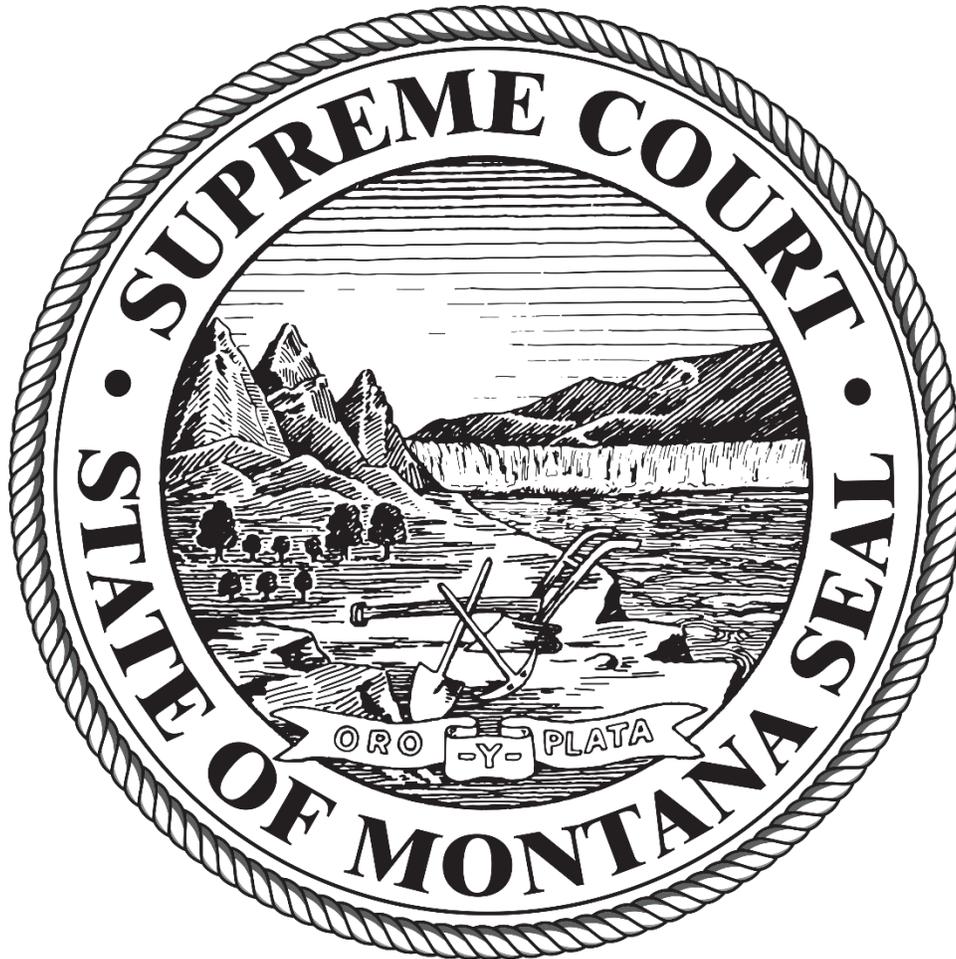


**Montana Drug Courts:
An Updated Snapshot of
Success and Hope**



**Produced by Montana Supreme Court
Office of Court Administrator
January 2019**



<https://nbcmontana.com/news/local/polson-drug-court-still-growing-after-programs-first-year>

Polson drug court still growing after program's first year

POLSON, Mont. —

Montana Attorney General Tim Fox spoke in Missoula Monday about the state's substance abuse crisis. He told the City Club that it impacts the government's budget and countless individuals' lives.



Helena's new Family Drug Treatment Court aims to break the addiction cycle

ANGELA BRANDT angela.brandt@kdhmag.com Aug 11, 2017 3



Battling meth: A rural Montana county starts drug court to reverse surge of kids in foster care

 Chronicle of Social Change

By Daniel Heimpel

When James Manley [came to rural Lake County](#), Montana, as a district judge in 2013, he knew the meth problem was bad, but he didn't know how much worse it would get.



Montana Treatment Courts

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I. Report Highlights

Drug courts in Montana are court dockets within a district court or court of limited jurisdiction (i.e., city, municipal, or justice's court) that specialize in criminal, child abuse and neglect, or juvenile cases involving people who are addicted to alcohol and/or other drugs. Drug courts give these individuals the tools they need to change their lives. These courts are developed to reduce recidivism and alcohol and other drug use among participants and to successfully habilitate them through substance use disorder treatment, mandatory and frequent drug testing, 12-step meetings, use of appropriate sanctions, incentives, and therapeutic responses, and continuous judicial oversight.

This report analyzes drug court data collected by the Office of Court Administrator (OCA) from May 2008 through October 2018, a 10.5-year (124 months) period. However, the report generally focuses on the most recent 48 months (November 1, 2014 – October 31, 2018). 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) while at the same time performing at an improved level.

Major findings include the following:

- Drug Court Admissions. During the 48-month data collection period (November 1, 2014 - October 31, 2018), 1,603 individuals entered Montana drug courts: 1,509 adults (1,378 adult drug court participants and 131 family drug court participants) and 94 juveniles.
- Active Population. As of October 31, 2018, 604 participants were active in Montana drug courts: 515 in adult drug courts, 68 in family drug courts and 21 in juvenile drug courts.
- Veteran Drug Court Dockets. In recent years, Missoula, Yellowstone, and Cascade Counties have implemented special drug court dockets to meet the needs of veterans. In the past 48 months, 161 of 222 individuals who had military service or nearly 72.5% of all veterans admitted to Montana drug courts had been admitted to the three Montana veterans court dockets. As these veteran specific dockets mature, the number of veterans served by these specialty courts will grow, and veterans will receive improved services.
- Graduation Rates. A total of 490 participants graduated from drug court during the 48-month reporting period for a graduation rate of 57.6% for all drug court types.

The graduation rate was 59.9% for adult drug court (442 graduates), 50.9% for family drug court (27 graduates), and 35.6% for juvenile drug court (21 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. Even participants who do not graduate benefit from time in the drug court. For the 999 participants (excluding active cases) for whom court disposition status was reported, 97.5% were still participating one month after entering a Montana drug court, 75.9% of the cases were still active at six months after admission, and 52.8% were still active at one year after admission. These are impressive numbers for retention given the importance of providing an adequate dose of treatment to participants in drug court.
- Recidivism. A key measurement of recidivism for drug court participants is the conviction rate after admission to drug court. For this report, recidivism was defined as a new conviction for participants within three years after date of admission into drug court. Recidivism was calculated using all felonies and all misdemeanors except for hunting and fishing offenses, offenses related to commercial trucking, general traffic violations unless DUI related and low-level offenses (e.g., loitering).

For the 938 individuals admitted to Montana adult drug courts in 2012, 2013, and 2014, 267 participants (28.5%) were convicted of felonies and/or misdemeanors within the three-year period following their admission. Conversely, 71.5% did not recidivate. Convictions included 82 felonies (8.7%) and 185 misdemeanors (19.7%).

Drug court graduates had a much lower re-offense rate during the three-year period with 108 participants or 11.5% subsequently convicted of felonies and/or misdemeanors compared to 28.5% for all participants. Convictions for graduates included 28 felonies (3% of total admissions) and 80 misdemeanors (8.5% of total admissions).

- Employment Status. Adult drug court graduates reported a 94.9% increase in full-time employment from admission to graduation (177 employed full-time at admission compared to 345 employed full-time at discharge). Unemployment fell from 163 participants to 17 for an 89.6% 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 participants, 37 were unemployed at admission and only 15 were unemployed at discharge, a 59.4% decrease.

- Educational Status. For juvenile drug courts, a major emphasis, along with remaining drug free, is educational advancement for participants. Among the 73 juveniles discharged from drug court in the past 48 months, only 1 participant had a high school diploma or GED at the time of admission; that number increased to 11 by the time of discharge from drug court.
- Driver's License Acquisition. Among the 241 adult and family drug court graduates who did not have a driver's license at admission but who were eligible to receive one, 139 obtained a license by graduation, a 57.7% increase in those receiving a driver's license.
- Drugs of Choice. The primary drug of choice for adult drug court participants continued to be alcohol (46.3%) followed by methamphetamine (28.9%) and marijuana (14.7%). **Notable is the large increase in methamphetamine as the primary drug of choice for adult drug court participants compared to the previous report. In the January 2017 report, 22.0% of adult drug court participants identified methamphetamine as their primary drug of choice compared to 28.9% of adult drug court participants in this report, a 31.4% increase.**

For family drug court participants, the primary drug of choice was methamphetamine (44.8%) followed by alcohol (23.2%), OxyContin (16.8%), and marijuana (10.4%). **Also of note is the large increase in OxyContin as the primary drug of choice for family drug court participants compared to the previous report. In the January 2017 report, 10.6% of family drug court participants identified OxyContin as their primary drug of choice compared to 16.8% in the current report, a 58.5% increase.**

For juvenile drug court participants, the primary drug of choice was marijuana (72.3%) followed by alcohol (14.9%).

- Prior Drug Treatment. Over half of those admitted to adult and family drug courts (52.5%) indicated that they had received some alcohol or drug treatment in the 36 months before entering drug court. Having received previous treatment is an indicator of high risk for re-offense and high need for additional treatment of offenders in the criminal justice system.
- Sobriety Measures. Attending self-help meetings is considered a long-term strategy for remaining clean and sober. Among graduates from adult and family drug courts, 431 participants out of 454 were attending self-help meetings at discharge (94.9%).

- Prior Arrests. For adult drug court cases reporting admission data (1,378), participants had a total of 11,067 felony and misdemeanor arrests before entering drug court for an average of 8.0 arrests per person. Of these cases, there were 2,409 felony arrests and 8,658 misdemeanor arrests prior to admission for an average of 1.7 felony arrests and nearly 6.3 misdemeanors arrests per person. This level of prior arrests is indicative of the high risk of participants admitted to Montana adult drug courts.
- Pregnancies and Births. For the period May 2008 through October 2018, 224 participants or their spouses or significant others were pregnant while in drug court. Among those babies born during this period, 140 were born drug free (91.5%), and 13 (8.5%) were born drug affected. Babies who are born drug free avoid substantial and costly health problems.
- New Substantiated Child Abuse and Neglect Reports. From January 1, 2012 through December 31, 2014, 128 children had reached final disposition from 70 family drug court cases. Among these 70 cases, 22 participants from a family drug court (31.4%) had received a new substantiated child abuse and neglect report within 3 years after admission. Conversely, nearly 70.0% of the participants did not receive a new substantiated report during the follow-up period

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

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

Drug courts offer a therapeutic program designed to break the cycle of addiction and crime (or abuse and neglect as seen in family drug courts) by addressing the underlying causes of drug dependency. A drug court is a highly specialized team process that functions within the existing court structure to address nonviolent 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 jail or prison facing those who fail drug court, produces much better treatment and recidivism outcomes than both standard prosecution/probation and earlier court-mandated treatment approaches.

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

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

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

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

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

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

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

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 as opposed to costly jail or prison time.

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

⁴ Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006.

III. Accountability and Performance Measurement

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

Management and local monitoring systems provide timely and accurate information about program operations to the drug court managers enabling them to keep the program on course, identify emerging problems, and make appropriate procedural changes. Montana's courts began the process of centralizing data in response to an initial survey conducted by the Office of Court Administrator (OCA). Collecting specific quantitative measures for drug courts began in May 2008. Additionally, as national standards and updated research on evidence-based and best practices have occurred, the OCA has applied them in a new peer-review process initiated in 2015.

The performance measurement information in this report is based primarily on data from the statewide information system that collects data from admission to discharge. In measuring performance, the entire 10.5 years of data (126 months) was analyzed in some cases (e.g., number of drug-free babies born in Montana drug courts compared to those born drug-affected). For most performance indicators, however, the most recent 48 months of data (November 1, 2014 through October 31, 2018) is used as a snapshot of recent drug court performance. Additionally, to calculate recidivism or re-offense rate, convictions occurring for the three-year period following admission to drug court for 2012, 2013 and 2014 is used. (This method for calculating recidivism is consistent with several national and state analyses and with the recommendation of the Montana Drug Treatment Court Advisory Committee.⁵)

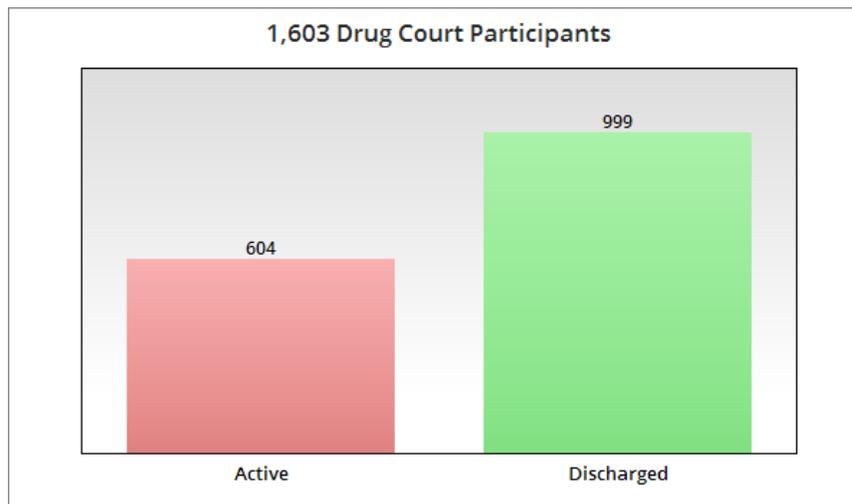
During the most recent 48-month period of data collection (November 1, 2014 – October 31, 2018):

1. 1,603 individuals entered Montana drug courts: 1,509 adults (1,378 adult drug court participants and 131 family drug court participants) and 94 juveniles.

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

2. 604 participants were active in a drug court as of October 31, 2018: 515 in adult drug court, 68 in family drug court and 21 in juvenile drug court.
3. 999 participants were discharged allowing analysis of both intake and exit data.

48-Month Drug Court Population



1. Program Completion

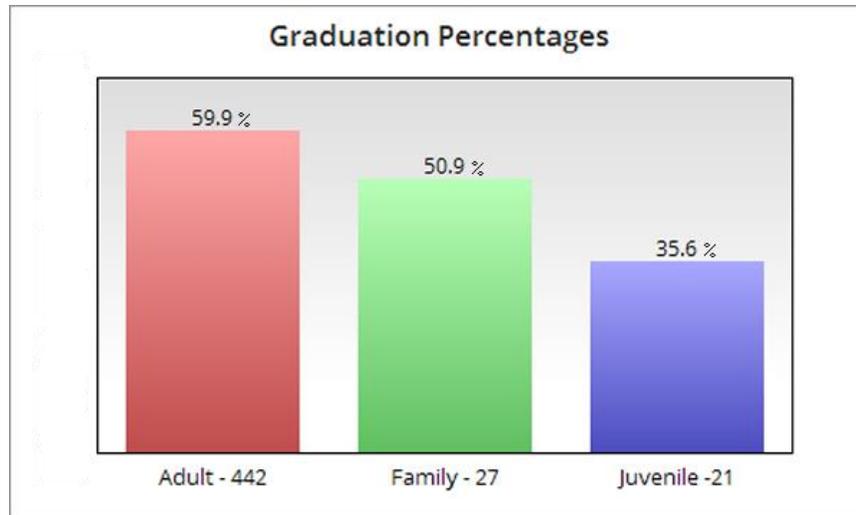
1. The 999 discharged participants for which court disposition status was reported are categorized as follows:
 - a. 490 participants graduated from a drug court.
 - b. 360 participants did not graduate and were either terminated or absconded from the program.
 - c. 149 participants had a neutral disposition outcome including a transfer to another district, death, discharge for other reasons (e.g., medical), voluntary withdrawal from program, or the court lost jurisdiction.
2. The overall graduation rate for the 48 months was 57.6% for all types of drug courts. This rate is determined by taking the total number of graduates (490) divided by the total number of discharges minus neutrals (850).

2. Graduation Rate by Court Type over 48 months (November 1, 2014 - October 31, 2018)

1. Adult drug courts had a graduation rate of 59.9 % (863 discharges with 442 graduates, 296 terminations and 125 “neutral” participants).

2. Family drug courts had a graduation rate of 50.9% (63 discharges with 27 graduates, 26 terminations and 10 “neutral” participants).
3. Juvenile drug courts had a graduation rate of 35.6% (73 discharges with 21 graduates, 38 terminations and 14 “neutral” participants).

48-Month Drug Court Population



According to the National Drug Court Institute’s *Painting the Current Picture – A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, June 2016, “[t]he average graduation rate in respondents’ drug courts was 59% in 2014, with most graduation rates ranging from 50% to 75%. Graduation rates in drug courts were approximately two-thirds higher than completion rates for probation, and were more than twice those of comparable programs for probationers with severe substance use disorders.”⁶ In the *Adult Drug Court Biannual Grantee Feedback Report, April-September, 2015* from the Bureau of Justice Assistance, U.S. Department of Justice, “[t]here was an overall graduation rate of 54.6%, which is 3.1 percentage points higher than the April to September 2014 reporting period rate of 51.5 percent.”⁷ The graduation rate for rural adult drug courts was 53.1%.

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

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

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

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 490 graduates and 360 early terminations who were discharged during the 48-month period (850 participants), the average length of stay in drug court across all courts in Montana was 391.1 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 490 graduates were in drug court for an average of 505.5 days. Participants terminating early (360) had an average stay of 235.4 days in drug court.

Although participants terminating early averaged fewer days than those who graduated, the 235-day average is significant. According to the National Institute on Drug Abuse, "... research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness and treatment lasting significantly longer is recommended for maintaining positive outcomes."⁸

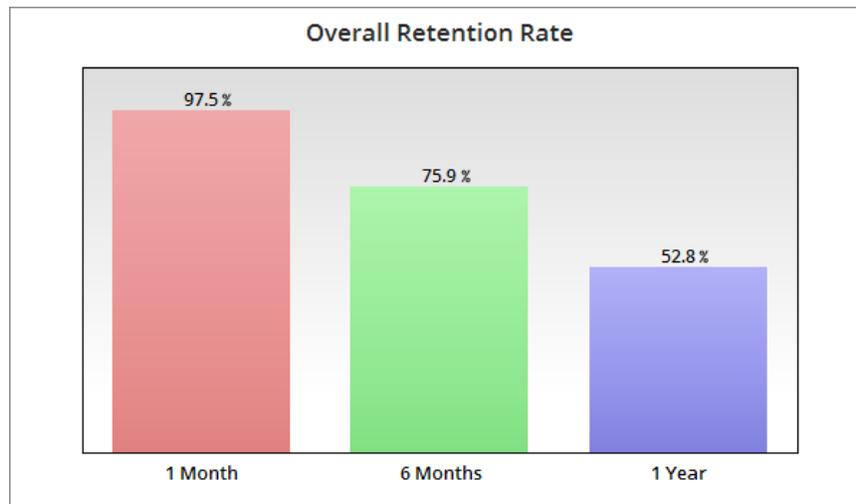
1. Adult drug court participants spent an average of 400.3 days in treatment. Adult drug court graduates' average length of stay was 510.8 days while early terminations averaged 200.1 days. This report validates that improved outcomes result with graduates who have longer stays in drug court.
2. Family drug court participants were in drug court for an average of 358.4 days. Graduates averaged 531 days while participants who terminated averaged 234 days in the program.
3. Juvenile drug court participants were in treatment for an average of 305 days. Graduates averaged 398.1 days while early terminations averaged 254.1 days.

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

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 999 participants (not including active cases) for whom court disposition status was reported, 97.5% were still participating one month (30 days) after entering a Montana drug court, 75.9% of the cases were still active at six months after admission (183 days or more) and 52.8% 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 at least six months according to the National Institute on Drug Abuse.

48-Month Drug Court Population



5. Recidivism for Adult Drug Courts

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

According to the *Adult Drug Court Best Practice Standards, Volume II, Chapter X, “Monitoring and Evaluation”*, “[b]ased on scientific considerations, evaluators should follow participants for at least three years, and ideally up to five years, from the date of the arrest or technical violation that made the individual eligible for Drug Court. The date

of entry should be the latest start date for the evaluation because that is when the Drug Court becomes capable of influencing participant behavior directly.” In comparing whether arrest, conviction or incarceration ought to be the measure for recidivism, the report goes on to state that “... some individuals are arrested for crimes they did not commit. This fact may lead to an overestimation of the true level of criminal recidivism. Relying on conviction data rather than arrest data may provide greater assurances that the crimes did, in fact, occur.”

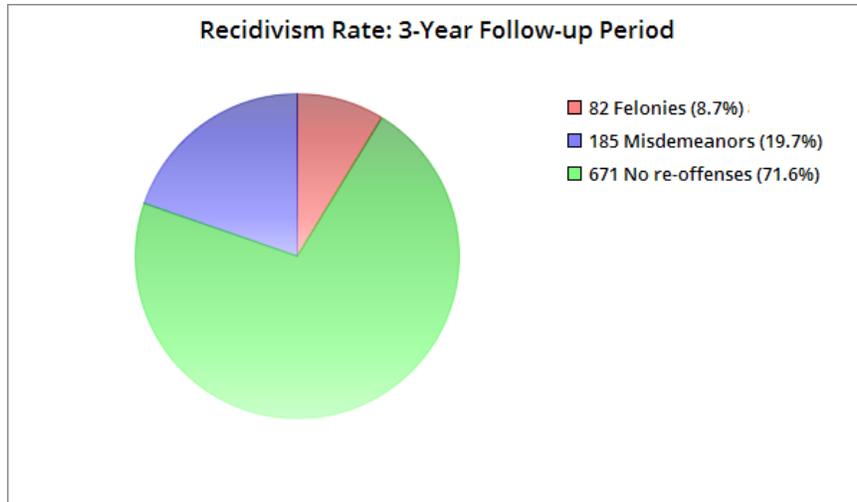
Additionally, as noted earlier, this report considers whether the re-offense (conviction) was a misdemeanor or a felony given that felonies are much more serious than misdemeanors. The rates of re-offense were determined through an interface between the drug court admission and discharge forms (InfoPath)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

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

Below is recidivism information (conviction data) for drug court participants who were admitted to adult drug courts in 2012, 2013 and 2014 providing three years to follow participants after admission. Family drug court participants are not included; the performance criteria for family drug court participants relating to additional child abuse and neglect reports after discharge is discussed later in this report. Performance data for juveniles relating to recidivism are not included because a juvenile’s case is closed and inaccessible upon reaching his or her 18th birthday as required by state law.

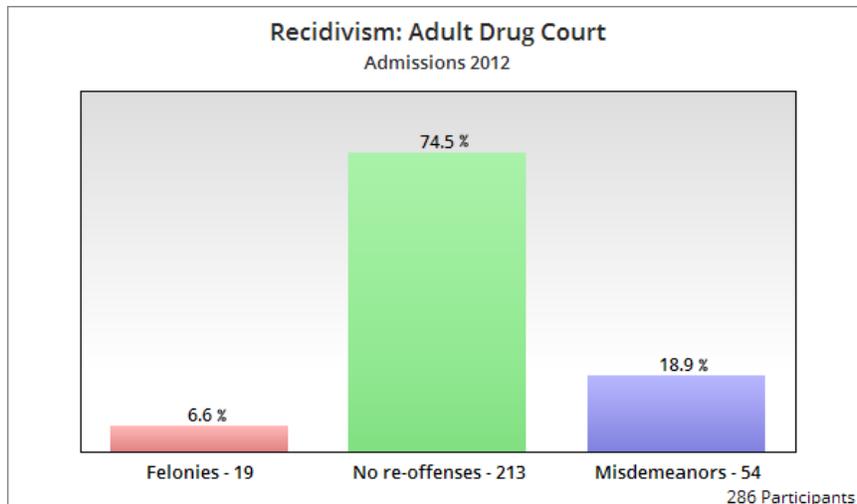
Recidivism Rates

Of the 938 individuals admitted to Montana adult drug courts during the three-year period (2012, 2013 and 2014), 267 participants or 28.5% subsequently were convicted of felonies and/or misdemeanors within the three-year period following their admissions. Conversely, over 71.6% did not recidivate. **Convictions included 82 felonies (8.7% of total admissions) and 185 misdemeanors (19.7% of total admissions).** (See graph on next page.)



Drug court graduates had a much lower re-offense rate during the three-year period with 108 participants or 11.5% subsequently convicted of felonies and/or misdemeanors compared to 28.5% for all participants. Convictions for graduates included 28 felonies (3% of total admissions) and 80 misdemeanors (8.5% of total admissions).

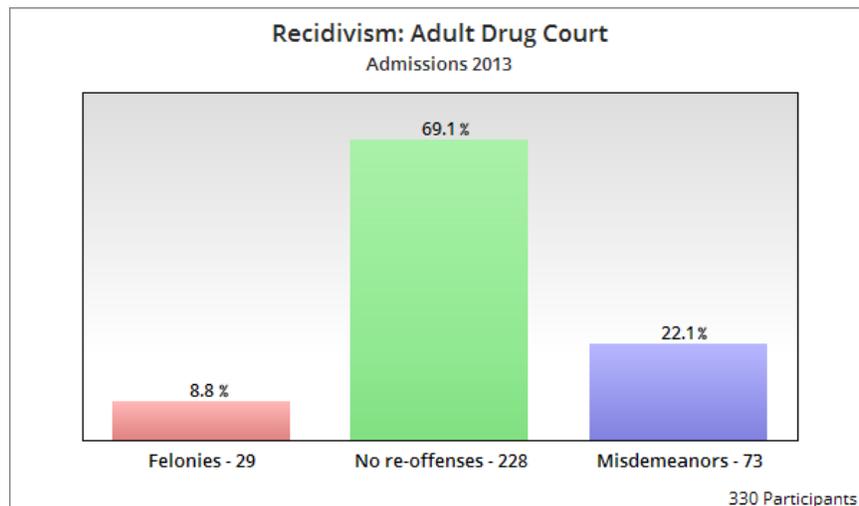
For adult drug court participants admitted in 2012, 73 of the 286 admissions (25.5%) reoffended and were convicted during the 36-month period after their admission while 74.5% did not recidivate. These numbers include those who graduated as well as those who were discharged early. Nineteen of the 286 participants (6.6%) admitted in 2012 were convicted of felonies during the following three-year period. Fifty-four of the 286 participants (18.9%) were convicted of misdemeanors.



As would be expected, graduates of the adult drug courts had fewer convictions than those who left the drug court early (neutrals/terminations). In 2012, 34 graduates (11.9%

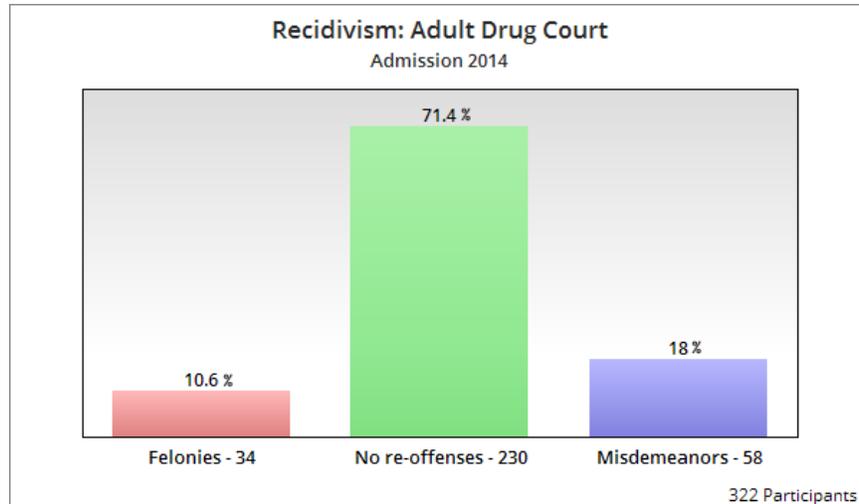
or 34 of 286 admissions) were convicted during the three-year period (2.8% felonies (8) and 9.0% misdemeanors (26)) while 39 participants (13.6%) who left early were convicted (3.8% felonies (11) and 9.8% misdemeanors (28)).

For adult drug court participants who were admitted in 2013, 102 of the 330 admissions (30.9%) reoffended and were convicted during the 36-month period after their admission. Nearly 70% did not recidivate. These numbers include participants who graduated as well as those who were discharged early. Twenty-nine of the 330 participants admitted in 2013 (8.8%) were convicted of felonies during the following three-year period. Seventy-three of the 330 participants (22.1%) were convicted of misdemeanors.



Again, adult drug court graduates had lower conviction rates than those who left the drug court early (neutrals/terminations). In 2013, 42 graduates (12.7% or 42 of 330 admissions) were convicted during the three-year period (2.7% felonies (9) and 10% misdemeanors (33)) while 60 participants who left the drug court early (18.2% or 60 of 330 admissions) were convicted (6.1% felonies (20) and 12.1% misdemeanors (40)). In 2013, participants who left early (neutrals/terminations) were convicted at a 43.3% higher rate than adult drug court graduates (18.2% compared to 12.7%).

For adult drug court participants who were admitted in 2014, 92 of the 322 admissions (28.6%) reoffended and were convicted during the 36-month period after their admission while over 71.4% did not recidivate. These numbers include those who graduated as well as those who were discharged early. Thirty-four of the 322 participants admitted in 2014 (10.6%) were convicted of felonies during the following three-year period. Fifty-eight of the 322 participants (18.0%) were convicted of misdemeanors. (See graph on next page.)



Adult drug court graduates again had fewer convictions than those who left the drug court early (neutrals/terminations). In 2014, 32 graduates (9.9%) were convicted during the three-year period (3.4% felonies (11) and 6.5% misdemeanors (21)) while 60 participants (18.6%) who left early were convicted (7.1% felonies (23) and 11.5% misdemeanors (37)). In 2014, participants who left early (neutrals/terminations) were convicted at nearly twice the rate of graduates (18.6 % compared to 9.9%).

Overall conviction/recidivism rates for the three-year period following admission to Montana adult drug courts are low and consistent with previous reports.

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

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

In addition, the U.S. Government Accountability Office (GAO) published an extensive review of drug court research and concluded that adult drug court programs substantially reduce crime by lowering re-arrest and conviction rates among drug court graduates well

after program completion, accounting in greater cost/benefit for drug court participants and graduates than comparison group members (GAO, 2005).

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

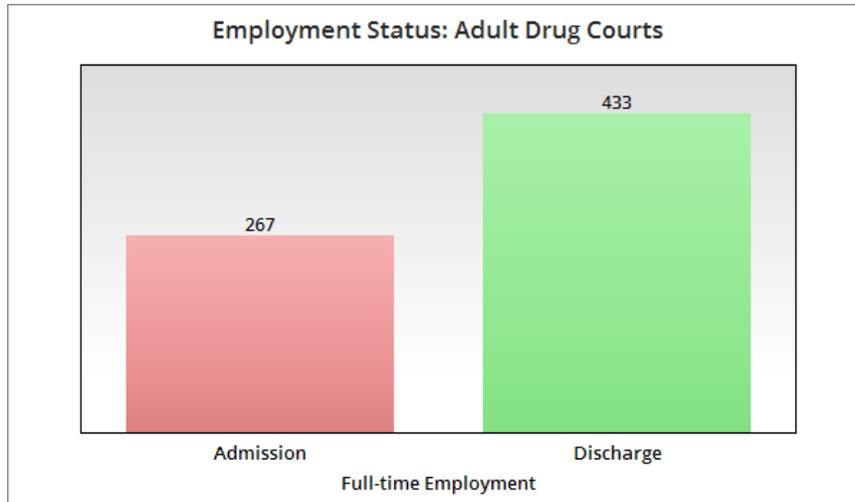
Additionally, the effects of drug court appear to last long after participants are no longer in the program. Randomized experiments and meta-analysis have determined that the effects of adult drug courts lasted for at least three years, and the most far-reaching study reported that effects lasted an astounding period of 14 years (Finigan et al., 2007).

6. Employment Status: Admission to Discharge

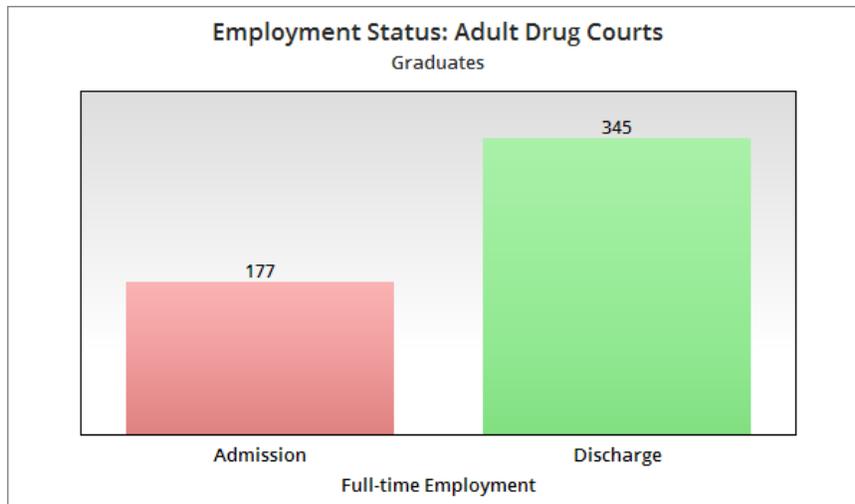
Drug courts place great value on improving employment for participants. Adult drug court participants generally see the greatest improvement in this area. Juvenile drug court participants often see the smallest improvement and are directed toward completing basic education, while family drug court participants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

1. Adult drug court participants discharged during the latest four-year reporting period showed a 62.2% increase in full-time employment from admission to discharge (267 employed full-time at admission and 433 employed full-time at discharge). Unemployment fell from 409 participants at admission to 246 participants at discharge, a 39.8% decrease. (See graph on next page.)

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

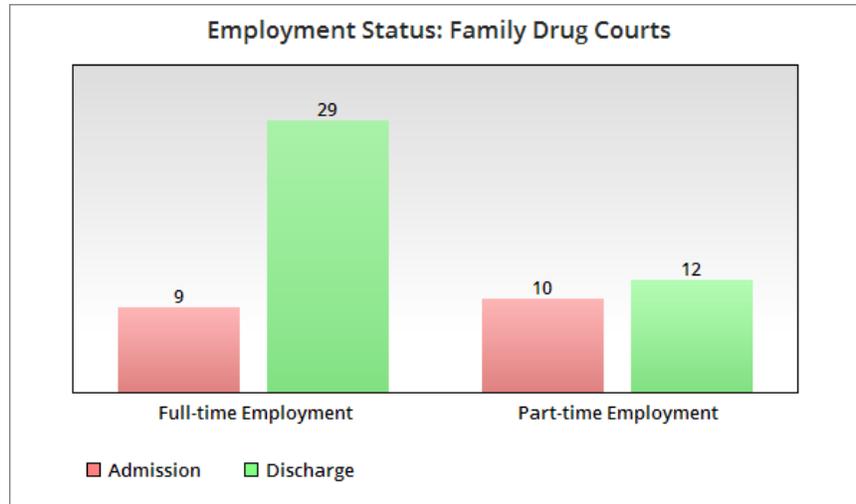


- Adult drug court graduates reported a 94.9% increase in employment from admission to graduation (177 employed full-time at admission compared to 345 employed full-time at discharge). Unemployment fell from 163 participants to 17 or an 89.6% decrease in unemployment. Those participants who remained unemployed may have been in an academic or educational/technical training program because graduates are required to be employed or in an educational program.



- 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, 9 were employed full-time at admission; this number grew to 29 at discharge, an increase of 222.2%. Additionally, 10 family drug court participants were employed part-time at admission; this number increased to 12 at discharge, an increase of 20%. Thirty-seven participants were unemployed at admission while

only 15 were unemployed at discharge, a 59.4% decrease. For graduates of family drug courts, the results are even more impressive with 5 employed full-time at admission and 21 employed full-time at discharge (320% increase).



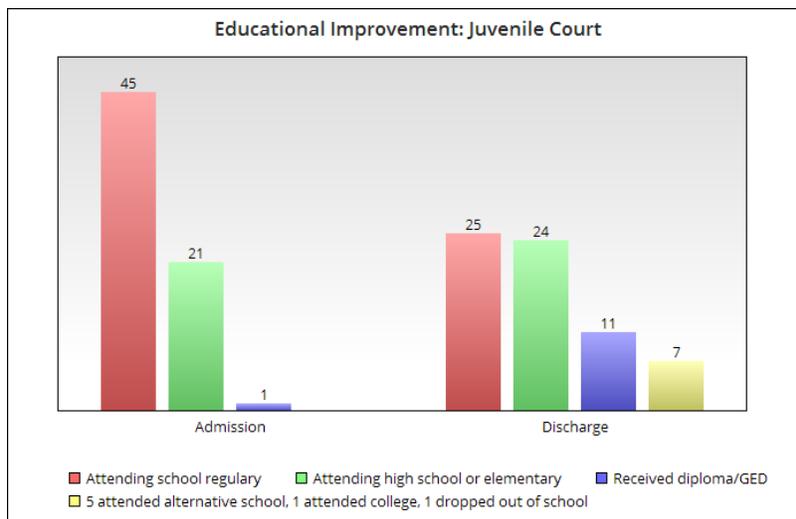
- Juveniles in a drug court should attend school regularly, and most are not in the workforce. (The emphasis on education will be covered in the next section.) However, gains still occurred in the employment area as well. For juveniles at admission, 12 were employed full-time or part-time, whereas at discharge, 22 were employed full-time or part-time for an increase of 83.3%. Among graduates, 5 were employed full-time or part-time at admission while 13 were employed full-time or part-time at discharge for an increase of 160%.

7. Educational Status: Admission to Discharge

- For all drug court participants (adult, family and juvenile), excluding active cases, the number of high school graduates or those with a GED increased slightly from 502 participants at admission to 506 participants at discharge. However, other education indicators were more positive. For example, participants having some college went from 128 to 144, a nearly 12.5% increase. Additionally, participants having some technical or trade school went from 40 at admission to 65 at discharge, a 62.5% increase. Graduates of a four-year college went from 27 at admission to 33 at discharge, a 22.2% increase.
- For adult drug court participants who were discharged, excluding active cases, 467 participants reported at admission that they had a high school diploma or GED. At discharge that number had dropped slightly to 464. A small decrease also occurred among adult drug court graduates who went from 241 participants with a high

school diploma or GED at admission to 236 at discharge. This decrease directly relates to other positive indicators, all of which require a high school education. For all adult drug court participants at discharge, there was an increase in participants with some college from 119 to 133 with 8 participants graduating from college. Additionally, the number of participants having some technical or trade school went from 37 to 57, a 54.0% increase. For adult graduates of drug court, college graduates went from 35 to 45 (28.6% increase), and those with some technical or trade school went from 21 to 42 (100% increase).

3. For family drug court participants who were discharged, excluding active cases, 34 participants reported at admission that they had a high school diploma or GED. At discharge, this number dropped to 31. This decrease directly relates to other positive indicators, all of which require a high school education. For example, participants with some technical or trade school went from three at admission to eight at discharge. Those having some college increased from 9 at admission to 10 at discharge, and there was an increase of 1 person working on an advanced degree.
4. For juvenile drug court participants at admission, excluding active cases, 45 participants at admission were attending school regularly, 21 were listed as attending high school or elementary school, and 1 had received a high school diploma or GED. At discharge, 25 were attending school regularly, 24 were listed as attending high school or elementary school, and 11 had received a high school diploma or GED. The number of participants receiving a high school diploma or GED went from 1 at admission to 11 at discharge, a significant increase. Additionally, one participant indicated some college, five attended alternative school while in the juvenile drug court, and one dropped out of school.



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 924 discharged adults, 622 adults – including adult and family drug court participants – did not have a driver's license at admission. Of these 622 participants, 94 were not eligible to receive a driver's license (primarily due to a DUI offense) leaving a total of 528 eligible for a license while in drug court. At discharge, 166 of the 528 participants had received a driver's license, a 31.4% reduction in those without a driver's license who were eligible to receive one. Among the 285 graduates who did not have a driver's license at admission, 44 were ineligible to receive a license, leaving 241 eligible graduates. Among this eligible group, 139 graduates received their license by time of discharge, a 57.7% increase in those receiving their driver's license who were eligible at discharge.

At discharge, drug court programs document whether participants received a state identification card while in the program. At discharge, 99 drug court participants had received their state identification card while in drug court. Of those, 81 were in adult drug courts, 14 in family drug courts and 4 in juvenile drug courts.

9. Gender and Ethnicity

Among the 1,603 drug court participants during the most recent 48 months measured, 1,028 (64.1%) were men and 575 (35.9%) were women. This percentage represents a consistent increase in female participants compared to previous reports and continues the trend toward more females in Montana drug courts. (For the 53-month report, 69.6% of the participants were male, for the 78-month report, 65.8% were male, and for the 102-month report 65.7% were male). There continues to be a strong association between gender and court type.

1. For the last four years, adult drug court participants (1,378) were 67.6% male (931) compared to 69.3% in the previous 102-month report. Additionally, 242 (17.6%) were Native American (132 males and 110 females), 19 (1.4%) were African American (15 males and 4 females), and 66 (4.8%) were Hispanic (52 males and 14 females). Montana adult drug courts continue to experience increases in female participants. Likewise, the percentage of participants who are members of minority groups (23.7%) continues grow.

2. As in the past, women were much more likely to be in family drug courts. For this reporting period, 90 of 131 family drug court participants (68.7%) were females compared to 72.2% in the 102-month report. In the family drug courts, 26 participants (19.8%) were Native American, 1 (0.08%) was African American, and 3 (2.2%) were Hispanic. Minorities made up 22.9% of the total population served in family drug courts.
3. Males were more likely to be in a juvenile drug court. Of the 94 juvenile drug court participants, 56 (59.6%) were male compared to 66% in the previous 102-month report. Among total admissions, 18 participants (19.1%) were Native American, 2 (2.1%) were African American and 4 (4.3%) were Hispanic. Minorities made up 25.5% of the total population served in juvenile drug courts.

10. Drugs of Choice

Drugs of choice differ depending on the type of drug court. When considering all drug courts for the last 48 months, the primary drugs of choice, as reported by drug court participants at the time of admission, were as follows: alcohol (42.6%), methamphetamine (28.8%), marijuana (17.7%), OxyContin (6.8%), and heroin (2.3%).¹⁰

The secondary drugs of choice for participants of all drug courts were as follows: marijuana (26.5%), “none” (26.8%), alcohol (16.3%), methamphetamine (13.6%), OxyContin (6.4%), and powder cocaine (1.2%).¹¹ Eighty-three participants did not select a secondary drug of choice or indicated “unknown” (5.2%).

Some drug court participants also reported a tertiary drug of choice as follows: alcohol (11%), marijuana (7.3%), methamphetamine (5.5%), OxyContin (3.4%), and “other” (1.3%). Most participants (68.0%) did not select a tertiary drug of choice or selected “none”.¹²

For all drug court participants, the most significant factor regarding drugs of choice is the increase in the percentage and number using methamphetamine. The percentage of

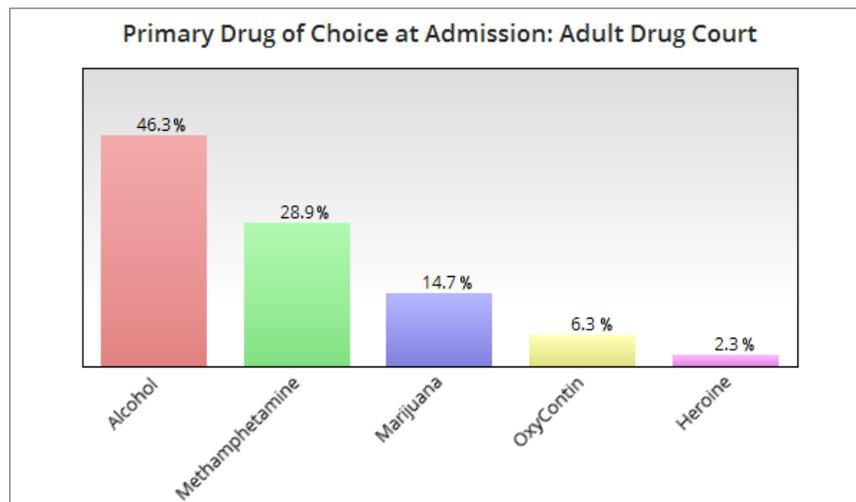
¹⁰ Less than 1.0% of drug court participants identified the following drugs as primary drugs of choice: powder cocaine (0.02%), other amphetamines (0.05%), inhalants (0.01%), crack cocaine (0.01%) and “other” (.06%). One participant each identified Ketamine and LSD.

¹¹ Less than 1.0% of drug court participants identified the following drugs as secondary drugs of choice: “other” (0.1%), other amphetamines (0.6%), crack cocaine (0.6%), heroin (0.16%), and inhalants, steroids, Ecstasy, ketamine and LSD (0.02%).

¹² Less than 1.0% of drug court participants identified the following drugs as tertiary drugs of choice: powder cocaine (0.6%), crack cocaine (0.1%), and LSD, heroin, inhalants and Ecstasy (0.9%). Other drugs mentioned included over-the-counter (1 participant), other amphetamines (2 participants), benzodiazepines (4 participants). Ten participants did not respond when asked about tertiary drugs.

participants using methamphetamine as their primary drug increased from 22.0% in the January 2017 report to 28.8% in this report, an increase of 30.9%.

1. **Adult drug court participants indicated that the most common drug of choice was alcohol (46.3%)** followed by methamphetamine (28.9%), marijuana (14.7%), OxyContin (6.3%), and heroin (2.3%).¹³ The secondary drugs of choice identified by adult drug court participants were marijuana (28.0%), alcohol (14.3%), and methamphetamine (14.2%). In addition, 32.7% of participants indicated “none” or did not select a secondary drug.¹⁴ Tertiary drugs of choice for adult drug court participants included alcohol (11.2%), marijuana (7.5%), methamphetamine (5.8%), and OxyContin (3.4%).¹⁵ Regarding tertiary drugs, most participants (68.0%) responded “other,” or “none”, did not select a drug, or did not respond.



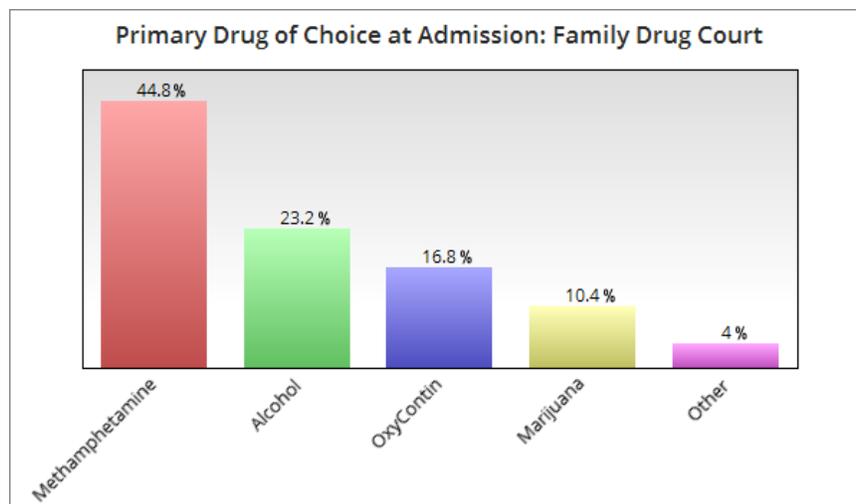
Again, the most striking data element for adult drug courts is the increase in methamphetamine use. **Methamphetamine increased from 22.0% in the January 2017 report to 28.9% in the current report as the primary drug of choice (other than alcohol) for adult drug court participants.** This increase in methamphetamine use represents a 31.4% increase from the previous report.

¹³ Less than 1.0% of adult drug court participants identified crack cocaine and powder cocaine (0.4%) as a primary drug of choice. Inhalants and other amphetamines (0.4%) also were mentioned.

¹⁴ Other secondary drugs of choice identified by adult drug court participants were OxyContin (86), heroin (21), powder cocaine (14), other amphetamine (8), “other,” (12), LSD (1), inhalants (1), Ecstasy (2), crack cocaine (6), and Benzodiazepines (5).

¹⁵ Other tertiary drugs of choice identified by adult drug court participants were powder and crack cocaine (1.9%) and heroin, LSD and Ecstasy (1.2%). Other responses for tertiary drugs of choice included other amphetamine (1), over-the counter drugs (1), and Benzodiazepines (4).

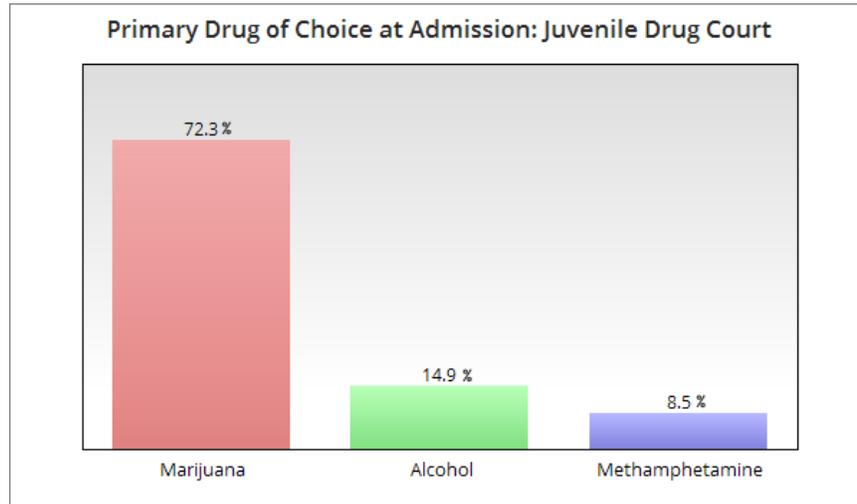
2. For family drug court participants, the primary drug of choice continued to be methamphetamine (44.8%) followed by alcohol (23.2%), OxyContin (16.8%), marijuana (10.4%), and cocaine, heroin and “other” (4.0%). These percentages are very similar to the January 2017 report with the exception that OxyContin increased from 10.6% to 16.8%, a 58.5% increase. The secondary drugs of choice for family drug court participants were marijuana (21.6%), alcohol (17.6%), methamphetamine (15.2%), OxyContin (9.6%), and cocaine, heroin and “other” (6.4%). Some participants did not indicate a secondary drug of choice. Most family drug court participants (72.8%) did not have a tertiary drug of choice. However, among participants indicating a tertiary drug of choice, alcohol (11), marijuana (11), and OxyContin (5) were identified.



3. For juvenile drug court participants, the primary drug of choice by far was marijuana (72.3%) followed by alcohol (14.9%) and methamphetamine/other methamphetamines (8.5%). Marijuana use as the primary drug of choice decreased from 80.6% to 72.3% in this reporting period while alcohol increased from 13.6% to nearly 15%. However, eight participants reported methamphetamine/other amphetamines as their primary drug of choice whereas in the previous report (two years earlier) only two juveniles had mentioned it. This is consistent with the increase generally in methamphetamine abuse as a problem in Montana. The secondary drugs of choice for juveniles were alcohol (43.6%), marijuana (14.8%), methamphetamine (3.2%), OxyContin (3.2%), and powder cocaine (3.2%).¹⁶ Most juvenile drug court participants did not have a tertiary

¹⁶ Other secondary drugs of choice identified by juvenile drug court participants included amphetamines (1), LSD (1), heroin (1), crack cocaine, (1) “other” (1) and Benzodiazepines (2).

drug of choice; however, for those who did, alcohol was by far the tertiary drug of choice.



11. Prior Treatment for Alcohol and Other Drugs

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

Receiving treatment prior to entering drug court does not mean treatment completion. When participants were asked if they had received treatment in the 36 months before entering drug court, 793 (52.5%) of the 1,509 adult admissions (adult and family drug court participants) indicated “yes”. Having received previous treatment is an indicator of high risk for re-offense and high need for additional treatment for offenders in the criminal justice system. Individuals at admission indicated receiving the following services with some receiving more than one service:

Treatment Type	No. of Participants Receiving Treatment
Detoxification	123
Inpatient	349
Intensive outpatient	322
Outpatient	419
Jail-based	158
Individual counseling	418
Co-occurring	227
Inpatient psychiatric	85
Outpatient psychiatric	206

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

For juvenile drug court participants, 52 of 94 (55.3%) indicated that they had received treatment before entering juvenile drug court. Prior treatment mentioned by juveniles included: detoxification (1), inpatient (19), intensive outpatient (15), outpatient (40), jail-based (14), individual counseling (49), co-occurring (25), inpatient psychiatric (7) and outpatient psychiatric (20). Again, the data represent a measure of severity of the clientele's risk upon being admitted to juvenile drug courts.

12. Sobriety Measures

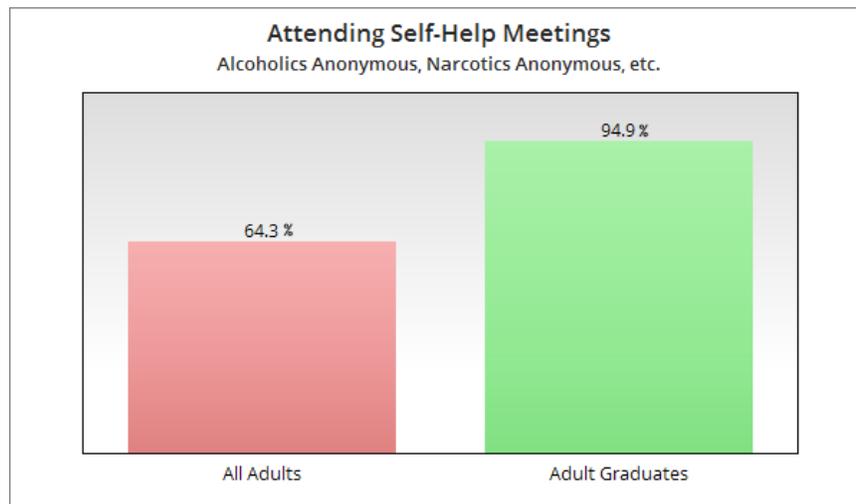
In examining sobriety measures, the OCA collects information on drug use at discharge. Of the 999 participants discharged from all drug courts, 490 graduated. As expected, all graduates were identified as being drug free at graduation. Of the 490 graduates, there were 481 graduates for which data were reported. The average number of clean days for all graduates was 372.2 days or slightly over 12 months (number of days clean computed as 179,057 divided by 481).

For adult drug court graduates for which data were reported (436), participants averaged 377.7 clean days prior to graduation (164,677 divided by 436). For family drug court graduates for which data were reported (25), participants averaged 410 clean days prior to graduation (10,249 divided by 25). For juvenile drug court graduates for which data were reported (20), participants averaged 205.9 clean days prior to graduation (4,118 divided by 20).

Of the 410 adult drug court participants who terminated early or were discharged with a neutral status for which data were reported, 160 (39.0%) were not using alcohol or other drugs at time of discharge. Of the 35 family drug court participants who terminated early or were discharged with a neutral status for which data were reported, 15 (42.8%) were not using alcohol or other drugs at time of discharge. Of the 52 juveniles who terminated early or were discharged with a neutral status for which data were reported, 20 (38.5%) were not using alcohol or other drugs at time of discharge. This is an indication that even those who did not graduate received benefit from participating in a drug court.

Attending self-help meetings (usually 12-step meetings) is considered by many as an important long-term strategy for remaining clean and sober. Of the 999 discharged cases, data were reported on 954. At time of discharge, 585 were attending self-help meetings

(61.3%). However, most juvenile drug courts do not require juveniles to attend self-help meetings because they do not relate well to the older drug dependent individuals who primarily attend. If juveniles are removed from the discharged cases, the percentage attending self-help meetings increases to 64.3% (572 divided by 890). When only adult graduates from the adult and family drug courts are considered, 431 of 454 were attending self-help meetings at discharge (94.9%).



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, there were 35,922 clean urinalyses and 6,223 positive urinalyses for a positive rate of 14.8%. For drug court graduates, there were a total of 126,426 clean urinalyses and 2,099 positive urinalyses for a positive rate of 1.6%. As expected, drug court graduates tested positive significantly less than those who failed to graduate.

Studies conducted in other parts of the country indicate that those in the criminal justice system on regular supervision (such as probation) test positive an average of 30% of the time whereas in drug courts, the average is around 10%.¹⁷ Montana's drug court participants test positive considerably less frequently than national studies indicate others do on regular supervision, and graduates of Montana drug courts test positive at an even lower rate (1.6%).

¹⁷ Cooper, C. 1998 *Drug Court Survey: Preliminary Findings*. Washington, D.C.: Drug Court Clearinghouse and Technical Assistance Project, American University.

13. Psychiatric Disorders

Co-occurrence of alcohol and 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.

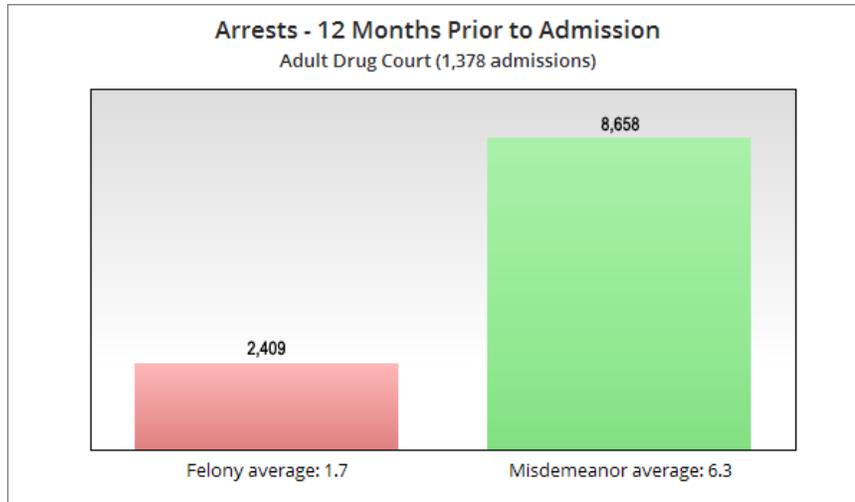
Of the 1,603 individual cases admitted to Montana drug courts during the data collection period, data regarding mental health status were unknown for 22 participants. For the remaining 1,581 participants, 44.8% (709) reported receiving prescribed medications in the 12 months prior to entering drug court. Of those receiving prescribed medications, 63.3% (449) reported receiving psychiatric medications. These 449 individuals reported taking 816 different psychiatric medications, an average of nearly two prescriptions per person. Clearly drug courts are admitting high-need people with co-occurring disorders into their programs.

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

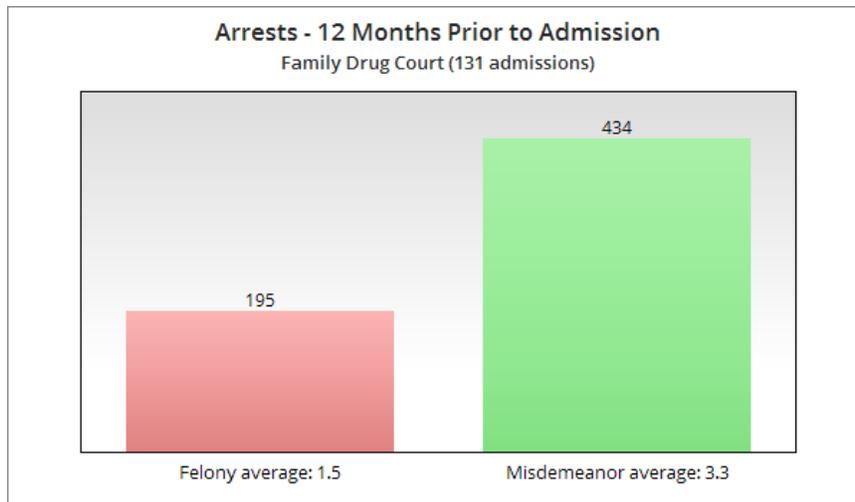
- Co-occurring treatment227 (15.0%)
- Inpatient psychiatric treatment.....85 (5.6%)
- Outpatient psychiatric treatment206 (13.6%)

14. Prior Arrests

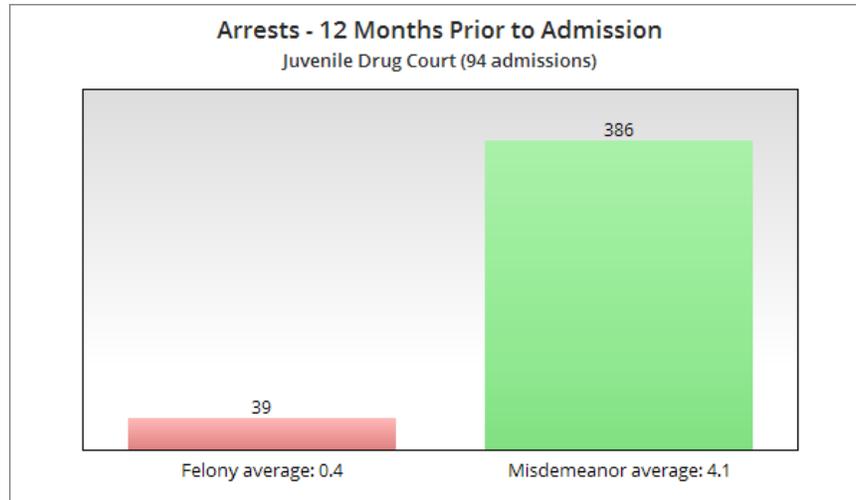
For adult drug court cases that reported data at admission (1,378), participants had a total of 11,067 arrests before entering drug court for an average of 8.0 arrests per person. Of these cases, 2,409 were arrests for felonies and 8,658 were arrests for misdemeanors for an average of 1.7 felony arrests and 6.3 misdemeanor arrests per admission. This level of prior arrests is an indication of the high risk of admissions to Montana adult drug courts. (See graph on next page.)



For family drug court cases that reported data at admission (131), participants had a total of 629 arrests before entering drug court for an average of 4.8 arrests per person. Of these cases, 195 were arrests for felonies and 434 were arrests for misdemeanors for an average of 1.5 felony arrests and 3.3 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 that reported data at admission (94), participants had 425 arrests for felonies and misdemeanors prior to entering drug court for an average of 4.5 arrests per juvenile. Of these cases, 39 were arrests for felonies and 386 were arrests for misdemeanors for an average of 0.4 felony arrests and 4.1 misdemeanor arrest per admission. (See graph on next page.)



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 treatment.

15. Prior Charge Outcomes: Graduates vs. Non-graduates

Graduating from drug court is associated with resolving all criminal justice charges. Among the 442 adult drug court graduates, the resolution of prior criminal charges did not apply to 135 graduates, most of whom were probably still under supervision after drug court completion. Resolution of prior criminal charges was unknown for one graduate. Of the remaining 306 graduates, 185 indicated that all criminal charges were resolved (60.5%) while 121 (39.5%) said outstanding criminal charges were not resolved.

For the 421 adults who were terminated and did not graduate from adult drug courts, the resolution of prior criminal charges did not apply to 88 adults; this information was unknown for an additional four adults. Only 17 of the remaining 329 participants (5.2%) indicated that all criminal charges were resolved while 312 participants (94.8%) indicated that criminal charges were not resolved. Clearly, graduating from drug court is important in resolving all criminal justice charges.

For the 27 family drug court graduates, one (4.5%) indicated that his or her criminal charges were not resolved, and 21 (95.4%) indicated that their criminal charges were resolved. For five graduates, the resolution of prior criminal charges was not applicable.

For the 36 family drug court participants who terminated and did not graduate, there were 10 for which resolution of criminal charges was not applicable and 3 were unknown,

leaving 23. Of the 23 remaining, 16 (69.6%) indicated that their criminal charges were not resolved and 10 (43.5%) indicated that their criminal charges were resolved.

For the 21 juvenile drug court graduates, resolution of criminal charges applied to all graduates. Eighteen (85.7%) indicated that their criminal charges were resolved while three (14.3%) indicated that their charges were not resolved. For the 52 juvenile drug court participants who did not graduate, there were eight for which resolution of criminal charges was not applicable. Of the 44 remaining, 40 (90.9%) indicated that their criminal charges were not resolved and four (9.1%) indicated that their criminal charges were resolved.

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

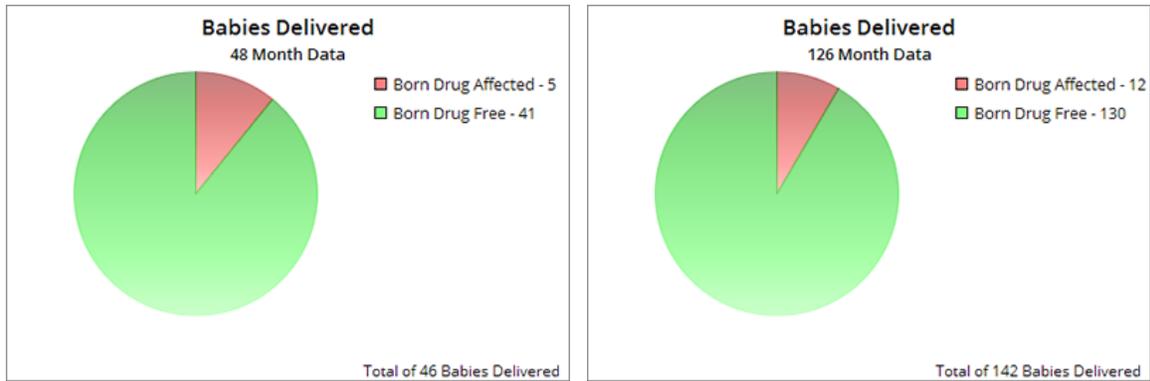
16. Pregnancy and Children

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

For the period May 2008 through October 2018, 210 participants or their spouses or significant others (141 female participants and 69 male participants with spouses or significant others) were pregnant while in drug court or at discharge. Of these 210 pregnancies, 127 babies were born drug free, 10 were born drug affected, 9 pregnancies were terminated, 8 resulted in miscarriages, 2 were born premature drug affected, and 3 were born premature drug free. Eighteen participants or participants' spouses or significant others were still pregnant at time of discharge. **Considering the 142 babies delivered while a parent was in drug court, 130 were born drug free (91.5%) and 12 (8.5%) were born drug affected.**

For the period November 1, 2014 through October 31, 2018, 84 participants or their spouses or significant others (45 female participants and 39 male participants with spouses or significant others) were pregnant while in drug court or at discharge. Six of these pregnancies were listed as neutrals with no data available. Of the remaining 78 pregnancies, 41 babies were born drug free, 4 were born drug affected, 4 pregnancies were terminated, 2 resulted in miscarriages, and 1 was born premature drug affected.

Twenty-six pregnancy outcomes were listed as unknown. **Considering the 46 babies delivered while a parent was in drug court during the most recent 48-month period, 41 were born drug free (89.1%) while 5 (10.9%) were born drug affected.**



An estimate of specific cost-savings resulting from the reduction of drug-affected births is beyond the scope of this report. However, previous studies have indicated that costs per drug-affected child from birth to age 18 are substantial. Additional medical costs associated with the delivery of a drug-addicted baby are estimated to range from approximately \$1,500 to \$25,000 per day (Cooper, 2004). Neonatal intensive care expenses can range from \$25,000 to \$35,000 for the care of low birth-weight newborns and may reach \$250,000 over the course of the first year of life (Office of Justice Programs, 1997). Other costs might include detoxification for the exposed infants; foster care; special education; and costs relating to developmental deficiencies. Kalotra in his report on drug and/or alcohol exposed babies states, “[t]he following data reflects reported costs associated with caring for babies that were prenatally exposed to drugs or alcohol. Total lifetime costs for caring for those children that survive reportedly ranges from \$750,000 to \$1.4 million.”¹⁸ The 2002 Kalotra study is now 16 years old, and medical and other costs have risen significantly since that time.

In the last four-year data cohort, alcohol, methamphetamine, marijuana, OxyContin, heroine, powdered cocaine, and crack cocaine were the most frequently reported primary drugs of abuse among pregnant participants at admission. Twenty-seven participants used alcohol, 24 methamphetamines, 16 marijuana, 12 OxyContin, 2 heroin, 1 powdered cocaine, 1 crack cocaine, and 1 other.

¹⁸ Kalotra, C.J., (2002), *Estimated Costs Related to the Birth of a Drug and/or Alcohol Exposed Baby*, OJP Drug Court Clearinghouse and Technical Assistance Project.

Children of Adult Participants in Montana Drug Courts

When reviewing admission data for adult and family drug court participants for the previous four-year period, 1,509 participants reported that there were 1,681 children involved. This number included 608 children living with participants, 893 children living with a relative, 157 in foster care and 23 living in a residential center or group home. Clearly, when adults in drug court become clean and sober, they are not the only individuals positively impacted as each adult averaged having at least one child as well.

17. Fines, Fees and Community Service Hours

For the 926 adult cases that were discharged during the last 48-month period, the following minimum amounts were reported as collected from drug court participants:

- Fines..... \$137,108
- Fees..... \$557,295
- Restitution..... \$37,055

Additionally, when 11,678 hours of community service are considered and multiplied by the minimum wage at \$8.30, the total value of community service hours is \$96,927.40.

18. Child Support

During the previous 48 months, 191 adults admitted to drug court and 194 discharged from drug court had orders to support minor children. At admission, 44 individuals (23.0%) were current, paying and compliant with child support orders while 147 individuals (76.9%) were either not paying or not current.

For all adults at discharge, 70 individuals (36.0%) were paying their child support, and 124 individuals (63.9%) were not paying or not current at discharge. Thus, from admission to discharge, the percentage of participants paying child support increased from 23.0% to 36.0% or a 13% increase paying child support at discharge.

The numbers paying and current with child support is even more impressive when statistics relating to graduates of drug court are analyzed. Among drug court graduates (490), 30 individuals (30.6%) at admission were current and 68 (69.4%) were either not current or not paying. At discharge, 59 individuals (62.8%) were paying child support and 35 individuals (37.2%) were not paying child support. Thus, for graduates, those paying child support increased from 30.6% to 62.8%. In other words, 68 graduates at

admission were either not paying or not current on their child support compared to only 35 not paying at discharge.

19. Housing

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

For adult drug court participants admitted and discharged during the previous 48-month period, the number of homeless went from 104 at admission to 86 at discharge, a 17.3% decrease. Participants owning their own home went from 71 to 94, a 32.4% increase. Those renting increased from 336 to 458 while those living with friends, relatives, or significant others decreased from 297 to 180. Additionally, those participants living in a hotel or motel went from 8 to 4, those living in transitional housing went from 37 to 28, and those living with friends, relatives, or significant others went from 297 to 180.

For family drug participants who were discharged, 11 participants were homeless at admission while 8 were homeless at discharge. Those participants living in a hotel or motel decreased from 1 to none, those owning their own home went from 3 to 4, those renting went from 17 to 23, and those living with friends, relatives, or significant others went from 26 to 23. The number of participants living in transitional housing at admission (5) remained the same at discharge. In nearly all cases, housing for participants showed some improvement. For graduates of family drug courts, the results were positive as well with no graduates owning their own home at admission to 1 at discharge, those renting went from 7 to 16, those living in transitional housing decreased from 3 to none, and those living with friends, relatives, or significant others went from 13 to 9.

20. Services for Veterans: A New Area of Emphasis

Nationally there has been a significant increase in veterans being admitted to adult drug courts in recent years. Because the number of veterans has increased substantially and the issues facing them are unique, approximately 225 special drug court dockets for veterans have been established across the country.

In Montana, special drug court dockets for veterans have been implemented in Missoula, Yellowstone and Cascade Counties in collaboration with representatives of the Federal Veterans Administration.¹⁹ In the previous four years, 222 individuals with previous

¹⁹ In late 2018, the Bozeman Veterans Treatment Court became operational within the Bozeman Municipal Court. Data from this court are not included in this report.

military service have been served in adult and family drug courts (220 in adult drug courts and 2 in family drug courts). Additionally, 158 individuals at admission were receiving veterans' services in adult drug courts and 2 in family drug courts.

In the past 48 months, 161 of the 222 individuals with military service or more than **72.5% of all veterans admitted to Montana drug courts had been admitted to one of the three Montana veterans court dockets**. This percentage is up from approximately 53.1% in the previous report. As the veteran-specific dockets mature, these numbers will continue to grow, and veterans in Montana drug courts will continue to receive improved services specifically for veterans.

21. Family Courts: Additional Performance Indicators

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

Family drug courts were created to enhance retention in treatment and improve outcomes in child abuse and neglect cases for parents suffering from substance use disorders and for their children. Montana family drug courts primarily take child abuse and neglect cases in which serious drug dependency is a driving issue. Over 43% of family drug court custodial parents suffer from methamphetamine dependency, 22% from alcoholism, and 16% from OxyContin abuse.

For the three-year period from January 1, 2012 through December 31, 2014, the Children and Family Services Division (CFSD) of the Department of Public Health and Human Services reported that 128 children had reached final disposition from 70 family drug court cases. Also during this period, 16 criminal cases were referred to the Missoula County Family Drug Court involving 33 children with at least one parent with a substance use dependency. These parents, who might have otherwise have been sent to

jail or prison or received a probation revocation, were kept in the community pending their completion of family drug court. Most of these 16 families had some contact with CFSD in the past. These 86 cases with 161 children were used to determine the rate of new substantiated abuse and neglect reports after a participant had been discharged from a family drug court. Each case was followed for three years after the participant was admitted.

Among the 70 cases identified by CFSD, 22 participants from a family drug court (31.4%) had received a new substantiated child abuse and neglect report (case) within 3 years after admission. Conversely, **nearly 70% of the participants had not received a new substantiated child abuse and neglect report during the follow-up period. Among the 16 criminal cases in the Missoula County Family Drug Court, only 2 participants (12.5%) had received a new substantiated child abuse and neglect report during the follow-up period.**²⁰

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, 2014 through October 31, 2018, the following services were provided to the 105 children of the 63 family drug court participants who were discharged during this period: alcohol and drug abuse counseling (5), family counseling (15), mental health counseling (23), special education services (5), speech therapy (2), specialized medical care (3), occupational therapy (2), physical therapy (1), educational tutoring (3), and early childhood intervention services (26).

Also during this 48-month period, 43 children were reunited with their parents, 20 were placed in guardianship, 1 was placed in an adoptive home, 18 were placed with other non-drug court parents, 6 were placed in planned permanent living arrangements, and 17 remained in either foster care or residential care. For 87 children, parental rights remained in place, in no cases were parental rights voluntarily relinquished, and in only 10 cases were parental rights involuntarily terminated. Results were unreported in eight cases. Additionally, paternity testing was commenced and/or established in seven cases.

²⁰ CFSD was unable to provide data for comparison purposes on new substantiated abuse and neglect reports for the three-year follow-up period.

22. Juvenile Courts: Additional Performance Indicators

The following performance information is for the **8th Judicial District Juvenile Drug Court** (Cascade County) for the 24-month period beginning July 1, 2016 through June 30, 2018:

- During this 24-month period, the juvenile drug court received 37 referrals primarily from youth probation. From the 37 referrals, 28 youth were admitted to the juvenile drug court. Among these 28 participants, 10 participants graduated from the drug court.
- Treatment activities included 138 group chemical dependency treatment sessions, 674 individual chemical dependency treatment sessions, 167 family dependency treatment sessions, and 621 mental health counseling sessions.
- Participants completed 273 hours of community service.
- Twenty-four participants completed career interest inventories.
- The drug court program delivered 893 hours of parenting education and counseling to parents and guardians.
- A total of 5,441 curfew compliance checks were conducted on the 28 participants.
- Of the 1,925 alcohol and other drug tests performed, 79% (1,524) were negative. Of the 20.8% (401) positive drug tests, 89% tested positive for marijuana while 11% tested positive for alcohol and other drugs.
- Among drug court graduates and current participants, 89% (16 out of 18) successfully received a high school diploma or GED or remain enrolled in high school.
- All juvenile drug court graduates (10) had demonstrated improved academic proficiency:
 - Three graduates received a high school diploma.
 - Four graduates received a GED.
 - Three graduates remain enrolled in high school or GED program.
 - One graduate completed the Montana Youth Challenge.
 - One graduate completed the Job Corps.
 - Two graduates were attending or had attended college.

The **4th Judicial District Juvenile Drug Court** (Missoula and Mineral Counties) reported graduating participants at a greater rate due to a new phase program. Additionally, a revised expungement policy has shown that graduates keep out of the system for at least six months following graduation. Under this revised policy, a record is expunged when a graduate receives no new Youth Court tickets for six months following graduation. All graduates in 2017 and 2018 have met this requirement.

The following performance information is for the 4th Judicial District Juvenile Drug Court for the period beginning January 1, 2018 through December 17, 2018:

- Sixteen participants were admitted to the juvenile drug court during this reporting period.
- Six participants currently are active in the program. Among the remaining 10 participants, seven graduated from the drug court (70% graduation rate). Three were discharged from the drug court after receiving the maximum therapeutic benefit from the treatment provider.
- Of the 615 drug tests conducted on the participants, nearly 87% of the tests were negative (530 negative; 85 positive).
- Of the 16 participants, 13 have graduated from high school, obtained their GED, or are attending school (81%):
 - Two participants have graduated from high school or obtained their GED.
 - Ten participants are enrolled in school and on track to graduate.
 - One participant is in a residential program and is participating in program based educational services.
 - Three participants dropped out of school with no plans for further education
- Eight participants have obtained and maintained employment while two have completed the Missoula J.O.B.S. Program for job readiness and employment training. Six participants are seeking employment.
- Six participants are licensed drivers while five have their state identification card and are studying for their driver's license test.

- Regarding therapeutic services:
 - Six youth participated in the ICT program, an intensive in-home therapy program for youth with co-occurring disorders.
 - Seven youth participated in outpatient substance abuse treatment and family therapy.
 - One was referred for inpatient treatment.
 - Two families completed the Circle of Security parenting classes, and one is currently enrolled.

- The 16 participants completed 150 hours of community service.

23. Electronic Monitoring: SCRAM Electronic Ankle Bracelets

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

From November 1, 2014 to October 31, 2018, Montana drug courts – mostly DUI courts – had 383 participants on SCRAM bracelets. This amounted to a total of 35,717 days of electronic monitoring with a **99% rating of sober days (i.e., days without any tampering or alcohol consumption)**. **Many drug courts and DUI courts require a participant to wear a SCRAM bracelet for at least the first 90 days of the drug court program.** During this period, the average number of days on electronic monitoring was 81 days.

SCRAM electronic monitoring has proven to be a very useful tool in Montana DUI and other drug courts by helping participants remain sober particularly during the initial phases of their drug court experience.

IV. Montana Drug Court Funding and Costs

Montana drug courts expended \$1,357,792 in state general fund money in FY 2016, \$1,358,083 in FY 2017, and \$1,201,333 in FY 2018. Funding from the state general fund was added for the 1st Judicial District Adult Drug Court in FY 2016. In addition, the Billings Adult Misdemeanor Drug Court lost funding from the state general fund while the 8th Judicial District Veterans Treatment Court began receiving state general fund money. Also, the 7th Judicial District Juvenile Drug Court was replaced by the 7th Judicial District DUI Court in FY 2018. The state remained at 16 drug courts funded by the state general fund throughout FY 2018. From FY 2016 through FY 2018, 760 individuals were admitted to these state general-funded drug courts for an average cost of \$5,154 per admission. This is an increase over the cost per participant during the period between FY 2013 and FY 2014 of \$4,463 for drug courts receiving state general fund money.

During FY 2016 through FY 2018, 59% of the general fund money was spent on personal services (i.e., drug court coordinators and the statewide drug court coordinator). Nineteen percent was spent on urinalysis and surveillance costs, 11% on treatment services, 6% on operating costs, and 5% on wraparound services. In some cases, treatment services were provided by a not-for-profit treatment program with a state contract through the Montana Department of Public Health and Human Services (DPHHS) or through Medicaid. For family drug courts, some services may have been paid for by the DPHHS's Children and Family Services Division. In juvenile drug courts, some services also may have been paid for through the Youth Court. Additional expenditures by other agencies are not included in the state general fund figures noted above.

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

V. National Cost-Benefit Information

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

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

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

More recent studies, however, are increasingly considering a variety of other cost factors. These have included: overall criminal justice system costs associated with arrests, prosecution, adjudication and disposition of drug cases; public health costs associated with drug-related physical illnesses, including costs for emergency room care, hospitalization, outpatient medical services, nursing home care and medications; costs relating to lost productivity, including workplace accidents and absences, and unemployment; costs relating to drug related mortality and premature death; social welfare costs, including foster care and other support of family members; costs related to specific impacts of drug use, including fetal alcohol syndrome and drug exposed infants, IVDU-related AIDS, hepatitis and drug-related tuberculosis; and a range of other costs resulting from drug use, including those incurred by crime victims, persons involved in vehicle accidents, and substance abuse detox and other treatment services.”²¹ When more

²¹ Memorandum in 2007 from American University and the Bureau of Justice Assistance Drug Court Clearinghouse, Justice Programs Office,

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

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

One example of a study showing substantial cost-effectiveness beyond the effects on crime rates is a large study with a detailed matched control group of traditional probation completers and drug court graduates in St. Louis, Missouri. This independent study completed in 2004 documented that initially drug court costs were slightly more per participant (\$7,793 vs. \$6,344), but “various benefits (cost savings) were found for drug court graduates compared to probation completers (less jail time, less pretrial detention, wages of drug court graduates were higher and they were employed longer resulting in higher taxes paid and FICA paid and lower TANF and food stamps utilized by drug court graduates). Health care costs and mental health services were significantly lower for drug court graduates after drug court, costs to the criminal justice system and costs to victims of crime were lower for drug court graduates compared to probation completers and the number of infants who were born drug-exposed and the consequent costs were greater for probation completers than for drug court graduates.”²² The bottom line for

²² Loman, L.A., (2004), *A Cost-Benefit Analysis of the St. Louis City Adult Felony Drug Court*, Institute of Applied Research, St. Louis, Missouri

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

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

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

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

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

Recommendations to policy makers included: *“Drug Courts work, so ensure provisions are made to fund their continued existence.* The research evidence clearly establishes the effectiveness and potential cost-effectiveness of drug courts. Government agencies should continue to spend resources funding drug court programs. They should sponsor training and technical assistance to encourage the implementation of evidence-based practices and to ensure drug courts target the most appropriate offender populations for their programs.”²³

²³ The Multisite Adult Drug Court Evaluation, Rossman, Shelli B., and Zweig, Janine, National Association of Drug Court Professionals, Need to Know, May 2012.

VII. Drug Court Activities in Montana

Montana established its first drug court in Missoula in 1996. Currently, there are 29 drug courts operating within district, municipal, and justice's courts in the state²⁴. (A list of Montana drug courts can be found in the appendix of this report.) These courts developed organically based on local needs, interest and resources. Most of them initially received funding from federal grants. Although all courts generally adhere to the federal drug court model, each reflects the circumstances and capabilities of its local community.

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

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

Statewide Drug Court Conferences and Workshops

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

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

²⁴ There also are eight tribal courts (i.e., healing to wellness courts, drug courts, and DUI courts).

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

Statewide Drug Court Evaluation

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

helped guide development of new courts, and provided ongoing data collection and program evaluation, which guided court improvement and reallocation of resources.

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

Legislative Performance Audit on Drug Courts

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

- **Strategic Plan** – The Supreme Court, with support from Center for Court Innovation (a technical assistance contractor), commissioned a strategic planning initiative to build on the success of the Montana drug courts and secure a sustainable future for these effective specialized courts. Participants met twice over several days to develop and complete a strategic plan. In November 2015, the *Drug Court Strategic Plan: Roadmap for the Future of Drug Treatment Courts in Montana* was published. Themes addressed in the strategic plan include funding for drug courts, implementing best practices, violent offender/participant eligibility, services for drug court participants, meeting the needs of special populations (e.g., Native Americans), implementing a statewide case management system, educating policy makers on the effectiveness of drug courts, and increasing community awareness about drug courts. Measurable goals were identified for each theme, target dates were set, and tasks were defined and assigned to key participants. Some of the goals related directly to the performance audit, but others were based on new trends and needs in drug courts.
- **Advisory Committee** – In May 2016, the Supreme Court issued an order establishing the Drug Treatment Court Advisory Committee. The Committee is charged with: (1) providing ongoing review and revision to drug court standards; (2) assuring communication and continuity in the operation of Montana drug

treatment courts; (3) providing ongoing review and recommendations to the District Court Council and Supreme Court regarding statewide drug court funding, budget policy issues; (4) overseeing and updating the strategic plan; and (5) addressing future drug treatment court issues as they arise. The Committee consists of seven judges appointed from different treatment court types who serve three-year terms.

- **Peer Reviews** – During 2015 and 2016, 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 2014. 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 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 and 2017.

In 2019, the OCA and peer reviewers will meet with all adult drug courts to review progress in implementing action plans to address weaknesses identified through the peer review process. Additionally, family and juvenile drug courts will be peer reviewed in 2019 and 2020 using best practice standards developed for both types of courts at the national level.

NPC Research Report

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

APPENDIX: MONTANA DRUG COURTS

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 & 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, & 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
Glasgow Adult Treatment Court	Glasgow	Justice	Federal	2016
Hill County Adult Drug Court	Hill County	Justice	Federal	2012

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
1st Judicial District Family Treatment Court	Lewis and Clark County	District	Federal	2018
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	2001

Co-Occurring Courts				
Court Name	Location	Level	Primary Funding Source	Year began
Billings Co-Occurring Court	Billings	Municipal	Federal	2012
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 Veteran's Treatment Court	Missoula County (4 th Judicial District)	District	Federal	2011
Yellowstone County Veteran's Treatment Court	Yellowstone County (13 th Judicial District)	District	State General Fund/Federal	2011
8th Judicial District Veterans Court	Cascade County	District	State General Fund/Federal	2013

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 & 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
Beaverhead County DUI Court	Beaverhead County	District	Federal	2016
Butte-Silver Bow County DUI Court	Butte-Silver Bow County	Justice	MDT*	2010
Hill County Drug/DUI Court	Hill County	Justice/Municipal	Federal (BJA)	2012

* 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 by the individual tribes.

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