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**STATE OF MAINE
JUDICIAL BRANCH**



**REPORT TO THE JOINT STANDING COMMITTEE
ON JUDICIARY
128TH LEGISLATURE**

**2016 Annual Report on Maine's Adult Drug Treatment
Courts**

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Anne H. Jordan Esq.
Manager of Criminal Process and Specialty Dockets
171 State House Station
Augusta, Maine 04333
207-213-2857

I. Executive Summary

Pursuant to the provisions of 4 M.R.S. §423, this annual report on Maine's Adult Drug Treatment Courts (ADTC) is submitted to the Joint Standing Committee on Judiciary. This is the fifteenth consecutive report provided to the Committee. It describes the structure, processes, and outcomes associated with the operation of these dockets by the Judicial Branch and its Executive Branch, county, and private partners. Additionally it provides statistics as to participation, recidivism rates and challenges facing these Courts.

Maine's Adult Drug Treatment Courts (ADTC) operated in six counties, York, Cumberland, Androscoggin, Washington, Penobscot and Hancock, during calendar year 2016. In the beginning of 2016, Hancock County accepted clients from Penobscot County. In September, the Penobscot County Adult Drug Treatment Court opened and clients from Penobscot County who were attending in Hancock were transferred back to Penobscot. Additionally, a joint Co-Occurring Disorders and Veterans Treatment Court operated in Kennebec County. Each of the Adult Drug Treatment Courts has a maximum capacity of thirty individuals at a time.

All provide rigorous accountability for defendants and probationers who have either pled guilty or been found guilty of serious criminal offenses that were drug or alcohol related. When operating with fidelity to the best evidenced-based practices, drug treatment courts have proven to be an effective state response for high risk and high need criminal defendants with drug and alcohol abuse or dependence¹.

Participation in these sentencing dockets is voluntary and provides defendants and probationers with a demanding community-based alternative to lengthy terms of incarceration. Unlike some drug courts in other states where the drug courts operate a deferral-from-prosecution model for low-level offenders, Maine's drug courts target high-risk individuals and require a defendant to enter a plea of guilty to the serious criminal charge pending against him or her. If the defendant successfully completes the program, the sentence imposed is substantially less than the sentence typically imposed for similar charges.

Prior to admission to the court, an extensive evaluation of each applicant is conducted by Maine Pretrial Services (MPTS) in order to ensure that each applicant meets the eligibility criteria. The evaluation includes the following steps:

- Referral to the program by an attorney, probation officer, or community member
- Defendant application and interview

¹ Aos et al. (2006). *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia: Washington State Institute for Public Policy; Lattimer (2006). *A meta-analytic examination of drug treatment courts: Do they reduce recidivism?* Canada Dept. of Justice; Lowenkamp et al. (2005). Are drug courts effective: A meta-analytic review. *Journal of Community Corrections, Fall*, 5-28; Shaffer (2006). *Reconsidering drug court effectiveness: A meta-analytic review*. Las Vegas, NV: Dept. of Criminal Justice, University of Nevada; Wilson, et al. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, 2, 459-487.

- Independent verification of information gathered in interview
- Risk assessment (LSR-I)²
- Substance abuse, mental health, and trauma screening
- Review of demographic information (jail and/or DHHS file)
- Defendant screening
- Document review of defendant's court paperwork
- Records request and review for substance abuse, mental health services and treatment
- Coordination with defense counsel, prosecutor, and probation officer (if on probation)
- Creation, review, and execution of informed releases of information
- Report to the Drug Court team

Once admitted to the drug treatment court, participants are required to meet with the presiding judicial officer weekly or every other week to report on and account for their progress as well as maintain regular contact with their case managers and, if on probation, with their probation officers. They must actively seek out and/or maintain paid employment, attend an educational program, or engage in community service; pay all fines, restitution, child support, and taxes; maintain stable and sober housing; undergo very frequent and random testing for drug and alcohol use; and participate satisfactorily in intensive treatment and self-help groups. Failure to abide by these conditions can result in the imposition of sanctions by the court. Multiple, serious repeat violations, or serious new criminal conduct can result in incarceration or termination from the program.

Specialized treatment provided through state contracts with local behavioral healthcare agencies supports recovery from substance abuse, the development of more pro-social behaviors, and addresses mental health and trauma issues. Furthermore, Maine Pre-Trial Services case management services provide direct and frequent supervision of participants, random drug testing at least twice per week³ and assistance to participants in developing individualized plans of action to achieve and maintain sobriety, refrain from criminal behavior, secure sober and stable housing, employment and other goals.

During calendar year 2016, there was a total of 247 active participants. This is an increase of 24 additional participants over 2015. 52 persons successfully graduated from the program while 62 were terminated from the program for noncompliance with

² The Level of Service Inventory – Revised (LSI-R) is used to assess the level of risk of recidivism of an offender and has been used by MDOC since 2004. The LSI-R score is comprised of 10 categories or domains: Criminal History, Education/ Employment, Finances, Family/Marital, Accommodations, Leisure/Recreation, Companions, Alcohol/Drug, Emotional/Personal, and Attitude/Orientation. The total LSI-R score can range from 0 to 54, with lower numbers indicating less likelihood of recidivating than higher numbers. The predictive validity of the LSI-R had been demonstrated within several different correctional settings (Andrews, 1982; Andrews & Robinson, 1984; Bonta & Andrews, 1993; Bonta & Motiuk, 1985; Gendreau, Goggin, & Smith, 2002), and has predictive validity for various subgroups of the offender population such as female offenders, and African-American offenders (Coulson, Ilacqua, Nutbrown, Giulekas, & Cudjoe, 1996; Lowenkamp, Holsinger, & Latessa, 2001; Lowenkamp & Latessa, 2002). Many LSI-R domains address dynamic risk factors (can be changed) and are important for case planning and case management, as probation officers and treatment providers work with a probationer to effect positive behavior changes. Others, such as Criminal History, are static and cannot be changed. Quoted from, Rubin, *Maine Adult Recidivism Report* (2013) at pages 1 and 6.

³ In Washington County, the Sheriff's Department voluntarily assists with drug testing of participants who live in remote areas.

requirements and were ordered to serve a previously agreed upon sentence of incarceration.

As of December 31, 2016, the Courts had 151 active participants with another 50 pending applications and 20 additional referrals made. Three of the seven dockets (Androscoggin, Cumberland, Hancock) are operating at or near full capacity. Androscoggin's court has an additional list of 17 persons in the referral or pending admission stage while Hancock has 6 and Cumberland has 2.

The Co-Occurring Disorders and Veterans Court is over capacity at 33 participants. It has an additional 13 individuals in the pending or referral steps. The new court in Penobscot County currently has 18 participants with an additional 19 persons in the referral or pending application stage. York County has an additional 12 persons in the referral or pending admission stage, which, if all were ultimately admitted, would put both of these courts at full capacity. Washington County's current census of nine participants has held steady⁴.

Adult drug treatment courts generate measurable cost avoidance to the criminal justice system through reduced recidivism and incarceration. ADTC services also result in reduced health care costs through participant recovery from addiction. Conservatively estimated, for every \$1.00 spent on the adult drug treatment courts in Maine, approximately \$1.87 in savings to the state's criminal justice system has been generated.⁵ National research has indicated that if all costs are compiled, including those to potential victims, the average cost savings per drug court participant are \$12,218.⁶

A vital measure of a drug treatment court's operations is the recidivism of its participants compared to traditionally adjudicated defendants. Maine's dockets have continued to show significant reductions in re-arrest compared to traditionally adjudicated offenders. In the most recent independent evaluation conducted by Hornby Zeller Associates (2016), it was determined that the recidivism rate, (defined in that study as a new criminal conviction 18 months post admission) for drug court graduates, was 16%. This compared to a recidivism rate of 32% for individuals who applied but were not admitted and 49% for those admitted, but later expelled from the program.⁷ In comparison, according to a 2013 Maine Department of Corrections study, their most recent recidivism rate (defined in that study as a new arrest within 12 months) for persons on probation whose LSRI-R score was in the moderate to high-risk category (similar to those persons served by the Drug Courts) was between 39.6% and 47.1%.⁸

⁴ Due to distances and lack of funds or public transportation, it is reported that some persons eligible for participation in the program have declined to apply for admission. Others have been advised by defense counsel not to apply.

⁵ Hornby Zeller Associates. (2013) *An Evaluation of Maine's Adult Drug Treatment Courts*.

⁶ National Institute of Justice. <http://www.nij.gov/topics/courts/drug-courts/Pages/work.aspx>. Retrieved Jan. 29, 2017.

⁷ Hornby Zeller Associates (2016) *Maine's Drug Treatment Courts, Final Evaluation Report 2011—2015*.

⁸ Rubin, *2013 Maine Adult Recidivism Report*, at page 6.

II. Overview

A. What are Adult Drug Treatment Courts?

Adult Drug Treatment Courts are a type of specialty docket or problem solving court and are defined as follows:

A specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among high risk participants with substance use disorders and which will increase the offender's likelihood of successful habilitation through early, continuous, and intense judicially supervised interaction, mandatory treatment, mandatory periodic drug testing, community supervision and use of appropriate sanctions and other community based habilitation and reintegration and recovery support services.⁹

ADTCs seek an increase in personal, familial, and societal accountability on the part of participants, the development of pro-social attitudes and behaviors, and the promotion of healthy and safe family relationships. These courts are intended to reduce unnecessary incarceration by promoting more effective collaboration and efficient use of resources among the courts and criminal justice and community agencies.

Maine's initial six Adult Drug Treatment Courts were created by statute in August 2000 and began accepting participants in April 2001.¹⁰ These courts were located in Androscoggin, Cumberland, Oxford, Penobscot, Washington, and York Counties. The docket in Oxford County was discontinued due to low census in May 2004. The original Penobscot County docket graduated its final participant in 2012. A new ADTC for Penobscot County was opened in the fall of 2016 following extensive planning, organization and development by a dedicated group of community mental and physical health specialists, local Legislators, the City of Bangor Department of Public Health, Penobscot County law enforcement, defense counsel, court personnel and employees of the Department of Corrections, Maine Pre-Trial Services and the Penobscot County District Attorneys Office¹¹.

B. Program Structure

The structure of the seven active Adult Drug Treatment Courts in 2016 is summarized below:

⁹ Bureau of Justice Assistance. *Competitive Grant Announcement: Adult Drug Treatment Court Implementation Grants*. Washington, D.C.: U.S. Department of Justice, January 2017

¹⁰ An additional ADTC in Hancock County joined the state system following the provision of funding by the 123rd Legislature on July 1, 2008, after being established as a county deferred sentencing project in 2005.

¹¹ On January 16, 2016, the Supreme Judicial Court issued Administrative Order # JB-16-1, Establishment and Operation of Specialty Dockets which specifies the requirements for the establishment, content requirements and operations of all specialty dockets in Maine. This includes ADTCs.

County	Presiding Judicial Officers	Treatment Provider Agencies¹²	Case Management Services
Androscoggin	Hon. MaryGay Kennedy	Catholic Charities Maine	Maine Pre-Trial Services
Cumberland	Hon. Jeffrey Moskowitz/Hon. Evert Fowle	Catholic Charities Maine	Maine Pre-Trial Services
Hancock	Hon. John Romei (Active Retired)	Open Door Recovery Center	Maine Pre-Trial Services
Kennebec (CODVTC)	Hon. Nancy Mills/Hon. Evert Fowle	Kennebec Behavioral Health and the US Veterans Administration	Maine Pre-Trial Services
Penobscot	Hon. Evert Fowle	Wellspring, Inc.	Maine Pre-Trial Services
Washington	Hon. David J. Mitchell	Atlantic Mental Health	Maine Pre-Trial Services
York	Hon. John O'Neil, Jr./Hon. Wayne Douglas	Counseling Services, Inc.	Maine Pre-Trial Services

Each of these courts serves residents who reside in that particular county.

The Honorable Nancy Mills was the presiding judicial officer for the Co-Occurring Disorders and Veterans Treatment Court (CODVC) in Augusta until early fall 2016. Justice Mills has now been assigned as the Judicial Officer to oversee all drug courts in Maine and to chair the newly revived Adult Drug Court Steering Committee. Her responsibilities for the Co-Occurring Disorder and Veterans Court have been transferred to Judge Evert Fowle¹³. Similar judicial reassignments in York and Cumberland County also occurred in 2016.

In 2016, the U.S. Veterans Administration and various local mental health providers were the treatment provider agencies for the CODVC. Persons from across the state may participate in the CODVC so long as they are able to travel to Augusta multiple times per week.

The position of Coordinator of Specialty Dockets and Grants to manage the ADTC dockets was vacant from late October 2015-May 2016. It took two separate rounds of candidate searches to find a qualified and experienced individual to take on the position. That individual remained in place until October 31, 2016, when he decided to return to prosecution. An active recruitment search is now underway with first round

¹² In late 2016, the Maine Department of Health and Human Services issued a new Request for Proposal (RFP) for all case management services and treatment services statewide. Bids are due February 15, 2017. The RFP calls for potential substantial changes in current case management and treatment service providers and practices as well as increases in the census of each court capacity from 30 to 50, 60 for the CODVC. This is discussed later in the Report.

¹³ Judge Fowle is the presiding officer in three courts. Prior to assuming the bench, he was the District Attorney for Kennebec and Somerset Counties and had extensive experience with the Co-Occurring Disorders Court in Kennebec.

interviews held on February 1, 2017 and second round interviews to be held the week of February 13, 2017. This position is under the supervision of the Manager of Criminal Process and Specialty Dockets. Court clerks and the Office of Judicial Marshals provide essential operational support. Judges are assigned to preside over these dockets by the Chief Justice of the Superior Court or Chief Judge of the District Court. These judicial assignments are in addition to each jurist's regular docket assignments.

In addition, the Chief Justice of the Superior Court and Chief Judge of the District Court provide guidance and establish parameters for the operations of these specialty dockets. The Supreme Judicial Court promulgated Maine Judicial Branch Administrative Order JB-16-1, which provides the standards for establishment and operation of these dockets.

C. Substance Abuse Treatment and Case Management Services

The Judicial Branch is responsible for allocating judge, clerk, and marshal time for the ADTCs, but all treatment, case-management, and additional resources are funded and managed through the Office of Substance Abuse and Mental Health Services (SAMHS), a division of the Department of Health and Human Services. SAMHS has continued to contract with licensed behavioral healthcare treatment provider agencies in each county having an ADTC. In previous years, the treatment agencies were required by DHHS to provide *Differential Substance Abuse Treatment* (DSAT), a professionally recognized cognitive-behavioral treatment program, to all participants. In 2106, DHHS waived that specific requirement.

Clinicians from the treatment provider agencies currently attend or report participant progress for use at pre-court meetings as well as the status hearings. All case management services are provided by Maine Pretrial Services with each docket having one full time case manager with supervision provided by two additional regional managers.

In December 2015 Maine SAMHS announced its plan to draft a new request for proposals (RFP) to provide both case management services and treatment services. It was published in the late fall of 2016. The RFP requires that any provider of case management services must be a licensed mental health provider as well. Additionally the RFP proposes a plan to switch the treatment program from DSAT to Moral Reconciliation Therapy (MRT), a nationally recognized and validated treatment model for substance abusers. MRT is listed on the US SAMHSA's National Registry of Evidenced-Based Programs and Practices¹⁴.

Most drug court participants engage in other forms of ancillary treatment due to disorders and symptoms beyond substance abuse alone. Research on the drug treatment courts in Maine and elsewhere has indicated that significant numbers of drug court

¹⁴ Correctional Counseling, Inc. (2015). Moral Reconciliation Therapy. Retrieved December 23, 2016, from <http://www.moral-reconciliation-therapy.com/index.html>

participants have co-occurring mental health disorders. They typically have poorer outcomes than their peers with only substance abuse disorders.¹⁵

Gender-specific trauma treatment is also increasingly offered in recognition of the fact that most women participants and many men are victims of childhood sexual abuse and family violence. Studies have shown that gender responsive treatment in drug courts have led to longer retention in treatment and programs, higher levels of post treatment abstinence and more successful outcomes.¹⁶ Voluntary attendance at 12-step recovery and self-help groups is strongly encouraged and has been shown to correlate positively with success after graduation from drug court.¹⁷

D. Funding and resources

Drug treatment courts remain labor and time intensive on the part of judicial officers and other drug treatment court practitioners. It is estimated that, on average, judicial officers allocate 15% to 20% of their time in the week during which their court meets. Prosecutors, defense counsel and probation officers devote similar, if not longer hours, each week. Team members are available after hours, nights and weekends to address emergency needs of clients.

The Judicial Branch does not directly receive any state or federal grants or dedicated funding for ADTC activities¹⁸, but the General Fund supports the full time statewide coordinator. In addition, in FY 2016, two more judges and court staff were funded with the support of the Governor and the Legislature. Both of the judicial positions were filled in 2016. A substantial portion of this additional judge-time will be allocated to the criminal docket and to drug courts.

Currently there are two judicial vacancies-one is the additional judicial position that was created to address additional family cases resulting from the Home Court Act and the other is due to the retirement of Chief Judge Laverdiere in December 2016. Both positions are expected to be filled this spring.

SAMHS funding comes from the State General Fund, the Fund for a Healthy Maine, and the federal Substance Abuse Treatment and Prevention Block Grant. Recognizing that Maine is facing an unprecedented opiate epidemic, the Legislature allocated additional monies for treatment and case management services for drug court participants in FY 2016. These allocations do not include MaineCare expenditures for treatment of ADTC participants.

In 2016, the US Congress passed the CARA Act (Comprehensive Addiction Recovery Act). This act provided for \$110 million in federal monies to provide for

¹⁵ Kessler, et.al., (2005), Lifetime prevalence and age-of-on-set-distributions of DSM-IV disorders in the national comorbidity survey replication. *Achieves of General Psychiatry*.

¹⁶ Messina, et.al., (2012), Gender Responsive Drug Court treatment, *Journal of Criminal Justice Behavior*

¹⁷ White, (2009) *Peer based addiction recovery support: History, theory, practice and scientific evaluation*. Chicago:Great Lakes Addiction Technology Transfer Center, Copublished by the Philadelphia Department of Behavioral Health and Mental Retardation Services.

¹⁸ Maine SAMHS receives and distributes federal funds for treatment and case management services.

additional treatment resources for those suffering from substance use disorder. Additional funding was not provided but instead Congress directed that funding be taken from other federal resources and programs. Washington has not yet announced a final decision on which programs will be cut to fund this new program.

E. Data and Evaluation

The adult drug treatment courts have continued to utilize *DTxC*, a web-based data management information system for all of Maine's drug treatment courts implemented eight years ago. This system is housed at SAMHS and shared with contracted service providers with adequate privacy safeguards. This data management system is indispensable for the purposes of client record keeping, administrative reports, and quality assurance. SAMHS has announced it intends to replace this system with a more up to date and comprehensive system in late 2016 or early 2017. As of the date of this report, *DTxC* has not been replaced.

In the past year, drug use trends in the State of Maine have continued to reflect the increased abuse of prescription narcotics and heroin. Individuals in the ADTC's have followed this trend. They have also abused cocaine, alcohol, marijuana, benzodiazepines, and synthetic cannabinoids, known as K-2 and Spice, and bath salts. Methamphetamine use is becoming more prevalent as small-scale production in Maine increased dramatically in 2016.

The Maine Drug Enforcement Agency (MDEA) reported there were 28 busts of methamphetamine labs in 2014. That number more than doubled in 2015 with a record setting 58 labs dismantled and the number doubled again to another new record of 125 in 2016. This compares with 16 in 2013.¹⁹ Heroin trafficking investigations by the Maine Drug Enforcement Administration skyrocketed from 50 in 2011 to 531 in 2016. Heroin arrests by MDEA climbed from 127 in 2013 to 281 in 2016.²⁰ Additionally, MDEA conducted an additional 155 other opioid investigations in 2016 leading to 104 arrests for other opioid offenses.

Over 6,700 drug and alcohol tests were administered to participants with only the very small proportion (less than 4%) yielding positive results indicative of illicit substance use. Pursuant to the strict drug testing protocol utilized by case managers, the vast majority of these tests were administered in a random and observed manner. Given the near daily self-reported use of substances prior to admission, this is notable and positive.

Illegal synthetic cannabinoids and bath salts continue to be widely used. It is now possible to test for the presence of the metabolites of these substances in urine and the drug treatment courts have been aggressively doing so. The testing of samples must take

¹⁹ Maine Drug Enforcement Agency Report-Roy McKinney, Director (January 2016), and Maine Drug Enforcement Agency Report-Roy McKinney -Director (January 31, 2017).

²⁰ Maine Drug Enforcement Agency Report-Roy McKinney, Director (January 2016) and (January 31, 2017).

place at a qualified laboratory and is expensive. However, the persons responsible for the creation of bath salts are adept at slightly modifying the molecular composition of these substances in order to evade legal prohibitions while continuing to produce a mind-altering effect. These efforts also result in substances whose long-term impact on health is unknown. Additionally, drug-testing laboratories tend to lag behind the manufacturers in the development of tests to identify the modified bath salts making detection a challenge.

Due to the somewhat limited availability of prescription narcotics and the purity and low cost of heroin, opiate abusers and addicts are increasingly turning to heroin in combination with other synthetic narcotics, such as Fentanyl. One result has been a year-to-year increase in overdose deaths. There were 176 overdose deaths in Maine in 2013 due in large degree to the use of heroin and prescription opioids. This increased to 208 in 2014, 272 in 2015²¹ and 378 in 2016²².

The 2016 figures amount to more than one Mainer a day dying of a drug overdose²³. According to Attorney General Janet Mills, this significant increase is due in large part to illicitly manufactured (non-pharmaceutical) fentanyl and fentanyl analogs, although the number of deaths due to other drugs is also increasing.

Given the near daily use of substances by participants prior to admission to the adult drug court, the emphasis on and accountability for abstinence when in drug court have resulted in the birth of at least 66 drug-free babies since the inception of the ADTCs. The percentage of Maine babies born affected by drugs – whose mothers used illicit drugs, abused alcohol, or were using medication-assisted treatment while pregnant – was 8 percent last year, or about 1 in every 12 births. The number of drug-affected babies born in Maine has increased at a rapid pace, from 178 in 2006 to 1013 in 2015²⁴. Sadly this number increased to 1024 in 2016.²⁵ According to the Maine Department of Health and Human Services, the number drug affected baby notifications have increased 480% between 2006 and 2016.

The cost of initial medical care after birth of drug-affected babies at Eastern Maine Medical Center was estimated in 2013 to be an average of \$32,016 per child.²⁶ The national average post-delivery cost for a non-drug affected healthy newborn ranges from \$1,500 to \$4,000.²⁷ The 1013 affected newborns could incur a cost to their families, insurers, or MaineCare of approximately \$33,008,496. If these 1013 children were instead drug free at birth, the costs avoided would total \$28,884,496. There may be additional cost savings due to avoided drug-related developmental delays, special therapies and educational needs.

²¹ Report of Attorney General Janet Mills, November 14, 2016.

²² Report on Maine Drug Overdose Deaths, Attorney General Mills, February 2, 2017.

²³ Report of Attorney General Mills November 14, 2016 and Report of Maine Drug Overdose Deaths, February 2, 2017.

²⁴ <http://www.pressherald.com/2016/08/13/state-has-second-highest-rate-of-babies-born-addicted-to-opioids/>

²⁵ Report of Attorney General Mills, February 2, 2017.

²⁶ Bangor Daily News, July 16, 2013.

²⁷ <http://children.costhelper.com/baby-delivery.html>

F. Collaboration

The drug treatment court teams working at each site demonstrate effective cross-disciplinary and interagency collaboration. Teams consist of representatives of the primary community stakeholders working with criminal justice and substance abuse. This includes judges, prosecutors, defense attorneys, treatment providers, case managers, and probation officers. The continued emphasis on collaboration will provide significant improvements and innovation in drug court practices.

G. Training and Education

The Hornby Zellers Evaluation Report (2016) found that due to turnover in staff and drug court team members, more intensive training is needed for all team members with an emphasis on evaluation of applicants, adherence to the National Best Practice Standards and other evidence based standards. Typically, this type of in-depth training is one week long and involves the full team traveling to national sites to attend training. Currently, there are no funds available in the Judicial Branch budget to provide this type of intensive week long all-team member training and to provide for “back filling” coverage for judges and other staff members’ other dockets and responsibilities.

In October 2016, Maine Pre-Trial Services Executive Director Elizabeth Simoni, and other medical treatment experts presented specialized training at the State Judicial College. The focus was on medication-assisted treatment (MATs). Through Justice Mills’ leadership, Maine Drug Court judges are examining their views and practices concerning the use of MATs in Maine’s problem solving courts²⁸. Maine Pre-Trial Services, with the help of MAT experts, has drafted a detailed proposed revised protocol for the ADTCs that will be reviewed by the Statewide Steering Committee.

The National Association of Drug Court Professionals, and its New England counterpart, provides a two-day training each fall to provide drug court professionals the most up to date research and training. In 2016, Justice Nancy Mills was able to attend the training along with a few non-judicial branch members of the Drug Court teams from around the state. As a result, Justice Mills was able to meet, and then make arrangements for, experts from the South Carolina Drug courts to come to Maine, free of charge to the Judicial Branch, to provide a two-day training to all members of the Adult Drug Court Teams statewide. This training will take place March 27-28, 2017. A separate intensive training for the co-occurring Disorders and Veterans Court will occur later.

In the past, federal grant funds have required and supported the attendance of a very small number of drug court case managers and supervisors at the annual training conference of the National Association of Drug Court Professionals. However, in recent years, Maine has not been eligible to apply for Federal Drug Court grants administered through the Bureau of Justice Assistance, as the federal program prohibited the awarding of these funds to Drug Courts that accept individuals who have been charged with serious

²⁸ Current ADTC policies and procedures permit the use of MATs on a case-by-case basis. This policy was approved in 2013. However, with the availability of additional alternative MATs, it is time to update the protocol.

violent crimes. Since all of Maine's ADTCs permit such high risk, high need individuals to enroll, Maine has not been eligible to apply.

III. Future of the Adult Drug Treatment Courts

As previously noted, the Maine Department of Health and Human Services, Office Of Substance Abuse, has recently published an RFP for criminogenic treatment and case management services. This proposal is intended to provide such services to the ADTCs, the CODVTC and the Family Treatment Drug Courts (FTDC)²⁹. Proposals are due February 15, 2017. The impact on the ADTCs will not be known until after the successful bidder is announced and programs put in place.

IV. Summary

During their fifteenth-year of continuous operation, Maine's Adult Drug Treatment Courts have continued to offer a successful evidence-based approach to the challenge of substance abuse and crime in the State of Maine. Improvements continue to be made in these dockets in order to support recovery from drug and alcohol abuse, reduce criminal conduct, and enhance public safety.

Respectfully submitted,



Anne H. Jordan Esq.
Manager of Criminal Process and Specialty Dockets
Administrative Office of the Courts

²⁹ Request for Proposals- RFP# 201609177, State of Maine Department of Health and Human Services, at page 14.