

Michigan Drug Treatment Courts

2011 Annual Report and Evaluation Summary



Project Years

October 1, 2009 – September 30, 2010

October 1, 2010 – September 30, 2011

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Executive Summary Dashboard

Michigan’s drug courts operate to reduce criminal activity and rehabilitate offenders diagnosed with substance use disorders through a combination of therapeutic services and judicial supervision. This report summarizes drug court activity for the two fiscal years between October 1, 2009, and September 30, 2011, providing current demographics and participant information. Then participants’ performance is examined longitudinally in trend data for the three fiscal years between October 1, 2008, and September 30, 2011, and in recidivism data two and four years after participants have successfully completed drug court programs. Trend data and recidivism data provide comparisons to prior years and standard probationers, respectively, and are summarized in the Executive Summary dashboard below.

Trend data for the last three fiscal years indicate that more participants are successfully completing drug court programs now than in fiscal year 2008. The percentage of participants retained in drug court programs for at least one year and the total days of sobriety that participants have accumulated before graduation have remained steady across the three years. The percentage of graduates who have improved their employment status or education level while participating in drug court programs has decreased slightly over the last three years.

Measure	Trend
Participants Retained At Least One Year	
Participants Completing Program	
Participants Enhancing Employment Before Completion	
Participants Enhancing Education Before Completion	
Days of Sobriety At Program Completion	

Recidivism was defined in two ways. First, recidivism was defined as any new conviction within two years or four years of graduating from a drug court. Then the definition was narrowed to focus on new convictions of drug or alcohol offenses within two years or four years of graduating from a drug court. In these calculations, each drug court participant was paired to a standard probationer with similar demographics, geographic location, offense committed, and criminal history. Compared to their nondrug court counterparts, drug court graduates had lower recidivism rates two and four years after graduation.

Recidivism	Positive Outcome
Any New Conviction Within Two Years	
Any New Conviction Within Four Years	
New Drug or Alcohol Conviction Within Two Years	
New Drug or Alcohol Conviction Within Four Years	

Grant information and full evaluations reports are available online at <http://courts.michigan.gov/scao/services/tcs/spec.htm>. To request information by phone, contact the SCAO’s Problem-Solving Courts Program at 517-373-7351.

Overview of Drug Courts in Michigan

Michigan Compiled Laws 600.1060(c) defines drug treatment courts 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). Judges have identified that offenders with SUDs cycle in and out of the criminal justice system. To combat this revolving door, 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 hearings, drug testing, and graduated incentives and sanctions. Drug courts emphasize a holistic, team approach. Key team members often include judges, prosecutors, probation officers, law enforcement personnel, defense counsel, and treatment providers.

Drug courts have evolved over time and now include several models to serve specific subsets of the offender population. These models include adult drug treatment courts, drinking while intoxicated courts, family dependency treatment courts, juvenile drug courts, and tribal courts. Although they share the same therapeutic jurisprudence model, each drug court model has program-specific components designed to meet the needs of its target population. These programs have offered a solution to the problem of jail overcrowding, as well as to the problem of drug and alcohol-related crime.

Circuit and District Adult Drug Courts

The adult drug court model is the oldest and most frequently implemented of the various drug court models. Adult drug courts adhere to *The Ten Key Components of Drug Courts*, published by the Bureau of Justice Assistance. These programs may focus on drug-related felony or misdemeanor cases. Adult drug court is a specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offenders' likelihood of successful habilitation through judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services. The judge is actively involved in supervising drug court offenders along with other members of the team, including prosecutors, probation or community corrections officers, defense counsel, and treatment providers.

By the end of fiscal year 2011, there were 22 adult circuit drug court programs and 18 adult district drug court programs that were operational. There were also two adult district courts in the planning phase.

Driving While Intoxicated (DWI) Courts

DWI courts are also known as sobriety courts. They target offenders who have been charged with driving under the influence of drugs or alcohol. The goal of DWI courts is to protect public safety by using the drug court model to address the root cause of impaired driving:

alcohol and other drugs of abuse. DWI courts that also accept drug offenders are commonly referred to as *hybrid* DWI courts or DWI/drug courts. The framework for DWI courts includes components recommended by the Bureau of Justice Assistance in *The Ten Guiding Principles of DWI Courts*.

In most cases, the DWI participants' driving privileges have been revoked. Thus, DWI courts must address transportation among other important program components. DWI courts often enhance their close monitoring of offenders using home and field visits, as well as technological innovations such as ignition interlock devices and the secure continuous remote alcohol monitor (SCRAM) tether, a transdermal alcohol detection device. Beginning in 2011, participants of a state-recognized drug or DWI court can apply for a restricted license, pursuant to judicial approval and mandatory use of an ignition interlock device. In 2011, there were 27 operational DWI courts in Michigan with 2 courts in the planning phase.

Family Dependency Treatment Courts

Family dependency treatment courts involve a specialized docket of selected abuse, neglect, and dependency cases in which parental substance abuse is a primary factor. Judges, attorneys, child protective services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol free. Family dependency treatment courts rely on a publication from the Department of Justice, *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*.

The enactment of the federal Adoption and Safe Families Act of 1997 has spurred the establishment of family dependency treatment courts by calling for states to initiate termination of parental rights proceedings for children who have been in foster care for 15 of the previous 22 months. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes. Because so many entities are involved in the planning and implementation of family dependency treatment courts, developing these specialized dockets can be a more complex task than for other types of drug treatment courts. In 2011, there were nine operational family dependency treatment courts and one program in the planning phase.

Juvenile Drug Courts

The operation of a juvenile drug court is similar to the adult drug court model in that juvenile offenders with drug or alcohol problems receive intense supervision, treatment, frequent judicial review hearings, and graduated sanctions and incentives; however, the juvenile drug court team also focuses on the unique characteristics of a juvenile offender. The family division of circuit court handles juvenile drug court cases, which include felonies, misdemeanors, selected delinquency cases, and in some instances status offenders. Over the course of a year or more, the team meets frequently (often weekly), determining how best to address the substance abuse and related problems of the youth and his or her family.

Juvenile drug courts rely on the *Sixteen Strategies for Juvenile Drug Court Programs*, published by the Bureau of Justice Assistance, to develop and operate their programs. The juvenile drug court judge maintains close oversight of each case. The juvenile drug court team also includes defense counsel, treatment providers, juvenile justice personnel (including probation officers), representatives from school or vocational training programs, treatment providers, law enforcement personnel, and the prosecutor's office. There were 16 operational juvenile drug treatment courts at the conclusion of 2011.

Healing to Wellness Tribal Courts

The Tribal Advisory Committee describes its drug courts as healing to wellness courts. These courts operate within the tribal justice system to address alcohol and drug-related crime. The programs use the core principles of drug courts and also incorporate customs and traditions of the Native American community. There were three tribal courts in operation in 2011.

Table 1.
Types of Drug Courts
As of January 2012

Type of Drug Court	Operational Drug Courts	Drug Courts in Development	Total
Adult Circuit	22	0	22
Adult District	18	2	20
Driving While Intoxicated (DWI)	27	2	29
Family Dependency	9	1	10
Juvenile	16	0	16
Tribal	3	0	3
Total	95	5	100

Michigan has been a leader in the drug court movement. In June 1992, the first women's drug court in the nation was established in Kalamazoo County at the 9th Circuit Court. The program was a success and other courts sought to establish their own drug court programs.

All Michigan drug courts in operation as of January 2012 are listed by county on the next three pages.

Table 2.
Operational Michigan Drug Courts
As of January 2012

County	Court	Type of Drug Court
Alcona	23 rd Circuit Court	Adult
Alger	93 rd District Court	Adult
Allegan	48 th Circuit Court	Adult
Alpena	26 th Circuit Court	Juvenile
Alpena	88 th District Court	Adult
Barry	5 th Circuit Court	Adult
Barry	5 th Circuit Court	Juvenile
Bay	18 th Circuit Court	Family Dependency
Bay	18 th Circuit Court	Juvenile
Bay	74 th District Court	DWI
Benzie	19 th Circuit Court	Juvenile
Benzie	85 th District Court	Adult
Berrien	2 nd Circuit Court	Adult
Calhoun	37 th Circuit Court	Adult – Men
Calhoun	37 th Circuit Court	Adult – Women
Calhoun	10 th District Court	DWI
Cass	4 th District Court	Adult
Cass	43 rd Circuit Court	Family Dependency
Charlevoix	33 rd Circuit Court	Juvenile
Charlevoix	90 th District Court	DWI
Cheboygan	53 rd Circuit Court	Adult
Chippewa	Gwaiak Miicon Drug Court	Tribal
Dickinson	95B District Court	Adult
Eaton	56 th Circuit Court	Adult
Eaton	56A District Court	DWI
Emmet	90 th District Court	DWI
Emmet	57 th Circuit Court	Juvenile
Emmet	Odawa Youth Healing to Wellness Program	Tribal
Genesee	7 th Circuit Court	Adult
Genesee	7 th Circuit Court	Family Dependency
Grand Traverse	13 th Circuit Court	Juvenile
Grand Traverse	86 th District Court	DWI
Gratiot	65B District Court	Adult
Hillsdale	1 st Circuit Court	Family Dependency
Ingham	30 th Circuit Court	Family Dependency
Ingham	54A District Court	DWI
Ingham	55 th District Court	DWI
Ionia	64A District Court	DWI
Ionia	8 th Circuit Court	Adult
Iron	41 st Circuit Court	Adult
Iron	95B District Court	Adult
Isabella	21 st Circuit Court	Adult
Isabella	21 st Circuit Court	Juvenile
Isabella	76 th District Court	Adult
Jackson	4 th Circuit Court	Adult

Table 2.
Operational Michigan Drug Courts
As of January 2012

County	Court	Type of Drug Court
Kalamazoo	8 th District Court	DWI
Kalamazoo	9 th Circuit Court	Adult - Men
Kalamazoo	9 th Circuit Court	Adult - Women
Kalamazoo	9 th Circuit Court	Family Dependency
Kalamazoo	9 th Circuit Court	Juvenile
Kent	61 st District Court	Adult
Kent	61 st District Court	DWI
Leelanau	Grand Traverse Band Tribal Court	Tribal
Livingston	44 th Circuit Court	Adult
Livingston	44 th Circuit Court	Family Dependency
Livingston	44 th Circuit Court	Juvenile
Luce/Mackinac	92 nd District Court	DWI
Macomb	16 th Circuit Court	Adult
Macomb	16 th Circuit Court	Juvenile
Macomb	37 th District Court	Adult
Macomb	39 th District Court	DWI
Macomb	41B District Court	Adult
Manistee	19 th Circuit Court	Juvenile
Marquette	96 th District Court	DWI
Mecosta	77 th District Court	DWI
Midland	42 nd Circuit Court	Adult
Muskegon	60 th District Court	DWI
Oakland	6 th Circuit Court	Adult
Oakland	6 th Circuit Court	Juvenile
Oakland	43 rd District Court	DWI
Oakland	47 th District Court	DWI
Oakland	51 st District Court	DWI
Oakland	52 nd District Court – Division 1	DWI
Oakland	52 nd District Court – Division 2	DWI
Oakland	52 nd District Court – Division 3	DWI
Oakland	52 nd District Court – Division 4	Adult
Ogemaw	34 th Circuit Court	Family Dependency
Otsego	87 th District Court	Adult
Ottawa	20 th Circuit Court	Adult
Ottawa	20 th Circuit Court	Juvenile
Ottawa	58 th District Court	DWI
Saginaw	10 th Circuit Court	Family Dependency
Schoolcraft	93 rd District Court	Adult
St. Joseph	3B District Court	DWI
Van Buren	36 th Circuit Court	Adult
Washtenaw	15 th District Court	DWI
Washtenaw	22 nd Circuit Court	Juvenile
Wayne	3 rd Circuit Court	Adult
Wayne	3 rd Circuit Court	Juvenile
Wayne	16 th District Court	DWI
Wayne	19 th District Court	Adult
Wayne	23 rd District Court	Adult
Wayne	33 rd District Court	DWI

Table 2.
Operational Michigan Drug Courts
As of January 2012

County	Court	Type of Drug Court
Wayne	35 th District Court	Adult
Wayne	36 th District Court	Adult

Caseload Statistics

New Admissions and Active Cases

Between October 1, 2009, and September 30, 2011, Michigan drug courts screened and admitted 5,203 individuals and handled a total of 8,294 cases. Of the new admissions, 2,221 participants (43 percent) were admitted into DWI courts; 1,427 participants (27 percent) were adults in circuit court; 870 participants (17 percent) were in district court; and 482 participants (9 percent) were juveniles. An additional 203 participants (4 percent) were individuals with civil petitions in the family division of circuit court who were admitted to a family dependency treatment court.

Trend data collected on cases admitted into drug courts from fiscal year 2008 through fiscal year 2011 showed that the number of individuals admitted into drug courts stayed relatively stable among adult district drug courts, adult circuit drug courts, and DWI courts. Family dependency treatment courts saw a 6 percent increase in the number of cases admitted. Conversely, juvenile drug courts saw a 5 percent decrease in admitted cases over the last three years. Despite increased admissions in some courts, the number of active cases remained relatively stable over the past three years among all of the drug court types.

Table 3.
New Admissions and Active Cases

Type of Drug Court	New Admissions		Active Cases	
	#	%	#	%
Adult Circuit	1,427	27	2,265	27
Adult District	870	17	1,303	16
DWI	2,221	43	3,756	45
Family Dependency	203	4	270	3
Juvenile	482	9	700	9
Total	5,203	100	8,294	100

This table includes new admissions and active cases during fiscal years 2010 and 2011 from 92 drug courts.

Most Serious Charge

Michigan drug courts provide services to persons charged with a variety of nonviolent offenses and persons involved in family division child abuse or neglect petitions. Of the participants with active cases during fiscal years 2010 and 2011, 36 percent were charged with one or more felony offenses, 59 percent were charged with one or more misdemeanors, and 5 percent were involved in civil petitions, status offenses, or some other charge type.

Ninety-nine percent of the offenders admitted into an adult circuit drug court were charged with at least one felony. For 88 percent of the offenders admitted into adult district drug courts, the most serious offense charged was a misdemeanor, while 12 percent were felony charges. Ninety-five percent of participants in family dependency treatment court had civil petitions. The majority (87 percent) of the offenders in DWI courts were charged with a misdemeanor. Exceptions were likely the result of prosecutors authorizing DWI courts to accept defendants charged with felony operating while impaired (OWI 3rd). Juveniles in drug court were charged with a variety of offenses, including felonies (23 percent) and status offenses (5 percent).

Over the past three years, the charge type among participants entering adult district drug courts shifted from misdemeanor charges to felony charges. They saw a 6 percent increase in participants admitted with a felony charge and a correlated 6 percent decrease in participants charged with a misdemeanor at admission. Juvenile drug courts saw an increase (5 percent) in those admitted with a misdemeanor charge and a slight decrease (3 percent) in participants admitted with a felony charge. The other slight decreases among juvenile courts were distributed among participants entering with civil petitions and status offenses or other offenses. Adult circuit drug courts, DWI courts, and family dependency treatment courts remained stable over the past three years in the type of charge their participants had upon entering their programs.

Table 4.
Most Serious Charge

Type of Drug Court	Felony		Misdemeanor		Civil Petition		Status/ Other	
	#	%	#	%	#	%	#	%
Adult Circuit	2,237	99	25	1	0	0	3	0
Adult District	160	12	1,141	88	0	0	2	0
DWI	421	11	3,262	87	0	0	73	2
Family Dependency	0	0	0	0	257	95	13	5
Juvenile	158	23	480	69	23	3	39	5
Total	2,976	36	4,908	59	280	3	130	2

This table includes active cases during fiscal years 2010 and 2011 from 92 drug courts.

Drug of Choice

The primary drug of choice for participants in an adult circuit drug court included alcohol (31 percent), marijuana (14 percent), heroin (13 percent), crack cocaine or cocaine (12 percent), and amphetamine or methamphetamine (12 percent). Adult circuit drug court participants identifying multiple drugs or opiates as their drug of choice were 9 percent and 8 percent, respectively. Of the participants in adult district drug courts, nearly half (48 percent) identified alcohol as their primary drug of choice, 20 percent identified marijuana, and 13 percent identified crack cocaine or cocaine as their drug of choice. An additional 13 percent identified heroin as their primary drug of choice. The majority (83 percent) of participants in DWI courts identified alcohol as their primary drug of choice. Eight percent identified marijuana and 3 percent identified cocaine or crack cocaine as their drug of choice. Marijuana (27 percent) was the most common drug of choice for family dependency treatment court participants. Alcohol or cocaine and/or crack cocaine each accounted for 16 percent of the participants' drug of choice while methamphetamine or amphetamine was the drug of choice for 15 percent of the participants in the family dependency treatment courts. The overwhelming majority (85 percent) of juveniles in the juvenile drug courts reported marijuana as their primary drug of choice. An additional 12 percent indicated alcohol as their primary drug of choice. Very few juveniles indicated any other drug as their primary drug of choice.

When looking at the drugs of choice among drug court participants over the last three years, most notable was the fluctuations in the drugs of choice identified by participants in family dependency treatment courts. The percentage of participants identifying amphetamine or methamphetamine as their drug of choice rose 8 percentage points since fiscal year 2008 and those identifying alcohol or opiates as their drug of choice each rose 4 percentage points in the last three years. Family dependency treatment courts saw a sharp decrease in participants indicating their drug of choice was cocaine or crack cocaine by 13 percentage points and an 8 percentage point decrease among those identifying marijuana as their drug of choice since fiscal year 2008.

Adult circuit drug courts also saw fluctuations over the past three years in what participants identified as their drug of choice, namely among amphetamine or methamphetamine and cocaine or crack cocaine. The number of participants identifying their drug of choice as amphetamine or methamphetamine rose from 5 percent in 2008 to 12 percent in 2011. Conversely, the number of participants indicating their drug of choice was cocaine or crack cocaine in adult circuit drug courts decreased from 20 percent in 2008 to 12 percent in 2011.

Adult district drug courts saw a rise in those participants identifying heroin as their drug of choice by 4 percentage points over the last three years and a decrease in participants identifying cocaine or crack cocaine as their drug of choice by 7 percentage points since 2008. Trend data for the past three years show that participant drug of choice has remained consistent in DWI courts and juvenile drug courts.

**Table 5.
Drug of Choice**

Type of Drug Court	Alcohol %	Marijuana %	Cocaine/ Crack %	Heroin %
Adult Circuit	31	14	12	13
Adult District	48	20	13	13
DWI	83	8	3	2
Family Dependency	16	27	16	7
Juvenile	12	85	0	1
All Participants	55	19	7	7

Type of Drug Court	Multiple Drugs %	Opiate %	Methamphetamine Amphetamine %	Other %
Adult Circuit	9	8	12	1
Adult District	1	3	0	2
DWI	1	2	0	1
Family Dependency	9	9	15	1
Juvenile	1	0	0	1
All Participants	3	4	4	1

This table includes active cases during fiscal years 2010 and 2011 from 92 drug courts. Barbiturates, benzodiazepine, club drugs, hallucinogens, inhalants, sedatives, and hypnotics are included as other drugs.

Gender

Overall, males were more likely than females to be admitted to drug courts; however, the vast majority (81 percent) of participants in family dependency treatment courts was female. Close to three-quarters, (71 percent) of the participants in DWI courts were male. Adult district courts had the most even distribution of the genders although close to two-thirds (63percent) of participants were male.

In the past three years, the number of male and female participants in each drug court type has fluctuated very little. In adult district drug courts and juvenile drug courts, the number of female participants decreased 3 percent as male participation in these courts rose 3 percent. In adult circuit drug courts and DWI courts, female participation increased by 2 and 3 percent respectively along with the corresponding decrease of male participants. Male and female participation in family dependency treatment courts saw no change in the last three years.

**Table 6.
Gender**

Type of Drug Court	Females		Males		Total
	#	%	#	%	#
Adult Circuit	632	28	1,633	72	2,265
Adult District	483	37	820	63	1,303
DWI	1,072	29	2,684	71	3,756
Family Dependency	220	81	50	19	270
Juvenile	136	19	564	81	700
Total	2,543	31	5,751	69	8,294

This table includes active cases during fiscal years 2010 and 2011 from 92 drug courts.

Ethnicity

The 2010 Michigan census¹ identified 78.9 percent of Michigan residents as White including Hispanics, and 14.2 percent as Black/African American. The drug court population is similar to the ethnic composition of Michigan - Hispanic and White individuals totaled 81 percent of the drug court population and African American totaled 16 percent. Adult circuit drug courts saw an approximately 4 percent increase in White participants in the last three years, while the number of African American participants decreased by 5 percent over the same time period.

**Table 7.
Ethnicity**

Type of Drug Court	White %	African American %	Hispanic %	Other %	Total %
Adult Circuit	79	16	2	3	100
Adult District	64	32	2	2	100
DWI	82	9	6	3	100
Family Dependency	70	22	5	3	100
Juvenile	69	21	4	6	100
All Participants	77	16	4	3	100

This table includes active cases during fiscal years 2010 and 2011 from 92 drug courts. Asian/Pacific Islander, Multiracial, Native American, and individuals not identifying with any of the above categories are included in Other.

¹ U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report.

Age at Screening

A substantial portion (32 percent) of drug court participants were between the ages of 22 and 30 when screened for admission. An additional 21 percent were between 31 and 40 years old at screening, and 18 percent were 41 to 50 years of age when screened for admission. The smallest age cohort that was screened for admission were participants that were 17 to 18 years of age. Over the past three years, the age distribution of participants accepted into drug court programs has been largely consistent.

Table 8.
Age at Screening

Type of Drug Court	16 or Younger %	17-18 %	19-21 %	22-30 %	31-40 %	41-50 %	51 or Older %	Total %
Adult Circuit	0	2	9	35	25	21	8	100
Adult District	0	4	12	31	24	19	10	100
DWI	0	4	10	36	21	19	10	100
Family Dependency	0	2	9	49	30	9	1	100
Juvenile	93	7	0	0	0	0	0	100
All Participants	8	3	9	32	21	18	9	100

This table includes active cases during fiscal years 2010 and 2011 from 92 drug courts.

Education at Admission

Offenders admitted to DWI courts had a higher level of education than offenders admitted to other types of drug courts. Forty-six percent had more than a high school education. In comparison, 44 percent of offenders admitted to a family dependency treatment court had less than a high school education. The majority of participants in adult circuit drug courts (49 percent) and adult district drug courts (40 percent) had obtained their high school diploma or GED at their time of admission into the program. Sixty-five percent of the juveniles admitted to juvenile drug court were in 9th or 10th grade at screening.

Over the past three years, adult district drug courts saw a 5 percent increase in participants having more than a high school diploma at the time of their admission, and DWI courts saw a 4 percent increase in participants with more than a high school diploma at admission. Adult circuit drug courts saw a decrease (4 percent) in participants with a 12th grade education or less at admission. Family dependency treatment courts saw a shift in the education level of their participants at admission. Over the last three years, there was a 4 percent decrease in participants with a 12th grade education or less and a 4 percent increase in participants with a high school diploma or GED. Juvenile drug courts remained relatively stable in their participants' education level at admission over the past three years.

**Table 9.
Education at Admission**

Type of Drug Court	12th Grade or less %	HS Diploma or GED %	More Than HS %	Total %
Adult Circuit	26	49	25	100
Adult District	28	40	32	100
DWI	15	39	46	100
Family Dependency	44	34	22	100
	Less Than 9th Grade	9th and 10th Grades	11th and 12th Grades	Total
Juvenile	30	65	5	100

This table includes active cases during fiscal years 2010 and 2011 from 92 drug courts.

Employment Status at Admission

The majority of participants entering adult circuit drug courts, adult district drug courts and family dependency treatment courts were unemployed at the time of their admission. Family dependency treatment courts had the highest percentage of participants (77 percent) who were unemployed at admission. More than half (56 percent) of offenders admitted into adult circuit drug courts reported being unemployed at admission while over one-third (36 percent) of those admitted into adult district drug courts reported being unemployed at the time of their admission. Aside from juvenile drug courts, DWI courts had the least amount (29 percent) of unemployed participants at admission. The majority of participants (73 percent) in juvenile drug courts reported at admission that they were not in the labor force.

Over the last three years, adult district drug courts saw the largest fluctuation in their participants' employment status upon admission into the drug court program. There was a 6 percentage point decrease in the number of participants who were employed full time at admission and a 3 percentage point decrease in those who reported being unemployed at admission. Participants who reported part-time employment at admission increased by 4 percentage points and participants who were not in the labor force rose by 5 percentage points over the last three years. Full-time employment among DWI court participants at admission saw a decrease of 4 percentage points in the last three years, while DWI participants who were unemployed at admission increased by 3 percentage points. Both family dependency treatment courts and adult circuit drug courts saw very little change in their participants' employment status at the time of admission in the past three years. Juvenile courts saw no change in employment status at admission over the past three years.

**Table 10.
Employment Status at Admission**

Type of Drug Court	Unemployed %	Employed Part-Time %	Employed Full-Time %	Not in Labor Force %	Total %
Adult Circuit	56	13	22	9	100
Adult District	36	18	25	21	100
DWI	29	15	51	5	100
Family Dependency	77	7	8	8	100
Juvenile	23	4	0	73	100

This table includes active cases during fiscal years 2010 and 2011 from 92 drug courts.

Performance Outcomes

Several factors can be used to evaluate the success of drug courts. First, success can be measured by the number of days participants are retained in drug court programs. The proportion of participants that successfully complete a drug court program is another common performance measure. Additionally, the proportion of participants who improve their employment status or educational attainment while participating in the program is a factor in measuring a program’s impact. The number of consecutive sobriety days a participant has when he or she graduates from a drug court program can indicate success. Lastly, and perhaps the most important success indicator to many drug court stakeholders, is criminal recidivism. These performance outcomes will be discussed in detail in this section.

Retention

National studies indicate that participants who stay in treatment longer and complete treatment are more likely to have positive outcomes and are less likely to be rearrested for a drug-related crime. Retention rates in the drug court programs were measured for the first 12 months after admission using cases that were active for at least 12 months during the reporting period. This includes cases that were discharged during the reporting period and were discharged as successful, unsuccessful, transferred jurisdictions, voluntarily withdrew, or were medically discharged. Cases where the discharge reason did not fit into one of the above categories or the discharge reason was due to death were excluded from the analysis.

The retention rates differed for each court type. DWI courts achieved the highest retention rate at 81 percent. Adult circuit drug courts (77 percent) and juvenile drug courts (65 percent) also achieved high retention rates. Adult district drug courts retained 64 percent of participants for one year. The family dependency treatment courts, which serve relatively few individuals and rely on federally-mandated time frames for some hearings and reunification efforts, retained well over half of their participants (58 percent) for at least 12 months.

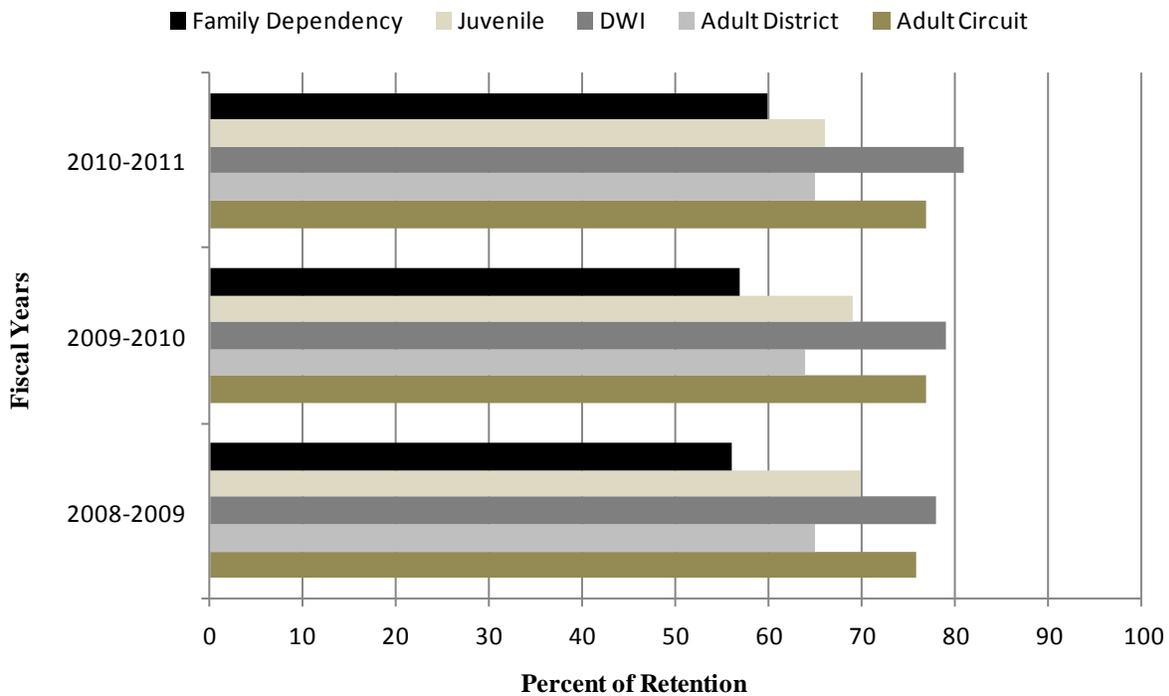
**Table 11.
Retention**

Type of Drug Court	Retained in Program %
Adult Circuit	77
Adult District	64
DWI	81
Family Dependency	58
Juvenile	65

This table includes a subset of cases that were active during fiscal years 2010 and 2011 from 92 drug courts. It includes all successful cases, all transferred cases, cases discharged unsuccessfully or by voluntary withdrawal within 12 months, and any case active for at least 12 months.

Trend data on retention rates from fiscal years 2008 to 2011 are illustrated in Figure 1. Family dependency courts saw the greatest increase in retention rates by 4 percentage points and DWI courts experienced an increase by 3 percentage points over the last three years. Juvenile drug courts saw a decrease in retention rates by 4 percentage points while adult circuit drug courts and adult district drug courts remained stable in their retention rates since fiscal year 2008.

**Figure 1
Retention Rate Trends For Fiscal Years 2008-2011**



Completion

Successful completion rates were obtained by dividing the number of successful discharges during each reporting year by the total number of discharges during the same reporting year. Fifty-four percent of all individuals discharged from Michigan drug courts, totaling 2,873 individuals, successfully completed a drug treatment court program in fiscal years 2010 and 2011. Sixty-three percent of individuals discharged from DWI courts completed the program. Just over half (51 percent) of the participants in juvenile drug courts completed the program, while 48 percent of individuals discharged from adult circuit drug courts successfully completed the programs. The success rates for participants in family dependency treatment courts and adult district drug courts were 47 percent and 42 percent, respectively. These rates are within the range of completion rates reported by the U.S. Government Accountability Office for adult drug courts throughout the nation.² In that report, the national range of completion rates for adult drug courts ranged from 27 percent to 66 percent.

Table 12.
Completion

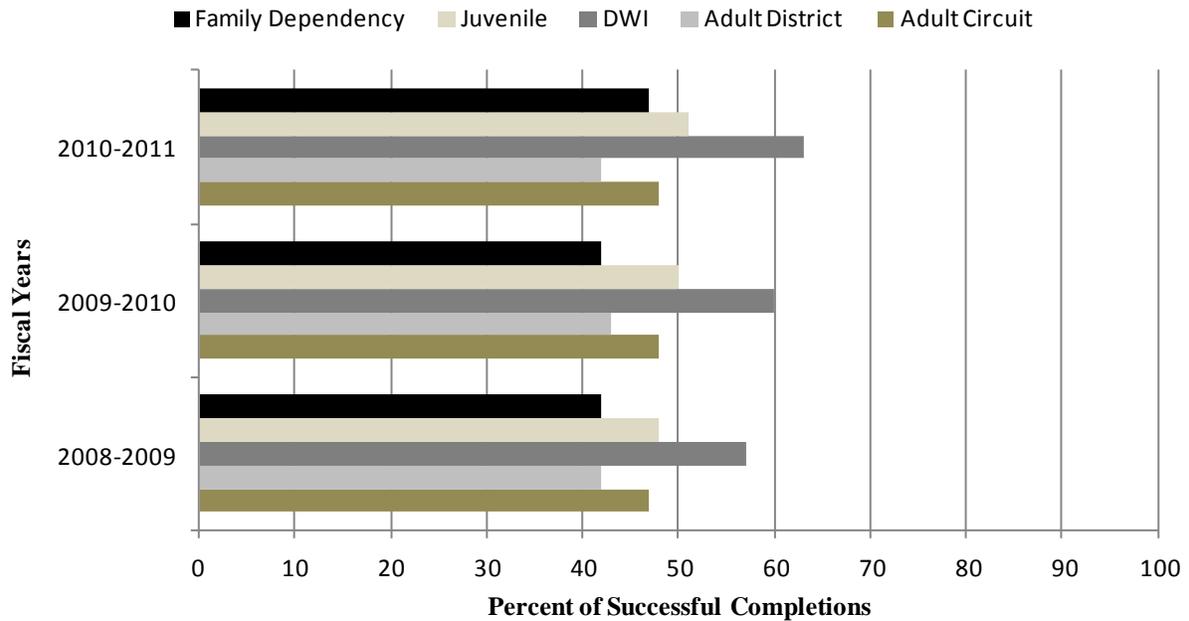
Type of Drug Court	Successfully Completed	
	#	%
Adult Circuit	648	48
Adult District	369	42
DWI	1,504	63
Family Dependency	95	47
Juvenile	257	51
Total	2,873	54

This table includes participants discharged during fiscal years 2010 and 2011 from 92 drug courts.

² United States Government Accountability Office, Report to Congressional Committees. (February 2005) *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*. This report is available on-line at www.gao.gov/new.items/d05219.pdf.

Figure 2 shows the success rate trend data from fiscal years 2008 to 2011. Over the last three years, participants who successfully completed a DWI court increased by 6 percentage points, while those successfully completing a family dependency treatment court increased by 5 percentage points. Juvenile courts also saw an increase in the percentage of successful completions since fiscal year 2008 by 3 percentage points. Adult district drug courts and adult circuit drug courts remained stable in the percentage of participants successfully completing their programs since fiscal year 2008.

Figure 2
Successful Completion Trends For Fiscal Years 2008-2011



Improvement in Employment Status

Despite poor employment rates in Michigan, many participants were able to improve their employment status by the time they were successfully discharged from drug court. Half (50 percent) of the graduates from adult district drug courts and almost half (49 percent) of the graduates from the adult circuit drug courts reported an improved employment status. DWI courts saw 44 percent of their graduates improve their employment status, while family dependency treatment courts saw 43 percent of their graduates improve their employment status at discharge. In juvenile drug court, 20 percent of graduating participants reported an improved employment status upon discharge; however, the focus among juvenile drug courts is often on improving their education level rather than employment status.

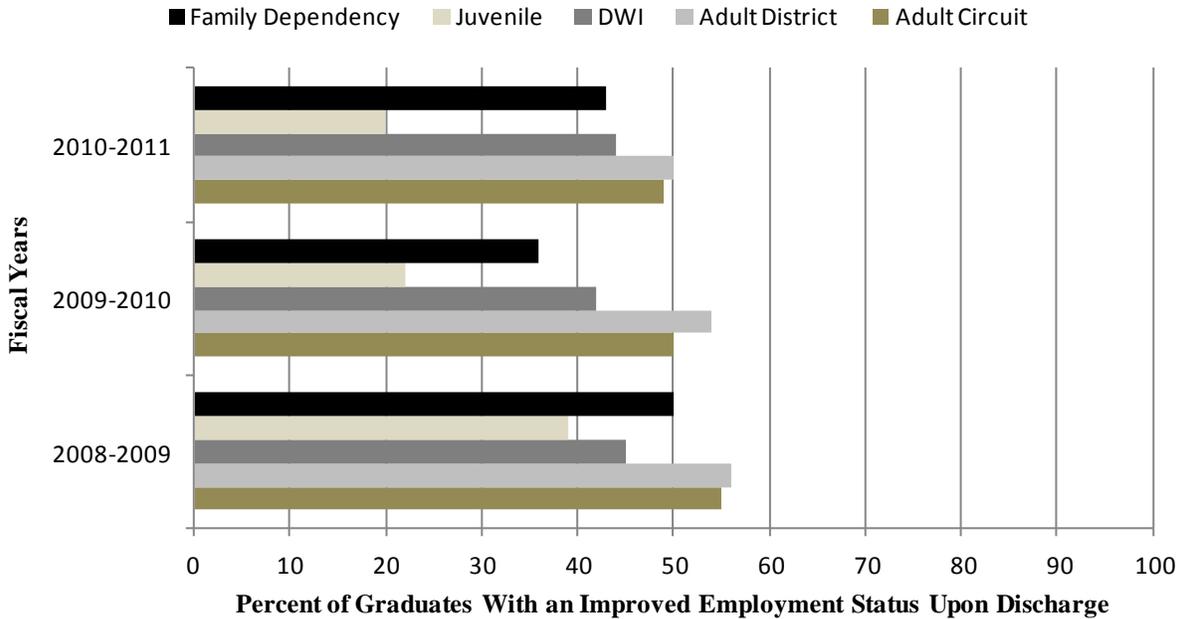
Table 13.
Improvement in Employment Status

Type of Drug Court	Participants With Improved Employment Status	
	#	%
Adult Circuit	318	49
Adult District	183	50
DWI	656	44
Family Dependency	41	43
Juvenile	51	20
All Participants	1249	44

This table includes participants successfully discharged during fiscal years 2010 and 2011 from 92 drug courts.

Trend data for those improving their employment status over the last three years is shown in Figure 3. Juvenile drug courts saw a sharp decline since fiscal year 2008 in participants that had improved their employment status but, as noted previously, their focus is more on the participants' educational success. Family dependency treatment courts saw a decline in participants that were able to improve their employment status by 7 percentage points while adult circuit and adult district drug courts saw a decrease by 6 percentage points in graduates who were able to improve their employment status since 2008. Among DWI courts, the percentage of participants who improved their employment status over the last three years remained relatively stable.

**Figure 3
Improved Employment Status
Trends For Fiscal Years 2008-2011**



Improvement in Education Level

For juveniles, 82 percent of successful drug court graduates reported an improvement in their educational level, suggesting that they were able to stay in school and continue to the next grade. Family dependency treatment courts saw 26 percent of their graduates improve their education level, while 25 percent of adult district drug court participants and 24 percent of adult circuit drug court participants improved their educational level while in the program. Eighteen percent of DWI court participants were also able to improve their level of education while in the drug court program.

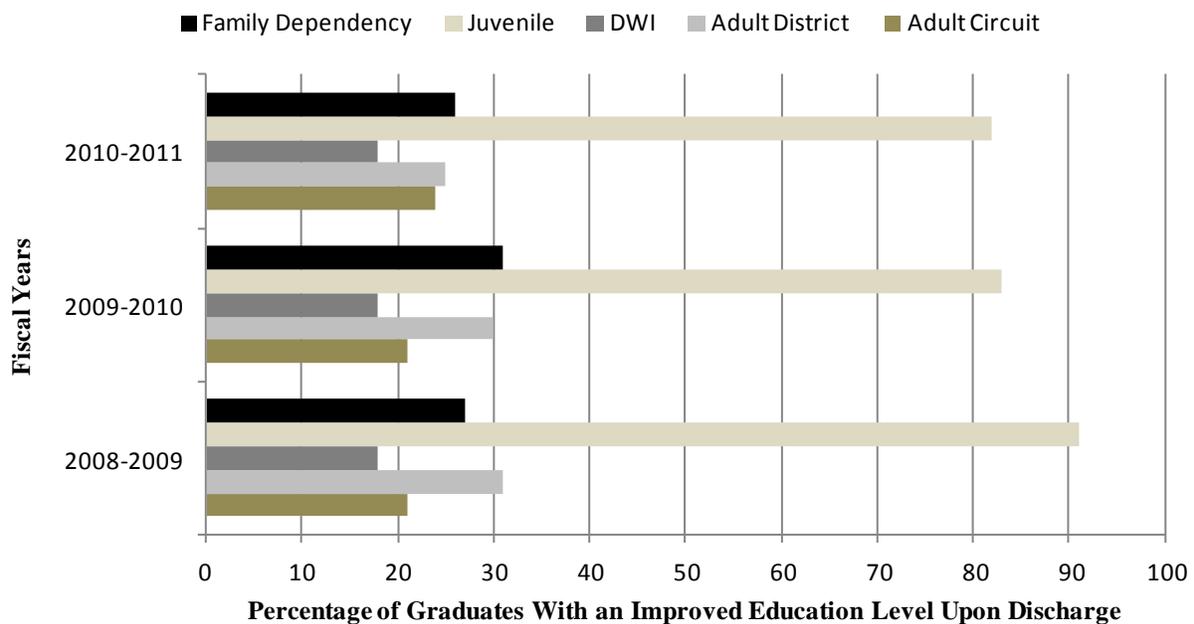
**Table 14.
Improvement in Education Level**

Type of Drug Court	Participants With an Improved Education Level	
	#	%
Adult Circuit	157	24
Adult District	92	25
DWI	273	18
Family Dependency	25	26
Juvenile	210	82
All Participants	757	26

This table includes participants successfully discharged during fiscal years 2010 and 2011 from 92 drug courts.

Trend data from fiscal years 2008 through 2011 for graduates who improved their educational level while in a drug court program are illustrated in Figure 4. Juvenile drug courts saw a decrease from 91 percent of their participants improving their educational level in fiscal year 2008 to 82 percent in fiscal year 2011. Adult district drug courts saw a decrease by 6 percentage points among their participants improving their level of education while DWI courts and family dependency treatment courts remained relatively stable over the last three years for participants who had improved their level of education by the time of their discharge. Adult circuit courts saw a slight increase in the number of participants improving their educational level upon discharge by 3 percentage points from fiscal year 2008.

Figure 4
Improved Education Level
Trends For Fiscal Years 2008-2011



Consecutive Sobriety Days

One of the goals of drug court programs is to establish abstinence from alcohol and drug use among the participant population. The number of sobriety days a participant reached upon discharge is calculated using the participant’s date of admission and substance abuse testing results. If a participant had no positive substance abuse tests, sobriety days equal the number of sobriety days from the date of the participant’s admission to the date of the participant’s discharge. However, if a participant tested positive for alcohol or drugs, the number of sobriety days is counted from the date of the positive result.

As shown in Table 14, graduates from adult circuit drug court programs demonstrated the highest average number of consecutive sobriety days of all of the drug court types (366 days).

DWI court graduates averaged nearly a year (349 days) of consecutive sobriety at graduation. Adult district court graduates also demonstrated more than 300 days of consecutive sobriety. Juvenile drug courts and family dependency treatment program graduates averaged 239 and 225 consecutive sobriety days at graduation. The lower average number of sobriety days in juvenile drug court programs and family dependency treatment courts is likely due to the abbreviated program structure typical of these programs when compared to the other drug court types.

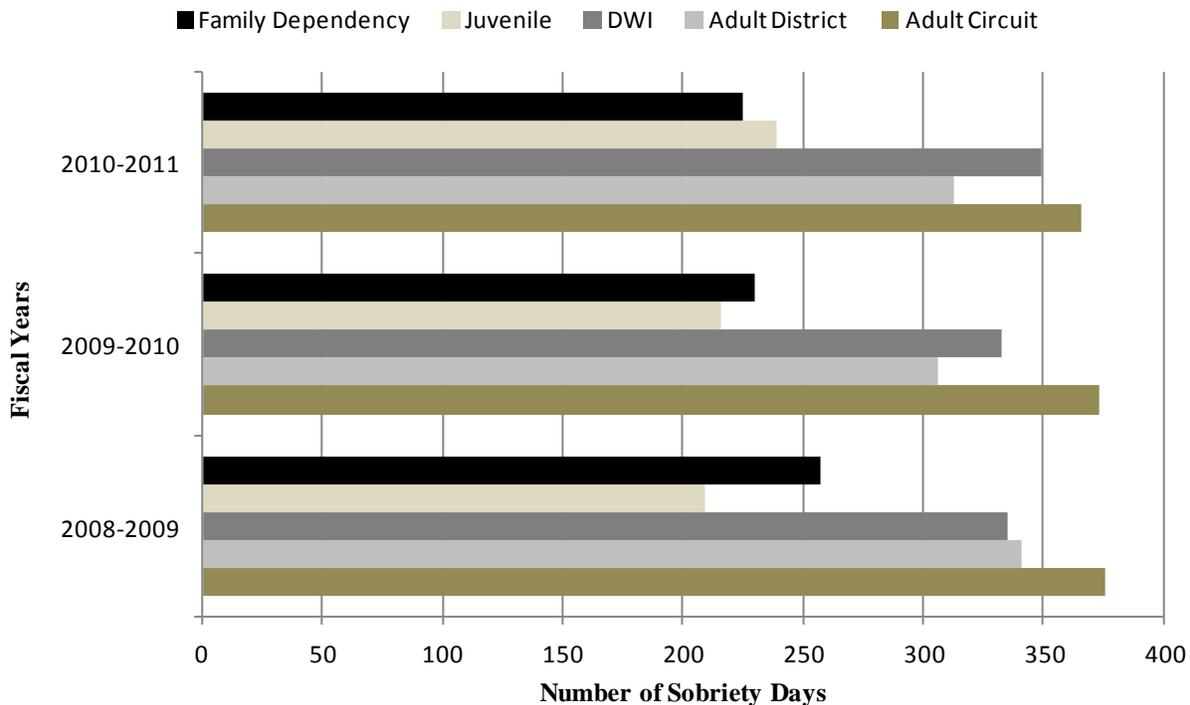
Table 15.
Successful Participants' Mean Sobriety Days at Discharge

Type of Drug Court	Average Consecutive Days of Sobriety
Adult Circuit	366
Adult District	313
DWI	349
Family Dependency	225
Juvenile	239

This table includes successful graduates discharged during fiscal years 2010 and 2011 from 92 drug courts.

Figure 5 shows trend data from fiscal years 2008 to 2011 for the average number of consecutive sobriety days that participants achieved across each type of drug court. Adult circuit drug courts remained relatively stable in the amount of consecutive sobriety days since fiscal year 2008 and averaged the highest amount of consecutive sobriety days (372) among the various court types from fiscal years 2008 to 2011. DWI courts saw very slight fluctuations over the past three years and averaged the second highest number of sobriety days (339) among drug court types over the past three years. The number of consecutive sobriety days for the adult district drug courts fluctuated across the same time period experiencing first a 10 percent decrease from fiscal years 2008 and 2009 to fiscal years 2009 and 2010, and then a slight increase (2 percent) for fiscal years 2010 and 2011. Overall, adult district drug courts are averaging 320 consecutive sobriety days since fiscal year 2008. Juvenile drug courts saw a steady increase (14 percent) from fiscal year 2008 to this year's reporting period and averaged 221 consecutive sobriety days among their participants over the last three years.

Figure 5
Number of Sobriety Days Trends For Fiscal Years 2008-2011



Recidivism Data

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, and neglect and abuse criminal. This definition excludes traffic offenses and offenses that fall outside the above categories.

2. Recidivism is defined as **new drug or alcohol convictions** 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, and other alcohol offenses.

In order to calculate recidivism rates, specific time frames were selected. This report is based on new convictions under both definitions occurring within two years and within four years of admission.³

Lastly, a drug court participant is defined as an individual who has been admitted to and successfully completed the requirements of a drug court program within the state of Michigan. Drug court programs within this evaluation include drug courts operating in circuit courts, drug courts operating in district courts, DWI courts, and juvenile drug courts. Family dependency treatment drug courts were excluded due to the limited number of participants (N = 4) that were paired with comparison group members using the above methodology. The analyses that follow include 3,184 total pairs of drug court participants and comparison group members in the two years postadmission analyses and 2,020 total pairs of drug court and comparison participants in the four years postadmission analyses.

Any New Conviction Within Two Years of Admission

Two years after admission to any type of drug court, 8.84 percent of drug court participants were convicted of a new offense. In contrast, 17.93 percent of comparison group members were convicted of a new offense within two years. Drug court participants had less than half the recidivism rate of comparison group members and this difference was statistically significant.⁴

The recidivism rate varied according to the type of drug court participants completed. Figure 6 illustrates the recidivism rates by drug court type. Participants in DWI court showed the largest reduction in recidivism. Two years after admission to DWI court, 5.13 percent of drug court participants had been convicted of a new offense. However, 15.67 percent of their comparison group members had been convicted of a new offense in the same time period. Hence, DWI court participants had recidivism rates three times lower than their comparison counterparts and this difference was statistically significant.⁵

Adult drug court programs in district courts and circuit courts had similar impacts on recidivism. In adult district drug court programs, 7.36 percent of drug court participants had a new conviction within two years of admission. Among the comparison group members, 14.34 percent had a new conviction within two years. With just under half of the recidivism rate of the comparison group, drug court participants had a statistically significant reduction in recidivism.⁶ In adult circuit court drug court programs, 11.93 percent of drug court participants had a new conviction within two years of admission. Among the comparison group members, 21.78 percent had a new conviction in the same time frame. This, too, is a statistically significant

³ For comparison group members, the time frame is calculated from the date that the court case matching them to a drug court participant was opened in the court's case management system.

⁴ $t(1, 3183) = 11.227, p < 0.001$

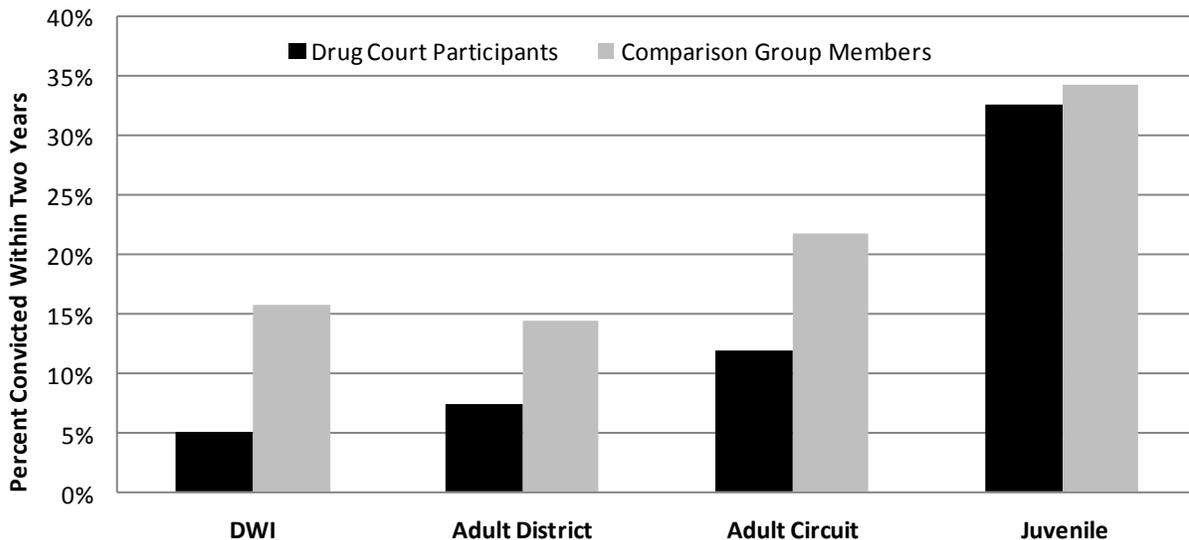
⁵ $t(1, 1869) = 10.937, p < 0.001$

⁶ $t(1, 515) = 3.680, p < 0.001$

difference⁷ between the groups, with drug court participants having roughly half the recidivism rate of the comparison group members.

Juvenile drug court participants did not compare as favorably to their comparison participant pairs as drug court participants in other types of drug courts. After two years, 32.67 percent of juvenile drug court participants had been convicted of a new offense. In contrast, 34.26 percent of the comparison group members had been convicted of a new offense within two years. Although juvenile drug court participants had a lower recidivism rate than comparison members, the difference between the groups was not statistically significant.⁸

Figure 6
Any New Conviction Within Two Years of Admission by Drug Court Type



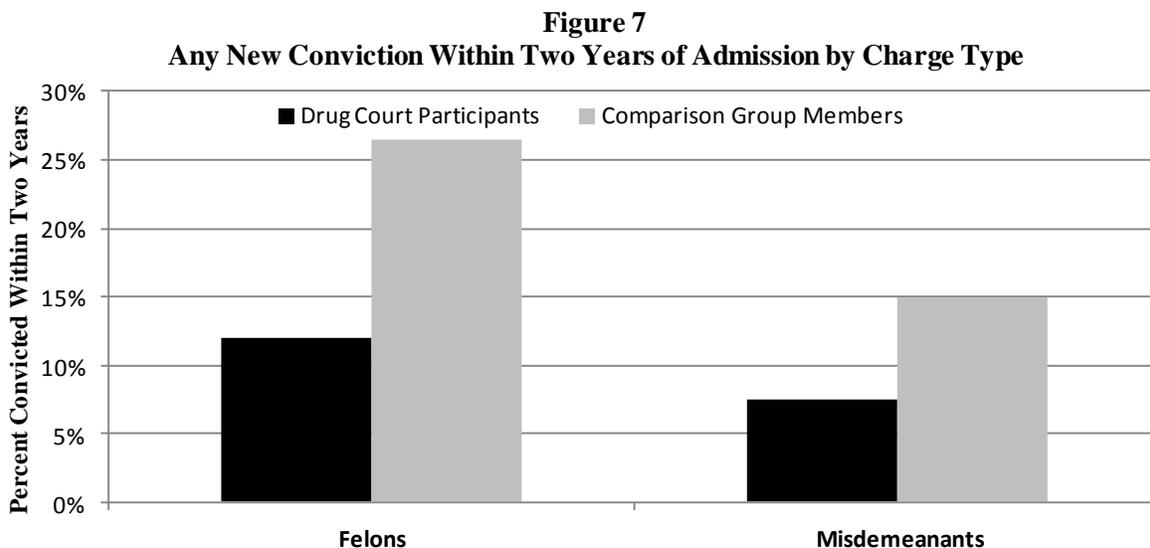
A significant amount of adult district drug court programs are comprised of participants that entered the program by pleading to felonies and misdemeanors. This is possible where district court judges are cross-assigned to preside over circuit court cases. As a result, it is not unusual to see adult district drug court programs admitting participants charged with felonies, and one cannot assume that adult circuit court drug court programs and programs accepting felony participants are synonymous. To examine whether or not the type of charge that brought an individual to the attention of a drug court program resulted in different recidivism rates, analyses by type of charge were also examined and are illustrated in Figure 7.

Regardless of the type of charge bringing a participant to the attention of a drug court, drug court participants were less likely to recidivate than the comparison group members. After two years, 11.93 percent of drug court participants that entered the program on a felony offense had been reconvicted. In contrast, 26.46 percent of comparison group members had recidivated within two years. For drug court participants who had entered the program on a misdemeanor offense, 7.54 percent received a new conviction within two years. For the comparison group

⁷ $t(1, 527) = 4.473, p < 0.001$

⁸ $t(1, 250) = 0.399, p > 0.05$

members, the recidivism rate was 14.99 percent after two years. The reduction in recidivism between drug court participants and comparison group members was statistically significant for participants with felonies⁹ and those with misdemeanors.¹⁰



Any New Conviction Within Four Years of Admission

Four years after admission to any type of drug court, 17.62 percent of drug court participants had been convicted of a new offense. In contrast, 25.41 percent of comparison group members were convicted of a new offense within four years. The reduced recidivism rate for drug court participants compared to comparison group members was statistically significant.¹¹

The recidivism rate varied according to the type of drug court. Figure 8 illustrates the recidivism rates by drug court type. Participants in DWI court and adult circuit drug court programs evidenced the largest reductions in recidivism compared to the comparison group members. Four years after admission to DWI court, 11.75 percent of participants had been convicted of a new offense. However, 21.98 percent of their comparison group members were convicted of a new offense in the same time period. This difference between the groups was statistically significant.¹² Adult circuit drug court participants also showed a nine percentage point decrease in recidivism with 23.99 percent of adult circuit drug court participants being convicted within four years in comparison to 33.24 percent of the comparison group members. The reduction in adult circuit drug court participants’ recidivism compared to the comparison group members was statistically significant.¹³

⁹ t (1, 770) = 7.483, p < 0.001

¹⁰ t (1, 2361) = 8.618, p < 0.001

¹¹ t (1, 2019) = 6.422, p < 0.001

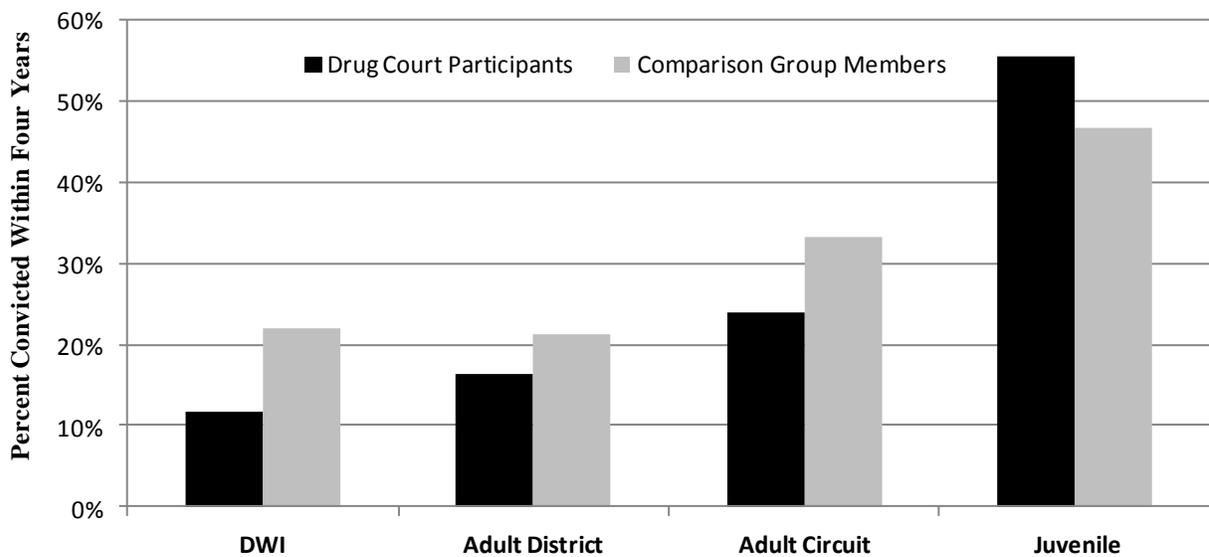
¹² t (1, 1739) = 7.047, p < 0.001

¹³ t (1, 345) = 2.791, p < 0.006

Only 16.38 percent of adult district drug court program participants were reconvicted within four years. In contrast, 21.26 percent of the comparison group members were reconvicted in the same time frame. In spite of the five percentage point reduction in recidivism for drug court participants, the averages between the groups were not statistically different.¹⁴

Four years after admission, 55.64 percent of juvenile drug court participants had been reconvicted of a new offense. This is contrasted by 46.62 percent of the comparison group members recidivating within four years. While the averages for the two groups did not reflect the expected reduction in recidivism as a result of drug court participation, it is important to note that the difference between the averages is not statistically significant.¹⁵ In other words, although the recidivism rate is higher for the juvenile drug court participants than for the comparison group members, the difference between the groups' averages could be accounted for by high variability in the data. Therefore, at this time, there is no scientific basis for concluding that juvenile drug court participants recidivate more often than comparison group members.

Figure 8
Any New Conviction Within Four Years of Admission by Drug Court Type

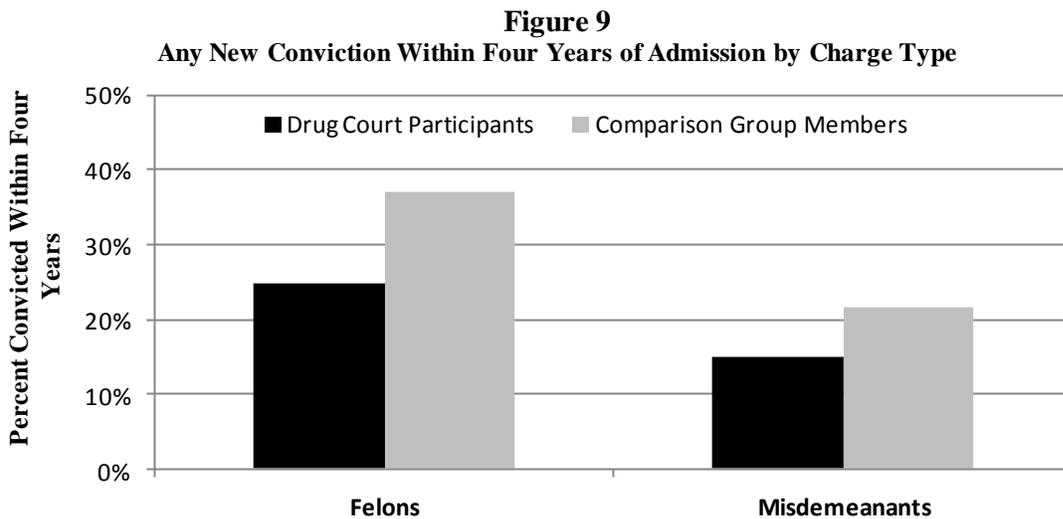


Whether a drug court participant entered a program with a felony or a misdemeanor, the participants were less likely to recidivate than the comparison group members, as illustrated in Figure 9. After four years, 24.79 percent of drug court participants who entered the program on a felony offense had been reconvicted. In contrast, 37.08 percent of comparison group members recidivated within four years. For drug court participants who entered a program on a misdemeanor offense, 15.01 percent received a new conviction within four years. For the comparison group members, the recidivism rate was 21.65 percent after four years. The

¹⁴ $t(1, 347) = 1.663, p > 0.05$

¹⁵ $t(1, 132) = 1.557, p > 0.05$

reduction in recidivism between drug court participants and comparison group members was statistically significant for participants with felonies¹⁶ and those with misdemeanors.¹⁷



New Drug or Alcohol Convictions Within Two Years of Admission

As discussed previously, two definitions of recidivism were used to analyze the data in this report. This section of the report utilizes a narrow definition of recidivism that limits new convictions to drug or alcohol offenses. Two years after admission to any type of drug court, 5.65 percent of drug court participants had been convicted of a new drug or alcohol offense. In contrast, 11.43 percent of comparison group members were convicted of a new drug or alcohol offense within two years. Drug court participants had less than half the recidivism rate of comparison group members, and this difference was statistically significant.¹⁸

Figure 10 illustrates the recidivism rates by drug court type. DWI court participants showed the most impressive reduction in recidivism compared to the comparison group members, with three and a half times fewer DWI court participants recidivating. Two years after admission to DWI court, 2.83 percent of drug court participants had been convicted of a new drug or alcohol offense. However, 10.04 percent of their comparison group members were convicted of a new drug or alcohol offense in the same time period. As would be expected, the difference between the groups was statistically significant.¹⁹

Adult district drug court and adult circuit drug court programs had similar impacts on recidivism, with participants in adult circuit drug court programs showing slightly larger reductions in recidivism compared to the comparison group members. In adult district drug court programs, 5.23 percent of drug court participants had a new drug or alcohol conviction within two years of admission. Among the comparison group members, 9.88 percent had a new

¹⁶ $t(1, 479) = 4.301, p < 0.001$

¹⁷ $t(1, 1505) = 5.028, p < 0.001$

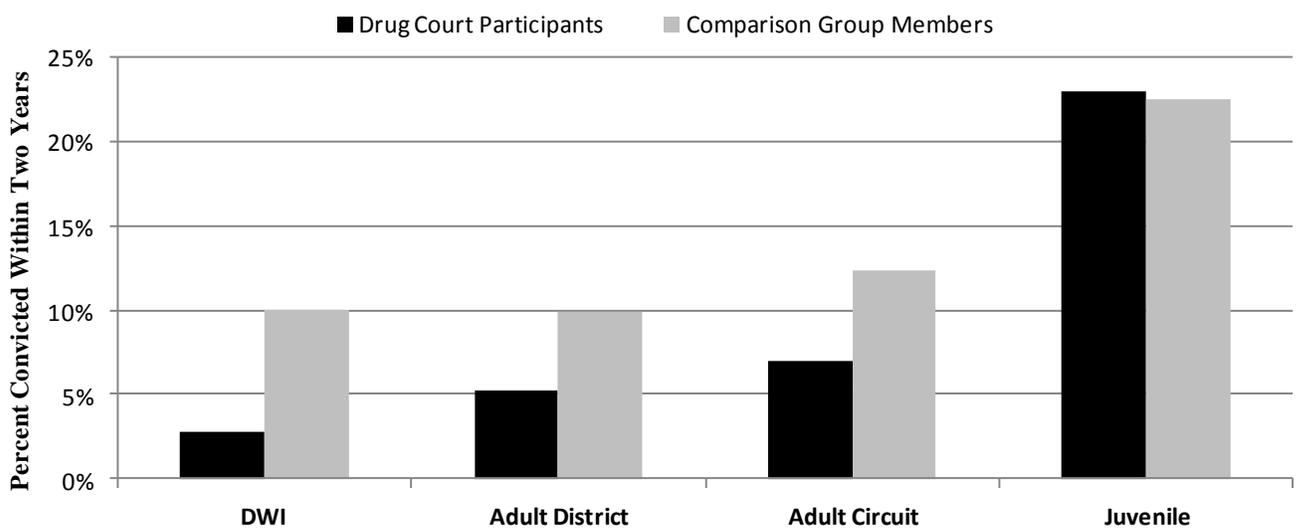
¹⁸ $t(1, 3183) = 8.546, p < 0.001$

¹⁹ $t(1, 1872) = 10.937, p < 0.001$

drug or alcohol conviction within two years. The difference in recidivism between adult district drug court participants and the comparison group members was statistically significant.²⁰ In adult circuit drug court programs, 7.20 percent of drug court participants had a new drug or alcohol conviction within two years of admission. Among the comparison group members, 12.31 percent had a new conviction in the same time frame. This, too, was a statistically significant difference between the groups.²¹

After two years, 22.93 percent of juvenile drug court participants had been convicted of a new drug or alcohol offense. In contrast, 22.56 percent of the comparison group members had been convicted of a new drug or alcohol offense within two years. Since recidivism rates were nearly identical between the groups, the percentages were not significantly different.²²

Figure 10
Drug or Alcohol Conviction Within Two Years of Admission by Drug Court Type



Whether a drug court participant entered a program with a felony or a misdemeanor, they were less likely to recidivate than the comparison group members, as illustrated in Figure 11. After two years, 7.26 percent of drug court participants who entered a program on a felony offense had been convicted of a new drug or alcohol offense. In contrast, 15.30 percent of comparison group members were convicted of a new drug or alcohol offense within two years. For drug court participants who had entered the program on a misdemeanor offense, 4.95 percent received a new drug or alcohol conviction within two years. For the comparison group members, the recidivism rate was 9.99 percent after two years. The reduction in recidivism between drug court participants and comparison group members was statistically significant for participants with felonies²³ and those with misdemeanors.²⁴

²⁰ $t(1, 515) = 2.848, p < 0.005$

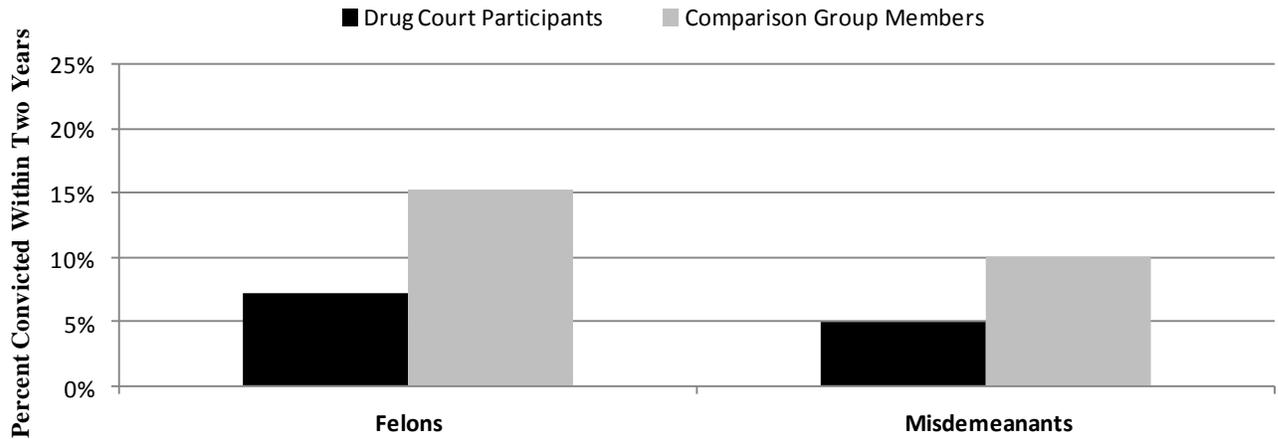
²¹ $t(1, 527) = 4.473, p < 0.007$

²² $t(1, 250) = 0.111, p > 0.05$

²³ $t(1, 770) = 4.977, p < 0.001$

²⁴ $t(1, 2361) = 6.927, p < 0.001$

Figure 11
Drug or Alcohol Conviction Within Two Years of Admission by Charge Type



New Drug or Alcohol Convictions Within Four Years of Admission

Four years after admission to any type of drug court, 11.68 percent of drug court participants had been convicted of a new drug or alcohol offense. In contrast, 17.33 percent of comparison group members were convicted of a new drug or alcohol offense within four years. This nearly 50 percent reduction in recidivism for the drug court participants was statistically significant.²⁵

Figure 12 illustrates recidivism rates by drug court type. DWI court participants showed the most impressive reduction in recidivism compared to the comparison group members with more than two times fewer DWI court participants recidivating. Four years after admission to DWI court, 7.14 percent of participants had been convicted of a new drug or alcohol offense. However, 15.15 percent of their comparison group members were convicted of a new drug or alcohol offense in the same time period. As would be expected, the difference between the groups was statistically significant.²⁶

Adult district drug court and adult circuit drug court programs had similar impacts on recidivism, with participants in adult circuit drug court programs showing slightly larger reductions in recidivism compared to the comparison group. In adult district drug court programs, 10.34 percent of drug court participants had a new drug or alcohol conviction within four years of admission. Among the comparison group members, 14.66 percent had a new drug or alcohol conviction within four years. Although the drug court participants recidivated less

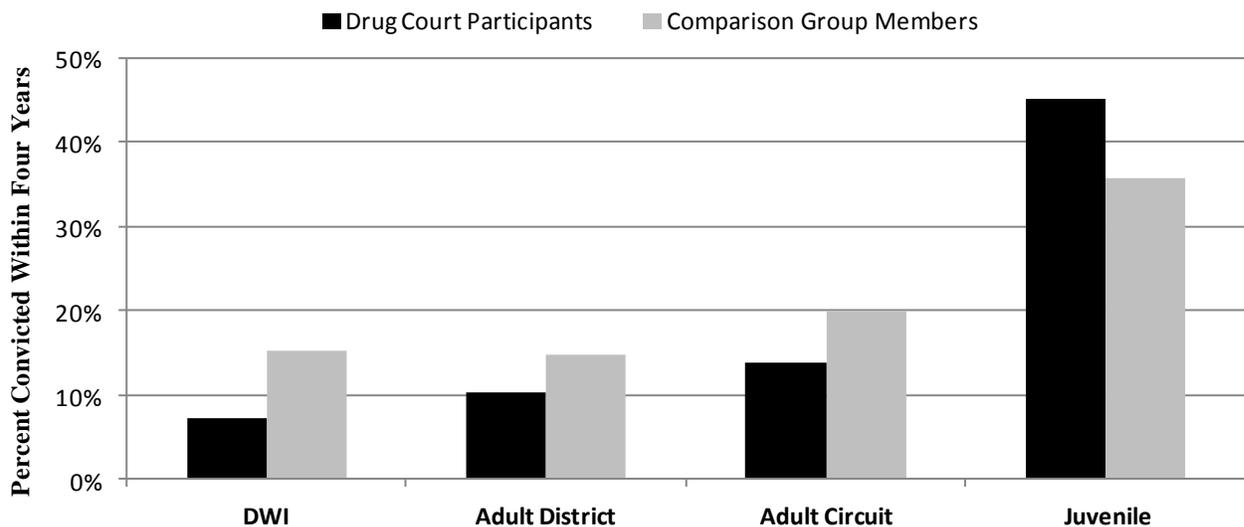
²⁵ $t(1, 2019) = 5.375, p < 0.001$

²⁶ $t(1, 1175) = 6.360, p < 0.001$

often than the comparison group members, the difference between groups was not statistically significant.²⁷ In adult circuit drug court programs, 13.87 percent of drug court participants had a new drug or alcohol conviction within four years of admission. Among the comparison group members, 19.94 percent had a new conviction in the same time frame. This was a statistically significant difference between the groups.²⁸

After four years, 45.27 percent of juvenile drug court participants had been convicted of a new drug or alcohol offense. In contrast, 35.80 percent of the comparison group members had been convicted of a new drug or alcohol offense within four years. This was not a significant difference between groups,²⁹ which indicates that although the drug court participants had a higher recidivism rate than the comparison group members, statistically there were no differences between the groups' recidivism rates.

Figure 12
Drug or Alcohol Conviction Within Four Years of Admission by Drug Court Type



Whether a drug court participant entered a program with a felony or misdemeanor, the participants were less likely to recidivate than the comparison group members, as illustrated in Figure 13. The largest reduction in recidivism occurred for participants who entered drug court on felony charges. After four years, 14.58 percent of drug court participants who entered the program on a felony offense had been convicted of a new drug or alcohol offense. In contrast, 23.75 percent of comparison group members were convicted of a new drug or alcohol offense within four years. For drug court participants who entered the program on a misdemeanor offense, 10.23 percent received a new drug or alcohol conviction within four years. For the comparison group members, the recidivism rate was 15.27 percent after four years. The

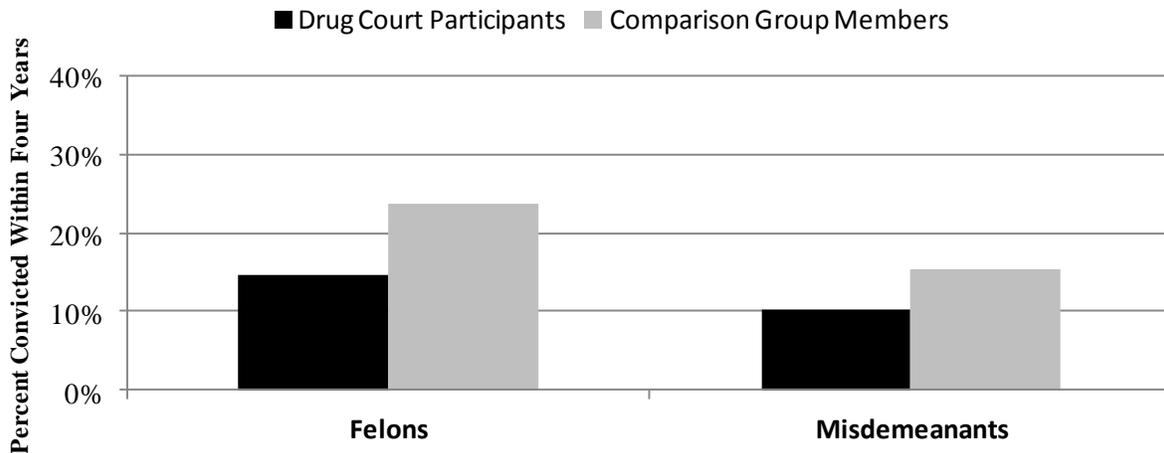
²⁷ $t(1, 347) = 1.711, p > 0.05$

²⁸ $t(1, 345) = 2.166, p < 0.031$

²⁹ $t(1, 147) = 0.1791, p > 0.05$

reduction in recidivism between drug court participants and comparison group members was statistically significant for participants with felonies³⁰ and those with misdemeanors.³¹

Figure 13
Drug or Alcohol Conviction Within Four Years of Admission by Charge Type



Strategic Plan

The Trial Court Services (TCS) Division of the Michigan Supreme Court is the primary source of management support for Michigan’s trial courts. The TCS has several units focusing on specific functional areas of trial court administration, including the Problem-Solving Courts Team. The TCS mission is to provide centralized leadership, guidance, and administrative support to promote fair, effective, efficient, accessible, and innovative trial courts. The TCS strategic plan includes four main goals for 2012: provide management assistance; improve court processes; improve communication; and recruit, develop, and retain quality TCS staff. Each of these priorities applies to the Problem-Solving Courts Team.

Each year, the State Court Administrative Office (SCAO) problem-solving court staff also updates its own strategic plan. The process involves revising the mission, vision, and values statements; conducting a strengths, weaknesses, opportunities, threats, and trends (SWOTT) analysis; and examining priorities, goals, objectives, and tasks for the year. Below is a brief synopsis of the plan.

Problem-Solving Courts Team Mission & Vision

The Problem-Solving Courts Team mission for 2012 is to facilitate quality problem-solving court programs through training, education, planning, evaluation, monitoring, grant funding, technical assistance, and establishing operational standards and guidelines. Its vision is to be recognized nationally and statewide as the leading resource and advocate for the education, funding, planning, implementation, and evaluation of quality and innovative problem-solving court programs. The team seeks to adhere to its mission and vision through a focus on specific

³⁰ $t(1, 479) = 3.742, p < 0.001$

³¹ $t(1, 1505) = 4.400, p < 0.001$

priorities for 2012. The Problem-Solving Courts Team values for 2012 are teamwork, quality, integrity, reliability, innovation, and efficiency. The team incorporates each of these values into its work.

Problem-Solving Courts Team Priorities

The SCAO has five areas of focus for planning and priorities: funding and sustainability, performance measurement, promoting use of evidence-based practices, fidelity to the drug court model, and technical assistance and training. Each of these areas of focus is encompassed by one of the four Problem-Solving Courts Team priorities. These priorities include: grant administration, technical assistance, quality control, and innovation and new initiatives. Specific goals and objectives for each priority are discussed below.

Funding and sustainability are covered by the Problem-Solving Courts Team priorities of grant administration, technical assistance, and quality control. The team seeks to deliver strong performance measurement through its quality control and technical assistance priorities. The team uses its priorities of technical assistance, quality control, and innovation and new initiatives to promote the use of evidence-based practices and fidelity to the drug court model. Finally, the TCS focus on technical assistance and training falls directly in line with the Problem-Solving Courts Team priority of technical assistance.

Goals and Objectives

While the Problem-Solving Courts Team administers multiple types of problem-solving courts, this report is specific to drug courts. Therefore, the following is focused on the portion of the plan that relates to drug courts. Goals for grant administration are to administer the Michigan Drug Court Grant Program (MDCGP), the SCAO Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) Program, and the SCAO Office of Highway Safety Planning (OHSP) Grant Program, and to continue pursuing other avenues of funding drug courts throughout Michigan.

In 2011, the Problem-Solving Courts Team conducted eight training sessions for the Drug Court Case Management Information System (DCCMIS) and two training sessions on the Drug Court Analysis System (DCAS), which is the statistical module of the case management system. Both types of training are important in assisting the courts on accurate data collection and reporting. The team plans include continuing case management system trainings for the DCCMIS, the DCAS, and new modules of DCCMIS. Additionally, technical assistance will be provided to assist courts with identifying grant funding opportunities, writing grant applications, and meeting reporting requirements. In 2011, the Problem-Solving Courts Team conducted two training sessions on identifying program goals and effectively writing them into grant applications. Lastly, within the focus of technical assistance, the team will continue to provide assistance with the planning and implementation of drug court programs and will assist trial courts when court consolidations impact drug court programs.

Goals for monitoring programs' quality include conducting on-site program reviews, standardizing the definitions of drug court types throughout the state (e.g., what constitutes an

adult drug court versus a DWI court), evaluating drug courts annually and publishing the results in this report, and developing case file management standards for drug courts.

Some of the new initiatives for the upcoming years include progressing toward a web-based grant management system, instituting a newsletter highlighting drug court research throughout the state and nationally, and including a drug court staff member from the trial courts on the grant review panel for the Michigan Drug Court Grant Program.

SWOTT Analysis

In order to plan effectively, it is important to analyze the organization’s strengths, weaknesses, opportunities, threats, and current trends. Strengths are qualities within the organization that benefit the problem-solving courts. Weaknesses are obstacles within the organization that may prevent accomplishment of goals. Opportunities are resources outside of the organization that may benefit problem-solving courts. Threats are concerns outside of the organization that may hinder problem-solving courts. Trends are both internal and external to the organization and identify new initiatives or innovations that may impact problem-solving courts. Highlights of the fiscal year 2012 SWOTT analysis are provided below.

Strengths	Weaknesses	Opportunities	Threats	Trends
Support from the state court administrator	Problem-solving court staff turnover/reductions	Court consolidations may result in merging problem solving court programs	Uncertain funding and funding cuts	Drug courts with mental health court or veterans treatment court tracks
Allies in the Legislature and executive branch of government	Drug Court legislation is unclear regarding transfer of drug court participants	Alternative funding sources	Problem-solving courts that do not adhere to best practices	Local courts receiving direct federal awards
Problem-solving courts are a spending priority for the Michigan Supreme Court	Limitations on the type of information that can be offered on our website	Free federally sponsored training opportunities	Adverse recidivism outcomes due, in part, to poor data received from outside sources	Paperless business
Availability of technology for conducting trainings and gathering data	Overarching SCAO priorities that conflict with problem-solving court priorities	Partnership with the Michigan Association of Drug Court Professionals	One-year initiatives from the Legislature that expend limited internal resources	Increased requests for technical assistance due to consolidations

Collaboration with External Partners

The Problem-Solving Courts Team works with several committees and associations to enhance drug courts throughout the state. The State Drug Treatment Court Advisory Committee (SDTCAC) was created by statute (MCL 600.1082) and is a committee consisting of the state court administrator or his/her designee, judges, administrators, attorneys, and other members familiar with the drug court model. As a committee within the Michigan Legislative Council, its focus is on making recommendations for necessary changes to the drug court legislation. The Michigan Association of Drug Court Professionals (MADCP) collaborates with the Problem-Solving Courts Team on drug court strategic planning, new initiatives, and the annual MADCP conference. The team also collaborates with the National Association of Drug Court Professionals (NADCP) by providing NADCP with information about Michigan's drug court programs, assisting with the identification of national trends, and helping to steer the national drug court movement.

New and Pending Legislation

Ignition Interlock Pilot Program

Michigan Compiled Laws 600.1084 allowed for the creation of a three-year DWI/Sobriety Court Interlock Pilot Project. The pilot project involved individuals who received a second or subsequent conviction under MCL 625(1) or 625(3) of the Michigan Vehicle Code or a substantially similar local ordinance. If admitted into a Michigan DWI or adult drug court program, the statute allowed for judges to have the discretion to order the installation of an ignition interlock device on all vehicles owned or operated by the individual and for judges to allow pilot project participants to receive a restricted driver's license. Ignition interlock devices are installed in vehicles' ignitions. In order to start the vehicle, the driver must blow into the ignition interlock device. The breath sample is analyzed to detect the presence of alcohol. If the sample is below the preset cutoff, the vehicle may be started. After the vehicle has been started, the device signals the driver to provide additional samples throughout the driver's commute to his or her home, work, school, or alcohol/drug education or treatment program (the only allowable locations under the restricted driver's license statute).

Between January 1, 2011, and December 31, 2011, 136 individuals were enrolled in the pilot project. Twenty-four adult drug or DWI court programs admitted at least 1 participant, with 3 programs admitting more than 20 participants each. DWI courts admitted 120 of the 136 pilot project participants. Adult drug courts operating in district courts admitted 11 pilot project participants while adult drug courts operating in circuit courts admitted 5 pilot project participants. Most pilot project participants (N=115) pleaded to a misdemeanor while a minority (N=21) pleaded to felonies in order to enter the adult drug or DWI court program.

Demographically, pilot project members were overwhelmingly white male alcohol users. Alcohol was the drug of choice for 95 percent (N=129) of pilot project participants. Other participants chose marijuana (N= 3), multiple drugs of choice (N=2), amphetamine (N=1) and opiates (N=1) as their drugs of choice. More than 86 percent (N=118) of pilot project

participants were white. Other ethnicities included Hispanic/Latino (N=9), African American (N=4), Other (N=2), Asian/Pacific Islander (N=1), Multiracial (N=1), or Native American (N=1). Males accounted for 67 percent (N = 91) of admissions. On average, participants were 36 years old when admitted to the pilot project.

The statute requires that the SCAO provide annual reports on specific performance measures of the pilot project. The first required measure is the percentage of participants ordered to place interlock devices on their vehicles who actually complied with the order. The trial courts reported this data for 112 of the 136 participants enrolled in the pilot project. Of the 112 participants for whom data was collected, 96 percent complied with the order to install an interlock device in their vehicles.

The second measure of interest was the number of participants who removed court-ordered interlocks from their vehicles without court approval. Thirty-eight courts provided this information. Of those reporting, zero percent of participants removed the interlock device from their vehicle without court approval.

The third performance measure requested was the percentage of participants who consume alcohol or controlled substances. Of the 136 drug court participants, 59 (or 45 percent) had at least 1 positive drug or alcohol test while in the program. However, when examining individuals who have completed at least 6 months in the interlock pilot project (N=79), participants have taken an average of 174 drug or alcohol tests and less than 0.8 percent or 1.5 tests per person were positive for drugs or alcohol.

The fourth and fifth measures of performance listed in the statute were the percentage of participants found to have tampered with court ordered interlocks and the percentage of participants who operated a motor vehicle not equipped with an interlock. Data were reported for 37 participants for both of these measures. Zero percent of participants tampered with the court-ordered interlock devices and zero percent of participants operated a motor vehicle not equipped with an interlock device.

The sixth measure of performance queried the amount of treatment participants received in the pilot project. This measure is reported for participants who have completed at least six months in the program because it is not uncommon for a lag to occur in coordinating treatment upon admission to an adult drug or DWI court program. For those completing at least 6 months of the program (N=79), participants averaged 52 treatment contact hours. Treatment contact hours are hours in person with a treatment professional in a clinical setting receiving inpatient, outpatient, intensive out patient, residential, detoxification, and subacute detoxification treatment for a substance use disorder. Treatment contact hours do not include any additional treatment participants may have received for other mental health concerns.

The seventh and final measure of success identified in the statute is the percentage of participants convicted of a new offense under section 625(1) or 625(3) of the Michigan Vehicle Code. Zero percent of pilot project participants (N=136) were convicted of a new offense while participating in the pilot project.

Although the number of individuals enrolled in the interlock pilot project is limited, it is anticipated that admissions will increase in 2012. Program participants are performing well on the statutory performance measures of interest to date. As the number of pilot project members increase and individuals begin to graduate from the DWI or adult drug court programs, the SCAO will continue to update these statistics and provide a clearer picture of the impact of the pilot project.

Pending Legislation for Veterans Treatment Court

Pending 2011 House Bills 5162 and 5159 provide direction for the establishment of veterans treatment courts in Michigan. Modeled after the drug court enabling legislation, the bills call for trial courts to collaborate with the Department of Veterans Affairs to develop problem-solving programs that provide intensive judicial involvement, mentoring by other veterans, and substance abuse or mental health treatment to veterans who have plead guilty to nonviolent offenses. The same legal incentives (case dismissal, delayed sentence, or deviation for sentencing guidelines) available for drug court participants could apply in this new problem-solving court. It is likely that existing drug courts will begin accepting veterans as a separate track of their drug court program if this legislation passes. In addition, the State Drug Treatment Court Advisory Committee would assist the SCAO in advising veterans treatment courts.