



Solving Problems,
S A V I N G
L I V E S



FY 2023 PROBLEM-SOLVING COURTS
ANNUAL REPORT

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A MESSAGE FROM JUSTICE KYRA H. BOLDEN

MICHIGAN SUPREME COURT PROBLEM-SOLVING COURTS LIAISON



Healing starts with compassion.

This word might seem out of place in a report about court operations, but this is not just any report and these are not just any courts. Because this report spotlights the outcomes—overwhelmingly positive—that we measure every year in Michigan’s problem-solving courts.

The key ingredient needed for any problem-solving court to exist, much less succeed in its mission, is compassion.

Any judge who has started or has taken on a problem-solving court docket needs to have compassion. And the court staff and team members? They could not perform the day-to-day checking and scheduling and testing and keeping participants on track without compassion.

I have seen and felt genuine compassion at graduations I have been privileged to attend. And that compassion makes my heart sing in praise of the good people can do.

While we understand the importance of sharing the positive outcomes we measure every year—lower recidivism and unemployment rates, improved quality of life—the best proof of success comes from the smiles, tears, and hugs on graduation day – the day compassion is reflected in results.

Ivy, a past mental health court graduate, summed it up perfectly:

“They gave me a chance in mental health court. Judge Tomlinson wasn’t going to give up on me. He knew I had potential, and he showed me a completely different side of the court system. He showed me that courts can help.”

Another essential ingredient of problem-solving court success is support. On this note, we have to give recognition and huge “thanks” to state legislators and the governor for their ongoing support and funding of these life-changing programs.

Because state leaders have said “yes” to these programs, graduates such as Ivy have quite literally had a second chance at life. They are reconnecting with their families, they are maintaining employment and improving their quality of life, and they are helping to strengthen their communities.

Please take a look through these pages at the many ways our courts are engaging with their communities and getting results that benefit the individual graduates and the state as a whole. And remember, compassion is where this incredible success story begins.

A handwritten signature in blue ink that reads "Kyra Harris Bolden". The signature is fluid and cursive.

EXECUTIVE SUMMARY

Collaboration and Compassion as a Strategy

Under the umbrella of One Court of Justice, Michigan problem-solving courts exemplify how the third branch is working to increase public trust and confidence in the courts through collaboration, compassion, and innovation. These goals are perfectly aligned with the Michigan Judicial Council's (MJC) mission to provide a roadmap—a strategic plan—for Michigan courts to increase access, protect rights, resolve disputes, and apply the law under the Constitution.

Justice Bolden has stressed that PSCs wouldn't exist without compassion. And compassion doesn't come from a symbol or a building; compassion comes from the judges and court team members who work day in and day out to make a difference for justice-involved individuals who are struggling with underlying issues. Through structure, guidance and support, these life-saving courts are providing a pathway for participants to overcome substance use disorder/addiction, mental health issues, and veteran-specific issues.

Turning Compassion into Measurable Successes

This in-depth report delivers the results of applying nationally-recognized best practices and state standards (statute and case law) in a PSC to produce the best possible outcomes during fiscal Year 2023 (October 1, 2022 to September 30, 2023). With generous support from state and federal funding systems, the State Court Administrative Office (SCAO) was able to grant more than \$14 million to PSCs across the state for FY 2023. [p. 11]

The need for these courts is perhaps more important today than it has ever been with a

NUMBER OF MICHIGAN PROBLEM-SOLVING COURTS (FY 2023)

207 total

136 drug treatment, DWI/sobriety courts:

58 hybrid (DWI/drug) treatment courts

38 DWI sobriety courts

13 adult drug treatment courts

10 juvenile drug treatment courts

8 family treatment courts

9 tribal Healing-to-Wellness Courts

43 mental health courts:

35 adult MHCs

8 juvenile MHCs

28 veterans treatment courts

growing number of overdose deaths each year and a growing prison population experiencing addiction and behavioral health issues. [p. 7]

Also, Michigan continues to be a national leader with treatment courts. Michigan has among of the most treatment courts in any state, which is made possible through the support of many state leaders and practitioners, including the legislature.

As supported by the data in this report, the goals of treatment courts continue to be met: reduced recidivism, promoting recovery, healing, improved employment and education, and positive life change.

Drug & Sobriety Courts

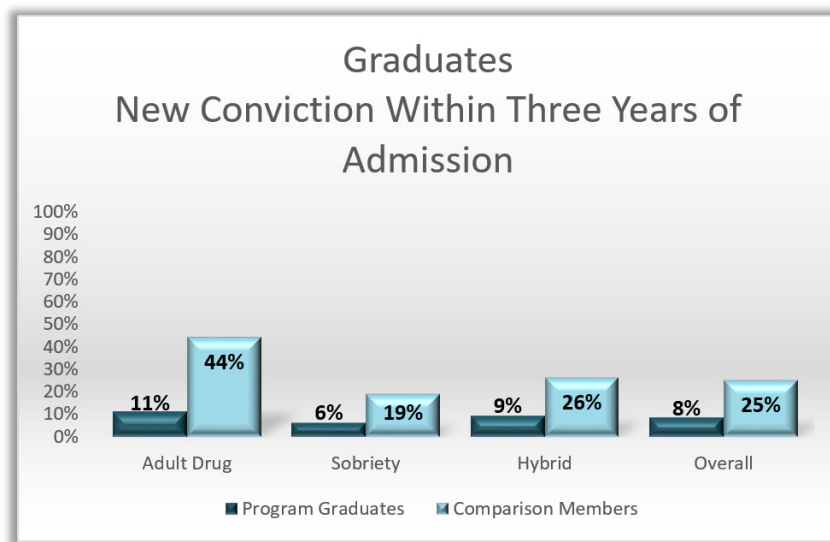
When a participant has met their goals, completed each phase of the program, and is stable in their recovery, then the team will discharge them from the program as having successfully completed it, and are called graduates of the PSC. Of the 2,263 participants discharged from a drug or sobriety court program during FY 2023, 69 percent successfully completed a program. [p. 14]

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, the SCAO *Best Practices* manual 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 completely turned around among adult drug court graduates—with all of these graduates obtaining employment by discharge. Unemployment among sobriety court graduates and hybrid court graduates dropped by 88 percent. [p. 17-18]

How likely PSC graduates and participants are to reoffend, or the recidivism rate, is another crucial marker to watch. This is vital because of its obvious impact on community safety. FY 2023 adult drug court graduates were 4 times less likely, sobriety court graduates were more than 3 times less likely, and hybrid court graduates were nearly 3 times less likely to be convicted of a new offense within three years of admission to a program. [See graph below. Also p. 20-21]

Courts need various tools to achieve positive outcomes. One such tool is an ignition interlock device, which doesn’t allow drivers to operate a vehicle unless they blow into a device that measures the alcohol level in their system. Participants who used ignition interlock devices were nearly 5 times less likely to be convicted of a new offense. [p. 30]





Problem-solving judges from around the state convening to participate in training at the Hall of Justice.

Mental Health Courts

In FY 2023, mental health court (MHC) graduates were far less likely to commit another crime. On average, MHC graduates (adult circuit, adult district) were around 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 88 percent, an improvement over the 81 percent drop in FY 2022. [p. 41]

Perhaps the most reassuring indicators of MHC success are the average 99 percent improvement in mental health and 99 percent quality of life improvement. [p. 40]

Veterans Treatment Courts

In FY 2023, Michigan had 28 VTC programs, making it among the top states in the nation for number of independent VTC programs. VTCs retained 92 percent of their participants during a 12-month period, which is important for allowing time for treatment engagement and increasing the likelihood of success in the program. Unemployment among VTC graduates dropped by 82 percent. [p. 50]

Taken together, these remarkable statistics all prove one conclusion – that Michigan’s more than 200 treatment courts solve problems and save lives.

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).

This project was supported by Grant No. 2020-MU-BX-0088 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice or the SCAO.

PROBLEM-SOLVING COURTS

The need for treatment courts¹ is perhaps more important today than it has ever been. The number of overdose deaths in the United States continue to increase every year and reached an all-time high during the most recently reported year — more than 110,000.² It is estimated that 85 percent of the U.S. prison population has a substance use disorder or became involved in the criminal justice system for a crime involving drugs or drug use.³ Meanwhile, “94 percent of people aged 12 or older with a substance use disorder did not receive any treatment.”⁴ Additionally, it’s widely reported that the United States is in the middle of a mental-health crisis.⁵ A recent study

showed that half of all people are likely to suffer from a mental illness in their lifetime.⁶ Michigan has answered the call to help people who suffer from substance use and mental health disorders. In 1993, the first treatment court in Michigan started in Kalamazoo County.⁷ Since then, the number of treatment courts in Michigan has increased to more than 200, and those treatment courts have proven effective year after year at leading an individual with substance use and mental health disorders out of the criminal justice system and into a life of wellness and recovery.⁸ And Michigan is a national leader with treatment courts. Michigan has among of the most

¹ The terms “treatment courts” and “problem-solving courts” are synonymous and used interchangeably in this report.

² National Institute on Drug Abuse, *Drug Overdose Death Rates* <<https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>> (accessed February 5, 2024).

³ National Institute on Drug Abuse, *Criminal Justice DrugFacts* <<https://nida.nih.gov/publications/drugfacts/criminal-justice>> (accessed February 5, 2024).

⁴ U.S. Department of Health and Human Services, *SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021* <<https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html>> (accessed February 5, 2024).

⁵ The White House, *FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union* <<https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union>> (accessed February 5, 2024).

⁶ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Mental Health and Mental Disorders* <<https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders#:~:text=About%20half%20of%20all%20people,some%20point%20in%20their%20lifetime.&text=Healthy%20People%202030%20focuses%20on,mental%20disorders%20and%20behavioral%20conditions>> (accessed February 5, 2024).

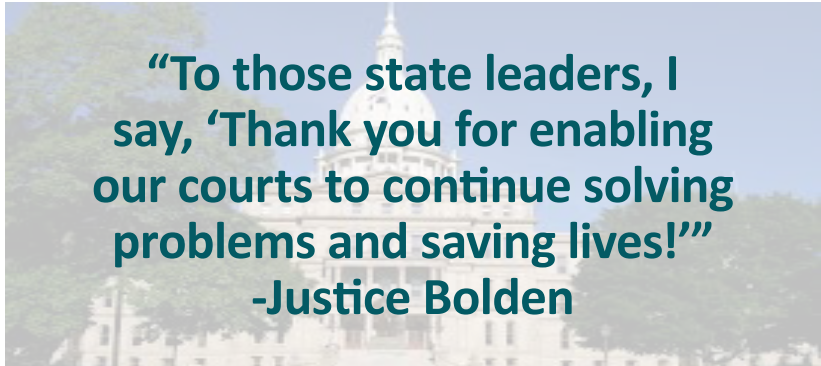
⁷ *The Detroit News*, *Michigan Treatment Courts Focus on Rehabilitation, Not Retribution*, <<https://www.detroitnews.com/story/news/special-reports/2019/10/11/michigan-treatment-courts-rehabilitation-not-retribution/1717843001>> (accessed February 5, 2024).

⁸ AllRise, *About Treatment Courts*, <<https://allrise.org/about/treatment-courts>> (accessed February 5, 2024)

treatment courts in any state,⁹ which is made possible through the support of many leaders and practitioners, including the legislature and the governor.

Trial courts across the state consistently worked face-to-face with participants in treatment courts. Simply put, treatment courts do not exist without the heart, passion, effort, and commitment of team members at the local courts. Treatment courts are made up of multidisciplinary team members who regularly meet to discuss participant progress and compliance. Team members include program judges, the treatment team, prosecutors, defense attorneys, probation staff, program coordinators, law enforcement, veteran justice outreach liaison and veteran mentors (for VTC), and peer mentors. Other team members might include community corrections, social workers, case managers, educational professionals, evaluators, the Michigan Department of Health and Human Services (MDHHS), community mental health, and doctors. Every treatment court team member demonstrates hard work and dedication to public service that results in helping people overcome substance use and mental health disorders.

The drug court statute¹⁰ became effective nearly 20 years ago. The veterans treatment court¹¹ and adult mental health court statutes¹² became



**“To those state leaders, I say, ‘Thank you for enabling our courts to continue solving problems and saving lives!’”
-Justice Bolden**

effective seven and eight years later, respectively, and the juvenile mental health court statute became effective in 2019. Year after year, Michigan legislators and governors have continued to prioritize treatment courts through annual appropriations. “For the last several decades, the legislative and executive branches of government have demonstrated unwavering, bipartisan support for treatment courts,” said Justice Kyra Bolden, the MSC liaison to problem-solving courts. “To those state leaders, I say this: ‘Thank you for enabling our courts to continue solving problems and saving lives!’”

Statutes and Best Practices

The treatment court statutes and best practices form the framework for treatment court operations. Michigan’s adult drug, DWI sobriety, hybrid drug/DWI, juvenile drug, and family

⁹ National Treatment Court Resources Center, *Treatment Courts Across the United States* (2020) <https://ntcrc.org/wp-content/uploads/2021/08/2020_NDCRC_TreatmentCourt_Count_Table_v8.pdf> (accessed February 5, 2024).

¹⁰ MCL 600.1060 to MCL 600.1084.

¹¹ MCL 600.1200 to MCL 1212.

¹² MCL 600.1090 to MCL 600.1099a.

¹³ MCL 600.1099b to MCL 600.1099m.

treatment court programs are governed by MCL 600.1060 et seq. and must comply with the [10 Key Components](#) established by the National Association of Drug Court Professionals (NADCP). The *10 Key Components* are evidence-based practices that, when adhered to, result in reduced recidivism and an increased likelihood of successful recovery for the participant.¹⁴ DWI sobriety courts are similarly guided by [The Ten Guiding Principles of DWI Courts](#), which vary slightly from the *10 Key Components* based on the characteristics of participants in DWI courts.

Adult mental health courts are governed by MCL 600.1090 et seq. and juvenile mental health courts are governed by MCL 600.1099b et seq. Adult mental health courts are guided by [The Essential Elements of a Mental Health Court](#), and juvenile mental health courts are guided by the [Seven Common Characteristics of Juvenile Mental Health Courts](#).

Finally, veterans treatment courts are governed by MCL 600.1200 et seq. and must comply with the modified version of the *10 Key Components*. Complete adherence to each program model is essential because they are statutorily required and proven effective when operations are implemented to align with all components. Fidelity to the models increase participants' ability to lead substance- and crime-free lives.

Implementation

While each of the program models are tailored based on program type and population served,

they include a similar framework for program implementation. For example, participants are first stabilized from withdrawals or a mental health crisis. They might be experiencing homelessness or lack of transportation, so the program would assist with resources for those needs. Once stabilized, participants immediately begin treatment, and the amount and type of treatment is based on an individual clinical assessment. Participants might be paired with peer mentors for additional supervision and care.

Participants meet with the program judge at least twice per month in early phases of the program to discuss the participant's progress. Judges frequently engage with participants using motivational interviewing techniques to encourage continued recovery. All team members attend a team meeting that occurs before each review hearing. At the team meeting, team members discuss each participant's progress and updates, and they provide input about each participant's next steps in the program and resources to assist them.

Participants are required to meet with their probationer officer and/or case manager on a regular basis to discuss progress, ensure compliance, and receive referrals to services that can further assist with recovery. Law enforcement may conduct home and employment checks. Requirements in treatment courts typically include frequent and random drug and alcohol testing. Additionally, team members provide participants with various community

¹⁴ Shannon M. Carey, Juliette R. Mackin, and Michael W. Finigan, *What Works? The Ten Key Components of Drug Court: Research-Based Best Practices* <https://ntcrc.org/wp-content/uploads/2020/06/DCR_best-practices-1_What_Works_the_Ten_Key_Components_of_Drug_Court.pdf> (accessed February 5, 2024).

resources, including 12-step programs, life skills programs, budgeting classes, education resources, and employment resources, as needed.

Close supervision ensures noncompliance is quickly detected, and sanctioning occurs immediately. Each sanction is individualized for participants. Program sanctions might occur when participants violate their probation terms or do not meet achievable goals. The defense attorney and team also ensure that participants receive due process protections. Incentives are given to reward positive behaviors and should outnumber sanctions by at least four-to-one. Individualized incentives (e.g., judicial praise, applause, etc.) are

given for behaviors such as breakthroughs in treatment, obtaining employment, helping in the community, helping a fellow program participant, or reaching certain milestones in the individual's recovery. All of these components, and how they are individualized to each participant, are guided by evidence-based best practices.

As supported by the data in this report, the goals of treatment courts continue to be met: reduced recidivism, promoting recovery, healing, improved employment and education, and positive life change.

MICHIGAN'S CERTIFICATION OF PROBLEM-SOLVING COURTS

As of 2017, state law requires all treatment courts in Michigan to be certified by the State Court Administrative Office (SCAO). To become certified, treatment courts must comply with the *10 Key Components* (or other similar components), required best practices, federal and state confidentiality laws, case law, and other authorities that are binding on Michigan courts. Required best practices are supported by research and data to produce better outcomes and result in higher-quality programs. These best practices are included in the SCAO's *Standards, Best Practices, and Promising Practices* manuals,¹⁵ which were established through collaboration with the Michigan Association of Treatment Court Professionals (MATCP) and based on the National Association of Drug Court Professionals' (NADCP) *Adult Drug Court Best Practices Standards Volumes I and II*.

The certification process involves the SCAO staff visiting each treatment court program to observe the team meeting and review hearing, conduct interviews with all team members, review program documents, and evaluate the program's data. Upon concluding the site visit, the SCAO staff determines whether the program met or did not meet each certification requirement. If any requirements were not met, the treatment court is given time to revise program operations, and once every certification

¹⁵ Michigan Supreme Court, State Court Administrative Office, *Adult Drug Court Standards, Best Practices, and Promising Practices* <<https://www.courts.michigan.gov/4a86b9/siteassets/court-administration/best-practices/psc/adc-bpmanual.pdf>> (accessed February 5, 2024); *Veterans Treatment Court Standards, Best Practices, and Promising Practices* <<https://www.courts.michigan.gov/4a86b9/siteassets/court-administration/best-practices/psc/vtc-bpmanual.pdf>> (accessed February 5, 2024); *Adult Mental Health Court Standards, Best Practices, and Promising Practices* <<https://www.courts.michigan.gov/4a88af/siteassets/court-administration/best-practices/psc/mhc-bpmanual.pdf>> (accessed February 5, 2024).

requirement is met, the program is officially awarded certification, which is effective for four years. Since 2018, 158 treatment courts have been certified following a certification site visit, and the remaining treatment courts will have a certification site visit within the next few years.”

PSC GRANT AMOUNTS IN FISCAL YEAR 2023

Many PSCs in Michigan are supported, in part, by funds appropriated by the Michigan Legislature and distributed by the SCAO in the form of grants. This funding is supplemented by federal grant funds received by the SCAO. The chart below includes FY 2023 grant amounts requested, awarded, and expended by problem-solving courts in Michigan.

Grant Program	FY23 Requested	FY23 Awarded	FY23 Expended
Michigan Drug Court Grant Program	\$14,442,228	\$8,284,556	\$7,851,901
Michigan Mental Health Court Grant Program	\$6,581,881	\$5,260,970	\$4,467,381
Michigan Veterans Treatment Court Grant Program	\$1,729,671	\$1,009,199	\$959,598

DRUG COURTS

Drug, DWI/sobriety, hybrid drug/DWI, and family treatment courts¹⁶ are court-supervised treatment programs that are designed to help individuals who abuse or are dependent upon a controlled substance and/or alcohol. These treatment courts target individuals who are high risk of committing new crimes and high need for treatment and other recovery support services. These treatment courts work by using a team approach, early identification, treatment, close judicial interaction, community supervision, mandatory and periodic drug and alcohol testing, and the use of appropriate sanctions and incentives. These treatment courts treat addiction as a complex disease and provide a comprehensive, sustained continuum of therapeutic interventions and treatment. As the nonprofit organization, All Rise, notes: “[a]dult drug courts are the most carefully studied and well-proven intervention in our nation’s history for leading people with substance use disorders out of the justice system and into lives of health and recovery.”¹⁷

¹⁶ The term “drug court” is often used as an umbrella term to include adult drug, DWI sobriety, hybrid drug/DWI, juvenile drug, and family treatment courts; and all of these program types are currently governed by MCL 600.1060 *et seq.*

¹⁷ AllRise, *About Treatment Courts*, <<https://allrise.org/about/treatment-courts>> (accessed February 5, 2024).

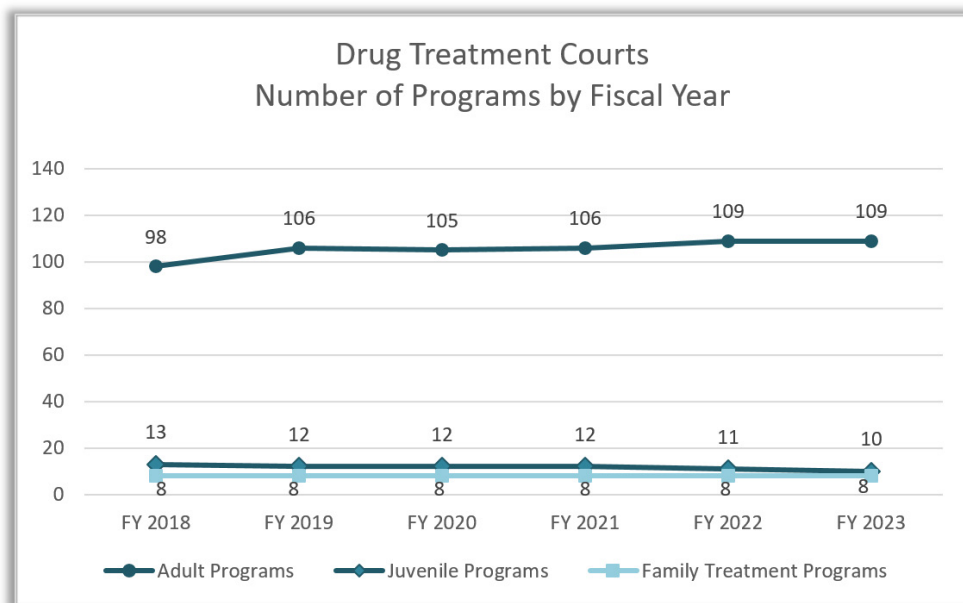
DRUG COURT TREND DATA FISCAL YEARS 2018-23

The SCAO maintains an official list of PSCs and updates it once each year to report the total number of program types in Michigan. Trend data is used to determine whether programs are increasing, decreasing, or remaining static.

Number of Drug Court Programs Trend Data

The data below show the number of drug court programs in Michigan from FY 2018 through FY 2023. The “adult program” categorization in the graph is inclusive of all adult drug court programs, hybrid programs, and sobriety programs in Michigan. Program types may fluctuate between years and within a fiscal year depending on the types of offenses they accept. Thus, categorizing these programs under the umbrella term of “adult drug courts” presents a more accurate picture over time. Juvenile drug court programs and family treatment programs are shown separately.

Overall, Michigan’s adult programs had grown from 98 programs in FY 2018 to 109 in FY 2023, which was the same number of adult drug courts as the last fiscal year. Juvenile drug programs decreased from 13 programs to 10 programs since FY 2018, and the number of family treatment programs remained the same at eight programs.



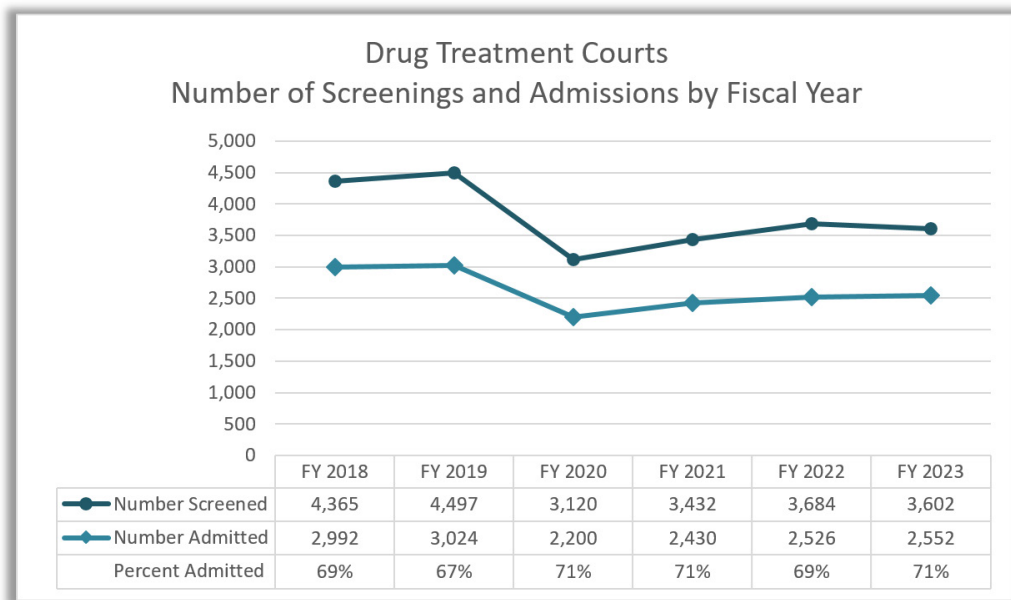
Screening and Admission Trend Data

MCL 600.1078(1) requires each drug treatment court to collect and provide data on each individual

applicant and participant and the entire program as required by the SCAO. Michigan PSCs use the Drug Court Case Management Information System (DCCMIS) to frequently and accurately enter data on participant services, progress, and outcomes. Data collected in DCCMIS is used to compile this annual report.

The trend data shows the number of screenings and admissions from FY 2018 to FY 2023. Both screening for and admission into a drug treatment court declined in FY 2020 and was likely due to the COVID-19 pandemic. In FY 2021, the number of screenings and admissions began to rebound and continued in FY 2022. In FY 2023, the number of offenders screened decreased slightly while the number of admissions increased slightly.

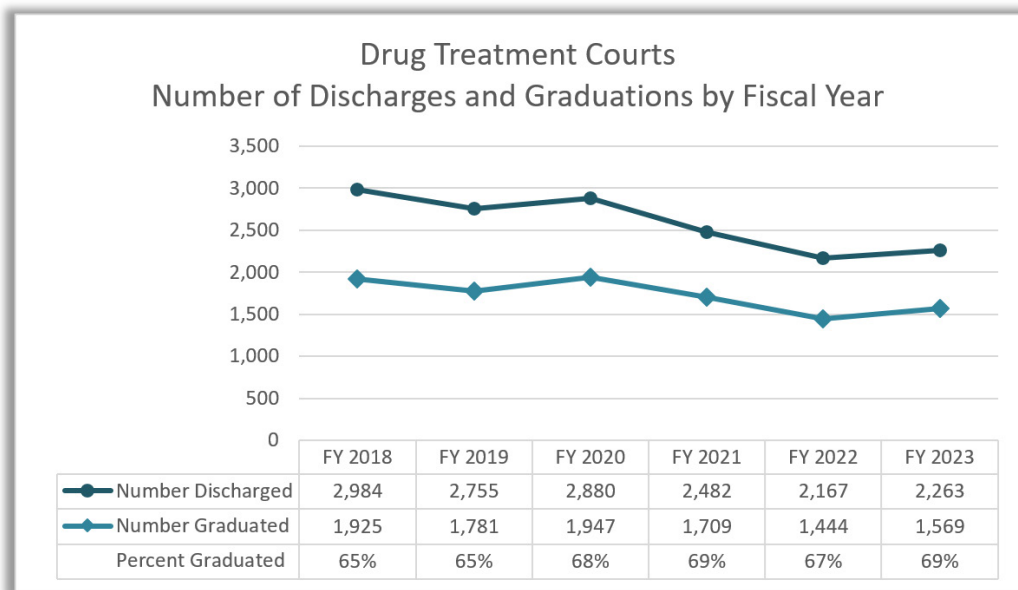
When evaluating admission rates, the data show that, despite fluctuations in the numbers being screened and admitted, the proportion of those admitted fluctuated little over time, ranging from 67 percent to 71 percent.



Discharges and Graduations Trend Data

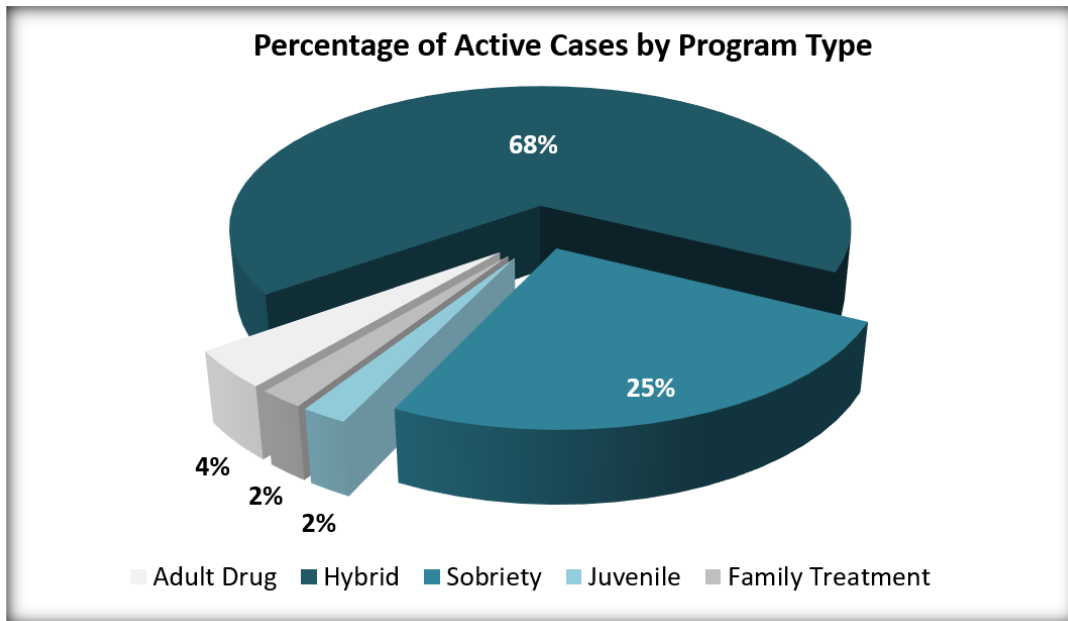
The following graph shows the number of all participants who were discharged from FY 2018 to FY 2023, and a subset of those who completed all program requirements. When a participant has met their goals, completed each phase of the program, and is stable in their recovery, then the team will discharge them from the program as having successfully completed it, and are called graduates of the PSC. Participants

discharged for medical reasons or transferred to another jurisdiction were excluded from the calculation because medical discharges are not related to program participation. Being transferred to another jurisdiction indicates the participant is still participating in a PSC program. There was a small decline in the number of participants discharged from a program in FY 2021 and FY 2022. This decline was expected due to the decrease in the number of admissions in FY 2020, since programs typically last 12 to 24 months. In FY 2023, the number of discharges began to rise. Overall, the graduation rate from FY 2018 to FY 2023 fluctuated between 65 percent and 69 percent.



PERCENT OF ACTIVE CASELOAD BY PROGRAM TYPE (October 1, 2022 – September 30, 2023)

From October 1, 2022, through September 30, 2023, Michigan’s drug court programs served a total of 5,877 participants. The pie chart shows the number of active drug court participants in FY 2023 by program type. Most participants were active in a hybrid program, which takes both drunk driving and non-drunk driving offenses. The number of active participants in each drug court program during FY 2023 can be found in Appendix A. [p. 53-56]



DRUG COURT OUTCOMES FY 2023 (October 1, 2022 – September 30, 2023)

Drug Court Graduates’ Outcome Measures

The National Research Advisory Committee¹⁸ was formed as part of the National Drug Court Training and Technical Assistance Initiative under the Bureau of Justice Assistance and the National Center for State Courts to develop core drug court performance measures. These measures include length of continuous sobriety, recidivism while in a program, and the services received (treatment, drug/alcohol testing, etc.) while in a PSC program. Other measures include the graduation rate, whether participants improved their employment status or education level upon graduation, and the length of time in a program. A primary goal of drug courts is reducing recidivism, which increases public safety and saves costs to communities.

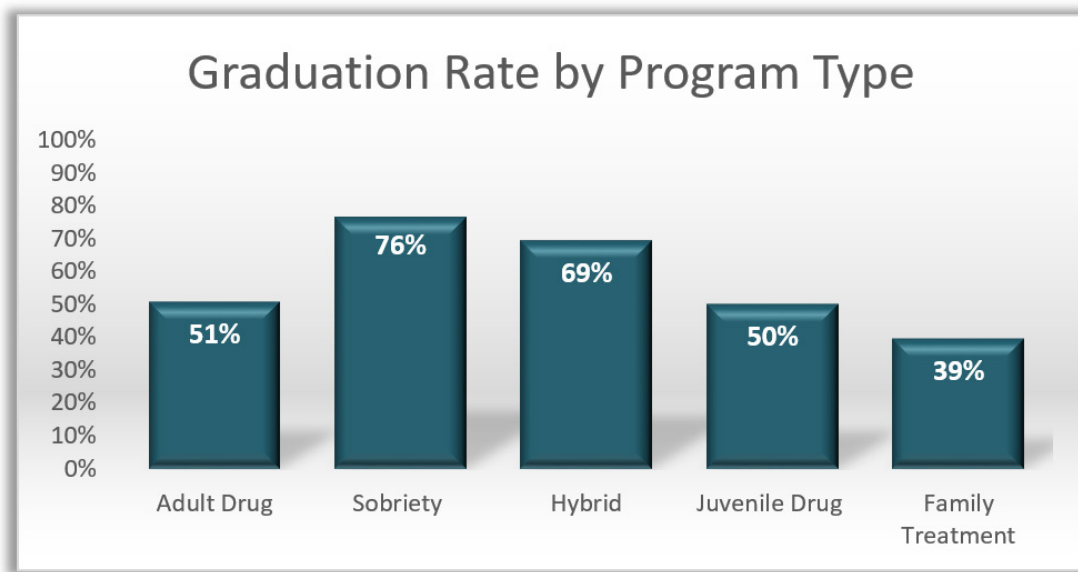
Graduation Rate

The overall graduation rate for participants of juvenile and adult drug court programs was 69 percent in FY 2023. Twenty-six percent of participants were discharged unsuccessfully due to noncompliance,

¹⁸ National Center for State Courts, *Performance Measurement of Drug Courts: The State of the Art* <<https://cdm16501.contentdm.oclc.org/digital/collection/spcts/id/171>> (accessed February 5, 2024).

absconding, or committing a new offense. The remaining five percent were discharged for reasons such as voluntary withdrawal, “Other,” or death.

The following graph shows the graduation rate by program type. Sobriety courts had the highest percentage of graduations (76 percent). Sobriety courts target drivers who were under the influence of alcohol or drugs to reduce the threat of repeat driving offenses. Hybrid programs target both DWI and non-DWI offenders and had the next highest percentage of graduations (69 percent). Adult drug court programs target offenders with offenses other than drunk/drugged driving and had a graduation rate of 51 percent. The majority of these programs are circuit court programs admitting felony offenders who identify opioids or methamphetamine as their drug of choice. Family treatment courts (FTC), which address the addiction of parent(s) while treating entire families in conjunction with MDHHS, had a graduation rate of 39 percent. National family treatment court best practices were recently developed as a comprehensive model specific to treating families. Lastly, juvenile drug courts, which target youths 18 years of age and younger, had a graduation rate of 50 percent.

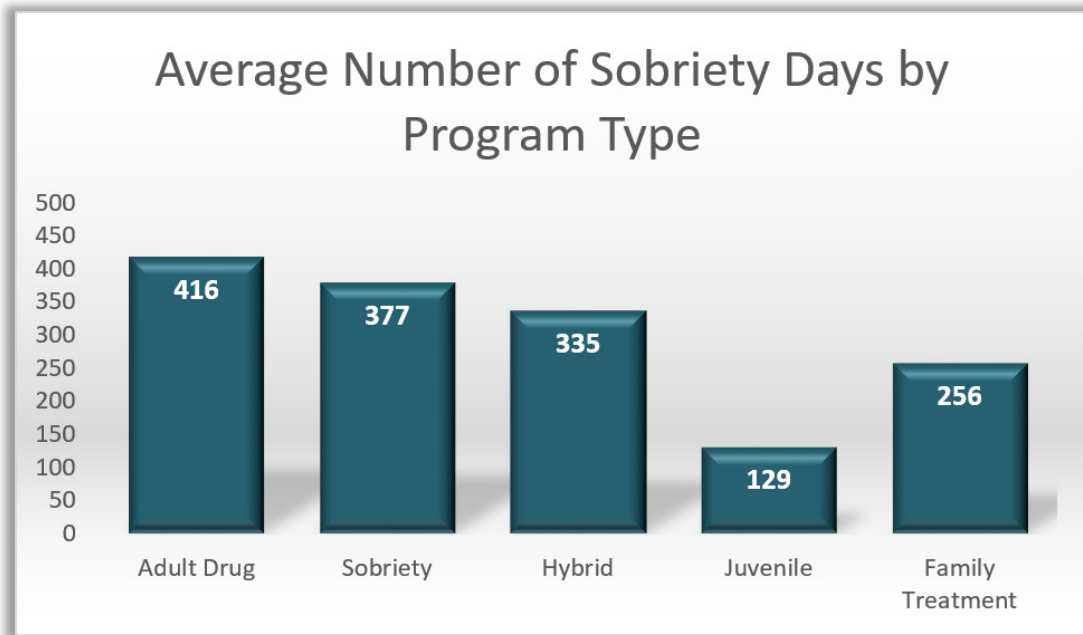


Consecutive Sobriety Days

Best practices state that participants should have a minimum of 90 consecutive days of abstinence from alcohol and drugs before graduating from a program.¹⁹ Sobriety days are calculated in DCCMIS using a daily

¹⁹ AllRise, *Adult Treatment Court Best Practice Standards Volumes 1 and 2*, <<https://allrise.org/publications/standards>> (accessed February 5, 2024)

counter that is reset by a positive drug/alcohol test or admitted use. Juvenile drug courts have the shortest average length of consecutive sobriety days, but tend to also have programs that are shorter in length. The following graph identifies the average number of consecutive sobriety days by program type, all of which greatly exceeded the minimum best practice.



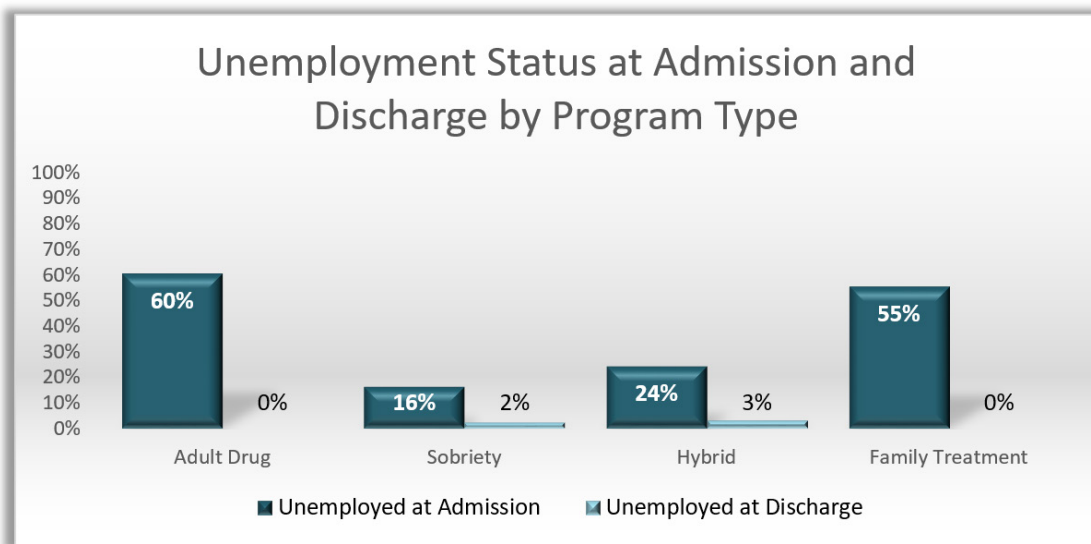
Employment Status

Best practices state, “[i]n 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.”²⁰ Obtaining gainful employment is often required of PSC participants in later phases of the program. Once participants have been stabilized and are working on habilitation and recovery, the next focus is on job training, resume building, vocational training, and employment. Participants are often successful at finding employment before completing the PSC program.

Among adult drug court graduates, 60 percent were unemployed at admission and no participants were unemployed at graduation. Although the number of graduates were small among adult drug courts, all were from circuit courts with felony charges, which exemplifies the holistic approach and success of

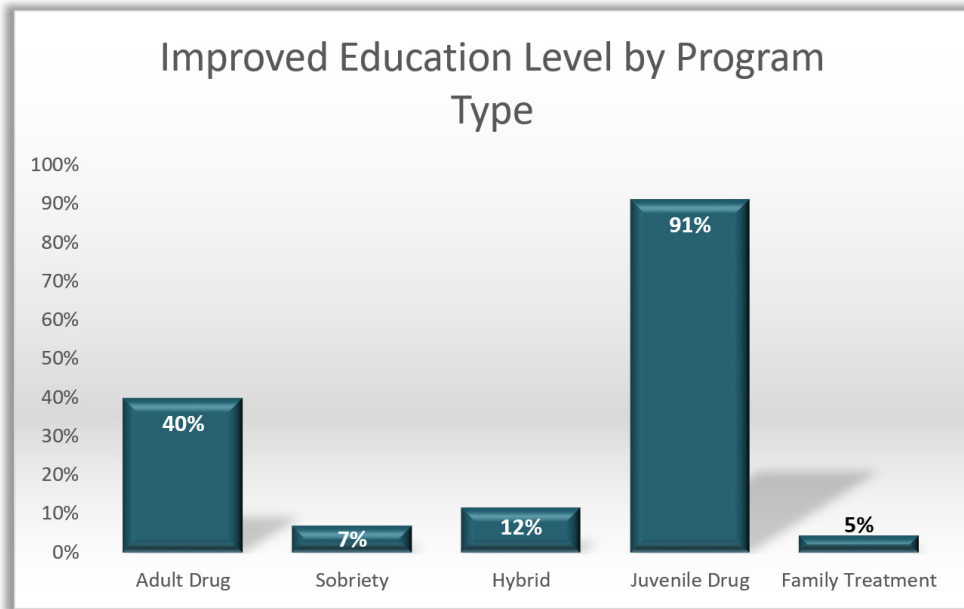
²⁰ Michigan Supreme Court, State Court Administrative Office, *Adult Drug Court Standards, Best Practices, and Promising Practices* <<https://www.courts.michigan.gov/4a86b9/siteassets/court-administration/best-practices/psc/adc-bpmanual.pdf>> (accessed February 5, 2024)..

participants beyond recovery. Among sobriety court graduates, 16 percent were unemployed at admission and 2 percent were unemployed at discharge. This was an 88 percent reduction in unemployment. Although most participants entered a program employed part- or full-time, those who were unemployed at entry found success in not just completing the program, but in finding employment. Hybrid courts also had a high percentage reduction in unemployment from the time of admission to discharge among graduates. Twenty-five percent were unemployed when entering a program and 3 percent were unemployed upon graduation, which is an 88 percent reduction. Family treatment courts have fewer participants, but were more successful in helping their graduates find employment. Upon admission, 55 percent were unemployed, and at graduation none were unemployed, resulting in a 100 percent reduction in unemployment. Juvenile drug court participants were not included because their main goal is to improve education levels rather than finding employment.



Education

Youth 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 levels, 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 always pursue continuing education.



Evaluating Recidivism for Adult Drug, Sobriety, and Hybrid Courts

MCL 761.1(s) in the Code of Criminal Procedure defines recidivism as the following

[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. The year 2015 is used as the starting point because the National Association of Drug Court Professionals (NADCP) published the first adult best practice standards manual in 2013, which gave Michigan courts two years to implement the best practices.

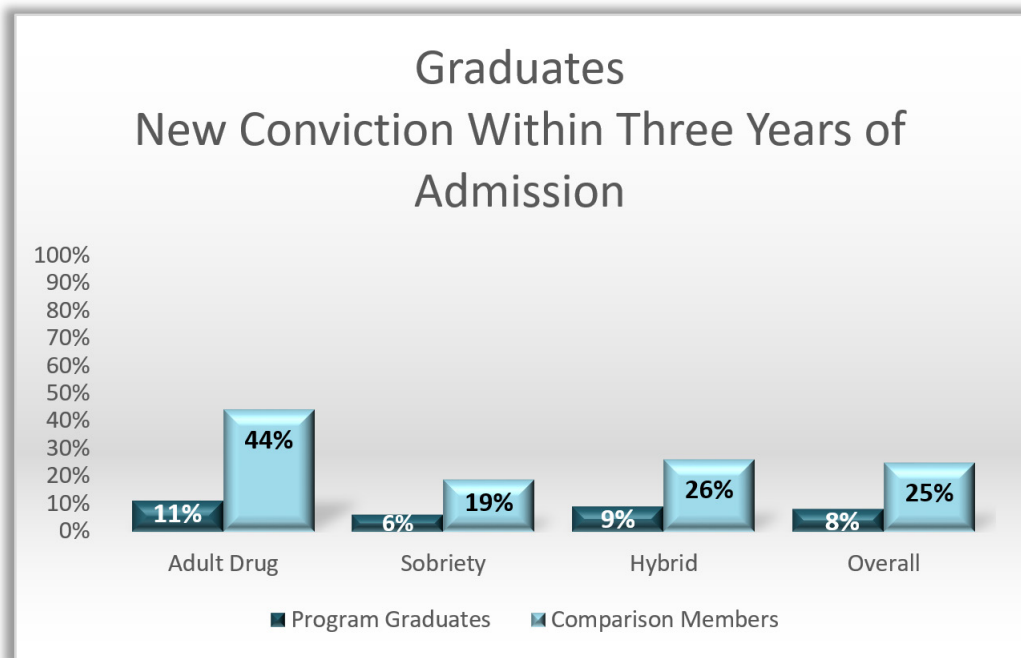
According to the NADCP’s *Adult Drug Court Best Practices Standards Volume II*, when evaluating recidivism outcomes, a comparison group of offenders who did not enter a drug court and are statistically comparable to participants should be used to assess whether program services had a favorable impact on reducing recidivism. The 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 matched pair where recidivism for the pair is evaluated over three years and five years.

Two populations are examined for recidivism: participants who were in a PSC program, regardless of whether they completed a program or not, and a subset population of only those who graduated a PSC program. Also, two different scopes of recidivism—broad and narrow—are considered. The broad scope of recidivism considers new convictions within the categories of violent offenses; controlled substance use or possession; controlled substance manufacturing or distribution; other drug offenses; driving under the influence of drugs or alcohol as a first, second or third offense; other alcohol offenses; property offenses; breaking and entering or home invasion; nonviolent sex offenses; juvenile status offenses of incorrigible, runaway, truancy or curfew violations; neglect and abuse civil; and neglect and abuse criminal. This scope excludes traffic offenses and offenses that fall outside the above categories. The narrow scope of recidivism considers new drug or alcohol convictions, including controlled substance use or possession; controlled substance manufacturing or distribution; other drug offenses; driving under the influence of drugs or alcohol; and other alcohol offenses. These different types of analyses are shown in the following graphs.

Recidivism Rates for Adult Graduates

The three-year analyses of graduates who entered a program and had a matched comparison person totaled 7,028 matched pairs, and the five-year analyses included 3,628 matched pairs. The recidivism rates are reported by each program type and also aggregately, indicated as “Overall.”

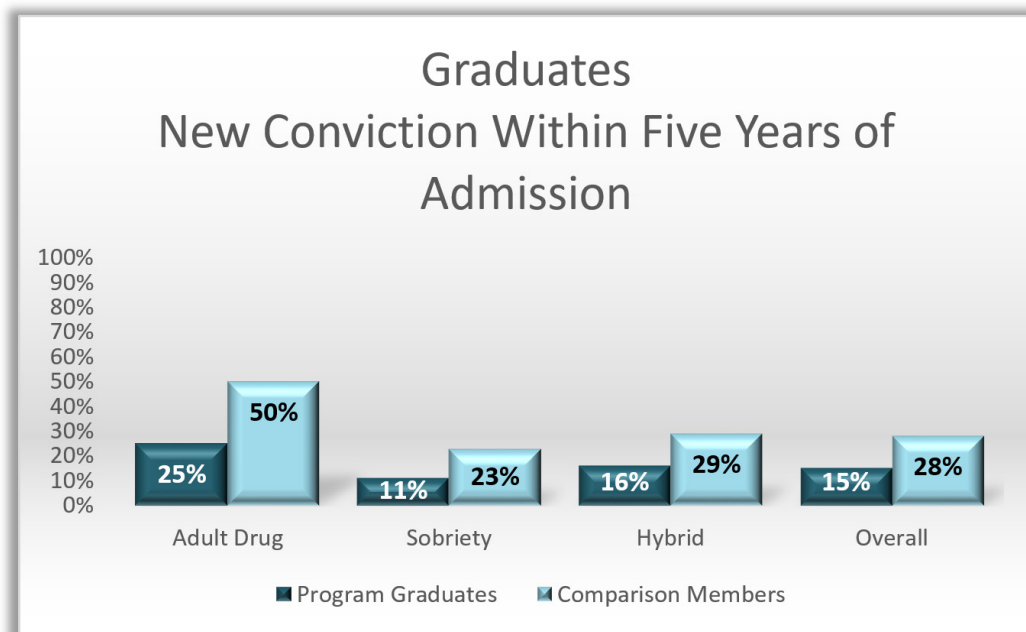
Graduates: New Conviction – Three Years





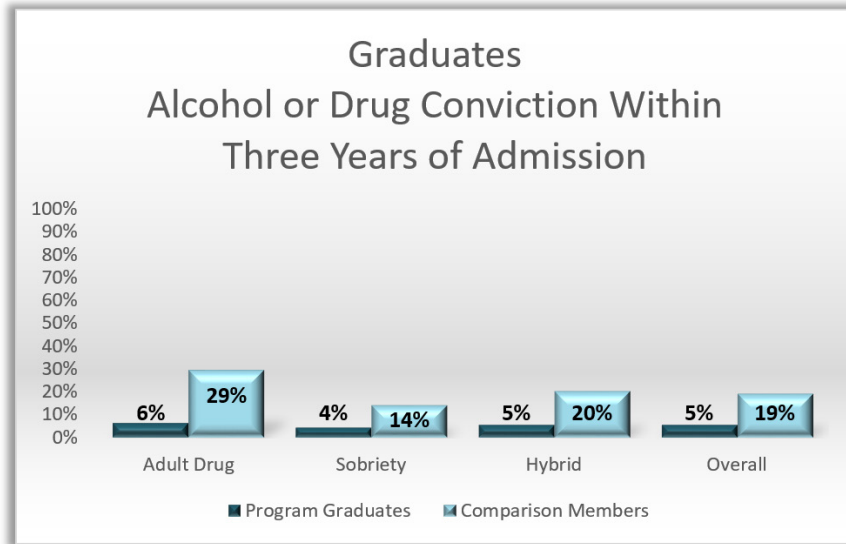
Overall, comparison members had three times the recidivism rates than graduates from drug court programs, and the difference was statistically significant. When a difference is statistically significant, it means the differences are not happening by chance, but rather as a result of program intervention.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

Graduates: New Conviction – Five Years



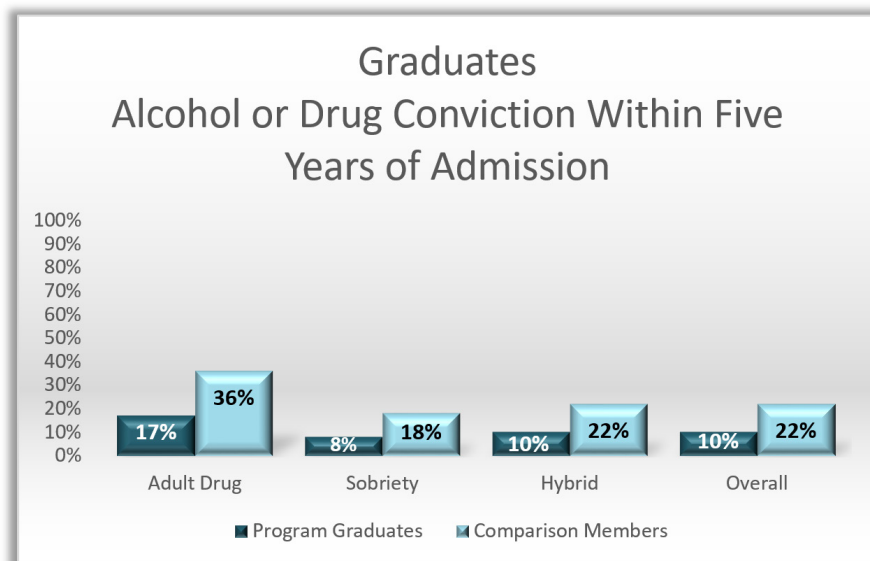
Overall, comparison members had nearly twice the recidivism rate as graduates of programs after five years, and the difference was statistically significant and showed favorable results.

Graduates: Alcohol or Drug Conviction – Three Years



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

Graduates: Alcohol or Drug Conviction – Five Years

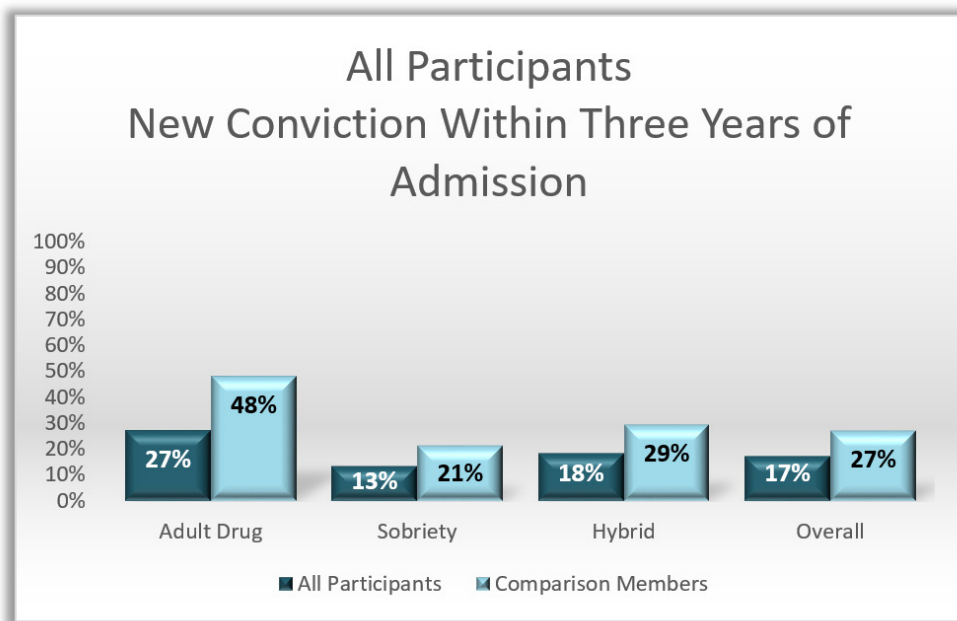


Overall, comparison members had more than twice the recidivism rates for drug and alcohol convictions than graduates after five years, and the difference was statistically significant. Graduates of all program types, even after 5 years, had less than half the rate of their comparison members, and this too, was and statistically significant.

Recidivism Rates for All Participants

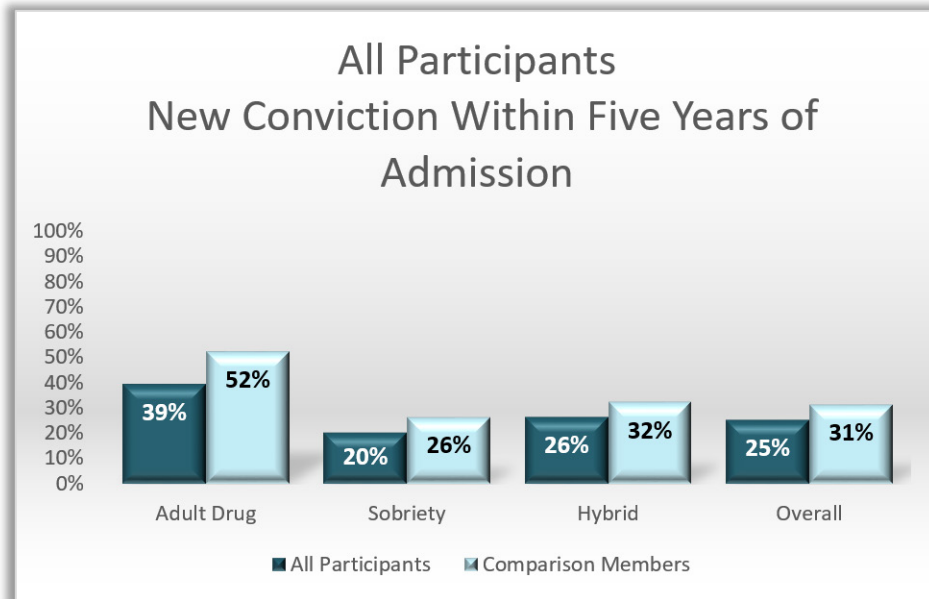
The All Rise, which is a new branding for the National Association of Drug Court Professionals, recommends using an intent-to-treat analysis on all individuals whom the program targeted for participation. Thus, the “All Participants” analysis includes all participants of a program regardless of whether they graduated from 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 10,720 matched pairs and the five-year analyses included 5,544 matched pairs. The recidivism rates are reported by program type and overall.

All Participants: New Conviction – Three Years



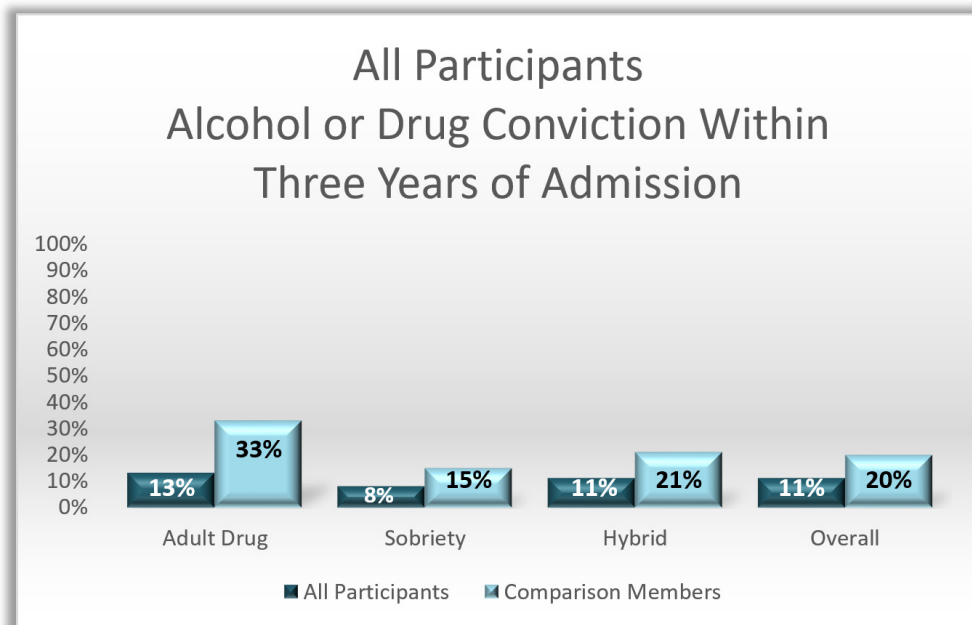
Participants among all program types were less likely to recidivate than their matched comparison members, and the differences were statistically significant.

All Participants: New Conviction – Five Years



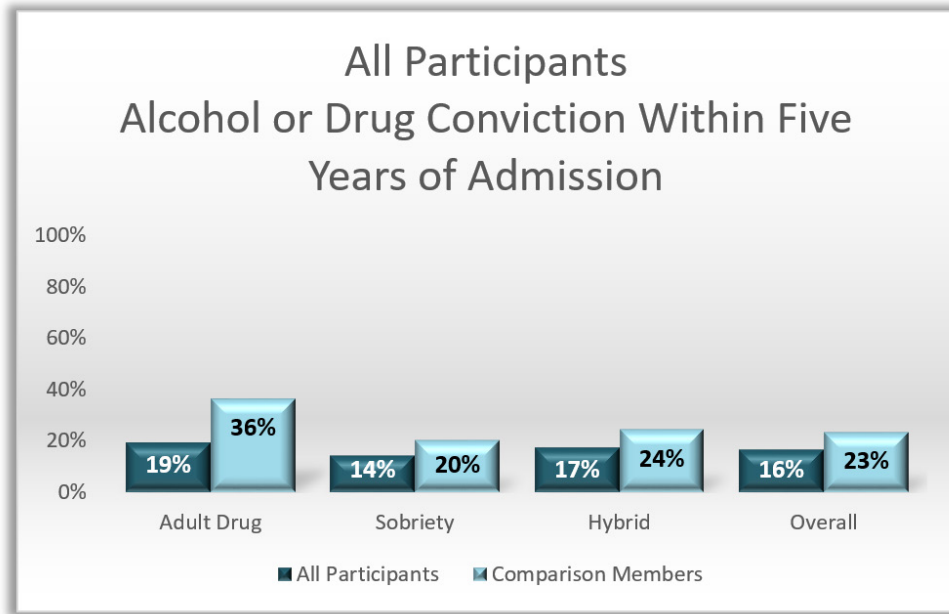
Even after five years, drug court participants had a lower rate of recidivism than the comparison members overall and within each program type, and the difference was statistically significant.

All Participants: Alcohol or Drug Conviction – Three Years



Overall, PSC participants had lower recidivism rates than the comparison group and all program type participants had less recidivism. The differences among all program types were statistically significant.

All Participants: Alcohol or Drug Convictions – Five Years



Overall and within program types, participants of drug court programs had a lower rate of recidivism than the comparison members and the difference was statistically significant.

Family Treatment Court Recidivism

Although similar to adult drug, sobriety, and hybrid courts regarding the services provided during participation, FTCs differ in the procedures for prosecuting, processing, and adjudicating petitions, and in their partnerships with the MDHHS and Child Protective Services to ensure whole families are treated. Program goals for FTCs also are 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 measures across many domains. For example, parent(s) may be successful in their recovery, but may or may not result in reunification with their children. Outcome measures can include whether children are in a nurturing environment or continue to suffer maltreatment while parent(s) are in a program. Additionally, foster care stays or adoption can be short-term measures, while long-term 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 and changing how recidivism is defined. The current recidivism methodology for the other drug court program types do not evaluate for new petitions nor does it evaluate whole families for recidivism and child removals over time.

Juvenile Drug Court Recidivism

In 2021, MCL 712A.28 was amended to make juvenile records nonpublic. As a result, data in the JDW regarding juvenile records are not available to evaluate, however, data will become available for this report in FY 2024.

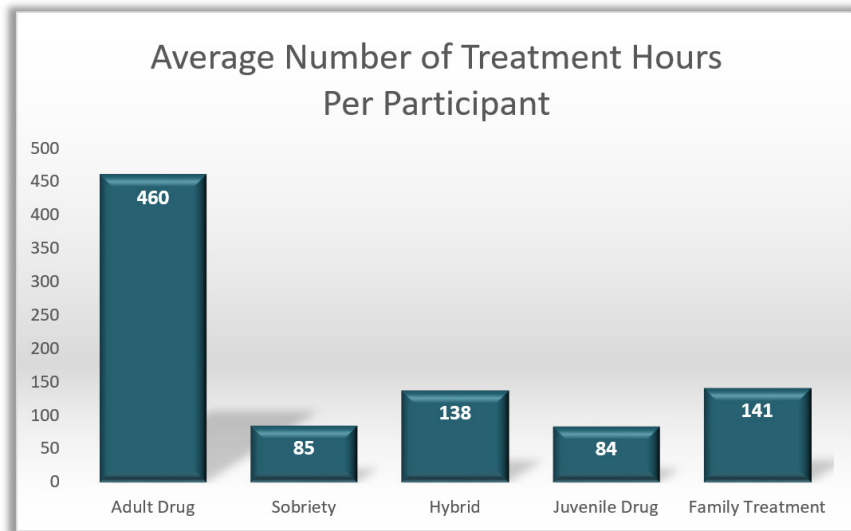
DRUG COURT GRADUATE PERFORMANCE MEASURES FY 2023 (October 1, 2022 – September 30, 2023)

Drug court programs are more structured and regimented than standard probation due to the population they serve. They require participants to attend and engage in substance abuse treatment, randomly and frequently test for drugs and alcohol, and appear before the judge one to two times per month. Participants are 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 the *All Rise's Adult Drug Court Best Practice Standards Vol. I and Vol. II*.

Treatment

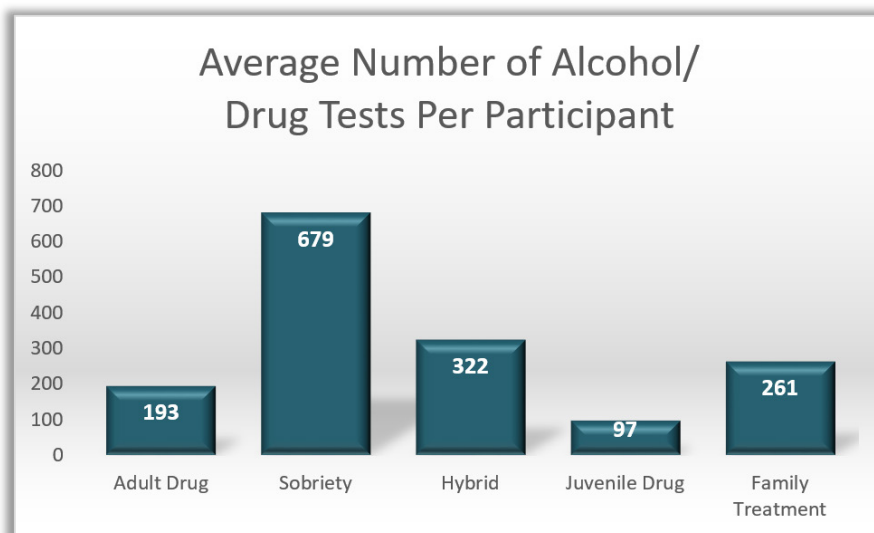
Best practices indicate drug courts should offer “a continuum of care for substance abuse treatment, including detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services.”²¹ Drug courts may take participants with secondary diagnoses, such as mental illness, when they have the proper community resources and therapists to treat the secondary diagnoses. Potential participants are assessed clinically to determine the type of substance abuse treatment modality that is needed for their recovery. Clinicians, who partner closely with the PSC team, 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 are shown by program type. Adult drug courts averaged a higher number of treatment hours than the other program types.

²¹ *Id.*



Drug/Alcohol Tests

Random and frequent alcohol and drug testing is the only objective way to identify abstinence or use. 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.”²² This best practice applies to sobriety court programs, despite most participants identifying their drug of choice as alcohol. People suffering from substance use disorder often supplant their drug of choice, such as alcohol, for another when they can no longer have their preferred drug of choice. The graph below shows the average number of drug and alcohol tests by program type in FY 2023. Sobriety courts had the highest average number of tests, which is most likely due to the frequent use of alcohol tethers, interlock devices, and Breathalyzers.

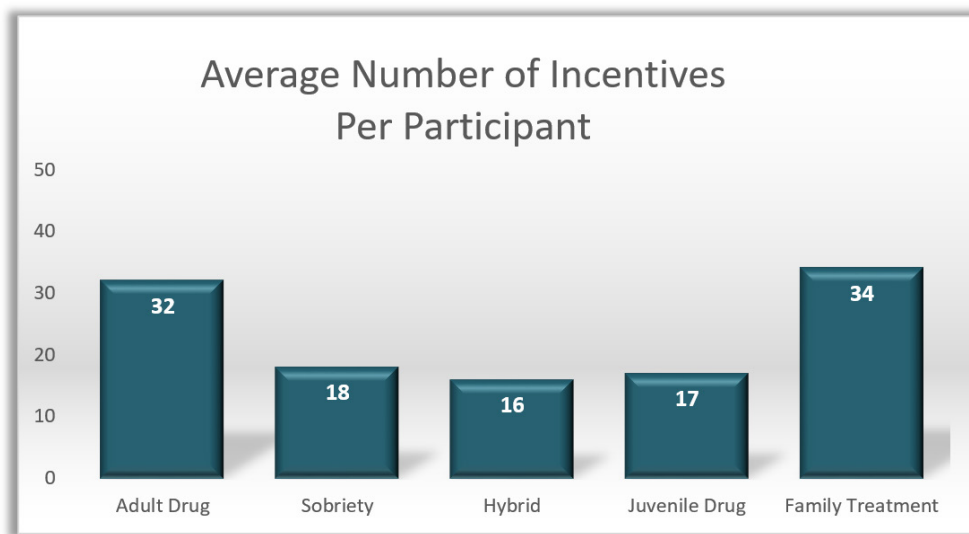


²² *Id.* at 46.

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.

Incentives

PSCs use a strength-based approach building on knowledge, skills, abilities, and successes, to equip participants with the necessary tools to prevent future criminal behavior. PSCs use incentives to reinforce behavior that supports recovery and results in sustainable change. 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.”²³ 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. Incentives can include applause and verbal praise, reduced testing, and phase advancements. The following graph identifies the average number of incentives received by participants by program type in FY 2023.

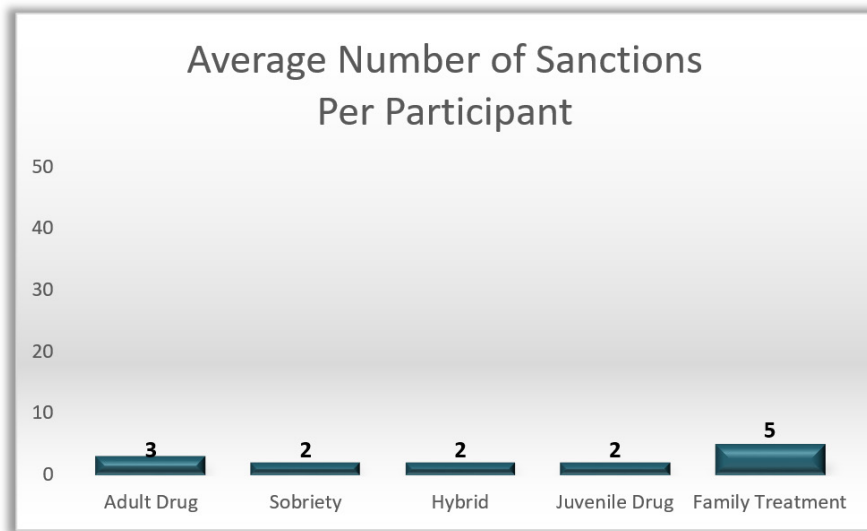


Sanctions

According to best practices, sanctions should be imposed as quickly as possible following noncompliant behavior to have the greatest effect on behavior modification. Courts should not wait until the next

²³ *Id.* at 9.

review hearing if the noncompliance can be addressed more immediately. Additionally, a determination of what types of sanctions to impose should be dependent upon each participants' progress and achievable goals throughout their time in the program. The graph below shows the average number of sanctions received by participants by program type in FY 2023.



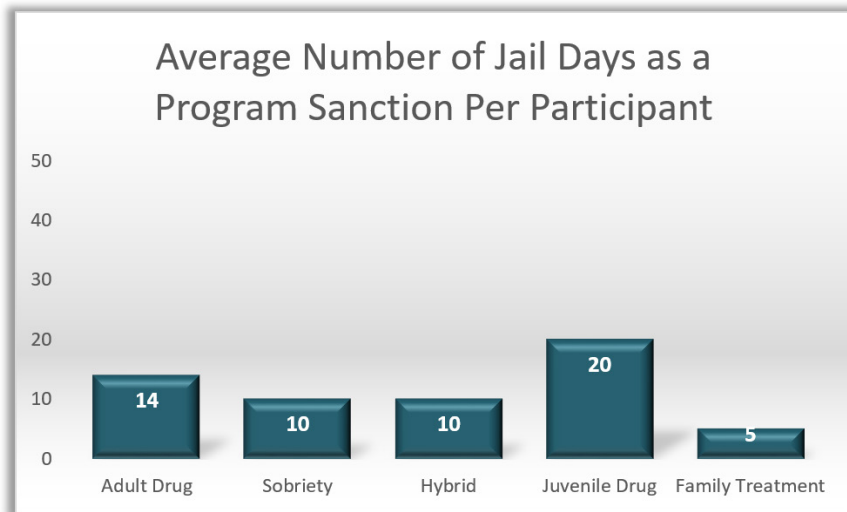
Days in Jail for Drug Court Sanction

Treatment courts that impose significant sanctions, such as lengthy jail stays, are less effective than programs that use a wide range of creative, intermediate-level sanctions. Punishments that are too severe, or high magnitude sanctions, can lead to a ceiling effect where programs run out of sanctions before treatment can become effective, resulting in poor outcomes. When sanctions are too weak, or low magnitude, it can lead to habituation or complacency. According to best practices, jail sanctions should be used sparingly. When used, a jail sanction should be no longer than three to five days in duration. Lengthier jail sanctions produce diminishing returns, and jail stays of more than one week are associated with increased recidivism. The following graph shows the averages of the total number of jail days received by participants who were sanctioned to jail for program violations while in a program.

²⁴ AllRise, *Adult Treatment Court Best Practice Standards Volumes 1 and 2*, <<https://allrise.org/publications/standards>> (accessed February 5, 2024)

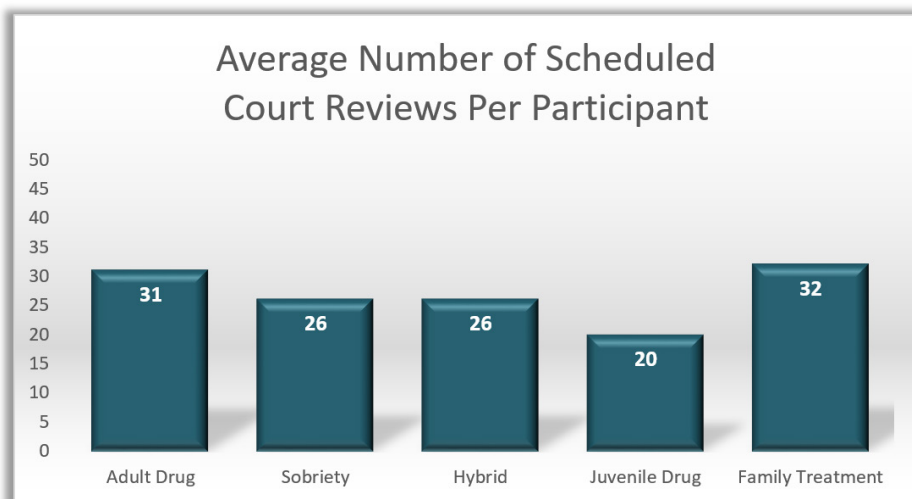
²⁵ *Id.*

²⁶ Shannon M. Carey, Juliette R. Mackin, and Michael W. Finigan, *What Works? The Ten Key Components of Drug Court: Research-Based Best Practices* <https://ntcr.org/wp-content/uploads/2020/06/DCR_best-practices-1_What_Works_the_Ten_Key_Components_of_Drug_Court.pdf> (accessed February 5, 2024)..



Review Hearings

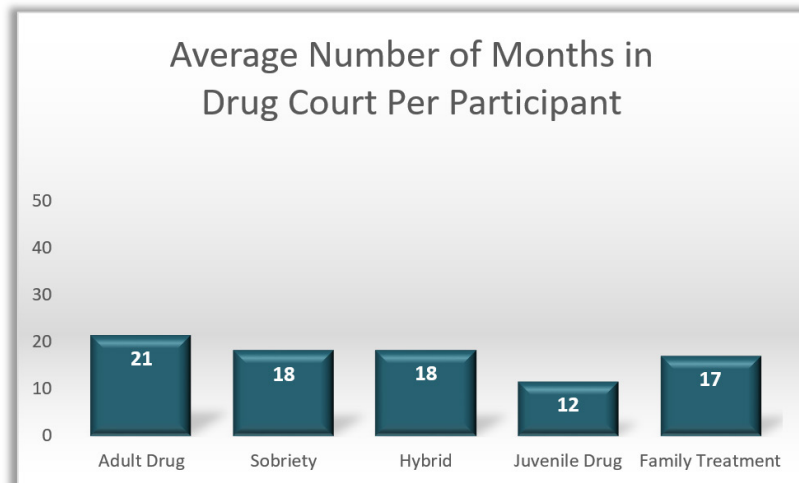
Research has consistently shown that the perceived quality of interactions between participants and the drug court judge is among the most influential factors for success in the program.²⁷ One-on-one judicial interactions at review hearings communicates to the participants that the court cares about their well-being and success. During review hearings, participants have a chance to interact with the judge who may lend encouragement or discourage inappropriate behavior. The judge addresses participants in an attentive, fair, and caring manner and participants are afforded a reasonable opportunity to explain their perspectives. The graph below identifies the average number of scheduled court reviews by program type in FY 2023.



²⁷ *Id.* at 46.

Program Length

The length of a PSC program can vary by program type. Juvenile drug courts are generally shorter in duration than adult programs, and family treatment courts adhere to statutory permanency-placement plan timelines which can guide their program length. The graph below identifies the average number of months in a PSC by program type in FY 2023. Graduates of adult drug courts who were felony offenders averaged the longest amount of time in a program.



IGNITION INTERLOCK DATA ANALYSES

In 2010, the DWI/sobriety court interlock program was created under statute,²⁸ and it allowed eligible repeat Driving While Intoxicated offenders to receive a restricted license through the interlock program by participating in a DWI/sobriety court. In 2023, Public Acts 124 and 125 renamed it the “specialty court interlock program.” These Acts expanded program eligibility to all participants in a certified “specialty court,” which is defined as a drug treatment court, DWI/sobriety court, hybrid drug/DWI court, an adult mental health court, and veterans treatment court. Eligible specialty court participants can install an ignition interlock device on their vehicle and obtain a restricted driver’s license. The interlock device prevents the vehicle from starting if the driver has a blood alcohol content as provided in MCL 257.625k.

In FY 2023, there were 1,590 active participants among 93 sobriety, hybrid, veterans, and mental health courts treatment court programs with an interlock device installed on their vehicle(s). The vast majority of participants with ignition interlocks were compliant with the terms of its use²⁹:

²⁸ See MCL 600.1084 and MCL 257.304

²⁹ Percentages may not add to 100 percent due to rounding.

- 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.
- Less than one percent were rearrested while active in a PSC program and of these, none of the new offenses were a drunk driving offense.

Outcomes for Ignition Interlock Participants

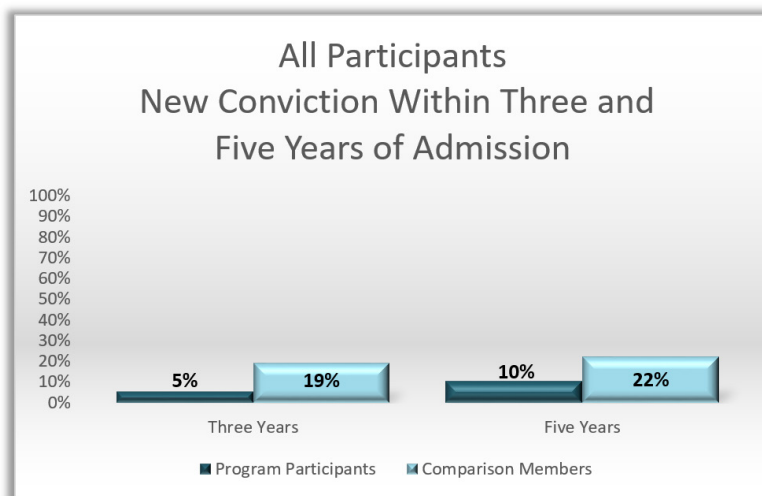
Evaluating the rate of program completion and the number of consecutive sobriety days for interlock participants is an important measure toward continued abstinence and public safety.

During FY 2023, there were 722 participants with an ignition interlock device installed on their vehicle(s) who were discharged from a problem-solving court, and 669 (93 percent) graduated from a PSC program. Seven percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense. The remaining³⁰ were discharged for reasons of “Other,” death, or withdrew voluntarily from a program.

Graduates with ignition interlock devices installed:

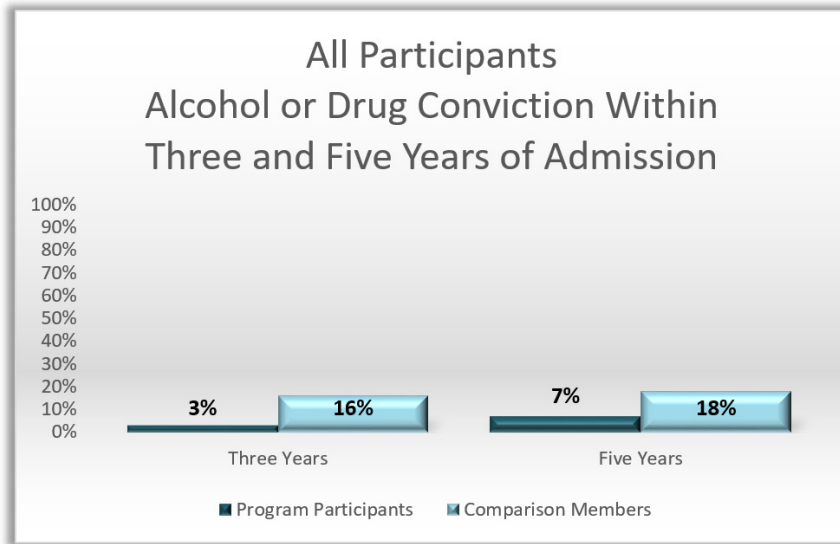
- Achieved an average of 359 days of consecutive sobriety while in the PSC program.
- Spent an average of 539 days, or approximately 18 months, in a PSC program.
- Averaged 539 drug and alcohol tests where, on average, two percent of the tests were positive.
- Received an average of 66 hours of treatment for their substance use disorder.

All Participants: Any New Conviction – Three and Five Years



³⁰ Percentages may not add to 100 percent due to rounding.

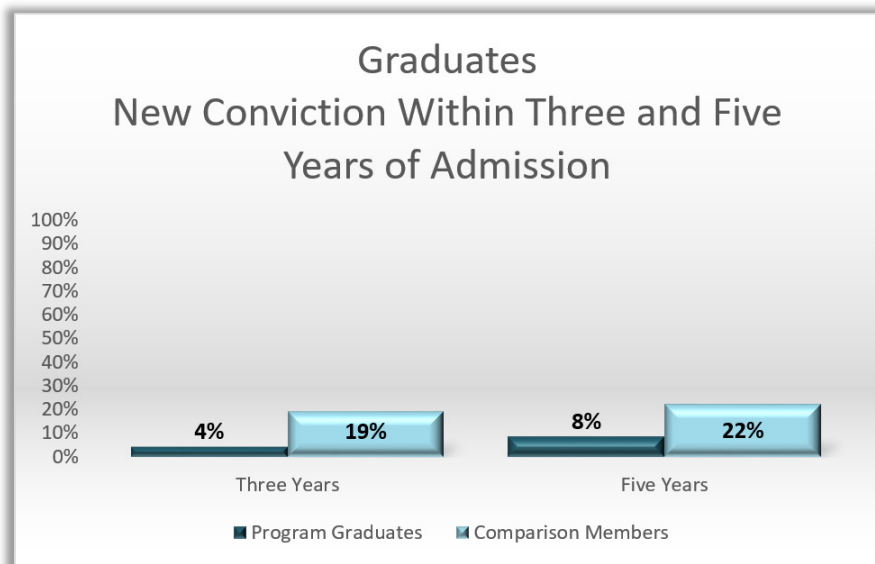
All Participants: Alcohol or Drug Conviction – Three and Five Years



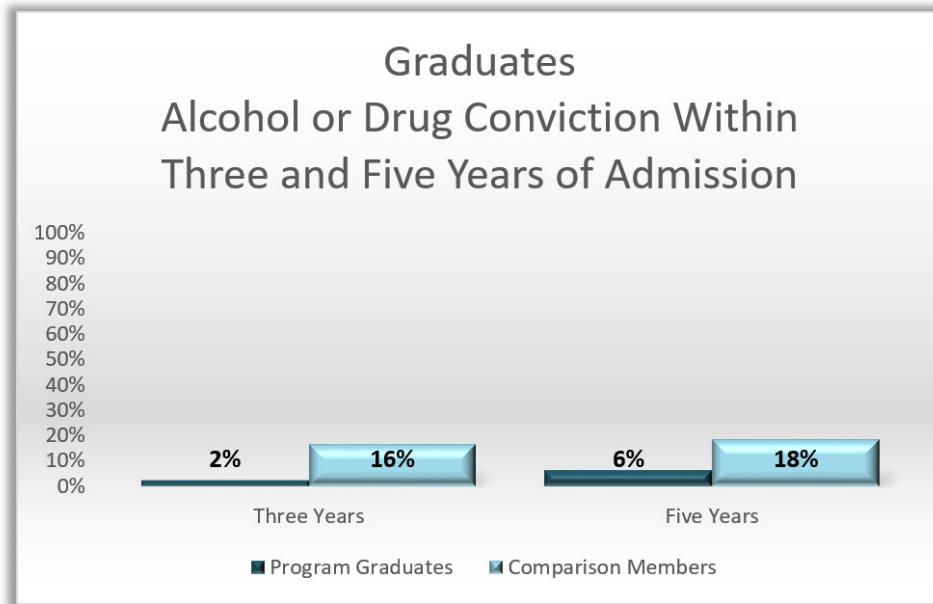
Ignition Interlock Recidivism Rates for Graduates

The three-year analyses of graduates of a drug court program that used interlock included a total of 2,613 matched pairs, and the five-year analyses included 1,277 matched pairs. Again, the reduction in recidivism among participants was statistically significant.

Graduates: Any New Conviction – Three and Five Years



Graduates: Alcohol or Drug Conviction – Three and Five



MENTAL HEALTH COURTS

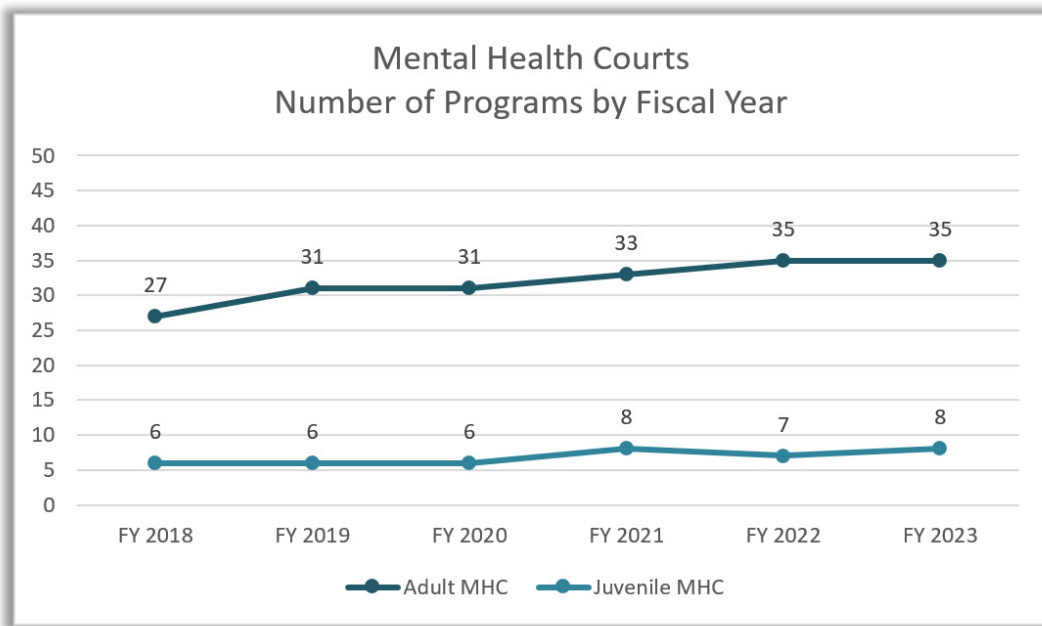
Mental health courts are modeled after drug courts and were developed in response to the overrepresentation of people with mental illnesses in the justice system. Mental health courts are specially designed to help individuals who have a serious mental illness, serious emotional disturbance, co-occurring disorder, or developmental disability. Participants are invited to participate in a specialized screening and assessment, but may choose to decline participation. For those who agree, a team of court staff and mental health professionals work together to develop treatment plans and supervise participants in the mental health court — all working together with the shared goal of helping the individual toward a life of sustained healing and wellness.

MHC TREND DATA FY 2018-23 (October 1, 2022 – September 30, 2023)

The following graphs show the number of mental health treatment courts, screenings, admissions, discharges, and graduations from FY 2018 through FY 2023.

Number of Mental Health Court Programs

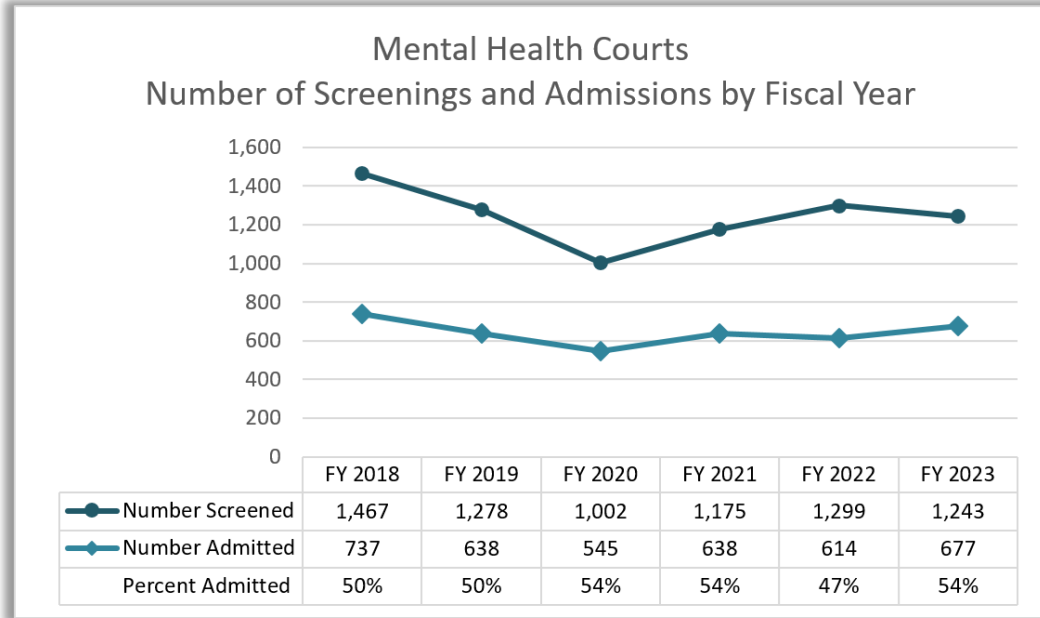
Trend data for mental health courts combine adults from circuit and district court programs, displayed as “Adult MHC,” and show data for juveniles in mental health courts separately. Adult programs increased from 27 in FY 2018 to 35 in FY 2023. Juvenile programs grew from six programs in FY 2018 to eight programs in FY 2023.



Screenings and Admissions Trend Data

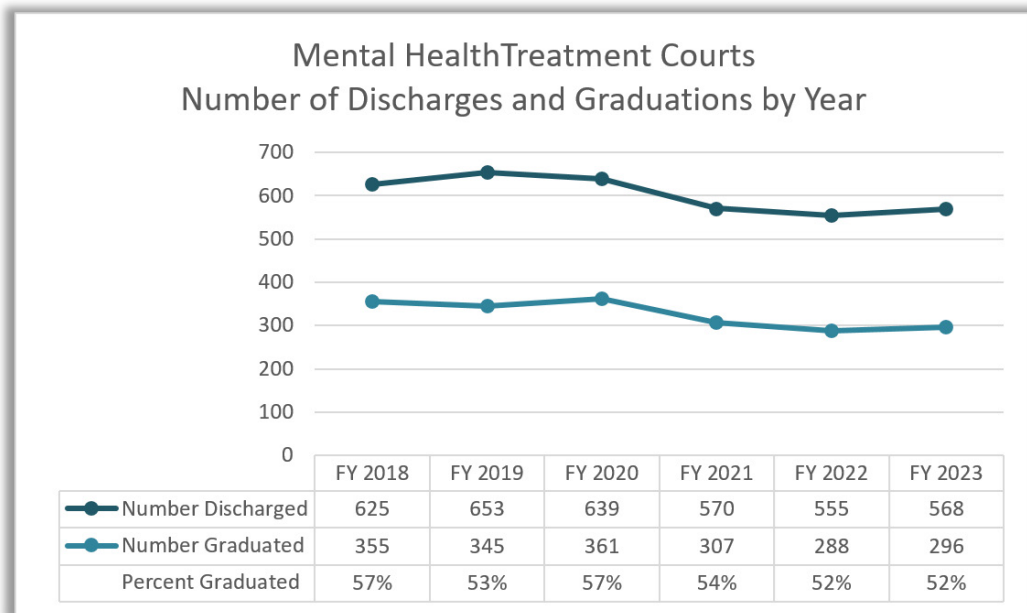
The number of screenings and admissions include adult and juvenile mental health courts for an overall picture of whether they were increasing, decreasing, or static.

The number of potential participants screened declined somewhat in FY 2023 from last fiscal year, but the number of participants admitted to an MHC rose. The percent of admissions rebounded back to 54 percent as in FY 2020 and FY 2021. Overall, admission rates fluctuated up or down by four percentage points from FY 2018 through FY 2023.



Discharges and Graduations Trend Data

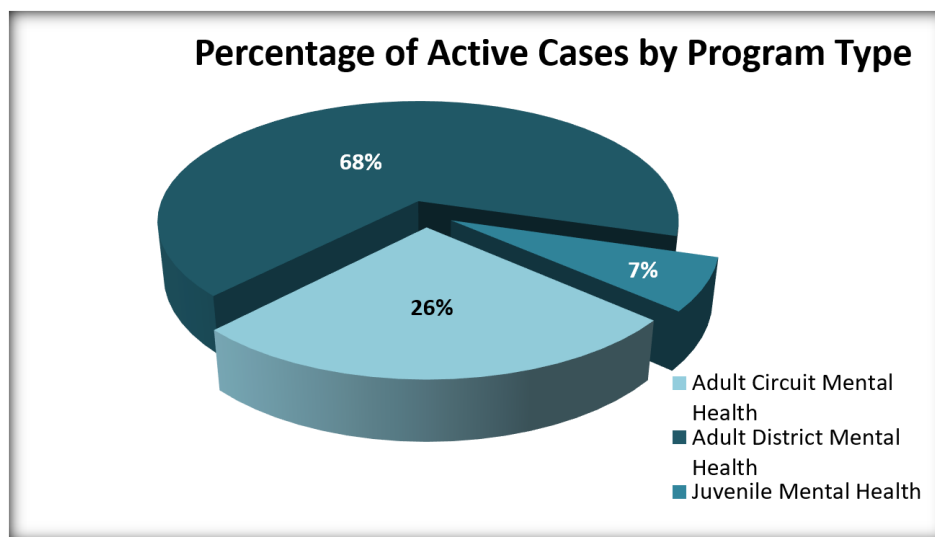
The number of participants discharged and the number who graduated from mental health courts declined from FY 2018 to FY 2023. The number of participants graduating a program was highest in FY 2020 and then declined over the next two fiscal years. The graduation rates fluctuated over time ranging from 57 percent to 52 percent. In FY 2023, the number of participants discharged and who graduated a program rose, while the graduation rate remained at 52 percent.



MHC DATA ANALYSES FY 2023 (October 1, 2022 – September 30, 2023)

MHC Caseload Statistics

During FY 2023, 1,398 participants were active in a mental health court program. The pie chart shows the percentage of active cases by program type. The biggest population of MHC participants were in a district court program. The number of active participants in each MHC program during FY 2023 can be found in Appendix B. [p.56-57]



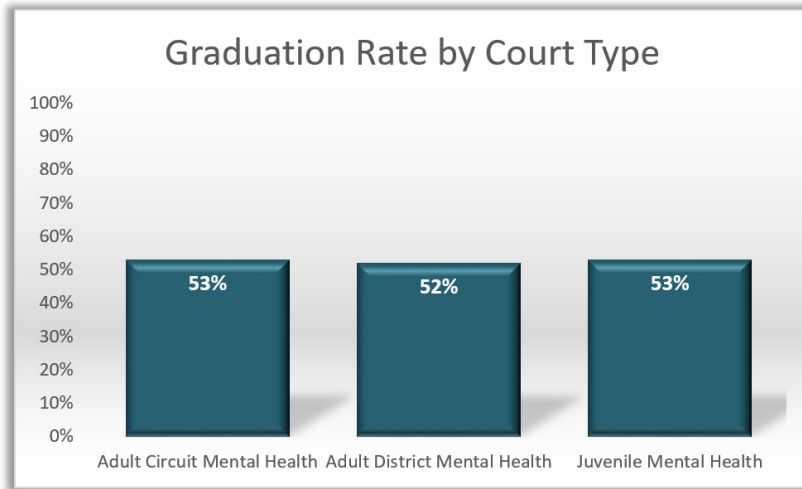
MHC Graduate Outcomes Measures

Measures used to evaluate the success of MHCs include the rate of graduation, the percent who improved their employment status or education level, and whether participants had an improvement in their mental health and quality of life. Participants in MHCs often need stabilizing psychotropic medicine, which makes medication compliance an important measure as well. Also, as with drug courts, a reduction in criminal recidivism is key to determining the effectiveness of the MHCs.

Graduation Rate

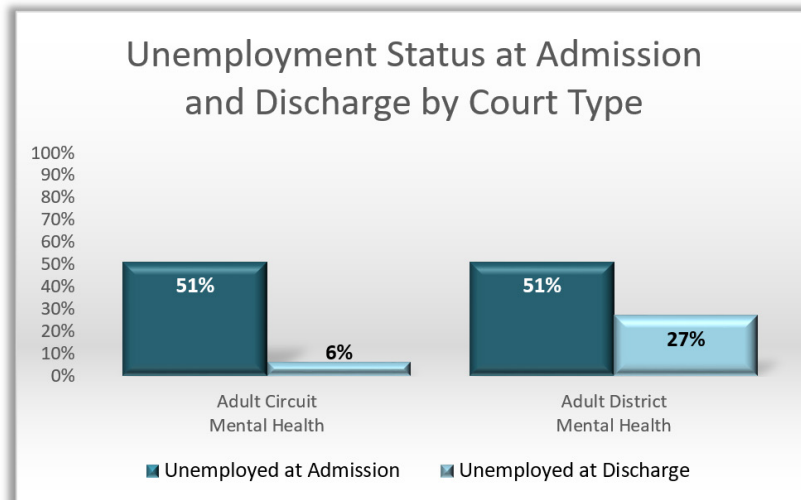
There were 568 participants who were discharged from MHCs in FY 2023, and 296 participants (52 percent) graduated a program. Forty percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense. Eight percent were discharged for reasons such as “Other,” voluntarily

withdrew, or death. The graph below shows the graduation rate by court type. Adult circuit MHCs and juvenile MHCs had a 53 percent graduation rate, while adult district MHCs had a 52 percent graduation rate.



Employment Status

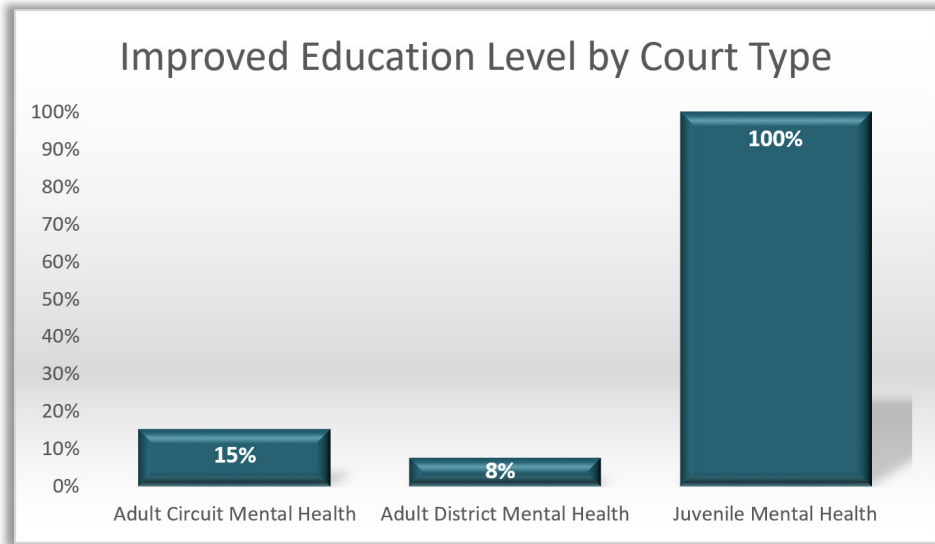
MCL 600.1096(1)(e) requires mental health courts to provide participants with vocational opportunities as appropriate and practicable. MHC team members partner with community agencies to find employment for participants when appropriate in the later phases of the program. Fifty-one percent of adult circuit mental health court graduates entered a program unemployed and at discharge, six percent were categorized as unemployed. This is an 88 percent reduction in unemployment. At admission into adult district MHCs 51 percent were unemployed, and at discharge 27 percent were unemployed, which is a 47 percent reduction.



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

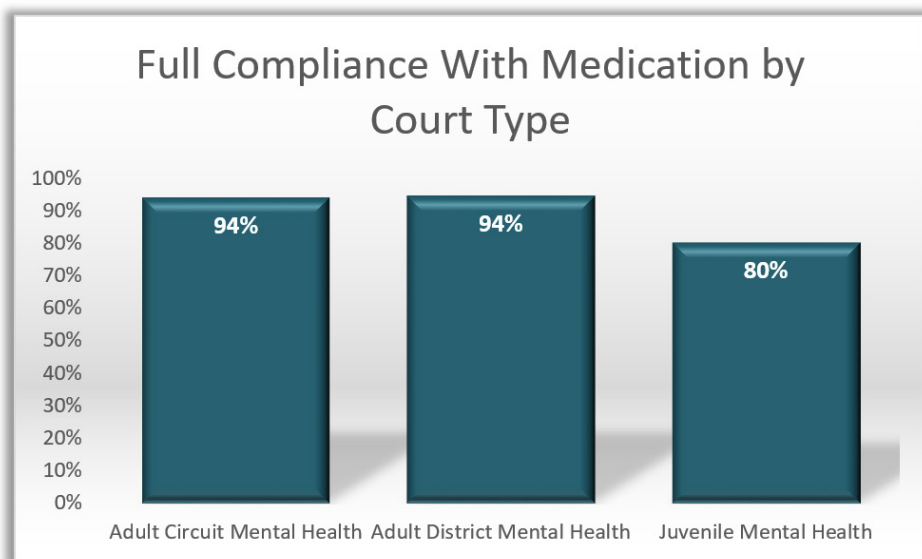
Improved Education Level

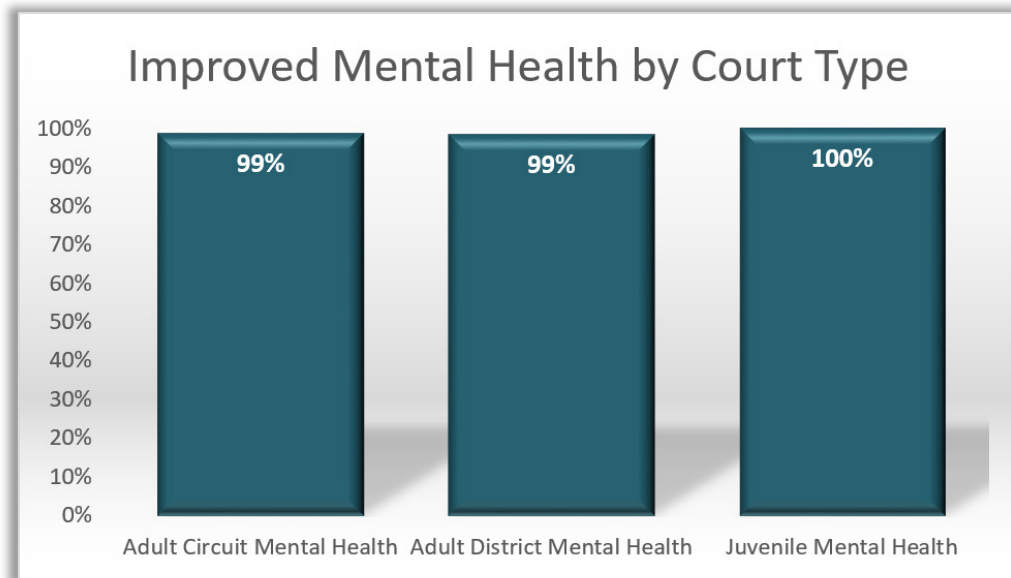
Increasing educational levels is not a goal with every adult participant, but youths in MHCs were especially likely to continue their education, advancing through high school.



Medication Compliance and Improved Mental Health

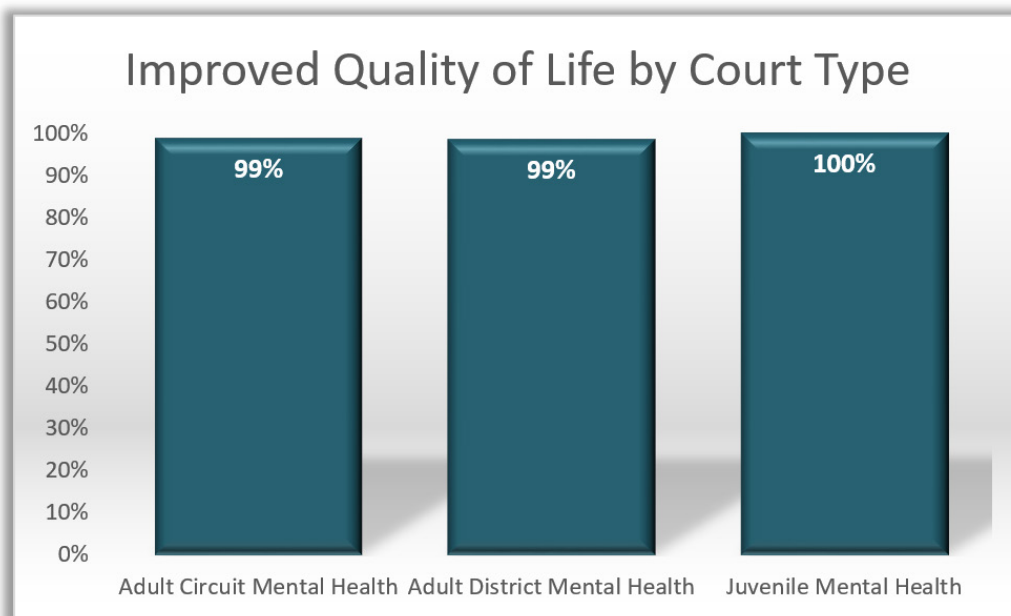
Participants’ improved mental health is often a result of ongoing psychotherapy combined with medications. Medications assist with mental stability, and some may be prescribed life-long. MHCs therefore verify medication compliance to ensure participants are taking their medications at the prescribed dosage.





Improved Quality of Life

Before graduation, teams assess participants for improved quality of life by assessing different dimensions of life, such as independence, mood, self-image, and daily activities. Participants among each court type showed impressive rates of improvement.



MHC Recidivism

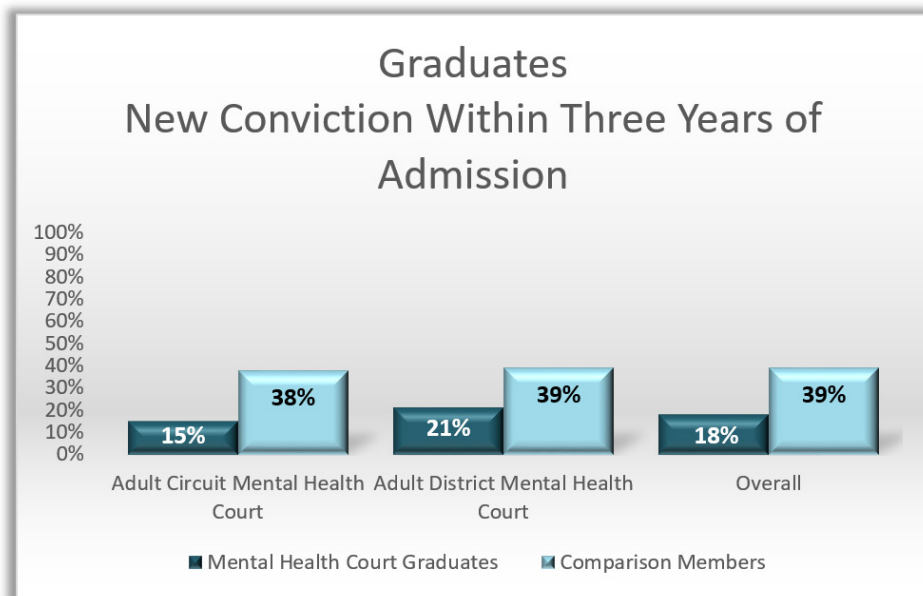
As previously stated, MCL 712A.28 was amended in early 2021 to make juvenile records nonpublic. As a result, data in the JDW regarding juvenile court records are not available to evaluate, however, data will become available for this report in FY 2024.

Recidivism Rates for Graduates

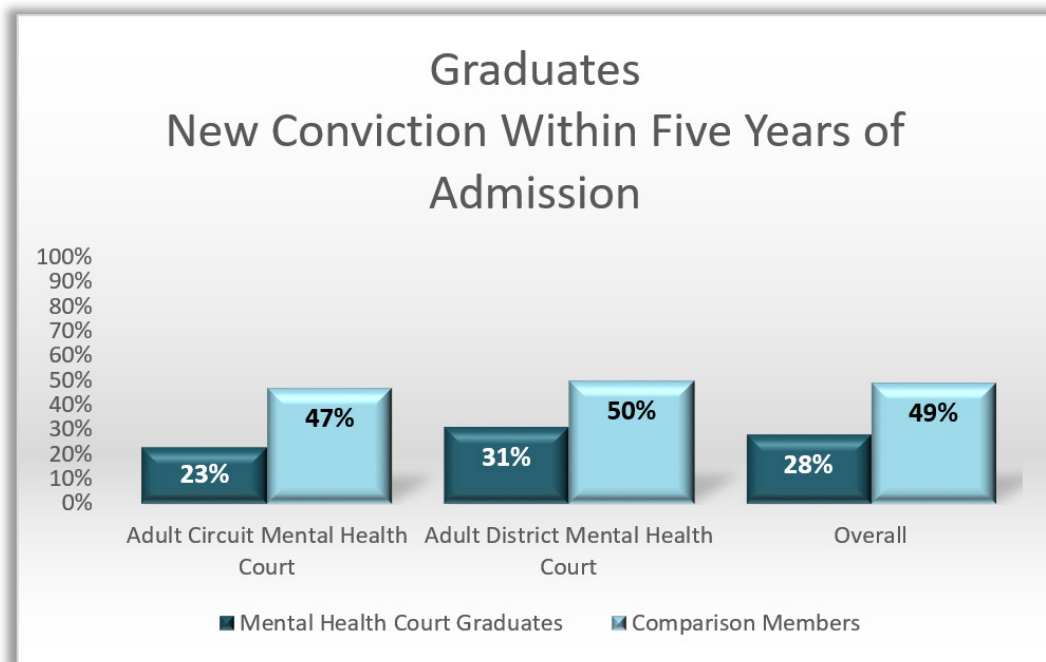
Recidivism rates are reported by adult circuit, adult district, and in aggregate. Overall, there were 2,451 matched pairs among graduates for the three-year evaluation. Graduates of adult circuit mental health court programs included a total of 881 matched pairs, and for adult district mental health court programs 1,570 pairs were evaluated. The number of graduates in the five-year analyses included 1,902 pairs, 723 pairs in circuit courts and 1,179 in district courts.

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.

Graduates: Recidivism Rates – Three Years



Graduates: Recidivism Rates – Five Years



Recidivism Rates for All Participants

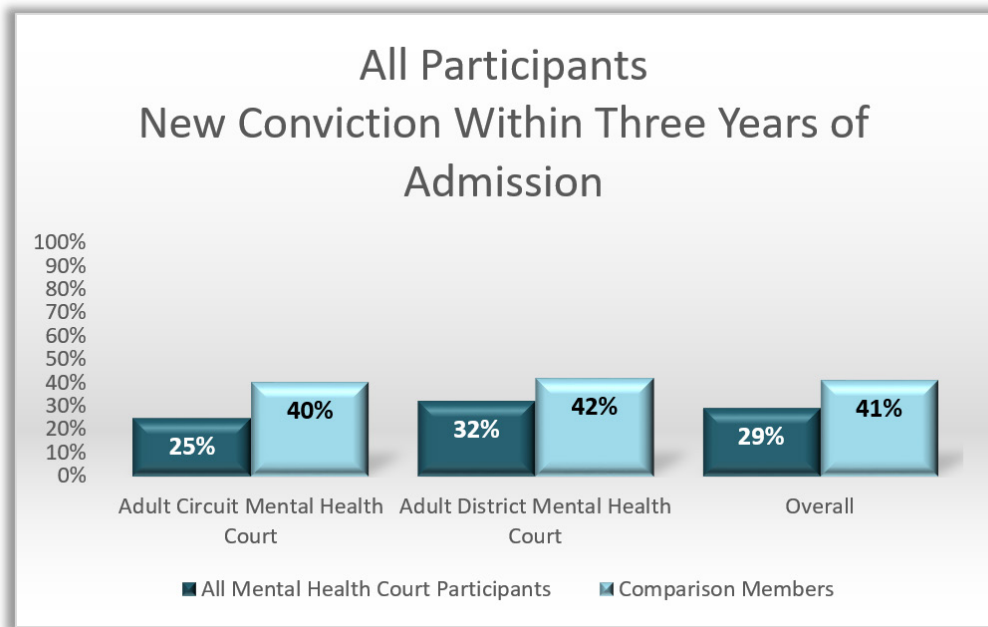
The “All Participants” analysis includes all participants of a program regardless of whether they graduated the program or were discharged for reasons other than successful. Overall, there were 4,734 matched pairs for evaluation for the three-year analysis. Participants in adult circuit mental health court programs included a total of 1,817 matched pairs, and for adult district mental health court programs 2,917 pairs were evaluated.

There were 3,722 matched pairs for the five-year evaluation, 1,511 pairs among circuit courts, and 2,211 in district courts. 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, and overall.

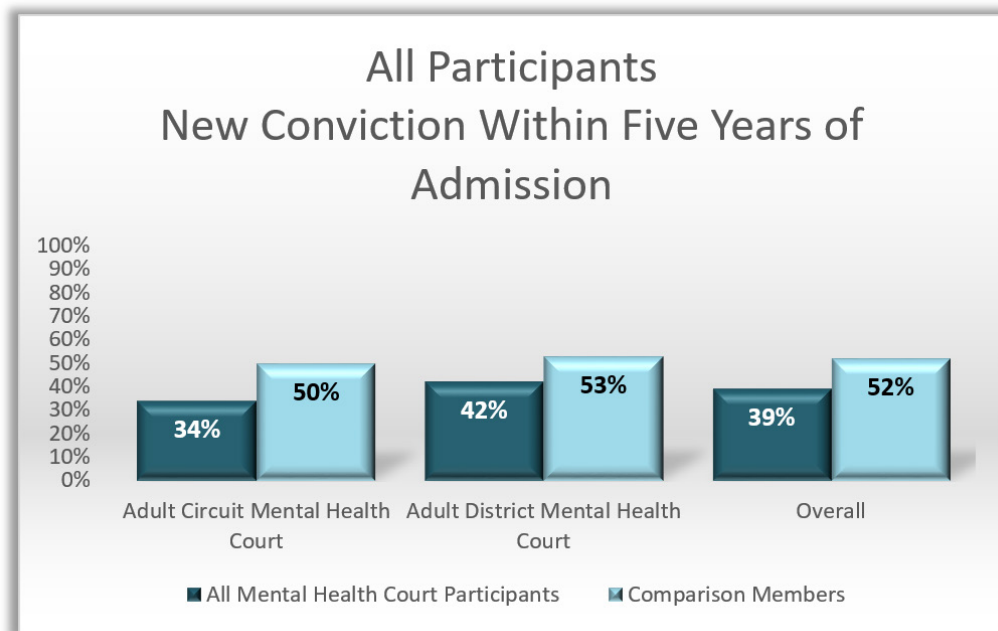
“Participants tell us what they liked the most was how different court is in the Mental Health Court, as opposed to all other experiences with the criminal justice system because we are concerned for them as a person. The Mental Health Court is literally the best part of my job as a judge because of the success stories I see.”

-Judge Joseph Skocelas, 57th District Court, Allegan Mental Health Court

All Participants: Recidivism Rates – Three Years



All Participants: Recidivism Rates – Five Years



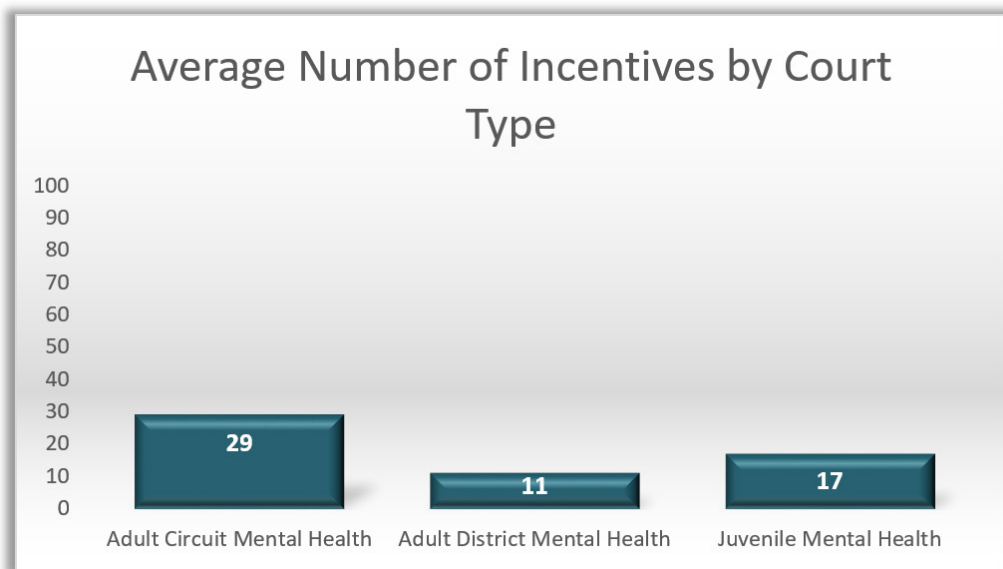
MHC Graduate Performance Measures

Overall, graduates of a mental health court program averaged:

- 16 incentives and 2 sanctions.
- 27 scheduled review hearings.
- 460 days in a mental health court program (15 months).

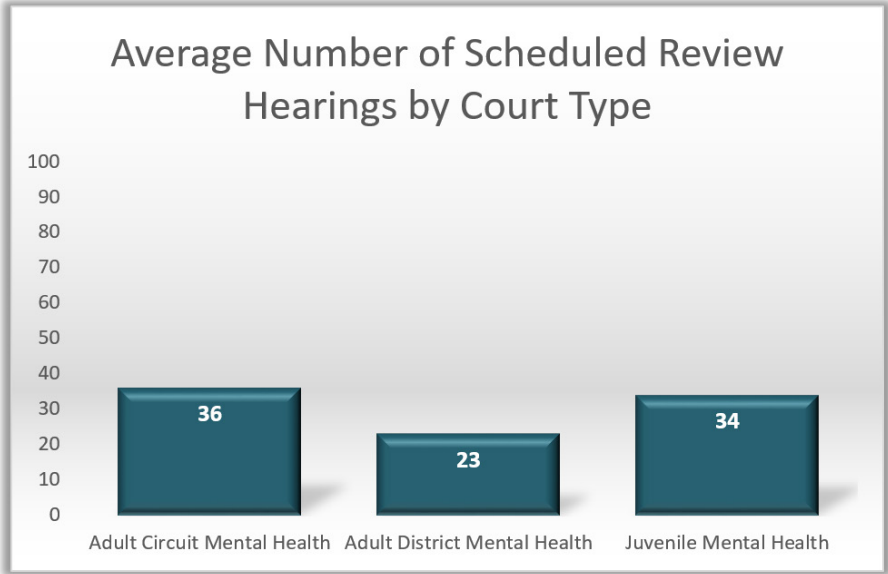
Incentives

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



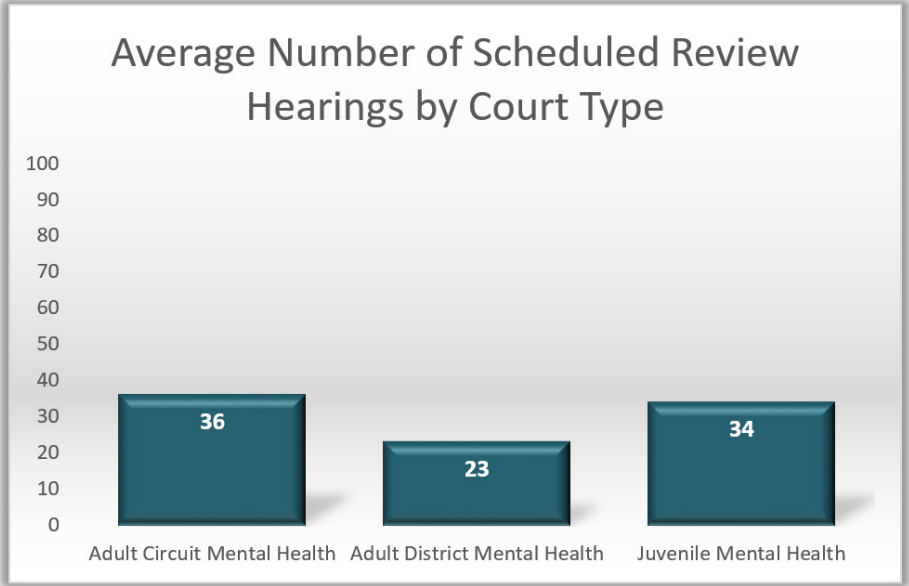
Sanctions

Teams develop a wide variety of sanctions that range from low magnitude sanctions to high magnitude sanctions but tend to find moderate magnitude sanctions most effective. When sanctions are too weak, it can lead to habituation or complacency, and when sanctions are too severe, it can lead to resentment and the ceiling effect in which the team runs out of sanctions before treatment becomes effective.



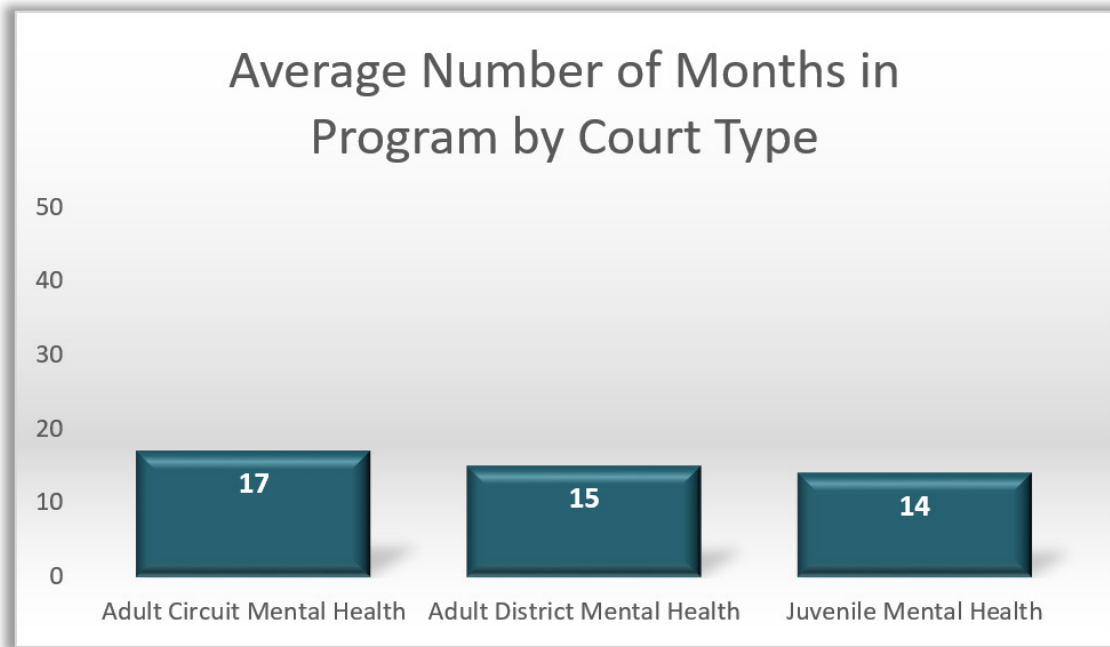
Scheduled Review Hearings

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

The average length of stay in an MHC ranged from 14 to 17 months, and the lowest was among the juvenile mental health courts. Adult district MHC participants averaged 15 months and adult circuit MHC participants averaged nearly one and a half years.



VETERANS TREATMENT COURTS

Veterans treatment courts (VTC) are a specialized treatment court designed to help military veterans and service members who are in the justice system as a result of a substance use disorder, mental health disorder, and/or trauma. Veterans treatment courts help veterans by connecting them with and partnering with various community and statewide agencies, the U.S. Department of Veterans Affairs health-care networks, the Veterans Benefits Administration, volunteer veteran mentors, and other veteran-support organizations. While veterans are generally strengthened by their service, some struggle to fully engage with civilian life, and veterans treatment courts are there for them — to give back to those who have given so much.

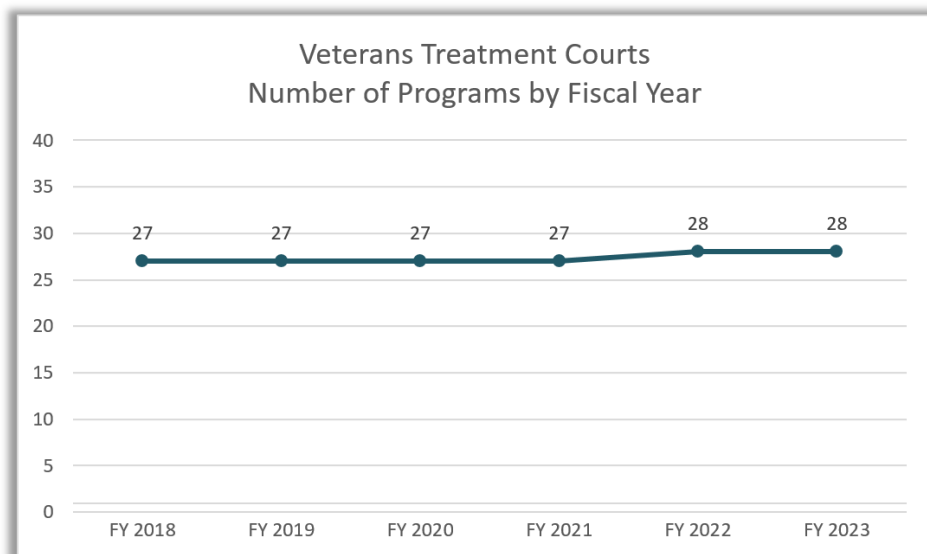


VTC TREND DATA FY 2018-23

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

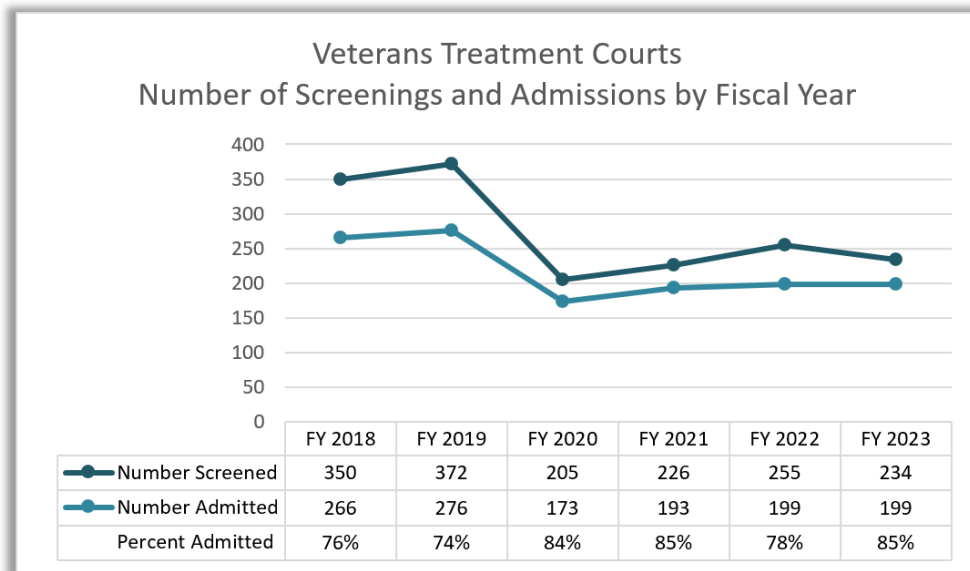
Number of Veterans Treatment Court Programs

The data below show the number of veterans treatment programs in Michigan from FY 2018 through FY 2023. The number of VTCs remained relatively static since FY 2018, growing by only one in FY 2022 and staying the same in FY 2023.



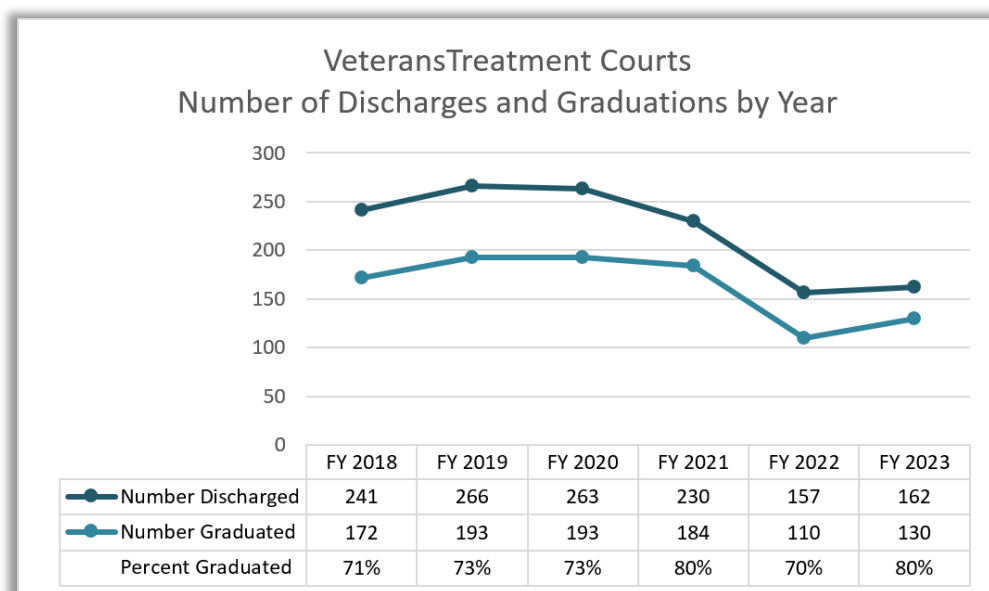
Screenings and Admissions Trend Data

The number of screenings for and admissions into VTCs began trending upward in FY 2021 and leveled out in FY 2023. The percent of those admitted to how many were screened reached its high again as in FY 2021 at 85 percent.



Discharges and Graduations Trend Data

The number of discharges and the number of graduations from a VTC was at its highest in FY 2019 with a steady decrease in the following fiscal years, but FY 2023 shows those numbers trending back up. Programs reached their highest graduation rate again as in FY 2021 with an 80 percent graduation rate. The lowest graduation rate was 70 percent, still an impressive rate and testament to the effectiveness of the VTC model for recovery.



VTC DATA ANALYSES FY 2023 (October 1, 2022 – September 30, 2023)

VTC Caseload Statistics

Veterans can be admitted into a VTC with a primary diagnosis of either a substance use disorder or a mental illness, and some may have a co-occurring diagnosis. During fiscal year FY 2023 there were 473 veterans actively working a VTC program, and 88 percent were diagnosed with a substance use disorder while 12 percent were diagnosed with a mental illness as their primary diagnosis. For a breakdown of the number of active participants in each VTC during FY 2023, please see Appendix C. [p. 58]

Defense attorneys made the most referrals to VTC programs (44 percent), followed by court/judicial (32 percent), and probation/parole (11 percent). Eight percent were referred by “Other,” which could include family or other veterans. The prosecutor was the referral source four percent of the time, and the remaining one percent were veterans referring themselves for a program.

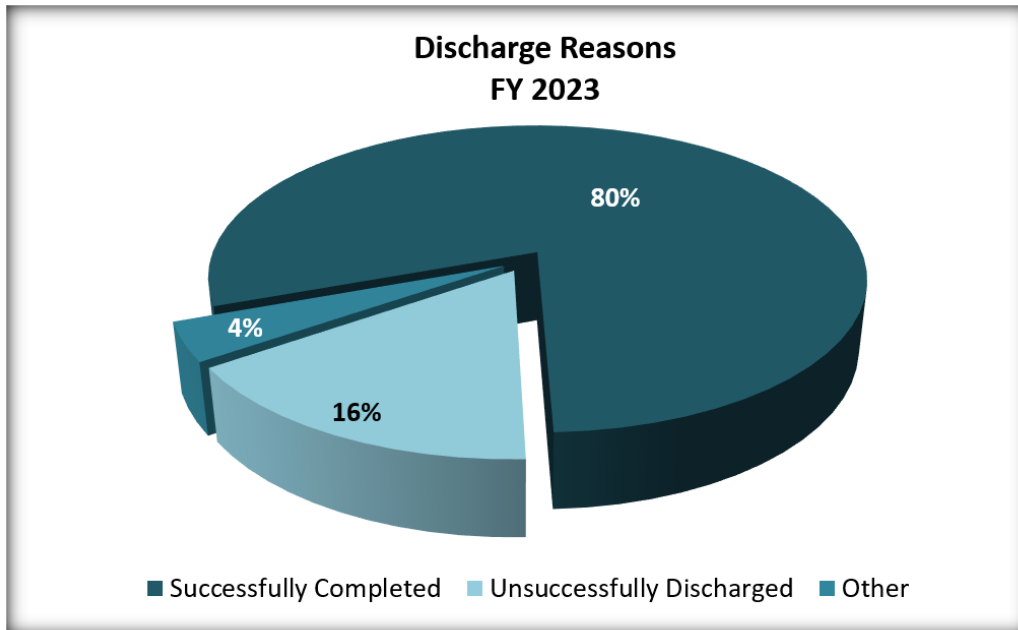
Outcomes for VTC Graduates

Measures of VTC effectiveness include graduation rate, the number of consecutive sobriety days achieved, an improved quality of life, and finding gainful employment when appropriate.

Graduation Rate

There were 162 veterans discharged during FY 2023, 130 participants (80 percent) graduated a program. Sixteen percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense. Four percent were discharged for reasons such as death or, voluntarily withdrew.





Graduate Accomplishments

Averaged 347 consecutive days of sobriety.

- 97 percent reported an improved quality of life upon graduation.
- Averaged 25 hours of mental health treatment services.
- Averaged 80 hours of substance use disorder treatment services.
- Averaged a total of 105 hours of treatment services while working a program.
- 22 percent of graduates entered a program unemployed, and four percent were unemployed upon discharge, resulting in an 82 percent reduction in unemployment.

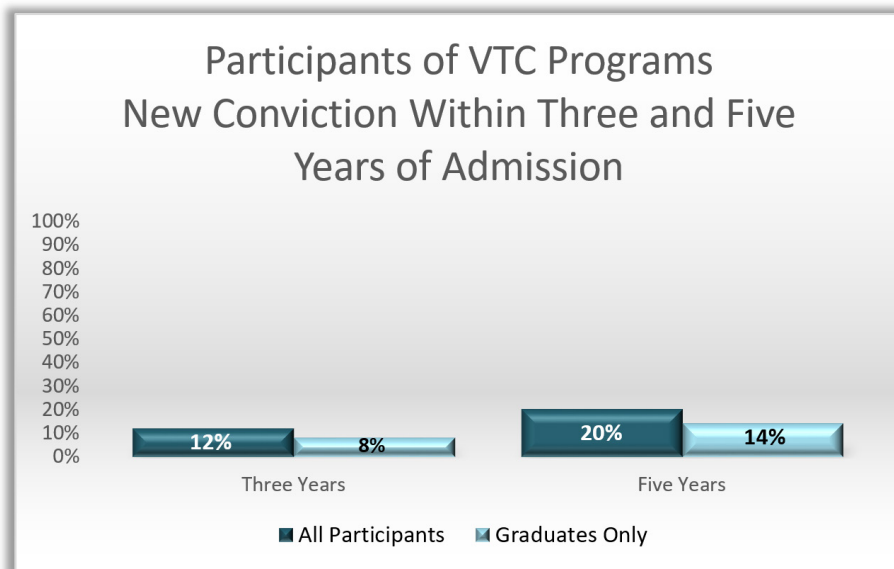
Performance Measures for VTC Graduates

While working a program, graduates averaged:

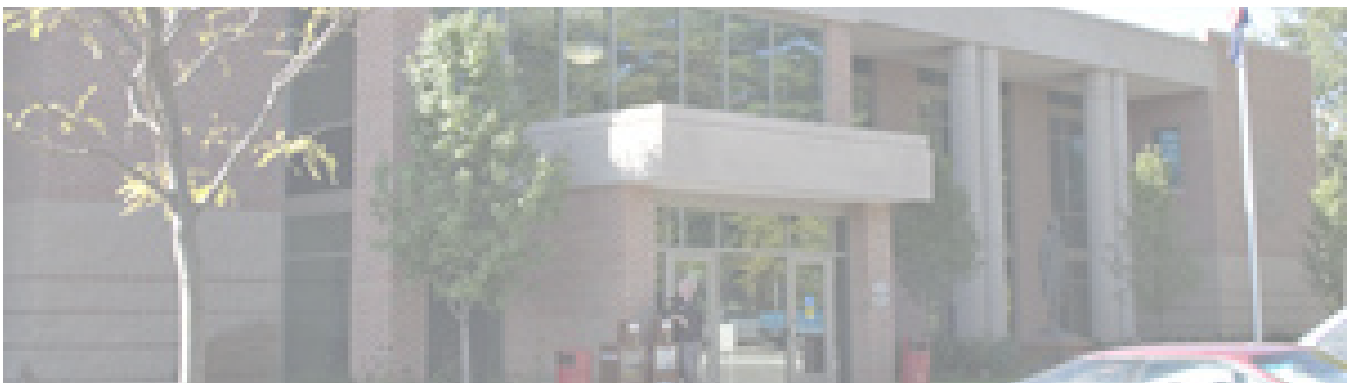
- 15 incentives and 1 sanction.
- 26 scheduled court review hearings.
- 243 drug/alcohol tests.
- 7 percent of drug/alcohol tests were positive.
- 532 days in a program, or nearly 18 months.

Recidivism Rates for VTC Participants

As with drug and mental health courts, VTCs strive to eliminate future criminal behaviors. The SCAO is working to develop a methodology to determine a comparison group of VTC members. Until that methodology is finalized, the recidivism rates are reported for participants of VTCs only. The graph shows the percentages of VTC participants who had a new conviction within three and five years of their admission date. The dark bars show the rates for those who participated in a VTC program regardless of their discharge reason or length in program. The light bars represent graduates of VTC programs.



The three-year analysis for all participants included 1,756 veterans in a VTC program and showed that 12 percent had a new conviction within three-years of admission. There were 1,274 graduates analyzed for new convictions after three years and eight percent of them recidivated. The five-year analysis for all participants included 1,329 veterans in a program and 20 percent had a new conviction. Among the graduates, there were 959 analyzed and 14 percent had recidivated.



Conclusion

The magnitude of positive change effected by treatment courts are dependent upon adherence to evidence-based practices and fidelity to treatment models. The success of these programs, as reflected by the data in this report, clearly demonstrates how knowledgeable and intensely dedicated Michigan’s treatment court judges and teams are to ensuring the success and recovery of their participants.

These resource-intensive programs, guided by best practices, get people into treatment right away to address the underlying reasons for criminal behavior; they offer a wide array of interventions to help achieve sustained recovery long-term; and they significantly reduce recidivism. As an alternative to incarceration, treatment courts are cost-effective by reducing the amount of time spent in jail/prisons. Finally, participants rebuild their lives in treatment courts. Rehabilitation goes beyond recovery – it can include a reunification of families and children, finding employment, repairing damaged relationships, becoming productive in the community and helping others, and essentially restoring participants to wholeness. Michigan’s treatment court teams should be applauded, as the data convincingly show that they are operating with extraordinary success.



APPENDIX A

Number of Active Participants in Drug Courts During FY 2023 by Court

Court Name	City	County	Program Type	Number of Active Participants During FY 2023
23rd Circuit	Alcona	Alcona	Hybrid	30
57th District	Allegan	Allegan	Sobriety	34
88th District	Alpena Montmorency	Alpena	Hybrid	19
56B District	Barry	Barry	Sobriety	31
5th Circuit	Barry	Barry	Hybrid	33
18th Circuit	Bay	Bay	Adult Drug	19
18th Circuit	Bay	Bay	Family Treatment	4
18th Circuit	Bay	Bay	Juvenile	4
74th District	Bay	Bay	Sobriety	32
19th Circuit	Benzie	Benzie	Adult Drug	4
19th Circuit	Benzie	Benzie	Juvenile	2
2nd Circuit	Berrien	Berrien	Hybrid	37
10th District	Battle Creek	Calhoun	Sobriety	105
37th Circuit	Calhoun	Calhoun	Hybrid	35
43rd Circuit	Cass	Cass	Family Treatment	6
4th District	Cass	Cass	Hybrid	36
33rd Circuit	Charlevoix	Charlevoix	Juvenile	5
90th District	Charlevoix	Charlevoix	Sobriety	33
53rd Circuit	Cheboygan	Cheboygan	Hybrid	33
89-1 District	Cheboygan	Cheboygan	Hybrid	24
50th Circuit	Chippewa	Chippewa	Hybrid	16
80th District	Clare/Gladwin	Clare	Hybrid	35
29th Circuit	Clinton	Clinton	Adult Drug	8
34th Circuit	Roscommon	Crawford	Hybrid	82
94th District	Delta	Delta	Hybrid	22
95B District	Dickinson	Dickinson	Sobriety	7
56A District	Charlotte	Eaton	Hybrid	36
56th Circuit	Eaton	Eaton	Hybrid	46
56th Circuit	Eaton	Eaton	Sobriety	42
57th Circuit	Emmet	Emmet	Juvenile	7
90th District	Emmet	Emmet	Sobriety	28
67th District	Genesee	Genesee	Hybrid	135
7th Circuit	Genesee	Genesee	Sobriety	131

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7th Circuit	Genesee	Genesee	Family Treatment	23
7th Circuit	Genesee	Genesee	Juvenile	6
86th District	Grand Traverse	Grand Traverse	Hybrid	34
86th District	Grand Traverse	Grand Traverse	Hybrid	84
65B District	Gratiot	Gratiot	Sobriety	100
1st Circuit	Hillsdale	Hillsdale	Family Treatment	12
2B District	Hillsdale	Hillsdale	Hybrid	67
2B District	Hillsdale	Hillsdale	Hybrid	25
97th District	Houghton	Houghton	Hybrid	101
52nd Circuit	Huron	Huron	Adult Drug	17
30th Circuit	Ingham	Ingham	Family Treatment	17
54A District	Lansing	Ingham	Sobriety	35
54B District	East Lansing	Ingham	Hybrid	26
54B District	East Lansing	Ingham	Sobriety	22
55th District	Mason	Ingham	Hybrid	112
64A District	Ionia	Ionia	Sobriety	45
8th Circuit	Ionia	Ionia	Adult Drug	60
41st Circuit	Iron	Iron	Hybrid	15
21st Circuit	Isabella	Isabella	Hybrid	31
21st Circuit	Isabella	Isabella	Juvenile	11
4th Circuit	Jackson	Jackson	Hybrid	124
8th District	Kalamazoo	Kalamazoo	Hybrid	76
9th Circuit	Kalamazoo	Kalamazoo	Hybrid	136
9th Circuit	Kalamazoo	Kalamazoo	Hybrid	56
9th Circuit	Kalamazoo	Kalamazoo	Family Treatment	17
9th Circuit	Kalamazoo	Kalamazoo	Juvenile	12
61st District	Grand Rapids	Kent	Hybrid	275
62B District	Kentwood	Kent	Hybrid	77
63rd District	Grand Rapids	Kent	Sobriety	27
71A District	Lapeer	Lapeer	Adult Drug	8
2A District	Lenawee	Lenawee	Sobriety	47
39th Circuit	Lenawee	Lenawee	Hybrid	34
44th Circuit	Livingston	Livingston	Hybrid	88
44th Circuit	Livingston	Livingston	Juvenile	11
92nd District	Mackinac/ Luce	Mackinac	Hybrid	15
16th Circuit	Macomb	Macomb	Hybrid	65
16th Circuit	Macomb	Macomb	Sobriety	37
37th District	Warren	Macomb	Hybrid	120
39th District	Roseville	Macomb	Sobriety	56
40th District	St. Clair Shores	Macomb	Hybrid	17
41A District	Sterling Heights	Macomb	Sobriety	19
41B District	Clinton Twp.	Macomb	Hybrid	32

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41B District	Clinton Twp.	Macomb	Hybrid	23
42-1 District	Romeo	Macomb	Sobriety	20
85th District	Manistee	Manistee	Sobriety	26
25th Circuit	Marquette	Marquette	Adult Drug	16
96th District	Marquette	Marquette	Sobriety	29
15th Circuit	Branch	Mason	Family Treatment	6
77th District	Mecosta	Mecosta	Sobriety	18
42nd Circuit	Midland	Midland	Adult Drug	22
14th Circuit	Muskegon	Muskegon	Hybrid	66
60th District	Muskegon	Muskegon	Sobriety	40
43rd District	Ferndale	Oakland	Hybrid	35
44th District	Royal Oak	Oakland	Hybrid	142
47th District	Farmington Hills	Oakland	Sobriety	20
48th District	Bloomfield Hills	Oakland	Sobriety	11
51st District	Waterford	Oakland	Hybrid	115
52-1 District	Novi	Oakland	Hybrid	26
52-1 District	Novi	Oakland	Hybrid	82
52-2 District	Clarkston	Oakland	Sobriety	62
52-3 District	Rochester Hills	Oakland	Hybrid	34
52-4 District	Troy	Oakland	Hybrid	58
6th Circuit	Oakland	Oakland	Hybrid	203
6th Circuit	Oakland	Oakland	Juvenile	13
87A District	Otsego	Otsego	Hybrid	36
20th Circuit	Ottawa	Ottawa	Hybrid	92
58th District	Ottawa	Ottawa	Hybrid	139
10th Circuit	Saginaw	Saginaw	Hybrid	16
70th District	Saginaw	Saginaw	Sobriety	28
93rd District	Schoolcraft/ Alger	Schoolcraft	Hybrid	18
35th Circuit	Shiawassee	Shiawassee	Adult Drug	30
72nd District	St. Clair	St. Clair	Sobriety	42
3B District	St. Joseph	St. Joseph	Sobriety	21
45th Circuit	St. Joseph	St. Joseph	Adult Drug	35
54th Circuit	Tuscola	Tuscola	Sobriety	49
36th Circuit	Van Buren	Van Buren	Sobriety	67
36th Circuit	Van Buren	Van Buren	Hybrid	50
36th Circuit	Van Buren	Van Buren	Family Treatment	27
14B District	Ypsilanti Twp.	Washtenaw	Hybrid	28
15th District	Ann Arbor	Washtenaw	Hybrid	60
22nd Circuit	Washtenaw	Washtenaw	Hybrid	56
16th District	Livonia	Wayne	Sobriety	45
17th District	Redford	Wayne	Sobriety	13
18th District	Westland	Wayne	Sobriety	56

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19th District	Dearborn	Wayne	Hybrid	36
23rd District	Taylor	Wayne	Hybrid	79
25th District	Lincoln Park	Wayne	Hybrid	91
32A District	Harper Woods	Wayne	Adult Drug	3
33rd District	Woodhaven	Wayne	Hybrid	59
34th District	Romulus	Wayne	Sobriety	32
35th District	Plymouth	Wayne	Sobriety	73
36th District	Detroit	Wayne	Hybrid	156
3rd Circuit	Wayne	Wayne	Hybrid	39
3rd Circuit	Wayne	Wayne	Juvenile	21

APPENDIX B

Number of Active Participants in Mental Health Courts During FY 2023 by Court

Court Name	City	County	Program Type	Number of Active Participants During FY 2023
57th District	Allegan	Allegan	Adult District Mental Health	14
2nd Circuit	Berrien	Berrien	Adult Circuit Mental Health	33
10th District	Calhoun	Calhoun	Adult District Mental Health	30
43rd Circuit	Cass	Cass	Adult Circuit Mental Health	15
91st District	Chippewa	Chippewa	Adult District Mental Health	34
7th Circuit	Genesee	Genesee	Adult Circuit Mental Health	87
13th Circuit	Grand Traverse	Grand Traverse	Juvenile Mental Health	11
65B District	Gratiot	Gratiot	Adult District Mental Health	38
30th Circuit	Ingham	Ingham	Adult Circuit Mental Health	29
55th District	Mason	Ingham	Adult District Mental Health	84
8th District	Kalamazoo	Kalamazoo	Adult District Mental Health	35
9th Circuit	Kalamazoo	Kalamazoo	Juvenile Mental Health	5
17th Circuit	Kent	Kent	Juvenile Mental Health	21
17th Circuit	Kent	Kent	Adult Circuit Mental Health	45
71A District	Lapeer	Lapeer	Adult District Mental Health	13
2A District	Lenawee	Lenawee	Adult District Mental Health	15
44th Circuit	Livingston	Livingston	Adult Circuit Mental Health	18
16th Circuit	Macomb	Macomb	Adult Circuit Mental Health	25
41B District	Clinton Twp.	Macomb	Adult District Mental Health	13
42nd Circuit	Midland	Midland	Adult Circuit Mental Health	13
1st District	Monroe	Monroe	Adult District Mental Health	40

APPENDIX B

60th District	Muskegon	Muskegon	Adult District Mental Health	43
45th District	Oak Park	Oakland	Adult District Mental Health	27
52nd District	Oakland	Oakland	Adult District Mental Health	34
6th Circuit	Oakland	Oakland	Juvenile Mental Health	10
58th District	Ottawa	Ottawa	Adult District Mental Health	32
70th District	Saginaw	Saginaw	Adult District Mental Health	14
93rd District	Schoolcraft	Schoolcraft	Adult District Mental Health	16
35th Circuit	Shiawassee	Shiawassee	Adult Circuit Mental Health	18
72 District	St. Clair County	St. Clair	Adult District Mental Health	249
45th Circuit	St. Joseph	St. Joseph	Juvenile Mental Health	10
54th Circuit	Tuscola	Tuscola	Adult Circuit Mental Health	25
36th Circuit	Van Buren	Van Buren	Juvenile Mental Health	2
36th Circuit	Van Buren	Van Buren	Adult Circuit Mental Health	26
15th District	Ann Arbor	Washtenaw	Adult District Mental Health	29
27th District	Wyandotte	Wayne	Adult District Mental Health	36
29th District	Wayne	Wayne	Adult District Mental Health	28
30th District	Highland Park	Wayne	Adult District Mental Health	16
32A District	Harper Woods	Wayne	Adult District Mental Health	10
36th District	Detroit	Wayne	Adult District Mental Health	91
3rd Circuit	Wayne	Wayne	Juvenile Mental Health	33
3rd Circuit	Wayne	Wayne	Adult Circuit Mental Health	31



APPENDIX C

Number of Active Participants in Veterans Treatment Courts During FY 2023 by Court

Court Name	City	County	Program Type	Number of Active Participants During FY 2023
57th District	Allegan	Allegan	Veterans	21
10th District	Calhoun	Calhoun	Veterans	37
80th District	Clare/Gladwin	Clare	Veterans	8
56th Circuit	Eaton	Eaton	Veterans	11
90th District	Emmet	Emmet	Veterans	2
7th Circuit	Genesee	Genesee	Veterans	21
54B District	East Lansing	Ingham	Veterans	12
64A District	Ionia	Ionia	Veterans	10
62A District	Wyoming	Kent	Veterans	21
39th Circuit	Lenawee	Lenawee	Veterans	1
53rd District	Livingston	Livingston	Veterans	19
16th Circuit	Macomb	Macomb	Veterans	25
41B District	Clinton Twp	Macomb	Veterans	41
1st District	Monroe	Monroe	Veterans	15
88th District	Montmorency	Montmorency	Veterans	18
60th District	Muskegon	Muskegon	Veterans	19
45th District	Oak Park	Oakland	Veterans	10
51st District	Waterford	Oakland	Veterans	18
52-1 District	Novi	Oakland	Veterans	10
6th Circuit	Oakland	Oakland	Veterans	12
70th District	Saginaw	Saginaw	Veterans	23
15th District	Ann Arbor	Washtenaw	Veterans	7
17th District	Redford	Wayne	Veterans	8
19th District	Dearborn	Wayne	Veterans	15
28th District	Southgate	Wayne	Veterans	23
36th District	Detroit	Wayne	Veterans	19
3rd Circuit	Wayne	Wayne	Veterans	47

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