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Annual 2007 Evaluation Report for the Treatment Alternatives and Diversion (TAD) Program

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INTRODUCTION AND METHOD

In 2005, Wisconsin Act 25 (SECTION 90m. 16.964) authorized “grants to counties to enable them to establish and operate programs, including suspended and deferred prosecution programs and programs based on principles of restorative justice, that provide alternatives to prosecution and incarceration for criminal offenders who abuse alcohol or other drugs.” These programs are designed to target non-violent offenders where a violent offender is defined as “a person to whom one of the following applies”:

1. The person has been charged with or convicted of an offense in a pending case and, during the course of the offense, the person carried, possessed, or used a dangerous weapon, the person used force against another person, or a person died or suffered serious bodily harm.
2. The person has one or more prior convictions for a felony involving the use or attempted use of force against another person with the intent to cause death or serious bodily harm. (SECTION 90m. 16.964 (12)).

Collaboration among the Wisconsin Office of Justice Assistance (OJA), the Department of Corrections (DOC), and Department of Health and Family Services (DHFS) has occurred to establish the **Treatment Alternatives and Diversion (TAD)** grant program. The statutory language of Act 25 16.964 (12) (c) indicated that the programs funded should:

1. Be designed to meet the needs of a person who abuses alcohol or other drugs and who may be or has been charged with or who has been convicted of a crime in that county related to the person’s use or abuse of alcohol or other drugs.
2. Be designed to promote public safety, reduce prison and jail populations, reduce prosecution and incarceration costs, reduce recidivism, and improve the welfare of participants’ families by meeting the comprehensive needs of participants.
3. Establish eligibility criteria for a person’s participation. The criteria shall specify that a violent offender is not eligible to participate in the program.
4. Provide services consistent with evidence-based practices in substance abuse and mental health treatment, as determined by DHFS, and intensive case management.
5. Use graduated sanctions/incentives to promote successful substance abuse treatment.
6. Provide holistic treatment to its participants and services that may be needed to eliminate or reduce their use of alcohol or other drugs, improve their mental health, facilitate their gainful employment or enhanced education or training, provide them stable housing, facilitate family reunification, ensure payment of child support, and increase the payment of other court-ordered obligations.
7. Be designed to integrate all mental health services provided to program participants by state and local government agencies and other organizations. The program shall require regular communication among a participant’s substance abuse treatment providers, other service providers, the case manager, and any person designated under the program to monitor the person’s compliance with his or her obligations under the program and any probation, extended supervision, and parole agent assigned to the participant.
8. Provide substance abuse and mental health treatment services through providers that are certified by the DHFS.

9. Require participants to pay a reasonable amount for their treatment, based on their income and available assets, and uses all possible resources available through insurance and federal, state, and local aid programs.

10. Developed with input from, and implemented in collaboration with, one or more circuit court judges, the district attorney, the state public defender, local law enforcement officials, county agencies responsible for providing social services, including services relating to alcohol and other drug addiction, child welfare, mental health, and the Wisconsin Works program, the departments of corrections and health and family services, private social services agencies, and substance abuse treatment providers.

In addition, Act 25 (e) required the creation of a local program oversight committee in each county consisting of:

- a circuit court judge,
- district attorney (or designee),
- state public defender (or designee),
- a local law enforcement official,
- a representative of the county,
- a representative of county child welfare,
- a representative of county mental health,
- a representative of Wisconsin Works,
- a representative of DOC,
- a representative of DHFS,
- a representative from private social services agencies,
- a representative of substance abuse treatment providers, and
- other members to be determined by the county.

Act 25 also required that OJA contract for evaluation of the TAD programs, and that these evaluation services be funded with moneys appropriated under s. 20.505 (6) (b) and (ku) with one percent of the amount awarded as grants. However, the three primary collaborating agencies recognized that the amount designated for evaluation (1%) would not adequately fund the evaluation activities and technical assistance needed for TAD. Thus, the three agencies each agreed to share the cost of the evaluation services provided by the University of Wisconsin Population Health Institute through a contract with DOC.

Process Evaluation Design

The process evaluation to date has included the collection of program implementation data through review of quarterly reports to OJA, a common participant-level database at each site, annual group meetings of TAD site representatives, review of program documents, collaboration with OJA, DOC, and DHFS staff, and input from Advisory Board members via email and meetings.

Site Reporting: All seven of the TAD sites are required to report implementation progress through quarterly reports to OJA (Appendix 1). In addition, each site submits an electronic copy of their participant-level database every month to the evaluator.

Participant-Level Database: A participant-level database was developed collaboratively in 2006, piloted in December 2006, and implemented at all sites in January 2007. The Microsoft Access database requires sites to collect and report extensive demographic, assessment, service, and discharge information on all TAD admissions (Appendix 2). Revision of the database is planned for Winter/Spring 2008 based on site input.

Annual Group Meetings: Two group meetings of all TAD sites have occurred to date. Each site sent 2-3 representatives to meetings in Madison in November 2006 and October 2007. These meetings included presentations of each TAD project summarizing implementation progress, discussions of OJA grant reporting, processes, and E-Grants requirements, and discussion of evaluation issues to obtain site input.

TAD Advisory Board: The TAD Advisory Board met in December 2006 and March 2007. Agencies and key stakeholders represented on the board have been: DOC, DHFS, OJA, DOA, public defender, judge, WAAODA, county DHFS, sheriff's association, and Senator Roessler. OJA anticipates that the board will next meet in March 2008, but the current membership may need to be modified prior to the meeting to better meet the needs of the TAD effort as it has been implemented.

Other: Collection of participant satisfaction information and documentation of reasons that some offenders refuse to enter the TAD programs is currently under development. The evaluator and TAD site staff discussed these issues as part of the 2007 annual meeting, and plan to develop instruments and procedures during 2008.

Outcome Evaluation Design Plan

In 2006, ideas for outcome measures and data sources were gathered from the research literature, from OJA staff, the TAD Advisory Board members, and from representatives of three Wisconsin drug courts (Appendix 3). In 2007, the TAD sites were also asked to provide their input on these issues. Table 1 describes the primary evaluation questions suggested by this group of TAD key stakeholders.

A wide variety of suggestions were made for documenting program, offender, and system characteristics and outcomes. *Program indicators* included measures of program capacity and operation, number of clients served, and environmental and contextual factors effecting implementation. *Offender indicators* included measures of offender demographics, criminal need and risk, criminal justice history, substance use severity and type, and mental health, as well as post-program arrest, conviction, incarceration, substance use, employment, and stability. [It should be noted that several sites recommended that substance use after program participation should not be included as a measure of individual outcome due to the complexity of collecting this information.] *System-level indicators* included program impact on the local criminal justice and service systems, number of prosecutions, and jail population.

These measures will be obtained from a variety of data sources. Program-level implementation data will be obtained through review of quarterly reports and annual reapplications for funding, through annual site visits and interviews with staff, and through the TAD participant-level database. Offender characteristics will be obtained through the participant-level database, electronic data sources, site-specific outcome data collection efforts, and program staff and collaborating agencies. System-level data will be obtained through annual site visits, interviews with staff, and review of program materials.

Domain	Evaluation Question
Program-Level	<ol style="list-style-type: none"> 1. Do participants meet the program requirements of being non-violent offenders with substance abuse problems? 2. How many participants successfully complete the program? 3. Would participants have been sentenced to jail or prison in the absence of the program? 4. Are the programs put in place really an alternative to incarceration? That is, are they targeting the right people? 5. What county or program environmental factors make programs run most efficiently and effectively? 6. How much money is spent per participant? 7. How much money would be spent on participants WITHOUT the program (standard judicial processing)?
Offender-Level	<ol style="list-style-type: none"> 1. Did the program improve the welfare, holistic functioning, and overall quality of life for the participant and his/her family? 2. Did the program impact the four critical success factors of housing, employment, treatment, and positive social associations? 3. What factors appear 'causal' in creating positive outcomes? 4. How many reoffend/are arrested/are reincarcerated before finishing the program (including offense type and violence level)? 5. What program aspects, or other factors, are most effective in changing client's lives?
System-Level	<ol style="list-style-type: none"> 1. Did the program reduce the prison and/or jail population? 2. Did the program reduce prosecution (if it was diversion)? 3. Did the program reduce re-incarceration rates? 4. Did the program reduce recidivism rates (separate from re-incarceration)? 5. Were incarceration costs reduced, taking into account the costs of the program?

All of these questions were thoughtfully considered in developing a practical plan to collect post-discharge outcome data for TAD participants. The outcome measures selected for inclusion in the outcome evaluation design focus primarily on the criminal justice outcomes of arrest, conviction, and conviction for a new offense that leads to incarceration in jail or prison. Key stakeholders and numerous TAD site staff felt that collection of post-discharge data related to the substance use, mental health, housing, and employment of TAD admissions was (a) not feasible or practical, and (b) was not the focus of the TAD legislation which emphasizes incarceration outcomes and cost savings.

The criminal justice system recidivism data are accessible electronically through the Circuit Court Automated Program (CCAP), the Crime Information Bureau (CIB) database, and DOC's internal Corrections Integrated Program Information System (CIPIS). In addition, the Department of Workforce Development (DWD) employment database and the DHFS's Human Services Reporting System (HSRS) which collects information from counties on individuals

receiving publicly funded substance abuse treatment are under consideration as sources of data on participant outcomes. Options for collection of county jail incarceration data will be explored during 2008, but significant barriers in accessing these data are anticipated as it is kept locally for each county rather than centrally on the state-level.

The TAD participant-level database asks sites to provide a variety of identifying information to facilitate the collection of participant outcome data from these electronic databases. In addition to name, social security number, and birth date, other identifiers that sites can provide include DOC, FBI, SID, HSRS, and court case identification numbers (as available). These identifiers will be used to link TAD admissions to data in the electronic data sources.

There are a variety of known limitations with these electronic data sources. The CCAP database provides data on contacts with the court system and arresting charges, but does not reliably show updated information on case outcomes (i.e., convictions, sentences, revocations, etc.). The DOC internal data systems contain reliable incarceration data for offenders, but the data is limited to incarceration in Wisconsin. While HSRS contains detailed substance use, employment, and housing information, it includes only those persons accessing publicly funded substance abuse treatment and does not include those who have insurance. We hope to minimize the impact of these limitations by utilizing multiple electronic data sources to assess outcomes.

An additional challenge will be obtaining access to these electronic data sources. It is anticipated that a significant amount of effort will be expended identifying appropriate contacts at each agency, obtaining authorization for access to the data, developing procedures for providing each agency with a listing of TAD participant identifiers, specifying individual data elements of interest within each system, obtaining the data in an appropriate format for linking multiple data sources, and developing procedures for secure transfer of data to the evaluator.

The design of the outcome evaluation will be collaboratively implemented during 2008 utilizing the above input obtained during 2006 and 2007. The outcome evaluation design will include selection of specific indicators (participant-level, program-level, and system-level measures), identification of data sources and their availability, and development of instrumentation and procedures for collecting data.

Plan for 2008/2009 Evaluation Activities

The ongoing evaluation during 2008 and 2009 will include: (a) evaluator collaboration with DOC, WI Department of Health and Family Services, and WI Office of Justice Assistance to identify the questions of primary interest, (b) a process evaluation to document program implementation, (c) technical assistance in the development and implementation of outcome evaluation activities, and (d) analysis and reporting of evaluation results and recommendations. Table 2 details each planned evaluation task.

Table 2: Planned 2008/2009 Evaluation Activities for TAD

Area	Evaluation Task
1. Administrative Activities	A. Collaborate with the TAD Advisory Committee and present progress updates at quarterly meetings
	B. Collaborate with DOC, OJA, and DHFS to jointly plan annual group meetings of key staff from all funded TAD sites
2. Process Evaluation Activities	A. Collect program process evaluation data through participation in meetings, program document review, and meetings with site staff
	B. Develop and implement plans for the collection of both participant-level and program-level data from the sites
	C. Receive and review quarterly reports submitted by sites, including identification of problems and notification of OJA to address
	D. Conduct annual site visits to document implementation progress, achievements, and barriers
	E. Facilitate monthly submission of participant data from sites, provide technical assistance with data collection and perform data quality reviews
	F. Revise database in Winter 2008 based on site input
	G. Assess offender reasons for drop-out/refusal of program -- Work with sites to design tool(s), manage data, and provide feedback to sites
	H. Assess participant program satisfaction -- Work with sites to design tool(s), manage data, and provide feedback to sites
3. Outcome Evaluation Activities	A. Collaboratively identify measures of participant outcome with DOC, DHFS, and OJA
	B. Collaboratively develop a plan for collection of participant outcome data. Organize collaborative planning meetings, identify data sources, secure approvals to obtain data, etc.
	C. Implement plan for collection of outcome data, including methods, coordination of electronic data sources, retrieval and entry of data
	D. Manage ongoing collection of outcome data and monitor data quality, including management of survey and electronic data, follow-up of non-respondents, and ongoing data quality monitoring
4. Analysis and Reporting	A. Prepare data for analysis, including linking participant-level data from sites to outcomes data from multiple sources
	B. Conduct annual analyses of qualitative process data and quantitative data pertaining to offender outcomes, and prepare an annual evaluation report by January 31 st of each year
	C. Meet with administrative and program staff to review the annual report and recommendations for program improvement

DESCRIPTION OF TAD PROGRAMS

Table 3 provides a brief overview of the seven TAD sites and their level of compliance with the primary required benchmarks. After a January 1, 2007 funding start, all of the programs were operational by July 2007.

Table 3: Brief Overview of TAD Program Implementation							
	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood
Model	Drug Court	Drug Court	Multiple Approach	Pre-Trial Diversion	Multiple Approach	Diversion and ATR	Drug Court
Funding level	\$149,935		\$163,725	\$375,000	\$156,814	\$130,950	\$147,025
Date of First Admission	January 2007	February 2007	July 2007	March 2007	April 2007	March 2007	January 2007
Program Fee	\$750	\$750	\$150	\$50	\$100 + \$10/week	WI Uniform Fee System	\$300
Annual Capacity	8-10	8-10	20-25	800	110	40	40-50
# of 2007 Admissions	14	8	16	385	61	64	29
Active	86%	100%	56%	55%	61%	42%	72%
Graduate/Complete	14%	0%	0%	22%	0%	38%	21%
Terminated	0%	0%	44%	23%	29%	20%	7%
Admin Termination	0%	0%	0%	0%	2%	0%	0%
Pending Admission	0%	0%	0%	0%	8%	0%	0%
Oversight Committee Established	✓	✓	✓	✓	✓	✓	✓
Quarterly Reports Submitted in 2007	✓	✓	✓	✓	✓	✓	✓
Monthly upload of participant-level data	✓	✓	✓	✓	✓	✓	✓

Burnett/Washburn/St. Croix Tribe

Model: Burnett and Washburn Counties (in collaboration with the St. Croix Tribe) have implemented two separate drug and alcohol treatment courts utilizing a traditional drug treatment court model. These courts focus on offenders with children, offenders needing long-term treatment and support, and OWI 4th offenders. Both courts have hired part-time drug court case managers, with county MH/AODA Coordinators providing clinical supervision. Referrals of eligible offenders come primarily from probation agents, and from the District Attorney, Probation and Parole, and the jail.

Program Service Provision: Participants receive AODA outpatient treatment either through the St. Croix Tribal AODA program or through ACCESS, Inc. Primary program services consist of substance abuse treatment, drug testing, and case management. Matrix, using an intensive outpatient format of three groups per week plus one individual counseling session every other week. Drug and alcohol testing includes six-panel oral drug testing, instant alcohol tests, 80 hour EtG tests, and urinalysis through Probation and Parole. Case management is provided by a social worker to address treatment compliance as well as address other needs (vocational, educational, mental health, etc.), and is coordinated with probation and parole supervision services. Both programs are utilizing gas vouchers for basic rewards. Burnett has also purchased snow tires, given gas vouchers, and given out certificates to area restaurants.

Interagency Coordination and Collaboration: Burnett County, Washburn County, and the St. Croix Tribe have an extensive history of collaboration. A St. Croix Tribal representative (tribal AODA counselor) was added to the Burnett team in July 2007 and to the Washburn team in September 2007. According to program staff, her involvement on both teams has been considered very valuable. Partners consult with each other on program, treatment, and client issues. Excellent working relationships exist between the drug court teams and Human Services, Corrections, Law Enforcement, and the Courts.

Joint Oversight meetings were held in February 2007, May 2007 and September 2007 at the St. Croix Tribal Center.

Challenges/Barriers: The primary challenges during 2007 for the Burnett and Washburn drug courts has been the lack of transportation options for TAD participants (common in rural areas) and delays in adding a St. Croix representative to the team.

Dane County

Model: TAD funding has been used to create or enhance three diversion efforts in Dane County: The newly created Day Report and Treatment Program (DART) with an annual capacity of 20-25 offenders, 3-5 Dane County Drug Treatment Court participants, and 3-4 Treatment Alternatives Program (TAP) participants. *DART* is a pre-trial bail diversion monitoring and treatment program designed to link low to moderate risk AOD abusing offenders per month to jail diversion programming by developing an early system of assessment (including criminal risk assessment), and referral to supervised treatment or other appropriate existing diversion programming as soon as possible following their initial court appearance. *DART* is a

collaborative effort between the Mental Health Center of Dane County and Hope Haven, Inc. The *Dane County Drug Treatment Court* utilizes a traditional drug court model. TAP provides an alternative for judges sentencing offenders with AODA-related offenses, who can be diverted into treatment rather than being jailed.

All referrals to DART come from the Dane County Court Commissioner who oversees all the initial appearances and first arraignments. Offenders targeted by DART are those who have histories of AODA related arrests, cannot meet cash bail, and are jailed. DART referrals for assessment are initiated by the commissioner, screening and assessment are conducted by the Mental Health Center, and the DART participant is then released on bail. TAP individuals are referred by the Courts and the WI Department of Corrections, and potential Drug Court participants are referred by the DAs Office.

Program Service Provision: The Mental Health Center and Hope Haven provide a wide range of comprehensive substance abuse treatment and case management services to program participants, based on their assessed need for level of care and criminal risk. The Clinical Assessment Unit of the Mental Health Center conducts assessments for TAP, Drug Court and DART.

Interagency Coordination and Collaboration: An interagency coordinative and policy-making body has been appointed for DART from the larger Dane County Criminal Justice Committee. This group has met regularly during 2007. Drug Court convenes a policy-making Advisory Committee every month. TAP and Drug Court provider agencies meet monthly to coordinate program policies and procedures.

Challenges/Barriers: The primary barriers to implementation for Dane County during 2007 have been delays in program start-up due to vendor contracts, issues in methods of communicating confidential information via email and fax, and providing treatment to DART participants after case resolution.

Milwaukee County

Model: Milwaukee County has utilized TAD funds to create a pre-trial diversion program which became fully operational in March 2007. Justice 2000 is a private, non-profit social service agency that is contracted by the Office of the Chief Judge to provide pretrial services, screening, and case management services for the TAD Program. Justice 2000 has a full-time Team Leader and five full-time Diversion Specialists. Wisconsin Community Services (WCS) is the contracted provider for provision of AODA screening, assessment and treatment access for WiSER Choice and has a full-time TAD-funded screening position dedicated to the TAD Program. Holly Szablewski, Milwaukee County Judicial Review Coordinator provides daily oversight of the program.

Diversion Specialists staff the booking room and Central Intake Unit of the Milwaukee County Criminal Justice Facility (CJF) seven days a week from 6:00 a.m. until 8:30 p.m. Staff review detainees held in the booking area and review booking registers throughout this period to identify persons who may be TAD eligible. In addition, defense attorneys and reviewing DAs

may refer arrestees not identified by TAD staff. A “paper review” is performed to determine preliminary TAD eligibility, and then an in-person assessment to determine if the defendant meets all of the TAD admission criteria. The reviewing DA accesses the recommendation at the time charges are reviewed and can choose to offer a diversion or deferred prosecution. If all parties agree, the diversion/deferred prosecution agreement is drafted outlining the specific conditions of participation such as drug testing, treatment, employment, community service, etc. Once this process is completed, the person is assigned to a Justice 2000 case manager and admitted into the program.

Program Service Provision: The case manager works with the participant to establish a supervision and service delivery plan to address the behaviors that led to the arrest. This plan includes a schedule of face-to-face supervision contacts, random drug testing, referrals for AODA/mental health treatment and referrals to other community-based organizations for things such as education, housing, employment, etc. If uninsured, the case manager refers the person to WiSER Choice for an AODA assessment and treatment referral. Wisconsin Community Services is the contracted provider for provision of AODA screening, assessment and treatment access for WiSER Choice. WiSER Choice conducts the assessment to determine the level of treatment needed, assists the client in selecting a provider, and schedules the initial appointment with the provider. Random drug testing is also utilized to encourage and motivate participants to remain drug-free.

Compliance with program conditions and supervision is reported at every scheduled court hearing in the deferred prosecution cases. Violations of the agreement/conditions are reported to the supervising court on a weekly basis. In diversion cases, monthly status reports are provided to the reviewing DA. If there are problems with compliance in diversion cases, the case manager will alert the reviewing DA and the defense attorney.

Interagency Coordination and Collaboration: Milwaukee TAD has significantly impacted the service system for the offenders targeted by TAD through increased levels of coordination, communication, and collaboration.

- There have been numerous meetings of the Milwaukee County TAD Work Group/Oversight Committee and meetings that included representatives from the courts, public defender’s office, district attorney’s office, Justice 2000, and WCS (WiSER Choice) that addressed procedural concerns.
- Workgroup meetings of the public defender’s and district attorney’s offices were held to reach consensus on language for the deferred prosecution and diversion agreements.
- Several judges met to review and discuss state statutes related to deferred prosecution and to establish court policy and procedures for deferred prosecutions.
- Bi-monthly staff meetings have been held between Justice 2000, the DA’s Office, PD’s Office, and the participant to discuss issues related to program compliance.
- To increase efficiency and continuity, the public defender’s office has designated three staff attorneys to handle cases identified for diversion/deferred prosecution.
- The Chief Judge has designated Judge Glenn Yamahiro’s court to handle all misdemeanor deferred prosecution agreement cases.

- There has been significant interagency cooperation on the enhancement of the Milwaukee County Pretrial Services Database.
- WCS and Justice 2000 have worked together to develop an assessment schedule that meets both the client's and program's needs. The two agencies have also coordinated office space so that WCS can assess clients while in custody or after their release.
- The Milwaukee County Sheriff's Department has provided space in the booking room, as well as additional space in the Central Intake Unit of the CJF, for the Diversion Specialists.
- The DA, SPD, Courts and Justice 2000 held joint training sessions for both PD lawyers and private bar lawyers who handle DPA and diversion cases in their private practice or through PD appointment. These trainings focused on TAD program elements and services, policies and procedures as well as procedures for handling non-TAD cases.
- On October 11, 2007 the DA presented at the SPD State Conference in Milwaukee at a program entitled, "Diversions, Deferred Prosecution Agreements and Treatment Fairs, The Milwaukee Model", which outlined the TAD Program and the diversion/DPA agreements that are entered into under this program. This presentation was attended by approximately 50 attorneys.

Challenges/Barriers: The primary challenges encountered by the Milwaukee TAD during the initial implementation year were related to obtaining approvals, contracts, and staff to implement the program, lack of consistency in charging decisions made by the DAs on diversion/deferred prosecution cases, burdensome and redundant data collection, the closing of WiSER Choice to new treatment admissions from July through October 2007, lack of timely access to treatment resources, and the impact of TAD admissions on increasing the pretrial supervision census.

Rock County

Model: Community RECAP is modeled after the successful Rock County Education and Criminal Addictions Program (RECAP) operated by the Rock County Sheriff's Department. Eligible non-violent offenders are diverted from jail by agreeing to participate in Community RECAP which offers AODA treatment, case management, and support services. ATTIC Correctional Services, Inc. was contracted to provide treatment for offenders referred to the Community RECAP and four staff were hired. The Rock County Sheriff's Department hired an additional Sergeant to allow the current Sergeant to oversee the program.

Rock County Circuit Courts had been planning to implement a pilot drug court in 2007. Community RECAP strengthened its partnership with the court system by allocating a number of treatment slots in Community RECAP to the Drug Court. This will allow two distinct avenues into treatment and will allow Rock County to compare the effects of the level of supervision provided through Drug Court with the oversight of other Community RECAP participants through the criminal courts. Rock County also entered into a contract with the Department of Corrections to allow seven DOC clients to enter the program annually as an alternative to revocation (ATR).

The Rock County Circuit Courts, the District Attorney, Public Defender, Rock County Sheriff, Rock County Human Services, and ATTIC collaborated to develop referral procedures.

If the DA & Defense Attorney agree that an offender may be eligible for the program, the court refers the offender to Community RECAP for a pre-screening and information session. The offender is directed to report to the program offices to complete an AODA pre-screen, discuss program requirements, and sign the participation agreement. A decision is then made by RECAP staff to approve or deny admission. If approved, the intake and full assessment are completed within two weeks after the next Criminal Court appearance.

Program Service Provision: The goals of Community RECAP are:

- To break the cycle of drugs and/or alcohol use and crime.
- To reduce criminal justice costs by reducing drug addiction and street crime.
- To reduce incarceration for participants who present a low risk to public safety.
- To provide a fully integrated and comprehensive treatment program.
- To enhance personal, academic, and employment abilities among program participants.

Community RECAP offers participation in gender-specific AODA treatment groups, anger management, financial management, and the cognitive interventions program curriculum. The program also provides individual counseling, family counseling, and intensive correctional case management to monitor and support the individual in the community. Case managers also assist participants with housing needs and provide services to participants' families to promote family reunification. Participants also receive random drug and alcohol screening to enhance community safety, and sanctions for program violations. Participant fees to reinforce accountability and responsibility for crimes committed.

Interagency Coordination and Collaboration: Community RECAP staff met with numerous agencies to effectively create the Community RECAP program as a collaborative effort in Rock County. RECAP has collaborated with Rock County Judges, District Attorney's Office, Public Defender's Office, Sheriff's Department, Rock County Human Services, Rock County Bar Association, the Criminal Justice Coordinating Council, Blackhawk Technical College, the Rock County Job Center, Fresh Start, Echo (for community service), Beloit Memorial High School, Pathways Program, Rock County Literacy Council, United Way First Call, Janesville School System – Charter School, The Eclipse Program, Rock Valley Community Programs, Tagos Leadership Academy, Community Support Program, Salvation Army – Beloit and Janesville, CRC Health Group – Beloit, and the Beloit and Janesville Police Departments.

Rock County TAD has spent significant time educating the local attorneys who will be making referrals to the program. Program eligibility criteria have been presented to this group, but staff indicated that differing opinions about who should be incarcerated versus who should receive treatment have come to light. Staff felt that “this speaks to the challenges of integrating a new diversion program into the current culture.”

The Community RECAP office also hosted a monthly meeting of the Criminal Justice Coordinating Council which included an open house to showcase the new facility and to update members on program progress.

Challenges/Barriers: The primary challenges for Rock County TAD were related to appropriate program fee levels, accessing the local network of community services and resources, and recruitment of offenders with misdemeanor charges.

Community RECAP fees were set at \$100 to enter the program, with an additional \$10 per week thereafter. This decision was made because RECAP felt many offenders (most participants are at or near the poverty level) would refuse the program if the costs were higher. The program stated that “Ultimately, requiring clients to pay a large sum of money to participate in Community RECAP may have caused our program to be passed over and not used. Our goal is to provide treatment for rehabilitation purposes, and in the end, save jail beds and reduce recidivism rates. In order to reach these goals we determined that a reasonable cost was paramount.”

Creating contacts within the community for support services has also been a challenge. The program addressed this challenge through the use of the “Criminal Justice Support Programs of Community Services” listing compiled by the United Way’s *First Call*.

Many offenders enter Community RECAP motivated by the fact that successful completion will result in a reduction or dismissal of their current charges. However, many offenders come to the program for simple misdemeanor charges rather than felonies with lengthy jail/prison sentences. Because they are facing little or no jail time, the program feels that misdemeanants are less likely to enter or complete the program if they feel the program requirements are more burdensome than the sentence they would otherwise receive.

Washington County

Model: Washington County has utilized TAD funds to enhance the Community Re-entry Center (CRC) providing services to non-violent offenders with AODA and/or co-occurring mental health disorders through court diversion or as an alternative to revocation. The Washington County CRC targets offenders charged with second offense OWI, as well as offering an alternative to revocation for offenders under probation/parole supervision. TAD treatment and supervision services are provided by Genesis Behavioral Services, under the administration of a Project Coordinator and a Case Manager. The primary referral sources include the Washington County Judges, District Attorney, Public Defender, as well as the Department of Corrections for alternative to revocation cases.

Program Service Provision: The Washington County CRC is an intensive community corrections program for selected second offense OWI diversion program offenders and ATR offenders referred by the DOC or the Washington County Jail. The CRC goals are to maximize community safety and promote offender change through addressing their criminogenic needs and holding them accountable for the harm they have caused the community. Participants attend CRC programming provided by Genesis Behavioral Services approximately 32 hours per week at program start, reducing this level as care plan goals and objectives are met. Offenders participate in the program for three to six months. The primary components of the AODA treatment provided by CRC includes day treatment, cognitive interventions, and relapse prevention. Other services include intensive case management, drug testing, trauma counseling, parenting skills, and supportive services for employment, education, and families/children.

Interagency Coordination and Collaboration: Washington TAD collaborated with the CCSA, District Attorney, Division of Community Corrections, Council on AODA, Exodus House, Department of Workforce Development, Friends of Abused Families, Moraine Park Technical College, Washington County Jail, Women's Recovery Program, and legal representatives/attorneys. The TAD team spent the initial two months educating community and referral sources regarding program design to initiate participation into the TAD program. A formal communication plan was implemented with Washington County Judges, District Attorney, and Public Defender, as well as the Department of Corrections.

During Spring 2007, Washington TAD collaborated with the District Attorney to finalize the program referral process which led to a large increase in referral volume over the previous quarter. The hiring of the DOC Purchase of Goods and Services (POGS) Supervisor has provided a stable point of contact for service referral, recruitment, coordination and collaboration with probation and parole officers. Additional interagency collaboration efforts were formalized with Washington County Department of Social Services and The Council on AODA.

Challenges/Barriers: Washington TAD found it difficult initially to receive referrals from their referral sources. Referral of OWI offenders was delayed until March 2007 while TAD staff met with judges and attorneys to determine the deferred prosecution criteria for TAD participants. Several meetings with the Department of Corrections were initiated to educate and collaborate with agents on utilizing TAD as an ATR.

Some of the challenges/barriers in recruitment of 2nd Offense OWI participants is in the area of financial constraint and ability to pay for service, lack of insurance, coverage limits, insurance provider network restrictions, fines, lost employment, vehicle insurance cost and payment to obtain an occupational license, and suspended licenses causing transportation barriers in the rural portions of Washington County.

Washington TAD has expressed their concern that limiting services to non-violent offenders (as per grant specifications) has been a barrier in that the DOC cannot refer some of the ATR clients under supervision.

Wood County

Model: The Wood County Adult Drug Treatment Court has been in existence since October 2004. It began as a pilot program with four participants and a part time case manager. It has evolved into an established alternative to incarceration program with over 20 participants and a full-time case manager. The program is staffed by one full-time case manager who operates out of office space provided by DOC.

Participants are identified by local attorneys, the district attorney, probation officers or police agencies. Referrals come to the Drug Court team through a referral sheet and are presented at the Drug Court team meeting. A Website was created to assist in this process. Potential participants are presented to the team who determine initial eligibility and make a referral to Wood County Unified Services for assessment if appropriate. If the AODA assessment supports entry into the Drug Court, the DA contacts the individual or the attorney and

works out a resolution of pending charges. The participant then enters a plea to the charges but the judge withholds the judgment of conviction (a “pocket plea”).

Program Service Provision: The Wood County Drug Court requires a minimum of one year of participation with graduated phases leading to a graduation ceremony. Participation in an alumni group is encouraged but not required. AODA treatment is mandated as appropriate for the individual. Drug and alcohol use is monitored and addressed throughout the program with a system of incentives and sanctions tailored to individual needs. Criteria for program termination have been established.

The program is administered by the Wood County Drug Court team. This team consists of the judge, district attorney, public defender, probation and parole agent, sheriff, police chief, drug enforcement police officers, social worker, Drug Court Alumni Group leader, citizen representative, and private attorney.

Most treatment services are provided through Unified Services, while inpatient and residential referrals are made on a case-by-case basis. Adult day treatment, relapse prevention groups, intensive outpatient, individual counseling, anger management, and other mental health and AODA groups and individual treatment are offered through Unified Services. Some mental health assessments and testing are also provided. Drug testing occurs seven days per week and participants are held accountable through rewards and sanctions in a timely manner. Case management meetings with the case manager are conducted on a weekly basis. An Alumni Group is available to both current participants and program graduates to support their recovery. Drug Court team meets once a week prior to Drug Court to staff the Drug Court participants and discuss any Drug Court business.

Interagency Coordination and Collaboration: Wood County TAD has developed the following team which meets weekly: Circuit Court Judge, District Attorney, Public Defender, probation and parole agents, Drug Court case manager, Wood County Unified Services, Wood County Social Services, Wood County Sheriff, Wisconsin Rapids Police Chief, local attorneys, Alumni liaison, Wood County Systems Department, and Wood County board supervisor.

There has been collaboration between the Eau Claire Drug Court and the Wood County Drug Court, with a participant in residential treatment in the Eau Claire area participating in the Eau Claire County Drug Court. The TAD case manager has weekly communication with both the participant and Eau Claire staff.

In addition, a citizen group has been formed to collaborate with Drug Court to increase community awareness of TAD and enhance the Drug Court. This group is chaired by a private attorney and has helped to plan graduations. A partnership with the Wood County Sheriff has also developed to provide electronic monitoring for participants that require an additional level of supervision and accountability.

Challenges/Barriers: The primary barrier for the Wood County Drug Court has been identifying sources of funding to provide training for staff on the Drug Court team. Staff turnover has resulted in a need for training of new staff.

SUMMARY OF 2007 PROGRAM IMPLEMENTATION

The offenders served by TAD were documented utilizing the participant-level database. These data on the characteristics of participants at admission, services received, and their status at the time of discharge were linked together for all sites and summarized. Although the sites also provided progress updates for active participants at either three or six months after admission, the sample sizes were too small for analysis and the data are not presented here.

Tables 4 -11 describe the characteristics of the offenders admitted to program services at each TAD site. While statistical analyses to assess significant differences were performed for all of these measures (Chi-square and analysis of variance) the results are not reported here. The models, interventions, and services developed at each of the seven sites vary so widely that any statistically significant differences could be widely interpreted. Any statistically significant differences by site will be reported in reports for upcoming years when the sample sizes are larger and program implementation has stabilized. Please also note that percentages in the tables will not always total 100% due to rounding.

Characteristics of Program Admissions

Table 4 presents an overview of the number of offenders admitted to TAD, their program status as of the end of 2007, and their reason for discharge. A total of 577 offenders were admitted to TAD in 2007. Overall, 47 percent of TAD discharges successfully completed the programs. While the proportion that completed at each site varies widely, these differences are due primarily to differences in program length (3-12 months), model (drug court vs. diversion), program setting (urban vs. rural), and population type (demographic, offense type, etc.). The majority of those terminated (65 percent) were discharged for program non-compliance. However, differences between sites in reason for termination are due to coding differences and conventions used by the sites.

Table 5 details the demographic characteristics of TAD admissions. Roughly three-quarters of admissions were males with an average age of 28 years. Approximately one-half of the participants were Caucasian, and nearly three-quarters were living with their parents or other relatives at the time of admission. Forty-two percent of admissions had children, but only 14 percent had some type of child support obligation. Forty percent had less than a high school education and 18 percent were currently attending a school of some type. While 43 percent were looking for employment, 32 percent were employed either full-time or part-time at the time of admission. About one-fifth of the admissions (excluding Milwaukee which did not report this information) experienced lack of education, lack of experience, and lack of transportation as barriers to obtaining employment. Nearly one-half were supported by wages (either their own or a spouse) at the time of admission, but 25 percent did not have any stable source of income.

Two-thirds of TAD admissions were charged with drug possession, manufacture, and/or delivery, and seven percent were charged with OWI (Table 6). The average age at first arrest was 22 years old and they had been arrested an average of four times. Seventeen percent were on probation at the time of admission, but this varied widely from two percent (Milwaukee) to 100 percent (Burnett).

Table 4: Program Activity for TAD Sites 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
Number Admitted To Date	N = 14	N = 8	N = 16	N = 385	N = 61	N = 64	N = 29	N = 577
Program Status								
Active	86%	100%	56%	55%	61%	42%	72%	56%
Administrative termination	0	0	0	0	2	0	0	1
Graduate/Completion	14	0	0	22	0	38	21	20
Pending Admission	0	0	0	0	8	0	0	1
Termination	0	0	44	23	29	20	7	22
Percent of Discharges Successfully Completed	100%	NA	0%	49%	0%	62%	75%	47%
Reason for Termination								
Program non-compliance	NA	NA	14%	80%	32%	46%	50%	65%
Refusal/drop-out	NA	NA	0	16	21	0	0	14
AOD use	NA	NA	14	0	37	46	50	12
Absconded	NA	NA	43	0	0	8	0	3
New charge/arrest	NA	NA	14	0	0	0	0	1
New conviction	NA	NA	14	0	0	0	0	1
Threat to staff	NA	NA	0	0	5	0	0	1
Death	NA	NA	0	0	5	0	0	1
Not eligible	NA	NA	0	4	0	0	0	3

Table 5: Demographic Description of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 61	N = 64	N = 29	N = 577
Gender								
Male	43%	75%	75%	80%	75%	72%	66%	77%
Female	57	25	25	20	25	28	34	23
Age								
17-25 years	7%	38%	44%	55%	61%	41%	72%	53%
26-35 years	51	38	25	22	12	30	14	23
36-45 years	28	25	25	14	20	17	14	16
46+ years	14	0	6	9	7	12	0	8
[Average in years]	34.8 years	29.1 years	29.9 years	28.0 years	27.1 yrs	30.8 years	25.0 years	28.3 years
Race								
Caucasian	64%	100%	75%	38%	79%	93%	100%	54%
Native American	36	0	0	2	0	2	0	3
African American	0	0	19	58	18	2	0	41
Asian	0	0	0	2	0	0	0	1
African American/Caucasian	0	0	0	0	3	0	0	1
Other	0	0	6	1	0	3	0	1
Ethnicity								
Non-Hispanic	93%	100%	88%	91%	97%	97%	93%	92%
Hispanic	0	0	12	9	3	3	7	7
Unknown/missing	7	0	0	0	0	0	0	1
[Continued Next Page]								

Table 5: Demographic Description of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 61	N = 64	N = 29	N = 577
Living Situation								
Independent living	50%	50%	12%	12%	39%	47%	41%	22%
With parents/other relatives	43	12	38	83	56	44	48	71
Incarcerated-jail	7	25	31	0	2	0	0	2
Incarcerated-prison	0	0	0	0	0	0	0	0
Residential treatment	0	0	12	0	0	0	7	1
Halfway house	0	0	0	0	0	5	0	1
Transitional living	0	0	0	0	0	1	0	1
Homeless	0	0	0	4	0	0	4	2
Shelter	0	0	6	1	0	0	0	1
Other	0	0	0	0	3	3	0	1
Number of Children								
None	28%	38%	50%	58%	59%	61%	62%	58%
1	43	37	31	18	15	20	24	19
2-3	29	25	13	18	21	12	11	17
4 or more	0	0	6	6	5	7	3	6
Average # of children	1.1	1.1	0.9	0.9	0.9	0.7	0.7	0.9
Child Support Compliance At Admission								
No obligation	50%	75%	88%	88%	84%	88%	79%	86%
Compliant	43	25	6	6	3	6	14	7
Became compliant	0	0	0	0	0	3	0	1
Non-compliant	0	0	6	1	13	0	7	3
Missing/unknown	7	0	0	5	0	3	0	4
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Table 5: Demographic Description of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 61	N = 64	N = 29	N = 577
Highest Education								
Grade 10 or below	15%	12%	6%	24%	18%	8%	10%	20%
Grade 11	0	0	12	21	23	19	14	20
Grade 12	7	12	38	26	26	48	34	28
GED/HSED	57	63	25	7	15	5	17	10
Vocational degree/certificate	14	0	0	2	3	1	0	2
Some college/1-2 years	7	12	12	15	8	12	21	14
Two+ years college	0	0	0	2	5	0	0	1
Associate degree	0	0	0	1	2	3	0	2
College degree	0	0	0	2	0	0	3	1
Advanced degree	0	0	6	1	0	0	0	2
Missing/Unknown	0	0	0	1	0	3	0	1
Currently Attending School	21%	0%	0%	20%	8%	9%	34%	18%
Employed at Admission								
No-not looking for work	0%	0%	25%	4%	2%	6%	7%	5%
No-but looking for work	36	25	25	50	39	23	21	43
No-disability	0	0	0	1	7	5	3	2
No-unavailable to work	0	12	12	0	0	2	0	1
Yes-seasonal	7	0	0	7	2	3	7	6
Yes- part-time	0	25	31	18	21	11	34	17
Yes- full-time	57	38	6	19	29	50	28	25
Missing/Unknown	0	0	0	1	0	0	0	1
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Table 5: Demographic Description of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 61	N = 64	N = 29	N = 577
Barriers to Employment (all that apply)								
Lack of education/training	0%	38%	19%	NA	23%	3%	79%	23%
Lack of experience	0	38	19	NA	13	5	79	21
Physical disability	0	0	0	NA	5	3	7	4
Child care	0	38	0	NA	5	2	14	6
Transportation	57	38	6	NA	12	9	38	19
Lack of driver's license	7	62	0	NA	8	3	3	7
Primary Source of Income								
None	0%	12%	38%	33%	3%	3%	14%	25%
Salary/wages (own or spouse)	72	63	38	41	49	58	66	46
SSI/SSD	0	0	0	10	12	6	3	9
Economic assistance	7	0	0	1	0	0	0	1
SS pension	0	0	0	1	0	0	0	1
Unemployment	0	0	0	2	0	2	7	2
MA	7	0	0	0	0	0	0	1
Family	7	12	12	9	28	17	10	12
Significant other	7	12	6	0	3	11	0	2
Other/unknown	0	0	6	3	5	2	0	3
Note. Barriers to employment are shown excluding Milwaukee (unavailable).								

Table 7 provides an overview of the criminal risk and criminal need assessment results for TAD admissions. Several types of different assessment instruments are used by the sites to determine criminal risk and need. OJA allowed sites the flexibility to select an instrument best suited to their program with the requirement that the results they obtained would enable them to categorize participants as either “low”, “moderate”, or “high” to allow for summary across the TAD sites. The differences in risk/need level by site revealed in Table 7 are both a function of differences in instrument and administration, as well as differences in target populations. These issues will be resolved during the coming year so that the data can be utilized as an outcome predictor during analysis next year. Dane County has missing information because they did not conduct this assessment until after program start-up, and Milwaukee County has missing criminal need data for more than one-half of their admissions.

TAD sites were also required to assess motivation for substance abuse treatment and motivation to change criminal behavior (Table 8). About one-quarter of TAD admissions have a mental disorder or require mental health interventions which may interfere with their ability to participate in or benefit from treatment. This is especially evident in Wood County where nearly two-thirds have a mental disorder. Twenty-nine percent of TAD admissions are rated as showing a “high” level of motivation to engage in substance abuse treatment. One-third are rated as showing a “high” level of motivation to change their criminal behavior. Again, Milwaukee County has a significant amount of missing data for these measures.

The results of the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) treatment motivation scores are shown in Table 9. Admissions with a primary alcohol problem complete the alcohol portion of this scale, while those with a primary other drug problem complete the drug portion of this scale. For TAD admissions with alcohol problems, the scale scores reveal that the majority show a low level of recognition of their problem, rated as low/very low levels on ambivalence toward their problem, and are rated as low/very low on current steps they are taking to change their drinking. For TAD admissions with drug problems, the majority show a low level of recognition of their problem, but vary widely on their ambivalence level and current steps toward changing their use.

Table 10 reveals that the majority (nearly one-half) of TAD admissions are dependent on marijuana and that 42 percent had participated in treatment prior to entry into TAD. The average number of days from program admission to AODA assessment was 34 days, although this information was available for only one-third of the sample. In four of the sites the average was less than 10 days. The average number of days from TAD admission to entry into substance abuse treatment was 10 days, with a range that varied from zero (same day) to 138 days).

Depression was the most common co-occurring disorder for TAD admissions, with others diagnosed with bi-polar, schizophrenic, ADD/ADHD, and other disorders (Table 11). Mental health diagnosis was missing for nearly one-half of the Milwaukee admissions. Nine percent of TAD participants were taking psychotropic medication at the time of admission.

Table 6: Criminal Justice Description of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 61	N = 64	N = 29	N = 577
Offense at Admission								
Drug Possession/ Manufacture/Delivery	58%	37%	25%	72%	78%	23%	79%	66%
OWI (2 nd thru 5 th)	21	37	13	0	0	53	0	7
Burglary/Theft	7	25	0	9	0	8	7	7
Battery	0	0	0	0	3	2	0	1
Forgery/Fraud/Identity theft	0	0	38	2	8	3	10	4
Operating vehicle w/o consent	0	0	6	1	2	0	3	1
Child support delinquency	0	0	0	0	0	2	0	1
Disorderly conduct	0	0	0	7	0	2	0	5
Violation of restraining order	7	0	0	0	0	0	0	1
Resisting/obstructing	0	0	6	3	0	0	0	2
Criminal damage/trespass	0	0	0	1	5	2	0	1
Endangering safety/weapons	0	0	0	0	0	2	0	1
Child abuse	0	0	0	0	2	0	0	1
Other (no report, flee officer, bail jump, underage drink, open intoxic)	7	0	13	5	2	4	3	1
Missing	0	0	0	1	0	0	0	1
Average Age at First Arrest	25 years	19 years	22 years	23 years	22 years	22 years	18 years	22 years
Average Total Number of Lifetime Arrests	5.5	11.8	6.7	3.7	6.0	3.9	4.6	4.3
Currently on probation	100%	88%	12%	2%	10%	53%	90%	17%
Currently on parole (ES)	0%	12%	0%	1%	0%	0%	3%	1%

Table 7: Criminal Risk and Need Assessment Results of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 53	N = 62	N = 29	N = 577
Risk Assessment Instrument								
WI DOC Risk	43%	0%	0%	0%	0%	100%	0%	12%
LSI-R/LSI-RSV	57	100	100	0	0	0	100	9
Modeling Solutions - LLC	0	0	0	0	100	0	0	9
J2K-PRAT	0	0	0	100	0	0	0	70
Criminal Risk Rating								
Low	28%	0%	12%	9%	71%	28%	17%	19%
Moderate	29	88	31	64	15	23	59	52
High	43	12	12	22	4	38	24	22
Missing/unknown	0	0	44	4	0	11	0	7
Criminal Need Rating								
Low	0%	0%	19%	5%	45%	25%	0%	11%
Moderate	0	88	0	31	39	28	0	27
High	100	12	63	7	16	31	100	20
Missing/unknown	0	0	19	57	0	16	0	42
Criminal Risk/Need Rating				[N=166]				[N=333]
Low Risk/Low Need	0%	0%	0%	11%	45%	28%	0%	17%
Low Risk/Moderate Need	0	0	0	1	28	2	0	5
Low Risk/High Need	28	0	22	0	7	2	17	5
Moderate Risk/Low Need	0	0	0	1	0	0	0	1
Moderate Risk/Moderate Need	0	12	0	68	11	22	0	40
Moderate Risk/High Need	29	75	56	0	4	4	59	10
High Risk/Low Need	0	0	0	0	0	2	0	1
High Risk/Moderate Need	0	0	0	1	0	9	0	2
High Risk/High Need	43	12	22	17	4	31	24	19

Table 8: Treatment Motivation of TAD Admissions In 2007								
	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 153	N = 53	N = 64	N = 29	N = 242
Responsivity Factors								
Physical barriers	0%	0%	6%	3%	2%	0%	3%	3%
Language barrier	0	0	0	1	0	0	0	1
Basic reading/writing problem	0	0	6	1	9	0	10	4
Concentration problems	0	38	19	3	13	5	17	11
Introverted/shy	14	38	0	1	6	6	31	10
Learning disability	7	50	25	3	13	0	10	8
Mental disorder	7	38	19	7	15	2	62	28
Mental health interventions	7	62	25	11	19	9	62	25
Strong cultural identity	29	0	12	12	17	6	3	3
Motivation To Engage In Treatment				[N=139]				[N=320]
Low	0%	0%	12%	25%	11%	16%	17%	18%
Medium	21	50	50	59	49	62	31	53
High	79	50	38	16	40	21	52	29
Motivation To Change Criminal Behavior				[N=135]				[N=316]
Low	0%	0%	6%	15%	6%	15%	17%	12%
Medium	21	25	31	72	45	61	21	55
High	79	75	63	13	49	24	62	33

Table 9: SOCRATES Treatment Motivation Scores of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 11	N = 8	N = 1	N = 93	N = 53	N = 60	N = 24	N = 250
ALCOHOL								
Recognition								
very high	0%	0%	NA	0%	2%	2%	0%	1%
high	27	63	NA	3	4	7	25	10
medium	36	12	NA	8	0	7	4	7
low	0	12	NA	24	13	8	29	16
very low	37	12	NA	65	81	77	42	66
Ambivalence								
very high	0%	0%	NA	2%	6%	8%	8%	5%
high	9	0	NA	1	4	13	13	6
medium	36	25	NA	10	6	12	4	10
low	9	63	NA	38	19	12	42	27
very low	46	12	NA	50	66	55	33	51
Taking Steps								
very high	36	0%	NA	3%	13%	13%	37%	12%
high	19	38	NA	3	13	12	17	11
medium	0	50	NA	15	19	20	17	18
low	9	12	NA	41	10	13	21	23
very low	36	0	NA	38	45	42	8	36
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Table 9: SOCRATES Treatment Motivation Scores of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 11	N = 8	N = 1	N = 93	N = 53	N = 60	N = 24	N = 250
OTHER DRUGS								
Recognition								
very high	10%	0%	NA	0%	8%	0%	17%	4%
high	30	63	NA	4	15	12	38	15
medium	40	0	NA	10	19	10	4	12
low	20	25	NA	30	15	3	29	20
very low	0	12	NA	56	43	75	12	50
Ambivalence								
very high	10%	0%	NA	3%	28%	10%	21%	12%
high	30	12	NA	5	6	8	17	9
medium	50	0	NA	20	17	3	17	16
low	10	75	NA	42	28	17	29	31
very low	0	12	NA	29	21	62	16	32
Taking Steps								
very high	40%	12%	NA	8%	40%	10%	67%	22%
high	20	12	NA	10	21	12	17	14
medium	30	38	NA	29	22	12	12	22
low	10	25	NA	32	13	15	4	20
very low	0	12	NA	21	4	52	0	22

Table 10: Substance Use Description of TAD Admissions In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 61	N = 64	N = 29	N = 577
Substance Use Diagnosis								
Alcohol Dependence	29%	63%	19%	15% **	12%	28%	10%	17%
Cannabis Dependence	14	12	6	55	46	14	62	46
Cocaine Dependence	0	12	13	20	16	9	3	17
Amphetamine Dependence	14	0	0	0	2	0	0	1
Methamphetamine Dependence	7	0	0	1	0	0	0	1
Heroin Dependence	0	0	0	2	0	0	0	2
Opiate Dependence	0	0	46	6	10	9	7	8
Polysubstance Dependence	36	0	0	1	0	0	14	2
Alcohol Abuse	0	0	6	0	0	26	0	3
Cannabis Abuse	0	0	0	0	0	6	7	1
Polysubstance Abuse	0	12	0	0	0	0	0	1
Missing/Unknown/Other	0	0	0	0	15	6	3	1
Number of Prior AODA Treatment Episodes								
Average	0.5	1.5	1.1	0.5	0.6	0.8	0.8	0.7
% with any prior treatment	43%	62%	73%	38%	44%	38%	45%	42%
Average Days from Program Admission to Assessment	5 days N=5	5 days N=4	9 days N=1	23 days N=67	5 days N=51	79 days N=60	NA	34 days N=197
Average Days from Admission to AODA Treatment Entry [Range = 0–138; Zero=same day] [Note. Only available for a small subset of admissions for some sites.]	1 day N = 14	9 days N = 8	0 days N = 4	44 days N = 18	14 days N = 52	0 days N = 61	5 days N = 14	10 days N = 171
**Drug of choice reported for Milwaukee, not diagnosis								

Table 11: Mental Health Description of TAD Admissions In 2007								
	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 14	N = 8	N = 16	N = 385	N = 53	N = 64	N = 29	N = 577
Mental Health Diagnosis								
None	79%	63%	69%	43%	87%	99%	38%	39%
Depression	21	0	25	7	3	1	28	8
Bi-polar disorder	0	25	0	3	1	0	7	3
ADHD/ADD	0	12	6	1	1	0	14	2
Schizophrenia/schizoaffective	0	0	0	7	5	0	0	2
Mood disorder	0	0	0	1	1	0	0	1
Anxiety disorder	0	0	0	1	0	0	10	1
Other (dysthymic disorder)	0	0	0	1	0	0	3	1
Missing	0	0	0	40	0	0	0	43
On psychotropic medication	14%	38%	6%	7%	15%	3%	28%	9%

TAD graduates/completers received program services for an average of 184 days, ranging from an average of 145 days in Washington County to an average of 396 days in Wood County (Table 12). Terminations spent an average of 100 days in the programs prior to discharge, ranging from 63 days in Dane County to 444 days in Wood County. Overall, TAD discharges stayed an average of 140 days (3 ½ months) in TAD programs. Table 12 also shows the variability in the number of participants discharged during 2007 (range = 0-175).

Table 12: Length of Program Participation of TAD Participants In 2007			
	Graduates	Terminations	Overall
Burnett	270 days N = 2	NA N = 0	270 days N = 2
Washburn	NA N = 0	NA N = 0	NA N = 0
Dane	NA N = 0	63 days N = 7	63 days N = 7
Milwaukee	178 days N = 85	104 days N = 90	140 days N = 175
Rock	NA N = 0	78 days N = 19	78 days N = 19
Washington	145 days N = 23	78 days N = 13	120 days N = 36
Wood	396 days N = 6	444 days N = 2	408 days N = 8
Overall	184 days N = 116	100 days N = 131	140 days N = 247

Treatment, Monitoring, and Support Services

Table 13 details the case management and treatment/support services provided to TAD participants who were discharged during 2007. Those discharged received an average of 35 case management contacts during their participation, ranging from a low of 11.7 to a high of 114.6 contacts across sites. These averages are impacted by both the length of the program and by the number of participants who successfully complete. More than one-half of those discharged received outpatient treatment through TAD, 25 percent participated in support groups, 32 percent received employment assistance, and 23 percent received education support services.

In addition to these case management and treatment services, TAD programs also monitored participants through court hearings (or DA reviews), urinalysis testing, PBT testing, and electronic monitoring (Table 14). Those discharged were scheduled for an average of 3.3 court hearings and attended an average of 3.2 hearings. An average of 22 urinalysis tests were scheduled for those discharged from TAD, ranging from an average of eight to an average of 83 across sites (Milwaukee did not report the number scheduled). Participants had an average of seven negative urinalysis tests and an average of three positive tests. Participants had an average of three positive PBT tests and an average of less than one positive test. Only one percent of TAD discharges received electronic monitoring (Burnett and Washington Counties).

Table 13: Services Received By TAD Participants Discharged In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 2	N = 0	N = 7	N = 174	N = 19	N = 35	N = 9	N = 246
Average Number of Case Manager Contacts	45.5	NA	11.7	22.5	16.4	114.6	20.2	34.9
Percent Received....								
AODA inpatient/resid treatment	0%	NA	0%	5%	5%	0%	11%	4%
AODA halfway house/group home	0	NA	0	0	0	3	11	1
AODA day treatment	0	NA	0	2	0	6	78	5
AODA outpatient treatment	50	NA	43	44	79	91	89	55
AODA outpatient - intensive	50	NA	29	2	5	0	44	5
AODA outpatient - MATRIX	0	NA	0	1	0	0	11	1
Support groups (AA, CA, etc)	50	NA	14	24	37	9	89	25
Mental health inpatient treatment	0	NA	0	1	0	0	22	1
Mental health outpatient treatment	50	NA	0	16	6	0	56	14
Employment services	50	NA	14	38	42	3	22	32
Education services	100	NA	14	25	21	0	67	23
Housing services	50	NA	14	4	5	6	0	5
Assistance with finances	50	NA	14	2	32	3	22	6

Table 14: Participant Monitoring Received By TAD Participants Discharged In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 2	N = 0	N = 7	N = 174	N = 19	N = 35	N = 9	N = 246
Average # Court Hearings Scheduled	20.5	NA	3.0	2.3 [DA reviews]	4.6	0.1	29.9	3.3
Graduates/Completers	20.5	NA	NA	2.8	NA	0.1	29.7	4.0
Terminations	NA	NA	3.0	1.7	4.6	0.0	45.5	2.7
Average # Court Hearings Attended	20.5	NA	2.7	2.2	4.0	0.1	29.9	3.2
Graduates/Completers	20.5	NA	NA	2.8	NA	0.1	29.7	3.9
Terminations	NA	NA	2.7	1.5	4.0	0.0	45.5	2.5
Urinalysis Testing								
Average # tests scheduled	52.0	NA	17.4	NA	19.9	8.6	83.6	21.9
Average # tests negative	51.5	NA	14.0	2.2	11.0	7.6	80.8	6.9
Average # tests positive	0.5	NA	2.4	3.6	7.8	1.0	1.8	3.4
Breathanalysis (PBT) Testing								
Average # tests scheduled	0.0	NA	17	0.0	19.9	8.5	4.9	3.4
Average # tests negative	0.0	NA	16	0.0	18.0	8.5	4.9	3.4
Average # tests positive	0.0	NA	1	0.0	0.4	0.1	0.0	0.1
Electronic Monitoring (EM)								
Received EM	50%	NA	0%	0%	0%	3%	0%	1%
Average # days if monitored	30	NA	NA	NA	NA	81	NA	55

Criminal Justice System Involvement

Eight percent of TAD discharges spent time in jail while participating in the program (Table 15). Those who were incarcerated in jail spent an average of one day in jail and averaged 62 days from program admission to first jail admission. Three percent were charged with new offenses while in TAD.

	Percent admitted to jail while in program	Average days from admission to first jail entry	Average days in jail in program	Percent with new charges while in program
Burnett	0%	NA	0	0%
Washburn	NA	NA	NA	NA
Dane	43	71 days	11 days	57
Milwaukee	1	80 days	1 day	1
Rock	53	45 days	2 days	16
Washington	6	79 days	1 day	0
Wood	12	24 days	4 days	0
Overall	8%	62 days	1 day	3%

Table 16 shows the impact of TAD on reduced sentence and incarceration days avoided for those discharged from the programs. Of the 153 offenders for whom data was available, 11 percent had their sentence reduced due to participation in TAD. According to the estimates provided by each TAD site, an average of 104 incarceration days were avoided per discharged offender through participation in TAD. An estimated total of 15,960 incarceration days were saved through TAD during 2007.

	Sample Size	Percent With Reduced Sentence Due to TAD	Incarceration Days Avoided <i>*days avoided estimated by sites</i>	
			Average # of Days	Total Overall Days to Date
Burnett	2	100%	45 days	90 days
Washburn	0	NA	NA	NA
Dane	6	14	0	0
Milwaukee	83	0	121	10,095
Rock	19	0	0	0
Washington	34	46	10	325
Wood	9	78	605	5,450
Overall	153	11%	104	15,960

Sentence and Intermediate Case Outcomes

Table 17 shows the sentence outcomes (if known) at the time of TAD discharge. Nearly two-thirds of those discharged had their charges dismissed and an additional four percent had their charges reduced. About one-quarter of the discharges were charged and the remaining 10 percent included those who completed ATRs, continued their probation, absconded, or had not yet resolved their case. These data should be interpreted with caution as the results are impacted by missing data for those terminated from Milwaukee TAD, as well as the fact that the data are comprised mostly of program terminations at most sites at this early point in implementation.

Figure 1 illustrates the case outcomes separately for program completers and terminations. Offenders who complete TAD are significantly more likely to have their cases dismissed than those who are terminated from TAD. Eighty-nine percent of the completers had their cases dismissed, compared to just two percent of the program terminations. An additional three percent of discharges had their charges reduced. Only one percent of the completers were charged, compared to 73 percent of the terminations.

Figure 1: Case Outcome By Reason For Discharge

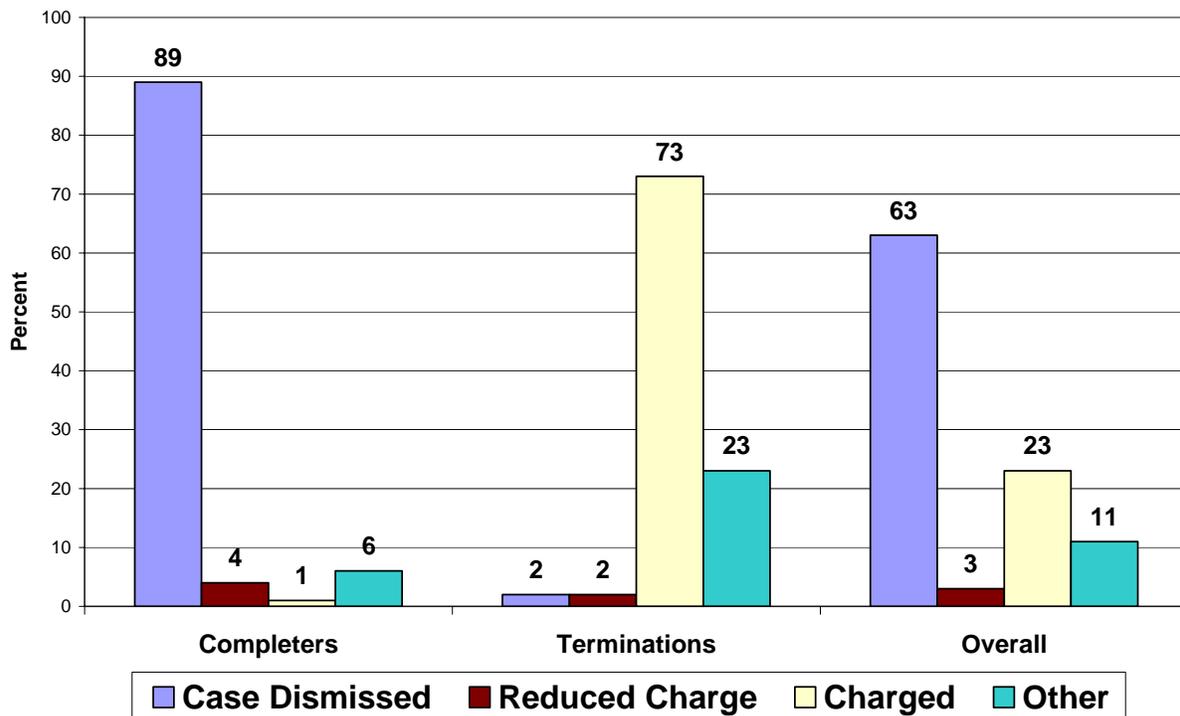


Table 17: Sentence Outcomes at Time of Discharge of TAD Participants Discharged In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 2	N = 0	N = 7	N = 174	N = 19	N = 35	N = 8	N = 245
Case Outcome								
Dismissed	0%	NA	0%	91% *	0%	5%	75%	63%
Reduced charge	0	NA	0	0	0	22	12	4
Charged	50	NA	71	9	94	5	13	23
Other	50	NA	29	0	6	67	0	10
Other: absconded, case not yet resolved, continued probation, probation revoked, completed ATR requirements								
* Case outcome for terminations not available for Milwaukee (completers only, N=95)								
Sentence Outcome Included:								
Jail	50%	NA	29%	0%	26%	43%	11%	10%
Prison	0	NA	0	0	0	3	0	1
Probation	100	NA	14	0	42	6	0	5
Other	50	NA	29	0	32	20	0	6
Other: reduced sentence, ATR, fine, absconded, suspend license, end probation								

TAD sites were required to provide information on the intermediate outcomes of all program discharges (Table 18). The intermediate outcomes examined vary significantly by site due to program length, volume, and participant characteristics. However, preliminary analyses revealed that nearly 40 percent of discharges were employed either full-time or part-time at the time of discharge. Those participants for whom educational involvement was appropriate were involved in GED/HSED classes, vocational education, and college classes at some point in their TAD participation. Nineteen percent of the discharges were currently involved in some type of educational programming at the time of discharge. The majority of those discharged were either living independently or with parents/other relatives, and did not have child support obligations. Only 15 percent of the discharges were under probation supervision at discharge, with about one-half of those compliant. TAD staff were also asked to provide a rating of the emotional stability of participants at the time of discharge. Staff indicated that 59 percent were either stable or somewhat stable at discharge.

Table 19 presents the intermediate discharge outcome measures *by program completion status* (completion vs. termination). The results show that TAD completers were significantly more likely than terminations to have their charges dismissed and that they were less likely to be sentenced to incarceration when their sentences were determined. Completers were also significantly more likely to be employed full-time at discharge, to have participated in vocational or college classes, and to be living independently. Completers were also more likely to be in compliance with probation requirements and to be rated as emotionally stable.

Although it is too early in TAD implementation to examine predictors of program completion, preliminary analyses comparing selected admission characteristics of program completers and terminations were conducted (Table 20). These results should be interpreted with caution as several of the measures are intercorrelated, the sample size is not large, and the majority of completers are from a single site (Milwaukee) which has a very different model from the other six sites. The preliminary analyses revealed statistically significant differences between TAD completers and terminations with regard to gender, age at admission, race, educational level, employment status, type of offense, and age at first arrest. Consistent with the findings of other national and local research efforts, admissions who were female, older, white, employed, or had at least a high school education were more likely to complete. In addition, those TAD admissions charged with OWI and who were older at the time of their first arrest were more likely to complete. At this point, the primary drug, level of criminal risk, and level of criminal need of completers and terminations were not significantly different.

Table 18: Participant Intermediate Outcomes at Time of Discharge In 2007

	Burnett	Washburn	Dane	Milwaukee	Rock	Washington	Wood	Overall
	N = 2	N = 0	N = 7	N = 148	N = 18	N = 35	N = 8	N = 218
Living Situation at Discharge								
Independent living	100%	NA	14%	40%	28%	46%	63%	40%
With parents/other relatives	0	NA	14	41	61	29	25	39
Incarcerated-jail	0	NA	14	0	0	20	12	4
Incarcerated-prison	0	NA	0	0	0	0	0	0
Homeless	0	NA	43	1	0	3	0	3
Residential treatment	0	NA	0	3	0	0	0	2
Halfway house	0	NA	0	0	0	0	0	0
Transitional living	0	NA	0	0	0	3	0	1
Other/unknown	0	NA	14	16	11	0	0	11
Child Support Compliance								
No obligation	100%	NA	86%	99%	78%	83%	88%	94%
Compliant	0	NA	0	1	17	11	12	5
Non-compliant	0	NA	14	0	5	6	0	1
Current Probation/Parole								
Not under supervision	0%	NA	57%	99%	83%	51%	38%	85%
Compliant	100	NA	14	1	11	14	50	6
Absconded	0	NA	0	0	0	3	0	1
Incarcerated	0	NA	29	0	6	0	0	1
ATR	0	NA	0	0	0	14	0	2
Revocation pending	0	NA	0	0	0	4	12	1
Revoked	0	NA	0	0	0	14	0	2
Emotional Stability Rating								
Stable	100%	NA	0%	13%	12%	51%	25%	20%
Somewhat stable	0	NA	43	44	18	29	50	39
Somewhat unstable	0	NA	29	32	53	6	25	29
Unstable	0	NA	28	21	18	14	0	12

Table 19: Intermediate Participant Outcomes By Program Completion			
	Complete/ Graduate	Termination	Overall
	N = 115	N = 130	N = 245
Case Outcome			
Dismissed	89%	2%	63%
Reduced charge	4	2	3
Charged	1	73	23
Other: absconded, case not yet resolved, continued probation, probation revoked, completed ATR * Case outcome for terminations not available for Milwaukee (completers only)	6	23	11
Sentence Outcome Included:			
Jail	7%	12%	10%
Prison	0	1	1
Probation	3	8	5
Other: reduced sentence, ATR, fine, absconded, suspend license, end probation	4	8	6
Currently Employed			
No	34%	78%	55% *
Yes - seasonal	8	4	6
Yes - 24 or fewer hours	15	5	11
Yes - more than 25 hours	43	13	28
Educational Progress Made			
Not required	65%	24%	45% *
No progress	15	56	35
GED/HSED classes	3	9	6
GED/HSED received	1	1	1
Voc/tech classes	4	1	2
Voc/tech certificate received	0	0	0
College classes	6	0	3
College degree	0	0	0
Other	6	10	8
Current Education Involvement at Discharge			
No involvement	80%	82%	81%
In GED/HSED classes	3	8	5
In voc/tech classes	4	1	2
In college classes	7	0	4
Other	6	9	8
[continued next page]			

Table 19: Intermediate Participant Outcomes By Program Completion			
	Complete/ Graduate	Termination	Overall
	N = 115	N = 130	N = 245
Living Situation at Discharge			
Independent living	54%	25%	40% *
With parents/other relatives	36	41	39
Incarcerated-jail	0	9	4
Incarcerated-prison	0	0	0
Homeless	0	6	3
Shelter	0	0	0
Residential treatment	1	3	2
Halfway house	0	0	0
Transitional living	1	0	1
Other	8	16	11
Child Support Compliance			
No obligation	96%	91%	94%
Compliant	4	4	5
Non-compliant	0	5	2
Current Probation/Parole			
Not under supervision	88%	82%	85%
Compliant	10	5	7
Absconded	0	1	1
Incarcerated	0	3	1
ATR	2	3	2
Revocation pending	0	2	1
Revoked	0	5	1
Emotional Stability Rating			
Stable	33%	6%	20% *
Somewhat stable	55	23	39
Somewhat unstable	12	48	29
Unstable	0	23	12
* Groups significantly different at $p < .05$			

Table 20: Selected Offender Characteristics By Program Completion			
	Complete/ Graduate	Termination	Overall
	N = 115	N = 130	N = 245
Gender			
Male	72%	83%	78% *
Female	29	17	22
Average Age in years			
	29.7 yrs	26.9 yrs	28.2 yrs *
Race			
White	55%	41%	47% *
Non-white	45	59	53
Highest Education			
Less than high school	32%	40%	48% *
High school or more	68	60	52
Employed at Admission (full-time/part-time/seasonal)			
	64%	35%	48% *
Primary Drug			
Alcohol	24%	15%	20%
Marijuana	47	55	51
Cocaine	17	21	18
All other	12	9	11
Offense at Admission			
Drug	68%	59%	64% *
OWI	13	2	7
All other	19	39	29
Average Age at First Arrest			
	23 yrs	21 yrs	22 yrs *
Criminal Risk Rating			
Low	18%	13%	15%
Moderate	58	53	56
High	24	33	29
Criminal Need Rating			
Low	14%	12%	13%
Moderate	57	48	52
High	29	40	35
* Groups significantly different at $p < .05$			

Data on post-discharge outcomes are not yet available for TAD participants, but several sites included examples of positive program impacts and/or outcomes for TAD participants as part of their application to OJA for 2008 funding. Excerpts from some of these narrative data are presented below:

- The impact on the participants has been substantial. Each one of the participants is currently receiving some form of substance abuse treatment, and is being closely monitored and drug tested frequently. In excess of 95% of the participants are living in a stable environment, and all but one of the participants is either employed or in school. Several are currently enrolled in a four year college, while others are pursuing a two year or technical degree. The lives of the participant's families have substantially improved while in the program. Significant numbers of participants who are parents are residing with their children, providing parental supervision, parental interaction, and support. It is not unusual to observe young children, spouses, and significant others in Court supporting their loved ones.
- While we originally had some difficulties with female participants, we have since educated ourselves about the special issues that women bring to the Court with them. We have modified our responses to these participants and have now graduated 2 women. Last Monday (November 26th) a female participant addressed our team during a graduation phase interview. This was a young participant that had significant drug issues and pending felony charges. She talked of the effect drug court had in her sobriety -- how we held her accountable, provided support, and enabled her to assist herself in a difficult journey. This is a participant who completed the program without additional law problems, without sobriety issues, and who became employed and responsible. She has plans to further her education and employment endeavors.
- In November 2006, Mr. H was charged with second offense possession of cocaine. Mr. H had a long criminal history that included prison time, supervision revocation, over fifty arrests, two prior felony drug convictions, and eight prior misdemeanor convictions. Based upon his prior record and concerns related to the lack of community treatment resources, the issuing Assistant District Attorney recommended a prison term upon conviction. Mr. H was released from custody to the Justice 2000 Pretrial Supervision Program under the condition he enter residential AODA treatment in December 2006. For the first 45 days in treatment, Mr. H did very well. It was during this time that Milwaukee County's TAD Program was implemented. He was screened for TAD, found to be appropriate for admission, and entered into a deferred prosecution agreement in January 2007. Mr. H relapsed and was sent back a level, but was given an additional 30 day extension and completed the 120-day residential treatment program. At the time he completed the program he was working full-time and reporting to TAD, but eventually relapsed again. In July, the state indicated that Mr. H was going to prison unless new treatment and supervision plans were implemented. At the end of July, there was no Wiser Choice funding that would allow him to access residential treatment. Continuing in supervision and working with his TAD case manager, he was admitted to the Salvation Army's six-month residential treatment program in August 2007. At his final deferred prosecution agreement review in November 2007 the case was dismissed as a result of four consecutive clean drug tests, full compliance with the Salvation Army residential treatment program, and TAD supervision.

- In an “autobiography” presented on the last day of his participation in an AODA group, one client noted, “I have been clean for 4-5 months so that is a big accomplishment for me because I’ve never been clean that long and going back to school is another accomplishment.” This client also found employment and acknowledged that without the program he would still be using drugs and probably be back in jail for fighting, as he has been able to control his emotions due to the anger management class. Another client has held a job since coming into the program and paid off more than \$2,100 in fines in order to get her drivers license back. Because this client has been able to stay clean while in the program, she is scheduled to get custody of her son back permanently in December.
- One client earned her GED while in the program and another is currently taking her GED tests at Blackhawk Technical College. Another participant is nearing completion of his technical college studies and will have a much easier time finding employment with no felonies on his record due to completion of Community RECAP. Five 17-year-old participants have been re-connected with local charter schools and other educational resources, including two participants who received their high school diplomas while in the program. On at least two occasions, the mothers of these younger participants have commented on the improved family relationships since their sons entered the program.

Description of TAD Impact On Local Systems

In addition to impacting individual participants, the TAD programs have also impacted their local criminal justice, court, and service systems. The programs have provided numerous examples in their quarterly reports to OJA of their efforts to enhance coordination, collaboration, and communication among local partners:

- TAD funds have been used to enhance substance abuse treatment, case management, and monitoring of offenders;
- TAD programs have enhanced offender screening and assessment procedures to improve treatment planning and documentation of participant characteristics;
- Milwaukee TAD has created the ability to identify and screen offenders much earlier in the criminal justice process, resulting in increased opportunities for diversion/deferred prosecution;
- The Milwaukee public defender’s office has designated three attorneys to handle diversion/deferred prosecution cases and a single court has been designated to hear all misdemeanor deferred prosecution agreement cases;
- TAD has encouraged collaboration among the courts, law enforcement (police and sheriff), Department of Corrections, treatment providers, and community service providers;
- TAD programs collaborate with probation/parole for more efficient offender monitoring and allows increased opportunities for ATRs;
- Local and state agencies have offered to share/donate use of office space for TAD staff;
- TAD program staff have provided training and education for attorneys and judges about drug courts and/or diversion options;
- TAD programs have collaborated with other drug courts to monitor participants;
- TAD has created local advisory boards with community representation at each site; and
- Some of the TAD programs have developed program alumni groups to provide support after program participation.

It is too early in program implementation to assess whether TAD has diverted participants from jail, decreased jail populations, or reduced the number of probation revocations in any significant manner. However, some TAD sites reported observing decreases in their jail census that they attribute to diversion of offenders through TAD.

The TAD sites have also addressed a variety of challenges during their first year of implementation. These challenges have included persuading attorneys to make referrals to the programs, getting offenders who are not facing significant jail time to participate in TAD, lack of transportation, setting appropriate program fees, and identifying funding for staff training.

RECOMMENDATIONS FOR IMPROVEMENT

Administrative Recommendations

The following recommendations should be considered to improve the overall administration of the TAD Program:

- OJA should convene the TAD Advisory Board early in 2008 as this group has not met since March 2007. The composition of the group should be evaluated for appropriateness and key stakeholders should be invited to participate. The membership of this group should be determined through a review of the purpose of the board, the type of oversight and information needed by the TAD Program, and clarification of the responsibilities involved in Advisory Board membership.
- OJA should continue to explore the feasibility of the current funding mechanism for TAD (particularly in light of reduced federal budgets) through meetings and informational sessions with legislators and policy makers.
- The TAD grant reapplication process for 2009 should begin earlier (September 2008), present less of a paperwork burden for sites, and allow earlier site notification of grant award (October 2008).
- The TAD sites would benefit from increased communication from OJA related to reporting and reapplication deadlines and requirements.

Site-Specific Recommendations

This report does not include site-specific recommendations at this point in program implementation. Additional process evaluation data will be gathered during 2008 through individual site visits and group meetings after the programs have stabilized. However, there are several program-level issues that should be addressed during the coming year. These issues include reporting/counting offenders who are assessed by TAD programs but not admitted, examination of which sites have higher termination rates and why, exploring if the number of offenders referred but not admitted can be determined, and assessing whether the programs can and/or should serve offenders with high levels of criminal need/risk.

Some sites outlined plans for 2008 in their reapplications that include expansion and enhancement of current services that will be examined during the continuing process evaluation. Some sites have indicated that they plan to:

- Further enhancing screening and assessment;
- Expand target populations of offenders (3rd OWI);
- Enhance treatment services through the addition of family therapy services;
- Expand AODA and mental health screenings to an increased number of those in jail;
- Increase program census to reach capacity and determine procedures for waiting lists when capacity is reached; and
- Increase minority representation among existing diversion programs.

Evaluation Recommendations

The evaluation will continue to move forward with the process and outcome evaluation of TAD. The primary activities should include:

- Improving the participant-level database based on site input now that it has been pilot-tested by all sites for at least six months;
- Finalizing the outcome evaluation plan to gather post-program outcomes for TAD offenders – what to measure and what sources of data;
- Following-up with sites on gathering data related to reasons for program refusal; and
- Following-up with sites on gathering data related to participant program satisfaction.

CONCLUSIONS

The Treatment Alternatives and Diversion (TAD) Program has been successfully implemented at seven sites in Wisconsin. The program models include adult drug courts, diversion/deferred prosecution, and a combination of approaches. All of the sites provide non-violent offenders with substance abuse treatment (or referral), supportive and educational services, case management, offender monitoring, and drug testing. All of the sites have established local oversight committees, submitted required quarterly reports, and worked collaboratively with the evaluator to provide participant-level data on a monthly basis.

The current findings, particularly those related to intermediate outcomes and incarceration days saved, should be interpreted with caution. At this early point in implementation before the programs have stabilized and some have only been in operation for six months, the data on intermediate outcomes is driven primarily by program terminations. A longer time interval must necessarily elapse before discharge data for program completers becomes available, particularly for offenders participating in programs lasting 9-12 months.

The next report on TAD implementation and impacts will be prepared in January 2009. It is anticipated that, in addition to a summary of program progress, results on individual offender outcomes will be available at that time.

APPENDIX 1: Quarterly Report Questions

Quarterly Process Evaluation Questions for TAD Grantees

Please provide the following information at the end of each calendar quarter to OJA: Ray Luick (ray.luick@wisconsin.gov) and Matt Raymer (matt.raymer@wisconsin.gov) and to program evaluator: Kit Van Stelle (krvanste@wisc.edu), via EMAIL. Responses should be provided within 30 days of the end of each calendar quarter.

County:
Quarterly Reporting Period: From to
Date Submitted:
Person Completing Report:

During the first year of TAD project operation, please provide full detail on these topics and questions to assist in the overall program evaluation. The scope and nature of these questions may be changed after the first year.

After the first quarterly report, if information to be provided is unchanged from the previous quarter, this may be noted without repeating the detailed information.

Describe the County Level Program Implementation Status and Progress in the Following Areas:

- Organization, Administration and Staffing
- Any Program Structural Changes
- Participant Program Recruitment and Admission
- Program Service Provision (assessment, treatment, etc.)
- Participant Program Discharges
- Interagency Coordination and Collaboration (including county agencies, court, and prosecution)

Describe Accomplishments During This Quarter in the Following Areas:

- Organization, Administration and Staffing
- Participant Recruitment
- Participant Retention
- Program Service Provision
- Interagency Coordination and Collaboration
- Other System-Level Issues (if applicable)
- Program Reporting

Describe Program Challenges/Barriers During This Quarter in the Following Areas:

- Organization, Administration and Staffing
- Participant Recruitment
- Participant Retention
- Program Service Provision
- Interagency Coordination and Collaboration
- Other System-Level Issues (if applicable)
- Program Reporting
- Identify Any Technical Assistance Required or Desired

APPENDIX 2: Participant-Level Database Screen Examples

Microsoft Access - [Admission Form : Form]

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TAD Admission/Intake Information

First Name: Middle: Last Name: TAD ID: TAD Site:

Identifying Information

Birth Date: Current Age: 0 (In Years) Gender: Race: Ethnicity:

Social Security Number: FBI ID Number: DOC ID Number: State ID Number: HSRS ID: Court Case ID: Referral Number: --> County of court case:

Provide correct social security number when available. Fill in as many of the other identification numbers as possible for purposes of later tracking and linking to other electronic data.

TAD ID number = two-digit year, two-digit site code, and four-digit participant number [example: TAD07060001 for first participant in 2007 in Wood County; TAD07050010 for 10th participant in 2007 in Washington County]

TAD Site Codes:
01=Burnett
02=Dane
03=Milwaukee
04=Rock
05=Washburn
06=Washington
07=Wood

Print Record

Select a Case by TAD ID:
07010001
07010002
07010003
07010004

Set paper to landscape and margins to 0.25 before printing

Personal

TAD Admit Date: Current Program Status: **Important: Revise this key field as often as necessary to keep accurate**

AKA/Alias: Address: City: State: ZIP Code: Home Phone: Cell Phone: Work Phone: Emergency Contact Person: Relationship: Phone: Address: City: State: ZIP: Living Situation at Admission: # of Dependents:

Intake/Admission Comments:

Record: 15 of 15
participant birth date

Microsoft Access - [Admission Form : Form]

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TAD Admission/Intake Information

First Name: Middle: Last Name: TAD ID: TAD Site:

Living Situation at Admission: # of Dependents: Child Support Compliance: Age of Youngest Dependent: # of Children: Total Household Size:

Education

Did Participant Complete: High school diploma verified? GED/HSED verified? Highest Education Level: TABE reading level: Currently Attending School? TABE math level:

Employment

Is the participant currently employed? Total Household Income: \$0.00 (total annual income of related persons)

Current Employer: Current Occupation: Work Phone Number: Months with Current Employer: Hourly Wage: \$0.00 Hours per Week: Work Shift or Hours: Primary Source of Income: Describe Other:

Ever received any vocational training? Primary vocational skill: Barriers to Employment:
 lack of education or training
 lack of experience
 physical disability
 child care
 transportation
 other:

Intake/Admission Comments:

Record: 15 of 15
Primary vocational skill

Microsoft Access - [Admission Form : Form]

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TAD Admission/Intake Information

First Name: Middle: Last Name: TAD ID: TAD Site:

Legal

Primary Offense: Statute: Description: Type: Ordinance number: Description: City/county:

Age of first adult arrest: 0
 Total lifetime adult arrests: 0
 Total AOD-related lifetime arrests: 0
 # Months incarcerated in last 12 Months: 0
 Currently on Probation?
 Currently on Parole (ES)?

Attorney Name: Attorney Phone:
 Other pending case in this or other court?
 Current order of protection against participant?

Medical

Receiving medical assistance? Have medical insurance? Medical insurance: Insurance ID number: Primary Physician: Physician phone: Veteran? Current prescribed medications:

Mental Health

Primary MH Diagnosis Code: Enter 0 if none
 Primary MH Diagnosis Description:
 Secondary Diagnosis Code: 0
 Secondary Diagnosis Description:
 Ever hospitalized for mental health? # days hospitalized ever for MH: Date of last MH hospitalization: Currently receiving mental health counseling?

Currently on psychotropic medication? Medication note/comment:
 Ever tried to harm self or others?
 Current plan to harm self or others?

Intake/Admission Comments:

Record: 15 of 15

Microsoft Access - [Admission Form : Form]

File Edit View Insert Format Records Tools Window Help Adobe PDF

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TAD Admission/Intake Information

First Name: Middle: Last Name: TAD ID: TAD Site:

Mental Health

Primary MH Diagnosis Code: Enter 0 if none
 Primary MH Diagnosis Description:
 Secondary Diagnosis Code: 0
 Secondary Diagnosis Description:
 Ever hospitalized for mental health? # days hospitalized ever for MH: Date of last MH hospitalization: Currently receiving mental health counseling?

Currently on psychotropic medication? Medication note/comment:
 Ever tried to harm self or others?
 Current plan to harm self or others?

Alcohol and Other Drug

Primary AOD Diagnosis Code: Enter 0 if none
 Primary Diagnosis Description:
 Secondary AOD Diagnosis Code: 0 Enter "0" if no secondary diagnosis
 Secondary Diagnosis Description:
 Screening Date: Screening Tool:
 Assessment Date: Assessment Tool:
 Number of prior treatment episodes ever: Date of last treatment exit: (If no prior treatment, leave date blank)
 TAD Treatment Admission Date:

Intake/Admission Comments:

Record: 15 of 15

Lethality note/comment

Microsoft Access - [Admission Form : Form]

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TAD Admission/Intake Information

First Name: Middle: Last Name: TAD ID: TAD Site:

Criminal Need/Risk Summary

Criminal Risk

Risk Instrument: Score: Risk Rating:

Targeted Risk Instrument: Score: Risk Rating:

Criminogenic Need

Substance dependence diagnosis Overall Criminogenic Need Rating

Other collateral needs such as dual diagnosis or HIV+ *A "high" overall need rating results from either: A positive response to any ONE of the need factors to the left or a high rating on the needs assessment of choice.*

Responsivity/Treatment Motivation Assessment Summary

Physical barriers interfere with learning, work, or intervention?

Language barrier interferes with learning, work or intervention?

Basic reading and/or writing skills are problematic?

Concentration problems are evident?

Introverted/shy?

May have a learning disability?

Diagnosed with a mental disorder?

History of mental health interventions (hospital or medication)?

Strong cultural identity?

Overall level of motivation to engage in treatment

Overall level of motivation to change criminal behaviors

SOCRATES Ratings of Treatment Motivation:

Alcohol - Recognition

Alcohol - Ambivalence

Alcohol - Taking Steps

Drugs - Recognition

Drugs - Ambivalence

Drugs - Taking Steps

Intake/Admission Comments:

Record: 15 of 15
targeted risk score #2

Microsoft Access - [Progress Update Form : Form]

File Edit View Insert Format Records Tools Window Help Adobe PDF

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Post-Admission Updates

AT LEAST ONE MID-PROGRAM UPDATE IS REQUIRED FOR EACH PARTICIPANT (interval varies by program)

Note. Blue shaded fields are automatically filled in

TAD ID: Admission Date:

Current Program Status: Anticipated Graduation Date:

Revise/update status if necessary

Select a Case by TAD ID Print Record

Set paper to landscape and margins to 0.25 before printing

3-Month Update Needed? 6-Month Update Needed? 9-Month Update Needed?

3-Month Update Completed? 6-Month Update Completed? 9-Month Update Completed?

Received Needed Service During Update Timeframe:

Note: Three-month update summarizes ALL info from admission to three-month date.
Six-month update summarizes ALL info from admission to six-month date.
Nine-month update summarizes ALL info from admission to nine-month date.

Three-Month Update	Six-Month Update	Nine-Month Update
Date: Due:	Date: Due:	Date: Due:
Staff Name:	Staff Name:	Staff Name:
<input type="checkbox"/> Received AODA inpatient/residential treatment <input type="checkbox"/> Received AODA halfway house/group home <input type="checkbox"/> Received AODA day treatment <input type="checkbox"/> Received AODA outpatient treatment <input type="checkbox"/> Received AODA outpatient -- INTENSIVE <input type="checkbox"/> Received AODA outpatient -- MATRIX <input type="checkbox"/> Received support groups <input type="checkbox"/> Received mental health inpatient treatment <input type="checkbox"/> Received mental health outpatient treatment <input type="checkbox"/> Received employment services <input type="checkbox"/> Received education services <input type="checkbox"/> Received housing services <input type="checkbox"/> Received assistance with financial matters	<input type="checkbox"/> Received AODA inpatient/residential treatment <input type="checkbox"/> Received AODA halfway house/group home <input type="checkbox"/> Received AODA day treatment <input type="checkbox"/> Received AODA outpatient treatment <input type="checkbox"/> Received AODA outpatient -- INTENSIVE <input type="checkbox"/> Received AODA outpatient -- MATRIX <input type="checkbox"/> Received support groups (AA, NA, etc.) <input type="checkbox"/> Received mental health inpatient treatment <input type="checkbox"/> Received mental health outpatient treatment <input type="checkbox"/> Received employment services <input type="checkbox"/> Received education services <input type="checkbox"/> Received housing services <input type="checkbox"/> Received assistance with financial matters	<input type="checkbox"/> Received AODA inpatient/residential treatment <input type="checkbox"/> Received AODA halfway house/group home <input type="checkbox"/> Received AODA day treatment <input type="checkbox"/> Received AODA outpatient treatment <input type="checkbox"/> Received AODA outpatient -- INTENSIVE <input type="checkbox"/> Received AODA outpatient -- MATRIX <input type="checkbox"/> Received support groups (AA, NA, etc.) <input type="checkbox"/> Received mental health inpatient treatment <input type="checkbox"/> Received mental health outpatient treatment <input type="checkbox"/> Received employment services <input type="checkbox"/> Received education services <input type="checkbox"/> Received housing services <input type="checkbox"/> Received assistance with financial matters
Total # of case management contacts	Total # of case management contacts	Total # of case management contacts
Total # of program court hearings scheduled	Total # of program court hearings scheduled	Total # of program court hearings scheduled

Record: 15 of 15
Current program status (active, term, grad, pending)

Microsoft Access - [Progress Update Form : Form]

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Alcohol and Drug Testing:

Three-Month Update	Six-Month Update	Nine-Month Update
Due: <input type="text"/>	Due: <input type="text"/>	Due: <input type="text"/>
Total # of UA Tests Scheduled: <input type="text"/>	Total # of UA Tests Scheduled: <input type="text"/>	Total # of UA Tests Scheduled: <input type="text"/>
Total # of UA Tests Negative: <input type="text"/>	Total # of UA Tests Negative: <input type="text"/>	Total # of UA Tests Negative: <input type="text"/>
Total # of UA Tests Positive: <input type="text"/>	Total # of UA Tests Positive: <input type="text"/>	Total # of UA Tests Positive: <input type="text"/>
Drug(s) positive: <input type="text"/>	Drug(s) positive: <input type="text"/>	Drug(s) positive: <input type="text"/>
Total # of PBT Tests Scheduled: <input type="text"/>	Total # of PBT Tests Scheduled: <input type="text"/>	Total # of PBT Tests Scheduled: <input type="text"/>
Total # of PBT Tests Negative: <input type="text"/>	Total # of PBT Tests Negative: <input type="text"/>	Total # of PBT Tests Negative: <input type="text"/>
Total # of PBT Tests Positive: <input type="text"/>	Total # of PBT Tests Positive: <input type="text"/>	Total # of PBT Tests Positive: <input type="text"/>

Participant Outcomes:

Three-Month Update	Six-Month Update	Nine-Month Update
Due: <input type="text"/>	Due: <input type="text"/>	Due: <input type="text"/>
Date of 1st Jail Entry in period: <input type="text"/>	Date of 1st Jail Entry in period: <input type="text"/>	Date of 1st Jail Entry in period: <input type="text"/>
Date of Jail Exit: <input type="text"/>	Date of Jail Exit: <input type="text"/>	Date of Jail Exit: <input type="text"/>
Total days in jail during period: <input type="text"/>	Total days in jail during period: <input type="text"/>	Total days in jail during period: <input type="text"/>
# of charges for new offense: <input type="text"/>	# of charges for new offense: <input type="text"/>	# of charges for new offense: <input type="text"/>
<input type="checkbox"/> Electronic monitoring? If yes, # days: <input type="text"/>	<input type="checkbox"/> Electronic monitoring? If yes, # days: <input type="text"/>	<input type="checkbox"/> Electronic monitoring? If yes, # days: <input type="text"/>
Is the participant currently employed? <input type="text"/>	Is the participant currently employed? <input type="text"/>	Is the participant currently employed? <input type="text"/>
Hourly wage if 1-24 hours per week: <input type="text"/>	Hourly wage if 1-24 hours per week: <input type="text"/>	Hourly wage if 1-24 hours per week: <input type="text"/>
Hourly wage if 25+ hours per week: <input type="text"/>	Hourly wage if 25+ hours per week: <input type="text"/>	Hourly wage if 25+ hours per week: <input type="text"/>
What type of educational progress was made? <input type="text"/>	What type of educational progress was made? <input type="text"/>	What type of educational progress was made? <input type="text"/>
Is the participant currently involved in any education? <input type="text"/>	Is the participant currently involved in any education? <input type="text"/>	Is the participant currently involved in any education? <input type="text"/>

Record: 15 of 15
date exited jail during 3 months

Microsoft Access - [Progress Update Form : Form]

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Participant Outcomes:

Three-Month Update	Six-Month Update	Nine-Month Update
Due: <input type="text"/>	Due: <input type="text"/>	Due: <input type="text"/>
Date of 1st Jail Entry in period: <input type="text"/>	Date of 1st Jail Entry in period: <input type="text"/>	Date of 1st Jail Entry in period: <input type="text"/>
Date of Jail Exit: <input type="text"/>	Date of Jail Exit: <input type="text"/>	Date of Jail Exit: <input type="text"/>
Total days in jail during period: <input type="text"/>	Total days in jail during period: <input type="text"/>	Total days in jail during period: <input type="text"/>
# of charges for new offense: <input type="text"/>	# of charges for new offense: <input type="text"/>	# of charges for new offense: <input type="text"/>
<input type="checkbox"/> Electronic monitoring? If yes, # days: <input type="text"/>	<input type="checkbox"/> Electronic monitoring? If yes, # days: <input type="text"/>	<input type="checkbox"/> Electronic monitoring? If yes, # days: <input type="text"/>
Is the participant currently employed? <input type="text"/>	Is the participant currently employed? <input type="text"/>	Is the participant currently employed? <input type="text"/>
Hourly wage if 1-24 hours per week: <input type="text"/>	Hourly wage if 1-24 hours per week: <input type="text"/>	Hourly wage if 1-24 hours per week: <input type="text"/>
Hourly wage if 25+ hours per week: <input type="text"/>	Hourly wage if 25+ hours per week: <input type="text"/>	Hourly wage if 25+ hours per week: <input type="text"/>
What type of educational progress was made? <input type="text"/>	What type of educational progress was made? <input type="text"/>	What type of educational progress was made? <input type="text"/>
Is the participant currently involved in any education? <input type="text"/>	Is the participant currently involved in any education? <input type="text"/>	Is the participant currently involved in any education? <input type="text"/>
What is participant's current living situation? <input type="text"/>	What is participant's current living situation? <input type="text"/>	What is participant's current living situation? <input type="text"/>
Description of Other Living Situation: <input type="text"/>	Description of Other Living Situation: <input type="text"/>	Description of Other Living Situation: <input type="text"/>
Is participant currently compliant with child support? <input type="text"/>	Is participant currently compliant with child support? <input type="text"/>	Is participant currently compliant with child support? <input type="text"/>
What is participant's probation/parole status? <input type="text"/>	What is participant's probation/parole status? <input type="text"/>	What is participant's probation/parole status? <input type="text"/>
What is participant's level of emotional stability? <input type="text"/>	What is participant's level of emotional stability? <input type="text"/>	What is participant's level of emotional stability? <input type="text"/>
Comments: <input type="text"/>	Comments: <input type="text"/>	Comments: <input type="text"/>

Record: 15 of 15
number of new charges for offenses 9 mth

Microsoft Access

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Discharge Form Revised : Form

Discharge Summary ALL FIELDS ON THIS FORM ARE REQUIRED Blue shaded fields are automatically filled in

TAD ID: [] [] [] [] Admission Date: []

Current Program Status: [] **Revise/update status** Date of Discharge: []

Reason for Discharge: []

If Termination: [] --> If New Arrest: Primary Offense: []

Description of Other Reason: [] Date: []

--> If New Conviction: Primary Offense: []

Date: []

Drug-related? []

Violent? []

Date: []

Drug-related? []

Violent? []

Select a Case by TAD ID []

Print Record

Set paper to landscape and margins to 0.25 before printing

Record: [] 15 of 15

Created by University of WI Population Health Institute, 2007

Current program status (active, term, grad, pending)

Microsoft Access

File Edit View Insert Format Records Tools Window Help Adobe PDF

Type a question for help

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Discharge Form Revised : Form

Received Needed Service Since Admission:

- Received AODA inpatient/residential treatment
- Received AODA halfway house/group home
- Received AODA day treatment
- Received AODA outpatient treatment
- Received AODA outpatient -- INTENSIVE
- Received AODA outpatient -- MATRIX
- Received support groups
- Received mental health inpatient treatment
- Received mental health outpatient treatment
- Received employment services
- Received education services
- Received housing services
- Received assistance with financial matters

[] Total # of case management contacts:

[] Total # of program court hearings scheduled:

[] Total # of program court hearings attended:

Milwaukee DA reviews are in these court hearing fields

Alcohol and Drug Testing:

Total # of UA Tests Scheduled: []

Total # of UA Tests Negative: []

Total # of UA Tests Positive: []

Drug(s) positive: []

Total # of PBT Tests Scheduled: []

Total # of PBT Tests Negative: []

Total # of PBT Tests Positive: []

Electronic Monitoring:

Electronic monitoring during TAD participation?

If yes, # days: []

Record: [] 15 of 15

total number of positive PBT

Thursday, January 24, 2008

Microsoft Access - [Discharge Form Revised : Form]

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Participant Outcomes:

Date of 1st Jail Entry Since Admission:

Total Days in Jail Since Admission:

of charges for new offense:

Case Outcome: Specify other outcome: Result is felony/misdemeanor?

Sentence Outcome (check all that apply):

- Jail
- Prison
- Probation
- Other: Specify:

Check here if there was a reduction in sentence due to TAD participation

Number of incarceration days diverted or avoided due to TAD participation: --> Site-Specific Definition of "DIVERTED" -- This should be the same across all cases

Is the participant currently employed? Hourly wage if 1-24 hours per week:

What type of educational progress was made? Hourly wage if 25+ hours per week:

Is the participant currently involved in any education?

What is participant's current living situation? Description of Other Living Situation:

Is participant currently compliant with child support?

What is participant's probation/parole status?

What is participant's level of emotional stability?

Record: 15 of 15

definition of diversion

APPENDIX 3: Stakeholder Suggestions/Input on Participant Outcomes

2006	Grid of Potential Measures for TAD Program					
Domain	Literature/Past Projects	NOMS	HSRS	OJA -- Steve Grohmann	Committee Ideas	Three Drug Courts
Offender identifiers	Social security # DOC ID SID	NA	unique client id generated by HSRS (SS number optional) can give project # **for county agencies only and not Dane or Milwaukee**			Drug court ID DOC ID Social security # Birthdate Referral number
Demographics	Also add: Pregnancy status	Age Gender Race Ethnicity	Name Birthdate Gender Race/Hispanic Major needs Referral Source. Education level Family relationship ratings Brief services such a Court intake studies, crisis intervention, etc. Employment status	Education Marital status Family Employ history/status	Do participants meet the program requirements of being non-violent offenders with substance abuse problems?	Name Birthdate Gender Race Marital status # children # dependents age youngest depend. total household size child support compliance education involvement highest grade reading level learning disabilities
Stability					Housing Employment	Living situation Source of income Total income Barriers to employment Vocational training Employment at admit Employ at graduation Hourly wage Average hrs/week Occupation Vocational need/goal Receive public assist.

2006	Grid of Potential Measures for TAD Program					
Domain	Literature/Past Projects	NOMS	HSRS	OJA -- Steve Grohmann	Committee Ideas	Three Drug Courts
Criminal Risk/Need	Marlowe: Age less than 25 years Criminal onset lt 16 Prior AODA tx History of violence Anti-social personality Psychopathy Family crime history Family/friends have criminal associations TCU criminal screen			intake risk assessment intake needs assessment		DOC risk rating
Offense/Criminal Justice	Also add: Family history of crime			Arrest/conviction history		Primary offense First offense (y/n) # misd convictions # felony convictions # cty jail sentences # prison sentences # probation holds prior P/P Ever arrested for violent Age first arrest Total lifetime arrests Total AOD arrests Months incar past yr On probation DOC risk assess score Pending cases Order of protection
Substance use	Also add: Treatment history Assessment tool/type		Substance problem at start -- up to three Primary substance problem at discharge Route of admin. Use Frequency in 30 days prior to start. Age at first drug use or alcohol intoxi	Treatment/diagnosis history		TAADS screen Diagnosis (prim/sec) Drug of choice Freq use of primary Years of regular use IV use history # prior treatment # prior outpatient # prior day

2006	Grid of Potential Measures for TAD Program					
Domain	Literature/Past Projects	NOMS	HSRS	OJA -- Steve Grohmann	Committee Ideas	Three Drug Courts
			Standard Program Category/Subprogram (SPC) - services received and units of service (hours/days) SPC start date. Provider # for SPC. Units of care Other units of care Month and year units of an SPC delivered. SPC end date. (ie., last contact.) SPC end reason, including rating of improvement or not.			treatment # prior inpatient # prior residential # prior inst residential # prior inst other Household member uses Screening date Assessment date Dates of treatment Treatment type Treatment attendance Self-help meetings UA testing results LSI score
Mental health			Legal/Commitment status at start. Legal/Commitment review date. Legal/Commitment status at update. Incarceration/involvement with criminal justice system within last six months		Dual diagnosis	CAPE screen Evaluation ever Diagnosis (prim/sec) Ever hosp for MH # days ever hosp receiving MH counseling on psych meds ever harm self/others plan harm self/others HIV questionnaire
Restorative Justice						Treatment fees owed Fines owed Restitution owed Child support detail
Supervision						Probation compliance Start/end dates # and type of contacts with agent
Program Measures/ Access/ Capacity	From CJDATS eCourt: # admitted # eligible # status hearings # sanctions	Unduplicated count of persons served by age, gender, race, and ethnicity; penetration rate – number served	Start date with provider	treatment plan program benchmarks program completion	# referred # admitted/served # rejected (and why) participant retention and reasons for	# admitted # discharged (and why) # days in program New crime info at

2006	Grid of Potential Measures for TAD Program					
Domain	Literature/Past Projects	NOMS	HSRS	OJA -- Steve Grohmann	Committee Ideas	Three Drug Courts
	<ul style="list-style-type: none"> # rewards/incentives # UAs # case management contacts # other staff contacts # days from admit to treatment admit # treatment sessions # graduates # terminations by reason length of stay # employed at grad # in school at graduation education at discharge while in DC: <ul style="list-style-type: none"> # months in education # months employed living situation at discharge # in-program arrests by charge/severity/type # in-program technical violations From Brad Bogue: <ul style="list-style-type: none"> # inappropriate referrals # who “engage in” treatment # community resource referrals 	<ul style="list-style-type: none"> compared to those in need Treatment retention: length of stay Rate of readmission to state psychiatric hospitals within 30 days and 180 days 			<ul style="list-style-type: none"> “failure” # discharges and reasons From Bill Zollweg: <ul style="list-style-type: none"> - # of Participants - # of Graduates - # of Terminations - Matched Group of - - Non-participants - CCAP for all participants - Jail Charges - Jail Sanction Days - Days worked in DC - Participant Tax \$ Paid during DC - Community Service Hours Performed - UA/PBT results - Drug Free Babies - Family Reunification (child support payments, restoration of parental rights, family support regained, etc.) - Days AOD Treatment 	<ul style="list-style-type: none"> dischg # status hearings # case manager contacts UA/PBT testing results Length of treatment Service types received Community resource referrals Discharge status of: <ul style="list-style-type: none"> Employment Living situation Child support Probation compliance Emotional stability AODA aftercare plan Education aftercare plan # case management contacts # rewards/sanctions # of sanction jail days Behavior Drugs used Treatment attended bench warrants issued Change in education Change in employ Drug-free babies born Reunited with child? Problem resolution during DC of housing, childcare, mental health, transportation,

2006	Grid of Potential Measures for TAD Program					
Domain	Literature/Past Projects	NOMS	HSRS	OJA -- Steve Grohmann	Committee Ideas	Three Drug Courts
						abusive partner, using partner, relationship problems, child support problems
Cost		Number of states providing AODA treatment services within approved cost per person and by the type of treatment		overall costs/cost effectiveness (probation vs. jail, etc.) system resources	Dollars saved/participant Cost of standard judicial processing Cost of prog/person Jail days averted Were incarceration costs reduced, taking into account the costs of the program? What is the cost savings of the program weighing jail and prison expenses for diverted participants versus the costs of the program for all participants? Were incarceration costs reduced, taking into account the costs of the program?	average cost per person
Other	Participant satisfaction Medical issues (HIV, disabled)	Client perception of care Use of evidence-based practice				Community service hours Participant satisfaction Medical problem
Post-discharge outcomes						
“Recidivism”		Decreased criminal justice involvement		recidivism	Impact on recidivism recidivism Legal improvement Did the program reduce recidivism	

2006	Grid of Potential Measures for TAD Program					
Domain	Literature/Past Projects	NOMS	HSRS	OJA -- Steve Grohmann	Committee Ideas	Three Drug Courts
					(once we can all agree on a definition)?	
Arrest		Reduction in number of arrests in past 30 days from date of first service to date of last service		Time from arrest to disposition	How many participants re-offend/are arrested/are re-incarcerated before finishing the program; what is the nature of the alleged offenses, including violent crimes. What is the social cost of "failed" participants?	Rearrest (date/type) AOD-related Violent CCAP
Conviction					Did the program reduce prosecution (if it was diversion)? Would participants have been sentenced to jail/prison in the absence of program? How many of the total participants? Did the program reduce recidivism - different than re-incarceration?	Conviction (date/type) AOD-related Violent Sentence CCAP/TIME/NCIC Jail days sentenced Prison days sentenced
Incarceration					Did the program reduce the prison and/or jail population? Did program reduce re-incarceration rates?	Prison incarceration Electronic monitoring (CIPIS/OATS) Deceased (SSDI)
Substance Use		Reduction in frequency of use at date of last service compared to date of first service [how applies to incarcerated]		jail admissions, ADP prison referrals	AOD use Did the program impact the four critical success factors (housing, employ, treatment, associations)? Tx involvement What are outcomes in	AOD use UA results AOD services Days to tx admit

2006	Grid of Potential Measures for TAD Program					
Domain	Literature/Past Projects	NOMS	HSRS	OJA -- Steve Grohmann	Committee Ideas	Three Drug Courts
					drug use/family success/employ/etc.?	
Mental health		Decreased symptoms			Psychological health	Days to tx admit
Living stability		Increase in number in stable housing situation from date of first service to date of last service Social connectedness		family	Did the program improve the welfare, holistic functioning and overall quality of life for the participant and his/her family?	Living situation Independent living Financial support Support system Special needs
Employment		Increased/retained employment at date of last service compared to date of first service		employment	Job	Days to employment Current employment
Education		Return to/stay in school				Education involved (type)
Other						P/P compliance Child support compliance Ratings of access to services
Process/ Program Factors				overall structure participant requirements client ratios oversight policy making assessment methods treatment plan methods contracts treatments lengths other interventions duration purposes incentives/sanctions completion success standards	Is it really an alternative to incarceration? What environmental factors make programs run most effectively? What program components are most effective?	