SOLVING PROBLEMS, SAVING LIVES

2016 PERFORMANCE MEASURES AND OUTCOMES
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Executive Summary

Michigan’s Problem-Solving Courts
Performance and Outcomes 2016 (Project Years October 1, 2014 – September 30, 2016)

Executive Summary

Michigan’s 185 problem-solving courts have been extraordinarily successful in solving problems and saving lives. These innovative courts reach 97 percent of our state’s population and help to make communities statewide safer and stronger. Also called treatment courts, they are successful because participants can access treatment and other support needed to address underlying causes such as alcohol or drug abuse. Unlike traditional courts, problem-solving courts are not adversarial and take a team approach that brings community stakeholders together to reach a “win-win” outcome that prevents further offenses and saves local governments the cost of incarceration.

Drug Courts Succeed in Increasing Employment, Reducing Recidivism

There were 9,586 active drug court cases during the 2015 and 2016 fiscal years. These include 9 adult drug courts, 14 DWI/sobriety courts, 14 juvenile drug courts, 11 family dependency and 68 hybrid courts that handle both drunk driving and non-drunk driving offenders. During this period, 5,988 participants were discharged, with 62 percent successfully completing the program. Average program lengths range from 12 months to about 20 months. Participants are subject to hundreds of drug test with only a tiny percentage (usually less than one percent) testing positive.

A goal of drug court is to provide services that assist participants in restoring their lives through employment, and the dramatic drop in unemployment among participants clearly shows this goal is being met.

Unemployment at Admission and Discharge by Program Type

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Unemployed at Admission</th>
<th>Unemployed at Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Drug</td>
<td>63%</td>
<td>4%</td>
</tr>
<tr>
<td>Sobriety</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>Hybrid</td>
<td>28%</td>
<td>4%</td>
</tr>
<tr>
<td>Family Dependency</td>
<td>59%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Another key measure of program success is recidivism – the likelihood that a graduate will be convicted of another crime compared to similar offenders who did not participate in drug court. For example, as shown in the chart below, only 5 percent of hybrid court graduates were convicted of another crime within two years of admission, while 14 percent of comparison group members reoffended.

### Any New Conviction Within Two Years of Admission

<table>
<thead>
<tr>
<th>Program</th>
<th>Percent Convicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Programs</td>
<td>7%</td>
</tr>
<tr>
<td>Adult Drug</td>
<td>6%</td>
</tr>
<tr>
<td>Sobriety</td>
<td>3%</td>
</tr>
<tr>
<td>Hybrid</td>
<td>5%</td>
</tr>
<tr>
<td>Juvenile</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Comparison Members</strong></td>
<td><strong>32%</strong></td>
</tr>
</tbody>
</table>

#### Ignition Interlock Reduces Recidivism

Since 2013, eligible repeat Operating While Impaired (OWI) offenders can receive a restricted license by participating in a sobriety or drug court program and installing an ignition interlock device in their vehicles that prevents them from starting if the driver has a blood alcohol level above a predetermined level. During the measurement period, there were 2,178 active participants among 79 sobriety, hybrid, and veterans treatment court programs.

There were 1,287 participants using ignition interlock devices who were discharged from a treatment court program during this period. Of those, 92 percent successfully completed the treatment court program.

As shown in the chart below, over both a two-year and four-year timeline, graduates of sobriety or hybrid court programs who installed an ignition interlock in their vehicles were dramatically less likely to reoffend. For example, even four years after admission to the treatment court program, graduates with interlock devices were three times less likely to be convicted of another offense.
Mental Health Courts Improve Mental Health, Reduce Recidivism

The number of mental health courts (MHCs) has grown from 8 pilot courts in fiscal year 2009 to 29 in fiscal year 2016. MHCs give eligible offenders with serious mental illnesses the opportunity to participate in a court-based treatment program. By providing treatment instead of sentencing offenders to jail or prison, participants are much less likely to reoffend and the cost of incarceration is avoided. During the review period, there were 1,005 participants discharged from MHCs statewide, with 496 (49 percent) successfully completing the program. Remarkably, 97 percent reported both improved mental health and improved quality of life. And, as shown in the chart below, recidivism is cut dramatically after both two and four years.
Veterans Treatment Courts Give Vets a Second Chance, Find Jobs

Michigan is a national leader in providing access to Veterans Treatment Courts (VTC) so that men and women who have served can benefit from the same approach that make drug and mental health courts so successful. In addition, VTCs promote sobriety, recovery, and stability with the support of additional partners such as the Department of Veterans Affairs, volunteer veteran mentors, and organizations that support veterans and their families.

There were 446 veterans discharged from a VTC during the period studied, and 295 (66 percent) had successfully completed the program. Three-quarters of graduates entered the program with a substance use disorder and those graduates achieved nearly one year of consecutive sobriety time. As noted below, unemployment was reduced by two-thirds.

Unemployment at Admission and Discharge

Swift and Sure Sanctions Probation Program (SSSPP) Participants Find Employment

SSSPP participants are closely supervised by staff and monitored through frequent, random drug and alcohol tests and are promptly sanctioned for probation violations. The program has grown from 4 courts in 2012 to 19 courts in 2016.

Of the 855 SSSPP probationers discharged from a program over the 2015-16 period, 332 (39 percent) had successfully completed a program. Out of 213 graduates who entered the program unemployed, 164 found either part- or full-time employment.
Overview of Drug Courts in Michigan

Michigan Compiled Law 600.1060(c) defines a drug treatment court as "... a court-supervised treatment program for individuals who abuse or are dependent upon any controlled substance or alcohol." These programs offer an alternative to imprisonment for nonviolent criminal offenders with substance use disorders (SUD). To combat offenders cycling in and out of the criminal justice system, problem-solving courts use a specialized therapeutic jurisprudence model designed to treat the SUD underlying the criminal behavior and, therefore, reduce recidivism. Drug courts – a subset of problem-solving courts – focus on substance use or abuse through treatment, rehabilitation, intensive supervision, frequent judicial status review hearings, drug testing, and graduated incentives and sanctions. Drug courts emphasize a holistic and team approach that includes judges, prosecutors, probation officers, law enforcement, defense counsel, and treatment providers.

Drug courts have evolved over time and now include several models to serve specific subsets of the offender population. Although they share the same therapeutic jurisprudence model, each drug court model has specific program guidelines that frame its operations. Adult drug courts target nonviolent drug-related felony and/or misdemeanor cases and their framework is derived from Defining Drug Courts: The Key Components (Ten Key Components of Drug Courts). Sobriety courts target offenders who have been charged with driving while under the influence of drugs or alcohol and their framework is derived from The Ten Guiding Principles of Sobriety Courts. Juvenile drug courts address the substance abuse of delinquent juveniles and some status offenders (i.e., juveniles deemed to be runaways, incorrigible, or truant). Their framework is derived from Juvenile Drug Court: Strategies in Practice (16 Strategies for Juvenile Drug Treatment Courts). The Tribal Advisory Committee describes its drug courts (tribal drug treatment courts) as “Healing to Wellness” courts. Lastly, family dependency treatment courts target selected child abuse and neglect cases where parental substance abuse is a primary factor. These programs have offered a solution to the problem of jail overcrowding, as well as to the problem of drug- and alcohol-related crime.

Defining Michigan's PSCs

Problem-solving court (PSC) programs are versatile and must often adjust their target population to the changing needs of the community. For example, a program that targeted drunk driving offenders may have experienced a recent increase in opioid addicted offenders in their courts, and thus may choose to expand the program’s target population to address this problem. The ever changing community needs require programs to be dynamic in order to better target those that stand to benefit the most from a treatment court program. In the past, Michigan identified drug courts as either an adult circuit drug court, adult district drug court, sobriety court, juvenile drug court, or family dependency treatment court. The population served in an adult circuit drug court, however, could not be discerned by the title of adult circuit drug court.

In November 2016 the State Court Administrative Office (SCAO) chose to align Michigan’s PSCs with the federal definition of PSCs found in Painting the Current Picture: A
The report reflects information collected biannually from PSCs across the nation, and the data on PSC populations is published by predefined program models. The model definitions include adult drug courts, which accept only non-drunk driving offenders, sobriety courts, which accept only drunk driving offenders, and hybrid courts, which accept both types of offenders. In order to better describe the resourcefulness of Michigan’s adult PSCs, the SCAO adopted the national definitions of PSC models and now applies them based on participant offense types. Adult programs that previously accepted only drunk driving cases but expanded to accept non-drunk driving offenders are now defined as hybrid court programs. Similarly, courts that accepted only non-drunk driving offenders but now take drunk driving cases are also redefined as a hybrid court program. In November 2016 sobriety and hybrid court programs were operational in both adult district and circuit courts, while all adult drug court programs were operational in circuit courts only. Because programs are always adapting to meet community needs, the SCAO will review program populations twice per year, in November and May, to better identify program models. The review conducted in November reflects how programs are defined throughout this report.

To see the official list of each PSC in Michigan and its defined program type as of November 2016, please visit [http://courts.mi.gov/administration/admin/op/problem-solving-courts/pages/default.aspx](http://courts.mi.gov/administration/admin/op/problem-solving-courts/pages/default.aspx) and access the page for each type of problem-solving court.

### Performance Measures and Outcomes

**October 1, 2014 – September 30, 2016**

Several factors can be used to evaluate the success of drug court programs, such as the percentage of participants who successfully complete a program, the percentage retained in the program, and whether participants improved their employment status or education level upon graduation. Further, participant abstinence from alcohol and drug use is a goal of all drug court programs and can be measured by the number of consecutive sobriety days graduates achieved. The different types of services that drug court programs provide participants should also be measured when evaluating program success. Finally, recidivism rates indicate whether drug courts are effective in reducing crime.

Percentages in the graphs throughout the report have been rounded and may not always total 100 percent.

### Success Rates

During Fiscal Years (FYs) 2015 and 2016 Michigan’s drug court programs discharged 5,988 participants. Of those, 3,726 participants (62 percent) had successfully completed a program. There were 1,897 participants (32 percent) that were unsuccessfully discharged due to having absconded, being noncompliant, or committing a new offense, and 365 participants (6 percent) that were discharged due to other reasons.

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*Other reasons include transfers to other jurisdictions, voluntarily withdrawing from a program, medical reasons, death, or “Other.”

When graduation rates were evaluated by program type, sobriety court programs had the highest graduation rate at 72 percent, followed by hybrid court programs at 65 percent. Juvenile drug court programs and family dependency treatment court programs had the next highest graduation rate at 49 percent and 45 percent, respectively. Adult drug court programs had a success rate of 35 percent.
Retention Rates

Retaining participants in a program and keeping them engaged in their substance abuse treatment is important to the success of the individual. Studies have shown that participants who stayed in treatment longer are more likely to have better outcomes. When evaluating retention rates for participants that were active for at least 12 months, sobriety court programs retained 89 percent of their participants, hybrid court programs retained 83 percent, and adult drug court programs retained 70 percent. Juvenile and family dependency treatment court programs each retained 66 percent of their participants over 12 months.

Program Length

The length of time that participants spend in a program varies by the program type. Graduates from adult drug court programs averaged the most amount of time in a drug program (603 days) when compared to the other types of programs. Participants completing a hybrid court program averaged 526 days, while those completing a sobriety court program averaged 521 days. Graduates of a family dependency treatment court program averaged 397 days, while youths completing a juvenile drug court program averaged just less than one year (357 days).
Participants of drug court programs receive more intensive services than standard probationers. They receive random drug and alcohol testing frequently, are required to attend substance abuse treatment, and must also appear before the drug court judge for scheduled status review hearings up to four times per month. These types of services assist participants in their recovery and stabilization. Additionally, participants are held accountable to the court and community. The following graphs illustrate services received in each type of program.

**Drug and Alcohol Testing**

Graduates from sobriety court programs had the highest average number of drug and alcohol tests (540). Participants new to a sobriety court program are frequently equipped with alcohol tethers or other alcohol devices that monitor the presence of alcohol around the clock. Hybrid court program graduates received an average of 345 tests, adult drug court program graduates received on average 220 tests, family dependency treatment graduates averaged 174 tests, and youths successfully completing a juvenile drug court program averaged 105 tests.
Positive Tests

On average, less than one percent of drug and alcohol tests were positive among graduates of sobriety court programs, one percent of tests were positive among graduates of hybrid court programs, two percent of tests were positive among adult drug court program graduates, and three percent were positive among graduates of family dependency treatment court programs. Youths that completed a juvenile drug court program showed that, on average, nine percent of tests were positive.

Although, juvenile drug court programs had the highest percentage of positive tests, some of the positive results may not have been indicative of new use. The drug of choice among juvenile drug court program participants is predominately marijuana, which takes longer to exit the body than other substances. The high number of positive screens in juvenile drug court programs may, in part, be due to detecting residual marijuana when testing in the early phases of the program.
Substance Abuse Treatment

Programs offer different modalities of substance abuse treatment guided by the American Society of Addiction Medicine (ASAM) criteria. Assessing participants’ SUDs using ASAM’s criteria determines which level of care, or intensity, individuals should receive. Some participants may require clinically managed residential and detoxification services to medically monitor and minimize withdrawal symptoms, others may not require residential stays but intensive outpatient services instead, while still others may require a less intensive outpatient service that offers therapy once or twice per week. Often, outpatient therapy consists of meeting in groups in addition to individual sessions. Clinicians on drug court teams recognize the importance of providing the proper therapeutic services to each participant, and individualizing their treatment plans accordingly.

Although treatment services can extend beyond substance use, such as mental health services for those with co-occurring disorders, the averages in the following graph are reflective of substance use treatment only.

Graduates of juvenile drug court programs averaged 314 hours of overall substance use disorder treatment, adult drug court program graduates averaged 238 hours, hybrid court program graduates averaged 119 treatment hours, family dependency treatment court program graduates averaged 113 hours, and graduates from sobriety court programs averaged 50 hours.
Employment

A goal of drug courts is to provide services that will assist participants in restoring their lives through employment. Substance abuse often interferes with productivity on the job, the ability to maintain employment, or being proactive in seeking employment. Acquiring gainful employment is a requirement of many programs prior to graduation, and teams use multiple resources to assist participants in becoming employable.

When measuring improvements in employment among graduates during FYs 2015 and 2016 the overall unemployment rate at the time of admission into adult drug, hybrid, sobriety, and family dependency treatment court programs was 28 percent. At the time of graduation, the unemployment rate had fallen to 5 percent. When looking at the reduced unemployment rate from admission to discharge by program type, the most notable decrease was found in the adult drug court programs. Nearly two-thirds (63 percent) of this felony population were unemployed at the time of admission, and 4 percent were unemployed at the time of discharge, which resulted in a 94 percent reduction in unemployment. Graduates that entered hybrid or sobriety court programs were more likely to be employed at the time of admission; however, the reduced rate of unemployment among the two programs was still impressive at 86 percent and 85 percent, respectively. The reduced unemployment rate among family dependency treatment courts was also impactful at 58 percent. Youths in juvenile drug court programs were excluded from the analyses since they are expected to focus on school and are most often not in the labor force.
Juveniles had the highest rate of improved education level, suggesting they were able to stay in school and advance to the next grade while in the program. Graduates of sobriety court programs were more likely than participants in other court types to have a higher level of education at admission and, thus, were not as in need of improving their education level.

![Unemployment at Admission and Discharge by Program Type](chart1.png)

![Improved Education Level by Program Type](chart2.png)
Sobriety Days

Another goal of drug court programs is to establish abstinence from alcohol and drug use among the participant population. The number of sobriety days a participant achieved upon discharge is calculated using the participant’s date of admission and substance abuse testing results. If a participant had no positive tests, then the sobriety days equal the number of days spent in the program. However, if a participant tests positive for alcohol or drugs, the number of sobriety days is reset to zero and the count begins the day immediately following the positive result.

Graduates in sobriety court programs saw the highest number of consecutive sobriety days among the five program types, averaging 370 days. Hybrid court programs saw the next highest number of sobriety days (362 days), followed by adult drug court programs (352 days), family dependency treatment court programs (270 days), and juvenile drug court programs (191 days). National best practice research suggests participants should have a minimum of 90 days of sobriety before graduating.
Drug Court Recidivism

The SCAO defines recidivism broadly and narrowly under two different definitions:

1. Recidivism is defined as any new conviction within the categories of:
   - Violent offenses
   - Controlled substance use or possession
   - Controlled substance manufacturing or distribution
   - Other drug offenses
   - Driving under the influence of drugs or alcohol first offense
   - Driving under the influence of drugs or alcohol second offense
   - Driving under the influence of drugs or alcohol third offense
   - Other alcohol offenses
   - Property offenses
   - Breaking and entering or home invasion
   - Nonviolent sex offenses
   - Juvenile status offenses, including incorrigible, runaway, truancy, or curfew violations
   - Neglect and abuse civil
   - Neglect and abuse criminal
   - Domestic violence or assault
   - Money crimes
   - Weapons offenses
   - Fraudulent crimes

This definition excludes traffic offenses and offenses that fall outside the above categories.

2. Recidivism is defined as any new drug or alcohol conviction, including:
   - Controlled substance use or possession
   - Controlled substance manufacturing or distribution
   - Other drug offenses
   - Driving under the influence of drugs or alcohol first offense
   - Driving under the influence of drugs or alcohol second offense
   - Driving under the influence of drugs or alcohol third offense
   - Other alcohol offenses

In order for recidivism to be evaluated over the two-year period, the drug court participant must have been admitted into drug court at least two years prior to the time of this evaluation, and their comparison member must have had their case opened in the court’s case management system at least two years prior to this evaluation. Similarly, when evaluating over the four-year period, only those matched pairs where the drug court participant had been admitted into a drug court program at least four years prior to the time of this evaluation and their comparison member had their case opened in the court’s case management system at least four years prior to this evaluation were eligible for evaluation.

A drug court participant is defined as an individual who was admitted to and successfully completed the requirements of a drug court program within the state of Michigan. Drug court programs within this evaluation include the program types of adult drug court,
sobriety court, hybrid court, and juvenile drug court. Family dependency treatment court programs were excluded due to the limited number of participants (N = 15) that were paired with comparison group members using the above methodology. The analyses in this report include 7,530 total pairs of drug court participants and comparison group members in the two years postadmission analyses and 5,706 total pairs of drug court and comparison participants in the four years postadmission analyses. For a further detailed description of the methodology, please visit http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/RecidivismExplanation.pdf.

The following graphs show new convictions under both definitions occurring within two years and within four years of admission.

**Any New Conviction – Two Years**

Two years after admission to any drug court program, graduates had less than half the recidivism rate of comparison group members, and this difference was statistically significant.\(^2\) The differences in recidivism rates were statistically significant for each court type.

- Graduates of adult drug court programs had recidivism rates two and a half times lower than their comparison counterparts.\(^3\)
- Sobriety court program graduates had recidivism rates that were nearly four times lower than their comparison group members.\(^4\)
- Graduates of hybrid court programs had recidivism rates that were nearly one third of the rate of their comparison group members.\(^5\)

\(^2\) \(t(1, 7,529) = 18.094, p < .001\)
\(^3\) \(t(1, 242) = 4.143, p < .001\)
\(^4\) \(t(1, 563) = 5.210, p < .001\)
• Graduates from juvenile drug court programs had recidivism rates that were lower than the comparison group members by eight percentage points.  

Any New Conviction – Four Years

![Bar Chart](chart.png)

• Four years after admission to any drug court program, graduates had a recidivism rate of 16 percent, while the comparison group members’ recidivism rate was 23 percent, and this difference was statistically significant. The differences in recidivism rates were statistically significant for adult drug court, sobriety court, and hybrid court programs.

• Graduates of adult drug court programs had recidivism rates that were more than one and a half times lower than their comparison group members.

• Sobriety court program graduates had recidivism rates that were four percentage points lower than their comparison counterparts.

• Graduates of hybrid court programs had recidivism rates that were eight percentage points lower than their comparison group members.

• Graduates from juvenile drug court programs had recidivism rates that were slightly lower than their comparison group members.

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5 \(t(1, 6,076) = 17.276, p < .001\)
6 \(t(1,645) = 3.152, p < .05\)
7 \(t(1, 5,705) = 10.369, p < .001\)
8 \(t(1, 187) = 2.735, p < .05\)
9 \(t(1, 397) = 2.073, p < .05\)
10 \(t(1, 4,586) = 10.639, p <= .001\)
11 \(t(1, 532) = .198, p > .05\)
Two years after admission to any drug court program graduates had less than half the recidivism rate of comparison group members, and this difference was statistically significant. The differences in recidivism rates were statistically significant for adult drug court, sobriety court, and hybrid court programs.

- Graduates of adult drug court programs had recidivism rates that were one third of the recidivism rate of their comparison counterparts.
- Sobriety court program graduates had recidivism rates that were more than four times lower than their comparison group members.
- Graduates of hybrid court programs had recidivism rates that were more than three times lower than the rate of their comparison group members.
- Graduates from juvenile drug court programs had recidivism rates that were lower than the comparison group members by two percentage points.

\[ t(1, 7,529) = 14.957, p < 0.001 \]
\[ t(1, 242) = 2.079, p < .05 \]
\[ t(1, 563) = 5.098, p < .001 \]
\[ t(1, 6,076) = 15.233, p < .001 \]
\[ t(1,645) = 1.069, p > .05 \]
• Four years after admission to any drug court program, graduates had a recidivism rate of 11 percent while the comparison group members’ recidivism rate was 16 percent, and this difference was statistically significant. The differences in recidivism rates were statistically significant for sobriety and hybrid court programs.
• Graduates of adult drug court programs had recidivism rates that were four percentage points lower than their comparison counterparts.
• Sobriety court program graduates had recidivism rates that were five percentage points lower than their comparison group members.
• Graduates of hybrid court programs had recidivism rates that were six percentage points lower than their comparison group members.
• Graduates from juvenile drug court programs had slightly higher recidivism rates than their comparison group members.

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17 \( t(1, 5,705) = 8.079, p < .001 \)
18 \( t(1, 187) = 1.336, p > .05 \)
19 \( t(1, 397) = 2.710, p < .05 \)
20 \( t(1, 4,586) = 8.997, p < .001 \)
21 \( t(1, 532) = 1.231, p > .05 \)
Caseload Statistics
October 1, 2014 – September 30, 2016

The total number of active drug court cases during FYs 2015 and 2016 was 9,586. Of the active cases, 7,432 participants (78 percent) were in a hybrid court program, 818 participants (9 percent) were in sobriety court program, 530 participants (6 percent) were in an adult drug court program, 498 (5 percent) were in a juvenile drug court program, and 308 (3 percent) were active in a family dependency treatment court program.

**Percentage of Active Cases by Program Type**

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Drug</td>
<td>78%</td>
</tr>
<tr>
<td>Sobriety</td>
<td>6%</td>
</tr>
<tr>
<td>Hybrid</td>
<td>9%</td>
</tr>
<tr>
<td>Juvenile</td>
<td>3%</td>
</tr>
<tr>
<td>Family Dependency</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Age**

Overall, the average age of participants entering any adult treatment court program was 35 years, and the average age of youths entering a juvenile drug court program was 15 years. Participants in sobriety court programs averaged the oldest age of the adult population (38 years); participants in hybrid court programs averaged 35 years of age; participants in adult drug court program types averaged 31 years of age; and the average age of participants in family dependency treatment court programs was also 31 years.
Gender

Overall, males were the majority of the participants (69 percent) in Michigan’s drug court programs; however, females were the majority in family dependency treatment court programs. Juvenile drug court programs had the highest rate of male participants (79 percent), followed by sobriety court programs (72 percent), and hybrid court programs (71 percent). Adult drug court program populations were nearly equal between the males (53 percent) and females (47 percent).
Ethnicity

The 2015 Michigan Census\(^{22}\) identified 80 percent of Michigan residents as White, 14 percent as Black or African American, 5 percent as Hispanic or Latino, 3 percent as Asian, and less than 1 percent as Native American. The ethnicity of persons participating in a Michigan drug court during FYs 2015 and 2016 are shown below by court type. The majority of participants in drug court was White and totaled 80 percent. African American participants totaled 13 percent, and Hispanic/Latino participants totaled 3 percent. The ethnic composition of Michigan drug court participants is similar to Michigan’s overall population. When ethnicity was broken down by program type, there was an underrepresentation of African Americans in sobriety court programs and an overrepresentation in juvenile programs.

*Asian/Pacific Islander, Multiracial, Native American, and individuals not identifying with any of the above categories are included in “Other.”

Employment Status at Admission

Overall, 57 percent of active adult participants were either employed part- or full-time when admitted into a program. Full-time employment is defined as working 35 hours or more per week, and part-time employment is defined as working less than 35 hours per week. Youths in juvenile drug courts were excluded from the analyses since they are expected to focus on school and are most often not in the labor force. Participants in adult drug courts had the highest percentage of offenders that were unemployed when entering a program, while participants in sobriety court programs were most likely to be employed when admitted into a program.

\(^{22}\) [http://www.census.gov/quickfacts/table/PST045215/00](http://www.census.gov/quickfacts/table/PST045215/00)
Education Level at Admission

The education levels for adults entering drug court programs are shown in the following graph. Youths entering a juvenile drug treatment program were excluded from the graph, as most youths are in high school during their participation in a program.
Drug of Choice

Family dependency treatment court programs and adult drug court programs had the widest variety of drugs used by their participants. They also had the largest populations of heroin or opiate users and methamphetamine or amphetamine users. Drugs included in the category “Other” were benzodiazepine, poly-drug, inhalants, sedatives/hypnotics, hallucinogens, club drugs, and any other drug that did not fit a category provided.
Hybrid court programs also had a variety of drug use among their participants but the majority of active participants (66 percent) had identified alcohol as their drug of choice. Opioids were the next most frequently used drugs.

When looking at the drug of choice among sobriety court and juvenile drug court participants, the populations were more homogeneous than the other court types. Ninety-six percent of the participants in sobriety courts identified alcohol as their drug of choice, and 91 percent of juvenile drug court participants identified marijuana as their drug of choice.
Michigan’s drug court programs accept and provide services to persons with nonviolent offenses and persons involved in family division child abuse or neglect petitions. Adult drug court programs were comprised of all circuit courts and, thus, the charge type among their population was all felonies except for one case. Persons entering a family dependency treatment court program are most often charged with civil/petition neglect and abuse offenses. Both circuit and district courts operate hybrid court programs and, thus, their populations consist of misdemeanants (62 percent) and felons (37 percent). Among the juvenile population, 20 percent entered a program with a felony charge type, 61 percent had a misdemeanor charge type, and 14 percent entered on a status offense or some other charge type. Six percent entered a program due to a civil infraction or petition.

### Charge Type for Active Cases by Program Type*

<table>
<thead>
<tr>
<th>Court Type</th>
<th>Felony</th>
<th>Misdemeanor</th>
<th>Civil/Petition</th>
<th>Status/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Drug</td>
<td>100%</td>
<td>&lt;1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>(N=529)</td>
<td>(N=1)</td>
<td>(N=0)</td>
<td>(N=0)</td>
</tr>
<tr>
<td>Sobriety</td>
<td>28%</td>
<td>72%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>(N=227)</td>
<td>(N=590)</td>
<td>(N=0)</td>
<td>(N=0)</td>
</tr>
<tr>
<td>Hybrid</td>
<td>37%</td>
<td>62%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>(N=2,750)</td>
<td>(N=4,606)</td>
<td>(N=0)</td>
<td>(N=76)</td>
</tr>
<tr>
<td>Juvenile</td>
<td>20%</td>
<td>61%</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>(N=98)</td>
<td>(N=303)</td>
<td>(N=29)</td>
<td>(N=68)</td>
</tr>
<tr>
<td>Family Dependency</td>
<td>8%</td>
<td>1%</td>
<td>90%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>(N=24)</td>
<td>(N=3)</td>
<td>(N=269)</td>
<td>(N=3)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>38%</td>
<td>58%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>(N=3,628)</td>
<td>(N=5,503)</td>
<td>(N=298)</td>
<td>(N=147)</td>
</tr>
</tbody>
</table>

*There were 10 cases that had no charge type entered.
Michigan’s drug courts have proven to be an effective justice intervention for offenders with addictions, and have helped many offenders break the cycle of criminality and become productive members in their communities. As a way to pay forward to others, some graduates of drug court programs return to the court to offer peer support through alumni groups and encouragement to active participants.
**Ignition Interlock**

In 2013 Public Act 226 allowed eligible repeat Operating While Impaired (OWI) offenders the ability to receive a restricted license through the ignition interlock program by participating in a sobriety or drug court program. Eligible users are ordered by a drug court judge to have a Breath Alcohol Ignition Interlock Device (BAIID) installed on all vehicles that they own or operate. The device is designed to prevent the vehicle from starting if the driver has blood alcohol content above a preestablished level, which is monitored by blowing into the device.

The passing of PA 226 and favorable results of the interlock pilot project, which can be found in the [Michigan DWI/Sobriety Court Ignition Interlock Evaluation 2015 Report](#), opened other courts to offering the device to eligible participants. In FYs 2015 and 2016 there were 2,178 active participants among 79 sobriety, hybrid, and veterans treatment court programs who were members of the interlock program with an installed device on their vehicle(s). The majority of participants who had ignition interlocks installed were compliant with the terms of its use. In fact, less than one percent of users removed the ignition interlock device without approval, less than one percent of users tampered with the device, and one percent operated a vehicle without the device.\(^\text{23}\)

**Performance Measures and Outcomes**

October 1, 2014 – September 30, 2016

Therapy for substance abuse includes learning new coping skills to help prevent relapse. When participants are engaged in therapy it increases the likelihood that they will succeed in a treatment court program and maintain abstinence. Evaluating the rate of program completion and the number of consecutive sobriety days for interlock participants is a good measure of their success toward continued abstinence. There were 1,287 participants using ignition interlock devices who were discharged from a treatment court program during FYs 2015 and 2016. Of those, 1,178 (92 percent) successfully completed a treatment court program.

\(^{23}\) Missing data was removed from the analyses.
Other reasons include transfers to other jurisdictions, voluntarily withdrawing from a program, medical reasons, death, or “Other.”

Graduates with ignition interlock devices achieved an average of 375 days of consecutive sobriety and spent an average of 514 days in a treatment court program. Graduates also averaged 407 drug and alcohol tests, and less than one percent of those tests were positive (not shown).
Interlock Recidivism

The SCAO used the drug court recidivism protocol to measure recidivism rates among graduates using ignition interlock devices. Graduates of drug courts were already paired to comparison members of similar demographics and criminal history as part of the larger drug court recidivism analyses. In the below analysis, the results are limited to graduates with ignition interlock devices installed and their matched comparison group members.

Any New Conviction – Two and Four Years

Two years after admission to a sobriety or hybrid court program, graduates that installed an ignition interlock device on their vehicle while in the program had a recidivism rate for any new conviction that was five and a half times lower than their comparison group members, and this difference was statistically significant.\(^{24}\) Four years after admission, the graduates’ recidivism rates were more than three times lower than their comparison member counterparts, and this difference, too, was statistically significant.\(^{25}\)

\(^{24}\) t(1, 852) = 7.057, p < .001
\(^{25}\) t(1, 332) = 4.997, p < .001
Alcohol or Drug Conviction – Two and Four Years

A very telling way of determining whether the ignition interlock devices had a positive effect on maintaining sobriety is whether graduates received new convictions for alcohol offenses such as drunk driving or drug offenses such as possession of a controlled substance. When evaluating recidivism for alcohol or drug convictions, graduates of a program that used ignition interlock had recidivism rates four times lower than their comparison member counterparts at both two\textsuperscript{26} and four years\textsuperscript{27} after admission into a program. The differences in recidivism rates between the participants and comparison members were statistically significant in both analyses.

\textbf{Ignition Interlock Recidivism}

\textit{Alcohol or Drug Conviction Within Two and Four Years of Admission}

![Graph showing recidivism rates](image)

The ignition interlock program has proven to be effective at reducing repeat drunk driving. Michigan’s sobriety, hybrid, and veterans treatment court programs will continue to provide therapeutic jurisprudence and intensive monitoring of interlock users to ensure public safety.

\textsuperscript{26} t(1, 852) = 5.767, p < .001
\textsuperscript{27} t(1, 332) = 4.660, p < .001
Overview of Mental Health Courts

In FY 2009 eight courts received funding to pilot mental health court programs; in FY 2013 Michigan’s Budget Boilerplate added one court to the pilot project. Due to success of the pilot mental health court programs, Michigan’s legislature codified the structure of mental health courts in May 2013 and appropriated funds in the budget to expand the program statewide in FY 2014. The additional funding resulted in the number of mental health programs growing to 29 in FY 2016.

The Michigan mental health courts (MHCs) target offenders who have been diagnosed with a serious mental illness, serious emotional disturbance, or a developmental disability as defined by MCL 330.1100a(25) and 330.1100d(2)(3), and the severe nature of the mental illness or functional impairment must necessitate intensive clinical services. MHCs offer eligible offenders the opportunity to participate in a court-based treatment program to address their mental illness instead of sentencing them to lengthy jail or prison terms. MHCs provide intense judicial oversight, treatment through local community mental health service providers, drug testing when appropriate, referrals to community services such as housing or clothing resources, enrollment in educational classes and certificate programs, transportation assistance, and assistance with obtaining employment. Courts that receive Michigan Mental Health Court Grant Program (MMHCGP) state general funds from the SCAO collaborate closely with community mental health service providers to ensure that participants have access to a wide range of treatment services.

The SCAO provides access to the web-based Drug Court Case Management Information System (DCCMIS), which was designed to collect treatment court program-related data. MHCs funded under the MMHCGP are required to utilize the system. Some programs funded through other means have also chosen to use the DCCMIS to assist with their program evaluation efforts and are included in the overall performance measures and caseload statistics.
Factors used to evaluate the success of MHCs include successful completion of the program, improvement in employment or education, improvement in mental health, improvement in quality of life, medication compliance, and reduced criminal recidivism. There were 1005 participants discharged from 23 adult mental health courts and 5 juvenile mental health courts during FYs 2015 and 2016. Of those, 496 participants (49 percent) successfully completed a program.

*Other reasons include transfers to other jurisdictions, voluntarily withdrawing from a program, medical reasons, death, or “Other.”

![Number of Michigan Mental Health Courts](image)

![Reasons for Discharge](image)
Performance measures include graduates from three juvenile mental health courts (N=29). As the number of juvenile mental health courts and their participants increase, future performance measures may be reported separately for adult and juvenile participants in mental health courts.

- 49 percent of participants successfully completed a mental health court program
- 19 percent of graduates had improved their educational level upon graduation
- 38 percent of graduates had improved their employment status upon graduation
- 97 percent of graduates had improved their mental health
- 97 percent of graduates had improved their quality of life
- 90 percent of graduates were compliant with their psychotropic medications

The percentage of graduates who had improved their education level has decreased over the last two annual reports from 45 percent in the 2015 report, to 27 percent in 2016, and to 19 percent in 2017. This may be due, in part, to the mental health court statute enacted in 2013, which emphasized targeting a high-needs population that has severe and persistent mental illnesses. The graduates of FYs 2015 and 2016 are likely the first participants who were representative of the target population described by statute, and likely more reflective of the population MHCs are now serving. It is possible that the lower percentage of those with an improved level of education reported this year is a more accurate representation of MHC populations, where their abilities and needs may not include furthering their education.
Mental Health Court Recidivism

The gold standard for evaluations is random assignment of participants to treatment or control groups. Under random assignment, offenders found to be eligible for the services of the MHC program would be randomly assigned to participate in the MHC program (treatment group), while half of the participants would be turned away from the program and proceed through the legal system as if the program did not exist (control group). This ensures that there are no systematic differences in the characteristics of the participants in the treatment and control groups at the beginning of the evaluation, and allows researchers to claim that differences identified between the two groups at the end of the study are due to the effects of the MHC program.

While random assignment is preferred from an evaluation standpoint, it is not always preferred from an ethical perspective because individuals who are eligible to receive treatment are denied those services even though the resources are available. Therefore, random assignment is often limited to instances where a program has reached capacity and must turn away some of the applicants. When a program is in its infancy, however, many evaluators choose to use comparison groups rather than control groups to avoid unintentional harm to eligible participants. Comparison groups are not constructed by random assignment, but instead are comprised of individuals who are similar to the treatment group participants in a variety of characteristics, but who did not receive the treatment in question. In studies of criminal recidivism, examples of comparison group participants may be standard probationers, those in treatment programs other than mental health court, or those screened for mental health court and found to be eligible based on diagnosis and other criteria but could not participate due to extraneous factors such as transportation issues. Each approach has flaws when measured against the merits of random assignment. However, if a comparison group is constructed with attention to ensuring that the included participants are similar to those in the treatment group, comparison groups are valuable reference points to examine the impact of a program.

The comparison group was matched to MHC participants using two databases: the Department of Health and Human Services, where a sample of people receiving services from Community Mental Health were matched to MHC participants on age, race, gender, and diagnosis category; and the Judicial Data Warehouse, used to identify potential matches as having a similar criminal history and demographics as MHC participants. Recidivism is defined as any new conviction within the categories of:

- Violent offenses
- Controlled substance use or possession
- Controlled substance manufacturing or distribution
- Other drug offenses
- Driving under the influence of drugs or alcohol first offense
- Driving under the influence of drugs or alcohol second offense
- Driving under the influence of drugs or alcohol third offense
- Other alcohol offenses
- Property offenses
- Breaking and entering or home invasion
- Nonviolent sex offenses
• Juvenile status offenses, including incorrigible, runaway, truancy, or curfew violations
• Neglect and abuse civil
• Neglect and abuse criminal
• Domestic violence or assault
• Money crimes
• Weapons offenses
• Fraudulent crimes

The analyses evaluate recidivism two and four years after admission into a mental health program.

Two years after admission to a mental health court program graduates had nearly half the recidivism rate of comparison group members, and this difference was statistically significant.\(^\text{28}\)

Four years after admission to a mental health court program graduates had a recidivism rate that was 12 percentage points lower than their comparison counterparts, and these differences were statistically significant.\(^\text{29}\)

\(^{28}\ t(1, 568) = 5.281, \ p < 0.001\)
\(^{29}\ t(1, 296) = 3.260, \ p <= 0.001\)
There were 1,642 active cases among 23 adult mental health courts and 6 juvenile mental health courts during FYs 2015 and 2016. Of those, 57 percent entered with a misdemeanor charge, while 40 percent had a felony charge type. The remaining three percent had either a civil/petition charge type, a status offense, or some “Other” charge type, which includes city ordinances, and was comprised of mostly juvenile offenders.

Gender

Overall, males (59 percent) were more likely to enter a mental health court program. Among the felony participants, 62 percent were male; among the misdemeanor participants, 56 percent were male; and 51 percent of participants entering on an “Other” charge type were male.
Ethnicity

African-American participants had nearly twice the representation in mental health courts than in the general population. The 2015 Michigan Census identified 80 percent of Michigan residents as White, 14 percent as Black or African American, 5 percent as Hispanic or Latino, 3 percent as Asian, and less than 1 percent as Native American. Overall, 25 percent of the active cases in mental health courts were Black or African American. The majority of active cases, 69 percent, were White, 2 percent were Hispanic/Latino, and 4 percent identified with some other ethnicity.

*Asian/Pacific Islander, Multiracial, Native American, and individuals not identifying with any of the above categories are included in “Other.”*
Age

Overall, adult participants averaged 34 years of age when screened for a mental health court program. Among the juvenile mental health courts that had active cases during FYs 2015 and 2016 the average overall age was 14 years. There was very little age difference between those entering a program on a misdemeanor charge and those entering on a felony charge.

Co-Occurring Disorder Diagnosis

Every mental health court participant must be diagnosed with a serious mental illness, serious emotional disturbance, or a developmental disability to be eligible for a mental health court program. Fifty-six percent of participants entering a mental health court program had a co-occurring SUD diagnosis in addition to their primary mental health diagnosis. Felony participants were more likely to suffer from co-occurring disorders (63 percent) than participants charged with other types of offenses.
Drug of Choice

The following table shows the drug of choice by charge type for those participants who were identified as having a co-occurring substance use disorder diagnosis. Misdemeanor offenders identified alcohol or marijuana as their drug of choice most often (38 percent each), and the felony population identified marijuana (28 percent) or heroin/opiate (27 percent) as their drug of choice most frequently.

<table>
<thead>
<tr>
<th>Charge Type</th>
<th>Alcohol (N)</th>
<th>Marijuana (N)</th>
<th>Crack/Cocaine (N)</th>
<th>Heroin/Opiate (N)</th>
<th>Other (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felony</td>
<td>23% (N=94)</td>
<td>28% (N=117)</td>
<td>16% (N=68)</td>
<td>27% (N=111)</td>
<td>6% (N=26)</td>
</tr>
<tr>
<td>Misdemeanor</td>
<td>38% (N=186)</td>
<td>38% (N=188)</td>
<td>7% (N=35)</td>
<td>11% (N=53)</td>
<td>6% (N=28)</td>
</tr>
<tr>
<td>Other</td>
<td>40% (N=4)</td>
<td>40% (N=4)</td>
<td>10% (N=1)</td>
<td>0% (N=0)</td>
<td>10% (N=1)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31% (N=284)</td>
<td>34% (N=309)</td>
<td>11% (N=104)</td>
<td>18% (N=164)</td>
<td>6% (N=55)</td>
</tr>
</tbody>
</table>

Benzodiazepines, inhalants, sedatives/hypnotics, poly drug, amphetamines, methamphetamines, and “Other” are included as other drugs.

*There was one case where the drug of choice had not been entered.
Diagnosis

The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSMIV) is used to determine the primary diagnoses\(^{30}\) of participants in mental health courts.\(^{31}\) In order to get an accurate picture of which types of disorders participants were suffering from, the diagnoses were collapsed into six categories:

- Psychotic disorders such as schizophrenia
- Mood disorders such as depression and bi-polar
- Anxiety disorders such as post-traumatic stress disorder (PTSD), panic disorders, phobias, and obsessive-compulsive disorders
- Behavioral disorders such as attention deficit hyperactivity disorder, defiant behavior, and impulsivity
- Personality disorders such as antisocial and borderline personality disorders
- Other, which include suicidal behavior and eating disorders

The following graph illustrates the percentage of active participants’ categorized diagnoses in FYs 2015 and 2016.

The most common form of mental illness was mood disorders (61 percent), followed by psychotic disorders (23 percent). Participants with anxiety disorders comprised seven percent of the population. Those with some “Other” disorder comprised four percent, while behavioral disorders comprised three percent and personality disorders comprised one percent of the population.

\(^{30}\) The U.S. Department of Health and Human Services’ MentalHealth.gov website was used as a resource to categorize the diagnoses of participants, as there were more than 70 primary DSMIV diagnoses among active participants. [http://www.mentalhealth.gov/what-to-look-for/index.html](http://www.mentalhealth.gov/what-to-look-for/index.html)

\(^{31}\) The case management system used by Michigan’s problem-solving courts to collect diagnosis information provides DSMIV codes and has not been updated to align with the newer DSMV codes.
Employment Status at Admission

Overall, 14 percent of those entering a mental health court program were employed either full- or part-time. The majority (52 percent) were unemployed, while 34 percent were not in the labor force, which is defined as being disabled, a full-time student, retired, or a volunteer. When participants’ employment status at admission was broken down by their charge type, felony offenders were most likely to be unemployed when entering a program. Persons that entered with a charge type of “Other” were mainly comprised of juvenile offenders and, thus, were most likely not actively seeking employment.

Education Level at Admission

Overall, 41 percent of participants entered a program with a 12th grade education or less. Thirty-five percent entered with a GED or high school diploma, and 24 percent had some higher education. When looking at education level by charge type, there was little difference in the level of education among felony and misdemeanor offenders upon admission into a program. Those with a charge type of “Other” were mostly juvenile offenders and, thus, had not yet graduated high school.
Michigan’s mental health courts will continue to provide an alternative to incarceration through treatment and monitoring and other support services that can lead to an improved quality of life and mental well-being.
Overview of Veterans Treatment Courts

Michigan veterans treatment courts (VTC) follow the drug court model and require compliance with a modified version of the *Ten Key Components of Drug Courts* as required by statute. Michigan Compiled Law 600.1200, *et seq.*, was passed in October 2012 and outlines the operation of veterans treatment courts in Michigan.

These programs integrate principles from both drug court and mental health court to serve military veterans who suffer from mental illness, substance use disorders, or traumatic brain injuries. VTCs promote sobriety, recovery, and stability through a coordinated response that involves collaboration with the traditional partners found in drug courts and mental health courts, as well as the Department of Veterans Affairs, volunteer veteran mentors, and organizations that support veterans and their families.

VTCs across the country have been on the rise in answer to the growing number of veterans returning from duty. The number of Michigan’s VTC programs has risen from 16 programs in FY 2014 to 23 programs in FY 2016.
VTCs are guided by Ten Key Components of Drug Courts, and performance and outcome measures for VTCs follow those of drug courts. Although VTCs continue to grow in numbers and participants, they are still relatively new and, thus, performance measures and outcome data is limited. As more participants are discharged and have had time post-program for evaluation, recidivism analyses will become available for future reports.

There were 446 veterans discharged from a program during FYs 2015 and 2016. Of those, 295 participants (66 percent) had successfully completed a program. The retention rate of participants active in a program for at least 12 months was 85 percent, which increases the likelihood of success.

**Reasons for Discharge**

- Successfully Completed: 66%
- Unsuccessfully Discharged: 25%
- Discharged for Other Reason*: 9%

*Other reasons include transfers to other jurisdictions, voluntarily withdrawing from a program, medical reasons, death, or “Other.”

**Program Length and Sobriety Days:**

Veterans that graduated from a program averaged 505 days, or nearly 17 months, in a program. Seventy-five percent of veteran graduates had entered a program with an SUD as their primary diagnosis, while 25 percent entered with a mental health disorder diagnosis. Those entering with an SUD had achieved nearly one year of consecutive sobriety time. Sobriety time is measured by the consecutive number of days that a participant tested negative for drugs and alcohol and maintained abstinence.
Employment Status

Finding veterans gainful employment is a goal of most programs, and volunteer veteran mentors offer their time and energy to assist veteran participants with finding employment linkages. Thirty-one percent of graduates were unemployed when they entered a VTC program, and that rate was reduced by more than two thirds upon their graduation.
Participants eligible for VTC programs can be from any branch of the armed forces. Many veterans are strengthened by their service in the military and thrive in structured environments. VTCs offer the structure necessary to assist veterans in their treatment for mental health disorders and substance abuse. The overall number of active participants during FYs 2015 and 2016 was 758, and their average age at the time of screening was 41 years.

**Gender**

Males made up a much larger percentage of veterans who participated in a program compared to females.

![Gender Chart]

**Ethnicity**

The 2015 Michigan Census identified 80 percent of Michigan residents as White, 14 percent as Black or African American, 5 percent as Hispanic or Latino, 3 percent as Asian, and less than 1 percent as Native American. The majority of veterans in a program were White (72 percent), followed by African American (22 percent, which indicates a slight overrepresentation of African-American veterans in a VTC), and Hispanic/Latino (3 percent). Three percent reported some “Other” race at the time of admission, which includes Multi-Racial, Asian/Pacific Islander, and Native American.
Drug of Choice

Active participants who had a primary diagnosis of a SUD comprised 75 percent of the population in VTCs. The most common drug of choice among these veterans was alcohol (74 percent), followed by heroin or opiates at 11 percent. Eight percent of veterans identified marijuana; five percent identified cocaine/crack, and two percent identified some “Other” drug of choice, which includes benzodiazepine, poly-drug, inhalants, sedatives/hypnotics, hallucinogens, club drugs, and any other drug that did not fit into a category provided.
Education Level at Admission

Fifty percent of active veterans had attended higher education by the time of admission into a program, and 48 percent had obtained their high school diploma or GED. Two percent reported that they had received a 12th grade education or less.

Employment Status at Admission

Forty-five percent of active veterans were employed full- or part-time upon admission into a program and 32 percent were unemployed and seeking work. Participants categorized as “Not in Labor Force” included the disabled, retired veterans, students, and volunteers, and comprised 23 percent of active participants.
Charge Type

Seventy-five percent of active veterans entered a program with a misdemeanor charge type, while 25 percent had a felony charge type. Veterans most often entered a program on a drunk driving offense.

As veterans continue to return home from active duty, Michigan will continue to honor veterans that struggle with substance abuse, mental illness, and trauma that lead to criminal or destructive behavior by providing treatment, veteran mentors, and other support systems through treatment courts.
Overview of Swift and Sure Sanctions Probation Program

The Swift and Sure Sanctions Probation Program (SSSPP) is an intensive probation supervision program that targets medium- to high-risk felony offenders with a history of probation violations or failures. Governed by MCL 771A.1, et seq., SSSPP is modeled after Hawaii’s Opportunity Probation with Enforcement (HOPE) program, which studies have shown to be successful in improving the rate of successful probation completion among high-risk probationers. The HOPE program was created in 2004 because “probation-as-usual” was viewed as arbitrary, unfair, and ineffective at changing an offender’s behavior for the better. In contrast, swift and sure sanctions probation is designed to be fair, swift, certain, and consistent, and provide proportionate responses to probationer’s behaviors.

SSSPP participants are closely monitored through frequent and random testing for drug and alcohol use, and participants are required to attend frequent meetings with Michigan Department of Corrections probation and/or court case management staff. SSSPP aims to improve probationer success by promptly imposing graduated sanctions, including small amounts of jail time, for probation violations.

Michigan’s SSSPP started in 2012 when four courts piloted the program. In FY 2016 the number of SSSPPs had grown to 19.
Performance Measures and Outcomes
October 1, 2014 – September 30, 2016

There were 855 swift and sure sanctions probation program probationers discharged from a program during FYs 2015 and 2016, and 332 participants (39 percent) had successfully completed a program. Of the 465 that were unsuccessfully discharged, 63 percent were due to noncompliance, 20 percent were discharged due to a new offense, and 17 percent absconded.

*Other reasons include transfers to other jurisdictions, voluntarily withdrawing from a program, medical reasons, death, or “Other.”

Analyses of the 332 participants that successfully completed a program showed:

- Graduates received an average of 171 drug/alcohol tests, and on average, 2 percent were positive.
- 213 graduates entered a program unemployed and of those, 164 became gainfully employed either part- or full-time upon completion of a program. This resulted in an 87 percent reduction in unemployment among graduates.
- Graduates averaged 465 days in a program, or nearly 16 months.
- Only one graduate had a new arrest while in the program.
- 24 percent of graduates had a bench warrant issued against them for a program violation, and they averaged 21 days in jail due to those violations.

In 2015, a cost benefit analysis, was conducted by independent evaluators and found that the average costs to taxpayers based on rearrests were more than $400 less for the SSSPP participant when compared to the probation-as-usual group. Also, participants had a lower percentage of jail sentences (13.7 percent) than the probation-as-usual group (21.6 percent), which also results in cost savings. For more information on the evaluation please click on Evaluation of Michigan’s Swift & Sure Sanctions Probation Program.
In 2016 the SCAO and the Michigan Department of Corrections (MDOC) partnered to develop a comparison group that could be measured against SSSPP graduates toward recidivism analyses. MDOC collects information on felony offenders using the Offender Management Network Information System (OMNI), and shares data with the SCAO to match SSSPP participants to felony offenders with similar criminal histories and demographics. The efforts to finalize the new methodology are still ongoing and the SCAO expects to report recidivism analyses in 2018.
There were 1,485 active participants among 19 swift and sure sanctions programs during FY 2015 and 2016. Participants of swift and sure sanctions programs differ from problem-solving court program participants in that they may be admitted without an underlying SUD or mental illness. Additionally, SSSPPs may accept violent offenders. Caseload statistics on participants’ demographics and criminal histories are provided in the following sections.

**Gender and Age**

Michigan’s SSSPP programs had a greater percentage of males (79 percent) than females in FY 2015 and 2016, and the average age of participants was 34 years.

**Ethnicity**

When compared with the Michigan census, SSSPP programs had an overrepresentation of African Americans and an underrepresentation of Whites.
*Asian/Pacific Islander, Multiracial, Native American, and individuals not identifying with any of the above categories are included in “Other.”

**Employment Status at Admission**

The majority of active participants (67 percent) had entered a program unemployed, while 24 percent were employed either full- or part-time. Nine percent were not in the labor force, which included the disabled and students.
**Education Level at Admission**

Forty-seven percent of active participants had obtained a GED or high school diploma, and an additional 13 percent had attended higher education. The remaining 40 percent, however, had not graduated from high school, obtaining a 12th grade education or less.

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**Offense Category and Incident Offense**

Although SSSPPs are not treatment courts, it is not uncommon for offenders with drug or alcohol offenses to participate. When evaluating the types of offenses that probationers had when entering these programs, the results showed 40 percent entered with some type of controlled-substance offense, such as manufacturing and distributing, use and possession, or some “Other Drug Offense.” Twenty-four percent had property or breaking and entering offenses, and 10 percent had violent offenses. Further, felony probation offenses included domestic violence (DV) and assault and weapons offenses. Eleven percent were categorized as “Other” offense that included felony traffic offenses such as fleeing from police, money crimes, non-violent sex offenses, fraud, and other offenses that did not fit into a category.
SSSPPs target repeat parole or probation violators as well as those not under community supervision that committed a felony offense. Thirty-seven percent entered a program while on probation and three percent entered a program while on parole. The majority, (61 percent) were not under community supervision when they committed the offense.

**Incident Offense**

<table>
<thead>
<tr>
<th>Incident Offense</th>
<th>Percent of Active Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Criminal Offense</td>
<td>61%</td>
</tr>
<tr>
<td>Probation Violation-Technical or New</td>
<td>37%</td>
</tr>
<tr>
<td>Criminal Offense</td>
<td></td>
</tr>
<tr>
<td>Parole Violation-Technical or New</td>
<td>3%</td>
</tr>
<tr>
<td>Criminal Offense</td>
<td></td>
</tr>
</tbody>
</table>
Program Sanctions and Drug Testing

In addition to being swift and consistent, sanctions in SSSPPs are designed to be graduated. Acts of noncompliance may include missing probation appointments, repeat offending, or testing positive for drug/alcohol use. Offenders may receive tighter restrictions for initial minor violations, with subsequent violations resulting in jail time. The number of jail days for further noncompliance usually increases thereafter.

SSSPP offenders who were active during FYs 2015 and 2016 received an average of 107 drug/alcohol tests, and an average of six percent were positive. Seventy percent of active SSSPP probationers had received a sanction for some kind of noncompliance. While jail is part of the graduated sanctions, the immediacy of ordering one to jail is meant to change the offender’s behavior and reduce future noncompliance. Sixty-one percent of active participants received jail time for a program sanction, and they averaged 38 days served.
Maps of Michigan’s Problem-Solving Courts
All Problem-Solving Courts
As of November, 2016

Counties with Problem-Solving Court(s)
Veterans Treatment Court Programs

Counts With a Veterans Treatment Court Program
Counts With a Regional Veterans Treatment Court Program
Oakland County Veterans Treatment Court Programs

Oakland County Cities With a Veterans Treatment Court Program

43 – Ferndale, Hazel Park, Madison Heights
44 – Royal Oak
45 – Berkley, Oak Park
Juvenile Mental Health Court Programs

Counties With a Juvenile Mental Health Court Program
Tribal Healing to Wellness Court Programs

Counties With a Tribal Healing to Wellness Court Program