

Preliminary Data Review  
One Hundredth District Court  
Sobriety Court Program

Prior to on site program reviews, the State Court Administrative Office reviews program data in the Drug Court Case Management Information System (DCCMIS). Data for the One Hundredth District Court, Sobriety Court Program, was reviewed on September 11, 2015. Specifically, program design described in the fiscal year 2015 Michigan Drug Court Grant Program grant application completed by this court were examined in detail and are included in the report.

1. Target Population/Referral/Screening/Assessment:

The grant application states that the target population is a misdemeanor non-violent offender who resides within the courts' jurisdiction and has been assessed to have a substance abuse disorder. Eligibility criteria include that the defendant must be residing within the court's jurisdiction, they must have a serious pattern of substance abuse or dependency, the offense must be an OWI 1st, 2nd, or a felony OWI reduced to a misdemeanor, the defendant is not to have a serious mental health or medical issue which would impeded him/her from completing the program successfully, and they must be a non-violent offender. Potential participants can be referred by pre-bond investigators, law enforcement, probation agents, prosecuting attorneys, case managers, self-referred, the treatment provider, judges, defense attorneys, or family members. The initial eligibility screening is conducted by the prosecutor who determines legal eligibility before the plea and before they are referred to probation. Eligible participants are referred to the sobriety court probation officer immediately after they plea and sentencing is scheduled for a maximum of two weeks in the future in order to conduct the alcohol assessment. The NEEDS Assessment and PSI are conducted by a probation officer. Once placed into the program, the participant is referred to a licensed practitioner who performs a clinical assessment within five days of sentencing. This identifies the level of care (ASAM) and will assist in developing the treatment plan.

- a. A review of participants that were active from 10/01/2014 through 09/15/2015 (N=103), showed that the average age at screening was 32 years, the majority of active cases were Caucasian (83 percent), followed by Hispanic/Latino at 10 percent, and 75 percent were male. The drug of choice was most often alcohol (94 percent) followed by marijuana (6 percent). The average age of first alcohol use was 16.8 years, the average age of first drug use was 13.8 years, and 71 percent of the participants had prior substance abuse treatment.
- b. The referral source was most often court/judicial (50 percent) followed by defense attorney (44 percent). All participants entered the program on a new criminal offense. Ninety-one percent entered the program on a misdemeanor charge. Ninety-eight percent of the participants entered the program on an OWI 2nd or subsequent offense. There were two participants who entered the program on offenses other than an OWI offense (T.M. with Retail Fraud and R.S. with Possession of Marijuana).
- c. The average number of days from screening to admission was 22 days, ranging from 0 to 161 days. The average number of days from admission to treatment

was six days, ranging from 0 to 46 days. However, there were three participants that did not have a first treatment date entered in DCCMIS (B.L., J.D., and J.W.) and 4 participants that had first treatment dates that preceded their admission date (D.T., L.K., D.C., and F.A.). Attention should be given to ensuring that treatment received prior to admission is not included in overall treatment and that the first treatment dates are entered for all participants.

- d. A review in DCAS showed that 62 percent of the participants had a primary DSM of alcohol dependence, followed by 38 percent with alcohol intoxication. Sixteen percent of participants had a mental health history. There were seven participants that did not have an entry in the mental health history variable (J.B., R.C., T.M., M.M., T.P., K.V., and T.W.). Attention should be given to ensure that this variable is populated with a response for each participant, as it is a minimum standard data requirement.
- e. A random review of the Local Assessment page in DCCMIS showed that not all of the participants had local assessment information entered. Attention should be given to entering assessment information in Initial Eligibility Screening page three prior to admission, or in the Local Assessment page post admission, as this is a minimum standard data requirement.

## 2. Treatment Services/Ancillary Services:

The grant application states that there are several agencies that provide counseling. The list includes Hard Knock Therapy Center, Happy Family Center, and Path to Sobriety. The program attempts to have all new participants receive a bio-psychosocial clinical interview within five days of program entry. The program uses gender specific treatment to address issues that are unique to men and woman. The program utilizes the services of Hard Knock Therapy Center to treat male participants (outpatient substance abuse treatment) and Path to Sobriety to treat female participants (outpatient substance abuse treatment). Individuals who are in need of residential services, based on the assessment results and treatment provider recommendations, are referred to Happy Family Center. The treatment plan is developed with the participant and reviewed at least every 45 days. Ancillary services that are available are listed as educational, housing, mental health, dental, utility assistance, vocational, food, child care, career, and parenting classes.

- a. A review in DCAS showed that 100 participants averaged 48 substance abuse treatment contact hours, ranging from three to 177 hours. There were three participants that did not have any substance abuse treatment contact hours entered; however, two were admitted to the program less than 30 days ago and the third (T.R.) has been in the program for over 60 days with no treatment entered.
- b. A review in DCAS showed that 25 participants received intensive outpatient services averaging 92 hours, ranging from nine to 177 hours. Seventy-five participants received outpatient substance abuse treatment averaging 33 hours, ranging from three to 53 hours.
- c. A review in DCAS showed that participants averaged 195 12-step meetings with a range of 0 to 423 meetings. There were two participants that did not have any 12-step meetings entered; however, both were admitted to the program less than 30

days ago. One participant has been active in the program for over 60 days and has no 12-step meetings entered (T.R).

- d. A random review of the Ancillary Services page showed that 12-step meetings were entered on most cases. There are a multitude of available ancillary services listed in the grant application and we encourage the team to enter these, as they show the robustness of the program.

### 3. Program Length/Requirements:

The grant application states that the program length is 18 to 24 months. Length in the program is determined by the participants' compliance with the program conditions. For example, the program requires participants have 90 days of sobriety before moving to a subsequent phase, per best practices. Relapsing towards the end of any phase would extend the participant's time in that phase and subsequently in the program. Other factors that could affect the participants' length of time in a phase involve violation of program rules. Besides relapsing, a participant may extend his or her stay in a phase by failing to attend 12-step meetings or counseling as directed, missing drug/alcohol testing, etc. The program is divided into four phases. Phase one requirements include daily and random alcohol testing, random urine screens, contact with case manager as directed, attendance at review hearings every other week, minimum five 12-step meetings per week, obtain 12-step sponsor, attend substance abuse counseling one to two times per week, random home visits, seek and maintain employment or 20 hours of community service per week, obtain employment or enroll in academic program, make payments toward treatment costs or court fees, at least 90 days of sobriety and 75-90 days in phase one before advancing to phase two. Phase two requirements include random alcohol testing, random urine screens, contact with case manager as directed, attendance at review hearings every other week, minimum four 12-step meetings per week, maintain relationship with sponsor, continue substance abuse counseling, random home visits, maintain employment, payment toward court fines and costs, full payment of treatment costs, continue employment/education, at least 90 days of sobriety and at least 90 days in phase two before advancing to phase three. Phase three requirements include random alcohol testing, random urine screens, contact with case manager as directed, monthly attendance at review hearings, minimum three 12-step meetings per week, continuing care a minimum of one time per month, maintain relationship with sponsor, maintain employment, full payment of court fines and costs, at least 90 days of sobriety and a minimum of 120 days in phase three before advancing to phase four. Phase four includes random alcohol testing, random urine screens, contact with case manager as directed, monthly attendance at review hearings, minimum three 12-step meetings per week, maintain relationship with sponsor, continuing care a minimum of one time per month, full payment of program fees, eight hours of self-directed community service, written narrative, continue employment/education, and at least 90 days of sobriety before being eligible to graduate.

- a. A review using DCAS showed that active participants who had completed phase one spent an average of 117 days in phase one, ranging from 99 to 252 days. A review of active participants who had completed phase two showed that they spent an average of 129 days in phase two, ranging from 98 to 301 days. A

review of active participants who had completed phase three showed that they spent an average of 161 days in phase three, ranging from 0 to 504 days. There was one participant who was advanced to phase four without having accumulated any days in phase three (G.C.).

- b. A review of the Monitoring Report in DCCMIS showed that home visits were being conducted often and randomly on each participant.
- c. A review of the Monitoring Report in DCCMIS showed that participants were meeting with their probation officer/case manager minimally every other week throughout the program.
- d. A random review of participants' Program History page showed that participants are attending status review hearings as often as stated in the grant application.

#### 4. Drug Testing:

The grant application states that in phase one, participants are submitting to daily alcohol tests and random drug tests a minimum of four times per week. In phase two, participants are subject to random alcohol testing a minimum of five times per week and random drug tests a minimum of three times per week. In Phases three and four, participants submit to random alcohol testing a minimum of three times per week and random drug testing a minimum of two times per week. Participants are tested for the following drugs: THC, cocaine, opiates, amphetamines, methamphetamines, benzodiazepines, or methadone. Synthetic marijuana tests are also conducted. Alcohol abstinence is monitored by regularly reviewing ignition interlock testing results via the internet for those participants using the ignition interlock for alcohol testing. In addition, participants are tested for alcohol during each home visit.

- a. A review of the open cases using DCAS showed that 102 participants averaged 524 drug and alcohol tests, ranging from six to 1025 tests. One participant (M.M.) had not received any drug or alcohol tests and had been active in the program for over 45 days. Less than one percent of all drug and alcohol tests were positive.
- b. A Substance Abuse Test report was run and showed that the program administers urine drug tests, alcohol breath tests, alcohol enzyme tests, and tether tests.
- c. A random review of the Substance Abuse Testing page in DCCMIS showed that alcohol testing is conducted frequently, randomly, and as often as daily. Drug testing appeared to be frequent, random, and included testing on weekends. Drug testing included multi-panel testing.

#### 5. Ignition Interlock:

The grant application did not indicate whether or not the program was offering a restricted license with the ignition interlock for the repeat drunk driving population; however, data reflected that the program did have participants active with an ignition interlock.

- a. A review in DCAS showed that 47 participants had an ignition interlock installed on their vehicle. One participant operated a vehicle without the interlock installed (2 percent).

- b. The average age of the ignition interlock participant was 33 years, 70 percent were male, and 94 percent listed alcohol as their drug of choice. One hundred percent were in the program on an OWI 2nd offense.
- c. Ignition interlock participants averaged 53 substance abuse treatment contact hours, 250 12-step meetings, and were in sobriety court for an average of 454 days.
- d. Ignition interlock participants averaged 703 drug tests with less than one percent being positive. They received an average of 22 incentives and five sanctions. Sixteen of the 47 ignition interlock participants averaged 9 days in jail on a drug court sanction.

6. Incentives and Sanctions:

The grant application lists the following as incentives: verbal praise, phase advancement, certificates, and, fishbowl drawings. Sanctions include: verbal warnings, writing assignments, and incarceration.

- a. An Incentives Report was run in DCCMIS and 674 incentives had been awarded to 98 participants. The types of incentives entered were phase advancements, court appearances ended, gift card or certificate, entry into gift drawing, and applause. Attention should be given to ensure that participants receive only one incentive for each rewarded behavior.
- b. A Sanctions Report was run in DCCMIS for the previously stated time period and showed that 161 sanctions had been given to 58 participants. The types of sanctions included verbal warning, essays, community service, driving restrictions, and jail.
- c. A review in DCAS showed that 31 participants served an average of eight days in jail due to a sanction, ranging from two to 26 days.

7. Graduation Requirements:

The grant application states that in order to graduate, participants must complete all program requirements, including financial obligations. They must have a minimum of 90 days of sobriety before graduation, must be gainfully employed (if able), they must have earned a GED or high school diploma (if needed), and they must prepare and present a commencement speech at their graduation ceremony.

- a. A review of the participants discharged during the previously stated time period (N=25) showed that 24 participants (96 percent) successfully completed the program.
- b. The participant that was unsuccessfully discharged/absconded spent 344 days in the program before failing out and was in phase two. The unsuccessful participant attended 104 12-step meetings, had 15 scheduled drug court review hearings, seven sanctions, seven incentives, 90 substance abuse treatment contact hours, 289 drug tests, and 152 sobriety days.
- c. Graduates averaged 540 days in the program (18 months) ranging from 498 to 693 days. Graduates averaged 29 court review hearings, 707 drug/alcohol tests, and achieved an average of 429 consecutive sobriety days, ranging from 78 to 694

days. Nine graduates tested positive an average of 1.3 times. There were three participants that had less than the required 90 days of sobriety to graduate.

- d. Ten participants (42 percent) had improved their employment status prior to graduation and 2 participants (8 percent) improved their education status prior to graduation.

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