

MICHIGAN'S PROBLEM-SOLVING COURTS

**SOLVING PROBLEMS
SAVING LIVES**



2015 Performance Measures and Outcomes

courts.mi.gov/psc

**Michigan Problem-Solving Courts
Project Years
October 1, 2013 – September 30, 2015**

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Provided by the
Michigan Supreme Court
State Court Administrative Office



Message from the Michigan Supreme Court

My colleagues and I are very proud of what Michigan’s judiciary has accomplished over the past five years. Our judiciary is leaner. Our courts are more customer-focused. The administration of justice is more efficient and timely. We are measuring more and using data to drive more decisions and improve outcomes. New technology is being implemented to increase efficiency and access to the public. More courts than ever are sharing resources, breaking down silos, and working together.

Michigan’s judiciary is engaged in a process of continuous improvement, focused on becoming a national model of efficiency and service to the public, and problem-solving courts continue to be a critical part of our strategy of measuring performance and improving outcomes. By bringing together



Justice Joan L. Larsen
MSC Liaison to Problem -
Solving Courts

people and programs to support rehabilitation and recovery for participants, these innovative courts are not only solving problems but also saving lives.

Drug, mental health, veterans treatment, and other problem-solving courts are making communities all across Michigan safer and stronger. Importantly, we note that the positive results go far beyond the

primary goals of avoiding costly incarceration and reducing the rate at which offenders commit new crimes. In particular, these courts are achieving amazing results in dramatically reducing unemployment and increasing educational attainment among participants. At the same time, regionalization is increasing access to these courts to more people throughout Michigan.

We are so proud of the hard work of judges and court staff whose passion and dedication make Michigan’s problem-solving courts a pathway to recovery. In this report, the data on outcomes are reason for great optimism. Just as important, however, are the personal stories of transformation, for the success of each participant is a reason for great hope in Michigan’s future.



Chief Justice
Robert P. Young, Jr.

“In particular, these courts are achieving amazing results in dramatically reducing unemployment and increasing educational attainment among participants.”

Executive Summary

Making a Difference and Leading the Nation

Problem-solving courts are making a difference in the lives of people throughout Michigan. That difference ripples out across the state – to their families, to their neighborhoods, and to their communities. Based both on the data in this report and amazing individual success stories, problem-solving courts not only help participants, but also strengthen families and make communities safer and stronger.

Michigan is a national leader in giving the public access to treatment courts. In fact, our 179 treatment courts provide access to 97 percent of our state’s population. For example, with 23 veterans treatment courts (as of 2016), Michigan has more of these innovative courts than any other state in the nation.

Participants are Much Less Likely to Commit Another Crime

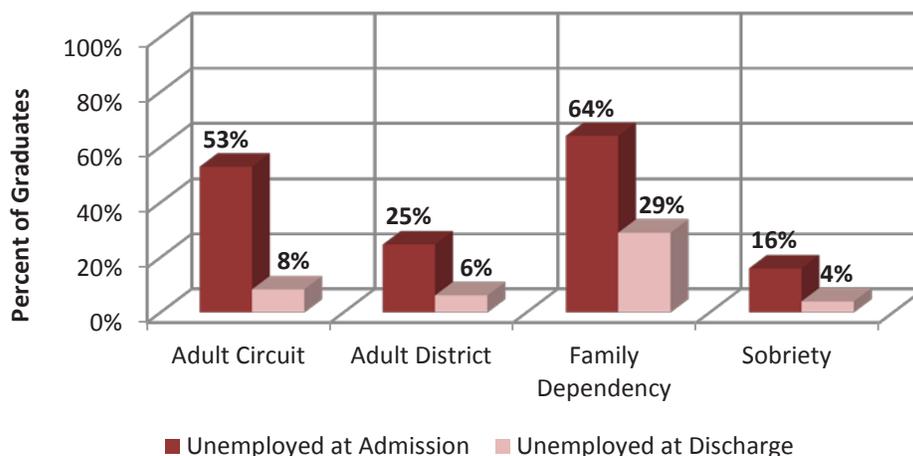
In particular, the key measure of court success is the rate at which participants commit new crimes. That’s why expert analysts carefully keep track of recidivism rates compared to similar groups of nonparticipants. The cut in crime rates is impressive:

- Participants in Michigan drug and mental health courts are two times less likely to commit another offense after two years.
- Participants in Michigan sobriety courts are more than three times less likely to commit another offense after two years.

Unemployment Among Graduates Cut Significantly

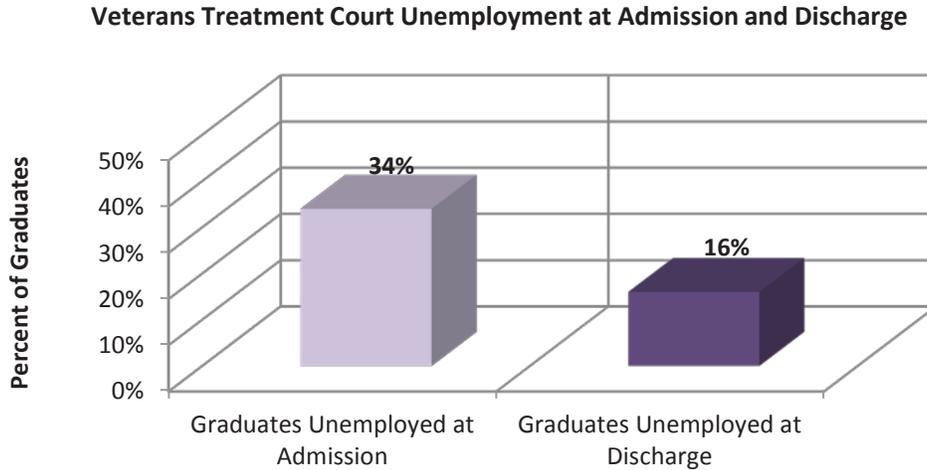
Problem-solving courts successfully keep offenders out of costly jail cells while reducing crime. But those are not the only benefits to graduates and to society. As shown in the chart below, unemployment among drug and sobriety court graduates was cut significantly.

Unemployment at Admission and Discharge by Court Type



For example, unemployment among adult circuit drug court graduates was slashed by 85 percent, while unemployment among sobriety court graduates was slashed by 75 percent. And

as shown below, unemployment among graduates of veterans treatment courts was cut by more than half.



Michigan Judges – Leading the Way

By stepping up to lead problem-solving courts, judges all across Michigan are leading the way in transforming our courts from being revolving doors into the criminal justice system to a safety net back into a safer, stronger community. Instead of shuttling back and forth between courtrooms and expensive jail cells, offenders are accessing treatment and support from the community to get clean, get sober, and get back to work and family.

A statement by a sobriety court graduate, who was asked why he tried so hard to succeed in the program, really tells the story. His answer? “I didn’t want to disappoint the judge.” This comment highlights the critical element that underlies the success of treatment courts – the leadership of judges who are committed and passionate about helping the participants turn their lives around.

Solving Problems, Saving Lives

While understanding the data is important, what is even more important is hearing the personal and emotional stories of successful graduates. Time after time, in court after court, we hear a common refrain: “Treatment court not only solved my problem, it saved my life.”

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Sobriety Court Graduate Success Story

From Giving Up to Giving Back: How One Man's Journey through Sobriety Court Inspired Him to Help Others

By Stacy Sellek
MSC Public Information Office

Alan Rautio, of Hancock, was living the “all-American dream”: wife; two kids; house; upper management position at a local hospital.

But in 2014 that dream came to a halt when he was arrested for drunk driving—after previously receiving two citations within a three-week period.

“I had been in the chronic stages of alcoholism for years leading up to that,” he recalled, adding that he had also been involved in a car accident so severe that it left him in a coma. “I would drink 24-hours-a-day for 10-day to two-week periods. Once I started drinking, it impaired me physically.”



Alan Rautio, in a coma from a drunk-driving accident.

Rautio entered the 97th/98th District Adult Regional DWI (RDWI) Court in July 2014.

“I had completely given up my will to live at that time; it was a cry for help,” Rautio gravely admitted. “I knew what was going to happen to me. It was a choice of jail or the program, and I did consider jail. But something clicked and a little bit of hope in me told me I could do this.”

He recalls being intimidated by the rigors of the program at first, and explained that it came from having to face reality sober for the first time.

“I had to give up my old way of thinking,” he explained. “But once I gave up my fears and decided to do what the judge and team said, it was easy.”



Alan, after graduating RDWI Court, with his fiancée, Lenora.

Rautio went through the regular counseling and team meetings, testing, and group sessions. He explained that he attended two 12-step (Alcoholics Anonymous) or SMART Recovery meetings a week, and he found both approaches to be beneficial in different ways. He also participated in outpatient therapy.

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The program took about 15 months, and he graduated in November 2015. He has been sober since July 2014.

Things have been looking up for him since his time in court. Rautio is currently engaged to a woman who went through recovery along with him, and shares that “there is a new way of life for us.”

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Although he said that his drinking had already cost him his marriage and his relationship with his 17-year-old son and 14-year-old daughter, whom he hasn’t seen in six years, Rautio says that his recovery and time in the court program has positively affected his family and friends.

“My family is elated for me, and they think it’s awesome,” he said of his success in the program. “I also developed friendships with peers in the court that gave me encouragement.”

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Rautio has even returned to the court as a peer support for new participants. He describes his role as “being there for them and sharing what worked for me.”

“It is a continuation of the process for me,” he remarked.

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Because his years of drinking have had a permanent physical and cognitive impact on him—balance and coordination, comprehension and retention—Rautio explains that it has limited the type of work he could pursue. But he is now working in a specialty woodshop, which has always been a skill for him.

Looking back, Rautio believes that if there were court programs like the Regional DWI Court available sooner, his life would have been considerably different. But now he focuses on staying sober, his relationship with his fiancée, being productive, and trying to reconnect with his kids.

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“I came to a point where I gave them up because I wasn’t able to have a relationship with them back then,” he shared. “But if I could talk to them right now, I would tell them that I never gave up loving them.”

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“I had to give up my old way of thinking,” he explained. “But once I gave up my fears and decided to do what the judge and team said, it was easy.”

PSC Judicial Spotlight: Hon. Joshua M. Farrell Clare & Gladwin County Recovery Court

“I wanted to start a problem-solving court because the standard way of doing things seemed to result in a lot of the same people in and out of court, and I thought, ‘There has to be a better way,’” Judge Farrell remarked.

Judge Farrell presides over the Clare & Gladwin County Recovery Court, which recently celebrated its 19th graduation. He jokes that it’s referred to as a “hybrid court” because of the variety of cases that are taken, including those involving misdemeanors, felonies, substance abuse, and veterans, too.

“It brings in a broad spectrum of participants,” he explained. “Some experts say you shouldn’t mix different kinds of cases, but we have had great results. Overall, I think our participants value listening to others with different types of underlying issues.”

Judge Farrell believes the most compelling part of running a problem-solving court is watching the transformation that occurs in each participant, remarking, “If I could share someone’s story the day they began and the day they graduated, the transformation is like night and day.”

Judge Farrell believes the most compelling part of running a problem-solving court is watching the transformation that occurs in each participant, remarking, “If I could share someone’s story the day they began and the day they graduated, the transformation is like night and day.”

He hopes that in the coming years, the recovery court can grow in three main ways: providing education resources for participants to expand their literacy skills; creating a full-fledged mentoring program; and providing access to transitional housing to avoid sending offenders from jail straight back into society.

“Sustainability is always a concern because you never want to say, ‘we have to close the doors,’” Judge Farrell commented. “We are extremely grateful to the State Court Administration Office, and hope our legislators continue to fund programs like these because it’s so important that people don’t fall through the gaps.”

Overview of Drug Courts in Michigan

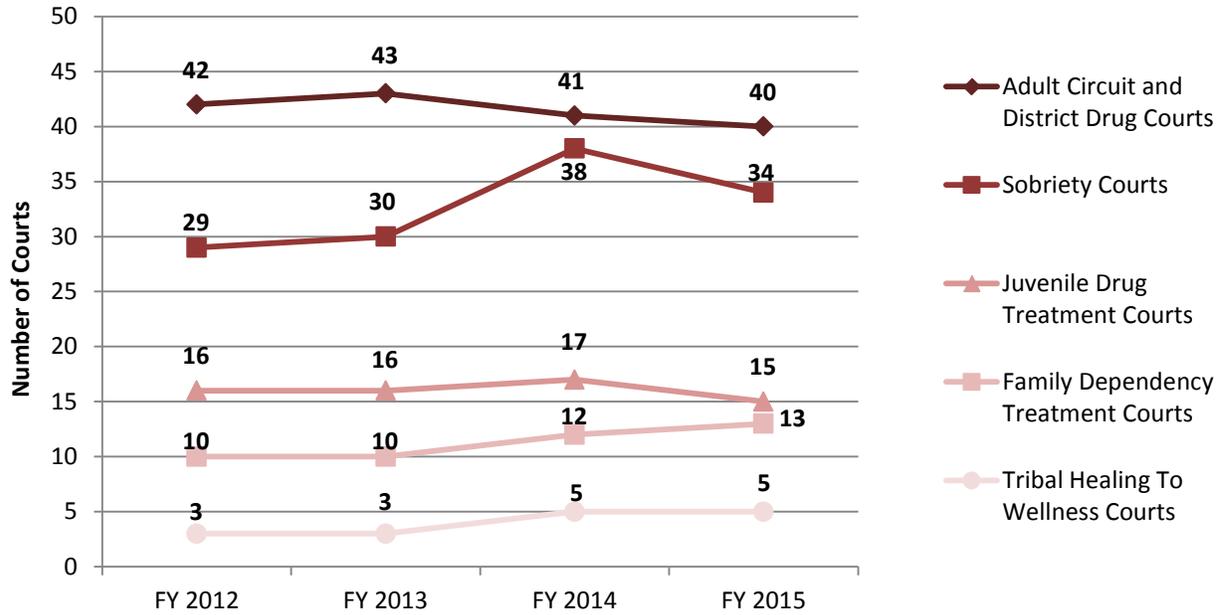
Michigan Compiled Law 600.1060(c) defines a drug treatment court as ". . . a court-supervised treatment program for individuals who abuse or are dependent upon any controlled substance or alcohol." These programs offer an alternative to imprisonment for nonviolent criminal offenders with substance use 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 hearings, drug testing, and graduated incentives and sanctions. Drug courts emphasize a holistic and team approach that often 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 program-specific components designed to meet the needs of its target population. 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.

The number of Michigan's problem-solving courts has fluctuated slightly from fiscal year (FY) 2012 through FY 2015, and is shown in the following graph.

courts.mi.gov/drugcourt

Michigan Drug Court Types Operational and Planning Courts



Performance Measures and Outcomes

October 1, 2013 – September 30, 2015

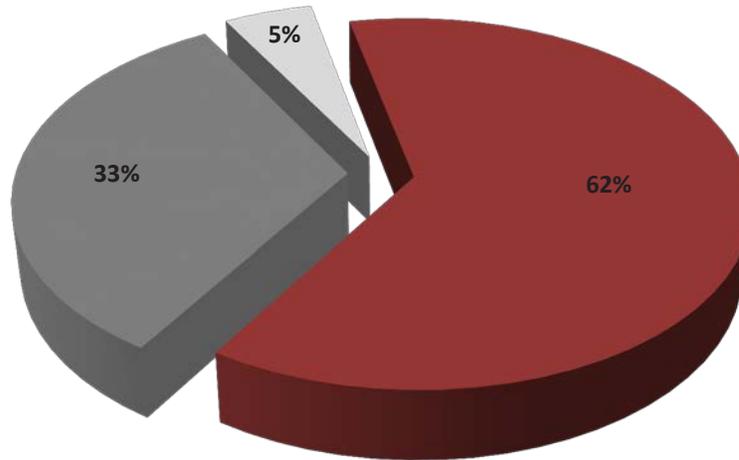
Several factors can be used to evaluate the success of drug courts, such as the percentage of participants who successfully complete a program, the percentage retained in the program, and whether participants improved their employment status or education level upon graduation. Further, participant abstinence 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 FYs 2014 and 2015, Michigan’s drug court and sobriety court programs discharged 5,669 participants. Of those, 3,503 participants (62 percent) had successfully completed a program. There were 1,843 participants (33 percent) that were unsuccessfully discharged due to having absconded, being noncompliant, or committing a new offense, and 323 participants (5 percent) that were discharged due to some other reason.

Reasons for Discharge*

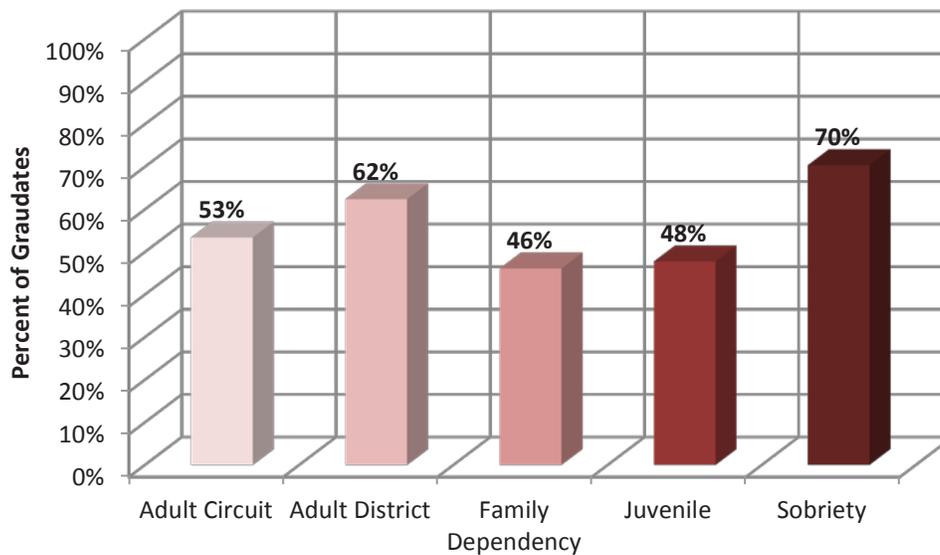


■ Successfully Completed ■ Unsuccessfully Discharged ■ Discharged for Other Reason*

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

When graduation rates were evaluated by court type, sobriety courts had the highest graduation rate at 70 percent. Adult district drug courts had the next highest graduation rate (62 percent), followed by adult circuit drug courts (53 percent). Juvenile drug courts and family dependency treatment courts had similar graduation rates at 48 percent and 46 percent, respectively.

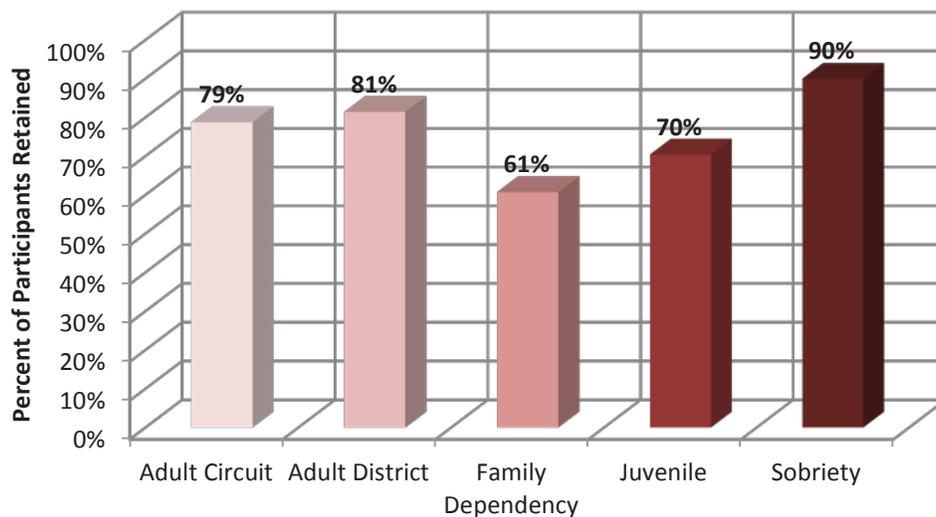
Successful Completions by Court Type



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 courts retained 90 percent of their participants, while adult district drug courts and adult circuit drug courts retained 81 and 79 percent of their participants, respectively. Juvenile drug courts retained 70 percent of their participants over 12 months, and family dependency treatment courts retained 61 percent.

**Retention Rates by Court Type
12 Months after Admission**

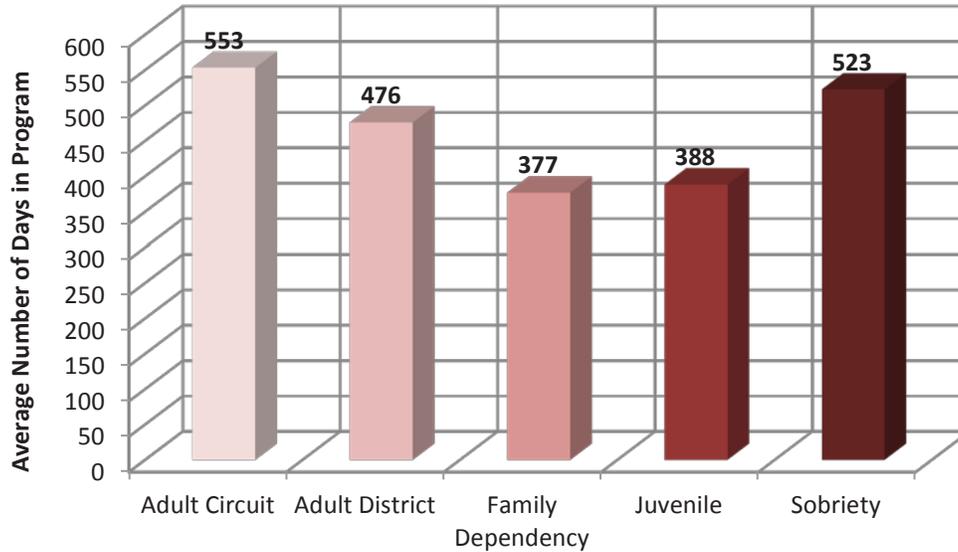


Program Length

The length of time that participants spend in a program varies by the court type. Adult circuit drug court felony graduates averaged the most amount of time in a drug court (553 days) when compared to the other court types of programs. Participants completing sobriety court programs averaged 523 days, graduates of adult district drug court programs averaged 476 days, while youths completing a juvenile drug court program averaged 388 days.

Courts handling neglect and abuse cases must comply with statutory permanency placement plan time guidelines, which require that permanency is achieved within one year of when the petition was filed. For this reason, participants in family dependency treatment courts spent less time in the program than participants in other types of treatment courts.

Program Length by Court Type

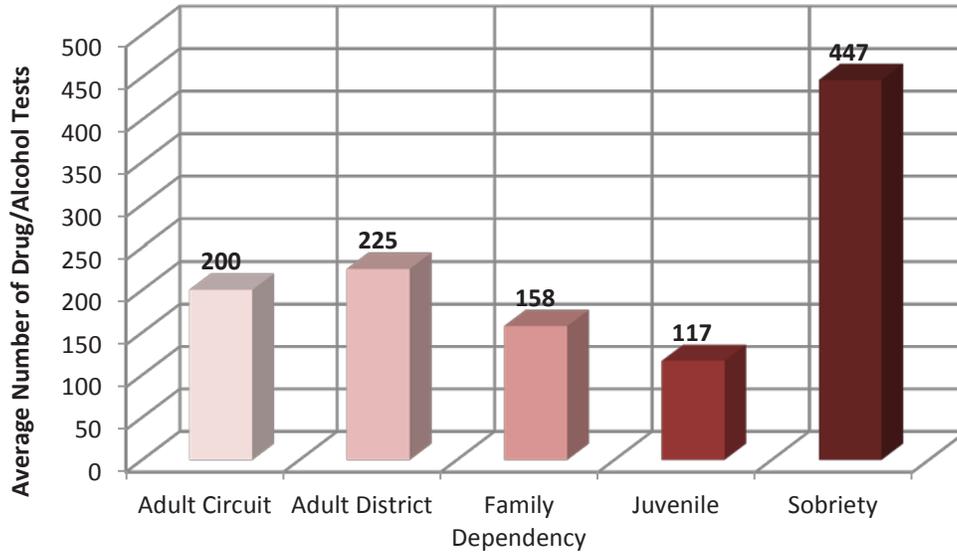


Participants of drug court programs receive more intensive services than standard probationers. They receive random drug and alcohol testing frequently, are required to attend substance abuse treatment, and must also appear before the drug court judge for scheduled status review hearings as often as one to four times per month. These types of services not only provide a means to recovery and stabilization, but also accountability to the court and community. The following graphs illustrate services received by court type.

Drug and Alcohol Testing

Sobriety court graduates had the highest average number of drug and alcohol tests, as participants new to a program are frequently equipped with alcohol tethers or other alcohol devices that monitor around the clock. Adult district drug court graduates received an average of 225 tests, adult circuit drug courts received on average 200 drug/alcohol tests, family dependency treatment graduates averaged 158 tests, and youths successfully completing a juvenile drug court program averaged 117 tests.

Drug and Alcohol Tests by Court Type

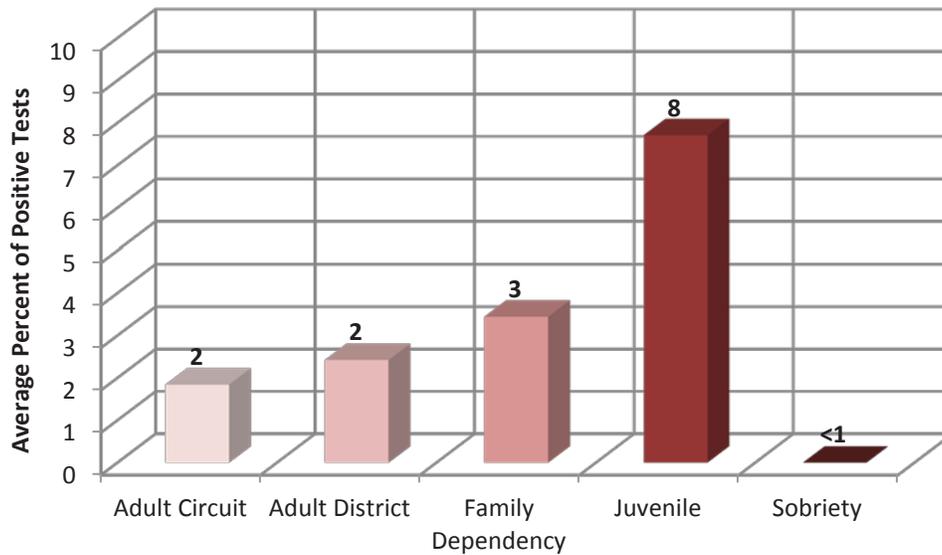


Positive Tests

Sobriety court graduates averaged less than one percent of positive drug and alcohol screens, adult circuit and adult district drug court graduates averaged two percent of positive tests, and graduates of family dependency treatment courts averaged three percent of positive tests. Youths that completed a juvenile drug court program had, on average, eight percent of positive screens.

Although, juvenile drug courts had the highest percent of positive tests, it is possible that some of the positive results were not indicative of new use. The drug of choice among juvenile drug court participants is predominately marijuana, which takes longer to exit the body than other substances. The high number of positive screens in juvenile drug courts may, in part, be due to detecting residual marijuana when testing in the early phase of the program.

Percent of Positive Drug and Alcohol Tests by Court Type



Substance Abuse Treatment

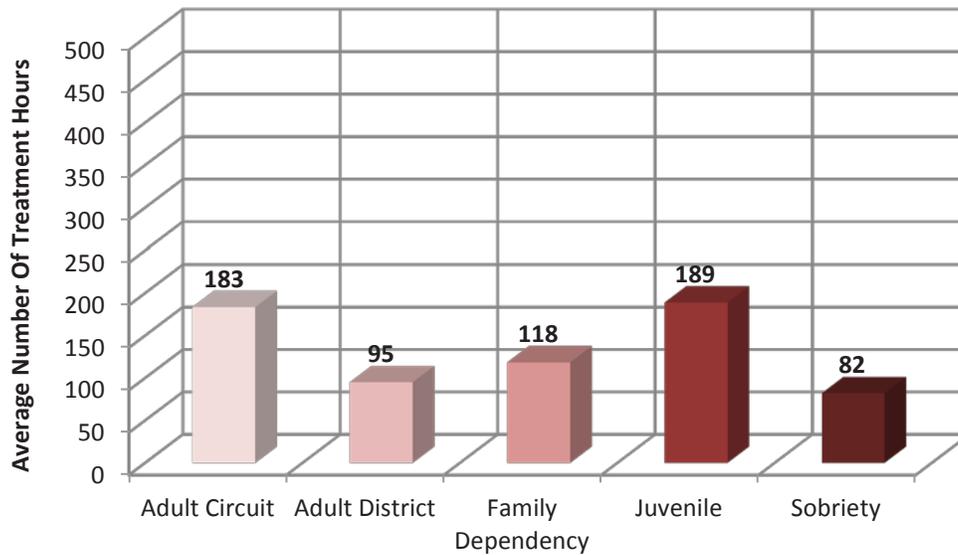
Programs offer different modalities of substance abuse treatment guided by the American Society of Addiction Medicine (ASAM) criteria. Assessing participants' substance use disorders using ASAM criteria determines which level of care, or intensity, the individual should receive. Some participants may 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. 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.

Upon first evaluation of the data, we saw that juvenile graduates received an average of 357 treatment contact hours while participating in a program, and the graduates received the highest number of hours in residential and intensive outpatient services among the different court types. However, a few very large outliers significantly exaggerated the averages. After removing the outliers for an accurate analysis, juvenile graduates were found to average 189 substance abuse treatment contact hours.

Adult circuit drug court graduates averaged 183 hours of overall substance abuse treatment, family dependency treatment courts averaged 118 hours, while adult district drug courts and sobriety courts averaged 95 and 82 hours, respectively.

Substance Abuse Treatment by Court Type

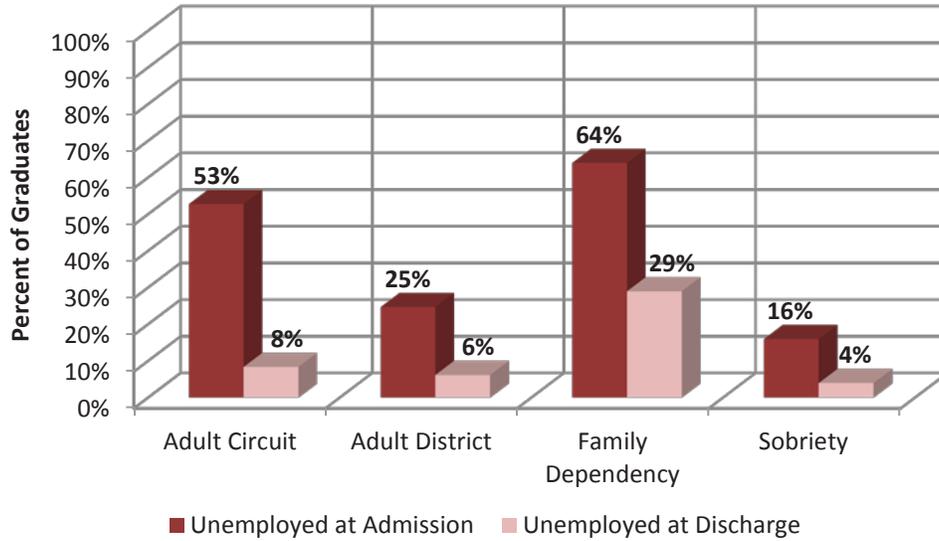


Employment

A goal of drug courts is to provide services that will assist participants in restoring their lives through employment, thus reducing the need for public assistance. 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 2014 and 2015, the overall unemployment rate at the time of admission into an adult circuit or district drug court program, sobriety court program, or family dependency treatment court program was 28 percent. At the time of graduation, the unemployment rate had fallen to 7 percent. When looking at the reduced unemployment rate from admission to discharge by court type, the most notable decrease was found in the adult circuit drug court programs. More than half (53 percent) of this predominately felony population was unemployed at the time of admission, and 8 percent were unemployed at the time of discharge, which resulted in an 85 percent reduction in unemployment. Although graduates entering adult district drug court or sobriety court programs were more likely to be employed at the time of admission, their reduced rate of unemployment was no less striking at 76 and 75 percent, respectively. The reduced unemployment rate among family dependency treatment courts was also impressive at 55 percent.

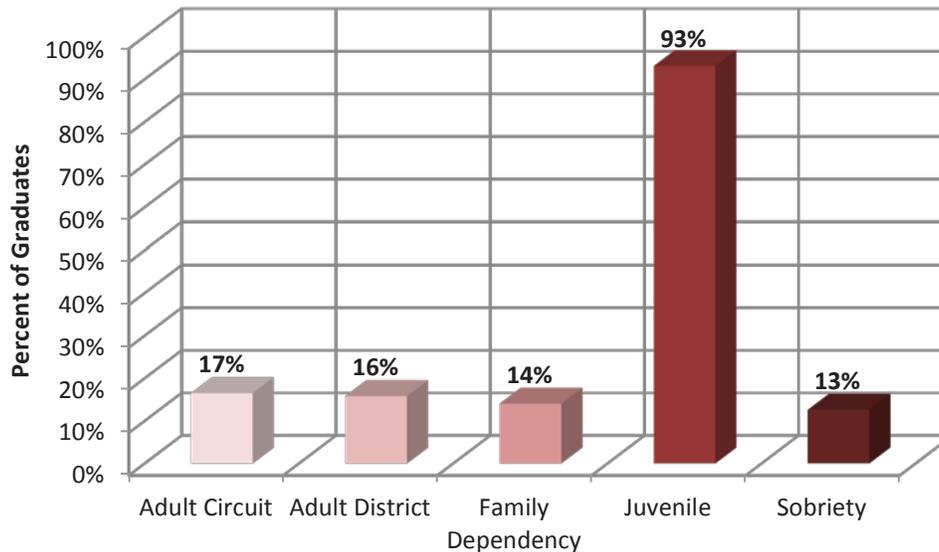
Unemployment at Admission and Discharge by Court Type



Education

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. Sobriety court participants 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.

Improved Education Level

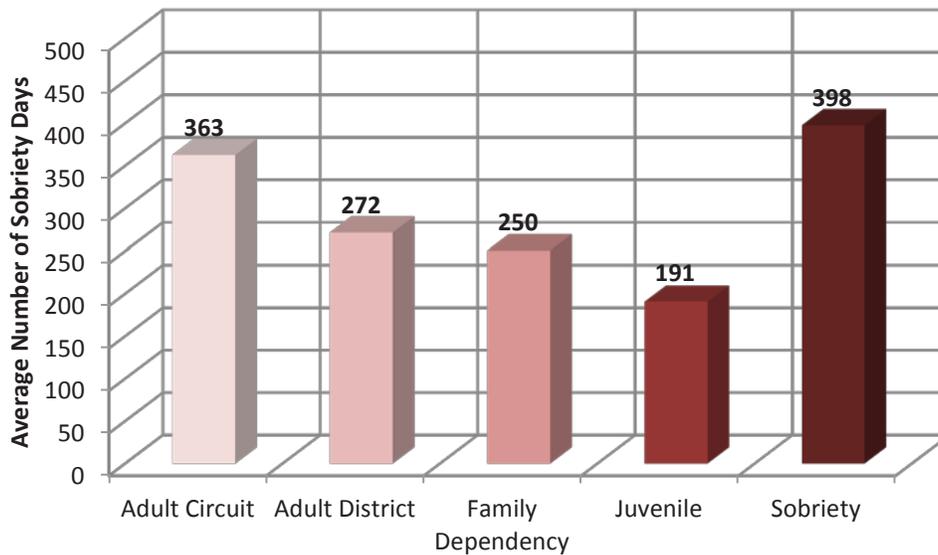


Sobriety Days

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 from the date of the participant's admission to the date of their discharge. However, if a participant tested 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 courts saw the highest number of consecutive sobriety days among the five court types, averaging 398 days. Adult circuit drug courts saw the next highest number of sobriety days (363 days), followed by adult district drug courts (272 days), family dependency treatment court graduates (250 days), and juvenile drug courts (191 days).

Average Number of Consecutive Sobriety Days by Court Type



Drug Court Recidivism

The State Court Administrative Office (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.

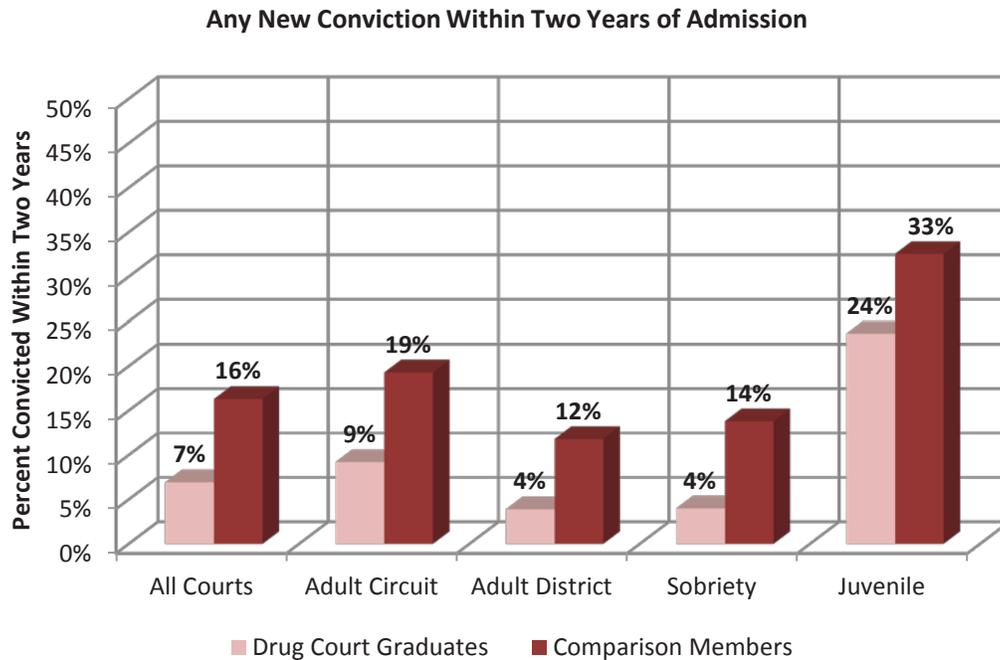
2. Recidivism is defined as any new drug or alcohol conviction, including:
 - Controlled substance use or possession
 - Controlled substance manufacturing or distribution
 - Other drug offenses
 - Driving under the influence of drugs or alcohol first offense
 - Driving under the influence of drugs or 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 drug courts operating in circuit courts, drug courts operating in district courts, sobriety courts, and juvenile drug courts. Family dependency treatment courts were excluded due to the limited number of participants (N = 11) that were paired with comparison group members using the above methodology. The analyses in this report include 6,879 total pairs of drug court participants and comparison group members in the two years postadmission analyses and 5,041 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>.

In order to calculate recidivism rates, specific time frames were selected. 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 type of drug court, drug court graduates had less than half the recidivism rate of comparison group members and this difference was statistically significant.¹ The differences in recidivism rates were statistically significant for each court type.
- Sobriety court graduates had recidivism rates three and a half times lower than their comparison counterparts.²
- Adult district drug court graduate recidivism rates were three times lower than their comparison group members.³
- Adult circuit drug court graduates had recidivism rates less than half the rate of their comparison group members.⁴
- Juvenile drug court graduate recidivism rates were lower than the comparison group members by nine percentage points.⁵

¹ $t(1, 6,878) = 17.989, p < 0.001$

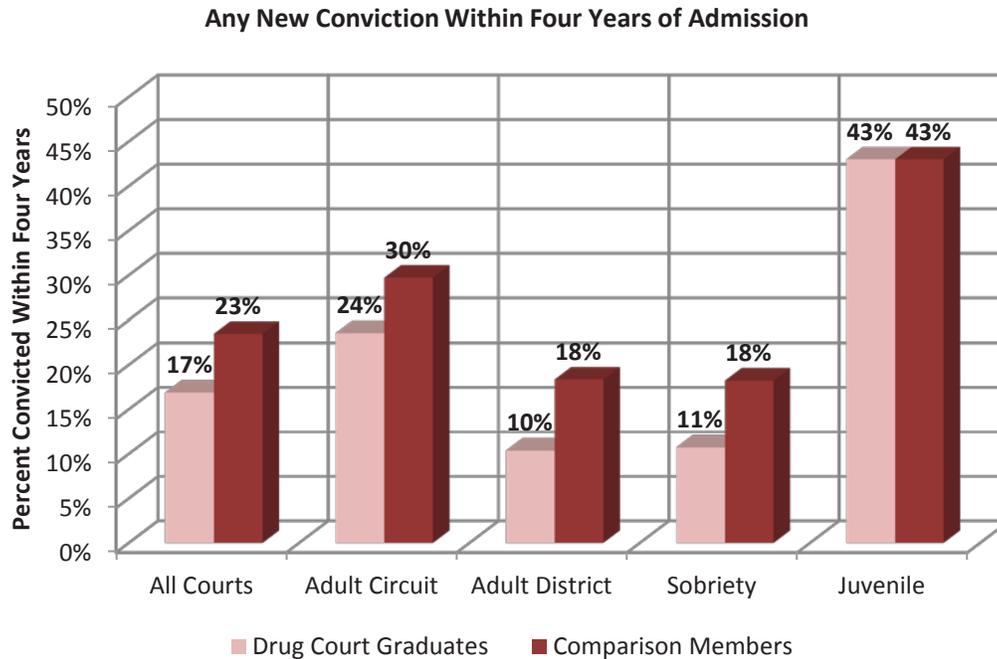
² $t(1, 3,206) = 14.375, p < .001$

³ $t(1, 1,439) = 8.039, p < .001$

⁴ $t(1, 1,615) = 8.331, p < .001$

⁵ $t(1,604) = 3.596, p < .001$

Any New Conviction – Four Years



- Four years after admission to any type of drug court, graduates had a recidivism rate of 17 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 circuit drug, adult district drug, and sobriety courts.⁶
- Adult district drug court graduate recidivism rates were eight percentage points lower than their comparison group members.⁷
- Sobriety court graduate recidivism rates were seven percentage points lower than their comparison counterparts.⁸
- Adult circuit drug court graduate recidivism rates were six percentage points lower than their comparison group members.⁹
- Juvenile drug court graduate recidivism rates were equal to their comparison group members.¹⁰

⁶ $t(1, 5,040) = 8.705, p < .001$

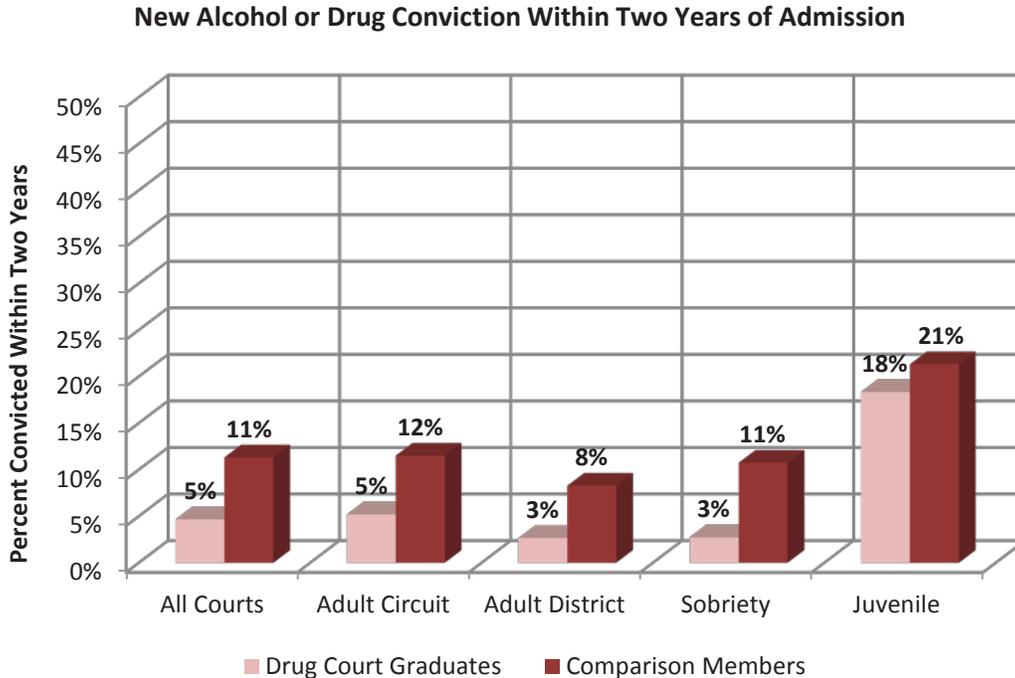
⁷ $t(1, 1,001) = 5.144, p < .001$

⁸ $t(1, 2,318) = 7.564, p < .001$

⁹ $t(1, 1,217) = 3.457, p < .001$

¹⁰ $t(1, 495) = .276, p > .05$

Alcohol or Drug Conviction – Two Years



- Two years after admission to any type of drug court, drug court graduates had less than half the recidivism rate of comparison group members and this difference was statistically significant.¹¹ The differences in recidivism rates were statistically significant for adult circuit drug, adult district drug, and sobriety courts.
- Sobriety court graduates had recidivism rates nearly four times lower than their comparison counterparts.¹²
- Adult district drug court graduate recidivism rates were nearly three times lower than their comparison group members.¹³
- Adult circuit drug court graduates had recidivism rates less than half the rate of their comparison group members.¹⁴
- Juvenile drug court graduate recidivism rates were lower than the comparison group members by three percentage points.¹⁵

¹¹ $t(1, 6,878) = 14.769, p < 0.001$

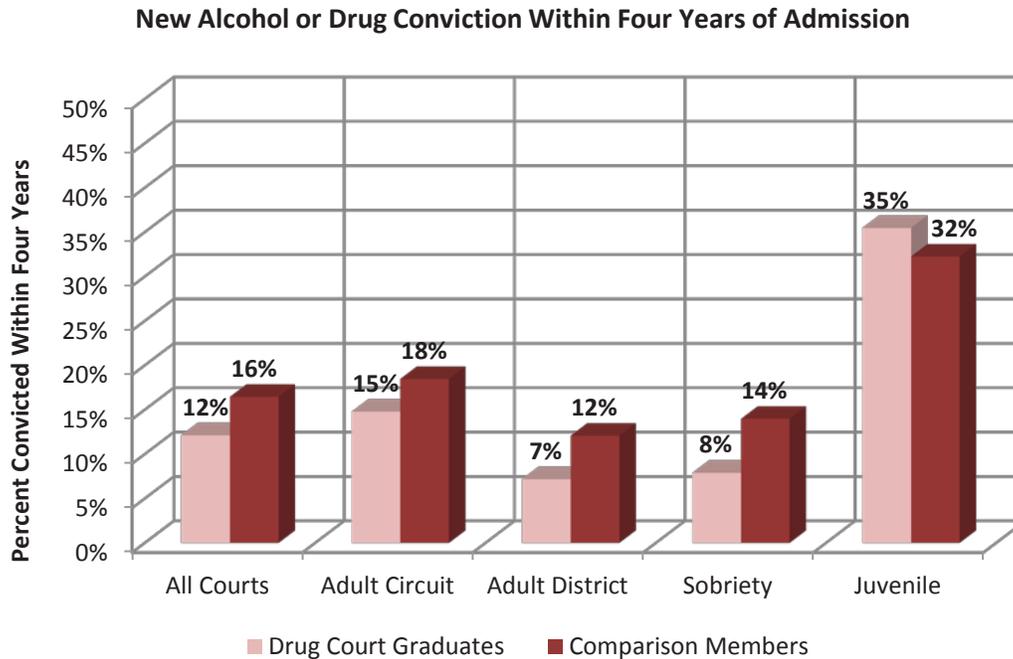
¹² $t(1, 3,206) = 13.208, p < .001$

¹³ $t(1, 1,439) = 6.784, p < .001$

¹⁴ $t(1, 1,615) = 6.404, p < .001$

¹⁵ $t(1,604) = 1.314, p > .05$

Alcohol or Drug Conviction – Four years



- Four years after admission to any type of drug court, graduates had a recidivism rate of 12 percent, while the comparison group members' recidivism rate was 16 percent. This difference was statistically significant. The differences in recidivism rates were statistically significant for adult circuit drug, adult district drug, and sobriety courts.¹⁶
- Sobriety court graduate recidivism rates were six percentage points lower than their comparison counterparts.¹⁷
- Adult district drug court graduate recidivism rates were five percentage points lower than their comparison group members.¹⁸
- Adult circuit drug court graduate recidivism rates were three percentage points lower than their comparison group members.¹⁹
- Juvenile drug court graduate recidivism rates three percentage points higher than their comparison group members.²⁰

¹⁶ $t(1, 5,040) = 6.432, p < .001$

¹⁷ $t(1, 2,318) = 6.795, p < .001$

¹⁸ $t(1, 1,001) = 3.706, p < .001$

¹⁹ $t(1, 1,217) = 2.442, p < .05$

²⁰ $t(1, 495) = .258, p > .05$

Ignition Interlock

In 2013, Public Act 226 allowed eligible repeat DWI offenders the ability to receive a restricted license through the ignition interlock program while they were participating in a sobriety or drug court program. Independent evaluators completed their fourth-year report on interlock users titled [Michigan DWI/Sobriety Court Ignition Interlock Evaluation 2015 Report](#), and the results have shown the program to be successful. Results showed that interlock participants had complied with the courts' orders of installing the device, had participated in a sobriety court program successfully, and had a reduced rate of reoffending when compared with a similar group of offenders that had not entered a sobriety court program. They are currently in their fifth year of evaluating the program and the five-year results will be published later this year.

Some of result of the four-year study showed that:

- An estimated 97.1 percent of interlock program participants ordered to install interlock devices on their vehicles complied with those orders.
- Approximately 0.5 percent of pilot program subjects removed the interlock devices without authorization.
- Approximately 1.2 percent of the interlock program participants tampered with a court-ordered interlock.
- Alcohol and drug use among interlock program participants is substantially lower in comparison to similar DWI/sobriety court offenders not under interlock supervision.
- Comparison group members failed at a higher rate (34 percent) than their interlock counterparts (12 percent).
- Interlock participants recidivated at a lower rate (2.8 percent) for new convictions of Operating Under the Influence Within Three Years of Initial Conviction when compared to the standard probationers comparison group (5.5 percent).

Implementation of the interlock program has proven to be effective at reducing repeat drunk driving. Michigan's sobriety courts will continue to provide the intensive monitoring and therapeutic jurisprudence necessary to ensure public safety.

Juvenile Drug Court Graduate Success Story

Juvenile Drug Court Helped One Graduate Learn Tough Lessons and Start a New Life – All Before He Could Vote

By Stacy Sellek
MSC Public Information Office

A snowball changed Dylan Colbeck's life.

The 17-year-old says that he was "messing around" with friends a few years back and hurled a snowball that ended up breaking a nearby window. He was given probation for malicious destruction of property. That kicked off a series of events that led him down a very dark path.



Juvenile drug court graduate Dylan Colbeck with his son, Layton.

"I didn't care about probation; I was using—pills, marijuana, booze," Colbeck recalled. "Then I got put in security detention, and when I failed a drug test, I was put in drug court."

Colbeck, who admits that he first started using drugs about three years beforehand, entered the Charlevoix County Juvenile Drug Treatment Court under Judge Frederick R. Mulhauser on June 12, 2013. And it was a rocky road.

"I had a bad attitude about it," he recalled. "I thought my probation officer, Lee Rousseau, didn't care about me, and that they were all out to get me."

Colbeck dealt with that frustration by continuing to use while in program, but he used "stuff that didn't show up on drug tests." Eventually, his dad caught him getting high on inhalants, took him to the hospital, and called his P.O.

"My P.O. showed up at the hospital, and he was real upset with me," Colbeck remarked. "That changed my perspective on him totally. I saw that he cared."

Because he slipped, Colbeck was enrolled in a three-month program called Recovery High, which he called an "extremely structured environment." But despite his resistance and early difficulties, including being put on an electronic tether at one point, he completed Recovery High and eventually graduated from drug court on December 3, 2014.

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Today, Colbeck is a high school graduate who's studying at Baker College to be a machinist, and already has found a job in his field. He proudly shares that he has been clean and sober for two years and two months.

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He also is the father of a 10-month-old son and, ironically, still lives under a limited guardianship himself because he is not yet 18. Colbeck said that after his dad turned him in and "gave up on him," he moved in with his brother and then into foster care for the remainder of the drug court program.

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And although he is no longer in a relationship with his son's mother, he is currently living with her grandmother until he can move out on his own.

As for his friends, Colbeck explained, "The people who I thought were my friends were just using buddies. Once I got probation and started living a clean lifestyle, they forgot about me. But the friends I have gained through drug court and Recovery High, they are still my friends."

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Colbeck believes the biggest change in him since graduating drug court is the way he deals with obstacles. "I can just think positively from all the negativity, instead of getting so aggravated and using drugs to cope," he shared.

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He aims to continue raising his son "the right way" and giving him a good structure, staying clean, and making honest money.

Colbeck has even thought about returning to drug court as a volunteer. "I thought about going back to the meetings and telling my story, although I'm not sure if anyone will get anything out of it," he admitted. "I would encourage the participants to be honest and tell them that Lee is tough and knows when you are lying to him and so does the judge. I want to help them out, if I can."

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Looking back, Colbeck recalled, "When I first got into drug court, it was hard for me to stay structured. They make you journal and plan out the whole week, ask you what you want to do and when you are going to do it. But as time progressed, it benefitted me because I can plan what I need to get done and plan fun activities to better myself. Drug court helped me learn how to plan my life in good, positive ways."

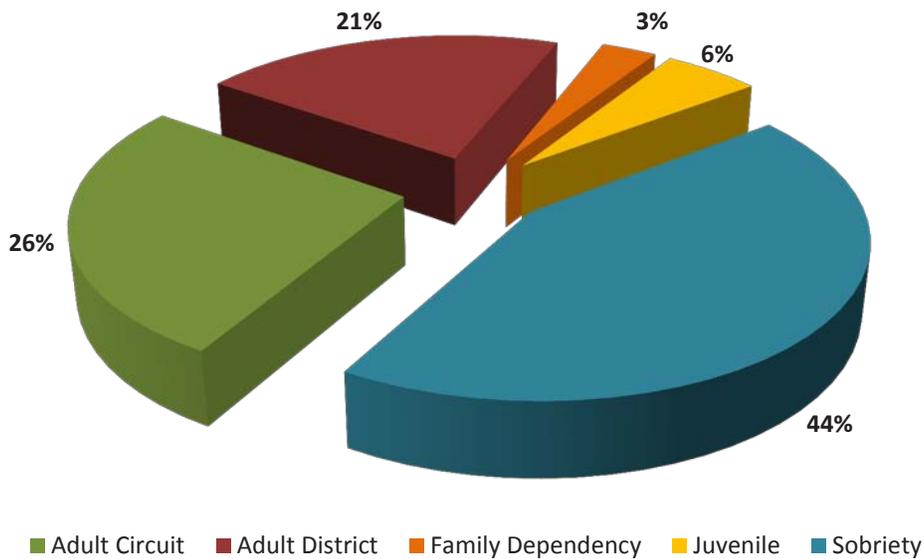
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Caseload Statistics

October 1, 2013 – September 30, 2015

The total number of active drug court cases during FYs 2014 and 2015 was 9,449. Of the active cases, 4,120 participants (44 percent) were in a sobriety court program; 2,496 participants (26 percent) were in an adult circuit drug court program; 1,996 participants (21 percent) were in an adult district drug court program; 532 (6 percent) were in a juvenile drug court program; and 305 (3 percent) were active in a family dependency treatment court program.

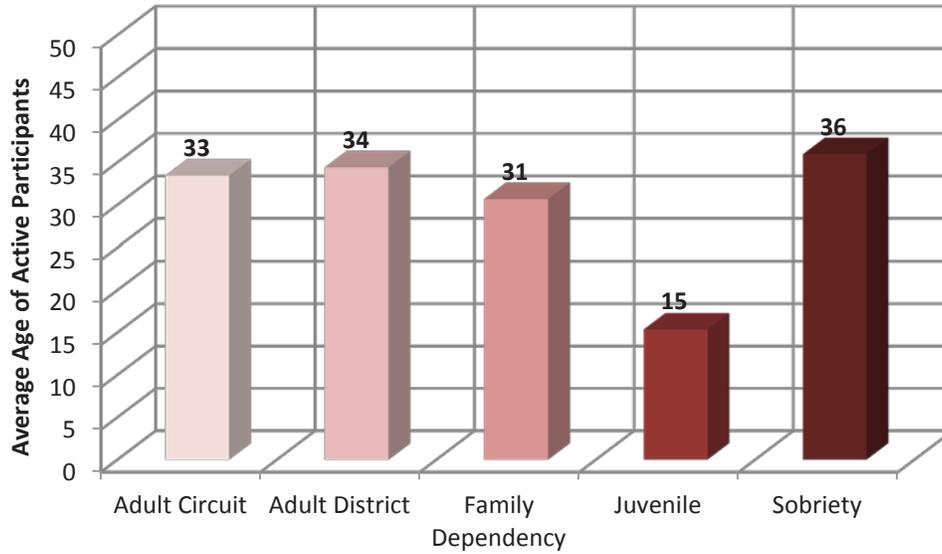
Percentage of Active Cases by Court Type



Age

Overall, the average age of participants entering an adult drug court program was 35 years, and the average age of youths entering a juvenile drug court program was 15 years. Sobriety court participants averaged the oldest age of the adult population (36 years); adult district drug court participants averaged 34 years of age; participants in adult circuit drug courts averaged 33 years of age; and the average age of participants in family dependency treatment courts was 31 years.

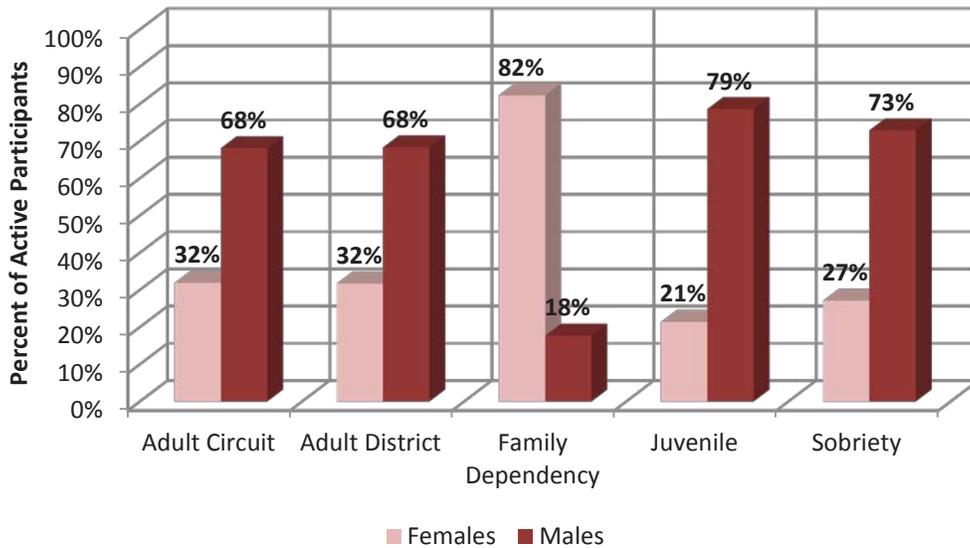
Average Age at Screening by Court Type



Gender

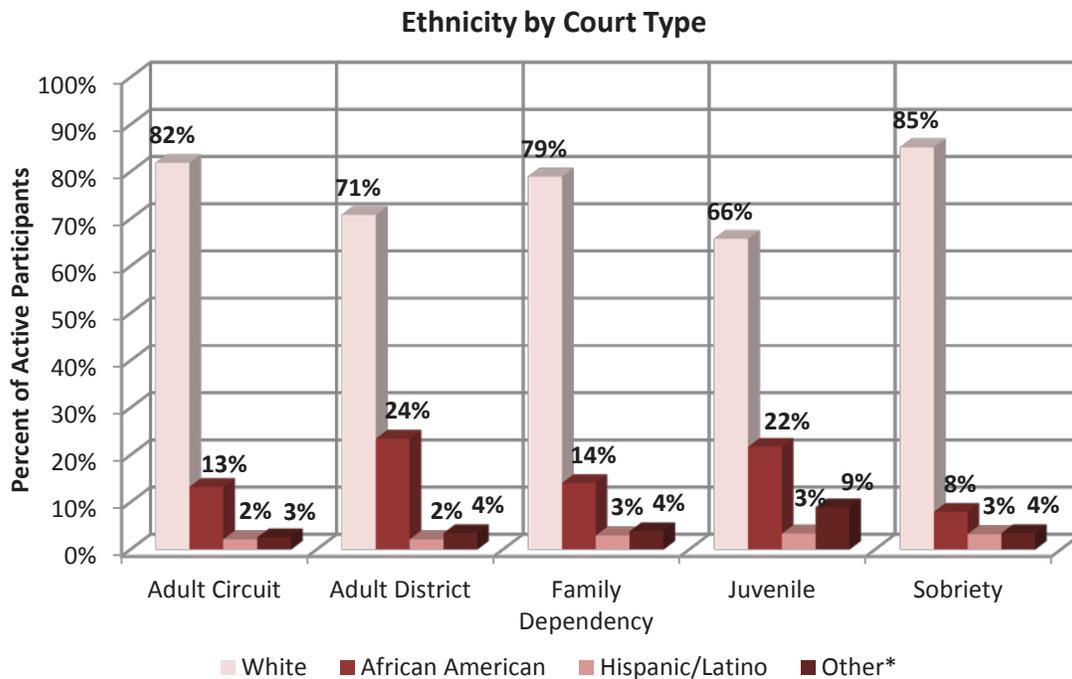
Overall, males were the majority of the participants (69 percent) in Michigan’s drug court programs; however, females were the majority in family dependency treatment courts. Juvenile drug court programs had the highest rate of male participants (79 percent), followed by sobriety courts (73 percent). Adult circuit and district drug courts had the same percentage of male participants (68 percent).

Gender by Court Type



Ethnicity

The 2014 Michigan Census²¹ 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 one percent as Native American. The ethnicity of persons participating in a Michigan drug court during FYs 2014 and 2015 are shown below by court type. The majority of participants in all drug court types was White and totaled 80 percent. African American participants totaled 14 percent, and Hispanic/Latino participants totaled three percent. The ethnic composition of Michigan drug court participants is similar to Michigan’s overall population.



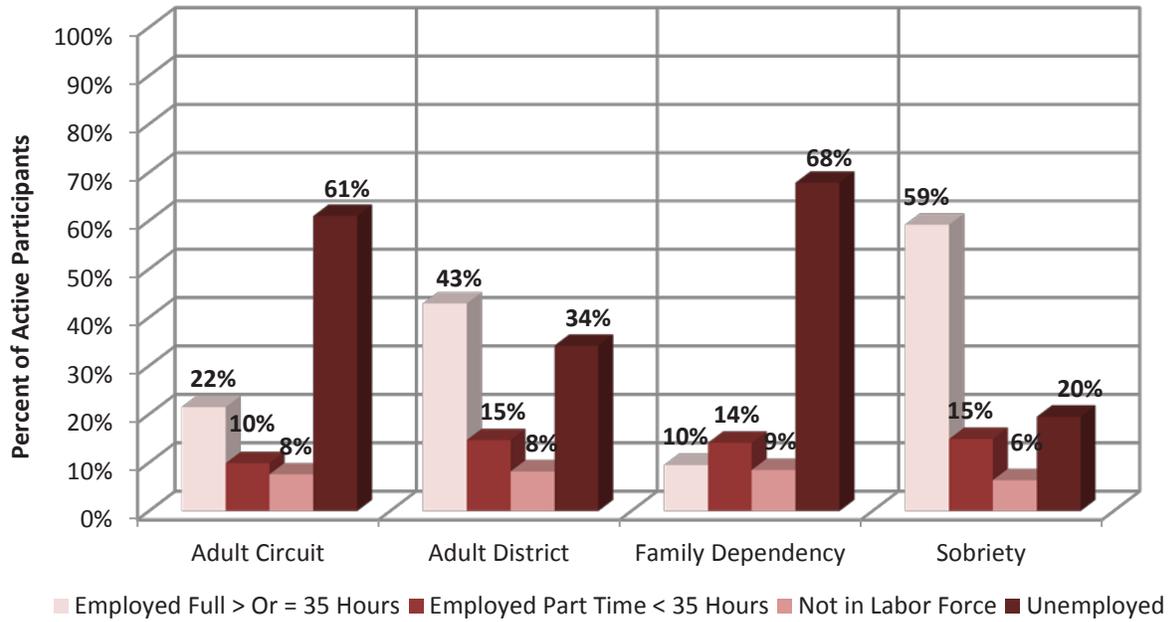
*Asian/Pacific Islander, Multiracial, Native American, and individuals not identifying with any of the above categories are included in “Other.”

Employment Status at Admission

Overall, 54 percent of active adult participants were either employed part- or full-time when admitted into a program. 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. Family dependency treatment courts and adult circuit drug courts had the highest percentage of offenders that were unemployed when entering a program. Sobriety court participants were most likely to be employed when admitted into a program.

²¹ <http://quickfacts.census.gov/qfd/states/26000.html>

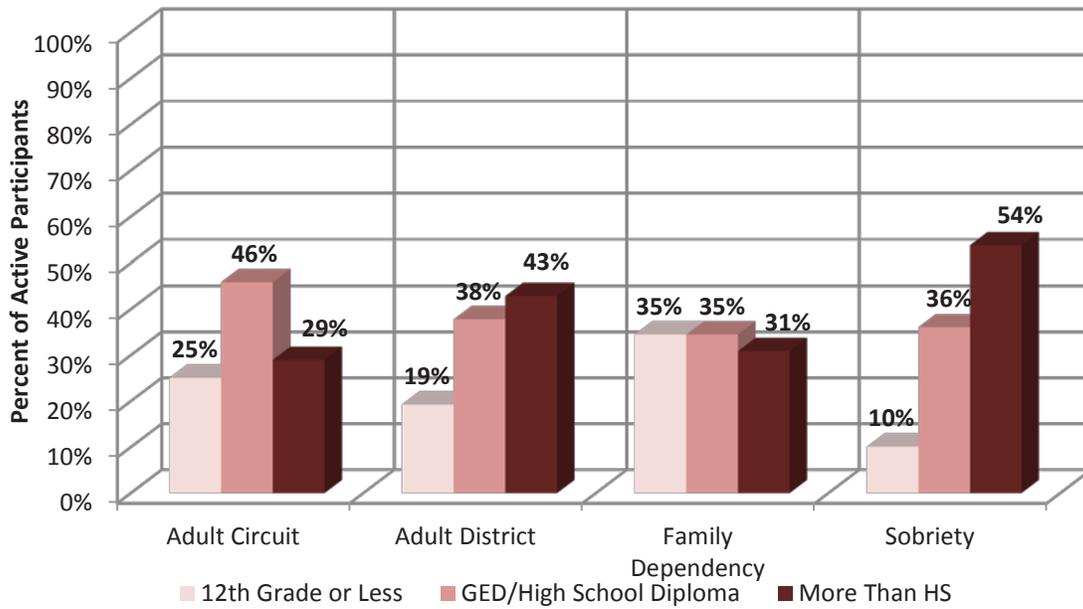
Employment Status at Admission by Court Type



Education Level at Admission

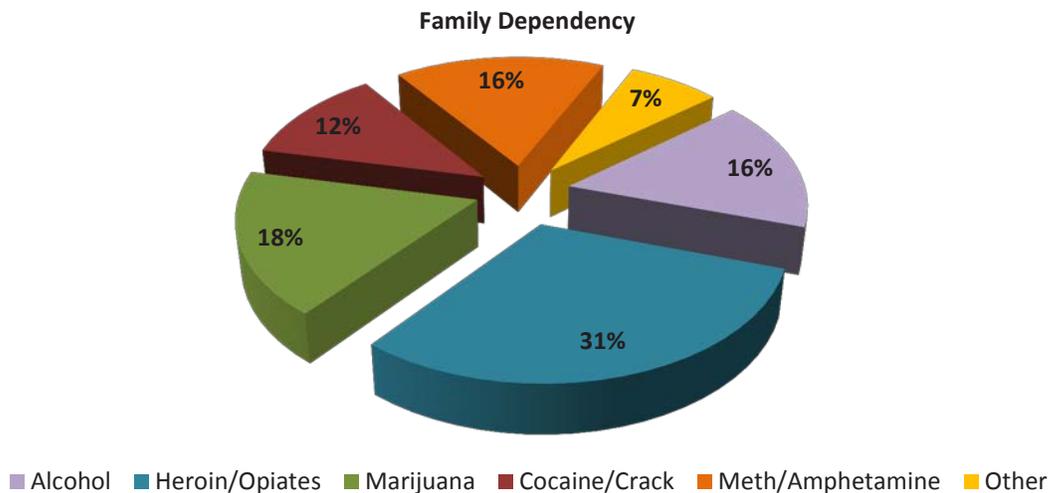
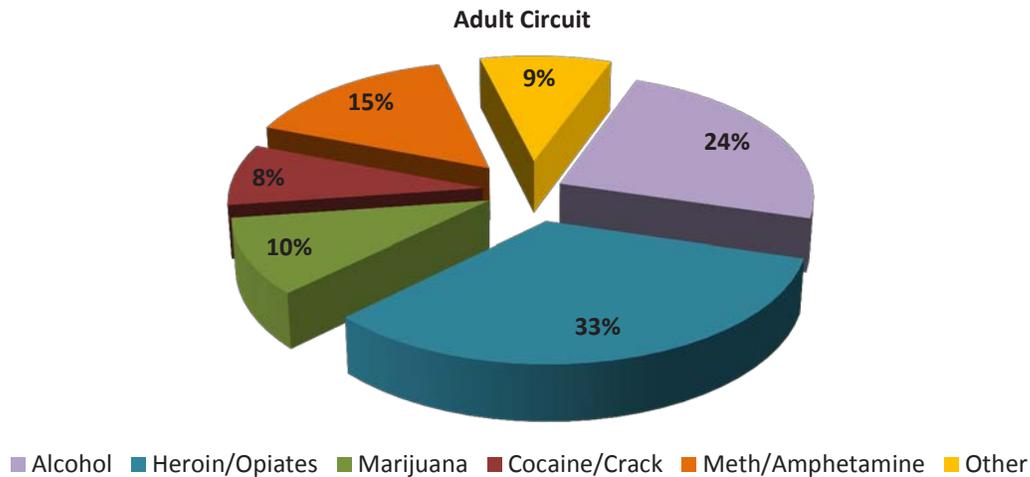
The education levels for adults entering drug court programs are shown in the following graph. Youths entering a juvenile drug treatment court program were excluded from the graph, as most youths are in high school during their participation in a program.

Education Level at Admission by Court Type*



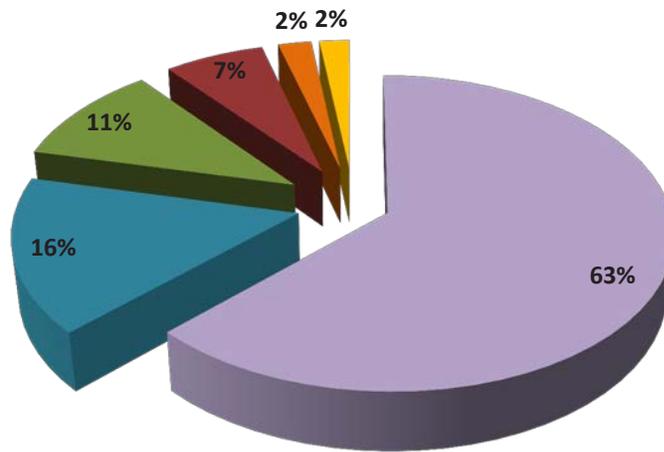
Drug of Choice

Adult circuit drug courts and family dependency treatment courts 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.



Adult district drug courts also had a variety of drug use among their participants but the majority of active participants (63 percent) had identified alcohol as their drug of choice. Heroin or opiates were the next most frequently drug identified.

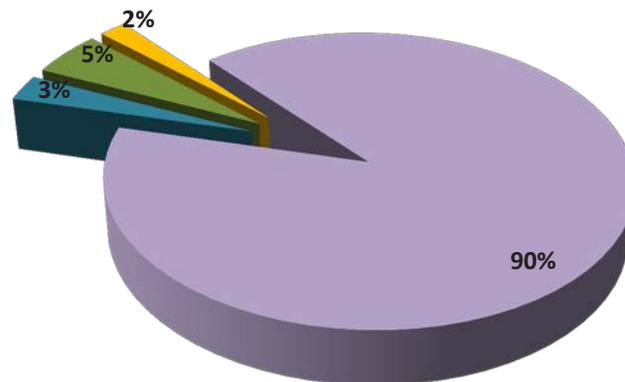
Adult District



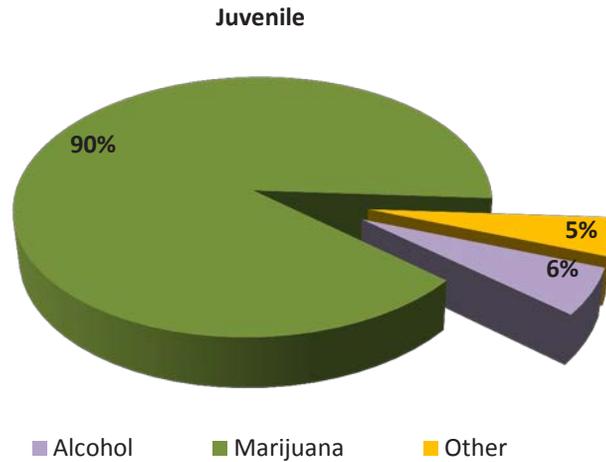
■ Alcohol ■ Heroin/Opiates ■ Marijuana ■ Cocaine/Crack ■ Meth/Amphetamine ■ Other

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 percent of the participants in sobriety courts identified alcohol as their drug of choice, and 90 percent of juvenile drug court participants identified marijuana as their drug of choice.

Sobriety



■ Alcohol ■ Heroin/Opiates ■ Marijuana ■ Other



Charge Type

Michigan’s drug courts accept and provide services to persons with nonviolent offenses and persons involved in family division child abuse or neglect petitions. Judges with cross-assignment or courts that have implemented concurrent jurisdiction plans are able to accept offenders not typical to their courts. For example, adult district drug courts accepted participants who had been charged with a felony (22 percent). Among the juvenile population, 19 percent entered a program with a felony charge type and 14 percent of sobriety court participants had a felony charge type.

Charge Type for Active Cases by Court Type

Court Type	Felony	Misdemeanor	Civil/Petition	Status/Other
Adult Circuit	98% (N=2,433)	2% (N=60)	<1% (N=1)	<1% (N=2)
Adult District	22% (N=431)	78% (N=1,563)	0% (N=0)	<1% (N=2)
Family Dependency	6% (N=18)	2% (N=6)	92% (N=279)	<1% (N=2)
Juvenile	19% (N=99)	65% (N=343)	6% (N=34)	11% (N=56)
Sobriety	14% (N=584)	84% (N=3,474)	0% (N=0)	2% (N=62)
TOTAL	38% (N=3,565)	58% (N=5,446)	3% (N=314)	1% (N=124)

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 and encouragement toward active participants’ recovery.

Mental Health Court Graduate Success Story

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'They Gave Me a Chance': Mental Health Court Showed One Graduate a Different Side of the Court System

By Stacy Sellek
MSC Public Information Office

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Imagine being in and out of the criminal justice system starting in your teens, losing contact with your children and your mother, and struggling with substance abuse issues for years.

For Ivy Rose Calkins, this was reality—until late 2014.

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That was when she entered the Adult Mental Health Court in the 72nd District Court in Port Huron.

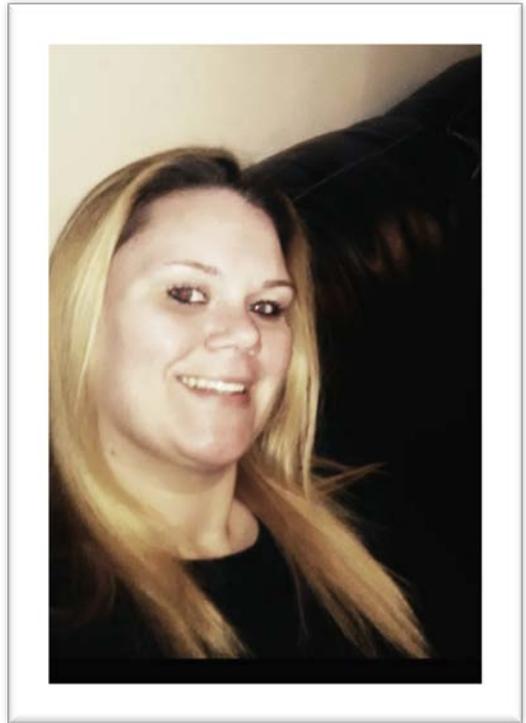
Twenty-seven-year-old Calkins describes having “been in trouble” since she was a teenager, mostly for dealing and using drugs. On top of that, she had been diagnosed—and had struggled—with ADHD, anxiety, and bipolar disorder.

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She had served in a four-year felony probation program for previous offenses.

“It was really hard at first. But this time, I learned my lesson,” she shared. “I had already been in numerous amounts of court situations and got back into trouble. This was the first time I wanted to stay out of trouble and not go back into the court system.”

When her youngest child’s father called the police to report her violating probation by using drugs, police raided her house and she was arrested. She lost custody of all of her five children.



Mental health court graduate, Ivy Rose Calkins

She was eventually given the opportunity to enter the Adult Mental Health Court (MHC) program under St. Clair County Probate Judge John D. Tomlinson.

“I had a cousin who had gone through mental health court, and I felt that it would help me more than anything else,” she recalled. “At first I thought it would be a breeze and then I would go on with my life.”

But Calkins admits that she quickly realized that it was much harder than she anticipated, recalling random

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drug tests every week, frequent Breathalyzer tests, and several counseling groups she was required to attend regularly.

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“It was really hard at first. But this time, I learned my lesson,” she shared. “I had already been in numerous amounts of court situations and got back into trouble. This was the first time I wanted to stay out of trouble and not go back into the court system.”

What was typically a 12-24 month program, Calkins successfully completed in about 12 months, on December 15, 2015.

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Before her graduation, Calkins notes that she had “lost everything: my baby; my other kids; my house; my job...”

Since her graduation, she has maintained steady employment, is living with her grandmother, whom she calls her “backbone,” is in a healthy relationship with a “good guy,” and is working toward getting her kids back. She was also happy to share that she and her mom have grown a relationship again.

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“They gave me a chance in mental health court,” Calkins remarked. “Judge Tomlinson wasn’t going to give up on me. He knew I had potential, and he showed me a completely different side of the court system. He showed me that courts can help. I really appreciate the program and the people involved in it.”

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Overall, Calkins thinks the biggest change in her since graduating MHC has been her maturity level. “I think before I do things now, and I know how my actions affect other people,” she shared. “I make better choices now.”

Down the road, Calkins hopes to stay on the track she is on by staying clean, avoiding trouble, and eventually going to school to be a substance abuse counselor.

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“Mental health court was not an easy program—at first you want to give up,” she reflected. “But when it’s done and you graduate, you feel great.”

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“They gave me a chance in mental health court,” Calkins remarked. “Judge Tomlinson wasn’t going to give up on me. He knew I had potential, and he showed me a completely different side of the court system. He showed me that courts can help. I really appreciate the program and the people involved in it.”

PSC Judicial Spotlight: Hon. Laura Redmond Mack Western Wayne County Behavioral Treatment Court

“One of our primary goals of our mental health court is to get mentally ill people out of jail and into treatment with local community mental health providers so they don’t continue to cycle through the criminal justice system,” Judge Mack explained.

For the past few years, Judge Mack has operated a mental health treatment court out of the 29th District Court in the City of Wayne. Now, the court has transitioned into a regional program with the help of a grant, and has expanded into handling defendants from nine neighboring district courts in Wayne County. The new regional court is called the Western Wayne County Behavioral Treatment Court.

Judge Mack is proud that, in addition to facilitating mental health and substance abuse treatment, the program is also able to help participants with basic needs, such as housing, transportation, food, applying for health insurance, finding a primary care doctor, and even education.

Western Wayne County Behavioral Treatment Court:

- 16th District Court – Livonia
- 17th District Court – Redford Twp.
- 18th District Court – Westland
- 20th District Court – Dearborn Heights
- 21st District Court – Garden City
- 22nd District Court – Inkster
- 23rd District Court – Taylor
- 24th District Court – Allen Park
- 29th District Court – City of Wayne
- 34th District Court – Romulus, Belleville, Van Buren Twp., Sumter Twp., and Huron Twp.

“It really gives a holistic approach to criminal justice with the emphasis being, not on punishment, but on rehabilitation and reducing the risk for reoffending and crisis intervention.”

“It really gives a holistic approach to criminal justice with the emphasis being, not on punishment, but on rehabilitation and reducing the risk for reoffending and crisis intervention,” she remarked.

All of the defendants from these 10 courts report to Judge Mack at the 29th District courthouse in Wayne, and she anticipates that the caseload will eventually double—from 20-30 at the start of the transition, to 20-50—within about six months.

Judge Mack shared, “Not only does our program help make our participants feel engaged and useful and part of the community, which is extremely important to them and to us, but by collaborating with other courts, we can also identify other ways to pool our resources and save money. So it’s a win-win.”

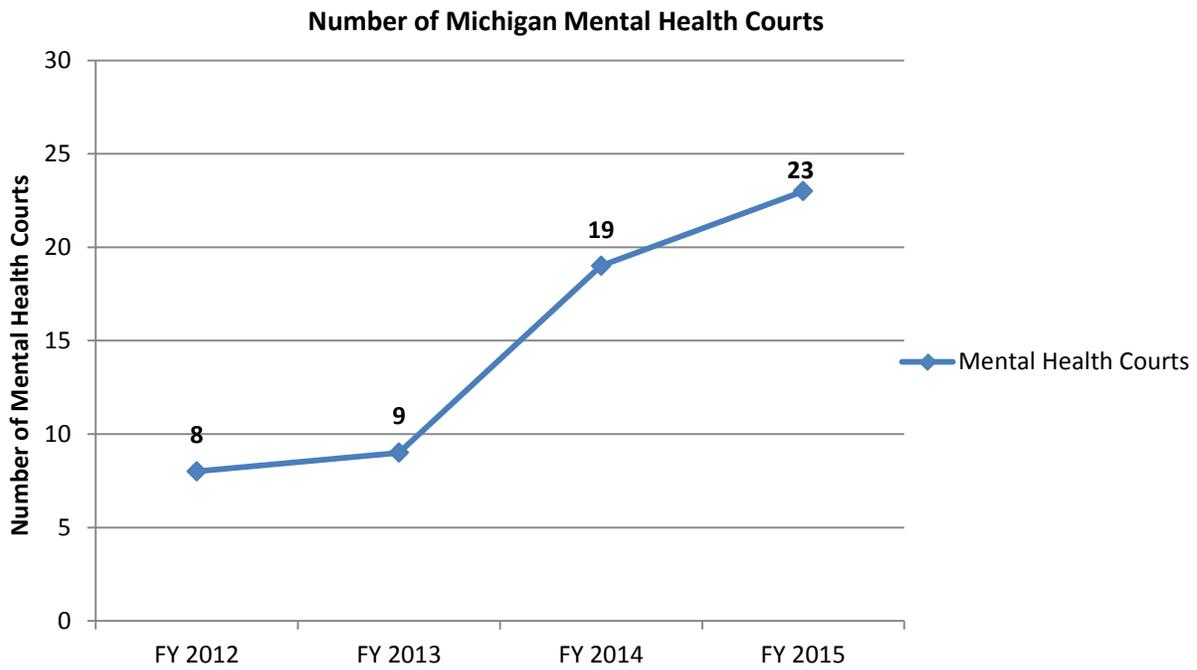
Overview of Mental Health Courts

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. As a result of the success of the pilot mental health court programs, Michigan's legislature introduced Michigan Compiled Law 600.1090 *et seq.* to codify 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 more than doubling in FY 2014 and continuing to expand in FY 2015.

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 mental health 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.

courts.mi.gov/mhc

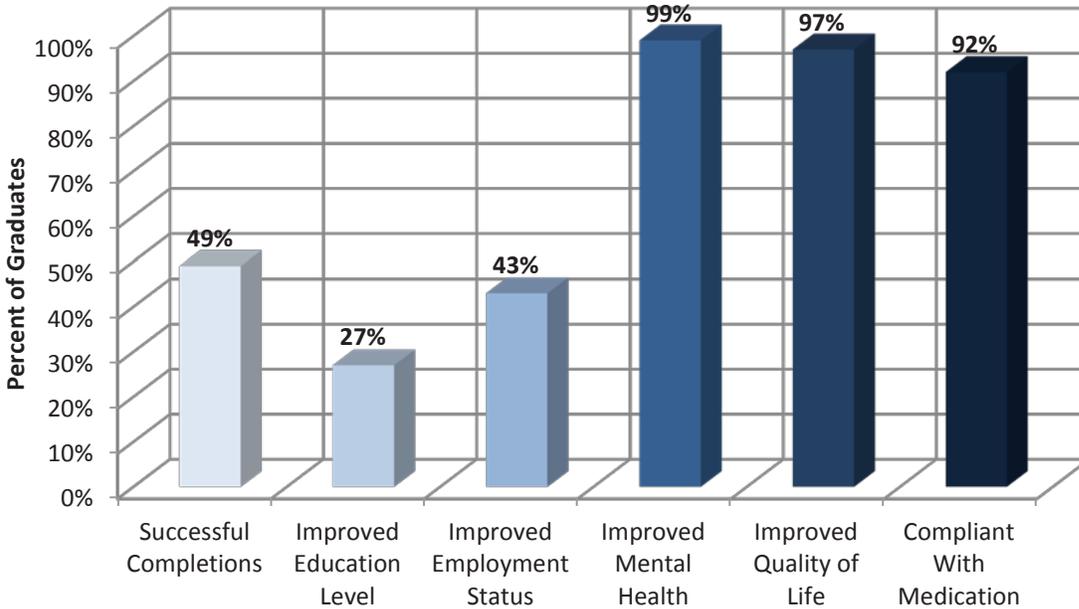


Performance Measures and Outcomes

October 1, 2013 – September 30, 2015

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 762 participants discharged from 20 adult mental health courts and 2 juvenile mental health courts during FYs 2014 and 2015. Of those, 371 participants (49 percent) successfully completed a program.

Performance Measures for Graduates*



*Performance measures include graduates from two juvenile mental health courts (N=33). 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.
- 27 percent of graduates had improved their educational level upon graduation.
- 43 percent of graduates had improved their employment status upon graduation.
- 99 percent of graduates had improved their mental health.
- 97 percent of graduates had improved their quality of life.
- 92 percent of graduates were compliant with their psychotropic medications.

There was a notable decrease in the number of graduates that had improved their education level from last year's report (45 percent). A further review of the data indicated there was a 9 percentage point decrease in the number of graduates that entered a program with an 11th grade education or less when compared to last year's report. It is possible that the decrease in need for an improvement in education had a slight impact on the overall percentage that did improve their education level.

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.

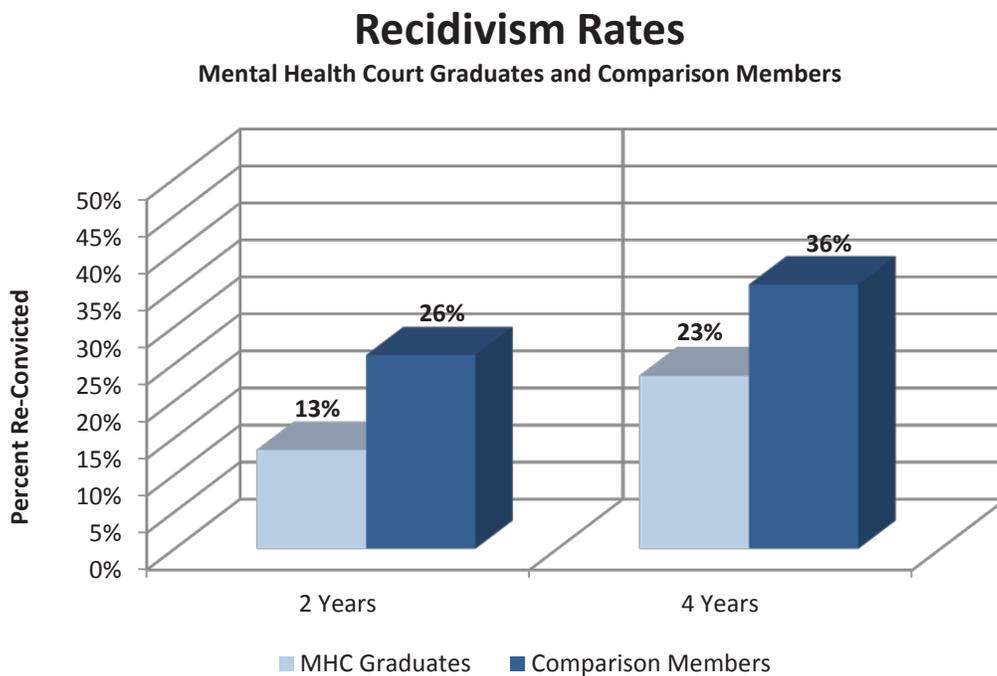
While random assignment is preferred from an evaluation standpoint, it is not always preferred from an ethical perspective because individuals who are eligible to receive treatment are denied those services even though the resources are available. Therefore, random assignment is often limited to instances 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 in yearly time frames from one year to five years after admission into a mental health program.



- Two years after admission to a mental health court program, graduates had half the recidivism rate of comparison group members and this difference was statistically significant.²²
- Four²³ years after admission to a mental health court program, graduates had a recidivism rate that was 13 percentage points lower than their comparison counterparts and these differences were statistically significant.

²² $t(1, 389) = 4.685, p < 0.001$

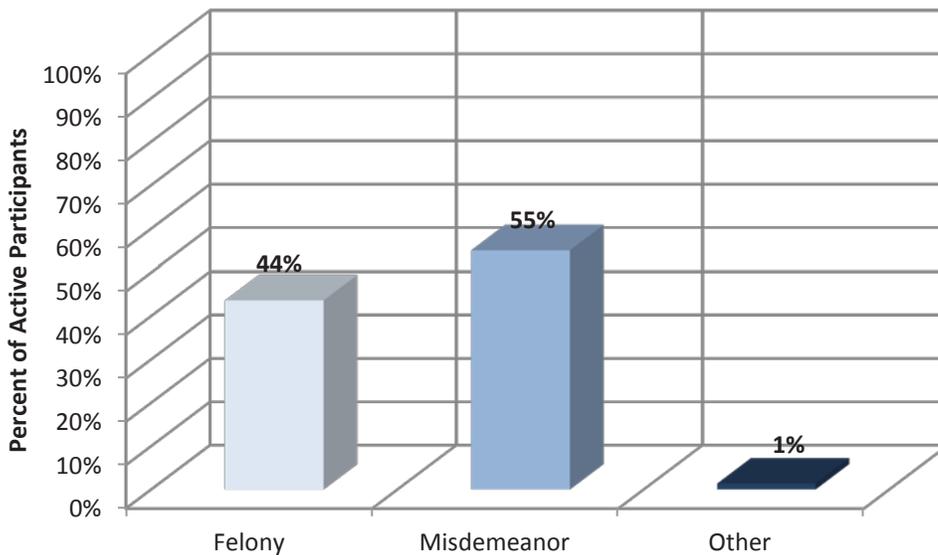
²³ $t(1, 226) = 2.873, p < 0.005$

Caseload Statistics

October 1, 2013 – September 30, 2015

There were 1,268 active cases among 20 adult mental health courts and two juvenile mental health courts during fiscal years 2014 and 2015. Of those, 55 percent entered with a misdemeanor charge, while 44 percent had a felony charge type. The remaining one 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.

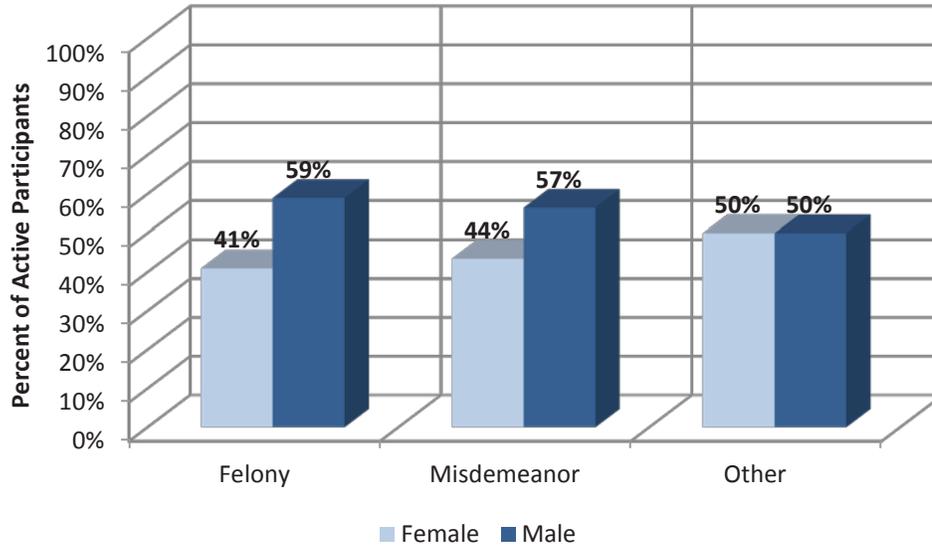
Active Cases by Charge Type



Gender

Overall, males (58 percent) were more likely to enter a mental health court program. Among the felony participants, 59 percent were male; among the misdemeanor participants, 57 percent were male; and 50 percent of participants entering on an “Other” charge type were male.

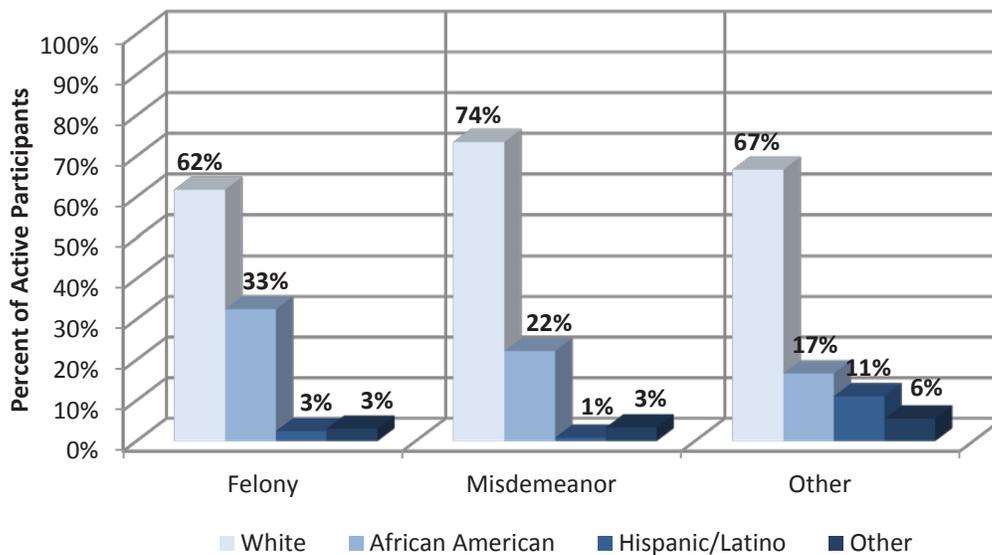
Gender by Charge Type



Ethnicity

African-American participants had nearly twice the representation in mental health courts than in the general population. The 2014 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 one percent as Native American. Overall, 27 percent of the active cases in mental health courts were Black or African American. The majority of active cases, 68 percent, were White, and 2 percent were Hispanic/Latino.

Ethnicity by Charge Type

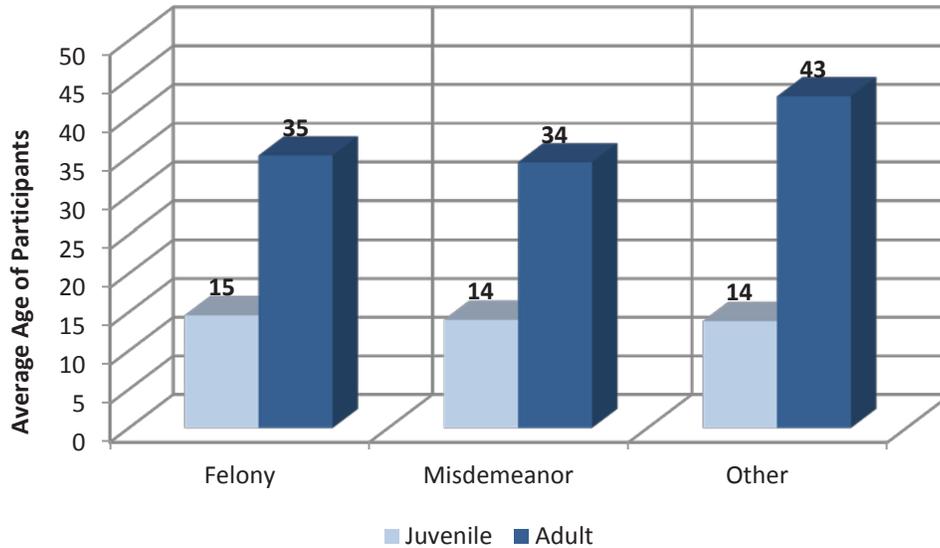


Asian/Pacific Islander, Multiracial, Native American, and individuals not identifying with any of the above categories are included in "Other."

Age

Overall, adult participants averaged 35 years of age when screened for a mental health court program. Among the juvenile mental health courts that had active cases during FYs 2014 and 2015 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.

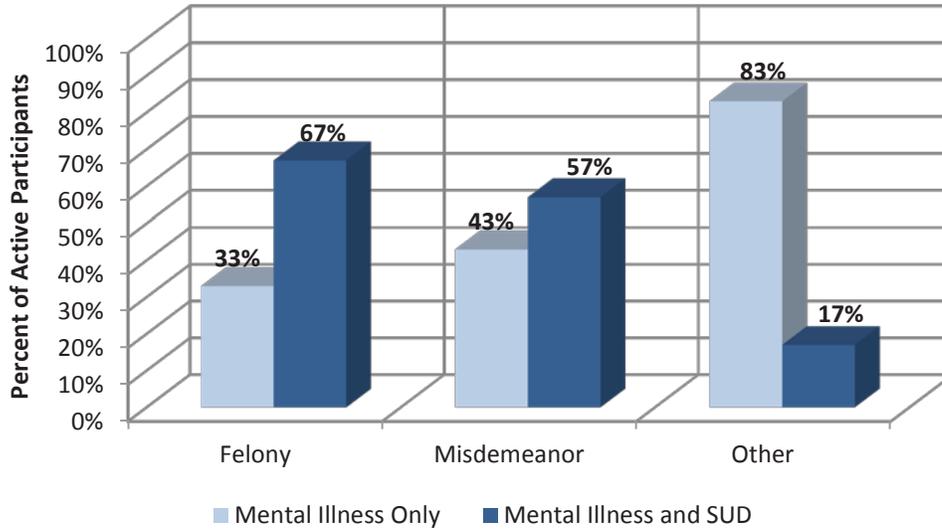
Average Age of Participants by Charge Type



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. Sixty-one percent of participants entering a mental health court program had a substance use disorder (SUD) diagnosis in addition to their primary mental health diagnosis. Felony participants were more likely to suffer from co-occurring substance use disorders (67 percent) than participants charged with other types of offenses.

Co-Occurring Disorder Diagnosis by Charge Type



Drug of Choice

The following table shows the drug of choice by charge type for those participants that were identified as having a co-occurring disorder diagnosis. Misdemeanor offenders identified alcohol as their drug of choice most often (40 percent), and the felony population identified heroin/opiate (29 percent) or marijuana (28 percent) as their drug of choice most frequently.

Drug of Choice by Charge Type*

Charge Type	Alcohol	Marijuana	Crack/Cocaine	Heroin/Opiate	Other
Felony	18% (N=65)	28% (N=102)	20% (N=73)	29% (N=106)	6% (N=22)
Misdemeanor	35% (N=140)	40% (N=159)	8% (N=32)	11% (N=43)	5% (N=21)
Other	0% (N=0)	67% (N=2)	0% (N=0)	0% (N=0)	33% (N=1)
TOTAL	27% (N=205)	34% (N=263)	14% (N=105)	19% (N=149)	6% (N=44)

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.

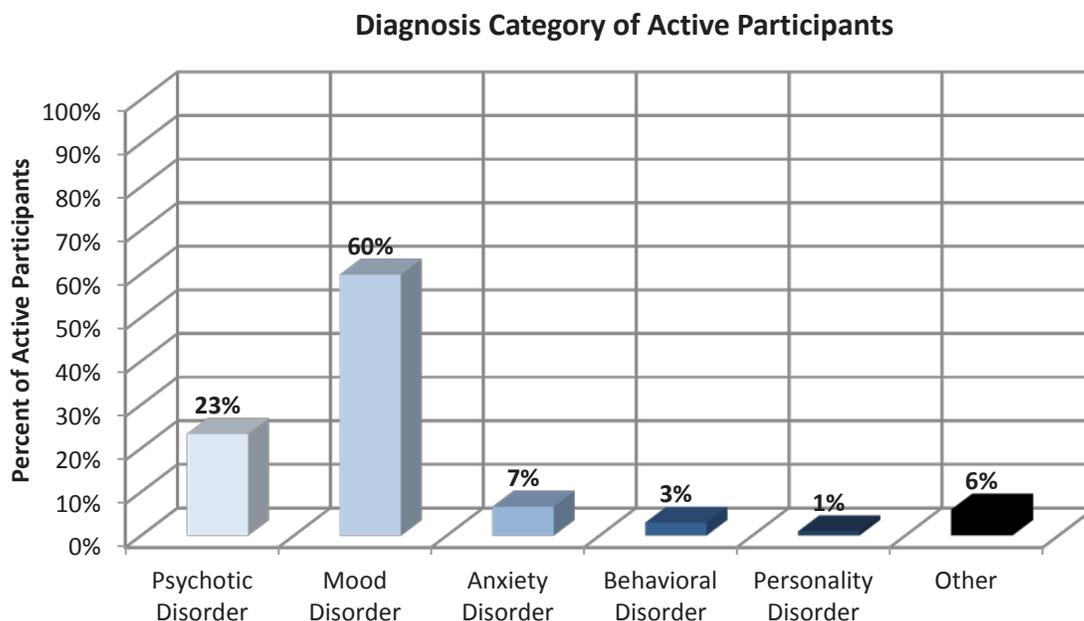
Diagnosis

The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSMIV) was used to determine the primary diagnoses²⁴ of participants in mental health courts. 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 2014 and 2015.

The most common form of mental illness was mood disorders (60 percent), followed by psychotic disorders (23 percent). Participants with anxiety disorders comprised seven percent of the population, those with some "Other" disorder comprised six percent, behavioral disorders three percent, and personality disorders comprised one percent of the population.

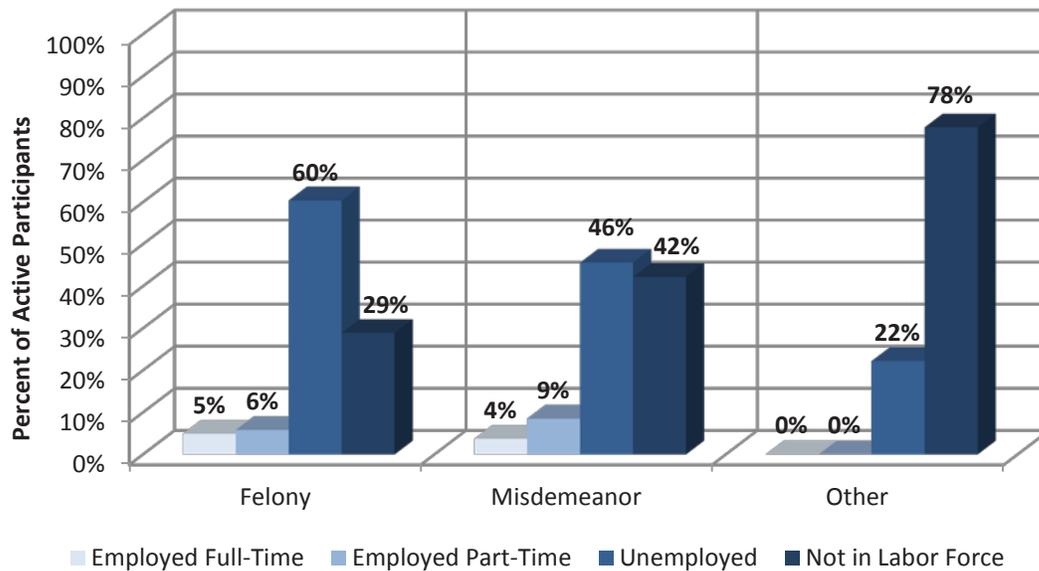


²⁴ The U.S. Department of Health and Human Services' MentalHealth.gov website was used as a resource to categorize the diagnoses of participants, as there were more than 70 primary DSMIV diagnoses among active participants. <http://www.mentalhealth.gov/what-to-look-for/index.html>

Employment at Admission

Overall, 11 percent of those entering a mental health court program were employed either full- or part-time. The majority (52 percent) were unemployed, while 37 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.

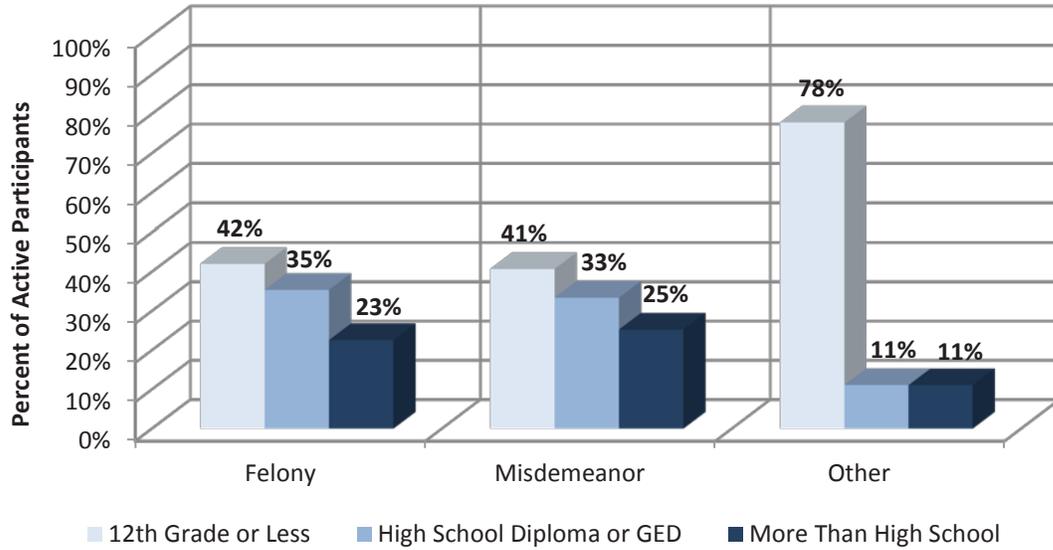
Employment Status at Admission by Charge Type



Education Level at Admission

Overall, 42 percent of participants entered a program with a 12th grade education or less. Thirty-four percent entered with a GED or high school diploma, and 24 percent had some higher education. There were four participants that reported "not in school" upon screening. 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.

Education Level at Admission by Charge Type



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.

Veterans Treatment Court Graduate Success Story

S

About Face: The Camaraderie of Veterans Treatment Court Helped One Combat Marine Build Himself Back Up

U

By Stacy Sellek
MSC Public Information Office

At age 35, David Bacon is already a bit of a pioneer.

In 2014, he was one of the first participants to enter the West Michigan Regional Veterans Treatment Court in Allegan County, a program started by Judge William K. Baillargeon.

C

A former E-3 Lance Corporal in the United States Marine Corps who served four years, Bacon was part of the first wave of infantry into Baghdad in the 2003 firefights. His job was firing 81mm mortars.

C

“My twin brother and I both always wanted to be in the military,” he explained. “In our eyes, the Marines were the hardest of the bunch and we had some family members who were Marines. I enlisted when I was about 20.”

E

In the years following his 2004 discharge, he says that he experienced a lot of trouble sleeping, Post-Traumatic Stress Disorder (PTSD) and didn’t feel he had anyone to talk to about it, so he began self-medicating with alcohol.

“I kept in touch with fellow Marines for a while, but years went on and that eventually goes away,” he recalled. “I was trying to ignore things and always drank, but I drank even more. Then it got crazy out-of-hand.”

S

In 2007, he got his first DUI, but says he didn’t feel like he had a problem then. About six years later, Bacon got a second DUI, and was classified as “super drunk” (blood alcohol count of .17 or higher). He totaled his car.

Bacon explained what happen in the interim. “In between the two DUIs, I had continued drinking and went through a break-up with a longtime girlfriend as a result,” he admitted. “That added to my drinking even more, so it was like a snowball effect.”

S

Bacon reached out to a Buddy-to-Buddy program for vets, and learned about veterans treatment courts (VTC), but didn’t think there were any in his area. Then his lawyer, who is a retired Marine, recommended Bacon for the fledgling VTC program. He entered the program in March 2014.

“At first, I was kind of overwhelmed,” recalled Bacon. “This was a much bigger deal than I realized.



Veterans treatment court graduate David Bacon with his dog, Karma, whom he got about six months into the program. He says, “She is a blessing. I figured the name was fitting.”

S

“But after talking to the judges and everyone who worked there, I could definitely tell it was something they cared about a lot,” he added. “It wasn’t like being another number; it was individualized.”

Because the program was still being formed and different approaches were tried as he was going through it, he jokes, “I was kind of a guinea pig, but it was kind of cool being one of the first through it.”

U

Bacon completed the program in August 2015, and has been sober for almost two years. “I have about three different apps on my phone to remind me of this,” he remarked.

He says that although his family was disappointed about his drinking, he had their support while going through VTC.

C

“Gaining trust back with my family members was important to me. I had wanted to quit drinking before and they didn’t believe me,” Bacon admitted. “Because VTC emphasizes the importance of building support systems that showed them I was more serious about it.”

C

Bacon is focused on staying sober, and now enjoys working in carpentry after previously “bouncing around” for years between that, factory work, and bartending. He wants to eventually have his own family, and is even trying to rebuild a relationship with his former girlfriend.

E

He believes the biggest change in him since VTC is that he now has hope. “It builds you back up—not exactly like the military, but it gives you steps to take along the way,” he described. “There is also a certain type of camaraderie in the program, and that is something you miss the most when you leave the military. In VTC, everyone’s still looking out for each other.”

S

When he first graduated, Bacon distanced himself from the court to prove to himself that he could continue to keep going “without someone watching over me.” But now, he tries to get back periodically to check in with participants and let them know there is hope. He has also volunteered at the local VA Hospital, and stays connected with other VTC graduates to volunteer, do community service, attend VTC graduations, and give speeches—whatever is needed.

S

“Veterans treatment court has made me a much better person. And getting me out to the VA for everything I needed, like PTSD groups, I know for a fact that it saved my life.”

PSC Judicial Spotlight: Hon. William K. Baillargeon West Michigan Regional Veterans Treatment Court

“We have the opportunity to see people change their life circumstances in such a profound way that often we see the veterans become healthier in body, mind and spirit before our eyes. Those changes positively impact their relationships with family, friends and community.”

As the founding and presiding judge of the West Michigan Regional Veterans Treatment Court—not to mention the 48th Circuit Adult Drug Treatment Court—Judge Baillargeon’s drive to start a veterans treatment court came several years ago, after he attended a judicial conference.

“Judge David Jordan spoke on veteran court issues and he played a video, ‘Now, After,’ that riveted me,” he shared. “That experience helped me to see that these veterans may be dealing with issues that manifest themselves in a way that gets them involved in the criminal justice system.”

Judge Baillargeon’s main goal is to “do what we can to identify the underlying service-related issue and seek to address and care for the veteran suffering from that condition, much as we would want to make sure to address and care for any physical wound or injury incurred in service of our nation.”

He believes that the courts have a “moral duty to do our utmost” to assist the veteran participants on a path to treatment and care in consideration of the sacrifices they had made in service to country. Judge Baillargeon guides the court in facilitating the partnerships with agencies such as the VA, as well as the many other resources available throughout the community, to serve the

men and women who have worn the uniform.

“Working with the WMRVTC is enriching and rewarding in a way that is hard to describe,” he remarked. “We have the opportunity to see people change their life circumstances in such a profound way that often we see the veterans become healthier in body, mind and spirit before our eyes. Those changes positively impact their relationships with family, friends and community.”

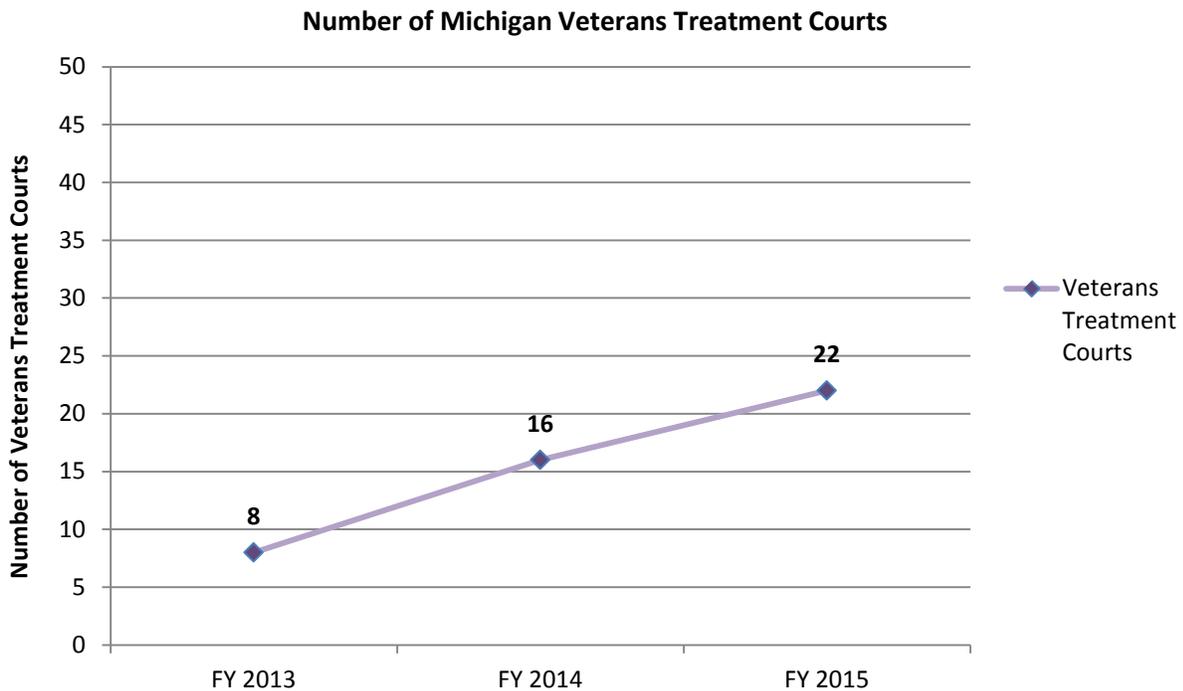
*West Michigan
Regional Veterans
Treatment Court
serves participants
from district and
circuit courts in
Allegan, Ottawa, and
Van Buren Counties.*

Overview of Veterans Treatment Courts

Michigan veterans treatment courts (VTC) follow the drug court model and require compliance with *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. 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 8 programs in FY 2013 to 22 programs in FY 2015.



courts.mi.gov/vetcourt

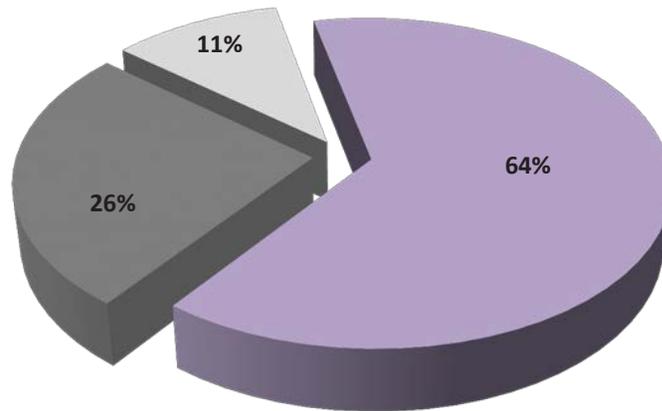
Performance Measures and Outcomes

October 1, 2013 – September 30, 2015

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 349 veterans discharged from a program during FYs 2014 and 2015. Of those, 222 participants (64 percent) had successfully completed a program. Also, the retention rate of participants active in a program for at least 12 months was 86 percent, which increases the likelihood of success.

Reasons for Discharge



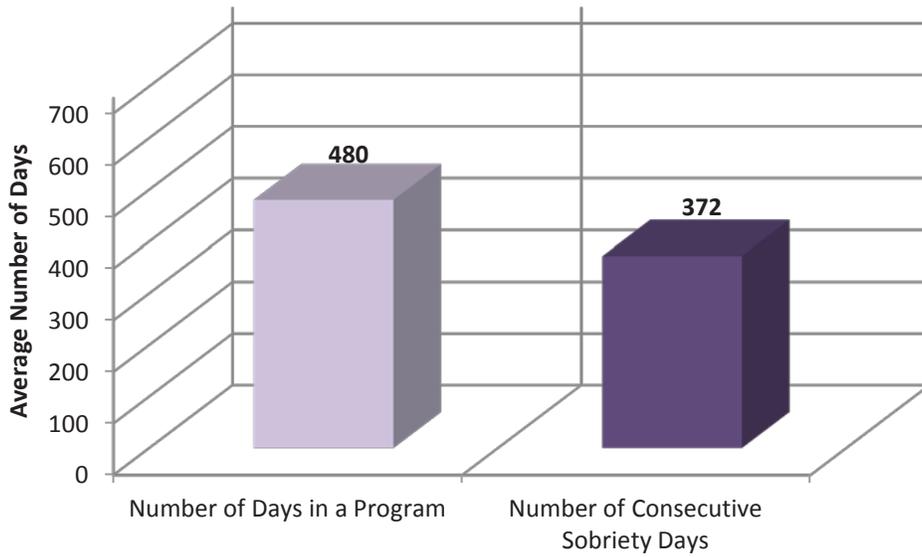
■ Successfully Completed ■ Unsuccessfully Discharged ■ Discharged for Other Reason*

*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 a program averaged 480 days, or 16 months, in a program. Seventy-three percent of veteran graduates had entered a program with an SUD as their primary diagnosis, while 27 percent entered with a mental disorder diagnosis. Those entering with an SUD had achieved more than 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.

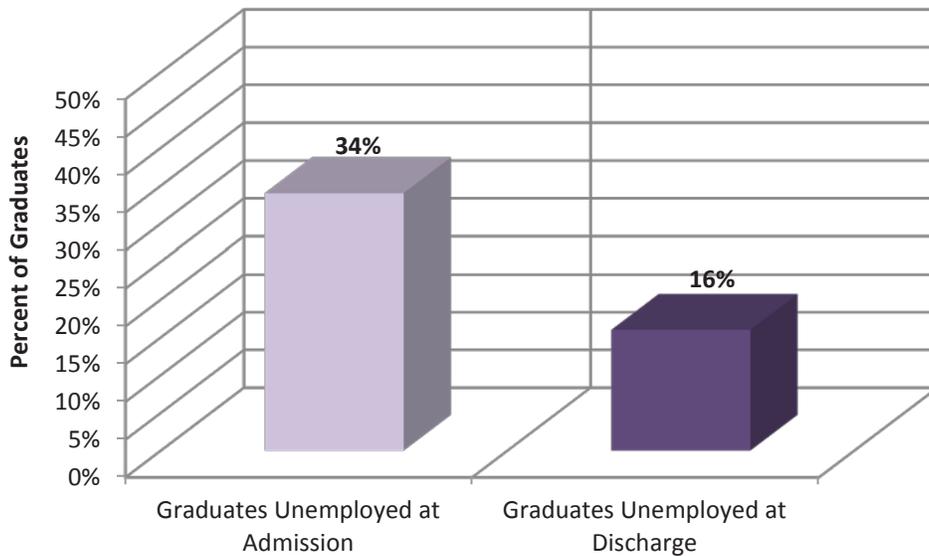
Average Number of Days in Program and Length of Sobriety



Employment

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-four percent of graduates were unemployed when they entered a VTC program, and that rate was reduced by more than half upon their graduation.

Unemployment at Admission and Discharge



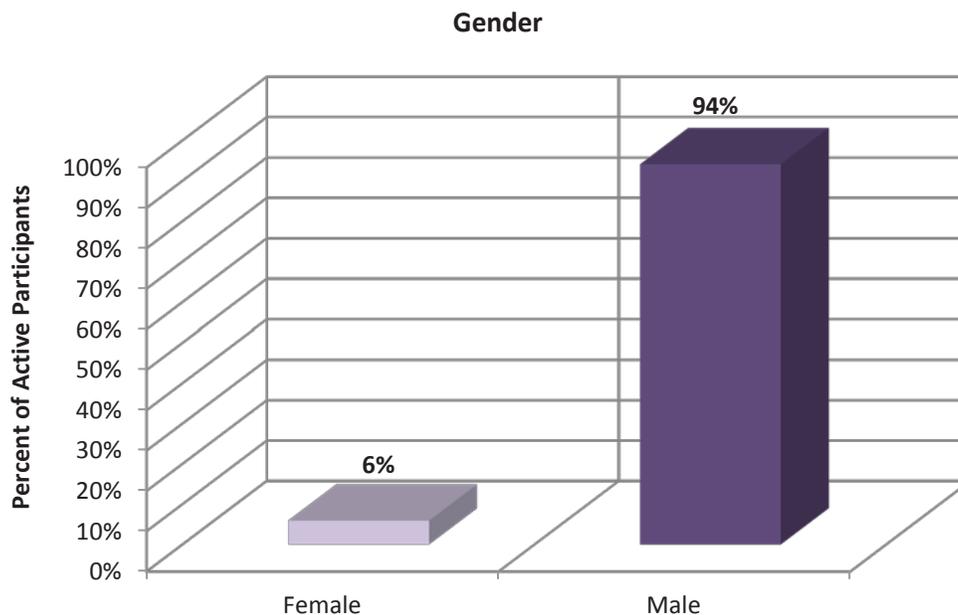
Caseload Statistics

October 1, 2013 – September 30, 2015

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 2014 and 2015 was 666 veterans, and their average age at the time of screening was 41 years.

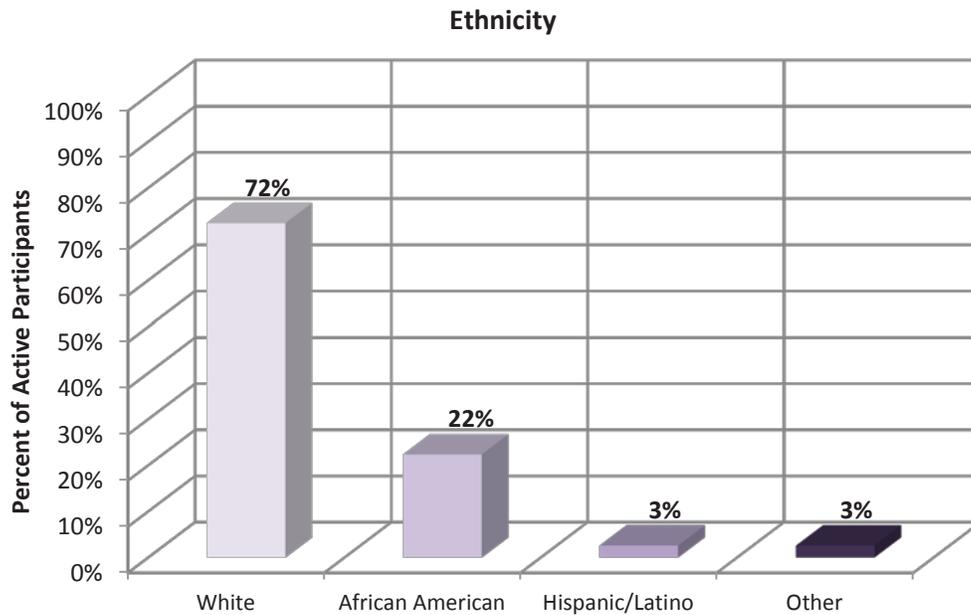
Gender

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



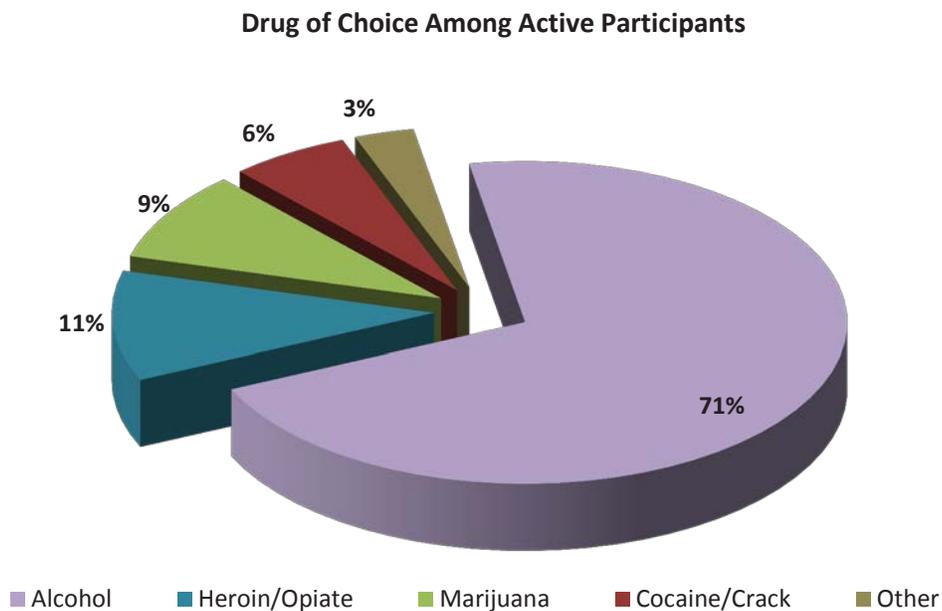
Ethnicity

The 2014 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 one 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.



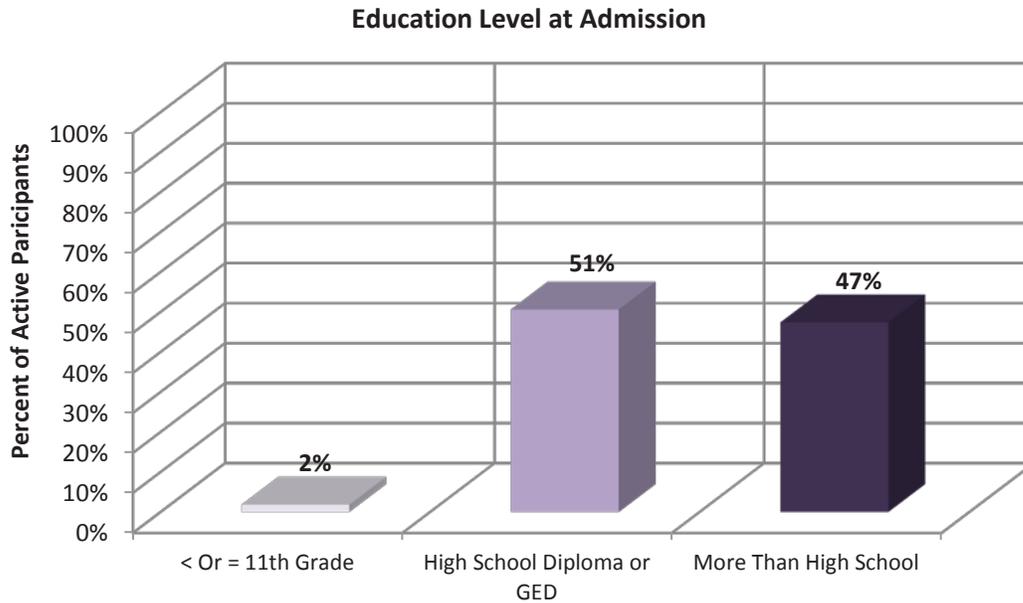
Drug of Choice

Participants that were active and had a primary diagnosis of an SUD comprised 75 percent of the population in VTCs. The most common drug of choice among these veterans was alcohol (71 percent), followed by heroin or opiates at 11 percent. Nine percent of veterans identified marijuana; six percent identified cocaine/crack, and three 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.



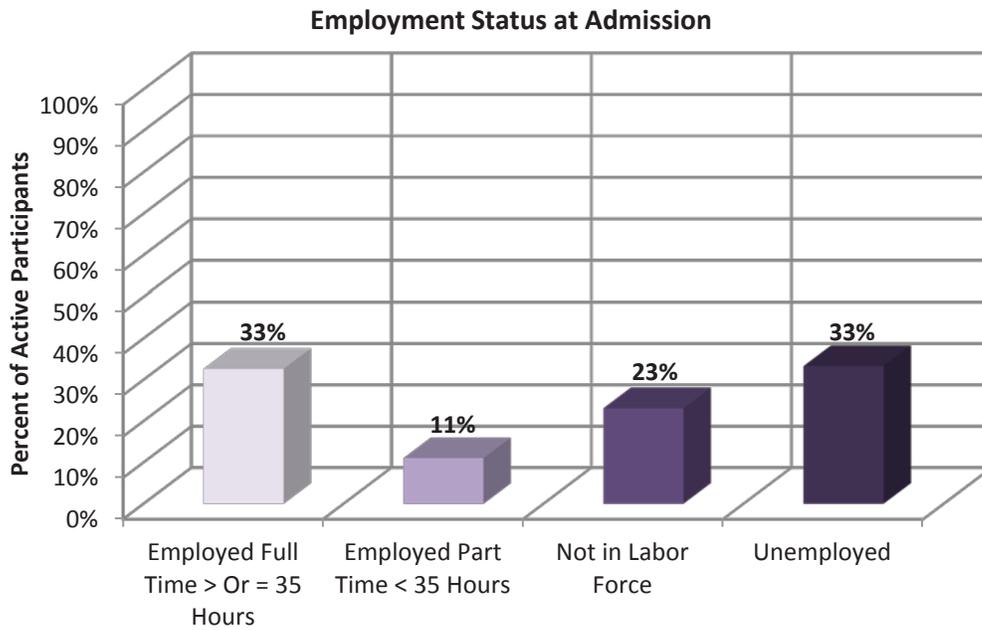
Education

Fifty-one percent of veterans had obtained their high school diploma or GED by the time of admission into a program, and 47 percent had attended higher education. Two percent reported that they had received an 11th grade education or less.



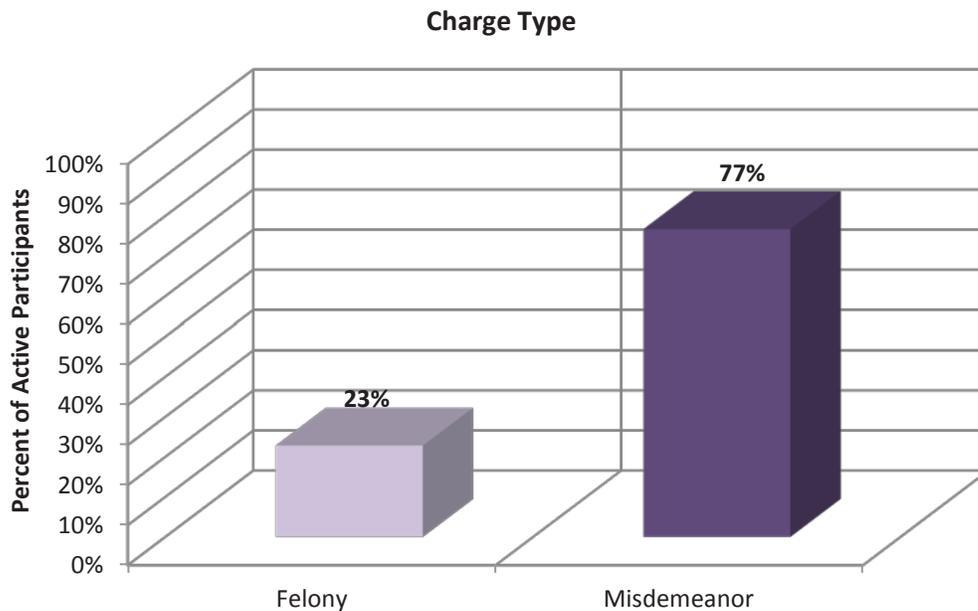
Employment

Thirty-three percent of veterans were employed full-time upon admission into a program and 33 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. Eleven percent were employed part-time.



Charge Type

Seventy-seven percent of veterans entered a program with a misdemeanor charge type, while 23 percent had a felony charge type. Veterans most often entered a program on a drunk driving offense.



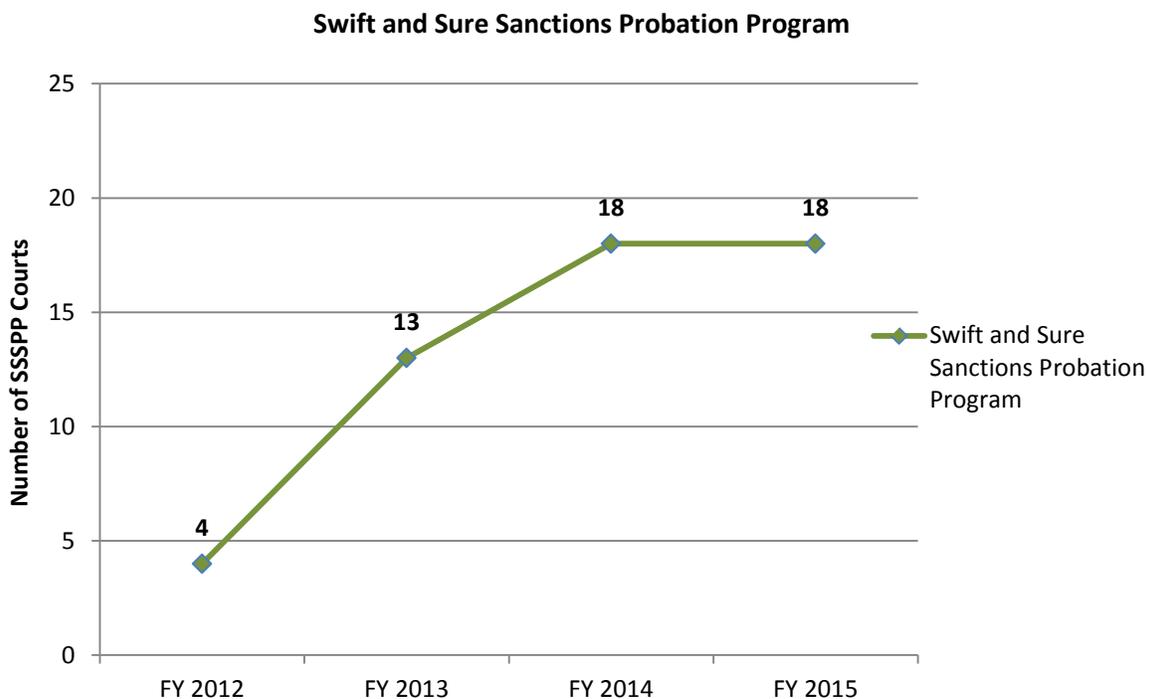
As veterans continue to return home from active duty, Michigan will continue to honor veterans that struggle with substance abuse and trauma that lead to criminal or destructive behavior by providing treatment, veteran mentors, and other support systems through treatment courts.

Overview of Swift and Sure Sanctions Probation Program

The Swift and Sure Sanctions Probation Program (SSSPP) is an intensive probation supervision program that targets 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, 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. Since then, the number of SSSPPs has grown to 18.



Performance Measures and Outcomes

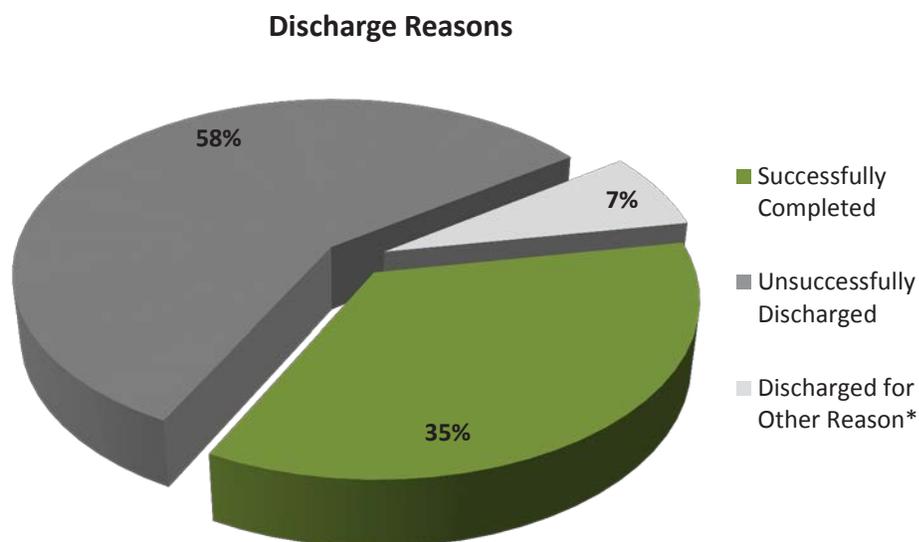
October 1, 2013 – September 30, 2015

SSSPPs follow the Hawaii Opportunity Probation with Enforcement program (HOPE) model in evaluating performance measures and outcomes. Goals of SSSPPs include:

- Reducing jail days
- Reducing recidivism
- Reducing the number of positive drug and alcohol tests
- Reducing the number of probation revocations
- Compliance with monitoring requirements

Collaborative efforts with the Michigan Department of Corrections are underway to use the Offender Management Network Information System to establish a comparison group that can be measured against SSSPP graduates toward recidivism.

There were 606 swift and sure probationers discharged from a program during FYs 2014 and 2015, and 213 participants (35 percent) had successfully completed a program. Of the 349 that were unsuccessfully discharged, 58 percent were due to non-compliance, 23 percent absconded, and 19 percent were discharged due to a new offense.



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

Analyses of the 213 participants that successfully completed a program showed:

- Graduates received an average of 126 drug/alcohol tests and, on average, 4 percent were positive.
- 51 percent of those that entered a program unemployed became gainfully employed either part- or full-time upon completion of a program.
- Graduates averaged 428 days in a program.
- Only one percent of graduates had a new arrest while in the program.

- 37 percent of graduates had a bench warrant issued against them for a program violation, and they averaged 31 days in jail due to bench warrants.

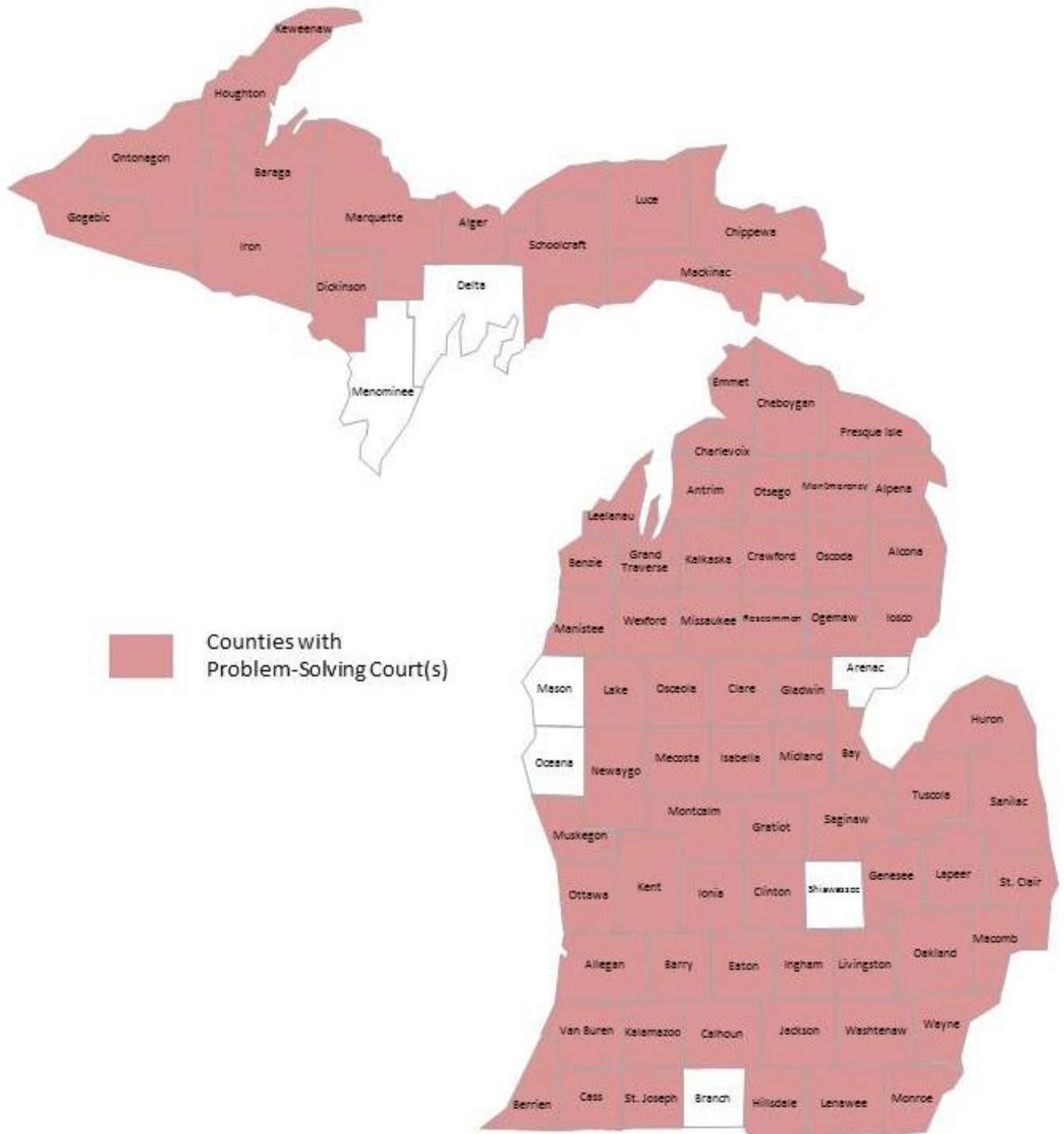
A cost-benefit analysis of Michigan SSSPPs, [Evaluation of Michigan's Swift & Sure Sanctions Probation Program](#), was conducted by researchers from the University of North Carolina-Wilmington and was completed in the winter of 2015. Results of the evaluation showed:

- Swift and Sure program participants were 36 percent less likely to re-offend as compared to the probation-as-usual group.
- Participants had a lower percentage of jail sentences (13.7 percent) than the probation-as-usual group (21.6 percent).
- 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.

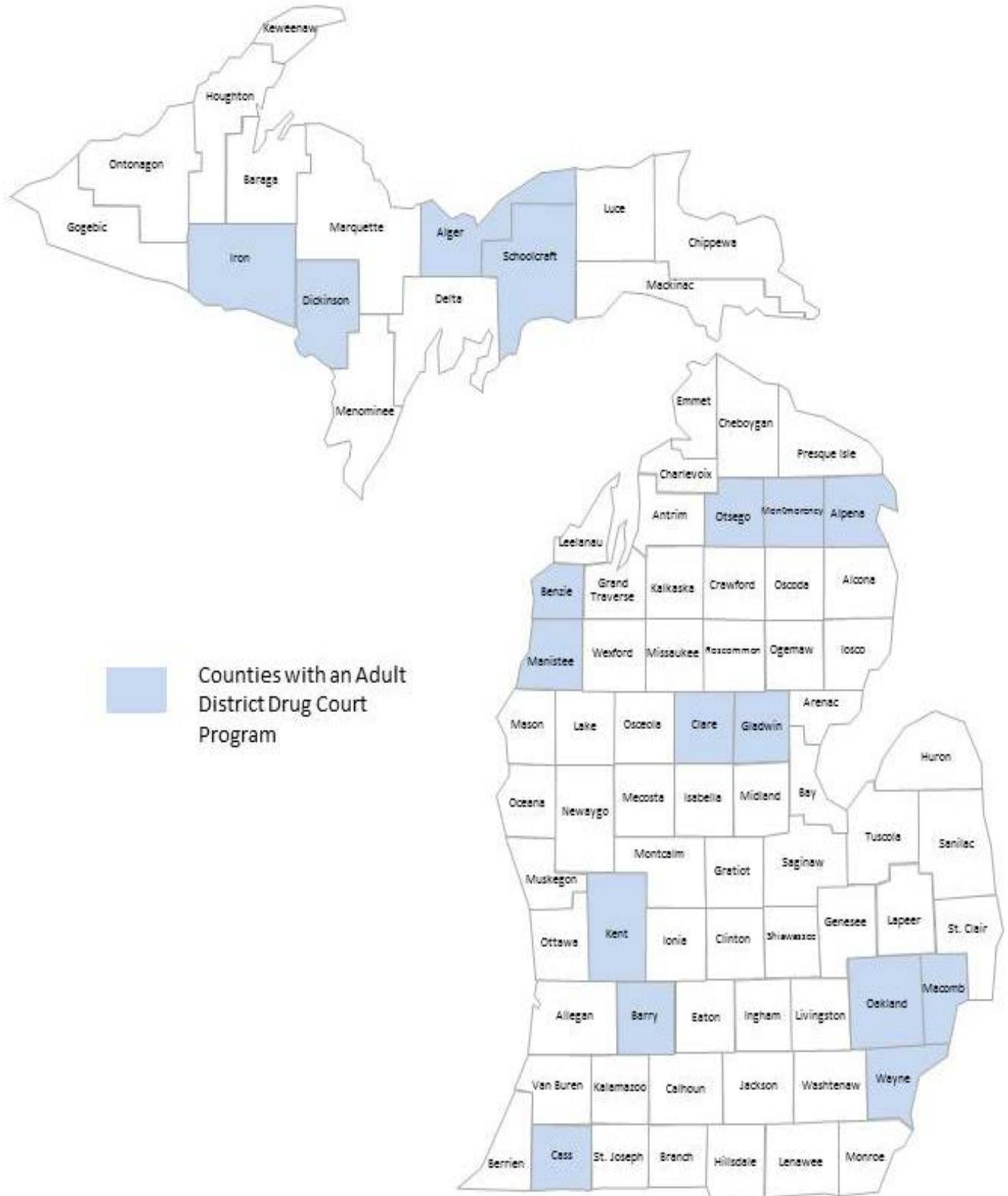
Maps of Michigan's Problem-Solving Courts

All Problem-Solving Courts

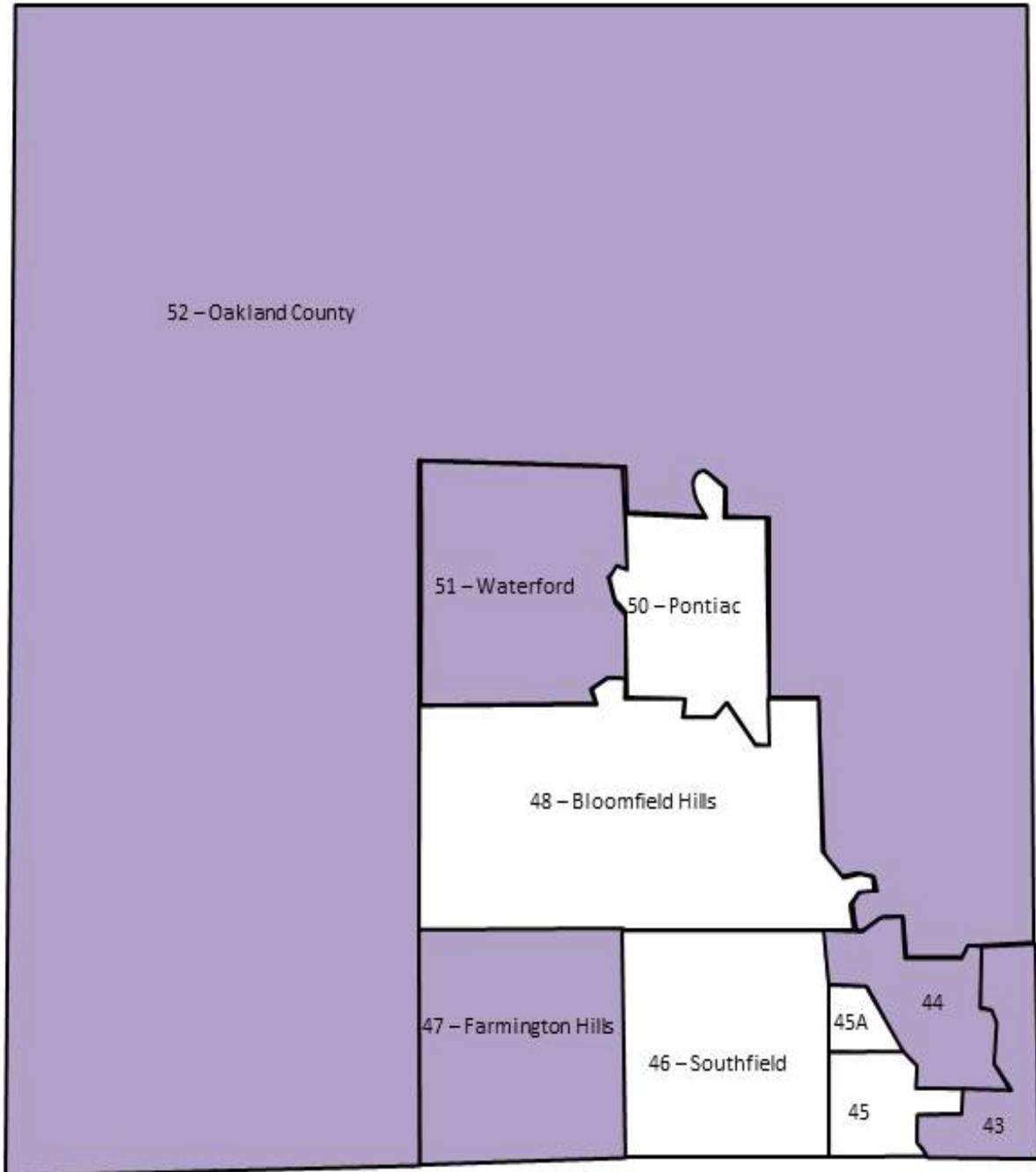
Fiscal Year 2015



Adult District Court Drug Courts



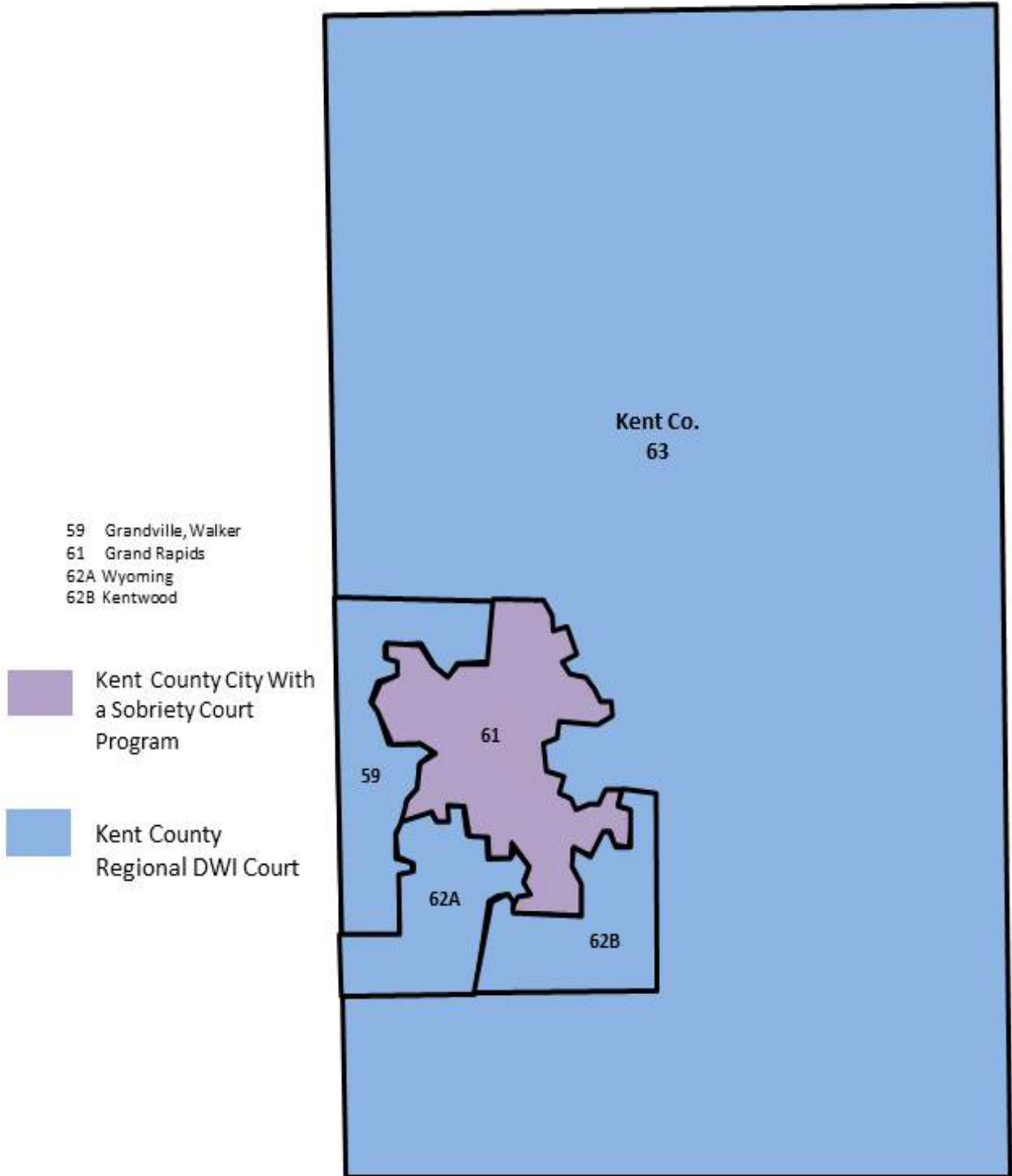
Oakland County Sobriety Courts



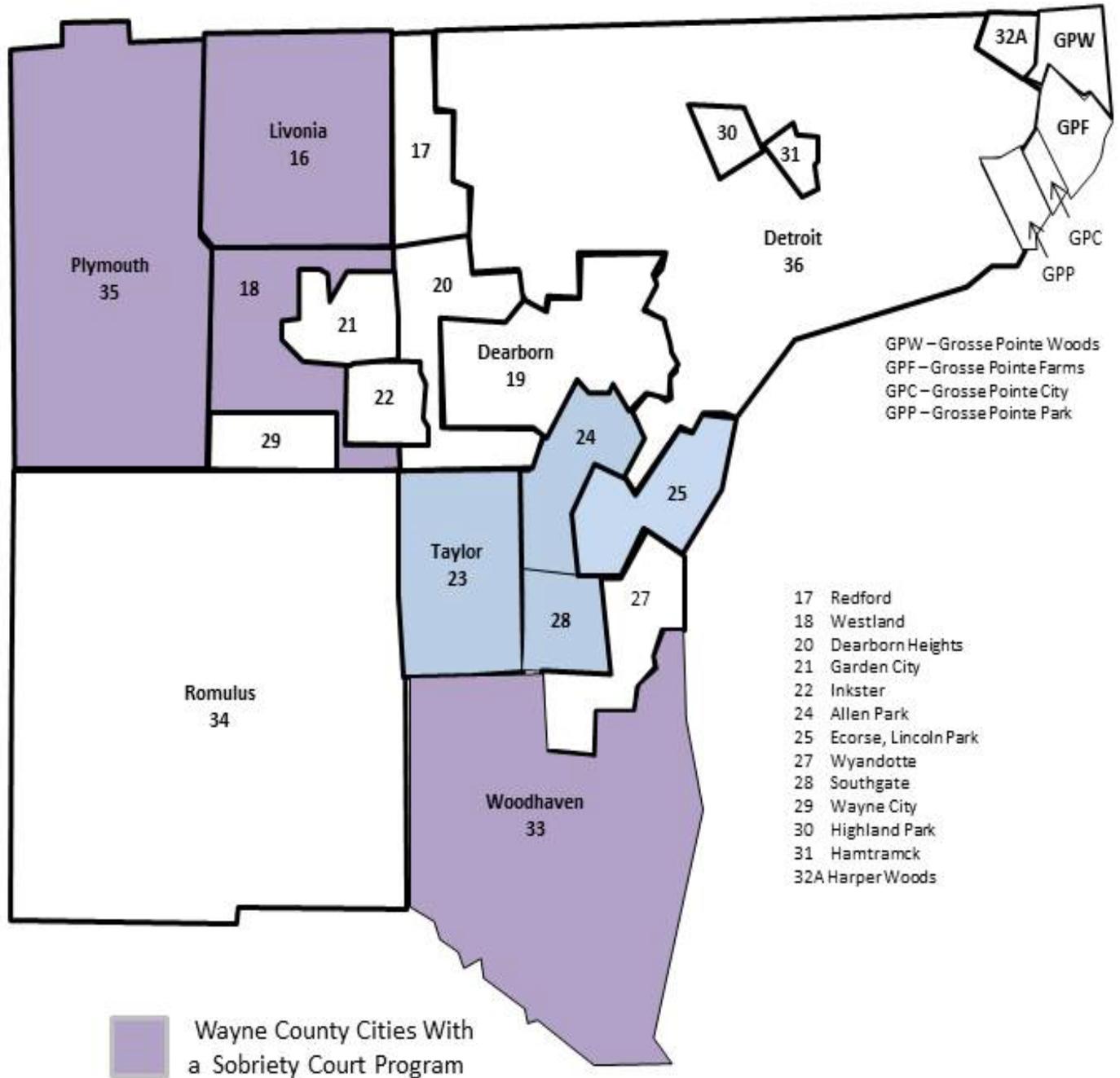
 Oakland County Cities With a Sobriety Court Program

43 - Ferndale, Hazel Park, Madison Heights
44 - Royal Oak
45A - Berkley
45 - Oak Park

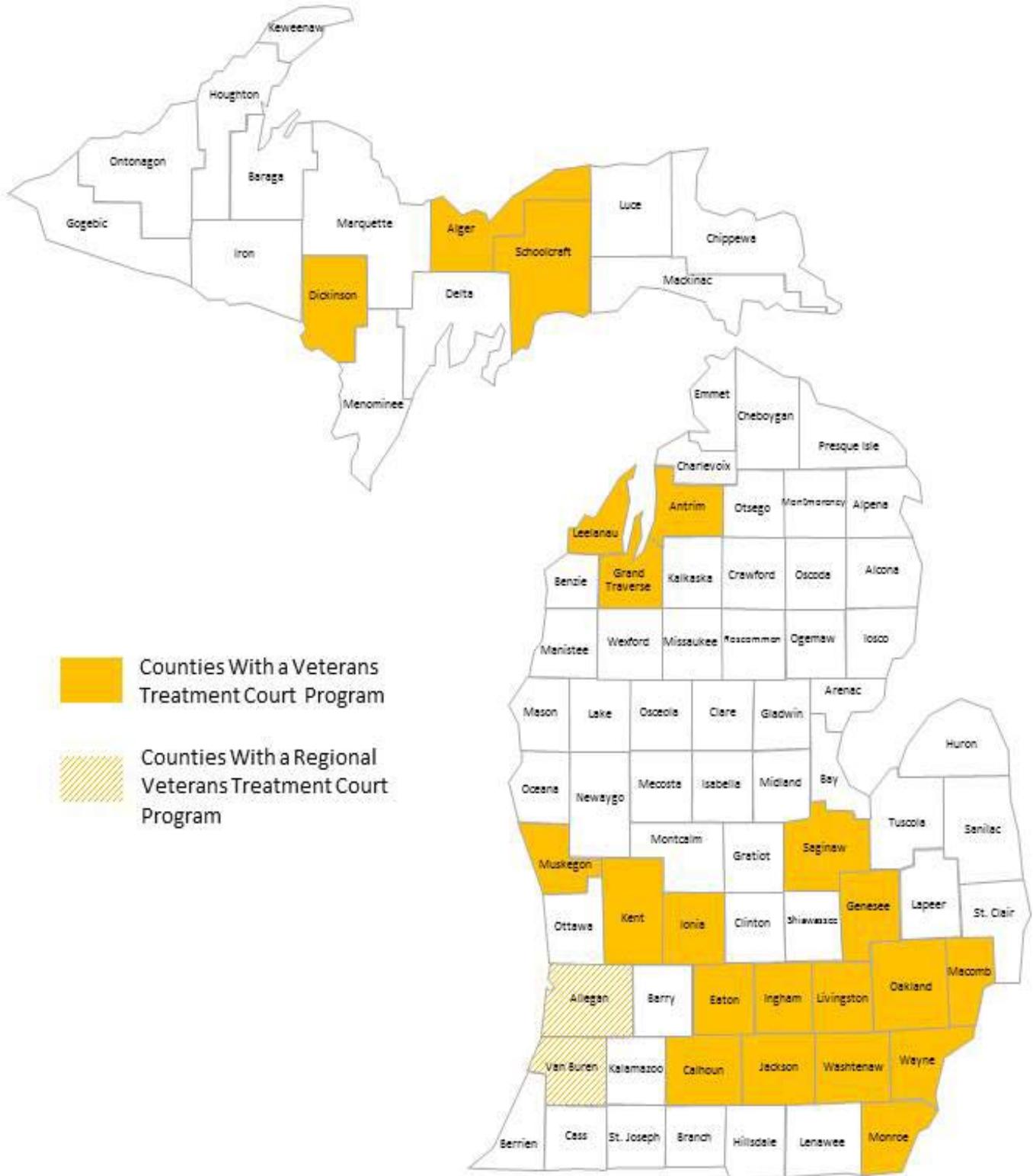
Kent County Sobriety Courts



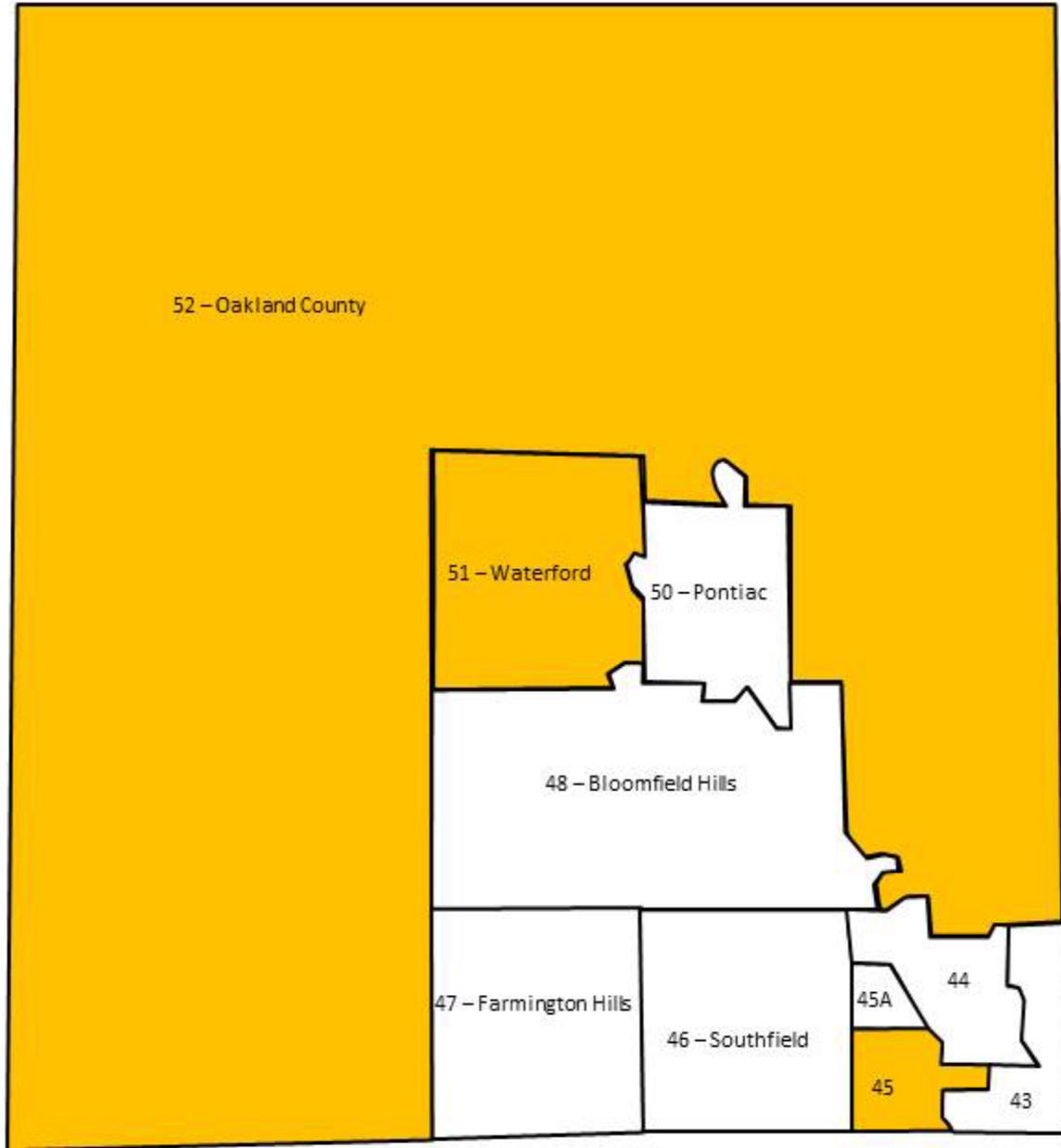
Wayne County Sobriety Courts



Veterans Treatment Courts



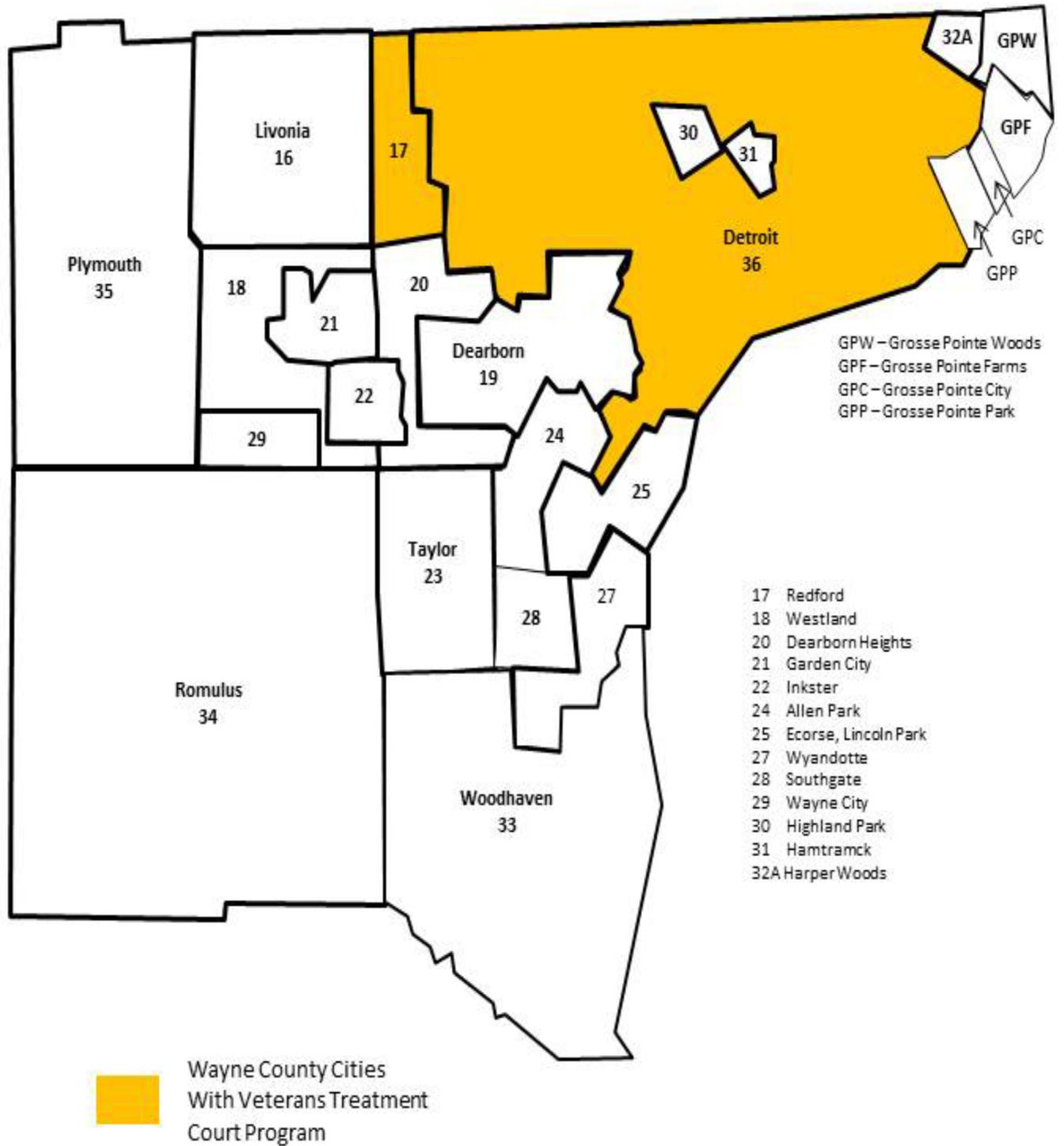
Oakland County Veterans Treatment Courts



 Oakland County Cities With a Veterans Treatment Court Program

43 - Ferndale, Hazel Park, Madison Heights
44 - Royal Oak
45A - Berkley
45 - Oak Park

Wayne County Veterans Treatment Courts



Mental Health Courts



SOLVING PROBLEMS, SAVING LIVES



“Something clicked and a little bit of hope in me told me I could do this.”
(SEE PAGE 6)

-Alan Rautio, Regional
DWI Court Graduate

“My P.O. showed up at the hospital, and he was real upset with me..that changed my perspective on him totally. I saw that he cared.” **(SEE PAGE 26)**

-Dylan Colbeck, Juvenile Drug
Court Graduate



SUCCESS STORIES

“There is also a certain type of camaraderie in the program, and that is something you miss the most when you leave the military. In VTC, everyone’s still looking out for each other.” **(SEE PAGE 50)**

-David Bacon, Veterans Treatment Court Graduate



“Judge Tomlinson wasn’t going to give up on me. He knew I had potential, and he showed me a completely different side of the court system. He showed me that courts can help. I really appreciate the program and the people involved in it.” **(SEE PAGE 35)**

-Ivy Calkins, Mental Health Court Graduate

ONLINE INFORMATION & SOCIAL MEDIA

ONE COURT OF JUSTICE WEBSITE
courts.mi.gov

STATE COURT ADMINISTRATIVE OFFICE
courts.mi.gov/scao

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DRIVING CHANGE
TO IMPROVE SERVICE TO THE PUBLIC

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