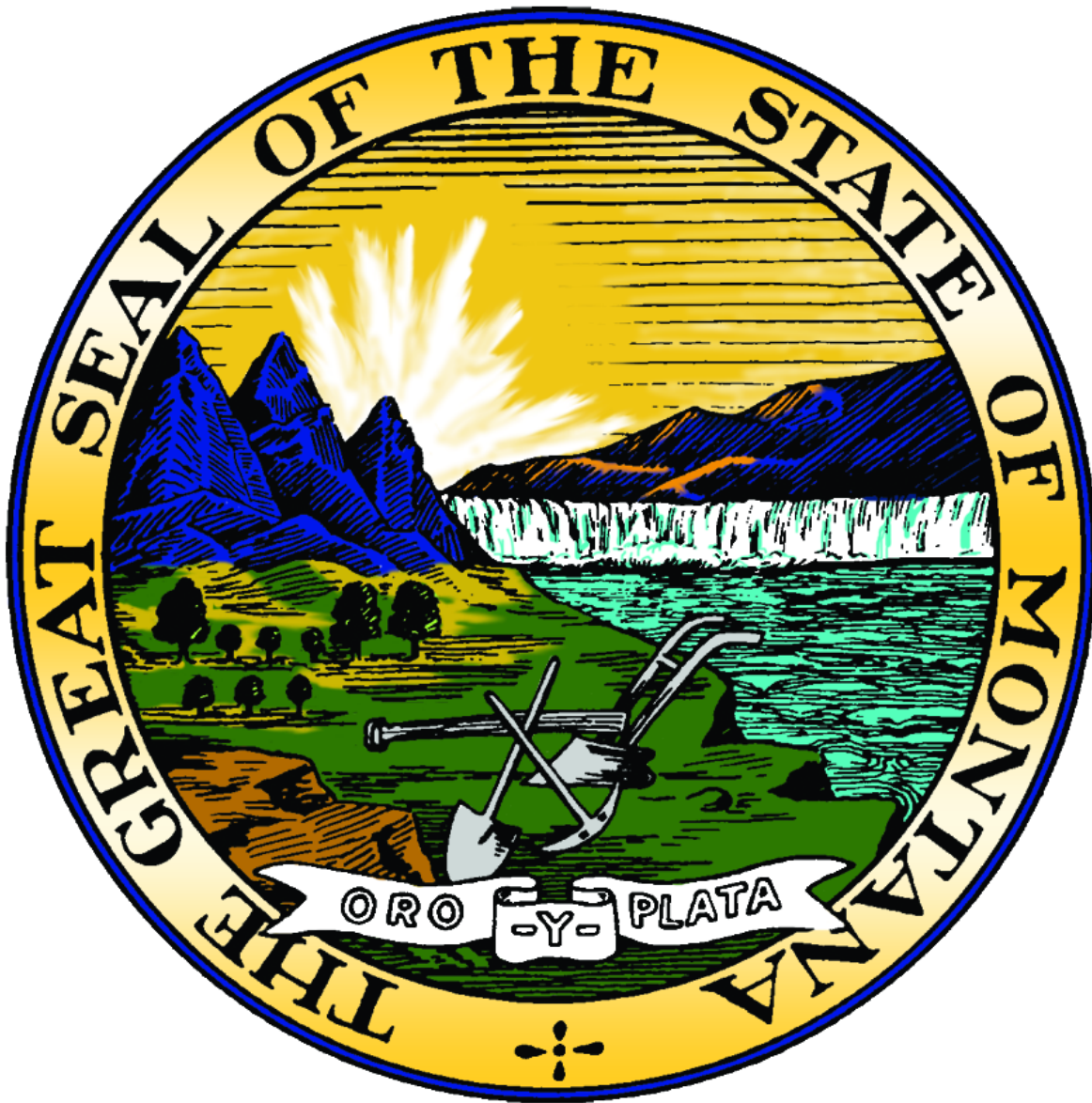


MONTANA JUDICIAL BRANCH

**MONTANA DRUG COURTS:
AN UPDATED SNAPSHOT OF SUCCESS AND HOPE**



**PRODUCED BY MONTANA SUPREME COURT,
OFFICE OF COURT ADMINISTRATOR**

JANUARY 2015

U.S. Military Veterans Find Help and Hope in Montana Drug Courts

As the military veterans population in the United States continues to grow, a disproportionate number of veterans find themselves involved in the criminal justice system after returning from combat. **Veterans treatment courts**, first established in 2008 in Buffalo, New York, are addressing the unique needs of veterans who have become involved in the justice system as a result of disability or addiction issues stemming from their service. Today, more than 200 documented veterans treatment courts operate throughout the United States.

Addiction: A Dark Legacy of Service for Some Veterans

Military service can impact the lives of veterans and their families in countless ways. Many returning veterans and their families cope with serious issues such as alcohol and substance abuse, mental illness, homelessness, unemployment, and strained relationships.¹

Statistics for veterans with substance abuse and mental health related problems are staggering. One in six veterans from Operation Enduring Freedom and Operation Iraqi Freedom suffers from a substance abuse issue,² and research continues to draw a link between substance abuse and combat-related mental illness.³ One in five veterans has symptoms of a mental disorder or cognitive impairment.⁴

The serious needs of veterans in the criminal justice system require the development of innovative ways to address these needs. By identifying justice involved veterans early and connecting them with substance abuse and mental health services when clinically appropriate and benefits when eligible, veterans treatment courts stabilize veterans and ensure that they are able to return to honor and lead productive lives. Veterans treatment courts are an effective stop-gap measure for preventing future homelessness, reuniting veterans with their families, and putting veterans back to school and back to work.

Three Montana drug courts have developed veterans treatment courts and special dockets structured to meet the needs of veterans: Missoula County Veterans Treatment Court with Standing Master Brenda Desmond presiding, Yellowstone County Veterans Treatment Court with Judge Mary Jane Knisely presiding, and Cascade County Veterans Treatment Court with Judge Gregory Pinski presiding.

¹ RAND Center for Military Health Policy Research, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, iii (Terri Tanielian & Lisa H. Haycox eds., 2008).

² Substance Abuse and Mental Health Services Administration. Office of Applied Studies (November 1, 2007). *The NSDUH Report: Serious Psychological Distress and Substance Use Disorder among Veterans*. Rockville, MD.

³ Department of Defense: Task Force on Mental Health, *An Achievable Vision: Report of the Department of Defense Task Force on Mental Health*, at ES-1 (2-7).

⁴ RAND Center for Military Health Policy Research, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, iii (Terri Tanielian & Lisa H. Haycox eds., 2008).

These veterans treatment courts operate similarly to other drug treatment courts. All participants attend treatment and community support groups, pay fines, fees and costs of the program, pay restitution as ordered, meet with probation officers, attend frequent court sessions with other veterans, find and maintain employment, obtain and maintain housing, submit to random urine screens and breath tests and/or electronic monitoring, and develop a long-term recovery plan. However, veterans treatment courts include dockets specifically structured for veterans. Veterans court allows for veterans to go through the treatment court process with people who are similarly situated and have common past experiences and needs. A veterans court links individuals with service providers who share or understand the unique experience of military service and military life and the distinctive needs that may arise from that experience. Another unique aspect of this court's operation is the inclusion of mentors who are an essential and vital part of the treatment court. Research indicates that veterans are more likely to respond more favorably with other veterans than with others who did not have similar experiences. The team of volunteer mentors is a critical component of these courts, and each veteran is assigned a mentor. The mentor is intended to encourage, guide, and support the mentee as he or she progresses through the court process. Additionally, the partners that help make such an effort successful include but are not limited to: Montana Department of Veterans Affairs, United States Department of Veterans Affairs, Veterans Justice Outreach Specialists, and representatives of local veterans' clinics, offices or organizations (e.g., American Legion, Paralyzed Veterans of America (AMVETS)).

Although all Montana drug courts serve veterans and their families, the following drug courts specialize with veterans treatment court dockets:

Yellowstone County Veterans Treatment Court

- From November 1, 2011 through October 10, 2014, **56 veterans** were admitted.
- As of October 10, 2014, there were **26 active veteran participants**.
- As of October 10, 2014, **13 veterans have graduated**.

Missoula County Veterans Treatment Court

- From June 2011 through October 10, 2014, **26 veterans** were admitted.
- As of October 10, 2014, there were **eight active veteran participants**.
- From June 2011 to October 10, 2014, **14 veterans have graduated** (three terminated and one moved).

Cascade County Veterans Treatment Court

- From November 12, 2013 to present, **14 veterans have been enrolled** with the first participants set to graduate in March 2015.

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I. Report Highlights

Drug courts in Montana are court dockets within a district court or court of limited jurisdiction (i.e., city, municipal, or justice's court) that specialize in criminal, child abuse and neglect, or juvenile cases involving people who are addicted to alcohol or other drugs. Drug courts were first developed in Dade County (Miami), Florida in 1989 to reduce the tremendous backlog of drug-related court cases and to reduce recidivism and substance abuse among participants. This is accomplished by successfully rehabilitating offenders with a high risk to reoffend and a high need for treatment through intensive alcohol and drug abuse treatment, mandatory and frequent drug testing, accountability through use of appropriate and quick sanctions for non-compliant behavior, incentives and recognition for hard work, continuous judicial oversight and employment and other services needed in order to enter long-term recovery and become productive members of society.

This report analyzes drug court data collected by the Office of Court Administrator (OCA) from May 2008 through October 2014, a 78-month period. The data confirm that Montana drug courts continue to provide a strong investment in the recovery of drug and alcohol 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) while at the same time performing at an improved level. Major findings include the following:

- During the 78-month data collection period, 2,197 participants (1,965 adults and 232 juveniles) entered Montana drug courts.
- As of October 31, 2014, 535 participants were active in a drug court (445 in adult drug court, 56 in family drug court, and 34 in juvenile drug court).
- To date, 160 veterans have been admitted to Montana drug courts (157 in adult drug courts and 3 in family drug courts). Additionally, 125 individuals in adult drug courts and six in family drug courts were receiving veterans' services at the time of admission. In recent years, drug courts in Missoula, Yellowstone, and Cascade Counties have developed veterans treatment courts and special dockets structured to meet the needs of veterans. **In the past 24 months, 61 of the 160 veterans or nearly 40% of all veterans admitted to Montana drug courts have been admitted to the one of the three Montana veterans court dockets.** As these veteran specific dockets mature, the number of veterans served by these specialty courts will grow, and veterans will receive improved services.
- A total of 831 participants graduated from drug court during the 78-month reporting period for an overall graduation rate of 58.9%. During the past two years, the graduation rate was 67.0% for adult drug court (310 graduates), 45.2% for family drug court (19 graduates), and 50.0% for juvenile drug court (19 graduates). Montana drug court

graduation rates are as good as or better than rates found in comprehensive national studies.

- Retention rates drive the success of a drug court. Even participants who do not graduate benefit from time in the drug court. For the 1,411 participants (excluding neutrals or active cases) for whom court disposition status is reported, 98.5% were still participating one month after entering a Montana drug court, 83.8% of the cases were still active at six months after admission and 55.3% (up from 51.9% in the 53-month report) 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.
- In drug court research, felony and misdemeanor arrests, rather than convictions, are typically used in calculating recidivism for drug court participants. (All levels of misdemeanors, including traffic violations, are included.) In analyzing recidivism data for the 48-month period after discharge (November 2010 - October 2014), there were 1,083 total discharges from Montana drug courts. Among total discharges, there were 335 re-offenses, including 86 felonies and 249 misdemeanors, for an overall re-offense rate of 30.9%. When broken out by type of offense (i.e., misdemeanor vs. felony), the rates are as follows: 7.9% felony (86) and 23% misdemeanor (249) while 69.1% had not reoffended.
 - Recidivism rates were much lower for drug court participants who graduated compared to those who terminated early. Graduates committed 145 re-offenses (23 felonies and 122 misdemeanors) for an overall re-offense rate of **25.6%**, with a **4.1% re-offense rate for felonies** and a 22.0% re-offense rate for misdemeanors. Individuals who terminated early committed 132 re-offenses (46 felonies and 86 misdemeanors) for an overall re-offense rate of **37.6%**, with a **13.1% re-offense rate for felonies** and a 24.5% re-offense rate for misdemeanors.
- Adult drug court graduates reported a 54.4% increase in full-time employment from admission to graduation (226 employed full-time at admission compared to 349 employed full-time at discharge). Unemployment fell from 152 participants to 15 for a 90.1% 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 participants in Montana juvenile drug courts, a major emphasis along with remaining drug free is educational advancement. Among the 198 juveniles discharged from drug court in the past 78 months, only 12 participants had their high school diploma or GED at the time of admission; that number increased to 50 (317% increase) by the time of discharge from drug court.
- Among the 449 graduates who did not have a driver's license at admission, 234 received a license by graduation, a 52.1% decrease in those without a driver's license.

- Over half of those admitted to drug court (55.0%) indicated that they had received some alcohol or drug treatment in the 36 months before entering drug court. Having received previous treatment is an indicator of high risk for re-offense and high need for additional treatment of offenders in the criminal justice system.
- Attending self-help meetings is considered a long-term strategy for remaining clean and sober. Among graduates from adult and family drug courts, 633 of 686 were attending self-help meetings at discharge or 92.3%.
- For adult drug court cases reporting admission data (1,760), participants had a total of 10,583 felony and misdemeanor arrests before entering drug court for an average of 6.01 arrests per person. Of these cases, there were 1,841 felony arrests and 8,742 misdemeanor arrests prior to admission for an average of 1.05 felony arrests and nearly five misdemeanors arrests per person. This level of prior arrests is indicative of the high risk of participants admitted to Montana adult drug courts.
- As of September 30, 2014, there were 12 pregnant women active in Montana drug courts. During the past 78 months, 61 babies were born while a parent was in drug court. Fifty-seven babies were born drug free (93.4%); four (6.6%) were born drug affected. Babies who are born drug free avoid substantial and costly health problems.
- Among drug court graduates required to pay court-ordered child support, 66 graduates (47.8%) at admission were paying the support while 72 (52.2%) were either not paying or not current. At discharge, 93 graduates were paying court-ordered child support. From admission to discharge, the number of graduates who were paying child support increased 41% increase.

II. A Better Approach to Drug-Related Issues

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

This report describes the accomplishments of Montana’s drug courts and includes performance data for 78 months (May 2008-October 2014). Drug courts in Montana have transformed the lives of hundreds of drug-dependent offenders and caregivers by providing them with treatment, intensive supervision, and incentives to remake their lives. Drug courts have enhanced public safety in Montana. The data 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 rather than in jail or prison and by keeping families together.

Drug courts offer, in most cases, a voluntary, therapeutic program designed to break the cycle of addiction and crime (or abuse and neglect in family drug courts) by addressing the underlying causes of drug dependency. Drug court is a highly specialized team process that functions within the existing court structure to address nonviolent drug related cases. Drug courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals. The 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 progressive sanctions up to and including jail or prison, produces much better treatment and recidivism outcomes than both standard prosecution/probation and earlier court-mandated treatment approaches.

According to a report entitled *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States*, “[r]esearch verifies that no other justice intervention can rival the results produced by drug courts. According to over a decade of research, drug courts significantly improve substance abuse treatment outcomes, substantially reduce crime, and produce greater cost benefits than any other justice strategy.” These results are documented in research completed by the Treatment Research Institute at the University of Pennsylvania, the National Center on Addiction and Substance Abuse at Columbia University, the U.S. Government Accountability Office, seven meta-analyses of drug court research, and most recently by a large National Institute of Justice

Multisite Adult Drug Court Evaluation of 23 adult drug courts from seven regions (1,157 participants) in the U.S. compared to six sites in four regions (627 comparison offenders).

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

“While the research is clear that treatment for drug and alcohol dependence works, research has demonstrated that the best outcomes stem from attendance and longer periods of treatment. The length of time a patient spends in treatment is a reliable predictor of his/her post-treatment performance. Beyond a 90-day threshold, treatment outcomes improved in direct relation to the length of time spent in treatment, with one year generally found to be the minimum effective duration of treatment.”⁵ “Drug Courts are six times more likely to keep offenders in treatment long enough for them to get better. Unless substance abusing/addicted offenders are regularly supervised by a judge and held accountable, 70% drop out of treatment prematurely. Those under Drug Court supervision stay in treatment longer and substantially improve their positive outcome. Decades of research now prove that Drug Courts “hold” defendants in treatment, with close supervision and immediate sanctions. Coerced patients tend to stay in treatment longer than their “non-coerced” counterparts.”⁶ “Research also has documented that judges are viewed as an important influence on participant behavior.”⁷

⁵ Simpson & Curry; Simpson and Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996.

⁶ Satel, 1999; Huddleston, 2000; Simpson & Curry; Simpson and Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996.

⁷ Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006.

III. Measuring Performance

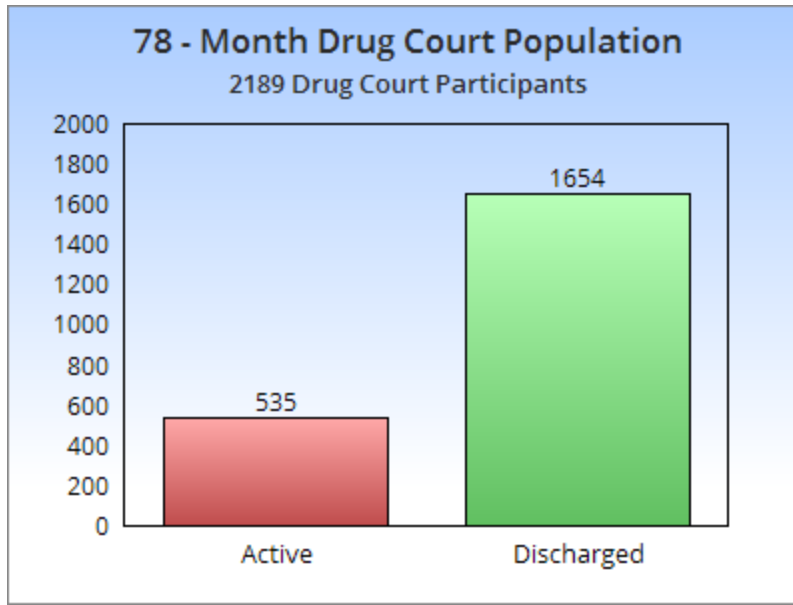
The Montana Judicial Branch is committed to accountability and performance measurement. The state's drug court coordinators have developed a comprehensive set of performance indicators. This report provides details on most of these indicators on a statewide basis.

Management and local monitoring systems provide timely and accurate information about program operations to the drug court's managers, enabling them to keep the program on course, identify emerging problems, and make appropriate procedural changes. Montana's courts began the process of centralizing data when responding to an initial survey conducted by the Office of Court Administrator (OCA). Collecting specific quantitative measures for drug courts began in May 2008. Additionally, as national standards and updated research on evidence-based and best practices occur, the OCA will include them in a new peer-review process to be initiated in 2015.

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

1. During the 78-month period of data collection, 2,197 participants (1,965 adults and 232 juveniles) entered Montana drug courts during the 78-month period of data collection.
2. As of October 31, 2014, 535 participants were active in a drug court (445 in adult drug court, 56 in family drug court, and 34 in juvenile drug court).

During the 78 months, 1,654 participants were discharged allowing analysis of both intake and exit data. In the last 24 months, 655 participants were discharged while 1,095 were discharged within the past 48 months. Re-arrest data is reported for these periods as well for the total 78-month period for all discharged cases. (See chart on next page.)



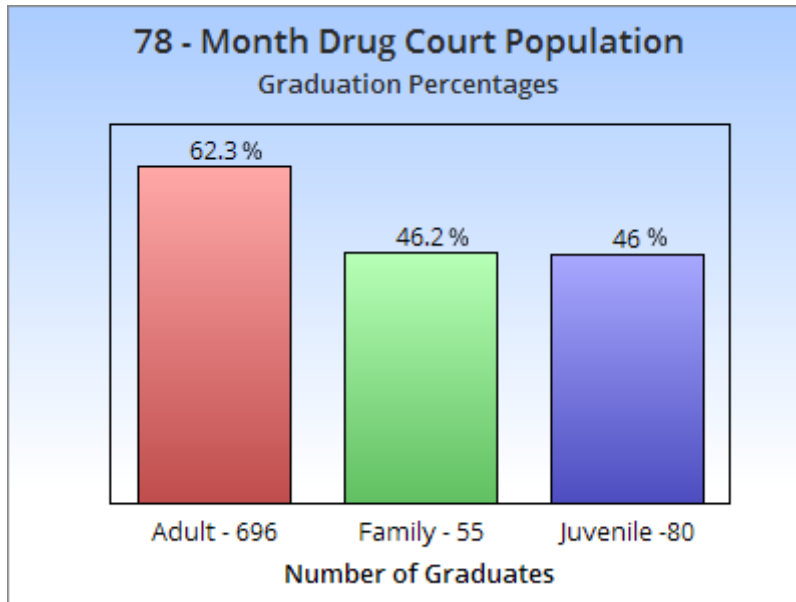
1. Program Completion

1. Among the 1,654 discharged participants for which court disposition status was reported:
 - a. 831 participants graduated from a drug court.
 - b. 580 participants did not graduate and were either terminated or absconded from the program.
 - c. 243 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 **78 months** is **58.9%** for all categories of drug courts.
3. As Montana drug courts have matured and become more proficient in their process, the rate of graduation has increased. For example, **data from the past four years** includes 1,083 discharges with 566 graduates, 351 terminations and 166 neutrals for a graduation rate of **61.7%**.
4. Even more impressive is the graduation rate for the **past two years**, which included 632 discharges with 348 graduates, 195 terminations and 89 neutrals for a graduation rate of **64.0%** for all types of Montana drug courts.

2. Graduation Rate by Court Type Over 78 Months

1. In Montana, adult drug courts have a graduation rate of 62.3% (1,315 discharges with 696 graduates, 422 terminations and 197 neutrals).

2. Family drug courts have a graduation rate of 46.2% (141 discharges with 55 graduates, 64 terminations and 22 neutrals).
3. Juvenile drug courts have a graduation rate of 46.0% (198 discharges with 80 graduates, 94 terminations and 24 neutrals).



If the rates for the past two-year and four-year periods are examined, Montana drug court graduation rates generally improve as these courts have matured.

Past Four-Year Data

	Discharges	Graduates	Neutrals	Terminations	Graduation Rate
Adult Drug Court	897	499	138	260	65.7%
Family Drug Court	72	25	11	36	41.0%
Juvenile Drug Court	114	42	17	55	43.3%

Past Two-Year Data

	Discharges	Graduates	Neutrals	Terminations	Graduation Rate
Adult Drug Court	538	310	75	153	67.0%
Family Drug Court	46	19	4	23	45.2%
Juvenile Drug Court	48	19	10	19	50.0%

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

3. Length of Stay

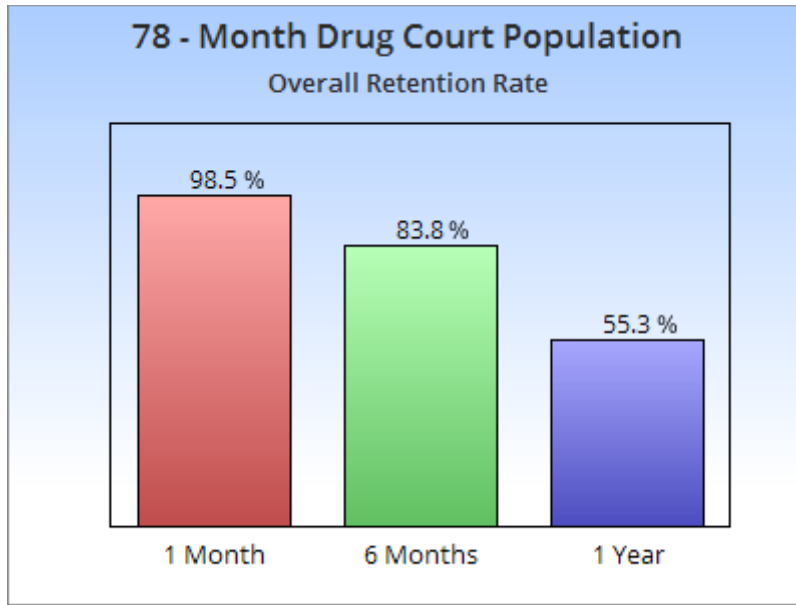
The longer a person stays in treatment, the better the outcome. According to the National Institute on Drug Abuse, "...one of the most reliable findings in treatment research is that lasting reductions in criminal activity and drug abuse are related to length of treatment. Generally, better outcomes 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 1,411 participants (graduates and early terminations) who have been discharged during this 78-month period, the average length of stay in the drug court process across all courts in Montana is 397 days. (The 53-month report average was 383 days.) This length varies significantly by graduation/early termination and by court type. Graduates have a significantly longer stay in drug court compared to those failing to graduate. For all drug courts, the 831 graduates were in drug court for an average of 470 days. (The 53-month report average was 476 days.) Participants terminating early (580) spent an average of 292 days in drug court. (The 53-month report average was 298.4 days.)

1. Adult drug court participants spent an average of 392 days in treatment. Adult drug court graduates' average length of stay was 465 days while early terminations averaged 270 days. This validates that improved outcomes consistent with graduates are seen with longer stays in drug court.
2. Family drug court participants were in drug court for an average of 466 days. Graduates averaged 599 days while participants who terminated averaged 351 days in the program.
3. Juvenile drug court participants were in treatment for an average of 384 days. Graduates averaged 423 days while early terminations averaged 351 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 1,411 participants (not including neutrals or active cases) for whom court disposition status is reported, 98.5% were still participating one month after entering a Montana drug court, 83.8% of the cases were still active at six months after admission and 55.3% (up from 51.9% in the 53-month report) 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. (See chart on next page.)



5. Recidivism

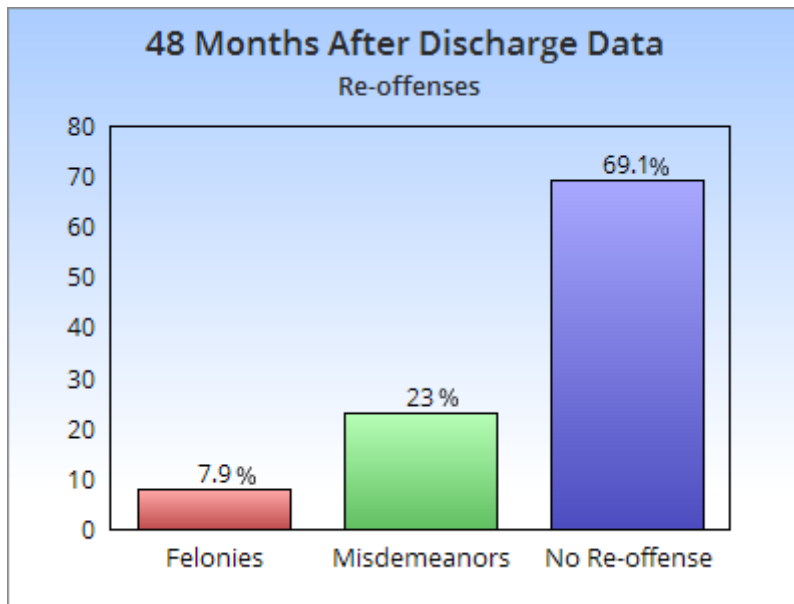
The term “recidivism” means a return to criminal activity (re-offense) by someone who has already been adjudicated guilty, delinquent or has an open child abuse and neglect case. Based on advice provided to the OCA by Dr. Doug Marlowe, Director of Research for the National Association of Drug Court Professionals,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

Additionally, as stated above, this report considers whether the re-offense was a misdemeanor or a felony given that felonies are much more serious than misdemeanors and considers re-offense occurrence based on time after discharge (24 months and 48 months). The rates of re-offense were determined through an interface between the drug court admission and discharge forms (InfoPath) and Montana’s court case management system (Full Court) through SharePoint software.

For the purposes of calculating recidivism in drug court research, arrest is generally used as the primary measure rather than conviction. This choice reflects several factors including ease and accuracy of documentation and a shorter processing timeline compared to conviction. Conviction is determined to be less useful as clients who are charged with additional crimes plead out or are given other diversionary programming that prolongs the process. It is important to consider that more participants will be arrested and charged with a crime during and after the program than will actually be convicted. Additionally, all misdemeanors are considered as recidivism no matter how “light” the misdemeanor may be. For example, a misdemeanor in Montana includes exceeding a posted speed limit, running a stop light and other traffic violations.

Recidivism: 48 Months After Discharge Data (November 2010 - October 2014)

During the 48-month period, there were 1,083 total discharges from Montana drug courts: 566 graduates, 351 terminations and 166 considered neutrals. Among total discharges, there were 335 documented re-offenses, including 86 felonies and 249 misdemeanors, for an overall re-offense rate of 30.9%. When broken out by type of offense (i.e., misdemeanor vs. felony), the rates are as follows: 7.9% felony (86) and 23% misdemeanor (249) while 69.1% had not reoffended. (All levels of misdemeanors including traffic violations are included.)



Recidivism: 48 Months After Discharge Data Excluding Neutrals (November 2010 - October, 2014)

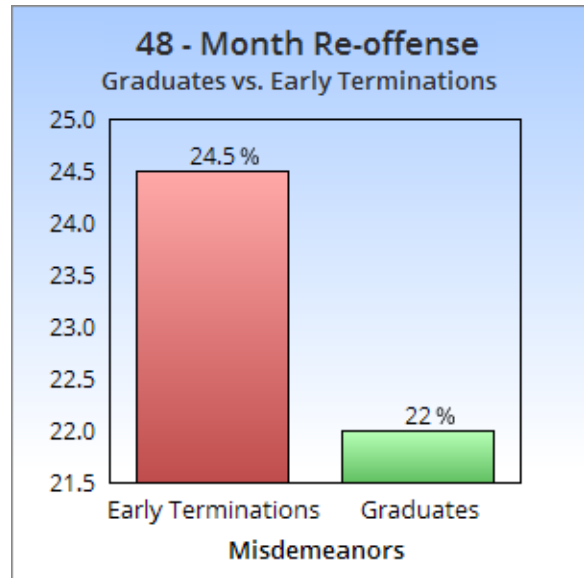
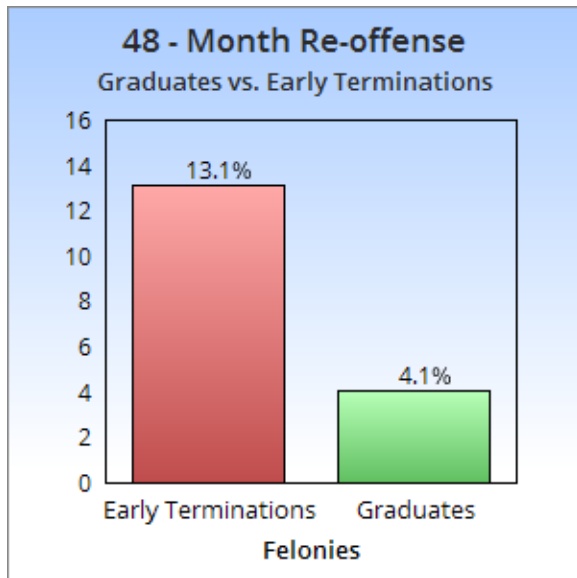
During the 48-month period, there were 917 total discharges from Montana drug courts excluding neutrals: 566 graduates and 351 terminations. Among these two groups, there were 277 documented re-offenses, including 69 felonies and 208 misdemeanors, for an overall re-offense rate of 30.2%. When broken out by type of offense (i.e., misdemeanor vs. felony), the rates are as follows: 7.5% felony (69) and 22.7% misdemeanor (208) while nearly 70% had not reoffended. (All levels of misdemeanors including traffic violations are included.)

Recidivism: 48 Months After Discharge Data Comparing Graduates and Early Terminations (November 2010 - October, 2014)

In comparing participants who reoffended after discharge, there is a significant difference between those who graduated and those who terminated early. In reviewing data for the past 48 months, there were 566 graduates who committed 145 re-offenses (23 felonies and 122 misdemeanors) for an overall re-offense rate of 25.6%, with a 4.1% re-offense rate for felonies and a 22.0% re-offense rate for misdemeanors. For early terminations, there were 351 individuals who committed 132 re-offenses (46 felonies and 86 misdemeanors) for an overall re-

offense rate of 37.6% , with a 13.1% re-offense rate for felonies and a 24.5% re-offense rate for misdemeanors.

Based on these data, graduates of drug courts commit crimes at a considerably lower rate than those who are terminate early. The graduate re-offense rate is 25.6% compared to the early termination re-offense rate of 37.6% (4.1% compared to 13.1% for felonies and 22.0% compared to 24.5% for misdemeanors). Drug Court graduates re-offend at about 50% less than early terminations.

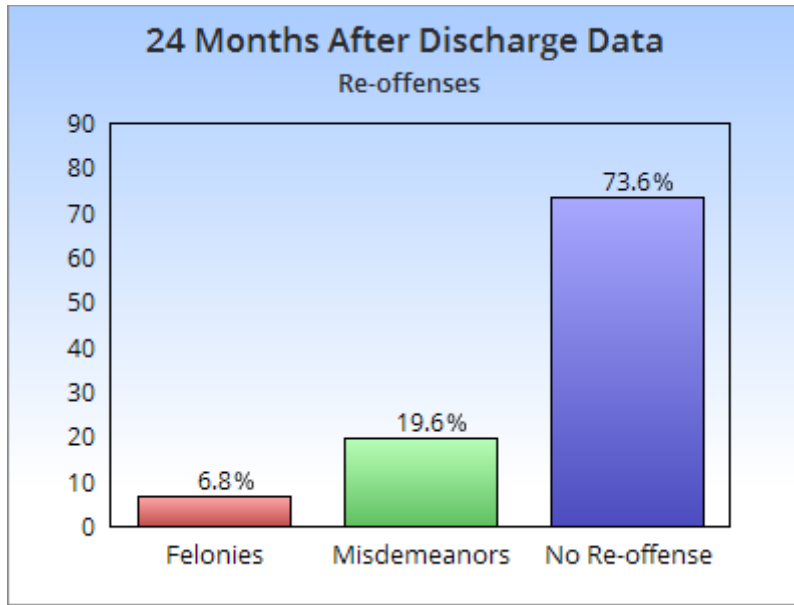


Recidivism: 24 Months After Discharge Data (November 2012 - October 2014)

When examining offenses committed after discharge, the standard measure among drug courts is to analyze re-offenses 24 months after discharge rather than the longer period covered above (48 months).

During the 24-month period, there were 632 total discharges from Montana drug courts: 348 graduates, 195 terminations, and 89 considered neutrals. Among total discharges, there were 167 documented re-offenses, including 43 felonies and 124 misdemeanors, for an overall re-offense rate of 26.4%. When broken out by type of offense (i.e., misdemeanor vs. felony), the rates are as follows: 6.8% felony (43) and 19.6% misdemeanor (124) while 73.6% had not reoffended. (All levels of misdemeanors including traffic violations are included.)

See chart on next page.



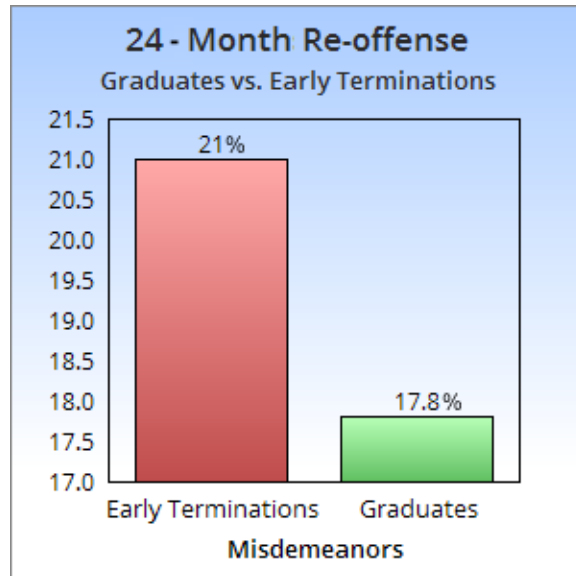
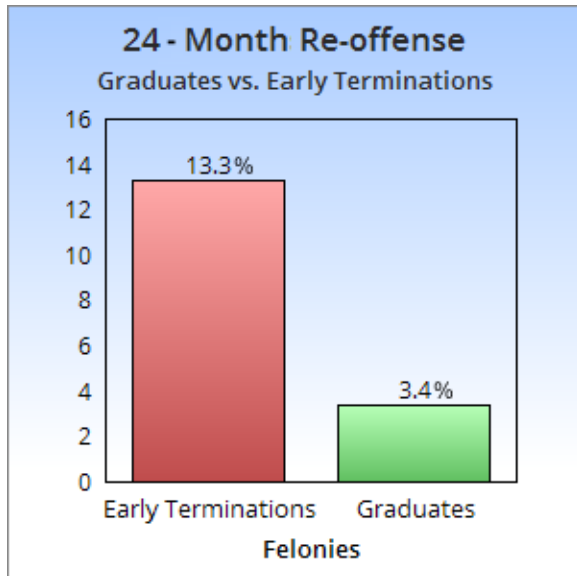
Recidivism: 24 Months After Discharge Data Excluding Neutrals (November 2012 – October 2014)

During the 24-month period, there were 543 total discharges from Montana drug courts excluding neutrals: 348 graduates and 195 terminations. Among these two groups, there were 141 documented re-offenses, including 38 felonies and 103 misdemeanors, for an overall re-offense rate of 26%. When broken out by type of offense (i.e., misdemeanor vs. felony), the rates are as follows: 7.0% felony (38) and 19.0% misdemeanor (103) while 74% had not reoffended. Misdemeanors include all types of this level of offense including traffic violations. (All levels of misdemeanors including traffic violations are included.)

Recidivism: 24 Months After Discharge Data Comparing Graduates and Early Terminations (November 2012 – October 2014)

In comparing participants who reoffended after discharge, there is a significant difference between those who graduated and those who terminated early. In reviewing data for the past 24 months, there were 348 graduates who committed 74 re-offenses (12 felonies and 62 misdemeanors) for an overall re-offense rate of 21.2%, with a 3.4% re-offense rate for felonies and a 17.8% re-offense rate for misdemeanors. For early terminations, there were 195 participants who committed 67 re-offenses (26 felonies and 41 misdemeanors) for an overall re-offense rate of 34.3% with a 13.3% re-offense rate for felonies and a 21% re-offense rate for misdemeanors.

Based on these data, graduates of drug courts commit crimes at a considerably lower rate than early terminations. The graduate re-offense rate for 24 months is 21.2% compared to 34.3% for the early terminations, and 3.4% compared to 13.3% for felonies and 17.8% compared 21% for misdemeanors. (See chart on next page.)



These re-offense rates compare very favorably with traditional case processing re-offense rates for drug offenders of between 45-75% for the two-year period following adjudication (see Belenko's chart pp. 33-34 and related discussion 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, a majority of the studies found lower recidivism rates for drug court participants...."

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

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

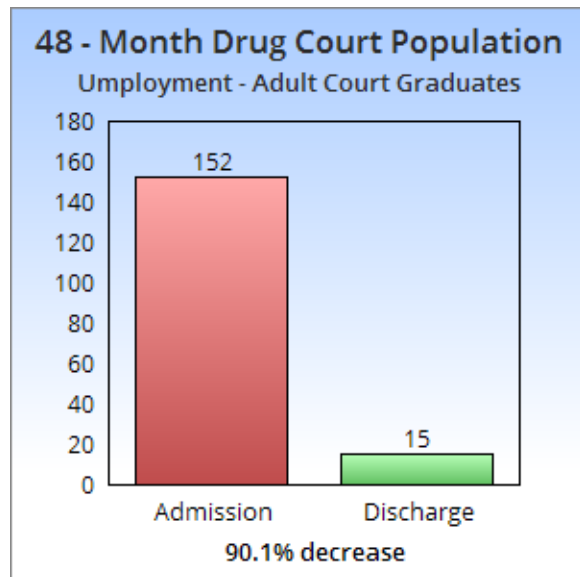
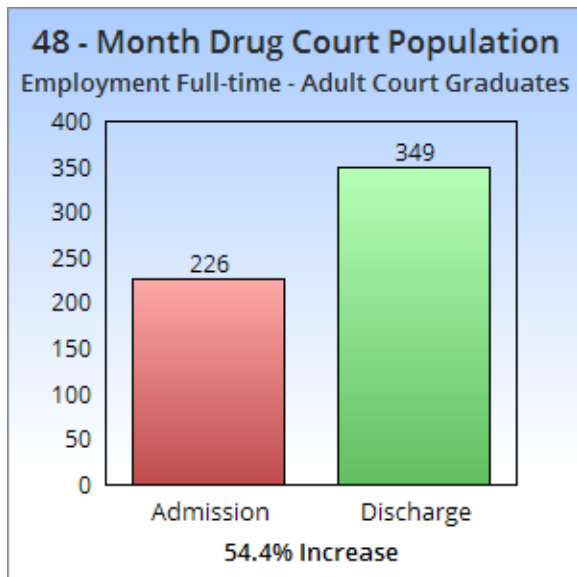
"Seven meta-analyses conducted by independent scientific teams all concluded that Adult Drug Courts significantly reduce crime, typically measured by fewer rearrests for new offenses and technical violations. Recidivism rates for Drug Court participants were determined to be, on average, 8 to 26 percentage points lower than for other justice system responses. The best Drug Courts reduced crime by as much as 45 percent over other dispositions."⁸ In some evaluations, the effects on crime were as high as 35 percentage points.

⁸ Aos et al., 2006; Downey & Roman, 2010; Latimer et al., 2006; Lowenkamp et al., 2005; MacKenzie, 2006; Shaffer, 2006; Wilson et al., 2006; Carey et al., 2008.

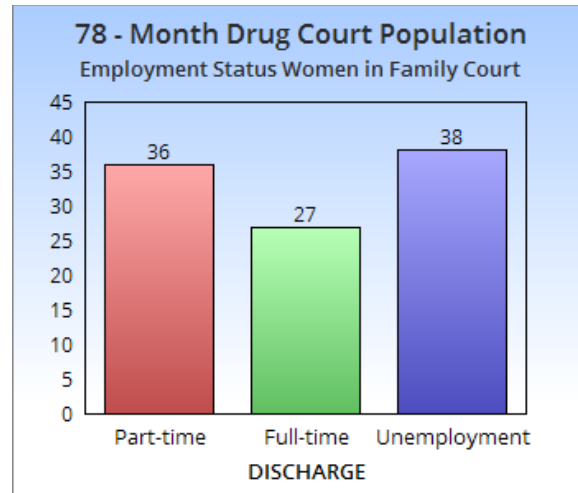
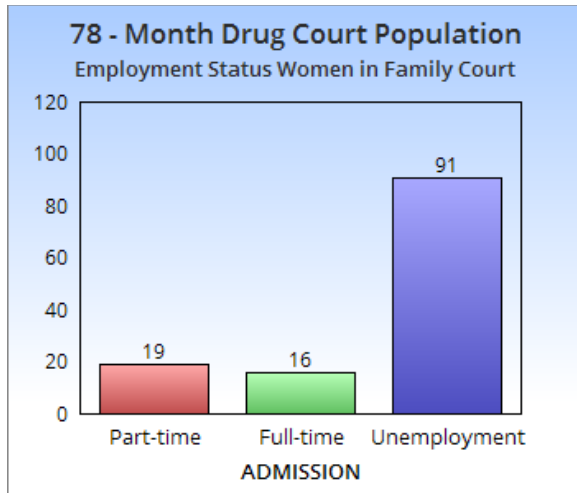
6. Employment Status: Admission to Discharge

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

1. Adult drug court participants discharged during the 78 month period reported a 37.3% increase in full-time employment from admission to discharge (469 employed full-time at admission and 644 employed full-time at discharge). Unemployment fell from 536 at admission to 267 at discharge, a 50.2% decrease.
2. The decreased rate of unemployment for adults in adult drug courts from admission to discharge was similar for the past 48 months with 367 unemployed at admission and only 190 unemployed at discharge for a reduction of unemployment of 48.2%. Adult drug court graduates reported a 54.4% increase in full-time employment from admission to graduation (226 employed full-time at admission compared to 349 employed full-time at discharge). Unemployment fell from 152 participants to 15 or a 90.1% decrease in unemployment. Those participants who remained unemployed may have been in an academic or educational/technical training program because graduates are required to be employed or in an educational program.



3. Participants in family drug courts are responsible for at least one child and in some cases, several. For women discharged from the family drug courts during the 78-month period, 16 were employed full-time at admission with 27 employed full-time at discharge, an increase of 68.8%. Additionally, 19 were employed part-time at admission with 36 employed part-time at discharge, an increase of 89.0%. Ninety-one women were unemployed at admission, and only 38 were unemployed at discharge, a 58.2% decrease. (See chart on next page.)



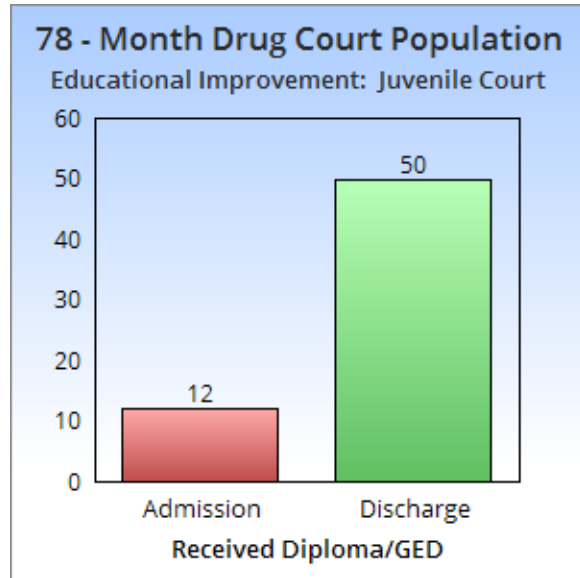
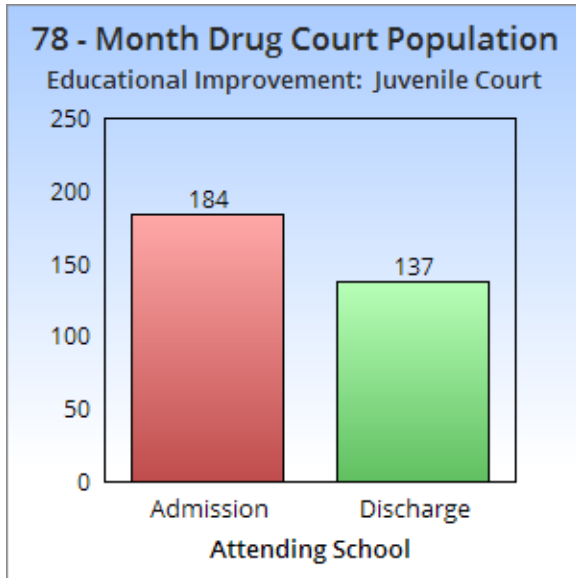
For women graduates of family drug courts, the results are even more impressive with eight graduates employed full-time at admission and 21 employed full-time at discharge (162.0% increase). Ten graduates were employed part-time at admission, and 15 were employed part-time at discharge for an increase of 50.0%.

- Juveniles in a drug court should attend school regularly, and most are not in the workforce. (The emphasis on educational advancement will be covered in the next section.) However, gains still occurred in the employment area. For juveniles at admission, 38 were employed either full-time or part-time, whereas at discharge 59 were employed either full-time or part-time for an increase of 55.3%. For graduates at admission, 22 were employed either full-time or part-time while at discharge, 45 were employed either full-time or part-time for an increase of 104.5%.

7. Education Status: Admission to Discharge

- For adult drug court participants who were discharged, 314 reported at admission that they did not have a high school diploma or GED. At discharge, that number had been reduced to 257 or a gain of 57 adults earning their high school diploma or GED. This represents more than an 18.2% decrease in adults without a GED or a high school education. At the same time, participants at discharge showed an increase of some college from 169 to 186 and some technical school from 23 to 33.
- For participants in Montana's juvenile drug courts, a major emphasis along with remaining drug free is educational advancement. During the 78-month period, 232 participants were admitted to juvenile drug court; at the time of admission, 184 were attending school. Of the 232 participants, 198 were discharged during the 78-month period of which 137 were attending school at the time of discharge. Among discharged participants, only 12 had their high school diploma or GED at admission; that number increased to 50 (317% increase) by the time of discharge. Additionally, two participants

had some college at the time of discharge. For graduates, the number of individuals with a GED/high school diploma increased from 7 at admission to 27 at discharge (286% increase).



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

At discharge, drug court programs document whether participants received a driver's license while in the program. (Juvenile participants are not included in this sample because many are too young to obtain a license.) Of the 1,456 adults at discharge, 929 participants - including family and adult drug court participants - did not have a driver's license at admission while at discharge, 295 had received a driver's license for a 31.8% reduction in those without a driver's license. Among the 449 graduates who did not have a driver's license at admission, 234 received a license by graduation (52.1% decrease in those without a driver's license).

At discharge, drug court programs also documented whether or not participants received a state identification while in the program. At discharge, 138 drug court participants had received their state identification while in drug court. Of those, 111 were in adult drug courts, 15 in family drug courts and 12 in juvenile drug courts.

9. Gender and Ethnicity

For the 78-month reporting period, 65.8% of 2,189 drug court participants were male (1,440) and 34.2% were female (749). When compared to the 53-month report, the female population increased from 30.4% to 34.3% of total participants. There continues to be a strong association between gender and court type.

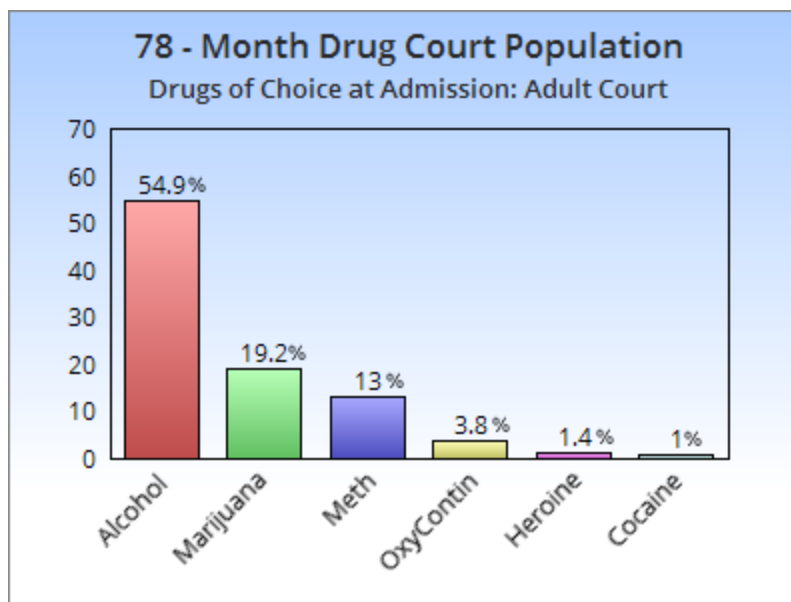
1. Adult drug court participants were 70.3% male in the 78-month report (1,237 males and 523 females) up from 58.9% male in the 53-month report (998 males and 695 females).

2. Additionally, 220 of the participants (12.5%) were Native American (106 females and 114 males), 19 (1.1%) were Black (2 females and 17 males), and 57 (3.2%) were Hispanic (17 females and 40 males). Montana adult drug courts are fairly stable in their percentages of male/female and ethnicity over time.
3. Females were much more likely to be in family drug courts. For this reporting period, 144 of the 197 family drug court participants were females (73.0%). Of the 144 women in the family drug courts, 37 (25.7%) were Native American, 5 (3.5%) were Black, and 8 (5.6%) were Hispanic.
4. Males were more likely to be in a juvenile drug court than females with males comprising 150 of the 232 admissions during the 78-month period or 64.7%. Among total admissions, 30 (20%) were Native American, 5 (3.3%) were Black and 7 (4.7%) were Hispanic.

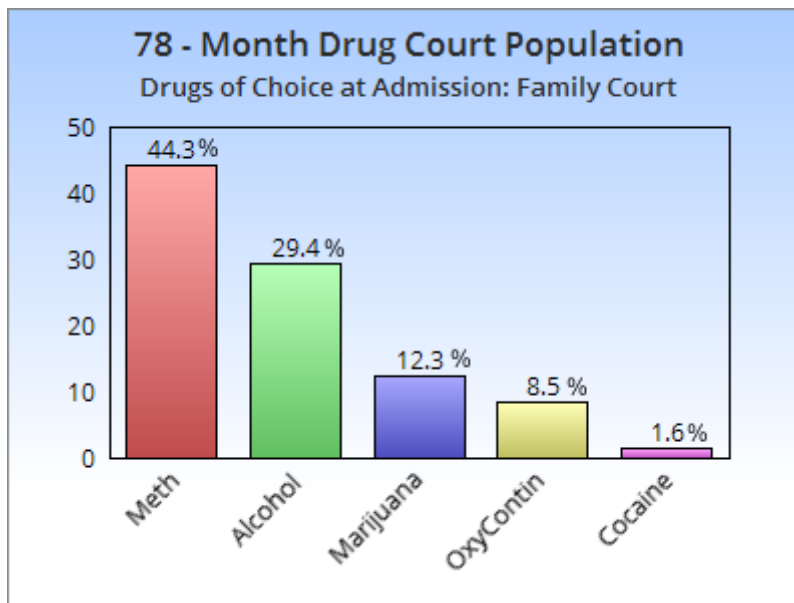
10. Drugs of Choice

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

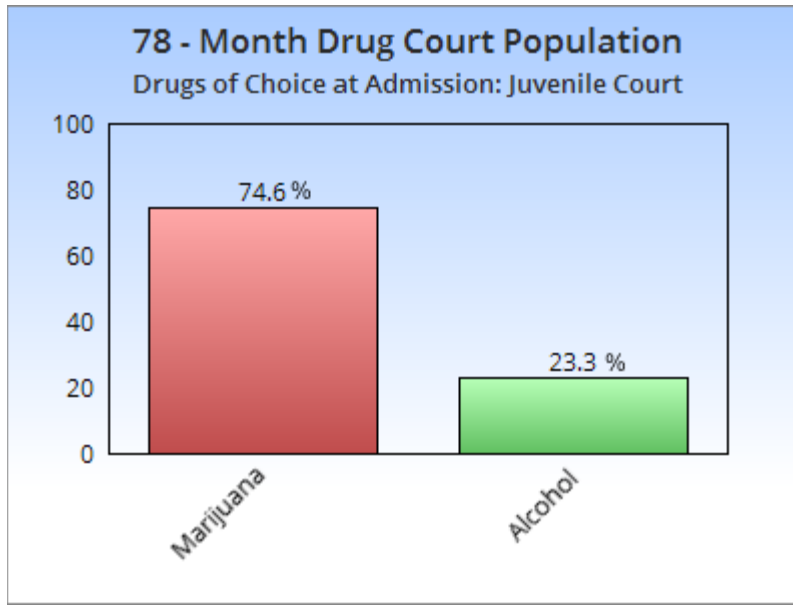
1. Adult drug court participants indicated during the 78-month reporting period that the most common drug of choice was alcohol (54.9 %), followed by marijuana (19.2%), and methamphetamine (13%). Other categories of drugs including OxyContin (3.8%) and heroine (1.4%). Crack cocaine and powder cocaine (1.0%) were also documented. The secondary drug of choice for adults in adult drug courts was marijuana followed by alcohol. Methamphetamine replaced OxyContin as the third most mentioned for secondary drug of choice. In analyzing data from the past 24 months for adult drug courts, alcohol as the primary drug increased slightly from 53.9% to 54.9%, whereas marijuana decreased from 22.5% to 19.2% and methamphetamine increased from 11.3% to 13.0%.



2. For family drug court participants during the 78-month reporting period, the primary drug of choice was methamphetamine (44.3%), followed by alcohol (29.4%), marijuana (12.3%), OxyContin (8.5%), and cocaine (1.6%). Other drugs mentioned include heroine and LSD. The secondary drug of choice for family drug court participants was marijuana followed by alcohol and methamphetamine. In comparing the 78-month data to the past 24 months, a significant shift has occurred in participants' primary drug of choice with alcohol (34.7%) becoming the first drug of choice, followed by methamphetamine (30.4%) and OxyContin (13.0%) with LSD also mentioned. The shift to alcohol as the primary drug of choice may be the result of an increase of criminal cases being assigned to family drug courts.



During the 78-month reporting period, the primary drug of choice for juvenile drug court participants was marijuana (74.6%) followed by alcohol (23.3%). Only one participant reported powder cocaine and two reported methamphetamine as the primary drug of choice. Marijuana as the primary drug of choice increased from 72.2% during the past 24 months to 74.6% for this reporting period. The secondary drug of choice in the 78-month reporting period was alcohol, followed by marijuana and methamphetamine; heroin and inhalants also were mentioned. (See chart on next page.)



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 psycho-social areas.

Receiving treatment prior to entering drug court does not mean that treatment was completed. When participants were asked if they had received treatment in the 36 months before entering drug court, 1,077 of the 1,957 adult admissions (adult and family drug court participants - 55.0%) indicated “yes”. 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. The individuals at admission indicated receiving the following services with some receiving more than one service:

- Detoxification159
- Inpatient379
- Intensive Outpatient.....325
- Outpatient.....444
- Jail-based.....177
- Individual counseling.....436
- Co-occurring212
- Inpatient Psychiatric.....117
- Outpatient Psychiatric.....268

For well over half of the population admitted to drug court, prior treatment has occurred. When considering arrest history, psychiatric history, and prior drug treatment, the extent of psycho/social problems being experienced by the population admitted to drug court is substantial and meets the criteria for high-risk/high-need.

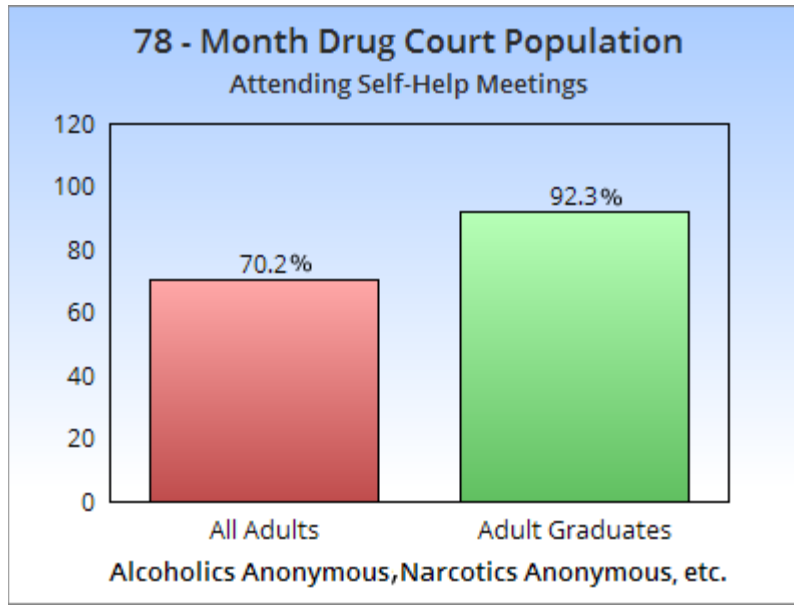
Somewhat surprising in juvenile drug courts, 121 of 232 juveniles (52.2%) indicated that they had received treatment before entering juvenile drug court. Prior treatment mentioned by juveniles included: detoxification (7), inpatient (36), intensive outpatient (30), outpatient (46), jail-based (15), individual counseling (50), co-occurring (30), inpatient psychiatric (18) and outpatient psychiatric (35). Again, these data represent a measure of severity of the clientele being admitted to juvenile drug courts.

12. Sobriety Measures

In examining sobriety measures, the OCA collects information on drug use at discharge. Of the 1,654 discharged cases, there were 831 graduates. All graduates were identified as being drug free at graduation, as would be expected. For the 721 graduates for whom data were reported, the average number of clean days was 365.5 days or approximately 12 months. For adult drug courts graduates only, the average number of clean days prior to graduation was 372.9 days. For family drug courts, graduates averaged 518.8 clean days prior to graduation while juveniles averaged 224.5 days clean.

For the 710 participants who terminated early or were discharged as a neutral for which data were reported, 357 or 50.3% were not using alcohol or other drugs at time of discharge. This is an indication that even those who do not graduate receive benefit from participating in drug court.

Attending self-help meetings (usually 12-step meetings) is viewed by many as a very important long-term strategy for remaining clean and sober. Of the 1,501 discharged cases for which data were reported, 982 were attending self-help meetings or 65.4%. However, most juvenile courts do not require juveniles to attend self-help meetings because they do not relate well to the older drug dependent individuals who primarily attend. If juveniles are removed from the population, the percentage attending self-help meetings increases to 70.2% (931 of 1,327). When only the adult graduates from adult and family drug courts are considered, 633 of 686 were attending self-help meetings at discharge or 92.3%. (See chart on next page).



The OCA also collected information on clean and positive urinalysis tests as a measure of sobriety. For those who were terminated early and did not graduate drug court, there were 51,406 clean urinalyses and 5,991 positive urinalyses for a rate of 10.4% positive. For drug court program graduates, there were a total of 96,172 clean urinalyses and 3,482 positive urinalyses for a rate of 3.5% positive. 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%.⁹ Thus, Montana drug court participants test positive considerably less than national studies indicate that others do on regular supervision, and Montana drug court graduates test positive at a lower rate (3.5%).

13. Psychiatric Disorders

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

For the 2,189 cases for which data were available, 37.0% of drug court participants (812) reported receiving prescribed medications in the 12 months prior to entering drug court. Of those receiving prescribed medications, 65.6% (533) reported receiving psychiatric medications. These 533 individuals reported taking 1,016 different psychiatric medications for an average of

⁹ Cooper, C. 1998; *Drug Court Survey: Preliminary Findings*. Washington, D.C.: Drug Court Clearinghouse and Technical Assistance Project, American University.

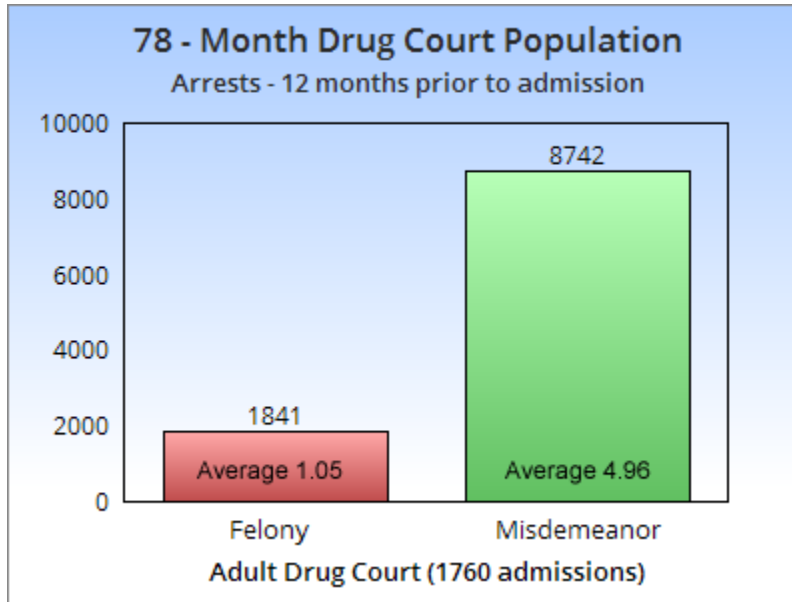
just under two prescriptions per person. Clearly drug courts are admitting high-need people with co-occurring disorders into their programs.

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

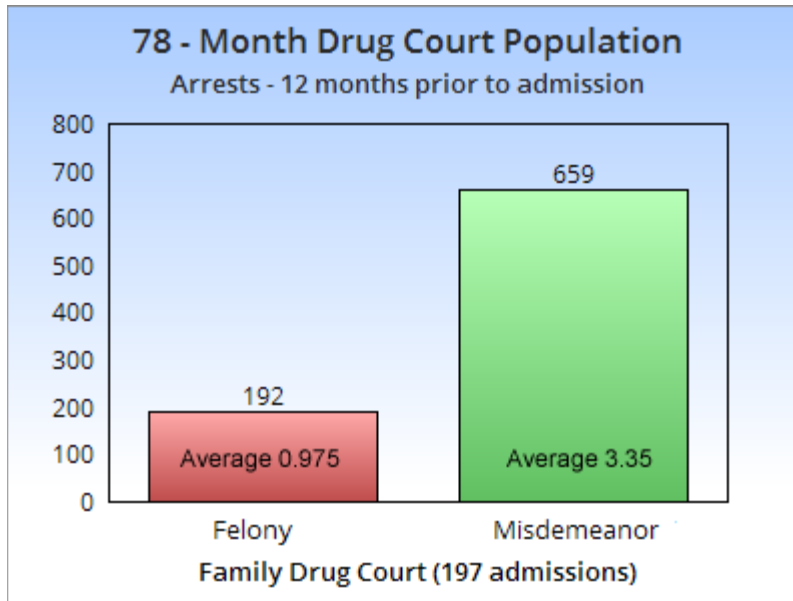
Co-occurring treatment245 (11.2%)
Inpatient psychiatric treatment.....135 (6.8%)
Outpatient psychiatric treatment303 (13.8%)

14. Prior Arrests and Convictions

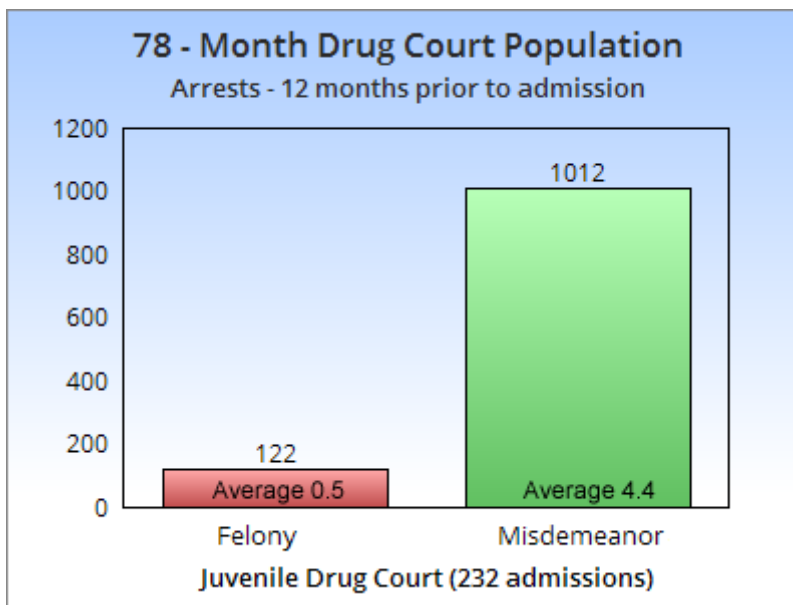
For adult drug court cases that reported data at admission (1,760), participants had a total of 10,583 felony and misdemeanor arrests before entering drug court for an average of 6.01 arrests per person. Of these cases, there were 1,841 felony arrests and 8,742 misdemeanor arrests prior to admission for an average of 1.05 felony arrests and nearly five misdemeanors arrests per person. This level of prior arrests is an indication of the high risk of admissions to Montana adult drug courts.



For family drug court cases that reported data at admissions (197), participants had a total of 851 felony and misdemeanor arrests before entering drug court for an average of 4.32 arrests per person. Of these cases, there were 192 felony arrests or nearly one for every admission (0.975 felony arrests per person) and 659 misdemeanor arrests for an average of 3.35 misdemeanor arrests per person. Typically most family drug court cases had an additional substantiated child abuse and neglect case due to participants' drug dependency. (See chart on next page.)



For juvenile drug court cases that reported data at admission (232), participants had a total of 1,134 felony and misdemeanor arrests prior to entering drug court for an average of 4.9 arrests per person. Of these cases, there were 122 felony arrests and 1,012 misdemeanor arrests for an average of over 0.5 felony arrests and 4.4 misdemeanor arrests per person.



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

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

Graduating from drug court is associated with resolving all criminal charges. Before graduating or terminating from drug court, participants are asked whether their prior criminal charges have been resolved.

For the 696 adult drug court **graduates**, the question was not applicable to 202 graduates, most of whom probably were still under supervision after drug court completion. Of the remaining 494 graduates, **277 (64.6%) indicated that all criminal charges were resolved**, while 152 (35.4%) said outstanding criminal charges were not resolved. (Sixty-five did not answer the question or the answer was “unknown”.)

For the 422 adults who were **terminated and did not graduate** from adult drug courts, 88 reported that the question was not applicable, while only 24 participants or **7.9% indicated that all criminal charges were resolved**. Two hundred eighty-one participants or 92.1% indicated that their criminal charges were not resolved. (Twenty-nine did not answer the question or the answer was “unknown”.)

For the 55 family drug court **graduates**, **30 (88.2%) reported that their criminal charges were resolved while four (11.8%) indicated that their criminal charges were not resolved**. For eight graduates, the question was not applicable. (Thirteen did not answer the question or the answer was “unknown”.)

For the 64 adults who were terminated and did not graduate from family drug court, 18 (45%) reported that their criminal charges were resolved while 22 (55%) reported that their criminal charges were not resolved. For 12 participants, the question was not applicable. (Twelve did not answer the question or the answer was “unknown”.)

For the 80 juvenile drug court graduates, 65 (95.6%) indicated that their criminal charges were resolved while three (4.4%) indicated that their criminal charges were not resolved. Seven reported that the question was not applicable. (Five did not answer the question or the answer was “unknown”.)

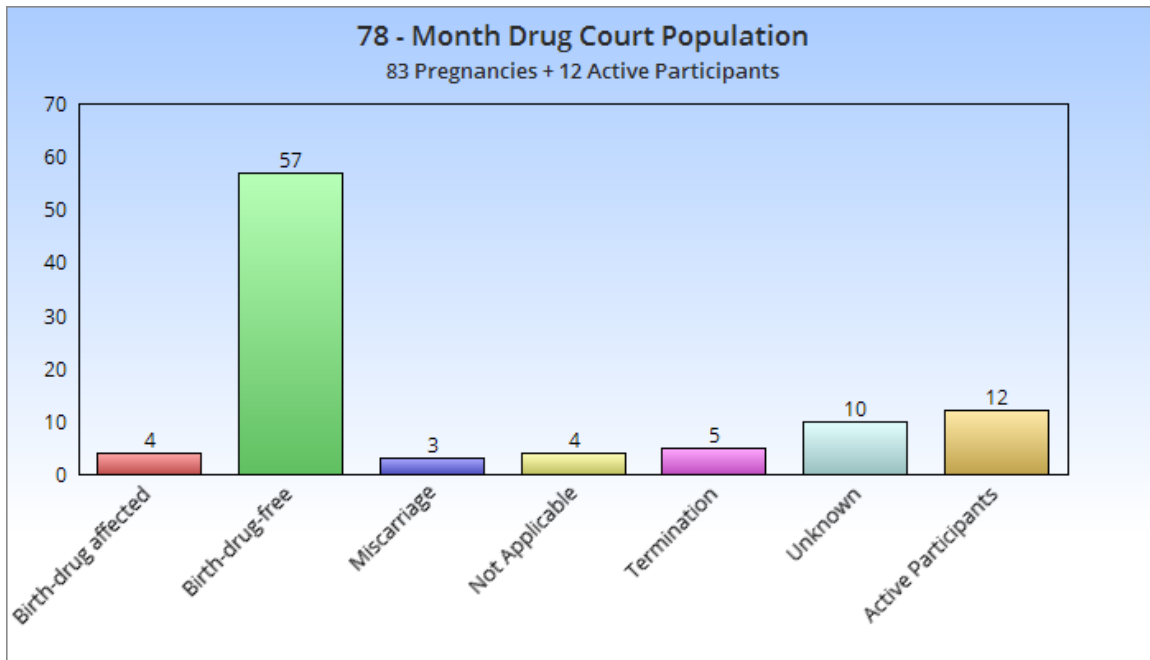
For the 94 juvenile drug court participants who were terminated and did not graduate from juvenile drug court, nine (10.6%) indicated that their criminal charges were resolved, and 76 (89.4%) indicated that their criminal charges were not resolved. For three participants, the question was not applicable. (Six did not answer the question or the answer was “unknown”.)

Clearly, graduating drug court for all categories of drug court participants leads to successful resolution of their criminal charges.

16. Pregnancy and Children

From May 2008 through October 2014, 83 participants or their spouses/significant others were pregnant while in drug court (73 female participants and 10 male participants with pregnant spouses/significant others). Of these 83 pregnancies, 57 babies were born drug free, 4 were born

drug affected, 5 pregnancies were terminated, and 3 resulted in miscarriages. (For 10 participants, the outcome was reported as unknown; they may have been discharged before delivering or may still have been active participants in their respective drug courts. Four cases were reported as “not applicable”.) As of September 30, 2014 there were 12 pregnant women active in Montana drug courts. **For the 61 babies delivered while a parent was in drug court, 57 were born drug free (93.4%) while 4 (6.6%) were born drug affected.**



An estimate of specific cost-savings resulting from a reduction of drug-affected births is beyond the scope of this report. However, previous studies have indicated that costs per drug-affected child from birth to age 18 are substantial. Additional medical costs associated with the delivery of a drug-addicted baby are estimated to range from approximately \$1,500 to \$25,000 per day (Cooper, 2004). Neonatal intensive care expenses can range from \$25,000 to \$35,000 for the care of low birth-weight newborns and may reach \$250,000 over the course of the first year of life (Office of Justice Programs, 1997). Other costs may include detoxification for the exposed infants, foster care, special education, and costs relating to developmental deficiencies. Kalotra in his report on drug and/or alcohol exposed babies states, “[t]otal lifetime costs for caring for those children that survive reportedly ranges from \$750,000 to \$1.4 million.”¹⁰

Alcohol, marijuana, methamphetamine, and OxyContin were the most frequently reported primary drugs of choice among pregnant participants at admission. Twenty-four reported alcohol as the primary drug, 23 reported marijuana, 22 reported methamphetamine, and 6 reported OxyContin.

When reviewing adult admission data to adult and family drug courts, 1,957 participants reported that there were 2,031 children involved. This number included 820 children living with parents,

¹⁰ Kalotra, C.J., (2002), *Estimated Costs Related to the Birth of a Drug and/or Alcohol Exposed Baby*, OJP Drug Court Clearinghouse and Technical Assistance Project

949 children living with a relative, 226 in foster care, and 36 living in a residential center or group home. Clearly, when adults in drug court become clean and sober, they are not the only individuals positively impacted as each adult averages having at least one child as well.

17. Fines, Fees and Community Service Hours

For the 1,654 drug court participants who were discharged during the 78-month reporting period, the following amounts were reported as collected from participants:

Fines.....	\$218,607
Fees.....	\$647,041
Restitution.....	\$134,963

Additionally, drug court participants performed 19,785.57 hours of community service. When this number is multiplied by the minimum wage of \$7.90, the total value of community service hours is \$156,306.

18. Child Support

During the 78 months of data collection, some adults admitted to drug court had orders to support minor children. At admission, 113 individuals (33.3%) were current, paying and compliant with child support orders while 226 individuals (66.7%) were either not paying or not current.

For all individuals that were admitted and discharged, 94 individuals (35%) were paying their child support, and 174 individuals (65%) were not paying or not current at admission. At discharge 129 individuals (50.6%) were making child support payment as ordered while 126 (49.4%) were not. Thus, from admission to discharge the number of discharged participants who were paying child support increased from 94 to 129 or a 40.2% increase.

The numbers paying and current with child support is as impressive when considering only drug court graduates. Among drug court graduates at admission, 66 individuals (47.8%) were paying their child support and 72 (52.2%) were either not paying or not current. At discharge, 93 individuals were paying child support. Thus, from admission to discharge the number of graduates who were paying child support increased from 66 to 93, a 41% increase.

19. Housing

Permanent housing is an important component for staying clean, sober and productive. Montana drug courts had a positive impact on permanent housing for those who entered. For participants admitted and discharged during the 78-month reporting period in adult drug courts, the number of homeless went from 129 at admission to 112 at discharge. Those living in a hotel/motel went from 18 at admission to 8 at discharge. Participants owning their own home went from 95 to 130. Those renting went from 519 to 648, and those living with friends/relatives/significant others went from 467 to 366. For participants in family drug courts, 25 were homeless at admission; that number was the same at discharge. However, participants living in a hotel/motel

went from 4 to 2, those owning their own home went from 3 to 8, those renting went from 30 to 45, those living in transitional housing went from 15 to 19, and those living with friends/relatives/or significant others went from 46 to 15. In almost all, cases housing for participants showed improvement.

20. Veterans' Services: A New Area of Emphasis

Within the last few years, there has been a significant increase in veterans admitted to adult drug courts nationally. Because the number of veterans has increased substantially and the issues facing them are unique, over 200 special drug court dockets for veterans have been established across the country. In Montana, special drug court dockets for veterans have been implemented in Missoula County, Yellowstone County and Cascade County in collaboration with representatives of the Federal Veterans Administration. To date, 160 individuals who were previously in the military have been admitted to Montana drug courts (157 in adult drug courts and 3 in family drug courts). Additionally, 125 individuals were receiving veterans' services in adult drug courts and 6 in family drug courts at the time of admission.

In the past 24 months, 61 of the 160 individuals who have served in the military or nearly **40% of all veterans admitted to Montana drug courts have been admitted to the one of the three Montana veterans court dockets**. As these veteran specific dockets mature, the expectation is that these numbers and percentage will continue to grow, and veterans in Montana drug courts will receive improved quality of services.

21. Family Courts: Additional Performance Indicators

Child abuse and neglect cases driven by alcohol and other drug dependency are some of the most complicated and difficult cases for both the child welfare and criminal justice systems.

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

Family drug courts focus on the entire family. Each family is intensely assessed to determine services needed that will result in favorable outcomes for both adults and children. During the 78-month period covered by this report, the following services were provided to children of families in treatment courts: alcohol and drug abuse counseling (7), family counseling (55), mental health counseling (56), special education services (31), speech therapy (24), specialized medical care (18), occupational therapy (10), physical therapy (7), educational tutoring (23), and early childhood intervention services (66).

Also during this period, 96 children were reunited with their parents, 12 were placed in guardianship, 21 were placed in adoptive homes, 58 were placed with other non-drug court parents, 13 were placed in planned permanent living arrangements, and 68 remained in either foster care or residential care. In 230 cases, parental rights remained in place, in 20 cases parental rights were voluntarily relinquished and in only 19 cases were parental rights involuntarily terminated. Paternity was commenced and/or established in 17 cases.

In addition to data collected on child abuse and neglect cases by family drug courts, the Children and Family Services Division (CFS) of the Montana Department of Public Health and Human Services collects data on these cases through their information systems (i.e., MTROM and CAPS).¹¹ From October 1, 2012 through September 30, 2014 (24 months), CFS reported that family drug court cases involving 45 children reached final disposition. Of these 45 children, 12 (26.7%) were involved in cases in which parental rights were terminated. For regular track cases, which include all cases within each county minus the family drug court cases, 192 (29.0%) of the 663 cases had a final disposition involving the termination of parental rights.

From October 1, 2008 through September 30, 2014 (72 months), CFS reported that family drug cases involving 113 children reached final disposition. Of these 113 children, 36 (31.9%) were involved in cases in which parental rights were terminated. For regular track cases, 388 (29.3%) of the 1,323 cases had a final disposition involving the termination of parental rights.¹²

From May 2008 through September 30, 2014, 31 (37.9%) out of 82 cases in family drug court had new substantiated child abuse and neglect cases referrals. CFS was unable to develop a comparison group within the over 700 adults in regular track cases for the three counties.

22. Juvenile Courts: Additional Local Performance Indicators.

The juvenile drug court in the 8th Judicial District reports that to date 70% of program graduates (21 out of 30) have successfully received a high school diploma (6 juveniles) or a GED (15 juveniles).

In addition to receiving a high school diploma or GED, graduates achieved the following:

- One obtained a Certified Nursing Certification and is working on her third semester at the college of technology.
- Two joined the military.
- Six are attending or have attended college

To date 14 out of 65 of early terminated participants (22%) have successfully received a high school diploma, GED certification, or remain enrolled in high school.

¹¹ The CFS data include child abuse and neglect cases from family drug courts in Butte-Silver Bow, Missoula and Yellowstone Counties. Excluded are any criminal cases that may have been a part of these three court dockets.

¹² CFS cautions that using all other cases in the county may not accurately compare to the drug court families because the reasons why CFS becomes involved vary greatly as do the interventions and services provided.

The Missoula Youth Drug Court reports that 48 juveniles when admitted to drug court were in good standing in school with 23 not in good standing. At discharge, 55 juveniles were in good standing while 5 were not in good standing. Eleven are currently active. Thus, seven additional juveniles achieved good standing in school by time of discharge.

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

In Fiscal Year 2013, 13 Montana drug courts expended \$758,462 in state general fund money. In Fiscal Year 2014, 14 drug courts expended \$1,082,861. (The 7th Judicial District Adult Drug Court and the 13th Judicial District Adult Drug Court were added in Fiscal Year 2014, and the Mineral County Adult Court stopped receiving state general fund.) During this two-year period (July 1, 2012 through June 30, 2014), 390 Montanans were admitted to drug courts receiving general fund money for an average cost of \$4,721 per admission (\$1,841,323 for 390 individuals). This is a slight increase over the cost per case from Fiscal Year 2011 through Fiscal Year to 2012 of \$4,412.

Most of the money expended was for staff support/case management, treatment services, urinalysis and surveillance costs. In some cases, treatment services were provided by a not-for-profit treatment program under contract with the Montana Department of Public Health and Human Services (DPHHS). For family drug courts, some services may have been paid for by the DPHHS. In juvenile drug courts, some services also may have been funded through the Youth Court within the state district courts. Additional expenditures made by other agencies were not included in the state general fund figure noted above.

This cost per participant of \$4,721 compares favorably with other correctional interventions and national costs per participant, even though funds from other agencies in Montana are not included in this figure. For example, NPC Research based out of Portland, Oregon analyzed investment costs in 47 adult drug courts. It found that “program cost range[d] from a low of \$3,842 to a high of \$33,005 per participant. The mean program cost [was] \$14,372 per participant. The large variation [was] generally due to treatment costs. Treatment providers charge a variety of different amounts for the same types of services, and different drug courts provide treatment that ranges from outpatient groups only to intensive outpatient and residential care as well as a variety of wraparound services.”

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

When outcome costs were taken into consideration, the report concluded that society avoided an estimated \$11,070 per participant and \$442,789 for every 40 treatment court participants. This was due primarily to positive participant outcomes including fewer re-arrests, fewer court cases, less probation time, less jail time and less prison time relative to the comparison group.

Other less tangible but important cost avoidances that were not factored into the investment and outcome costs, but should be taken into consideration, include costs associated with an increase in the number of drug-free babies born, a decrease in victimization costs due to a decrease in re-

offenses, a decrease in public assistance utilization, and an increase in restitution/court fee payment.

When investment, outcome and societal-impact (victimization) costs are combined, the total estimated annual cost avoidance for 40 participants in the 8th Judicial District Adult Drug Court was estimated to be \$81,879 per participant and \$3,275,186 for 40 participants.¹³

¹³ Corey Campbell, MS, November 2007, *Cost Avoidance Report for the 8th Judicial District Treatment Court*.

V. National Cost-Benefit Information

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

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

More recent studies, however, are increasingly taking into account a variety of other cost factors. These factors include: 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.¹⁴ When more distal cost-offsets are considered, such as those just mentioned, reported economic benefits occur ranging from approximately \$2.00 to \$27.00 for every \$1.00 invested (Carey et al, 2006, Loman, 2004, Finigan et al, 2007; Barnoski & Aos, 2003). The result has been net economic benefits to local communities ranging from approximately \$3,000 to \$13,000 per drug court participant (e.g., Aos et al., 2006; Carey et al., 2006; Finigan et al., 2007; Loman, 2004; Barnoski & Aos, 2003; Logan et al., 2004).

The General Accountability Office of the United States Congress issued its third report on the effect of adult drug courts in 2005. Results from 23 program evaluations confirmed that drug courts significantly reduce crime. Although upfront costs for drug courts were generally higher than for probation, drug courts were found to be more cost-effective in the long run because they avoided law enforcement efforts, judicial case-processing, and victimization resulting from future criminal activity. Additionally, seven independent meta-analyses have concluded that drug courts significantly reduce crime rates typically measured by fewer re-arrests for new offenses and technical violations. Recidivism rates for drug court participants were determined to be, on average, 8 to 26 percentage points lower than for other justice system responses. The best

¹⁴ Memorandum in 2007 from American University and the Bureau of Justice Assistance Drug Court Clearinghouse, Justice Programs Office.

drug courts reduced crime by as much as 45% over other dispositions (Carey et al., 2008; Lowenkamp et al., 2005; Shaffer, 2006). Statewide and local evaluations have produced similar findings regarding reductions in crime rates (California; Maine; Multnomah County, Oregon; and St. Louis, 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 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.”¹⁵ The bottom line for this study was a net savings over four years after drug court of \$7,707 per drug court participant over probation completers. This represents the expenses that would have been incurred by the taxpayer had these drug court participants completed regular probation. These trends appeared to be on a vector to continue in ongoing years as probation completers appeared to cost the taxpayer more each year while drug court graduates avoided more costs for the taxpayer. Other studies with similar cost-benefit outcomes were completed in Washington; California; Multnomah County, Oregon (Portland); Douglas County, Nebraska (Omaha); Kentucky; and many others.

NPC Research (Portland, Oregon) recently completed two cost-benefit studies. The first study, from the Bexar County Felony Drug Court (BCFDC) in San Antonio, Texas, is entitled Bexar County Felony Drug Court: Final Report dated September, 2013. Below is an excerpt from the report.¹⁶

Cost-Benefit Analysis: Over time, the BCFDC results in significant cost savings and a return on taxpayer investment in the program. The program investment cost is \$14,330 per drug court participant. The benefit due to significantly reduced recidivism for drug court participants over the three years included in this analysis came to \$9,404. This amount does not result on a positive return on the investment over the 3-year time period. However, if we make the assumption that the cost savings will continue to accrue over time as has been shown in long term drug court studies (e.g., Finigan et al., 2007) this cost-benefit ratio will improve over time as the investment is repaid. If these cost savings are projected just 2 more years (to 5 years) the savings come to **\$15,673** per participant

¹⁵ Loman, L.A., (2004), *A Cost-Benefit Analysis of the St. Louis City Adult Felony Drug Court*, Institute of Applied Research, St. Louis, Missouri

¹⁶ Kissick, K., Waller, M.S., and Carey, S.M., (September 2013), *Bexar County [TX] Felony Drug Court: Process, Outcome, and Cost Evaluation: Final Report*, NPC Research, Portland, OR.

resulting in a cost-benefit ratio of **1:1.09**. That is, for the taxpayer every dollar invested in the program, there is \$1.09 return. This ratio can increase over time as the investment is repaid and the savings continue to accumulate. At 10 years the cost-benefit ratio comes to **1:2.19**. These are criminal justice system savings only. If other system costs, such as health care and child welfare were included, studies have shown that an even higher return on investment can be expected, up to \$10 saved per \$1 invested in the program (Finigan, 1998).

Criminal Justice Recidivism Cost Consequences per Person: Drug Court

Participants and Comparison Group Members Over 3 Years: The cost savings are those that have accrued in just the 3 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that **savings to the state and local criminal justice systems are generated from the time of participant entry into the program.**

These savings will also continue to grow with the number of new participants that enter the program each year. If the BCFDC program continues to serve a cohort of **275** new participants annually, the conservative savings of \$3,408 per participant (not including victimizations) over 3 years results in an annual savings of **\$312,400** per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. After 5 years, the accumulated savings come to over **\$4.6 million**. When victimizations are included, the savings of \$9,404 per participant over 3 years results in an annual savings of \$862,033 per cohort. After 5 years, the accumulated savings, including victimization savings, come to over **\$12.9 million**.

If drug court participants continue to have positive outcomes in subsequent years (as has been shown in other drug courts NPC has evaluated, e.g., Carey et al., 2005; Finigan et al., 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies. These findings indicate that drug court is both beneficial to participants and beneficial to Bexar County and Texas taxpayers.

A second NPC study includes DWI courts in Minnesota and is dated August 2014. The study found that six of the seven DWI courts included in the cost analysis showed cost savings because of reduced recidivism for drug court participants. Below is an excerpt from the report.¹⁷

The average cost savings over the 2-year follow-up period to the local agencies and state in six of the seven programs ranged from **\$1,694 to \$11,386 per participant** (see Table 3). These savings are due to positive DWI court participant outcomes including fewer rearrests, fewer court cases, less jail time, and less prison time relative to the comparison group. One DWI court had worse outcomes than the comparison group with a loss of \$2,407 per participant over the 2-year follow up period. This program, when comparing

¹⁷ Carey, S.M., Harrison, P. M., Zil, C. E., Waller, M. S., and Johnson, A. J., (July, 2014), *Minnesota DWI Courts: A Summary of Evaluation Findings in Nine DWI Court Programs*, NPC Research, Portland, OR.

outcomes for only high-risk participants had substantially reduced recidivism, but when the lower risk participants were included, had overall worse outcomes. A shift in target population for this program, and/or an adjustment of services to fit the individual assessed needs of each participant would very likely result in improved outcomes.

Table 3. Cost Savings for DWI Court Participants over Two Years from Program Entry

	DWI Court #1	DWI Court #2	DWI Court #3	DWI Court #4	DWI Court #6	DWI Court #7	DWI Court #9
Cost savings per DWI court participant	\$2,647	\$8,946	\$3,076	(\$2,407)	\$11,386	\$1,694	\$4,814
Total cost savings for all participants since program implementation*	\$142,938	\$545,706	\$156,876	(\$796,717)	\$580,686	\$293,062	\$491,028
Total savings to local agencies and state = \$1,413,579**							

*Savings per participant multiplied by the number of participants that enrolled since program implementation.

** This amount does not take into account program investment costs. Also, this total is for only those participants included in the study sample (participants who enrolled since program implementation through the end date of the study sample 8/2012). Additional participants may result in additional savings.

Other less tangible but important savings that were not factored into the costs presented in Table 3 include improved family and community relationships, a decrease in health care expenses, improved public safety, and DWI court participants working and paying taxes. Overall, across all seven courts (including the program with a loss) and based on the number of clients served to date, the outcome savings to local agencies and to the state of Minnesota was greater than **\$1.4 million dollars** (this translates to **\$700,000 saved per year**). Note that this does not include the costs invested in the program. The cost-benefit analysis described below does include the program investment costs.

The study further found that there was a return on taxpayer investment of up to \$2.06 for every \$1.00 invested in the program.

Over time, if these programs continue saving money each year, all programs (aside from the program that did not produce savings) will recoup their investment costs.¹⁸ The number of years before these programs receive a return on their investment varies widely from 3 years to just over 10 years. Five out of the seven DWI courts had a return on their program investment after 10 years. (Of the two programs that had no return on investment, one program did not have reduced recidivism and therefore had no savings, and the other still had not quite achieved a full return on the investment after 10 years). Returns on investment varied from \$1.12 to \$3.19 for every dollar invested in the program. After investment costs are repaid (from the cost savings due to lower

¹⁸ Research has shown that these savings can continue to accrue for at least 14 years after drug court participation (Finigan, Carey, and Cox, 2007).

recidivism), savings continue to accrue every year, resulting in a continuously growing return on taxpayer investment. For those programs with savings due to positive outcomes, the average rate of return after ten years would be **\$2.06** on the dollar.

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

In 2011, the National Institute of Justice (NIJ) and a team of researchers from The Urban Institute's Justice Policy Center, RTI International, and the Center for Court Innovation completed a five-year longitudinal process, impact and cost evaluation of adult drug courts. The Multisite Adult Drug Court Evaluation (MADCE) compared the services and outcomes in 23 adult drug courts from seven regions in the U.S. against those of six comparison sites in four regions. The comparison sites administered diverse programs for drug-involved offenders, including Treatment Alternatives for Safer Communities (TASC), Breaking the Cycle (BTC), and standard court-referred, probation-monitored treatment. Offender-level data were obtained from 1,157 drug court participants and 627 comparison offenders who were carefully matched to the drug court participants on a range of variables that influenced outcomes. Key findings included:

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

Recommendations to policy makers included: *“Drug Courts work, so ensure provisions are made to fund their continued existence. The research evidence clearly establishes the effectiveness and potential cost-effectiveness of drug courts. Government agencies should continue to spend resources funding drug court programs. They should sponsor training and technical assistance to encourage the implementation of evidence-based practices and to ensure drug courts target the most appropriate offender populations for their programs.”*¹⁹

¹⁹ Rossman, Shelli B. and Zweig, Janine, *The Multisite Adult Drug Court Evaluation*, National Institute of Justice, May 2012.

VII. Drug Court Expansion in Montana

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

Montana established its first drug court in Missoula in 1996. Currently, there are 31 drug courts operating in the state, including 5 tribal courts. These courts developed organically based on local needs, interest and resources. Most of them initially received funding from federal grants. Although all of the courts generally adhere to the federal drug court model, each reflects the circumstances and capabilities of its local community.

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

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

In August 2008, the OCA sponsored a statewide drug court conference. Several national experts presented on a wide range of topics including evidence-based motivational incentives, local drug court evaluation, relapse prevention strategies, and breaking intergenerational cycles of addiction. Over 150 people participated in this three-day event. In September 2010, the state's second drug court conference was held with a special focus on team action planning based on research of over 100 cost benefit research studies and the identification of drug court cost benefit strategies. Additional workshops focused on cultural sensitivity for Native Americans, medically assisted treatment, medical marijuana, prescription drug abuse, constitutional issues in drug court and best practices in juvenile drug courts. Nearly 170 people attended the two-day event. In April 2012, the state's third drug court conference was held with a special emphasis on evidence-based practices and team action planning based on those practices. Approximately 250 people attended the conference, and every team submitted an action plan. In 2013, a 2-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 that occur in drugs courts, applied research approaches to treatment and development of a step-by-step approach to incorporating best practices. In April 2014, the state's fourth drug court conference was held in Missoula, Montana. Included in this most recent statewide drug court conference were 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 including pathological gambling, psychopharmacology and the substance abuser, offender risk assessment tools, understanding stages of change, recovery management, motivational interviewing, using incentives and sanctions in juvenile drug courts, veterans' services, PTSD and the military, working effectively with Native Americans, drug testing best practices, designer drugs, and other topics, all resulting in team action plans to make a difference when teams returned home.

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

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

The UM research team and the OCA collaboratively refined data collection instruments and database specifications across all funded courts; these tools now meet national standards as set forth for data collection (U.S. Government Accountability Office, 2002). The OCA and UM researchers designed and created variables and specialized data collection instruments to fit Montana's unique needs as a rural state and to enable ongoing evaluation and improvements. Drug court coordinators from across the state met and developed performance indicators. It is these indicators that make up this report and are consistent with indicators being collected by other states and at a national level.

In 2015, Montana drug courts will embark upon a peer-review process to review consistency of each drug court with fidelity to the new Adult Drug Court Best Practice Standards, Volume I issued by the National Association of Drug Court Professionals in late 2013. These standards are based on "reliable and convincing evidence demonstrating that a practice significantly improves outcomes." In addition to these standards, other best practices have been added to the review process, again based on evidence that has been established at a national level as well as evidence-based and best practices developed by NPC Research (from over 140 drug court evaluations) and the Multisite Adult Drug Court Evaluation. In February 2015, over a dozen peer reviewers will be trained to apply these standards and issue best practice tables (reports) to Montana drug courts to ensure that Montana drug courts are maximizing their potential to help drug court participants enter long-term recovery and significantly reduce re-offense.

The following table lists Montana's current drug courts.

MONTANA DRUG COURTS

Adult Drug Courts				
Court Name	Location	Level	Primary Funding Source	Year began
1st Judicial District Treatment Court	Lewis and Clark County	District	Federal	2011
7th Judicial District Adult Drug Court	Dawson, McCone, Prairie, Richland & Wibaux Counties	District	State General Fund	2007
8th Judicial District Adult Drug Treatment Court	Cascade County	District	State General Fund	2005
9th Judicial District Drug Treatment Court	Glacier, Toole, Teton, & Pondera Counties	District	Federal	2009
13th Judicial District Adult Drug Court	Yellowstone County	District	Federal & State General Fund	2011
Gallatin County Treatment Court	Gallatin County (18th Judicial District)	District	State General Fund/Gallatin Co.	1999
Billings Adult Misdemeanor Court	Billings	Municipal	State General Fund	2005
Custer County Adult Treatment Court	Custer County (16th Judicial District)	District	State General Fund	2004
Mineral County Adult Treatment Court	Mineral County	Justice	State General Fund	2006
Chippewa-Cree Adult Drug Court	Rocky Boy's Reservation (does not report data to OCA)	Tribal	No info.	No info.
Northern Cheyenne Adult Drug Court	Northern Cheyenne Reservation (does not report data to OCA)	Tribal	No info.	No info.
Hill County Adult Treatment Court	Hill County	Justice/Municipal	Federal	2012

Family Drug Courts				
Court Name	Location	Level	Primary Funding Source	Year began
Yellowstone County Family Drug Treatment Court	Yellowstone County (13th Judicial District)	District	State General Fund	2001
Butte-Silver Bow Family Drug Court	Butte-Silver Bow County (2nd Judicial District)	District	State General Fund	2004
Fort Peck Family Drug Court	Fort Peck Reservation (does not report data to OCA)	Tribal	Tribe	2012
Missoula County Family Treatment Court	Missoula County (4th Judicial District)	District	State General Fund	2008

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

Veterans Treatment Courts				
Court Name	Location	Level	Primary Funding Source	Year began
Missoula County Veterans Treatment Court	Missoula County (4th Judicial District)	District	State General Fund/limited Federal Funds	2011
Yellowstone County Veterans Treatment Court	Yellowstone County (13th Judicial District)	District	Federal	2011

Cascade County Veterans Treatment Court	Cascade County (8 th Judicial District)	District	Federal	2013
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Juvenile Drug Courts				
Court Name	Location	Level	Primary Funding Source	Year began
4th Judicial District Youth Drug Court	Missoula County	District	State General Fund	1996
Crow Juvenile Drug Court	Crow Reservation (does not report data to OCA)	Tribal	No info.	2002
7th Judicial District Youth Treatment Court	Dawson, McCone, Prairie, Richland & Wibaux Counties	District	State General Fund	2006
8th Judicial District Juvenile Drug Treatment Court	Cascade County	District	State General Fund	2006

DUI Courts				
Court Name	Location	Level	Primary Funding Source	Year began
7th Judicial District DUI Court	Dawson, McCone, Prairie, Richland & Wibaux Counties	District	MDT*	2010
Yellowstone County Impaired Driving Court	Yellowstone County	District	MDT*	2011
Fort Peck Assiniboine and Sioux DUI Court	Fork Peck Reservation (does not report data to OCA)	Tribal	MDT*	2010
Butte-Silver Bow County DUI Court	Butte-Silver Bow County	Justice	MDT*	2010
Hill County DUI Court	Hill County	Justice/Municipal	MDT*	2012
Billings Municipal DUI Court	Billings	Municipal	MDT*	2012

* Montana Department of Transportation