EXHIBIT 4
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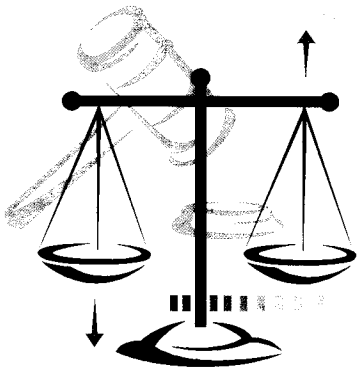
MONTANA JUDICIAL BRANCH

MONTANA DRUG COURTS:

A SNAPSHOT OF SUCCESS AND HOPE



PRODUCED BY MONTANA SUPREME COURT,
OFFICE OF COURT ADMINISTRATOR

JANUARY 2011

Letter from a Montana Drug Court Graduate

To Whom It May Concern:

I have learned that in order for me to change, I only had to change one thing. And that was everything.

My whole adult life I have pretty much associated with two kinds of people. There were those who had no respect for the law and no real respect for themselves or anyone around them. That was me from the age of 18-29 years old. And then there were the working drug addicts. You know the kind. The kind of person that will work 40 hours per week, support his own habit, and survive---just barely. I ended up falling into this category by the age of 30. But I knew in my heart I wanted more from life – yet not knowing exactly how to change

Treatment court gave me the opportunity to do just that---Change. To be the law abiding, self-respecting, and productive member of society that I always new in my heart that I wanted to be.

When I entered this program 18 months ago, I didn't realize that I was nothing more than an immature 41 year old child. It took a successful intensive outpatient treatment program and a little over a years counseling from a fantastic mental health specialist for me to come to this realization. Thank you very much for those two gifts, because I never would have given myself these things on my own.

With these things and the structure that treatment court provided me with, I have made a definitive and positive change in my life.

I am an active member in the 12 step community, consulting with people all over the state of Montana with the same addiction I have. I go to meetings around town and open the door for one every Friday night. It is here that we discuss our experiences, strengths and hopes.

It is also here that I have new friends---clean ones. Because I no longer associate with anyone that I used to call friend, that uses to get by, they are all just a part of my past.

I am a carpenter by trade; I love to build things with my hands and can't really see myself being happy doing anything else. I have recently gone to work for a company that I can see being the last company I will ever work for, unless the company has my name in it somewhere.

I make small goals in my life now, because I used to make them so large that I couldn't achieve them. This keeps me on the steady up-hill climb.

I'm currently dating a beautiful drug-free woman, and this is new to me because in the past, I've always been with someone who has enabled me in my addiction and made sure I never had to do without for one reason or another. This new woman in my life can't imagine me the way I used to be, and now neither can I.

I no longer feel that I'm an immature child. I can look at myself in the mirror and like the man I have become.

These are the ways treatment court has changed my life, and I thank each and everyone of you involved with all my heart.

D. Green, Drug Court Graduate

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I. Highlights of the Report

The Supreme Court Office of Court Administrator (OCA) is pleased to provide this report confirming that Drug Courts provide a strong investment in the recovery of drug and alcohol dependent persons involved in criminal, juvenile, and child abuse and neglect cases. The report describes results for participants who have come through Montana's Drug Courts during a 30-month period (May 2008-November 2010). It includes data for Drug Courts funded by a state general fund appropriation and Drug Courts funded through local, state or federal grant dollars.

- Overall the Montana Drug Court graduation rate is as good as or better than rates found in national studies with an average of 53.6% of participants graduating from a Drug Court program.
- For Montana Drug Courts, the 251 graduates during the 30-month study period were in Drug Court for an average of 474 days. Participants terminating early averaged 283 days. The longer an individual stays in Drug Court and treatment, the better the outcome.
- In order for treatment to have an effect, a minimum of 3-6 months of participation is necessary. Montana Drug Courts are meeting this challenge with 81.6% of cases open at six months and 49.7% still open at one year.
- During the 30-month study period there were 123 documented reoffenses including 21 felonies and 102 misdemeanors for a reoffense rate of 15.47%. When broken out by type of offense, (i.e., misdemeanor vs. felony) the rates are as follows: 2.6% felony and 12.8% misdemeanor.
- For the 162 participants that were discharged for two years or more, 19 offenses occurred for a reoffense rate of 11.7%. The offenses included 2 felonies and 17 misdemeanors. Thus, 1.2% was the felony reoffense rate while 10.5% was the misdemeanor reoffense rate. This rate of reoffense compares very favorably to traditional criminal justice system reoffense rates for alcohol and other drug dependent offenders.
- Adult Drug Court graduates reported a 17.6% increase in employment from admission to graduation. Family Drug Court graduates report a 61.8% increase in employment from admission to graduation.
- Adult Drug Court participants reported a 21.4% increase in adults getting a high school education, GED or attending some technical school/college. For the 86 Juvenile Drug Court cases there was a 350% increase in the number of participants receiving a high school diploma/ GED or some college.
- Forty -four of the 115 graduates that did not have a driver's license at admission received a license by graduation.
- Adult Drug Court participants indicated that the most common drug of choice was alcohol (50.1 %), followed by marijuana (25.0%), and methamphetamine (12.9%). For Family Drug Court participants, the primary drug of choice was methamphetamine (48.4%), followed by alcohol (26.9%), and marijuana (12.9%). For Juvenile Drug Court participants the primary drug of choice was marijuana (70.6%) followed by alcohol (27.5%).

- The 251 Drug Court graduates had an average of 314 days of sobriety. Of the 214 adult graduates, 184 were attending self-help at discharge or 86%. Attending self-help meetings (12-step meetings) is viewed by many as the long-term strategy for remaining clean and sober.
- For Adult Drug Court cases (N=586 admissions), participants had an average of .96 felony arrests or nearly one per person, or 566 arrests in the 12 months prior to entering drug court. For Adult Drug Court cases, there were 2,851 misdemeanor arrests in the 12 months prior to admission to drug court or an average of 4.86 per admission.
- For the period May 2008 through October 2010, a total of 20 participants were pregnant at admission and/or during participation in a Drug Court. During this time in Drug Court, 14 participants gave birth. Of these births, 12 babies were born drug free, one was born drug affected and the outcome for one baby is unknown. Studies indicate that costs per drug affected child from birth to age 18 are substantial and will often reach over $750,000.
- Children in Family Drug Courts appear to spend between 40 to 50% less time reaching permanency thus saving a variety of costs including time in foster care.
- With 62 closed cases during the period, Family Drug Courts have only had 1 new substantiated referral following discharge from the Drug Court process. This rate of 1.6% is considerably lower than regular Family Services Division track cases.
- During the 24 month period between May 1, 2008 and May 1, 2010, there were 330 Drug Court participants in the 15 Montana Drug Courts that were funded by a state general fund appropriation to the Judicial Branch. Costs for each participant in a state-funded drug court averaged $4,203. Most of this money is utilized to pay for treatment services, urinalysis and surveillance costs.

II. A Better Approach to Drug-Related Issues

This report describes the accomplishments of Montana's Drug Courts and includes performance data for 30 months (May 2008-October 2010.) Drug Courts in Montana have transformed the lives of hundreds of drug-addicted offenders and caregivers by providing them with treatment, intensive supervision, and incentives to remake their lives. Drug Courts have enhanced public safety in Montana. The data demonstrates 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 rather than jail or prison and by keeping families together.

Drug Courts offer, in most cases, a voluntary, therapeutic program designed to break the cycle of addiction and crime (or abuse and neglect in family drug courts) by addressing the underlying causes of drug dependency. Drug Court is a highly specialized team process that functions within the existing court structure to address nonviolent drug related cases. Drug Courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals. The 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 abuse treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before a 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.

According to a report entitled Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States, "Research verifies that no other justice intervention can rival the results produced by drug courts. According to over a decade of research, 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 evidence completed by the Treatment Research Institute at the University of Pennsylvania, and the National Center on Addiction and Substance Abuse at Columbia University, the U.S. Government Accountability Office and 5 meta-analyses of drug court research.

The societal cost of drug-driven crime and the cost of incarceration for nonviolent drug offenders have risen dramatically. These costs can be ameliorated by utilizing the court to foster recovery among offenders who are otherwise likely to cycle in and out of the system.

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 improved in direct relation to the length of time spent in treatment, with one year generally found to be the minimum effective duration of treatment.[1] 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 longer than their "non-coerced" counterparts.[2] Research also has documented that judges are viewed as an important influence on participant behavior.[3]

III. Measuring Performance

The Montana Judicial Branch is committed to accountability and performance measurement. The state's Drug Court coordinators developed a comprehensive set of performance indicators. This report details most of these indicators on a statewide basis. Individual Drug Courts are committed to the improvement of these outcomes and have received a set of indicators for each court - as well as the results of the state level performance indicators for comparison. Drug Court teams across the state are committed to analyzing this data and developing plans for performance improvement.

Management and monitoring systems provide timely and accurate information about program operations to the Drug Court's managers, enabling them to keep the program on course, identify developing problems, and make appropriate procedural changes. Montana's courts began the process of centralizing data when responding to an initial survey conducted by the OCA. Collecting specific quantitative measures for Drug Courts began in May 2008.

The performance measurement information is based on data from the following drug court participants:

1. 795 total Drug Court participants entered Montana Drug Courts during the 30-month period of data collection.
2. 253 participants remain active in a Drug Court.

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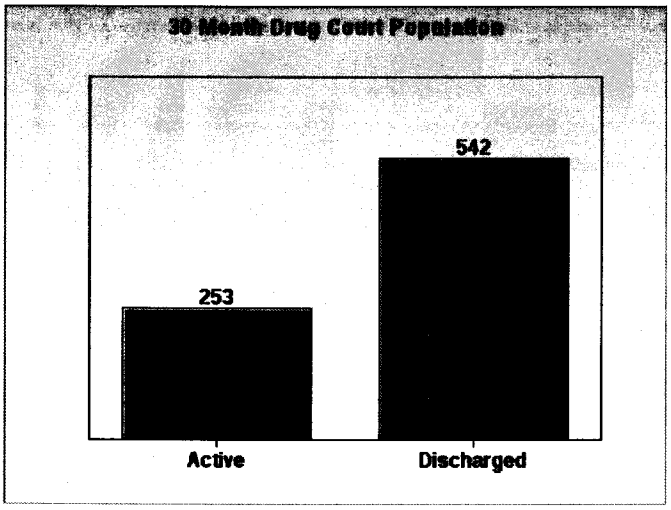
[1] (Simpson & Curry; Simpson and Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996).
[2] (Satel, 1999, Huddleston, 2000, Simpson & Curry; Simpson and Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996).
[3] (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006).

3. 542 participants were discharged allowing analysis of both intake and exit data. 337 of these exited drug court more than 12 months ago while 162 have been out of a drug court for 24 months or more. Re-arrest data is being reported for these periods as well as for the total 30-month period for all discharged cases.



1. Program Completion

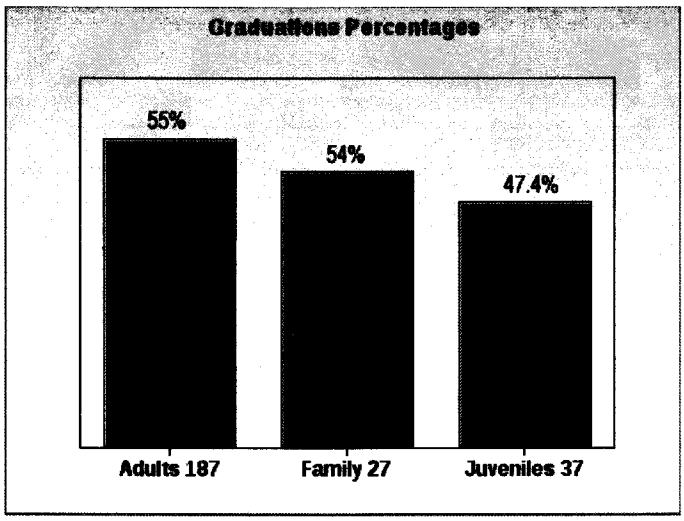
1. The 542 discharged participants for which court disposition status is reported are categorized by:
   a. 251 participants graduated from a Drug Court;
   b. 217 participants did not graduate and were either terminated or absconded from the program;
   c. 74 participants had a neutral disposition outcome including a transfer to another district, death, discharge for other reasons, voluntary withdrawal from program or the court lost jurisdiction.
2. The overall graduation rate is 53.6% for all categories of Drug Courts.

2. Graduation Rate by Court Type

1. In Montana, Adult Drug Courts have a graduation rate of 55% (392 discharges with 187 graduates, 153 terminations and 52 "neutral" participants).

2. Family Drug Courts have a graduation rate of 54% (64 discharges with 27 graduates, 23 terminations and 14 "neutral" participants).

3. Juvenile Drug Courts have a graduation rate of 47.4% (86 discharges with 37 graduates, 41 terminations and 8 "neutral" participants).



Overall, Montana Drug Court graduation rates are as good as or better than rates found in comprehensive national studies.

3. Length of Stay

The longer a person stays in treatment, the better the outcome. According to the National Institute on Drug Abuse, "...one of the most reliable findings in treatment research is that lasting reduction 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 468 participants (graduates and early terminations) who have been discharged during this 30-month period, the average length of stay in the Drug Court process across all courts in Montana is 385.5 days. It varies significantly by graduation/early termination and by court type. Graduates have a significantly longer stay in Drug Court compared to those failing to graduate. For all Drug Courts, the 251 graduates were in Drug Court for an average of 474 days. Participants terminating early had an average of 283 days in Drug Court.

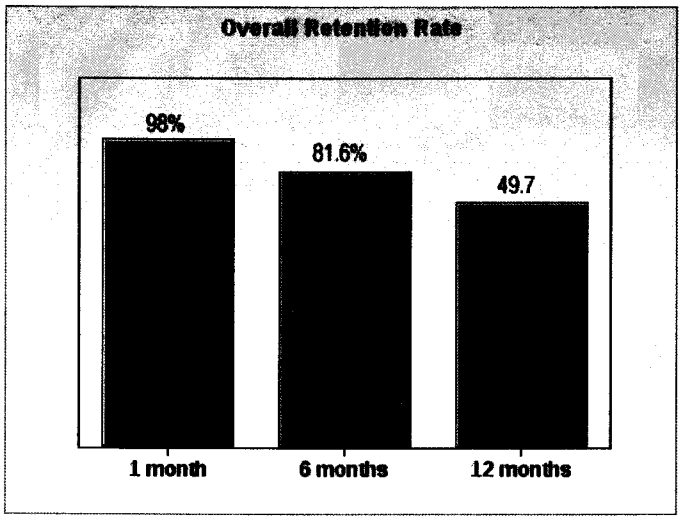
1. Adult Drug Court participants spent an average of 380 days in treatment. Adult Drug Court graduates' average length of stay was 472 days while early terminations averaged 268 days. This validates that improved outcomes are seen with longer stays in drug court.

2. Family Drug Court participants were in Drug Court for an average of 439 days. Graduates averaged 575 days while participants who terminated averaged 279 days in the program.

3. Juvenile Drug Court participants were in treatment for an average of 374 days. Graduates averaged 410 days while early terminations averaged 341 days.

4. Retention Rate

Retention rates drive the success of a Drug Court. Even participants who do not graduate benefit from time in the Drug Court. For the 468 participants (not including neutrals) for whom court disposition status is reported, 98% were still participating one month after entering a court, 81.6% of the cases were still open at six months and 49.7% were still open at one year.



5. Recidivism

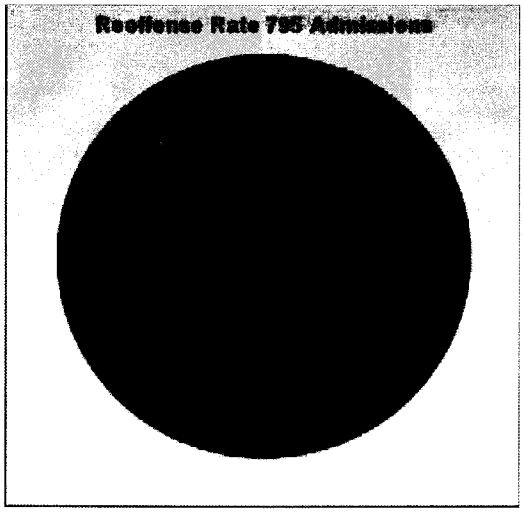
The term "recidivism" means a return to criminal activity (reoffense) by someone who has already been adjudicated guilty, delinquent or has an open child abuse and neglect case. Based on advice provided to the OCA by Dr. Doug Marlowe, Director of Research for the National Association of Drug Court Professionals, this report looks at both reoffense for participants while in the program as well as after discharge.

Additionally, the report considers whether the reoffense was a misdemeanor or a felony given that felonies are much more serious than misdemeanors and considers reoffense occurrence based on time after discharge (6 months, 12 months and 24 months). Again, the rates of reoffense were determined through an interface between the admission and

discharge forms (InfoPath) and the Montana's court case management system (Full Court) through SharePoint software.

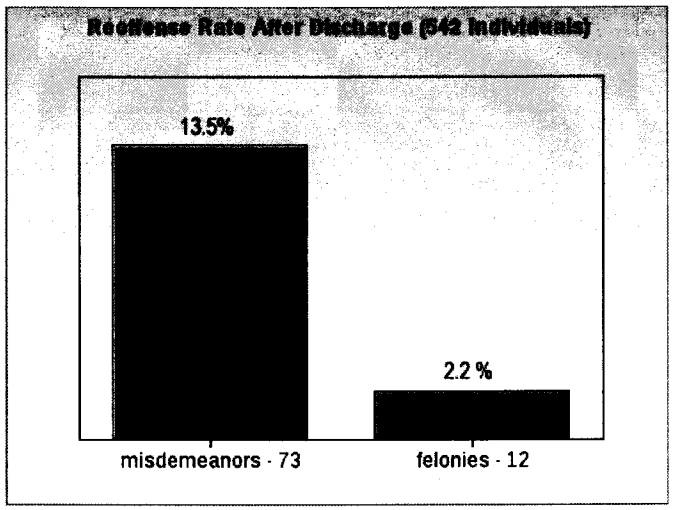
For the purposes of Drug Court research, in most cases, arrest is used as the primary measure. This choice reflects several factors including ease and accuracy of documentation and short processing timeline vs. conviction. Conviction is determined to be less useful as clients who are charged with additional crimes plead out or are given other diversionary programming that prolongs the process. It is important to consider that more participants will be arrested and charged with a crime during and after the program than will actually be convicted.

1. During the 30-month period there were 795 total admissions to the Montana Drug Courts included in the InFoPath reporting process, 253 were still active and 542 were either "graduated" (251), "terminated" (217) or considered "neutrals" (74). During the 30-month period, there were 123 documented reoffenses including 21 felonies and 102 misdemeanors or a reoffense rate of 15.47%. When broken out by type of offense, i.e., misdemeanor vs. felony, the rates are as follows: 2.6% felony and 12.8% misdemeanor.



2. In looking at reoffense while in the Drug Court program, 38 crimes were committed (9 felonies and 29 misdemeanors) for a reoffense rate while in the program of 4.7% (1.1% felony and 3.6% misdemeanor). Of the 38 that reoffended while in the program, 13 graduated all of whom committed misdemeanors and 4 were neutrals (all misdemeanors). Of the 21 participants eventually terminated, 9 were charged with felonies and 12 were charged with misdemeanors.

3. Data for reoffense after discharge from Drug Court (542 discharges) includes 12 felonies and 73 misdemeanors for a total of 85 offenses for a reoffense rate of 15.6% during the 30-month period. For participants who reoffended after discharge, only 2.2% were felonies while 13.5% were misdemeanors. Of the 85 who committed a crime after discharge, 23 eventually graduated (2 committed felonies and 21 committed misdemeanors), 13 were neutrals (all misdemeanors) and 49 were terminated (10 felonies and 39 misdemeanors).



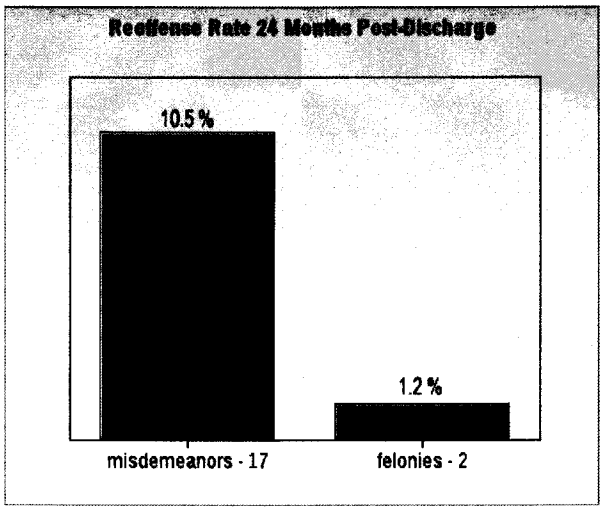
In looking at offenses committed after discharge, the data was analyzed also from the standpoint of offenses occurring 6 months after discharge, 12 months after discharge and 24 months after discharge.

4. For the 434 individuals who were discharged for 6 months or more, 73 offenses occurred for a reoffense rate of 16.8%. Of these 73 offenses, 11 were felonies and 62 were misdemeanors. Thus, 2.5% was the felony reoffense rate and 14.3% was the misdemeanor reoffense rate. However, when we separate out graduates from the early terminations the rates are as follows: 10.6% reoffense rate for graduates (1% felony and 9.6% misdemeanor) compared to 23.5% for early terminations (5.3% felony and 18.2% misdemeanor). Drug Court graduates had less than half the rate of reoffense than early terminations and less than 20% of the rate of felonies committed by early terminations.

5. For the 337 who were discharged for 1 year or more, 55 offenses occurred for a reoffense rate of 16.3%. Of these 55 offenses, 9 were felonies and 46 were misdemeanors. Thus, the felony reoffense rate was 2.7% and the misdemeanor reoffense rate was 13.6%. However, when we separate out graduates from early terminations, the rates are as follows: 10.9% reoffense rate for graduates (1.2% felony and 9.7% misdemeanor) compared to 22.3% for early terminations (5.4% felony and 16.9%). Drug Court graduates again had less than half the rate of

reoffense than the early terminations and less than a fourth of the rate of felony reoffenses.

6. For 162 who were discharged for 2 years or more, 19 offenses occurred for a reoffense rate of 11.7%. Of these 19 offenses, 2 were felonies and 17 were misdemeanors. Thus, 1.2% was the felony reoffense rate while 10.5% was the misdemeanor reoffense rate. When graduates are compared to early terminations, the rates are as follows: 8.4% reoffense rate for graduates (1.2% felony and 7.2% misdemeanor) compared to 14.0% for early terminations (1.7% felony and 12.3% misdemeanor). Again, Drug Court graduates had a considerably lower rate of reoffense than early terminations. Two year rates are often the measure used by researchers across the country.



These reoffense rates compare very favorably with traditional cases processing reoffense rates for drug offenders of between 45-60% for the two year period following adjudication. The Montana data also appears to be consistent with Belenko's statement in the publication published by Columbia University entitled, "Research on Drug Courts: A Critical Review", that, "As with previous findings, a majority of the studies found lower recidivism rates for drug court participants…." Too, 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, and thus, greater cost/benefit for drug court participants and graduates than comparison group members (GAO, 2005).

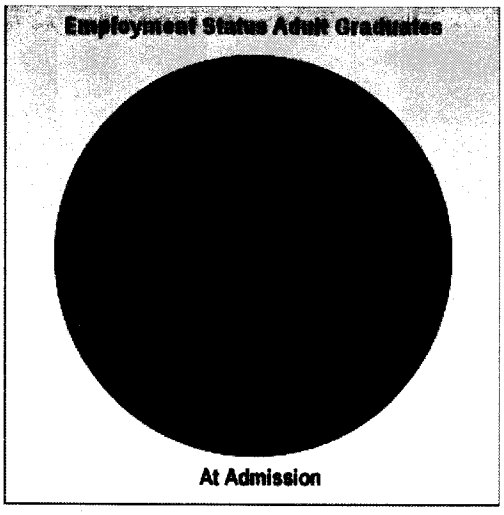
"Four independent meta-analyses have now concluded that Drug Courts significantly reduce crime rates an average of approximately 7 to 14 percentage points."[4]. In some evaluations the effects on crime were as high as 35 percentage points.

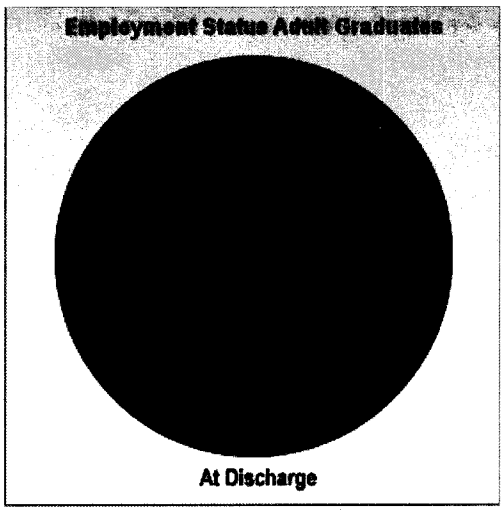
[4] (Aos, Miller, & Drake, 2006, Lowenkamp, Holsinger, & Latessa, 2005, Shaffer, 2006, Wilson, Mitchell & MacKenzie, 2006)

6. Employment Status: Admission to Discharge

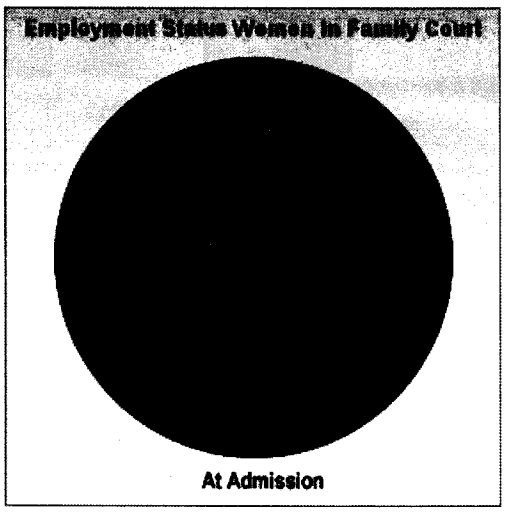
Drug Courts place great value on improving employment for participants. Adult Drug Court participants generally see the greatest improvement. Juvenile Drug Court participants are directed toward completing basic education, and Family Drug Court participants have a greater emphasis on parenting children.

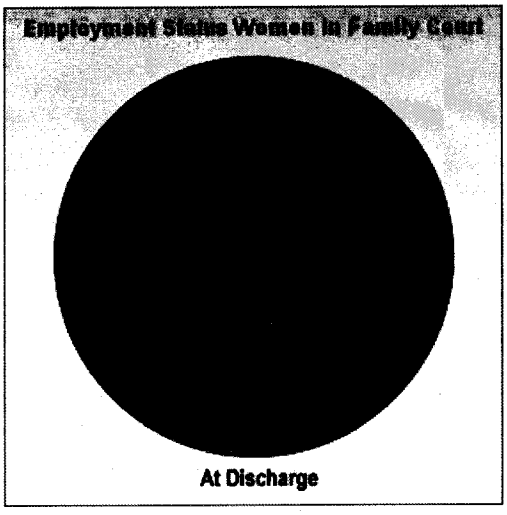
1. Adult Drug Court participants discharged during the reporting period reported an 11.47% increase in employment from admission to discharge. Adult Drug Court graduates reported a 17.6% increase in employment from admission to graduation. For graduates, 117 were employed at admission and 70 were unemployed. At graduation, 150 were employed and only 37 were unemployed. 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.



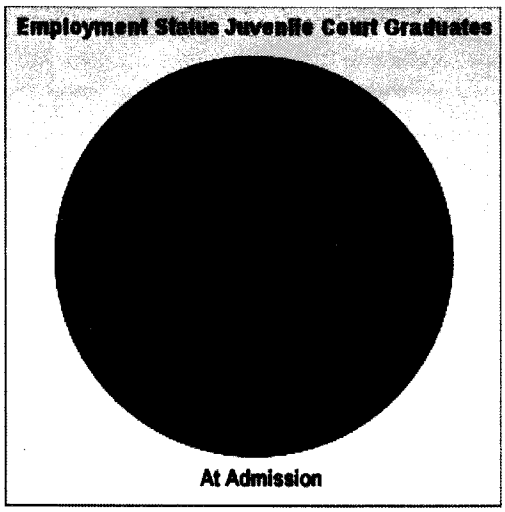


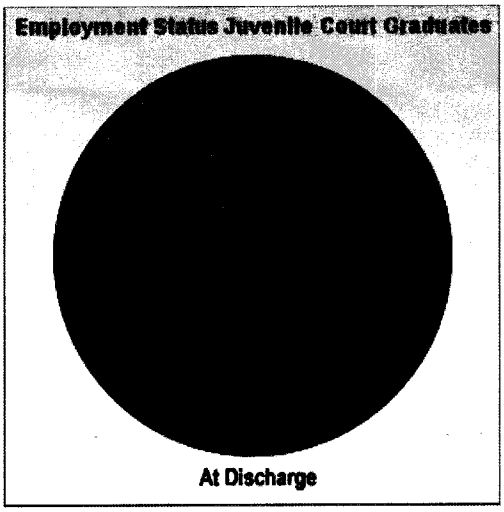
2. Women in Family Drug Courts are responsible for at least one child and in some cases, several. For women discharged from the courts during the 30-month period, 7 women were employed and 44 were unemployed at admission. By the date of discharge, 30 were employed and 21 were unemployed. Thus, the participants went from a 13.7% employment rate to a 58.8% employment rate. Of the 21 women who graduated during this period, 16 were employed at discharge for an employment rate of 76.1%. This is an increase in employment for women graduates from 14.3% to 76.1% or an increase of 61.8 percentage points.





3. Juveniles in a Drug Court should attend school regularly and most are not in the workforce. For juveniles at admission, 69 were unemployed. By date of discharge 15 additional juveniles became employed part-time or full time; while 6 were unemployed (5 were attending school). For graduates at admission, 14 were employed and 23 were unemployed while at graduation, 20 were employed and 17 were unemployed. This is a gain of 16% employed from nearly 38% to 54%.



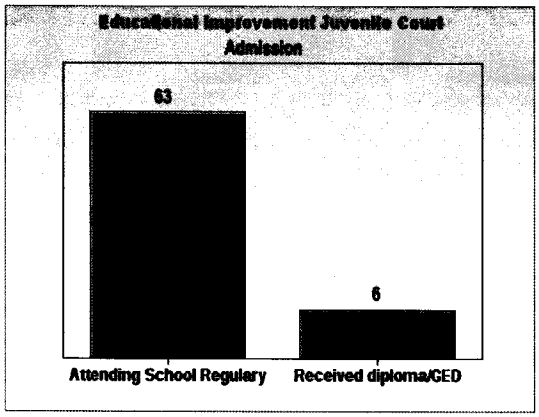


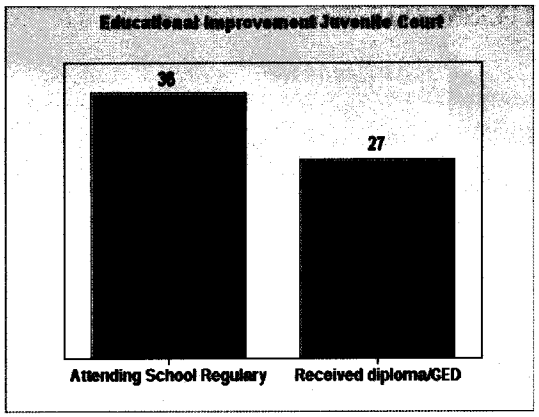
7. Education Status: Admission to Discharge

1. For Adult Drug Court participants at admission, 154 reported that they did not have a high school diploma or GED. While in drug court, 30 participants received a high school education or GED while 3 attended college or a technical school.

This represents over a 21.4% increase in adults getting a high school education, GED or some technical school/college compared to admission.

2. For the 86 Juvenile Drug Court cases at admission, 63 were attending school regularly, 17 were listed as high school/elementary and 6 had received a high school diploma or GED. Of the 86 at discharge, 36 were attending school regularly, 23 were listed as high school/elementary and 27 received a high school diploma, GED or some college. Based on the data, the number of participants receiving a high school diploma/ GED or some college increased by 350%.





8. Driver's License Acquisition: Admission to Discharge

At discharge, Drug Court programs documented whether or not participants received a driver's license while in the program. Juvenile participants are not included in this sample as many are too young for a license. 276 adult participants – including Family Drug Court participants - did not have a driver's license at admission and 63 received a driver's license. Forty-four of the 115 graduates that did not have a driver's license at admission received a license by graduation.

9. Gender and Ethnicity

Overall, 62 percent of Drug Court participants were male (493 males/302 females). There is a strong association between gender and court type.

1. Adult Drug Court participants were 84.8% white males and 8.4% were Native American males.

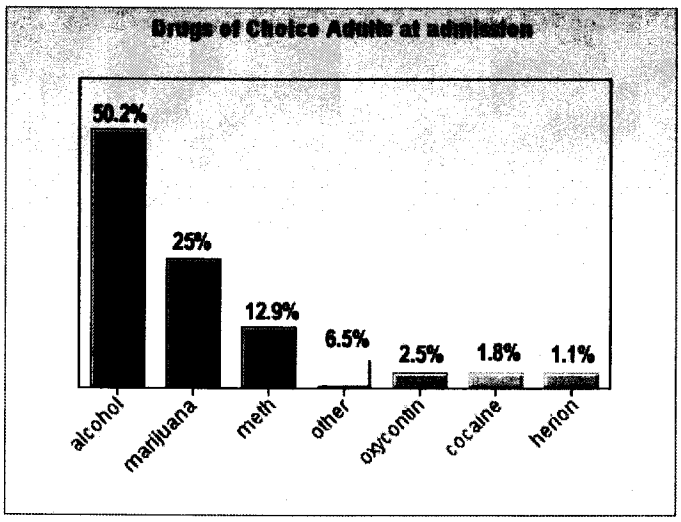
2. Females were much more likely to be in Family Drug Courts. In the reporting period, 76 of the 100 participants were females. Native American females are also more likely to be in Family Drug Courts with 15 women entering the Family Drug Court out of the 22 Native American participants.

3. Males were more likely to be in a Juvenile Drug Court with males making up 61.5% of the 109 admissions during the 30-month period. The majority of the Juvenile Drug Court participants were white (78%) while 14.7% of the participants were Native Americans.

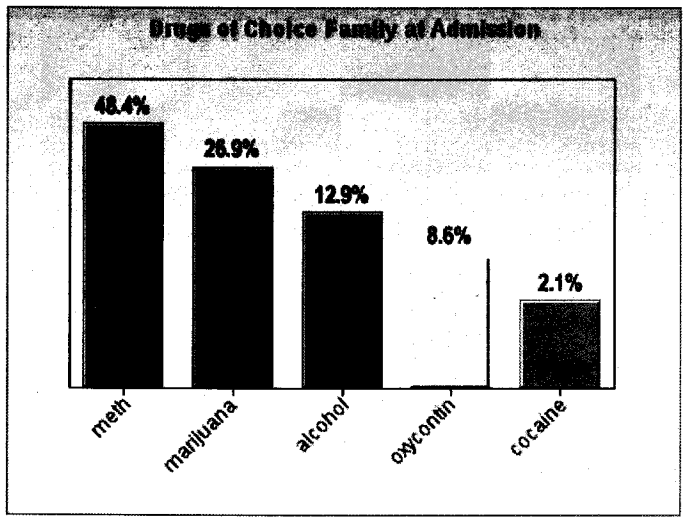
10. Drugs of Choice

Drugs of choice differ depending on the category of Drug Court.

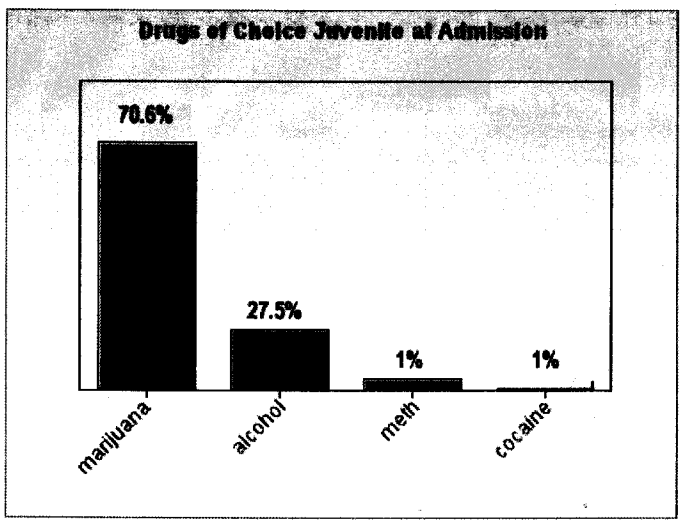
1. Adult Drug Court participants indicated that the most common drug of choice was alcohol (50.1 %), followed by marijuana (25.0%), and methamphetamine (12.9%). Other categories of drugs including OxyContin, crack cocaine and powder cocaine and heroin. The secondary drug of choice for adults in Adult Drug Courts was marijuana followed by alcohol.



2. For Family Drug Court participants, the primary drug of choice was methamphetamine (48.4%), followed by alcohol (26.9%), marijuana (12.9%), OxyContin (8.6%), and cocaine (2.1%). The secondary drug of choice for family Drug Court participants was marijuana (49.4%) followed by alcohol (28%) and methamphetamine (15.7%). Some participants did not indicate a drug of choice.



3. For Juvenile Drug Court participants the primary drug of choice was marijuana (70.6%) followed by alcohol (27.5%). Only one participant each reported powder cocaine and methamphetamine as the primary drug of choice. The secondary drug of choice was alcohol with 70.5%, followed by marijuana at 20%.



11. Prior Treatment for Alcohol and Other Drugs

As previously mentioned, completing treatment and completing Drug Court results in reduced reoffense rates and a host of improvements in other bio-psycho-social areas. Prior treatment does not mean treatment completion. Participants were asked if they had received treatment in the 36 months before entering Drug Court, 355 of 795 (45%) indicated "yes".

The individuals at admission indicated receiving the following services (some may have received more than one service):

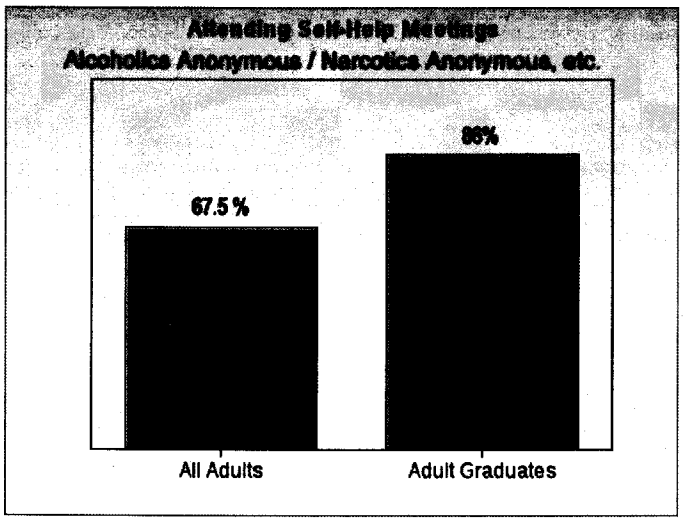
Detoxification 51
Inpatient 164
Intensive Outpatient.....109
Outpatient.....144
Jail-based.....55
Individual.....141
Co-occurring.....73
Inpatient Psych.....59
Outpatient Psych.....102

For nearly half of the population that is being admitted to Drug Court, prior treatment experience has occurred. When considering prior arrest history, psychiatric history, and drug treatment experience, the extent of psycho/social problems being experienced by the population admitted to Drug Court is substantial.

12. Sobriety Measures

In looking at sobriety measures, the OCA collects information on drug use at discharge. Of the 542 discharged cases, 251 were graduates. The 251 graduates had an average of 314 days clean. As expected, all graduates were clean and sober at graduation. For participants who terminated early or discharged as a neutral, 182 or 62.5% were not using drugs or alcohol at time of discharge.

Attending self-help meetings (12-step meetings) is viewed by many as the long-term strategy for remaining clean and sober. Of the 542 discharged cases, 322 were attending self-help meetings or 59.4%. However, most juvenile courts do not require juveniles to attend self-help meetings because they do not relate well to the older drug dependent individuals who attend these meetings. If juveniles are removed from the equation, the percent attending self-help meetings increases to 67.5% (308 of 456). When only the 214 adult graduates are considered, 184 were attending self-help at discharge or 86%.



The OCA also collected information on clean and dirty urinalysis test as a measure of sobriety as well. For those who did not graduate Drug Court there were 19,709 clean urinalyses and 1,445 positive urinalyses for a rate of 6.8% positive. For Drug Court program graduates there were a total of 27,527 clean urinalyses and 884 positive urinalyses for a rate of 3.1%. As expected drug court graduates tested positive significantly less than those who failed to graduate.

Studies done in other parts of the country indicate that those in the criminal justice system on supervision (such as probation) test positive an average of 30% of the time whereas in drug treatment courts, the average is around 10%.[5]

13. Psychiatric Disorders

Co-occurrence of alcohol, drug abuse and mental health disorders is not uncommon. The most recent publication on best practice 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.

For the 795 cases in which data was available, 27.6% (220) reported receiving psychiatric medications in the 12 months prior to entering drug court. These individuals averaged 2.03 prescriptions per person. Clearly Drug Courts are admitting people with co-occurring disorders in their programs.

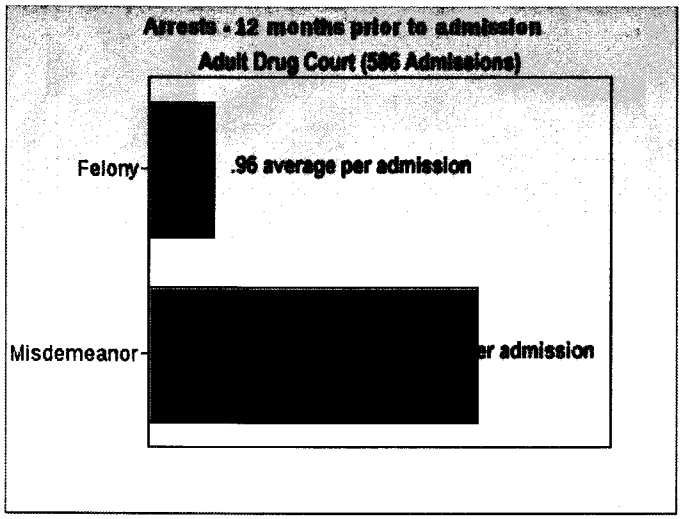
Participants were asked specifically if they had received services for a co-occurring psychiatric disorder prior to admission. The following responses were received for all drug court admissions:

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

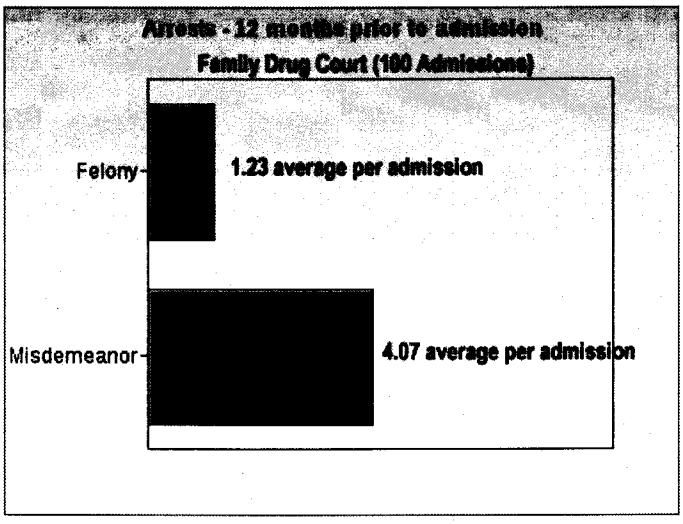
1. Co-occurring treatment 73 (9%)
2. Inpatient Psychiatric treatment....59 (7.4%)
3. Outpatient Psychiatric treatment 102 (12.8%)

14. Prior Arrests and Convictions

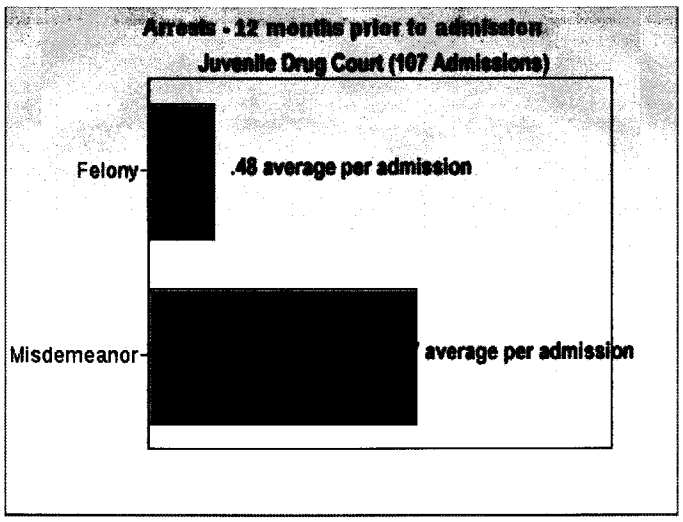
1. For Adult Drug Court cases (N=586 admissions), participants had an average of 0.96 felony arrests or nearly one per person, or 566 arrests in the 12 months prior to entering drug court. For Adult Drug Court cases, there were 2,851 misdemeanor arrests in the 12 months prior to admission to drug court or an average of 4.86 per admission.

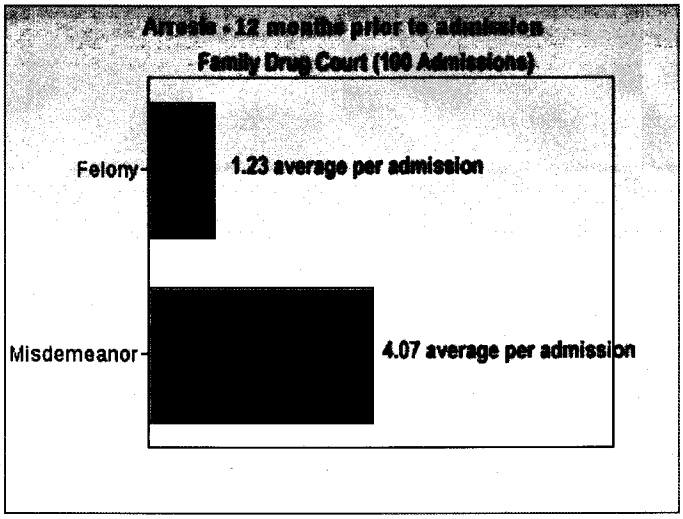


2. For Family Drug Court cases (100 admissions), participants had an average of 1.23 felony arrests or 123 arrests during the 12 months prior to admission. These same participants had a total of 407 misdemeanor arrests in the 12 months prior to admission for an average of 4.07 per admission.



3. For Juvenile Drug Court cases (107 admissions), 51 felony arrests were reported for a average of 0.48 per admission and 425 misdemeanor arrests for an average of 3.97 misdemeanor arrests for the 12 month period prior to admission.





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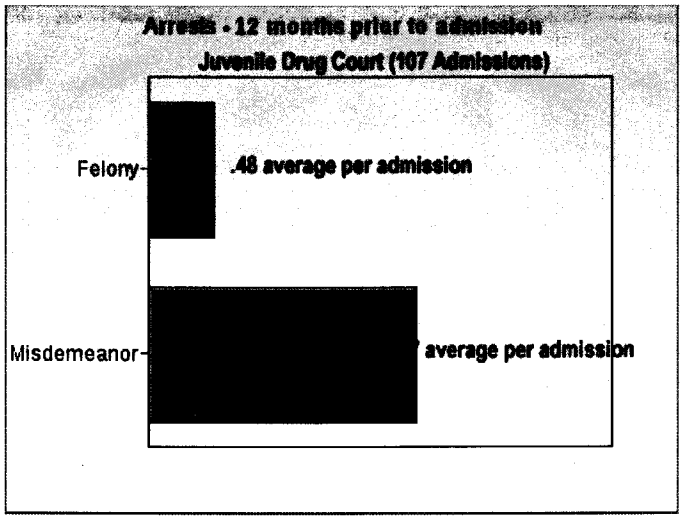

Acknowledgments:

This report was produced and written by Jeffrey Kushner, statewide Drug Court coordinator with technical assistance from OCA information technology staff members Kevin Cook and Marty Wangen.

Local Drug Court Judges and Local Drug Court Coordinators were instrumental in the production of the report through the maintenance of detailed information about each drug court participant. Their dedication to each participant is evident in the numerous success stories from each court.

Detailed information about specific courts or performance measures is available from the OCA.

Final Thoughts from a Montana Family Drug Court Graduate

In August of 2007 Tara and her boyfriend "were raided. The police found guns and drugs and my kids were removed." Tara entered the Yellowstone County Family Drug Court.

She maintained sobriety, completed the requirements of her treatment plan, and graduated the Yellowstone Family Drug Court.

In December 2008, her middle child was returned to her and now all three of her children are home with her. Tara thoughts about her experience are as follows:

"Being a mom has its up and downs.
Some weeks it seems like more
downs; the kids drive me crazy and
with three of them I sometimes wonder
and ask myself why I got them back-it's
hard work! But I know I don't want to
get high, it's just peace of mind I want to find!

Then there are other times when I feel
I missed so much when they were
gone. They grow up so fast. Some say
watching your kids become who they
are is the light in your eye, but for a
while there were tears in my eyes as I
watched them go.

What I know now is that all that really
matters are the times my kids make
me laugh, smile, and even cry as I
watch them go to school.

I'm so
thankful I got them back. Even though
they weren't with me for a while they
were always with me in my heart: I am
their Mom!" -Tara

The 2007 Legislature appropriated the first state general fund money to drug courts. The 2009 biennium appropriation was used to provide grants to drug treatment 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.

In August 2008, the OCA sponsored a statewide drug court conference. 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. In September of 2010, the state's second drug court conference was held with a special focus on team action planning based on research of over 100 cost benefit research studies and the identification of drug court cost benefit strategies. Additional workshop focused on: Cultural Sensitivity for Native Americans, Medically Assisted Treatment, Medical Marijuana, Prescription Drug Abuse, Constitutional Issues in Drug Court and Juvenile Drug Courts – What Is Working. Nearly 170 people attended the two-day event.

In terms of previous evaluative efforts, prior to the 2009 biennium, no research team had conducted a comprehensive statewide process or outcome evaluation of Montana drug courts. Several drug courts had individually undertaken evaluative efforts in the past.

In May 2008, the OCA contracted with the University of Montana 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. These newer efforts serve to standardize the information emanating from existing courts, help guide development of new courts, and provide ongoing data collection and program evaluation, which guide court improvement and reallocation of resources.

The UM research team and the 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 OCA and UM researchers 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.

The UM report is available upon request.

Type of Court	Court Name	Location	Level	Primary Funding Source	Year started
JUVENILE	15. 4th Judicial District Youth Drug Court	Missoula/Mineral County (4th Judicial District)	District	OCA	1996
	16. Crow Juvenile Drug Court	Crow Reservation (Does not report data to OCA)	Tribal	No info.	2002
	17. 7th Judicial District Youth Treatment Court	Dawson, McCone, Prairie, Richland & Wibaux Counties (7th Judicial District)	District	OCA	2006
	18. 8th Judicial District Juvenile Drug Treatment Court	Cascade County (8th Judicial District)	District	OCA	2006
DUI	19. 7th Judicial District DUI Court	Dawson, McCone, Prairie, Richland & Wibaux Counties	District	MDOT	2010
	20. 13th Judicial District DUI Court	Yellowstone County (13th Judicial District)	District	MDOT	2011
	21. Kalispell DUI Court	Kalispell (Does not report data to OCA)	Municipal	MDOT	2009
	22. Mineral County DUI Court	Superior	Justice's	MDOT	2011
	23. Fort Peck Assiniboine and Sioux	Fork Peck Reservation (Does not report data to OCA)	Tirbal/DUI	No. info	No. info.
	24. Butte-Silver Bow County DUI Court	Butte	Municipal	DOJ	2010
COOCCUR	25. Billings Municipal Mental Health Court	Billings	Municipal	DOJ	2009
	26. Missoula County Co-Occurring Court	Missoula County	District/ Municipal	OCA	2004

Drug Court in Montana

Type of Court	Court Name	Location	Level	Primary Funding Source	Year started
ADULT	1. Gallatin County Treatment Court	Gallatin County (18th Judicial District)	District	OCA Gallatin Co.	1999
	2. Billings Adult Misdemeanor Court	Billings	Municipal	OCA	2005
	3. 8th Judicial District Adult Drug Treatment Court	Cascade County (8th Judicial District)	District	OCA	2005
	4. Mineral County Adult Treatment Court	Mineral County	Justice's	OCA	2006
	5. Custer County Adult Treatment Court	Custer County (16th Judicial District)	District	OCA	2004
	6. 7th Judicial District Adult Drug Court	Dawson, McCone, Prairie, Richland & Wibaux Counties (7th Judicial District)	District	DOJ	2007
	7. 9th Judicial District Adult Drug Treatment Court	Glacier County	District	Federal	2009
	8. Kalispell Adult Drug Treatment Court	Kalispell (Does not report data to OCA)	Municipal	DOJ	2010
	9. Chippewa-Cree Adult Drug Court	Rocky Boy's Reservation (Does not report data to OCA)	Tribal	No info.	No info.
	10. Northern Cheyenne Adult Drug Court	Northern Cheyenne Reservation (Does not report data to OCA)	Tribal	No info.	No info.
	11. 13th Judicial District Adult Drug Court	Yellowstone County (13th Judicial District)	District	DOJ	2011
FAMILY	12. Yellowstone County Family Drug Treatment Court	Yellowstone County (13th Judicial District)	District	OCA	2001
	13. Butte-Silver Bow Family Drug Court	Butte-Silver Bow County (2nd Judicial District)	District	OCA	2004
	14. Missoula County Family Treatment Court	Missoula County (4th Judicial District)	District	OCA	2008

expenses that would have been incurred by the taxpayer had these drug court participantss attended and 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 Washington State, California, Multnomah County Drug Court (Portland, OR), Douglas County, Nebraska (Omaha), State of Kentucky, and many others.

VI. Drug Court Expansion in Montana

In Montana a drug court is a court docket within a district court or court of limited jurisdiction (i.e., city, municipal or justice's court) that specializes in adult criminal, DUI offenses, juvenile, or civil child abuse and neglect cases involving persons who are alcohol or other drug dependent. Drug courts aim to reduce recidivism and substance abuse among participants and successfully habilitate them through alcohol and drug abuse treatment, mandatory and frequent drug testing, use of appropriate sanctions and incentives, and continuous judicial oversight.

Montana established its first drug court in Missoula in 1996. Currently, there are 26 drug courts operating in the state, including three tribal courts. These courts developed organically based on local needs, interest and resources. Many of them initially received funding from federal grants. Although all of the courts generally adhere to the federal drug court model, each reflects the circumstances and capabilities of its local community. The following table lists Montana's current Drug Courts:

recent studies, however, are increasingly taking into account 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."[8]

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 four independent meta-analyses have concluded that drug courts significantly reduce crime rates an average of 7 to 14 percentage points.[9] In some evaluations the effects on crime were as high as 35 percentage points. Statewide and local evaluations have produced similar findings regarding reductions in crime rates (California, Maine, Multnomah County, Oregon, and St. Louis, MO.)

One example of such a study that has shown 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 cost a little 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 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."[10] The bottom line for this study was a net savings over four years after drug court amounted to a savings of $7,707 per drug court participant over probation completers. This represents the

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

[9] (Aos, Miller, & Drake, 2006, Lowenkamp, Holsinger, & Latessa, 2005, Shaffer, 2006, Wilson, Mitchell & MacKenzie, 2006).

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

Court. Additional expenditures paid for by other agencies were not included in the OCA cost figure noted above.

This cost per participant of $4,203 compares favorably with other correctional interventions and national costs per participant even though some funds from other agencies in Montana are not included in this figure. NPC Research based out of Portland, Oregon indicates that, "...from our research we have investment costs in 47 adult drug courts. The program cost ranges from a low of $3,842 to a high of $33,005 per participant. The mean program cost is $14,372 per participant. The large variation is 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."

Cost benefit information from Montana is exemplified in a detailed research project completed by the Cascade County/8th Judicial District Adult Drug Court. The 8th Judicial District report concludes that the Adult Drug Court does save the taxpayer significant dollars by cost avoidance and taxes paid by participants. The report states, "The average cost avoidance when only investment costs are taken into consideration is $2,438 per participant or $97,519 for 40 participants. These savings are due primarily to reduced Department of Correction's sentences relative to the business-as-usual comparison group.

When outcome costs are taken into consideration, the report concludes that society avoids an estimated $11,070 per participant and $442,789 for every 40 Treatment Court participants. This is due primarily to positive participant outcomes including fewer re-arrests, fewer court cases, less probation time, less jail time and less prison time relative to the comparison group.

Other less tangible but important cost avoidances that were not factored into the investment and outcome costs, but should be taken into consideration, include costs associated with an increase in the number of drug-free babies born, an increase in participants working and paying taxes, a decrease in victimization costs due to a decrease in re-offenses, a decrease in public assistance utilization, and an increase in restitution/court fee payment.

When investment, outcome and societal-impact (victimization) costs are combined, the total estimated annual cost avoidance for 40 participants due to their participation in Drug Court is estimated to be $81,879 per participant and $3,275,186 for 40 participants."[7]

V. National Cost-Benefit Information

"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. More

[7] Corey Cambell, MS, November 2007, Cost Avoidance Report for the 8th Judicial District Treatment Court.

support was no longer an issue. Thus, the number of individuals who either had resolved their child support issues or were now paying regularly doubled from 15 to 30.

In looking at Drug Court graduates at admission, 10 individuals (37%) were current and 17 (62.9%) were either not current or not paying. At discharge, 16 individuals (59.2%) were paying child support, 2 individuals (7.4%) were not paying child support, in 5 cases (18.5%), the issue was no longer applicable and in 4 cases (14.8%) the result was unknown. Thus for graduates, those not paying child support went from 62.9% to 7.4%.

Another way to view this data is that 10 individuals were complying with child support orders at admission while at discharge, that number increased to 16, and for 5 individuals, child support was no longer an issue. Thus, the number of Drug Court graduates who either had resolved their child support issues or were now paying regularly more than doubled from 10 to 21.

19. Family Courts: Additional Local Performance Indicators

Local Drug Court coordinators developed additional performance indicators at the beginning of the 30th month period that could not be collected within the Montana Statewide Drug Court Information System. The following information was collected by local Drug Court Coordinators in conjunction with Department of Public Health and Human Service, Child and Family Services Division personnel, school personnel, juvenile probation officers and others with access to other data sets and systems.

1. Each of the three family drug courts reviewed the time that children in drug court took to reach permanency versus those children in "regular" protective services. Children in Drug Courts spend 40%-50% less time in the protective services system before reaching permanency.

2. With 62 closed cases during the period, Family Drug Courts have only had 1 new substantiated referral following discharge from the drug court process. This rate of 1.6% is considerably lower than regular protective services case.

IV. Montana Drug Court Cost Information and Cost Benefit Information

During the 24-month period between May 1, 2008 and May 1, 2010, there were 320 Drug Court participants in the Montana Drug Courts funded by a state appropriation of $1.345 million through the OCA. This amounts to $4,203 per Drug Court participant. Most of the money paid for staff support, treatment services, urinalysis and surveillance costs. In some cases, some 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). With Family Drug Courts, some services may have been paid for by the DPHHS. In Juvenile Drug Courts, some services were also funded through the Youth

Methamphetamine, marijuana and alcohol were the most frequently reported primary drugs of choice among pregnant participants at admission. Eight participants reported using methamphetamine, 6 reported using marijuana, 5 reported alcohol use and 1 reported using OxyContin. The secondary drugs of choice mentioned were 8 using marijuana, 4 using alcohol, 2 using meth, 1 using crack cocaine and 1 using drugs other than those mentioned.

An estimate of specific cost-savings as a result of the reduction of drug-affected births is beyond the scope of this report. However, previous studies indicate 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 detox costs for the exposed infants; foster care costs; special education costs; costs relating to developmental deficiencies, etc. Kalotra in his report on drug and/or alcohol exposed babies states, "The 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."[6]

17. Fines, Fees and Community Service Hours

For the 542 cases that were discharged, the following amounts were collected from Drug Court participants:

1. Fines.....$63,529.59
2. Fees.....$142,792.25
3. Restitution.....$ 51,160.00

18. Child Support

Some of the adults admitted to Drug Court had child support orders to support minor children. At admission, 15 individuals (27.2%) were complying with child support orders while 40 individuals (72.2%) were either not paying or not current. At discharge, 23 individuals (41.8%) were paying their child support, 16 individuals (29%) were not paying, for 7 individuals (12.7%) the issue was no longer applicable and for 9 individuals (16.3%) the result was unknown. Thus, from admission to discharge the percentage **not** paying child support went down from over 72.2% to 29%.

Looking at it a different way, 15 individuals were complying with child support orders at admission while at discharge, that number increased to 23 and for 7 individuals, child

[6] 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

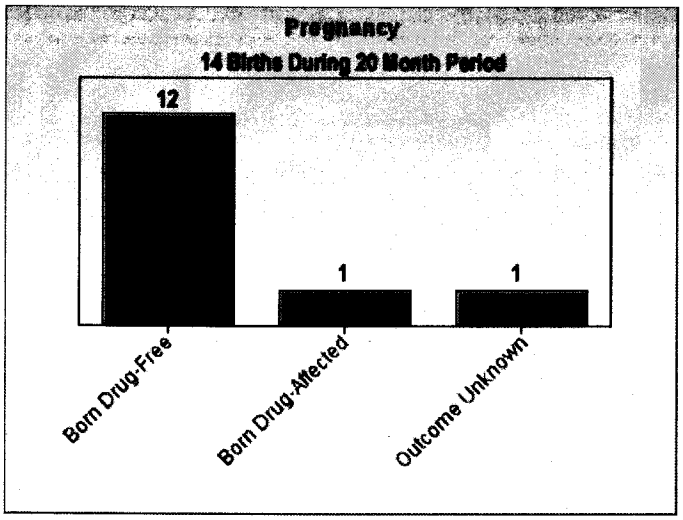
15. Prior Charge Outcomes: Graduates vs. Non-graduates

Graduating from Drug Court is associated with resolving all criminal justice charges.

With regard to prior criminal charges being resolved, data was available on 511 of the 542 discharged cases. The question was not applicable for 78 participants. For those remaining, 37.5% (192) indicated they had resolved their criminal justice cases while 47.1% (241) said they had not.

For the 234 graduates answering the question, 67% (157) said that all charges were resolved while 13.7% (32) said outstanding charges were not resolved. The question was not applicable to 19.2% (45).

Only 12.4% (35) of the 282 participants who terminated or withdrew early resolved outstanding charges. The question was not applicable to 11.7% (33) and 1.7% (5) marked "unknown".

16. Pregnancy

For the period May 2008 through October 2010, a total of 20 participants were pregnant at admission and/or during participation in a Drug Court. During this time in Drug Court, 14 participants gave birth. Of these births, 12 babies were born drug free, one was born drug affected and the outcome for one baby is unknown.