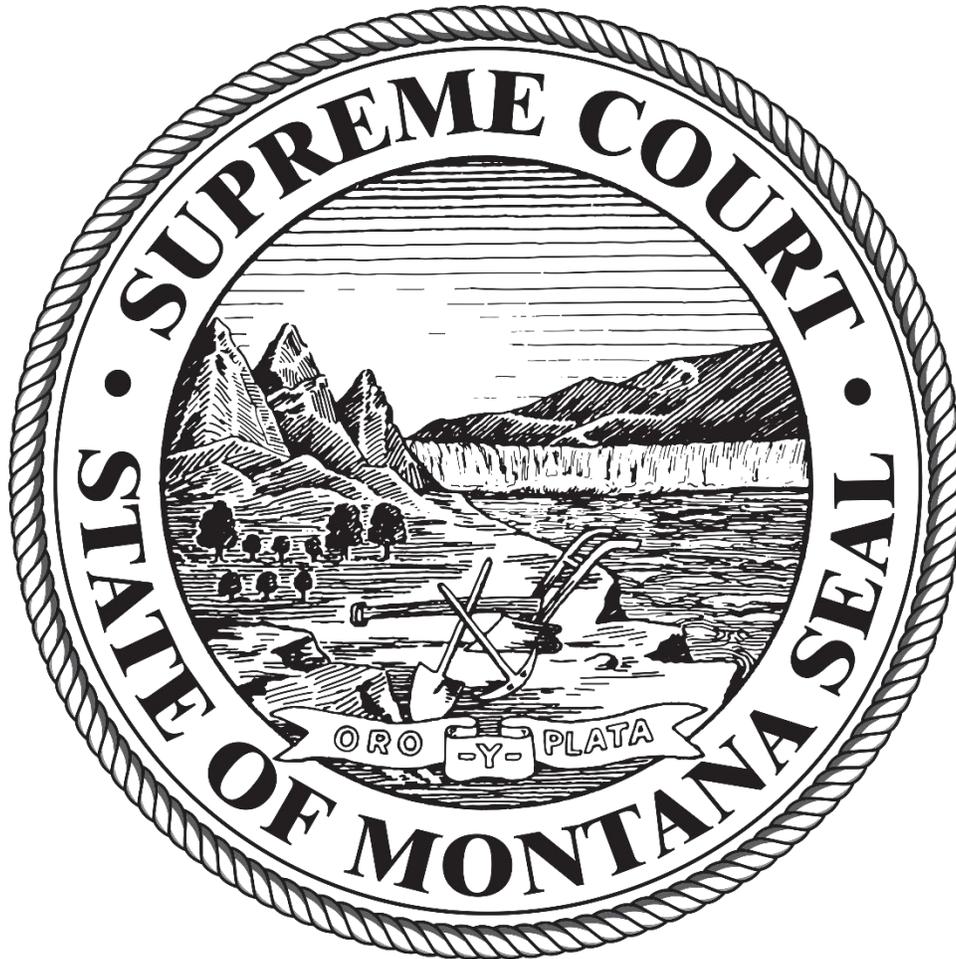


**Montana Drug Courts:  
An Updated Snapshot of  
Success and Hope**



**Produced by Montana Supreme Court  
Office of Court Administrator  
January 2021**

# Montana Drug Courts Work Despite COVID-19

Montana drug courts have risen to the challenge during the ongoing global COVID-19 pandemic. These courts have implemented different remote technology options to continue services while protecting the health of participants and team members.



Much time has been spent teaching team members and participants how to use technology and make the necessary adjustments during court staffings and hearings to ensure participants can see and hear team members. This work has been important to ensure participants are comfortable with the technology and get the accountability and structure that they need from the court. Additionally, drug courts are dependent upon evidence-based treatment, and treatment partners have made significant efforts to ensure that virtual and face-to-face treatment continue. Now, more than ever, drug courts are important as uncertainty and stress grows among drug court participants who are attempting to move into recovery from their substance use disorder and resolve criminal justice issues.

All Montana drug courts have continued to admit new defendants into the drug court process, and even more importantly, have continued to find ways to have meaningful graduation ceremonies during the pandemic. This is important work for the Montana communities served by these courts. Drug court teams continue to work hard, day in and day out, during these most difficult times.





## **Montana is the Only State in the Country with Two Designated Mentor Courts for Veterans and DUI Defendants**

Since implementation in 2011, STEER (Sobriety, Treatment, Education, Excellence, Rehabilitation), Montana's largest DUI court, has served 367 high risk/ high need impaired drivers. Located in Billings, Montana, STEER offers a full continuum of substance use treatment, mental health services and case management opportunities. Adhering to the fidelity of best practices and *10 Guiding Principles of DWI Courts*, STEER combines accountability with treatment toward the goal of stopping additional DUI offenses on Montana's highways.

In 2016 and 2020, STEER was selected by the National Center for DWI Courts to serve as one of four DWI Academy Courts in the nation. As an Academy Court, STEER assists in training teams from across the country in implementing DUI courts. Foundational Training visits to STEER, sponsored by the National Highway Traffic Safety Administration (NHTSA), are held on location in Billings and virtually. STEER has shared its innovative practices and telehealth tract encouraging expanded operation to states with rural challenges and COVID-19 restrictions.

For the 3-year period after date of entry, 96% of STEER participants had no DUI arrests, 93% had no felony arrests, and 67% had no arrests (felony or misdemeanor). Among STEER participants, 20% were Native American, 10% were Black Hispanic Asian or Pacific Islander, and 70% were White. STEER graduates must comply with all court-ordered requirements, including attending substance use treatment, maintaining sobriety, and obtaining employment or attending a school/training program. The graduation rate for STEER court was 67%.

Yellowstone County's Veterans Treatment Court, CAMO (Courts Assisting Military Offenders), has served as a Justice for Vets Mentor Court since 2016. In 2020, CAMO was designated the only Mentor Court in the nation. CAMO has shared its successful practices with nearly 30 visiting teams. These teams attend a staffing session, docket cases, and are provided materials and information to take home to start or improve their own veterans treatment court.

Since 2012, CAMO has provided an alternative to prison for 161 justice-involved veterans by offering substance use and trauma-informed mental health services. VA Montana is an integral partner with CAMO. In addition, participants are provided a volunteer Veteran Mentor to encourage and assist them with successfully navigating the program.

During the 3-year period after entering the CAMO program, 93% of the participants had no felony arrests in the 3 years post-program entry and 72% had no arrests (felony/misdemeanor). Among CAMO participants, 11% were Native American, 4% were Hispanic, and 84% were White. CAMO graduates must comply with all court-ordered requirements (substance use treatment, sobriety, employment or attending school/training). The graduation rate for CAMO was 56%.

Additionally, CAMO has partnered with the federal court system to serve federal offenders and to expand reach into Indian Country. CAMO also offers a telehealth tract allowing any veteran residing in Montana to participate in this veterans treatment court.

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## I. Report Highlights

Drug courts in Montana are court dockets within a district court or court of limited jurisdiction (i.e., city, municipal, or justice's court) that specialize in criminal, child abuse and neglect, or juvenile cases involving people who are dependent on alcohol and/or other drugs. Drug courts give individuals the tools they need to change their lives. These courts are developed to reduce recidivism and alcohol and other drug use among participants and to successfully habilitate them through substance use disorder treatment, mandatory and frequent drug testing, self-help meetings, use of appropriate sanctions, incentives, and therapeutic responses, and continuous judicial oversight.

This report analyzes drug court data collected by the Office of Court Administrator (OCA) from May 2008 through October 2020, a 12.5-year (150 months) period. However, the report generally focuses on the most recent 48 months (November 1, 2016 – October 31, 2020). The data confirm that Montana drug courts continue to provide a strong investment in the recovery of alcohol and other drug dependent persons involved in criminal, child abuse and neglect, and juvenile cases. Additionally, it appears that as Montana drug courts mature, the participants who are admitted are increasingly a high-risk/high-need population (high-risk to reoffend and high-need for treatment services).

Major findings include the following:

- Drug Court Admissions. During the 48-month data collection period (November 1, 2016 - October 31, 2020), 1,740 individuals entered Montana drug courts: 1,670 adults (1,474 adult drug court participants and 196 family drug court participants) and 70 juveniles.
- Active Population. As of October 31, 2020, 616 participants were active in Montana drug courts: 511 in adult drug courts, 97 in family drug courts, and 8 in juvenile drug courts.
- Veteran Drug Court Dockets. In recent years, Missoula, Yellowstone, and Cascade Counties and the city of Bozeman have implemented special drug court dockets to meet the needs of veterans. In the past 48 months, 395 veterans have been served in Montana adult and family drug courts. Of these 395, 256 individuals who had military service or more than 64.8% of all veterans admitted to Montana drug courts had been admitted to the four Montana veterans court dockets. As these veteran-specific dockets mature and as the city of Butte implements a new veterans drug court docket (2021), the number of veterans served by these specialty courts will grow, and veterans will receive improved services.

- Graduation Rates. A total of 669 participants graduated from drug court during the 48-month reporting period for a graduation rate of 65.7% for all drug court types. The graduation rate was 67.7% for adult drug court (591 graduates), 56.2% for family drug court (45 graduates), and 54.1% for juvenile drug court (33 graduates). Montana drug court graduation rates have increased since the last report and are as good as or better than rates found in comprehensive national studies.
- Retention Rates. Retention rates drive the success of a drug court. Even participants who do not graduate benefit from time in the drug court. For the 1,124 participants (excluding active cases) for whom court disposition status was reported, 98.4% were still participating one month after entering a Montana drug court, 88.2% of the cases were still active at six months after admission, and 60.3% were still active at one year after admission. These are impressive numbers for retention given the importance of providing an adequate dose of treatment to participants in drug court.
- Recidivism. A key measurement of recidivism for drug court participants is the conviction rate after admission to drug court. For this report, recidivism was defined as a new conviction for participants within three years after date of admission into drug court. Recidivism was calculated using all felonies and all misdemeanors except for hunting and fishing offenses, offenses related to commercial trucking, general traffic violations unless DUI-related and low-level offenses (e.g., loitering).

For the 1,188 individuals admitted to Montana adult drug courts in 2014, 2015, and 2016, 378 participants (31.8%) were convicted of felonies and/or misdemeanors within the three-year period following their admission. Conversely, nearly 70% (68.2%) did not recidivate. Convictions included 162 felonies (13.6%) and 216 misdemeanors (18.2%).

Drug court graduates had a much lower re-offense rate during the three-year period with 157 participants or 13.2% subsequently convicted of felonies and/or misdemeanors compared to 31.8% for all participants. Convictions for graduates included 55 felonies (4.6% of total admissions) and 102 misdemeanors (8.6% of total admissions).

- Employment Status. Adult drug court graduates reported a 50.0% increase in full-time employment from admission to graduation (188 employed full-time at admission compared to 282 employed full-time at discharge). Unemployment fell from 245 participants to 129 for an 47.3% decrease in unemployment. Those participants who remained unemployed may have been enrolled in an academic or educational/technical training program because graduates are required to be employed or in an educational program. For family drug court graduates, 9 were employed full-

time at admission compared to 16 at discharge for an increase of 77.7%. Unemployment fell from 14 at admission to 9 at discharge, a 35.7% decrease.

- Educational Status. For juvenile drug courts, a major emphasis, along with remaining drug free, is educational advancement for participants. For juvenile drug court participants at admission excluding active cases, 11 participants reported that they were attending high school or elementary school. At discharge, 17 were attending school regularly (54.5% increase). The number of participants receiving a high school diploma or GED went from 23 at admission to 30 at discharge, a significant increase (30.4%). Additionally, three participants who had earned their high school diploma or GED went on to further their education, and one attended technical/trade school while in drug court.
- Driver's License Acquisition. Among the 416 adult and family drug court graduates who did not have a driver's license at admission but who were eligible to receive one, 136 obtained a license by graduation, a 32.7% increase in those receiving a driver's license.
- Drugs of Choice. The primary drug of choice for adult drug court participants continued to be alcohol (41.4%) followed by methamphetamine (27.3%) and marijuana (18.9%). **Notable is the decrease in alcohol as the primary drug of choice for adult drug court participants compared to the previous report (46.3 to 41.4%) and the increase in marijuana/hashish from 14.7 to 18.9%) from the previous report. Methamphetamine as the primary drug of choice remained high at 27.3% compared to 28.9% in the previous report.**

For family drug court participants, the primary drug of choice was alcohol (33.2%) followed by methamphetamine (31.6%), marijuana/hashish (16.8%), heroine (6.3%), and OxyContin and opiates each at 1.6%.

For juvenile drug court participants, the primary drug of choice was alcohol (35.3%) followed by marijuana/hashish (26.6%) and methamphetamine/other amphetamines (22.0%). **Of note is the large increase in methamphetamine use by adolescents in juvenile drug courts. In the previous report, there was no significant mention of methamphetamine use by juvenile drug court participants; however, in the current report, 22.0% of the participants identified methamphetamine as their primary drug of choice.**

- Prior Drug Treatment. Over half of those admitted to adult and family drug courts (59.3%) indicated that they had received some alcohol or drug treatment in the 36

months before entering drug court. Having received previous treatment is an indicator of high risk for re-offense and high need for additional treatment of offenders in the criminal justice system.

- Sobriety Measures. Attending self-help meetings is considered a long-term strategy for remaining clean and sober. Among graduates from adult and family drug courts, 562 participants out of 636 were attending self-help meetings at discharge (88.4%).
- Prior Arrests. For adult drug court cases reporting admission data (1,447), participants had a total of 10,716 felony and misdemeanor arrests before entering drug court for an average of 7.4 arrests per person. Of these cases, there were 2,460 felony arrests and 8,256 misdemeanor arrests prior to admission for an average of 1.7 felony arrests and nearly 5.7 misdemeanors arrests per person. When considering prior arrest history, psychiatric history, and prior drug treatment, the extent of psycho/social/criminal justice problems being experienced by the population admitted to Montana drug courts is substantial and meets the criteria for a high-risk/high need population (high risk to reoffend and high need for treatment).
- Pregnancies and Births. For the period May 2008 through October 2020, 229 participants or their spouses or significant others were pregnant while in drug court. Among those babies born during this period, 152 were born drug free (91.6%), and 14 (8.4%) were born drug affected. Babies who are born drug free avoid substantial and costly health problems.
- New Substantiated Child Abuse and Neglect Reports. From January 1, 2014 through December 31, 2016, 128 children had reached final disposition from 71 family drug court cases. **Among these 71 cases, 15 participants from a family drug court (21.1%) had received a new substantiated child abuse and neglect report within 3 years after admission. Conversely, nearly 80.0% of the participants did not receive a new substantiated report during the follow-up period. Among the 36 criminal cases in the Missoula County and Butte-Silver Bow Family Drug Courts, only 5 participants (17.9%) had received a new substantiated child abuse and neglect report during the follow-up period. The combined total of 107 cases resulted in 20 substantiated new reports (18.7%) within three years of admission.**

## II. Drug Courts: A Better Approach to Drug-Related Issues

Court-required treatment existed well before the initiation of drug courts. However, prior to drug courts, participant retention rates were dismal. For example, Belenko states in *Research on Drug Courts: A Critical Review* (June 1998) that “[o]ne-year retention in residential therapeutic communities ranged from 10-30% in one review.” A study of treatment retention among parolees in New York State found that only 31% of parolees referred to community-based treatment remained in treatment after six months. Drug courts are distinctive for requiring intensive, ongoing judicial supervision of the treatment process.

Drug courts offer a therapeutic program designed to break the cycle of addiction and crime (or abuse and neglect as seen in family drug courts) by addressing the underlying causes of substance use disorder. A drug court is a highly specialized team process that functions within the existing court structure to address alcohol and other drug-related cases. These courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals. The drug court judge manages a team of court staff, attorneys, probation officers, substance abuse counselors and child and family services social workers all focused on supporting and monitoring each participant’s recovery.

Drug court participants undergo an intensive regimen of substance use disorder treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before the judge with specialized expertise in the drug court model. In addition, drug courts increase the probability of participants’ success by providing a wide array of ancillary services such as mental health treatment, trauma and family therapy, job skills training, and many other life-skill enhancement services. Judicial supervision, coupled with the overarching threat of sanctions and even jail or prison facing those who fail drug court, produces much better treatment and recidivism outcomes than both standard prosecution/probation and earlier court-mandated treatment approaches.

According to the National Drug Court Institute’s *Painting the Current Picture – A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, research verifies that no other justice intervention can rival the results produced by drug courts. The report states that “[m]ore than 25 years of exhaustive scientific research on adult drug courts has proven that adult drug court is effective and cost-effective, identified the appropriate target population for these programs, and identified dozens of practices proven to enhance outcomes significantly.” The report further notes that “[a]t

least nine meta-analyses, <sup>1</sup> systematic reviews and multisite studies conducted by leading scientific organizations have concluded that adult drug courts significantly reduce criminal recidivism—typically measured by re-arrest rates over at least two years—by an average of approximately 8% to 14%.”

**Drug courts significantly improve substance abuse treatment outcomes, substantially reduce crime, and produce greater cost benefits than any other justice strategy.** These results are documented in research completed by the Treatment Research Institute at the University of Pennsylvania, the National Center on Addiction and Substance Abuse at Columbia University, the U.S. Government Accountability Office, nine meta-analyses of drug court research and most recently by a large National Institute of Justice Multisite Adult Drug Court Evaluation of 23 adult drug courts from seven regions (1,157 participants) in the U.S. compared to six sites in four regions (627 comparison offenders). In this evaluation not only did adult drug courts in the study reduce crime (Rempel et al., 2012), but they also significantly reduced illicit drug and alcohol use, improved participants’ family relationships, reduced family conflicts, and increased participants’ access to needed financial and social services (Green & Rempel, 2012; Rossman et al., 2011).

“While the research is clear that treatment for drug and alcohol dependence works, research has demonstrated that the best outcomes stem from attendance and longer periods of treatment. The length of time a patient spends in treatment is a reliable predictor of his/her post-treatment performance. Beyond a 90-day threshold, treatment outcomes improve in direct relation to the length of time spent in treatment, with one year generally found to be the minimum effective duration of treatment.”<sup>2</sup> “Drug Courts are six times more likely to keep offenders in treatment long enough for them to get better. Unless substance abusing/addicted offenders are regularly supervised by a judge and held accountable, 70% drop out of treatment prematurely. Those under Drug Court supervision stay in treatment longer and substantially improve their positive outcome. Decades of research now prove that Drug Courts “hold” defendants in treatment, with close supervision and immediate sanctions. Coerced patients tend to stay in treatment

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<sup>1</sup> Meta-analysis is an advanced statistical procedure that yields a conservative and rigorous estimate of the average effects of an intervention. The process involves systematically reviewing the research literature, selecting only those studies that are scientifically acceptable according to standardized rating criteria, and statistically averaging the effects of the intervention across the good-quality studies (Lipsey & Wilson, 2001).

<sup>2</sup> Simpson & Curry; Simpson and Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996.

longer than their “non-coerced” counterparts.”<sup>3</sup> “Research also has documented that judges are viewed as an important influence on participant behavior.”<sup>4</sup>

Montana’s drug courts have transformed the lives of hundreds of drug-dependent offenders and caregivers by providing them with treatment, intensive supervision, and incentives to modify their behavior. Importantly, drug courts have enhanced public safety in Montana. The data demonstrate that an offender who goes through drug court is far less likely to offend again than one who goes to prison. The Montana taxpayer benefits by keeping offenders in the community together with their families and being productive in a variety of ways as opposed to costly jail or prison time.

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<sup>3</sup> Satel, 1999; Huddleston, 2000; Simpson & Curry; Simpson and Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996.

<sup>4</sup> Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006.

### **III. Accountability and Performance Measurement**

The Montana Judicial Branch is committed to accountability and performance measurement. The state's drug court coordinators have developed a comprehensive set of performance indicators. This report discusses most of these indicators on a statewide basis.

Management and local monitoring systems provide timely and accurate information about program operations to the drug court managers enabling them to keep the program on course, identify emerging problems, and make appropriate procedural changes. Montana's courts began the process of centralizing data in response to an initial survey conducted by the Office of Court Administrator (OCA). Collecting specific quantitative measures for drug courts began in May 2008. Additionally, as national standards and updated research on evidence-based and best practices have occurred, the OCA has applied them in a new peer-review process initiated in 2015. In 2021, the OCA intends to continue applying not only the adult drug court best practice standards to adult drug courts but the new adolescent best practice standards and family drug court best practice standards to Montana juvenile and family drug courts as well.

The performance measurement information in this report is based primarily on data from the statewide information system that collects data at admission and discharge. In measuring performance, the entire 12.5 years of data (150 months) was analyzed in some cases (e.g., number of drug-free babies born in Montana drug courts compared to those born drug-affected). For most performance indicators, however, the most recent 48 months of data (November 1, 2016 through October 31, 2020) is used as a snapshot of recent drug court performance. Additionally, to calculate recidivism or re-offense rates, convictions occurring for the three-year period following admission to drug court for 2014, 2015 and 2016 is used. (This method for calculating recidivism is consistent with several national and state analyses and with the recommendation of the Montana Drug Treatment Court Advisory Committee.<sup>5</sup>)

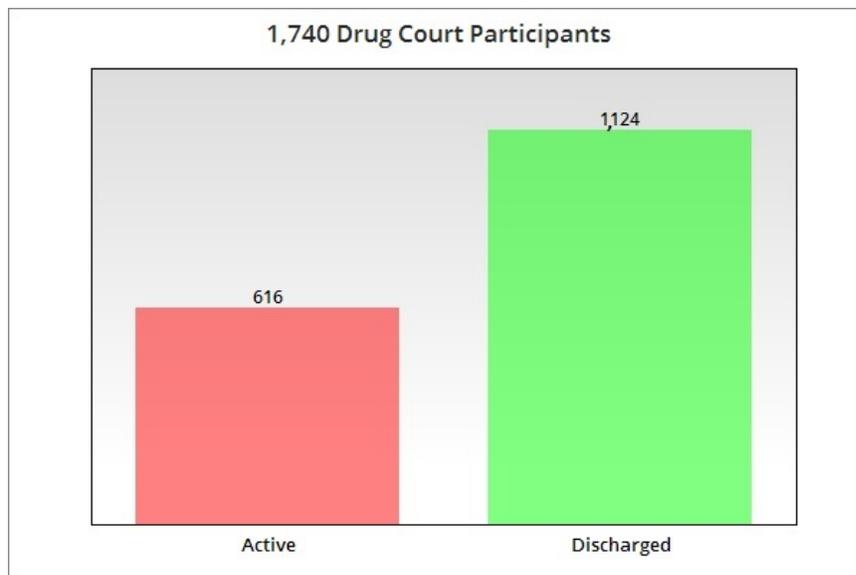
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<sup>5</sup> The Drug Treatment Court Advisory Committee was created by order of the Montana Supreme Court in May 2016 to provide ongoing review of drug court standards, assure communication in operating drug courts, provide recommendations to the District Court Council and Supreme Court, oversee the strategic plan, and address future drug court issues. The committee consists of seven judges appointed from different types of drug courts who serve three-year terms.

During the most recent 48-month period of data collection (November 1, 2016 – October 31, 2020):

1. 1,740 individuals entered Montana drug courts: 1,670 adults (1,474 adult drug court participants and 196 family drug court participants) and 70 juveniles.
2. 616 participants were active in a drug court as of October 31, 2020: 511 in adult drug court, 97 in family drug court, and 8 in juvenile drug court.
3. 1,124 participants were discharged allowing analysis of both intake and exit data.

### 48-Month Drug Court Population



#### **1. Program Completion**

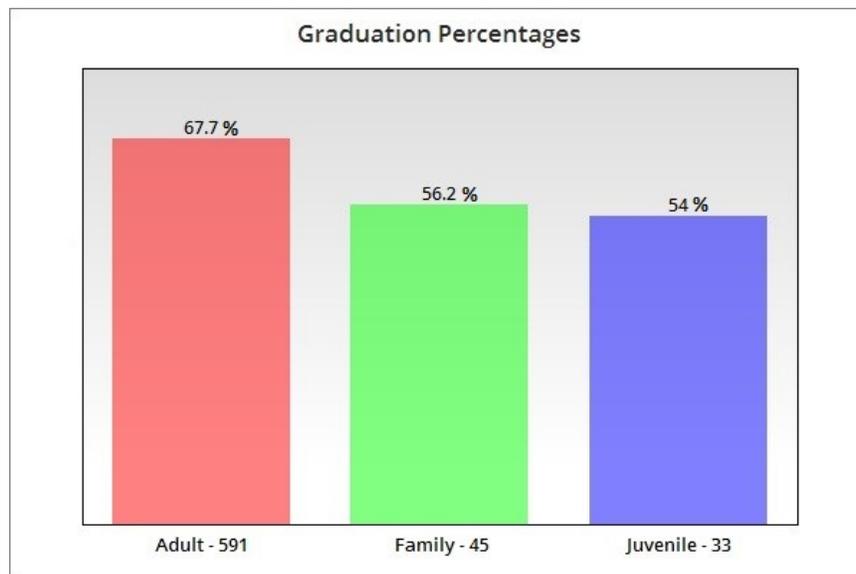
1. The 1,124 discharged participants for which court disposition status was reported are categorized as follows:
  - a. 669 participants graduated from a drug court.
  - b. 350 participants did not graduate and were either terminated or absconded from the program.
  - c. 105 participants had a neutral disposition outcome including a transfer to another district, death, discharge for other reasons (e.g., medical), voluntary withdrawal from program, or the court lost jurisdiction.

2. The overall graduation rate for the 48 months was 65.7% for all types of drug courts. This rate is determined by taking the total number of graduates (669) divided by the total number of discharges minus neutrals (1,019).

## **2. Graduation Rate by Court Type**

1. Adult drug courts had a graduation rate of 67.7 % (963 discharges with 591 graduates, 282 terminations and 90 “neutral” participants).
2. Family drug courts had a graduation rate of 56.2% (99 discharges with 45 graduates, 40 terminations and 19 “neutral” participants).
3. Juvenile drug courts had a graduation rate of 54.1% (62 discharges with 33 graduates, 28 terminations and 1 “neutral” participant).

### **48-Month Drug Court Population**



According to the National Drug Court Institute’s *Painting the Current Picture – A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, June 2016, “[t]he average graduation rate in respondents’ drug courts was 59% in 2014, with most graduation rates ranging from 50% to 75%. Graduation rates in drug courts were approximately two-thirds higher than completion rates for probation, and were more than twice those of comparable programs for probationers with severe substance use

disorders.”<sup>6</sup> In the *Adult Drug Court Biannual Grantee Feedback Report, April-September, 2015* from the Bureau of Justice Assistance, U.S. Department of Justice, “[t]here was an overall graduation rate of 54.6%, which is 3.1 percentage points higher than the April to September 2014 reporting period rate of 51.5 percent.”<sup>7</sup> The graduation rate for rural adult drug courts was 53.1%.

Overall, Montana adult drug court graduation rates were higher than rates found in comprehensive national studies.

### **3. Length of Stay**

The longer a person stays in treatment, the better the outcome. According to the National Institute on Drug Abuse, “...one of the most reliable findings in treatment research is that lasting reductions in criminal activity and drug abuse are related to length of treatment. Generally, better outcomes are associated with treatment that lasts longer than 90 days, with the greatest reductions in drug abuse and criminal behavior accruing to those who complete treatment.” Thus, tracking the length of time drug court cases remain open is important.

For the 669 graduates, 350 early terminations and 105 neutrals who were discharged during the 48-month period (1,124 participants), the average length of stay in drug court across all courts in Montana was 417.4 days. This number varies significantly by graduation/early termination and by court type. Graduates had a significantly longer stay in drug court compared to those not graduating. For all drug courts, the 669 graduates were in drug court for an average of 477.6 days. Participants terminating early (350) had an average stay of 324.6 days in drug court.

Although participants terminating early averaged fewer days than those who graduated, the 324.6-day average is significant. According to the National Institute on Drug Abuse, “... research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness and treatment lasting significantly longer is recommended for maintaining positive outcomes.”<sup>8</sup>

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<sup>6</sup> National Drug Court Institute, *Painting the Current Picture – A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, Marlowe, Hardin and Fox, June 2016, p. 8.

<sup>7</sup> Bureau of Justice Assistance, U.S. Department of Justice, *Biannual Grantee Feedback Report, April-September 2015*, Vanessa Cunningham West, CSR, Incorporated.

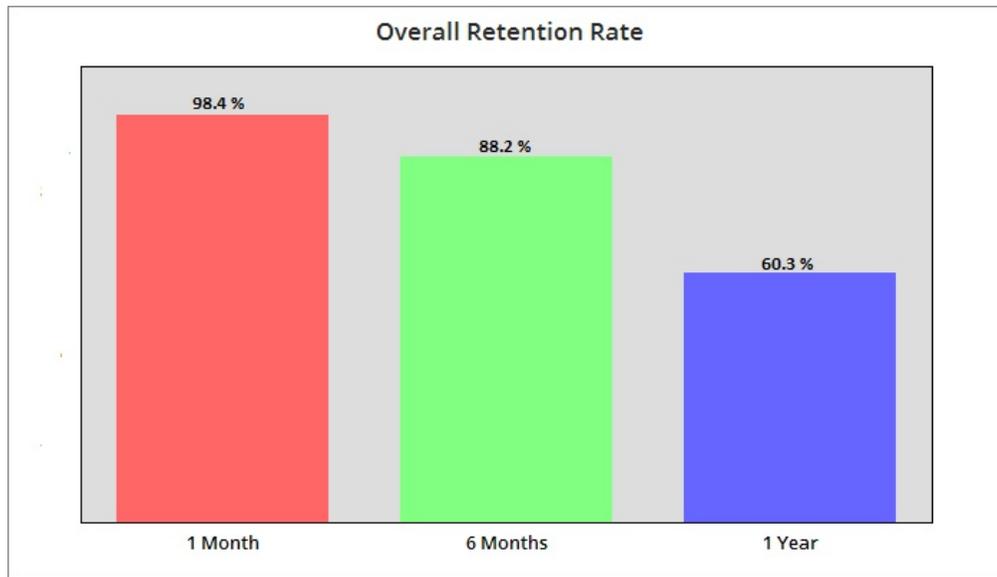
<sup>8</sup> National Institute on Drug Abuse, *Principles of Drug Addiction Treatment – A Research-Based Guide*, Revised May 2009.

1. Adult drug court participants spent an average of 426.7 days in drug court. Adult drug court graduates' average length of stay was 485.2 days while early terminations averaged 327.4 days. This report validates that improved outcomes result with graduates who have longer stays in drug court.
2. Family drug court participants were in drug court for an average of 366.1 days. Graduates averaged 452.4 days while participants who terminated early averaged 294.9 days in the program.
3. Juvenile drug court participants were in treatment for an average of 263 days. Graduates averaged 294.9 days while early terminations averaged 226.6 days.

#### **4. Retention Rate**

Retention rates drive the success of a drug court. Even participants who do not graduate benefit from time in the drug court. For the 1,124 participants (excluding active cases) for whom court disposition status was reported, 98.4% were still participating one month (30 days) after entering a Montana drug court, 88.2% of the cases were still active at six months after admission (183 days or more), and 60.3% were still active at one year after admission (365 days). These are impressive numbers for retention given the importance of providing an adequate dose of treatment to participants in drug court for at least three months and preferably six to 12 months according to the National Institute on Drug Abuse.

#### **48-Month Drug Court Population**



## **5. Recidivism for Adult Drug Courts**

The term “recidivism” means a return to criminal activity (re-offense) by someone who has already been adjudicated guilty or delinquent or has an open child abuse and neglect case. Based on advice provided by Dr. Doug Marlowe, past Director of Research for the National Association of Drug Court Professionals, direction from the Montana Drug Treatment Court Advisory Committee, and review of the *Adult Drug Court Best Practice Standards*, Volume II, this report looks at conviction rates defined as a new conviction for participants for three years from date of admission into drug court.

According to the *Adult Drug Court Best Practice Standards*, Volume II, Chapter X, “Monitoring and Evaluation”, “[b]ased on scientific considerations, evaluators should follow participants for at least three years, and ideally up to five years, from the date of the arrest or technical violation that made the individual eligible for Drug Court. The date of entry should be the latest start date for the evaluation because that is when the Drug Court becomes capable of influencing participant behavior directly.” In comparing whether arrest, conviction or incarceration ought to be the measure for recidivism, the report goes on to state that “... some individuals are arrested for crimes they did not commit. This fact may lead to an overestimation of the true level of criminal recidivism. Relying on conviction data rather than arrest data may provide greater assurances that the crimes did, in fact, occur.”

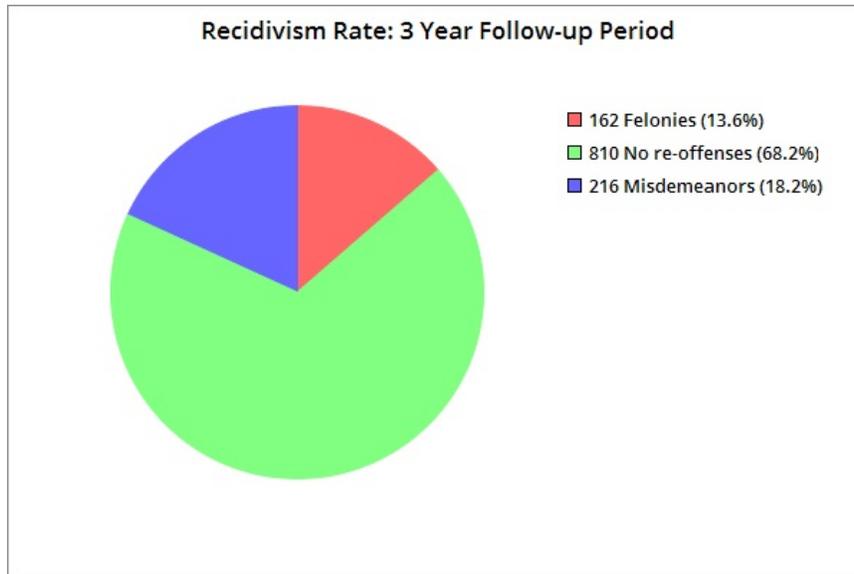
Additionally, as noted earlier, this report considers whether the re-offense (conviction) was a misdemeanor or a felony given that felonies are much more serious than misdemeanors. The rates of re-offense were determined through an interface between the drug court admission and discharge forms (InfoPath/Data Information Management System) and Montana’s court case management system (Full Court).

Based on advice from the Montana Drug Treatment Court Advisory Committee, recidivism is calculated using all felonies and all misdemeanors except for hunting and fishing offenses, offenses related to commercial trucking, general traffic violations unless DUI related, and low-level offenses (e.g., loitering).

Below is recidivism information (conviction data) for drug court participants who were admitted to adult drug courts in 2014, 2015 and 2016 providing three years to follow participants after admission. Family drug court participants are not included; the performance criteria for family drug court participants relating to additional child abuse and neglect reports after discharge is discussed later in this report. Performance data for juveniles relating to recidivism are not included because a juvenile’s case is closed and inaccessible upon reaching his or her 18<sup>th</sup> birthday as required by state law.

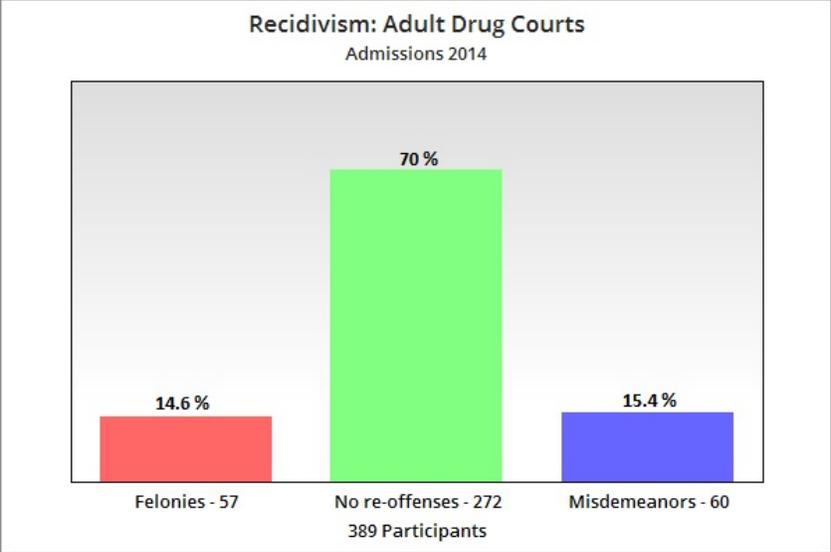
## Recidivism Rates

Of the 1,188 individuals admitted to Montana adult drug courts during the three-year period (2014, 2015 and 2016), 378 participants or 31.8% subsequently were convicted of felonies and/or misdemeanors within the three-year period following their admissions. Conversely, over 68.2% did not recidivate. **Convictions included 162 felonies (13.6% of total admissions) and 216 misdemeanors (18.2% of total admissions).**



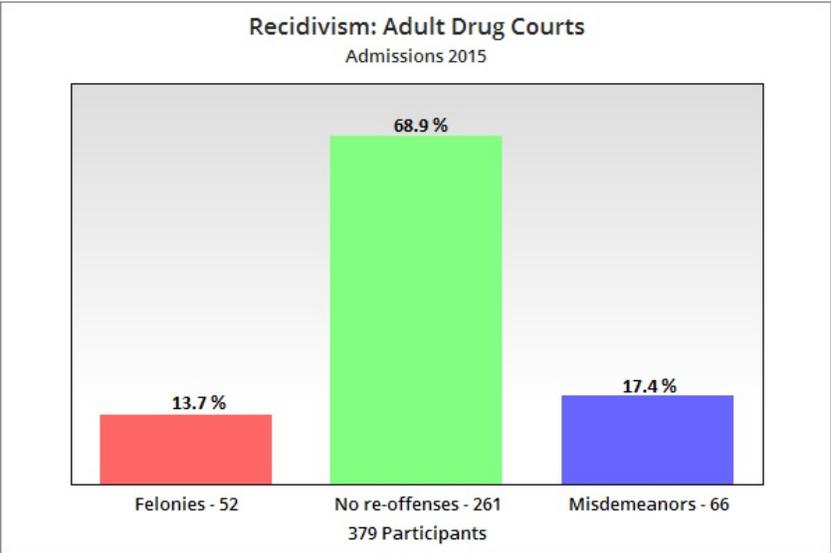
Drug court graduates had a much lower re-offense rate during the three-year period with 157 participants or 13.2% subsequently convicted of felonies and/or misdemeanors compared to 31.8% for all participants. Convictions for graduates included 55 felonies (4.6% of total admissions) and 102 misdemeanors (8.6% of total admissions).

For adult drug court participants admitted in 2014, 117 of the 389 admissions (30.0%) reoffended and were convicted during the 36-month period after their admission while 70.0% did not recidivate. These numbers include those who graduated as well as those who were discharged early. Fifty-seven of the 389 participants (14.6%) admitted in 2014 were convicted of felonies during the following three-year period. Sixty of the 389 participants (15.4%) were convicted of misdemeanors. (See graph on next page.)



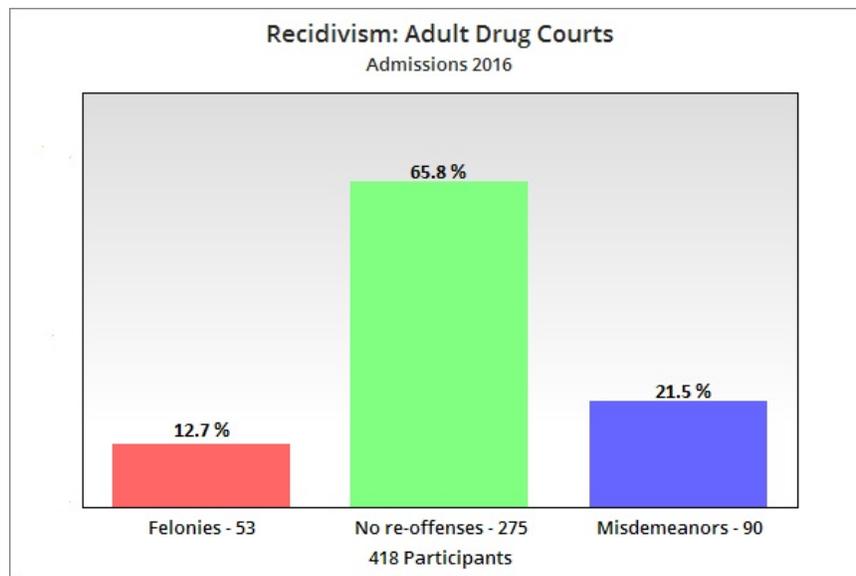
As would be expected, graduates of the adult drug courts had fewer convictions than those who left the drug court early (neutrals/terminations). In 2014, 47 graduates (12.0% of 389 admissions) were convicted during the three-year period (5.6% felonies (22) and 6.4% misdemeanors (25)) while 70 participants (13.6%) who left early were convicted (9.0% felonies (35) and 9.0% misdemeanors (35)).

For adult drug court participants who were admitted in 2015, 118 of the 379 admissions (31.1%) reoffended and were convicted during the 36-month period after their admission. Nearly 70% did not recidivate. These numbers include participants who graduated as well as those who were discharged early. Fifty-two of the 379 participants admitted in 2015 (13.7%) were convicted of felonies during the following three-year period. Sixty-six of the 379 participants (17.4%) were convicted of misdemeanors.



Again, adult drug court graduates had lower conviction rates than those who left the drug court early (neutrals/terminations). In 2015, 38 graduates (10% or 38 of 379 admissions) were convicted during the three-year period (3.7% felonies (14) and 6.3% misdemeanors (24)) while 80 participants who left the drug court early (21.1% or 80 of 379 admissions) were convicted (10% felonies (38) and 11% misdemeanors (42)). In 2015, participants who left early (neutrals/terminations) were convicted at over twice the rate of those who graduated (21.1% for early leavers compared to 10% for graduates) and had nearly three times the felony offenses (3.7% for graduates compared to 10% for early leavers).

For adult drug court participants who were admitted in 2016, 143 of the 418 admissions (34.2%) reoffended and were convicted during the 36-month period after their admission while nearly 66% did not recidivate. These numbers include those who graduated as well as those who were discharged early. Fifty-three of the 418 participants admitted in 2016 (12.7%) were convicted of felonies during the following three-year period. Ninety of the 418 participants (21.5%) were convicted of misdemeanors.



Adult drug court graduates again had fewer convictions than those who left the drug court early (neutrals/terminations). In 2016, 68 graduates (16.3%) were convicted during the three-year period (4.5% felonies (19) and 11.7% misdemeanors (49)) while 60 participants (18.6%) who left early were convicted (5.5% felonies (23) and 11.7% misdemeanors (49)). In 2016, participants who left early (neutrals/terminations) were convicted at a higher rate than graduates (18.6 % compared to 16.3%).

**Overall conviction/recidivism rates for the three-year period following admission to Montana adult drug courts remain low although somewhat higher than in the previous three-year period.**

Montana’s re-offense rates compare favorably with traditional case processing re-offense rates for drug offenders. Between 45% to 75% of the offenders processed through the traditional court process experienced re-offense during the two to three-year period following adjudication (see Belenko’s and related discussion in *Research on Drug Courts: A Critical Review*, June 1998). The Montana data also appear to be consistent with Belenko’s statement in the same publication: “As with previous findings, most of the studies found lower recidivism rates for drug court participants....”

In an October 2003 report, the Center for Court Innovation documented eight studies with two to three-year post-entry re-offense rates for comparison groups that had recidivism rates of between 48% and 81% compared to drug court re-offense rates for the same eight studies that had recidivism rates of between 26% and 66%.

In addition, the U.S. Government Accountability Office (GAO) published an extensive review of drug court research and concluded that adult drug court programs substantially reduce crime by lowering re-arrest and conviction rates among drug court graduates well after program completion, accounting in greater cost/benefit for drug court participants and graduates than comparison group members (GAO, 2005).

“At least nine meta-analyses, systematic reviews, and multisite studies conducted by leading scientific organizations have concluded that adult drug courts significantly reduce criminal recidivism – typically measured by re-arrest rates over at least two years – by an average of approximately 8% to 14%. The best adult drug courts were determined to reduce recidivism by 35% to 80% (Carey et al., 2012b; Lowenkamp et al., 2005; Shaffer, 2006). Several studies included in the meta-analyses were randomized controlled experiments, which meet the highest standards of scientific rigor (Deschenes et al., 1995; Gottfredson et al., 2003; Harrell et al., 1998; Jones, 2013).”<sup>9</sup>

Additionally, the effects of drug court appear to last long after participants are no longer in the program. Randomized experiments and meta-analysis have determined that the

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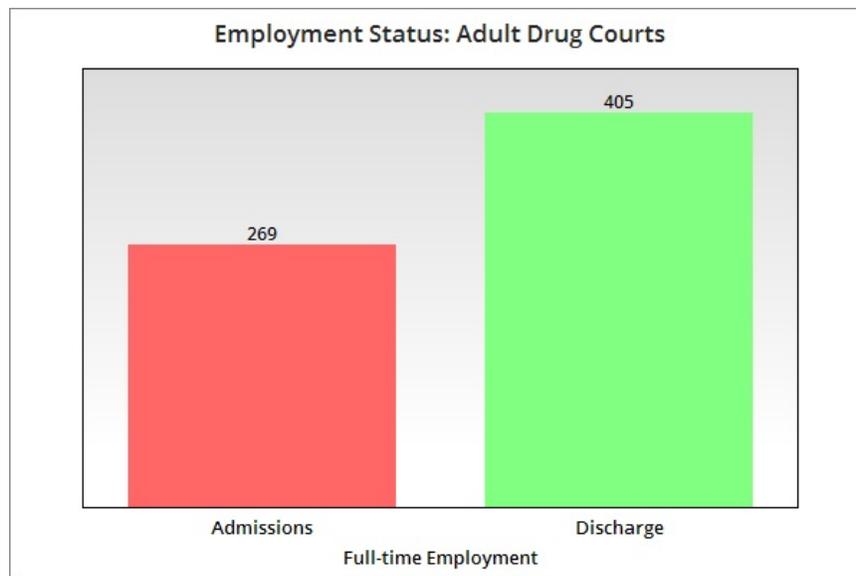
<sup>9</sup> National Drug Court Institute, *Painting the Current Picture – A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, Marlowe, Hardin and Fox, June 2016, p. 15.

effects of adult drug courts lasted for at least three years, and the most far-reaching study reported that effects lasted an astounding period of 14 years (Finigan et al., 2007).

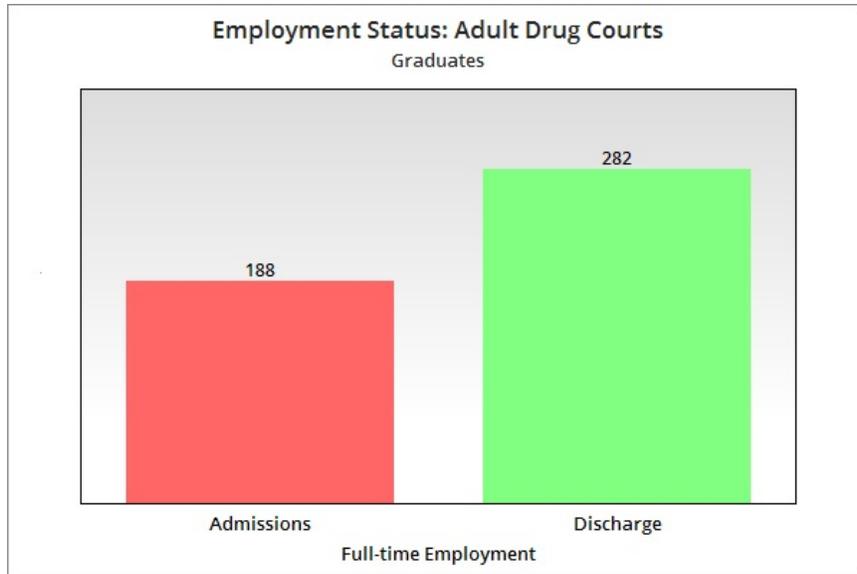
## **6. Employment Status: Admission to Discharge**

Drug courts place great value on improving employment for participants. Adult drug court participants generally see the greatest improvement in this area. Juvenile drug court participants often see the smallest improvement and are directed toward completing basic education, while family drug court participants show employment improvement but have a greater emphasis on parenting children.

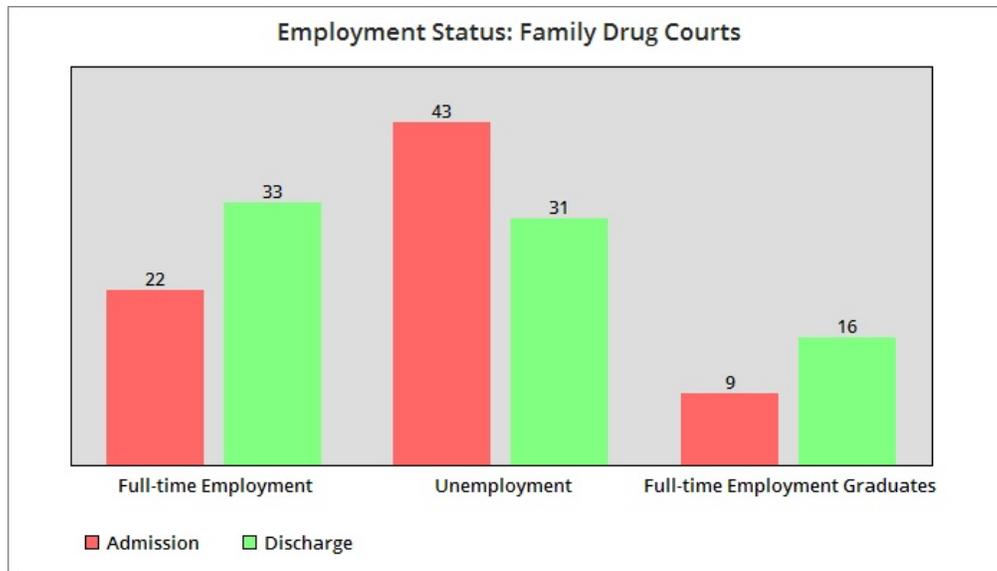
1. Adult drug court participants discharged during the latest four-year reporting period showed a 50.6% increase in full-time employment from admission to discharge (269 employed full-time at admission and 405 employed full-time at discharge). Unemployment fell from 404 participants at admission to 247 participants at discharge, a 38.9% decrease.



2. Adult drug court graduates reported a 50% increase in employment from admission to graduation (188 employed full-time at admission compared to 282 employed full-time at discharge). (See graph on next page.) Unemployment for graduates fell from 245 participants to 129 for an 47.3% decrease in unemployment. Those participants who remained unemployed may have been in an academic or educational/technical training program or unable to work because graduates are required to be employed or in an educational program at graduation.



3. Participants in family drug courts are responsible for at least one child and in some cases, several children. For participants discharged from the courts during the 48-month period, 22 were employed full-time at admission; this number grew to 33 at discharge, an increase of 50%. Forty-three participants were unemployed at admission while only 31 were unemployed at discharge, a 27.9% decrease. For graduates of family drug courts, the results are even more impressive with 9 employed full-time at admission and 16 employed full-time at discharge (77.7% increase). Unemployment for graduates dropped from 14 to 9 for a decrease of 35.7%.



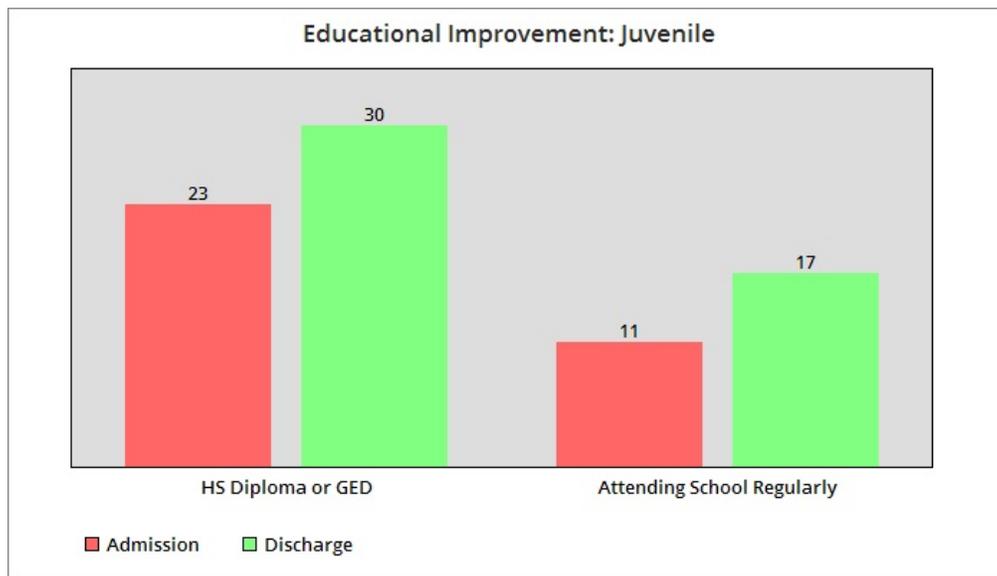
4. Juveniles in a drug court should attend school regularly, and most are not in the workforce. (The emphasis on education will be covered in the next section.) However, gains still occurred in the employment area as well. For juveniles at admission, 38 were employed full-time or part-time, whereas at discharge, 48 were employed full-time or part-time for an increase of 26.3%. Among graduates, 21 were employed full-time or part-time at admission while 28 were employed full-time or part-time at discharge for an increase of 33.3%.

## **7. Educational Status: Admission to Discharge**

1. For all drug court participants (adult, family, and juvenile) excluding active cases, 256 participants at admission had not completed high school or had indicated that they were attending elementary or high school; 77 of these participants earned their high school diploma or GED while in drug court, an increase of over 30%. Other education indicators also were positive. For example, participants having some college went from 130 to 152, nearly a 17% increase. Additionally, participants having some technical or trade school went from 46 at admission to 54, more than a 17% increase by time of discharge. Graduates of a four-year college went from 38 at admission to 50 at discharge, a 31.6% increase.
2. For adult drug court participants, 226 participants at admission had not completed high school or had indicated that they were attending elementary or high school; 70 of these participants earned their high school diploma or GED while in drug court, nearly a 31% increase. For all adult drug court participants at discharge, participants with some college/some technical school increased from 147 to 209, a 42.2% increase with 74 participants graduating from a 2-year college, 4-year college, technical school or higher. Additionally, the number of adult participants having some technical or trade school went from 36 at admission to 45 at discharge, a 25.0% increase. For adult graduates of drug court, college graduates went from 40 to 46 (15% increase), and those with some college or technical or trade school went from 17 to 26 (52.9% increase).
3. For family drug court participants who were discharged excluding active cases, 19 reported that they were attending elementary or high school and 3 reported earning their high school diploma or GED by time of discharge (15.8%). Participants with some technical or trade school increased from 4 at admission to 7 at discharge (75.0% increase). Those having some college increased from 9 at admission to 11 at discharge (22.3% increase). For family drug court graduates who at admission were attending high school or did not indicate educational status (15), 8 graduated

from high school and/or went on to further their education (college or technical school).

4. For juvenile drug court participants at admission excluding active cases, 11 participants reported that they were attending high school or elementary school, of which 4 had earned a high school diploma or GED by time of discharge. At discharge, 17 were attending school regularly, including alternative school, with 15 attending high school or elementary school. The number of participants with a high school diploma or GED went from 23 at admission to 30 at discharge, a significant increase (30.4%). Additionally, three participants who had earned their high school diploma or GED went on to further their education, and one attended technical/trade school while in drug court.



### **8. Driver's License and State Identification Card Acquisition: Admission to Discharge**

At discharge, drug court programs document whether participants obtained a driver's license while in the program. (Juvenile drug court participants are not included in this sample because many are too young to obtain a license.) Among the 1,062 discharged adults, 709 – including adult and family drug court participants – did not have a driver's license at admission. At discharge, 152 of the 709 participants without a driver's license had obtained a license, a 21.4% reduction in those without a driver's license who were eligible to receive one. Among the 416 drug court graduates who did not have a driver's license at admission, 136 graduates had received their license by time of discharge, a 32.7% increase in those receiving their driver's license by time of discharge.

At discharge, drug court programs also document whether participants received a state identification card while in the program. At discharge, 14 drug court participants had received their state identification card while in drug court. Of those, nine were in adult drug courts, four in family drug courts, and one in juvenile drug court.

## **9. Gender and Ethnicity**

Among the 1,740 admissions to Montana drug courts during the most recent 48 months measured, 1,091 (62.7%) were male and 649 (37.3%) were female. This percentage represents a consistent increase in female participants compared to previous reports and continues the trend toward more females in Montana drug courts. (For the 53-month report, 69.6% of the participants were male; for the 78-month report, 65.8% were male; for the 102-month report, 65.7% were male; and for the 126-month report, 64.1% were male.) There continues to be a strong association between gender and court type.

1. For the last four years, adult drug court participants (1,474) were 67.2% male (990) compared to 67.6% in the previous 126-month report. Additionally, 266 participants (18.0%) were Native American (compared to 17.6% in the 126-month report) with 172 males and 94 females, 18 participants (1.2%) were African American (10 males and 8 females), and 48 participants (3.3%) were Hispanic (34 males and 14 females). Montana adult drug courts continue to see a slight increase in the percentage of females compared to the 126-month report (32.8% compared to 32.4%). Likewise, the percentage of participants who are members of minority groups (23.8%) increased slightly (23.7% for the 126-month report).
2. As in the past, women were much more likely to be in family drug courts. For this reporting period, 130 of 189 family drug court participants (68.8%) were females compared to 68.7% in the 126-month report. In the family drug courts, 23 participants (11.9%) were Native American, 4 (2.0%) were African American, and 8 (4.1%) were Hispanic. Minorities made up 20.2% of the total population served in family drug courts. (There were four participants in the “Other” minority category.)
3. Males were more likely to be in a juvenile drug court. Of the 70 juvenile drug court participants, 40 (57.1%) were male compared to 59.6% in the previous 126-month report. Among participants at admission who indicated their race (66), 15 participants (22.7%) were Native American and 4 (6.1%) were Hispanic. Minorities made up 28.8% of the total population served in juvenile drug courts.

## **10. Drugs of Choice**

Drugs of choice differ depending on the type of drug court. When considering all drug courts for the last 48 months, the primary drugs of choice, as reported by drug court participants at the time of admission, were as follows: alcohol (40.7%), methamphetamine (27.9%), marijuana/hashish (19.2%), OxyContin (4.2%), heroin (3.8%), cocaine (1.7%), and opiates (1.0%).<sup>10</sup>

The secondary drugs of choice for participants of all drug courts were as follows: marijuana/hashish (25.4%), “none” (32.9%), alcohol (16.2%), methamphetamine (13.2%), OxyContin (3.6%), heroine (2.8%) , and cocaine (2.3%).<sup>11</sup>

Some drug court participants also reported a tertiary drug of choice as follows: alcohol (12.2%), marijuana (7.1%), methamphetamine (6.5%), OxyContin (2.3%), cocaine (2.5%), and opiates (1.1%). Most participants (66.2%) did not select a tertiary drug of choice or selected “none”.<sup>12</sup>

For all drug court participants, drugs of choice remained stable as a percentage compared to the 126-month report. Alcohol, methamphetamine, and marijuana/hashish remain by far the drugs of choice for drug court participants. A recent report issued by the Montana Department of Justice has confirmed what Montana drug courts have reported for years, i.e., that methamphetamine use is by far the state’s most significant illicit drug abuse problem. “The impact of methamphetamine is most notable in the justice and child welfare systems in our state. The number of methamphetamine related crimes increased 100% from 2014 to 2018, while all other drug crimes increased only 9%.” The report further states that “[m]ethamphetamine use also negatively impacts child welfare in Montana. Of all child removals in 2019 for abuse or neglect, 68% of cases involved parental drug use. Methamphetamine was listed as the primary drug in 65% of these removals.”<sup>13</sup>

### **1. Adult drug court participants indicated that their primary drug of choice was alcohol (41.4%) followed by methamphetamine (27.3%), marijuana**

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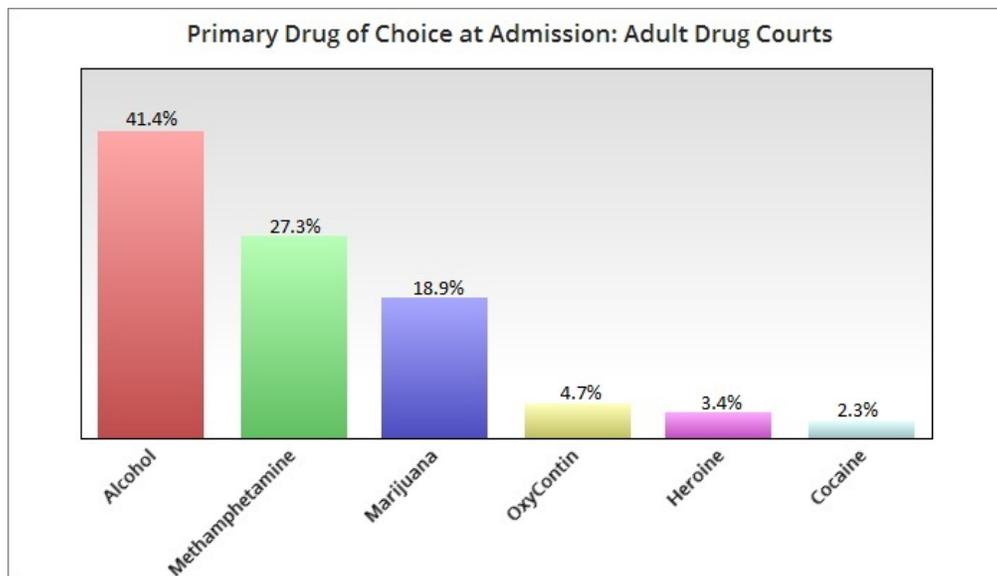
<sup>10</sup> Less than 1.0% of drug court participants identified the following drugs as primary drugs of choice: benzodiazepines, inhalants, LSD, and other opiates.

<sup>11</sup> Less than 1.0% of drug court participants identified the following drugs as secondary drugs of choice: benzodiazepines, LSD, Ecstasy, hallucinogens, and “other”.

<sup>12</sup> Less than 1.0% of drug court participants identified the following drugs as tertiary drugs of choice: barbiturates, Ecstasy, hallucinogens, inhalants, LSD, and steroids.

<sup>13</sup> Lockman, A., MPH, Loveland K., MPH, MSW, Vandall, J. BSHP, *Methamphetamine Use in Montana*, 2020. p.4.

(18.9%), OxyContin (4.7%), heroine (3.4%), and cocaine (2.3%).<sup>14</sup> The secondary drugs of choice identified by adult drug court participants were marijuana (25.7%), alcohol (15.3%), methamphetamine (13.0%), OxyContin (3.8%), opiates (2.6%), cocaine (2.6%), and heroine (2.5%). In addition, 33.6% of participants indicated “none” or did not select a secondary drug.<sup>15</sup> Tertiary drugs of choice for adult drug court participants included alcohol (12.3%), marijuana (7.1%), methamphetamine (6.8%), cocaine (2.5%) and OxyContin (1.9%).<sup>16</sup> Regarding tertiary drugs, most participants (67.5%) responded “other” or “none” or did not respond. **Montana drug court participants frequently use a variety of drugs before admission (secondary and tertiary drugs of choice) along with their primary drug of choice.**



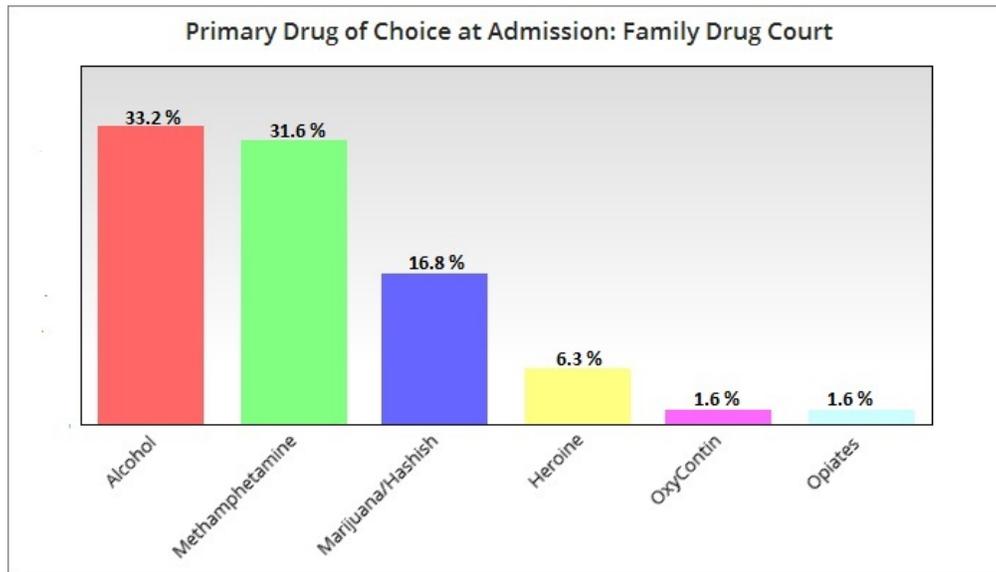
The most striking finding for adult drug courts is the significant increase in methamphetamine use during the last three reporting periods. **Methamphetamine use increased from 22.0% in the January 2017 report to 28.9% in the January 2019 report and remains high as the primary drug of choice (other than alcohol) for adult drug court participants at 27.3% in the current report.**

<sup>14</sup> Less than 1.0% of adult drug court participants identified inhalants and opiates as a primary drug of choice.

<sup>15</sup> Other secondary drugs of choice identified by adult drug court participants were Ecstasy and LSD.

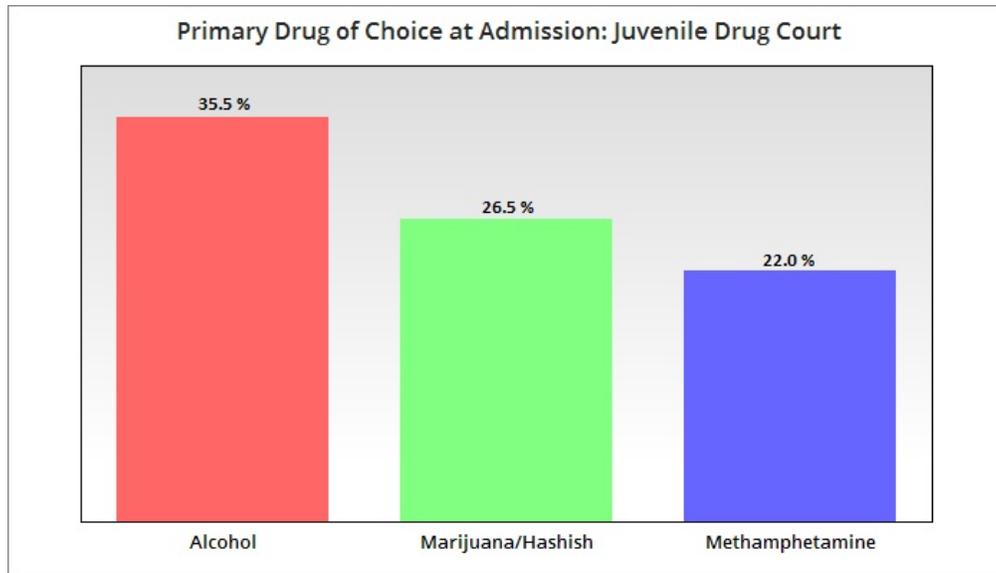
<sup>16</sup> Other tertiary drugs of choice identified by adult drug court participants were heroin, LSD, barbiturates, hallucinogens, inhalants, and steroids.

2. For family drug court participants, the primary drug was alcohol (33.2%) followed closely by methamphetamine (31.6%), then marijuana/hashish (16.8%), heroine (6.3%), and OxyContin and opiates each at 1.6%. These percentages are quite different than the 2019 report in which the primary drug of choice was methamphetamine (44.8%) followed by alcohol (23.2%) and OxyContin (16.8%). However, alcohol and methamphetamine continue to be the primary drugs of choice for family drug court participants. The secondary drugs of choice for family drug court participants were marijuana/hashish (24.9%), alcohol (14.8%), methamphetamine (15.3%), OxyContin (3.2%), and cocaine and opiates (1.6%). Some participants did not indicate a secondary drug of choice (32.3%). Most family drug court participants (62.5%) did not have a tertiary drug of choice. However, among participants indicating a tertiary drug of choice, alcohol (11.4%), methamphetamine (10.2%), marijuana/hashish (7.4%), and OxyContin (2.8%) were most often mentioned.



3. For juvenile drug court participants, the primary drug of choice was alcohol (35.3%) followed by marijuana/hashish (26.5%) and methamphetamine/other methamphetamines (22.0%). (See graph on next page.) Compared to the 2019 report, marijuana as the primary drug of choice decreased from 72.3% to 26.5% in this reporting period while alcohol increased from 15.0% to 35.3%. However, 15 participants reported methamphetamine/other amphetamines as their primary drug of choice, whereas in 2019 report only 8 juveniles had mentioned it. This is consistent with the increase generally in alcohol abuse as the most significant problem in Montana followed by methamphetamine and marijuana. The secondary drugs of choice for juveniles were alcohol (38.5%), marijuana (21.5%), and methamphetamine (6.2%). Only 21.5% indicated that they did not have a

secondary drug of choice.<sup>17</sup> Most juvenile drug court participants did not have a tertiary drug of choice (71.4%); however, for those who did, alcohol was by far the tertiary drug of choice.



## **11. Prior Treatment for Alcohol and Other Drugs**

As previously mentioned, completing treatment, and completing drug court results in significantly reduced re-offense rates and a host of improvements in other bio-psycho-social areas.

Receiving treatment prior to entering drug court does not mean treatment completion. When participants were asked if they had received treatment in the 36 months before entering drug court, 991 (59.3%) of the 1,670 adult admissions (adult and family drug court participants) indicated “yes”. Having received previous treatment is an indicator of high risk for re-offense and high need for additional treatment for offenders in the criminal justice system. As shown in the table on the next page, individuals at admission indicated receiving the following services with some receiving more than one service:

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<sup>17</sup> Other secondary drugs of choice identified by juvenile drug court participants included benzodiazepines, LSD, OxyContin, and cocaine.

<b>Treatment Type</b>	<b>No. of Participants Receiving Treatment</b>
Detoxification	117
Inpatient	324
Intensive outpatient	324
Outpatient	429
Jail-based	140
Individual counseling	362
Co-occurring	198
Inpatient psychiatric	79
Outpatient psychiatric	193

Nearly 60% of the population admitted to adult and family drug courts had received treatment prior to admission. When considering prior arrest history, psychiatric history, and prior drug treatment, the extent of psycho/social problems being experienced by the population admitted to drug court was substantial and met the criteria for high-risk/high-need.

For juvenile drug court participants, 44 of 70 (62.9%) indicated that they had received treatment before entering juvenile drug court. Prior treatment mentioned by juveniles included: detoxification (2), inpatient (22), intensive outpatient (13), outpatient (21), jail-based (6), individual counseling (17), co-occurring (7), inpatient psychiatric (1), and outpatient psychiatric (11). Again, the data represent a measure of severity of the clientele's risk upon being admitted to juvenile drug courts.

## **12. Sobriety Measures**

In examining sobriety measures, the OCA collects information on drug use at discharge. Of the 999 participants discharged from all drug courts, 669 had graduated. As expected, all graduates were identified as being drug free at graduation. Of the 669 graduates, there were 573 graduates for which data were reported. The average number of clean days prior to graduation for all graduates was 353.1 days or slightly under 12 months (number of days clean computed as 202,324 divided by 573).

For adult drug court graduates for which data were reported (513), participants averaged 367 clean days prior to graduation (188,279 divided by 513). For family drug court graduates for which data were reported (34), participants averaged 313.1 clean days prior to graduation (10,646 divided by 34). For juvenile drug court graduates for which data were reported (25), participants averaged 135.4 clean days prior to graduation (3,386 divided by 25).

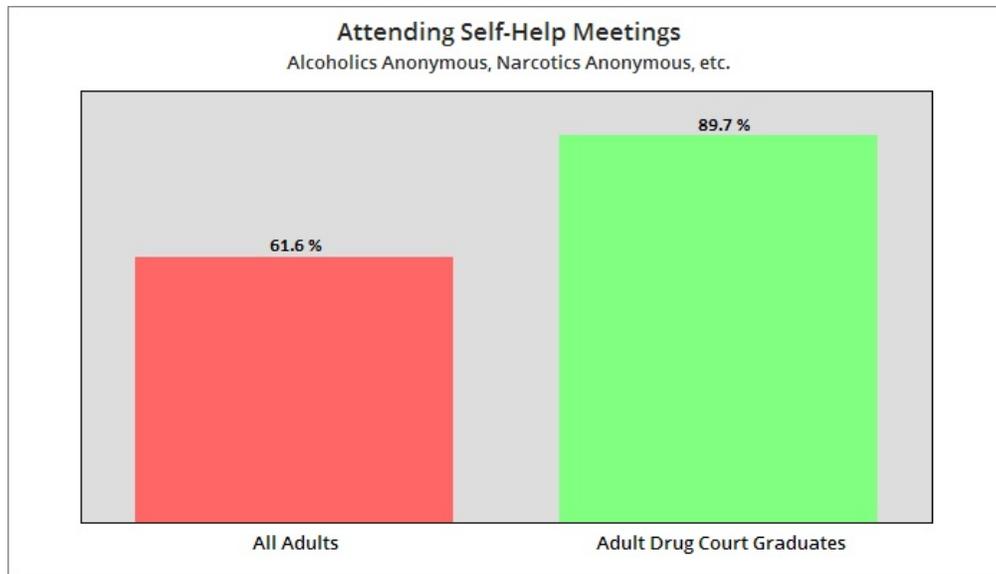
Of the 372 adult drug court participants who terminated early or were discharged with a neutral status for which data were reported, 83 (22.3%) were not using alcohol or other drugs at time of discharge. Of the 54 family drug court participants who terminated early or were discharged with a neutral status for which data were reported, 14 (25.9%) were not using alcohol or other drugs at time of discharge. Of the 29 juveniles who terminated early or were discharged with a neutral status for which data were reported, 5 (17.2%) were not using alcohol or other drugs at time of discharge. This is an indication that even those who did not graduate received some benefit from participating in a drug court.

Attending self-help meetings (usually 12-step meetings) is considered by many as an important long-term strategy for remaining clean and sober. A 2020 research study, which included a systematic review and meta-analysis of 27 clinical trials of AA and a clinical protocol for linking patients to 12-step programs like AA containing a total of 10,565 participants, concluded the following: “Rigorous reviews of the research on the mechanisms of behavior change through which AA enhances recovery have found that AA typically confers benefits by mobilizing multiple therapeutic factors simultaneously -- mostly through facilitating adaptive changes in the social networks of participants, but also by boosting members’ recovery coping skills, recovery motivation, abstinence self-efficacy and psychological well-being and by reducing impulsivity and craving.”<sup>18</sup>

For the 1,049 participants for which data were reported, 693 participants were attending self-help meetings (61.6%) at time of discharge. However, most juvenile drug courts do not require juveniles to attend self-help meetings because they do not relate well to the older drug dependent individuals who primarily attend. If juveniles are removed from the discharged cases, the percentage attending self-help meetings increases to 64.0% (680 divided by 1,062). When only adult graduates from the adult and family drug courts are considered, 562 of 636 were attending self-help meetings at discharge (88.4%). When only graduates from adult drug courts are considered, the percentage attending self-help meetings climbs to 89.7% (530 of 591). (See graph on next page.)

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<sup>18</sup> Kelly, J.F., Humphreys, K., & Ferri, M. (2020). *Alcoholics Anonymous and Other 12-step Programs for Alcohol Use Disorder*, Cochrane Database of Systematic Reviews, 2020(3). Doi:10.1002/14651858,CD012880.pub2.



The OCA collects information on clean and positive urinalysis tests as a measure of sobriety as well. Among all drug court participants who terminated early and did not graduate from drug court for which data were reported, there were a total of 31,438 urinalyses with 26,113 clean urinalyses and 5,325 positive urinalyses for a positive rate of 16.9%. For drug court graduates, there were a total of 134,557 urinalyses collected and reported with 131,441 clean urinalyses and 2,962 positive urinalyses for a positive rate of 2.2%. As expected, drug court graduates tested positive significantly less than those who failed to graduate.

Studies conducted in other parts of the country indicate that those in the criminal justice system on regular supervision (such as probation) test positive an average of 30% of the time whereas in drug courts, the average is around 10%.<sup>19</sup> Montana's drug court participants test positive considerably less frequently than national studies indicate others do on regular supervision, and graduates of Montana drug courts test positive at an even lower rate (2.2%).

### **13. Psychiatric Disorders**

Co-occurrence of alcohol and other drug abuse and mental health disorders is not uncommon. The most recent publication on best practices in drug courts (National Drug Court Institute, 2007) estimates that 10 to 15% of all offenders have mental disorders and that one-third of all drug court participants have co-occurring disorders.

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<sup>19</sup> Cooper, C. 1998 *Drug Court Survey: Preliminary Findings*. Washington, D.C.: Drug Court Clearinghouse and Technical Assistance Project, American University.

Of the 1,740 individual cases admitted to Montana drug courts during the data collection period, data regarding mental health status were reported for 1,375 admissions. A psychiatric diagnosis was reported for 747 or 54.3% of these admissions. However, for many, this is a situational diagnosis that dissipates after a period of abstinence from alcohol and other drug use.

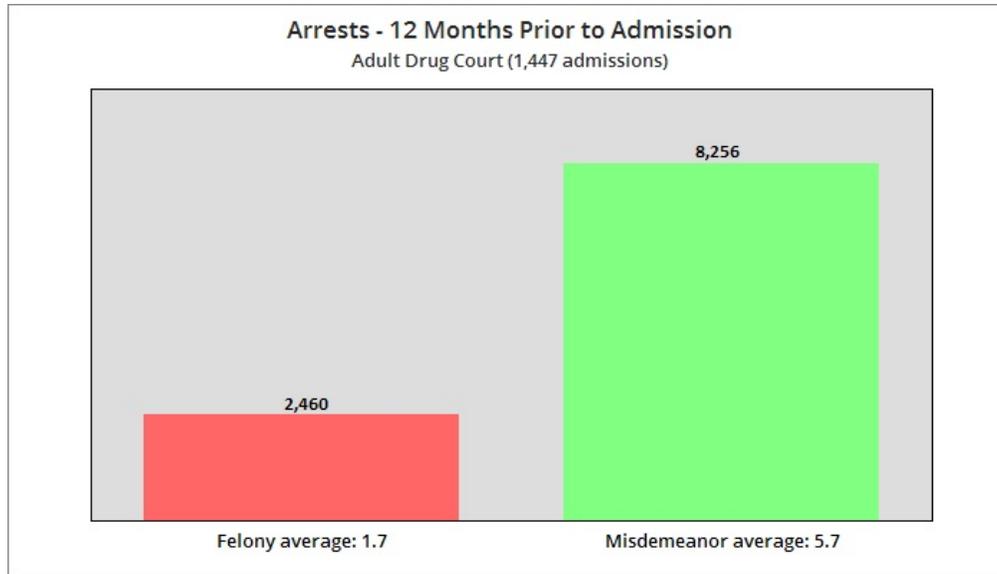
When asked whether medications had been prescribed in the past 12 months, 713 of the 1,740 admissions who responded answered “yes” (41%). Of the 713 admissions who were prescribed medications, 376 indicated that they had been prescribed psychiatric medications that totaled 744 prescriptions or an average of nearly 2 psychiatric medication prescriptions per person. Clearly drug courts are admitting high-need people with co-occurring disorders into their drug courts.

Adult participants were asked specifically if they had received services for a co-occurring psychiatric disorder prior to admission. The following responses were received for all adult drug court admissions:

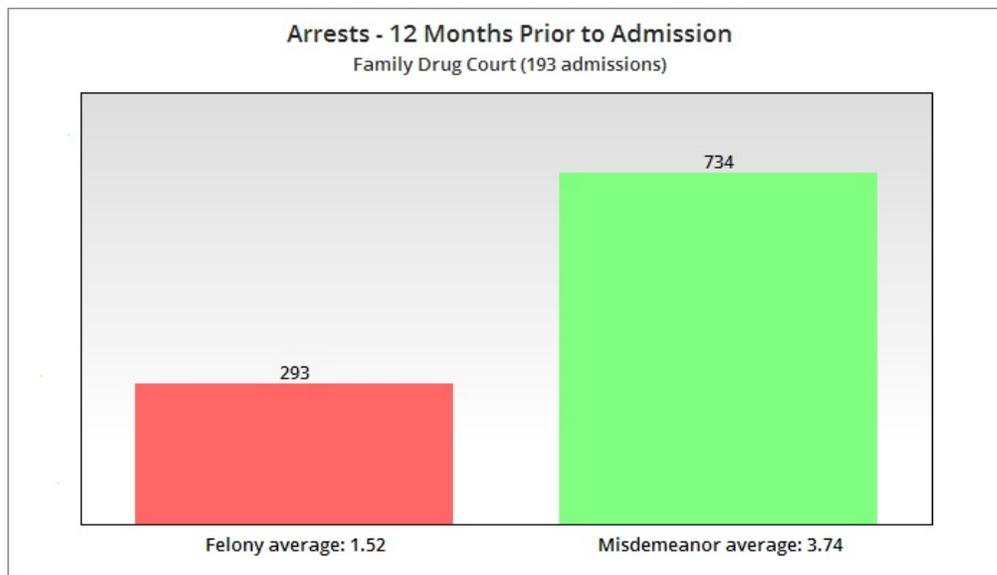
- Co-occurring treatment .....271 (15.6%)
- Inpatient psychiatric treatment.....190 (10.9%)
- Outpatient psychiatric treatment .....206 (11.9%)

#### **14. Prior Arrests**

For adult drug court cases reporting data at admission (1,447), participants had a total of 10,716 arrests before entering drug court for an average of 7.4 arrests per person. Of these cases, 2,460 were arrests for felonies and 8,256 were arrests for misdemeanors for an average of 1.7 felony arrests and 5.7 misdemeanor arrests per admission. This level of prior arrests is an indication of the high risk of admissions to Montana adult drug courts. (See graph on next page.)

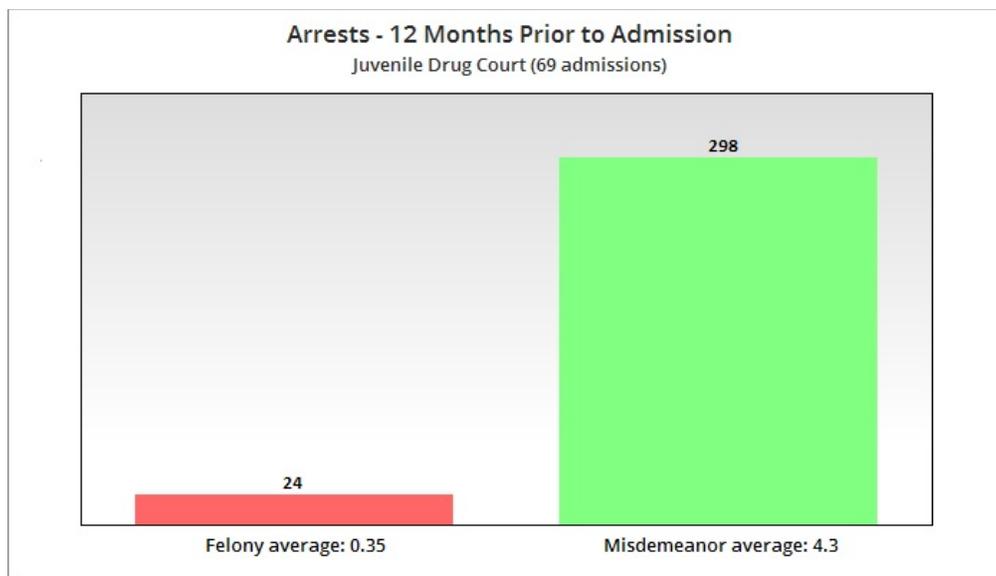


For family drug court cases reporting data at admission (193), participants had a total of 1,027 arrests before entering drug court for an average of 5.32 arrests per person. Of these cases, 293 were arrests for felonies and 734 were arrests for misdemeanors for an average of 1.52 felony arrests and 3.74 misdemeanor arrests per admission. Most family drug court cases had an additional substantiated child abuse and neglect case due to participants' drug dependency.



For juvenile drug court cases reporting data at admission (69), participants had 322 arrests for felonies and misdemeanors prior to entering drug court for an average of 4.67 arrests per juvenile. Of these cases, 24 were arrests for felonies and 298 were arrests for

misdemeanors for an average of 0.35 felony arrests and 4.3 misdemeanor arrest per admission.



These arrest figures are an indication of the high-risk profile of participants that Montana drug courts strive to admit, which are offenders with the highest risk of re-offense and highest need for substance us disorder treatment.

### **15. Prior Charge Resolution**

Graduating from drug court is associated with resolving all criminal justice charges. Among the 591 adult drug court graduates, the resolution of prior criminal charges did not apply or was not reported for 300 graduates, some of whom were probably still under supervision after drug court completion. Of the remaining 291 graduates for which data were reported, 127 indicated that all criminal charges were resolved (43.6%) while 104 (35.7%) said outstanding criminal charges were not resolved.

For the 372 adults who were terminated and did not graduate from adult drug courts, the resolution of prior criminal charges did not apply or was not reported for 249 adults. Only 4 of the remaining 123 participants (3.2%) indicated that all criminal charges were resolved while 119 participants (96.7%) indicated that criminal charges were not resolved.

For the 45 family drug court graduates, the resolution of prior criminal charges did not apply or was not reported for 31. (Most probably did not have a criminal charge.) Eleven graduates (78.6%) indicated that their criminal charges were resolved while 3 (21.4%) indicated that their criminal charges were not resolved.

For the 54 family drug court participants who terminated and did not graduate from family drug court, the resolution of prior criminal charges did not apply or was not reported for 51 participants. Of the three remaining, none indicated that their criminal charges were resolved.

For the 33 juvenile drug court graduates, the resolution of prior criminal charges did not apply or was not reported for 30 juveniles. Of the three juveniles remaining, all of them indicated that their criminal charges were resolved.

For the 29 juvenile drug court participants who did not graduate, the resolution of criminal charges did not apply or was not reported for 26 juveniles. For the remaining three juveniles, none of them resolved their criminal justice charges.

Clearly, graduating from drug court for all categories of drug court participants leads to greater success in resolving all criminal charges.

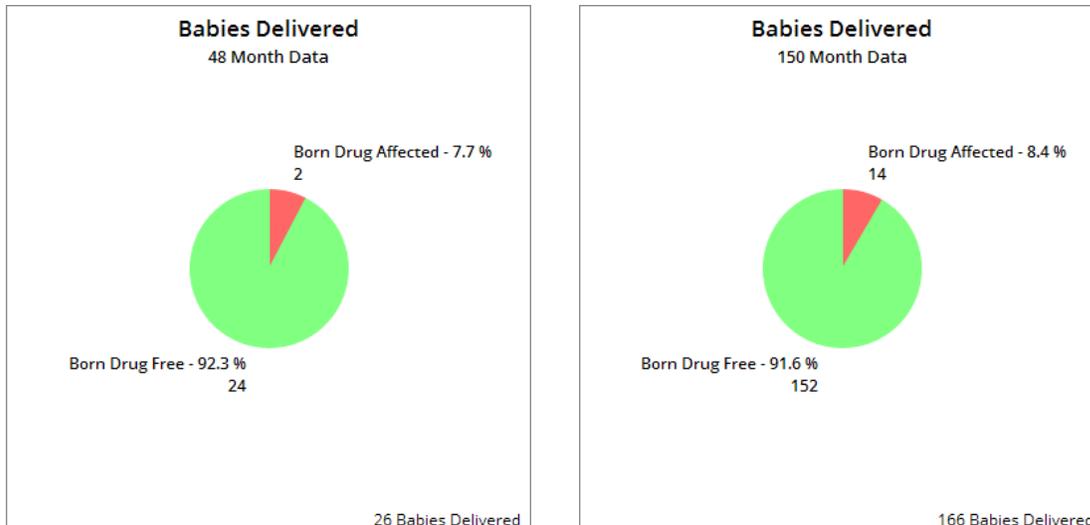
## **16. Pregnancy and Children**

The average cost to deliver a drug-dependent baby is approximately \$62,000 compared to \$4,700 to deliver a healthy infant (DuBois & Gonzales, 2014). For babies requiring pharmacological treatment for neonatal abstinence syndrome, increases in hospital costs typically exceed \$40,000 per infant per hospital stay (Roussos-Ross et al., 2015). The costs in human suffering are incalculable. Additional cost information is detailed below regarding drug-dependent babies.

For the period May 2008 through October 2020, 229 participants or their spouses or significant others (156 female participants and 73 male participants with spouses or significant others) were pregnant while in drug court or at discharge. Of these 229 pregnancies, 145 babies were born drug free, 12 were born drug affected, 10 pregnancies were terminated, 8 resulted in miscarriages, 2 were born premature drug affected, and 7 were born premature drug free. Forty-five participants or participants' spouses or significant others were still pregnant, or their condition was unknown at time of discharge. **Considering the 166 babies delivered while a parent was in drug court, 152 were born drug free (91.6%) and 14 (8.4%) were born drug affected.**

For the period November 1, 2016 through October 31, 2020, 39 participants or their spouses or significant others (25 female participants and 14 male participants with spouses or significant others) were pregnant while in drug court or at discharge. The condition of 10 participants was listed as unknown; however, they probably did not

deliver while in drug court. Of the remaining 29 pregnancies 26 deliveries occurred with 24 babies born drug free (92.3%) and 2 born drug affected (7.7%). Two pregnancies were terminated, and one resulted in a miscarriage.



An estimate of specific cost-savings resulting from the reduction of drug-affected births is beyond the scope of this report. However, previous studies have indicated that costs per drug-affected child from birth to age 18 are substantial. Additional medical costs associated with the delivery of a drug-addicted baby are estimated to range from approximately \$1,500 to \$25,000 per day (Cooper, 2004). Neonatal intensive care expenses can range from \$25,000 to \$35,000 for the care of low birth-weight newborns and may reach \$250,000 over the course of the first year of life (Office of Justice Programs, 1997). Other costs might include detoxification for the exposed infants; foster care; special education; and costs relating to developmental deficiencies. Kalotra in his report on drug and/or alcohol exposed babies states, “[t]he following data reflects reported costs associated with caring for babies that were prenatally exposed to drugs or alcohol. Total lifetime costs for caring for those children that survive reportedly ranges from \$750,000 to \$1.4 million.”<sup>20</sup> The 2002 Kalotra study is now 18 years old, and medical and other costs have risen significantly since that time.

During the 48-month reporting period, the primary drug of choice reported at time of admission by participants who were pregnant or participants with spouses or significant others who were pregnant was methamphetamine (22), alcohol (20), marijuana/hashish (17), OxyContin (7), heroine (2), and benzodiazepines (1). Six participants reported no drug or indicated that the question was not applicable.

<sup>20</sup> Kalotra, C.J., (2002), *Estimated Costs Related to the Birth of a Drug and/or Alcohol Exposed Baby*, OJP Drug Court Clearinghouse and Technical Assistance Project.

## **Children of Adult Participants in Montana Drug Courts**

When reviewing admission data for adult and family drug court participants for the previous four-year period, 1,670 participants reported that there were 1,522 children involved. This number included 519 children living with participants, 685 children living with a relative, 125 in foster care and 37 living in a residential center or group home. Additionally, 64 reported parental rights terminated, and 92 parental rights relinquished before entering drug court. Clearly, when adults in drug court become clean and sober, they are not the only individuals positively impacted as each adult averaged having nearly one child as well.

### **17. Fines, Fees, and Community Service Hours**

For the 963 adult drug court cases that were discharged during the last 48-month period, the following minimum amounts were reported as collected from drug court participants:

- Fines..... \$67,530 (\$70.12 average)
- Fees..... \$715,632 (\$743.13 average)
- Restitution..... \$21,491 (\$22.32 average)

Additionally, when 13,354 hours of community service are considered and multiplied by the minimum wage at \$8.65, the total value of community service hours is \$115,512.

### **18. Child Support**

During the previous 48 months, 181 adults admitted to drug court had orders to support minor children. At admission, 47 individuals (26.0%) were current, paying, and compliant with child support orders while 134 individuals (74%) were either not paying or not current. For the 134 individuals who were not paying or not current with child support orders, 13 were current at time of discharge (9.7% increase).

For adult graduates of drug court, the numbers paying and current with child support is even more impressive. Among drug court graduates with orders to pay child support (108 at admission), 81 individuals (75.0%) were not current or not paying. At discharge, 27 of the 81 individuals (33.3%) were paying child support and 66.7% were not paying or current. Thus, for graduates, those paying child support increased from 25.0% to 33.3%. In other words, 81 graduates at admission were either not paying or not current on their child support compared to only 54 not paying or current at discharge.

## **19. Housing**

Permanent housing is an important variable for staying in recovery and productive. Montana drug courts had a positive impact on permanent housing for participants.

For all adult drug court participants admitted and discharged during the previous 48-month period, the number of homeless went from 88 at admission to 71 at discharge (19.3% decrease). Participants owning their own home went from 51 to 70 (37.2% increase). Those renting increased from 281 to 425 (51.2% increase), while those living with friends, relatives, or significant others decreased from 313 to 196 (37.4% decrease). Additionally, those participants living in a hotel or motel went from 31 to 7 (77.4% decrease), and those living in transitional housing went from 44 to 45 (2.2% increase). For graduates of adult drug courts during the four-year period, the number of homeless went from 50 at admission to 33 at discharge (34.0% decrease). Graduates owning their own home went from 30 to 52 (73.3% increase). Those renting increased from 194 to 279 (43.8% increase), while those living with friends, relatives, or significant other decreased from 194 to 104 (46.4% decrease). Additionally, those participants living in a hotel or motel went from 23 to 4 (82.6% decrease), and those living in transitional housing went from 28 to 25 (10.7% decrease). This data represents major improvements in stable housing for drug court participants while in the process.

For family drug participants who were discharged, 11 participants were homeless at admission while 15 were homeless at discharge. Those participants living in a hotel or motel decreased from 2 to zero, those owning their own home (6) remained the same, those renting went from 25 to 40, and those living with friends, relatives, or significant others went from 24 to 25. The number of participants living in transitional housing at admission went from seven to three. In nearly all cases, housing for participants showed some improvement. For graduates of family drug courts, the results were slightly more positive as well with 1 graduate owning a home at admission to 2 at discharge, those renting went from 14 to 23, those living in transitional housing decreased from 4 to 3, and those living with friends, relatives, or significant others went from 12 to 9.

## **20. Services for Veterans: A New Area of Emphasis**

Nationally there has been a significant increase in veterans being admitted to adult drug courts in recent years. Because the number of veterans has increased substantially and the issues facing them are unique, approximately 477 special drug court dockets for veterans have been established across the country.

In Montana, special drug court dockets for veterans have been implemented in Missoula, Yellowstone, and Cascade Counties and in the city of Bozeman in collaboration with the Federal Veterans Administration. The city of Butte also is planning to implement a veteran court docket. In the previous four years, 395 individuals with previous military service have been served in adult and family drug courts (377 in adult drug courts and 18 in family drug courts).

Among these 395 veterans admitted to drug courts, **256 individuals or more than 64.8% had been admitted to one of the four Montana veterans court dockets.** As the veteran-specific dockets mature, these numbers will continue to grow, and veterans in Montana drug courts will continue to receive improved services.

### **21. Family Drug Courts: Additional Performance Indicators**

Approximately 50% to 80% of substantiated child abuse and neglect cases involve substance use on the part of a custodial parent or guardian (Child Welfare Information Gateway, 2014; Testa & Smith, 2009; Young et al., 2007). Drug use by a custodial parent is associated with longer out-of-home placements for dependent children, a greater likelihood of termination of parental rights (TPR), and higher rates of child revictimization (Brook & McDonald, 2009; Brook et al., 2010; Connell et al., 2007; Smith et al., 2007). Parents who complete substance use disorder treatment are significantly more likely to be reunified with their children, and their children spend considerably fewer days in out-of-home foster care (Green et al., 2007; Grella et al., 2009; Smith, 2003). Unfortunately, more than 60% of parents in child abuse and neglect cases do not comply with conditions to attend substance use disorder treatment, and more than 80% fail to complete treatment successfully (Oliveros & Kaufman, 2011; Rittner & Dozier, 2000; U.S. General Accounting Office, 1998).

Family drug courts were created to enhance retention in treatment and improve outcomes in child abuse and neglect cases for parents suffering from substance use disorders and for their children. Montana family drug courts primarily take child abuse and neglect cases in which serious drug dependency is the driving issue. **Over 33% of family drug court custodial parents suffer from alcohol dependency, just under 32% from methamphetamine dependency, and nearly 17% from marijuana/hashish dependency.**

For the three-year period from January 1, 2014 through December 31, 2016, the Children and Family Services Division (CFSD) of the Montana Department of Public Health and Human Services reported that 128 children had reached final disposition from 71 family drug court cases. Also, during this period, 36 criminal cases were referred to the

Missoula County and Butte Silver-Bow Family Drug Courts involving 61 children with at least one parent with a substance use dependency. These parents, who might otherwise have been sent to jail or prison or received a probation revocation, were kept in the community pending their completion of family drug court. Many of these 36 families had some contact with CFSD in the past. These 107 cases with 189 children were used to determine the rate of new substantiated abuse and neglect reports after a participant had been discharged from a family drug court. Each case was followed for three years after the participant was admitted.

Among the 71 cases identified by CFSD, 15 participants from a family drug court (21.1%) had received a new substantiated child abuse and neglect report (case) within 3 years of admission. Conversely, **nearly 80% of the participants had not received a new substantiated child abuse and neglect report during the follow-up period. Among the 36 criminal cases in the Missoula County and Butte-Silver Bow Family Drug Courts, only 5 participants (17.9%) had received a new substantiated child abuse and neglect report during the follow-up period. The combined total of 107 cases resulted in 20 substantiated new reports (18.7%) within three years of admission.**

Family drug courts focus on the entire family. Each family is intensely assessed to determine services needed that will result in favorable outcomes for both adults and children. From November 1, 2016 through October 31, 2020, the following services were provided to the 151 children of the 63 family drug court participants who were discharged during this period: alcohol and drug abuse counseling (4), family counseling (14), mental health counseling (15), special education services (5), speech therapy (4), specialized medical care (1), occupational therapy (4), physical therapy (1), educational tutoring (5), and early childhood intervention services (13).

Also during this 48-month period, 32 children were reunited with their parents, 6 were placed in guardianship, 5 were placed in an adoptive home, 7 were placed with other non-drug court parents, 7 were placed in planned permanent living arrangements, and 20 remained in either foster care or residential care. For 52 children, parental rights remained in place, in no cases were parental rights voluntarily relinquished, and in only 8 cases were parental rights involuntarily terminated. Results were unreported in eight cases. Additionally, paternity testing was commenced and/or established in seven cases.

## **22. Juvenile Drug Courts: Additional Performance Indicators**

During the 48-month period (November 1, 2016 – October 31, 2020), 62 participants were discharged from the juvenile drug courts. A total of 132 days in out-of-home

placement was reported for 13 of the discharged participants for an average of 10.1 days per participant.

The following performance information is for the **8<sup>th</sup> Judicial District Juvenile Drug Court** (Cascade County) for FY 2020 (July 1, 2019 through June 30, 2020)<sup>21</sup>:

- Fourteen participants were enrolled in the juvenile drug court for most of FY 2020.
- The juvenile drug court conducted 41 weekly status hearings with participants.
- Beginning with the week of May 4, 2020, the court began conducting video appearances with participants.
- Eight participants graduated during this fiscal year. At time of graduation, these participants had negative drug tests and had completed their treatment plans. Six graduates were still in school with one of the graduates on track for early high school graduation. Two graduates passed the High School Equivalency Test (HISSET) with one of the graduates scoring 100% on three out of five parts of the test.
- All graduates reported maintaining abstinence from alcohol and drugs one year after graduation and had no criminal offenses evidenced by arrest records.
- The court awarded to participants 1,269 weekly incentives and four quarterly incentives per tier and imposed 161 sanctions.
- Approximately 245 probation office appointments were held. During this time, there were 1,200 hours of individual, group, and/or family substance abuse/dependency counseling sessions. Approximately 170 mental health sessions were provided to participants.
- A total of 651 curfew compliance checks were completed as well as 172 random home checks.
- A total of 626 drug and alcohol use tests were administered; 341 of the tests (54.5%) resulted in negative results, including 140 alcohol use tests. Additionally, 382 breathalyzer tests were administered.

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<sup>21</sup> Because of the COVID-19 pandemic, data for the months of April through June 2020 were limited; therefore, numbers reported are lower than typically reported.

- Nine participants (64%) demonstrated decreased delinquent behaviors.
- Participants completed 62 hours of community service.
- Two participants completed career interest inventories, and three completed experiential learning activities.
- Parents and guardians of participants received approximately 14 hours of parenting education and counseling.

The **4<sup>th</sup> Judicial District Youth Drug Court** (Missoula and Mineral Counties) reported graduating participants at a greater rate due to a new phase program. Additionally, a revised expungement policy has shown that graduates keep out of the system for at least six months following graduation. Under this revised policy, a record is expunged when a graduate receives no new Youth Court tickets for six months following graduation.

The following performance information is for the 4<sup>th</sup> Judicial District Youth Drug Court for the 48-month report period (November 1, 2016 through December 2020):

- Thirty-five participants were admitted to the youth drug court during this reporting period. Four participants currently are active in the program. Among the remaining 31 participants, 20 graduated from drug court, approximately 64%. Eleven participants were discharged from drug court after receiving maximum therapeutic benefit.
- Of the 35 participants, 28 have graduated from high school, obtained their GED, or are currently enrolled in school (82%). Three participants dropped out of school with no plans for further education. One participant is receiving education in residential treatment. (Education data was not available for three participants.)
- Ten participants obtained and maintained employment. Eight participants completed the Missoula J.O.B.S. Program for job readiness and employment training. Four participants are currently seeking employment. (Employment data was not available for 13 participants.)
- Of the 1,614 drug tests conducted on participants, approximately 80% of the tests were negative (1,293 negative tests and 321 positive tests).

- Seven participants were licensed drivers while eight were studying for their driver's license test. Five had state identification cards. Fifteen participants were not old enough to drive or not interested in driving.
- Participants completed 275 hours of community service.
- Regarding therapeutic services, 35 youth participated in Level 1 outpatient therapy. Six youth participated residential substance abuse treatment, a higher level of care. Two families completed the Circle of Security parenting class. Seventeen families attended family therapy services.

### **23. Electronic Monitoring: SCRAM Electronic Ankle Bracelets**

An important component of Montana drug courts is the use of SCRAM electronic ankle bracelets, which monitor a participant's alcohol use twice per hour, 24 hours a day. Reports on participants' alcohol use are provided daily to the drug court or may be accessed immediately by drug court team members. Over several years, the OCA has purchased and maintained 76 SCRAM ankle bracelets and provided these units to local drug courts upon request. This process has allowed for a considerably lower cost for daily use.

From November 1, 2016 to October 31, 2020, Montana drug courts – mostly DUI courts – had 624 participants on SCRAM bracelets. This amounted to a total of 68,376 days of electronic monitoring with a **99.3% rating of sober days (i.e., days without any tampering or alcohol consumption)**. Many drug courts and DUI courts require a participant to wear a SCRAM bracelet for at least the first 90 days of the drug court program. During this period, the average number of days on electronic monitoring was 111 days compared to the national average of 104 days.

SCRAM electronic monitoring has proven to be a very useful tool in Montana DUI and other drug courts by helping participants remain sober particularly during the initial phases of their drug court experience. As the number of participants arrested for DUI-related felonies increases, this tool has become increasingly more important as an alternative to more expensive locked-down Department of Corrections programming.

#### **IV. Montana Drug Court Funding and Costs**

Montana drug courts expended \$1,201,333 in state general fund money in FY 2018, \$1,394,376 in FY 2019, and \$1,502,334 in FY 2020. Funding from the state general fund was added in FY 2021 for the adult drug court in the 20<sup>th</sup> Judicial District and the family drug court in the 1<sup>st</sup> Judicial District. Sixteen drug courts received money from the state general fund during FY 2018 through FY 2020. From FY 2018 through FY 2020, 795 individuals were admitted to these state general-funded drug courts for an average cost of \$5,154 per admission. This is the same amount per participant as during the previous three-year period (FY 2016 through FY 2018) of \$5,154 for drug courts receiving state general fund money.

During FY 2018 through FY 2020, 57% of the general fund money was spent on personal services (i.e., drug court coordinators and the statewide drug court coordinator). Twenty percent was spent on urinalysis and surveillance costs, 9% on treatment services, 10% on operating costs, and 4% on wraparound services. In most cases, treatment services were provided by a not-for-profit treatment program with a state contract through the Montana Department of Public Health and Human Services (DPHHS) or through Medicaid. For family drug courts, some services may have been paid for by the DPHHS's Children and Family Services Division. In juvenile drug courts, some services also may have been paid for through the Youth Court. Additional expenditures by other agencies are not included in the state general fund figures noted above.

The cost per participant of \$5,154 compares favorably with other Montana correctional interventions and national costs per participant, even though expenditures from other agencies may not be included in this figure. For example, NPC Research based out of Portland, Oregon analyzed investment costs in 47 adult drug courts. It found that “program cost range[d] from a low of \$3,842 to a high of \$33,005 per participant. The mean program cost [was] \$14,372 per participant. The large variation [was] generally due to treatment costs. Treatment providers charge a variety of different amounts for the same types of services, and different drug courts provide treatment that ranges from outpatient groups only to intensive outpatient and residential care as well as a variety of wraparound services.”

## V. National Cost-Benefit Information

No discussion of program effectiveness would be complete without a consideration of cost-effectiveness. Even the most effective programs may not be palatable or feasible from a public policy standpoint if they are cost-prohibitive or do not yield a favorable return on investment. More research has been published on drug courts and other problem-solving courts than virtually all other criminal justice programs combined.

Hundreds of studies prove beyond a reasonable doubt that adult drug courts, DUI courts, family drug courts and mental health courts improve justice system outcomes and can return net financial benefits to taxpayers. Drugs courts have proven to be highly cost effective (U.S. Government Accountability Office, 2011). Several meta-analyses and the Multisite Adult Drug Court Evaluation concluded that drug courts produced an average return on investment of approximately \$2 to \$4 for every \$1 invested—a 200% to 400% return on investment (Bhati et al., 2008; Downey & Roman, 2010; Drake, 2012; Drake et al, 2009; Lee et al., 2012; Mayfield et al., 2013; Rossman et al., 2011). These earlier results translated into net economic saving for states and local communities of approximately \$3,000 to \$22,000 per participant.

“The field of cost analysis, as applied to drug courts, has been developing significantly during the past several years. Initially, most studies focused on savings in jail and prison costs associated with the sanctions that would have been applied to defendants in drug court programs had they proceeded through the traditional adjudication process. In line with their positive effects on crime reduction, drug courts have also proven highly cost-effective.” (Belenko et al., 2005).

More recent studies, however, are increasingly considering a variety of other cost factors. These have included: overall criminal justice system costs associated with arrests, prosecution, adjudication and disposition of drug cases; public health costs associated with drug-related physical illnesses, including costs for emergency room care, hospitalization, outpatient medical services, nursing home care and medications; costs relating to lost productivity, including workplace accidents and absences, and unemployment; costs relating to drug-related mortality and premature death; social welfare costs, including foster care and other support of family members; costs related to specific impacts of drug use, including fetal alcohol syndrome and drug exposed infants, IVDU-related AIDS, hepatitis and drug-related tuberculosis; and a range of other costs resulting from drug use, including those incurred by crime victims, persons involved in vehicle accidents, and substance abuse detox and other treatment services.<sup>22</sup> When more

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<sup>22</sup> Memorandum in 2007 from American University and the Bureau of Justice Assistance Drug Court Clearinghouse, Justice Programs Office.

distal cost-offsets are considered, such as those just mentioned, reported economic benefits occur ranging from approximately \$2.00 to \$27.00 for every \$1.00 invested (Carey et al., 2006; Loman, 2004; Finigan et al., 2007; Barnoski & Aos, 2003). The result has been netted economic benefits to states and local communities ranging from approximately \$3,000 to \$13,000 per drug court participant (e.g., Aos et al., 2006; Carey et al., 2006; Finigan et al., 2007; Loman, 2004; Barnoski & Aos, 2003; Logan et al., 2004).

The General Accountability Office of the United States Congress issued its third report on the effect of adult drug courts in 2005. Results from 23 program evaluations confirmed that drug courts significantly reduce crime. Although upfront costs for drug courts were generally higher than for probation, drug courts were found to be more cost-effective in the long run because they avoided law enforcement efforts, judicial case-processing, and victimization resulting from future criminal activity. Additionally, nine independent meta-analyses have concluded that drug courts significantly reduce crime rates typically measured by fewer re-arrests for new offenses and technical violations. Recidivism rates for drug court participants were determined to be, on average, 8 to 14 percentage points lower than for other justice system responses. The best drug courts reduced crime by as much as 80% over other dispositions (Carey et al., 2012b; Lowenkamp et al., 2005; Shaffer, 2006). Several studies included in the meta-analyses were randomized controlled experiments, which meet the highest standards of scientific rigor (Deschenes et al., 1995; Gottfredson et al., 2003; Harrell et al., 1998; Jones, 2013). Statewide and local evaluations have produced similar findings regarding reductions in crime rates (California; Maine; Multnomah County, Oregon; and St. Louis, Missouri).

One example of a study showing substantial cost-effectiveness beyond the effects on crime rates is a large study with a detailed matched control group of traditional probation completers and drug court graduates in St. Louis, Missouri. This independent study completed in 2004 documented that initially drug court costs were slightly more per participant (\$7,793 vs. \$6,344), but “various benefits (cost savings) were found for drug court graduates compared to probation completers (less jail time, less pretrial detention, wages of drug court graduates were higher and they were employed longer resulting in higher taxes paid and FICA paid and lower TANF and food stamps utilized by drug court graduates). Health care costs and mental health services were significantly lower for drug court graduates after drug court, costs to the criminal justice system and costs to victims of crime were lower for drug court graduates compared to probation completers and the number of infants who were born drug-exposed and the consequent costs were greater for probation completers than for drug court graduates.<sup>23</sup> The bottom line for this

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<sup>23</sup> Loman, L.A., (2004), *A Cost-Benefit Analysis of the St. Louis City Adult Felony Drug Court*, Institute of Applied Research, St. Louis, Missouri.

study was a net savings over a four year period after drug court of \$7,707 per drug court participant over related costs for probation completers. This represents the expenses that would have been incurred by the taxpayer had these drug court participants completed regular probation. These trends appeared to be on a vector to continue in ongoing years as probation completers appeared to cost the taxpayer more each year while drug court graduates avoided more costs for the taxpayer. Other studies with similar cost benefit outcomes were completed in the Washington; California; Multnomah County, Oregon (Portland), Douglas County, Nebraska (Omaha); Kentucky; and many others.

Several evaluations have reported substantial cost saving for family drug courts resulting primarily from reduced reliance on out-of-home placements. Cost savings from reduced use of foster care were estimated to be approximately \$10,000 per child in one study from Maine (Zeller et al., 2007); \$15,000 per child in Montana (Roche, 2005); \$13,000 in Oregon (Carey et. al., 2010) and \$6,420 in London (Harwin et al., 2014).

## **VI. The National Institute of Justice Multisite Adult Drug Court Evaluation**

In 2011, the National Institute of Justice (NIJ) and a team of researchers from The Urban Institute's Justice Policy Center, RTI International, and the Center for Court Innovation completed a five-year longitudinal process, impact and cost evaluation of adult drug courts. The Multisite Adult Drug Court Evaluation (MADCE) compared the services and outcomes in 23 adult drug courts from seven regions in the U.S. against those of six comparison sites in four regions. The comparison sites administered diverse programs for drug-involved offenders, including Treatment Alternatives for Safer Communities (TASC), Breaking the Cycle (BTC), and standard court-referred, probation-monitored treatment. Offender-level data were obtained from 1,157 drug court participants and 627 comparison offenders who were carefully matched to the drug court participants on a range of variables that influenced outcomes. Key findings included:

- Drug court participants were significantly less likely than the matched comparison offenders to relapse to drug use, and those who did relapse used drugs significantly less.
- Drug court participants reported committing significantly fewer criminal acts than the comparison group after participating in the program.
- Drug court participants reported significantly less family conflict than the comparison offenders at 18 months.
- Drug court participants were more likely than the comparison offenders to be enrolled in school at six months and needed less assistance with employment, educational services, or financial issues at 18 months.
- On average, the drug courts returned net economic benefits to their local communities of approximately \$2 for every \$1 invested.

Recommendations to policy makers included: *“Drug Courts work, so ensure provisions are made to fund their continued existence.* The research evidence clearly establishes the effectiveness and potential cost-effectiveness of drug courts. Government agencies should continue to spend resources funding drug court programs. They should sponsor training and technical assistance to encourage the implementation of evidence-based practices and to ensure drug courts target the most appropriate offender populations for their programs.”<sup>24</sup>

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<sup>24</sup> The Multisite Adult Drug Court Evaluation, Rossman, Shelli B. and Zweig, Janine, National Association of Drug Court Professionals, Need to Know, May 2012.

## VII. Drug Court Activities in Montana

Montana established its first drug court in Missoula in 1996. There are 36 drug courts within district, municipal, and justice's courts in the state<sup>25</sup>. (A list of Montana drug courts can be found in the appendix of this report.) These courts developed organically based on local needs, interest, and resources. Most of them initially received funding from federal grants. Although all courts generally adhere to the federal drug court model, each reflects the circumstances and capabilities of its local community.

The 2007 Legislature appropriated the first state general fund money to drug courts. This 2009 biennium appropriation was used to provide grants to drug courts, employ a full-time statewide drug court administrator, and develop a statewide system for collecting, reporting, and analyzing court performance data.

In January 2008, a statewide drug court coordinator was hired. One of the coordinator's first tasks was to complete site reviews for the drug courts that had received state funding. The site reviews included a general review of the drug courts based on adherence to the federal drug court model (10 Key Components) and suggestions for addressing potential problem areas. The site reviews also assisted in identifying statewide issues or concerns.

### Statewide Drug Court Conferences and Workshops

Since 2008, the Office of Court Administrator (OCA) has sponsored the following statewide drug court conferences and workshops:

- **First drug court conference: August 2008.** Several national experts presented on a wide range of topics including evidence-based motivational incentives, local drug court evaluation, relapse prevention strategies, and breaking intergenerational cycles of addiction. Over 150 people participated in this three-day event.
- **Second drug court conference: September 2010.** This conference focused on team action planning based on research from over 100 cost benefit research studies and the identification of drug court cost benefit strategies. Nearly 170 people attended the two-day event.

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<sup>25</sup> There also are eight tribal courts (i.e., healing to wellness courts, drug courts, and DUI courts).

- **Third drug court conference: April 2012.** This conference placed special emphasis on evidence-based practices and team action planning based on those practices. Approximately 250 people attended the conference, and each team submitted an action plan.
- **Operational tune-ups: 2013.** A two-day operational tune-up entitled “Retooling Your Program for Adult Drug Courts” was held in Billings and Great Falls. These tune-ups included a review of current adult drug court research, a review of target populations based upon the current research literature, legal issues facing drugs courts, applied research approaches to treatment, and development of a step-by-step approach to incorporating best practices.
- **Fourth drug court conference: April 2014.** This conference included operational tune-up tracks for family drug courts and juvenile drug courts as well as presentations for adult drug court teams. Presentations focused on a wide variety of evidence-based practices, which resulted in team action plans aimed at improving court operations upon returning home.
- **Fifth drug court conference: October 2016.** This conference placed special emphasis on the new adult drug court standards and the research behind them. Approximately 220 people attended this conference, and each drug court team developed an action plan incorporating what was learned at the conference.
- **Sixth drug court conference: October 2018.** This conference addressed an array of topics such as Native American Wellness Courts, practical application of incentives and sanctions, therapeutic adjustments, and becoming a trauma-informed drug court. In addition, an afternoon of training was provided specifically for family drug courts accommodated by Children and Family Futures, a technical assistance contractor of the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Approximately 220 people attended the conference. Drug court team members developed action plans for court improvement based on information presented at the conference. Critical support for the conference was provided by the Montana Healthcare Foundation and Montana Department of Transportation.
- **Family drug court conference: December 2020.** Due to the COVID-19 pandemic, a two-day family drug court conference was held virtually with presenters from Children and Family Futures, a national technical assistance contractor of the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. This conference emphasized the new family drug court

best practice standards and compliance with those standards in preparation for the implementation of the peer review process of those treatment courts in 2021. Over 125 family drug court team members attended this training.

- **Seventh drug court conference: October 2020 (postponed to May 2021)** The seventh Montana statewide drug court conference was scheduled for late October, 2020 in Bozeman. However, due to COVID-19 pandemic, the conference date was moved to May 2021 at the same location with a similar cast of national and international speakers and with time for treatment team members to meet, discuss what they have learned, and develop action plans to implement on their return home. A special emphasis in 2021 will be not only to utilize national experienced speakers but to provide a specialized track for Native American Healing to Wellness Courts, which continue to increase in Montana.

### **Statewide Drug Court Evaluation**

In May 2008, the OCA contracted with the University of Montana (UM) for a comprehensive cross-court program evaluation. Statewide data collection began in January 2008 with data collected for all drug court participants active on or after July 1, 2007. This effort served to standardize the information emanating from existing courts, helped guide development of new courts, and provided ongoing data collection and program evaluation, which guided court improvement and reallocation of resources.

The UM research team and OCA collaboratively refined data collection instruments and database specifications across all funded courts; these tools now meet national standards as set forth for data collection (U.S. Government Accountability Office, 2002). The UM researchers and OCA designed and created variables and specialized data collection instruments to fit Montana's unique needs as a rural state and to enable ongoing evaluation and improvements. Drug court coordinators from across the state met and developed performance indicators. These indicators are used in this report and are consistent with indicators being collected by other states and at a national level.

### **Legislative Performance Audit on Drug Courts**

In January 2015, the Montana Legislative Audit Division issued a performance audit of the administration of Montana drug courts. The audit included recommendations to the Supreme Court regarding compliance with state law, adherence to best practices for drug courts, and system-wide planning and support. The Supreme Court took the following action in response to the audit's major recommendations:

- **Strategic Plan** – The Supreme Court, with support from Center for Court Innovation (a technical assistance contractor), commissioned a strategic planning initiative to build on the success of the Montana drug courts and secure a sustainable future for these effective specialized courts. Participants met twice over several days to develop and complete a strategic plan. In November 2015, the *Drug Court Strategic Plan: Roadmap for the Future of Drug Treatment Courts in Montana* was published. Themes addressed in the strategic plan include funding for drug courts, implementing best practices, violent offender/participant eligibility, services for drug court participants, meeting the needs of special populations (e.g., Native Americans), implementing a statewide case management system, educating policy makers on the effectiveness of drug courts, and increasing community awareness about drug courts. Measurable goals were identified for each theme, target dates were set, and tasks were defined and assigned to key participants. Some of the goals related directly to the performance audit, but others were based on new trends and needs in drug courts.
- **Advisory Committee** – In May 2016, the Supreme Court issued an order establishing the Drug Treatment Court Advisory Committee. The Committee is charged with: (1) providing ongoing review and revision to drug court standards; (2) assuring communication and continuity in the operation of Montana drug treatment courts; (3) providing ongoing review and recommendations to the District Court Council and Supreme Court regarding statewide drug court funding and budget policy issues; (4) overseeing and updating the strategic plan; and (5) addressing future drug treatment court issues as they arise. The Committee consists of seven judges appointed from different treatment court types who serve three-year terms.
- **Peer Reviews** – During 2016 and 2017, the OCA and Montana drug courts embarked upon a peer-review process to review the consistency of each adult drug court with fidelity to the new Adult Drug Court Best Practice Standards, Volume I and II issued by the National Association of Drug Court Professionals in 2015. These standards were based on “reliable and convincing evidence demonstrating that a practice significantly improves outcomes.”

NPC Research, a nationally recognized, independent research firm based in Portland, Oregon, trained 17 Montana peer reviewers to apply the best practice standards and issue a best practice table and associated report to each adult drug court to ensure courts were maximizing their potential to help participants enter long-term recovery and significantly reduce re-offense. The Montana peer review process was the only peer review process at the time that had been implemented

applying both Volumes I and II of the Adult Drug Court Best Practice Standards. Nearly all adult drug courts were peer-reviewed in 2016 through 2018.

In 2020, the OCA, drug court team members, and NPC Research were scheduled to begin training a new cadre of peer reviewers to conduct a new round of adult drug court peer reviews. These reviews were to include an evaluation of progress in implementing action plans to address weaknesses identified through the initial peer review process. Additionally, family and juvenile drug courts were to be reviewed starting in 2020 with new standards developed in 2019. However, when the COVID-19 pandemic hit, these plans were placed on hold. The intent now is that during 2021, the training will occur both in western and eastern Montana, and the peer review process will begin in earnest.

### **NPC Research Report**

In December 2018, NPC Research completed a study entitled *Bringing Treatment Courts to Scale in Montana*. The study was conducted at the request of the Montana Supreme Court and Montana Healthcare Foundation which funded the report. It addressed the effectiveness of treatment courts, innovative models in rural programs, best practices related to drug testing, impact of DUI courts, current scope of treatment courts in Montana, best practices monitored and achieved by Montana treatment courts, services and resources needed for successful treatment courts, strategies for funding treatment courts, peer support models, and recommendations. A copy of the study is available at <http://bit.ly/treatmentcourtsscale18>.

## APPENDIX: MONTANA DRUG COURTS

<b>Adult Drug Courts</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>1<sup>st</sup> Judicial District Treatment Court</b>	Lewis and Clark County	District	State General Fund	2011
<b>7<sup>th</sup> Judicial District Adult Drug Court</b>	Dawson, McCone, Prairie, Richland, and Wibaux Counties	District	State General Fund	2007
<b>8<sup>th</sup> Judicial District Adult Drug Treatment Court</b>	Cascade County	District	State General Fund/Federal	2005
<b>9<sup>th</sup> Judicial District Drug Treatment Court</b>	Glacier, Toole, Teton, and Pondera Counties	District	State General Fund/County	2009
<b>13<sup>th</sup> Judicial District Adult Drug Court</b>	Yellowstone County	District	State General Fund	2011
<b>20<sup>th</sup> Judicial District Adult Drug Court</b>	Lake and Sanders Counties	District	State General Fund/Federal	2017
<b>Billings Adult Misdemeanor Court</b>	Billings	Municipal	State General Fund	2005
<b>Custer County Adult Treatment Court</b>	Custer County (16 <sup>th</sup> Judicial District)	District	State General Fund	2004
<b>Gallatin County Treatment Court</b>	Gallatin County (18 <sup>th</sup> Judicial District)	District	State General Fund/Gallatin County	1999
<b>13<sup>th</sup> Judicial Soar Court (pre-plea)</b>	Yellowstone County	District	Federal	2019
<b>Lincoln County Treatment Court</b>	Lincoln County	District	Federal	2020
<b>6<sup>th</sup> Judicial District Adult Treatment Court</b>	Sweetgrass and Park Counties	District	Federal	2020

<b>Adult Drug Courts (cont.)</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>Missoula County Adult Treatment Court</b>	Missoula County	District	Federal	2020
<b>12<sup>th</sup> Judicial District Treatment Court</b>	Chouteau, Hill, and Liberty Counties	District	Federal	2020
<b>21<sup>st</sup> Judicial District Treatment Court</b>	Ravalli County	District	Federal	2021

<b>Family Drug Courts</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>Butte-Silver Bow Family Drug Court</b>	Butte-Silver Bow County (2nd Judicial District)	District	State General Fund	2004
<b>1<sup>st</sup> Judicial District Family Treatment Court</b>	Lewis and Clark County	District	State General Fund/Federal	2018
<b>Flathead Family Treatment Court</b>	Flathead County	District	Federal	2019
<b>Missoula County Family Treatment Court</b>	Missoula County (4th Judicial District)	District	State General Fund	2008
<b>Yellowstone County Family Drug Treatment Court</b>	Yellowstone County (13th Judicial District)	District	State General Fund	2001
<b>Yellowstone County Indian Child Welfare Act Treatment Court</b>	Yellowstone County	District	Federal	2021

<b>Co-Occurring Courts</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>Billings Co-Occurring Court</b>	Billings	Municipal	Federal	2012
<b>Missoula County Co-Occurring Court</b>	Missoula County	District/ Municipal	State General Fund	2004

<b>Veterans Treatment Courts</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>Bozeman Veterans Treatment Court</b>	Gallatin County	Municipal	Federal	2018
<b>Missoula Veterans Treatment Court</b>	Missoula County (4 <sup>th</sup> Judicial District)	District	Federal	2011
<b>Yellowstone County Veterans Treatment Court</b>	Yellowstone County (13 <sup>th</sup> Judicial District)	District	State General Fund/Federal	2011
<b>8<sup>th</sup> Judicial District Veterans Court</b>	Cascade County	District	State General Fund/Federal	2013
<b>Butte Veterans Treatment Court</b>	Butte	Municipal	Federal	2021

<b>Juvenile Drug Courts</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>4<sup>th</sup> Judicial District Youth Drug Court</b>	Missoula County	District	State General Fund	1996
<b>8<sup>th</sup> Judicial District Juvenile Drug Treatment Court</b>	Cascade County	District	State General Fund	2006

<b>DUI Courts</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>7<sup>th</sup> Judicial District DUI Court</b>	Dawson, McCone, Prairie, Richland, and Wibaux Counties	District	State General Fund/MDT*	2010
<b>13<sup>th</sup> Judicial District DUI Court</b>	Yellowstone County	District	MDT*/Federal	2011
<b>Billings Municipal DUI Court</b>	Billings	Municipal	MDT*	2009
<b>Butte-Silver Bow County DUI Court</b>	Butte-Silver Bow County	Justice	MDT*	2010
<b>Missoula Road Court</b>	Missoula	Justice	MDT*/Federal	2020
<b>12<sup>th</sup> Judicial District DUI Court</b>	Hill County	District	Federal (BJA)	2020

\* Montana Department of Transportation

There are eight tribal courts helping control alcohol and other drug abuse problems in Montana. These courts include: Chippewa Cree Healing to Wellness Court, Chippewa Cree Juvenile Healing to Wellness Court, Crow Juvenile Drug Court, Fort Peck Family Healing to Wellness Court, Fort Peck DUI Court, Fort Belknap Juvenile Drug Court, Blackfeet Juvenile Healing to Wellness Court, and Blackfeet Adult Healing to Wellness Court. These tribal courts are primarily funded through the individual tribes. In 2021, the Northern Cheyenne Nation will implement an adult drug court.

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