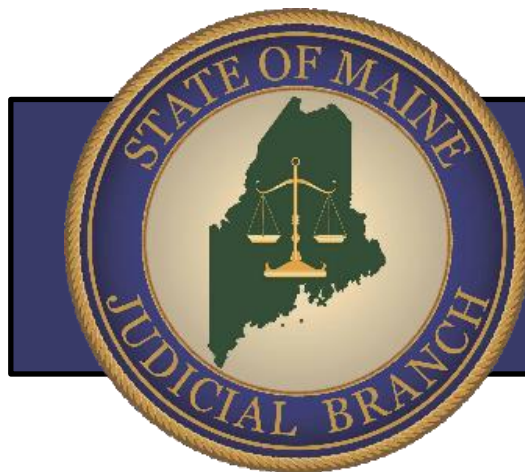


**STATE OF MAINE
JUDICIAL BRANCH**

2023

Specialty Docket Report

Maine Treatment and Recovery Courts



**Report to the
Joint Standing Committee on Judiciary
131st Legislature
Second Regular Session**

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2023 Overview - Specialty Dockets

Maine Treatment and Recovery Courts

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Introduction

This report is submitted to the Joint Standing Committee on Judiciary pursuant to Title 4 M.R.S. §423 regarding the Maine Judicial Branch’s efforts on the establishment and operation of treatment and recovery courts. This Report provides an overview of the Maine treatment and recovery courts, operational details, and presents the information required by 4 M.R.S. §423. This Report provides an overview of the history, oversight, processes, funding, and outcomes associated with the operation of these dockets by the Judicial Branch, along with its Executive Branch, county, and community partners.

A. An Introduction to Treatment and Recovery Courts

As the 1980’s “war on drugs” intensified, the judicial and criminal justice systems became front-line players as a cocaine epidemic seized our citizens and caused a revolving door of incarceration. Judicial, Criminal Justice, and substance use treatment professionals realized that the traditionally reactive, punitive model was no longer suitable to stop the cycle of use and recidivism.

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

The first “drug court” was established in Miami-Dade, Florida in 1989 as a response to the cocaine epidemic. Since that first drug court, other courts, now known as “treatment courts”, based on the drug court model have spread across the country and the world. There are now more than 4,000 treatment courts located in every state, four territories, and over 20 countries.¹ Treatment courts have grown beyond just adult drug courts and now cover a variety of specialties, such as Adult Drug Treatment Court, Juvenile Drug Treatment Court (child delinquency), Co-Occurring Disorders Court, Mental Health Court, Veterans Treatment Court, Family Treatment Court (child welfare), DWI Court, and Tribal Healing to Wellness Court. Maine has implemented several of these treatment court models.

Treatment Courts are the single most successful intervention in our nation’s history for leading criminally involved people living with substance use disorders (SUD) and mental health disorders (MHD) out of the justice system and into lives of recovery and stability. The treatment courts initiated a collaborative system that views substance use as a medical disease rather than a moral failing. This approach enabled the treatment courts to include medical and recovery professionals in managing these cases, where individuals receive personalized, evidence-based treatment. The result is a public-health approach to justice reform using judicial intervention with treatment responses and compassion instead of punitive impartiality. The treatment courts offer a path of stability, health, and recovery.

In 1994, the National Association of Drug Court Professionals (NADCP) was established to research the effectiveness of treatment courts. The NADCP developed and published the 10 Key

¹ All Rise, located at nadcp.org/about/ (last visited Feb. 9, 2024).

Components and the Adult Drug Court Best Practice Standards Volumes I and II so that treatment courts nationwide would operate within an evidence-based model shown to be most effective. Treatment courts are unique in the world of specialty dockets in that they have a national best practice standards. Treatment courts operating using the best practice standards are proven to be effective in reducing recidivism and costs. Maine’s treatment courts operate with fidelity using the national best practice standards.

A large number of people who are involved in the justice system are there as a result of an underlying substance use disorder² or mental health disorder. This underlying cause of interaction with the judicial system does not respond favorably to the traditional punishment-based responses of courts leading to a high rate of recidivism.

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

Incarceration without treatment is also expensive and lacks a substantial impact in the reduction of recidivism. A year of incarceration in prison in Maine has a cost of \$44,895 (\$123 per day). A year of incarceration in a county jail in Maine has cost of \$51,465 (\$141 per day).³

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

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

Maine presently has four types of treatment and recovery courts:

Adult Drug Treatment and Recovery Court is “a specially designed criminal court calendar or docket, the purposes of which are to achieve a reduction in criminal recidivism and substance use and increase the likelihood of successful rehabilitation for adults with substance use disorders charged with drug-related offenses. Interventions include early, continuous, and intensive judicially supervised treatment, mandatory periodic drug and alcohol testing, community

² National Institute on Drug Abuse, *Criminal Justice Drug Facts*, located at nida.nih.gov/publications/drugfacts/criminal-justice (last visited, Feb. 9, 2024).

³ Public Consulting Group (2020); *Evaluation Report, Maine Adult Drug Treatment Court* (2020), located at courts.maine.gov/about/reports/adtc-evaluation-report-2020.pdf, p. 75. (last visited Jan 30, 2024).

supervision, and the use of appropriate sanctions, incentives, and habilitation services.”⁴

Veterans Treatment Court applies “a hybrid integration of drug court and mental health court principles to serve military veterans and sometimes active-duty military personnel suffering from service-related injury or illness, such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), reactive depression, and co-occurring substance use disorders. They promote sobriety, recovery, and stability through a coordinated response that involves collaboration with the traditional partners found in drug courts and mental health courts, as well as the Department of Veterans Affairs health care networks, Veterans Benefits Administration, state departments of veterans affairs, volunteer veteran mentors, and organizations that support veterans and their families (*Office of National Drug Control Policy*, 2010). VTCs view veterans as persons with special needs who cannot be served adequately in conventional drug courts, mental health courts, or other veterans’ treatment programs. Traumatic exposure during combat, difficulty reintegrating into civil society after discharge, and the unique socialization processes of military culture require veteran-specific services to be delivered in separate court-based programs by current or former veterans who are familiar with combat and military lifestyle.”⁵

Co-Occurring Disorders Courts (CODC) “are specialized criminal court dockets or calendars that serve individuals diagnosed with both a moderate-to-severe substance use disorder and a severe and persistent mental illness, such as bipolar disorder (manic depression), major depression, or schizophrenia. The programs do more than simply treat dually diagnosed disorders. Mental illness and substance use disorders are often reciprocally aggravating conditions, meaning that continued symptoms of one disorder are likely to precipitate relapse in the other disorder. For example, a formerly depressed person who continues to misuse drugs is likely to experience a resurgence of depressive symptoms. Conversely, a person recovering from a substance use disorder who continues to suffer from depression is at serious risk for relapsing to drug abuse. For this reason, co-occurring disorders courts treat mental health and substance use disorders concurrently, as opposed to consecutively. Whenever possible, both disorders are treated in the same facility by the same professional(s) using an evidence-based integrated treatment model that focuses on the mutually aggravating effects of the two conditions. Participants also receive unhindered access to medical and psychiatric practitioners qualified to prescribe and monitor response to psychotropic and addiction medications.”⁶

Family Recovery Courts are a type of civil specialty docket referred to in other areas of the country as family drug courts, family treatment courts, and dependency court. The family recovery court is a specialty docket for cases of child abuse or neglect in which parental substance use is a contributing factor. The Family Recovery Court docket runs parallel with the open child welfare (“child protection”) proceeding. “Judges, attorneys, child protection services, and treatment personnel unite with the goal of . . . providing parents with the necessary support and services they need to become drug and alcohol abstinent. Family [Recovery] courts aid parents or guardians to regain control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.”⁷

⁴ Marlowe, D. B., Hardin, C. D., & Fox, C. L. (2016); *Painting the current picture: A national report on drug courts and other problem-solving courts in the United States*. Alexandria, VA: National Drug Court Institute.

⁵ *Id.*

⁶ *Id.*

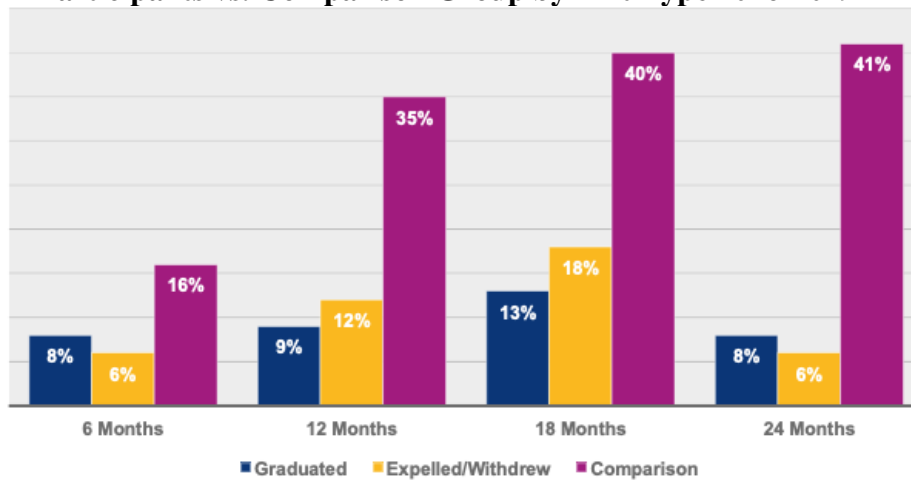
⁷ *Id.* See also National Center on Substance Abuse and Child Welfare, ncsacw.acf.hhs.gov/topics/family-treatment-courts/ (last visited Jan 31, 2024).

Generally, treatment courts reduce the costs borne by society, reduce recidivism, and increase successful treatment.

“The Maine treatment courts generate a cost savings of 12% for each person who enters, rising to 28% at 18 months when lower recidivism rates and costs are taken into account.”⁸

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

Conviction Recidivism of Criminal Treatment and Recovery Court Participants vs. Comparison Group by Exit Type 2016-2019⁹



The treatment and recovery courts in Maine have now been in operation for twenty-two years. They follow the national best practice standards developed through rigorous scientific study. By adhering to the national best practice standards, treatment courts have a proven impact on increasing treatment participation, decreasing recidivism, and reducing costs.¹⁰

B. A History of the Maine Treatment and Recovery Courts

Adult Drug Treatment and Recovery Courts (“TRC”)

⁸ Public Consulting Group, *p. xi*

⁹ *Id.*, p. 71

¹⁰ National Drug Court Institute (2012); “*What Works? The Ten Key Components of Drug Court: Research-Based Best Practices*” Drug Court Review, Vol VIII.

In August 2000, Maine began to establish the first six Adult Drug Treatment Courts in the state and began accepting clients in April 2001. These first courts were located in Androscoggin, Cumberland, Oxford, Penobscot, Washington, and York Counties. However, the docket in Oxford County Adult Drug Treatment Court was discontinued in May 2004 due to a low census, and similarly, the initial Penobscot County Adult Drug Treatment Court closed after graduating its final participant in 2012.

In 2008, after having established a county deferred-sentencing project in 2005, an Adult Treatment Court was established in Hancock County following the provision of funding by the 123rd Legislature on July 1, 2008.

In the Fall of 2016, a new Penobscot County Adult Drug Treatment Court opened following extensive planning, organization, and development by a dedicated group of community mental and physical health specialists, local Legislators, the City of Bangor Department of Health, Penobscot County law enforcement, defense counsel, court personnel, employees of the Department of Corrections, Maine Pretrial Services, and the Penobscot County District Attorney's Office.¹¹

In December 2021, Maine's two newest adult treatment courts began operations in Western Maine (serving Oxford and Franklin Counties) and Mid-Coast (Knox, Lincoln, Sagadahoc, and Waldo Counties) under a Bureau of Justice Assistance grant awarded in December 2021. It had been a long-time goal of the Maine Judicial Branch to have a treatment and recovery court along the mid-coast and in the western part of the state.

A Name Change. In 2021, at the recommendation of the Adult Drug Treatment Court Steering Committee, the Trial Chiefs approved name changes to both the Steering Committee and the Treatment Courts. The Steering Committee is now known as the *Maine Treatment and Recovery Court Steering Committee* and the Adult Drug Treatment Courts are now known as the *Adult Treatment and Recovery Courts ("TRC")*. This name change was initiated to eliminate stigma to persons with substance use disorder and to be goal focused, rather than identifying the court and participants with the disease.

Co-Occurring Disorders Court ("CODC")

In June 2005, Justice Nancy Mills initiated a Co-Occurring Disorders Court (CODC) in Kennebec County funded by a federal grant from the Bureau of Justice Assistance. Due to the CODC's success, additional funding was received in the winter of 2008 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to serve more clients and expand to serve Somerset County. While located in Augusta, the CODC may accept cases from across the State of Maine. Participants must either live in Kennebec County or have regular and reliable transportation to Kennebec County in order to participate in the required appearances, meetings, and treatment sessions.

Veterans Treatment Court ("VTC")

In 2011, Maine established a Veterans Treatment Court in Kennebec County and began accepting

¹¹ On January 16, 2016, the Maine Supreme Judicial Court issued Administrative Order JB-16-1, *Establishment and Operation of Specialty Dockets*, which specifies the requirements for the establishment, content requirements, and operations of all specialty dockets in Maine, including Adult Drug Treatment Courts.

participants from across the State of Maine. In January 2019, an additional Veterans Treatment Court was established in Cumberland County. Planning is underway to establish more Veteran Treatment Tracks within the other treatment and recovery courts in other parts of the State.

Family Recovery Court (“FRC”)

Maine’s Family Treatment Drug Courts became operational in October 2002. In 2017 these courts were renamed the *Family Recovery Courts* in effort to focus on the goal of recovery and to remove the stigma associated with drugs. Additionally, this name change helps to distinguish the FRC from the judicial branch “family court” (divorce, parental rights, etc.) and the criminal drug Treatment and Recovery Courts.

Treatment courts that operate with fidelity to evidence-based best practices are proven to be an effective state response for high-risk¹² and high-need criminal defendants and parents in jeopardy of losing their children, who are struggling with drug and/or alcohol use or dependence disorder.¹³ Today, Maine has three such family recovery courts in operation in the Lewiston, Augusta, and Bangor district courts. These specialty dockets are designed for families who have an open civil child welfare (“child protection”) case with the court and the Maine Department of Health and Human Services (DHHS) Office of Child and Family Services (OCFS). Each of the three FRCs have a maximum capacity of twenty-five participants per case manager. One case manager is presently assigned to each FRC. Participants are not limited to those counties as long as they have regular and reliable transportation.

C. Oversight of the Maine Specialty Dockets

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

The position of Coordinator of Specialty Dockets and Grants, Administrative Office of the Courts, is held by Todd H. Crawford, Jr., Esq. Mr. Crawford previously operated a private law firm in Raymond, Maine, and was defense counsel for the Cumberland County Veterans Treatment Court and the Western Maine Adult Drug Treatment and Recovery Court. Mr. Crawford is a retired Army Officer and a Veteran of the U.S. Navy and the Maine Army National Guard. The position of Coordinator of Specialty Dockets and Grants is overseen by Amanda Doherty Esq., Manager of

¹² The term “high-risk” refers to risk of failure to complete the current level of supervision. High-risk does **not** refer to risk to public safety.

¹³ Carey, S.M. et al, (2012). *What Works? The Ten Key Components of Drug Court: Research-Based Best Practices*, Drug Court Review, 8(1), 6-42. Marlowe, Douglas B., (2011), *The Verdict on Drug Courts and Other Problem-Solving Courts*. Chapman Journal of Criminal Justice, 2(1), 57-96. Shaffer, Deborah K., (2011), *Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review*, Justice Quarterly, 28(3), 493-521. National Institute of Justice, nij.gov/topics/courts/drug-courts/Pages/work.aspx, citing Finigan et al (2007) *Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs*.

Criminal Process and Specialty Dockets.

Court clerks and the Office of Judicial Marshals provide essential operational support to our treatment courts. Judges are assigned to preside over these dockets by the Chief Justice of the Superior Court or the Chief Judge of the District Court. These judicial assignments are supplementary to each judge's regular docket assignments. As is best practice, the assignment of a judge to a treatment court is voluntary.

D. Policy and Process

The Adult Drug Treatment Courts, Co-Occurring Disorders Court, Veterans Treatment Courts, and Veterans Treatment Tracks provide rigorous accountability for the participants who have either pled guilty, or have been found guilty, of serious crimes, although in certain cases, a participant may proceed pre-adjudication under conditions of bail. The underlying crime that brought the participant into the criminal justice system must be drug, alcohol, or mental health related, either as an element of the offense or as the underlying contributing factor to the commission of the offense.

The treatment and recovery court's mission is to seek an increase in personal, familial, and societal accountability on the part of the participants, the development of pro-social attitudes and behaviors, the reduction or elimination of new criminal activity and the promotion of healthy and safe family relationships. These courts are intended to reduce unnecessary incarceration by promoting recovery and behavior modification through effective collaboration and efficient use of resources among the courts, criminal justice agencies, peer supports and community healthcare agencies.

The Maine Treatment and Recovery Court Steering Committee assigned a subcommittee to review and update the then existing policy and procedure manual. The subcommittee conducted a long and thorough review and published on August 1, 2022 an updated and comprehensive Policy and Procedures Manual¹⁴ and respective participant handbooks.^{15 16}

Each of the treatment courts have a maximum capacity of twenty-five participants receiving case management services per case manager assigned to the court. Currently, most all counties with a treatment and recovery court have a minimum of two case managers, thus yielding a maximum capacity of fifty participants per court.

Participation in the Maine treatment and recovery courts is voluntary and provides defendants and probationers with a demanding, community-based alternative to recurring and lengthy terms of incarceration. Unlike some drug courts in other states that operate on a deferral-from-prosecution model for low-level offenders, Maine's treatment and recovery courts target high-risk, high-need individuals.¹⁷ In most cases, the defendant may participate only after conviction of criminal

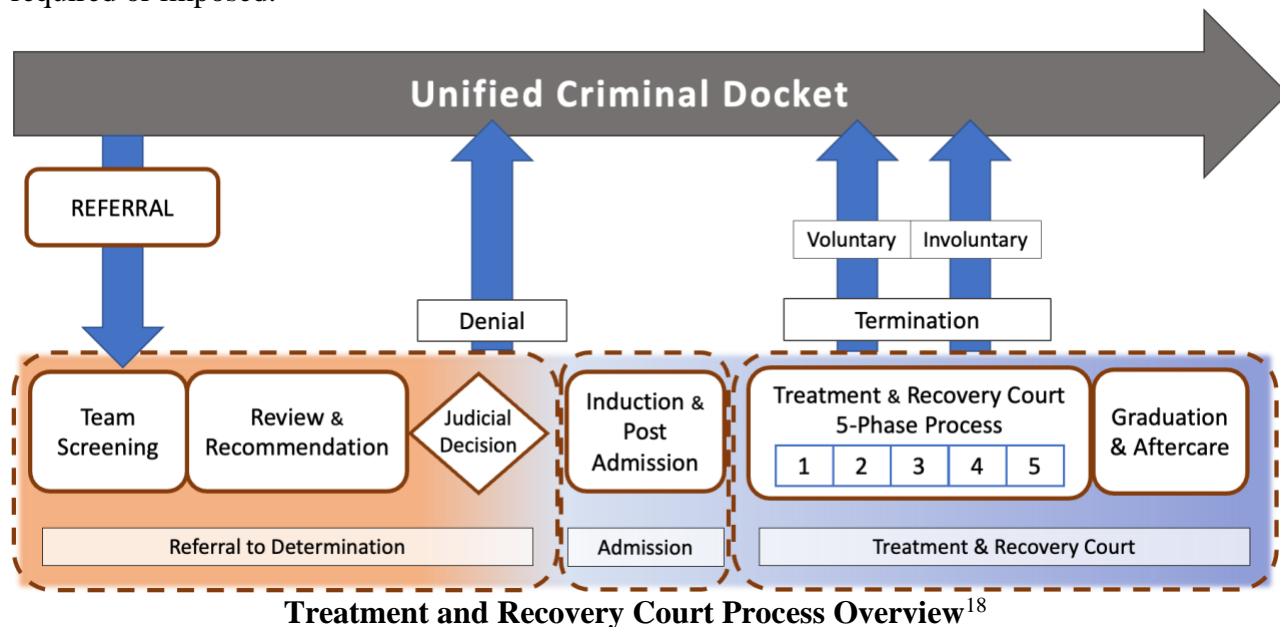
¹⁴ Me Judicial Branch, *Treatment and Recovery Court Policy and Procedures Manual*, Aug 1, 2022, located at courts.maine.gov/courts/treatment/mtrc-policy-manual.pdf (last visited on Jan 31, 2024)

¹⁵ Me Judicial Branch, *Maine Treatment and Recovery Court Participant Manual*, August 1, 2022, located at courts.maine.gov/courts/treatment/trc-participant-handbook.pdf (last visited on February 9, 2024).

¹⁶ Me Judicial Branch, *Maine Veterans Treatment Court Participant Manual*, Aug 1, 2022, located at courts.maine.gov/courts/treatment/vtc-participant-handbook.pdf (last visited on February 9, 2024).

¹⁷ *High-Risk in a criminal treatment court setting does not refer to risk to safety. High-Risk refers to the likelihood*

charges. The final sentencing may, however, be deferred pending the participant’s completion of the treatment and recovery court. Upon a successful completion, the sentence imposed may be substantially less severe than the sentence typically imposed for similar charges, the charges may be reduced to a less serious offense, or some or all charges may be dismissed after the participant is permitted to withdraw his or her guilty plea. In most all cases, no further incarceration is required or imposed.



Prior to admission to a treatment and recovery court, an extensive evaluation of each applicant is conducted to ensure that each applicant meets the objective evidence-based eligibility criteria. Eligibility and exclusion criteria are defined objectively, specified in writing and communicated to potential referral sources. The treatment court teams do not apply subjective criteria or personal impressions to determine a participant’s suitability for the programs.¹⁹ The evaluation includes the following steps:

- Referral to the treatment court by counsel, probation officer, community member, DHHS caseworker or a defendant or their family member.
- Applicant interview and authorizing waivers to allow for gathering of medical information.
- Independent verification of the information gathered in the interview.
- Risk assessment completed using a qualified screener (LSI-R or LSI-SV)²⁰

that the participant will not thrive in a less intense method of supervision.

¹⁸ *Maine Policy and Procedure Manual*, p. 10. This graphic illustrates only the treatment and recovery courts relative to the criminal procedure docket (Adult Drug Treatment and Recovery Court, Veterans Treatment Court, and the Co-Occurring Disorders Court).

¹⁹ *Marlowe, D.B. et al (2023). Adult Drug Court Best Practice Standards Volume I, 2nd Ed.*, p. 7. All Rise.

²⁰ The Level of Service Inventory-Revised (LSI-R) is used to assess the level of risk for recidivism of an offender and has been used by the Maine Department of Corrections (MDOC) since 2004. The LSI-R score is comprised of 10 categories or domains: Criminal History, Education/Employment, Finances, Family/Marital, Accommodations, Leisure/Recreation, Companions, Alcohol/Drug, Emotional/Personal, and Attitude/Orientation. The total LSI-R score can range from 0 to 54, with the lower numbers indicating less likelihood of recidivating. The predictive validity of the LSI-R has been demonstrated within several different correctional settings (Andrews, 1982;

- Review of demographic information (jail and/or DHHS file) by case manager.
- In-person interview of the applicant by the case manager and treatment provider to determine a level of care.
- Document review of the applicant’s court paperwork by assigned prosecutor and defense attorney or counsel in a civil case.
- Records request and review for prior diagnosis of substance use disorder, mental health services, and treatment.
- In criminal cases, coordination with defense counsel, prosecutor, and probation officer (if on probation).
- Creation, review, and execution of informed releases for information.
- Needs assessments completed using qualified screening tools covering substance use disorders, mental health issues, and trauma screenings (AC-OK²¹, TCU Drug Screen 5 with Opiate Supplement²², and Mental Health Screening III²³).
- Report on screening and level of care evaluation to the treatment court team.

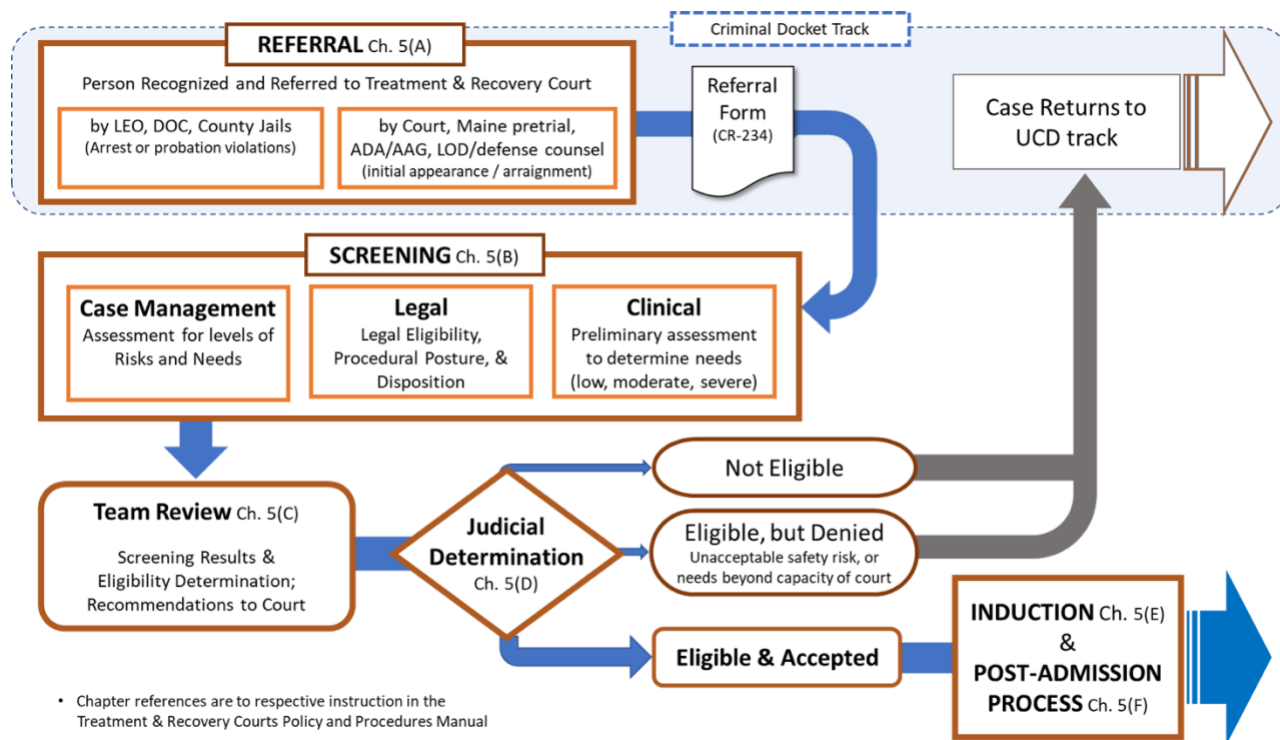
Andrews & Robinson, 1984; Bonta & Andrews, 1993; Bonta & Motiuk, 1985; Gendreau, Goggin, & Smith, 2002), and has predictive validity for various sub-groups of the offender population, such as female offenders and African-American offenders (Coulson, Ilacqua, Nutbrown, Giulekas, & Cudjoe, 1996; Lowenkamp, Holsinger, & Latessa, 2001; Lowenkamp & Latessa 2002). Many LSI-R domains address dynamic risk factors and are important for case planning and case management, as probation officers and treatment providers work with an individual to effect positive behavior changes. Others, such as Criminal History, are static and cannot be changed. Quoted from, Rubin, *Maine Adult Recidivism Report* (2013) at pages 1 and 6.

²¹ The AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Disorders) was designed to determine if a person who asks for help from either a mental health agency or a substance disorder treatment agency needs to be assessed for the possible co-occurring disorder of Mental Health, Trauma Related Mental Health Issues, and Substance Disorders. All agencies who are MaineCare contracted providers, including private practitioners, are required to screen. Also included are any programs having contracts with the Office of Child and Family Services. maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/contract-2015/rider-e/Rider-E-OCFS-Childrens-Residential.pdf (last visited Feb 9, 2024).

²² National Institute of Corrections, *The TCU Drug Screen 5: Opioid Screening Tool*, nicic.gov/texas-christian-university-tcu-drug-screen, (last visited Jan 31, 2024). This a self-report screening tool from Texas Christian University (TCU) available to help justice and health professionals quickly gather detailed information about opioid use, allowing for more rapid referral to treatment services when appropriate. It also collects important information about the potential risk of opioid drug overdose. Developed by researchers at the Institute of Behavioral Research at TCU, along with the Center for Health and Justice at the Treatment Alternatives for Safe Communities, the TCU Drug Screen 5-Opioid Supplement can help determine earlier in the screening process if there is an immediate need for services to address opioid use problems.

²³ American Psychological Association, *The Mental Health Screening Form-III (MHSF-III)*, psycnet.apa.org/doiLanding?doi=10.1037%2Ft48832-000 (last visited Feb. 7, 2024) (developed to screen for possible mental health problems in substance abuse treatment program patients and to effectively refer identified cases).

Referral to Determination Process²⁴



Once admitted to a treatment and recovery court, participants are required to meet with the presiding judge weekly. They report on and account for their progress as well as maintain regular weekly (or more often as prescribed) contact with their case manager and probation officer, if on probation. In addition to frequent court appearances, the participant must engage in healthcare treatment as recommended based on ASAM criteria and are tested for substances on an unannounced basis at least twice each week.

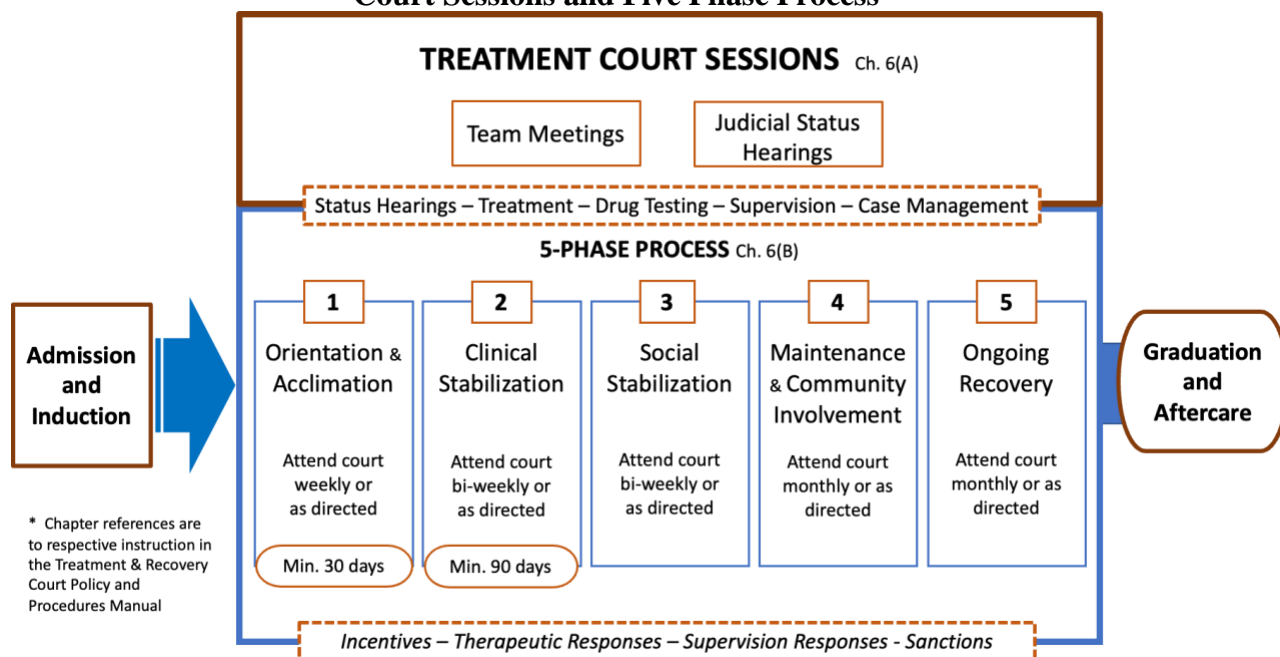
The treatment and recovery court requires each participant to work through a progressive, five-stage program that employs evidence-based practices and follows well-researched, best practice standards.²⁵ The five stages include the following:

- Phase One: Orientation and Acclimation
- Phase Two: Clinical Stabilization
- Phase Three: Social Stabilization
- Phase Four: Maintenance and Community Involvement
- Phase Five: Ongoing Recovery

²⁴ *Maine Policy and Procedure Manual*, p. 10.

²⁵ *Id.*, Ch. 6.

Court Sessions and Five Phase Process²⁶



As the participants progress and stabilize through the treatment and recovery court program, their level of social and community activities may progressively increase. They may seek (or maintain) paid employment; attend educational programs or engage in community service; make payments on fines, restitution, child support, and taxes; maintain stable and sober housing; undergo frequent and random observed drug testing for the presence of alcohol or other drugs; and, participate satisfactorily in intensive treatment and self-help groups. The participant’s conduct in abiding by these conditions results in incentives (as a positive reinforcement), sanctions imposed by the Court (as a negative reinforcement) which may include short-term incarceration²⁷ (in the criminal treatment courts), or service adjustments²⁸. Multiple, serious repeat violations, serious new criminal conduct, or failure to make progress toward attainable goals can result in sanctions, including termination from the treatment court program.

Specialized treatment is provided by local behavioral healthcare agencies funded by contract with OBH or through the Veterans Health Administration (VHA). Maine Pretrial Services coordinates the treatment contracts that are funded by OBH. Treatment programs from these local behavioral healthcare agencies support recovery from substance use disorder, address criminogenic thinking²⁹, provide parenting education, assist with the development of more pro-social

²⁶ *Id.*, at p. 11.

²⁷ While incarceration may be used as a sanction, its use should be used judiciously and sparingly and never more than 5 days. Marlowe, DB et al (2018), *Adult Drug Court Best Practices Volume I*, p. 28., NADCP Press.

²⁸ “Service Adjustments. Infractions of distal goals should receive service adjustments, not sanctions, until participants have developed the requisite skills and resources needed to accomplish these goals (i.e., until the goals have become proximal). It is the services, and not sanctions, that help participants to accomplish their goals and achieve long-term success.” *Id.* Vol 1, 2nd Ed., p. 85.

²⁹ “Criminogenic thinking” refers to characteristic thinking or beliefs that tend to precede criminal behavior and may be addressed through evidence-based treatments such as Moral Reconciliation Therapy, Thinking for a Change, or Reasoning & Rehabilitation evidenced-based programs.

behaviors, and address mental health and trauma-related issues.

The case manager for each program provides direct and frequent supervision of participants, random alcohol or other drug testing at least twice per week, and assistance in developing individualized plans of action for each participant to help them achieve and maintain sobriety, refrain from criminal behavior, secure stable and sober housing, employment, and other goals. Case management services are directly contracted between the Office of Behavioral Health and Maine Pretrial Services.

The Family Recovery Court provides the treatment and case management services for clients that have an open child protective case and are in jeopardy of having their children removed or their parental rights terminated due to an underlying substance use disorder. However, the treatment providers are not contracted as they are with the treatment and recovery courts. The Family Recovery Courts provide the same rigorous accountability for their participants as they work toward reunification in the child protective action. There is no guarantee that parent-child reunification will occur upon a successful completion of the Family Recovery Court program; however, *Children and Family Futures*, the national organization tasked with training family treatment drug courts, reports that 50% of families who participate in a family treatment drug court achieve reunification.³⁰

E. Funding

The Maine Treatment and Recovery Courts remain labor and time intensive on the part of judges and other treatment court professionals. It is estimated that judges allocate an average of 15% to 20% of their time each week that their court meets to their treatment court assignment. Prosecutors, defense counsel, and probation officers devote similar, if not longer, hours each week. Case managers are assigned full time to the Treatment and Recovery Courts. Team members are available after hours, nights, weekends and holidays to address emergency needs of participants. The Coordinator of Specialty Dockets and Grants, also referred to as the Statewide Coordinator for Treatment Courts, devotes 100% of his work week to these courts. Additionally, the Manager of Criminal Dockets and Specialty Courts, who supervises the Statewide Coordinator, spends an average of 5% of her time each week on specialty docket issues.

The Judicial Branch did not directly receive any state or federal grants dedicated to general funding for Maine treatment court activities. The Judicial Branch did receive two grants beginning in 2022 for the implementation of two new adult treatment and recovery courts.^{31 32} The General Fund provides funding for the full-time Coordinator of Specialty Dockets as well as funding for judges, court clerks, and marshals. Treatment and case management services for the criminal treatment courts are funded through the Office of Behavioral Health (OBH) within DHHS.

Unlike the criminal treatment courts where all funding is provided by the Office of Behavioral

³⁰ *Children and Family Futures*, cffutures.org/family-drug-courts-focus/ (last visited Feb. 7, 2024)

³¹ Maine Office of Behavioral Health, Department of Health and Human Services receives and distributes federal funds used by the courts for treatment and case management services.

³² The Judicial Branch was awarded two BJA grants on December 18, 2021 to establish Treatment and Recovery Courts in Oxford County and the Mid-Coast; they began operations in the Spring of 2022.

Health, funding for the Family Recovery Courts case management services, treatment services, and peer recovery supports are split between different divisions of DHHS. Case management services are funded through OBH. Treatment services are funded through Office of Child and Family Services (OCFS), unless the participant is already covered by MaineCare. OCFS pays the agency directly where services are provided.

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

OBH funding comes from the State General Fund, the Fund for a Healthy Maine, and the federal Substance Abuse Treatment and Prevention Block Grant. Maine Pretrial Services now manages the combined contracts for case management services and treatment services through OBH. The current contracts for treatment and case management services started on July 1, 2020 as two-year contracts with an automatic renewal unless terminated after review.

F. Legislative Reporting Requirements

1. Training

During the 2023 calendar year the Administrative Office of the Courts worked collaboratively with other Maine agencies and leading national treatment and recovery court agencies to provide initial and sustainment training for the team members.

In March 2023, Coordinator Crawford distributed a *New Staff Orientation Guide* that provides references for familiarization to resources (e.g., Best Practices Manual), and training such as the Treatment Court Institute³³ in order to provide guidance and training to new staff members and ensure treatment courts retain evidence-based practices and best practice standards.

On April 18, 2023, the Coordinator of Specialty Dockets attended the 2023 Maine Alcohol Misuse Prevention (virtual) Conference, hosted by the Maine Center for Disease Control (CDC). The training was provided at no cost to the judicial branch and offered helpful information on prevention and early identification of alcohol or drug marketing and misuse.

On May 3, 2023, one of the premier trainers for the Treatment Court Institute, Helen Harberts, Esq., personally observed staffing and court sessions for the Cumberland County adult treatment and recovery court and Veterans Treatment Court. After each she offered her instructive comments on various topics, including incentives, sanctions, and responses and the multi-disciplinary team. Finally, she answered inquiries presented by team staff members. This occurred

³³ All Rise, Treatment Court Institute, allrise.org/about/division/treatment-court-institute/ (last viewed on February 9, 2024)

at no cost to the Maine Judicial Branch or the State of Maine.

On May 24 & 25, Judges David Mitchell and Eric Walker, Coordinator Crawford, and several members from the Washington County Treatment and Recovery Court attended the New England Regional Judicial Opioid Initiative Final Summit 2023 in Concord, New Hampshire. The Summit was hosted and funded by the National Center for State Courts through a federal grant, resulting in no cost to the Judicial Branch or State of Maine.

On May 31 to June 1 and on June 9, 2023, members of the National Drug Court Institute (NDCI), a division of the National Association of Drug Court Professionals (now “All Rise”) conducted a technical assistance site visit with the Western Maine Treatment and Recovery Court. Components of this TA included use of the Best Practices Self-Assessment Tool (an online survey), individual Team Member interviews, review of the Policy and Procedure Manual, observation of a pre-court staffing session and an in-court session, and a training on the use of incentives, sanctions, and service adjustments. This technical assistance was part of a BJA grant for implementation of the Western Maine Treatment and Recovery Court and was without cost to the Maine Judicial Branch or the State of Maine.

On June 26 through June 29, the Coordinator of Specialty Dockets, the Executive Officer of Maine Pretrial Services, and several other Maine treatment court multi-disciplinary staff members attended the annual national Rise24 training conference in Houston, Texas³⁴ hosted by All Rise (formerly National Association of Drug Court Professionals).³⁵ This conference is the premier training conference for all treatment and recovery court types and staff disciplines. Attendance at this conference was paid for from the Judicial Branch training fund and by funds of the agencies of other attendees.

On July 20, 2023, a team of treatment court staff, including Judges Mitchell, Walker, and Maria Woodman presented in a panel discussion with Coordinator Crawford, 2 case managers, 1 child protection case worker from OCFS, and Mr. Bruce Noddin, Director of Maine Re-Entry Network, presented training at the Governor Mills 5th Annual Opioid Response Summit in Portland on the topic of Maine’s Family Recovery Courts.

On November 15-17, five treatment and recovery court judges, the Coordinator of Specialty Dockets, and nearly 30 Maine treatment and recovery court staff members attended the annual training conference of the New England Association of Recovery Court Professionals (NEARCP) in Danvers, Massachusetts. This conference is a premier training conference second only to the All Rise training conference. Attendance at this conference was funded from the Judicial Branch training fund and by funds of the agencies of other attendees.

On November 17, Children and Family Futures held a one-day training for Family Recovery Court teams in Danvers, Massachusetts. Children and Family Futures is the recognized national leader

³⁴ The annual training conference provides training to over 7,000 treatment court professionals allowing for the development of contacts with colleagues across the region, country, and world. There are approximately 180 cutting-edge sessions that deal with specific topics and challenges faced in all types of treatment courts providing insight, direction, and training from trainers that have worked in the treatment court field for decades.

³⁵ In 2024, the organization founded as the *National Association of Drug Court Professionals* rebranded to “All Rise” to best reflect their comprehensive efforts and impact across the justice system. More information can be found on the All Rise website at allrise.org/news/we-are-all-rise/ (last visited on February 9, 2024).

in providing training and technical assistance for Family Recovery Courts. This training was held in person and attended by FRC team members from Maine Pretrial Services and the Office of Child and Family Services. The costs of attendance and travel were funded by the organizations of those attendees, and no cost was borne by the Judicial Branch. This training covered Family Recovery Court best practices and strategic planning for improvement.

The Administrative Office of the Courts continues to partner with the Center for Justice Innovations (formerly Center for Court Innovations) on several projects, including *Maine Infrastructure Project* to bolster the treatment court teams ability to self-administer sustainment training, the *Maine Defense Project* supported by a BJA State-Based Adult Drug Court Training and Technical Assistance grant, and the *Veterans Treatment Court Strategic Planning Initiative* to support training for the Veterans Treatment Courts and other treatment and recovery courts. Each project is supported by a Bureau of Justice Outreach technical assistance grant to the Center for Justice Innovations.

Additionally, case managers are required to complete on-line educational programs developed by the National Drug Court Institute and have a weekly meeting of all case managers to raise issues. The Coordinator of Specialty Dockets routinely attends pre-court meetings and court sessions to answer questions about best practices, reducing the delay in getting answers from the National Drug Court Institute, Justice for Vets, Children and Family Futures, or the New England Association of Recovery Court Professionals.

2. Locations

The Maine Judicial Branch currently operates 14 different treatment and recovery courts in four types of Specialty Dockets:

Eight *Adult Drug Treatment and Recovery Courts* (TRC);

One *Co-Occurring Disorders Court* (CODC);

Two *Veterans Treatment Courts* (VTC); and,

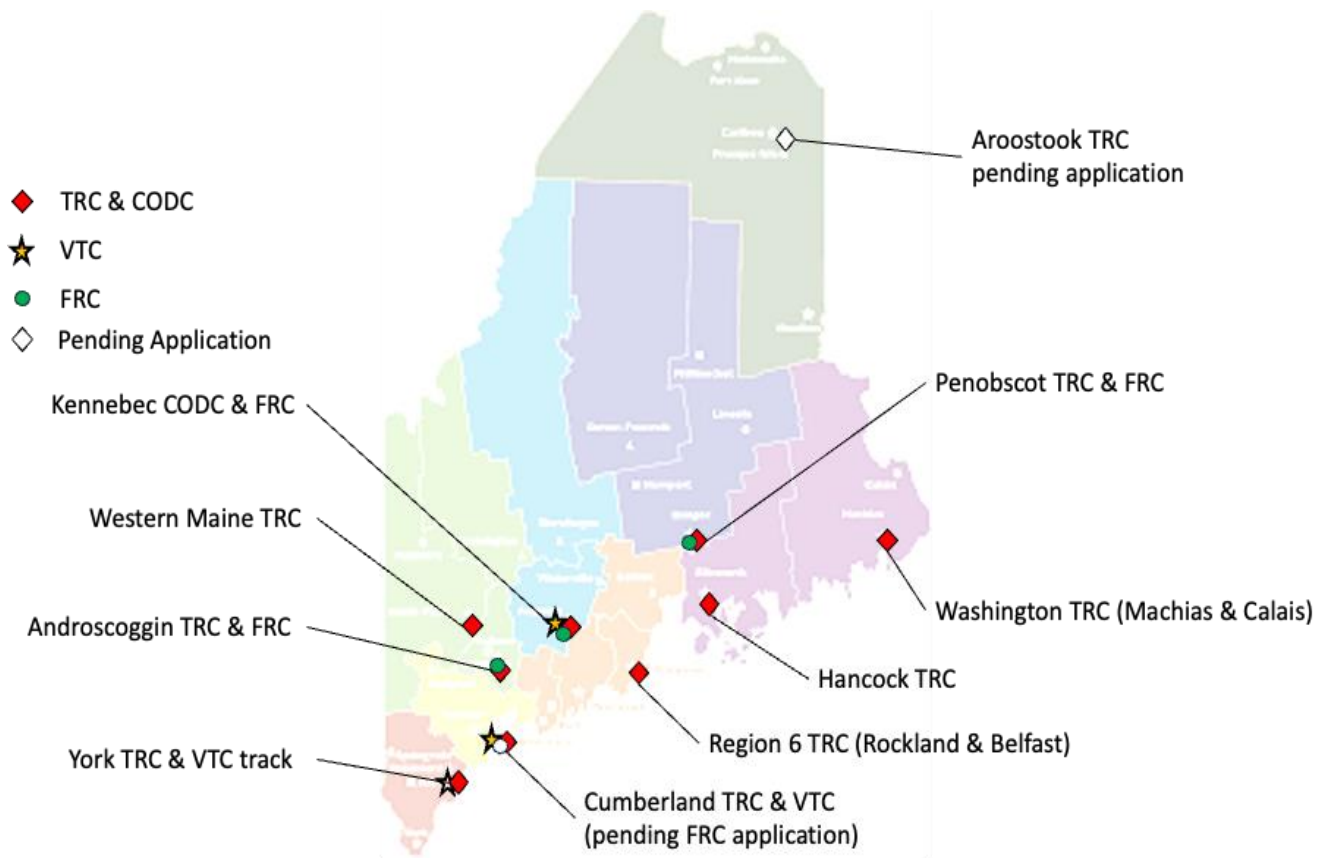
Three *Family Recovery Courts* (FRC).

In addition, the Judicial Branch is aware of efforts to develop and apply for two additional treatment courts:

One Adult Drug Treatment and Recovery Court in Aroostook County, and

One Family Recovery Court in Cumberland County.

The applications for these courts are under development by persons external to the judicial branch. As of the date of this report, neither application has been submitted to the judicial branch. As such, the judicial branch cannot yet take a position as to the ability or resources available or appropriateness of either application.



(as of January 31, 2024)

Court Type	County(s) Served	City(s) Located
<i>Treatment and Recovery Courts</i>		
	Androscoggin	Auburn
	Cumberland	Portland
	Hancock	Ellsworth
	Knox, Lincoln, Sagadahoc, and Waldo	Belfast and Rockland
	Penobscot	Bangor
	Oxford and Franklin	South Paris
	Washington	Machias and Calais
	York	Alfred
<i>Co-Occurring Disorders Court</i>		
	Kennebec	Augusta
<i>Family Recovery Court</i>		
	Androscoggin	Lewiston
	Kennebec	Augusta
	Penobscot	Bangor
<i>Veterans Treatment Court</i>		
	Kennebec	Augusta
	Cumberland	Portland

3. Presiding Justices and Judges

There are fourteen operating treatment court programs (“specialty dockets”) in Maine (as enumerated above). In each of the specialty dockets, a single judge or justice is assigned to preside. There are occasions when one single judge or justice may sit on two or more treatment courts. Presently Justice Deborah Cashman presides over the Kennebec County Adult Co-Occurring Disorders Court and the Veterans Treatment Court. Likewise, Judge Jed French presides over the Cumberland County Adult Drug Treatment and Recovery Court and the Veterans Treatment Court. While the judges preside over both courts on the same day, they are held separately.

The treatment and recovery court (TRC) Steering Committee oversees the strategic planning and progress of the treatment courts. Judge David Mitchell chairs the TRC Steering Committee, and all judges and justices who preside over a treatment court attend the Steering Committee meetings.

The current judicial assignments are as follows:

Name	Assignment
Judge David Mitchell	Chair, Treatment and Recovery Court Steering Committee, and Washington County Treatment and Recovery Court
Justice James Martemucci	York County Treatment and Recovery Court (with Veteran Treatment Track)
Judge Jed French	Cumberland County Treatment and Recovery Court and Cumberland County Veterans Treatment Court
Justice Harold Stewart	Androscoggin County Treatment and Recovery Court
Judge Tammy Ham-Thompson	Androscoggin County Family Recovery Court
Justice Deborah Cashman	Kennebec County Co-Occurring Disorders Court and Kennebec County Veterans Treatment Court
Judge Eric Walker	Kennebec County Family Recovery Court
Judge Meghan Szylvian	Penobscot County Treatment and Recovery Court
Judge Amy Faircloth	Penobscot County Family Recovery Court
Justice Patrick Larson	Hancock County Treatment and Recovery Court
Judge Sarah Churchill	Oxford County Treatment and Recovery Court
Judge John Martin	Mid-Coast Treatment and Recovery Court

4. Community Involvement

It is said that the opposite of addiction is not sobriety but connection.³⁶ The treatment and recovery courts seek to utilize agencies and organizations within the local communities to foster the connections needed to maintain a recovery lifestyle.

The most personal way of establishing connections is with mentors, peer supports, recovery coaches, or graduates of the treatment courts. The Veteran Mentors of Maine have worked with the treatment courts since Maine's first Veterans Treatment Court was founded in 2011. The Veteran Mentors of Maine currently provide mentors for the participants in the Veterans Treatment Court in Portland. In 2023, the Maine treatment and recovery courts began integrating peer supports into the treatment court staffing teams, including the family recovery courts. This follows the success of the inclusion of the veteran mentors and the nationwide push for the inclusion of mentors, peer supports, recovery coaches, or graduates to assist participants in the other treatment courts. Funding for the peer support services and training is provided by contracts between the Office of Behavioral Health and the Maine Re-entry Network (MERN). Recovery coach training is funded by OBH contracts with Healthy Acadia and Portland Recovery Community Center (PRCC) from a braided use of federal and state funds.

As of December 31, 2023, every treatment and recovery court team includes a peer professional and peer recovery specialists are available to all participants. Maine treatment and recovery courts have connected with the Maine Recovery Hub, the Portland Recovery Community Center, and the Maine Re-entry Network to provide peer supports. Recovery coaches would be matched with current and prospective participants to provide community support and mentorship.

The treatment courts in each county also interface with local recovery residences. By coordinating with the recovery residences, the participants in the treatment courts have easier access to limited housing resources and the residences have a partner in the courts to help maintain accountability and proof of sobriety. When possible, the Maine treatment courts seek to use recovery residences that have achieved Maine Association of Recovery Residences³⁷ (MARR) certification.

5. Education

The Treatment Courts are active in education of the participants, team members, and the general public. Education of the participants occurs through informational speakers that address the participants during court sessions or at specially arranged meetings. Additionally, there is a requirement of treatment court participants who have been socially stabilized to be either employed or furthering their education. The case managers work to connect participants to resources that assist them in attaining these goals.

Education of the team members normally comes in the form of training as described in the

³⁶ Weiss, Robert W., *The Opposite of Addiction is Connection*, *Psychology Today*, September 30, 2015, psychologytoday.com/us/blog/love-and-sex-in-the-digital-age/201509/the-opposite-addiction-is-connection, (last visited Feb 3, 2022)

³⁷ Maine Association of Recovery Residences, 2021, mainerecoveryresidences.com. (last accessed Feb. 9, 2024). This is an independent certification program as the State of Maine does not license recovery residences, other than life safety code inspections,.

“Training” section above. Additionally, case managers complete on-line educational programs developed by the National Drug Court Institute. The Coordinator of Specialty Dockets and Grants routinely attends pre-court meetings and court sessions to answer questions about best practices, reducing the delay in getting answers from the national or regional agencies that set these standards.

Education of the public occurs as well. One example was the participation of team members in the Governor Mills Fifth Annual Opioid Response Summit on July 20, 2023. Judges David Mitchell and Eric Walker, Coordinator Crawford, Bruce Noddin (MERN), Abby Frutchey, and other stakeholders in the Maine treatment courts attended this conference. They, along with other attendees, shared ideas, strategies, and best practices on how to best help those in Maine who are impacted by the use of opioids. Subsequent webinars were also scheduled on other specific opioid-related issues.

Throughout the year, Coordinator Crawford attended numerous recovery and veteran events around the state in order to raise public awareness about the treatment and recovery courts and to connect with other state agencies and community resources. In 2023, Coordinator Crawford attended five Veteran Homeless Stand Down events in Bangor, Portland, Lewiston, and Augusta. He regularly attends meetings and maintains working relationships with community partners, such as Maine Re-Entry Network, Veterans Forward, and Western Maine Addiction Recovery Initiative, just to name a few.

Treatment court personnel have helped to educate the general public about the existence and success of the Treatment Courts through the media. For example, Abby Frutchey, L.M.S.W., L.A.D.C., C.C.S., who is a 2006 graduate of the Washington County Treatment and Recovery Court. Mrs. Frutchey is now a leader and true professional in the field of recovery. Abby is the Substance Use Response Coordinator for Community Caring Collaborative and has 12 years of experience practicing as a licensed substance use treatment provider and clinical supervisor, specializing in treatment of those involved in the criminal justice system. She is likewise a co-founder of the National Treatment Court Alumni Association in partnership with All Rise. Recently Abby’s blog was spotlighted by Faces & Voices of Recovery, where she explained that hope and opportunity are the necessary elements for successful recovery:

“Recovery (like people) can only flourish given the opportunity. Instead of being incarcerated, I was able to receive addiction treatment and support in the community through a treatment court program.”³⁸

Leaders such as Abby exemplify the critical role that treatment courts, in concert with other agency and community partners, provide to bring healing and restore hope to our communities. The voices of alumni bring public awareness to the value of the treatment courts, but most importantly, to the value of those we serve.

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

³⁸ Frutchey, Abby, *We’re Just Getting Started*, Oct. 3, 2023, facesandvoicesofrecovery.org/2023/10/03/were-just-getting-started/ (last visited on Feb. 9, 2024)

the participants.

The effort to educate the public, community resources, and treatment court staff is continuous and dynamic. All Rise and the Treatment Court Institute continuously train, provide technical assistance, and disseminate research to improve the effectiveness of treatment courts. In turn, the treatment courts team with other Maine leaders in the recovery community to provide awareness and education to the public.

6. Existing Resources Addressing Substance Use Disorder

The treatment courts partner with existing substance use disorder resources to enhance the participants' journey into recovery. There are currently three primary treatment-providing agencies contracted by the Office of Behavioral Health that sit on treatment court teams to directly address substance use disorder:

Maine Behavioral Healthcare, MaineHealth
Wellspring, Inc.
Aroostook Mental Health Services, Inc.

Treatment services for the treatment courts in York, Cumberland, Androscoggin, Kennebec counties, and Western Maine and Mid-coast region are provided by Maine Healthcare. Treatment services for the treatment courts in Penobscot County are provided by Wellspring, Inc. Treatment services for the treatment courts in Hancock and Washington counties are provided by Aroostook Mental Health Services, Inc.

The Treatment Courts utilize Assertive Community Treatment (ACT) Teams in York, Cumberland, and Kennebec counties to address participants' severe and persistent behavioral health issues. In other counties served by treatment courts, case managers provided by Maine Pretrial Services work on finding equivalent services as needed.

The Judicial Branch website provides a public access list of federal-SAMSHA licensed treatment programs available in various Maine counties. This same list has been made available to all judges in Maine.

The Office of Behavioral Health has provided additional resources to allow for the expansion of the treatment courts by funding for an additional a case manager position for each treatment and recovery court. The additional case managers allow for the implementation of Veteran Treatment Tracks (VTT) in each treatment and recovery court.

The Administrative Office of the Courts continues to use the Center for Justice Innovation's Veterans Treatment Court Strategic Planning to provide guidance and support for the improvement and expansion of the Veteran Treatment Courts.

All of the Treatment Courts in Maine allow the use of medication-assisted treatment. Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT

programs are clinically driven and tailored to meet each patient’s needs.³⁹ Agencies working with the Treatment Courts and providing MAT, such as Healthy Acadia, also provide medication management services. MAT and medication management services are covered by MaineCare.

7. Statistics

All Rise recommends that treatment and recovery courts have a full comprehensive review and assessment every three to five years. The most recent evaluation of the criminal treatment courts, funded by the Office of Behavioral Health, was published in 2020. The evaluation was completed by Public Consulting Group (PCG), a leading public sector management consulting and operations improvement firm. The results of that evaluation are included below, and the full evaluation may be accessed on the Judicial Branch website.⁴⁰

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

Referrals and Admissions.

A referral to a treatment court can be made by any interested party. Referral forms are available to the public on the Maine Judicial Branch website.⁴¹ The potential participant is then screened by a case manager to determine if they meet the high-risk and high-need criteria for entry into the criminal treatment courts or for an open child protective case in the Family Recovery courts. A determination is also made as to whether treatment services are available to meet the needs of the potential participant. If all conditions are met and the potential participant agrees to entry, a date is set for admission.

Chapter Five of the Maine Treatment Court Policy and Procedure Manual describes the referral and determination process.⁴²

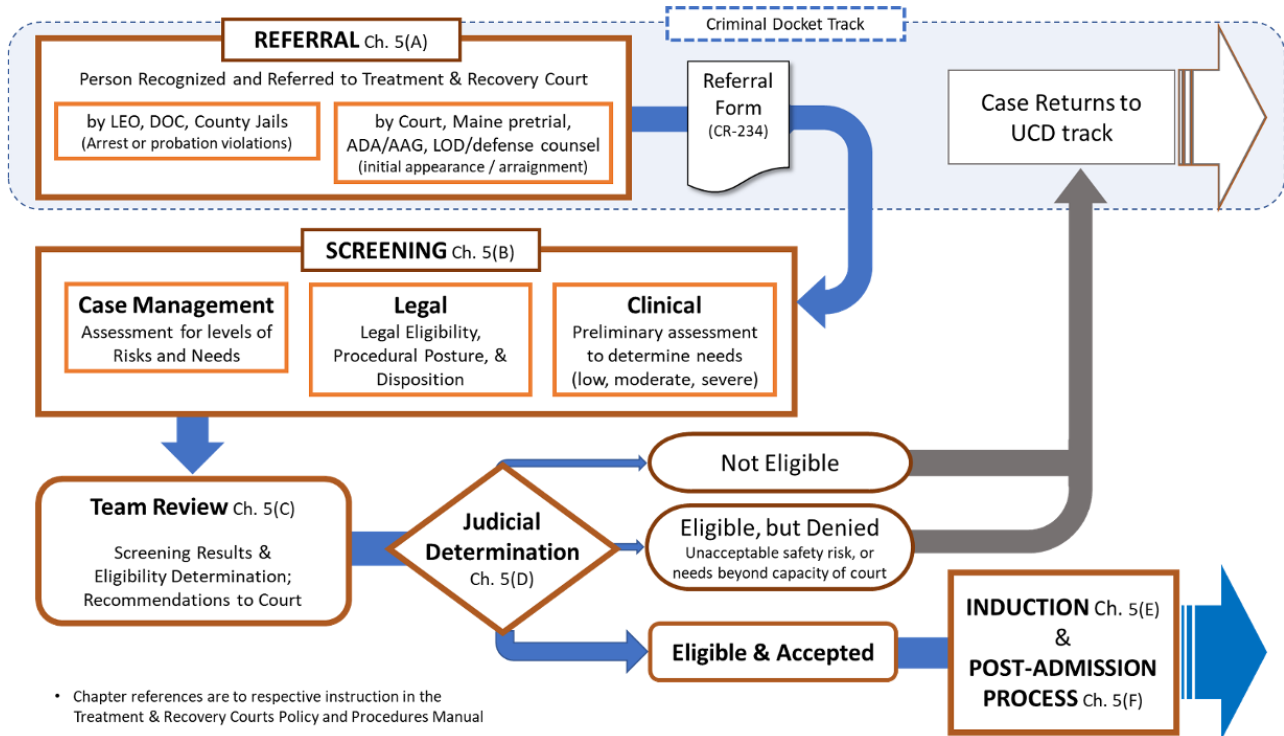
³⁹ U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration, (2021) *Medication-Assisted Treatment*, [samhsa.gov/medication-assisted-treatment](https://www.samhsa.gov/medication-assisted-treatment) (last visited on Feb. 9, 2024).

⁴⁰ Public Consulting Group (2020), *Maine Adult Drug Treatment Court Evaluation Report*, courts.maine.gov/about/reports/adtc-evaluation-report-2020.pdf (last visited on Feb. 9, 2024).

⁴¹ Maine Judicial Branch Court Forms, mjbportal.courts.maine.gov/CourtForms/FormsLists/Index, (last visited on Feb. 9, 2024).

⁴² Policy and Procedure Manual, 2022, p. 17

Referral to Determination Process *Maine Policy and Procedure Manual*

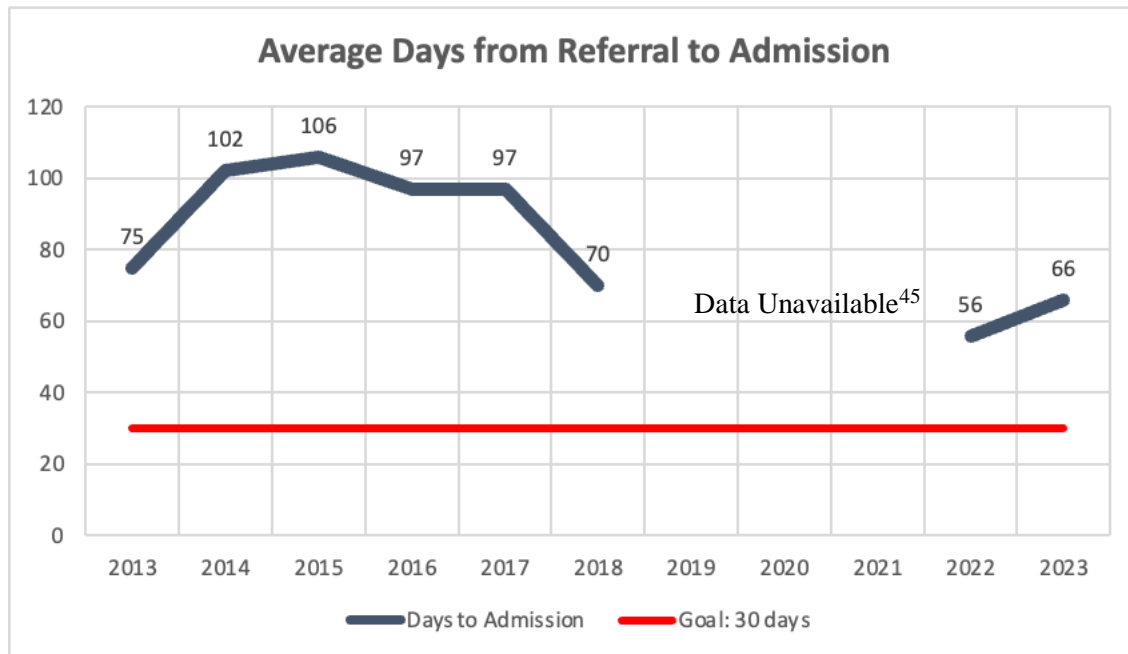


Key Component #3 notes that eligible participants are identified early and promptly placed in the treatment court program.⁴³ The period immediately after an arrest, or after an apprehension for a probation violation, is a critical window of opportunity for intervening and introducing treatment as a viable course of action. Ideally, it should not take longer than 30 days from referral to admission. This decreases the amount of time in jail and increases cost savings as the closer in time that treatment starts to the precipitating event (arrest/summons) the more effective the treatment.

The statewide average of time from referral to admission has been challenging, but assertive efforts have helped improve the average, though more work is needed to improve this process. In June, 2023 the National Drug Court Institute observed the Western Maine Treatment and Recovery Court and recommended that the TRC conduct an analysis “to identify bottlenecks, structural barriers, and points in the process where adjustments to procedures could facilitate quicker placement into treatment court would be helpful. In addition, a more systematic identification and referral process may shorten the time between arrest and treatment court entry.”⁴⁴

⁴³ NADCP, *Defining Drug Courts: The Key Components*, 1997.

⁴⁴ National Drug Court Institute, *Technical Assistance (TA) Summary Report, Oxford Treatment and Recovery Court*, Jun. 9, 2023.



<u>Year</u>	<u>Days from referral to admission</u> ⁴⁵
2013	75
2014	102
2015	106
2016	97
2017	97
2018	70
2019	incomplete data available ⁴⁵
2020	incomplete data available ⁴⁵
2021	incomplete data available ⁴⁵
2022	56
2023	66

⁴⁵ Prior to July 1, 2019, all data was housed in the DTxC data system by the Department of Health and Human Services (DHHS). As of July 1, 2019, DHHS discontinued the use of DTxC, which was then replaced with an internal EIS system. The EIS system has been unable to produce reliable or accurate data. The treatment court then began using the *AIMS-Automon data management system* as of October 1, 2021, managed by Maine Pretrial Services. This system is commercially designed specifically for the collection of treatment court data.

Admission Rate (%) By Court⁴⁶

Court	2016-2019	2021	2022	2023
Androscoggin Treatment and Recovery Court	37	55	33	41
Cumberland Treatment and Recovery Court	78	29	31	23
Hancock Treatment and Recovery Court	50	100*	31	27
Kennebec Co-Occurring Disorders Court	47	43	28	21
Mid-Coast Treatment and Recovery Court	Note 1	Note 1	29	51
Penobscot Treatment and Recovery Court	35	54	20	18
Washington Treatment and Recovery Court	80	56	44	32
Western Maine Treatment and Recovery Court	Note 1	Note 1	9	32
York Treatment and Recovery Court	39	63	27	34
Cumberland Veterans Treatment Court	Note 1	83	31	23
Kennebec Veterans Treatment Court	54	31	28	12
Androscoggin Family Recovery Court	Note 2	Note 2	61	34
Kennebec Family Recovery Court	Note 2	Note 2	44	52
Penobscot Family Recovery Court	Note 2	Note 2	27	16

*Hancock accepted transfer cases from other counties causing this anomaly

Note 1: Newer treatment courts not in existence at time of data collection

Note 2: Data not collected during these periods for dependency courts

Commencement (Graduation) Rates

In accordance with All Rise (NADCP) recommendation, the term “graduation” has been exchanged with “commencement” to signify that successful completion of the treatment court program is an advancement to another phase of life, rather than a completion or termination of recovery.

The Public Consulting Group (PCG) 2020 evaluation of Maine treatment and recovery courts examined participants that had entered a criminal treatment and recovery court between 2015 to 2019.⁴⁷ The average Maine commencement rate was 52%, which was comparable to 2019 national commencement rate of 56.5%.⁴⁸

In 2022, 415 participants were served by the Maine treatment and recovery courts.
Among those with a disposition, a total of 42% successfully commenced:

49% - TRC & CODC

67% - VTC

23% - FRC

⁴⁶ Rounded to the nearest whole number; referrals could not be admitted for an assortment of reasons, to include a referral being withdrawn, ineligibility due to residence, age, violent history, or refusal to participate by defendant who was referred.

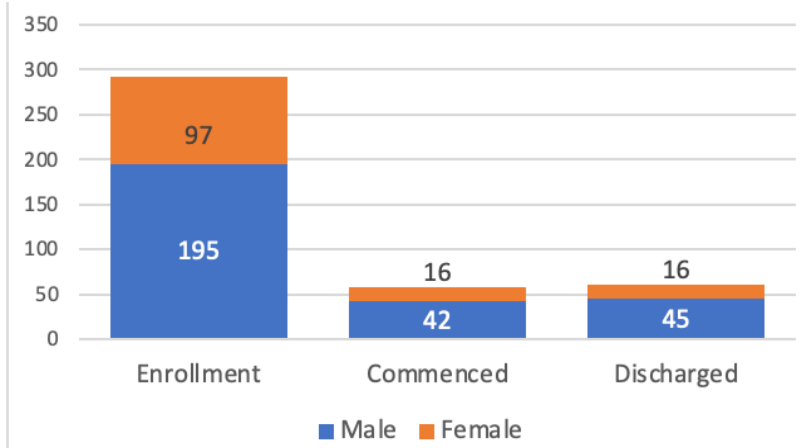
⁴⁷ Public Consulting Group (2020)

⁴⁸ DeVall, K., Lanier, C., & Baker, L. (2023). *Painting the Current Picture: A National Report on Treatment Courts*

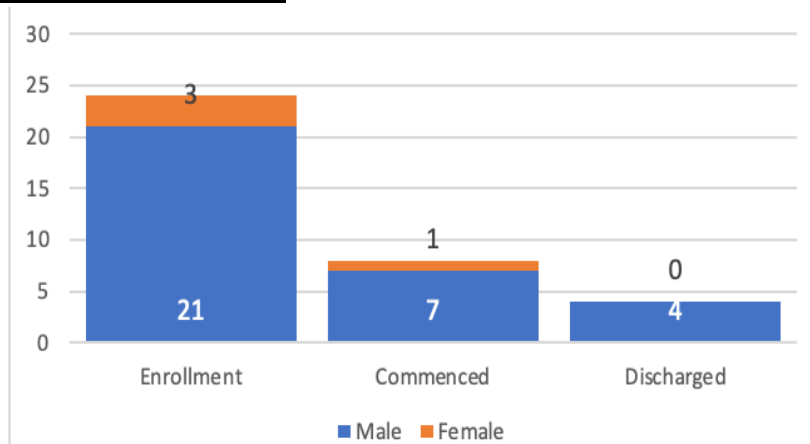
Demographics - The following 2022 data was reported to the National Drug Court Resource Center at their request:

PARTICIPANTS BY GENDER (as requested by NDCRC):

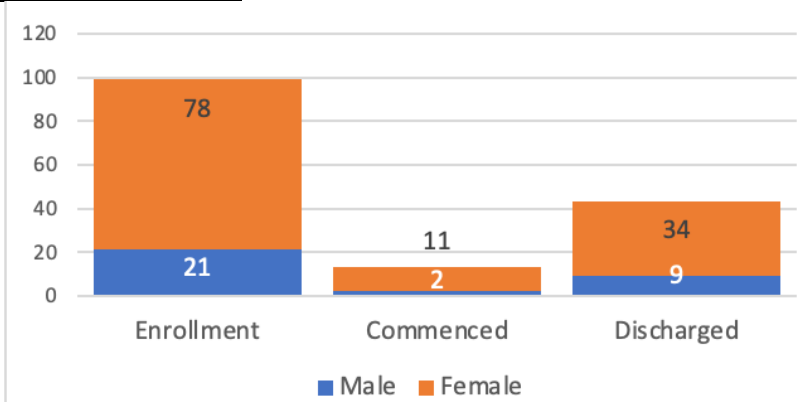
Adult Drug Treatment and Recovery Courts & Co-Occurring Disorders Court



Veterans Treatment Courts



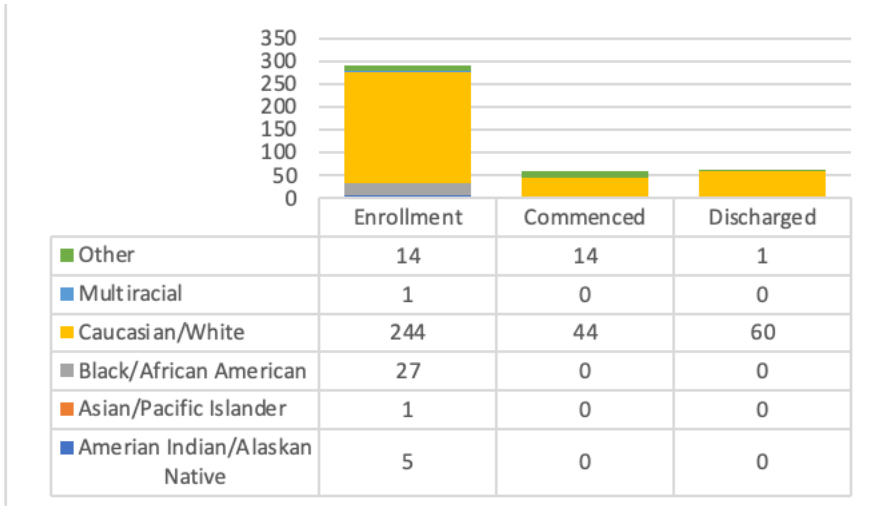
Family Recovery Courts



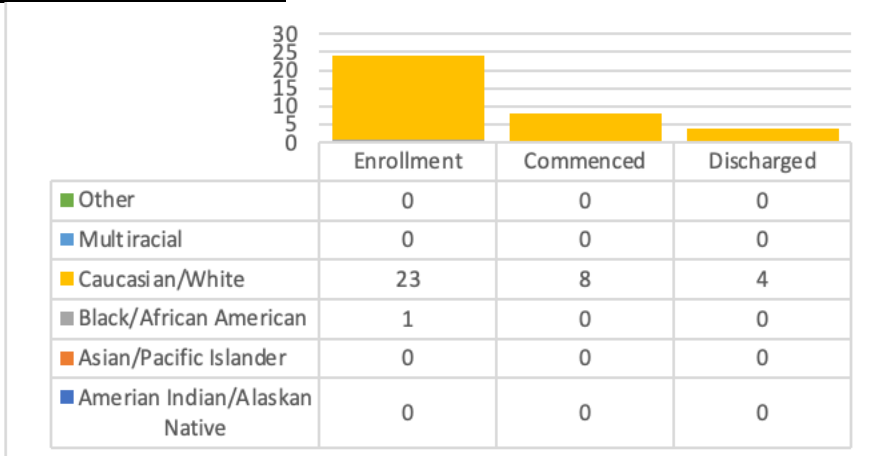
in the United States. National Drug Court Resource Center.

PARTICIPANTS BY RACE

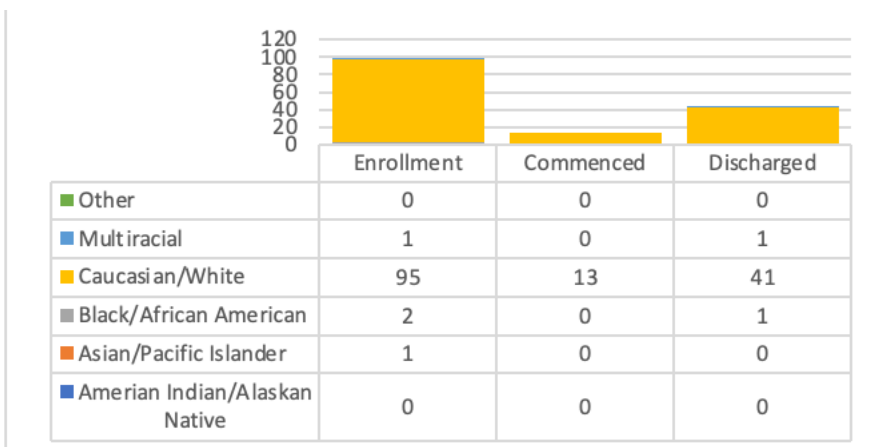
Adult Drug Treatment and Recovery Courts & Co-Occurring Disorders Court



Veterans Treatment Courts

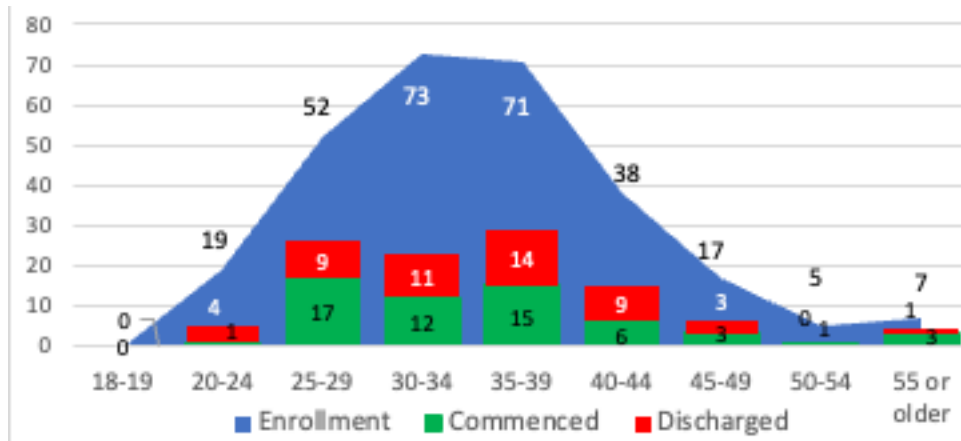


Family Recovery Courts

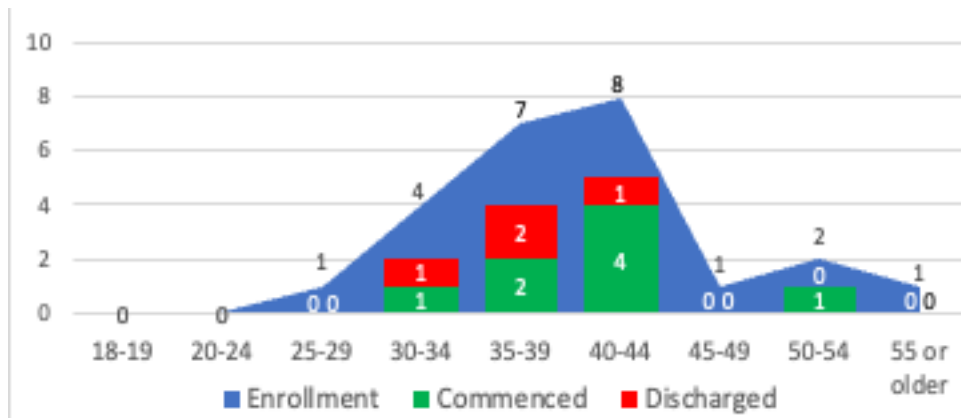


PARTICIPANTS BY AGE

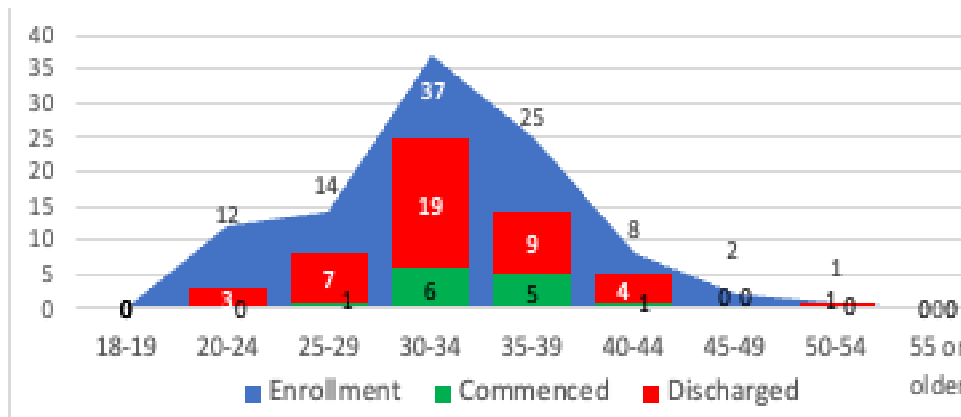
Adult Drug Treatment and Recovery Courts & Co-Occurring Disorders Court



Veterans Treatment Courts



Family Recovery Courts



8. Collaboration

The treatment and recovery courts in Maine succeed through their inherent nature to collaborate and partner with multiple government agencies and community organizations. The major partners with whom the treatment and recovery courts collaborate include the following:

a. State of Maine, Office of Opioid Response

Mr. Gordon Smith, Esq. maintains his standard active participation in the Steering Committee and continues a strong relationship with the Maine treatment and recovery courts. Mr. Smith and the treatment courts have collaborated through the New England Regional Judicial Opioid Initiative, and he always ensures to include the treatment and recovery courts as breakout panel session at the Governor's Annual Opioid Response Summits. Mr. Smith is ubiquitous in the recovery community events and meetings which members of the treatment courts likewise attend.

b. District Attorneys and Office of the Attorney General

The treatment courts in Maine have and maintain an excellent relationship with the District Attorneys and the Office of the Attorney General. Each of the criminal treatment and recovery courts have either a District Attorney, Assistant District Attorney or an Assistant Attorney General as a team member. They appear for the pre-court meetings and court sessions. One District Attorney (Jacqueline Sartoris, Esq.) and one Assistant Attorney General (Kyle Myska, Esq.) are named members of the Treatment and Recovery Court Steering Committee while other prosecutors attend and participate. An area that could be improved would be the addition of an Assistant Attorney General to the Family Recovery Courts.

c. Defense Bar and the Maine Commission on Indigent Legal Services

The treatment courts in Maine have and maintain an excellent relationship with local defense attorneys. Each of the criminal treatment court teams has a defense attorney to ensure that participants' constitutional rights are protected and may be a voice for the participant at each pre-court staffing and court sessions. One defense attorney (Amber Tucker, Esq.) presently attends as named members of the Treatment and Recovery Court Steering Committee and other defense attorneys attend and participate. Donald Hornblower served in this position for over ten years and stepped down from the Committee in 2020, but remains active in the Western Maine and Androscoggin County TRCs. Additionally, the Maine Commission on Indigent Legal Services has actively participated in work sessions on the Maine Defense Attorney project, designed to help define the role and scope of work of defense counsel on treatment courts.

d. Department of Corrections

The treatment courts in Maine have and maintain an excellent relationship with the Department of Corrections. Each of the criminal treatment courts has at least one probation officer assigned to the team who appears at the pre-court staffing and court sessions. Additionally, the staff at the Intensive Mental Health Unit at the state prison offer their services and insight to the Co-Occurring Disorders Court when the need arises. Commissioner Randall Liberty remains active on the Veterans Treatment Court Strategic Planning Committee. A representative from Adult Community Corrections sits as a member of the Treatment and Recovery Court Steering Committee.

e. Department of Health and Human Services

The treatment courts in Maine maintain an excellent relationship with the Department of Health and Human Services through the Office of Behavioral Health. One member of the Office of Behavioral Health is named member of the Treatment and Recovery Court Steering Committee (Katherine Coutu) and actively participates. This collaboration goes beyond a presence on the Treatment and Recovery Court Steering Committee, however, as the funds for treatment, case management, drug testing, and peer recovery services are contracted between local or statewide agencies and the Office of Behavioral Health. Additionally, the Office of Child and Family Services provides numerous child welfare case workers – who also manage cases in the child protection court – as regular members of the family recovery courts. These case managers attend regular staffing and court sessions and have presented with family recovery court judges as panelists at the 2023 Governor Mills Opioid Response Summit. Several case managers and supervisors also attended the New England Association of Recovery Court Professionals.

f. Department of Public Safety and other Maine Law Enforcement Agencies

The treatment courts in Maine maintain an excellent relationship with the Department of Public Safety (DPS) and other county and local law enforcement agencies. With the assistance of DPS and others, bail checks and wellness checks have been completed during this incredibly difficult time of a pandemic. The grants managers at DPS have provided information on possible grant opportunities. The treatment courts in Hancock, Kennebec, Western Maine and Penobscot counties have a law enforcement officer that sits as a member of the treatment court team.

g. Local Service Agencies

The treatment courts in Maine have and maintain an excellent relationship with local service agencies throughout the state. The Maine Bureau of Veterans Services assists with the Veterans Treatment Courts in Kennebec and Cumberland counties and has a seat on the Veterans Treatment Court Strategic Planning Committee. The Maine Re-Entry Network has championed the task to train and staff Peer Professionals on each of the treatment court teams and provide Peer Recovery Specialists to provide peer services to participants. Other agencies that have a working relationship with the treatment courts include that ACT teams (Assertive Community Treatment) for participants with serious and pervasive mental health issues, sober living facilities, Eastern Maine Development Corporation, NAMI Maine, and local medical practitioners to address participants physical health.

h. Statewide Organizations Representing Drug Court Professionals

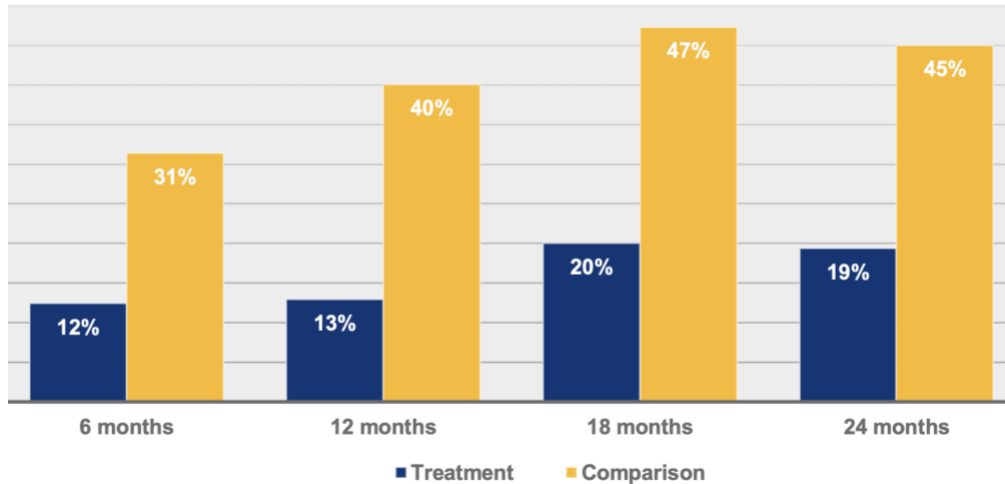
The Treatment and Recovery Court Steering Committee is the organization that represents the Maine Treatment Court Professionals. Additionally, many members of the Treatment Courts in Maine are members of the New England Association of Recovery Court Professionals (NEARCP), a regional organization to represent, support, and train New England region state treatment court team. Three members of the NEARCP Board of Directors are from Maine, Judge David Mitchell, Coordinator Crawford, Darcy Wilcox, and Catherine Chichester. The Coordinator of Specialty Dockets and Grants also actively participates in regular meetings of the National Court Statewide Coordinators meetings through the Center for Justice Innovations and All Rise events.

9. Evaluation of Programs

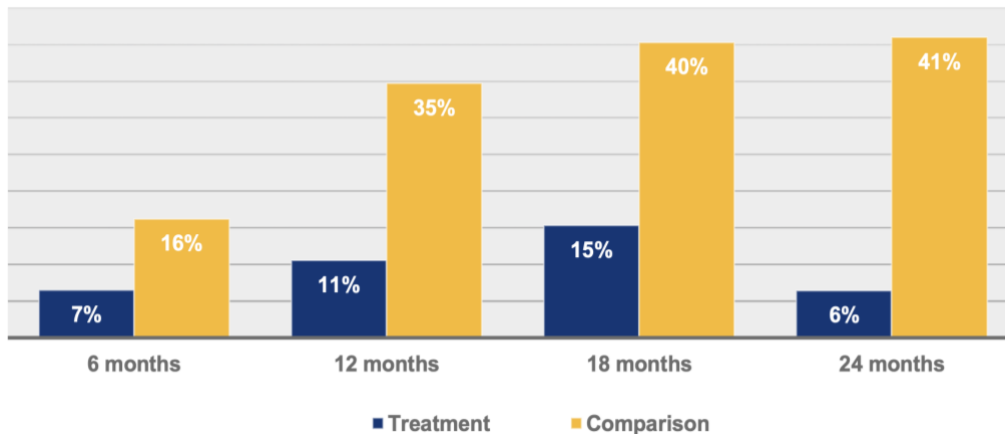
The goals of the treatment and recovery courts are to break the cycle of substance use disorder and criminal activity and to reduce their overall economic impact to society. Based on the independent evaluation conducted by PCG, the criminal treatment courts in Maine have a significant positive impact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

Recidivism. Maine’s recidivism outcomes, as expressed by arrests and convictions after people leave the various treatment courts, are remain good, both in relationship to the Maine comparison group where they are lower at every juncture by statistically significant amounts and in relation to studies that have been performed across the country. The most recent data collected (2016-2019) is presented here. More data will become available after the next statewide evaluation.

Arrest Recidivism Rates of Treatment Court and Comparison Groups (2016-2019)⁴⁹



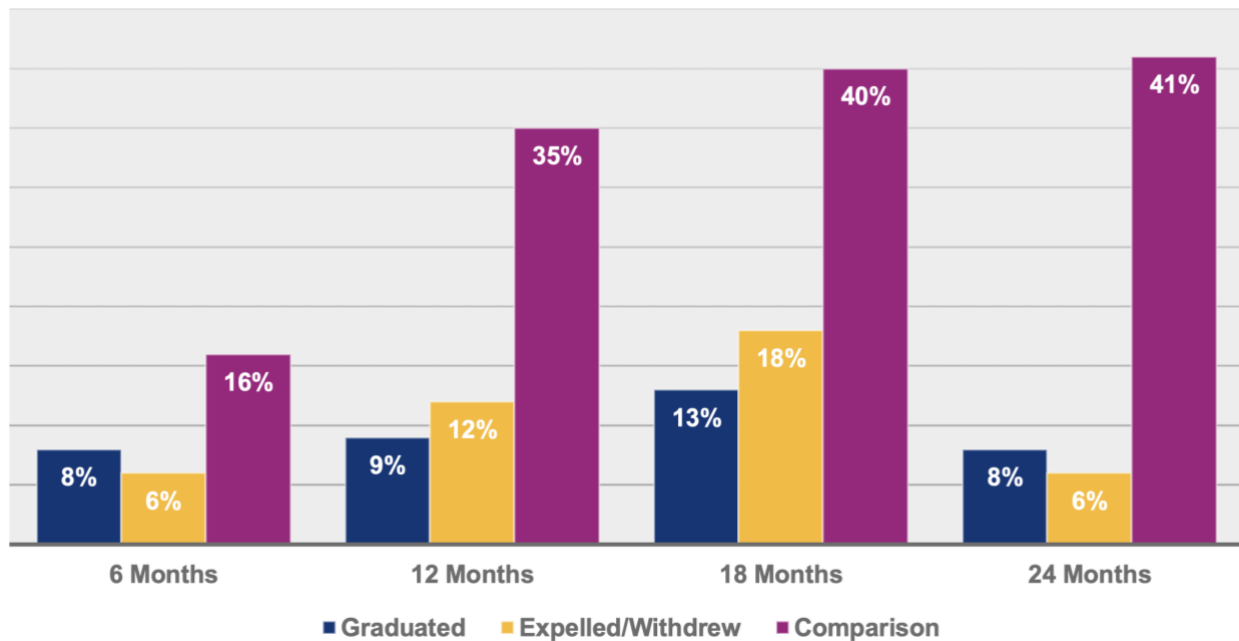
Conviction Recidivism of Treatment Court and Comparison Groups (2016-2019)⁵⁰



⁴⁹ Public Consulting Group, p. 68. The comparison group in these charts is made of individuals that met a high-risk/high- need criteria but were not referred to a treatment court.

⁵⁰ *Id.*, p. 69

Comparison of Conviction Recidivism of Treatment and Recovery Court Participants vs. Comparison Group by Exit Type 2016-2019 ⁵¹



This data confirms the impact that treatment courts have when it touches people's lives, even if they do not successfully complete the entire program.

10. Economic Impact

The PCG evaluation found that the average amount of time spent in a criminal treatment court is 15.5 months. This number includes both those who successfully complete the program and those who do not.

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

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

⁵¹ *Id.* p. 71

Costs per Person for Incarceration by Group

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

There is an average savings of ***\$16,232 for each treatment court participant*** when contrasted to persons of the same high-risk/high-need conditions that did not participate in a treatment court.

Conclusion

Treatment courts are justice reform. For three decades, there has been a growing movement to transform the way the justice system responds to substance use and mental health disorders. Rather than continuing the revolving pattern of addiction and related crime, treatment courts break the cycle with intensive judicial intervention that uses accountability while connecting them with treatment and support needed to overcome the disease and change their lives. This approach is no longer an experiment; more than 4,000 treatment courts across the nation have proven to be the most successful justice intervention in our nation’s history.

During the past twenty-two years of continuous operation, Maine’s Adult Treatment and Recovery Courts, Co-Occurring Disorders Court, Veterans Treatment Courts, and Family Recovery Courts have continued to offer a successful, evidence-based approach to justice innovation and to meet the challenge of substance use and crime in the State of Maine.

The PCG independent evaluation validates the positive impact that our treatment courts have on our recidivism and cost. The evaluation also provides a roadmap to make those impacts even greater given the opportunity and resources. We are constantly strategizing to improve in quantity and quality to support recovery from substance use disorders and mental health disorders, reduce criminal recidivism, enhance public safety, improve our communities, and enhance the likelihood of family reunification.

Respectfully submitted,



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