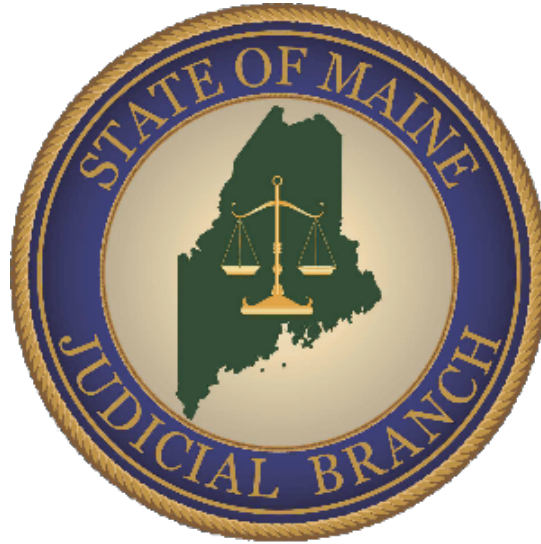


**STATE OF MAINE
JUDICIAL BRANCH**



**REPORT TO THE JOINT STANDING COMMITTEE
ON JUDICIARY
131st LEGISLATURE
SECOND REGULAR SESSION**

**2022 Annual Report on Maine's Drug Treatment Courts
February 15, 2023**

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TREATMENT COURTS IN MAINE

A. Legislative Requirements for this Report

Pursuant to the provisions of 4 M.R.S. §423, the Maine Judicial Branch submits to the Joint Standing Committee on the Judiciary this annual report on the establishment and operation of substance use disorder treatment programs in the courts. The current programs in Maine's courts are Adult Drug Treatment Courts (ADTC), Co-Occurring Disorders Court (CODC), Veterans Treatment Court (VTC), Veterans Treatment Track (VTT) and Family Recovery Courts (FRC).

The report will provide an overview of the Maine Treatment Courts, operational details of the courts, present the information required by 4 M.R.S. §423, and report on the following:

1. Training
2. Locations
3. Participating judges and justices
4. Community involvement
5. Education
6. Existing resources
7. Statistics
8. Collaboration
9. Evaluation of programs

This report also describes the history, oversight, processes, funding, and outcomes associated with the operation of these dockets by the Judicial Branch, along with its Executive Branch, county, and private partners.

B. A History of the Maine Treatment Courts

Maine's initial six Adult Drug Treatment Courts were created in August 2000 and began accepting participants in April 2001. Those courts were located in Androscoggin, Cumberland, Oxford, Penobscot, Washington, and York Counties. The docket in Oxford County was discontinued due to low census in May 2004, but a new version of it was restarted in 2022 with Bureau of Justice Assistance grant funding.¹ The original Penobscot County docket graduated its final participant in 2012. A new Penobscot County ADTC opened in the fall of 2016 following extensive planning, organization, and development by a dedicated group of community mental and physical health specialists, local Legislators, the City of Bangor Department of Health, Penobscot County law enforcement, defense counsel, court personnel, employees of the

¹ This new Adult Drug Treatment Court sits in Oxford County's courthouse, and serves both Oxford and Franklin Counties.

Department of Corrections, Maine Pretrial Services, and the Penobscot County District Attorney's Office.²

An additional ADTC in Hancock County joined the state system following the provision of funding by the 123rd Legislature on July 1, 2008, after being established as a county deferred-sentencing project in 2005.

Maine's ADTCs generally limit participation to the county where the crime occurred or residents of the county where the treatment court is located. There is interest in expanding the treatment courts in Maine, and the Maine Opioid Response Strategic Action Plan³ in Strategy #29 recommends reviewing the recommendations of the PCG Evaluation, including the addition of an ADTC in the Mid-coast and in Aroostook County. This proposed expansion would provide an ADTC in each judicial region in Maine.

In addition to the ADTCs, Maine has two other criminal treatment court dockets. In 2005, Justice Nancy Mills initiated a Co-Occurring Disorders Court in Kennebec County. The CODC focuses on participants that have become involved in the criminal justice system due to a severe and persistent mental health disorder in addition to a substance use disorder. While located in Augusta, this docket accepts cases from across the State of Maine. Participants must either live in Kennebec County or have regular reliable transportation to Kennebec County in order to participate in the programming and treatment.

In 2011, a Veterans Treatment Court, also located in Kennebec County, began accepting participants from across the State of Maine. This docket was created to address the needs of veterans who become involved in the criminal justice system based on a substance use disorder or mental health disorder. This docket includes a team member from the United States Department of Veterans Affairs, known as a Veterans Justice Outreach officer (VJO) who coordinates treatment services with Togus VA Hospital and access to other community benefits. Again, participants must either live in Kennebec County or have regular reliable transportation to Kennebec County in order to participate in the programming and treatment.

A Veterans Treatment Track was added in January 2019 to the Cumberland County ADTC. A VTT allows an ADTC to specifically address the needs of veteran participants in a culturally competent manner. Each of the remaining ADTCs will be adding a VTT as they identify and admit veterans that would benefit from a VTT and ensure they have appropriate geographic resources to meet the needs of these Veterans.

In 2022, an additional ADTC was created in the Midcoast area, serving Knox, Waldo, Lincoln, and Sagadahoc counties. This is funded through an identical Bureau of Justice Assistance grant as that which funds the current Oxford County ADTC.

² On January 16, 2016, the Supreme Judicial Court issued Administrative Order JB-16-1, *Establishment and Operation of Specialty Dockets*, which specifies the requirements for the establishment, content requirements, and operations of all specialty dockets in Maine. This includes Adult Drug Treatment Courts.

³ <https://www.maine.gov/future/sites/maine.gov/future/files/inline-files/Strategic%20Action%20Plan%202021.Full%20Plan.1.31.21%20FINAL.pdf>

Each of the ADTCs have a maximum capacity of twenty-five participants receiving case management services per case manager. Currently, each county with a criminal treatment court has a minimum of two case managers yielding a maximum capacity of fifty participants per county.

Maine also operates civil treatment courts initially referred to as Family Treatment Drug Courts. Maine's Family Treatment Drug Courts became operational in October 2002. Today, Maine has three operational Family Treatment Drug Courts, now known as Family Recovery Courts⁴ (FRC), with locations in Lewiston, Augusta, and Bangor. These courts are designed for families who have an open civil child protective case with the court and the Maine Department of Health and Human Services (DHHS). Each of the three FRCs have a maximum capacity of twenty-five participants at a time who are receiving case management services per case manager. One case manager is assigned to each FRC⁵.

C. Oversight of the Maine Treatment Courts

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

At the time of this report submission, the position of Coordinator of Specialty Dockets and Grants is vacant, but was held by Richard Gordon, Esq. until November 4, 2022. In the interim period, issues involving Maine's Treatment Court (including completion of this report) have been handled by the direct supervisor of the Coordinator position, Amanda J. Doherty, Esq., whose title is Manager of Criminal Process and Specialty Dockets.

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

4. In November of 2017, the Family Treatment Drug Courts were renamed the Family Recovery Courts. This name change follows the national trend in the substance use disorder treatment community to move the focus away from addiction nomenclature that tends to stigmatize an already vulnerable population and instead focus upon the hoped-for outcome: recovery.

5. Enrollment numbers are established by the contract between DHHS and Maine Pretrial Services, the agency which provides case management services.

The Chief Justice of the Superior Court, Justice Robert Mullen, and the Chief Judge of the District Court, Judge Brent Davis, also provide guidance and establish parameters for the operations of these specialty dockets. This guidance helps to ensure that the courts continue to operate in compliance with Maine Judicial Branch Administrative Order JB-16-1, which provides the standards for operation of the specialty dockets, as well as standards for the establishment of any future specialty docket.

D. Definition and Process

Adult Drug Treatment Courts are a type of specialty docket known as a problem-solving court. They are defined as follows:

[A] specially designed court calendar or docket with the purpose of reducing recidivism and SUD's among substance-using offenders and increase the likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, and use of appropriate sanctions and other habilitation services.⁶

The Adult Drug Treatment Courts, Co-Occurring Disorders Court, Veterans Treatment Courts, and Veterans Treatment Tracks provide rigorous accountability for the participants who have either pled guilty, or have been found guilty, of serious crimes. The underlying crime that brought the participant into the criminal justice system must be drug and/or alcohol related, either as an element of the offense or as the underlying contributing factor to the commission of the offense.

ADTCs seek an increase in personal, familial, and societal accountability on the part of the participants, the development of pro-social attitudes and behaviors, the reduction or elimination of new criminal activity and the promotion of healthy and safe family relationships. These courts are intended to reduce unnecessary incarceration by promoting more effective collaboration and efficient use of resources among the courts, criminal justice agencies, and community agencies.

Participation in the adult treatment courts is voluntary and provides defendants, and probationers, with a demanding, community-based alternative to lengthy terms of incarceration. Unlike some drug courts in other states that operate on a deferral-from-prosecution model for low-level offenders, Maine's criminal drug treatment courts target high-risk, high-need individuals and require the defendant to enter a plea of guilty to criminal charges pending against him or her. Upon successful completion of the court program, the sentence imposed may be substantially less severe than the sentence typically imposed for similar charges, or the charges may be reduced to a less serious offense and no further incarceration required or imposed.

⁶ Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/grants/grant-announcements/ti-19-002>. (Last visited Feb 3, 2021). SUD means Substance Use disorder.

Family Recovery Courts, also known as Family Treatment Drug Courts, are a type of specialty docket within the problem-solving court field. Specifically, a Family Recovery Court is defined as follows:

*Family Treatment Drug Courts, alternatively known as dependency drug courts or family drug courts, use a multidisciplinary, collaborative approach to serve families who require substance use disorder treatment and who are involved with the child welfare system. Well-functioning FTDC's bring together substance use disorder treatment, child welfare services, mental health, and social service agencies in a non-adversarial approach. FTDC's seek to provide safe environments for children, intensive judicial monitoring, and interventions to treat parents' substance use disorders and other co-occurring risk factors.*⁷

FRC foster greater personal, familial, and societal accountability by the participants, the development of pro-social attitudes and behaviors, and the promotion of healthy and safe family relationships. FTCs work to provide children, parents, and family members with early access to comprehensive care, increased case management, and intensive judicial oversight to protect children, support and monitor parents, stabilize families, and when possible, prevent traumatic experiences of out-of-home placement to improve children's longer term outcomes.⁸ Studies have shown that parents participating in family treatment courts enter treatment more quickly, are retained in treatment longer, complete treatment at a higher rate, receive more court review hearings, and are more likely to reunify with their children. The children of parents participating in family treatment courts spend less time in out-of-home placement and enter permanent placements more quickly.⁹

Treatment courts that operate with fidelity to evidence-based best practices are proven to be an effective state response for high-risk¹⁰ and high-need criminal defendants and parents in jeopardy of losing their children, who are struggling with drug and/or alcohol use or dependence disorder.¹¹

⁷ National Center on Substance Abuse and Child Welfare, www.ncsacw.samhsa.gov/resources/resources-drug-courts.aspx

⁸ Children and Family Futures, *Family Treatment Court Best Practice Standards*, https://www.cffutures.org/files/OJJDP/FDCTTA/FTC_Standards.pdf.

⁹ Green BL, Furrer C, Worcel S, Burrus S, Finigan MW. How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreat.* 2007 Feb;12(1):43–59; Bruns EJ, Pullmann MD, Weathers ES, Wirschem ML, Murphy JK. Effects of a multidisciplinary family treatment drug court on child and family outcomes: results of a quasi-experimental study. *Child Maltreat.* 2012 Aug;17(3):218–30; Lloyd MH. Family drug courts: conceptual frameworks, empirical evidence, and implications for social work. *Fam Soc.* 2015 Jan;96(1):49–57; Zhang S, Huang H, Wu Q, Li Y, Liu M. The impacts of family treatment drug court on child welfare core outcomes: a meta-analysis. *Child Abuse Negl.* 2019 Feb;88:1–14.

¹⁰ The term high-risk refers to risk of failure to complete the current level of supervision. High-risk does **not** refer to risk to public safety.

¹¹ Carey, S.M. et al, (2012). *What Works? The Ten Key Components of Drug Court: Research-Based Best Practices.* *Drug Court Review*, 8(1), 6-42. Marlowe, Douglas B., (2011). *The Verdict on Drug Courts and Other Problem-Solving Courts.* *Chapman Journal of Criminal Justice*, 2(1), 57-96. Shaffer, Deborah K., (2011). *Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review.* *Justice Quarterly*, 28(3), 493-521. National Institute of Justice. <http://www.nij.gov/topics/courts/drug-courts/Pages/work.aspx>, citing Finigan et al (2007) *Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs.*

Prior to admission to a treatment court, an extensive evaluation of each applicant is conducted in order to ensure that each applicant meets the objective evidence-based eligibility criteria. The evaluation includes the following steps:

- Referral to the treatment court by counsel, probation officer, community member, DHHS caseworker or a defendant or their family member.
- Applicant interview and authorizing waivers to allow for gathering of medical information.
- Independent verification of the information gathered in the interview.
- Risk assessment completed using a qualified screener (LSI-R or LSI-SV)¹².
- Review of demographic information (jail and/or DHHS file) by case manager.
- In-person interview of the applicant by the case manager and treatment provider to determine a level of care.
- Document review of the applicant's court paperwork by assigned prosecutor and defense attorney or counsel in a civil case.
- Records request and review for prior diagnosis of substance use disorder, mental health services, and treatment.
- In criminal cases, coordination with defense counsel, prosecutor, and probation officer (if on probation).
- Creation, review, and execution of informed releases for information.

¹² *The Level of Service Inventory-Revised (LSI-R) is used to assess the level of risk for recidivism of an offender and has been used by MDOC since 2004. The LSI-R score is comprised of 10 categories or domains: Criminal History, Education/Employment, Finances, Family/Marital, Accommodations, Leisure/Recreation, Companions, Alcohol/Drug, Emotional/Personal, and Attitude/Orientation. The total LSI-R score can range from 0 to 54, with the lower numbers indicating less likelihood of recidivating. The predictive validity of the LSI-R has been demonstrated within several different correctional settings (Andrews, 1982; Andrews & Robinson, 1984; Bonta & Andrews, 1993; Bonta & Motiuk, 1985; Gendreau, Goggin, & Smith, 2002), and has predictive validity for various sub-groups of the offender population, such as female offenders and African-American offenders (Coulson, Ilacqua, Nutbrown, Giulekas, & Cudjoe, 1996; Lowenkamp, Holsinger, & Latessa, 2001; Lowenkamp & Latessa 2002). Many LSI-R domains address dynamic (can be changed) risk factors and are important for case planning and case management, as probation officers and treatment providers work with a probationer to effect positive behavior changes. Others, such as Criminal History, are static and cannot be changed. Quoted from, Rubin, Maine Adult Recidivism Report (2013) at pages 1 and 6.*

- Needs assessments completed using qualified screening tools covering substance use disorders, mental health issues, and trauma screenings (AC-OK¹³, TCU Drug Screen 5 with Opiate Supplement¹⁴, and Mental Health Screening III¹⁵).
- Report on screening and level of care evaluation to the treatment court team.

Once admitted to a criminal treatment court, participants are required to meet with the presiding judge weekly or bi-weekly to report on and account for their progress, as well as maintain regular weekly (or more often) contact with their case manager and, if on probation, their probation officer. In addition to the frequent court appearances, the participant must:

- actively seek and/or maintain paid employment
- attend educational programs or engage in community service
- pay all fines, restitution, child support, and taxes
- maintain stable and sober housing
- undergo frequent and random observed drug testing (a minimum of twice per week) for the presence of alcohol and/or other drugs
- participate satisfactorily in intensive treatment and self-help groups

Failure to abide by these conditions can result in the imposition of sanctions by the Court, including short term incarceration (in the criminal treatment courts). Additionally, repetitive serious violations, serious new criminal conduct, or failure to make progress toward attainable goals can result in sanctions, which could include termination from the criminal treatment court program.

Specialized treatment is provided by local behavioral healthcare agencies funded through a contract with the Office of Behavioral Health. These local behavioral healthcare agencies support recovery from substance use disorder, address criminogenic thinking¹⁶, provide

¹³ *The AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Disorders) was designed to determine if a person who asks for help from either a mental health agency or a substance disorder treatment agency needs to be assessed for the possible co-occurring disorder of Mental Health, Trauma Related Mental Health Issues, and Substance Disorders. All agencies who are Maine Care contracted providers, including private practitioners, are required to screen. Also included are any programs having contracts with the Office of Child and Family Services. <https://www.maine.gov/dhhs/ocfs/cbhs/provider/ac-ok.shtml>*

¹⁴ *The TCU Drug Screen 5: Opioid Screening Tool. This a new self-report screening tool from Texas Christian University (TCU) is available to help justice and health professionals quickly gather detailed information about opioid use, allowing for more rapid referral to treatment services when appropriate. It also collects important information about the potential risk of opioid drug overdose. Developed by researchers at the Institute of Behavioral Research at TCU, along with the Center for Health and Justice at the Treatment Alternatives for Safe Communities, the TCU Drug Screen 5-Opioid Supplement can help determine earlier in the screening process if there is an immediate need for services to address opioid use problems. National Institute of Corrections, <https://nicic.gov/texas-christian-university-tcu-drug-screen>.*

¹⁵ *The Mental Health Screening Form-III (MHSF-III) was initially designed as a rough screening device for clients seeking admission to substance abuse treatment programs. Iowa Department of Public Health, https://idph.iowa.gov/Portals/1/Files/SubstanceAbuse/jackson_mentalhealth_screeningtool.pdf*

¹⁶ *Criminogenic thinking refers to characteristic thinking or beliefs that tend to precede criminal behavior and may be addressed through evidence-based treatments such as Moral Reconation Therapy, Thinking for a Change, or Reasoning & Rehabilitation evidenced based programs.*

parenting education, assist with the development of more pro-social behaviors, and address mental health and trauma related issues.

The case manager for each program provides direct and frequent supervision of participants, conducts random alcohol and/or other drug testing at least twice per week, and assists in developing individualized plans of action for each participant. These plans of action have the goal of helping participants achieve and maintain sobriety, refrain from criminal behavior, secure stable and sober housing, employment, and other related goals. As of July 1, 2020, the case management services were directly contracted with Maine Pretrial Services. Prior to that carve out, case management services were provided by the treatment agency.¹⁷

The FRC provide the same treatment and case management services as the ADTC for clients that have an open child protective case, and are in jeopardy of having their children removed or their parental rights terminated due to an underlying substance use disorder. The FRCs in Maine provide the same rigorous accountability for their participants as they work toward reunification in the child protective action. While there is no guarantee that reunification will take place as a result of the successful completion of the family recovery court program, Children and Family Futures, the national organization tasked with training family treatment drug courts, reports that 50% of families who participate in a family treatment drug court achieve reunification.¹⁸

E. Funding

The Maine Treatment Courts remain labor and time intensive on the part of judges and other treatment court practitioners. It is estimated that, on average, judges allocate 15% to 20% of their time each week during which their court meets to their drug court assignment. Prosecutors, defense counsel, and probation officers devote similar, if not longer, hours each week. Case managers are assigned full-time to the treatment courts. Team members are available after hours, nights, weekends and holidays to address emergency needs of clients. The Specialty Dockets Coordinator devotes all of his work week to these courts.

Historically, the Judicial Branch did not directly receive any state or federal grants dedicated to funding Maine Treatment Court activities.¹⁹ In 2022 this changed slightly, as two identical grants were awarded through the Bureau of Justice Assistance to support the addition of Adult Treatment Drug Courts in Oxford County and the Midcoast. Outside of those two newer grant-funded courts, however, the Judicial Branch General Fund provides funding for the full-time statewide coordinator as well as funding for judges, court clerks and marshals. Treatment and case management services for the criminal treatment courts are funded through the Office of Behavioral Health within DHHS.

¹⁷ Case management and treatment service contracts are administered by the Office of Behavioral Health within the Maine Department of Health and Human Services.

¹⁸ Children and Family Futures, <https://www.cffutures.org/family-drug-courts-focus/>.

¹⁹ Maine SAMHS receives and distributes federal funds used by the courts for treatment and case management services.

Unlike the criminal treatment courts where all funding is provided by the Office of Behavioral Health (see below), the FRC funding for case management services and treatment services are split between different divisions of DHHS. Case management services are funded through the Office of Behavioral Health. Treatment services are funded through Office of Child and Family Services (OCFS), unless the participant is already covered by MaineCare. OCFS pays the agency directly where services are provided.

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

OBH funding comes from the State General Fund, the Fund for a Healthy Maine, and the federal Substance Abuse Treatment and Prevention Block Grant. The current contracts for treatment and case management services began on October 1, 2017 as a one-year contract with an automatic renewal for one year unless terminated after review, followed by three one-year renewal periods.

F. Legislative Reporting Requirements

1. Training

During 2022 calendar year, there was a return to many in-person programming opportunities, after 2 years of primarily virtual opportunities. To highlight the most significant trainings, the year started off with multiple meetings for the newly-funded Oxford and Midcoast Adult Treatment Drug Courts and their stakeholders. There were grant requirement informational sessions, as well as formal training meetings. The majority of these took place between February 1, 2022-March 1, 2022, with these two courts beginning their work with participants by March 2022.

The National Association of Drug Court Professionals (NADCP) annual conference was in Nashville, Tennessee, July 25-28, 2022. This annual conference is four days of interactions with others working with individuals with substance use and mental health disorders who become involved in the justice system. The conference assists in educating jurists and other stakeholders, and also allowing for opportunities to collaborate with representatives from across the country and brainstorm new ideas and approaches.

In September 2022, a NADCP-sponsored event was held in Bangor, Maine, with 26 attendees. This was a “Train the Trainer” event, geared towards supporting the infrastructure of our treatment courts and fully utilizing national best practice standards.

The New England Regional Opioid Initiative, an initiative of the National Center for State Courts, held a one-day Justice and Medicaid Workshop in Clinton, Massachusetts, on

October 11, 2022. Multiple representatives from Maine attended. This workshop brought together justice and medical partners from across New England to look in-depth at issues impacting those with substance use disorder that become justice-involved, and how their interactions with Medicaid can impact recovery. There was also an opportunity for each State to have breakout time to discuss any specific obstacles they face.

2. Locations

Currently there are eight Adult Drug Treatment Courts, three Family Recovery Courts, one Co-Occurring Disorders Court, one Veterans Treatment Court, and one Veterans Treatment Track in operation in the State of Maine.

<u>Court Type</u>	<u>County</u>	<u>Court location</u>
Adult Drug Treatment Court	Androscoggin	Auburn
Adult Drug Treatment Court	Cumberland	Portland
Adult Drug Treatment Court	Hancock	Ellsworth
Adult Drug Treatment Court	Midcoast	Belfast/Rockland
Adult Drug Treatment Court	Oxford	South Paris
Adult Drug Treatment Court	Penobscot	Bangor
Adult Drug Treatment Court	Washington	Machias/Calais
Adult Drug Treatment Court	York	Alfred
Co-Occurring Disorders Court	Kennebec	Augusta
Family Recovery Court	Androscoggin	Lewiston
Family Recovery Court	Kennebec	Augusta
Family Recovery Court	Penobscot	Bangor
Veterans Treatment Court	Kennebec	Augusta
Veterans Treatment Track	Cumberland	Portland

3. Participating Judges and Justices

There are fourteen operating treatment court programs and a Steering Committee that oversees the treatment courts that have judicial assignments. Judge David Mitchell chairs the Drug Court Steering Committee. Among the judicial assignments, four members of the judiciary preside over two programs. The judicial assignments are as follows:

<u>Judicial Assignments</u>	<u>Judge/Justice</u>
Androscoggin Adult Drug Treatment Court	Justice Stewart
Cumberland Adult Drug Treatment Court	Judge French
Hancock Adult Drug Treatment Court	Judge Mitchell
Midcoast Adult Drug Treatment Court	Judge Martin
Oxford Adult Drug Treatment Court	Judge Ham-Thompson
Penobscot Adult Drug Treatment Court	Judge Larson
Washington Adult Drug Treatment Court	Judge Mitchell
York Adult Drug Treatment Court	Justice Douglas

Kennebec Co-Occurring Disorders Court	Justice Cashman
Androscoggin Family Recovery Court	Judge Archer
Kennebec Family Recovery Court	Judge Walker
Penobscot Family Recovery Court	Judge Larson
Kennebec Veterans Treatment Court	Justice Cashman
Cumberland Veterans Treatment Track	Judge French

4. Community Involvement

It is said that the opposite of addiction is not sobriety, but connection.²⁰ The treatment courts seek to utilize agencies and organizations within the local communities to foster the connections needed to maintain a recovery lifestyle.

The most personal way of establishing connections is with mentors, recovery coaches, and graduates of the treatment courts. The Veteran Mentors of Maine have provided mentors for the participants in the VTC in Augusta and the VTT in Portland. Our other treatment courts have relationships with groups like the Maine Recovery Hub, the Portland Recovery Community Center, the Augusta Recovery Reentry Center, LINC Wellness Recovery Center, and the Maine Prisoner Reentry Network. There have been some successes, such as the Maine Prisoner Reentry Network participating with the CODC in Augusta and multiple graduates returning to assist current participants in the Penobscot ADTC. There have also been immediate connections made between participants of the newer Oxford and Midcoast treatment courts and peer recovery groups.

The treatment courts in each county also interface with local sober living facilities. By coordinating with the sober living facilities, the participants in the treatment courts have easier access to housing resources, and the sober living facilities have a partner in the courts to help maintain accountability and proof of sobriety. When possible, the Maine treatment courts seek to use sober living facilities that have achieved Maine Association of Recovery Residences²¹ (MARR) certification.

5. Education

The Treatment Courts are active in education of the participants, team members, and the general public.

Education of the participants occurs through informational speakers that address the participants during court sessions or at specially arranged meetings. Additionally, there is a

²⁰ Weiss, Robert W., "The Opposite of Addiction is Connection" *Psychology Today*, September 30, 2015, <https://www.psychologytoday.com/us/blog/love-and-sex-in-the-digital-age/201509/the-opposite-of-addiction-is-connection>.

²¹ Maine Association of Recovery Residences. *Maine Association of Recovery Residences*, 2021, <https://www.mainerecoveryresidences.com>. This is an independent certification program as, other than life safety code inspections, the State of Maine does not license sober living facilities.

requirement of treatment court participants is to either be employed or furthering their education. The case managers work to connect participants to resources that will assist them in attaining these goals, so there is no hindrance to them meeting their educational needs.

Education of the team members normally comes in the form of training as described in that section above. Additionally, case managers are required to complete on-line educational programs developed by the National Drug Court Institute. The Coordinator of Specialty Dockets and Grants routinely attends pre-court meetings and court sessions to answer questions about best practices, reducing the delay in getting answers from the national or regional agencies that set these standards.

Education of the general public occurs as well. One example was the participation of team members in Governor Mills' fourth annual Opioid Response Summit²² on July 11, 2022. Judge Mitchell, Coordinator Richard Gordon, and Elizabeth Simoni from Maine Pretrial Services, and other stakeholders in the Maine treatment courts attended this conference. They, along with other attendees, shared ideas, strategies, and best practices on how to best help those in Maine who are impacted by the use of opioids. Subsequent webinars were also scheduled on other specific opioid-related issues.

The Treatment Courts have also helped to educate the general public about the existence and success of the Treatment Courts through the media. One such example is an article from 2022 written about two individuals, now married with a child, that took advantage of the opportunities that Treatment Courts have to offer. As Judge Mitchell described it, they took the "helping hand instead of handcuffs."²³

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

Education and collaboration were also evidence in August 2022, when the updated Maine Treatment Court Policy and Procedure Manual was published, along with an updated Maine Treatment and Recovery Court Participant Handbook and updated Maine Veterans Treatment Court Participant Handbook. While the final product was completed by the Coordinator, multi-disciplinary stakeholders were involved in the efforts of putting it together.

6. Existing Resources Addressing Substance Use Disorder

The Treatment Courts have made use of existing substance use disorder resources to enhance the participants journey into a recovery lifestyle. To directly address substance use disorder, the treatment courts work with contracted treatment agencies. The Treatment Courts in York, Cumberland, Androscoggin, and Kennebec have used Blue Willow Counseling in recent years. The Treatment Courts in Penobscot County use Wellspring, Inc. The Treatment Courts in

²² <https://adcareme.org/orsummit>

²³ <https://www.machiasnews.com/treatment-and-recovery-court-offers-%E2%80%98helping-hand-instead-handcuffs%E2%80%99>

Hancock and Washington counties use Aroostook Mental Health Services, Inc. And the newer treatment courts in Oxford and the Midcoast do not have a formal partner agency at this time, but Maine Behavioral Health is assisting most of the Midcoast participants, and Crooked River has been assisting most of the Oxford Treatment Court participants.

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

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

The Office of Behavioral Health has provided additional resources to allow for the expansion of the treatment courts, by funding a case manager position for each ADTC. The additional case managers will allow for the implementation of VTTs in each ADTC moving forward.

The Administrative Office of the Courts continues to use the Center for Court Innovations Veterans Treatment Court Strategic Planning Initiative grant to support training for the VTC and ADTCs.

All of the Treatment Courts in Maine allow the use of medication-assisted treatment or MAT. Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.²⁴ Agencies working with the Treatment Courts and providing MAT, such as Healthy Acadia, also provide medication management services. MAT and medication management services are covered by MaineCare.

7. Statistics

a. Referrals and Admissions

A referral to a Treatment Court may be made by any interested party. Referral forms are available to the public on the Maine Judicial Branch website.²⁵ The potential participant is then screened by a case manager to determine if they meet the high-risk/high-need criteria for entry into the criminal treatment courts or for an open child protective case in the FRC. A determination is also made as to whether treatment services are available to meet the needs of the

²⁴ *Medication-Assisted Treatment, U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration, 2021, <https://www.samhsa.gov/medication-assisted-treatment>*

²⁵ <https://mjbportal.courts.maine.gov/CourtForms/FormsLists/Index>

potential participant. If all conditions are met and the potential participant agrees to entry, a date is set for admission.

The national standard and best practice is 30 days from referral to admission. This decreases the amount of time in jail, increases cost savings as the closer in time that treatment starts to the precipitating event (arrest/summons) the more effective the treatment.

Statewide average of time from referral to admission is approximately 50 days. The reason for this length of time in 2022 is primarily related to staffing shortages that have plagued many agencies. Admission rates by court in 2022 are outlined here:

<u>Court</u>	<u>Admission Rate</u> ²⁶
Androscoggin Adult Drug Treatment Court	33%
Cumberland Adult Drug Treatment Court	31%
Hancock Adult Drug Treatment Court	31%
Midcoast Adult Drug Treatment Court	29%
Oxford Adult Drug Treatment Court	9%
Penobscot Adult Drug Treatment Court	20%
Washington Adult Drug Treatment Court	44%
York Adult Drug Treatment Court	27%
Kennebec Co-Occurring Disorders Court	28%
Androscoggin Family Recovery Court	61%
Kennebec Family Recovery Court	44%
Penobscot Family Recovery Court	27%
Kennebec Veterans Treatment Court	19%
Cumberland Veterans Treatment Track	27%

b. *Graduations or Commencements*

The NADCP recommends that the term graduation be changed to commencement to signify that the participant is moving from one phase of life to another, rather than ending their journey into recovery.

During the 2022 calendar year, the criminal treatment courts graduated 58 participants and 61 participants withdrew or were expelled. The Veterans Court and VTT graduated 8 people in 2022, compared to 4 who were terminated from the programs. Also in 2022, the FRCs graduated 13 participants and 43 participants withdrew or were expelled. These numbers do not paint the whole picture, however, as it takes a minimum of 12 months to complete a treatment court, and the average amount of time for a participant to successfully complete is 17.8 months.

²⁶ Rounded to the nearest whole number; referrals could not be admitted for an assortment of reasons, to include a referral being withdrawn, being part of a court with policies regarding certain offenses or violent history, objection by judge or prosecutor, being outside of court’s jurisdictional area, or refusal to participate by defendant who was referred.

Thus, there may be participants that entered the program in 2022, but were not eligible for graduation.

8. Collaboration

The Treatment Courts in Maine are successful based on their ability to collaborate and partner with multiple agencies and organizations. The Treatment Courts in Maine can report collaboration with the following:

- a. ***District Attorneys and Office of the Attorney General***
The Treatment Courts in Maine have and maintain an excellent relationship with the District Attorneys and the Office of the Attorney General. Each of the criminal treatment courts have either a District Attorney, Assistant District Attorney or an Assistant Attorney General as a team member. They appear for the pre-court meetings and court sessions. At least one prosecutor sits on the Drug Court Steering Committee, while other prosecutors attend and participate.
- b. ***Defense Attorneys***
The Treatment Courts in Maine have and maintain an excellent relationship with local defense attorneys. Each of the criminal treatment courts has a defense attorney who acts as the Lawyer of the Day for participants at each pre-court meeting and court sessions. One defense attorney is a named member of the Drug Court Steering Committee, and other defense attorneys attend and participate.
- c. ***Department of Corrections***
The Treatment Courts in Maine have and maintain an excellent relationship with the Department of Corrections. Each of the criminal treatment courts has at least one probation officer assigned, and that probation officer appears at the pre-court meetings and court sessions. Additionally, the staff at the Intensive Mental Health Unit at the state prison have offered their services and insight to the CODC when the need arises. One probation officer sits on the Drug Court Steering Committee.
- d. ***Department of Health and Human Services***
The Treatment Courts in Maine have and maintain an excellent relationship with the Department of Health and Human Services through the Office of Behavioral Health. One member of the Office of Behavioral Health is part of the Drug Court Steering Committee. This collaboration goes beyond a presence on the Drug Court Steering Committee, however, as the funds for treatment, case management, and drug testing are contracted between local or statewide agencies and the Office of Behavioral Health.
- e. ***Department of Public Safety and other Maine Law Enforcement Agencies***
The Treatment Court in Maine have and maintain an excellent relationship with the Department of Public Safety (DPS) and other county and local law

enforcement agencies. With the assistance of DPS and others, bail checks and wellness checks can be completed, and there is often interagency communication regarding possible grant opportunities.

f. ***Local Service Agencies***

The Treatment Courts in Maine have and maintain an excellent relationship with local service agencies throughout the state, as referenced in many earlier sections of this report. The Maine Bureau of Veterans Services assists with the VTC and VTT addressing needs of the veteran participants. Other agencies that have a working relationship with the Treatment Courts include ACT teams (Assertive Community Treatment) for participants with serious and pervasive mental health issues, sober living facilities, NAMI Maine, and local medical practitioners to address participants physical health.

g. ***Statewide Organizations Representing Drug Court Professionals***

The Drug Court Steering Committee is the organization that represents the Maine Drug Court Professionals. Additionally, many members of the Treatment Courts in Maine are members of the New England Association of Recovery Court Professionals, a regional organization to represent and support the treatment court team members. Three members of the NEARCP Board of Directors are from Maine, Justice Nancy Mills, Judge David Mitchell, and Darcy Wilcox, the Case Management Director of Maine Pretrial Services. The Coordinator of Specialty Dockets and Grants also actively participates in the Drug Court Statewide Coordinators meetings through the Center for Court Innovations and National Association of Drug Court Professionals events.

9. Evaluation of Programs

The goals of the criminal treatment courts are to break the cycle of substance use disorder and criminal activity and to reduce the overall economic impact to society. A formal and independent study was last presented in 2020, which indicated that the criminal treatment courts in Maine have a significant positive impact on recidivism and costs for all participants, regardless of whether they successfully complete the program. National standards dictate such an evaluation be completed every five years, and data collection is ongoing for these efforts.

The FRC were not part of this 2020 evaluation. Once we are fully behind the impact of COVID-19, a formal evaluation of these treatment courts will be planned. Data collection for these evaluations, however, is already in process.

CONCLUSION

During the past twenty one years of continuous operation, Maine's Treatment Courts have continued to offer a successful, evidence-based approach to the challenge of substance use and crime in the State of Maine. Improvements continue to be made in these dockets in order to support recovery from substance use disorder, reduce criminal conduct, enhance public safety, and enhance the likelihood of family reunification.

Respectfully submitted,

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