

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*

**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*



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TERMS AND DEFINITIONS

Alternative to Revocation (ATR): Refers to an Alternative to Revocation (ATR) of probation or extended supervision in lieu of incarceration by the Division of Community Corrections. An ATR is a formal response to an offender's violation of the rules or conditions or supervision. It is intended to correct and enable the offender to demonstrate that they are suitable for return to community supervision. If the ATR is not successfully completed the community supervision can be revoked and the original sentence can be imposed resulting in incarceration.

Case Diversion: For the purposes of this report, case diversion refers to court case outcomes for offenders participating in the TAD program. Positive outcomes can include case dismissal, reductions in charges, successful completion of an alternative to revocation placement, or successful completion of a deferred prosecution agreement. Negative case outcomes can include conviction, incarceration, or referral to other programs.

Co-Occurring Mental Health Disorder: Co-occurring disorder refers to individuals diagnosed with both a mental health disorder and a substance abuse disorder. These individuals can also be categorized as "dually diagnosed".

Criminal Risk/Needs Assessment: The level of criminal risk and criminal needs for an offender is determined by a validated criminal risk/needs assessment. These assessments measure the risk that the offender will reoffend, the risk that the offender will fail to appear at required court dates, and the treatment needs of the offender.

Project Discharge: For the purposes of this report, discharge refers to an offender that exited a TAD project for any reason. This term includes all graduates, completers, terminations, and drop-outs together as a group.

Diversion Projects: Diversion projects allow "front-end" diversion from court processing and subsequent jail incarceration for non-violent offenders with substance abuse treatment needs. These models offer offenders the opportunity to participate in substance abuse treatment in lieu of criminal charging, diverting them from the criminal justice system. Diversion models can include bail monitoring, deferred prosecution agreements, diversion from prosecution, and alternative to revocation (ATR) of probation/parole.

Evidence-Based Practice (EBP): An evidence-based practice (EBP) is a practice or process that has been validated by research and has been shown to be effective in producing positive offender outcomes. Numerous EBPs have been identified related to specific populations and intervention approaches (i.e., substance abuse treatment, treatment courts, correctional populations, etc.).

Graduate/Completer: A graduate/completer refers to an offender who has successfully met all of the participation requirements set forth by each individual TAD project.

Incarceration Averted: For the purposes of this report, incarceration days averted refers to days that TAD participants did not spend incarcerated in jail and/or prison as a direct result of participation in the TAD program. Estimates of incarceration averted were provided by TAD project staff for each offender discharged.

Length of Follow-Up: The length of follow-up referenced in this report refers to the number of days between TAD discharge and December 31, 2010 for each participant.

New Conviction: In this report, a new conviction refers to conviction for a new offense in Wisconsin after discharge from the TAD program that was documented in the Consolidated Court Automation Programs (CCAP) database. This definition does not include traffic offenses or civil cases for participants. Operating after license revocation/suspension was counted as a new conviction if the offender had been admitted to TAD for an operating while intoxicated (OWI) offense. This definition of new conviction does not include cases where the charges were dismissed. For new offenses that were missing case disposition information in CCAP at the time of data collection, the offender was assumed to have been convicted of the offense.

New Incarceration: For the purposes of this report, a new incarceration refers to any admission to a Wisconsin state prison after discharge from the TAD program as documented in the DOC administrative data systems.

Recidivism: In this report, recidivism refers to conviction for a new offense after TAD discharge and/or admission to state prison for any reason after TAD discharge. This definition does not include TAD participants who were arrested and charged with new offenses, but who were not convicted.

Statistical Significance: A reference to statistical significance means that the relationship or difference between the two measures was unlikely to have occurred by chance. Many of the tables in this report contain a footnote reading, “*difference significant at $p < .05$ or better.*” This provides a measure of confidence in the results obtained, signifying that there is only a 5% chance that the difference observed occurred randomly.

Termination: A termination from TAD refers to a participant who did not complete all of the mandatory project requirements, and was terminated from services due to non-compliance, absconded from services, or voluntarily dropped out of the program.

Treatment Courts/Drug Treatment Courts: Adult treatment courts are based on the ten key components developed by the National Drug Court Institute. Non-violent offenders with substance abuse treatment needs typically enter treatment courts pre-plea, post-plea, post-conviction, or as an alternative to revocation of community supervision. Treatment courts are typically 12-18 months in length and offer comprehensive case management, monitoring, and treatment services. This model offers offenders the opportunity to participate in substance abuse treatment in lieu of further criminal justice system processing.

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.” 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)). The goals of the TAD program are to “...promote public safety, reduce prison and jail populations, reduce prosecution and incarceration costs, reduce recidivism, and improve the welfare of participants’ families...”.

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. Annual TAD site progress reports were prepared by PHI evaluation staff in 2007, 2008, and 2009 and are available through <http://uwphi.pophealth.wisc.edu/about/staff/vanstellek.htm>.

Funding for TAD Projects

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. Twenty-four counties responded to the Treatment Alternatives and Diversion Grant Announcement published by the Office of Justice Assistance (Appendix A). These 24 applications requested more than \$4 million from the TAD Program that was allocated approximately \$755,000. Funding for this program was identified as originating from a Penalty Assessment Fund considered to be State Program Revenue in the budget.

Counties that originally submitted grant applications for funding in 2006 included Barron, Bayfield, Burnett, Columbia, Dane, Dunn, Grant, Eau Claire, Jackson, Kenosha, La Crosse, Milwaukee, Monroe, Outagamie, Racine, Richland, Rock, St. Croix, Trempealeau, Vilas, Washington, Waukesha, Winnebago, and Wood.

Each application was reviewed to determine if the proposal was responsive to the program requirements. Two teams of reviewers were called upon to rate the applications based on the description of the local problems to be addressed, project objectives, project design and implementation strategy, and budget. The scores resulting from these ratings and the level of funds available were used to identify the successful projects. Contacts were made to review the budgets and negotiate the final grant awards.

As a result of this process, OJA determined that sufficient funding was available to support five grant awards that would operate in six counties: Rock, Dane, Wood, Washington,

and Burnett/Washburn (jointly). Based on budget requirements and funds available, Milwaukee County, which scored in the top five in the rating process, could not be funded within the legislatively authorized funds available. Due to the critical nature of involving the state's largest county in this project, other priorities were adjusted and a separate grant award was made to Milwaukee County to support their project from a variety of federal program revenues.

All of the TAD projects have been operating since January 1, 2007 using a combination of state and federal program resources. Each project was required to reapply for funding annually in subsequent years. Beginning on January 1, 2011, these projects will all be supported through the same fund source for the first time. However, due to state budget shortfalls each project has been subjected to budget cuts and will also be required to supply 25% in matching funds beginning January 1, 2012 in order to continue to receive the state grant support.

Evaluation of TAD

2005 WI Act 25 also required that OJA contract for evaluation of the TAD projects, and that these evaluation services be funded with moneys appropriated under s. 20.505 (6) (b) and (ku) with one percent of the total grant award. The three primary collaborating agencies recognized that the small amount of funds designated for evaluation would not adequately fund the required evaluation activities and technical assistance needed for TAD, and agreed to share the cost of the evaluation services provided by the University of Wisconsin Population Health Institute (PHI) through a contract with DOC which began in late 2006.

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.

Program Evaluation Methodology: The evaluation of TAD conducted by the University of Wisconsin Population Health Institute 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 Appendix B.

The process evaluation included measures of project capacity and operation, number of clients served, and environmental and contextual factors affecting implementation. It also included the collection of project performance data through the creation and implementation of a customized Microsoft Access database that allowed TAD sites to systematically document participant characteristics, assessment results, services provided, and offender outcomes at both program admission and discharge. The staff at each TAD site provided invaluable input into the development and implementation of the participant database. Each site submitted these data to PHI on a monthly basis, and PHI evaluation staff performed data quality monitoring and provided monthly feedback to each site. TAD site staff showed a great deal of dedication in submitting the extremely detailed participant data in a timely and consistent fashion. In addition

to coordination of the common participant-level database, PHI also responded to requests from the project sites and the Legislative Fiscal Bureau for data and summaries as necessary, reviewed quarterly reports and annual reapplications for funding, facilitated annual group meetings of TAD site representatives, conducted half-day meetings with project teams in 2009 to document project progress, reviewed project documents, and collaborated with OJA, DOC, and DHS staff.

To assess the utilization of evidence-based practices (EBP) by the TAD sites, PHI developed a survey in 2010 based on a review of the current literature and staff at each TAD site completed it. The survey requested information pertaining to substance abuse treatment curriculae, treatment intensity, treatment approaches, drug court practices, local court sentencing practices, and recommendations for the incorporation of EBPs into future TAD projects.

The outcome evaluation included an examination of criminal justice recidivism after discharge from TAD projects. The TAD participant-level database allowed sites to provide offender identifying information to facilitate the collection of participant outcome data from state data systems. With extensive assistance from OJA and DOC staff, PHI received individually identifiable data on criminal charges and convictions for 2,061 TAD admissions from the Consolidated Court Automation Programs (CCAP) database with the assistance of OJA. In addition, PHI received individually identifiable data on admission to state prison for 2,061 TAD participants from the Department of Corrections administrative data systems.

To improve the accuracy of the criminal recidivism data, PHI staff utilized the Social Security Death Index (SSDI) available on-line to determine if any of the TAD participants had died after project admission. Sixteen participants (seven completers and nine terminations) were determined to be deceased and were excluded from the outcomes analyses as appropriate.

The data for 2,061 TAD admissions and 1,855 discharges was summarized using simple descriptive statistics, chi-square, and one-way analysis of variance for continuous measures.

Data Limitations: There are several limitations associated with the data available to document offender outcomes for TAD participants: (1) Lack of a common identifier across state agency data systems that can be used to link/match data on the individual level, (2) the CCAP database provides data on criminal charges but does not always contain updated case disposition, (3) the DOC administrative data systems contain data limited only to prison incarceration in Wisconsin, (4) Department of Workforce Development (DWD) employment data were not made available for inclusion in this evaluation study, (5) the evaluation does not include measurement of offender substance use after TAD discharge, and (6) recidivism analyses include an examination of criminal charging and conviction data, but could not include data on arrests (Crime Information Bureau data on arrests was examined in 2008 but was missing arrest data for many TAD participants who had a documented conviction in the CCAP database).

This report summarizes the results of the evaluation of TAD and is organized around the purpose and goals of TAD specified in the legislative language in 2005 WI Act 25. The primary report headings relate to the goals of TAD outlined in 2005 WI Act 25.

DEVELOPMENT OF SUBSTANCE ABUSE TREATMENT PROGRAMS FOR CRIMINAL OFFENDERS

“The office shall make 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.”(2005 WI Act 25)

DESCRIPTION OF TAD PROJECT SITES

The seven TAD project sites in Wisconsin utilize a variety of project models to divert offenders from incarceration and provide treatment and monitoring services (Table 1). All of the projects were operational by July 2007 after a January 1, 2007 funding start. Table 1 describes the seven project models, listing the four treatment courts and then the three diversion projects.

Table 1: Brief Overview of TAD Project Implementation Sites

	Burnett County	Washburn County	Rock County	Wood County	Dane County	Milwaukee County	Washington County
Model	Drug Court	Drug Court	Drug Court	Drug Court	Bail Diversion	Pre-Trial Diversion	Diversion and ATR
Date of 1st Admission	January 2007	February 2007	April 2007	January 2007	July 2007	March 2007	March 2007
Annual Capacity	8-10	8-10	110	40-50	20-25	200-300	40

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, Washington County, and Dane County. Milwaukee County has developed a pre-charging diversion and deferred prosecution project. Washington County diverts eligible offenders charged with operating while intoxicated (OWI) and offenders under community supervision by the DOC as an alternative to revocation (ATR). Dane County has developed a pre-trial bail diversion project called the Day Reporting and Treatment (DART) program based in arraignment court.

Adult Drug Treatment Courts

- **Burnett County and Washburn County:** 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. The courts have implemented a joint intensive MATRIX model outpatient program with collaboration from ACCESS, Inc. The courts focus on offenders involved in drug-motivated crimes or OWI 4th+, those needing long-term treatment and support, and those who participate as an alternative to revocation (ATR) of probation or parole/extended supervision. Both sites have drug court case managers, with county MH/AODA Coordinators providing clinical supervision. Referrals are received from probation agents, the District Attorney, and the county jail.
- **Rock County:** Rock TAD was originally modeled after the Rock County Education and Criminal Addictions Program (RECAP) operated by the Rock County Sheriff's Department and now utilizes a traditional adult drug treatment court model. Eligible offenders are referred to the program by the courts and by the DOC. Eligible non-violent offenders are diverted from jail to TAD services provided through ATTIC Correctional Services, Inc. Rock TAD serves primarily individuals charged with drug-related offenses and collaborates with local programs for treatment, education, and employment services.
- **Wood County:** The Wood County Adult Drug Treatment Court has been in existence since October 2004. It began as a pilot program and has evolved into an established alternative to incarceration program with a capacity of 30 participants and an operational drug court team. The main focus of the court is medium to high-risk offenders with drug dependency issues. Wood TAD works in collaboration with the Oak Side Inpatient Treatment Center, St. John's Hospital, The Affinity House, and the Fahrman Center in Eau Claire, and the Tellurium Center in Madison to provide in-patient treatment for their participants.

Diversion Projects

- **Dane County:** TAD funding has been used to create or enhance three diversion efforts in Dane County: The Day Report and Treatment Program (DART) with an annual capacity of 20-25 offenders, Dane County Drug Treatment Court (3-5 treatment slots), and Treatment Alternatives Program (3-4 treatment slots). *DART* is a pre-trial bail diversion monitoring and treatment program designed to link low to moderate risk AOD abusing offenders to jail diversion programming by developing an early system of assessment and referral to supervised treatment or other appropriate existing diversion programming as soon as possible following their initial court appearance. *DART* participants are often referred to drug court or the Treatment Alternatives Program upon successful completion. *DART* is a collaborative effort between the Journey Mental Health Center (formerly the Mental Health Center of Dane County) and Hope Haven, Inc.
- **Milwaukee County:** Milwaukee County TAD is a pre-trial diversion project which diverts non-violent offenders who have a substance abuse and/or co-occurring mental health problem through either pre-charging diversion or deferred prosecution. Through pre-charging diversion, an individual is diverted prior to the District Attorney issuing a charge. If the diverted individual successfully participates in case management and treatment services no charges are filed. Through deferred prosecution an offender enters a plea, judgment is deferred, and the case is held open for a period of time with the condition that the individual

complete TAD requirements. Successful completion of the project results in dismissal or reduction of the charges. TAD pretrial services, screening, and case management services are provided by Justice 2000 and Wisconsin Community Services (WCS) is the contracted provider for substance abuse screening, assessment, and treatment.

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

Table 2 provides a brief summary of the 2,061 offenders admitted to TAD between project start in 2007 through December 31, 2010 (four complete years of project admissions). The majority of admissions have been males with an average age of 29 years at the time of admission. Overall, TAD admissions were 57% white (including Hispanic), 35% African American, and eight percent Native American, Asian, or other. Nearly two-thirds (63%) entered TAD with offenses related to drug possession/manufacture/delivery and 14% were charged with operating while intoxicated (OWI). Nearly one-half (42%) had marijuana as their drug of choice and about one-quarter (26%) had alcohol as their drug of choice. The drug of choice varied by site depending upon the target population of the project model and local community context.

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington
# of Admissions	33	24	277	74	137	1,153	363
Male	55%	79%	76%	69%	68%	77%	76%
Average Age	36 yrs	28 yrs	28 yrs	26 yrs	30 yrs	28 yrs	31 yrs
Race:							
Caucasian	58%	88%	77%	93%	59%	36%	96%
African American	0	0	20	0	33	53	2
Native American	42	8	0	3	1	1	1
Other	0	4	3	4	7	10	1
Offense Type:							
Drug	52%	33%	78%	80%	40%	78%	11%
Property	3	33	13	14	29	12	9
OWI	36	21	1	0	6	<1	74
Other	9	13	8	6	25	10	6
Drug of Choice:							
Alcohol	39%	50%	14%	8%	26%	13%	78%
Amphetamines	40	0	<1	1	0	0	<1
Cocaine/crack	0	12	8	8	23	18	4
Marijuana	18	33	62	71	9	50	12
Opiates	0	0	16	11	42	17	6
Other/not assessed	3	5	0	1	0	2	0

PROJECTS SERVE NON-VIOLENT OFFENDERS

2005 WI Act 25 specified that TAD projects should serve non-violent offenders, where “violent offender means a person to whom one of the following applies:

- 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.
- 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.”

DEMOGRAPHIC DESCRIPTION OF TAD ADMISSIONS

Table 3 contains selected demographic information describing the 2,061 non-violent offenders with substance abuse treatment needs admitted to TAD projects during the four-year period examined, contrasting the treatment court and diversion project participants. Diversion projects admitted a larger proportion of African American offenders than treatment court projects, primarily due to the large number of cases from the Milwaukee TAD diversion project (1,153) included in the sample.

Table 3: Selected Demographic Information for Participants Admitted to TAD 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 408	N = 1,653	N = 2,061
Gender:			
Male	73%	76%	75%
Female	27	24	25
Age:			
17-25 years	53%	50%	51%
26-35 years	25	26	26
36-45 years	15	14	14
46+ years	7	10	9
[Average in years]	28 years	29 years	29 years
Race:			
Caucasian (includes Hispanic)	79%	51%	57% *
African American	14	40	35
Native American	4	1	2
Asian	<1	1	<1
Other	2	7	6
Ethnicity:			
Non-Hispanic	97%	93%	94% *
Hispanic	3	7	6
<i>*difference significant at p<.05 or better</i>			

Two-thirds of the offenders admitted to TAD projects were charged with drug-related offenses (Table 4). Diversion projects served a larger proportion of OWI offenders and treatment court projects were significantly more likely to admit those with drug-related offenses. Overall, 9% of TAD admissions entered the projects as an alternative to revocation (ATR) of probation or parole/extended supervision, with treatment courts serving a larger proportion than diversion projects. Slightly more than one-third of treatment court admissions were on correctional supervision (probation or parole) at the time of admission. If offenders are admitted to TAD treatment and monitoring as an alternative to revocation of their community supervision, they can avoid revocation and likely incarceration through successful completion of the program.

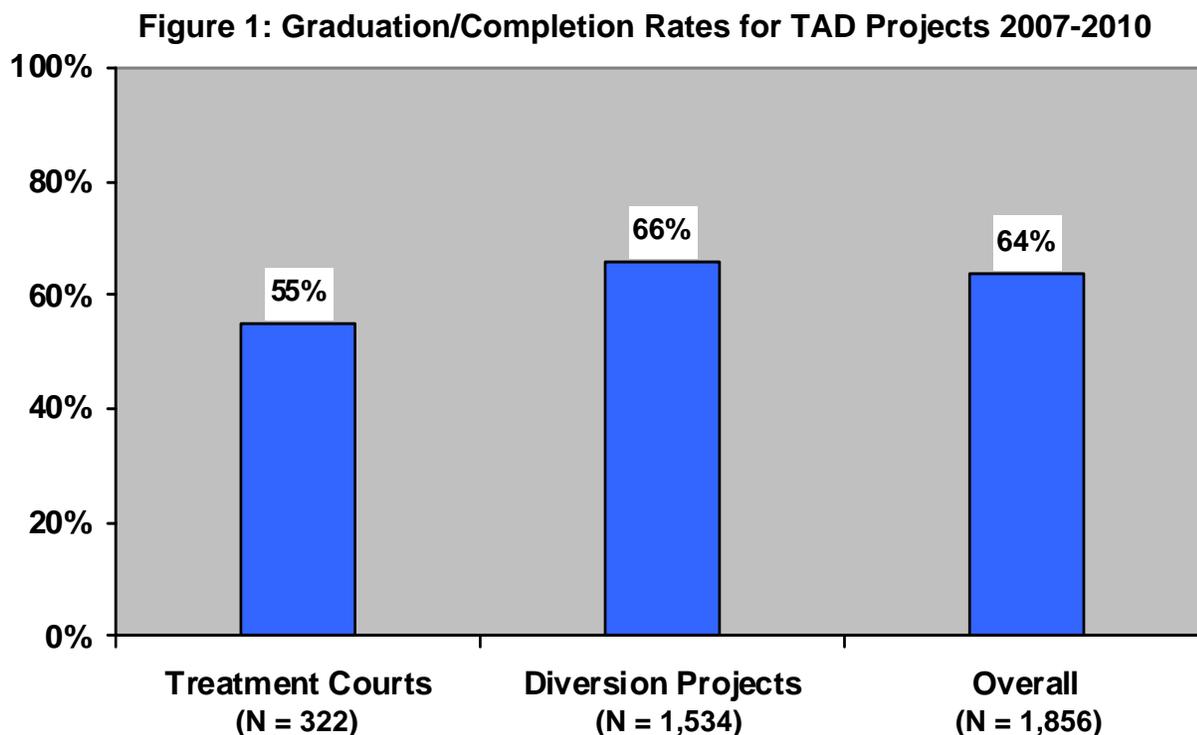
Table 4: Criminal Offense and History Information TAD Admissions 2007-2010

	Treatment Courts	Diversion Projects	Overall
	N = 408	N = 1,653	N = 2,061
Offense at Admission			
Drug-related (possession/delivery/manufacture)	73%	60%	63% *
Property/fraud	14	12	13
OWI	5	17	14
Disorderly conduct	<1	3	2
Criminal damage/endanger safety	2	1	1
Other	6	7	7
Admitted as Alternative to Revocation (ATR) of Probation/Parole	16%	8%	9% *
Average Age at First Adult Arrest	21 years	23 years	23 years *
Average Number of Lifetime Adult Arrests	7 arrests	4 arrests	4 arrests *
Under Supervision at Admission:			
On Probation	35%	8%	13% *
On Parole (ES)	6%	1%	2% *
<i>*difference significant at p<.05 or better</i>			

PROGRAM COMPLETION/GRADUATION

A total of 1,191 offenders successfully completed TAD projects during the four-year period examined, with 176 successfully graduating from treatment courts and 1,015 successfully completing diversion project requirements.

Figure 1 reveals that 64% of TAD admissions successfully completed, with diversion projects reporting a completion rate of 66% and drug treatment courts reporting a graduation rate of 55%. The differences in completion rates between the sites are due primarily to differences in project length (3-18 months), model (drug court vs. diversion), project setting (urban vs. rural), and population type (demographics, offense type, etc.). The majority of those terminated were discharged for project non-compliance or refusal to participate.



Comparison to Literature

The Wisconsin TAD treatment court graduation rate of 55% exceeds the national drug court graduation rate estimated at 50% (Sanders, Richardson, & Mosley, 2006). The treatment court model enhances compliance with treatment requirements and Marlowe (2010) states that “Unless substance abusing/addicted offenders are regularly supervised by a judge and held accountable, 70% drop out of treatment prematurely.” Other evaluation efforts around the nation have documented similar program graduation rates for treatment courts, with graduation rates in Maine of 61% (Dowling, 2010), graduation rates in Virginia of 46% (Virginia Legislative Information System, 2010), graduation rates in Michigan of 50% (Michigan Supreme Court, 2008), graduation rates in Oregon of 43% (NPC Research, 2009), and graduation rates in North Carolina of 38% (Parker and Smith, 2010).

The TAD diversion project completion rate of 66% is slightly lower than that of similar programs. A large-scale review of 57 pre-trial diversion programs (National Association of Pretrial Services Agencies, 2009) reported that the median completion rate was 85%, with the majority of programs reporting completion rates of at least 70%. However, it is higher than the 55-59% completion rate for diversion and deferred prosecution agreements in Milwaukee County during 2007 (Kempinen, 2010).

Project Length of Stay

Length of stay in treatment programs is an important predictor of successful individual outcomes. A treatment court practice that has been related to lower correctional costs through reduced recidivism is a length of stay of at least one year (Carey, Finnigan, and Pukstas, 2008). In addition, Marlowe (2010) states that treatment courts “are six times more likely to keep offenders in treatment long enough for them to get better.”

Overall, TAD participants had an average length of stay of 182 days (6 months) in TAD projects (Table 5). The average length of stay varied significantly by both program model and by graduate/termination. TAD graduates received project services for an average of 203 days (6 months), staying twice as long in treatment courts (about 10 months) as in diversion projects (about 5 months). However, it should be noted that graduates in three of the four TAD treatment courts stayed an average of 16 months, exceeding the 12 month length of stay recommended as an evidence-based practice. The differences in length of stay across sites accentuate the variety of project models implemented in the seven TAD sites, with terminations in some sites engaged in the projects longer than graduates at other sites.

Table 5: Length of Project Stay for TAD Discharges Project 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 322	N = 1,534	N = 1,856
Average Length of Stay in Project	297 days	157 days	182 days *
Graduates/Completers	377 days	173 days	203 days *
Terminations	201 days	127 days	143 days
<i>* difference significant at p<.05 or better</i>			

PROJECTS USE EVIDENCE-BASED PRACTICES

“Services provided under the program are consistent with evidence-based practices in substance abuse and mental health treatment, as determined by the department of health and family services, and the program provides intensive case management.” (2005 WI Act 25)

A large body of research has supported the importance of incorporating evidence-based practices into projects focusing on treatment and diversion of criminal offenders (Warren, 2007; Stitzer, 2008; Valasquez, Maurer, Crouch, and DiClemente, 2001; Latessa, Cullen, and Gendreau, 2002). A wide variety of evidence-based practices have been documented for management of correctional populations, substance abuse treatment, case management, criminal risk and needs assessment, drug treatment courts, and judicial processing and decision-making.

To assess the utilization of evidence-based practices (EBP) by the TAD sites, PHI developed a survey at the suggestion of the TAD Advisory Committee asking sites to detail the extent to which they use EBPs (Appendix C). The survey was based on a review of the current literature that identified current evidence-based practices for treatment of correctional populations, meta-analyses of treatment EBPs, drug court specific EBPs, judicial EBPs, reducing recidivism, and managing correctional costs. Staff at each TAD site completed the survey which requested information pertaining to substance abuse treatment curriculae, treatment intensity and approaches, drug court practices, local court sentencing practices, and recommendations for the incorporation of EBPs into future TAD projects. The EBPs considered in the survey implemented in 2010 included:

1. Cognitive behavioral treatment
2. Motivational interviewing
3. Relapse prevention (cognitive behavioral)
4. Social skills training
5. Community Reinforcement Approach (CRA) or Community Reinforcement Approach and Family Training (CRAFT)
6. Most cost-effective practices for drug treatment courts
7. Valid criminal risk/need assessment instrument
8. Comprehensive array of treatment services
9. Coordinated mental health treatment
10. Treatment dosage/intensity
11. Use of EBP or validated treatment curriculae
12. Provision of trauma-informed or trauma-specific treatment

EVIDENCE-BASED PRACTICES FOR CORRECTIONAL INTERVENTIONS

Bogue et. al. (2004) outlined eight evidence-based principles for effective community-based correctional interventions as a standard to be achieved. The TAD projects incorporate these principles into their models of service provision to varying extents. While not all of the eight principles are currently integrated into each TAD project, Table 6 reveals the degree to which the projects have worked toward incorporating these standards into their services.

Table 6: TAD Integration of the Eight Principles of Effective Correctional Intervention		
Principle	Description	TAD Program ✓= full integration +=partial integration
1. Assess Actuarial Risk/Needs	Develop and maintain a complete system of ongoing offender risk screening and needs assessments	+
2. Enhance Intrinsic Motivation	Staff should relate to offenders in interpersonally sensitive ways to enhance intrinsic motivation; research suggests use of motivational interviewing	✓
3. Target Interventions	a. <i>Risk Principle</i> : Prioritize supervision and treatment resources for higher risk offenders	+
	b. <i>Need Principle</i> : Target interventions to criminogenic needs	+
	c. <i>Responsivity Principle</i> : Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs	+
	d. <i>Dosage</i> : Structure 40-70% of high-risk offenders' time for 3-9 months	+
	e. <i>Treatment Principle</i> : Integrate treatment into the full sentence/sanction requirements	✓
4. Skill Train with Directed Practice (use Cognitive Behavioral methods)	Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff	✓
5. Increase Positive Reinforcement	Research indicates that a ratio of <i>four positive to every one negative</i> reinforcement is optimal for promoting sustained behavior changes	+
6. Engage Ongoing Support in Natural Communities	Actively engage pro-social supports for offenders in their communities (Community Reinforcement Approach)	✓
7. Measure Relevant Processes and Practices	Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice	✓
8. Provide Measurement Feedback	Program evaluation is necessary to monitor delivery of services, maintain fidelity and integrity, and provide feedback which builds accountability and is associated with enhanced motivation for change, lower treatment attrition, and greater outcomes	✓
Source: Bogue, B., Campbell, N., Clawson, E., Faust, D., Florio, K., Joplin, L., Keiser, G., Wasson, B., and Woodward, W. (2004)		

EVIDENCE-BASED PRACTICES FOR SUBSTANCE ABUSE TREATMENT

The TAD projects have embraced the use of evidence-based practices for the offender populations they serve. All of the TAD sites utilize five of the most commonly recognized EBPs for substance abuse treatment (Table 7) and four of the seven sites also provide trauma-informed or trauma-specific treatment.

	Treatment Courts	Diversion Projects
Cognitive behavioral treatment	✓	✓
Motivational interviewing	✓	✓
Relapse prevention (cognitive behavioral)	✓	✓
Social skills training	✓	✓
Use of a valid criminal risk assessment instrument	✓	✓

EVIDENCE-BASED PRACTICES FOR CASE MANAGEMENT

Effective case management is a widely accepted evidence-based practice in the treatment and supervision of correctional populations. Effective case management is a collaborative process of assessing, planning, facilitating, and advocating for options and services planned to meet clients' individual needs efficiently. Evidence-based case management promotes effective interventions which link individuals to appropriate resources using a strength-based approach. Assertive case management, taking a proactive and strategic approach to supervision and case planning, integrates treatment services into sentence and sanction requirements (Crime and Justice Institute, 2009). Continuous case management decisions match offenders to varying levels and types of supervision conditions.

All TAD projects were required to report the number of case management contacts received by participants at the time of discharge from TAD. Table 8 reveals that TAD projects provided an average of 47 case management contacts, with an average of 54 for completers and an average of 34 for project terminations. Case management contacts include overall case planning and coordination, individual and group meetings with participants, referrals for treatment and support services, coordination with justice system and corrections staff, telephone contacts with participants and their support systems in the community, urinalysis testing, and service coordination with local agencies/providers.

	Treatment Courts	Diversion Projects	Overall
	N = 319	N = 1,534	N = 1,853
Average Number of Case Manager Contacts	34 contacts	50 contacts	47 contacts *
Graduates/Completers	42 contacts	56 contacts	54 contacts *
Terminations	24 contacts	36 contacts	34 contacts
<i>*difference significant at p<.05 or better</i>			

EVIDENCE-BASED PRACTICES FOR DRUG TREATMENT COURTS

TAD drug treatment court sites have integrated 24 of the 27 promising treatment court practices below that have been shown to reduce correctional costs through lower rates of criminal recidivism (described in Carey, Finigan, and Pukstas, 2008). The three practices which are not currently consistently incorporated into all four of the TAD treatment courts are #7, #16, and #25 below. These promising practices used by TAD treatment courts include interdisciplinary composition of treatment court teams, minimum length of program stay, treatment dosage expectations, urinalysis testing, frequent interaction with the judge, and collection and use of evaluation information.

- 1 The drug court has a single treatment provider (that can make referrals to other treatment).
 - 2 The treatment representative is expected to attend all drug court sessions.
 - 3 The prosecution is expected to attend all drug court team meetings (progress meetings).
 - 4 The prosecution is expected to attend all drug court sessions.
 - 5 The defense attorney is expected to attend drug court team meetings.
 - 6 The drug court allows non-drug charges.
 - 7 The drug court expects 20 days or less from a participant's arrest to drug court entry.
 - 8 The drug court maintains a caseload of less than 150 clients.
 - 9 The drug court program is expected to take one year or more to complete.
 - 10 Drug court has guidelines on the frequency of group treatment sessions that must be received.
 - 11 Drug court has guidelines on the frequency of individual treatment that must be received.
 - 12 In the first phase of drug court, drug tests are collected at least two times per week.
 - 13 Drug court staff generally has drug test results within 48 hours.
 - 14 The drug court requires participants to have more than 90 days "clean" before graduation.
 - 15 The drug court decreases the frequency of future treatment sessions as a reward.
 - 16 Only the judge can provide clients with tangible rewards.
 - 17 The judge is assigned to drug court for a term greater than two years (or indefinitely).
 - 18 In the first phase of drug court, participants appear before the judge once every 2 weeks or less.
 - 19 In the final phase of drug court, clients appear before the judge in court at least once/month.
 - 20 The drug court maintains data critical to evaluation in an electronic database (not paper files).
 - 21 The drug court collects program statistics and uses them to modify drug court operations.
 - 22 The drug court uses the results of program evaluations to modify drug court operations.
 - 23 The drug court has participated in more than one evaluation by an independent evaluator.
 - 24 Team members received training in preparation for the implementation of the drug court.
 - 25 All new hires to the drug court complete a formal training or orientation.
 - 26 All members of the drug court team are provided with training.
 - 27 The drug court team includes a representative from law enforcement (not including probation).
- Carey, Finnigan, and Pukstas (2008). Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes, and Costs*

EVIDENCE-BASED PRACTICES FOR THE JUDICIARY

The local judicial systems in the TAD counties have also integrated evidence-based practices for the judiciary suggested by Warren (2007). Warren states that "Courts have a key leadership role to play in implementing evidence-based practices," emphasizing the responsibilities of state judicial systems in implementing EBPs to reduce recidivism. TAD counties incorporated the following judicial system EBPs suggested by his research:

1. Programs are successfully integrated with other sentencing requirements to achieve the objectives of recidivism reduction, punishment, and offender restraint

2. The judges act as a change agent to reinforce voluntary compliance, not merely to enforce compliance
3. The judges interact with offenders in a way that maximizes positive effects and minimizes negative effects of court process
4. Judges hold offenders accountable for behavior and use controls
5. Positive reinforcement emphasized rather than sanctions.

The National Institute of Corrections is currently partnering with the Center for Effective Public Policy to develop a framework to increase collaborative, evidence-based decision making practices in local criminal justice systems (National Institute of Corrections, 2010). Across the nation, seven seed sites were selected to receive training, including Milwaukee County and Eau Claire County in Wisconsin. Milwaukee County's Evidence-Based Decision Making (EBDM) Policy Team completed a map of the Milwaukee criminal justice system and reviewed decision-making processes at key points. They identified several initiatives that are intended to move Milwaukee County's decision-making processes to an evidence-based platform, reduce recidivism, and reduce criminal justice system costs. Target initiatives include implementing Universal Screening, strengthening Crisis Intervention Team policing, implementing book/bail and release processes at district stations, strengthening diversions/deferred prosecution agreements, and dosage-based sentencing. The EBDM team applied for continued participation in June 2011 and was notified in August 2011 that they had been chosen to advance to Phase III of the initiative and will continue their planned efforts.

EVIDENCE-BASED PRACTICES FOR CRIMINAL RISK AND NEEDS ASSESSMENT

The risk-need-responsivity model has been used with increasing success to assess and rehabilitate offenders around the world. It is based on three principles: 1) the *risk principle* asserts that criminal behavior can be reliably predicted and that treatment should focus on higher risk offenders; 2) the *need principle* highlights the importance of criminogenic needs in the design and delivery of treatment; and 3) the *responsivity principle* describes how the treatment should be provided.

Examples of EBPs integrated into TAD projects include the measurement of readiness for change, responsivity factors, and individual-level barriers to treatment success. The Socrates is a 19-item tool designed to assess general readiness for change in people who abuse alcohol and drugs and the results are used in treatment and case planning. Responsivity factors are individual factors that interfere with or facilitate learning. The assessment of such factors can help develop the best strategies for addressing criminogenic needs to ensure that an offender derives the maximum benefit from treatment. It is important that responsivity factors be examined prior to targeting criminogenic needs to prepare the offender for treatment. Thirty-nine percent of TAD admissions had a mental health disorder/need which could interfere with their ability to participate in substance abuse treatment. TAD treatment courts served numerous offenders with difficulties related to physical disabilities, mental health, or learning/concentration.

Several types of validated assessment instruments are used by TAD projects to determine level of criminal risk and need (Table 9). OJA allowed TAD projects the flexibility to select the instrument best suited to their project model as long as the results would enable them to categorize participants as either “low”, “moderate”, or “high” risk to allow for summary across

the TAD sites. This flexibility in instrument selection has led to some variation in the type of risk each tool estimates. For example, the Level of Service Inventory (LSI/LSI-R) used by five of the sites estimates risk of reoffending/reconviction, the Milwaukee TAD diversion project assessment tool assesses risk of failure to appear and risk of rearrest, and the WI DOC risk tool used by the Washington TAD OWI diversion project estimates risk of conviction for a new offense. To increase the consistency of these ratings to the greatest extent possible, projects using the LSI/LSI-R agreed to standardize the ratings using consistent cut-offs (0-16 = low, 17-27 = medium, 28 or higher = high) when reporting criminal risk and needs ratings.

Table 9: Criminal Risk and Need Assessment at Admission for TAD Participants Admitted 2007- 2010			
	Treatment Courts	Diversion Projects	Overall
	N = 408	N = 1,653	N = 2,061
Risk Assessment Instrument			
WI DOC Risk	2%	22%	18% *
LSI-R/LSI-RSV	39	8	14
Modeling Solutions - LLC	58	0	12
J2K-PRAT (Justice 2000, Incorporated tool)	0	70	55
Missing	1	<1	1
Criminal Risk Rating at TAD Admission			
High	17%	31%	28%*
Moderate	39	53	50
Low	43	16	21
Missing/unknown	1	0	1
Criminal Need Rating at TAD Admission			
High	93%	23%	37%*
Moderate	5	63	52
Low	1	12	10
Missing/unknown	1	2	1

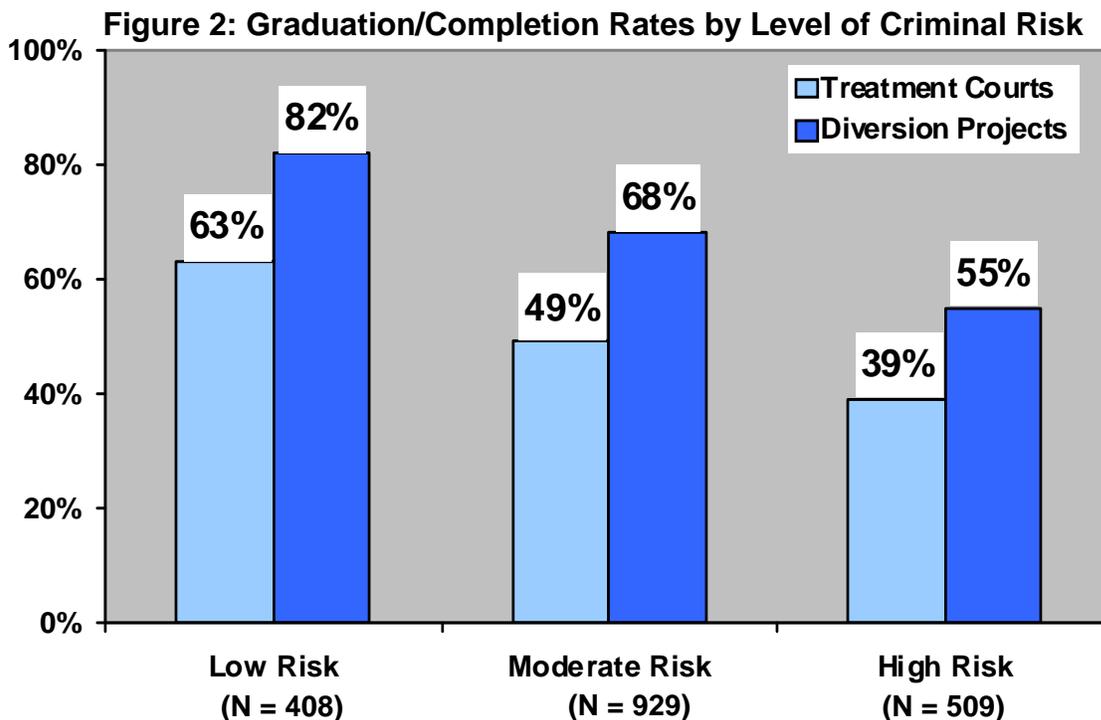
** differences significant at p<.05*

Overall, 28% of admissions were assessed as “high” criminal risk, 50% were “moderate” risk, and 21% were “low” risk admission (Table 9). These ratings varied significantly by project model, with treatment court admissions more likely to be assessed as low risk and diversion project admissions more likely to be moderate or high risk. In addition, treatment court admissions were more likely to be rated as high need, while diversion project admissions were more likely to be rated as moderate need. While treatment courts were most likely to admit low risk/high need participants, diversion projects were most likely to admit moderate risk/moderate need participants. Additional analyses revealed no changes in the proportion of low, moderate, or high risk admissions by year from 2007-2010.

Table 9 also reveals that TAD projects serve primarily moderate risk offenders. This can be partially attributed to the 2005 WI Act 25 language related to program eligibility criteria that prohibits “violent” offenders from participating in TAD who can be at higher risk of recidivism. The differences in participant risk levels between treatment courts and diversion projects are due to differences in target population severity, but are also a result of differences in type of criminal

risk assessment tools utilized. These results further underscore the need to examine the treatment court and diversion projects separately during analysis and evaluation of performance.

Figure 2 shows the graduation/completion rates for TAD discharges by the level of criminal risk. Overall, the majority (75%) of low risk participants completed TAD, 66% of the moderate risk completed TAD, and 53% of the high risk completed TAD. While all of the projects successfully discharged about one-half of the high risk participants, there were significant differences between the treatment court and diversion projects. Diversion projects successfully discharged nearly all (82%) of the low risk participants and slightly more than one-half of the high risk participants. Treatment courts, with their longer program length and higher intensity treatment services, successfully discharged about two-thirds (63%) of the low risk participants and about one-third (39%) of the high risk participants.



All of the TAD projects use a criminal risk and needs assessment tool to assist with some aspects of treatment planning, but additional use of the assessment results varies by project site. In five of the seven TAD sites, risk assessment results are used to determine treatment intensity, conditions of probation/parole supervision, and appropriate sanctions for violation of supervision. Judges also have access to assessment results in five of the seven sites. However, assessment results are used to determine suitability for diversion in only four of the sites and treatment groups are separated by risk level in only one site.

IMPORTANCE OF FIDELITY TO EVIDENCE-BASED PRACTICE MODELS

While incorporation of evidence-based practices is critical to the effective treatment and diversion of offenders, maintaining fidelity to the principal components of these successful models and practices is of equal importance. The National Drug Court Institute (2008) published a series of monographs focused on utilizing EBPs to improve the quality of drug courts, stating

“it is time to ensure fidelity to the model by ensuring that evidence-based practices are implemented”. Doug Marlow (2010) emphasized the importance of retaining the integrity of the treatment court components that have been shown to be effective in reducing recidivism and improving offender outcomes stating, “Rather than drop essential components of the drug court model, research indicates that the better course of action is to standardize the best practices of drug courts so they can be reliably implemented by a larger number of programs.”

Future evaluation of TAD should include an assessment of fidelity to the evidence-based practice models used by TAD projects. While the current evaluation was able to document the presence of evidence-based practices at the TAD sites, limited resources precluded an in-depth examination of the quality of the implementation or fidelity to recommended curricula, procedures, and approaches. Particularly for treatment courts, fidelity to the “Ten Key Treatment Court Components” is critical to effective program implementation. These key components outline specific program length requirements, treatment dosage, team composition, etc. that result in optimal outcomes for participating offenders. “Investing in evidence-based programs is key to reducing victimization and increasing public safety while simultaneously managing correctional costs” (Przybylski, 2008). Przybylski goes on to stress that treatment EBPs must be implemented properly in order to be effective and that a variety of contextual factors can undermine proper implementation and service delivery. Marlowe (2010) advocates for expanding the number of treatment courts while taking care to maintain fidelity to effective levels of intervention – “Any program can be made cheaper simply by lowering the dosage or providing fewer services to more participants.”

USE OF PROGRAM EVALUATION AS AN EVIDENCE-BASED PRACTICE

Rigorous evaluation of treatment courts and diversion projects is widely supported by the criminal justice research community. Program evaluation is one of the 10 key treatment court components (NADCP, 1997) and numerous researchers and organizations recommend ongoing monitoring and evaluation of diversion and treatment programs (Bogue et. al, 2004; Carey et. al, 2008; Heck, 2006; King & Pasquarella, 2009; Marlowe, 2010; NDCI; NIC; Przybylski, 2008). Evaluation feedback based on uniform and valid data can be used to guide program development, improve program services, and document program impact on offender outcomes. Marlowe (2010) states that "A credible evaluation is the only mechanism for mapping the road to program success or failure.”

The evaluation of TAD has proven invaluable in providing information related to program implementation and effectiveness. The wealth of information contained in this report would not be available if not for the evaluation required in the 2005 WI Act 25 legislation. The evaluation involved collaboration between the Population Health Institute and TAD project staff to develop the extremely detailed dataset on participant characteristics, program services, and intermediate offender outcomes. The outcome evaluation and collection of criminal recidivism data has allowed the assessment of criminal recidivism post-program for both project graduates and terminations. The annual all-site meetings that brought staff from all seven TAD project sites together provided local stakeholders with the opportunity to network, problem-solve, and actively participate in determining the direction of the TAD program. In addition, the evaluation data collected has been utilized for ongoing program improvement through feedback to the project sites, OJA, and to the TAD Advisory Committee.

PROJECTS USE SANCTIONS AND INCENTIVES

“The program uses graduated sanctions and incentives to promote successful substance abuse treatment.” (2005 WI Act 25)

All of the TAD projects have implemented the use of sanctions and incentives to influence participant behavior, with variation in type and intensity between treatment court and diversion projects. All four of the TAD treatment courts use sanctions and incentives as this approach is considered to be among the key components of treatment court models. Incentives and sanctions are customized for TAD participants based on individual circumstances and needs.

INCENTIVES/REWARDS

The treatment court sites use a variety of graduated incentives to encourage continued compliance with project requirements. Some of the incentives used by the Drug Court Teams to encourage compliance include praise from the Judge, applause in the courtroom, gift certificates or vouchers for gasoline, movies or food, reduction in required community service hours, reduction in required court appearances, and drawings for additional rewards. Some significant incentives include promotion to the next program phase, decreased drug and alcohol testing, decreased reporting requirements, and a monetary reduction in court fees. In addition, each treatment court graduate receives a party and personalized gifts at the time of graduation.

The diversion projects also utilize graduated incentives that include praise from the District Attorney or Court Commissioner, increased activity privileges, and a reduction in curfew requirements. Some of the larger incentives include early discharge from Deferred Prosecution Agreements, advancement to the next program phase, and a decrease in drug and alcohol testing requirements. At one of the TAD diversion sites, a court commissioner will provide successful participants with a personal reference on future employment applications.

SANCTIONS

Treatment court projects use several forms of graduated sanctions. When a TAD participant violates treatment court rules, a sanction is quickly imposed by the Drug Court Team. As the severity or frequency of the violations increase, the sanctions increase. For example, some treatment courts require two additional hours of community service for each missed self-help meeting. Other sanctions include writing assignments, behavioral contracts, curfews, increased court appearances, increased treatment and/or support group attendance, or demotion to a lower treatment court phase. Some of the treatment courts also use electronic monitoring and/or jail time as a sanction for the use of drugs or alcohol, with the length of the sanction based on the level of substance use and whether the participant was honest about the use.

The TAD diversion projects also utilize graduated sanctions to address participant non-compliance. The diversion projects use internal sanctions that include extra homework, group presentations, and thinking error assignments. If internal sanctions are not effective, more severe external sanctions can include a disciplinary staffing or temporary custody placements by the District Attorney staff or the community corrections agent. Other graduated sanctions include a reprimand from the District Attorney or Court Commissioner, increased drug and alcohol testing, increased community service hours, and increased reporting requirements.

PROJECTS PROVIDE COMPREHENSIVE (HOLISTIC) TREATMENT

“The program provides holistic treatment to its participants and provides them services that may be needed, as determined under the program, 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.” (2005 WI Act 25)

The TAD projects were uniquely customized to local needs and address goals and objectives specific to their communities and target population. Not every TAD project was designed to address all of the goals detailed in 2005 WI Act 25. In addition, not all of the goals detailed in the 2005 WI Act 25 legislative language could be feasibly measured given limited evaluation resources. The following section presents evaluation findings related to offender substance use, treatment participation, mental health, employment, and housing while involved in TAD projects.

ELIMINATE OR REDUCE USE OF ALCOHOL OR OTHER DRUGS

To be eligible for participation in TAD projects, non-violent offenders must be identified as having a need for substance abuse treatment. Offenders referred to TAD undergo a comprehensive alcohol and other drug screening and assessment to determine treatment needs and diagnoses. TAD projects utilized a variety of screening tools, with the majority using the Addiction Severity Index (ASI), SOCRATES, Texas Christian University Drug Screen, or the Wisconsin Uniform Placement Criteria. The projects also used an array of assessment tools including the American Society of Addiction Medicine placement criteria or the DSM-IV Checklist, Scale, and Interview.

While the current evaluation effort was unable to assess the level of participant substance use after program discharge, reduced substance use during TAD participation (between admission and discharge) was estimated utilizing the participant data provided by the sites. All TAD projects strive to eliminate or reduce the use of alcohol and other drugs among offenders who participate, and TAD projects require that participants be abstinent from substances in order to successfully complete. If all offenders used substances at the time of TAD admission then it can be inferred that 100% of the TAD graduates became abstinent during their participation in the TAD program.

Substance Use at Admission

Table 10 reveals that during the first four years of the projects TAD admissions were most likely to be dependent on marijuana, alcohol, or cocaine. Treatment court admissions were more likely to use marijuana as their drug of choice, and diversion project admissions were likely to use either marijuana or alcohol as their drug of choice (primarily due to Washington TAD which serves OWI offenders as their primary target population). Less than one-half (42%) of admissions had participated in substance abuse treatment prior to admission to TAD, with treatment court participants significantly more likely than diversion project participants to have received prior treatment.

Table 10: Substance Use Description of TAD Participants Admitted 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 408	N = 1,653	N = 2,061
Substance Use Diagnosis			
Cannabis (Marijuana) Dependence	54%	33%	37% *
Alcohol Dependence	16	16	16
Cocaine Dependence	6	13	12
Opiate Dependence	12	8	9
Amphetamine Dependence	3	<1	1
Methamphetamine Dependence	1	0	<1
Polysubstance Dependence	6	3	4
Alcohol Abuse	1	11	9
Cannabis Abuse	1	3	3
Polysubstance Abuse	<1	10	8
Missing/Unknown/Other	0	3	1
Drug of Choice			
Marijuana	58%	38%	42% *
Alcohol	17	29	26
Opiates	13	17	16
Cocaine/crack	7	15	14
Amphetamines	2	<1	<1
None/other/not assessed	3	1	2
Prior AODA Treatment			
Average number of prior episodes	1.18	0.67	0.77 *
Percent with any prior treatment in lifetime	52%	39%	42% *
<i>*differences significant at p<.05 or better</i>			

Substance Abuse Treatment Participation

TAD projects provide participants access to a broad continuum of substance abuse treatment services (Table 11). Overall, 99.6% of TAD admissions entered substance abuse treatment as a result of project admission – only eight offenders absconded prior to treatment entry or refused to enter treatment programming. A significantly larger proportion of treatment court participants received substance abuse treatment services than those in diversion projects across nearly all of the individual treatment modalities.

	Treatment Courts	Diversion Projects	Overall
Percent of Participants Received Any....	N = 322	N = 1,533	N = 1,855
AODA inpatient/residential treatment	13%	10%	10% *
AODA halfway house/group home	9	3	4 *
AODA day treatment	19	7	9 *
AODA outpatient treatment	83	72	74 *
AODA outpatient-intensive	6	4	5
AODA outpatient–MATRIX model	9	1	2 *
Support groups (AA, CA, etc)	50	30	34 *

**differences significant at p<.05 or better*

TAD site staff also assessed motivation for substance abuse treatment (excluding Milwaukee TAD which did not provide this information for most of their admissions). More than three-quarters (79%) of all TAD participants were rated by staff as showing a medium or high level of motivation to engage in substance abuse treatment at the time of admission to TAD. Treatment court admissions (32%) were significantly more likely than diversion project admissions (21%) to be rated as having a high level of motivation to engage in treatment.

The level of motivation for treatment was not related to the likelihood of project completion for diversion projects, but treatment court participants rated as having a high level of motivation for treatment were significantly more likely to successfully graduate. The majority (70%) of treatment court participants with high levels of motivation graduated and nearly two-thirds (61%) of those with low motivation for treatment did not graduate.

Drug Testing

A critical component of all TAD projects is participant monitoring of substance use through urinalysis (UA) testing and/or breathanalysis testing (PBT). For each TAD participant, project staff documented information on the number of tests scheduled, the number of positive tests, the number of negative tests, and the number that were inconclusive or tampered with.

A total of 33,141 urinalysis tests and 12,719 breathanalysis tests were conducted by the seven TAD projects during the first four years of implementation (Table 12). Treatment court participants received significantly more UA and PBT testing than diversion project participants and also had a significantly higher number of positive tests.

Table 12: Drug Testing Received By TAD Participants Discharged 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 322	N = 1,533	N = 1,855
Total Number of Tests Conducted During First Four Program Years (2007-2010)			
Total Urinalysis Tests	18,632	14,509	33,141
Total Breathanalysis Tests (PBT)	10,044	2,675	12,719 *
Urinalysis Testing			
Average # tests scheduled	61.4	5.2	14.9 *
Average # tests negative	52.5	6.3	14.3 *
Average # tests positive	5.4	3.2	3.6 *
Average # tests other (inconclusive, tampered)	2.3	0.4	1.1 *
Breathanalysis (PBT) Testing			
Average # tests scheduled	31.2	1.4	6.6 *
Average # tests negative	29.5	1.7	6.5 *
Average # tests positive	0.2	0.03	0.05 *
Average # tests other (inconclusive, tampered)	1.6	0.04	0.7 *
<i>*difference significant at p<.05 or better</i>			

IMPROVE MENTAL HEALTH

Eighteen percent of the offenders admitted to TAD projects were diagnosed with mental health disorders (Table 13). The most common diagnoses included depression and attention deficit hyperactivity disorder, but some were diagnosed with more acute disorders such as bi-polar disorders, schizophrenia, or schizoaffective disorder. Nearly one-third (31%) of the treatment court participants and 14% of the diversion project participant received mental health outpatient treatment as part of TAD project services.

	Treatment Courts	Diversion Projects	Overall
Mental Health Diagnosis At Admission	N = 408	N = 1,653	N = 2,061
None	86%	79%	82% *
Depression	5	8	7
ADHD/ADD	3	3	3
Bi-polar disorder	2	4	3
Schizophrenia/schizoaffective	1	3	2
Mood disorder	1	<1	1
Anxiety disorder	1	2	1
Other (dysthymic disorder, PTSD, retardation)	1	1	1
Percent of Discharges That Received....	N = 322	N = 1,534	N = 1,856
Mental health inpatient treatment	1%	1%	1%
Mental health outpatient treatment	31	14	17 *

**differences significant at p<.05 or better*

TAD project staff were asked to rate the emotional stability of each TAD participant at the time of discharge from the project. Table 14 shows that treatment court discharges were more likely than diversion project discharges to be rated as stable. TAD completers were significantly more likely than terminations to be rated as stable at the time of discharge. Analyses also revealed that 80% of treatment court graduates were rated as stable, while slightly less than half of diversion project completers (44%) were rated as stable at the time of discharge.

	Treatment Courts	Diversion Projects	Overall
	N = 322	N = 1,534	N = 1,856
Stable	47%	34%	36% *
Somewhat Stable	22	38	36
Somewhat Unstable	18	21	20
Unstable	9	6	7
Missing/Unknown	4	1	1

**differences significant at p<.05 or better*

FACILITATE GAINFUL EMPLOYMENT OR ENHANCED EDUCATION/TRAINING

While stable employment and a living wage are associated with lower risk of recidivism, offenders face significant barriers in finding and maintaining jobs. These barriers include low levels of education, limited work experience, competition with a highly qualified unemployed population, and employers reluctant to hire those with a criminal record (Urban Institute, 2006; Visher, Winterfield, and Coggeshall, 2005; Van Stelle, Moberg, and Welnetz, 1998). TAD projects targeting non-violent offenders also seek to improve the employment and educational outcomes of participants.

Significant efforts were made to secure data from the Department of Workforce Development (DWD) Unemployment Insurance database that could be used to assess employment outcomes for TAD participants. Administrative barriers prevented the execution of a data strategy and data sharing agreement due to liability and cost issues that were deemed insurmountable. As a result, the lack of systematic employment data is a recognized limitation in our ability to document project performance related to TAD impact on offender employment outcomes and the associated impact of post-program employment on offender recidivism.

However, the TAD sites did consistently collect and submit participant-level information pertaining to source of income, employment (at admission and discharge), barriers to employment, and educational involvement. These data allow analysis of the employment and educational status of TAD participants *during* program participation, although they do not permit estimation of employment outcomes after TAD discharge.

Nearly one-half of TAD admissions (42%) were supported primarily by income from employment at the time of program admission (Table 15). More than one-quarter of the diversion project admissions had no source of income at the time of admission. Other sources of income included family, spouses, partners, disability payments and tribal per capita payments.

	Treatment Courts	Diversion Projects	Overall
	N = 408	N = 1,653	N = 2,061
No income	5%	28%	23%
Employment income	44	42	42
Family	27	11	14
Significant other/partner	7	1	3
Tribal per capita payment(s)	2	0	<1
SSI/SSD	7	9	9
Unemployment payments	4	4	4
Other (savings, child support, medical assistance, alimony, economic assistance, illegal activity)	4	5	5

Table 16 shows that 46% of TAD participants were employed at the time of admission to the project, with no difference between treatment court and diversion project admissions. Treatment court admissions experienced significant barriers to employment such as lack of transportation, lack of education, and lack of employment experience. Diversion project admissions (excluding Milwaukee TAD where the data were not collected) were not reported to experience these same types of employment barriers.

Table 16: Employment Status and Barriers at Admission for TAD Participants			
	Treatment Courts	Diversion Projects	Overall
	N = 408	N = 1,653	N = 2,061
Employed at Admission			
Yes- full-time	25%	28%	27% *
Yes- part-time	16	14	15
Yes-seasonal	4	4	4
Not employed-looking	43	46	45
Not employed-not looking	6	6	6
Not employed-disability	5	1	2
Not employed-unavailable to work	1	1	1
Barriers to Employment (all that apply) [excludes Milwaukee TAD -- data not reported]			
	[N = 408]	[N = 500]	[N = 908]
Lack of education/training	26%	1%	12% *
Lack of experience	22	1	11 *
Physical disability	5	<1	2 *
Child care	5	<1	3 *
Transportation	23	2	11 *
Other (criminal record, felony charges, lack of ID, pending charges, mental disorder, drug use)	16	<1	8 *
<i>*differences significant at p<.05 or better Note. Excludes Milwaukee TAD data for barriers</i>			

TAD completers were significantly more likely than terminations to have obtained employment while in TAD, as well as to have been employed at both admission and discharge (Table 17). In addition, treatment court graduates were significantly more likely to have obtained employment while in the program than diversion project completers. This finding is consistent with the fact that 48% of the treatment court participants received employment services during their program stay compared to 26% of the diversion project participants (30% for all projects).

Table 17: Employment Gains During Participation of TAD Participants Discharged 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 319	N = 1,534	N = 1,853
Change in Employment Status From TAD Admission to Discharge			
Employed at BOTH Admission/Discharge	25%	26%	26%
Graduates/Completers	36	34	35
Terminations	12	10	10
Became Employed By TAD Discharge	27%	18%	19%
Graduates/Completers	36	21	24*
Terminations	15	11	12
Became Unemployed By TAD Discharge	12%	15%	14%
Graduates/Completers	7	14	13*
Terminations	19	18	18
Unemployed at Both Admission/Discharge	30%	39%	37%
Graduates/Completers	18	30	28*
Terminations	44	57	54
Not Employable (disabled, unavailable to work)	6%	2%	4%
Graduates/Completers	3	1	1
Terminations	10	4	6
<i>*difference significant at p<.05 or better</i>			

There was no significant difference between treatment court and diversion project participants related to the highest level of education at admission (Table 18). About one-third of admissions had less than a high school education, about one-half had a high school diploma or GED/HSED, and the remainder had participated in some type of post-secondary education.

Table 18: Highest Education for TAD Admissions 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 408	N = 1,653	N = 2,061
Highest Education at Admission			
Grade 10 or below	14%	19%	18%
Grade 11	18	18	18
High School diploma or grade 12	31	31	31
GED/HSED	19	10	11
Vocational degree/certificate	2	2	2
Some college/1-2 years	12	17	16
Associate degree	3	1	2
College degree	1	2	2
Advanced degree	0	<1	<1

TAD graduates/completers had significantly higher levels of education than TAD terminations (Table 19). Nearly on-half the terminations (42%) had less than a high school education, while 70% of TAD graduates had a high school education (or equivalent) or more.

Table 19: Highest Education at Admission for TAD Discharges 2007-2010			
	Graduates/ Completers	Terminations	Overall
	N = 1,191	N = 665	N = 1,856
Highest Education at Admission			
Less than high school	30%	42%	36% *
High school or GED/HSED	42	42	42
Training after high school	28	16	22
<i>*difference significant at p<.05 or better</i>			

Overall, 24% of the participants received education services or assistance through TAD projects. While there was no significant difference between graduates and terminations in receipt of educational services, treatment court participants were significantly more likely than diversion project participants to receive educational services. Examples of educational services and assistance include preparation and tests for GED/HSED, referrals for vocational and technical college classes, and assistance with college courses.

PROVIDE STABLE HOUSING

Two-thirds of TAD participants were living with parents or other relatives at the time of project admission and an additional one-quarter were living independently in their own apartments or homes (Table 20). At the time of discharge, 36% were living independently (i.e., in their own house, own apartment, or with roommates) and 45% were living with parents or other relatives. Treatment court participants were significantly more likely than diversion participants to be living independently at admission or discharge. However, a larger proportion of diversion participants were living independently at the time of discharge than they were at the time of admission. In addition, treatment courts were significantly more likely than diversion projects to provide offenders with assistance related to housing and financial issues during their participation in TAD.

Table 20: Living Situation of TAD Participants Discharged 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 322	N = 1,534	N = 1,856
Living Situation at TAD Admission			
Independent living	45%	19%	23% *
With parents/other relatives	49	70	66
Incarcerated in jail/prison	1	7	6
Residential treatment	<1	1	1
Halfway house	<1	1	1
Transitional living	<1	<1	<1
Homeless	<1	2	2
Other	2	<1	<1
Living Situation at TAD Discharge			
Independent living	47%	33%	36%
With parents/other relatives	32	48	45
Incarcerated in jail/prison	13	5	7
Residential treatment	0	1	1
Halfway house	0	1	1
Transitional living	<1	<1	<1
Homeless	0	<1	<1
Other	4	9	8
Services Received During TAD Participation			
Housing services	26%	5%	9% *
Assistance with finances	37	4	10 *
<i>*differences significant at p<.05 or better</i>			

PROJECTS INTEGRATE MENTAL HEALTH SERVICES

“The program is 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.” (2005 WI Act 25)

TAD projects target offenders with substance abuse and/or co-occurring mental health issues, and integrated treatment for dually diagnosed participants is essential. The TAD projects have integrated mental health services into their program operations by offering coordinated mental health assessment, psychological testing, outpatient services, inpatient services, medication management, and linkages to aftercare services.

Overall, 17% of TAD participants received mental health outpatient treatment as part of TAD services (see Table 13), with treatment court participants (31%) more likely than diversion project participants (14%) to receive mental health outpatient treatment.

The National Treatment Accountability for Safer Communities released a report in 2001 on treatment services in adult drug courts that states, “Drug courts need to look beyond the core drug court team...to other agencies and organizations that can be helpful in planning for and sustaining increased capacity and services” (Peyton, et. al. 2001). Both the treatment court and diversion projects have worked closely with outside agencies to provide mental health services to participants. TAD treatment courts contract with service providers for both mental health treatment and AODA treatment which facilitates coordinated services. For example, Aurora Community Services provides mental health and AODA services for Burnett and Washburn Counties, and the Mental Health Coordinator for each county provides clinical supervision to their respective drug courts. Rock County responded to the need for additional mental health services by seeking a Federal Adult Drug Court Enhancement Grant in 2009 to provide TAD participants with access to a psychiatrist 23 hours per month. The TAD diversion projects also work very closely with mental health providers in their communities. For example, Dane TAD utilizes the Clinical Assessment Unit of the Mental Health Center of Dane County to screen for program eligibility and diagnose severity of drug and co-occurring mental health disorders. In addition, a member of the county mental health unit participates as a member of the oversight committee for the Washington County program. In Milwaukee, many TAD participants received referrals to community-based programming for mental health treatment. The Program Coordinator in Milwaukee serves as the liaison between the criminal courts and community-based services for mental health treatment.

PROJECTS UTILIZE CERTIFIED TREATMENT PROVIDERS

“The program provides substance abuse and mental health treatment services through providers that are certified by the department of health and family services.” (2005 WI Act 25)

All TAD projects utilize certified treatment providers to offer substance abuse and mental health treatment services to TAD participants. Providers include substance abuse treatment agencies (i.e., Genesis Behavioral Services, ATTIC Correctional Services), local hospital inpatient facilities, county substance abuse and mental health departments, tribal clinics and residential treatment facilities, and private residential treatment centers. All treatment staff at provider agencies are required to have appropriate substance abuse treatment certification(s).

PROJECTS REQUIRE PARTICIPANTS TO PAY FOR SERVICES

“The program requires participants to pay a reasonable amount for their treatment, based on their income and available assets, and pursues and uses all possible resources available through insurance and federal, state, and local aid programs, including cash, vouchers, and direct services.” (2005 WI Act 25)

All TAD projects require participants to contribute toward the cost of participation, most requiring a specified monetary program fee and one applying a sliding scale fee based on income called the WI Uniform Fee System (Table 21). In addition to participant fees, the projects engage in ongoing efforts to access all resources available to provide services including county treatment service dollars, Medicaid, private insurance, and utilization of time and staff resources donated by the court, law enforcement, and correctional systems for treatment court participants.

Table 21: Participant Contribution Toward TAD Services

	Burnett County	Washburn County	Rock County	Wood County	Dane County	Milwaukee County	Washington County
Model	Treatment Court	Treatment Court	Treatment Court	Treatment Court	Bail Diversion	Pre-Trial Diversion	Diversion and ATR
Total Participant Project Fee	\$750	\$750	\$100 + \$10/week	\$300	\$150	\$50	WI Uniform Fee System

COLLABORATION WITH KEY LOCAL STAKEHOLDERS

PROJECT DEVELOPMENT AND IMPLEMENTATION

“The program is 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.” (2005 WI Act 25)

All of the TAD projects developed comprehensive applications for funding in 2006 that show input and support from a broad range of stakeholders. Development and implementation of TAD brought together a wide variety of disparate groups, agencies, and systems to enhance collaboration and unify diversion efforts.

TAD models, concepts, and procedures were developed through collaboration among the following entities which provided letters of support for local TAD project applications:

- State senators and representatives
- County executives
- County health and human services departments
- St. Croix tribal service providers
- Tribal courts
- Indian Child Welfare programs
- Judges, district attorneys, and public defenders
- Criminal justice coordinating committees/councils
- County MH and AODA coordinators
- Sheriff/local police departments
- County jail administrators
- County boards
- Substance abuse and mental health treatment providers
- Faith community leaders
- State DHS regional office coordinators
- Community Corrections regional chiefs/unit supervisors

LOCAL OVERSIGHT COMMITTEES

“A county that receives a grant under this subsection shall create an oversight committee to advise the county in administering and evaluating its program. Each committee shall consist of a circuit court judge, the district attorney or his or her designee, the state public defender or his or her designee, a local law enforcement official, a representative of the county, a representative of each other county agency responsible for providing social services, including services relating to child welfare, mental health, and the Wisconsin Works program, representatives of the departments of corrections and health and family services, a representative from private social services agencies, a representative of substance abuse treatment providers, and other members to be determined by the county.” (2005 WI Act 25)

All seven of the TAD sites have developed and implemented the required oversight or project advisory committees. Some projects are under the oversight of Criminal Justice Coordinating Councils. These committees meet regularly (primarily quarterly) and are actively involved in local project implementation, meeting to coordinate program policies and procedures. The committees are comprised of key local stakeholders that include a combination of: drug treatment court coordinators, judges, court commissioners, clerk of courts, district attorneys, public defenders, Department of Corrections agents or unit supervisors, treatment providers, county health department staff, substance abuse prevention staff, Department of Workforce Development staff, technical college staff, and county jail administrators.

INCREASED COLLABORATION AMONG STAKEHOLDERS

One of the primary impacts of the TAD program was to enhance collaboration among state, county, local, and project stakeholders. This collaboration took the form of increased communication and coordination related to alternatives to incarceration and diversion of non-violent offenders with substance abuse treatment needs among:

- **Collaboration Among OJA, DOC, DHS, And The UW To Implement And Evaluate:** Development and implementation of the TAD program represents a remarkable collaborative effort between multiple state agencies. Representatives of OJA, DOC, and DHS have worked closely for five years to review annual reapplications for funding, participate in annual project all-site meetings, and actively participate in quarterly TAD Advisory Committee meetings. State agency staff have also been cohesive in their support of the evaluation conducted by University of WI Population Health Institute. OJA, DOC, and DHS have provided funding for the evaluation, facilitated access to offender outcomes data, reviewed annual reports, and jointly presented findings statewide. In addition, they have worked in concert with the TAD counties by providing assistance with both system-level and project-level questions and concerns.
- **Collaboration Among TAD Advisory Committee Members:** The TAD program has also benefitted from the expertise and input of the TAD Advisory Committee. The group has met several times each year since 2007 to provide guidance and input related to program implementation. The committee has included representatives of OJA, DOC, DHS, judges, the State Public Defender’s office, Wisconsin Sheriff’s Association, Milwaukee County Health Department, Wisconsin Senators and Representatives, Wisconsin Counties Association, social service programs, and county criminal justice professionals. The

members have actively participated in the development, implementation, and evaluation of the TAD projects, providing a system-level perspective on a wide variety of program issues. They have provided both enthusiastic support for TAD and invaluable guidance in addressing program challenges as they arose. Current members worked diligently to develop recommendations related to program improvement and the structure of future diversion efforts. The TAD Advisory Committee has proven to be a critical element in the effective implementation of TAD and will be a necessary component going forward. 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.

- **Collaboration Within County Service Systems:** The implementation of TAD has also increased collaboration among agencies and organizations within county service system. The collaboration has taken the form of increased cooperation between the legal system and treatment providers, more comprehensive case processing, development of local Criminal Justice Coordinating Councils, formal referrals, and increased information sharing. TAD projects have also been instrumental in helping to acquire additional state and federal grant money, increasing collaboration between neighboring counties and among treatment court programs in Wisconsin and Minnesota, and has impacted opinions in more conservative counties about the importance and effectiveness of diversion and treatment. According to TAD sites, TAD also helps to bridge gaps in the current system to help avoid revocation of community supervision for those who would reoffend while awaiting case disposition.
- **Collaboration Among TAD Project Sites:** The TAD program has also allowed the seven TAD projects to learn from each other. Annual all-site meetings facilitated by PHI encourage communication and networking among project staff. TAD sites have shared information with each other related to project eligibility requirements, offender assessment tools and scoring, and offender drug testing. While the seven projects vary widely in model, scope, and focus, all of them have actively partnered to enhance the effectiveness of TAD.
- **Collaboration Within TAD Project Teams:** Each of the sites report high levels of collaboration among members of project teams and treatment court teams. The site teams meet regularly to cooperatively develop and implement case plans for TAD participants that include comprehensive treatment and monitoring. The majority of teams include project coordinators, judges, court commissioners, district attorneys, public defenders, substance abuse and mental health treatment representatives, law enforcement (police/sheriff), and jail staff, with some sites including probation/parole staff (agents or unit supervisors) on their teams. As one person indicated, “people who are not being paid to be there are especially dedicated and proud to be part of TAD.”

PROJECTS PROMOTE PUBLIC SAFETY, REDUCE PRISON AND JAIL POPULATIONS, REDUCE PROSECUTION AND INCARCERATION COSTS, REDUCE RECIDIVISM, AND IMPROVE THE WELFARE OF PARTICIPANTS

“The program is 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.” (2005 WI Act 25)

REDUCE PRISON AND JAIL POPULATIONS

TAD projects help to reduce prison and jail populations through comprehensive monitoring of participant behavior, facilitating positive court case outcomes through diversion to treatment, and averting offenders from jail and prison incarceration.

Comprehensive Monitoring

Comprehensive monitoring of TAD participants is provided through court hearings before a judge to assess compliance with project requirements, electronic monitoring, and supervision by the DOC Division of Community Corrections. Table 22 reveals that TAD treatment court participants attend an average of 20 status hearings before the drug court judge and diversion participants attend an average of four district attorney reviews prior to discharge. Electronic monitoring is used sparingly by the treatment courts, with only 8% of participant receiving electronic monitoring. More than one-third (38%) of the treatment court discharges were under correctional supervision, compared to 9% of the diversion project participants.

Table 22: Participant Monitoring Received By TAD Participants Discharged 2007-2010			
	Treatment Courts	Diversion Projects	Overall
	N = 322	N = 1,534	N = 1,855
Average # Court/DA Hearings Attended	20	4	6 *
Graduates/Completers	24	4	7 *
Terminations	15	4	6 *
Electronic Monitoring (EM)			
Received any EM	8%	2%	3% *
Average # days if monitored	3 days	1 day	1 day *
Correctional Community Supervision At Time of TAD Discharge			
Probation	33%	8%	12% *
Extended supervision (parole)	5	1	2 *
<i>*differences significant at p<.05 or better Note. The Milwaukee diversion project reports the number of district attorney reviews rather than the number of court status hearings (both are included in this portion of the table).</i>			

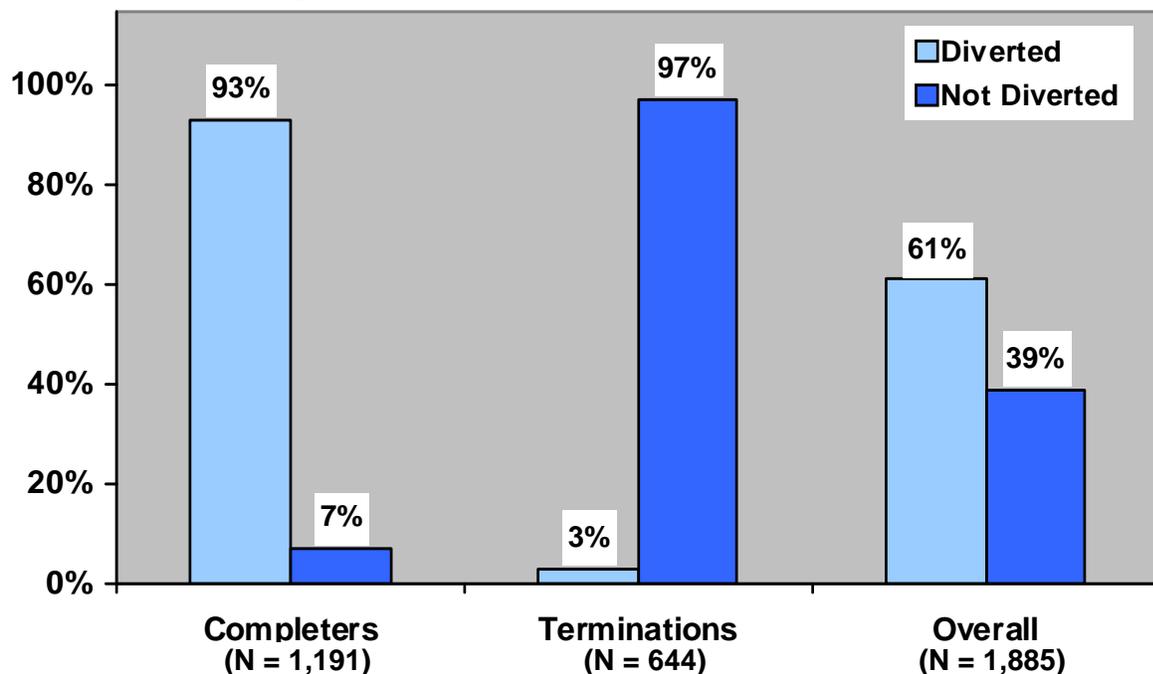
Case Outcomes

Table 23 presents the case outcomes of project graduates and terminations at the time of discharge from TAD. Offenders who completed TAD projects were significantly more likely than terminations to have their charges dismissed, to have their charges reduced, or to complete TAD treatment as an alternative to revocation of probation/parole supervision. Offenders terminated from TAD were charged, revoked, or ordered to participate in another treatment or alternative to revocation program.

	Complete	Termination	Overall
	N = 1,191	N = 664	N = 1,855
Dismissed	47%	1%	30% *
Reduced charge	40	1	26
Completed ATR	6	1	4
Charged/Prosecution Reinstated	1	78	29
Revocation Pending/Revoked	0	1	<1
To New Program/New ATR	5	<1	3
Other/Unknown/DPA Remains	1	18	8
<i>*difference significant at p<.05 or better</i>			

Figure 3 illustrates significant differences in case outcomes between project completers and terminations. Offenders who completed TAD were significantly more likely to have been diverted from further justice system involvement (charges dismissed, charges reduced, or ATR completed) than those who were terminated from TAD. Overall, 93% of the completers were diverted, compared to just three percent of the terminations. There was no significant difference in effectiveness between treatment courts and diversion projects related to case outcomes.

Figure 3: Case Diversion by Project Completion



Incarceration Averted

TAD staff at each site were required to utilize the program database to provide an estimate of the days averted from incarceration due to TAD participation. Incarceration days averted for each TAD discharge were estimated in a variety of ways by TAD sites. Some treatment courts asked the local judge and district attorney to estimate incarceration sentences without TAD participation for each individual offender, while other sites provided a fixed number of days saved for each individual based on their specific criminal offense.

According to the estimates *provided by each TAD site* for each TAD discharge, an average of 73 incarceration days were averted per discharged offender through participation in TAD, and an average of 111 incarceration days were averted for each offender who completed the project (Table 24). **An estimated 135,118 incarceration days were averted through TAD as of December 31, 2010 for 1,853 project discharges.**

There were significant differences in the average number of days averted per participant by program model, completion status, and by project site. Treatment courts reported a significantly larger number of incarceration days averted than diversion projects, and successful completers were averted from a larger number of incarceration days than terminations.

Table 24: Site-Estimated Incarceration Days Averted Due to TAD Participation			
	Number Discharged	Average Number of Days Averted	Total Overall Days Averted to Date
Overall	1,853	73 days	135,118 days
By Model:			
Treatment Court	321	136 days	43,716 days
Diversion	1,532	60 days	91,402 days
By Completion:			
Graduate	1,192	111 days	132,042 days
Termination	662	5 days	3,076 days
By Site:			
Burnett	26	243 days	6,306 days
Washburn	18	359 days	6,465 days
Rock	224	104 days	23,253 days
Wood	53	145 days	7,692 days
Dane	128	79 days	10,145 days
Milwaukee	1,068	67 days	71,843 days
Washington	336	28 days	9,414 days

Separate estimates of jail and prison days were developed by classifying offenders based on the number of days of incarceration averted reported by the TAD projects for each participant discharged. Those averted from 0-364 incarceration days were defined as having avoided jail incarceration, while those averted from 365 or more incarceration days were defined as having avoided prison incarceration. While imperfect, it provides an estimate of the impact on jail and prison bed utilization based on the assumption that jail sentences are typically less than one year

and prison sentences are typically one year or longer. These estimates do not account for the fact that some offenders actually spend longer than one year in county jails and some offenders actually spend less than one year in state prison. The measure is not adjusted for any time spent in jail while in the project as less than 1% of the discharges spent more than 30 days in jail while in TAD. Overall, only 14% of TAD discharges spent any time in jail while in the project and all of these offenders combined spent 2,641 total days in jail across all seven projects.

A total of 86,530 jail days and 45,588 prison days were averted by TAD discharges through December 31, 2010 (Table 25). While the diversion project sites averted a larger total number of jail days, the treatment court sites averted significantly more jail and prison days per participant on average. This difference in averages can, in part, be attributed to the mandatory jail incarceration required in sentences for OWI offenders who participated in the Washington TAD diversion project, the fact that diversion sites admitted a larger number of offenders than the treatment courts, and the diversion projects had more offenders terminated from the program who were not diverted from jail. There were 1,490 offenders discharged from diversion sites that had any jail time averted, whereas there were 285 treatment court participants that had any jail time averted. There were differences in jail and prison days averted by TAD model/ approach, with the drug treatment courts (Burnett, Washburn, Rock, and Wood) saving more prison days than jail days. Diversion project sites (Milwaukee, Dane, and Washington) saved more jail days than prison days.

Table 25: Incarceration Days Averted Due to TAD Participation By Jail vs. Prison				
	Jail Days Averted (0-364 days) N = 1,775		Prison Days Averted (365+ days) N = 78	
	Total Days	Average Days per Discharge	Total Days	Average Days per Discharge
Overall	86,530	79 days	48,588	623 days
By Model:				
Treatment Court	17,978	63 days *	25,738	715 days *
Diversion Project	68,552	46 days	22,850	544 days
By Completion:				
Graduate	84,174	76 days *	47,868	622 days
Termination	2,356	4 days	720	720 days +
By Site:				
Burnett	1,463	91 days	4,843	484 days
Washburn	990	83	5,475	913
Dane	8,885	70	1,260	1,260
Milwaukee	50,253	49	21,590	527
Rock	12,275	59	10,978	784
Washington	9,414	28	NA	NA
Wood	3,250	69	4,442	740

* Difference significant at $p < .05$ or better +One termination saved 720 days, so average=720.

REDUCE PROSECUTION AND INCARCERATION COSTS

Cost-Benefit Analyses

Cost-benefit analyses (CBAs) can provide policy-makers with an additional tool to assist with decisions related to resource allocation for programs, comparing the costs and benefits of varying approaches (Roman et al., 2010). When evaluation results support the effectiveness of an intervention or program model, it may still be necessary to monetize costs and benefits to maximize the efficient use of scarce resources. One of the primary performance benchmarks for drug treatment courts is the use of cost-benefit analysis to assess the economic impact of services on court costs, corrections, health care utilization, and economic productivity (NADCP, 1997).

The cost-benefit analyses conducted for the evaluation of the TAD program (including both the treatment courts and diversion projects) is compared to the “business as usual” criminal justice processing of offenders in Wisconsin. The analysis addresses the question, “For every \$1 invested into treatment courts and diversion projects, how much return can be expected?” In other words, do the benefits of TAD outweigh its costs?

The current evaluation study utilized data related to both TAD costs and benefits. Direct project cost data were extracted from grant budgets and the additional costs of donated criminal justice and case management staff time were also included. The benefits represent conservative estimates because only the two impacts of jail/prison incarceration averted and reduced crime due to a reduction in recidivism rates were included. These benefits of TAD are only two of the numerous potential broader individual and societal benefits 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 (Downey & Roman, 2010; Marlowe, 2010; Broyles et al., 2008). Appendix D provides a detailed description of the methods utilized to conduct the cost-benefit analyses.

TAD Benefits Outweigh the Costs

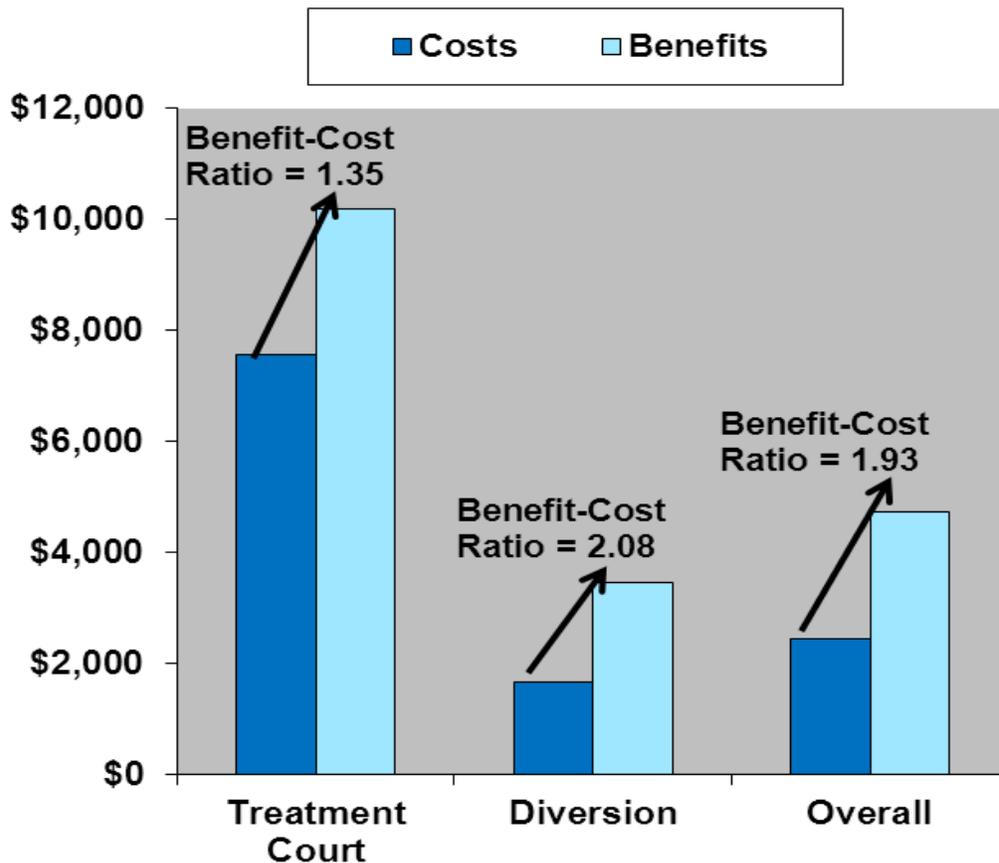
Every \$1.00 invested in TAD yields benefits of \$1.93 to the criminal justice system through averted incarceration and reduced crime.

TAD treatment courts yield benefits of \$1.35 for every \$1.00 invested.

TAD diversion projects yield benefits of \$2.08 for every \$1.00 invested.

Figure 4 illustrates the benefit-cost ratios in additional detail. The overall benefits (\$4,723) and costs (\$2,447) for all seven TAD projects yielded a ratio of 1.93. 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 4).

Figure 4: 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 attempt to include consideration of these factors, particularly employment status after program participation.

Averted incarceration due to TAD participation resulted in the largest benefit of \$4,703 per discharged participant. This impact alone offsets the project cost of \$2,447 per TAD participant. The benefit from reduced crime, estimated at \$20 per TAD discharged participant, is

a conservative estimate because appropriate county-level recidivism comparison rates were not available. To avoid overestimating the benefits for this category, recidivism rates and averages for lower risk offenders obtained from the Wisconsin Department of Corrections (2006, 2007, and 2008) were used as a comparison. Obtaining county-level recidivism data could potentially increase the estimate of this benefit substantially.

A Monte Carlo sensitivity analysis was also conducted to assess the level of uncertainty surrounding the benefit and cost estimates (see Appendix D for a detailed description of the parameters, ranges, and distribution used in the Monte Carlo simulation). The Monte Carlo sensitivity analysis provides the percent positive net benefits (defined as the proportion of simulations that result in net benefits equal to or greater than zero). Based on 10,000 simulations, the results show that TAD will result in taxpayer cost savings 78% of the time. Treatment courts will produce positive net benefits 71% of the time and diversion projects will produce positive net benefits 90.2% of the time.

These results show that the TAD program saves money, but how does it compare to efforts related to alternatives to incarceration outside of Wisconsin? Appropriate comparison numbers are not available for the TAD diversion projects due both to the scarcity of research literature and to the highly varied models of the three diversion projects included in the present analyses (pre-trial diversion, OWI diversion, and bail monitoring). However, numerous cost-benefit studies of treatment courts have been conducted in recent years that can be utilized as points of reference against which to compare the results of the cost analyses for the TAD treatment courts (Aos et al., 2006; Carey et al., 2006; Finigan et al., 2007; Loman, 2004; Barnoski & Aos, 2003; Logan et al., 2004).

Table 26 reveals that TAD treatment court benefit-cost (BC) ratios compare favorably to those of other treatment courts in the United States. TAD treatment courts show a smaller net benefit and a lower BC ratio because the current analysis did not include as many types of long-term impacts as some other studies. Impacts such as increased employment, decreased health care utilization, and avoided crime victimization costs are usually larger and therefore other studies can show larger overall benefits, net benefits, and benefit-cost ratios. When longer-term benefits are included, the benefits can be two or more times larger than when only the shorter-term impacts of reduced crime and averted incarceration costs included in this study are considered. Such long-term benefits are not reflected in this analysis making TAD projects appear more costly than other efforts that include these impacts.

Table 26: Literature Comparison Of TAD Treatment Court Net Benefits And Benefit-Cost (BC) Ratios		
	Net Benefits	BC Ratio
TAD Treatment Courts Only	\$2,624	1.35
King & Pasquarella (2009) - St. Louis	\$2,600	1.33
Rossman (2011) - MADCE results	\$6,533	1.92
Bhati (2008) – National data	\$11,275	2.21
Carey & Waller (2011) -- Oregon	\$7,022	2.41
Logan (2004) - Kentucky	\$5,446	2.71
Aos et al. (2011) - Washington State	\$7,651	2.87

The most appropriate comparison for the TAD treatment court population is the benefit-cost ratio reported in Bhati's 2008 study (Table 26) which included a benefit-cost analysis of a number of simulated policy options. Bhati concluded that drug courts produce an average of \$2.21 in direct benefits to the criminal justice system for every \$1.00 invested -- measurable cost-offsets to the criminal justice system from reduced arrests, law enforcement contacts, court hearings, and jail/prison incarceration. When other cost-offsets were considered, such as savings from reduced foster care placements and healthcare service utilization, economic benefits can range from \$2.00 to \$27.00 for every \$1.00 invested.

Limitations of the Cost-Benefit Analyses

The data used for this analysis was collected from a treatment-only evaluation design and therefore could not control for potential differences in TAD participant characteristics when estimating treatment effects. Such confounding factors include participant motivation, criminal history, race/ethnicity, age, education, substance use, marital status, and environmental/social support (Logan et al., 2004). TAD participants who choose to participate are potentially very different than offenders who do not volunteer, are not eligible, or are not offered the opportunity to participate in TAD; this can make it difficult to attribute effects to the program when using state or local level data for comparison (GAO, 2005). This limitation also prevented the inclusion of other more distal individual and social benefits such as improved health, productivity, decreased substance use, reduced crime victimization, avoided foster placement, and drug-free births.

One of the primary impacts included in this analysis, averted incarceration days, was estimated in a variety of ways across the seven project sites. Some sites had a local judge and district attorney estimate the number of incarceration days that a TAD participant would have received without the program while others used a fixed number of days for each participant based on their specific offense. See Appendix D for a more detailed explanation of the limitations. It is important that these limitations are considered when applying and generalizing the aggregate costs and benefits of the TAD.

REDUCE RECIDIVISM

The evaluation of the effectiveness of TAD also included an examination of criminal justice system recidivism after discharge from TAD projects. The average amount of time between discharge from a TAD project and the data collection cut-off of December 31, 2010 was about two years (23 months) for the sample of 1,856 TAD participants included in the recidivism analyses (Table 27). Of these participants, 79% of the sample had been discharged from TAD for at least one year or more and about one-half of the TAD discharges were at least two years post-program. TAD treatment court graduates had a significantly shorter follow-up period than diversion project graduates (by about four months) due to the longer length of stay required by the treatment court projects.

**Table 27: Time Between TAD Discharge and December 31, 2010
All Discharges From 2007-2010**

	Treatment Courts	Diversion Projects	Overall
	N = 322	N = 1,534	N = 1,856
Less Than Six Months (0-179 days)	12%	9%	10
6-12 Months (180-364 days)	14	11	12
1-2 Years (365-729 days)	29	23	24
2-3 Years (730-1,094 days)	36	43	42
3 Years or More (1,095-1,439)	8	14	13
Average Months From Date of TAD Discharge to December 31, 2010	21 months (641 days)	24 months (728 days)	23 months (713 days)
Graduates/Completers (N=1,191)	19 months (587 days)	23 months (705 days)	22 months * (688 days)
Terminations (N=665)	23 months (705 days)	25 months (773 days)	24 months (758 days)

**difference significant at p<.05 or better*

New Convictions After TAD Discharge

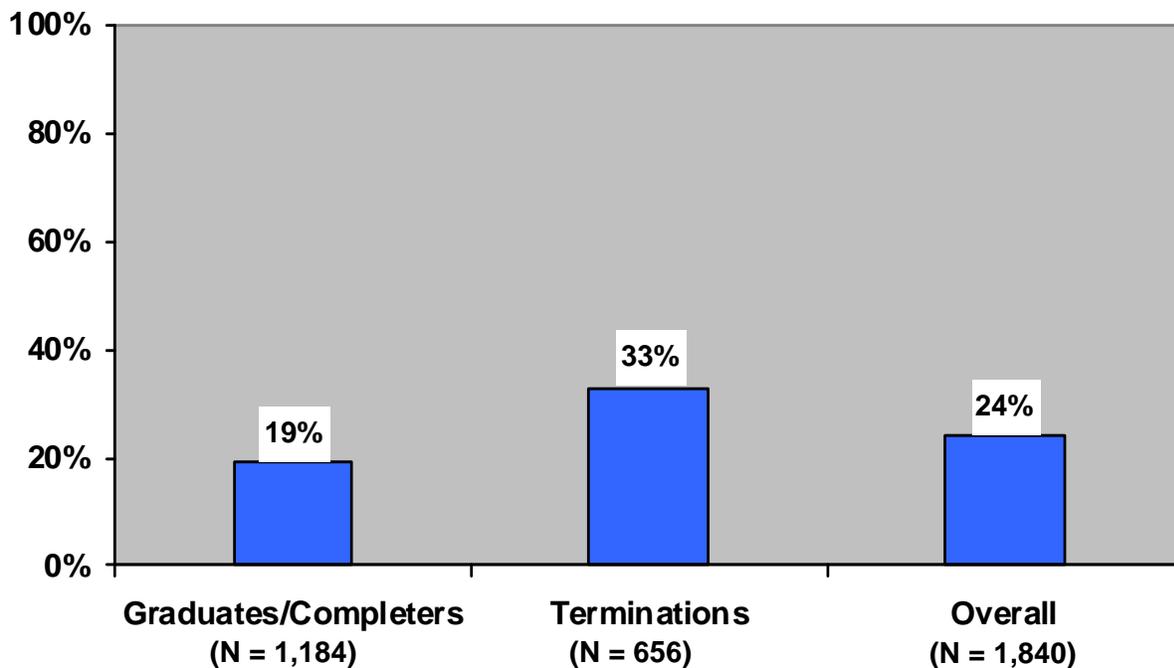
Criminal justice outcomes were examined for all offenders discharged from TAD projects. Wisconsin Consolidated Court Automation Programs (CCAP) data on charge, disposition, and sentencing were utilized as the primary source of new offense data for these analyses. Criminal justice outcome results for each TAD project can be found in Appendix F.

“New conviction” is defined as the first conviction for a new offense after discharge from TAD as documented in the CCAP data system. Any criminal offense was included, as well as conviction for operating after license revocation/suspension only for OWI offenders admitted to TAD (other traffic offenses were not included). Cases that received a disposition of “dismissed” or “deferred prosecution” were considered to not have been convicted of the offense. Court cases without a documented disposition were considered to have been convicted of the offense for the analyses. Offenders who died after TAD discharge were excluded from the analyses.

Of the 1,840 discharged participants included in the analyses, 498 (27%) were charged with a new offense after TAD discharge. TAD terminations were significantly more likely to be charged with a new offense (36%) after program discharge than graduates/completions (22%). Of the 498 TAD participants charged with a new offense, 443 were convicted of a new offense.

More than three-quarters of offenders were not convicted of new crimes after participating in TAD. Figure 5 reveals that 24% of TAD participants were convicted of a new offense after discharge. Successfully completing TAD projects significantly impacts conviction for new crimes. TAD graduates were convicted of a new offense at nearly half the rate of TAD terminations -- 19% of the graduates had a new conviction compared to 33% of the terminations. Treatment courts and diversion projects were equally effective in impacting recidivism, with no significant difference in conviction rates between project models (24%).

Figure 5: Percent Convicted of a New Offense After TAD Discharge for TAD Projects 2007-2010



Further analyses revealed that assessed level of criminal risk was associated with the likelihood of a new conviction after TAD discharge. High risk and moderate risk offenders were more likely to be convicted of a new offense after TAD discharge (27% and 25%, respectively) than low risk offenders (19%). These results are comparable to those of a recent study validating the DOC risk assessment instrument (Eisenberg, Bryl, and Fabelo, 2009) which found that 10% of low risk, 18% of medium risk, and 28% of high risk were convicted of a new offense within three years.

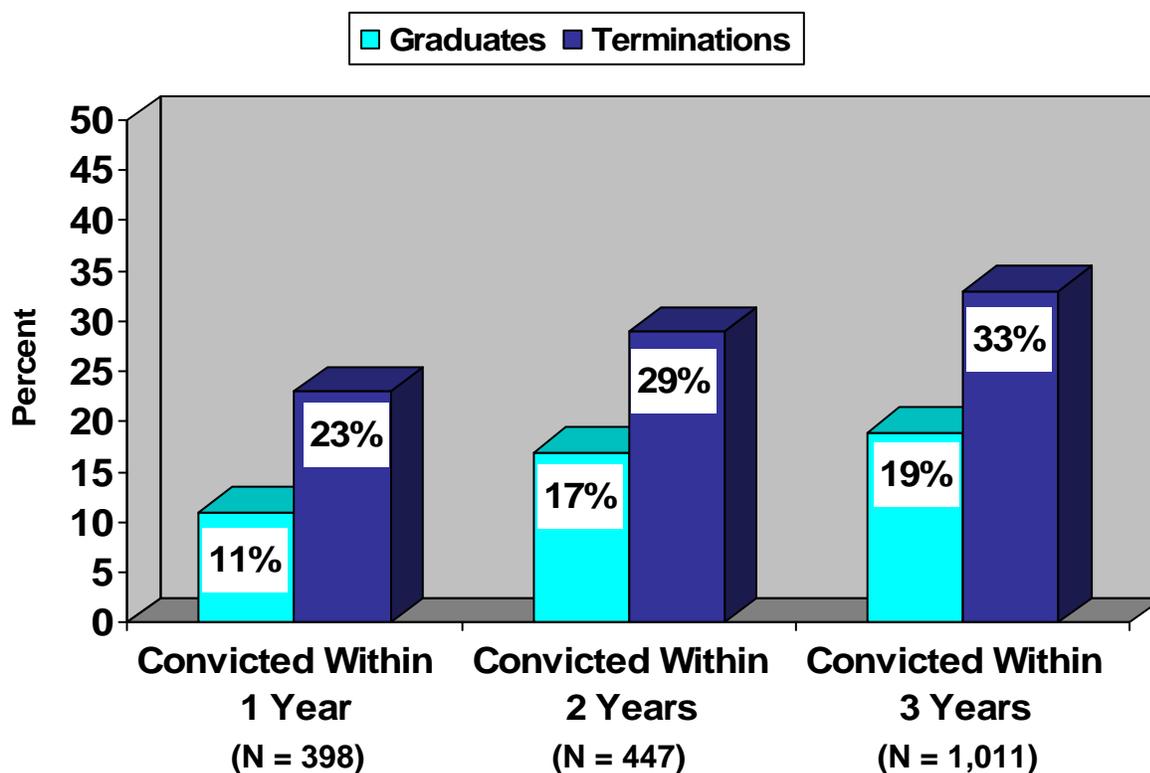
The positive impact of successful TAD completion was seen with offenders of all risk levels, as **TAD graduates of every risk level were significantly less likely than terminations to be convicted of a new offense**. Twenty percent of high and moderate risk completers had a new conviction compared to 34% of high and moderate risk terminations. Low risk graduates had a lower rate of new conviction (17%) than low risk terminations (27%).

The impact of TAD projects on new convictions after participation is even more evident when treatment courts and diversion projects are examined separately. High risk offenders who do not complete treatment courts are twice as likely to be convicted of a new offense than those who graduate from treatment courts (Table 28). High risk offenders who do not complete diversion projects are about 1½ times more likely to be convicted of a new offense than those who complete. These results should be interpreted with an awareness of the differences between the risk assessment tools utilized by the TAD projects. Treatment courts use a risk assessment tool that measures the risk of reoffending, while the Milwaukee diversion project (a large proportion of our sample of diversion cases) uses a risk assessment tool that primarily measures the risk of failure to appear.

Table 28: Percent Convicted of a New Offense After TAD Discharge By Criminal Risk Level and By TAD Project Model			
	Graduates	Terminations	Overall
Treatment Courts			
Percent Convicted of a New Offense			
High Risk	25%	56%	44% *
Moderate Risk	24	32	28
Low Risk	14	21	16
Diversion Projects			
Percent Convicted of a New Offense			
High Risk	20%	32%	25% *
Moderate Risk	19	34	24 *
Low Risk	19	35	22 *
<i>*difference significant at p<.05 or better</i>			

Overall, 15% of TAD discharges were convicted within one year after program discharge, 21% were convicted within two years of program discharge, and 24% were convicted within three years of program discharge (cumulative count). **Offenders who completed TAD were significantly less likely than those terminated to be convicted of a new crime at any time after program participation.** Figure 6 shows 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%). There was no significant difference between graduates and terminations of treatment court or diversion projects in rate of conviction for a new offense.

Figure 6: Percent Convicted of a New Offense After TAD Discharge by Length of Follow-up



Note. Duplicated/cumulative count

For those who were convicted of a new offense, the average length of time from TAD discharge to the offense was 11 months (331 days). Neither completion of TAD or type of TAD model appeared to impact time to first criminal offense, as there were no significant differences between completers and terminations nor between the treatment court and diversion models.

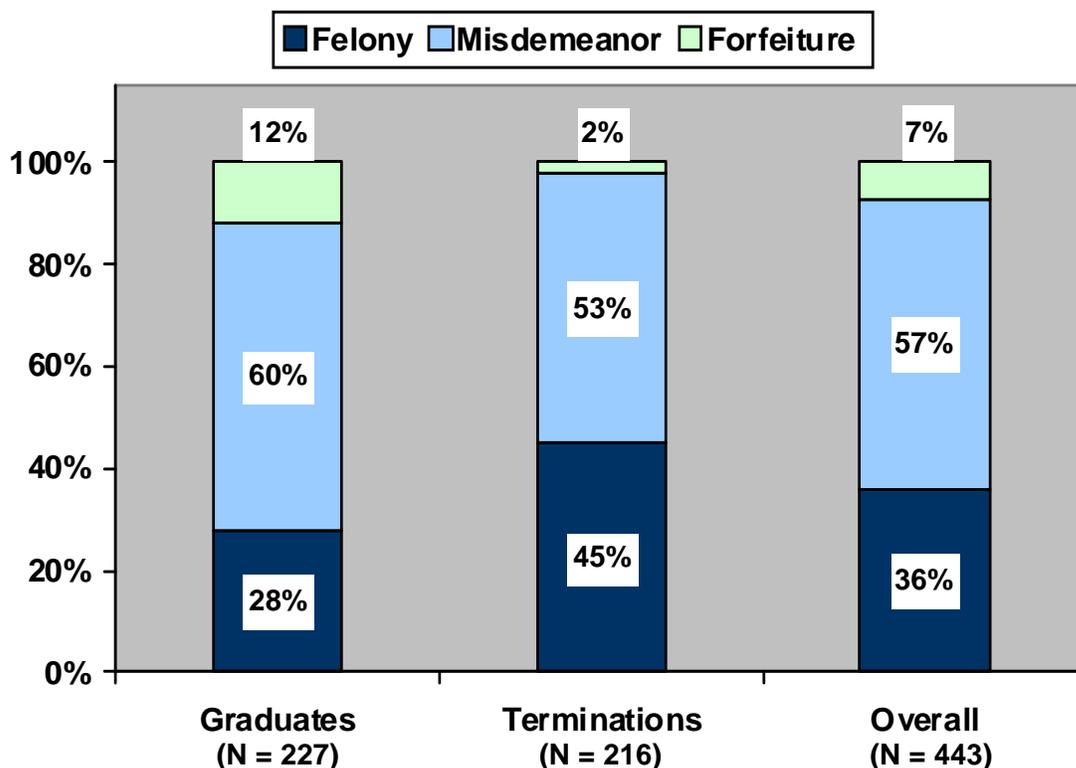
Table 29 details the type of offenses for which TAD discharges were convicted. Graduates were significantly less likely than terminations to be convicted of a drug-related offense after discharge from TAD. There was no significant difference between the treatment court and diversion projects in the type of offense committed by participants after program exit.

	Graduates	Terminations	Overall
	N = 227	N = 216	N = 443
Drug possession/manufacture/delivery	29%	36%	32% *
Property (theft, burglary, forgery, etc.)	15	21	18
OWI and PAC .08 or more	15	4	9
Violent (weapons, disorderly conduct, battery, armed robbery, domestic abuse, assault)	21	23	22
Operating After License Revocation/Suspension and Operating Without a License	8	1	6
Other (resist, flee, prostitution, hit/run, bail jump)	12	15	13

* difference significant at $p < .05$ or better

TAD graduates are significantly less likely than terminations to be convicted of new felony offenses after TAD discharge (Figure 7). Nearly three-quarters of the TAD graduates who reoffended were convicted of a forfeiture or misdemeanor, while nearly one-half of the terminations were convicted of a new felony.

Figure 7: Convictions After TAD Discharge by Felony, Misdemeanor or Forfeiture



The TAD graduates that were convicted of a new offense were significantly more likely to receive a non-incarceration sentence (i.e., fine, license suspension, or probation) than those who did not complete TAD (Table 30). TAD terminations were significantly more likely to receive a sentence that included jail or prison incarceration. Terminations were also sentenced to more incarceration and/or supervision time (seven months) than TAD graduates (four months) when they did receive a sentence that included incarceration.

Table 30: Sentencing Information for Convictions After TAD Discharge			
	Graduates/ Completers	Terminations	Overall
	N = 227	N = 216	N = 443
Sentence for New Conviction			
Fine or driver's license revoke/suspend	22%	6%	14% *
Probation + driver's license revoke/suspend	26	24	25
Jail + other non-incarceration penalties	36	45	40
Prison + extended supervision	7	12	9
No sentencing data available on CCAP	9	13	12
<i>* difference significant at p<.05 or better</i>			

Comparison to Literature: As the evaluation design for TAD does not include random assignment to an experimental control group, the best recidivism data available against which to compare the TAD recidivism results come from a Wisconsin Department of Corrections analysis of more than 20 years of conviction and incarceration data (Wisconsin Department of Corrections, 2008). The DOC recidivism data indicate that 38.2% of offenders released from prison were convicted of a new crime within three years. **The TAD conviction rate of 24% for all participants is lower in comparison, and the conviction rate for TAD graduates of 19% is half of the comparison rate.** As TAD participants are a mix of both offenders with extensive criminal justice involvement and those in diversion projects without significant criminal histories, an additional point of comparison is the DOC recidivism data for offenders on probation who have never been admitted to prison who have a conviction rate of 19.4%.

The research and evaluation literature on the effectiveness of drug treatment courts provides other benchmarks against which to compare the current results (U.S. Government Accountability Office, 2005, Roman et. al., 2003, Weist et. al., 2007, Rempel, 2003, Finigan et. al., 2007, Carey et. al., 2008, Carey et. al., 2009, King & Pasquarella, 2009). These research and evaluation efforts all measure and report recidivism differently (arrest, felony conviction, etc.) and few studies report post-discharge offenses (most report post-admission offense rates). Many of these studies report only “reductions” in rearrest or reconviction rates rather than the proportion who were arrested or charged with a new offense.

Comparing the current results to other efforts nationwide reveals that **TAD participants are charged with new offenses at rates equal to or below those found in other drug court program studies.** The Washington State Institute for Public Policy conducted a meta-analysis of adult corrections programs (Aos, Miller, and Drake, 2006) that found that drug courts reduced recidivism by an average of 11% and community drug treatment reduced recidivism by 12%.

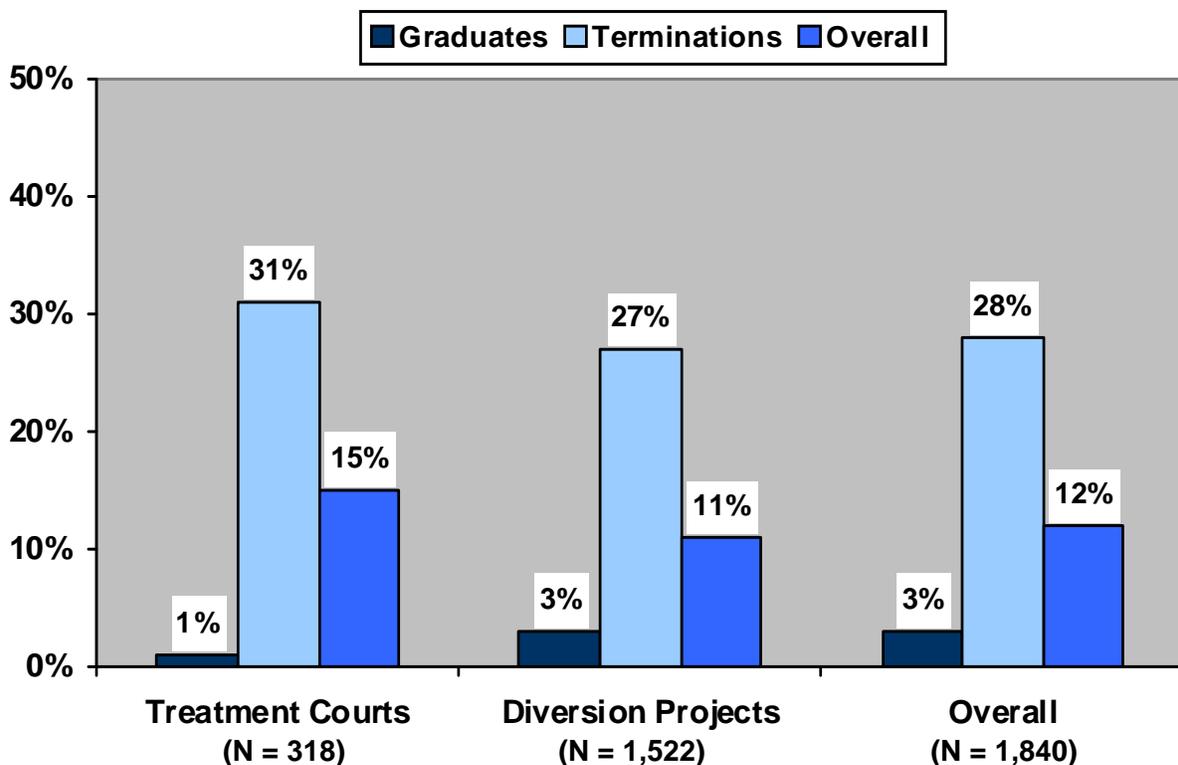
The U.S. Government Accountability Office (2005) conducted a meta-analysis of treatment court recidivism studies and found lower reconviction rates for drug court program participants than for comparison group members. In a study of national recidivism rates for 17,000 drug court graduates (Roman et. al, 2003) reported that 16% of drug court graduates were charged with a “serious” offense that carried a jail/prison sentence of at least one year. In a Vermont treatment court study, 24% of graduates were rearrested within 12 months of program admission, 39% of graduates were rearrested within 24 months of program admission, and 23% of graduates were rearrested within 36 months of program admission (Carey, 2009). However, these analyses were based on a sample of only 24 graduates. Finegan et. al. (2007) reported that 12% of the graduates of a Florida drug court were rearrested within 24 months and 45% of the graduates of a Missouri drug court were rearrested within 24 months. A Center for Court Innovation study found that 52% of drug court participants were rearrested within 24 months of drug court admission (Kralstein, 2010). However, caution should be exercised in comparing these rates to the current TAD results as (a) these rates are for drug treatment courts specifically while the TAD sites utilize a variety of treatment court and diversion models, (b) some studies measure rearrest or charges for a “serious” offense while the current analyses measure conviction, and (c) most measure reoffense one or two years after program *admission* rather than after program discharge.

Incarceration in State Prison After TAD Participation

To assess state prison admission after TAD discharge, PHI received individually identifiable data on state prison admission for 2,061 TAD participants from the Department of Corrections administrative data systems through December 31, 2010. The data included prison admission date, reason for admission, governing offense at admission, mandatory release date, and actual release date for up to four separate prison admission episodes for each TAD participant. To further improve the accuracy of the criminal recidivism data, PHI staff utilized the Social Security Death Index (SSDI) website to determine if any of the TAD participants died after project admission; one offender who was deceased was excluded from the analyses of state prison incarceration as a result.

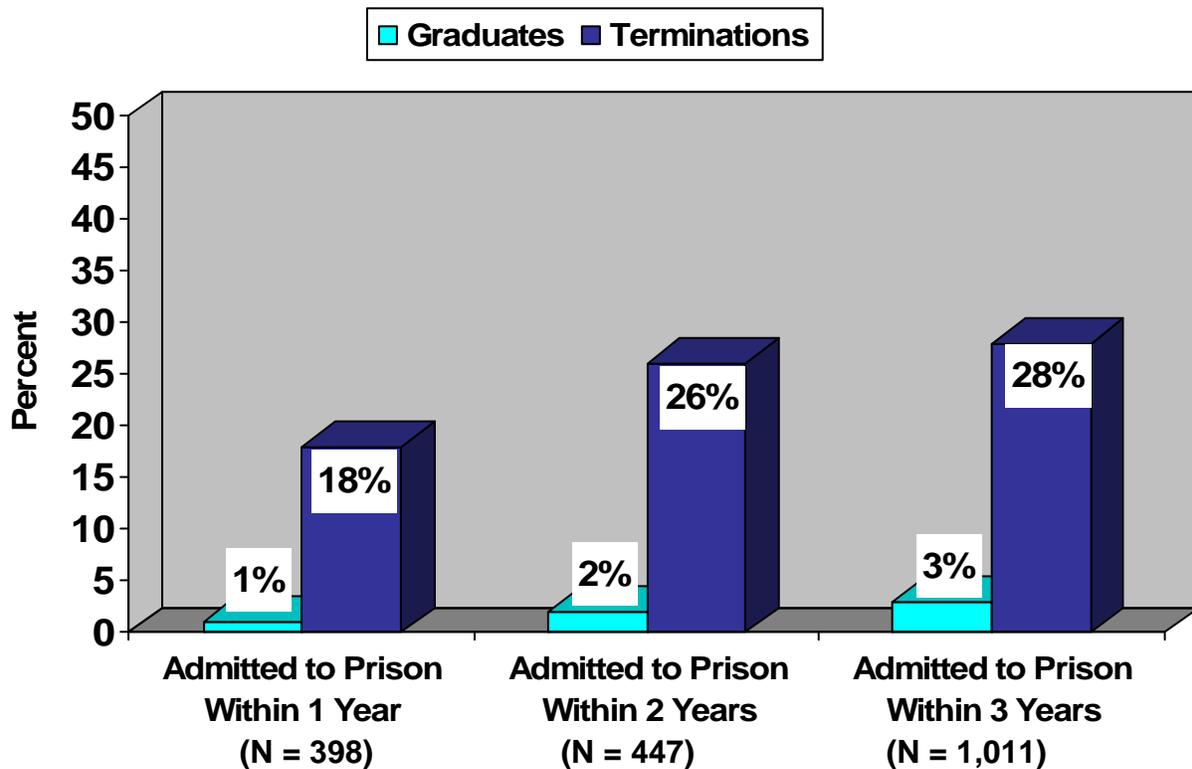
Overall, 12% of TAD participants were admitted to prison after discharge (Figure 8). This is higher than incarceration rates reported by DOC for offenders on probation with no prior prison incarceration (3.8%), but the TAD rate is much lower than that for all prison releases (43.7%) (Wisconsin Department of Corrections, 2008). However, successful completion of TAD impacts the likelihood of prison incarceration after discharge. **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%).** Both TAD treatment courts and TAD diversion projects resulted in incarceration outcomes that were better than national averages.

Figure 8: Percent Admitted to State Prison After TAD Discharge



Overall, 7% of TAD participants were admitted to prison within one year after program discharge, 11% were admitted within two years, and 12% were admitted within three years (Figure 9). **Graduates were significantly less likely than terminations to be admitted to prison at any time after TAD participation.** There was no significant difference between treatment court and diversion projects in prison admission rates after TAD.

Figure 9: Percent Admitted to Prison After TAD Discharge by Length of Follow-up



Note. Duplicated/cumulative count

A small group of TAD participants (3% of all discharges) were admitted to prison multiple times during the follow-up period. Nine percent of all discharges had one prison admission, an additional 2% had two prison admissions, and an additional 1% had three or four prison admissions during the followup period. Graduates did not cycle in and out of prison in the same manner as terminations after participating in TAD. Analyses revealed that 7% of the terminations (47 individuals) were admitted and released from prison 2-4 times after TAD participation. Of the 286 separate incarceration episodes, 112 of them (39%) were caused by 47 TAD terminations that repeatedly cycled in and out of DOC institutions. More than three-quarters of the offenders with more than one prison admission after TAD had been discharged from the Milwaukee TAD diversion project, but this may be due in part to the use of the Milwaukee Secure Detention Facility for temporary probation/parole holds rather than county jail incarceration as in other TAD sites.

There are a variety of reasons offenders can be admitted to custody in a Department of Corrections institution/prison: (1) temporary probation/parole hold as a sanction for non-compliance with supervision requirements or to protect public safety, (2) participation in prison-based treatment programs as an alternative to revocation, (3) revocation of community supervision, and (4) new sentence for a new crime. These reasons for admission vary in severity, with the first three reasons representing either revocation of supervision related to prior crimes or efforts to prevent revocation and only the last reason representing a prison sentence resulting from a new crime. As offenders could be admitted multiple times after TAD discharge (particularly for repeated temporary probation/parole holds), examination of the most serious admission during the follow-up period was conducted.

Table 31 summarizes the reasons for prison admission (presented as number of offenders rather than percentages due to the small sample sizes). None of the TAD treatment court discharges were admitted to prison on temporary probation/parole holds after TAD discharge, while 46 of the diversion project participants were admitted for temporary probation/parole holds. Of the 1,840 discharges included in the analysis, a total of 73 TAD discharges (22 treatment court discharges and 51 diversion project discharges) were admitted to prison with a new sentence for a new crime after participation in TAD. There were no significant differences between completers and terminations related to reason for prison admission, primarily because only 35 graduates were admitted to prison after TAD participation.

Table 31: Number of Offenders Admitted to Prison By Prison Admission Reason [TAD Discharges Incarcerated After Participation]			
	Treatment Courts	Diversion Projects	Overall
Number of Discharges Admitted to Prison For:			
Only Temporary Probation/Parole Hold(s)	0	46	46
Any Institutional Alternative to Revocation Admission (but not if other admission for revocation or new sentence)	6	17	23
Any Revocation Admission (but not if other admission for new sentence)	19	52	71
Any New Sentence	22	51	73
TOTAL	47	166	213
* <i>difference significant at $p < .05$ or better</i>			
<i>Note. Table contains <u>number</u> of admissions rather than percent of total admissions to avoid misinterpretation due to small sample sizes.</i>			

Assessed level of criminal risk was also associated with the likelihood of state prison incarceration after TAD discharge. Overall, 26% of high risk offenders, 23% of moderate risk offenders, and 12% of low risk offenders were admitted to prison after discharge from TAD.

The positive impact of successful TAD completion on prison incarceration was also seen with offenders of all risk levels, as TAD graduates of every risk level were significantly less likely than terminations to be admitted to prison. Only 5%-7% of high and moderate risk graduates were admitted to prison compared to 40%-42% of high and moderate risk terminations. The same pattern of results was seen for low risk offenders, with 7% of graduates and 16% of terminations admitted to prison after discharge from TAD.

Separate examination of treatment courts and diversion projects revealed that both models effectively reduce subsequent prison incarceration for offenders who complete treatment (Table 32). Treatment courts were particularly effective, with only a very small proportion of treatment court graduates admitted to prison after successful completion.

Table 32: Incarceration After TAD Discharge By Criminal Risk Level By TAD Project Model			
	Graduates	Terminations	Overall
Treatment Courts			
% Incarcerated After Discharge	[N = 103]	[N = 126]	[N = 229]
High Risk	0%	48%	30% *
Moderate Risk	2	42	22 *
Low Risk	3	21	13 *
Diversion Projects	[N = 366]	[N = 349]	[N = 715]
% Incarcerated After Discharge			
High Risk	6%	42%	25% *
Moderate Risk	8	40	23 *
Low Risk	12	5	9
<i>*difference significant at p<.05 or better</i>			

SPECIAL FOCUS

Separate analyses were conducted to examine outcomes for three distinct offender populations of interest to policy makers: Offenders admitted as an Alternative to Revocation (ATR) of community supervision, offenders charged with operating while intoxicated (OWI), and female offenders.

Alternative to Revocation (ATR) Project Admissions

Six of the TAD projects admit offenders who are under community supervision by the Department of Corrections as an alternative to revocation (ATR) of their probation, parole, or extended supervision. Revocation of community supervision can result in incarceration, most often in state prison. Offenders who are revoked have an immediate impact on the prison population as an average of 300 days generally elapse in Wisconsin between the date of the criminal offense, subsequent court disposition, and prison incarceration. ATR offenders can be offered participation in TAD to address substance addictions and other issues that negatively impact their success in the community. A total of 194 offenders were admitted to TAD as ATRs during the first four years of TAD, with more than one-half (58%) entering the Washington TAD diversion project (Table 33). Milwaukee TAD does not admit ATRs and is excluded from the analysis.

Table 33: Alternative to Revocation (ATR) Admissions 2007-2010								
	Burnett	Washburn	Dane	Rock	Milwaukee	Washington	Wood	Overall
Number of ATRs Admitted	22	20	18	14	0	111	9	194

ATR offenders were not different from other TAD participants with regard to basic demographic characteristics (i.e., race, education, employment, etc.), but did have more serious criminal offenses, more extensive criminal histories, and were more likely to have had prior substance abuse treatment experience. While nearly two-thirds of TAD admissions entered with drug charges, ATR participants were much more likely to have committed property/fraud crimes. ATR admissions were also significantly younger at the time of their first arrest and had a larger number of total lifetime arrests. They received higher criminal risk and criminal needs ratings than other TAD participants. While 44% of the ATR discharges were determined to be “high risk”, 27% of all TAD discharges were “high risk”. Similarly, 77% of the ATR discharges were determined to be “high need”, while 35% of all TAD discharges were “high need”. In addition, 67% of ATRs reported at least one prior episode of substance abuse treatment prior to TAD, compared to 42% of all TAD admissions.

These differences can be partly attributed to the type of offenders referred to TAD by community corrections agents as a last attempt to avoid revocation of supervision. TAD treatment and monitoring may be utilized as a way to obtain comprehensive treatment for offenders who exhibit poor adjustment in the community. Corrections agents refer some offenders with more extensive criminal histories who are trying to avoid prison incarceration when less intensive community-based sanctions and monitoring have not been effective.

Overall, 49% of the ATRs admitted to TAD projects successfully completed (Table 34). While ATR participants were higher criminal risk/need than other admissions, TAD projects achieved equal success in completing all risk levels and offense types, with no significant difference in graduation rates by risk or by offense type. ATRs complete treatment courts after an average of 475 days (15 months) and ATRs complete Dane and Washington diversion projects after an average of 139 days (4 months).

Table 34: Alternative to Revocation (ATR) Participants Completed 2007-2010

	Burnett (N = 22)	Washburn (N = 16)	Dane (N = 18)	Rock (N = 13)	Washington (N = 105)	Wood (N = 7)	Overall (N = 181)
% Discharges Completed	82%	75%	72%	15%	38%	57%	49%*

** Difference significant at $p < .05$ or better. Milwaukee TAD does not admit ATRs.*

The proportion that completed did vary significantly by site, with Burnett, Washburn, and Dane Counties achieving the highest completion rates. However, some TAD projects have experienced some difficulties successfully retaining ATR offenders in treatment due to varying degrees of success in actively engaging probation/parole staff on their project teams, eliciting the referral of eligible offenders from probation/parole agents, and communicating with probation/parole agents about offender progress and sanctions. TAD staff continue to work diligently to improve relationships with community corrections staff, to work in partnership with agents to monitor offenders, and to coordinate decision-making regarding sanctions for non-compliance.

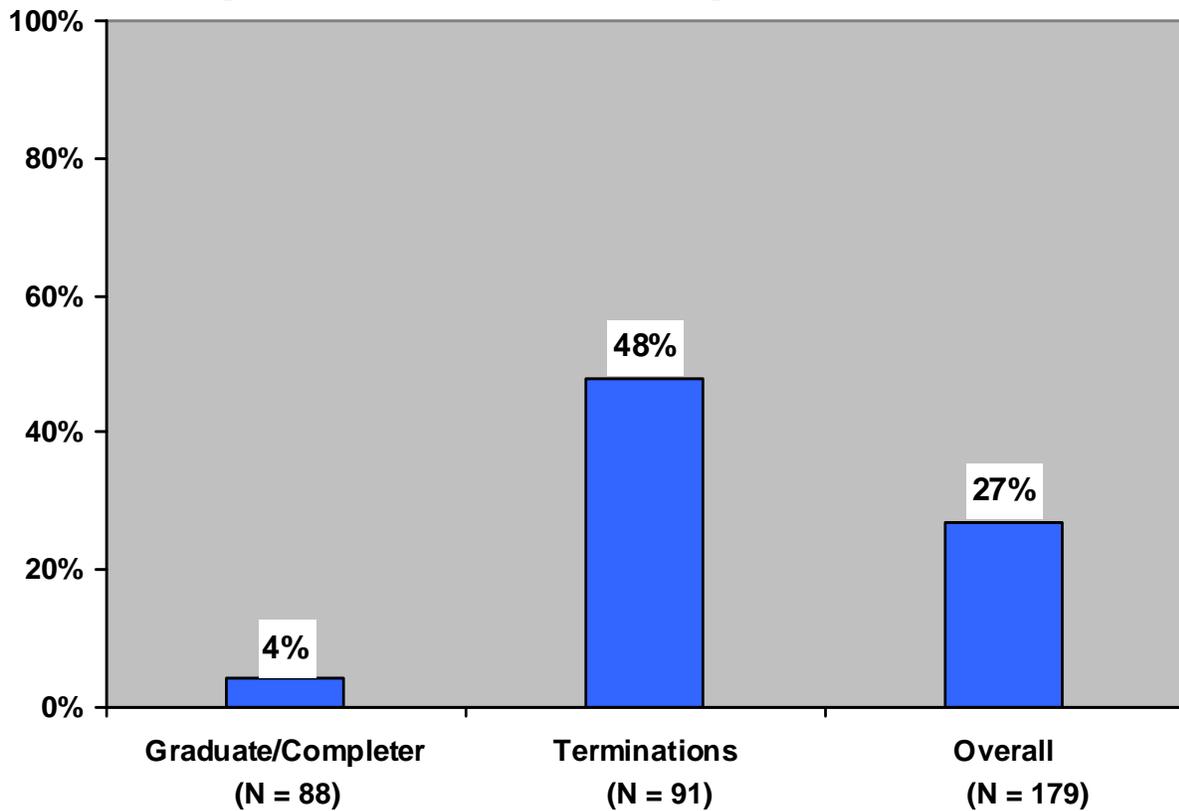
Incarceration Days Averted: When ATRs complete TAD projects they remain in the community, avoiding incarceration in jail and/or prison due to revocation of their supervision. An average of seven months of incarceration were averted for each graduate compared to other (non-ATR) TAD completers who avoided an average of 3.6 months of incarceration. The 89 ATRs who completed TAD during the first four years of the program were averted from a total of 18,936 incarceration days due to TAD participation. A total of 6,445 jail days were averted for 160 ATR participants and a total of 13,509 prison days were averted for 20 ATR participants. These results highlight the potential impact of TAD on reducing incarceration for offenders facing revocation of their community supervision. In conjunction with other community-based treatment options, increasing the number of ATRs who receive coordinated treatment and monitoring through TAD could have a direct and immediate impact on decreasing jail and prison populations.

Conviction for a New Offense: ATR participants are convicted of new offenses after TAD discharge at rates similar to that of other TAD offenders, with 28% of the ATR admissions convicted of any new offense after TAD discharge. This rate is higher than the results of a recent study of Wisconsin probation/parole revocation which reported that 17% of a sample of 200 offenders on supervision committed a new offense while on supervision for which they were later convicted and sentenced (Van Stelle and Goodrich, 2009). There were no significant differences in the types of new crimes committed by TAD treatment court and diversion project participants, nor between program graduates and terminations. When ATR offenders were convicted of new crimes, they were equally likely to be convicted of drug crimes, property crimes, OWI, and violent crimes.

State Prison Incarceration of ATR Offenders after TAD Discharge: ATR admissions were more likely than other TAD participants to be admitted to state prison, with 27% of ATRs admitted to prison after participating in TAD compared to 12% for all TAD discharges. There were only three (6%) ATR participants admitted to prison for a new sentence associated with a new crime, as the majority of those admitted to prison were revoked for prior offenses (63%) or admitted to prison-based treatment programs (29%).

ATR completers were significantly less likely than terminations to be admitted to prison after participation in TAD (Figure 10). Only 4% of ATRs who completed TAD were admitted to prison compared to nearly one-half (48%) of those who were terminated. In addition, none (0%) of the treatment court ATR graduates were incarcerated in state prison after completion.

Figure 10: Percent of ATR Discharges Admitted to State Prison



Operating While Intoxicated (OWI)

The evaluation also included a separate examination of offenders who entered TAD with the offense of operating while intoxicated (OWI). During the first four years of TAD, 297 participants were admitted with an OWI offense and 270 of them were discharged from the projects (Table 35). The OWI offenders were admitted at five of the TAD project sites, with 90% of the cases in the sample coming from the Washington County diversion project which targets OWI offenders.

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
Number of OWI Offenders	12	5	4	0	8	1	267	297

OWI offenders are demographically different than other offenders who are admitted to TAD projects – they are more likely to be Caucasian, employed, married, and better educated. Nearly all of the OWI admissions were white (94%) and male (73%). OWI offenders were significantly more likely to have completed high school and attended school after college than other TAD participants, and were also significantly more likely to be employed full-time. The majority (60%) of OWI offenders were rated as low criminal risk, and an additional 26% were rated as moderate risk.

Overall, 85% of the OWI offenders admitted successfully completed TAD projects (Table 36). All of the TAD sites that served OWI offenders achieved a completion rate of 64% or higher. OWI offenders complete treatment courts after an average stay of 13 months and completed the Washington TAD diversion project after an average of four months.

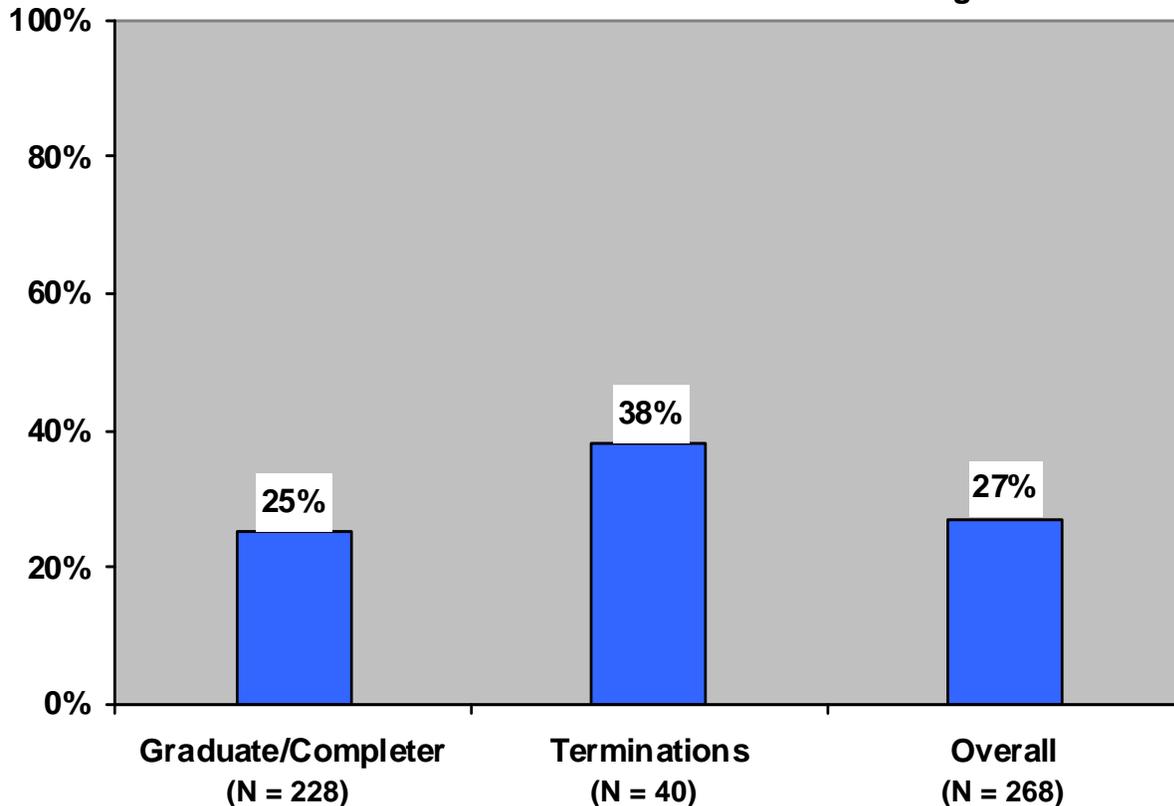
	Burnett (N = 11)	Washburn (N = 4)	Rock (N = 3)	Dane (N = 7)	Milwaukee (N = 1)	Washington (N = 244)	Overall (N = 270)
% Discharges Completed	64%	75%	67%	86%	NA	86%	85%

**Wood County TAD excluded as they did not admit OWIs.*

Incarceration Days Averted: Though mandatory jail incarceration is a required part of OWI sentencing, many of the OWI offenders who participated in TAD avoided additional incarceration through successful project completion. In spite of the mandatory jail time requirement, OWI offenders that completed TAD were averted from an average of 1.5 months of jail incarceration. OWI offenders who graduated from treatment courts avoided an average of six months in jail, while those who completed the Washington TAD diversion project avoided an average of one month in jail. The 229 OWIs who completed TAD from 2007-2010 were averted from a total of 10,260 incarceration days, and an additional 33 days were avoided by OWI offenders who were terminated from the projects. A total of 8,466 jail days were averted for 266 OWI participants, and a total of 1,827 prison days were averted for four OWI participants. These results highlight the potential impact of TAD on reducing incarceration for OWI offenders.

Conviction for a New Offense: Twenty-seven percent of the OWI admissions were convicted of a new offense after TAD discharge (Figure 11). OWI offenders who completed TAD were less likely to be convicted of a new offense after discharge (25%) than terminations (38%). Further analyses revealed that 9% of the OWI offenders discharged from TAD were convicted of a subsequent OWI offense, with an additional 8% convicted of operating after license revocation or suspension. However, TAD graduates were no less likely than terminations to be convicted of another OWI offense.

Figure 11: Percent of Discharged OWI Participants Who Were Convicted of a New Offense After TAD Discharge



Note: Two deceased offenders were excluded from the conviction analyses for OWI offenders.

State Prison Incarceration of OWI Offenders after TAD Discharge: Only eight OWI offenders (3%) were admitted to prison after TAD discharge (seven from Washington TAD and one from Burnett TAD). Two of these eight offenders had completed TAD and six had been terminated. Of the eight OWI offenders admitted to prison, three were admitted with new sentences associated with new offenses, two were admitted to participate in prison-based treatment, and three were admitted due to revocation of their community supervision.

Women/Female Offenders

Separate analyses of female offenders admitted to TAD were also conducted at the request of the TAD Advisory Committee. Female offenders have needs that are uniquely different from those of male offenders, such as housing, childcare, child custody, health care, mental health, physical or sexual abuse, relationships, and substance abuse treatment goals.

During the first four years of TAD operation, 510 women were admitted and 448 were discharged from TAD projects (Table 37). Overall, 25% of TAD admissions were women.

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
Number of Women Admitted	15	5	66	23	44	269	88	510

Female offenders admitted to TAD projects tended to be Caucasian (66%), unmarried (86%), and parents (60%). As a group these women had lower educational levels (35% had less than a high school education) and low levels of employment at admission (20% employed full-time). Although only 26% were rated as having high levels of criminal risk, many had high levels of criminal need. While 25% of the women admitted to diversion projects were rated as high need, 98% of the treatment court women were high need. In addition, a larger proportion of female participants had a mental health disorder (31%) than the male participants (18%).

TAD projects were successful in treating and retaining female offenders with an overall completion rate of 70% (Table 38). The completion rate was 70% for treatment courts and 70% for diversion projects.

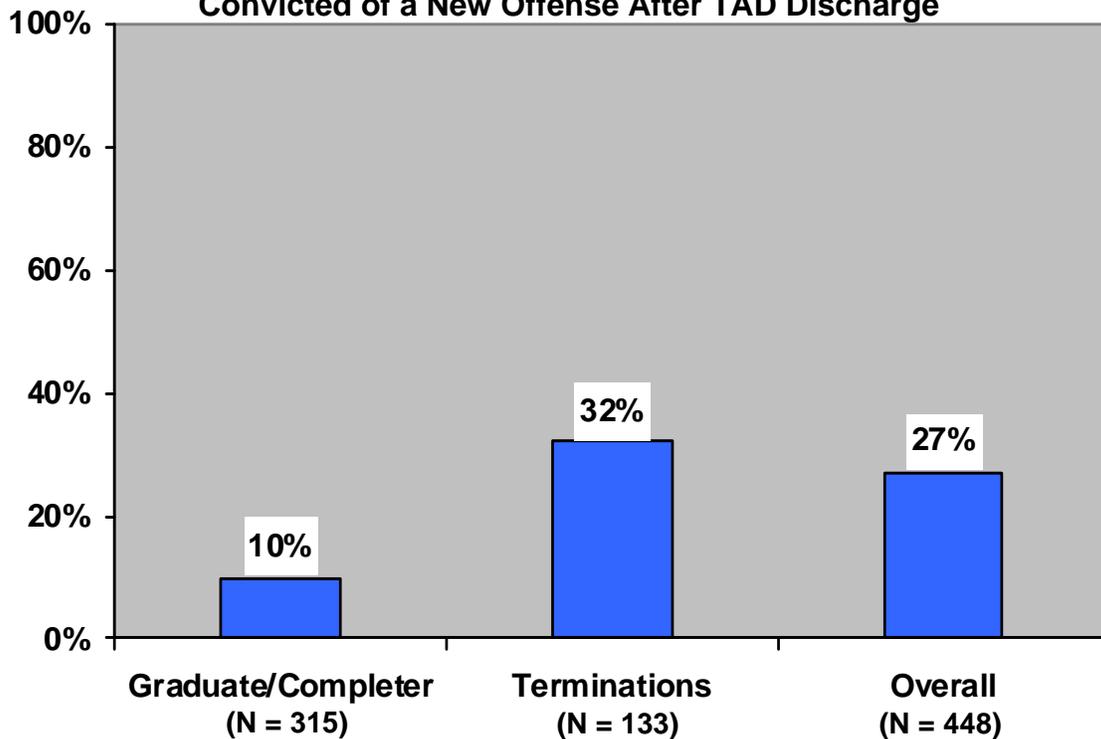
	Burnett (N=12)	Washburn (N=2)	Rock (N=53)	Wood (N=17)	Dane (N=41)	Milwaukee (N = 241)	Washington (N=82)	Overall (N=448)
% of Discharged Completed	83%	100%	66%	71%	51%	73%	73%	70%

Incarceration Days Averted: A total of 30,305 incarceration days were averted for female offenders who participated in TAD, with an average of 67 days averted. There were no significant differences in the average incarceration days averted between men and women, but (consistent with other evaluation results) women participating in treatment courts were averted from more incarceration days (135 days) than women in diversion projects (52 days).

Conviction for a New Offense: Overall, 27% of female TAD participants were convicted of a new offense after participation. This is somewhat higher than the Wisconsin DOC conviction rate of 14.7% for women on probation who had never been incarcerated in prison, the best comparison estimate available for the women discharged from TAD (Wisconsin Department of Corrections, 2008).

Successful completion of TAD positively impacts conviction after participation for women. Female offenders who completed TAD were significantly less likely than terminations to be convicted of a new offense, with 10% of female graduates convicted of a new offense compared to 32% of women who were terminated from TAD (Figure 12). These results suggest that women who complete TAD projects are less likely to commit a new offense than other female offenders in Wisconsin. Van Stelle and Moberg (2003) found that 27% of women who participated in a prison-based treatment program for women in Wisconsin were arrested within twelve months and that 40% of a comparison group of women who did not participate in the prison-based treatment program were arrested within twelve months.

Figure 12: Percent of Discharged Female Participants Convicted of a New Offense After TAD Discharge



State Prison Incarceration of Female Offenders after TAD Discharge: TAD participation also positively impacts subsequent incarceration of female offenders. Overall, 16% of females discharged from TAD projects (26/159) were incarcerated in state prison after program participation. However, only 1% of women were incarcerated for a new sentence due to commission of a new crime and the others were admitted to prison due to revocation of their community supervision for a prior offense. None (0%) of the female treatment court graduates were incarcerated after TAD participation and only 6% of female diversion graduates were incarcerated after TAD. In comparison, 14.4% of female offenders released from Wisconsin prisons and 1.5% of females on probation with no prior prison are admitted to prison within three years (Wisconsin Department of Corrections, 2008). These findings can also be roughly compared to the results of an evaluation of a WI DOC prison-based treatment program for women (Van Stelle and Moberg, 2003) which found that 15% of women who had participated in the prison-based treatment program were returned to prison within 12 months of release to the community compared to 20% of a comparison group.

IMPROVE THE WELFARE OF PARTICIPANTS

While criminal justice outcomes are the most feasible to measure and are often of greatest interest to policy makers, TAD projects have numerous other significant impacts on the lives of offenders who participate. While budgetary and practical constraints prevent the collection of evaluation data pertaining to impacts on offender attitudes, substance use after program discharge, family relationships, and drug-free pregnancies, the TAD staff who work closely with these participants every day are well aware of positive changes in the lives of many project participants.

For this report, TAD projects were asked to submit examples of the positive impacts of TAD on individual offenders to provide insight into the lifestyle changes, recovery skills, and life skills developed during treatment that are necessary to achieve long-term sobriety:

Burnett County Treatment Court Participants:

- A 49-year-old Native American male was charged with possession of methamphetamine. He felt he was too old to participate and relapsed early in the program. He was referred to residential treatment where he excelled, returning to the treatment center after completion to speak to other participants. He surprised staff by going above and beyond program requirements, maintaining full-time employment, receiving his GED, attending 4-5 self-help meetings each week, helping transport other participants, and performing additional community service work.
- A 47-year-old Caucasian female entered drug on charges of 6th and 7th OWI the week she was released from prison. She entered the program with a poor attitude and a “prison mentality”, but that changed during treatment. She was hired for wages after performing so well at her community service placement and remains employed there. She is also enrolled in nursing school and is working in the jail through “Bridging The Gap”, a strong presence in the local recovery community. She is in a healthy relationship and is involved in the lives of her children and grandchildren. She returns to the drug court offices periodically to let staff know how she is doing.
- A 47-year-old Native American male was charged with 5th OWI. He was reluctant to participate in Drug Court, but his attitude changed after entering the program. He got custody of his two children, gained employment, and started his own business as well. He has returned to observe Drug Court, helped mentor new participants, and has done 12 Step work in the community. He was released from probation early and continues to be a force in the local recovery community.

Washburn County Treatment Court Participants:

- A 41-year-old male had such an extensive drug use and criminal history that his referral to drug court was accepted while he was in prison. His list of accomplishments includes abstinence throughout the program, regaining custody of his son, facilitating an AA meeting in addition to his regular attendance, working 60 hours per week, obtained driver’s license and vehicle, secured appropriate housing, and has a strong church affiliation. He has embraced the need to make lifestyle changes and not merely abstain from alcohol and drugs. He realizes that in order to succeed he needs to be committed to a good aftercare program involving AA, his church, and professional help.

- A 27 year male with an extensive marijuana and alcohol dependence was in our Drug and Alcohol Court program since June of 2009 for OWI 4th and successfully graduated in November 2010. He started out admitting that he probably had a problem with alcohol but that he wasn't sure about the treatment program prescribed (Matrix model) and thought that AA was going to be a waste of time. He was going through the motions for the first three months and had a relapse with marijuana, but then embraced the program from there on. He became a leader within the Matrix groups and started to facilitate AA groups as well. He was able to secure employment that paid over \$12 an hour and felt better about being able to provide for his family. Along the way stressors continued to emerge, relationship issues (which were resolved and he later got married) as well as becoming a step-grandfather at age 27. He did not have a further relapse and his leadership among the participants and AA community seems genuine. He has continued with AA since his graduation and all reports are that he is living a clean and sober life.

Rock County Treatment Court Participants:

- “I used to lie to myself and others all the time. I thought that drinking and drugging was just always going to be a part of my life and that's the way it was. I started going to meetings before this program and learned that I didn't have to live that way. During this program I have collected more tools to stay sober. Learning to be honest was the biggest thing. Now I have a job, I completed college, my parents trust me, I got a promotion, I get my license back this week, and I feel good because I am sober!”
- “I remembered that I am a person who has needs and they are important. That I am worth the time. I may be a screw up but that does not mean that I can not make changes. There is a lot of resources out there for continued support when I leave. That this will always be a part of my life; it's how I take it from here that is important.”
- “I have been clean from heroin for a year now...and I don't feel as slow and stupid. I can't remember the last time I thought this clear and I like it and don't want to feel slow and stupid ever again.”
- “This program has helped me to face some of the issues that have plagued me for much of my life. It's the way I think and cope with situations. It has given me structure and forced me to be more responsible and mostly accountable.”
- “I have had 60 days clean with the help and support of people in AA and the classes in RECAP. I have also turned down several situations where using was an option. Being clean has allowed me to be able to assess my own problems, using is no longer an acceptable solution...”

Wood County Treatment Court Participants:

- One participant was arrested for obtaining a prescription by fraud, this was a repeat offense. She had battled addiction since she was 21, her drugs of choice were prescription drugs, opiates, and benzodiazepines. She attended inpatient treatment three times prior to entering Drug Court. She lost custody of her two children, was unemployed, and was struggling with her mental health issues. Once starting Drug Court she began to engage in her treatment and attend support meetings. She worked hard on changing her lifestyle, began to parent her children, and started a successful personal business. She continues her new lifestyle and is being a positive mother.
- One participant was arrested for two counts of neglect of a child and possession of THC due to her drug use. She lost custody of her children for five months. She attended inpatient and

outpatient AODA treatment. She regained custody of her children after making the lifestyle changes necessary. During her involvement she began to look at herself as a positive person and began to believe in her abilities. She finished school, graduating with a business degree. She showed an excellent individual effort towards her recovery and achieving her goals.

- A 29 year old female started the Drug Court program with two felony charges, one for possession with intent- cocaine and the second was possession with intent- THC. She had used drugs and alcohol since age 13. She had 3 young sons that were and had been raised by family and grandma. When she started she had many needs: AODA, mental health, parenting, bad social behavior, arrests, and poor values. At one point she was kicked out of group for an extended time for swearing and verbally attacking a counselor, she did intensive one to one counseling during this time until she was ready to finish her group. She attended individual and group counseling for mental health and AODA. At the end of phase II she enrolled in the local technical school and performed well, and after the first semester she earned a scholarship from the school. She found a part time job and an apartment for her and her sons. Through NA she met new friends and changed her social network. She continues to have success in school and continues to use her supports at NA, counseling, and family.
- A 21 year old male started Drug Court with two felony charges for possession with intent- THC. He had been using THC since age 13. His parents both died in alcohol related accidents when he was in high school, he moved from family member to family member, and dropped out of high school. He sold drugs to support himself and his addiction, which led to some other arrests prior to Drug Court. When he began Drug Court he was not motivated for change or aware of his self-destructive behavior/thinking. This young man struggled for the first 4-5 months of Drug Court. He had positive UAs, failed to show for treatment, drove without a license, and was still hanging out with old friends leading to sanctions from Drug Court and jail time from probation. His treatment was increased to day treatment for four days each week for 4.5 hours each day and mental health treatment. He slowly began to show healthier thinking and behaviors. He began to work on his GED and earned it a few months later. He also began working a part-time job and got a place of his own. At graduation he expressed his gratitude for the opportunity to be in Drug Court.

Milwaukee County Diversion Participants:

- Mr. P, a 40 year old male, was arrested and charged with felony possession of THC. The DA's office recommended a sentence of six months in jail and two years of extended supervision. In lieu of standard prosecution, Mr. P was granted a Deferred Prosecution Agreement due in large part to the advocacy of the Justice 2000 TAD staff and a dedicated public defender. Mr. P suffered from various cognitive and mental health concerns and was a regular user of illicit substances. Additionally, Mr. P was heavily influenced by negative peer associations. While working with Justice 2000, Mr. P began to receive the mental health treatment he needed, began to understand the impact that negative peer associations had on his life, and began learning how to manage his anger appropriately. At the end of the six-month agreement, Mr. P was actively volunteering at a community center, despite the fact that his DPA did not call for community service. Mr. P stated that the TAD program and Justice 2000 gave him a second chance that helped him get his life back on track.
- Ms. F, a 24 year old female, was arrested on suspicion of misdemeanor theft. In lieu of formal charges, Ms. F was granted the opportunity to participate in a pre-charging diversion agreement. Ms. F had been struggling with mental health challenges from a young age and received SSDI income as a result. Ms. F reported difficulty maintaining sobriety from the

use of THC, something of importance given the fact that she entered the program pregnant. Ms. F reported that the accountability of drug testing at Justice 2000 helped her learn that she did not need to use THC to have fun. In collaboration with Ms. F's Community Support Program case manager, Justice 2000 helped Ms. F to remain in compliance with her mental health medication and treatment appointments, assisted her in obtaining part time employment, and helped her research ways to pursue her goal of furthering her education. Ms. F successfully completed her diversion agreement and, as a result, avoided spending 30 days in the Milwaukee County Jail. Ms. F stated she hopes to become a nurse someday.

- Ms. G, a 28 year old female, was charged with felony delivery of prescription narcotics and misdemeanor theft. She entered into a six month Deferred Prosecution Agreement with the DA's office. Ms. G had a long history of mental health and substance abuse issues. After receiving counseling, Ms. G was able to maintain sobriety and start to address her depression and anxiety issues. Ms. G eventually obtained safe stable housing for her and her young children and she intends to enroll in college with the goal of pursuing a degree in criminology. Ms. G successfully completed her DPA and as a result had her misdemeanor charge dismissed and her felony charge reduced to a misdemeanor conviction.
- Mr. W is a 41 year old male who was charged with one count of felony manufacture/deliver cocaine and one count misdemeanor possession of cocaine. Mr. W had been working with Justice 2000's pretrial mental health case management program for several months during which he struggled to get his cocaine use under control. Approximately six months into his case Mr. W was offered a Deferred Prosecution Agreement. About one month into the DPA, and while still struggling to kick his cocaine habit, Mr. W suffered a stroke. His doctor informed him that he was likely to die if he used cocaine again. Mr. W used this motivation to successfully quit using cocaine. Justice 2000 worked with Mr. W to arrange medical transports to get him to treatment appointments, court hearings, and office contacts with his Justice 2000 case manager. Mr. W had his felony charge dismissed after successfully completing his DPA. He still returns to the Justice 2000 office to let his case manager know how he is doing and to thank her for helping him save himself from certain death.

Washington County Diversion Participants:

- A participant was referred to the Washington County TAD Project by his probation agent as an Alternative to Revocation due to a probation rule violation. The man had a lengthy legal and substance abuse treatment history, with involvement in outpatient and inpatient treatment on several occasions. He would often participate in treatment for two months before relapsing and being reincarcerated. His last relapse resulted in state prison incarceration for 2 ½ years. Upon his release from prison he faced numerous challenges: He was unemployed, had not had contact with his son for three years, and needed to work on his recovery outside of a controlled setting. While in TAD, he accepted his addiction, identified his triggers, and developed a relapse prevention plan. At the time of his graduation from TAD he had achieved seven months of sobriety. He obtained employment and was taking the steps necessary to earn a promotion within the company. Additionally, he was able to reconnect with his son and now takes an active parenting role in his son's life.
- A participant was referred to the project for his 2nd OWI. The client had reported an extensive legal history including multiple disorderly conduct charges, vandalism, and assault, as well as multiple drug possession and paraphernalia charges. This client also had two previous attempts at AODA treatment. Mid-way through AODA treatment, the client reported he was in an altercation with another adult male. As a result, the client was required

to concurrently attend individual weekly sessions with his TAD case manager to address his anger issues. The client was resistant at first but became more receptive to assistance as he noticed positive changes in his life. Through supportive services from TAD case management and his treatment provider, the client was able to address his past behavior and challenge his beliefs and maladaptive thoughts. He was able to employ his coping skills and reported improvement in both work and personal relationships. He developed an understanding of how anger and substance use had affected a number of areas of his life. He verbalized that he was happy and thankful for the supportive services he was offered and has made a commitment to recovery.

Dane County Diversion Participants:

- A 30-year-old male graduate was arrested for operating a motor vehicle without owner's consent. As he tells his story, "I was in jail for 30 days and was held on cash bail pending a drug evaluation. I was offered a chance to go to treatment at [residential treatment center] and placed in DART. Each week I had a case review hearing with a Dane County Court Commissioner. Appearing before the Commissioner was a very important part of my DART experience because it gave me the chance to receive public encouragement and recognition for the hard work I was doing at staying sober, becoming employed and reuniting with my family. I completed treatment and relocated to the [residential treatment facility] to continue my treatment. Living at the [residential treatment facility] was also a very important part of my treatment. I completed DART and was referred to Dane County Drug Court. Since my completion of Drug Court I have remained sober, work full-time, and attend a technical college. I am very grateful for everyone along the way who offered their support and encouragement, without these simple yet sometimes overlooked gestures I am certain I would not be where I am today. I am especially grateful for everyone who works hard to make DART possible; it is good to know there are programs and people out there who care."
- "Dear Commissioner Meurer: My name is B.R. I was recently involved in the DART program. You may remember me. I just wanted to write you and let you know I apologize for being dishonest to you and myself. The program was and is great, it did help me a lot. I just made a very very poor choice. I should have contacted help the minute I relapsed and I didn't. I took advantage of you, my family, others around me, and myself. I let the same people down as well. I am unsure of why I chose to use because I have never felt so great as I did coming to court Wednesday and hearing praises and how good I was doing. I want to thank you for the opportunity to be a part of the program and believing in me as well as others. I am currently still incarcerated and will try to get to Drug Court. In a weird way I thank you and owe you for putting me back in jail. I may not be alive if you hadn't, so thanks again. I think the world of you as does my family. Not many people like you exist and believe there is hope. I will not make the same mistake twice! Again, I apologize, I thank you and I owe you."

PROJECT STRENGTHS AND CHALLENGES

TAD PROJECT STRENGTHS

TAD projects have shown a wide variety of strengths related to implementation of effective justice strategies using evidence-based practices, impacts on criminal recidivism, reduced criminal justice system costs, reduction in the economic and health impacts of substance abuse in Wisconsin, increased collaboration among key stakeholders, and improved local treatment quality and capacity.

1. Provides Effective Alternatives To Prosecution And Incarceration: TAD projects successfully provide alternatives to prosecution and incarceration for non-violent offenders with alcohol and other drug problems. Nearly two-thirds (64%) of TAD participants successfully complete TAD projects.
2. Averts Offenders From Jail And Prison Incarceration: A total of 135,118 incarceration days were averted by TAD projects during the first four years of TAD. All projects, regardless of size, realized cost-savings due to incarceration days averted.
3. Reduces Conviction Rates: The majority of TAD participants (76%) are not convicted of a new crime after TAD discharge. Offenders who complete TAD are less likely to be convicted of a new offense after TAD participation than those who do not complete the program. Even when graduates are convicted of a new crime, their offenses are less severe than those of terminations and are less likely to result in a sentence that includes incarceration.
4. Reduces Prison Incarceration Rates: The vast majority (88%) of TAD discharges were not admitted to state prison after TAD participation. Offenders who complete TAD are nine times less likely to be admitted to state prison after program completion than those who do not complete TAD projects.
5. Delivers Cost Savings: The reduced recidivism attributed to TAD demonstrates a cost savings based on the days averted from jail and prison. Without the effective program interventions funded through TAD, more offenders would be incarcerated in jail or prison resulting in increased operational costs. TAD has a direct impact on jail and prison populations which can reduce costs to counties and has the potential to contribute (as part of overall diversion efforts) to the closure of portions of secure facilities, such as closing half of the Ferris Huber Center in Madison in 2011 (Wisconsin State Journal, 2011).
6. Use Of Evidence-Based Practices: TAD projects have integrated a comprehensive array of evidence-based practices into their service delivery. These evidence-based practices have allowed them to better serve their communities and offenders.
7. Provides Effective Diversion Alternatives: The TAD project has demonstrated that diversion alternatives are effective in both pre-trial and post-conviction applications. It has shown that reductions in continued criminal activity and recidivism can be realized at many stages of criminal justice system processing.
8. Bridges Service Systems: Cooperation between the legal system and local treatment providers provides participants with the impetus to change their behavior better than either system can alone.
9. Provides An Alternative Model Of Criminal Justice System Operation: TAD projects provide services for all offenders in the system regardless of socioeconomic status or race. TAD project staff indicated that judiciary staff should order dispositions based on assessment

of criminal risk/need and the characteristics of each case rather than issuing standard case dispositions at the time of sentencing (i.e., 1st offense = 10 days in jail, 2nd = 30 jail, 3rd = 180 days, etc.). TAD staff indicate that some district attorneys have said that they had “taken the wrong approach before and there is now a change in the culture of working with offenders.”

10. Demonstrates High Levels Of System-Level Collaboration: TAD projects have had an impact on case processing and on the functioning of local Criminal Justice Coordinating Councils. TAD project impacts have helped counties to access additional state and federal grant money and programs. TAD sites have exhibited collaboration among neighboring counties and among drug court programs. TAD sites report that this type of collaboration has a positive impact on opinions in conservative counties about the effectiveness of diversion and treatment. Some of the TAD sites partner with other diversion and bail monitoring programs for referrals and electronic monitoring. TAD projects help to bridge gaps in the system to help avoid revocation for those who would reoffend after being in jail for 4-5 months waiting for a case disposition. The TAD project also led to collaboration among state agencies such as OJA, DOC, DHS and the University of Wisconsin—Madison.
11. Encourages High Quality Project Team Collaboration: TAD sites have exhibited high levels of collaboration among members of project teams and drug court teams. Some of the TAD sites include probation/parole agents on their project teams, and one project has a unit supervisor who sits on their team. TAD project staff felt that “people who are not being paid to be there are especially dedicated and proud to be part of TAD”.
12. Reduces the Risk Of Social, Economic And Health Problems: Through the TAD projects, the criminal justice system is able to enhance opportunities for intervention and treatment of substance abusing offenders. The social, economic, and health impacts of substance abuse are significant. In addition to criminal justice costs, substance abuse causes problems that contribute to chronic disease, intentional and unintentional injuries, decreased productivity, social and family disruption, lack of educational attainment, and medical and insurance costs.
13. Increases Local Treatment Capacity: TAD funding has allowed the creation of, and access to, treatment options that would not have otherwise been available. This is particularly true in the case of funding for inpatient substance abuse treatment.
14. Increases Treatment Quality And Level Of Offender Monitoring: The addition of case management and monitoring through TAD to traditional treatment and/or probation and parole supervision increases the quality and comprehensiveness of services.
15. Increases Speed Of Treatment Entry For Offenders: TAD staff report that participants enter substance abuse treatment more quickly than they would without TAD services.
16. Offender Participation Impacts Case Disposition: Evaluation results indicate that offenders who complete TAD are more likely to have their charges dismissed or to avoid revocation of correctional supervision. In addition, TAD staff indicate that participation in TAD has resulted in sentence reductions, reduction in charges from felony to misdemeanor, and the imposition of monetary fines and community service rather than incarceration.
17. Positively Impacts Individual Participants: TAD staff report that treatment participation increases employment, the quality of family relationships, parenting, attitude, etc.
18. Impacts Case Processing Time: While TAD participation can lengthen case processing time for the courts by requiring treatment completion, the increased time between offense and sentencing/disposition for OWI cases often results in a reduced sentence from judges due to successful project participation. TAD staff indicate that many judges are less concerned about these delays after seeing the positive impacts of TAD projects on participating offenders.

19. Decreases The Number Of Required Court Appearances: In Milwaukee County, the implementation of TAD reduces the number of required court appearances for diversion cases from 5-6 appearances to three appearances.
20. TAD Projects Continue To Modify And Improve Their Service Models: Projects have utilized both internal and external evaluation feedback to improve their policies and procedures in response to changing community needs. Improvement in project eligibility screening and stabilization of project practices and procedures over time have reduced the number of inappropriate referrals and the number of participants who abscond from treatment and monitoring.
21. Are Supported By The Local Community: TAD projects indicate that the projects receive positive local media coverage and enjoy overall community support.

TAD PROJECT CHALLENGES

TAD projects have also encountered challenges and barriers to implementation during the first four years of TAD. Project site staff developed creative and innovative solutions to address many of these challenges.

1. Defining “violent offender”: The definition of “violent offender” for project eligibility purposes has limited access to TAD services for some higher risk offenders who need treatment. Some TAD projects have experienced the challenge of defining which offenders should be denied entry to the project based on past charges to comply with statutory language related to TAD eligibility criteria.
2. Creating success for alternative to revocation (ATR) admissions: Some TAD projects have experienced challenges related to referral and participation of probation and parole clients admitted to TAD as alternatives to revocation of supervision. Some of the probation/parole agents are hesitant to refer ATRs to TAD because they cannot revoke or sanction offenders if they don’t complete the TAD project. In addition, some agents refer higher risk offenders to TAD who are not eligible (according to current eligibility criteria) based on past offenses. TAD staff have suggested that a liaison agent be assigned to treatment court teams to increase communication and coordination of case decision-making.
3. Staff turnover: Some sites have experienced turnover in drug court judges and indicated a need for access to training for the judges as they change roles from public defenders or district attorneys. PHI staff alerted the Wisconsin Association of Treatment Court Professionals and training for judges was added to their annual conference agenda. TAD projects have also experienced turnover in treatment court coordinators and county criminal justice coordinator and have faced challenges in training new staff.
4. Offender employment opportunities: The worsening economy has impacted local employment opportunities for TAD participants in some sites.
5. Lack of offender transportation: For many TAD projects, transportation to treatment and drug testing for offenders without driver’s license or vehicles (particularly OWI admissions) is a challenge in areas without public transportation.
6. Suspension of driver’s licenses: Statutory language and sentencing guidelines mandate that the driver’s license must be suspended for OWI offenses and some drug crimes. Many TAD participants work hard during the project to regain their licenses only to have it taken away at the time of the case disposition. This is often the case even for offenders who successfully complete TAD and the loss of their driver’s license can create significant transportation barriers to continued employment and participation in substance abuse treatment.

7. Mandatory jail time for OWI offenders: OWI offenders must serve a minimum amount of jail time (as per statute) regardless of whether they successfully complete TAD. This presents challenges to participants related to treatment/program motivation, loss of employment, loss of stable housing, child care, etc. It also negatively impacts the number of incarceration days averted that can be realized for this population.
8. Variation Among Treatment Providers: The intensity and quality of drug treatment varies among multiple treatment providers within each county. Coordinating services with diverse treatment providers for TAD participants has proved to be a challenge for some of the TAD sites. The enhanced level of communication required of local treatment providers for TAD participants has been a challenge at some of the TAD sites.
9. Lack Of Resources For Continued Training: TAD projects have experienced a lack of resources for ongoing training for staff at the TAD sites, particularly training related to advances in evidence-based practices.
10. Gender-Specific Urinalysis Testing: TAD sites have encountered barriers related to the availability of gender-specific observation of urinalysis sample collection.
11. Increase In Heroin Users: An increase in heroin use in local communities since 2007 has presented challenges related to access to detoxification and treatment services for participants at some sites.
12. Project Funding Uncertainty: Relatively low funding levels for TAD projects and annual uncertainty related to continued funding have been barriers to the provision of comprehensive treatment and the retention of staff for some sites. Adjusting the TAD funding cycle to coincide with the state fiscal year would decrease administrative burden for project staff in some sites.

RECOMMENDATIONS FOR IMPROVEMENT

“The report shall also include recommendations regarding how the grant program should be structured in the future.” (2005 WI Act 25)

Based on the results of this evaluation as well as evidence-based justice policies, the members of the TAD Advisory Committee recognized numerous strengths of the TAD program and developed a variety of recommendations for program-level and system-level improvement.

DOES TAD WORK?

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

1. The seven TAD projects successfully provide alternatives to prosecution and incarceration for non-violent offenders with alcohol and other drug problems
2. TAD projects integrate a variety of evidence-based practices into their service delivery
3. Nearly two-thirds (64%) of TAD participants successfully complete TAD projects
4. 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)
5. The majority of TAD participants (76%) are not convicted of a new crime, and offenders who complete TAD are less likely than those who do not complete to be convicted of a new crime after program participation
 - a. When graduates are convicted of a new crime, the offenses are less severe than those of terminations and are less likely to result in a sentence that includes incarceration.
6. 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
7. The TAD program evaluation demonstrates reduced recidivism 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.
8. 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)
9. 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.
10. TAD funding has increased local substance abuse treatment capacity, providing additional funding for treatment of offenders
11. TAD has increased local treatment quality and level of offender monitoring
12. TAD participation positively impacts case disposition, resulting in increased dismissal of charges and negating the need for further justice system processing
13. TAD has positive impacts on individual participants and families
14. TAD has achieved high levels of local community support
15. TAD projects continue to modify and improve their service models based on evaluation feedback and results

IS TAD COST EFFECTIVE?

TAD Saves Money

Every \$1.00 invested in TAD yields benefits of \$1.93 to the criminal justice system through averted incarceration and reduced crime

TAD treatment courts yield benefits of \$1.35 for every \$1.00 invested

TAD diversion projects yield benefits of \$2.08 for every \$1.00 invested

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 system-level recommendations for improvement of the TAD program.

Table 39: TAD Advisory Committee Recommendations for Improvement		
	Recommendation	Supporting Information
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.	The use of validated criminal risk and needs assessments permits effective matching of program services as well as providing critical information for program evaluation, management, and operations.
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.	Offenders who enter TAD as an ATR have the most direct and measureable impact on state prison admissions. Due to the shared case management of these cases, any project that proposes to serve ATRs must have a formal agreement with the Department of Corrections Division of Community Corrections to maximize coordinated service delivery and case decision-making.
3	TAD must implement treatment and case management strategies that are consistent with evidence-based practices, specifically prioritizing the assessed criminogenic needs of moderate and high risk offenders.	Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little net positive effect on recidivism rates. Shifting these resources to higher risk offenders results in greater cost-benefit efficiencies and improved public safety. TAD projects should direct more intensive services to medium and higher risk offenders and provide less expensive/intensive services to those at lower risk of re-offending.
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.	As TAD is designed to provide services to offenders determined to be abusing or dependent on alcohol or other drugs, the services provided have implications for the behavioral health and health care systems. The state and local project managers should be directly involved in identifying ways to leverage resources from these other systems to address client needs and deliver integrated substance abuse and mental health treatment. Providers that are State certified to ensure standards of care and incorporate evidence-based practices into their services have the potential for third party billing.

Table 39: TAD Advisory Committee Recommendations for Improvement

	Recommendation	Supporting Information
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.	Certain operational costs incurred by each local project (i.e., laboratory support for urinalysis/drug testing, mental health services) could be coordinated at the state level in a more direct and cost efficient manner. Currently TAD projects contract separately with a variety of vendors, resulting in variation in both testing cost and quality.
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.	Lack of resources for ongoing staff training can be a barrier to effective implementation of evidence-based treatment and program practices. The State should provide resources and coordinate statewide opportunities to allow agency staff to receive training in updated methods and practices for effectively assessing and treating criminal justice populations.
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.	It is imperative that the most complete set of evaluation data be made available to assess the effectiveness of TAD and allow policy makers to make informed decisions. Those with relevant data include the State Court System as well as Executive agencies including: DWD, DHS, DOC, OJA, DOT, SPD, and DOJ. Access to employment, child support payments, or driver's registration data are among those necessary to determine the impact of TAD.
8	Require that evaluation reports summarizing site implementation progress and activity be submitted in July 2012 and July 2013. Require that a full evaluation report on TAD implementation, cost/benefit, and offender outcomes be submitted in July 2014, and in even years thereafter.	The TAD Advisory Committee indicated that timelines for evaluation reports should coincide with timelines for preparing the state budget. Periodic summary of evaluation results is critical to assess program effectiveness and impact on participant outcomes, as well as to provide formative feedback to stakeholders and policy makers for the purposes of program improvement and budget planning.
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.	Current statutes exclude persons with <i>one or more prior convictions</i> for a felony involving the use or attempted use of force against another person with the intent to cause death or serious bodily harm. In practice, higher risk offenders who otherwise meet project requirements are restricted from participation due to events that may have occurred decades prior even when the current risk/needs assessment indicates suitability for the project. Eliminate the above exclusionary criteria to enable TAD projects to admit those higher risk offenders with a prior violent offense who could safely benefit from TAD treatment.

	Recommendation	Supporting Information
10	<p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>Modify the existing language to include the following italicized language pertaining to the inclusion of criminal justice EBPs: “Services provided under the program are consistent with evidence-based practices in <i>criminal justice</i>, substance abuse and mental health treatment, as determined by the department of health and family services, and the program provides intensive case management.”</p> <p>TAD projects have succeeded in part because of an active partnership with state agencies that monitors project activities and encourages program change as a result of evaluation feedback. This recommendation recognizes that only through information exchange, monitoring, evaluation, project growth, and evolution will these projects have the desired impact on the operation of the criminal justice system.</p>

The TAD Advisory Committee also developed the following program-level recommendations related to ongoing implementation of the TAD projects to ensure continued success.

	Recommendation	Supporting Information
1	Continue to structure TAD as a multi-agency, collaborative effort among OJA, DOC, and DHS.	The current collaboration among OJA, DOC, and DHS has been an effective mechanism for program implementation and monitoring.
2	Continue TAD’s commitment to independent and comprehensive program evaluation through effective partnerships between state and local agencies.	The program structure of TAD outlined in 2005 WI Act 25 required collection and reporting of specific data elements and active evaluation of that data. This has been an effective approach to encourage project development, promote operational effectiveness, and assess program impacts.
3	Continue to promote and encourage local development of projects that utilize evidence-based practices to address local conditions and needs	The TAD Legislation allowed for flexible project design and encouraged counties to develop projects that addressed the identified needs and problems of that county, consistent with evidence-based practices, rather than mandate solutions that did not take into account local conditions, needs, and assets. Although this design can add complexity to project evaluation, the advantages in project design and implementation along with greater public acceptance underscores the value of project design over administrative convenience.

Table 40: TAD Advisory Committee Recommendations To Continue Current Practice		
	Recommendation	Supporting Information
4	<p>Continue to require the use of evidence-based practices for any program component used in the design or implementation of future TAD projects.</p>	<p>Appropriately matching clients based on validated criminal risk and needs assessment, cognitive behavioral treatment, motivational interviewing, uniform data collection and reporting, and active project advisory committees are among the evidence-based practices recommended for this target population.</p>
5	<p>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.</p> <p>(Current law requires the following membership: shall consist of a circuit court judge, the district attorney or designee, the state public defender or designee, local law enforcement, a representative of each county agency responsible for providing social services including child welfare, mental health, and the Wisconsin Works program, representatives of the departments of corrections, children and families, and health services, a representative from private social services agencies, a representative of substance abuse treatment providers, and other members to be determined by each county.)</p>	<p>Consistent with the statutory language, each project created an oversight committee consisting of representatives from the justice system, human services, service providers, and the community. These committees have been actively engaged in all aspects of the existing projects and have contributed greatly to both project success and positive outcomes for offenders. TAD projects should utilize existing multi-disciplinary oversight groups, such as a Criminal Justice Coordinating Council, to the extent possible.</p>

CONCLUSION

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. The TAD program meets all of the legislative requirements detailed in 2005 WI Act 25 (Table 41).

Table 41: How Does the Implementation of TAD Compare to the Requirements of 2005 WI Act 25?	
Develop Substance Abuse Treatment Programs for Criminal Offenders	✓
Projects Serve Non-Violent Offenders	✓
Projects Use Evidence-Based Practices	✓
Projects Use Sanctions and Incentives	✓
Projects Provide Comprehensive (Holistic) Treatment To:	
Eliminate or Reduce Use of Alcohol or Other Drugs	✓
Improve Mental Health	✓
Facilitate Gainful Employment or Enhanced Education/Training	✓
Provide Stable Housing	✓
Projects Integrate Mental Health Services	✓
Projects Utilize Certified Treatment Providers	✓
Projects Require Participants to Pay for Services	✓
Collaborate with Key Local Stakeholders	✓
Projects Are Designed To:	
Reduce Prison and Jail Populations	✓
Reduce Prosecution and Incarceration Costs	✓
Reduce Recidivism	✓
Improve the Welfare Of Participants	✓

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APPENDIX A: 2006 TAD PROGRAM FUNDING GUIDELINES/ANNOUNCEMENT

Part A – Background and Program Guidelines

A-1 Program Overview

Introduction

The Treatment Alternatives and Diversion (TAD) program is a grant program for counties funded through 2005 Wisconsin Act 25, the Biennial Budget for 2005-2007. The program will provide grants to counties to develop treatment and diversion alternatives to jail and prison sentences for non-violent offenders with drug and alcohol problems. Administratively, the program is a joint effort involving the Office of Justice Assistance (OJA) as the granting agency, in program collaboration with the State Departments of Health and Family Services and Corrections. An ongoing advisory committee has been created, with representatives from involved state and local agencies and organizations, treatment providers and consumers. The advisory committee has assisted in defining program parameters and requirements, and will continue to assist in program guidance, monitoring and evaluation.

Available Funds

Act 25 established spending authority of up to \$755,000 in new program revenues to support this program in SFY (State Fiscal Year) 2007, with grants to be effective for the calendar year of 2007. It is expected that a similar amount of funding will be available for county operations in subsequent years. Note however, that the amount available for grants may be adjusted for SFY 2007 or any subsequent years based on actual program revenues collected.

Eligible Applicants

All Wisconsin counties are eligible to apply for funding assistance under this program. Counties may propose projects which involve more than one county in a joint program effort. Counties may contract for services to implement the program, including contracts with faith-based organizations.

Number of Grants

The State expects to award a minimum of three (3) county grants for CY 2007, at least one of which will be to a smaller, rural county, if a reasonable and acceptable application is submitted.

Application Due Dates

The application must be submitted through OJA's Egrants system by July 19, 2006.

Program Development Resources

The following resource materials may be useful for interested applicants:

- Substance Abuse Treatment for Adults in the Criminal Justice System TIP 44 – <http://www.nicic.org/Library/021063>
- Substance Abuse Treatment for Persons with Co-Occurring Disorders TIP 42 – <http://media.shs.net/prevline/pdfs/bkd515.pdf>

- HFS 75 - Community Substance Abuse Service Standards - <http://www.legis.state.wi.us/rsb/code/hfs/hfs075.pdf>
- HFS 61 - Community Mental Health and Developmental Disabilities - <http://www.legis.state.wi.us/rsb/code/hfs/hfs061.pdf>
- Implementing Evidence-Based Practices in Corrections; Using an Integrated Model to Implement Evidence-Based Practices in Corrections - <http://nicic.org/Library/019342>

In addition, a reference list of evidence-based drug and alcohol treatment practices is available [here](#) on OJA’s website. A DHFS summary of evidence-based approaches is contained in this [flyer](#).

Further Information or Questions

For further information or questions about this grant program and announcement, please contact Stephen Grohmann of OJA at 608/266-7682, or by email at Stephen.grohmann@wisconsin.gov. For questions on the Egrants system, please call Cameron Chute at 608/266-7113.

A-2 Statutory Authority

The statutory creation of the TAD program is provided in the language below:

2005 Wisconsin Act 25

SECTION 90m. 16.964 (12) of the statutes is created to read:

16.964 (12)

- (a) In this subsection, “violent offender” means 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.
- (b) The office shall make 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. The office shall make the grants from the appropriations under s.20.505 (6) (b) and (ku). The office shall collaborate with the departments of corrections and health and family services in establishing this grant program.

(c) A county shall be eligible for a grant under par. (b) if all of the following apply:

1. The county'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.
2. The program is 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. The program establishes eligibility criteria for a person's participation. The criteria shall specify that a violent offender is not eligible to participate in the program.
4. Services provided under the program are consistent with evidence-based practices in substance abuse and mental health treatment, as determined by the department of health and family services, and the program provides intensive case management.
5. The program uses graduated sanctions and incentives to promote successful substance abuse treatment.
6. The program provides holistic treatment to its participants and provides them services that may be needed, as determined under the program, 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. The program is 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. The program provides substance abuse and mental health treatment services through providers that are certified by the department of health and family services.
9. The program requires participants to pay a reasonable amount for their treatment, based on their income and available assets, and pursues and uses all possible resources available through insurance and federal, state, and local aid programs, including cash, vouchers, and direct services.

10. The program is 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.

11. The county complies with other eligibility requirements established by the office to promote the objectives listed in subds. 1. and 2.

- (d) In implementing a program that meets the requirements of par. (c), a county department may contract with or award grants to a religious organization under s. 59.54 (27).
- (e) 1. A county that receives a grant under this subsection shall create an oversight committee to advise the county in administering and evaluating its program. Each committee shall consist of a circuit court judge, the district attorney or his or her designee, the state public defender or his or her designee, a local law enforcement official, a representative of the county, a representative of each other county agency responsible for providing social services, including services relating to child welfare, mental health, and the Wisconsin Works program, representatives of the departments of corrections and health and family services, a representative from private social services agencies, a representative of substance abuse treatment providers, and other members to be determined by the county.
2. A county that receives a grant under this subsection shall comply with state audits and shall submit an annual report to the office and to the oversight committee created under subd. 1. regarding the impact of the program on jail and prison populations and its progress in attaining the goals specified in par. (c) 2. and 6.
- (f) Two or more counties may jointly apply for and receive a grant under this subsection. If counties submit a joint application, they shall include with their application a written agreement specifying each county department's role in developing, administering, and evaluating the program. The oversight committee established under par. (e) 1. shall consist of representatives from each county.
- (g) Grants provided under this subsection shall be provided on a calendar year basis beginning on January 1, 2007. If the office decides to make a grant to a county under this subsection, the office shall notify the county of its decision and the amount of the grant no later than September 1 of the year preceding the year for which the grant will be made.
- (h) The office shall assist a county receiving a grant under this subsection in obtaining funding from other sources for its program.

- (i) The office shall inform any county that is applying for a grant under this subsection whether the county meets the requirements established under par. (c), regardless of whether the county receives a grant.
- (j) The office shall enter into one or more contracts with another person for the purpose of evaluating the grant program established under this subsection. The office shall fund such contracts from moneys appropriated under s. 20.505 (6) (b) and (ku) with 1 percent of the amount awarded as grants under par. (b).
- (k) By December 31, 2011, the office, in collaboration with the departments of corrections and health and family services, shall submit a report to the chief clerk of each house of the legislature, for distribution to the appropriate standing committees under section 13.172(3), regarding savings that have been generated through the implementation of the grant program. The report shall also include recommendations regarding how the grant program should be structured in the future.

A-3 Program and Fiscal Guidelines

General

In accepting an award under this program, the recipient will agree to adhere to the program requirements identified in this application announcement, including those specified in the authorizing statute, and any general or special conditions listed in the award documents. The recipient will agree to implement the program as described in its application or as modified by conditions of the award or any subsequent program adjustment directed or approved by the Office of Justice Assistance. The proposal submitted by a selected recipient of funds, as modified by the award when applicable, shall become a contract for the program implementation and services described.

Program Requirements

TAD program requirements are based on the enabling law and the implementation policies adopted by OJA and its state program partners. Program requirements are as follows (not all inclusive):

- Counties have or will develop an oversight committee as described in the Statute.
- Counties must identify the characteristics of its target population for this program, and adopt policies and procedures for identifying and selecting individuals in this category for program participation.
- Offenders selected for participation must be non-violent and have a serious substance abuse treatment need, or a co-occurring disorder, that is *directly related* to their criminal behaviors.
- An individualized and holistic treatment plan must be developed for each client admitted to the program.
- A validated Risk and Needs Assessment Tool must be used in developing each treatment plan, and that staff be adequately trained in application of the instrument and interpretation of the results.

- Each client must be assigned a case manager who will be responsible for providing intensive case management services, coordinating the treatment plan and monitoring progress.
- Treatment approaches must be evidence-based, and staff must be adequately trained in the approaches used.

Definitions

Certified substance abuse and mental health services: Treatment programs must be certified, as defined by HFS 75 and HFS 61.

Evidence-based treatment practices: Interventions that show consistent scientific evidence related to preferred client outcomes. Interventions with criminal justice clients are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long-term contribution to public safety.

Holistic treatment: A treatment strategy that takes into account all the major factors that influence a client's lifestyle and particularly those factors that are directly related to his/her drug or alcohol abuse or dependence and criminal behaviors. A holistic treatment or intervention strategy is one that addresses the whole person rather than the symptoms of the disease alone.

Intensive case management: Case management are the activities guided by a treatment plan which bring services, agencies, resources and people together within a planned and coordinated framework of action toward the achievement of established treatment goals for the client. Intensive case management emphasizes smaller caseloads with increased intensity of contact.

Offender Risk: Assessment of a person's likelihood to engage in future acts of criminal behavior.

Violent offender: By Statute, only non-violent offenders may participate in this program. 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.

Funding Exclusions

Funds may not be used for purposes which are unrelated to the program defined by law or not covered by the approved application and budget. Funds may not be used for land purchase, construction or lobbying.

Supplanting

Funds must be used to supplement and not supplant other approved funding sources. Generally, this means funds may not be used to pay expenses which can and have been previously covered by another source for the same client group. Awarded funds may be used to support previously funded services for which funding is no longer available.

Grant Periods

Grant awards will generally be made for 12 months covering a calendar year period. Funds from SFY 2007 will be used to cover CY (Calendar Year) 2007. All project funds are expected to be utilized within the approved project period. However, in an effort to maximize funds available, OJA *may* approve a grant extension for unused funds and adjust any subsequent awards to reflect the funds carried forward.

Matching Funds

No specific or formal local match of awarded state funds are required for this program. A consideration in selecting county recipients, however, will be the extent to which local or other available funds and resources (state or federal, or program income) are applied to this program. See “Years and Levels of Funding” and “Application Review Criteria” below.

Years and Levels of Funding

It is recognized by the State and the TAD Program Advisory Committee that it may take several years for a county program to be fully and effectively operational and to generate measurable outcomes. Therefore, county programs funded for CY 2007 will be given priority for funding for a minimum of two additional years, as long as acceptable progress is demonstrated and funds remain available. Counties initially funded will be required to submit grant applications for the subsequent years for which they are interested in funding, and will be required to report performance data in those applications. While no maximum *total* funding period is being established at this time, it is nonetheless expected that counties move towards local support of a state funded TAD program over time.

Program Income

Any program income generated as a product of these awarded funds (client fees, etc.) must be used for the same types of program purposes as those described in the recipient’s application. Program income must be fully documented.

Application Review Process

Applications will be reviewed by at least five persons familiar with the program concept and existing resources and program methods. A review team will be assembled by OJA for the program. Reviewers will have no financial interest in the outcome of the application review process. The review team will meet to discuss applications and will attempt to reach a consensus on funding recommendations to the OJA Executive Director and the Secretaries of DHFS and DOC. Applicants will be asked to be available at the time of the review meeting, in case the review team has questions. After consideration of the review team recommendations, the Executive Director of OJA, in consultation with the Department Secretaries will make the final determinations on funding and award levels. For CY 2007 grants, counties will be informed of the selection decisions by September 1, 2006. All award decisions will be final.

Application Review Criteria

Applications will be evaluated on the extent of the problem in their county that this program could address and the extent to which the implementation plan and applied resources are likely to address the problem in a cost effective manner and meet the goals of the enabling legislation. Based on their assessment of each application, reviewers will be asked to assign rating points according to the following categories and percentages:

<u>Rating Topic</u>	<u>Percentage of Overall Rating</u>
<u>Problem Description:</u>	30%
<ul style="list-style-type: none"> • quality of analysis, extent of problem, • accurately defined and appropriate target population, • identification of minority and underserved client groups, • sufficient client numbers, • documented need for grant resources. 	
<u>Program Objectives:</u>	5%
<ul style="list-style-type: none"> • realistic and appropriate, • clear relation to stated goals, • specific. 	
<u>Design and Implementation Strategy:</u>	55%
<ul style="list-style-type: none"> • evidence of commitment to program concepts; • appropriate and managed referral processes, client screening, program coordination and structure; • methods appropriate to client characteristics; • appropriate case ratios; • adequate continuum of services and controls; • holistic treatment planning; • appropriate staff experience and training; • documented, evidence-based intervention methods; • feasibility and likelihood of success. 	
<u>Program Budget (and budget related issues):</u>	10%
<ul style="list-style-type: none"> • realistic, complete and adequately documented, • cost-effective, • documented county resources provided, • other (state, federal) resources leveraged to assist TAD effectiveness. 	

In addition, a combined multi-county program of two or more rural counties would receive higher rating consideration. A county which plans useful and relevant evaluation steps on its own, though not assigned “points” above, would receive higher rating consideration if that process seems likely to contribute to the success of the county’s implementation or to overall program impact measurement.

A-4 Funded Program Requirements (Post-award considerations for applicants)

Financial Management Standards

All grant recipients are required to establish and maintain accounting systems and financial records to accurately account for funds awarded to them. Accounting systems must ensure that awarded funds are not commingled with funds from other sources. Funds specifically budgeted or received for one project may not be used to support another.

An acceptable and adequate accounting system is considered to be one which: 1) provides cost and property control to assure optimal use of funds; 2) controls funds and other resources to assure that the expenditure of funds and use of property are in conformance with any general or special award conditions; 3) meets the periodic reporting requirements of the awarding entity; and 4) provides financial data for planning, control, measurement and evaluations of direct and indirect costs.

Treatment Program Standards

Treatment programs offered must meet the standards specified in HFS 75 and HFS 61, and be certified accordingly.

Program Evaluation and Reporting

By Statute, this program is to be evaluated by the State and performance outcomes reported back to the legislature. In accepting an award for this program development, the county agrees to collect and provide any evaluation data specified by OJA, and to allow OJA or its representative's access to all program records. All data collected and maintained will conform to the privacy standards and laws for human research subjects.

OJA and its partners expect to develop standardized Performance Measures, based on the statutory goals of the program. Funded programs will be required to collect and maintain data on these measures, and use any collection instruments devised. Basic performance measures and data are illustrated in the Performance Measures Grid attached to this guideline document.

Clearance of General and Special Conditions

Within 30 days of the grant award, a recipient must submit any information required to retire all general and/or special conditions (this applies to stated award conditions that require action or further information from the recipient).

Grant Payments

Grant funds will be disbursed on a **reimbursement** basis. Reimbursements must be requested as directed by OJA financial guidelines (using grant fund request forms), on the basis of expenses paid, and may be done quarterly or monthly. Complete reporting and fund request instructions are provided with grant award documents.

Suspension/Termination of Grant Funds

OJA reserves the right to suspend or terminate grant funds to any recipient that fails to conform to the program requirements (including general/special conditions) or that fails to substantially comply with the terms and contractual provisions of its grant award.

Part B – Application Content Instructions

GENERAL NARRATIVE APPLICATION INSTRUCTIONS

Narrative program descriptions must be double-spaced and organized according to the sections shown in the Egrants application. Narrative responses should be prepared with computer word processing software and attached in each appropriate section. (Egrants does not currently have extensive formatting options for narrative responses. Preparation of a separate document and attaching it will allow the format you create in your original document to be maintained.) Program budgets must be submitted through Egrants according to the format provided in that system.

Although the following directions and other information in these guidelines often refer to a (single) county applicant, applications for combined county efforts are encouraged. In that case, the narrative sections should describe the combined counties' needs, and explain how multiple county processes and services would be coordinated. The oversight committee for such a project must include members from all involved counties. One county must be the legal applicant and thus, the fiscal agent for the project. An inter-county agreement on how resources would be contributed and shared may be advisable.

Certain application narrative sections below (B-1 and B-3) include some specific questions that are important to this program and the assessment of your application. Your response to these questions should be included in your broader narrative for each section, but under the heading given. You may rearrange these questions to suit the organization of your overall response. This structure is intended as an aid to you in preparing these program materials, and as an aid to the reviewers in locating and recognizing important information.

B-1 Problem or Needs Description

In this section, describe the problem in your county that this program will address. Do not describe the problem from a national or state perspective. All primary data presented should be for your county, with other county or state data for comparison if desired. Try to describe the impact of this problem on citizens or communities in your county. Be sure to address any race or culture specific needs of your county's population. Note the following specific questions or topics that should be addressed in this section. These may be addressed anywhere within your narrative for this section, but should be segregated and presented under the heading given.

Describe the target population for this program. Be as specific as possible. Identify numbers of persons in this population, and subpopulations, if possible and relevant. Describe as best you can, the level of risk represented by this population, that is, will you focus on high risk clients, low or medium risk, or a range? Describe how you assessed risk for this analysis.

Summarize the current service delivery system for your target population. What resources currently exist or are expected to exist for services to this population (exclusive of this grant opportunity)?

B-2 Program Objectives

As defined by Statute, the goals of this program are

- To promote public safety
- Reduce prison and jail populations
- Reduce recidivism, and
- Improve the welfare of participant's families.

In this section, describe the county level objectives that you will try to meet in order to meet these goals. Your program objectives may be intermediate outcomes or steps to achieving the above goals, or be measurable benchmarks toward their achievement. Focus on outcomes at various levels. *Do not list activities as objectives* (for example: 'hire case manager'). Objectives should address numbers of participants; program completion levels; client employment levels; recidivism; savings in jail, prison or other costly resources; or other types of savings or benefits to the community. Be as specific as possible, and use measurable benchmarks if possible and meaningful (this may not be feasible in all cases).

B-3 Design and Implementation Strategy

In this section, describe the program you intend to implement to address the problem you describe in Section B-1 and meet the goals and objectives identified in B-2. This may be an expansion of an existing program. Include information on program policy, structure and coordination; key personnel; treatment methods and duration; and assessment, sanctions and incentives. Be sure to address how culturally, gender or need specific treatment will be delivered.

You should include in this application, a statement of endorsement or agreement from any organization, agency or county official that will have a critical role in your program implementation.

Note the following specific questions or topics that should be addressed in this section. These may be addressed anywhere within your narrative for this section, but should be segregated and presented under the heading given.

Describe the oversight committee for this program. Indicate the length of time the committee has existed and the membership, nature of work, frequency of meetings and achievements to date. If not yet created, when will it be? What is or will be the role of the committee in the TAD program, and what policy authority will it have over the program? Describe the commitment of the county judiciary and district attorney to using alternatives to incarceration for this target group (OJA recommends letters or

other personal statements from these parties be attached to this application). Attach a list of committee members as an addendum to this application.

How will the target population be identified, screened and assessed for this program? (This should be further information on the target population described in Section B-1.) What Risk and Needs Assessment Instrument will be used? Describe the staff training that has or will be done on the use of this instrument.

Describe the management structure and staffing of the project, identifying the agency responsible for the project and the program coordinator.

Describe the overall structure of the treatment program, including the referral mechanism; diversion policies if relevant; program length and requirements; drug testing planned; treatment approaches planned; participant fees; maximum case manager/staff to client ratios; and case management plan, including the use of graduated sanctions and program incentives and the circumstances of their use. Describe your plan for providing integrated treatment to clients with co-occurring disorders. (Note that treatment approaches must be further described below, but should be described here as they relate to program structure.)

This program requires that evidence-based treatment approaches be utilized. Describe the treatment approaches you plan to use. If these are recognized and documented methods, you do not need to describe them in extensive detail, but do describe any environmental or implementation features that are unique to your program, including any planned deviations from the tested model. If you plan treatment methods that are not yet fully recognized or documented, then describe or reference the research basis or evaluation findings for each method.

Describe treatment resources and other client resources (eg. employment services) that already exist in your county for serving this client group. Indicate whether these services can accommodate more clients (and the number if known), or need to be expanded to serve TAD clients. **CLEARLY EXPLAIN** what existing services would be made available to TAD clients as part of the county's contribution to an effective TAD program.

Describe the treatment and other resources that would be supported with TAD grant funds. These are the services for which funding is being requested in the program budget of this grant application.

Provide an implementation timetable for your program if funded. Note that counties will be notified of the funding decisions by September 1, 2006, which will allow additional time for implementation planning and preparation. Grants will begin January 1, 2007. Show the expected dates for formation of the oversight committee (if not already formed), staff training, treatment program and other resource development, first client admissions, full operation, numbers of client enrollments expected at planned junctures, and any other milestones.

B-4 Local Evaluation Plan

By Statute, this program will be evaluated by the State and a report furnished to the legislature. All award recipients will be required to participate in this research by collecting appropriate identified program and client data, and participating in any other assessment activities required for the study (interviews, etc.). Since counties will be expected to move toward county support of these programs if successful, recipients may wish to develop additional performance, effectiveness and accountability measures.

In this section, describe the county's plans, if any, for assessing and documenting program outcomes. Describe the performance and outcome measures that would be collected, and any other assessment approaches that would be taken. You may wish to refer to the Basic Performance Measures grid that follows as an initial evaluation planning tool. Measures of other program objectives may be developed in similar fashion, with more specificity on the detailed data to be collected. If the county plans no assessment outside of the overall state effort, then so indicate.

Basic TAD Performance Measures

Based on TAD Statutory Goals, as listed in Section B-2.

PROGRAM GOAL	PERFORMANCE MEASURES	DATA TO BE PROVIDED BY GRANTEES
Reduce recidivism rates for nonviolent offenders in the program and increase public safety.	Number of offenders in defined nonviolent target population.	Number of eligible nonviolent offenders selected for program participation. Number of total eligible offenders not selected for participation in the program.
	Reduction in recidivism rate.	Number of participating offenders from the target population who: <ul style="list-style-type: none"> ✓ are re-convicted for a new crime; or ✓ are re-incarcerated for a violation of terms of supervision. Note: Each offender should be counted only once in this number.
Reduce prison and jail populations by diverting non-violent offenders to community-based interventions.	Number of offenders who would have otherwise been sentenced to jail and prison.	Number of offenders diverted from jail confinement. Number of offenders diverted from prison confinement.

TAD PROGRAM CERTIFICATION

In submitting this electronic application for fund assistance and signing this assurance, the applicant representative certifies that the contents of this application are true and accurate to the best of his/her knowledge, that the county named intends to implement the program as it is described in this application if adequate funds are awarded, and that the county agrees to adhere to the program and fiscal requirements identified in this solicitation if funds are awarded.

I further certify that I am the highest elected official of this county, or the properly designated representative thereof in this matter.

Signature: _____

Printed Name: _____

Title: _____

County: _____

Date: _____

APPENDIX B: PROGRAM EVALUATION METHODOLOGY

The evaluation of TAD conducted by the University of Wisconsin Population Health Institute included both qualitative process evaluation as well as quantitative evaluation of intermediate and long-term outcomes.

The process evaluation included measures of project capacity and operation, number of clients served, and environmental and contextual factors affecting implementation. It also included the collection of project performance data through the creation and implementation of a customized Microsoft Access database. The database allowed TAD sites to systematically document participant characteristics, assessment results, services provided, and offender outcomes at both program admission and discharge. Each site submitted these data for each participant to PHI on a monthly basis, and PHI evaluation staff performed data quality control monitoring by examining the data and providing monthly feedback to each site on necessary corrections. TAD site staff showed a great deal of dedication in submitting the extremely detailed participant data in a timely and consistent fashion.

To document the intermediate outcomes of TAD participants at the time of discharge, TAD staff at each site were required utilize the program database to report employment status, educational progress, emotional stability, community supervision compliance, case disposition/processing status, sentencing information (when available), and an estimate of the days averted from incarceration due to TAD participation. Incarceration days averted for each TAD discharge were estimated in a variety of ways by TAD sites. Some treatment courts had the local judge and district attorney estimate incarceration sentences without TAD participation for each individual, while other sites provided a fixed number of days saved for each individual based on their specific criminal offense.

In addition to coordination of the common participant-level database, PHI also responded to requests from the project sites and the Legislative Fiscal Bureau for data and summaries as necessary, reviewed quarterly reports and annual reapplications for funding, facilitated annual group meetings of TAD site representatives, conducted half-day meetings with project teams in 2009 to document project progress, reviewed project documents, and collaborated with OJA, DOC, and DHS staff. In addition, half-day meetings were held with project teams of each site in April and May 2009 to document project achievements, barriers, and implementation issues.

To assess the utilization of evidence-based practices (EBP) by the TAD sites, PHI developed a survey in 2010 based on a review of the current literature. Staff at each TAD site completed the survey which requested information pertaining to substance abuse treatment curriculae, treatment intensity, treatment approaches, drug court practices, local court sentencing practices, and recommendations for the incorporation of EBPs into future TAD projects.

The outcome evaluation included an examination of criminal justice recidivism after discharge from TAD projects. The TAD participant-level Access database designed by PHI allowed sites to provide offender identifying information to facilitate the collection of participant outcome data from state data systems. In addition to name and birth date, other identifiers that sites could provide included DOC, FBI, SID, HSRs, and court case identification numbers (as

available). These identifiers were used to help link individual TAD admissions to data in state electronic data systems.

With extensive assistance from OJA and DOC staff, PHI received individually identifiable data on criminal charges and convictions for 2,061 TAD participants from the Consolidated Court Automation Programs (CCAP) database with the assistance of OJA. PHI staff used the CCAP website to manually verify and update open cases without disposition information, document filing dates for each case, and verify sentencing information for a subset of participants.

PHI also received individually identifiable data on state prison admission for 2,061 TAD participants from the Department of Corrections administrative data systems. PHI staff also manually verified the reason for incarceration for 128 cases who were listed as “temporary probation and parole” admissions within the DOC data system to obtain an updated reason for prison admission. PHI also used the DOC data system to examine records for 89 offenders with missing dates of prison release and was able to document release date for 14 of these individuals who had been released to complete the incarceration dataset.

PHI staff also utilized the Social Security Death Index (SSDI) available on-line to determine if any of the TAD participants died after project admission. Each of the 2,061 TAD admissions was manually entered into the website and date of death was documented if the offender was deceased. Sixteen participants (seven completers and nine terminations) were determined to be deceased and were excluded from the outcomes analyses as appropriate dependent upon their date of death. This effort was conducted to further improve the accuracy of the criminal recidivism data.

These data were summarized using simple descriptive statistics, chi-square, one-way analysis of variance for continuous measures, ordinary least squares multiple regression for continuous measures, and logistic regression analysis for categorical measures.

Data Limitations

There are several limitations associated with the data available to document offender outcomes for TAD participants:

- **Lack of Common Identifier Across Data Systems:** There is no common identifier across data sources that can be used to link/match data on the individual level. Each data system utilizes a different identification number or system, and individuals must be matched by name and birthdate which can lead to a variety of errors.
 - Matching the TAD identifiers to information in the CCAP electronic data was performed by staff in OJA’s Statistical Analysis Center based on offender name, birthdate, and gender. OJA was able to match 1,841 of the 2,061 participants, but was unable to locate CCAP records for 220 of the TAD offenders during their matching process. PHI staff matched 167 of these 220 unmatched offenders by manually utilizing the public CCAP website to obtain a more complete dataset. For analysis purposes, the remaining 53 unmatched cases were presumed to not have been charged with a new offense after TAD discharge.

- TAD site staff provided the DOC identification numbers of project admissions when available, and PHI evaluation staff manually looked up the DOC identification numbers within the DOC administrative data system for all other TAD admissions. Thus, DOC information technology staff were able to provide data on incarceration outcomes for all TAD participants based on the DOC identification numbers provided by PHI.
- **Case Disposition Information:** The CCAP database provides data on contacts with the court system and arresting charges, but does not always show updated information on case dispositions (i.e., dismissed, convicted, sentence, etc.). There can be a significant delay of months or years between a criminal offense, charging, and case disposition as a case moves through the criminal justice system.
- **No Data on Prison Incarceration Outside of Wisconsin:** The DOC internal data systems contain extremely reliable incarceration data for offenders, but the data is limited to incarceration in Wisconsin.
- **No Data on Jail Incarceration After TAD Discharge:** Data on county jail incarceration were not available for inclusion in the current analyses. Jail incarceration data is kept at the county level for each of Wisconsin's 72 counties.
- **Employment Outcomes Data Not Available:** Significant efforts were made to secure data from the Department of Workforce Development (DWD) Unemployment Insurance database that could be used to assess employment outcomes for TAD participants. Administrative barriers prevented the execution of a data strategy and data sharing agreement due to liability and cost issues that were deemed insurmountable. As a result, the lack of systematic employment data is a recognized limitation in our ability to document project performance related to TAD impact on offender employment outcomes and the associated impact of post-program employment on offender recidivism.
- **No Data on Substance Use After TAD Discharge:** This evaluation effort does not include measurement of offender substance use after TAD discharge due to the difficulties associated with collection and measurement of substance use, as well as the lack of resources to do so. The first examination of TAD outcomes in 2008 included analysis of substance abuse treatment participation data from the WI Department of Health Services *Human Services Reporting System (HSRS) AODA Module*. While HSRS contains detailed substance use and treatment participation information, it includes only those persons accessing publicly funded substance abuse treatment and does not include treatment participation of offenders who had private insurance. In addition, some counties do not report, or report inconsistently, to the HSRS system. The proportion of TAD discharges that continued to receive either community-based or institution-based substance abuse treatment is likely larger than the 4% suggested by the 2008 HSRS data. We did not request the HSRS data for evaluation of TAD offender outcomes in subsequent years of the evaluation.
- **No Data on Arrests:** Recidivism analyses did not include an examination of arrest data from the Crime Information Bureau (CIB) due to inconsistencies in the data. CIB data obtained in 2008 for the initial examination of TAD outcomes revealed that only 3% of the TAD participants had been arrested, while the CCAP data showed that 26% of these same individuals had been charged with a new offense. Thus, the CCAP data on charges and convictions were utilized for analysis rather than the CIB arrest data and we did not request the CIB data for subsequent evaluation of criminal justice outcomes.

- **Child Support Compliance Data:** Enforcing compliance with child support requirements is not a primary goal of TAD projects. While six of the seven TAD projects diligently reported data on child support compliance for each participant at admission and at discharge, a summary of these data were not included in this report as an outcome indicator as the majority (79%) did not have child support obligations and projects did not focus on increasing participant compliance. However, it should be noted that when Justice 2000 staff working with Milwaukee TAD were notified of inconsistencies in their child support compliance data in 2010 they responded by contacting the Bureau of Child Support Enforcement to determine if they could obtain child support compliance information for TAD participants. However, the lack of a common identifier between the data systems of the two agencies prevented them from obtaining the data. Justice 2000 then utilized this evaluative feedback to address the importance of collecting accurate child support data in staff training sessions and collected these data for the remainder of 2010.

Treatment Alternatives and Diversion (TAD) Site Survey: Integration of Evidence-Based Practices

As part of the evaluation of the Treatment Alternatives and Diversion (TAD) program, we have been asked to document the use of evidence-base practices (EBP) among the TAD project sites. This survey asks you to provide information related to the treatment approaches used by the TAD teams, local judges, and the treatment providers you work with. When integrated with the information you provide in your quarterly reports and the participant-level data from the database, this information will allow us to better describe your sites in the 2011 final evaluation report.

The following questions were developed using a variety of measures and research findings related to evidence-based practices for substance abuse treatment found in the literature. We have identified themes most relevant to TAD by utilizing selected items from existing tools and developing questions based on the findings of comprehensive research studies related to the use of EBPs in reducing recidivism in correctional populations.

You can complete and return this survey by December 13, 2010 in one of two ways:

- 1. Complete the survey electronically, rename the file with your county name as part of the document name, and return via email to Kit Van Stelle at krvanste@wisc.edu ; OR**
- 2. Print out the survey, complete it manually, and mail it to:
Kit Van Stelle
UW Population Health Institute
5901 Research Park Blvd.
Madison, WI 53719**

Please contact Kit Van Stelle at krvanste@wisc.edu with any questions you may have regarding completion of this survey.

Site Name/County: _____

Name of Person Completing Survey: _____

Primary Type of Model for Your TAD Site:

Drug Court _____
 Pre-trial diversion _____
 Other diversion _____

SECTION A: TREATMENT MODALITIES AND INTENSITY

ITEM 1: Treatment Types, Number of Primary Providers, and Average/Required Dosage

Please indicate whether you use each treatment type or service. For each service used by your site, provide the number of providers you typically work with for each type, and the average number of days or sessions that are either required to complete treatment or the average number typically received (please indicate either “days” or “sessions” after your response). If you do not use a particular service for TAD participants, leave the line blank.

Treatment Modalities and Intensity			
	Enter “X” Here if Use Service	Number of Providers Used	Average or Required # of Days or Sessions
AODA comprehensive assessment			NA
Criminal risk/needs assessment			NA
AODA inpatient/residential treatment			
AODA halfway house/group home			
AODA day treatment			
AODA outpatient treatment			
AODA outpatient-intensive			
AODA outpatient–MATRIX model			
Support groups (AA, CA, etc)			
Mental health inpatient treatment			
Mental health outpatient treatment			
Employment services			
Education services			
Housing services			
Assistance with finances			

ITEM 2: Types of Treatment Curriculae Used by Program and Treatment Providers

Please list the treatment curriculum or models used by your treatment providers to provide comprehensive substance abuse treatment and support services. For each curriculum or model listed, please also provide the primary focus or target population (i.e., alcohol use, drug use, parenting, trauma, drunk driving) and whether it is specific to correctional populations.

Examples could be such approaches as New Freedom, Texas Christian University Treatment System, A New Direction, MATRIX model, Twelve Step Facilitation, Stages of Change, Seeking Safety (trauma), Beyond Trauma, Criminal Conduct and Substance Abuse Treatment, Driving With Care (for OWI offenders), Residential Drug Abuse Program for men by The Change Companies, Inside/out Dad (parenting), etc.

--

ITEM 3: Treatment Approaches

Please complete the following yes/no items for your primary treatment provider. If you have more than one primary treatment provider, please enter “Yes” if the majority of your providers use the approach or implement the activity. If an item does not apply to your site, please enter “NA”.

Treatment Approaches Used By Your Primary Provider(s)			
<i>Record an “X” in the space corresponding to your answer</i>		No	Yes
1	Cognitive behavioral treatment (CBT) approach		
2	Community reinforcement approaches (either CRA or CRAFT)		
3	Motivational interviewing techniques		
4	Relapse prevention with a cognitive behavioral emphasis		
5	Social skills training		
6	Trauma-informed treatment (i.e., staff trained in trauma issues)		
7	Trauma-specific treatment (i.e., specific curriculum used such as Seeking Safety)		
8	Program staff engage in modeling of anti-criminal behavior		
9	Program staff engage in effective reinforcement and disapproval		
10	Program staff engage in problem-solving techniques		
11	Program staff engage in structured learning procedures for skill-building		
	<i>Sources:</i> <i>Items 1-5 William Miller, Joan Zweben, and Dean Fixsen (2006)</i> <i>Items 6-7 SAMHSA grantee conference, 2010</i> <i>Items 8-11 Based on Correctional Program Checklist (Latessa, 2010)</i>		

ITEM 4: Treatment Provider Program Characteristics

Please complete the following yes/no items for your primary treatment provider. If you have more than one primary treatment provider, please enter “Yes” if most use the approach or implement the activity. If an item does not apply to your site, please enter “NA”.

The wording of the following items was taken directly from the Correctional Program Checklist (Latessa, 2010).

Characteristics of Substance Abuse Treatment Programs Based on Selected Items From the <i>Correctional Program Checklist</i> (Latessa, 2010)			
	<i>Record an “X” in the space corresponding to your answer</i>	No	Yes
1	Targets criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/cognitive behavioral therapies that are directed to higher-risk offenders.		
2	Treatment location(s) monitored by TAD staff		
3	Treatment manual developed		
4	Treatment manual followed		
5	Treatment groups separated by criminal risk level		
6	Intensity of treatment varies by risk level		
7	Treatment type/intensity is matched to offender needs		
8	Staff and offender are matched by relevant characteristics		
9	Offender input into treatment plan		
10	Use of appropriate rewards for positive behavior		
11	Ratio of rewards to sanctions favors rewards by at least 4:1		
12	Established procedures for rewards		
13	Appropriate sanctions/punishments utilized		
14	Established procedures for sanctions/punishment		
15	Established treatment completion criteria		
16	Treatment completion rate of 50% or higher		
17	Treatment skills modeled		
18	Treatment and social skills training provided		
19	Treatment groups are monitored by staff		
20	Treatment group sizes of no more than 8-12 members		
21	Significant others are trained or are involved in services		
22	Established discharge planning procedures		
23	Aftercare provided		
24	Quality aftercare provided		

SECTION B: SELECTED DRUG COURT PRACTICES
(For Drug Treatment Court Models Only -- Other Sites Skip to Section C)

Drug Court Practices Related to Positive Cost Outcomes			
	<i>Record an "X" in the space corresponding to your answer</i>	No	Yes
1	The drug court has a single treatment provider (that can make referrals to other treatment as needed).		
2	The treatment representative is expected to attend all drug court sessions.		
3	The prosecution is expected to attend all drug court team meetings (progress meetings).		
4	The prosecution is expected to attend all drug court sessions.		
5	The defense attorney is expected to attend drug court team meetings (progress meetings).		
6	The drug court allows non-drug charges.		
7	The drug court expects 20 days or less from a participant's arrest to drug court entry.		
8	The drug court maintains a caseload of less than 150 clients.		
9	The drug court program is expected to take one year or more for participants to complete.		
10	Drug court has guidelines on the frequency of group treatment sessions that a participant must receive.		
11	Drug court has guidelines on the frequency of individual treatment sessions that a participant must receive.		
12	In the first phase of drug court, drug tests are collected at least two times per week.		
13	Drug court staff generally has drug test results within 48 hours.		
14	The drug court requires participants to have more than 90 days "clean" before graduation.		
15	The drug court decreases the frequency of future treatment sessions as a reward.		
16	Only the judge can provide clients with tangible rewards.		
17	The judge is assigned to drug court for a term greater than two years (or indefinitely).		
18	In the first phase of drug court, participants appear before the judge in court once every 2 weeks or less.		
19	In the final phase of drug court, the clients appear before the judge in court at least once per month.		
20	The drug court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files).		
21	The drug court collects program statistics and uses them to modify drug court operations.		
22	The drug court uses the results of program evaluations to modify drug court operations.		
23	The drug court has participated in more than one evaluation conducted by an independent evaluator.		
24	Team members received training in preparation for implementation of the drug court.		
25	All new hires to the drug court complete a formal training or orientation.		
26	All members of the drug court team are provided with training.		
27	The drug court team includes a representative from law enforcement (not including probation).		
	<i>Based on Indicators in Table 32: Adult Drug Court Practices Related to Positive Cost Outcomes (Carey, Finnigan, and Pukstas, 2008. Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes, and Costs)</i>		

SECTION C: USE OF EBPs BY YOUR LOCAL JUDICIAL SYSTEM

Please describe your local judicial context for TAD by indicating below which of the EBPs are used in your court during sentencing. “Courts have a key leadership role to play in implementing evidence-based practices” (Warren, 2007).

Principles Of EBP For Sentencing Practices To Reduce Recidivism		
<i>Record an “X” in the space corresponding to your answer</i>	No	Yes
Accurate assessment of risk and needs using a validated tool and professional judgment		
Judges have access to relevant risk/needs assessment results for sentencing		
Assessment results are used to determine suitability for diversion		
Assessment results are used to determine treatment plan		
Assessment results are used to determine conditions of probation/parole supervision		
Assessment results are used to determine appropriate sanctions to be imposed for violation of supervision		
The judges act as a change agent to reinforce voluntary compliance, not merely to enforce compliance		
The judges interact with offenders in a way that maximizes the positive effect and minimizes the negative effect of court processes (i.e., does not order, sympathize, threaten, argue, lecture, criticize, blame, or shame)		
Judges hold the offender accountable for behavior and use behavioral controls		
Positive reinforcement is emphasized rather than sanctions		
Programs are successfully integrated with other sentencing requirements to achieve the multiple sentencing objectives of recidivism reduction, punishment, and offender restraint		
Adapted from Warren, Roger (2007). Evidence-based practice to reduce recidivism: implications for state judiciaries. The Crime and Justice Institute, National Institute of Corrections and National Center for State Courts.		

SECTION D: EPBs FOR FUTURE CONSIDERATION

ITEM 1

Are there evidence-based practices or methods you would like to incorporate into your model that you haven’t been able to? What are they?

ITEM 2

Should OJA require specific evidence-based practices of future TAD sites should expansion to additional counties occur after 2011? If so, which EBPs would you recommend?

SECTION E: CHALLENGES

ITEM 1

Please list any challenges related to working with treatment providers in your county that you have experienced since program start in 2007, and whether each one remains a challenge for your site.

ITEM 2

Please list any challenges related to organizational structure, treatment philosophy, or staffing (i.e., TAD team members, drug court team members, judges, treatment providers, county boards, etc.) that have impacted your site's ability to effectively implement evidence-based practices since program start in 2007. This could include things like staff turnover, differences in provider treatment philosophy, resources, local politics, county board composition, and more. Please note if each issue remains a challenge for your site.

OTHER COMMENTS:

Please list anything else here that you want us to know about your site and your use of evidence-based practices.

Thank you so much for your time and effort in providing this information!

APPENDIX D: COST-BENEFIT ANALYSES

Overall, the TAD program produces positive net benefits compared to the “business as usual” alternative with a benefit-cost ratio of 1.93. The largest benefit comes from averted incarceration while the offenders are participating in TAD, which was estimated to be large enough to offset the costs of the program.

Costs

The analysis estimated costs of each project based on the categories listed below. Costs were calculated per discharged participant in 2010 dollars. There was great variability among the project sites regarding the treatment duration, treatment types, consultant contracts, services offered, and target population. This variability should be taken into consideration when comparing the costs of drug courts and diversion projects.

Table C1 shows the cost categories included in the analysis and the average cost per TAD discharge. Project costs and donated staff time are explained below.

Table C1: Cost Categories And Estimated Amount (2010 Dollars) Per Discharged Participant	
Cost Categories	Estimated Cost Per Participant
Project Costs	
Case Management	\$1,890
Treatment	\$748
Drug Testing	\$93
Donated Staff Time	\$135

Project costs: Annual TAD project funding application budgets from 2007-2010 were used to extract costs for each project site. It was assumed that these costs represent the total opportunity costs of implementing the TAD program compared to the “business as usual” processing and treatment costs of non-violent drug-offenders with similar motivation and risk types as TAD participants. Fees received from participants as part of the agreement to participate in TAD were counted as income to the project. Electronic monitoring costs were found to be negligible when estimated across all project sites as offenders are required to pay the cost of electronic monitoring. Drug testing costs were estimated two separate ways with essentially identical results: (a) Analyzed using the amounts listed in project grant budgets for drug testing and (b) analyzed as a separate cost based on an average cost of \$7 per urinalysis test and \$1 per portable breathalyzer test.

Donated Staff Time: Treatment courts and diversion projects involve other criminal justice personnel not included in the project budgets. Donated staff time opportunity costs were calculated based on hourly wages obtained from the Bureau of Labor Statistics for Wisconsin

legal occupations and community and social workers. Hourly median wages plus benefits (30.4% of wages) were multiplied by the average number of court hearings and reviews per discharge multiplied by the average length of a court hearing (15 minutes). Treatment court donated wages and benefits were based on teams comprised of a substance abuse social worker, adjudicator, lawyer, judicial clerk, court reporter, and probation officer giving an average per participant per court hearing donated cost of \$58.48. Donated staff time for diversion projects was based on the hourly median wage and benefits of a district attorney (DA) with an average of 15 minutes per review giving a per diversion participant per DA review donated cost of \$14.29.

Benefits

Benefits were limited to two direct impacts of drug courts and diversion projects based on the data available from the TAD database and available state level comparison rates. A more complete cost-benefit analysis could be conducted if data were available related to other taxpayer benefits with potentially large impacts such as offender employment and associated increased income tax contributions, reduction in health care utilization, averted foster care placements, and drug-free births.

Table C2 shows the benefits categories and the amount saved per TAD discharge. Averted incarceration due to TAD participation resulted in the largest benefit of \$4,703 per discharged participant. This impact alone offsets the project cost of \$2,447 per TAD participant. The benefit from reduced crime, estimated at \$20 per TAD discharged participant, is a conservative estimate because appropriate county-level recidivism comparison rates were not available. This result related to the benefit from reduced crime masks the important finding that three of the four treatment courts reduced recidivism by an average of more than four percentage points. To avoid overestimating the benefits for this category, lower risk offender rates and averages obtained from the Wisconsin Department of Corrections (2006, 2007, and 2008) were used as a comparison. Obtaining county-level recidivism data could potentially increase the estimate of this benefit substantially.

Table C2: Benefit Categories And Estimated Savings (2010 Dollars) Per Discharged Participant	
Benefits Categories	Savings Per Participant
Averted Incarceration Due to TAD Participation	\$4,703
Reduced Crime	\$20

Averted Incarceration Days: Averted incarceration days were estimated differently across the TAD sites. Some sites asked the local judge and district attorney to estimate incarceration sentences for each individual if they had not participated in TAD, while other sites provided a fixed number of days for each individual based on their specific criminal offense. The cost of a jail day for this analysis was set at \$51.46 (as per the TAD Advisory Committee) and the cost of a prison day was set at \$87.89 (Wisconsin Department of Corrections, Division of Adult Institutions, 2010).

Reduced Crime: The calculated benefits of reduced crime include averted costs for future arrest, prosecution, conviction, and resulting incarceration for crimes not committed. Averted victimization costs are not included in this estimate because of the large amount of uncertainty behind the types of future crimes averted. Reduced crime was calculated by comparing the recidivism rate for each TAD project type to 36-month recidivism rates for Wisconsin prison releases, state correctional supervision populations, and Milwaukee County correctional supervision recidivism (Wisconsin Department of Corrections, 2006, 2007, 2008). TAD project recidivism rates were based on conviction for a new crime anytime after TAD discharge. Reduced crime for treatment courts was estimated using a comparison rate of 28.8% based on an average between the recidivism rates for DOC prison releases (38.2%) and state community correctional supervision populations (19.4%). Reduced crime for diversion projects was estimated by comparing with Milwaukee County's recidivism rate for offenders under community correctional supervision of 20.6% due to the greater similarity to the target population of the diversion projects and the large proportion of cases from Milwaukee TAD in the sample.

The follow-up interval to track recidivism started when the participant was discharged from TAD and concluded at the end of the data collection period, December 31, 2010. Fifty percent of TAD discharges had a follow-up interval of at least 24 months after leaving TAD and 79% had at least 12 months. The comparison recidivism rates obtained from the Wisconsin Department of Corrections define recidivism as any offense the offender committed within three years after release from prison or community supervision that resulted in conviction. Offenders who died after TAD discharge were excluded from recidivism calculations. Based on the follow-up interval and target population differences in project and comparison recidivism rates, the estimate of recidivism reduction due to TAD could vary if a more appropriate comparison group was identified. This would involve the allocation of a greater amount of resources to the evaluation effort, as well as extensive cooperation by local and state criminal justice agencies to obtain county-level data on a group of similar non-TAD offenders for each TAD project. Such a comparison group would help control for potential observed and unobserved confounding variables such as criminal history, age, and gender.

Recidivism reduction was used to calculate the number of averted convictions among TAD discharged participants. Averted convictions were multiplied by the average marginal cost to arrest, prosecute, and convict (\$3,178.60) an offender of crimes ranging from misdemeanors to robbery. An average was used because of the uncertainty of the type of crimes averted. The Wisconsin marginal cost for arrest, prosecution, and conviction was estimated by applying the Washington State Institute for Public Policy criminal justice benefit-cost model to the Wisconsin data (Fredricks et al., 2010; Aos, 2010). The following calculations were used to estimate averted future arrest, prosecution, and conviction costs:

- (1) DOC recidivism rate – TAD project recidivism rate = **Recidivism Reduction (RR)**
- (2) RR * Number of TAD project discharges = Averted offenses among TAD discharges
- (3) (Averted TAD offenses * Cost of arrest, prosecution, and conviction) / Total discharges =
Averted future arrest, prosecution, and conviction costs per discharged participant

Both misdemeanor recidivism rates (40% for treatment courts and diversion projects) and felony recidivism rate (15% for treatment courts and 11% for diversion projects) were obtained for TAD discharges from in CCAP and were used to estimate averted misdemeanors and felonies among the total averted convictions. To estimate the number of future incarceration days averted due to reduced crime, it was assumed that averted misdemeanors would result in a similar number of averted jail days as the TAD jail days averted estimated by the TAD project site staff. Averted felonies were assumed to avert a similar number of prison days as the TAD discharged prison days averted. The following calculations were used to estimate averted future incarceration costs:

- (4) $(\text{Averted TAD offenses} * \text{Probability of misdemeanor} * \text{Averted jail days} * \text{Cost per jail day}) / \text{total discharges} = \text{Averted cost of jail per discharged participant}$
- (5) $(\text{Averted offenses} * \text{Probability of felony} * \text{Averted prison days} * \text{Cost per prison day}) / \text{total discharges} = \text{Averted cost of prison per discharged participant}$
- (6) $\text{Averted cost of jail} + \text{Averted cost of prison} = \text{Averted future incarceration costs per discharged participant}$

Supporting Results

Table C3 shows the costs and benefits for TAD overall as well as for each project model (treatment courts and diversion projects). All costs and benefits were estimated per TAD participant discharged (graduates and non-completers) in 2010 dollars.

Table C3: Benefits, Costs, and Net Benefits By Project Model (Per Discharge Net Present Value, 2010 Dollars)			
	Treatment Court	Diversion	Overall
Benefits			
Averted Incarceration Days	\$9,898	\$3,611	\$4,703
Reduced Crime	\$277	-\$151	\$20
Total	\$10,175	\$3,460	\$4,723
Costs¹			
Project Costs	\$6,412	\$1,616	\$2,312
Donated Time	\$1,139	\$48	\$135
Total	\$7,551	\$1,664	\$2,447
Net Benefits (Benefits minus Costs)	\$2,624	\$1,796	\$2,276

¹Costs reflect adjustments for participant fees, grant adjustments, and returned end-of-year funds.

Sensitivity Analysis

A Monte Carlo sensitivity analysis was conducted to assess the impact of uncertainty surrounding the benefit and cost estimates. The categories listed in Table C4 were allowed to vary according to their corresponding ranges and distribution types. The ranges were taken from an analysis of each project and account for the variation observed between projects and project models.

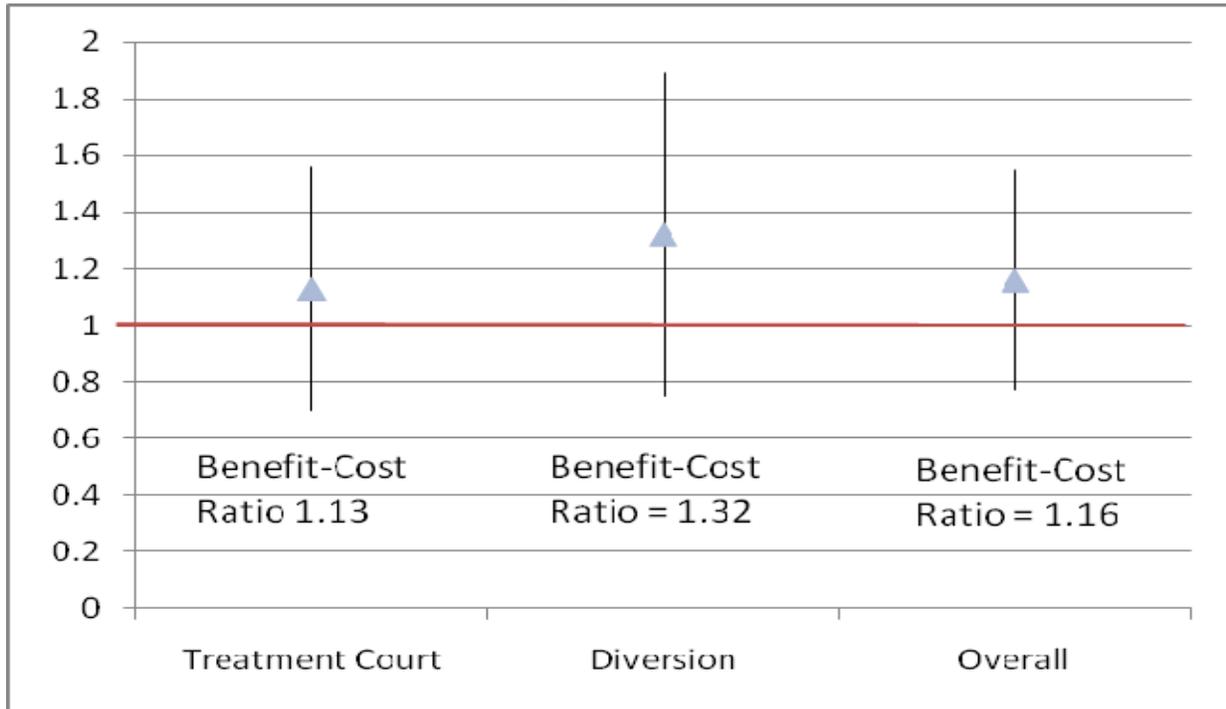
Table C4: Monte Carlo Simulation Ranges And Distributions				
Categories	Base Case	Min	Max	Distribution
Project Costs:				
Treatment Court Costs	\$9,000	\$6,000	\$12,000	Triangular
Diversion Costs	\$2,500	\$1,500	\$3,500	Triangular
Incarceration Costs:				
Cost Of A Jail Day	\$45	\$30	\$60	Triangular
Cost Of A Prison Day	\$90	\$50	\$130	Triangular
Comparison Recidivism Rate:				
Treatment Court	0.29	0.19	0.39	Uniform
Diversion Project	0.21	0.16	0.26	Uniform
Cost Of A Conviction	\$3,178.60	\$778.60	\$5,578.60	Triangular

The Monte Carlo sensitivity analysis provides the percent positive net benefits (defined as the proportion of simulations that result in net benefits equal to or greater than zero). Based on 10,000 simulations, the results show that TAD will result in taxpayer cost savings 78% of the time (Table C5). Treatment courts will produce positive net benefits 71% of the time and diversion projects will produce positive net benefits 90.2% of the time.

Table C5: Sensitivity Analysis Benefit-Cost Results	
	Percent Positive Net Benefits
Overall	78.0%
Treatment Court	71.0%
Diversion	90.2%

Figure C1 illustrates the benefit-cost ratios and 95% confidence intervals resulting from the sensitivity analysis. Taking into consideration the uncertainty ranges of the parameters used in the estimates, the most conservative interpretation of the results show that TAD will still result in benefits of \$1.16 for every \$1.00 invested.

Figure C1: Benefit-Cost Ratios by Project Type from Monte Carlo Sensitivity Analysis with 95% Confidence Intervals



Limitations

- The budgets used to extract project costs may not accurately reflect the true cost of the TAD program because they were based on available funds and do not account for other donated resources and in-kind services used to implement the projects.
- The project sites targeted different populations and offender risk types. They also varied in services provided, treatment duration, treatment types, and data collection methods.
- Each TAD site utilized different data collection methods based on their available data sources and administrative capacity, thus increasing the uncertainty of comparing the costs and impacts between sites. Aggregate cost-benefit measures are estimated based on the assumption that these differences are negligible.
- Jail and prison days averted were estimated by the TAD project staff using varying methods to calculate incarceration days averted which limits the comparability of this impact. Some sites consulted with a local judge and district attorney to determine the number of incarceration days averted for each participant, while others used a fixed number of days for each participant based on their specific offense. For the purpose of

this analysis, it was assumed that this variation was not significant and the days reported were considered accurate for each project.

- Post-discharge comparison recidivism rates used to calculate the impact of reduced crime due to TAD were obtained from state and county-level recidivism rates and not from a comparable group in each project site followed during the same time period as TAD participants (Wisconsin Department of Corrections, 2006, 2007, 2008). The target populations in the TAD treatment courts have a larger proportion of moderate to high risk offenders. To account for this, an average rate, based on the prison release and community supervised recidivism rates, was used as the comparison rate for treatment court projects. The community supervised recidivism rate for Milwaukee County (Wisconsin Department of Corrections, 2006) was used as the comparison rate for the diversion projects. These comparison rates use a follow-up interval of 36 months, which differs from the TAD average follow-up time of 24 months. A longer follow-up period would allow for a more accurate estimation.
- To estimate arrest, conviction, and incarceration costs averted due to reduced crime, it was assumed the crimes averted due to TAD would have been similar to the rates of misdemeanors and felonies obtained from CCAP for TAD discharges who recidivated.
- Social impacts including criminal victimization costs, employment (participant income and income tax contributions), reduced health care utilization (improved health due to drug treatment and increased access to preventive services), avoided foster care placement, and drug-free births were not included in this analysis because neither data for TAD participants nor for an appropriate comparison group were available. Inclusion of such impacts could more than double the total benefits of TAD.
- Averted prison and jail facility expansion due to reduced incarceration was not considered because of the uncertainty in determining the types of crimes averted and if those crimes would have resulted in a significant reduction of jail or prison inmates in the long-term. This impact could result in substantial additional cost-savings to taxpayers which are not accounted for in these analyses (Aos et al., 2006).

APPENDIX E: 2005 WI Act 25 LEGISLATION

2005 WISCONSIN ACT 25

**Commonly Referred to as the “Roessler Bill” Provision
of the 2005 Budget Act**

SECTION 90m. 16.964 (12) of the statutes is created to read:

16.964 (12)

(l) In this subsection, “violent offender” means 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.

(m) The office shall make 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. The office shall make the grants from the appropriations under s.20.505 (6) (b) and (ku). The office shall collaborate with the departments of corrections and health and family services in establishing this grant program.

(n) A county shall be eligible for a grant under par. (b) if all of the following apply:

1. The county’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.
2. The program is 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. The program establishes eligibility criteria for a person’s participation. The criteria shall specify that a violent offender is not eligible to participate in the program.

4. Services provided under the program are consistent with evidence-based practices in substance abuse and mental health treatment, as determined by the department of health and family services, and the program provides intensive case management.
5. The program uses graduated sanctions and incentives to promote successful substance abuse treatment.
6. The program provides holistic treatment to its participants and provides them services that may be needed, as determined under the program, 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. The program is 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. The program provides substance abuse and mental health treatment services through providers that are certified by the department of health and family services.
9. The program requires participants to pay a reasonable amount for their treatment, based on their income and available assets, and pursues and uses all possible resources available through insurance and federal, state, and local aid programs, including cash, vouchers, and direct services.
10. The program is 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.
11. The county complies with other eligibility requirements established by the office to promote the objectives listed in subsds. 1. and 2.

- (o) In implementing a program that meets the requirements of par. (c), a county department may contract with or award grants to a religious organization under s. 59.54 (27).
- (p) 1. A county that receives a grant under this subsection shall create an oversight committee to advise the county in administering and evaluating its program. Each committee shall consist of a circuit court judge, the district attorney or his or her designee, the state public defender or his or her designee, a local law enforcement official, a representative of the county, a representative of each other county agency responsible for providing social services, including services relating to child welfare, mental health, and the Wisconsin Works program, representatives of the departments of corrections and health and family services, a representative from private social services agencies, a representative of substance abuse treatment providers, and other members to be determined by the county.
2. A county that receives a grant under this subsection shall comply with state audits and shall submit an annual report to the office and to the oversight committee created under subd. 1. regarding the impact of the program on jail and prison populations and its progress in attaining the goals specified in par. (c) 2. and 6.
- (q) Two or more counties may jointly apply for and receive a grant under this subsection. If counties submit a joint application, they shall include with their application a written agreement specifying each county department's role in developing, administering, and evaluating the program. The oversight committee established under par. (e) 1. shall consist of representatives from each county.
- (r) Grants provided under this subsection shall be provided on a calendar year basis beginning on January 1, 2007. If the office decides to make a grant to a county under this subsection, the office shall notify the county of its decision and the amount of the grant no later than September 1 of the year preceding the year for which the grant will be made.
- (s) The office shall assist a county receiving a grant under this subsection in obtaining funding from other sources for its program.
- (t) The office shall inform any county that is applying for a grant under this subsection whether the county meets the requirements established under par. (c), regardless of whether the county receives a grant.
- (u) The office shall enter into one or more contracts with another person for the purpose of evaluating the grant program established under this subsection. The office shall fund such contracts from moneys appropriated under s. 20.505 (6) (b) and (ku) with 1 percent of the amount awarded as grants under par. (b).

- (v) By December 31, 2011, the office, in collaboration with the departments of corrections and health and family services, shall submit a report to the chief clerk of each house of the legislature, for distribution to the appropriate standing committees under section 13.172(3), regarding savings that have been generated through the implementation of the grant program. The report shall also include recommendations regarding how the grant program should be structured in the future.

APPENDIX F: DESCRIPTION OF PARTICIPANTS BY TAD PROJECT SITE FOR THE FOUR-YEAR PERIOD OF 2007-2010

Tables A-D summarize selected information from the TAD admission data including information on demographics, criminal justice, criminal risk and needs assessment, substance use, and mental health diagnosis.

Tables E-L include results for offenders discharged from each TAD site. Table E contains overall graduation/completion rates for each site, reasons for termination, and average length of stay at each of the TAD programs. Tables F-J summarize the same demographic and descriptive information as Tables A-D (the admission tables), but information for only program discharges is included in the analysis.

Table K describes the services provided to TAD discharges throughout the TAD program. Table L includes a summary of the program monitoring received by TAD discharges.

Table M describes the incarceration days averted for each site. This is a summary of total days averted since project start and the average days averted per discharged participant for each site. This table also provides jail days averted vs. prison days averted for each site.

Tables N-R contain the primary criminal recidivism results – new conviction after TAD discharge and prison incarceration after TAD discharge. CCAP was accessed to document new convictions and Wisconsin DOC administrative data were used to document prison incarceration.

Table N shows the percent and number of TAD discharges convicted of a new offense that occurred after TAD discharge at each project site. The first row in the table shows the overall percent convicted of a new offense, and the following rows delineate the new convictions by how long after TAD discharge a new offense occurred.

Table O expands on the recidivism information by summarizing the type of new offense (i.e., drug offense, property offense, etc.) that led to the conviction. Table P summarizes the sentences received for offenders who were convicted of a new offense after TAD discharge. Tables O and P also include the number of offenders as well as the percent to aid in interpretation of the information for some sites with very small sample sizes.

Table Q describes the recidivism of OWI offenders who participated in TAD. For the type of new conviction, only numbers of offenders (rather than percentages) are presented due to the small sample size at some of the sites.

Finally, Table R presents information regarding new state prison admission after TAD discharge. Table R is organized in the same manner as Table N (new convictions) -- the overall percent admitted to prison during the first four years of TAD operation are in the first row of the table and the following rows show the point in time after TAD discharge the admission to prison occurred.

SUMMARY OF TAD PROJECT ADMISSIONS

Table A: Selected Demographic Description of TAD Admissions 2007-2010								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 33	N = 24	N = 277	N = 74	N = 137	N = 1,153	N = 363	N = 2,061
Gender								
Male	55%	79%	76%	69%	68%	77%	76%	75% *
Female	45	21	24	31	32	23	24	25
Age								
17-25 years	12%	50%	56%	65%	44%	55%	38%	50% *
26-35 years	40	29	24	20	29	23	35	26
36-45 years	24	21	14	12	16	13	14	14
46+ years	24	0	6	3	11	9	13	10
[Average in years]	36 years	28 years	28 years	26 years	30 years	28 years	31 years	29 years *
Race								
Caucasian	58%	88%	77%	93%	59%	36%	96%	57% *
African American	0	0	20	0	33	53	2	35
Native American	42	8	0	3	1	1	1	2
Asian	0	0	<1	0	1	1	0	<1
Other	0	4	3	4	6	9	1	6
Ethnicity								
Non-Hispanic	100%	96%	98%	96%	93%	91%	99%	94% *
Hispanic	0	4	2	4	7	9	1	6
<i>*difference significant at p<.05 or better</i>								
[Continued Next Page]								

Table A: Selected Demographic Description of TAD Admissions 2007-2010

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 33	N = 24	N = 277	N = 74	N = 137	N = 1,153	N = 363	N = 2,061
Living Situation at Admission								
Independent living	61%	63%	43%	42%	6%	10%	52%	24% *
With parents/other relatives	27	33	53	50	10	85	44	66
Incarcerated in jail	9	0	<1	1	77	0	0	5
Residential treatment	0	0	0	3	4	1	0	1
Halfway house	0	0	0	1	1	0	1	<1
Transitional living	0	0	<1	0	0	0	1	<1
Homeless	0	0	<1	1	2	4	0	2
Other	3	4	3	2	0	0	2	2
Education at Admission								
Grade 10 or below	13%	9%	17%	9%	20%	23%	3%	17%
Grade 11	12	8	21	14	15	20	12	18
High School or grade 12	21	38	27	47	30	28	41	31
GED/HSED	42	33	16	13	18	9	7	12
Vocational degree/certificate	6	0	2	1	2	2	4	2
Some college/1-2 years	6	4	13	12	12	15	25	16
Associate degree	0	4	3	1	0	1	2	2
College degree	0	4	1	3	1	2	5	2
Advanced degree	0	0	0	0	2	<1	1	<1
Veteran Status	0%	0%	2%	1%	2%	1%	1%	1%
<i>*difference significant at p<.05 or better</i>								
[continued next page]								

Table A: Selected Demographic Description of TAD Admissions 2007-2010								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 33	N = 24	N = 277	N = 74	N = 137	N = 1,153	N = 363	N = 2,061
Employed at Admission								
Yes- full-time	39%	29%	23%	26%	8%	19%	60%	27% *
Yes- part-time	6	12	16	22	5	16	10	14
Yes-seasonal	6	5	2	9	0	5	1	4
Not employed-looking	39	46	48	25	17	58	20	45
Not employed-not looking	4	4	5	15	60	2	7	7
No-disability	6	0	6	3	0	<1	1	2
No-unavailable to work	0	4	0	0	9	<1	1	1
Barriers to Employment (all that apply)								
Lack of education/training	9%	42%	10%	85%	4%	NA	1%	12% *
Lack of experience	9	33	7	77	3	NA	1	11 *
Physical disability	6	4	4	7	0	NA	1	2 *
Child care	3	17	1	19	0	NA	<1	3 *
Transportation	55	33	10	54	2	NA	2	11 *
Other (criminal record, felony charges, ID, pending charges, mental disorder, drug use, unmotivated)	21	38	18	3	0	NA	1	8 *
Note. Barriers to employment are shown excluding Milwaukee (not reported).								
<i>*difference significant at p<.05 or better</i>								

Table B: Criminal Justice Summary of TAD Admissions 2007-2010								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 33	N = 24	N = 277	N = 74	N = 137	N = 1,153	N = 363	N = 2,061
Offense at Admission								
Drug-related	52%	33%	78%	80%	40%	78%	11%	63% *
Property/fraud	3	33	13	14	29	12	9	13
OWI	36	21	1	0	6	<1	74	14
Disorderly conduct	0	4	0	0	4	3	1	2
Criminal damage/endanger safety	0	4	2	0	3	1	2	1
Other	9	5	6	6	18	6	3	7
Admitted as ATR (alternative to probation/parole revocation)	67%	83%	5%	12%	13%	0%	31%	21% *
Average Age at First Arrest	23 years	19 years	21 years	20 years	21 years	23 years	24 years	23 years *
Average Lifetime Arrests	8 arrests	10 arrests	6 arrests	8 arrests	8 arrests	3 arrests	4 arrests	4 arrests *
Currently on probation	73%	88%	9%	96%	21%	0%	29%	13% *
Currently on parole (ES)	27%	17%	3%	3%	0%	1%	4%	2% *
Motivation To Change Criminal Behavior (staff rating)								
Low	6%	4%	19%	7%	8%	3%	23%	9% *
Medium	33	8	58	12	50	13	59	30
High	61	88	22	81	42	4	18	16
Missing/No Data	0	0	1	0	0	80	0	45

Table C: Criminal Risk and Need Assessment at Admission of TAD Admissions 2007-2010

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 33	N = 24	N = 277	N = 74	N = 137	N = 1,153	N = 363	N = 2,061
Risk Assessment Instrument								
WI DOC Risk	18%	0%	0%	0%	2%	0%	100%	18% *
LSI-R/LSI-RSV	79	100	13	99	93	0	0	14
Modeling Solutions - LLC	0	0	86	0	0	0	0	11
J2K-PRAT	0	0	0	0	0	100	0	56
Missing	3	0	1	1	5	0	0	1
Criminal Risk Rating **								
Low	18%	4%	58%	14%	10%	6%	49%	21% *
Moderate	42	75	30	57	36	63	28	50
High	36	21	11	28	49	31	23	28
Criminal Need Rating								
Low	0%	0%	1%	0%	2%	5%	38%	10% *
Moderate	6	4	5	3	1	85	20	52
High	94	96	92	97	87	9	42	37
Missing/unknown	0	0	2	0	10	1	0	1
Criminal Risk/Need Rating								
Low Risk/Low Need	0%	0%	1%	0%	0%	2%	34%	7% *
Low Risk/Moderate Need	3	0	0	1	0	4	3	3
Low Risk/High Need	15	4	56	12	5	<1	12	11
Moderate Risk/Low Need	0	0	0	0	0	2	4	2
Moderate Risk/Moderate Need	3	4	5	1	0	58	12	35
Moderate Risk/High Need	39	71	24	55	33	2	12	12
High Risk/Low Need	0	0	0	0	0	1	1	1
High Risk/Moderate Need	0	0	0	0	1	23	4	13
High Risk/High Need	36	21	11	28	48	7	18	14

* difference significant at $p < .05$

**Note. Risk rating for sites using the LSI/LSI-R were recalculated from raw scores for analysis and presentation.

***Note. Not all columns sum to 100% due to missing data for either the risk or need measure at some sites.

Table D: Substance Use and Mental Health Description of TAD Admissions 2007-2010								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 33	N = 24	N = 277	N = 74	N = 137	N = 1,153	N = 363	N = 2,061
Mental Health Diagnosis								
None	79%	62%	96%	60%	75%	75%	97%	81% *
Depression	9	4	1	19	5	10	1	7
Bi-polar disorder	0	8	<1	4	6	5	<1	4
ADHD/ADD	0	13	<1	12	1	4	<1	3
Schizophrenia/schizoffective	3	0	2	0	3	3	<1	2
Mood disorder	9	0	<1	0	0	<1	0	<1
Anxiety disorder	0	13	0	1	1	2	1	2
Other (dysthymic disorder, PTSD, deferred, mild retardation)	0	0	0	4	9	1	0	1
<i>*difference significant at p<.05 or better</i>								

SUMMARY OF TAD PROJECT DISCHARGES

Table E: TAD Completion Rates and Reasons for Participant Termination 2007-2010								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
Completion Rate	74%	72%	50%	58%	53%	66%	73%	64% *
Number Admitted Thru December 31, 2010	33	24	277	74	137	1,153	363	2,061
Number Discharged Thru December 31, 2010	27	18	224	53	130	1,067	336	1,855
Reason for Termination [% of those terminated]								
Program non-compliance	71%	60%	75%	91%	66%	89%	46%	78% *
Refusal/drop-out	0	0	0	0	0	5	0	3
Assessed only	0	0	10	0	0	0	2	2
New charge/arrest	29	40	11	9	8	5	10	8
Incarcerated	0	0	0	0	0	0	39	5
Other (mental health issues, death, transferred to different program, absconded)	0	0	4	0	26	1	3	4
Average Length of Stay (in days)	435	473	221	492	95	177	120	189
Graduate/Completers	475	532	310	494	129	191	134	203
Terminations	320	319	132	489	57	151	80	143
<i>*difference significant at p<.05 or better</i>								

Table F: Selected Demographic Description of TAD Discharges Included in 2007-2010 Outcomes Analyses

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Gender								
Male	56%	89%	76%	68%	68%	77%	76%	76% *
Female	44	11	24	32	32	23	24	24
Age								
17-25 years	11%	50%	56%	64%	43%	55%	37%	50% *
26-35 years	44	33	24	19	28	22	35	26
36-45 years	22	17	14	15	17	13	15	14
46+ years	22	0	6	2	12	10	13	10
[Average in years]	36 years	27 years	27 years	26 years	30 years	28 years	31 years	29 years *
Race								
Caucasian	56%	100%	78%	96%	65%	44%	97%	61% *
African American	0	0	21	0	33	53	2	36
Native American	44	0	0	4	1	1	1	2
Asian	0	0	1	0	1	1	0	<1
Other	0	0	0	0	0	1	0	<1
Ethnicity								
Non-Hispanic	100%	94%	98%	96%	94%	91%	99%	94% *
Hispanic	0	6	2	4	6	9	1	6
<i>*difference significant at p<.05 or better</i>								
[Continued Next Page]								

Table F: Selected Demographic Description of TAD Discharges Included in 2007-2010 Outcomes Analyses								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Living Situation at Admission								
Independent living	59%	61%	42%	45%	5%	10%	52%	23% *
With parents/other relatives	33	33	53	49	9	86	44	66
Incarcerated in jail	8	0	<1	0	79	0	0	6
Residential treatment	0	0	0	4	5	1	0	1
Halfway house	0	0	0	0	1	0	1	<1
Transitional living	0	0	<1	0	0	0	1	<1
Homeless	0	0	<1	2	1	3	0	2
Other	0	6	4	0	0	0	2	1
Education at Admission								
Grade 10 or below	16%	5%	16%	8%	20%	22%	4%	18% *
Grade 11	11	6	23	13	14	20	12	18
High School or grade 12	11	44	27	43	31	28	40	31
GED/HSED	48	39	17	15	19	9	7	11
Vocational degree/certificate	7	0	2	0	2	2	4	2
Some college/1-2 years	7	6	11	15	11	16	25	16
Associate degree	0	0	4	2	0	1	2	2
College degree	0	0	0	4	1	2	5	2
Advanced degree	0	0	0	0	2	<1	1	<1
Veteran Status								
	0%	0%	3%	2%	2%	1%	1%	1%
<i>*difference significant at p<.05 or better</i>								
[continued next page]								

Table F: Selected Demographic Description of TAD Discharges Included in 2007-2010 Outcomes Analyses								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Employed at Admission								
Yes- full-time	44%	33%	24%	26%	8%	20%	60%	28% *
Yes- part-time	7	11	16	25	4	16	10	14
Yes-seasonal	4	6	3	9	0	5	1	4
Not employed-looking	41	44	49	25	17	56	20	45
Not employed-not looking	0	0	3	11	62	2	6	7
No-disability	4	0	6	4	0	1	1	1
No-unavailable to work	0	6	0	0	9	<1	1	1
Barriers to Employment (all that apply)								
Lack of education/training	11%	33%	13%	85%	4%	NA	1%	11% *
Lack of experience	11	28	9	77	3	NA	1	10 *
Physical disability	7	0	3	8	0	NA	1	2 *
Child care	4	17	1	17	0	NA	<1	2 *
Transportation	56	28	12	51	2	NA	2	11 *
Other (criminal record, felony charges, ID, pending charges, mental disorder, drug use, unmotivated)	15	44	19	4	0	NA	1	8 *
Note. Barriers to employment are shown excluding Milwaukee (not reported).								
<i>*difference significant at p<.05 or better</i>								

Table G: Criminal Justice Summary of TAD Participants Included in 2007-2010 Outcomes Analyses

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Offense at Admission								
Drug-related	48%	28%	77%	81%	40%	79%	12%	63% *
Property/fraud	4	33	13	13	29	11	8	12
OWI	41	22	1	0	5	<1	73	15
Disorderly conduct	0	6	0	0	4	3	2	2
Criminal damage/endanger safety	0	6	2	0	3	1	2	2
Other	7	5	7	6	19	6	3	6
Admitted as ATR (alternative to probation/parole revocation)	82%	89%	6%	13%	14%	0%	31%	23% *
Average Age at First Arrest	24 years	18 years	21 years	19 years	21 years	23 years	24 years	23 years *
Average Lifetime Arrests	7 arrests	10 arrests	7 arrests	6 arrests	8 arrests	3 arrests	4 arrests	4 arrests *
Currently on probation	78%	94%	9%	94%	21%	1%	29%	13% *
Currently on parole (ES)	22%	22%	2%	2%	0%	<1%	5%	2% *
Motivation To Change Criminal Behavior (staff rating)								
Low	4%	6%	19%	9%	9%	3%	24%	9% *
Medium	37	11	57	13	48	14	58	30
High	59	83	23	78	43	4	17	15
Missing/No Data	0	0	1	0	0	79	1	46

Table H: Criminal Risk and Need Assessment at Admission of TAD Participants Included in 2007-2010 Outcomes Analyses

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Risk Assessment Instrument								
WI DOC Risk	22%	0%	0%	0%	2%	0%	100%	19% *
LSI-R/LSI-RSV	78	100	0	98	93	0	0	11
Modeling Solutions - LLC	0	0	99	0	0	0	0	11
J2K-PRAT	0	0	0	0	0	100	0	58
Missing	0	0	1	2	5	0	0	1
Criminal Risk Rating **								
Low	22%	6%	66%	19%	7%	7%	49%	22% *
Moderate	41	83	28	49	38	63	27	50
High	37	11	6	30	50	30	24	27
Criminal Need Rating								
Low	0%	0%	0%	0%	2%	5%	40%	10% *
Moderate	7	6	<1	2	1	86	19	54
High	93	94	99	98	89	8	41	35
Missing/unknown	0	0	1	0	8	1	0	1
Criminal Risk/Need Rating								
Low Risk/Low Need	0%	0%	0%	0%	0%	2%	35%	7% *
Low Risk/Moderate Need	4	0	0	2	0	4	3	3
Low Risk/High Need	19	6	66	18	6	<1	11	11
Moderate Risk/Low Need	0	0	0	0	0	2	4	2
Moderate Risk/Moderate Need	4	6	<1	0	0	59	12	36
Moderate Risk/High Need	36	78	27	50	35	1	11	11
High Risk/Low Need	0	0	0	0	0	1	1	1
High Risk/Moderate Need	0	0	0	0	2	23	4	14
High Risk/High Need	37	10	6	30	48	6	19	13

* difference significant at $p < .05$

**Note. Risk rating for sites using the LSI-R/LSI-RSV were recalculated from raw scores for analysis and presentation.

***Note. Not all columns sum to 100% due to missing data for either the risk or need measure at some sites.

Table I: Substance Use and Mental Health Description of TAD Participants Included in 2007-2010 Outcomes Analyses

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Substance Use Diagnosis								
Alcohol Dependence	41%	39%	14%	9%	23%	12%	28%	17% *
Cannabis Dependence	11	28	62	59	10	46	8	38
Cocaine Dependence	0	17	8	4	24	16	4	13
Amphetamine Dependence	22	0	1	0	0	0	<1	<1
Methamphetamine Dependence	11	0	0	0	0	0	0	<1
Opiate Dependence	0	0	15	6	42	3	5	7
Alcohol Abuse	0	6	0	0	1	1	49	9
Cannabis Abuse	0	0	0	3	0	2	4	3
Polysubstance Dependence	15	5	0	19	0	3	0	2
Polysubstance Abuse	0	5	0	0	0	15	0	9
Missing/Unknown/Other	0	0	0	0	0	2	2	1
Drug of Choice								
Alcohol	41%	44%	14%	9%	24%	14%	78%	27% *
Amphetamines	36	6	<1	2	0	0	<1	<1
Cocaine/crack	0	17	8	11	24	18	4	14
Marijuana	22	33	62	68	10	50	12	42
Opiates	0	0	15	9	42	16	6	15
None/other/not assessed	1	0	<1	1	0	2	0	2
Prior AODA Treatment								
Average # of episodes	1.19	1.83	1.20	0.81	1.32	0.49	0.95	0.75 *
% with any prior treatment	59%	78%	52%	42%	70%	32%	45%	42% *
[continued next page]								

Table I: Substance Use and Mental Health Description of TAD Participants Included in 2007-2010 Outcomes Analyses								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Mental Health Diagnosis								
None	74%	67%	97%	55%	75%	77%	97%	82% *
Depression	11	0	1	21	5	10	1	7
Bi-polar disorder	0	11	<1	6	5	4	<1	3
ADHD/ADD	0	11	<1	13	2	4	<1	3
Schizophrenia/schizo affective	4	0	1	0	2	3	<1	2
Mood disorder	11	0	<1	0	0	<1	0	<1
Anxiety disorder	0	11	0	2	2	2	1	1
Other (dysthymic disorder, PTSD, deferred, mild retardation)	0	0	0	3	9	0	0	2
<i>*difference significant at p<.05 or better</i>								

Table J: Substance Abuse Treatment Motivation of TAD Participants Included in 2007-2010 Outcomes Analyses								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Motivation To Engage In Substance Abuse Treatment								
Low	4%	0%	26%	9%	10%	6%	25%	12% *
Medium	40	33	55	32	52	12	59	29
High	56	67	18	59	38	5	16	14
Missing/No Data	0	0	1	0	0	77	0	45
Responsivity Factors/ Barriers to Treatment [All that apply]						[N = 262]		[N= 1,048]
Physical barriers	11%	0%	1%	15%	7%	1%	0%	2% *
Language barrier	0	0	0	2	2	1	0	1
Basic reading/writing problem	4	6	4	9	8	2	<1	2 *
Concentration problems	15	33	5	30	15	1	4	5 *
Introverted/shy	19	39	4	49	2	2	4	4 *
Learning disability	15	28	5	19	17	2	1	4 *
Mental disorder	22	33	16	49	25	1	6	7 *
Mental health interventions	22	44	22	55	33	3	16	12 *
Strong cultural identity	30	11	11	6	39	5	3	8 *
<i>*all differences significant at p<.05 or better</i>								

Table K: Services Received By TAD Participants Discharged 2007-2010								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Average Number of Case Manager Contacts	47 contacts	44 contacts	31 contacts	41 contacts	22 contacts	31 contacts	118 contacts	47 contacts *
Percent Received....								
AODA inpatient/residential treatment	22%	11%	5%	45%	56%	6%	2%	10% *
AODA halfway house/group home	7	0	1	45	29	1	1	4 *
AODA day treatment	0	0	5	23	3	8	6	9 *
AODA outpatient treatment	82	0	88	87	60	67	91	74 *
AODA outpatient-intensive	19	6	1	17	3	5	4	5 *
AODA outpatient-MATRIX model	33	100	0	4	0	<1	3	2 *
Support groups (AA, CA, etc)	82	94	32	93	23	27	44	34 *
Mental health inpatient treatment	0	0	0	8	0	1	<1	1 *
Mental health outpatient treatment	48	56	24	42	15	16	9	17 *
Employment services	48	11	49	55	22	33	8	30 *
Education services	30	11	38	38	9	29	3	24 *
Housing services	37	6	25	28	13	5	2	9 *
Assistance with finances	70	22	39	17	20	3	3	10 *
<i>*all differences among sites significant at p<.05 or better</i>								

Table L: Participant Monitoring Received By TAD Participants Discharged 2007-2010

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 224	N = 53	N = 130	N = 1,067	N = 336	N = 1,855
Average # Court Hearings Scheduled	19	26	15	42	6	5	NA	7 *
Graduates/Completers	23	29	19	41	8	5	NA	7 *
Terminations	10	17	11	43	5	5	NA	7 *
Average # Court Hearings Attended	19	25	14	41	6	4	NA	6 *
Graduates/Completers	22	29	19	41	8	4	NA	7 *
Terminations	10	17	10	41	4	4	NA	6 *
Urinalysis Testing								
Average # tests scheduled	91.6	31.8	44.4	127.9	27.6	NA	5.5	14.9 *
Average # tests negative	85.7	30.9	35.7	113.9	24.6	4.4	5.0	14.3 *
Average # tests positive	0.7	0.9	6.3	5.1	1.9	4.2	0.4	3.6 *
Average # tests other	0.0	0.0	2.4	3.8	1.3	0.0	0.0	1.1 *
Breathanalysis (PBT) Testing								
Average # tests scheduled	4.1	0.9	44.1	0.9	7.9	NA	3.3	6.6 *
Average # tests negative	4.1	0.9	41.6	0.9	7.6	0.5	3.2	6.5 *
Average # tests positive	0.0	0.0	0.3	0.0	0.1	0.0	0.03	0.1 *
Average # tests other	0.0	0.0	2.2	0.0	0.2	0.0	0.0	0.7 *
Electronic Monitoring (EM)								
Received any EM	22%	22%	3%	13%	22%	<1%	1%	3% *
Average # days if monitored	12 days	5 days	2 days	5 days	6 days	<1 day	<1 day	1 day *
<i>*all differences among sites were significant at p<.05 or better</i>								
<i>**number of tests scheduled were calculated for Milwaukee (negative + positive + other) as they do not collect information on scheduled tests.</i>								

RECIDIVISM OUTCOMES BY PROJECT SITE

Table M: Incarceration Days Averted by Site 2007-2010								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
Incarceration Days Averted	N = 26	N = 18	N = 224	N = 53	N = 128	N = 1,068	N = 336	N = 1,853
Total Days Averted	6,306	6,465	23,253	7,692	10,145	71,843	9,414	138,118
Average Days Averted Per Discharge	243	359	104	145	79	67	28	73
Jail Days Averted	N = 16	N = 12	N = 210	N = 47	N = 127	N = 1,027	N = 336	N = 1,775
Total Jail Days Averted	1,463	990	12,275	3,250	8,885	50,253	9,414	86,530
Average Jail Days Averted	91	83	59	69	70	49	28	79
Prison Days Averted	N = 10	N = 6	N = 14	N = 6	N = 1	N = 41	N = NA	N = 78
Total Prison Days Averted	4,843	5,475	10,978	4,442	1,260	21,590	NA	48,588
Average Prison Days Averted	484	913	784	740	1,260	527	NA	623

Note. Incarceration days averted were reported by TAD site staff. If the number of days reported was 364 days or less, they were considered to have been averted from jail incarceration. If the number of days reported was 365 days or more, they were considered to have been averted from prison incarceration.

Table N: Conviction For New Offense That Occurred after TAD Discharge by Project Site								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 220	N = 53	N = 129	N = 1,059	N = 334	N=1,840
Percent Convicted Of a New Offense That Occurred after TAD Discharge	N = 8 30%	N = 4 22%	N = 46 21%	N = 17 32%	N = 43 33%	N = 237 22%	N = 88 26%	N = 443 24%
Percent Convicted Of a New Offense That Occurred After TAD Discharge...								
 Within ONE YEAR After Discharge	N = 5 19%	N = 1 6%	N = 31 14%	N = 9 17%	N = 30 23%	N = 148 14%	N = 52 16%	N = 276 15%
 Between ONE TO TWO YEARS After Discharge	N = 3 11%	N = 3 16%	N = 11 5%	N = 3 6%	N = 10 8%	N = 59 6%	N = 30 9%	N = 119 6%
 3+ YEARS After Discharge	N = 0 0%	N = 0 0%	N = 4 2%	N = 5 9%	N = 3 2%	N = 30 2%	N = 6 1%	N = 48 3%
Average Days from TAD Discharge to Date of First Offense	311 days	352 days	286 days	459 days	281 days	344 days	317 days	331 days

Table O: New Conviction Information by Site								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 220	N = 53	N = 129	N = 1,059	N = 334	N = 1,840
Type of New Offense Conviction								
Drug possession/manufacture/delivery	N = 2 25%	N = 0 0%	N = 13 28%	N = 6 35%	N = 8 19%	N = 104 44%	N = 9 10%	N = 142 32%
Property (theft, burglary, forgery, etc.)	N = 0 0%	N = 1 25%	N = 11 24%	N = 3 18%	N = 15 35%	N = 42 18%	N = 9 10%	N = 81 18%
OWI and PAC .08 or more	N = 4 50%	N = 0 0%	N = 2 4%	N = 2 12%	N = 2 5%	N = 6 2%	N = 26 30%	N = 42 9%
Violent (weapons, disorderly conduct, battery, armed robbery, reckless endanger, domestic abuse, assault)	N = 2 25%	N = 2 50%	N = 11 24%	N = 5 29%	N = 10 23%	N = 54 23%	N = 14 16%	N = 98 22%
Operating After License Revocation/ Suspension and Operating Without a License	N = 0 0%	N = 0 0%	N = 0 0%	N = 0 0%	N = 1 2%	N = 0 0%	N = 20 23%	N = 21 6%
All other (resist, flee, prostitution, hit/run, bail jumping)	N = 0 0%	N = 1 25%	N = 9 20%	N = 1 6%	N = 7 16%	N = 31 13%	N = 10 11%	N = 59 13%
Average Days to New Offense	311	352	386	459	281	343	314	331

Table P: New Conviction Sentencing Information by Site								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
Sentence for New Conviction (cases missing disposition excluded)	N = 8	N = 4	N = 46	N = 17	N = 43	N = 237	N = 88	N = 443
Case is missing disposition	N = 0 0%	N = 2 50%	N = 11 24%	N = 2 12%	N = 3 6%	N = 25 11%	N = 9 10%	N = 52 12%
Fine or driver's license revoke/suspend	N = 4 50%	N = 0 0%	N = 9 20%	N = 3 18%	N = 2 5%	N = 16 7%	N = 29 33%	N = 63 14%
Probation + driver's license revoke/suspend	N = 1 13%	N = 2 50%	N = 7 15%	N = 2 12%	N = 14 33%	N = 70 29%	N = 13 15%	N = 109 25%
Jail + other non-incarceration penalties	N = 3 37%	N = 0 0%	N = 11 24%	N = 9 53%	N = 18 42%	N = 102 43%	N = 36 41%	N = 179 40%
Prison + extended supervision	N = 0 0%	N = 0 0%	N = 8 17%	N = 1 5%	N = 6 14%	N = 24 10%	N = 1 1%	N = 40 9%
Average Years Sentenced to Incarceration Due to New Conviction	0.6 years	0.0 years	0.7 years	0.2 years	0.5 years	0.6 years	0.1 years	0.4 years
Average years Sentenced to Probation or Extended Supervision Due to New Conviction	0.1 years	1.0 years	1.1 years	0.9 years	1.7 years	1.2 years	0.3 years	1.1 years
Note: There are 52 cases that were not yet been concluded and are excluded from these analyses. Percents are percents of those convicted for each group (ie percent of graduates from treatment courts)								

Table Q: New Conviction for OWI Offenders Discharged from TAD by Site

	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
Number of OWI's Discharged from TAD	N = 11	N = 4	N = 3	N = 0	N = 7	N = 1	N = 242	N = 268
OWI Offenders Discharged Who Received a New Conviction After TAD Discharge	N = 3 27%	N = 1 25%	N = 0 0%	N = 0 0%	N = 2 29%	N = 0 0%	N = 65 27%	N = 71 27%
New Conviction for OWI Offenders After Discharge								
Drug possession/manufacture/delivery	N = 1	N = 0	N/A	N/A	N = 0	N/A	N = 2	N = 3
Property (theft, burglary, forgery, etc.)	N = 0	N = 0	N/A	N/A	N = 0	N/A	N = 3	N = 3
OWI and PAC .08 or more	N = 2	N = 0	N/A	N/A	N = 0	N/A	N = 21	N = 23
Violent (weapons, disorderly conduct, battery, armed robbery, reckless endanger, domestic abuse, assault)	N = 0	N = 1	N/A	N/A	N = 0	N/A	N = 11	N = 12
Operating After License Revocation/Suspension and Operating Without a License	N = 0	N = 0	N/A	N/A	N = 1	N/A	N = 20	N = 21
All other (resist, flee, prostitution, hit/run, bail jumping)	N = 0	N = 0	N/A	N/A	N = 1	N/A	N = 8	N = 9
OWI Offenders With New Conviction:								
Within 1 Year After Discharge	N = 2 18%	N = 0 0%	N/A	N/A	N = 2 29%	N/A	N = 40 17%	N = 44 17%
Between 1-2 Years After Discharge	N = 1 9%	N = 1 25%	N/A	N/A	N = 0 0%	N/A	N = 22 9%	N = 24 9%
3 or More Years After Discharge	N = 0 0%	N = 0 0%	N/A	N/A	N = 0 0%	N/A	N = 3 1%	N = 3 1%

Table R: Admission to State Prison After TAD Discharge by Follow-up Interval by Project Site								
	Burnett	Washburn	Rock	Wood	Dane	Milwaukee	Washington	Overall
	N = 27	N = 18	N = 220	N = 53	N = 129	N = 1,059	N = 334	N = 1,840
Percent Admitted to State Prison Between TAD Discharge and 12/31/2010	4 15%	1 6%	33 15%	9 17%	25 19%	108 10%	33 10%	213 12% *
Percent Admitted to Prison....								
 Within ONE YEAR After Discharge	3 11%	1 6%	24 11%	2 4%	20 15%	50 5%	28 8%	127 7%
 Between 1-2 YEARS After Discharge	1 4%	0 0%	8 3%	5 9%	5 4%	45 4%	2 1%	66 4%
 3 OR MORE YEARS After Discharge	0 0%	0 0%	1 1%	2 4%	0 0%	12 1%	3 1%	20 1%
*deceased participants excluded from analyses								