

Evaluation Background:

Research & Evaluation Associates (REA) has provided research, evaluation, data analysis, and consulting services for the Treatment and Support Court (TASC) of the 17th Circuit Court since January 2018. TASC started as a Mental Health Court, funded through a grant from the State Court Administrative Office (SCAO) of Michigan. In 2019, REA worked with the Court to obtain a 5-year grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand services for clients with co-occurring disorders. Early in 2018 REA urged the Court to collect supplemental data on client outcomes using the TASC Supplemental Data Collection Instrument, developed by REA. This data, collected at intake and at 6-month intervals, provides information on client progress in improving overall well-being, reducing substance abuse dependency, and gaining access to employment and housing. This report includes a summary of Supplemental Data outcomes to date.

Summary of Overall Program Progress

The TASC Court has made significant progress in their first three years of SAMHSA funding. Major accomplishments during this period including the following:

- 1. *The project developed a pipeline for referrals*** – The TASC court developed a pipeline for referrals in the first quarter of the project. Using a partnership with the local prosecutor, the TASC court modified existing eligibility criteria to encompass primary substance use disorder diagnoses and shared this eligibility with local judges, partners, and the prosecutor’s office. The TASC Court collaborates regularly with the 61st District Court, which is housed in the same building in downtown Grand Rapids. This partnership ensures referrals to each court are carefully considered for best fit. This pipeline is designed to bring a steady flow of referrals to the Court.
- 2. *The project is fully staffed*** – The court experienced some early challenges with staffing as it transitioned to meet the requirements of the new SAMHSA grant. Some existing positions had to be restructured, and staff expected to fulfill those roles stepped down from their positions. This required creating and filling new positions. Although the TASC Court has continued to experience staffing turnover, they are currently fully staffed.
- 3. *Adaptable Team and Program*** – The TASC Court responded quickly when COVID19 restrictions occurred. The team moved to provide client programming virtually. This affected communications between Court staff and participants, how review hearings were conducted with the Judge, how incentives and sanctions were used, and how therapeutic services were provided. In 2021, as the pandemic receded, the Court gradually moved to a hybrid model where possible. Hearings with the Judge were eventually done in-person, but some communications and therapeutic services were provided either virtually or in combination with in-person. In 2022, the court

continued to provide a hybrid model of services. Interviews conducted by REA with program participants show high levels of satisfaction with their recovery coaches, specifically, and with court services in general.

The TASC Court enrolled 80 participants in the first 3.5 years. Most participants are male (56%); most fall within the age range of 25 to 44 (55.7%). Most participants are white (61%), with roughly a third (29%) African American, and 6% Hispanic. See Figure 1 and Table 1.

Figure 1: Race and Ethnicity of TASC Court Participants, N = 80

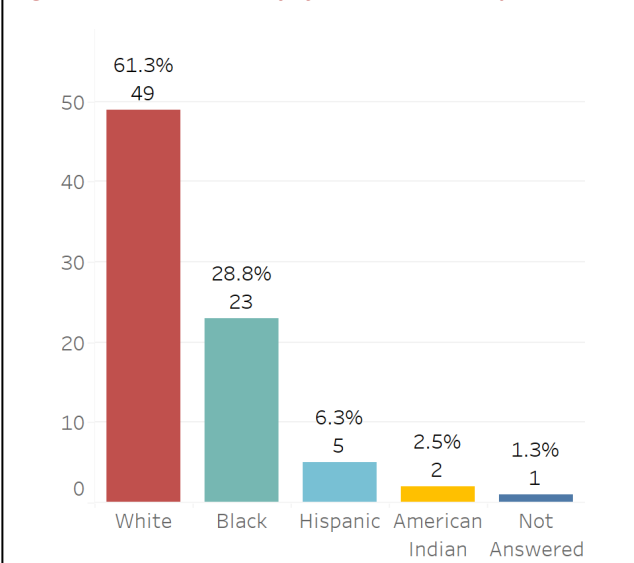


Table 1: Select Demographics for TASC Participants (N = 80)

	N	%
Gender		
Male	45	56.3%
Female	34	42.5%
Transgender	1	1.3%
Age		
18 - 24	12	15.2%
25 - 34	27	34.2%
35 - 44	17	21.5%
45 - 54	14	17.7%
55+	9	11.4%

Summary of Progress on Goals and Objectives

The TASC court has made significant progress to date on its goals and objectives:

Goal 1: Expand the TASC Court caseload to serve a minimum of 40 unduplicated, high-risk offenders per year (200 total).

- Objective 1: Obtain a commitment from the county prosecutor in the first quarter of the program to expand the number of referrals by including those with a SUD as their primary condition.
 - The TASC court obtained a commitment in the first quarter from the prosecutor to expand referrals by including substance use disorder as a primary condition. The prosecutor and court staff worked closely to rewrite the eligibility criteria for the court to accommodate this new requirement.

- Objective 2: Provide the 12 judges in the 17th Circuit and 61st District courts with written criteria for expanded TASC Court referrals. Meet with the judges to encourage review for eligible referrals, and track judge referral rates.
 - All judges have been provided expanded criteria for court referrals. The lead judge for the TASC court has presented these criteria at regularly scheduled judges' meetings.
- Objective 3: Provide annual training for judges on eligibility criteria and benefits of participation in TASC Court.
 - The lead judge for the project has trained the judges of the court on the eligibility criteria. These judges received additional training early in Grant Year 2 and as needed with turnover.
- Objective 4: Admit 40 new high-risk offenders annually.
 - To date, the TASC court has admitted 80 clients to the program. During the early stages of implementation, the program struggled with staffing issues and filling program positions. The team was able to fill all staff positions at the beginning of the second program year. The team has also worked to expand referrals and enhance the pipeline for referrals into the court. These efforts have increased numbers; however, with the COVID-19 pandemic, referrals in years 2 and 3 were reduced. The court continues to pursue additional referral sources and expand court numbers.

Goal 2: Expand treatment services for TASC Court participants.

- Objective 1: 100% of qualifying clients will be placed in a 5th phase (40 clients per year; baseline 0).
 - The TASC court has outlined the 5th phase of the program, and all participants will receive the 5th phase. All eligible clients have been promoted to the 5th phase of programming.
- Objective 2: 100% of high-risk participants determined to be eligible for Medication Assisted Treatment (MAT) will be offered MAT services (10 clients per year, 50 total).
 - TASC court staff have established partnerships with MAT prescribers. All eligible clients are offered MAT services. To date, 16 (20%) clients have received MAT services.
- Objective 3: 100% of high-risk participants will have access to the services of a Recovery Coach (10 clients per year, 50 total).
 - The court has hired a recovery coach and 100% of clients are being offered Recovery Coach services. A total of 17 (57%) of 30 program graduates report recovery coach services at discharge.
- Objective 4: 100% of high-risk participants will have access to a 12-step recovery program (10 clients per year, 50 total).

- The court has access to a variety of 12-step programs. All high-risk clients are offered 12-step recovery services. To date, 25 (31%) clients have participated in 12-step recovery services.

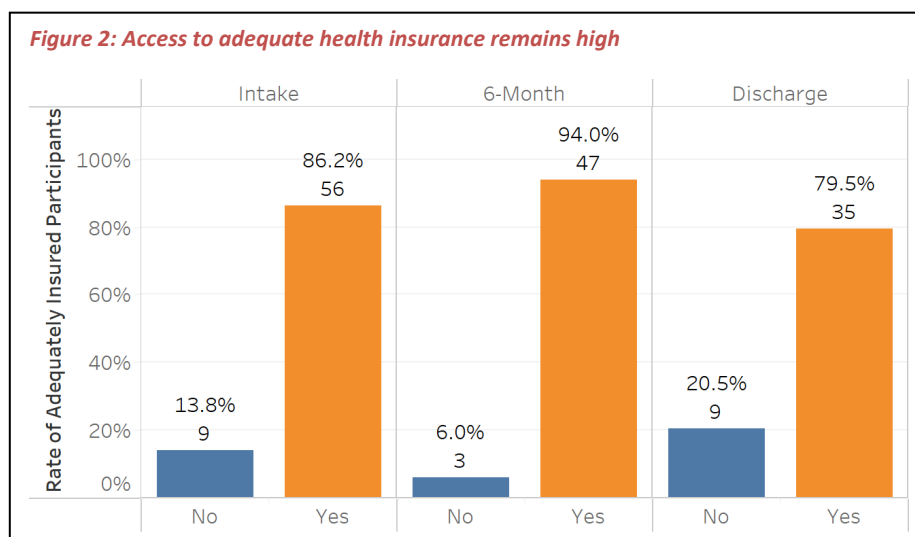
Goal 3: Expand trauma-informed services by establishing one or two partnerships with providers.

- Objective 1: 100% of clients who screen positive for trauma will participate in Seeking Safety trauma-informed care (10 clients per year, 50 total)
 - Seeking safety groups have begun and 100% of clients who screen positive for trauma have been offered these services. Thus far, 73 (91%) clients have screened positive for trauma.
- Objective 2: 100% of clients who screen positive for trauma will participate in Motivational Interviewing (10 clients per year, 50 total)
 - 100% of participants who screen positive for trauma are being offered motivational interviewing services.

Summary of Key Evaluation Findings:

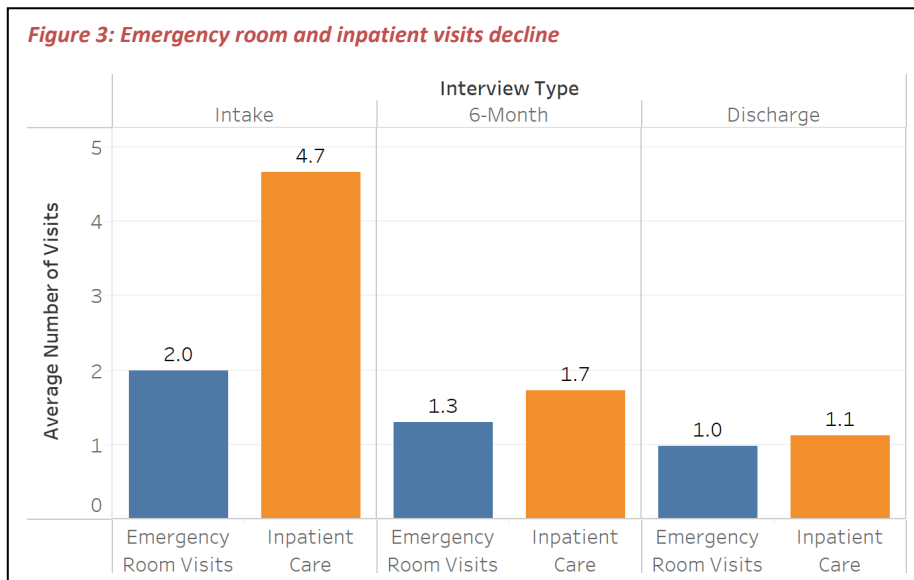
Participants increase access to adequate health insurance from intake to 6-month follow-up.

The proportion of participants who report access to “adequate health insurance” remains stable over time. Figure 2 shows 80% of participants report adequate health insurance at discharge, compared to 86% and 94% at initial assessment and follow-up assessment, respectively. Reasons for inadequate health insurance may include reliable, but too costly insurance policies. In addition, some insurance carriers either initially did not cover tele-health services and/or discontinued this service early in the pandemic, while COVID19 restrictions continued.



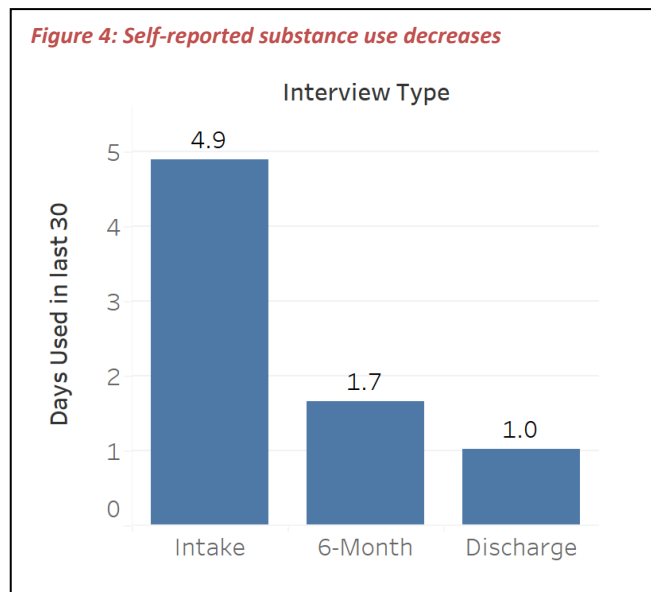
Participants increase the number of visits to emergency rooms and inpatient care.

Emergency room and inpatient treatment decrease over time. Figure 3 shows the number of visits in the last 30 days to emergency rooms decreases from 2.0 at intake to 1.0 at discharge. Similarly, the number of inpatient visits decreases from 4.7 visits to 1.1 at discharge. This suggests more stable management of participant symptoms.



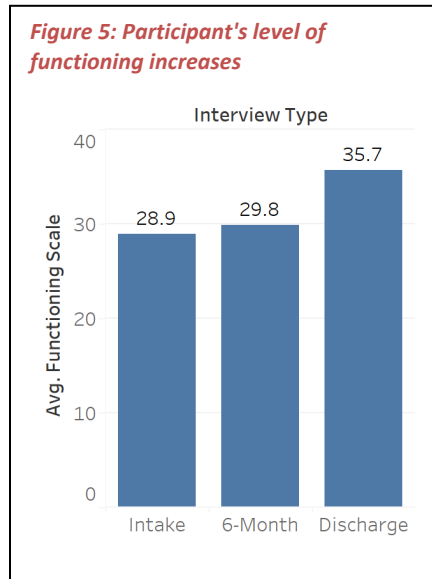
Participants decrease their frequency of substance use.

The average number of days in the last 30 that participants report having used alcohol or illegal drugs decreases from 4.9 at initial intake to 1.7 and 1.0 at 6-month and discharge, respectively. Substance use reported at discharge is 100% from program terminations. Program graduates report 0 days used in the last 30. See Figure 4.



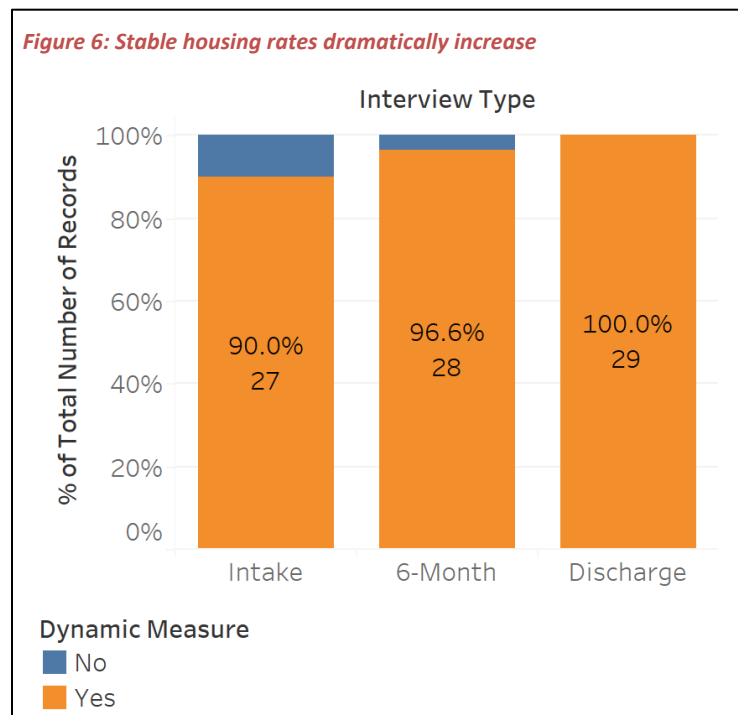
Participants increase Level of Functioning

Participants demonstrate improvement on overall level of functioning as measured by the Center for Substance Abuse Treatment National Outcomes Measures tool (CSAT; NOMs). Participants' average overall scores increase from 28.9 at intake to 35.7 at Discharge. See Figure 5.



Program graduates achieve high rates of stable housing

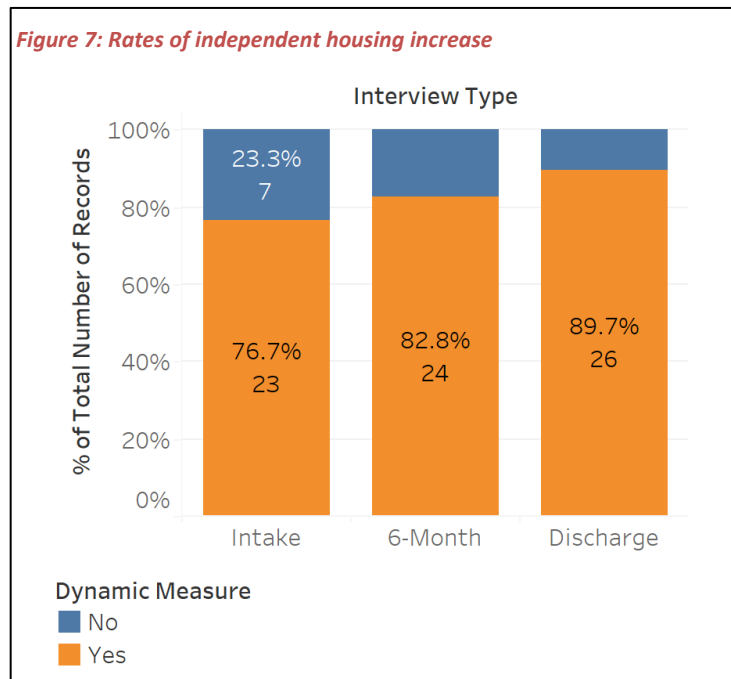
Program graduates show high rates of stable housing. Figure 6 shows all program graduates report stable housing (owning/renting or staying with friends or family) at discharge, compared to 90% at program intake.



Program graduates increase their access to independent housing

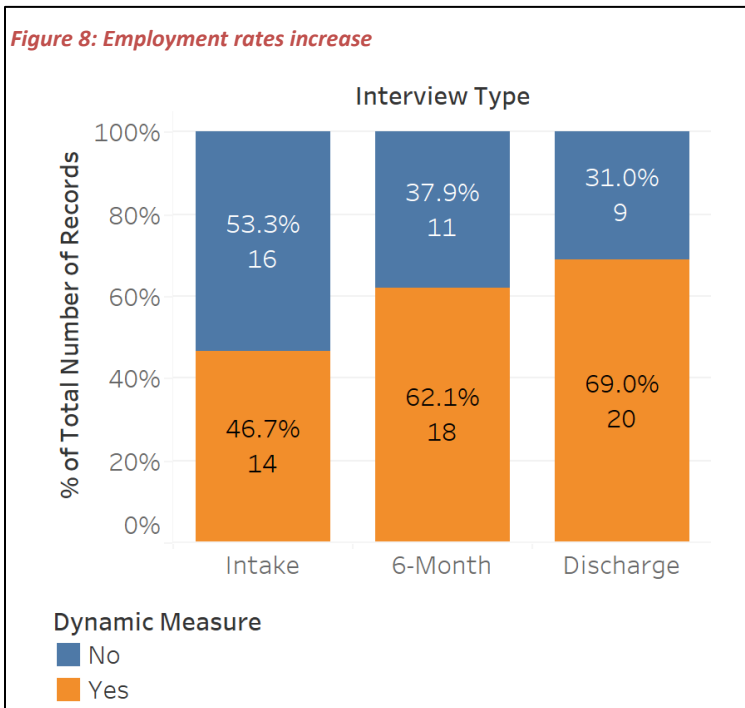
Program graduates demonstrate increased independent housing over time. Figure 7 shows 90% of program graduates report owning or renting their own place at program discharge, an increase from 77% at intake.

Figure 7: Rates of independent housing increase



Three of every 4 graduates obtain employment

Roughly 2 of every 3 graduates obtain either part-time or full-time employment. Figure 8 indicates 69% of program graduates report employment at program discharge, compared to 47% at program intake.



A total of 30 participants successfully completed the TASC program

To date, a total of 30 participants have successfully graduated from the TASC program. This brings the total graduation rate among program participants in the SAMHSA grant to 53%. A total of 27 participants have been terminated from the court for various reasons (absconding, failure to meet the requirements of the program etc.). COVID-19 significantly impacted the rate of unsuccessful discharges. Relapses due to inconsistently available drug testing and difficulty navigating telehealth services increased unsuccessful discharges during the first year of the pandemic. A total of 18 (67%) of the 27 terminations occurred within the COVID-19 pandemic.

The court maintains 23 participants who continue to participate in the program.

Conclusion:

Overall, the results show that participants are improving in some of the key outcomes measured by the Supplemental Data Form and SAMHSA's National Outcome Measures tool. Access to health care improves, emergency and inpatient visits decline, substance use declines, while housing and employment increase among program graduates. To date, thirty clients have graduated, and graduation rates have increased from 33% to 53% over the last several years. REA will continue to track and report these outcomes.