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**STATE OF MAINE
JUDICIAL BRANCH**



**REPORT TO THE JOINT STANDING COMMITTEE
ON JUDICIARY
130th LEGISLATURE
FIRST REGULAR SESSION**

**2020 Annual Report on Maine's Drug Treatment Courts
February 15, 2021**

Richard B. Gordon, Esq.
Coordinator of Specialty Dockets and Grants
Administrative Office of the Courts
125 Presumpscot Street
Portland, Maine 04112
207-213-2858

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Treatment Courts in Maine

A. Legislative Requirements for this Report

Pursuant to the provisions of 4 M.R.S. §423, the Maine Judicial Branch submits to the Joint Standing Committee on the Judiciary this annual report on the establishment and operation of substance use disorder treatment programs in the courts. The current programs in Maine's courts are Adult Drug Treatment Courts (ADTC), Co-Occurring Disorders Court (CODC), Veterans Treatment Court (VTC), Veterans Treatment Track (VTT) and Family Recovery Courts (FRC). This is the nineteenth consecutive report provided to the Committee.

The report will provide an overview of the Maine Treatment Courts, operational details of the courts, present the information required by 4 M.R.S. §423, and report on the following:

1. Training
2. Locations
3. Participating judges and justices
4. Community involvement
5. Education
6. Existing resources
7. Statistics
8. Collaboration
9. Evaluation of programs

This report also describes the history, oversight, processes, funding, the impact of COVID-19, and outcomes associated with the operation of these dockets by the Judicial Branch and its Executive Branch, county, and private partners. Following a year-long independent evaluation of the treatment courts, this report will also provide statistics as to participation, recidivism rates, and challenges facing these courts. A copy of the evaluation is included at the end of this report.

B. A History of the Maine Treatment Courts

Maine's initial six Adult Drug Treatment Courts were created in August 2000 and began accepting participants in April 2001.¹ Those 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, employees of the Department of Corrections, Maine Pretrial Services, and the Penobscot County

¹ 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.

District Attorney's Office.² In January of 2019, under the direction of Justice Nancy Mills, Cumberland County initiated a Veterans Treatment Track within the Cumberland ADTC.

Maine currently operates Adult Drug Treatment Courts (ADTC) in Androscoggin, Cumberland, Hancock, Penobscot, Washington, and York Counties. These courts generally limit participation to the county where the crime occurred or residents of the county where the treatment court is located. There is interest in expanding the treatment courts in Maine, and the Maine Opioid Response Strategic Action Plan³ in Strategy #29 recommends reviewing the recommendations of the PCG Evaluation, including the addition of an Adult Drug Treatment Court in the Mid-coast and in Aroostook County. This proposed expansion would provide an Adult Drug Treatment Court in each judicial region in Maine.

In addition to the Adult Drug Treatment Courts, Maine has two other criminal treatment court dockets. In 2005, Justice Nancy Mills initiated a Co-Occurring Disorders Court in Kennebec County. The Co-Occurring Disorders Court focuses on participants that have become involved in the criminal justice system due to a severe and persistent mental health disorder in addition to a substance use disorder. While located in Augusta, this docket accepts cases from across the State of Maine. Participants must either live in Kennebec County or have regular reliable transportation to Kennebec County in order to participate in the programming and treatment.

In 2011, a Veterans Treatment Court, also located in Kennebec County, began accepting participants from across the State of Maine. This docket was created to address the needs of veterans who become involved in the criminal justice system based on a substance use disorder or mental health disorder. This docket includes a team member from the United States Department of Veterans Affairs, known as a Veterans Justice Outreach officer (VJO) who coordinates treatment services with Togus VA Hospital and access to other community benefits. Again, participants must either live in Kennebec County or have regular reliable transportation to Kennebec County in order to participate in the programming and treatment.

A Veterans Treatment Track was added in January 2019 to the Cumberland County Adult Drug Treatment Court. A Veterans Treatment Track allows an ADTC to specifically address the needs of veteran participants in a culturally competent manner. Each of the remaining ADTCs will be adding a Veterans Treatment Track as they identify and admit veterans that would benefit from a Veterans Treatment Track. Training for team members was to be held in March of 2020, but postponed due to COVID-19. The training will be held in April for the teams in York, Cumberland, and Androscoggin counties, and in June for the teams in Penobscot, Hancock, and Washington counties.

² 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.

³ <https://www.maine.gov/future/sites/maine.gov/future/files/inline-files/Strategic%20Action%20Plan%202021.Full%20Plan.1.31.21%20FINAL.pdf> (Last visited 2/8/21)

Each of the ADTCs have a maximum capacity of twenty-five participants receiving case management services per case manager. Currently, each county with a criminal treatment court has a minimum of two case managers yielding a maximum capacity of fifty participants per county.

Maine also operates civil treatment courts initially referred to as Family Treatment Drug Courts. Maine's Family Treatment Drug Courts became operational in October 2002. Today, Maine has three operational Family Treatment Drug Courts, now known as Family Recovery Courts⁴ (FRC), with locations in Lewiston, Augusta, and Bangor. These courts are designed for families who have an open civil child protective case with the court and the Maine Department of Health and Human Services (DHHS). Each of the three FRCs have a maximum capacity of twenty-five participants at a time who are receiving case management services per case manager. One case manager is assigned to each FRC⁵.

C. Oversight of the Maine Treatment Courts

District Court Judge David Mitchell, who presides over the Washington County ADTC, chairs the Drug Court Steering Committee and is responsible for administrative oversight of the treatment courts. The Committee is responsible for ensuring that the treatment courts adhere to best practices and national standards. It is composed of the treatment court judges, representatives from court administration, prosecutors, defense counsel, representative of the Office of the Attorney General, probation officers from the Department of Corrections (MDOC), the Maine Co-Occurring Collaborative, DHHS, treatment agencies, case management providers, and a community representative.

The position of Coordinator of Specialty Dockets and Grants is held by Richard Gordon, Esq. Mr. Gordon previously held the position of Director of 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 courts, and three veterans treatment courts. The position of Coordinator of Specialty Dockets and Grants is overseen by Anne Jordan, Esq., 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 the Chief Judge of the District Court. These judicial assignments are in addition to each judge's regular docket assignments. As is best practice, the assignment of a judge to a treatment court is voluntary.

4. In November of 2017, the Family Treatment Drug Courts were renamed the Family Recovery Courts. This name change follows the national trend in the substance use disorder treatment community to move the focus away from addiction nomenclature that tends to stigmatize an already vulnerable population and instead focus upon the hoped-for outcome: recovery.

5. Enrollment numbers are established by the contract between DHHS and Maine Pretrial Services, the agency which provides case management services.

The Chief Justice of the Superior Court, Justice Robert Mullen, and the Chief Judge of the District Court, Judge Jed French, 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 the establishment of any future specialty docket.

D. Definition and Process

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 with the purpose of reducing recidivism and SUD's among substance-using offenders and increase the likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, and use of appropriate sanctions and other habilitation services.⁶

The Adult Drug Treatment Courts, Co-Occurring Disorders Court, and Veterans Treatment Courts, and Veterans Treatment Track provide rigorous accountability for the participants who have either pled guilty or have been found guilty of serious crimes. The underlying crime that brought the participant 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.

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, the reduction or elimination of new criminal activity 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.

Participation in the adult treatment 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 that operate on a deferral-from-prosecution model for low-level offenders, Maine's criminal drug treatment courts target high-risk, high-need 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 court program, the sentence imposed may be substantially less severe than the sentence typically imposed for similar charges or the charges may be reduced to a less serious offense and no further incarceration required or imposed.

⁶ Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/grants/grant-announcements/ti-19-002>. (Last visited Feb 3, 2021). SUD means Substance Use disorder.

Family Recovery Courts, also known as Family Treatment Drug Courts, are a type of specialty docket within the problem-solving court field. Specifically, a Family Recovery Court is defined as follows:

*Family Treatment Drug Courts, alternatively known as dependency drug courts or family drug courts, use a multidisciplinary, collaborative approach to serve families who require substance use disorder treatment and who are involved with the child welfare system. Well-functioning FTDC's bring together substance use disorder treatment, child welfare services, mental health, and social service agencies in a non-adversarial approach. FTDC's seek to provide safe environments for children, intensive judicial monitoring, and interventions to treat parents' substance use disorders and other co-occurring risk factors.*⁷

Family Recovery Courts foster greater personal, familial, and societal accountability by the participants, the development of pro-social attitudes and behaviors, and the promotion of healthy and safe family relationships. FTCs work to provide children, parents, and family members with early access to comprehensive care, increased case management, and intensive judicial oversight to protect children, support and monitor parents, stabilize families, and when possible, prevent traumatic experiences of out-of-home placement to improve children's longer term outcomes.⁸ Studies have shown that parents participating in family treatment courts enter treatment more quickly, are retained in treatment longer, complete treatment at a higher rate, receive more court review hearings, and are more likely to reunify with their children. The children of parents participating in family treatment courts spend less time in out-of-home placement and enter permanent placements more quickly.⁹

Treatment courts that operate with fidelity to evidence-based best practices are proven to be an effective state response for high-risk¹⁰ and high-need criminal defendants and parents in jeopardy of losing their children, who are struggling with drug and/or alcohol use or dependence disorder.¹¹

⁷ National Center on Substance Abuse and Child Welfare, www.ncsacw.samhsa.gov/resources/resources-drug-courts.aspx (last visited Jan. 30, 2020)

⁸ Children and Family Futures, *Family Treatment Court Best Practice Standards*, https://www.cffutures.org/files/OJJDP/FDCTTA/FTC_Standards.pdf. (last visited, February 3, 2021)

⁹ Green BL, Furrer C, Worcel S, Burrus S, Finigan MW. How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreat.* 2007 Feb;12(1):43–59; Bruns EJ, Pullmann MD, Weathers ES, Wirschem ML, Murphy JK. Effects of a multidisciplinary family treatment drug court on child and family outcomes: results of a quasi-experimental study. *Child Maltreat.* 2012 Aug;17(3):218–30; Lloyd MH. Family drug courts: conceptual frameworks, empirical evidence, and implications for social work. *Fam Soc.* 2015 Jan;96(1):49–57; Zhang S, Huang H, Wu Q, Li Y, Liu M. The impacts of family treatment drug court on child welfare core outcomes: a meta-analysis. *Child Abuse Negl.* 2019 Feb;88:1–14.

¹⁰ The term high-risk refers to risk of failure to complete the current level of supervision. High-risk does **not** refer to risk to public safety.

¹¹ Carey, S.M. et al, (2012). *What Works? The Ten Key Components of Drug Court: Research-Based Best Practices.* *Drug Court Review*, 8(1), 6-42. Marlowe, Douglas B., (2011). *The Verdict on Drug Courts and Other Problem-Solving Courts.* *Chapman Journal of Criminal Justice*, 2(1), 57-96. Shaffer, Deborah K., (2011). *Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review.* *Justice Quarterly*, 28(3), 493-521. National Institute of Justice. <http://www.nij.gov/topics/courts/drug-courts/Pages/work.aspx>, citing Finigan et al (2007) *Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs.*

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

- Referral to the treatment court by counsel, probation officer, community member, DHHS caseworker or a defendant or their family member.
- Applicant interview and authorizing waivers to allow for gathering of medical information.
- Independent verification of the information gathered in the interview.
- Risk assessment completed using a qualified screener (LSI-R or LSI-SV)¹².
- Review of demographic information (jail and/or DHHS file) by case manager.
- In-person interview of the applicant by the case manager and treatment provider to determine a level of care.
- Document review of the applicant's court paperwork by assigned prosecutor and defense attorney or counsel in a civil case.
- Records request and review for prior diagnosis of substance use disorder, mental health services, and treatment.
- In criminal cases, coordination with defense counsel, prosecutor, and probation officer (if on probation).
- Creation, review, and execution of informed releases for information.

¹² *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 (can be changed) risk factors 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.*

- Needs assessments completed using qualified screening tools covering substance use disorders, mental health issues, and trauma screenings (AC-OK¹³, TCU Drug Screen 5 with Opiate Supplement¹⁴, and Mental Health Screening III¹⁵).
- Report on screening and level of care evaluation to the treatment court team.

Once admitted to a criminal treatment court, participants are required to meet with the presiding judge 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 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 alcohol and/or other drugs; and participate satisfactorily in intensive treatment and self-help groups. Failure to abide by these conditions can result in the imposition of sanctions by the Court, including short term incarceration (in the criminal treatment courts). Multiple, serious repeat violations, serious new criminal conduct, or failure to make progress toward attainable goals can result in sanctions, including termination from the criminal treatment court program.

Specialized treatment is provided by local behavioral healthcare agencies funded through a contract with the Office of Behavioral Health. These local behavioral healthcare agencies support recovery from substance use disorder, address criminogenic thinking¹⁶, provide parenting education, assist with the development of more pro-social behaviors, and address mental health and trauma related issues.

The case manager for each program provides direct and frequent supervision of participants, random alcohol and/or other drug testing at least twice per week, and assistance in

¹³ *The AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Disorders) was designed to determine if a person who asks for help from either a mental health agency or a substance disorder treatment agency needs to be assessed for the possible co-occurring disorder of Mental Health, Trauma Related Mental Health Issues, and Substance Disorders. All agencies who are Maine Care contracted providers, including private practitioners, are required to screen. Also included are any programs having contracts with the Office of Child and Family Services. <https://www.maine.gov/dhhs/ocfs/cbhs/provider/ac-ok.shtml> (last visited Jan. 25, 2021).*

¹⁴ *The TCU Drug Screen 5: Opioid Screening Tool. This a new self-report screening tool from Texas Christian University (TCU) is available to help justice and health professionals quickly gather detailed information about opioid use, allowing for more rapid referral to treatment services when appropriate. It also collects important information about the potential risk of opioid drug overdose. Developed by researchers at the Institute of Behavioral Research at TCU, along with the Center for Health and Justice at the Treatment Alternatives for Safe Communities, the TCU Drug Screen 5-Opioid Supplement can help determine earlier in the screening process if there is an immediate need for services to address opioid use problems. National Institute of Corrections, <https://nicic.gov/texas-christian-university-tcu-drug-screen>. (last visited Jan. 25, 2021).*

¹⁵ *The Mental Health Screening Form-III (MHSF-III) was initially designed as a rough screening device for clients seeking admission to substance abuse treatment programs. Iowa Department of Public Health, https://idph.iowa.gov/Portals/1/Files/SubstanceAbuse/jackson_mentalhealth_screeningtool.pdf (last visited Jan. 25, 2021).*

¹⁶ *Criminogenic thinking refers to characteristic thinking or beliefs that tend to precede criminal behavior and may be addressed through evidence-based treatments such as Moral Reconciliation Therapy, Thinking for a Change, or Reasoning & Rehabilitation evidenced based programs.*

developing individualized plans of action for each participant to help them achieve and maintain sobriety, refrain from criminal behavior, secure stable and sober housing, employment, and other goals. As of July 1, 2020, the case management services were carved out of the treatment agency contract and directly contracted with Maine Pretrial Services. Prior to that carve out, case management services were provided by the treatment agency.¹⁷

The Family Recovery Courts provide the same treatment and case management services as the Adult Drug Treatment Court for clients that have an open child protective case and are in jeopardy of having their children removed or their parental rights terminated due to an underlying substance use disorder. The FRCs in Maine provide the same rigorous accountability for their participants as they work toward reunification in the child protective action. While there is no guarantee that reunification will take place as a result of the successful completion of the family recovery court program, Children and Family Futures, the national organization tasked with training family treatment drug courts, reports that 50% of families who participate in a family treatment drug court achieve reunification.¹⁸

E. Funding

The Maine Treatment Courts remain labor and time intensive on the part of judges and other treatment court practitioners. It is estimated that, on average, judges allocate 15% to 20% of their time each 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. Case managers are assigned full time to the Courts. Team members are available after hours, nights, weekends and holidays to address emergency needs of clients. The Drug Court Coordinator devotes all of his work week to these courts.

The Judicial Branch does not directly receive any state or federal grants dedicated to funding Maine Treatment Court activities.¹⁹ The General Fund provides funding for the full-time statewide coordinator as well as funding for judges, court clerks and marshals. Treatment and case management services for the criminal treatment courts are funded through the Office of Behavioral Health within DHHS.

Unlike the criminal treatment courts where all funding is provided by the Office of Behavioral Health (see below), the FRC funding for case management services and treatment services are split between different divisions of DHHS. Case management services are funded through the Office of Behavioral Health. Treatment services are funded through Office of Child and Family Services (OCFS), unless the participant is already covered by MaineCare. OCFS pays the agency directly where services are provided.

¹⁷ Case management and treatment service contracts are administered by the Office of Behavioral Health within the Maine Department of Health and Human Services.

¹⁸ Children and Family Futures, <https://www.cffutures.org/family-drug-courts-focus/> (last visited Jan. 25, 2021)

¹⁹ Maine SAMHS receives and distributes federal funds used by the courts for treatment and case management services.

While the criminal treatment courts have a contracted treatment agency that sees all participants, parents involved in a child protective case have the right to determine the treatment agency where they receive services. The treatment agencies that are contracted with the criminal treatment courts send a representative to the Family Recovery Courts, but they are not guaranteed to be the agency providing services. The most common reason for a participant to choose a treatment provider other than the provider on the team is an already established counseling relationship.

OBH funding comes from the State General Fund, the Fund for a Healthy Maine, and the federal Substance Abuse Treatment and Prevention Block Grant. The current contracts for treatment and case management services began on October 1, 2017 as a one-year contract with an automatic renewal for one year unless terminated after review, followed by three one-year renewal periods.

F. Impact of COVID-19

COVID-19 has had a significant impact on the Treatment Courts in 2020. The biggest impacts have come in the pre-court and court sessions, treatment sessions, drug testing and case management, probation supervision, and referrals.

The pre-court sessions and court sessions moved to a virtual format. There have been positive and negative impacts on the Court's functions. The positive impacts include an increase in efficiency during the pre-court meeting and an openness on the part of participants to communicate with the court during the court sessions. While the judges and teams make it clear to the participants that this is still a court session and decorum is maintained, the participants appear to feel more at ease talking with the judge in a setting that is less intimidating. There has been greater communication by the participants regarding issues that need to be addressed, such as substance use.

This openness in communication is not just a Maine phenomenon. It has been reported across the country. The use of virtual court sessions has also reduced the impact of problems with lack of transportation, lack of childcare, participant or family illness, or disruption in employment as participants participated in the mandatory court sessions from home or on a work break.

Not all of the impacts of virtual court settings have been positive. There was a distinct learning curve to the use of virtual platforms on the part of the treatment teams and the participants. Some participants initially encountered problems with internet availability or connectivity. These problems have been successfully addressed. The use of virtual sessions also impeded the immediacy of implementing some incentives and sanctions.

The move to virtual platforms for treatment was positive overall with the negatives being more technical than anticipated. Most treatment providers moved to a virtual platform and were able to maintain services with little interruption. It is reported that most participants appear to be more engaged as they are more at ease in their home environment. A few people expressed

concerns about the lack of privacy in their living situations which impacted their willingness to fully engage in treatment discussions.

Participants reported they did not have to worry about transportation where prior to going virtual they may have had to arrive at an office an hour or more early based on public transportation schedules. Almost all participants reported feeling more in control of their individual situations as they were able maintain work schedules and complete virtual treatment sessions on a work break. There is the added benefit that participants are learning time management skills through successful balancing of schedules.

Participants that were quarantining due to COVID-19 were able to appear virtually and participate without risk of spreading infection. Practitioners reported they were able to see additional participants, felt more equipped as they shared electronic resources, and expanded services to non-traditional hours. One county has been able to establish a virtual Moral Reconciliation Therapy group to address criminogenic issues after normal work hours which helps participants maintain employment.

There have been some negative impacts of treatment moving to virtual platforms, with the greatest of these being a lack of technology or resources on the part of the participants. Not all participants have smart phones allowing them to connect to virtual platforms. Even if they have a smart phone, some do not have a service plan that can accommodate the minutes needed to complete their treatment sessions.

The treatment providers have worked to ameliorate this issue, but access to data will continue to be an issue. One other negative aspect of going virtual is the lack of being able to gather important details that come from an in-person setting, such as how dilated a participant's pupils are or whether there is an odor of alcohol or cannabis emanating from the participant. On balance however, the positives outweigh the negative of the use of virtual platforms for treatment.

The move to virtual testing, case management, and probation supervision have had a similar positive impact as treatment, but more negative impact. The positive impacts are the ability to drug test participants at all hours of the day, and drug testing can truly be random as transportation, childcare, and employment issues are not as impactful. The case managers also have easier access to participants through the use of virtual check-in software that has been downloaded onto participants cell phones.

The negative impacts of COVID-19 on drug testing were immediate. As the pandemic restrictions regarding social distancing were put into place, Maine Pretrial Services and the Coordinator of Specialty Dockets maintained contact with the National Association of Drug Court Professionals (NADCP) testing experts and followed their recommendations, such as the use of sweat patches²⁰ and oral fluid testing via swabs. These testing methods could be used over a virtual platform.

²⁰ <https://www.nadcp.org/wp-content/uploads/2020/03/Treatment-Courts-COVID-19-Examples-3-26-20.pdf> (Last visited February 9, 2021)

While there has been a slight increase in randomness and frequency of testing over the virtual platforms, there are limitations. Urine testing, the accepted best practice for testing in the treatment courts could not be observed, as is best practice, on a virtual platform for obvious privacy issues. This lack of observation for the urine drug testing, and subsequent questions about the accuracy and chain of custody of the sample, led the NADCP to recommend switching to sweat patches and oral swabs. Sweat patch testing consists of an absorbent pad being worn against the skin for seven to fourteen days. When the pad is removed, it is mailed to a lab and tested for substances. There were obvious application, removal, and chain of custody issues with sweat patches. These concerns led to the NADCP recommending a move to oral fluid testing. Oral fluid testing can be accomplished either in-person at a safe social distance or over a virtual platform. When done over a virtual platform issues of positioning of the participants phone and internet connection may arise. Maine has kept up to date the NADCP recommendations on testing, understanding that testing is more of a support to participant than an attempt to catch the participant in inappropriate behavior.

COVID-19 has also had a negative impact on case management. While Maine Pretrial Services had immediate access to virtual platforms to maintain case management contact with participants, some case managers have found the sessions more difficult. The difficulty is based on several factors, including the inability to guarantee that the participant is in a private location, the participants become distracted, signatures are harder to obtain, and it is harder to read body language. The participants have also expressed that they do not like the absence of human interaction that comes from the virtual case management sessions.

COVID-19 has also had a negative impact on the number of referrals and the screening process. While the number of cases in the court system increases, the pressure to resolve a case has decreased due to fewer people being held pending a trial and the lack of jury trials. This lack of pressure leads to fewer persons considering an application to the court. If a person is held in custody and a referral is received, the restrictions on visitors to the jails, more difficulties with completing screenings and lack of virtual connections available based on jail staff availability and technology, has led to an increase in the amount of time it takes to get a referral screened for eligibility.

The impact of COVID-19 on referrals can be demonstrated by the number of participants in all of the treatment courts at the end of 2020 as compared to the end of 2019.

	12/31/2019	12/31/2020	Change
ADTC	140	120	-14.2%
VTC/VTT	21	13	-38.0%
CODC	21	19	-9.5%
FRC	31	30	-3.2%
Total	213	182	-14.5%

G. Legislative Reporting Requirements

1. Training

During the 2020 calendar year some treatment court trainings were held and many scheduled in-person trainings were postponed or canceled due to COVID-19. On February 24th the Co-Occurring Disorders Court and Veterans Treatment Court teams participated in Mental Health First Aid Training at Capital Judicial Center in Augusta. This eight hour training covering how to identify a person in a mental health crisis and provide support until appropriate professional help arrives, was presented by NAMI Maine. This training occurred at no cost to the State of Maine, or the Judicial Branch, as NAMI Maine used their grant funding. Plans for training for other counties were being developed before the pandemic prevented further in-person trainings.

On February 25th, the first of a series of discipline-specific trainings took place for the Treatment Court defense attorneys at the Capital Judicial Center in Augusta. This training featured Christine O'Donnell, a retired defense attorney from Rhode Island. This four hour training was attended by eight Treatment Court defense attorneys and one prosecutor. This training was accomplished at no cost to the State of Maine, or the Judicial Branch, as Ms. O'Donnell volunteered her services.

Beginning in March, planned training activities were impacted by the COVID-19 restrictions. A discipline specific training for case managers in all of the Adult Drug Treatment Courts, Co-Occurring Disorders Court, Veterans Treatment Courts, and Family Recovery Courts was cancelled due to COVID-19. This training was to be at no cost to the State of Maine, or the Judicial Branch, as the training was to be led by the Coordinator of Specialty Dockets.

A discipline specific training for prosecutors and law enforcement officers was scheduled for the last week of April. This training was to take place in two locations, the Administrative Office of the Courts in Portland and the Penobscot Judicial Center in Bangor. This training was to feature Helen Harberts, a trainer from the National Drug Court Institute (NDCI). Ms. Harberts is a nationally recognized trainer who worked in treatment courts for nearly two decades as a prosecutor, probation officer, and trainer. This training was to be funded using a Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant that the Judicial Branch secured in 2019. This training was cancelled due to COVID-19. All NDCI trainings in 2021 will be virtual and this training will be rescheduled if it is offered.

A Veterans Treatment Court Mentor Boot Camp scheduled for March 28th and 29th was cancelled. Veterans Treatment Courts are unique in the treatment court milieu in that they have a dedicated mentor corps that offer free veteran specific mentoring and support for persons in a Veterans Treatment court. Justice for Vets, the Veterans Treatment Court division the National

Association of Drug Court Professionals, indefinitely postponed²¹ all 2020 Mentor Boot Camps based on travel restrictions imposed by COVID-19.

This training was to be funded using a Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant that the Judicial Branch secured in 2019. All current mentors, as well as prospective mentors in counties that were adding Veteran Treatment Tracks to the Adult Drug Treatment Court would have attended this training.

A Veterans Treatment Court Planning and Implementation training by Justice for Vets was scheduled to take place on April 27th, 28th, and 29th at the Cohen Community Center in Hallowell. This training was postponed until 2021²² due to COVID-19. This training was to be funded using a Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant that the Judicial Branch secured in 2019. All team members of the six Adult Drug Treatment Courts, as well as the Family Recovery Court judges, were scheduled to attend. Additionally, the Penobscot Tribal Healing to Wellness Court team members were expected to attend, as were representatives of the Wabanaki Tribe.²³

The National Association of Drug Court Professionals annual training conference was scheduled to take place May 26th to 31st in Anaheim, California. It was anticipated that all of the treatment court judges, probation officers, case managers, prosecutors, and defense attorneys would attend this conference in person. This training was to be fully funded using a Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant that the Judicial Branch secured in 2019.

This training was eventually converted to a virtual conference. The case managers and the Coordinator of Specialty Dockets attended the virtual training. The 2021 NADCP annual training conference in Washington, D.C. was initially scheduled in May and has been postponed to August to increase the likelihood of an in-person conference. If this conference takes place August 15th to 18th, the Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant that the Judicial Branch secured in 2019 will be used to send approximately fifty (50) team members to the conference.²⁴

A one-day workshop to facilitate the revision and rewriting of the current Policy and Procedures Manual scheduled for August 20th at the Cohen Community Center in Hallowell was

²¹ Justice for Vets will be holding two virtual Mentor Boot Camps in 2021. These have tentatively been scheduled for June and October. Veterans wishing to remain or become mentors with the Veterans Treatment Courts in Maine will be required to participate in one of these free trainings.

²² The VTCPI Training for Maine will be held on two occasions, in April and June. The Adult Drug Treatment Courts located in York, Cumberland, and Androscoggin counties will attend this training on April 12, 13, and 14. The Adult Drug Treatment Courts in Penobscot, Hancock, and Washington counties will attend this training on June 7, 8, and 9. The Veterans Treatment Court and Co-Occurring Disorders Court will have an Operational Tune Up training on April 13 and 14.

²³ The Drug Court Coordinator has been collaborating with the Wabanaki Tribe as they work to establish their own Tribal Healing to Wellness Court.

²⁴ The annual NADCP training conference provides training to over 6,000 treatment court professionals allowing for the development of contacts with colleagues across the region, country, and world. There are approximately 180 cutting-edge sessions that deal with specific topics and challenges faced in all types of treatment courts providing insight, direction, and training from trainers that have worked in the treatment court field for decades.

cancelled. The focus of this workshop was to bring the Maine Drug Court Policy and Procedures Manual up to date and include specific provisions and practices for the Veterans Treatment Courts. This workshop was to be funded using a Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant that the Judicial Branch secured in 2019.

Revision of the Policy and Procedures Manual has been turned over to a sub-committee of the Drug Court Steering Committee. The Committee has been actively working on rewriting the manual since the fall of 2020. A new Policy and Procedures Manual is expected to be presented to the Drug Court Steering Committee in the summer of 2021.

The New England Association of Recovery Court Professionals held their annual training conference on November 18th and 19th via Zoom. This conference was originally intended to be held in Danvers, Massachusetts and converted to a virtual format due to COVID-19. Thirty-two team members of Maine treatment courts attended this virtual training. Seventeen of the attendees were funded by the Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant. Fifteen of the attendees (some treatment providers and all case managers) were funded through the contract with the Office of Behavioral Health.

Children and Family Futures, the national organization tasked with training Family Recovery Courts nationwide, will be providing a training for the Maine Family Recovery Courts in Spring 2021 at no cost to the State of Maine or the Judicial Branch. This training is scheduled for March 31 and April 1.

2. Locations

Currently there are six Adult Drug Treatment Courts, three Family Recovery Courts, one Co-Occurring Disorders Court, one Veterans Treatment Court, and one Veterans Treatment Track in operation in the State of Maine.

Court Type	County	City
Adult Drug Treatment Court	Androscoggin	Auburn
Adult Drug Treatment Court	Cumberland	Portland
Adult Drug Treatment Court	Hancock	Ellsworth
Adult Drug Treatment Court	Penobscot	Bangor
Adult Drug Treatment Court	Washington	Machias/Calais
Adult Drug Treatment Court	York	Alfred
Co-Occurring Disorders Court	Kennebec	Augusta
Family Recovery Court	Androscoggin	Lewiston
Family Recovery Court	Kennebec	Augusta
Family Recovery Court	Penobscot	Bangor
Veterans Treatment Court	Kennebec	Augusta
Veterans Treatment Track	Cumberland	Portland

3. Participating Judges and Justices

There are twelve operating treatment court programs and a Steering Committee that oversees the treatment courts that have judicial assignments. Among these assignments, four members of the judiciary preside over two programs. The judicial assignments are as follows:

Justice/Judge	Assignment
Justice Douglas	York County Adult Drug Treatment Court
Justice Stewart	Cumberland County Adult Drug Treatment Court
Justice Stewart	Cumberland County Veterans Treatment Track
Judge Martin	Androscoggin County Adult Drug Treatment Court
Judge Oram	Androscoggin County Family Recovery Court
Judge Tice	Co-Occurring Disorders Court (Augusta)
Judge Tice	Veterans Treatment Court (Augusta)
Judge Walker	Kennebec County Family Recovery Court
Judge Budd	Penobscot County Adult Drug Treatment Court
Judge Larson	Penobscot County Family Recovery Court
Judge Larson	Hancock County Adult Drug Treatment Court
Judge Mitchell	Washington County Adult Drug Treatment Court
Judge Mitchell	Chair, Drug Court Steering Committee

4. Community Involvement

It is said that the opposite of addiction is not sobriety but connection.²⁵ The treatment courts seek to utilize agencies and organizations within the local communities to foster the connections needed to maintain a recovery lifestyle.

The most personal way of establishing connections is with mentors, recovery coaches, and graduates of the treatment courts. The Veteran Mentors of Maine have provided mentors for the participants in the Veterans Treatment Court in Augusta and the Veterans Treatment Track in Portland. In 2020 a nationwide push began for the inclusion of mentors, recovery coaches and graduates to be included in the other treatment courts. To that end, the treatment courts began to connect with groups like the Maine Recovery Hub, the Portland Recovery Community Center, and the Maine Prisoner Reentry Network. There have been some successes, such as the Maine Prisoner Reentry Network participating with the Co-Occurring Disorders Court in Augusta and multiple graduates returning to assist current participants in the Penobscot Adult Drug Treatment Court. Other attempts at interaction have been stymied by the COVID-19 pandemic, but the groundwork for future interaction has been laid. Once the COVID-19 restrictions are lifted, the treatment courts will seek to access the services of the more than 800 recovery coaches that have

²⁵ Weiss, Robert W., "The Opposite of Addiction is Connection" *Psychology Today*, September 30, 2015, <https://www.psychologytoday.com/us/blog/love-and-sex-in-the-digital-age/201509/the-opposite-of-addiction-is-connection> (last visited January 25, 2021)

now been trained through OBH.²⁶ Recovery coaches would be matched with current and prospective participants to provide community support and mentorship.

The treatment courts in each county also interface with local sober living facilities. By coordinating with the sober living facilities, the participants in the treatment courts have easier access to limited housing resources and the sober living facilities have a partner in the courts to help maintain accountability and proof of sobriety. When possible, the Maine treatment courts seek to use sober living facilities that have achieved Maine Association of Recovery Residences²⁷ (MARR) certification.

Another resource used to increase connection within the community is the Walk With Me program sponsored by EasterSeals Maine.²⁸ The Walk With Me program is a group of women who volunteer to provide support and mentor services to vulnerable women in the community. The name of the program comes from many of the conversations being held during a walk in the community so that the discussions are not as uncomfortable. Due to COVID-19, this program is currently suspended. The treatment courts expect to resume use of this program when the pandemic comes to an end.

5. Education

The Treatment Courts are active in education of the participants, team members, and the general public.

Education of the participants occurs through informational speakers that address the participants during court sessions or at specially arranged meetings. One example is Doug Dunbar from the Eastern Maine Development Corporation (EMDC). Mr. Dunbar and EMDC were the recipient of a Federal Connecting with Opportunities grant that can assist persons impacted by the opioid epidemic with educational and other needs.²⁹

A requirement of participants is to either be employed or furthering their education. The case managers work with the Department of Education to ensure that the participants are able to address educational needs. The EMDC grant provides opportunities for participants to secure job and skill trainings to assist them in their recovery journey.

²⁶ Recovery coach training is funded by OBH contracts with Healthy Acadia and Portland Recovery Community Center (PRCC) from a braided use of federal and state funds.

²⁷ Maine Association of Recovery Residences. *Maine Association of Recovery Residences, 2021*, <https://www.mainerecoveryresidences.com>. (last accessed January 25, 2021). This is an independent certification program as, other than life safety code inspections, the State of Maine does not license sober living facilities.

²⁸ Walk with me, Easterseals Maine. *Easterseals Maine, 2021*, <https://www.easterseals.com/maine/get-involved/walk-with-me>. (last accessed January 25, 2021).

²⁹ Mr. Dunbar is a proud graduate of the Penobscot Adult Drug Treatment Court and a fierce advocate for those in recovery. The grant program provides financial resources and guidance to assist those in recovery in seeking education, training and meaningful employment with supportive services such as childcare, technology, emergency housing and other needs through EMDC, Aroostook County Action Program (ACAP), and Workforce Solutions/Goodwill Industries.

Education of the team members normally comes in the form of training as described above. Additionally, case managers are required to complete on-line educational programs developed by the National Drug Court Institute. The Coordinator of Specialty Dockets and Grants routinely attends pre-court meetings and court sessions to answer questions about best practices, reducing the delay in getting answers from the National Drug Court Institute, Justice for Vets, Children and Family Futures, or the New England Association of Drug Court Professionals.

Education of the general public occurs as well. One example was the participation of team members in Governor Mills Opioid Response Summit³⁰ on July 23, 2020. Judge Mitchell, along with Elizabeth Simoni from Maine Pretrial Services, Amy Curtis from Blue Willow Counseling, Abby Frutchev from the Community Caring Collaborative, and Richard Gordon, the Coordinator of Specialty Dockets and Grants, hosted a seminar explaining the drug court program. A future webinar on the Treatment Courts will take place this spring as part of the Governor's Office Opioid Response Seminar Series.

The Treatment Courts have also helped to educate the general public about the existence and success of the Treatment Courts through the media. In a story updated on January 23, 2020 WABI reported on a Bangor mother who credited the Penobscot County Adult Drug Treatment Court with saving her life.³¹ On June 16, 2020 the Bangor Daily News reported on how the Penobscot County Adult Drug Treatment Court is assisting participants to stay sober during the pandemic.³² On August 12, 2020 WABI reported on Penobscot County drug court graduates celebrating sobriety.³³ During the November 18th and 19th New England Association of Recovery Court Professionals annual training conference, a video was shown highlighting a successful participant from each state, including Maine.³⁴ An excerpt from this video recently began airing on local tv channels.

The Treatment Courts also work with the Co-Occurring Collaborative Serving Maine to advocate for best practices, encourage professional development, and maximize collaboration to better assist the participants.

³⁰ *Governor Mills Opioid Response Summit & Seminars*, AdCare Educational Institute of Maine, Inc., 2021, <https://adcareme.org/orsummit/>. (Last accessed January 25, 2021)

³¹ Emily Tadlock, *Bangor mother says getting arrested saved her life*, WABI-TV (January 23, 2020) <https://www.wabi.tv/content/news/Bangor-mother-says-getting-arrested-saved-her-life-567243371.html> (last visited January 25, 2021)

³² Judy Harrison, *How Bangor drug court participants are getting help staying sober during the pandemic*, Bangor Daily News (June 16, 2020), <https://bangordailynews.com/2020/06/16/news/bangor/how-bangor-drug-court-participants-are-getting-help-staying-sober-during-the-pandemic/> (last visited January 25, 2021)

³³ WABI News Desk, *Penobscot County drug court graduates celebrate sobriety*, WABI-TV (August 12, 2020) <https://www.wabi.tv/20/08/12/penobscot-county-drug-court-graduates-celebrate-sobriety/> (last visited January 25, 2021)

³⁴ *New video featuring stories of six drug court graduates in New England*, New England Association of Recovery Court Professionals 2021, <https://nearcp.org> (last accessed January 25, 2021)

6. Existing Resources Addressing Substance Use Disorder

The Treatment Courts have made use of existing substance use disorder resources to enhance the participants journey into a recovery lifestyle. To directly address substance use disorder, the treatment courts work with the contracted treatment agencies. The Treatment Courts in York, Cumberland, and Kennebec counties use Blue Willow Counseling. The Treatment Courts in Androscoggin County use Catholic Charities. The Treatment Courts in Penobscot County use Wellspring, Inc. The Treatment Courts in Hancock and Washington counties use Aroostook Mental Health Services, Inc.

The Treatment Courts use ACT Teams (Assertive Community Treatment) in York, Cumberland, and Kennebec counties to address participants' severe and persistent behavioral health issues. Maine Pretrial Services is in the process of a community resource mapping exercise to locate equivalent services in other counties served by treatment courts.

The Recovery Coalition provided a list of resources to the case managers during the COVID-19 pandemic with information concerning MaineCare, transportation, and housing. These lists of resources were critical in meeting the needs of the participants during the pandemic and will be of tremendous value after the pandemic is over. In early 2020, the Coordinator of Treatment courts compiled a listing of federal SAMSHA licensed treatment programs that was provided to all judges in Maine and posted on the Court's internet and intranet web sites.

The Office of Behavioral Health has provided additional resources to allow for the expansion of the treatment courts by funding a case manager position for each Adult Drug Treatment Court. The additional case manager will allow for the implementation of Veterans Treatment Tracks in each Adult Drug Treatment Court. The Office of Behavioral Health also provided funding for the Public Consulting Group (PCG) evaluation of the criminal treatment courts, showing their effectiveness on reducing recidivism and increasing cost savings.

The Administrative Office of the Courts continues to use the Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant to support training for the Veterans Treatment Court and Adult Drug Treatment Courts.

All of the Treatment Courts in Maine allow the use of medication-assisted treatment or MAT. Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.³⁵ Agencies working with the Treatment Courts and providing MAT, such as Healthy Acadia, also provide medication management services. MAT and medication management services are covered by MaineCare.

³⁵ *Medication-Assisted Treatment*, U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration, 2021, <https://www.samhsa.gov/medication-assisted-treatment> (last accessed January 25, 2021)

7. Statistics

The criminal treatment courts were part of a year-long evaluation by PCG, a leading public sector management consulting and operations improvement firm. Data on each of the criminal treatment courts is presented here and additional information and the process of gathering the data is included in the PCG evaluation final report which is included with the report.

The Family Recovery Courts were not part of this evaluation. National best practice standards for Family Recovery Courts were published in late 2019 and time was needed to implement these standards prior to a rigorous evaluation.

a. Referrals and Admissions

A referral to a Treatment Court may be made by any interested party. Referral forms are available to the public on the Maine Judicial Branch website.³⁶ The potential participant is then screened by a case manager to determine if they meet the high-risk/high-need criteria for entry into the criminal treatment courts or for an open child protective case in the Family Recovery courts. A determination is also made as to whether treatment services are available to meet the needs of the potential participant. If all conditions are met and the potential participant agrees to entry, a date is set for admission.

The national standard and best practice is 30 days from referral to admission. This decreases the amount of time in jail, increases cost savings as the closer in time that treatment starts to the precipitating event (arrest/summons) the more effective the treatment.

Statewide average of time from referral to admission:

2013	75 days
2014	102 days
2015	106 days
2016	97 days
2017	97 days
2018	70 days
2019	incomplete data available
2020	incomplete data available ³⁷

Admission percentage based on the number of referrals per year

Year	Referrals	Admission %
2012	225	41%
2013	275	40%

³⁶ <https://mjbportal.courts.maine.gov/CourtForms/FormsLists/Index>

³⁷ Prior to July 1, 2019, all data was housed in the DTxC data system at DHHS. As of July 1, 2019, DHHS discontinued the use of DTxC. DTxC was replaced with an internal EIS system. The EIS system has not been able to produce reliable or accurate data. The treatment courts continue to engage in discussions with DHHS for the procurement of a replacement system. For further details see the PCG Evaluation.

2014	305	30%
2015	255	45%
2016	253	49%
2017	295	43%
2018	240	58%
2019 ³⁸	170	47%

Admission rate by court

Court	Admission Rate 2016-2019
Androscoggin Adult Drug Treatment Court	37%
Co-Occurring Disorders Court (Kennebec)	47%
York Adult Drug Treatment Court	39%
Washington Adult Drug Treatment Court	80%
Cumberland Adult Drug Treatment Court	78%
Hancock Adult Drug Treatment Court	50%
Penobscot Adult Drug Treatment Court	35%
Veterans Treatment Court (Kennebec)	54%

b. Graduation or Commencement Rates

The NADCP recommends that the term graduation be changed to commencement to signify that the participant is moving from one phase of life to another, rather than ending their journey into recovery.

During the 2020 calendar year, the criminal treatment courts graduated 79 participants and 19 participants withdrew or were expelled. During the 2020 calendar year, the FRCs graduated 5 participants and 10 participants withdrew or were expelled.

During the time period of the PCG Evaluation, the average graduation rate in Maine was 52%, which is comparable to graduation rates around the country. In the most wide-ranging study of adult drug treatment courts, the average graduation rate in 2014 was 59% with most graduation rates ranging between 50% to 75%.³⁹

Court	Graduation Rate 2016-2019*
Androscoggin Adult Drug Treatment Court	42%
Co-Occurring Disorders Court (Kennebec)	46%
York Adult Drug Treatment Court	47%
Washington Adult Drug Treatment Court	48%
Cumberland Adult Drug Treatment Court	54%
Hancock Adult Drug Treatment Court	56%

³⁸ *Ibid.*

³⁹ Marlowe, D. B., et al (2016). *Painting the Current Picture: A National Report on Drug Courts and other Problem-Solving Courts in the United States*. Alexandria, VA: National Drug Court Institute.

Penobscot Adult Drug Treatment Court	57%
Veterans Treatment Court (Kennebec)	60%

*It takes a minimum of 12 months to complete a treatment court, and the average amount of time for a participant to successfully complete is 17.8 months. Thus, there may be participants that entered during the evaluation timeframe that have graduated and not counted in the percentage.

8. Collaboration

The Treatment Courts in Maine are successful based on their ability to collaborate and partner with multiple agencies and organizations. The Treatment Courts in Maine can report collaboration with the following:

- a. **District Attorneys and Office of the Attorney General**
The Treatment Courts in Maine have and maintain an excellent relationship with the District Attorneys and the Office of the Attorney General. Each of the criminal treatment courts have either a District Attorney, Assistant District Attorney or an Assistant Attorney General as a team member. They appear for the pre-court meetings and court sessions. One District Attorney (Matt Foster) and one Assistant Attorney General (Kyle Myska) are named members of the Drug Court Steering Committee while other prosecutors attend and participate. An area that could be improved would be the addition of an Assistant Attorney General to the Family Recovery Courts.
- b. **Defense Attorneys**
The Treatment Courts in Maine have and maintain an excellent relationship with local defense attorneys. Each of the criminal treatment courts has a defense attorney who acts as the Lawyer of the Day for participants at each pre-court meetings and court sessions. One defense attorney (Kristine Hanly) is a named member of the Drug Court Steering Committee and other defense attorneys attend and participate. Donald Hornblower served in this position for over ten years and stepped down from the Committee in 2020.
- c. **Department of Corrections**
The Treatment Courts in Maine have and maintain an excellent relationship with the Department of Corrections. Each of the criminal treatment courts has at least one probation officer assigned and that probation officer appears at the pre-court meetings and court sessions. Additionally, the staff at the Intensive Mental Health Unit at the state prison have offered their services and insight to the Co-Occurring Disorders Court when the need arises. One probation officer (Ashley Gaboury) is a named member of the Drug Court Steering Committee and actively participates.
- d. **Department of Health and Human Services**
The Treatment Courts in Maine have and maintain an excellent relationship with the Department of Health and Human Services through the Office of Behavioral Health. One member of the Office of Behavioral Health is named

member of the Drug Court Steering Committee (Katherine Coutu) and actively participates. This collaboration goes beyond a presence on the Drug Court Steering Committee as the funds for treatment, case management, and drug testing are contracted between local or statewide agencies and the Office of Behavioral Health. The Office of Behavioral Health also funded the recently concluded evaluation by PCG showing the effectiveness of the treatment courts.

- e. Department of Public Safety and other Maine Law Enforcement Agencies
The Treatment Court in Maine have and maintain an excellent relationship with the Department of Public Safety (DPS) and other county and local law enforcement agencies. With the assistance of DPS and others, bail checks and wellness checks have been completed during this incredibly difficult time of a pandemic. The grants managers at DPS have provided information on possible grant opportunities.
- f. Department of Education
The Treatment Courts in Maine have and maintain an excellent relationship with the Department of Education. The case managers assist participants with advance their education through adult education services offered by the Department of Education. An area of improvement would be the addition of a Department of Education representative on the Drug Court Steering Committee to ensure that the Treatment Courts are utilizing all services available.
- g. Local Service Agencies
The Treatment Courts in Maine have and maintain an excellent relationship with local service agencies throughout the state. The Maine Bureau of Veterans Services assists with the Veterans Treatment Court and Veterans Treatment Track addressing needs of the veteran participants. Other agencies that have a working relationship with the Treatment Courts include that ACT teams (Assertive Community Treatment) for participants with serious and pervasive mental health issues, sober living facilities, Eastern Maine Development Corporation, Goodwill, NAMI Maine, and local medical practitioners to address participants physical health.
- h. Statewide Organizations Representing Drug Court Professionals
The Drug Court Steering Committee is the organization that represents the Maine Drug Court Professionals. Prior to the COVID-19 pandemic the Drug Court Steering Committee met in-person on a quarterly basis. At the start of the pandemic, the Drug Court Steering Committee began meeting monthly to address concerns as quickly as possible.

Many members of the Treatment Courts in Maine are members of the New England Association of Recovery Court Professionals, a regional organization to represent and support the treatment court team members. Two members of

the NEARCP Board of Directors are from Maine, Justice Nancy Mills and Darcy Wilcox, the Case Management Director of Maine Pretrial Services.

The Coordinator of Specialty Dockets and Grants also actively participates in the Drug Court Statewide Coordinators meetings through the Center for Court Innovations.

9. Evaluation of Programs

The goals of the criminal treatment courts are to break the cycle of substance use disorder and criminal activity and to reduce the overall economic impact to society. Based on the independent evaluation conducted by PCG, the criminal treatment courts in Maine have a significant positive impact on recidivism and costs for **all** participants regardless of whether they successfully complete the program.

a. Recidivism⁴⁰

Maine’s recidivism outcomes, as expressed by arrests and convictions after people leave the various treatment courts, are very good, both in relationship to the Maine comparison group where they are lower at every juncture by statistically significant amounts and in relation to studies that have been performed across the country.

Arrest Recidivism 2016-2019

	6 Months	12 Months	18 Months	24 Months
Treatment Participants	12%	13%	20%	19%
Comparison Group*	31%	40%	47%	45%

*The comparison group in these charts is made of individuals that met a high-risk/high-need criteria but were not referred to a Treatment Court.

Conviction Recidivism 2016-2019

	6 Months	12 Months	18 Months	24 Months
Treatment Participants	7%	11%	15%	6%
Comparison Group*	16%	35%	40%	41%

As shown above, there is a significant reduction in both arrest and conviction recidivism between those who participate in treatment courts and those who do not. The statistical analysis also showed that there is a significant impact regardless of whether the participant successfully completed the Treatment Court program.

⁴⁰ Recidivism rates for 2020 are not included in this report as the data is not yet available for evaluation.

Comparison of Conviction Recidivism of Treatment Court Participants vs. Comparison Group by Exit Type 2016-2019

Exit Type	6 Months	12 Months	18 Months	24 Months
Graduated	8%	9%	13%	8%
Expelled	6%	12%	18%	6%
Comparison Group	16%	35%	40%	41%

Overall 48% of treatment court participants either withdrew or were expelled.

b. Economic Impact

Per the attached PCG evaluation, the average amount of time spent in a criminal Treatment Court is 15.5 months. This number includes those who successfully complete the program and those who do not.

The average cost of case management services is \$2,100 per person per year. The cost of treatment services is \$5,888 per person per year. The cost of judicial time is \$500 per person per year. The total average yearly cost for case management, treatment, and judicial time is \$8,488. Based on average participation length of 15.5 months, the average overall cost per participant is \$10,964.

This compares to an incarceration cost of a year in jail at \$51,465 (\$141 per day) or a year in the state prison at \$44,895 (\$123 per day).

Costs per Person for Incarceration by Group

Group	Prison Costs \$123 per day	Probation Costs \$4.86 per day	Jail Costs \$141 per day	Total Cost
Treatment Group	102 days \$12,546	410 days \$1,993	90 days \$12,690	\$27,229
Comparison Group	232 days \$28,536	982 days \$4,773	72 Days \$10,152	\$43,461

As demonstrated in the chart, there is an average savings of \$16,232 for each participant in a Treatment Court when contrasted to persons of the same high-risk/high-need conditions that did not participate in a Treatment Court.

c. Recommendations

The PCG evaluation also had recommendations to improve the Treatment Courts. There were seventeen recommendations, broken down into three areas: Structural and Managerial, Processes and Treatment Teams, and Community Relations.

I. Structural and Managerial Recommendations

1. Acquire a new case management system to replace DTxC (terminated as of July 1, 2019) and the current EIS system. It should be noted that DHHS is in the

process of reviewing drug court case management systems and has indicated that a new system will be implemented in the near future.

2. Fund a Special Projects Manager at Maine Pretrial Services to implement joint initiatives.
3. Revise the current Policy and Procedures Manual and update the Participant Handbook accordingly. It should be noted that the revision process is currently underway with a committee chaired by Justice Douglas of the York Adult Drug Treatment Court. A revision of the participant handbook occurred in late 2019.
4. Require core training for all new team members and revive the training plans impacted by COVID-19.
5. Create new Adult Drug Treatment Courts in Judicial Regions VI (Mid-Coast) and VIII (Aroostook).
6. Institute activities to support case managers in light of the pandemic.
7. Allocate funds for transportation to Treatment Courts.

II. Court Processes and Treatment Team

8. In courts which exceed 45 days to admission, develop a streamlined referral process and ameliorate suitability discussions.
9. Enhance the availability of prosecutorial or Assistant District Attorney/Assistant Attorney General time.
10. Diversify rewards and sanctions.
11. Enhance mental health capacity on both the treatment team and in the provision of services; require mental health representation on the treatment team.
12. Add a peer support representative or recovery coach to the treatment team.
13. Expand the use of VRSS⁴¹ to identify veteran candidates for Treatment Courts.

III. Community Relations Recommendations

14. Address racial disparity in Treatment Courts, particularly among Black individuals who are under-represented.

⁴¹ VRSS is the Veterans Reentry Search Service. VRSS enables correctional and criminal justice entities to identify inmates or defendants who have served in the United States military. <https://vrss.va.gov> (last visited February 3, 2021)

15. Strengthen relations with the Recovery Community.
16. Foster positive perceptions of the specialty courts in the community.
17. Explore creating an emergency fund to support participants with basic needs such as cell phones, car insurance, gas, transportation, and housing.

Conclusion

During their nineteenth year of continuous operation, Maine's Treatment Courts have continued to offer a successful, evidence-based approach to the challenge of substance use 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, enhance public safety, and enhance the likelihood of family reunification.

The independent evaluation from PCG validates that the Treatment Courts have a positive impact on both recidivism and cost. The evaluation also provides a roadmap to make those impacts even greater.

Respectfully submitted,



Richard Gordon, Esq.
Coordinator of Specialty Dockets and Grants
Administrative Office of the Courts
125 Presumpscot Street
Portland, ME 04103

Appendix

The PCG Evaluation is submitted as a separate pdf or may be accessed at this link:
<https://www.courts.maine.gov/about/reports/adtc-evaluation-report-2020.pdf>