



Solving Problems, Saving Lives



FY 2021

PROBLEM-SOLVING COURTS ANNUAL REPORT



INDEPENDENCE · ACCESSIBILITY · ENGAGEMENT · EFFICIENCY



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A MESSAGE FROM JUSTICE ELIZABETH T. CLEMENT MSC PROBLEM-SOLVING COURT LIAISON



Michigan courts and judges have navigated a lot in the last two years—a new commute to the kitchen table, a reliance on new technologies, and regular reminders to unmute, to name a few.

Yet despite these disruptions and detours, we have remained committed to and focused on guiding problem-solving court participants on their paths to recovery.

Year after year, these courts do much more than solve problems—they save lives. Although the data we analyzed does make this case (as you will see in this report), there’s nothing like hearing it from someone who has been there.

Anthony Jackson, a 2021 graduate of 36th District Drug Court, shared his experience:

“Going through the drug court program, I didn’t feel like a criminal coming into the court; it felt like this was a family there to really help me.”

Like a family, these programs can also feel like “tough love” at times because they demand so much of the participants, who face strict supervision, frequent substance testing, and much-needed treatment.

PSC goals include reducing recidivism, which means fewer criminal convictions and jail days, cost savings to taxpayers, and safer communities. The data we include in this annual report every year show that we are meeting these goals, as these programs contribute to less repeat crime, lower unemployment rates, and improved quality of life for graduates.

As someone who helped pass early treatment court legislation in Michigan and who now works to promote the phenomenal success of these courts, I want to acknowledge that we could not keep these programs operating without the commitment and support of the legislature and governor. The entire state benefits from this critical investment!

My passion for these programs only gets stronger every year, and not just because of my history, but because of the remarkable judges and court staff behind them, who describe PSCs as **“transformative,” “effective,” and “life-changing.”** They will never give up on those in their communities who are struggling, and when that happens, our state only gets stronger.

EXECUTIVE SUMMARY

OCTOBER 1, 2020 – SEPTEMBER 30, 2021

Life-Changing Programs Continue to Bring Success

NUMBER OF PROBLEM-SOLVING COURTS AS OF JANUARY 2021:

- 203 PSCs total
- 135 drug treatment/DWI sobriety courts:
 - 57 hybrid drug treatment/DWI sobriety courts
 - 36 DWI sobriety courts
 - 13 adult drug treatment courts
 - 12 juvenile drug treatment courts
 - 8 family dependency courts
 - 9 tribal Healing-to-Wellness Courts
- 41 mental health courts:
 - 33 adult MHCs
 - 8 juvenile MHCs
- 27 veterans treatment courts

Because the Michigan judiciary has largely remained open for business, the work of our problem-solving courts (PSC) has been able to continue throughout the pandemic. And with more courthouses reopening around the state recently, PSC participants are getting back to the interpersonal support and communication that offers an additional source of comfort as they work to overcome underlying struggles such as substance use disorder and/or mental illness.

These courts address the root causes of crime among individuals using evidence-based practices to stop the cycle of crime. The work of Michigan PSCs has remained effective and successful during an extended period of crisis and challenge with the continuous support of the State Court Administrative Office (SCAO).

During Fiscal Year 2021, SCAO helped 69 drug courts, 14 adult mental health courts, and 11 veterans treatment courts achieve state certification.

In terms of training and education for judges and court staff, **SCAO conducted 22 programs in FY 2021.**





Drug & Sobriety Courts

One of the best indicators of success in a PSC program is the length of time participants spend in the program—typically the longer, the better. Of the 2,482 participants discharged from a drug or sobriety court program during FY 2021, **69 percent successfully completed the program.** (See p. 12-13)

Maintaining steady employment is also a critical factor in the success of drug and sobriety court graduates because it directly affects their quality of life. Data shows that **unemployment dropped by 91 percent for adult drug court graduates, 82 percent for sobriety court graduates, and 79 percent for hybrid drug/court graduates.** (See p. 14-15)

Another important marker to watch is the recidivism rate, or how likely PSC graduates and participants are to reoffend. This is vital because of its direct impact on community safety. **Within three years of admission to a program, FY 2021 graduates of all types of drug courts were, on average, more than 4 times less likely to be convicted of a new offense.** Breakdown: adult drug court grads = nearly 4 times less likely; sobriety court grads = more than 3 times less likely; hybrid court grads = more than 2 times less likely. (See p. 16-22)

Within five years of admission, graduates of all types of drug courts were, on average, more than 2 times less likely to reoffend. Breakdown: sobriety court grads = more than 2 times less likely;

Ignition Interlock

In FY 2021, there were 1,386 active participants among 88 sobriety, hybrid, and veterans treatment court programs with an installed interlock ignition device on their vehicle(s), and 704 **(93 percent) successfully completed a program.** Within three years of admission to a program, PSC graduates who used ignition interlock devices were **more than 5 times less likely to be convicted of a new offense. Within five years, they were more than 3 times less likely to reoffend.** (See p. 28-31)

hybrid court grads = nearly 3 times less likely. (See p. 16-22)

Mental Health Courts

In FY 2021, mental health court (MHC) graduates were much less likely to commit another crime. On average, MHC graduates (adult circuit, adult district, juvenile) were **more than 2 times less likely to commit another crime within three years of admission to a program.** (See p. 36-38)

Also, unemployment among MHC graduates dropped by 78 percent (adult circuit) and by 68 percent (adult district).

(See p. 33)

Perhaps the most reassuring indicators of MHC success are the **average 99 percent improvement in mental health and 97 percent quality of life improvement.**

(See p. 32)

Veterans Treatment Courts

In FY 2021, Michigan had 27 VTC programs, making it among the top states in the nation for number of independent VTC programs. Of the 230 veterans discharged during FY 2021, 184 participants **(80 percent) successfully completed a program.** *(See p. 42)*

We now have data on recidivism in VTCs. Graduates of VTCs in FY 2021 were **nearly 2 times less likely to reoffend within three years of admission to a program. Also, unemployment among VTC graduates in FY 2021 dropped by 81 percent.** *(See p. 42-43)*



Judge Raymond Voet, of 64A District Court, congratulating a 2021 graduate of the Ionia County Veterans Treatment Court. He also presides over an OWI/sobriety court, as well as a domestic violence prevention court.

Judge Voet says: "The success stories are the nourishment for the soul of the court and for my PSC team members. Participant success keeps us going!"

Disclaimer for this report:

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WHY PROBLEM-SOLVING COURTS?



Problem-solving courts (PSCs), or treatment courts, use therapeutic jurisprudence models, which combine intense supervision and monitoring with treatment for substance use disorders (SUD) and mental illness. The models for the various types of PSCs have undergone decades of research-based evaluation to determine which components result in positive change among individuals entering a PSC. The models were developed to address underlying reasons why some individuals continually return to crime. For example, individuals suffering with drug or alcohol addiction do not benefit from jail or a standard probation term when they are not required to engage in treatment for their SUD. Similarly, individuals who suffer with untreated mental illness do not benefit from jail or other punitive measures when their mental illness goes unaddressed or even unrecognized. **Ignoring the underlying reasons why people commit crime in the first place often results in a cycle of continuous criminal activity.**

Historically, the two fields — criminal justice and behavioral health treatment — have operated separately with little interaction between them. Even when the two fields did communicate with one another, typically neither field had extensive experience and knowledge of the other field's terminology and processes. This resulted in courts not understanding addiction and mental illness and how therapy works, and therapists not understanding criminal justice processes and ideologies associated with probation and jail sanctioning.

PSCs make these two fields interdependent by requiring treatment services that address the behaviors that lead to crime as part of a structured court program.

Thus, court personnel and therapists work together as a team to bridge the gaps between the two fields by regularly communicating with one another to ensure that participants are compliant and progressing in their treatment.

While defendants on standard probation must comply with standard probation terms, such as showing up for probation appointments, PSC participants have additional supervision, monitoring, and resources to help them change their way of life. This is especially difficult for a person struggling with addiction and/or mental illness. Participants in a treatment court must attend therapy, frequent court review hearings, and complete frequent and random drug testing to determine abstinence or medication compliance. They also have access to ancillary services, such as community support groups, education services, and employment assistance. **Participants are also held accountable for their actions and are subjected to a higher level of monitoring and supervision than standard probation.** Home checks and employment checks by law enforcement, probation officers, or case managers are conducted, as well as frequent probation and/or case manager appointments. Rewards are given for positive behaviors such as breakthroughs in treatment, helping in the community or fellow participants, finding employment, or even making it through a

day without the use of drugs or alcohol. Program sanctions are immediately imposed when a participant is not engaging, is not compliant, or is not meeting achievable goals. **All of these components, and how they are provided on an individual basis, are guided by evidence-based practices and require a team of trained professionals.**

The Team

In PSCs, a team of professionals oversee the day-to-day operations and administer supervision requirements and treatment interventions. Team members typically include judges, treatment providers, prosecutors, defense attorneys, program coordinators, probation officers, case managers, and law enforcement. The treatment court judge leads the team, and his or her decisions are guided by input from each team member, who brings a different viewpoint from their profession. The judge builds rapport with each participant, engaging them in discussions using motivational-interviewing techniques during bi-monthly or monthly review hearings. Treatment providers, therapists, and peer recovery coaches work closely with the court to report treatment engagement, progress, struggles, and to advocate for the participant. They play a critical role in helping to decide incentives for clinical progress and individualized sanctions that are appropriate for each participant.

**Transformative
Effective
Life-changing**

-PSC judges describing the programs

Prosecutors and defense attorneys work in a non-adversarial relationship, and the defense attorney advocates for the participant and protects their due-process rights. Law enforcement are the eyes on the streets and at a participant's home during random home checks, and they are the link between the court, the participant, and the community. Coordinators oversee the daily operations of the program, keep team members informed, and assist the judge in advocating for the program. Probation officers and case managers interact weekly with participants to ensure compliance, address struggles, and link them to community resources.

Each member plays an important role on the PSC team. They share information to assess participant compliance and progress during regularly scheduled staffing meetings and contribute insight and recommendations that stem from their professional fields. **Because of the team's commitment, PSCs save lives and help individuals achieve sustained recovery.**





Drug Courts

MCL 600.1060(c) defines a drug treatment court as “...a court-supervised treatment program for individuals who abuse or are dependent upon any controlled substance or alcohol.” Drug courts have evolved over time and now include several models that are tailored to serve specific populations. While they share a similar therapeutic jurisprudence model, each drug court model has specific program guidelines that frame their operations. Adult drug courts are defined as programs that target drug-related, non-drunk driving felony and/or misdemeanor offenses, and their framework is derived from [Defining Drug Courts: The Key Components](#), which includes 10 key components of drug courts. Sobriety courts accept only individuals convicted of driving under the influence, and their framework is derived from [The Ten Guiding Principles of DWI Courts](#). Hybrid courts combine the adult drug court model and the sobriety court model, accepting both types of participants.

Michigan also has juvenile drug courts, which accept criminal and status offenders (i.e., juveniles deemed to be runaways, incorrigible, or truant), and their framework is derived from [Juvenile Drug Court: Strategies in Practice](#). Juvenile drug courts work closely with members of the youth’s schools to provide educational progress. The Tribal Advisory Committee describes its tribal drug treatment courts as “Healing to Wellness” courts, where a cultural awareness component lends further support. Lastly, family treatment



PSC Judge Shannon Holmes, of 36th District Court in Detroit: “It has been an awesome experience to see law enforcement, the judiciary, and providers all work together to stay informed and collectively develop solutions to address issues that impact the quality of life in our communities.”

courts (FTCs) are a family court docket that targets civil cases of child abuse or neglect in which parental substance abuse is a contributing factor. Judges, attorneys, child protection services staff (from the Michigan Department of Health and Human Services), and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children, while at the same time providing parents with the necessary support and services they need to become drug and alcohol-abstinent. Family treatment courts aid parents or guardians in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal time frames. Coordinated services are provided by various agencies, all with the goal of ensuring that children have safe, healthy, and nurturing permanent homes.

Mental Health Courts

Michigan mental health courts (MHCs) target individuals who have been diagnosed with a serious mental illness, serious emotional disturbance, or a developmental disability as defined by MCL 330.1100a(26) and MCL 330.1100d(2) and (3). According to these statutes, the severe nature of the mental illness or functional impairment must necessitate intensive clinical services. Michigan statutes are tailored to adult and juvenile MHCs. Adult MHCs are governed by MCL 600.1090 *et seq.*, and their framework is derived from [Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court](#), which includes the 10 essential elements of a mental health court. Juvenile MHCs are governed under MCL 600.1099b *et seq.*, and their framework is derived from the [Seven Common Characteristics of Juvenile Mental Health Courts](#) and the 10 essential elements of a MHC.

Overall, MHCs offer eligible individuals the opportunity to participate in a court-based treatment program to address their mental illness instead of sentencing them to lengthy jail or prison terms. MHCs provide intense judicial and probation oversight, treatment through local community mental health (CMH) service providers, drug testing, referrals to community services such as housing or clothing resources, enrollment in educational classes and certificate programs, transportation assistance, and assistance with obtaining employment. MHCs that receive funding through the State Court Administrative Office (SCAO) collaborate closely with CMH to provide participants with access to a wide range of treatment services. In addition to having mental illness, participants might also suffer from co-occurring substance use disorders (SUD), which are also addressed through the treatment court. **In FY 2021, 54 percent of active participants had a co-occurring substance use disorder when they were screened for a mental health court program.**

Veterans Treatment Courts

In response to the growing awareness of veterans' needs, the number of veterans treatment courts (VTCs) in Michigan and across the country continue to increase. These programs serve military veterans who suffer from mental illness, substance use disorders, and traumatic brain injuries, integrating principles from both drug court and mental health court models. VTCs are governed by MCL 600.1200, *et seq.*, and incorporate additional team members such as trained veteran mentors, Veteran Justice Outreach Coordinators, and treatment providers from the U.S. Department of Veterans Affairs.

To see the most recent official list of each PSC type in Michigan, visit courts.mi.gov/psc.



MICHIGAN'S CERTIFICATION OF PROBLEM-SOLVING COURTS



The model design for each PSC type is the foundation upon which courts build and implement their programs. Incorporating nationally recognized best practices and state standards (statute and case law) in a PSC are essential to produce the best possible outcomes. Best practices are evidence-based practices that, when incorporated with strict adherence, are proven to make PSCs more effective at reducing recidivism and improving participant outcomes. To ensure that every PSC in Michigan is producing the best outcomes, in 2017, a new statute was enacted that required that every PSC in Michigan be certified by SCAO. The law also requires SCAO to establish the procedure for certification.

Certification Process

To be certified in Michigan, PSC programs must comply with standards and required best practices. Standards are established by the PSC statutes, 10 Key Components (or other similar components), federal and state confidentiality laws, and case law and other precedent that are binding on Michigan courts. Required best practices are supported by research and data and are proven methods to produce better outcomes and result in higher-quality programs. The best practices that programs are required to follow for certification were established through collaboration with the Michigan Association of Treatment Court Professionals and based on the National Association of Drug Court Professionals (NADCP) research and publication,

[Adult Drug Court Best Practices Standards Volumes I and II](#). To assist courts with achieving certification, SCAO published separate Standards, Best Practices, and Promising Practices manuals for [adult drug courts](#), [adult mental health courts](#), and [veterans treatment courts](#).

In order to become certified, SCAO analysts review the program to ensure that program operations adhere to statutes, court rules, other standards, and required best practices. Each certification site visit involves SCAO analysts spending one or more days with the PSC program during which the analysts observe courtroom procedures and staffing meetings, conduct interviews with all team members, review policy and procedure manuals and other materials, and evaluate the program's data. SCAO's PSC team determines if the program meets each certification requirement. Once certified, programs are reviewed every four years toward continued certification status. If any requirement is not met, PSC programs are given time to revise any necessary program operations, and once every certification requirement is met, the program is officially awarded certification for four years.

As of September 30, 2021, 69 drug courts, 14 adult mental health courts, and 11 veterans treatment courts have achieved certification. [View the standards and best practices manuals for each type of PSC.](#)

DRUG COURT DATA ANALYSES

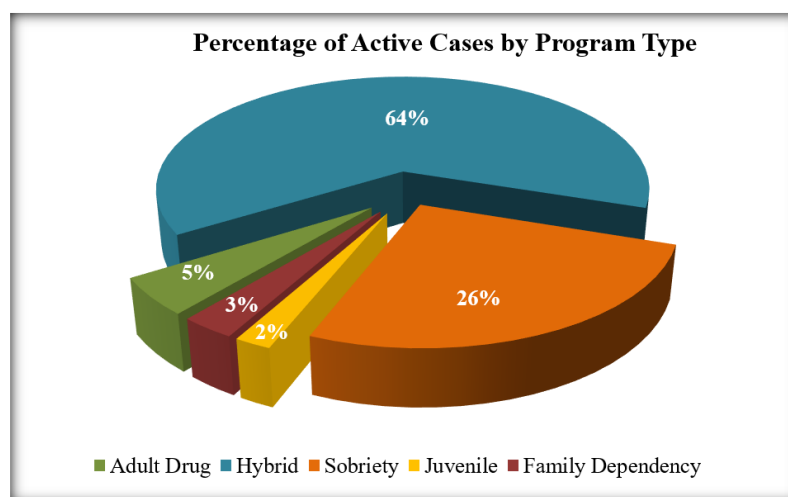
OCTOBER 1, 2020 – SEPTEMBER 30, 2021

Drug Court Caseload Statistics

During fiscal year (FY) 2021, Michigan's drug courts:

- Screened 3,432 potential participants.
- Admitted 2,430 offenders into a program.
- Discharged 2,482 participants.¹

During FY 2021, there were a total of 5,603 active participants in drug court programs. The pie chart shows the percentage of active cases by program type.



Drug Court Outcomes

Outcome measures are used to determine the effectiveness of a program. Short-term goals of all drug courts include evaluating the percentage of participants who successfully completed a program, the percentage retained in the program, and whether participants improved their employment status or education level upon graduation. Further, participant abstinence from alcohol and drug use are measured by the number of consecutive sobriety days graduates achieve. The variety of services that drug court programs provide are also measured when evaluating program success. Longer-term goals of drug courts include reducing recidivism, which means fewer criminal convictions and jail days, saving cost to communities, and increasing public safety.

¹ Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.



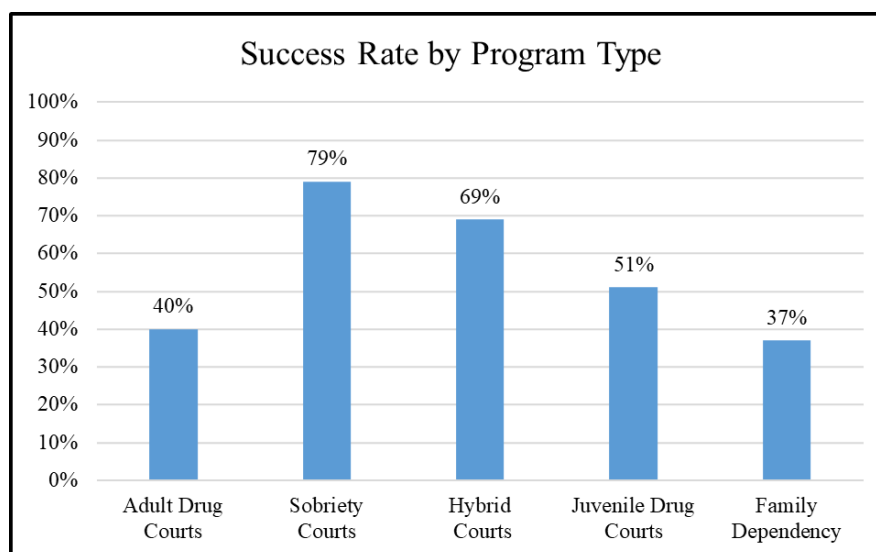


Success Rate

“Success rate” means the percent of participants who successfully completed the PSC program. The overall success rate for participants of juvenile and adult drug court programs was 69 percent in FY 2021. Twenty-six percent were discharged unsuccessfully due to noncompliance, absconding, or committing a new offense. The remaining five percent were discharged for reasons such as voluntary withdrawal, “other,” or death.

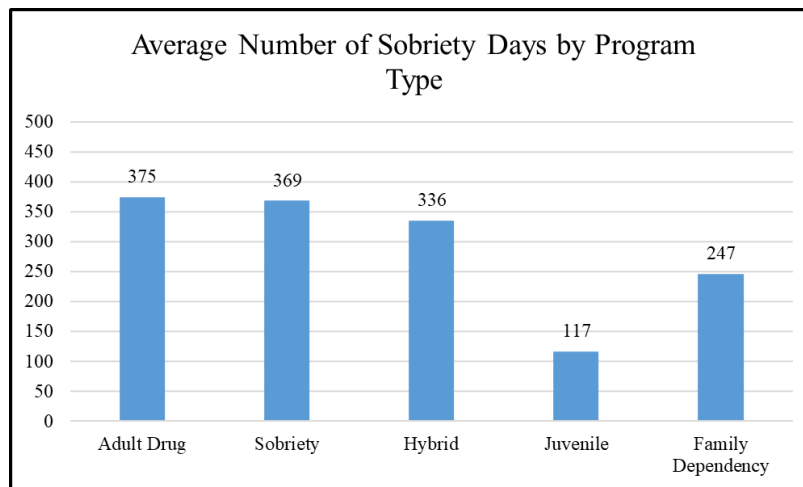
When broken down by program type as shown in the graph, sobriety courts had the highest percentage of successful completions (79 percent). Sobriety courts accept drunk/drugged driving offenders into their programs, addressing their substance abuse to reduce the threat of repeat driving offenses that pose the greatest harm to other drivers. Hybrid courts, which accept drunk/drugged driving offenders as well as other offense types, had the next highest percentage of successful completions (69 percent). Hybrid courts make up the majority of Michigan’s adult treatment courts, targeting all types of offenders within statutory limits that have SUDs. Adult drug courts specifically target offenders with offenses other than drunk/drugged driving and had a completion rate of 40 percent.

The majority of these programs are in circuit courts admitting felony offenders who identify opioid or methamphetamine use. The smallest number of adult treatment court programs, family treatment courts, had a success rate of 37 percent. Until recently, there have not been family treatment court (FTC)-specific best practices. Now that there are FTC-specific best practices, we anticipate improved success rates among FTC programs. These programs address the addiction of the parent(s) while treating entire families in conjunction with the Michigan Department of Health and Human Services (MDHHS). Lastly, the successful completions of juvenile drug court participants was 51 percent.



Consecutive Sobriety Days

Best practices dictate that participants should have a minimum of 90 consecutive days of abstinence from alcohol and drugs before graduating a program. Sobriety days are calculated with a daily counter that is reset by a positive drug or alcohol test. Juvenile drug courts have the shortest average length of consecutive sobriety days. Graduates of family treatment court programs accept neglect and abuse petitions that are typically adjudicated within one year, so the average length of consecutive sobriety days is lower than other program types, except for juvenile drug courts.



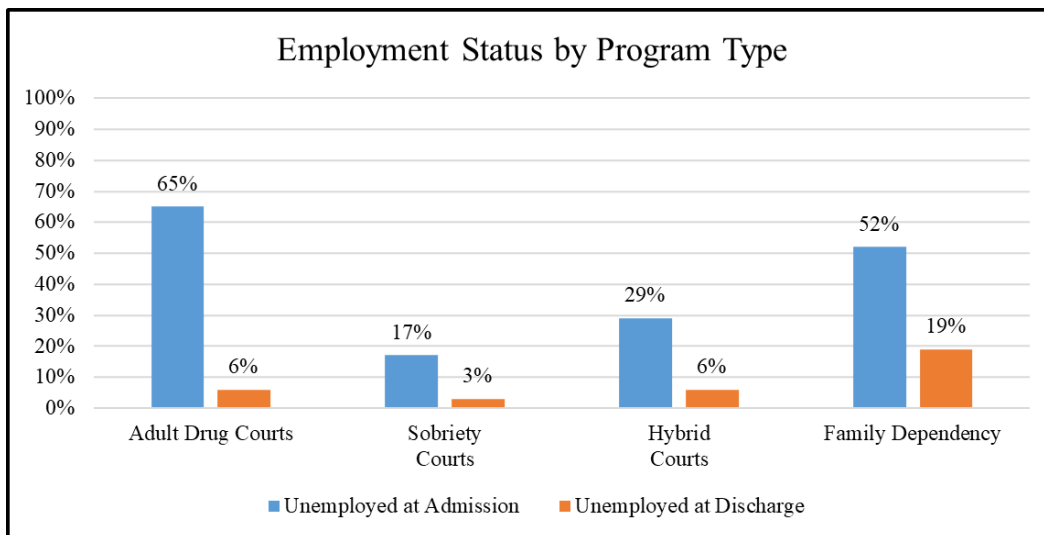
Employment Status

Substance abuse often interferes with productivity on the job, the ability to maintain employment, or being proactive in seeking employment. Treatment courts offer more than just treatment for addiction and frequent drug testing and monitoring, as they are robust programs designed to ensure participants become contributing members of the community. Ancillary services such as résumé building and vocational training help participants find employment once they become stabilized and engaged in recovery. As prescribed by best practices: “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.”²

Among adult drug courts, 65 percent of participants were unemployed at admission; at discharge, 6 percent were unemployed—a 91 percent reduction in unemployment in adult drug courts. Sobriety courts had an 82 percent reduction in unemployment, hybrid courts had a 79 percent reduction, and family treatment courts had a 63 percent reduction. Juvenile drug court participants were not included because their main goal is to improve educational levels.

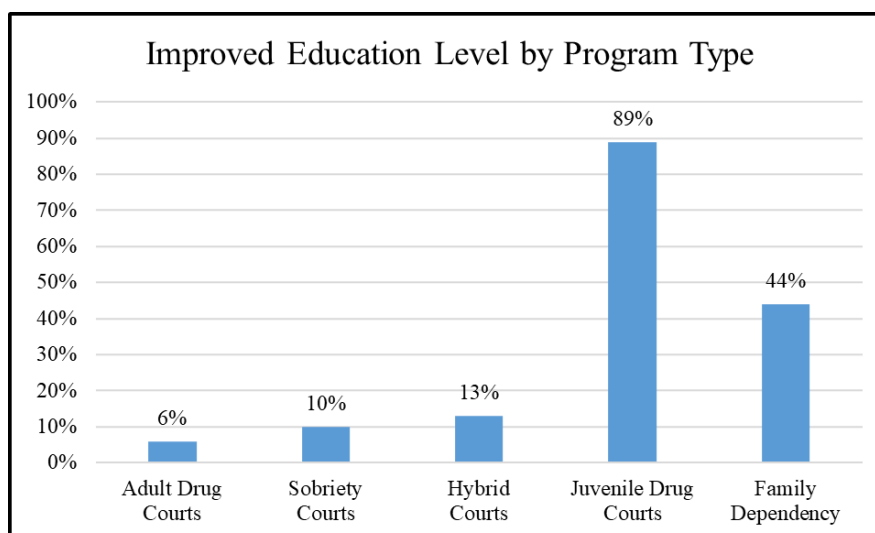
² [SCAO, Adult Drug Court Standards, Best Practices, and Promising Practices, Mar. 2021, page 12.](#)





Education

Youths who enter juvenile drug courts are often truant from school, hindering their advancement from one grade to the next. Juvenile drug courts (JDC) work closely with school officials, sometimes including them as part of their drug court team, to ensure youths are attending school and completing their schoolwork. JDCs had the highest rate of improved education level, meaning participants successfully advanced to the next grade. Among adult programs, sobriety courts typically include participants who already had a GED, high school diploma, or higher education and thus, advancing their education is not as necessary of a component to the program compared to those who have not yet earned a GED.



Evaluating Recidivism for Adult Drug, Sobriety, Hybrid, and Juvenile Drug Courts

Michigan's Public Act 2 of 2017 amended the Code of Criminal Procedure and included specific measures for evaluating recidivism. MCL 761.1(s) defines recidivism as "...any rearrest, reconviction, or reincarceration in prison or jail for a felony or misdemeanor offense or a probation or parole violation of an individual as measured first after three years and again after five years from the date of his or her release from incarceration, placement on probation, or conviction, whichever is later."

Individuals in drug courts are sentenced into the program in various ways. Some participants may be required to serve jail time before placement in the program, while others expedite sentencing directly into a program diverting offenders from jail. Others may enter the program on a deferred/delayed status where the sentence or the outcome of the charge is dependent upon whether the participant successfully completes the program. **Because of the varying sentencing approaches, Michigan's drug court recidivism methodology uses the admission date into a program as the starting point for evaluating future criminal activity.**

According to the NADCP's [Adult Drug Court Best Practices Standards Volumes I and II](#), when evaluating recidivism outcomes, a comparison group of offenders who did not enter a drug court and are statistically comparable to participants should be used to assess whether program services had a favorable impact on reducing recidivism.

SCAO uses the Judicial Data Warehouse

(JDW), the Michigan court system repository of case information, to match PSC participants to offenders who have not participated in a PSC based on demographics and criminal histories. The result is a statistically comparable one-to-one matched pair where recidivism for the pair is evaluated over time.

New in 2021, recidivism was evaluated for participants who entered a drug court program from 2015 through the current year. This differs in past years where the analyses included all participants from the inception of programs.

Family Treatment Court Recidivism

Although similar to adult drug, sobriety, and hybrid courts in the types of services provided during participation, FTCs differ in the procedures for prosecuting, processing, and adjudicating petitions, and the collaborative partnerships that are used to ensure whole families are treated. New petitions are filed with a court by Child Protective Services within MDHHS. MDHHS and FTCs have oversight of each participant's treatment and compliance, and must communicate frequently and effectively. Family members attend treatment sessions both individually and as a family.

Program goals for FTCs are also unique in that each family member's success can impact the family unit's outcome. Participants in traditional drug courts have a goal of compliance with court requirements, recovery,





program graduation, and reduced recidivism. FTCs, however, have multiple levels of outcomes across many domains. For example, a parent can be successful in their recovery, but it may not result in reunification. Also, outcome measures include whether children are in a nurturing environment or continue to suffer maltreatment while parents are in a program. Moreover, short-term outcomes measures include reunification, foster care stays, or adoption; and long-term outcome measures include evaluating the number of future petitions and child removals. When treating whole families, success or failure can occur at multiple levels and at different times, transcending the traditional drug court model.

In 2019, NADCP, in conjunction with the Center for Children and Family Futures, published [Family Treatment Court Best Practice Standards](#) “to support stakeholders in their efforts to assess and improve the safety, permanency, and well-being of children; the comprehensive well-being of parents; and the stability of families. Other goals are community transformation to meet the needs of all families who would benefit from these services, and to broaden the scope of comprehensive services families need in the years ahead.”³ These research-based practices recognize that FTCs are unique and serve as a roadmap for their operations. Their development and publication represent a movement to enhance and expand FTCs nationally.

Michigan created a FTC workgroup comprised of 19 stakeholders to draft model FTC legislation that expands data collection and allows for improved evaluation methodology. House Bill 5340 was introduced

on September 23, 2021, and seeks to specifically include FTCs in statute, establish requirements that a FTC must follow, and require certification of FTCs. The proposed legislation is pending at the time of this report.

JDC Recidivism

In early 2021, MCL 712A.28 was amended to generally make juvenile records nonpublic. The process for sharing JDC information in a statewide, aggregate, de-identified format is still being developed. As a result, data in the JDW regarding juvenile records are not available at this time to evaluate recidivism. Therefore, juvenile drug court recidivism rates are not included in this report.

Graduate Recidivism Rates

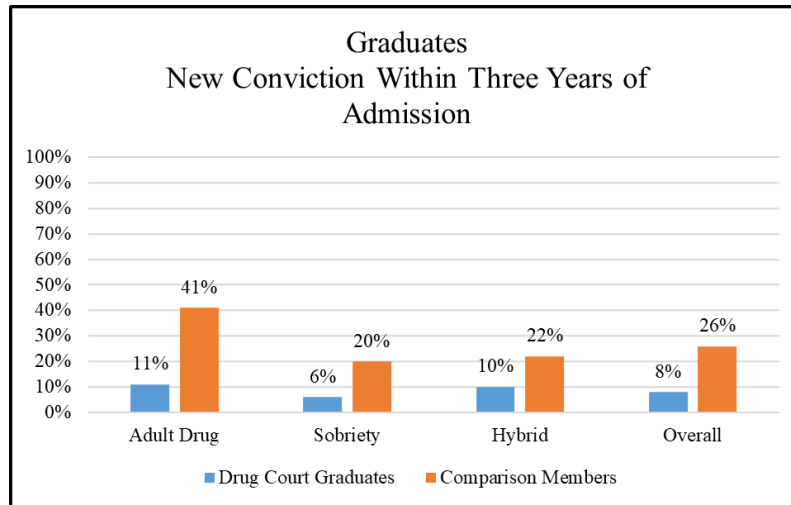
The three-year analyses of graduates who entered a program and had a matched comparison person totaled 3,712 matched pairs, and the five-year analyses included 975 matched pairs. The recidivism rates are reported by program type.

Adult Graduate Recidivism Rates

The three-year analyses of graduates who entered a program and had a matched comparison person totaled 3,590 matched pairs, and the five-year analyses included 945 matched pairs. The recidivism rates are reported by each program type and also aggregately, indicated as “Overall.”

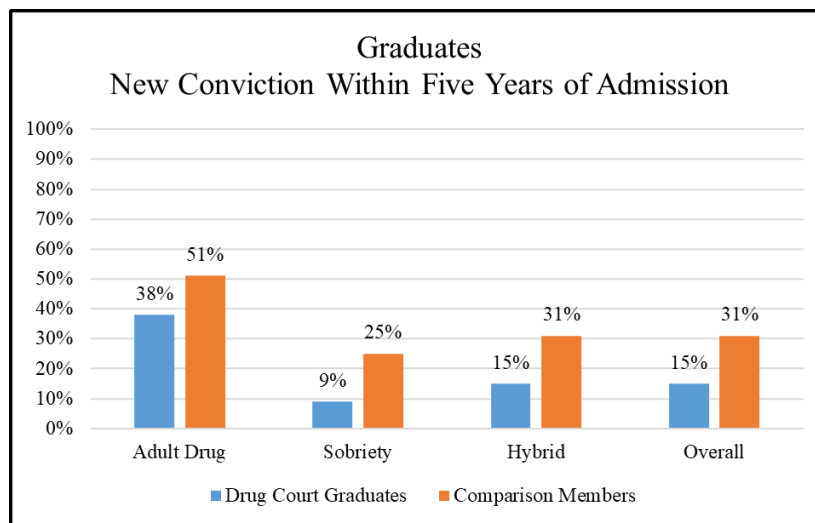
³ Center for Children and Family Futures and National Association of Drug Court Professionals. (2019). Family Treatment Court Best Practice Standards. Prepared for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Office of Justice Programs (OJP), U.S. Department of Justice (DOJ).

Any New Conviction – Three Years



Overall, the comparison members had more than three times the recidivism rates than graduates from drug court programs, and the difference was statistically significant. When a difference is statistically significant, it means the differences are not happening by chance, but rather, as a result of program intervention. Graduates of adult drug court programs had nearly four times less recidivism than their matched comparison members; sobriety court program graduates had more than three times less recidivism; and graduates of hybrid programs had over two times less recidivism than their matched comparison members. All differences were statistically significant.

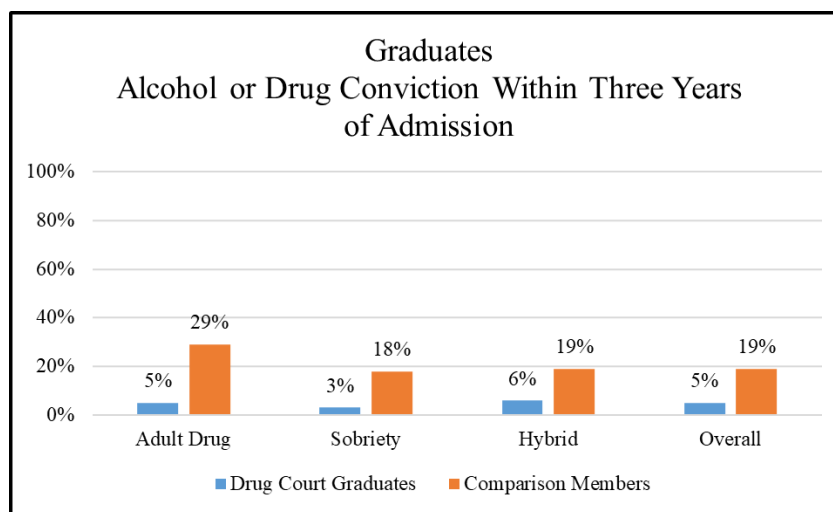
Any New Conviction – Five Years





Overall, comparison members had twice the recidivism rate than graduates of programs after five years, and the difference was statistically significant. When evaluating adult drug court program types only, the difference in the rates to their matched comparison members was not statistically significant. This may be due to the small number of matched pairs for analysis, which is expected to increase over the coming years. Even after five years, the difference in recidivism rates of graduates to comparison member among sobriety court and hybrid programs was statistically significant.

Alcohol or Drug Conviction – Three Years

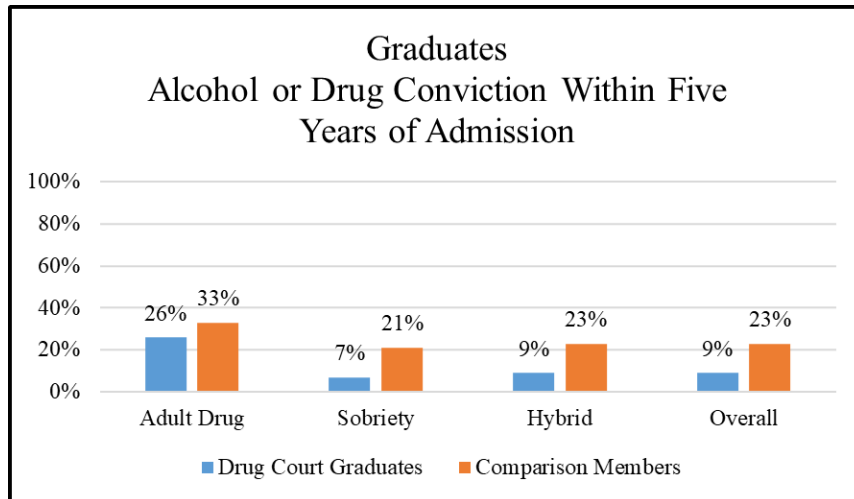


Overall, comparison members had nearly four times the recidivism rates for drug and alcohol convictions than graduates from drug court programs, and the difference was statistically significant. Adult drug court program graduates had nearly six times less recidivism than their matched comparison members; sobriety court program graduates had six times less recidivism; and graduates of hybrid programs had over three times less recidivism than their matched comparison member. All differences in rates were statistically significant.

*Chief Judge Allie Greenleaf Maldonado, of Little Traverse Bay Bands of Odawa Indians, presides over a Healing to Wellness Court:
“The Tribal Community understands that problem-solving courts help make individuals and families healthier and that benefits both our community now and the next seven generations.”*



Alcohol or Drug Conviction – Five Years



Overall, comparison members had more than twice the recidivism rates for drug and alcohol convictions than graduates of drug courts after five years, and the difference was statistically significant. Again, the adult drug court programs had a small number of matched pairs for analysis, and the difference in rates was not statistically significant. The difference in recidivism rates of graduates to comparison members among sobriety court and hybrid programs were statistically significant.

Recidivism Rates for All Participants

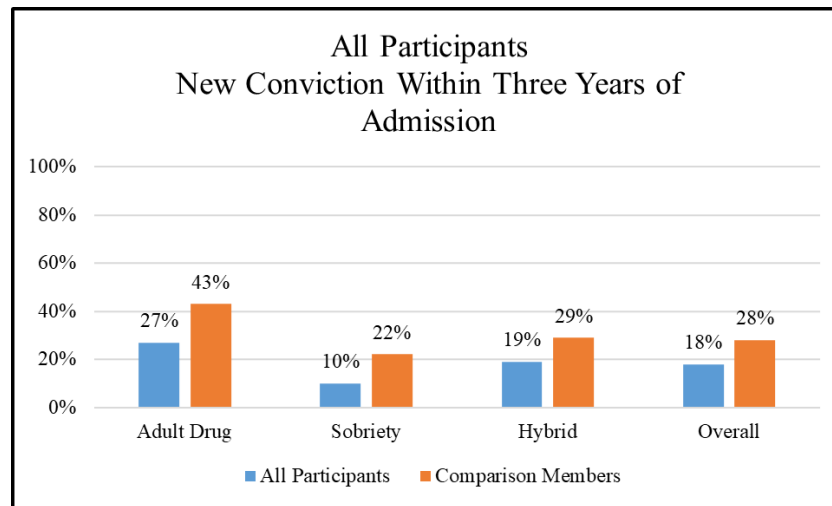
The “All Participants” analysis includes participants who did not complete the program successfully. This intent-to-treat analysis examines the outcomes for all individuals whom the program targeted for participation, and is recommended by NADCP. The three-year analyses of all participants who entered a program included a total of 5,557 matched pairs and the five-year analyses included 1,459 matched pairs. The recidivism rates are reported by program type and overall.

“This is the future of criminal justice.”
-PSC Judge Ray Voet, Ionia County



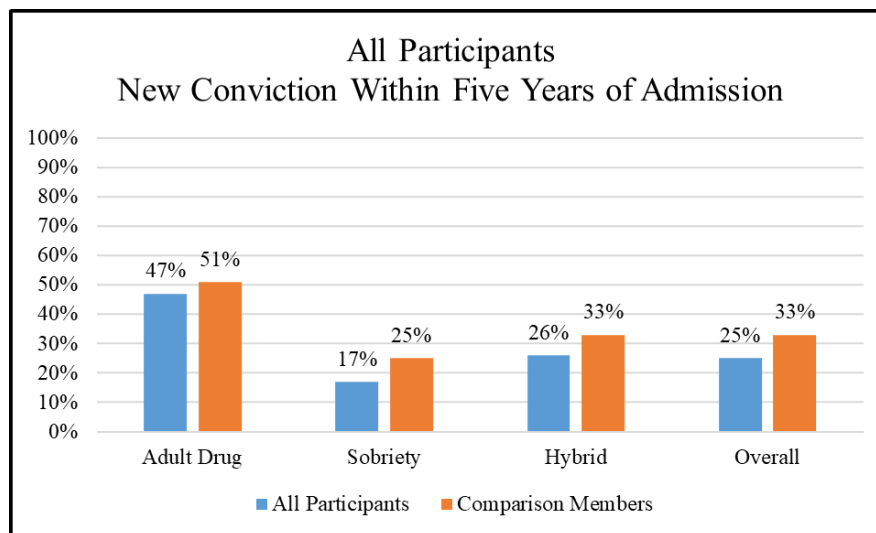


Any New Conviction – Three Years



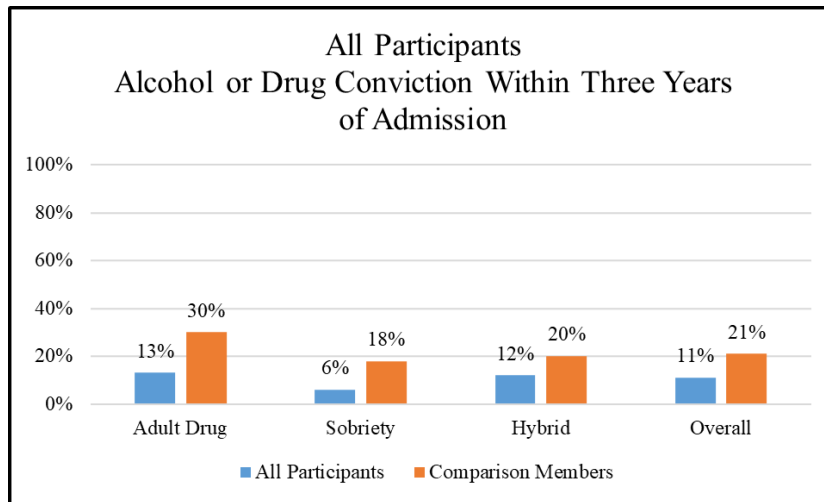
Participants among all program types were less likely to recidivate than their matched comparison members, and the difference was statistically significant. When analyzed by program type, participants still had a lower rate of recidivism, and the differences were statistically significant among all program types.

Any New Conviction – Five Years



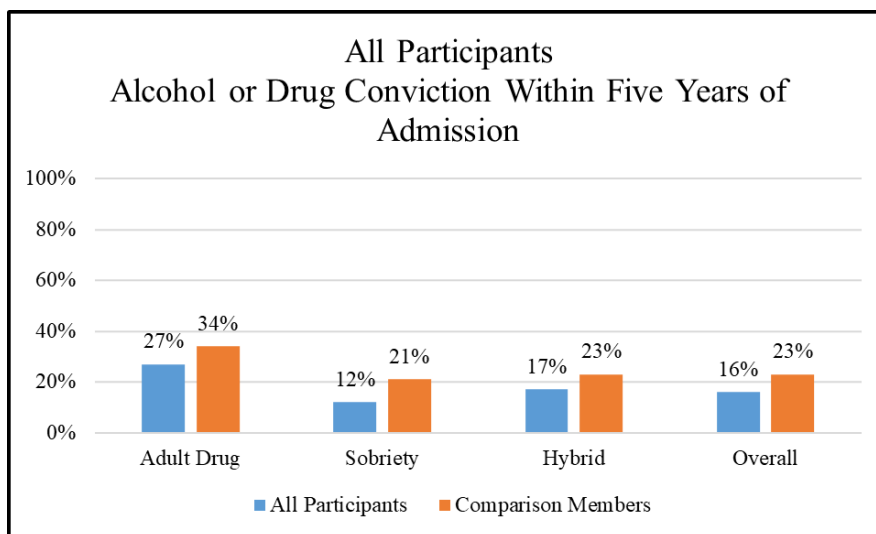
Even after five years, drug court participants had a lower rate of recidivism (25 percent) than the comparison members (33 percent), and the difference was statistically significant. The differences in rates were statistically significant among sobriety court programs and hybrid programs.

Alcohol or Drug Conviction – Three Years



Overall, PSC participants (11 percent) had nearly half the rate of recidivism than the comparison group (21 percent), and all program type participants had less recidivism. The differences were statistically significant.

Alcohol or Drug Conviction – Five Years



Overall, participants of drug court programs had a lower rate of recidivism (16 percent) than the comparison members (33 percent), and the difference was statistically significant. The differences in rates were statistically significant among sobriety court programs and hybrid programs.





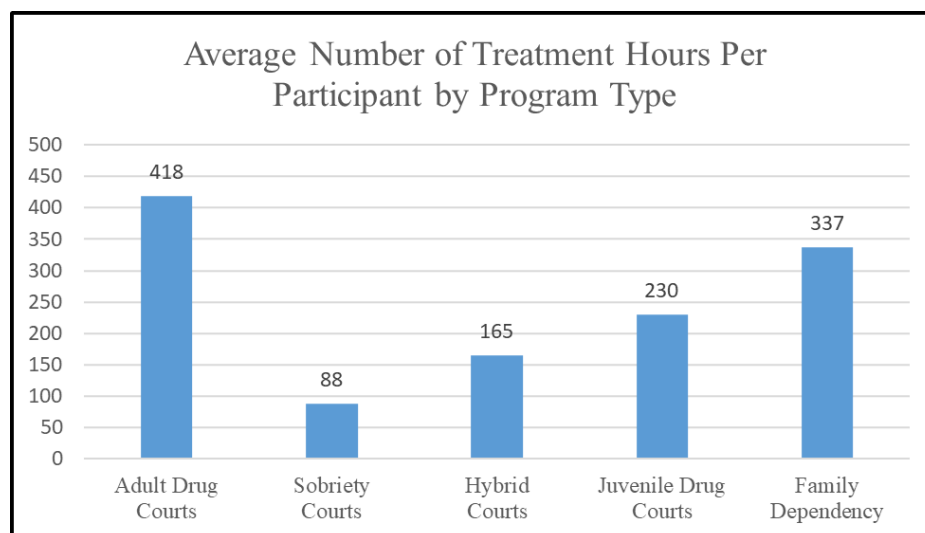
Drug Court Performance Measures

Drug court programs are more structured and regimented than standard probation. They require participants to engage in substance abuse treatment, randomly and frequently test for drugs and alcohol, and appear before the judge for updates one to two times per month. Participants are also monitored intensively by probation officers and law enforcement, including home checks and employment checks to ensure compliance. Programs reward positive behavior with varying incentives and address negative behavior with immediate sanctions to facilitate behavior change. The following performance measures reference best practices from NADCP’s [Adult Drug Court Best Practice Standards Volumes I and II](#).

Treatment

According to best practices: “The drug court offers a continuum of care for substance abuse treatment, including detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services.”⁴ Drug courts also take participants with co-occurring disorders, such as mental illness, in addition to substance use disorder. Programs must have the resources in the community to treat mental illness, and if not, they may be able to transfer the participant to a mental health court when diagnosed with co-occurring disorders.

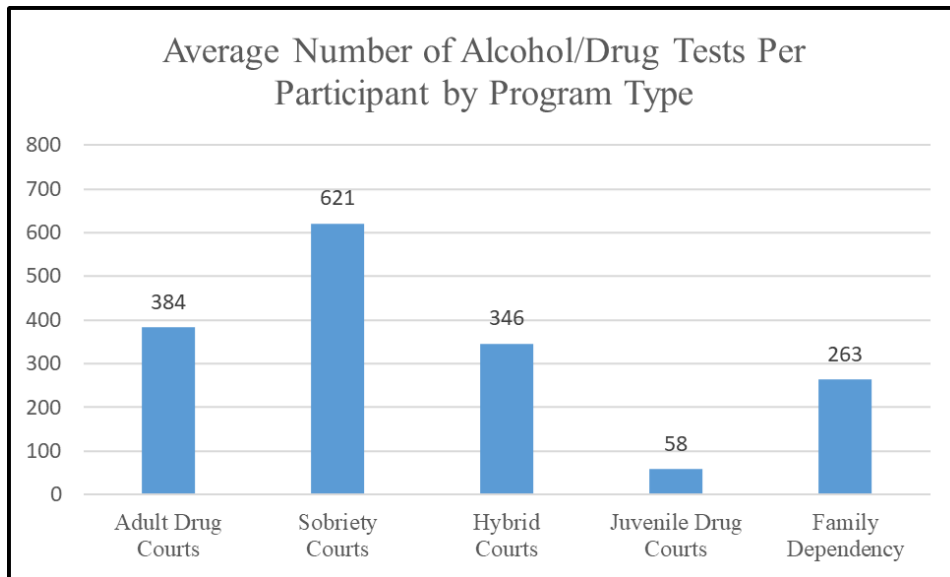
Potential participants are assessed clinically to determine the type of substance abuse treatment modality that is needed for their recovery. Clinicians are guided by the American Society of Addiction Medicine to help determine the level of care. The average number of hours of substance abuse treatment modalities are shown by program type.



⁴ SCAO, [Adult Drug Court Standards, Best Practices, and Promising Practices](#), page 56

Drug/Alcohol Tests

Testing for alcohol and drugs is essential for monitoring abstinence and new use, and positive results may require an increase in or change to treatment. Testing must be performed randomly and frequently. Best practices dictate: “Urine testing is performed at least twice per week until participants are in the last phase of the program and preparing for graduation.”⁵ The graph below identifies the average number of drug and alcohol tests by program type in FY 2021.



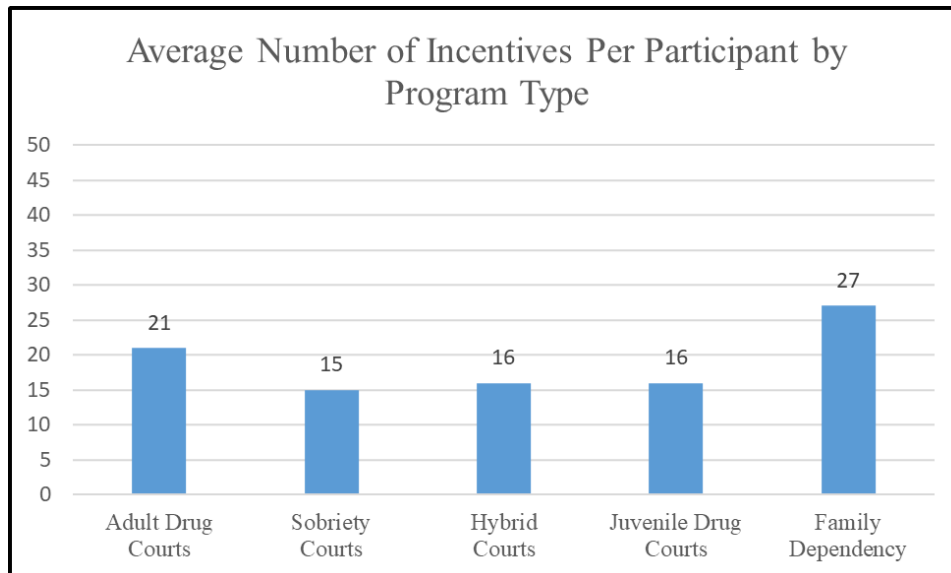
Incentives

The treatment court concept incorporates a strength-based approach by reinforcing productive behavior that supports recovery. As emphasized by best practices: “The drug court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.”⁶ Drug courts have been found to reduce substance use and criminal behaviors when they focus on incentivizing productive behaviors as much as they do on reducing noncompliant behavior. The following graph identifies the average number of incentives by program type in FY 2021.

⁵ *Id.* at 46.

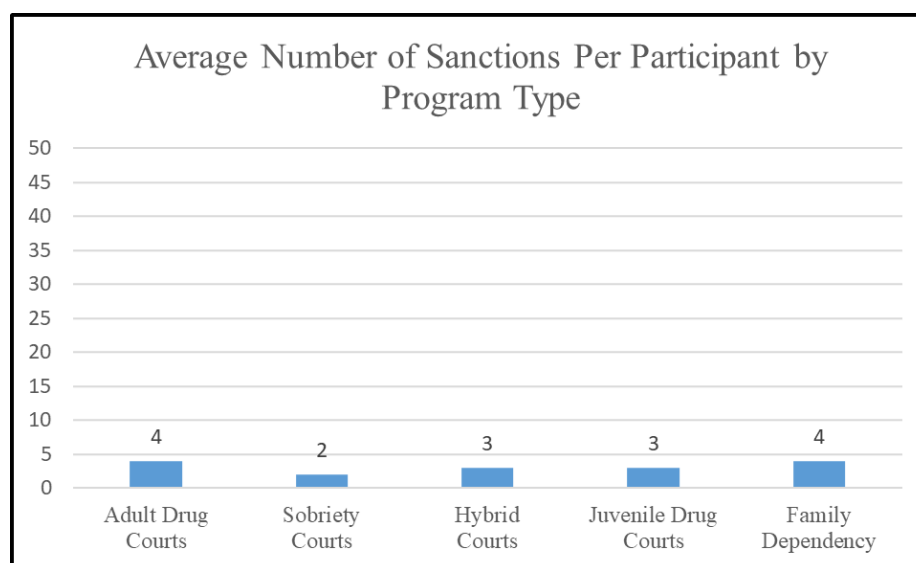
⁶ *Id.* at 9.





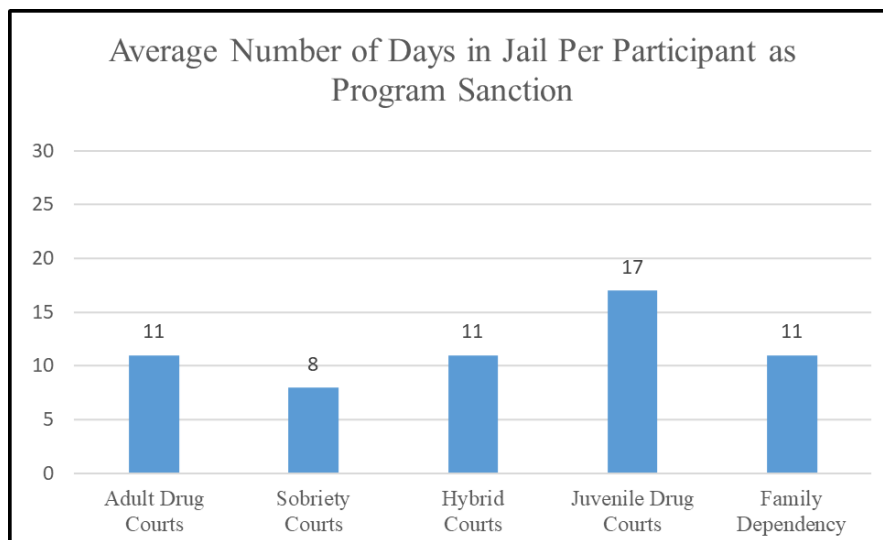
Sanctions

According to best practices, sanctions should be imposed as quickly as possible following noncompliant behavior. This is critically important for behavior modification. Courts should not wait until the next review hearing if the noncompliance can be addressed more immediately. Additionally, participants should not receive punitive sanctions if they are not responding to treatment interventions but are otherwise engaged in and attending treatment and compliant with program requirements. The graph below identifies the average number of sanctions per participant by program type in FY 2021.



Days in Jail for Drug Court Sanction

Treatment courts that use high-magnitude sanctions, such as lengthy jail stays, are less effective than programs that develop and use a wide range of creative intermediate-magnitude sanctions. Punishments that are too severe can lead to a ceiling effect where programs run out of sanctions before treatment can become effective, resulting in poor outcomes. According to best practices, jail sanctions should be used sparingly. When used, a jail sanction should be no longer than three to five days in duration. Lengthier jail sanctions produce diminishing returns, and jail stays of more than one week are associated with increased recidivism. The graph below identifies the average number of days in jail as a program sanction by program type in FY 2021.



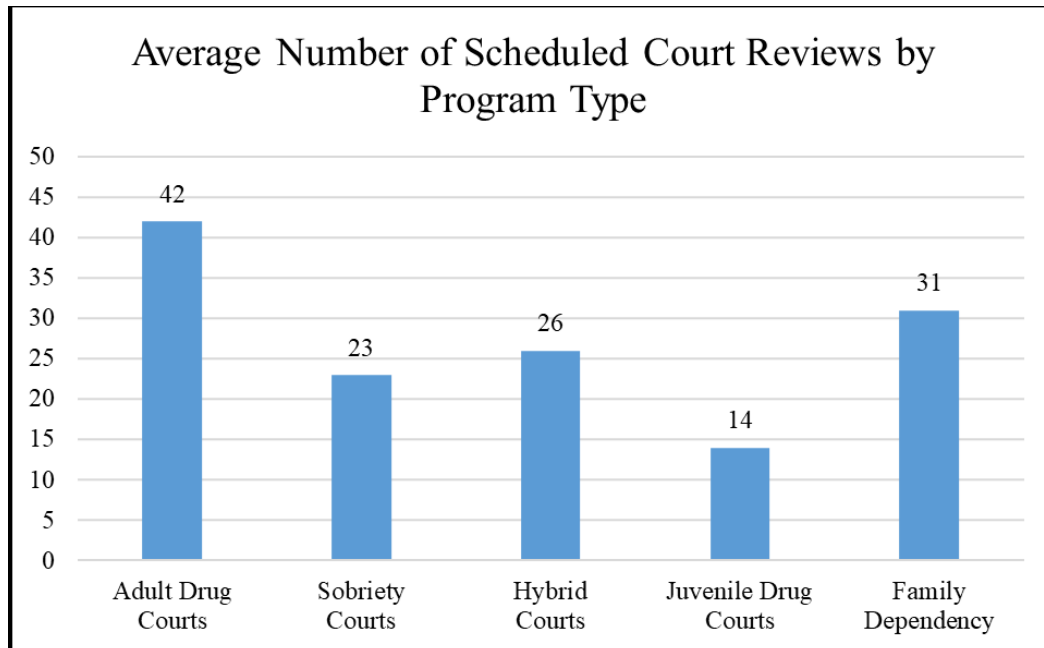
Review Hearings

“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.”⁷ During review hearings, participants have a chance to interact one-on-one with the judge. The judge addresses participants in an attentive, fair, and caring manner and offers supportive and encouraging words toward their recovery and program requirements. Participants are afforded a reasonable opportunity to explain their perspectives, which helps to build trust in the team and respect for the court. The following graph identifies the average number of scheduled court reviews by program type in FY 2021.

⁷ [Adult Drug Court Standards, Best Practices, and Promising Practices, State Court Administrative Office, Mar. 2021](#)

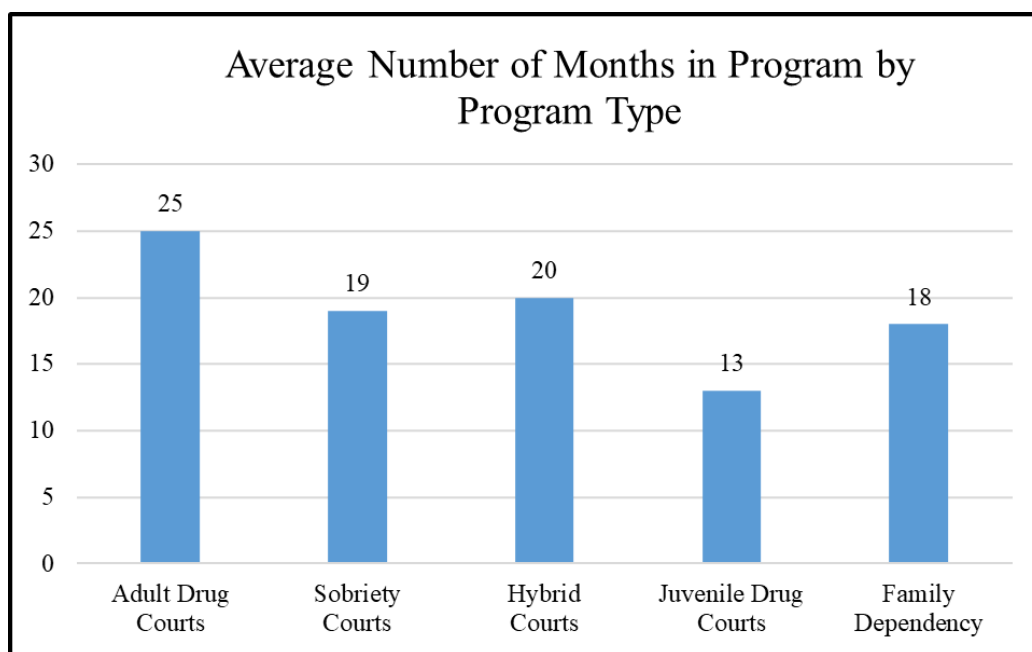
⁸ *Id.* at 3.





Length in Program

PSC programs vary in length. JDCs are generally shorter in duration than adult programs, and family treatment courts must adhere to statutory permanency-placement plan timelines. The graph below identifies the average number of months in a PSC by program type in FY 2021.



IGNITION INTERLOCK DATA ANALYSES

OCTOBER 1, 2020 – SEPTEMBER 30, 2021

In 2013, Public Acts 226 and 227 allowed eligible repeat Operating While Impaired (OWI) offenders to receive a restricted license through the ignition interlock program by participating in a sobriety or drug court program. Eligible users are ordered by a drug court judge to have a Breath Alcohol Ignition Interlock Device installed on all vehicles that they own or operate. The device is designed to prevent the vehicle from starting if the driver has a blood alcohol content above a pre-established level, which is monitored by blowing into the device. The interlock pilot project, which can be found in the [Michigan DWI/Sobriety Court Ignition Interlock Evaluation 2015 Report](#), showed favorable results.

In FY 2021, there were 1,386 active participants among 88 sobriety, hybrid, and veterans treatment court programs who were members of the interlock program with an installed device on their vehicle(s). The vast majority of participants who had ignition interlocks installed were compliant with the terms of its use:⁹

- Less than one percent of users removed the ignition interlock device without approval.
- Less than one percent of users tampered with the ignition interlock device.
- One percent operated a vehicle without the ignition interlock device.

Ignition Interlock Outcomes

Therapy for substance abuse includes learning new coping skills to prevent relapse. When participants are engaged in therapy, the likelihood is increased that they will succeed in a treatment court program and maintain abstinence. However, participants often lack a means of transportation to treatment, 12-step meetings, drug testing, and other requirements. Allowing for transportation with an ignition interlock device enables participants to comply with program requirements.

Evaluating the rate of program completion and the number of consecutive sobriety days for interlock participants is an important measure of their success toward continued abstinence.

- During FY 2021, 759 participants with ignition interlock devices installed on their vehicle(s) were discharged from a treatment court program, and 704 (93 percent) successfully completed a PSC program.

⁹ Missing data were removed from the analyses.





- Seven percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
- The remaining participants either withdrew from the PSC program or were discharged for reasons described as “other.”

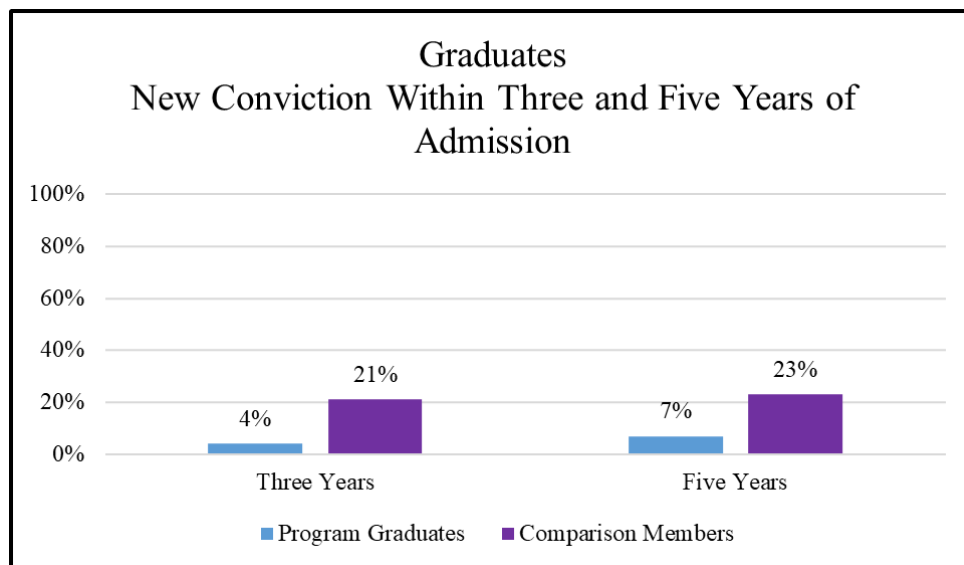
Graduates with ignition interlock devices:

- Achieved an average of 360 days of consecutive sobriety while in the program.
- Spent an average of 558 days in a PSC program.
- Averaged 506 drug and alcohol tests with a one percent positivity rate.
- Received an average of 79 hours of treatment for their substance use disorder.

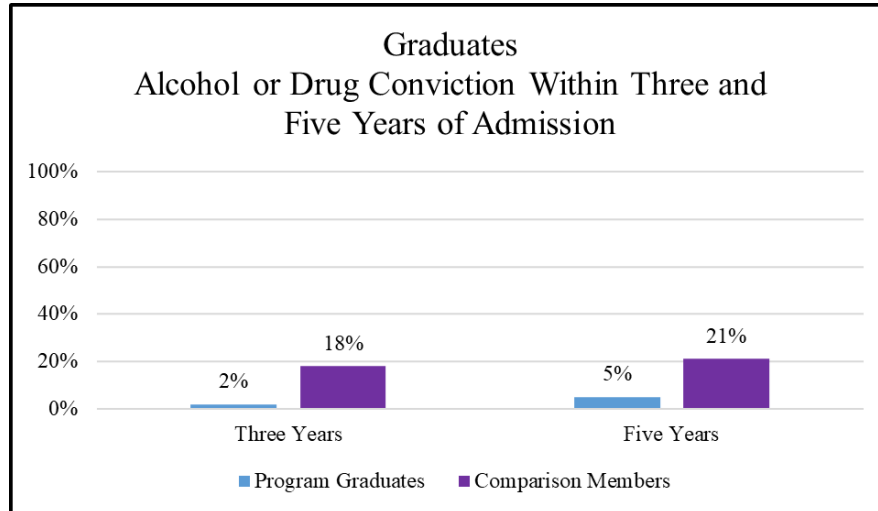
Ignition Interlock Recidivism Rates for Graduates

The three-year analysis of graduates of a drug court program that used ignition interlock included a total of 1,200 matched pairs, and the five-year analysis included 303 matched pairs. The reduction in recidivism among participants was statistically significant in both scenarios.

Any New Conviction – Three and Five Years



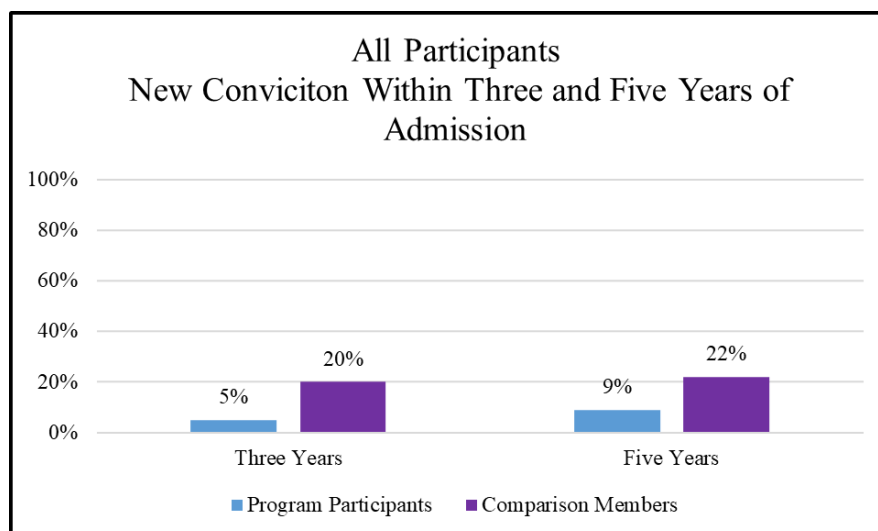
Alcohol or Drug Conviction – Three and Five Years



Ignition Interlock Recidivism Rates for All Participants

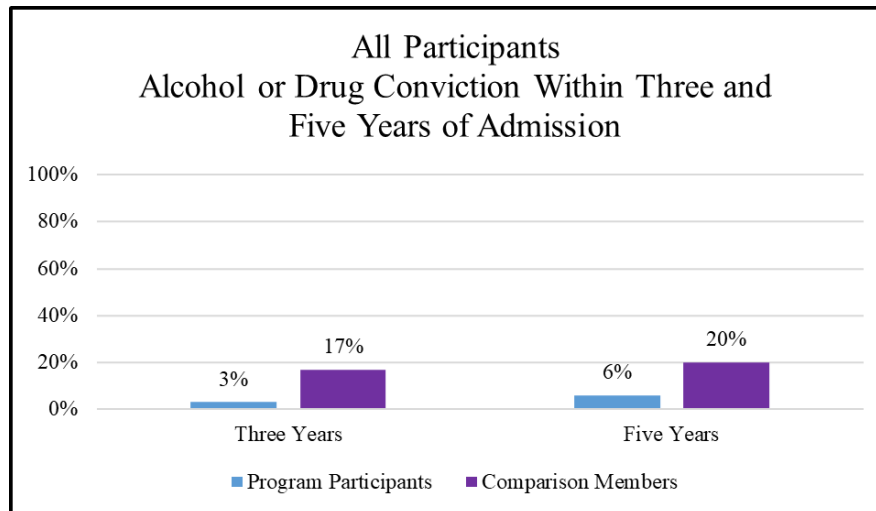
The three-year analyses of participants in a drug court program that had an interlock device installed included a total of 1,304 matched pairs, and the five-year analyses included 330 matched pairs. The differences in recidivism rates between participants and their matched comparison members were statistically significant for all analyses.

Any New Conviction – Three and Five Years





Alcohol or Drug Conviction – Three and Five Years



MENTAL HEALTH COURT DATA ANALYSES

OCTOBER 1, 2020 – SEPTEMBER 30, 2021

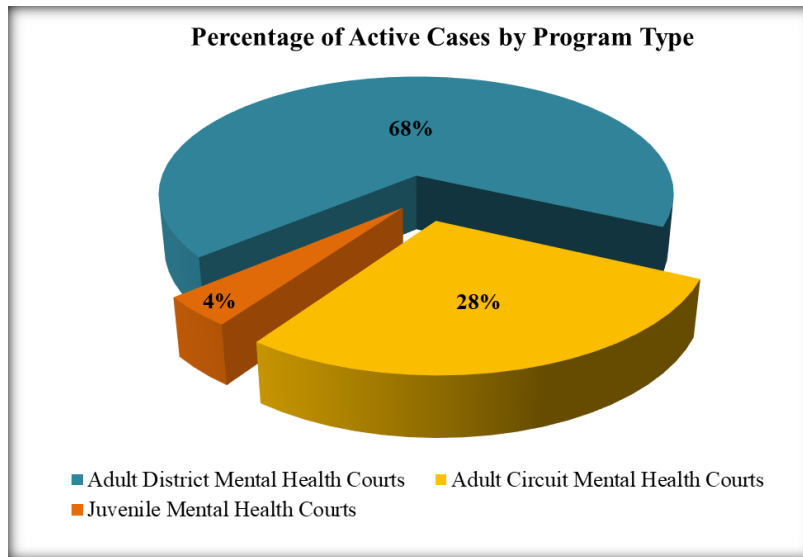
During fiscal year FY 2021, Michigan’s mental health courts:

- Screened 1,175 potential participants.
- Admitted 638 offenders into a program.
- Discharged 570 participants.¹⁰

During FY 2021, the total number of participants that were active in a mental health court program was 1,260. The pie chart on the next page shows the percentage of active cases by program type.

¹⁰ Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.

MHC Caseload Statistics



MHC Outcomes

Factors used to evaluate the success of MHCs include successful completion of the program, improvement in employment or education, improvement in mental health, improvement in quality of life, medication compliance, and reduced criminal recidivism.

Success Rate

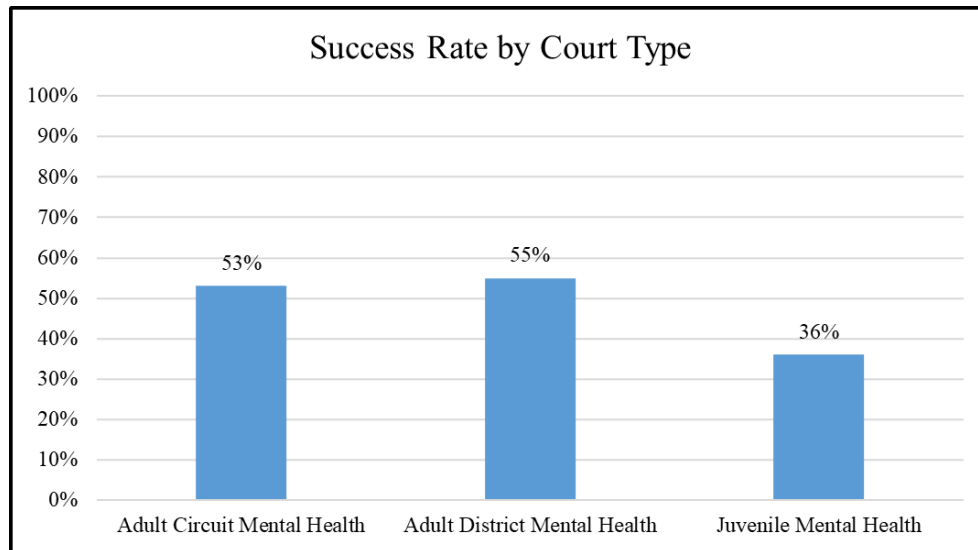
Of the 570 participants discharged from 39 MHCs in FY 2021, 307 participants (54 percent) successfully completed a program. Thirty-six percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense, while 10 percent were discharged for reasons such as “other,” voluntarily withdrew, or death. The graph on the next page shows the success rate by court type.



Genesee County Judge Jennie Barkey founded the state’s first mental health court (2007):

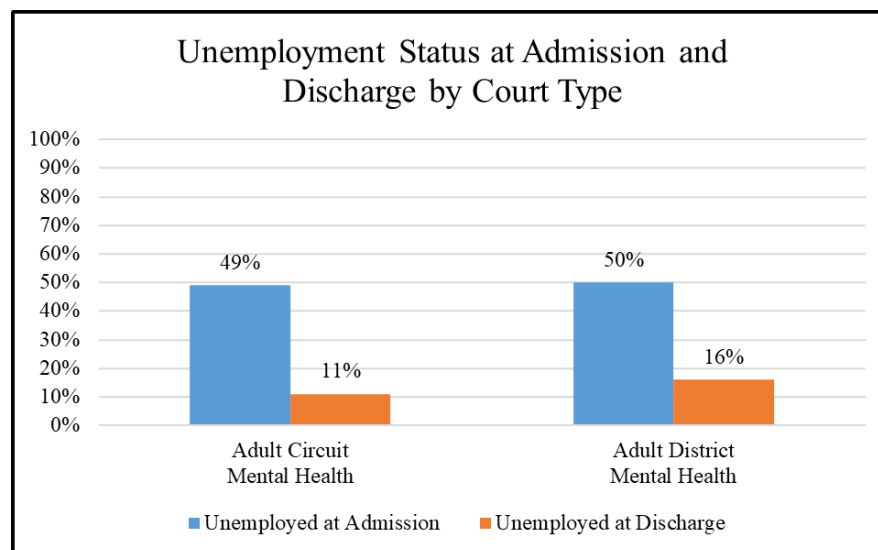
“For the participant it is a chance to find a way to live a full and happy life despite their illness; for their families and friends it is a chance to have a relationship with the person they love.”





Employment Status

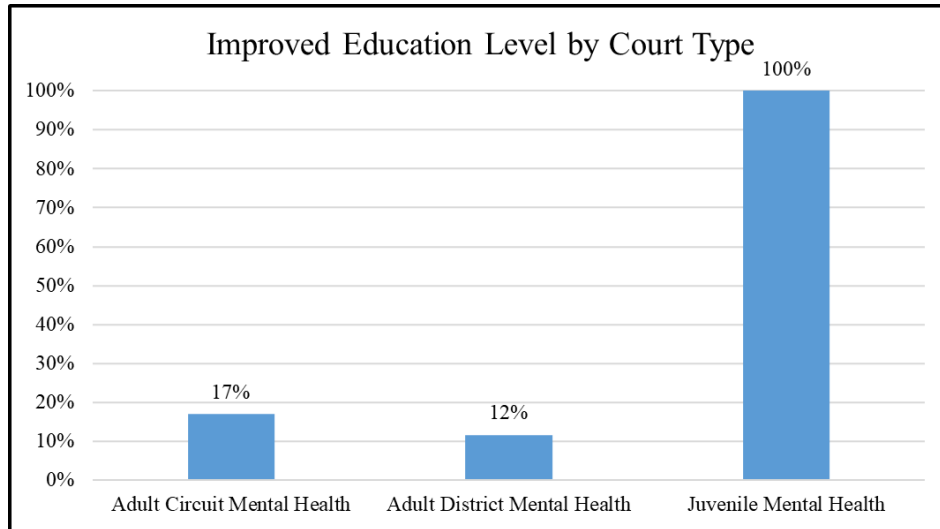
MCL 600.1093 states: “A mental health court shall provide a mental health court participant with all of the following: mental health services, substance use disorder services, education, and vocational opportunities as appropriate and practicable.” Programs partner with community agencies to find necessary employment for participants. Adult circuit mental health court graduates benefitted from a 78 percent reduction in unemployment while adult district mental health court graduates experienced a 68 percent reduction.



*Juvenile mental health court offenders were not included because their main goal is to improve their education level.

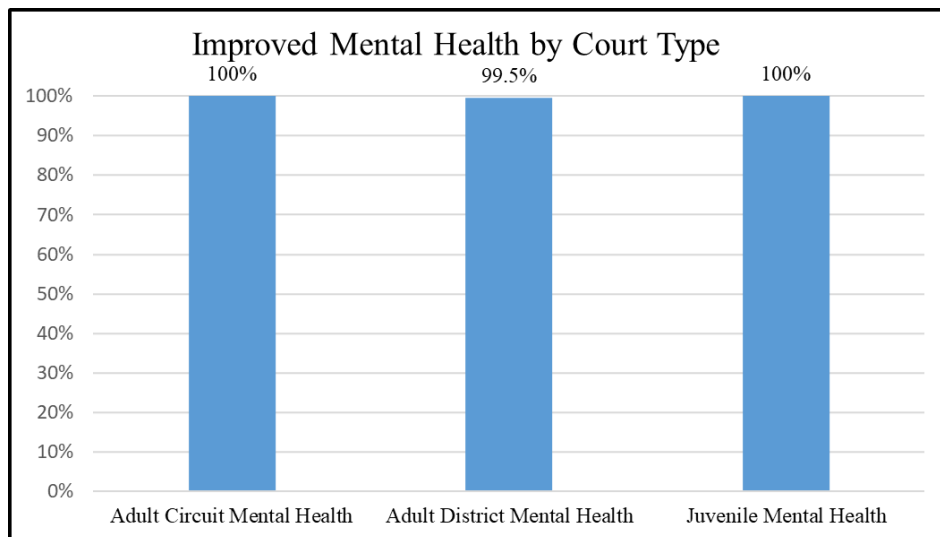
Improved Education Level

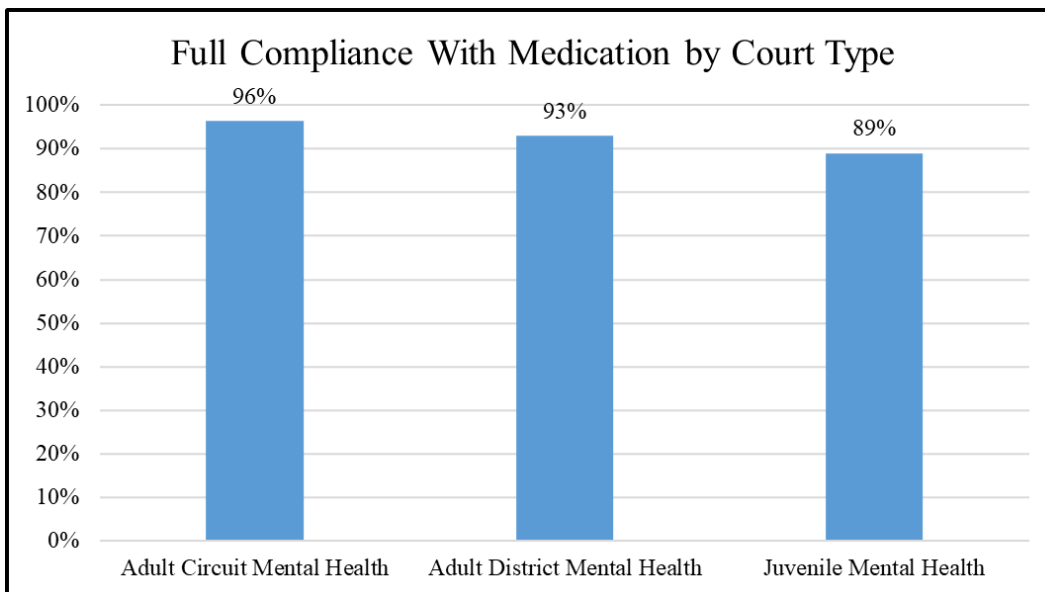
Increasing educational levels is not the goal of every participant, but youths in MHCs were especially likely to continue their education, progressing through high school.



Improved Mental Health and Medication Compliance

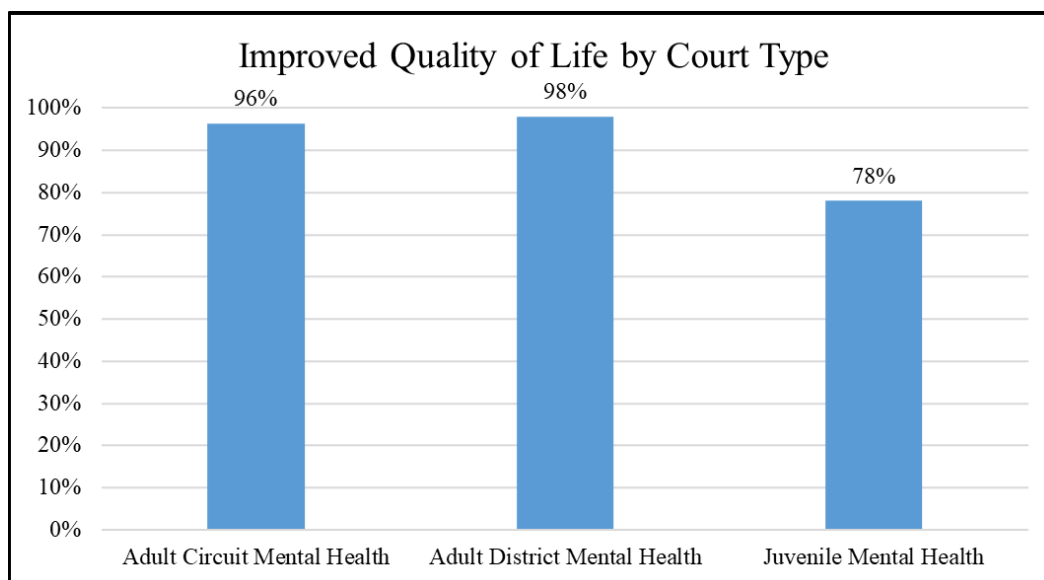
An improvement in mental health suggests greater stability among participants, and with many, this can be achieved through medication. Program requirements include compliance with medications when appropriate, and team members frequently communicate on whether participants are taking their prescribed medications as directed by doctors. Medication checks are conducted to promote mental stability for improved mental health.





Improved Quality of Life

Improving a person’s quality of life includes connecting them to community-based treatment, housing, medical doctors, and other needed services. MHCs, through supervision, care, and treatment, help participants gain independent functioning, improve social and family relationships, and achieve mental stability, thereby reducing crisis interventions.



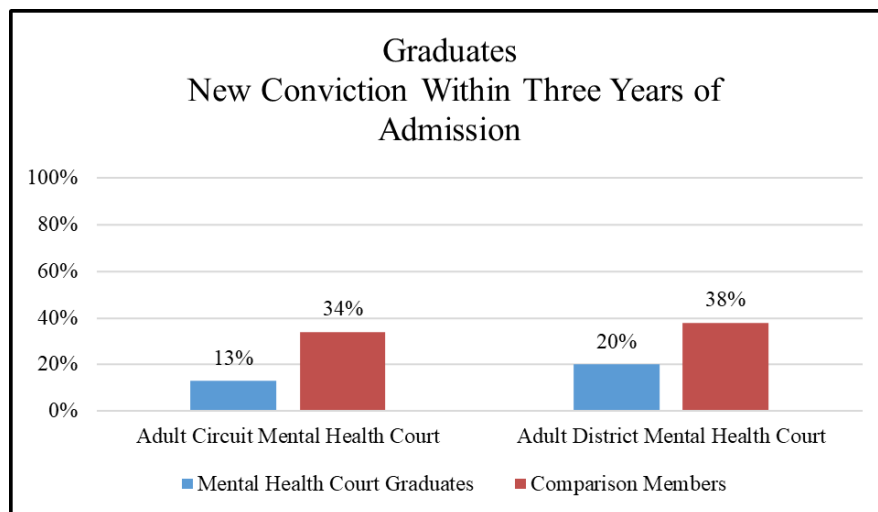
MHC Recidivism

As previously stated in this report, MCL 712A.28 was amended in early 2021 to generally make juvenile records nonpublic. The process for sharing this information in a statewide, aggregate, de-identified format is still being developed. As a result, data in the JDW regarding juvenile court records are not available to evaluate. Therefore, the juvenile mental health court recidivism rates are not included in this report.

Recidivism Rates for Graduates

The three-year analysis of adult participants that graduated from a MHC program included a total of 1,775 matched pairs, and the five-year analysis included 1,151 matched pairs. The results showed that the differences in the recidivism rates were statistically significant among both circuit and district courts.

Graduate Recidivism Rates – Three Years

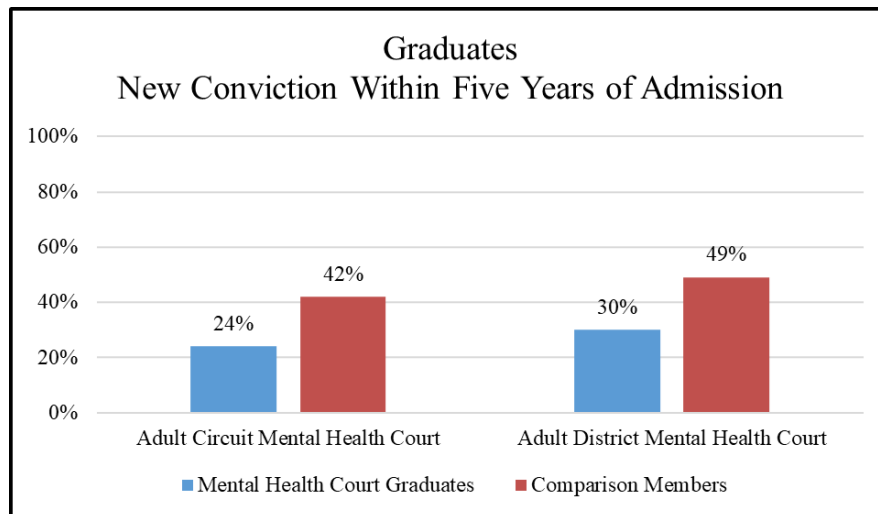


Chief Judge Kathleen Brickley, of Van Buren County Courts, presides over several PSCs: "They come to us at perhaps the worst point of their lives, but when they graduate, they are whole again. They are productive members of the community, they've improved their education, they are raising their kids, and they are happy. That makes it worth it."





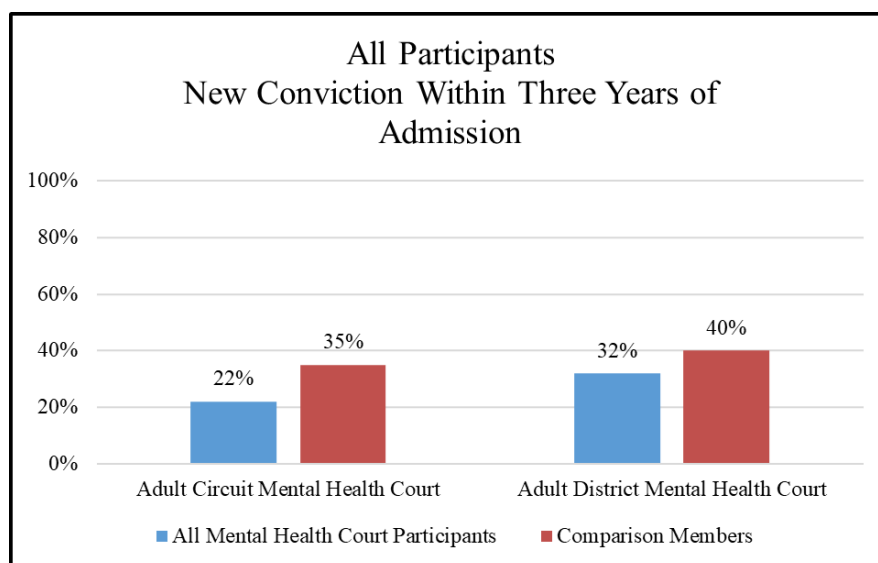
Graduate Recidivism Rates – Five Years



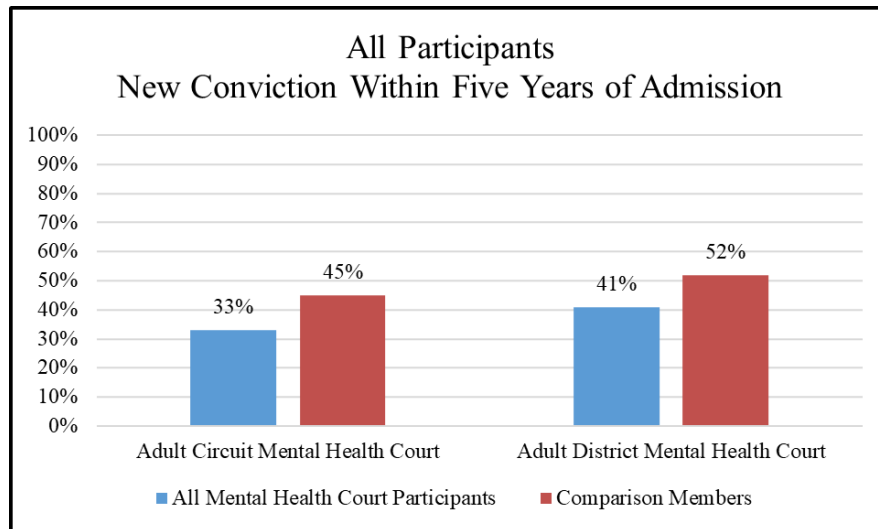
Recidivism Rates for All Participants

The three-year analysis of all adult participants in a MHC program included a total of 3,412 matched pairs, and the five-year analysis included 2,243 matched pairs. The differences in the recidivism rates were statistically significant among both circuit and district courts.

All Participants Recidivism Rates – Three Years



All Participants Recidivism Rates – Five Years



MHC Performance Measures

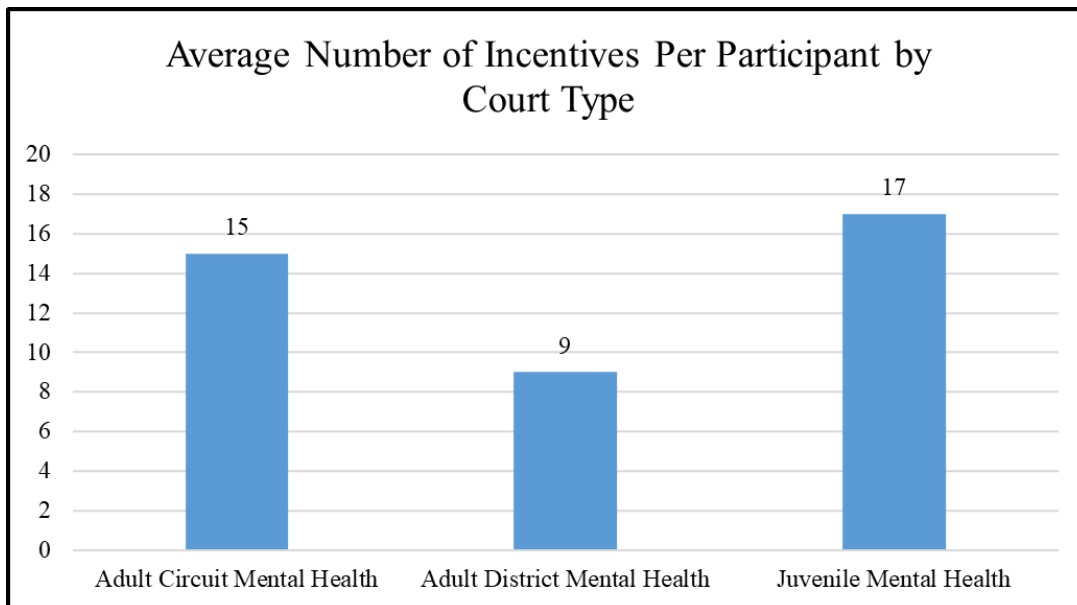
Overall, graduates of a mental health court program averaged:

- 11 incentives and 2 sanctions.
- 23 scheduled review hearings.
- 477 days in a mental health court program.

Incentives

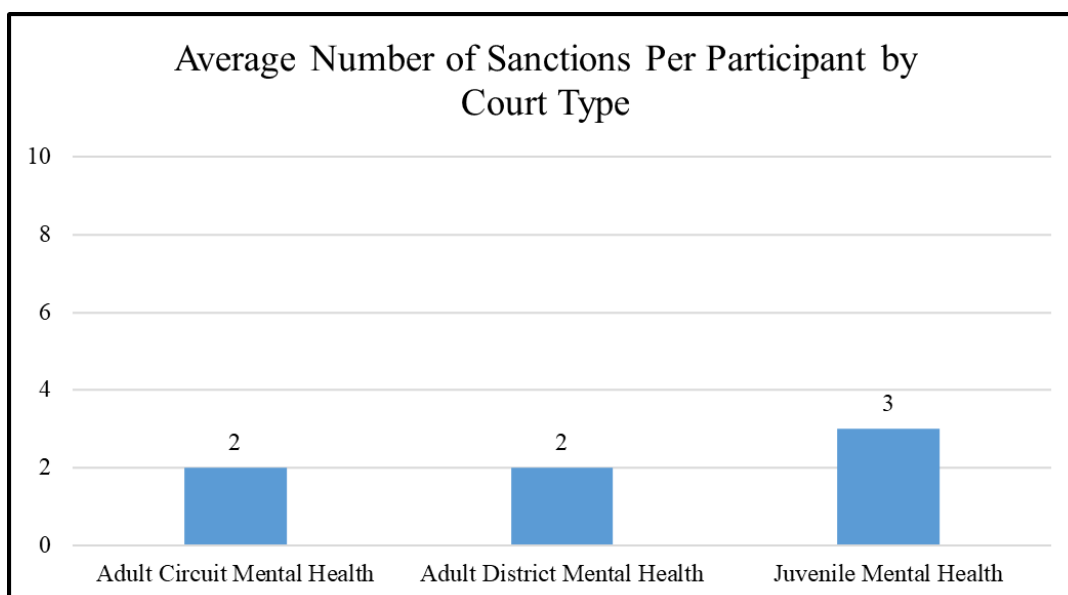
PSCs are predicated on a strength-based approach, which focuses on participants' individual strengths, rather than their shortcomings, empowering them to take the lead in resolving their problems. Incentivizing progress and achievements encourages participants to stay engaged in their treatment and remain compliant with medication and court requirements. According to best practices, incentives should be tangible, symbolic, and personalized to the participant; participants should receive certificates of completion after each phase advancement; and before review hearings, the team should display the names of those who are to receive incentives for good behavior.





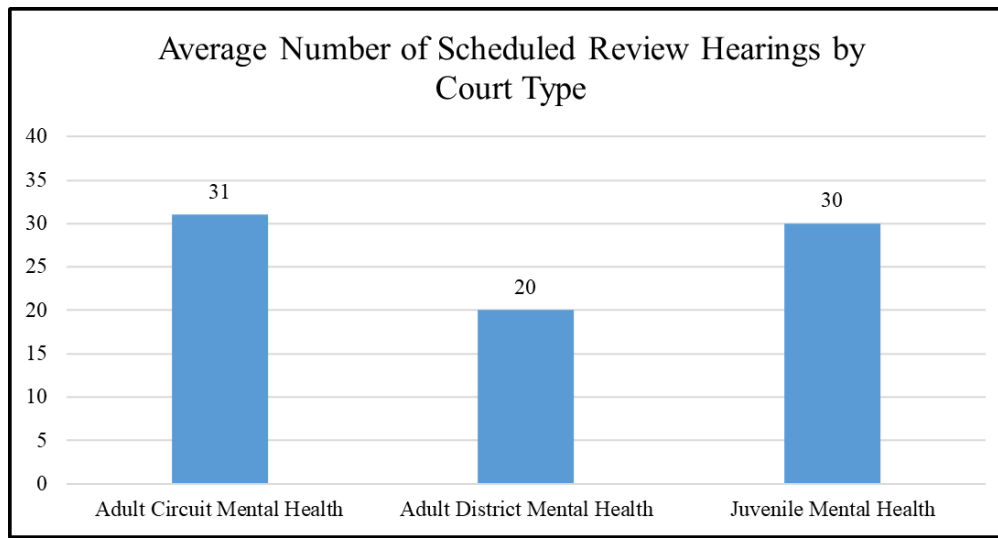
Sanctions

Programs should share with participants a written schedule of sanctions to lend predictability to the consequences of various noncompliant behavior. Teams, however, could decide to use some other sanction when there is good reason to do so.



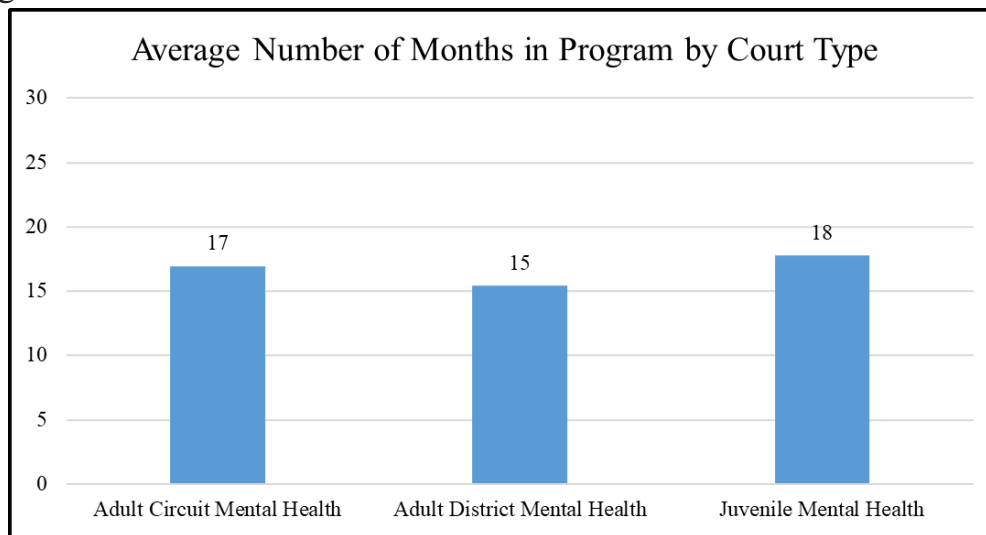
Scheduled Review Hearings

Participants attend review hearings with the judge and team members on a regular basis to discuss progress and obstacles. Team members are present to lend support and encouragement. Judges use motivational interviewing techniques to elicit behavior change when interacting with participants at review hearings.



Length in Program

Program participation ranges from approximately one year to one-and-a-half years. During this time, participants are stabilized, compliant with medication when needed, and working toward improved family relationships, potential employment opportunities, and stable housing.





VETERANS TREATMENT COURT DATA ANALYSES

OCTOBER 1, 2020 – SEPTEMBER 30, 2021

The impact of military service can leave veterans with physical injuries and invisible wounds. These unseen wounds rob veterans of peace of mind and can lead to hopelessness, alienation, and regret. The emotional trauma of war can cause the anxiety disorder known as post-traumatic stress disorder (PTSD). The Department of Veteran Affairs estimated that 8 out of every 100 veterans suffer from PTSD. Sadly, many veterans turn to alcohol or drugs to self-medicate, which can spiral into violations of the law.

When veterans become entangled in the criminal justice system, VTCs respond in a non-traditional way by providing them the structured environment that is already ingrained in military personnel, treatment toward restoration, and mentoring with fellow veterans. In FY 2021, Michigan had **27 VTC programs**.

VTC Caseload Statistics

During fiscal year FY 2021, Michigan VTCs:

- Screened 226 potential participants.
- Admitted 193 offenders into a program.
- Discharged 230 participants¹¹

The total number of participants that were active in working a VTC program was 475 among 27 courts. Of those:

- Eighty-five percent had a substance use disorder at the time of screening for the program, which can be indicative of either their primary diagnosis or a secondary diagnosis to a mental illness.

VTC Outcomes

Outcomes that measure the effectiveness of VTCs include the success rate of completing a program, the number of sobriety days achieved, an improved quality of life, and finding gainful employment.

¹¹ Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.

VTC Performance Measures

Success Rate

- Of the 230 veterans discharged during FY 2021, 184 participants (80 percent) successfully completed a program.
- Fifteen percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
- Five percent were discharged for reasons such as death, voluntarily withdrew, or “other.”

Graduate Accomplishments

- Averaged 331 consecutive days of sobriety.
- Ninety-nine percent¹² reported an improved quality of life upon graduation.
- Averaged 12 hours of mental health treatment services.
- Averaged 136 hours of substance use disorder treatment services.
- Averaged a total of 148 hours of treatment services while working a program.
- Reduced unemployment by 83 percent, from 25 percent at admission to 4 percent at discharge.

VTC Graduate Accomplishments

While working a program, graduates averaged:

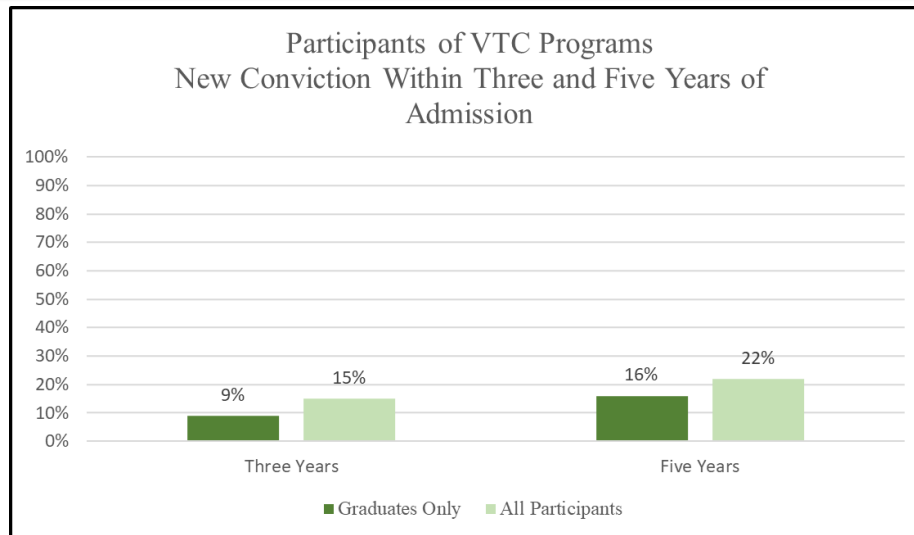
- 12 incentives and 2 sanctions.
- 24 scheduled court review hearings.
- 266 drug/alcohol tests.
- Five percent of drug/alcohol tests were positive.
- 576 days in a program, or just over 19 months.

VTC Participant Recidivism Rates

Measuring recidivism is another important outcome in determining whether VTCs are effective in reducing crime. Although we can measure recidivism rates among the participants of VTCs, case information does not generally include a field identifying veterans. Following are the percentages of VTC participants who had a new conviction within three and five years of their admission date. The lighter green bars show the rates for those who participated regardless of their discharge reason or length in program. The darker green bars represent graduates only.

¹² Eighteen cases were blank and removed from the analysis.





The high success rate of VTCs is an early measure of their effectiveness. VTCs had retained 94 percent of their participants over a 12-month period, which is important for allowing time for treatment engagement and increasing the likelihood of success in the program. This might be attributed to, at least in part, having veteran peer mentors as team members since military culture is one of supporting each another. In addition, VTCs are very structured and rigid in their expectations, which is familiar to military personnel. Michigan will continue to honor those who served our country by assisting our veterans suffering from invisible wounds of war in their recovery. It is one step toward providing the help that they have earned.

CONCLUSION

Historically, the criminal justice system has been reactive in nature — that is, the offense was committed and the courts are left to hand down a sentence. But PSCs do more to address the root causes of crime; they use evidence-based practices to stop the cycle of crime. When teams implement a program that adheres to the best practices, continually evaluate their programs using data, and individualize the services participants receive according to their needs, participants have better outcomes and reduced rates of recidivism. **By addressing the underlying causes of crime, PSCs are preventing participants from returning to crime.**

Despite two challenging years due to the pandemic, PSCs continued to work closely with participants toward sustained recovery and stability. Teams remained flexible as conditions changed and found new ways of reaching out to their participants to provide support, encouragement, and hope. **Team members of treatment courts are natural problem-solvers.** They are adept at changing direction to navigate around obstacles and finding new resources and methods of operating, all to ensure the health and well-being of participants. Year after year, Michigan's PSC outcomes are a story of success. Like FY 2020, PSC teams in FY 2021 built on the success story by demonstrating resilience, dedication, and sacrifice by continuing to help their participants.



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Captions - Cover Page

- 1. Judge Jennie Barkey celebrating the 10th anniversary of the Genesee County Mental Health Court she founded in 2007, the state's first.*
- 2. Court staff at the 17th District Veterans Treatment Court in Redford congratulating a new graduate.*
- 3. MATCP Board members (l to r): Healing to Wellness Court Judge Jocelyn Fabry, of the Sault Tribe of Chippewa Indians; with retired Judge Susan Jonas, of 58th District Court in Holland, who founded Ottawa County's first sobriety court in 2004.*
- 4. SCAO training session for PSC judges and court staff.*
- 5. Graduation ceremony at Calhoun County Mental Health Court with Presiding Judge Michael Jaconette (center), MSC Justice Elizabeth Clement (center right), and the MHC team.*

Michigan Supreme Court Office of Public Information:

PO Box 30052 | Lansing, MI 48909 | MSC_Public_Info@courts.mi.gov | 517-373-0129

