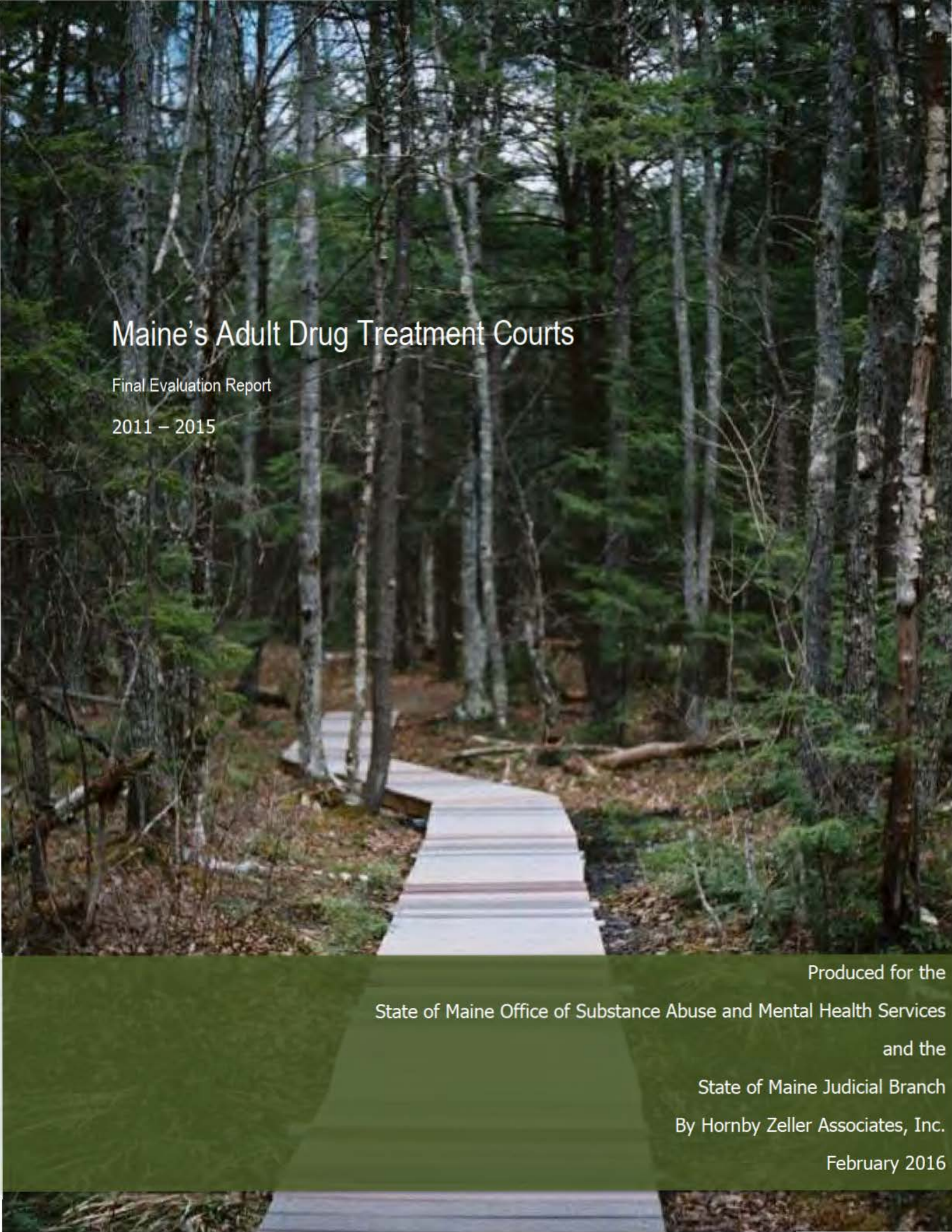


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Maine's Adult Drug Treatment Courts

Final Evaluation Report

2011 – 2015

Produced for the
State of Maine Office of Substance Abuse and Mental Health Services
and the

State of Maine Judicial Branch
By Hornby Zeller Associates, Inc.

February 2016

Acknowledgements

Hornby Zeller Associates, Inc. would like to acknowledge the following organizations and their staff members, without whom this report would not be possible.

Maine Judicial Branch: Administrative Office of the Courts
Maine Office of Substance Abuse and Mental Health Services
Maine Department of Corrections
Office of the Attorney General
Maine Pretrial Services

We would also like to thank all the members of each Drug Court team for their willingness to provide information, participate in interviews and grant access to their meetings.

York Adult Drug Treatment Court
Cumberland Adult Drug Treatment Court
Androscoggin Adult Drug Treatment Court
Penobscot Adult Drug Treatment Court
Hancock Adult Drug Treatment Court
Washington Adult Drug Treatment Court
Co-Occurring Disorders and Veterans Drug Treatment Court

Finally, we thank all the Drug Court participants who have taken the time to speak with us and provide their perspectives about the program.

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Executive Summary

According to national figures, 50 percent of all federal inmates and 16 percent of state prison inmates in 2014 were serving time for drug offenses (The Sentencing Project, 2015). In 2015, Maine residents were asked what they believe most contributed to crime, with a majority (79%) stating that it was drug abuse (Dumont & Shaler, 2015). Drug abuse in Maine was rated a bigger contributor to crime than exposure to domestic violence (65%), lack of parental discipline (61%), alcohol abuse (59%), poverty (59%) and the breakdown of family life (59%). In 2014, about one in three Maine DEA drug offense arrests involved heroin and the majority of drug-related local law enforcement arrests involved marijuana. The number of drug offense arrests related to heroin quadrupled from 2010 to 2014 (Hornby Zeller Associates, 2015).

In 2012 and 2013, eight percent of all eighteen to twenty-five year olds in Maine were classified as needing, but not receiving, substance abuse treatment. Between 2012 and 2014, adults receiving substance abuse treatment had primary treatment admissions for alcohol (31.6 per 10,000 residents), synthetic opioids (27.2 per 10,000 residents), and heroin (15.1 per 10,000 residents) (SEOW Special Report, 2015).

Between 2011 and 2014 all overdose related deaths rose 34 percent, from 155 in 2011 to 208 in 2014, with deaths related to heroin rising 530 percent in that same time period (SEOW Special Report, 2015). Since 2012, the number of deaths involving benzodiazepines or heroin/morphine has more than doubled. In 2014, nearly seven out of ten overdose deaths involved an opiate or opioid. More than one in three overdose deaths involved benzodiazepines while more than one in four involved heroin/morphine. In addition, one in five drug overdose deaths involved oxycodone or fentanyl. Overdose deaths for adults between the ages of 30 and 34 increased by 39 percent from 2012 to 2014 (Hornby Zeller Associates, 2015). Overdose deaths in Maine continue to rise, with an estimated total of between 230 and 250, however data for the final quarter of the year is not yet available (The Ellsworth American, 2016).

The history of drug courts in Maine can be traced back to 1996, when Cumberland County received an implementation grant from the Office of Justice Programs creating the State's first adult drug court called "Project Exodus." The success and popularity of this program sparked the interest of state policy-makers who began developing strategies for the implementation of additional drug courts throughout the State. Since then, the number and types of drug court programs have expanded, particularly after laws were established to support the creation of adult drug courts in Maine (4 M.R.S. §§ 421 - 433) in 1999. Maine currently has five adult drug treatment courts (ADTCs) operating in Androscoggin, Cumberland, Hancock, Washington and York Counties. The goals of the ADTCs are to:

- reduce alcohol and drug dependency;
- enhance community safety by reducing recidivism;
- increase personal and familial accountability on the part of participants; and

- assist participants in developing the necessary personal, familial, and societal skills to become productive citizens through employment, positive community activities, and healthy and safe family relationships (State of Maine Judicial Branch, 2011).

Maine also has the Co-Occurring Disorders Court and Veterans Court located in Augusta, Maine. Beginning in 2005, the Co-Occurring Disorders Court serves adults with significant substance abuse disorders and mental illness. The Veterans track of the Co-Occurring Disorders Court, created in 2011, works closely with the Veterans Administration and Medical Center at Togus as well as Veterans Centers throughout the state. The goals of the Co-Occurring Disorders and Veterans Court (CODVC) are to:

- reduce alcohol and drug dependency;
- reduce criminogenic risk while addressing related needs;
- enhance community safety by reducing criminal recidivism;
- reduce the severity of psychiatric symptoms;
- increase personal and familial accountability on the part of participants;
- develop the necessary personal, familial, and societal assets and skills to become productive citizens through employment, positive community activities, and healthy and safe family relationships;
- coordinate case processing and monitoring of participants in CODVC who have multiple contacts with the legal system, including cases involving child protection, domestic violence, and other related family cases;
- hold offenders accountable for crimes; and
- support the recovery of veterans from any era or type of service through the provision of services, the utilization of peer mentors, and close coordination with the Veterans Administration (State of Maine Judicial Branch, 2011).

In 2011, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) received a Drug Court Discretionary Grant from the Bureau of Justice Assistance to increase the capacity and improve the quality of Maine's drug court programs by implementing new strategies and technologies as well as providing ongoing training focusing on best practices, technical assistance, and programmatic evaluation. SAMHS identified seven distinct strategies to enhance and expand current drug court services. These strategies, described in the following section, intended to improve how the drug courts: 1) identify their intended target population; 2) perform screening and assessment; 3) administer procedural and distributive justice; 4) enhance judicial interaction; 5) improve program monitoring; 6) enhance treatment and other services; and 7) implement culturally specific programming to support relapse prevention and community integration. In addition to the seven strategies, the grant would use NIATx coaching to enable the ADTCs to reach their capacity of serving 200 participants annually, and expand to serving an additional 100 participants annually. This report examines the functioning of existing drug courts in the State of Maine over a four year period, between October 1, 2011 and September 30, 2015, to determine both the extent to which the seven enhancements to Maine's ADTCs reached the intended goals of increasing capacity and better supporting the participants.

Summary of Key Findings

Between October 1, 2011 and September 30, 2015 Maine's ADTCS received 1,345 referrals and admitted a total of 519 participants. With the goal to raise operational capacity from 200 participants annually to 300 annually, Maine's ADTCs, under capacity at the start of the grant, rose from 149 participants in Year One to 258 in Year Four, falling short of the goal of 300. Results of drug court referrals also demonstrate an increase in rates of acceptance, from 41 percent to 45 percent during the grant period. These combined factors suggest that the total participation rates for ADTCs will continue to increase in the post grant period until they reach full capacity.

Implementation of Enhancements

Seven enhancement strategies were also implemented, with varying success, during the grant period with the intention of increasing the overall effectiveness of ADTC procedures and programs. The introduction of a validated risk assessment tool allowed for the identification of high risk offenders for increased program participation and all courts benefited from increased training and assistance for the court system. While not fully implemented, the enhancement strategy focused on developing a menu of graduated sanctions and incentives showed encouraging results in helping ADTC teams to use a wider variety of sanctions in response to negative behaviors. The Washington County ADTC developed a memorandum of understanding with the Washington County Sheriff's Department to assist with home bail checks and drug testing. While interviewees said the relationship with law enforcement provided enhanced supervision of participants in the Washington ADTC this is not reflected in improvement in the drug testing data, the original goal of that specific enhancement. Perhaps most notably, the Housing Coordinator, located in Hancock County, successfully worked to create permanent supportive housing in downtown Ellsworth to address the need for appropriate and adequate housing for ADTC participants. The apartments opened in November 2015 and four ADTC participants who had previously been identified as eligible were being housed there.

Outcomes

Graduation rates were lower during this grant period than previous grant periods; however they consistently remained above 50 percent, meaning more than half of the participants in Maine's ADTCs successfully complete all requirements. To allow for a minimum of an eighteen month follow-up period, the recidivism study included only those who were either referred and not admitted (the comparison group) or were admitted (the experimental group) between October 1, 2011 and April 30, 2014. The two groups were further matched by location and gender for a total of 161 individuals in each group. A subset of ADTC participants who were admitted and discharged between October 1, 2011 and April 30, 2014 were examined for post discharge recidivism (N=91).

Post admission recidivism rates, counted as a new conviction(s) received, were highest for ADTC participants who were expelled from the program, 49 percent at 18 months. The

comparison group had a recidivism rate of 32 percent at 18 months and ADTC graduates were the lowest at 16 percent at 18 months. The differences among the groups were not statistically significant. Twenty-six percent of participants who were expelled committed a new crime that resulted in a new conviction within 12 months after their discharge as compared to only nine percent of graduates. Continued focus is needed related to consistent judicial interactions and jail sanctions.

Recommendations

The following recommendations are based on the research findings:

1. Provide specialized judicial training to ensure consistency across ADTC locations regarding judicial interactions with participants.
2. Continue to decrease use of jail as a sanction, particularly as a first sanction.
3. Replicate Hancock County's Housing Coordinator role in all ADTC locations.
4. Provide funding for and require all team members attend yearly mandated trainings in accordance with the National Association of Drug Court Professionals' Best Practice Standards.
5. Create a multidisciplinary strategic plan for Maine's Adult Drug Treatment Courts.

Introduction

Background and History

According to national figures, 50 percent of all federal inmates and 16 percent of state prison inmates in 2014 were serving time for drug offenses (The Sentencing Project, 2015). In 2015, Maine residents were asked what they believe most contributed to crime, with a majority (79%) stating that it was drug abuse (Dumont & Shaler, 2015). Drug abuse in Maine was rated a bigger contributor to crime than exposure to domestic violence (65%), lack of parental discipline (61%), alcohol abuse (59%), poverty (59%) and the breakdown of family life (59%). In 2014, about one in three Maine DEA drug offense arrests involved heroin and the majority of drug-related local law enforcement arrests involved marijuana. The number of drug offense arrests related to heroin quadrupled from 2010 to 2014 (Hornby Zeller Associates, 2015).

In 2012 and 2013, eight percent of all eighteen to twenty-five year olds in Maine were classified as needing, but not receiving, substance abuse treatment. Between 2012 and 2014, adults receiving substance abuse treatment had primary treatment admissions for alcohol (31.6 per 10,000 residents), synthetic opioids (27.2 per 10,000 residents), and heroin (15.1 per 10,000 residents) (SEOW Special Report, 2015).

Between 2011 and 2014 all overdose related deaths rose 34 percent, from 155 in 2011 to 208 in 2014, with deaths related to heroin rising 530 percent in that same time period (SEOW Special Report, 2015). Since 2012, the number of deaths involving benzodiazepines or heroin/morphine has more than doubled. In 2014, nearly seven out of ten overdose deaths involved an opiate or opioid. More than one in three overdose deaths involved benzodiazepines while more than one in four involved heroin/morphine. In addition, one in five drug overdose deaths involved oxycodone or fentanyl. Overdose deaths for adults between the ages of 30 and 34 increased by 39 percent from 2012 to 2014 (Hornby Zeller Associates, 2015). Overdose deaths in Maine continue to rise, with an estimated total of between 230 and 250, however data for the final quarter of the year is not yet available (The Ellsworth American, 2016).

Drug courts have established a connection between criminal justice and substance abuse treatment systems and are intended to change the drug use habits of participants leading to fewer crimes and smaller prison populations. Drug courts are part of a wider movement of problem-solving courts, which offer defendants the opportunity to participate in a strict regimen of court-supervised, community-based treatment and recovery support services in lieu of either jail or other significant consequences. The principal aim is to motivate defendants with mental illness and/or substance use disorders to engage in a program of behavioral change so that they may become healthier, more productive and more responsible members of the community. The drug court involves a multi-disciplinary team of professionals (e.g., judges, lawyers, behavioral health providers, and case managers), working in tandem, to address the multiple and diverse problems related to untreated substance abuse. At its core, the drug court team strikes the delicate balance between the need to provide treatment and the need to hold people

accountable. That is, the drug court attempts to engage participants in treatment long enough for it to “work” without compromising public safety.

Effectiveness of Drug Courts

Over the past decade, there has been widespread research demonstrating that adult drug courts are more effective in achieving better long-term outcomes than traditional adjudication. Research has shown that participation in an adult drug treatment court is equivalent to a 38 to 50 percent reduction in recidivism and 37 to 50 percent reduction in drug-related recidivism, lasting for at least three years after an individual enters an adult drug treatment program (Mitchell, Wilson, Eggers, & MacKenzie, 2012). Among the most conservative estimates, research has shown that for every \$1.00 invested in an adult drug court program, taxpayers save as much as \$3.36 in avoided criminal justice costs alone (Marlowe 2010).

While no two drug courts operate exactly alike, the Ten Key Components published by the National Association of Drug Court Professionals (NADCP) in 1997 are widely accepted as the essential elements of a successful drug court program. The following are the Ten Key Components:

- 1) Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- 2) Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- 3) Eligible participants are identified early and promptly placed in the drug court program.
- 4) Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- 5) Abstinence is monitored by frequent alcohol and other drug testing.
- 6) A coordinated strategy governs drug court responses to participants' compliance.
- 7) Ongoing judicial interaction with each drug court participant is essential.
- 8) Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- 9) Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- 10) Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

Since 2013, NADCP has raised the bar effective drug courts must reach by releasing a new set of standards and best practices (National Association of Drug Court Professionals, 2013; 2015) which expand on the Ten Key Components by incorporating the current research. The goal is to have these best practices guide the field through standard operating procedures as opposed to

the guiding principles of the Ten Key Components. The Best Practice Standards were designed specifically for ADTCs and reflect practices that significantly improve outcomes for ADTC participants. The Best Practice Standards (NADCP 2013; 2015) now state:

- Target Population: "Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures."
- Historically Disadvantaged Groups: "Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court."
- Roles and Responsibilities of the Judge: "The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members."
- Incentives, Sanctions, and Therapeutic Adjustments: "Consequences for participants' behaviors are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification."
- Substance Abuse Treatment: "Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other nonclinically indicated goals. Treatment providers are trained and supervised to deliver the continuum of evidence-based interventions that are documented in treatment manuals."
- Complementary Treatment and Social Services: "Participants receive complementary treatment and social services for conditions that co-occur with substance abuse and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains."
- Drug and Alcohol Testing: "Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court."
- Multidisciplinary Teams: "A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services."
- Census and Caseloads: "The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards."
- Monitoring and Evaluation: "The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness."

Maine's Adult Drug Treatment Courts

The history of drug courts in Maine can be traced back to 1996, when Cumberland County received an implementation grant from the Office of Justice Programs creating the State's first adult drug court called "Project Exodus." The success and popularity of this program sparked the interest of state policy-makers who began developing strategies for the implementation of additional drug courts throughout the State. Since then, the number and types of drug court programs have expanded, particularly after laws were established to support the creation of adult drug courts in Maine (4 M.R.S. §§ 421 - 433) in 1999.

Maine currently has five adult drug treatment courts (ADTCs) operating in Androscoggin, Cumberland, Hancock, Washington and York Counties. Due to funding and performance issues, ADTC in Penobscot closed effective October 1, 2012. In 2013, Penobscot began making referrals to the Hancock ADTC and since has had a small number of participants.¹ As stated in the State of Maine Adult Drug Treatment Court Policy and Procedure Manual, the goals of the ADTCs are to:

- reduce alcohol and drug dependency;
- enhance community safety by reducing recidivism;
- increase personal and familial accountability on the part of participants; and
- assist participants in developing the necessary personal, familial, and societal skills to become productive citizens through employment, positive community activities, and healthy and safe family relationships (State of Maine Judicial Branch, 2013).

Maine's ADTCs accept adults 18 years of age and older with serious nonviolent criminal charges or probation violations who are also diagnosed with a moderate to severe substance abuse disorder and pose a significant risk of future criminal conduct. Participants must reside in, or have at least one pending charge in a county that is served by an ADTC.

Maine also has the Co-Occurring Disorders Court and Veterans Court located in Augusta, Maine. Beginning in 2005, the Co-Occurring Disorders Court serves adults with significant substance abuse disorders and mental illness; unlike the other ADTCs, this one accepts referrals from across the state. Like the other ADTCs, the Co-Occurring Disorders Court provides intensive judicial monitoring, case management, and specialized treatment to its participants. The Veterans track of the Co-Occurring Disorders Court, created in 2011, works closely with the Veterans Administration and Medical Center at Togus as well as Veterans Centers throughout the State. Each veteran in the court is matched with a peer mentor and participates in group activities with other veterans. Participants in The Co-Occurring Disorders and Veterans Court are expected to reside in Kennebec County (where the court is located) or have reliable transportation and the ability to travel to Augusta on a daily basis. The goals of the Co-Occurring Disorders and Veterans Court (CODVC) are to:

¹ As of January 2016, the Maine State Legislature has provided funding to reinstate an ADTC in Penobscot County.

- reduce alcohol and drug dependency;
- reduce criminogenic risk while addressing related needs;
- enhance community safety by reducing criminal recidivism;
- reduce the severity of psychiatric symptoms;
- increase personal and familial accountability on the part of participants;
- develop the necessary personal, familial, and societal assets and skills to become productive citizens through employment, positive community activities, and healthy and safe family relationships;
- coordinate case processing and monitoring of participants in CODVC who have multiple contacts with the legal system, including cases involving child protection, domestic violence, and other related family cases;
- hold offenders accountable for crimes; and
- support the recovery of veterans from any era or type of service through the provision of services, the utilization of peer mentors, and close coordination with the Veterans Administration (State of Maine Judicial Branch, 2011).

Each ADTC team, including the Co-Occurring and Veterans Court, has a minimum core team consisting of a judge, a case manager, a treatment provider, a probation officer, a prosecutor, a defense attorney, and frequently law enforcement and other appropriate representatives. The ADTC team holds participants accountable by requiring participants to:

- attend court hearings every week or every other week;
- meet with their case managers for check-ins;
- be randomly drug tested a minimum of twice a week;
- attend required treatment;
- work, attend school, or perform community service; and
- abstain completely from alcohol or drugs.

Enhancement Grant

While all drug court programs in Maine were implemented in accordance with the principles and guidelines set forth in the Ten Key Components, and past evaluations show the strength of Maine's adult drug courts, there remain significant barriers to realizing their full potential (Hornby Zeller Associates, 2013). As of 2010, these barriers included the lengthy time it took to make admission decisions about referrals, the lack of graduated sanctions, and the need for a broader scope of services available to female participants. In 2011, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) received a Drug Court Discretionary Grant from the Bureau of Justice Assistance to increase the capacity and improve the quality of Maine's drug court programs by implementing new strategies and technologies as well as providing ongoing training focusing on best practices, technical assistance, and programmatic evaluation. SAMHS identified seven distinct strategies to enhance and expand current drug court services. These strategies, described in the following section, intended to improve how the drug courts: 1) identify their intended target population; 2) perform screening and assessment; 3) administer procedural and distributive justice; 4) enhance judicial interaction; 5)

improve program monitoring; 6) enhance treatment and other services; and 7) implement culturally specific programming to support relapse prevention and community integration. In addition to the seven strategies, the grant would allow for Maine's ADTCs to participate in NIATx coaching enabling the ADTCs to reach their capacity of serving 200 participants annually, and expand to serving an additional 100 participants annually. Each of these enhancements is described in more detail later in this report.

Purpose of this Report

This report examines the functioning of existing drug courts in the State of Maine over a four year period, between October 1, 2011 and September 30, 2015, to determine both the extent to which the seven enhancements to Maine's ADTCs reached the intended goals of increasing capacity and ensured each ADTC adhered to evidence-based programming. The grant was originally scheduled to end on September 30, 2014 but the state received a one year no-cost extension.

Following an explanation of the methodology, this report provides a detailed description of the intended enhancements. It then moves into findings from the process evaluation that includes a programmatic overview of the numbers served in the State's drug courts and an examination of the specific enhancements proposed. The report then examines the longer-term outcomes of the enhancement grant as measured by two indicators: program graduation and recidivism. The report concludes with a summary of lessons learned and recommendations for Maine to consider in the future.

Methodology

This study was conducted in two parts, a process evaluation examining the implementation and programmatic effects of the seven enhancement strategies and an outcome study examining the graduation and recidivism rates of Maine's ADTC participants.

Process Evaluation

The process evaluation addresses the following questions.

1. Did the ADTCs increase the number of active participants from 200 annually to 300 annually, the current capacity of Maine's ADTCs?
2. How were the seven enhancement strategies implemented?
3. What effect did the enhancement strategies have on ADTC procedures and processes?
 - a. Did the ADTCs achieve consistency in the determination of drug court eligibility?
 - b. Did the referrals from pretrial services increase in the courts targeted for increasing referrals?
 - c. Did the ADTCs utilize graduated sanctions more frequently?
 - d. Did the ADTC judges increase consistency across locations regarding judicial interactions with participants?
 - e. Did the addition of three regional drug testing positions allow case managers to have more time to screen, assess, and recruit more drug court participants?
 - f. Did the ADTCs implement additional treatment programs, including Seeking Safety, Thinking for a Change, and Moral Reconation Therapy?
 - g. Did the hiring of a part-time Housing Coordinator in Hancock County address the challenge of meeting the housing needs of their ADTC participants?

Data Collection Methods

To answer the research questions, the process evaluation conducted stakeholder interviews, held participant focus groups, observed pre-court team meetings and court hearings, and obtained data from the Maine Drug Treatment Court Information System (DTxC).

Thirty-one interviews were conducted during the final months of the evaluation period to provide the evaluation team with feedback and information from various team member perspectives and state-level stakeholders including: state level representatives, judges, attorneys, law enforcement, treatment providers, and case management personnel. Individuals in each category were interviewed to understand the contextual similarities and differences in each court across the state. Focus groups and court observations were conducted at all court locations (seven focus groups in total, one for co-occurring court and one for veterans, conducted separately) to gain perspective on the participant experience. Court observations took note of team members present at pre-court team meetings and court hearings, topics discussed at pre-court team meetings, and judicial interactions with ADTC participants.

Quantitative data in the form of demographic and process information came from DTxC, the statewide drug court management information system maintained by SAMHS to collect

participant-specific data on all drug court participants and referrals. Data are entered by the drug court case managers as well as by clinicians assigned to the drug court. Other authorized users include the program coordinator and presiding judges. DTxC contains a variety of data regarding participant characteristics and program participation, including treatment engagement, drug testing, and rewards and sanctions.

Data from DTxC are used to describe drug court procedures and the population of drug court participants. Behavioral compliance and drug testing were also assessed using these data to examine enhancement grant goals. Within DTxC, all referrals received during the grant period, October 1, 2011 to September 30, 2015 were analyzed for any topic related to referrals, including time to admission data and admission rates.

For the process pieces that examined ADTC processes, such as sanctions, drug testing, and judicial interactions, only those participants who were both admitted and discharged during the grant period were used. That is, analysis was limited to those who were admitted on or after October 1, 2011 and discharged on or before September 30, 2015.

When data is shown by court, participants from Penobscot who were admitted to the Hancock ADTC will be included in Hancock ADTC data. Co-Occurring Disorders Court (CODC) and the Veterans track data will be displayed separate from each other because the two tracks have separate pre-court team meetings and court sessions. Frequently, data are reported by grant year as depicted in Table 1.

Table 1. Grant Years	
Year One	October 1, 2011 through September 30, 2012
Year Two	October 1, 2012 through September 30, 2013
Year Three	October 1, 2013 through September 30, 2014
Year Four	October 1, 2014 through September 30, 2015

Outcome Evaluation

The second component to the evaluation is an outcome evaluation that addresses the following questions.

1. What percentage of ADTC participants successfully completed the program?
2. Do ADTC participants have a lower rate of new criminal convictions than a matched comparison group made up of people who went through the traditional adjudication process?
3. Do Maine's ADTCs save money when compared to the traditional adjudication process?

Outcome Evaluation Design

The outcomes study first examines graduation rates and the possible effects of the proposed enhancement strategies on increasing graduations in Maine's ADTCs by looking at whether graduation rates rose over the course of the grant.

The second part of the outcome study uses a quasi-experimental design to determine whether participants in Maine's ADTCs during the enhancement grant period had lower criminal recidivism when compared to similar individuals who went through the traditional adjudication process. Criminal recidivism was measured as a new conviction that was incurred for an offense committed after the date of the admission decision. To allow for a minimum of an eighteen month follow-up period to pass after the admission decision, the outcome study included only those referred and not admitted (the comparison group) or admitted (the experimental group) between October 1, 2011 and April 30, 2014. The experimental group consists of all participants who were referred and discharged from the drug courts, whether through graduation or expulsion, during the grant period. The comparison group represents a sample of persons in the same counties who were referred to the drug courts but were not admitted during the same time frame. The two groups were further matched by gender to draw a comparison sample similar in size and composition to the experimental group. For the comparison group, recidivism was measured as a new conviction within 12 and 18 months after the date they were denied admission to the court. For the experimental group, recidivism was measured as a new conviction within 12 and 18 months after their admission date.

Data Sources

DTxC data were used to identify the comparison and experimental groups based on admission status, the county in which the ADTC referral took place, gender, and referral, admission, and discharge dates. Additional experimental group data gathered from DTxC included the "successful" sentence an ADTC participant received if he or she graduated, and the "unsuccessful" sentence an ADTC participant received if he or she was expelled. Typically, the unsuccessful sentence is the sentence they would have received if they had not been referred to drug court.

Recidivism data came from the Maine Judicial Information System (MEJIS), which is maintained by the Maine Judicial Branch as the repository for all information regarding all court cases. Judges and other judicial branch employees have access to this system and the evaluators received an extract of the database to determine recidivism rates within the State for drug court participants and the matched comparison group.

Description of the Enhancement Grant

According to the 2007 to 2010 statewide ADTC evaluation, Maine's drug court programs were operating below capacity, having admitted only 428 participants (41% of referrals) during the four year evaluation period (Hornby Zeller Associates, 2013). In 2011, Maine applied for a Drug Court Discretionary Grant to sustain Maine's ADTCs by increasing enrollment to court capacity, enhancing efficiency, and promoting overall effectiveness through training by accessing ongoing training and technical assistance through the National Drug Court Institute, the National Association of Drug Court Professionals, and the NIATx coaching process. The enhancement grant intended to use the seven state and local strategies to serve a total of 300 participants annually.

As previously mentioned, the enhancement grant had seven strategies, each of which is described in more detail below. The majority of these strategies were to be achieved through training and technical assistance provided to Maine's ADTC teams. Training opportunities included statewide trainings for all ADTC team members, annual training conferences put on by the National Association of Drug Court Professionals, regional training conferences put on by the New England Association of Drug Court Professionals, and local site-specific trainings put on by a NIATx Coach and other ADTC experts.

Starting in 2003, NIATx began working with behavioral health organizations across the United States to improve access to treatment and increased treatment retention (University of Wisconsin-Madison, 2015). A process improvement model, NIATx is based on the idea that small changes can have large systems impacts, uses a "plan, do, study, act" cycle led by NIATx Coaches, to test possible changes and observe the outcomes from those changes. If the change shows success, the change is made permanent, if it fails to make the expected change or even makes things worse, it is not continued and a new idea is developed.

While developed to improve behavioral health access and outcomes, NIATx has more recently been used to assist in overcoming the "administrative" processes in ADTCs that create barriers to participants accessing treatment. Starting in 2009, the NIATx Learning Collaborative for Drug Courts began with a goal of teaching ten grantee drug courts to use the NIATx model to improve access to and retention in the substance abuse treatment services required as parts of drug courts. According to the grant, plan/do/study/act cycles of quality improvement processes would be completed by each ADTC team with the assistance of a trained NIATx coach. The NIATx coach would assist each ADTC team in implementing change projects, keep the change projects moving forward, and maintain and engage team members in the change process.

Although decreasing the amount of time from referral to admission was not originally identified as a goal of the grant, the project team decided during the first year of the grant to use the NIATx process to target this issue. It was hoped that a decrease in the time to admission would assist the ADTCs in reaching their full operating capacity.

Enhancement Strategy One: Identifying Target Population

The *State Adult Drug Treatment Court Policy and Procedure Manual* outlines clear clinical and legal eligibility criteria. However, turnover among prosecutors and judges as well as significant variation among ADTC locations regarding their interpretation and application of these eligibility criteria have sometimes caused admission decisions to be based more on subjective considerations than the objective criteria set out in the Policy and Procedure Manual. The first enhancement grant strategy was to use technical assistance and training to improve the various referral sources' understanding of eligibility criteria. The National Drug Court Institute and the National Association of Drug Court Professionals conducted the training and technical assistance.

Enhancement Strategy Two: Screening and Assessment

The second enhancement strategy was to create a full-time position to coordinate pretrial and drug court services in York and Androscoggin Counties to streamline the referral process from pretrial to ADTC by identifying appropriate individuals at the point of pretrial investigation. York and Androscoggin have historically produced the largest number of ADTC referrals from pretrial services. Pretrial services in both counties perform several hundred investigations each year with outcomes that suggested the possibility of obtaining additional referrals to ADTCs. This position would also be responsible for providing operational support to the Director of Case Management Services by acting as a floater throughout all six counties, providing assistance as needed with staff supervision and program development.

Enhancement Strategy Three: Procedural and Distributive Justice

Historically, Maine's ADTCs have struggled to develop a system of graduated sanctions and incentives. According to Maine's 2007-2010 statewide ADTC evaluation, 52 percent of all sanctions received by ADTC participants were a jail stay, up from the 2006 rate of 38 percent (Hornby Zeller Associates, 2013). As of 2011, only one of Maine's ADTCs, Washington County, had developed a written menu of sanctions and incentives tailored to participant behavior and graduated according to phase or occurrence. This enhancement grant aimed to provide training and technical assistance through the National Drug Court Institute, National Association of Drug Court Professionals, and local experts to support the remaining ADTCs in developing a similar menu of graduated sanctions and incentives.

Enhancement Strategy Four: Judicial Interaction

The *State Adult Drug Treatment Court Policy and Procedure Manual* states that Maine's ADTC participants must appear before a designated ADTC judge no less than twice a month throughout their ADTC involvement but does not provide further guidance on best practices involving judicial interactions (State of Maine Judicial Branch, 2013). At the time the enhancement grant proposal was written, only five of the 24 judges in Maine who had presided over a drug court program had received any kind of formal drug court training.² This lack of training led to variation across judges regarding how they communicated with ADTC participants, how information was relayed to the judges at pre-court team meetings, and how

² This does not include Maine's Family Treatment Drug Court Judges.

they responded to participant compliance and non-compliance with ADTC program rules and requirements. The enhancement grant aimed to provide training and technical assistance to Maine's ADTC judges through the National Drug Court Institute and the National Association of Drug Court Professionals.

Enhancement Strategy Five: Monitoring

Statewide Drug Testing

Best practices recommend that drug tests be observed to reduce the risk of tampering, but this requires the availability of both male and female observers (Cary, 2011). Between 2007 and 2010, statewide, 76 percent of drug tests were observed, ranging from a low of 58 percent in Penobscot to a high of 88 percent in Cumberland (Hornby Zeller Associates, 2013). The lack of compliance was generally attributed to having only one potential observer, the case manager, who administers tests in the office and can observe only participants of the same gender. The enhancement grant aimed to shift the burden of drug testing from ADTC case managers to three new regional drug testing positions whose sole responsibility was to manage and perform drug tests. As a result, case managers would have more time to screen, assess, and recruit more drug court referrals, thereby enabling all of Maine's ADTCs to reach the increased capacity goal of 300 participants annually.

Washington County

Given the large geographic area, it is difficult to monitor ADTC participants through random testing in Washington County. Between 2007 and 2010, only 21 percent of Washington County's total drug tests were random (Hornby Zeller Associates, 2013). Washington County is a large, poor, rural county. Its total area is 3,254 square miles with a population density of 13 people per square mile. As a result, the drug court case manager has historically faced challenges in conducting random house checks and performing random drug testing. This enhancement strategy aimed to develop partnerships with local and county-wide law enforcement to overcome the geographical challenges this county presents by increasing the capacity of existing law enforcement partners to complete drug testing and house checks on behalf of the case manager.

Enhancement Strategy Six: Treatment and Other Services

Previously, Maine's ADTC participants who have co-occurring mental health disorders and significant histories of trauma have typically done poorly in drug courts due to a lack of sufficiently integrated, targeted treatment. In fact, between 2007 and 2010, having a mental health diagnosis was shown to be a statistically significant factor in whether a participant was expelled or graduated from drug court (Hornby Zeller Associates, 2013).

To address this need, the enhancement grant proposed that in addition to Differential Substance Abuse Treatment (DSAT), the standard drug court treatment model required of all participants, all drug court treatment providers would be trained to deliver the following evidence based programs: Seeking Safety, Thinking for a Change, and Moral Reconation

Therapy.³ Seeking Safety is a nationally recognized and validated treatment model for trauma and substance abuse and is listed on SAMHSA's National Registry of Evidenced-Based Programs and Practices (Treatment Innovations, 2015). Seeking Safety is an integrated treatment intervention program that includes psycho-education and coping skills training techniques and has been demonstrated to treat trauma symptoms, decrease substance use, increase program retention, and improve psychopathology.

Thinking for a Change is a cognitive behavioral curriculum targeting criminal justice populations with demonstrated success at reducing recidivism by addressing interpersonal communication skills development and thought patterns that lead to problem behaviors (National Institute of Corrections, 2011).

Moral Reconciliation Therapy (MRT) is also a nationally recognized and validated treatment model and is listed on SAMHSA's National Registry of Evidenced-Based Programs and Practices (Correctional Counseling, Inc., 2015). MRT is a systematic treatment strategy that seeks to decrease recidivism among criminal offenders by increasing moral reasoning. Additionally, to allow all ADTC team members to support the three aforementioned models while interacting with ADTC participants, the grant intended to provide each team a one-day training conducted by the treatment provider agency early in the first year of funding with an additional one-day booster session during the second year.

Enhancement Strategy Seven: Relapse Prevention and Community Integration

Since its inception in 2005, the Hancock County Adult Drug Court has struggled to meet the housing needs of its drug court participants. Two homeless shelters and two transitional housing programs operate in and around Hancock County; however, all of these programs have waiting lists and present unrealistic options for the many participants in need of housing assistance. The final enhancement strategy aimed to address the need of adequate and safe housing for Hancock County's ADTC participants through the implementation of a half-time Housing Coordinator position to focus specifically on participant housing needs. This position aimed to coordinate referrals to local housing programs and shelters, provide assistance in completing subsidized housing applications, build relationships with local landlords, and perform outreach housing services to alumni in need. The goal of this position was to serve as a pilot for other sites with similar housing needs.

³ For more information please see:

Seeking Safety: <http://www.treatment-innovations.org/seeking-safety.html>

Thinking for a Change: <http://nicic.gov/t4c>

Moral Reconciliation Therapy: <http://www.moral-reconciliation-therapy.com/>

Implementation of Enhancements

Much of the focus of the enhancement grant was on training. New case managers are required and other team members are encouraged to complete the National Drug Court Institute online training, Essential Elements of Adult Drug Courts.⁴ This intensive multi-hour training is comprehensive in scope and consistently rated as highly valuable. Additionally, the drug court case managers have been and continue to be trained in therapeutic approaches to case management, including case planning, consistent with best practices as detailed in a publication from the National Drug Court Institute.⁵ Maine Pretrial Services staff and other drug court practitioners have been attending the annual National Association of Drug Court Professionals conferences.

The enhancement grant provided training opportunities for case managers as well as other ADTC team members who do not typically have drug court specific training as part of their job requirements. In addition to the NIATx work, two well-attended statewide trainings were held as part of the enhancement grant, one in 2011 and another in 2013. The June 2011 statewide training focused on best practices and outcomes in adult drug courts, effective drug testing, and preliminary process results in addition to opportunities for discipline-specific and team breakout sessions. The May 2013 statewide training focused on the science of addiction, sanctions and incentives, and constitutional issues faced by drug courts as well as multiple team breakout sessions.

During Year Three of the grant, the Coordinator of Specialty Dockets and Grants provided site specific trainings for each ADTC, lasting one to two hours with presentations and handouts covering topics such as time management, team decision making, eligibility criteria, and when a participant should be terminated from the ADTC. While all ADTCs could benefit from each of these topics, the Coordinator of Specialty Dockets and Grants focused on training issues that were especially needed at each ADTC location. During Year Three, the evaluator sent out a monthly training newsletter to all ADTC team members statewide to inform them of the latest research and data surrounding a specific topic each month. Training newsletter topics included drug testing and eligibility criteria to name just a few.

Beyond the training provided as part of the enhancement grant and beyond the seven enhancements originally envisioned, a great deal of focus was placed on increasing participation in the drug courts. The remainder of this section describes the degree to which those efforts were successful and then focuses on the specific enhancements designed to improve the quality of drug court practices.

Increasing Participation in Adult Drug Treatment Court

A major statewide goal of the enhancement grant was to increase the number of participants served by Maine's ADTCs from 200 annually to 300 annually. One of the ways state level

⁴ NDCI's online training "Essential Elements of Adult Drug Courts" can be found at:

<http://www.ndci.org/training/online-trainings-webinars/online-course-essential-elements-adult-drug-courts>

⁵ NDCI's publication "Drug Court Case Management: Role, Function, and Utility" can be found at:

<http://www.ndci.org/publications/monograph-series/drug-court-case-management-role-function-and-utility>

stakeholders decided to do this was by reducing the time to admission. One of the Ten Key Components to Drug Courts is that eligible participants are identified early and promptly admitted to the program (1997). The 2006 evaluation report showed an average of 87 days between referral and admission and that figure rose to 97 days between 2007 and 2010 (Hornby Zeller Associates, 2013). During the early stages of the grant, the project team realized that the ADTCs admissions were being impacted by the length of time that elapsed between referral to the program and admissions to the program. Although not specifically identified in the original proposal, this topic became a priority focus of technical assistance in Year Two to enhance the overall program capacity across the state, in addition to hiring an additional person to handle pretrial referrals.

During Year Two, each ADTC was visited by the NIATx coach and evaluator during one of their pre-court meetings to learn about the NIATx process and the ADTC's current times from referral to admission or denial to their local ADTC over a 20 month period. Each court was provided data that detailed referral and admissions data, graduation and terminations, court census information for 2012, and the average length of time from arrest to referral to admission. Following a presentation of the data, teams discussed steps in the referral process that took a long time and considered ideas for decreasing the time required for those steps.

Frequently, the steps in the admission process the court teams believed could be improved involved case management and treatment responsibilities such as completing screenings and notifying attorneys of the admission decision in a timelier manner. For example, in an effort to decrease time from referral to admission, the Hancock County case manager began calling defense attorneys immediately after the pre-court meeting to notify them when their client was accepted into the ADTC rather than waiting until the next week to notify the attorney by mail. In Androscoggin, the ADTC team found they were able to determine whether referrals were eligible to continue on in the referral process after just the case management screening which meant they could spend less time doing treatment screenings and other referral activities for referrals would be deemed ineligible early on.

The legal side including plea agreements and upfront time were much more difficult, if not impossible, to change. Prosecutor buy-in was an essential component in reducing the time from referral to admission but an area where all ADTC teams were unable to make any long-term change. According to the Best Practice Standards (2015), the role of the prosecutor is to advocate on the behalf of public safety, victim interests, and hold participants accountable for meeting the ADTC requirements. Prosecutors interviewed took protecting public safety and victim interests very seriously and frequently used this as their reasoning for advocating for upfront jail time prior to admission into an ADTC. Prosecutors, and all team members other than case management, are not required to undergo any drug court specific trainings prior to joining a team. Because prosecutors are an elected position, turnover is expected and new prosecutors may not have a good understanding of the purpose and processes involved in Maine's ADTCs. On the other hand, many team members in all ADTC locations said the sooner a person gets into treatment, the better their outcomes, stating they found upfront time to be

detrimental. Team members in all locations stated admission into their ADTC was determined by a vote, however in some locations prosecutors and/or judges have a veto power.

During the current grant period, the time from referral to admission decreased, statewide, from about 75 days in Years One, Two, and Three, to a low of 70 days in the final year of the grant (see Table 2). However, as noted in Table 2, only three courts actually decreased the number of days between referral to admission from the first year of the grant to the final year, while two courts, Androscoggin and the Co-Occurring Disorders Court showed an increase. Cumberland stopped accepting referrals during Year Three of the grant and therefore had no data that year. While two of the ADTCs, York and Hancock, decreased between Year Two and Three, most likely due to the NIATx change projects, the remaining ADTCs all increased. During Year Four, only three participants were admitted to the Veterans track of the Co-Occurring and Veterans Court, too low of a number to report.

Table 2. Time from Referral to Admission by Grant Year (in days)				
	Year One	Year Two	Year Three	Year Four
York	47	68	50	44
Cumberland	54	32	-	35
Androscoggin	71	142	147	114
CODC	124	135	181	223
Veterans	157	188	198	-
Hancock	89	91	67	81
Washington	42	25	38	38
Statewide	75	102	106	70
Source: DTxC				

The extent to which the NIATx process produced results varied by court location and it is difficult to ascertain the long term effect this work had on speeding up the admission process. The two ADTCs that changed the timing of their screening as a means to expedite the referral process (Androscoggin and COCD) appear to have had little success reducing the overall time to referral. Conversely, York and Hancock successfully shortened their admission processes. York inducted people into the court right when they were accepted, rather than waiting until the next drug court hearing. Hancock took a close step-by-step look at its admission process and decreased the time it took to admit participants by half when it notified attorneys of admission decisions by phone the day the decision was made (followed by a notification by mail) rather than just notifying the attorney with a letter sent in the mail. However, due to a change in judicial leadership, many of these changes were not sustained and the time to referral for Hancock increased in the final year.

Cumberland is a probation-only ADTC allowing for a much faster referral process. Once an admission decision has been made, participation in the Cumberland County ADTC is added to the newly admitted participant's probation conditions. Unlike other ADTCs, plea agreements are not part of the process. Cumberland stopped accepting referrals during Year Three of the grant as it revisited its goals and purpose and restructured its ADTC.

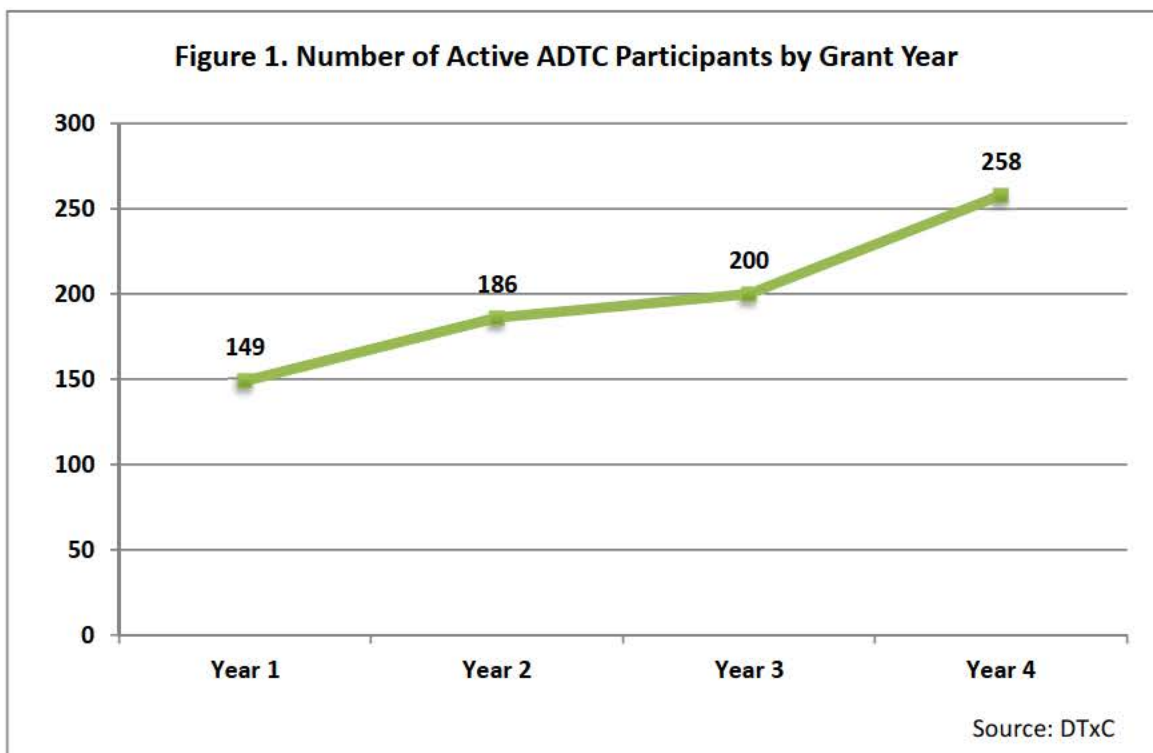
The extent to which the NIATx coaching led to a reduction in the time to admission and resulted in increased numbers served by the program is difficult to determine. Maine's ADTCs received 1,038 referrals over the entire the grant period and admitted 427 new participants into their programs. As shown in Table 3, the proportion of admissions increased from 41 percent in Year One to 45 percent in the final year of the grant. However, Year Three saw a drop in admissions in all ADTC locations, perhaps related to the increase in the time from referral to admission evident in Years Two and Three, before increasing again in Year Four.

Table 3. Results of Drug Court Referrals by Grant Year, 2011-2015

	Year One	Year Two	Year Three	Year Four
Referrals	227	275	288	308
Rejections	134	165	203	169
Admissions	93	110	85	139
Admissions Rate	41%	40%	30%	45%

Source: DTxC

On the other hand, the total number of active participants served each year (which includes participants admitted previously) rose from 149 in the first year of the grant to 258 during the final year (Figure 1). The number of active participants continues to grow each year and while the enhancement grant has ended, state-level interviewees said the number of participants active in the calendar year 2015 is likely to reach the goal of 300.



While all ADTCs were aware of the need to increase capacity, there were no specific changes implemented to do so aside from addressing the time from referral to admission. Some ADTC locations continued to experience challenges with prosecutors who prevented people from being admitted into the court, regardless of whether the rest of the team agreed. These court locations were frequently ones where prosecutors lacked training about ADTCs or simply did not support or buy into the program. This issue is not unique to Maine, leading drug court advocates to pay special attention to prosecutor behavior and the role prosecutors play in drug courts' success.⁶ The increases in the numbers which did occur may have been due to the increase in referrals which in turn may have been due to a better understanding on the part of defense attorneys, prosecutors and other referral sources as to what drug court is and for whom it is appropriate. The streamlining of the admissions process did not have a significant impact on admissions.

Enhancement Strategy One: Identify Target Population

The grant's first enhancement strategy was intended to address the historical confusion among referral sources regarding eligibility criteria by increasing technical assistance and training to achieve greater cross-site consistency. Frequently, ADTC teams would use subjective considerations to admit those individuals they thought would succeed in the program. Interviewees stated they were trying to avoid setting someone up for failure.

According to the NADCP's Best Practice Standards, drug courts should target high-risk, high-need offenders, meaning people who are addicted to drugs and pose a substantial risk of reoffending or of failing to complete a less intensive intervention (National Association of Drug Court Professionals, 2013). Eligibility criteria should be objective, and admission into ADTCs should not be a subjective decision made by team members.

To target criminogenic risk and needs, Maine Pretrial Services case managers and probation officers were fully trained in the administration of the Level of Service Inventory-Revised (LSI-R), an actuarially based and validated risk assessment tool during Year One as a result of increased research showing the importance of targeting participants by risk level (Marlowe, 2009). Once trained, the drug court case managers used the tool in a screening version (LSI-R: SV) to determine eligibility and conducted the full inventory after admission to the Court. Once admitted to the court, case managers used the full LSI-R results to tailor interventions to

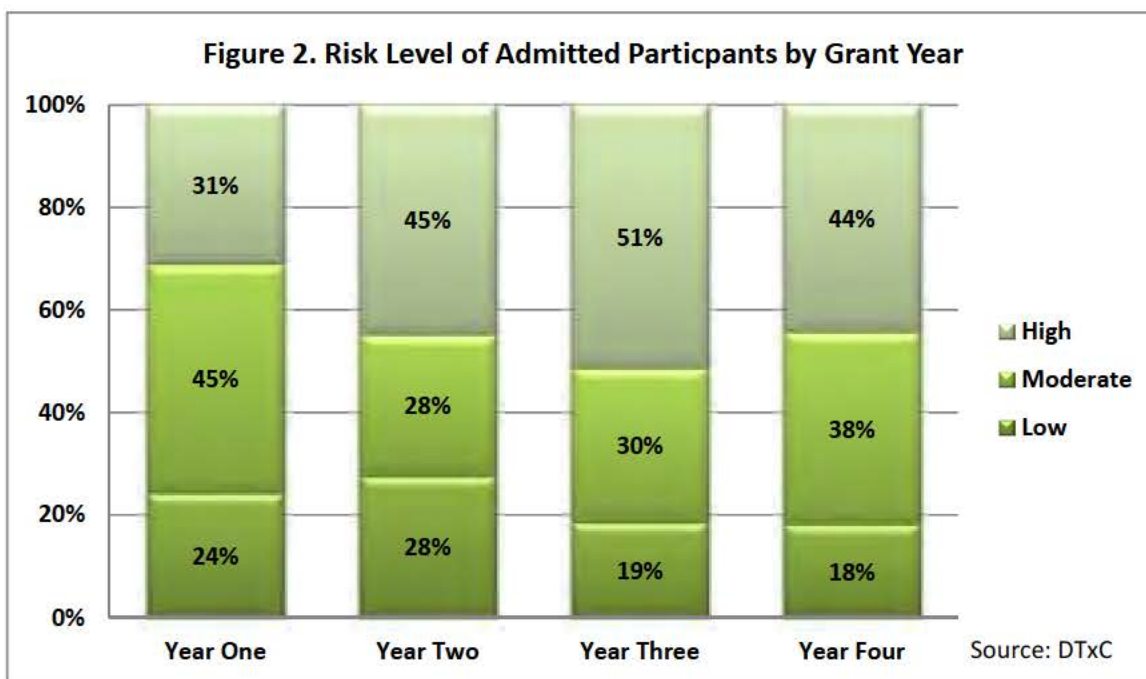
⁶ Trainings about the role of prosecutors in drug courts have occurred on both state and national levels. For more information please see:

Turnbull, J. M. (n.d.). The Proactive Prosecutor in Problem Solving Courts. Retrieved February 2, 2016, from <http://www.tadcp.org/documents/TheProactiveProsecutorinProblemSolvingCourts.pdf>

Hora, P. F. (2012). Ethical Issues for Attorneys in Drug Court: Who's Team Am I On? Retrieved February 2, 2016, from National Drug Court Institute: http://www.ndci.org/conferences/2012/Sessions/SB_sessions/SB-29.pdf

participant needs, consistent with the risk-need-responsivity model of offender rehabilitation. The addition of the LSI-R: SV to the referral screening process allowed teams to use risk level when making admissions decisions, something they lacked previously. Despite the introduction of a validated risk assessment tool, some teams continued to make subjective admissions decisions. To address this continued need, a statewide training held in Year Three of the grant focused on eligibility criteria and site-specific trainings were provided by the Coordinator of Specialty Dockets and Grants in court locations where a lack of adherence to eligibility criteria was determined to be a training need.

Over the course of the grant, the statewide drug court management information system (DTxC) was increasingly used to display how referrals aligned with the eligibility criteria by providing reports for ADTC teams to review when making admissions decisions. This change was able to assist in facilitating the admission of high risk/high need defendants and probationers who previously may have been denied admission. This may account for a significant shift in the target population, which previously included a higher proportion of low-risk participants. As noted in Figure 2, the number of high-risk high-need individuals admitted into the courts increased each year before dipping slightly in Year Four. Overall, the majority of ADTC participants during the grant period were either moderate or high risk with an increase in high risk participants during Years Two and Three.



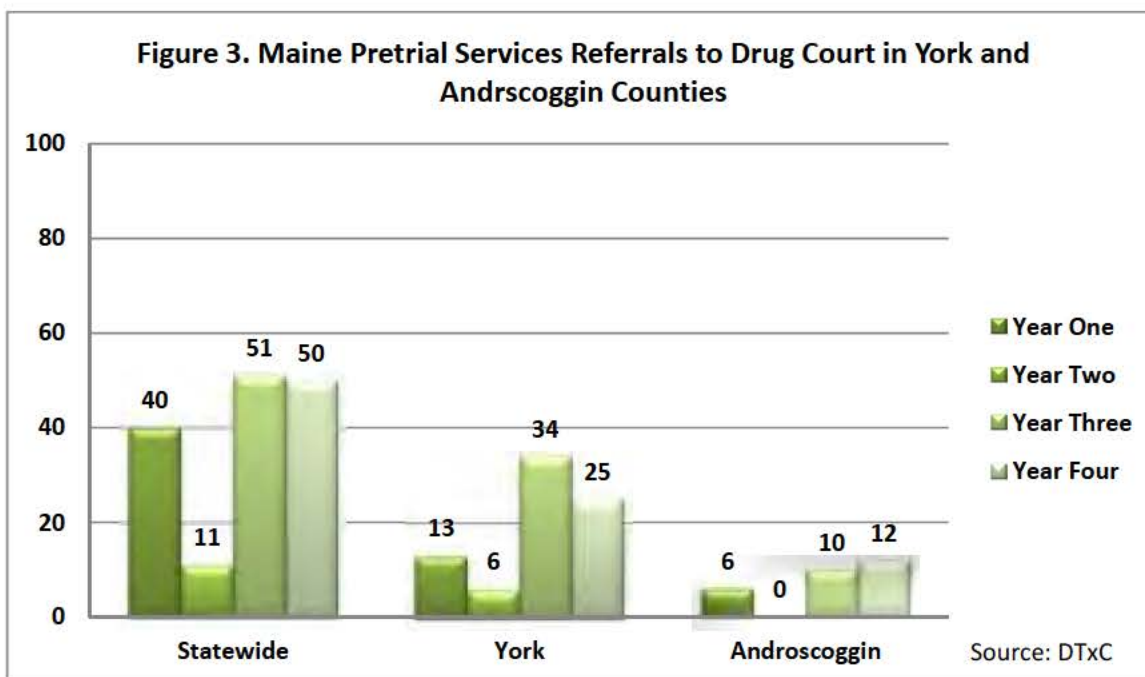
Maine's ADTCs have a standardized set of eligibility criteria but fidelity to those criteria has varied across locations. The introduction of a validated risk assessment tool, as well as the increase in trainings offered over the course of the grant about eligibility and screening, corresponds with a greater proportion of moderate and high level offenders being referred and

accepted into the program. Moreover, at the end of the project most interviewees reported that the appropriate people were being referred to the ADTCs.

Enhancement Strategy Two: Screening and Assessment

The second enhancement strategy created a full-time position within Maine Pretrial Services (MPS) to enhance the coordination of pretrial and ADTC services in York and Androscoggin Counties and streamline the referral process to drug courts in these two counties. The position also acted as a floater in all six counties where ADTCs were located and provide assistance with staff supervision and development.

The position was successfully filled and provided coverage when case managers were on vacation or there was a vacant case management position in any of the six court locations. In Androscoggin and York specifically, where the grant was targeting an increase in MPS referrals, there was little change in the number of referrals over the course of the grant period. However, during Years Three and Four, MPS referrals statewide consisted mainly of referrals from York. Figure 3 shows the number of MPS referrals in York, Androscoggin, and statewide.



State-level stakeholders reported that the new MPS position was essential to providing high quality case management services to ADTC participants in all locations when there was case manager turnover. It did not, however, accomplish the intended goal of creating a smoother path from pretrial to the ADTCs and increasing referrals from pretrial services to drug courts in York and Androscoggin Counties.

Enhancement Strategy Three: Procedural and Distributive Justice

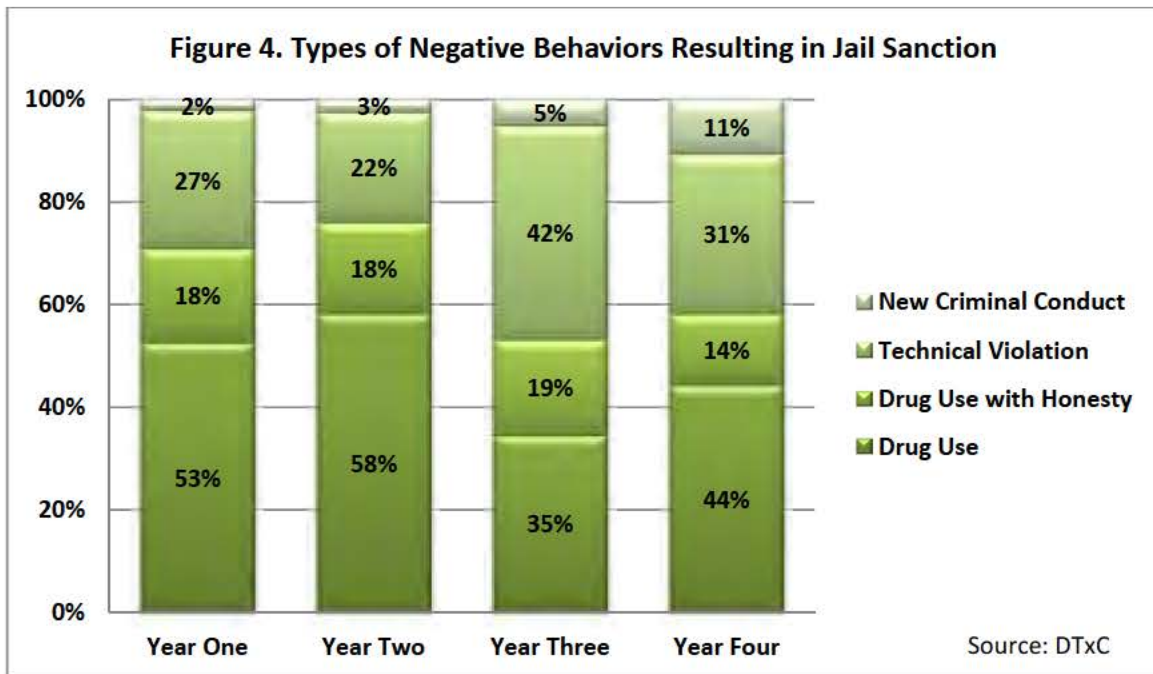
In 2010, prior to this grant, the Washington County ADTC team created a written grid of graduated sanctions to assist in guiding responses to negative behaviors. The third

enhancement strategy focused on providing training and technical assistance to the remaining five ADTCs to assist them in developing their own menus of sanctions and incentives tailored to participants' behavior and graduated according to how long a participant has been in the program or occurrence.

At the conclusion of the enhancement grant, however, Washington County ADTC remained the only court to have a written grid of sanctions. On the other hand, all ADTC teams had been trained in the use of graduated sanctions and incentives and those interviewed from the other ADTCs had discussed using graduated sanctions to determine responses to offender infractions. Sanctions data are collected in DTxC and therefore ADTC teams have a good history available to them of any prior sanctions a participant has received. However interviews indicated that not all teams referred back to DTxC when they discussed sanctions, instead relying on memory or printed participant progress reports if sanctions were discussed during pre-court team meetings.

The use of jail as a sanction is a good indicator for examining whether graduated sanctions are actually being used in an ADTC. The previous Maine Adult Drug Court Statewide Evaluation, looking at the years 2007 through 2010, showed that jail was the most commonly used sanction, both statewide as well as in each court. Fifty-two percent of all sanctions between 2007 and 2010 were a jail stay, up from the 2006 rate of 38 percent. During Year One of the current evaluation period, 57 percent of all sanctions, regardless of the infraction, were jail before decreasing dramatically over the next three years to a low of 26 percent during Year Four (Table 4). Over the course of the grant, just under half (43%) of all sanctions were given for drug use, followed by missing case management check-ins (17%). The largest percentage of jail sanctions was due to drug use (Figure 4).

Table 4. Responses Received by Drug Court Participants by Grant Year				
	Year One	Year Two	Year Three	Year Four
Number of Sanctions	163	508	530	482
Detention – Jail	57%	32%	30%	26%
Community Service	9%	4%	4%	4%
House Arrest	3%	9%	9%	10%
Increased Reporting	1%	13%	16%	10%
Written Assignment	3%	7%	7%	5%
Verbal Reprimand	4%	20%	24%	28%
Increased Treatment	11%	1%	2%	2%
Phase Demotion	1%	9%	5%	8%
Other Sanction	10%	5%	4%	8%
Source: DTxC				



Many interviewees emphasized the importance of honesty when it came to imposing sanctions, particularly when the negative behavior had to do with drug use. Teams were more willing to give moderate sanctions if participants were upfront and honest about their use. When a participant used, tested positive, denied use, and the lab confirmed the positive test, sanctions were more severe and could include jail time.

Table 5 shows the distribution of sanctions given to ADTC participants during the grant period based on whether it was their first, second, third, or fourth sanction for drug use during the program. Jail was the most frequently used sanction for a participant's first positive drug test in all courts except Cumberland, Androscoggin, and the CODC.

Table 5. Distribution of Sanctions at First and Subsequent Drug Use Only

	N=	Jail	Community Service	House Arrest	Increased Reporting	Verbal Reprimand	Written Assignment	Increased Treatment	Other
York									
1st Sanction	52	25%	2%	10%	14%	14%	4%	15%	17%
2nd Sanction	30	43%	0%	7%	7%	17%	0%	13%	13%
3rd Sanction	22	41%	9%	5%	5%	27%	0%	0%	14%
4th Sanction	13	31%	0%	0%	8%	39%	0%	8%	15%
Cumberland									
1st Sanction	42	31%	33%	19%	5%	2%	0%	2%	3%
2nd Sanction	24	33%	21%	17%	13%	8%	8%	0%	0%
3rd Sanction	11	36%	9%	36%	18%	0%	0%	0%	0%
4th Sanction	4	25%	0%	0%	50%	0%	0%	25%	0%
Androscoggin									
1st Sanction	68	21%	7%	4%	53%	4%	0%	6%	4%
2nd Sanction	55	22%	9%	5%	45%	7%	0%	5%	5%
3rd Sanction	39	26%	5%	13%	46%	3%	3%	0%	5%
4th Sanction	30	27%	3%	3%	53%	3%	3%	3%	3%
CODC									
1st Sanction	13	15%	0%	8%	8%	23%	8%	31%	8%
2nd Sanction	5	60%	0%	0%	0%	0%	20%	20%	0%
3rd Sanction	1	0%	0%	0%	0%	0%	0%	0%	100%
4th Sanction	0	0%	0%	0%	0%	0%	0%	0%	0%
Veterans									
1st Sanction	2	100%	0%	0%	0%	0%	0%	0%	0%
2nd Sanction	2	50%	0%	50%	0%	0%	0%	0%	0%
3rd Sanction	0	0%	0%	0%	0%	0%	0%	0%	0%
4th Sanction	0	0%	0%	0%	0%	0%	0%	0%	0%
Hancock									
1st Sanction	43	51%	2%	9%	12%	5%	14%	0%	7%
2nd Sanction	36	72%	3%	14%	3%	0%	6%	0%	3%
3rd Sanction	26	65%	0%	8%	8%	0%	4%	4%	12%
4th Sanction	20	80%	0%	10%	5%	0%	5%	0%	0%
Washington									
1st Sanction	22	32%	5%	27%	9%	14%	5%	0%	9%
2nd Sanction	20	50%	5%	15%	5%	0%	25%	0%	0%
3rd Sanction	14	36%	7%	43%	7%	0%	7%	0%	0%
4th Sanction	13	38%	8%	23%	8%	0%	15%	0%	8%

Source: DTxC

It is important to note that the CODC and Veterans Court serves a different population than the other ADTCs. People admitted into the CODC must have a diagnosis of a serious mental illness in addition to substance abuse. Participants in the Veterans track all have military backgrounds and therefore are trained to follow orders. It may be easier for veterans to comply with the rules of the court due to this background. Additionally, participants in the CODC and Veterans Court receive substance abuse and mental health treatment tailored to their individual needs.

They are not required to participate in the DSAT treatment that is required for participants in all other ADTC courts.

Despite the number of total sanctions and the number of jail sanctions rising over the grant period, statewide numbers suggest a wider variety of sanctions were being used to address negative behaviors in Maine's ADTCs. House arrest, verbal reprimands, and increased reporting to case management were all used more frequently during the latter years of the grant. The statewide training in May 2013 had a sanctions component and the use of paper documents showing participant progress each week allowed Maine's ADTCs to be more thoughtful and reflective on past sanctions when addressing participants' negative behavior.

Enhancement Strategy Four: Judicial Interaction

The fourth enhancement strategy aimed to provide training to judges to decrease the amount of cross-site variation surrounding the way ADTC judges interact with participants, how information is communicated to the judges at pre-court team meetings, and how they respond to participant compliance and non-compliance.

At least five of the six ADTC judges (as of October 2015) attended a minimum of one drug court specific training over the enhancement period. However, these were smaller regional or in-state trainings where the specifics of judicial interactions were not training topics, but rather focused on best practices and outcomes in adult drug courts, effective drug testing, the science of addiction, sanctions and incentives, and constitutional issues faced by drug courts.

Nevertheless, the trainings did allow for judges to interact and share ideas across ADTC locations.

During Year Two site visits, the format of information provided to the team during pre-court team meetings varied from court to court. By Year Four, each ADTC used a written document provided by the case manager to inform team members of participant progress. These documents included updates on the participant, treatment progress, drug testing results, the number of days sober, and education and work information. State-level stakeholders encouraged all ADTC teams to utilize DTxC participant progress reports at pre-court team meetings.

NADCP's recently released *Adult Drug Court Best Practice Standards (2013; 2015)* states judges must spend adequate time, a minimum of three minutes, during the court sessions to review each participant's progress. However, Maine's ADTC judges would only be likely to be familiar with this standard if they attended a training that focused on the roles and responsibilities of judges (National Association of Drug Court Professionals, 2013), and none of the judges did so during the grant period. Table 6 shows the average length of time judges spent interacting with ADTC participants during court observations and does not include graduations, admissions, and termination hearings that took place during the observed court sessions. While two courts had changes in the judges between 2013 and 2015, the remaining ADTCs had consistent judges for at least five years. The results show that the times varied widely, not only across the state, but

also across court sessions. Although not reflected in the table, graduations and termination hearings that occur during court sessions affected how long the judge interacted with other participants being heard on the same day. For example, when there was a long interaction, such as a graduation or termination hearing, interactions with other participants were shorter. It is also worth noting that interactions took longer at the Co-occurring and Veterans courts, which serve different populations compared to the other five ADTCs.

The court session observed in York in 2013 was not a typical ADTC session. Participants were required to write their own obituaries as a treatment homework assignment and the court session was used to discuss the real potential of overdose and death in the case of relapse or driving under the influence for ADTC participants. The Co-Occurring Disorders and Veterans Courts were unable to be visited during 2013 due to the judge's schedule. She was presiding over a court case in another county. The Co-Occurring and Veterans Courts continued to meet with the Coordinator of Specialty Dockets and Grants, who was not a judge, presiding over sessions with participants.

Table 6. Average length of time Judge spent talking to participants		
	2013	2015
York	Atypical court session	2.4 minutes
Cumberland	2.8 minutes	2.9 minutes
Androscoggin	3.3 minutes	2.8 minutes
CODC	Unable to visit due to judge's schedule	5.5 minutes
Veterans	Unable to visit due to judge's schedule	3.3 minutes
Hancock	4.0 minutes	1.7 minutes
Washington	2.4 minutes	3.3 minutes
Source: Court Observations		

When interviewed, some judges said they did not focus on the amount of time they spent with participants, instead spending more time with participants who were new to the court and participants who were in crisis or facing a potential crisis, and less time with participants who were doing well or close to graduation. Other judges stated they did try to talk to participants for a minimum of three minutes, including those who were doing well, so that everyone would have an equal level of interaction regardless of how they were doing in the program. Judges with lower numbers of participants said it was easier to spend more time talking to each individual because they did not feel like they were rushing to get through everyone.

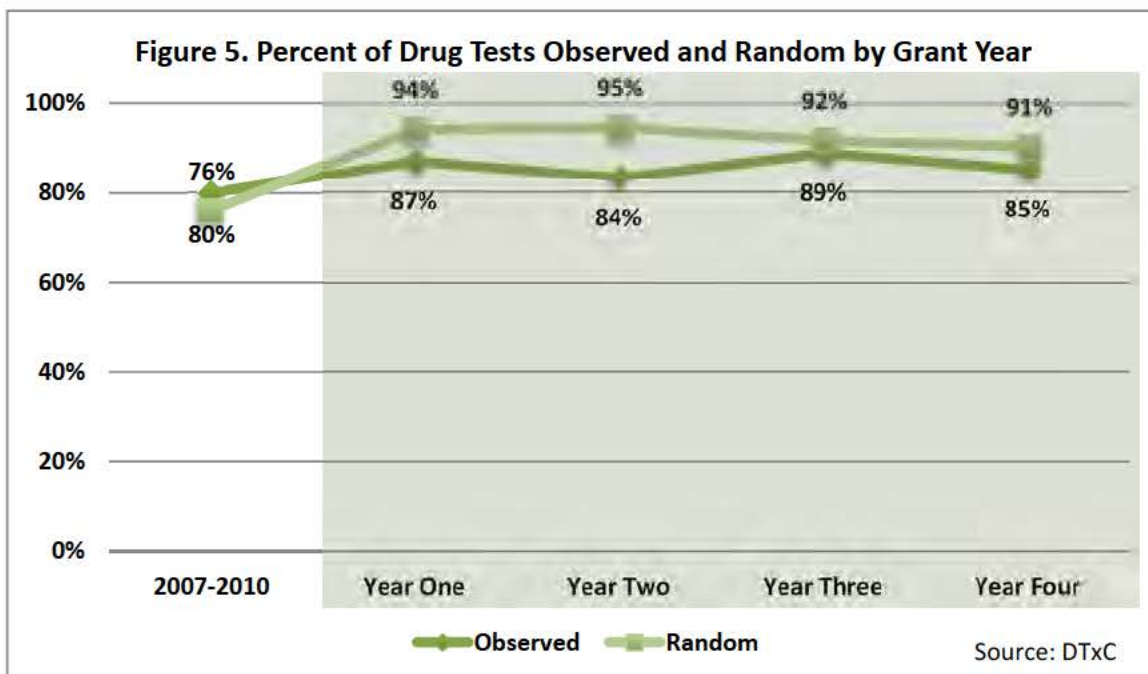
The increased access to trainings on the part of ADTC judges, as noted previously, and the increased use of paper progress reports (as discussed in enhancement strategy three) have allowed for some uniformity in judicial procedures across all ADTC locations in terms of how participant progress is communicated to judges during pre-court meetings. Variation remains, however, particularly in regard to individual interactions with judges.

Enhancement Strategy Five: Monitoring

The fifth enhancement strategy aimed to increase the rate of observed drug tests by hiring three regional drug testers. Additionally, to address the low number of random drug tests in Washington County due to the rural nature of the county, the enhancement aimed to develop partnerships with local law enforcement to increase the number of house checks and random drug tests in that county, specifically.

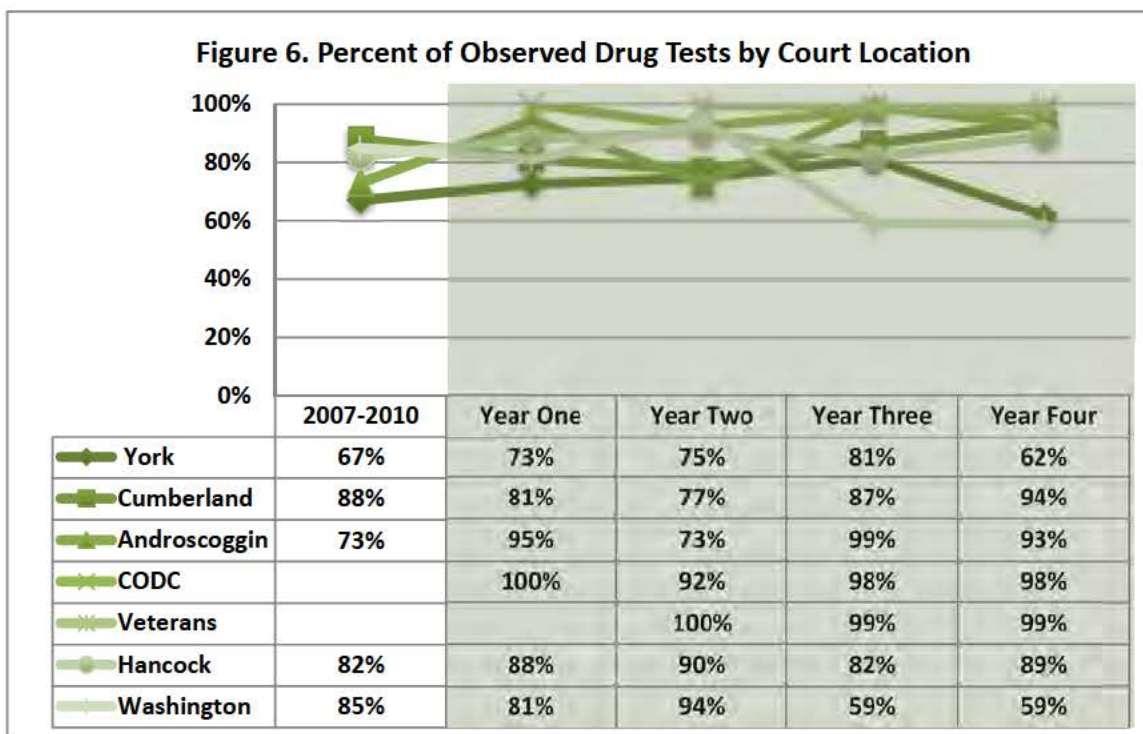
Statewide Drug Testing

As a result of the enhancement grant, three part-time drug testing liaisons were hired to assist case managers with drug testing ADTC participants and data entry. The liaisons were located throughout the state with one covering York and Cumberland counties, the second covering Androscoggin and Kennebec, and the third covering Hancock and Washington counties. As shown in Figure 5, there was an increase in the number of random tests from what was reported in the previous statewide ADTC evaluation covering the period of 2007 to 2010, rising from a 80 percent to 94 percent in Year One (Hornby Zeller Associates, 2013). However, there was no increase in the percentage of observed tests, and a slight decrease in the percentage of random tests over the four year grant period.



The addition of three regional drug testers did not appear to have an effect on the percentage of random or observed drug tests. Case managers at each court location reported that the number of random drug tests did not increase as a result of the drug testing liaisons because they were already required to randomly test participants a minimum of twice a week in keeping with a drug court best practice (National Association of Drug Court Professionals, 2015). In fact, the numbers do suggest that the percentage of drug tests which were random was relatively high, so it is not clear why the grant application focused on this issue in the first place.

Figure 6 shows the percentage of observed drug tests by court location. There was no consistent trend in any location with the exception of a dramatic decrease in Washington County in Year Three and Four due to turn over and the discontinuation of the drug testing liaisons at the end of Year Three. Washington County lost its liaison halfway through Year Three and did not hire a replacement.



Source: DTxC

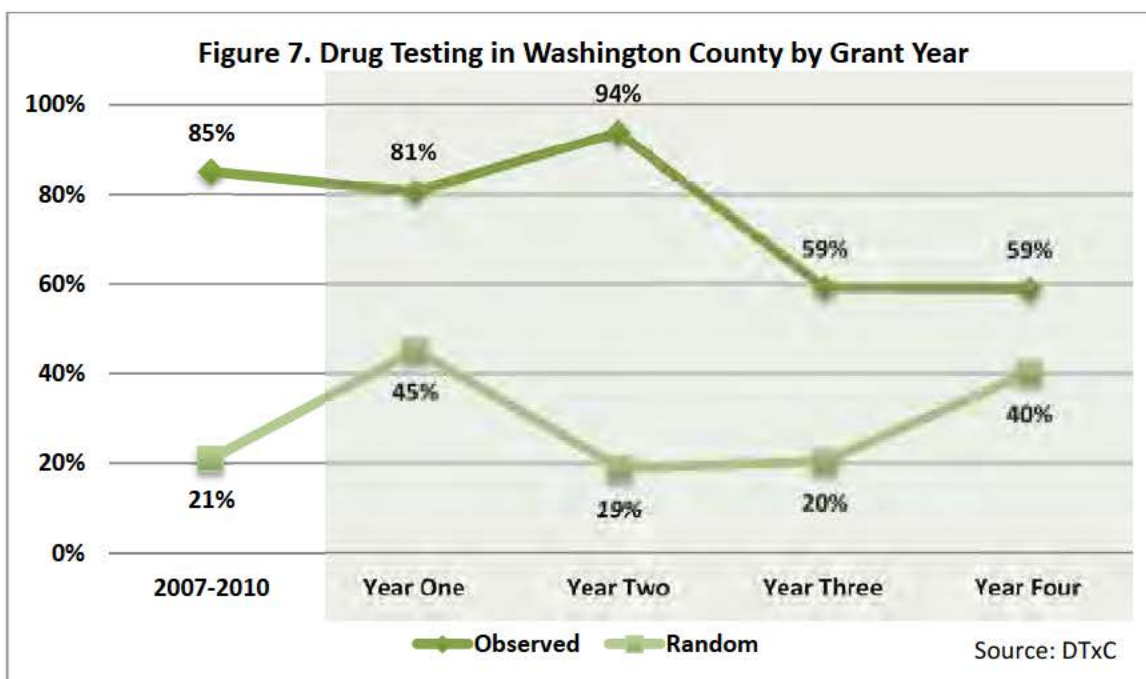
The liaisons did, however, assist in increasing the number of observed drug tests in court locations where the liaison was a different gender than the case manager like in the case of York and Washington counties. This was because during the grant period only one county, Hancock, had two case managers, one male and one female, and could observe drug tests for all participants regardless of gender. Case managers located in Cumberland, Androscoggin, and the CODC and Veterans court all are located in offices with other Maine Pretrial workers who can assist with observing drug tests. Once the liaison positions were discontinued, for places like Washington County and York, no longer having a liaison of the opposite gender from the case manager affected the percentage of observed drug tests. According to the case managers interviewed, the liaisons also assisted in data entry which kept the records up to date. Due to being a part-time job, however, there was frequent turnover in liaisons. This particular enhancement was discontinued at the end of Year Three when it was determined that they had not been helpful in increasing ADTC capacity.

Washington County

Washington County has generally struggled to test its participants randomly due to the large area it covers and the sparse population. With the assistance of funding from this enhancement

grant, the Washington County ADTC developed a memorandum of understanding with the Washington County Sheriff's Department to assist with home bail checks and drug testing. During Year Two of the grant, Washington County Sheriff's department deputies were trained on how to drug test and complete the required forms and the Washington County ADTC team members were trained by deputies on the information required by the Sheriff's department to conduct bail checks. After the training, the Washington County Sheriff's department conducted drug testing using testing supplies paid for by Maine Pretrial Services and reported results to case management. The enhancement grant paid for the officers' time.

As seen in Figure 7, while doubling from the previous evaluation period to Year One, the proportion of random drug tests dropped at the outset of the enhancement period from 45 percent to 19 percent before increasing back to 40 percent in Year Four (Hornby Zeller Associates, 2013). In large part, this is explained by the fact that all participants in the Washington County ADTC were tested every Monday, a fact of which they were aware, so those tests could not be considered random. Other tests performed throughout the week were random.



Despite the relationship with law enforcement which aimed to increase the number of random drug tests, the majority of drug testing throughout the course of the grant was conducted by case management. Moreover, eighty-five percent of the drug tests conducted by Law Enforcement during the grant period were random as compared to only 25 percent of those conducted by case management. During Years Two and Three, when the number of random test dramatically decreased, case management conducted 98 percent and 90 percent of all drug tests respectively. Law Enforcement conducted 9 percent of all drug tests during Year Three. Interviewees said the relationship with law enforcement provided enhanced supervision of

participants in the Washington ADTC; however this is not reflected in improvement in the drug testing data which was the original goal.

Focus groups conducted with Washington County participants during the first two years of the enhancement grant found that the participants' perception that the tests were not random had an influence on their actions. Participants in these focus groups discussed various ways they could (or in a few cases could not) predict when they had to appear for a drug test. For example, all participants knew they would typically be asked to submit a sample on Monday, with the likelihood that they could be tested again in court on Friday. In these discussions, participants stated how they might use in the middle of the week because of the low risk of being tested. Whether or not this was reality for Washington County, the perception of randomness on the part of the participants was important to their abstinence. When one person stated, "Random testing does keep you from using and drinking" all agreed and another followed with, "Yes, it is a big motivator to stay clean." Participants in a focus group conducted at the conclusion of Year Four stated that drug testing was straightforward and felt they could not falsify a test. However, this focus group occurred directly before a court session, so it is possible participants were less forthcoming than in previous years.

While not reflected in the data, the Washington County ADTC did successfully collaborate with regional law enforcement to better supervise their ADTC participants and the relationship has been sustained beyond the grant period.

Enhancement Strategy Six: Treatment and Other Services

The sixth enhancement strategy aimed to address the additional treatment needs of ADTC participants who had co-occurring mental health disorders or significant trauma histories by requiring all treatment providers to be trained to deliver *Seeking Safety*, *Thinking for a Change*, and *Moral Reconation Therapy* in addition to DSAT, the substance abuse treatment model required of all ADTC participants during the grant period.

Maine's ADTC case managers were trained in Moral Reconation Therapy (MRT) but it was never provided as a treatment option for ADTC participants. Treatment providers were unable to provide MRT in addition to the mandated treatment due to limitations associated with billable hours, and case managers did not have time to do MRT while fulfilling their case management duties. On the other hand, some of the case managers interviewed did discuss using elements of what they learned from MRT when interacting with ADTC participants. Some treatment providers had Seeking Safety groups in which ADTC participants could participate but this was provided outside of the grant. Lastly, some case managers were trained in Thinking for a Change, but, just as with MRT, they did not have the time available to run groups while fulfilling their case management duties. In sum, this enhancement was not implemented.

Enhancement Strategy Seven: Relapse Prevention and Community Integration

The seventh and final enhancement strategy involved hiring a half-time Housing Coordinator in Hancock County to coordinate referrals to local housing programs and shelters, provide

assistance in completing subsidized housing applications, build relationships with local landlords, and perform outreach housing services to alumni in need.

Perhaps the most notable outcome of the enhancement, the Hancock County ADTC successfully hired a half-time Housing Coordinator who focused on addressing the need for appropriate and adequate housing for ADTC participants. The Housing Coordinator created an advisory board comprised of representatives with backgrounds in drug courts, substance abuse, and criminal justice. After a review of Hancock County ADTC participants regarding their living situation and whether or not they succeeded in drug court, the board decided to focus on men who were homeless, moving around a lot, or not in a housing environment supportive of their recovery because they were more frequently terminated from the Hancock ADTC than other participants. The Housing Coordinator successfully worked to create permanent supportive housing in downtown Ellsworth, close to the case manager's office and courthouse, the police department, and within walking distance to treatment. While those in the community who are not part of the Hancock ADTC were eligible to apply for one of the apartments, the Hancock ADTC secured a memorandum of understanding giving first priority to its referrals. The apartments opened in November 2015 and four ADTC participants who had previously been identified as eligible were housed in the building. Residents are required to be involved with services to address their various needs, including but not limited to substance abuse and mental health treatment. The building will have a peer mentor who identifies as being in recovery and who will meet with residents individually and as a group. The mentor will help residents work through issues between tenants, host group meals, and help them to understand how to apply to the building, maintain their lease, be a good neighbor, and get security deposits back. Maine's ADTCs hope that this enhancement will be replicated in other locations throughout the state. While the housing in Hancock County requires those living there to be involved with services, the success of a national model implemented with success in Utah called Housing First (which does not require service involvement) suggests stable housing is a key element in addressing substance abuse issues. When implemented with fidelity, recent research has shown Housing First is associated with not only positive housing outcomes, but also positive substance abuse outcomes for addicted, chronically homeless individuals (Davidson et al., 2014).⁷ The success of the Housing First suggests service involvement as eligibility criteria for housing may be an unnecessary barrier.

Summary

Between October 1, 2011, and September 30, 2015, Maine's ADTCS received 1,038 referrals and admitted a total of 427 participants. With a goal of reaching the program capacity of 200 participants annually and, additionally, expanding to 300 annually, Maine's ADTCs rose from 149 participants in Year One to 258 in Year Four. Results of drug court referrals also demonstrate an increase in rates of acceptance, from 41 percent to 45 percent during the grant period. These combined factors suggest that total participation will continue to increase in the post grant period until the courts reach full capacity.

⁷ For more information on the Housing First model, please see: <https://pathwaystohousing.org/research>

Seven enhancement strategies were also implemented, with varying success, during the grant period with the intention of increasing the overall effectiveness of ADTC procedures and programs. The most effective enhancement strategies appear to be the introduction of a validated risk assessment tool to allow for the identification of high risk offenders for increased program participation as well as increased training and assistance for the court system. While not fully implemented, the enhancement strategy focused on developing a menu of graduated sanctions and incentives showed encouraging results in helping ADTC teams to use a wider variety of sanctions in response to negative behaviors. The court-specific enhancement in Hancock addressing the need for appropriate and adequate housing for ADTC participants may become the most notable success of the grant.

Outcome Evaluation

The first section of the outcome evaluation examines the graduation rates of Maine's ADTCs by grant year and court location. The second section examines 12- and 18-month recidivism rates based on new convictions for a drug court experimental group and a matched comparison group. Finally, post-discharge recidivism rates are examined for ADTC participants.

Graduations

Graduation rates were determined by examining the discharge status of all drug court referrals received during the grant period that were both admitted and discharged during the grant period, a total of 302 participants. Table 7 shows discharges based on the year they were referred to the ADTCs. As shown in Table 7, the graduation rate was consistent for those entering during the first three years of the grant, slightly higher than 50 percent. Due to the fact that Maine's ADTCs take a minimum of 12 months to successfully complete, only fourteen people who were admitted in the final year of the grant had been discharged, 13 of which were expulsions, and therefore discharge data are not yet available.

Table 7. Results of Drug Court Referrals by Grant Year, 2011-2015

	Year One	Year Two	Year Three	Year Four
Discharges	140	105	43	14
Graduates	80	59	23	1
Expulsions	60	46	20	13
Graduation Rate	57%	56%	53%	-

Source: DTxC

Table 8 shows the graduation rate varied by court location. Cumberland had the lowest graduation rate (37%), even lower than its graduation rate of 44 percent reported in the 2007-2010 evaluation (Hornby Zeller Associates, 2013). Graduation rates decreased in all court locations over the course of the grant period and from graduation rates reported in the previous evaluation. The lower graduation rates are most likely due to focusing admissions on higher risk offenders.

Table 8. Results of Drug Court Referrals by Court Location, 2011-2015

	Statewide	York	Cumberland	Androscoggin	CODC	Veterans	Hancock	Washington
Discharges	302	58	43	65	32	29	45	30
Graduates	163	33	16	37	20	22	23	12
Expulsions	139	25	27	28	12	7	22	18
Graduation Rate	54%	57%	37%	57%	63%	76%	51%	40%

Source: DTxC

Recidivism

A meta-analysis conducted by Mitchell et al. (2012) found that independent assessments of drug court strongly support the effectiveness of adult drug courts in reducing criminal recidivism and drug-related recidivism. On average, adult drug court participants have recidivism rates approximately 12 percentage points lower than people who do not participate in drug courts. The analysis also found that adult drug courts' effects on recidivism extend beyond the period of drug court participation and are stable from 12 to 36 months post-program. Another meta-analysis found a recidivism reduction of 10 percentage points for adult drug courts when compared to a comparison group (Schaffer, 2006).

As discussed in the methodology section, the recidivism study used a quasi-experimental design to determine whether participants in Maine's ADTCs during the enhancement grant period had fewer new criminal convictions than similar individuals who went through the traditional adjudication process. To allow for a minimum of an eighteen month follow-up period to pass after the admission decision, the outcome study included only those referred and not admitted (the comparison group) or admitted (the experimental group) between October 1, 2011 and April 30, 2014. The experimental group consists of all participants who were referred and discharged from the drug courts, whether through graduation or expulsion, during the grant period. The two groups were further matched by gender to draw a comparison sample similar in size and composition to the experimental group. The resulting groups included 161 individuals each. A subset of ADTC participants who were admitted and discharged between October 1, 2011 and April 30, 2014 were examined for post discharge recidivism (N=91).

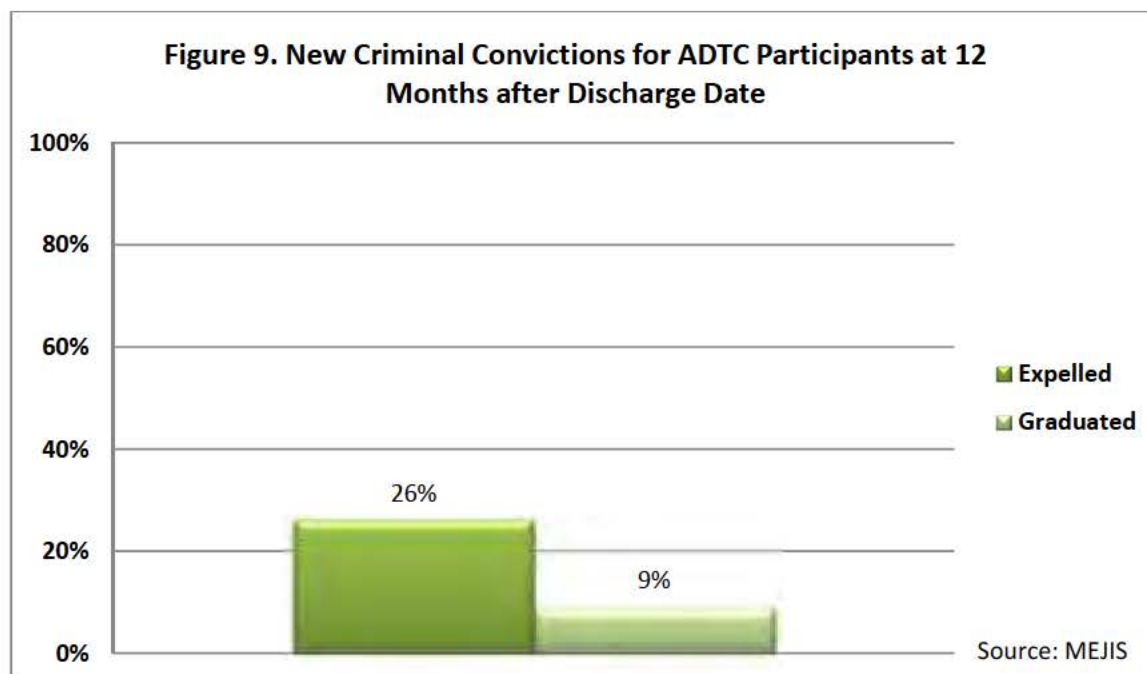
For the comparison group, recidivism was measured as a new conviction within 12 and 18 months after the date the individual was denied admission to the court. For the experimental group, recidivism was measured as a new conviction within 12 and 18 months after the participant's admission date.

Figure 8 shows new criminal convictions for the experimental group and the comparison group. The comparison group had a recidivism rate of 29 percent at 12 months after the date they were not admitted to the ADTCs, rising to 32 percent within 18 months. ADTC participants who

were expelled from the program had higher rates of new criminal convictions at both 12 and 18 months when compared to the comparison group (41 percent and 49 percent respectively). Because new criminal conduct during ADTC involvement almost always results in an expulsion, this may be a factor in the high number of new convictions. ADTC graduates had much lower post admission recidivism rates at only 12 percent at 12 months rising to 16 percent at 18 months. The differences among the three groups are not statistically significant.



Twenty-seven percent of those in the experimental group received a new conviction during their time as an ADTC participant. Figure 9 shows new criminal conviction groups for the experimental group 12 months after their discharge from the court. Twenty-six percent of participants who were expelled committed a new crime that resulted in a new conviction within 12 months after their discharge as compared to only nine percent of graduates.



Summary

Graduation rates were lower during this grant period than previous grant periods, however they consistently remained above 50 percent, meaning more than half of the participants in Maine's ADTCs completed all requirements. Post admission recidivism rates, measured as a new conviction(s) received, were highest for ADTC participants who were expelled from the program, 49 percent at 18 months, followed by the comparison group with 32 percent having received a new conviction at 18 months. ADTC graduates were the lowest with 16 percent committing a new crime that resulted in a new conviction within 18 months of their admission.

As part of the enhancement grant, ADTC teams began using a validated risk assessment tool and were better trained in eligibility criteria. Interviews suggest the ADTC teams began applying the risk assessments and eligibility criteria training to their admissions processes, thereby admitting more individuals they would not have previously admitted, including those with high risk and need levels. Further study on eligibility criteria and risk-need levels is needed to determine their effect on graduation rates and recidivism.

Conclusions and Recommendations

Maine's statewide goal of reaching the drug court capacity of 200 participants annually and expanding to serve 300 annually was unsuccessful during the grant period, reaching a maximum of 258 participants in Year Four. However findings suggest the participation rates for ADTCs will continue to rise in the post grant period. The seven enhancement strategies were implemented with varying degrees of success with enhancements that focused on adherence to objective eligibility criteria, graduated sanctions, and access to safe and appropriate housing having the most success.

As part of the enhancement grant, case managers began using a validated risk assessment tool and ADTC teams were better trained in eligibility criteria. DTxC data and team member interviews suggest they began applying the risk assessments and training to their admissions processes, thereby admitting more individuals they would not have previously admitted, including those with high risk and need levels. Graduation rates decreased in all court locations over the course of the grant period. Post admission recidivism rates, new conviction(s) received, were highest for ADTC participants who were expelled from the program, 49 percent at 18 months. The comparison group had a recidivism rate of 32 percent at 18 months and ADTC graduates were the lowest at 16 percent at 18 months. The differences among the three groups are not statistically significant. Continued focus is needed related to consistent judicial interactions and jail sanctions. The success of the Hancock County Housing Coordinator in developing permanent supportive housing appears to be the only enhancement strategy that may be working as originally intended.

The following are recommendations based on analysis of DTxC data, interviews with ADTC team members, focus groups with ADTC participants, observations of pre-court team meetings and court hearings, and recidivism analyses.

1. Provide specialized judicial training to ensure consistency across ADTC locations regarding judicial interactions with participants. In keeping with the Best Practice Standards, ADTC judges should regularly attend the pre-court team meetings where each participants' progress is reviewed and spend a minimum of three minutes interacting with each participant during the court session (National Association of Drug Court Professionals, 2013). The increased access to trainings on the part of ADTC judges, the increased use of paper participant progress reports (as discussed in enhancement strategy three) have allowed for some uniformity in judicial procedures across all ADTC locations. However there continue to be observable variations with regard to the amount of time judges spend interacting with participants and their responses to negative behaviors. ADTC needs to continue working with judges to share best practices, expectations and common approaches. ADTCs should consider providing opportunities for judges to share ideas and experiences across ADTC locations.

2. Continue to decrease use of jail as a sanction, particularly as a first sanction.

According to the Best Practice Standards, jail sanctions are to be used sparingly and only after less severe sanctions have been shown to be ineffective at deterring negative behaviors

(National Association of Drug Court Professionals, 2013). Some studies have found that sanctions, especially jail, may be associated with an increased probability of re-arrest (Goldkamp, White, & Robinson, 2001; Finigan, Cary, & Cox, 2007). Research shows that sanctions are least effective when given at high and low magnitudes (such as jail, a high magnitude sanction, or verbal apology, a low magnitude sanction) and most effective in a more intermediate range, such as a written essay (Marlowe 2012). In all courts except Cumberland, Androscoggin, and the CODC, jail was the most frequently used sanction for the first positive drug test. These three courts used less severe sanctions, such as community service, increased reporting, and increased treatment to respond to negative behaviors surrounding drug use, however these courts do not necessarily have the best outcomes Other courts should follow suit.

3. Replicate Hancock County's Housing Coordinator role in all ADTC locations.

Securing adequate and appropriate housing is a persistent and challenging need faced by many ADTC participants. Having a Housing Coordinator in Hancock who was dedicated to this issue successfully developed permanent supportive housing in downtown Ellsworth. While there are no firm results on the affect the supportive housing in Ellsworth will have on outcomes for ADTC participants who utilize it, the existence is a promising start to address a recognized problem. The success of the Housing Coordinator in developing permanent supportive housing appears to be the only enhancement strategy that worked as originally intended. The role of Housing Coordinator should be replicated in all ADTC locations so that participants have access to safe, adequate, and appropriate housing during their time in the ADTC program.

4. Provide funding for and require all team members attend yearly mandated trainings in accordance with the National Association of Drug Court Professionals' Best Practice Standards (2013; 2015).

All team members are encouraged to complete the National Drug Court Institute online training, Essential Elements of Adult Drug Courts; however, only case managers are required by their organization to complete the training⁸. The enhancement grant provided two statewide trainings, one in 2011 and another in 2013, both of which were well attended, however the trainings were not mandatory and not all ADTC team members participated. All ADTC team members must be familiar with and trained in the Best Practice Standards in order for Maine's ADTCs to operate in accordance with current research and best practices.

5. Create a multidisciplinary strategic plan for Maine's Adult Drug Treatment Courts.

Maine's ADTCs require the development of a strategic plan to guide and define the direction, goals, and decision making processes to ensure compliance with the NADCP's Best Practice Standards (2013; 2015). Currently there are significant variations and inconsistencies among the ADTCs in regards to referral and admissions processes, sanctions, and drug testing.

⁸ NDCI's online training "Essential Elements of Adult Drug Courts" can be found at: <http://www.ndci.org/training/online-trainings-webinars/online-course-essential-elements-adult-drug-courts>

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