

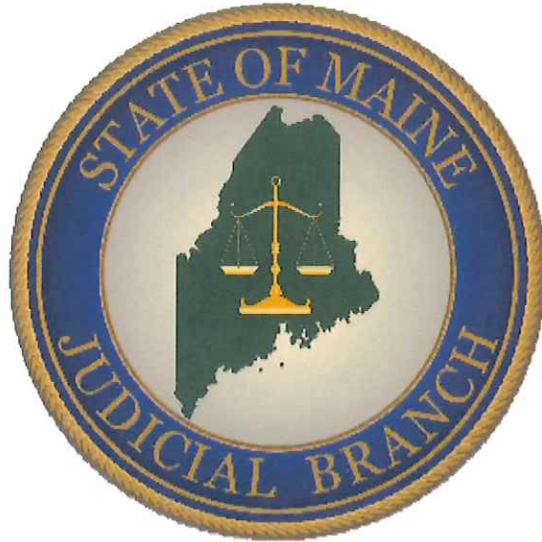
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**STATE OF MAINE
JUDICIAL BRANCH**



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

**2021 Annual Report on Maine's Treatment and Recovery Courts
February 15, 2022**

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Executive Summary

A large number of people who are involved in the justice system are there as a result of an underlying substance use disorder¹ or mental health disorder. This underlying cause of interaction with the judicial system does not respond favorably to the traditional punishment-based responses of courts leading to a high rate of recidivism.

Substance use disorder and serious and persistent mental illnesses are now recognized to be diseases and not moral failings. Incarceration alone does not treat these diseases and they may reappear upon release likely leading to future entanglement in the judicial system.

Incarceration without treatment is also expensive and lacks a substantial impact in the reduction of recidivism. A year of incarceration in prison in Maine has a cost of \$44,895 (\$123 per day). A year of incarceration in a county jail in Maine has cost of \$51,465 (\$141 per day).²

Over the last three decades a different approach to handling persons with substance use disorder and mental health disorders has been instituted. This new approach is evidence-based, has been subjected to intense peer-review studies, and found to be the single most successful intervention in the history of the American judicial system for stopping the cycle of repeat offending. This approach has many names such as Treatment and Recovery Courts, Drug Courts, Problem-Solving Courts, and Veterans Treatment Courts.

This evidence-based approach brings together a multi-disciplinary team of professionals including judges, prosecutors, defense attorneys, family attorneys, treatment providers, probation officers, law enforcement officers, case managers, peer supports, and others. This multidisciplinary team essentially acts like a team of expert witnesses providing legal and scientific expertise to the judge.

Maine has implemented several of the treatment courts, specifically six Adult Treatment and Recovery Courts, three Family Recovery Courts, two Veterans Treatment Courts, and one Co-Occurring Disorders Court. Beginning in Spring 2022, two additional Treatment and Recovery Courts will begin operation, putting a treatment and recovery Court within reach of all but one county in Maine.

These treatment courts reduce the costs borne by society, reduce recidivism, and increase successful treatment. The average annual cost for a participant in a Maine treatment court is \$10,964, substantially below the cost of incarceration in either jail or prison.

¹ <https://nida.nih.gov/publications/drugfacts/criminal-justice> (last visited, Feb. 7, 2022)

² <https://www.courts.maine.gov/about/reports/adtc-evaluation-report-2020.pdf> p. 75. (last visited Feb. 7, 2022)

Maine treatment courts are proven to reduce conviction recidivism rates at a statistically significant rate at six, twelve, eighteen, and twenty-four months. This reduction in conviction recidivism is not limited to only those who successfully complete a treatment court program, but for anyone that participates in a treatment court when compared to defendants that were eligible for a treatment court but did not participate. This impact can be seen in the following chart:

Comparison of Conviction Recidivism of Criminal Treatment Court Participants vs. Comparison Group by Exit Type 2016-2019³

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%

The COVID pandemic caused a drop in the referrals to the treatment courts in 2019. In 2021 the referral numbers increased to pre-pandemic levels. There were 276 referrals to the criminal treatment courts and 76 referrals to the family recovery courts.⁴

The treatment and recovery courts in Maine have been in operation for twenty years. They follow the national best practices developed through rigorous scientific study. By adhering to the national best practices treatment courts have a proven impact on increasing treatment participation, decreasing recidivism, and reducing costs.⁵

³ <https://www.courts.maine.gov/about/reports/adtc-evaluation-report-2020.pdf>, P. 71. (last visited Feb. 7, 2022)

⁴ *Maine Treatment and Recovery Courts Annual Data Report*, Maine Pretrial Services.

⁵ "What Works? The Ten Key Components of Drug Court: Research-Based Best Practices" *Drug Court Review*, Vol VIII, Issue , NDCI press, 2012

A History of Treatment Courts

During the 1980's the war on drugs intensified and the judicial system became a front-line

Treatment Courts are the single most successful intervention in our nation's history for leading people living with substance use or mental health disorders out of the justice system and into lives of recovery and stability.

player addressing the cocaine epidemic. Both justice and treatment professionals understood that something had to change to stop the cycle of use and recidivism.

The first drug court started in Miami-Dade, Florida in 1989 in response to the cocaine epidemic. Since that first drug court, other courts, now known as treatment courts, based on the drug court model have spread across the country and the world. There are now more than 4,000 treatment courts located in every state, four territories, and over 20 countries.⁶ Treatment courts have grown beyond just drug courts and now cover a variety of specialties such as Co-Occurring Disorders Courts, Mental Health Courts, Veterans Treatment Courts, Family Treatment Drug Courts, and Juvenile Drug Treatment Courts. Maine has implemented several of these treatment

Treatment courts are unique in the world of specialty dockets in that they have a national best practice standards.

court models.

Treatment Courts are the single most successful intervention in our nation's history for leading criminally involved people living with substance use disorders (SUD) and mental health disorders (MHD) out of the justice system and into lives of recovery and stability.

Treatment Courts were the first in the judicial system to treat substance use disorders as a medical condition instead of a moral failing. This allowed the treatment courts to include medical and treatment professionals in the handling of the cases. By using treatment instead of punishment and compassion instead impartiality, the treatment courts offer a path to recovery and a way out of future involvement in the judicial system.

In 1994 the National Association of Drug Court Professionals (NADCP) was established to research the effectiveness of treatment courts. The NADCP developed and published the 10 Key Components and the Adult Drug Court Best Practice Standards Volumes I and II so that treatment courts nationwide would operate within an evidence-based model shown to be most effective. Treatment courts are unique in the world of specialty dockets in that they have a national best practice standards. Treatment courts operating using the best practice standards are proven to be effective in reducing recidivism and costs. Maine's treatment courts operate using the appropriate national best practice standards.

⁶<https://www.nadcp.org/about/> (last visited February 7, 2022)

In August 2000, Maine began to establish the first six Adult Drug Treatment Courts in the state and began accepting clients in April 2001. These first courts were located in Androscoggin, Cumberland, Oxford, Penobscot, Washington, and York Counties. An additional Adult Drug Treatment Court located in Hancock County joined the state system on July 1, 2008.

The history of the Adult Drug Treatment Courts has not always been an easy one. However, whenever there has been a setback, success eventually followed. The original Oxford County Adult Drug Treatment Court was discontinued in May 2004 due to a low census. The initial Penobscot County Adult Drug Treatment Court 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 professionals.

With the addition of the Oxford and Mid-Coast Treatment and Recovery Courts, there will be an evidenced based Judicial Branch treatment court serving all but one county in Maine.

New courts in Oxford County and the Mid-Coast⁷ will begin operations in the Spring of 2022 under a Bureau of Justice Assistance grant awarded in December 2021. It had been a long-time goal of the Maine Judicial Branch to have a treatment and recovery court along the mid-coast and in the western part of the state. These two new treatment and recovery courts align with the Maine Opioid Response Strategic Plan's Strategy #29 and the statewide evaluation by Public Consulting Group that recommended the expansion of the Treatment and Recovery Courts. With the addition of the Oxford and Mid-Coast Treatment and Recovery Courts, there will be an evidence-based treatment court serving all but one county in Maine.

In 2021, at the recommendation of the Adult Drug Treatment Court Steering Committee, the Trial Chiefs approved name changes to both the Steering Committee and the Treatment Courts. The Steering Committee is now known as the Maine Treatment and Recovery Court Steering Committee and the Adult Drug Treatment Courts are now known as Treatment and Recovery Courts. This name change was in keeping with eliminating stigmatizing persons with a substance use disorder and to focus on the outcome of the court, treatment and recovery rather than on the reason for entry.

Maine currently operates six adult Treatment and Recovery Courts. These courts are located in Androscoggin, Cumberland, Hancock, Penobscot, Washington, and York Counties. In the Spring of 2022 the roster of courts will increase to include courts located in Oxford County (also serving Franklin County) and the Mid-Coast (serving Knox, Lincoln, Sagadahoc, and Waldo Counties).

⁷ These BJA grants were made possible through the assistance of Gordon Smith, Director of Opioid Response for the Mills Administration, and the Office of the Attorney General, by providing the matching funds needed to meet the BJA requirements.

Maine also operates a Co-Occurring Disorders Court in Kennebec County (CODC). It was founded in 2005. The CODC 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, the CODC accepts cases from across the State of Maine. Participants must either live in Kennebec County or have regular and reliable transportation to Kennebec County in order to participate in the required appearances, meetings, and treatment sessions.

Maine also operates two Veterans Treatment Courts (VTC) located in Kennebec County and Cumberland County. While VTC's are based on the drug court model, they contain aspects that are unique to treatment courts. The United States Department of Veterans Affairs (VA) assigns a Veteran Justice Outreach (VJO) officer to the court to coordinate services and benefits for the veteran participant. VTCs also have a volunteer Mentor Corps of local veterans that engage, encourage, and empower their fellow veterans to change their lives and 'leave no veteran behind.'

The first VTC in Maine was established in 2011 in Kennebec County. The VTC is held on the same day, but different time as the CODC.

In January 2019 a Veterans Treatment Court was established in Cumberland County for veterans in Cumberland County. Planning is underway to establish more Veteran Treatment Tracks within the other treatment and recovery courts in other parts of the State.

Family Treatment Drug Courts also began with the drug court model. Unlike other treatment courts, Family Treatment Drug Courts are civil in nature and are not part of the criminal justice system. Family Treatment Drug Courts are designed for families who have open civil child protective cases with the court and the Maine Department of Health and Human Services (DHHS).

Maine established Family Treatment Drug Courts in October 2002. In 2017 these courts were renamed the Family Recovery Courts in an effort to focus on recovery and remove the stigma associated with drugs. Maine operates three Family Recovery Courts located in Androscoggin, Kennebec, and Penobscot Counties. Participants are not limited to those counties as long as they have regular and reliable transportation.

Oversight of the Maine Treatment Courts

District Court Judge David Mitchell, presiding judge for the Washington County Treatment and Recovery Court, chairs the Maine Treatment and Recovery Court Steering Committee and is responsible for administrative oversight of the treatment courts. The Treatment and Recovery Court Steering Committee is responsible for ensuring that the treatment courts adhere to best practices and national standards as developed by the National Drug Court Institute for the criminal treatment courts and Children and Family Futures for the civil treatment courts.

The Steering Committee is composed of all 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, representative of the Governor’s Office of Opioid Response, 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 Chief Justice Robert Mullen of the Superior Court or Chief Judge Jed French of the District Court. They 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. 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.

Details and Procedures

Treatment and Recovery Courts, formerly known as Adult Drug Treatment Courts, 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.⁸

The Treatment and Recovery Courts, Co-Occurring Disorders Court, and Veterans Treatment Courts, collectively referred to as criminal treatment courts, 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 or alcohol related, either as an element of the offense or as the underlying contributing factor to the commission of the offense.

⁸ Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/grants/grant-announcements/ti-19-002>. (Last visited Feb 3, 2022). SUD means Substance Use disorder.

Criminal treatment courts seek an increase in personal, familial, and societal accountability

Treatment courts that operate with fidelity to evidence-based best practices are proven to be an effective state response for high-risk/high-need participants who are struggling with a substance use disorder and co-occurring mental health disorder.

on the part of the participants, development of pro-social attitudes and behaviors, reduction or elimination of new criminal activity, promotion of substance free lifestyles and promotion of healthy and safe family relationships. These courts reduce unnecessary incarceration by promoting more effective collaboration and efficient use of resources among the courts, the criminal justice community, and community agencies.

Participation in the criminal treatment courts is voluntary and provides participants 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 treatment courts target high-risk⁹, 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 is usually substantially less severe than the sentence typically imposed for similar charges and no further incarceration is imposed or the charges may be reduced to a less serious offense.

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

Family treatment courts (FTCs), also referred to as family drug courts and dependency drug courts, use a multidisciplinary, collaborative approach to serve families with substance use disorders (SUDs) and who are involved with the child welfare system. Well-functioning family treatment courts bring together leaders from child welfare, substance use treatment, mental health agencies, dependency courts, and other community partners in a non-adversarial approach.¹⁰

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. Family Recovery Courts 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.¹¹ 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,

⁹ High-Risk in a criminal treatment court setting does not refer to risk to safety. High-Risk refers to the likelihood that the participant will not thrive in a less intense method of supervision.

¹⁰ National Center on Substance Abuse and Child Welfare, [Family Treatment Courts | National Center on Substance Abuse and Child Welfare \(NCSACW\) \(samhsa.gov\) \(last visited Feb. 3, 2021\)](https://www.samhsa.gov/family-treatment-courts)

¹¹ Children and Family Futures, *Family Treatment Court Best Practice Standards*, https://www.cffutures.org/files/OJJDP/FDCTTA/FTC_Standards.pdf. (last visited, February 3, 2022)

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.¹²

Prior to admission to a treatment court, an extensive evaluation of each applicant is conducted to ensure that each applicant meets the objective evidence-based eligibility criteria. Eligibility and exclusion criteria are defined objectively, specified in writing and communicated to potential referral sources. The treatment court teams do not apply subjective criteria or personal impressions to determine participants suitability for the programs.¹³ 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)¹⁴.
- 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 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.

¹³ Marlowe, D.B. et al (2018). *Adult Drug Court Best Practice Standards Volume I*, p. 5. NADCP Press.

¹⁴ *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-OK¹⁵, TCU Drug Screen 5 with Opiate Supplement¹⁶, and Mental Health Screening III¹⁷).
- 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. They 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; make payments on 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 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 incarceration¹⁸ (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 treatment court program.

Specialized treatment is provided by local behavioral healthcare agencies funded through a contract with the Office of Behavioral Health. Treatment programs from these local behavioral healthcare agencies support recovery from substance use disorder, address criminogenic thinking¹⁹, provide parenting education, assist with the development of more pro-social behaviors, and address mental health and trauma related issues.

¹⁵ *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 MaineCare 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/sites/maine.gov.dhhs/files/documents/contract-2015/rider-e/Rider-E-OCFS-Childrens-Residential.pdf> (last visited Feb. 3, 2022).

¹⁶ *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 Feb. 3, 2022).

¹⁷ *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 Feb. 3, 2022).

¹⁸ *While incarceration may be used as a sanction, its use should be used judiciously and sparingly and never more than 5 days. Marlowe, DB et al (2018) Adult Drug Court Best Practices Volume I p. 28. NADCP Press.*

¹⁹ *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 Reconation Therapy, Thinking for a Change, or Reasoning & Rehabilitation evidenced based programs.*

The case manager for each program provides direct and frequent supervision of participants, random alcohol or other drug testing at least twice per week, and assistance in 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. Case management services are directly contracted between the Office of Behavioral Health and Maine Pretrial Services.

The Family Recovery Courts provide the same treatment and case management services as the criminal treatment courts 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 Family Recovery Courts 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 because 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.²⁰

Funding

The Maine Treatment and Recovery Courts remain labor and time intensive on the part of judges and other treatment court professionals. It is estimated that judges allocate an average of 15% to 20% of their time each week that their court meets to their treatment court assignment. Prosecutors, defense counsel, and probation officers devote similar, if not longer, hours each week. Case managers are assigned full time to the Treatment and Recovery Courts. Team members are available after hours, nights, weekends and holidays to address emergency needs of participants. The Coordinator of Specialty Dockets, also referred to as the Statewide Drug Court Coordinator, devotes all his work week to these courts.

The Judicial Branch did not directly receive any state or federal grants dedicated to funding Maine treatment court activities for any of the Treatment and Recovery Courts operating in 2021.²¹ ²² The General Fund provides funding for the full-time Coordinator of Specialty Dockets 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

²⁰ Children and Family Futures, <https://www.cffutures.org/family-drug-courts-focus/> (last visited Feb. 3, 2022)

²¹ Maine OBH receives and distributes federal funds used by the courts for treatment and case management services.

²² The Judicial Branch was awarded two BJA grants on December 18, 2021 to establish Treatment and Recovery Courts in Oxford County and the Mid-Coast and they are expected to begin operations in the Spring of 2022.

and Family Services (OCFS), unless the participant is already covered by MaineCare. OCFS pays the agency directly where services are provided.

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 in a Family Recovery Court 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.

Continuing Impact of COVID-19

COVID-19 continued to have a significant impact on the treatment and recovery courts in 2021. The biggest impacts have come in the pre-court and court sessions, treatment sessions, drug testing and case management, probation supervision, and referrals.

In 2020, the pre-court staffing sessions and court sessions moved to a virtual format. For most of 2021 that remained in place. A few of the courts were able to meet in person from time to time, limited to when the local county was not under heightened COVID restrictions and judicial marshals were available. The positive impacts of meeting virtually included an increase in efficiency during the pre-court staffing session 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 are able to participate in the mandatory court sessions from home or their place of employment while at lunch or on a work break.

Not all 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 incentives and sanctions. As the pandemic has continued, the

participants have expressed a desire to return to in-person settings as they note a loss of feeling like a community.

While the use of virtual platforms for treatment was positive overall, the negatives were more technical than anticipated. Most treatment providers moved to a virtual platform and were able to maintain services with little interruption. The move to a virtual treatment platform was supported by OBH and MaineCare. It is reported that most participants appear to be more engaged as they are more at ease in their home environment. A few participants expressed concerns about the lack of privacy in their living situations which impacted their willingness to fully engage in treatment discussions.

Overall, participants maintained an openness to virtual services. Participants did not have to worry about transportation where pre-COVID 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. Treatment providers have been able to have groups that crossed county lines and after traditional 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 and case management agency have addressed this issue by working with participants to secure smart phones, however reliable internet access and data availability 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, 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 similar positive impacts as treatment but have also included more negative impacts. The positive impacts are the ability to drug test participants at all hours of the day, from any location, and testing can truly be random as transportation, childcare, and employment issues are not as impactful. The case managers also have easier access to participants with virtual check-in software that has been downloaded onto participants cell phones.

However, the negative impacts of COVID-19 on drug testing were immediate and continuing. 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 patches²³ and oral fluid testing via swabs.

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. The use of observed urine testing was reestablished for the time periods when the pandemic restrictions eased, and the safety of the participants and staff could be upheld.

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 pending cases in the court system increases, the pressure to resolve a case has decreased due to fewer people being held pending a trial, the limited number of jury trials, and the limited number of in-person court sessions. This lack of pressure to settle a case leads to fewer persons considering an application to a treatment and recovery court.

If a person is held in custody and a referral is received, the restrictions on visitors to the jails raise more difficulties with completing screenings such as the lack of virtual connections available based on jail staff availability, COVID restrictions and technology. This leads to an increase in the time it takes to get a referral screened for eligibility.

The impact of COVID-19 on referrals can be demonstrated by the number of active participants in the treatment and recovery courts when compared to the pre-pandemic numbers. Referrals and admissions did increase in 2021, but they have not yet fully recovered to pre-pandemic levels with the exceptions of the Co-Occurring Disorders Court and the Family Recovery Courts.

²³ <https://www.nadcp.org/wp-content/uploads/2020/03/Treatment-Courts-COVID-19-Examples-3-26-20.pdf> (Last visited February 3, 2022)

	12/31/2019	12/31/2020	12/31/2021
ADTC	140	120	127
VTC/VTT	21	13	14
CODC	21	19	31
FRC	31	30	32
Total	213	182	204

Locations

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

Court Type	County	City
Treatment and Recovery Court	Androscoggin	Auburn
Treatment and Recovery Court	Cumberland	Portland
Treatment and Recovery Court	Hancock	Ellsworth
Treatment and Recovery Court	Penobscot	Bangor
Treatment and Recovery Court	Washington	Machias/Calais
Treatment and Recovery 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 Court	Cumberland	Portland

In addition to the courts listed above, starting in the Spring of 2022 there will be two additional Treatment and Recovery Courts in Oxford County and the Mid-Coast.

Presiding Justices and Judges

There are twelve operating treatment courts and a Steering Committee that oversees these treatment courts. 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 Treatment and Recovery Court
Judge French	Cumberland County Treatment and Recovery Court
Judge French	Cumberland County Veterans Treatment Court
Justice Stewart	Androscoggin County Treatment and Recovery 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 Treatment and Recovery Court
Judge Larson	Penobscot County Family Recovery Court
Judge Larson	Hancock County Treatment and Recovery Court
Judge Mitchell	Washington County Treatment and Recovery Court
Judge Ham-Thompson	Oxford County Treatment and Recovery Court (Spring 2022)
Judge Martin	Mid-Coast Treatment and Recovery Court (Spring 2022)
Judge Mitchell	Chair, Treatment and Recovery Court Steering Committee

*Judge Archer will be taking over as the presiding judge in 2022.

Training

During the 2021 calendar year the Administrative Office of the Courts worked with leading national treatment and recovery court agencies to provide on-going training for the team members.

On March 31 and April 1, Children and Family Futures held a statewide training for the Family Recovery Courts. Children and Family Futures is the recognized national leader in providing training and technical assistance for Family Recovery Courts. This training was delivered via Zoom and was at no cost to the Judicial Branch or the State of Maine. This training covered Family Recovery Court best practices and strategic planning for improvement.

On April 2, Judge Budd, the presiding judge for the Penobscot Treatment and Recovery Court, led a panel discussion of the treatment and recovery courts as part of the Governor’s Office of Opioid Response Seminar Series. This presentation was delivered via Zoom and was produced by AdCare Maine. AdCare Maine is a partner with the New England Prevention Technology Transfer Center Network funded by the federal Department of Health and Human Services and delivers programming and training related to behavioral health issues.

On April 5 through 9, several members of the Judicial Branch, the Administrative Office of the Courts, and the Governor’s Office of Opioid Response attended the virtual Rx Summit. Attendance at this summit was provided by participation in the New England Regional Judicial Opioid Initiative and funded by the National Center for State Courts through a federal grant. There was no cost to the Judicial Branch or the Governor’s Office of Opioid Response.

On April 12, 13, and 14, the treatment and recovery court team members for York, Cumberland, and Androscoggin counties participated in a Justice for Vets training on establishing a Veterans Treatment Court. Justice for Vets is the Veterans Treatment Court division of the National Association of Drug Court Professionals and is the national organization tasked with providing training for Veterans Treatment Courts. As a result of this training, these courts now have the capacity to begin a Veterans Treatment Track within their treatment and recovery court as veteran participants are identified and referred. This training was delivered via Zoom and came at no cost to the Judicial Branch or the State of Maine.

On May 14, the treatment and recovery court teams participated in a Diversity, Equity and Inclusion training provided by the National Association of Drug Court Professionals. This training was specifically designed to ensure that the treatment and recovery courts in Maine were not excluding underserved populations and when a member of an underserved population was in a treatment and recovery court, they were addressed with cultural competence. This training met one of the recommendations of the PCG evaluation report. The National Association of Drug Court Professionals delivered this training via Zoom and there was no cost to the Judicial Branch or the State of Maine.

On June 7, 8, and 9, the treatment and recovery court team members for Penobscot, Hancock, and Washington counties participated in a Justice for Vets training on establishing a Veterans Treatment Court. As a result of this training, these courts now have the capacity to begin a Veterans Treatment Track within their treatment and recovery court as veteran participants are identified and referred. This training was delivered via Zoom and came at no cost to the Judicial Branch or the State of Maine.

On July 15, Judge Mitchell, the presiding judge for the Washington County Treatment and Recovery Court and Chair of the Treatment and Recovery Court Steering Committee, led a panel discussion about the successes of the treatment and recovery courts during the Governor's 3rd Annual Opioid Summit. This panel presentation was done at no cost to the Judicial Branch and as part of the Governor's Office of Opioid Response.

On August 15 through 18, five treatment and recovery court judges, the Director of Process, Planning, and Services, Manager of Criminal Process and Specialty Dockets, the Coordinator of Specialty Dockets, and the Governor's Director of Opioid Response attended the Rise 21 National Association of Drug Court Professionals annual training conference²⁴ in National Harbor, Maryland. This conference is the premier training conference for all types of treatment and recovery courts. Attendance at this conference was paid for out of education funds within the Judicial Branch and offset by some funds from an existing Veterans Treatment Court Strategic Planning Initiative grant from the Center for Court Innovations.

On October 21, one of the premier trainers for the National Drug Court Institute, Helen Harberts, delivered a two hour zoom training session for the Maine treatment and recovery courts. This training was wide-ranging and covered topics such as the target population for treatment and recovery courts, the alternatives to incarceration, team member roles, and how to handle difficult cases and problematic participants. This training session was delivered via Zoom and was done at no cost to the Judicial Branch or the State of Maine.

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 Courts and other treatment and recovery courts

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.*

A draft revision of the Policy and Procedures Manual has been completed by a sub-committee of the Treatment and Recovery Court Steering Committee. This revision brings the Policy & Procedure Manual up to date with the national best practices and the latest studies on successful ways to achieve behavioral change in a treatment court setting. The draft has been reviewed by national experts and will be presented to the Treatment and Recovery Court Steering Committee for final approval in March 2022.

Additionally, case managers are required to complete on-line educational programs developed by the National Drug Court Institute and have a weekly meeting of all case managers to raise issues. The Coordinator of Specialty Dockets 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 Recovery Court Professionals.

Community Involvement

It is said that the opposite of addiction is not sobriety but connection.²⁵ The treatment and recovery 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, peer supports, recovery coaches, or graduates of the treatment courts. The Veteran Mentors of Maine have worked with the treatment courts since Maine's first Veterans Treatment Court was founded in 2011. The Veteran Mentors of Maine currently provide mentors for the participants in the Veterans Treatment Court in Portland. Recognizing the success of the inclusion of mentors, the National Association of Drug Court Professionals began a nationwide push for the inclusion of mentors, peer supports, recovery coaches, or graduates to assist participants in the other treatment courts. It is anticipated that the inclusion of mentors, peer supports, recovery coaches, or graduates will be included in the upcoming Adult Drug Court Best Practices Volume III.

The Maine treatment and recovery courts have connected with the Maine Recovery Hub, the Portland Recovery Community Center, and the Maine Prisoner Reentry Network. Leading the way have been the Co-Occurring Disorders Court in Kennebec with their on-going relationship with the Maine Prisoner Reentry Network, the Cumberland Treatment and Recovery Court and their relationship with the Portland Recovery Community Center, the Cumberland Veterans Treatment Court which and their active relationship with the Veteran Mentors of Maine, the Hancock County Treatment and Recovery Court participants which has peer supports from Healthy Acadia, and the Penobscot County Treatment and Recovery Court that has many returning graduates. Ongoing efforts are underway to connect the rest of the treatment courts with community partners, particularly the more than 800 recovery coaches that have now been trained

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-addiction-is-connection> (last visited Feb 3, 2022)

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.

Education

The treatment and recovery courts are active in education of the participants, team members, and the general public.

Education of the participants occurs during court sessions or at specially arranged meetings. Doug Dunbar, from the Eastern Maine Development Corporation (EMDC) spoke of EMDC's Connecting with Opportunities grant that assists persons impacted by the opioid epidemic with educational, childcare, housing, and other needs.²⁸

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 address educational needs. The Veteran Justice Outreach officers ensure that the veterans are receiving all eligible education and job training benefits from the VA. The EMDC grant provides opportunities for participants to secure job and skill trainings to assist them in their recovery journey.

Education of the general public occurs as well. Materials describing the courts are published on the Judicial Branch's website and team members participate with other members of the public in the programs, seminars, and summits offered by the Governor's Office of Opioid Response.

The treatment and recovery 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.

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 Feb. 3, 2022). This is an independent certification program as, other than life safety code inspections, the State of Maine does not license sober living facilities.

²⁸ 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 a childcare, technology, emergency housing and other needs through EMDC, Aroostook County Action Program (ACAP), and Workforce Solutions/Goodwill Industries.

Existing Resources Addressing Substance Use Disorder

The treatment courts have made use of existing substance use disorder resources to enhance the participants journey into recovery. To directly address substance use disorder, the treatment courts work with the treatment agencies contract by the Office of Behavioral Health. Treatment services for the treatment courts in York, Cumberland, Androscoggin, and Kennebec counties are provided by Blue Willow Counseling. Treatment services for the treatment courts in Penobscot County are provided by Wellspring, Inc. Treatment services for the treatment courts in Hancock and Washington counties are provided by 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. The Coordinator of Specialty Dockets has compiled and maintained a listing of federal SAMSHA licensed treatment programs that has been provided to all judges in Maine and posted on the Court's internet and intranet web sites.

The Office of Behavioral Health provided additional resources to allow for the expansion of the treatment courts by funding a case manager position for each treatment and recovery court. The additional case manager allows for the implementation of Veterans Treatment Tracks in each treatment and recovery court as well as expanded civilian capacity.

Medication-assisted treatment 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 federal Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.²⁹ All treatment courts in Maine allow the use of medication-assisted treatment. MAT 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.

Statistics

The National Association of Drug Court Professionals recommend that criminal treatment courts have a full comprehensive review and assessment every three to five years. The most recent evaluation of the criminal treatment courts, funded by the Office of Behavioral Health, was published in 2020. The evaluation was completed by PCG, a leading public sector management

²⁹ *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 Feb. 3, 2022)*

consulting and operations improvement firm. The results of that evaluation are included below, and the full evaluation may be accessed on the Judicial Branch website.³⁰

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. Funding for an evaluation of the Family Recovery Courts will be sought in the future.

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.³¹ 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.

Key Component #3 notes that eligible participants are identified early and promptly placed in the treatment court program.³² The period immediately after an arrest, or after an apprehension for a probation violation, is a critical window of opportunity for intervening and introducing treatment as a viable course of action. Ideally, it should not take longer than 30 days from referral to admission. This decreases the amount of time in jail and 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
2021	incomplete data available ³³

³⁰ <https://www.courts.maine.gov/about/reports/adtc-evaluation-report-2020.pdf> (last visited February 3, 2022)

³¹ <https://mjbportal.courts.maine.gov/CourtForms/FormsLists/Index>

³² *Defining Drug Courts: The Key Components*, 1997, NADCP.

³³ 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 court began using the AIMS-Automon data management system as of October 1, 2021. This system is commercially designed for the collection of treatment court data.

Admission percentage based on the number of referrals per year 2012-2019

Year	Referrals	Admission %
2012	225	41%
2013	275	40%
2014	305	30%
2015	255	45%
2016	253	49%
2017	295	43%
2018	240	58%
2019 ³⁴	170	47%
2020 ³⁵	---	---
2021	264	50.3%

Admission rate by court

Court	Admission Rate 2016-2019	Admission Rate 2021
Androscoggin Treatment and Recovery Court	37%	55%
Co-Occurring Disorders Court (Kennebec)	47%	43%
York Treatment and Recovery Court	39%	63%
Washington Treatment and Recovery Court	80%	56%
Cumberland Treatment and Recovery Court	78%	29%
Cumberland Veterans Treatment Court	---	83%
Hancock Treatment and Recovery Court	50%	100%*
Penobscot Treatment and Recovery Court	35%	54%
Veterans Treatment Court (Kennebec)	54%	31%

*Hancock accepted transfer cases from other counties causing this anomaly.

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 time period of the PCG Evaluation covering participants that entered a criminal treatment court from 2015 to 2019, 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 national graduation rate in 2014 was 59% with most graduation rates ranging between 50% to 75%.³⁶ During the 2021 calendar year, the criminal treatment courts graduated 31 participants and 42 participants withdrew or were expelled, yielding a graduation

³⁴ *Ibid.*

³⁵ *Ibid.*

³⁶ 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.

rate of 42%. During the 2021 calendar year, the FRCs graduated 11 participants and 21 participants withdrew or were expelled yielding a graduation rate of 34%. The drop in the graduation rates is attributed to the increased difficulties of the COVID pandemic.

Court	Graduation Rate 2016-2019*	Graduation Rate 2021
Androscoggin Treatment and Recovery Court	42%	35%
Co-Occurring Disorders Court (Kennebec)	46%	50%
York Treatment and Recovery Court	47%	25%
Washington Treatment and Recovery Court	48%	60%
Cumberland Treatment and Recovery Court	54%	50%
Cumberland Veterans Treatment Court	---	---
Hancock Treatment and Recovery Court	56%	35%
Penobscot Treatment and Recovery Court	57%	67%
Veterans Treatment Court (Kennebec)	60%	50%

*It takes a minimum of 13 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. This is one reason for the fluctuation in graduation rates year to year and why a 4-year rolling average gives a better view of long-term success.

Collaboration

The treatment and recovery courts in Maine are successful based on their ability to collaborate and partner with multiple agencies and organizations. The treatment and recovery courts in Maine collaborate 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 Treatment and Recovery 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 Treatment and Recovery 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 to the team 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 Treatment and Recovery 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 Treatment and Recovery Court Steering Committee (Katherine Coutu) and actively participates. This collaboration goes beyond a presence on the Treatment and Recovery 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 courts 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. The treatment courts in Hancock, Kennebec, and Penobscot counties have a law enforcement officer that regularly meets with the team.

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 to 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 Treatment and Recovery Court Steering Committee to ensure that the treatment courts are utilizing all services available. It is common for participants to either start or return to college while in a treatment and recovery court, and further work needs to be done to coordinate efforts with the local colleges.

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 Courts in Kennebec and Cumberland counties. 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 Treatment and Recovery 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. During most of 2020 and 2021 the Steering Committee met monthly to address concerns as quickly as possible. Meetings have moved back to a quarterly basis.

Many members of the treatment courts in Maine are members of the New England Association of Recovery Court Professionals, a regional organization that represents and supports 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 also actively participates in the Statewide Drug Court Coordinator meetings and conferences hosted by the Center for Court Innovations.

Evaluation of Programs

The goals of the criminal treatment and recovery courts are to break the cycle of substance use disorder and criminal activity and to reduce their 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.

Recidivism³⁷

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.

³⁷ Recidivism rates for 2020 and 2021 are not included in this report as the data is not yet available for evaluation.

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%

There is a significant reduction in both arrest and conviction recidivism for those who participate in treatment courts. The statistical analysis also showed that there is a significant impact regardless of whether the participant successfully completed the treatment court program.

Comparison of Conviction Recidivism of Treatment and Recovery 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%

Economic Impact

The PCG evaluation found that the average amount of time spent in a criminal treatment court is 15.5 months. This number includes both 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

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.

Conclusion

During their twentieth year of continuous operation, Maine’s Treatment and Recovery Court, Co-Occurring Disorders Court, Veterans Treatment Courts, and Family Recovery 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 to support recovery from substance use disorders and mental health disorders, reduce criminal conduct, enhance public safety, and enhance the likelihood of family reunification.

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

Respectfully submitted,



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