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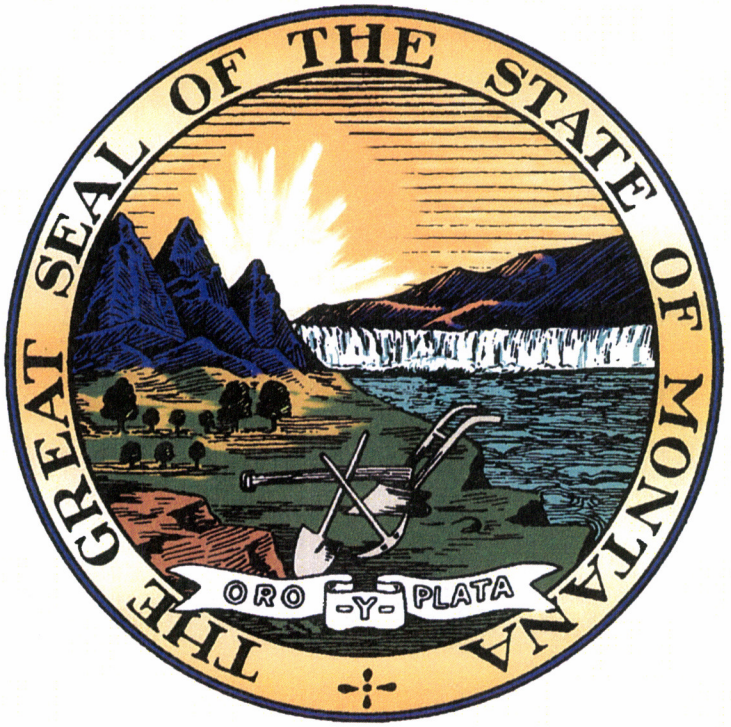
MONTANA JUDICIAL BRANCH

MONTANA DRUG COURTS: AN UPDATED SNAPSHOT OF SUCCESS AND HOPE



PRODUCED BY MONTANA SUPREME COURT,
OFFICE OF COURT ADMINISTRATOR

Montana Drug Court Stories

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I. Report Highlights

Drug courts in Montana are court dockets within a district court or court of limited jurisdiction (i.e., city, municipal, or justice's court) that specialize in criminal, child abuse and neglect, or juvenile cases involving people who are addicted to alcohol or other drugs. 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.

This report analyzes drug court data collected by the Office of Court Administrator from May 2008 through September 2012, a 53-month period. The data confirm that Montana drug courts provide a strong investment in the recovery of drug and alcohol dependent persons involved in criminal, child abuse and neglect, and juvenile cases. Major findings include the following:

- During the 53-month reporting period, 1,304 participants entered Montana drug courts.

- A total of 442 participants graduated from drug courts for an overall graduation rate of 54.7% . The adult drug court graduation rate was the highest at 58.1% followed by 47.8% for family drug courts and 42.2% for juvenile drug courts. Montana's graduation rates are as good as or better than those cited in national studies.

- Among Montana drug court participants who graduated or terminated early, the average length of stay was 383 days. In general, reduced substance abuse and criminal behavior is associated with treatment that lasts longer than 90 days.

- Drug courts are admitting high-need people with co-occurring psychiatric disorders. For the 1,304 cases in which data was available 375 participants (28.7%) reported receiving psychiatric medications in the 12 months before entering drug court.

- Prior to entering drug court, adult drug court participants had an average of six arrests per person (one felony and five misdemeanors). The average number of arrests for family drug court participants was 6.5 (1.5 felonies and 5 misdemeanors). For juvenile drug court participants, the average number of arrests prior to entering drug court was nearly 6.1 (0.6 felonies and over 5.5 misdemeanors). These arrest numbers are an indication of the high-risk profile of participants admitted to drug courts.

- In drug court research, felony and misdemeanor arrests, rather than convictions, are typically used in calculating recidivism for drug court participants. (All levels of misdemeanors, including traffic offenses, are included.) During the 53-month period, 301 offenses were committed (32 felonies and 269 misdemeanors) for a reoffense rate of 23%.

    - While participating in the drug court program, 68 offenses were committed (13 felonies and 55 misdemeanors) for a reoffense rate of 5.2% while in drug court.

    - After discharge from drug court, 244 offenses were committed (26 felonies and 218 misdemeanors) for a reoffense rate of 25.6%. The reoffense rate for drug court graduates (17.8%) was almost half the reoffense rate of those who terminated early (33.0%).

- The standard for comparing reoffense rates across the county typically is 24 months after discharge. In Montana, a total of 142 offenses (17 felonies and 125 misdemeanors) were committed by drug court participants during the 24 months following discharge for a reoffense rate of 14.9%. Again, the reoffense rate for graduates (10.6%) was much lower than for those who terminated early (18.6%). Montana reoffense rates compare very favorably with traditional cases processing reoffense rates for drug offenders of between 45 to 75% for the two-year period following adjudication.

- Adult drug court participants reported a 44% increase in full-time employment from admission to discharge while unemployment fell by 53%. For women participants in family drug courts, full-time employment increased by 133%, from 9 women employed full-time at admission to 21 at discharge. The unemployment rate for women participants in family drug courts dropped by 61% from admission to discharge.

- Adult drug court participants reported a 14.75% decrease in the number of participants at discharge who did not have a high school diploma or GED.

- Among the 215 adult and family court graduates who did not have a driver's license at admission, 129 received a license by graduation, a 60% increase.

- Adult drug court participants indicated that their most common drug of choice was alcohol (53.9%) followed by marijuana (22.6%) and methamphetamine (11.3%). For family drug court participants, the primary drug of choice was

methamphetamine (44.7%) followed by alcohol (29.3%) and marijuana (13.8%). Juvenile drug court participants indicated that their primary drug of choice was marijuana (72.2%) followed by alcohol (26.1%).

- Over half of those admitted to drug court (53.9%) indicated that they had received some alcohol or drug treatment in the 36 months before entering drug court. Having received previous treatment is an indicator of high risk for reoffense and high need for additional treatment.

- Attending self-help meetings is viewed as a long-term strategy for remaining clean and sober. Among adult and family drug court graduates, 87.9% were attending self-help programs at discharge.

- For the 53-month reporting period, 50 participants or their spouses/significant others (8 participants were males with pregnant spouses/significant others) ended their pregnancy while in drug court. Forty-six babies were born drug free, and one was born drug affected. (Two pregnancies were terminated, and the outcome of one pregnancy was unknown.) Babies who are born drug free avoid substantial and costly health problems.

II. A Better Approach to Drug-Related Issues

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

This report describes the accomplishments of Montana's drug courts and includes performance data for 53 months (May 2008-September 2012). Drug courts in Montana have transformed the lives of hundreds of drug-dependent 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 in 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 the judge with specialized expertise in the drug court model. In addition, drug courts increase the probability of participants' success by providing a wide array of ancillary services such as mental health treatment, trauma and family therapy, job skills training, and many other life-skill enhancement services. Judicial supervision, coupled with the overarching threat of jail or prison facing those who fail drug court, produces much better treatment and recidivism outcomes than both standard prosecution/probation and earlier court-mandated treatment approaches.

According to a report entitled Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States, "[r]esearch 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 completed by the Treatment Research Institute at the University of Pennsylvania, the National Center on Addiction and Substance Abuse at Columbia University, the U.S. Government Accountability Office, seven meta-analyses of drug court research and most recently by a large National Institute of Justice Multisite Adult Drug Court Evaluation of 23 adult drug courts from seven regions (1,157 participants) in the U.S. compared to six sites in four regions (627 comparison offenders).

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 for many years.

"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

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

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 have developed a comprehensive set of performance indicators. This report details most of these indicators on a statewide basis. Each drug court has received a set of indicators for its court as well as the results of the statewide 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 emerging problems, and make appropriate procedural changes. Montana's courts began the process of centralizing data when responding to an initial survey conducted by the Office of Court Administrator (OCA). Collecting specific quantitative measures for drug courts began in May 2008. Additionally, as national standards and updated research on evidence-based and best practices occur, the OCA will include them in a new peer-review process similar to what is being developed in a few other states, to be initiated in the 2013 calendar year.

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

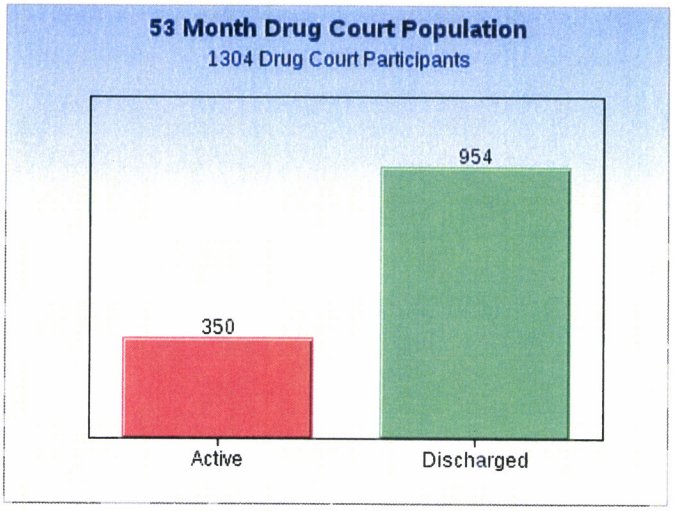
1. 1,304 participants entered Montana drug courts during the 53- month period of data collection.

2. 350 participants remain active in a drug court (adult-274, family-41, and juvenile-35).

3. 954 participants were discharged allowing analysis of both intake and exit data. 745 of these exited drug court more than 12 months ago while 553 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 53-month period for all discharged cases.

(See corresponding chart on next page.)

[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.



Note: The data set for this report does not include data from the Yellowstone County Impaired Driving Court (55 admissions) or the Yellowstone County Veteran's Court (10 admissions).

1. Program Completion

1. The 954 discharged participants for which court disposition status is reported are categorized by:
    a. 442 participants graduated from a drug court.
    b. 366 participants did not graduate and were either terminated or absconded from the program.
    c. 146 participants had a neutral disposition outcome including a transfer to another district, death, discharge for other reasons (e.g., medical), voluntary withdrawal from program or the court lost jurisdiction.
2. The overall graduation rate is 54.7% for all categories of drug courts.

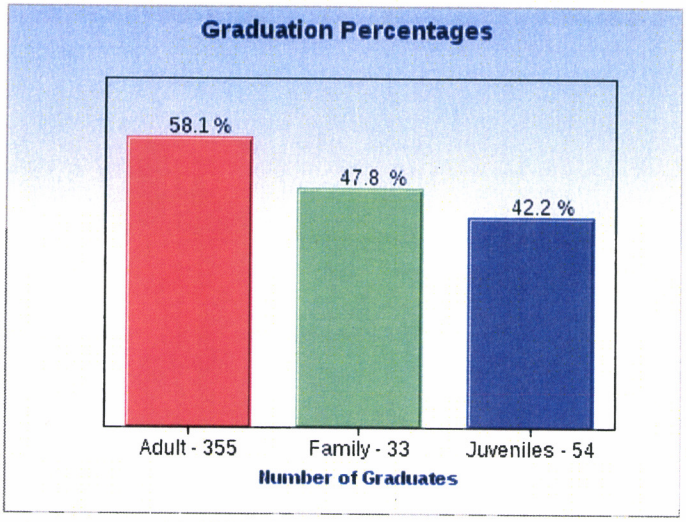
2. Graduation Rate by Court Type

1. In Montana, adult drug courts have a graduation rate of 58.1% (724 discharges with 355 graduates, 256 terminations and 113 "neutral" participants).

2. Family drug courts have a graduation rate of 47.8% (89 discharges with 33 graduates, 36 terminations and 20 "neutral" participants).

3. Juvenile drug courts have a graduation rate of 42.2% (141 discharges with 54 graduates, 74 terminations and 13 "neutral" participants).

(See corresponding chart on next page.)



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 954 participants (graduates and early terminations) who have been discharged during this 53-month period, the average length of stay in the drug court process across all courts in Montana is 383 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 442 graduates were in drug court for an average of 476.2 days. Participants terminating early had an average of 298.4 days in drug court.

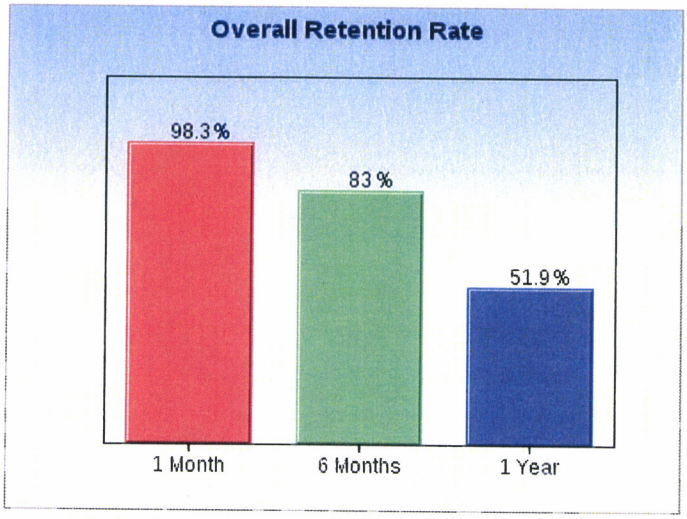
1. Adult drug court participants spent an average of 381 days in treatment. Adult drug court graduates' average length of stay was 473.3 days while early terminations averaged 277.2 days. This validates that improved outcomes are seen with longer stays in drug court.

2. Family drug court participants were in drug court for an average of 417.3 days. Graduates averaged 600.8 days while participants who terminated averaged 351.7 days in the program.

3. Juvenile drug court participants were in treatment for an average of 373.5 days. Graduates averaged 419.6 days while early terminations averaged 345.5 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 808 participants (not including neutrals or active cases) for whom court disposition status is reported, 98.3% were still participating one month after entering a court, 83.0% of the cases were still open at six months and 51.9% were still open at one year. These are impressive numbers for retention given the importance of providing an adequate dose of treatment to participants in drug court.



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.

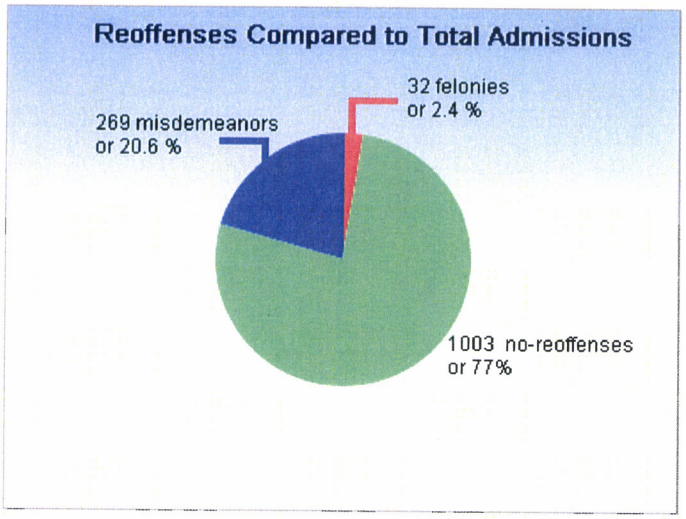
Additionally, this report considers whether the reoffense was a misdemeanor or a felony given that felonies are much more serious than misdemeanors and considers reoffense occurrence based on time after discharge (24 months and the much longer 53 month periods). The rates of reoffense were determined through an interface between the drug court admission and discharge forms (InfoPath) and the Montana's court case management system (Full Court) through SharePoint software.

For the purposes of calculating recidivism in drug court research, arrest is generally used as the primary measure rather than conviction. 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. Additionally, all misdemeanors are considered as recidivism no matter how "light" the misdemeanor may be. For example, in Montana a misdemeanor includes exceeding a posted speed limit and a stop light or other traffic sign violation.

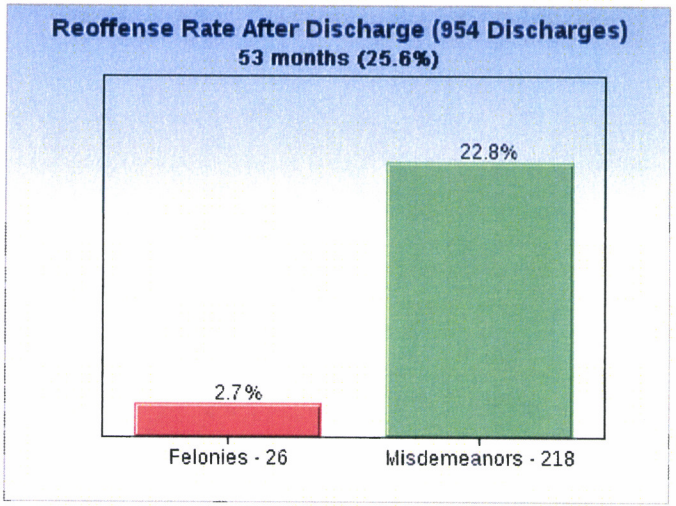
53 Months After Discharge Data (May 2008-September 2012)

1. During the 53-month period, there were 1,304 total admissions to the Montana drug courts; 350 were still active and 954 were either "graduated" (442), "terminated" (366) or considered "neutrals" (146). During the 53-month period, there were 301 documented reoffenses including 32 felonies and 269 misdemeanors for a reoffense rate of 23%. When broken out by type of offense, i.e., misdemeanor vs. felony, the rates are as follows: 2.4% felony and 20.6% misdemeanor while 77% had not reoffended. Misdemeanors included all types of this level of offense.



2. In looking at reoffense while in the drug court program during the 53-month period, 68 crimes were committed (13 felonies and 55 misdemeanors) for a reoffense rate while in the program of 5.2% (1% felony, 4.2% misdemeanor and 94.8% no reoffense). Of the 68 who reoffended while in the program, 14 graduated (all of whom committed misdemeanors) and 6 were neutrals (4 misdemeanors and 2 felonies). Of the 48 participants eventually terminated, 11 were charged with felonies and 37 were charged with misdemeanors.

3. Data for reoffense after discharge from drug court (954 discharges) includes 26 felonies and 218 misdemeanors for a total of 244 offenses for a reoffense rate of 25.6% during the 53-month period. For participants who reoffended after discharge, only 2.7% were felonies while 22.8% were misdemeanors. Of the 244 who committed a crime after discharge, 79 were graduates or 17.8% of all graduates (5 committed felonies (1.1%) and 74 (16.7%) committed misdemeanors), 44 were neutrals or 30.1% of all neutrals (3 committed felonies (2%) and 41committed misdemeanors (28%) and 121 were early terminations or 33% of all early terminations (18 felonies (4.9%) and 103 misdemeanors (28.1%). From this data, graduates of drug courts commit crimes at about one half the rate as early terminations (17.8% vs. 33%) and specifically felonies at about 22% of the rate (1.1% vs. 4.9%).

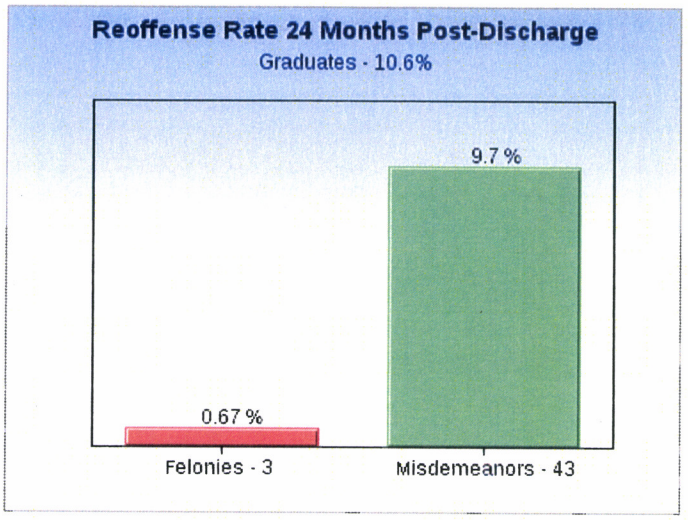


First 24 Months After Discharge Data

When examining offenses committed after discharge, the standard measure among drug courts is to analyze reoffenses 24 months after discharge rather than the longer period noted above (53 months).

4. For the total number of discharges to date, 142 reoffenses (58.2%) of the total 244 reoffenses occurred during the first 24 months after discharge for a total re-offense rate of 14.9%. Of these 142 reoffenses, 17 were felonies and 125 were misdemeanors. Of the 142 reoffenses, 47 were committed by graduates for a graduate reoffense rate of 10.6% (3 felonies or less than 1% and 43 misdemeanors or 9.7%) Of the 142 reoffenses, 68 were committed by the early terminations for an early termination reoffense rate of 18.6% (11 felonies or 3% and 57 misdemeanors or 15.6%). Here, again, although rates are relatively low for both groups compared to many national studies, graduates had a rate of reoffense during the first two years after discharge that was much lower than early terminations (10.6% vs. 18.6%). Additionally, the rate of felonies committed

within 24 months after discharge is nearly 3 times for early terminations than for graduates (less than 1% for graduates vs. 3% for early terminations).



These reoffense rates compare very favorably with traditional case processing reoffense rates for drug offenders of between 45-75% for the two-year period following adjudication (see Belenko's chart pp. 33-34 and associated discussion in Research on Drug Courts: A Critical Review, June 1998). The Montana data also appears to be consistent with Belenko's statement in the same publication: "As with previous findings, a majority of the studies found lower recidivism rates for drug court participants…."

The Center for Court Innovation in a paper developed in October 2003 documented eight studies with 2-3 year post-entry reoffense rates for comparison groups of between 48% and 81% with drug court reoffense rates for the same eight studies of between 26% and 66%.

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

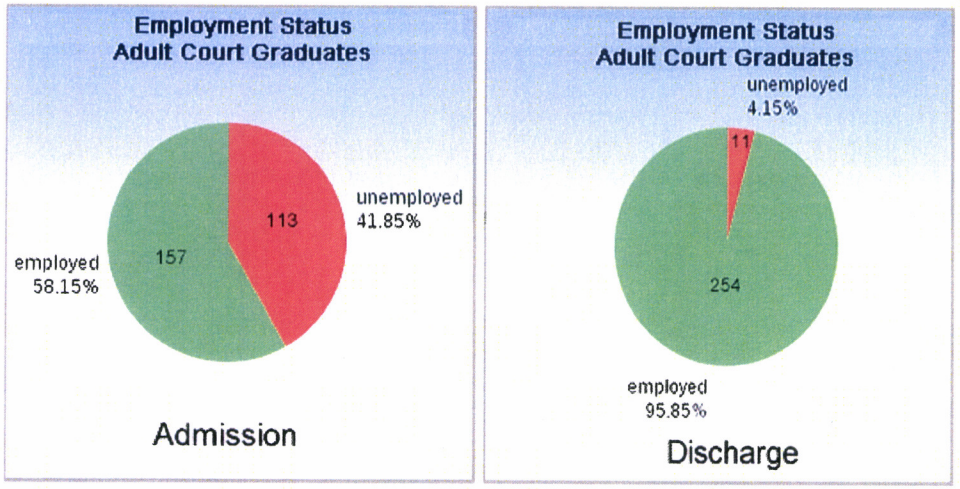
"Seven meta-analyses conducted by independent scientific teams all concluded that Adult Drug Courts significantly reduce crime, typically measured by fewer rearrests for new offenses and technical violations. Recidivism rates for Drug Court participants were determined to be, on average, 8 to 26 percentage points lower than for other justice system responses. The best Drug Courts reduced crime by as much as 45 percent over

other dispositions."[4] In some evaluations, the effects on crime were as high as 35 percentage points.

6. Employment Status: Admission to Discharge

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

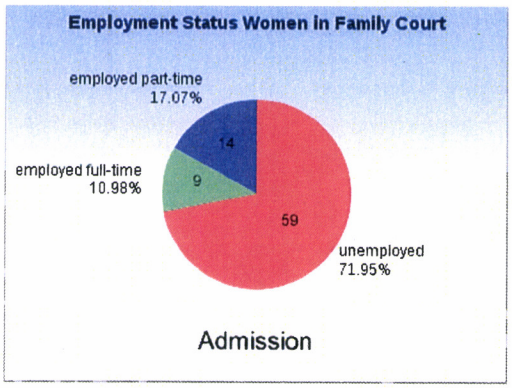
1. Adult drug court participants discharged during the reporting period reported a 44% increase in full-time employment from admission to discharge (246 employed full-time at admission and 355 employed full-time at discharge). Unemployment fell from 307 at admission to 144 at discharge, a 53% decrease. Adult drug court graduates reported a 61.8% increase in employment from admission to graduation (157 employed full-time at admission compared to 254 employed full-time at discharge). Unemployment fell from 113 participants to 11. 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.

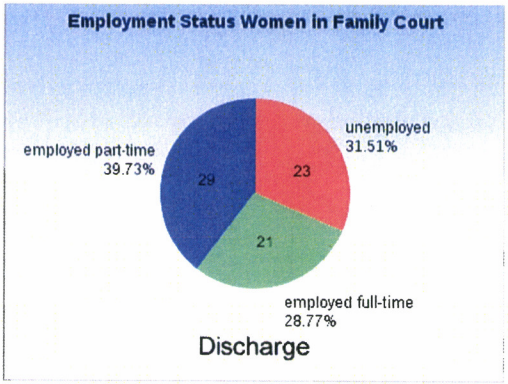


2. Women in family drug courts are responsible for at least one child and in some cases, several. For women discharged from the courts during the 53-month period, 9 women were employed full-time at admission, which increased to 21 at discharge, an increase of 133%. Additionally, 14 were employed part-time at admission, which increased to 29 at discharge. Fifty-nine were unemployed at admission, and only 23 were unemployed at discharge, a 61% decrease. For graduates of family drug courts, the results are even more impressive with 5

[4] Aos et al., 2006; Downey & Roman, 2010; Latimer et al., 2006; Lowenkamp et al., 2005; MacKenzie, 2006; Shaffer, 2006; Wilson et al., 2006; Carey et al., 2008.

employed full-time at admission and 15 employed full-time at discharge (200% increase), and 6 employed part-time at admission and 9 employed part-time at discharge.



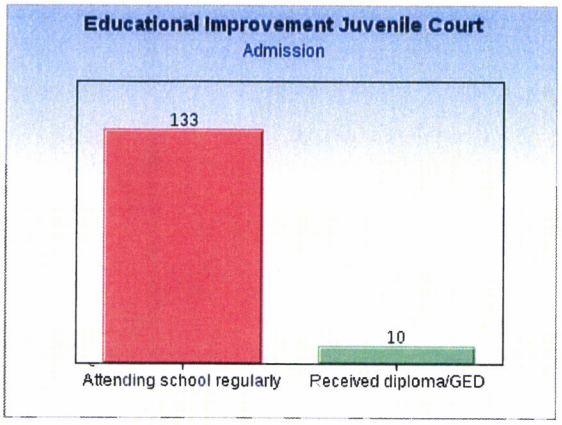


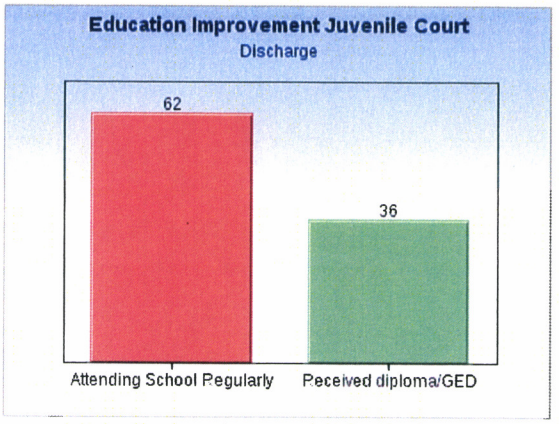
3. Juveniles in a drug court should attend school regularly and most are not in the workforce. The emphasis on education will be documented in the next section dealing with educational advancement. However, gains still occurred in the employment area as well. For juveniles at admission, 31 were employed either full-time or part-time whereas at discharge, 40 were employed either full-time or part-time. For graduates at admission, 20 were employed either full-time or part-time while at discharge, 30 were employed either full-time or part-time.

7. Education Status: Admission to Discharge

1. For adult drug court participants who were discharged, 244 reported at admission that they did not have a high school diploma or GED. At discharge, that number had been reduced to 208 or a reduction of 36. This represents more than a 14.75% decrease in adults without a GED or a high school education. At the same time, individuals at discharge showed an increase of some college from 83 to 105 and some technical school from 19 to 23.

2. For the 176 juvenile drug court participants at admission, 133 were attending school regularly, 32 were listed as attending high school/elementary, 10 had received a high school diploma or GED and 1 had some college. Of the 141 participants at discharge, 62 were attending school regularly, 43 were listed as attending high school/elementary and 36 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 from 11 to 36 or 227%. (See corresponding chart on next page.)





8. Driver's License and State Identification 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 to obtain a license.) 694 adult participants – including family drug court participants - did not have a driver's license at admission and 165 received a driver's license. Among the 215 graduates who did not have a driver's license at admission, 129 received a license by graduation (60% increase).

At discharge, drug court programs documented whether or not participants received a state identification while in the program. At discharge, 60 drug court participants had received their state identification while in drug court. Of those, 42 were in adult drug courts, 8 were in family drug courts and 10 were in juvenile drug courts.

9. Gender and Ethnicity

Overall, 69.6% of drug court participants were male (842 males/462 females). There is a strong association between gender and court type.

1. Adult drug court participants were 69.6% male (695 of 998.) Additionally, 119 (11.9%) were Native American, 13 (1%) were Black, and 34 (3.4%) were Hispanic.

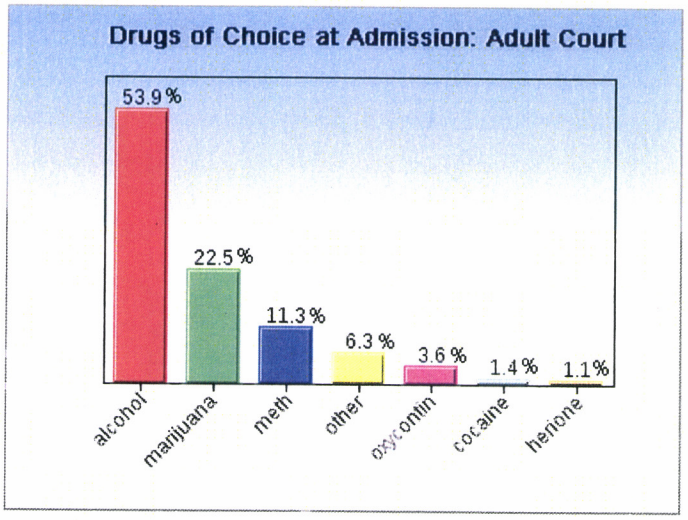
2. Females were much more likely to be in family drug courts. In the reporting period, 94 of the 130 participants were females (72.3%). In the family drug courts, 29 (22.3%) were Native American, 6 (0.46%) were Black, and 7 (0.53%) were Hispanic.

3. Males were more likely to be in a juvenile drug court with males comprising 111 of the 176 admissions during the 53-month period or 63%. Additionally of the total admissions, 23 (13%) were Native American, 21 (11.9%) were Black and 46 (26%) were Hispanic.

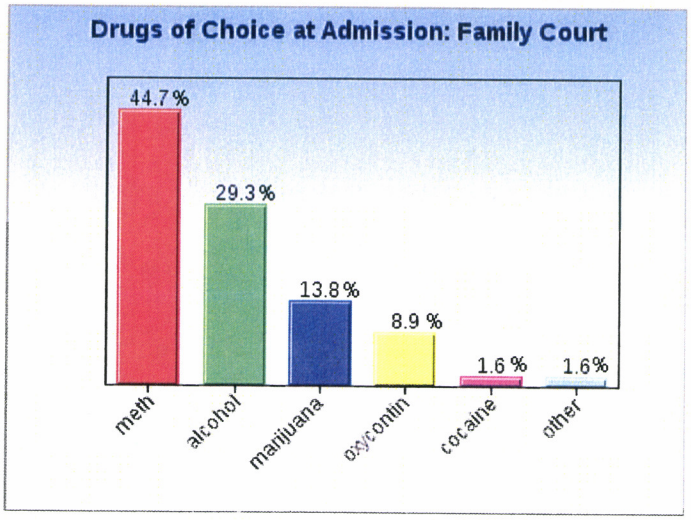
10. Drugs of Choice

Drugs of choice differ depending on the category of drug court.

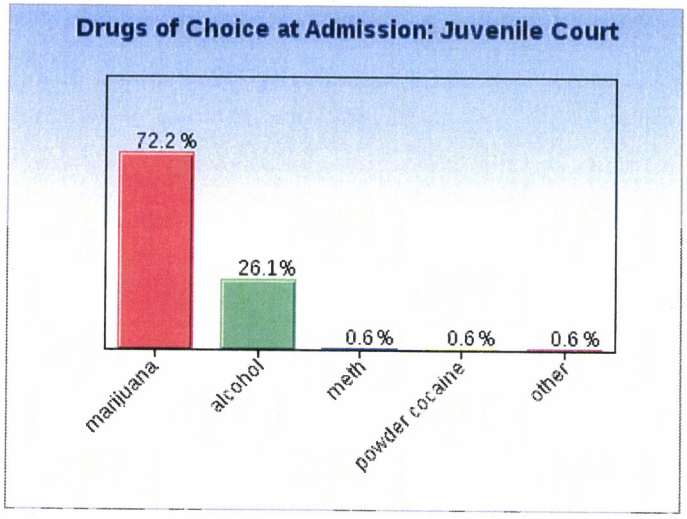
1. Adult drug court participants indicated that the most common drug of choice was alcohol (53.9 %), followed by marijuana (22.5%), and methamphetamine (11.3%). Other categories of drugs including OxyContin, crack cocaine and powder cocaine and heroin were also documented. The secondary drug of choice for adults in adult drug courts was marijuana followed by alcohol and OxyContin.



2. For family drug court participants, the primary drug of choice was methamphetamine (44.7%), followed by alcohol (29.3%), marijuana (13.8%), OxyContin (8.9%), and cocaine (1.6%). The secondary drug of choice for family drug court participants was marijuana followed by alcohol and methamphetamine. Some participants did not indicate a secondary drug of choice.



3. For juvenile drug court participants, the primary drug of choice was marijuana (72.2%) followed by alcohol (26.1%). Only one participant each reported powder cocaine and methamphetamine as the primary drug of choice. The secondary drug of choice was alcohol with 65.7%, followed by marijuana at 23.7% with methamphetamine, heroin and inhalants also mentioned.



11. Prior Treatment for Alcohol and Other Drugs

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

Receiving treatment prior to drug court does not mean treatment completion. When participants were asked if they had received treatment in the 36 months before entering drug court, 703 of the 1304 admissions (53.9%) indicated "yes". Having received previous treatment is an indicator of high risk for reoffense and high need for additional treatment of offenders in the criminal justice system. The individuals at admission indicated receiving the following services (some may have received more than one service):

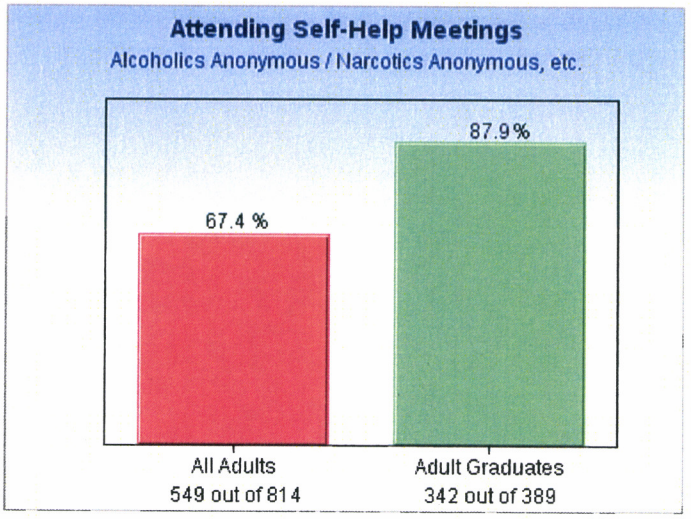
Detoxification 95
Inpatient 246
Intensive Outpatient.....227
Outpatient.....291
Jail-based.....110
Individual.....283
Co-occurring.....132
Inpatient Psychiatric.....94
Outpatient Psychiatric.....198

For over half of the population being admitted to drug court, prior treatment experience has occurred. When considering prior arrest history, psychiatric history, and prior 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 954 discharged cases, 442 were graduates. The 442 graduates had an average of 280 days clean (over 9 months). As expected, all graduates were clean and sober at graduation. For participants who terminated early or were discharged as a neutral (512), 223 or 56.5% were not using alcohol or other drugs at time of discharge. This is an indication that even those who do not graduate receive benefit from participating in drug court.

Attending self-help meetings (12-step meetings) is viewed by many as the long-term strategy for remaining clean and sober. Of the 954 discharged cases, 582 were attending self-help meetings or 61.%. 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 67.4% (549 of 814). When only the adult graduates from the adult and family drug courts are considered, 342 of 389 were attending self-help at discharge or 87.9%.



The OCA also collected information on clean and positive urinalysis tests as a measure of sobriety as well. For those who were terminated early and did not graduate drug court, there were 27,333 clean urinalyses and 2,453 positive urinalyses for a rate of 8.23% positive. For drug court program graduates, there were a total of 44,282 clean urinalyses

and 1424 positive urinalyses for a rate of 3.1% positive. 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 regular supervision (such as probation) test positive an average of 30% of the time whereas in drug courts, the average is around 10%.[5] Thus, drug court participants in Montana test positive considerably less than national studies indicate others do on regular probation, and graduates of Montana drug courts test positive at an even lower rate (3.1%).

13. Psychiatric Disorders

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

For the 1,304 cases in which data was available, 28.7% (375) reported receiving psychiatric medications in the 12 months prior to entering drug court. These individuals reported 723 different prescriptions or an average of just under two prescriptions per person. Clearly drug courts are admitting "high-need" people with co-occurring disorders in their programs.

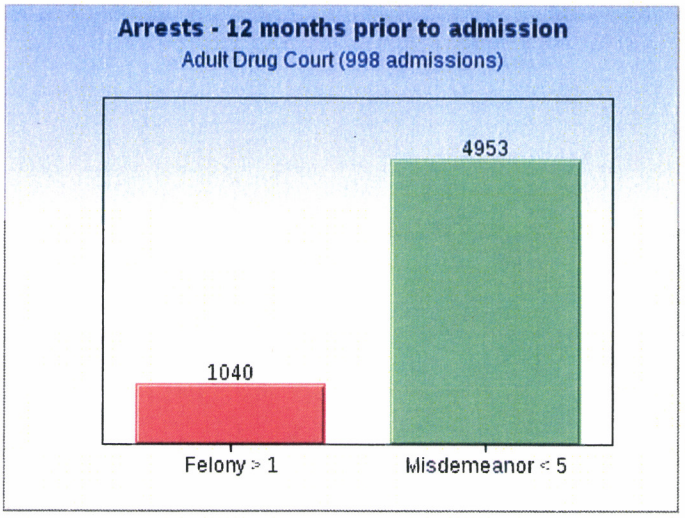
Participants were asked specifically if they had received services for a co-occurring psychiatric disorder prior to admission. The following responses were received for all drug court admissions:

1. Co-occurring treatment 132 (10.12%)
2. Inpatient psychiatric treatment.....94 (7.2%)
3. Outpatient psychiatric treatment 102 (15.18%)

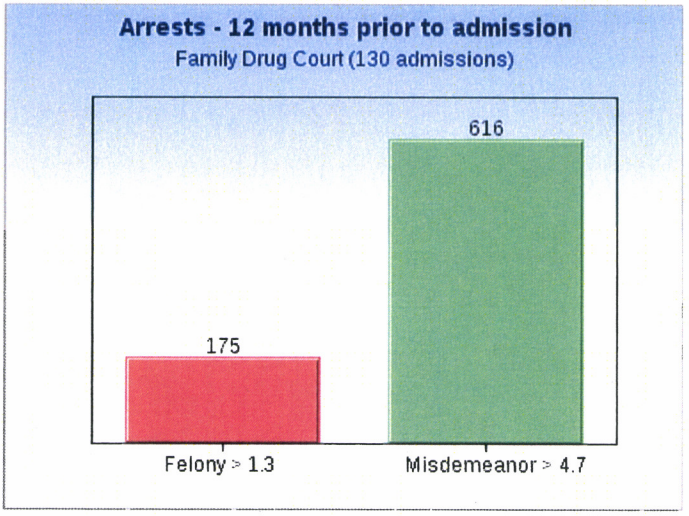
14. Prior Arrests and Convictions

1. For adult drug court cases (998 admissions), participants had a total of 5,993 arrests before entering drug court for an average of 6.0 felony and misdemeanor arrests per admission. For adult drug court cases, there were 1,040 felony arrests and 4,953 misdemeanor arrests prior to admission to drug court for an average of 1 felony and nearly 5 misdemeanors per admission. (See corresponding chart on next page.)

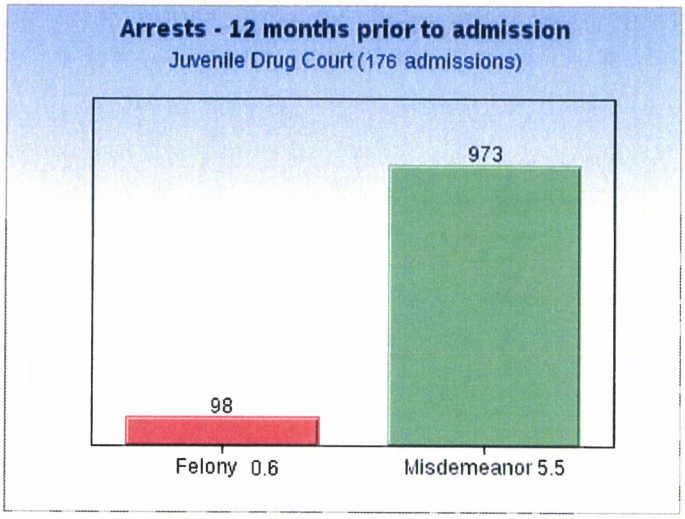
[5] Cooper, C. 1998 *Drug Court Survey: Preliminary Findings.* Washington, D.C.: Drug Court Clearinghouse and Technical Assistance Project, American University.



2. For family drug court cases (130 admissions), participants had a total of 791 felony and misdemeanor arrests prior to entering drug court for an average of over 6.0 arrests per admission. For family drug court cases, there were 175 felonies or over 1.3 felonies per admission, whereas there were 616 misdemeanor arrests for an average of over 4.7 misdemeanor arrests per admission.



3. For juvenile drug court cases (176 admissions), participants had had a total of 1,071 felony and misdemeanor arrests prior to entering drug court for an average of nearly 6.1 arrests per admission. For juvenile drug court cases, there were 98 felonies or nearly 0.6 per admission, whereas there were 973 misdemeanor arrests for an average of over 5.5 misdemeanor arrests per admission. (See corresponding chart on next page.)



These arrest figures are an indication of the "high-risk" profile of participants that Montana drug courts are admitting as they strive to take the highest risk and highest need offenders.

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 908 of the 954 discharged cases. The question was not applicable for 213 participants. For those remaining, 42% (292) indicated they had resolved their criminal justice cases while 58% (403) said they had not.

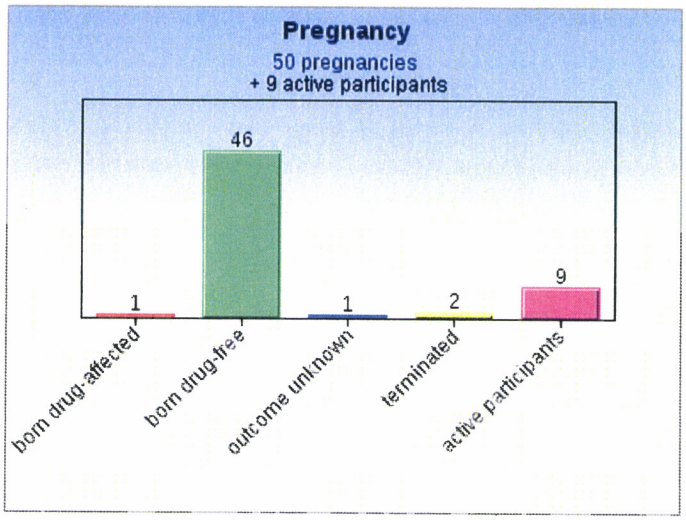
For the graduates answering the question, 77% (231) said that all charges were resolved while 23% (70) said outstanding charges were not resolved. The question was not applicable to 116 participants.

Only 11.6% (30) of the 259 participants who terminated early resolved outstanding charges. The question was not applicable to 60 participants. Thus, for graduates, 77% resolved all charges whereas only 11.6% of the early terminations did so, which emphasizes the importance of graduating from drug court..

16. Pregnancy and Children

For the period May 2008 through September 2012, 50 participants or their spouses/significant others (8 participants were males with pregnant significant others or spouses) ended their pregnancy while in drug court. Of these 50 pregnancies, 46 babies were born drug free, one was born drug affected, two were terminated and the outcome

for one baby is unknown. As of September 30, 2012 there were 9 active pregnant women in Montana drug courts.



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 have indicated that costs per drug-affected child from birth to age 18 are substantial. Additional medical costs associated with the delivery of a drug-addicted baby are estimated to range from approximately $1,500 to $25,000 per day (Cooper, 2004). Neonatal intensive care expenses can range from $25,000 to $35,000 for the care of low birth-weight newborns and may reach $250,000 over the course of the first year of life (Office of Justice Programs, 1997). Other costs might include detox costs for the exposed infants; foster care costs; special education costs; and costs relating to developmental deficiencies. Kalotra in his report on drug and/or alcohol exposed babies states, "[t]he following data reflects reported costs associated with caring for babies that were prenatally exposed to drugs or alcohol. Total lifetime costs for caring for those children that survive reportedly ranges from $750,000 to $1.4 million."[6]

Methamphetamine, marijuana and alcohol were the most frequently reported primary drugs of choice among pregnant participants at admission. Twelve participants reported using methamphetamine, 10 reported using marijuana, 5 reported alcohol use and 2 reported using OxyContin. The secondary drugs of choice mentioned were 10 using marijuana, 10 using alcohol, 3 using methamphetamine, 1 using crack cocaine and 1 using drugs other than those mentioned.

When reviewing admission data of adults (adult and family drug court participants), for the 998 adults in adult drug courts and 130 adults in family drug courts (total 1128) there were 1155 children involved. These included 470 children living with parents, 528 children living with a relative, and 157 in foster care. Clearly, when adults in drug court

[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

become clean and sober, they are not the only individuals positively impacted as each adult averages having at least one child as well.

17. Fines, Fees and Community Service Hours

For the 954 cases that were discharged during the 53-month period, the following amounts were collected from drug court participants:

1. Fines.....$104,541.69
2. Fees.....$281,272.97
3. Restitution.....$ 93,253.69

Additionally when 11,158.32 hours of community service are considered and multiplied times minimum wage at $7.65, the total value of community service hours is $85,361.15.

18. Child Support

Some of the adults admitted to drug court had orders to support minor children. At admission, 61 individuals (31.1%) were complying with child support orders while 135 individuals (68.8%) were either not paying or not current. At discharge, 49 individuals (25%) were paying their child support, and 34 individuals (17.3%) were not paying. For 31 individuals (15.8%) the issue was no longer applicable and for 82 individuals (41.8%) the result was unknown. Thus, from admission to discharge the percentage **not** paying child support dropped from 68.8% to 17.3%.

Looking at it a different way, 61 individuals were complying with child support orders at admission while at discharge, that number decreased to 49; however, for 31 individuals, child support was no longer an issue and was resolved. Thus, the number of individuals who either had resolved their child support issues or were now paying regularly increased from 61 to 80 or an increase of 31.1%.

In looking at drug court graduates at admission, 26 individuals (44%) were current and 33 (56%) were either not current or not paying. At discharge, 35 individuals (59.3%) were paying child support and 3 individuals (5%) were not paying child support. In 17 cases (28.8%), the issue was no longer applicable, and in 4 cases (6.7%) the result was unknown. Thus for graduates, those not paying child support or not current went from 56% to 5%.

Another way to view this data is that 26 graduates were complying with child support orders at admission while at discharge, that number increased to 35. For 17 individuals, child support was no longer an issue. Thus, the number of drug court graduates who either resolved their child support issues or were now paying regularly doubled from 26 to 52.

19. Housing

Permanent housing is an important variable for staying clean, sober and productive. Montana drug courts had a positive impact on permanent housing for those who entered. For participants in adult drug courts, the number of homeless went from 48 at admission to 32 at discharge. Those living in a hotel/motel went from 6 at admission to 2 at discharge. Participants owning their own home went from 47 to 62. Those renting went from 215 to 306, and those living with friends/relatives/significant others went from 161 to 137. For participants in family drug courts, participants who were homeless went from 16 to 18; however, living in a hotel/motel went from 3 to 2, owning their own home went from 0 to 4, renting went from 19 to 33, living in transitional housing went from 6 to 12 and living with friends/relatives/or significant others went from 28 to 12. In almost all cases housing for participants showed substantial improvement.

20. Veteran's Services: A New Area of Emphasis

Within the last few years, nationally there has been a significant increase in veterans admitted to adult drug courts. Because the number of veterans has increased substantially and the issues facing them are unique, nearly 300 special drug court dockets for veterans have been established across the country. In Montana, special drug court dockets for veterans have been implemented in Missoula County, Yellowstone County and Cascade County in collaboration with representatives of the Federal Veteran's Administration. Additional veteran dockets will likely be initiated in the near future as the OCA and local drug courts continue to attempt to meet the needs of veterans. As a result, the OCA is monitoring services to veterans. To date, 61 individuals who were previously in the military have been served in drug courts (59 in adult drug courts and 2 in family drug courts). Additionally, 50 individuals are receiving veteran's services in adult drug courts and 4 in family drug courts. As these specialized drug courts continue to expand and mature, these numbers are anticipated to increase significantly in the near future.

21. Family Courts: Additional Local Performance Indicators

According to the Final Report for Montana Child and Family Services Review in April 2009 by the U.S. Department of Health and Human Services, Administration for Children and Families, "[s]takeholders in Yellowstone County reported that the reentry rate for children is lower when their parents(s) are involved in the County Drug Court than it is when parents are not involved in the drug court program." This lower rate of reentry is attributed to drug court staff addressing issues on a long-term bases for the entire family rather than focusing only on the parents' substance abuse. In another section of the report regarding factors as barriers to achieving permanency in a timely manner, the report found that, "Cascade County stakeholders expressed the opinion that their Drug Court has been successful in methamphetamine and other drug abuse intervention in obtaining a better reunification rate than cases handled in other courts."

Family drug courts focus on the entire family. Each family is intensely assessed to determine services needed that will result in favorable outcomes for both adults and

children. During the 53-month period covered by this report, the following services were provided to children of families in treatment courts: alcohol and drug abuse counseling (7), family counseling (40), mental health counseling (45), special education services (21), speech therapy (16), specialized medical care (13), occupational therapy (7), physical therapy (6), educational tutoring (17), and early childhood intervention services (49).

Also during this period, 75 children were reunited with their parents, 10 were placed in guardianship, 20 were placed in adoptive homes, 38 were placed with other non-drug court parents, 11 were placed in planned permanent living arrangements, and 51 remained in either foster care or residential care. In 184 cases, parental rights remained in place, in 20 cases parental rights were voluntarily relinquished and in only 6 cases were parental rights involuntarily terminated. Paternity was commenced and/or established in 15 cases.

22. Juvenile Courts: Additional Performance Indicators

The juvenile drug court in the 8th Judicial District reports that to date 70% of program graduates (16 out of 23) successfully received a high school diploma and/or GED certification or remained enrolled in high school. Additionally, all 16 drug court graduates have demonstrated improved academic proficiency as demonstrated below:

- Five have received a high school diploma.
- Ten have received a GED certification.
- Two remain enrolled in high school.
- One obtained a Certified Nursing Certification and is working on her third semester at the college of technology.
- Five graduates are attending or have attended college and two graduates are serving in the military. Two participants attended college and participated in the military.

To date 27% of early terminated participants (11 out of 41) have successfully received a high school diploma and/or GED certification or remained enrolled in high school.

Missoula Youth Drug Court school performance indicates that 35 youth when admitted to drug court were in good standing in school with 6 not in good standing. At discharge, 37 were in good standing while 4 were not in good standing. Thus, youth admitted to drug court were able to maintain their good standing while two additional youth achieved good standing in school while in drug court.

IV. Montana Drug Court Cost Information And Cost-Benefit Information

In Fiscal Year 2011, 12 Montana drug courts expended $751,469 in state general fund money. In Fiscal Year 2012, 13 drug courts expended $797,171. (The 9th Judicial District Adult Drug Court was added in Fiscal Year 2012.) During this period, 351

clients were admitted to these drug courts for an average cost of $4,412 per admission. This is a slight increase over the cost per case during the period between Fiscal Year 2008 and Fiscal Year 2010 of $4,203 for state funded drug court operations in Montana.

Most of the money expended was 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). For family drug courts, some services may have been paid for by the DPHHS. In juvenile drug courts, some services also may have been funded through the Youth Court. Additional expenditures made by other agencies were not included in the state general fund figure noted above.

This cost per participant of $4,412 compares favorably with other correctional interventions and national costs per participant, even though funds from other agencies in Montana are not included in this figure. For example, NPC Research based out of Portland, Oregon analyzed investment costs in 47 adult drug courts. It found that "program cost range[d] from a low of $3,842 to a high of $33,005 per participant. The mean program cost [was] $14,372 per participant. The large variation [was] generally due to treatment costs. Treatment providers charge a variety of different amounts for the same types of services, and different drug courts provide treatment that ranges from outpatient groups only to intensive outpatient and residential care as well as a variety of wraparound services."

Cost benefit information from Montana was exemplified in a detailed research project completed by the Cascade County/8th Judicial District Adult Drug Court. The 8th Judicial District report concluded that the adult drug court saved the taxpayer significant dollars by cost avoidance and taxes paid by participants. The report states that "[t]he average cost avoidance when only investment costs are taken into consideration [was] $2,438 per participant or $97,519 for 40 participants. These savings [were] due primarily to reduced Department of Correction's sentences relative to the business-as-usual comparison group."

When outcome costs were taken into consideration, the report concluded that society avoided an estimated $11,070 per participant and $442,789 for every 40 treatment court participants. This was 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, a decrease in victimization costs due to a decrease in reoffenses, 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 in the 8th Judicial District Adult

Drug Court was estimated to be $81,879 per participant and $3,275,186 for 40 participants.[7]

V. National Cost-Benefit Information

More research has been published on the effects of adult drug courts than virtually all other criminal justice programs combined.

"The field of cost analysis, as applied to drug courts, has been developing significantly during the past several years. Initially, most studies focused on savings in jail and prison costs associated with the sanctions that would have been applied to defendants in drug court programs had they proceeded through the traditional adjudication process. In line with their positive effects on crime reduction, drug courts have also proven highly cost-effective." (Belenko, et al. 2005). A recent cost–related meta-analysis concluded that drug courts produce an average of $2.21 in direct benefits to the criminal justice system for every $1.00 invested—a 221% return on investment (Bhati et al., 2008). These savings reflect measurable cost-offsets to the criminal justice system stemming from reduced re-arrests, law enforcement contacts, court hearings, and use of jail or prison beds.

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

The General Accountability Office of the United States Congress issued its third report on the effect of adult drug courts in 2005. Results from 23 program evaluations confirmed that drug courts significantly reduce crime. Although upfront costs for drug

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

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

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, seven independent meta-analyses have concluded that drug courts significantly reduce crime rates typically measured by fewer re-arrests for new offenses and technical violations. Recidivism rates for drug court participants were determined to be, on average, 8 to 26 percentage points lower than for other justice system responses. The best drug courts reduced crime by as much as 45% over other dispositions (Carey et al., 2008; Lowenkamp et al., 2005; Shaffer, 2006). 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 a study showing substantial cost-effectiveness beyond the effects on crime rates is a large study with a detailed matched control group of traditional probation completers and drug court graduates in St. Louis, Missouri. This independent study completed in 2004 documented that initially drug court costs were slightly more per participant ($7,793 vs. $6,344), but "various benefits (cost savings) were found for drug court graduates compared to probation completers (less jail time, less pretrial detention, wages of drug court graduates were higher and they were employed longer resulting in higher taxes 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."[9] The bottom line for this study was a net savings over four years after drug court of $7,707 per drug court participant over probation completers. This represents the expenses that would have been incurred by the taxpayer had these drug court participants completed regular probation. These trends appeared to be on a vector to continue in ongoing years as probation completers appeared to cost the taxpayer more each year while drug court graduates avoided more costs for the taxpayer. Other studies with similar cost benefit outcomes were completed in the State of Washington, California, Multnomah County Drug Court (Portland, OR), Douglas County, Nebraska (Omaha), State of Kentucky, and many others.

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

In 2011, the National Institute of Justice (NIJ) and a team of researchers from The Urban Institute's Justice Policy Center, RTI International, and the Center for Court Innovation completed a five-year longitudinal process, impact and cost evaluation of adult drug courts. The Multisite Adult Drug Court Evaluation (MADCE) compared the services and outcomes in 23 adult drug courts from seven regions in the U.S. against those of six

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

comparison sites in four regions. The comparison sites administered diverse programs for drug-involved offenders, including Treatment Alternatives for Safer Communities (TASC), Breaking the Cycle (BTC), and standard court-referred, probation-monitored treatment. Offender-level data were obtained from 1,157 drug court participants and 627 comparison offenders who were carefully matched to the drug court participants on a range of variables that influenced outcomes. Key findings included:

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

Recommendations to policy makers included: *"Drug Courts work, so ensure provisions are made to fund their continued existence.* The research evidence clearly establishes the effectiveness and potential cost-effectiveness of drug courts. Government agencies should continue to spend resources funding drug court programs. They should sponsor training and technical assistance to encourage the implementation of evidence-based practices and to ensure drug courts target the most appropriate offender populations for their programs."[10]

VII. 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, veteran 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 29 drug courts operating in the state, including 5 tribal courts. These courts developed organically based on local needs, interest and resources. Most 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.

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

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

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

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 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 workshops 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 April 2012, the state's third drug court conference was held with a special emphasis on evidence-based practices and team action planning based on those practices. Approximately 250 people attended the conference, and every team submitted an action plan and is working to implement this plan.

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

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

The UM research team and 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. Drug court coordinators from across the state met

and developed performance indicators. It is these indicators that make up this report and are consistent with indicators being collected by other states and at a national level.

During calendar year 2013, Montana drug courts will embark upon a peer-review process to review consistency of each drug court with fidelity to the key components that have been established at a national level as well as evidence-based and best practices develop by NPC Research (from over 140 drug court evaluations) and the Multisite Adult Drug Court Evaluation.

The table on the following pages lists Montana's current drug courts.

Adult Drug Courts

Court Name	Location	Level	Primary Funding Source	Year began
1st Judicial District Treatment Court	Lewis and Clark County	District	Federal	2011
7th Judicial District Adult Drug Court	Dawson, McCone, Prairie, Richland & Wibaux Counties	District	Federal	2007
8th Judicial District Adult Drug Treatment Court	Cascade County (includes veterans' docket)	District	State General Fund	2005
9th Judicial District Drug Treatment Court	Glacier, Toole, Teton, & Pondera Counties	District	Federal	2009
13th Judicial District Adult Drug Court	Yellowstone County	District	Federal	2011
Gallatin County Treatment Court	Gallatin County (18th Judicial District)	District	State General Fund/Gallatin Co.	1999
Billings Adult Misdemeanor Court	Billings	Municipal	State General Fund	2005
Custer County Adult Treatment Court	Custer County (16th Judicial District)	District	State General Fund	2004
Mineral County Adult Treatment Court	Mineral County	Justice	State General Fund	2006
Chippewa-Cree Adult Drug Court	Rocky Boy's Reservation (does not report data to OCA)	Tribal	No info.	No info.
Northern Cheyenne Adult Drug Court	Northern Cheyenne Reservation (does not report data to OCA)	Tribal	No info.	No info.

Family Drug Courts

Court Name	Location	Level	Primary Funding Source	Year began
Yellowstone County Family Drug Treatment Court	Yellowstone County (13th Judicial District)	District	State General Fund	2001
Butte-Silver Bow Family Drug Court	Butte-Silver Bow County (2nd Judicial District)	District	State General Fund	2004
Fort Peck Family Drug Court	Poplar (Fort Peck Reservation)	Tribal	Tribe	2012
Missoula County Family Treatment Court	Missoula County (4th Judicial District)	District	State General Fund	2008

Co-Occuring Courts

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

Veteran's Courts

Court Name	Location	Level	Primary Funding Source	Year began
Missoula Veteran's Treatment Court	Missoula County (4th Judicial District)	District	Federal	2011
Yellowstone County Veteran's Treatment Court	Yellowstone County (13 Judicial District)	District	Federal	2011

Juvenile Courts

Court Name	Location	Level	Primary Funding Source	Year began
4th Judicial District Youth Drug Court	Missoula County	District	State General Fund	1996
Crow Juvenile Drug Court	Crow Reservation (does not report data to OCA)	Tribal	No info.	2002
7th Judicial District Youth Treatment Court	Dawson, McCone, Prairie, Richland & Wibaux Counties	District	State General/ Federal Fund	2006
8th Judicial District Juvenile Drug Treatment Court	Cascade County	District	State General Fund	2006

DUI Courts

Court Name	Location	Level	Primary Funding Source	Year began
7th Judicial District DUI Court	Dawson, McCone, Prairie, Richland & Wibaux Counties	District	MDT*	2010
13th Judicial District DUI Court	Yellowstone County	District	MDT*	2011
Kalispell DUI Court	Kalispell (does not report data to OCA)	Municipal	MDT*	2009
Mineral County Adult Treatment Court	Superior	Justice	MDT*	2011
Fort Peck Assiniboine and Sioux DUI Court	Fork Peck Reservation (does not report data to OCA)	Tribal	MDT*	2010
Butte-Silver Bow County DUI Court	Butte-Silver Bow County	Justice	Federal (BJA)	2010
Hill County Drug/DUI Court	Hill County	Justice/Municipal	MDT*	2012

* Montana Department of Transportation