STATE OF MAINE
JUDICIAL BRANCH

REPORT TO THE JOINT STANDING COMMITTEE ON JUDICIARY 128th LEGISLATURE

2017 Annual Report on Maine's Adult Drug Treatment Courts
February 8, 2018

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February 8, 2018

Senator Lisa Keim, Co-Chair
Representative Matthew Moonen, Co-Chair
Committee on Judiciary
100 Statehouse Station
Augusta, Maine 04330

Re: 2017 Annual Report on Maine's Adult Drug Treatment Courts

Dear Senator Keim, Representative Moonen and members of the
Joint Standing Committee on Judiciary,

Pursuant to the provisions of 4 M.R.S §423, I submit to you the 16th annual report on Maine's Adult Drug Treatment Courts. The report contains detailed information relative to the operation of our 8 adult drug treatment courts in 2017.

Our office remains available to answer any questions you may have.

Sincerely yours,

Anne H. Jordan Esq.
Manager of Criminal Process and Specialty Dockets

I. Executive Summary

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

During the 2017 calendar year, Adult Drug Treatment Courts were in operation in six counties: Androscoggin, Cumberland, Hancock, Penobscot, Washington, and York. The Penobscot County ADTC resumed operation in 2016 by accepting clients who lived in Penobscot but who attended the Hancock County ADTC. The Penobscot ADTC operated as a stand-alone ADTC during 2017. Kennebec County houses a Co-Occurring Disorders Court and a Co-Occurring Disorders and Veterans Court. Each of the eight treatment courts (6 ADTC, 1 CODC, 1 CODVC) have a maximum capacity of thirty (30) clients at a time.

All of the treatment courts provide rigorous accountability for the clients who have either pled guilty or been found guilty of serious crimes. The underlying crime that brought the client into the criminal justice system must be drug and/or alcohol related, either as an element of the offense or as the underlying contributing factor to the commission of the offense. Treatment courts that operate with fidelity to evidence-based best practices are proven to be an effective state response for high risk and high need criminal defendants with drug and/or alcohol abuse or dependence disorder.[1]

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

Prior to admission to a treatment court, an extensive evaluation of each applicant is conducted in order to ensure that each applicant meets the eligibility criteria. The evaluation includes the following steps:

-Referral to the treatment court by an attorney, probation officer, community member
-Defendant application and interview
-Independent verification of information gathered in interview

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

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

Once admitted to the treatment court, participants are required to meet with the presiding judicial officer weekly or bi-weekly to report on, and account for, their progress, as well as maintain regular weekly (or more often) contact with their case manager, and if on probation, their probation officer. In addition to the frequent court appearances, the participant must: actively seek out and/or maintain paid employment, attend educational programs, or engage in community service; pay all fines, restitution, child support, and taxes; maintain stable and sober housing; undergo frequent and random observed drug testing (a minimum of twice per week) for the presence of drugs and/or alcohol; and participate satisfactorily in intensive treatment and self-help groups. Failure to abide by these conditions can result in the imposition of sanctions, including short terms of incarceration, by the Court. Multiple, serious repeat violations, serious new criminal conduct, or failure to make progress toward proximate goals, can result in incarceration or termination from the program.

Specialized treatment provided through state contracts with local behavioral healthcare agencies supports recovery from substance abuse disorder, the development of more pro-social behaviors, and addresses mental health and trauma issues. Furthermore, the case manager for each program provides direct and frequent supervision of participants, random drug testing at least twice per week and assistance to participants in developing individualized plans of action to achieve and maintain sobriety, refrain from criminal behavior, secure stable and sober housing, employment, and other goals. Case management services in the past were handled by Maine Pre-Trial Services, however, with a change in contracted providers as of October 1, 2017[3], case management is now handled by the treating agency, many of which have sub-contracted the work to Maine Pre-Trial Services.

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

[3] Case management and treatment service contracts are administered by the Maine Department of Health and Human Services.

During calendar year 2017, there were a total of 254 active participants in the treatment courts. This is an increase of 7 participants over 2016. Fifty-one (51) participants successfully graduated from a treatment court, while forty-five (45) were terminated from a treatment court for non-compliance with requirements and were ordered to serve a previously agreed upon sentence.

As of December 31, 2017, the Adult Drug Treatment Courts had 142 active participants, with another 47 pending referrals. One of the six dockets, Cumberland (35 participants) is operating above capacity and has 5 pending referrals; two of the six dockets are operating near capacity (Androscoggin – 25 participants, Penobscot – 26 participants) with Penobscot also having 17 pending referrals. If all of the pending referrals are admitted to the Drug Court dockets, all of the Drug Courts would have a minimum of 25 participants, with Cumberland and Penobscot significantly over capacity. The CODC docket currently has 19 active participants, with 6 pending referrals. The CODVC docket currently has 12 active participants and no pending referrals.

Adult Drug Treatment Courts generate measurable cost avoidance to the criminal justice system through reduced recidivism and reduced incarceration. ADTC services also result in reduced health care costs through participant recovery from addiction. Conservatively estimated, for every $1.00 spent in the adult drug treatment courts in Maine, approximately $1.87 in savings to the state's criminal justice system has been generated.[4] National research has indicated that if all costs are compiled, including those to potential victims, the average cost savings per drug court participant are $12,218.[5]

A vital measure of a drug treatment court's operation is the recidivism of its participants compared to traditionally adjudicated defendants. Maine's dockets have continued to show significant reductions in re-arrest compared to traditionally adjudicated offenders. In the most recent independent evaluation conducted by Hornby Zeller Associates (2016), it was determined that the recidivism rate (defined in that study as a new criminal conviction 18 months post admission) for drug court graduates, was 16%. This compared to a recidivism rate of 32% for individuals who applied, but were not admitted, and 49% for those admitted and later expelled from the program.[6] In comparison, according to a 2013 Maine Department of Corrections study, their most recent recidivism rate (defined in that study as a new arrest within 12 months) for persons on probation whose LSI-R score was in the moderate to high-risk category (similar to persons served by the Drug Courts) was between 39.6% and 47.1%.[7]

[4] Hornby Zeller Associates (2013) *An Evaluation of Maine's Adult Drug Treatment Courts.*
[5] National Institute of Justice. http://www.nij.gov/topics/courts/drug-courts/Pages/work.aspx, Retrieved Jan. 29, 2017.
[6] Hornby Zeller Associates (2016) *Maine's Drug Treatment Courts, Final Evaluation Report 2011-2015.*
[7] Rubin, *2013 Maine Adult Recidivism Report,* at page 6.

II. Overview

A. What are Adult Drug Treatment Courts?

Adult Drug Treatment Courts are a type of specialty docket known as a problem-solving court. They are defined as follows:

> *A specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among high risk participants with substance use disorders and which will increase the offender's likelihood of successful habilitation through early, continuous, and intense judicially supervised interaction, mandatory treatment, mandatory periodic drug testing, community supervision and use of appropriate sanctions and other community based habilitation and reintegration and recovery support services.*[8]

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

Maine's initial six Adult Drug Treatment Courts were created by statute in August 2000 and began accepting participants in April 2001.[9] These courts were located in Androscoggin, Cumberland, Oxford, Penobscot, Washington, and York Counties. The docket in Oxford County was discontinued due to low census in May 2004. The original Penobscot County docket graduated its final participant in 2012. A new Penobscot County Adult Drug Treatment Court opened in the fall of 2016 following extensive planning, organization and development by a dedicated group of community mental and physical health specialists, local Legislators, the City of Bangor Department of Health, Penobscot County law enforcement, defense counsel, court personnel and employees of the Department of Corrections, Maine Pre-Trial Services, and the Penobscot County District Attorney's Office.[10]

Currently, Maine operates Adult Drug Treatment Courts in Androscoggin, Cumberland, Hancock, Penobscot, Washington, and York Counties. There has been interest expressed in establishing an Adult Drug Treatment Court in Aroostook County. Establishment of a new Adult Drug Treatment Court in Aroostook County is still in the exploratory phase and the process of complying with Administrative Order JB-16-1 is only just beginning. Maine also operates a Co-Occurring Disorders Court and a Co-Occurring Disorders and Veterans Court, both of which are open to the entire state and are based in Kennebec County.

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

[9] An Additional Adult Drug Treatment Court in Hancock County joined the state system following the provision of funding by the 123rd Legislature on July 1, 2008, after being established as a county deferred-sentencing project in 2005.

[10] On January 16, 2016, the Supreme Judicial Court issued Administrative Order JB-16-1, Establishment and Operation of Specialty Dockets which specifies the requirements for the establishment, content requirements, and operations of all specialty dockets in Maine. This includes Adult Drug Treatment Courts.

B. Program and Structure

The structure of the active treatment courts in Maine in 2017 is summarized below:

COUNTY	PRESIDING JUDICIAL OFFICER	TREATMENT AGENCY	CASE MANAGEMENT SERVICES
Androscoggin	Hon. MaryGay Kennedy	Catholic Charities	Catholic Charities
Cumberland	Hon. Evert Fowle	Central Maine Family Counseling	Maine Pre-Trial Services
Hancock	Hon. John Romei (Active Retired)	Aroostook Mental Health Services	Maine Pre-Trial Services
Kennebec (CODC/CODVC)	Hon. Evert Fowle	Central Maine Family Counseling and the U.S. Veterans Administration	Maine Pre-Trial Services
Penobscot	Hon. Charles Budd	Wellspring, Inc.	Maine Pre-Trial Services
Washington	Hon. David J. Mitchell	Aroostook Mental Health Services	Maine Pre-Trial Services
York	Hon. Wayne Douglas	Central Maine Family Counseling	Maine Pre-Trial Services

Each of these courts serves the population that resides in that particular county, with the exception of CODC and CODVC in Kennebec County. The CODC and CODVC accept participants from across the State of Maine so long as they have adequate transportation to appear for all required court sessions and case management/treatment appointments.

In late 2016, the Maine Department of Health and Human Services (DHHS) issued a new Request for Proposal (RFP) for all treatment and case management services. As a result of the awarding of contracts from this RFP, the treatment providing agency for many of the courts changed as of October 1, 2017. These changes are addressed in the Substance Abuse Treatment and Case Management Services section of this report.

The Honorable Nancy Mills, formerly the Presiding Judicial Officer over the CODC and CODVC dockets, remains the Judicial Officer overseeing the administration of the adult treatment courts in Maine and she continues to chair the reinstated Adult Drug Treatment Court Steering Committee. The ADTC Steering Committee meets on a quarterly basis and is working on assuring that the treatment courts adhere to the best practices and national standards. The ADTC Steering Committee is also working on standardizing and updating the manuals and forms used by the treatment courts.

The position of Coordinator of Specialty Dockets and Grants to manage the Adult Drug Treatment Courts has been filled. The position was vacant from late October 2015 to May 2016, and again from October 31, 2016 to late March 2017. In March 2017 Richard Gordon was hired to fill the position. Mr. Gordon previously held the position of Director of the Problem-Solving

Courts for the Office of the Public Defender, 4th Judicial Circuit, Florida, where he oversaw three adult drug treatment courts, one juvenile drug treatment court, two mental health treatment courts, and three veteran's treatment courts. Additionally, two of those programs, one drug court and one veterans court, were designated as National Model Courts by the National Association of Drug Court Professionals. The position of Coordinator of Specialty Dockets and Grants is overseen by the Manager of Criminal Process and Specialty Dockets.

Court clerks and the Office of Judicial Marshals provide essential operational support. Judges are assigned to preside over these dockets by the Chief Justice of the Superior Court or Chief Judge of the District Court. These judicial assignments are in addition to each jurist's regular docket assignments. As is best practice, the assignment to a treatment court is voluntary.

The Chief Justice of the Superior Court and Chief Judge of the District Court also provide guidance and establish parameters for the operations of these specialty dockets. This guidance helps to ensure that the courts continue to operate in compliance with Maine Judicial Branch Administrative Order JB-16-1 which provides the standards for operation of the specialty dockets and standards for establishment of any future specialty docket.

C. Substance Abuse Treatment and Case Management Services

The Judicial Branch is responsible for allocating judge, clerk, and marshal time for the Adult Drug Treatment Courts, but all treatment, case management, and additional resources are funded and managed through the Office of Substance Abuse and Mental Health Services (SAMHS), a division of the Maine Department of Health and Human Services.

SAMHS contracts with licensed behavioral healthcare treatment provider agencies in each county having an Adult Drug Treatment Court or Co-Occurring Disorders/Co-Occurring Disorders Veterans Court. As mentioned above, a new RFP was published by DHHS late in the fall of 2016. New contracts based on the RFP went into effect as of October 1, 2017.

Prior to the implementation of these new contracts, the treatment agencies were required by DHHS to provide *Differential Substance Abuse Treatment* (DSAT), a professionally recognized cognitive-behavioral program. This program, while being professionally recognized, does not appear on the National Registry of Evidenced-based Programs and Practices (NREPP) as promulgated by the Federal Substance Abuse and Mental Health Services Administration. Under the contract, the treatment agencies are now required to provide Moral Reconation Therapy (MRT), an evidence-based program that does appear on NREPP. MRT is a nationally recognized cognitive-behavioral program designed for substance abuse clients within a criminogenic setting. MRT addresses both the substance use and criminal thinking. MRT training for the treatment court staff and treatment providers was presented October 16-19, 2017, in Augusta.

With the implementation of the new contracts, each treatment agency was required to provide clinical case management. This was a new requirement, and as of October 1, 2017, each case manager had to meet additional licensing requirements. Most of the treatment agencies sub-contracted with Maine Pre-Trial Services to continue to provide case management.

The changes to the treatment providing agency and case management based on the new contracts are outlined below:

COUNTY	TREATMENT AGENCY AS OF 10/1/17	PRIOR TREATMENT AGENCY	CASE MANAGEMENT SERVICES AS OF 10/1/17	PRIOR CASE MANAGEMENT SERVICES
Androscoggin	Catholic Charities	Central Maine Family Counseling	Catholic Charities	Maine Pre-Trial Services
Cumberland	Central Maine Family Counseling	Catholic Charities	Maine Pre-Trial Services	Maine Pre-Trial Services
Hancock	Aroostook Mental Health Services	Open Door	Maine Pre-Trial Services	Maine Pre-Trial Services
Kennebec (CODC/CODVC)	Central Maine Family Counseling VA	Kennebec Behavioral Health Crisis in Counseling VA	Maine Pre-Trial Services	Maine Pre-Trial Services
Penobscot	Wellspring	Wellspring	Maine Pre-Trial Services	Maine Pre-Trial Services
Washington	Aroostook Mental Health Services	Aroostook Mental Health Services	Maine Pre-Trial Services	Maine Pre-Trial Services
York	Central Maine Family Counseling	Maine Behavioral Health	Maine Pre-Trial Services	Maine Pre-Trial Services

Most drug court participants engage in other forms of ancillary treatment due to disorders and symptoms beyond substance abuse alone. Research on the drug treatment courts in Maine and elsewhere has indicated that significant numbers of drug court participants have co-occurring mental health disorders. Participants that have co-occurring disorders typically have poorer outcomes than their peers with only substance abuse disorders.[11]

Gender-specific trauma treatment is also increasingly offered in recognition of the fact that most female participants, and many male participants, are victims of childhood sexual abuse and family violence. Studies have shown that gender responsive treatment in drug courts has led to longer retention in treatment and programs, higher levels of post-treatment abstinence and more

[11] Kessler, et al., (2005), Lifetime prevalence and age-of-onset-distribution of DSM-IV disorders in national comorbidity survey replication. *Archives of General Psychiatry.*

successful outcomes.[12] Voluntary attendance at 12-step recovery and self-help groups is strongly encouraged and has been shown to correlate positively with success after graduation from drug court.[13]

D. Funding and Resources

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

The Judicial Branch does not directly receive any state or federal grants or dedicated funding for the Adult Drug Treatment Court activities,[14] but the General Fund supports the full time statewide coordinator. The District Court currently has three vacancies. These vacancies are not expected to have an impact on the treatment courts as they do not involve a Judge assigned to the treatment courts.

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

In 2016, the US Congress passed the CARA Act (Comprehensive Addiction Recovery Act). This act provided for $110 million in federal monies to provide for additional treatment resources for those suffering from substance abuse disorder through grant offerings. The funding increased for 2017, and is likely to increase again in 2018. However, the federal government puts restrictions on the grants which have been a barrier for the courts in Maine. The restrictions include requiring that MAT (Medication Assisted Treatment) be available to all participants, a ban on violent crimes being allowed in the programs, and ban on funding programs that require up-front incarceration prior to entry into the treatment court.[15] The MAT restriction no longer applies to the Maine treatment courts as MAT is allowed in all treatment courts.

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[12] Messina, et al., (2012) Gender Responsive Drug Court Treatment, *Journal of Criminal Justice Behavior.*

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

[14] Maine SAMHS receives and distributes federal funds for treatment and case management services.

[15] Bureau of Justice Assistance, *Adult Drug Court Discretionary Grant Program, FY 2017 Competitive Grant Announcement*, Washington, DC: U.S. Department of Justice, December 31, 2016.

E. Data and Evaluation

The Adult Drug Treatment Courts have continued to utilize DTxC, a web-based data management information system for all of Maine's Adult Drug Treatment Courts. DTxC was implemented nine years ago. This system is housed at SAMHS and shared with contracted service providers with adequate privacy safeguards. This data management system is indispensable for the purposes of client record keeping, administrative reports, and quality assurance. In 2016 SAMHS announced that it intends to replace DTxC with a more up to date and comprehensive system. Initially, the plan was to switch to a new system in late 2016 or early 2017; it is now expected to switch to a new system sometime in 2018. As of the date of this report, DTxC has not been replaced.

In the past year, drug use trends in the State of Maine have continued to reflect the increased abuse of prescription opiates, heroin, and fentanyl. Individuals in the Adult Drug Treatment Courts have followed this trend. They have also abused cocaine, alcohol, marijuana, benzodiazepines, synthetic cannabinoids (with brand names like K2 or Spice), and synthetic cathinones (known as bath salts). Methamphetamine use is becoming more prevalent as small-scale production has continuously grown.

Even as the amount of prescription opiates decreases based on prescription limits, opiates and synthetic opiates continue to flow into the State of Maine. This flow of opiates and synthetic opiates is demonstrated by the number of arrests throughout the year. In January of 2017 the Maine Drug Enforcement Agency (MDEA) conducted the largest seizure of heroin in Maine history by seizing over eight pounds of heroin and fentanyl, with 4 pounds of drugs seized in Sanford and another 4.4 pounds seized in Massachusetts.[16] In June 2017, MDEA seized 3 pounds of heroin and cocaine in Sanford.[17] In December 2017, Maine State Police seized 400 bags of pre-packaged fentanyl.[18] This trend continues into 2018 as MDEA made the first heroin trafficking arrest in Houlton in recent memory on January 10, 2018.[19]

Over 9500 drug and alcohol tests were administered to participants with only the very small proportion (less than 4%) yielding positive results indicative of illicit substance use. Pursuant to the strict drug testing protocol utilized by case managers, the vast majority of these tests were administered in a random and observed manner. Given the near daily self-reported use of substance prior to admission, this is a notable and positive impact.

Illegal synthetic cannabinoids and synthetic cathinones continue to be widely used. It is now possible to test for the presence of the metabolites of these substances in urine and the drug treatment courts have been aggressively doing so. The testing of samples must take place at a qualified laboratory and it is expensive. However, the persons responsible for the creation of these synthetic substances are adept at slightly modifying their molecular composition in order to evade legal prohibitions while continuing to produce a mind-altering effect. These efforts also result in substances whose long-term impact on health is unknown. Additionally, drug-testing laboratories

[16] *Drug agents make largest heroin bust in Maine history*, WGME, January 30, 2017.
[17] *Nearly 3 pounds of heroin and cocaine seized in Sanford bust*, Portland Press Herald, June 21, 2017.
[18] *Two from Connecticut arrested on turnpike with crack, fentanyl*, Portland Press Herald, December 20, 2017.
[19] *Drug agents arrest two in Houlton in connection with heroin trafficking*, Thecounty me, January 11, 2018.

tend to lag behind the manufacturers of synthetics in developing tests to identify metabolites making detection a challenge.

Due to the somewhat limited availability of prescription narcotics and the purity of low cost heroin, opiate abusers and addicts are increasingly turning to heroin in combination with other synthetic narcotics, such as fentanyl. One result has been a year-to-year increase in overdose deaths. There were 176 overdose deaths in Maine in 2013 due in large part to the use of heroin and prescription opioids. This increased to 208 in 2014, 272 in 2015[20], 378 in 2016[21], and 185 in the first half of 2017[22].

The statewide overdose deaths in 2016,[23] and the statewide overdose deaths from the first half of 2017,[24] amount to more than one Mainer a day dying from a drug overdose. According to Attorney General Janet Mills, this significant increase is due in large part to illicitly manufactured (non-pharmaceutical) fentanyl and fentanyl analogs, although the number of deaths due to other drugs is also increasing.

Given the near daily use of substances by participants prior to admission to the Adult Drug Treatment Courts, the emphasis on, and accountability for, abstinence when in Adult Drug Treatment Court, have resulted in the birth of at least 72 drug-free babies since the inception of the Adult Drug Treatment Courts. The number of drug-affected babies born in Maine decreased in 2017 for the first time in more than a decade. In 2016, 1,024 or 8.2% (about 1 in 12) of babies born in Maine were born to mothers who had used illicit drugs, abused alcohol, or were using medication-assisted treatment while pregnant.[25] In 2017, 952 babies born in Maine were drug affected. The total number of births in Maine is not yet available, making it impossible to determine if the percentage had also declined.[26]

The cost of initial medical care after birth of drug affected babies at Eastern Maine Medical Center was estimated in 2013 to be an average of $32,016 per child.[27] Based upon that figure, the total cost to the State of Maine for 952 drug affected babies is approximately $30,479,232. The national average for post-delivery cost for a non-drug affected healthy newborn ranges from $1,500 to $4,000.[28] Thus, if they 952 drug affected newborns had instead been drug free at birth, the costs avoided would have been between $26,000,000 and $29,000,000. There may be additional cost savings due to avoided drug-related developmental delays, special therapies and educational needs.

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[20] Report of Attorney General Janet Mills, November 14, 2016.
[21] Report of Attorney General Janet Mills, February 2, 2017.
[22] *185 people died in Maine from drug overdoses in first half of 2017*, Bangor Daily News, September 6, 2017.
[23] Report of Attorney General Janet Mills, November 14, 2016, and Report of Maine Drug Overdose Deaths, February 2, 2017.
[24] The final numbers for 2017 are not yet available.
[25] Maine Department of Health and Human Services.
[26] *Number of drug affected babies born in Maine declines for the first time in over a decade*, Portland Press Herald, January 11, 2018.
[27] Bangor Daily News, July 16, 2013.
[28] http://children.costhelper.com/baby-delivery.html

F. Collaboration

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

G. Training and Education

The Hornby Zellers Evaluation Report (2016) found that due to turnover in staff and drug court team members, more intensive training was needed for all team members, with an emphasis on evaluation of applicants, adherence to the National Best Practice Standards, and other evidence based standards. Typically, this type of in-depth training is one week long and entails the entire team traveling to national training sites. At the present time, funding to send the teams to this type of training is not available within the Judicial Branch budget, nor is there funding to "back-fill" coverage for judges to cover non-treatment court assignments that would be left uncovered during a week of training.

Despite the lack of funding to send teams to intensive, week-long, out of state trainings, multiple training events took place with the Adult Drug Court Treatment teams during 2017. Most of the events took place without significant cost to the Judicial Branch. These trainings were conducted by the National Association of Drug Court Professionals (NADCP), a national non-profit 501(c)(3) founded in 1994 to provide oversight and training for the drug courts nationwide, the National Drug Court Institute, an arm of the NADCP that provides on-site training and technical assistance for operational or soon-to-be operational drug courts, and by Correctional Counseling, Inc. (CCI), the developer of the Moral Reconation Therapy model.

On March 27-28, 2017, the NADCP presented a two-day in-depth training for all of the Adult Drug Treatment Court teams at the Capital Judicial Center. This training focused on presenting the best practices that an Adult Drug Treatment Court should follow and allowed for in-depth team-based training. This training was attended by all of the Adult Drug Treatment Court teams, including judges, several other members of the judiciary, and staff from the Administrative Office of the Courts.

On September 25, 2017, the NDCI met with the Adult Drug Treatment Court Steering Committee, and all of the Adult Drug Treatment Court judges, to begin the process of establishing Statewide Standards for the treatment courts. This process is still underway under the supervision of Justice Nancy Mills. It is expected that statewide standards for the State of Maine will be published in 2018. The NADCP and NDCI are seeking to have statewide standards adopted in all states and require adoption of statewide standards to be eligible for future grant funding.

On October 16-19, 2017, CCI presented a four-day training on Moral Reconation Therapy (MRT). As part of the new contract with DHHS, the treatment providers in the Adult Drug Treatment Courts will be using the MRT model. The first day of training was open to all judges

and treatment court staff, while the final three days focused on the treatment providers. This presentation was paid for by the treatment providers.

On November 28, 2017, Judge Fowle, Elizabeth Simoni (Maine Pre-Trial Services), and Richard Gordon, attended a session of the Norfolk County Veterans Treatment Court in Dedham, Massachusetts. This was the initial instance of a newly instituted local program to visit nearby treatment courts to observe and learn. As a result of this visit, the Norfolk County Veterans Treatment Court agreed to assist participants in Maine's Co-Occurring Disorders and Veterans Court with issues that arise while they are in a VA in-patient facility in that county.

On November 29-30, 2017, the Adult Drug Treatment Court judges attended the New England Association of Drug Court Professionals annual conference. Amongst the topics presented at this conference were issues surrounding marijuana and drugged driving, identification of drugged drivers, and the use of Drug Recognition Experts (DRE) in drugged driving cases. Based on these presentations, the Maine Department of Public Safety, Bureau of Highway Traffic Safety, reached out to the Judicial Branch and assisted in acquiring a sub-grant to substantially fund the cost of the conference, hotel, travel, and incidentals for the Adult Drug Treatment Court judges. In addition to the judges, several other team members also attended this training. This training allowed the attending judges and staff to participate in training by nationally recognized experts in the most up to date research and training.

Additional trainings from NADCP, NDCI, and Justice for Vets are scheduled to occur in 2018. The first of these trainings is on the use of Medication Assisted Treatment (MAT). The issue of MAT has been at the forefront of discussions surrounding treatment courts for the better part of the last decade. MAT is the treatment of opiate use disorder with one of three FDA approved medications: methadone, buprenorphine and/or suboxone, or naltrexone. Drug courts and private treatment agencies have traditionally focused on an abstinence-based model for recovery and have eschewed the use of MAT. This traditional mindset is changing nationwide as the science shows that MAT is effective and life-saving. On January 24, 2018, the U.S. Drug Enforcement Administration issued a press release announcing a deregulatory measure that will allow nurse practitioners and physician assistants to prescribe the MAT drug buprenorphine, allowing greater access to this life-saving medication particularly in rural counties.[29]

In the past, federal grant funds have required and supported the attendance of a very small number of drug court case managers and supervisors at the annual NADCP training conference. In recent years, Maine has not been eligible to apply for Federal drug court grants, administered through the Bureau of Justice Assistance or SAMHSA, as the federal grants prohibit the awarding of funds to drug courts that accept individuals who have been charged with serious violent crimes. As all of Maine's Adult Drug Treatment Courts, Co-Occurring Disorders Court, and Co-Occurring Disorders and Veterans Court permit such high-risk, high-needs individuals to enroll, Maine has not been able to apply[30]. It should be noted that the NACDP is encouraging the federal government to remove this restriction, however that restriction has not been removed.

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[29] *DEA announces step to increase opioid addiction treatment*, Washington, DC: U.S. Drug Enforcement Administration, January 23, 2018.

[30] Bureau of Justice Assistance, *Adult Drug Court Discretionary Grant Program, FY 2017 Competitive Grant Announcement*, Washington, DC: U.S. Department of Justice, December 31, 2016.

III. Future of the Adult Drug Treatment Courts

The Adult Drug Treatment Courts in Maine are moving in the right direction. The courts have benefited from training and are implementing nationally recognized best practices. Under the leadership from Justice Nancy Mills, future trainings are being organized, statewide standards are being promulgated, the State of Maine is receiving a greater return on its investment.

IV. Summary

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

Respectfully submitted,

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