Agenda Item #7

a) ATC and DTC graduation statistics, recidivism statistics, jail bed days saved, and community service totals (through Dec, 2022):

ATC:

Graduation Percentage: 80% (# of graduates-105 / total # of people who left program-132)

Graduation Rate: 70% (# of graduates-105/ total # of participants-151)

Termination Percentage: 20% (# of termination-27/ total # of people who left program-132)

Termination Rate: 18% (# of termination-27/ total # of participants-151)

Recidivism (new charges): 11% (# of graduates charged 12 / total # of graduates 105)

OWI Recidivism 4% (# of graduates charged with OWI 4 / total # of graduates105)

DTC:

Graduation Percentage: 55% (# of graduates-30 / total # of people who left program-55)

Graduation Rate: 51% (# of graduates-30 / total # of participants-59)

Termination Percentage: 45% (# of termination-25 / total # of people who left program-55)

Termination Rate: 42% (# of termination-25 / total # of participants-59)

Recidivism (new charges) 30% (# of graduates charged 9 / total # of graduates 30)

Jail Bed Days Saved -Sentence Incentives:

ATC-32008 DTC-N/A

2022 & Total Community Service Hours:

		2022	2021	Total
Total Ordered	**ATC**	176	176	352
Total Orderd	**DTC**	112	124	236
				0
				0
Total Completed	**ATC**	171	96.75	268
Total Completed	**DTC**	100	112	212
				0
Total Hours	**Fair**	171	52.75	224
Total Hours	**Parks**	52	140	192
Total Hours	**Other**	16	16	32

b) Jefferson County continues seeking ways to improve the effectiveness of the Treatment Court Programs. In November, 2022, a site visit was conducted by the TAD Grant Program Managers at the Department of Justice and the Office of State Courts. Following the visit, a report was completed and shared with the Treatment Court Team. This report (attached) detailed areas in which Jefferson County meets the Standards of the WI Association of Treatment Court Professionals. The report also detailed areas where Jefferson County can seek to improve program effectiveness and adherence to the Standards.

   Some of the recommendations in the report have been implemented as of 1/1/23 or will be within the first quarter of 2023. These include having a treatment provider attend Treatment Court sessions and having Intensive Outpatient Treatment Program for women clients of Human Services.

   The Treatment Court Team is meeting in February at a Treatment Court Planning Session to discuss the other recommendations in this report.

   Jefferson County is also joining a three county Operational Tune-Up training for Drug Treatment Courts put on by the National Drug Court Institute (NDCI) in September, 2023. Jefferson County will join Dane and Waukesha counties for the two-day training at the Watertown Public Library.

c) Jefferson County hosted a Driver's License Restoration Clinic on 01/19/2023. Four people attended the clinic. Jefferson County and LIFT WI continue efforts to increase these totals. The next clinic will February 16, 2023 at the Dwight Foster Library in Fort Atkinson.

   LIFT WI will also begin recruiting and training "Community Helpers" to help people navigate their online Legal Tune-Up Tool. These helpers might be case managers, librarians, social service providers, etc. They will be trained to help people enter their information into the Legal Tune-Up tool, read the results and make the connections to resolve whatever legal problem they are seeking to resolve. More complicated driver's license or other matters will be handled at a Clinic or through direct help from Legal Action of WI.

Jefferson County Site Visit – 11/30/22
Observations and Recommendations

On Wednesday, November 30, 2022, a Program Site Visit was conducted with Jefferson County, specifically with the Jefferson County Treatment Courts. Present for the site visit were Department of Justice (DOJ) staff Marsha Schiszik (TAD Program Specialist) and Director of State Courts Office staff Heather Kierzek (Evidence Based Program Manager). The meetings included a Treatment Court staffing meeting followed by an Alcohol Treatment Court (ATC) hearing and a Drug Treatment Court (DTC) hearing. This report documents the observations made during the meetings and provides recommendations for suggested improvements to increase efficiency and outcomes for the programs.

Staffing Summary

Observations:

The meeting was attended by the following Jefferson County employees and Treatment Court Team members (hereafter referred to as the Team):

Judge Bennett Brantmeier	Craig Holler, Coordinator
Garrett Johnson, Assistant District Attorney	Amber Rumpf, State Public Defender's Office
Amy Coates, Department of Corrections, Probation & Parole Agent	Gina Gorman, Department of Corrections, Probation & Parole Agent
Monica Hall, District Attorney	Elizabeth Reinke, Wisconsin Community Services Program Director
Madilyn Finnell, Wisconsin Community Services Case Manager	Jennifer Wendt, Psychotherapist
Emily Reich, Peer Support Specialist	Eric Heine, Deputy Sheriff

The staffing began with introductions and announcements. There were two peer events scheduled for the coming week and the judge confirmed dates and locations. The coordinator reported to the Team that the CJCC approved implementing a 5-phase structure for the Alcohol Treatment Court effective 1/1/23. The Team discussed transitioning new participants and keeping the current participants in the existing phase structure. The Team discussed that TAD grant funding was approved for 2023 and that the peer specialist is now an official member of the treatment court team.

The Team then began discussing ATC participants. The staffing was led by the judge with case managers and agents providing most of the information. The treatment provider, appearing virtually, also provided updates as necessary. Team members were provided court reports in

advance for those participants appearing in court. Reports were not provided to DOJ or State Courts representatives but based on conversations in staffing the document seemed to provide information on current programming involvement, case management activities, and highlights from the participant's prior week. The reports appeared to aid the team members in their discussion.

The discussion of each participant was focused and relevant. Discussion by the Team included progress the participant was or was not making, drug/alcohol testing results, and determining behavioral responses to violations. During sanction discussions, the judge engaged Team members and asked for opinions and recommendations. The Team reviewed the behavior response grids when discussing sanctions. Sanctions discussed included a motion to terminate (the judge left the room for this portion of the conversation), a verbal warning, community service hours, increased drug testing, and increased court appearances. Incentives discussed included a phase advancement, a "gold star" nomination, and using a "gold star" from a past week to leave court after the judicial interaction. Therapeutic adjustments discussed included a Thinking for a Change (T4C) referral, an order to show cause hearing, and increasing community support meetings. Following staffing of the ATC participants, the Team staffed participants appearing in the DTC. One incentive and one therapeutic adjustment was discussed in staffing.

Court Summary

Observations:

The Alcohol Treatment Court (ATC) was held first and began with an announcement about the upcoming peer mentoring events. The Team sat in the jury box and the participants were seated in the gallery. During the individual judicial interaction, the participant was seated at a counsel table.

The judge began calling up participants by name. He acknowledged the participants' sobriety, phase status, and involvement with self-help activities. The judge had a discussion with each participant about their accomplishments for the week, issues they were struggling with, or other relevant concerns. The judge asked the participant several individualized questions, providing feedback and verbal praise as appropriate. The judge would also inform the participant of any incentives or sanctions they were receiving. When imposing a sanction, the judge tied the negative behavior being displayed by the participant (e.g., missed UA) to the consequence (e.g., reset sober date). The judge allowed participants to explain their side of the story. The judge also allowed team members to address participants by providing their observations and feedback.

Incentives observed during the interactions included applause, verbal praise, "gold star" recognition, entry into the fishbowl, punches on a "punch card" and either a banana or candy when completing requirements. A participant also phase advanced and was given a certificate and a handshake from the judge. Sanctions observed included a motion to terminate, increased testing, resetting of a sober date, increased court appearances, and community services.

Therapeutic adjustments observed included a T4C referral, order to show cause hearing, and increased meetings.

Drug Treatment Court (DTC) was held next. As previously described, participants were called up by the judge and a similar interaction occurred. A participant was given a therapeutic adjustment during DTC. When delivering the response, the judge commented on the positive behaviors the participant was displaying and connected the noncompliant behavior to the response being imposed. Two other participants received incentives one for phase advancing and another for achieving one year sobriety. Both participants received a certificate and applause.

Standards and Evidence-Based Practices

All quoted information provided below comes from the *Wisconsin Treatment Court Standards*, *Revised 2018*, unless otherwise noted.

Standard 1: Demonstrated Commitment to Evidence-Based Practices (p. 2)	
"Treatment courts are committed to incorporating evidence-based principles in the development of their policies and procedures, including program referrals, design, and delivery of services. Research shows that programs which ignore best practices and fail to have treatment team members attend regular training are those most likely to produce ineffective or harmful results."	• "Operate collaboratively with other team members, treatment providers, system stakeholders, and community partners." • "Work to resolve symptoms or conditions that are likely to interfere with attendance or engagement in treatment." • "Employ evidence-based behavioral modification techniques." • "Enhance participants' success and intrinsic motivation by appropriately using rewards and sanctions and employing motivational interviewing techniques."

The Team appeared committed to evidence-based practices and were open to feedback. The Team seemed aware of participant responsivity issues and implemented procedures to address those issues. For example, partnering with multiple law enforcement agencies to conduct drug testing so participants could test locally as opposed to finding transportation to Jefferson for testing. The judge employed motivational interviewing techniques during his interaction with participants. The program seemed to effectively use incentives and sanctions for behavior modification.

Standard 2: Equity & Inclusion (p. 3)	
"All persons, including those who have experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status shall have the same opportunity to participate in treatment courts."	• "Ensure equal access to the program by creating and utilizing referral and eligibility criteria and screening and assessment tools that are nondiscriminatory in intent and impact."

	• "Provide all treatment court participants with equal access to appropriate levels of care and quality treatment."

Eligibility criteria is not included in the *Participant Handbook*. It is included on the Jefferson County Treatment Courts website and is included in the *Policy and Procedure Manual*; it is recommended that it be added to the *Participant Handbook*. The criteria is nondiscriminatory in intent. The assessment tools being used (RANT & DUI-RANT) are validated risk assessment tool (NDCI, Vol. 1, Appendix A).

The coordinator reports there have been 104 graduates and 26 terminations from the Alcohol Treatment Court and 29 graduates and 26 terminations from the Drug Treatment Court. The factors behind participant enrollment, graduation, and/or termination should be determined, and reasonable actions should be taken to prevent or correct any disparities due to race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status.

Standard 3: Planning Process (p. 4-5)	
"A collaborative process used by criminal justice system stakeholders to plan and design the treatment court program."	• "Establish an Advisory Board with [criminal justice] stakeholders." • "The Advisory Board meets regularly." • "Develop a publicly available program manual."

Jefferson County has a Criminal Justice Collaborating Council which serves as the oversight committee for the treatment court program, and according to the *TAD Site Visit Questionnaire*, the committee meets regularly. Meeting information from the last meeting held on November 30, 2022, was easily found on the Jefferson County website. Program documents are also easily found and accessible on the county website and include referral forms, applications, program handbooks, and a brochure.

Standard 4: Teams (p. 6-7)	
"The treatment court team is comprised of a dedicated group of professionals who are responsible for managing and overseeing the day-to-day operations of the program, including the administration of treatment and supervisory services."	• "Team members consistently attend and actively participant in pre-court staffings, where they discuss participant progress and prepare for status hearings." • "Team members consistently attend status hearings." • "Engage in regular communication regarding participants' progress and activities to ensure the team is working together, so participants are not made to repeat the same information to multiple team members, and participants are not eluding responsibility for their actions by

	selectively informing different team members." • "Drug Courts were nearly twice as cost-effective when defense counsel attended staffings consistently, and were more than twice as effective at reducing recidivism when the program coordinator, treatment representative, and law enforcement representative attended staffings consistently (NADCP, Vol. II, p. 41)."

This standard was clearly demonstrated by the Team. Team members were actively involved in staffing discussions. Staffing was respectful and it appeared team members were comfortable to share their observations and opinions about participants' progress or programmatic concerns. It was also apparent that communication was occurring between Team members outside of staffing meetings. It was noticed the treatment provider was not in attendance at the court hearing. According to the NADCP Adult Drug Court Best Practice Standards, "drug courts that required a treatment representative at court hearings had 9 times greater cost savings" (Vol. II).

Standard 5: Judicial Interaction & Role (p. 8-9)	
"The effective treatment court judge acts as leader, communicator, educator, community collaborator, and institution builder. The treatment court judge interacts frequently and respectfully with participants, and gives due consideration to the input of other team members."	• "Interact with each participant for no less than three minutes during the court review." • "Develop and maintain a rapport with treatment court participants." • "Attend and participate in the pre-court staffings which are held no less than every two weeks for participants in phase one and no less than once a month for participants in the last phase." • "Participate fully as a treatment court team member. Commit to the program, mission and goals, and work as a full partner to ensure the success of participants."

The judge is clearly a committed member of the treatment court team. The judge relied on his Team members as "expert witnesses" in staffing and elicited their input in the court hearing. It is clear he values their opinions. The judge employed motivational interviewing techniques, such as asking open-ended questions and summarizing responses. As always, it is recommended the judge, and any other Team members who regularly interact with participants, continue to attend motivational interviewing training when available.

The judge also did an excellent job of using the "courtroom as a classroom," by asking participants doing well to discuss specific examples of what they were doing that were leading to their success, especially surrounding support groups attendance. The judge also did a good job tying the incentive being received or sanction being imposed to the behavior the participant was

displaying. During the Team staffing, the judge noted the importance of accentuating positive behaviors of the participants and tried hard to note the positive behaviors and accomplishments and express enthusiasm and belief in all the participants.

Particularly, the judge did an excellent job with those participants who were phase advancing. Not only were plenty of incentives offered (certificate, verbal praise, handshake) the judge asked questions regarding the participant's experience in the phase they were leaving and probing them about what goals they wanted to achieve in the next phase. This is another example of using the "courtroom as a classroom" and indicated to the participant that the expectations in the next phase had increased.

It is also important to pay attention to the language being used during the interaction. The terms "good" and "bad" can be stigmatizing, and, according to SAMSHA, can "discourage, isolate, misinform, shame, and embarrass" a person with a substance use disorder. It is recommended the judge and the program discontinue the use of these stigmatizing words. Additional words to avoid along with suggested replacement words can be found in the attached resources.

Standard 6: Balancing the Non-Adversarial Approach with Due Process Concerns (p. 10-11)	
"Treatment courts must protect a participant's due process and Constitutional rights while promoting public safety and working in a non-adversarial fashion."	• "Develop written policy and procedures for: admission, sanctions, incentives, phase advancement, monitoring treatment compliance, successful completion, and termination/expulsion." • "Make a record of all public treatment court proceedings as required by Wisconsin Supreme Court Rule 71.01." • "Inform treatment court participants, both verbally and in writing, of all contracts, waivers, policies, procedures, rights and responsibilities prior to their admission into the treatment court. Participants acknowledge, by signature, their understanding of those documents and are provided with copies." • "Procedures for drug testing include a clear chain of custody for the samples and the opportunity for timely confirmation testing."

Policies and procedures are developed and written in the *Policies and Procedures Manual* and *Participant Handbook.* Consider adding a more detailed explanation of the admission process in both documents, as well as differentiating between sanctions and therapeutic adjustments for responses to behaviors. The court proceedings were held in open court and recorded. The intake process was not observed during this site visit, so it is unknown what paperwork and policies are reviewed before admission to the treatment court. Participants must fully understand all of the

requirements and expectations prior to agreeing to participate in the program. Confirmation testing is available and used when necessary.

Standard 7: Recordkeeping & Confidentiality (p. 12-14)	
"Treatment courts contemplate the integration of criminal case processing and treatment participation. Sharing of limited confidential medical and treatment information is a necessary function of treatment court operations. However, the need to share such confidential information must be balanced with the presumption that criminal court proceedings are open to the public. Compliance with state and federal confidentiality laws can be accomplished with proper procedures, notification, consent forms and limiting disclosure of confidential treatment information to the minimum necessary to accomplish the intended purpose. Recordkeeping poses special concerns given the tension between open court records and confidentiality of treatment records. In order to comply with state and federal record keeping expectations for legal and medical information, all problem-solving courts must develop a bifurcated filing system to protect confidential medical and treatment records as much as possible, while still providing a complete record of judicial action in the open court file."	• "Define the recordkeeping system in the policy and procedure manual. Bifurcate the recordkeeping system to separate confidential information and records from other information and records. The bifurcated system consists of a criminal court file and a treatment court file for each participant." • Document all privacy policies and procedures, including digital communication, and limit the information disclosed to the minimum details necessary to accomplish the intended purpose." • "Ensure minutes kept by the clerk of court reflect court appearances and when a sanction, incentive or termination is imposed, and the reasons therefore, but omit any description of confidential information." • "Establish written policies and procedures for treatment file maintenance, access, storage, retention and destruction (DHS 92.12)." • "A specific policy on email communication should be developed to ease communication barriers while ensuring participant confidentiality."

There is not an explanation of the bifurcated filing system included in the *Participant Handbook* or the *Policy and Procedure Manual.* There is a Client Rights Statement included in the *Participant Handbook* and a section titled "Ethics and Confidentiality" in the *Policy and Procedure Manual* which includes some information about confidentiality though neither document describes the bifurcated filing system. A comprehensive confidentiality policy should be developed and should include more information on the bifurcated filing system as well as a statement regarding how emails containing confidential information are encrypted.

Additionally, although not formally decided by case law, we recommend staffing reports prepared by the case managers be collected at the end of the staffing meeting and not kept by any other Team member, especially the judge. The case manager's documents are not subject to the Freedom of Information Act (FOIA), but the judge's files are. This includes any "record,"

regardless of physical form, that "has been created or is being kept by" the judge. This could also include emails. However, drafts and notes prepared for personal use by the judge are not required to be disclosed. This is the reason for the requirement of the bifurcated filing system. See attached recordkeeping guidance.

Standard 8: Target Population, Eligibility & Referral (p. 15-16)	
"Effectiveness is maximized in treatment courts when the target population is high-risk, high-need, determined by the use of a validated assessment tool. Eligibility and exclusionary criteria must be objective, clearly documented, measurable and easily communicated to treatment court team members, treatment providers, key stakeholders and community partners."	• "Promptly identify and refer eligible participants and facilitate admission to the treatment court program. Best outcomes are achieved when admission occurs within 50 days from the time of arrest or other triggering event." • "Ensure the target population for the treatment court is assessed as high-risk and high-need." • "Eligible participants are not excluded from the treatment court program solely because they receive Medication Assisted Treatment (MAT). Participant receipt of MAT will not be considered when determining participant eligibility."

The risk assessment tools being used (RANT & DUI RANT) are validated assessment tools (NADCP, Vol. 1, Appendix A). As noted above, eligibility criteria was not included in the *Participant Handbooks* and should be added.

We encourage program staff to continue taking steps and implementing policies promoting the prompt referral and admission of participants. Best outcomes are achieved when program admission occurs within 50 days of arrest.

Standard 9: Screening & Initial Assessment (p. 17-18)	
"Potential participants are promptly screened and assessed to determine program eligibility and adequate/appropriate treatment services. Screening determines if a prospective participant meets predetermined objective requirements for further assessment. Professionals with specialized education and training in the use of tools then conduct validated risk and needs assessments to determine a prospective participant's criminogenic risk and treatment needs. Assessment results determine if a person is eligible for treatment court participation."	• "Use validated evidence-based assessment tools to ensure that participants meet the high-risk and high-need criteria for eligibility." • "Complete both clinical and risk assessments before considering a potential participant for admission." • "Ensure that to be considered for participation in the treatment court program, applicants meet the current DSM criteria for moderate-to-severe substance use disorder and are assessed as high-risk, high-need."

As previously discussed, the program is using validated risk assessment tools and the tools are completed before the participant is considered for admission. According to CORE Admission

Summary data submitted by Jefferson County, of the 162 participants admitted from 2017 to August 19, 2022, 94% were assessed as high risk/high need. The program is admitting the recommended target population and is in line with best practice standards.

As indicated on the *TAD Site Visit Questionnaire*, a clinical assessment prior to admission is "in progress." It is important to determine if the participant has a substance use disorder (substance dependent) or if they do not meet that criterion (substance abuse). Those without a diagnosable substance use disorder are not appropriate for the high level of intervention and structure a treatment court provides. According to research from NDCI, the differences and similarities in requirements for **high-risk** individuals, but with different substance use **needs** are shown below:

Substance Dependent	Substance Abuse
• Status calendar • Pro-social and **adaptive habilitation** • Abstinence is **distal** • **Positive** reinforcement • **Self-help/alumni groups** • **18-24 months (200 dosage hours)**	• Status calendar • Pro-social habilitation • Abstinence is **proximal** • **Negative** reinforcement • **12-18 months (100 dosage hours)**

These differences are important to understand because it explains the methods required to successfully achieve behavior modification for individuals with different needs. These differences also lay out the appropriate program requirements for individuals with different substance use needs. Completing the assessments prior to admission also ensures that the program has access to the appropriate level of care and services the participant needs, based on the assessment. It is recommended the Team re-evaluate the screening and assessment process to ensure the appropriate population is being identified and admitted to the treatment courts.

Standard 10: Case Planning (p. 19-20)	
"Case planning is the process by which staff and participant clearly identify and rank criminogenic/responsivity needs following completion of a validated risk and needs assessment tool. This process uses criminogenic need and responsivity factors to establish agreed upon proximal and distal goals and identifies resources to ensure participant success."	• "The case plan is based on the results of the initial assessment and identifies participant's strengths, risk factors, criminogenic and treatment needs and supports." • "Review case plan when participant is scheduled to appear in court and update the case plan periodically based on ongoing assessment of participant progress."

Case planning and treatment planning is clearly occurring; however, this is a difficult standard to evaluate as individual sessions between the case manager and participant were not observed. Full case plans were not presented during staffing; however, pieces that would be included in a case plan appeared to be included in the staffing reports. It is important to understand the difference between case planning and treatment planning. Case managers and probation & parole agents are responsible for case planning, while treatment providers are responsible for

treatment planning. The case plan should include ancillary services that support the treatment plan goals in addition to other non-treatment goals the participant may want to achieve. Case planning should focus on reducing risk by targeting criminogenic needs. Case plans should include specific activities that link the problem with the goal and describes the services, who is responsible for identifying, referring, and performing them, when they will be provided, and at what frequency. According to the *TAD Site Visit Questionnaire*, regular review of the case plan by the participant and the treatment court team is "in process." Case plans should be reviewed in individual sessions and updated at least every six months. Additionally, completion of case plan goals should be tied to phase advancement.

Standard 11: Treatment (p. 21-23)	
"Treatment courts must provide prompt admissions to continuous, comprehensive, evidence-based treatment, social and trauma informed rehabilitation services to meet a participant's criminogenic needs and substance use disorder service needs."	• "Base substance use disorder services and other treatment recommendations on validated clinical assessments, which include current ASAM and DSM criteria." • "One or two treatment agencies are used for most treatment services. If more than two agencies provide services, communication protocols are developed to ensure accurate and timely information about participants' progress is conveyed to the team." • "Treatment providers supply progress reports to the treatment court team before team meetings." • "Participants are not incarcerated to achieve clinical or social service objectives." • "Opportunities are provided for non-deity based treatment programs and self-help groups."

According to the *TAD Site Visit Questionnaire*, participant preference is the main consideration for treatment services. Insurance coverage is also a factor. If not done so already, it is recommended Memoranda of Understanding (MOUs) be developed to lessen communication barriers and to ensure the treatment being provided is evidence-based and utilizing manualized curriculum. Also, according to the *TAD Site Visit Questionnaire*, the program does not have access to all levels of care within the county and treatment group membership isn't based on risk level, gender, trauma, and co-occurring psychiatric symptoms. Increasing the number of providers either in person or via telehealth will require more communication and case management, but it can also expand access to levels of care, increase attendance rates, promote more engagement in treatment, and increase the likelihood of long-term utilization of therapy services. Many participants may need long term services considering the complexity of treatment needs with those typically served in treatment courts, so providing more options for services can provide long term options for participants even after completion of treatment court.

According to the ATC *Participant Handbook,* participants are required to start attending support groups in Phase 1. Waiting until Phase 2 or 3 to start support groups when the participant is more clinically stable, is supported by research. Support groups alternatives should be made available for those participants whose participation in a support group may be contraindicated (NADCP, Vol. 1, p. 43). Treatment providers should also evaluate the participant's appropriateness, stability and be preparing them to attend peer support groups. In the DTC *Participant Handbook*, participants are tasked with identifying potential support meetings in Phase 1 and start attending in Phase 2. This practice is in alignment with best practice standards.

Standard 12: Program Phases (p. 24-25)	
"Treatment courts have significantly better outcomes when they have a clearly defined phase structure and specific behavioral requirements for advancement through the phases. Phase advancement rewards participants for their accomplishments and puts them on notice that the expectations for their behavior have been raised accordingly. Outcomes are significantly better when rehabilitation programs address complementary needs in a specific sequence."	• "Phase requirements reflect the proximal and distal goals of the high risk/high need participant." • "Phase advancement criteria is based on the achievement of clinically important milestones that mark substantial progress towards recovery." • "Phase demotion is contraindicated and can be detrimental to the participant's success in the program." • "Participants are expected to have greater than 90 days clean before graduation." • "Financial barriers cannot be the only barrier to phase advancement."

The ATC employs a four-phase system but will be transitioning to a five-phase system in 2023 as reported at the site visit. As a reminder, each phase should include a minimum sobriety time, minimum length of phase, and other requirements as recommended by the National Drug Court Institute (NDCI). The program has a few options as they transition to a new phase system. The program can determine current participants will remain in the old phase structure or the participants can be given an option to either remain in the old phase structure or transition to the new structure. Those choosing to transition to the new structure should be placed as closely as possible in the new structure to where they are in the old structure in regard to potential completion time of the program. Those participants who make the transition should also sign a written agreement indicating they are agreeable to the change. Regardless of what option the program utilizes, it will be important to communicate with new participants, and probably continually reiterate with current participants, the reasons for any differences in phase expectations based on which system the participant is in (old or new).

The program also requires participants to participate in a Victim Impact Panel (VIP). According to a study published in the *Journal of Studies on Alcohol and Drugs* published in September 2001 and included in the National Institute of Health library, "After controlling for multiple risk factors, VIP referral was not statistically associated with recidivism for female or male first-time

offenders. However, female repeat offenders referred to VIPs were significantly more likely to be re-arrested compared with those not referred, with odds of re-arrest more than twice that of females not referred (Vol. 62 (5) p. 615-20)." Caution should be used when requiring participants to complete Victim Impact Panels, as they are not based in research and could be doing harm.

The requirements for the DTC appear to be more in line with the National Drug Court Institute's recommendations. The DTC is a five-phase system with a minimum number of sobriety days listed in each phase.

Both programs require all fees (SCRAM fees, fines, court costs, attorney fees, Huber fees, and treatment and assessment costs) to be paid before graduation. Fees should not be used as a barrier to phase advancement or graduation.

Standard 13: Drug & Alcohol Testing (p. 26-27)	
"Efficient and accurate monitoring of the drug court participant is crucial for long-term program effectiveness. Drug testing serves as a tool for treatment court teams to direct appropriate interventions that support participant goals. In order for case adjudication to be appropriate, consistent, and equitable, drug detection procedures must produce results that are scientifically valid and forensically defensible."	• "Treatment court policy and procedures manual, participant contract and participant handbook contain written procedures and methods for drug testing." • "Drug testing frequency remains consistent throughout the program until participants are in the last phase of the program and are preparing for successful completion." • "Failure to submit to a test is considered a sanctionable offense."

Consistent, random, and accurate drug and alcohol testing is a cornerstone of an effective treatment court program. It appears the program tests every day of the week on a random basis. DTC clients are tested at the recommended minimum of twice per week. Urine drug testing should include tests for ETG or ETS as well, which allows for a longer alcohol detection window than preliminary breath testing (PBT). It's unclear how often ATC participants are drug tested as the program overview in the *Participant Handbook* differs from other policies detailed in the *Participant Handbook*. It is recommended that participants in both courts test a minimum amount of twice a week on a random basis for both drugs and alcohol.

Standard 14: Applying Incentives, Sanctions & Therapeutic Adjustments (p. 28-29)	
"Incentives and sanctions for participants' behavior should be administered following evidence-based principles of effective behavior modification."	• "Monitor participants for compliance, reward achievements, and sanction misconduct, using an incentive-to-sanction rate of at least 4-to-1." • "Impose sanctions promptly with certainty, celerity, and fairness." • "Incentivize productive behavior."

	• "Prohibit participant use of all intoxicating and addictive substances (legal and illegal) unless prescribed by a medical professional." • "Participants are not terminated for continued substance use if they are compliant with all other supervision and treatment requirements, nor are they terminated for a new arrest of drug possession."

Program documents list a variety of incentives and sanctions/therapeutic interventions. Participants received several incentives during the observed court hearing including applause, verbal praise, "gold star" recognition, entry into the fishbowl, punches on a "punch card" and either a banana or candy when completing requirements. Two participants also phase advanced and were given a certificate and a handshake from the judge. Sanctions observed included a motion to terminate, increased testing, resetting of a sober date, increased court appearances, and community services. Therapeutic adjustments observed included a T4C referral, order to show cause hearing, and increased meetings. It is important to keep therapeutic adjustments and sanctions separate, as not doing so can damage the therapeutic relationship and stigmatize resources participants use for support. Consider separating sanctions and therapeutic adjustments in program materials and consider adding a statement reflecting reasons for therapeutic adjustments versus sanctions and examples of those used within your program.

The effective use of incentives, sanctions, and therapeutic adjustments is one of the most difficult skills to master in treatment courts, but one of the most critical. Additional resources on incentives and sanctions are included with this report.

Standard 15: Training (p. 30)	
"To promote effective treatment court planning, implementation, and ongoing operations, treatment courts must assure continuing education of team members. Programs that ignore best practices and fail to attend training conferences are more likely to produce ineffective or harmful results."	• "Attend annual training workshops on best and evidence-based practices in treatment courts." • "Provide orientation training for new team members on the Treatment Court Model and best practice standards." • "Review all policies and procedures as a team and assess the overall functionality of the court on a regular basis."

The Treatment Court is incorporating several evidence-based practices in the program, some of which have been highlighted in this report. As previously mentioned, it is recommended that the Team members continue to attend training, as it is available, through the Wisconsin Association of Treatment Court Professionals (WATCP), National Association of Drug Court Professionals (NADCP), National Drug Court Institute (NDCI), and other recognized professional organizations. The Department of Justice and State Director of Courts will also continue to assist Treatment Court staff with identifying training events and resources as requested. It is also recommended

that regular Team meetings be held to discuss policies and procedures outside of already scheduled staffing meetings.

Standard 16: Community Outreach (p. 31)	
"Engage in community outreach activities to garner support for the treatment court approach and identify and sustain key partnerships. Community buy-in will help improve program operations and outcomes, help to sustain specialized court dockets, improve access to community resources, and ensure consideration of the community's best interests, including public safety."	• "Develop and maintain community resources." • "Participate in open dialogue with community agencies and stakeholders ensuring collaboration among partners to improve participant outcomes."

Community engagement is important for the sustainability of the treatment court. The Team should continue looking for opportunities to participate in educational outreach activities to increase community members' understanding of addiction and decrease stigma (e.g., host an event during Drug Court Month, attend community events promoting the program). Also, consider exploring partnerships with community supports like a local fitness center, family resource center, employment staffing agencies, faith-based support groups, churches, and food pantries to improve participant community connection. It is recommended that the oversight committee(s) develop a community outreach plan to increase knowledge of the program and addiction in the community.

Standard 17: Performance Measure & Evaluation (p. 32-33)	
"Treatment courts engage in ongoing data collection, performance measurement, and evaluation to assess adherence to the Ten Key Components, Wisconsin state and NADCP national standards, evidence-based practices, and specific program goals and objectives."	• "Develop or utilize a process to routinely collect data in a consistent, electronic format for both performance measurement and program evaluation." • "Treatment courts may utilize the Comprehensive Outcome, Research, and Evaluation (CORE) Reporting System provided by the Wisconsin Department of Justice or another comparable system for data collection."

Continual evaluation of performance measures is important to determine the effectiveness of the program. Partnering with a local university may be a possibility to conduct a process, impact, and/or outcome evaluations. Evaluation results should be used to take corrective action, make program adjustments, and monitor changes in program progress and outcomes.

Data is also crucial in the evaluation of performance measures. One of the requirements of the TAD grant award is to collect and submit data into CORE continuously and regularly. It is recommended that the Jefferson County Treatment Courts continue to enter data in a timely and accurate manner.

Recommendation Summary

Overall, the Jefferson County Treatment Court programs are meeting the Wisconsin Treatment Court Standards and incorporating evidence-based practices throughout the programs. There are improvements to the programs that are recommended throughout this report and are summarized below:

A. Add eligibility criteria to the *Participant Handbook* (Standard (St.) 2, see Report p. 4).
B. Collect and analyze data to determine factors behind participant enrollment, graduation, and/or termination and take reasonable actions to prevent or correct disparities (St. 2, see Report p. 4).
C. Consider ways to allow or promote the attendance of court sessions by the treatment representative (St. 4, see Report p. 5).
D. Ensure the judge and any team members who regularly interact with participants attend motivational interviewing training (St. 5 & St. 15, see Report p. 5-6 & p. 13-14).
E. Be mindful of the language being used during interactions with participants (St. 5, see Report p. 5-6).
F. Consider adding a more detailed explanation of the admission process as well as, differentiating between sanctions and therapeutic adjustments for responses to behaviors in the *Policy and Procedure Manual* and *Participant Handbook*, (St. 6, see Report p. 6-7).
G. Include information on the bifurcated filing system in the confidentiality policy in program documents (St. 7, see Report p. 7-8).
H. Develop a policy specific to email communication and ensure emails containing confidential information are encrypted (St. 7, see Report p. 7-8).
I. Collect staffing reports at the end of the staffing meeting (St. 7, see Report p. 7-8).
J. Continue pursuing procedures that promote the prompt referral and admission of referred participants, preferably within 50 days of arrest (St. 8, see Report, p. 8).
K. Implement a process to obtain a formal substance use diagnosis through a clinical AOD assessment before admission to the program (St. 9, see Report p. 8-9).
L. Ensure case plans include specific activities that link the problem with the goal and describes the services, who is responsible for identifying, referring, and performing them, when they will be provided, and at what frequency (St. 10, see Report p. 9-10).
M. Ensure case plans are reviewed regularly and updated every six months (St. 10, see Report p. 9-10).
N. Develop Memoranda of Understanding between the program and treatment providers (St. 11, see Report p. 10-11).
O. Ensure treatment providers are utilizing evidence-based and manualized curriculum (St. 11, see Report p. 10-11).
P. Explore ways to increase the number of providers either in person or via telehealth (St. 11, see Report p. 10-11).

Q. Ensure participants are evaluated by their treatment provider regarding appropriateness for support group participation and allow participants to wait until Phase 2 or 3 (St. 11, see Report p. 10-11).
R. Use caution when requiring participants to complete a Victim Impact Panel (St. 12, see Report p. 11-12).
S. Review fees schedules and policies to ensure that fees are not a barrier to phase advancement or graduation (St. 12, see Report p. 11-12).
T. Review drug testing policy in program documents to ensure information provided is similar (St. 13, see Report p. 12).
U. Participants in both courts should test a minimum amount of twice a week on a random basis. (St. 13, see Report p. 12).
V. Consider separating sanctions and therapeutic adjustments in program materials and consider adding a statement reflecting reasons for therapeutic adjustments versus sanctions and examples of those used within your program (St. 14, see Report p. 13).
W. Attend state and national training events as a Team when it is available (St. 15, see Report p. 13-14).
X. Look for opportunities to participate in outreach activities to increase community support (St. 16, see Report p. 14).
Y. It is a requirement of the grant that data is regularly entered in CORE for evaluation purposes (St. 17, see Report p. 14).

	Total Participants Monitored	# of Compliant Participants	% of Compliant Participants	# of Participants with Confirmed Alerts	% of Non-Compliant Participants	# of Confirmed Alerts
Agency						
Jefferson Pretrial (SCRAM)	148	101	68%	47	32%	244
Jefferson Pretrial (Remote Breath)	7	4	57%	3	43%	3
Jefferson Pretrial (GPS)	2	2	100%	0	0%	0
Jefferson ATC (SCRAM)	26	19	73%	7	27%	21
Jefferson ATC (Remote Breath)	6	4	67%	2	33%	2
Jefferson DTC (SCRAM)	3	2	67%	1	33%	4
Jefferson DTC (Remote Breath)	0	0	100%	0	0%	0
Totals:	**192**	**132**	**68%**	**60**	**32%**	**274**

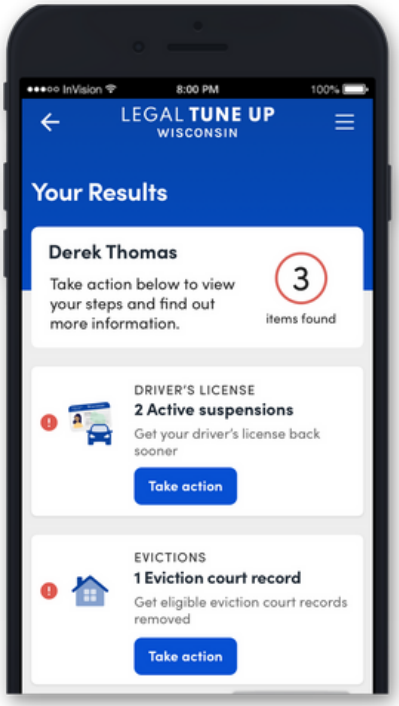
Alerts	
Confirmed Alcohol Consumptions	125
Confirmed Tampers	145
Missed Tests (Remote Breath)	1
Positive Tests (Remote Breath)	3
Zone Violation (GPS)	0
Totals:	**274**

Participants Year to Date 2022	Pretrial	ATC	DTC
Injury by Intoxicated Use of Vehicle	1		
Homicide by Intoxicated			
OWI 7th, 8th, 9th			
OWI 5th or 6th	3		
OWI 4th	67	18	
OWI 3rd	37	8	
OWI 2nd	30		
Stalking			
Disorderly Conduct	3		3
Strangulation/Suffocation/DV	3		
Bail-Jumping			
Possession of Narcotic			
Battery	1		
Child Enticement			
Theft			
Vehicle Operator Flee	2		
Possess/Illegally Obtained Script			
Battery or Threat to Judge			
Assault	**1**		
Totals	**148**	**26**	**3**

*Some participants used both RB and SCRAM

In 2021, more than 3,000 Jefferson County residents lost their driver's license.

Use the Legal Tune Up Tool to review your Wisconsin driving record and steps to reinstate your driver's license.



To get started visit
https://legaltuneup.org
or scan the QR code with your mobile device.

Help understanding your driver's license situation?

Sign up for a free driver's license clinic!

You must pre-register. Sign up online at: http://tiny.cc/LIFTWI and select a 30-minute appointment. Space is limited.

Upcoming Driver's License Reinstatement Clinics:

January 19, 2023, 3:00 pm - 6:00 pm
Watertown Public Library, 100 South Water St. Watertown, WI 53094

February 16, 2023, 3:00 pm - 6:00 pm
Dwight Foster Public Library, 209 Merchants Ave. Fort Atkinson, WI 53538

For more info contact us: 608-305-4829 | info@liftwisconsin.org

LIFT WISCONSIN
Legal Interventions for Transforming Wisconsin

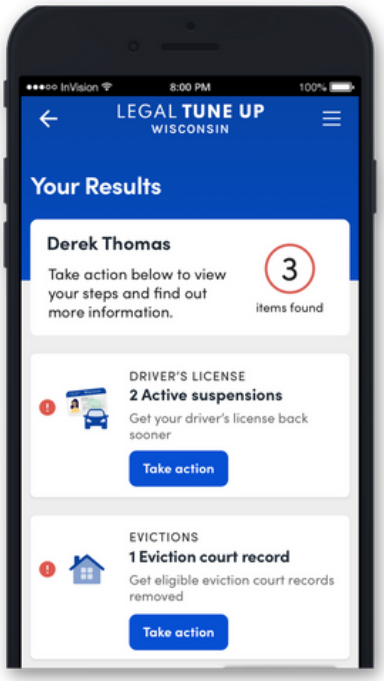
JEFFERSON COUNTY WI. ESTABLISHED 1836

LEGAL ACTION OF WISCONSIN

E&T

En 2021, más de 3.000 residentes del condado de Jefferson perdieron su licencia de conducir.

Use la herramienta *Legal Tune Up* para revisar su registro de manejo de Wisconsin y los pasos para restablecer su licencia de conducir.



Encuéntranos en https://legaltuneup.org o escanea el código QR con su móvil.

¿Ayuda a comprender la situación de su licencia de conducir?

¡Regístrese para una clínica de licencia de conducir- son gratuitas!

¡Es necesario registrarse! Regístrese en línea en: http://tiny.cc/LIFTWI y seleccione una cita de 30 minutos. Las citas son gratis.

Próximas Clínicas de Licencia de Conducir:

19 de enero de 2023, 3:00 pm - 6:00 pm
Watertown Public Library, 100 South Water St. Watertown, WI 53094

16 de febrero de 2023 3:00 pm - 6:00 pm
Dwight Foster Public Library, 209 Merchants Ave. Fort Atkinson, WI 53538

Para más información contáctenos: 608-305-4829 | info@liftwisconsin.org

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