JUSTICE PROGRAMS DEPARTMENT

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TO: Portage County Treatment Court Oversight Committee

FROM: Honorable Judge Patricia Baker, Branch III
Andrea Starr, Director, Justice Programs Department

DATE: July 28, 2022

AGENDA

Treatment Court Oversight Committee
August 2, 2022 – 2:30 PM to 3:30 PM
Branch III Courtroom, Portage County Courthouse

To attend:

To Appear by Video: https://wicourts.zoom.us/j/97242768370

Phone: Dial: 1-312-626-6799 & Enter Meeting #: 972 4276 8370

In-Person: Please sit 6 feet apart

1. Approval of the minutes from the May 2, 2022 meeting
2. Treatment Court Stats for 2022
3. TAD Grant Site Visit Report
4. TAD Grant Pre-application Process
5. Phase 5 Trial – Update
6. Narcan Distribution to Participants
7. TAD Statute 165.95 (3)(a)
8. Future Considerations
9. Next Meeting is scheduled for November 8, 2022
10. Adjourn

NOTICE: *A quorum of the Portage County Board of Supervisors or any committee thereof may be present at this meeting.*

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Any person who has special needs and plans on attending this meeting should contact the Justice Programs Department as soon as possible to ensure that reasonable accommodations can be made. Telephone 715-346-1334.

Treatment Oversight Committee Meeting
05/02/2022 Minutes

In person appearances – Judge Patricia Baker, County Executive John Pavelski, District Attorney Louis Molepske Jr., Rob Golla, Zach Bishop, Corporation Counsel David Ray, Attorney Taylor Soule, Andrea Starr

Virtual Appearance - Kasie Borchardt

Judge Baker called the meeting to order at 2:30 p.m. in Branch III Courtroom

1. Approval of the Minutes from February 7, 2022, Meeting

Starr asked for comments or edits related to the 02/07/2022 minutes and hearing not, declared the minutes approved by consensus.

2. Treatment Court Stats for 2022 as of May 2, 2022

Starr provided the following Treatment Court (TC) stats for 2022:

- Active: 8
- Inactive: 2 (warrants issued)
- Pending: 3
- Under Review: 3
- Ineligible: 9
  - Violent Offense: 6
  - Lower Risk: 2
  - Not a Portage County resident: 1
- Declined Participation: 2
- Terminated: 2
- Administrative Discharge: 1

Judge Baker discussed the restriction of not allowing violent offenders into the TC program due to the TAD grant exclusion and the fact at least one applicant was excluded from participation due to a prior violent offense. She further expressed her wish to be allowed to accept into the program participants who may have convictions for low level violent offenses in their past.

3. New Treatment Court Day Starting June 7, 2022:

Judge Baker made statements regarding Branch III intake hearings which she will handle starting on Monday, June 6, 2022. This will cause Treatment Court to move to Tuesdays, starting on June 7, 2022. Treatment Court Hearings will remain at 1:30 p.m.

Starr indicated Treatment Court Meeting will also move to Tuesdays at 12:30 p.m.

4. Oversight Committee Meetings

Starr indicates the Oversight Committee Meetings will also move to Tuesdays. Next meetings are August 2, 2022, and November 8, 2022.

5. TAD Grant Site Visit:

Starr made statements regarding TAD Grant site visit and audit which will take place on May 23, 2022. The last audit was in 2019.

6. Phase 5 Trial:

Judge Baker discussed the purpose of why the Treatment Team would like different requirements in Phase 5:

- Begin developing a support team for program graduates outside of treatment court
- To focus on participant support system
- Relapse prevention plan

Starr makes additional comments regarding modifying Phase 5.

- Sweat patches to allow for more independence to the participants.
- Alternating probation visits and case management every 2 weeks
- Case management sessions will focus on meeting with participant's support system and discussion relapse prevention.
- Participants must have part- or full-time employment prior to graduation.

Committee approves the Phase 5 trial period

7. Addition of Nutrition Curriculum:

Starr commented that adding a Nutrition Curriculum to help participants eat healthy and establish the healthy mindset. Judge Baker made comments on the benefits have healthy life habits.

Committee approves the addition of the nutrition curriculum

8. Addition of Victim Rights Language:

Starr updated the Committee on victim rights and Marsy's law changes for TC. Victims can attend and make statements at all treatment court hearings if they wish.

Committee approves the addition of the victim rights language.

9. Addition of Due Process and Termination Language:

Starr stated that the TAD grant put out a Best Practices Manual and it provides best practices for Due Process Rights. Policy is also provided for participants who have absconded.

Committee approves the addition of the due process and termination language.

10. Ex Parte Procedure for Public Defender/Defense Attorney and Judges:

Starr makes statements regarding adding an Ex Parte Notice to the Judge's speech during the plea and sentencing hearing when admitting into treatment Court.

Committee approves the change of the ex parte procedure.

11. Add Public Defender/Defense Attorney to Referral Form

Starr stated there was not a line indicating a copy of the referral form was provided to the public defender/defense attorney. This will now be added.

12 Future Considerations:
Job Center / Employment Services
Potential for County funded spots (2) for violent offenders

13. Next meeting is scheduled for August 2, 2022.

14. Adjourn.

Site Review Highlights

Standard 1: Demonstrated Commitment to Evidence-Based Practices

1. Team open to feedback.
2. Effectively used incentives and sanctions for behavior modification
3. Judge employed motivational interviewing

Standard 2: Equity & Inclusion

1. Clearly delineated in Policies & Procedures Manual
2. Recommendation: Collect data to prevent or correct any disparities

Standard 3: Planning Process

1. Minutes from Oversight Committee and Justice Coalition are found on the Portage County website
2. Program documents were easily found on website

Standard 4: Teams

1. Team members were actively involved in staff discussions
2. Recommendation: Put protocols into place that regular communication with providers

Standard 5: Judicial Interaction & Role

1. Judge is clearly a committed member of the Treatment Team
2. Judge relied on her Team as "expert witnesses" and values their opinion
3. Judge devoted complete attention to the participant when in court
4. Judge noted the importance of accentuating positive behaviors
5. Judged tied the incentive or sanction imposed to the behavior of the participant
6. Recommendation: Judge exceeded recommended length of time talking to each participant
7. Recommendation: Not use the words "clean" or "dirty" when discussing UA's

Standard 6: Balancing the Non-Adversarial Approach with Due Process Concerns

1. UA confirmation testing is available
2. Court hearing is in open court and recorded
3. Recommendation: Add more detailed explanation of the admission process in P&P manual & handbook
4. Recommendation: Differentiating between sanctions and therapeutic adjustments for responses to behavior in both manuals
5. Recommendation: Eliminate Team voting for terminations
6. Recommendation: Handbook include reference to judge's authority in determining sanctions and terminations (Judge is not present during termination discussions. Will need to clearly discuss that in the manuals)

Standard 7: Recordkeeping & Confidentiality

1. Thorough confidentiality policy

2. Recommendation: Participant handbook must include use and reason for releases of information and emails are encrypted.

Standard 8: Target Population, Eligibility & Referrals

1. Recommendation: Implement steps to promote admission of participants within 50 days
2. Recommendation: Consider other referrals sources

Standard 9: Screening & Initial Assessment

1. Recommendation: Potential participants should have an AODA assessment prior to admission.

Standard 10: Case Planning

1. Case plans are created and are being discussed in staffing.

Standard 11: Treatment

1. Recommendation: Exercise caution when requiring trauma services. Use validated risk assessment

Standard 12: Program Phases

1. Following 5 phase system; in-line with national recommendations – laid out in Participant Handbook

Standard 13: Drug & Alcohol Testing

1. Comprehensive procedure on testing listed in manuals

Standard 14: Applying Incentives, Sanctions & Therapeutic Adjustments

1. Team did a nice job incentivizing productive behaviors
2. Judged tied the sanctions to negative behavior
3. Recommendation: Therapeutic adjustments were discussed in staffing and court but is minimally referenced in the manual and handbook. Therapeutic adjustments listed need to be separate from sanctions.
4. Recommendations: Evaluate all of the participants terminated to look for trends

Standard 15: Training

1. Team continue to attend training when available

Standard 16: Community Outreach

1. Recommendation: Continue looking for opportunities to participant in educational outreach

Standard 17: Performance Measure & Evaluation

1. Continue evaluation of performance measures.
2. Continue to enter data into CORE timely and accurately.

Portage County Site Visit – 5/23/2022
Observations and Recommendations

On Monday, May 23, 2022, a Program Site Visit was conducted with Portage County Drug Court. Present for the site visit were Director of State Courts Office staff Heather Kierzek (Statewide Problem-Solving Court Coordinator) and Department of Justice (DOJ) staff Mike Derr and Marsha Schiszik (TAD Program Specialists). The visit included a Treatment Court staffing session followed by the Treatment Court hearing. This report documents the observations made during the meetings and provides recommendations for suggested improvements to increase efficiency and outcomes for the program.

Staffing (12:30pm-1:30pm) Summary

Observations:

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

Judge Patricia Baker	Max Bergner, State Public Defender's Office
Jessica Lauterback, Coordinator	Nicholas Griesbach, Portage County Sheriff's Office
Samantha Varga, Case Manager	Jed Dodge, Assistant District Attorney
Andrea Starr, Director	Mike Schultz, Stevens Point Police Department
Tracy Koziczkowski Therapist	Becky Raasoch , Department of Corrections, Probation & Parole Agent

The staffing began with introductions. The Team then began staffing the participants appearing in court that day. The coordinator provided staffing reports for those participants appearing in court. The staffing reports were logical, well organized, included relevant information (i.e., client information and background, time in current phase, sobriety time, notes for follow-up) and aided team members in their discussion. The judge led the staffing. Team members expressed their opinions and contributed pertinent information appropriately. The discussion of each participant was focused and relevant.

Specific incentives were not discussed in staffing, but the team provided examples of pro-social and positive behaviors participants were exhibiting or achieving. Sanctions discussed were a pending termination hearing, new compliance date, travel restrictions, and a fine or community service for a missed group. One therapeutic adjustment was discussed which was a referral for a psychological evaluation.

Court Summary

Observations:

Court was attended by team members who attended the staffing. Participants were seated in the jury box with team members seated either at the counsel tables or in the gallery. The judge started court with explaining who the observers were in the courtroom and the reasons for their attendance. When participants were called forward by the judge, they sat in the witness chair.

The judge had a discussion with each participant about their accomplishments for the week, issues they were struggling with, or other relevant concerns. The judge asked the participant several individualized questions, providing feedback and verbal praise as appropriate. The judge would also inform the participant of any incentives or sanctions they were receiving. When imposing a sanction, the judge tied the negative behavior being displayed by the participant (missed UA) to the consequence (reset "clean" days). The judge allowed participants to explain their side of the story. The judge also allowed team members to address participants by providing their observations and feedback.

Incentives observed included verbal praise, applause, an incentive coin, and receiving a candy bar for attending pro-social activities for the week. Sanctions observed include reset of "clean" days, travel restrictions, and a fine or community service for a missed group. Therapeutic adjustments that were observed were required contact with treatment provider to schedule additional appointment and an evaluation that the DOC agent would discuss in more detail with the participant.

Standards and Evidence-Based Practices

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

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

The Team appeared committed to evidence-based practices and were open to feedback. The Team seemed understanding of importance of addressing responsivity issues for participants to promote attendance and engagement in treatment. The Team effectively used incentives and

sanctions for behavior modification and the judge employed motivational interviewing techniques during her interaction with participants.

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

Eligibility criteria is clearly delineated in the *Policies and Procedures Manual* and is nondiscriminatory. The assessment tool being used (COMPAS) is a validated risk assessment tool (NDCI, Vol. 1, Appendix A). The program accepts participants who score high criminogenic risk with high needs. Additional screening tools are being utilized including URICA, PTSD Checklist – Civilian Version (PCL-C) and TCU-Drug Screen.

Data should be collected and analyzed to determine the factors behind participant enrollment, graduation, and/or termination, and reasonable actions should be taken to prevent or correct any disparities due to race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status.

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

Portage County has a Justice Coalition Committee which serves as the oversight committee for the treatment court program and according to the *TAD Site Visit Questionnaire*, the committee meets regularly. Meeting minutes from the last meeting held on January 20, 2022, were easily found the Portage County website. Program documents are also easily found and accessible on the county website and include the *Portage County Adult Drug Treatment Court Handbook*, the *Portage County Adult Drug Treatment Court Policies and Procedures Manual,* a referral form, and a brochure.

Standard 4: Teams (p. 6-7)	
"The treatment court team is comprised of a dedicated group of professionals who are responsible for managing and overseeing the day-to-day operations of the program, including the	• "Team members consistently attend and actively participant in pre-court staffings, where they discuss participant progress and prepare for status hearings."

administration of treatment and supervisory services."	• "Team members consistently attend status hearings." • "Engage in regular communication regarding participants' progress and activities to ensure the team is working together, so participants are not made to repeat the same information to multiple team members, and participants are not eluding responsibility for their actions by selectively informing different team members." • "Drug Courts were nearly twice as cost-effective when defense counsel attended staffings consistently, and were more than twice as effective at reducing recidivism when the program coordinator, treatment representative, and law enforcement representative attended staffings consistently (NADCP, Vol. II, p. 41).

Most requirements of this standard were demonstrated by the Team during the site visit. Team members were actively involved in staffing discussions. It was apparent communication was occurring between Team members outside of the staffing meetings as well. All recommended disciplines were represented at the staffing and at the hearing. According to the *TAD Site Visit Questionnaire,* team members are not receiving regular progress reports from some treatment providers. During the site visit, it appeared several providers were involved with participants and communication with at least one provider was not regularly occurring. Communication between providers, case managers, coordinators, and the team is important to ensure participants are receiving assessed services, getting accolades for their involvement within treatment services, and being held accountable for any noncompliance. It is recommended that protocols be put into place to ensure regular communication is occurring. Examples of protocols include developing Memorandum's of Understanding (MOUs), instituting a separate clinical meeting to discuss participant case plan goals and objectives, and/or including case plan goals on participant staffing sheets to guide conversation at team staff meetings.

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

	• "Participate fully as a treatment court team member. Commit to the program, mission and goals, and work as a full partner to ensure the success of participants." • Respect and consider the team members' expertise and position when imposing a consequence, balancing the collaborative approach of treatment courts with the judge's discretion and authority. "The team serves essentially as a panel of 'expert witnesses' providing legal and scientific expertise for the judge."

The judge is clearly a committed member of the treatment court team. The judge relied on her Team members as "expert witnesses" in staffing and elicited their input in the court hearing, inviting Team members to offer comments when each participant appeared. It is clear she values their opinions. The judge employed motivational interviewing techniques, such as asking open-ended questions and summarizing responses. By having the participants sit in the witness box, the judge was able to have direct eye contact and devote her complete attention to the participant. The importance of the judicial role in treatment courts cannot be overstated and this courtroom set up shows the judge's investment in the interaction. As always, it is recommended the judge, and any other Team members who regularly interact with participants, continue to attend motivational interviewing training when available.

Each participant's interaction with the judge exceeded the recommended minimum length of time defined by best practice standards. It is recommended that the judge's interaction be changed to include more instances when the judge asks about the participant's sobriety. This can be accomplished by asking for the number of sobriety days a participant has, asking for their sobriety date or by recognizing the participant has not had any positive drug tests since the last court hearing. The response would then be followed by applause. This is also an easy way to increase the ratio of incentives to sanctions, as all participants will receive at least one incentive during the interaction.

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

The judge did a good job tying the incentive being received or sanction being imposed to the behavior the participant was displaying. During the Team staffing, the judge noted the importance of accentuating positive behaviors of the participants and tried hard to note the positive behaviors and accomplishments and express enthusiasm and belief in all the participants.

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

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

According to the *Participant Handbook*, the Team uses voting to make decisions about termination. As a reminder, "It is not permissible for a Drug Court team to vote on what consequences to impose on a participant unless the judge considers the results of the vote to be merely advisory (NADCP, Vol 1, p. 24)." According to the Judicial Benchbook, "Ultimately, when a consequence has to be imposed due to a drug court participant's noncompliant behavior, it is the judge's decision, after giving due consideration to the merits of the other team members' input (p. 50)." The judicial authority over the termination process is explained in the *Policy and Procedure Manual.* It is recommended that the *Participant Handbook* also include reference to the judge's authority in determining sanctions including termination. Many programs opt to discuss moving forward with termination without the judge present and if the Team determines to move forward, a termination hearing is scheduled.

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

A thorough confidentiality policy is included in the *Policies and Procedures Manual* that includes information on the bifurcated recordkeeping system. Information regarding confidentiality is not included in the *Participant Handbook*. The *Participant Handbook* does not discuss the use and reason for releases of information to allow the exchange of confidential information or that emails that contain confidential information are encrypted. It is recommended that statements regarding these policy omissions be added to the *Participant Handbook*.

Standard 8: Target Population, Eligibility & Referral (p. 15-16)	
"Effectiveness is maximized in treatment courts when the target population is high-risk, high-need, determined by the use of a validated assessment tool. Eligibility and exclusionary criteria must be objective, clearly documented, measurable and easily communicated to treatment court team members, treatment providers, key stakeholders and community partners."	• "Promptly identify and refer eligible participants and facilitate admission to the treatment court program. Best outcomes are achieved when admission occurs within 50 days from the time of arrest or other triggering event."

	• "Ensure the target population for the treatment court is assessed as high-risk and high-need." • "Eligible participants are not excluded from the treatment court program solely because they receive Medication Assisted Treatment (MAT). Participant receipt of MAT will not be considered when determining participant eligibility."

According to the *TAD Site Visit Questionnaire*, participants are not admitted within 50 days of arrest. We encourage program staff to continue taking steps and implementing policies promoting the prompt referral and admission of participants. Best outcomes are achieved when program admission occurs within 50 days of arrest.

According to the referral, screening and entry process in the *Policy and Procedure Manual*, referrals can be received from law enforcement, the DA's office, from a judge, and from the Department of Corrections. Limiting referral sources can affect program numbers and limit the number of persons who can be served by the Treatment Court. Consider allowing referrals from other entities/sources including defense counsel, treatment providers, the Department of Human Services, and self-referrals.

As previously mentioned, the program is using a validated risk assessment tool (COMPAS). The program accepts participants who score high criminogenic risk with high needs. The program allows the use of Medication Assisted Treatment.

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

As previously mentioned, the program is using a validated risk assessment tool (COMPAS). Referents are also screened for a substance use disorder with the TCU screening tool. Though highly appropriate to screen a participant for a substance use disorder, it is crucial that a full AODA assessment be completed before a participant is formally accepted into the treatment court program.

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

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

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

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

Case planning and treatment planning is clearly occurring; however, this is a difficult standard to evaluate as individual sessions between the case manager and participant were not observed. Case plans were not presented during the Team staffing; however, pieces that would be included in a case plan were discussed at staffing.

The *Site Visit Prep Questionnaire* indicates that a current case plan is maintained throughout the participant's treatment court involvement and is reviewed. The case plan is updated periodically based on ongoing assessment of participant progress.

Standard 11: Treatment (p. 21-23)	
"Treatment courts must provide prompt admissions to continuous, comprehensive,	• "Base substance use disorder services and other treatment recommendations on

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

According to the *Policy and Procedure Manual*, a clinical assessment will identify what type of treatment is appropriate for primary substance abuse treatment. Additionally, participants will be required to attend cognitive-based programming such as Moral Reconation Therapy (MRT). Participants will also be required to attend trauma services if deemed appropriate by the AODA provider. It is recommended that all treatment services and programming required should be based on validated assessments and caution should be used when requiring any trauma services. A participant may assess in need of trauma services; however, some participants may not be ready for trauma work until after their recovery is maintained for a longer period of time. In some cases, this may be well after completing treatment court.

According to the *TAD Site Visit Questionnaire*, the program does not have access to all levels of care and current treatment providers do not regularly supply progress reports to the treatment court team. While working with one or two providers typically improves communication and is generally preferred, the program should consider allowing other providers to work with participants considering the barriers identified on the *TAD Site Visit Questionnaire*. Increasing the number of providers will require more communication and case management, but it can also expand access to levels of care, increase attendance rates, promote more engagement in treatment, and increase the likelihood of long-term utilization of therapy services. Many participants may need long term services considering the complexity of treatment needs with those typically served in treatment courts. Implementing protocols to ensure regular communication is occurring can increase provider options and improve communication. As previously mentioned, examples of protocols include developing Memorandum's of Understanding (MOUs), instituting a separate clinical meeting to discuss participant case plan goals and objectives, and/or including case plan goals on participant staffing sheets to guide conversation at team staff meetings.

According to program documents, participants are required to start attending support groups in Phase 2. Waiting until Phase 2 or 3 to start support groups, when the participant is more clinically stable, is supported by research. Support group alternatives should be made available for those participants whose participation in a support group may be contraindicated (NADCP, Vol.I, p. 43).

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

Portage County uses a five-phase system which is in line with national recommendations. Each phase includes a minimum sobriety time, minimum length of phase, and other requirements as recommended by the National Drug Court Institute (NDCI). The phase structure is clearly laid out in the *Participant Handbook.*

"Return to earlier phase of program" is listed as a sanction in the *Policy and Procedure Manual.* This response should be used extremely sparingly. Returning to a lower phase can exacerbate the abstinence violation effect. Individuals experiencing a lapse after an extended period of abstinence may conclude that they have accomplished nothing in treatment. Dropping a participant to a lower phase while they are experiencing this all-or-nothing thinking could be misconstrued as corroborating this type of thinking (NADCP, Vol.I, p. 32). Often, a more appropriate sanction would be a "phase hold," where participants are not allowed to continue in the current phase until their behavior has returned to pre-violation behavior. If phase demotion is used as a sanction, it should only be used for someone who recently phased up and for a set, short duration of time. Participants should never be asked to entirely repeat a phase they have successfully completed.

Fees are required in each phase. Fees should not be used as a barrier to phase advancement or graduation, as keeping a participant in the program longer than needed can be harmful. Participants should be evaluated based on their ability to pay. Sanctioning a missed group by assessing a fee may cause undue financial hardship on participants. Consider alternative responses to a missed group or treatment service.

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

The *Policy and Procedure Manual* includes a comprehensive procedure for drug and alcohol testing. It includes the requirements for participants, the common occurrences that lead to sanctions (e.g., diluted tests, failure to submit a test, tampered tests), common medications to avoid, language regarding the opportunity to self-report use before the test is collected, and chain of custody information. During this observation, a participant missed a test and was sanctioned appropriately.

Standard 14: Applying Incentives, Sanctions & Therapeutic Adjustments (p. 28-29)	
"Incentives and sanctions for participants' behavior should be administered following evidence-based principles of effective behavior modification."	• "Monitor participants for compliance, reward achievements, and sanction misconduct, using an incentive-to-sanction rate of at least 4-to-1." • "Impose sanctions promptly with certainty, celerity, and fairness." • "Incentivize productive behavior." • "Prohibit participant use of all intoxicating and addictive substances (legal and illegal) unless prescribed by a medical professional." • "Participants are not terminated for continued substance use if they are compliant with all other supervision and treatment requirements, nor are they terminated for a new arrest of drug possession."

The *Policy and Procedure Manual* and the *Participant Handbook* lists a variety of incentives and sanctions. Participants received several incentives during the observed court hearing including verbal praise, applause, incentive coin, and receiving a candy bar for attending pro-social activities for the week. The judge and the Team did a nice job incentivizing productive behaviors. Sanctions observed include reset of sober days, travel restrictions, and monetary payment or community service for a missed group. Therapeutic adjustments that were observed were required contact with treatment provider to schedule additional appointment and a psychological evaluation scheduled through the DOC. The judge tied the sanction being imposed to the negative behavior. The use of therapeutic adjustments was discussed in staffing and court

but is minimally referenced in the *Policies and Procedures Manual* and the *Participant Handbook*. There are several therapeutic adjustments listed as possible sanctions and it is important to keep therapeutic adjustments and sanctions separate, as not doing so can damage the therapeutic relationship. Consider adding to both documents a statement reflecting reasons for therapeutic adjustments versus sanctions and examples of those used within your program. The effective use of incentives, sanctions, and therapeutic adjustments is one of the most difficult skills to master in treatment courts, but one of the most critical. Additional resources are included with this report.

According to the *TAD Site Visit Prep Questionnaire*, 23 participants have been terminated from the program. The reasons for termination should be evaluated to ensure that participants are not being terminated for the reasons stated above and to evaluate any trends that can be identified.

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

The court is incorporating several evidence-based practices in the program, many of which have been highlighted in this report. It is recommended that the Team members continue to attend training, as it is available, through the Wisconsin Association of Treatment Court Professionals (WATCP), National Association of Drug Court Professionals (NADCP), National Drug Court Institute (NDCI), and other recognized professional organizations. A formal training process should also be developed for new Team members. An example protocol is included with this report.

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

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

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

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

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

Recommendation Summary

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

A. Collect and analyze data to determine factors behind participant enrollment, graduation, and/or termination and take reasonable actions to prevent or correct disparities (St. 2, see Report p. 3).
B. Develop Memorandum's of Understanding between the program and treatment providers (St. 4 & 11, see Report p. 3 & p. 10).
C. Ensure the judge and any team members who regularly interact with participants attend motivational interviewing training (St. 5 and St. 15, see Report p. 5 and p. 13).

D. Restructure the judicial interaction to include recognition of days of sobriety (St. 5, see Report p. 5).
E. Be mindful of the language being used during interactions with participants (St. 5, see Report p. 5).
F. Consider adding a more detailed explanation of the admission process and an explanation differentiating between sanctions and therapeutic adjustments for responses to behaviors in program documents (St. 6, see Report p. 6).
G. Add an explanation of the judge's authority over the termination process in the *Participant Handbook* (St. 6, see Report p. 6).
H. Add to the *Participant Handbook* information on the bifurcated filing system, the use and reason for releases of information, and a statement explaining that confidential emails are encrypted (St. 7, see Report p. 7).
I. Continue pursuing procedures that promote the prompt referral and admission of referred participants, preferably within 50 days of arrest (St. 8, see Report, p. 8).
J. Consider allowing referrals from other entities/sources including defense counsel, treatment providers, the Department of Human Services, and self-referrals to increase the number of program referrals (St. 8, see Report, p. 8).
K. Implement a process to obtain a formal substance use diagnosis through a clinical AOD assessment before admission to the program (St. 9, see Report p. 9).
L. Ensure treatment is being individualized for participants based on assessment results and responsivity factors. Exercise caution when requiring trauma services (St. 11, see Report p. 10).
M. Consider ways to increase communication between team members who are working directly with participants (St. 11, see Report p. 10).
N. Phase demotion should be used extremely sparingly (St. 12, see Report p. 11).
O. Ensure fees are not a barrier to phase advancement or graduation and consider alternative responses to missed group or treatment service that does not include assessing a fee as this may cause undue hardship for participants (St. 12, see Report p. 12).
P. Evaluate reasons participants are being terminated from the program (St. 14, see Report p. 12-13).
Q. Attend state and national training events as a Team when it is available (St. 15, see Report p. 13).
R. Develop a formal orientation process for new treatment court team members (St. 15, see Report p. 13).
S. It is a requirement of the grant that data is regularly entered in CORE for evaluation purposes (St. 17, see Report p. 13).

165.95 Alternatives to incarceration; grant program

(3) A county or tribe shall be eligible for a grant under sub. (2) if all of the following apply:

(a) The county's or tribe's program is 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.