Treatment Alternatives and Diversion (TAD) Program: Advancing Effective Diversion in Wisconsin

Advancing Fiscally Sound, Data-Driven Policies and Practices To Enhance Efficiencies in the Criminal Justice System and To Promote Public Safety

EXECUTIVE SUMMARY

2007-2010 Evaluation Report
December 2011

A Collaboration of
The Wisconsin Office of Justice Assistance
The Wisconsin Department of Corrections
The Wisconsin Department of Health Services

Prepared by
University of Wisconsin Population Health Institute
Kit R. Van Stelle, Researcher/Co-Principal Investigator
Janae Goodrich, Research Specialist
Jason Paltzer, Research Specialist

This report can be located online: http://uwphi.pophealth.wisc.edu/about/staff/van-stelle-kit.htm
ACKNOWLEDGEMENTS

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The members of the TAD Advisory Committee have actively participated in the development, implementation, and evaluation of the TAD projects, providing a system-level perspective and invaluable guidance on a wide variety of program issues. They have been dedicated advocates for increasing the use of effective justice strategies throughout Wisconsin, increasing knowledge of TAD through dissemination of evaluation findings and concepts within their local communities, to the state legislature, and statewide. We would like to thank the following TAD Advisory Committee Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Honorable Carl Ashley</td>
<td>Milwaukee County Judge</td>
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<tr>
<td>Gary Bies</td>
<td>Wisconsin 1st Assembly District Representative</td>
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<tr>
<td>Sarah Diedrick-Kasdorf</td>
<td>Wisconsin Counties Association</td>
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<tr>
<td>Jerome Dillard</td>
<td>Nehemiah Community Development Corporation</td>
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<td>Gwen Gibson</td>
<td>WISDOM</td>
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<tr>
<td>Christian Gossett</td>
<td>Winnebago County District Attorney</td>
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<tr>
<td>Terry Greendeer</td>
<td>Ho-Chunk Nation Alcohol/Drug Program Director</td>
</tr>
<tr>
<td>Oren Hammes</td>
<td>Wisconsin Department of Health Services (retired)</td>
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<tr>
<td>Matthew J. Joski</td>
<td>Kewaunee County Sheriff</td>
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<tr>
<td>Jane Klekamp</td>
<td>La Crosse County Justice Sanctions Director</td>
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<tr>
<td>Keith Lang</td>
<td>Lutheran Social Services</td>
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<tr>
<td>Walter Laux</td>
<td>Milwaukee County Department of Health &amp; Human Services</td>
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<tr>
<td>Honorable Elliott Levine</td>
<td>La Crosse County Judge</td>
</tr>
<tr>
<td>Angela McAlister</td>
<td>Wisconsin Association of Alcohol &amp; Other Drug Abuse</td>
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<tr>
<td>Marty Ordinans</td>
<td>Wisconsin Department of Corrections</td>
</tr>
<tr>
<td>Carol Roessler</td>
<td>Former Wisconsin Senator</td>
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<tr>
<td>Lila Schmidt</td>
<td>Wisconsin Department of Health Services</td>
</tr>
<tr>
<td>Erin Slattengren</td>
<td>Wisconsin Office of the Supreme Court</td>
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<tr>
<td>Tony Streveler</td>
<td>Wisconsin Department of Corrections</td>
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<tr>
<td>Kelli Thompson</td>
<td>Wisconsin Office of the State Public Defender</td>
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<tr>
<td>Ray Luick</td>
<td>Wisconsin Office of Justice Assistance</td>
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We would also like to acknowledge the contributions of the dedicated staff at each of the seven TAD project sites who have been tireless proponents of the TAD approach, who diligently collected and reported the participant data, and who have shown exceptional patience and good humor: Roberta Rudiger and Tessa Anderson (Burnett TAD), Jim LeDuc and Bill Weaver (Washburn TAD), Debra Natzke and Todd Campbell (Dane TAD), Holly Szablewski, Ed Gordon, and Mark Rosnow (Milwaukee TAD), Sergeant Laurie Sprecher, Captain Brent DeRemer, and Sergeant Jason Harding (Rock TAD), Stacie Kussard and Kim Kunz (Washington TAD), and Ryan McMillen and Nathaniel Hargrove (Wood TAD).

We would also like to acknowledge the assistance of the University of Wisconsin LaFollette School of Public Policy in their collaboration on the cost-benefit analyses.
INTRODUCTION

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.” As a result, collaboration among the Wisconsin Office of Justice Assistance (OJA), the Wisconsin Department of Corrections (DOC), and Wisconsin Department of Health Services (DHS) established the Treatment Alternatives and Diversion (TAD) grant program in 2006.

This evaluation report documents the implementation of the TAD program in seven sites in Wisconsin and examines the individual outcomes of offenders who participated in the TAD projects between January 1, 2007 and December 31, 2010. The University of Wisconsin Population Health Institute (PHI) collaborated to provide technical assistance with the evaluation of the TAD projects since their inception. The evaluation of TAD included both qualitative process evaluation as well as quantitative evaluation of intermediate and long-term outcomes. A full description of evaluation methods and data limitations is included in the full evaluation report available through http://uwphi.pophealth.wisc.edu/about/staff/vanstellek.htm.

The wealth of evaluation data supporting the effectiveness of TAD included in this report can be partially attributed to the foresight of the Wisconsin legislators who crafted the TAD model in 2005. In addition to developing the TAD model and requiring the integration of evidence-based practices (EBP), the legislation included required evaluation of the model and allowed a five-year timeframe for the assessment of participant outcomes. The current state budget (2011 WI Act 32) allows for ongoing funding of the TAD program with expansion to at least one new project site in 2012, and specifically designates $45,000 annually for the continuing evaluation of TAD projects. The continued evaluation of TAD will allow further examination of long-term impacts on offender outcomes.

WAS TAD IMPLEMENTED EFFECTIVELY?

All seven TAD sites provide participants with case management, substance abuse treatment, drug testing, and monitoring, but vary in program model/approach, length, treatment intensity, and target population. Four of the TAD projects are adult drug treatment courts: Burnett County (in collaboration with the St. Croix tribe), Washburn County, Wood County, and Rock County. Utilizing standard drug treatment court models, these sites serve non-violent offenders pre- and post-adjudication through the integration and collaboration of judicial, treatment, probation, social services, law enforcement, and case management services. Three of the TAD projects utilize diversion models: Milwaukee County (pre-charging diversion and deferred prosecution), Washington County (diversion of operating while intoxicated and offenders entering an alternative to revocation of correctional supervision), and Dane County (pre-trial bail diversion based in arraignment court).

A total of 2,061 offenders were admitted to TAD between project start in 2007 through December 31, 2010 (four complete years of project admissions). A total of 1,856 participants were discharged from TAD projects during the four-year period examined, with 64% successfully completing (1,191). TAD diversion projects had a completion rate of 66% and TAD treatment courts had a graduation rate of 55%.

TAD projects developed comprehensive substance abuse treatment programs using evidence-based practices in collaboration with local community service and criminal justice systems. A detailed description of TAD project integration of each of the 2005 Act 25 implementation requirements can be found in the 2011 full evaluation report. The TAD program meets all of the legislative requirements detailed in 2005 WI Act 25 (Table 1).
Table 1: How Does the Implementation of TAD Compare to the Requirements of 2005 WI Act 25?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Develop Substance Abuse Treatment Programs for Criminal Offenders</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Serve Non-Violent Offenders</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Use Evidence-Based Practices</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Use Sanctions and Incentives</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Provide Comprehensive (Holistic) Treatment To:</td>
<td></td>
</tr>
<tr>
<td>Eliminate or Reduce Use of Alcohol or Other Drugs</td>
<td>✓</td>
</tr>
<tr>
<td>Improve Mental Health</td>
<td>✓</td>
</tr>
<tr>
<td>Facilitate Gainful Employment or Enhanced Education/Training</td>
<td>✓</td>
</tr>
<tr>
<td>Provide Stable Housing</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Integrate Mental Health Services</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Utilize Certified Treatment Providers</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Require Participants to Pay for Services</td>
<td>✓</td>
</tr>
<tr>
<td>Collaborate with Key Local Stakeholders</td>
<td>✓</td>
</tr>
<tr>
<td>Projects Are Designed To:</td>
<td></td>
</tr>
<tr>
<td>Reduce Prison and Jail Populations</td>
<td>✓</td>
</tr>
<tr>
<td>Reduce Prosecution and Incarceration Costs</td>
<td>✓</td>
</tr>
<tr>
<td>Reduce Recidivism</td>
<td>✓</td>
</tr>
<tr>
<td>Improve the Welfare Of Participants</td>
<td>✓</td>
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</tbody>
</table>

DOES TAD WORK?

The evaluation of TAD reveals that the program has successfully implemented alternatives to prosecution and incarceration for non-violent offenders with alcohol and other drug problems, and has positively impacted both offender outcomes and the service systems within local communities.

1. TAD projects incorporate a wide variety of evidence-based practices recommended for the management of correctional populations, substance abuse treatment, case management, criminal risk and needs assessment, drug treatment courts, and judicial processing and decision-making.
2. The TAD program evaluation demonstrates reduced recidivism rates among those who complete project requirements. This reduction in recidivism has significant implications for future justice system costs and enhances the opportunity for positive personal and family outcomes.
3. Implementation of the TAD program has resulted in enhanced collaboration among members of local TAD project teams, within county service systems, among TAD project sites, and among state agencies (OJA, DOC, DHS, and UW-Madison).
4. Through the creation of TAD, the criminal justice system is able to provide increased opportunities for the treatment of substance abusing offenders and to reduce their risk of social, economic, and health problems. In addition to increased criminal justice costs, substance abuse contributes to chronic disease, decreased productivity, social and family disruption, lack of educational attainment, and increased health care costs.
5. TAD funding has increased local substance abuse treatment capacity, providing additional funding for treatment of offenders.
6. TAD has increased local treatment quality and level of offender monitoring.
7. TAD participation positively impacts case disposition, resulting in increased dismissal of charges and negating the need for further justice system processing.
8. TAD has positive impacts on individual participants and families.
9. TAD has achieved high levels of local community support.
10. TAD projects continue to modify and improve their service models based on evaluation feedback.
TAD projects successfully divert non-violent offenders with alcohol or other drug problems from jail and prison incarceration. A total of 135,118 incarceration days were averted by TAD projects during the first four years of TAD (86,530 jail days and 45,588 prison days).

More than three-quarters of TAD participants (76%) are not convicted of a new crime after program participation. Overall, 15% are convicted within one year of program discharge, 21% are convicted within two years of program discharge, and 24% are convicted within three years of program discharge (cumulative count).

Offenders who complete TAD are significantly less likely (19%) than those terminated (33%) to be convicted of a new crime after program participation. Figure 1 reveals that graduates were significantly less likely than terminations to be convicted of a new offense within one year after TAD discharge (11% vs. 23%), within two years after discharge (17% vs. 29%), and within three years after discharge (19% vs. 33%).

TAD participants are less likely to be convicted of a new offense after project discharge than those who do not participate. The overall TAD conviction rate of 24% for all participants is lower than that of 38.2% for offenders released from prison and convicted of a new crime within three years (Wisconsin Department of Corrections, 2008) and the overall conviction rate for TAD graduates of 19% is half of that comparison rate.

TAD participation also successfully impacts subsequent state prison incarceration. Overall, 12% of TAD participants were admitted to prison after discharge -- 7% are admitted within one year, 11% are admitted within two years, and 12% are admitted within three years. This is higher than incarceration rates reported by DOC for offenders on probation with no prior prison incarceration (3.8%), but the TAD rate is much lower than that for all prison releases (43.7%) (Wisconsin Department of Corrections, 2008).

Offenders who complete TAD are nine times less likely to be admitted to state prison after program participation than those who do not complete TAD projects (3% vs. 28%). Successful completion of TAD impacts the likelihood of prison incarceration after discharge (Figure 2). Graduates are less likely than terminations to be incarcerated in state prison within one year after TAD discharge (1% vs. 18%), within two years after discharge (2% vs. 26%), and within three years after discharge (3% vs. 28%).
Cost-benefit analyses of TAD reveal that TAD projects save money through avoided incarceration and crime. Figure 3 shows the benefit-cost ratios for treatment courts, diversion projects, and for all seven projects overall. The overall benefits ($4,723) and costs ($2,447) for all seven TAD projects yielded a ratio of 1.93. This ratio of 1.93 means that for every $1 invested in TAD, it yields benefits of $1.93 to the criminal justice system. For the four treatment courts, the benefits ($10,175) and costs ($7,551) yielded a ratio of 1.35. For the three diversion projects, the benefits ($3,460) and costs ($1,664) yielded a ratio of 2.08. TAD treatment courts had higher project costs than the TAD diversion projects, but these higher project costs can be attributed to the longer length of program participation, greater treatment intensity, higher rates of drug testing, and more intensive participant monitoring yielding potentially larger treatment success rates and larger long-term benefits. In addition to having higher costs, TAD treatment courts also result in larger net benefits to the criminal justice system than diversion projects.

Figure 3: TAD Costs, Benefits, and Benefit-Cost Ratios

The true net benefits of TAD are underestimated in the current analyses because those broader benefits (i.e., employment, improved physical and mental health, etc.) could not be considered. Inclusion of such impacts would likely increase the estimates for the long-term benefits of TAD that are currently not represented in this analysis (Aos, 2011; Marlowe, 2010). Future cost analyses of TAD should include consideration of these factors, particularly employment status after program participation.
1. The TAD program has demonstrated that well-coordinated, monitored, and evaluated projects grounded on evidence-based practices deliver fiscal benefits based on the costs averted from prison and jail days served.

2. TAD projects are effective in both pre-trial and post-conviction applications. The TAD program was designed to allow counties to implement project models based on local needs and built upon community assets and resources, resulting in the implementation of both pre-trial and post-conviction projects. Standardized data collection methods were employed for all projects allowing for the conclusion that costs associated with continued criminal activity and recidivism can be reduced within this target population at a variety of stages of criminal justice system processing.

3. TAD projects are effective in both rural and urban environments. Averted costs can be realized regardless of county size and/or composition, ranging from treatment court projects in Burnett and Washburn Counties to diversion projects in Milwaukee County.

4. The comprehensiveness of future cost-benefit analyses would be improved with the inclusion of an assessment of TAD impacts related to additional factors such as increased employment and productivity, decreased substance use, decreased health care utilization, avoided foster care placements, drug-free births, and avoided crime victimization costs.
HOW CAN TAD BE IMPROVED?

Based on both the evaluation results and current evidence-based practices, the TAD Advisory Committee developed the following recommendations for improvement of the TAD program:

1. Require consistent and effective use of validated criminal risk and needs assessments to encourage the full integration of assessment results into all aspects of program design, participant selection, operations, and decision-making.
2. Require that TAD projects serving offenders as an alternative to revocation (ATR) of correctional supervision develop a collaborative plan with DOC to coordinate proper case referrals, supervision, case management, and treatment for these offenders.
3. TAD must implement treatment and case management strategies consistent with evidence-based practices, specifically prioritizing the assessed criminogenic needs of moderate and high risk offenders.
4. Each project must incorporate evidence-based practices that include case management, formal referral procedures, and cross-system coordination as part of a managed case approach to service delivery.
5. The State of Wisconsin should coordinate and pursue solutions to high volume and critical program functions, such as laboratory support for urinalysis/drug testing and for mental health services, that are integral to all treatment and diversion projects to realize cost efficiencies.
6. The State of Wisconsin should provide periodic training to local and state community justice stakeholders on the latest evidence-based practices and treatment standards.
7. Direct the state agencies responsible for managing administrative data systems to provide data relevant to the evaluation of TAD as part of a shared responsibility. Consistent with appropriate privacy and security arrangements, agencies should make data available to the agency responsible for the evaluation of TAD.
8. Require that evaluation reports summarizing site implementation progress and activity be submitted in July 2012 and July 2013. Require that an evaluation report on TAD implementation, cost/benefit, and offender outcomes be submitted in July 2014, and in even years thereafter.
9. Change the statute(s) relating to TAD to modify the participant eligibility criteria. Modify the language to allow projects to enroll persons with a prior charge or conviction that would exclude them from program eligibility if the local project team and/or advisory committee determine that the offender is otherwise suitable and appropriate for project participation.
10. Change the statute(s) relating to TAD to expand the current limited scope of standards to include criminal justice EBP principles for correctional populations to:
   • Require that services be evidence-based and address offenders' criminogenic risks, needs, and responsivity characteristics;
   • Require the development of an accountability system for monitoring, tracking, and utilizing the grant funds and to evaluate the effectiveness of the grant funds;
   • Require evaluation of projects which receive grant funds using a research-based process evaluation targeting the critical components of effective projects to ensure that the project is being delivered as designed. Continued funding should be contingent on the project meeting established goals.
11. Continue to structure TAD as a multi-agency, collaborative effort among OJA, DOC, and DHS.
12. Continue TAD’s commitment to independent and comprehensive program evaluation through effective partnerships between state and local agencies.
13. Continue to promote and encourage local development of projects that utilize evidence-based practices to address local conditions and needs.
14. Continue to require the use of evidence-based practices for any program component used in the design or implementation of future TAD projects.
15. Continue to require that TAD projects establish and maintain local oversight committees and that the committees meet on a regular basis to provide overall program guidance and direction.

TAD 2007-2010 Evaluation Report – Executive Summary
TAD projects have positive impacts on individual offenders, communities, and local service systems. The results of the current evaluation reveal that the TAD program effectively diverts non-violent offenders with substance abuse treatment needs from incarceration and reduces criminal justice system costs.

This summary and a copy of the full evaluation report can be located online at: http://uwphi.pophealth.wisc.edu/about/staff/van-stelle-kit.htm

References:

