FY 2018 PROBLEM-SOLVING COURTS ANNUAL REPORT

SOLVING PROBLEMS, SAVING LIVES
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As the Michigan Supreme Court’s liaison to problem-solving courts, my career has come full circle with respect to these innovative and successful programs that are saving lives and solving problems. When I worked in the Michigan Legislature, I helped draft legislation authorizing the creation of problem-solving courts, and in the Governor’s office, I was a strong advocate for the administration to support and expand access to every resident statewide.

Now, I have the honor and privilege of attending graduation ceremonies all across Michigan where participants who have completed rigorous problem-solving court programs tell amazing stories of transformation and rebirth. Like Jeff Baldwin, a graduate of Kent County Veterans Treatment Court, who said:

“This program gave me structure. It gave me a reason to live, basically. Having a huge veteran base around me—I just would not have that without this program.”

I am so proud of the judges and court staffs, supported by their local communities, who work hard to change the lives of participants. Like Ivy Calkins, a graduate of St. Clair County Mental Health Court, who said:

“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. I really appreciate the program and the people involved in it.”

Make no mistake: Drug and sobriety courts, mental health courts, and veterans treatment courts are not easy and certainly not a free pass. These programs are tough and participants undergo strict supervision, frequent testing, and much-needed treatment. Not everyone graduates and some would rather sit in jail than do the work necessary for a healthy and complete recovery.

But those who push themselves and make the sacrifices needed to graduate—like Jeff and Ivy—recognize that the results are worth it because they can have a new beginning and a second chance.

Problem-solving courts are a special passion for me. We must never give up on those who are struggling because success means stronger and safer communities and more graduates working and caring for their families.
Independence. Accessibility. Engagement. Efficiency. These four principles are the foundation for our Court as we work to ensure that the doors of our justice system are open to all. Taken together, these principles send a strong message that Michigan courts treat all litigants equally, regardless of power or party; that income must not be a barrier to justice; that judges must be connected to the community; and that courts must be prudent stewards of public resources.

The judges who lead Michigan’s 188 problem-solving courts work to uphold these principles. Indeed, through regional initiatives, these courts are accessible to all Michigan residents; programs engage the community to support participants as they deal with addiction through treatment; and by solving problems instead of incarcerating participants, communities save money. But most importantly, lives are saved and communities are safer.

Problem-solving courts focus on providing treatment and intense supervision to offenders as an alternative to incarceration. These include drug and sobriety, mental health, veterans, and other nontraditional courts. The Michigan Supreme Court (MSC), through its State Court Administrative Office (SCAO), assists trial court judges in the management of these courts by providing training, education, operational standards, monitoring, certification requirements, and funding.

Judges and court staff operating these courts are dedicated team members who invest their time beyond standard court hours to help participants who may be struggling with their addiction or mental illness. The Michigan Supreme Court recognizes the many judges across the state who voluntarily take on these additional dockets to truly solve problems and save lives.

EXECUTIVE SUMMARY

AS OF JANUARY 1, 2019,
THERE WERE 188
PROBLEM-SOLVING COURTS
STATEWIDE, INCLUDING:

- 128 drug treatment/sobriety courts
  - 58 hybrid drug treatment/sobriety courts
  - 31 sobriety courts
  - 9 adult and 13 juvenile drug treatment courts
  - 8 family dependency courts
  - 9 tribal healing-to-wellness courts
  - 1 adult and 1 family dependency court in planning stages

- 33 mental health courts
  (27 adult and 6 juvenile courts)
  - 2 adult mental health courts in the planning stage

- 27 veterans treatment courts
Graduates Find Work, Commit Fewer Repeat Offenses

Of the 2,984 participants discharged from a drug or sobriety program (including adult, hybrid, juvenile, family dependency) during FY 2018, 1,925 participants (65 percent) had successfully completed a program, while 29 percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.

Maintaining steady employment is a critical factor in the success of these graduates. Follow-up analysis shows a dramatic drop in unemployment.

Just as important: graduates are much less likely to reoffend. For example, participants who successfully complete an adult drug court program, in particular, are two times less likely to be convicted of a new offense within three years of admission.

Ignition Interlock Devices Successful in Preventing New Offenses

In FY 2018, there were 1,501 active participants among 67 sobriety, drug, hybrid, and veterans treatment court programs who were members of the interlock program with an installed device on their vehicles. There were 725 participants using ignition interlock devices who were discharged from a treatment court program during FY 2018. Of those 671 (93 percent) successfully completed a problem-solving court program.

Graduates using interlock devices were 4 TIMES LESS LIKELY to be convicted of a new offense within three years of admission to the program.
Mental Health Courts Successful in Improving Quality of Life

During FY 2018, there were 1,414 participants in mental health courts statewide, including juvenile, adult district, and circuit court programs. There were 625 participants discharged from 32 mental health courts in FY 2018 and of those, 355 participants (57 percent) successfully completed a program.

The drop in unemployment is a good measure of the success of mental health courts and reflects the improving quality of life for graduates.

For example, unemployment among adult circuit mental health court graduates was reduced by more than half and by more than two-thirds among district program graduates.

In addition, graduates were much less likely to commit another crime.

Reoffense rates vary across different court programs, but on average graduates were about half as likely to commit another crime within three years of admission to a program.

Furthermore, virtually all participants in mental health courts improved their mental health status, making their lives more stable and productive.

"The love that Judge Skocelas and his team showed for me had a huge impact on my life. They truly cared, and you could see it in the way that they looked at you, in the way that they talked to you, and in the resources they informed you about. They really wanted people to succeed."

— Makenzie Scimeca
Allegan County Mental Health Court Graduate
Michigan is National Leader in Veterans Treatment Courts

When veterans become entangled in the criminal justice system, veterans treatment courts (VTCs) respond in a nontraditional way by providing them a structured environment that is already ingrained in military personnel, treatment toward restoration, and mentoring from fellow veterans. In FY 2018, Michigan had 25 VTC programs. Since the end of the fiscal year, the number of courts has grown to 27.

During 2018, 596 participants were active in 25 VTC programs statewide. Of the 241 veterans discharged during FY 2018, 172 participants (71 percent) had successfully completed a program.

VTC programs do not yet have data comparisons available to assess success rates relative to similar veterans who are not participants in a program. However, we do have substantial other measures of success, including a more than 75 percent drop in unemployment.

The high success rate of VTCs is an early measure of their effectiveness. VTCs had retained 92 percent of their participants over a 12-month period, which is important for allowing time for treatment engagement and increasing the likelihood of success in the program. Having veteran peers as mentors may be partially responsible for this high retention rate since military culture is built on supporting one another. In addition, VTCs are very structured and disciplined in their expectations, which is naturally familiar to military personnel. Michigan will continue to honor those who served our country by assisting our veterans suffering from invisible wounds of war in their recovery.

State Court Administrative Office Committed to Successful, Well-Managed Programs

The State Court Administrative Office very carefully reviews the results of treatment court programs to make sure that best practices are employed and that courts maintain high standards. Judges enforce strict rules of participation that exceed the minimum supervision and oversight of standard probation. Compliance with frequent drug testing, monitoring contacts, and treatment attendance and engagement are necessary to be successful in the program and to achieve recovery. Despite the hard work of problem-solving court teams and the proven rigid structure of these treatment models, not all participants are able to achieve recovery.
Problem-solving courts (PSCs) are judicial programs that offer an alternative to imprisonment for nonviolent criminal offenders by using a therapeutic jurisprudence model. To combat offenders cycling in and out of the criminal justice system largely due to addiction or mental illness, PSCs treat the underlying source contributing to the criminal behavior and reduce reoffending. Participants are held accountable through intensive supervision, frequent judicial status review hearings, random and frequent drug testing, and a variety of incentives and sanctions. PSCs emphasize a holistic and team approach that includes judges, prosecutors, program coordinators, probation officers and case managers, law enforcement, defense counsel, and treatment providers. Team members work together sharing information to assess participants’ compliance and progress, and contribute insight and recommendations that stem from their professional knowledge. Michigan has 188 drug courts, tribal healing-to-wellness courts, mental health courts, and veterans treatment courts combined. Judges and team members operating these PSCs are dedicated team members who invest their time beyond standard court hours to help participants who may be struggling with their addiction or mental illness. Because of their commitment, PSCs not only save lives but help offenders to live productive lives.

Drug Courts

Michigan Compiled Law 600.1060(c) defines a drug treatment court as “...a court-supervised treatment program for individuals who abuse or are dependent upon any controlled substance or alcohol.” Drug courts have evolved over time and now include several models to serve specific offender populations, and although they share the same therapeutic jurisprudence model, each drug court model has specific program guidelines that frame its operations. Adult drug courts are defined as programs that target drug-related non-drunk driving felony and/or misdemeanor offenses, and their framework is derived from Defining Drug Courts: The Key Components (Ten Key Components of Drug Courts). Sobriety courts accept only offenders driving under the influence and their framework is derived from The Ten Guiding Principles of Sobriety Courts. Hybrid courts combine the adult drug court model and the sobriety court model accepting both types of offenders. Michigan also has juvenile drug courts, which accept criminal and status offenders (i.e., juveniles deemed to be runaways, incorrigible, or truant), and their framework is derived from Juvenile Drug Court: Strategies in Practice. The Tribal Advisory Committee describes its tribal drug treatment courts as “Healing to Wellness” courts where a cultural awareness component lends further support. Lastly, family dependency treatment courts target child abuse and neglect cases where parental substance abuse is a primary factor. All of these programs have offered a solution to the problem of jail overcrowding, as well as to the problem of drug- and alcohol-related crime.
**Mental Health Courts**

Michigan mental health courts (MHCs) target offenders who have been diagnosed with a serious mental illness, serious emotional disturbance, or a developmental disability as defined by MCL 330.1100a(25) and 330.1100d(2)(3), and the severe nature of the mental illness or functional impairment must necessitate intensive clinical services. MHCs offer eligible offenders the opportunity to participate in a court-based treatment program to address their mental illness instead of sentencing them to lengthy jail or prison terms. MHCs provide intense judicial oversight; treatment through local community mental health service providers; drug testing; referrals to community services such as housing or clothing resources; enrollment in educational classes and certificate programs; transportation assistance; and assistance with obtaining employment. MHCs that receive funding through SCAO collaborate closely with community mental health service providers to ensure that participants have access to a wide range of treatment services. In addition to having mental illness, participants may suffer from co-occurring substance use disorders that also must be addressed through treatment. In FY 2018, just over half (51 percent) of active participants had a co-occurring substance use disorder when they were screened for a mental health court program.

**Veterans Treatment Courts**

Veterans treatment courts (VTCs) across the country have been on the rise in answer to the growing number of veterans returning from duty. These programs serve military veterans who suffer from mental illness, substance use disorders, or traumatic brain injuries, and integrate principles from both the drug court and mental health court models. Michigan Compiled Law 600.1200, et seq. was passed in October 2012 to standardize the operations of VTCs, which incorporates additional team members such as trained veteran mentors, Veteran Justice Outreach Coordinators, and treatment providers from the Department of Veterans Affairs.

To see the official list of each type of PSC in Michigan as of January 1, 2019, visit: [courts.mi.gov/psc](http://courts.mi.gov/psc) and click on the type of PSC to learn more.
Why Certification?

While the model design for each type of PSC is the foundation upon which courts build and implement their programs, incorporating nationally recognized best practices and state standards (statute and case law) to the ongoing operations of PSCs is essential to ensuring that programs produce the best possible outcomes. Best practices are evidence-based practices that, when incorporated with strict adherence, make PSCs more effective at reducing recidivism, and thus should be the goal of every PSC. To ensure that Michigan PSCs are producing the best outcomes, SCAO developed a certification process where PSCs are required to adhere to certain nationally recognized best practices and Michigan statute. A program found in compliance with certification requirements can collect program fees to supplement participation, discharge and dismiss cases in accordance with their respective PSC statute, and is eligible for grant funding through SCAO. In addition, certified drug, sobriety, hybrid, and veterans treatment court programs can offer ignition interlock restricted driver’s licenses.

Certification Process

In 2013 and 2015, the National Association of Drug Court Professionals (NADCP) published the Adult Drug Court Best Practices Standards, Volumes I and II, is a blueprint on how treatment courts should operate to improve outcomes for offenders with substance use disorders or mental illness. Drawing heavily from these manuals and their resources, SCAO collaborated with the Michigan Association of Treatment Court Professionals in 2016 to determine which best practices for Michigan’s drug courts were required in order to achieve the level of certification, and subsequently published the Michigan Adult Drug Court Standards, Best Practices, and Promising Practices in March 2017. In 2018, SCAO published the required best practices and standards for VTCs and MHCs.

When reviewing courts for certification, SCAO’s PSC team of analysts conduct on-site evaluations ensuring that program operations adhere to all required best practices and standards. The analysts spend one to two days observing courtroom procedures and staffing meetings, conducting interviews with all team members, and evaluating the program’s data. Courts that are in compliance are officially awarded certification for four years. Courts that are awaiting their official site visit are granted provisional certification until their programs are officially reviewed.

Drug courts began the certification process in FY 2018, when 27 courts received official certification following site visits! In FY 2019, PSC analysts will add mental health and veterans treatment courts to the cycle of visits toward official certification. View standards and best practices manuals for each type of PSC at www.courts.michigan.gov/PSCcertification.

1 https://www.nadcp.org/standards/
Drug Court Graduates’ Outcome Measures

Outcome measures are used to determine the effectiveness of a program. Short-term goals of all drug courts include evaluating the percentage of participants who successfully completed a program, the percentage retained in the program, and whether participants improved their employment status or education level upon graduation. Further, participant abstinence from alcohol and drug use is a goal of all drug court programs and can be measured by the number of consecutive sobriety days graduates achieved. The different types of services provided by drug court programs are also measured when evaluating program success. Longer-term goals of drug courts include reducing recidivism, which also results in a reduced cost to the community.

Success Rate

Of the 2,984 participants discharged from a program during FY 2018, 1,925 participants (65 percent) had successfully completed a program, while 29 percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense. The remaining 7 percent were discharged for reasons such as voluntarily withdrawal, “Other,” transferred to another jurisdiction, death, or medical discharge.
Consecutive Sobriety Days

Juvenile drug court programs have the smallest number of consecutive sobriety days but are shorter in duration than adult programs. Graduates of family dependency treatment court programs accept neglect and abuse petitions that are typically adjudicated within one year. All programs met the national best practice that says participants should have a minimum of 90 continuous days of sobriety from alcohol and drugs before graduating.

Employment Status

Substance abuse often interferes with productivity on the job, the ability to maintain employment, or being proactive in seeking employment among adult offenders. Best practices state: “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.” Graduates’ unemployment rate at admission is compared to their unemployment rate upon graduation.

Education

Juveniles had the highest rate of improved education level, suggesting they were able to stay in school and advance to the next grade while in the program.
Drug Court Recidivism

Michigan’s Public Act 2 of 2017 amended the Code of Criminal Procedure and included specific measures for evaluating recidivism. MCL 761.1(s) states: “‘Recidivism’ means any rearrest, reconviction, or reincarceration in prison or jail for a felony or misdemeanor offense or a probation or parole violation of an individual as measured first after 3 years and again after 5 years from the date of his or her release from incarceration, placement on probation, or conviction, whichever is later.”

Michigan’s drug courts sentence eligible offenders into programs differently. Some prosecutors may require an upfront jail stay to be served prior to the probationary term in the program, while others expedite sentencing directly into a program diverting offenders from jail. Others may enter the program on a deferred/delayed status where the sentencing type is dependent upon whether the participant is fully compliant with court orders, engaged in treatment and their recovery, and successful in completing the program. Because of the varying sentencing approaches, Michigan’s drug court recidivism methodology uses the admission date into a program as the starting point for evaluating future criminal activity.

Research studies recommend that participants of a program be evaluated for recidivism while in the program and post-program. In previous years, Michigan measured recidivism two years after admission, which mostly includes the time spent working a drug court program, and again at four years after admission, which includes time after participation in a program. In order to better align with MCL 761.1(s), recidivism is now measured at three and five years after admission into a drug court.

According to NADCP’s Adult Drug Court Best Practices and Standards Vol. II, when evaluating recidivism outcomes, a comparison group of offenders who did not enter a drug court and are statistically comparable to participants should be used to assess whether program services had a favorable impact on reducing recidivism. SCAO uses the Judicial Data Warehouse (JDW), Michigan’s repository of court cases, to match participants of PSCs to offenders who have not participated in a PSC on demographics and criminal histories. The result is a statistically comparable one-to-one matched pair where recidivism is evaluated over time for the pair. For a more in depth description of Michigan’s recidivism methodology, visit www.courts.michigan.gov/PSC.

Oakland County Juvenile Drug Court Graduation, March 3, 2018. Judge Mary Ellen Brennan, Oakland County Juvenile Drug Court, listening to a new graduate of the program as he thanks the court for the help he received.
Recidivism Rates for Graduates

The three-year analyses of graduates who entered a program included a total of 14,309 matched pairs, and the five-year analyses included 11,112 matched pairs. The recidivism rates are broken out by program type.

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"There is so much shame and isolation with addiction. But it’s something that can happen to anyone — college degree or not, wealthy or not. When I was sentenced to sobriety court, it changed me. I love myself today."

— Stacy Salon
86th District Sobriety Court in Traverse City

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Oakland County Adult Treatment Court Graduation, October 3, 2018. Graduates and court staff gather with judges to celebrate. (Front row) Judge Hala Jarbou, Oakland County ATC; Judge Phyllis McMillen, Oakland County ATC; Justice Elizabeth Clement; and Oakland County Circuit Court & ATC Chief Judge Shalina Kumar.
The differences in recidivism rates when evaluating graduates and when evaluating all participants clearly show that when participants receive the full swath of treatment and social services and graduate a program, the reduction in recidivism is much more impactful. The initial focus of drug courts is to stabilize participants by linking them quickly to treatment services, creating the best chance of treatment engagement and lessening the likelihood of absconding or noncompliance. Participants’ needs, then, should be addressed in a specific sequence, which has proven to produce better outcomes. Drug courts use a phase structure to ensure the delivery of services at appropriate times. For example, the primary focus during the first phase of drug court should be to address responsivity needs, or conditions that may interfere with the person’s response to treatment and rehabilitation. Such conditions may include a lack of housing or transportation, co-occurring mental health disorders, or withdrawal symptoms from drugs and alcohol. When courts address these conditions early on, they reduce the likelihood of failure in or absconding from the program, thus giving participants time to engage in treatment.

Subsequent phases address the conditions or disorders that cause crime, or the criminogenic needs. These conditions include the addiction to the drug, hanging with delinquent peers, criminal

### Recidivism Rates for All Participants

The three-year analyses of all participants who entered a program included a total of 24,199 matched pairs, and the five-year analyses included 19,247 matched pairs. The recidivism rates are reported by program type.

#### ANY NEW CONVICTION WITHIN THREE YEARS OF ADMISSION

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<th>Hybrid Courts</th>
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<td>Comparison Members</td>
<td>25%</td>
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thinking and impulsivity, and family conflicts. Criminogenic needs are addressed by court staff through intense supervision and by therapists using evidence-based models of treatment that treat addiction and address criminal thinking patterns.

The final phase of drug court is referred to as the maintenance phase. By this phase, participants are stabilized and have learned coping skills that aid in their sustained recovery. Here, less pressing maintenance needs such as low self-esteem, lack of job skills, and lack of education or vocational skills are addressed.

When courts adhere to this phase structure design addressing needs when appropriate, they are more likely to retain participants. As the data show, retaining participants to successful completion increases their chances of living a productive life without a return to crime.

**Drug Court Graduates’ Performance Measures**

Drug court programs are more structured and regimented than standard probation. They require participants to engage in substance abuse treatment, test for drugs and alcohol randomly and frequently, appear before the judge for updates one to two times per month, and participants are monitored intensively by probation and law enforcement where home checks are conducted for compliance. Programs reward good behavior with varying incentives and address bad behavior with program sanctions, and do so quickly to stimulate behavior change. The following performance measures reference best practices from NADCP’s Adult Drug Court Best Practice Standards Vol. I and Vol. II.

**Treatment**

Best practices state: “The drug court offers a continuum of care for substance abuse treatment, including detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services.” Potential participants are clinically assessed for a determination of what modality of substance abuse treatment is needed toward their recovery. Clinicians are guided by the American Society of Addiction Medicine to help determine the level of care. The average number of hours of all types of substance abuse treatment modalities are shown by program type.

"When I first got into drug court, it was hard for me to stay structured. But as time progressed, it benefitted me because I can now plan what I need to get done and plan fun activities to better myself. Drug court helped me learn how to plan my life in positive ways.”

— Dylan Colbeck
Charlevoix County Juvenile Drug Treatment Court graduate
Drug/Alcohol Tests
Testing for alcohol and drugs is essential for monitoring abstinence and new use, and must be performed randomly and frequently. Best practices state: “Urine testing is performed at least twice per week until participants are in the last phase of the program and preparing for graduation.”

Positive Drug/Alcohol Tests
According to best practices and standards, programs use scientifically valid and reliable testing procedures. If participants deny use after having a positive test result, a confirmatory analysis is performed to rule out false positives.

Incentives
The drug court concept incorporates a strength-based approach by reinforcing productive behavior that supports recovery. Best practices state: “The drug court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.” 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.

Sanctions
According to best practices, sanctions should be imposed as quickly as possible following noncompliant behavior, as this is the crux of behavior modification. Courts should not wait until the next review hearing if the noncompliance can be addressed more immediately. In addition, participants should not receive punitive sanctions if they are not responding to treatment interventions but are otherwise engaged in and attending treatment, and compliant with program requirements.
Days in Jail for Drug Court Sanction

Drug courts that use high-magnitude sanctions such as lengthy jail stays are less effective than programs that develop and use a wide range of creative intermediate-magnitude sanctions. Using too severe of sanctions can lead to a ceiling effect where programs run out of sanctions before treatment can become effective, and the results are poorer outcomes. According to best practices, jail sanctions that are longer than three to five days in duration begin to produce diminishing returns, and jail stays of more than one week are associated with increased recidivism.

Review Hearings

According to the National Association of Drug Court Professionals, “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.” During review hearings, participants have a chance to interact one-on-one with the judge. The judge addresses participants in an attentive, fair, and caring manner and offers supportive and encouraging words toward their recovery and program requirements. Participants are afforded reasonable opportunity to explain their perspectives, which helps to build trust in the team and respect for the court.

Length in Program

Programs vary in length where juvenile drug courts are generally shorter in duration than adult programs, while family dependency treatment courts adhere to statutory permanency placement plan timelines.
IGNITION INTERLOCK DATA ANALYSES

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

In FY 2018, there were 1,501 active participants among 67 sobriety, hybrid, and veterans treatment court programs who were members of the interlock program with an installed device on their vehicle(s).

The majority of participants who had ignition interlocks installed were compliant with the terms of its use:

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

According to Michigan Department of Community Health evaluation, 2 missing data were removed from the analyses.

Ignition Interlock Participants’ Outcomes

Therapy for substance abuse includes learning new coping skills to help prevent relapse. When participants are engaged in therapy it increases the likelihood that they will succeed in a treatment court program and maintain abstinence. However, participants often lack a means of transportation making it difficult to get to treatment, and other requirements that can lead to program failure. Providing transportation through interlock enables participants to comply with program requirements such as treatment to help in their recovery.

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

- There were 725 participants using ignition interlock devices who were discharged from a treatment court program during FY 2018. Of those, 671 (93 percent) successfully completed a PSC program.
- Five percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
- Two percent were discharged for reasons such as voluntarily withdrew, “Other,” transferred to another jurisdiction, death, medical discharge, or statutorily ineligible.

Graduates with ignition interlock devices:

- Achieved an average of 363 days of consecutive sobriety.
- Spent an average of 527 days in a PSC program.
- Averaged 460 drug and alcohol tests, and less than one percent of those tests was positive.
Ignition Interlock Recidivism

Recidivism Rates for All Participants

The three-year analyses of all participants in a drug court program that used interlock included a total of 2,320 matched pairs, and the five-year analyses included 1,228 matched pairs.

Rates for Graduates

The three-year analyses of graduates of a drug court program that used interlock included a total of 2,126 matched pairs, and the five-year analyses included 1,125 matched pairs.
Mental Health Court Data Analyses

October 1, 2017 – September 30, 2018

MHC Caseload Statistics

During FY 2018, Michigan’s mental health courts:

- Screened 1,467 potential participants.
- Admitted 737 offenders into a program.
- Discharged 625 participants.

During FY 2018, the total number of participants who were active in working a drug court program was 1,414 and is broken down by circuit courts, district courts, and juvenile populations:

- Adult district mental health courts totaled 723 participants (51 percent).
- Adult circuit mental health courts totaled 567 participants (40 percent).
- Juvenile mental health courts totaled 124 participants (9 percent).

MHC Graduates’ Outcomes Measures

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

Success Rate

There were 625 participants discharged from 32 mental health courts in FY 2018 and of those, 355 participants (57 percent) successfully completed a program. Thirty-six percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense, while seven percent were discharged for reasons such as voluntarily withdrew, “Other,” death, medical discharge, or transferred to another jurisdiction.
Employment Status

The mental health court statute states: “A mental health court shall provide a mental health court participant with all of the following: … Mental health services, substance use disorder services, education, and vocational opportunities as appropriate and practicable.” Programs collaborate with community agencies to find necessary employment for participants. Adult circuit mental health court graduates saw a 53 percent reduction in unemployment, while adult district mental health court graduates saw a 71-percent reduction.

Improved Education Level

An improved education is not the goal of every participant, but youths in mental health courts were especially likely to continue their education, progressing through high school.

Improved Mental Health and Medication Compliance

An improvement in mental health suggests greater stability among participants, and with many, this can be achieved through medication. Program requirements and communication about participants include whether they are taking their prescribed medications as directed by doctors. Frequent medication checks are conducted to promote mental stability toward an improved mental health.
Improved Quality of Life

An improved quality of life can be obtained by connecting participants to community-based treatment, housing, and other needed services. Mental health courts, through supervision, care and treatment, help participants gain independent functioning, improve their social and family relationships, and achieve mental stability, thereby reducing crisis interventions.

MHC Recidivism

Recidivism Rates for Graduates

The three-year analyses of participants who graduated a mental health court program included a total of 924 matched pairs and the four-year analyses included 468 matched pairs across all three court types. Specifically, juvenile mental health courts had only 80 pairs for the three-year analysis and 42 pairs for the five-year analysis. As their numbers grow, the differences in recidivism rates between young participants and their comparison group may become statistically significant.
**Recidivism Rates for All Participants**

The three-year analyses of all participants in a mental health court program included a total of 1,864 matched pairs, and the four-year analyses included 956 matched pairs across all three court types. Specifically, juvenile mental health courts had only 125 pairs for the three-year analysis and 62 pairs for the five-year analysis. As their numbers grow, the differences in the recidivism rate and their comparison group may become statistically significant.

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**MHC Graduates’ Performance Measures**

Overall, graduates of a mental health court program averaged:
- 12 incentives and 2 sanctions.
- 23 scheduled review hearings.
- 434 days in a mental health court program.

**Incentives**

Problem-solving courts are predicated on a strength-based approach focusing on participants’ individual strengths and empowering them to take the lead in resolving their problems. Incentivizing progress and achievements encourages participants to stay engaged in their treatment, and compliant with medication and court requirements. According to best practices, incentives should be tangible, symbolic, and personalized to the participant; participants should receive certificates of completion after each phase advancement; and the team should display before review hearings who is to receive incentives for good behavior.
Sanctions

Programs should share with participants a written schedule of sanctions to lend predictability to the consequences of different noncompliant behavior. Teams, however, can overrule the sanction associated with the behavior when there is good reason.

Scheduled Review Hearings

Team members attend review hearings on a regular basis and contribute information that is relevant to participant progress when prompted by the judge. Judges use motivational interviewing techniques to elicit behavior change when interacting with participants at review hearings.

Length in Program

Program participation ranges from approximately one to one and a half years.
Veterans often return with physical injuries and many return with what is known as invisible wounds, inflicted by horrific experiences. These unseen wounds rob veterans of peace of mind and can lead to hopelessness, alienation, or regret. The emotional trauma of war can cause the anxiety disorder known as PTSD or post-traumatic stress disorder. It is estimated by the Department of Veteran Affairs that 8 out of every 100 veterans suffer from PTSD. Sadly, many veterans turn to alcohol or drugs to self-medicate, which can spiral into run-ins with the law.

When veterans become entangled in the criminal justice system, veterans treatment courts respond in a nontraditional way by providing them a structured environment that is already ingrained in military personnel, treatment toward restoration, and mentoring from fellow veterans. In FY 2018, Michigan had 25 VTC programs.

VTC Caseload Statistics

During FY 2018, Michigan’s veterans treatment drug courts:

• Screened 350 potential participants.
• Admitted 266 offenders into a program.
• Discharged 241 participants.

During FY 2018, the total number of participants who were active in working a VTC program was 596 among 25 courts.

VTC Graduates’ Outcomes

Outcomes that measure the effectiveness of VTCs include the success rate of completing a program, the number of sobriety days achieved, an improved quality of life, and finding gainful employment. Recidivism analyses for VTCs are not available yet, as the research on recidivism outcomes is still in its infancy, with few studies measuring recidivism using comparison groups.

Success Rate

• Of the 241 veterans discharged during FY 2018, 172 participants (71 percent) had successfully completed a program.
• Twenty-one percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
• Eight percent were discharged for reasons such as “Other,” death, transferred to another jurisdiction, or voluntarily withdrew.
Graduate Accomplishments

- Graduates averaged 341 consecutive days of sobriety.
- Despite most veterans having obtained at least a GED prior to entry into a program, 15 percent still had improved their education level at discharge.
- Ninety-seven percent reported an improved quality of life upon graduation.

Employment Status

Twenty-three percent of graduates were unemployed at admission and 5 percent of graduates were unemployed at discharge, resulting in a 78 percent reduction in unemployment.

VTC Graduates’ Performance Measures

While working a program graduates averaged:

- 12 incentives and 1 sanction.
- 22 scheduled court review hearings.
- 194 drug/alcohol tests.
- Five percent of drug/alcohol tests were positive.
- 518 days in a program.

"Each month, I’d leave the program and my spirits were soaring, I was rising; I couldn’t even believe how good I felt afterwards. On graduation day, I felt like I could jump up and touch the stars.”

— Kevin Hier, Ingham County VTC graduate

The high success rate of VTCs is an early measure of their effectiveness. VTCs had retained 92 percent of their participants over a 12-month period, which is important for allowing time for treatment engagement and increasing the likelihood of success in the program. Having veteran peer mentors as team members may be partially responsible for this high retention rate since military culture is one of supporting each another. In addition, VTCs are very structured and disciplined in their expectations, which is familiar to military personnel. Michigan will continue to honor those who served our country by assisting our veterans suffering from invisible wounds of war in their recovery. It is one step toward providing the help that they have earned.
17th District Veterans Treatment Court. Judge Karen Khalil with new graduate.

Cover photos (l to r):

Michigan Hall of Justice. Veteran mentors at Justice For Vets Mentor Boot Camp.

Berrien County Drug Treatment Court. Judge Donna Howard with new graduate and family.

Van Buren County Drug Treatment Court. New graduate thanking the court.