

**STATE OF MAINE
JUDICIAL BRANCH**

2024

Specialty Docket Report
Maine Treatment and Recovery Courts



**Report to the
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2024 Overview - Specialty Dockets

Maine Treatment and Recovery Courts

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Introduction

This report is submitted to the Joint Standing Committee on Judiciary pursuant to Title 4 M.R.S. §423 regarding the Maine Judicial Branch’s efforts to establish and operate treatment and recovery courts. It provides a comprehensive overview of Maine’s treatment and recovery courts, including operational details and the information required by 4 M.R.S. §423. Additionally, it outlines the history, oversight, policies, funding, and outcomes of these specialty dockets, which function in collaboration with the Executive Branch, county governments, and community partners.

A. An Introduction to Treatment and Recovery Courts (TRC)

During the 1980s, as the "War on Drugs" intensified, the judicial and criminal justice systems played a central role in responding to the escalating cocaine epidemic, which helped to cause a revolving door of incarceration. However, professionals across these fields recognized that the traditional punitive model was ineffective in curbing substance use and reducing recidivism.

Treatment courts have since emerged as the most successful intervention in the nation’s history for individuals with substance use and mental health disorders. These courts provide an alternative to incarceration by integrating judicial oversight with medical and recovery-based approaches, treating substance use as a public health issue rather than a moral failing.

The first “drug court” was established in Miami-Dade, Florida, in 1989. Since then, more than 4,000 “treatment courts” have been implemented across all 50 states, four U.S. territories, and over 20 countries.¹ Today, treatment courts serve various populations, including adults, juveniles, veterans, and families involved in child welfare proceedings. Maine has adopted several of these specialized models.

Treatment Courts are the single most successful intervention in our nation’s history for leading criminally involved people living with substance use disorders (SUD) and mental health disorders (MHD) out of the justice system and into lives of recovery and stability. The treatment courts initiated a collaborative system that views substance use as a medical disease rather than a moral failing. This approach enabled the treatment courts to include medical and recovery professionals in managing these cases, where individuals receive personalized, evidence-based treatment. The result is a public-health approach to justice reform using judicial intervention with treatment responses and compassion instead of punitive impartiality. The treatment courts offer a path of stability, health, and recovery.

Treatment courts adhere to national best practice standards and the Ten-Key Components established by the National Association of Drug Court Professionals (now “All Rise”).² These

¹ All Rise, (formerly National Association of Drug Court Professionals “NADCP,” located at <https://allrise.org/about/treatment-courts/> (last visited February 12, 2025).

² National Drug Court Institute (2012); “*What Works? The Ten Key Components of Drug Court: Research-Based Best Practices*” Drug Court Review, Vol VIII.

evidence-based models have been shown to reduce recidivism and lower costs while promoting recovery and stability. In Maine, these courts operate with fidelity to these standards, ensuring consistent and effective outcomes.

A substantial number of people who are involved in the justice system are there as a result of an underlying substance use disorder.³ This underlying cause of interaction with the judicial system does not respond favorably to the traditional punishment-based responses of courts leading to a high rate of recidivism.

Substance use disorder and serious and persistent mental illnesses are now recognized to be diseases and not moral failings. Incarceration alone does not treat these diseases, and they may reappear upon release likely leading to future entanglement in the judicial system.

Incarceration without treatment is also expensive and lacks a substantial impact in the reduction of recidivism. According to the 2020 treatment court program assessment conducted by Public Consulting Group, one year of incarceration in prison in Maine has a cost of \$44,895 (\$123 per day). A year of incarceration in a county jail in Maine has cost of \$51,465 (\$141 per day).⁴

Over the last three decades a different approach to handling persons with substance use disorder and mental health disorders has been instituted. This new approach is evidence-based, has been subjected to intense peer-review studies, and found to be the single most successful intervention in the history of the American judicial system for stopping the cycle of repeat offending. This approach has many names such as Treatment and Recovery Courts, Drug Courts, Problem-Solving Courts, and Veterans Treatment Courts.

This evidence-based approach brings together a multi-disciplinary team of professionals including judges, prosecutors, defense attorneys, family attorneys, treatment providers, probation officers, law enforcement officers, case managers, peer professionals, and others. This multidisciplinary team essentially acts like a team of expert witnesses providing legal and scientific expertise to the judge.

Treatment & Recovery Court Types in Maine

Currently, Maine operates four types of treatment and recovery court programs:

1. **Adult Drug Treatment and Recovery Court (TRC):** Aims to reduce recidivism and substance use among adults through supervised treatment, drug testing, and rehabilitation services.
2. **Co-Occurring Disorders Court (CODC):** Serves individuals diagnosed with both moderate-to-severe substance use disorder and severe and persistent mental illness.

³ National Institute on Drug Abuse, *Criminal Justice Drug Facts*, located at nida.nih.gov/publications/drugfacts/criminal-justice (last visited, February 12, 2025).

⁴ Public Consulting Group (2020); *Evaluation Report, Maine Adult Drug Treatment Court* (2020), located at courts.maine.gov/about/reports/adtc-evaluation-report-2020.pdf, p. 75. (last visited February 12, 2025).

3. **Veterans Treatment Court (VTC):** Addresses the unique needs of veterans and active-duty military personnel experiencing service-related mental health issues and substance use disorders.
4. **Family Recovery Court (FRC):** Supports parents involved in child welfare cases where substance use is a contributing factor, working toward recovery and family reunification.

Adult Drug Treatment and Recovery Court is a criminal court docket designed specifically for the purposes to achieve a reduction in criminal recidivism and substance use and increase the likelihood of successful rehabilitation for adults with substance use disorders charged with drug-related offenses. Interventions include early, continuous, and intensive judicially supervised treatment, mandatory periodic drug and alcohol testing, community supervision, and the use of appropriate sanctions, incentives, and habilitation services.⁵

Veterans Treatment Court (VTC) applies a hybrid of the adult drug treatment court model with the mental health court principles to serve military veterans and sometimes active-duty military personnel suffering from service-related injury or illness, such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), reactive depression, and co-occurring substance use disorders. “VTCs were ‘born from the need to address the root cause of criminal conduct among many justice-involved Veterans—untreated behavioral health needs that are often related to trauma incurred during the Veteran’s military service....’”⁶

One key difference between the VTC and other treatment courts is the presence on the team of a Veteran Justice Outreach coordinator (VJO) provided by the U.S. Department of Veterans Affairs. The VJO’s role is important as a participating VTC team member during staffing and court sessions. The VJO is vital in providing the Veteran’s VTC eligibility, treatment needs, and available VA treatment services and benefits.⁷

VTCs view veterans as persons with special needs who cannot be served adequately in conventional drug courts, mental health courts, or other veterans’ treatment programs. Traumatic exposure during combat, difficulty reintegrating into civil society after discharge, and the unique socialization processes of military culture require veteran-specific services to be delivered in separate court-based programs by current or former veterans who are familiar with combat and military lifestyle.⁸

⁵ Marlowe, D. B., Hardin, C. D., & Fox, C. L. (2016); *Painting the current picture: A national report on drug courts and other problem-solving courts in the United States*. Alexandria, VA: National Drug Court Institute. (More recent 2022 “Painting the Current Picture” report is available at the National Treatment Court Resource Center (<https://ntcrc.org/pcpl/>), last visited on February 12, 2025.)

⁶ DeVall, K., Lanier, C., & Baker, L. (2023). *Painting the Current Picture: A National Report on Treatment Courts in the United States*; National Drug Court Resource Center, p. 80; (citing McCall, J. D., & Pomerance, B. (2019). *Veterans treatment courts*. In J. Tsai & E. R. Seamone (Eds.), *Intersections between mental health and law among veterans* (pp. 89–110). Springer International Publishing, p. 90).

⁷ *Id.*, See also DeVall, K., Lanier, C., & Baker, L. (2023). *Painting the Current Picture: A National Report on Treatment Courts in the United States*; National Drug Court Resource Center, at 40.

⁸ Marlowe, *Painting the Current Picture* (2016).

Co-Occurring Disorders Courts (CODC) are “specialized criminal court dockets that serve individuals diagnosed with both a moderate-to-severe substance use disorder and a severe and persistent mental illness, such as bipolar disorder (manic depression), major depression, or schizophrenia. The programs do more than simply treat dually diagnosed disorders. Mental illness and substance use disorders are often reciprocally aggravating conditions, meaning that continued symptoms of one disorder are likely to precipitate relapse in the other disorder. For example, a formerly depressed person who continues to misuse drugs is likely to experience a resurgence of depressive symptoms. Conversely, a person recovering from a substance use disorder who continues to suffer from depression is at serious risk for relapsing to drug abuse. For this reason, co-occurring disorders courts treat mental health and substance use disorders concurrently, as opposed to consecutively. Whenever possible, both disorders are treated in the same facility by the same professional(s) using an evidence-based integrated treatment model that focuses on the mutually aggravating effects of the two conditions. Participants also receive unhindered access to medical and psychiatric practitioners qualified to prescribe and monitor response to psychotropic and addiction medications.”⁹

Family Recovery Courts are a type of civil specialty docket referred to in other areas of the country as family drug courts, family treatment courts, and dependency court. The family recovery court is a specialty docket for cases of child abuse or neglect in which parental substance use is a contributing factor. The Family Recovery Court docket runs parallel with the open child welfare (“child protection”) proceeding. “Judges, attorneys, child protection services, and treatment personnel unite with the goal of . . . providing parents with the necessary support and services they need to become drug and alcohol abstinent. Family [Recovery] courts aid parents or guardians to regain control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.”¹⁰

Generally, treatment courts reduce the costs borne by society, reduce recidivism, and increase successful treatment.

“The Maine treatment courts generate a cost savings of 12% for each person who enters, rising to 28% at 18 months when lower recidivism rates and costs are taken into account.”¹¹

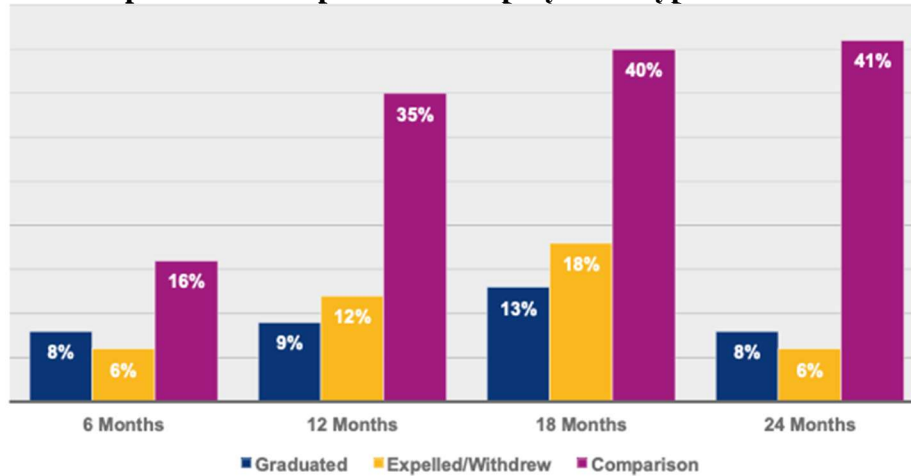
Specifically, the Maine treatment courts are proven to reduce conviction recidivism rates at a statistically significant rate at six, twelve, eighteen, and twenty-four months. This reduction in conviction recidivism is not limited to only those who successfully complete a treatment court program, but for *anyone that participates* in a treatment court when compared to defendants that were eligible for a treatment court but did not participate. This impact is demonstrated by the following chart:

⁹ *Id.*

¹⁰ *Id.*

¹¹ Public Consulting Group, *p. xi*

Conviction Recidivism of Criminal Treatment and Recovery Court Participants vs. Comparison Group by Exit Type 2016-2019¹²



The treatment and recovery courts in Maine have now been in operation for twenty-two years. They follow the national best practice standards developed through rigorous scientific study. By adhering to the national best practice standards, treatment courts have a proven impact on increasing treatment participation, decreasing recidivism, and reducing costs.¹³

B. A History of the Maine Treatment and Recovery Courts

Project Exodus” – Adult Drug Treatment Court

In 1996, Cumberland County District Attorney Stephanie Anderson received funding for planning and implementation of Maine’s first problem-solving court, entitled “Project Exodus.” This BJA-funded court operated in Cumberland Superior Court for two years and was presided over by Honorable Roland Cole and Honorable Robert Crowley. The BJA funding enabled the entire Cumberland County team to the 1997 and 1998 annual conferences of the National Association of Drug Court Professionals (NADCP)¹⁴. The team participated in activities sponsored by the New England Association of Drug Court Professionals (NEADCP)¹⁵ in Washington, D.C., including meeting with members of Maine’s congressional delegation. Project Exodus was discontinued in 1998, but was declared successful in its mission.

Adult Drug Treatment and Recovery Courts (“TRC”)

Enabling legislation authorized the creation of Maine’s system of drug treatment courts, envisioned as a interagency partnership between the Administrative Office of the Courts - Maine

¹² *Id.*, p. 71

¹³ NDCL, Ten Key Components

¹⁴ NADCP was rebranded in 2024 as “All Rise.”

¹⁵ NEADCP is now rebranded as the New England Association of Recovery Court Professionals (NEARCP).

Judicial Branch, Maine Department of Corrections, and the Maine Office of Substance Abuse.

In August 2000, Maine began to establish the first six Adult Drug Treatment Courts in the state and began accepting clients in April 2001. These first courts were located in Androscoggin, Cumberland, Oxford, Penobscot, Washington, and York Counties. However, the docket in Oxford County Adult Drug Treatment Court was discontinued in May 2004 due to a low census, and similarly (but for different reasons), the initial Penobscot County Adult Drug Treatment Court closed after graduating its final participant in 2012.

In 2005, Hancock County established a “deferred sentencing project” that was funded by grant awards from the Stephen and Tabitha King Foundation. Soon after, following the provision of funding by the 123rd Legislature on July 1, 2008, an Adult Drug Treatment Court was established, replacing the county deferred sentencing project. .

In the Fall of 2016, a new Penobscot County Adult Drug Treatment Court opened following extensive planning, organization, and development by a dedicated group of community mental and physical health specialists, local Legislators, the City of Bangor Department of Health, Penobscot County law enforcement, defense counsel, court personnel, employees of the Department of Corrections, Maine Pretrial Services, and the Penobscot County District Attorney’s Office.¹⁶

In December 2021, satisfying a long-time goal of the Maine Judicial Branch, two adult treatment courts began operations in Western Maine (serving Oxford and Franklin Counties) and Mid-Coast (also known as the judicial “Region 6” TRC, serving Knox, Lincoln, Sagadahoc, and Waldo Counties). Each treatment court was supported by their own Bureau of Justice Assistance grant awarded in December 2021.

In 2021, at the recommendation of the Adult Drug Treatment Court Steering Committee, the Trial Chiefs approved name changes to both the Steering Committee and the Treatment Courts. The Steering Committee is now known as the *Maine Treatment and Recovery Court Steering Committee* and the Adult Drug Treatment Courts are now known as the *Adult Treatment and Recovery Courts* (“TRC”). This name change was initiated to eliminate stigma to persons with substance use disorder and to be goal focused, rather than identifying the court and participants with the disease.

Co-Occurring Disorders Court (“CODC”)

In June 2005, Justice Nancy Mills initiated a Co-Occurring Disorders Court (CODC) in Kennebec County. This court was funded by a federal grant from the SAMHSA. Due to the CODC’s success, additional funding was received in the winter of 2008 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to serve more clients and expand to serve Somerset County. While located in Augusta, the CODC may accept cases from across the State of Maine. Participants must either live in Kennebec County or have regular and reliable transportation to Kennebec County in order to participate in the required appearances, meetings, and treatment sessions.

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

Veterans Treatment Court (“VTC”)

In 2011, Justice Nancy Mills established a Veterans Treatment Court in Kennebec County and began accepting participants from across the State of Maine. In January 2019, Justice Mills established an additional Veterans Treatment Court in Cumberland County. During her tenure as Chair of the Maine Statewide Treatment and Recovery Court (TRC) Steering Committee, Justice Mills also championed the concept of adding veteran treatment court tracks to all existing adult drug treatment courts. She also brokered discussions to increase funding for additional case managers to achieve this goal. Planning is underway to establish more Veteran Treatment Tracks within the other treatment and recovery courts in other parts of the State.

Family Recovery Court (“FRC”)

Maine’s Family Treatment Drug Courts became operational in October 2002. The first two Family Treatment Drug Courts were in Knox County, serving judicial region 6, and Androscoggin County. These courts had their own Steering Committee and administrative structure. A BJA funded court was added in Penobscot County, and a Family Treatment Drug Court opened in Kennebec County. In 2017 these courts were renamed the *Family Recovery Courts* in effort to focus on the goal of recovery and to remove the stigma associated with drugs. Additionally, this name change helps to distinguish the FRC from the judicial branch “family court” (divorce, parental rights, etc.) and the criminal drug Treatment and Recovery Courts.

Treatment courts that operate with fidelity to evidence-based best practices are proven to be an effective state response for high-risk¹⁷ and high-need criminal defendants and parents in jeopardy of losing their children, who are struggling with drug and/or alcohol use or dependence disorder.¹⁸ Today, Maine has three such family recovery courts in operation in the Lewiston, Augusta, and Bangor district courts. These specialty dockets are designed for families who have an open civil child welfare (“child protection”) case with the court and the Maine Department of Health and Human Services (DHHS) Office of Child and Family Services (OCFS). Each of the three FRCs have a maximum capacity of twenty-five participants per case manager. One case manager is presently assigned to each FRC. Participants are not limited to those counties as long as they have regular and reliable transportation.

C. Oversight of the Maine Specialty Dockets

The Maine Judicial Branch oversees the state’s treatment and recovery courts through the Coordinator of Specialty Dockets and the Treatment and Recovery Court Steering Committee. This committee, chaired by Hon. David Mitchell, ensures adherence to best practices, develops

¹⁷ The term “high-risk” refers to risk of failure to complete the current level of supervision. High-risk does **not** refer to risk to public safety.

¹⁸ Carey, S.M. et al, (2012). *What Works? The Ten Key Components of Drug Court: Research-Based Best Practices*, Drug Court Review, 8(1), 6-42. Marlowe, Douglas B., (2011), *The Verdict on Drug Courts and Other Problem-Solving Courts*. Chapman Journal of Criminal Justice, 2(1), 57-96. Shaffer, Deborah K., (2011), *Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review*, Justice Quarterly, 28(3), 493-521. National Institute of Justice, <https://www.ojp.gov/ncjrs/virtual-library/abstracts/looking-inside-black-box-drug-courts-meta-analytic-review> (last viewed on February 13, 2025).

statewide policies, and monitors court operations and outcomes.¹⁹

The Treatment and Recovery Court Steering Committee, chaired by Honorable David Mitchell, who also presides over the Washington County TRC, ensures the Maine treatment and recovery courts adhere to best practices and national standards, develops statewide policies and procedures, and maintains oversight of the operation and outcomes of the treatment courts. It is composed of representative representatives of the Judicial Branch, Administrative Office of the Courts, Office of the Attorney General, District Attorneys, defense bar, case management agencies, treatment agencies, community partner agencies, Department of Corrections, the Office of Behavioral Health, the Office of the Governor. The committee meets quarterly or as deemed necessary by the Chair. The committee reviews legal, policy, or procedural recommendations that modify the operation of the treatment and recovery courts. Any such recommendations that required adoption of structural changes are presented to the Chief Justice, Trial Court Chiefs, and Court Administrator for ratification.²⁰

The position of Coordinator of Specialty Dockets and Grants, Administrative Office of the Courts, is presently held since 2023 by Todd H. Crawford, Jr., Esq, who previously operated a private law firm in Raymond, Maine, and has experience as defense counsel for the Cumberland County Veterans Treatment Court and the Western Maine Adult Drug Treatment and Recovery Court. Mr. Crawford is a retired Army Officer and a Veteran of the U.S. Navy and the Maine Army National Guard. The position of Coordinator of Specialty Dockets and Grants is overseen by Amanda Doherty Esq., Manager of Criminal Process and Specialty Dockets.

Specialty docket judges are assigned by the Chief Justice of the Superior Court or the Chief Judge of the District Court. Participation is voluntary, and judges dedicate a significant portion of their time to presiding over these cases. Court clerks and the Office of Judicial Marshals provide essential operational support to our treatment courts.

D. Policy and Process

Maine's treatment and recovery courts emphasize accountability while providing structured support for participants. These programs require rigorous screening, frequent judicial oversight, mandatory drug testing, and individualized treatment plans. Participants progress through a structured five-phase program, culminating in recovery and reintegration into society.

Participants of the "criminal" specialty dockets (Adult Drug Treatment & Recovery Courts, Co-Occurring Disorders Court, and Veterans Treatment Courts) have either pled or been found guilty or may proceed pre-adjudication under conditions of bail. The underlying crime that brought the participant into the criminal justice system must be drug, alcohol, or mental health related, either as an element of the offense or as the underlying contributing factor to the commission of the offense.

¹⁹ Me Judicial Branch, *Treatment and Recovery Court Policy and Procedures Manual*, Aug 1, 2022, p.49; located at courts.maine.gov/courts/treatment/mtrc-policy-manual.pdf (last visited on February 13, 2025)

²⁰ *Id.*

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

On August 1, 2022, the Maine Treatment and Recovery Court Steering Committee completed and published an updated and comprehensive Policy and Procedures Manual²¹ and respective participant handbooks.^{22 23}

Each court has a maximum capacity of 25 participants per assigned case manager. Most Maine treatment courts have two case managers. Admission is based on comprehensive evaluations to ensure eligibility and alignment with program objectives. Participants work with a multidisciplinary team, including judges, prosecutors, defense attorneys, treatment providers, probation officers, and peer support specialists.

Participation in the Maine treatment and recovery courts is voluntary and provides defendants and probationers with a demanding, community-based alternative to recurring and lengthy terms of incarceration. Unlike some drug courts in other states that operate on a deferral-from-prosecution model for low-level offenders, Maine's treatment and recovery courts target high-risk, high-need individuals.²⁴ In some cases, the defendant may participate only after conviction of criminal charges, but the final sentencing may be deferred pending completion of the program. Upon successful completion, the sentence imposed may be substantially less severe than typically imposed for similar charges, the charge may be reduced to a less serious offense, or some charges may be dismissed. In most all cases, no further incarceration is required or imposed.

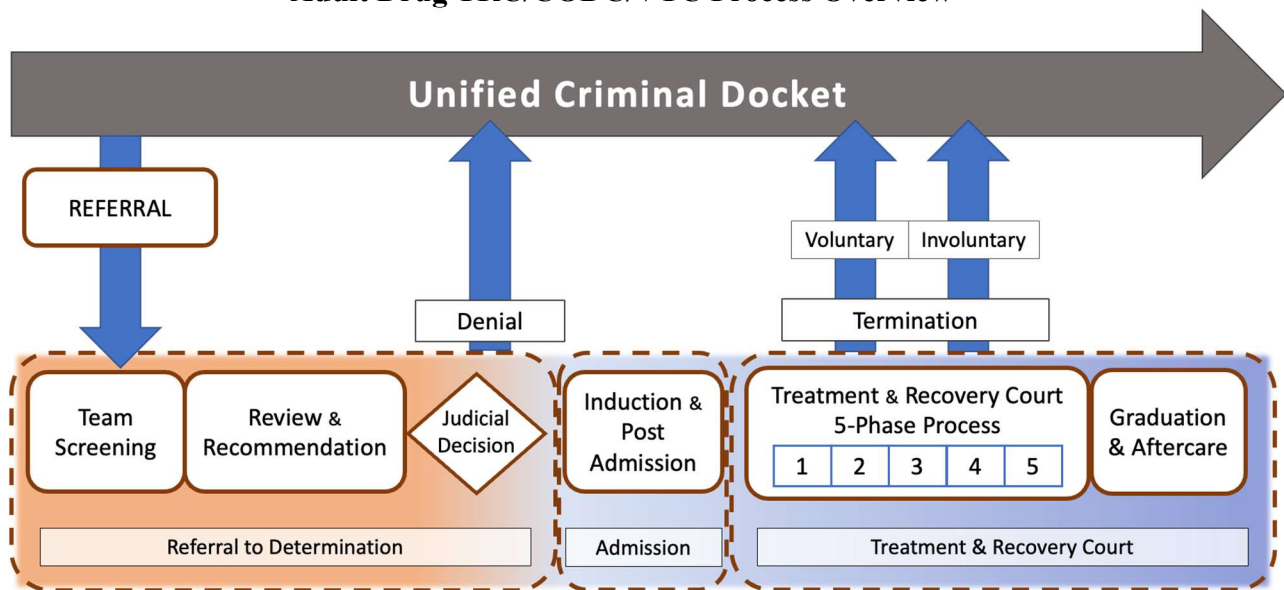
²¹ Me Judicial Branch, *Treatment and Recovery Court Policy and Procedures Manual*, Aug 1, 2022, located at courts.maine.gov/courts/treatment/mtrc-policy-manual.pdf (last visited on February 11, 2025)

²² Me Judicial Branch, *Maine Treatment and Recovery Court Participant Manual*, August 1, 2022, located at courts.maine.gov/courts/treatment/trc-participant-handbook.pdf (last visited on February 11, 2025).

²³ Me Judicial Branch, *Maine Veterans Treatment Court Participant Manual*, Aug 1, 2022, located at courts.maine.gov/courts/treatment/vtc-participant-handbook.pdf (last visited on February 11, 2025).

²⁴ High-Risk in a criminal treatment court setting does not refer to risk to safety. High-Risk refers to the likelihood that the participant will not thrive in a less intense method of supervision.

Adult Drug TRC/CODC/VTC Process Overview²⁵



Prior to admission to a treatment and recovery court, an extensive evaluation of each applicant is conducted to ensure that each applicant meets the objective evidence-based eligibility criteria. Eligibility and exclusion criteria are defined objectively, specified in writing and communicated to potential referral sources. The treatment court teams do not apply subjective criteria or personal impressions to determine a participants' suitability for the programs.²⁶ The evaluation includes the following steps:

- Referral to the treatment court by counsel, probation officer, community member, DHHS caseworker or a defendant or their family member.
- Applicant interview and authorizing waivers to allow for gathering of medical information.
- Independent verification of the information gathered in the interview.
- Risk assessment completed using a qualified screener (LSI-R or LSI-SV)²⁷
- Review of demographic information (jail and/or DHHS file) by case manager.

²⁵ *Maine Policy and Procedure Manual*, p. 10. This graphic illustrates the treatment and recovery courts operating relationship to the criminal procedure docket (Adult Drug Treatment and Recovery Court, Veterans Treatment Court, and the Co-Occurring Disorders Court). This does not reflect the relationship of the parallel and separate operation of the Family Recovery Courts in relation to the child welfare dockets.

²⁶ Marlowe, D.B. et al (2024). *Adult Drug Court Best Practice Standards*, pg. 9, All Rise, <https://allrise.org/publications/standards/> (last visited on February 13, 2025).

²⁷ The Level of Service Inventory-Revised (LSI-R), used by the Maine Department of Corrections since 2004, assesses an offender's risk of recidivism. It evaluates 10 domains: Criminal History, Education/Employment, Finances, Family/Marital, Accommodations, Leisure/Recreation, Companions, Alcohol/Drug, Emotional/Personal, and Attitude/Orientation. Scores range from 0 to 54, with lower scores indicating a lower likelihood of reoffending. Research has validated the LSI-R's predictive accuracy across various correctional settings and offender subgroups, including female and African-American offenders (Andrews, 1982; Bonta & Andrews, 1993; Gendreau, Goggin, & Smith, 2002). Dynamic factors within the LSI-R inform case planning and management, while static factors, such as Criminal History, remain unchanged. (Rubin, *Maine Adult Recidivism Report* (2013), pp. 1, 6.)

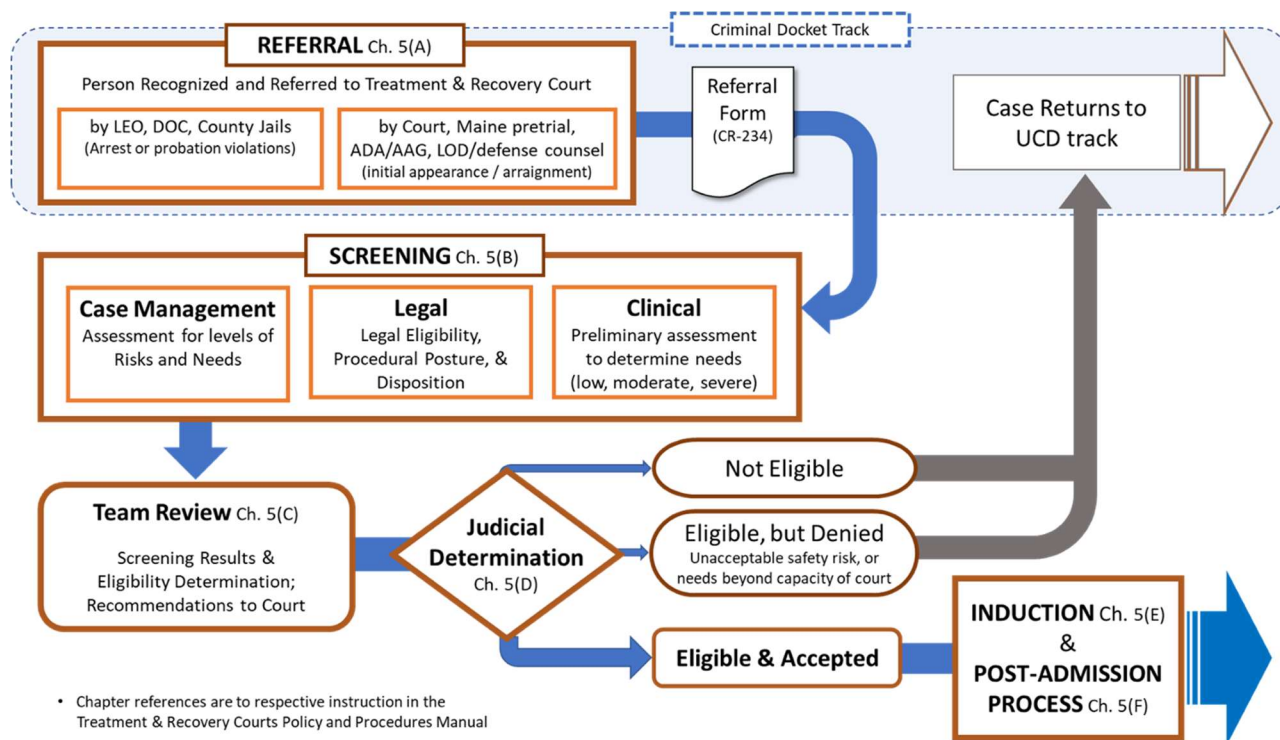
- In-person interview of the applicant by the case manager and treatment provider to determine a level of care.
- Document review of the applicant’s court paperwork by assigned prosecutor and defense attorney or counsel in a civil case.
- Records request and review for prior diagnosis of substance use disorder, mental health services, and treatment.
- In criminal cases, coordination with defense counsel, prosecutor, and probation officer (if on probation).
- Creation, review, and execution of informed releases for information.
- Needs assessments completed using qualified screening tools covering substance use disorders, mental health issues, and trauma screenings (AC-OK²⁸, TCU Drug Screen 5 with Opiate Supplement²⁹, and Mental Health Screening III³⁰).
- Report on screening and level of care evaluation to the treatment court team.

²⁸ The AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Disorders) was designed to determine if a person who asks for help from either a mental health agency or a substance disorder treatment agency needs to be assessed for the possible co-occurring disorder of Mental Health, Trauma Related Mental Health Issues, and Substance Disorders. All agencies who are MaineCare contracted providers, including private practitioners, are required to screen. Also included are any programs having contracts with the Office of Child and Family Services. maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/contract-2015/rider-e/Rider-E-OCFS-Childrens-Residential.pdf (last visited February 11, 2025).

²⁹ National Institute of Corrections, *The TCU Drug Screen 5: Opioid Screening Tool*, nicic.gov/texas-christian-university-tcu-drug-screen, (last visited Jan 31, 2024). This a self-report screening tool from Texas Christian University (TCU) available to help justice and health professionals quickly gather detailed information about opioid use, allowing for more rapid referral to treatment services when appropriate. It also collects important information about the potential risk of opioid drug overdose. Developed by researchers at the Institute of Behavioral Research at TCU, along with the Center for Health and Justice at the Treatment Alternatives for Safe Communities, the TCU Drug Screen 5-Opioid Supplement can help determine earlier in the screening process if there is an immediate need for services to address opioid use problems.

³⁰ American Psychological Association, *The Mental Health Screening Form-III (MHSF-III)*, psycnet.apa.org/doiLanding?doi=10.1037%2Ft48832-000 (last visited February 11, 2025), (developed to screen for possible mental health problems in substance abuse treatment program patients and to effectively refer identified cases).

Referral to Determination Process³¹



Once admitted to a treatment and recovery court, participants are required to meet with the presiding judge weekly. They report on and account for their progress as well as maintain regular weekly (or more often as prescribed) contact with their case manager and probation officer, if on probation. In addition to frequent court appearances, the participant must engage in healthcare treatment as recommended based on ASAM criteria and are tested for substances on an unannounced basis at least twice each week.

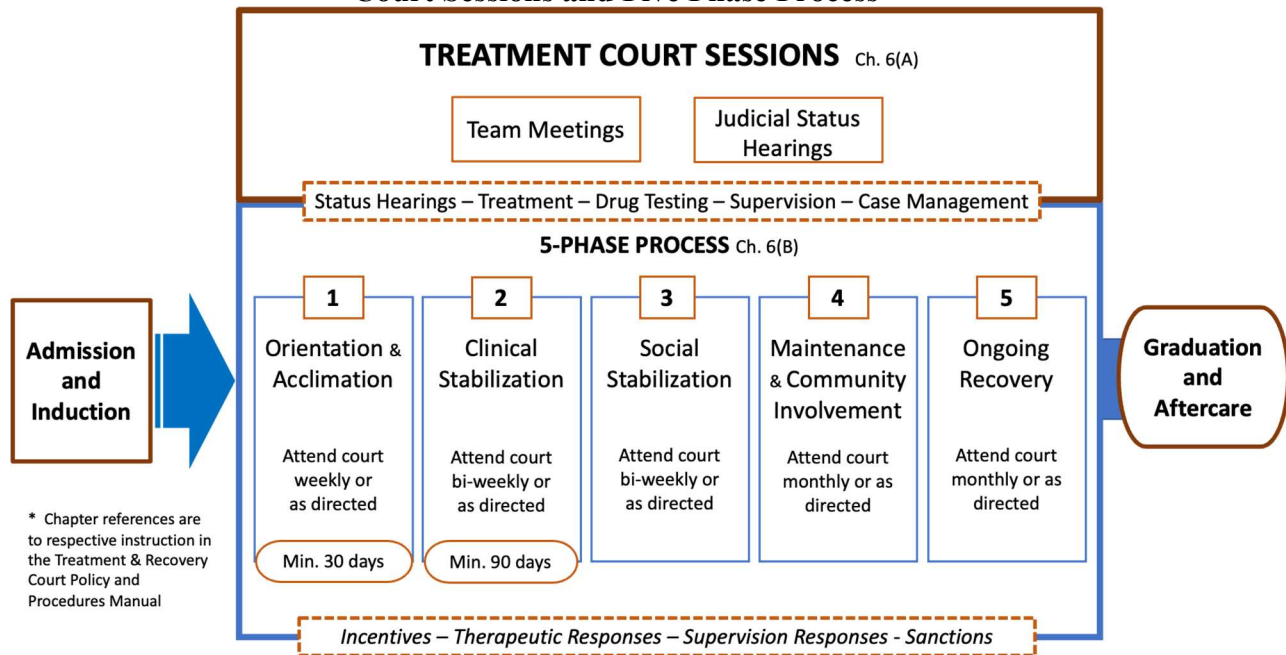
The treatment and recovery court requires each participant to work through a progressive, five-stage program that employs evidence-based practices and follows well-researched, best practice standards.³² The five stages include the following:

- Phase One: Orientation and Acclimation
- Phase Two: Clinical Stabilization
- Phase Three: Social Stabilization
- Phase Four: Maintenance and Community Involvement
- Phase Five: Ongoing Recovery

³¹ *Maine Policy and Procedure Manual*, at 10.

³² *Id.*, Ch. 6.

Court Sessions and Five Phase Process³³



As the participants progress and stabilize through the treatment and recovery court program, their level of social and community activities may progressively increase. They may seek (or maintain) paid employment; attend educational programs or engage in community service; make payments on fines, restitution, child support, and taxes; maintain stable and sober housing; undergo frequent and random observed drug testing for the presence of alcohol or other drugs; and, participate satisfactorily in intensive treatment and self-help groups. The participant’s conduct in abiding by these conditions results in incentives (as a positive reinforcement), sanctions imposed by the Court (as a negative reinforcement) which may include brief incarceration³⁴ (in the criminal treatment courts), or service adjustments³⁵. Multiple, serious repeat violations, serious new criminal conduct, or failure to make progress toward attainable goals can result in sanctions, including termination from the treatment court program.

Specialized treatment is provided by local behavioral healthcare agencies funded by contract with OBH or through the Veterans Health Administration (VHA). Maine Pretrial Services coordinates the treatment contracts that are funded by OBH. Treatment programs from these local behavioral healthcare agencies support recovery from substance use disorder, address criminogenic thinking³⁶, provide parenting education, assist with the development of more pro-social behaviors,

³³ *Id.* at 11.

³⁴ Sanctions have been associated with better outcomes in drug courts, but only when they were no more than 3 to 6 days in length and were delivered in later phases of the program when participants were able to satisfy more demanding requirements.” *Best Practice Standards* (2024) at 94.

³⁵ “Service adjustments, not sanctions, are delivered when participants do not meet distal goals. Supervision adjustments are carried out based on recommendations from trained community supervision officers predicated on a valid risk and need assessment and the participant’s response to previous services.” *Id.* at 69.

³⁶ “*Criminogenic thinking*” refers to characteristic thinking or beliefs that tend to precede criminal behavior and may

and address mental health and trauma-related issues.

The case manager for each program provides direct and frequent supervision of participants, random alcohol or other drug testing at least twice per week, and assistance in developing individualized plans of action for each participant to help them achieve and maintain sobriety, refrain from criminal behavior, secure stable and sober housing, employment, and other goals. Case management services are directly contracted between the Office of Behavioral Health and Maine Pretrial Services.

The Family Recovery Court provides the treatment and case management services for clients that have an open child protective case and are in jeopardy of having their children removed or their parental rights terminated due to an underlying substance use disorder. However, the treatment providers are not contracted as they are with the treatment and recovery courts. The Family Recovery Courts provide the same rigorous accountability for their participants as they work toward reunification in the child protective action. There is no guarantee that parent-child reunification will occur upon a successful completion of the Family Recovery Court program; however, *Children and Family Futures*, the national organization tasked with training family treatment drug courts, reports that 50% of families who participate in a family treatment drug court achieve reunification.³⁷

E. Funding

Maine's treatment and recovery courts operate through a combination of state and federal funding, but remain labor and time intensive for judges, clerks, Judicial Marshalls, and administrators. It is estimated that judges allocate an average of 15% to 20% of their time each week that their court meets to their treatment court assignment. Prosecutors, defense counsel, and probation officers devote similar, if not longer, hours each week. Maine Pretrial Services case managers are each assigned full-time to a Treatment and Recovery Court. Team members are accessible after hours, nights, weekends and holidays to address urgent needs of participants or other urgent situations. The Coordinator of Specialty Dockets and Grants, also referred to as the Statewide Coordinator for Treatment Courts, devotes almost 100% of his work week to these courts. Additionally, the Manager of Criminal Dockets and Specialty Courts, who supervises the Statewide Coordinator, spends an average of 5% of her time each week on specialty docket issues.

While the Judicial Branch received no state or federal grants dedicated to general funding for all Maine specialty dockets, the Judicial Branch manages two grants from the Bureau of Justice Assistance (BJA) for expansion of the treatment and recovery courts.^{38 39}

be addressed through evidence-based treatments such as Moral Reconation Therapy, Thinking for a Change, or Reasoning & Rehabilitation evidenced-based programs.

³⁷ *Children and Family Futures*, cffutures.org/family-drug-courts-focus/ (last visited Feb. 7, 2024)

³⁸ Maine Office of Behavioral Health, Department of Health and Human Services manages and distributes funds for treatment services, case management, and peer recovery services for the treatment courts.

³⁹ The Judicial Branch was awarded two BJA grants on December 18, 2021 to expand the treatment courts to Oxford & Franklin Counties (Western Maine) and Region 6 (Mid-Coast). These specialty dockets began

The General Fund provides funding for the full-time Coordinator of Specialty Dockets as well as funding for judges, court clerks, and judicial marshals. Treatment and case management services for the adult drug treatment and recovery courts are funded through the Office of Behavioral Health (OBH), Maine DHHS. All other departments or agencies fund their personnel through their own funding sources, e.g., District Attorneys, Attorney General’s Office, law enforcement agencies, and Department of Corrections.

Unlike the criminal treatment courts, where funding is provided by the Office of Behavioral Health, funding for the Family Recovery Courts case management services, treatment services, and peer recovery supports are split between different divisions of DHHS. Case management services are funded through OBH. Treatment services are funded through Office of Child and Family Services (OCFS) for services not covered by MaineCare. OCFS pays the agency directly where services are provided.

While the (criminal) treatment and recovery courts have either a contracted treatment agency or the U.S. Veterans Administration that sees all participants, parents involved in a child protective case have the right to determine the treatment agency where they receive services. The treatment agencies that are contracted with the treatment and recovery courts may send a representative to the Family Recovery Courts, but they are not guaranteed to be the agency providing services. The most common reason for a participant in a Family Recovery Court to choose a treatment provider other than the provider on the team is an already established counseling relationship.

OBH funding comes from the State General Fund, the Fund for a Healthy Maine, and the federal Substance Abuse Treatment and Prevention Block Grant. Maine Pretrial Services now manages the combined contracts for case management services and treatment services through OBH. The current contracts for treatment and case management services started on July 1, 2020 as two-year contracts with an automatic renewal unless terminated after review.

F. Required Reports

1. Training

The treatment & recovery court programs require team staff to engage a paradigm shift from their normative scope of operation, which means they need a range of knowledge and skills broader than their standard training. The Adult Drug Treatment Court Best Practice Standards require that all staff receive training on the full range of best practices, including “evidence-based substance use, mental health, and trauma treatment; medication-assisted treatment (MAT) and psychiatric medications; complementary services; behavior modification; community supervision; procedural fairness; drug and alcohol testing; and legal and constitutional standards.”⁴⁰

Team members must understand a wide array of substantive topics and operate as a functionally collaborative multidisciplinary team. It is important that each staff member understands and

operations in the Spring of 2022.

⁴⁰ *Best Practice Standards* at 198.

respects the functional role of every other member of the multidisciplinary team. The transition to functioning as a treatment court team member is most difficult for prosecutors and defense attorneys, who must break from the traditional paradigm to operate with a non-adversarial approach to promote public safety while protecting participants' due process rights.⁴¹ It is important to maximize access to the target population in a swift and efficient manner and ensure integrity of the participants' Constitutional rights.

Staff training and education is available in various forms, including in-state training for teams or by role for individuals, regional or national conferences (the "gold standard" for treatment court training), or self-paced courses online.

During the 2024 calendar year, the Administrative Office of the Courts worked collaboratively with other Maine agencies and leading regional and national treatment and recovery court organizations to provide sustainment training for treatment court staff members and others outside of the treatment courts.

a. **New Staff Orientation.**

New treatment court staff members need at least a basic instruction on the treatment court key components and best practice standards before assignment on the court team. Additionally, they should "attend a formal training session as soon as practicable thereafter. If feasible, new staff also attend pre-court staff meetings and court status hearings before the transition to learn how the program operates, observe their predecessor's actions, and receive advice and direction from an experienced colleague."⁴²

Staff turnover tends to cause a divergence from the treatment court model and a drift away from service quality.⁴³ This is especially true when new judges take the treatment court bench.⁴⁴ New staff orientation helps to suppress any divergence, and continuing education ensures our staff are empowered with the knowledge and skills to operate with fidelity to the best practice standards.

New treatment court staff members are provided with a self-paced *New Staff Orientation Guide* with references for familiarization to resources (e.g., best practice standards, research studies, and publications), and self-study training courses offered by national organizations, such as the Treatment Court Institute.⁴⁵

b. **Staff Training**

Ongoing education is essential for treatment court staff, because "knowledge retention and

⁴¹ *Defining Drug Courts: The Key Components*, Bureau of Justice Assistance, (1997, Reprinted 2004)

⁴² *Best Practice Standards* at 198.

⁴³ *Id.* at 198 [citing Farringer, A. J., & Manchak, S. M. (2022). Communication and collaboration in a drug court team. *Psychological Services*, 20(4), 929-940 (<https://doi.org/10.1037/ser0000735>), and van Wormer, J. G. (2010). Understanding operational dynamics of drug courts (Doctoral dissertation, University of Washington). (<https://rex.libraries.wsu.edu/esploro/outputs/99900581662001842>), (both last viewed on February 13, 2025).]

⁴⁴ *Id.*

⁴⁵ All Rise, Treatment Court Institute, allrise.org/about/division/treatment-court-institute/ (last viewed on February 13, 2025).

delivery of evidence-based practices decline significantly within 6 to 12 months of an initial training”⁴⁶ and new research and evidence-based practices are constantly updated.

In 2024, team members participated in numerous training sessions locally and outside of Maine. These training programs ensure that staff members remain updated on best practices, legal requirements, and evolving treatment methodologies.

Local Training Events

Team Training. Several full-treatment court staff received in-person training on April 25 and 26, 2024, by the *Treatment Court Institute* by Helen Harberts, Esq. This occurred at no cost to the Maine Judicial Branch or the State of Maine. Training occurred at the Cumberland County courthouse and covered topics of eligibility criteria and target population; behavior modification using incentives, sanctions and service adjustments; and team dynamics and boundaries.

Restorative Justice Practices. On June 24 to 26, 2024 in Rockland, members of the Mid-Coast TRC engaged with the *National Center on Restorative Justice* at a three-day summit to train and explore opportunities to apply restorative justice practices into the treatment court model.

Technical Assistance & Training. On September 13, 2024, members of the Treatment Court Institute (TCI) conducted a technical assistance (TA) site visit with the Mid-Coast Treatment and Recovery Court. Components of this TA included use of the Best Practices Self-Assessment Tool (an online survey), individual Team Member interviews, review of the Policy and Procedure Manual, observation of a pre-court staffing session and an in-court session, and a training on the use of incentives, sanctions, and service adjustments. This technical assistance was part of a BJA grant for implementation of the Mid-Coast Treatment and Recovery Court and was without cost to the Maine Judicial Branch or the State of Maine.

Operational Tune-Up – Veteran Treatment Court. On September 17 and 18, 2024, several trainers from Justice For Vets and the Treatment Court Institute (both organizations are part of All Rise), provided “Operational Tune Up” training for staff of the Cumberland and Kennebec Veterans Treatment Courts. Training topics included updated best practice standards, target population, eligibility criteria, phase advancements & incentives, sanctions and service adjustments. The training was highly lauded by the Maine staff members. This training occurred at no cost to the Maine Judicial Branch or the State of Maine.

Adult Drug Treatment & Recovery Court 101 – Penobscot Team. On September 20, 2024, several members of the Penobscot TRC staff presented training on treatment court basics to 10-12 other staff, members of the judiciary, clerks and judicial marshals. Topics included judicial determination of entry, best practice standards, state policy and procedures, treatment court key components, target population, eligibility standards, recidivism data review, and cost savings analysis. It also included a direct presentation from a current phase-3 participant. This training occurred at no cost to the Maine Judicial Branch or the State of Maine.

⁴⁶ *Best Practice Standards* at 181.

Out of State Training Events

All Rise 2024 Annual National Conference. On May 20 to 25, 2024, the Coordinator of Specialty Dockets along with several other Maine treatment court multi-disciplinary staff members attended the annual All Rise training conference in Anaheim, California⁴⁷ hosted by *All Rise* (formerly *National Association of Drug Court Professionals*).⁴⁸ This conference is the premier training conference for all treatment and recovery court types and staff disciplines. Attendance and travel costs for the Coordinator were funded by the Judicial Branch.

Behavior Modification Incentives Workshop. On June 28, 2024, in Durham, New Hampshire, two Maine Judges, nine staff members from the Penobscot TRC, and seven members from the Androscoggin TRCs attended an “Incentives Workshop” presented by Hon. Diane Bull (Texas, Retired), *Treatment Court Institute*. The training focused on the value of incentives in behavior modification efforts and helped the teams realize the value in low-cost incentives. Training was hosted by the *New England Association of Recovery Court Professionals* and held at the University of New Hampshire in Durham, New Hampshire. All Maine court and staff members who attended were self-funded, and there was no cost to the Judicial Branch or State of Maine.

NEARCP Annual Conference. The annual training conference of the *New England Association of Recovery Court Professionals* (NEARCP) was held from November 20 to 22, 2024, in Danvers, Massachusetts. The conference was well attended by seven members of the Maine judiciary, several treatment court staff members, and the Coordinator. This conference is recognized nationally as a premier training conference for treatment court professionals. Costs for travel and attendance at this conference for the judiciary members were funded the Maine Judicial Branch. Other staff members attended at their own cost or the cost of their agency.

2. Specialty Dockets Locations

The number and locations of treatment courts operating under the Maine Judicial Branch remains unchanged since the 2023 report. The Judicial Branch currently operates 14 different treatment and recovery courts, plus two in four types of specialty dockets:

Eight ***Adult Drug Treatment and Recovery Courts*** (TRC);

One ***Co-Occurring Disorders Court*** (CODC);

Two ***Veterans Treatment Courts*** (VTC) (plus two VTC “tracks”); and,

Three ***Family Recovery Courts*** (FRC).

⁴⁷ The All Rise annual conference provides comprehensive training to over 7,000 treatment court professionals allowing for the development of contacts with colleagues across the region, country, and world. There are approximately 180 cutting-edge sessions that deal with specific topics and challenges faced in all types of treatment courts providing insight, direction, and training from trainers that have worked in the treatment court field for decades.

⁴⁸ In 2024, the organization founded as the *National Association of Drug Court Professionals* rebranded to “All Rise” to best reflect their comprehensive efforts an impact across the justice system. More information can be found on the All Rise website at allrise.org/news/we-are-all-rise/ (last visited on February 11, 2025).

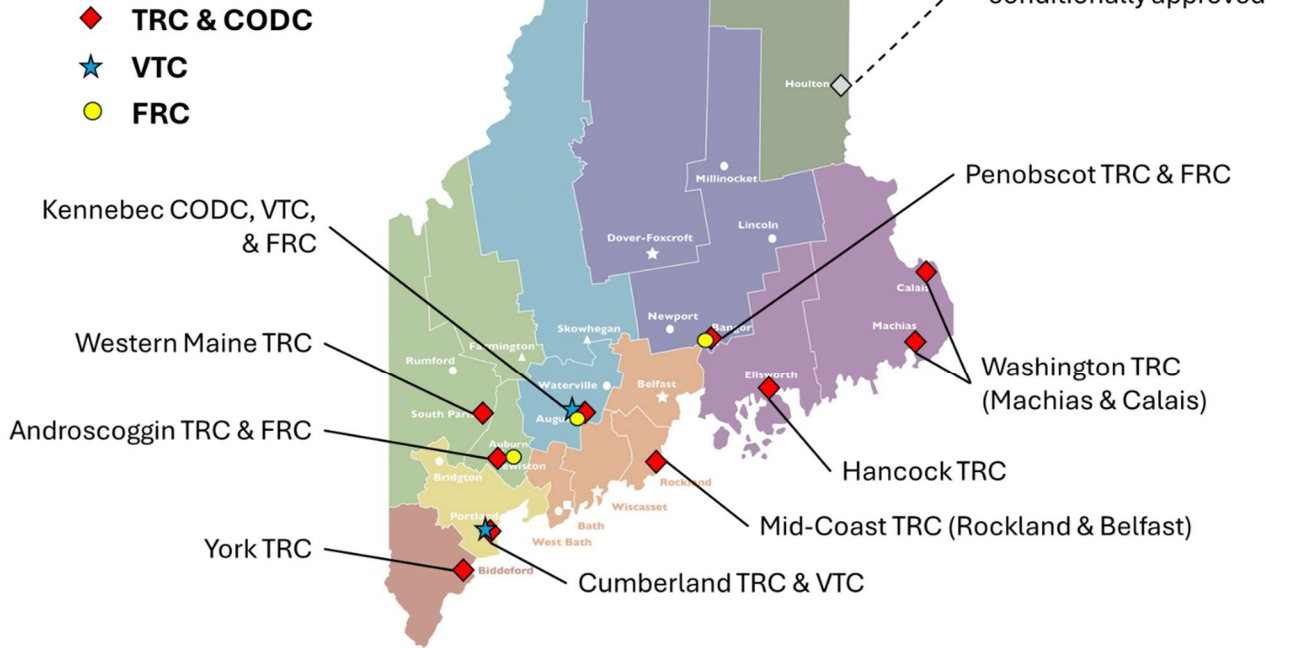
The Judicial Branch has received a completed application from stakeholders to establish an adult drug treatment and recovery court in Aroostook County. The application has been conditionally approved by the Trial Chiefs and State Court Administrator. Full authorization for development, planning, and execution is conditioned upon evidence from all stakeholders and resource partners that each has secured sufficient funding to adequately engage as a partner in the Aroostook County treatment and recovery court program.

There are also several Treatment and Recovery Courts that maintain a “Veteran Track” to provide services for participants who are Veterans, but not in one of the formal Veteran Treatment Courts. These Veteran Tracks should operate separately from the adult drug TRC. When the TRC is operating a veteran track, a VA Veteran Justice Outreach (“VJO”) coordinator sits with the team to provide treatment and resources.

Though the Administrative Office of the Courts was aware of efforts to propose a Family Recovery Court in Portland, no application has been received and efforts have halted, but not without stated interest of local stakeholders to resume the process.

[Map and Table continue on next page]

Maine Specialty Dockets as of January 1, 2025



(as of February 13, 2025)

Court Type	County(s) Served	Court Location
<i>Adult Drug Treatment and Recovery Courts</i>		
	Androscoggin	Auburn
	Cumberland	Portland
	Hancock	Ellsworth
	Knox, Lincoln, Sagadahoc, and Waldo	Rockland
	Penobscot	Bangor
	Oxford and Franklin	South Paris
	Washington	Machias and Calais
	York	Alfred
<i>Co-Occurring Disorders Court</i>		
	Kennebec	Augusta
<i>Family Recovery Court</i>		
	Androscoggin	Lewiston
	Kennebec	Augusta
	Penobscot	Bangor
<i>Veterans Treatment Court</i>		
	Kennebec	Augusta
	Cumberland	Portland

3. Presiding Judicial Officers

Each of the operating treatment and recovery court programs in Maine has a presiding judge or justice. There are occasions when one single judge or justice may sit on two or more treatment courts. Presently Justice Daniel Mitchell presides over the Kennebec County Adult Co-Occurring Disorders Court and the Veterans Treatment Court. Judge Jennifer Nofsinger began presiding on January 1, 2025, over the Cumberland County Adult Drug Treatment and Recovery Court and the Veterans Treatment Court. While the judges preside over both courts on the same day, the court sessions are held independently.

The Treatment and Recovery Court Steering Committee oversees the strategic planning, progress, and outcomes of the treatment courts. Judge David Mitchell, is the Chair of the Steering Committee, monitors the judicial assignments to each treatment and recovery court.

The following judicial officers presently preside over the various specialty dockets.

Name	Court Location	Court Type
Hon. Erika Bristol	Augusta, Kennebec County	Family Recovery Court
Hon. Sarah Churchill	Auburn, Androscoggin County	Adult Drug Treatment and Recovery Court
Hon. Amy Faircloth	Bangor, Penobscot County	Family Recovery Court
Hon. Tammy Ham-Thompson	Lewiston, Androscoggin County	Family Recovery Court
Hon. Patrick Larson	Ellsworth, Hancock County	Adult Drug Treatment and Recovery Court
Hon. James Martemucci	Biddeford, York County	Adult Drug Treatment and Recovery Court
Hon. John Martin	Rockland, Knox County	Adult Drug Treatment and Recovery Court
Hon. Daniel Mitchell	Augusta, Kennebec County	Co-Occurring Disorders Court, and Veterans Treatment Court
Hon. David Mitchell	Calais & Machias, Washington County	Adult Drug Treatment and Recovery Court
Hon. Jennifer Nofsinger	Portland, Cumberland County	Adult Drug Treatment and Recovery Court, and Veterans Treatment Court
Hon. Meghan Szylvian	Bangor, Penobscot County	Adult Drug Treatment and Recovery Court
Hon. Maria Woodman	South Paris, Oxford County	Adult Drug Treatment and Recovery Court

4. Community Involvement

The opposite of addiction is connection, not sobriety.⁴⁹ The most personal and effective method to establish connections is through peers, recovery coaches, and alumni of the treatment courts. Standard V of the *Adult Treatment Court Best Practice Standards* states the importance of peer networks in recovery management.

“Recovery management interventions that connect participants with recovery support services and peer recovery networks in their community are core components of the treatment court regimen and are delivered when participants are motivated for and prepared to benefit from the interventions.”⁵⁰

Maine’s treatment courts actively engage with local organizations, peer recovery groups, and alumni programs to foster community support. Efforts in 2024 focused on integrating peer recovery specialists and expanding alumni networks.

Veteran Mentors of Maine (VMM)

The Veteran Mentors of Maine have worked with the Maine treatment courts since our first Veterans Treatment Court was established in 2011. The Veteran Mentors of Maine is presently a defunct organization due to its struggles with membership and funding. Some members of the VMM continue to serve the role as mentors for the participants in the Veterans Treatment Court in Cumberland and Kennebec Counties.

Peer Recovery Support

As with many treatment court related initiatives, Maine’s efforts to integrate peer recovery support in treatment and recovery courts ran ahead of national peer initiatives. In late 2020, at the height of the COVID-19 pandemic, a peer recovery support pilot was proposed by Maine Reentry Network (MERN), Maine Pretrial Services (MPS), District Attorney Maeghan Maloney, and Sheriff Ken Mason, in Kennebec County. Maine’s Office of Behavioral Health (OBH) funded the peer support pilot for Kennebec County’s Cooccurring Disorders Court (CODC). Starting in November of 2020, the Peer Recovery Support Pilot established a Peer Supervisor as a member of the court’s multidisciplinary team and Peer Recovery Supports (PRS) were assigned to appropriately matched court participants, by the supervisor.

Later in 2021, armed with experience from the peer support pilot, the Maine Reentry Network was contracted to provide this same peer program in the new treatment courts established in Region #6 (Lincoln, Knox, Waldo, and Sagadahoc Counties) and Western Maine (Oxford & Franklin Counties). A Bureau of Justice Assistance (BJA) grant and OBH provide the funding for these peer support programs in these two new courts. In 2022-2024 MERN expanded to include the same peer services in Androscoggin County. In 2023, these

⁴⁹ Weiss, Robert W., *The Opposite of Addiction is Connection*, *Psychology Today*, September 30, 2015, psychologytoday.com/us/blog/love-and-sex-in-the-digital-age/201509/the-opposite-addiction-is-connection, (last visited Feb 3, 2022)

⁵⁰ *Best Practice Standards* at 113 (Standard V - Substance Use, Mental Health, and Trauma Treatment and Recovery Management)

same peer services were established, as a pilot, in Maine’s Family Recovery Courts (FRC). The FRC peer pilot program is an OBH, Office of Child & Family Services (OCFS), and MERN collaboration serving the three Family Recovery Courts in Lewiston, Bangor, and Augusta.

In late 2023 the Maine Reentry Network, Office of Behavioral Health, and the Cooccurring Collaborative Serving Maine (CCSMc) recognized a need for a manual to provide specific guidance for Peer Recovery Support services in Maine’s treatment courts. Thanks to the great work of Maine’s leading expert on peer recovery services, Randy Morrison, the manual was completed in June of 2024. The “Integrating Peer Recovery Support in Maine’s Treatment Courts” manual provides clear guidance for existing and fledgling peer recovery support programs and establishes norms and guardrails that will ensure fidelity and continuity to peer support structures across Maine’s mosaic of treatment and recovery courts.

It should be recognized that training for Peer Recovery Supports is critical to statewide success. Training standards for PRS in treatment courts must include Certified Intentional Peer Support Specialist (CIPSS) training and CCAR-Recovery Coach Academy (RCA) training. Additional, ongoing training like R4R-Ready for Reentry, Mental health First Aid, harm reduction training, Alternatives to Suicide, and more are recommended for PRS professionals working in treatment court settings. CIPSS training is provided by the Office of Behavioral Health and Recovery Coach Academy training is provided by Healthy Acadia and Portland Recovery Community Center through funding provided by OBH. The CIPSS and RCA trainings are provided at no cost. Peer support and/or recovery coaching are made available through local Recovery Community Centers and Peer Run Recovery Centers where court PRS programs are not established and funded. Healthy Acadia has provided targeted recovery coaching for Hancock and Washington county’s treatment courts for many years.

As of December 31, 2024, not all of Maine’s treatment courts include formalized and funded Peer Recovery Support programs, but in 2023 the Maine Treatment and Recovery Courts Steering Committee authorized and executed a plan to integrate peer supports in all of Maine’s treatment and recovery courts. This follows the successful inclusion of veteran mentors and the nationwide campaign to include peer professionals, peer recovery supports, recovery coaches, and alumni to assist participants throughout and following the treatment court program.

Alumni Program

Alumni groups are a powerful form of recovery capital. During the treatment and recovery court program, the alumni offer peer relationships among former participants, provide the court teams with the perspective of lived experiences, create opportunities for participant fellowship, and allow the participants to gain insight into their own health, wellness, and recovery process. Equally important, an alumni program helps to participants engaged following commencement and offers connection and extended recovery support. Finally, an alumni group creates opportunities for alumni to contribute to their community through engagement and service while positively influencing their communities.

In 2024, efforts began to establish Maine treatment & recovery court alumni programs. Presently, such efforts are underway in Washington County, Region 6 (Knox, Lincoln,

Sagadahoc, and Waldo counties), Kennebec County, and York County. In time, every court type and location should have a participating alumni group, and ultimately a statewide alumni program should be developed to strengthen efforts for increased success in participant recovery and program effectiveness.

Restorative Justice Project Maine and the National Center on Restorative Justice

As described above in this Report, with the oversight of the Steering Committee, the Region 6 (Midcoast) TRC has been investigating a new initiative to infuse restorative justice practices into the treatment court program consistent with and in fidelity to the Best Practice Standards. The TRC Court and staff have engaged with restorative justice members and the *National Center on Restorative Justice* (NCRJ) to train and explore restorative justice practices within the treatment court model. Additionally, members of the Region 6 TRC and the NCRJ have provided updated information at both the national and regional treatment court training conferences. As the project continues, evaluation of outcome data will need to be analyzed to help improve the project.

Recovery Services and Residences.

The treatment courts in each county also interface with local recovery residences. By coordinating with the recovery residences, the participants in the treatment courts have easier access to limited housing resources and the residences have a partner in the courts to help maintain accountability and proof of sobriety. When possible, the Maine treatment courts seek to use recovery residences that have achieved Maine Association of Recovery Residences⁵¹ (MARR) certification.

5. Education

The Treatment Courts are active in education of the participants, team members, and the general public. Education of the participants occurs through informational speakers that address the participants during court sessions or at specially arranged meetings. Additionally, there is a requirement of treatment court participants who have been socially stabilized to be either employed or furthering their education. The case managers work to connect participants to resources that assist them in attaining these goals. Various staff members continue efforts to educate the public, partner organizations, and other agencies to provide awareness and understanding of the treatment & recovery courts. These efforts include the following:

Governor Mills Opioid Response Summit. On July 25, 2024, treatment court Judiciary and staff provided presentations at the Governor Mills 6th Annual Opioid Response Summit in Auburn, Maine. Presentations included Treatment Court basics (Hon. Eric Walker and Hon. James Martemucci), Maine Alumni Program efforts (Abby Frutchey, LMSW, LADC, CCS) and Peer Recovery Support (Mr. Bruce Noddin, Director of Maine Re-Entry Network).

⁵¹ Maine Association of Recovery Residences, 2021, <https://www.mainerecoveryresidences.com> (last accessed February 13, 2025). This is an independent certification program as the State of Maine does not license recovery residences, other than life safety code inspections.

Local Workshops. On September 20, 2024, several members of the Penobscot TRC staff presented training on treatment court basics to 10-12 other staff, members of the judiciary, clerks and judicial marshals. Topics included judicial determination of entry, best practice standards, state policy and procedures, treatment court key components, target population, eligibility standards, recidivism data review, and cost savings analysis. It also included a direct presentation from a current phase-3 participant. This training occurred at no cost to the Maine Judicial Branch or the State of Maine.

Maine Public Defenders Conference. On October 23, 2024, Coordinator Todd Crawford and Amber Tucker, Esq. (defense counsel, Cumberland TRC) trained members of the defense bar at the Maine Public Defenders annual conference in Auburn, Maine. The purpose was to provide education about the treatment court programs, including eligibility, process, legal requirements, and the role of treatment court defense counsel.

Nurture ME Conference. On October 30-31 at the annual Nurture ME Conference in Augusta, Jessica Staples, Maine Pretrial Services Case Manager for the Family Recovery Court in Augusta, was a panelist on discussion of state programs supporting family recovery. Several staff members of the Family Recovery Courts were also in attendance at the conference.

Maine Prosecutors Association Training. On November 21, 2024, Coordinator Todd Crawford facilitated training for prosecutors through the Maine Prosecutors Association (“MPA”) on the role and responsibilities of prosecutors in treatment courts. The training was presented by John Haroldson, of the Treatment Court Institute, an *All Rise* national trainer for treatment court prosecutors.

Education of the team members normally comes in the form of training as described in the “Training” section above. Additionally, case managers complete on-line educational programs developed by the National Drug Court Institute. The Coordinator of Specialty Dockets and Grants occasionally attends pre-court meetings and court sessions as a team resource to answer questions about best practices, policies and procedures, and help reducing delay of inquiries and responses from expert national or regional agencies or organizations.

Throughout the year, Coordinator Crawford attended numerous recovery and veteran events around the state in order to raise public awareness about the treatment and recovery courts and to connect with other state agencies and community resources. In 2024, Coordinator Crawford attended three VA Veteran Homeless Stand Down events in Portland, Lewiston, and Augusta. He regularly attends meetings and maintains working relationships with community partners, such as Maine Re-Entry Network, Veterans Forward, and Western Maine Addiction Recovery, just to name a few. Additionally, several members of the Kennebec Veterans Treatment Court regularly attend the regional Military & Community Network meetings as a means of outreach and community partnership.

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

The effort to educate the public, community resources, and treatment court staff is continuous and dynamic. All Rise and the Treatment Court Institute continuously train, provide technical

assistance, and disseminate research to improve the effectiveness of treatment courts. In turn, the treatment court teams along with other Maine leaders in the recovery community provide awareness and education to the public.

6. Existing Resources Addressing Substance Use Disorder

The treatment courts partner with existing Substance Use Disorder treatment and recovery resources to enhance the participants' journey into recovery. There are currently three primary treatment-providing agencies contracted by the Office of Behavioral Health that sit on treatment court teams to directly address substance use disorder:

1. Maine Behavioral Healthcare, MaineHealth
2. Wellspring, Inc.
3. Aroostook Mental Health Services, Inc.

Treatment services for the treatment courts in York, Cumberland, Androscoggin, Kennebec counties, and Western Maine and Mid-coast region are provided by Maine Healthcare. Treatment services for the treatment courts in Penobscot County are provided by Wellspring, Inc. Treatment services for the treatment courts in Hancock and Washington counties are provided by Aroostook Mental Health Services, Inc.

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

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

The Office of Behavioral Health has provided additional resources to allow for the expansion of the treatment courts by funding for an additional a case manager position for each treatment and recovery court. The additional case managers allow for the implementation of Veteran Treatment Tracks (VTT) in each treatment and recovery court.

The Administrative Office of the Courts continues work with the National Center for State Courts ("NCSC") to use the previously developed Veterans Treatment Court Strategic Plan to provide guidance and support for the improvement and expansion of the Veteran Treatment Courts.

All of the Treatment Courts in Maine allow the use of medication-assisted treatment. Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.⁵² Agencies working with

⁵² U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration, (2021) *Medication-Assisted Treatment*, [samhsa.gov/medication-assisted-treatment](https://www.samhsa.gov/medication-assisted-treatment) (last visited on Feb. 13, 2025).

the Treatment Courts and providing MAT, such as Healthy Acadia, also provide medication management services. MAT and medication management services are covered by MaineCare.

7. Statistics

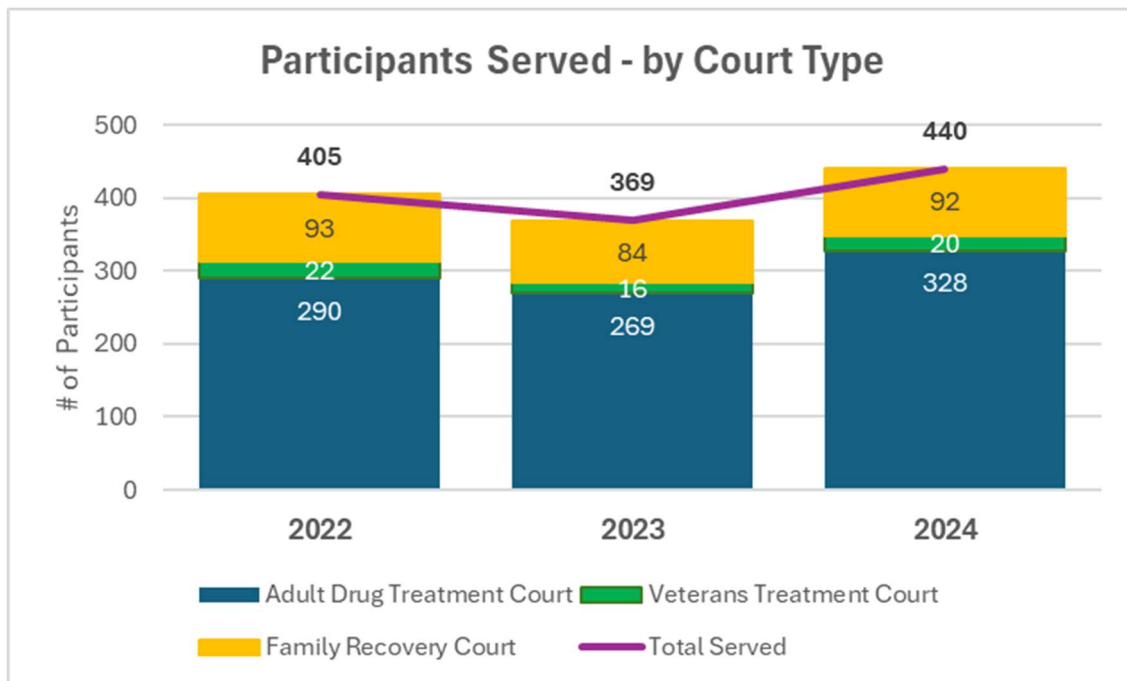
Please note the Western Maine (Oxford/Franklin) TRC and the Midcoast (Region 6) TRCs were implemented in 2021 and put into operation in 2022. The information for these courts may appear, therefore, to be disproportionate from the other treatment and recovery courts.

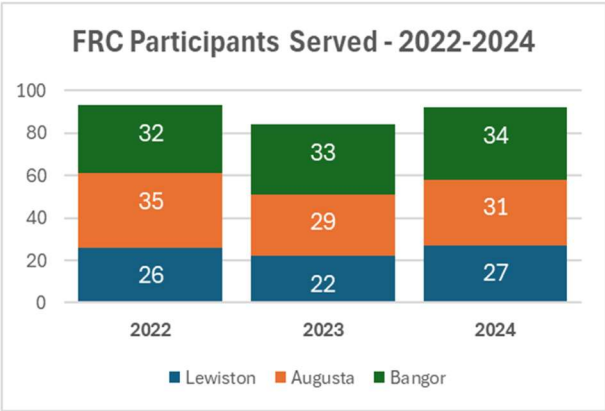
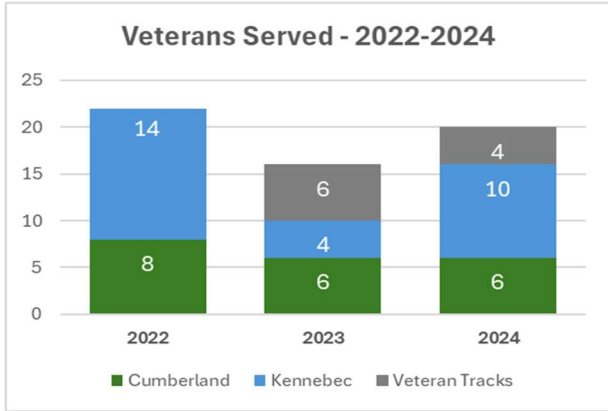
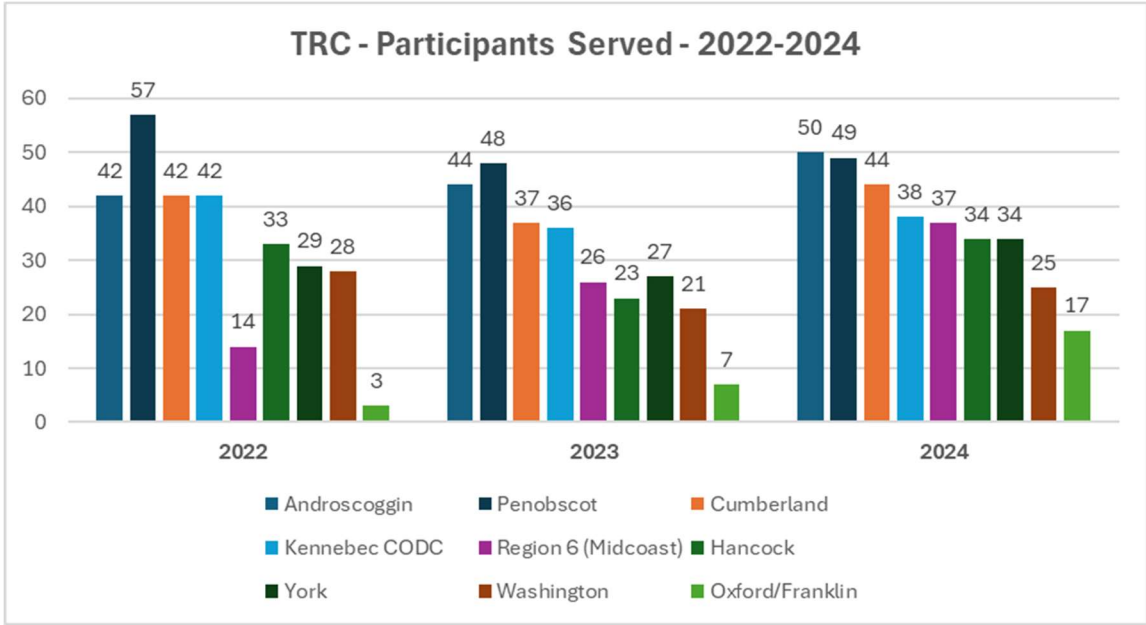
In 2024, Maine’s treatment and recovery courts served 440 individuals, an 18% increase from 2023. The state’s commencement (graduation) rate for criminal treatment courts was 61%, demonstrating sustained improvements in participant outcomes.

a. Participants Served

“Served” means that the person was admitted to one of the various treatment courts sometime during the year. It does not discriminate whether a participant exited the program during the year or remains in the program past the year end. Because participation in the TRC program requires a minimum of 14 months, the number of many participants may be counted as “served” through multiple years.

The most significant increase in participation came within the Adult Drug Treatment & Recovery Courts (TRC) with an 18% increase from 269 participants in 2023 to 328 participants in 2024. This should not be interpreted to mean that the TRCs have admitted more people. Conversely, the TRCs have admitted slightly less people in 2024 than the prior two years. It does reflect, however, that the treatment courts continue to help more participants.



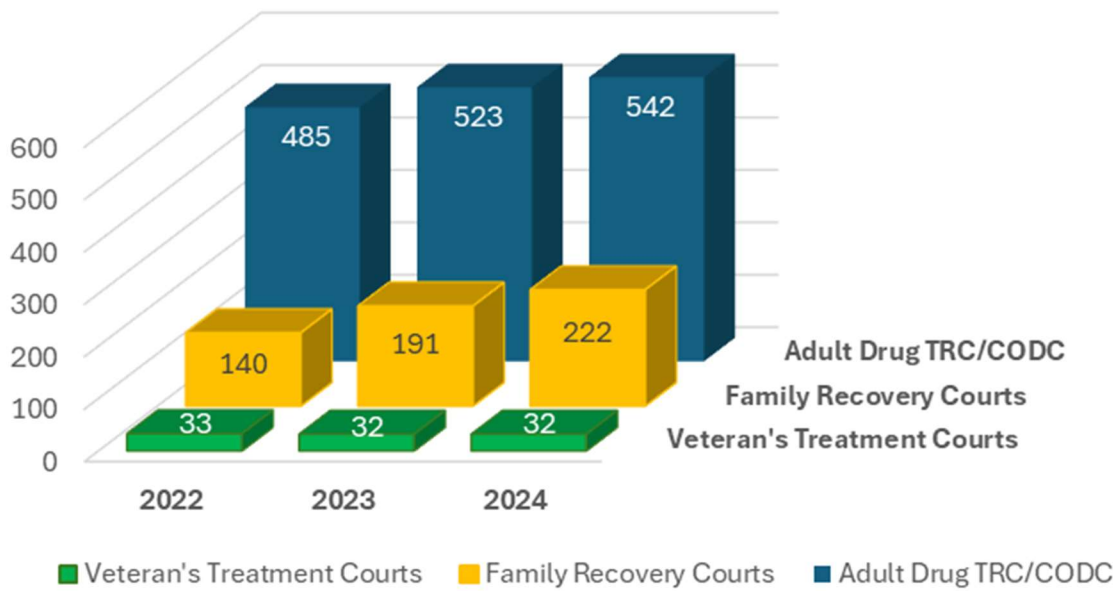


b. Referrals and Admissions.

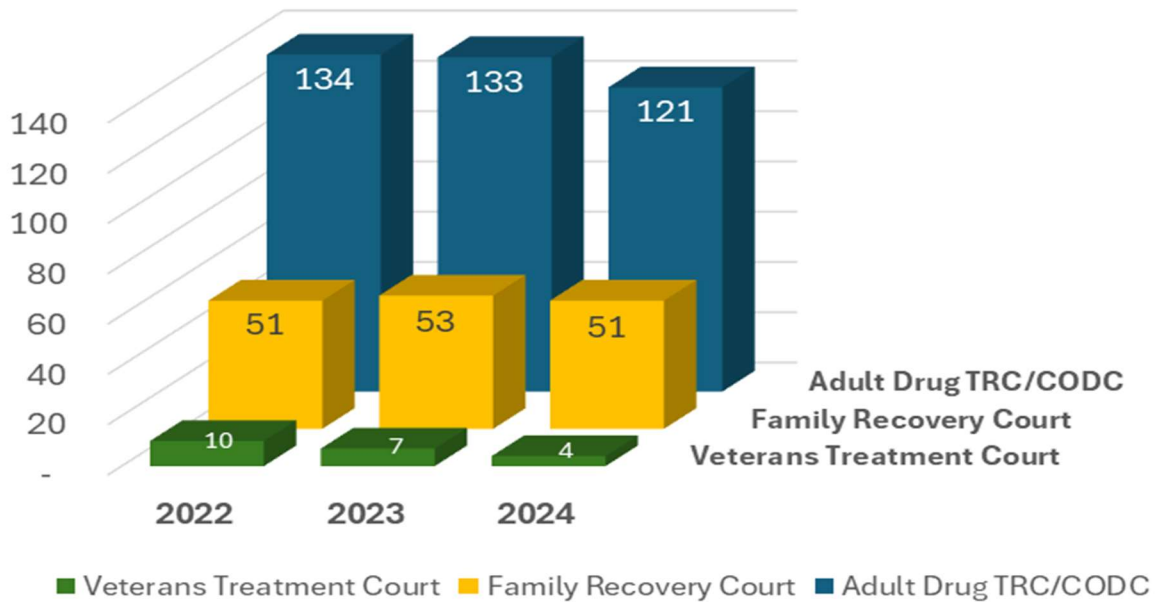
Any interested person can refer a person to a criminal treatment court. Referral forms are available on the Maine Judicial Branch public website.⁵³ The team case manager and treatment provider then screen the individual to assess their levels of risk (criminogenic) and need (diagnostic). A person must have an open child protective case to enter the Family Recovery Courts. The treatment provider and team also assess whether the team has capacity and resources sufficient to meet the needs of the potential participant. The prosecutor and defense attorneys review the legal cases and history to ensure eligibility and consider public safety concerns. The decision of entry is strictly a judicial determination. If all conditions are met and the potential participant agrees to entry, a date is set for admission.

⁵³ Maine Judicial Branch Court Forms, mjbportal.courts.maine.gov/CourtForms/FormsLists/Index, (last visited on February 13, 2025).

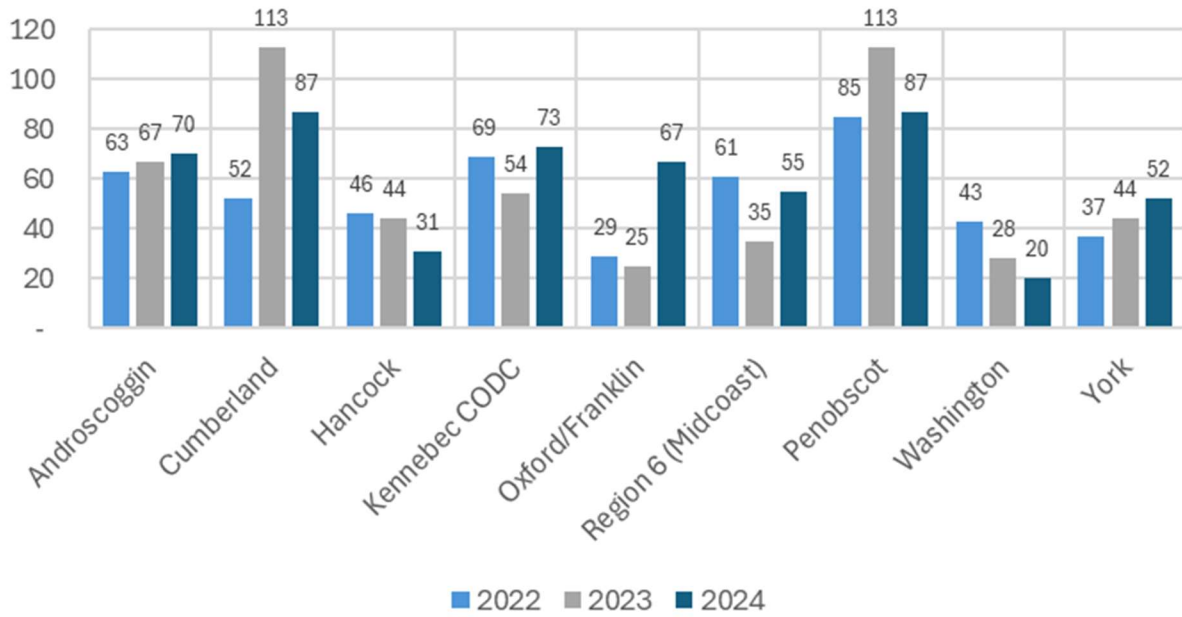
Referrals - 2022-2024



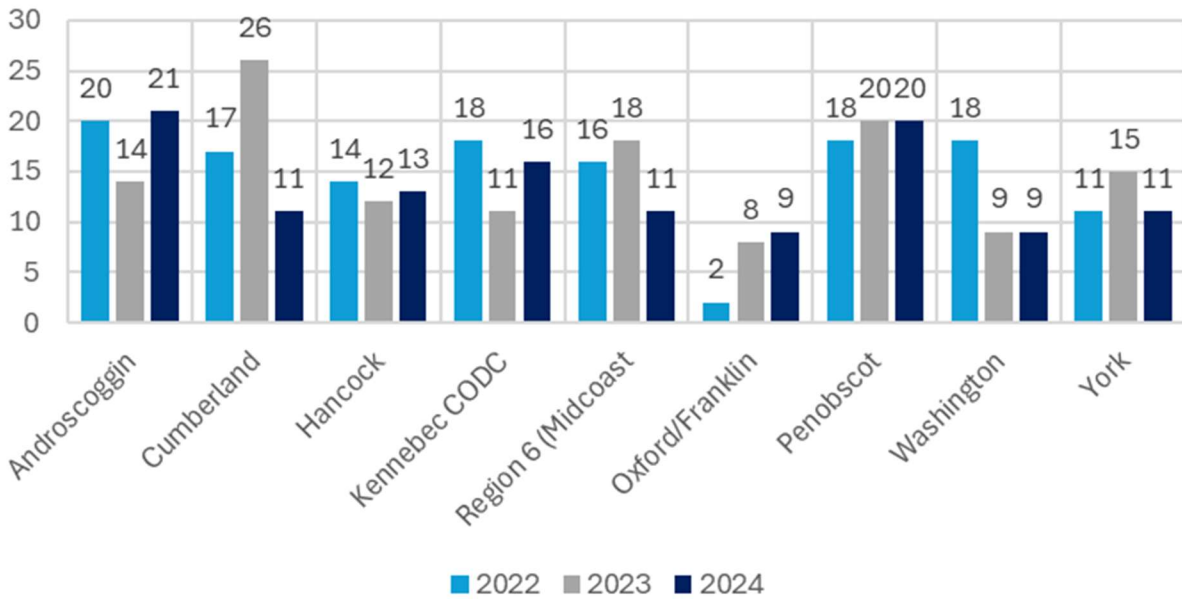
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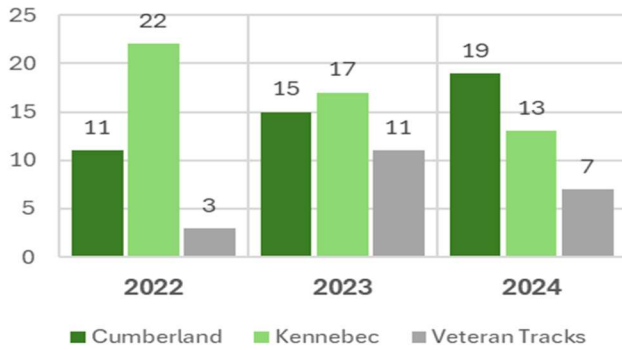
TRC/CODC - Referrals



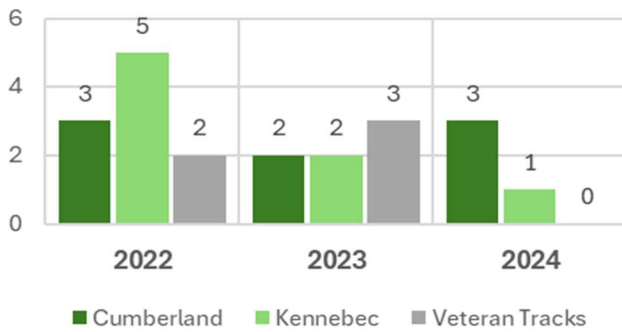
TRC/CODC - Admissions - 2022-2024



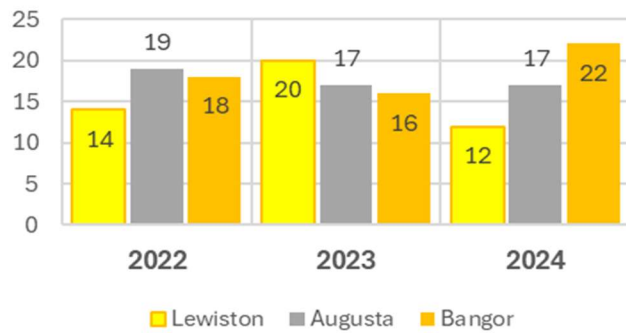
VTC - Referrals



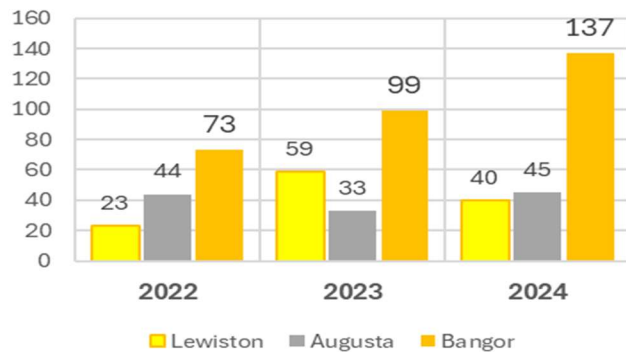
VTC - Admissions



FRC - Admissions



FRC - Referrals

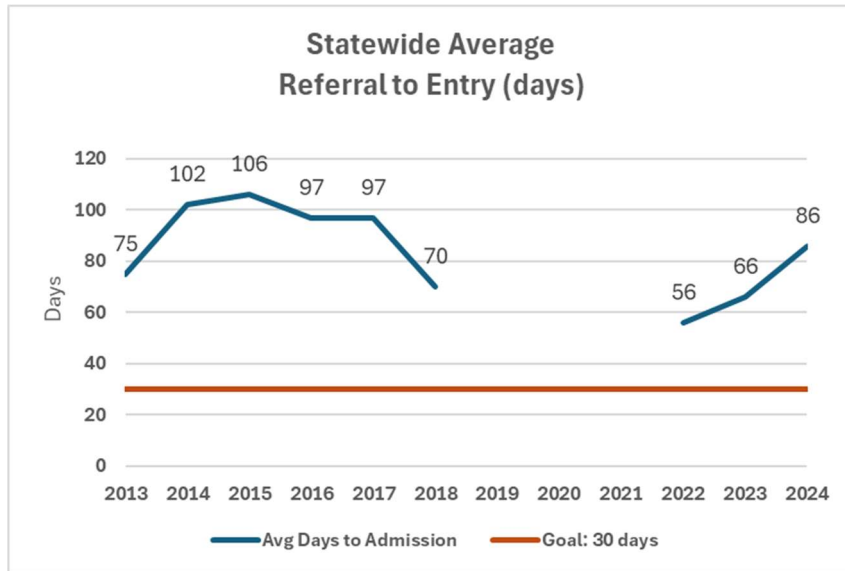


c. Prompt Admissions.

Key Component #3 of the Ten Key Components of Drug Courts notes that eligible participants should be identified early and promptly placed in the treatment court program.⁵⁴ The period immediately after an arrest, or after an apprehension for a probation violation, is a critical window of opportunity for intervening and introducing treatment as a viable course of action. Ideally, it should not take longer than 30 days from referral to admission. This decreases the amount of time in jail and increases cost savings as the closer in time that treatment starts to the precipitating event (arrest/summons) the more effective the treatment.

The statewide average of time from referral to admission has been challenging, but assertive efforts have helped improve the average, though more work is needed to improve this process. In, 2023 the National Drug Court Institute observed the Western Maine Treatment and Recovery Court and recommended that the treatment courts conduct an analysis “to identify bottlenecks, structural barriers, and points in the process where adjustments to procedures could facilitate quicker placement into treatment court would be helpful. In addition, a more systematic identification and referral process may shorten the time between arrest and treatment court entry.”⁵⁵

Some barriers to prompt entry include the inherent challenge of rural communities (such as transportation and housing), community awareness and education, and training of treatment court team members.



Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Avg Days	75	102	106	97	97	70	*	*	*	56	66	86

* Insufficient Data

* Data for the Family Recovery Courts was not collected and consolidated during 2019-2021

⁵⁴ NADCP, *Defining Drug Courts: The Key Components*, 1997.

⁵⁵ National Drug Court Institute, *Technical Assistance (TA) Summary Report, Oxford Treatment and Recovery Court*, Jun. 9, 2023.

d. Commencement (Graduation) Rates

In accordance with All Rise recommendation, the term “graduation” has been exchanged with “commencement” to signify that successful completion of the treatment court program is an advancement to another phase of life, rather than a completion or termination of recovery.

Examining treatment court performance only by the measure of participants who have successfully completed (commenced) the treatment court programs is a serious error. A full program evaluation is necessary to examine outcomes for all individuals who participated in the treatment and recovery courts, whether they were successfully commenced, voluntarily withdrawn, or terminated prematurely.⁵⁶ For example, the most recent evaluation indicated a significantly lower rate of recidivism of persons who did not complete the programs compared to a group of individuals similarly situated but did not participate in a treatment court program. (See section F.9, *Program Evaluation* below)

The commencement and termination rates are dependent upon many factors, including the efficacy of the treatment court staff and the quantity of active participants served in the years prior. This is because participants are most likely to remain in the program for over a year.

Maine 2022-2024 commencement rates by specialty docket type:

Court Type:	2022	2023	2024
Adult Drug Treatment and Recovery Court and Co-Occurring Disorders Court:	48%	59%	61%
Veteran Treatment Courts:	67%	100%	56%
Family Recovery Courts:	23%	37%	33%

‘Criminal’ Treatment and Recovery Courts (TRC, CODC, & VTC):

The 2020 Public Consulting Group (PCG) evaluation of Maine treatment and recovery courts examined participants that had entered a criminal drug treatment and recovery courts (TRC, CODC, VTC) between 2015 to 2019.⁵⁷ In that year, the average Maine commencement rate for those courts was 52%, which was comparable to 2019 national commencement rate of 56.5%.⁵⁸ In 2024, the commencement rate for all Maine criminal drug treatment and recovery courts was 61%. Since 2022, the treatment & recovery court commencement rate has increased by 20%, but remains unchanged since 2023. The participation rate of these courts increased by 12% from 2022 to 2024.

⁵⁶ *Best Practice Standards* at 219.

⁵⁷ Public Consulting Group (2020)

⁵⁸ DeVall, K., Lanier, C., & Baker, L. (2023). *Painting the Current Picture: A National Report on Treatment Courts in the United States*. National Drug Court Resource Center.

Commencement rate of criminal treatment and recovery courts (TRC, CODC, VTC):

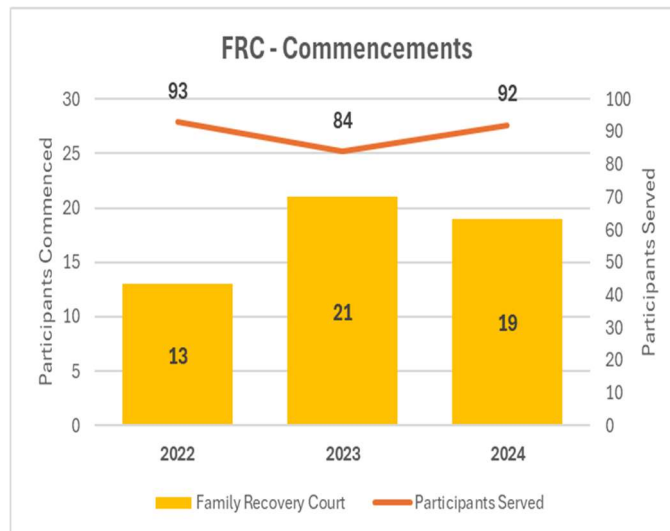
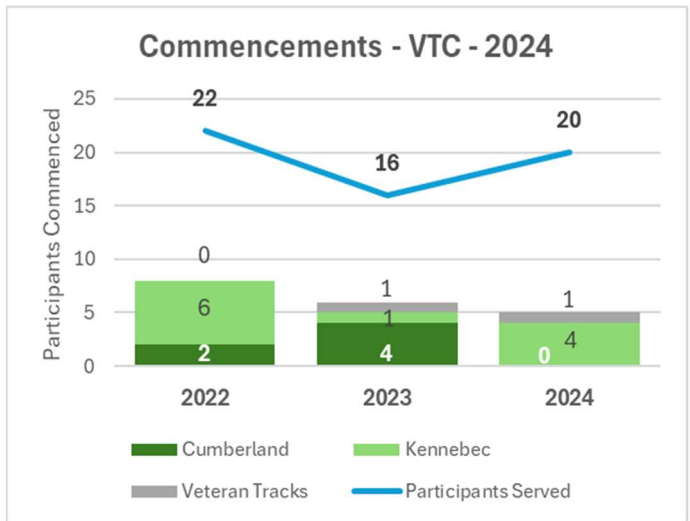
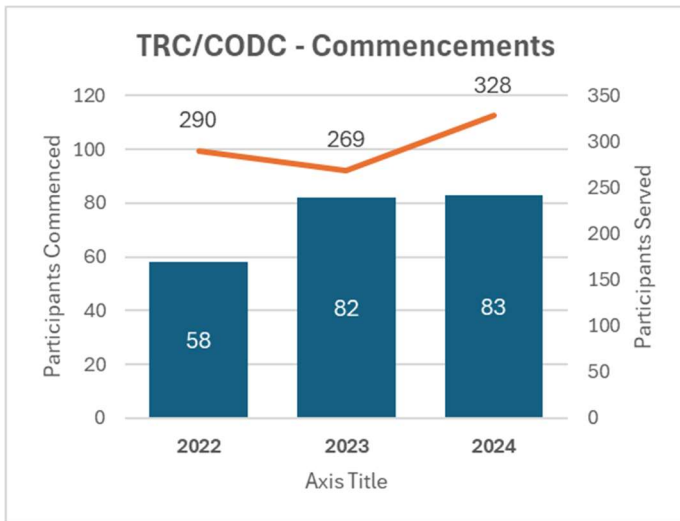
2022: 50% 2023: 61% 2024: 61%

Treatment and Recovery Courts and Co-Occurring Disorders Court:

The commencement rate of the TRC and CODC courts (without VTC) have increased 43% since 2022.

Veteran Treatment Courts:

The Veteran Treatment Courts and Veterans Tracks have seen a 38% decline in commencements (from eight in 2022 to five in 2024), which is consistent with the 38% decline in participation from 2022 to 2023.



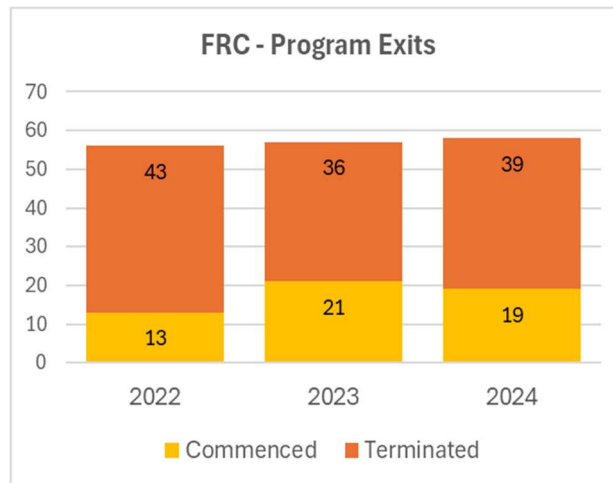
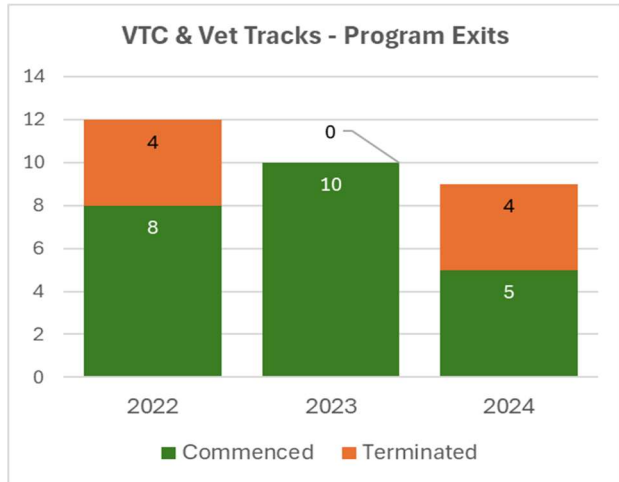
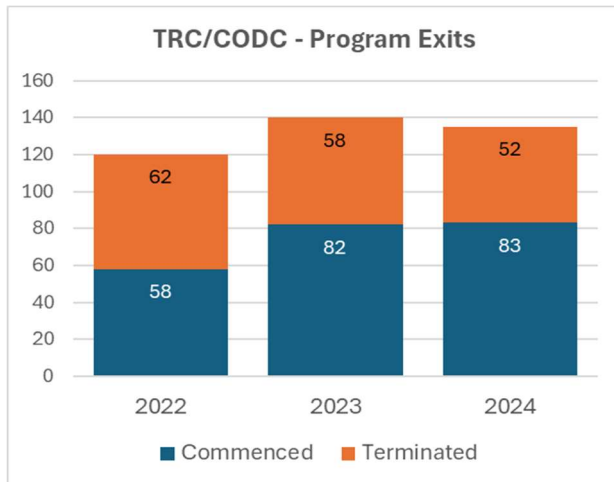
Family Recovery Courts:

Due to the distinctive objectives and the operating relationship of the family recovery courts with the child welfare courts, the FRC commencement rate may appear to be misleading. The family recovery court and child-welfare case operate independent of each other in parallel. Entry into the FRC is voluntary, and eligibility into the FRC requires that the parent-participant have a child with an open child welfare case. There are times when the corresponding child welfare case may be disposed, which then requires the Family Recovery Court to prematurely exit the parent-participant (without penalty). The data may appear to reflect, therefore, a commencement rate much lower compared with those of the criminal treatment courts.

The commencement rates of participants who were served by the Family Recovery Courts and who exited by successful commencement or by termination during the past three years are as follows:

2022: 24% 2023: 38% 2024: 33%

The following charts illustrate the volumes of program exits by commencements and terminations from 2022 to 2024.



8. Collaboration

The treatment and recovery courts in Maine succeed through their inherent nature to collaborate and partner with multiple government agencies and community organizations. The major partners with whom the treatment and recovery courts collaborate include the following:

a. State of Maine, Office of Opioid Response

Mr. Gordon Smith, Esq. maintains his standard active participation in the Steering Committee and continues a strong relationship with the Maine treatment and recovery courts. Mr. Smith and the treatment courts have collaborated through the New England Regional Judicial Opioid Initiative, and he always ensures to include the treatment and recovery courts as breakout panel session at the Governor's Annual Opioid Response Summits. Mr. Smith is ubiquitous in the recovery community events and meetings which members of the treatment courts likewise attend.

b. District Attorneys and Office of the Attorney General

The treatment courts in Maine have and maintain an excellent relationship with the District Attorneys and the Office of the Attorney General. Each of the criminal treatment and recovery courts have either a District Attorney, Assistant District Attorney or an Assistant Attorney General as a team member. They appear for the pre-court meetings and court sessions. One District Attorney and one Assistant Attorney General are named members of the Treatment and Recovery Court Steering Committee while other prosecutors attend and participate. An area that could be improved would be the addition of an Assistant Attorney General to the Family Recovery Courts.

c. Defense Bar and the Maine Commission on Public Defense Services

The treatment courts in Maine have and maintain an excellent relationship with local defense attorneys. Each of the criminal treatment court teams must have defense attorney to ensure that participants' constitutional rights are protected and may be a voice for the participant at each pre-court staffing and court sessions. Amber Tucker, Esq. presently attends as a named member of the Treatment and Recovery Court Steering Committee along with other defense attorneys. Donald Hornblower, Esq. served in this position for over ten years and stepped down from the Committee in 2020, but remains active in the Western Maine and Androscoggin County TRCs. Additionally, the Maine Commission on Public Defense Services has actively participated in work sessions with the Administrative Office of the Courts on the *Maine Defense Attorney Project*, designed to help define the role and scope of work of defense counsel on treatment courts.

d. Department of Corrections

The treatment courts in Maine have maintained an excellent relationship with the Department of Corrections. Each of the criminal treatment courts has at least one probation officer assigned to the team who appears at the pre-court staffing and court sessions. Additionally, the staff at the Intensive Mental Health Unit at the state prison offer their services and insight to the Co-Occurring Disorders Court when the need arises. A

representative from Adult Community Corrections sits as a member of the Treatment and Recovery Court Steering Committee.

e. Department of Health and Human Services

The treatment courts in Maine maintain an excellent relationship with the Department of Health and Human Services through the Office of Behavioral Health (“OBH”). Mr. Robert Porter, LADC, CCS, GCPH, MHRT-C, Substance Use Disorder Program Manager, Office of Behavioral Health, is a member of the Treatment and Recovery Court Steering Committee and actively participates. This collaboration goes beyond a presence on the Treatment and Recovery Court Steering Committee, however, as the funds for treatment, case management, drug testing, and peer recovery services are contracted between local or statewide agencies and the Office of Behavioral Health.

The Office of Child and Family Services (“OCFS”) provides numerous child welfare case workers – who also manage cases in the child protection court – as regular members of the family recovery courts. These case managers attend regular staffing and court sessions and have presented with family recovery court judges as panelists at the 2023 Governor Mills Opioid Response Summit. Several OCFS case managers and supervisors also attended the New England Association of Recovery Court Professionals.

f. Department of Public Safety and other Maine Law Enforcement Agencies

The treatment courts in Maine maintain an excellent relationship with the Department of Public Safety (DPS) and other county and local law enforcement agencies. With the assistance of DPS and others, bail checks and wellness checks have been completed during this incredibly difficult time of a pandemic. The grants managers at DPS have provided information on possible grant opportunities. The treatment courts in Hancock, Kennebec, Western Maine and Penobscot counties each have at least one law enforcement officer who sits as a member of the treatment court team.

g. Local Service Agencies

The treatment courts in Maine have and maintain an excellent relationship with local service agencies throughout the state. The Maine Bureau of Veterans Services assists with the Veterans Treatment Courts in Kennebec and Cumberland counties and has a seat on the Veterans Treatment Court Strategic Planning Committee. The Maine Re-Entry Network has championed the task to train and staff Peer Professionals on each of the treatment court teams and provide Peer Recovery Specialists to provide peer services to participants. Other agencies that have a working relationship with the treatment courts include that ACT teams (Assertive Community Treatment) for participants with serious and pervasive mental health issues, sober living facilities, Eastern Maine Development Corporation, NAMI Maine, and local medical practitioners to address participants physical health.

h. Statewide Organizations Representing Drug Court Professionals

The Treatment and Recovery Court Steering Committee is the organization that represents the Maine Treatment Court Professionals. Additionally, many members of the

Treatment Courts in Maine are members of the New England Association of Recovery Court Professionals (NEARCP), a regional organization to represent, support, and train New England region state treatment court team. The current NEARCP Board of Directors include representatives from Maine: Honorable David Mitchell (Judge, Washington County TRC), Todd Crawford, Esq. (Coordinator of Specialty Dockets and Grants), and Catherine Chichester (Executive Director, Co-Occurring Collaborative Serving Maine). Coordinator Todd Crawford also actively participates in regular meetings and training of the Council of Statewide Treatment Court Coordinators through the National Center for State Courts.

9. Program Evaluation

“Treatment courts that follow best practices reduce crime, increase cost-effectiveness, and enhance cultural equity by as much as 50% to 80%, whereas those that do not have little to no impact and may, in some instances, worsen outcomes.”⁵⁹ The treatment and recovery courts monitor fidelity to the best practices through periodic examination of treatment court data, in-court monitoring by Maine Pretrial Supervisors and the statewide Coordinator, and information from team members.

All Rise recommends that due to regular turnover in key staff positions, treatment and recovery courts should have an external evaluation every five years.⁶⁰ The most recent evaluation of the criminal treatment courts, funded by the Office of Behavioral Health, was published in 2020. The evaluation was completed by Public Consulting Group (PCG), a leading public sector management consulting and operations improvement firm. The results of that evaluation are included below, and the full evaluation may be accessed on the Judicial Branch website.⁶¹

The Family Recovery Courts were not part of this evaluation. National best practice standards for Family Recovery Courts were published in late 2019 and time was needed to implement these standards prior to a rigorous evaluation. Funding for an evaluation of the Family Recovery Courts will be sought in the future.

The goals of the treatment and recovery courts are to break the cycle of substance use disorder and criminal activity and to reduce their overall economic impact to society. Based on the independent evaluation conducted by PCG, the criminal treatment courts in Maine have a significant positive impact on recidivism and costs for all participants regardless of whether they successfully complete the program.

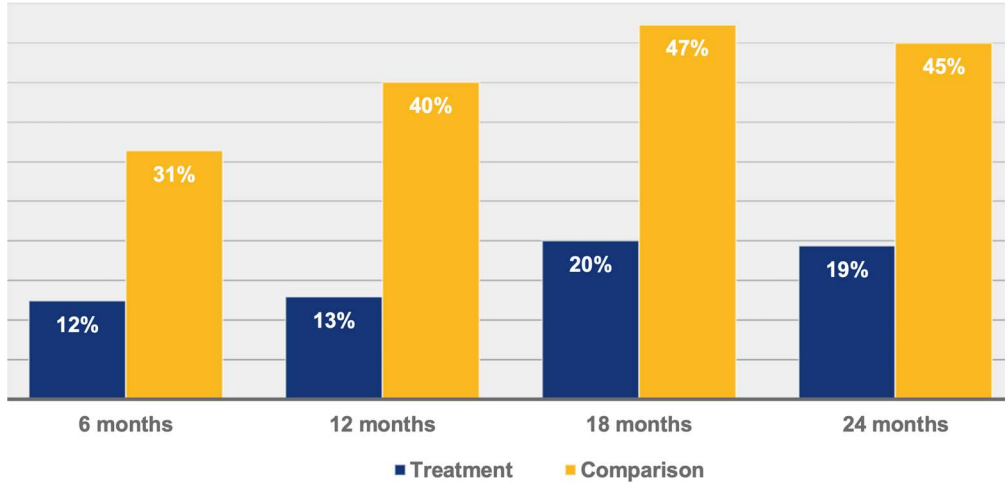
Recidivism. Maine’s recidivism outcomes, as expressed by arrests and convictions after people leave the various treatment courts, remain good, both in relationship to the Maine comparison group where they are lower at every juncture by statistically significant amounts and in relation to studies that have been performed across the country. The most recent data collected (2016-2019) is presented here. More data will become available after the next statewide evaluation.

⁵⁹ Best Practice Standards at 216, citing Carey et al., 2012; Cissner et al., 2013; Downey & Roman, 2010; Government Accountability Office, 2011; Ho et al., 2018; Mitchell et al., 2012; Rossman et al., 2011; Shaffer, 2011.

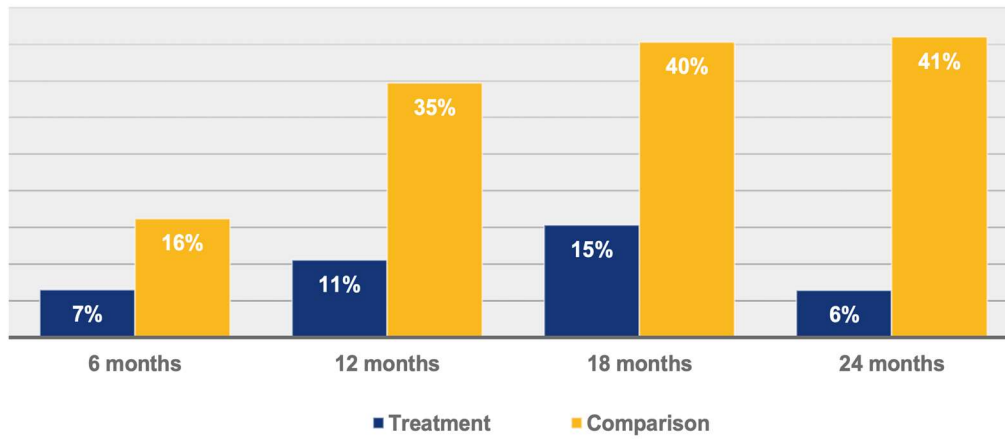
⁶⁰ *Id.* at 230.

⁶¹ Public Consulting Group (2020).

Arrest Recidivism Rates of Treatment Court and Comparison Groups (2016-2019)⁶²



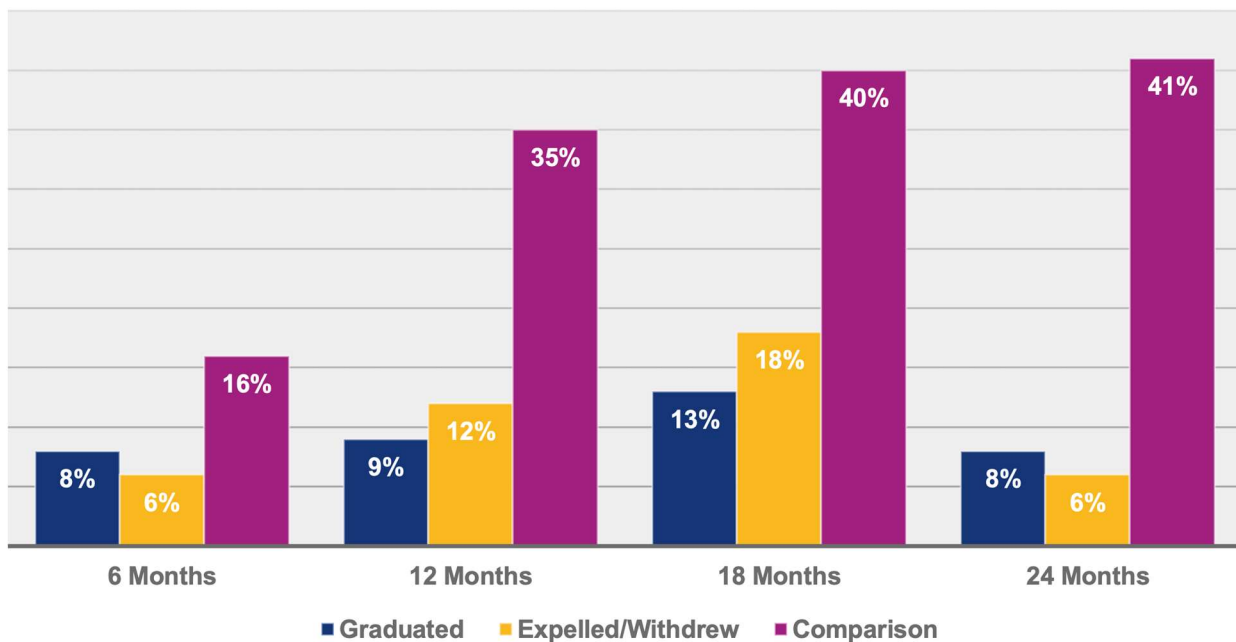
Conviction Recidivism of Treatment Court and Comparison Groups (2016-2019)⁶³



⁶² *Id.* at 68. The comparison group in these charts is made of individuals that met a high-risk/high- need criteria but were not referred to a treatment court.

⁶³ *Id.*, at 69.

Comparison of Conviction Recidivism of Treatment and Recovery Court Participants vs. Comparison Group by Exit Type 2016-2019 ⁶⁴



This data confirms the significant impact that treatment courts have on people’s lives, even if they do not successfully complete the entire program.

10. Economic Impact

This section of the Report remains unchanged from the 2023 Report and will likely remain such until another external program evaluation can be completed.

A cost-benefit analysis indicates that treatment courts generate significant savings compared to incarceration. The estimated cost per participant is \$10,964, compared to \$51,465 for a year in county jail. Additionally, recidivism rates for treatment court participants are substantially lower than those of comparable individuals who did not participate.

The 2020 PCG evaluation found that the average amount of time spent in a criminal treatment court is 15.5 months. This includes participants who successfully completed the program and those who did not. At that time, the PCG found that the average cost of case management services is \$2,100 per person per year. The cost of treatment services is \$5,888 per person per year. The cost of judicial time is \$500 per person per year. The total average yearly cost for case management, treatment, and judicial time is \$8,488. Based on average participation length of 15.5 months, the average overall cost per participant is \$10,964.

⁶⁴ *Id.* at 71

This compares to an incarceration cost of a year in jail at \$51,465 (\$141 per day) or a year in the state prison at \$44,895 (\$123 per day).

Costs per Person for Incarceration by Group

Group	Prison Costs \$123 per day	Probation Costs \$4.86 per day	Jail Costs \$141 per day	Total Cost
Treatment Group	102 days \$12,546	410 days \$1,993	90 days \$12,690	\$27,229
Comparison Group	232 days \$28,536	982 days \$4,773	72 Days \$10,152	\$43,461

There is an average savings of **\$16,232 for each treatment court participant** when contrasted to persons of the same high-risk/high-need conditions that did not participate in a treatment court.

Conclusion

Maine’s treatment and recovery courts continue to be a leading example of justice reform, integrating judicial oversight with evidence-based treatment to break the cycle of substance use and criminal behavior. These programs reduce recidivism, lower costs, and promote public safety while supporting participants on their path to recovery. This approach is no longer experimental.; more than 4,000 treatment courts across the nation have proven to be the most successful justice intervention in our nation’s history.

During the past twenty-three years of continuous operation, Maine’s specialty dockets have continued to offer a successful, evidence-based approaches to justice innovation and to meet the challenge of substance use and crime in the State of Maine. The Judicial Branch remains committed to expanding and improving these courts to enhance their effectiveness and reach more individuals in need.

Respectfully submitted,



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