LAKESHORE REGIONAL ENTITY

ATTACHMENT 1

Meeting Agenda

SUD OVERSIGHT POLICY BOARD

Wednesday, September 4 2024 4:00 PM

Board Room - Community Mental Health of Ottawa County

12265 James Street, Holland, MI 49424

1. Call to Order: Chair
   a. Welcome New Member – Kristine Huston

2. Roll Call/Introductions: Chair

3. Public Comment: Chair

4. Conflict of Interest: Chair

5. Review/Approval of Agenda-Chair (Attachment 1)
   Suggested Motion: To approve the September 4, 2024 LRE Oversight Policy Board meeting agenda as presented.

6. Review/Approval of Minutes-Chair (Attachment 2)
   Suggested Motion: To approve the March 6, 2024 LRE Oversight Policy Board meeting minutes as presented.

7. Finance Report (Maxine Coleman)
   a. Statement of Activities *(Attachment 3)*
   b. Budget Amendment #3 *(Attachment 4)*
      Suggested Motion:
      To approve Amendment #3 to the allocation of FY24 PA2 funds for the LRE SUD Budget as presented and to advise and recommend that the LRE Board approve the amended FY24 non-PA2 fund budgets for SUD services as presented.

   c. Proposed FY 25 Budget *(Attachment 5)*
      Suggested Motion:
      To Approves the FY25 allocation of PA2 funds for the LRE SUD Budget as presented and to recommends that the LRE Board approve the FY25 non-PA2 fund budgets for SUD services as presented.

8. Old Business

9. New Business
   a. Community Mental Health of Ottawa County PA2 Funding -Special Project Requests
      i. Sobar Recovery Community Center *(Attachment 6)*
         Suggested Motion: To approve Community Mental Health of Ottawa County's request to use reserve Ottawa County PA2 funds in the amount of $61,147 to fund the expansion of SoBar Recovery Community Center in FY25.

      ii. Recovery Coach Outreach (Continuation of FY24 Program) *(Attachment 7)*

Suggested Motion: To approve Community Mental Health of Ottawa County's request to use reserve Ottawa County PA2 funds in the amount of $60,000 to fund Recovery Coach Support Services to the Homeless Population in FY2025.

iii. Allegan County Adult Drug Court *(Attachment 8)*
Suggested Motion: To approve the request from Allegan County Community Mental Health dba OnPoint to use up to $100,000 in reserve PA2 funds in FY25 to fund local drug courts that are planned for the 57th District Court and the 48th Judicial Circuit Court.

10. State/Regional Updates (Stephanie VanDerKooi)
    a. CAIT Prevention License Update – Amy Embury
    b. Grant Updates
        i. SOR 4
        ii. ARPA
        iii. Mental Health Block Grants
    c. MDHHS SUD/SOR Audits – Amanda Tarantowski
    d. Legislative Update (A*ttachment 9)*

11. Prevention/Treatment Updates – Amy Embury/Amanda Tarantowski
    a. TalkSooner Regional Updates

12. Round Table
    a. Opiate Settlement Updates

13. Next Meeting
    December 4, 2024 – 4:00 PM
    CMHOC Board Room

ATTACHMENT 2

Meeting Minutes (proposed)
SUD OVERSIGHT POLICY BOARD
Wednesday, March 6, 2024 4:00 PM
Board Room - Community Mental Health of Ottawa County
12265 James Street, Holland, MI 49424

CALL TO ORDER
Mr. Patrick Sweeney, LRE Oversight Policy Board Chair, called the March 6, 2024 meeting to order at 4:10 PM.

ROLL CALL/INTRODUCTION– Chair
Present at Roll Call:

MEMBER	P	A		MEMBER	P	A
Louis Churchwell		x		Sarah Sobel	x	
Shelly Cole-Mickens		x		James Storey		x
Mark DeYoung	x			Joe Stone	x	
Marcia Hovey-Wright		x		Patrick Sweeney	x	
Rebecca Lange	x			Robert Walker	x	
Richard Kanten		x		Clyde Welford	x	
David Parnin	x			Doug Zylstra		x
Stan Ponstein	x					

PUBLIC COMMENT
No Public Comment

CONFLICT OF INTEREST
No conflict of interest declared.

REVIEW/APPROVAL OF AGENDA
OPB 24-001 Motion: To approve the March 6, 2024 LRE Oversight Policy Board meeting agenda as presented.
Moved by: Welford Support: Ponstein
MOTION CARRIED

REVIEW/APPROVAL OF MINUTES
OPB 24-002 Motion: To approve the December 6, 2023 LRE Oversight Policy Board meeting minutes as presented.
Moved by: Sobel Support: Welford
MOTION CARRIED

OLD BUSINESS
No Old Business

NEW BUSINESS
Updated Board Roster – provided for information. Welcome new Board members.

Election Officers – Patrick Sweeney

Mr. Sweeny expressed willingness to continue to serve as OPB Chairperson. Mr. Welford nominated Ms. Lange to serve as Vice Chair; Ms. Sobel supported that nomination and Ms. Lange noted her willingness to serve. Ms. Lange nominated Ms. Sobel for the office of Secretary

OPB 24-003 Motion: To appoint Mr. Sweeney to serve as OPB Chair, Ms. Lange as Vice Chair and Ms. Sobel as Secretary as nominated by the members to serve a one-year term.
Moved by: Walker Support: Welford
MOTION CARRIED

FINANCE REPORT (Maxine Coleman)
Statement of Activities – Ms. Coleman reviewed the status of expenditures and revenues through January 31. Due to a lag in distribution of funds from the state, revenues for Block Grant and COVID Grants are showing as under budget. Expenditures have been submitted to the state and funds are expected to be distributed appropriately. Overall target for expenditures is within expectations. Medicaid and Healthy Michigan expenditures are at or near targeted budget. No areas of concerns were identified with regard to revenue or expenses.

Budget Amendment #2
The region received additional COVID funds, which have been allocated to some prevention providers for treatment services. Adjustments in ARPA dollars as there were unallocated funds that were distributed to providers. COVID grant ends on March 14, 2024 and remaining funds will be returned to the state. Carry forward for the Drug Free Communities Grant and allocation has been adjusted. LRE will continue to work with providers who are in need of additional funds.

OPB 24-004 Motion: To approve the allocation of PA2 funds for the LRE SUD Budget as summarized and advise/recommend that the LRE Board approve the non-PA2 fund budgets for SUD services as presented.
Moved by: Ponstein Support: DeYoung
MOTION CARRIED

STATE/REGIONAL UPDATES (Stephanie VanDerKooi)
CAIT Prevention License Update – Amy Embury
There has been activity at the state level focusing on the CAIT (Community Change, Alternative Options, Information and Education, and Training) licenses. The licenses have allowed the organizations to provide services. In the past, LRE would only contract with licensed prevention providers. The licensing requirement may be rescinded by LARA and there will no longer be license requirements for Prevention providers. Contracts with the state include special provisions requirements; language from those provisions will be used in contracts with providers to ensure requirements are being met.

Grant Updates
i. COVID Grant is sunsetting March 14, 2024
ii. SOR3 – The Mobile Health Unit is available in Kent, Ottawa, and Allegan counties with services targeted toward individuals who are still using with a goal of helping them move to treatment and recovery. Services include rapid HIV testing, recovery coaching, and clean needle exchange. The most recent addition is MOUD services whereby physician services and recovery medication (Suboxone) are immediately available for those who are interested in receiving those services.

MDHHS SUD/SOR Audits – MDHHS will audit SUD programming in the coming weeks. SOR grants will also be audited.

Legislative Update - presented for information, the grid provides information about current legislation focusing on substance use disorders that may be of interest to Board members.

PREVENTION UPDATES – Amy Embury
FY21 – 23 Summary of Prevention Activities – the report provides an overall review of data related to prevention programs and services that are offered across the region. Majority of the data is provided through the youth assessment surveys which are distributed across the state. Surveys are currently in process and results should be available toward the end of the fiscal year.

SUD TREATMENT UPDATES – Amanda Tarantowski
FY23 SUD Treatment Evaluation Report – Data from the report was reviewed, outlining both successes and challenges. Areas of concern include a decline in the number of pregnant women coming into treatment and an increase in the number of users of methamphetamine.

ROUND TABLE DISCUSSION:
Two Kent County Board vacancies have been posted.

NEXT MEETING
September 4, 2024 – 4:00 PM
CMHOC Board Room

Motion: To cancel the June 5 meeting with the understanding that the Board Chair will call a meeting of the Board if a pressing action arises
Moved by: Ponstein Support: Walker
MOTION CARRIED

ADJOURN
Mr. Sweeney adjourned the March 6, 2024 LRE Oversight Policy Board meeting at 5:14 p.m.

ATTACHMENT 3

Lakeshore Regional Entity
Substance Use Disorders
FY24 Block Grant Expenditures

Block Grant	Year Ending 9/30/2024 FY24 Budget Budget Am2	Year To Date 7/31/2024 FY24 Budget to Date	Actual	Budget to Actual Variance
Operating Revenues				
SUD Block Grant (includes SDA)	7,232,394	6,026,995	4,720,985	1,306,010
SUD Block Grant SOR	3,451,558	2,876,298	1,658,704	1,217,594
SUD Block Grant Gambling	221,306	184,422	109,003	75,419
SUD Block Grant COVID	1,665,012	1,387,510	867,123	520,387
Drug Free Communities (DFC) Grant	141,701	118,084	111,308	6,776
SUD Block Grant Amer Rescue Plan Act (ARPA)	791,284	659,403	465,857	193,547
Total Operating Revenues	13,503,255	11,252,713	7,932,979	3,319,733
Expenditures - Treatment				
LRE Direct & Regional Administration - Treatment (incl TBD)	592,724	493,937	234,711	259,226
LRE Direct & Administration - SOR (incl TBD)	304,620	253,850	154,158	99,692
LRE Administration - COVID (incl TBD)	435,705	363,088	49,725	313,362
LRE Administration - ARPA (incl TBD)	85,100	70,917	29,216	41,700
Treatment Payments to Members				
OnPoint (Allegan Co CMH) - Treatment	488,460	407,050	205,140	201,910
OnPoint (Allegan Co CMH) - SOR	228,651	190,543	44,239	146,304
OnPoint (Allegan Co CMH) - COVID	171,963	143,303	19,673	123,629
OnPoint (Allegan Co CMH) - ARPA	75,000	62,500	12,915	49,585
Healthwest - Treatment	751,523	626,269	626,584	(315)
Healthwest ARPA	137,124	114,270	79,697	34,573
Healthwest SOR	1,180,955	984,129	494,266	489,863
Healthwest - COVID	70,830	59,025	59,847	(822)
Network180 - Treatment	2,721,264	2,267,720	2,174,862	92,858
Network 180 - SOR	1,139,341	949,451	733,941	215,510
Network 180 - ARPA	175,000	145,833	146,128	(295)
Network180 - COVID	229,006	190,838	221,330	(30,492)
CMH of Ottawa County - Treatment	824,524	687,103	488,706	198,397
CMH of Ottawa County - SOR	157,542	131,285	80,648	50,637
CMH of Ottawa County - ARPA	150,000	125,000	109,885	15,115
CMH of Ottawa County - COVID	220,000	183,333	125,944	57,390
West Michigan CMH - Treatment	411,819	343,183	272,652	70,531
West Michigan CMH - SOR	185,068	154,223	113,403	40,820
West Michigan CMH - COVID	65,000	54,167	502	53,664
Expenditures - Prevention				
LRE Direct & Regional Administration - Prevention	105,930	88,275	50,741	37,534
LRE Direct & Regional Administration - COVID (incl TBD)	135,050	112,542	90,341	22,201
LRE Direct & Regional Administration - ARPA	36,441	30,368	45,938	(15,570)
LRE Direct & Regional Administration - SOR	41,147	34,289	34,921	(632)
LRE Direct Administration - Gambling	99,306	82,755	49,067	33,688
LRE Direct Administration - DFC	25,000	20,833	18,830	2,003

Expenditures - Prevention - continued				
OnPoint (Allegan Co CMH) - Prevention	133,818	111,515	133,818	(22,303)
OnPoint (Allegan Co CMH) - SOR	39,000	32,500	38,360	(5,860)
OnPoint (Allegan Co CMH) - ARPA	16,660	13,883	16,573	(2,690)
OnPoint (Allegan Co CMH) - COVID	70,758	58,965	68,626	(9,661)
Arbor Circle / Pathways - Prevention	304,452	253,710	300,129	(46,419)
Arbor Circle / Pathways - SOR	25,000	20,833	22,714	(1,881)
Arbor Circle / Pathways - Gambling	40,000	33,333	23,218	10,115
Arbor Circle / Pathways - ARPA	31,908	26,590	24,250	2,340
Arbor Circle - Prevention COVID	50,000	41,667	44,768	(3,102)
District 10 Health Department - Prevention	72,648	60,540	65,073	(4,533)
District 10 Health Department - SOR	37,200	31,000	24,456	6,544
District 10 Health Department - ARPA	14,766	12,305	10,576	1,729
District 10 Health Department - COVID	25,000	20,833	25,000	(4,167)
District 10 Health Department - DFC	116,701	97,251	94,236	3,015
District 10 Health Department - Gambling	32,000	26,667	18,286	8,381
Kent County Health Department - Prevention	259,861	216,551	259,861	(43,310)
Kent County Health Department - SOR	65,000	54,167	48,650	5,517
Kent County Health Department - ARPA	16,667	13,889	6,406	7,483
Kent County Health Department - COVID	35,000	29,167	35,000	(5,833)
Mercy Health - Prevention	49,750	41,458	30,782	10,677
Mercy Health - COVID	25,000	20,833	24,993	(4,160)
Mercy Health - ARPA	9,170	7,642	0	7,642
Network 180 - Prevention	192,088	160,073	199,816	(39,742)
Network 180 - COVID	60,000	50,000	49,891	109
Ottawa County Health Department - Prevention	98,963	82,469	68,976	13,493
Ottawa County Health Department - SOR	28,000	23,333	5,143	18,190
Ottawa County Health Department - ARPA	8,810	7,342	0	7,342
Community Mental Health of Ottawa County - ARPA	8,810	7,342	0	7,342
Public Health Muskegon County - Prevention	137,482	114,568	127,732	(13,164)
Public Health Muskegon County - Gambling	50,000	41,667	16,077	25,590
Public Health Muskegon County - SOR	20,034	16,695	1,478	15,217
Public Health Muskegon County - ARPA	9,168	7,640	2,802	4,838
Public Health Muskegon County - COVID	30,000	25,000	8,476	16,524
Wedgwood Christian Services - Prevention	87,088	72,573	87,173	(14,600)
Wedgwood Christian Services - COVID	41,700	34,750	41,355	(6,605)
Wedgwood Christian Services - ARPA	16,660	13,883	14,694	(811)
Total Expenditures	13,503,255	11,252,713	8,707,401	2,545,312
Total Change in Net Assets	**0**	**0**	**(774,421)**	**774,421**

As of 8/27/24

Lakeshore Regional Entity
Substance Use Disorders
FY24 PA2 Expenditures

PA2	Year Ending 9/30/2024 FY24 Budget Budget Am2	Year To Date 7/31/2024 FY24 Budget to Date	Actual	Budget to Actual Variance
Operating Revenues				
PA2 Liquor Tax - Current FY	3,748,366	3,123,638	2,884,484	239,154
PA2 Liquor Tax - Reserves	0	0	0	0
Total Operating Revenues	3,748,366	3,123,638	2,884,484	239,154
Expenditures - Prevention				
OnPoint (Allegan Co CMH) - Prevention	191,925	159,938	101,308	58,630
Arbor Circle / Pathways - Prevention	234,597	195,498	163,694	31,804
District 10 Health Department - Prevention	60,702	50,585	18,101	32,484
Kent County Health Department - Prevention	180,000	150,000	180,000	(30,000)
Mercy Health - Prevention	30,000	25,000	23,221	1,779
Network 180 - Prevention	200,000	166,667	39,097	127,569
Community Mental Health of Ottawa County	82,763	68,969	68,203	766
Ottawa County Health Department - Prevention	72,825	60,688	0	60,688
Public Health Muskegon County - Prevention	209,424	174,520	44,676	129,844
Wedgwood Christian Services - Prevention	65,000	54,167	18,518	35,649
Expenditures - Treatment				
Treatment Payments to Members				
Healthwest	180,511	150,426	14,510	135,916
Network180	1,447,774	1,206,478	561,947	644,531
CMH of Ottawa County	327,723	273,102	121,338	151,764
Total Expenditures	3,283,244	2,736,036	1,354,614	1,381,422
Total Change in Net Assets	**465,122**	**387,602**	**1,529,869**	**(1,142,268)**

As of 8/27/24

Lakeshore Regional Entity
Substance Use Disorders
FY24 Medicaid Treatment Expenditures

Year To Date Through 7/31/24

CATEGORY	CMHSP Medicaid YTD Totals	LRE Admin Med YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	$ 5,976,118.78	$ -	$ 6,922,002	86.34%
Women's Specialty Services	$ 531,705.68	$ -	$ 711,715	74.71%
Other Specialty Services	$ -	$ -	$ -	0.00%
Access Management System	$ 318,479.02	$ -	$ 356,327	89.38%
General Administration	$ 188,595.85	$ 291,261.94	$ 598,048	80.24%
GRAND TOTAL OF SA EXPENDITURES	**$ 7,014,899.33**	**$ 291,261.94**	**$ 8,588,092**	**85.07%**
SOURCE OF FUNDS				
Medicaid	$ 7,014,899.33	$ 291,261.94	$ 8,588,092	85.07%
Other: Local	$ -	$ -	$ -	0.00%
Other: Federal	$ -	$ -	$ -	0.00%
Fees	$ -	$ -	$ -	0.00%
TOTAL FUNDING	**$ 7,014,899.33**	**$ 291,261.94**	**$ 8,588,092**	**85.07%**

As of 8/27/24

Lakeshore Regional Entity
Substance Use Disorders
FY24 Healthy MI Plan Treatment Expenditures

Year To Date Through 7/31/24

CATEGORY	CMHSP HMP YTD Totals	LRE Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	$ 9,745,259.00	$ -	$ 9,444,848	103.18%
Women's Specialty Services	$ 339,687.40	$ -	$ 290,835	116.80%
Other Specialty Services	$ -	$ -	$ -	0.00%
Access Management System	$ 505,494.48	$ -	$ 478,913	105.55%
General Administration	$ 357,524.18	$ 434,595.07	$ 833,560	95.03%
GRAND TOTAL OF SA EXPENDITURES	**$ 10,947,965.06**	**$ 434,595.07**	**$ 11,048,156**	**103.03%**
SOURCE OF FUNDS				
Healthy MI Plan	$ 10,947,965.06	$ 434,595.07	$ 11,048,156	103.03%
Other: Local	$ -	$ -	$ -	0.00%
Other: Federal	$ -	$ -	$ -	0.00%
Fees	$ -	$ -	$ -	0.00%
TOTAL FUNDING	**$ 10,947,965.06**	**$ 434,595.07**	**$ 11,048,156**	**103.03%**

As of 8/27/24

ATTACHMENT 4

Lakeshore Regional Entity
Oversight Policy Board

ACTION REQUEST

SUBJECT: FY2024 LRE SUD Budget Amendment 3

- Approval of PA2 Funds
- Advice and Recommendation to LRE Board for Budgets Containing non-PA2 Funds

MEETING DATE: September 4, 2024

PREPARED BY: Stacia Chick, LRE Chief Financial Officer

RECOMMENDED MOTION:

The Oversight Policy Board:

(a) Approves the allocation of PA2 funds for the LRE SUD Budget as summarized below.

(b) Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services as summarized below.

PROPOSED TO GO TO THE BOARD ON SEPTEMBER 25, 2024

SUMMARY OF REQUEST/INFORMATION:

- Public Act 500 of 2012 requires each PIHP region to establish an Oversight Policy Board with certain roles and responsibilities relative to substance abuse services.
- The Lakeshore Regional Entity Oversight Policy Board is the Oversight Policy Board for Region 3 PIHP.
- Among other functions, the Oversight Policy Board is responsible to approve budgets which contain local funds and to advise and recommend budgets containing non-local funds to the LRE board for services within the region.

STAFF: Stacia Chick, LRE Chief Financial Officer **DATE:** August 27, 2024

FY2024 LRE SUD Budget Amendment 3 Summary:

PREVENTION (direct by LRE)	PA2	Block Grant	SOR	ARPA	COVID-19	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan County	$ 191,925	$ 133,818	$ 39,000	$ 16,660	$ 70,758	$ -	$ -	$ -		$ 452,161
Kent County	$ 479,597	$ 656,135	$ 65,000	$ 33,327	$ 186,700	$ -	$ -	$ -	$ -	$ 1,420,759
Lake County	$ 4,340	$ 11,225	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,565
Oceana County	$ 27,058	$ 25,852	$ -	$ -	$ -	$ -	$ 116,701	$ -	$ -	$ 169,611
Mason County	$ 31,804	$ 35,571	$ 37,200	$ 14,766	$ 25,000	$ 32,000	$ -	$ -	$ -	$ 176,341
Muskegon County	$ 239,424	$ 187,232	$ 20,000	$ 18,338	$ 55,000	$ 50,000	$ -	$ -	$ -	$ 569,994
Ottawa County	$ 354,585	$ 272,354	$ 53,000	$ 40,718	$ 24,000	$ 40,000	$ -	$ -	$ -	$ 784,657
LRE Regional Projects	$ -	$ 91,263	$ -	$ 30,419	$ 80,500	$ 64,000	$ -	$ -	$ -	$ 266,182
LRE Staffing	$ -	$ 32,630	$ 41,147	$ 14,832	$ 30,550	$ 35,306	$ 25,000	$ -	$ -	$ 179,465
Unallocated	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PREVENTION TOTAL	$1,328,733	$1,446,080	$ 255,347	$169,060	$ 472,508	$221,306	$ 141,701	$ -	$ -	$ 4,034,735

TREATMENT (delegated to CMH ms	PA2	Block Grant	SOR	ARPA	COVID-19	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan	$ -	$ 488,460	$ 228,651	$ 75,000	$ 171,963	$ -	$ -	$ 666,038	$ 847,991	$ 2,478,103
Healthwest	$ 180,511	$ 838,630	$1,180,847	$150,836	$ 70,830	$ -	$ -	$1,667,210	$ 2,135,377	$ 6,224,240
Network 180	$1,447,774	$2,721,264	$1,139,341	$188,673	$ 229,006	$ -	$ -	$4,240,781	$ 6,064,039	$ 16,030,878
Ottawa	$ 327,723	$ 780,000	$ 131,742	$150,000	$ 220,000	$ -	$ -	$1,085,729	$ 1,802,561	$ 4,497,755
West Michigan (Lake, Mason Ocea	$ -	$ 411,819	$ 185,068	$ -	$ 65,000	$ -	$ -	$ 537,685	$ 462,689	$ 1,662,261
LRE Staffing & Regional Projects	$ -	$ 307,354	$ 237,587	$ 35,100	$ 56,313	$ -	$ -	$ 341,715	$ 519,754	$ 1,497,823
Unallocated	$ 463,625	$ 238,787	$ 92,975	$ 22,615	$ 379,392	$ -	$ -	$ -	$ -	$ 1,197,394
TREATMENT TOTAL	$2,419,633	$5,786,314	$3,196,211	$622,224	$1,192,504	$ -	$ -	$8,539,156	$ 11,832,412	$ 33,588,453

TOTAL PREVENTION & TREATMENT	$3,748,366	$7,232,394	$3,451,558	$791,284	$1,665,012	$221,306	$ 141,701	$8,539,156	$ 11,832,412	$ 37,623,188

Lakeshore Regional Entity
FY 2024 SUD Budget

Prevention	Budget Am 2 FY24 Allocation	Budget Am 3 FY24 Allocation	Block Grants	SOR	Amer Rescue Plan Act	COVID-19	PA2	Gambling	DFC
Allegan County									
OnPoint (Allegan Co CMH)	452,161	452,161	133,818	39,000	16,660	70,758	191,925	-	-
Total	452,161	452,161	133,818	39,000	16,660	70,758	191,925	-	-
Kent County									
Arbor Circle	201,695	201,695	117,098	-	-	50,000	34,597	-	-
Kent County Health Department	556,528	556,528	259,861	65,000	16,667	35,000	180,000	-	-
Network 180	452,088	452,088	192,088	-	-	60,000	200,000	-	-
Wedgwood	210,448	210,448	87,088	-	16,660	41,700	65,000	-	-
Total	1,420,759	1,420,759	656,135	65,000	33,327	186,700	479,597	-	-
Lake County									
District Health Department #10	15,565	15,565	11,225	-	-	-	4,340	-	-
Total	15,565	15,565	11,225	-	-	-	4,340	-	-
Oceana County									
District Health Department #10	169,611	169,611	25,852	-	-	-	27,058	-	116,701
Total	169,611	169,611	25,852	-	-	-	27,058	-	116,701
Mason County									
District Health Department #10	173,841	176,341	35,571	37,200	14,766	25,000	31,804	32,000	-
Total	173,841	176,341	35,571	37,200	14,766	25,000	31,804	32,000	-
Muskegon County									
Public Health Muskegon County	456,108	456,074	137,482	20,000	9,168	30,000	209,424	50,000	-
Mercy Health	113,920	113,920	49,750	-	9,170	25,000	30,000	-	-
Total	570,028	569,994	187,232	20,000	18,338	55,000	239,424	50,000	-
Ottawa County									
Arbor Circle (Ottawa Co)	484,262	484,262	187,354	25,000	31,908		200,000	40,000	-
CMH of Ottawa County	91,573	115,573	-	-	8,810	24,000	82,763	-	-
Ottawa County Department of Public Health	208,598	184,822	85,000	28,000	-	-	71,822	-	-
Total	784,433	784,657	272,354	53,000	40,718	24,000	354,585	40,000	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	239,500	266,182	91,263	-	30,419	80,500	-	64,000	-
LRE Staffing	179,374	179,465	32,630	41,147	14,832	30,550	-	35,306	25,000
Unallocated	24,000	-	-	-	-	-	-	-	-
Total	442,874	445,647	123,893	41,147	45,251	111,050	-	99,306	25,000
Overall Prevention Total	4,029,272	4,034,735	1,446,080	255,347	169,060	472,508	1,328,733	221,306	141,701

Treatment	Budget Am 2 FY24 Allocation	Budget Am 3 FY24 Allocation	Block Grants (incl. SDA)	SOR	Amer Rescue Plan Act	COVID-19	PA2	Medicaid	Healthy Michigan
OnPoint (Allegan Co CMH)	2,602,466	2,478,103	488,460	228,651	75,000	171,963	-	666,038	847,991
Healthwest	6,204,615	6,224,240	838,630	1,180,847	150,836	70,830	180,511	1,667,210	2,135,377
Network 180	15,156,706	16,030,878	2,721,264	1,139,341	188,673	229,006	1,447,774	4,240,781	6,064,039
CMH of Ottawa County	4,477,297	4,497,755	780,000	131,742	150,000	220,000	327,723	1,085,729	1,802,561
West Michigan CMH (Lake, Mason Oceana)	1,663,212	1,662,261	411,819	185,068	-	65,000	-	537,685	462,689
LRE Staffing & Regional Projects	1,485,504	1,497,823	307,354	237,587	35,100	56,313	-	341,715	519,754
Unallocated	1,268,795	1,197,394	238,787	92,975	22,615	379,392	463,625	-	-
Overall Treatment Total	32,858,596	33,588,453	5,786,314	3,196,211	622,224	1,192,504	2,419,633	8,539,156	11,832,412
SUD Total Prevention + Treatment:	**36,887,868**	**37,623,188**	**7,232,394**	**3,451,558**	**791,284**	**1,665,012**	**3,748,366**	**8,760,462**	**11,974,113**

ATTACHMENT 5

Lakeshore Regional Entity
Oversight Policy Board

ACTION REQUEST

SUBJECT: FY2025 LRE SUD Budget

- Approval of PA2 Funds
- Advice and Recommendation to LRE Board for Budgets Containing non-PA2 Funds

MEETING DATE: September 4, 2024

PREPARED BY: Stacia Chick, LRE Chief Financial Officer

RECOMMENDED MOTION:

The Oversight Policy Board:

(a) Approves the allocation of PA2 funds for the LRE SUD Budget as summarized below.

(b) Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services as summarized below.

PROPOSED TO GO TO THE BOARD ON SEPTEMBER 25, 2024

SUMMARY OF REQUEST/INFORMATION:

- Public Act 500 of 2012 requires each PIHP region to establish an Oversight Policy Board with certain roles and responsibilities relative to substance abuse services.
- The Lakeshore Regional Entity Oversight Policy Board is the Oversight Policy Board for Region 3 PIHP.
- Among other functions, the Oversight Policy Board is responsible to approve budgets which contain local funds and to advise and recommend budgets containing non-local funds to the LRE board for services within the region.

STAFF: Stacia Chick, LRE Chief Financial Officer **DATE:** August 27, 2024

FY2025 LRE SUD Budget Summary:

PREVENTION (direct by LRE)	PA2	Block Grant	SOR	ARPA	COVID-19	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan County	$ 191,925	$ 108,647	$ -	$ 16,680	$ -	$ -	$ -	$ -		$ 317,252
Kent County	$ 615,207	$ 587,493	$ -	$ 33,340	$ -	$ -	$ -	$ -	$ -	$ 1,236,040
Lake County	$ 23,448	$ 11,219	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 34,667
Oceana County	$ 27,058	$ 25,839	$ -	$ -	$ -	$ -	$ 100,000	$ -	$ -	$ 152,897
Mason County	$ 58,304	$ 29,983	$ 40,000	$ 14,789	$ -	$ 32,000	$ -	$ -	$ -	$ 175,076
Muskegon County	$ 239,424	$ 167,650	$ 25,000	$ 18,400	$ -	$ 36,000	$ -	$ -	$ -	$ 486,474
Ottawa County	$ 354,563	$ 257,211	$ 58,000	$ 40,000	$ -	$ 36,000	$ -	$ -	$ -	$ 745,774
LRE Regional Projects	$ -	$ 51,000	$ -	$ 15,000	$ -	$ 58,000	$ -	$ -	$ -	$ 124,000
LRE Staffing	$ -	$ 76,206	$ 39,412	$ 22,051	$ -	$ 59,306	$ 25,000	$ -	$ -	$ 221,975
Unallocated	$ -	$ 126,832	$ -	$ 8,800	$ -	$ -	$ -	$ -	$ -	$ 135,632
PREVENTION TOTAL	$1,509,929	$1,442,080	$ 162,412	$169,060	$ -	$221,306	$ 125,000	$ -	$ -	$ 3,629,787

TREATMENT (delegated to CMH mer	PA2	Block Grant	SOR	ARPA	COVID-19	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan	$ 50,865	$ 400,000	$ 196,731	$ 62,845	$ -	$ -	$ -	$ 653,507	$ 805,992	$ 2,169,940
Healthwest	$ 274,601	$ 881,044	$ 788,823	$119,595	$ -	$ -	$ -	$1,657,313	$ 1,996,379	$ 5,717,755
Network 180	$1,623,620	$2,713,840	$ 529,567	$139,583	$ -	$ -	$ -	$4,253,796	$ 6,176,263	$ 15,436,669
Ottawa	$ 465,573	$ 797,000	$ 30,500	$119,583	$ -	$ -	$ -	$1,057,081	$ 1,722,885	$ 4,192,622
West Michigan (Lake, Mason Ocean	$ -	$ 386,785	$ 114,704	$ -	$ -	$ -	$ -	$ 541,012	$ 456,198	$ 1,498,699
LRE Staffing & Regional Projects	$ -	$ 423,245	$ 277,263	$ 83,394	$ -	$ -	$ -	$ 330,135	$ 493,971	$ 1,608,008
Unallocated	$ 71,676	$ 184,400	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 256,076
TREATMENT TOTAL	$2,486,335	$5,786,314	$1,937,588	$525,000	$ -	$ -	$ -	$8,492,844	$ 11,651,689	$ 30,879,770

TOTAL PREVENTION & TREATMENT	$3,996,264	$7,228,394	$2,100,000	$694,060	$ -	$221,306	$ 125,000	$8,492,844	$ 11,651,689	$ 34,509,557

Lakeshore Regional Entity
FY 2025 SUD Budget

Prevention	Initial FY24 Allocation	Proposed FY25 Allocation	Block Grants	SOR	Amer Rescue Plan Act	COVID-19	PA2	Gambling	DFC
Allegan County									
OnPoint (Allegan Co CMH)	452,161	317,252	108,647	-	16,680	-	191,925	-	-
Total	452,161	317,252	108,647	-	16,680	-	191,925	-	-
Kent County									
Arbor Circle	201,695	159,697	100,100	-	-	-	59,597	-	-
Kent County Health Department	556,528	514,073	242,393	-	16,680	-	255,000	-	-
Network 180	452,088	400,000	175,000	-	-	-	225,000	-	-
Wedgwood	210,448	162,270	70,000	-	16,660	-	75,610	-	-
Total	1,420,759	1,236,040	587,493	-	33,340	-	615,207	-	-
Lake County									
District Health Department #10	15,565	34,667	11,219	-	-	-	23,448	-	-
Total	15,565	34,667	11,219	-	-	-	23,448	-	-
Oceana County									
District Health Department #10	169,611	152,897	25,839	-	-	-	27,058	-	100,000
Total	169,611	152,897	25,839	-	-	-	27,058	-	100,000
Mason County									
District Health Department #10	173,841	175,076	29,983	40,000	14,789	-	58,304	32,000	-
Total	173,841	175,076	29,983	40,000	14,789	-	58,304	32,000	-
Muskegon County									
Public Health Muskegon County	456,108	407,274	127,650	25,000	9,200	-	209,424	36,000	-
Mercy Health	113,920	79,200	40,000	-	9,200	-	30,000	-	-
Total	570,028	486,474	167,650	25,000	18,400	-	239,424	36,000	-
Ottawa County									
Arbor Circle (Ottawa Co)	484,262	467,411	172,211	28,000	31,200	-	200,000	36,000	-
CMH of Ottawa County	91,573	82,763	-	-	-	-	82,763	-	-
Ottawa County Department of Public Health	208,598	195,600	85,000	30,000	8,800	-	71,800	-	-
Total	784,433	745,774	257,211	58,000	40,000	-	354,563	36,000	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	239,500	124,000	51,000	-	15,000	-	-	58,000	-
LRE Staffing	179,374	221,975	76,206	39,412	22,051	-	-	59,306	25,000
Unallocated	24,000	135,632	126,832	-	8,800	-	-	-	-
Total	442,874	481,607	254,038	39,412	45,851	-	-	117,306	25,000
Overall Prevention Total	4,029,272	3,629,787	1,442,080	162,412	169,060	-	1,509,929	221,306	125,000

Treatment	Initial FY24 Allocation	Proposed FY25 Allocation	Block Grants (incl. SDA)	SOR	Amer Rescue Plan Act	COVID-19	PA2	Medicaid	Healthy Michigan
OnPoint (Allegan Co CMH)	2,602,466	2,169,940	400,000	196,731	62,845	-	50,865	653,507	805,992
Healthwest	6,204,615	5,717,755	881,044	788,823	119,595	-	274,601	1,657,313	1,996,379
Network 180	15,156,706	15,436,669	2,713,840	529,567	139,583	-	1,623,620	4,253,796	6,176,263
CMH of Ottawa County	4,477,297	4,192,622	797,000	30,500	119,583	-	465,573	1,057,081	1,722,885
West Michigan CMH (Lake, Mason Oceana)	1,663,212	1,498,699	386,785	114,704	-	-	-	541,012	456,198
LRE Staffing & Regional Projects	1,485,504	1,608,008	423,245	277,263	83,394	-	-	330,135	493,971
Unallocated	1,268,795	256,076	184,400	-	-	-	71,676	-	-
Overall Treatment Total	32,858,596	30,879,770	5,786,314	1,937,588	525,000	-	2,486,335	8,492,844	11,651,689
SUD Total Prevention + Treatment:	**36,887,868**	**34,509,557**	**7,228,394**	**2,100,000**	**694,060**	**-**	**3,996,264**	**8,714,150**	**11,776,689**

SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 8/9/2024

PROVIDER NAME: CMHOC CURRENT PROVIDER: _____ ● YES ❍ NO

PROGRAM TITLE**: SoBar Recovery Community Center**

CONTACT PERSON: Joel Ebbers

CONTACT EMAIL: Jebbers@miottawa.org

PROVIDER ADDRESS: 12265 James Street, Holland MI, 49424

AMOUNT REQUESTED: $61,147

SERVICE TYPE

❍ Assessment

❍ Individual Therapy

❍ Group Therapy

❍ Family Therapy

❍ Didactic Groups

❍ Residential Detox

❍ Recovery Housing

❍ Level III.1 (low intensity)

❍ Level III.3 (moderate to high intensity)

❍ Level III.5 (significant/complex intensity)

❍ Medication Assisted Treatment

❍ Peer Recovery

● Prevention/Other: Recovery Community Center

PROGRAM DESCRIPTION

I. Describe the situation you intend to address:	
Problem Statement: describe the problem that your activities are designed to improve.	Prior to SoBar Recovery Community Center there was no place that offered community, connection, and sober activies.
Describe the conditions that contribute to the identified problem (List the data sources if applicable)	During active use individuals lose positive connections to a supportive social network.
Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.	Target population is individuals in, and interested in, recovery, recovery resources, and a sober community

Describe why your agency is best fit to provide this service?	Building Men For Life has led the effort to open SoBar. They are in the process of creating an independent recovery community organization to allow for independent operation. CMHOC has supported SoBar with grant funds.
II. Describe what you will do to address the situation:	
Describe the program's activities (what are you going to do?):	SoBar offers numerous mutual aid groups including AA, NA, Smart Recovery, women's recovery, All Recovery, and Methamphetamine Anonymous. They are open for individuals to come and talk with recovery coaches, pick up recovery resources like Narcan, treatment information, or other recovery litature. They host social events like karaoke, watch parties for sporting events. More information can be found here: https://sobarrco.com/
Describe the expected frequency of the activity(ies) and how you determined this.	SoBar is open throughout the week and hosts numerous support meeting.
Describe the number of persons in the target population you expect to serve during each activity event	SoBar expects to see approximately 5000 people through it's doors in the 2025 fiscal year.

III. Explain the necessary costs for your program *(provide narrative to support the resources identified that require money).*
Funding is being blended with other grant money and will allow for program expansion. Funding is for building lease, recovery coach salary, and program manager salary.

IV. Describe the goals you have established for the program. (do not have to be measurable) *(TO BE COMPLETED BY NEW PRORGRAMS ONLY)*
Click or tap here to enter text.
1. Click or tap here to enter text.
2. Click or tap here to enter text.

3. Click or tap here to enter text.
4. Click or tap here to enter text.

PERFORMANCE MONITORING
(TO BE COMPLETED BYNEW PROGRAMS ONLY)

V. Describe how you will measure your program's success at meeting its goals. *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.*

Outcomes	***Process:*** *Describe **(in specifically measurable terms)** what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" "how often?" etc. Include benchmark or threshold for measurement as well as expected achievement date.*	1. Click or tap here to enter text.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.
	Participant: *Describe **(in specifically measurable terms)** what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.*	1. Click or tap here to enter text.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.
	Impact: *Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.*	1. Click or tap here to enter text.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.

SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 8/9/2024

PROVIDER NAME: CMHOC CURRENT PROVIDER: ☒YES ☐ NO

PROGRAM TITLE**: Recovery Coach Supportive Services**

CONTACT PERSON: Joel Ebbers

CONTACT EMAIL: Jebbers@miottawa.org

PROVIDER ADDRESS: 12265 James Street, Holland MI, 49424

AMOUNT REQUESTED: $60,000

SERVICE TYPE

☐ Assessment

☐ Individual Therapy

☐ Group Therapy

☐ Family Therapy

☐ Didactic Groups

☐ Residential Detox

☐ Recovery Housing

☐ Level III.1 (low intensity)

☐ Level III.3 (moderate to high intensity)

☐ Level III.5 (significant/complex intensity)

☐ Medication Assisted Treatment

☒ Peer Recovery

☐ Prevention/Other: Click here to enter text.

PROGRAM DESCRIPTION

I. Describe the situation you intend to address:	
Problem Statement: describe the problem that your activities are designed to improve.	Over the course of the last year Community Action House (CAH), working alongside CMHOC team members across teams including access, SUD, DDR and CIT worked to seek and engage individuals with specific concerns related to substance misuse concerns. Working to build pathways particularly with clients that present with co-occurring disorders. Homelessness proves to have significant effects on the overall wellbeing of individuals. CAH has seen a significant increase in the number of unsheltered individuals and accessing housing opportunities are limited particularly for those individuals with increased barriers including Mental Illness and/or substance use concerns. Last year the unsheltered number

	for the PIT (point in time count) jumped from 48 in 2023 to 95 in 2024.
Describe the conditions that contribute to the identified problem (List the data sources if applicable)	Community Action House (CAH) has identified that knowledge of availability and access to services can be a barrier for many of our neighbors, especially among those experiencing housing instability and homelessness. Coordinating our effort with CMHOC improves the ability to connect those who are most vulnerable and in need of services. CAH recovery coach was able to respond to many of our agency partners including CIT, HDL, HPD, Gateway Mission, Good Samaritan, Reach for Recovery, Arbor Circle, etc to respond to need and set up integrated pathways and support clients to navigate those pathways quicker.
Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.	CAH has and will continue to focus on identifying those in the community with high needs and strong barriers to accessing services and building the connection to resources, particularly with those experiencing homelessness. The CAH Outreach team currently has approximately 350 clients experiencing some form of homelessness or housing instability in Ottawa county. CAH Data indicates that approximately 22.5% of our clients have a documented disability of mental illness and/or substance abuse disorder but we recognize that there is much greater need and will work to make the connections even deeper into the county if granted funding for this upcoming year.
Describe why your agency is best fit to provide this service?	CAH has well established trust in the community, especially among those experiencing homelessness in Ottawa County through the Street Outreach Program. The team has the unique ability to seek out and go to clients where they are and who may be facing multiple barriers to connect to resources including CMH SUD services. This connection point allowed us to bring many clients' needs forward to navigate with the SUD team such as treatment center access, insurance navigation and connections to recovery groups. CAH has seen an increase in unsheltered homeless. From 2020 we served 123 total, in 2022 that number grew to 260. In 2023, we saw 429 clients enter programming and as this number has grown the presentation of MI/SUD has also grown.
II. Describe what you will do to address the situation:	
Describe the program's activities (what are you going to do?):	The recovery coach will be present in the community on a regular basis at programming including the Refresh Program at First United Methodist Church [program is offered 3 days a week] as a central

	location for people to get a meal and shower and meet with CAH case managers on-site for a variety of potential needs. The recovery coach has been able to connect with multiple people after overdose for those experiencing homelessness. The recovery coach began an weekly on-site recovery group at the Food Club that has been well attended.
Describe the expected frequency of the activity(ies) and how you determined this.	The recovery coach will be present at connection points within the community including the Refresh program 2-3x weekly. They will complete outreach activities at other locations regularly for connection and follow-up needs with clients on an ongoing basis. When navigating a treatment connection, knowing the time sensitivity with bed availability, they will work closely with the client until the barrier can be addressed.
Describe the number of persons in the target population you expect to serve during each activity event	From 10/1/23 to 2/23/24 the recovery coach connected and assessed 147 clients in potential need of SUD services. Of these, 56 clients made some mention of a SUD concern and potential treatment exploration. Some 32 clients made attempts at sobriety or maintained some sobriety with assistance from the recovery coach.

III. Explain the necessary costs for your program *(provide narrative to support the resources identified that require money).*
Costs are related to the staff cost of the recovery coach position. Salary, fringe, and direct costs for providing recovery coach services.

IV. Describe the goals you have established for the program. (do not have to be measurable) *(TO BE COMPLETED BY NEW PROGRAMS ONLY)*
1.
2.
3.

4. Click or tap here to enter text.

PERFORMANCE MONITORING
(TO BE COMPLETED BY NEW PROGRAMS ONLY)

V. Describe how you will measure your program's success at meeting its goals. *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.*

Outcomes	***Process:*** *Describe **(in specifically measurable terms)** what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" "how often?" etc. Include benchmark or threshold for measurement as well as expected achievement date.*	1. Recovery coach will maintain a caseload of 30 to 40 individuals - This past year the recovery coach connected and assessed 147 clients in potential need of SUD services. 56 made some mention of a SUD concern and potential treatment exploration, 32 made attempts at sobriety or maintained some sobriety with assistance from the recovery coach. CAH with connection to CMHOC, will continue this assessment of needs and reach to resources. We suspect the caseload will continue to fluctuate between 30-40 individuals on a regular basis.
		2. Recovery coach will maintain at least monthly contact with individuals on caseload - Currently the recovery coach meets with clients as needed but at least monthly, aiming for every 2 weeks or less. Once a client begins the desire to enter treatment, the frequency can increase. This may be daily as they work to navigate the locations of beds, opening, and if they need detox. The recovery coach helps navigate insurance barriers and transportation for access to treatment centers. This continues until they can be connected with appropriate supports for the presented need.
		3. Goals will be established for each participant. - Goals with each participant focus on housing stability as a long term goal. While on this journey the clients establish small goals focused on addressing their current recovery needs. These goals are revisited upon their case management meetings
	Participant: *Describe **(in specifically measurable terms)** what*	1. Each participant will establish goals for work with the recovery coach. Goals are focused on helping individuals increase motivation for recovery, finding/establishing safe housing, and entering into treatment services.

	outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.	2. Participants will have increased opportunity for support group participation and recovery oriented social gatherings. Over this last year, the recovery coach set up recurring weekly recovery meetings on site at CAH. This offering allowed access for current clients but also others in the recovery community. The recovery coach also worked to establish their knowledge, attend other meetings and learn from others about the meetings that are available in the community to offer an array of options for the guest as they come up
		3. Participants will be given the opportunity to address co-occurring concerns with the recovery coach. This includes mental health and physical health concerns.
	Impact: *Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.*	1. Increase the number of individuals who successfully move levels of care within the substance abuse treatment array. With the implementation of this connection the RC saw 56 clients express some level of SUD concern and 32 of those guests were maintained on her caseload and completed some level of sobriety. 18 of those had been maintaining their sobriety, 14 had a relapse but were still wanting to achieve sobriety and continuing work towards that.
		2. Increase the number of individuals who address their co-occurring concerns while in treatment. While guests are completing an intake, team members including RC are assessing for needs including connection with mental health services and or medical needs at the point of intake and ongoing with a case manager. Roughly 22% of the total clients served by CAH are considered having at least 1 documented disability. If SUD is assessed as a potential need then they are connected with the RC on CAH staff directly for further follow up and assessment.
		3. Increase the number of individuals who access recovery support services including housing and transportation supports. This partnership allowed capacity building into the community with a direct connection to CMH and SUD services. This has led to currently having 6 individuals in a treatment facility somewhere at this time with multiple more interested in attending. This includes direct work from CAH RC to follow up with transportation needs then presently available upon discharge from treatment facility, if returning to homelessness, to assess for continued housing needs.

LAKESHORE REGIONAL ENTITY

ATTACHMENT 8

SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 8/30/2024

PROVIDER NAME: OnPoint CURRENT PROVIDER: _____ ● YES ❍ NO

PROGRAM TITLE**: Allegan County Adult Drug Court**

CONTACT PERSON: Mark Witte, Executive Director, OnPoint

CONTACT EMAIL: mwitte@onpointallegan.org

PROVIDER ADDRESS: 540 Jenner Drive, Allegan, MI 49010

SERVICE TYPE

- ● Assessment
- ● Individual Therapy
- ● Group Therapy
- ❍ Family Therapy
- ● Didactic Groups
- ❍ Residential Detox
- ❍ Recovery Housing
- ❍ Level III.1 (low intensity)
- ❍ Level III.3 (moderate to high intensity)
- ❍ Level III.5 (significant/complex intensity)
- ● Medication Assisted Treatment
- ● Peer Recovery
- ❍ Prevention/Other: Click here to enter text.

PROGRAM DESCRIPTION

I. Describe the situation you intend to address:	
Problem Statement: describe the problem that your activities are designed to improve.	We are asking for funding to support local drug courts that are planned for the 57th District Court and the 48th Judicial Circuit Court. Administrators of these courts are hoping to re-establish specialty drug court operations that were suspended do to a lack of judges. Allegan has been awarded an additional judgeship for 2025 and applications for funding to the State Court Administrator's Office (SCAO) in support of the additional judicial capacity and renewed interest in operating drug courts in Allegan County. We expect that the courts will be funded, but possibly at levels that make it difficult to support the treatment services that are required by best practice standards. Our request for funding is contingent on the successful re-establishment of drug courts in Allegan.

Describe the conditions that contribute to the identified problem (List the data sources if applicable)	As noted above, court funding for treatment services may be insufficient to meet the need for treatment presented by participants. We anticipate that up to $100,000 in funding for treatment may be needed to close the gap represented by full costs of the treatment court and the grant awarded by SCAO.
Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.	Drug courts serve individuals who have committed serious crimes and have substantial substance use disorders (and sometimes cooccurring mental health needs).
Describe why your agency is best fit to provide this service?	As the CMH for Allegan County, OnPoint is in the best position to support and manage a grant to the local courts for drug court treatment service provision using PA2 funds on behalf of the LRE.
II. Describe what you will do to address the situation:	
Describe the program's activities (what are you going to do?):	The drug court implements a program in compliance with the standards found in the "Adult Drug Court Standards, Best Practices, and Promising Practices" manual (March 2021). An electronic copy was sent with this application.
Describe the expected frequency of the activity(ies) and how you determined this.	The drug court implements a program in compliance with the standards found in the "Adult Drug Court Standards, Best Practices, and Promising Practices" manual (March 2021). An electronic copy was sent with this application.
Describe the number of persons in the target population you expect to serve during each activity event	Uncertain as the program will be newly established. Data regarding the volume and outcome of participants will be expected from any grant that is issued.

III. Explain the necessary costs for your program *(provide narrative to support the resources identified that require money).*
Up to $100,000. SCAO has not yet responded to the grant request submitted by the court. The LRE's OPB meets September 4 and then not again until December 2024. It is our desire to have these funds available as a contingency to support the court to the level required (up to $100,000) in order to assure sufficient funds are available to meet total program needs for FY2025. Funds beyond those needed by the court will be returned to the LRE at the end of the fiscal year.

IV. Describe the goals you have established for the program. (do not have to be measurable) *(TO BE COMPLETED BY NEW PRORGRAMS ONLY)*
1. The goals of a drug court comport with the standards found in the "Adult Drug Court Standards, Best Practices, and Promising Practices" manual (March 2021). An electronic copy was sent with this application.
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PERFORMANCE MONITORING
(TO BE COMPLETED BYNEW PROGRAMS ONLY)

V. Describe how you will measure your program's success at meeting its goals. *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.*

Outcomes	***Process:*** *Describe **(in specifically measurable terms)** what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" "how often?" etc. Include benchmark or threshold for measurement as well as expected achievement date.*	1. The drug court will be evaluated according to the standards found in Chapter 10 ("Program Evaluation") as found in the "Adult Drug Court Standards, Best Practices, and Promising Practices" manual (March 2021). An electronic copy was sent with this application.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.
	Participant: *Describe **(in specifically measurable terms)** what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.*	1. The drug court will be evaluated according to the standards found in Chapter 10 ("Program Evaluation") as found in the "Adult Drug Court Standards, Best Practices, and Promising Practices" manual (March 2021). An electronic copy was sent with this application.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.
	Impact: *Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.*	1. The drug court will be evaluated according to the standards found in Chapter 10 ("Program Evaluation") as found in the "Adult Drug Court Standards, Best Practices, and Promising Practices" manual (March 2021). An electronic copy was sent with this application.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.

State Court Administrative Office
Court Services
Problem-Solving Courts

Michigan Association of Treatment Court Professionals

Adult Drug Court Standards, Best Practices, and Promising Practices

March 2021

INDEPENDENCE · ACCESSIBILITY · ENGAGEMENT · EFFICIENCY

Introduction

Purpose

This manual was written by staff from the State Court Administrative Office and board members of the Michigan Association of Treatment Court Professionals. It is designed to assist Michigan's adult drug and DWI courts in complying with the drug court statute,[1] best practices, the *10 Key Components of Drug Courts*, and the *10 Guiding Principles of DWI Courts*. The content in this manual comes from many sources, but it leans most heavily on statute and the National Association of Drug Court Professionals *Adult Drug Court Best Practice Standards*, Volume I and Volume II. The manual pulls important pieces from all of these sources in order to best represent Michigan's practices. This manual is intended for all adult drug court team members, and the team should use it to ensure that their program is following the statute and implementing best practices.

Definitions

The chapters in this manual include three types of information:

- **Standard:** Standards are from the drug court statute, the *10 Key Components*, *the 10 Guiding Principles*, federal and state confidentiality laws, and case law and other precedent that are binding on Michigan courts.
- **Best Practice:** Best practices are supported by scientific research and data or nonbinding case law, and are proven methods to follow. The best practices have either been shown by empirical research to produce better outcomes than other practices or they are regarding compliance with confidentiality, due process, or other rules. Their use results in higher-quality programs.
- **Promising Practice:** Promising practices are not yet supported by scientific research or data, but anecdotal evidence and experience suggest they are helpful in adhering to the model. Promising practices are recommendations for courts to follow to operate a higher-quality program.

[1] See Appendix A.

How to Use This Manual

Each chapter is divided into relevant topics. Included within each topic are the standards, best practices, and promising practices, as well as the supporting authority or research. Not all topics have all three subdivisions; some topics have only best practices while some do not have promising practices.

There are two kinds of best practices in this manual: best practices that a program must follow in order to become a certified drug court (bolded) and best practices that a program should be following.

There are footnotes throughout the manual that refer to additional research. The 15 appendices are referenced in the chapters, including model documents that courts can use to comply with certain standards and required best practices. If you would like to request training or technical assistance, please contact your regional administrator. If you have questions, please contact CourtServices@courts.mi.gov.

Certification

In order for a program to become a certified adult drug court under MCL 600.1062, it must comply with the standards and required best practices in this manual. All standards and required best practices are in bold.

Chapter 1: Roles and Responsibilities of the Drug Court Judge

This chapter discusses the judge's roles on a drug court team. The judge serves as the leader of the team and plays an important part in guiding participants through the program. Specific topics include the term as a drug court judge, staffing meetings, and review hearings. Confidentiality is mentioned, but discussed in further detail in Chapter 3. The judge is also important in ensuring participants' due process rights are protected; best practices regarding due process are discussed in Chapter 4.

I. General

A. Standards

1. **A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:**
    a) **Ongoing close judicial interaction with each participant and supervision of progress for each participant. (MCL 600.1060(c)(vii))[2]**
2. **An independent and honorable judiciary is indispensable to justice in our society. A judge should participate in establishing, maintaining, and enforcing, and should personally observe, high standards of conduct so that the integrity and independence of the judiciary may be preserved. A judge should always be aware that the judicial system is for the benefit of the litigant and the public, not the judiciary. (Michigan Code of Judicial Conduct, Canon 1)**

B. Best Practices

1. **Participants ordinarily appear before the same judge throughout their enrollment in the drug court.**
    a) Drug courts that rotated the judicial assignment or where participants appeared before alternating judges had the poorest outcomes in several research studies. (Finigan, Carey, & Cox, 2007) (National Institute of Justice, 2006)

[2] The Michigan drug court statute refers to the *10 Key Components of Drug Courts*. The National Center for DWI Courts, a division of the National Association of Drug Court Professionals, has also promulgated the *10 Guiding Principles of DWI Courts*. Judges in DWI/Sobriety courts should also respect Guiding Principle #6, which reads, "Judges are a vital part of the DWI Court team. As leader of this team, the judge's role is paramount to the success of the DWI court program. The judge must be committed to the sobriety of program participants, possess exceptional knowledge and skill in behavioral science, own recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the DWI Court team, therefore, is of utmost importance."

2. The judge presides over the drug court for no less than two consecutive years.
    a) When judges preside over drug courts for at least two years, those programs have significant cost savings and significantly lower recidivism. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008) (Carey, Mackin, & Finnegan, 2012)
    b) Even greater reductions in recidivism were found in courts where the judges oversaw the drug court on a voluntary basis and the term was indefinite. (Carey, Mackin, & Finnegan, 2012)
3. The judge bases interaction with drug court participants on the four principles of procedural fairness: voice, neutrality, respectful treatment, and trustworthy authorities.
    a) Drug use, probation violations, and recidivism rates were all reduced in drug courts that applied the four principles of procedural fairness. (MacKenzie, 2016)

II. Staffing Meetings and Review Hearings

A. Standards

1. In the performance of judicial duties, the following standards apply:

a) **A judge should be faithful to the law and maintain professional competence in it. A judge should be unswayed by partisan interests, public clamor, or fear of criticism. (Michigan Code of Judicial Conduct, Canon 3(A)(1))**

b) **A judge should be patient, dignified, and courteous to litigants, jurors, witnesses, lawyers, and others with whom the judge deals in an official capacity, and should require similar conduct of lawyers and of staff, court officials, and others subject to the judge's direction and control. (Michigan Code of Judicial Conduct, Canon 3(A)(3))**

c) **Without regard to a person's race, gender, or other protected personal characteristic, a judge should treat every person fairly, with courtesy, and respect. (Michigan Code of Judicial Conduct, Canon 3(A)(10))**

B. Best Practices

1. The judge regularly attends staffing meetings during which the drug court team reviews each participant's progress and discusses potential consequences for performance.

a) Research has consistently shown that when the drug court judge regularly attends staffing meetings, cost savings increase and recidivism is reduced. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008) (Carey, Mackin, & Finnegan, 2012)

2. **The judge considers the perspectives of all team members before making final decisions that affect participants' welfare or liberty interests. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions.**
    a) The collaborative nature of drug courts brings together experts from various disciplines. Their expertise and shared information allow the judge to make better-informed decisions. (National Association of Drug Court Professionals, 2018) (Hora & Stalcup, 2008)
3. The judge spends sufficient time during status review hearings reviewing each participant's progress in the program. Evidence suggests judges should spend a minimum of three minutes interacting with each participant in court.
    a) Recidivism was significantly reduced, by as much as 153 percent, in drug courts where the judge spent at least three minutes interacting with each participant. The same study showed that cost savings were also improved when the judge spent the minimum three minutes with each participant. (Carey, Mackin, & Finnegan, 2012)
4. The judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other program requirements, and expresses optimism about their ability to improve their health and behavior. The judge does not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.
    a) Research has consistently shown that the perceived quality of interactions between participants and the drug court judge is among the most influential factors for success in the program. (National Association of Drug Court Professionals, 2018)
    b) Significantly greater reductions in crime and substance use resulted when the judges were independently rated as being more fair, attentive, caring, and enthusiastic. (Zweig, Lindquist, Downey, Roman, & Rossman, 2012)

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Chapter 2: Participant Supervision and Compliance

This chapter discusses participant supervision and compliance with program requirements. Specific topics include the drug court supervision caseload, frequency of monitoring events, services provided to participants, incentives and sanctions, phase promotion and graduation from drug court, and termination from drug court. Several topics are addressed in additional detail in other chapters.

I. Caseload

A. Best Practices

1. The number of individuals participating in the program as a cohort or a track should be fewer than 125.
    a) Programs that have fewer than 125 individual participants at one time have statistically significant reductions in recidivism. (Carey, Mackin, & Finnegan, 2012)
    b) Drug courts can serve more than 125 participants with effective results if the programs have sufficient personnel and resources to accommodate larger numbers of individuals. (Carey, Mackin, & Finnegan, 2012) (Shaffer, 2010)
2. Supervision caseloads should not exceed 50 active participants per supervision officer (most commonly a probation officer).
    a) Probationers on 50:1 caseloads received significantly more probation office sessions, field visits, employer contacts, telephone check-ins, and substance use disorder and mental health treatment. As a consequence of receiving more services, they also had significantly better probation outcomes, including fewer positive drugs tests and other technical violations. (Jalbert & Rhodes, 2012)
3. The caseload for a treatment provider administering individual therapy should not exceed a 40:1 ratio.
    a) Treatment providers serve principally as treatment providers, administering individual therapy or counseling and perhaps facilitating or co-facilitating group interventions. They may also refer participants for ancillary services such as mental health treatment or vocational training. The caseload census guideline is derived from expert consensus. (Case Management Society of America & National Association of Social Workers., 2008) (National Association of Drug Court Professionals, 2018)

b) State rules on mental health and substance use disorder services say that the equivalent of one or more full-time counselors shall be available for approximately 40 clients. (Michigan Mental Health and Substance Abuse Services Rules, Part 7, R 325.14701)

B. Promising Practices

1. The caseload for a clinical case manager should not exceed a 75:1 ratio.
    a) Case managers assess participant needs, broker referrals for services, and report progress information to the team. The caseload census guideline is derived from expert consensus. (Rodriguez, 2011) (National Association of Drug Court Professionals, 2018) Research is based on outcomes in the context of general probation, particularly high-risk, high-need probationers.

II. Monitoring and Review Hearings

A. Standards

1. A drug treatment court shall provide a drug court participant with all of the following:

a) **Consistent, continual, and close monitoring of the participant and interaction among the court, treatment providers, probation, and the participant. (MCL 600.1072(1)(a))**

b) **Periodic evaluation assessments of the participant's circumstances and progress in the program. (MCL 600.1072(1)(c))**

B. Best Practices

1. Participants appear before the judge for status hearings at least once every two weeks during the first phase of the program. The frequency of status review hearings may be reduced gradually after participants have initiated abstinence from alcohol and illicit drugs and are regularly engaged in treatment. Status review hearings are scheduled at least once every four weeks until participants are in the last phase of the program.

a) A substantial body of research demonstrates the importance of scheduling status hearings no less frequently than every two weeks during the first phase of a drug court. Participants had significantly better treatment attendance, substance use abstinence, and graduation rates when they were required to appear before the judge every two weeks. (National Association of Drug Court Professionals, 2018) (Festinger, et al., 2002)

2. Participants meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of drug court.

a) Studies consistently find that drug courts reduce recidivism and are more cost-effective when participants meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of the program. (Carey, Mackin, & Finnegan, 2012) (Cissner, et al., 2013)

C. Promising Practices

1. Drug court participants meet with a supervision officer (most commonly a probation officer) at least twice per month in the early phases of the program. Many courts require weekly meetings in early phases.
    a) While there is no specific research available on this topic, research on frequency of review hearings and meetings with clinical case managers is relevant. More frequent meetings allow for closer supervision.

III. Services to Participants

A. Standards

1. **A drug treatment court shall provide a drug court participant with all of the following:**
    a) **Substance use disorder treatment services, relapse prevention services, education, and vocational opportunities as appropriate and practicable. (MCL 600.1072(1)(e))**
2. **A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:**
    a) **Integration of alcohol and other drug treatment services with justice system case processing. (MCL 600.1060(c)(i))**

B. Best Practices

1. Participants regularly attend self-help or peer-support groups in addition to professional counseling. The peer-support groups follow a structured model or curriculum such as 12-step or Smart Recovery and offer non-faith-based options.
    a) Participation in self-help or peer-support groups is consistently associated with better long-term outcomes, including greater abstinence and lower mortality rates, when used in conjunction with substance use disorder treatment. (Kelly, Stout, Zywiak, & Schneider, 2006) (Moos & Timko, 2008)

2. In the first phase of drug court, participants receive services designed primarily to address responsivity needs such as deficient housing; mental health symptoms; and substance-related cravings, withdrawal, or anhedonia. In the interim phases of drug court, participants receive services designed to resolve criminogenic needs that co-occur frequently with substance use, such as criminal thinking patterns, delinquent peer interactions, and family conflict. In the later phases of drug court, participants receive services designed to maintain treatment gains by enhancing their long-term adaptive functioning, such as vocational or educational counseling.
    a) Outcomes, including graduation rates, recidivism rates, and engagement in treatment, are improved when rehabilitation programs address ancillary needs in this specific sequence. (National Association of Drug Court Professionals, 2018)
3. Participants with deficient employment or academic histories receive vocational or educational services beginning in a late phase of drug court.
    a) At least two studies of drug courts have reported improved program retention, graduation rates, and treatment retention when unemployed or underemployed participants received a manualized, cognitive-behavioral vocational intervention. (Deschenes, Ireland, & Kleinpeter, 2009) (Leukefeld, Webster, Stanton-Tindall, & Duvall, 2007)
4. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of drug court and continuing as necessary throughout their enrollment in the program.
    a) Participants are unlikely to succeed in treatment if they do not have a safe, stable, and drug-free place to live. (Quirouette, Hannah-Moffat, & Maurutto, 2015)

IV. Ignition Interlock

A. Standards

1. **Before the secretary of state issues a restricted license to a program participant under section 304 of the Michigan vehicle code, 1949 PA 300, MCL 257.304, the DWI/sobriety court judge shall certify to the secretary of state that the individual seeking the restricted license has been admitted into the program and that an interlock device has been placed on each motor vehicle owned or operated, or both, by the individual. (MCL 600.1084(6))**
2. **If any of the following occur, the DWI/sobriety court judge shall immediately inform the secretary of state of that occurrence:**
    a) **The court orders that a program participant be removed from the DWI/sobriety court program before he or she successfully completes it. (MCL 600.1084(6)(a))**

b) **The court becomes aware that a program participant operates a motor vehicle that is not equipped with an interlock device or that a program participant tampers with, circumvents, or removes a court-ordered interlock device without prior court approval. (MCL 600.1084(6)(b))**

c) **A program participant is charged with a new violation of section 625 of the Michigan vehicle code, 1949 PA 300, MCL 257.625. (MCL 600.1084(6)(c))**

B. Best Practices

1. **Ignition interlock devices and restricted driver licenses are made available to eligible participants. Drug courts should utilize the National Center for DWI Courts' ignition interlock device guidelines when incorporating the use of these devices into their programs.**
    a) **An evaluation of Michigan's Ignition Interlock Pilot Program showed that, compared to non-interlock offenders in DWI/sobriety court and to standard probationers, interlock program participants have the lowest recidivism rates after one, two, three, and four years of follow up. This is true for both drunk driving-related reoffending and for general criminal reoffending. (Kierkus & Johnson, 2016)**

V. Incentives and Sanctions

A. Standards

1. **A drug treatment court shall provide a drug court participant with all of the following:**
    a) **A regimen or strategy of appropriate and graduated but immediate rewards for compliance and sanctions for noncompliance, including, but not limited to, the possibility of incarceration or confinement. (MCL 600.1072(1)(d))**
2. **A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:**
    a) **Use of a coordinated strategy with a regimen of graduated sanctions and rewards to govern the court's responses to participants' compliance. (MCL 600.1060(c)(vi))**

B. Best Practices

1. **The drug court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance use, and other infractions.**

a) Drug courts are able to reduce substance use and better prevent criminal behavior when they focus as much on incentivizing productive behaviors as they do on reducing noncompliant or undesirable behaviors. (Zweig, Lindquist, Downey, Roman, & Rossman, 2012)

2. **The drug court has a range of sanctions of varying magnitudes that may be administered in response to program infractions.**
    a) Drug courts are able to reduce substance use and recidivism when the sanctions for failing to meet difficult goals increase progressively in magnitude over successive infractions. This gives treatment a chance to take effect, and prepares participants to meet steadily increasing responsibilities in the program. (National Association of Drug Court Professionals, 2018)
    b) Sanctions that are weak in magnitude can cause habituation in which the individual becomes accustomed, and thus less responsive, to punishment. Imposing high-magnitude sanctions when a participant fails to meet an easy goal helps to avoid habituation. (National Association of Drug Court Professionals, 2018)
3. **Sanctions are imposed as quickly as possible after noncompliant behavior. Drug courts do not wait for the next review hearing to impose a sanction if the behavior can be addressed more immediately.**
    a) The value of having sanctions imposed immediately after noncompliant behavior is a central tenet of behavior modification. Study results show that recidivism and cost savings do not improve when drug courts wait until the next scheduled court appearance for noncompliant participants instead of bringing them in earlier. (Carey, Mackin, & Finnegan, 2012)
    b) If teams wait too long (two weeks or more) before applying a sanction, the participants may have other issues that are more relevant by then, or they may even have worked to improve their behavior by then, in which case they are receiving a sanction at the same time as they are doing well, providing them with a message that is unclear and may even be defeating. (Carey, Mackin, & Finnegan, 2012)
4. Jail sanctions are definite in duration and typically last no longer than five days. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed as a liberty interest is at stake.
    a) Drug courts significantly lower recidivism and improve cost savings when they use jail sanctions sparingly. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008)
    b) Research indicates that jail sanctions produce diminishing returns after approximately three to five days. (Carey, Mackin, & Finnegan, 2012)

5. Participants do not receive punitive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to the treatment interventions. The appropriate course of action may be to reassess the individual and adjust the treatment plan accordingly.
    a) If a drug court imposes substantial sanctions for substance use early in treatment, the team is likely to run out of sanctions and reach a ceiling effect before treatment has taken effect. Therefore, drug courts should ordinarily adjust participants' treatment requirements in response to positive drug tests early in the program. (Chandler, Fletcher, & Volkow, 2009)
6. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.
    a) Relying on in-custody substance use disorder treatment can reduce the cost-effectiveness of a drug court by as much as 45 percent. (Carey, Mackin, & Finnegan, 2012)
7. Team members have a written schedule of sanctions for infractions.
    a) Drug courts where team members are given a copy of the guidelines for sanctions had 72% greater cost savings. (Carey, Mackin, & Finnegan, 2012)
    b) Multistate research showed the most effective programs with regard to recidivism included greater predictability of sanctions. (Rossman & Zwieg, 2012)

C. Promising Practices

1. Immediate and tangible rewards help a drug court demonstrate the benefits of abstinence. Courts should seek to include tangible or token rewards, such as coins, gifts, certificates, or entry into a drawing in an incentives program.
    a) Frequently, the benefits of abstinence, such as better health and lifestyle, are abstract and distant to the abuser. The point of motivational incentives is to bring the benefits of abstinence forward in less time. Both voucher- and prize-based reinforcement systems have been repeatedly shown to be effective interventions among substance users. (Stitzer, 2008) These tangible rewards can be used in drug court to more quickly improve behaviors.

VI. Payments

A. Standards

1. The drug treatment court may require an individual admitted into the court to pay a reasonable drug court fee that is reasonably related to the cost to the court for administering the drug treatment court program as provided in the memorandum of understanding.[3] (MCL 600.1070(4))

[3] See Appendix I. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/DTC_ProgramMOU.pdf.

a) Courts can use the State Court Administrative (SCAO) Drug Court Fee Calculator to help determine what a reasonable fee would be. This calculator should be used only as a guide to help determine a program fee; it is not intended to determine an exact or required amount. Courts can determine the amount of the fee as it is reasonably related to the cost for administering the drug treatment court program.

2. **In order to continue to participate in and successfully complete a drug treatment court program, an individual shall comply with all of the following:**
    a) **Pay all court-ordered fines and costs, including minimum state costs. (MCL 600.1074(1)(a))**
    b) **Pay the drug treatment court fee allowed under section 1070(4). (MCL 600.1074(1)(b))**
    c) **Pay all court-ordered restitution. (MCL 600.1074(1)(c))**
    d) **Pay all crime victims rights assessments under section 5 of 1989 PA 196, MCL 780.905. (MCL 600.1074(1)(d))**
3. **The court shall not sentence a defendant to a term of incarceration, nor revoke probation, for failure to comply with an order to pay money unless the court finds, on the record, that the defendant is able to comply with the order without manifest hardship and that the defendant has not made a good-faith effort to comply with the order. (MCR 6.425(3)(a))**
4. **If the court finds that the defendant is unable to comply with an order to pay money without manifest hardship, the court may impose a payment alternative, such as a payment plan, modification of any existing payment plan, or waiver of part or all of the amount of money owed to the extent permitted by law. (MCR 6.425(E)(3)(b))**

VII. Phase Promotion and Graduation

A. Best Practices

1. **Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specific period of time.**
    a) Drug courts have significantly better outcomes when they have a clearly defined phase structure and concrete behavioral requirements for advancement through the phases. (Carey, Mackin, & Finnegan, 2012)
    b) Phase advancement should not be based simply on the amount of time that participants have been enrolled in the program. (National Association of Drug Court Professionals, 2018)
2. In order to graduate, participants who are able to join the labor force must have a job or be in school, in instances where health insurance and other social benefits are not at risk.

a) Both having a job and being in school are connected to cost savings and reduced recidivism after the participant leaves the program. If the participant is engaged in positive activities that lead to higher and legal income, they are less likely to engage in drug use and other criminal activities. (Carey, Mackin, & Finnegan, 2012)

3. A period of greater than 90 continuous days of negative drug test results is required before a participant is eligible to graduate.
    a) Drug courts where participants were expected to have greater than 90 days clean (demonstrated by negative drug tests) before graduation had 164 percent greater reductions in recidivism compared with programs that expected less clean time. (Carey, Mackin, & Finnegan, 2012)

VIII. Program Discharge

A. Standards

1. **The drug treatment court must be notified if the participant is accused of a new crime, and the judge shall consider whether to terminate the participant's participation in the drug treatment program in conformity with the memorandum of understanding under section 1062. If the participant is convicted of a felony for an offense that occurred after the defendant is admitted to drug treatment court, the judge shall terminate the participant's participation in the program. (MCL 600.1074)**
2. **Upon completion or termination of the drug treatment court program, the court shall find on the record or place a written statement in the court file as to whether the participant completed the program successfully or whether the individual's participation in the program was terminated and, if it was terminated, the reason for the termination.[4] (MCL 600.1076(1))**
3. **The court shall send a record of the discharge and dismissal [under MCL 600.1070, and as outlined in MCL 600.1076(4)] to the criminal justice information center of the department of state police, and the department of state police shall enter that information into the law enforcement information network with an indication of participation by the individual in a drug treatment court. (MCL 600.1076(6))**

B. Best Practices

1. **Unless termination is required under MCL 600.1074 or the participant can no longer be managed safely in the community, drug courts do not terminate participants based only on drug or alcohol use or possession.**

[4] See Appendix B. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/DTC-DischargeStatement.pdf.

a) Drug courts have significantly poorer outcomes and are considerably less cost-effective when they terminate participants based only on drug or alcohol use. Drug courts that had a policy of terminating participants for positive drug tests or new arrests for drug possession offenses had 50 percent higher criminal recidivism and 48 percent lower cost savings than drug courts that responded to new use by increasing treatment or applying sanctions of lower severity. (Carey, Mackin, & Finnegan, 2012)
b) Drug courts that terminate participants merely for drug or alcohol use have significantly poorer recidivism rates and are less cost-effective. (Carey, Mackin, & Finnegan, 2012)

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Chapter 3: Confidentiality

This chapter addresses confidentiality issues in drug court and shares some information with Chapter 4 (Due Process), so readers should review chapters 3 and 4 together. Specific information in this chapter includes the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, redisclosure, records management, and staff training.

I. Confidentiality

A. Standards

1. **Drug courts are required to comply with Title 42 of the United States Code, Section 290dd-2, which is the federal law that protects the confidentiality of the identity, diagnosis, prognosis, or treatment of any patient records that are maintained in connection with the performance of any federally assisted program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research. 42 CFR, Part 2, contains the regulations implementing the alcohol and substance abuse confidentiality law. Full text of the law is available here.**
2. **Drug courts are required to comply with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law that protects confidentiality and the security of protected health information. While it does not directly apply to drug treatment courts, HIPAA does apply to the treatment agencies partnering with drug treatment courts, so drug courts must also comply with HIPAA. Full text of the HIPAA privacy law is available here.**
3. **Except as otherwise permitted in the Michigan drug court statute, any statement or other information obtained as a result of participating in a preadmission screening and evaluation assessment is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal drug use. (MCL 600.1064(4) and MCL 600.1072(2))**
4. **Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and shall not be open to public inspection. The information may be disclosed outside the department, community mental health services program, licensed facility, or contract provider, whichever is the holder of the record, only in the circumstances and under the conditions set forth in MCL 330.1748 section 748 or section 748a. MCL 330.1748(1). Full text is available here.**

5. **Confidential treatment court information and records may not be used to initiate or to substantiate any criminal charges against a participant or to conduct any investigation of a participant. (42 CFR, Section 2.35(d), MCL 600.1064(4), and MCL 600.1072(2))**
6. **State law may neither authorize nor compel any disclosure prohibited by the federal regulations, but where state law prohibits disclosure that would be permissible under the federal regulations, the stricter standard applies. (42 CFR, Section 2.20)**
7. **Treatment courts may receive or release information or records of participants only with the specific knowing, voluntary, and written consent of the participant, or under certain very limited exceptions. (42 CFR, Sections 2.22 and 2.31(a))**
    a) **Consent may be paper or electronic, and must include the following under 42 CFR, Sections 2.14-2.35:5**
        i. **The name of the participant permitting disclosure.**
        ii. **The specific name of the program(s) or person(s) permitted to make the disclosure.**
        iii. **The name of the program(s) or person(s) to which disclosure is to be made.**
        iv. **How much and what kind of information is to be disclosed.**
        v. **The purpose of the disclosure. In accordance with §2.13(a), the disclosure must be limited to that information which is necessary to carry out the stated purpose.**
        vi. **A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third-party payer.**
        vii. **Date, event, or condition upon which the consent will expire. The date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.**
        viii. **The participant's signature and, if applicable, the signature of a person authorized to give consent for a minor.**
        ix. **The date on which consent is signed.**
8. **The participant must be advised, orally and in writing, of their rights regarding confidential information about their substance use disorder. The notice must cite Section 290dd-2 and the implementing regulations (Sections 2.1 through 2.67 of Title 42 of the code of Federal Regulations), and must state the following:**[6]

a) **Federal law and regulations protect the confidentiality of substance use disorder treatment records;**
b) **It is a crime to violate this confidentiality requirement, which the participant may report to appropriate authorities, with the authority's name and contact information provided;**
c) **Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances (which should be listed for the participant); and**
d) **The restrictions on disclosure and use in the regulations in 42 CFR part 2 do not apply to communication with law enforcement agencies or officials regarding crimes committed on the premises of the program, and/or crimes against program personnel, or to reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities, under state law. However, the restrictions continue to apply to the original substance use disorder patient records maintained by the part 2 program including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.**

9. **Treatment courts may not disclose protected health information in response to a subpoena or a search warrant or any other form of request, even if signed by a judge, unless that client signs a consent form authorizing such disclosure, or a court of competent jurisdiction enters an authorizing order under the standards set forth in the Federal regulations. (42 CFR, Section 2.61)**
10. **Any documented treatment information distributed on the basis of the treatment participant's consent should be accompanied by a Notice of Prohibition against Redisclosure. (42 CFR, Section 2.32)**
11. **Drug courts must have in place formal policies and procedures to protect against unauthorized uses and disclosures of confidential information (42 CFR, Section 2.16). The policies and procedures must address the following:**[7]
    a) **Paper records, including:**
        i. **Transferring and removing such records;**
        ii. **Destroying such records, including sanitizing the hard copy media associated with the paper printouts, to render the patient identifying information non-retrievable;**

[5] See Appendix C. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/ReleaseInfoMultiParty.pdf.
[6] See Appendix C. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/ReleaseInfoMultiParty.pdf.
[7] See appendices E and F.

iii. **Maintaining such records in a secure room, locked file cabinet, safe, or other similar container, or storage facility when not in use;**

iv. **Using and accessing workstations, secure rooms, locked file cabinets, safes, or other similar containers, and storage facilities that use or store such information; and**

v. **Rendering patient identifying information non-identifiable in a manner that creates a very low risk of re-identification (e.g., removing direct identifiers).**

b) **Electronic records, including:**

i. **Creating, receiving, maintaining, and transmitting such records;**

ii. **Destroying such records, including sanitizing the electronic media on which such records are stored, to render the patient identifying information non-retrievable;**

iii. **Using and accessing electronic records or other electronic media containing patient identifying information; and**

iv. **Rendering the patient identifying information non-identifiable in a manner that creates a very low risk of re-identification (e.g., removing direct identifiers).**

B. Best Practices

1. **Drug court teams are familiar with relevant federal and state laws and regulations in order to develop appropriate policies and procedures.**

    a) Because drug court programs are integrally involved with supervising the participation of drug offenders in substance use disorder treatment, the programs must take into account federal requirements as well as applicable state laws. (Holland, 1999)

2. **Program personnel's access to confidential records is restricted after consent expires or is revoked.**

    a) All file storage systems include procedures for limiting access to records after the participant's consent expires or is revoked. Thus, paper records that can be accessed by all drug court personnel during the duration of the participant's consent are transferred to a more restricted storage facility as soon as the consent is terminated. Records on computers are sealed by changing the password or other access. (Tauber, Weinstein, & Taube, 1999)

3. **Treatment courts establish a memorandum of understanding (MOU) on confidentiality and have all team members and replacement team members sign and agree to follow confidentiality procedures.**[8] (Tauber, Weinstein, & Taube, 1999)
4. **Pre-court staffing meetings may be closed to participants and the public.** (State v. Sykes, 2014) **If open, compliance with consent requirements must be obtained.**[9]
5. Treatment courts receive training on federal confidentiality requirements and how they affect treatment court practitioners and contractors. (Myer, 2011)
6. Treatment courts designate a team member as their confidentiality compliance officer. The confidentiality compliance officer should be aware of, and consulted about, all third-party inquiries pertaining to mandated disclosures and permitted disclosures under the federal regulations. (Myer, 2011)

[8] See Appendix G. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/ConfidentialityMOU.pdf.
[9] See Appendix H. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/VisitorConfidentialityForm.pdf.

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Chapter 4: Due Process

This chapter addresses procedural due process in drug court. Specific information in this chapter includes the participant waiver of rights, the 1st Amendment, 4th Amendment, and 14th Amendment, as well as sanctions and termination. Please also see the Michigan Court Rules and Code of Judicial Conduct.

I. Waiver of Rights

A. Standards

1. **Before an individual is admitted into a drug treatment court, the court shall find on the record or place a statement in the court file pertaining to . . . the individual understands the consequences of entering the drug treatment court and agrees to comply with all court orders and requirements of the court's program. (MCL 600.1066(b))**
2. **If the individual being considered for admission to a drug treatment court is charged in a criminal case . . . his or her admission is subject to all of the following conditions:**[10]
    a) **The individual must waive, in writing, the right to a speedy trial, the right to representation at drug court treatment review hearings by an attorney, and, with the agreement of the prosecutor, the right to a preliminary examination. (MCL 600.1068(1)(c))**
    b) **The individual must sign a written agreement to participate in the drug treatment court. (MCL 600.1068(1)(d))**
3. **The surrendering of any rights by the participant must be done knowingly, voluntarily, and intelligently. (Kelly v. Allegan Circuit Judge, 1969)**

II. 1st Amendment

A. Standards

1. **The mandating of an individual to attend Alcoholics Anonymous/ Narcotics Anonymous (AA/NA) is a violation of the 1st Amendment Establishment Clause prohibitions. The 1st Amendment applies to the states via the 14th Amendment of the U.S. Constitution.** (Hanas v. Inner City Christian Outreach, Inc., 2008)

[10] See Appendix J. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/DTC-AgreementParticipate.pdf.

2. **All court proceedings under the Michigan drug court statute shall be open to the public. (MCL 600.1076(9))**
    a) **Although the 6th Amendment right "is the right of the accused," a member of the public can invoke the right to a public trial under the 1st Amendment. (United States Constitution, 1st Amendment and 6th Amendment)**
    b) **The sittings of every court within this state shall be public except that a court may, for good cause shown, exclude from the courtroom other witnesses in the case when they are not testifying and may, in actions involving scandal or immorality, exclude all minors from the courtroom unless the minor is a party or witness. This section shall not apply to cases involving national security. (MCL 600.1420)**
    c) **The party seeking to close the hearing must advance an overriding interest that is likely to be prejudiced, the closure must be no broader than necessary to protect that interest, the trial court must consider reasonable alternatives to closing the proceeding, and it must make findings adequate to support the closure.** (People v Vaughn, 2012)
3. **Drug court conditions of participation, such as area and association restrictions, must be reasonable and must be narrowly drawn.**
    a) **Analogizing to probation conditions in MCL 771.3(3)), "…a sentencing court must be guided by factors that are lawfully and logically related to the defendant's rehabilitation."** (People v Johnson, 1995)

B. Best Practices

1. **If it is appropriate and beneficial to order 12-step self-help programs, offenders who object to the deity-based 12-step programs cannot be ordered to attend them. In those instances, secular alternatives must be made available.** (Meyer, 2011)

III. 4th Amendment

A. Best Practices

1. The drug court conducts home visits on participants, without reasonable suspicion, as part of a standard monitoring program.
    a) Home visits are a critical function of community supervision. (Harberts, 2011)
    b) Home visits as a condition of probation in the absence of reasonable suspicion are justified. (United States vs Reyes,, 2002)
    c) "[A] home visit is not a search, even though a visit may result in seizure of contraband in plain view." (United States v Newton, 2002)[11]

2. A waiver against unreasonable searches and seizures may be made as a condition of probation.
    a) Analogizing to probation law, "a waiver of one's constitutional protections against unreasonable searches and seizures may properly be made a condition of a probation order where the waiver is reasonably tailored to a defendant's rehabilitation." (People v. Hellenthal, 1990) (MCL 791.236(19))
    b) A warrantless search of a probationer's home by a probation officer who had reasonable suspicion was upheld based on a 'special needs' balancing test. (Griffin v. Wisconsin, 1987)

IV. 14th Amendment

A. Standards

1. **There are objective standards that require recusal when "the probability of actual bias on the part of the judge or decision maker is too high to be constitutionally tolerable."** (Withrow v Larkin, 1975)
2. **Disqualification of a judge is warranted for reasons that include, but are not limited to, the following:**
    a) **The judge is biased or prejudiced for or against a party or attorney. (MCR 2.003(C)(1)(a))**
    b) **The judge, based on objective and reasonable perceptions, has either (i) a serious risk of actual bias impacting the due process rights of a party as enunciated in Caperton v Massey, [556 US 868]; 129 S Ct 2252; 173 L Ed 2d 1208 (2009), or (ii) has failed to adhere to the appearance of impropriety standard set forth in Canon 2 of the Michigan Code of Judicial Conduct. (MCR 2.003(C)(1)(b))**
    c) **The judge has personal knowledge of disputed evidentiary facts concerning the proceeding. (MCR 2.003(C)(1)(c))**

V. Sanctions and Termination

A. Best Practices

[11] See also United States v Tessier, U.S. Court of Appeals, Sixth Circuit (02/18/16), citing with favor Reyes, supra; United States v LeBlanc, 490 F3d 361, 370 (5th Cir. 2007) cases upholding less invasive "home visits" where there was no reasonable suspicion.

1. **Drug court termination hearings, and sanction hearings involving a liberty interest where the participant is contesting the facts of the violation, require procedural protections under due process and under MCR 6.445, including, but not limited to, the following:**[12]
    a) **The court must hold a hearing similar to an arraignment hearing,**
    b) **The court must ensure that the participant receives written notice of the alleged violation,**
    c) **The court must advise the participant that the participant has a right to contest the charge at a hearing, and**
    d) **The court must advise the participant that the participant is entitled to a lawyer's assistance at the hearing and at all subsequent court proceedings, and that the court will appoint a lawyer at public expense if the participant wants one and is financially unable to retain one.**
        i. This best practice is based on analogy to due process requirements in termination from probation; supported by several state supreme courts that have ruled on drug court terminations; and it complies with the probation violation rulings in Gagnon v Scarpelli, 411 U.S. 778, 92 S.Ct. 1756, 36 L.Ed.2d 656 (1973), and People v Belanger, 227 Mich App 637 (1998). See MCR 6.445 for additional information regarding procedural protections under the court rule.

[12] See Appendix K. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/ModelProgVioAdviceRights.pdf.

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Chapter 5: The Drug Court Team

This chapter discusses the various members on a drug court team and the importance of collaboration among those members. Specific topics include team composition, roles of team members, participation in staffing meetings and review hearings, and communication and decision-making. The role of the judge is discussed in additional detail in Chapter 1 of this manual. Confidentiality is mentioned briefly here but discussed in detail in Chapter 3. Various members of the team work to ensure participants' due process rights are protected; best practices regarding due process are discussed in Chapter 4. Teams should also engage in training as a team; training and education are discussed in Chapter 9.

I. Team Composition

A. Standards

1. **A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:**
    a) **Use of a nonadversarial approach by prosecution and defense that promotes public safety while protecting participant's due process rights. (MCL 600.1060(c)(i))**
    b) **The forging of partnerships among other drug courts, public agencies, and community-based organizations to generate local support. (MCL 600.1060(c)(x))**
2. **The drug treatment court shall cooperate with, and act in a collaborative manner with, the prosecutor, defense counsel, treatment providers, the local substance abuse coordinating agency for that circuit or district, probation departments, and, to the extent possible, local law enforcement, the department of corrections, and community corrections agencies. (MCL 600.1070(3))**

B. Best Practices

1. **A dedicated multidisciplinary team of professionals manages the day-to-day operations of the drug court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within the team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment, and supervision services. (National Association of Drug Court Professionals, 2018)**

2. The drug court team comprises representatives from all partner agencies involved in creating the program, including but not limited to a judge or judicial officer, program coordinator, prosecutor, defense counsel representative, treatment representative, community supervision officer, and law enforcement officer.
    a) Drug courts enjoy significantly greater reductions in recidivism and significantly higher cost savings when all of the above-mentioned team members regularly participate in staffing meetings and review hearings. (Carey, Mackin, & Finnegan, 2012) (Cissner, et al., 2013)
    b) When law enforcement is a member of the drug court team, drug courts can reduce recidivism by 87 percent and increase cost savings by 44 percent. (Carey, Mackin, & Finnegan, 2012)
3. Successful courts had significantly more departmental representation at staffing and court than in less successful courts. Often, the overabundance of one department, i.e. treatment or legal, appeared clustered and proved to be unproductive to the collective goals for the court docket.
    a) When too many treatment providers wanted their own view expressed, the team made no conclusions on how to treat the participant most effectively. When too many legal representatives attempted to protect their own clients' rights at a crowded staffing, the judge appeared bogged down by details and the staffing slowed considerably. (Bullard, 2014)

C. Promising Practices

1. An independent evaluator serves as a member of the drug court team.
    a) The evaluator is responsible for developing reliable and valid methodologies to study the effectiveness of the drug court. It is necessary for all drug courts to regularly evaluate program effectiveness. This is primarily done through three evaluations: process, outcome, and cost-benefit. While an evaluator is an essential team member of any drug court, it is not necessarily a position for a full-time employee in every program. Instead, the role can be filled at the regional or local level. The evaluator, while generally considered a part of the drug court team, does not participate in drug court team reviews as it compromises the objectivity of the evaluator and the integrity of the evaluation process. (Minnesota Supreme Court, 2006)
    b) Courts should consider partnering with local colleges or universities to find a qualified evaluator.
2. The drug court communicates with a medical doctor, particularly one with a specialty in addictionology and especially for those drug courts using medication-assisted treatment.

II. Staffing Meetings and Review Hearings

A. Best Practices

1. **Team members consistently attend pre-court staff meetings to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court.**
    a) When all team members consistently attend staffing meetings, drug courts can lower recidivism by 50 percent, and are nearly twice as cost-effective as those programs where not all team members attend. (Carey, Mackin, & Finnegan, 2012)
    b) When a representative from treatment attended staffing meetings, recidivism was reduced by 105 percent. (Carey, Mackin, & Finnegan, 2012)
2. **Team members attend status review hearings on a consistent basis. During the status review hearings, team members contribute relevant information or recommendations when requested by the judge or as necessary to improve outcomes or protect participants' legal rights.**
    a) Drug courts were able to significantly reduce recidivism and improve cost savings when the judge, attorneys, treatment, probation, and coordinator all attended status review hearings. (Carey, Mackin, & Finnegan, 2012)
    b) When a representative from treatment attended status review hearings, recidivism was reduced 100 percent over drug courts that did not have a treatment representative attend. (Carey, Mackin, & Finnegan, 2012)
    c) When a law enforcement officer attended status review hearings, recidivism was reduced 83 percent over drug courts that did not have a law enforcement officer attend. (Carey, Mackin, & Finnegan, 2012)

III. Communication and Decision Making

A. Best Practices

1. **Team members share information as necessary to assess participants' progress in treatment and compliance with the conditions of drug treatment court. Defense attorneys make it clear to participants and other team members whether they will share communications from participants with the team.**
    a) Several studies have indicated that participants and staff alike rate communication among team members as one of the most important factors for success in drug court. (National Association of Drug Court Professionals, 2018)

b) Please also see Chapter 3, Confidentiality, for information on appropriate scope for information sharing.

2. **Team members and the agency they represent execute memoranda of understanding specifying what information will be shared among team members.**[13]
    a) Assuming a participant has executed a valid waiver of his or her privacy and confidentiality rights, drug court team members are permitted, and indeed may be required, to share covered information in the course of performing their professional duties. Confidentiality and privacy rights belong to the participant, not to staff, and may be waived freely and voluntarily in exchange for receiving anticipated benefits, such as gaining access to effective treatment or avoiding a criminal record or jail sentence (Melton, Petrila, Poythress, & Slobogin, 2007). Failing to abide by a valid confidentiality waiver could, under some circumstances, be a breach of a staff person's professional responsibilities to the participant. (National Association of Drug Court Professionals, 2018)
    b) Staff persons also have ethical obligations to other Drug Court team members. If a staff person knowingly withholds relevant information about a participant from other team members, this omission could inadvertently interfere with the participant's treatment goals, endanger public safety, or undermine the functioning of the Drug Court team. All agencies involved in the administration of a Drug Court should, therefore, execute MOUs specifying what data elements will be shared among team members (Hardin & Fox, 2011). The data elements listed above might be included in such MOUs to clarify the obligations of each professional on the team (National Association of Drug Court Professionals, 2018).
3. **Team members contribute relevant insights, observations, and recommendations based on their professional knowledge, training, and experience. The judge should consider all team members' perspectives before making decisions that affect participants' welfare or liberty interests, and should explain the rationale for such decisions to team members and participants.**
    a) Studies in more than 10 drug courts found that implementing a model designed to improve team communication skills increased job satisfaction and improved program measures such as admission rates, wait times for treatment, and no-show rates (National Association of Drug Court Professionals, 2018).

[13] See Appendix G. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/ConfidentialityMOU.pdf.

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Chapter 6: Drug Court Population and Admission

This chapter discusses screening and eligibility criteria for drug courts. It can be used to ensure that programs are targeting the proper population among offenders. Specific topics include screening, eligible offenses, assessments, and admission to the program and legal outcomes. Drug courts can use this chapter to address their target population, screening and assessment practices, program eligibility requirements, and admission practices.

I. Screening

A. Standards

1. **To be admitted to a drug treatment court, an individual must cooperate with and complete a preadmissions screening and evaluation assessment and must agree to cooperate with any future evaluation assessment as directed by the drug treatment court. A preadmission screening and evaluation assessment shall include all of the following:**
    a) **A complete review of the individual's criminal history, and a review of whether or not the individual has been admitted to and has participated in or is currently participating in a drug treatment court . . . and the results of the individual's participation. A review of the law enforcement information network may be considered sufficient for purposes of this subdivision unless a further review is warranted. The court may accept other verifiable and reliable information from the prosecution or defense to complete its review and may require the individual to submit a statement as to whether or not he or she has previously been admitted to a drug treatment court and the results of his or her participation in the prior program or programs. (MCL 600.1064(3)(a))**
    b) **An assessment of the risk of danger or harm to the individual, others, or the community. (MCL 600.1064(3)(b))**
2. **The court may request that the department of state police provide to the court information contained in the law enforcement information network pertaining to an individual applicant's criminal history for the purposes of determining an individual's admission into the drug treatment court and general criminal history review, including whether the individual has previously been admitted to and participated in a drug treatment court under this act, or under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, section 1 of chapter XI of**

the code of criminal procedure, 1927 PA 175, MCL 771.1, section 350a of the Michigan penal code, 1931 PA 328, MCL 750.350a, or section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430, and the results of the individual's participation. The department of state police shall provide the information requested by a drug treatment court under this subsection. (MCL 600.1064(5))

B. Best Practices

1. **Use clinical assessments instead of screening tools to determine diagnoses.**
    a) Substance use screening tools do not accurately identify diagnoses. (Greenfield & Hennessy, 2008)

II. Eligible Offenses

A. Standards

1. **"Violent offender" means an individual who is currently charged with or has pled guilty to . . . an offense involving the death of or serious bodily injury to any individual, whether or not any of the circumstances are an element of the offense, or an offense that is criminal sexual conduct of any degree. (MCL 600.1060(g))**
2. **Each drug treatment court shall determine whether an individual may be admitted to the drug treatment court. No individual has a right to be admitted into a drug treatment court. However, an individual is not eligible for admission into a drug treatment court if he or she is a violent offender. (MCL 600.1064(1))**
3. **In addition to admission to a drug treatment court under this act, an individual who is eligible for admission pursuant to this act may also be admitted to a drug treatment court under any of the following circumstances:**
    a) **The individual has been assigned the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11. (MCL 600.1064(2)(a))**
    b) **The individual has had criminal proceedings against him or her deferred and has been placed on probation under any of the following:**
        i. **Section 7411 of the public health code, 1978 PA 368, MCL 333.7411. (MCL 600.1064(2)(b)(i))**
        ii. **Section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a. (MCL 600.1064(2)(b)(ii))**
        iii. **Section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430. (MCL 600.1064(2)(b)(iii))**
        iv. **Section 350a of the Michigan penal code, 1931 PA 328, MCL 750.350a. (MCL 600.1064(2)(b)(iv))**

4. **In order to be considered for placement in the [DWI/sobriety court interlock] program, an individual must have been convicted of either of the following:**
    a) **Two or more convictions for violating section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or a local ordinance of this state substantially corresponding to section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625. (MCL 600.1084(4)(a))**
    b) **One conviction for violating section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or a local ordinance of this state substantially corresponding to section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, preceded by 1 or more convictions for violating a local ordinance or law of another state substantially corresponding to section 625(1), (3), or (6) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or a law of the United States substantially corresponding to section 625(1), (3), or (6) of the Michigan vehicle code, 1949 PA 300, MCL 257.625. (MCL 600.1084(4)(b))**

B. Best Practices

1. **The drug court allows charges other than substance use or possession.**
    a) If drug courts do not serve individuals whose future crimes are likely to involve high victimization or incarceration costs, the drug court's cost savings are minimal because the investment costs of treatment are not outweighed by the reduction in recidivism achieved through drug court. (Downey & Roman, 2010).
    b) Drug court participants who self-report that they sold drugs perform as well as other participants in drug court programs. (Marlowe, Festinger, Dugosh, Arabia, & Kirby, 2008).

III. Clinical Substance Use and Mental Health Assessments

A. Standards

1. **To be admitted to a drug treatment court, an individual must cooperate with and complete a preadmissions screening and evaluation assessment and must agree to cooperate with any future evaluation assessment as directed by the drug treatment court. A preadmission screening and evaluation assessment shall include all of the following:**

a) **As much as practicable, a complete review of the individual's history regarding the use or abuse of any controlled substance or alcohol and an assessment of whether the individual abuses controlled substances or alcohol or is drug or alcohol dependent. It is the intent of the legislature that this assessment should be a clinical assessment as much as practicable. (MCL 600.1064(3)(c))**

b) **A review of any special needs or circumstances of the individual that may potentially affect the individual's ability to receive substance use disorder treatment and follow the court's orders. (MCL 600.1064(3)(c))**

2. A drug treatment court may hire or contract with licensed or accredited treatment providers, in consultation and cooperation with the local substance abuse coordinating agency, and other such appropriate persons to assist the drug treatment court in fulfilling its requirements under this chapter, such as the investigation of an individual's background or circumstances, or the clinical evaluation of an individual, for his or her admission into or participation in a drug treatment court. (MCL 600.1063)

B. Best Practices

1. Clinical assessments use validated tools.

a) The predictive criterion validity of actuarial assessments of major risk and/or need factors greatly exceeds the validity of unstructured clinical judgment. (Andrews, Bonta, & Wormith, 2006).

b) Drug courts that use better assessment practices have better outcomes (Shaffer, 2010).

2. Drug courts do not exclude participants with serious mental health issues.

a) Drug courts that excluded offenders with serious mental health issues were significantly less cost-effective and had no better impact on recidivism than drug courts that did not exclude such individuals. (Carey, Mackin, & Finnegan, 2012).

IV. Risk and Need Assessment

A. Best Practices

1. The drug court program accepts participants who are both high risk and high need.

a) Drug courts that focus on high-risk and high-need participants reduce crime nearly twice as much as those focusing on less serious participants (Lowenkamp, Holsinger, & Latessa, 2005), and approximately 50 percent greater cost savings to their communities (Bhati et al., 2008; Carey et al., 2008, 2012; Downey & Roman, 2010).

b) If a program has low-risk participants, the program should keep the low-risk population separate from the high-risk population. (National Association of Drug Court Professionals, 2018).

2. **Use a standardized risk and needs assessment to identify the expected likelihood of a particular outcome (e.g., recidivism) over a specified period of time (e.g., one year) for an individual.**
    a) Standardized assessment tools are reliable and valid with regard to identifying those who are likely to succeed on probation. (Miller & Shutt, 2001)
3. If a drug court is unable to target only high-risk and high-need offenders, the program develops alternative tracks with services that are modified to meet the risk and need levels of its participants, and does not mix participants with different risk or need levels in the same counseling groups, residential treatment milieu, or housing unit.
    a) Mixing participants with different risk or need levels together in treatment groups or residential facilities can make outcomes worse for the low-risk or low-need participants by exposing them to antisocial peers or interfering with their engagement in productive activities, such as work or school (DeMatteo et al., 2006; Lowenkamp & Latessa, 2004; McCord, 2003; Petrosino et al., 2000). A free publication from the National Drug Court Institute (NDCI) provides evidence-based recommendations for developing alternative tracks in Drug Courts for low-risk and low-need participants.
    b) Providing substance use disorder treatment for non-addicted substance users can lead to higher rates of reoffending or substance use or a greater likelihood of these individuals eventually becoming addicted (Lovins et al., 2007; Lowenkamp & Latessa, 2005; Szalavitz, 2010; Wexler et al., 2004)
    c) The lowest criminogenic risk (LSI-R score) Mental Health Court (MHC) participants had the highest rate of felony recidivism (20 percent). Recidivism rates in MHC participants decreased as risk scores increased; the highest risk MHC participants had the lowest rate of felony recidivism (7 percent). This finding underscores the importance of admitting high risk and high need applicants and suggests that MHCs have the greatest benefit with higher risk participants.
4. Ensure that the validation sample of the risk and needs assessment is similar to the drug court's population.
    a) Different racial or ethnic groups interpret the same assessment questions differently. (Carle, 2009)
    b) Males and females show differences in the prediction of substance use dependence. (Perez & Wish, 2011)
    c) DWI offenders require different assessments than drug court offenders. (Vlavianos, Floerke, Harrison, & Carey, 2015)

5. Reexamine dynamic risk factors after program admission.
    a) Assessments completed within the month preceding the participant's failure have greater accuracy than ones done much earlier. (Lloyd, Hanson, & Serin, 2015)

V. Legal Outcome

A. Standards

1. **The circuit court in any judicial circuit or the district court in any judicial district may adopt or institute a drug treatment court, pursuant to statute or court rules. However, if the drug treatment court will include in its program individuals who may be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the circuit or district court shall not adopt or institute the drug treatment court unless the circuit or district court enters into a memorandum of understanding with each participating prosecuting attorney in the circuit or district court district, a representative of the criminal defense bar, and a representative or representatives of community treatment providers. The memorandum of understanding also may include other parties considered necessary, such as any other prosecutor in the circuit or district court district, local law enforcement, the probation departments in that circuit or district, the local substance abuse coordinating agency for that circuit or district, a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board, and community corrections agencies in that circuit or district. The MOU shall describe the role of each party.[14] (MCL 600.1062(1))**
    a) **In the case of an individual who will be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the prosecutor must approve of the admission of the individual into the drug treatment court in conformity with the memorandum of understanding under section 1062. (MCL 600.1068(2))**
2. **An individual shall not be admitted to, or remain in, a drug treatment court pursuant to an agreement that would permit a discharge or dismissal of a traffic offense upon successful completion of the drug treatment court program. (MCL 600.1068(3))**

[14] See Appendix I. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/DTC_ProgramMOU.pdf.

VI. Admission Factors

A. Standards

1. **If the individual being considered for admission to a drug treatment court is charged in a criminal case . . . his or her admission is subject to all of the following conditions:**[15]
    a) **The offense or offenses allegedly committed by the individual must be related to the abuse, illegal use, or possession of a controlled substance or alcohol. (MCL 600.1068(1)(a))**
    b) **The individual, if an adult, must plead guilty to the charge or charges on the record. (MCL 600.1068(1)(c))**
2. **In addition to rights accorded a victim under the William Van Regenmorter crime victim's rights act, 1985 PA 87, MCL 780.751 to 780.834, the drug treatment court must permit any victim of the offense or offenses of which the individual is charged, any victim of a prior offense of which that individual was convicted, and members of the community in which either the offenses were committed or in which the defendant resides to submit a written statement to the court regarding the advisability of admitting the individual into the drug treatment court. (MCL 600.1068(4))**
3. **An individual who has waived his or her right to a preliminary examination and has pled guilty . . . as part of his or her application to a drug treatment court and who is not admitted to a drug treatment court, shall be permitted to withdraw his or her plea and is entitled to a preliminary examination. (MCL 600.1068(5))**

B. Best Practices

1. **Use only objective criteria when determining eligibility for drug court.**
    a) Some drug courts may screen candidates for their suitability for the program based on the team's subjective impressions of the offender's motivation for change or readiness for treatment. Suitability determinations have been found to have no impact on drug court graduation rates or post program recidivism (Carey & Perkins, 2008; Rossman et al., 2011).
    b) Removing subjective eligibility restrictions and applying evidence-based selection criteria significantly increases the effectiveness and cost-effectiveness of drug courts by allowing them to serve the most appropriate target population (Bhati et al., 2008; Sevigny et al., 2013).

[15] See Appendix J. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/DTC-AgreementParticipate.pdf.

VII. Findings on the Record or in the Court File

A. Standards

1. **Before an individual is admitted into a drug treatment court, the court shall find on the record, or place a statement in the court file pertaining to, all of the following:**[16]
    a) **The individual is dependent upon or abusing drugs or alcohol and is an appropriate candidate for participation in the drug treatment court. (MCL 600.1066(a))**
    b) **The individual understands the consequences of entering the drug treatment court and agrees to comply with all court orders and requirements of the court's program and treatment providers. (MCL 600.1066(b))**
    c) **The individual is not an unwarranted or substantial risk to the safety of the public or any individual, based upon the screening and assessment or other information presented to the court. (MCL 600.1066(c))**
    d) **The individual is not a violent offender. (MCL 600.1066(d))**
    e) **The individual has completed a preadmission screening and evaluation assessment under section 1064(3) and has agreed to cooperate with any future evaluation assessment as directed by the drug treatment court. (MCL 600.1066(e))**
    f) **The individual meets the requirements, if applicable, under section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, section 350a of the Michigan penal code, 1931 PA 328, MCL 750.350a, or section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430. (MCL 600.1066(f))**
    g) **The terms, conditions, and the duration of the agreement between the parties, especially as to the outcome for the participant of the drug treatment court upon successful completion by the participant or termination of participation. (MCL 600.1066(g))**

VIII. Program Entry

A. Best Practices

1. Expedite the court process to quickly accept participants into the drug court.

a) When the time between arrest and program entry is 50 days or less, programs see reductions in recidivism. (Carey, Mackin, & Finnegan, 2012)

[16] See Appendix L. This model document is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/DTC-AdmissionConditionStatement.pdf.

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Chapter 7: Drug and Alcohol Testing

This chapter addresses drug and alcohol testing in drug court. Specific topics include randomization, frequency, methods for collection and testing, the use of scientific information, and chain of custody. In addition to following these standards and best practices, courts should consult the *Ten Principles of a Good Testing Program*,[17] promulgated by the NDCI and available in Appendix A of this manual. The Michigan Association of Treatment Court Professionals published the *MATCP Drug Testing Manual*, 2nd Edition, as a reference for treatment courts.

I. General

A. Best Practices

1. Upon entering the drug court, participants receive a clear and comprehensive explanation of their rights and responsibilities related to drug and alcohol testing. This information is described in a participant contract or handbook and reviewed periodically with participants to ensure they remain cognizant of their obligations.
    a) Outcomes are significantly better when drug courts specify their policies and procedures clearly in a participant manual or handbook (Carey et al., 2012).
    b) Drug courts can enhance participants' perceptions of fairness substantially and reduce avoidable delays from contested drug and alcohol tests by describing their testing procedures and requirements in a participant contract or handbook. (National Association of Drug Court Professionals, 2018)

II. Randomization

A. Standards

1. **A drug treatment court shall provide a drug court participant with all of the following . . . mandatory periodic and random testing for the presence of any controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods. (MCL 600.1072(1)(b))**

[17] See Appendix N.

2. **The probability of being tested on weekends and holidays is the same as other days.**
    a) Weekends and holidays are high-risk times for drug and alcohol use. Providing a respite from detection during these high-risk times reduces the randomness of testing and undermines the central aims of a drug-testing program. (Kirby, Lamb, Iguchi,
    b) Husband, & Platt, 1995) (Marlatt & Gordon, 1985) (American
    c) Society of Addiction Medicine, 2013)
3. Urine tests are delivered no more than eight hours after a participant is notified that a test has been scheduled. (National Association of Drug Court Professionals, 2018) (Auerbach, 2007)
4. Tests with short detection windows such as oral fluid tests should be delivered no more than four hours after being notified that a test was scheduled. (National Association of Drug Court Professionals, 2018)

III. Frequency and Breadth of Testing

A. Standards

1. **A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:**
    a) **Monitoring of participants effectively by frequent alcohol and other drug testing to ensure abstinence from drugs or alcohol. (MCL 600.1060(c)(v))**

B. Best Practices

1. **Urine testing is performed at least twice per week until participants are in the last phase of the program and preparing for graduation.**
    a) In a multisite study of approximately 70 drug courts, programs performing urine testing at least twice per week in the first phase lowered recidivism by 38 percent and were 61 percent more cost-effective than programs testing less frequently. (Carey, Mackin, & Finnegan, 2012)
    b) The most effective drug courts perform urine drug testing at least twice per week for the first several months of the program. (Carey & Perkins, 2008)
2. **Test specimens are examined for all unauthorized substances that are suspected to be used by drug court participants. Randomly selected specimens are tested periodically for a broader range of substances to detect new substances that might be emerging in the drug court population.**
    a) Participants can easily evade detection of their substance use by switching to drugs that have similar effects but are not detected by the test. (American Society of Addiction Medicine, 2013)

b) Because new drugs of abuse are constantly being sought out by offenders to cheat drug tests, drug courts should frequently and randomly examine samples for a wide range of potential substances of abuse. (American Society of Addiction Medicine, 2013)

3. Tests that measure substance use over extended periods of time, such as ankle monitors, are applied for at least 90 consecutive days followed by urine or other intermittent test methods.
    a) Research indicates that use of an alcohol tether device may deter alcohol consumption and alcohol-impaired driving among recidivist DWI offenders if it is worn for at least 90 days. (Flango & Cheeseman, 2009) (Tison, Nichols, Casanova-Powell, & Chaudhary, 2015)

IV. Scientifically Valid Drug Testing Methods

A. Best Practices

1. A drug court uses scientifically valid and reliable testing procedures.

a) To be admissible as evidence in a legal proceeding, drug and alcohol test results must be derived from scientifically valid and reliable methods. (Meyer, 2011)

b) Appellate courts have recognized the scientific validity of several commonly used methods for analyzing urine, including gas chromatography/mass spectrometry (GC/MS); liquid chromatography/tandem mass spectrometry (LC/MS/MS); the enzyme multiple immunoassay technique (EMIT); and some sweat, oral fluid, hair, and ankle-monitor tests. (Meyer, 2011)

c) Appellate courts have recognized the scientific validity of ethyl glucuronide (ETG) testing. (Lawrence)

2. If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis using an instrumented test, such as GC/MS or LC/MS. Unless a participant admits to using the drug identified by the screening procedure, confirmation of presumptive positive tests should be mandatory.

a) Gas chromatography-mass spectrometry (GC/MS) provides chemical fingerprint identification of drugs and is recognized as the definitive confirmation technology. (Cary, 2011)

b) Confirmation with an instrumented test virtually eliminates the odds of a false positive result, assuming the sample was collected and stored properly. (Auerbach, 2007)

c) It is necessary to validate positive screening results in order to rule out the potential of a false positive by performing a confirmation procedure. (Cary, 2011)

3. **Confirmatory tests are not withheld due to the participant's inability to pay.**
    a) Drug courts commonly require participants to pay the cost of confirmation tests if the initial screening result is confirmed. (Cary, 2011) (Meyer, 2011)
4. **Metabolite levels are not used as evidence of new substance use or changes in participants' substance use patterns.**
    a) Some drug courts interpret changes in quantitative levels of drug metabolites as evidence that new substance use has occurred or a participant's substance use pattern has changed. Unless a drug court has access to an expert trained in toxicology, pharmacology, or a related discipline, such practices should be avoided. Most drug and alcohol tests used in drug courts were designed to be *qualitative*, meaning they were designed to determine whether a drug or drug metabolite is present at levels above a prespecified concentration level. The cutoff concentration level is calculated empirically to maximize the true-positive rate, true-negative rate, or classification rate. When drug courts engage in quantitative analyses, they are effectively altering the cut-off score and making the results less accurate. (National Association of Drug Court Professionals, 2018)
    b) Quantitative metabolite levels can vary considerably based on a number of factors, including the total fluid content in urine or blood (Cary, 2004; Schwilke et al., 2010). Moderate changes in participants' fluid intake or fluid retention could lead drug courts to miscalculate substance use patterns. Numeric results do not accurately discriminate between whether a participant's overall drug level is increasing or decreasing even if compared to previous urine drug concentrations from the same client and for the same drug. (Cary, 2004)
    c) The routine use of urine drug levels by court personnel in an effort to define substance use disorder behavior and formulate appropriately measured sanctions is a practice that can result in inappropriate, factually unsupportable conclusions and a decision-making process that lacks a sound scientific foundation. (Cary, 2011)
5. **Test specimens are examined routinely for evidence of dilution and adulteration.**
    a) The temperature of each urine specimen should be examined immediately upon collection to ensure it is consistent with an expected human body temperature. An unusual temperature might suggest the sample cooled down because it was collected at an earlier point in time, or was mixed with water that was too cold or too hot to be consistent with body temperature. (National Association of Drug Court Professionals, 2018)

b) Under normal conditions, urine specimens should be between 90 and 100 degrees Fahrenheit within four minutes of collection; a lower or higher temperature likely indicates a deliberate attempt at deception. (American Society of Addiction Medicine, 2013)

c) Specimens should be tested for creatinine and specific gravity. A creatinine level below 20 mg/dL is rare and is a reliable indicator of an intentional effort at dilution or excessive fluid consumption. (American Society of Addiction Medicine, 2013)

d) A creatinine level below 20 mg/dL is rare and is a reliable indicator of an intentional effort at dilution or excessive fluid consumption barring unusual medical or metabolic conditions (ASAM, 2013; Cary, 2011; Jones & Karlsson, 2005; Katz et al., 2007). (American Society of Addiction Medicine, 2013)

e) Specific gravity reflects the amount of solid substances that are dissolved in urine. The greater the specific gravity, the more concentrated the urine; and the lower the specific gravity, the closer its consistency to water. The normal range of specific gravity for urine is 1.003 to 1.030, and a specific gravity of 1.000 is essentially water. Some experts believe a specific gravity below 1.003 reflects a diluted sample (Katz et al., 2007). Although this analysis, by itself, may not be sufficient to prove excessive fluid consumption, dilution is likely to have occurred if the specific gravity is low and accompanies other evidence of tampering or invalidity, such as a low creatinine level or temperature. (Dasgupta et al., 2004; Mikkelsen & Ash, 1988).

V. Witnessed Collection

A. Best Practices

1. **Direct observed collection requires that an observer watch the donor urinate into the collection container. The observer's gender must be the same as the donor's gender, which is determined by the donor's gender identity, with no exception to this requirement. (Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, 2017)**

    a) Gender identity means an individual's internal sense of being male or female, which may be different from an individual's sex assigned at birth. (Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, 2017)

        i. Before an observer is selected the donor is informed that the gender of the observer will match the donor's gender, which is determined by the donor's gender identity. The collector then selects the observer to conduct the observation:

(1) The collector asks the donor to identify the donor's gender on the Custody and Control Form (CCF) and initial it.
(2) The donor will then be provided an observer whose gender matches the donor's gender.
(3) The observer's name and gender is documented on the CCF. (Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, 2017)

2. **Collection of test specimens is witnessed directly by a staff person who has been trained to prevent tampering and substitution of fraudulent specimens.**
    a) The most effective way to ensure that the sample collection is valid and to avoid tampering is to ensure the collection is witnessed directly by someone who has been properly trained. (American Society of Addiction Medicine, 2013) (Cary, 2011)
3. **Breathalyzers must be calibrated according to certification standards established by the U.S. Departments of Transportation (DOT) and Health and Human Services (HHS) and/or the state toxicologist. The test must be administered by breath alcohol technicians who are trained in the use and interpretation of breath alcohol results. (U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office & American University, 2000)**
4. Barring exigent circumstances, participants are not permitted to undergo independent drug or alcohol testing in lieu of being tested by trained personnel assigned to or authorized by the drug treatment court.
    a) Because specialized training is required to minimize tampering of test specimens, under most circumstances participants should be precluded from undergoing drug and alcohol testing by independent sources. In exigent circumstances, such as when participants live a long distance from the test collection site, the drug court might designate independent professionals or laboratories to perform drug and alcohol testing. As a condition of approval, these professionals should be required to complete formal training on the proper collection, handling, and analyses of drug and alcohol test samples among drug court participants or comparable criminal justice populations. (National Association of Drug Court Professionals, 2018)
    b) Drug treatment courts are also required to follow generally accepted chain-of-custody procedures when handling test specimens (ASAM, 2013; Cary, 2011; Meyer, 2011). Therefore, if independent professionals or laboratories perform drug and alcohol testing, they must be trained carefully to follow proper chain-of-custody procedures. (National Association of Drug Court Professionals, 2018)

VI. Chain of Custody and Results

A. Standards

1. **If the court determines that scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education may testify thereto in the form of an opinion or otherwise if (1) the testimony is based on sufficient facts or data, (2) the testimony is the product of reliable principles and methods, and (3) the witness has applied the principles and methods reliably to the facts of the case. (Michigan Rules of Evidence, Rule 702. Adopted from the Federal Rules of Evidence, Rule 702. Based on *Daubert v. Merrell Dow Pharmaceuticals*)**

B. Best Practices

1. **A chain-of-custody form is completed once a urine sample has been collected. This form ensures the identity and integrity of the sample through transport, testing, and reporting of results.** (Kadehjian, 2010)
2. Test results, including the results of confirmation testing, are available to the drug court within 48 hours of sample collection.
    a) A study of approximately 70 drug courts reported significantly greater reductions in recidivism and significantly greater cost benefits when the teams received drug and alcohol test results within 48 hours of sample collection. (Carey, Mackin, & Finnegan, 2012)

C. Promising Practices

1. In order to comply with the 48-hour results best practice, drug courts that use tethers or in-home units should require download at least three times per week.

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Chapter 8: Treatment

This chapter discusses treatment in drug court. Specific topics include treatment entry, services, treatment duration, and medication-assisted treatment. Some of the topics in this chapter are also addressed in chapter 2 regarding participant supervision and compliance and in chapter 6 regarding population and admission.

I. General and Definition of Drug Treatment Courts and DWI Courts

A. Standards

1. **"Drug treatment court" means a court-supervised treatment program for individuals who abused or are dependent upon any controlled substance or alcohol. A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals. (MCL 600.1060(c))**
2. **"DWI/sobriety court" means the specialized court docket and programs established within judicial circuits and districts throughout this state that are designed to reduce recidivism among alcohol offenders and that comply with the 10 guiding principles of DWI courts as promulgated by the National Center for DWI Courts. (MCL 600.1084(9)(a))**

B. Best Practices

1. **A clinically trained treatment representative is a core member of the drug court team and regularly attends team meetings and status hearings.**
    a) Recidivism may be reduced twofold when representatives from the drug court's primary treatment agencies regularly attend staffing meetings and status review hearings. (Carey, Mackin, & Finnegan, 2012)
2. Treatment should address major criminogenic needs. Eight major criminogenic needs have been identified that contribute to the risk for recidivism among offenders and that are dynamic or changeable via programmatic interventions.
    a) Reductions in recidivism are proportional to the number of criminogenic needs addressed within offender treatment programs. (Peters, 2011)

3. One or two treatment agencies are primarily responsible for managing the delivery of treatment services for drug court participants.
    a) Drug courts that worked with two or fewer treatment agencies were able to reduce recidivism by 74 percent over drug courts that used more agencies. (Carey, Mackin, & Finnegan, 2012)

II. Treatment Entry

A. Best Practices

1. Drug courts link participants to treatment as soon as possible.

a) Family dependency drug court participants are linked to treatment more quickly than those who experience the traditional dependency court system, stay in treatment longer, and are more likely to complete treatment. (Bruns, Pullmann, Wiggins, & Watterson, 2011)

b) People mandated to treatment by the criminal justice system experience similar outcomes related to substance use and recidivism as those seeking treatment voluntarily. Retention in treatment is often higher among those coerced into treatment. Such participants perform as well as voluntary participants across a range of in-treatment indicators of progress (e.g., self-efficacy, coping skills, clinical symptoms, 12-step involvement, motivation for change). (Peters, 2011)

c) Participants who enter drug court quickly tend to enter treatment more quickly. (Worcel, Furrer, Green, & Rhodes, 2006)

2. Drug courts consider using the Risk Needs Responsivity (RNR) Model.
    a) The RNR model has led to better risk assessment instruments to predict criminal behavior and better treatment programs that match services to the level of risk and needs. As a result, the RNR model, when properly applied, has led to a reduction in recidivism. (Bonta & Andrews, 2007)

III. Treatment Services

A. Standards

1. A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:

a) **Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. (MCL 600.1060(c)(iv))**

B. Best Practices

1. Mental illness and substance use disorders are treated concurrently using an evidence-based curriculum that focuses on the mutually aggravating effects of the two conditions.
    a) Treating either disorder alone without treating both disorders simultaneously is rarely, if ever, successful. Addiction and mental illness are reciprocally aggravating conditions, meaning that continued symptoms of one disorder are likely to precipitate relapse in the other disorder (Chandler et al., 2004; Drake et al., 2008). For this reason, best practice standards for drug courts and other treatment programs require mental illness and addiction to be treated concurrently as opposed to consecutively. (Drake et al., 2004; Kushner et al., 2014; Mueser et al., 2003; Osher et al., 2012; Peters, 2008; Steadman et al., 2013)
    b) Whenever possible, both disorders should be treated in the same facility by the same professional(s) using an integrated treatment model that focuses on the mutually aggravating effects of the two conditions. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2010) has published therapist toolkits to assist in delivering evidence-based integrated treatments for co-occurring substance-use and mental health disorders.
2. The drug court offers a continuum of care for substance use disorder treatment, including detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services.
    a) Outcomes, including graduation rates and recidivism, are significantly better in drug courts that offer a continuum of care for substance use disorder treatment, which includes residential treatment and recovery housing in addition to outpatient treatment. (Carey, Mackin, & Finnegan, 2012) (Koob, Brocato, & Kleinpeter, 2011)
    b) Community aftercare treatment for offenders can significantly reduce rates of substance use and recidivism. (Peters, 2011)
3. The drug court offers trauma-informed services.
    a) Although some participants with trauma histories do not require formal PTSD treatment, all staff members, including court personnel and other criminal justice professionals, need to be trauma-informed for all participants. (Bath, 2008) Staff members should remain cognizant of how their actions may be perceived by persons who have serious problems with trust, are paranoid or unduly suspicious of others' motives, or have been betrayed, sometimes repeatedly, by important persons in their lives. Safety, predictability and reliability are critical for treating such individuals. Several practice recommendations should be borne in mind. (Bath, 2008; Covington, 2003; Elliott et al., 2005; Liang & Long, 2013) (National Association of Drug Court Professionals, 2018)

4. The drug court offers gender-specific substance use disorder treatment groups.
    a) A study of approximately 70 drug courts found that programs offering gender-specific services reduced criminal recidivism significantly more than those that did not. (Carey, Mackin, & Finnegan, 2012)
    b) In a randomized controlled experiment, female drug court participants with trauma histories who received manualized cognitive-behavioral PTSD treatments—Helping Women Recover (Covington, 2008) or Beyond Trauma (Covington, 2003)—in gender-specific groups were more likely to graduate from drug court, were less likely to receive a jail sanction in the program, and reported more than twice the reduction in PTSD symptoms than participants with trauma histories who did not receive PTSD treatment. (Messina et al., 2012)
    c) Given the design of these studies, separating the effects of the PTSD treatments from the effects of the gender-specific groups is not possible. Studies have reported superior outcomes when women in the criminal justice system received various types of substance use disorder treatment in female-only groups. (Grella, 2008; Kissin et al., 2013; Liang & Long, 2013; Morse et al., 2013)
5. The drug court offers mental health treatment.
    a) Programs that excluded offenders with serious mental health issues were significantly less cost-effective and had no better impact on recidivism than drug courts that did not exclude such individuals. (Carey, Mackin, & Finnegan, 2012)
6. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.
    a) Relying on in-custody substance use disorder treatment can reduce the cost-effectiveness of a drug court by as much as 45 percent. (Carey, Mackin, & Finnegan, 2012)
    b) Some drug courts may place participants in jail as a means of providing detoxification services or to keep them "off the streets" when adequate treatment is unavailable in the community. This practice is inconsistent with best practices, unduly costly, and unlikely to produce lasting benefits. (National Association of Drug Court Professionals, 2018)

IV. Evidence-Based Models of Treatment

A. Best Practices

1. Treatment providers use evidence-based models and administer treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.

a) Outcomes from correctional rehabilitation are significantly better when evidence-based models are used, and fidelity to the model is maintained through continuous supervision of the treatment providers. (National Association of Drug Court Professionals, 2018)
b) Examples of manualized cognitive behavioral therapy (CBT) curricula that have been proven to reduce criminal recidivism among offenders include Moral Reconation Therapy (MRT), Reasoning and Rehabilitation (R&R), Thinking for a Change (T4C), Relapse Prevention Therapy (RPT), and the Matrix Model. (National Association of Drug Court Professionals, 2018)

V. Treatment Duration

a. Best Practices

1. **Participants receive a sufficient dosage and duration of substance use disorder treatment to achieve long-term sobriety and recovery from addiction.**
    a) Providing continuous treatment for at least one year is associated with reduced recidivism. (Warren, 2007)
    b) The longer participants remain in treatment and the more sessions they attend, the better their outcomes. (National Association of Drug Court Professionals, 2018)
2. Participants ordinarily receive 6 to 10 hours of counseling per week during the initial phase of treatment and approximately 200 hours of counseling over 9 to 12 months; however, the drug court allows for flexibility to accommodate individual differences in each participant's response to treatment.
    a) The best outcomes are achieved when addicted offenders complete a course of treatment extending over approximately 9 to 12 months. (Peters, 2011) (Cobbina & Huebner, 2007)
    b) Assuming drug courts are treating individuals who are addicted to drugs or alcohol, and are at a high risk for criminal recidivism or treatment failure, studies show that, on average, participants will require 6 to 10 hours of counseling per week in the first phase and 200 hours over the course of treatment. (National Association of Drug Court Professionals, 2018)

VI. Medication-Assisted Treatment

A. Best Practices

1. **Drug courts allow the use of medication-assisted treatment (MAT) when appropriate, based on a case-specific determination and handle MAT very similarly to other kinds of treatment.**
    a) Numerous controlled studies have reported significantly better outcomes when addicted offenders received medication-assisted treatments including opioid antagonist medications such as naltrexone, opioid agonist medications such as methadone, and partial agonist medications such as buprenorphine. (Chandler, Fletcher, & Volkow, 2009) (Finigan, Perkins, Zold-Kilbourn, Parks, & Stringer, 2011)
    b) Buprenorphine or methadone maintenance administered prior to and immediately after release from jail or prison has been shown to significantly increase opiate-addicted inmates' engagement in treatment, reduce illicit opiate use, reduce rearrests, and reduce mortality and hepatitis C infections. (National Association of Drug Court Professionals, 2018)
2. **The court does not determine the type, dosage, and duration of medication-assisted treatment.**
    a) The basic purpose of probation is to provide an individualized program of rehabilitation. (Roberts v United States, 1943)

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Chapter 9: Education

Education and training are important components in any drug court. This chapter discusses standards, best practices, and promising practices regarding education of the drug court team.

I. General

A. Standards

1. **A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:**
    a) **Continued interdisciplinary education in order to promote effective drug court planning, implementation, and operation. (MCL 600.1060(c)(ix))**
2. **A court that is adopting a drug treatment court shall participate in training as required by the state court administrative office and the bureau of justice assistance of the United States department of justice. (MCL 600.1062(3))**

B. Best Practices

1. **Team members participate in continuing education workshops at least annually to gain up-to-date knowledge about best practices on drug court topics.**
    a) A multisite study involving more than 60 drug courts found that participation in annual training conferences was the single greatest predictor of program effectiveness. (Shaffer, 2006) (Shaffer, 2010)
2. **New team members complete a formal orientation training as soon as practical after assuming their position[18].**
    a) A multisite study of approximately seventy drug courts found that programs were over 50 percent more effective at reducing recidivism when they routinely provided formal orientation training for new staff (Carey, Mackin, & Finnegan, 2012).
3. **The drug court judge attends current training events on legal and constitutional issues in drug courts, judicial ethics, evidence-based substance use disorder and mental health treatment, behavior modification, and community supervision. Attendance at annual training conferences and workshops ensure contemporary knowledge about advances in the drug court field.**

[18] See Appendix D New Staff/Team Member Orientation

a) Because judges have such a substantial impact on outcomes in drug court, continued training is especially important. (Carey, Mackin, & Finnegan, 2012)
b) Outcomes are significantly better when the drug court judge attends annual training conferences on evidence-based practices in substance use disorder and mental health treatment and community supervision (Carey et al., 2008, 2012; Shaffer, 2010).

4. Before starting a drug court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in drug courts and develop fair and effective policies and procedures for the program.
    a) In drug courts where the teams participated in formal training prior to implementation, cost savings increased by two and a half times, and the programs were 50 percent more effective at reducing recidivism. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008) (Carey, Mackin, & Finnegan, 2012)
    b) Drug courts that did not receive pre-implementation training had outcomes that were only negligibly different from traditional criminal justice programming. (Carey, Pukstas, Waller, Mackin, & Finigan, 2008)

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Chapter 10: Program Evaluation

This chapter discusses program evaluation of a drug court. Specific topics include collection and maintenance of information, evaluation, and program modification.

I. Collection and Maintenance of Information

A. Standards

1. **Each drug treatment court shall collect and provide data on each individual applicant and participant and the entire program as required by the state court administrative office. (MCL 600.1078(1))**
2. **Each drug treatment court shall maintain files or databases on each individual applicant or referral who is denied or refused admission to the program, including the reasons for the denial or rejection, the criminal history of the applicant, the preadmission evaluation and assessment, and other demographic information as required by the state court administrative office. (MCL 600.1078(2))**
3. **Each drug treatment court shall maintain files or databases on each individual participant in the program for review and evaluation as well as treatment, as directed by the state court administrative office. The information collected for evaluation purposes must include a minimum standard data set[19] developed and specified by the state court administrative office. This information should be maintained in the court files or otherwise accessible by the courts and the state court administrative office and, as much as practicable, should include all of the following:**
    a) **Location and contact information for each individual participant, both upon admission and termination or completion of the program for follow-up reviews, and third party contact information. (MCL 600.1078(3)(a))**
    b) **Significant transition point dates, including dates of referral, enrollment, new court orders, violations, detentions, changes in services or treatments provided, discharge for completion or termination, any provision of after-care, and after-program recidivism. (MCL 600.1078(3)(b))**

[19] See Appendix O. The minimum standard data set for Michigan drug courts is also available at http://courts.mi.gov/Administration/admin/op/problem-solving-courts/Documents/MinimumStandardDataAdult.pdf.

c) **The individual's precipitating offenses and significant factual information, source of referral, and all drug treatment court evaluations and assessments. (MCL 600.1078(3)(c))**

d) **Treatments provided, including intensity of care or dosage, and their outcomes. (MCL 600.1078(3)(d))**

e) **Other services or opportunities provided to the individual and resulting use by the individual, such as education or employment and the participation of and outcome for that individual. (MCL 600.1078(3)(e))**

f) **Reasons for discharge, completion, or termination of the program. (MCL 600.1078(3)(f))**

4. **Each year, all DWI/sobriety courts that participate in the [ignition interlock] program, in cooperation with the state court administrative office, shall provide to the legislature, the secretary of state, and the supreme court documentation as to participants' compliance with court ordered conditions. Best practices available must be used in the research in question, as resources allow, so as to provide statistically reliable data as to the impact of the program on public safety and the improvement of life conditions for participants. The topics documented must include, but not be limited to, all of the following:**

a) **The percentage of those participants ordered to place interlock devices on their vehicles who actually comply with the order. (MCL 600.1084(5)(a))**

b) **The percentage of participants who remove court-ordered interlocks from their vehicles without court approval. (MCL 600.1084(5)(b))**

c) **The percentage of participants who consume alcohol or controlled substances. (MCL 600.1084(5)(c))**

d) **The percentage of participants found to have tampered with court-ordered interlocks. (MCL 600.1084(5)(d))**

e) **The percentage of participants who operated a motor vehicle not equipped with an interlock. (MCL 600.1084(5)(e))**

f) **Relevant treatment information as to participants. (MCL 600.1084(5)(f))**

g) **The percentage of participants convicted of a new offense under section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625. (MCL 600.1084(5)(g))**

h) **Any other information found to be relevant. (MCL 600.1084(5)(h))**

5. **As directed by the state court administrative office, after an individual is discharged either upon completion or termination of the program, the drug treatment court should conduct, as much as practicable, follow-up contacts with and reviews of participants for key outcome indicators, such as drug use, recidivism, and employment, as frequently and for a period of time determined by the state court administrative office based upon the nature of the drug treatment court and the nature of the participant. These follow-up contacts and reviews of former participants are not extensions of the court's jurisdiction over the individuals. (MCL 600.1078(4))**

B. Best Practices

1. Maintain program data for evaluation purposes in an electronic database rather than paper files.
    a) Drug courts are 65 percent more cost effective when they enter data for evaluations into an electronic database rather than storing it in paper files. (Carey, Mackin, & Finnegan, 2012)
    b) Michigan's Drug Court Case Management Information System can be accessed at https://dccmis.micourt.org/default.aspx.
2. Staff members are required to record information concerning the provision of services and in-program outcomes within 48 hours of the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance.
    a) After 48 hours, errors in data entry have been shown to increase significantly. After one week, information is so likely to be inaccurate that it may be better to leave the data as missing than attempt to fill in gaps from faulty memory (Marlowe, 2010)

II. Evaluation and Program Modification

A. Best Practices

1. **The drug court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. Outcome evaluations describe the effectiveness of the drug court in the context of its adherence to best practices.**

a) Adherence to best practices is generally poor in most sectors of the criminal justice and substance use disorder treatment systems (Friedmann et al., 2007; Henderson et al., 2007; McLellan et al., 2003; Taxman et al., 2007). Programs infrequently deliver services that are proven to be effective and commonly deliver services which have not been subjected to careful scientific scrutiny. Over time, the quality and quantity of the services provided may decline precipitously (Etheridge et al., 1995; Van Wormer, 2010). The best way for a drug court to guard against these prevailing destructive pressures is to monitor its operations routinely, compare its performance to established benchmarks, and seek to align itself continually with best practices

b) Studies reveal that drug courts are significantly more likely to deliver effective services and produce positive outcomes when they hold themselves accountable for meeting empirically validated benchmarks for success. A multisite study involving approximately seventy drug courts found that programs had more than twice the impact on crime and were more than twice as cost-effective when they monitored their operations on a consistent basis, reviewed the findings as a team, and modified their policies and procedures accordingly (Carey et al., 2008, 2012). Understanding what distinguishes effective drug courts from ineffective and harmful drug courts is now an essential goal for the field. Unless evaluators describe each drug court's adherence to best practices, there is no way to place that program's outcomes in context or interpret the significance of the findings. (National Association of Drug Court Professionals, 2018).

2. Enlist the services of independent evaluators and implement appropriate recommended changes.
    a) Programs that had external independent evaluators review their program and suggest changes, and then implemented those changes, were 100 percent more effective at reducing cost and 85 percent more effective in reducing recidivism than programs that did not. (Carey, Mackin, & Finnegan, 2012)
3. Outcomes are examined for all eligible participants who entered the drug treatment court regardless of whether they graduated, withdrew, or were terminated from the program.

a) Outcomes must be examined for all eligible individuals who participated in the drug court regardless of whether they graduated, were terminated, or withdrew from the program. This is referred to as an intent-to-treat analysis because it examines outcomes for all individuals whom the program initially set out to treat. Reporting outcomes for graduates alone is not appropriate because such an analysis unfairly and falsely inflates the apparent success of the program. For example, individuals who graduated from the drug court are more likely than terminated participants to have entered the program with less severe drug or alcohol problems, less severe criminal propensities, higher motivation for change, or better social supports. As a result, they might have been less likely to commit future offenses or relapse to substance use regardless of the services they received in drug court.

B. Promising Practices

1. Evaluate short-term outcomes frequently while participants are enrolled in the program.
    a) The National Research Advisory Committee developed a list of performance measures that drug courts should use to measure their efficiency, efficacy, and achievement of program goals. (National Association of Drug Court Professionals, 2018)
    b) Short-term outcomes provide significant information about participants' clinical progress and the likely long-term impacts of the drug court on public health and public safety. Studies have consistently determined that post program recidivism is reduced significantly when participants attend more frequent treatment and probation sessions, provide fewer drug-positive urine tests, remain in the program for longer periods of time, have fewer in-program technical violations and arrests for new crimes, and satisfy other conditions for graduation (Gifford et al., 2014; Gottfredson et al., 2007, 2008; Huebner & Cobbina, 2007; Jones & Kemp, 2011; Peters et al., 2002). Drug courts should, therefore, monitor and report on these in-program outcomes routinely during the course of their operations. Several resources are available to help drug courts define and calculate
2. Independent evaluators should examine the program's three- to five-year performance outcomes at least once every five years.
    a) External evaluators should examine recidivism three years to five years after participants' program admission. Program admission should be the latest start date for the evaluation because that is when the drug court becomes capable of influencing participant behavior. (National Association of Drug Court Professionals, 2018)

b) While no specific research exists with regard to how frequently a program should be evaluated, a new evaluation is warranted when a program significantly changes its operations or has staff turnover.(National Association of Drug Court Professionals, 2018)

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Chapter 11: Equity and Inclusion

I. Equity and Inclusion

A. Best Practices

1. Individuals who have historically experienced sustained discrimination or reduced opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other individuals to participate and succeed in drug treatment court.
    a) Drug treatment courts are first and foremost courts, and the fundamental principles of due process and equal protection apply to their operations (Meyer, 2011). Drug treatment courts have an affirmative legal and ethical obligation to provide equal access to their services and equivalent treatment for all individuals.
2. Eligibility criteria for the drug treatment court are nondiscriminatory in intent and impact. If an eligibility requirement has the unintended effect of differentially restricting access for members of groups that have historically experienced discrimination, the requirement is adjusted to increase the representation of such persons unless doing so would jeopardize public safety or the effectiveness of the drug treatment court.
    a) Some commentators have suggested that unduly restrictive eligibility criteria might be partly responsible for the lower representation of minority persons in drug courts (Belenko et al., 2011; O'Hear, 2009). Although there is no empirical evidence to confirm this hypothesis, drug courts must ensure that their eligibility criteria do not unnecessarily exclude minorities or members of groups that have historically experienced discrimination. If an eligibility criterion has the unintended impact of differentially restricting access to the drug court for such persons, then extra assurances are required that the criterion is necessary for the program to achieve effective outcomes or protect public safety.
3. The drug treatment court regularly monitors whether member of groups that have historically experienced discrimination complete the program at equivalent rates to other participants. If completion rates are significantly lower for members of a group that have historically experienced discrimination, the drug treatment court team investigates the reasons for the disparity, develops a remedial action plan, and evaluates the success of the remedial actions.

a) Numerous studies have reported that a significantly smaller percentage of African-American or Hispanic participants graduated successfully from drug court as compared to non-Hispanic Caucasians (Finigan, 2009; Marlowe, 2013). These findings are not universal, however. A smaller but growing number of evaluations has found no differences in outcomes or even superior outcomes for racial minorities as compared to Caucasians (Brown, 2011; Cissner et al., 2013; Fulkerson, 2012; Saum et al., 2001; Somers et al., 2012; Vito & Tewksbury, 1998). Nevertheless, African-Americans appear less likely to succeed in a plurality of drug courts as compared to their nonracial minority peers. These findings require drug courts to determine whether racial or ethnic minorities or members of other groups that have historically experienced discrimination are experiencing poorer outcomes in their programs as compared to other participants and to investigate and remediate any disparities that are detected.

4. Members of groups that have historically experienced discrimination receive the same levels of care and quality of treatment as other participants with comparable clinical needs. The drug treatment court administers evidence-based treatments that are effective for use with members of groups that have historically experienced discrimination who are represented in the drug treatment court population.
    a) The NADCP minority resolution directs drug courts to remain vigilant to potential differences in the quality or intensity of services provided to minority participants and to institute corrective measures where indicated. In one study, outcomes were improved significantly for young African-American male participants when an experienced African-American clinician delivered a curriculum that addressed issues commonly confronting these young men, such as negative racial stereotypes (Vito & Tewksbury, 1998). Similarly, a study of approximately 70 drug courts found that programs offering gender-specific services reduced criminal recidivism significantly more than those that did not (Carey et al., 2012). Studies indicate the success of culturally tailored treatments depends largely on the training and skills of the clinicians delivering the services (Castro et al., 2010; Hwang, 2006). Unless the clinicians attend comprehensive training workshops and receive ongoing supervision on how to competently deliver the interventions, outcomes are unlikely to improve for women and minority participants.
5. Except where necessary to protect a participant from harm, members of groups that have historically experienced discrimination receive the same incentives and sanctions as other participants for comparable achievements or infractions. The drug treatment court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants.

a) The NADCP minority resolution places an affirmative obligation on drug courts to continually monitor whether sanctions and incentives are being applied equivalently for minority participants and to take corrective actions if discrepancies are detected.

6. Members of groups that have historically experienced discrimination receive the same legal dispositions as other participants for completing or failing to complete the drug treatment court program.
    a) Due process and equal protection require drug courts to remain vigilant to the possibility of sentencing disparities in their programs and to take corrective actions where indicated.
7. Each member of the drug treatment court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of groups that have historically experienced discrimination.
    a) One of the most significant predictors of positive outcomes for racial and ethnic minority participants in substance use disorder treatment is culturally sensitive attitudes on the part of the treatment staff, especially managers and supervisors (Ely & Thomas, 2001; Guerrero, 2010). When managerial staff value diversity and respect their clients' cultural backgrounds, the clients are retained significantly longer in treatment and services are delivered more efficiently (Guerrero & Andrews, 2011). Cultural-sensitivity training can enhance counselors' and supervisors' beliefs about the importance of diversity and the need to understand their clients' cultural backgrounds and influences (Cabaj, 2008; Westermeyer, & Dickerson, 2008).

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Appendix A
Michigan Drug Court Statute

600.1060 Definitions.
As used in this chapter:
(a) "Dating relationship" means that term as defined in section 2950.
(b) "Domestic violence offense" means any crime alleged to have been committed by an individual against his or her spouse or former spouse, an individual with whom he or she has a child in common, an individual with whom he or she has had a dating relationship, or an individual who resides or has resided in the same household.
(c) "Drug treatment court" means a court supervised treatment program for individuals who abuse or are dependent upon any controlled substance or alcohol. A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:

(i) Integration of alcohol and other drug treatment services with justice system case processing.
(ii) Use of a nonadversarial approach by prosecution and defense that promotes public safety while protecting any participant's due process rights.
(iii) Identification of eligible participants early with prompt placement in the program.
(iv) Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
(v) Monitoring of participants effectively by frequent alcohol and other drug testing to ensure abstinence from drugs or alcohol.
(vi) Use of a coordinated strategy with a regimen of graduated sanctions and rewards to govern the court's responses to participants' compliance.
(vii) Ongoing close judicial interaction with each participant and supervision of progress for each participant.
(viii) Monitoring and evaluation of the achievement of program goals and the program's effectiveness.
(ix) Continued interdisciplinary education in order to promote effective drug court planning, implementation, and operation.
(x) The forging of partnerships among other drug courts, public agencies, and community-based organizations to generate local support.

(d) "Participant" means an individual who is admitted into a drug treatment court.
(e) "Prosecutor" means the prosecuting attorney of the county, the city attorney, the village attorney, or the township attorney.
(f) "Traffic offense" means a violation of the Michigan vehicle code, 1949 PA 300, MCL 257.1 to 257.923, or a violation of a local ordinance substantially corresponding to a violation of that act, that involves the operation of a vehicle and, at the time of the violation, is a felony or misdemeanor.
(g) "Violent offender" means an individual who is currently charged with or has pled guilty to, or, if the individual is a juvenile, is currently alleged to have committed or has admitted responsibility for, an offense involving the death of or serious bodily injury to any individual, whether or not any of the circumstances are an element of the offense, or an offense that is criminal sexual conduct of any degree.

600.1062 Drug treatment court; adoption by circuit or district court; memorandum of understanding; parties; adoption of juvenile drug treatment court by family division of circuit court; training; transfer of participant from other jurisdiction; certification by state court administrative office.

(1) The circuit court in any judicial circuit or the district court in any judicial district may adopt or institute a drug treatment court, pursuant to statute or court rules. However, if the drug treatment court will include in its program individuals who may be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the circuit or district court shall not adopt or institute the drug treatment court unless the circuit or district court enters into a memorandum of understanding with each participating prosecuting attorney in the circuit or district court district, a representative of the criminal defense bar, and a representative or representatives of community treatment providers. The memorandum of understanding also may include other parties considered necessary, such as any other prosecutor in the circuit or district court district, local law enforcement, the probation departments in that circuit or district, the local substance abuse coordinating agency for that circuit or district, a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board, and community corrections agencies in that circuit or district. The memorandum of understanding shall describe the role of each party.

(2) The family division of circuit court in any judicial circuit may adopt or institute a juvenile drug treatment court, pursuant to statute or court rules. However, if the drug treatment court will include in its program individuals who may be eligible for discharge or dismissal of an offense, or a delayed sentence, the family division of circuit court shall not adopt or institute a juvenile drug treatment court unless the family division of circuit court enters into a memorandum of understanding with each participating county prosecuting attorney in the circuit or district court district, a representative of the criminal defense bar specializing in juvenile law, and a representative or representatives of community treatment providers. The memorandum of understanding also may include other parties considered necessary, such as any other prosecutor in the circuit or district court district, local law enforcement, the probation departments in that circuit, the local substance abuse coordinating agency for that circuit, a domestic violence service provider program that receives funding from the state domestic violence prevention and treatment board, and community corrections agencies in that circuit. The memorandum of understanding shall describe the role of each party. A juvenile drug treatment court is subject to the same procedures and requirements provided in this chapter for drug treatment courts created under subsection (1), except as specifically provided otherwise in this chapter.

(3) A court that is adopting a drug treatment court shall participate in training as required by the state court administrative office and the Bureau of Justice Assistance of the United States Department of Justice.

(4) A court that has adopted a drug treatment court pursuant to this section may accept participants from any other jurisdiction in this state based upon either the residence of the participant in the receiving jurisdiction or the unavailability of a drug treatment court in the jurisdiction where the participant is charged. The transfer is not valid unless it is agreed to by all of the following:

(a) The defendant or respondent.

(b) The attorney representing the defendant or respondent.

(c) The judge of the transferring court and the prosecutor of the case.

(d) The judge of the receiving drug treatment court and the prosecutor of a court funding unit of the drug treatment court.

(5) Beginning January 1, 2018, a drug treatment court operating in this state, or a circuit court in any judicial circuit or the district court in any judicial district seeking to adopt or institute a drug treatment court, must be certified by the state court administrative office. The state court administrative office shall establish the procedure for certification. Approval and certification under this subsection of a drug treatment court by the state court administrative office is required to begin or to continue the operation of a drug treatment court under this chapter. The state court administrative office shall not recognize and include a drug treatment court that is not certified under this subsection on the statewide official list of drug treatment courts. The state court administrative office shall include a drug treatment court certified under this subsection on the statewide official list of drug treatment courts. A drug treatment court that is not certified under this subsection shall not perform any of the functions of a drug treatment court, including, but not limited to, doing any of the following:

(a) Charging a fee under section 1070.

(b) Discharging and dismissing a case as provided in section 1076.

(c) Receiving funding under section 1080.

(d) Certifying to the secretary of state that an individual is eligible to receive a restricted license under section 1084 of this act and section 304 of the Michigan vehicle code, 1949 PA 300, MCL 257.304.

600.1063 Hiring or contracting with treatment providers.

A drug treatment court may hire or contract with licensed or accredited treatment providers, in consultation and cooperation with the local substance abuse coordinating agency, and other such appropriate persons to assist the drug treatment court in fulfilling its requirements under this chapter, such as the investigation of an individual's background or circumstances, or the clinical evaluation of an individual, for his or her admission into or participation in a drug treatment court.

600.1064 Admission to drug treatment court; confidentiality of information obtained from preadmission screening and evaluation assessment; criminal history contained in L.E.I.N.

(1) Each drug treatment court shall determine whether an individual may be admitted to the drug treatment court. No individual has a right to be admitted into a drug treatment court. However, an individual is not eligible for admission into a drug treatment court if he or she is a violent offender.

(2) In addition to admission to a drug treatment court under this act, an individual who is eligible for admission pursuant to this act may also be admitted to a drug treatment court under any of the following circumstances:

(a) The individual has been assigned the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11.

(b) The individual has had criminal proceedings against him or her deferred and has been placed on probation under any of the following:

(i) Section 7411 of the public health code, 1978 PA 368, MCL 333.7411.

(ii) Section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(iii) Section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430.

(iv) Section 350a of the Michigan penal code, 1931 PA 328, MCL 750.350a.

(3) To be admitted to a drug treatment court, an individual must cooperate with and complete a preadmissions screening and evaluation assessment and must agree to cooperate with any future

evaluation assessment as directed by the drug treatment court. A preadmission screening and evaluation assessment shall include all of the following:

(a) A complete review of the individual's criminal history, and a review of whether or not the individual has been admitted to and has participated in or is currently participating in a drug treatment court, whether admitted under this act or under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, section 350a of the Michigan penal code, 1931 PA 328, MCL 750.350a, or section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430, and the results of the individual's participation. A review of the law enforcement information network may be considered sufficient for purposes of this subdivision unless a further review is warranted. The court may accept other verifiable and reliable information from the prosecution or defense to complete its review and may require the individual to submit a statement as to whether or not he or she has previously been admitted to a drug treatment court and the results of his or her participation in the prior program or programs.

(b) An assessment of the risk of danger or harm to the individual, others, or the community.

(c) As much as practicable, a complete review of the individual's history regarding the use or abuse of any controlled substance or alcohol and an assessment of whether the individual abuses controlled substances or alcohol or is drug or alcohol dependent. It is the intent of the legislature that this assessment should be a clinical assessment as much as practicable.

(d) A review of any special needs or circumstances of the individual that may potentially affect the individual's ability to receive substance abuse treatment and follow the court's orders.

(e) For a juvenile, an assessment of the family situation including, as much as practicable, a comparable review of any guardians or parents.

(4) Except as otherwise permitted in this act, any statement or other information obtained as a result of participating in a preadmission screening and evaluation assessment under subsection (3) is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal drug use.

(5) The court may request that the department of state police provide to the court information contained in the law enforcement information network pertaining to an individual applicant's criminal history for the purposes of determining an individual's admission into the drug treatment court and general criminal history review, including whether the individual has previously been admitted to and participated in a drug treatment court under this act, or under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, section 350a of the Michigan penal code, 1931 PA 328, MCL 750.350a, or section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430, and the results of the individual's participation. The department of state police shall provide the information requested by a drug treatment court under this subsection.

600.1066 Placement of findings or statement in court file.

Before an individual is admitted into a drug treatment court, the court shall find on the record, or place a statement in the court file pertaining to, all of the following:

(a) The individual is dependent upon or abusing drugs or alcohol and is an appropriate candidate for participation in the drug treatment court.

(b) The individual understands the consequences of entering the drug treatment court and agrees to comply with all court orders and requirements of the court's program and treatment providers.

(c) The individual is not an unwarranted or substantial risk to the safety of the public or any individual, based upon the screening and assessment or other information presented to the court.

(d) The individual is not a violent offender.

(e) The individual has completed a preadmission screening and evaluation assessment under section 1064(3) and has agreed to cooperate with any future evaluation assessment as directed by the drug treatment court.

(f) The individual meets the requirements, if applicable, under section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, section 350a of the Michigan penal code, 1931 PA 328, MCL 750.350a, or section 430 of the Michigan penal code, 1931 PA 328, MCL 750.430.

(g) The terms, conditions, and the duration of the agreement between the parties, especially as to the outcome for the participant of the drug treatment court upon successful completion by the participant or termination of participation.

600.1068 Individual charged in criminal case; factors for admission to drug treatment court.

(1) If the individual being considered for admission to a drug treatment court is charged in a criminal case or, in the case of a juvenile, is alleged to have engaged in activity that would constitute a criminal act if committed by an adult, his or her admission is subject to all of the following conditions:

(a) The offense or offenses allegedly committed by the individual must be related to the abuse, illegal use, or possession of a controlled substance or alcohol.

(b) The individual, if an adult, must plead guilty to the charge or charges on the record. The individual, if a juvenile, must admit responsibility for the violation or violations that he or she is accused of having committed.

(c) The individual must waive, in writing, the right to a speedy trial, the right to representation at drug treatment court review hearings by an attorney, and, with the agreement of the prosecutor, the right to a preliminary examination.

(d) The individual must sign a written agreement to participate in the drug treatment court.

(2) In the case of an individual who will be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the prosecutor must approve of the admission of the individual into the drug treatment court in conformity with the memorandum of understanding under section 1062.

(3) An individual shall not be admitted to, or remain in, a drug treatment court pursuant to an agreement that would permit a discharge or dismissal of a traffic offense upon successful completion of the drug treatment court program.
(4) In addition to rights accorded a victim under the William Van Regenmorter crime victim's rights act, 1985 PA 87, MCL 780.751 to 780.834, the drug treatment court must permit any victim of the offense or offenses of which the individual is charged, any victim of a prior offense of which that individual was convicted, and members of the community in which either the offenses were committed or in which the defendant resides to submit a written statement to the court regarding the advisability of admitting the individual into the drug treatment court.
(5) An individual who has waived his or her right to a preliminary examination and has pled guilty or, in the case of a juvenile, has admitted responsibility, as part of his or her application to a drug treatment court and who is not admitted to a drug treatment court, shall be permitted to withdraw his or her plea and is entitled to a preliminary examination or, in the case of a juvenile, shall be permitted to withdraw his or her admission of responsibility.

600.1070 Admission of individual into drug treatment court; requirements.
(1) Upon admitting an individual into a drug treatment court, all of the following apply:
(a) For an individual who is admitted to a drug treatment court based upon having criminal charges currently filed against him or her, the court shall accept the plea of guilty or, in the case of a juvenile, the admission of responsibility.
(b) For an individual who pled guilty to, or admitted responsibility for, criminal charges for which he or she was admitted into the drug treatment court, the court shall do either of the following:
(i) In the case of an individual who pled guilty to an offense that is not a traffic offense and who may be eligible for discharge and dismissal pursuant to the agreement with the court and prosecutor upon successful completion of the drug treatment court program, the court shall not enter a judgment of guilt or, in the case of a juvenile, shall not enter an adjudication of responsibility.
(ii) In the case of an individual who pled guilty to a traffic offense or who pled guilty to an offense but may not be eligible for discharge and dismissal pursuant to the agreement with the court and prosecutor upon successful completion of the drug treatment court program, the court shall enter a judgment of guilt or, in the case of a juvenile, shall enter an adjudication of responsibility.
(c) Pursuant to the agreement with the individual and the prosecutor, the court may either defer further proceedings as provided in section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1, or proceed to sentencing, as applicable in that case pursuant to that agreement, and place the individual on probation or other court supervision in the drug treatment court program with terms and conditions according to the agreement and as deemed necessary by the court.
(2) Unless a memorandum of understanding made pursuant to section 1088 between a receiving drug treatment court and the court of original jurisdiction provides otherwise, the original court of jurisdiction maintains jurisdiction over the drug treatment court participant as provided in this act until final disposition of the case, but not longer than the probation period fixed under section 2 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.2. In the case of a juvenile participant, the court may obtain jurisdiction over any parents or guardians of the juvenile in order to assist in ensuring the juvenile's continued participation and successful

completion of the drug treatment court, and may issue and enforce any appropriate and necessary order regarding the parent or guardian of a juvenile participant.
(3) The drug treatment court shall cooperate with, and act in a collaborative manner with, the prosecutor, defense counsel, treatment providers, the local substance abuse coordinating agency for that circuit or district, probation departments, and, to the extent possible, local law enforcement, the department of corrections, and community corrections agencies.
(4) The drug treatment court may require an individual admitted into the court to pay a reasonable drug court fee that is reasonably related to the cost to the court for administering the drug treatment court program as provided in the memorandum of understanding under section 1062. The clerk of the drug treatment court shall transmit the fees collected to the treasurer of the local funding unit at the end of each month.
(5) The drug treatment court may request that the department of state police provide to the court information contained in the law enforcement information network pertaining to an individual applicant's criminal history for purposes of determining the individual's compliance with all court orders. The department of state police shall provide the information requested by a drug treatment court under this subsection.

600.1072 Monitoring, testing, and assessments to be provided to participants.
(1) A drug treatment court shall provide a drug court participant with all of the following:
(a) Consistent, continual, and close monitoring of the participant and interaction among the court, treatment providers, probation, and the participant.
(b) Mandatory periodic and random testing for the presence of any controlled substance or alcohol in a participant's blood, urine, or breath, using to the extent practicable the best available, accepted, and scientifically valid methods.
(c) Periodic evaluation assessments of the participant's circumstances and progress in the program.
(d) A regimen or strategy of appropriate and graduated but immediate rewards for compliance and sanctions for noncompliance, including, but not limited to, the possibility of incarceration or confinement.
(e) Substance abuse treatment services, relapse prevention services, education, and vocational opportunities as appropriate and practicable.
(2) Any statement or other information obtained as a result of participating in assessment, treatment, or testing while in a drug treatment court is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal drug use.

600.1074 Continuing and completing drug treatment court program; requirements.
(1) In order to continue to participate in and successfully complete a drug treatment court program, an individual shall comply with all of the following:
(a) Pay all court ordered fines and costs, including minimum state costs.
(b) Pay the drug treatment court fee allowed under section 1070(4).
(c) Pay all court ordered restitution.
(d) Pay all crime victims rights assessments under section 5 of 1989 PA 196, MCL 780.905.
(e) Comply with all court orders, violations of which may be sanctioned according to the court's discretion.

(2) The drug treatment court must be notified if the participant is accused of a new crime, and the judge shall consider whether to terminate the participant's participation in the drug treatment program in conformity with the memorandum of understanding under section 1062. If the participant is convicted of a felony for an offense that occurred after the defendant is admitted to drug treatment court, the judge shall terminate the participant's participation in the program.
(3) The court shall require that a participant pay all fines, costs, the fee, restitution, and assessments described in subsection (1)(a) to (d) and pay all, or make substantial contributions toward payment of, the costs of the treatment and the drug treatment court program services provided to the participant, including, but not limited to, the costs of urinalysis and such testing or any counseling provided. However, if the court determines that the payment of fines, the fee, or costs of treatment under this subsection would be a substantial hardship for the individual or would interfere with the individual's substance abuse treatment, the court may waive all or part of those fines, the fee, or costs of treatment.

600.1076 Completion or termination of drug treatment program; findings on the record or written statement in court file; applicable law; discharge and dismissal of proceedings; criteria; discharge and dismissal of domestic violence offense; circumstances; duties of court; effect of termination; court proceedings open to public; retention of nonpublic record by department of state police.
(1) Upon completion or termination of the drug treatment court program, the court shall find on the record or place a written statement in the court file as to whether the participant completed the program successfully or whether the individual's participation in the program was terminated and, if it was terminated, the reason for the termination.
(2) For a participant who successfully completes probation or other court supervision and whose proceedings were deferred or who was sentenced under section 1070, the court shall comply with the agreement made with the participant upon admission into the drug treatment court, or the agreement as it was altered after admission by the court with approval of the participant and the prosecutor for that jurisdiction as provided in subsections (3) to (8).
(3) If an individual is participating in a drug treatment court under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11, section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, or section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430, the court shall proceed under the applicable section of law. There may only be 1 discharge or dismissal under this subsection.
(4) Except as provided in subsection (5), the court, with the agreement of the prosecutor and in conformity with the terms and conditions of the memorandum of understanding under section 1062, may discharge and dismiss the proceedings against an individual who meets all of the following criteria:

(a) The individual has participated in a drug treatment court for the first time.
(b) The individual has successfully completed the terms and conditions of the drug treatment court program.
(c) The individual is not required by law to be sentenced to a correctional facility for the crimes to which he or she has pled guilty.
(d) The individual is not currently charged with and has not pled guilty to a traffic offense.
(e) The individual has not previously been subject to more than 1 of any of the following:

(i) Assignment to the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11.

(ii) The dismissal of criminal proceedings against him or her under section 7411 of the public health code, 1978 PA 368, MCL 333.7411, section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, or section 350a or 430 of the Michigan penal code, 1931 PA 328, MCL 750.350a and 750.430.

(5) The court may grant a discharge and dismissal of a domestic violence offense only if all of the following circumstances apply:

(a) The individual has not previously had proceedings dismissed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(b) The domestic violence offense is eligible to be dismissed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(c) The individual fulfills the terms and conditions imposed under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a, and the discharge and dismissal of proceedings are processed and reported under section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a.

(6) A discharge and dismissal under subsection (4) shall be without adjudication of guilt or, for a juvenile, without adjudication of responsibility and are not a conviction or a finding of responsibility for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime or, for a juvenile, a finding of responsibility. There may only be 1 discharge and dismissal under subsection (4) for an individual. The court shall send a record of the discharge and dismissal to the criminal justice information center of the department of state police, and the department of state police shall enter that information into the law enforcement information network with an indication of participation by the individual in a drug treatment court. All records of the proceedings regarding the participation of the individual in the drug treatment court under subsection (4) are closed to public inspection, and are exempt from public disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(7) Except as provided in subsection (3), (4), or (5), if an individual has successfully completed probation or other court supervision, the court shall do the following:

(a) If the court has not already entered an adjudication of guilt or responsibility, enter an adjudication of guilt or, in the case of a juvenile, enter a finding or adjudication of responsibility.

(b) If the court has not already sentenced the individual, proceed to sentencing or, in the case of a juvenile, disposition pursuant to the agreement.

(c) Send a record of the conviction and sentence or the finding or adjudication of responsibility and disposition to the criminal justice information center of the department of state police. The department of state police shall enter that information into the law enforcement information network with an indication of successful participation by the individual in a drug treatment court.

(8) For a participant whose participation is terminated or who fails to successfully complete the drug treatment court program, the court shall enter an adjudication of guilt, or, in the case of a juvenile, a finding of responsibility, if the entering of guilt or adjudication of responsibility was deferred under section 1070, and shall then proceed to sentencing or disposition of the individual for the original charges to which the individual pled guilty or, if a juvenile, to which the juvenile admitted responsibility prior to admission to the drug treatment court. Upon sentencing or disposition of the individual, the court shall send a record of that sentence or disposition and the

individual's unsuccessful participation in the drug treatment court to the criminal justice information center of the department of state police, and the department of state police shall enter that information into the law enforcement information network, with an indication that the individual unsuccessfully participated in a drug treatment court.

(9) All court proceedings under this section shall be open to the public. Except as provided in subsection (10), if the record of proceedings as to the defendant is deferred under this section, the record of proceedings during the period of deferral shall be closed to public inspection.

(10) Unless the court enters a judgment of guilt or an adjudication of responsibility under this section, the department of state police shall retain a nonpublic record of the arrest, court proceedings, and disposition of the criminal charge under this section. However, the nonpublic record shall be open to the following individuals and entities for the purposes noted:

(a) The courts of this state, law enforcement personnel, the department of corrections, and prosecuting attorneys for use only in the performance of their duties or to determine whether an employee of the court, law enforcement agency, department of corrections, or prosecutor's office has violated his or her conditions of employment or whether an applicant meets criteria for employment with the court, law enforcement agency, department of corrections, or prosecutor's office.

(b) The courts of this state, law enforcement personnel, and prosecuting attorneys for the purpose of showing that a defendant has already once availed himself or herself of this section.

(c) The department of human services for enforcing child protection laws and vulnerable adult protection laws or ascertaining the preemployment criminal history of any individual who will be engaged in the enforcement of child protection laws or vulnerable adult protection laws.

600.1078 Collection and maintenance of information.

(1) Each drug treatment court shall collect and provide data on each individual applicant and participant and the entire program as required by the state court administrative office.

(2) Each drug treatment court shall maintain files or databases on each individual applicant or referral who is denied or refused admission to the program, including the reasons for the denial or rejection, the criminal history of the applicant, the preadmission evaluation and assessment, and other demographic information as required by the state court administrative office.

(3) Each drug treatment court shall maintain files or databases on each individual participant in the program for review and evaluation as well as treatment, as directed by the state court administrative office. The information collected for evaluation purposes must include a minimum standard data set developed and specified by the state court administrative office. This information should be maintained in the court files or otherwise accessible by the courts and the state court administrative office and, as much as practicable, should include all of the following:

(a) Location and contact information for each individual participant, both upon admission and termination or completion of the program for follow-up reviews, and third party contact information.

(b) Significant transition point dates, including dates of referral, enrollment, new court orders, violations, detentions, changes in services or treatments provided, discharge for completion or termination, any provision of after-care, and after-program recidivism.

(c) The individual's precipitating offenses and significant factual information, source of referral, and all drug treatment court evaluations and assessments.

(d) Treatments provided, including intensity of care or dosage, and their outcomes.

(e) Other services or opportunities provided to the individual and resulting use by the individual, such as education or employment and the participation of and outcome for that individual.

(f) Reasons for discharge, completion, or termination of the program.

(4) As directed by the state court administrative office, after an individual is discharged either upon completion or termination of the program, the drug treatment court should conduct, as much as practicable, follow-up contacts with and reviews of participants for key outcome indicators, such as drug use, recidivism, and employment, as frequently and for a period of time determined by the state court administrative office based upon the nature of the drug treatment court and the nature of the participant. These follow-up contacts and reviews of former participants are not extensions of the court's jurisdiction over the individuals.

(5) Each drug treatment court shall provide to the state court administrative office all information requested by the state court administrative office.

(6) With the approval and at the discretion of the supreme court, the state court administrative office shall be responsible for evaluating and collecting data on the performance of drug treatment courts in this state as follows:

(a) The state court administrative office shall provide an annual review of the performance of drug treatment courts in this state to the minority and majority party leaders in the senate and house of representatives, the state drug treatment court advisory board created under section 1082, the governor, and the supreme court.

(b) The state court administrative office shall provide standards for drug treatment courts in this state including, but not limited to, developing a list of approved measurement instruments and indicators for data collection and evaluation. These standards must provide comparability between programs and their outcomes.

(c) The state court administrative office's evaluation plans should include appropriate and scientifically valid research designs, which, as soon as practicable, should include the use of comparison and control groups.

(7) The information collected under this section regarding individual applicants to drug treatment court programs for the purpose of application to that program and participants who have successfully completed drug treatment courts shall be exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

600.1080 Disposition of funds.

(1) The supreme court is responsible for the expenditure of state funds for the establishment and operation of drug treatment courts. Federal funds provided to the state for the operation of drug treatment courts shall be distributed by the department of community health or the appropriate state agency as otherwise provided by law.

(2) The state treasurer may receive money or other assets from any source for deposit into the appropriate state fund or funds for the purposes described in subsection (1).

(3) Each drug treatment court shall report quarterly to the state court administrative office on the funds received and expended by that drug treatment court, in a manner prescribed by the state court administrative office.

600.1082 Drug treatment court advisory committee.

(1) A state drug treatment court advisory committee is created in the legislative council. The state drug treatment court advisory committee consists of the following members:

(a) The state court administrator or his or her designee.

(b) Seventeen members appointed jointly by the speaker of the house of representatives and the senate majority leader, as follows:

(i) A circuit court judge who has presided for at least 2 years over a drug treatment court.

(ii) A district court judge who has presided for at least 2 years over a drug treatment court.

(iii) A judge of the family division of circuit court who has presided for at least 2 years over a juvenile drug treatment court program.

(iv) A circuit or district court judge who has presided for at least 2 years over an alcohol treatment court.

(v) A circuit or district court judge who has presided over a veterans treatment court.

(vi) A court administrator who has worked for at least 2 years with a drug or alcohol treatment court.

(vii) A prosecuting attorney who has worked for at least 2 years with a drug or alcohol treatment court.

(viii) An individual representing law enforcement in a jurisdiction that has had a drug or alcohol treatment court for at least 2 years.

(ix) An individual representing drug treatment providers who has worked at least 2 years with a drug or alcohol treatment court.

(x) An individual representing criminal defense attorneys, who has worked for at least 2 years with drug or alcohol treatment courts.

(xi) An individual who has successfully completed a drug treatment court program.

(xii) An individual who has successfully completed a juvenile drug treatment court program.

(xiii) An individual who is an advocate for the rights of crime victims.

(xiv) An individual representing the Michigan association of drug court professionals.

(xv) An individual who is a probation officer and has worked for at least 2 years for a drug or alcohol treatment court.

(xvi) An individual representing a substance abuse coordinating agency.

(xvii) An individual representing domestic violence service provider programs that receive funding from the state domestic violence prevention and treatment board.

(2) Members of the advisory committee shall serve without compensation. However, members of the advisory committee may be reimbursed for their actual and necessary expenses incurred in the performance of their duties as members of the advisory committee.

(3) Members of the advisory committee shall serve for terms of 4 years each, except that the members first appointed shall serve terms as follows:

(a) The members appointed under subsection (1)(b)(i) to (vi) shall serve terms of 4 years each.

(b) The members appointed under subsection (1)(b)(vii) to (xi) shall serve terms of 3 years each.

(c) The members appointed under subsection (1)(b)(xii) to (xvii) shall serve terms of 2 years each.

(4) If a vacancy occurs in an appointed membership on the advisory committee, the appointing authority shall make an appointment for the unexpired term in the same manner as the original appointment.
(5) The appointing authority may remove an appointed member of the advisory committee for incompetency, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.
(6) The first meeting of the advisory committee shall be called by the speaker of the house of representatives and the senate majority leader. At the first meeting, the advisory committee shall elect from among its members a chairperson and other officers as it considers necessary or appropriate. After the first meeting, the advisory committee shall meet at least quarterly, or more frequently at the call of the chairperson or if requested by 9 or more members.
(7) A majority of the members of the advisory committee constitute a quorum for the transaction of business at a meeting of the advisory committee. A majority of the members present and serving are required for official action of the advisory committee.
(8) The business that the advisory committee may perform shall be conducted at a public meeting of the advisory committee held in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.
(9) A writing prepared, owned, used, in the possession of, or retained by the advisory committee in the performance of an official function is subject to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.
(10) The advisory committee shall monitor the effectiveness of drug treatment courts and veterans treatment courts and the availability of funding for those courts and shall present annual recommendations to the legislature and supreme court regarding proposed statutory changes regarding those courts.

600.1084 DWI/sobriety court interlock program; certification of DWI/sobriety court by state court administrative office; consideration for placement; documentation of compliance with conditions; restricted license; informing secretary of state of certain occurrences; summary revocation or suspension of restricted license; definitions.
(1) The DWI/sobriety court interlock program is created under this section.
(2) All DWI/sobriety courts that participate in the program shall comply with the 10 guiding principles of DWI courts as promulgated by the National Center for DWI Courts.
(3) Beginning January 1, 2018, a DWI/sobriety court operating in this state, or a circuit court in any judicial circuit or the district court in any judicial district seeking to adopt or institute a DWI/sobriety court, must be certified by the state court administrative office in the same manner as required for a drug treatment court under section 1062(5). A DWI/sobriety court shall not perform any of the functions of a DWI/sobriety court, including, but not limited to, the functions of a drug treatment court described in section 1062(5) after January 1, 2018 unless the court has been certified by the state court administrative office as provided in section 1062(5).
(4) In order to be considered for placement in the program, an individual must have been convicted of either of the following:
(a) Two or more convictions for violating section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or a local ordinance of this state substantially corresponding to section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625.
(b) One conviction for violating section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or a local ordinance of this state substantially corresponding to

section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, preceded by 1 or more convictions for violating a local ordinance or law of another state substantially corresponding to section 625(1), (3), or (6) of the Michigan vehicle code, 1949 PA 300, MCL 257.625, or a law of the United States substantially corresponding to section 625(1), (3), or (6) of the Michigan vehicle code, 1949 PA 300, MCL 257.625.

(5) Each year, all DWI/sobriety courts that participate in the program, in cooperation with the state court administrative office, shall provide to the legislature, the secretary of state, and the supreme court documentation as to participants' compliance with court ordered conditions. Best practices available must be used in the research in question, as resources allow, so as to provide statistically reliable data as to the impact of the program on public safety and the improvement of life conditions for participants. The topics documented must include, but not be limited to, all of the following:

(a) The percentage of those participants ordered to place interlock devices on their vehicles who actually comply with the order.

(b) The percentage of participants who remove court-ordered interlocks from their vehicles without court approval.

(c) The percentage of participants who consume alcohol or controlled substances.

(d) The percentage of participants found to have tampered with court-ordered interlocks.

(e) The percentage of participants who operated a motor vehicle not equipped with an interlock.

(f) Relevant treatment information as to participants.

(g) The percentage of participants convicted of a new offense under section 625(1) or (3) of the Michigan vehicle code, 1949 PA 300, MCL 257.625.

(h) Any other information found to be relevant.

(6) Before the secretary of state issues a restricted license to a program participant under section 304 of the Michigan vehicle code, 1949 PA 300, MCL 257.304, the DWI/sobriety court judge shall certify to the secretary of state that the individual seeking the restricted license has been admitted into the program and that an interlock device has been placed on each motor vehicle owned or operated, or both, by the individual.

(7) If any of the following occur, the DWI/sobriety court judge shall immediately inform the secretary of state of that occurrence:

(a) The court orders that a program participant be removed from the DWI/sobriety court program before he or she successfully completes it.

(b) The court becomes aware that a program participant operates a motor vehicle that is not equipped with an interlock device or that a program participant tampers with, circumvents, or removes a court-ordered interlock device without prior court approval.

(c) A program participant is charged with a new violation of section 625 of the Michigan vehicle code, 1949 PA 300, MCL 257.625.

(8) The receipt of notification by the secretary of state under subsection (7) must result in summary revocation or suspension of the restricted license under section 304 of the Michigan vehicle code, 1949 PA 300, MCL 257.304.

(9) As used in this section:

(a) "DWI/sobriety court" means the specialized court docket and programs established within judicial circuits and districts throughout this state that are designed to reduce recidivism among alcohol offenders and that comply with the 10 guiding principles of DWI courts as promulgated by the National Center for DWI Courts.

(b) "Ignition interlock device" means that term as defined in section 20d of the Michigan vehicle code, 1949 PA 300, MCL 257.20d.
(c) "Program" means the DWI/sobriety court interlock program created under this section.

600.1088 Transfer of case to another court.

(1) Beginning January 1, 2018, a case may be transferred totally from 1 court to another court for the defendant's participation in a state-certified treatment court. A total transfer may occur prior to or after adjudication, but must not be consummated until the completion and execution of a memorandum of understanding that must include, but need not be limited to, all of the following:

(a) A detailed statement of how all funds assessed to defendant will be accounted for, including, but not necessarily limited to, the need for a receiving state-certified treatment court to collect funds and remit them to the court of original jurisdiction.

(b) A statement providing which court is responsible for providing information to the department of state police, as required under section 3 of 1925 PA 289, MCL 28.243, and forwarding an abstract to the secretary of state for inclusion on the defendant's driving record.

(c) A statement providing where jail sanctions or incarceration sentences would be served, as applicable.

(d) A statement that the defendant has been determined eligible by and will be accepted into the state-certified treatment court upon transfer.

(e) The approval of all of the following:

(i) The chief judge and assigned judge of the receiving state-certified treatment court and the court of original jurisdiction.

(ii) A prosecuting attorney from the receiving state-certified treatment court and the court of original jurisdiction.

(iii) The defendant.

(2) As used in this section, "state-certified treatment court" includes the treatment courts certified by the state court administrative office as provided in section 1062, 1084, 1091, or 1201.

Appendix B
Model Drug Court Discharge Statement

STATE OF MICHIGAN **[court number and type]**	DTC Program Discharge[20]	CASE NO. **[case/file number]**

In the matter of:	**[defendant name and DOB]** **[defendant address]**

On this **[number]** day of **[month], [year]** the defendant:

_ Successfully completed the DTC program

_ Voluntarily withdrew from the program

_ Was discharged from the program as unsuccessful due to:
- _ Violation of the program
- _ Conviction of new criminal charges
- _ Being a risk to public safety
- _ Other: **[specify]**

_____P_____ _____

Honorable **[name of DTC judge]** Date

[20] This model document is provided by SCAO as a resource and for informational purposes only to facilitate the operation of problem solving courts by local units of government and courts in compliance with statutory requirements. SCAO's sharing this model document is not intended (and cannot be construed) as legal advice.

Since there might be a delay in updating the model document on the web page and updating the model document in this manual, the most up-to-date version of the model document is always available at https://courts.michigan.gov/Administration/admin/op/problem-solving-courts/Documents/DTC-DischargeStatement.pdf

Appendix C
Model Multi-Party Consent for Release of Information

Model Document Information

This model document is provided by the State Court Administrative Office (SCAO) as a resource and is for informational purposes only. It is intended only to assist courts with operating a problem-solving court and to comply with the problem-solving court statutes. This model document is not intended (and cannot be construed) as legal advice.

Customize the sections that are in bold and highlighted in yellow. Once customized, the court should remove the brackets, bold, and highlighting. The parties listed in the model document do not include agencies that are likely a "Qualified Service Organization" (QSO) as defined in 42 CFR section 2.11. If there is an agency that the program would exchange confidential information with, and that agency is not a QSO[21] as defined in 42 CFR, you will need to add that agency as a party in this form.

As a model document, this is generic in nature and should be modified to fit your program.

Before developing your confidentiality documents please review the University of New Hampshire's School of Law/Institute for Health Policy & Practice's "Substance Use Disorder Treatment Confidentiality Boot Camp" guide located at https://chhs.unh.edu/sites/default/files/substance-use-disorder-privacy-part-2-idn-workbook-unh-1017.pdf.

[21] Page 56 of the "Substance Use Disorder Treatment Confidentiality Boot Camp" guide has an example of the written agreement required for a QSO.

[Name of problem-solving court]
Multiple-Party Consent for Release of Information

Participant's Full Name: _____ DOB: _____

I authorize the following parties:

1. **[Name of problem-solving court],**
2. **[Name of county]** MDOC probation/parole department
3. **[Name of district court]** probation department
4. **[Name of county]** prosecutor's office
5. **[Name of treatment agency]**
6. **[Name of law enforcement agency]**
7. **[Name of law firm/office]**
8. Michigan Secretary of State (Interlock Program)

To Communicate with and disclose to one another the following information:

INFORMATION TO BE SHARED

1. Name, address, and other personal identifying information of the participant.
2. **[Name of problem-solving court]** program assessments (GAIN, COMPAS, risk and needs, etc.).
3. **[Name of problem-solving court]** program behavior summaries and updates.
4. Treatment information, including assessments, attendance, progress and compliance reports, treatment plans, and discharge summaries.
5. Drug and alcohol screening, testing, confirmation results, and payment information.
6. Health information.
7. Reportable communicable disease information, including HIV, sexually transmitted infections, hepatitis, and tuberculosis.
8. Health plan or health benefits information.
9. Electronic monitoring information, including compliance and payment information.
10. Information required to obtain a restricted license through the ignition interlock program.
11. Other (specify, if any): _____

Note: I authorize all of the foregoing information to be shared unless I indicate here, by number, one or more categories of information not to be shared: _____

PURPOSE AND USE OF DISCLOSURE

The purposes for the disclosures authorized by this form are:

1. To assess the participant's need for substance use, mental health, or developmental disabilities services and treatment.

2. To provide, manage, and coordinate **[name of problem-solving court]** program and substance use, mental health, and developmental disabilities services and treatment for the participant.
3. To develop a Person-Centered Plan, Service Plan, and/or Treatment Plan for the participant.
4. To make dispositional recommendations for a court-involved participant.
5. To monitor payment for services, and establish financial assistance if determined necessary.
6. To improve service and treatment outcomes for participants involved in the **[name of problem-solving court]** program**.**
7. To monitor my participation in the **[name of problem-solving court]** program and my compliance with the program rules.
8. To provide information for evaluation of the **[Name of problem-solving court]** program
9. To disclose to the Michigan Secretary of State (Interlock Program) information required on Michigan form MC393 to obtain a restricted license through the ignition interlock program.
10. Other (please specify): _____

REDISCLOSURE AND CONFIDENTIALITY

Once health care information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 CFR, Parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing information to others. However, substance-abuse treatment information protected by federal law (42 CFR, Part 2), shall remain confidential and must not be redisclosed by the recipient except as authorized by those laws or this authorization[22]. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

CONSENT EXPIRATION

The date, event, or condition upon which consent expires must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.
This consent for release of information shall expire upon my discharge from the [name of problem-solving court] program.

REVOCATION

I understand that I may revoke this consent, orally or in writing, at any time except to the extent that action has been taken in reliance on it. I also understand that I do not have to fill out this form. If I do not fill it out, I cannot participate in the **[Name of problem-solving court]**

[22] An individual within the criminal justice system who receives patient information under 42 CFR § 2.35 may re-disclose and use it only to carry out that individual's official duties with regard to the patient's conditional release or other action in connection with which the consent was given.

program, but can still get health insurance, treatment, and other medical benefits from a health care provider.

I also understand that if I refuse to consent to disclosure, or attempt to revoke my consent prior to the expiration of this consent such action is grounds for immediate termination from the **[name of problem-solving court]** program.

CONFIDENTIALITY RIGHTS

Federal law protects the confidentiality of treatment records under 42 CFR, Section 2.1 through Section 2.67; and Section 290dd-2. This means that:

1. Treatment information is ordinarily kept confidential.
2. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the **[name of problem-solving court]** program or that confidential information may be revealed. I specifically consent to a potential disclosure to third persons.
3. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the **[name of problem-solving court]** team members at a staffing meeting. I understand that if a non-team member is invited to participate in a staffing meeting they must receive my consent prior to observation.
4. It is a crime to violate confidentiality requirements, and the participant may report such violations to Michigan's attorney general at 517-373-1110.
5. Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances and may include communication with administration and qualified service organizations working with the **[name of problem-solving court]** program, outside auditors, central registries and researchers.
6. The restrictions on disclosure and use in the regulations in 42 CFR part 2 do not apply to:
    i. Communication with law enforcement agencies or officials regarding a crime committed on program premises or against program personnel.
    ii. The reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, the restrictions continue to apply to the original substance use disorder patient records maintained by the part 2 program including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.
    iii. Court orders signed pursuant to 42 CFR part 2 for release of specific information.
    iv. Disclosure to medical personnel if there is a determination that a medical emergency exists, i.e., there is a situation that poses an immediate threat to the health of any individual and requires immediate medical intervention - Information disclosed to the medical personnel who are treating such a medical emergency may be redisclosed by such personnel for treatment purposes as needed.
    v. Reporting an immediate threat to the health or safety of an individual or the public to law enforcement if patient-identifying information is not disclosed.

I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this Consent voluntarily.

SIGNATURE CONSENTING TO RELEASE OF INFORMATION

_____ _____
Participant signature Date

_____ _____
Staff witness signature Date

_____
Staff witness printed name

SIGNATURE CONFIRMING PARTICIPANT WAS ADVISED OF CONFIDENTIALITY RIGHTS BOTH VERBALLY AND IN WRITING

_____ _____
Participant signature Date

_____ _____
Staff witness signature Date

_____
Staff witness printed name

Parts of this form were adapted from:
Mark F. Botts, L. B. (2015, April 7). https://www.sog.unc.edu/publications/reports/north-carolina-juvenile-justice-%E2%80%93-behavioral-health-information-sharing-guide Retrieved April 11, 2018, from https://www.sog.unc.edu:

Name:

Date of hire:

Orientation completion date (within 6 months from hire):

Appendix D
New Staff and Team Member Orientation

New Staff/Team Member Orientation
[Name of drug treatment court program][23]

Welcome to your new role with [**name of drug treatment court program**]. Please complete the following checklist by to learn about Drug Treatment Courts and how your role on the team can positively change lives.

☐ Reviewed the [**name of drug treatment court program**] Policy Manual

☐ Reviewed the [**name of drug treatment court program**] Participant Handbook
- ☐ Understand the Phase Structure and Phase Requirements

☐ Reviewed the Revised Judicature Act 236 of 1961 Chapter 10A, Drug Treatment Courts http://www.legislature.mi.gov/(S(20ihxlqoqmej0dreisoglh52))/documents/mcl/pdf/mcl-236-1961-10A..pdf

☐ Reviewed the following Adult Drug Court Lessons at Treatment Courts Online www.treatmentcourts.org:

All:
- ☐ Incentives and Sanctions
- ☐ Confidential Information in Drug Court
- ☐ Cultural Competency
- ☐ Procedural Fairness
- ☐ Implementing Evidence-Based Practice
- ☐ Successful Drug Testing

Judge:
- ☐ Role of the Judge

Defense Attorney:
- ☐ Role of the Defense Attorney

Treatment Provider:
- ☐ Role of the Treatment Provider

[23] This model document is provided by the State Court Administrative Office (SCAO) as a resource and for informational purposes only to facilitate the operation of problem-solving courts by local units of government and courts in compliance with certification requirements. SCAO's sharing this model document is not intended (and cannot be construed) as legal advice.

Coordinator:

- ☐ Role of the Coordinator
- ☐ Maximizing Participant Interactions

Prosecutor:

- ☐ Role of the Prosecutor

Supervision Officer:

- ☐ Role of the Probation Officer
- ☐ Maximizing Participant Interactions

☐ Reviewed the Following Publications:

- ☐ Adult Drug Court Standards, Best Standards and Promising Practices https://courts.michigan.gov/Administration/SCAO/Resources/Documents/bestpractice/ADC-BPManual.pdf
- ☐ Defining Drug Courts: The Key Components[24] https://www.ncjrs.gov/pdffiles1/bja/205621.pdf

☐ Attended the Following Trainings:

- ☐ SCAO's DCCMIS Training (Held Tri-annually) – for team members entering data
- ☐ SCAO's Fundamentals of Problem-Solving Courts (Held in March and October)
- ☐ Other:
- ☐ Other:

Parts of this document are based on the NDCI New Staff Training Guide available at https://www.ndci.org/wp-content/uploads/2018/08/NDCI-New-Staff-Training-Guide.pdf

[24] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 2004

Appendix E
Model Confidentiality Policies and Procedures

[Name of problem-solving court program]
Policies and Procedures Regarding Access to and Use of Confidential Records[25]

1. **Access and Use of Written and Electronic Confidential Records**
   a. Except as otherwise permitted in the Michigan problem-solving court statute, any statement or other information obtained as a result of participating in a preadmission screening and evaluation assessment is confidential and is exempt from disclosure under the Freedom of Information Act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be used in a criminal prosecution, unless it reveals criminal acts other than, or inconsistent with, personal drug use.
   b. Confidential treatment court information and records may not be used to initiate or to substantiate any criminal charges against a participant or to conduct any investigation of a participant.
   c. Written/paper program files of open cases shall be kept in a locked filing cabinet in **[specify secure location]**, with access limited to authorized individuals.
   d. Upon expiration of consent for release of information written/paper program files shall be moved to [**specify secure location where only program staff may access files**] and shall be kept in a locked filing cabinet.
   e. Pre-court staffing meeting reports shall be returned to the **[title of problem-solving court staff]** upon conclusion of the meeting.
   f. Electronic data that is subject to confidentiality standards is protected by security walls and is password protected. Access is limited, and disclosure/redisclosure is subject to approval by the treatment court judge and team.
   g. The **[name of problem-solving court]** program stores electronic confidential information in the Drug Court Case Management Information System (DCCMIS). All users of DCCMIS shall sign a DCCMIS user confidentiality agreement prior to being assigned a username and password, and are only given access to information as permitted under 42 CFR part 2 regulations.
   h. Upon expiration of consent for release of information confidential records on computers are protected by changing the password or otherwise restricting access.
   i. Generally, unless access to a court file is restricted by statute, court rule or an order pursuant to MCR 8.119(I), any person may inspect pleadings and other papers in a court clerk's office and may obtain copies as provided in MCR 8.119(J).
   j. Responses to all requests for access to nonpublic and limited-access records shall be made per the following resources:
      - Michigan Trial Court Records Management Standards Data, Case, and Other Court Records – Section 2: Access to Records.

[25] This model document is provided by the State Court Administrator's Office (SCAO) as a resource and for informational purposes only, to assist courts with operating a problem-solving court and to comply with the problem-solving court statute. This model document is not intended (and cannot be construed) as legal advice.

- Chart of Nonpublic and Limited-Access Court Records.[26]
- Michigan Supreme Court Administrative Order 2006-2[27] - Privacy Policy and Access to Records.

k. Records of participants may be released to parties per a written consent in compliance with 42 CFR § 2.31.

l. Any confidential information disclosed under a signed consent to release information, shall be accompanied by a written Notice of Prohibition against Redisclosure with the language required in 42 CFR § 2.32.

m. Confidential electronic data that may be disclosed under 42 CFR regulations may be transmitted through DCCMIS, encrypted email, or through non-encrypted email after the confidential information has been de-identified.

n. Confidential information may be disclosed to a Qualified Service Organization (QSA) as necessary for the QSA to provide services to the **[name of problem-solving court program].**

o. Confidential information may be released under specified circumstances, and may include medical emergency, crimes on the premises, crimes against staff, administration working with the **[name of problem solving court**], and outside auditors, central registries, and researchers.

p. Confidential information relating to the abuse or neglect of a child, state child abuse laws, court orders signed pursuant to 42 CFR part 2 for release of specific information, state laws relating to cause of death and duty to protect others, and to warn of serious imminent harm, is not protected by federal law and may be disclosed without consent.

q. Staffing meetings may be observed by staff from other courts for the purpose of planning their own problem-solving court program, and by SCAO staff. All observers of the meeting shall sign a confidentiality agreement prior to the start of the meeting, and all participants discussed at the meeting must sign a **[name of problem-solving court program]** consent to release information, with the observing parties listed, prior to the staffing meeting.

2. Record Retention and Disposal Schedule

a. Records shall be retained as directed under General Schedules #13 - District Courts,[28] #14 - Probate Courts,[29] and #15 – Circuit Courts.[30]

b. Records shall be removed, de-identified, transferred, and destroyed as directed by the Michigan Trial Court Records Management Standards Data, Case, and Other Court Records.[31]

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[26] https://courts.michigan.gov/Administration/SCAO/Resources/Documents/standards/cf_chart.pdf

[27] https://courts.michigan.gov/Courts/MichiganSupremeCourt/rules/Documents/Administrative Orders.pdf page 208; FAQ for 2006-02 is located at https://courts.michigan.gov/Administration/SCAO/Resources/Documents/Administrative-Memoranda/2006-04.pdf

[28] https://www.michigan.gov/documents/dtmb/RMS_GS13_573186_7.pdf

[29] https://www.michigan.gov/documents/dtmb/RMS_GS14_597247_7.pdf

[30] https://www.michigan.gov/documents/dtmb/RMS_GS15_597248_7.pdf

[31] https://courts.michigan.gov/Administration/SCAO/Resources/Documents/standards/cf_stds.pdf

Appendix F

Model DCCMIS User Confidentiality Agreement

DCCMIS User Confidentiality Agreement[32]

This Confidentiality Agreement applies to **[name of problem-solving court program]**'s employees, members of the **[name of problem-solving court program]** team, and all other professionals working with the **[name of problem-solving court program]** hereinafter referred to as "users", who have direct access to the Drug Court Case Management Information System (DCCMIS).

User understands and agrees:

6. All network passwords are confidential and shall not be disclosed to any third party including other authorized users of the DCCMIS.
7. The [**name of problem-solving court program**] DCCMIS administrator shall provide user with the network password necessary to gain access to the DCCMIS network.
8. In the event that user reasonably suspects or becomes aware of any unauthorized use or disclosure of user's network password or other confidential user identification, user shall immediately change the password, and shall immediately report the unauthorized use or disclosure to [**name of problem-solving court program**]'s DCCMIS administrator.
9. [**Name of problem-solving court program**]'s DCCMIS administrator, The State Court Administrative Office (SCAO), and Advanced Computer Technologies (ACT) shall have the right to suspend or revoke user's network access without notice in the event of any breach or suspected breach of confidentiality.
10. To be accountable for all entries of client information, orders and data entered by user into DCCMIS under user's password.
11. To access client information and/or records only for the following purposes in accordance with applicable state and federal laws and regulations:
    a. coordinating services with ancillary and other treatment service providers;
    b. reviewing client's progress in program areas as needed per user's role on the team;
    c. conducting statistical research, or audits;
    d. conducting quality assurance, or review activities; and,
    e. For DCCMIS administrators requirements involving verification and other operational purposes.
12. To not disclose or re-disclose any client information and/or records to any other entity or individual without the prior written authorization of the participant or the participant's authorized representative.

[32]This model document is provided by SCAO as a resource, and for informational purposes only, to assist courts with operating a problem-solving court and to comply with the problem-solving court statute. This model document is not intended (and cannot be construed) as legal advice.

13. SCAO and ACT may conduct unannounced audits of user's access to its information systems, software applications, network and data on a periodic basis to monitor appropriate use of and compliance with the obligations stated above.
14. Any violation of participant confidentiality may result in termination of access to DCCMIS.
15. Information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular program participants or related parties.

I understand that alcohol and/or drug treatment records and mental health records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164, and cannot be disclosed without the written consent of the [**name of program**] participant or a person legally authorized to represent the participant unless otherwise provided for by the regulations.

_____ _____
Signature of DCCMIS user Date

_____
Printed name of DCCMIS user

Attached: Penalties under 42 CFR Part 2 and Penalties under HIPAA

Penalties Under 42CFR Part 2

§2.3 Purpose and effect.

(a) *Purpose.* Under the statutory provisions quoted in §§2.1 and 2.2, these regulations impose restrictions upon the disclosure and use of alcohol and drug abuse patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program. The regulations specify:

(1) Definitions, applicability, and general restrictions in subpart B (definitions applicable to §2.34 only appear in that section);

(2) Disclosures which may be made with written patient consent and the form of the written consent in subpart C;

(3) Disclosures which may be made without written patient consent or an authorizing court order in subpart D; and

(4) Disclosures and uses of patient records which may be made with an authorizing court order and the procedures and criteria for the entry and scope of those orders in subpart E.

(b) *Effect.*

(1) These regulations prohibit the disclosure and use of patient records unless certain circumstances exist. If any circumstances exists under which disclosure is permitted, that circumstance acts to remove the prohibition on disclosure but it does not compel disclosure. Thus, the regulations do not require disclosure under any circumstances.

(2) These regulations are not intended to direct the manner in which substantive functions such as research, treatment, and evaluation are carried out. They are intended to insure that an alcohol or drug abuse patient in a federally assisted alcohol or drug abuse program is not made more vulnerable by reason of the availability of his or her patient record than an individual who has an alcohol or drug problem and who does not seek treatment.

(3) Because there is a criminal penalty (a fine—see 42 U.S.C. 290dd-2, and 42 CFR 2.4) for violating the regulations, they are to be construed strictly in favor of the potential violator in the same manner as a criminal statute (see *M. Kraus & Brothers* v. *United States,* 327 U.S. 614, 621–22, 66 S. Ct. 705, 707–08 (1946)).

§2.4 Criminal penalty for violation.

Under 42 U.S.C. 42 U.S.C. 290dd–2, any person who violates any provision of those statutes or these regulations shall be fined not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

§2.5 Reports of violations.

(a) The report of any violation of these regulations may be directed to the United States Attorney for the judicial district in which the violation occurs.

(b) The report of any violation of these regulations by a methadone program may be directed to the Regional Offices of the Food and Drug Administration.

Penalties Under HIPAA

42USC1320d-5 General penalty for failure to comply with requirements and standards

(a) General penalty

(1) In general
Except as provided in subsection (b), the Secretary shall impose on any person who violates a provision of this part a penalty of not more than $100 for each such violation, except that the total amount imposed on the person for all violations of an identical requirement or prohibition during a calendar year may not exceed $25,000.

42USC1320d-6 Wrongful disclosure of individually identifiable health information

(a) Offense

A person who knowingly and in violation of this part-

(1) Uses or causes to be used a unique health identifier;
(2) Obtains individually identifiable health information relating to an individual; or
(3) Discloses individually identifiable health information to another person,

shall be punished as provided in subsection (b).

(b) Penalties

A person described in subsection (a) shall-

(1) Be fined not more than $50,000, imprisoned not more than 1 year, or both;
(2) if the offense is committed under false pretenses, be fined not more than $100,000, imprisoned not more than 5 years, or both; and
(3) If the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, be fined not more than $250,000, imprisoned not more than 10 years, or both.

Penalties Under 42CFR Part 2

§2.3 Purpose and effect.

(a) *Purpose.* Under the statutory provisions quoted in §§2.1 and 2.2, these regulations impose restrictions upon the disclosure and use of alcohol and drug abuse patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program. The regulations specify:

> (1) Definitions, applicability, and general restrictions in subpart B (definitions applicable to §2.34 only appear in that section);
>
> (2) Disclosures which may be made with written patient consent and the form of the written consent in subpart C;
>
> (3) Disclosures which may be made without written patient consent or an authorizing court order in subpart D; and
>
> (4) Disclosures and uses of patient records which may be made with an authorizing court order and the procedures and criteria for the entry and scope of those orders in subpart E.

(b) *Effect.*

> (1) These regulations prohibit the disclosure and use of patient records unless certain circumstances exist. If any circumstances exists under which disclosure is permitted, that circumstance acts to remove the prohibition on disclosure but it does not compel disclosure. Thus, the regulations do not require disclosure under any circumstances.
>
> (2) These regulations are not intended to direct the manner in which substantive functions such as research, treatment, and evaluation are carried out. They are intended to insure that an alcohol or drug abuse patient in a federally assisted alcohol or drug abuse program is not made more vulnerable by reason of the availability of his or her patient record than an individual who has an alcohol or drug problem and who does not seek treatment.
>
> (3) Because there is a criminal penalty (a fine—see 42 U.S.C. 290dd-2, and 42 CFR 2.4) for violating the regulations, they are to be construed strictly in favor of the potential violator in the same manner as a criminal statute (see *M. Kraus & Brothers* v. *United States,* 327 U.S. 614, 621–22, 66 S. Ct. 705, 707–08 (1946)).

§2.4 Criminal penalty for violation.

Under 42 U.S.C. 42 U.S.C. 290dd–2, any person who violates any provision of those statutes or these regulations shall be fined not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

§2.5 Reports of violations.

(a) The report of any violation of these regulations may be directed to the United States Attorney for the judicial district in which the violation occurs.

(b) The report of any violation of these regulations by a methadone program may be directed to the Regional Offices of the Food and Drug Administration.

Penalties Under HIPAA

42USC1320d-5 General penalty for failure to comply with requirements and standards

(a) General penalty

> (1) In general
> Except as provided in subsection (b), the Secretary shall impose on any person who violates a provision of this part a penalty of not more than $100 for each such violation, except that the total amount imposed on the person for all violations of an identical requirement or prohibition during a calendar year may not exceed $25,000.

42USC1320d-6 Wrongful disclosure of individually identifiable health information

(a) Offense

A person who knowingly and in violation of this part-

> (1) Uses or causes to be used a unique health identifier;
> (2) Obtains individually identifiable health information relating to an individual; or
> (3) Discloses individually identifiable health information to another person,

shall be punished as provided in subsection (b).

(b) Penalties

A person described in subsection (a) shall-

> (1) Be fined not more than $50,000, imprisoned not more than 1 year, or both;
> (2) if the offense is committed under false pretenses, be fined not more than $100,000, imprisoned not more than 5 years, or both; and
> (3) If the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, be fined not more than $250,000, imprisoned not more than 10 years, or both.

Appendix G
Model Confidentiality MOU

[Name of problem-solving court]
Memorandum of Understanding Regarding Confidentiality[33]

I. Parties

This agreement facilitates the exchange of information, between parties of the agreement, in order to effectively coordinate services and provide oversight to participants involved in the criminal justice and treatment systems. It is made and entered into, as of the date set forth below, by and between the following parties whose representatives have signed the agreement:

1. **[Name of problem solving court]**
2. **[Name of county]** MDOC
3. **[Name of district court]** probation department
4. **[Name of county]** prosecutor's office
5. **[Name of treatment agency]**
6. **[Name of law enforcement agency]**
7. **[Name of law firm/office, or name of defense attorney on team]**

II. Purposes

To foster trust and cooperation, by ensuring that each component of the problem-solving court is aware of how the other components will access, share, and use information.

To be used as a blueprint to explain how information will be distributed within the problem-solving court.

To improve cooperation, integration, and collaboration at the service delivery, administrative, and evaluative levels for the benefit of clients involved with both the criminal justice and treatment systems

Now, therefore, the parties agree that this memorandum of understanding reflects their understanding and agreement as to the permitted and prohibited sharing and uses of information in the legal process.

[33] This model document is provided by State Court Administrator's Office (SCAO) as a resource and is for informational purposes only, to assist courts with operating a problem-solving court and to comply with the problem-solving court statute. This model document is not intended (and cannot be construed) as legal advice.

III. Definitions

1. Code of Federal Regulations (CFR) is the general and permanent rules and regulations published by the executive departments and agencies of the federal government.
2. Confidential information means any information whether oral or recorded in any form or medium, that:
    a. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
    b. Would identify a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person; and is drug abuse information obtained by a federally assisted drug abuse program after March 20, 1972 (part 2 program), or is alcohol abuse information obtained by a federally assisted alcohol abuse program after May 13, 1974 (part 2 program); or if obtained before the pertinent date, is maintained by a part 2 program after that date as part of an ongoing treatment episode which extends past that date; for the purpose of treating a substance use disorder, making a diagnosis for that treatment, or making a referral for that treatment.
    c. Is in the record of mental health services of a recipient, and other information acquired in the course of providing mental health services to a recipient.
3. Disclose or disclosure means a communication of participant identifying information, the affirmative verification or denial of another person's communication of participant identifying information, or the communication of any information from the record of a participant who has been identified.

IV. Each of the Parties agrees:

1. That clients involved with both the criminal justice and treatment systems shall be afforded appropriate levels of treatment, with the least burdensome delivery of services;

2. That improvements to the quality and effectiveness of services can be supported by the sharing of relevant and necessary information;

3. That the privacy and confidentiality of information regarding clients involved with the criminal justice and treatment systems is an important legal and ethical obligation;

4. That this agreement shall be interpreted in light of, and consistent with governing state and federal laws;

5. To promote a mutual understanding of the allowances and limitations outlined in 42 CFR Part 2, and 45 CFR Parts 160 and 164, and other applicable state and federal laws;

6. That information identifying the clients or any information regarding client treatment, including information shared at team meetings, should only be shared pursuant to 42 CFR part 2, 45 CFR parts 160 and 164, and Section 290dd-2, and only to the degree it is necessary for the recipient of the information to perform his or her role;

7. To disclose confidential information to any party of this agreement who is designated on a validly executed Consent for Release of Information in accordance with the terms and limitations of the Consent for Release of Information form;

8. That they are bound by the redisclosure provisions of 42 CFR part 2, 45 CFR parts 160 and 164, and Section 290dd-2, and any disclosure of a participant's confidential information is accompanied by one of the following written statements:
   a. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65; or
   b. 42 CFR, Part 2 prohibits unauthorized disclosure of these records.

9. To work together with the other agencies listed in this Memorandum of Understanding (MOU) to facilitate information sharing and to ensure that confidential information is disseminated only to the appropriate persons or agencies, as provided by law or otherwise pursuant to a lawfully obtained consent form;

10. To train relevant staff in procedures for interagency collaboration and information sharing;

11. To comply with relevant state and federal law, and other applicable local rules and ethical standards, which relate to records use, dissemination, and retention/destruction as specified in "**[Name of problem-solving court program policies and procedures regarding access to and use of confidential records]**";

12. To develop appropriate internal written policies to ensure that confidential information concerning clients is disseminated only to appropriate personnel;

13. To acknowledge that members of the problem-solving court team may be subject to legal and ethical restrictions on disclosure, which in some situations must be observed notwithstanding either the participant's consent to release information or the likelihood that disclosure would benefit the court and the participant. It is not improper for

members of the team to withhold information when they are required to do so. **[specify any information that specific team members cannot share]**;

14. That defense attorneys of the problem-solving court program shall make it clear to participants and other team members whether they will share participant communications with the team,[34]

15. To ensure that any statements made by an individual during evaluation and intake are protected, pursuant to the individual's privilege against self-incrimination and right to counsel under the Fifth and Sixth Amendments to the United States Constitution, and MCL 600.1064(4);

16. To ensure that information obtained pursuant to the problem solving court agreement and the program's consent for release of information will not be used to initiate or substantiate any criminal charges against a participant except as otherwise authorized by 42 CFR Part 2 Section 2.12(d)(1), with those exceptions including child neglect or abuse and crimes committed on program premises or against program personnel.

V. Administration of the Memorandum of Understanding

1. Term of Agreement:
   This agreement is effective for one year upon the date of the final signature and shall renew automatically for subsequent one-year terms unless otherwise modified. Any signatory to this agreement may terminate participation upon thirty days' notice to all other signatories to the agreement.

2. Modification of Agreement:
   Modification of this Agreement shall be made by formal consent of all parties, pursuant to the issuance of a written amendment, signed and dated by the parties, prior to any changes.

3. Other Interagency Agreements:
   This agreement does not preclude or preempt each of the agencies from individually entering into an agreement with one or more parties to this agreement, nor does it supplant any existing agreement between such parties.

4. Signatures of Parties to this Agreement:[35]
   In witness whereof, the parties hereto have entered into this agreement as evidenced by their signatures below. A certified copy of the agreement shall be provided to each signatory to the Agreement. The original Agreement shall be filed with the Clerk of the **[court number and type]** Court.

Honorable **[name]**, Chief Judge, **[court number and type]** Court

[34] Requirement of certification

[35] The confidentiality MOU should be signed by all team members and, if applicable, an authorizing agent for their agency

_____ _____

Signature Date

Honorable **[name]**, **[name of problem solving court]** Judge, **[court number and type]** Court

_____ _____

Signature Date

[Name], Program Coordinator, **[name of problem solving court]**

_____ _____

Signature Date

[Name and title], team member, **[name of county]** prosecutor's office

_____ _____

Signature Date

[Name and title], authorizing official on behalf of **[name of county]** prosecutor's office

_____ _____

Signature Date

[Name], defense attorney, team member, **[name of law firm]**

_____ _____

Signature Date

[Name and title], authorizing official on behalf of **[name of law firm]**

_____ _____

Signature Date

[Name], MDOC agent, team member, MDOC

_____ _____

Signature Date

[Name and title], authorizing official on behalf of MDOC

_____ _____
Signature Date

[Name], district court probation officer, team member, **[court number]** district court

_____ _____
Signature Date

[Name and title], authorizing official on behalf of **[court number]** district court

_____ _____
Signature Date

[Name and title], team member, **[name of law enforcement agency]**

_____ _____
Signature Date

[Name and title], authorizing official on behalf of **[name of law enforcement agency]**

_____ _____
Signature Date

[Name and title], **[agency name]**, team member, Community Mental Health Services provider

_____ _____
Signature Date

[Name and title], **[agency name]**, authorizing official on behalf of Community Mental Health Services provider

_____ _____
Signature Date

[Name and title], **[agency name]**, team member, **[type of treatment/ancillary]** services provider

_____ _____

Signature Date

[Name and title], **[agency name]**, authorizing official on behalf of **[type of treatment/ancillary]** services provider

_____ _____

Signature Date

Parts of this document were modified from Mark F Botts, L. B. (2015, April 7). *https://www.sog.unc.edu/publications/reports/north-carolina-juvenile-justice-%E2%80%93-behavioral-health-information-sharing-guide.* Retrieved April 11, 2018, from https://www.sog.unc.edu: https://www.sog.unc.edu/sites/www.sog.unc.edu/files/Information Sharing Guide FINAL PDF to authors 2015-06-25.pdf

VI. Attachments

Attachment 1: **[Name of problem solving court]** procedures and/or policies regarding confidentiality

Attachment 2: **[Name of problem solving court]** consent to release information (form)

Appendix H
Model Visitor Confidentiality and Consent for Release of Information

This model document is provided by the State Court Administrative Office (SCAO) as a resource and is for informational purposes only to assist courts with operating a problem-solving court to comply with the problem-solving court statute. This model document is not intended (and cannot be construed) as legal advice.

A court can customize the sections that are in bold and highlighted in yellow. Once customized, the court should remove the brackets, bold, and highlighting.

As a model document, it is generic in nature and should be modified to fit your program.

Before developing your confidentiality documents, please review the University of New Hampshire's School of Law/Institute for Health Policy & Practice's "Substance Use Disorder Treatment Confidentiality Boot Camp" guide located at https://chhs.unh.edu/sites/default/files/substance-use-disorder-privacy-part-2-idn-workbook-unh-1017.pdf.

If all participants do not sign the consent to release confidential information prior to the staffing meeting, visitors should not be attending the portion of the staffing meetings where those participants are discussed. Instead visitors may attend the portion of the staff meeting where only participants with signed releases are discussed.

[Name of PSC] Program Visitor Confidentiality Form

I, _____, as a guest of the **[name of PSC]** Program, recognize my responsibility to maintain the confidentiality of the **[name of PSC]** Program, and hereby agree that:

1. Any and all information discussed at the [**name of PSC**] staffing team meeting must remain confidential and shall not be revealed to anyone.

2. If I receive a copy of case reports for a staffing team meeting, I will return all reports in their entirety to a team member at the end of the staffing team meeting.

3. I shall abide by the **[name of PSC]** program's Memorandum of Understanding (MOU) regarding confidentiality (attached).

4. I understand that alcohol and/or drug treatment records and mental health records are protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164, and I shall abide by the confidentiality provisions of the law.

5. By signing this form, I confirm that I have read and agree to the above statements.

_____ _____

Signature of guest Date

_____

Printed name of guest

[Name of PSC program]
Consent for Release of Information
Observation of Staffing Meeting

Participant's Full Name: _____ DOB: _____

I authorize the following parties**:**

1. **[Name of problem solving court],**
2. **[Name of county]** MDOC probation/parole department
3. **[Name of district court]** probation department
4. **[Name of county]** prosecutor's office
5. **[Name of treatment agency]**
6. **[Name of law enforcement agency]**
7. **[Name of law firm/office]**

To release information to the following parties:

1. Stakeholders of **[name of PSC program observing meeting]**
2. **[Name of agency evaluating program]**[36]

To disclose information discussed at the staffing meeting, held on **[date]**, which may include the following information:

INFORMATION TO BE SHARED

1. Name, address, and other personal identifying information of the participant.
2. **[Name of PSC program]** assessments (GAIN, COMPAS, risk and needs, etc.).
3. **[Name of PSC program]** program assessments (GAIN, COMPAS, risk and needs, etc.).
4. **[Name of PSC program]** program behavior summaries and updates.
5. Treatment information, including assessments, attendance, progress and compliance reports, treatment plans, and discharge summaries.
6. Drug and alcohol screening, testing, confirmation results, and payment information.
7. Health information.
8. Reportable communicable disease information, including HIV, sexually transmitted infections, hepatitis, and tuberculosis.
9. Health plan or health benefits information.
10. Electronic monitoring information, including compliance and payment information.
11. Information required to obtain a restricted license through the ignition interlock program.
12. Other (specify, if any): _____

[36] Choose the appropriate option

Note: I authorize all of the foregoing information to be shared unless I indicate here, by number, one or more categories of information not to be shared: _____

PURPOSE OF USE AND DISCLOSURE

The purposes for the disclosures authorized by this form are:

1. To assist **[Name of observing court/agency]** in planning, implementation, or enhancement of their problem-solving court.
2. For the evaluation or audit of **[Name of PSC program].**
3. Other (please specify): _____.

REDISCLOSURE AND CONFIDENTIALITY

Once health care information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 CFR, Parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing information to others. However, substance abuse treatment information protected by federal law (42 CFR., Part 2), shall remain confidential and must not be redisclosed by the recipient except as authorized by those laws or this authorization. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

CONSENT EXPIRATION

The date, event, or condition upon which consent expires must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

This consent for release of information shall expire on **[date of the day following observed staffing].**

REVOCATION

I understand that I may revoke this consent, orally or in writing, at any time except to the extent that action has been taken in reliance on it. I also understand that I do not have to fill out this form. If I do not fill it out I can still get health insurance, and treatment and other medical benefits from a health care provider.

I also understand that if I refuse to consent to disclosure, or attempt to revoke my consent prior to the expiration of this consent such action is grounds for immediate termination from the **[Name of PSC program]** program.

SIGNATURE CONSENTING TO RELEASE OF INFORMATION

Participant signature	Date
Staff witness signature	Date
Staff witness printed name	

Appendix I
Model Program MOU

Memorandum of Understanding[37]
[Name of drug treatment court]

I. Parties

This agreement is made and entered into as of the date set forth below, by and between the following parties whose representatives have signed the agreement:

a. **[Name of drug treatment court]**
b. **[Name of circuit court]**
c. **[Name of county]** MDOC probation/parole department
d. **[Name of district court]**
e. **[Name of district court]** probation department
f. **[Name of county]** prosecutor's office
g. **[Name of treatment agency on team]**, treatment provider
h. **[Name of law enforcement agency on team]**
i. **[Name of law firm/office, or name of defense attorney on team]**, defense attorney

II. Purpose

The purpose of this Memorandum of Understanding (MOU) is to describe duties and allocate responsibilities for team members of the **[name of drug treatment court]** Drug Treatment Court Team. The MOU also establishes team member responsibilities and requirements for maintaining compliance with the Michigan Drug Court Statute (MCL 600.1060-600.1088).

III. Terms/Definitions

a. Ex parte communication: Any communication, relevant to a legal proceeding, between a judge and a party to the proceeding or any other person about the case, outside of the presence of the opposing party or the opposing party's attorney, that is not on the record.
b. Participant: Any person referred to the **[name of drug treatment court]**, currently being screened as a candidate for **[name of drug treatment court]** (including those who are ultimately denied entry to the program), currently participating in **[name of drug treatment court]**, or someone who has been discharged from the **[name of drug treatment court]** program.
c. Policies and Procedures Manual: Policy and procedure manuals document policies and procedures designed to influence and determine all major decisions and actions, and all activities that take place within the boundaries set by them.

[37] This model document is provided by SCAO as a resource, for informational purposes only to assist courts with operating a problem-solving court and to comply with the problem-solving court statute. This model document is not intended (and cannot be construed) as legal advice.

Procedures are the specific methods employed to express policies in action in day-to-day operations of the organization.

d. Staffing meetings: Team meetings where participants' progress is discussed and options for incentives, sanctions, treatment, and phase changes are evaluated.
e. Stakeholders: A person, group or organization that has interest or concern in an organization.
f. Treatment services: Any services provided by a licensed clinician or by an employee of an agency providing therapeutic services for substance use disorder, mental health, or developmental disabilities.

IV. Mission of the [name of drug treatment court]

We agree that the mission of the **[name of drug treatment court]** program shall be to successfully rehabilitate substance using individuals while maintaining public safety.

We endorse the goals and mission of the **[name of drug treatment court]** in order for participants to eliminate future criminal behavior and improve the quality of their lives. For this program to be successful, cooperation must occur within a network of systems to facilitate and achieve the mission, challenges, and vision of the **[name of drug treatment court]**.

V. Guiding Principles of the [name of drug treatment court]

a. Drug and alcohol addiction is a chronic relapsing disease that is treatable, and substance use is reversible behavior, which, if unaddressed, may lead to continuing and increasing criminal behavior and other personal, family, and societal problems.

b. Drug court programs offer an opportunity to direct those in crisis with addictions and substance use disorders to begin a rehabilitation process, which may ultimately lead to a reduction or elimination of addiction and use, and permit the development of a productive lifestyle.

c. Treatment intervention should occur early on upon entry to the criminal justice system to achieve maximum treatment outcomes.

d. Thorough assessment and evaluation is a critical component of the drug court program.

e. Participants with drug and alcohol abuse issues cannot maximize their treatment potential without appropriate treatment intervention that includes their families when appropriate.

f. Participant accountability is foremost in the program, with written program agreements and court monitoring of behavior on a regular basis. Court monitoring will include incremental sanctioning for negative behaviors and positive rewards for improved behaviors.

g. Drug court programs are established with written protocols, which are well-defined and documented through the policies and procedures manual. The program manual will be updated annually, to respond to the changes in the needs of the programs, participants, families, agencies, and community.

h. Participant entry into the drug court program shall be governed by written eligibility criteria as established by the drug court team.

i. Information about participant progress, participant family progress, and the functioning of the drug court program shall be made available to all team members in compliance with federal and state confidentiality laws.

j. Effective evaluation of the drug court program shall be sought with appropriate responses being made relative to these evaluations.

VI. Roles of the Parties of the [name of drug treatment court][38]

a. All parties shall:
   i. Participate as a team member, operating in a non-adversarial manner.
   ii. On an annual basis, attend current training events on legal and constitutional issues in drug treatment courts, evidence-based substance abuse and mental health treatment, behavior modification, and/or community supervision.
   iii. Help to identify potential and eligible drug treatment court participants.
   iv. Provide feedback, suggestions, and ideas on the operation of the drug court.
   v. Attend staffing meetings, and provide input on incentives and sanctions for participants.
   vi. Share information as necessary, and in compliance with 42 CFR and HIPAA, to appraise participants' progress in, and compliance with, the conditions of drug treatment court.
   vii. Ensure that they, all employees, and other agents shall maintain the confidentiality of all records generated during the term of this MOU in accordance with all applicable state and federal laws and regulations, including, but not limited to, 42 CFR Part 2, HIPAA, and 290dd-2.

b. The roles of the individual parties are as follows:
   i. Drug court judge:
      1. Serve as the leader of the team.
      2. Preside over status review hearings.
      3. Engage the community to generate local support for the drug court.
      4. Communicate with the participants in a positive manner and make final decisions regarding incentives, sanctions, and program continuation.
      5. Consider the perspective of all team members before making final decisions that affect participants' welfare or liberty interests, and explain the rationale for such decisions to team members and participants.

[38] Per MCL 600.1062(1) "The memorandum of understanding shall describe the role of each party."

6. Rely on the expert input of duly trained treatment professionals when imposing treatment related conditions on the participants.
7. Provide program oversight and ensure communication and partnership with treatment.
8. Shall consider whether to terminate a participant's participation in the drug treatment program if that participant is accused of a new crime. If a participant is convicted of a felony for an offense that occurred after being admitted to drug treatment court, the judge must terminate the participant from the program.[39]

ii. Prosecuting attorney:

1. Provide legal screening of eligible participants.
2. Attend review hearings.
3. Represent the interests of the prosecutor and law enforcement.
4. Advocate for public safety.
5. Advocate for victim interest.
6. Hold participants accountable for meeting their obligations.
7. If a plea agreement is made based on completion of the program, complete appropriate court documents for resultant modification(s) upon participant's successful completion of the program (reduced charge, nolle prosequi, etc.).
8. May help resolve other pending legal cases that impact participants' legal status or eligibility.

iii. Program coordinator:

1. Arrange for additional screenings of persons aside from the prosecutor's legal screening.
2. Attend review hearings.
3. Answer inquiries from defense attorneys on possible eligibility.
4. Enter data into DCCMIS system.
5. Liaison with non-treatment agencies that are providing services to the participants.
6. Ensure that new team members are provided with a formal training within three months of joining the team on the topics of confidentiality, and his or her role on the team, and that the new team member is provided with copies of all program policy and procedure manuals, the participant handbook, and a copy of all current memoranda of understanding.

iv. Probation officers and court case managers:

1. Administer a validated criminogenic risk/needs assessment tool to participants during the referral process to ensure the drug treatment court is serving the appropriate target population.
2. Attend review hearings.

[39] Per MCL 600.1074(2) "The drug treatment court must be notified if the participant is accused of a new crime, and the judge shall consider whether to terminate the participant's participation in the drug treatment program in conformity with the memorandum of understanding…"

3. Work with the program coordinator in supervising and monitoring the individuals in the program.
4. Prepare presentence reports, and perform drug and alcohol tests as needed.
5. Schedule probation violations or show cause hearings for participants who have violated the program rules and are subject to termination from the program, or if a liberty interest is at stake.
6. Enter data into the DCCMIS system.

v. Defense counsel representative:
1. Ensure that defendants' procedural and due process rights are followed.
2. Ensure that a defense counsel representative is present at all staffing meetings to avoid ex parte communication.
3. Attend review hearings.
4. Ensure that the participant is treated fairly and that the drug treatment court team follows its own rules.
5. When appropriate, and without breaching attorney-client privilege, encourage clients to be forthcoming and honest regarding their recovery process.

vi. Treatment provider:
1. Conduct assessments to determine program eligibility, appropriate treatment services, and progress in treatment.
2. Ensure that a treatment representative is present at all staffing meetings to ensure therapeutic input regarding any sanctions being considered.
3. Liaison with any treatment providers and/or treatment agencies that are providing services to the participants, and keep the team updated on treatment attendance and progress.
4. Attend review hearings.
5. Manage delivery of treatment services.
6. Administer, or ensure administration of, behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes.
7. Provide clinical case management.
8. Offer insights and suggestions on the treatment plans of individuals in the program.
9. Enter data into the DCCMIS system.

vii. Law enforcement agency:
1. Provide officers to assist with home checks for participants

VII. Deferrals, Delays, and Deviation from Sentencing Guidelines[40]

[40] Per MCL 600.1076(4) "…the court, with the agreement of the prosecutor and in conformity with the terms and conditions of the memorandum of understanding under section 1062, may discharge and dismiss the proceedings against an individual…" who meets the requirements of MCL 600.1076(4) a-e.

Under MCL 600.1068(2)[41], the prosecutor must approve an individual's admission into the **[name of drug treatment court]** if the individual will be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines.

VIII. Program Fee[42]

The program charges a fee of **[amount of fee]** to each participant, to be paid in **[specify due date or payment parameters]**. In accordance with MCL 600.1070 the clerk of the drug treatment court shall transmit the fees collected to the treasurer of the local funding unit at the end of each month. The fee must be reasonable and calculated based on costs reasonably related to administering the program that are not covered by other funding such as insurance, block grants, PA 511, or another agency. These costs include **[list types of costs included in program fee computation[43]].**

IX. Term of Agreement

This agreement is effective for one year upon the date of the final signature and shall renew automatically for subsequent one-year terms unless otherwise modified. Any signatory to this agreement may terminate participation upon thirty days' notice to all other signatories.

X. Agency Representatives

This MOU will be administered by the **[name of drug treatment court]** local team, which consists of the following stakeholder agency representation:

a. **[Name of drug treatment court],** drug court judge, **[name of judge]**
b. **[Name of drug treatment court],** drug court program coordinator, **[name of coordinator]**
c. **[Number of circuit court]** Circuit Court, **[title], [name of circuit court representative]**
d. **[Name of county]** MDOC, probation/parole agent, **[name of agent]**
e. **[Number of district court]** District Court, **[title], [name of district court representative]**
f. **[Number of district court]** district court probation department, probation officer, **[name of probation officer]**
g. **[Name of county]** prosecuting attorney, **[name of prosecutor representative]**
h. **[Name of treatment agency on team]**, treatment provider, **[name of treatment provider]**
i. **[Name of law enforcement agency on team], [title], [name of law enforcement representative]**
j. **[Name of law firm/office]**, defense attorney, **[name of attorney]**

XI. Modification of Agreement

Modification of this agreement shall be made by formal consent of all parties, pursuant to the issuance of a written amendment, signed and dated by the parties, prior to any changes.

---

[41] Per MCL 600.1068(2) "In the case of an individual who will be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines, the prosecutor must approve of the admission of the individual into the drug treatment court in conformity with the memorandum of understanding…"

[42] Per MCL 600.1070(4) "The drug treatment court may require an individual admitted into the court to pay a reasonable drug court fee that is reasonably related to the cost to the court for administering the drug treatment court program as provided in the memorandum of understanding…"

[43] These costs typically include things such as program personnel, treatment, drug testing, supplies, travel costs, and training, but should also include any other costs incurred by the drug treatment court to administer the program.

XII. Other Interagency Agreements

This agreement does not preclude or preempt each of the agencies individually entering into an agreement with one or more parties to this agreement, nor does it supplant any existing agreement between such parties.

XIII. Signatures of Parties to this Agreement[44]

The parties have entered into this agreement as evidenced by their signatures below. A copy of the agreement shall be provided to each signatory to the agreement. The original agreement shall be filed with the clerk of **[court number]** Judicial **[court type]** Court.

Honorable **[name]**, Chief Judge, **[court number and type]** Court

Signature _____ Date _____

Honorable **[name]**, **[name of drug treatment court]** Judge, **[court number and type]** Court

Signature _____ Date _____

[Name], **[title]**, **[court number]** Circuit Court

Signature _____ Date _____

[Name], **[title]**, **[court number]** District Court

Signature _____ Date _____

[Name], Program Coordinator, **[name of drug treatment court]**

Signature _____ Date _____

[44] Per MCL 600.1062 "…if the drug treatment court will include in its program individuals who may be eligible for discharge and dismissal of an offense, delayed sentence, or deviation from the sentencing guidelines…" the court may not adopt or institute a drug treatment court unless the court enters into "…a memorandum of understanding with each participating prosecuting attorney in the circuit or district court district, a representative of the criminal defense bar, and a representative or representatives of community treatment providers."

[Name and title], **[title]**, **[court number]** District Court Probation Department

Signature Date

[Name], **[title]**, **[name of county]** county prosecutor's office

Signature Date

[Name], **[title]**, **[name of law enforcement agency]**

Signature Date

[Name], [title], Michigan Department of Corrections, **[name of county]** County

Signature Date

[Name], defense attorney, **[name of firm/agency]**

Signature Date

[Name], [title], **[agency name]**, provider of **[type of treatment services]** services

Signature Date

[Name], [title], **[agency name]**

Signature Date

[Name], [title], **[agency name]**

Signature	Date

[Name], [title], **[agency name]**

Signature	Date

Appendix J
Model Drug Court Agreement to Participate and Waiver

AGREEMENT TO PARTICIPATE
[Name of drug court program]

I, **[name of participant]**, agree to participate in the **[name of drug treatment court]** Program. I agree to follow all terms and conditions of the drug treatment court program as established by the court and the drug treatment court team.

I agree to:

1. Complete any evaluations or assessments as directed by the drug treatment court, and follow the recommendations thereof. The treatment recommendations will be shared with the drug treatment court team.
2. Work with treatment staff to develop a treatment plan and follow the plan accordingly, including aftercare and continuing care recommendations.
3. Not use, possess, or consume alcohol and/or other illegal or controlled substances, nor be in the presence of any person using, possessing, or consuming said substances; nor enter premises where alcohol is the primary source of revenue. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me that I may be sanctioned and/or terminated from the program.
4. Submit to PBT's, electronic alcohol monitoring, and/or drug and alcohol screenings as directed.
5. Be employed or enrolled in an educational program, or participate in another positive activity as directed.
6. Notify the drug treatment court of any changes in phone number within 24 hours.
7. Not change my place of residence before notifying the drug treatment court.
8. Notify the drug treatment court of any police contact, arrest or criminal charge within 24 hours of event or release from jail.
9. Make full and truthful reports to the drug treatment court as directed by any team member.
10. Not engage in any antisocial, assaultive, threatening, or aggressive behavior.
11. Not leave the state without the prior consent of the drug treatment court.
12. Maintain the confidentiality of other drug treatment court participants.
13. Pay all court ordered fines and costs, including minimum state costs, the drug treatment court fee, crime victims rights assessments, and restitution resulting from my conviction, in order to successfully complete the program. I will also pay all, or make substantial contributions toward payment of, the costs of the treatment and the drug treatment court program services provided to me, including, but not limited to, the costs of urinalysis and such testing or any counseling provided. However, if the court determines that the payment of fines, the fee, or costs of treatment would be a substantial hardship for me or would interfere with my treatment, the court may waive all or part of those fines, the fee,

or costs of treatment[45]. MCL 600.1074(1) and (3).

14. Appear in court on all scheduled court dates and to attend all appointments with my probation officer, case manager, and/or treatment provider.
15. Comply with the program's policies and conditions discussed within the **[name of drug court program]** Participant Handbook.

I waive the following rights[46]:

1. The right to a speedy trial.
2. The right to representation by an attorney at the review hearings. I still maintain the right to an attorney for any program violation or probation violation where the facts are contested and a liberty interest is at stake, or if I may be terminated from the drug treatment court program.
3. With the agreement of the prosecutor, the right to a preliminary hearing.
4. To be present at the team staffing meetings.

I understand that:

1. The drug treatment court program has a duration of **[minimum to maximum]** months.
2. If I am convicted of a felony for an offense that occurred after I am admitted to drug treatment court, the judge must terminate my participation in the program per MCL 600.1074.
3. I understand I am required to attend all appointments for court, treatment, ancillary services, and all drug and alcohol testing as scheduled.
4. I understand that drug treatment court staff may make unscheduled home visits, and I will allow drug treatment court team members, together with law enforcement officials if accompanied, into my home at any time for supervision or compliance reasons.
5. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the drug treatment court or that confidential information may be revealed.
6. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the drug treatment court team members at a staffing meeting. I understand that if someone outside of the problem-solving court team is invited to participate in a staffing meeting, they must sign a confidentiality agreement and receive my consent prior to observation. I understand that participants will not be present at staffing meetings.
7. The data in my public and confidential file may be used for research, data analysis and program evaluation by the drug treatment court, court staff, or individuals or others independent of the drug treatment court. Any data used in this way will be de-identified prior to distribution.
8. Failure to fully comply with all the terms and conditions of the program listed above may result in the following:
    a. Notification to the judge that I am in violation of the program.
    b. If I admit guilt to or am found guilty of a program violation; then sanctions, up

[45] This is required under MCL 600.1074(1) and (3).
[46] Conditions 1-3 are required under MCL 600.1068(1)(c).

to and including jail, may be imposed or additional conditions may be added as determined by the judge with input from the drug treatment court team.

c. Termination from the program.

9. I understand that the drug treatment court may amend these conditions and/or add new conditions, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

The drug treatment court coordinator agrees to:

1. Meet with the program participant as needed to help assure successful completion in the program.
2. Report the participant's progress and test results to the court.
3. Refer the participant to any community agency at the drug treatment court's disposal which may assist in the participant's recovery.

I have discussed the above listed conditions with my attorney or the drug treatment court coordinator and received a copy of this form and a copy of the **[name of drug court program]** Participant Handbook.

_____ _____

Participant Signature[47] Date

I have discussed the above listed conditions with the participant and have provided a copy of the agreement and the **[name of drug court program]** Participant Handbook to the participant.

_____ _____

Attorney/Coordinator Signature Date

_____

Printed Name of Attorney/Coordinator

[47] MCL 600.1068(1)(d) requires the participant to sign a written agreement to participate in the drug court.

Appendix L
Drug Court Admission Conditions

DTC Admission Conditions[48]		
Defendant name:	**Defendant DOB:**	**Defendant case #:**

The above named defendant has been referred to the **[County or Court]** DTC program.
Per MCL 600.1066 the court finds the following conditions to be true, prior to the defendant's admission to the **[County or Court]** DTC program:

(1) The individual has been assessed and has been shown to meet clinical eligibility criteria under MCL 600.1066a.

(2) The individual understands the consequences of entering the DTC and agrees to comply with all court orders and requirements of the program and treatment providers.

(3) The individual is not an unwarranted or substantial risk to the safety of the public or any individual, based upon the screening and assessment or other information presented to the court.

(4) The individual is not a violent offender.

(5) The individual has completed a preadmission screening and evaluation assessment that includes the following:
- A complete review of the individual's criminal history and whether the individual has been admitted to, has participated in, or is currently participating in a VTC, DTC, or specialty court, and the results of the individual's participation
- An assessment of the risk of danger or harm to the individual, others, or the community
- A review of the individual's history regarding SUD and an assessment of whether the individual has a current SUD disorder
- A review of the individual's mental health history
- A review of any special needs or circumstances of the individual that may potentially affect the individual's ability to receive treatment and follow the court's orders

and has also agreed to cooperate with any future evaluation assessment as directed by the DTC.

(6) The following deferral condition applies:

[48] This model document is provided by SCAO as a resource and for informational purposes only to facilitate the operation of problem solving courts by local units of government and courts in compliance with statutory requirements. SCAO's sharing this model document is not intended (and cannot be construed) as legal advice.

☐ The individual has been assigned the status of youthful trainee under section 11 of chapter II of the code of criminal procedure, 1927 PA 175, MCL 762.11

☐ The individual has had criminal proceedings against him or her deferred and has been placed on probation under the following:

☐ Section 7411 of the public health code, 1978 PA 368, MCL 333.7411(controlled substance), or a local ordinance or another law of this state, another state, or the United States that is substantially similar to that section.

☐ Section 4a of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.4a (domestic violence), or a local ordinance or another law of this state, another state, or the United States that is substantially similar to that section.

☐ Section 350a (parental kidnapping) or 430 (health care professional practicing under the influence) of the Michigan penal code, 1931 PA 328, or a local ordinance or another law of this state, another state, or the United States that is substantially similar to that section.

☐ MCL 600.1070 (DTC Deferral)

☐ No deferral applies

(7)

☐ Upon successful completion of the program **[specify the details of the agreement].** [49]

☐ Upon failure to successfully complete the program **[specify the details of the agreement].**

☐ With the agreement of the prosecutor sentencing is delayed in this matter as provided in section 1 of chapter XI of the code of criminal procedure, 1927 PA 175, MCL 771.1. At the end of the delay period **[specify the details of the agreement].**

☐ Other: _____

☐ No offer has been made that is contingent upon participation in, or completion of, this program.

_____P_____ _____

Honorable **[name]**, DTC program Judge, **[court number and type]** Court Date

[49] Under MCL 600.1066(g) the admission findings or statement must include, "The terms, conditions, and duration of the agreement between the parties, and the outcome for the participant of the [DTC] upon successful completion by the participant or termination of participation." This will vary by program and should be tailored to each DTC participant.

Appendix N
Ten Principles of a Good Testing Program[50]

1. Design an effective drug detection program, place the policies and procedures of that program into written form (drug court manual), and communicate the details of the drug detection program to the court staff and clients alike.
2. Develop a client contract that clearly enumerates the responsibilities and expectations associated with of the court's drug detection program.
3. Select a drug-testing specimen and testing methodology that provide results that are scientifically valid, forensically defensible, and therapeutically beneficial.
4. Ensure that the sample-collection process supports effective abstinence monitoring practices including random, unannounced selection of clients for sample collection and the use of witnessed/direct observation sample-collection procedures.
5. Confirm all positive screening results using alternative testing methods unless participant acknowledges use.
6. Determine the creatinine concentrations of all urine samples and sanction for creatinine levels that indicate tampering.
7. Eliminate the use of urine levels for the interpretation of client drug-use behavior.
8. Establish drug-testing result interpretation guidelines that have a sound scientific foundation and that meet a strong evidentiary standard.
9. In response to drug-testing results, develop therapeutic intervention strategies that promote behavioral change and support recovery.
10. Understand that drug detection represents only a single supervision strategy in an overall abstinence-monitoring program.

[50] National Drug Court Institute. (2011). The Fundamentals of Drug Testing. In P. Cary, *The Drug Court Judicial Benchbook* (p. 137). Alexandria: National Drug Court Institute.

Appendix O
Minimum Standard Data

Adult Drug Treatment Court, Sobriety Court, and Hybrid Court Minimum Data Standards

MCL 600.1078 states that each drug treatment court shall collect and provide data on each individual applicant and participant and the entire program as required by the State Court Administrative Office. The data collected will be used toward annual program reporting to the legislature and governor per statute. Courts are responsible for ensuring that the data described below are collected frequently and accurately.

Data must be collected and reported for all drug court applicants that were screened for drug court, even if the applicant was not accepted into the drug court program. Therefore, the minimum data standards that follow are broken into three sets; one set for screening, one set for case management data and one set for program discharge data relevant to accepted participants. This document provides descriptions and valid values for each of the variables in the minimum standard data sets. This information should be entered into the Drug Court Case Management Information System (DCCMIS), or in the SCAO excel spreadsheet template to be submitted to SCAO.

Set 1: Screening

Minimum Data Standard set for participants screened for drug treatment court.

Variable	Description	Valid Values	DCCMIS Initial Eligibility Screening Page
Court Name	Name of the problem-solving court	Alphanumeric	NA-populated by DCCMIS
Court Type	Type of problem solving court program	Type of problem solving treatment court	NA-populated by DCCMIS
Referral Source	Party that referred candidate to the problem solving court	Title of person making referral	1

Referral Date	date that candidate was referred to the program	mm/dd/yyyy	1
Screening Date	Date candidate was screened for admission	mm/dd/yyyy	1
First Name	Candidate's legal first name	Alpha	1
Middle Name	Candidate's legal middle name	Alpha	1
Last Name	Candidate's legal last name	Alpha	1
Address	Candidate's street address at screening	Alpha	1
City	City associated with candidate's street address	Alpha	1
State	State associated with candidate's street address	Two-letter abbreviation	1
Zip Code	Zip code associated with candidate's street address	Five-number postal zip code	1
Race	Race of the candidate	Alpha	1
Gender	Gender of the candidate	Gender	1
DOB	Date the candidate was born	mm/dd/yyyy	1
Marital Status	Marital status of the candidate at screening	Marital status	1
SSN last 4 digits	Last four digits of candidate's Social Security number	Numeric (4 numbers and it must be accurate)	1
SID	State ID# from MSP. (Number assigned when candidate was fingerprinted)	Alphanumeric 1234567A (7 numbers and 1 letter and it must be accurate.)	1

Lead Charge	Charge that made candidate eligible for the problem solving court	Charge code and title	2
Case/Docket Number	Candidate's case or docket number	Alphanumeric	2
Offense Category	Offense category of the lead eligible charge	Offense category	2
Charge Type	Level of the lead charge (i.e. felony, misdemeanor, etc.)	Charge type	2
If charge type is felony, cell type is required	Cell type recommended from the sentencing guidelines	Cell type per MDOC guidelines	2
If charge type is felony, prior record variable (PRV) is required	Variable associated with previous offenses used to identify sentencing guidelines	Numeric	2
Incident Offense	Program eligible offense type	- New criminal offense - Probation/parole violation	2
Offense Date	Date that the program eligible offense occurred	mm/dd/yyyy	2
Drug Court/Court Program Approach	Approach to sentencing that the program takes (i.e. deferred, delayed, formal, consent, etc.)	Alpha	2
Prior adjudications/convictions	Any adjudications or convictions the candidate had previous to screening	- Yes (enter number of felonies and misdemeanors) - No	2
COMPAS violence risk category (if applicable)	The violence risk assessment value from the COMPAS	Violence risk assessment value category	2

COMPAS recidivism risk category (if applicable)	The recidivism risk assessment value from the COMPAS	Recidivism risk assessment value category	2
Prior Substance Abuse	Candidate's self-reported prior substance abuse	- Yes - No	3
Substance Abuse Assessment Instrument	The assessment instrument used to determine clinical eligibility for participation	Name of assessment tool	3
Risk Assessment Instrument	The assessment instrument used to determine criminogenic risk. Enter as "other screening/assessment" in DCCMIS, and specify tool	Name of criminogenic risk and needs assessment tool	3
Prior Substance Abuse Treatment	Has the candidate received substance abuse treatment before?	- Yes (enter treatment modality/service category) - No	3
Primary Drug of Choice (Enter Secondary and Tertiary Drugs of Choice if applicable)	Candidate's self-reported primary drug (if applicable)	Drug type	3
IV Drug User	Candidate's current use of IV drugs	- Currently IV drug user - Not currently IV drug user	3
History of IV Drug Use	Candidate's history of IV drug use	- No history of IV drug use - History of IV drug use	3
Primary Diagnosis Code	Primary ICD substance use disorder code as provided by a clinician	Numeric code for substance use disorder	3

Secondary Diagnosis Code	Secondary ICD code as provided by a clinician if dually diagnosed	Numeric code for substance use disorder or mental illness	3
ASAM Placement Criteria	American Society of Addiction Medicine level of care	ASAM placement criteria	3
Level of Service	Primary substance abuse or mental health treatment modality recommended	Substance Use Disorder or Mental Illness Treatment modality	3
Age Began Using Drugs	Self-reported age of first drug use	Numeric	3
Age Began Using Alcohol	Self-reported age of first alcohol use	Numeric	3
Current Substance Abuse Treatment	Is the candidate currently in a SA treatment program	- Yes (enter treatment modality/service category) - No	3
History of mental health condition(s)	History of mental illness	- Yes - No	3
Current Medical Conditions	Candidate's medical conditions at time of screening.	Category of medical condition	4
Highest Education Level Completed	Highest level of education completed at screening	Highest grade, certification, or degree completed	5
Current Employment Status	Employment at screening	Employment status	5
Number of times moved in the last three years	Number of times candidate reports moving in last three years	Alpha	5

Length of time at current address	Time candidate has lived at current address	Months and years	5
Living situation at entry	Candidate's living situation at time of screening	- Dependent - Homeless - Independent	5
History of foster care placement as a minor	Was the candidate ever placed in a foster home when under the age of 18?	- Yes - No	5
Has the defendant ever served in a branch of the U.S. Military	Confirmation of prior service	- Yes - No	5

If Accepted into the Program

Variable	**Description**	**Valid Values**	**DCCMIS Location**
Date accepted	Date the candidate was accepted to the problem solving court	mm/dd/yyyy	Accepted into program pop-up screen
Judge	Name of judge candidate will see	Alpha	Accepted into program pop-up screen
Case Manager	Name of case manager candidate will see	Alpha	Accepted into program pop-up screen
Jail Status of Defendant	Was the defendant in jail when accepted into the problem solving court?	- Yes (enter admission date and end date)- No	Accepted into program pop-up screen

If Rejected from the Program

Variable	Description	Valid Values	DCCMIS Location
Date Rejected	Date the candidate was rejected from the problem solving court	mm/dd/yyyy	Rejected from program pop-up screen
Mental Illness	Did the candidate have a mental health diagnosis at screening	-Yes -No - Unknown	Rejected from program pop-up screen
Rejection Reason	Reason for candidate's rejection from the problem solving court	Reason for rejection	Rejected from program pop-up screen

Set 2: Case Management

Minimum Standard Data Set for participants accepted into drug treatment court.

Variable	Description	Valid Values	DCCMIS Location
Arrest/Detained Date	Date participant was arrested/detained on the lead charge if applicable	mm/dd/yyyy	criminal history
Sentencing Date	Date participant was sentenced on the lead charge	mm/dd/yyyy	criminal history
Sentencing Guidelines	Incarceration time range assigned to the lead charge	Days or months	criminal history
Dates of substance abuse testing	Date participant was to complete substance abuse testing	mm/dd/yyyy	Substance Abuse Testing

Type of substance abuse testing	Type of substance abuse test administered (i.e. UA, PBT, SCRAM, etc.)	Alpha	Substance Abuse Testing
Substance Abuse Test Results	Indicate which substances were tested for and whether each panel given was positive or negative	Substance abuse test results	Substance Abuse Testing
Dates of monitoring appointments, type of contact, and outcomes of the appointments	Dates of scheduled and unscheduled monitoring appointments with case manager/probation officer, type of contact, and outcome of the appointments	- mm/dd/yyyy - Type of contact - Outcome of contact	Journal-monitoring
Dates of scheduled problem solving court reviews and attendance outcome	Dates of scheduled problem solving court reviews, with attendance specified	- mm/dd/yyyy - Attendance status	Journal-"schedule drug court review"
Phase Progression or Demotion	Date participant progressed or was demoted through phases.	mm/dd/yyyy	Journal or Incentives/ Sanctions
Sanction Date	Date participant received a sanction	mm/dd/yyyy	Incentives/ Sanctions
Sanction Type	Type of sanction the participant received	Type of sanction (if detention/jail, include date in and date out)	Incentives/ Sanctions
Sanction Reason	Reason the participant received a sanction	Alpha	Incentives/ Sanctions
Incentive Date	Date participant received an incentive	mm/dd/yyyy	Incentives/ Sanctions
Incentive Type	Type of incentive the participant received	Type of incentive	Incentives/ Sanctions

Incentive Reason	Reason the participant received an incentive	Alpha	Incentives/ Sanctions
Date of assessment (clinical and/or criminogenic risk and needs) administered to participant	Date that participant was assessed	mm/dd/yyyy	Local assessments
Type of assessment (clinical and/or criminogenic risk and needs) administered to participant	The validated assessment tool used to assess participant.	Name of assessment tool	Local assessments
Timing of assessment	When the assessment was administered relative to program entry.	When it was administered in relation to program entry	Local assessments
Score, diagnosis, or result of assessment	diagnosis, criminogenic risk level, or other results of assessment	Alpha	Local assessments
Treatment provider	Name of treatment provider	Alpha	Treatment-treatment plan
Treatment admit date for each treatment plan	Date the participant was admitted to a treatment modality	mm/dd/yyyy	Treatment-treatment plan
Treatment discharge date for each treatment plan	Date the participant was discharged from a treatment modality	mm/dd/yyyy	Treatment-treatment plan
Dates of sessions and units of treatment	Provide dates of treatment sessions, and contact hours.	- mm/dd/yyyy - Contact hours	Treatment-treatment plan
Session Type	Type of treatment session	Type of treatment session	Treatment-treatment plan

Treatment discharge reason	Reason the participant was discharged from a treatment modality	Discharge Reason	Treatment-treatment plan
Treatment modality/service category	Type of treatment modality the participant received	Substance Use Disorder or Mental Health treatment modality	Treatment-treatment plan
Mental Health Treatment Modality	If "mental health" is the first treatment modality, specify the type of mental health treatment the participant received	Alpha	Treatment-treatment plan
If receiving mental health services, Primary Diagnosis Code is required	ICD code of primary diagnosis	ICD Numeric Code for Mental Illness	Treatment-treatment plan
If receiving medication assisted treatment services, sections a-i are required			
a. Is this participant an opioid user and clinically eligible for MAT?	Indicates the participant is an opioid user and clinically eligible to receive MAT services	- Yes - No	Treatment-treatment plan
b. Will this participant receive MAT while in the Program?	Indicates participants will receive MAT while in the program	- Yes - No	Treatment-treatment plan
c. Are this person's MAT services funded through SCAO grant funding?	Indicates SCAO state funding is being used to assist in MAT services	- Yes - No	Treatment-treatment plan
d. MAT type is required	Type of medication the participant is using	- Naltrexone - Methadone - Suboxone	Treatment-treatment plan
e. MAT admit and discharge date	Admission and discharge date associated with the MAT treatment modality	mm/dd/yyyy	Treatment-treatment plan

f. First dosage date and end dosage date	Indicates the first and last medication dosage date of the participant	mm/dd/yyyy	Treatment-treatment plan
g. MAT status at discharge	Identifies participants MAT status when discharged from the program	MAT discharge reason	Treatment-treatment plan
h. Was the participant compliant with their MAT?	Indicates medication compliance at treatment or program discharge.	Compliance status at discharge	Treatment-treatment plan
i. Number of session/units of MAT treatment	Number of MAT units a participant received under the Mat treatment modality	Numeric	Treatment-treatment plan
If participating in the Interlock Program, sections a-f are required.			
a. Is this participant a member of the Interlock Program	Indicates participation in the Interlock Program	- Yes - No	Interlock
b. Was participant ordered to install interlock device on vehicles	Indicates order given to participant	- Yes - No	Interlock
c. Did participant install interlock device on vehicle as required	Indicates if interlock was installed	- Yes (enter date) - No	Interlock
d. Participant removed interlock device without court approval	Indicates if the participant removed interlock device without permission	- Yes (enter date and whether it resulted in a program sanction) - No	Interlock
e. Did participant tamper with interlock device	Indicates if the participant tampered with the interlock device without permission	- Yes (enter date and whether it resulted in a program sanction) - No	Interlock

f. Did participant operate vehicle not equipped with interlock	Indicates if the participant operated a vehicle without an interlock device	- Yes (enter date and whether it resulted in a program sanction) - No	Interlock
Dates of 12-step program meetings attended	Dates of 12-step meetings the participant attended during treatment	mm/dd/yyyy	Ancillary services
Number of Bench Warrants	Number of bench warrants participant received during program. If using DCCMIS, the program calculates the total number based on individual entry of each bench warrant.	- Date of bench warrant (mm/dd/yyyy) - Days of active bench warrant (Numeric)	Criminal history
Number of days participant was active in the program	Subtract the number of days participant was inactive due to a bench warrant from the total of days participant was in the program	Numeric	Criminal history
In-program New Offense- Date of Offense	Date of new offense that occurred during program participation	mm/dd/yyyy	Criminal history
In-program New Offense- Date of Arrest	Date of new arrest that occurred during program participation	mm/dd/yyyy	Criminal history
In-program new offense-arrest offense Category	Offense category, at arrest/detainment, of new offense that occurred during program participation	Offense category	Criminal history
In-program New offense – Arrest Charge Type	Charge type of new offense that occurred during program participation	Charge type	Criminal history

In program-new offense-convicted/adjudicated charge	Charge participant was convicted/adjudicated of for new offense that occurred during program participation	Charge	Criminal history
In-program New offense-convicted/adjudicated offense category	Offense category of new conviction/adjudication that occurred during program participation	Offense category	Criminal history
In-program New offense – conviction/adjudication charge type	Charge type of new conviction/adjudication that occurred during program participation	Charge type	Criminal history
In-program New offense-Sentence/disposition Type	Sentence/disposition type of new conviction/adjudication that occurred during program participation	Sentence type	Criminal history
In-program New offense-Length of Sentence	Length of sentence associated with new conviction that occurred during program participation	Length of incarceration sentence	Criminal history
Total number of jail days spent while in court program	Count any jail time associated with the lead charge, including time served from arrest until release to the problem solving court, problem solving court jail sanctions, and time for any new offenses	Numeric	Criminal history

Set 3: Discharge Data

Minimum Standard Data set for participants discharged from the program.

Variable	Description	Valid Values	DCCMIS Location
Program discharge action	Indicate the reason the case is being closed	Alpha	Discharge
Program Discharge Date	Date the participant was discharged from the problem solving court	mm/dd/yyyy	Discharge
Program Discharge Reason	Reason the participant was discharged from the problem solving court	Reason for program discharge	Discharge
Offer related to court participation	Offer made contingent on program participation	Offer made contingent on program participation	Discharge
Outcome of charge	Outcome contingent on program participation	Outcome of offer made contingent on program participation	Discharge
Was there a Sentence/Disposition at Discharge	Was disposition held at discharge from the court program, instead of prior to or at program admission?	- Yes - No	Discharge
Supervision Status at Discharge	Participant's level of supervision upon discharge from program	Supervision status at discharge	Discharge
Education level	Educational level achieved by participant at discharge	Highest grade completed, certification, or degree at time of discharge from program	Discharge
Education improved at discharge?	Subjective decision by case manager	- Yes - No	Discharge

Employment type	Employment status of participant at discharge	Employment status at discharge	Discharge
Employment improved at discharge?	Subjective decision by case manager	- Yes - No	Discharge
Housing improved at discharge	Subjective decision by case manager	- Yes - No	Discharge
Does the client have stable housing?	Did the participant have stable housing for at least 90 days prior to discharge from the program?	- Yes - No	Discharge
Custody Status at Discharge	Identify the type of child custody the participant had at discharge.	Custody status	Discharge

Questions about this data set can be directed to: Daisy Beckett, Problem-Solving Court Analyst 517-373-2218 or TrialCourtServices@courts.mi.gov

Family Dependency Court Minimum Data Standards

MCL 600.1078 states that each drug treatment court shall collect and provide data on each individual applicant and participant and the entire program as required by the State Court Administrative Office. The data collected will be used toward annual program reporting to the legislature and governor per statute. Courts are responsible for ensuring that the data described below are collected frequently and accurately.

Data must be collected and reported for all drug court applicants that were screened for drug court, even if the applicant was not accepted into the drug court program. Therefore, the minimum data standards that follow are broken into three sets; one set for screening, one set for case management data and one set for program discharge data relevant to accepted participants. This document provides descriptions and valid values for each of the variables in the minimum standard data sets. This information should be entered into the Drug Court Case Management Information System (DCCMIS), or in the SCAO excel spreadsheet template to be submitted to SCAO.

Set 1: Screening

Minimum Data Standard set for participants screened for family dependency court.

Variable	Description	Valid Values	DCCMIS Initial Eligibility Screening Page
Court Name	Name of the problem solving court	Alphanumeric	NA-populated by DCCMIS
Court Type	Type of problem solving court program	Type of problem solving treatment court	NA-populated by DCCMIS
Referral Source	Party that referred candidate to the problem solving court	Title of person making referral	1

Referral Date	date that candidate was referred to the program	mm/dd/yyyy	1
Screening Date	Date candidate was screened for admission	mm/dd/yyyy	1
First Name	Candidate's legal first name	Alpha	1
Middle Name	Candidate's legal middle name	Alpha	1
Last Name	Candidate's legal last name	Alpha	1
Address	Candidate's street address at screening	Alpha	1
City	City associated with candidate's street address	Alpha	1
State	State associated with candidate's street address	Two-letter abbreviation	1
Zip Code	Zip code associated with candidate's street address	Five-number postal zip code	1
Race	Race of the candidate	Alpha	1
Gender	Gender of the candidate	Gender	1
DOB	Date the candidate was born	mm/dd/yyyy	1
Marital Status	Marital status of the candidate at screening	Marital status	1
SSN last 4 digits	Last four digits of candidate's Social Security number	Numeric (4 numbers and it must be accurate)	1

SID (if available)	State ID# from MSP. (Number assigned when candidate was fingerprinted)	Alphanumeric 1234567A (7 numbers and 1 letter and it must be accurate.)	1
Case/Docket Number	Candidate's case or docket number	Alphanumeric	2
Offense Category	Offense category of the lead eligible charge	Offense category	2
Charge Type	Level of the lead charge (i.e. felony, misdemeanor, etc.)	Charge type	2
Prior adjudications/convictions	Any adjudications or convictions the candidate had previous to screening	- Yes (enter number of felonies and misdemeanors) - No	2
Prior Substance Abuse	Candidate's self-reported prior substance abuse	- Yes - No	3
Substance Abuse Assessment Instrument	The assessment instrument used to determine clinical eligibility for participation	Name of assessment tool	3
Risk Assessment Instrument	The assessment instrument used to determine criminogenic risk. Enter as "other screening/assessment" in DCCMIS, and specify tool	Name of criminogenic risk and needs assessment tool	3
Prior Substance Abuse Treatment	Has the candidate received substance abuse treatment before?	- Yes (enter treatment modality/service category) - No	3

Primary Drug of Choice (Enter Secondary and Tertiary Drugs of Choice if applicable)	Candidate's self-reported primary drug (if applicable)	Drug type	3
IV Drug User	Candidate's current use of IV drugs	- Currently IV drug user - Not currently IV drug user	3
History of IV Drug Use	Candidate's history of IV drug use	- No history of IV drug use - History of IV drug use	3
Primary Diagnosis Code	Primary ICD substance use disorder code as provided by a clinician	Numeric code for substance use disorder	3
Secondary Diagnosis Code	Secondary ICD code as provided by a clinician if dually diagnosed	Numeric code for substance use disorder or mental illness	3
ASAM Placement Criteria	American Society of Addiction Medicine level of care	ASAM placement criteria	3
Level of Service	Primary substance abuse or mental health treatment modality recommended	Substance Use Disorder or Mental Illness Treatment modality	3
Age Began Using Drugs	Self-reported age of first drug use	Numeric	3
Age Began Using Alcohol	Self-reported age of first alcohol use	Numeric	3
Current Substance Abuse Treatment	Is the candidate currently in a SA treatment program	- Yes (enter treatment modality/service category) - No	3

History of mental health condition(s)	History of mental illness	- Yes - No	3
Current Medical Conditions	Candidate's medical conditions at time of screening.	Category of medical condition	4
Highest Education Level Completed	Highest level of education completed at screening	Highest grade, certification, or degree completed	5
Current Employment Status	Employment at screening	Employment status	5
Number of times moved in the last three years	Number of times candidate reports moving in last three years	Alpha	5
Length of time at current address	Time candidate has lived at current address	Months and years	5
Living situation at entry	Candidate's living situation at time of screening	- Dependent- Homeless- Independent	5
History of foster care placement as a minor	Was the candidate ever placed in a foster home when under the age of 18?	- Yes - No	5

If Accepted into the Program

Variable	**Description**	**Valid Values**	**DCCMIS Location**
Date accepted	Date the candidate was accepted to the problem solving court	mm/dd/yyyy	Accepted into program pop-up screen

Judge	Name of judge candidate will see	Alpha	Accepted into program pop-up screen
Case Manager	Name of case manager candidate will see	Alpha	Accepted into program pop-up screen
Jail Status of Defendant	Was the defendant in jail when accepted into the problem solving court?	- Yes (enter admission date and end date) - No	Accepted into program pop-up screen

If Rejected from the Program

Variable	Description	Valid Values	DCCMIS Location
Date Rejected	Date the candidate was rejected from the problem solving court	mm/dd/yyyy	Rejected from program pop-up screen
Mental Illness	Did the candidate have a mental health diagnosis at screening	-Yes-No- Unknown	Rejected from program pop-up screen
Rejection Reason	Reason for candidate's rejection from the problem solving court	Reason for rejection	Rejected from program pop-up screen

Set 2: Case Management

Minimum Standard Data Set for participants accepted into family dependency court.

Variable	Description	Valid Values	DCCMIS Location
Arrest/Detained Date	Date participant was arrested/detained on the lead charge if applicable	mm/dd/yyyy	criminal history
Sentencing Date	Date participant was sentenced on the lead charge	mm/dd/yyyy	criminal history
Sentencing Guidelines	Incarceration time range assigned to the lead charge	Days or months	criminal history
Dates of substance abuse testing	Date participant was to complete substance abuse testing	mm/dd/yyyy	Substance Abuse Testing
Type of substance abuse testing	Type of substance abuse test administered (i.e. UA, PBT, SCRAM, etc.)	Alpha	Substance Abuse Testing
Substance Abuse Test Results	Indicate which substances were tested for and whether each panel given was positive or negative	Substance abuse test results	Substance Abuse Testing
Dates of monitoring appointments, type of contact, and outcomes of the appointments	Dates of scheduled and unscheduled monitoring appointments with case manager/probation officer, type of contact, and outcome of the appointments	- mm/dd/yyyy- Type of contact- Outcome of contact	Journal-monitoring

Dates of scheduled problem solving court reviews and attendance outcome	Dates of scheduled problem solving court reviews, with attendance specified	- mm/dd/yyyy - Attendance status	Journal- "schedule drug court review"
Phase Progression or Demotion	Date participant progressed or was demoted through phases.	mm/dd/yyyy	Journal or Incentives/ Sanctions
Sanction Date	Date participant received a sanction	mm/dd/yyyy	Incentives/ Sanctions
Sanction Type	Type of sanction the participant received	Type of sanction (if detention/jail, include date in and date out)	Incentives/ Sanctions
Sanction Reason	Reason the participant received a sanction	Alpha	Incentives/ Sanctions
Incentive Date	Date participant received an incentive	mm/dd/yyyy	Incentives/ Sanctions
Incentive Type	Type of incentive the participant received	Type of incentive	Incentives/ Sanctions
Incentive Reason	Reason the participant received an incentive	Alpha	Incentives/ Sanctions
Date of assessment (clinical and/or criminogenic risk and needs) administered to participant	Date that participant was assessed	mm/dd/yyyy	Local assessments
Type of assessment (clinical and/or criminogenic risk and needs) administered to participant	The validated assessment tool used to assess participant.	Name of assessment tool	Local assessments

Timing of assessment	When the assessment was administered relative to program entry.	When it was administered in relation to program entry	Local assessments
Score, diagnosis, or result of assessment	diagnosis, criminogenic risk level, or other results of assessment	Alpha	Local assessments
Treatment provider	Name of treatment provider	Alpha	Treatment-treatment plan
Treatment admit date for each treatment plan	Date the participant was admitted to a treatment modality	mm/dd/yyyy	Treatment-treatment plan
Treatment discharge date for each treatment plan	Date the participant was discharged from a treatment modality	mm/dd/yyyy	Treatment-treatment plan
Dates of sessions and units of treatment	Provide dates of treatment sessions, and contact hours.	- mm/dd/yyyy - Contact hours	Treatment-treatment plan
Session Type	Type of treatment session	Type of treatment session	Treatment-treatment plan
Treatment discharge reason	Reason the participant was discharged from a treatment modality	Discharge Reason	Treatment-treatment plan
Treatment modality/service category	Type of treatment modality the participant received	Substance Use Disorder or Mental Health treatment modality	Treatment-treatment plan

Mental Health Treatment Modality	If "mental health" is the first treatment modality, specify the type of mental health treatment the participant received	Alpha	Treatment-treatment plan
If receiving mental health services, Primary Diagnosis Code is required	ICD code of primary diagnosis	ICD Numeric Code for Mental Illness	Treatment-treatment plan
If receiving medication assisted treatment services, sections a-i are required			
a. Is this participant an opioid user and clinically eligible for MAT?	Indicates the participant is an opioid user and clinically eligible to receive MAT services	- Yes - No	Treatment-treatment plan
b. Will this participant receive MAT while in the Program?	Indicates participants will receive MAT while in the program	- Yes - No	Treatment-treatment plan
c. Are this person's MAT services funded through SCAO grant funding?	Indicates SCAO state funding is being used to assist in MAT services	- Yes - No	Treatment-treatment plan
d. MAT type is required	Type of medication the participant is using	- Naltrexone - Methadone - Suboxone	Treatment-treatment plan
e. MAT admit and discharge date	Admission and discharge date associated with the MAT treatment modality	mm/dd/yyyy	Treatment-treatment plan
f. First dosage date and end dosage date	Indicates the first and last medication dosage date of the participant	mm/dd/yyyy	Treatment-treatment plan

g. MAT status at discharge	Identifies participants MAT status when discharged from the program	MAT discharge reason	Treatment-treatment plan
h. Was the participant compliant with their MAT?	Indicates medication compliance at treatment or program discharge.	Compliance status at discharge	Treatment-treatment plan
i. Number of session/units of MAT treatment	Number of MAT units a participant received under the Mat treatment modality	Numeric	Treatment-treatment plan
If participating in the Interlock Program, sections a-f are required.			
a. Is this participant a member of the Interlock Program	Indicates participation in the Interlock Program	- Yes- No	Interlock
b. Was participant ordered to install interlock device on vehicles	Indicates order given to participant	- Yes - No	Interlock
c. Did participant install interlock device on vehicle as required	Indicates if interlock was installed	- Yes (enter date) - No	Interlock
d. Participant removed interlock device without court approval	Indicates if the participant removed interlock device without permission	- Yes (enter date and whether it resulted in a program sanction) - No	Interlock
e. Did participant tamper with interlock device	Indicates if the participant tampered with the interlock device without permission	- Yes (enter date and whether it resulted in a program sanction) - No	Interlock

f. Did participant operate vehicle not equipped with interlock	Indicates if the participant operated a vehicle without an interlock device	- Yes (enter date and whether it resulted in a program sanction) - No	Interlock
Dates of 12-step program meetings attended	Dates of 12-step meetings the participant attended during treatment	mm/dd/yyyy	Ancillary services
Number of Bench Warrants	Number of bench warrants participant received during program. If using DCCMIS, the program calculates the total number based on individual entry of each bench warrant.	- Date of bench warrant (mm/dd/yyyy) - Days of active bench warrant (Numeric)	Criminal history
Number of days participant was active in the program	Subtract the number of days participant was inactive due to a bench warrant from the total of days participant was in the program	Numeric	Criminal history
In-program New Offense- Date of Offense	Date of new offense that occurred during program participation	mm/dd/yyyy	Criminal history
In-program New Offense- Date of Arrest	Date of new arrest that occurred during program participation	mm/dd/yyyy	Criminal history
In-program new offense-arrest offense Category	Offense category, at arrest/detainment, of new offense that occurred during program participation	Offense category	Criminal history
In-program New offense – Arrest Charge Type	Charge type of new offense that occurred during program participation	Charge type	Criminal history

In program-new offense-convicted/adjudicated charge	Charge participant was convicted/adjudicated of for new offense that occurred during program participation	Charge	Criminal history
In-program New offense-convicted/adjudicated offense category	Offense category of new conviction/adjudication that occurred during program participation	Offense category	Criminal history
In-program New offense – conviction/adjudication charge type	Charge type of new conviction/adjudication that occurred during program participation	Charge type	Criminal history
In-program New offense-Sentence/disposition Type	Sentence/disposition type of new conviction/adjudication that occurred during program participation	Sentence type	Criminal history
In-program New offense-Length of Sentence	Length of sentence associated with new conviction that occurred during program participation	Length of incarceration sentence	Criminal history
Total number of jail days spent while in court program	Count any jail time associated with the lead charge, including time served from arrest until release to the problem solving court, problem solving court jail sanctions, and time for any new offenses	Numeric	Criminal history

Set 3: Discharge Data

Minimum Standard Data set for participants discharged from family dependency court.

Variable	Description	Valid Values	DCCMIS Location
Program discharge action	Indicate the reason the case is being closed	Alpha	Discharge
Program Discharge Date	Date the participant was discharged from the problem solving court	mm/dd/yyyy	Discharge
Program Discharge Reason	Reason the participant was discharged from the problem solving court	Reason for program discharge	Discharge
Offer related to court participation	Offer made contingent on program participation	Offer made contingent on program participation	Discharge
Outcome of charge	Outcome contingent on program participation	Outcome of offer made contingent on program participation	Discharge
Was there a Sentence/Disposition at Discharge	Was disposition held at discharge from the court program, instead of prior to or at program admission?	- Yes - No	Discharge
Supervision Status at Discharge	Participant's level of supervision upon discharge from program	Supervision status at discharge	Discharge
Education level	Educational level achieved by participant at discharge	Highest grade completed, certification, or degree at time of discharge from program	Discharge
Education improved at discharge?	Subjective decision by case manager	- Yes - No	Discharge

Employment type	Employment status of participant at discharge	Employment status at discharge	Discharge
Employment improved at discharge?	Subjective decision by case manager	- Yes - No	Discharge
Housing improved at discharge	Subjective decision by case manager	- Yes - No	Discharge
Does the client have stable housing?	Did the participant have stable housing for at least 90 days prior to discharge from the program?	- Yes - No	Discharge
Custody Status at Discharge	Identify the type of child custody the participant had at discharge.	Custody status	Discharge

Questions about this data set can be directed to: Daisy Beckett, Problem-Solving Court Analyst 517-373-2218 or CourtServices@courts.mi.gov

Lakeshore Regional Entity's Legislative Update – 08/15/2024

This document contains a summary and status of bills in the House and Senate, and other political and noteworthy happenings that pertain to both mental and behavioral health, and substance use disorder in Michigan and the United States.

Prepared by Melanie Misiuk, SEDW & 1915(i)SPA Specialist & Stephanie VanDerKooi, Chief Operating Officer

ATTACHMENT 9

Highlight = new updates
Highlight = old bill, no longer active
Highlight = Suggestions for Action & Supported/Opposed by CMHAM (Community Mental Health Association of Michigan)

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions. *Supported by CMHAM	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy 10/12/23 – Reported favorably with substitute; Referred to committee oof the whole with substitute 10/18/23 – Passed the Senate, Referred to House Committee on Insurance and Financial Services 5/1/24 – Passed the House, returned to the Senate 5/14/24 – Presented to Governor 5/22/24 – Signed by the Governor, Assigned PA 0041'24
***	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey's legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services. *Opposed by CMHAM	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	*Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material*	*Sharon MacDonell*	*3/22/23 – Introduced; referred to Committee on Families, Children and Seniors* *6/27/23 – Referred to a second reading* *10/5/23 – Read a second time; substitute adopted; placed on third reading*

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
				10/17/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety *11/7/23 – Reported favorably without amendment; Referred to Committee of the Whole* *12/31/23 – Signed by the Governor, assigned PA 275'23 & 276'23*
	HB 4081	Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy	Felicia Brabec	2/14/23 – Introduced; referred to Committee on Health Policy
	HB 4523	*Modifies eligibility for mental health court for those with violent offenses*	*Kara Hope*	*5/4/23 – Introduced; referred to Committee on Judiciary* *6/7/23 - reported with recommendation with substitute (H-1), referred to a second reading* *10/31/23 – read a third time, passed given immediate effect* *11/1/23 - Referred to Committee on Civil Rights, Judiciary, and Public Safety* *2/22/24 – Passed the House, Returned to the Senate* *5/15/24 – Presented to the Governor* *5/22/24 – Approved by the Governor, Assigned PA 44/24 with immediate effect.*
	HB 4579, 4580, & 4131	Requires reimbursement rate for telehealth visits to be the same as office visits *Supported by CMHAM	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy 10/31/23 – Referred to a second reading 11/14/23 – Referred to Committee on Health Policy 3/14/24 – Referred to Committee of the Whole 4/17/24 – Placed on order of third reading with substitute 5/23/24 – Presented to the Governor 6/6/24 – Approved by the Governor, Assigned PA 51'24 with immediate effect.
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark	6/14/23 – Introduced; referred to Committee on Health Policy

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	4749		Tisdel	
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB 4909-12 & 5047	HB 4909-12 would institute long-awaited reforms to Michigan's guardianship statutes, and HB 5047 would create the Office of State Guardian. Supported by the Department of Attorney General, Disability Rights Michigan, the Michigan Elder Justice Initiative, AARP, Alzheimer's Association, and The Michigan Long Term Care Ombudsman Program.	Kelly Breen	7/18/23 – Introduced; Referred to Committee on Judiciary 10/11/23 – Reported with recommendation with substitute (H-1); Referred to a second reading 10/24/23 – Read a third time 10/25/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 5184 & 5185	Legislation would remove the social work test as a criterion for social work licensure and replace it with the strengthening of the supervised clinical experience requirements already required for licensure. *Supported by CMHAM	Felicia Brabec	10/19/23 – Introduced, Read a first time, Referred to Committee on Health Policy 11/9/23 – CMHAM (Bob Sheehan) provided testimony in favor of the bills.
	HB 5276-5280	A bill to create the office of mental health and suicide prevention in the Michigan veterans affairs agency and provide for its powers and duties; and to provide for the powers and duties of certain state governmental officers and entities.	Jennifer Conlin	10/26/23 – Introduced, read a first time, referred to Committee on Military, Veterans, and Homeland Security. 6/11/24 – Referred to a second reading
	SB 227	*Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children's residential settings.*	*Dan Lauwers* *Kevin Hertel* *Stephanie Chang*	*3/22/23 – Introduced* *10/12/23-11/8/23 – Read several times, voted on, vote reconsidered, enrollment vacated* *1/10/24 – Returned to Senate* *1/11/24 – Returned to the House* *1/18/24 – defeated Roll Call* *5/9/24 – Vote reconsidered, passed, returned to Senate* *5/14/24 = Ordered enrolled* *5/29/24 – Presented to Governor* *6/11/24 – Approved by Governor, Assigned PA 0050'24 with immediate effect*
	HB 4693	Would allow for remote participation for a CMH & PIHP meeting	John Fitzgerald	5/30/23 – Introduced, read, referred to Committee on Local Government and Municipal Finance

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	HB 5343-5347	The "Advancing MI Health" Package seeks to increase access to care by cutting red tape encountered by many mental and behavioral health practitioners in applying to join insurance network panels. Additionally, the package assists the State of Michigan in monitoring health insurers' compliance with federal laws mandating coverage parity for mental and behavioral health services.	Noah Arbit Felicia Brabec Betsy Coffia Denise Mentzer	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	HB 5371 & 5372	The department must develop a prospective payment system under the medical assistance program for funding certified community behavioral health clinics. The payment system must fully comply with all federal payment methodologies. The department must submit to the federal Centers for Medicare Medicaid Services any approval request necessary for a Medicaid 1115 waiver.	Felicia Brabec Phil Green	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	SB 625& 626	These bills would address Limited Licensed Psychologists and the ability or inability to diagnose Autism.	Michael Webber Sam Singh	11/1/23 - Introduced, referred to Committee on Health Policy.
	SB 806	A bill to amend the current law to require a psychological evaluation on a minor in a hospital emergency room due to a mental health episode within three hours of being notified.	Roger Hauck	4/9/24 – Introduced, Referred to Committee on Health Policy
	HB 4841	A bill to amend the Adult Foster Care Facility Licensing Act to provide new requirements and procedures for adult foster care facilities and for the Department of Licensing and Regulatory Affairs (LARA) in regulating those facilities. Including requiring homes to have an LPN and Social Worker on staff, new trainings, medications adminitrastion restrictions, and civil and financial penalties for licensing violations. *CMHAM concerned about adding to administrative burdens and increasing costs with already existing workforce challenges	Stephanie Young	6/22/23 – Introduced, read a first time, referred to Committee on Families, Children, and Seniors.
	SB 939	A bill to provide for licensing of adult psychiatric residential treatment facilities; to allow for psychiatric services to be provided under a residential psychiatric program in adult psychiatric residential treatment facilities; to establish standards of care for adult psychiatric residential treatment facilities; to provide for the powers and duties of certain state departments and agencies; to prescribe certain fees; and to provide for penalties and remedies.	Rosemary Bayer	6/25/24 – Introduced, Referred to Committee on Civil Rights, Judiciary, and Public Safety

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
***	SB 649 & 650 SB 651 & 652 SB 648 SB 647 SB 654 SB 653	**Protect MI Kids Bill Package:** Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh John Cherry Stephanie Chang Paul Wojno Sue Shink Mary Cavanaugh	Preemption one pager (d31hzlhk6di2h5.cloudfront.net) 10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs 6/20/24 – Submitted Testimony in front of the Senate Committee on Regulatory Affairs
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse's government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	SB 133	*A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes*	*Sean McCann*	*3/2/23-Introduced and referred to Committee on Health Policy* *10/5/23 – Reported and referred by committee of the whole favorably with substitute; passed roll call* *10/10/23 – Referred to Committee on Health Policy* *11/2/23 – Referred to second reading* *11/8/23 - read a second time, placed on immediate passage, passed; given immediate effect, returned to Senate* *11/9/23 - ORDERED ENROLLED* *12/6/23 - PRESENTED TO GOVERNOR* *12/13/23 – Approved by Governor* *12/29/23 – Assigned PA 0313'23*
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
		product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.		
	SB 180/179	*Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.*	*Roger Hauck*	*6/14/23-Passed Senate and received in House Committee on Regulatory Reform* *10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate* *10/10/23 – Ordered enrolled* *10/24/23 – Signed by Governor and given immediate effect, assigned PA 0166'23*
	SB 141/HB 4201	*The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.*	*Mallory McMorrow & Kristian Grant*	*6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform.* *5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs* *7/19/23-Assigned PA 0095'23 with immediate effect*
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	SB 247	*The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.*	*Sean McCann*	*7/19/23-Assigned PA 0096'23 with immediate effect*
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants	Mike McFall	5/18/23-Introduced and referred to Committee on

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
		holding positions in certain governmental bodies		Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
	HB 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant's spouse.	Mike McFall	5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf. ***Supported by CMHAM.	Felicia Brabec	6/7/23 – Introduced, read, and referred to Committee on Insurance and Financial Services 6/21/23 – Reported with recommendation without amendment, referred to a second reading 10/24/23 – Read a second time, placed on third reading 10/25/23 – Removed from the House Agenda **CMHAM REQUEST FOR ACTION:** We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people's lives across the state.
	HB 4213	*The bill would require telemedicine coverage for SUD and behavioral health services* **Supported by CMHAM*	*Christine Morse*	*3/8/23 – Introduced; Referred to Committee on Health Policy* *10/31/23 – Referred to second reading* *11/9/23 - read a second time, placed on immediate passage, passed; given immediate effect* *11/14/23 – Referred to Committee on Health Policy* *4/17/24 – Placed on order of third reading* *5/23/24 – Presented to the Governor*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				6/6/24 – Approved by the Governor, assigned PA 54'24
	HB 4690	Secular Recovery Bill: This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as part of a sentence or deferred proceeding to ask on the record whether the defendant has an objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to participate in a secular treatment program online if one is not available locally	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary
	S 542	A bill to allow government agencies who are providing opioid antagonists free of charge the choice of formulation, dosage, and route of administration for opioid antagonists	Kevin Hertel	10/3/23-Introduced and referred to Committee on Health Policy
	HB 5078	A bill to allow a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following: (a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	Carrie Rheingans	10/4/23-Introduced and referred to Committee on Health Policy 3/6/24 – Referred to a second reading 4/18/24 – Read a second time, placed on a third reading 4/24/24 – Read a third time, passed 4/30/24 – Referred to Committee on Health Policy
	HB 5063 & 5064	A bill to protect the use of Medical Marijuana-A qualifying patient who has been issued and possesses a registry card must not be denied any right or privilege and it allows students to be treated with medical marijuana and CBD products during school; a public school or nonpublic school shall do all of the following: (a) Authorize a qualified guardian of a qualified pupil to administer a marihuana-infused product or CBD product to the qualified pupil on the school premises, on a school bus, or at a school-sponsored activity in a location off of the school premises at which the use of a marihuana-infused product or CBD product is not prohibited. (b) Authorize a designated staff member to administer a marihuana-infused product or CBD product to a qualified pupil as described in subsection (2). (c) Authorize a qualified pupil to use or self-administer a marihuana-infused product or CBD product under the direct supervision of a designated staff member as described in subsection	Dylan Wegela Jimmie Wilson Jr.	9/28/23-Introduced and referred to Committee on Regulatory Reform
	S 466	*The bill would amend Part 126 (Smoking in Public Places) of the Public Health Code to allow a cigar bar that met specified conditions and whose smoking ban exemption had lapsed to requalify for the exemption if the owner or operator of the bar filed an affidavit certifying those conditions.*	*Kristen McDonald Rivet*	*9/6/23 – Introduced, Referred to Committee on Regulatory Affairs* *10/10/23 – Referred to Committee on the Whole* *10/24/23 – Referred to Committee on Regulatory Reform*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				11/9/23 – rule suspended, motion to discharge committee approval, read a second time, read a third time, passed; given immediate effect, returned to Senate, given immediate effect, ordered enrolled *12/6/23 – presented to the Governor* *12/13/23 – Approved by Governor* *12/29/23 – Assigned PA 0318'23 with immediate effect*
	HB 5198	An act to prohibit the selling, giving, or furnishing of tobacco products, vapor products, and alternative nicotine products to minors; to prohibit the purchase, possession, or use of tobacco products, vapor products, and alternative nicotine products by minors; Disallow all references to cake, candy, cupcake, pastry, pie, or any variation thereof in any advertising. Disallow reference to any food product marketed to children-cereal, ice cream, juice, Disallow references to any character/personality/celebrity, video game, mythical creature or school supply. To regulate the retail sale of tobacco products, vapor products, alternative nicotine products, and liquid nicotine containers; To prohibit certain practices that relate to the distribution and sale of certain vapor products; To authorize the seizure, forfeiture, and destruction of certain vapor products; To prescribe penalties and civil sanctions; and to prescribe the powers and duties of certain state and local agencies and departments-Compliance checks	Alabas Farhat	10/24/23- Introduced and referred to Committee on Regulatory Reform
	S 57 & 58	*Makes nitrous canisters "drug paraphernalia" Bills to ban the sale of nitrous canisters if there is reason to believe they will be used to introduce an illicit substance into the body. Provides for legal penalties for anyone who sells canisters the same as penalties for selling drug paraphernalia*	*Stephanie Chang* *Joseph Bellino*	*11/18/23 - Passed Senate* *2/21/24 - Received, read 2x in House* *3/12/24 – Approved by Governor and assigned with immediate effect PA 0018'24*
	HB 5554 & 5555	Bills would weaken Michigan's smoke-free air protections by allowing hookah lounges to acquire liquor, food and/or restaurant licenses.	Mike Harris Alabas Farhat	3/12/24 – Introduced, read a first time, referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HB 5529	Amend the Michigan Regulation and Taxation of Marihuana Act to allow the Cannabis Regulatory Agency (CRA) to do both of the following: • Establish and operate a marijuana reference laboratory. • Collect, transport and possess marijuana for the purpose of testing and conducting research in support of CRA investigations and the development and optimization of testing methods performed through the CRA reference laboratory.	Tyrone Carter	3/12/24 - Committee on Regulatory Reform & referred for second reading
	S 807	Bill to allow individuals who are 19 years of age or older to be employed by or volunteer for marihuana establishments.	Sean McCann	4/9/24 – Introduced, referred to committee on Regulatory Affairs
	HB 5178 & 5179	A bill to amend the Public Health Code to explicitly allow a person to establish a needle and hypodermic syringe access program1 if they are authorized to do so by the Department of Health and Human Services (DHHS), a local health officer, a local health department, or another governmental entity	Carrie Rheingans	10/18/23 – Introduced, read a first time, referred to Committee on Health Policy 6/13/24 – Passed House

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
***	S. 2993	Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model. *Supported by CMHAM	Debbie Stabenow	09/28/2023 - Read twice and referred to the Committee on Finance.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or "OPIOIDS" Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness.	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2867 & S 1235	Bruce's Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health
***	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes. ***The LRE opposes this bill, as it indirectly supports the federal legalization of marijuana.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
***	S 2860	SafER Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	Jeff Merkley	9/20/2023 - Read twice and referred to the committee on Banking, Housing, and Urban Affairs. 9/28/2023 - Placed on Senate Legislative Calendar under General Orders. Calendar No. 215. 12/6/23 - Committee on Banking, Housing, and Urban Affairs. Hearings held.
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 5/19/2023 – Referred to the Subcommittee on Health
	HR 4106	To amend the 21st Century Cures Act to expressly authorize the use of certain grants to implement substance use disorder and overdose prevention activities with respect to fentanyl and xylazine test strips.	Jasmine Crockett	06/14/2023 - Referred to the House Committee on Energy and Commerce 06/16/2023 - Referred to the Subcommittee on Health.
	S. 1785	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids; i.e, enhanced surveillance, collection of overdose data, increase fentanyl detection and screening abilities, and other purposes.	Ed. Markey	05/31/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 3563	STRIP Act: To amend the Controlled Substances Act to exempt from punishment the possession, sale, or purchase of fentanyl drug testing equipment.	Jasmine Crockett	05/22/2023 - Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce 05/26/2023 - Referred to the Subcommittee on Health.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	S. 1080	Cooper Davis Act – This legislation would require Big Tech to take a more proactive role against drug dealing on their social media platforms. It will amend the Controlled Substances Act to require electronic communication service providers and remote computing services to report to the Attorney General certain controlled substances violations. *(Any and all electronic communications programs/applications will be required to submit reports of communications that include the sale of any counterfeit or illicit substance within a reasonable time; failure to do so will result in penalties.)*	Roger Marshall	3/30/2023 - Read twice and referred to the Committee on the Judiciary. 7/13/2023 - Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably. 09/05/2023 - Committee on the Judiciary. Reported by Senator Durbin with an amendment in the nature of a substitute. Without written report, Placed on Senate Legislative Calendar under General Orders. Calendar No. 200.
	HR 3684	To direct the Secretary of Defense to establish a grant program for using psychedelic substances to treat certain conditions, and for other purposes.	Dan Crenshaw	5/25/2023-Referred to the House Committee on Armed Services.
	HR 4531 & S 2433	Support for Patients and Communities Reauthorization Act: The bill was originally passed in 2018. This bill would reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and for other purposes. (*Reauthorize Block Grant Funding for current programs, and expansion of MAT Studies for OUD, FASD support, and others.)*	Brett Guthrie Bill Cassidy	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee 7/19/23 - Ordered to be Reported (Amended) by the Yeas and Nays: 49 – 0 07/20/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions 9/28/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 29-3. 12/12/23 - Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 386 - 37
	HR 3521	Saving America's Future by Educating Kids Act of 2023: To direct the Secretary of Education to develop and disseminate an evidence-based curriculum for kindergarten through grade 12 on the dangers of vaping and misusing opioids, synthetic drugs, and related substances	Alexander Mooney	5/18/2023 - Referred to the House Committee on Education and the Workforce.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 4105 & S 1475	To amend the Controlled Substances Act to prohibit certain acts related to fentanyl, analogues of fentanyl, and counterfeit substances, Drug Enforcement Administration shall establish and implement an operation and response plan to address counterfeit fentanyl or methamphetamine substances that includes specific ways that prevention and education efforts stop the use of counterfeit pills, how ongoing efforts are effective in increasing education and prevention, how they are tailored to youth and teen access, and how those programs can be tailored, adjusted, or improved to better address the flow of counterfeit fentanyl or methamphetamine; and for other purposes.	Ken Buck Chuck Grassley	05/09/2023 - Read twice and referred to the Committee on the Judiciary 06/16/2023 - Referred to the Subcommittee on Health
	HR 3570	To provide public awareness and outreach regarding the dangers of fentanyl, to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program, to expand treatment and recovery services for people with opioid addictions, and to increase and to provide enhanced penalties for certain offenses involving counterfeit pills.	Sheila Jackson Lee	05/26/2023 - Referred to the Subcommittee on Health.
	HR 4582	Protecting Kids from Fentanyl Act of 2023: To amend the Public Health Service Act to authorize the use of Preventive Health and Health Services Block Grants to purchase life-saving opioid antagonists for schools and to provide related training and education to students and teachers, and for other purposes.	Doug Lamborn	07/12/2023 - Referred to the House Committee on Energy and Commerce. 07/14/2023 Referred to the Subcommittee on Health.
	S 2699	Opioid RADAR Act: To combat the fentanyl crisis by: 1. Secretary of Health and Human Services may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness of data on fatal and nonfatal opioid-related overdoses. 2. Director of the Centers for Disease Control and Prevention, in collaboration with the Attorney General or their designee, shall carry out a pilot program to award grants on a competitive basis to municipal wastewater treatment facilities in order to conduct wastewater analysis to determine the prevalence of certain illicit substances, such as fentanyl or xylazine, 3. The Secretary may award grants to eligible entities to provide for the administration, at public and private elementary and secondary schools under the jurisdiction of the eligible entity, of drugs and devices for emergency treatment of known or suspected opioid overdose.	Rick Scott	07/27/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	S 2484	To ensure that States do not prohibit an individual from obtaining, possessing, distributing, or using life-saving drug testing technologies, and for other purposes. *(More than 12 states currently have laws prohibiting the purchase, use, or possession of fentanyl testing strips)*	Cory Booker	07/25/2023 - Read twice and referred to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 5040	To amend the Intelligence Reform and Terrorism Prevention Act of 2004 to limit the consideration of marihuana use when making a security clearance or employment suitability determination, and for other purposes.	Jamie Raskin	07/27/2023 - Referred to the House Committee on Oversight and Accountability 9/20/2023 - Committee Consideration and Mark-up Session Held, Ordered to be Reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30 - 14.
	S 2650	To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis, and for other purposes	John Hickenlooper	07/27/2023 - Read twice and referred to the Committee on the Judiciary 9/20/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30-14
	HR 5625	To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Suzanne Bonamici	09/21/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce
	HR 5506	HANDS Act: To amend titles XVIII and XIX of the Social Security Act and title 10, United States Code, to provide no-cost coverage for the preventive distribution of opioid overdose reversal drugs.	Brittany Pettersen	09/14/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Armed Services
	HR 5420	Workplace Overdose Reversal Kits to Save Lives Act: To require the Secretary of Labor to issue guidance and regulations regarding opioid overdose reversal medication and employee training via OSHA	Bonnie Watson-Coleman	9/12/2023 - Referred to the House Committee on Education and the Workforce
	HR 5323	Stop Pot Act: To amend title 23, United States Code, to establish a national requirement against the use of marijuana for recreational purposes.	Chuck Edwards	9/05/2023 Referred to the Subcommittee on Highways and Transit
	HR 5715 & S2929	Tobacco Tax Equity Act of 2023: This bill increases the excise tax on cigarettes and cigars and equalizes tax rates among all other tobacco products. It also imposes a tax on nicotine for use in vaping.	Raja Krishnamoorthi	9/26/2023 Referred to the House Committee on Ways and Means 09/26/2023 Read twice and referred to the Committee on Finance
	HR 5652	Stop Overdose in Schools Act: To amend the 21st Century Cures Act to require funds to be set aside for opioid reversal agent administration training in schools, and for other purposes.	Newhouse	9/21/2023 Referred to the House Committee on Energy and Commerce

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 5801	Preventing Overdoses with Test Strips Act: To ensure that expenses relating to the acquisition or use of devices for use in the detection of fentanyl, xylazine, and other emerging adulterant substances, including test strips, are allowable expenses under any grant, contract, or cooperative agreement entered into by the Substance Abuse and Mental Health Services Administration under this Act.	Josh Gottheimer	9/28/2023 Referred to the House Committee on Energy and Commerce. 9/28/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2919	ALERT Communities Act : Administrator of the Drug Enforcement Administration, shall develop and make publicly available research and marketing frameworks for developing, improving, and evaluating test strip technology for detecting fentanyl and other dangerous substances; The Secretary of Health and Human Services shall— conduct a study on the impact of the availability, accessibility, and usage of drug checking supplies, including test strips, on frequency of overdose, overdose deaths, and engagement in substance use disorder treatment and report the findings to Congress.	Margaret Wood Hassan	9/26/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2946	School Access to Naloxone Act of 2023: To amend the Public Health Service Act to provide funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose	Jeff Merkley	9/27/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 3070	Youth Prevention and Recovery Reauthorization Act: A bill to reauthorize funding to hospitals, local governments, and other eligible entities to increase access to opioid addiction medications for adolescents and young adults who have been diagnosed with opioid use disorder, improve local awareness among youth of the risks associated with fentanyl, and train healthcare providers, families, and school personnel on the best practices to support children and adolescents with opioid use disorder. Reauthorize the Youth Prevention and Recovery Initiative, which has provided three-year grants to youth-focused entities for carrying out substance use disorder treatment, prevention, and recovery support services. The legislation also expanded an existing youth substance use disorder program to include services for young adults as well as children and adolescents.	Gary Peters	10/18/23 – Introduced; Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	S. 3006	SAFE in Recovery Act: To create a Task Force amongst government agency stakeholders to create and ensure a streamlined process for families to receive comprehensive wraparound services if a member is undergoing SUD Treatment	Ed Markey	10/03/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 6038 & S. 3108	PROTECT Act - Preventing Opportunities for Teen E-Cigarette and Tobacco Addiction Act: bill to amend the Public Health Service Act to provide for and fund a Reducing Youth Use of E-Cigarettes Initiative- 1. Research on products, patterns of use, initiation of cigarette use following vaping, demographic patterns of use, means of access, media and exposure to advertising, marketing, reasons for use, extent of dependency, quitting resources for youth, nicotine levels and biomarkers of exposure. 2. Collaboration to develop medical and treatment guidance on youth nicotine interventions and identifying promising strategies to prevent and reduce use, develop new cessation methods and quit support 3. Increasing access to treatment, and identifying effective messaging.	Debbie Wasserman-Schultz	10/25/2023 - Referred to the House Committee on Energy and Commerce 11/3/23 – Referred to the Committee on Health
	HR 6251	HERO Act: To establish a grant program to provide schools with opioid overdose reversal drugs, to direct schools receiving Federal funds to report to certain Federal information systems any distribution of an opioid overdose reversal drug	Adam Schiff	11/06/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce
	HR 6243	To direct the Secretary of Labor to issue an occupational safety and health standard that requires employers to keep opioid overdose reversal drugs onsite and develop and implement training plans to respond to drug overdose emergencies and to amend the Omnibus Crime Control and Safe Streets Act of 1968 to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program.	Ruben Gallego	11/06/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on the Judiciary
	HR 6144	Combatting Fentanyl Poisonings Act of 2023: To award grants to State and local law enforcement agencies to assist such agencies in planning, designing, establishing, or operating locally based, proactive programs to combat the sale, marketing, or distribution of controlled substances	Mike Garcia	11/01/2023 - Referred to the House Committee on the Judiciary
	HR 5905 & S 3039	Federal Kratom Consumer Protection Act : To require Congress to hold at least one hearing regarding Kratom and potential dangers, benefits, contribution to drug overdose deaths, and other topics. Within 2 years, the FDA must establish safety guidelines and testing as compatible with other adult dietary supplements.	Mark Pocan	10/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 5592	Validating Independence for State Initiatives on Organic Natural Substances Act of 2023: To prohibit the use of Federal funds from preventing a State from implementing their own laws with respect to psilocybin.	Robert Garcia	09/20/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 6028	States Reform Act of 2023: A bill to remove Cannabis from the list of Scheduled Substances, defer to states on prohibition, and decriminalize cannabis offenses.	Nancy Mace	10/25/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, Agriculture, Transportation and Infrastructure, Armed Services, Ways and Means, Small Business, Veterans' Affairs, Oversight and Accountability, Education and the Workforce, aviation, coast guard and maritime transportation, Highways and transit, railroads, pipelines, and hazardous materials, and Foreign Affairs 01/18/2024 - Referred to the Subcommittee on Nutrition, Foreign Agriculture, and Horticulture
	HR 5601	MORE Act: A bill that removes marijuana from the list of scheduled substances under the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. Also 1. requires the Bureau of Labor Statistics to regularly publish demographic data on cannabis business owners and employees, 2. establishes a trust fund to support various programs and services for individuals and businesses in communities impacted by the war on drugs, 3. imposes an excise tax on cannabis products produced in or imported into the United States and an occupational tax on cannabis production facilities and export warehouses, 4. makes Small Business Administration loans and services available to entities that are cannabis-related legitimate businesses or service providers, 5. prohibits the denial of federal public benefits to a person on the basis of certain cannabis-related conduct or convictions, 6.prohibits the denial of benefits and protections under immigration laws on the basis of an event (e.g., conduct or conviction) relating to possession or use of cannabis that is no longer prohibited under the bill, 7. establishes a process to expunge convictions and conduct sentencing review hearings related to federal cannabis offenses, and 8. directs the Government Accountability Office to study the societal impact of cannabis legalization.	Jerrold Nadler	09/21/2023 - Referred to the Subcommittee on Highways and Transit
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Dan Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	S. 3579 & H.R. 6982	The GRIT Act would set aside a portion of the federal sports excise tax revenue to fund programs for gambling addiction prevention, treatment, and research. The GRIT Act provides direct and vital support to state health agencies and nonprofits addressing problem gambling. It also creates investment in best practices and comprehensive research at the national level.	Richard Blumenthal (S) Andrea Salinas (HR)	Senate: 01/11/2024 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions House: 01/11/2024 – Introduced, Referred to the House Committee on Energy and Commerce
	H.R. 7283	**Examining Opioid Treatment Infrastructure Act of 2024**: To direct the Comptroller General of the United States to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States; including the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.	Bill Foster	02/07/2024 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources
	S 3701	**FACTS Act:** To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Margaret Wood Hassan	1/31/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S Con Res 27 & H Con Res 87	**Randy's Resolution:** Recognizing the need for research, education, and policy development regarding high-potency marijuana. Whereas increased potency levels correspond with greater health risks, with research showing that daily use of THC with a potency greater than 15 percent results in a 5 times increased risk of psychosis; Whereas only 3 States have enacted potency caps on marijuana flower or concentrates; Whereas the use of high-potency marijuana has been linked to potential adverse health effects, including mental health disorders and cognitive impairment; Whereas education and awareness programs are essential to inform the public about the potential risks associated with the use of high-potency marijuana.	Pete Sessions (HR) Pete Ricketts (S)	1/31/2024 - Referred to the House Committee on Energy and Commerce. 2/01/2024 - Referred to the Committee on Health, Education, Labor, and Pensions.
	S. 3653	**Resources to Prevent Youth Vaping Act:** This bill directs the Food and Drug Administration (FDA) to collect user fees on products that it deems by regulation to be tobacco products, including electronic nicotine delivery systems, and addresses related issues. Currently, the FDA is authorized to collect user fees only on specific classes of tobacco products. The bill also requires each tobacco manufacturer and importer to periodically submit certain information related to the tobacco products that it sells or distributes in the United States.	Jean Shaheen	1/24/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 7715	**VAPE Imports Act:** To authorize additional funding for Food and Drug Administration monitoring and prevention of illicit nicotine products at ports of entry, and for other purposes.	Ruben Gallego	03/19/2024 – Introduced, Referred to the House Committee on Energy and Commerce. 03/22/2024 - Referred to the Subcommittee on Health

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 7827	To amend the Federal Food, Drug, and Cosmetic Act to encourage the development of vaccines to prevent, treat, or mitigate opioid, cocaine, methamphetamine, or alcohol use disorder, to establish an x-prize for the development of such a vaccine, and for other purposes.	David Schweikert	3/26/24 – Introduced, and Referred to the House Committee on Energy and Commerce 3/29/24 – Referred to the subcommittee on Health
	HR 8323 & S 4286	To provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private nonprofit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.	Raskin & Warren	5/8/24 – Referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, the Judiciary, and Oversight & Accountability. Read Twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 4112	To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose	Booker	4/11/24 – Read twice and referred to the Committee on the Judiciary
	S 4226	To decriminalize and deschedule cannabis, to provide for reinvestment in certain persons adversely impacted by the War on Drugs, to provide for expungement of certain cannabis offenses	Booker	5/1/24 – Read twice and referred to the Committee on Finance

LEGISLATIVE CONCERNS

LOCAL THREATS AND CHALLENGES				
	ISSUE	**SUMMARY**	**COUNTY**	**ADDITIONAL INFORMATION/LINKS**
	End of PHE Medicaid Beneficiary Renewals	MDHHS has started mailing renewal letters for Medicaid redeterminations following the end of the Public Health Emergency . Emergency Medicaid coverage protection extended during the COVID-19 pandemic expired on April 1st. This could result in up to 400,000 Michigan residents losing Medicaid coverage.		www.Michigan.gov/2023BenefitChanges Medicaid review could drop 400,000 Michigan residents from coverage | Bridge Michigan

MISCELLANEOUS UPDATES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	FY24 State Budget Recommendations	Governor Whitmer's FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD: • $300 million for student mental health to ensure students' needs can be identified and provided with the right support. • $210.1 million for Direct Care Worker Wages ($74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about $1.50 / hour (10%) • $5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.		Access budget material at: https://www.michigan.gov/budget
	MIHealthyLife	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		MIHealthyLife (michigan.gov)
	CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated.		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
	Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group.		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	Biden-Harris Administration Announce New Proposed Parity Rules	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act | HHS.gov
	US Congress Mental Health Caucus	Congress has newly established a Mental Health Caucus in both the House and the Senate. 107 Representatives and 33 Senators are involved. Some key focus points are Childrens' Mental Health, 988 Support, expanding CCBHCs, and the Safer Communities Act (H.R.7272).		Mental Health Caucus | (house.gov) H.R.7272 - 118th Congress (2023-2024): Shining a Spotlight on Safer Communities Act | Congress.gov | Library of Congress
	Marijuana Reclassification	Reports state the DEA is planning to reclassify marijuana as a lower-risk drug, moving it from a Schedule 1 to a Schedule 3. This sets to benefit scientific research on the effects of marijuana by eliminating the restrictions that exist for Schedule 1 drugs.		DEA to reclassify marijuana as a lower-risk drug, reports say | Ars Technica
	CMHA ACTION ALERT	Please tell your Legislators to Oppose Unnecessary and Complicated Changes to Michigan's Mental Health System: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to halt the implementation of its approach to meeting the federal Conflict-Free Access and Planning (CFA&P) requirements related to Medicaid mental health services. Additionally, we would like them to encourage MDHHS to seek an alternative approach with CMS (Centers for Medicare & Medicaid Services) to comply with federal regulations before making a final decision and push to include the boilerplate language in the FY25 (as well as FY24 supplemental budget) MDHHS budget.		Advocacy • CMHAM - Community Mental Health Association of Michigan
	Opioid Settlement	Currently 71 of 83 counties in Michigan have taken the Opioid Settlement dollars. 51% of the counties have not yet spent any of the money, and are still completing needs assessments and other processes to determine how best to use the funds. Counties have been actively submitting Technical Assistance request to the Michigan Association of Counties for how to use and account for these funds. MAC will be holding webinars with peer-to-peer learning opportunities, has created toolkits for counties to use, and will be implementing a statewide survey and report for this program.		Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	State FY 2025 Budget	The State Budget for Fiscal Year 2025 was approved by the legislature on July 1, 2024. This included budget increases for Medicaid Mental Health Services, Medicaid Substance Abuse Services, Autism Services, and CCBHCs. There is also an increase in the Direct Care Wage to provide an additional $0.20 per hour.		Link to bill (MDHHS starts on page 319): 2024-SCB-0747.pdf (mi.gov) Link to analysis (MDHHS starts on page 75): Conference Report Summary (6/26/2024) (mi.gov)
	U.S. Supreme Court to Hear Case regarding E-Cigarettes	U.S. Supreme Court agrees to hear a case involving FDA marketing denial orders for Flavored E-Cigarettes. The Supreme Court will decide whether to uphold previous lawsuits that would allow e-cigarettes that with “kid-friendly” flavors to stay on the market.		U.S. Supreme Court Agrees to Hear… | Campaign for Tobacco-Free Kids (tobaccofreekids.org)

Elected Officials

FEDERAL			
	NAME	**NATIONAL OFFICE CONTACT INFORMATION**	**LOCAL OFFICE CONTACT INFORMATION**
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