



FY 2020

PROBLEM-SOLVING COURTS ANNUAL REPORT

SOLVING PROBLEMS,
SAVING LIVES

INDEPENDENCE · ACCESSIBILITY · ENGAGEMENT · EFFICIENCY



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A MESSAGE FROM JUSTICE ELIZABETH T. CLEMENT MSC PROBLEM-SOLVING COURT LIAISON



It has been quite a year for Michigan courts, to say the least. Not only have our trial courts been challenged like never before just to remain open for routine business, but problem-solving courts (PSC) have also had to pivot and get creative in order to help participants access the support and supervision they need to recover and rebuild their lives.

So how did this work? In a word: effectively.

I am proud to share that our data focusing on Fiscal Year 2020 (October 1, 2019 to September 30, 2020) shows that Michigan PSCs have remained accessible, engaged, and successful, despite the many additional obstacles they have had to navigate.

You will read in this report how these programs—drug and sobriety courts, mental health courts, veterans treatment courts—were able to lower recidivism and unemployment among graduates, improving their quality of life and strengthening their families and neighborhoods.

You will also read how, amid a year of unprecedented struggle, court teams were able to maintain the strong sense of community that defines these programs.

Technology played a huge part in the continuity of services and overall communication that took place between treatment court teams and their participants. PSC teams went above and beyond the usual call of duty by learning new technologies—and helping participants use them—enabling them to continue meeting high standards of operation.

Where would we all be without Zoom, right?

But even more important than the technology or the physical tools employed to operate these programs is the human element at the heart of each one—made up of judges, court coordinators, probation officers, law enforcement, attorneys, counselors, volunteers. The dedication and day-to-day investment of the professionals involved is what truly makes a difference. I hear this time and time again from PSC graduates across the state. Zoom didn't make the difference; the personal attention to connecting with participants made the difference.

Makenzie, a past graduate of 57th District Mental Health Court in Allegan, really conveys this point: ***“They have a passion for helping and that’s what drove me. I didn’t want to go there and disappoint them; I didn’t want to fail. 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.”***

This passion for helping is the engine that drives PSCs to solve problems and save lives every day. This passion is powerful and vital. Although I have missed experiencing this passion at in-person PSC graduation ceremonies, I am heartened to know that Michigan PSC teams are continuing to turn their passion into success—even remotely.

EXECUTIVE SUMMARY

Problem-Solving Courts Overcome Challenge of the Pandemic

CURRENT NUMBER OF PROBLEM-SOLVING COURTS STATEWIDE:

- 199 PSCs total
- 134 drug treatment/DWI sobriety courts
 - 56 hybrid drug treatment/DWI sobriety courts
 - 36 DWI sobriety courts
 - 13 adult drug treatment courts
 - 12 juvenile drug treatment courts
 - 8 family dependency courts
 - 9 tribal drug treatment/DWI/sobriety courts
- 37 mental health courts
 - 31 adult MHCs
 - 6 juvenile MHCs
- 27 veterans treatment courts

Despite working through the COVID-19 pandemic during the second half of Fiscal Year 2020, the Michigan judiciary has remained open for business—with millions of hours of virtual hearings—and have been operating to the fullest extent possible under health and safety restrictions that have remained in place. The Michigan Supreme Court and its State Court Administrative Office (SCAO) have made this possible by providing courts with a solid framework of guidance through administrative orders, education, technology, and many other tools.

How has this affected problem-solving courts in particular? Primarily, lockdowns have necessitated alternate methods of communication that these programs use to keep the strong sense of community participants come to rely on for their recovery. While problem-solving court (PSC) teams could not always meet with participants in person, they employed remote technologies such as Zoom, Skype, and text messages to make compliance checks, perform reviews, and provide the encouragement participants needed to stay on course. *(Read more on page 12.)*

We are proud to report that in FY 2020 the work of PSCs has remained effective and successful during a most challenging time. PSCs remained accessible to virtually every Michigan resident; they engaged 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.

SCAO continued to provide support to PSCs by providing training and education, operational standards, monitoring, certification assistance, and





funding. SCAO granted more than \$16 million to PSCs across the state for FY 2020, conducted 21 training sessions for PSC judges and court staff, and certified 69 programs—55 drug courts, 7 vet courts, 7 mental health courts (*see p. 11*).

Drug & Sobriety Courts

A key performance measure for drug and sobriety courts is successful completion of a program. Of the 2,800 participants discharged from a drug or sobriety court program during FY 2020, **1,904 participants (68 percent) had successfully completed a program**. This is up slightly from FY 2019 (65 percent). Maintaining steady employment is also a critical factor in the success of drug and sobriety court graduates because it directly affects their quality of life. Follow-up analysis shows a significant **drop in unemployment of 96 percent for adult drug court graduates and an 86 percent drop for hybrid court graduates**. (*Read more on pages 16-17*.)

Another important marker to watch is the recidivism rate, or how likely PSC graduates and participants are to commit another crime. This is vital because of the

Mental Health Courts

Monitoring the emotional and mental well-being of mental health court (MHC) participants has never been more crucial than during the pandemic because of the lengthy lockdowns, restrictions on activity outside the home, and overall physical isolation from others.

The best indicators of MHC success include recidivism, unemployment, mental health status, and overall quality of life. In FY 2020, graduates were much less likely to commit another crime. Reoffense rates varied across different court programs, but on average, MHC graduates (adult circuit, adult district, juvenile) were about **two to three times less likely to commit another crime**

Ignition Interlock

In FY 2020, there were 1,630 active participants among sobriety, hybrid, and veterans treatment court programs with an installed interlock ignition device on their vehicle(s); 865 of these participants were discharged from a treatment court program; and **805 (93 percent) successfully completed a program** (*see pages 29-30*).

impact on community safety. In FY 2020, graduates of adult drug court programs were nearly 2 times less likely to be convicted of a new offense within three years of admission to a program. **Graduates of sobriety court programs were more than 3 times less likely to be convicted of a new offense within three years of admission**. (*Read more on p. 20*.)

within three years of admission to a program (*page 38*).

In addition, MHC graduates saw a **drop in unemployment of 65 percent in adult circuit court and a 71 percent reduction in adult district court**. (*page 34*).

Perhaps the most reassuring indicators of MHC success are the **97 percent improvement in mental health status** (average among adult circuit, adult district, juvenile graduates) and the **96 percent improvement in quality of life** (average among the same three categories). *Read more on pages 36-37*.

Veterans Treatment Courts

Veterans treatment courts (VTCs) differ slightly from other PSCs because of the unique needs of participants based on their military experience, including being very structured and disciplined in their expectations—qualities that are ingrained in military personnel. Because of the “invisible wounds” that many VTC participants carry with them following their active service, these programs aim for treatment toward restoration and incorporate mentoring from fellow veterans.

In FY 2020, Michigan had **27 VTC programs, making it among the top states in the nation** for number of independent VTC programs.

During FY 2020, there were 556 active participants in VTC programs statewide. Of the 263 participants discharged during FY 2020, **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 among VTC graduates in FY 2020, including a **drop in unemployment of 81 percent.** In addition, VTCs



Justice Beth Clement (on Zoom screen) honoring new graduates of the North Oakland Veterans Treatment Court.

had **retained 90 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. *(Read more on page 42.)*

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WHY PROBLEM-SOLVING COURTS?

Problem-solving courts (PSCs), or treatment courts, combine intense supervision and monitoring with treatment for substance use disorders (SUD) and/or mental illness. Models for the various types of treatment courts have undergone much scrutiny through research to determine which components result in positive change among offenders graduating from a treatment court. **They were developed to address the underlying reasons why offenders continually return to crime.** For example, offenders suffering with drug or alcohol addiction might not benefit from jail or a standard probationary term when they are not required to engage in treatment for their SUD. Similarly, offenders with untreated mental illness do not benefit from jail or other punitive measures when their mental illness goes unaddressed or even unrecognized. **Ignoring the reasons people commit crime often results in a return to crime.**

Prior to the creation of PSCs, criminal justice and behavioral health treatment had operated separately, with little interaction or compatibility between them. The fields traditionally had little communication, and when they did, they were speaking different languages. There were not enough reasons for having interdisciplinary education between the two, which resulted in courts not understanding addiction and mental illness or the therapies required to treat these illnesses, and therapists not understanding traditional criminal justice processes such as how

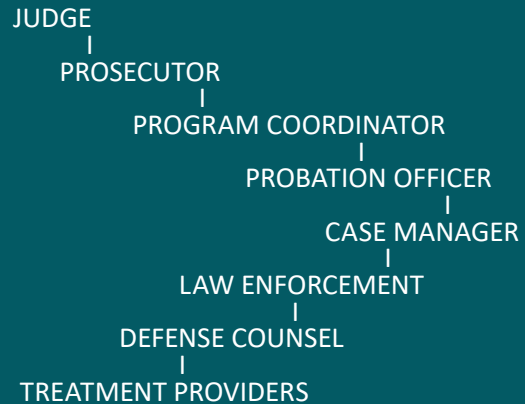
jail sanctioning is determined. Enter PSCs and a different way of doing business!

Treatment courts specialize in making these two parallel fields interdependent by requiring treatment services as part of probation orders to address and treat the behaviors that are leading to crime. **Thus, court personnel and therapists work together as a team,** bridging the gaps in understanding and learning about the fields of the other and communicating regularly to ensure participants are compliant and progressing in their treatment. Participants in a treatment court must attend therapy, many review hearings in court, and frequent and random drug testing to determine abstinence or medication compliance. **Participants are also held accountable for their actions and are subjected to a higher level of monitoring and supervision than the standard probationer.** Home and employment checks by law enforcement, probation officers, or case managers are conducted, as well as frequent probation and/or case manager appointments. Rewards are given for positive behaviors, such as breakthroughs in treatment, helping in the community or fellow participants, finding employment, or simply making it through a day without the use of drugs or alcohol. Program sanctions are immediately imposed when a PSC participant is not engaging, is not compliant, or is not meeting achievable goals. All of these components, and how they are provided on an individual basis, are guided by **evidence-based practices.**

The Team

In PSCs, a team of professionals oversees the day-to-day operations, administering supervision requirements, and treatment interventions. **Team members include judges, prosecutors, program coordinators, probation officers and case managers, law enforcement, defense counsel, and treatment providers.** The treatment court judge is the leader of the team and the decision maker surrounding participants' incentives, sanctions, graduations, and terminations. Their decisions are guided by input from each member of the team, bringing a different viewpoint from their profession. The judge builds a rapport with the participants, by engaging them in discussions using motivational interviewing techniques during bimonthly or monthly review hearings. Prosecutors determine legal eligibility, ensuring no violent offenders enter and that other statutory requirements are met, while protecting public safety. Defense attorneys work in a nonadversarial capacity with the prosecutor, while advocating for their clients and protecting their due process rights. Law enforcement officials are the “eyes on the streets” participant homes during who conduct random home checks and link the court to offenders and the community. Coordinators oversee the daily operations of the program, keep team members informed, and assist the judge in advocating for the program. Probation officers and case managers interact daily with participants to ensure compliance, link them to community resources, and address struggles. Lastly, therapists work closely with the court to report treatment engagement, progress, and struggles, and to advocate for their client. They play a critical role in helping to decide incentives for

WHO'S ON THE PSC TEAM



clinical progress, and appropriate sanctions that will not traumatize the participant or negatively impact a treatment plan.

These are the key players to every treatment court program and depending on the type of program, other agencies may be involved. Team members share information to assess participant compliance and progress during regularly-scheduled staff meetings, and contribute insight and recommendations that stem from their professional fields.

The judges and team members operating PSCs often invest their time beyond standard court hours to help participants who may be struggling with their addiction and/or mental illness. This has been particularly true during the COVID-19 pandemic. Because of the commitment of their teams, PSCs not only save lives, but also help offenders to live more 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. Although they share the same therapeutic jurisprudence model, each drug court model has specific program guidelines that frame 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 who drove 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.” Juvenile drug courts work closely with school leaders, who provide updates on the youths’ educational progress and who may be present at drug court meetings. 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 (FDTC) 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 to 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 (DHHS). Coordinated services are provided by different agencies, all with the goal of ensuring that children have a safe, healthy, and nurturing permanent home.



Judge Kirsten Nielsen Hartig, of 52-4 District Court in Troy, presiding over a remote drug court graduation ceremony.

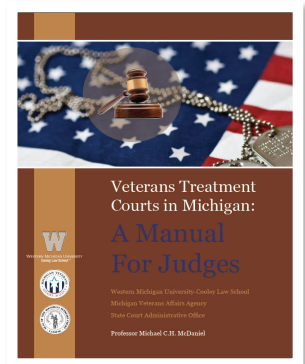
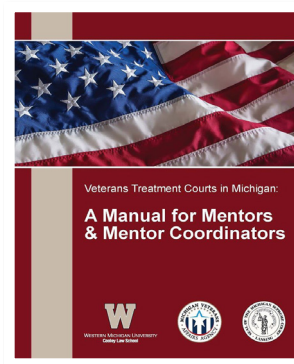
Mental Health Courts

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 (CMH) 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 the State Court Administrative Office (SCAO) collaborate closely with CMH to provide participants with access to a wide range of treatment services. In addition to having mental illness, participants often suffer from co-occurring substance use disorders (SUD), which are also addressed through the treatment court. In FY 2020, more than half (53 percent) of active participants had a co-occurring substance use disorder when they were screened for a mental health court program.

Veterans Treatment Courts

The number of veterans treatment courts (VTCs) across the country continues to increase in response to the growing number of veterans returning from active duty. These programs serve military veterans who suffer from mental illness, substance use disorders, and/or traumatic brain injuries, integrating principles from both the drug court and mental health court models. Michigan Compiled Law 600.1200, et seq. passed in October 2012 to standardize the operations of VTCs, which incorporate additional team members such as trained veteran mentors, Veteran Justice Outreach Coordinators, and treatment providers from the U.S. Department of Veterans Affairs.



Two resources for VTCs jointly produced by Michigan Supreme Court, the Michigan Veterans Affairs Agency and WMU Cooley Law School: Manual for Mentors (left) and Manual for Judges (right). Find these at courts.mi.gov/VetCourt.





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, and thus should be the goal of every PSC. To ensure that Michigan PSCs are producing the best outcomes, **SCAO developed a certification process that requires PSCs to adhere to Michigan statutes and specific nationally-recognized best practices.** A program found in compliance with the certification requirements can collect program fees to supplement participation, can discharge and dismiss cases in accordance with their respective PSC statute, and are 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,”¹ which have been a blueprint for how treatment courts should operate to improve outcomes for offenders with SUD 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 developed and published the required best practices and standards for veterans treatment courts and mental health courts.**

To certify a court, SCAO's team of PSC analysts conduct a process evaluation of programs to ensure operations adhere to all required best practices and standards. Prior to the pandemic, analysts conducted on-site evaluations of each court, spending one to two days with the team, but evaluations are now conducted via Zoom. PSC analysts observe courtroom procedures and staffing meetings, conduct interviews with all team members, review policy and procedures manuals and other materials, and evaluate program data.

An official report containing SCAO's findings and operations that do not meet best practices or standards is sent to the court. Teams are given time to revise any necessary program operations, and once in compliance, they 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. **As of September 30, 2020, 55 drug courts had received certification. In addition, 7 veterans treatment courts and 7 mental health courts became certified.** To view the standards and best practices manuals for each type of PSC, please visit courts.mi.gov/PSCresources.

¹ www.nadcp.org/standards

TREATMENT COURTS AND THE PANDEMIC

Michigan Supreme Court Chief Justice Bridget M. McCormack has said many times during the past year that the pandemic wasn't the disruption we wanted, but it might be the disruption we needed. While this was certainly true for trial courts, in general, the pandemic uniquely affected problem-solving courts, including a small decline in the number of participants. For example, participant monitoring, face-to-face contacts, and home checks were suspended. Twelve-step support groups and other community resources were temporarily not accessible. As a result the support systems necessary to sustain recovery and stability among participants were seriously diminished. With physical access to courthouse and support services, court teams had to find new ways to connect participants with the supervision and resources they needed to continue in their recovery.

First and foremost, court review hearings and staffing meetings went virtual. (In fact, **Michigan courts in January 2021 surpassed 2 million hours of remote Zoom hearings**; this includes problem-solving courts.) Treatment agencies found ways to implement technology to provide virtual therapy sessions while protecting client confidentiality under federal law. Drug testing agencies faced the challenge of how to test offenders while protecting themselves and the participants, and complying with local, state, and federal guidelines.

To overcome the impediments that programs



faced, PSC team members did what they do best: solved problems. Judges, coordinators and probation officers, attorneys (prosecution and defense), law enforcement, and therapists collaborated to find innovative ways to provide the needed services to participants. Testing commenced using oral swabs in drive-through testing sites, or with transdermal patches applied by the participant while being viewed virtually.

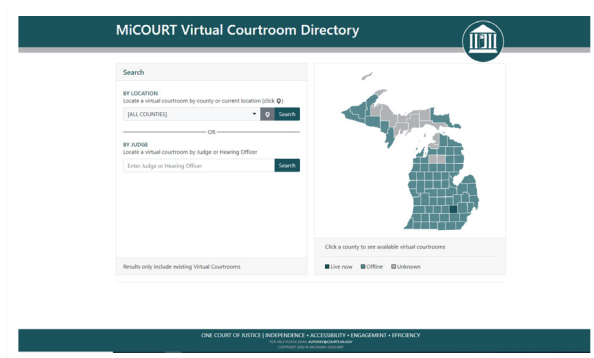
Therapists plugged the gap created by the switch to virtual therapy, by calling participants frequently to check in on their stability, and by conducting therapy sessions over the phone. Monitoring took on a new look as home checks consisted of law enforcement or other court officers driving by participants' homes asking them to step outside and wave. Probation officers often used Skype or Zoom to check in on their participants and maintain a supportive, yet supervisory, connection. Even sanctions that are typically meant to encourage participants were employed, such as requiring them to write thank-you letters to essential health care workers or making face masks for others.





In addition to thinking outside of the box, PSC team members attended many of the helpful webinars conducted by the National Association of Drug Court Professionals and the National Drug Court Initiative, which focused on treatment court operations during the pandemic and staying abreast of how other states were implementing new ideas. Courts got creative as they celebrated PSC graduations, as well. Many conducted ceremonies remotely using Zoom, and one court even organized a drive-through graduation ceremony in front of the courthouse, which was covered by a local news station.

A particular point of pride is the fact that PSC team members rallied to ensure constant contact including beyond normal court hours. Despite these efforts, however, courts reported that relapses had increased and were openly reported by participants. Stability and recovery became a greater struggle without the support of community resources and the team.



Screenshot of the MiCOURT Virtual Courtroom Directory, created by the Michigan Supreme Court. Users can search all Michigan courts to find real-time, live court proceedings. Find it at courts.mi.gov.

Overall, the efforts and dedication of PSC judges and team members to keep the doors of justice open for PSC participants during this crisis serve as a testament to Michigan's role as a national PSC model.



PSC leaders launching the FY 2019 PSC Annual Report during a Zoom press conference: Judge Sue Dobrich, Cass County Family Dependency Court (top left); Judge Janice Cunningham, Eaton County Veterans Treatment Court (top center); retired Judge Laura Mack, Western Wayne County Behavioral Health Court (top right); Chief Justice Bridget McCormack (center); and Justice Beth Clement, PSC liaison (bottom left).

DRUG COURT DATA ANALYSES

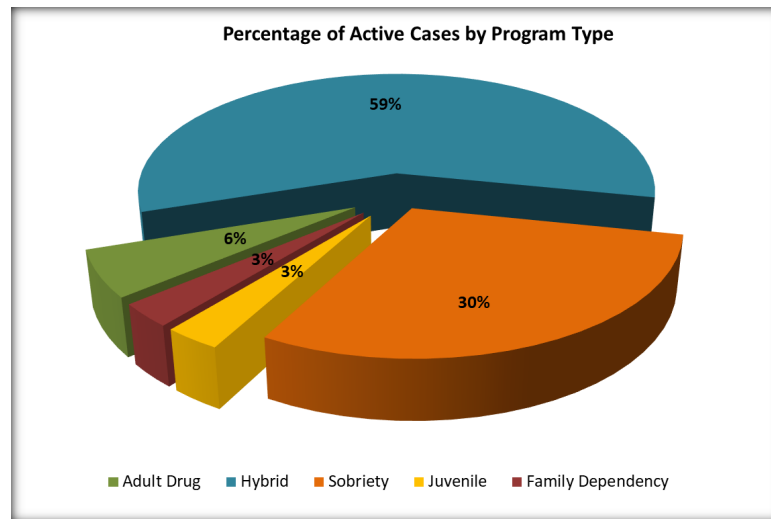
OCTOBER 1, 2019 – SEPTEMBER 30, 2020

Drug Court Caseload Statistics

During fiscal year (FY) 2020, Michigan’s drug courts:

- Screened 3,120 potential participants.
- Admitted 2,200 offenders into a program.
- Discharged 2,880 participants².

During FY 2020, the total number of participants that were active in a drug court program was 6,160. The pie chart shows the percentages of active cases by program type.



Drug Court Graduate 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. In particular, finding a job is a key measure of success since employment is a key to supporting families and reducing the need for public assistance. Furthermore, participant abstinence from alcohol and drug use is measured by the number of consecutive sobriety days graduates

² Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.





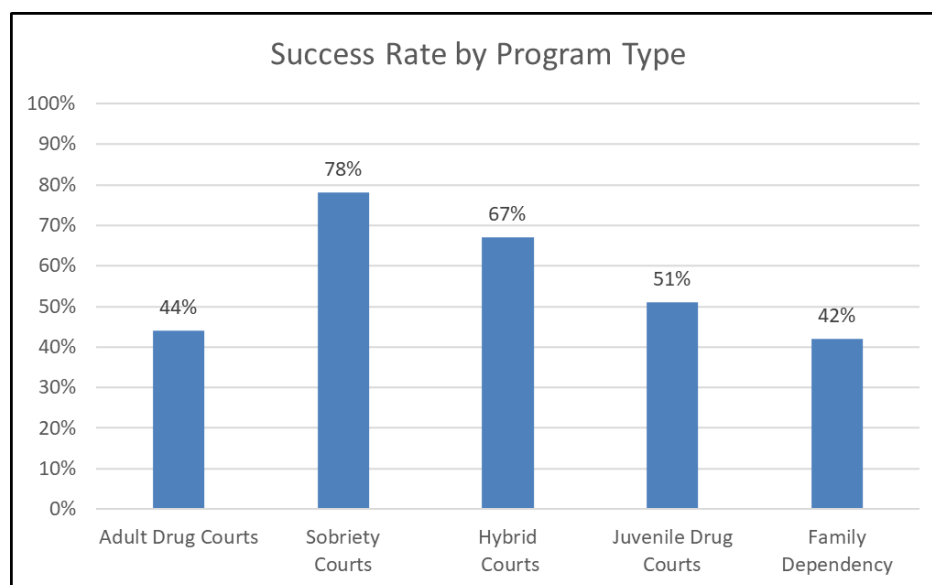
achieved. The variety of services that drug court programs provide are also measured when evaluating program success. Longer-term goals of drug courts include reducing recidivism, which means fewer adjudications and jail days, saving cost to communities, and increasing public safety.

Success Rate

The overall success rate for participants of juvenile and adult drug court programs was 68 percent in FY 2020. 27 percent were discharged unsuccessfully due to noncompliance, abscondence, or a new offense. The remaining 5 percent were discharged for reasons such as voluntary withdrawal, “other,” or death.

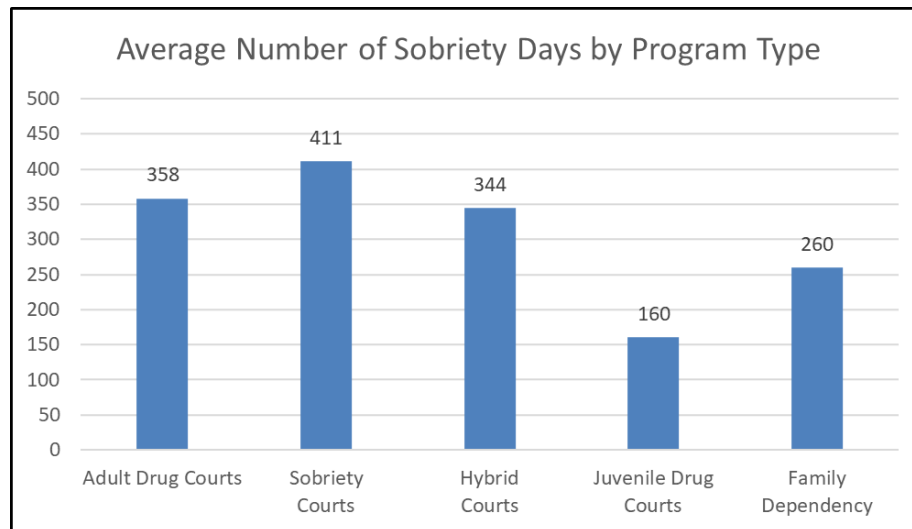
When broken down by program type, as shown in the graph, sobriety courts had the highest percentage of successful completions (78 percent). Sobriety courts accept only drunk/drugged driving offenders into their programs, addressing their alcohol abuse to reduce the threat of repeat

driving offenses that pose the greatest harm to safe drivers. Hybrid courts, which accept drunk/drugged driving offenders, and other offense types, had the next highest percentage of successful completions (67 percent). Hybrid courts make up the majority of Michigan’s adult treatment courts, targeting all types of offenders within statutory limits that have substance use disorders. Juvenile drug courts, serving youths 13 to 17 years old graduated over half of their participants. Adult drug courts specifically target offenders with offenses other than drunk/drugged driving and had the next highest completion rate (44 percent). The majority of these programs are circuit court programs taking felony offenders who identify opioids or methamphetamine as their drug of choice. The smallest number of adult treatment court programs, family dependency treatment courts, had a success rate of 42 percent. These programs address the addiction of the parent(s), while treating entire families in conjunction with DHHS.



Consecutive Sobriety Days

Based on best practices, participants should have a minimum of 90 consecutive days of clean time from alcohol and/or drugs before graduating a program. Sobriety days are calculated with a daily counter that is only reset by a positive drug test. Juvenile drug courts have the smallest average of consecutive sobriety days, but are shorter in duration than other programs. Graduates of family dependency treatment court programs accept neglect and abuse petitions that are typically adjudicated within one year.



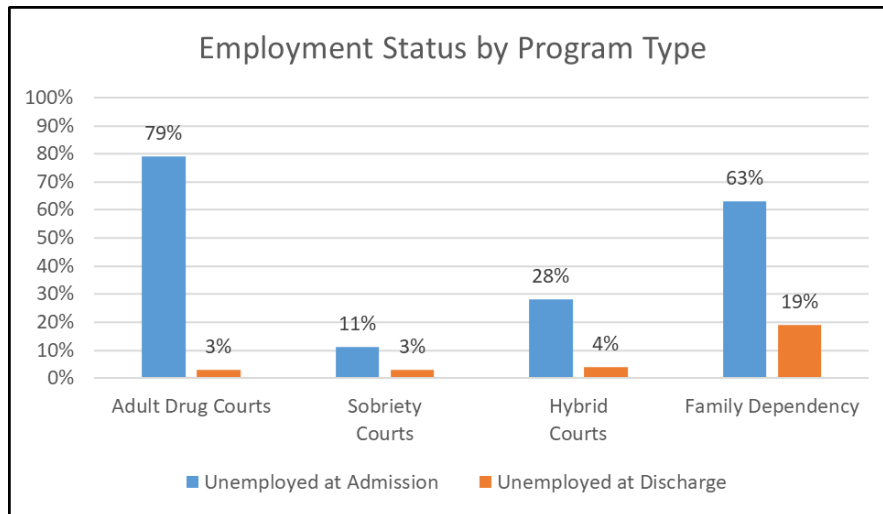
Employment Status

Substance abuse among adult offenders often interferes with productivity on the job, the ability to maintain employment, or being proactive in seeking employment. Treatment courts offer more than just treatment for addiction and frequent drug testing and monitoring; they are robust programs designed to ensure participants become contributing member of the community. Ancillary services, such as resume building and vocational training, help participants find employment once they become stabilized and engaged in recovery. 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.”³

The number of graduates who were unemployed at admission was compared to the number of participants who were unemployed at discharge by program type. Among adult drug courts, 79 percent were unemployed at admission; at discharge, 3 percent were unemployed. This resulted in a 96 percent reduction in unemployment in adult drug courts. Hybrid courts had an 86 percent reduction in unemployment, while sobriety courts had a 73 percent reduction and family dependency courts had a 70 percent reduction. Juvenile drug court participants were not included because their main goal while working a program is to improve their education level.

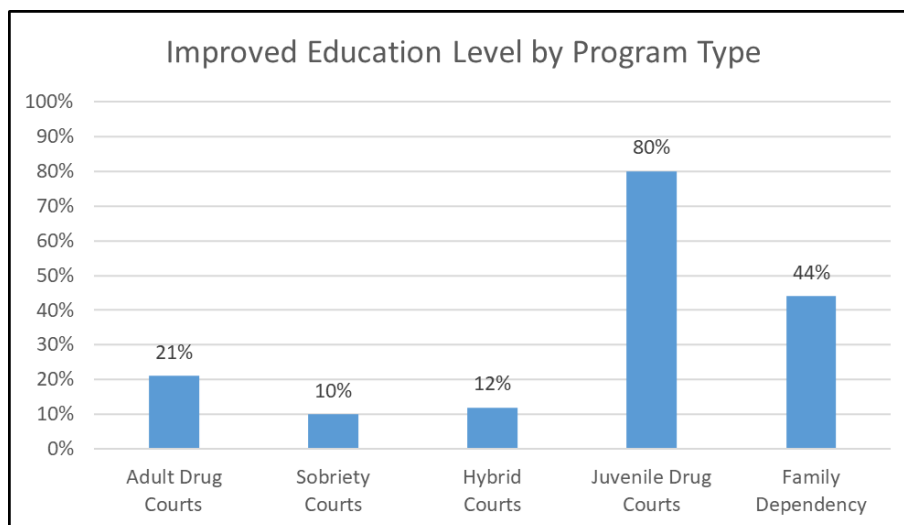
³Carey, S., Mackin, J., & Finigan, M. (2012). What works? The Ten Key Components of Drug Court: Research-based Best Practices. *Drug Court Review*, 7(1), 6-42.





Education

Youth offenders who enter juvenile drug courts (JDC) are often truant from school, hindering their advancement from one grade to the next. JDCs work closely with school officials, sometimes including them on their drug court team to ensure youth are attending school and completing their schoolwork. JDCs had the highest rate of improved education level, meaning that participants were successful in advancing to the next grade. Among adult programs, sobriety courts typically have a higher functioning population where a GED, high school diploma, or higher education were already obtained; therefore, advancing their education is not as necessary of a component to the program compared to those who have not yet earned a GED. There was a 26 percentage point increase from FY 2019 to FY 2020 among graduates of family dependency treatment courts that improved their education. It is unclear why, but it is possible that the loss of jobs due to the pandemic led to parents pursuing GEDs or higher education.



Evaluating Recidivism for 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 three years, and again after five years from the date of his or her release from incarceration, placement on probation, or conviction, whichever is later."

Michigan's drug 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. Some offenders may enter the program on a deferred/delayed status in which the sentence or outcome of the charge is dependent upon whether 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 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. The result is a **statistically-comparable, one-to-one matched pair where recidivism for the pair is evaluated over time.** For a more in-depth description of Michigan's recidivism methodology, please visit courts.mi.gov/PSCrecidivism.

FDTC 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 used to ensure that whole families are treated. New petitions are filed with a court by Child Protective Services in the Michigan 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 individual family member's success can affect the collective family unit's outcome. Participants in traditional drug courts have a goal of compliance with court requirements, recovery, program graduation, and reduced recidivism. FDTCs,





Family Dependency Treatment Court Workgroup

State Court Administrative Office

- SCAO Court Services
- SCAO Child Welfare Services

Cass County Family Treatment Court

Kent County prosecuting attorney

Parent representative

Tribal Court attorney

University of Michigan Child Advocacy Law Clinic

Michigan Department of Health and Human Services

- MDHHS Behavioral Health and Developmental Disabilities Administration
- MDHHS Bureau of Legal Affairs, Children's Services Legal Division
- MDHHS Business Service Center 2
- MDHHS Children's Services Agency, Medical Unit

however, have multiple levels of outcomes across many domains. For example, a parent can be successful in their own 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. In addition, measures of short-term outcomes include reunification, foster care stays, or adoption; and long-term outcome measures include evaluating the number of future petitions and child removals. When treating whole families, success or failure can occur at multiple levels and at different times, transcending the traditional drug court model.

In 2019, NADCP and the 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."⁴

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 has also responded to the uniqueness of FDTCs by creating a family treatment court workgroup made up of 19 stakeholders (see box above) to compile a FDTC statute. The proposed legislation is pending at the time of this report.

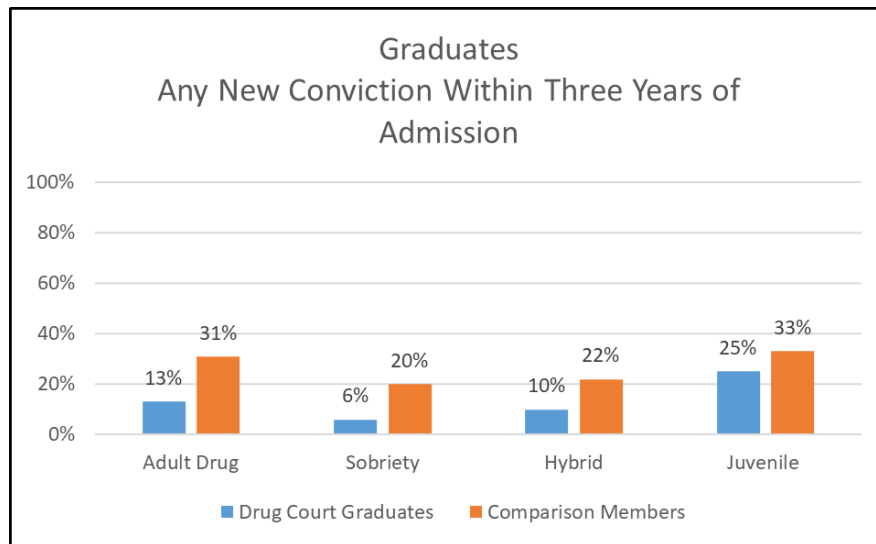
The operational differences of FDTCs reveal limits on the current drug court recidivism methodology, which evaluates drug court participants' individual recidivism rates, but does not include an in-depth and accurate look into how families fare in these programs. FDTC recidivism rates are not included in the graphs below because of the unique nature of neglect and abuse cases, as well as the lack of a process for parental analyses of recidivism. A new methodology that tailors the process around petition case types is necessary to analyze family, rather than individual, outcomes. This will lead to a better understanding of FDTC effectiveness.

⁴ Center 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).

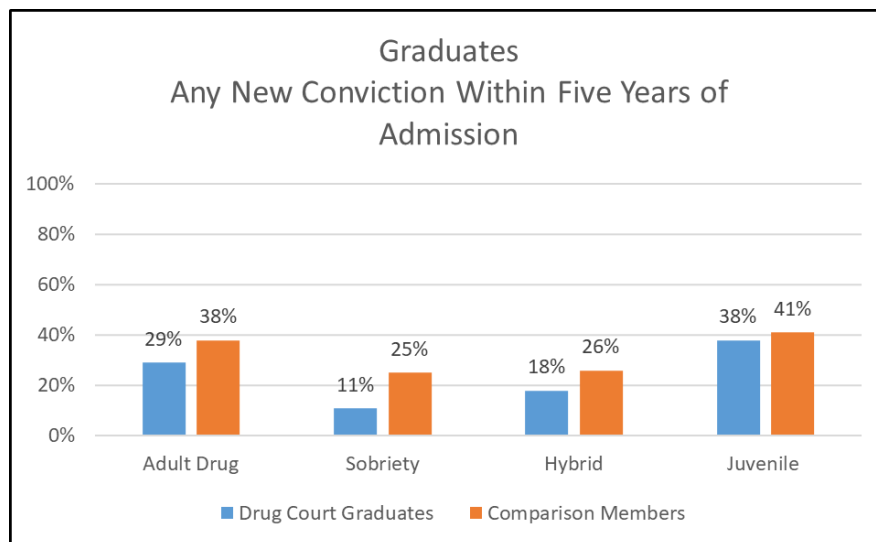
Graduate Recidivism Rates

The three-year analyses of graduates who entered a program and had a matched comparison person totaled 17,077, and the five-year analyses included 13,975 matched pairs. The recidivism rates are broken out by program type.

Any New Conviction – Three Years

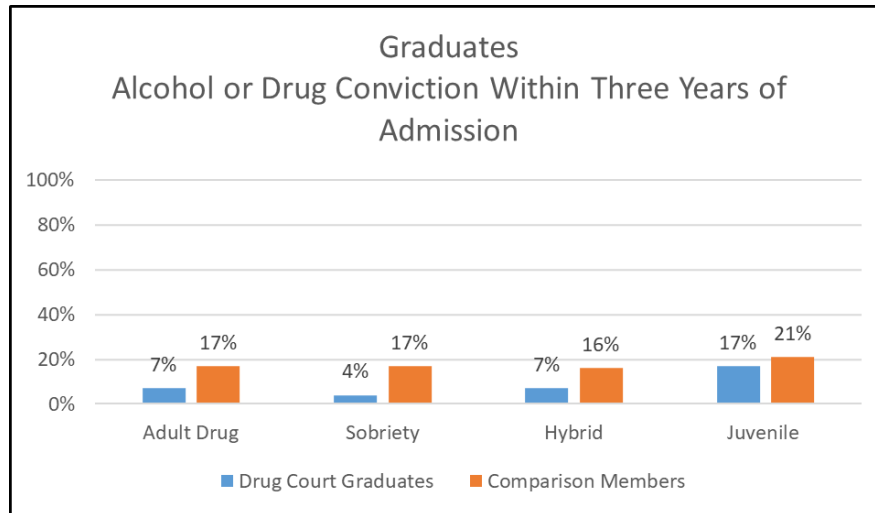


Any New Conviction – Five Years

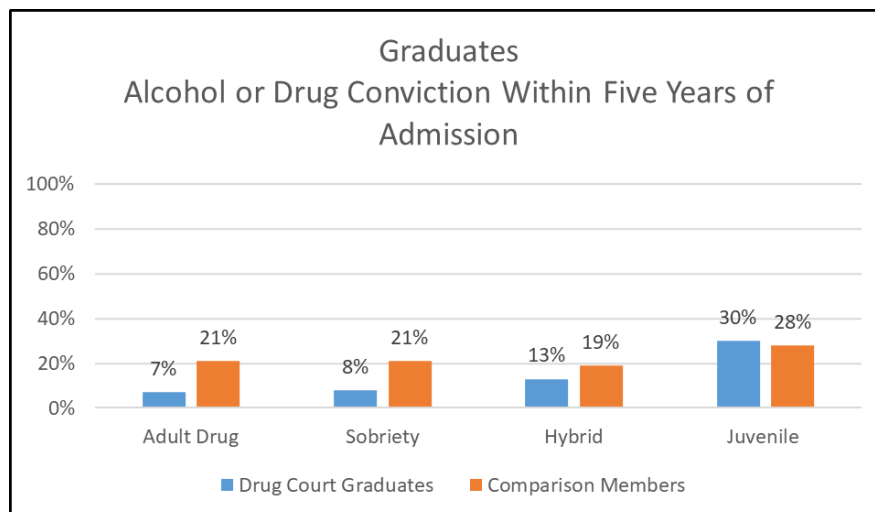




Alcohol or Drug Conviction – Three Years



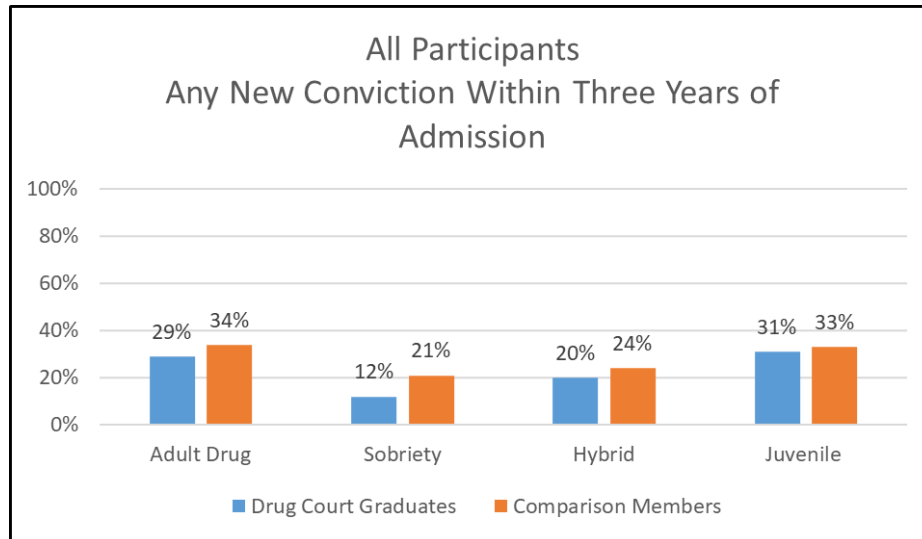
Alcohol or Drug Conviction – Five Years



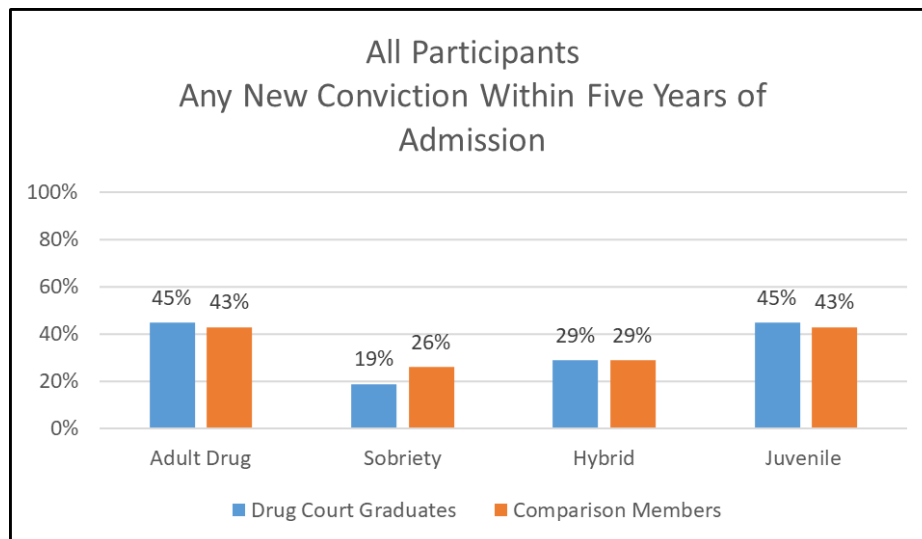
Recidivism Rates for All Participants

The three-year analyses of all participants who entered a program included a total of 28,222 matched pairs, and the five-year analyses included 23,467 matched pairs. The recidivism rates are reported by program type.

Any New Conviction – Three Years

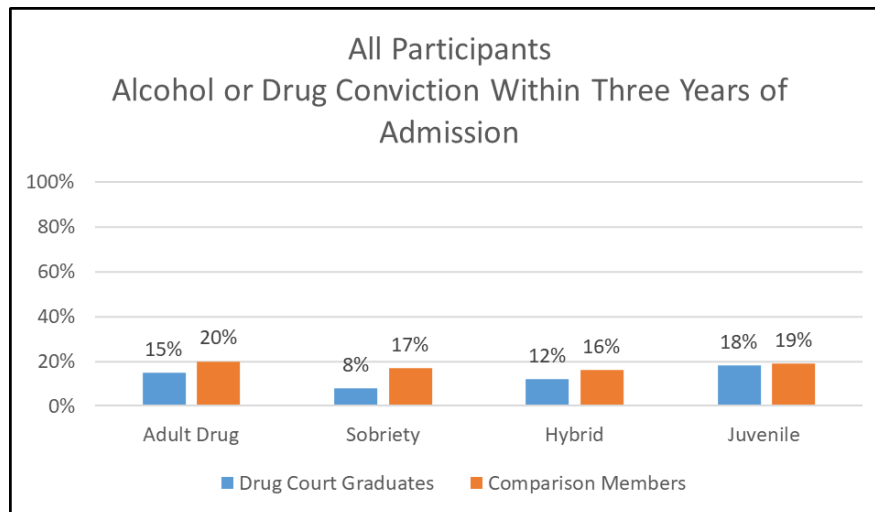


Any New Conviction – Five Years

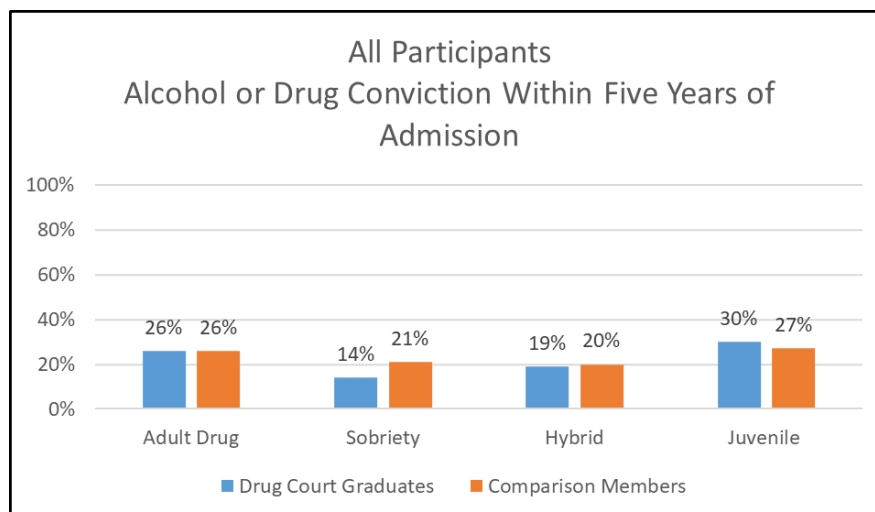




Alcohol or Drug Conviction – Three Years



Alcohol or Drug Conviction – 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 range of treatment and social services and graduate, the reduction in recidivism is much more meaningful. Ultimately, the immediate goal of treatment courts is to retain participants by focusing on their stabilization and by quickly linking them to treatment services. This creates the best chance of treatment engagement and lessens the likelihood of absconding or noncompliance.

Participant needs should be addressed in a specific sequence, which has proven to produce better outcomes. Drug courts use a phased 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, thereby 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 drugs, associating with delinquent peers, criminal thinking and impulsivity, and family conflicts. Criminogenic needs are addressed by court staff and/or therapists using evidence-based models of treatment that treat addiction and mental illness, and address dysfunctional thinking patterns.

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

When courts adhere to this phase structure design of 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 Graduate 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. Participants are also monitored intensively by probation and law enforcement, where home checks and employment checks are conducted for compliance. Programs reward good behavior with various 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.”

Treatment

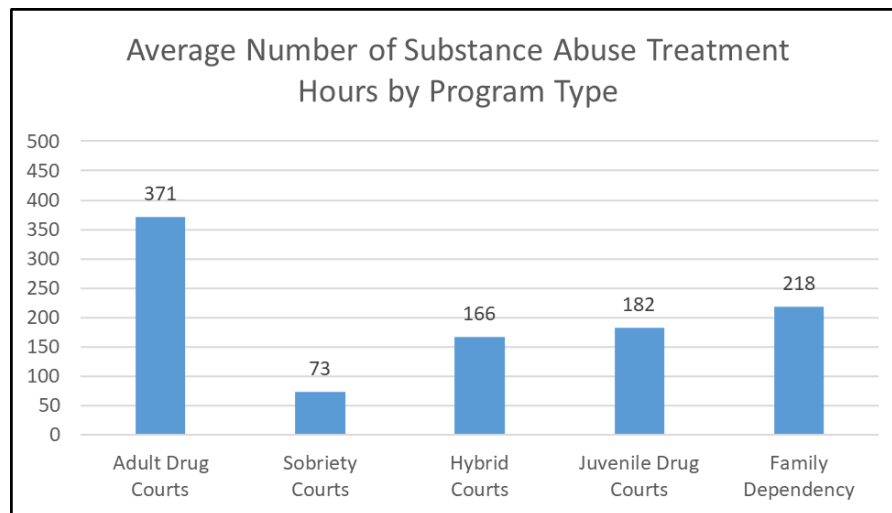
Best practices state: “The drug court offers a continuum of care for substance abuse treatment, including detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services.”

Potential participants are assessed clinically, for which a modality of substance abuse treatment is needed



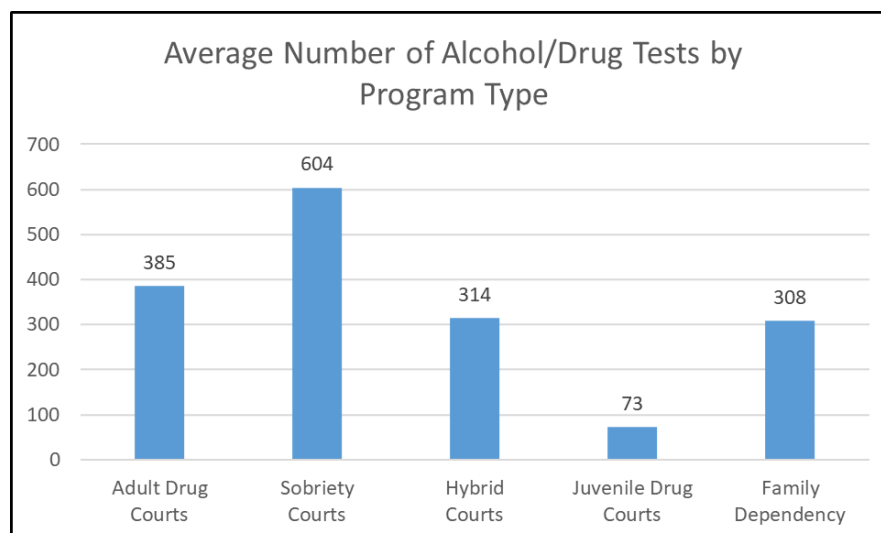


toward their recovery. Clinicians are guided by the American Society of Addiction Medicine to help determine the level of care. The average number of hours of all types of substance abuse treatment modalities is shown by program type.



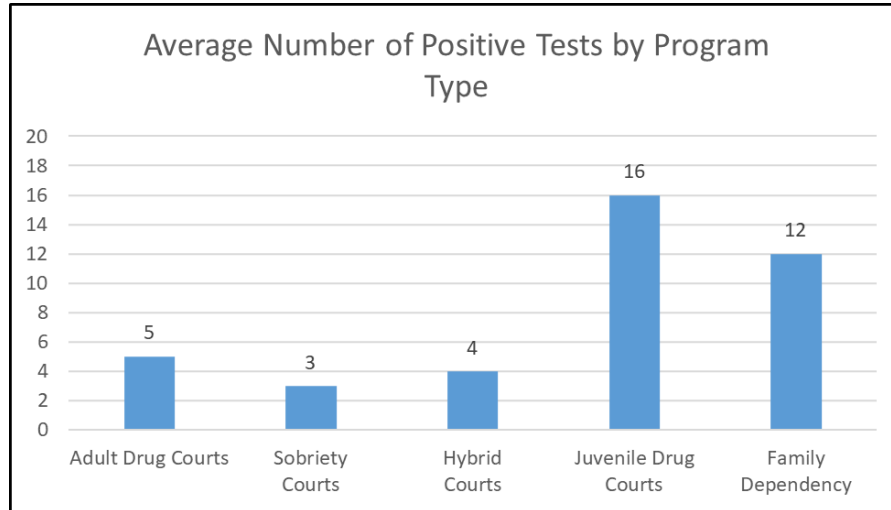
Drug/Alcohol Tests

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.”



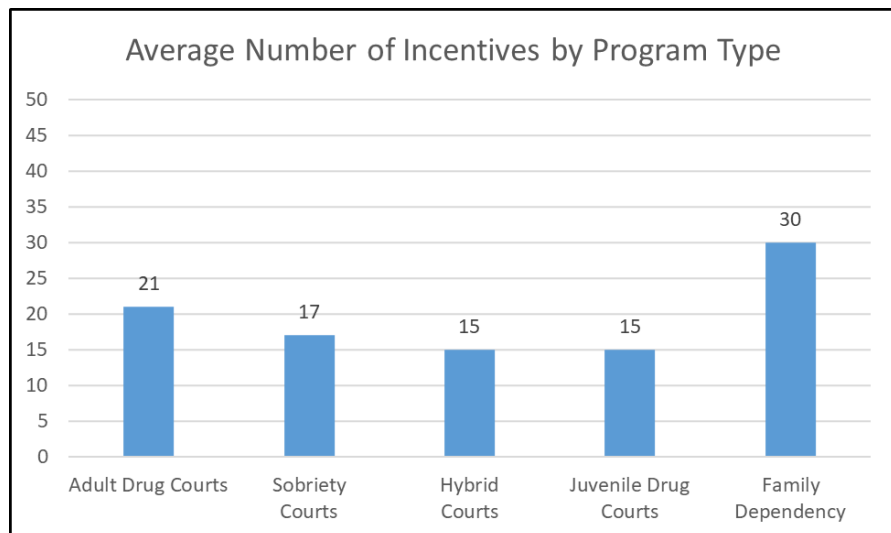
Positive Drug/Alcohol Tests

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

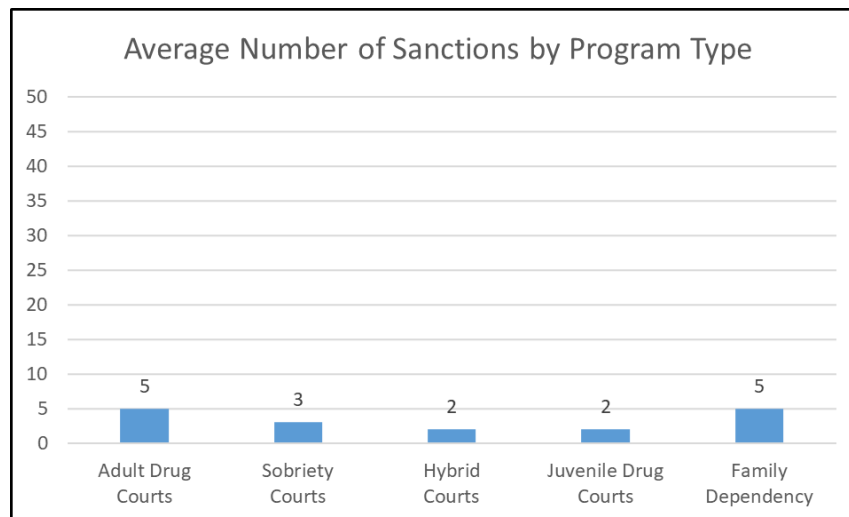
The drug court concept incorporates a strength-based approach by reinforcing productive behavior that supports recovery. Best practice: “The drug court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.” Drug courts have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





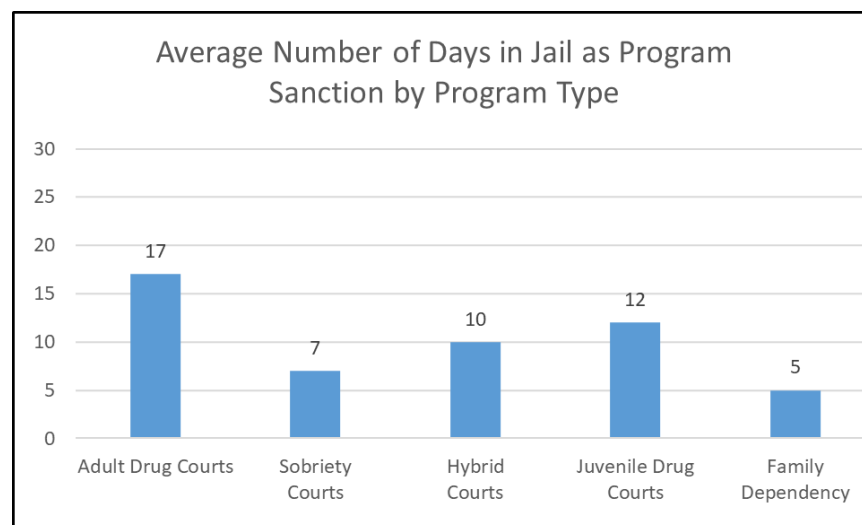
Sanctions

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



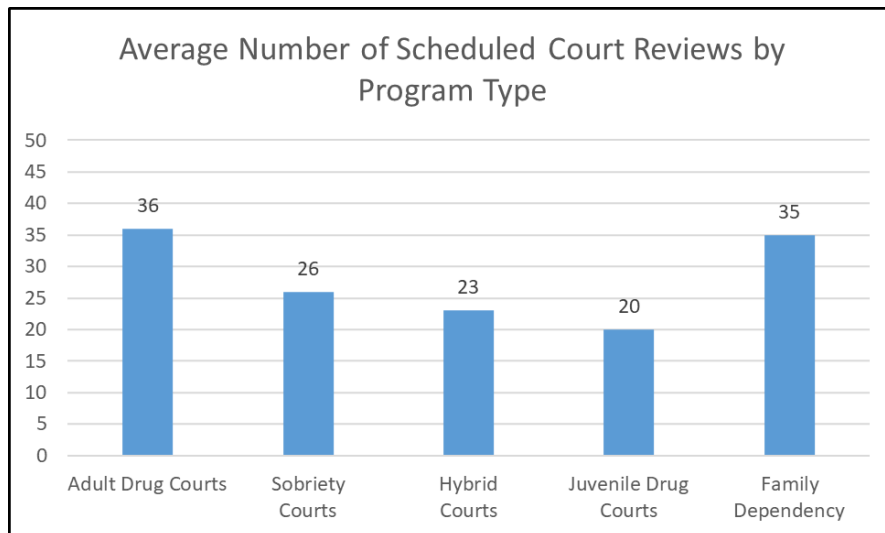
Days in Jail for Drug Court Sanction

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, resulting in poorer outcomes. According to best practices, jail sanctions longer than three to five days begin to produce diminishing returns, and jail stays of more than one week are associated with increased recidivism.



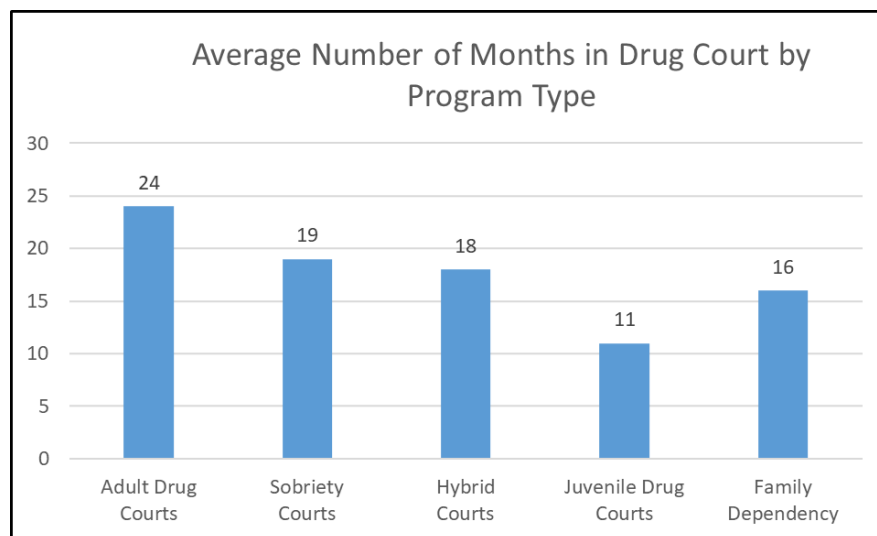
Review Hearings

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.



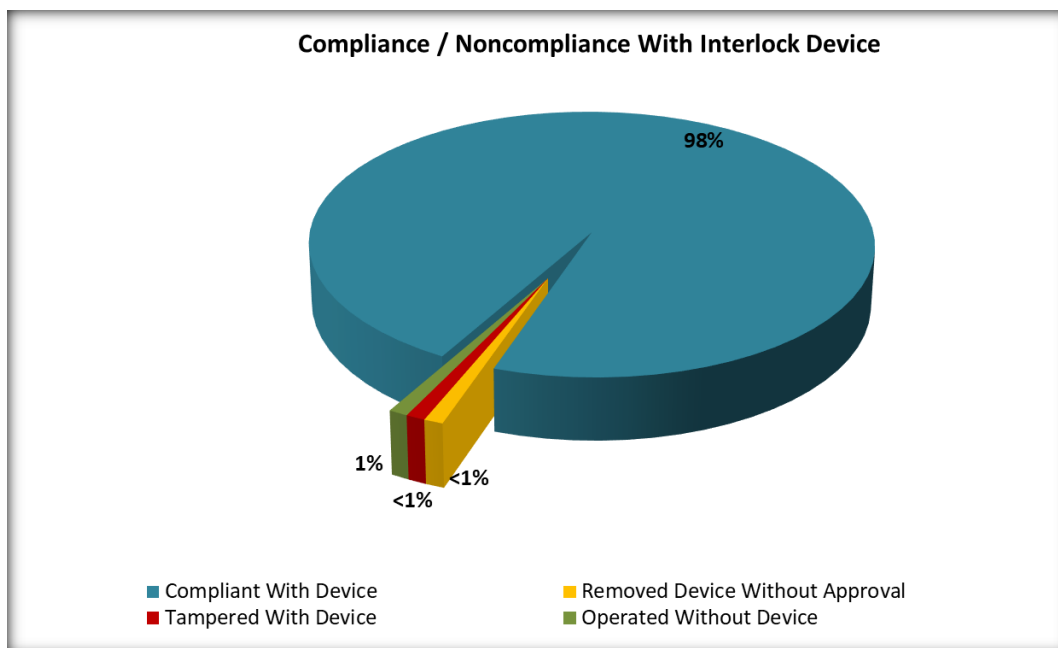


IGNITION INTERLOCK DATA ANALYSES

OCTOBER 1, 2019 – SEPTEMBER 30, 2020

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 2016 Report, opened other courts to offering the device to eligible participants.

In FY 2020, there were 1,630 active participants among 86 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.⁵



⁵ Missing data were removed from the analyses.

Ignition Interlock Participant 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 an important measure of their success toward continued abstinence.

- During FY 2020, 865 participants with ignition interlock devices installed on their vehicle(s) were discharged from a treatment court program, and 805 (93 percent) successfully completed a PSC program.
- 6 percent of participants were discharged unsuccessfully due to noncompliance, absconding, or new offense.
- The remaining 1 percent either withdrew from the PSC program or were discharged for “other” reasons.

Graduates with ignition interlock devices:

- Achieved an average of 367 days of consecutive sobriety.
- Spent an average of 526 days in a PSC program.
- Averaged 496 drug and alcohol tests, and 1 percent of those tests were positive.
- Received an average of 66 hours of treatment for their substance use disorder.

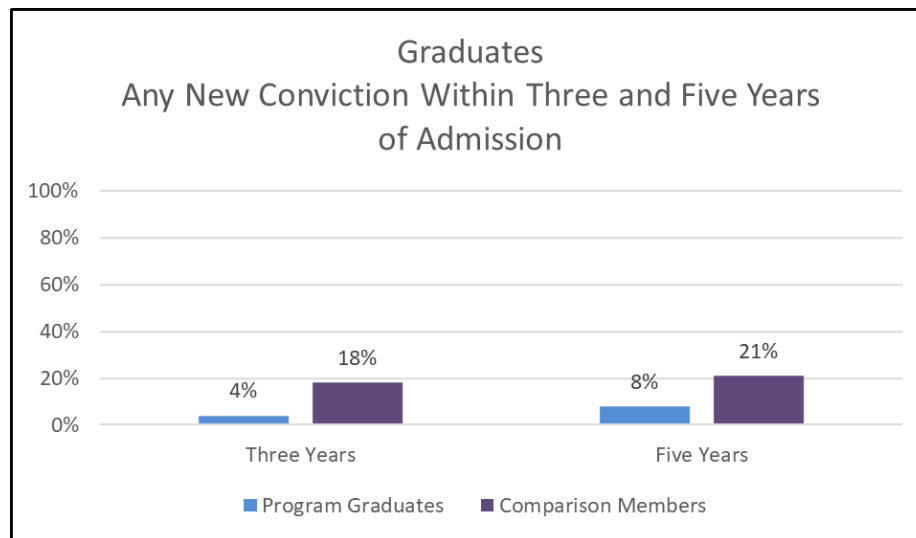
Ignition Interlock Recidivism Rates for Graduates

The three-year analyses of graduates of a drug court program that used interlock included a total of 3,334 matched pairs, and the five-year analyses included 2,212 matched pairs.

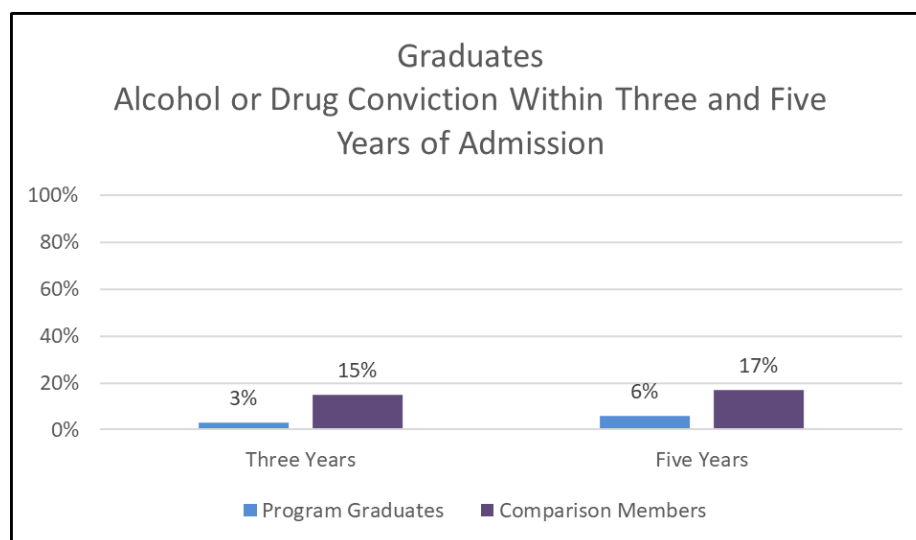




Any New Conviction – Three and Five Years



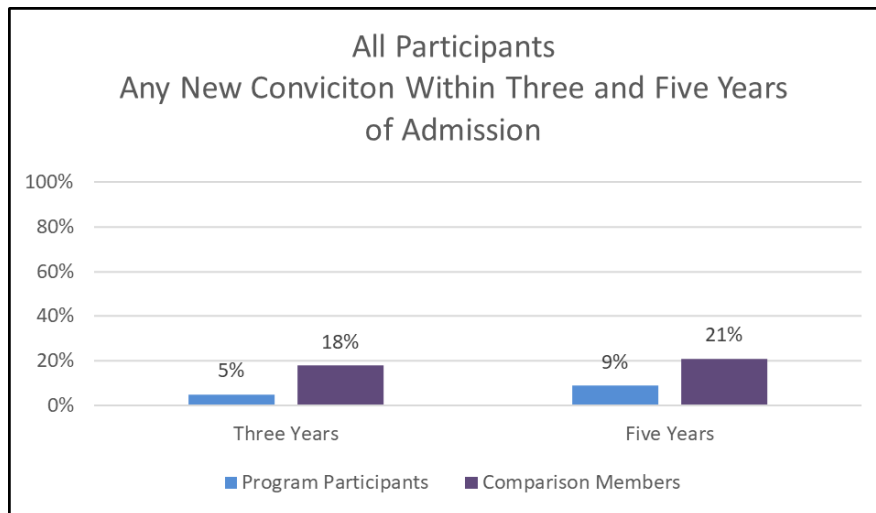
Alcohol or Drug Conviction – Three and Five Years



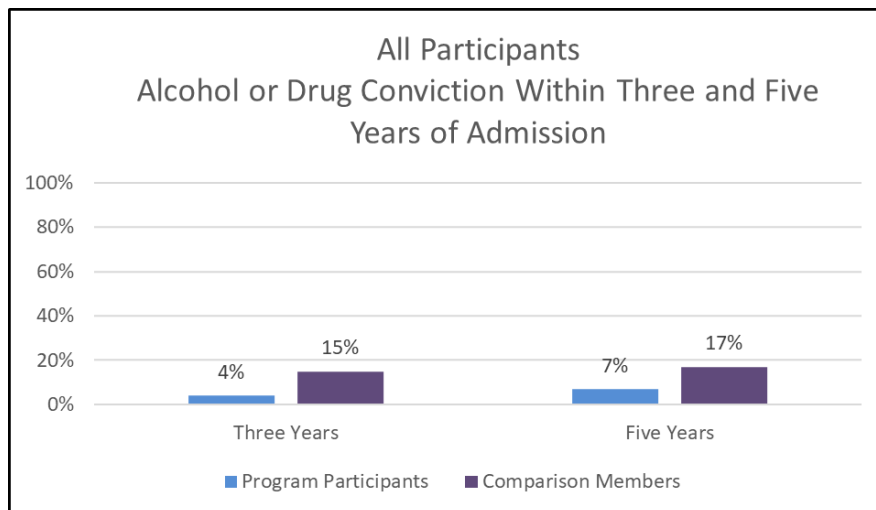
Ignition Interlock Recidivism Rates for All Participants

The three-year analyses of all participants in a drug court program that used interlock included a total of 3,633 matched pairs, and the five-year analyses included 2,410 matched pairs.

Any New Conviction – Three and Five Years



Alcohol or Drug Conviction – Three and Five Years





MENTAL HEALTH COURT DATA ANALYSES

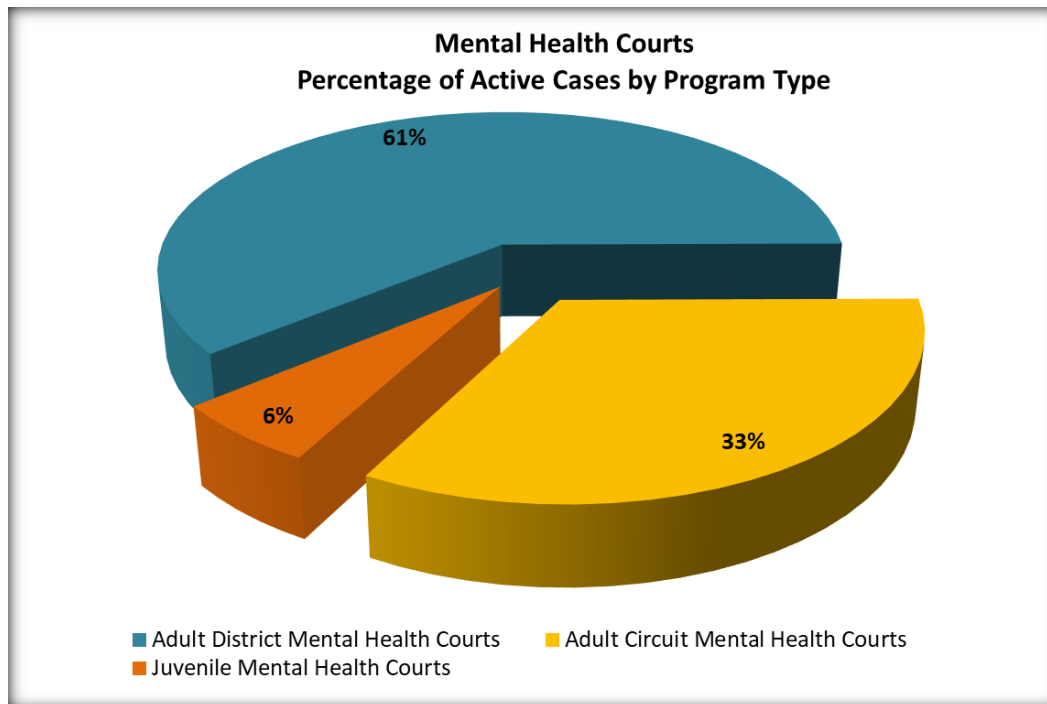
OCTOBER 1, 2019 – SEPTEMBER 30, 2020

MHC Caseload Statistics

During fiscal year FY 2020, Michigan’s mental health courts:

- Screened 1,002 potential participants.
- Admitted 545 offenders into a program.
- Discharged 639 participants.⁶

During FY 2020, the total number of participants that were active in working a mental health court program was 1,304. The pie chart shows the percentage of active cases by program type.



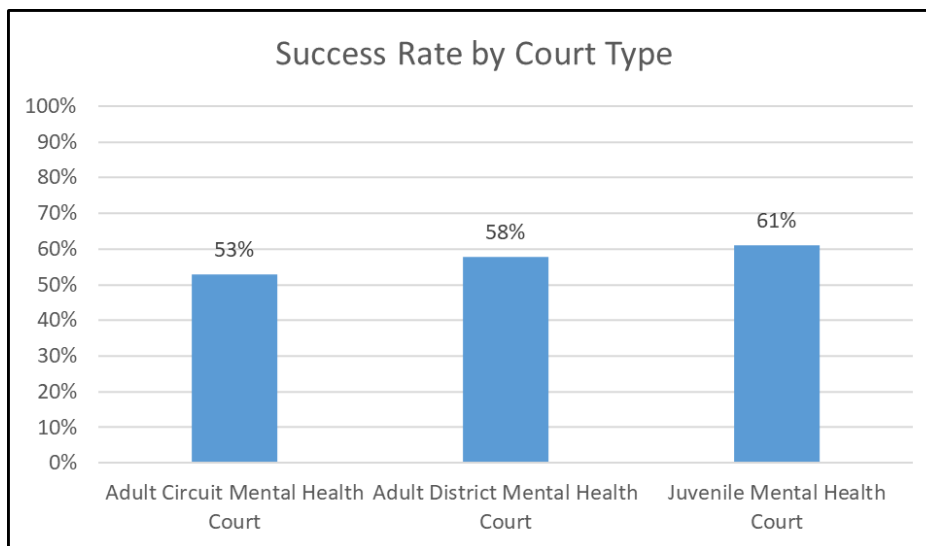
⁶ Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.

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

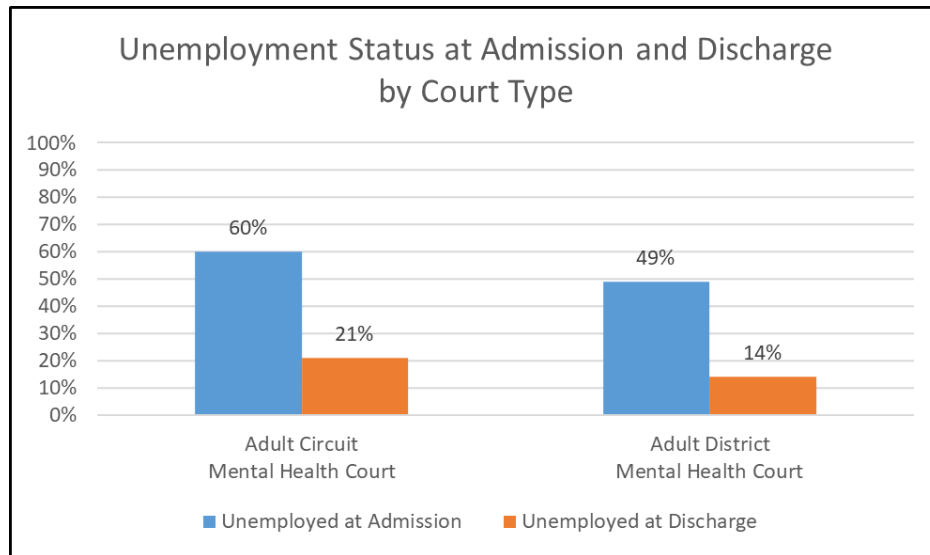
Of the 639 participants discharged from 37 mental health courts in FY 2020, 361 participants (57 percent) successfully completed a program. Thirty-four percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense, while nine percent were discharged for reasons such as “other,” voluntarily withdrew, or death.



Employment Status

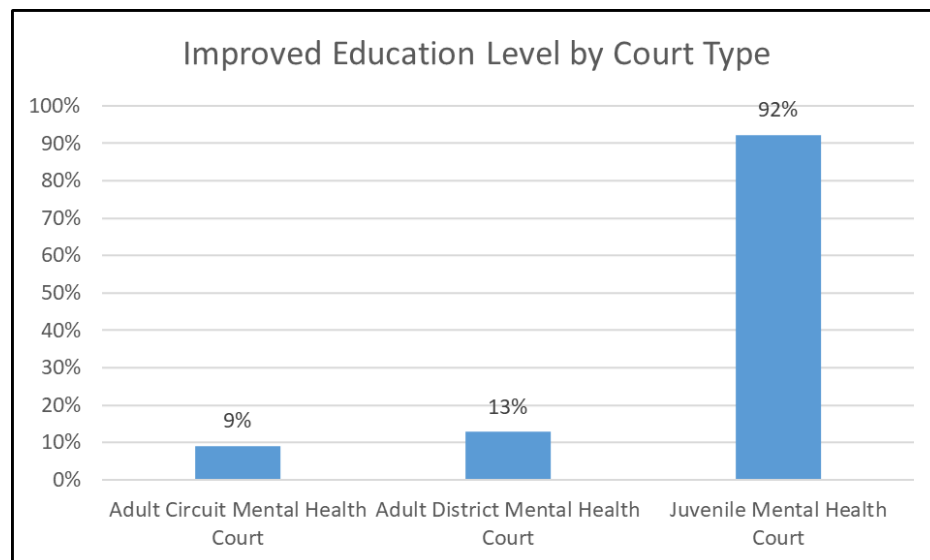
The mental health court statute states: “A mental health court shall provide a mental health court participant with all of the following: mental health services, substance use disorder services, education, and vocational opportunities as appropriate and practicable.” Programs partner with community agencies to find necessary employment for participants. Adult circuit mental health court graduates saw a 65 percent reduction in unemployment, while adult district mental health court graduates saw a 71 percent reduction. Juvenile mental health court offenders were not included because their main goal while working a program is to improve their education level.





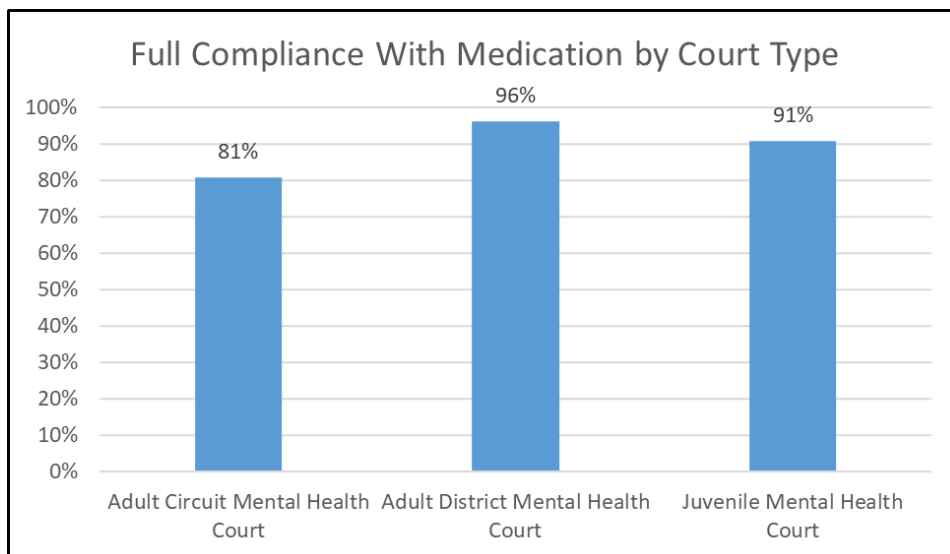
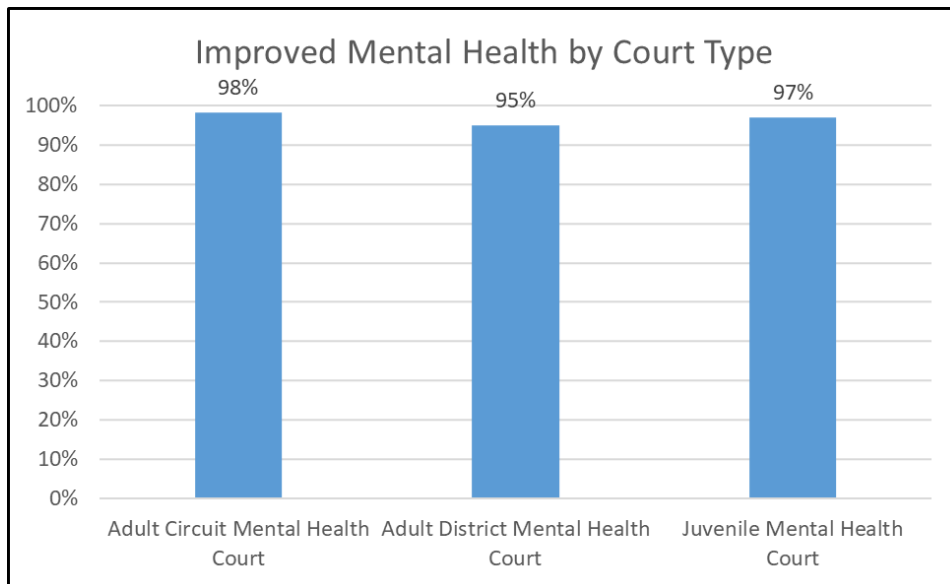
Improved Education Level

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



Improved Mental Health and Medication Compliance

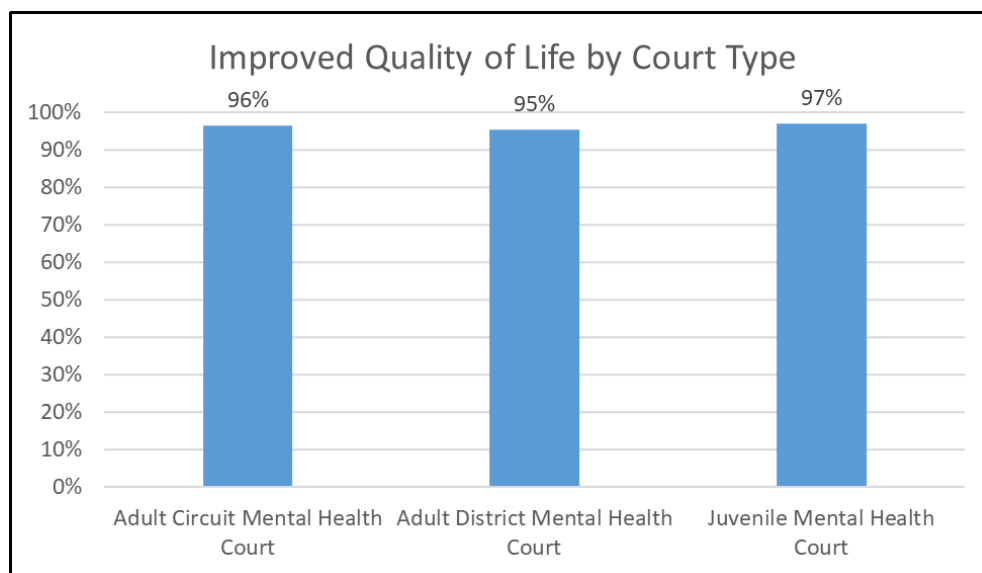
An improvement in mental health suggests greater stability among participants; with many, this can be achieved through medication. Program requirements include compliance with medications (when appropriate), and team members frequently communicate on whether participants are taking their prescribed medications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





Improved 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.

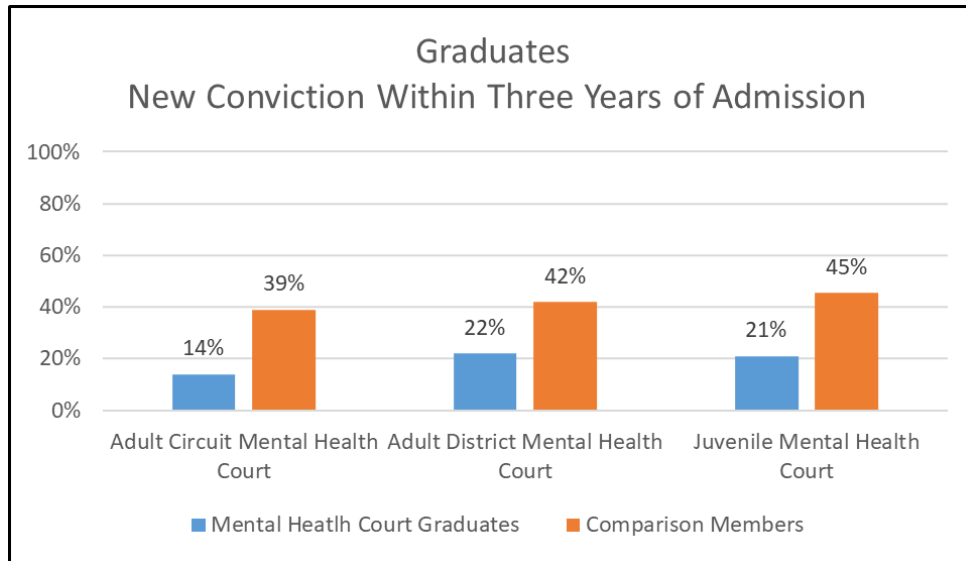


MHC Recidivism

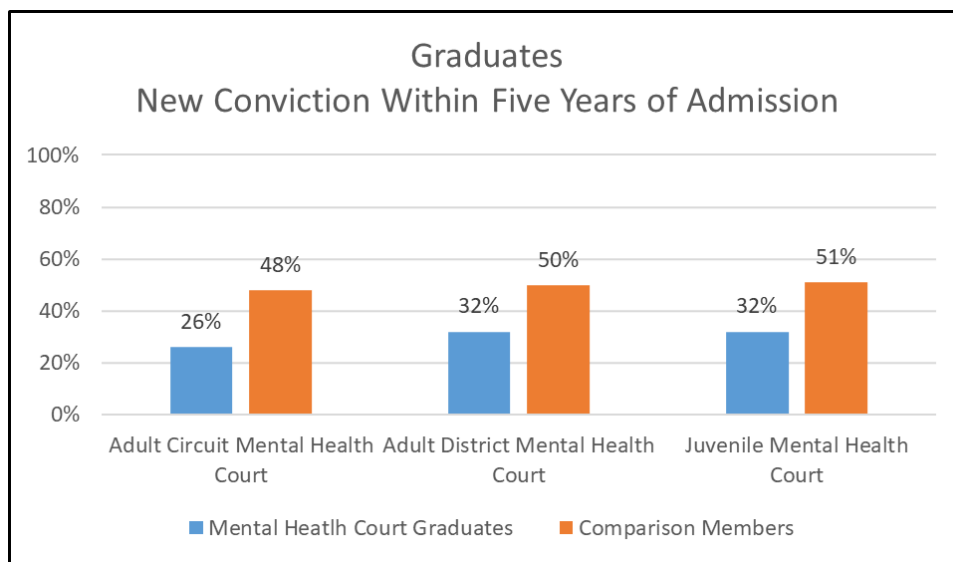
Recidivism Rates for Graduates

The three-year analyses of participants that graduated from a mental health court program included a total of 1,548 matched pairs, and the five-year analyses included 875 matched pairs. The differences in the recidivism rates were statistically significant among all three court types.

Graduate Recidivism Rates – Three Years



Graduate Recidivism Rates – Five Years

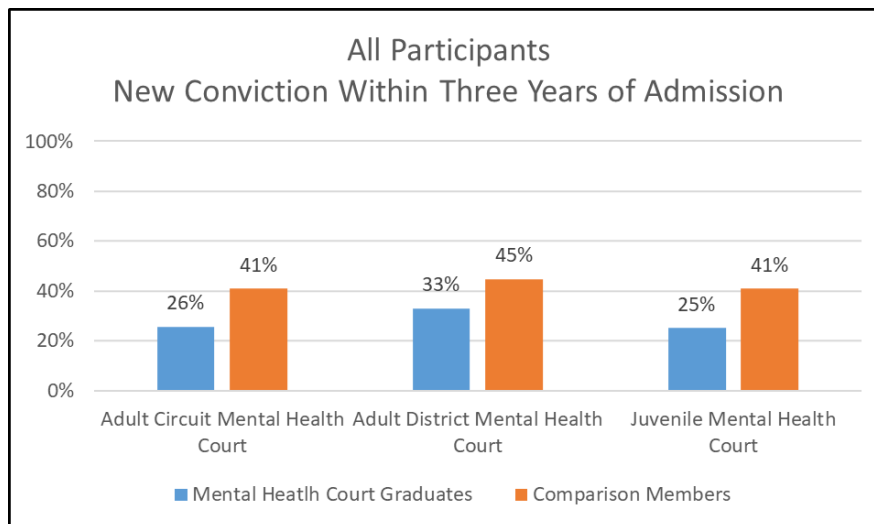




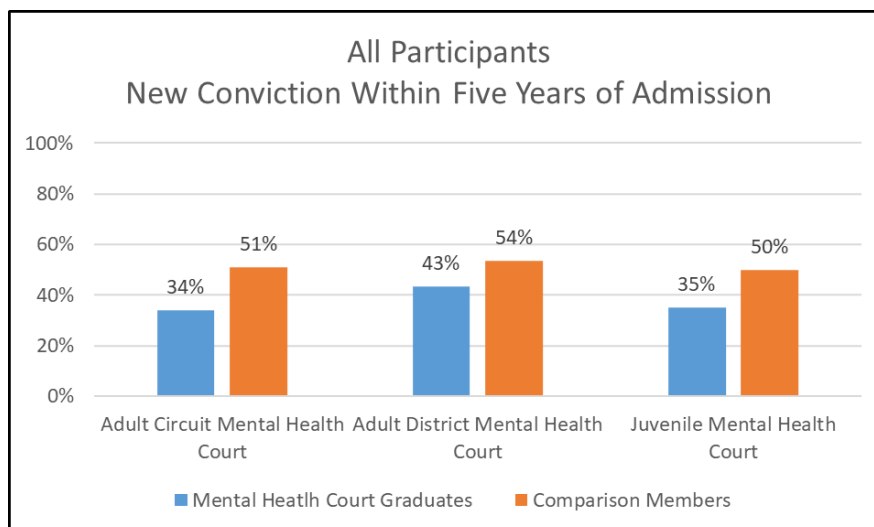
Recidivism Rates for All Participants

The three-year analyses of all participants in a mental health court program included a total of 2,977 matched pairs, and the five-year analyses included 1,709 matched pairs. The differences in the recidivism rates were statistically significant among all three court types.

All Participants Recidivism Rates – Three Years



All Participants Recidivism Rates – Five Years



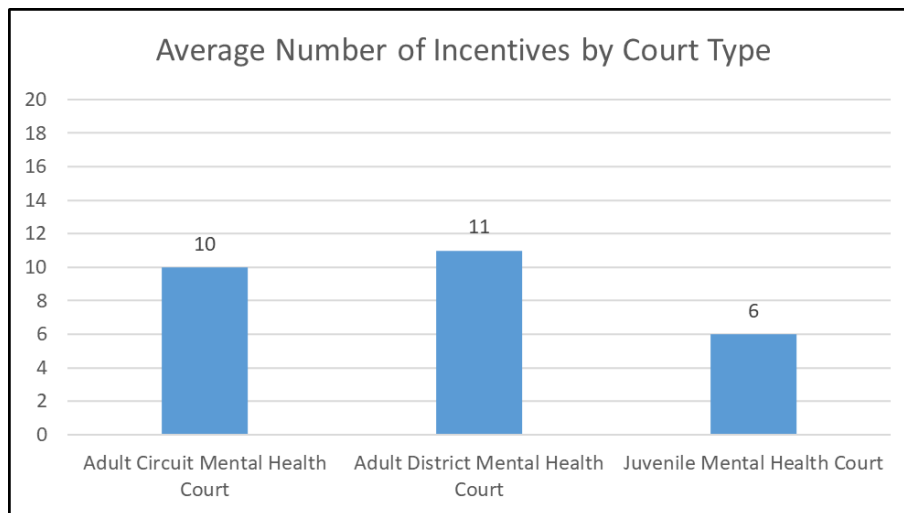
MHC Graduates' Performance Measures

Overall, graduates of a mental health court program averaged:

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

Incentives

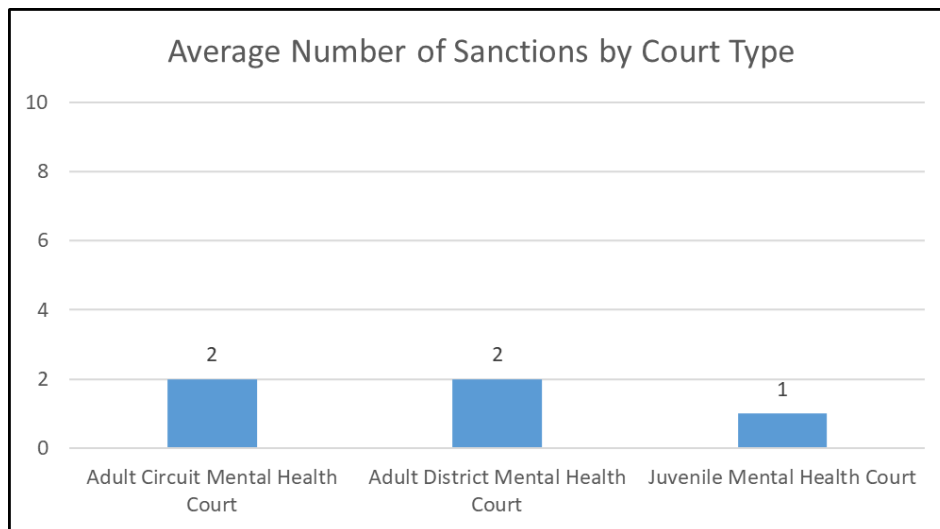
Problem-solving courts are predicated on a strength-based approach, which focuses on participants' individual strengths, rather than their shortcomings, empowering them to take the lead in resolving their problems. Incentivizing progress and achievements encourages participants to stay engaged in their 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

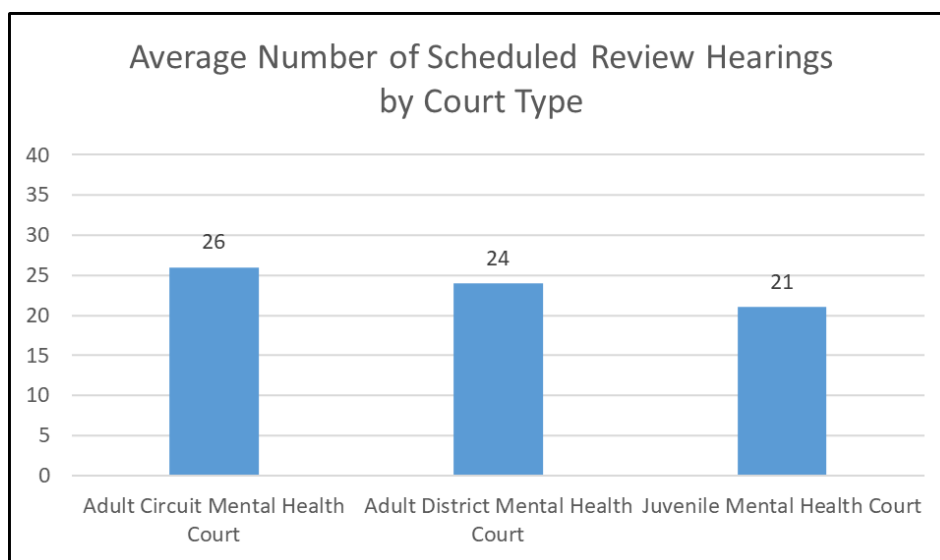
Programs should share with participants a written schedule of sanctions to lend predictability to the consequences of different noncompliant behavior. However, MHC teams can overrule the sanction associated with the behavior when there is a valid reason.





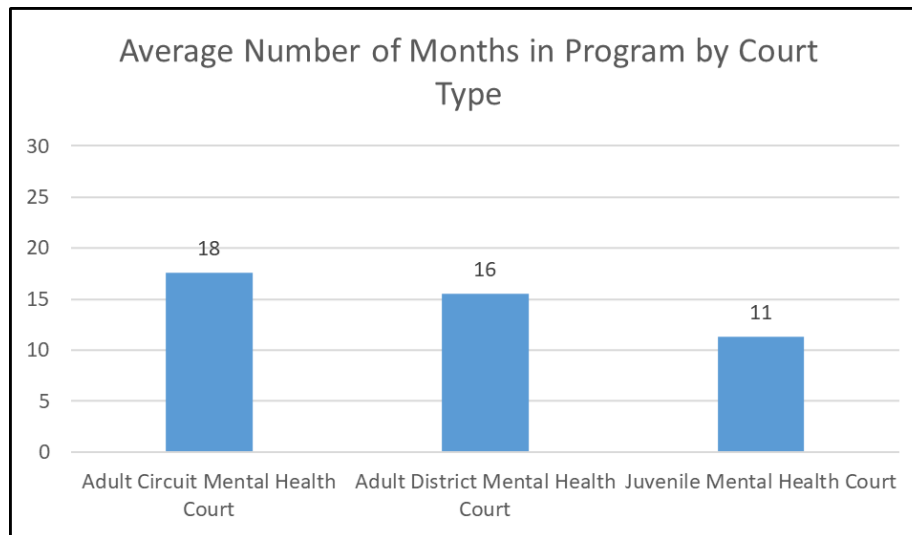
Scheduled Review Hearings

Participants attend review hearings with the judge and team members on a regular basis to discuss progress and obstacles. Team members are present to lend support and encouragement. Judges use motivational interviewing techniques to elicit behavior change when interacting with participants at review hearings.



Length in Program

Program participation ranges from approximately one year 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, 2019 – SEPTEMBER 30, 2020

The impact of military service can leave veterans with physical injuries and invisible wounds inflicted by experiences in wartime. These unseen wounds can rob veterans of peace of mind and can lead to hopelessness, alienation, and regret. The emotional trauma of military combat experiences 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. In addition, many veterans turn to alcohol or drugs to self-medicate, which can spiral into run-ins with the criminal justice system.

When veterans become involved in the criminal justice system, veterans treatment courts respond in a nontraditional way by providing them the structure that is already ingrained in military personnel, treatment toward restoration, and mentoring with fellow veterans. In FY 2020, Michigan had 27 VTC programs.





VTC Caseload Statistics

During fiscal year FY 2020, Michigan's veterans treatment courts:

- Screened 205 potential participants.
- Admitted 173 offenders into a program.
- Discharged 263 participants.⁷

The total number of participants who were actively working a VTC program was 556 among 26 courts. Of those:

- 80 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 Graduate 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. The Michigan Supreme Court continues to search for a database to identify veterans who are criminal justice-involved, but did not enter a VTC program in order to provide comparative data of the effectiveness of the program.

Success Rate

- Of the 263 veterans discharged during FY 2020, 193 participants (73 percent) had successfully completed a program.
- 23 percent were discharged unsuccessfully due to noncompliance, absconding, or a new offense.
- 7 percent were discharged for reasons such as death, "other," or voluntarily withdrew.

VTC Graduate Accomplishments

- Averaged 364 consecutive days of sobriety.
- Ninety-five percent reported an improved quality of life upon graduation.
- Averaged 29 hours of mental health treatment services.
- Averaged 100 hours of substance use disorder treatment services.
- Averaged a total of 129 hours of treatment services while working in a program.
- Reduced unemployment by 81 percent, from 21 percent at admission to 4 percent at discharge.

⁷ Participants discharged for medical reasons or transferred to another jurisdiction were removed from the analysis.

VTC Graduate Performance Measures

While working a program, graduates averaged:

- 13 incentives and 1 sanction.
- 24 scheduled court review hearings.
- 286 drug/alcohol tests.
- 2 percent of drug/alcohol tests were positive.
- 526 days in a program, or 17.5 months.

The high success rate of VTCs is an early measure of their effectiveness. VTCs had retained 90 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 built on a sense of camaraderie. In addition, VTCs are very structured and rigid in their expectations, which is naturally familiar to military personnel. Michigan will continue to serve those who have so bravely served our country by helping struggling veterans to overcome underlying issues and effectively navigate civilian life.

CONCLUSION

Historically, the criminal justice system has been reactive—designed for the courts to hand down a just sentence after an offense is committed. But PSCs can take a proactive stance to stop the cycle of crime by addressing the causes of crime among individuals and addressing those needs using evidence-based practices. When teams implement a program that adheres to the proven-effective models and best practices, continually evaluate their programs for model drift using data, and individualize the services participants receive according to their needs, participants have better outcomes and reduced rates of recidivism. By addressing the underlying causes of crime, PSC are preventing offenders from returning to crime.

Despite a restrictions forced by the pandemic, PSCs continued to work closely with participants, providing them a safety net toward sustained recovery and stability. Although admissions and graduations were down from previous years and some services were delayed or temporarily canceled, teams found new ways of reaching out to their participants to provide support, encouragement, and hope. Treatment court team members focus on problem-solving and are adept at changing direction to navigate around obstacles, find new resources, and develop innovative methods of operating, all to ensure the health and well-being of participants. Year after year, Michigan's PSC outcomes are stories of success. But in FY 2020, these success were even more amazing because of the tenacity, dedication, and sacrifices of team members who helped their participants navigate difficult times to emerge stronger, happier, healthier, and more productive.





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Front Page Captions, L to R:

Judge Richard Kuhn, Jr., of 51st District Court in Waterford, presiding over a remote graduation ceremony for the North Oakland County Veterans Treatment Court.

Judge Carrie Fuca presiding over a Zoom hearing for the Hybrid Drug/Sobriety Court of 41B District Court in Shelby Township.

Judge Janice Cunningham, of Eaton County Circuit Court, presiding over a Zoom hearing for the Adult Drug Court.

