

FY 2019

PROBLEM-SOLVING COURTS ANNUAL REPORT

SOLVING PROBLEMS, SAVING LIVES



INDEPENDENCE · ACCESSIBILITY · ENGAGEMENT · EFFICIENCY



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A MESSAGE FROM JUSTICE ELIZABETH T. CLEMENT



As we navigate a new world of risks and challenges—including an assessment of how the judiciary can safely and fairly provide services to the people we serve—it is more important than ever that we keep the doors to justice open to all who are seeking help through Michigan’s problem-solving courts.

These programs have shown great success over the years in making communities across the state safer, and I am proud to say that FY 2019 added to that impressive record of solving problems and saving lives. Despite the positive outcomes, though, they are not an easy path to take, even pre-pandemic. The programs are tough and they demand much of the participants—strict supervision, frequent testing, and much-needed treatment.

Not everyone graduates, but those who do often credit judges and court staff with saving their lives. That’s why I am so proud of their work.

Time after time, those who make it to graduation note that it is worth it to make the effort because the end result is a new life for them. Preston, a past graduate of the 55th District Sobriety Court, put it this way:

“This program started as something that I needed, but with the help of Judge Allen and everyone on the team, it grew into something that I wanted.”

David, a US Navy veteran and past graduate of the West Michigan Regional Veterans Treatment Court, said it more plainly:

“Without this treatment court, I honestly don’t know where I’d be, or if I’d even be here at all.”

With the recent statewide stay-at-home order added to the mix, that has made the work even harder for the teams who operate the programs, and especially, for the participants. But I am proud that many PSCs—41B District Veterans Treatment Court and 52-4 District Drug and Sobriety Court, to name just two—have been holding virtual hearings and graduation ceremonies using Zoom and checking in remotely with participants to make sure they are staying on track and getting the support they need.

While we don’t yet know exactly what problem-solving courts will look like as we work through the pandemic and continue to explore new ways of delivering access and efficiency, we do know that our commitment to program participants will not waver. We will not give up on those who are struggling because we know success means stronger communities and more graduates working and caring for their families.

Stay strong and be safe!

EXECUTIVE SUMMARY

CURRENT NUMBER OF PROBLEM-SOLVING COURTS STATEWIDE:

- 199 PSCs total
- 135 drug treatment/DWI sobriety courts
 - 64 hybrid drug treatment/DWI sobriety courts
 - 31 DWI sobriety courts
 - 11 adult drug treatment courts
 - 12 juvenile drug treatment courts
 - 8 tribal family dependency courts
 - 9 tribal drug treatment/DWI sobriety courts
- 37 mental health courts (31 adult and 6 juvenile courts)
- 27 veterans treatment courts

In FY 2019, Michigan problem-solving courts (PSCs) continued to solve problems and save lives in every county. Their record of success is a result of their commitment to accessibility, engagement, efficiency, and independence – the key principles the Michigan Supreme Court has embraced to better serve the public. PSCs are accessible to all Michigan residents; they engage the community by supporting participants as they work to overcome addiction and/or mental illness through treatment; and they help communities save money and stay safe. Most of all, PSCs strengthen the independence of the judiciary by building and nurturing a culture of cooperation and collaboration.

The Michigan Supreme Court (MSC), through its State Court Administrative Office (SCAO), assists trial court judges in the management of PSCs by providing training and education, operational standards, monitoring, certification assistance, and funding. For example, SCAO granted \$18.4 million to PSCs across the state for FY 2019. As of September 30, 2019, 50 drug courts, seven veterans treatment courts, and five mental health courts had received certification. During FY 2019, SCAO conducted 19 training sessions for PSC judges and court staff.



MSC Justice Beth Clement (right) presenting Judge Louise Alderson, presiding and founding judge of 54-A District Sobriety Court in Lansing, a resolution in honor of the program's 25th graduation ceremony.





Drug and Sobriety Court Graduates Find Work, Commit Fewer Repeat Offenses

Of the 2,755 participants discharged from a drug or sobriety court program during FY 2019, 1,781 participants (65 percent) had successfully completed a program, while 30 percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense. Maintaining steady employment is a critical factor in the success of drug and sobriety court graduates. The improvement in employment status is remarkable. For example, while only 2 percent of adult drug court participants were employed at admission to the program, 80 percent were employed at discharge, **which resulted in a 98 percent reduction in unemployment.** Sobriety, hybrid, and family dependency court participants experienced similar dramatic improvements in their employment status.

Just as important: graduates are much less likely to reoffend. For example, graduates of sobriety court programs were **nearly three times less likely to be convicted of a new offense within three years of admission to a program.**

Graduates of drug court programs were more than two times less likely to be convicted of a new offense within three years of admission.



Brent, a 2019 graduate of Cass County Family Treatment Court, congratulated by 4th District Judge Stacey Rentfrow.

Ignition Interlock Devices Successful in Preventing New Offenses

In FY 2019, there were 1,620 active participants among 82 sobriety, hybrid, and veterans treatment court programs who were members of the interlock program with an installed device on their vehicles. There were 791 participants using ignition interlock devices who were discharged from a treatment court program during FY 2019. Of those, **728 (92 percent) successfully completed a PSC program.**



Matt, a past graduate of Downriver Regional DWI Court, demonstrating how an ignition interlock device is used.

Mental Health Courts Successful in Improving Quality of Life

During FY 2019, there were 1,393 participants in mental health courts statewide, including juvenile, adult district, and circuit court programs. There were 653 participants discharged from 32 mental health courts in FY 2019 and of those, 345 participants (53 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 unemployment among district program graduates was cut by more than half.**

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.**



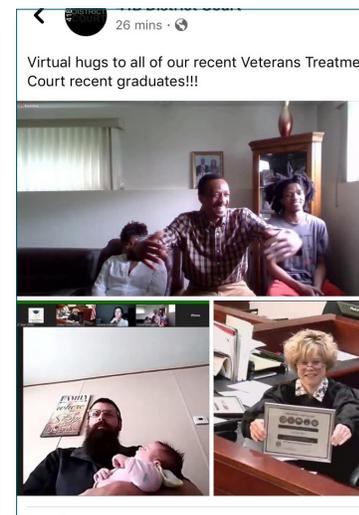
Allegan County Mental Health Court Founding and Presiding Judge Joseph Skocelas, of 57th District Court, accepting a 2019 Michigan Supreme Court resolution presented by SCAO Management Analyst Daisy Beckett in honor of the program's 10th anniversary.

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

Solving Problems & Saving Lives during the COVID-19 Pandemic

PSC work has continued during the pandemic within the framework created by MSC Administrative Orders. Trial courts have embraced new technologies, such as Zoom, to conduct business remotely so they can ensure the health and safety of participants, while monitoring their compliance.

Problem-solving courts continued to support and honor participants during the shutdown, as seen in virtual hearings conducted by (near right) Judge Kirsten Nielsen Hartig, of 52-4 District Drug Court in Troy; and (far right) Judge Carrie Fuca in 41B District Veterans Treatment Court in Clinton Twp.





Michigan is a National Leader in Veterans Treatment Courts

When veterans enter 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 2019, Michigan had 26 VTC programs, **making it among the top states in the nation for number of independent VTC programs.**

During FY 2019, 645 participants were active in VTC programs statewide. Of the 266 veterans discharged during FY 2019, 193 participants (73 percent) had successfully completed a program. VTC programs do not yet have data comparisons available to assess recidivism rates relative to similar veterans who are not participants in a program. However, we do have substantial other measures of success, including an **87 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.

Across all types of programs – drug and sobriety, mental health, and VTC – problem-solving courts are making a positive difference in every Michigan community and giving access to every resident when they need help the most.



Members of the 17th District Veterans Treatment Court team in Redford Twp. and local leaders congratulating a 2019 VTC graduate.

State Court Administrative Office Committed to Tough 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.

OVERVIEW OF MICHIGAN'S PROBLEM-SOLVING COURTS

Problem-solving courts (PSCs) are judicial programs that offer an alternative to imprisonment for nonviolent criminal offenders by using a therapeutic jurisprudence model. To prevent offenders who struggle with addiction or mental illness from repeat interactions with the criminal justice system, **PSCs treat the underlying source contributing to the criminal behavior and reduce reoffending.** Participants are held accountable through intensive supervision, random and frequent drug testing, and frequent judicial status review hearings, where judges use motivational interviewing and empathy skills to communicate with participants. Incentives and sanctions are widely used to effect behavior change. Different from standard probation, a team of professionals oversees the day-to-day operations of these programs, administering supervision requirements and treatment interventions. Team members include the judge as the leader of the team, prosecutors, program coordinators, probation

officers and case managers, law enforcement, defense counsel, and treatment providers. Team members share information to assess participants' compliance and progress, and contribute insight and recommendations that stem from their professional fields. Michigan has nearly 200 PSCs (drug courts, tribal "healing to wellness" courts, mental health courts, and veterans treatment courts combined). The judges and dedicated team members operating these PSCs often invest their time beyond standard court hours to help participants who may be struggling with their addiction and/or mental illness. Because of the commitment of their teams, PSCs not only save lives, but they also help offenders to live more productive lives.

Treatment court programs have offered solutions to jail overcrowding and have been effective in reducing drug- and alcohol-related crime.

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. 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 in which a cultural awareness component lends further support. Lastly, family dependency





treatment courts target child abuse and neglect cases in which parental substance abuse is a primary factor. FDTCs share the adult drug court framework as their foundation, but address both juvenile and parental needs to avoid foster care placement and facilitate family reunification. Team members of the FDTC collaborate with attorneys for the parents and children, and work closely with child protective

services, a division of the Michigan Department of Health and Human Services. Coordinated services are provided by different agencies, all with the goal of ensuring that children have a safe, healthy, and nurturing permanent home. **Treatment court programs have offered solutions to jail overcrowding and have been effective in reducing 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). According to these statutes, 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 certification programs; transportation assistance; and assistance with obtaining employment. MHCs that receive funding through SCAO collaborate closely with community mental health service providers to provide participants with access to a wide range of treatment services. In addition to having mental illness, participants may suffer from co-occurring substance use disorders (SUD), which are also addressed through the treatment court. **In fiscal year (FY) 2019, 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 serve military veterans who suffer from mental illness, SUDs, 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 Michigan Department of Veterans Affairs.

To learn more about each type of PSC, visit courts.mi.gov/PSC.

MICHIGAN'S CERTIFICATION OF PROBLEM-SOLVING COURTS



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 operations of PSCs is essential for programs to 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 improving participant outcomes, which should be the goal of every PSC. **To comply with Michigan law and ensure that Michigan PSCs are producing the**

best outcomes, SCAO developed a certification process in which PSCs are required to adhere to Michigan statute and certain nationally-recognized best practices. A program found in compliance with certification requirements means it can collect program fees to supplement participation, discharge and dismiss cases in accordance with its respective PSC statute, and would be 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, Volume I," and its continued work in "Volume II"¹ as a blueprint for how treatment courts should operate to improve outcomes for offenders with substance use disorder (SUD) or mental illness. Drawing heavily from these manuals and their resources, SCAO collaborated with the Michigan Association of Treatment Court Professionals (MATCP) 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 developed and published the required best practices and standards for veterans treatment courts and mental health courts.

In order for a court to become certified, SCAO's team of PSC analysts conducts on-site evaluations of programs ensuring 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, reviewing policy and other material, and evaluating the program's data. Courts that are in compliance are awarded their official certification for four years. Courts that are awaiting their site visit are granted provisional certification until their programs are reviewed.

As of September 30, 2019, 50 drug courts had received certification. In addition, seven veterans treatment courts and five mental health courts became certified.

¹ <https://www.nadcp.org/standards/>

To view the standards and best practices manuals for each type of PSC, visit courts.mi.gov/PSC.





DRUG COURT DATA ANALYSES

OCTOBER 1, 2018 – SEPTEMBER 30, 2019

Drug Court Caseload Statistics

During FY 2019, Michigan's drug courts:

- Screened 4,497 potential participants
- Admitted 3,024 participants into a program
- Discharged 2,755 participants

During FY 2019, the total number of participants that were **active** in a drug court program was 6,717, and is broken down by program type:

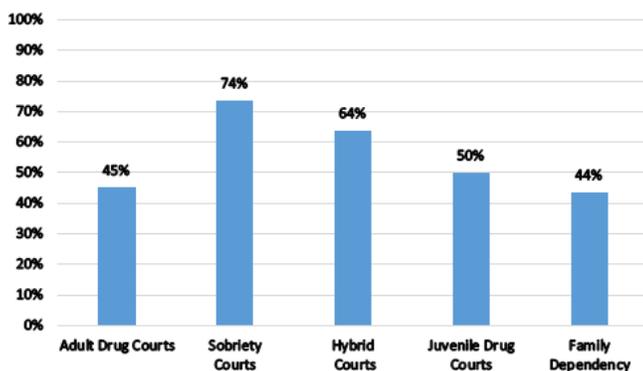
- Hybrid programs totaled 4,289 participants (64%)
- Sobriety programs totaled 1,738 participants (26%)
- Adult drug programs totaled 333 participants (5%)
- Juvenile drug programs totaled 194 participants (3%)
- Family dependency programs totaled 163 participants (2%)

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 or not participants improved their employment status or education level upon graduation. Further, participant abstinence from alcohol and drug use

are measured by the number of consecutive sobriety days graduates achieved. The variety of services that drug court programs provide is also measured when evaluating program success. A longer-term goal of drug courts is reducing recidivism, which means fewer adjudications and jail days, thereby saving money for the community and increasing public safety.

Success Rate by Program Type



Success Rate

Of the 2,755 participants discharged from a program during FY 2019, 1,781 participants (65 percent) had successfully completed a program, while 30 percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense. The remaining 5 percent were discharged for reasons such as voluntarily withdrawal, "other," transferring to another jurisdiction, death, or medical discharge.

Consecutive Sobriety Days

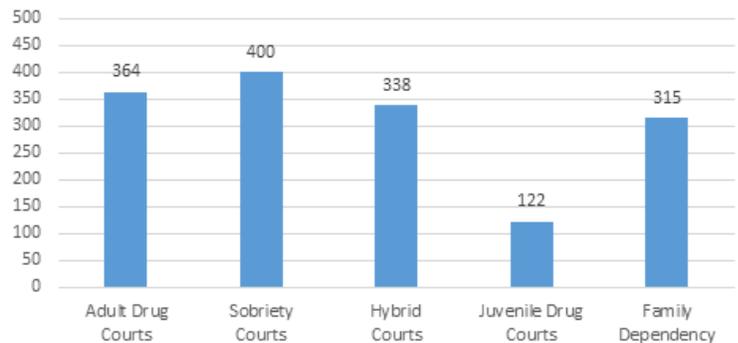
Maintaining abstinence is accomplished through treatment engagement, behavioral change, and using learned coping skills toward relapse prevention. Best practices suggest that participants should have a minimum of 90 consecutive days of clean time from alcohol and/or drugs before graduating a program. Juvenile drug court programs have the least amount of consecutive sobriety days, but are shorter in duration than adult programs. Graduates of FDTC programs accept neglect and abuse petitions that are typically adjudicated within one year.

Employment Status

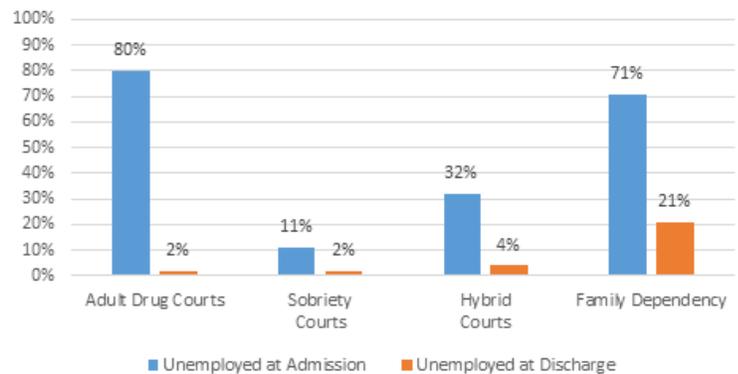
Substance abuse among adult offenders often interferes with productivity on the job, the ability to maintain employment, or being proactive in seeking employment. Best practices states, “In order to graduate, participants who are able to join the labor force must have a job or be in school, in instances where health insurance and other social benefits are not at risk.”

The number of graduates who were unemployed at admission was compared to the number of participants who were unemployed at discharge, according to program type. Among adult drug courts, 80 percent were unemployed at admission; at discharge, 2 percent were unemployed. This resulted in a 98 percent reduction in unemployment in adult drug courts. Hybrid courts had an 88 percent reduction in unemployment, while sobriety courts had an 82 percent reduction and family dependency courts had a 70 percent reduction.

Average Number of Sobriety Days by Program Type



Employment Status by Program Type



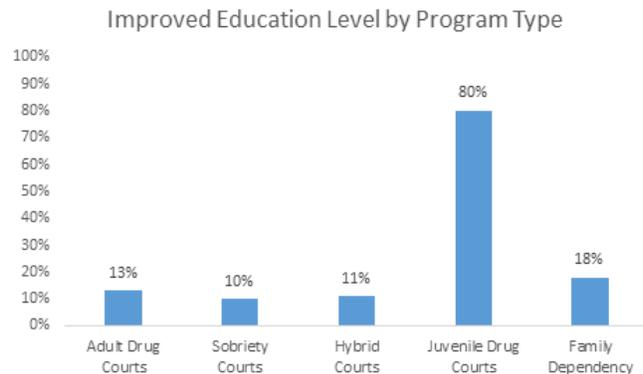
**Juvenile drug health court offenders were not included because they are focused on improving their education level, rather than finding and maintaining employment.*





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.



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

Michigan’s Public Act 2 of 2017 amended the Code of Criminal Procedure and included specific measures for evaluating recidivism. MCL 761.1(s) 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 might 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 might enter the program on a deferred/delayed status in which the sentence or the outcome is dependent upon whether or not the participant successfully completes the program. Because of the varying sentencing approaches, Michigan’s drug court recidivism methodology uses the admission date into a program as the starting point for evaluating future criminal activity.

According to the Adult Drug Court Best Practices and Standards V. II by NADCP, 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 or not 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, based on demographics and criminal histories.



Oakland County Juvenile Treatment Court Judge Mary Ellen Brennan honoring past graduate, Alex.

The result is a statistically comparable one-to-one matched pair during which recidivism is evaluated over time for the pair. For a more in-depth description of Michigan’s recidivism methodology, click [here](#).

Family Dependency Treatment Court Recidivism

Although similar to adult drug, sobriety, and hybrid courts in the types of services provided during participation, FDTCs differ in the procedures for prosecuting, processing, and adjudicating petitions, and the collaborative partnerships that are used to ensure whole families are treated. New petitions are filed with a court by Child Protective Services within the Department of Health and Human Services (DHHS), which is often the prosecuting agency. DHHS and FDTCs have oversight of participants’ treatment and compliance, and must communicate frequently and effectively. Family members attend treatment sessions both individually and as a family.

Program goals for FDTCs are also unique in that each family member’s success can impact the family unit’s outcome. Participants in traditional drug courts have a goal of compliance with court requirements, recovery, program graduation, and reduced recidivism. FDTCs, however, have multiple levels of outcomes across many domains. For example, a parent can be successful in their recovery, but it may not result in reunification. Also, child-level outcome measures include whether children are in a nurturing environment or continue to suffer maltreatment while parents are in a program. Moreover, measures of short-term outcomes include reunification, foster care stays, or adoption; and long-term outcome measures include evaluating the number of future



(l to r) Cass County Circuit Court Chief Judge Susan Dobrich, Cass County Family Treatment Court; 4th District Judge Stacey Rentfrow, Cass County Family Treatment Court; and MSC Chief Commissioner Daniel Brubaker, who assists the Supreme Court on matters involving opioid abuse.

petitions and child removals. When treating whole families, success or failure can occur at multiple levels and at different times, transcending the traditional drug court model.

In 2019, NADCP, in conjunction with Center for Children and Family Futures, published Family Treatment Court Best Practice Standards, “to support stakeholders in their efforts to assess and improve the safety, permanency, and well-being of children; the comprehensive well-being of parents; and the stability of families. Other goals are community transformation to meet the needs of all families who would benefit from these services, and to broaden the scope of comprehensive services families need in the years ahead.”² These research-based practices recognize that FDTCs are unique, and serve as a roadmap for their operations. Their development and publication represent a movement to enhance and expand FDTCs nationally. Michigan’s response to improving and increasing these important programs include using the newer standards to separate FDTCs from other drug courts in the certification efforts, potentially creating a separate statute for

²Center for Children and Family Futures and National Association of Drug Court Professionals (2019). Family Treatment Court Best Practice Standards. Prepared for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Office of Justice Programs (OJP), U.S. Department of Justice (DOJ).



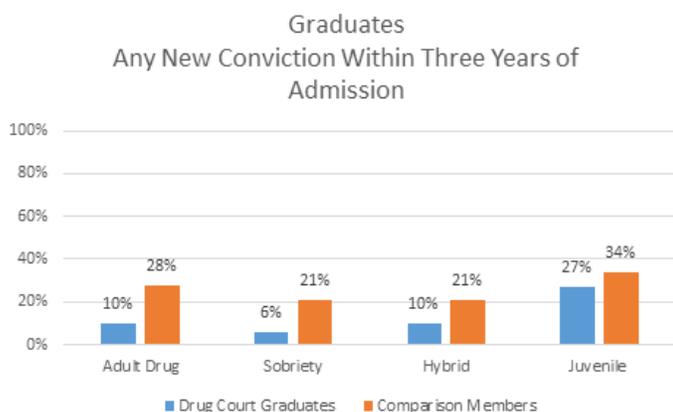


FDTCS based on the published evidence-based practices, and recognizing the operational differences when analyzing recidivism rates. The current drug court recidivism methodology is limited in that it evaluates drug court participants' individual recidivism rates but does not include an in-depth and accurate look into how families fair in these programs. Untailored to the uniqueness of the neglect and abuse petition cases, and lacking a process for parental analyses of recidivism, the FDTCS' recidivism rates are not included in the graphs below. A new methodology that tailors the process around petition case types is necessary to analyze family outcomes rather than individual outcomes, and can afford a better understanding of FDTCS effectiveness.

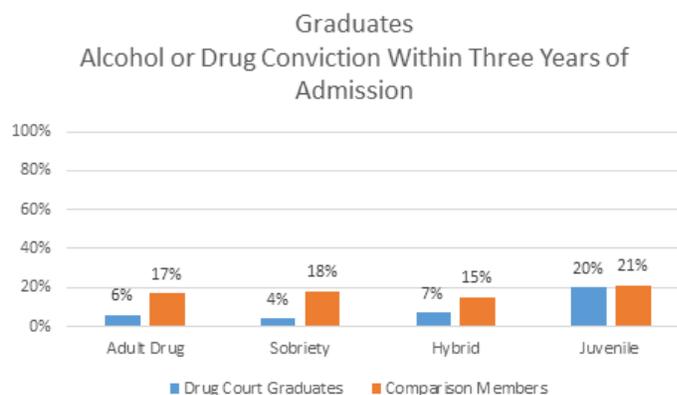
Graduates' Recidivism Rates

The three-year analyses of graduates who entered a program included a total of 15,653 matched pairs, and the five-year analyses included 12,577 matched pairs. The recidivism rates are broken out by program type.

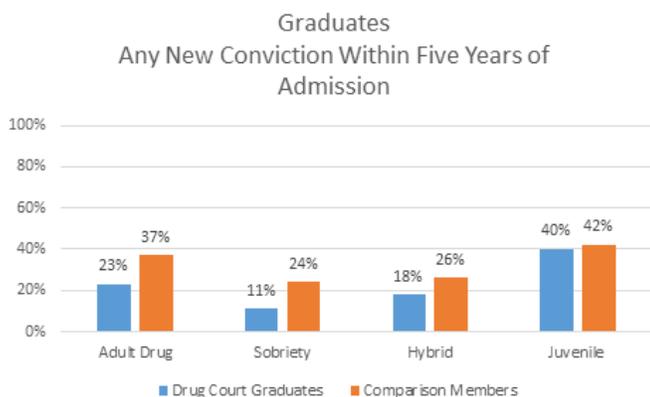
Any New Conviction – Three Years



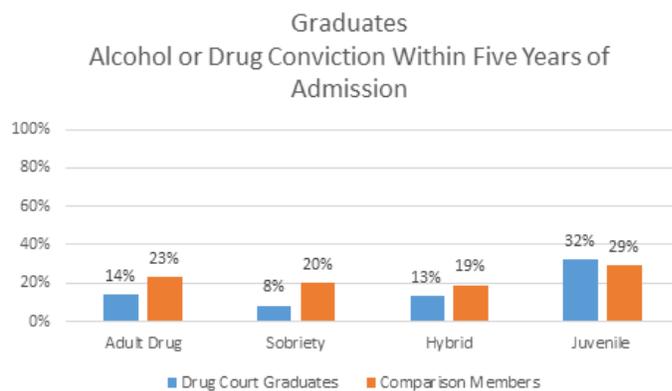
Alcohol or Drug Conviction – Three Years



Any New Conviction – Five Years



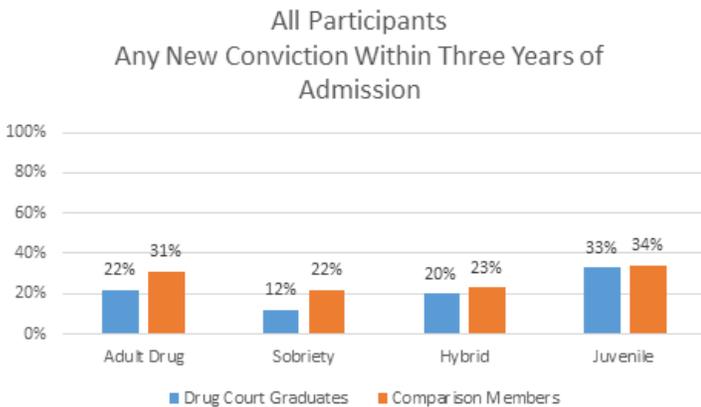
Alcohol or Drug Conviction – Five Years



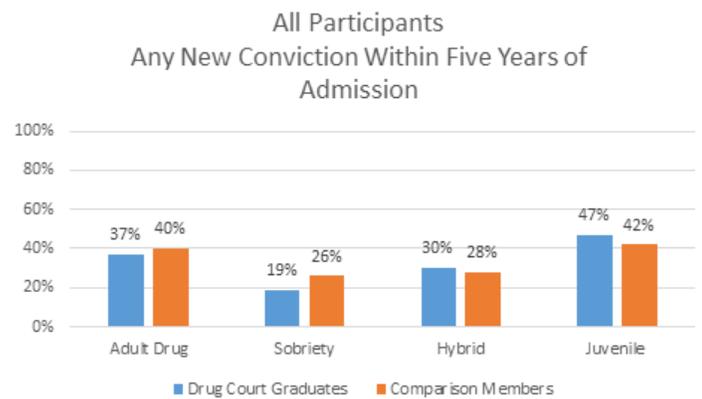
Recidivism Rates for All Participants

The three-year analyses of all participants who entered a program included a total of 26,240 matched pairs, and the five-year analyses included 21,444 matched pairs. The recidivism rates are reported by program type.

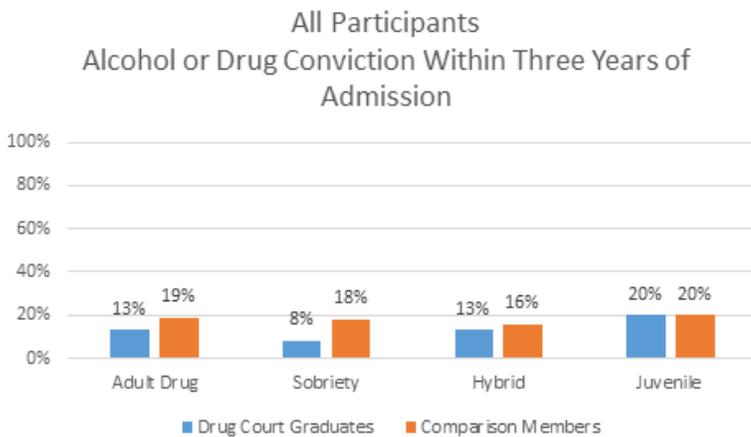
Any New Conviction – Three Years



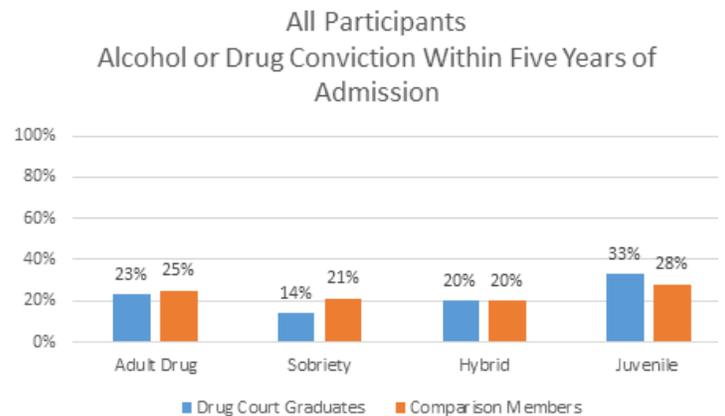
Any New Conviction – Five Years



Alcohol or Drug Conviction – Three Years



Alcohol or Drug Convictions – Five Years





The differences in recidivism rates for those who were discharged as successfully completing a program and participants who entered a program but did not complete, clearly show that when participants receive the full swath of treatment and social services and graduate, the reduction in recidivism is much more significant. Ultimately, the immediate goal of treatment courts is to retain participants by focusing on their stabilization and quickly linking them to treatment services. This creates the best chance of treatment engagement and lessens the likelihood of absconding or noncompliance. Participants' needs 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 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 mental illness, 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



Judge Janice Cunningham, of Eaton County Circuit Court; and Judge Gregory Clifton, of 25th District Court in Lincoln Park, attending the PSC Judge Workshop, which was one of 19 problem-solving court training sessions SCAO presented in FY 2019.



Judge Mark Feyen, of Ottawa County Recovery Court, accepting an award from the National Association of Drug Court Professionals. The program was named one of only eight "mentor courts" announced by the U.S. Department of Justice and NADCP for 2020-22.

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, and 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 they 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.

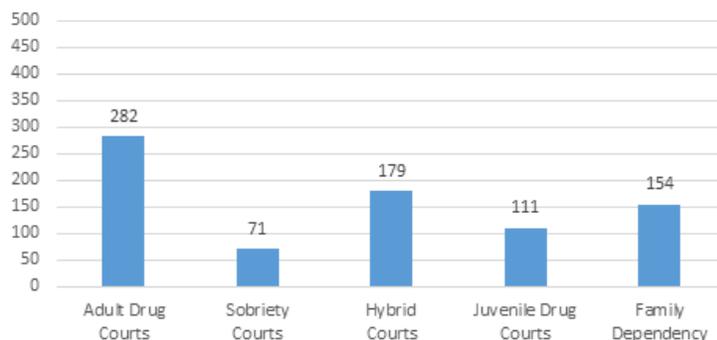


Justice Beth Clement honoring Bangor Mayor Darren Williams, a past graduate of Van Buren County Men's Drug Treatment Court, as Van Buren County Chief Judge Kathleen Brickley applauds from the bench. The Justice presented the Mayor with a 2019 resolution signed by all seven MSC justices in recognition of his successes in overcoming addiction and serving as a community leader.

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 assessed clinically for which 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.

Average Number of Substance Abuse Treatment Hours by Program Type

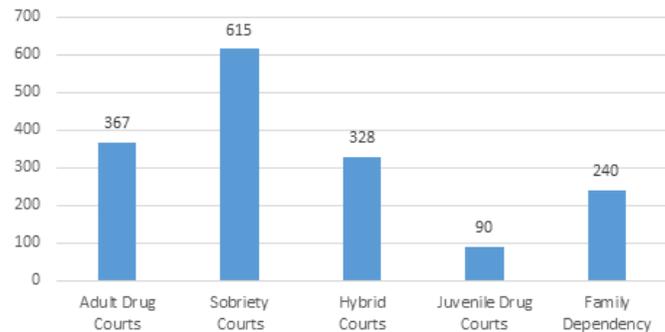




Drug/Alcohol Tests

Testing for alcohol and drugs is essential for monitoring abstinence and new use, and positive results may be met with an increase in or change to treatment. Testing 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.”

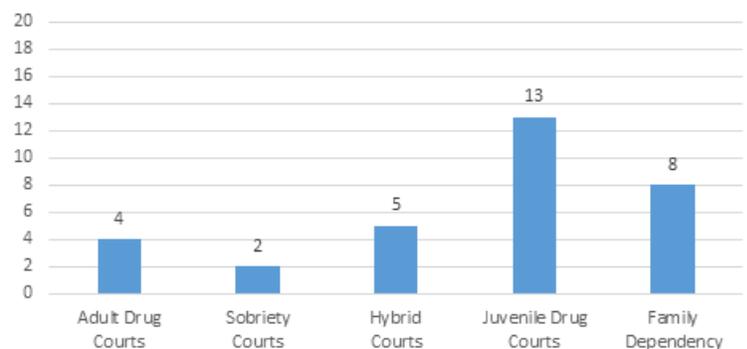
Average Number of Alcohol/Drug Tests by Program Type



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.

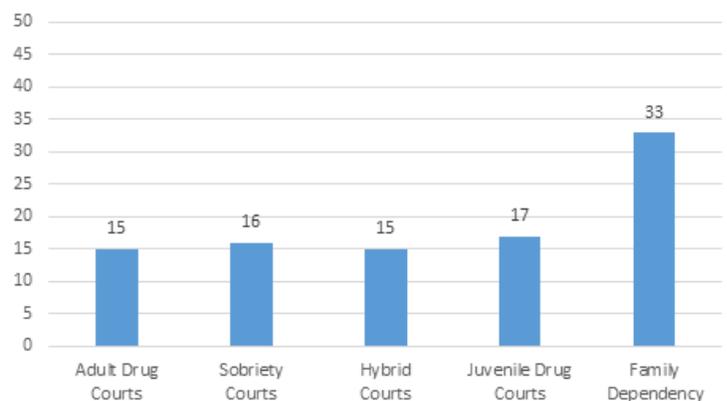
Average Number of Positive Tests by Program Type



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.

Average Number of Incentives by Program Type



Sanctions

According to best practices, sanctions should be imposed as quickly as possible following noncompliant behavior because 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.

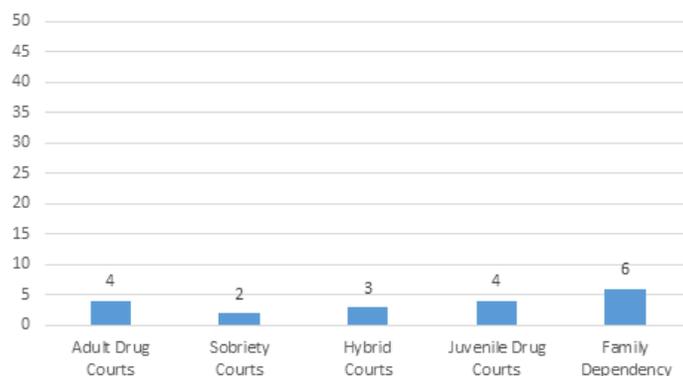
Days in Jail for Drug Court Sanction

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 punishments can lead to a ceiling effect where programs run out of sanctions before treatment can become effective, and that results in 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.

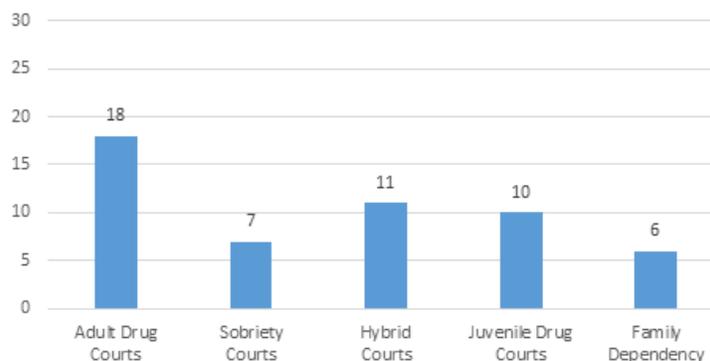
Review Hearings

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.

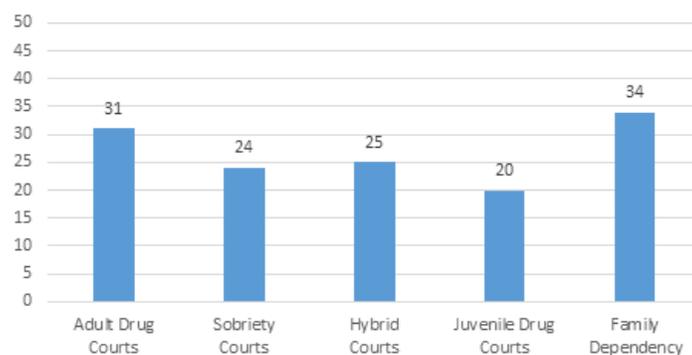
Average Number of Sanctions by Program Type



Average Number of Days in Jail as Program Sanction



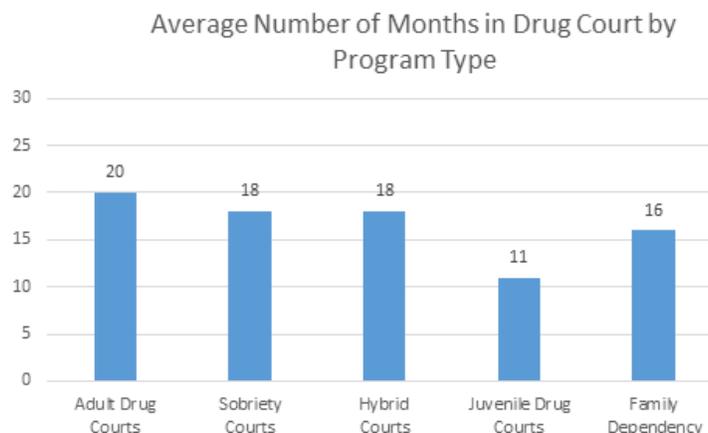
Average Number of Scheduled Court Reviews by Program Type





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

OCTOBER 1, 2018 – SEPTEMBER 30, 2019

In 2013, Public Act 226 allowed eligible repeat Operating While Impaired (OWI) offenders to receive a restricted license through the ignition interlock program by participating in a sobriety or drug court program. Eligible users are ordered by a drug court judge to have a Breath Alcohol Ignition Interlock Device (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 2013 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 2019, there were 1,620 active participants among 82 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.³

³Missing data was 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 to treatment, 12-step meetings, drug testing, 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 791 participants using ignition interlock devices who were discharged from a treatment court program during FY 2019. Of those, 728 (92 percent) successfully completed a PSC program.
- Eight percent were discharged unsuccessfully due to noncompliance, absconding, new offense, or "Other" reason.

Graduates with ignition interlock devices:

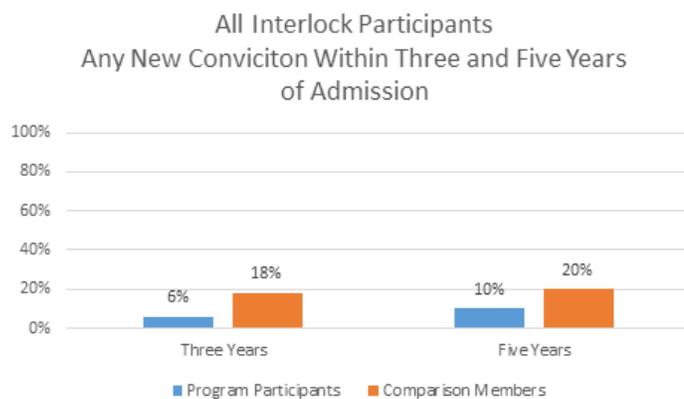
- Achieved an average of 372 days of consecutive sobriety.
- Spent an average of 533 days in a PSC program.
- Averaged 495 drug and alcohol tests and less than one percent of those tests were positive.

Ignition Interlock Recidivism

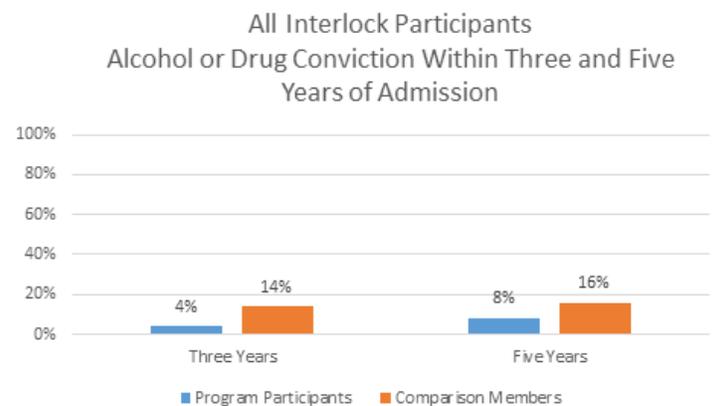
Recidivism Rates for Graduates

The three-year analyses of graduates of a drug court program who used interlock included a total of 2,710 matched pairs, and the five-year analyses included 1,664 matched pairs.

Any New Conviction – Three and Five Years



Alcohol or Drug Conviction – Three and Five Years



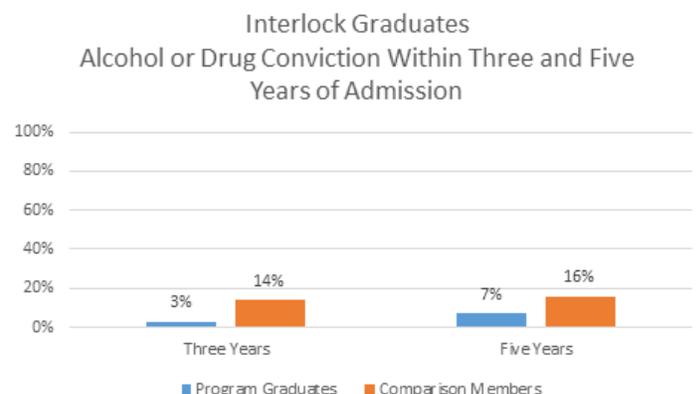
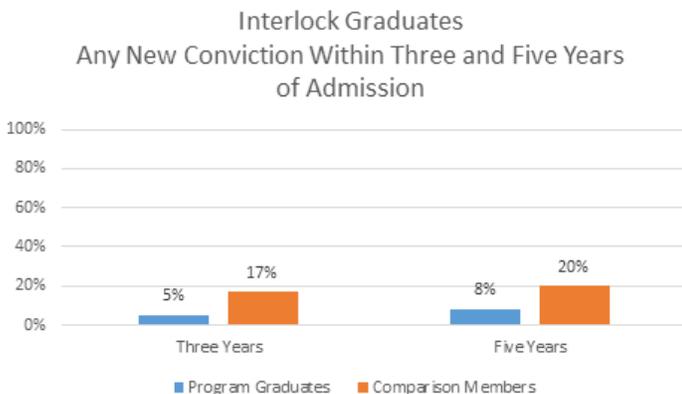


Recidivism Rates for All Participants

The three-year analyses of all participants in a drug court program who used interlock included a total of 2,960 matched pairs, and the five-year analyses included 1,816 matched pairs.

Any New Conviction – Three and Five Years

Alcohol or Drug Conviction – Three and Five Years



MENTAL HEALTH COURT DATA ANALYSES

OCTOBER 1, 2018 – SEPTEMBER 30, 2019

MHC Caseload Statistics

During fiscal year FY 2019, Michigan’s mental health courts:

- Screened 1,278 potential participants.
- Admitted 638 participants into a program.
- Discharged 653 participants.

During FY 2019, the total number of participants who were active in working a mental health court program was 1,393 and is broken down by circuit courts, district courts, and juvenile populations:

- Adult district mental health courts totaled 752 participants (54 percent).
- Adult circuit mental health courts totaled 532 participants (38 percent).
- Juvenile mental health courts totaled 109 participants (8 percent).

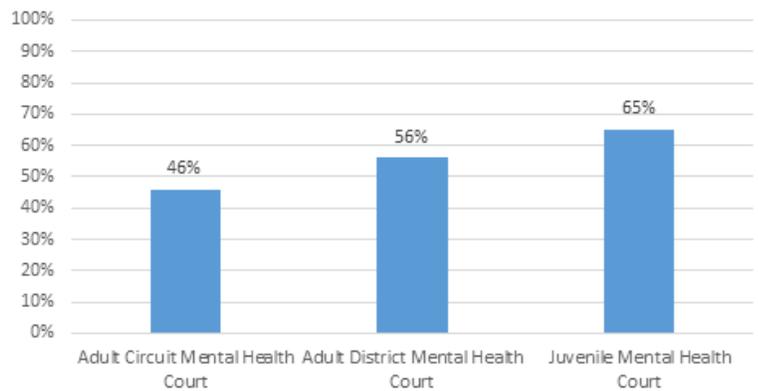
MHC Graduates' Outcomes Measures

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

Of the 653 participants discharged from 32 mental health courts in FY 2019, 345 participants (53 percent) successfully completed a program. Thirty-eight percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense, while nine percent were discharged for reasons such as "Other," voluntarily withdrew, death, medical discharge, or transferred to another jurisdiction.

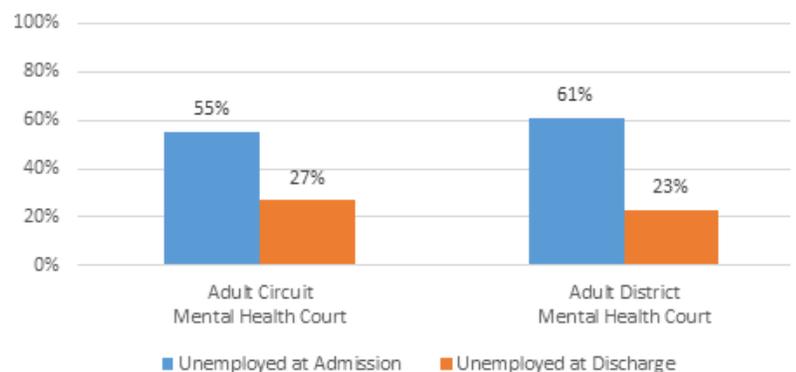
Success Rate by Court Type



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 partner with community agencies to find necessary employment for participants. Adult circuit mental health court graduates saw a 51 percent reduction in unemployment while adult district mental health court graduates saw a 62 percent reduction.

Unemployment Status at Admission and Discharge by Court Type



**Juvenile mental health court offenders were not included because they are focused on improving their education level, rather than finding and maintaining employment.*

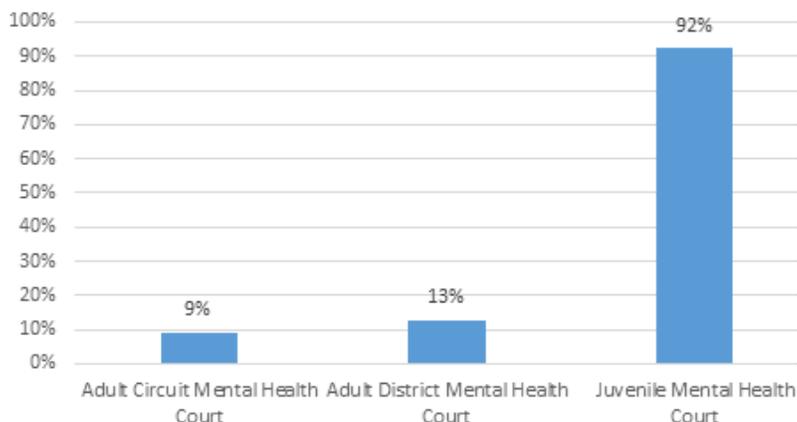




Improved Education Level

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.

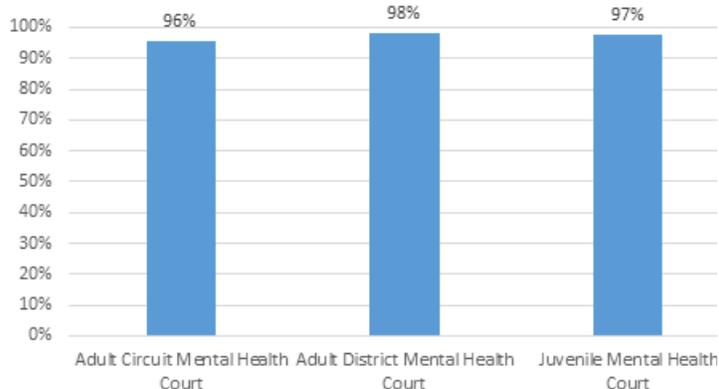
Improved Education Level by Court Type



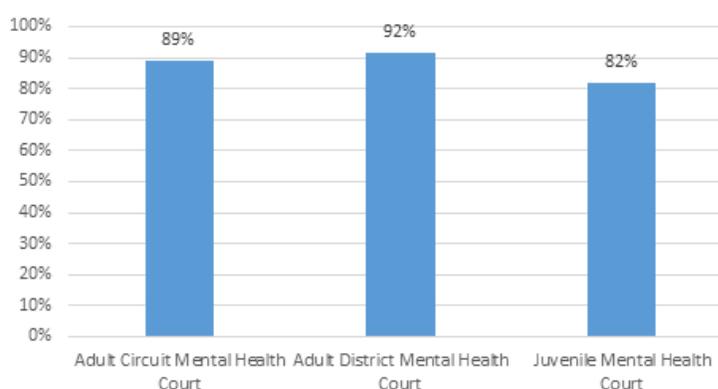
Improved Mental Health and Medication Compliance

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

Improved Mental Health by Court Type



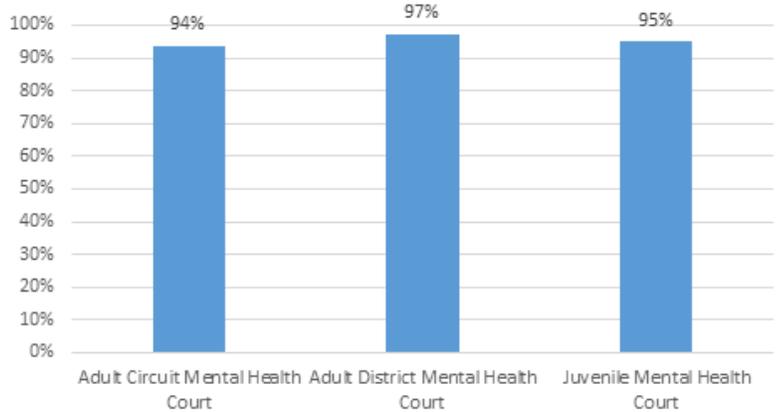
Full Compliance With Medication by Court Type



Improved Quality of Life

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

Improved Quality of Life by Court Type

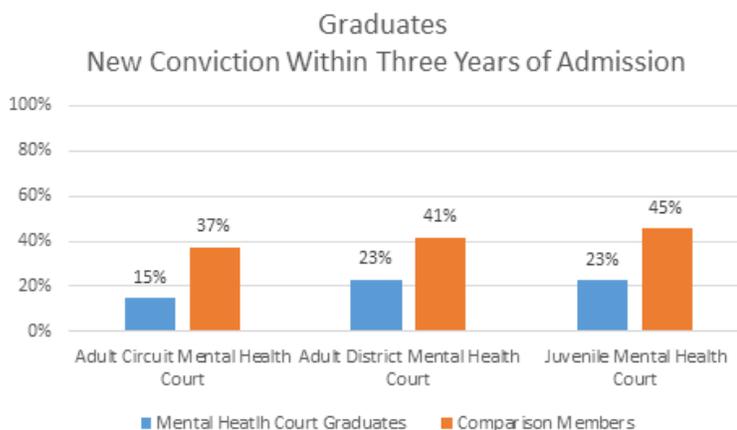


MHC Recidivism

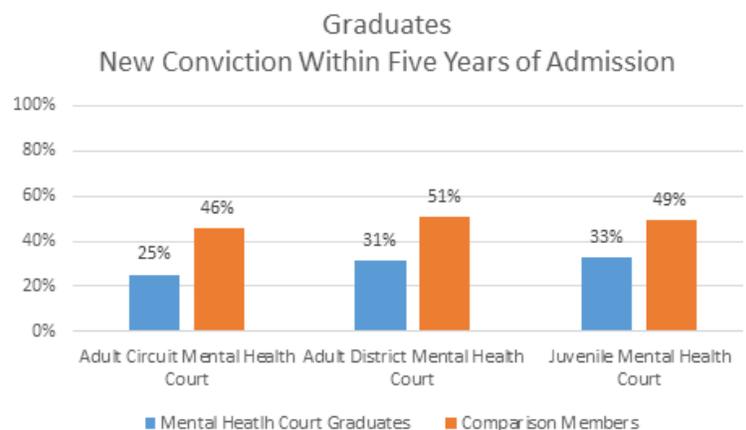
Recidivism Rates for Graduates

The three-year analyses of participants who graduated from a mental health court program included a total of 1,278 matched pairs, and the five-year analyses included 673 matched pairs across all three court types. Specifically, juvenile mental health courts had the fewest pairs for the three-year analysis (110 pairs) and for the five-year analysis (61 pairs). As their numbers grow, the differences in recidivism rates between young participants and their comparison group may become statistically significant.

Graduates’ Recidivism Rates – Three Years



Graduates’ Recidivism Rates – Five Years

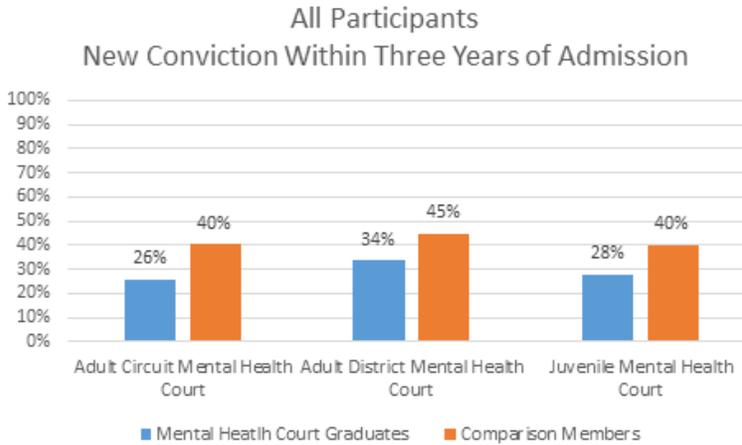




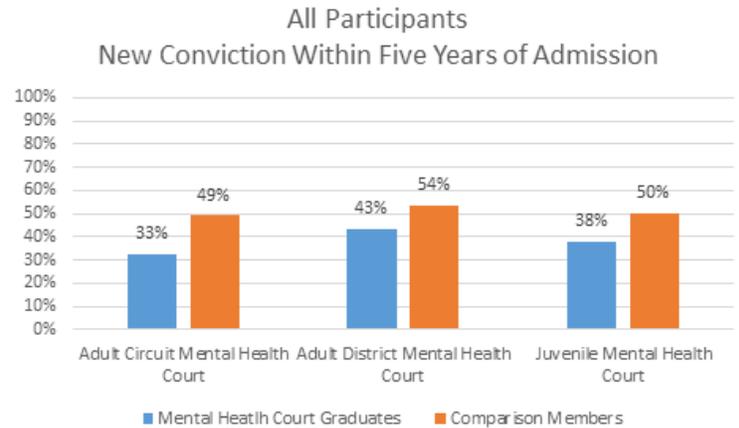
Recidivism Rates for All Participants

The three-year analyses of all participants in a mental health court program included a total of 2,455 matched pairs, and the five-year analyses included 1,299 matched pairs across all three court types.

All Participants' Recidivism Rates – Three Years



All Participants' Recidivism Rates – Five Years



MHC Graduates' Performance Measures

Overall, graduates of a mental health court program averaged:

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



Judge Michael Jaconette's team at Calhoun County Mental Health Court celebrating a graduation with Justice Beth Clement.

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 before review hearings the team should display the names of those who are to receive incentives for good behavior.

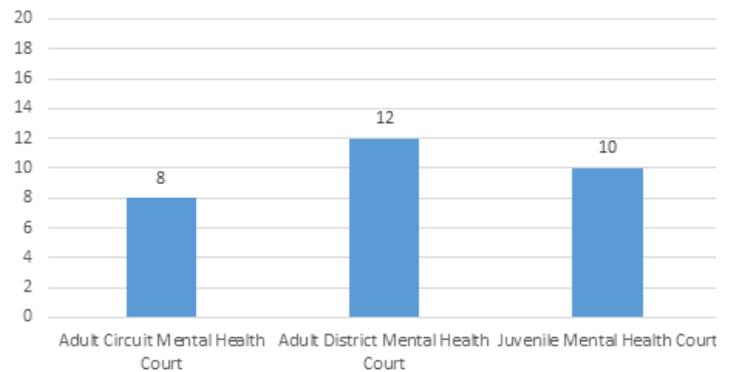
Sanctions

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

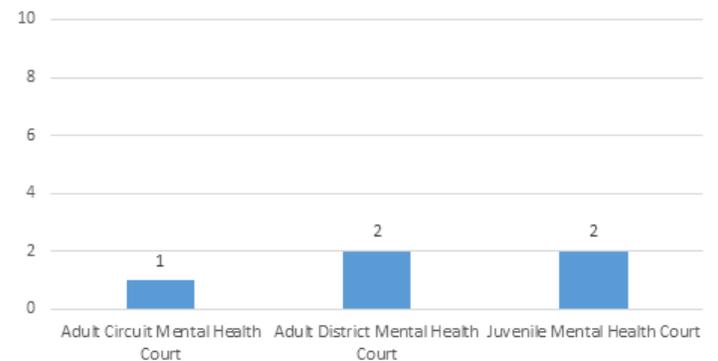
Scheduled Review Hearings

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.

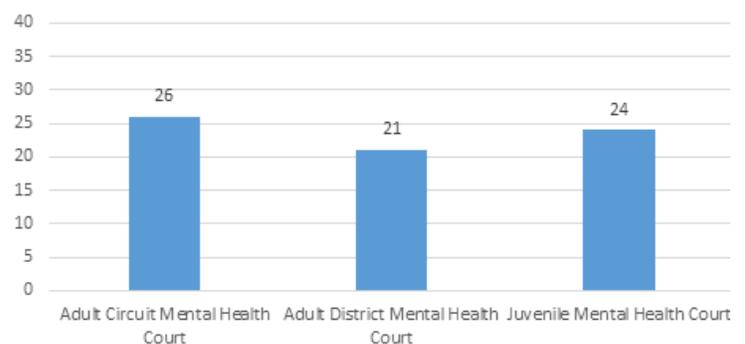
Average Number of Incentives by Court Type



Average Number of Sanctions by Court Type



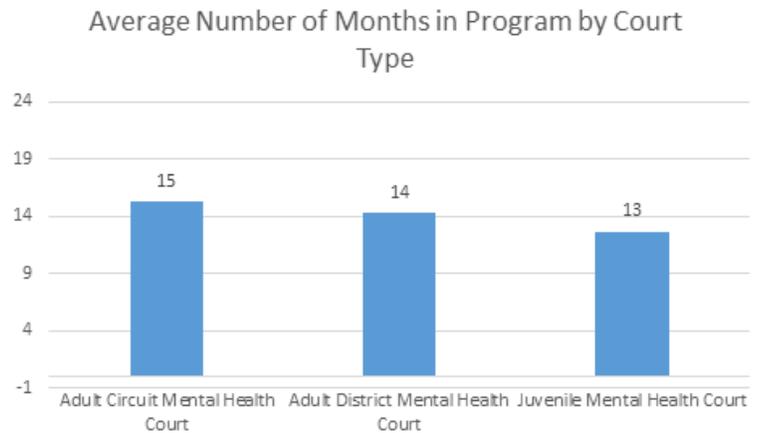
Average Number of Scheduled Review Hearings by Court Type





Length in Program

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



VETERANS TREATMENT COURT DATA ANALYSES

OCTOBER 1, 2018 – SEPTEMBER 30, 2019

Some veterans return with physical injuries, but 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. The U.S. Department of Veteran Affairs estimated that 8 out of every 100 veterans suffer from PTSD. Sadly, some veterans turn to alcohol or drugs to self-medicate, which can spiral into run-in with the law.

When veterans enter the criminal justice system, veterans treatment courts respond in a non-traditional way by providing them the structured environment that is already ingrained in military personnel, treatment toward restoration, and mentoring with fellow veterans. In FY 2019, Michigan had 26 VTC programs.



Judge Richard Ball, of Ingham County Veterans Treatment Court and a military veteran himself, helping to launch the MSC/MVAA/WMU-Cooley Veteran Mentor Manual in 2019, alongside veteran mentor Kevin Van Boxell; Justice Beth Clement; WMU-Cooley Law Associate Dean Brigadier Gen. Michael McDaniel; and Karen McCloskey, of Michigan Veterans Affairs Agency.

VTC Caseload Statistics

During fiscal year FY 2019, Michigan’s veterans treatment drug courts:

- Screened 372 potential participants.
- Admitted 276 offenders into a program.
- Discharged 266 participants.

The total number of participants who were active in working a VTC program was 645 among 26 courts. Of those:

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

VTC 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 search for a database to identify veterans who are criminal justice involved but did not enter a VTC program continues.

Success Rate

- Of the 266 veterans discharged during FY 2019, 193 participants (73 percent) had successfully completed a program.
- Nineteen percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
- Seven percent were discharged for reasons such as death, voluntarily withdrew, “Other” reason, or transferred to another jurisdiction. One person was missing data on their discharge reason.



Justice Beth Clement celebrating a 2019 graduation with Judge Karen Khalil, of 17th District Veterans Treatment Court in Redford Twp.





Graduates' Accomplishments

- Averaged 373 consecutive days of sobriety.
- Ninety-four percent reported an improved quality of life upon graduation.
- Averaged 25 hours of mental health treatment services.
- Averaged 66 hours of substance use disorder treatment services.
- Averaged a total of 91 hours of treatment services while working a program.
- Reduced unemployment by 87 percent, from 23 percent at admission to 3 percent at discharge.

VTC Graduates' Performance Measures

While working a program, graduates averaged:

- 12 incentives and 1 sanction.
- 23 scheduled court review hearings.
- 221 drug/alcohol tests.
- 2 percent of drug/alcohol tests were positive.
- 542 days in a program.

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 rigid in their expectations, which is naturally familiar to military personnel. Michigan will continue to honor those who served our country by assisting our veterans suffering from invisible wounds of war in their recovery. It is one step toward providing the help that they have earned.



VTC judges, program coordinators, and veteran mentors from courts across the state attending a 2019 training session in Lansing conducted by Justice For Vets.



Eaton County Circuit Court Judge Janice Cunningham presiding over a virtual Veterans Treatment Court graduation during the 2020 pandemic.



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Front Page Captions:

Justice Beth Clement honoring Bangor Mayor Darren Williams, a past graduate of Van Buren County Men's Drug Treatment Court, as Van Buren County Chief Judge Kathleen Brickley applauds from the bench.

PSC judges and program coordinators attending a 2019 training session at the Michigan Hall of Justice in Lansing.

Veteran Mentor Manual launch: (l to r) Karen McCloskey, Michigan Veterans Affairs Agency; MSC Justice Beth Clement, PSC liaison; Kevin Van Boxell, 28th District Court veteran mentor; Judge Richard Ball, Ingham County Veterans Treatment Court; and WMU-Coolley Law School Associate Dean Brigadier Gen. Michael McDaniel.

Judge Joseph Skocelas, of Allegan County Mental Health Court, congratulating a 2019 graduate.

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