



PRESS RELEASE

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FOR IMMEDIATE RELEASE

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Macomb County Prosecutor seeks mental health evals on gun charges

Macomb County Prosecutor Peter J. Lucido today announced a two-step plan to address gun crimes: requesting a mental health evaluation as a condition of bond for felony gun suspects, and no plea bargains that eliminate felonies on assaultive gun charges.

“If you commit an assaultive gun felony, you end up with a felony. Now is the time to come together and get something done regarding guns. The stakes are too high to play partisan politics,” said Lucido. “Now is also the time to require felony gun suspects to get a mental health evaluation as a condition of bond before they get a chance to access another gun.”

It is the practice of the Prosecutor’s Office to seek a felony conviction when a gun is used in the commission of a violent felony or when a felon is found with a gun. In these cases, nothing other than a felony charge will be accepted.

As a condition of bond in assaultive felony gun cases, assistant prosecutors will ask judges to check the box to request an assessment and recommendations by the Macomb County Community Corrections Department to help determine if defendants pose a potential risk to the community. The assessment and recommendations will help judges determine whether bond conditions should be changed, whether further evaluations should be done, mental health treatment should be required, and whether the final charges and sentence are appropriate.

The Community Corrections Dept. offers various support and treatment services for adults with mental illness. Services include, “Community Assessment / Recommendations * Felony only.” (See Referral Form attached.) Lucido said that if this cannot be done, then the bond condition could include a mental health evaluation from any qualified, licensed mental health professional.

“Macomb County has an opportunity to be an example of coming together to finally make progress on guns with a combination of mental health treatment and tougher penalties,” said Lucido.

In fact, the Macomb County Prosecutor’s Office has never been tougher on illegal guns according to charges authorized. Since January 2021, more charges of felony firearm and carrying a concealed weapon without a license have been authorized than in any prior years. In 2020, the year before Lucido took office, felony firearm was charged 146 times. In 2021, felony firearm was charged 185 times, and in 2022 it was charged 308 times. In 2020, the year before Lucido took office, carrying a concealed weapon without a license was charged 434 times. In 2022, the five-year felony was charged 551 times. Some of the increase in carrying concealed weapons charges is due to more arrests and matches a statewide trend. The increase in charging the crime of felony firearm is solely the result of Lucido’s tougher stance.

See Macomb County Community Corrections Referral Form attached (screenshot of checkbox is below).

See Security # _____ (required) D.O.B. ____/____/____

II. Please “CLICK” the appropriate service(s): **CONDITION OF BOND**

<input type="checkbox"/> In Jail General Assessment/Recommendations	<input type="checkbox"/> Pretrial R
<input checked="" type="checkbox"/> Community Assessment/Recommendations *Felony only	<input type="checkbox"/> Pretrial S
<input type="checkbox"/> Residential Treatment (based on eligibility)	<input type="checkbox"/> Telep
<input type="checkbox"/> Felony IUP (must have urinalysis sanction order)	<input type="checkbox"/> Rand
<input type="checkbox"/> Dual Diagnosis/Mental Health Program	<input type="checkbox"/> Rand

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COMMUNITY CORRECTIONS

43565 Elizabeth Road, Mount Clemens, MI 48043

Phone: 586-307-9443 Fax: 586-469-6436

REFERRAL FORM

PLEASE EMAIL REFERRALS TO: CommunityCorrections@macombgov.org

OR FAX TO 586-469-6436

I. Defendant: _____

Last First Middle Jail #

Address: _____ () _____

Street Qty State Zip Phone

Charge(s): _____ Case No. _____

Soc. Security #: _____ (Required) D.O.B. ____ / ____ / ____ (Required)

II. Please "CLICK" the appropriate service(s): **CONDITION OF BOND** **CONDITION OF SENTENCING**

<input type="checkbox"/> In Jail General Assessment/ Recommendations	<input type="checkbox"/> Pretrial Recommendations/ Bond Review
<input checked="" type="checkbox"/> Community Assessment/ Recommendations * Felony only	<input type="checkbox"/> Pretrial Supervision
<input type="checkbox"/> Residential Treatment (based on eligibility)	<input type="checkbox"/> Telephone Reporting (once weekly)
<input type="checkbox"/> Felony IUP (must have urinalysis sanction order)	<input type="checkbox"/> Random urinalysis # x weekly
<input type="checkbox"/> Dual Diagnosis/ Mental Health Program	<input type="checkbox"/> Random breathalyzers # x weekly
<input type="checkbox"/> AIM (Alcohol Intensive Monitoring) <input type="checkbox"/> OWI 3 Screen	<input type="checkbox"/> Tether <input type="checkbox"/> Soberlink <input type="checkbox"/> SCRAM
<input type="checkbox"/> CRP (In Jail Cognitive Reflective Program)	<input type="checkbox"/> MARCH Community Service Work # Days
<input type="checkbox"/> COG (Community Cognitive Restructuring)	<input type="checkbox"/> Perform # Community Service Hours
	<input type="checkbox"/> STOP screening (Sheriff's Tracking Option Program)

III. The Defendant MUST contact Community Corrections for an appointment by _____ at (586) 307-9443.

IV. IF PROBATION, reason for referral Original Order Positive Drug Screen/ PBT Other violation _____

V. Please attach: FOR DISTRICT COURT-Probation order or disposition ordering programming.

FOR CIRCUIT COURT-BIR, probation order or disposition ordering programming and COMPAS results. Signed IUP order must be attached for enrollment into the IUP Program. The PSI must be included for eligible assaultive offenses or questionable offenses.

NOTE PLEASE ALLOW A MINIMUM OF TEN (10) WORKING DAYS FOR A REPORT.

VI. Comments: _____

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Referred by Date Phone Number FAX Number

Email Address to Send Reports/ Notifications _____

Additional Email Address to Send Reports/ Notifications _____