifaceted nature of the court.

The methodology employed in this study is composed of three interrelated components: a comprehensive literature review, secondary data analysis, and qualitative data collection through surveys and semi-structured interviews. This mixed-methods approach was designed to provide both quantitative and qualitative insights into the effectiveness of the Peterborough and City of Kawartha Lakes CSCs between December 1, 2017, and November 30, 2024, with particular attention to program completion rates and recidivism outcomes

Ethical considerations for this study include obtaining informed consent from all participants involved in qualitative data collection, ensuring confidentiality and anonymity

throughout the research process. Participants in surveys and semi-structured interviews were fully informed of the purpose of the study, their voluntary participation, and their right to withdraw at any time without penalty. The study follows the ethical guidelines outlined by the Trent University Research Ethics Board, ensuring the protection of participants' rights and welfare. Ethical approval from the Research Ethics Board was secured prior to commencing the study, underscoring the commitment to conducting research with integrity and respect for participants.

Literature Review

The first phase of the research involved a detailed literature review examining therapeutic courts in Canadian jurisdictions. This review established the theoretical and operational framework underpinning CSCs, including their origins, objectives, best practices, and documented outcomes in relation to criminal justice reform. Special attention was given to literature that critiques or expands upon traditional definitions of “success”—typically limited to recidivism rates—thereby laying the groundwork for a more holistic assessment of program impact. Sources were obtained from academic databases, governmental reports, and existing program evaluations, ensuring a broad yet focused understanding of the therapeutic court model in the Canadian context.

Secondary data analysis

The second phase involved a descriptive statistical analysis of program participant data provided by the Crown attorneys responsible for the development and administration of the CSCs in Peterborough and the City of Kawartha Lakes. These data sets included detailed

participant information, such as criminal charges, program characteristics (e.g., length, type, and completion status), recidivism data, and primary presenting issues, including but not limited to mental health challenges, substance use disorders, brain injuries, intellectual disabilities, dual diagnoses, and other complex social needs.

- Peterborough CSC: Data included participants who applied or were enrolled between 2011 and 2025. For this study, the analysis focused on those active between January 2017 and December 2024. Participants were categorized into "completers" (those who graduated) and "non-completers" (those who were expelled, withdrew, or were not accepted). Individuals with missing data were excluded from analyses involving the affected variables.
- City of Kawartha Lakes CSC: Data was more limited, covering individuals enrolled between September 2022 and December 2024. While those enrolled as of December 2024 were included in ongoing participation analysis, they were excluded from program completion outcomes. This data was collected and compiled by a Canadian Mental Health Association student and was based on records maintained by the Crown attorney in that jurisdiction. Data from 2017 to 2023 for this region were unavailable.

Descriptive statistics were used to identify trends in program completion, recidivism, and other outcomes. Where applicable, comparisons were made to a previous analysis conducted by Nhu Nguyen (2011–2017) to explore longitudinal trends in CSC effectiveness.

Survey and Interview-Based Research

To complement the quantitative data and enrich the overall findings, qualitative data were collected through brief surveys and semi-structured interviews with members of the CSC's

multi-disciplinary team. Participants included legal professionals, mental health practitioners, social service workers, and other key stakeholders involved in the day-to-day operations of the CSCs. This component aimed to capture practitioner perspectives on the court's effectiveness and to explore how definitions of program success may differ among stakeholders.

Survey Design and Distribution

An online survey was created and distributed to members of the Peterborough and City of Kawartha Lakes CSC teams. Following approval from the Trent University Research Ethics Board, project details were shared with the partner organization, which then disseminated the survey link to team members. The survey consisted of 10 questions (Appendix A) with the last question asking if participants would like to participate in a follow-up interview. Three of the questions were Likert scale, one was multiple choice, and four were open-ended questions. The questions provided space for additional comments, with no allotted word limit. The survey served as a preliminary data collection tool, providing baseline insights into the perspectives of those actively involved in court operations.

- Peterborough CSC: The multidisciplinary team included legal professionals, mental health practitioners, social workers, and representatives from community organizations. At the time of the study, the Court Diversion and Track 1 interdisciplinary team included following organizations: The Canadian Mental Health Association (CMHA) Haliburton, Kawartha, Pine Ridge; Four Counties Addiction Services Team, Elizabeth Fry Society, Salvation Army, Nogojiwanong Friendship Centre, Community Networks of Specialized Care – Central East, John Howard Society, the Crown counsel and defense counsels. The Track 2 interdisciplinary team included representatives from: Probation Services; CMHA

Haliburton, Kawartha, Pine Ridge; Fourcast; the Elizabeth Fry Society; Crown counsel; defense counsel; Ontario Provincial Police; Peterborough Lakefield Police Service; the Salvation Army; Nogojiwanong Friendship Centre; Community Networks of Specialized Care – Central East; and a psychiatric consultant.

- City of Kawartha Lakes CSC: The multidisciplinary team comprised a judge, crown attorney, defence and duty counsel, CMHA Justice Service Workers, Elizabeth Fry Society Bail Supervisor, Probation officers, Fourcast Addiction Service Providers, and members from the following organizations: the Elizabeth Fry Society, John Howard Society, Nogojiwanong Friendship Centre, Community Networks of Specialized Care – Dual Diagnosis Justice Services, Haliburton Highlands Health Services (HHHS), the Community Response Unit (CRU), the Mobile Crisis Intervention Team (MCIT), and the Brain Injury Association.

Sixteen individuals completed the survey, including nine from the Peterborough CSC, four from the City of Kawartha Lakes CSC, and three who were affiliated with both courts. At the end of the survey, participants were invited to indicate whether they were willing to participate in a follow-up interview.

Semi-Structured Interviews

The follow-up semi-structured interviews were conducted with four members of the CSC multidisciplinary teams, all of whom had previously participated in the survey. Interviews were conducted via the video conferencing platform Zoom. The interviews, lasting between 30 to 60 minutes, were designed to explore in more depth the themes that emerged from the survey

responses, focusing on program outcomes, individual and community impacts, and the factors influencing the assessment of CSC effectiveness.

The interview questions were tailored to reflect the participants' survey responses and were guided by open-ended questions that allowed for a flexible and participant-led conversation. Interviews were designed to capture insights into the participants' lived experiences and professional expertise, with a focus on understanding the nuanced ways in which success is defined and evaluated within the CSC context. Reflective listening techniques were used to encourage participants to elaborate on their responses, and follow-up questions were asked to clarify or expand upon key points. The full list of interview questions is included in Appendix A. Follow-up questions were used as needed to encourage elaboration and ensure the conversation flowed naturally while collecting comprehensive data.

All interviews were recorded with participant consent, and detailed field notes were taken. Transcripts were generated from the recordings, and data was analyzed thematically to identify key themes and patterns related to program success, challenges, and recommendations for improvement.

Data Collection and Analysis

Data from surveys and interviews were securely stored on the researcher's password-protected laptop to ensure participant confidentiality. As per ethical guidelines, no personal identifying information was collected, and only the researcher had access to interview transcripts and participant data.

Data analysis involved both qualitative and quantitative methods: survey data was analysed using different methods depending on the type of question. Likert scale questions were

analysed using descriptive statistics (frequency, means and standard deviation) and visualizations (bar graphs for response distribution. Open ended questions were qualitatively analyzed using thematic analysis and coded using Taguette software to identify overarching themes.

Integration of Findings

By integrating the insights gathered from the literature review, secondary data analysis, and qualitative surveys and interviews, this study provides a comprehensive assessment of the CSCs in Peterborough and the City of Kawartha Lakes. The triangulation of these data sources enables a well-rounded understanding of the courts' effectiveness, both from the perspective of quantitative trends in recidivism and program completion and from the qualitative insights into stakeholder experiences and perceptions of success.

Measures

The CSC participant data included a range of variables that were used to assess program involvement and outcomes. These included completion status, criminal history, treatment and program engagement, and the presence of mental health, substance use, or cognitive challenges.

Program Engagement Metrics. Participants' duration of involvement with the CSC (in days) and the duration of treatment were measured as continuous variables. Completion status was recorded by the Crown attorney and coded as a binary variable: completers (graduated) and non-completers (withdrawn, not accepted, or expelled).

Criminal History. Pre-admission criminal involvement was measured by the number and types of charges prior to program entry. Charges were categorized by type (e.g., violent, property,

administrative) to allow for thematic analysis. The total number of charges was treated as a continuous variable.

Clinical and Diagnostic Characteristics. The presence of mental health conditions, substance use issues, brain injuries, dual diagnosis, and intellectual disabilities were recorded by the Crown attorney based on participant files and professional reports. These were coded as binary indicators (present or not present) for analysis.

Recidivism. Recidivism was defined as any new conviction for an offense that occurred after the participant was accepted into the CSC. While data on recidivism during program participation was recorded, post-completion recidivism was considered the primary outcome for the Peterborough CSC. This variable was also coded dichotomously (recidivated vs. did not recidivate).

Survey Measures. The online survey distributed to members of the CSC multidisciplinary teams included eight structured questions designed to assess perceptions of the CSCs' impact and effectiveness. Measures focused on the perceived success of the diversion programs, observed participant outcomes (e.g., housing, stability, service access), the quality of interagency collaboration, and barriers to program implementation. Responses were collected using a combination of multiple-choice, Likert scale, and open-ended question formats.

Interview Measures. Semi-structured interviews were conducted to gather more in-depth, qualitative insights from CSC team members. These interviews built upon themes identified in the survey and explored topics such as definitions of program success, community and individual-level impacts, the role of collaboration among service providers, and recommendations for improving court processes. Interview responses were coded thematically and analyzed using Taguette to identify key themes and recurring patterns.

Data Limitations. Certain variables, such as participant demographics, pre-2022 data, and post-completion recidivism rates for the City of Kawartha Lakes CSC, were either unavailable or incomplete. Additionally, diagnostic information was based on professional observations and case documentation, and may not reflect formal clinical assessments. It is important to note that all program data was provided by the Crown attorneys and was not collected directly by the researcher. As such, the researcher had no influence over how the data was originally recorded or categorized.

Statistical Procedures

A combination of quantitative and qualitative analytical methods was used to assess both participant outcomes and stakeholder perspectives on the CSCs. Analyses were conducted on three primary data sources: secondary program data provided by Crown attorneys, survey responses from multidisciplinary team members, and qualitative data from semi-structured interviews.

For the secondary program data, descriptive analyses were first performed to summarize participant characteristics, including program completion status, criminal history, duration of treatment, and the presence of mental health or cognitive challenges. To assess whether significant associations existed between key variables and program outcomes, Wilcoxon rank-sum tests¹ with continuity correction was used for continuous variables (such as number of prior charges and treatment duration), while Chi-squared tests² were applied to categorical variables

¹ The Wilcoxon rank-sum test (also known as the Mann–Whitney U test) is a non-parametric statistical test used to compare differences between two independent groups. It assesses whether one group tends to have higher or lower values than the other, without assuming a normal distribution of the data

² The Chi-square test is a non-parametric statistical test used to examine whether there is a significant association between two categorical variables. It compares the observed frequencies in each category to the frequencies expected under the assumption of independence

(such as diagnosis presence and completion status). Chi-squared tests for trend in proportion were conducted to evaluate whether recidivism rates changed over time. Outliers in continuous variables were replaced with the median value of the dataset to minimize their impact on statistical analyses. Participants with missing data for specific variables were excluded from analyses involving those variables. Microsoft Excel was used for organizing and cleaning the dataset and conducting initial descriptive analysis, while JASP (Version 0.19.3) was used to perform all statistical tests.

Survey responses were analyzed using both quantitative and qualitative approaches. The online survey, created and distributed using Qualtrics, consisted of ten questions, including three Likert scale questions, one multiple-choice question, four open-ended questions, and one optional comment section. The final question asked participants if they were willing to participate in a follow-up interview. Quantitative responses were analyzed descriptively using frequency counts, percentages, and average scores. The open-ended responses and comment sections were examined using qualitative content analysis to identify key ideas, recurring themes, and perceptions of program effectiveness. Initial data organization and cleaning were performed in Excel, and open-ended responses were coded and thematically organized using Taguette³.

Interview data were analyzed using thematic analysis following the method outlined by Braun and Clarke (2006) to identify major concepts and patterns across responses. Following transcription of the interviews, responses were coded based on key topics such as program success, participant outcomes, interagency collaboration, and recommendations for improvement. Codes were then grouped into broader themes that reflected the lived experiences

³ Taguette is an open-source qualitative data analysis tool designed to assist researchers in coding, organizing, and analyzing textual data. It allows users to highlight and tag excerpts from interview transcripts, field notes, or documents, facilitating thematic analysis and the identification of patterns across qualitative datasets.

and professional insights of participants. Taguette (Rampin et al., 2021) was used to assist in the coding and thematic organization of the qualitative interview data. Together, these analytical approaches allowed for a comprehensive and multidimensional evaluation of the CSCs, integrating statistical trends with practitioner experiences and perspectives.

Results

City of Kawartha Lakes CSC

Court Participant Information

The City of Kawartha Lakes CSC programs enrolled a total of 98 participants between September 1, 2022, and December 31, 2024. Of these, 27 participants were excluded due to their active program status as of March 1, 2025. The current sample includes 71 participants who had completed or exited the diversion and support programs by this date. The most common offenses committed by these participants were offenses against the person and reputation (22.7%) and offenses against the administration of law and justice (17.1%). Less frequent offenses included wilful and forbidden acts in respect to certain property (15.9%), offenses against rights of property (11.4%), offenses relating to conveyance (5.7%), fraudulent transactions related to contracts and trades (3.4%), and offenses involving firearms and other weapons (2.3%). On average, participants had committed 2.90 offenses prior to admission, with a standard deviation of 2.7, indicating considerable variability in the participants' criminal backgrounds. This data provides valuable insight into the types of offenses prevalent in this population and could help inform future interventions aimed at addressing the underlying factors contributing to these criminal behaviors.

Table 1: City of Kawartha Lakes CSC Program Participant Offence History and Pre-Admission Charges

Variables	n (%)
Types of Offences Committed Pre-Admission	
Offences Against the Person and Reputation	20 (22.7)
Offences Against the Administration of Law and Justice	15 (17.1)
Wilful and Forbidden Acts in Respect of Certain Property	14 (15.9)
Offences Against Rights of Property	10 (11.4)
Offences Relating to Conveyance	5 (5.7)
Fraudulent transactions relating to contracts and trades	3 (3.4)
Firearms and Other Weapons	2 (2.3)
Number of charges pre-admission	
<i>M(SD)</i>	2.90 (2.7)

The most common factors reported as contributing to individuals' charges were comorbid substance use and mental health disorders, affecting 50.7% of participants. In comparison, 40.8% were diagnosed with mental health issues alone, and 8.45% with substance use disorders.

Table 2: City of Kawartha Lakes Program Participant Diagnosis

Contributing factor	n(%)
Mental Health	29 (40.8)
Substance Abuse	6 (8.45)
Concurrent Disorders (Mental Health and Substance Abuse)	36 (50.7)

Table 3 presents the program-related characteristics and recidivism rate of participants in the City of Kawartha Lakes CSC. Out of the 71 CSC clients, 82% successfully completed the program. Regardless of their status at the time of exiting the program, participants remained in CSC for an average of 157.4 days. There was considerable variation in the duration of programs, ranging from 20 to 492 days. In terms of recidivism, 11% of participants faced charges for at least one new offence while still in the program.

Table 3: Program-Related Characteristics and Recidivism Rate of the Sample for City of Kawartha Lakes CSC

Variables	n(%)
Program status	
<i>Completers</i>	58 (81.7)
<i>Non-completers</i>	13 (18.3)
Duration in CSC (days)	
<i>M(SD)</i>	157.4 (83.9)
Recidivism during the program	
<i>Yes</i>	8 (11.3)
<i>No</i>	63 (88.7)

Factors Associated with Program Completion

Table 4 illustrates the relationship between program completion status and other variables. An analysis of program completion in the Kawartha Lakes CSC revealed several significant factors associated with participant outcomes. Notably, participants who completed the program spent significantly more time engaged in CSC ($M = 167.6$ days, $SD = 80.2$) compared to non-completers ($M = 111.8$ days, $SD = 88.0$), with this difference reaching statistical significance ($W = 534$, $p = 0.010$). Although non-completers had a higher average number of pre-admission charges ($M = 4.6$, $SD = 4.6$) than completers ($M = 2.5$, $SD = 1.9$), this difference was not statistically significant ($W = 275.5$, $p = 0.12$), suggesting that while criminal history may contribute to outcomes, it was not a defining factor in this sample.

A strong and statistically significant relationship was observed between recidivism during CSC participation and program completion status ($\chi^2 = 11.77$, $p < 0.001$). Completers were much less likely to reoffend during their time in the program, with only 4.2% reoffending compared to 7.0% among non-completers, highlighting the importance of stability and program engagement in achieving successful outcomes. Furthermore, participant clinical profiles played a significant role in predicting program completion. Individuals with a single issue—either mental health or

substance use—were significantly more likely to complete the program (46.5%) compared to those with comorbid mental health and substance use disorders (35.2%) or non-completers with comorbidity (15.5%) ($\chi^2 = 7.322$, $p = 0.007$). These findings suggest that participants with more complex, co-occurring conditions may require enhanced or more specialized support to successfully complete CSC programming.

Table 4: Characteristics of Program Completers and Non-completers for Kawartha Lakes CSC

Variables	Completers	Non-completers
	<i>n (%)</i>	<i>n (%)</i>
Duration in CSC (days)		
<i>M(SD)</i>	167.6 (80.2)	111.8 (88.0)
History		
<i>Mental health OR substance abuse</i>	33 (46.5)	2 (2.8)
<i>Comorbid (mental health and substance abuse)</i>	25 (35.2)	11 (15.5)
Number of charges pre-admission		
<i>M(SD)</i>	2.5 (1.9)	4.6 (4.6)
Recidivism during the program		
<i>Yes</i>	3 (4.2)	5 (7.0)
<i>No</i>	55 (77.5)	8 (11.3)

Peterborough CSC

Court Participant Information

A total of 432 participants have been enrolled in the Peterborough CSC programs between January 1, 2017 to December 1, 2024 more specifically based on their first appearance date as reported by the Crown. Among them, 48 were excluded because of their active program status as of December 1, 2024. The current sample included a total of 384 Peterborough CSC participants in Track 1, Track 2, or Diversion programs who were no longer enrolled in the

programs by the time of the study. Offence history and mental health history of the sample are presented in Table 5. On average, Peterborough CSC participants were convicted of 3.188 offences upon application to the program ($SD=4.1$). The most common offences that participants were charged with included offences against the person and reputation (27%), offences against rights to property (24%), offences against the administration of law and justice (15%) and unlawful and forbidden acts in respect of certain property (11%).

Table 5: Peterborough CSC Program Participant Offence History and Pre-Admission Charges

Variables	n (%)
Types of Offences Committed Pre-Admission	
Offences Against the Person and Reputation	232 (27.4)
Offences Against Rights to Property	200 (23.6)
Offences Against the Administration of Law and Justice	127 (15.0)
Non-Compliance Charges	96 (11.3)
Wilful and Forbidden Acts in Respect of Certain Property	91 (10.8)
Firearms and Other Weapons	33 (3.9)
Fraudulent Transactions Relating to Contracts and Trades	23 (2.7)
Drug-Related Charges	20 (2.4)
Sexual Offences, Public Morals and Disorderly Conduct	17 (2.0)
Offences Relating to Conveyance	7 (0.8)
Number of Charges Pre-Admission	
<i>M(SD)</i>	3.2 (4.1)

The most common factors reported as contributing to individuals' charges were comorbid substance use and mental health disorders, affecting 44% of participants. In comparison, 41% were diagnosed with mental health issues alone, and 12% with substance use disorders. A small

proportion of participants were identified as having brain injuries or intellectual disabilities, with 3 individuals (1%) and 4 individuals (1%), respectively.

Table 6: Peterborough CSC Program Participant Diagnosis

Participant struggles	n(%)
Mental Health	157 (41)
Substance Abuse	47 (12)
Concurrent Disorders (Mental Health and Substance Abuse)	168 (44)
Brain injury	3 (1)
Intellectual disability	4 (1)

Table 7 represents an overview of program-related characteristics and recidivism rates among participants in the Peterborough CSC programs. Among the total sample, 77% (302 participants) successfully completed the program, while 21% (82 participants) were non-completers. The average duration participants spent in the CSC program was 325.2 days ($M = 325.2$, $SD = 205.3$), with participants spending an average of 151.6 days ($M = 151.6$, $SD = 98.1$) in the treatment program itself. On average, participants had 15.9 court appearances ($SD = 11.8$) before joining the program, reflecting the legal and behavioral issues leading to program enrollment.

In terms of recidivism during the program, 33% (116 participants) reoffended while enrolled, while 67% (240 participants) did not. The fact that one-third of participants reoffended during the program may indicate challenges in the program's ability to address certain individuals' behavioral issues or the need for more targeted interventions within the program. Post-program recidivism rates show a gradual decline over time: 21% (52 participants) reoffended within the first year, and this rate decreased slightly to 19% (40 participants) in the second year. However, the recidivism rate rose in the third year post-program, with 27% (43

participants) reoffending, highlighting the importance of long-term support and follow-up care after program completion.

Table 7: Program-Related Characteristics and Recidivism Rate of the Sample

Variables	n(%)
Program status	
<i>Completers</i>	302 (77)
<i>Non-completers</i>	82 (21)
Duration in CSC (days)	
<i>M(SD)</i>	325.2 (205.3)
Duration of treatment program (days)	
<i>M(SD)</i>	151.6 (98.1)
Number of court appearances	
<i>M(SD)</i>	15.9 (11.8)
Recidivism during the program	
<i>Yes</i>	116 (33)
<i>No</i>	240 (67)
Recidivism in the 1 st year post-program	
<i>Yes</i>	52 (21)
<i>No</i>	192 (79)
Recidivism in the 2 nd year post-program	
<i>Yes</i>	40 (19)
<i>No</i>	168 (81)
Recidivism in the 3 rd year post-program	
Yes	43 (27)
No	119 (73)

Factors Associated with Program Completion for Peterborough CSC

Table 8 illustrates the relationship between program completion status and other variables. A statistically significant difference was found in the number of court appearances between completers and non-completers ($W = 17,478, p < .001$). Participants who completed the program had more court appearances ($M = 26$) than those who did not complete the program ($M = 13$). Additionally, participants who completed the program had a significantly lower number of pre-admission charges ($M = 2.6$) compared to non-completers ($M = 5.4$), with this difference also reaching statistical significance ($W = 17,622, p < .001$). There was also a statistically significant difference in the total amount of time spent in CSC between the two groups ($W = 15,363, p < .001$). Participants who did not complete the program spent more time in CSC ($M = 496$ days) than those who completed it ($M = 307$ days). However, no significant difference was found in the length of the treatment plan between the two groups.

Program completion was examined in relation to the coexistence of mental disorders and substance abuse. While participants with both mental health and substance use disorders appeared less likely to complete the program than those without comorbid conditions, this association did not reach statistical significance. A chi-square test of independence showed a trend toward significance ($X^2(1) = 3.082, p=0.079$). Specifically, 43% of participants with comorbid health and substance use issues completed the program, compared to 57% of participants without comorbidity.

Lastly, there was a significant difference between the rates of recidivism during the program between completers and non-completers ($X^2(1) = 97.279, p < .001$). Participants who completed the program were significantly less likely to reoffend during the program (20%)

compared to those who did not complete the program (79%). Conversely, the majority of non-completers reoffended during the program, while most completers did not.

Table 8: Characteristics of Program Completers and Non-completers

Variables	Completers	Non-completers
	<i>n (%)</i>	<i>n (%)</i>
Duration in CSC (days)		
<i>M(SD)</i>	307.6 (194.3)	390.9 (231.8)
Duration of treatment program (days)		
<i>M(SD)</i>	154.5 (96.4)	138.5 (98.4)
Number of court appearances		
<i>M(SD)</i>	13.0 (7.4)	26.4 (17.8)
History		
<i>Mental health OR substance abuse</i>	170 (44.9)	38 (10.0)
<i>Comorbid (mental health and substance abuse)</i>	127 (33.5)	44 (11.6)
Number of charges pre-admission		
<i>M(SD)</i>	2.6 (3.3)	5.4 (5.9)
Recidivism during the program		
<i>Yes</i>	55 (15.5)	61 (17.1)
<i>No</i>	224 (62.9)	16 (4.5)

Factors Associated with Recidivism

Participant reoffending while in program.

Table 9 presents the characteristics of participants who reoffended during their time in CSC programs compared to those who did not. The results indicate statistically significant differences between the two groups across several key variables. Participants who reoffended spent significantly more time in CSC ($M = 471.4$ days, $SD = 349.4$) than those who did not ($M = 286.1$ days, $SD = 180.9$), $U = 10396.5$, $p = .005$. Similarly, they were involved in longer

treatment plans ($M=185.9$ days, $SD=136.9$ vs. $M = 139.7$ days, $SD =96.5$), $U=8662$, $p<.001$, and attended more court appearances ($M = 24.3$, $SD = 14.9$ vs. $M = 12.1$, $SD = 6.5$), $U = 5662$, $p < .001$. A significant difference was also observed in the number of pre-admission charges, with participants who reoffended having more prior charges on average ($M = 5.2$, $SD = 5.3$) than those who did not ($M = 2.2$, $SD = 3.1$), $U = 6155.5$, $p < .001$.

In terms of clinical history, there was a statistically significant association between participants' primary issue and recidivism status, $\chi^2(1) = 20.2$, $p < .001$. Among those who reoffended, a larger proportion had co-occurring mental health and substance use disorders ($n = 73$, 20.7%) compared to those who did not reoffend ($n = 89$, 25.2%). In contrast, participants who had either a mental health issue or a substance use issue alone were more likely to be in the non-reoffending group ($n = 148$, 41.9%) than in the reoffending group ($n = 43$, 12.2%). These findings suggest that recidivism during CSC participation is more likely among individuals with more complex needs—specifically those with a dual diagnosis—and a more extensive history of criminal charges.

Table 9: Characteristics of Participants Reoffending and Not Reoffending While in the Program

Variables	Reoffended while in the program <i>n (%)</i>	Did not reoffend while in the program <i>n (%)</i>
Duration in CSC (days)		
<i>M(SD)</i>	471.4 (349.4)	286.1 (180.9)
Duration of treatment program (days)		
<i>M(SD)</i>	186.0 (136.9)	139.7 (96.5)
Number of court appearances		
<i>M(SD)</i>	24.3 (14.9)	12.1 (6.5)
History		

<i>Mental health OR substance abuse</i>	43 (12.2)	148 (41.9)
<i>Comorbid (mental health and substance abuse)</i>	73 (20.7)	89 (25.2)
Number of charges pre-admission		
<i>M(SD)</i>	5.2 (5.3)	2.2 (3.1)

Repeat offences in the first year after program exit.

Table 10 presents the characteristics of participants who reoffended during the first year after exiting the CSC program compared to those who did not. Statistical analysis revealed no significant differences in total time spent in CSC ($U = 4049$, $p = .193$) or length of the treatment program ($U = 4128.5$, $p = .979$) between those who reoffended post-program and those who did not. However, the number of court appearances remained a significant differentiator, with participants who reoffended attending more court sessions ($M = 22.0$, $SD = 13.2$) than those who did not reoffend ($M = 15.0$, $SD = 9.9$), $U = 2736$, $p < .001$.

Additionally, participants who reoffended in the year following program exit had significantly more pre-admission charges ($M = 4.9$, $SD = 3.4$) than those who did not reoffend ($M = 3.4$, $SD = 5.1$), $U = 3354$, $p < .001$. However, no significant relationship was found between a participant's main issue (mental health, substance use, or both) and recidivism in the year post-program ($\chi^2(1) = 0.170$, $p = .680$), unlike the pattern observed during CSC participation.

Importantly, there was a strong, statistically significant association between recidivism during the program and recidivism in the first year post-exit ($\chi^2(1) = 41.401$, $p < .001$), indicating that participants who reoffended while in CSC were also more likely to reoffend after program completion. Furthermore, program completion status was significantly associated with post-program recidivism ($\chi^2(1) = 37.458$, $p < .001$). Only 7.8% of those who reoffended post-exit

were program completers, while a much higher proportion (63.8%) of non-reoffenders successfully completed the program. Conversely, 13.2% of those who reoffended were non-completers, compared to just 15.2% of those who did not reoffend.

Table 10: Characteristics of Participants Reoffending and Not Reoffending During the First Year Post-Intervention

Variables	Reoffended	Did not reoffend
	during 1st year post-intervention <i>n (%)</i>	during 1st year post-intervention <i>n (%)</i>
Duration in CSC (days)		
<i>M(SD)</i>	408.4 (296.1)	347.1 (235.2)
Duration of treatment program (days)		
<i>M(SD)</i>	154.6 (101.2)	165.9 (123.4)
Number of court appearances		
<i>M(SD)</i>	22.0 (13.2)	15.0 (9.9)
History		
<i>Mental health OR substance abuse</i>	23 (9.5)	78 (32.2)
<i>Comorbid (mental health and substance abuse)</i>	29 (12.0)	112 (46.3)
Number of charges pre-admission		
<i>M(SD)</i>	4.9 (3.4)	3.4 (5.1)
Recidivism during the program		
Yes	38 (17.0)	47 (21.1)
No	11 (5.0)	127 (57.0)
Program status		
Completers	19 (7.8)	155 (63.8)
Non-completers	32 (13.2)	37 (15.2)

Repeat offences in the second year after program exit.

The analysis of second-year post-program recidivism reveals several significant patterns. Participants who reoffended in the second year had spent more time in the CSC program overall ($M = 440.0$ days, $SD = 245.1$) compared to those who did not reoffend ($M = 352.6$ days, $SD = 259.4$), a difference that was statistically significant ($U = 3856.5$, $p = .012$). However, there was no significant difference in the actual length of the treatment plan between groups ($U = 3160.5$, $p = .234$), suggesting that program engagement—rather than planned duration—may be more relevant to long-term outcomes. The number of court appearances was again a key distinguishing factor, with those who reoffended attending significantly more appearances ($M = 23.6$, $SD = 11.7$) than non-reoffenders ($M = 14.3$, $SD = 9.7$), $U = 4513.5$, $p < .001$.

Pre-program criminal history also played a significant role. Individuals who reoffended in the second year had a notably higher number of charges prior to CSC admission ($M = 5.5$, $SD = 3.3$) than those who did not ($M = 3.2$, $SD = 5.2$), $U = 5026$, $p < .001$. Additionally, a significant association was observed between a participant's primary issue (mental health, substance use, or both) and recidivism ($\chi^2 = 7.596$, $p = .006$). Participants with comorbid mental health and substance use disorders were more likely to reoffend, while those with a single issue (either mental health or substance use) were more often found in the non-reoffending group.

Importantly, recidivism in the second year was strongly linked to previous reoffending. Participants who reoffended during the CSC program were significantly more likely to reoffend in both the first year ($\chi^2 = 29.401$, $p < .001$) and second year ($\chi^2 = 81.768$, $p < .001$) following program exit. Similarly, first-year reoffending was a strong predictor of second-year reoffending, reinforcing a pattern of persistent justice involvement for some participants. Program completion

remained a critical factor: 63.8% of those who did not reoffend in the second year were program completers, compared to only 7.8% of reoffenders ($\chi^2 = 37.458$, $p < .001$).

Table 11: Characteristics of Participants Reoffending and Not Reoffending During the Second Year Post-Intervention

Variables	Reoffended during 2 nd year post- intervention <i>n (%)</i>	Did not reoffend during 2 nd year post- intervention <i>n(%)</i>
Duration in CSC (days)		
<i>M(SD)</i>	440.0 (245.1)	352.6 (259.4)
Duration of treatment program (days)		
<i>M(SD)</i>	180.5 (122.7)	165.1 (127.4)
Number of court appearances		
<i>M(SD)</i>	23.6 (11.7)	14.3 (9.7)
History		
<i>Mental health OR substance abuse</i>	16 (7.8)	106 (51.5)
<i>Comorbid (mental health and substance abuse)</i>	24 (11.7)	60 (29.1)
Number of charges pre-admission		
<i>M(SD)</i>	5.5 (3.3)	3.2 (5.2)
Recidivism during the program		
Yes	28 (14.8)	38 (20.1)
No	11 (5.8)	112 (59.3)
Recidivism 1 year post-exit		
Yes	11 (5.3)	155 (74.9)
No	28 (13.5)	13 (6.3)
Program status		
Completers	19 (7.8)	155 (63.8)

Non-completers	32 (13.2)	37 (15.2)
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Repeat offences in the third year after program exit.

In the third year following program completion, a clear pattern of sustained recidivism emerged among participants with more complex backgrounds and prior justice involvement. Although participants who reoffended had spent more time in CSC on average ($M = 420.1$ days, $SD = 260.5$) than those who did not reoffend ($M = 359.6$ days, $SD = 267.5$), the difference approached but did not reach statistical significance ($U = 2906$, $p = .052$). Similarly, there was no significant difference in the length of the treatment plan between groups ($U = 2322.5$, $p = .731$). However, participants who reoffended attended significantly more court appearances ($M = 20.4$, $SD = 11.6$) than non-reoffenders ($M = 14.7$, $SD = 10.6$), $U = 3034.5$, $p < .001$.

A significant difference was observed in participants' pre-admission criminal histories, with reoffenders having a notably higher number of charges ($M = 6.2$, $SD = 7.7$) than those who did not reoffend ($M = 3.0$, $SD = 4.2$), $U = 3521$, $p < .001$. However, no significant association was found between participants' primary issues (mental health, substance use, or both) and recidivism at three years post-exit ($\chi^2 = 0.782$, $p = .376$), marking a contrast to patterns observed in earlier post-program years.

Longitudinally, recidivism during CSC was significantly associated with recidivism in the third year ($\chi^2 = 11.699$, $p < .001$), as was program completion status, with significantly fewer completers reoffending compared to non-completers ($\chi^2 = 28.351$, $p < .001$). Additionally, recidivism in earlier follow-up periods was predictive of later outcomes. Participants who reoffended in the first year post-exit were significantly more likely to reoffend in the third year ($\chi^2 = 22.879$, $p < .001$), and the same pattern was observed between second- and third-year recidivism ($\chi^2 = 5.526$, $p = .019$).

Table 12: Characteristics of Participants Reoffending and Not Reoffending During the Third Year Post-Intervention

Variables	Reoffended during 3 rd year post- intervention <i>n (%)</i>	Did not reoffend during 3 rd year post- intervention <i>n(%)</i>
Duration in CSC (days)		
<i>M(SD)</i>	420.1 (260.5)	359.6 (267.5)
Duration of treatment program (days)		
<i>M(SD)</i>	178.8 (133.7)	170.8 (126.3)
Number of court appearances		
<i>M(SD)</i>	20.4 (11.6)	14.7 (10.6)
History		
<i>Mental health OR substance abuse</i>	22 (13.8)	69 (43.1)
<i>Comorbid (mental health and substance abuse)</i>	21 (13.1)	48 (30.0)
Number of charges pre-admission		
<i>M(SD)</i>	6.2 (7.7)	3.0 (4.2)
Recidivism during the program		
Yes	24 (16.4)	31 (21.2)
No	16 (11.0)	75 (51.4)
Recidivism 1 year post-exit		
Yes	20 (12.3)	11 (6.8)
No	23 (14.2)	108 (66.7)
Recidivism 2 years post-exit		
Yes	17 (10.6)	10 (6.2)
No	25 (15.5)	109 (67.7)
Program status		
Completers	27 (16.7)	96 (59.3)

Non-completers	16 (9.9)	23 (14.2)
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Program and participant characteristic comparison with previous study

A comparison of program and participant outcomes between the current evaluation (2017–2024) and the earlier study by Nguyen (2017), which covered the period from 2011 to 2017, reveals meaningful improvements in several key areas of CSC performance. The current study involved a larger sample size (384 participants) compared to the previous cohort (189 participants), suggesting greater program reach and possibly increased referrals or improved access.

The average number of pre-admission charges remained relatively stable across the two periods (3.34 vs. 3.19), indicating comparable levels of participant justice involvement at entry. An independent samples t-test was conducted using summary statistics to compare the average number of pre-admission charges between participants from the 2011–2017 study ($M = 3.34$, $SD = 2.73$, $n = 189$) and those from the 2017–2024 study ($M = 3.19$, $SD = 4.10$, $n = 384$). Results showed no statistically significant difference between the two groups, $t(522) = 0.52$, $p = .602$. This suggests that, on average, participants in both study periods had a similar number of charges prior to entering the program.

However, participants in the current study spent significantly more time in CSC, with the average duration increasing from 203.3 to 325.2 days. An independent sample t-test was conducted to compare the average duration in CSC between participants from 2011–2017 and 2017–2024. The results indicated a statistically significant increase in program length over time, with participants in the 2017–2024 cohort spending more time in CSC ($M = 325.2$ days, $SD = 205.3$) than those in the 2011–2017 cohort ($M = 203.3$ days, $SD = 118.8$), $t(556.6) = -8.98$, $p <$

.001. This extended engagement may reflect programmatic changes such as longer treatment plans or greater retention efforts.

The number of court appearances per participant remained relatively consistent (15.32 vs. 15.9), suggesting similar levels of judicial oversight across both periods. However, the program completion rate increased substantially, from 56% in the earlier study to 77% in the current period. This improvement coincides with a significant reduction in recidivism: during-program reoffending decreased from 54% to 33%, while 1-year post-program recidivism dropped by over half, from 41% to 19%. 2-year post-program recidivism also decreased modestly, from 33% to 27%.

Table 13: Comparison of Key Program and Participant Outcomes Between the 2011–2017 (Nguyen, 2018) and 2017–2024 Peterborough CSC Evaluations

Outcome/Variable	2011-2017 Study	2017-2024 Study
Total participants ¹	189	384
Number of charges pre-admission (mean)	3.34	3.19
Average duration of CSC	203.3	325.2
Court appearances (mean)	15.32	15.9
Completion rate	56%	77%
Recidivism during program	54%	33%
1-year post-program recidivism	41%	19%
2-year post-program recidivism	33%	27%

1. Total participants refers to the amount of participants that were included in each study

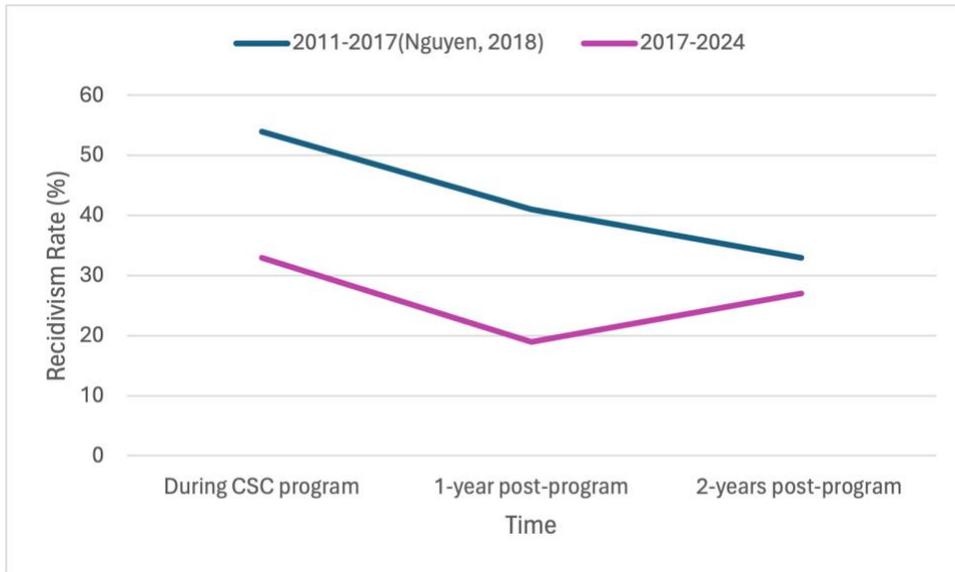


Figure 1: Comparison of Recidivism Rates During CSC, One-Year Post-Program, and Two-Years Post-Program Between 2011–2017¹ and 2017–2024 Participants

1. Source: Nguyen, 2018

**Completion Rate
2011-2017**

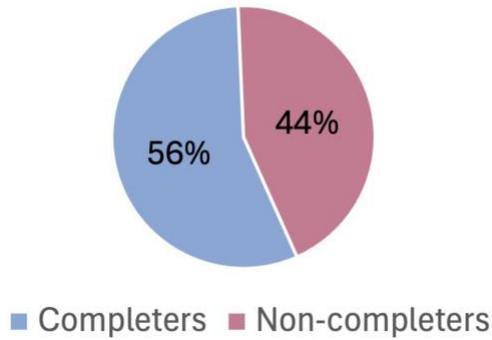


Figure 2: Completion Rate for Participants in Peterborough CSC Programs Between 2011-2017 (Nguyen, 2018)

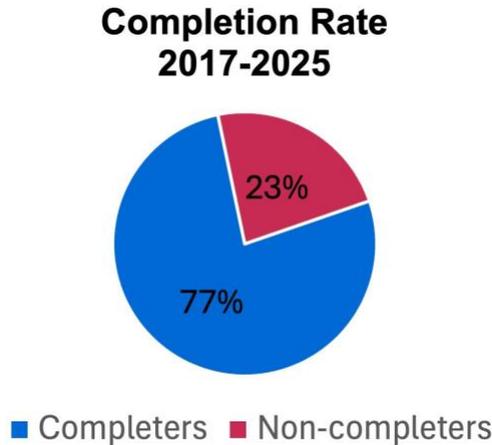


Figure 3: Completion Rate for Participants in Peterborough CSC Programs Between 2017-2024

Survey Findings

A preliminary survey was sent out to 17 members of the Peterborough and City of Kawartha Lakes CSC's multidisciplinary team. The survey consisted of 10 questions (Appendix A), with the last question asking if participant's would like to participate in a follow-up interview. Three of the questions were likert scales, one was multiple choice and four were open ended questions. It should be noted that not all respondents answered every question in the survey, and thus the actual number of responses to each question should be considered when looking at the percentages.

Q1. Purpose of Study and Consent

The first question was not included in the analysis as it outlined the purpose of the study and provided additional information about the study and asked for the participants consent. If a participant indicated that they did not consent to the collection of data for the purpose of this research, the survey was stopped. All 17 participants provided their consent to participate.

Q2. Therapeutic Court Affiliation of Participants

The second question asked participants which therapeutic court they were affiliated with; Peterborough CSC, Kawartha Lakes CSC, both or other. 16 participants responded, with 9 participants being associated with the Peterborough CSC, 4 with Kawartha Lakes CSC, and 3 associated with both. No participants indicated being associated with any other therapeutic court.

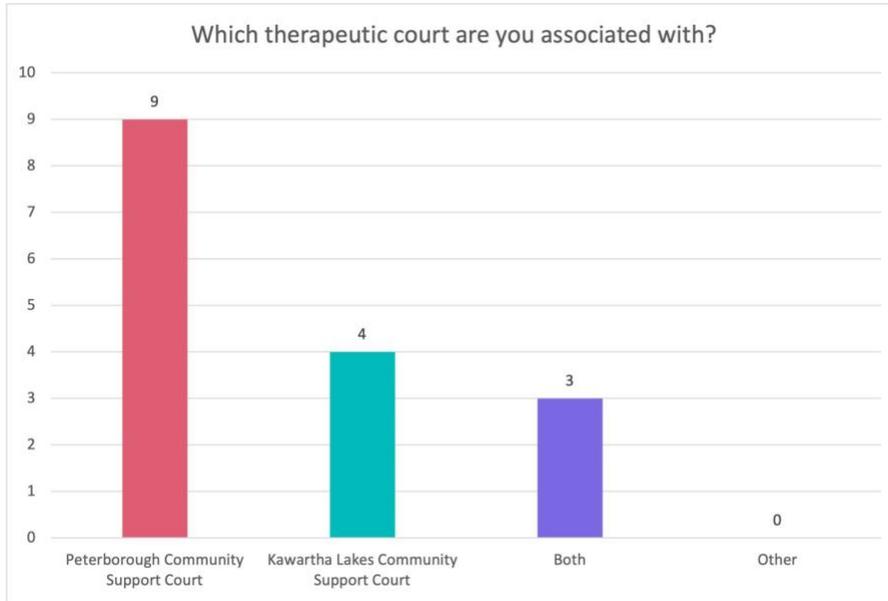


Figure 4: Therapeutic Court Affiliation of Respondents (N = 16), Indicating Association With the Peterborough CSC, Kawartha Lakes CSC, Both, or Other

Q.3 Rating accuracy of recidivism data compared to success

Out of 10, how accurate do you think recidivism data will reflect the true success of participants in Community Support programs?

This Likert-style question aimed to capture perceptions of the effectiveness of recidivism as a sole measure of program outcomes. The scale ranged from 1 - not accurate at all to 10 - very accurate. Out of 15 responses, the average was 5.20, with a minimum of 1.00 and a maximum of 8.00 and standard deviation of 2.

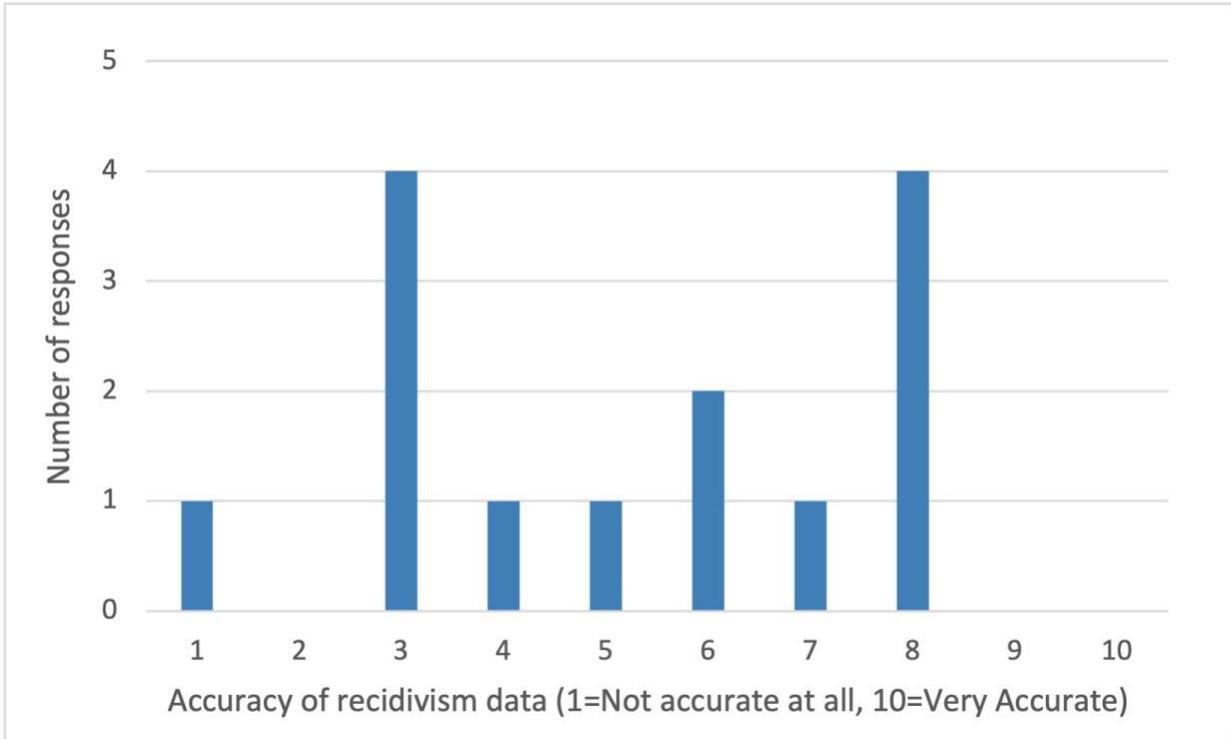


Figure 5: Distribution of Respondents’ (N = 15) Ratings From 1 (Not Accurate at All) to 10 (Very Accurate) on How Well Recidivism Data Reflects the True Success of Participants in CSC Programs

Table 14: Summary of Responses for Rating on Accuracy of Recidivism Data from Survey

Statistic	Value
Number of responses	15
Average (Mean) Rating	5.20
Median Rating	5.00
Standard Deviation	2.23

Q.4 Measuring success beyond recidivism

How do you define success for participants in CSC beyond recidivism rates?

Survey responses reveal that success in CSC is widely viewed as a multidimensional and individualized concept that extends well beyond traditional recidivism metrics. While avoiding new charges remains important, participants and professionals overwhelmingly emphasized personal growth, increased stability, and enhanced quality of life as more meaningful indicators

of progress. Common themes included the development of a support network, engagement in programming, and access to mental health and addiction services. Many respondents highlighted success as the participant's ability to maintain housing, reduce substance use, improve mental and physical health, and foster a sense of connection to their community. Others noted improvements in self-worth, emotional regulation, and the ability to advocate for oneself as signs of positive change.

There was also a strong sentiment that success must be measured against the systemic barriers participants face—such as poverty, trauma, and under-resourced support systems—rather than through a one-size-fits-all outcome like charge reduction. Some respondents emphasized the importance of client engagement, even in small ways, such as consistently attending court or participating in a treatment plan. Others described progress in emotional behavior, such as a participant learning to manage anger or being able to sit through court without incident. Many noted that continued connection to services after CSC completion—rather than simply graduation—was a more appropriate benchmark of success. Overall, the responses advocate for a holistic and person-centered approach to defining success in CSC, rooted in progress, support, and stability rather than solely on the absence of criminal behavior.

Table 15: Thematic Categories of Success in CSC

Theme	Description/Example
Quality of life	Overall well-being improvements such as better physical and mental health, reduced hospital visits.
Engagement in services	Active participation in CSC programs, treatment plans, attending court, and staying connected with workers.
Community connection	Feeling a sense of belonging, forming social supports, and building trust with community agencies.
Housing Stability	Securing and maintaining safe housing;

	reducing or eliminating experiences of homelessness.
Substance use reduction	Decreased use of substances or safer use practices, and maintaining sobriety when applicable.
Self-worth and emotional growth	Increased self-esteem, better emotional regulation, learning coping strategies, and improved behavior.
Access to resources	Timely and culturally appropriate access to services like mental health care, diagnoses, and legal support.
Individual progress and change	Participants applying new life skills, making better choices, and demonstrating motivation to change.
System navigation and advocacy	Gaining the ability to advocate for oneself, understand legal processes, and feel heard and supported.
Holistic and individualized support	Recognition that success varies by person and should reflect progress toward personal goals, not just legal outcomes.

Q.5 Rating the impact of CSC on the Community

Out of 10, how would you measure the impact of CSCs on the community as a whole? 1=no impact, 10=very high impact

Out of 14 responses, the average was 7.50, with a minimum of 4 and a maximum of 10.

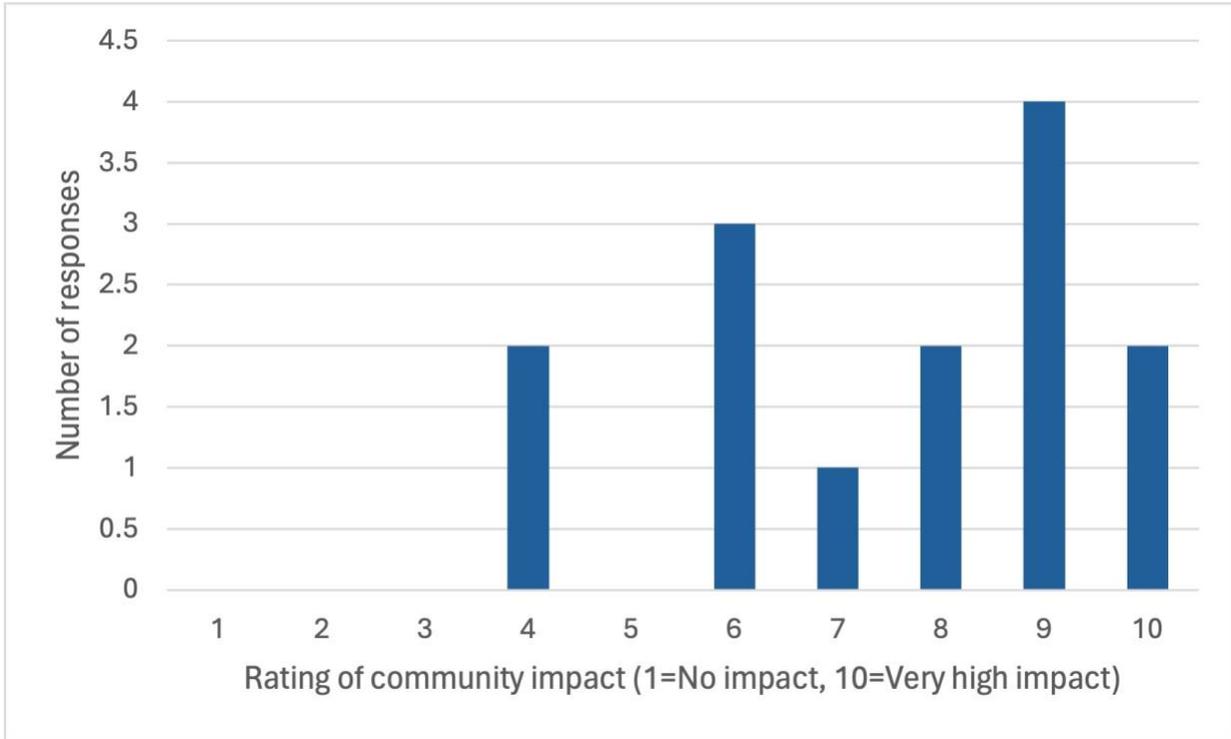


Figure 6: Respondents’ (N = 14) Ratings of the Impact of CSCs on the Community as a Whole, on a Scale From 1 (No Impact) to 10 (Very High Impact)

Table 16: Summary of Responses for Rating on the Impact of CSC on the Community

Statistic	Value
Number of responses	14
Average (Mean) Rating	7.50
Median Rating	8.00
Standard Deviation	1.95

Q.6 Factors in measuring the impact of CSC

What factors would you consider when measuring the impact of CSCs on individuals and on the community as a whole?

Survey responses highlighted a strong consensus that the impact of CSC should be measured using a holistic and multi-level approach, focusing on both individual transformation and broader community outcomes. On the individual level, respondents emphasized the importance of client stabilization, connection to services, and ongoing access to supports such as

housing, mental health care, addiction treatment, and parenting programs. Many noted that success should be reflected in improvements to self-worth, mental health, substance use reduction, and the restoration of important relationships, including with children and family members. Engagement with therapeutic interventions, court attendance, and reduced negative police interactions were also identified as meaningful markers of individual progress.

From a community perspective, respondents pointed to metrics such as crime reduction, employment rates, and citizens' sense of safety as key indicators of CSC's broader impact. They also highlighted the potential of CSC to destigmatize mental health and addiction, reduce homelessness and emergency room visits, and promote reintegration and contributions from participants back into the community. Several emphasized that CSC offers a unique opportunity for individuals to address the root causes of their behavior, creating a ripple effect that benefits not only the participant, but their families, neighborhoods, and service systems. Overall, respondents advocated for a person-centered, systemic view of impact, grounded in both quantitative outcomes (like reoffending rates and service access) and qualitative change (such as feelings of support, agency, and connection).

Q.7 Positive outcomes for participants

What other positive outcomes have you observed in participants that indicate a successful program?

One key theme from the responses is client empowerment and personal growth. Members of the multidisciplinary team note that participants often leave CSC feeling better about themselves and having achieved their treatment plan goals. This self-improvement is not just about reducing criminal behavior but also about improving participants' overall emotional and

psychological well-being. For example, participants who successfully complete their treatment plans report feeling hopeful about their future, particularly when they avoid criminal charges that would otherwise affect their long-term prospects, such as securing employment or housing. This sense of hope and accomplishment is critical in reinforcing the positive trajectory participants experience through the program.

Another prominent outcome highlighted by the team is collaborative care. The coordination between various community agencies, including housing programs and mental health services, ensures that participants are not only supported during their time in the CSC program but continue to receive the necessary resources even after their involvement with the court ends. This interdisciplinary collaboration allows clients to receive tailored support, which contributes to their long-term success. For instance, successful collaboration has been noted in cases where clients, due to a coordinated treatment plan, are able to maintain stable housing and avoid eviction—a key indicator of success in terms of social and community reintegration.

The reduction in recidivism is another critical area where multidisciplinary team members see success. Participants are attending court with support, such as for managing anxiety, and they are less likely to reoffend. This is attributed to the trauma-informed approach of CSC, which focuses on understanding and addressing the underlying causes of criminal behavior rather than simply penalizing the individual. One participant shared that they had stolen a small amount of goods for a personal reason (a gift for their daughter), and through CSC, they were given the opportunity to address the root causes of their actions rather than facing punitive measures. Such reductions in recidivism are viewed not only as a success for the individual but also as a success for the community, as it leads to fewer criminal incidents and enhances public safety.

In addition to reducing criminal behavior, the multidisciplinary team highlights the improvement in clients' emotional and social stability. Many participants who enter CSC with high levels of distress, aggression, or emotional instability demonstrate remarkable progress in self-regulation. Over time, they are able to remain calm and composed during court proceedings, even in the face of potentially difficult situations. This improvement is seen as a positive outcome, as it reflects greater emotional resilience and the ability to navigate complex life challenges.

Finally, community reintegration and the building of social support networks are key indicators of success. Participants who engage with the CSC program often connect with a range of community resources, from mental health services to housing programs, and develop relationships with supportive individuals in their lives. These connections not only provide immediate assistance but also create a lasting network that participants can rely on as they continue their recovery journey. Multidisciplinary team members also note that the CSC program allows individuals to take accountability for their actions without the fear of punitive measures, which encourages positive interactions with the community and fosters a sense of responsibility.

Q.8 Observed changes in participant's lives

To what extent have you noticed changes in participant's lives as they progress through the programs? (No change, Slight change, moderate change, significant change, major change)

The average response was 3.77, indicating that most respondents observed moderate to significant changes in participants. The range of responses varied from a minimum of 2 (slight change) to a maximum of 5 (major change), suggesting that while most participants showed noticeable improvements, the extent of change varied. Figure 7 illustrates the distribution of

responses, with the majority of respondents noting significant or major changes in participants' lives, reflecting the potential of the program to foster meaningful transformation.

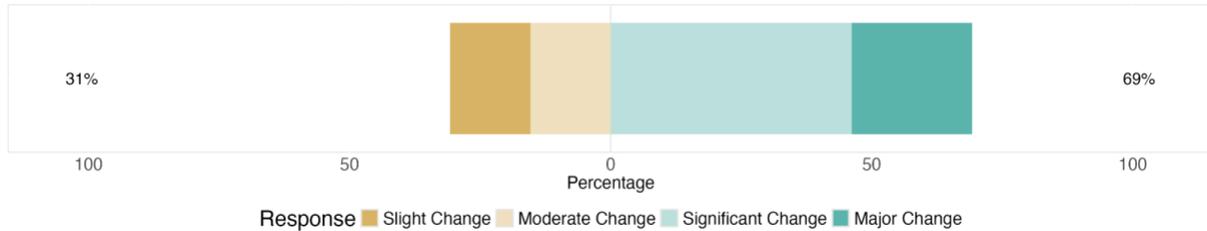


Figure 7: Percentage of Respondents (N = 13) Reporting Observed Changes in Participants' Lives Throughout CSC Program Progression (No Change, Slight Change, Moderate Change, Significant Change, or Major Change)

Q.9 Metrics for evaluating success beyond recidivism

What metrics or tools would you use to evaluate success in CSC beyond recidivism?

The responses to the question on evaluating success in CSC beyond recidivism reveal a clear preference for holistic, person-centered metrics that reflect the complex realities of participants' lives. Participants—primarily professionals involved in CSC operations—emphasize that success cannot be fully captured by reoffending rates alone, and suggest a variety of qualitative and quantitative tools to assess progress.

Several standardized assessment tools, such as the SPDAT (Service Prioritization Decision Assistance Tool)⁴ and OCAN (Ontario Common Assessment of Need)⁵, were highlighted as valuable in measuring clients' needs and tracking improvements in areas like housing, mental health, and social integration. In addition, engagement metrics such as attendance, active participation in programming, and connection to community resources are

⁴ The Service Prioritization Decision Assistance Tool (SPDAT) is an evidence-based tool used to assess the needs of individuals experiencing or at risk of homelessness. It helps prioritize housing and support by evaluating factors like health, substance use, and daily functioning.

⁵ The Ontario Common Assessment of Need (OCAN) is a standardized tool used in Ontario's mental health system to assess client needs, support care planning, and track outcomes across key life domains.

seen as indicators of success. These factors reflect how invested participants are in their rehabilitation and how well they are integrating into supportive networks.

Respondents also suggested using health-related and social outcomes, such as a decrease in emergency room visits, overdoses, and hospitalizations, as indicators of stabilization. Metrics like obtaining and maintaining employment, reuniting with family, or maintaining stable housing were seen as meaningful signs of progress that contribute to long-term success.

Furthermore, the use of pre- and post-program surveys was recommended to assess shifts in participants' perceived support levels, mental wellness, system navigation skills, and general understanding of the court process. These tools would allow for capturing subjective improvements that often go unnoticed in traditional justice metrics.

Importantly, respondents acknowledged the nuanced nature of relapse and recidivism. Some emphasized that success may still include individuals who reoffend, as long as the nature of offenses becomes less severe or the time between incidents increases. This recognition reflects a more compassionate and realistic approach that aligns with trauma-informed and recovery-oriented models.

In summary, the feedback calls for a broad, multifaceted evaluation framework that includes standardized assessments, service engagement, social and health outcomes, and qualitative feedback. Such an approach better reflects the individualized and long-term goals of CSCs, focusing on rehabilitation, stability, and well-being over simplistic binary measures of criminal activity.

Table 17: Thematic Categories and Suggested Metrics for Evaluating Success in CSC Beyond Recidivism

Thematic Category	Description	Examples/Tools Mentioned
Standardized Assessment Tools	Use of validated tools to assess client needs and progress	SPDAT, OCAN

Engagement & Participation	Level of involvement in programs and services beyond required court plans	Attendance, program participation, sustained engagement
Health & Wellness Outcomes	Improvements in mental and physical health	Decrease in ER visits, overdoses, hospitalizations
Social Reintegration & Stability	Indicators of stable, productive life circumstances	Gaining employment, maintaining housing, family reunification
Behavioral Progress	Changes in criminal behavior patterns	Reduction in severity/frequency of new charges, longer periods without offenses
Self-Reported Outcomes	Participant perceptions of support, well-being, and system navigation	Pre/post surveys on stress, community support, legal understanding
Qualitative & Holistic Evaluation	Broad, narrative-based or context-sensitive evaluation methods	Interviews, discharge summaries, self-assessment
Justice System Outcomes	Changes in legal status or court outcomes due to CSC involvement	Reduction in sentencing, withdrawal of charges

Interview Findings

Rethinking recidivism as a sole indicator of success

Across all interviews, there was strong consensus that recidivism alone is an insufficient and often misleading measure of success for participants in CSC. While widely used in justice metrics, interviewees emphasized that recidivism does not capture the complexity of participants' lived experiences, particularly for those with developmental disabilities, dual diagnoses, or histories of trauma. Recidivism is complex, and shouldn't be treated as a binary success/failure metric.

Several respondents noted that although some participants may reoffend, the nature, severity, and frequency of these offences often diminish over time, reflecting partial success or behavioral progress. In this sense, reoffending must be interpreted within the context of systemic

barriers, such as lack of stable housing, mental health deterioration, or gaps in service access, rather than as an outright failure.

Importantly, participants highlighted that legal outcomes often lag behind emotional and behavioral progress. Success may manifest through improved self-regulation, reduced impulsivity, and increased engagement with treatment—none of which are captured by recidivism data alone.

“Recidivism numbers are almost the least important... they don’t reflect everything going on for that person.”

Defining Success as a Non-Linear, Person-Centered Journey

Interviewees described success in CSC as dynamic, individualized, and highly contextual. For many participants, success involves not only avoiding reoffending but also engaging in a process of personal transformation influenced by mental health status, substance use, trauma, and social environment.

Multidisciplinary team members consistently pointed to emotional regulation, distress tolerance, and the development of coping strategies as early signs of meaningful change. Success was also linked to daily functioning, such as maintaining appointments, navigating public systems, and adhering to medication or treatment plans. Social reintegration, though more challenging to achieve, was identified as a key long-term goal.

A recurring theme in interviews was the power of connection. Strong relationships with service providers, peers, and caseworkers served as protective and stabilizing factors. Participants who formed consistent connections and engaged in therapeutic relationships were viewed as more likely to achieve lasting success, even in the presence of occasional setbacks.

“Success isn’t about the number of charges—it’s about the relationships participants build and the support they stay connected to.”

Key Drivers of Positive Participant Outcomes

Several structural and programmatic factors were identified as critical enablers of participant success:

- **Housing Stability:** Secure housing was cited as foundational to long-term behavioral change and reduced reoffending.
- **Community Agency Engagement:** Connections to community agencies such as CMHA, Elizabeth Fry Society, and Forecast supported continuity of care and post-program follow-up. . This connection helps clients access necessary services, and the relationships with these agencies facilitate aftercare, especially when individuals are already familiar with them.
- **Harm Reduction Strategies:** A flexible approach to harm reduction was credited with supporting safer behaviors and incremental change, particularly among individuals with substance use disorders. This includes a broad approach that involves not only providing safe supplies for drug use and reducing substance use but also helping individuals avoid harmful situations and develop coping strategies.
- **Integrated Mental Health and Addiction Care:** Many participants experience co-occurring disorders, such as ADHD, PTSD, and substance dependence. Interviewees emphasized the need for integrated treatment to address root causes of justice involvement.

- **Trauma-Informed Practice:** The members of the multidisciplinary team also highlighted the importance of trauma-informed approaches to criminal justice. The CSC recognizes trauma, mental health and substance use issues and other social complex issues as key factors influencing behaviour. The emphasis in CSC is supporting the whole person, not just addressing the offences themselves. Recognizing and responding to Adverse Childhood Experiences (ACEs) was also seen as essential to understanding participant behavior and designing effective interventions. ACEs research is highlighted as being pivotal to understanding the long-term effects of childhood trauma on individuals involved in the justice system. The idea is that these traumatic experiences often correlate with higher recidivism rates, and addressing the underlying issues may help break the cycle of re-offending.

Interviewees observed that as participants progressed through CSC, they often showed increased emotional stability, healthier social interactions, and better decision-making. Even in cases where legal outcomes remained challenging, these internal changes were seen as indicators of success.

Measuring Success Beyond Recidivism

Interviewees strongly advocated for more comprehensive evaluation frameworks that reflect the complexity of participants' journeys. While quantitative metrics such as housing stability and employment are important, respondents emphasized the value of qualitative indicators including:

- Emotional and behavioral regulation
- Communication and interpersonal skills

- Participant self-assessments and narrative accounts
- Exit interviews and surveys
- Engagement with community-based services

There was strong support for adopting hybrid models that integrate qualitative and quantitative data. Many advocated for longer follow-up periods (e.g., 3–5 years) to capture delayed or gradual successes that are not reflected in short-term reporting. Members of the multidisciplinary team also identified the importance of considering both perspectives of the clients and the courts when evaluating program success. Feedback from clients, especially those who may have had difficult experiences, can offer valuable insights into the program's effectiveness. Similarly, understanding the court's viewpoint can help assess the program's overall impact on the judicial process. The lack of standardized tools across jurisdictions was also identified as a key barrier to consistent measurement and program evaluation.

The Value of the Dedicated CSC Model

The dedicated nature of the CSCs was viewed as essential to its effectiveness. Participants and staff alike described CSC as a more trauma-informed, person-centered, and supportive alternative to traditional courtrooms. Interviewees identified several core strengths of the model:

- **Personalized Legal Engagement:** Judges and legal staff who demonstrated warmth, encouragement, and familiarity with participants played a key role in building motivation and reducing anxiety. Supportive, personalized interactions with judges and legal staff increase client motivation, reduce anxiety, and contribute to program success.

- **Collaborative Interdisciplinary Teams:** The presence of social workers, mental health professionals, addiction counselors, and legal practitioners enabled holistic, wraparound care. Effective collaboration is seen as crucial in supporting people with complex needs, as addressing only one aspect (e.g., brain injury) without considering other factors like mental health or addiction does not lead to successful outcomes. Collaboration between various community service agencies is seen as a strength, ensuring that clients receive comprehensive and individualized treatment plans. This approach allows courts to address the complexity of cases that often involve mental health, addiction, and other social issues simultaneously
- **Therapeutic Environment:** The non-adversarial tone of CSC encouraged client participation and trust, fostering stronger engagement with services and treatment.

“Clients show up more consistently and feel less intimidated when the court feels human.”

Barriers and Systemic Gaps

Despite the strengths of the CSC model, interviewees identified several persistent challenges:

- **Lack of Public Awareness:** Many individuals remain unaware of CSC as an option, both within the justice system and the broader community.
- **Resource Disparities:** Inadequate access to psychiatric care, housing, and community services—especially in rural regions—was cited as a major limitation.
- **Restrictive Admission Criteria:** Current eligibility requirements may exclude individuals with neurodevelopmental conditions or cognitive impairments who could benefit from CSC.

- **Short-Term Program Structures:** Without structured aftercare or long-term supports, progress made in CSC may be difficult to sustain.
- **Lack of Specialized Professionals:** Interviewees advocated for the inclusion of psychiatrists, neuropsychologists, and trauma specialists on CSC teams to better address complex client needs.

Calls for standardized funding models, formal research roles, and increased transparency were also common, alongside concern that over-standardization could limit flexibility and responsiveness at the local level.

Opportunities for Growth and Innovation

Interviewees offered a range of suggestions to strengthen and expand the CSC model:

- **Standardized Assessment Tools:** Developing consistent metrics would improve evaluation, inter-court comparison, and resource allocation.
- **Dedicated Research and Data Collection Roles:** Establishing formal roles focused on program monitoring would enable better-informed policy and service improvements.
- **Online Resource Databases:** A centralized platform to track and coordinate service referrals could improve client access and reduce administrative burden.
- **Peer Support Integration:** Involving CSC program graduates as mentors and peer navigators was identified as a promising strategy for enhancing accountability and connection.
- **Participant-Defined Success:** Empowering participants to define their own success goals through feedback and surveys could enhance engagement and provide richer data for program evaluation.

Interviewees also noted the broader social value of CSCs, which extend beyond individual outcomes to reduce stigma, alleviate pressure on traditional courts, and promote inclusive community reintegration.

Discussion

The current study is an evaluation and assessment of the Peterborough and Kawartha Lakes CSC, focusing on their impact on recidivism and the identification of factors influencing successful completion of court-supervised rehabilitation programs. This evaluation sought to gain deeper insight into how the CSC programs affect both individual participants and the broader community, moving beyond traditional metrics to offer a more inclusive definition of success. By exploring outcomes such as recidivism reduction, program retention, and participant complexity, the study aimed to highlight the multifaceted nature of community-based justice interventions and provide meaningful data to inform policy, practice, and future program development. Additionally, comparisons with earlier Peterborough CSC program data (Nguyen, 2018) offered an opportunity to assess the evolution of CSC's effectiveness over time.

Program Completion as a Key Indicator of Success

Program completion emerged as a critical predictor of positive outcomes across both sites. Participants who completed the program had significantly lower rates of reoffending, both during and after program participation. In Kawartha Lakes, only 4.2% of completers reoffended during the program, compared to 7.0% of non-completers. Similarly, in Peterborough, 20% of completers reoffended during the program compared to 79% of non-completers. Post-program

recidivism also remained substantially lower for completers, reinforcing the protective role of successful program completion.

These findings align with prior research emphasizing the role of program completion in reducing recidivism. For example, Patra et al. (2021) assert that retention and successful graduation from therapeutic programs are crucial for long-term justice outcomes. Similarly, research on DTCs and MHCs has shown that completers are at lower risk of relapse and demonstrate improved mental health outcomes (March et al., 2006). Although such clinical outcomes were not directly measured in this evaluation, the notable reduction in reoffending among program completers may reflect broader improvements in social, behavioral, and psychological functioning.

The data also identified key factors associated with non-completion. Individuals with co-occurring mental health and substance use disorders, and those with higher numbers of pre-admission charges, were less likely to complete the program. While the relationship between comorbidity and non-completion approached but did not reach statistical significance, the trend indicates a need for more intensive and tailored supports for participants with complex needs.

Retention and Engagement: Complex Relationships

The relationship between time spent in CSC programs and outcomes is more nuanced than commonly assumed. In Kawartha Lakes, longer time in the program was linked with higher completion rates—completers spent an average of 167.6 days compared to 111.8 days for non-completers. However, in Peterborough, the opposite pattern emerged: non-completers spent more time in the program (496 days) than completers (307 days). This paradox highlights the

distinction between passive retention—remaining in the program due to delays or lack of engagement—and meaningful engagement, which involves active participation in rehabilitation.

These findings underscore the importance of differentiating between time spent in a program as a result of systemic delays versus time reflecting purposeful, goal-directed progress. Simply remaining in the program does not guarantee successful outcomes, particularly if participant engagement is low or disrupted.

Encouragingly, retention rates have improved significantly over time. From 2017 to 2024, Peterborough's retention rate rose from 56% (Nguyen, 2018) to 77%, while Kawartha Lakes reported a high retention rate of 81.7% between 2022 and 2024. These increases suggest that improvements in program structure, engagement strategies, and interagency coordination are yielding more consistent participant success.

Research supports the association between retention and improved outcomes. For instance, the Drug Treatment Court Funding Program reported that “for every additional day spent in the program, the odds of the participant completing it increased by almost 1%” (Government of Canada, 2022). These findings affirm the broader relevance of extended, meaningful engagement across therapeutic court settings.

Nonetheless, the inconsistency in Peterborough—where non-completers remained in the program longer—indicates potential systemic or procedural issues. Non-completers had fewer court appearances on average than completers, suggesting their engagement may have been more passive or disrupted. This emphasizes the need for early intervention and individualized case management to ensure participants remain on a structured path toward completion.

In sum, while retention is an important marker of success, it must be interpreted within the context of individual engagement and program dynamics. Time in program alone is

insufficient as a stand-alone indicator and should be paired with qualitative measures of progress and support.

Participant Characteristics and Risk Factors for Recidivism

Another key goal of this evaluation was to identify factors associated with recidivism during and after program participation. Across all follow-up periods, participants with more extensive criminal histories (i.e., a greater number of pre-admission charges) and more court appearances were significantly more likely to reoffend. Individuals who reoffended during the CSC program, or in the first year post-exit, were also significantly more likely to continue reoffending in the second and third years, suggesting a pattern of persistent involvement in the justice system for some participants.

The role of comorbid substance use and mental health disorders also emerged as a consistent risk factor. Participants with dual diagnoses were more likely to reoffend both during the program and in the second year following their exit, compared to those with only one issue (i.e., either a mental health or substance use disorder). This reinforces findings from previous research indicating that individuals with more complex clinical profiles often face greater challenges in achieving long-term stability post-intervention (Nguyen, 2018).

Interestingly, the number of days spent in CSC, as well as in treatment specifically, was longer among those who reoffended. While this might seem counterintuitive, it is likely a reflection of increased need or complexity—participants who struggle to stabilize may remain under court supervision longer, but without the necessary wraparound supports, extended involvement alone may not be sufficient to reduce risk.

The longitudinal analysis revealed that early recidivism during the program strongly predicted long-term reoffending. Participants who reoffended early during their program participation were significantly more likely to reoffend in the first, second, and third years following program exit. This finding is consistent with previous studies such as Patra et al. (2021), which suggest that early indicators of non-compliance or destabilization can predict long-term recidivism. This highlights the importance of early interventions aimed at stabilizing participants who may be at risk of early failure, including intensive wraparound support, structured exit planning, and targeted interventions for those who exhibit signs of non-compliance or relapse.

Moreover, while criminal history and court engagement remained significant predictors of long-term recidivism, the relationship between clinical profile and recidivism diminished over time. This suggests that while clinical factors may play a crucial role in initial outcomes, behavioral and structural patterns—such as engagement with the justice system and social reintegration—become more influential as time progresses. This finding mirrors research by Bonta and Andrews (2017), who argue that long-term recidivism is influenced by a combination of static risk factors (e.g., criminal history) and dynamic factors (e.g., treatment progress, social integration).

Expanding the Definition of Success

While program completion and reduced recidivism are essential indicators, this study emphasizes the importance of a broader, more inclusive definition of success. Survey and interview data suggest that improvements in mental health, emotional regulation, housing stability, and social reintegration are equally critical markers of progress. These findings align

with the growing consensus in the field of therapeutic justice, which advocates for measuring success using a range of indicators, including housing stability, employment, mental health, and social reintegration (Reid et al., 2021). Survey data from this study suggest that recidivism alone may not fully capture the progress participants make in areas such as self-regulation, coping strategies, and overall life stability.

The qualitative data collected in this study further suggest that success in CSC is best understood as a non-linear, individualized journey, with multiple dimensions of personal and social well-being. Survey participants rated recidivism as only moderately reflective of true participant progress (5.2/10), indicating significant skepticism among practitioners about the utility of recidivism alone as a measure of success. Interviews further reinforced this sentiment, with stakeholders noting that improvements in areas such as emotional growth, coping strategies, and the ability to manage mental health or substance use challenges are not always captured in recidivism data. These findings suggest that evaluating success solely through the lens of legal outcomes may overlook important dimensions of participant growth that are integral to long-term recovery.

Survey respondents identified key themes such as increased quality of life, housing stability, emotional growth, and social reintegration as meaningful markers of success. Interviewees also highlighted the significance of relationships—such as those with caseworkers, service providers, and peers—as critical protective factors and indicators of long-term success.

This focus on personal growth and self-worth aligns with the therapeutic goals of CSCs, reinforcing the idea that legal outcomes should not be the sole measure of success. Many participants advocated for tracking functional improvements—such as attending appointments,

managing medications, or building coping strategies—as more relevant markers of progress than traditional legal metrics.

Towards a Holistic Evaluation Framework

Participants in this study recommended adopting a more comprehensive evaluation framework that integrates both quantitative and qualitative tools. Standardized assessments like the SPDAT and OCAN were identified as promising methods for tracking participant progress across domains such as housing, health, and service engagement. Paired with longer follow-up periods (e.g., 3–5 years), such tools can capture delayed or gradual improvements often missed in short-term evaluations.

In addition, respondents emphasized the value of client-defined success, suggesting that empowering participants to articulate and track their own goals could enhance both engagement and program responsiveness. The evaluation framework developed by the Nova Scotia Wellness Court provides a relevant model, combining outcome metrics with self-assessments, narrative accounts, and exit interviews to reflect participant journeys more holistically (Nova Scotia Courts, 2019),

Program Evolution and Future Directions

A comparison with the earlier evaluation by Nguyen (2018) reveals encouraging trends in the evolution of the CSCs. Since 2017, both Peterborough and Kawartha Lakes CSCs have seen increases in program retention rates (from 56% to 77%), longer program durations, and notable reductions in recidivism. For instance, the post-exit recidivism rate in Peterborough decreased from 41% to 19%, and in-program recidivism dropped from 54% to 33%. These findings suggest

that recent refinements in program structure, service integration, and judicial oversight have contributed to improved outcomes.

However, despite these improvements, the stability of the pre-admission charge rate across both evaluations indicates that the CSCs continue to serve a population with high justice system involvement. This suggests that the improvements in recidivism are more likely due to programmatic changes than a shift in the risk profile of participants. These findings support the broader argument, echoed by Patra et al. (2021), that therapeutic courts must continually adapt to address the evolving needs of a diverse and often high-risk population.

These findings underscore the value of continuous program monitoring and long-term outcome evaluation. By using longitudinal secondary data, this study was able to assess outcomes that would be missed in shorter-term evaluations. The results highlight both successes and areas for growth, offering practical insights for future policy and programmatic decision-making. In particular, strengthening supports for participants with co-occurring disorders, increasing access to housing and community-based services, and improving retention strategies may further reduce recidivism and enhance public safety.

Addressing these gaps will require:

- **Resource Expansion:** Particularly in rural areas, improved access to housing, psychiatric care, and culturally responsive services is essential.
- **Specialized Team Capacity:** Including psychiatrists, neuropsychologists, and trauma specialists on CSC teams could enhance service delivery for complex cases.
- **Program Sustainability:** Consistent funding, infrastructure for data collection, and long-term aftercare are critical for maintaining progress.

- **Balanced Evaluation:** While standardized tools are important, flexibility must be preserved to allow for individualized and adaptive programming.

Conclusion

The findings from this evaluation provide strong evidence for the efficacy of Community Support Courts (CSCs) in promoting individual rehabilitation and contributing to broader community well-being. By focusing on holistic, person-centered measures of success, CSCs offer a promising alternative to traditional punitive justice pathways. These courts recognize the complex and often interconnected challenges faced by participants, such as substance use, mental health issues, and socio-economic barriers. In providing individuals with much-needed assistance, resources, and personalized support, CSCs help them address the underlying factors contributing to their involvement in the criminal justice system. This approach not only benefits the participants but also has a ripple effect on the community by reducing recidivism, enhancing public safety, and fostering a more rehabilitative and supportive justice system.

Moving forward, there is a need for continued innovation, investment, and tailored interventions that address the diverse needs of participants. Enhancing collaboration between various agencies and community-based organizations will be critical in ensuring that participants receive the comprehensive support they require. Furthermore, by embracing a multidimensional approach to evaluation and improving the capacity of the CSC model, these courts can continue to support positive outcomes for justice-involved individuals. This approach will not only promote rehabilitation but also foster safer, more inclusive communities where individuals are given the opportunity to break free from cycles of crime and incarceration. Ultimately, the

success of CSCs lies in their ability to blend therapeutic justice with practical support, offering a more compassionate and effective response to criminal behavior.

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Appendix A

Survey

Q1. Purpose of Study and Consent

Q2. Which therapeutic court were you associated with?

- Peterborough Community Support Court
- Kawartha Lakes Community Support Court
- Both
- Other

Q.3 Out of 10, how accurate do you think recidivism data will reflect the true success of participants in Community Support Programs?

Q.4 How do you define success for participants in community support courts beyond recidivism rates?

Q.5 Out of 10, how would you measure the impact of community support courts on the community as a whole? - 1=no impact, 10=very high impact

Q.6 What factors would you consider when measuring the impact of community support courts on individuals and on the community as a whole?

Q.7 What other positive outcomes have you observed in participants that indicate a successful program?

Q.8 To what extent have you noticed changes in participant's lives as they progress through the programs?

Q.9 What metrics or tools would you use to evaluate success in community support courts beyond recidivism?

Follow-Up Interview Questions:

1. Recidivism Data & Success (Related to Survey Question 3)

- You rated the accuracy of recidivism data in reflecting the true success of participants in community support programs as [X out of 10]. Could you explain what factors influenced your rating?
- In your opinion, what are the limitations of using recidivism rates alone as a measure of success for CSC programs?

2. Defining Success Beyond Recidivism (Related to Survey Question 4)

- Can you share some specific examples of success you've witnessed in participants that may not be captured by traditional measures?
- How would you prioritize different indicators of success when evaluating a program's effectiveness for Community Support Courts?

3. Impact on the Community (Related to Survey Question 5)

- You rated the impact of community support courts on the community as [X out of 10]. What are the key elements you believe are essential in determining how these courts affect the broader community?
- How do you think the community perceives the effectiveness of these programs?

4. *Measuring Impact on Individuals & Community (Related to Survey Question 6)*

- You mentioned [X factors] as important when measuring the impact of community support courts. Could you explain why these factors are significant?
- In your experience, how do individual outcomes (such as stability, employment, or family relationships) contribute to the overall impact on the community?

5. *Positive Outcomes Observed in Participants (Related to Survey Question 7)*

- You listed [X positive outcomes] as signs of a successful program. Could you provide specific examples or anecdotes that demonstrate these outcomes in action?
- How do these positive outcomes align with your definition of success for participants?

6. *Changes in Participants' Lives (Related to Survey Question 8)*

- You noted that participants experience [X level of change] through the program. Can you share any specific stories that illustrate this change?
- What types of changes, whether behavioral, social, or emotional, do you think are the most meaningful in measuring program success?

7. *Metrics for Evaluating Success (Related to Survey Question 9)*

- You suggested [X metrics/tools] as important for evaluating the success of community support courts. How would you implement these metrics in a way that would provide a comprehensive understanding of program effectiveness?
- What do you think are the biggest challenges in measuring success beyond recidivism, and how can these challenges be addressed?

8. *Wrap-up and additional comments*

- Thank you for your willingness to participate in a follow-up interview! Is there any aspect of the program or your perspective on its success that you would like to explore further or elaborate on?
- Are there any additional insights or recommendations you would like to share for improving the evaluation of community support courts?