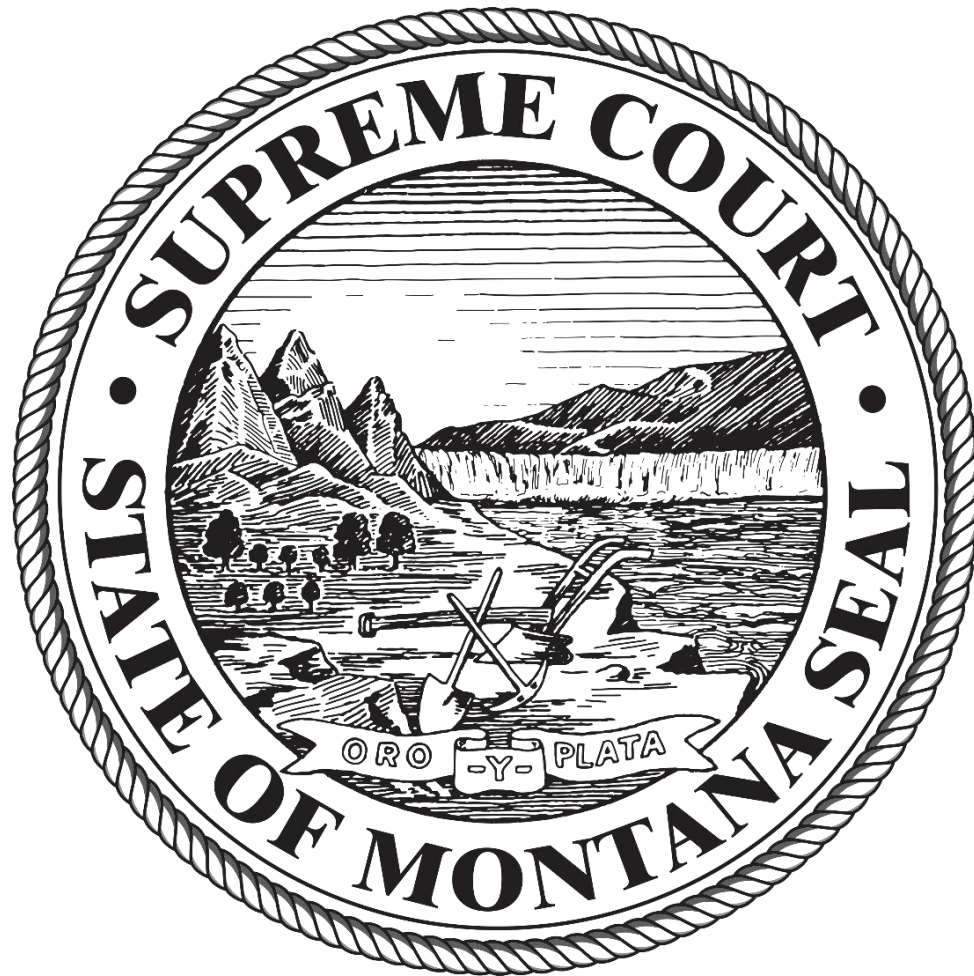


A Montana Drug Courts: An Updated Snapshot of Success and Hope



**Produced by Montana Supreme Court
Office of Court Administrator
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Mission, Funding, and Costs

Montana drug courts offer a therapeutic program designed to break the cycle of alcohol and other drug dependence 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 re-offense outcomes than both standard prosecution/probation and earlier court-mandated treatment approaches.

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.

Montana drug courts expended \$1,614,981 in state general fund money in FY 2022, \$1,687,230 in FY 2023, and \$2,188,330 in FY 2024. Funding from the state general fund was added in FY 2022 for the family drug court in the 11th Judicial District with no additional funding added in FY 2023. In FY 2024, funding was added for the 4th (Missoula County), 6th (Park County) and 19th (Lincoln County) Judicial District Adult Treatment Courts, which each received 9 months of funding. Additionally, the 13th (Yellowstone County) Judicial District SOAR (pre-plea) Court and the Missoula County Veterans Treatment court each received six months of funding in FY 2024. In total, five additional courts were added to the general funding matrix in FY 2024.

Twenty-four drug courts received money from the state general fund during FY 2022 through FY 2024. From FY 2022 through FY 2024 (July 1, 2021, through June 30, 2024), 813 individuals were admitted to these state general-funded drug courts for an average cost of \$5,824 per admission. This is an increase of \$670 from the

previous three-year period (FY 2018 through FY 2021) of \$5,154 for drug courts receiving state general funds money and may be the result of an increase in cost or fewer admissions due to the pandemic.

During FY 2022 through FY 2024, 69% of the general fund money was spent on personal services (i.e., drug court coordinators and the statewide drug court coordinator). Fourteen percent was spent on urinalysis and surveillance costs, 4% on treatment services, 10% on operating costs, and 3% 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 \$5,824 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."

Treatment Court Access in Rural Montana



Rural living may mean less access to critical criminal justice and healthcare infrastructure and technology. This can lead to more criminal justice and health complications for rural residents, and challenges for rural courts and service providers. These challenges can seem overwhelming to the drug dependent offender.

- Montana has the 3rd lowest population density in the country.
- In many locations, services are hard to come by due to distance.
- Montana has difficult driving conditions at certain times of the year.
- According to most data our substance abuse problem in Montana is as high or higher than the national average.

In certain jurisdictions, implementation of an adult treatment court may not be cost effective. Yet, all Montana citizens deserve equal access to a treatment court. Equity of access to a treatment court means making participation more accessible. In the future, communities can expect to see more use of telehealth in both rural and urban areas. The priority is to help people engage with treatment and the court. Telehealth has proven to open more opportunities for access to drug courts while not overburdening people with transportation issues or disrupting their employment. Teleservices is at least a partial answer to providing this access.

Drug Treatment Courts can collaborate with other rural courts where there is no treatment court to reduce strain on the rural criminal justice and healthcare infrastructure as well as provide critical access to a treatment court environment.

To break down geographic barriers experienced in judicial districts where there is no drug court or in judicial districts where distance is a barrier to participation, the OCA has implemented a two-phase teleservices effort.

Phase 1 implemented in December of 2022, is the establishment of a teleservices broadcast treatment component and the delivery of three evidence-based treatment curricula - the Matrix, Moral Reconnection Therapy (a criminal thinking error program) and Seeking Safety (a trauma and substance abuse program). Not only does this provide the opportunity for drug court participants to access the curricula remotely, but in many

rural areas of the state, adequate treatment capacity is not available, and this effort complements local treatment efforts and the ability to get drug court participants the appropriate level of treatment.

Phase II of the teleservice's effort will provide access to a drug court experience through teleservices. Specifically, the OCA is targeting drug-dependent offenders in jurisdictions where there is no drug court to provide them access through a hybrid teleservices experience with a near-by treatment court. The OCA will provide the hardware or software necessary for the offender to receive the needed structure and treatment to be successful.

In the last two years:

- **40 Participants successfully completed group treatment requirements through this program that were otherwise unavailable or inaccessible.**
- **11 Courts have successfully implemented teleservice treatment for participants through the teleservices model.**

Initiatives to Improve Teleservice program

In addition to the two phases mentioned above, the OCA has implemented several initiatives to improve the access to the teleservices program across the state. These initiatives are focused on increasing substance use disorder treatment offerings, expanding teleservices referrals from 'spoke' courts and inductions from 'hub' courts. Some of the initiatives include:

- **2024 Montana State Drug Court Conference.** Presentations by service providers, judges and participants educated attendees about the design, implementation and effectiveness of the teleservice 'hub-and-spoke' model. These presentations were designed to increase teleservice participation.
- **In-services with strategic partners.** The OCA is working with the public defenders, county attorneys, and the Judicial Branch Treatment Court Advisory Committee to increase education and awareness of the teleservice hub-n-spoke model to increase participation.
- **Completion of the teleservice animated videos and revised documentation.** The teleservice training videos and referring documentation are available on the state website for any rural jurisdiction to educate themselves on the process and begin referring participants to adjacent hub courts.
- **Incorporation of complete intensive outpatient program and outpatient services.** The OCA is working to broaden rural jurisdictions investment in participation in the hub-and-spoke model by providing increased substance use disorder treatment options broadcasted via Zoom. This includes working with treatment providers to expand the teleservices curriculum to include a full-fledged Intensive Outpatient Program (IOP) level of care for treatment court participants. Providing IOP and OP services via tele-health to rural jurisdictions creates opportunities for participants to remain in their communities for treatment services, reducing transportation costs, time accessing treatment, and increasing continuity of care by partnering with trusted treatment providers.

Medicaid expansion is critical to providing medical, mental health, and addiction services across Montana to drug court participants. Treatment courts are largely dependent on public healthcare dollars, like Medicaid to pay for necessary health care services for participants.

A March 2017 report from Manatt Health and Montana Health Care Foundation titled, “*Repealing the Medicaid Expansion: Implications for Montana*” findings included:

- Prior to expansion, Montana Medicaid did not have a significant role in covering and paying for the treatment of SUD, covering comprehensive SUD services only for those under the age of 21. Medicaid expansion provided the state with a new and powerful tool to address the twin challenges of alcohol and drug abuse—issues at the top of the list of health concerns in communities across the State.
- Medicaid expansion created a new tool to combat substance abuse, one of the most deadly and expensive health problems in Montana, as shown by criminal justice, foster care, and health statistics.

Peer Support Specialists: A Powerful New Tool for Montana Drug Court Participants



Overview of scope of Practice:

Certified Behavioral Health Peer Support Specialists (CBHPSS) or “Peer Support Specialist” (PSS) play a vital role in helping individuals recover from mental health challenges and substance use disorders. Their work is grounded in using lived experiences to build trust, provide guidance, and promote recovery. Peer Support Specialists work in a variety of settings, including community-based recovery centers. They draw upon a combination of their personal recovery experience and skills learned in formal training to promote mind-body recovery and resiliency in their peers. In addiction treatment settings, a peer recovery specialist is someone in recovery who uses their lived experience to help others in their recovery. This is a one-on-one relationship in which someone with more recovery experience encourages, motivates, and supports a peer in establishing or strengthening his or her recovery.

Peer Support in Treatment Courts

Peer Support Specialists (PSS) provide enormous value in achieving programmatic goals and improving recovery outcomes for Montana’s treatment court participants. Through a grant from the Bureau of Justice Assistance, the OCA has identified three courts and three associated clinical providers for a pilot project to match treatment court participants with a PSS to achieve recovery goals during and after their participation period in the treatment court. The PSS, employed by local treatment centers, will help treatment court participants strengthen their recovery and prepare for after graduation. The local treatment court coordinator identifies participants who have graduated or entering the last phase of phase of drug court, screens for willingness to participate in the project, then provides a warm-hand-off to the PSS. The PSS works collaboratively with the participant but is employed through the local treatment centers. The PSS assists the

participant in strengthening their recovery plan and preparing them to succeed post-graduation from the treatment court. Grants funds support three objectives:

1. The PSS works with a participant entering the last phase of treatment court and helps them develop a self-directed recovery maintenance plan. This recovery maintenance plan is focused on identifying remaining needs of the participant, constructing an action plan to strengthen recovery skills and reduce any possible re-occurrence and re-offense after treatment court graduation. The participant and PSS work collaboratively to complete the Recovery Management Toolkit (RMT). This toolkit includes a recovery management planning tool, a recovery capital assessment, recovery management worksheets, and culturized versions to address key areas of need that the participant, peer and team work to target during their remaining phase in drug court.
2. The PSS conducts recovery management check-ins with treatment court graduates via tele-phone every month after graduation for six months, then quarterly for 30 months. The recovery management check-ins are designed to assess how the graduate is doing after treatment court participation, encourage the individual to seek any needed services, and link that individual with care if needed and requested. The recovery management check-ins address the need for continued support after graduation and reduce the likelihood of any potential re-occurrence of substance use and/or re-offense into the criminal justice system. These are a proven cost-effective recovery maintenance strategy.
3. The PSS and the participant also engage in other appropriate recovery activities as identified and developed by the PSS and participant during their work in the pilot project. The PSS and the participant work on critical ancillary goals developed in the recovery management plan to include improving employment advancement, broadening educational obtainment or strengthening financial stability. The goals will be based on the capital recovery assessment that targets all aspects of the participants needs and set them up for sustained success in the community.

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I. Report Highlights

This report analyzes drug court data collected by the OCA from May 2008 through October 2024, a 16.5-year (198 months) period. However, the report generally focuses on the most recent 48 months (November 1, 2020 – October 31, 2024). 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).

Special Note: This report does not include data from the Lewis and Clark Family Treatment Court, which transitioned to a co-occurring court docket in 2022.

Major findings include the following:

- Drug Court Admissions. During the 48-month data collection period (November 1, 2020 - October 31, 2024), **1,743** individuals entered Montana drug courts: **1,448** adult drug court participants, and **231** family drug court participants, and **64** juveniles.
- Active Population. As of October 31, 2024, **714** participants were active in Montana drug courts: **620** in adult drug courts, **83** in family drug courts, and **11** in juvenile drug courts.
- Educational Obtainment. Educational obtainment is the primary focus of juvenile drug courts and key to reducing re-offense and re-occurrence rates for youth. This reporting period demonstrated a tremendous increase in high school diploma or HiSET obtainment from **2** participants having a diploma or equivalent at admission to **19** participants having a diploma or equivalent at discharge.
- Graduation Rates. Montana drug courts increased graduation rates by almost **9%** during this time-period. A total of **619** participants graduated from drug court during the 48-month reporting period for a graduation rate of **67.7%** for all drug court types. The graduation rate was **69.9%** for adult drug court (**536** graduates), **53.5%** for family drug court (**53** graduates), and **61.2%** for juvenile drug court (**30** graduates). Montana drug court graduation rates are as good as or better than rates found in comprehensive national studies.
- Retention Rates. Retention rates drive the success of a drug court and Montana saw increasing retention rates in each court type. Even participants who do not graduate benefit from time in the drug court. For the **1,029** participants (excluding active cases) for whom court disposition status was reported, **96.4%** were still participating

one month after entering a Montana drug court, **77.8%** of the cases were still active at six months after admission, and **60%** 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.

- Re-offense. A key measurement of re-offense for drug court participants is the conviction rate after admission to drug court. For this report, re-offense was defined as a new conviction for participants within three years after date of admission into drug court. Re-offense 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 **1,076** individuals admitted to Montana adult drug courts in 2018, 2019, and 2020, **62%** did not reoffend. Convictions for those re-offending included **179** felonies (**16.6%**) and **230** misdemeanors (**21.4%**). Drug court graduates had a much lower re-offense rate during the three-year period with **almost 85% remaining crime-free**.
- Prior Arrests. For adult drug court cases reporting admission data (**1,448**), participants had a total of **11,029** felony and misdemeanor arrests before entering drug court for an average of over **7.6** arrests per person. Of these cases, there were **2,898** felony arrests and **8,131** misdemeanor arrests prior to admission for an average of **2.0** felony arrests and nearly **5.6** 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).
- Employment Status. Adult drug court graduates reported an **81.3%** increase in full-time employment from admission to graduation (**209** employed full-time at admission compared to **379** employed full-time at discharge). Unemployment fell from **269** participants to **138** for an **48.7%** 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, **15** were employed full-time at admission compared to **37** at discharge for an increase of **146.7%**. Unemployment fell from **20** at admission to **3** at discharge, an **85%** decrease.
- Driver's License Acquisition. Among the **494** adult and family drug court graduates who did not have a driver's license at admission but who were eligible to receive one, **195** obtained a license by graduation, a **39.5%** increase in those receiving a driver's license. **70** drug court participants received their state identification card.

- Gender and Ethnicity. Among the **1,743** admissions to Montana drug courts during the most recent 48 months measured, **1,050 (60.2%)** were male and **685 (39.3%)** were female, and **8 were undisclosed (.5%)**. Native Americans, Hispanics, African Americans, and Asian/Pacific Islanders make up nearly one-fourth of the Montana treatment court population (**27%**).
- Drugs of Choice. The primary drug of choice for adult drug court participants continued to be alcohol (**52.8%**) followed by methamphetamine (**24.9%**), and marijuana (**7.1%**). For family drug court participants, the primary drug of choice was methamphetamine (**39.8%**) followed by alcohol (**33.3%**), then marijuana (**10.0%**), heroine (**6.9%**), and opiates at **8.2%**. **Methamphetamine and alcohol continue to be by far the two primary drugs of choice for family drug courts.** For juvenile drug court participants, the primary drug of choice was marijuana (**75%**) followed by alcohol (**21.9%**), and methamphetamine.
- Pregnancies and Births. For the period November 1, 2020, through October 31, 2024, **70** participants or their spouses or significant others were pregnant while in drug court. Among those babies born during this period for which the OCA has data, **27** were born drug free (**38.6%**), and **2 (2.9%)** were born drug affected. Babies who are born drug free avoid substantial and costly health problems.
- New Substantiated Child Abuse and Neglect Reports: From admission dates to Treatment Court in 2020-2021, 64 participants were identified, over **82%** treatment court participants identified did not have a new founded or substantiated investigation in 3 years following admission to treatment court.
- Housing. Not unlike the rest of Montana, drug court clients experienced an increase in the rate of housing instability compared to the 2023 report. The increase could be related to several factors including but not limited to increase housing costs, lower housing stock, or continued socio-economic effects of COVID-19. Participants owning their own home went from **136 to 163 (19.9% increase)**. Those renting increased from **291 to 413 (41.9% increase)**, while those living with friends, relatives, or significant others decreased from **159 to 81 (49.1% decrease)**. For all adult drug court participants admitted and discharged during the previous 48-month period, the number of homeless went from **37** at admission to **76** at discharge (**105.4% increase**).

II. 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.

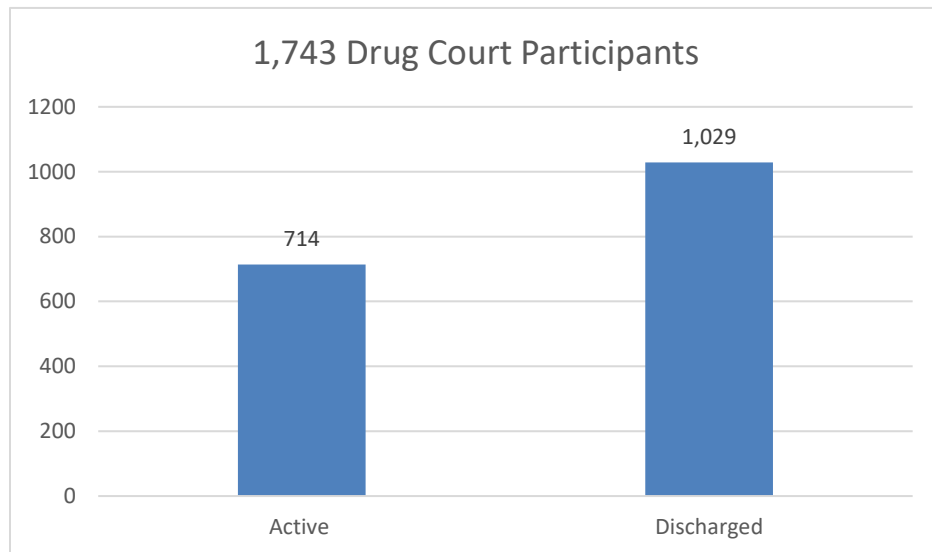
Management and local monitoring systems provide timely and accurate information about program operations to the drug court managers enabling them to keep the program on course, identify emerging problems, and make appropriate procedural changes. Montana's courts began the process of centralizing data in response to an initial survey conducted by the 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 peer-review process initiated in 2015 and updated in 2023. In 2021, the OCA continued applying not only the adult drug court best practice standards to adult drug courts but also applied the adolescent and family drug court best practice standards to Montana courts.

The performance measurement information in this report is based primarily on data from the statewide information system that collects data at admission and discharge. For most performance indicators, however, the most recent 48 months of data (November 1, 2020, through October 31, 2024) is used as a snapshot of recent drug court performance. Additionally, to calculate re-offense rates, convictions occurring for the three-year period following admission to drug court for 2018, 2019, and 2020 is used. This method for calculating re-offense is consistent with several national and state analyses and with the recommendation of the Montana Drug Treatment Court Advisory Committee.

During the most recent 48-month period of data collection (November 1, 2020 – October 31, 2024):

1. **1,743** individuals entered Montana drug courts: **1,448** adult drug court participants, and **231** family drug court participants, and **64** juveniles.
2. **714** participants were active in a drug court as of October 31, 2024: **620** in adult drug court, **83** in family drug court, and **11** in juvenile drug court.
3. **1,029** participants were discharged allowing analysis of both intake and exit data.

48-Month Drug Court Population



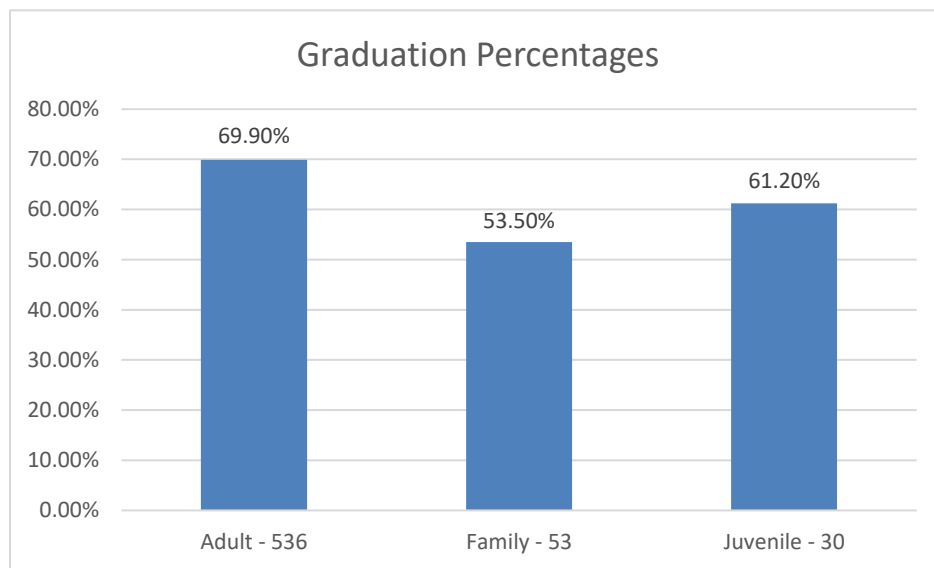
1. Program Completion

1. The **1,029** discharged participants for which court disposition status was reported are categorized as follows:
 - a. **619** participants graduated from a drug court.
 - b. **296** participants did not graduate and were either terminated or absconded from the program.
 - c. **114** 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 increased from previous reporting periods to **67.7%** for all types of drug courts. The previous graduation rate was **59.6%**.

2. Graduation Rate by Court Type

1. Adult drug courts had a graduation rate of **69.9%** (**828** discharges with **536** graduates, **231** terminations, and **61** “neutral” participants). This is a **7.5%** increase in graduation rates from previous reports.
2. Family drug courts had a graduation rate of **53.5%** (**148** discharges with **53** graduates, **46** terminations, and **49** “neutral” participants). This is slight increase from previous reports.
3. Juvenile drug courts had a graduation rate of **61.2%** (**53** discharges with **30** graduates, **19** terminations, and **4** “neutral” participant). This is slight increase from previous reports.

48-Month Drug Court Population



According to the National Drug Court Resource Center, *Painting the Current Picture – A National Report on Treatment Courts in the United States*, June 2022, “Among the 84.6% of states/territories that provided data for all participants, a total of 90,990 individuals were active in an adult treatment court in 2019. The total number of participants reported to have successfully completed ADCs were 22,567 and 17,382 were reported as unsuccessful, which resulted in a graduation rate of 56.5% among these participants.

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 **619** graduates, **296** early terminations, and **114** neutrals who were discharged during the 48-month period (**1,029** participants), the average length of stay in drug court across all courts in Montana was **403.1** 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 **619** graduates were in drug court for an average of **511.0** days. Participants terminating early (**296**) had an average stay of **231.5** days in drug court.

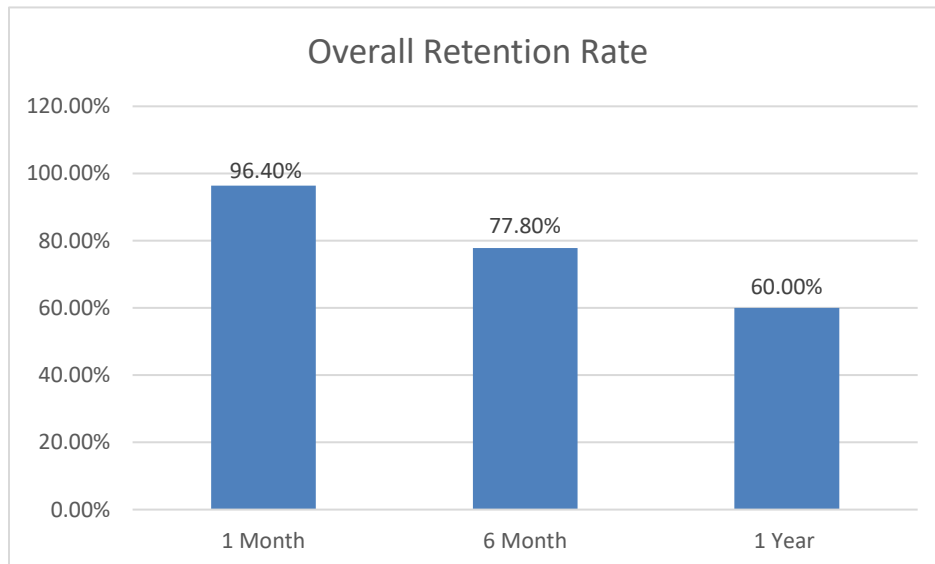
Although participants terminating early averaged fewer days than those who graduated, the **231.5**-day average for early terminations (8 months) is significant. According to the National Institute on Drug Abuse, "... research has shown unequivocally that good outcomes are contingent on adequate treatment 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."

1. Adult drug court participants spent an average of **419.5** days in drug court. Adult drug court graduates' average length of stay was **522.2** days while early terminations averaged **224.7** 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 **352.6** days. Graduates averaged **526.5** days while participants who terminated early averaged **221.2** days in the program.
3. Juvenile drug court participants were in treatment for an average of **288.1** days. Graduates averaged **282.6** days while early terminations averaged **339.1** 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 **1,029** participants (excluding active cases) for whom court disposition status was reported, **96.4%** were still participating one month (30 days) after entering a Montana drug court, **77.8%** of the cases were still active at six months after admission (183 days or more), and **60%** 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. Re-offense rates for Adult Drug Courts

The term “re-offense” 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 re-offense 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 re-offense, 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 re-offense. 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 (Data Information Management System) and Montana’s court case management system (Full Court).

The Drug Treatment Court Advisory Committee defined re-offense as a conviction for any felony 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).

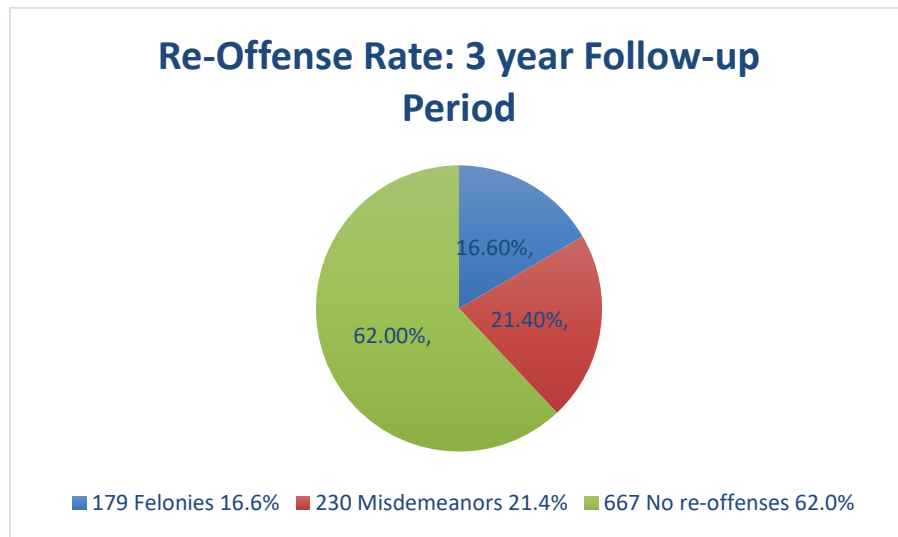
Below is re-offense information (conviction data) for drug court participants who were admitted to adult drug courts in 2018, 2019, and 2020 providing three years to follow participants after admission. Family drug court participants are not included; the performance criteria for family drug court participants relating to additional child abuse and neglect reports after discharge is discussed later in this report. Performance data for

juveniles relating to re-offense are not included because a juvenile’s case is closed and inaccessible upon reaching his or her 18th birthday as required by state law.

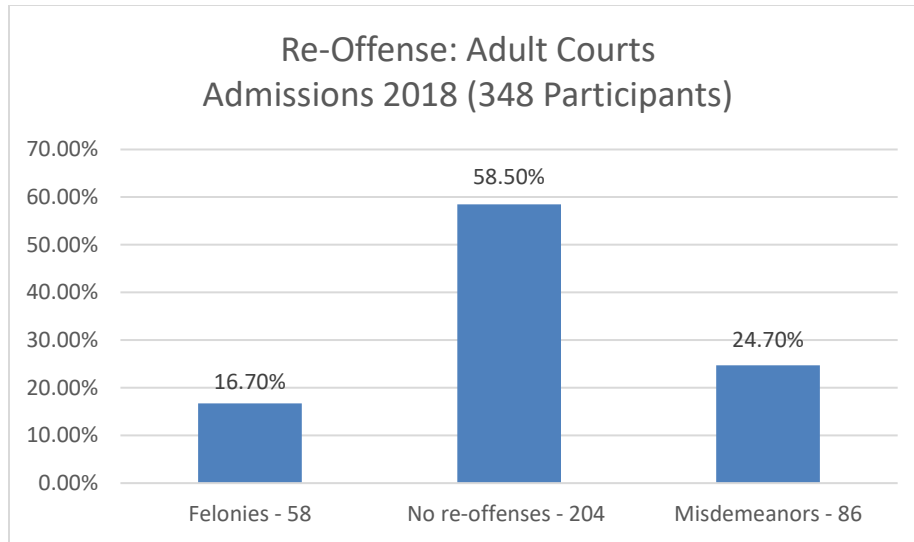
Re-offense Rates

Drug court graduates had a much lower re-offense rate during the three-year period with more than 84% remaining crime-free. Only 171 graduates or 15.9% were subsequently convicted of felonies and/or misdemeanors compared to 38% for all participants. Convictions for graduates included **53** felonies (**4.9%** of total admissions) and **118** misdemeanors (**11%** of total admissions).

Of the **1,076** individuals admitted to Montana adult drug courts during the three-year period (2018, 2019, and 2020), **62%** did not re-offend. **409** participants or **38%** subsequently were convicted of felonies and/or misdemeanors within the three-year period following their admissions. Convictions included **179** felonies (**16.6%** of total admissions) and **230** misdemeanors (**21.4%** of total admissions).

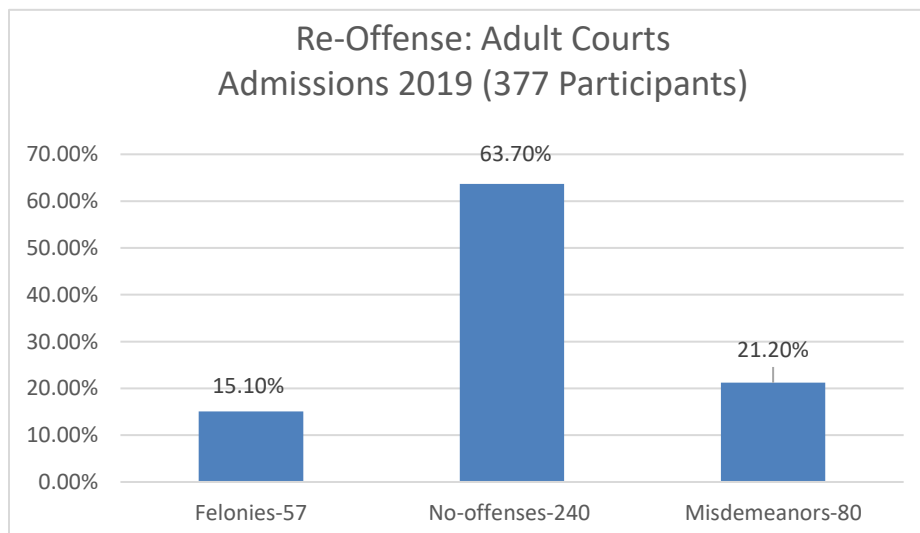


For adult drug court participants admitted in 2018, nearly **60%** did not re-offend - **144** of the **348** admissions (**41.4%**) re-offended and were convicted during the 36-month period after their admission. These numbers include those who graduated as well as those who were discharged early. **58** of the **348** participants (**16.7%**) admitted in 2018 were convicted of felonies during the following three-year period. **86** of the **348** participants (**24.7%**) were convicted of misdemeanors. (See graph on next page.)



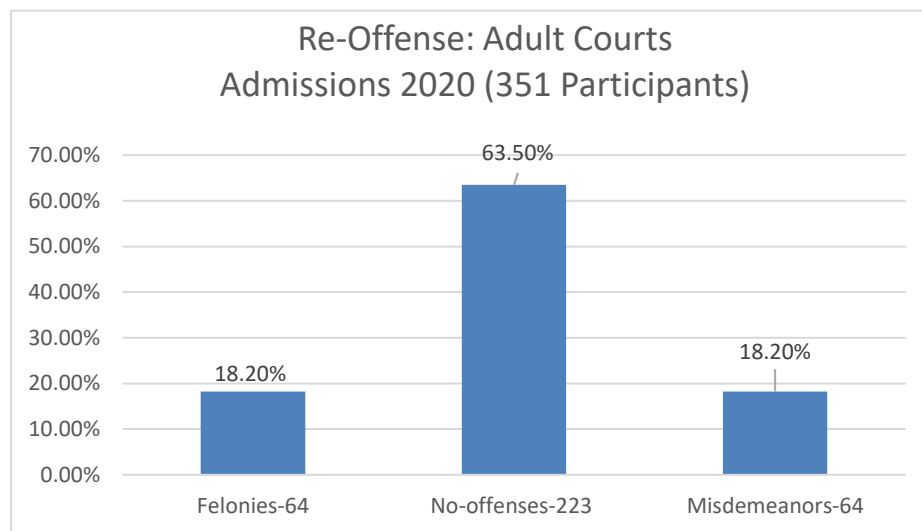
As would be expected, graduates of the adult drug courts had fewer convictions than those who left the drug court early (neutrals/terminations). In 2018, more than **80%** remained crime-free. Of the **66** graduates (**19%** of **348** admissions) were convicted during the three-year period (**5.7%** felonies (**20**) and **13.2%** misdemeanors (**46**)) while **78** participants (**22.4%**) who left early were convicted (**10.9%** felonies (**38**) and **11.5%** misdemeanors (**40**)).

For adult drug court participants who were admitted in 2019, nearly **64%** did not re-offend. **137** of the **377** admissions (**36.3%**) reoffended and were convicted during the 36-month period after their admission. These numbers include participants who graduated as well as those who were discharged early. **57** of the **377** participants admitted in 2019 (**15.1%**) were convicted of felonies during the following three-year period. **80** of the **377** participants (**21.2%**) were convicted of misdemeanors.



Again, adult drug court graduates had lower conviction rates than those who left the drug court early (neutrals/terminations). In 2019, **85%** of the graduates remained crime-free; **56** graduates (**14.9%** or **56** of **377** admissions) were convicted during the three-year period (**4.5%** felonies (**17**) and **10.3%** misdemeanors (**39**)) while **81** participants who left the drug court early (**21.5%**) were convicted of 40 felonies (**10.6%**) and 41 misdemeanors (**10.9%**). In 2019, participants who left early (neutrals/terminations) were convicted of felonies nearly **29%** higher the rate of those who graduated (**21.5%** for early leavers compared to **14.9%** for graduates).

For adult drug court participants who were admitted in 2020, **63.5%** did not commit new offenses but **128** of the **351** admissions (**36.5%**) reoffended and were convicted during the 36-month period after their admission. These numbers include those who graduated as well as those who were discharged early. **64** of the **351** participants admitted in 2020 (**18.2%**) were convicted of felonies during the following three-year period. **64** of the **351** participants (**18.2%**) were convicted of misdemeanors.



Adult drug court graduates again had fewer convictions than those who left the drug court early (neutrals/terminations). In comparing felony re-offense rates for 2020, graduates had a much lower rate at **4.6%** compared to early leavers at **13.7%**. In 2020, **49** graduates (**14.0%**) were convicted during the three-year period (**4.6%** felonies (**16**) and **9.4%** misdemeanors (**33**)) while **79** participants (**22.5%**) who left early were convicted (**13.7%** felonies (**48**) and **8.8%** misdemeanors (**31**)). In 2020, participants who left early (neutrals/terminations) were convicted at a higher rate than graduates (**22.5 %** compared to **14%**).

Overall conviction/re-offense rates for the three-year period following admission to Montana adult drug during this reporting period, while lower than other criminal justice interventions, have increased compared to the previous reporting period. There are several notable factors that should be taken into consideration when looking at re-offense rates.

The COVID-19 pandemic has had significant effects on substance use and criminality, influenced by various factors such as social isolation, economic hardship, changes in the availability of drugs, and law enforcement practices. Below are some of the key impacts:

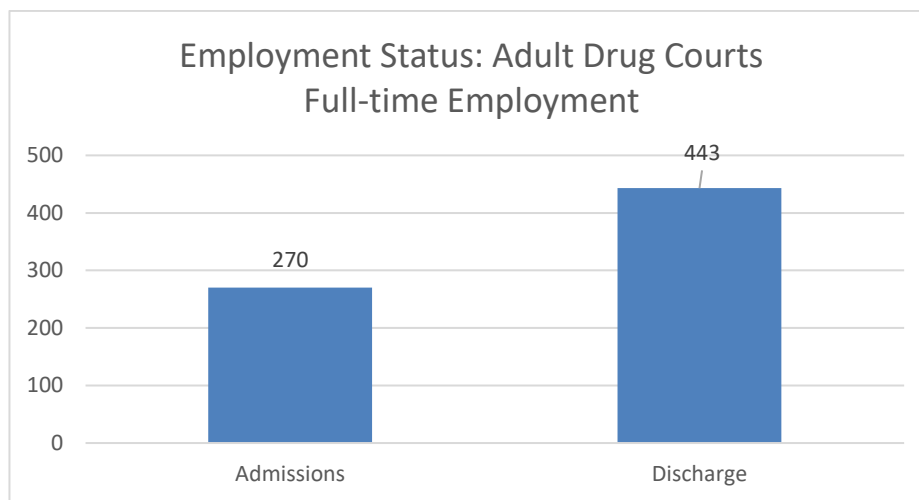
- 1. Increase in substance use:** Many individuals turned to substances as a coping mechanism for stress, anxiety, and isolation.
- 2. Limited Access to Treatment:** Lockdowns and restrictions disrupted access to substance use treatment programs, including therapy and medicated-assisted treatment.
- 3. Increase in Domestic Violence:** Stay-at-home orders, and increased stress contributed to a rise in domestic violence cases. Victims had fewer opportunities to seek help or escape abusive situations.
- 4. Reduced Monitoring of Participant Activities:** Participant monitoring was negatively impacted during the pandemic - urinalysis testing was significantly reduced and/or adjusted, court hearings were reduced and/or adjusted by teleservice, probation appointments were adjusted, meetings with local coordinators and auxiliary service appointments were canceled, etc.

Despite the hardships caused by Covid-19, Montana drug courts remained open and continued to serve those struggling with addiction and criminal justice involvement. Enrollment and retention rates increased or remained consistent to previous years, providing participants with opportunities to receive support. Montana's re-offense rates still 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).

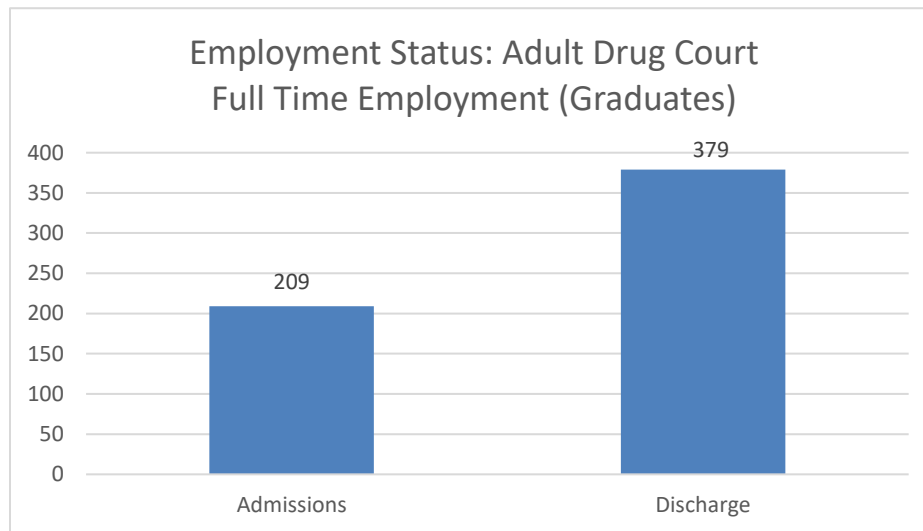
6. Employment Status: Admission to Discharge

Drug courts place great value on improving employment for participants. Adult drug courts generally see the greatest improvement in this area. Being employed and productive is a requirement for adult drug court participants. 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.

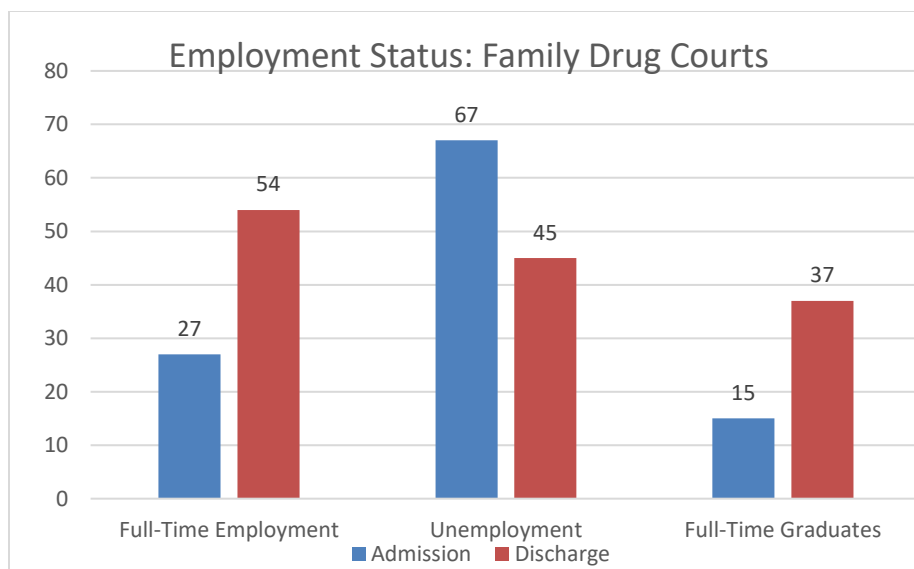
1. Adult drug court participants discharged during the latest four-year reporting period showed a **64.1%** increase in full-time employment from admission to discharge (**270** employed full-time at admission and **443** employed full-time at discharge). Unemployment fell from **269** participants at admission to **138** participants at discharge a **48.7%** decrease.



2. Adult drug court graduates reported an **81.3%** increase in employment from admission to graduation (**209** employed full-time at admission compared to **379** employed full-time at discharge). Unemployment for graduates fell from **124** participants to **11** for an **91.1%** 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, **27** were employed full-time at admission; this number grew to **54** at discharge, an increase of **100%**. **67** participants were unemployed at admission while only **45** were unemployed at discharge, a nearly **32.8** percent decrease in unemployment. For graduates of family drug courts, the results are even more impressive with **15** employed full-time at admission and **37** employed full-time at discharge (**146.7%** increase). Unemployment for graduates dropped from **20** to **3** for a decrease of nearly **85%**.



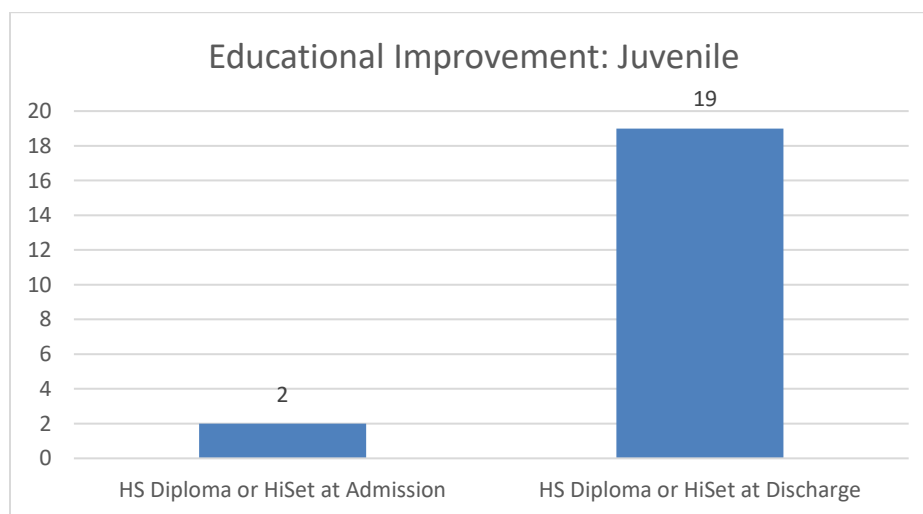
Juveniles in a drug court should attend school regularly, and most are not in the workforce. (The emphasis on education will be covered in the next section.) However, gains still occurred in the employment area as well. For juveniles at admission, **10** were employed full-time or part-time, whereas at discharge, **24** were employed full-time or part-time (**140%** increase). Among graduates, **5** were employed full-time or part-time at admission while **15** were employed full-time or part-time at discharge for an increase of **200%**.

7. Educational Status: Admission to Discharge

1. For all drug court participants that reported (adult, family, and juvenile treatment courts) excluding active cases, **578** participants at admission had completed high school, alternative school or completed their HiSET. At discharge **867** participants indicated that they had completed high school, alternative school, or completed their HiSET, an increase of **289** (50% increase). There were **47** participants with some college/some trade, technical school or vocational training at admission with **137** having an advance degree (Masters/PhD., 4-year degree, 2 year-degree, etc..) at discharge (**191.5% increase**). For all graduates of a treatment court, college graduation went from **62** at admission to **111** at discharge (**79%** increase), and those with some college, technical, or trade school went from **26** to **92** (**253.8%** increase).
2. For adult drug court participants that reported, **479** participants at admission had completed high school, alternative school or completed their HiSET. At discharge, **721** participants indicated that they had completed high school, alternative school or completed their HiSET, an increase of **242** (**50.5%**). There

were **39** adult drug court participants with some college/some trade, technical school, or vocational training at admission with **124** participants having an advance degree (Masters/ PhD., 4-year degree 2-year degree, etc.) at discharge (**217.9% increase**). Additionally, the number of adult participants having some technical or trade school went from **39** at admission to **113** at discharge, a **189.7%** increase. For adult graduates of drug court, college graduation went from **60** at admission to **102** at discharge (**70%** increase), and those with some college or technical or trade school went from **24** to **79** (**229.2%** increase).

3. For family drug court participants that reported, **97** participants at admission had completed high school, alternative school or completed their HiSET. At discharge **127** participants indicated that they had completed high school, alternative school, or completed their HiSET, an increase of **30** (**30.9%** increase). There were **8** family drug court participants with some college/some trade, technical school, or vocational training at admission with **13** participants receiving an advance degree (Masters/PhD., 4-year degree, 2 year-degree, etc.), (**62.5% increase**). For family drug court graduates' college graduation went from **2** to **9**, (**350%** increase).and those with some college, technical, or trade school went from **2** to **13** (**550%** increase).
4. For juvenile drug court participants that reported, at admission excluding active cases, **2** had completed high school, alternative school, or completed their HiSET. At discharge **19** participants indicated that they had completed high school, alternative school, or completed their HiSET, an increase of **17** (**850%** increase).



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 **976** discharged adults, **827** – including adult and family drug court participants – did not have a driver's license at admission. At discharge, **230** of the **827** participants without a driver's license had obtained a license, a **27.8%** reduction in those without a driver's license who were eligible to receive one. Among the **494** drug court graduates who did not have a driver's license at admission, **195** graduates had received their license by time of discharge, a **39.5%** 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, **71** drug court participants had received their state identification card while in drug court. Of those, **62** were in adult drug courts, **8** in family drug courts, and **1** in juvenile drug court.

9. Gender and Ethnicity

Among the **1,743** admissions to Montana drug courts during the most recent 48 months measured, **1,050 (60.2%)** were male, **685 (39.3%)** were female, and **8** were undisclosed (**.5%**). Native Americans, Hispanics, African Americans, and Asian/Pacific Islanders make up over one-fourth of the Montana treatment court population (**27%**), which has seen a 2.7% increase.

There continues to be a strong association between gender and court type as can be seen from the following data.

1. Adult drug court participants (**1,448**) were **65.4%** male and **44.6%** female. Additionally, **306** participants (**21.1%**) were Native American, **27** participants (**1.9%**) were African American, **38** participants (**2.6%**) were Hispanic, and **6** participants (**0.4%**) were Asian/Pacific Islanders. It's notable that that the percentage of participants who are members of minority groups (27%) increased over 2% from the previous report and continues to represent over a quarter of treatment court participants in Montana.

2. As in the past, women were much more likely to be in family drug courts. For this reporting period, **162** of **231** family drug court participants (**70.1%**) were women. In the family drug courts, **66** participants (**28.6%**) were Native American, **1** (**0.4%**) was African American, **4** (**1.7%**) were Hispanic, and **3** (**1.3%**) were Asian/Pacific Islanders. These four minority groups made up **32.0%** of the total population served in family drug.

10. Drugs of Choice

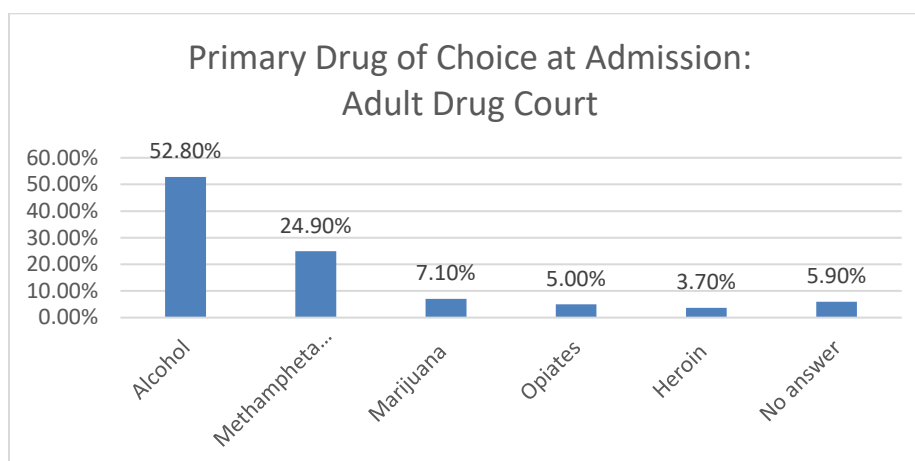
Drugs of choice differ depending on the type of drug court. When considering all drug courts for the last 48 months, the primary drugs of choice, as reported by drug court participants at the time of admission, were as follows: alcohol (**49.1%**), amphetamine/methamphetamine (**26%**), marijuana/hashish (**10%**), opiates (**5.2%**), heroin (**4%**), cocaine (**.4%**), and none/NA (**5%**).

The secondary drugs of choice for participants of all drug courts were as follows: marijuana (**28.8%**), “none” (**29.8%**), alcohol (**15.1%**), methamphetamine (**15%**), Opiates (**4.9%**), heroin (**3.2%**), and cocaine (**2.2%**).

Some drug court participants also reported a tertiary drug of choice as follows: alcohol (**9.6%**), marijuana (**9.4%**), amphetamine/methamphetamine (**7.3%**), opiates (**3.3%**), cocaine (**1.7%**), and heroin (**1.1%**). Most participants (**65.9%**) did not select a tertiary drug of choice or selected “none”.

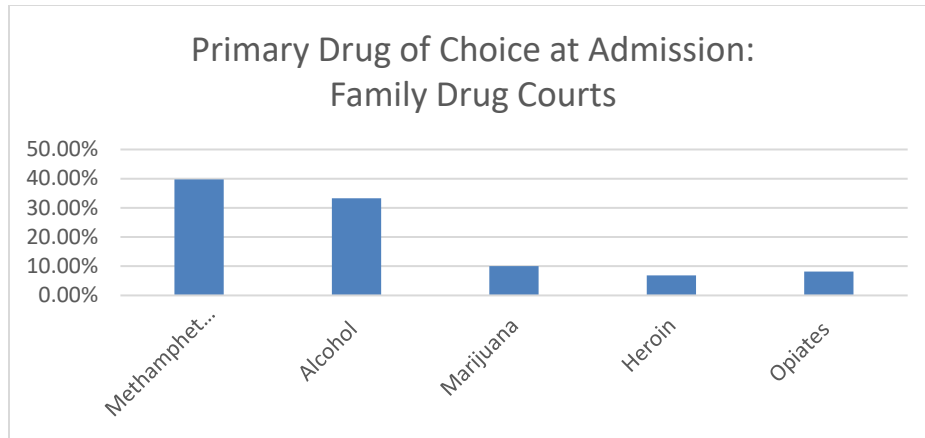
For all drug court participants, the three primary drugs of choice have remained fairly stable as a percentage compared to the 126-month and the 150-month report. Methamphetamine, alcohol, and marijuana remain by far the drugs of choice for drug court participants.

1. Adult drug court participants indicated that their primary drug of choice was alcohol (**52.8%**) followed by methamphetamine (**24.9%**), marijuana (**7.1%**), opiates (**5%**), heroin (**3.7%**), and no answer (**5.9%**). The secondary drugs of choice identified by adult drug court participants were marijuana (**29.5%**), alcohol (**13.3%**), methamphetamine (**14.8%**), opiates (**4.1%**), cocaine (**2.3%**), and heroin (**3.1%**). In addition, **32%** of participants indicated “none” or did not select a secondary drug. Tertiary drugs of choice for adult drug court participants included alcohol (**8.8%**), marijuana (**9.2%**), methamphetamine (**7.3%**), cocaine (**1.9%**), opiates (**2.9%**), and heroin (**1.2%**). Regarding tertiary drugs, most participants (**66.9%**) 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.

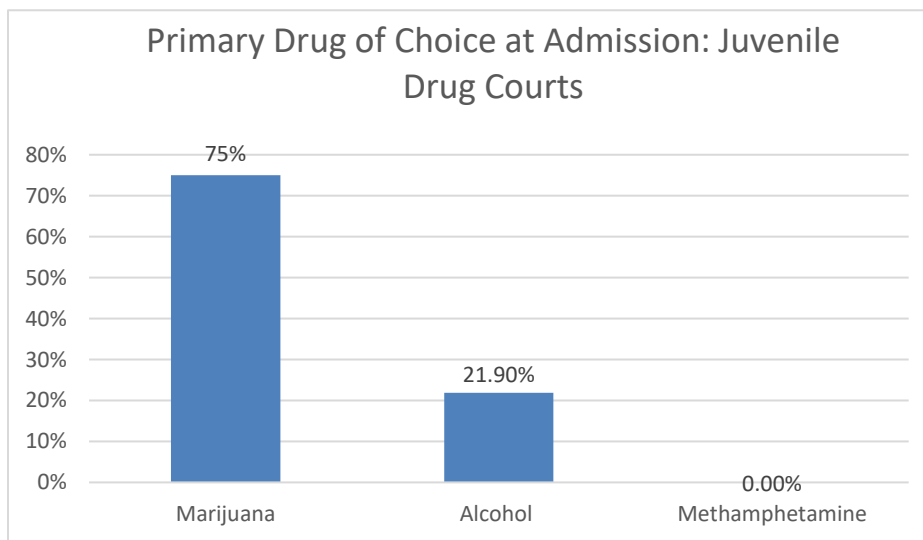


The most striking finding for adult drug courts is the increase in alcohol and decrease in methamphetamine use during the last reporting period. Alcohol increased from **49.6%** in the last report to **52.8%** in the current report. This may reflect the increase in driving under the influence cases in Montana treatment courts. Methamphetamine use decreased from **29.3%** in the January 2023 report to **24.9%** in the current report but remains high as the primary drug of choice (other than alcohol) for adult drug court participants.

2. For family drug court participants, the primary drug of choice was methamphetamine (**39.8%**) while alcohol was second (**33.3%**), then marijuana (**10%**), heroin (**6.9%**), and opiates (**8.2%**). The preference rate of methamphetamine as the primary drug of choice has seen a recent reduction in this report of **6.2%**, from **46%** in 2023 compared to **39.8%**. Conversely, alcohol increased from **25.3%** in the previous report to **33.3%** in this reporting period. The secondary drugs of choice for family drug court participants were marijuana (**27.7%**), alcohol (**19%**), amphetamine/methamphetamine (**19.5%**), opiates (**10.4%**), and heroin (**4.8%**). Some participants did not indicate a secondary drug of choice (**15.2%**). Most family drug court participants (**53.2%**) did not have a tertiary drug of choice. However, among participants indicating a tertiary drug of choice, alcohol (**13.9%**), methamphetamine (**9.1%**), marijuana (**13%**), and opiates (**6.9%**), were most often mentioned. **53.2%** either answered no/or none.



3. For juvenile drug court participants, the primary drug of choice was marijuana (**75%**) followed by alcohol (**21.9%**), and methamphetamine/other methamphetamines (**0.0%**). The secondary drugs of choice for juveniles were alcohol (**43.8%**), marijuana (**17.2%**), while **31.3%** answered either N/A or none.¹⁶ Most juvenile drug court participants did not have a tertiary drug of choice (**87.5%**); however, for those who did, alcohol was by far the tertiary drug of choice.



11. Prior Treatment for Alcohol and Other Drugs

Treatment Courts work to reduce re-occurrence of drug use and re-offense rates in high risk, high need individuals. Eligible treatment court participants are determined to be at high risk for criminal re-offense and high need for treatment services. They are appropriately paired with the high intensity of treatment interventions and supervision the treatment court system provides.

An objective and validated screening tool is utilized to determine high risk and high need participants. Domains of housing insecurity, employment, criminal history, mental health, substance use, and treatment history are areas of consideration in determining this metric. Multiple treatment episodes by applicants are tracked and are utilized in determination of placement into the high need for treatment services quadrant of the screening tool. Prior treatment is a large component of establishing high need for treatment services based on re-occurrence of substance use.

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. These previous treatment episodes include detoxification, inpatient, intensive outpatient, jail/correctional, individual counseling, co-occurring, inpatient psychiatric, and outpatient psychiatric.

Nearly 40% 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.

12. Sobriety Measures

In examining sobriety measures, the OCA collects information on drug use at discharge. Of the **976** adult and family drug court participants discharged from all drug courts, **589** had graduated. All graduates were drug free at graduation except three who were still using a drug but were classified as having maximized benefits (two adult and one family). Of the **589** graduates, there were **514** graduates for which data were reported. The average number of clean days prior to graduation for all graduates was **396.7** days or slightly above 12 months.

For adult drug court graduates for which data were reported (**467**), participants averaged **403.9** clean days prior to graduation. For family drug court graduates (**53**) for which data were reported (**47**), participants averaged **325.0** clean days prior to graduation. For juvenile drug court graduates (**30**) for which data were reported (**26**), participants

averaged **139.4** clean days prior to graduation.

Of the **292** adult drug court participants who terminated early or were discharged with a neutral status for which data were reported, **210 (71.9%)** were not using alcohol or other drugs at time of discharge. Of the **95** family drug court participants who terminated early or were discharged with a neutral status for which data were reported, **65 (68.4%)** were not using alcohol or other drugs at time of discharge. Of the **23** juveniles who terminated early or were discharged with a neutral status for which data were reported, **21 (91.3%)** 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.

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 **22,994** urinalyses with **17,191** clean urinalyses and **5,803** positive urinalyses for a positive rate of **25.24%**. For drug court graduates, there were a total of **216,381** urinalyses collected and reported with **213,111** clean urinalyses and **3,270** positive urinalyses for a positive rate of just under **1.51%**. As expected, drug court graduates tested positive significantly less than those who failed to graduate.

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.

Of the **1,743** individual cases admitted to Montana drug courts during the data collection period, data regarding mental health status were reported for **697** admissions. A psychiatric diagnosis was reported for **379** or **54.4%** of these admissions. However, for many, this is a situational diagnosis that dissipates after a period of abstinence from alcohol and other drug use.

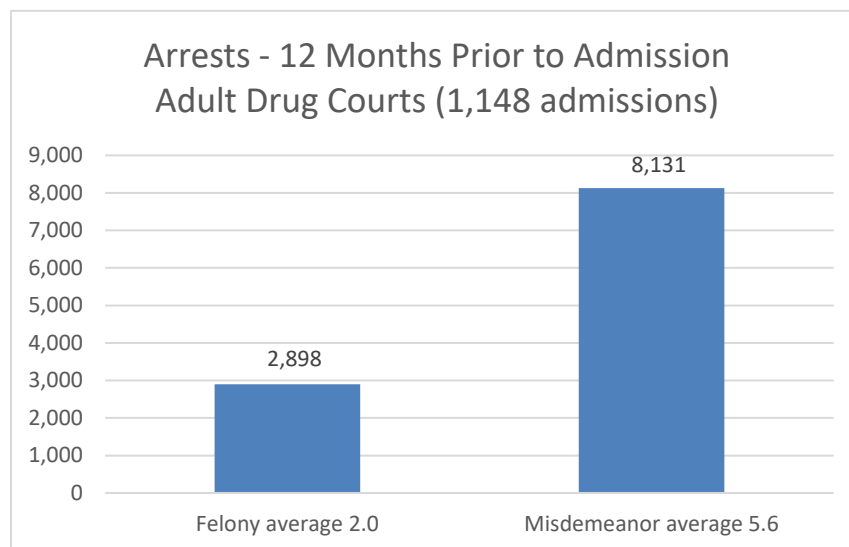
When asked whether medications had been prescribed in the past 12 months, **795** of the **1,743** admissions who responded answered “yes” (**45.6%**). Of the **795** admissions who were prescribed medications, **385** indicated that they had been prescribed psychiatric medications that totaled **790** prescriptions or an average of nearly **2.1** psychiatric medication prescriptions per person. Clearly drug courts are admitting high-need people with co-occurring disorders into their drug courts.

Adult participants (**1,697**) 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:

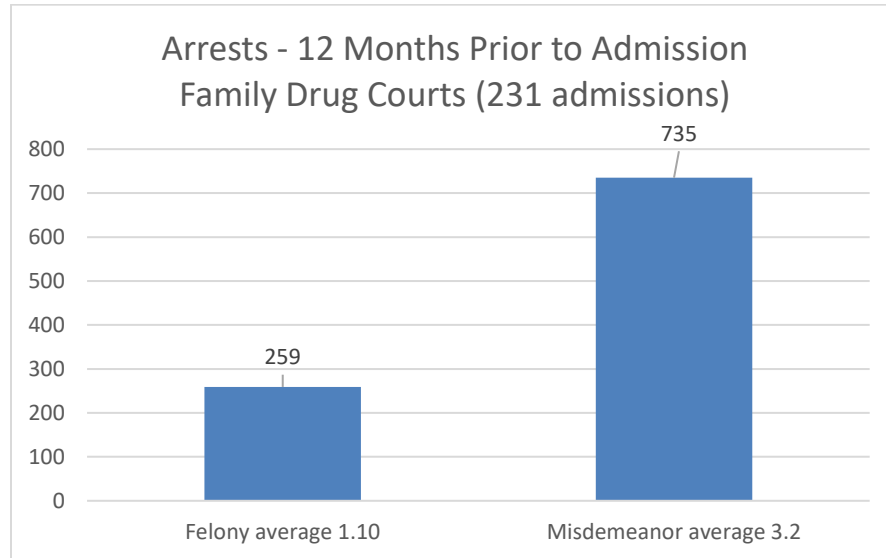
- Co-occurring treatment **432 (25.7%)**
- Inpatient psychiatric treatment..... **101 (6%)**
- Outpatient psychiatric treatment **393 (23.4%)**

14. Prior Arrests

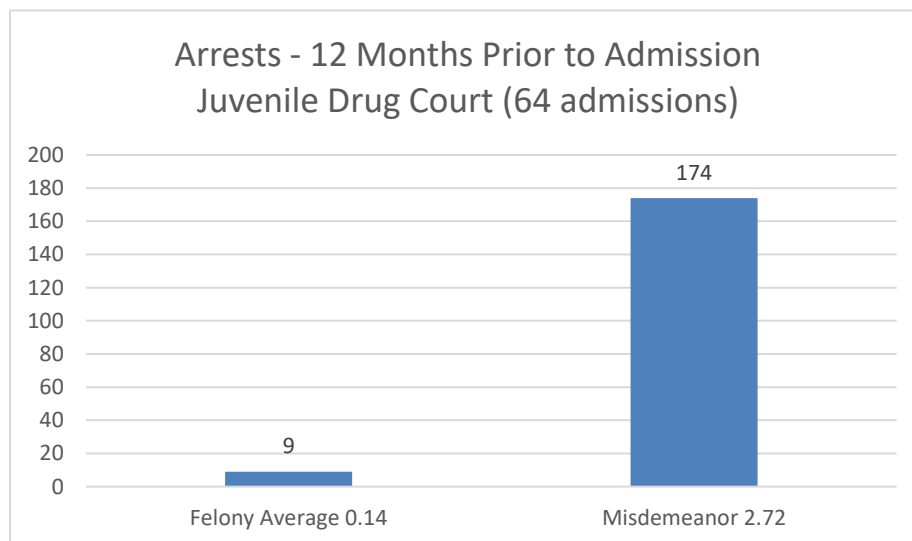
For adult drug court cases reporting data at admission (**1,448**), participants had a total of **11,029** arrests before entering drug court for an average of over **7.6** arrests per person. Of these cases, **2,898** were arrests for felonies and **8,131** were arrests for misdemeanors for an average of **2.0** felony arrests and **5.6** misdemeanor arrests per admission. This level of prior arrests is an indication of the high risk of admissions to Montana adult drug courts.



For family drug court cases reporting data at admission (**231**), participants had a total of **994** arrests before entering drug court for an average of **4.3** arrests per person. Of these cases, **259** were arrests for felonies and **735** were arrests for misdemeanors for an average of **1.1** felony arrests and **3.2** 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 (**64**), participants had **183** arrests for felonies and misdemeanors prior to entering drug court for an average of **2.9** arrests per juvenile. Of these cases, **9** were arrests for felonies and **174** were arrests for misdemeanors for an average of **0.14** felony arrests and **2.72** 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 use disorder treatment.

15. Prior Charge Resolution

Graduating from drug court is associated with resolving all criminal justice charges. Among the **536** adult drug court graduates, the resolution of prior criminal charges did not apply or was not reported for **262** graduates, some of whom were still under supervision after drug court completion. Of the remaining **274** graduates for which data were reported, **177** indicated that all criminal charges were resolved (**64.6%**) while **97** (**35.4%**) said outstanding criminal charges were not resolved.

For the **292** 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 **92** adults. Only **58** of the remaining **200** participants (**29%**) indicated that all criminal charges were resolved while **142** participants (**71%**) indicated that criminal charges were not resolved.

For the **53** family drug court graduates, the resolution of prior criminal charges did not apply or was not reported for **20**. (Most probably did not have a criminal charge.) **31** graduates (**93.9%**) indicated that their criminal charges were resolved while **2** (**6.1%**) indicated that their criminal charges were not resolved.

For the **95** 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 **39** participants. **11** criminal charges were resolved out of the remaining **56** (**19.6%**).

For the **30** juvenile drug court graduates, the resolution of prior criminal charges did not apply or was not reported for **9** juveniles. Of the **21** juveniles remaining, **19** indicated that their criminal charges were resolved (90.5%), and **2** indicated their charges were not resolved (9.5%).

For the **23** juvenile drug court participants who did not graduate, the resolution of criminal charges did not apply or was not reported for **12** juveniles. For the remaining **11** juveniles, **4** 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 although even cases where people did not graduate aid in resolving some of the criminal justice charges.

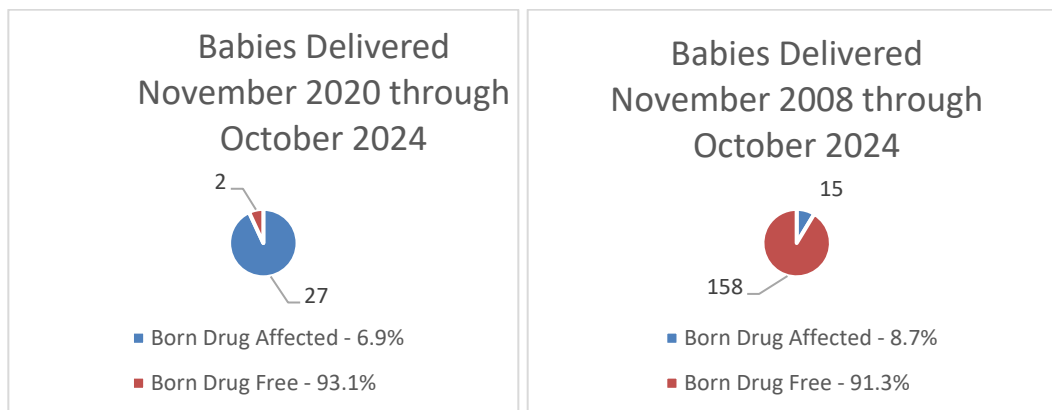
16. Pregnancy and Children

In a report entitled: Substance-Exposed Infants: State Responses to the Problem, the report states, “Each year, an estimated 400,000-440,000 infants (10-11% of all births) are affected by prenatal alcohol or illicit drug exposure, as described in the analysis in this section. Prenatal exposure to alcohol, tobacco, and illicit drugs has the potential to cause a wide spectrum of physical, emotional, and developmental problems for these infants. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible.

For the period November 1, 2020, through October 31, 2024, **70** participants or their spouses or significant others (**44** female participants and **26** male participants with spouses or significant others) were pregnant while in drug court or at discharge. Of the **70** participants, **29** participants were listed as unknown, **1** was listed as not applicable (**the 1 not applicable was a male/spouse**), **9** were still pregnant at discharge, there were **2** miscarriages, and **0** terminations. Of the remaining **29** pregnancies, **27** babies were born drug free (**38.6%**), and **2** babies were born drug affected (**2.9%**).

For the period May 2008 through October 2024, **259** participants or their spouses or significant others (**174** female participants and **85** male participants with spouses or significant others) were pregnant and delivered by discharge. Of these **259** pregnancies, **151** babies were born drug free, **13** were born drug affected, **10** pregnancies were terminated and **9** resulted in miscarriages, **2** were born premature, and **7** were born premature drug free. **67** participants or participants’ spouses or significant others were still pregnant, or their condition was unknown at time of discharge.

In summary, 158 babies were delivered drug free while a parent was in drug court.



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.

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 (**23**), alcohol (**15**), marijuana/hashish (**7**), opiates (**10**), and heroin (**7**). Eight participants reported no drug or indicated that the question was not applicable.

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, **1,679** participants reported parenting **1,896** children. This number included **622** children living with participants, **992** children living with a relative, and **282** in foster care/residential center or group home. Additionally, **322** reported their parental rights were terminated or relinquished before entering drug court. Clearly, when adults in drug court become clean and sober, they are not the only individuals positively impacted as even adult drug court participants have many children.

17. Fines, Fees, and Community Service Hours

For the **826** 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 **\$85,864** (**\$103.95** average)
- Fees **\$175,224** (**\$212.14** average)
- Restitution **\$7,960** (**\$9.64** average)

Additionally, when **11,759** hours of community service are considered and multiplied by the minimum wage at **\$10.30**, the total value of community service hours is **\$121,117.70**.

18. Child Support

During the previous 48 months, **206** adults admitted to drug court reported that they had orders to support minor children. At admission, **62** individuals (**30.1%**) were current, paying, and compliant with child support orders while **144** individuals (**69.9%**) were either not paying or not current. For the **144** individuals who were not paying or not current with child support orders, **6** were paying and/or current at time of discharge.

19. Housing

During this reporting period there was an increase in the rate of housing instability of those admitted and discharged from adult drug court. Graduates notably fared much better in achieving housing stability. There are several factors influencing housing barriers. Housing shortages, increased housing costs, lack of supportive housing for individuals with criminal history, and inflationary costs of goods and services has increased housing insecurity in Montana and across the nation.

Permanent housing is an important variable for staying in recovery and being productive. For graduates of adult drug courts during the four-year period, the number of homeless went from **17** at admission to **3** at discharge (**82.4%** decrease). Graduates owning their own home went from **106** to **139** (**31.1%** increase). Those renting increased from **217** to **333** (**53.5%** increase), while those living with friends, relatives, or significant other decreased from **94** to **33** (**64.9%** decrease). Additionally, those participants living in a hotel or motel went from **7** to **1** (**85.7%** decrease), and those living in transitional housing went from **40** to **21** (**47.5%** decrease).

For all adult drug court participants admitted and discharged during the previous 48-month period, the number of houseless went from **37** at admission to **76** at discharge (**105.4% increase**). Participants owning their own home went from **136** to **163** (**19.9%** increase). Those renting increased from **291** to **413** (**41.9%** increase), while those living with friends, relatives, or significant others decreased from **159** to **81** (**49.1%** decrease). Additionally, those participants living in a hotel or motel went from **12** to **10** (**16.7%** decrease), and those living in transitional housing went from **66** to **50** (**24.2%** decrease).

For graduates of family drug courts, the results were slightly more positive as well with **4** graduates owning a home at admission to **6** at discharge, those renting went from **28** to **37**, those living in transitional housing decreased from **2** to **4**, and those living with friends, relatives, or significant others went from **9** to **6**. For family drug participants who were discharged, **29** participants were homeless at admission while **21** were homeless at

discharge. Those participants living in a hotel or motel decreased from **5** to **2**, those owning their own home went from **7** at admission to **7** at discharge, those renting went from **53** to **66**, and those living with friends, relatives, or significant others went from **30** to **25**. The number of participants living in transitional housing at admission went from **11** to **17**. In nearly all cases, housing for participants showed some improvement.

20. Services for Veterans: Area of Emphasis

In Montana, special drug court dockets for veterans have been implemented in Missoula, Yellowstone, Cascade and Butte-Silver Bow Counties and in the city of Bozeman in collaboration with the federal veteran's administration. In the previous four years, **185** individuals with previous military service have been served in adult and family drug courts in adult drug courts. **174** individuals or more than **94.1%** were admitted to one of the Montana veterans court dockets.

21. Family Drug Courts: Additional Performance Indicators

DPHHS Child and Family Services Division provided a total number of new substantiated or founded investigations within the 3 years following admission date, as well as the disposition (ultimate living arrangement for child(ren) at case closure) for children associated with family treatment courts. CFSD reviewed 64 different cases from treatment courts including Butte Silver-Bow Family Drug Court, Flathead Family Treatment Court, Indian Child Welfare Act (ICWA) Family Recover Court (FRC) – 13th JD, Missoula County Family Drug Court, and Yellowstone Family Recovery Court.

"Substantiated report" means that, after an investigation, the department has determined by a preponderance of the evidence that the reported act of child abuse or neglect occurred, and that the subject of the report may be disclosed to the appropriate entities as a person that may pose a danger to children. **"Founded report"** means that, after an investigation, the department has determined by a preponderance of the evidence that the reported act of child abuse or neglect occurred.

Of the **64** adults identified, **11 (17.2%)** of them had an additional founded or substantiated investigation in the 3 years following their admission to treatment court. One of those had 2 additional founded or substantiated investigations; **10 (15.6%)** did not have an open case that could be identified within the same period.

Of the **54** remaining cases:

- **23 (42.6%)** have a closed case with at least one child having reunified with the parent involved in treatment court.
- **13 (24.1%)** have a closed case in which the child(ren) was unable to reunify with the parent involved in treatment court.
- **9 (16.7%)** still have an open case and no final disposition for the child(ren) involved.
- **9 (16.7%)** still have an open case but parental rights have either been terminated or the case is actively moving to a guardianship or termination of parental rights, and reunification is no longer a goal.

Services rendered: 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, 2018, through October 31, 2022, the following services were provided to the of the **148** family drug court participants who were discharged during this period: **147** said they received service or services as follows: **(102)** Mental Health, **(79)** Medical/Dental/Vision, **(90)** Public Assistance, **(62)** Family Counseling, **(114)** Parenting Classes, **(82)** Life Skills(budgeting, housekeeping, nutrition, etc.), **(125)** Transportation, **(24)** Educational, and **(80)** Housing. Additionally, of the **148** discharged families, **141** reported services received by the children as follows: **46** (Family Counseling, **(52)** Mental Health Counseling, **(26)** Special Education Services, **(5)** Alcohol and Drug Abuse Counseling, **(14)** Specialized Medical Care, **(16)** Speech Therapy, **(11)** Physical Therapy, **(18)** Occupational Therapy, **(26)** Educational Tutoring, and **(49)** Early Childhood Intervention Services.

Also, during this 48-month period, **124** children were reunited with their parents, **24** were placed in guardianship, **2** were placed in an adoptive home, **28** were placed with other non-drug court parents, and **148** remained in either foster care or residential care.

1. Juvenile Drug Courts: Additional Performance Indicators

During the 48-month period (November 1, 2020 – October 31, 2024), **53** participants were discharged from the juvenile drug courts. A total of **1,316** days in out-of-home placement was reported for **21** of the discharged participants for an average of **62.7** days per participant.

III. 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. (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. Additionally, there are 8 Tribal Healing to Wellness Courts. The OCA continues to work with Tribes to initiate new courts and train existing team members.

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 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.

- **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: September 2022.** The conference was planned to provide basic best practice information for new drug court team members given that this was the first conference in four years as well as new information for improved outcomes of treatment courts. For the first time, a Native American track was held with good participation from Montana's Native American Healing to Wellness treatment courts from across the state. Nationally recognized speakers attended the conference and special emphasis areas included but were not limited to new teleservices approaches, historical and intergenerational trauma with a focus on Native Americans, housing needs, Methamphetamine/Fentanyl dependence, the DUI difference, constitutional and legal issues, and recovery management for the long term.
- **Eighth drug court conference: September 2024.** The conference included a number of different topics strategically targeted to address the revisions to the Best Practice Standards, working with Tribal Healing to Wellness Courts, and the teleservice or hub-and-spoke model of treatment court. Presentations were provided by Tribal Law and Policy Institute, Children and Family Futures, Datagain Systems, and Montana Department of Transportation, and All Rise. Over 220 attendees and 30 presenters were in attendance.

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. The Advisory Committee continues to meet on a regular basis.
- **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 trained a new cadre of peer reviewers to conduct a new round of adult/family and juvenile drug court peer reviews. These reviews include an evaluation of progress in implementing action plans to address weaknesses identified through the initial peer review process as well as reviewing new treatment courts that have been in existence for at least one year. Additionally, family and juvenile drug courts are

to be reviewed starting in 2023 with new standards developed in 2019/2020. When the COVID-19 pandemic hit, these plans were placed on hold and re- started during the fall of 2022.

In 2022, peer reviews were reinstated. OCA and NPC researchers trained additional drug court team members as reviewers. During that time, treatment courts were reviewed in the 4th, 21st, 19th and 13th Judicial Districts. The OCA catalogues peer reviews, their evaluations, and actions plan onto the state website for public view. The initiative provides transparency of the evaluation process, outcomes of those evaluations, and training towards alignment with Best Practice Standards.

In 2023 the Best Practice Standards were revised. Standards I-VI were released in 2024, standards VIII and X were released in the summer and standards VII and IX will be released by the end of 2024. Montana will incorporate the new revisions into the peer review process once all the standards are released and adapted to the Montana peer review evaluation.

APPENDIX: MONTANA DRUG COURTS

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

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

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

Co-Occurring Courts				
Court Name	Location	Level	Primary Funding Source	Year began
Billings Co-Occurring Court	Billings	Municipal	Federal	2012
1 st Judicial District Co-Occurring Court	Helena	District	State General Fund	2022
Missoula County Co-Occurring Court	Missoula County	District/ Municipal	State General Fund	2004

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

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

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