

Eviction Diversion Pilot Program & Prescription Compliance Through Oral Fluid Testing Program

State Court Administrative Office
Field Services



February 2025
(updated April 2025)

Eviction Diversion Pilot Program

Background

The State Court Administrative Office (the “SCAO”) was appropriated \$500,000 in FY 2025 to establish an eviction diversion pilot program. 2024 PA 121, Article 8, Part 2, Section 401. The funds must be allocated to a district court located in a county with a population of between 350,00 and 385,000 according to the most recent federal decennial census. The funds must be used to assist tenants experiencing financial hardship, through a collaborative program designed to settle landlord-tenant disputes and prevent eviction and homelessness. Unexpended funds are designated as a work project appropriation with a legislatively established tentative completion date of September 30, 2029.

The SCAO must submit a report by March 1 indicating the number of program participants, the number of disputes settled, the number of evictions avoided, and other program outcomes, including the benefit of the program to participants and the benefit of the program to this state.

Pilot Status

There are three district courts in Michigan that satisfy the population criteria established by the appropriation:

- 14A District Court (4133 Washtenaw Rd, Ann Arbor, MI 48107)
- 14B District Court (7200 S Huron River Dr, Ypsilanti, MI 48197)
- 15th District Court (301 E Huron St, Ann Arbor, MI 48104)

The SCAO contacted the chief judges of each district court on August 26, 2024, to inform them of the grant opportunity and solicit project proposals. The SCAO received a combined project proposal from all three courts on September 18, 2024. The SCAO requested follow up information regarding the proposed pilot project to ensure it complies with all requirements of the legislative appropriation. The courts responded and a meeting was held in February to address questions. The pilot project will be established as a reimbursement grant and is anticipated to launch in FY 2025.

Prescription Compliance Through Oral Fluid Testing Program

Background

The SCAO was appropriated \$500,000 to continue the prescription compliance through oral fluid testing program (PCOFT) in veterans treatment courts, mental health treatment courts, and drug treatment courts to determine compliance with requirements set by the treatment court. 2024 PA 121, Article 8, Part 2, Section 404. Unencumbered or unallotted funds do not lapse at the end of the fiscal year and are available for expenditures until the project is completed. The legislatively established tentative completion date is September 30, 2029.

In problem-solving courts, participants' improved mental health is often a result of ongoing psychotherapy combined with prescription medications. Prescription medications can assist with mental stability, and some may be prescribed lifelong. As such, problem-solving courts "have an important responsibility to monitor medication adherence and deliver evidence-based consequences for nonprescribed use or illicit diversion of the medications."¹

Unlike urine or blood testing, oral fluid testing uses a saliva sample to determine the presence of parent drugs and their metabolites. Saliva is collected via an absorbent collection device placed in the mouth. The specimen is then sent to the lab to determine the presence of prescription medications. A positive test result indicates the prescription medication was detected, whereas a negative test result indicates the prescription medication was not detected. The purpose of this testing is to ensure that participants who are prescribed medications to treat mental illnesses are indeed taking their medication. While oral fluid testing can reportedly determine whether a participant has taken a prescription medication, it is unable to determine whether the participant is taking the medication as prescribed (e.g. proper dosage, frequency, etc.). Prescription medication compliance is a key outcome measure for participant success.

The SCAO must submit a report by March 1 including information on the number of programs, the number of program participants in each jurisdiction, the number of tests completed, program testing and results, program treatment, and program outcomes, including the rearrest rate of participants who are in the program *and the benefit to this state of using oral fluid testing*.

Fiscal Year 2024 Program Data

Caseload Statistics

The 65B District Court Mental Health Court (Gratiot County) and the 62A District Court Veterans Treatment Court (City of Wyoming) participated in the PCOFT program in FY 2024. Both programs were required to submit a year-end report about PCOFT participants. Caseload statistics are as follows.

- **Total Active Participants:** In FY 2024, 51 participants were tested through the PCOFT program. Of this total, 44 participated in the 65B District Mental Health Court and seven participated in the 62A District Veterans Treatment Court.
- **Sex:** 37 participants were male and 14 were female.
- **Age:** The average age of participants at the time of entry into a program was 35 years.
- **Race:** 44 participants were White, 6 participants were Hispanic/Latino, and 1 participant was Native American.

¹ All Rise 2023 Adult Treatment Court Best Practice Standards. Volume 1, p 25, available at https://allrise.org/wpcontent/uploads/2023/12/All-Rise-Adult-Treatment-Court-Best-Practice-Standards-2nd-Ed.-I-VI_final.pdf. (accessed February 21, 2024)

- **Drug of Choice:** 42 participants reported having a drug of choice. Of those, 20 reported alcohol (48 percent), 15 reported marijuana (36 percent), 6 reported methamphetamine (14 percent), and 1 reported heroin (2 percent).
- **Employment Status:** 28 participants were unemployed when they entered the problem-solving court, 17 were employed full- or part-time, and 6 were disabled.
- **Education Level:** 18 participants received their high school diploma or GED, 10 had less than a 12th grade education, and 23 had some higher education or advanced degree.
- **Criminal History:** 44 participants (86 percent) had prior convictions and of those, they averaged two misdemeanors and one prior felony before admission to a PSC program. Twenty-one participants (48 percent) entered the PSC on a misdemeanor charge and 23 entered on a felony charge (51 percent).
- **PCOFT Testing and Results:** 608 PCOFT tests were completed in FY 2024, an average of 24 per participant. 506 tests (83 percent) indicated the participants' prescription medication was detected and 102 tests (17 percent) indicated the participants' prescription medication was not detected.
- **Treatment:** 43 participants received mental health treatment, averaging a total of 28 mental health treatment hours per participant. Thirteen participants received treatment for substance use disorders, averaging a total of 39 substance use treatment hours.

Outcomes

PCOFT participants obtained the following outcomes while participating in their respective PSC programs.

- **PSC Success Rate:** In FY 2024, 21 PCOFT participants were discharged from the MHC and VTC programs. Of those, seven successfully graduated, ten were unsuccessful due to noncompliance, three voluntarily withdrew from the program, and one person was discharged for reasons of "Other."
- **Rearrest Rate:** No PCOFT participants were rearrested while participating in the PCOFT program.
- **Improved Quality of Life:** Prior to graduation, teams assess participants' different dimensions of life, such as independence, mood, self-image, and daily activities for any improvement in quality of life since they entered the program. All seven graduates reported an improved quality of life after participating in the MHC or VTC program.
- **Improved Mental Health:** Improved mental health is the result of ongoing psychotherapy which is often combined with medications that affect the mind, behavior, and emotions. All seven graduates reported improved mental health after completing the MHC and VTC programs.

- **Illicit Drug and Alcohol Tests:** Probation often requires testing for illicit drug or alcohol use, which can be more intensive and frequent in MHC and VTC programs as an objective way of identifying relapse. The seven graduates averaged a total of 122 drug tests per participant and, on average, one percent of the tests were positive.
- **Incentives and Sanctions:** MHC and VTC programs incentive participants' achievements, progress, and good behavior. This strength-based approach empowers participants to take the lead in changing their lives. Incentives can include fishbowl drawings, verbal praise from the judge, applause, allowing travel, and phase advancement. MHC and VTC programs use a wide variety of sanctions, ranging from low to high magnitude sanctions. Graduates averaged six incentives and two sanctions per participant.
- **Review Hearings:** Participants regularly attend review hearings in the courtroom with the judge and team members to discuss their progress. Review hearings afford participants an opportunity to speak with the judge and builds rapport and trust. Knowing that the judge cares for their well-being and outcome has a positive impact on how participants view authority and the program. Graduates attended an average of 22 scheduled court review hearings with the team and judge while in a program.

Mental Health Court (MHC) and Veterans Treatment Court (VTC) models consist of multiple components that, when implemented, have proven effective in the overall success of participants. Oral fluid testing for prescription compliance is just one component that these two programs have instituted in conjunction with the standard best practices of MHCs/VTCs. This report cannot conclude that oral fluid testing, or other drug compliance testing, correlates with improved success, as the PCOFT services were not under experimental controls.

Pilot Status

In prior fiscal years, the SCAO funded PCOFT programs and provided descriptive statistics, such as the total number of participants, criminal convictions, testing results, and rearrest rates. However, prior annual reports have not answered more foundational questions regarding the efficacy of the program, including the benefit to this state of using oral fluid testing (2024 PA 121, Article 8, Part 2, Section 404) in problem-solving courts and whether oral fluid testing is more effective than traditional testing methods. These questions are best answered through an independent researcher with a study design that protects program participants and controls for confounding variables.

To that end, the SCAO posted a Request for Proposal (RFP) that invites proposals from qualified individuals and research institutions to evaluate the efficacy of oral fluid testing for prescription medications within Michigan's problem-solving courts. This new phase of the PCOFT program will ensure that as the project continues, it is fully meeting the intent and requests of the Legislature. The prior iteration of the PCOFT program was not launched this fiscal year while staff focused on developing this new phase. The evaluation will occur within new PCOFT pilot locations and focus on the cost, efficiency, accuracy, and outcomes of oral fluid testing compared to more traditional testing methodology. More specifically, the proposal will investigate and

answer the following research questions:

1. Is oral fluid testing more efficient than urine testing for detecting the presence of prescription medication in a problem-solving court participant's system?
2. Is oral fluid testing more accurate than urine testing for detecting the presence of prescription medication in a problem-solving court participant's system?
3. Does regular testing for the presence of prescription medications through oral fluid testing improve prescription medication compliance in problem-solving court participants?
4. Is there a statistically significant difference in problem-solving court program graduation rates between those participants that receive oral fluid testing and those participants that do not receive oral fluid testing?
5. Is oral fluid testing more cost-effective than traditional urine testing?

The SCAO will begin the evaluation in FY 2025 and anticipates a tentative completion in FY 2026 or the beginning of FY 2027.