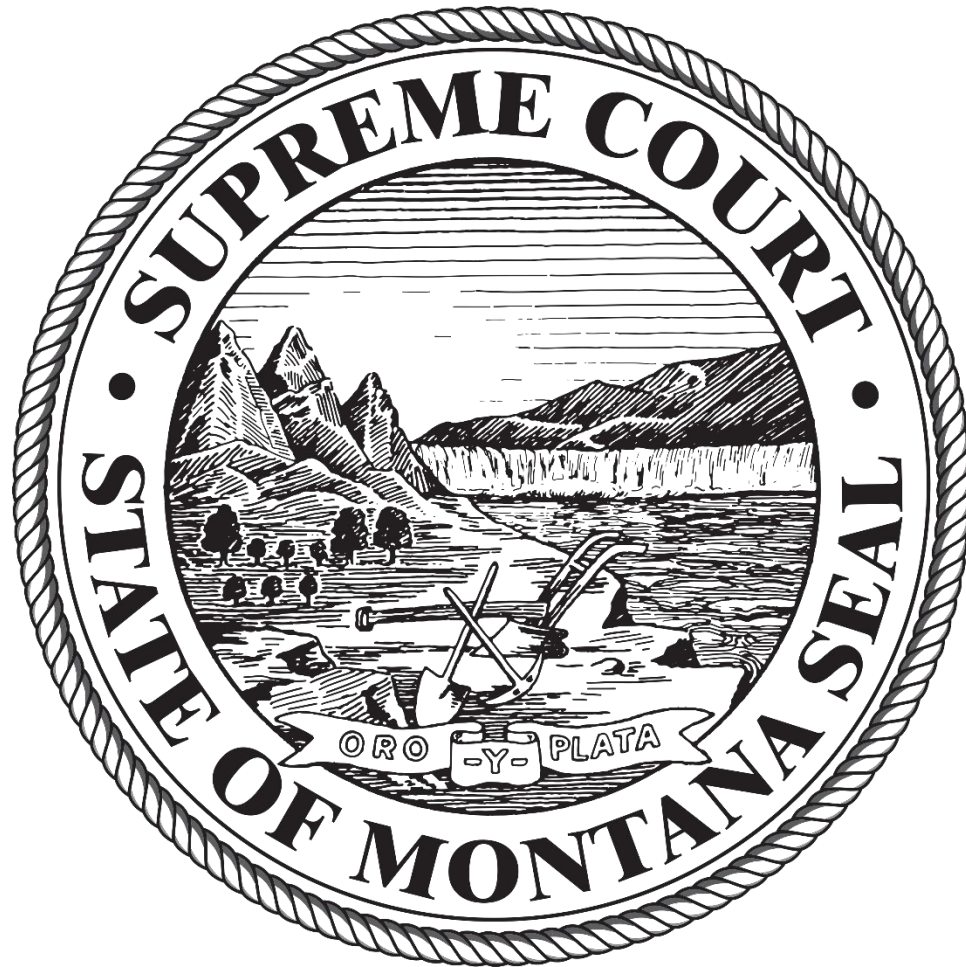


**Montana Drug Courts:  
An Updated Snapshot of Success and Hope**



**Produced by Montana Supreme Court  
Office of Court Administrator  
January 2023**

# TREATMENT COURTS WORK

*This powerful graduation speech was delivered by Jordan Fawcett at the one-year anniversary celebration of the 21<sup>st</sup> Judicial District Adult Drug Court (Ravalli County. Mr. Fawcett is the first graduate from the program*

I'd firstly like to thank those who have believed in me throughout my recovery. I couldn't have made it to where I am today without the support of my family, friends, peers, and the treatment court team. For the first time in a long time, I can say I have found my value within myself and established self- love.

Recovery has not been an easy achievement by any means. Day in and day out I must carry this accomplishment to continue to live and strive. Within the downfalls I have faced in the past, I truly never had seen how much had been lost until I had lost it all. When I say "all" I mean everything within myself from self-acceptance to spiritual principles, honesty, integrity, and emotional health. This not only has impacted me but all of those who surround me. Today the man that is before you is a smart, charismatic strong minded, moral dignified individual who believes in himself because of those who have supported me throughout this journey in life. The love and compassion I have for each of you responsible in loving and supporting me unconditionally is impeccable.

The hardest part within my recovery has been dealing with acceptance on many levels. With acceptance you must be ready to be accountable and at times accountability feels like an attack when you're not ready to acknowledge how your behavior has harmed others. I have come to terms with my actions and behaviors, which have damaged my family and my community. Although I am apologetic for my faults, I am forever grateful for what growth has come from those past mistakes. I am single- handedly responsible for my own recovery yet each of you that have supported me throughout my recovery are just as much responsible for the successes in my recovery as I am. I am forever in debited



to you all, you will never truly understand how much this means for me! Many of you have invested plentiful time and effort towards seeing me do well. I may not be able to repay all those debts or promise to be perfect, but I can assure you that I will always stride to be a better man than I had been yesterday. I have found it in my heart to forgive myself for all my wrongdoings through that troubled chapter of my life. I hope not only the courts but my community and my family and those among me can do the same. As I will continue to serve out nothing but purpose and pure intentions to those around me. Today I'd like to share our success in reaching this milestone in my life. Thank you!

# Democratization of Treatment Court Recovery for those in Montana's Criminal Justice System



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

- Montana has the 3<sup>rd</sup> lowest population density in the country;
- In many locations, services are hard to come by due to distance;
- Montana has difficult driving conditions at certain times of the year;
- According to most data our substance abuse problem in Montana is as high or higher than the national average; and,
- There are 8 judicial districts and 23 counties without coverage of an adult drug court.

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

Telehealth services have shown to help bridge the gap by providing more access to quality healthcare and related services. Telehealth in rural and frontier communities could include phone calls and phone connectivity, secure messaging, and asynchronous care.

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

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

Phase 1 implemented in December of 2022, is the establishment of a teleservices broadcast treatment component and the delivery of three evidence-based treatment curricula (The Matrix, Moral Reconciliation Therapy {a criminal thinking error program} and Seeking Safety {a trauma and substance abuse program}). Not only does this provide the opportunity for drug court participants to access the curricula remotely, but in many rural areas of the state, adequate treatment capacity is not available, and this effort complements local treatment efforts and the ability to get drug court participants the appropriate level of treatment.

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

Providing drug dependent offenders with the access, structure, and treatment needed to attain long term recovery is the objective of the OCA's teleservices project. An update on this effort will be provided two years from now as part of this report.

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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 dependent on alcohol and/or other drugs. Drug courts give individuals the tools to change their lives. These courts reduce recidivism and alcohol and other drug use among participants and habilitate them through substance use disorder treatment, mandatory and frequent drug testing, self-help meetings, use of appropriate sanctions, incentives, and therapeutic responses, and continuous judicial oversight.

Since their inception in 1989 in Miami, Florida, treatment court have become one of America's most researched and successful government programs. Treatment court are an alternative to incarceration that connect people with substance use and mental health disorders with the services they need to lead productive lives and keep them out of jail or prison.

This report analyzes drug court data collected by the Office of Court Administrator (OCA) from May 2008 through October 2022, a 14.5-year (174 months) period. However, the report generally focuses on the most recent 48 months (November 1, 2018 – October 31, 2022). The data confirm that Montana drug courts continue to provide a strong investment in the recovery of alcohol and other drug dependent persons involved in criminal, child abuse and neglect, and juvenile cases. Additionally, it appears that as Montana drug courts mature, the participants who are admitted are increasingly a high-risk/high-need population (high-risk to reoffend and high-need for treatment services).

***Special Note: This report does not include data from the three drug court dockets for the Billings Municipal Court as no data submission occurred. Additionally, some indicators do not include specific items from the Cascade County Veteran Court and Adult Drug Court due to data migration issues, which will be resolved in future reports.***

**Major findings include the following:**

- Drug Court Admissions. During the 48-month data collection period (November 1, 2018 - October 31, 2022), 1,592 individuals entered Montana drug courts: (1,279 adult drug court participants and 252 family drug court participants) and 61 juveniles.
- Active Population. As of October 31, 2022, 521 participants were active in Montana drug courts: 439 in adult drug courts, 73 in family drug courts, and 9 in juvenile drug courts.
- Veteran Drug Court Dockets. In recent years, Missoula, Yellowstone, Cascade, Butte-Silver Bow Counties (new) and the city of Bozeman (new) have implemented special drug court dockets specifically to meet the needs of veterans. In the past 48 months, a minimum of 192 veterans have been served in Montana adult and family drug courts. Of these 192, 185 individuals who had military service or more than 96.3% of all veterans admitted to Montana drug courts had been admitted to the five Montana veterans court dockets. As these veteran- specific dockets mature and as the Bozeman and Butte-Silver Bow veterans courts are implemented, the number of veterans served by these specialty courts will grow, and Montana veterans will receive improved services.
- Graduation Rates. A total of 572 participants graduated from drug court during the 48-month reporting period for a graduation rate of 59.6% for all drug court types. The graduation rate was 61.2% for adult drug court (476 graduates), 51.9% for family drug court (68 graduates), and 56% for juvenile drug court (28 graduates). Montana drug court graduation rates are as good as or better than rates found in comprehensive national studies.
- Retention Rates. Retention rates drive the success of a drug court. Even participants who do not graduate benefit from time in the drug court. For the 1,071 participants (excluding active cases) for whom court disposition status was reported, 95.4% were still participating one month after entering a Montana drug court, 72.6% of the cases were still active at six months after admission, and 55% were still active at one year after admission. These are impressive numbers for retention given the importance of providing an adequate dose of treatment to participants in drug court.
- Recidivism. A key measurement of recidivism for drug court participants is the conviction rate after admission to drug court. For this report, recidivism was defined as a new conviction for participants within three years after date of admission into drug court. Recidivism was calculated using all felonies and all misdemeanors except



for hunting and fishing offenses, offenses related to commercial trucking, general traffic violations unless DUI-related and low-level offenses (e.g., loitering).

For the 1,079 individuals admitted to Montana adult drug courts in 2016, 2017, and 2018, 214 participants (19.8%) were convicted of felonies and/or misdemeanors within the three-year period following their admission. Conversely, over 80% (80.2%) did not recidivate. Convictions included 107 felonies (9.9%) and 107 misdemeanors (9.9%).

Drug court graduates had a much lower re-offense rate during the three-year period with 102 participants or 9.4% subsequently convicted of felonies and/or misdemeanors compared to 19.8% for all participants. Convictions for graduates included 35 felonies (3.2% of total admissions) and 67 misdemeanors (6.2% of total admissions).

**Overall conviction/recidivism rates for the three-year period following admission to Montana adult drug courts remain low and somewhat lower than in the previous three-year period.**

- **Employment Status.** Adult drug court participants during the four-year reporting period, showed a 79.6% increase in full-time employment from admission to discharge (226 to 405). Adult drug court graduates reported a 106% increase in full-time employment from admission to graduation (165 employed full-time at admission compared to 341 employed full-time at discharge). Unemployment fell from 341 participants to 137 for an 148.9% decrease in unemployment. Those participants who remained unemployed may have been enrolled in an academic or educational/technical training program because graduates are required to be employed or in an educational program. For family drug court graduates, 15 were employed full-time at admission compared to 43 at discharge for an increase of 186.6%. Unemployment fell from 21 at admission to 4 at discharge, an 81% decrease.
- **Educational Status.** For juvenile drug courts, a major emphasis, along with remaining drug free, is educational advancement for participants. The number of participants receiving a high school diploma or GED went from 18 at admission to 30 at discharge, a significant increase (66.7%). For all juvenile drug court participants with some college/some technical school at admission increased from 1 to 3.
- **Driver's License Acquisition.** Among the 419 adult and family drug court graduates who did not have a driver's license at admission but who were eligible to receive one, 136 obtained a license by graduation, a 32.4% increase in those receiving a driver's

license. Fifty-three drug court participants received their state identification card by time of discharge.

- Gender and Ethnicity. Among the 1,592 admissions to Montana drug courts during the most recent 48 months measured, 969 (60.9%) were male and 623 (39.1%) were female. This percentage represents a consistent increase in female participants compared to previous reports. In the past approximately 10 years there has been nearly a 10% increase in women in Montana's treatment courts. Native Americans, Hispanics, African Americans, and Asian/Pacific Islanders make up nearly one-fourth of the Montana treatment court population (24.3%).
- Drugs of Choice. The primary drug of choice for adult drug court participants continued to be alcohol (49.6%) followed by methamphetamine (29.3%) and marijuana (8.8%). **Notable is the increase in alcohol and methamphetamine as the primary drugs of choice for adult drug court participants compared to the previous report (alcohol went from 41.4 to 49.6% and methamphetamine from 27.3% to 29.3%) and the decrease in marijuana from 18.9 to 8.8%).**

For family drug court participants, the primary drug of choice was methamphetamine (46%) followed by alcohol (25.3%), then marijuana (11.9%), heroine (10%), and opiates at 2.7%. **Methamphetamine and alcohol continue to be by far the two primary drugs of choice for family drug courts.**

For juvenile drug court participants, the primary drug of choice was marijuana (89.3%) followed by alcohol (5.3%) and methamphetamine (1.8%).

- Prior Drug Treatment. Over one-third of those admitted to adult and family drug courts (37.7%) indicated that they had received some alcohol and/or drug treatment in the 36 months before entering drug court. Having received previous treatment is an indicator of high risk for re-offense and high need for additional treatment of offenders in the criminal justice system.
- Sobriety Measures. Attending self-help meetings is considered a long-term strategy for remaining clean and sober. Among graduates from adult and family drug courts, 417 participants out of 446 were attending self-help meetings at discharge (93.5%).
- Prior Arrests. For adult drug court cases reporting admission data (1,279), participants had a total of 10,240 felony and misdemeanor arrests before entering drug court for an average of over 8 arrests per person. Of these cases, there were 2,317 felony arrests and 7,923 misdemeanor arrests prior to admission for an average of 1.8 felony arrests and nearly 6.2 misdemeanors arrests per person. When

considering prior arrest history, psychiatric history, and prior drug treatment, the extent of psycho/social/criminal justice problems being experienced by the population admitted to Montana drug courts is substantial and meets the criteria for a high-risk/high need population (high risk to reoffend and high need for treatment).

- Pregnancies and Births. For the period May 2008 through October 2020, 245 participants or their spouses or significant others were pregnant while in drug court. Among those babies born during this period, 156 were born drug free (91.2%), and 15 (8.8%) were born drug affected. Babies who are born drug free avoid substantial and costly health problems.
- New Substantiated Child Abuse and Neglect Reports. From January 1, 2017, through December 31, 2019, 111 cases were identified as family drug court cases, 10 cases (9% had received a new substantiated child abuse and neglect report, and a little over 8% (9 cases) receive a new founded report. **Conversely, nearly 83% of the participants did not receive a new substantiated/founded report during the follow-up period.**
- Housing. For all adult drug court participants admitted and discharged during the previous 48-month period, the number of homeless went from 88 at admission to 85 at discharge (3.4% decrease). Participants owning their own home went from 102 to 138 (35.3% increase). Those renting increased from 241 to 304 (26.1% increase), while those living with friends, relatives, or significant others decreased from 165 to 98 (40.6% decrease).

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

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

Drug courts offer a therapeutic program designed to break the cycle of alcohol and other drug dependence and crime (or abuse and neglect as seen in family drug courts) by addressing the underlying causes of substance use disorder. A drug court is a highly specialized team process that functions within the existing court structure to address alcohol and other drug-related cases. These courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals. The drug court judge manages a team of court staff, attorneys, probation officers, substance abuse counselors and child and family services social workers all focused on supporting and monitoring each participant’s recovery.

Drug court participants undergo an intensive regimen of substance use disorder treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before the judge with specialized expertise in the drug court model. In addition, drug courts increase the probability of participants’ success by providing a wide array of ancillary services such as mental health treatment, trauma and family therapy, job skills training, and many other life-skill enhancement services. Judicial supervision, coupled with the overarching threat of sanctions and even jail or prison facing those who fail drug court, produces much better treatment and recidivism outcomes than both standard prosecution/probation and earlier court-mandated treatment approaches.

According to the National Drug Court Institute’s *Painting the Current Picture – A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, research verifies that no other justice intervention can rival the results produced by drug courts. The report states that “[m]ore than 25 years of exhaustive scientific research on adult drug courts has proven that adult drug court is effective and cost-effective, identified the appropriate target population for these programs, and identified dozens of

practices proven to enhance outcomes significantly.” The report further notes that “[a]t least nine meta-analyses,<sup>1</sup> systematic reviews and multisite studies conducted by leading scientific organizations have concluded that adult drug courts significantly reduce criminal recidivism—typically measured by re-arrest rates over at least two years—by an average of approximately 8% to 14%.”

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

“While the research is clear that treatment for drug and alcohol dependence works, research has demonstrated that the best outcomes stem from attendance and longer periods of treatment. The length of time a patient spends in treatment is a reliable predictor of his/her post-treatment performance. Beyond a 90-day threshold, treatment outcomes improve in direct relation to the length of time spent in treatment, with one year generally found to be the minimum effective duration of treatment.”<sup>2</sup> “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

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

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

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

Montana’s drug courts have transformed the lives of hundreds of drug-dependent offenders and caregivers by providing them with treatment, intensive supervision, and incentives to modify their behavior. Importantly, drug courts have enhanced public safety in Montana. The data demonstrate that an offender who goes through drug court is far less likely to offend again than one who goes to prison. The Montana taxpayer benefits by keeping offenders in the community together with their families and being productive in a variety of ways as opposed to costly jail or prison time.

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

<sup>4</sup> Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006.

### **III. Accountability and Performance Measurement**

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

Management and local monitoring systems provide timely and accurate information about program operations to the drug court managers enabling them to keep the program on course, identify emerging problems, and make appropriate procedural changes. Montana's courts began the process of centralizing data in response to an initial survey conducted by the OCA. Collecting specific quantitative measures for drug courts began in May 2008. Additionally, as national standards and updated research on evidence-based and best practices have occurred, the OCA has applied them in a peer-review process initiated in 2015. In 2021, the OCA continued applying not only the adult drug court best practice standards to adult drug courts but will shortly apply the new adolescent best practice standards and family drug court best practice standards to Montana juvenile and family drug courts as well.

The performance measurement information in this report is based primarily on data from the statewide information system that collects data at admission and discharge. In measuring performance, the entire 14.5 years of data (174 months) was analyzed in some cases (e.g., number of drug-free babies born in Montana drug courts compared to those born drug-affected). For most performance indicators, however, the most recent 48 months of data (November 1, 2018, through October 31, 2022) is used as a snapshot of recent drug court performance. Additionally, to calculate recidivism or re-offense rates, convictions occurring for the three-year period following admission to drug court for 2017, 2018 and 2019 is used. (This method for calculating recidivism is consistent with several national and state analyses and with the recommendation of the Montana Drug Treatment Court Advisory Committee.<sup>5</sup>)

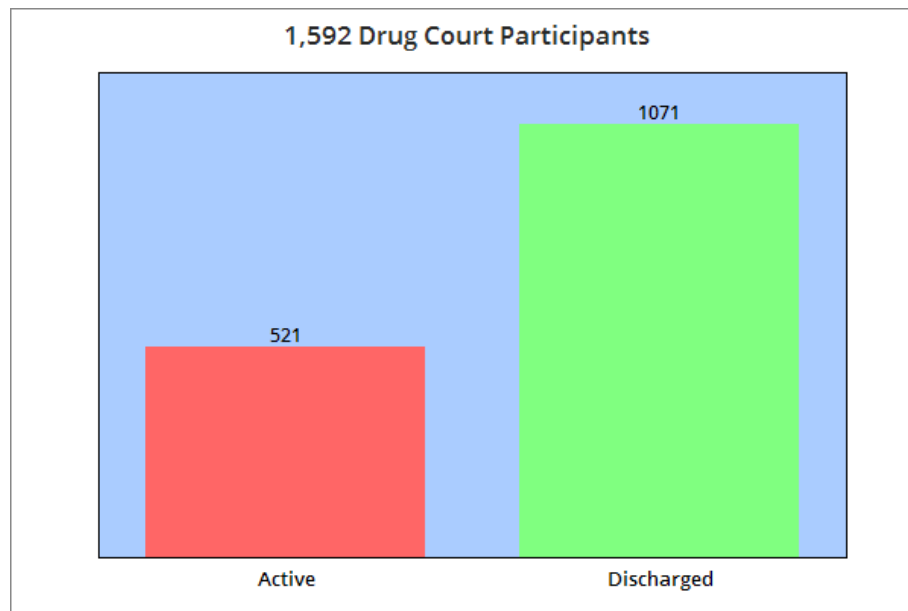
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<sup>5</sup> The Drug Treatment Court Advisory Committee was created by order of the Montana Supreme Court in May 2016 to provide ongoing review of drug court standards, assure communication in operating drug courts, provide recommendations to the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

During the most recent 48-month period of data collection (November 1, 2018 – October 31, 2022):

1. 1,592 individuals entered Montana drug courts: (1,279 adult drug court participants and 252 family drug court participants) and 61 juveniles. Active participants as of November 1, 2022, was 521.
2. 521 participants were active in a drug court as of October 31, 2022: 439 in adult drug court, 73 in family drug court, and 9 in juvenile drug court.
3. 1,071 participants were discharged allowing analysis of both intake and exit data.

### 48-Month Drug Court Population



#### 1. Program Completion

1. The 1,071 discharged participants for which court disposition status was reported are categorized as follows:
  - a. 572 participants graduated from a drug court.
  - b. 387 participants did not graduate and were either terminated or absconded from the program.
  - c. 112 participants had a neutral disposition outcome including a transfer to another district, death, discharge for other reasons (e.g., medical), voluntary withdrawal from program, or the court lost jurisdiction.

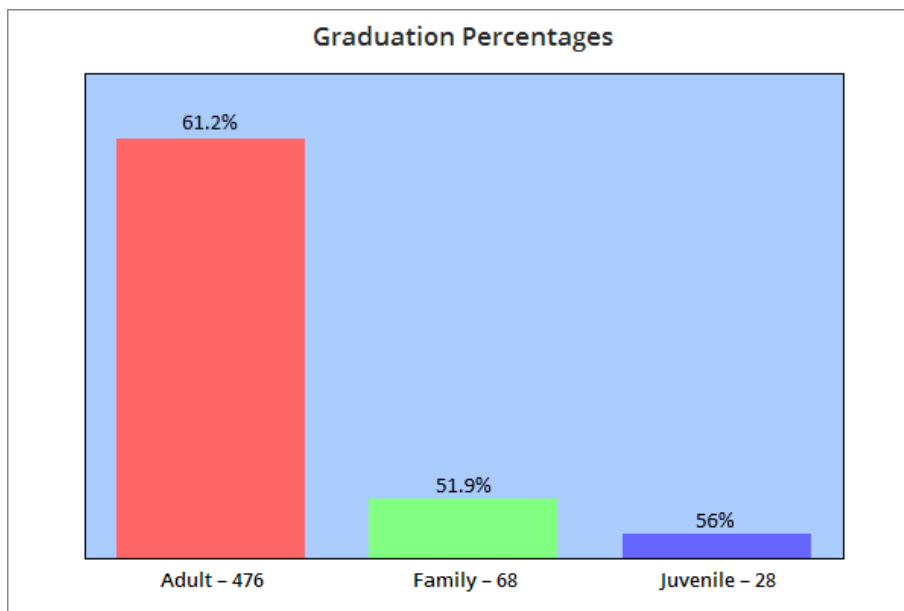


2. The overall graduation rate for the 48 months was 59.6% for all types of drug courts. This rate is determined by taking the total number of graduates (572) divided by the total number of discharges minus neutrals (959).

## **2. Graduation Rate by Court Type**

1. Adult drug courts had a graduation rate of 61.2 % (840 discharges with 476 graduates, 302 terminations and 62 “neutral” participants).
2. Family drug courts had a graduation rate of 51.9% (179 discharges with 68 graduates, 63 terminations and 48 “neutral” participants).
3. Juvenile drug courts had a graduation rate of 56% (52 discharges with 28 graduates, 22 terminations and 2 “neutral” participant).

### **48-Month Drug Court Population**



According to the National Drug Court Institute’s *Painting the Current Picture – A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, June 2016, “[t]he average graduation rate in respondents’ drug courts was 59% in 2014, with most graduation rates ranging from 50% to 75%. Graduation rates in drug courts were approximately two-thirds higher than completion rates for probation, and were more than twice those of comparable programs for probationers with severe substance use

disorders.”<sup>6</sup> In the *Adult Drug Court Biannual Grantee Feedback Report*, April-September, 2015 from the Bureau of Justice Assistance, U.S. Department of Justice, “[t]here was an overall graduation rate of 54.6%, which is 3.1 percentage points higher than the April to September 2014 reporting period rate of 51.5 percent.”<sup>7</sup> The graduation rate for rural adult drug courts was 53.1%.

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

### **3. Length of Stay**

The longer a person stays in treatment, the better the outcome. According to the National Institute on Drug Abuse, “...one of the most reliable findings in treatment research is that lasting reductions in criminal activity and drug abuse are related to length of treatment. Generally, better outcomes are associated with treatment that lasts longer than 90 days, with the greatest reductions in drug abuse and criminal behavior accruing to those who complete treatment.” Thus, tracking the length of time drug court cases remain open is important.

For the 572 graduates, 387 early terminations and 112 neutrals who were discharged during the 48-month period (1,071 participants), the average length of stay in drug court across all courts in Montana was 388.3 days. This number varies significantly by graduation/early termination and by court type. Graduates had a significantly longer stay in drug court compared to those not graduating. For all drug courts, the 572 graduates were in drug court for an average of 523.1 days. Participants terminating early (387) had an average stay of 240.6 days in drug court.

Although participants terminating early averaged fewer days than those who graduated, the 240.6-day average for early terminations (8 months) is significant. According to the National Institute on Drug Abuse, “... research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness and treatment lasting significantly longer is recommended for maintaining positive outcomes.”<sup>8</sup>

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

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

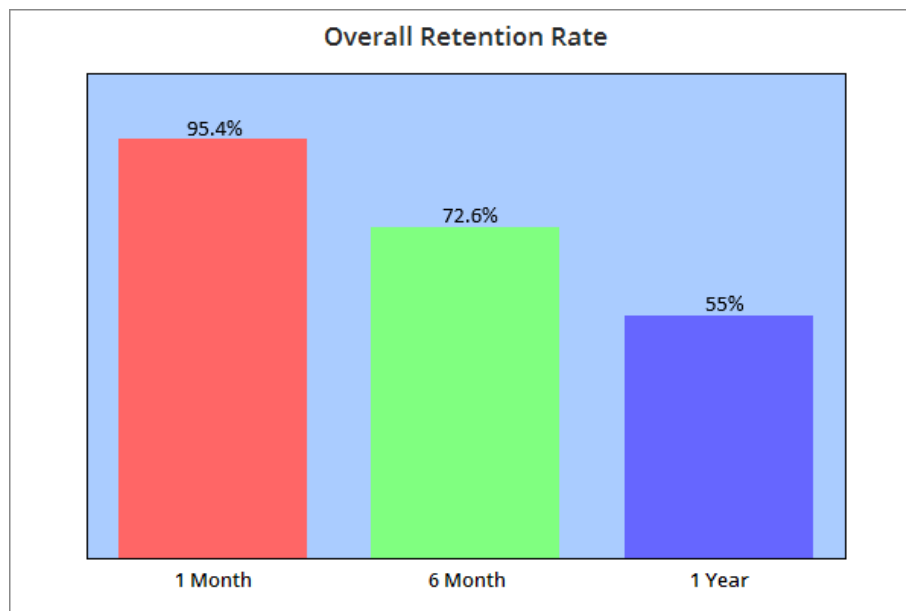
<sup>8</sup> National Institute on Drug Abuse, *Principles of Drug Addiction Treatment – A Research-Based Guide*, Revised May 2009.

1. Adult drug court participants spent an average of 410.2 days in drug court. Adult drug court graduates' average length of stay was 546.9 days while early terminations averaged 235.1 days. This report validates that improved outcomes result with graduates who have longer stays in drug court.
2. Family drug court participants were in drug court for an average of 341.1 days. Graduates averaged 485.7 days while participants who terminated early averaged 281.0 days in the program.
3. Juvenile drug court participants were in treatment for an average of 197.9 days. Graduates averaged 208.4 days while early terminations averaged 200.3 days.

#### **4. Retention Rate**

Retention rates drive the success of a drug court. Even participants who do not graduate benefit from time in the drug court. For the 1,071 participants (excluding active cases) for whom court disposition status was reported, 95.4% were still participating one month (30 days) after entering a Montana drug court, 72.6% of the cases were still active at six months after admission (183 days or more), and 55% were still active at one year after admission (365 days). These are impressive numbers for retention given the importance of providing an adequate dose of treatment to participants in drug court for at least three months and preferably six to 12 months according to the National Institute on Drug Abuse.

#### **48-Month Drug Court Population**



## **5. Recidivism for Adult Drug Courts**

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

According to the *Adult Drug Court Best Practice Standards*, Volume II, Chapter X, “Monitoring and Evaluation”, “[b]ased on scientific considerations, evaluators should follow participants for at least three years, and ideally up to five years, from the date of the arrest or technical violation that made the individual eligible for Drug Court. The date of entry should be the latest start date for the evaluation because that is when the Drug Court becomes capable of influencing participant behavior directly.” In comparing whether arrest, conviction or incarceration ought to be the measure for recidivism, the report goes on to state that “... some individuals are arrested for crimes they did not commit. This fact may lead to an overestimation of the true level of criminal recidivism. Relying on conviction data rather than arrest data may provide greater assurances that the crimes did, in fact, occur.”

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

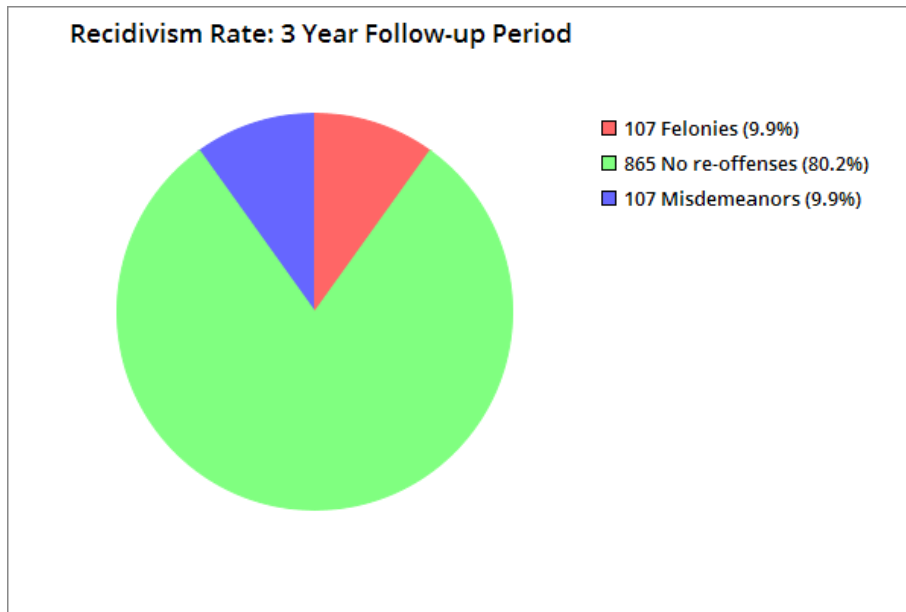
Based on advice from the Montana Drug Treatment Court Advisory Committee, recidivism is calculated using all felonies and all misdemeanors except for hunting and fishing offenses, offenses related to commercial trucking, general traffic violations unless DUI related, and low-level offenses (e.g., loitering).

Below is recidivism information (conviction data) for drug court participants who were admitted to adult drug courts in 2016, 2017 and 2018 providing three years to follow participants after admission. Family drug court participants are not included; the performance criteria for family drug court participants relating to additional child abuse and neglect reports after discharge is discussed later in this report. Performance data for

juveniles relating to recidivism are not included because a juvenile’s case is closed and inaccessible upon reaching his or her 18<sup>th</sup> birthday as required by state law.

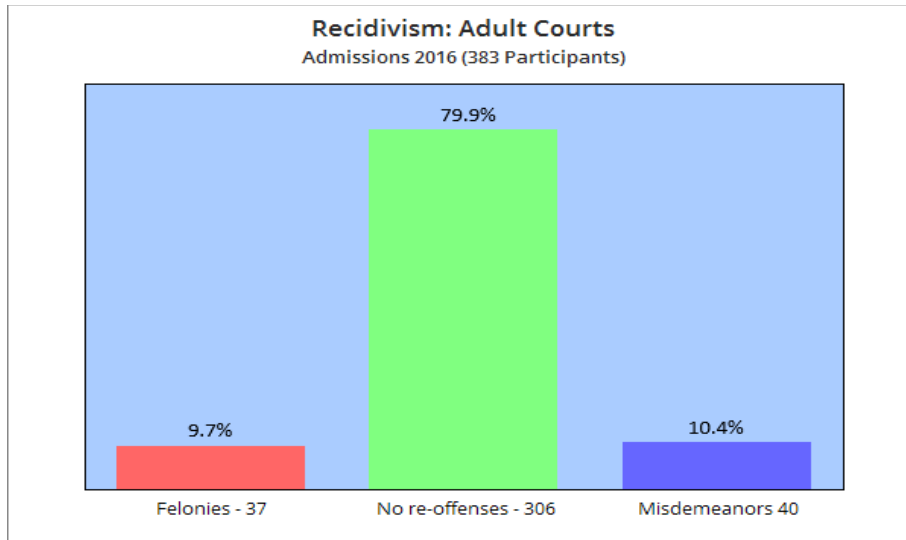
### Recidivism Rates

Of the 1,079 individuals admitted to Montana adult drug courts during the three-year period (2016, 2017 and 2018), 214 participants or 19.8% subsequently were convicted of felonies and/or misdemeanors within the three-year period following their admissions. Conversely, then, over 80% did not recidivate. **Convictions included 107 felonies (9.9% of total admissions) and 107 misdemeanors (9.9% of total admissions).**



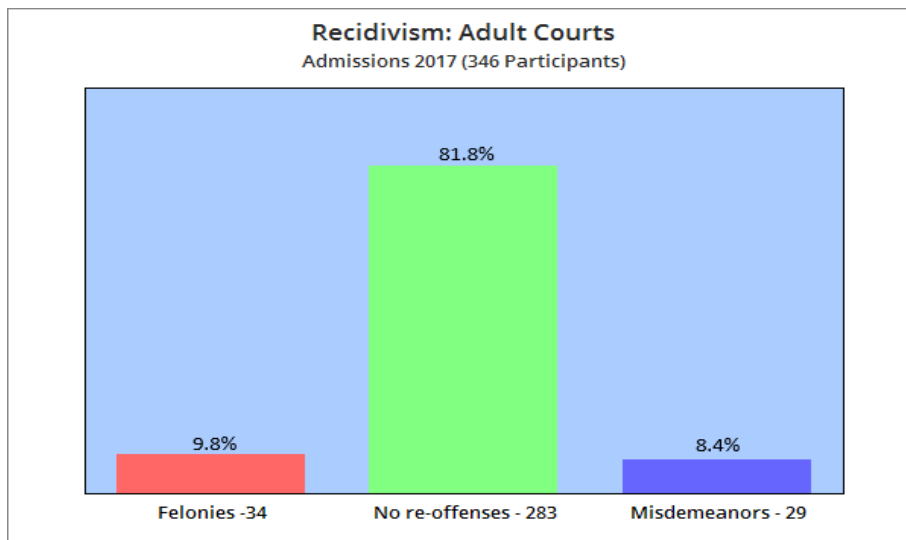
Drug court graduates had a much lower re-offense rate during the three-year period with 102 participants or 9.4% subsequently convicted of felonies and/or misdemeanors compared to 19.8% for all participants. Convictions for graduates included 35 felonies (3.2% of total admissions) and 67 misdemeanors (6.2% of total admissions).

For adult drug court participants admitted in 2016, 77 of the 383 admissions (20.1%) reoffended and were convicted during the 36-month period after their admission while nearly 80% did not recidivate. These numbers include those who graduated as well as those who were discharged early. Thirty-seven of the 383 participants (9.7%) admitted in 2016 were convicted of felonies during the following three-year period. Forty of the 383 participants (10.4%) were convicted of misdemeanors. (See graph on next page.)



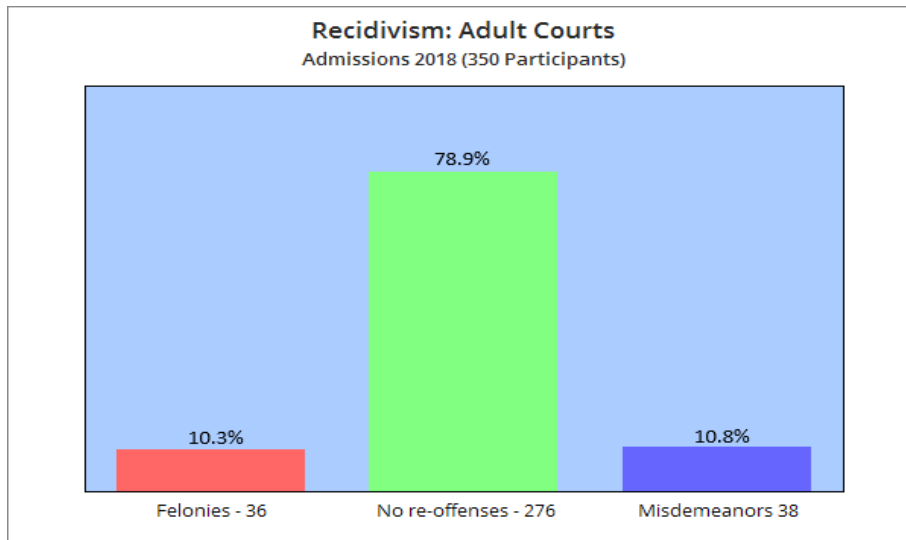
As would be expected, graduates of the adult drug courts had fewer convictions than those who left the drug court early (neutrals/terminations). In 2016, 37 graduates (9.7% of 383 admissions) were convicted during the three-year period (3.4% felonies (13) and 6.3% misdemeanors (24)) while 40 participants (10.4%) who left early were convicted (6.3% felonies (24) and 4.2% misdemeanors (16)).

For adult drug court participants who were admitted in 2017, 63 of the 346 admissions (18.2%) reoffended and were convicted during the 36-month period after their admission. Nearly 82% did not recidivate. These numbers include participants who graduated as well as those who were discharged early. Thirty-four of the 346 participants admitted in 2017 (9.8%) were convicted of felonies during the following three-year period. Twenty-nine of the 346 participants (8.4%) were convicted of misdemeanors.



Again, adult drug court graduates had lower conviction rates than those who left the drug court early (neutrals/terminations). In 2017, 32 graduates (9.2% or 32 of 346 admissions) were convicted during the three-year period (3.7% felonies (13) and 5.5% misdemeanors (19)) while 31 participants who left the drug court early 8.9% or 31 of 346 admissions were convicted (6.1% felonies (21) and 2.9% misdemeanors (10)). In 2017, participants who left early (neutrals/terminations) were convicted of felonies at nearly twice the rate of those who graduated (6.1% for early leavers compared to 3.7% for graduates).

For adult drug court participants who were admitted in 2018, 74 of the 350 admissions (21.1%) reoffended and were convicted during the 36-month period after their admission while nearly 80% did not recidivate. These numbers include those who graduated as well as those who were discharged early. Thirty-six of the 350 participants admitted in 2018 (10.3%) were convicted of felonies during the following three-year period. Thirty-eight of the 350 participants (10.8%) were convicted of misdemeanors.



Adult drug court graduates again had fewer convictions than those who left the drug court early (neutrals/terminations). In 2018, 33 graduates (9.4%) were convicted during the three-year period (2.6% felonies (9) and 6.8% misdemeanors (24)) while 41 participants (11.7%) who left early were convicted (7.7% felonies (27) and 4.0% misdemeanors (14)). In 2018, participants who left early (neutrals/terminations) were convicted at a higher rate than graduates (11.7% compared to 9.4%). In comparing felony re-offense rates for 2018, graduates had a much lower rate at 2.6% compared to early leavers at 7.7%

**Overall conviction/recidivism rates for the three-year period following admission to Montana adult drug courts remain low and somewhat lower than in the previous three-year period.**

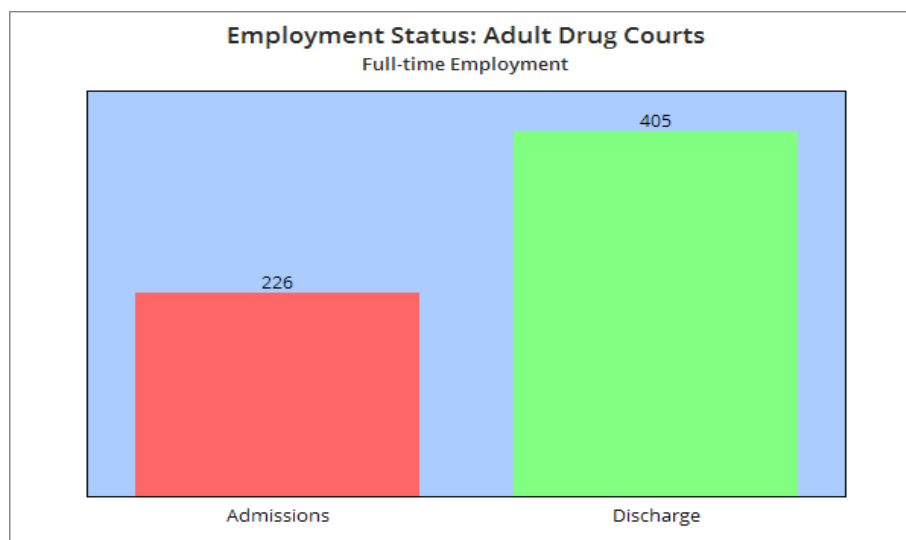
Montana’s re-offense rates compare favorably with traditional case processing re-offense rates for drug offenders. Between 45% to 75% of the offenders processed through the traditional court process experienced re-offense during the two to three-year period following adjudication (see Belenko’s and related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

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

### **6. Employment Status: Admission to Discharge**

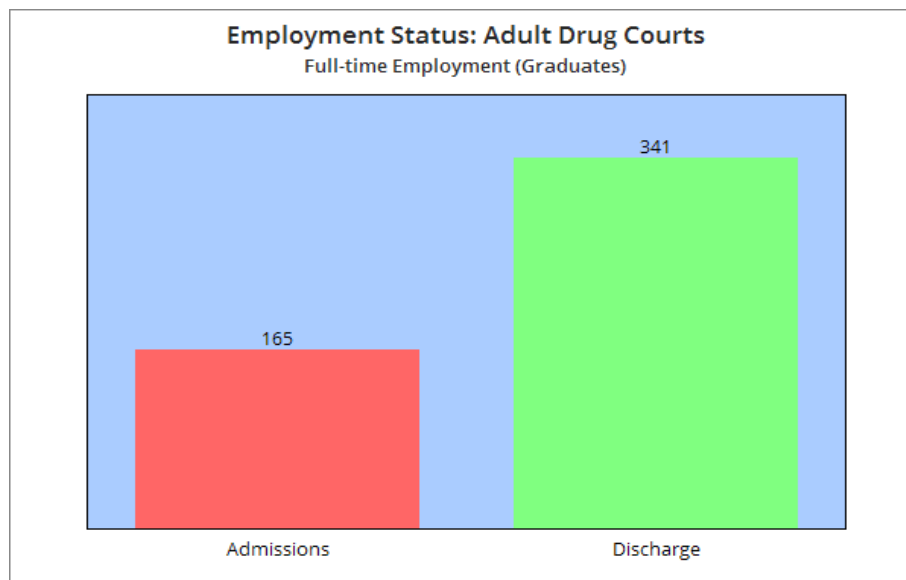
Drug courts place great value on improving employment for participants. Adult drug courts generally see the greatest improvement in this area. Being employed and productive is a key ingredient in maintaining adult drug court participants’ recovery. Juvenile drug court participants often see the smallest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

1. Adult drug court participants discharged during the latest four-year reporting period showed a 79.6% increase in full-time employment from admission to discharge (226 employed full-time at admission and 405 employed full-time at discharge). Unemployment fell from 341 participants at admission to 137 participants at discharge, a 148.9% decrease.

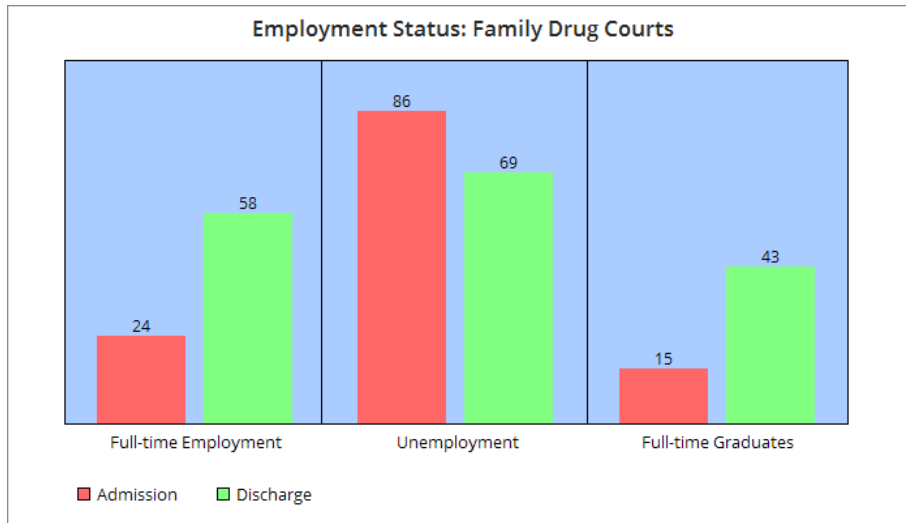




2. Adult drug court graduates reported a 106.7% increase in employment from admission to graduation (165 employed full-time at admission compared to 341 employed full-time at discharge). (See graph on next page.) Unemployment for graduates fell from 145 participants to 14 for an 90.3% decrease in unemployment. Those participants who remained unemployed may have been in an academic or educational/technical training program or unable to work because graduates are required to be employed or in an educational program at graduation.



3. Participants in family drug courts are responsible for at least one child and in some cases, several children. For participants discharged from the courts during the 48-month period, 24 were employed full-time at admission; this number grew to 58 at discharge, an increase of 141.7%. Eighty-six participants were unemployed at admission while only 69 were unemployed at discharge, a nearly 19.7 percent decrease in unemployment. For graduates of family drug courts, the results are even more impressive with 15 employed full-time at admission and 43 employed full-time at discharge (186.6% increase). Unemployment for graduates dropped from 21 to 4 for a decrease of nearly 81%.



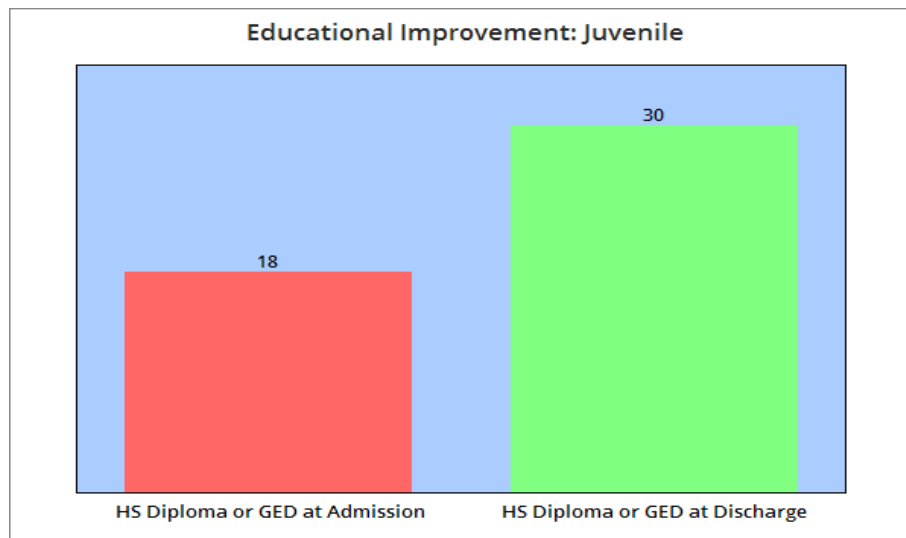
- Juveniles in a drug court should attend school regularly, and most are not in the workforce. (The emphasis on education will be covered in the next section.) However, gains still occurred in the employment area as well. For juveniles at admission, 15 were employed full-time or part-time, whereas at discharge, 20 were employed full-time or part-time (33.3% increase). Among graduates, 10 were employed full-time or part-time at admission while 16 were employed full-time or part-time at discharge for an increase of 60%.

## **7. Educational Status: Admission to Discharge**

- For all drug court participants that reported (adult, family, and juvenile treatment courts) excluding active cases, 303 participants at admission had completed high school, alternative school or completed their GED. At discharge 604 participants indicated that they had completed high school, alternative school or completed their GED, an increase of 301 ( 99.3% increase); For all treatment court participants with some college/some trade, technical school or vocational training at admission there was an increase of 39 from 56 to 95 (69.6% increase) with 160 having an advance degree (Masters/PhD., 4-year degree, 2 year-degree, etc..) at discharge. For all graduates of a treatment court, college graduation went from 56 at admission to 111 at discharge (98.2% increase), and those with some college or technical or trade school went from 40 to 61 (52.5% increase).
- For adult drug court participants that reported, 282 participants at admission had completed high school, alternative school or completed their GED. At discharge, 493 participants indicated that they had completed high school, alternative school or completed their GED, an increase of 211 (74.8%). For all adult drug court participants with some college/some technical school at admission increased from

53 to 83, a 56.6% increase with 141 participants having an advance degree (Masters/ PhD., 4-year degree 2-year degree, etc.) at discharge. Additionally, the number of adult participants having some technical or trade school went from 14 at admission to 44 at discharge, a 214% increase. For adult graduates of drug court, college graduation went from 52 at admission to 100 at discharge (92.3% increase), and those with some college or technical or trade school went from 37 to 55 (48.6% increase).

3. For family drug court participants that reported, 61 participants at admission had completed high school, alternative school or completed their GED. At discharge 138 participants indicated that they had completed high school, alternative school or completed their GED, an increase of 77 (126.2% increase). For all family drug court participants with some college/some technical school at admission increased from 2 to 9, a 350% increase with 19 participants receiving an advance degree (Masters/PhD., 4-year degree, 2 year-degree, etc.) For family drug court graduates' college graduation went from 4 to 11, (175% increase).and those with some college or technical or trade school went from 2 to 4 (100% increase).
4. For juvenile drug court participants that reported, at admission excluding active cases, 18 had completed high school, alternative school or completed their GED. At discharge 30 participants indicated that they had completed high school, alternative school or completed their GED, an increase of 12 (66.7% increase). For all juvenile drug court participants with some college/some technical school at admission increased from 1 to 3.



## **8. Driver's License and State Identification Card Acquisition: Admission to Discharge**

At discharge, drug court programs document whether participants obtained a driver's license while in the program. (Juvenile drug court participants are not included in this sample because many are too young to obtain a license.) Among the 1,019 discharged adults, 817 – including adult and family drug court participants – did not have a driver's license at admission. At discharge, 166 of the 817 participants without a driver's license had obtained a license, a 20.3% reduction in those without a driver's license who were eligible to receive one. Among the 419 drug court graduates who did not have a driver's license at admission, 136 graduates had received their license by time of discharge, a 32.4% increase in those receiving their driver's license by time of discharge.

At discharge, drug court programs also document whether participants received a state identification card while in the program. At discharge, 53 drug court participants had received their state identification card while in drug court. Of those, 40 were in adult drug courts, 12 in family drug courts, and one in juvenile drug court.

## **9. Gender and Ethnicity**

Among the 1,592 admissions to Montana drug courts during the most recent 48 months measured, 969 (60.9%) were male and 623 (39.1%) were female. This percentage represents a consistent increase in female participants compared to previous reports and continues the trend toward more females in Montana drug courts. (For the 53-month report, 69.6% of the participants were male; for the 78-month report, 65.8% were male; for the 102-month report, 65.7% were male; for the 126-month report, 64.1% were male for the 150-month report, 62.7 and for this report, the 174-month report, 60.9%) In the past approximately 10 years there has been nearly a 10% increase in women in Montana's treatment courts. Native Americans, Hispanics, African Americans, and Asian/Pacific Islanders make up nearly one-fourth of the Montana treatment court population (24.3%).

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

1. For the last four years, adult drug court participants (1,279) were 67.2% male (859) compared to 62.7% in the previous 150-month report and compared to 67.6% in the 126-month report. Additionally, 249 participants (19.5%) were Native American (compared to 18% in the 150-month report) with 134 males and 115 females, 15 participants (1.2%) were African American (12 males and 3

females), 45 participants (3.5%) were Hispanic (31 males and 14 females), and 10 participants (0.78%) were Asian/Pacific Islanders. Montana adult drug courts continue to see a similar percentage of females admitted compared to the 150-month report (32.8% compared to 32.8%). Likewise, the percentage of participants who are members of minority groups (24.9%) increased over 1% from the previous report (23.8% for the 150-month report).

2. As in the past, women were much more likely to be in family drug courts. For this reporting period, 180 of 252 family drug court participants (71.4%) were females compared to 68.8% in the 150-month report. In the family drug courts, 39 participants (15.5%) were Native American, 4 (1.6%) were African American, 8 (3.2%) were Hispanic and 10 (4%) were Asian/Pacific Islanders. These four minority groups made up 24.2% of the total population served in family drug.

## **10. Drugs of Choice**

Drugs of choice differ depending on the type of drug court. When considering all drug courts for the last 48 months, the primary drugs of choice, as reported by drug court participants at the time of admission, were as follows: alcohol (44.2%), amphetamine/methamphetamine (30.1%), marijuana/hashish (12.2%), opiates (2.6%), heroin (5.7%), cocaine (.3%), and none/NA (3.7%).<sup>9</sup>

The secondary drugs of choice for participants of all drug courts were as follows: marijuana (26.6%), “none” (32.7%), alcohol (14.9%), methamphetamine (14.9%), Opiates (4.8%), heroine (3.4%) , and cocaine (1.4%).<sup>10</sup>

Some drug court participants also reported a tertiary drug of choice as follows: alcohol (10.2%), marijuana (8%), amphetamine/methamphetamine (7.7%), opiates (2.9%), cocaine (1.3%), and heroin (1.2%). Most participants (67.6%) did not select a tertiary drug of choice or selected “none”.<sup>11</sup>

For all drug court participants, the three primary drugs of choice have remained fairly stable as a percentage compared to the 126-month and the 150-month report. Methamphetamine, alcohol, and marijuana remain by far the drugs of choice for drug court participants. A recent report issued by the Montana Department of Justice has confirmed what Montana drug courts have reported for years, i.e., that methamphetamine

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<sup>9</sup> Less than 1.0% of drug court participants identified the following drugs as primary drugs of choice: polydrug/other, cocaine and inhalants.

<sup>10</sup> Less than 1.0% of drug court participants identified the following drugs as secondary drugs of choice: benzodiazepines, sedative/hypnotics, hallucinogens, and “other”.

<sup>11</sup> Less than 1.0% of drug court participants identified the following drugs as tertiary drugs of choice: hallucinogens, benzodiazepines, barbiturates, polydrug/other

use is by far the state's most significant illicit drug abuse problem. "The impact of methamphetamine is most notable in the justice and child welfare systems in our state. The number of methamphetamine related crimes increased 100% from 2014 to 2018, while all other drug crimes increased only 9%." The report further states that "[m]ethamphetamine use also negatively impacts child welfare in Montana. Of all child removals in 2019 for abuse or neglect, 68% of cases involved parental drug use. Methamphetamine was listed as the primary drug in 65% of these removals."<sup>12</sup>

1. **Adult drug court participants indicated that their primary drug of choice was alcohol (49.6%) followed by methamphetamine (29.3%),** marijuana (8.8%), opiates (2.7%), heroine (5.2%) and no answer (3.7%).<sup>13</sup> The secondary drugs of choice identified by adult drug court participants were marijuana (27.5%), alcohol (13.5%), methamphetamine (14.5%), opiates (4.4%), cocaine (1.6%), and heroine (3%). In addition, 34.7% of participants indicated "none" or did not select a secondary drug.<sup>14</sup> Tertiary drugs of choice for adult drug court participants included alcohol (9.7%), marijuana (5.2%), methamphetamine (8%), cocaine (1.3%), opiates (2.7) and heroin (1.2%).<sup>15</sup> Regarding tertiary drugs, most participants (67.6%) responded "other" or "none" or did not respond. **Montana drug court participants frequently use a variety of drugs before admission (secondary and tertiary drugs of choice) along with their primary drug of choice.**

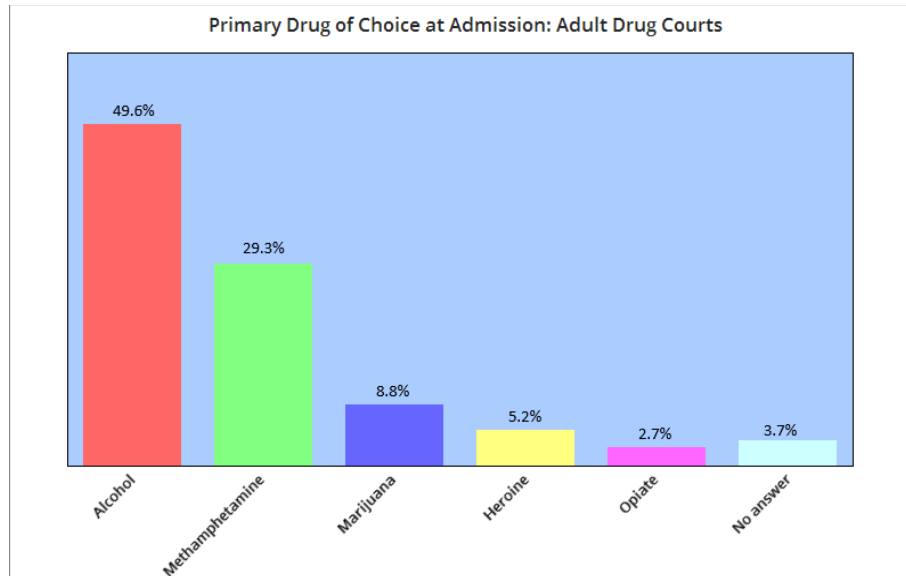
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<sup>12</sup> Lockman, A., MPH, Loveland K., MPH, MSW, Vandall, J. BSHP, *Methamphetamine Use in Montana, 2020*, p.4.

<sup>13</sup> Less than 1.0% of adult drug court participants identified inhalants, polydrug abuse/other and cocaine.,

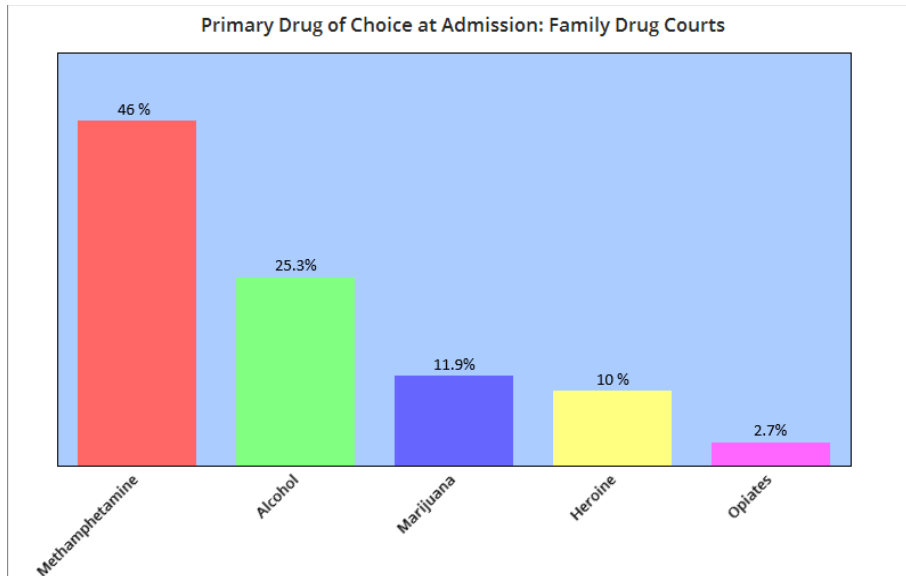
<sup>14</sup> Other secondary drugs of choice identified by adult drug court participants were hallucinogens, benzodiazepines, sedative hypnotics and other.

<sup>15</sup> Other tertiary drugs of choice identified by adult drug court participants were barbiturates, benzothiazines, hallucinogens and polydrug/other.

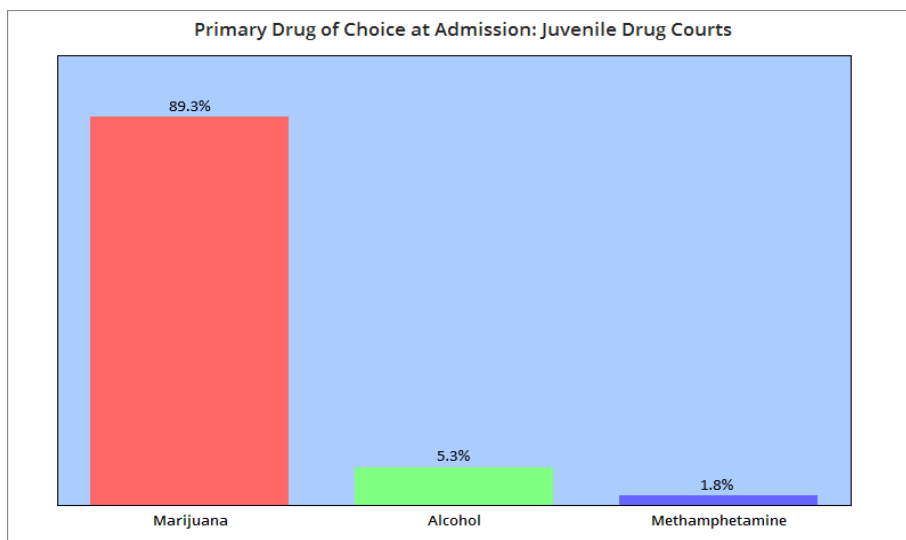


The most striking finding for adult drug courts is the significant increase in alcohol and methamphetamine use during the last reporting period. Alcohol increased from 41.4% in the last report to 49.6% in the current report. This may reflect the increase in driving under the influence cases in Montana treatment courts. **Methamphetamine use increased from 27.3% in the January 2021 report to 29.3% in the current report and remains high as the primary drug of choice (other than alcohol) for adult drug court participants.**

- 2. For family drug court participants, the primary drug of choice was methamphetamine (46%) while alcohol was second (25.3%),** then marijuana (11.9%), heroin (10%), and opiates (2.7%). These percentages are somewhat different than the 2021 report in that the primary drug of choice was alcohol (33.2%) and methamphetamine (31.6%). These two drugs reversed their position for primary drug of choice in this report as methamphetamine increased substantially (46%) compared to (31.6%) two years ago. However, alcohol and methamphetamine continue to be by far the primary drugs of choice for family drug court participants. For 3.9% there was none or n/a as a response and other drugs were mentioned but were less than 1%. The secondary drugs of choice for family drug court participants were marijuana (25.4%), alcohol (15.9%), amphetamine/methamphetamine (20.6%), opiates (7.9%), and heroin (5.9%). Some participants did not indicate a secondary drug of choice (22.2%). Most family drug court participants (62.5%) did not have a tertiary drug of choice. However, among participants indicating a tertiary drug of choice, alcohol (14.3%), methamphetamine (7.1%), marijuana (8.3%), and opiates (4.9%) were most often mentioned. Sixty-one percent either answered n/or none.



3. For juvenile drug court participants, the primary drug of choice was marijuana (89.3%) followed by alcohol (5.3%) and methamphetamine/other methamphetamines (1.8%). (See graph on next page.) Compared to the 2019 report, marijuana increased as the primary drug of choice from 16.8% to 89.3% in this reporting period while alcohol decreased from 33.2% in the previous report to 5.3% in this report. The secondary drugs of choice for juveniles were alcohol (42.8%), marijuana (5.3%), while 39.3% answered either N/A or none.<sup>16</sup> Most juvenile drug court participants did not have a tertiary drug of choice (71.4%); however, for those who did, alcohol was by far the tertiary drug of choice.



<sup>16</sup> Other secondary drugs of choice identified by juvenile drug court participants included benzodiazepines, heroin, methamphetamine and other, all at two mentions or less.



## **11. Prior Treatment for Alcohol and Other Drugs**

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

Receiving treatment prior to entering drug court **does not mean treatment completion**. When participants were asked if they had received treatment in the 36 months before entering drug court, 501 (37.7%) of the 1,327 adult admissions (adult and family drug court participants) indicated “yes”.

Having received previous treatment is an indicator of high risk for re-offense and high need for additional treatment for offenders in the criminal justice system. As shown in the table on the next page, individuals at admission indicated receiving the following services with some receiving more than one service:

<b>Treatment Type</b>	<b>No. of Participants Receiving Treatment</b>
Detoxification	110
Inpatient	262
Intensive outpatient	321
Outpatient	390
Jail-based	104
Individual counseling	419
Co-occurring	195
Inpatient psychiatric	31
Outpatient psychiatric	171

Nearly 40% of the population admitted to adult and family drug courts had received treatment prior to admission. When considering prior arrest history, psychiatric history, and prior drug treatment, the extent of psycho/social problems being experienced by the population admitted to drug court was substantial and met the criteria for high-risk/high-need.

For juvenile drug court participants, 18 of 61 (29.5%) indicated that they had received treatment before entering juvenile drug court. Prior treatment mentioned by juveniles included: inpatient (7), intensive outpatient (6), outpatient (14), jail-based (3), individual counseling (17), co-occurring (13), and outpatient psychiatric (2). Again, the data represent a measure of severity of the clientele’s risk upon being admitted to juvenile drug courts.

## **12. Sobriety Measures**

In examining sobriety measures, the OCA collects information on drug use at discharge. Of the 1019 adult and family drug court participants discharged from all drug courts, 544 had graduated. All graduates were drug free at graduation except three who were still using a drug but were classified as having maximized benefits (two adult and one family). Of the 544 graduates, there were 482 graduates for which data were reported. The average number of clean days prior to graduation for all graduates was 370.7 days or slightly above 12 months (number of days clean computed as 178,676 divided by 482).

For adult drug court graduates for which data were reported (427), participants averaged 379.5 clean days prior to graduation (162,036 divided by 427). For family drug court graduates (68) for which data were reported (55), participants averaged 302.5 clean days prior to graduation (16,640 divided by 55). For juvenile drug court graduates (28) for which data were reported (24), participants averaged 122.9 clean days prior to graduation (2,949 divided by 24).

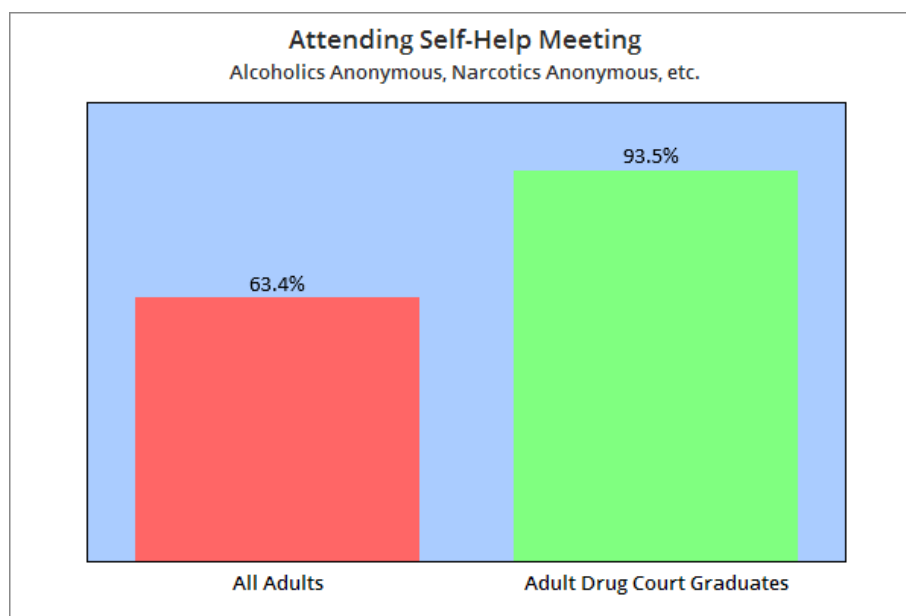
Of the 364 adult drug court participants who terminated early or were discharged with a neutral status for which data were reported, 186 (51.1%) were not using alcohol or other drugs at time of discharge. Of the 111 family drug court participants who terminated early or were discharged with a neutral status for which data were reported, 56 (50.4%) were not using alcohol or other drugs at time of discharge. Of the 24 juveniles who terminated early or were discharged with a neutral status for which data were reported, 13 (54%) were not using alcohol or other drugs at time of discharge. This is an indication that even those who did not graduate received some benefit from participating in a drug court.

Attending self-help meetings (usually 12-step meetings) is considered by many as an important long-term strategy for remaining clean and sober. A 2020 research study, which included a systematic review and meta-analysis of 27 clinical trials of AA and a clinical protocol for linking patients to 12-step programs like AA containing a total of 10,565 participants, concluded the following: “Rigorous reviews of the research on the mechanisms of behavior change through which AA enhances recovery have found that AA typically confers benefits by mobilizing multiple therapeutic factors simultaneously -- mostly through facilitating adaptive changes in the social networks of participants, but also by boosting members’ recovery coping skills, recovery motivation, abstinence self-efficacy and psychological well-being and by reducing impulsivity and craving.”<sup>17</sup>

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<sup>17</sup> Kelly, J.F., Humphreys, K., & Ferri, M. (2020). *Alcoholics Anonymous and Other 12-step Programs for Alcohol Use Disorder*, Cochrane Database of Systematic Reviews, 2020(3). Doi:10.1002/14651858,CD012880.pub2.

For the 907 participants for which data were reported, 548 participants were attending self-help meetings (60.4%) at time of discharge. However, most juvenile drug courts do not require juveniles to attend self-help meetings because they do not relate well to the older drug dependent individuals who primarily attend. If juveniles are removed from the discharged cases, the percentage attending self-help meetings increases to 63.4% (543 divided by 857). When only adult graduates from the adult and family drug courts are considered, 417 of 446 were attending self-help meetings at discharge (93.5%). When only graduates from adult drug courts are considered, the percentage attending self-help meetings climbs to 93.9% (355 of 378). (See graph on next page.)



The OCA collects information on clean and positive urinalysis tests as a measure of sobriety as well. Among all drug court participants who terminated early and did not graduate from drug court for which data were reported, there were a total of 25,696 urinalyses with 20,906 clean urinalyses and 4,790 positive urinalyses for a positive rate of 18.64%. For drug court graduates, there were a total of 183,079 urinalyses collected and reported with 180,381 clean urinalyses and 2,698 positive urinalyses for a positive rate of just under 1.5%. As expected, drug court graduates tested positive significantly less than those who failed to graduate.

Studies conducted in other parts of the country indicate that those in the criminal justice system on regular supervision (such as probation) test positive an average of 30% of the time whereas in drug courts, the average is around 10%.<sup>18</sup> Montana's drug court

<sup>18</sup> Cooper, C. 1998 *Drug Court Survey: Preliminary Findings*. Washington, D.C.: Drug Court Clearinghouse and Technical Assistance Project, American University.

participants test positive considerably less frequently than national studies indicate others do on regular supervision, and graduates of Montana drug courts test positive at an even lower rate (1.5%).

### **13. Psychiatric Disorders**

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

Of the 1,388 individual cases admitted to Montana drug courts during the data collection period, data regarding mental health status were reported for 750 admissions (this data does not include Billing Municipal drug courts or the 8<sup>th</sup> Judicial District drug courts). A psychiatric diagnosis was reported for 429 or 57.2% of these admissions. However, for many, this is a situational diagnosis that dissipates after a period of abstinence from alcohol and other drug use.

When asked whether medications had been prescribed in the past 12 months, 657 of the 1,388 admissions who responded answered “yes” (47.3%). Of the 657 admissions who were prescribed medications, 270 indicated that they had been prescribed psychiatric medications that totaled 502 prescriptions or an average of nearly 2 psychiatric medication prescriptions per person. Clearly drug courts are admitting high-need people with co-occurring disorders into their drug courts.

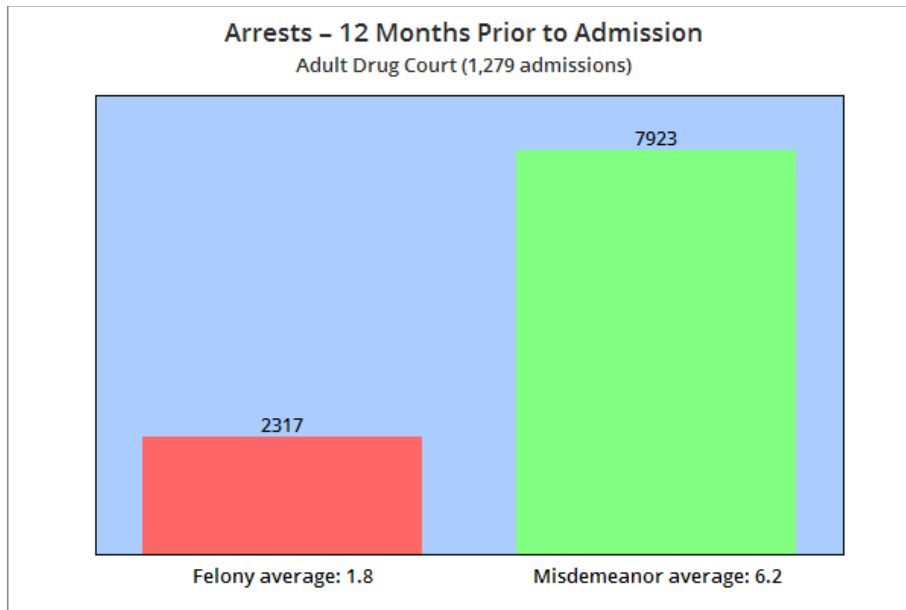
Adult participants (1,327) were asked specifically if they had received services for a co-occurring psychiatric disorder prior to admission. The following responses were received for all adult drug court admissions:

- Co-occurring treatment .....195 (14.7%)
- Inpatient psychiatric treatment.....31 (2.3%)
- Outpatient psychiatric treatment .....171 (12.9%)

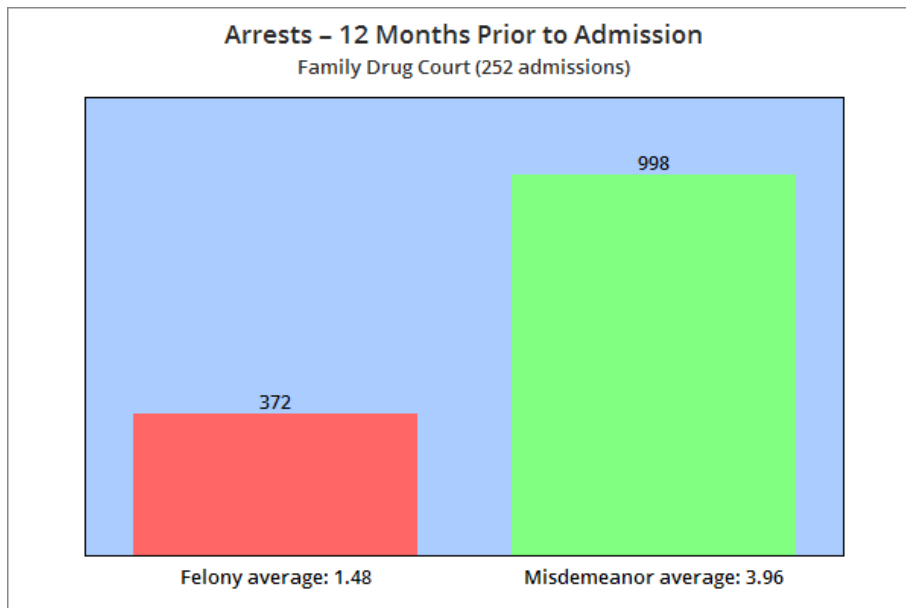
### **14. Prior Arrests**

For adult drug court cases reporting data at admission (1,279), participants had a total of 10,240 arrests before entering drug court for an average of over 8 arrests per person. Of these cases, 2,317 were arrests for felonies and 7,923 were arrests for misdemeanors for an average of 1.8 felony arrests and 6.2 misdemeanor arrests per admission. This level

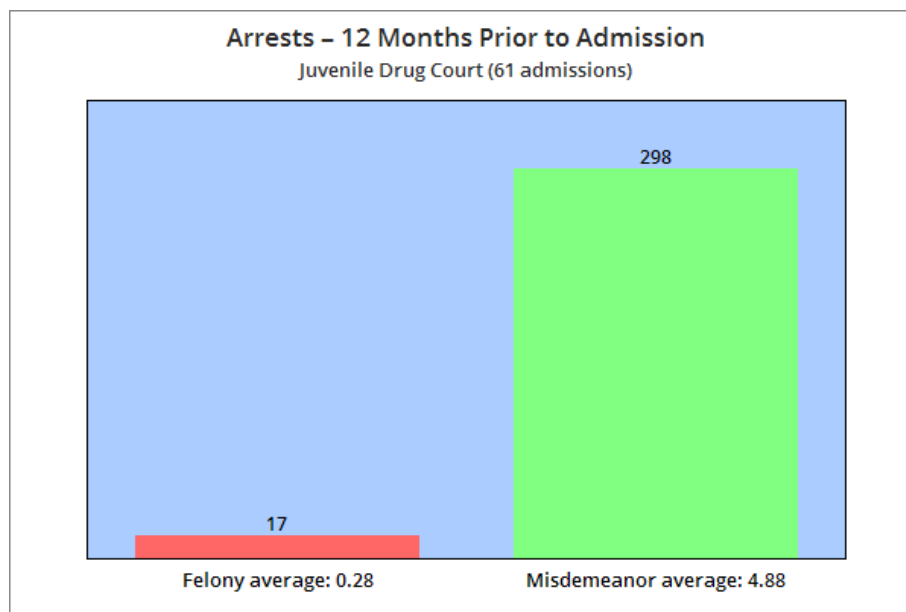
of prior arrests is an indication of the high risk of admissions to Montana adult drug courts. (See graph on next page.)



For family drug court cases reporting data at admission (252), participants had a total of 1,370 arrests before entering drug court for an average of 5.43 arrests per person. Of these cases, 372 were arrests for felonies and 998 were arrests for misdemeanors for an average of 1.48 felony arrests and 3.96 misdemeanor arrests per admission. Most family drug court cases had an additional substantiated child abuse and neglect case due to participants' drug dependency.



For juvenile drug court cases reporting data at admission (61), participants had 315 arrests for felonies and misdemeanors prior to entering drug court for an average of 5.16 arrests per juvenile. Of these cases, 17 were arrests for felonies and 298 were arrests for misdemeanors for an average of 0.28 felony arrests and 4.88 misdemeanor arrest per admission.



These arrest figures are an indication of the high-risk profile of participants that Montana drug courts strive to admit, which are offenders with the highest risk of re-offense and highest need for substance us disorder treatment.

### **15. Prior Charge Resolution**

Graduating from drug court is associated with resolving all criminal justice charges. Among the 476 adult drug court graduates, the resolution of prior criminal charges did not apply or was not reported for 261 graduates, some of whom were still under supervision after drug court completion. Of the remaining 215 graduates for which data were reported, 104 indicated that all criminal charges were resolved (48.3%) while 111 (51.6%) said outstanding criminal charges were not resolved.

For the 364 adults who were terminated and did not graduate from adult drug courts, the resolution of prior criminal charges did not apply or was not reported for 135 adults. Only 40 of the remaining 229 participants (17.5%) indicated that all criminal charges were resolved while 189 participants (82.5%) indicated that criminal charges were not resolved.

For the 68 family drug court graduates, the resolution of prior criminal charges did not apply or was not reported for 23. (Most probably did not have a criminal charge.) Thirty-six graduates (80%) indicated that their criminal charges were resolved while 9 (20%) indicated that their criminal charges were not resolved.

For the 111 family drug court participants who terminated and did not graduate from family drug court, the resolution of prior criminal charges did not apply or was not reported for 42 participants. Eight criminal charges were resolved out of the remaining 69 (11.6%).

For the 28 juvenile drug court graduates, the resolution of prior criminal charges did not apply or was not reported for 11 juveniles. Of the 17 juveniles remaining, all of them indicated that their criminal charges were resolved.

For the 24 juvenile drug court participants who did not graduate, the resolution of criminal charges did not apply or was not reported for 9 juveniles. For the remaining 15 juveniles, 7 of them resolved their criminal justice charges.

Clearly, graduating from drug court for all categories of drug court participants leads to greater success in resolving all criminal charges although even cases where people did not graduate aid in resolving some of the criminal justice charges.

## **16. Pregnancy and Children**

In a report entitled: Substance-Exposed Infants: State Responses to the Problem, the report states, “Each year, an estimated 400,000-440,000 infants (10-11% of all births) are affected by prenatal alcohol or illicit drug exposure, as described in the analysis in this section. Prenatal exposure to alcohol, tobacco, and illicit drugs has the potential to cause a wide spectrum of physical, emotional, and developmental problems for these infants. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible.”<sup>19</sup>

A more recent study published Dec. 16, 2019, in the journal *JAMA Pediatrics*, *The Journal of the American Medical Association* (JAMA), indicated that Neonatal Abstinence Syndrome, defined as “a withdrawal syndrome primarily occurring in infants with in-utero exposure to opioids costs the U.S. \$572.7 million each year.” This according to the Healthcare Cost and Utilization Project (HCUP) Kids’ Inpatient

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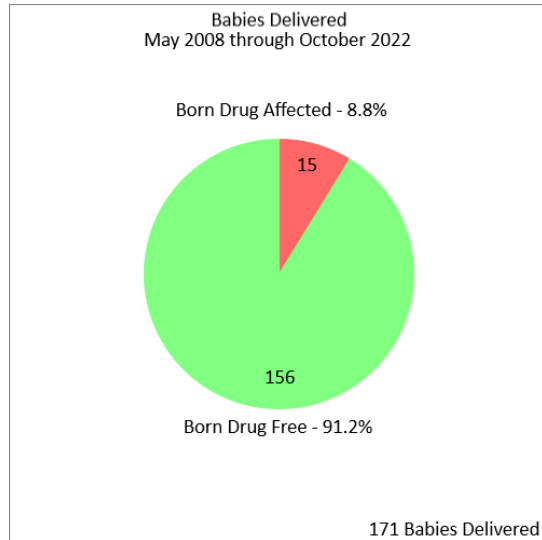
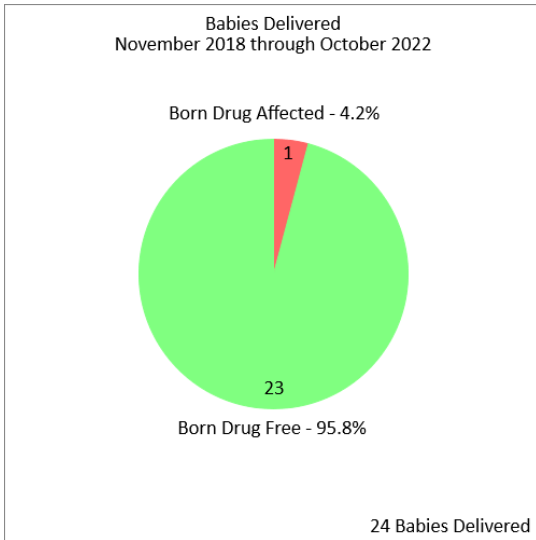
<sup>19</sup> Young, N.K., Gardner, S. Otero, C., Dennis, K., Chang, R., Earle, K., Amatetti, S. *Substance Exposed Infants: State Responses to the Problem*, HHS publication No. (SMA)09-4369. Rockville, MD 20857, Substance Abuse and Mental Health Services Administration, 2009.

Database (KID), which studied a nationally representative sample of all pediatric discharges. Neonatal Abstinence Syndrome is a subset of substance exposed infants. Medicaid-covered births account for 83.3 percent of the total cost (\$477 million). Babies' stay in the hospital can be 20.4 days or more with an average cost to families of \$22,552. While NAS can happen to any baby exposed to opioids in-utero, the highest incidence rates were among "American Indian/Alaska Native individuals (15.0 per 1,000) and non-Hispanic white people (10.5 per 1,000), the lowest income quartile (9.3 per 1,000), rural areas (10.6 per thousand), and the Northeast (9.5 per 1,000)." Medicaid-covered births had the highest NAS rates (12.3 per 1,000) with those without any kind of insurance just behind at 7.0 per 1,000.

For the period November 1, 2018, through October 31, 2022, 62 participants or their spouses or significant others (42 female participants and 20 male participants with spouses or significant others) were pregnant while in drug court or at discharge. Of the 62 participants, 1 participant was listed as unknown; 24 were listed as not applicable (of the 24 not applicable, 22 were male/spouses). Of the remaining 37, 10 were still pregnant at discharge, there were 2 miscarriages, and 1 termination. **Of the remaining 24 pregnancies, 23 babies were born drug free (95.8%) and 1 baby was born drug affected (4.2%).**

For the period May 2008 through October 2022, 245 participants or their spouses or significant others (167 female participants and 78 male participants with spouses or significant others) were pregnant while in drug court or at discharge. Of these 245 pregnancies, 149 babies were born drug free, 13 were born drug affected, 10 pregnancies were terminated, 8 resulted in miscarriages, 2 were born premature drug affected, and 7 were born premature drug free. Fifty-six participants or participants' spouses or significant others were still pregnant, or their condition was unknown at time of discharge. **In summary, then, 171 babies were delivered as either drug free (149 born drug free and 7 born pre-mature drug free,) or drug affected (13 born drug affected and 2 born pre-mature drug affected) while a parent was in drug court. Thus, 156 were born drug free (91.2%) and 15 (8.8%) were born drug affected.**





An estimate of specific cost-savings resulting from the reduction of drug-affected births is beyond the scope of this report. However, previous studies have indicated that costs per drug-affected child from birth to age 18 are substantial.

During the 48-month reporting period, the primary drug of choice reported at time of admission by participants who were pregnant or participants with spouses or significant others who were pregnant was methamphetamine (27), alcohol (15), marijuana/hashish (11), opiates (1), and heroine (8). Six participants reported no drug or indicated that the question was not applicable.

**Children of Adult Participants in Montana Drug Courts**

When reviewing admission data for adult and family drug court participants for the previous four-year period, 1,531 participants reported that there were 596 children involved. This number included 202 children living with participants, 319 children living with a relative, and 75 in foster care/residential center or group home. Additionally, 101 reported parental rights terminated, or rights relinquished before entering drug court. Clearly, when adults in drug court become clean and sober, they are not the only individuals positively impacted as even adult drug court participants have many children.

**17. Fines, Fees, and Community Service Hours**

For the 840 adult drug court cases that were discharged during the last 48-month period, the following minimum amounts were reported as collected from drug court participants:

- Fines..... \$75,424 (\$89.79 average)

- Fees..... \$445,458 (\$530.31 average)
- Restitution..... \$8,582 (\$10.21 average)

Additionally, when 10,579 hours of community service are considered and multiplied by the minimum wage at \$9.20, the total value of community service hours is \$97,326.8.

### **18. Child Support**

During the previous 48 months, 88 adults admitted to drug court reported that they had orders to support minor children. At admission, 27 individuals (30.70%) were current, paying, and compliant with child support orders while 61 individuals (69.3%) were either not paying or not current. For the 61 individuals who were not paying or not current with child support orders, 4 were paying and/or current at time of discharge (6.5% increase). Additionally, 18 people who did not report having orders at admission were either paying or paying and current at discharge. Of those 18 who were paying at discharge, 14 were treatment court graduates.

### **19. Housing**

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

For all adult drug court participants admitted and discharged during the previous 48-month period, the number of homeless went from 88 at admission to 85 at discharge (3.4% decrease). Participants owning their own home went from 102 to 138 (35.3% increase). Those renting increased from 241 to 304 (26.1% increase), while those living with friends, relatives, or significant others decreased from 165 to 98 (40.6% decrease). Additionally, those participants living in a hotel or motel went from 9 to 6 (33.3% decrease), and those living in transitional housing went from 37 to 29 (21.6% decrease). For graduates of adult drug courts during the four-year period, the number of homeless went from 25 at admission to 2 at discharge (92.0% decrease). Graduates owning their own home went from 70 to 114 (62.8% increase). Those renting increased from 171 to 220 (28.6% increase), while those living with friends, relatives, or significant other decreased from 72 to 30 (58.3% decrease). Additionally, those participants living in a hotel or motel went from 3 to 0 (300% decrease), and those living in transitional housing went from 14 to 5 (64.3% decrease). This data represents major improvements in stable housing for drug court participants while in the process.

For family drug participants who were discharged, 24 participants were homeless at admission while 30 were homeless at discharge. Those participants living in a hotel or

motel decreased from 3 to 2, those owning their own home went from 10 at admission to 9 at discharge, those renting went from 55 to 79, and those living with friends, relatives, or significant others went from 33 to 37. The number of participants living in transitional housing at admission went from 11 to 7. In nearly all cases, housing for participants showed some improvement. For graduates of family drug courts, the results were slightly more positive as well with 6 graduates owning a home at admission to 7 at discharge, those renting went from 24 to 48, those living in transitional housing decreased from 5 to 1, and those living with friends, relatives, or significant others went from 11 to 9.

## **20. Services for Veterans: A New Area of Emphasis**

Nationally there has been a significant increase in veterans being admitted to adult drug courts in recent years. Because the number of veterans has increased substantially and the issues facing them are unique, approximately 477 special drug court dockets for veterans have been established across the country.

In Montana, special drug court dockets for veterans have been implemented in Missoula, Yellowstone, Cascade and Butte-Silver Bow Counties and in the city of Bozeman in collaboration with the Federal Veterans Administration. In the previous four years, 192 individuals with previous military service have been served in adult and family drug courts (191 in adult drug courts and 1 in family drug courts).

Among these 192 veterans admitted to drug courts, **185 individuals or more than 96.3% had been admitted to one of the Montana veterans court dockets.** As the veteran-specific dockets mature, these numbers will continue to grow, and veterans in Montana drug courts will continue to receive improved services.

## **21. Family Drug Courts: Additional Performance Indicators**

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

than 80% fail to complete treatment successfully (Oliveros & Kaufman, 2011; Rittner & Dozier, 2000; U.S. General Accounting Office, 1998).

Family drug courts were created to enhance retention in treatment and improve outcomes in child abuse and neglect cases for parents suffering from substance use disorders and for their children. Montana family drug courts primarily take child abuse and neglect cases in which serious drug dependency is the driving issue or criminal cases where the judge has determined the case is a better fit in a family drug court.

The Office of the Court Administrator requested information regarding the level of alcohol and other drug abuse among the Children Services Division cases but was told that no data was available. However, according to the **Fiscal Year 2019** Substance Abuse and Mental Health Services Administration's Center on Substance Abuse and Child Welfare, AFCARS (Adoption and Foster Care Analysis and Reporting System) statistics some state-by-state data is available. The prevalence of parental alcohol and/or drug abuse as an identified condition of removal of children from their homes and placed in out-of-home care when calculated across all states is a national average of 38.9%. The range of statistics by state ran from 3.6% to 69.0%. According to this data set, Montana fell into the range above the national average of between 41 to 50% at **47.2%**.

The report goes on to state that "States often anecdotally report that the percentage of child welfare removals involving parental AOD abuse is much higher in their state than indicated in the data. Possible explanations for these discrepancies may include 1) lack of child welfare protocols for screening and assessment regarding identification of substance use disorders; 2) inconsistent protocols regarding data entry for child welfare; 3) discrepancies in how AOD abuse is captured in the state child welfare's data systems; and 4) differences in the point at which the AOD abuse is identified and entered in the data system. Often, at the local level, multiple removal reasons are reported and sometimes only the primary reason for removal is reported by the federal system(s). According to the Montana Department of Health and Human Services 2018 Strategic Plan, "Since 2010, Montana has seen a substantial increase in the number of child abuse and neglect cases with parental substance use indicated. Sixty-five percent of children removed during the 2018 fiscal year were due to parental drug use or involvement. Out of those cases, methamphetamine is the primary drug in 67 percent of the cases-up from 33 percent in 2012" This information parallels family drug court admission data regarding drug of choice where methamphetamine was primary for 46% of cases followed by alcohol at 25.3%.

Among the (111) cases identified by CFSD as family drug court cases during the three-year period being reviewed by this report, nine percent (**9%**) **had received a new substantiated child abuse and neglect report** ("**Substantiated report**" means that, after an investigation, the department has determined by a preponderance of the evidence that the reported act of child abuse or neglect occurred, and that the subject of the report may be disclosed to the appropriate entities as a person that may pose a danger to children) **and a little over eight percent (8.1%) of participants received a Founded report** ("**Founded report**" means that, after an investigation, the department has

determined by a preponderance of the evidence that the reported act of child abuse or neglect occurred). Conversely then, **nearly 83% of the family drug court participants had not received a new substantiated or founded child abuse and neglect report during the three-year follow-up period. These 111 cases included 168 children.**

**Services rendered:** Family drug courts focus on the entire family. Each family is intensely assessed to determine services needed that will result in favorable outcomes for both adults and children. From November 1, 2018, through October 31, 2022, the following services were provided to the of the 179 family drug court participants who were discharged during this period: 154 said they received service or services as follows: (104) Mental Health, (76) Medical/Dental/Vision, (97) Public Assistance, (71) Family Counseling, (92) Parenting Classes, (90) Life Skills(budgeting, housekeeping, nutrition, etc.), (98) Transportation, (22) Educational, and (72) Housing. Additionally, of the 179 discharged families, 92 reported services received by the children as follows: 51 (Family Counseling, (46) Mental Health Counseling, (24) Special Education Services, (6) Alcohol and Drug Abuse Counseling, (16) Specialized Medical Care, (16) Speech Therapy, (7) Physical Therapy, (11) Occupational Therapy, (25) Educational Tutoring, and (31) Early Childhood Intervention Services.

Also, during this 48-month period, 128 children were reunited with their parents, 46 were placed in guardianship, 0 were placed in an adoptive home, 28 were placed with other non-drug court parents, and 103 remained in either foster care or residential care. For 273 children, parental rights remained in place, in 8 cases were parental rights voluntarily relinquished, and in only 5 cases were parental rights involuntarily terminated. Results were unknown in two cases.

## **22. Juvenile Drug Courts: Additional Performance Indicators**

During the 48-month period (November 1, 2016 – October 31, 2020), 61 participants were discharged from the juvenile drug courts. A total of 623 days in out-of-home placement was reported for 13 of the discharged participants for an average of 47.9 days per participant.

### **23. Electronic Monitoring: SCRAM Electronic Ankle Bracelets**

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

From November 1, 2018, to October 31, 2022, Montana drug courts – mostly DUI courts – had 486 participants on SCRAM bracelets. This amounted to a total of 61,736 days of electronic monitoring with a **99.3% rating of sober days (i.e., days without any tampering or alcohol consumption)**. Many drug courts and DUI courts require a participant to wear a SCRAM bracelet for at least the first 90 days of the drug court program. During this period, the average number of days on electronic monitoring was 146 days compared to the national average of 108 days.

#### **IV. Montana Drug Court Funding and Costs**

Montana drug courts expended \$1,502,334 in state general fund money in FY 2020, \$1,617,999 in FY 2021, and \$1,614,981 in FY 2022. Funding from the state general fund was added in FY 2022 for the family drug court in the 11th Judicial District. Nineteen drug courts received money from the state general fund during FY 2020 through FY 2022. From FY 2020 through FY 2022 (July 1, 2019, through June 30, 2022), 813 individuals were admitted to these state general-funded drug courts for an average cost of \$5,824 per admission. This is an increase of \$670 from the previous three-year period (FY 2018 through FY 2021) of \$5,154 for drug courts receiving state general funds money and may be the result of an increase in cost or fewer admissions due to the pandemic.

During FY 2020 through FY 2022, 64% of the general fund money was spent on personal services (i.e., drug court coordinators and the statewide drug court coordinator). Eighteen percent was spent on urinalysis and surveillance costs, 7% on treatment services, 7% on operating costs, and 4% on wraparound services. In most cases, treatment services were provided by a not-for-profit treatment program with a state contract through the Montana Department of Public Health and Human Services (DPHHS) or through Medicaid. For family drug courts, some services may have been paid for by the DPHHS's Children and Family Services Division. In juvenile drug courts, some services also may have been paid for through the Youth Court. Additional expenditures by other agencies are not included in the state general fund figures noted above.

The cost per participant of \$5,824 compares favorably with other Montana correctional interventions and national costs per participant, even though expenditures from other agencies may not be included in this figure. For example, NPC Research based out of Portland, Oregon analyzed investment costs in 47 adult drug courts. It found that “program cost range[d] from a low of \$3,842 to a high of \$33,005 per participant. The mean program cost [was] \$14,372 per participant. The large variation [was] generally due to treatment costs. Treatment providers charge a variety of different amounts for the same types of services, and different drug courts provide treatment that ranges from outpatient groups only to intensive outpatient and residential care as well as a variety of wraparound services.”

## V. National Cost-Benefit Information

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

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

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

More recent studies, however, are increasingly considering a variety of other cost factors. These have included: overall criminal justice system costs associated with arrests, prosecution, adjudication and disposition of drug cases; public health costs associated with drug-related physical illnesses, including costs for emergency room care, hospitalization, outpatient medical services, nursing home care and medications; costs relating to lost productivity, including workplace accidents and absences, and unemployment; costs relating to drug-related mortality and premature death; social welfare costs, including foster care and other support of family members; costs related to specific impacts of drug use, including fetal alcohol syndrome and drug exposed infants, IVDU-related AIDS, hepatitis and drug-related tuberculosis; and a range of other costs resulting from drug use, including those incurred by crime victims, persons involved in vehicle accidents, and substance abuse detox and other treatment services.<sup>20</sup> When more

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<sup>20</sup> Memorandum in 2007 from American University and the Bureau of Justice Assistance Drug Court Clearinghouse, Justice Programs Office.



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

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

One example of a study showing substantial cost-effectiveness beyond the effects on crime rates is a large study with a detailed matched control group of traditional probation completers and drug court graduates in St. Louis, Missouri. This independent study completed in 2004 documented that initially drug court costs were slightly more per participant (\$7,793 vs. \$6,344), but “various benefits (cost savings) were found for drug court graduates compared to probation completers (less jail time, less pretrial detention, wages of drug court graduates were higher and they were employed longer resulting in higher taxes paid and FICA paid and lower TANF and food stamps utilized by drug court graduates). Health care costs and mental health services were significantly lower for drug court graduates after drug court, costs to the criminal justice system and costs to victims of crime were lower for drug court graduates compared to probation completers and the number of infants who were born drug-exposed and the consequent costs were greater for probation completers than for drug court graduates.<sup>21</sup> The bottom line for this

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<sup>21</sup> Loman, L.A., (2004), *A Cost-Benefit Analysis of the St. Louis City Adult Felony Drug Court*, Institute of Applied Research, St. Louis, Missouri.

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

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

## VI. Drug Court Activities in Montana

Montana established its first drug court in Missoula in 1996. There are 36 drug courts within district, municipal, and justice's courts in the state<sup>22</sup>. (A list of Montana drug courts can be found in the appendix of this report.) These courts developed organically based on local needs, interest, and resources. Most of them initially received funding from federal grants. Although all courts generally adhere to the federal drug court model, each reflects the circumstances and capabilities of its local community. Additionally, there are 8 Tribal Healing to Wellness Courts. The OCA continues to work with Tribes to initiate new courts and train existing team members.

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

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

### Statewide Drug Court Conferences and Workshops

Since 2008, the OCA has sponsored the following statewide drug court conferences and workshops:

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

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<sup>22</sup> There also are eight tribal courts (i.e., healing to wellness courts, drug courts, and DUI courts).

- **Third drug court conference: April 2012.** This conference placed special emphasis on evidence-based practices and team action planning based on those practices. Approximately 250 people attended the conference, and each team submitted an action plan.
- **Operational tune-ups: 2013.** A two-day operational tune-up entitled “Retooling Your Program for Adult Drug Courts” was held in Billings and Great Falls. These tune-ups included a review of current adult drug court research, a review of target populations based upon the current research literature, legal issues facing drugs courts, applied research approaches to treatment, and development of a step-by-step approach to incorporating best practices.
- **Fourth drug court conference: April 2014.** This conference included operational tune-up tracks for family drug courts and juvenile drug courts as well as presentations for adult drug court teams. Presentations focused on a wide variety of evidence-based practices, which resulted in team action plans aimed at improving court operations upon returning home.
- **Fifth drug court conference: October 2016.** This conference placed special emphasis on the new adult drug court standards and the research behind them. Approximately 220 people attended this conference, and each drug court team developed an action plan incorporating what was learned at the conference.
- **Sixth drug court conference: October 2018.** This conference addressed an array of topics such as Native American Wellness Courts, practical application of incentives and sanctions, therapeutic adjustments, and becoming a trauma-informed drug court. In addition, an afternoon of training was provided specifically for family drug courts accommodated by Children and Family Futures, a technical assistance contractor of the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Approximately 220 people attended the conference. Drug court team members developed action plans for court improvement based on information presented at the conference. Critical support for the conference was provided by the Montana Healthcare Foundation and Montana Department of Transportation.
- **Family drug court conference: December 2020.** Due to the COVID-19 pandemic, a two-day family drug court conference was held virtually with presenters from Children and Family Futures, a national technical assistance contractor of the Office of Juvenile Justice and Delinquency Prevention, U.S.

Department of Justice. This conference emphasized the new family drug court best practice standards and compliance with those standards in preparation for the implementation of the peer review process of those treatment courts in 2021. Over 125 family drug court team members attended this training.

- Seventh drug court conference: September 2022. The conference was planned to provide basic best practice information for new drug court team members given that this was the first conference in four years as well as new information for improved outcomes of treatment courts. For the first time, a Native American track was held with good participation from Montana's Native American Healing to Wellness treatment courts from across the state. Nationally recognized speakers attended the conference and special emphasis areas included but were not limited to new teleservices approaches, historical and intergenerational trauma with a focus on Native Americans, housing needs, Methamphetamine/Fentanyl dependence, the DUI difference, constitutional and legal issues, recovery management for the long term.

## **Statewide Drug Court Evaluation**

### **Legislative Performance Audit on Drug Courts**

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

- **Strategic Plan** – The Supreme Court, with support from Center for Court Innovation (a technical assistance contractor), commissioned a strategic planning initiative to build on the success of the Montana drug courts and secure a sustainable future for these effective specialized courts. Participants met twice over several days to develop and complete a strategic plan. In November 2015, the *Drug Court Strategic Plan: Roadmap for the Future of Drug Treatment Courts in Montana* was published. Themes addressed in the strategic plan include funding for drug courts, implementing best practices, violent offender/participant eligibility, services for drug court participants, meeting the needs of special populations (e.g., Native Americans), implementing a statewide case management system, educating policy makers on the effectiveness of drug courts, and increasing community awareness about drug courts. Measurable goals were identified for each theme, target dates were set, and tasks were defined and assigned to key participants. Some of the goals related directly to the

performance audit, but others were based on new trends and needs in drug courts. The OCA has scheduled a June 2023 session to update the strategic plan include revising existing goals and considering new goals after surveying existing Montana drug court team members from across the state.

- **Advisory Committee** – In May 2016, the Supreme Court issued an order establishing the Drug Treatment Court Advisory Committee. The Committee is charged with: (1) providing ongoing review and revision to drug court standards; (2) assuring communication and continuity in the operation of Montana drug treatment courts; (3) providing ongoing review and recommendations to the District Court Council and Supreme Court regarding statewide drug court funding and budget policy issues; (4) overseeing and updating the strategic plan; and (5) addressing future drug treatment court issues as they arise. The committee consists of seven judges appointed from different treatment court types who serve three-year terms. The Advisory Committee continues to meet on a regular basis.
- **Peer Reviews** – During 2016 and 2017, the OCA and Montana drug courts embarked upon a peer-review process to review the consistency of each adult drug court with fidelity to the new Adult Drug Court Best Practice Standards, Volume I and II issued by the National Association of Drug Court Professionals in 2015. These standards were based on “reliable and convincing evidence demonstrating that a practice significantly improves outcomes.”

NPC Research, a nationally recognized, independent research firm based in Portland, Oregon, trained 17 Montana peer reviewers to apply the best practice standards and issue a best practice table and associated report to each adult drug court to ensure courts were maximizing their potential to help participants enter long-term recovery and significantly reduce re-offense. The Montana peer review process was the only peer review process at the time that had been implemented applying both Volumes I and II of the Adult Drug Court Best Practice Standards. Nearly all adult drug courts were peer-reviewed in 2016 through 2018.

In 2020, the OCA, drug court team members, and NPC Research trained a new cadre of peer reviewers to conduct a new round of adult/family and juvenile drug court peer reviews. These reviews include an evaluation of progress in implementing action plans to address weaknesses identified through the initial peer review process as well as reviewing new treatment courts that have been in existence for at least one year. Additionally, family and juvenile drug courts are to be reviewed starting in 2023 with new standards developed in 2019/2020.

When the COVID-19 pandemic hit, these plans were placed on hold and re-started during the fall of 2022.

### **NPC Research Report**

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

## APPENDIX: MONTANA DRUG COURTS

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



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

<b>Family Drug Courts</b>				
<b>Court Name</b>	<b>Location</b>	<b>Level</b>	<b>Primary Funding Source</b>	<b>Year began</b>
<b>Butte-Silver Bow Family Drug Court</b>	Butte-Silver Bow County (2nd Judicial District)	District	State General Fund	2004
<b>1<sup>st</sup> Judicial District Family Treatment Court</b>	Lewis and Clark County	District	Federal	2018
<b>Flathead Family Treatment Court</b>	Flathead County	District	Federal	2019
<b>Missoula County Family Treatment Court</b>	Missoula County (4th Judicial District)	District	State General Fund	2008
<b>Yellowstone County Family Drug Treatment Court</b>	Yellowstone County (13th Judicial District)	District	State General Fund/Federa;	2001
<b>Yellowstone County Indian Child Welfare Act Treatment Court</b>	Yellowstone County	District	Federal	2021

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

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

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

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

\* Montana Department of Transportation

There are eight tribal courts helping control alcohol and other drug abuse problems in Montana. These courts include: Chippewa Cree Healing to Wellness Court, Chippewa Cree Juvenile Healing to Wellness Court, Crow Juvenile Drug Court, Fort Peck Family Healing to Wellness Court, Fort Peck DUI Court, Fort Belknap Juvenile Drug Court, Blackfeet Juvenile Healing to Wellness Court, and Blackfeet Adult Healing to Wellness Court. These tribal courts are primarily funded through the individual tribes. In 2021, the Northern Cheyenne Nation will implement an adult drug court.

For further information, contact Jeffrey N. Kushner, Statewide Drug Court Coordinator  
P.O. Box 157, Victor, MT 59875, [jkushner@mt.gov](mailto:jkushner@mt.gov), (406) 202-5352.