

Solving Problems, Saving
LIVES

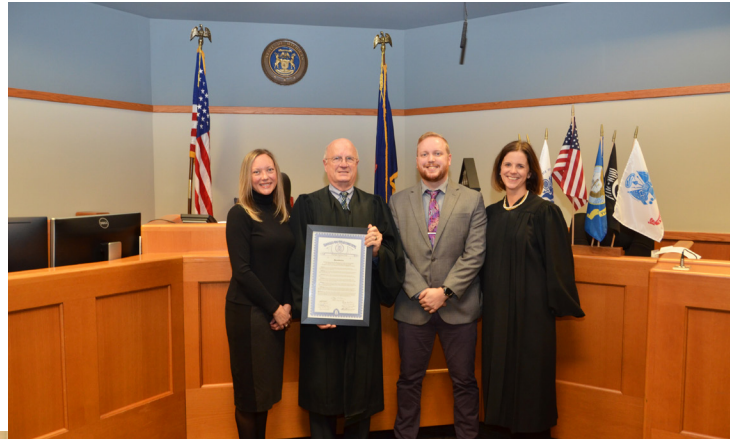


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A MESSAGE FROM JUSTICE KYRA H. BOLDEN

MICHIGAN SUPREME COURT PROBLEM-SOLVING COURTS LIAISON

In shifting from a maker of laws to an upholder of laws, I feel almost as though I have stepped through the looking glass.

When I served on the House Judiciary Committee, I learned about a host of issues affecting Michigan courts and focused much of my time on pushing for meaningful criminal justice reform. I also had the privilege of voting on state support of an array of beneficial programs, including problem-solving courts (PSCs).

Now as the new Michigan Supreme Court liaison to problem-solving courts, I get to view these amazing programs through a whole new lens.

After reviewing some of the data shared in this report (and past reports), I am extremely impressed at the success rates of the programs. Year after year, these courts do much more than solve problems—they save lives.

But what struck me the most was that these pages are not merely filled with numbers and milestones; they are also filled with hope and humanity.

When Chief Justice Clement asked me to take on this role, she spoke passionately about the people who participate in these programs, as well as the people who operate them. The common refrain I kept hearing from her was “people.” And that is what PSCs are all about.

People who are getting second chances through these life-changing programs.

People who come to work every day prepared to help guide and lift up participants who, on any given day, might feel like giving up.

People who see a need in their community for a program that addresses underlying issues in certain justice-involved individuals.

People like Andrew, a past graduate of 55th District Sobriety Court in Mason who commented about sobriety court:

“It taught me a lot about hope and faith, and gave me the tools to help other people in recovery. It showed me that there is hope even when I was pretty hopeless in the beginning.”

As I continue on my learning curve, I am looking forward to hitting the road and visiting PSCs across the state. I want to see the people who are affected by these programs and I want to help ensure that everyone who needs this kind of help is able to access it.

So “thank you” to all of the PSC judges, program coordinators, probation officers, peer mentors, case managers, outreach liaisons, law enforcement officers, attorneys, counselors, and others who make a difference every day through their work.

Hope to see you down the road!



EXECUTIVE SUMMARY

Steady Support: From SCAO to Courts and From Courts to Participants

Michigan problem-solving courts (PSC) address the root causes of crime among individuals using evidence-based practices to stop the cycle of crime. The work of Michigan PSCs could not be effective and successful without the ongoing support of the State Court Administrative Office (SCAO) in securing funding and providing certification, training, and other resources for these programs to operate.

Incorporating nationally-recognized best practices and state standards (statute and case law) in a PSC is essential to produce the best possible outcomes. As of September 30, 2022, SCAO has helped 94 drug courts, 22 adult mental health courts, and 19 veterans treatment courts achieve certification.

With generous support from state and federal funding systems, SCAO was able to grant \$16.7 million to PSCs across the state for Fiscal Year 2022. [p. 12]

Here is a snapshot of PSC effectiveness based on the data SCAO has compiled during the judiciary's Fiscal Year 2022, or October 1, 2021 - September 30, 2022.

NUMBER OF PROBLEM-SOLVING COURTS (FY 2022)

- **207 PSCs total**
- **137 drug treatment, DWI/sobriety courts:**
 - 58 hybrid (DWI/drug) treatment courts
 - 38 DWI sobriety courts
 - 13 adult drug treatment courts
 - 11 juvenile drug treatment courts
 - 8 family treatment courts
 - 9 tribal Healing-to-Wellness Courts
- **42 mental health courts:**
 - 35 adult MHCs
 - 7 juvenile MHCs
- **28 veterans treatment courts**





Ignition Interlock

In FY 2022, there were 1,472 active participants among 95 sobriety, hybrid, and veterans treatment court programs with an installed interlock ignition device on their vehicle(s), and 601 (94 percent) successfully completed a program. Within three years of admission to a program, PSC graduates who used ignition interlock devices were nearly 5 times less likely to be convicted of a new offense. Within five years, they were nearly 3 times less likely to reoffend. [p. 37]

(left) A past sobriety court graduate from 23rd District Court in Taylor demonstrating an ignition interlock device.

Drug Courts

Overall, Michigan's adult drug and sobriety programs grew from 98 programs in FY 2018 to 109 programs in FY 2022. In addition, trends from FY 2018 to FY 2022 show that among the number of screenings and admissions into drug courts, admission rates have remained fairly steady (67-71 percent, noting a drop in FY 2020 screenings likely due to the pandemic). [p. 14]

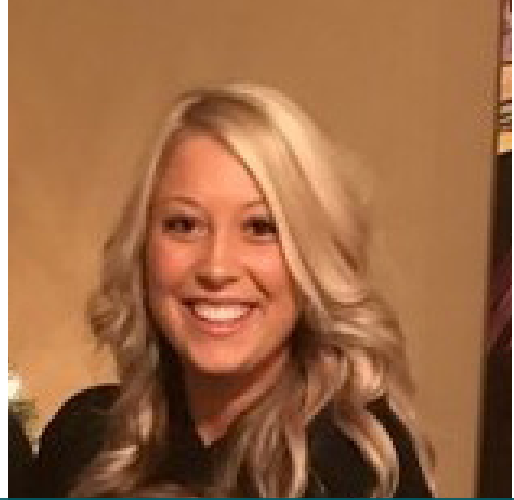
One of the best indicators of success in a PSC program is the length of time participants spend in the program—typically the longer, the better. Of the 2,167 participants discharged from a drug or sobriety court program during FY 2022, 67 percent successfully completed the program, a number that has stayed relatively steady in recent years (FY 2018-21 = 65-69 percent). [p. 15]

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. In fact, SCAO Best Practices states: "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." Data shows that unemployment dropped by 88 percent for adult drug court graduates, 86 percent for sobriety court graduates, and 85 percent for hybrid court graduates. [p. 19]

Mental Health Courts

In FY 2022, mental health court (MHC) graduates were far less likely to commit another crime. On average, MHC graduates (adult circuit, adult district and juvenile) were nearly 2 times less likely to commit another crime within three years of admission to a program. Also, unemployment among adult circuit MHC graduates dropped by 81 percent. [p. 45]

Perhaps the most reassuring indicators of MHC success are the average 99 percent improvement in mental health and 95 percent quality of life improvement. [p. 46, 47]



A past mental health court graduate from 57th District Court in Allegan said this: “The love that Judge [Joseph] Skocelas and his team showed for me had a huge impact on my life. They truly cared, and you could see it in the way that they looked at you, in the way that they talked to you, and in the resources they informed you about. They really wanted people to succeed.”

Veterans Treatment Courts

In FY 2022, Michigan had 28 veterans treatment courts (VTCs), making it among the top states in the nation for number of independent VTC programs. VTCs retained 92 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.

Regarding VTC recidivism, VTC participants were nearly 2 times less likely to reoffend within three years of admission to a program. Also, unemployment among VTC graduates dropped by 88 percent. [p. 59]

Disclaimer for this report:

This project was supported by Byrne JAG #15PBJA-21-GG-00248-MUMU awarded to the Bureau of Justice Assistance, Office of Justice Programs, U. S. Department of Justice (DOJ), Michigan State Police, and administered by the Michigan Supreme Court (MSC) State Court Administrative Office (SCAO). Points of view or opinions contained within this document do not necessarily represent the official position or policies of the MSC, MSP, or DOJ.

This report was prepared in cooperation with the State Court Administrative Office, Michigan Office of Highway Safety Planning and U. S. Department of Transportation, National Highway Traffic Safety Administration. The opinions, findings, and conclusions expressed in this publication are those of the author(s) and not necessarily those of the State Court Administrative Office, Michigan Office of Highway Safety Planning or the U.S. Department of Transportation, National Highway Traffic Safety Administration.

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PROBLEM-SOLVING COURTS

What are Problem-Solving Courts?

Problem-solving courts (PSC), also known as treatment courts, is an umbrella term used to describe jail diversionary programs designed to address the underlying reasons for crime such as substance use disorders (SUD) and mental illness. They target people charged with nonviolent offenses who have the highest risk of reoffending and are in great need of treatment interventions. The programs are made up of multidisciplinary teams that meet regularly to measure progress in recovery and compliance with program requirements. Core team members include court personnel, law enforcement, prosecutors, defense attorneys, community corrections, and treatment professionals. Depending on the type of PSC, team members may also include professionals from extended community resources.

Probation terms in PSCs include close supervision, constant monitoring of recovery and relapse through random drug and alcohol testing, frequent progress reviews from the team and in front of the judge, immediate sanctioning for noncompliance, and positive and negative reinforcement based on behavior. These programs provide a multitude of intervention services to adults, youths, families, and veterans, while requiring accountability to protect public safety. Offenders in treatment court programs are called “participants” to remove the stigma often associated with being involved in the criminal justice system.

PSC services are designed to improve participants’ level of functioning, strengthen their ability to cope without drugs or alcohol, maintain compliance with medications, offer structure and guidance, and ultimately reduce the likelihood of returning to crime. Participants receive evidence-

based treatment types, including cognitive behavioral therapy, assertive community treatment, family functional therapy, multisystemic therapy, and trauma-informed care, to name a few. The court’s jurisdiction over the participant allows the court to enforce compliance with treatment appointments and attendance to self-help programs, and provide intense monitoring to protect public safety.



Are there different kinds of Problem-Solving Courts?

PSCs differ by the populations they intend to serve. The types of PSCs include drug courts, mental health courts, and veterans treatment courts.

Drug courts are broadly designed to target and serve different populations based on offense type or age groups. For example, adult drug courts target adults charged with drug-related, non-drunk driving felony and/or misdemeanor offenses, and who have a SUD. Offenses often include drug possession, manufacturing, or distribution, or other crimes that are committed because of drug use.

Problem-Solving Court Team Members

- 
- Judges
 - Prosecutors
 - Defense Attorneys
 - Community Correction Officers
 - Social Workers and Case Managers
 - Treatment Professionals
 - Probation Officers
 - Peer Mentors
 - Program Coordinators
 - Law Enforcement
 - Education Professionals
 - Michigan Department of Health and Human Services Professionals
 - Veteran Justice Outreach Liaisons
 - Local Community Mental Health Professionals

Sobriety courts target adults with an SUD who are convicted of alcohol-related driving offenses, and courts who target both types of adult offenders are called hybrid DWI/drug court programs. Family treatment courts serve children, parents, and families involved in neglect and abuse cases due to substance use. Juvenile drug courts address youths who have a SUD and are criminal justice-involved when they are 18 or younger. Michigan's drug court programs are governed by MCL 600.1060, *et seq.*

Mental health courts (MHC) target offenders with severe mental illness or who are developmentally disabled. MHCs were developed in response to the overwhelming number of adults and youths with mental illness involved in the criminal justice system. Team members include treatment professionals from community mental health to administer evidence-based treatments and ensure

compliance with psychotropic medications when necessary. Adult MHCs are governed by MCL 600.1090, *et seq.*, and juvenile MHCs are governed by MCL 600.1099b, *et seq.*

Veterans treatment courts (VTC) incorporate both drug court and mental health court principles to serve our military veterans suffering from SUD or mental illnesses, such as post-traumatic stress disorder. They closely collaborate with veteran justice outreach liaisons to help identify veterans in need, and provide them with evidence-based treatment, employment opportunities, and access to housing. VTCs are governed by MCL 600.1200, *et seq.*

To view the official list of each PSC in Michigan, please click [here](#).

Do treatment courts have a framework by which they operate?

Each PSC type operates under the framework of a specific evidence-based model, guiding standards, or best practices. For example, [The Ten Key Components](#) guides all adult drugs court on program operations. Each component is necessary to the success of the program. When courts adhere to the program model, the result is reduced recidivism and an increased likelihood of successful recovery for the participant. Within the framework of The Ten Key Components, sobriety courts use [The Ten Guiding Principles of DWI Courts](#), which varies slightly by the characteristics of the participants. Juvenile drug courts have a model more specific to youths—including school representation on the team—and their framework is derived from [Juvenile Drug Court: Strategies in Practice](#). Family treatment courts (FTCs) have recently updated their model, [National Association of Drug Court Professionals Family Treatment Court Best Practice Standards](#), further improving evidence-based practices.

Adult mental health courts follow the guide, [Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court](#), while juvenile mental health court programs are guided by [Seven Common Characteristics of Juvenile Mental Health Courts](#) and the 10 essential elements of a MHC.

Veterans treatment courts follow the drug court and mental health court models, and they are required to comply with the modified version of The 10 Key Components of Drug Treatment Courts as promulgated by the Buffalo Veterans Treatment Court.

Complete adherence to each program model is important because they are proven effective when operations are implemented to align with all components. Fidelity to the models increase participants' ability to lead drug- and crime-free lives.



SCAO's problem-solving court team: (l to r) Dian Gonyea; Andrew Smith; Lee Ann Gaspar; Thomas Myers; Lauren Fetner; Daisy Beckett; and Marie Pappas. [Not pictured: Carol Knudsen.]

Components of Problem-Solving Courts

- Judge Reviews
- Team Approach
- Incentives
- Sanctions
- Frequent Probation Visits
- Home Checks
- Drug and Alcohol Testing
- Required Treatment
- 12-Step Programs
- Life Skills Programs
- Peer Mentors
- Family Involvement
- Employment Requirements
- Relapse Prevention
- Medication Checks

How do Problem-Solving Courts differ from standard probation?

Participation in a PSC is no easy task, as requirements are rigorous. Often, participants are first stabilized from withdrawals or a mental health crisis. They may also be experiencing homelessness or lack of transportation. Once stabilized, participants immediately begin treatment and have constant contact with court personnel, including probation officers or case managers. Participants may be paired with peer mentors for additional supervision and care. Medication checks are frequent when participants are in need of stabilizing medicines. They are often monitored more closely than standard probationers for alcohol or drug use, which may include drug testing three to four times per week or a tether that continually monitors for alcohol consumption. Because participants may have a higher risk of reoffending than standard probationers, they are closely monitored in the community by law enforcement and the court. Home and employment checks are conducted by law enforcement, probation officers, or case managers, and participants may be required to report for office appointments multiple times a week. With close supervision, noncompliance is quickly detected and sanctioning often occurs within 48 hours. Program sanctions occur when a participant is not engaging in treatment, is not compliant, or is not meeting achievable goals.

Incentives are given to reward positive behaviors, such as breakthroughs in treatment, obtaining employment, helping in the community or fellow program participants, and even making it through a day without using drugs or alcohol. All of these components, and how they are individualized to each participant, are guided by best practices.

The goals of PSCs are not only to reduce recidivism and promote recovery, but to also make the person whole and productive again.

The National Association of Drug Court Professionals (NADCP) reports, “Treatment courts are the single most successful intervention in our nation’s history for leading people living with substance use and mental health disorders out of the justice system and into lives of recovery and stability. Instead of viewing addiction as a moral failing, they view it as a disease. Instead of punishment, they offer treatment. Instead of indifference, they show compassion.”¹

¹ www.nadcp.org/treatment-courts-work

MICHIGAN'S CERTIFICATION OF PROBLEM-SOLVING COURTS

As of 2017, state law requires all PSCs in Michigan to be certified by SCAO. To be certified by the SCAO, PSC programs must comply with standards and required best practices. Standards are established by the PSC statutes, 10 Key Components (or other components), federal and state confidentiality laws, and case law and other authority that are binding on Michigan courts. Required best practices are supported by research and data that 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 (MATCP) and based on the 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](#).

During certification, the SCAO ensures that programs adhere to applicable statutes, courts rules, standards, and required best practices. SCAO staff visits each PSC program to 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. Upon

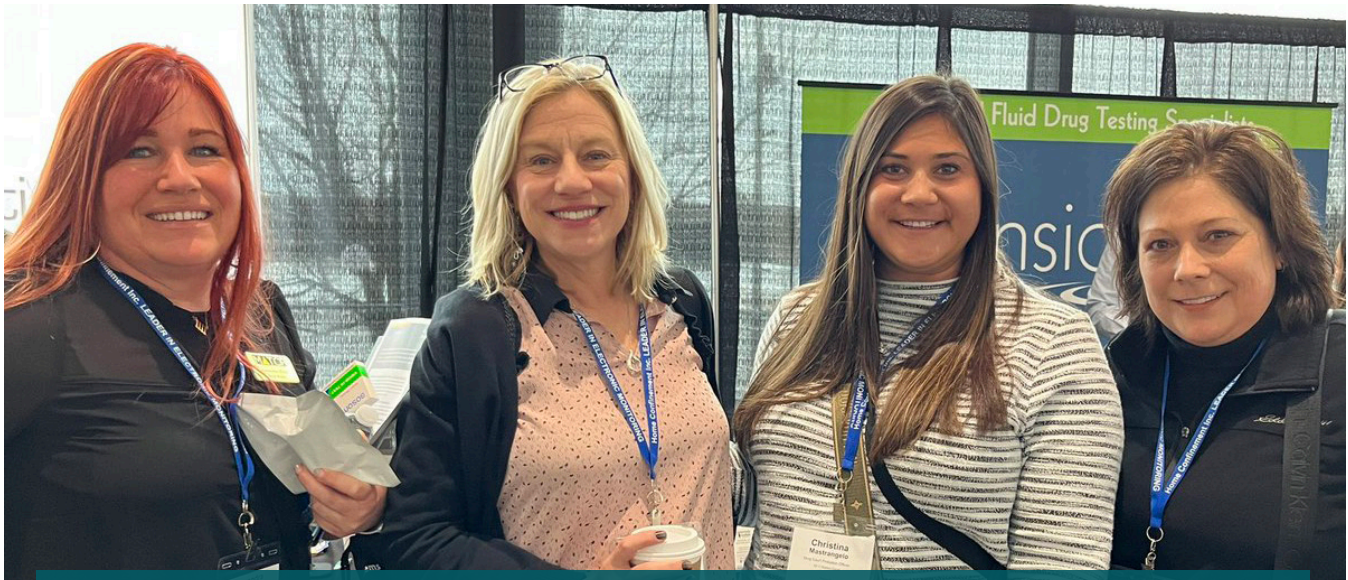
concluding the site visit, SCAO staff determines whether the program met or did not meet each certification requirement. If any requirements were not met, PSC programs are given time to revise any necessary program operations, and once every certification requirement is met, the program is officially awarded certification for four years.

As of September 30, 2022, **94 drug courts, 22 adult mental health courts, and 19 veterans treatment courts have achieved certification.** To view the standards and best practices manuals for each type of PSC, please visit the [PSC Resources and Training web page](#).



PSC GRANT AMOUNTS FY 2018 TO FY 2022

Many PSCs in Michigan are funded, at least in part, by funds appropriated by the Michigan Legislature and distributed by the SCAO in the form of grants. In addition, this funding is supplemented by federal grant funds received by SCAO. In FY 2022, the state grant amounts requested by drug courts was \$13,170,441; the state grant amounts awarded to drug courts was \$8,156,887; and the state grant amounts expended by drug courts was \$7,327,964. In FY 2022, the state grant amounts requested by mental health courts was \$6,269,103; the state grant amounts awarded to mental health courts was \$5,180,330; and the state grant amounts expended by mental health courts was \$4,005,302. In FY 2022, the state grant amounts requested by veterans treatment courts was \$1,501,265; the state grant amounts awarded to veterans treatment courts was \$984,399; and the state grant amounts expended by veterans treatment courts was \$816,718.



Court administrator Alexandra Black (far left) with members of the problem-solving court team at 52-1 District Court in Novi: (l to r) Michelle Scigliano, Christina Mastrangelo, and Jennifer Huettner.

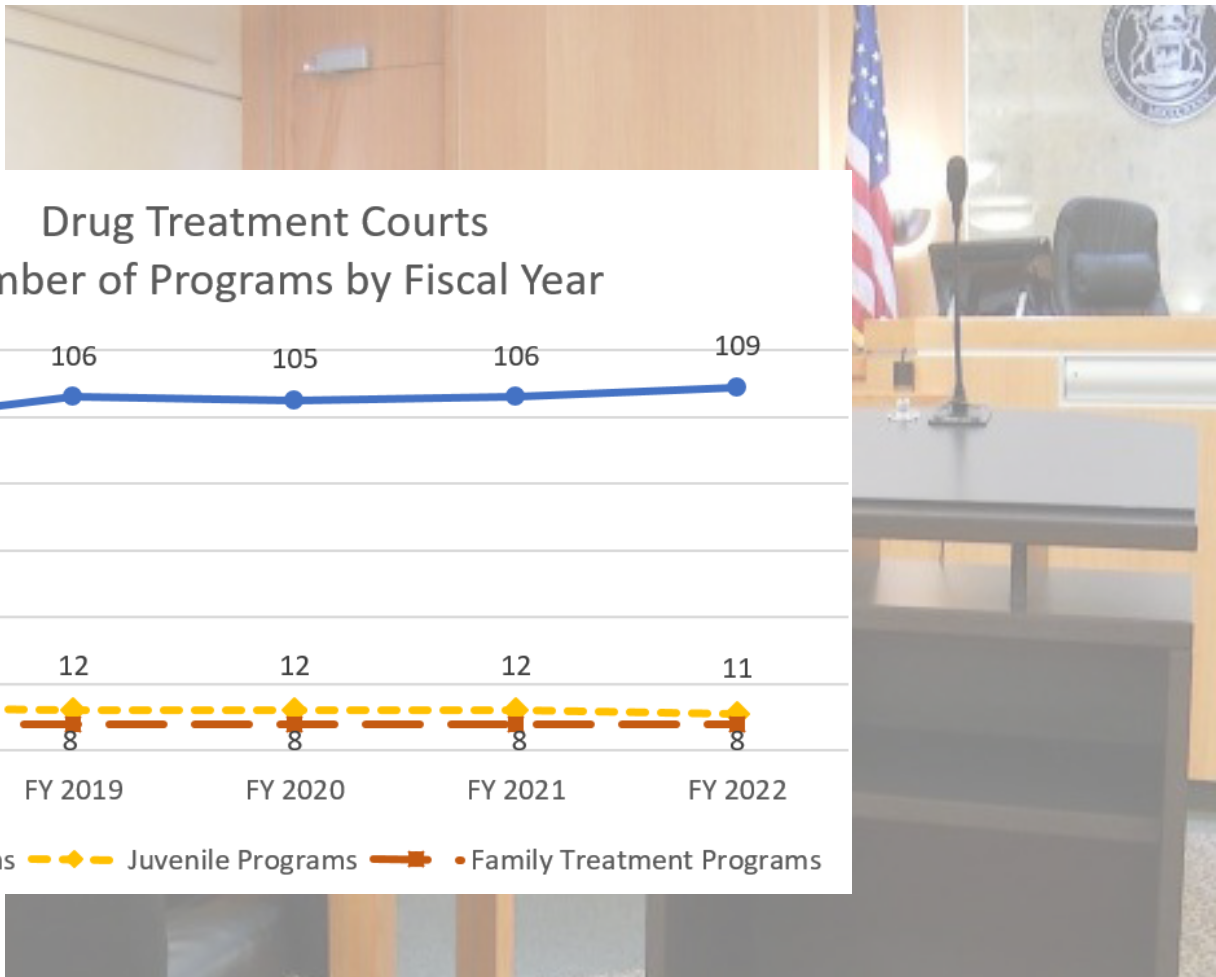
DRUG COURT TREND DATA FISCAL YEARS 2018-22

Evaluating data over time can highlight increases and decreases in the number of screenings, admissions, discharges, and successful completions in treatment courts. Trend data can also show whether the number of Michigan's treatment courts are increasing, decreasing, or are static over time.

Number of Drug Court Type Programs

The data below shows the number of drug court programs in Michigan from FY 2018 through FY 2022. The “adult program” categorization in the graph is inclusive of all adult drug court programs, hybrid programs, and sobriety programs in Michigan. These three types of adult programs are evaluated and re-defined each year based on the offenses and populations they accept into their programs. Given this yearly variation, merging the three program types into a single category provides a more accurate picture of whether adult programs are growing, remaining stable, or are decreasing in the state.

Overall, Michigan’s adult programs had grown from 98 programs in FY 2018 to 109 programs in FY 2022. Juvenile drug programs decreased slightly from 13 programs to 11 programs over time, and the number of family dependency programs remained the same at eight programs.

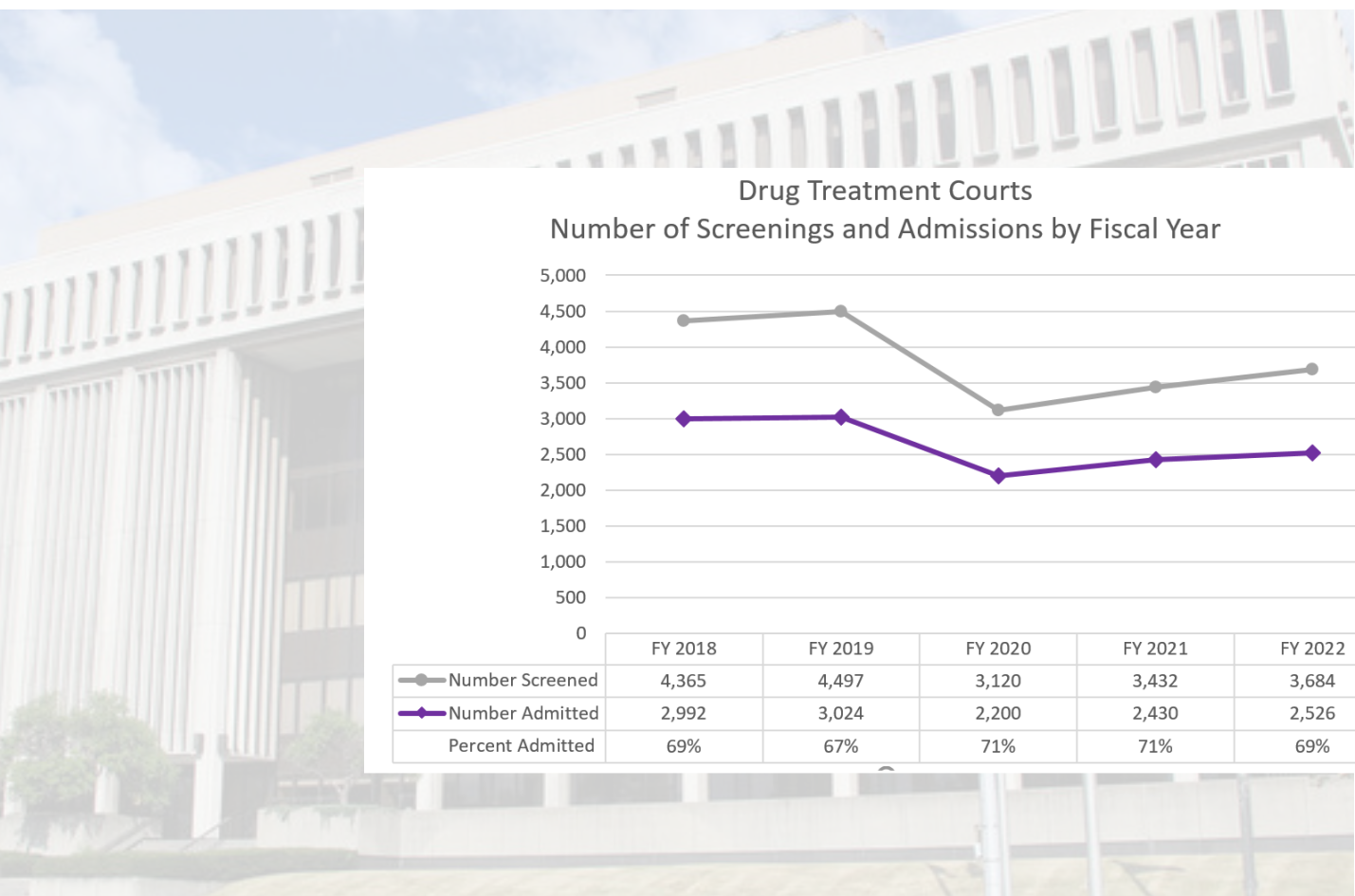


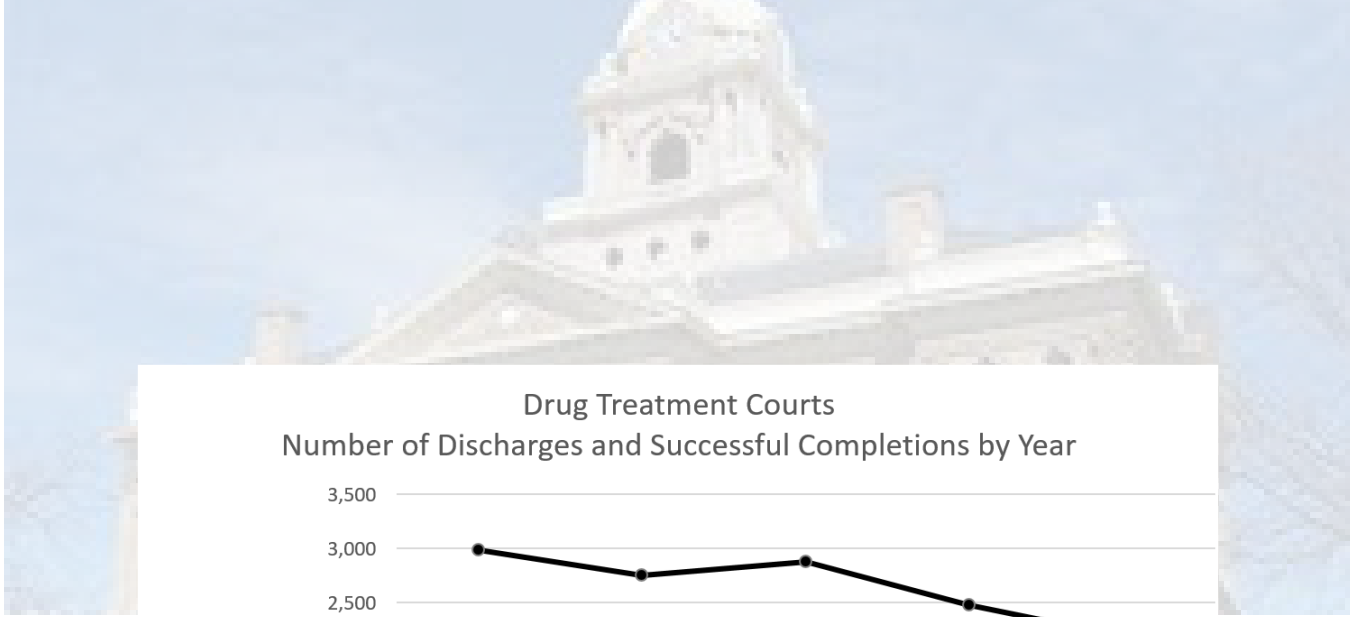
Screening and Admission Trend Data

The number of screenings and admissions illustrates changes in trends from FY 2018 to FY 2022. The numbers of admissions and screening includes all adult programs, juvenile programs, and family dependency programs.

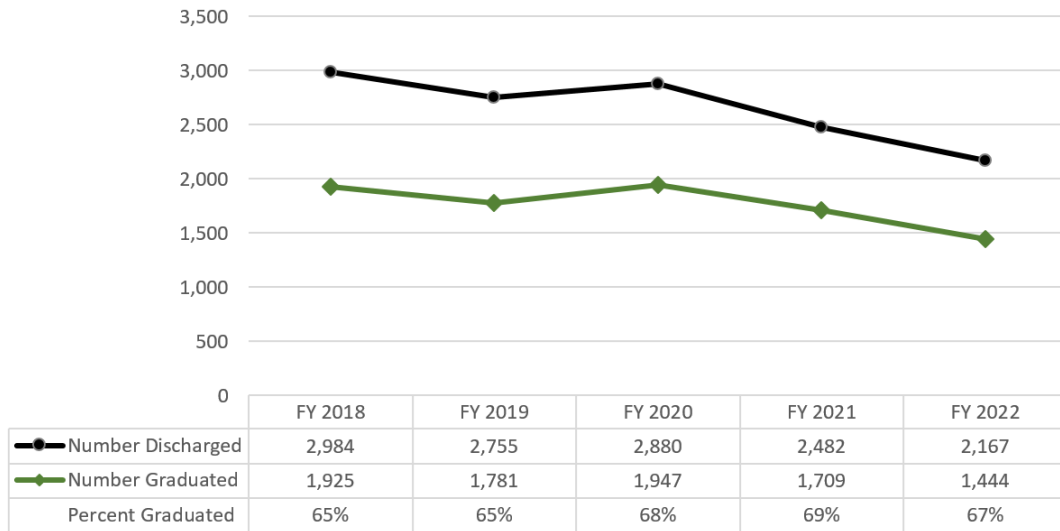
Both screening for and admission into a drug treatment court sharply declined in FY 2020 and is likely attributed to the COVID-19 pandemic. In FY 2021, the number of screenings and admissions began to rebound and continued in FY 2022.

When evaluating admission rates, the data shows that despite fluctuations in the numbers being screened and admitted, the proportion of those admitted fluctuated little over time. Admission rates ranged from 67 percent in FY 2019 to 71 percent in FY 2020 and FY 2021.





Drug Treatment Courts
Number of Discharges and Successful Completions by Year



Discharges and Successful Completions Trend Data

The graph above identifies the number of PSC discharges, which include all reasons for discharge whether successful or not, and the number of PSC graduations. Participants who successfully completed a drug court program, and the success rates are displayed on the next page. “Success rates” means the percent of participants who were discharged during the reported fiscal year as successfully completing a treatment court program. Participants discharged as successful are referred to as graduates of the program.

There was a slight decline in FY 2019 in the number of participants being discharged from a program, an increase in FY 2020, and then another decline in the next two fiscal years. The slight uptick in numbers of discharges and successful completions from FY 2019 and FY 2020 include participants who were part of the increased population admitted in FY 2019.

The percentages of participants graduating a program across fiscal years was relatively consistent with a small range of 65 percent in FY 2018 and FY 2019 to its highest success rate of 69 percent in FY 2021. Despite the pandemic and the obstacles it created for admitting participants, drug treatment courts remained resilient in maintaining very respectable success rates.

FY 2022 DRUG COURT DATA ANALYSES

(October 1, 2021 – September 30, 2022)

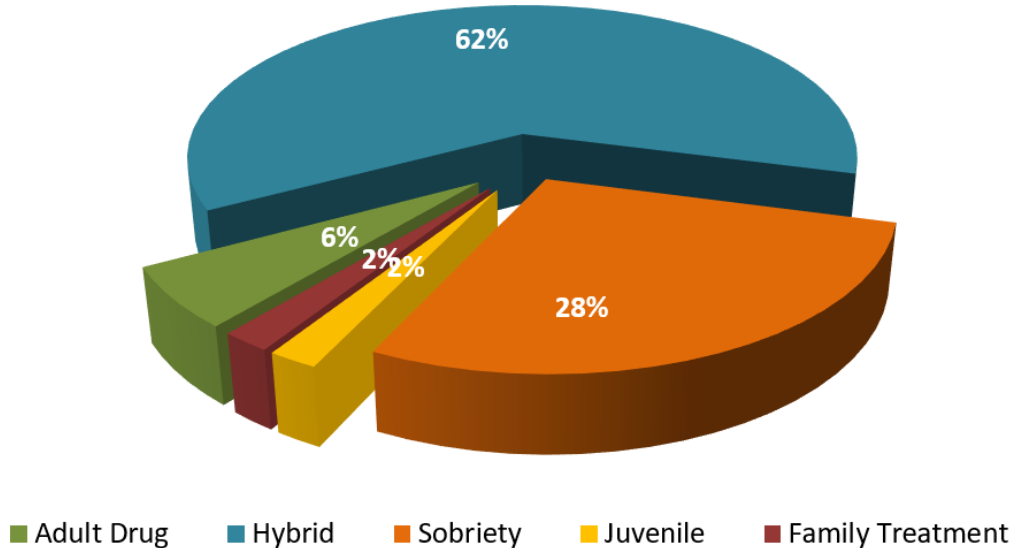
Drug Court Caseload Statistics

During FY 2022, Michigan’s drug courts:

- screened 3,684 potential participants.
- admitted 2,526 participants into a program.
- discharged 2,167 participants.²

During FY 2022, there were a total of 5,557 active participants in drug court programs. The pie chart shows the percentage of active cases by program type.

Percentage of Active Cases by Program Type



Drug Court Graduate Outcome Measures

Outcome measures 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. Furthermore, 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.

² Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.

Success Rate

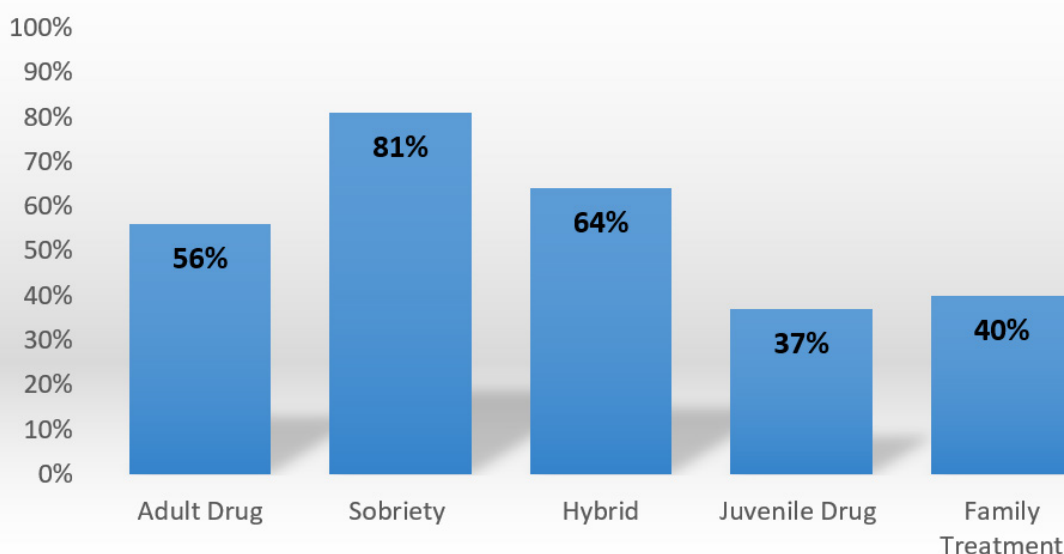
["Success rate" means the percentage of participants who were discharged during the reported fiscal year as successfully completing a treatment court program.]

The overall success rate for participants of juvenile and adult drug court programs was 67 percent in FY 2022. Twenty-seven percent were discharged unsuccessfully due to noncompliance, absconding, or committing a new offense. The remaining six percent were discharged for reasons such as voluntary withdrawal, "Other," or death.

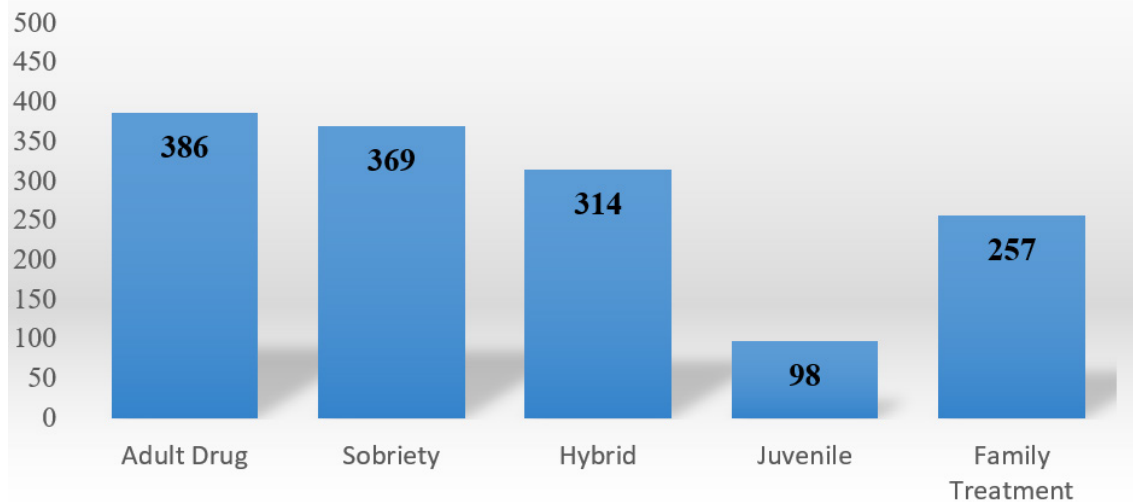
When identified by program type as shown in the graph, sobriety courts had the highest percentage of successful completions (81 percent). Sobriety courts accept only drunk/drugged driving offenders into their programs, addressing their substance abuse to reduce the threat of repeat driving offenses that pose the greatest harm to safe drivers. Hybrid courts, which 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 safe drivers. Hybrid courts, which accept drunk/drugged driving offenders as well as other offense types, had the next highest

percentage of successful completions (64 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 success rate of 56 percent. The majority of these programs are circuit court programs admitting felony offenders who identify opioids or methamphetamine as their drug of choice. The smallest number of adult treatment court programs, family treatment courts, had a success rate of 40 percent. Until recently, there have not been FTC-specific best practices. Now that there are national FTC-specific best practices, we anticipate improved success rates among FTC programs. These programs address the addiction of 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 were 37 percent.

Success Rate by Program Type

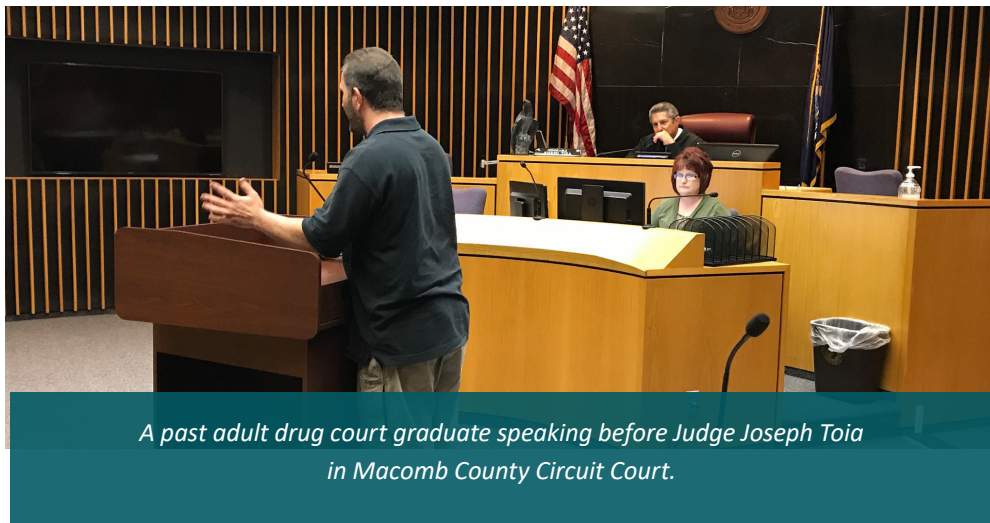


Average Number of Sobriety Days by Program Type



Consecutive Sobriety Days

Best practices state that participants should have a minimum of 90 consecutive days of abstinence from alcohol and drugs before graduating a program.³ Sobriety days are calculated with a daily counter that is only reset by a positive drug or alcohol test, or admitted use. 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.



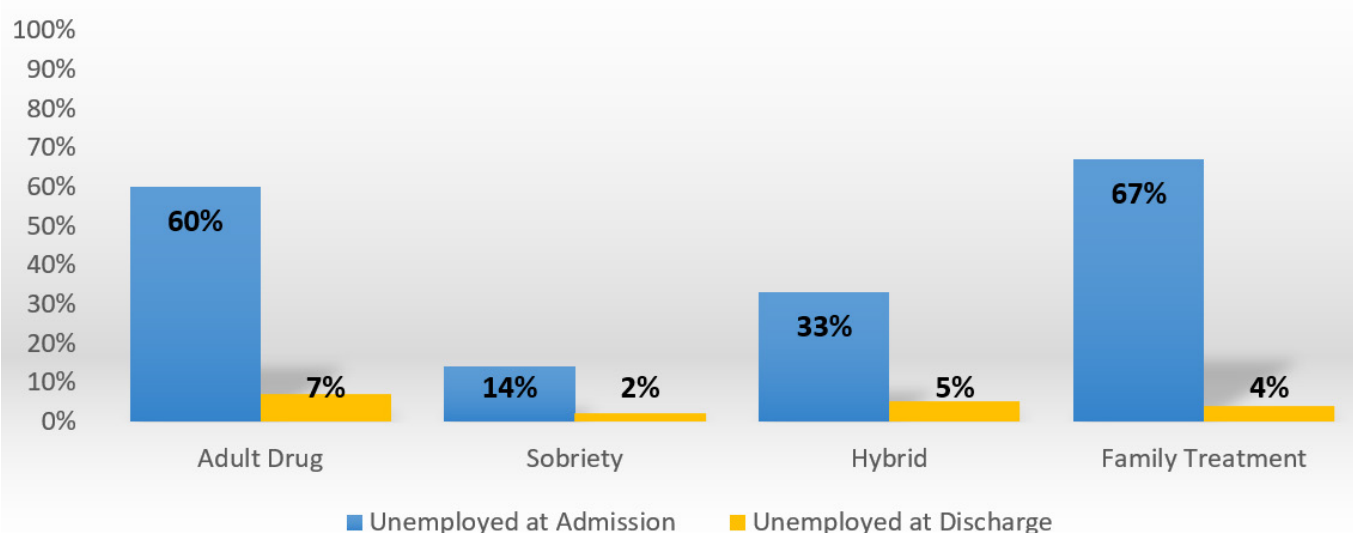
³ National Association of Drug Court Professionals, Volumes 1 and 2, available at www.nadcp.org/standards/adult-drug-court-best-practice-standards

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—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. SCAO 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.”⁴

Among adult drug court graduates, 60 percent were unemployed at admission and 7 percent were unemployed at discharge. This resulted in an 88 percent reduction in unemployment. Among sobriety courts graduates, 14 percent were unemployed at admission and 2 percent were unemployed at discharge. This was an 86 percent reduction in unemployment. Hybrid courts also had a high percentage reduction in unemployment from the time of admission to discharge among graduates. Thirty-three percent were unemployed when entering a program and five percent were unemployed upon discharge, which is an 85 percent reduction. Family treatment courts have fewer participants but were successful in helping nearly all their graduates find employment. Upon admission, 67 percent were unemployed, and at discharge 4 percent of graduates were unemployed, resulting in a 94 percent reduction in unemployment. Juvenile drug court participants were not included because their main goal is to improve educational levels rather than find employment.

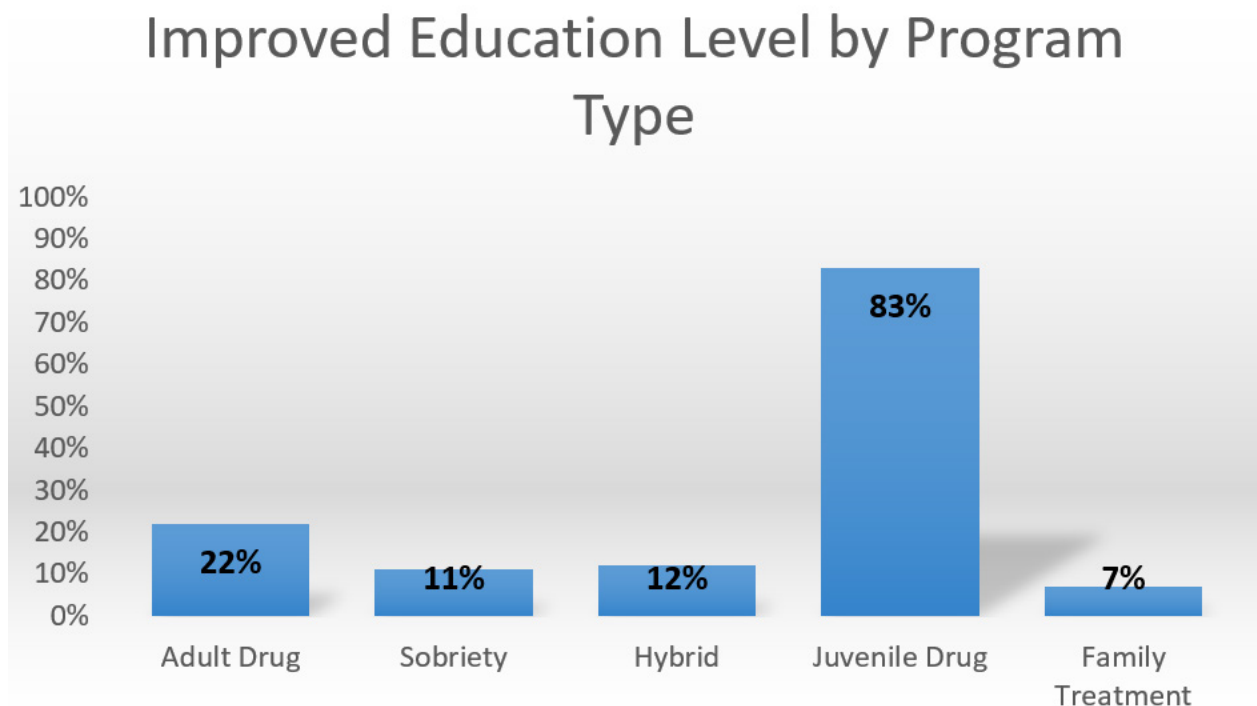
Employment Status by Program Type



⁴ SCAO, *Adult Drug Court Standards, Best Practices, and Promising Practices*, Mar. 2021, p. 12: www.courts.michigan.gov/49eaab/siteassets/court-administration/best-practices/psc/adc-bpmanual.pdf

Education

Youths who enter juvenile drug courts are often truant from school, hindering their advancement from one grade to the next. Juvenile drug courts 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. Juvenile drug courts had the highest rate of improved education level, meaning participants successfully advanced to the next grade. Adult programs often include participants who already have their general educational development (GED), high school diploma, or higher education and, therefore, do not pursue continuing education.



Evaluating Recidivism for Adult Drug, Sobriety, and Hybrid Courts

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:

“[A]ny 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.”



Michigan’s drug court recidivism methodology uses the admission date into a program as the starting point for evaluating future criminal activity. Specifically, recidivism is evaluated for participants who were admitted into a drug court program in 2015 through the current year.

According to the NADCP’s Adult Drug Court Best Practices Standards Volume 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), Michigan’s repository of court cases, 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.

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 civil petitions for abuse and neglect 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.



(l to r) Cass County Judge Carol Bealor with Sault Tribe of Chippewa Indians Judge Jocelyn Fabry at the Michigan Association of Treatment Court Professionals 2023 Annual Conference. Judge Fabry is the current MATCP President.

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, which may or may not result in reunification with their children. 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 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.”⁵ These researched-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.

The differences in FTC programs prevent the use of traditional drug court evaluation methodology. An appropriate evaluation methodology is being developed to better understand FTC effectiveness.

Juvenile Drug Court Recidivism

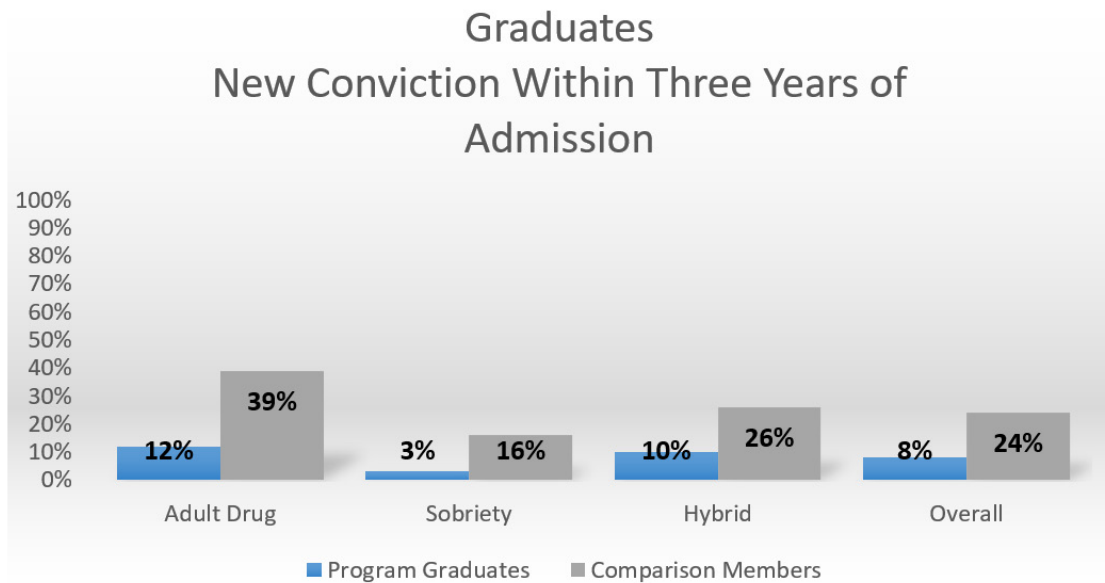
In early 2021, MCL 712A.28 was amended to make juvenile records nonpublic. As a result, data in the JDW regarding juvenile records is not available at this time to evaluate recidivism. Therefore, juvenile drug court recidivism rates are not included in this report.

⁵ 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).

Adult Graduate Recidivism Rates

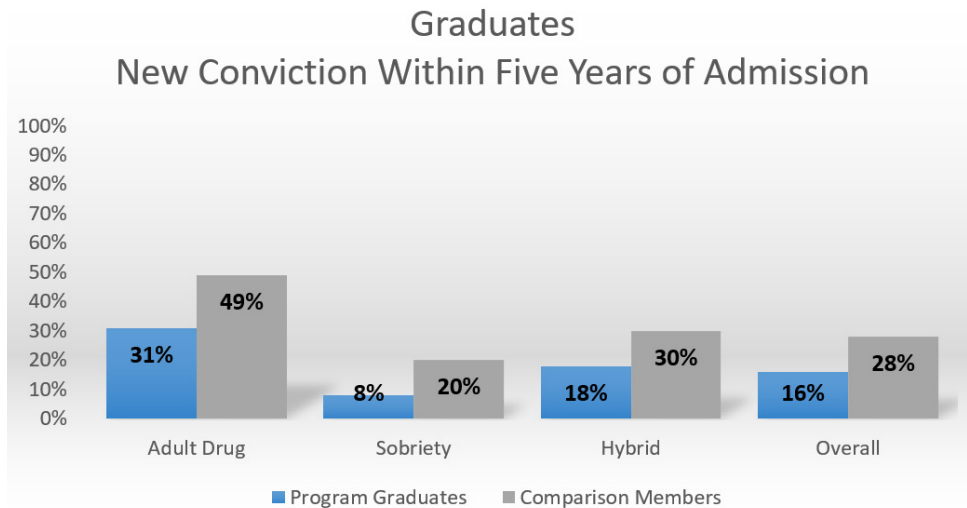
The three-year analyses of graduates who entered a program and had a matched comparison person totaled 5,803 matched pairs, and the five-year analyses included 2,287 matched pairs. The recidivism rates are reported by each program type and also aggregately, indicated as “Overall.”

New Conviction – Three Years



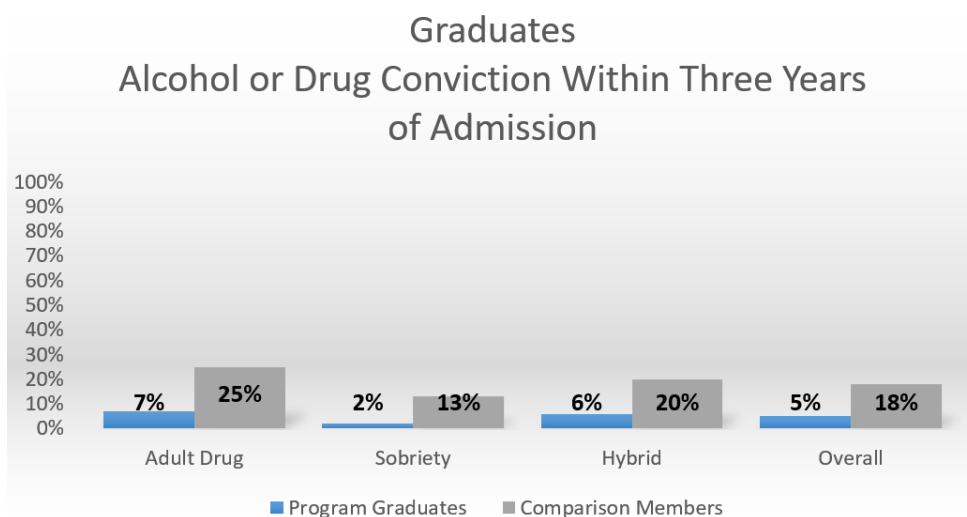
Overall, the comparison members had three times the recidivism rates than graduates from drug court programs, and the difference was statistically significant. When a difference is statistically significant, it means the differences are not happening by chance, but rather as a result of program intervention.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

New Conviction – Five Years



Overall, comparison members had a much higher rate than graduates of programs after five years, and the difference was statistically significant. Even after five years, the differences in recidivism rates of graduates to comparison member among adult drug court, sobriety court, and hybrid programs showed favorable results and were statistically significant.

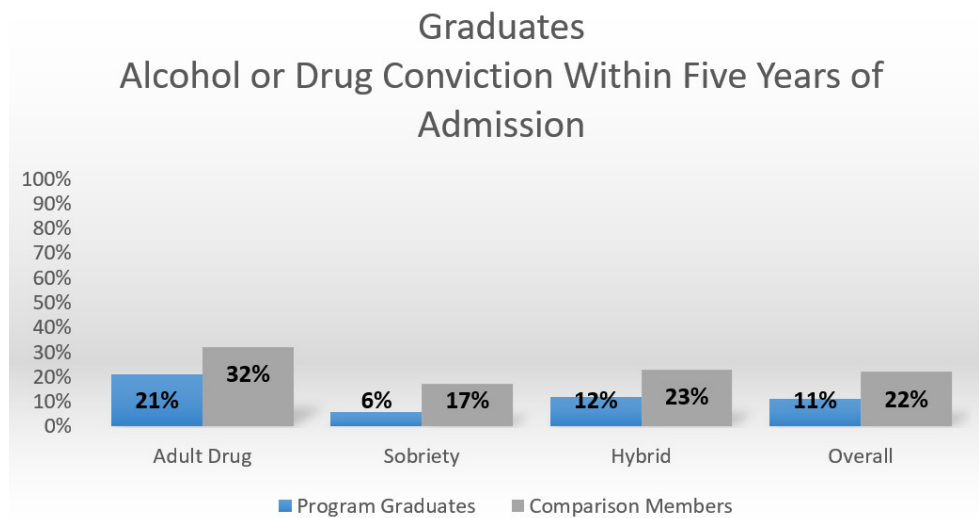
Alcohol or Drug Conviction – Three Years





Overall, comparison members had over three 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 over three times less recidivism than their matched comparison members; sobriety court program graduates had more than 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.

Alcohol or Drug Conviction – Five Years

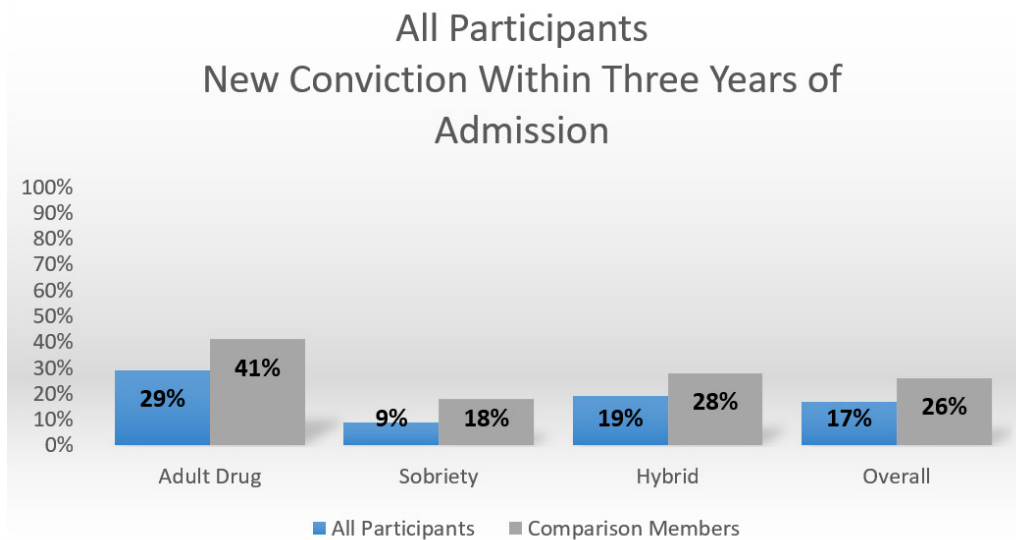


Overall, comparison members had twice the recidivism rates for drug and alcohol convictions than graduates of drug courts after five years, and the difference was statistically significant. The differences in recidivism rates of graduates to comparison members among adult drug court, sobriety court, and hybrid programs were favorable and statistically significant.

Recidivism Rates for All Participants

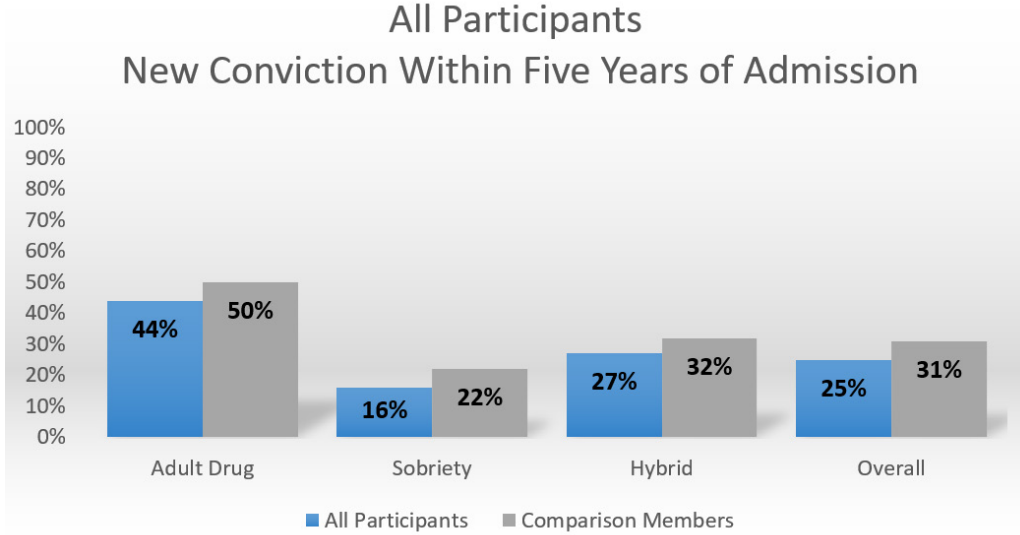
The National Association of Drug Court Professionals (NADCP) recommends using an intent-to-treat analysis on all individuals whom the program targeted for participation. Thus, the “All Participants” analysis includes all participants of a program regardless of whether they graduated the program or were discharged for reasons other than successful. The three-year analyses of all participants who entered a program included a total of 9,054 matched pairs and the five-year analyses included 3,576 matched pairs. The recidivism rates are reported by program type and overall.

New Conviction – Three Years



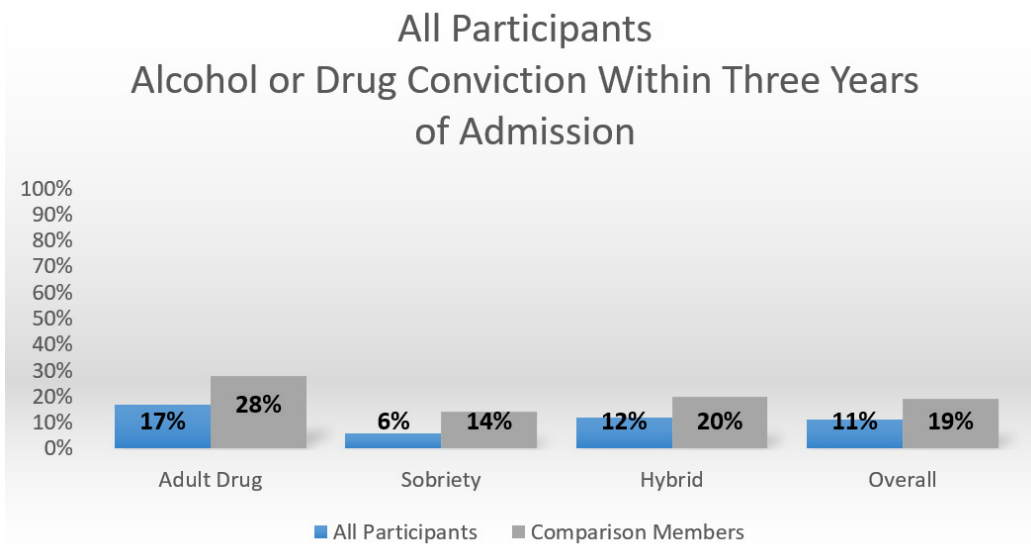
Participants among all program types were less likely to recidivate than their matched comparison members, and the difference was statistically significant. When analyzed by program type, participants still had a lower rate of recidivism, and the differences were statistically significant among all program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

New Conviction – Five Years



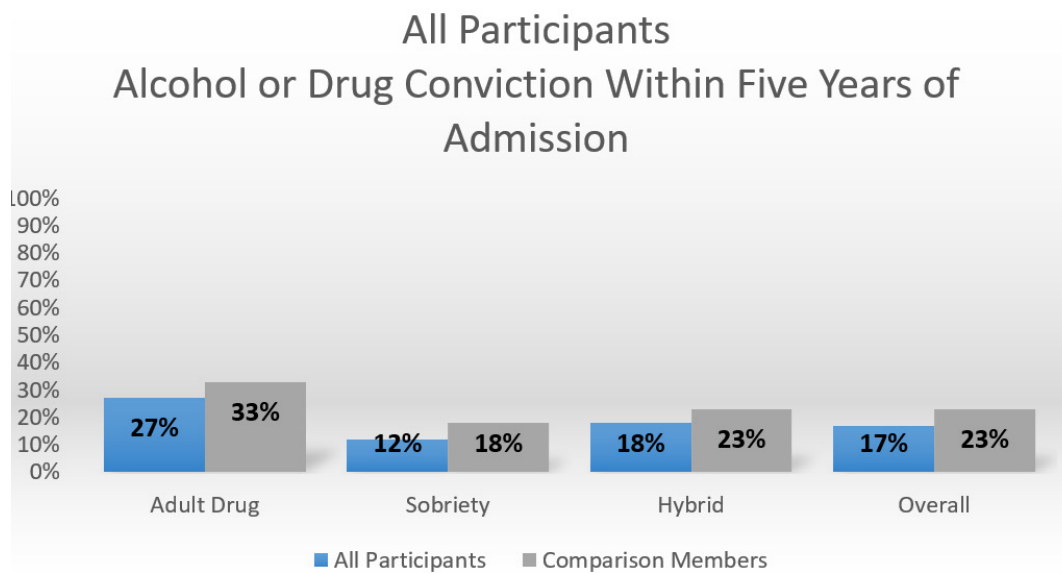
Even after five years, drug court participants had a lower rate of recidivism (25 percent) than the comparison members (31 percent) overall, and the difference was statistically significant. The differences in rates were statistically significant among sobriety court programs and hybrid programs.

Alcohol or Drug Conviction – Three Years



Overall, PSC participants (11 percent) had nearly half the rate of recidivism than the comparison group (19 percent), and all program type participants had less recidivism. The differences among all program types were statistically significant.

Alcohol or Drug Conviction – Five Years



Overall, participants of drug court programs had a lower rate of recidivism (17 percent) than the comparison members (23 percent), and the difference was statistically significant. The differences in rates were statistically significant among sobriety court programs and hybrid programs also.

Drug Court Graduate Performance Measures

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

*“I just wanted to give you guys an update and to thank you all again for being a huge part of my recovery and at the end of the day helping me save my life. Without the help of you all and the drug treatment court program, I probably wouldn’t be writing this right now. Next month I will have four years clean and I never thought that was possible. Since I’ve been out, I have maintained my sobriety and achieved a lot of goals I set for myself. I wouldn’t be around for all of this if it wasn’t for you all. Please continue doing what you guys all do and helping as many struggling addicts as you can. Tell them if the girl who couldn’t last 48 hours on felony probation can do it, they can do it!
Thank you all, again, from the bottom of my heart.”*

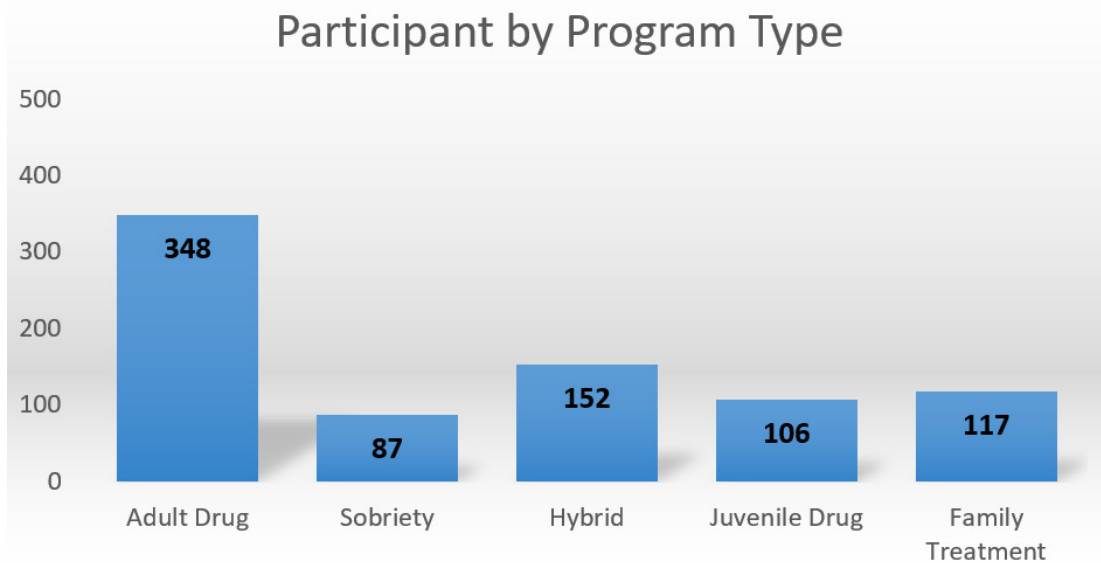
-A past drug court graduate in a letter to the Berrien County Trial Court team that helped her

Treatment

Best practices indicate drug courts should offer “a continuum of care for substance abuse treatment, including detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services.”⁶ Drug courts also take participants with co-occurring disorders, such as mental illness in addition to substance use disorders. Drug courts should have the resources in the community to treat mental illness, and if not, participants should be transferred to a mental health court when diagnosed with co-occurring disorders.

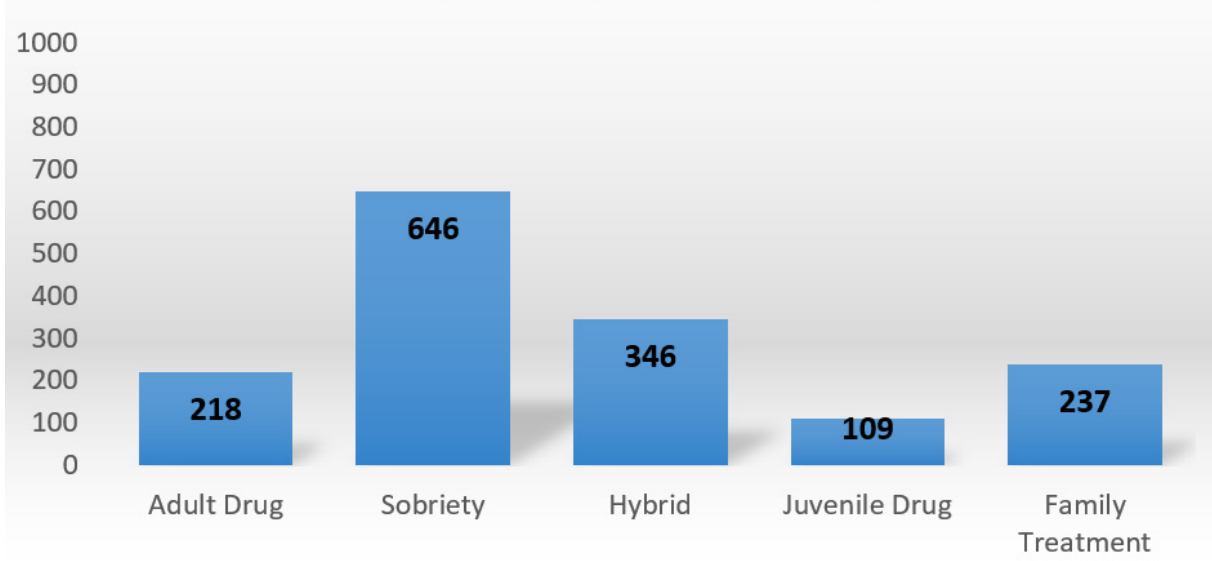
Potential participants are assessed clinically to determine the type of substance abuse treatment modality that is needed for their recovery. Clinicians are guided by the American Society of Addiction Medicine to help determine the level of care. The average number of hours of substance abuse treatment modalities are shown by program type. Adult drug courts had a higher average number of treatment hours per participant than the other program types.

Average Number of Treatment Hours Per Participant by Program Type



⁶ SCAO, *Adult Drug Court Standards, Best Practices, and Promising Practices*, page 56: www.courts.michigan.gov/49eaab/siteassets/court-administration/best-practices/psc/adc-bpmanual.pdf

Average Number of Alcohol/Drug Tests Per Participant by Program Type



Drug/Alcohol Tests

Testing for alcohol and drugs is essential for monitoring abstinence and new use, and positive results may require changes to treatment. Testing must be performed randomly and frequently. Best practices indicate urine testing should be performed “at least twice per week until participants are in the last phase of the program and preparing for graduation.”⁷ The graph on this page shows the average number of drug and alcohol tests by program type in FY 2022. Sobriety courts had the highest average number of tests which is most likely due to the frequent use of alcohol tethers, interlock devices, and home breathalyzers.

A recent PSC graduate (r), standing with Presiding Judge Michael Beale (Midland County Circuit Court), said this: “It isn’t very often that a team gets together in order to help change the lives of people in recovery. With the help of the Midland County Recovery Court, I was able to change the direction of my life and become the person I always wanted to be. I will be forever grateful.”

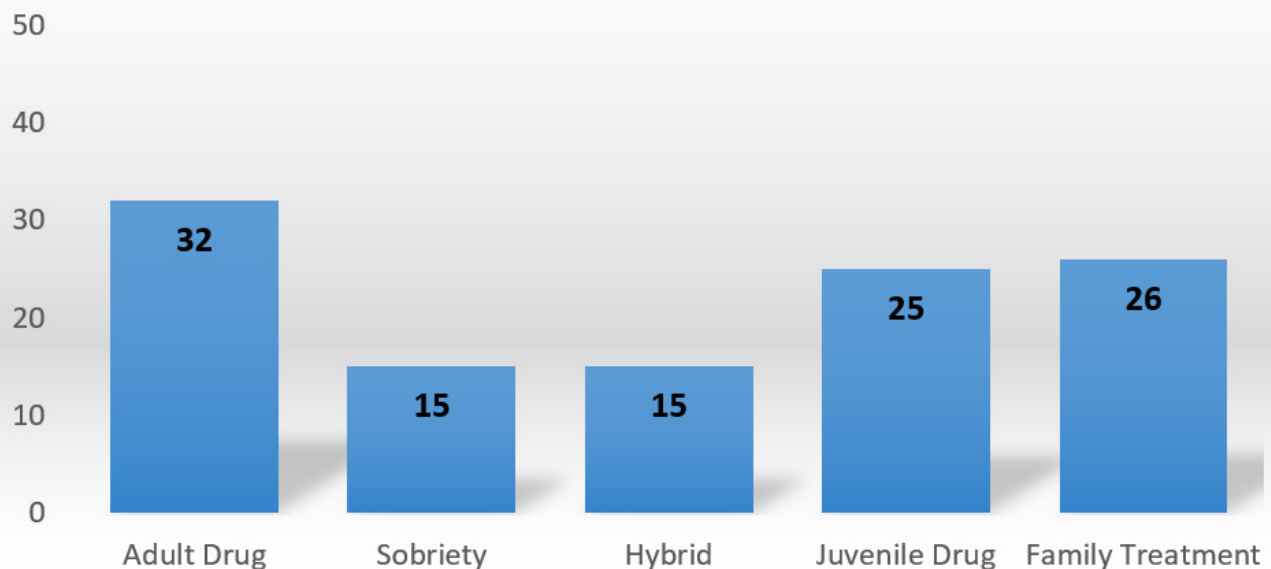


⁷ *Id.* at 46.

Incentives

The treatment court concept incorporates a strength-based approach by reinforcing productive behavior that supports recovery. Best practices indicate drug courts “should place as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.”⁸ 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 graph below identifies the average number of incentives by program type in FY 2022.

Average Number of Incentives Per Participant by Program Type

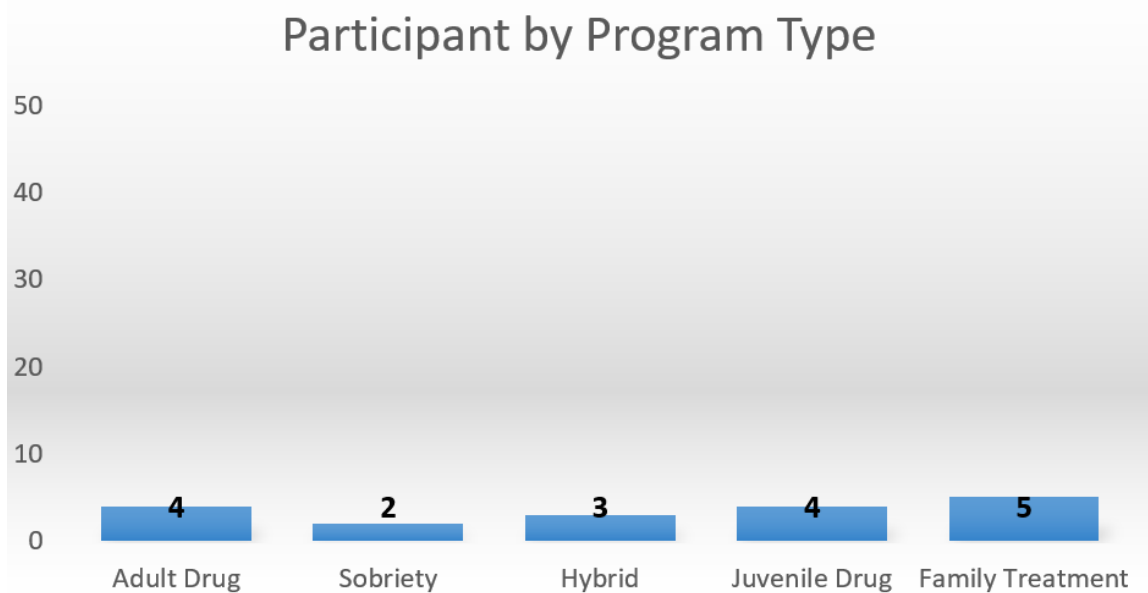


⁸ *Id.* at 9.

Sanctions

According to best practices, sanctions should be imposed as quickly as possible following noncompliant behavior.⁹ 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 shows the average number of sanctions by program type in FY 2022.

Average Number of Sanctions Per Participant by Program Type

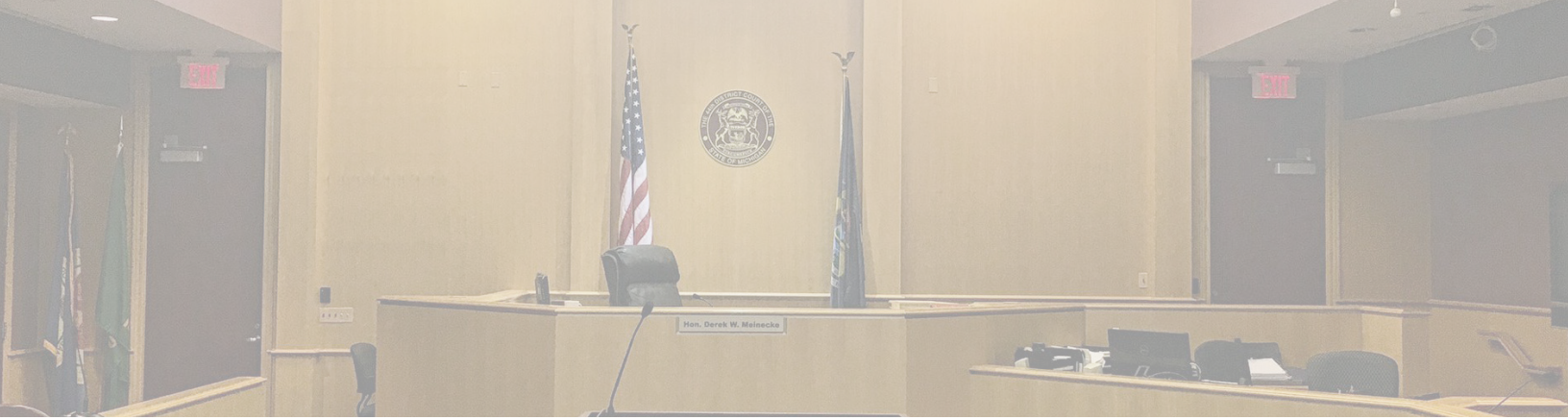


"I needed the help. I said that I'm going to do everything in my power to get through this program successfully. My life today is extremely different. I don't know where I'd be without this court."

-Past sobriety court graduate, 36th District Court in Detroit



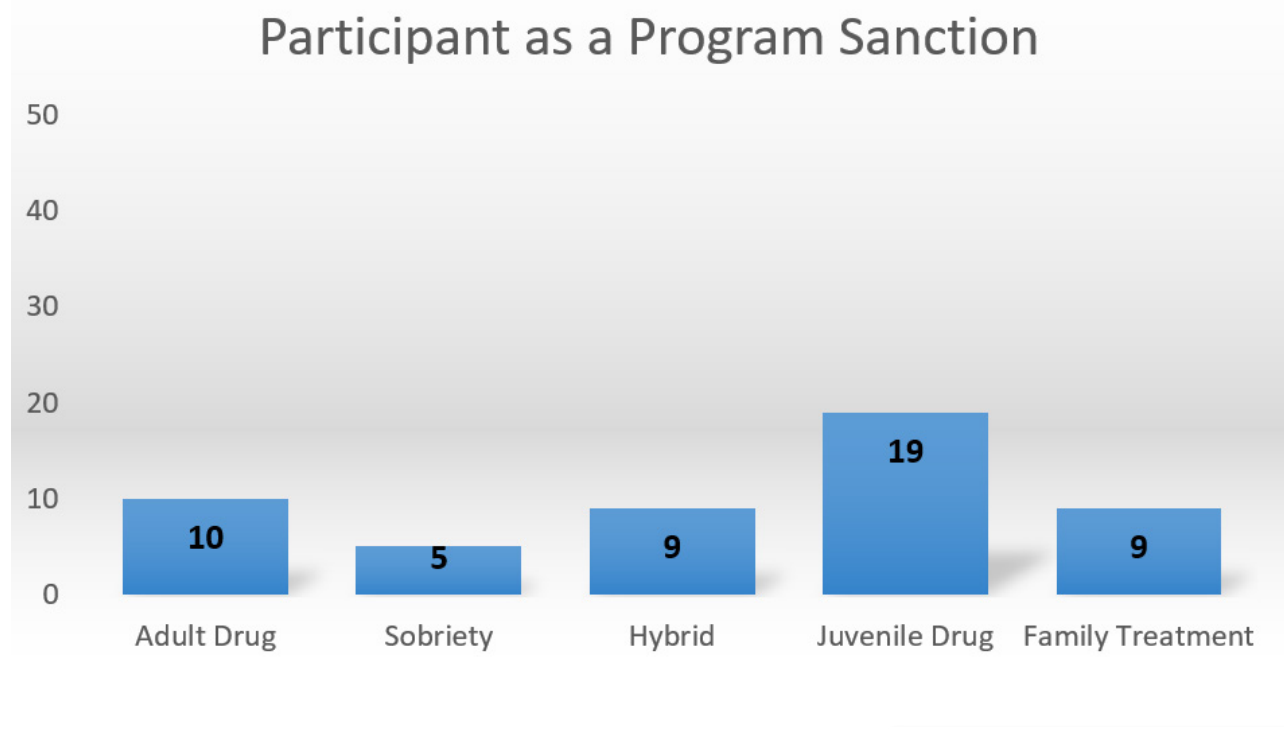
⁹ National Association of Drug Court Professionals, Volumes 1 and 2, available at www.nadcp.org/standards/adult-drug-court-best-practice-standards



Days in Jail for Drug Court Sanction

Treatment courts that impose significant sanctions, such as lengthy jail stays, are less effective than programs that develop and use a wide range of creative, intermediate-level 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.¹⁰ 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.¹¹ The graph below shows the average number of days in jail as a program sanction by program type in FY 2022.

Average Number of Days in Jail Per Participant as a Program Sanction



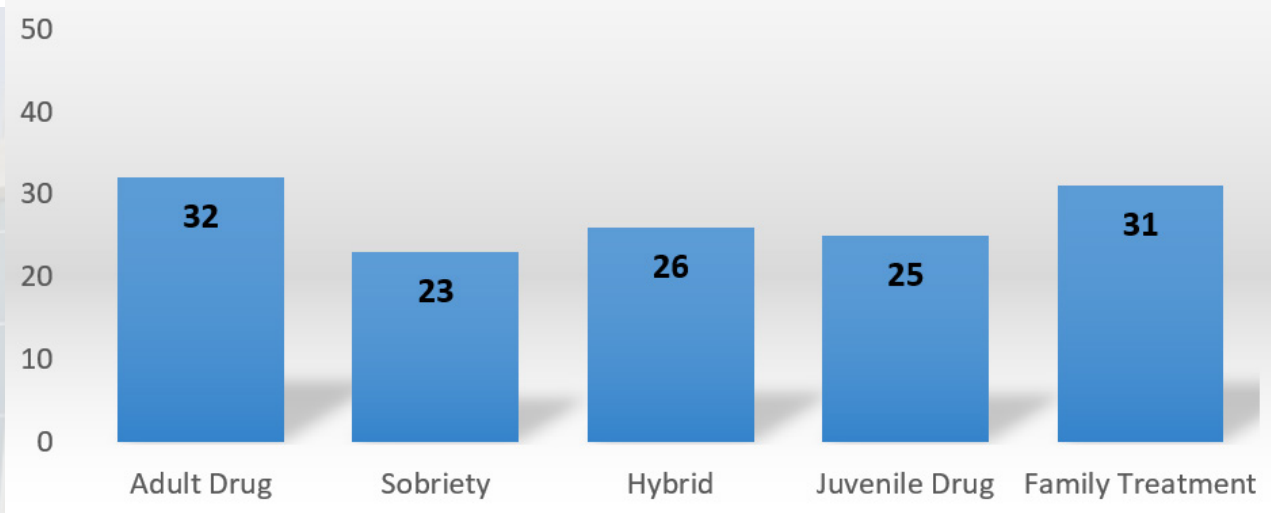
¹⁰ National Association of Drug Court Professionals, Volumes 1 and 2, available at www.nadcp.org/standards/adult-drug-court-best-practice-standard

¹¹ Adult Drug Court Standards, Best Practices, and Promising Practices, State Court Administrative Office, Mar. 2021, available at www.courts.michigan.gov/49eaab/siteassets/court-administration/best-practices/psc/ad-c-bpmanual.pdf

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.”¹² 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 graph below identifies the average number of scheduled court reviews by program type in FY 2022.

Average Number of Scheduled Court Reviews Per Participant by Program Type



¹² *Id.* at 3.

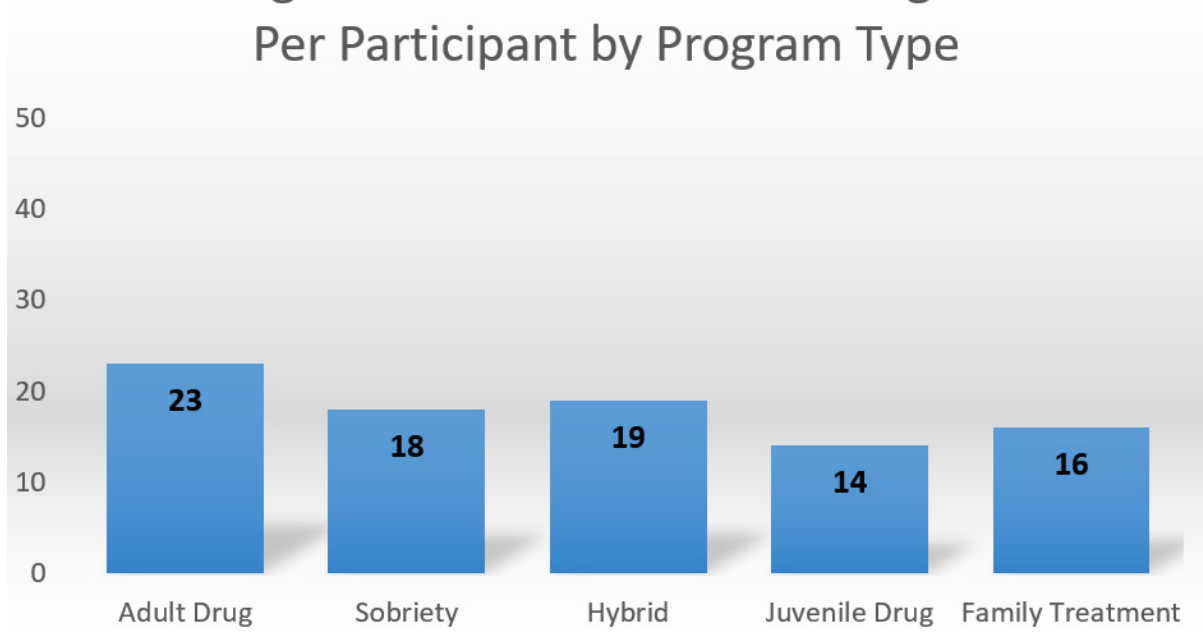


(l to r) Judge Carrie Fuca, of 41B District Court in Clinton Twp.; and Judge Kirsten Hartig, of 52-4 District Court in Troy, attending the 2023 MATCP Annual Conference.

Length in Program

PSC programs vary in length. Juvenile drug courts 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 2022. Graduates of adult drug courts averaged the longest amount of time in a program.

Average Number of Months in Drug Court Per Participant by Program Type



IGNITION INTERLOCK DATA ANALYSES

In 2013, Public Acts 226 and 227 allowed eligible repeat Operating While Intoxicated (OWI) offenders to receive a restricted license through the ignition interlock program by participating in a sobriety or drug court. 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 2016 Report](#), showed favorable results.

In FY 2022, there were 1,472 active participants among 95 sobriety, hybrid, and veterans treatment court programs who were members of the interlock program with an installed device on their vehicle(s). The majority of participants who had ignition interlocks installed were compliant with the terms of its use:¹³

- 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 Participant Outcomes

Treatment therapy for substance abuse includes learning new coping skills to prevent relapse. When participants are engaged in treatment therapy, it increases the likelihood that they will succeed in a problem-solving court and maintain abstinence. However, participants often lack a means of transportation to treatment, 12-step meetings, drug testing, and other requirements that can lead to program failure. Providing 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:

¹³ Missing data in interlock fields was not included in the analyses.

- During FY 2022, 643 participants with ignition interlock devices installed on their vehicle(s) were discharged from a problem-solving court, and 601 (94 percent) successfully completed a PSC program.
- Five percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
- The remaining one percent of participants were discharged for reasons of “Other,” death, or withdrew voluntarily from a program.

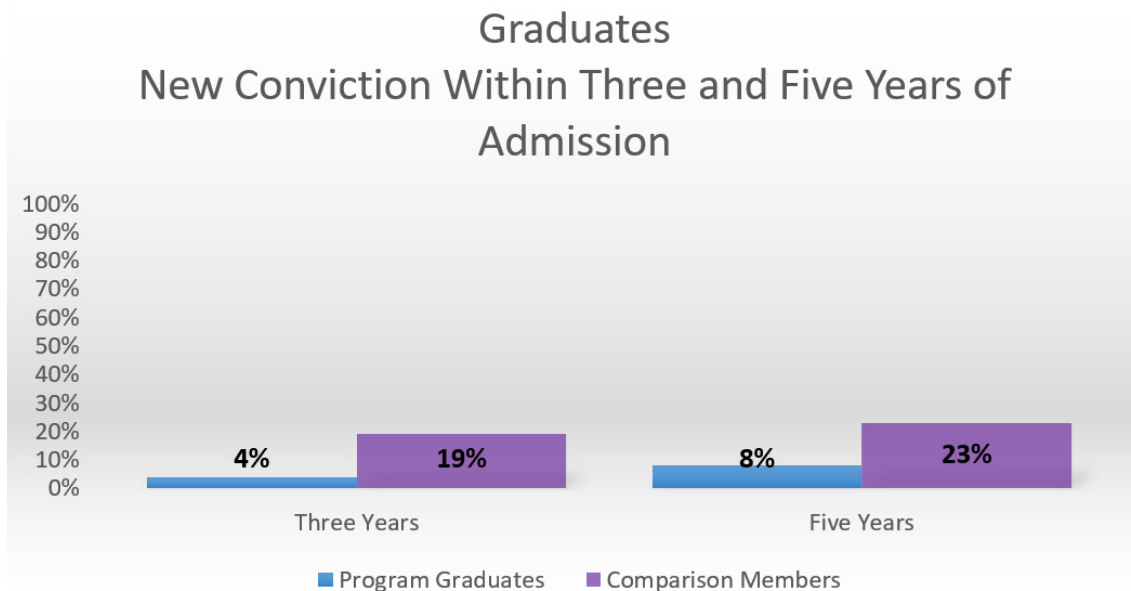
Graduates with ignition interlock devices averaged:

- 340 days of consecutive sobriety while in the program.
- 526 days in a PSC program.
- 568 drug and alcohol tests with a one percent positivity rate.
- 82 hours of treatment for their substance use disorder.

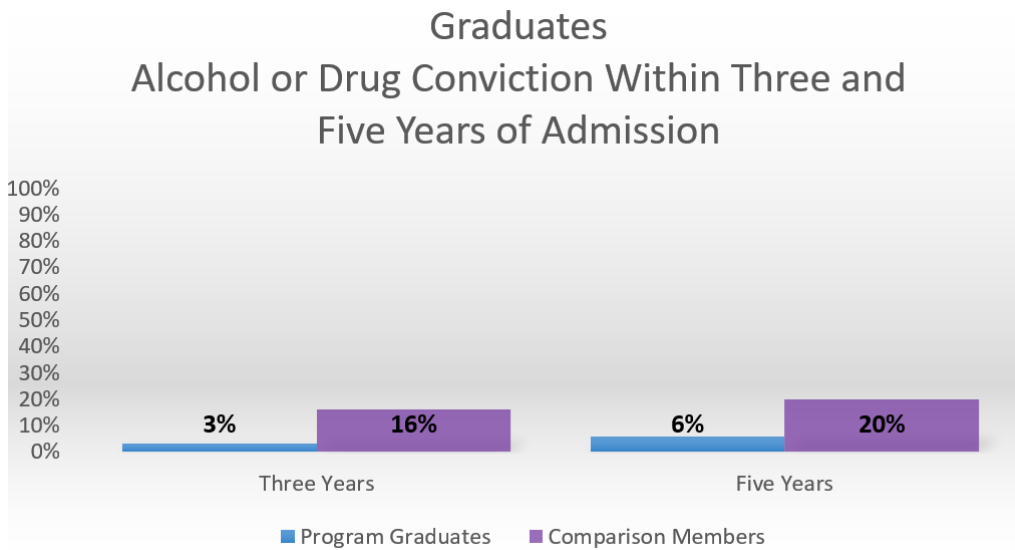
Ignition Interlock Recidivism Rates for Graduates

The three-year analyses of graduates of a drug court program that used an interlock device included a total of 2,013 matched pairs, and the five-year analyses included 763 matched pairs. Again, the reduction in recidivism among participants was statistically significant.

New Conviction – Three and Five Years



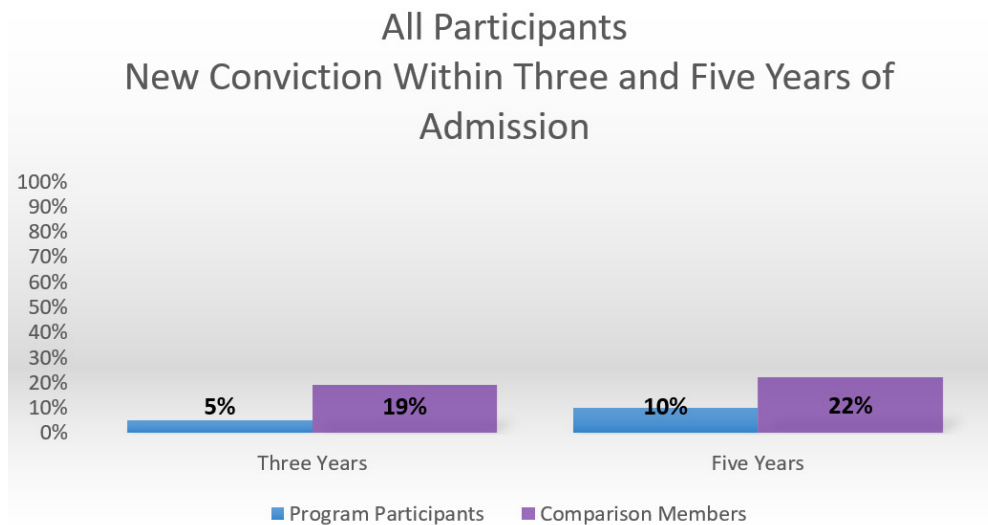
Alcohol or Drug Conviction – Three and Five Years



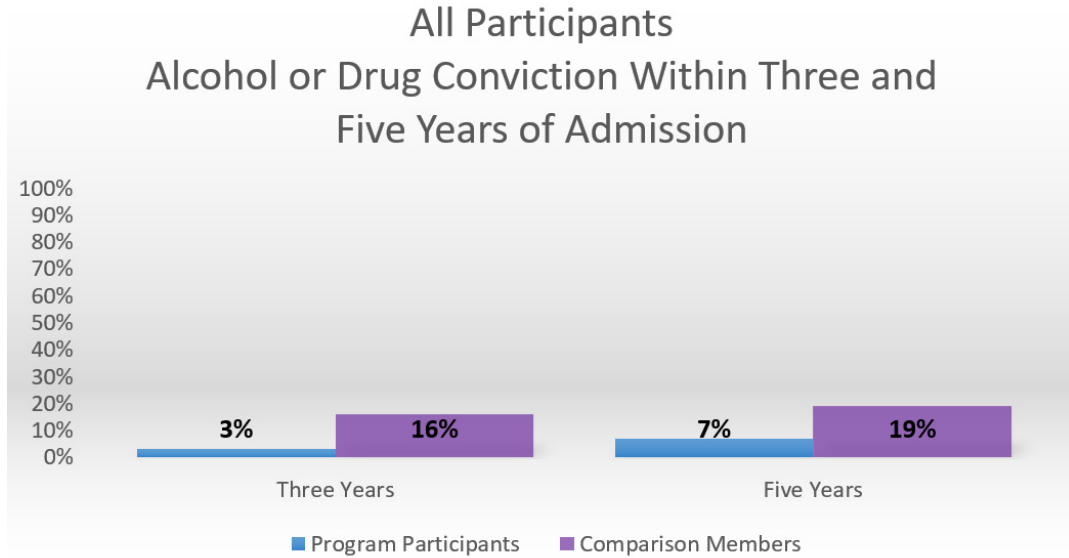
Ignition Interlock Recidivism Rates for All Participants

The drug court sample of matched pairs for recidivism evaluation were used but specific to only those who had an ignition interlock device installed. The three-year analyses of participants in a drug court program that had an interlock device installed included a total of 2,202 matched pairs, and the five-year analyses included 835 matched pairs. The differences in recidivism rates between participants and their matched comparison members were statistically significant for all analyses.

New Conviction – Three and Five Years



Alcohol or Drug Conviction – Three and Five Years



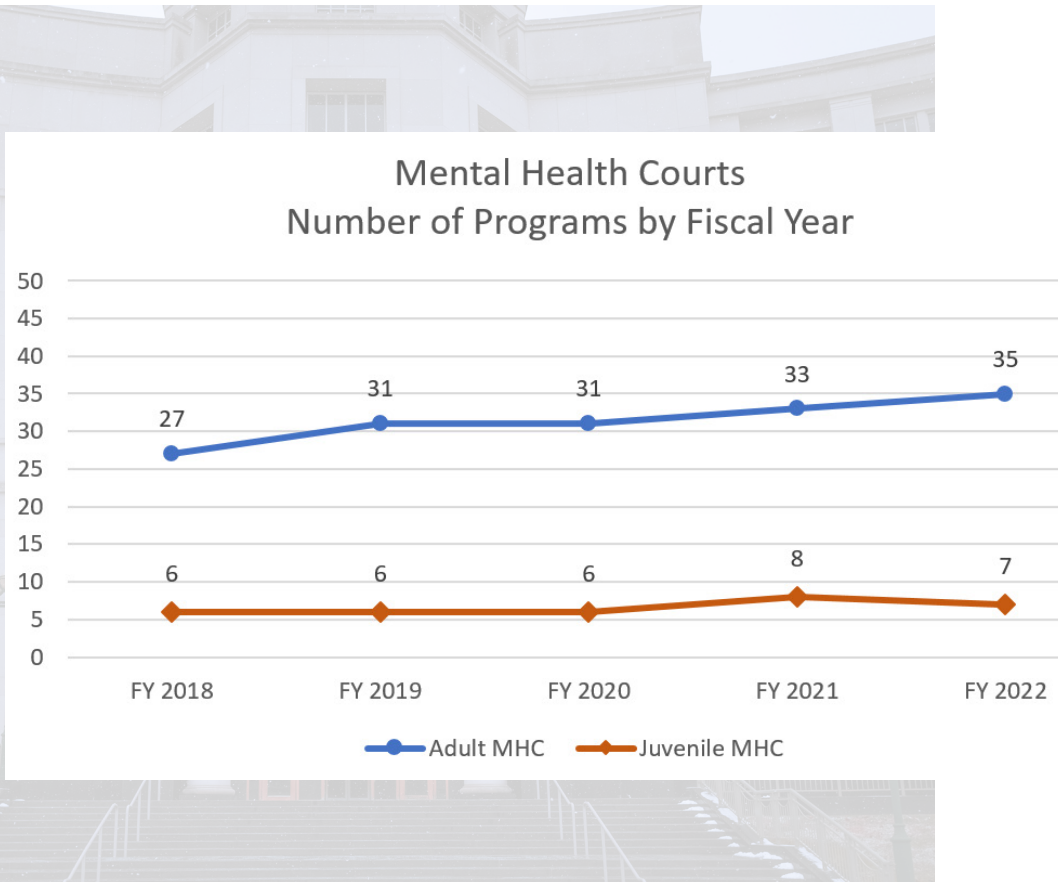
Judge Donald Allen (l), of 55th District Court, listens to a past sobriety court graduate explain how the program helped him turn his life around.

MENTAL HEALTH COURTS TREND DATA FY 2018 TO FY 2022

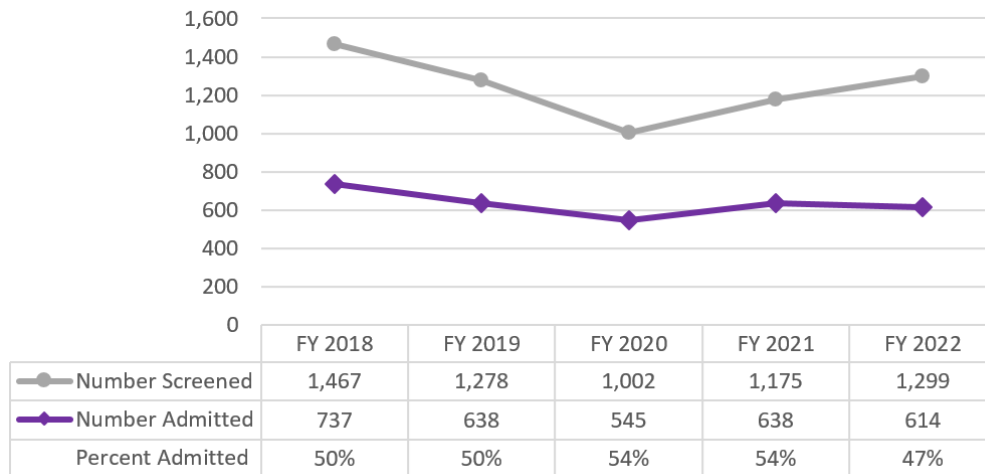
Trend data was also evaluated for any change in the number of mental health courts, screenings and admissions, and discharges and successful completions.

Number of Mental Health Court Programs

The data below shows the number of mental health court programs in Michigan from FY 2018 through FY 2022 and is separated by adult mental health court programs and juvenile mental health court programs. Adult programs increased from 27 in FY 2018 to 35 in FY 2022. Juvenile programs increased by two programs in FY 2021 to eight programs, then decreased by one program in FY 2022.

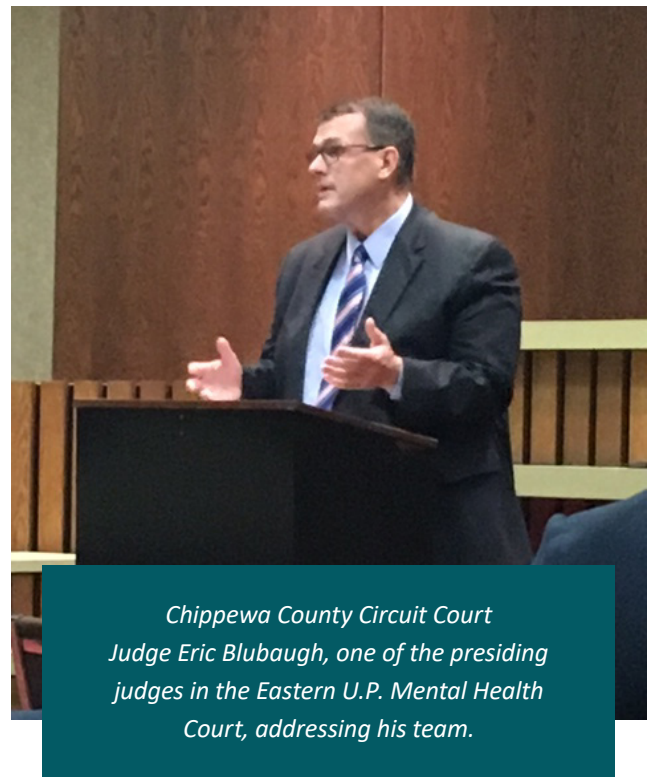


Mental Health Courts Number of Screenings and Admissions by Fiscal Year



Screenings and Admissions Trend Data

The number of screenings and admissions include adult and juvenile mental health courts for an overall picture of whether they were increasing, decreasing, or static. Admission rates are also included over time. Similar to drug court programs, mental health court programs saw a sharp decline in the number of screenings in FY 2020, and an upward trend in FY 2021 and FY 2022. The number of admissions were similar in their pattern but had a decrease in FY 2022. The admission rates fluctuated from 50 percent in FY 2018 to 54 percent in FY 2019, with a decrease to 47 percent in FY 2022.

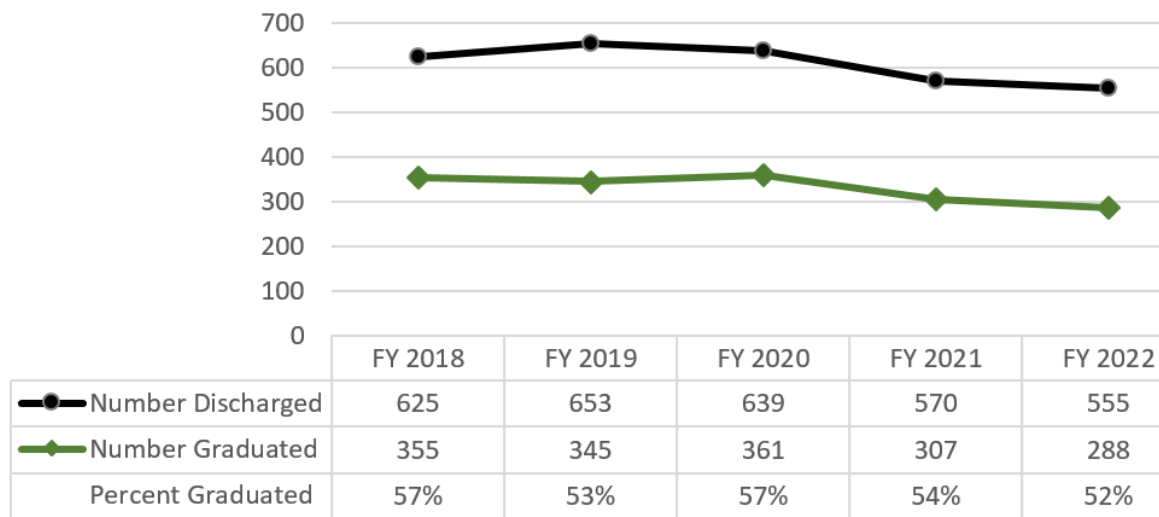


*Chippewa County Circuit Court
Judge Eric Blubaugh, one of the presiding
judges in the Eastern U.P. Mental Health
Court, addressing his team.*

Discharges and Successful Completions Trend Data

The number of discharges among mental health court participants rose from 625 in FY 2018 to 653 in FY 2019. Over the following years the number of discharges steadily decreased. The number of participants successfully completing a program was highest in FY 2020 and then declined over the next two fiscal years. The success rates also fluctuated with FY 2018 and FY 2020 having the highest rate of 57 percent, while FY 2022 saw the lowest rate of success at 52 percent.

Mental Health Treatment Courts
Number of Discharges and Successful Completions by
Year



FY 2022 MENTAL HEALTH COURT DATA ANALYSES (October 1, 2021 – September 30, 2022)

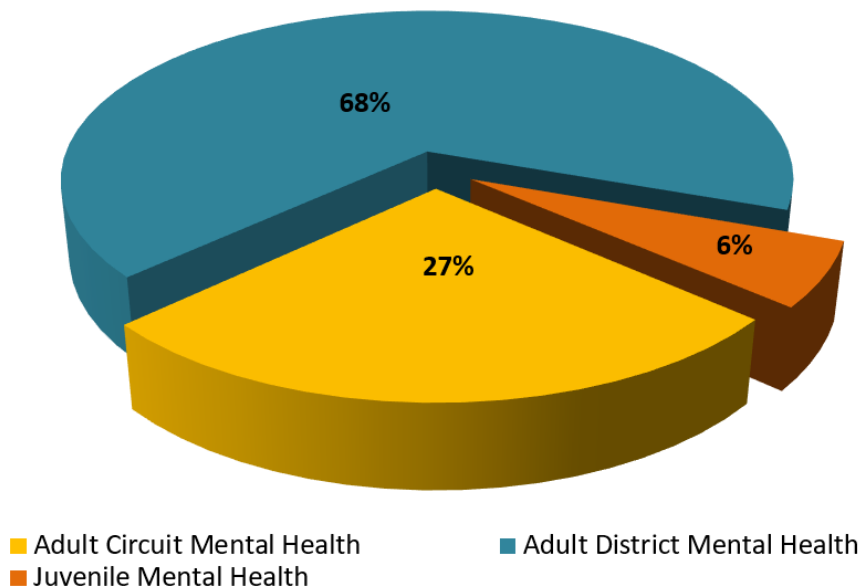
MHC Caseload Statistics

During FY 2022, Michigan’s mental health courts:

- screened 1,299 potential participants.
- admitted 614 participants into a program.
- discharged 555 participants.¹⁴

During FY 2022, the total number of participants who were active in a mental health court program was 1,295. The pie chart shows the percentage of active cases by program type.

Percentage of Active Cases by Program Type



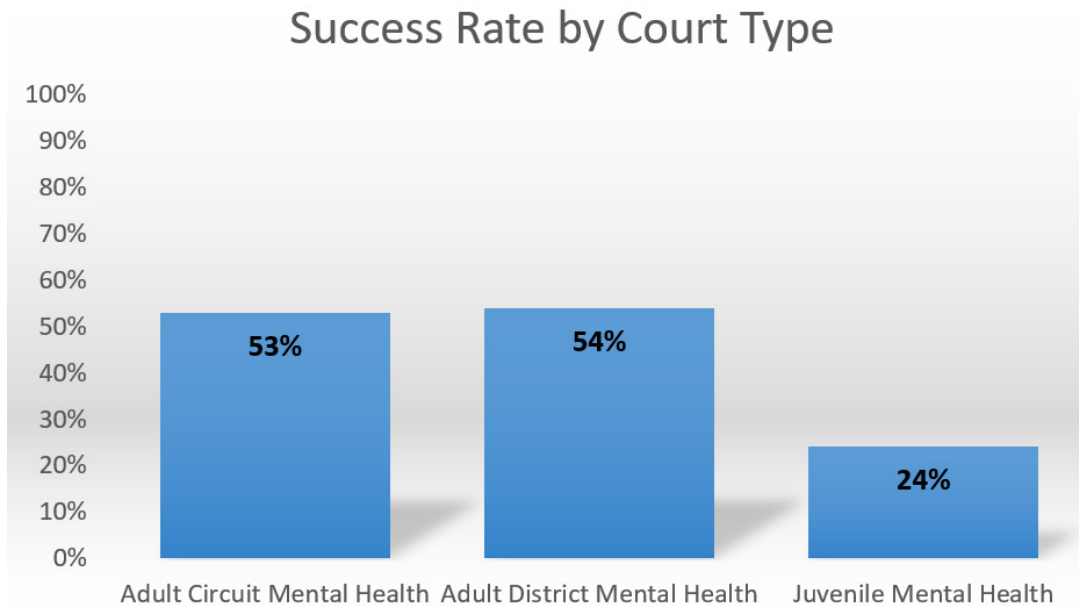
¹⁴ Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.

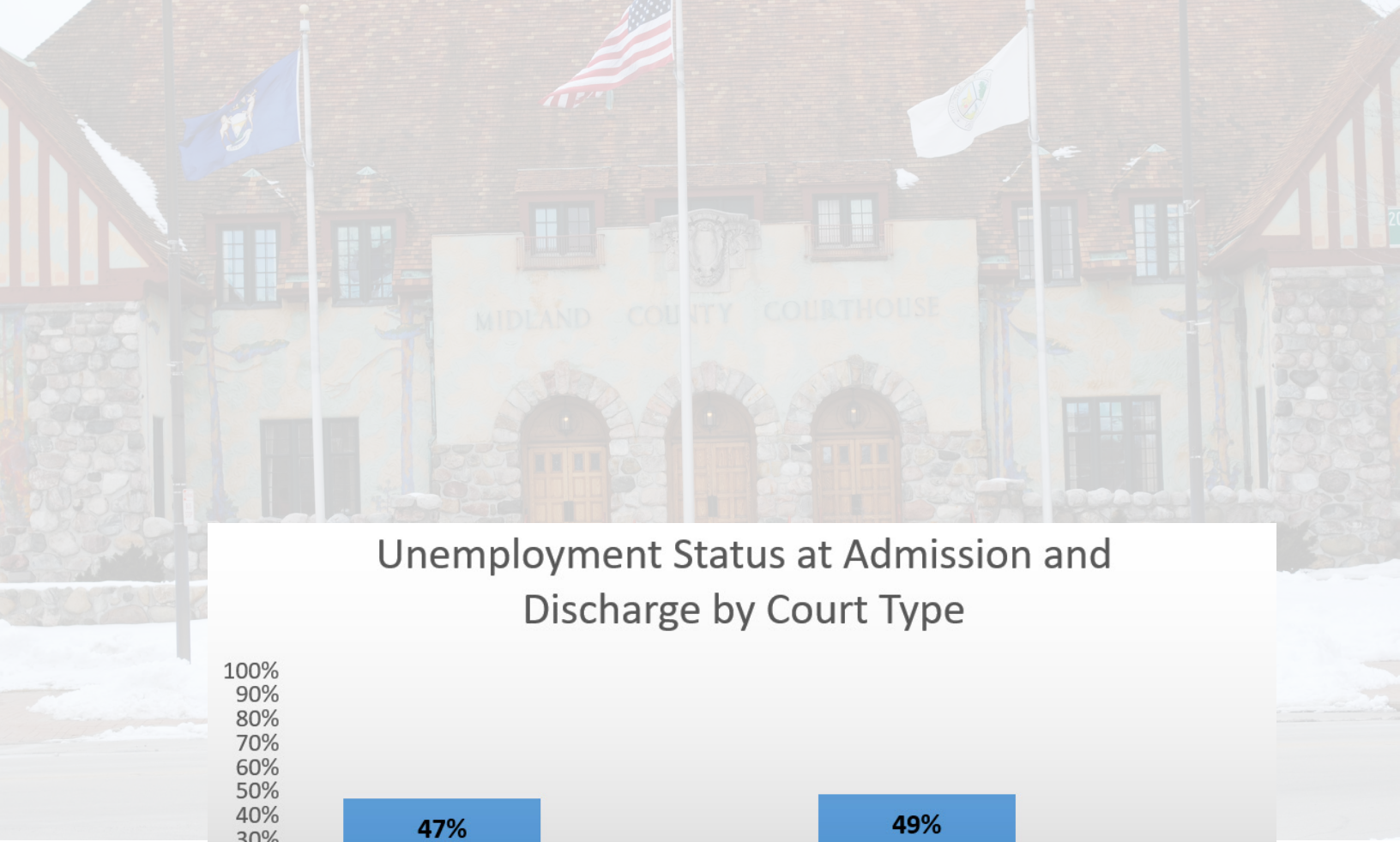
Mental Health Court Graduate Outcomes Measures

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.

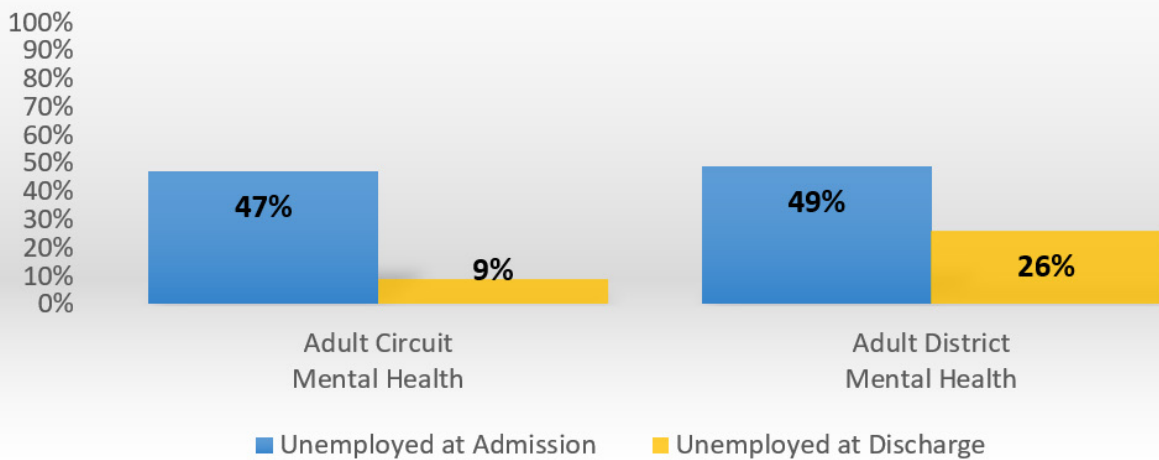
Success Rate

Of the 555 participants discharged from 39 MHCs in FY 2022, 288 participants (52 percent) successfully completed a program. Forty percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense, while eight percent were discharged for reasons such as “Other,” voluntarily withdrew, or death. The graph below shows the success rate by court type.





Unemployment Status at Admission and Discharge by Court Type



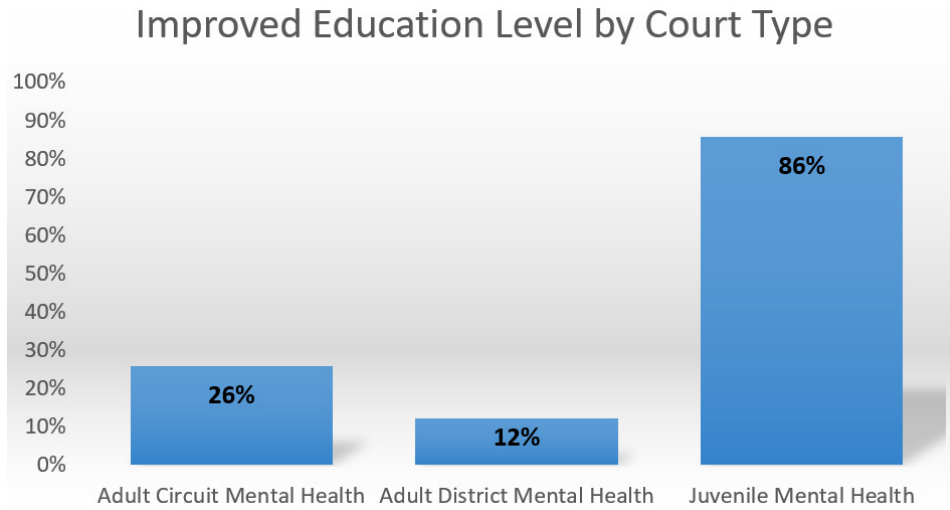
**Juvenile mental health court offenders were not included because their main goal is to improve their education level.*

Employment Status

MCL 600.1096 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. Among adult circuit mental health court graduates, 47 percent entered a program unemployed, and at discharge, 9 percent were unemployed, which is an 81 percent reduction in unemployment. At admission into adult district mental health courts 49 percent were unemployed, and at discharge, 26 percent were unemployed—a 47 percent reduction.

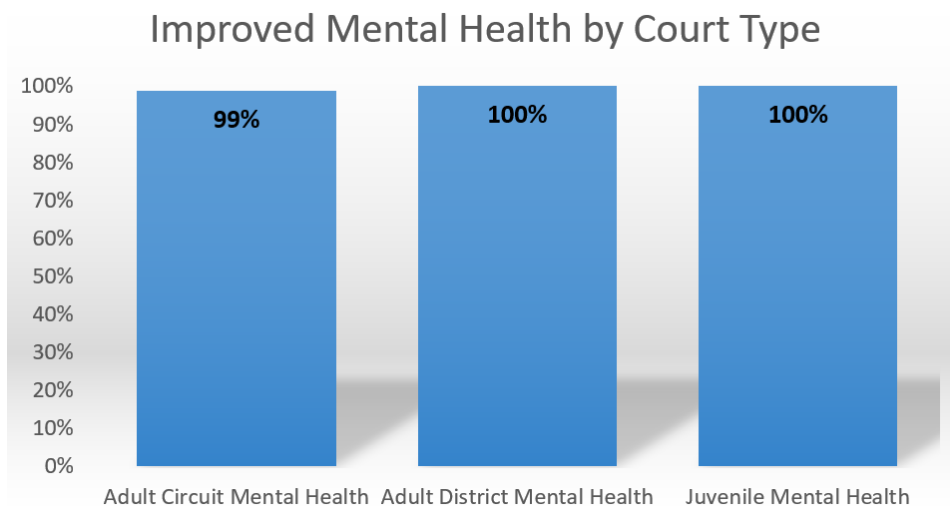
Improved Education Level

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.

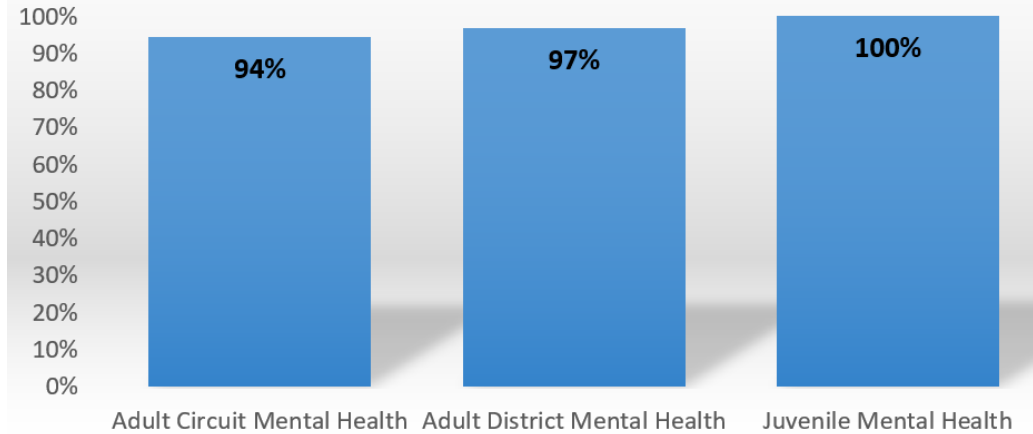


Improved Mental Health and Medication Compliance

An improvement in mental health suggests greater stability among participants, which is often 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.



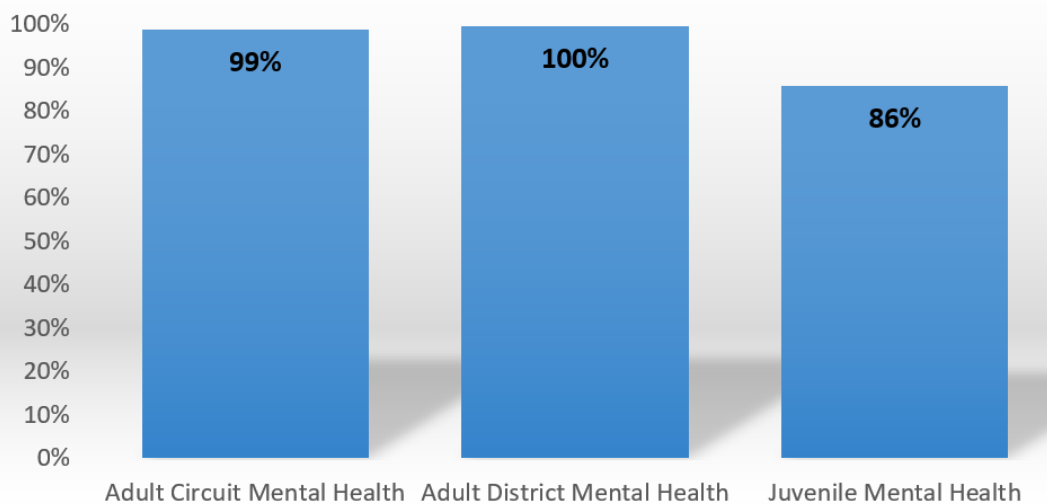
Full Compliance With Medication by Court Type



Improved Quality of Life

The Mental Health Quality of Life standardized questionnaire is used to assess improvement in quality of life and improved mental health among people with mental health problems. 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.

Improved Quality of Life by Court Type



Mental Health Court Recidivism

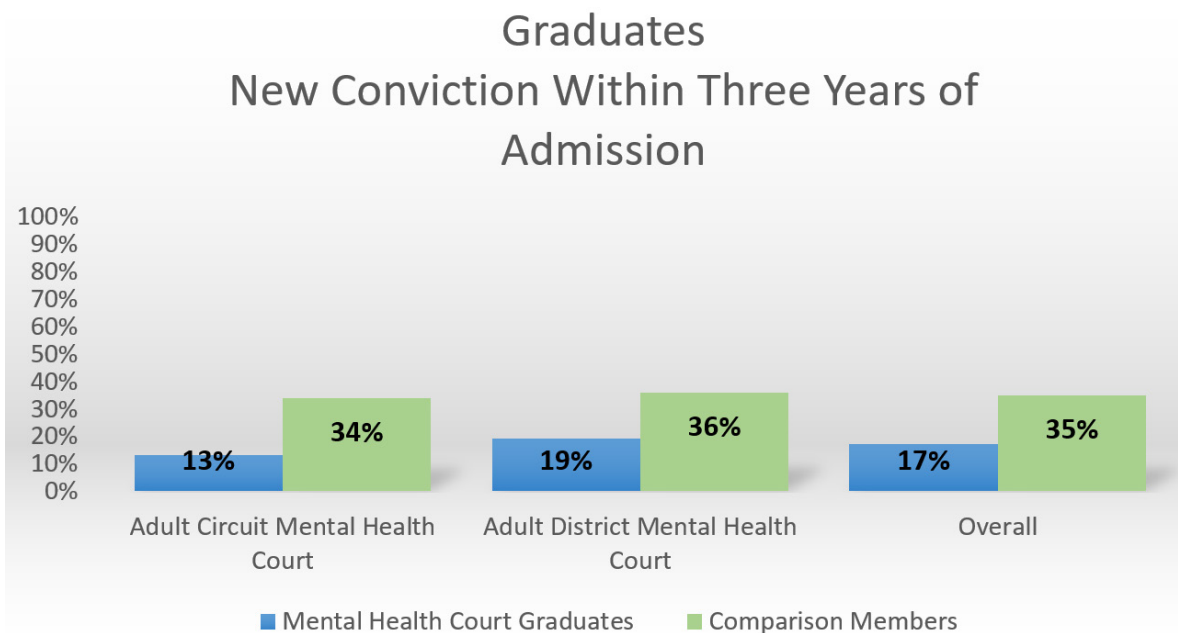
As previously stated in this report, MCL 712A.28 was amended in early 2021 to generally make juvenile records nonpublic. As a result, data in the JDW regarding juvenile court records are not available to evaluate. Therefore, the juvenile mental health court recidivism rates are not included in this report.

Recidivism Rates for Graduates

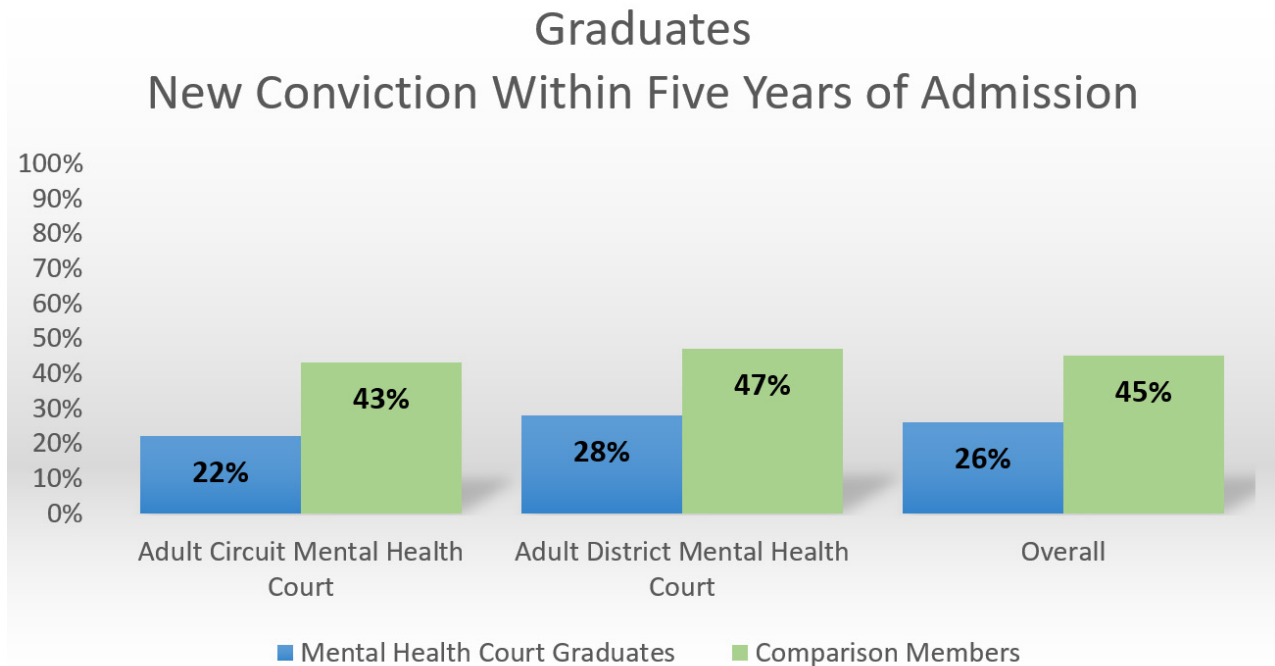
The recidivism rates are reported by adult circuit, adult district, and aggregately. Overall, there were 2,039 matched pairs among graduates for the three-year evaluation. Graduates of adult circuit mental health court programs included a total of 731 matched pairs, and for adult district mental health court programs 1,308 pairs were evaluated. When evaluating graduates over five years, the overall number of matched pairs was 1,397 pairs. Graduates of adult circuit mental health court programs included 527 matched pairs, and for adult district mental health courts 870 pairs were evaluated.

The results showed that the differences in the recidivism rates at three and five years were favorable for program graduates when compared to similar offenders and were statistically significant among circuit and district courts, and overall.

New Conviction – Three Years



New Conviction – Five Years

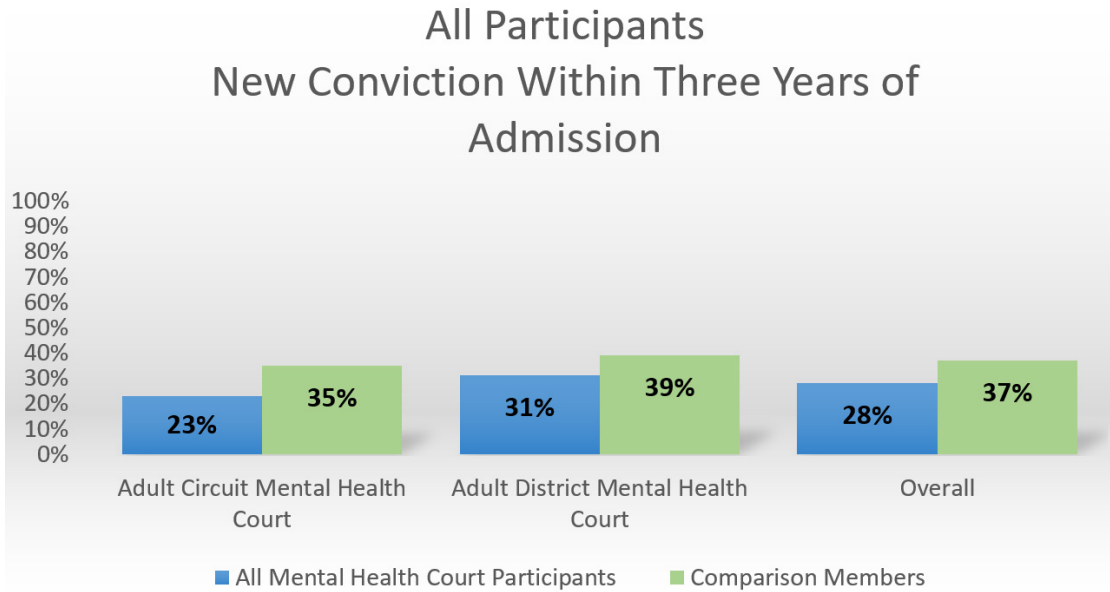


Recidivism Rates for All Participants

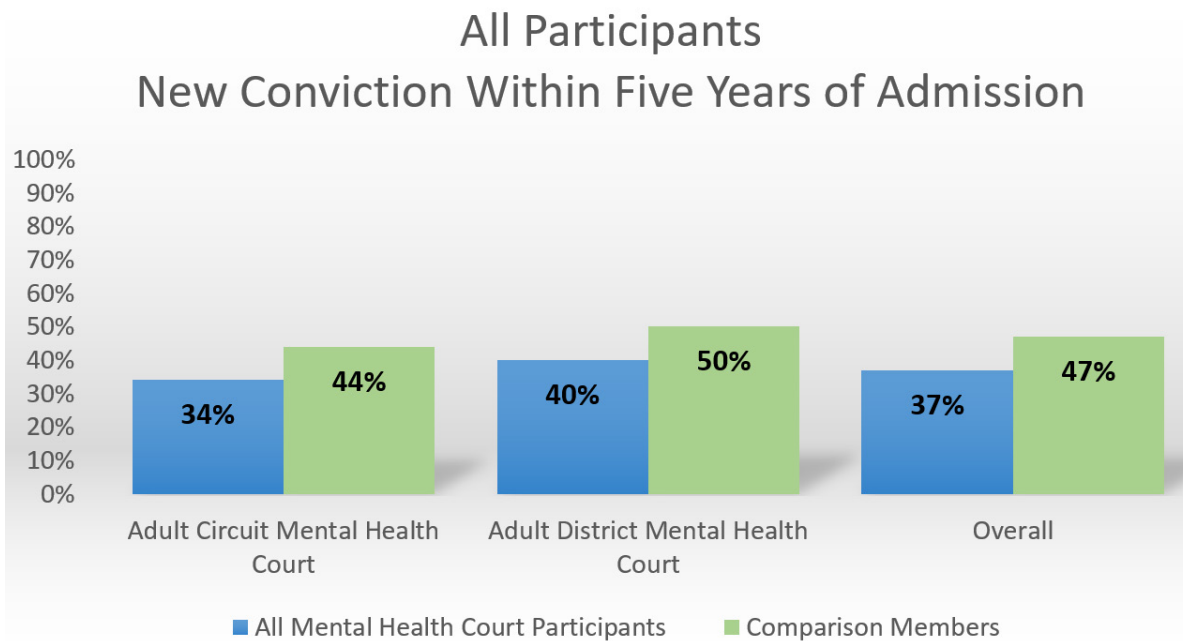
The “All Participants” analysis includes all participants of a program regardless of whether they graduated the program or were discharged for reasons other than successful. Overall, there were 3,910 matched pairs for evaluation for the three-year analysis. Participants in adult circuit mental health court programs included a total of 1,501 matched pairs, and for adult district mental health court programs 2,409 pairs were evaluated.

Overall, there were 2,732 matched pairs for the five-year evaluation. Participants of adult circuit mental health court programs included 1,127 matched pairs, and for adult district mental health courts 1,605 pairs were evaluated. The results showed that the differences in the recidivism rates were favorable for program participants when compared to similar offenders and were statistically significant among circuit and district courts, overall.

New Conviction – Three Years



New Conviction – Five Years



MHC Graduate Performance Measures

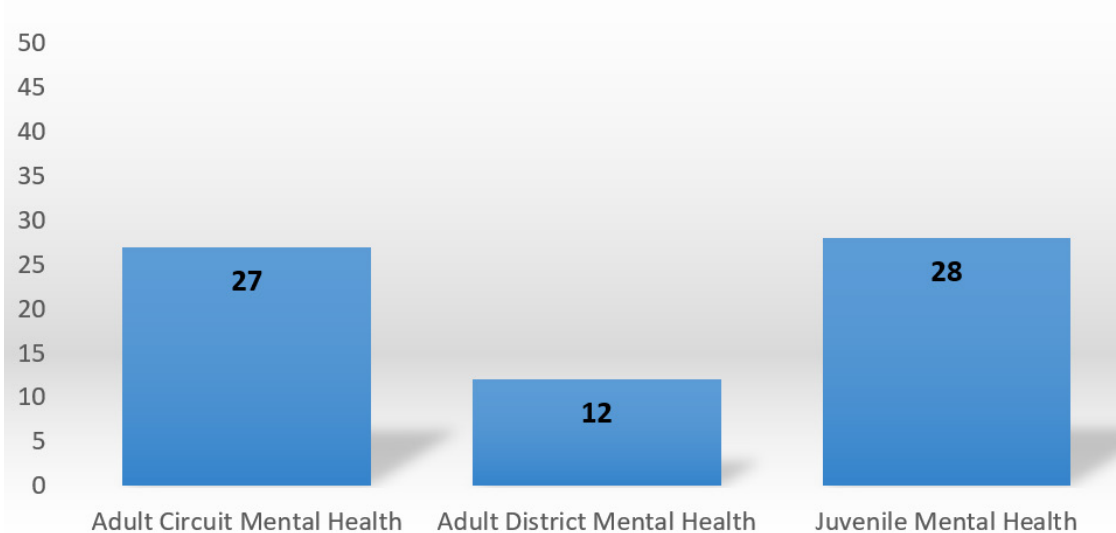
Overall, graduates of a mental health court program averaged:

- 17 incentives and 3 sanctions
- 25 scheduled review hearings
- 442 days in a mental health court program or nearly 15 months

Incentives

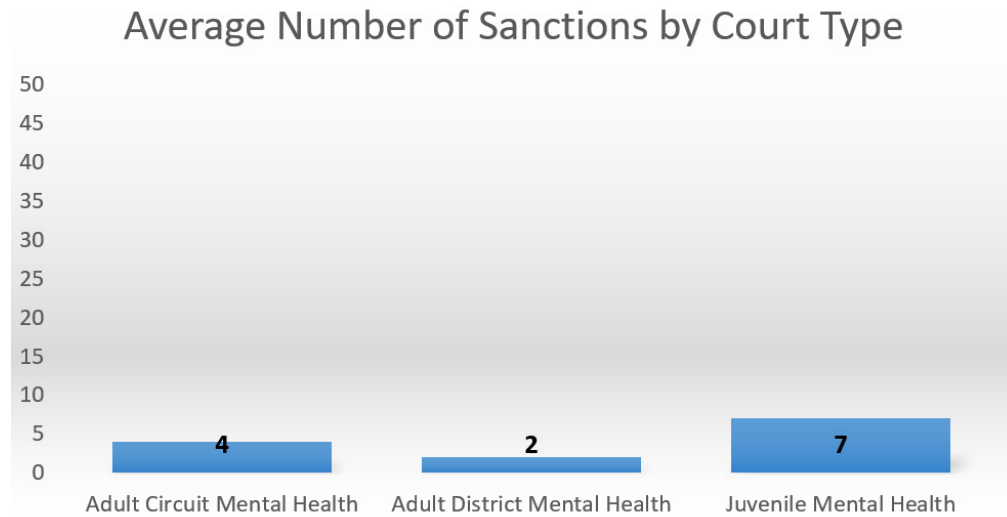
PSCs are predicated on a strength-based approach, which focuses on participants' individual strengths, rather than their shortcomings, empowering them to take the lead in resolving their problems. Incentivizing progress and achievements encourage participants to stay engaged in their treatment and remain 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.

Average Number of Incentives by Court Type



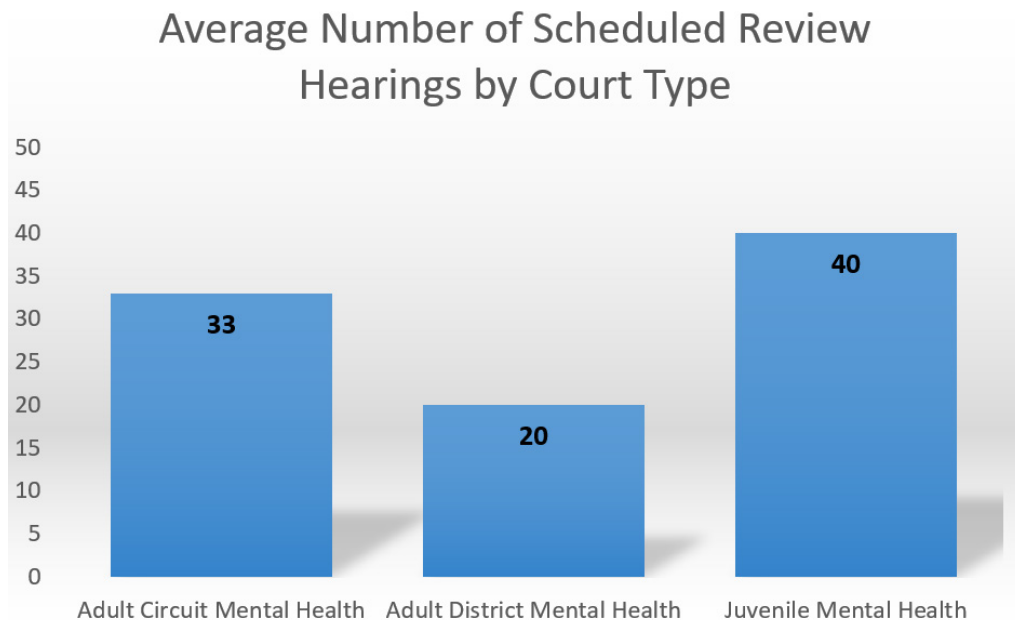
Sanctions

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.



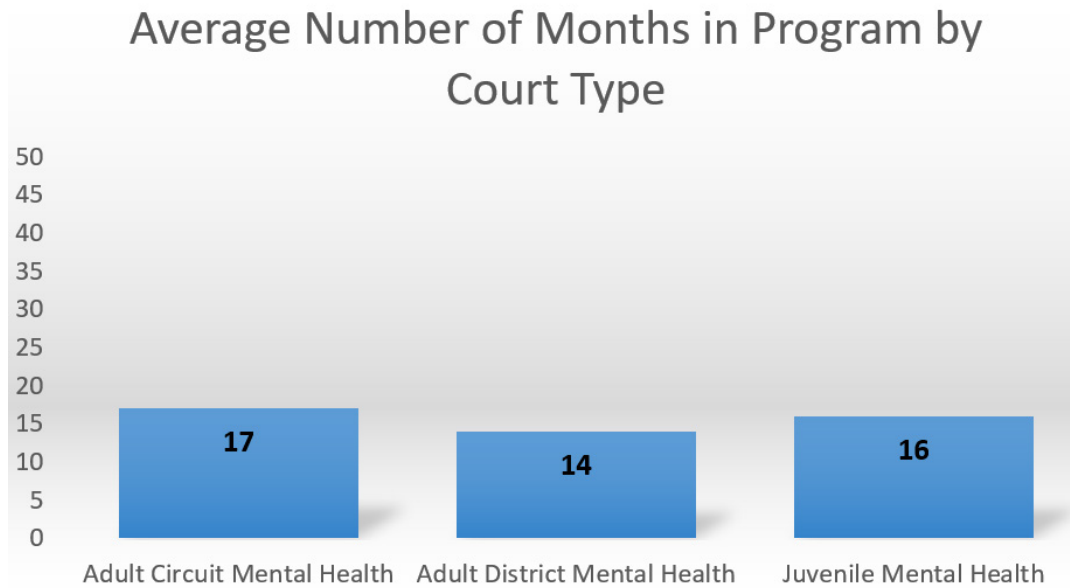
Scheduled Review Hearings

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.



Judge Breeda O'Leary (l), of Western Wayne County Behavioral Treatment Court (29th District Court in Wayne), celebrating with a recent graduate and his mom.

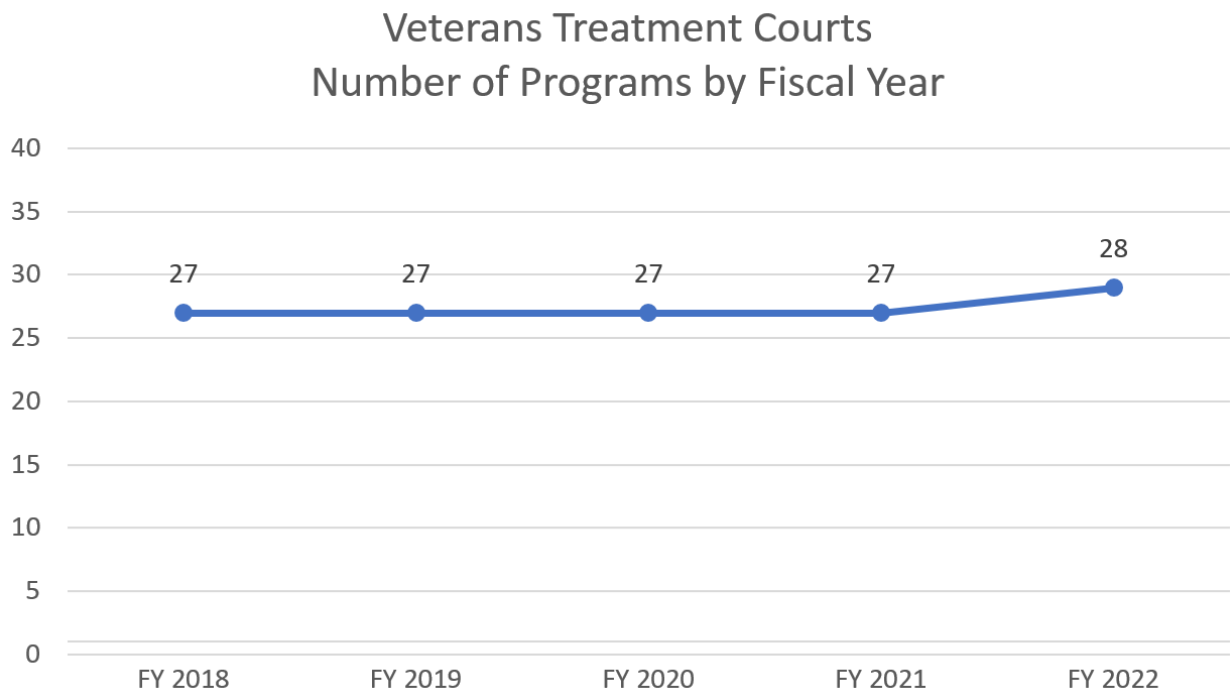
VETERANS TREATMENT COURTS TREND DATA

FY 2018 TO FY 2022

Trend data was also evaluated for any change in the number of veterans treatment courts, screenings, admissions, and discharges and successful completions over time.

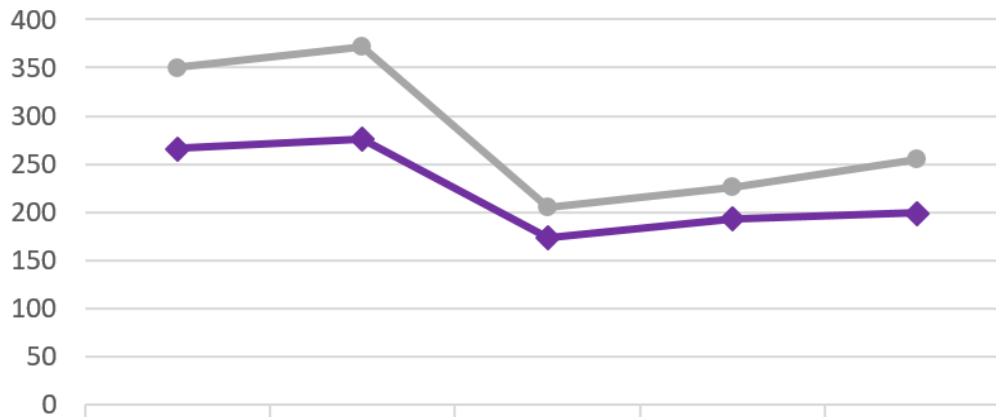
Number of Veterans Treatment Court Programs

The data below shows the number of veterans treatment programs in Michigan from FY 2018 through FY 2022. VTC programs increased from 27 in FY 2018 to 28 in FY 2022.





**Veterans Treatment Courts
Number of Screenings and Admissions by Fiscal Year**



	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
● Number Screened	350	372	205	226	255
◆ Number Admitted	266	276	173	193	199
Percent Admitted	76%	74%	84%	85%	78%

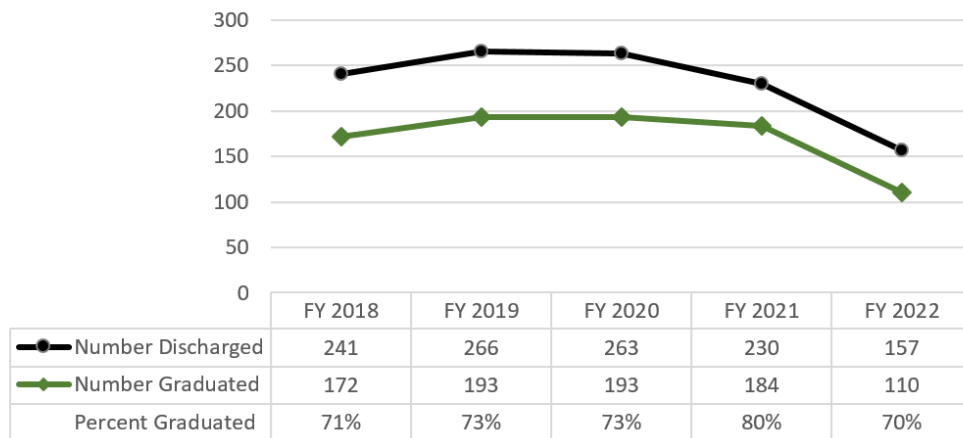
Screenings and Admissions Trend Data

The number of screenings for and admissions into VTCs followed similar trends of drug courts and mental health courts with a sharp decline in FY 2020. The following two years indicated a rebound as the numbers began to trend upward. The percent admitted was at its highest in FY 2021 at 85 percent.

Discharges and Successful Completions Trend Data

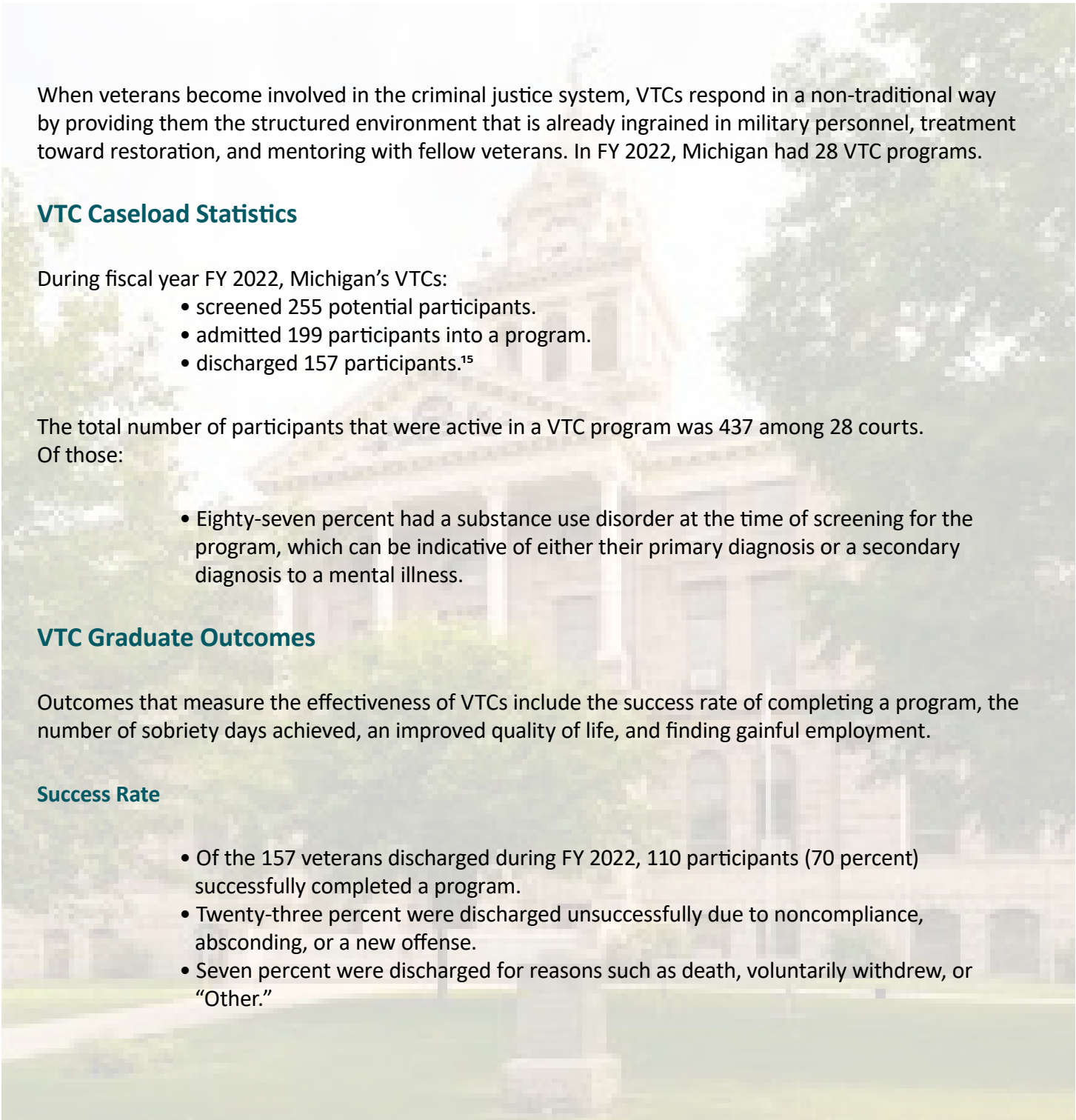
The number of discharges among veterans treatment court participants was at its highest in FY 2019 with a steady decrease in the following fiscal years. The number of VTC participants graduating a program followed a similar trend line as the discharges, decreasing from FY 2020. As admissions are slowly trending back upward in FY 2021 and FY 2022, we should expect to see a trend upward among discharges also in the next few years. The success rate reached its highest in FY 2021 where 80 percent of veterans graduated a program, and the lowest success rate was 70 percent in FY 2022.

Veterans Treatment Courts
Number of Discharges and Successful Completions by
Year



FY 2022 VETERANS TREATMENT COURT DATA ANALYSES (October 1, 2021 – September 30, 2022)

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 and alienation. 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 involved 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 2022, Michigan had 28 VTC programs.

VTC Caseload Statistics

During fiscal year FY 2022, Michigan's VTCs:

- screened 255 potential participants.
- admitted 199 participants into a program.
- discharged 157 participants.¹⁵

The total number of participants that were active in a VTC program was 437 among 28 courts. Of those:

- Eighty-seven 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 Graduate 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.

Success Rate

- Of the 157 veterans discharged during FY 2022, 110 participants (70 percent) successfully completed a program.
- Twenty-three percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
- Seven percent were discharged for reasons such as death, voluntarily withdrew, or "Other."

¹⁵ Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.

Graduate Accomplishments

- Averaged 335 consecutive days of sobriety.
- Ninety-nine percent reported an improved quality of life upon graduation.
- Averaged 23 hours of mental health treatment services.
- Averaged 70 hours of substance use disorder treatment services.
- Averaged a total of 94 hours of treatment services while working a program.¹⁶
- Sixteen percent of graduates entered a program unemployed and 2 percent were unemployed upon discharge, resulting in an 88 percent reduction in unemployment.

VTC Graduate Performance Measures

While working a program, graduates averaged:

- 13 incentives and 1 sanction
- 25 scheduled court review hearings
- 272 drug/alcohol tests
- Two percent positive drug/alcohol tests
- 496 days in a program, or nearly 17 months

VTC Participant Recidivism Rates

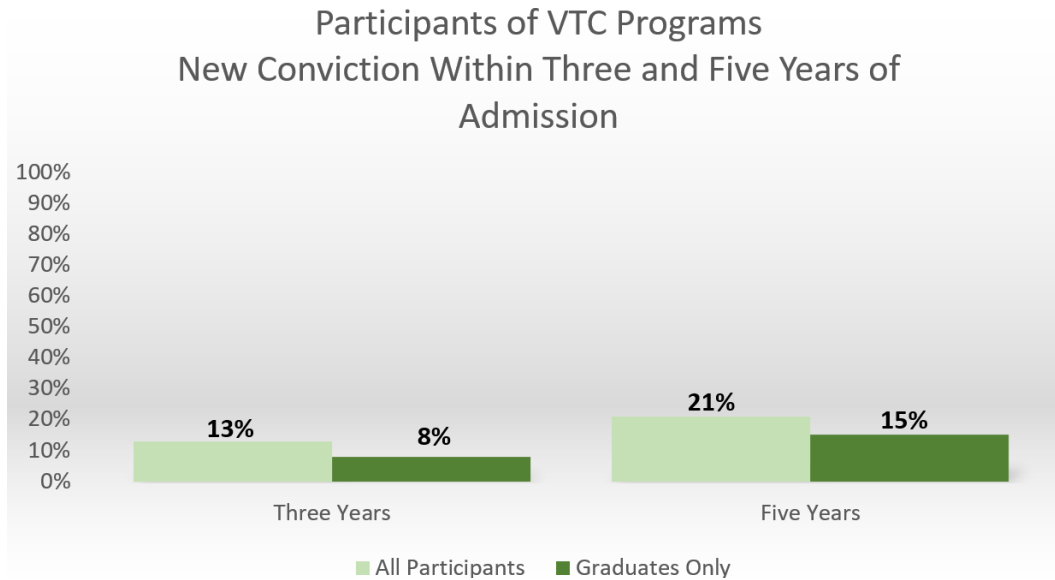
Measuring recidivism is another important outcome in determining whether VTCs are effective in reducing crime. Although we can measure recidivism rates among the participants of VTCs as we do with drug and mental health courts, the JDW does not collect information that identifies veterans as a comparison group. Thus, the graph below contains recidivism rates for participants of VTCs only.



A U.S. Army veteran/past graduate of Ingham County Veterans Treatment Court said this: “Each month, I’d leave the program and my spirits were soaring, I was rising; I couldn’t even believe how good I felt afterwards. On graduation day, I felt like I could jump up and touch the stars.”

¹⁶ Mental health treatment and substance abuse treatment were rounded and may not add to the total treatment hours.

Below 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.



The high success rate of VTCs is an early measure of their effectiveness. VTCs retained 92 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 other. In addition, VTCs are very structured in their expectations, which is naturally 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 already committed and the courts are left to impose a sentence. But PSCs do more to address the root causes of crime among individuals by addressing needs using evidence-based practices to stop the cycle of crime. When teams implement a program that adheres to the proven-effective models and 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 and promoting public safety.



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Cover Images:

Top Row

(l to r) Chief Justice Elizabeth Clement, with the team from Ingham County Veterans Treatment Court (54B District Court in East Lansing); Judge Richard Ball, Probation Officer Eric Horwood, and 54B Chief Judge Molly Greenwalt. This was Judge Ball's final vet court event; about a month later, he retired from the bench after 30 years.

Middle Row

1. (l to r) Judge Karen Braxton, of Wayne County Circuit Court; Judge Kameshia Gant, of Oakland County Circuit Court; and Judge Erane Washington, of 14B District Court in Ann Arbor, attending the 2023 Michigan Association of Treatment Court Professionals Annual Conference.

2. A past sobriety court graduate of 52-1 District Court in Novi.

3. (l to r) Sarah Teske, probation officer; a past graduate; and Judge Anna Marie Anzalone, of Lenawee County Adult Drug Treatment Court.

Bottom Row

1. At West Michigan Regional Veterans Treatment Court: (l to r) U.S. Navy veteran/past graduate; Judge William Baillargeon (57th District Court in Allegan); and U.S. Navy veteran/past graduate.

2. A past graduate (l) thanks Judge Joseph Skocelas, of 57th District Mental Health Court in Allegan.

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