

Michigan Mental Health Courts

2010 Annual Report and Evaluation Summary



Project Years

October 1, 2008 – September 30, 2009

October 1, 2009 – September 30, 2010

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Executive Summary

Between October 1, 2008, and September 30, 2010, Michigan mental health courts screened and admitted 424 individuals and handled 440 active cases.

Many successful participants were able to improve their employment status or education prior to graduation. Twenty-four percent of the felony participants were able to improve their employment status and an additional 17 percent of misdemeanor participants improved their employment status while participating in mental health court programs. Misdemeanor participants were most likely to improve their education level while in mental health court programs, with 19 percent showing improvement.

Successful mental health court participants had significant improvements in mental health and quality of life during the program. All felony offenders and individuals with civil petitions who successfully completed mental health court programs graduated with improved mental health and improved quality of life. Ninety-eight percent of misdemeanor mental health court participants improved their mental health while in mental health court programs and 97 percent also improved their quality of life while in mental health court programs. Ninety-two percent of participants with city ordinance violations improved their mental health and quality of life prior to graduating from mental health court programs.

Successful participants who had a co-occurring substance use disorder when admitted to mental health court documented more than 200 days of sobriety upon graduation. Successful felony participants averaged 275 consecutive days of sobriety at graduation. Successful misdemeanor participants averaged 231 consecutive days of sobriety at graduation.

Upon graduation, almost every participant was compliant with taking the medications prescribed to treat their mental illnesses. Compliance was highest for successful felony offenders and successful participants with civil petitions, each at 100 percent compliance. City ordinance violators and misdemeanor participants had high compliance rates as well, 92 and 87 percent, respectively.

This report summarizes mental health court activity for the two fiscal years between October 1, 2008, and September 30, 2010. Grant information and full evaluation reports are available on-line at <http://courts.michigan.gov/scao/services/tcs/spec.htm>. To request information by phone, contact the State Court Administrative Office Specialty Courts Program at 517-373-2219.

Overview of Mental Health Courts in Michigan

Mental health courts target individuals who have committed criminal or civil offenses but have underlying Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Axis I severe and persistent mental illnesses that may have contributed to their behavior. As an alternative to incarceration, mental health court programs utilize close judicial supervision; mental health treatment through local Community Mental Health Services Programs; drug and alcohol testing when appropriate; and linkages to educational programs, employment programs, and community resources to assist the program participants in their rehabilitation and stabilization.

In fiscal year 2009, the State Court Administrative Office (SCAO) and the Michigan Department of Community Health (MDCH) received \$1,750,000 in funding through the Michigan Legislature to plan and implement a joint mental health court pilot program. SCAO received \$550,000 earmarked for mental health court personnel and operating expenses. MDCH received \$1,200,000 dedicated for treatment expenses. Nine courts applied for funding offered through the Michigan Mental Health Court Grant Program (MMHCGP) that SCAO and MDCH developed to distribute these funds. All nine courts were funded in fiscal year 2009 with state funds. In fiscal year 2010, eight of the nine programs continued operations and became funded by federal American Recovery and Reinvestment Act (ARRA) dollars received by SCAO and MDCH. ARRA funding for the mental health court programs will end at the conclusion of fiscal year 2012.

In order to track the progress of the mental health court programs and participants, SCAO implemented a case management system that all ARRA funded courts must utilize. The data in this report reflect the ARRA funded mental health courts in Michigan. However, there are four other mental health courts in Michigan that are funded through other means. Data from those programs are not included in this report. Table 1 summarizes the mental health courts in Michigan as of December, 2010.

Table 1
Mental Health Courts by Funding and Location
As of December 2010

County	Court	ARRA Funded
Allegan	57 th District Court	No
Berrien	Berrien County Trial Court	Yes
Genesee	Genesee County Probate Court	Yes
Grand Traverse	86 th District Court	Yes
Ionia/Montcalm	8 th Circuit Court	No
Jackson	12 th District Court	Yes
Kalamazoo	8 th District Court	No
Livingston	53 rd District Court	Yes
Muskegon	60 th District Court	No
Oakland	6 th Circuit Court	Yes
Otsego	87 th District Court	Yes-Disbanded in 2009
St. Clair	72 nd District Court	Yes
Wayne	3 rd Circuit Court	Yes

Caseload Statistics

Between October 1, 2008, and September 30, 2010, Michigan mental health courts screened and admitted 424 individuals and handled a total of 440 cases. Of the new admissions, 193 participants (46 percent) were misdemeanor offenders, 183 (43 percent) were felony offenders, 42 were city ordinance violators (10 percent), and 6 individuals with civil petitions (1 percent) accounted for the remaining participants. Genesee County's mental health court program was already operational and had a few participants when funding became available through MMHCGP. Therefore, some cases were active prior to the initiation of the MMHCGP pilot project and result in the larger number of active cases than new admissions in the same date range.

Table 2
New Admissions and Active Cases

Type of Charge	New Admissions		Active Cases	
	#	%	#	%
Civil/Petition	6	1	6	1
Felony	183	43	186	42
Misdemeanor	193	46	203	46
City Ordinance	42	10	45	10
Total	424	100	440	100

This table includes new admissions and active cases during fiscal years 2009 and 2010 from nine courts.

Overall, males were more likely than females to be admitted to a mental health court. Misdemeanor participants were nearly equally likely to be male or female. However, almost two-thirds of the felony participants were male. Individuals with civil petitions or city ordinance violations were unevenly split between the genders. Two-thirds of participants with civil petitions were females and 80 percent of city ordinance violators were males.

Table 3
Gender

Type of Charge	Females		Males		Total
	#	%	#	%	
Civil/Petition	4	67	2	33	6
Felony	67	36	119	64	186
Misdemeanor	88	43	115	57	203
City Ordinance	9	20	36	80	45
Total	168	38	272	62	440

This table includes active cases during fiscal years 2009 and 2010 from nine courts.

The 2009 Michigan census¹ identified 81.2 percent of Michigan residents as White, including Hispanics. Sixty-six percent of the 440 active mental health court participant cases were White, including Hispanics. Hence, it appears that non-White participants have more

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

representation in mental health courts than in the general population. Felony and misdemeanor offenders were the largest proportion of White participants in the mental health court programs. Individuals with civil petitions or city ordinance violations were predominately non-White.

**Table 4
Ethnicity**

Type of Charge	White		African American		Hispanic		Other	
	#	%	#	%	#	%	#	%
Civil/Petition	1	17	5	83	0	0	0	0
Felony	112	60	66	36	2	1	6	3
Misdemeanor	156	77	39	19	2	1	6	3
City Ordinance	15	33	28	62	0	0	2	5
Total	284	65	138	31	4	1	14	3

This table includes active cases during fiscal years 2009 and 2010 from nine courts. Asian/Pacific Islander, Multi-racial, Native American, and individuals not identifying with any of the above categories are included in Other.

Adult participants averaged 35 years of age at screening. Only individuals admitted to mental health court because of a city ordinance violation were older than the state average, with city ordinance participants averaging 37 years old. Juvenile participants only entered mental health court programs with felony or misdemeanor charges. The average age of juvenile participants facing either type of charge was 15 years old.

**Table 5
Average Age at Screening**

Type of Charge	Adults	Juveniles
Civil/Petition	35	----
Felony	35	15
Misdemeanor	35	15
City Ordinance	37	----
Average Age	35	15

This table includes active cases during fiscal years 2009 and 2010 from nine courts.

Every mental health court participant must be diagnosed with a DSM-IV Axis I severe and persistent mental illness to be eligible for a mental health court program. In fiscal years 2009 and 2010, mental health court participants were diagnosed with 1 of 48 different DSM-IV mental health disorders. However, three categories of mental illness were most common. Overall, it was most common to find mental health court participants diagnosed with a type of bipolar disorder, accounting for 43 percent of the participants. A type of depression (20 percent) and a type of schizophrenia (18 percent) were also very common diagnoses. The remainder of participants (20 percent) were diagnosed with a variety of mental illnesses ranging from psychotic disorder to obsessive compulsive disorder.

**Table 6
Diagnosis**

Type of Charge	Any Type of Schizophrenia		Any Type of Bipolar Disorder		Any Type of Depressive Disorder		Other	
	#	%	#	%	#	%	#	%
Civil/Petition	1	17	4	67	1	17	0	0
Felony	24	13	99	53	35	19	28	15
Misdemeanor	39	19	69	34	47	23	49	24
City Ordinance	16	36	16	36	3	7	10	22
Total	80	18	188	43	86	20	87	20

This table includes active cases during fiscal years 2009 and 2010 from nine courts.

In addition to a DSM-IV Axis I severe and persistent mental illness, 245 mental health court participants (56 percent of all active cases) were also diagnosed with a co-occurring substance use disorder when admitted into mental health court. Felony participants were more likely to deal with co-occurring substance use disorders than participants charged with other types of offenses. Those with civil petitions or city ordinance violations were less likely to be dually diagnosed.

**Table 7
Co-occurring Substance Use Disorder**

Type of Charge	Yes		No	
	#	%	#	%
Civil/Petition	2	33	4	37
Felony	129	69	57	31
Misdemeanor	104	51	99	49
City Ordinance	10	22	35	78
Total	245	56	195	44

This table includes active cases during fiscal years 2009 and 2010 from nine courts.

The types of drugs used most often by mental health court participants who have a substance use disorder in addition to their DSM-IV Axis I mental illness are listed in Table 8. Alcohol (28 percent), cocaine or crack cocaine (22 percent), marijuana (22 percent), and heroin (13 percent) were common drugs of choice for participants in mental health court. Compared to participants with lesser charges, felony participants chose drugs other than alcohol at a much higher rate. In fact, only 10 percent of felony participants used alcohol. In contrast, nearly 50 percent of misdemeanor offenders chose alcohol as their drug of choice.

**Table 8
Drug of Choice**

Type of Charge	Alcohol		Cocaine/Crack		Marijuana		Heroin	
	#	%	#	%	#	%	#	%
Civil/Petition	1	50	0	0	0	0	1	50
Felony	13	10	41	32	25	19	30	23
Misdemeanor	51	50	8	8	26	26	2	2
City Ordinance	3	30	6	60	1	10	0	0
Total	68	28	55	22	53	22	33	13

Type of Charge	Multiple Drugs		Opiate		Methamphetamine Amphetamine		Other	
	#	%	#	%	#	%	#	%
Civil/Petition	0	0	0	0	0	0	0	0
Felony	3	2	14	11	1	1	3	2
Misdemeanor	5	5	4	4	1	1	5	5
City Ordinance	0	0	0	0	0	0	0	0
Total	8	3	18	7	2	1	8	4

This table includes active cases during fiscal years 2009 and 2010 from nine courts. Barbiturates, benzodiazepines, club drugs, hallucinogens, inhalants, sedatives, and hypnotics are included as other drugs.

Tables 9 and 10 document the education level and employment status of adult participants when admitted to mental health court programs. Juvenile participants are not presented in the tables because only one juvenile had graduated from high school with the remainder still in high school at the time of admission. Additionally, all juveniles were unemployed or not in the labor force at the time of admission.

Overall, more than half of the adult participants had a high school diploma, GED, or had more than a high school education. Participants with city ordinance violations were the least educated while misdemeanor participants were the most educated.

**Table 9
Adults' Education at Admission**

Type of Charge	Less than 12 th Grade		High School Diploma or GED		More than High School	
	#	%	#	%	#	%
Civil/Petition	2	33	3	50	1	17
Felony	76	43	67	38	33	19
Misdemeanor	67	40	56	34	45	26
City Ordinance	31	74	8	19	3	7
Total	176	45	134	36	82	19

This table includes active cases during fiscal years 2009 and 2010 from nine courts.

Most participants in mental health court programs were unemployed when they were admitted to the programs. Participants with civil petitions were the most likely to have part-time employment. Overall, 2 percent of mental health court participants were employed full-time

when admitted to the programs. Misdemeanor participants were most likely to claim that they were not in the labor force (defined as being a full-time student, homemaker, retired, or disabled) and felony participants were the most likely to be unemployed.

Table 10
Adults' Employment Status at Admission

Type of Charge	Unemployed		Employed Part-Time		Employed Full-Time		Not in Labor Force	
	#	%	#	%	#	%	#	%
Civil/Petition	3	50	1	17	0	0	2	33
Felony	153	87	6	3	5	3	12	7
Misdemeanor	90	54	13	8	3	2	62	36
City Ordinance	29	69	0	0	0	0	13	31
Total	275	70	20	5	8	2	89	23

This table includes active cases during fiscal years 2009 and 2010 from nine courts.

Performance Outcomes

Several factors can be used to evaluate the success of mental health courts, including completion of the program, improvement in employment or education, improvement in mental health, improvement in quality of life, medication compliance, and sobriety days.

Completion

Thirty-eight percent of the 227 individuals discharged from Michigan mental health courts successfully completed a mental health court program in fiscal years 2009 and 2010. Fifty-one percent of misdemeanor participants completed a program. Individuals with civil petitions and city ordinance violations completed programs at nearly identical rates of 33 and 35 percent, respectively. Felony offenders were least likely to complete a mental health court program, with successful completion rates of 25 percent. However, it is important to note that felony offenders were also most likely to have a co-occurring substance use disorder, were most likely to use drugs other than alcohol, and were most likely to be unemployed. Hence, felony offenders may have had more challenges to overcome than the average participant.

Table 11
Completion

Type of Charge	Successfully Completed	
	#	%
Civil/Petition	1	33
Felony	21	25
Misdemeanor	53	51
City Ordinance	12	35
Total	87	38

This table includes participants discharged during fiscal years 2009 and 2010 from nine courts.

Improvement in Employment and Education

Despite poor employment rates in Michigan, many successful participants were able to improve their employment status by the time they graduated from mental health courts. Nearly one quarter of the felony participants were able to improve their employment status and an additional 17 percent of misdemeanor participants improved their employment status while participating in mental health court programs. Misdemeanor participants were most likely to improve their education level while in mental health court programs, with 19 percent showing improvement. Felony participants (14 percent) and city ordinance violators (8 percent) also improved their education while in mental health court programs.

Table 12
Successful Participants' Improvement in Employment and Education

Type of Charge	Employment Successful Discharges		Education Successful Discharges	
	#	%	#	%
Civil/Petition	1	0	1	0
Felony	21	24	21	14
Misdemeanor	53	17	53	19
City Ordinance	12	0	12	8
Total	87	16	87	16

This table includes participants discharged during fiscal years 2009 and 2010 from nine courts.

Improvement in Mental Health and Quality of Life

All felony offenders and individuals with civil petitions who successfully completed mental health court programs graduated with improved mental health and improved quality of life as measured by assessment tools administered by the participants' treatment providers. Ninety-eight percent of misdemeanor mental health court participants improved their mental health while in programs and 97 percent also improved their quality of life while in mental health court programs. Ninety-two percent of participants with city ordinance violations improved their mental health and quality of life prior to graduating from mental health court programs.

Table 13
Successful Participants' Improvement in Mental Health and Quality of Life

Type of Charge	Mental Health Successful Discharges		Quality of Life Successful Discharges	
	#	%	#	%
Civil/Petition	1	100	1	100
Felony	21	100	21	100
Misdemeanor	53	98	53	96
City Ordinance	12	92	12	92
Total	87	98	87	97

This table includes participants discharged during fiscal years 2009 and 2010 from nine courts.

Consecutive Sobriety Days

Fifty-six percent of mental health court participants had a co-occurring substance use disorder when admitted to a mental health court. One of the goals of mental health court is to ensure that all diagnosed disorders are addressed. Hence, mental health court participants with

co-occurring substance use disorders received drug and alcohol tests to monitor their sobriety. Successful felony participants averaged 275 consecutive days of sobriety at graduation. Successful misdemeanor participants averaged 231 consecutive days of sobriety at graduation. None of the dually diagnosed participants with civil petitions or city ordinance violations successfully completed mental health court programs.

Medication Compliance

Mental health court participants' medication compliance is monitored by program staff through a variety of methods including pill counting, pharmacy pick ups, medication injections, and urine testing. Overall, 91 percent of successful participants were compliant with their medications upon graduation. Compliance was highest for successful felony offenders and successful participants with civil petitions, each at 100 percent compliance. City ordinance violators and misdemeanor participants had high compliance rates as well, 92 and 87 percent, respectively.

Table 14
Successful Participants' Medication Compliance

Type of Charge	Compliant		Marginally Compliant		Noncompliant	
	#	%	#	%	#	%
Civil/Petition	1	100	0	0	0	0
Felony	21	100	0	0	0	0
Misdemeanor	46	87	6	11	1	2
City Ordinance	11	92	1	8	0	0
Total	79	91	7	8	1	1

This table includes participants discharged during fiscal years 2009 and 2010 from nine courts.