





### Supporters of Medication Assisted Treatment Include:

- National Association of State Alcohol and Drug Abuse Directors
- World Health Organization
- National Institute of Drug Abuse
- National Association of Drug Court Professionals
- Bureau of Justice Assistance

## MEDICATION ASSISTED TREATMENT USE INCLUDES TRAINING AND EVALUATION

If the Legislature appropriates funding, beginning in fiscal year 2017, newly enrolled drug court participants with opiate addiction would have the opportunity to have a physician’s assessment and, if appropriate, medication assisted treatment (MAT) paid for with state general fund grant dollars if the participants are unable to afford the treatment and insurance does not cover it. (See below for costs of methadone, buprenorphine, and naltrexone.) **While \$475,000 of the one-time funding would go directly to the drug court programs, SCAO would reserve \$25,000 for training for all judges and drug court teams**

that begin using MAT with this funding source. The training would cover a variety of topics including, but not limited to, how to identify and partner with a physician who prescribes MAT; how to integrate a medical doctor into a drug court team; insurance coverage for MAT through Medicaid, Healthy Michigan, and other sources; and the judicial role with regard to MAT. The reserved SCAO funds would also pay for programming of the state’s Drug Court Case Management Information System to allow for **evaluation of MAT**. Data collection from individuals receiving MAT through this funding source

will commence on October 1, 2016, and end on September 30, 2017. After September 30, 2017, individuals who received MAT will continue to be **tracked for eight more fiscal years and will be compared to individuals in those same programs who also had opioid addiction but who participated in the year prior to MAT implementation**. Performance measures include program completion, number of positive drug tests, number of consecutive sobriety days in program, reconviction two years post-program, and reconviction four years post-program.

## MEDICATION ASSISTED TREATMENT PRODUCES SUPERIOR RESULTS

Medication assisted treatment is not a stand-alone treatment. Instead, individuals take MAT in conjunction with substance use disorder counseling. **MAT reduces withdrawals and cravings** so that patients can focus on and engage in treatment. From a mental health perspec-

tive, **MAT has been shown to improve retention in counseling**. MAT is attractive to the criminal justice field because it **reduces illicit substance use, re-arrest rates, technical probation violations, and reincarceration**. In two Michigan drug courts and one in Missouri, MAT partici-

pants had **57% fewer missed drug court sessions and a 35% reduction in the monthly ratio of positive drug and alcohol tests to total tests**. MAT participants were also **three times less likely to be rearrested** than those with standard care.

## TYPES OF MEDICATION ASSISTED TREATMENT

Methadone is an oral medication for opioid treatment that is taken daily. The medication binds to and activates the opioid receptors in the brain. The cost is **\$360-\$400 per month** and methadone is typically **only available in urban areas** through opioid treatment program dispensaries. Buprenorphine is also an oral medication, but it **can be dispensed at medical offices by**

**approved doctors**. Buprenorphine is taken daily with a cost of approximately **\$360 per month**. It works by blocking opioid receptors in the brain, thereby blocking euphoric feelings, but it is typically less effective than high doses of methadone. Naltrexone can be taken orally or by **injection and any doctor can prescribe it**. Injections are not controlled substances and

cannot be abused or diverted to others. However, injections cost approximately **\$1,000 per injection per month** and recipients must have **fully detoxed for 7-10 days before injection**. Naltrexone works by blocking receptors in the brain.





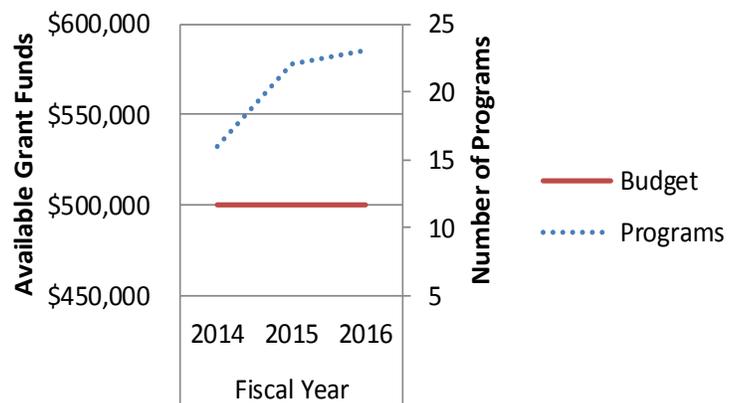
## VETERANS TREATMENT COURTS: SERVING THOSE WHO SERVED OUR COUNTRY

A growing number of veterans are returning to the United States from foreign conflicts and are in need of mental health services. Veterans treatment courts serve military veterans with mental illness, traumatic brain injuries, or substance use disorders who have become entangled in the legal system. Drawing on principles of drug courts and mental health courts, veterans treatment courts involve close supervision, frequent drug and alcohol testing, treatment through the Veterans Administration, and judicial status review hearings. Each veteran is additionally linked to a mentor who is also a veteran and acts as a support, helping navigate veterans' benefits and the process of reacclimating to civilian life. Veterans treatment courts ensure that those who served their country are linked to educational resources, job training, housing, and other community services. Fortunately, Michigan has more veterans treatment courts than any other state but there is growing demand. The recommendation of \$500,000 in one-time funding would assist the existing veterans treatment courts to **accept more participants** from their jurisdic-

tions. In addition, the funds would be used to establish additional regional veterans treatment courts that **allow veterans to participate in a program that is outside the jurisdiction of the court in which the veteran was charged**. Lastly, increased funding would allow for **new programs** to begin operations.

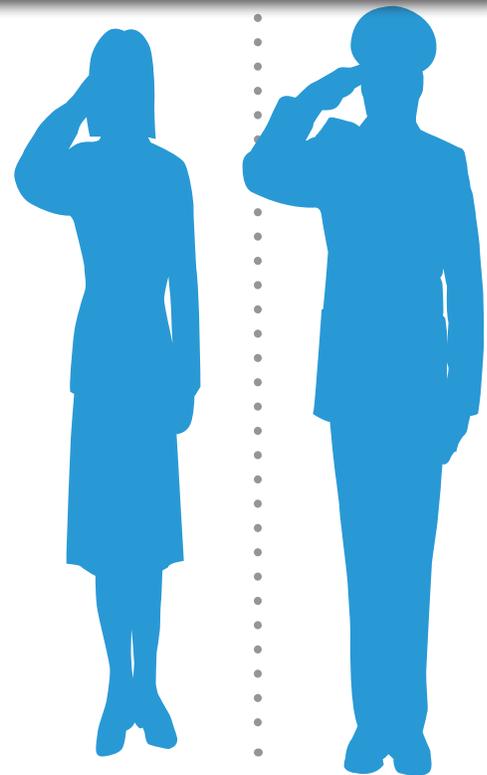
“Michigan has more veterans treatment courts than any other state”

### Veterans Treatment Courts



## VETERAN MENTORS: THE DISTINGUISHING DIFFERENCE OF A DISTINGUISHED PROGRAM

Veterans treatment courts are similar in structure to drug courts and mental health courts but they have a special component, one grounded in statute and proven in practice: Veteran mentors. Veteran mentors are **volunteers** who have served their country and now want to continue serving other veterans. Ideally, a veteran mentor is matched to participants in a veterans treatment court by war or conflict, rank, and branch of service. However, **branch of service has been the most important criteria for developing a lasting bond**. Because the veteran mentor has had some of the same experiences as the participant that they mentor and understands the struggles he or she faces coming home, veterans treatment court participants confide in their mentor, are open to discussions, and accepting of their help. That help comes in the form of assistance **navigating the Veterans Administration, transportation to appointments, and support at court review hearings**.





### Did You Know?

Michigan’s Swift and Sure Sanctions Probation Program is closely monitoring participants and comparing outcomes to similar nonparticipants.

Initial results are promising:

- SSSPP participants are 36% less likely to be arrested for a new crime.
- Savings are estimated to be nearly \$1,300 per probationer.
- Nearly half of successful participants improved their employment status.

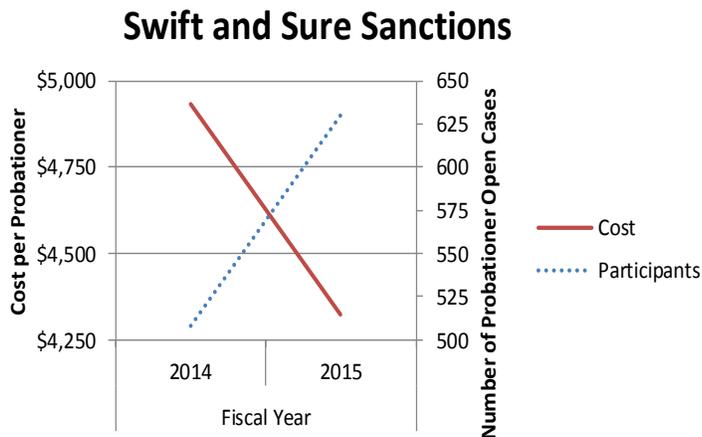
## JUVENILE MENTAL HEALTH COURTS GAIN MOMENTUM

In fiscal year 2015, the State Court Administrative Office provided grant funding for two juvenile mental health courts. In fiscal year 2016, that number grew to four. In addition, two locally- funded juvenile mental health courts are operational in Michigan, for a total of six programs. SCAO focused on increasing the number of juvenile mental health courts in response to a request from the Governor’s Mental Health Diversion Council in 2014 and has **successfully increased the number of programs threefold**. The programs target youths between the ages of 10 and 16 who have severe and persistent mental illness, serious emotional disturbance with a mood disorder or bipolar disorder, or who have a developmental disability.

Juvenile mental health courts join adult and regional mental health courts as judicially-based solutions to address the high incidence of mentally ill individuals in the criminal justice system. In addition to the six juvenile mental health courts, Michigan has **19 adult mental health courts** and **three regional mental health courts**.

## SWIFT AND SURE SANCTIONS: MORE PROGRAMS, MORE PARTICIPANTS, LESS COST

The Swift and Sure Sanctions Probation Program (SSSPP) is a success. An independent evaluation by the University of North Carolina – Wilmington found that SSSPP probationers were **36% less likely to recidivate**, with associated **cost savings of \$1,296.82 per probationer**, compared to other high-risk probationers in counties that do not operate the program. **SSSPP has served 1,326 probationers** as of September 30, 2015. As the number of probationers served has continued to grow, the **cost per probationer has shrunk**. Court costs per probationer are projected to decline 20% since fiscal year 2014. In an effort to continue increasing SSSPP participation, the SCAO took a two-pronged approach in fiscal year 2016. First, **eligibility was expanded**. Previously, only high-risk felony offenders with histories of probation failures or violations



were eligible. Now, in addition, medium-risk felony offenders with straddle or presumptive cell sentencing guidelines and histories of probation failures or violations are also eligible. The anticipated increase in participants will likely reduce the per participant cost even more in fiscal year 2016. Second, SCAO staff made **personal phone calls to each circuit court to explain the benefits of SSSPP** and invite them to consider starting a program

in fiscal year 2017. To date, **five additional counties have shown interest in applying for grant funds** and several others are discussing it.