TAP

Dane County Treatment Alternative Program
702 West Main Street
Madison, WI 53715 280-2651

Eligibility Criteria

The purpose of TAP is to divert appropriate alcohol and drug abusing clients out of the criminal justice system and into community based treatment services. TAP is a case management model intended to break the offender's alcohol/drug/crime cycle by linking the legal sanctions of the criminal justice system with the therapeutic processes of alcohol/drug treatment programs. TAP bridges the gap between these two systems by making appropriate treatment services available to chemically dependent offenders who would otherwise burden the justice system with their persistent and associated criminality.

Decisions regarding acceptance for services are based on a thorough evaluation of the potential participants treatment needs, criminal history, readiness for treatment, and the availability of appropriate services. Each referral is evaluated on a case by case basis, as many variables are considered when evaluating an individuals appropriateness for TAP services. The following eligibility criteria apply to this process.

Criminal Justice System Involvement evidenced by a formal charge or current probation/parole supervision status. In order to be eligible to participate, the criminal justice system authorities must formalize a legal participation agreement before an individual is admitted into the program. The individual must complete any imposed period of incarceration prior to admission.

Evidence of Abuse or Addiction to Alcohol/Drugs as evidenced by an individuals self concern. Admission of or documented history of associated problems with use.

Dane County Residency Required

Age Requirement of 18 or older

Willingness to cooperate with and participate in TAP, as evidenced by:

Agreement to sign all appropriate release of information forms to obtain information necessary in determining client's eligibility and acceptability for TAP services.

Willingness to voluntarily sign a consent to participate agreement, whereby the client agrees to comply with all recommendations and conditions of TAP; submit to urinalysis or other chemical tests; job or home site visits; and authorizing the release of information to appropriate justice authorities for the purpose of monitoring participation and progress. The consent to participate agreement will be read to, and signed by, the prospective client.

Expresses a degree of openness during interview to address identified problems.

include criteria for exclusion for ADAPSA?

Criteria for Exclusion

Persons with current or past conviction history of sexual offenses.

Person currently charged with; sale of, or distribution of, a controlled substance, when an established pattern of dealing has been documented.

Violent offenders as outlined in guidelines below

Isolated incidents of past violence will not automatically disqualify a client, but may if these incidents have included such major acts of violence as murder, armed assault, armed robbery, rape, etc. The essence of the nonviolence criterion is to be able to exclude from TAP individuals who are clearly violent, per se. Excluded will be those persons demonstrating a clear pattern of violence; included will be those persons who are either clearly not assaultive, or who have perpetrated few acts of violence which have the character of isolated events as opposed to a pattern of escalating violence.

Each case is evaluated on an individual basis and considers a number of factors including: the severity of the assaultive behavior; the frequency and time frame with which the assaultive offense(s) occurred; whether treatment has been obtained, or is available to address any assaultive behavior patterns; the individuals attitude and response to the behavior; and whether the assaultive behavior is related to an individuals alcohol and/or drug use.

Domestic Violence cases can be considered appropriate for TAP as the program developed a specialized treatment response for working with this population. Each case continues to be evaluated on an individual basis and exclusions may still apply.
Factors considered in determining program eligibility include:
Current status of relationship with the victim.
Level of client denial/responsibility for behavior.
Availability of probation/parole sanctions in working with the client in the community.

Cognitive Impairment too Severe to be capable of working with program. Recommendations made to other services.

Mental Health Issues too severe to be addressed in the program. Recommendations made to other services better designed for persons with severe mental illness.

SUMMARY OF FINDINGS FOR THE DANE COUNTY DRUG COURT TREATMENT PROGRAM
December 31, 2001

- As of December 31, 2001 the total number of participants enrolled in the DCTP since its inception (June 1996): 436

- As of December 31, 2001, there were 63 active participants in the Treatment Track and 20 active participants in the Educational Track.

- As of December 31, 2001, the total number of graduates since June 1996: 216

- **Successful completion rate:** As of December 31, 2001 there had been 216 graduations, 46 neutral discharges, and 105 terminations. **This is a 70% successful completion rate.** (Total Number of Graduates Divided by Total Admissions minus Total Active Cases plus Total Neutral Dropouts or 216/436-(83+46)= 216/307=70 %). According to the US Government Accounting Office, the average completion rate for drug courts **nationally is 48%.**

- **Recidivism:** As of December 31, 2000, a total of 104 graduates had been out of the program for a year (12 months) or longer. Of those, 23 were re-arrested. Eighty-one or 78% had not been re-arrested. **The recidivism rate is calculated to be 22%.**

- **By Comparison,** among an equivalent group comprised of 63 participants who did not graduate from the program (non-completers), 41 persons have been re-arrested for a recidivism rate of **65%.** Among an additional comparison group comprised of 99 individuals who were referred to the program by the DA's Office and determined to be eligible, but declined to participate (decliners), 43 persons were re-arrested for a recidivism rate of **43.4%.**

- **New Criminal Arrests:** The average number of new criminal arrests per DCTP graduate (who graduated 12 or more months ago as of December 31, 2000) is calculated as 0.288 (30/104). By comparison, it is 1.39 for non-completers (88/63), and 1.00 for decliners (99/99). **The average number of new criminal arrests per offender is 79% lower for DCTP graduates than for non-completers and 71% lower than decliners.**

- As of December 31, 2001, of the 359 DCTP participants admitted to drug treatment:
  - **32%** (114) **obtained** either full or part time **employment**
  - **15%** (55) **enrolled in or graduated from** high school/GED, college or vocational **educational programs**
  - **47% (169) were able to retain their employment**
  - **There was a 81% decrease in unemployment *[1]**
  - **3 drug-free babies were born resulting in savings in medical and human service costs.**
  - **5 parents became reunited with their minor children resulting in savings in current and possibly future public welfare and human service costs**
  - **5 parents resumed child support payments**
  - **3 parents became current with child support payments**
  - **10 parents continued child support payments all resulting in potential savings in public welfare, human service and medical cost savings**
  - **6 W-2 recipients participated in intensive drug treatment in the DCTP enabling self-sufficiency and resulting in public welfare, human service and medical cost savings.**

[1] Data for this analysis only is from Dec 2000.

ADAPSA

Seaquist, Sara

From: Hoxtell, Wade
Sent: Monday, September 29, 2003 9:29 AM
To: Seaquist, Sara
Subject: FW: criminal justice, addiction, and health policy

ss emailed 10/3/03

Thanks Wade PLS keep him posted!

I dont think this is a constituent...

-----Original Message-----
From: Michael M. Miller [mailto:mmmille4@facstaff.wisc.edu]
Sent: Saturday, September 27, 2003 12:15 PM
To: sen.roessler@legis.state.wi.us
Cc: Lance Longo; Brown, Lawrence; Alice O'Connor; Todd Van Fossen; langkj@dhfs.state.wi.us
Subject: criminal justice, addiction, and health policy

September 27, 2003

Sara
See language adds for draft

Sen. Carol Roessler
Chair, Committee on Health, Children, Families, Aging and Long-Term Care
Wisconsin Senate
Vice Chair, State Council on Alcohol and Other Drug Abuse

Dear Carol:

When I wrote the letter to you last week, I knew that you had been active on the State Council and in promoting enlightened public policy regarding substance use and addiction. But I did not know all the work you had done to prepare Wisconsin for your newest initiative, the Addicted Offenders Accountability and Public Safety Act. So I was delighted when I read the column in Saturday's Capitol Times. I have wondered for a while if Wisconsin was ready for Prop 36, and if it was time for the Wisconsin Society of Addiction Medicine to begin looking for a legislative sponsor for such an effort. With everyone focused on the State Budget, I thought it would be a dead-end to try to promote such forward-thinking ideas to our legislature. Your courage, in contrast to my hesitancy, is inspiring!

Please consider me an ally in your fight. It is good fiscal policy for the state to treat addicts who are in the criminal justice system, rather than to incarcerate them. It is also good health policy and social policy, and many sheriffs and officials in the Department of Corrections and the Department of Justice will agree with you that it is good criminal justice policy as well.

I have cut/pasted three Public Policy Statements from the American Society of Addiction Medicine to this email; they are locatable in 'clean copy' version on the website www.asam.org, by searching for Public Policy. Please use these in any way you see fit, and please don't hesitate to call on me to provide testimony when your legislation reaches committee.

I commend you on your leadership, and I hope you find the letter which went out in the mail this week (regarding safe detox for persons with addiction who find themselves in the criminal justice system) useful. The California legislation mentioned in that letter was the outgrowth of the ASAM Public Policy Statement which you see below, which was authored under my leadership as Chairman of the Public Policy Committee of ASAM. You can use my digital (non-voice) pager (the easiest way to connect with me), 267-5757-1270, or my voicemail at 267-6607-3177, if you need any follow-up to that letter or to this email.

Sincerely,

Michael M. Miller, MD, FASAM
Fellow, American Society of Addiction Medicine
Associate Clinical Professor, UW Medical School
Medical Director, NewStart Alcohol/Drug Treatment Program, Meriter Hospital
Past Chair, Council on Addictive Diseases, State Medical Society of Wisconsin
Past President, Wisconsin Society of Addiction Medicine
Past Secretary, American Society of Addiction Medicine
Chair, Public Policy Committee, American Society of Addiction Medicine

CC: Lance Longo, MD, President, Wisconsin Society of Addiction Medicine
Lawrence S. Brown, Jr, MD, MPH, FASAM, President, American Society of Addiction Medicine
Todd Van Fossen, Director, Government Relations, Meriter Health Services
Alice O'Connor, Senior VP, Wisconsin Medical Society
Keith Lang, Staff Coordinator, State Council on AODA

Public Policy of ASAM

Persons with Alcohol & Other Drug (AOD) Problems and the Criminal Justice System

Background

Beginning in the early to mid 1970's, the number of persons incarcerated in the United States has grown rapidly, due mainly to an increased likelihood of a prison sentence for nearly all types of crime. In fact, the number of persons in jails and prisons tripled from 1973 to 1989. Although drug related offences played only a modest role prior to 1984, since then, the war on drugs is increasingly contributing to a prison inmate population that already overwhelms correctional systems.

In the United States, nearly 1,300 state and federal prisons and several thousand locally operated jails housed over 1.2 million prisoners by mid-1991, and these numbers continue to grow as new facilities are added to contain more and more prisoners. In 1989 alone, the state prison population grew enough to require a new 1,000 bed prison every 6 days. By 1990, 455 of every 100,000 persons in the US were incarcerated, more than any other nation. Canada, with fewer violent crimes, incarcerated 117 persons per 100,000. Corrections officials expect prison populations to have increased 30% over the 1990 level by 1995.

No valid overall figure exists for the proportion of inmates who have problems with alcohol and other drugs (AOD); however, in the US, the General Accounting Office (GAO) estimated in 1991 that 500,000 of 680,000 state prison inmates "may have" such problems and 41,000 of 62,000 federal prison inmates were "likely" to have problems with AOD. Fifty-seven percent of jail inmates reported being under the influence of AOD at the time of the offense.

Testimony

Fifty-eight percent of all (convicted and un-convicted) jail inmates reported "regular" drug use, and nearly 30% had used drugs daily in the month prior to the offense. The Drug Use Forecasting Programs (DUF) identifies (periodically, by self-report and urine drug screens) current drug use in more than half of arrestees in 24 metropolitan areas. In Nevada, 75% of persons incarcerated for AOD-defined crimes are considered to have the disease of alcoholism and/or other drug dependence. While the Canadian prison population is smaller than that of the United States, the Research and Statistics Branch of the Correctional Service of Canada (CSC) found in 1991 that the prevalence of problems with alcohol and other drugs in Canadian inmates is similar to that found in the United States, although there are differences in types of drugs used.

Given the association between AOD problems and crime, it makes sense to provide for assessment and treatment within the criminal justice process, and it is clear from National Institute of Justice (NIJ) sponsored studies that reduced levels of use are associated with reduced levels of crime. Despite the obvious need, the availability of treatment has not kept pace with the growing numbers of prisoners whose crimes are part of a problem with AOD. In the United States, the GAO estimates that in 1990, of 27,000 federal inmates with "moderate to sever problem," only 364 (1.3%) received treatment. Fifty-nine percent of inmates in the state prison systems in the U.S. were "needing but not receiving" treatment, according to the GAO. AOD treatment for Canadian offenders is currently being evaluated by the CSC where problems of availability and quality have been identified.

ASAM Position

The American Society of Addiction Medicine (ASAM) advocates a policy that most effectively and humanely responds to the role played by alcohol and other drugs (AOD) in the commission of crimes. ASAM believes that the identification, assessment and appropriate treatment of these problems in persons identified by the criminal justice system are a practical and effective means of reducing crime. Among those who are identified as having a problem with alcohol and/or other drugs are a significant number who suffer from the disease of alcoholism and/or drug dependence. These individuals are in need of treatment of their disease. Individuals who have problems with AOD but are not dependent are in need of education and preventive counseling about their problem.

1. ASAM opposes mandatory minimum sentencing in nonviolent AOD-related crimes. Serious distortions of the criminal justice system, especially as it relates to the AOD offender, have occurred when mandatory sentencing has been applied to persons convicted of illegal drug possession or distribution. Mandatory minimum sentences are costly, are disproportionately applied to minorities, have replaced disparities in sentencing with inequities, and have resulted in the release from prison (because of overcrowding) of potentially violent offenders. Mandatory minimum sentences eliminate creative sentencing alternatives where treatment for AOD problems and less expensive community supervision are likely to result in more effective crime reduction.

2. ASAM supports the development of specialized courts that are knowledgeable and experienced in AOD problems to deal with AOD offenders. Known as "drug courts," their expertise can facilitate diversion to treatment, preventive counseling, community based monitoring, restitution, community service, and brief incarcerations when indicated. These alternatives have a higher probability of reaching improved crime reduction outcomes and will reduce crowding in jails and prisons.

3. ASAM supports post-conviction intermediate sanctions that are packaged to include both treatment opportunities with intensive and creative community monitoring supervision strategies.

4. ASAM supports adequate and appropriate AOD treatment for persons who are incarcerated. In

addition to primary addiction treatment, there needs to be pre-release planning, post-release continuum of care, and help for the inmate in structuring a healthy post-release social network.

5. ASAM supports rewards (e.g., the return of freedoms) for offenders who successfully participate in treatment and monitoring programs as well as a measured and appropriate response to relapse that encourages both continued recovery and self-report.

6. ASAM supports a policy recognizing that all persons with AOD problems are not the same. Each case should be carefully assessed by an addictions treatment professional and matched to the appropriate treatment. Further, treatment programs must establish realistic goals and objectives that are measurable and must be held accountable for providing outcome data so that the quality of treatment can be assessed and improved.

7. Finally, ASAM encourages all physicians, including the members of ASAM, to remain cognizant of the issues that relate to the medical care of prisoners. Not only is it important that the disease of alcohol and other drug dependence be treated appropriately, but a wide variety of other diseases and disorders known to occur in these individuals must be recognized and treated as well.

Adopted by ASAM Board of Directors, April 13, 1994

ASAM Public Policy Statement

Treatment for Prisoners With Addiction to Alcohol or Other Drugs

In April 1994, the American Society of Addiction Medicine (ASAM) adopted a Public Policy Statement on Persons with Alcohol and Other Drug (AOD) Problems and the Criminal Justice System. Recommendations included ASAM support for "...adequate and appropriate AOD treatment for persons who are incarcerated. In addition to primary addiction treatment, there needs to be pre-release planning, post-release continuum of care, and help for the inmate in structuring a healthy post-release social network. [Additionally,] ASAM supports rewards (e.g., return of freedoms) for offenders who successfully participate in treatment and monitoring programs...." Newer data allows for a description of an evidence-based plan for a care continuum for such individuals, which includes the need for pre-release treatment as well as post-release strategies.

Statistics continue to show that use or misuse of addictive drugs (including alcohol) is involved in over 50% of felonies and is a major factor in criminal recidivism.

Demonstration projects in California, Texas and Delaware have shown that recidivism (defined as return to prison) within three years can decrease by as much as 65% if diagnosed individuals complete a continuum of addiction care. Other studies have shown that coerced treatment is effective. Not only do many addicts have a neurobiological sensitivity to the pharmacological effects of addictive drugs; most are also deficient in the coping skills and decision-making skills necessary to deal with life's difficulties in a healthy manner. Treatment provides education in healthy ways of dealing with life's problems, most of which are unfamiliar to persons with addiction who enter a period of incarceration. The acquisition of new life management skills, as well as skills to maintain abstinence from alcohol and other drugs, can assist most incarcerated addicts in avoiding reversion to their dysfunctional pre-incarceration behavior.

The CALDATA study in California showed that for each dollar spent for treatment, society saves seven dollars in future costs. Other studies have demonstrated the cost savings aspect of investing in the treatment of addiction . These studies do not even consider the non-monetary benefits of treatment, such as the social and psychological benefits to society of reductions in crime. The National Institute on Drug Abuse supported many studies of this type and has published their results. However, this information does not seem to have received sufficient attention by legislators and other policy makers.

Many physicians caring for prison inmates lack training and experience in diagnosing and treating addiction. Since addictive disease interacts with many other medical illnesses and with a wide range of psycho-social problems, this lack of preparation guarantees inadequate medical care for many prisoners, even though the treating physician may be competent in all aspects except for addictive disease management.

In addition, "truth in sentencing" policies in the federal court system and in many states have eliminated parole or other early release options, so that a valuable way to induce prisoners to enter treatment programs is lost.

Pilot programs which incorporate addiction treatment with correctional services have shown that prisoners in a treatment program do much better if they are housed together and work together, separate from the usual prison population and environment. Current policy, however, is that all federal prisoners must work in the same areas, making this sort of therapeutic segregation impossible. Experience in California and Delaware suggests that federal prison treatment programs could improve their efficacy were they to adopt policies that segregate those prisoners receiving active addiction treatment from the general prison population.

Data currently available show that the following modalities and duration of addiction treatment (in each of three phases) result in the lowest reincarceration rates:

during the phase of incarceration in prisons or jails for long-term inmates, therapeutic community treatment, for a period of nine to twelve months, is most effective

during the immediate post-release phase, residential treatment in a work-release program based in a halfway house, for a period of three to twelve months, is most effective

after discharge from such a residential treatment setting, community-based outpatient treatment, for a period of at least twelve months, is most effective.

It should be noted that research has shown that "boot camps" and post-incarceration counseling

alone are not effective in reducing re-incarceration rates.

An additional benefit to mandating treatment for prisoners who are addicts is that dropping out of treatment is highly predictive of return to criminal activity and reincarceration; thus, early intervention programs can be developed for those persons who drop out of corrections-sponsored treatment services.

To update previous policy based on current knowledge, ASAM recommends that:

All inmates of jails and prisons should be screened for addictive disorders and treatment should be provided for all who are found to be suffering from these disorders;

Treatment for substance use disorders should begin during incarceration in prison (pre-release treatment) and should always be followed up by a post-release residential treatment/ work-release program and then by community-based outpatient treatment of appropriate duration;

Prisoners receiving pre-release addiction treatment should be housed together in an area segregated from the general prison or jail population;

For any prisoner suffering from a substance use disorder, a condition for being released on parole should be the successful completion of the recommended pre-release treatment;

For any prisoner who has received pre-release treatment before his or her release to parole, a necessary condition for continuation of parole should be successful participation in and completion of the recommended post-release treatment;

All persons who are participating in residential treatment followed by community corrections programs should be housed in corrections-specific halfway houses so as to receive the milieu supports of a substance-free group recovery environment;

Physicians and other health care professionals who provide care to inmates and parolees should receive education in the diagnosis and treatment of addictive disorders;

Additional sources of funding should be sought for such treatment programming, including funds derived from the confiscation of money and objects involved in the commission of crimes;

State and federal legislatures should provide parole or other significant incentives to induce inmates with addiction to enter an appropriate continuum of treatment services.

Adopted by the ASAM Board of Directors December 2000

ASAM PUBLIC POLICY STATEMENT

ACCESS TO APPROPRIATE DETOXIFICATION SERVICES FOR PERSONS INCARCERATED IN PRISONS AND JAILS.

BACKGROUND

Addictive diseases are common among people living in the United States, and studies show that the prevalence of addictive diseases among inmates in jails and prisons is higher than occurs in the general population. Many patients with addiction have physiologic dependence on the agent to which they are addicted,-such as alcohol, prescription sedatives or opioids, or heroin. When individuals dependent on such drugs experience an abrupt cessation of use, a withdrawal syndrome can ensue with both physiological and psychological components. The acute withdrawal syndrome can constitute a medical crisis, causing significant symptoms, and in some cases causing death even in previously healthy individuals. While opiate withdrawal itself is usually not fatal, it can lead to tremendous discomfort, and fluid and electrolyte disturbances related to the vomiting and diarrhea of withdrawal can exacerbate co-occurring medical problems in the withdrawing individual, potentially precipitating sudden death.

The use of alcohol, nicotine, and illicit drugs is forbidden in jails and prisons, and appropriately so. But beyond prohibitions against possession and use of contraband, many correctional facilities have policies and procedures that prohibit the use of opiate medications by inmates, even if these have been prescribed by a physician prior to the moment of incarceration. It is not uncommon for jails, prisons, and correctional halfway houses to forbid residents to continue methadone maintenance once the individual has been placed in such a facility; when methadone maintenance treatment is abruptly discontinued, acute opiate withdrawal will ensue. Other correctional facilities have inadequate policies and procedures or inadequately trained personnel to appropriately recognize signs or symptoms of alcohol, sedative, or opiate withdrawal in individuals they serve. Thus, through neglect or through administrative rules, individuals suffering from chemical dependency may not receive appropriate evaluation and management of an acute withdrawal condition. It is unfortunately the case that some individuals do experience withdrawal symptoms, and these symptoms are ignored, discounted, or intentionally not intervened upon. A sometimes-stated rationale for denial of proper medical care for withdrawal syndromes, is the belief that making addicts experience the suffering of withdrawal will somehow deter them from returning to further drug use. A related rationale for denial of appropriate withdrawal management care is the contention that drug addiction is volitional and that the pain of withdrawal is an appropriate consequence for misbehavior. There is no evidence to support such beliefs, and there is significant evidence from behavioral psychology that punishment of undesirable behaviors

is not an effective means of promoting positive behavior change.

The U.S. Supreme Court has held that the proscription of cruel and unusual punishment by the Eighth Amendment of the United States Constitution requires that proper medical care be rendered, when indicated, to individuals who are incarcerated. In accordance with such rulings, correctional facilities assure that qualified medical personnel are routinely available to treat people in custody for medical conditions such as diabetes mellitus, cardiac disease, and surgical emergencies such as appendicitis. Patients with treatable medical conditions are not required to suffer or die while in custodyÿexcept, tragically, in the case of addictive disease. Withdrawal syndromes are medical conditions, and they require the same medical evaluation and treatment as other medical conditions. Correctional facilities which do not provide appropriate evaluation, treatment and referral for serious cases of alcohol withdrawal, place themselves in a position of civil liability for any harm or death incurred by individuals in withdrawal; still, too many jails and prisons still do not provide these basic health care services to inmates.

Health care services in jails and prisons have received increasing attention in recent years as the number of prison beds has mushroomed and the number citizens incarcerated in America has grown dramatically. Correctional facilities can receive guidance on appropriate policies and procedures for screening and referral of health care conditions by consulting a national quality assurance body, the National Commission on Correctional Health Care.

In light of these circumstances, ASAM recommends the following:

1. Individuals brought into custody by criminal justice authorities should receive appropriate general medical screening to assure that their medical needs will not go unaddressed during their incarceration. The circumstance of being under arrest, detained, jailed, or imprisoned should not preclude access to and provision of medically necessary treatment for alcohol and other drug withdrawal.

2. Individuals with addiction who are placed in jails or prisons, should not be discriminated against because of their diagnosis. Prisoners and other detainees with addiction should receive the medical care necessary to manage withdrawal syndromes, just as they receive the medical care necessary to manage any other acute illnesses or injuries.

3. Given the high prevalence of substance use and addiction among individuals who are arrested or detained in jails or other correctional facilities, individuals should be screened for the presence of, or risk of, addiction and withdrawal at the point of entry into a criminal detention facility. Appropriately trained personnel should conduct screening. When screening identifies a condition of withdrawal, or a significant likelihood that withdrawal is present or could develop, affected individuals should be seen by a licensed health care professional who can make a definitive diagnosis. When medically necessary, such health care professionals should render appropriate detoxification services for the withdrawing individual, or arrange transfer to a health care facility where services will be provided.

4. Jails and prisons should revise any policies and procedures that preclude ill detainees from receiving necessary and appropriate health care services, including withdrawal management services, appropriate to their condition.

5. Whenever possible, jails and prisons should be encouraged to seek accreditation by the National Commission on Correctional Health Care.

Adopted by the ASAM Board of Directors, July 2002

Dsida, Michael

From: Seaquist, Sara
Sent: Tuesday, September 30, 2003 6:54 PM
To: Dsida, Michael
Subject: AOAPSA

Hi Mike:

Carol does want to preserve the life imprisonment requirement for a person who commits 3 of the offenses you listed. I will email you as soon as I can about your other questions as well.

Thank you!

Sara

Dsida, Michael

From: Seaquist, Sara
Sent: Monday, September 29, 2003 10:47 AM
To: Dsida, Michael
Subject: RE: Mandatory minimum sentences and fines/forfeitures

Hi Mike,

I will get back to you on this later today, after I talk with Carol. Also, just to let you know, the follow-up meeting we were planning on having on Oct. 8th has been moved to Nov. 5th, by request of the two secretaries.

Thank you so much, Mike!

Sara Seaquist
Office of Senator Carol Roessler
1-888-736-8720/ (608) 266-5300
Sara.Seaquist@legis.state.wi.us

-----Original Message-----
From: Dsida, Michael
Sent: Monday, September 29, 2003 10:35 AM
To: Seaquist, Sara
Subject: Mandatory minimum sentences and fines/forfeitures

1. In order to give counties the ability to defer sentencing for drug-related offenses, I will need to amend certain provisions in the statutes that require minimum sentences. We have already talked about OWI offenses, but you may also want to think about the life imprisonment requirement for repeat offenders under the "3-strikes" law. Under that law (s. 939.62 (2m)), if a person is convicted three times of any of a list of offenses, the court must sentence the person to life imprisonment without the possibility of parole or extended supervision. Those offenses include several that occur in connection with drug or alcohol addiction:

940.09 -- Causing the death of another by the operation or handling of a vehicle while under the influence of an intoxicant.

943.10 (2) -- Armed burglary or burglary+battery

943.32 -- Armed robbery

I suspect that you want to preserve the life imprisonment requirement for a person who commits 3 of these offenses, even if they are prompted by the person's drug or alcohol addiction, but I thought I would check with you first.

2. How do you want to handle statutes that provide a minimum mandatory fine or forfeiture?

Mike Dsida
Legislative Reference Bureau
608/266-9867
michael.dsida@state.legis.wi.us

Dsida, Michael

From: Seaquist, Sara
Sent: Thursday, September 11, 2003 10:12 AM
To: Sappenfield, Anne
Cc: Dsida, Michael
Subject: FW: Response to requests for information for Alternatives to Incarceration


9102003 doc.doc


Doug White 992003 revised REDP...


recovery.doc

-----Original Message-----
From: Ritacca, Vincent
Sent: Wednesday, September 10, 2003 4:09 PM
To: Roessler, Carol; Seaquist, Sara
Cc: Tess, Sally J. DOC; White, Douglas DPI; Allen, Joyce; Hammes, Oren; Lang, Keith; Levenick, Greg; Payne, Valerie; Radivojevich, Lillian
Subject: Response to requests for information for Alternatives to Incarceration

Senator Roessler and Sara Seaquist: During your meeting with Dr. Dennis Embry, you requested my assistance in acquiring information in the following areas:

1. How drug felonies are dealt with under the TANF Regulations administered in Wisconsin? Sent Memorandum from Susan Gadacz on 9/5/03

2. Materials on "Contingency Management" discussed by Dr. Emby. Sent 9/5/03.

3. Explore with DPI, possibilities to partner with DHFS in funding what Dr. Embry described as "Multi Systemic Therapies" for youth. See brief program descriptions on SAMHSA Block grant, Drug Abuse Program Improvement Surcharge (DAPIS) memorandum from Lillian Radivojevich, and the DPI memorandum from Doug White. Neither speaks to availability of funds, but Dr. Dennis Embry sent you an email 9/6/03 on possible funding from "Access to Recovery."

4. Check same with DOC on possible funding for Alternatives to incarceration. I have an inquiry into Sally Tess at DOC and she is doing further inquiry in her department at this time.

5. Check funding available to purchase technology to implement standard screening tools and for state/local data systems. All existing funding sources that I inquired about are obligated. New funding or re-obligating from existing committed funds seem to be options. SAMHSA Block Grant and DAPIS funds are fully obligated. Finding revenue for this program from what currently exists, or from increasing fees/fines/taxes, is a challenge yet to be met.

We will continue to explore for potential sources of grant opportunities or potential grant increases at the federal level.

Vince Ritacca

Dsida, Michael

From: Seaquist, Sara
Sent: Wednesday, September 10, 2003 5:00 PM
To: Sappenfield, Anne
Cc: Dsida, Michael
Subject: LaCrosse County Drug Court Info.

I spoke w/ two people from the drug court in LaCrosse and they both gave me some information, but not a whole lot. Here's what I found out...

Funding- They are not receiving any federal or state funding, aside from the couple of probation and parole people (state employees) who work part time with this drug court. All money comes from the county (LaCrosse foundation grant, small grants through DOC). It is a very small drug court and treatment program. They estimated that their annual budget is about $100,000, with the majority of the money being used for treatment. Some people have volunteered their time to get this going.

MA and Private Insurance- Out of the 20 people that have received treatment, 3 have used MA and 1 may have had private insurance cover the costs.

Essential Components of the drug court-
A solid team of people who communicate together.
Structure!
Having support systems in place, such as jobs, apartments, and transportation available for these people.

Thanks!

Sara Seaquist
Office of Senator Carol Roessler
1-888-736-8720/ (608) 266-5300
Sara.Seaquist@legis.state.wi.us

Dsida, Michael

From: Seaquist, Sara
Sent: Tuesday, September 09, 2003 2:16 PM
To: Sappenfield, Anne
Cc: Dsida, Michael
Subject: Drug Court Update

Hi Anne,

I spoke with John Borquist from Dane Co. regarding the Dane Co. drug court (still waiting for LaCrosse co. to get back to me...). This is the information he gave me:

Funding- their total drug court budget is $440,000. Of that money, $120,000 is from the Federal Law Enforcement Block Grant Fund. $320,000 is from county taxes (property and sales). John said that there is not stiff competition for this grant- he believes many counties would be able to obtain this money.

MA and private insurance- they have not had much luck with this. He said that the number of people who have used MA or private insurance is "quite limited."

Essential components to drug courts (in his opinion):
1) have to have support from all levels of criminal justice. Dane Co. has an advisory committee that is comprised of the state public defenders, state probation and parole officers, sheriffs, city police departments, judiciary, etc. They all plan and carry out the drug court duties and have a dialogue with treatment providers.
2) has to be adequate funding from the county. There has to be a buy-in at the county level, financially.
3) common appreciation for courts and treatment and how each deals with drugs and alcohol. A common definition of what recovery means is critical.

Expungement- in Dane Co., they determine who will go into treatment at the plea hearing. They have to plea guilty. If they make it through a year (acutally, I need to double check on that) of treatment, the guilty plea is taken off their record.

Violent/Non-violent- some people who have received treatment do have a history of violent behavior somewhere on their record. They do not disqualify these individuals for treatment. However, if their immediate charge is a violent felony, then they will not have the opportunity to receive treatment.

Also, fyi...the followiing web address is where federal drug court grants are listed: www.ojp.usdoj.gov/fundopps.htm.

Let me know if you have any questions or comments. Thank you!

Sara Seaquist
Office of Senator Carol Roessler
1-888-736-8720/ (608) 266-5300
Sara.Seaquist@legis.state.wi.us

From: Lillian Radivojevich
To: Ritacca, Vincent
Date: 9/10/03 9:39AM
Subject: Funding for Alternatives to Incarceration

Vince,
I have done some research regarding your question of available funding for alternatives to incarceration. As per Andy Forsaith and Mark Resheske, there is no excess funding available for such a program. In order to fund this initiative we would have to carve funding out of existing programs funded by the Block Grant or the Drug Abuse Program Improvement Surcharge (DAPIS), or increase the DAPIS surcharge and apply the increase in revenue to this new initiative.

Substance Abuse Prevention and Treatment (SAPT) Block Grant - FFY 03 $25.9 million
The SAPT Block Grant provides funding for the development and implementation of prevention, treatment and rehabilitation activities directed to substance abuse. As per federal regulations, 70% of SAPT Block Grant funds must be expended on alcohol and/or drug abuse services, 20% of the funds must be used for primary substance abuse prevention activities and at least 10% must be available for substance abuse treatment services for pregnant women and women with dependent children. Approximately 46% of the SAPT Block Grant is provided to counties through the community aids program. The remainder of the funds are allocated to programs funded through the Department of Health and Family Services as well as programs administered through the Department of Corrections. No state match is required for SAPT Block Grant funding however, federal regulations require state expenditures, for substance abuse activities, for the most recent year, to at least equal the average annual state expenditures for the two prior years. Attached is a spreadsheet that details programs funded by the SAPT Block Grant.

Drug Abuse Program Improvement Surcharge (DAPIS) - SFY 03 $1 million
Persons convicted of controlled substance related offenses, as identified in Chapter 961 of the statutes, are assessed a surcharge of 50% of the applicable fines and penalties. Revenue from this surcharge is transferred to the Department of Health and Family Services for programs providing substance abuse prevention, intervention and treatment services. See attached spreadsheet for detail of DAPIS funding.

If you require additional information, please let me know.

Lillian Radivojevich
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Division of Disability & Elder Services
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(608) 267-7306

CC: **Allen, Joyce; Lang, Keith; Levenick, Greg; Payne, Valerie**

From: White, Douglas DPI
To: Ritacca. Vincent
Date: 9/9/03 2:15PM
Subject: RE: DPI ATOD and violence programs

Vince, corrections below. Doug

-----Original Message-----
From: Ritacca, Vincent
Sent: Tuesday, September 09, 2003 9:25 AM
To: White, Douglas DPI
Cc: Lang, Keith; Payne, Valerie
Subject: Re: DPI ATOD and violence programs

Thanks Doug: I added in the amounts for each program area that is my recollection of what you mentioned to me by phone. Are the amounts correct and am I correct in thinking they are annual budget amounts, not biennial amounts? Please confirm which they are. Thanks again. Vince Ritacca 266-2754/cell # 235-9670

>>> White, Douglas DPI 09/08/03 12:25PM >>>
Vince,
Per your request here is a brief description of the two programs we discussed related to information you are gathering for Senator Roessler and the State Council on AODA. Given her interest in treatment as an alternative to incarceration, these programs are of very limited relevance, since they support prevention and early intervention.

Alcohol and Other Drug Abuse (AODA) Program
$6.8 million/year. The Department of Public Instruction's (DPI's) AODA program, first authorized under Chapter 331, Laws of 1979, is designed to help local school districts utilize their staff and program resources to develop comprehensive AODA programs. The DPI provides assistance to school districts to develop comprehensive AODA programs which encompass both prevention and intervention services. Prevention programs are designed to help students avoid or minimize future problems related to alcohol and other drug use, while intervention programs are designed to help students who are already experiencing problems. Resources are provided to districts in four general categories: training, technical assistance, information dissemination, and grants. In 1988, the Department formed the Wisconsin Alcohol, Tobacco, and Other Drug Education Network (WATODEN) which operates through the combined efforts of DPI and facilitators hired by the twelve regional CESAs. The Network facilitates the department's efforts to accomplish many legislated responsibilities.
http://www.dpi.state.wi.us/dpi/dlsea/sspw/aodaprog.html#aodagrant

Safe and Drug-Free Schools and Communities Program
$6.5 million/year. The reauthorized Elementary and Secondary Education Act, also known as the "No Child Left Behind" act, includes the Safe and Drug-Free Schools and

Communities program as Title IV-Part A. The purpose of this part is to support programs that prevent violence in and around schools, prevent the illegal use of alcohol, tobacco and drugs, and are coordinated with other efforts in order to support student academic achievement. Safe and Drug Free Schools and Communities continues to provide funds to local education agencies based on a formula and to the Governor's Office or designee for discretionary grants. The funds may be used for a variety of activities as part of a comprehensive plan for drug and violence prevention. Funds must be used consistent with the principles of effectiveness involving: an assessment of objective needs data; use of performance measures; basing programs on scientific research about needs and prevalence of drug use and violence. http://www.dpi.state.wi.us/dpi/dlsea/sspw/safedrgfr.html

Douglas White, Director
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Wisconsin Department of Public Instruction
P.O. Box 7841
Madison, WI 53707-7841
608-266-5198
fax 608-267-3746
www.dpi.state.wi.us/dpi/dlsea/sspw/index.html

CC: **Fernan. Steven DPI**

From: "Dennis D. Embry" <dde@paxis.org>
To: "Carol Roessler" <sen.roessler@legis.state.wi.us>, "Sara Seaquist" <Sara.Seaquist@legis.state.wi.us>, "Vince Ritacca" <ritacvj@dhfs.state.wi.us>
Date: 9/6/03 2:06PM
Subject: Possible funding from the "access to recovery"

Dear Senator Roessler and others:

If you recall, I mentioned that there are sources of funds that may become available. One of them is the ³access to recovery² system proposed by the President.

http://www.samhsa.gov/budget/content/2004/gpra/gpra2004-37.htm

The last info I have on the bill status for that is a report from NASADAD :

http://www.nasadad.org/Departments/PublicPolicy/Analysis04.htm

Please note that one of the ranking persons on the House Appropriations committee is Rep. David Obey of Wisconsin. It might be appropriate for the State Council to enlist his support, since he voted in favor of the bill. The Senate did not include such funds.

We may wish to contact Wisconsin Senators on this, too.

Dr. Dennis D. Embry
President/CEO
PAXIS_ Institute
National Leaders in Science into Practice,
Promoting Productivity _ Peace _ Happiness _ Health
PO Box 68494, Tucson, AZ 85737
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Either or/both

Combined

TAP	DRUG COURT

REFERRALS

Court approval of TAP as part of sentence disposition or by approval of probation agent if an alternative to revocation agreement

District Attorney's office decision for case disposition

TYPE OF DIVERSION

Sentence Alternative/ county jail sentence reduction or Formal alternative to revocation

Either/or Both

Deferred Prosecution or
Reduction of conviction and/or penalty

TYPES OF CHARGES

Criminal Traffic (OWI, 3rd offense or greater)
Drug Charges (possession, prescription fraud)
Property Crimes (theft, burglary, forgery)
Battery, Disorderly conduct

as determined local

successfully completed program

Drug Charges (possession, prescription fraud)
Property Crimes (theft, burglary, forgery)
Disorderly conduct/resisting (nonviolent-misd)

LEGAL INCENTIVES

Reduction or elimination of jail time
Avoid county jail or state prison time or alternative to revocations

Also Both Either

Dismissal of charge
Reduction of charge or reduction of penalty

PROGRAM LENGTH

Six months

Variable Length (minimum of nine months and up to two years)

to be determined local

TARGET GROUP

Persons who are abusing or addicted to AOD's
Treatment indicated

AODA Education for non problem users
Treatment for those abusing or addicted

Basic specifics to be determined Local

REPORTING TO CRIMINAL JUSTICE SYSTEM

Program Coordinator responsible for notifying court on eligibility status of referrals, admission to the program and status at discharge. Procedures in place for authorizing jail releases, returns to custody. Notification procedures in place with CJS for informing TAP of new arrests and warrants for active participants.
On ATR cases, TAP works directly with agents through reports, immediate notice of program violations, joint case reviews and case planning.

Court maintains judicial oversight of program. Program participants attend regularly scheduled court reviews to monitor progress and compliance. Court imposes sanctions or recommends termination if necessary. Written reports are submitted to court by program staff. Program Coordinator participates in the court case and scheduling of impromptu reviews as needed.

WRITTEN EVAL — Science base.
Bullfrog Eval

AFC Background Spoke people

municipalities
& Co's ... ready

Combine ... Fringe Rain eg
& Salary

Mtg notes
from
Allen Buechel
Mtg
Sara

freeze wld ...
2004 ...

Med vis ... -800,000 Dns
Cost

Levy's driving levy M Care last 3 yr.

Gary Pucker Diversion
Jail

Within current law

24 Urine
day

Wrist Bands & monitoring
Day Reporting.

Diverted to postpone day need to build

Ship 40-50 - inmates to another facility longterm.

45-50 per day contract ($2,000 day = 200,000+ /yr)

Build capacity

300,000 500,000 debt serv.

Allow Co. to run own Probation

all 5 Sentence ... in jail

Programs

Prog ... mngt

Judges

Day Reporting
Monitoring

Judges can structure just like

State

Sara Check w/ Mike Dysstra

Carol

Build this into our drafts...

AOAPSA Meeting 10/6/03

- Bill must include language that allows counties to use bracelets. Also, house arrest?

- Have expungement after a minimum of three years.

- Language: "post- conviction intermediate sanctions that are packaged to include both treatment opportunities with intensive and creative community monitoring supervision strategies."

- Language: "adequate and appropriate AOD treatment for persons who are incarcerated. In addition, there needs to be pre-release planning, post-release continuum of care, and help for the inmate in structuring a healthy post-release social network."

- Maybe add- Language: "gradual rewards for offenders who successfully participate in treatment and monitoring programs as well as a measured and appropriate response to relapse that encourages both continued recovery and self-report."

- Language: "each case should be carefully assessed by an addictions treatment professional and matched to the appropriate treatment."

- Language: "all inmates of jails and prisons should be screened for addictive disorders and treatment should be provided for all who are found to be suffering from these disorders."

- Need language relating to having "appropriately trained personnel conduct screening."

for program participants not persons in jail

10/6/03

Give Counties option to use home detention, brackets

DHFS House grant program

11/7

Who gets the grant? County

DHFS in consultation w/DOC

Simple

- Probation ~~alternatives~~
- Alternative to revoke

Program/Svcs offenders offense

DOC work w/county

Prob. off.

Legislative Fiscal Bureau
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November 12, 2003

TO: Senator Carol Roessler
Room 8 South, State Capitol

FROM: Paul Onsager and Yvonne Onsager

SUBJECT: Federal Byrne and Local Law Enforcement Block Grant Funds

At your request, this memorandum provides information on the possible use of federal Byrne and Local Law Enforcement Block Grant (LLEBG) funds in the 2003-05 biennium to support activities such as drug courts or a diversion program for non-violent offenders. This memorandum provides background information on these federal programs, discusses the permissible purposes for which these funds may be expended, and discusses the possible availability of these funds during the current biennium. This memorandum also discusses the availability of intoxicated driver program surcharge revenue funds during the biennium.

Edward Byrne Memorial State and Local Law Enforcement Assistance Program

Background. The federal Byrne grant program was established under the Anti-Drug Abuse Act of 1988. The Department of Administration's Office of Justice Assistance (OJA) administers the Byrne grant program. Up to 10% of a given Byrne grant award may be used for state administrative purposes. (OJA was budgeted 3.6% of the federal fiscal year 2003 award for administration.)

After deducting amounts for administration, the remaining Byrne grant award is distributed to state and local units of government. Federal law requires that Byrne grant funding be distributed to local units of government in proportion to their share of total criminal justice expenditures. After deducting for the expenses of OJA administration, at least 61.5% of the remaining Byrne allocation must be passed to local units of government.

Federal Byrne funding includes a 25% match requirement. The state uses penalty assessment revenues to fund both the 25% match for state programs and a 15% match for local programs. The

remaining 10% match for local programs must be provided by local governments (in the form of either local funding or in-kind contributions).

In 2003-04, OJA has been appropriated $2,367,900 PR in penalty assessment revenues to match $9,870,100 in federal Byrne funds. In 2004-05, OJA has been appropriated $2,235,400 PR in penalty assessment revenues to match $9,472,600 in federal Byrne funds.

Permissible Uses of Byrne Funds. Byrne grant funds may be used to enforce state and local laws and to improve the functioning of the justice system, with an emphasis on programs relating to violent crime and serious offenders. Grants can support additional personnel, equipment, supplies, training, technical assistance, and information systems in the following relevant purpose areas: (1) programs to identify and meet the treatment needs of adult and juvenile drug- and alcohol-dependent offenders; and (2) programs to provide alternatives to detention, jail, and prison for persons who pose no danger to the community.

Available Funding During 2003-05. Under the enrolled 2003-05 biennial budget bill, as passed by the Legislature, the Legislature redirected certain state penalty assessment funds and associated federal Byrne funding appropriated to OJA during the biennium. During the Legislature's review of the biennial budget, it was identified that DOA had provided double funding for OJA administrative costs in the net amount of $142,700 PR and $428,100 FED annually during the 2003-05 biennium. The Legislature reallocated these funds to offset a portion of the prosecutor position reductions recommended by the Governor. In signing 2003 Wisconsin Act 33 (the 2003-05 biennial budget act), the Governor vetoed the creation of these additional prosecutor positions but did not delete the availability of the associated Byrne and penalty assessment funding. In his veto message the Governor indicated that, "vetoing this provision will give the Office of Justice Assistance more flexibility to use these penalty assessment matching funds and associated Byrne funding for other crime prevention and law enforcement programs and initiatives."

OJA staff, consistent with the Governor's veto message, consider these funds nearly completely committed during 2003-05 to "other crime prevention and law enforcement programs and initiatives." As a result, OJA staff have not identified these funds totaling $570,800 annually as being available to support drug courts or a diversion program for non-violent offenders during the current biennium. Under Act 33, however, these funds have not been appropriated by the Legislature for any specific purpose (unlike the remainder of the state penalty assessment matching funds and associated Byrne funding). Consequently, these residual funds could be viewed as available for other purposes of the Legislature's choosing.

Also under Act 33, $430,200 annually was appropriated in state penalty assessment matching funds and associated Byrne funding ($71,700 PR and $358,500 FED) to the Governor's Commission on Law Enforcement and Crime (GLECC) for special projects. These amounts are not specifically allocated to any local project, but are typically distributed over the biennium in accordance with determinations made by GLECC. The rationale for this approach has been that

distributing generalized funding permits GLECC and OJA to subsequently identify and respond to unanticipated needs or challenges during the course of the biennium.

OJA staff view these resources as committed to GLECC and unavailable for other purposes. However, since these resources have not been earmarked to any particular local project, these funds could be viewed as an additional potential resource available to the Legislature for drug courts or a diversion program for nonviolent offenders.

Local Law Enforcement Block Grant Program

Background. The Local Law Enforcement Block Grant (LLEBG) Program was created under the Local Government Law Enforcement Block Grants Act of 1995. LLEBG funds are allocated by a formula based on Part I Violent Crimes as reported in the Federal Bureau of Investigation's Uniform Crime Reports. Local units of government receive awards directly from the federal government (where the award amount under the formula is at least $10,000). The federal government also makes LLEBG awards to state governments for the benefit of local units of government who do not qualify for direct awards under LLEBG.

Permissible Uses of LLEBG Funds. The LLEBG Program provides funds to local units of government to fund projects that reduce crime and improve public safety. LLEBG grant funds may be utilized to establish or support drug courts.

Available Funding During 2003-05. Under s. 16.54(2)(a)2, of the statutes, the Governor may not administer and OJA may not encumber or expend the federal fiscal year (FFY) 2003 and 2004 LLEBG awards during 2003-05, until the Joint Committee on Finance has reviewed the proposed plan for their expenditure under a passive review procedure. While OJA's proposed expenditure plan for the state LLEBG award will typically fully commit the available funds to various projects, the Joint Committee on Finance would have the authority to review and make funding allocation changes to this plan.

It is anticipated that the Committee will soon receive the Governor's LLEBG expenditure plan for the FFY 2003 award of $521,084 FED. While it might prove difficult to utilize the FFY 2003 LLEBG award to fund a diversion/drug court proposal since the proposal is still in the development phase, it may be more feasible to look to the FFY 2004 LLEBG award for this purpose. To the extent that the Governor and the Joint Committee on Finance believe that such a proposal should be a priority use for scarce LLEBG funds, FFY 2004 LLEBG award monies could be diverted to this purpose.

Intoxicated Driver Program (IDP) Surcharge Revenue

At the November 5, 2003, meeting regarding funding for alternatives for incarceration and treatment services, Sinnika Santala, the Administrator of the Division of Disability and Elder Services in the Department of Health and Family Services, referenced $600,000 PR in IDP

surcharge revenue. These funds were not allocated in 2002-03 and are therefore available. However, as noted in the Department's written summary of funding sources for the November 5th meeting, DHFS plans to lapse this revenue to the general fund to meet its lapse requirement under Act 33. The Department's total lapse requirement for 2003-04 is $4,262,900 and a reduction of 4.20 positions.

On November 10, 2003, DHFS submitted its 2003-04 lapse plan to the Department of Administration (DOA). This plan includes lapsing $600,000 PR in IDP surcharge revenue. The plan is not subject to review by the Joint Committee on Finance. DOA has not determined when the plan may or may not be approved, but if the plan is approved, the excess IDP surcharge revenue would not be available for other uses.

We hope this information is of assistance.

PO/YMO/lah

Wisconsin Department of Health and Family Services

Funding Opportunities for Proposed Alternative to Incarceration Legislation

Presently Senators Roessler and Moore are proposing the introduction of Legislative Bills which would provide counties an opportunity to develop AODA treatment alternative programs as a means of reducing Wisconsin's Department of Corrections prison population.

Following is a brief description of possible funding sources that may support in whole or in part the proposed legislation.

Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Wisconsin Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

Federal fiscal year 03 Wisconsin SAPTBG amount, $25,877,350. Wisconsin's SAPTBG funds used to fund AODA public prevention and treatment programs in WI are obligated and unavailable.

Intoxicated Driver Program (IDP) Surcharge

IDP surcharge was established in 1982 (s. 343.30(1a)(e), stats.) Counties retain 61.5% of the surcharge with 38.5% or $3.7 million directed to the state. From the state's portion, DHFS is allocated $1,000,000 for emergency grants to counties that need revenue to cover treatment costs that exceed local surcharge funds.

At the end of FY 03, approximately $600,000 of the state's portion of the IDP surcharge was not allocated for a specific purpose. The Department intends to lapse this revenue to meet the DHFS portion of the 2004 Act 33 lapses. Several agencies that include the Departments of Transportation, Justice, Public Instruction, and Health and Family Services, and the State Laboratory of Hygiene, receive funds from this appropriation. Historically, this appropriation has generated excess revenue and as future balances accrue, this could be a possible funding source.

The recent passage of .08 legislation may offset future surcharge funds collected, as there is no surcharge for those convicted of .08 to .1 Prohibited Alcohol Content (PAC).

Increasing the IDP Surcharge may be an option but would require legislative action. Raising the surcharge may also increase the number of individuals not paying the surcharge and thus decrease the total collected.

Drug Abuse Program Improvement Surcharge (DAPIS)

DAPIS is contained in s. 961.41(5). The statute mandates that courts imposing a fine for a violation of this section shall also impose a surcharge in an amount of 50% of the fine and penalty assessment imposed.

DAPIS funds are to be utilized in accordance with s.20.435(6)(gb) which indicates funds are to be expended on programs providing prevention, intervention and treatment for alcohol and other drug abuse problems.

Presently there are no unobligated DAPIS funds, but the Legislature could consider raising the surcharge and dedicating a portion of the DAPIS funds to support the proposed ATI legislation.

Federal Competitive Grant Opportunities

US Department of Justice
Bureau of Justice Assistance
Drug Court Discretionary Grant Program

Overview:
The Drug Court Discretionary Grant Program (DCDG) provides financial and technical assistance to states, state courts, local courts, units of local government, and American Indian tribal governments to develop and implement treatment drug courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders. Programs funded by DCDG are required by law to target nonviolent offenders and must implement a drug court based on 10 key components.

The DCDGP is available on a competitive basis yearly. Presently Monroe and LaCrosse counties have DOJ implementation grants. Ashland and Sawyer counties have drug court planning grants which prepare jurisdictions to apply for implementation grants.

This is an ongoing competitive grant process available to states and local jurisdictions. In FFY 03, $45 million was available nationwide.

Access to Recovery AODA Treatment Voucher Grant Program

Background:
President Bush in his State of the Union address announced the $600 million Access to Recovery AODA treatment voucher program. $200 million is included in SAMHSA's budget still being deliberated in Congress. Center for Substance Abuse Treatment (CSAT) officials have indicated they are hopeful that at least approximately $100 million will be approved by Congress for FFY 04. Governor's offices would be able to apply and create flexible approaches that target specific populations based on the principles of consumer choice; results oriented programs and increased capacity.

In anticipation of these funds becoming available, Wisconsin could begin to discuss a proposal, which would support the ATI proposals and meet the Access to Recovery guidelines.

Wisconsin Treatment Alternative Program
November 3, 2003

The Treatment Alternative Program (TAP) was conceived and recommended by a task force on drugs and crime, established by the Governor's State Council on Alcohol and Other Drug Abuse (SCAODA), and chaired by Senator Walter John Chilson. Their 1987 report set the stage for SCAODA's recommendation to create an alternative to incarceration program for certain substance abusing offenders which would be modeled after the nationally successful Treatment Alternatives to Street Crime (TASC) program.

TAP was included as a part of 1987 Act 339 and became s.46.65, Stats. Based on legislative intent, the TASC model, TAP Request for Proposal (RFP) and DHFS Administrative Rule 66, the goal of TAP is to break the substance abusing offender's drug/crime cycle through the use of an intensive case management/treatment model and systems collaboration which "bridges" the gap between the criminal justice and alcohol and drug treatment systems.

TAP's emphasis on coordination and collaboration between the two systems has been highlighted by the U.S. Department of Justice and the U.S. General Accounting Office as cornerstones of successful strategies when intervening with substance abusing offenders.

In addition to the emphasis on the coordination and collaboration between the criminal justice and AODA systems, TAP also emphasizes great flexibility for local jurisdictions when it comes to who a jurisdiction wants to target. TAP is designed to accept clients any where on the criminal justice continuum from the point of arrest to alternative to revocation (ATR).

TAP acknowledges community concern for public safety and accountability while emphasizing therapeutic relationships for changing behavior. TAP's case management/ treatment model includes identification, assessment, appropriate placement matching for AODA treatment, attention to "criminal thinking," client monitoring including random urinalysis and breathalyzer testing.

TAP programs also address client needs in areas of employment, education, housing, transportation, childcare, anger management and other life skill areas as needed. As TAP has evolved over the last fourteen years, it has had to provide for the increasing number of clients who are dually diagnosed or presenting with co-occurring mental disorders. In some cases this can run as high as 80% of a caseload. As originally conceived, TAP was not funded to address this level of dually diagnosed clients. With no increase in funding since 1992 this has become a larger burden on the local jurisdictions operating TAP programs.

Over the past twelve years the state Office or Bureau of Substance Abuse Services has forwarded budget DINs of approximately $1 million dollars for each biennial budget consideration to either enhance or expand TAP to other jurisdictions. To date, the DINs

have never been a part of Legislative Budget discussion. In part these were developed based on the independent evaluation of TAP conducted by the University of Wisconsin Center for Health Policy and Program Evaluation. It concluded that TAP significantly reduced recidivism for those completing the program compared to those not completing the program. The CHPPE evaluation also concluded TAP completers were more likely to stay out of legal trouble longer.

In addition CHPPE analyzed the cost effectiveness of TAP and reported results which support the conclusion that diverting certain jail/prison bound substance-abusing offenders into TAP is cost effective.

Three TAP programs were funded from the original TAP RFP. They are located in Dane, Rock and Eau Claire Counties. No other counties have TAP Programs.

Dane County TAP

In Dane County, TAP is administered by the Dane County Department of Human Services and is an integral part of a complex and integrated system of care. By virtue of its program design it has established a solid coordinated and collaborative relationship with the criminal justice system in Dane County.

Dane County TAP's budget for CY 2002 was:

$373,200	DHFS TAP Addendum to State/County Control
$139,100	State Community Aids (16%) County Tax Levy (84%)
$ 24,600	AODA Block Grant
$536,900	Total TAP Budget

It is important to note that the TAP budget does not fund all of the County services TAP clients received. A large proportion of TAP AODA treatment services are provided by AODA vendors based on certain priority given to TAP clients. For the close to 70% of TAP clients that are dually diagnosed with a mental disorder TAP funds do not cover the costs of providing psychotherapy or medication costs.

Following is an approximate breakdown of what the TAP funds support:

1 TAP Program Coordinator
1 TAP Support Staff
¾ TAP Clinical Assessor
2 Male Case Managers
1 Female Case Manger
A portion of AODA Day Treatment expenses
1 ½ beds at Tellurian Community AODA Residential program
A small portion of Hope Haven residential program

Family Service funding to serve 30-35 males in their alternatives to aggression domestic violence program.

Dane County TAP, since it is county administered, has access to a number of county vendor agency services not supported by the TAP budget directly.

A partial list of those agencies and services include:

- Mental Health Center of Dane County – AODA outpatient services. Approximately 79% of TAP clients are assessed to need this level of services mental health psychotherapy and psychotropic medications
- Rebos House – Supported housing
- Colvin Manor – Supported housing
- Tellurian Community Family Transition Services

- In addition, Dane County TAP can access a state grant funded women's treatment program at ARC Community Corrections, Inc. called the Center for Women and Children. TAP case managers also routinely refer clients to private mental health providers and agencies that address needs of education, employment, transportation, parent training, etc.

In 2002, Dane County TAP considered 50 clients to be full census. They averaged 5 clients on a waiting list at any one time. Dane County TAP received 52% of their referrals from the judiciary as a sentence alternative for 3rd and 4th time operating while intoxicated (OWI) charges. Following this group are battery/disorderly conduct/robbery at 15%, drug offenses at 12%, and property crimes at 18%.

While 96% of the admissions to TAP are as sentence alternatives, 4% are for formal ATR admissions with TAP as an alternative to jail or prison.

Dane County TAP is considered a six-month program. Once in the program clients may start out with four or five check ins per week with their case manager including random urinalysis and breathalyzer testing. As clients progress in treatment the monitoring decreases accordingly. In comparison intensive check in for state probation clients in Dane County is considered 2 times per month.

Approximately 50% of Dane County TAP clients enter with a formal diagnosis of a mental disorder along with their substance use disorder. By the time clients are discharged 70% are diagnosed with a dual disorder. Diagnoses include adult attention disorder, depression, anxiety, posttraumatic stress disorder, bi-polar disorder, Schizophrenia and disassociative disorder. It is common for clients, based on waiting lists, to have to wait months before seeing a psychiatrist. In addition, close to 25% of all clients are referred to Family Service for domestic violence alternatives to aggression treatment.

With one of the primary goals of Dane County TAP being jail diversion, in 2002 TAP averaged 116 jail days diverted per TAP completers or 7,998 days total.

Given the large number of multiple OWI offenders admitted to Dane County TAP, the demographics are different than either Rock or Eau Claire TAP. Dane County TAP clients are 63% Caucasian males, 22% Caucasian females, 10% African American males, 2% African American females, 1% each for Hispanic males and females and Native American and Asian. Approximately 80% are 26 to 40 years or older in age. Eighty-five percent (85%) have at a minimum a high school education or better. Alcohol is the primary drug of choice at 79% followed by cocaine and marijuana. Twenty-six percent (26%) are on Department of Corrections probation or parole status. Sixty-eight percent (68%) are employed with 32% unemployed. Sixty percent (60%) live with either their spouse or partner or relatives, 22% live alone with 7% being homeless.

In 2002, of 106 clients discharged, 66% successfully completed the program while 32% were terminated. Successful completion in Dane County TAP equates to:

- Maintaining sobriety for 3 months
- Having stable housing
- Having community supports and connections (75% of those completing TAP continue on with ongoing after care as outlined in their discharge plan)
- No new criminal arrests
- Completion of criminal cognitive intervention programming

Of the 32% that are terminated from the program, 41% are for new crimes, 32% for failure to comply with program requirements and 27% for absconding.

Case managers report that of the thousands of random urinalysis and breathalyzer tests, 90% are negative.

One of the strengths of TAP is the coordination and collaboration between the criminal justice and AODA systems. In Dane County this is very evident by a number of activities. TAP has monthly service provider meetings, which include anyone involved with TAP. This group acts as a policy and procedures committee and deals with TAP Project system issues. This group evolved out of the original TAP Advisory Committee in Dane County.

On a weekly basis there are case reviews by both male and female case managers and the TAP Program Director. Case managers are also in weekly contact with all the treatment providers and more often based on service agreements and procedures to inform all involved of clients' positive UA's, non attendance or compliance issues. The Program Director also mediates, on a case-by-case basis, issues between case management, treatment and probation and parole.

The Program Director meets at least annually with the major criminal justice entities including judges, DA's office, Public Defender's Office, criminal defense bar section and sheriff's office. Communication is maintained between TAP and the referral sources by

sending admission letters, list of services to be provided, monthly reports and discharge summaries in addition to automatic notifications of negative UAs and no shows.

While there has been no official recidivism study since the CHPPE evaluation of TAP, in Dane County one can get an unofficial snapshot of recidivism by looking at the Dane County Drug Court Treatment Program (DCTP). While there are many differences as far as admission criteria and the intense involvement of the Drug Court Judge, case management services and treatment planning is built on the TAP infrastructure within Dane County.
As of June 30, 2003 104 Dane County DCTP graduates who had been out of the program for a year or longer recidivated at a rate of 22%. Seventy eight percent (78%) had not been re-arrested. By comparison, an equivalent group of Dane County DCTP participants who didn't graduate were re-arrested for a recidivism rate of 65%. Another comparison group was individuals referred by the DA's Office as eligible for Dane County DCTP but refused to participate had a recidivism rate of 43%.

Rock County TAP
TAP in Rock County is provided by Rock Valley Community Programs, Inc.

TAP's budget is $322,563, which is the DHFS grant amount to Rock County which subcontracts with RVCP, Inc. to administer TAP.

Rock Valley TAP staff includes:

- 4 AODA Counselors/Case Managers
- 1 Clinical Director
- 1 Program Assistant and
- 2 hours every other week of medical consultation from a Certified Addiction Psychiatrist

In Rock County TAP is certified by DHFS as both an Outpatient and Day Treatment level AODA service.

Rock County predominately uses TAP for Department of Corrections probation and parole referrals as a final attempt at treatment. For a number of clients this is their last opportunity before being revoked and sent back to prison. In 202, 80% of TAP referrals were from DOC P/P. Eighteen percent (18%) of referrals were from Rock County's Intoxicated Driver Program (IDP) and for individuals with multiple OWI charges. Approximately 2% of referrals were from other CJ entities either the judiciary or Sheriff's Department.

TAP clients are considered the most severe cases in Rock County. They have usually had 2 or 3 previous AODA treatment failures with some having been in every treatment program in the area before. Rock County's AODA and Mental Health Coordinator has shared his belief that RVCP TAP is the best AODA program in the county.

The typical client has an extensive substance abuse and criminal history. Most start using at an average age of 11 and drop out of school by 10th grade. Most have no job history or, at best, job histories of no more than two months at a time other than dealing drugs to maintain their addiction. Most have burned all family and peer relationships. Drugs of choice include marijuana, cocaine and prescription drugs along with abuse of alcohol by 95% of clients. Eighty two percent (82%) of clients are 18-40 years old; 25% of clients are individuals of color; 80% are male and 20% are female.

Most (75-80%) are diagnosed with a co-occurring mental disorder that has gone untreated. The mental disorder diagnoses include bi-polar, depression, anxiety, and posttraumatic stress disorder. As a part of the case management service, clients are referred to mental health professionals and monitored during their treatment experience in TAP. TAP takes advantage of free health clinics and other publicly funded mental health agencies for TAP clients' mental health treatment. Additionally many clients have other health diseases such as high blood pressure, diabetes, dental and pain disorders that TAP must address within their comprehensive individual treatment plan.

As a part of the screening and assessment, all clients are administered the Wisconsin Uniform Placement Criteria. Many begin treatment in an outpatient level but as treatment progresses and the Wisconsin UPC needs and assets are scored, between 80-90% of clients end their treatment in the day treatment level of service.

In addition, the staff case manage the myriad of client problem areas which profoundly impact one's recovery from substance abuse and dependence. These areas include employment, education, health needs, stable housing, transportation, parenting and social skills training plus cognitive interventions to deal with the criminal thinking.

During 2002 close to 900 random breathalyzer and urinalysis tests were administered.

- 82% of P/P clients were negative for any illegal drug
- 86% of IDP clients were negative for any illegal drug
- 99% of P/P clients were negative for alcohol
- 100% of IPD clients were negative for alcohol

TAP is viewed as the program that treats the most complex and most resistant clients in Rock County.

In many ways RVCP TAP clients are so dysfunctional that TAP isn't considered a rehabilitative program but a habilitative program.

TAP clients average six months in treatment. A full census for Rock Valley TAP is 35.

TAP's criteria for success includes:

- 90 days of abstinence from drugs or alcohol
- No new criminal charges
- Employment, school enrollment or waiver based on disability and
- Completion of treatment goals

In 2002, using these criteria with the most complex clients, Rock Valley TAP had a successful completion rate of 27%. While this number is lower than both Dane and Eau Claire, it must be noted that the client demographics are vastly different. Additionally, in the case of Rock Valley TAP their clients significantly lack some of the conditions which are positive predictors of success. Those are familial or peer support, education, employment or work skills and stable housing.

Those factors coupled with long extended substance abuse, mental disorders, and criminal behavior including cognitive criminal thinking pose a significant challenge to RVCP TAP when dealing with their clients.

RVCP TAP has an excellent relationship with DOC P/P and during 2002 averaged over 40 clients on a waiting list at any one time.

RVCP TAP coordinates and collaborates with Department of Corrections probation and parole and Rock County Intoxicated Driver Program staff extensively. TAP assessors provide assessments at DOC P/P offices in Beloit and Janesville weekly. DOC P/P agents and Rock County IDP staff are very much a part of all client staffings and treatment planning including ongoing discussions of issues that necessitate joint resolution.

Eau Claire TAP

The Eau Claire TAP program is administered by Triniteam, Inc. through a contract with Eau Claire County Human Services Department.

The TAP program has operated since 1989.

It has evolved to meet the needs of the community criminal justice and AODA systems. The grant funds from DHFS have remained the same since 1992 at $241,830. This accounts for approximately 95% of Eau Claire Tap budget. The remainder comes from client fees of $175.00, which accounts for approximately $15,000. Triniteam also provides drug testing for a number of agencies in the area and a very small portion of that revenue goes to the TAP budget.

Presently the TAP staff consists of:

- 1 Program Director certified
- 1.6 Certified AODA Counselors
- 1 Case Manger
- Part Time Clinical Supervisor
- Part Time medical Consultant
- ½ Support staff

Eau Claire TAP is certified by DHFS for outpatient AODA treatment service.

The demographic break down of clients is:

- 80% men

- 20% women
- 90-95% of clients are Caucasian
- Clients of color include Africian Americans, Native Americans, Hmong/Laotian and Hispanics

Eau Claire TAP is a 6-9 month program and considers full census at 34. Additionally in 2002, Eau Claire TAP staff saw 10-15 clients in after care above the 34 in primary treatment. They also averaged 20 clients on the waiting list at any one time in 2002. Eau Claire TAP has approximately 80 completers both unsuccessful and successful per year. With the successful completers averaging between 50-55% of the total group.

Eau Claire TAP successful completion is based on:

- No new criminal charges
- Abstinence from illegal drugs or alcohol
- Completion of individualized treatment plan
- Employment
- Improved living condition

As with many AODA programs and especially criminal justice AODA programs securing safe, drug free housing is a major issue. A number of Eau Claire TAP graduates are also underemployed.

Eau Claire TAP receives 95% of its referrals from Wisconsin DOC Community Corrections either as part of court order of supervision, ATR or client self request. The remainder of Eau Claire TAP clients come from the Eau Claire Sheriff's Huber facility.

In 2002 for all of the clients, both successful and unsuccessful, the outcomes reflected the following:

- There was a 77% reduction or elimination of both criminal behavior and substance abuse.
- Sixty six percent of clients either maintained or secured employment.
- For those where applicable 21% either maintained or entered an educational program.
- Only 38% were able to find safe drug free independent living arrangements. That left 62% living in a dependent or less than recovery supportive housing arrangement.

Approximately 35% of clients are on psychotropic medications for mental disorders such as depression, anxiety disorders, PTSD, and borderline personality. Similar to Dane and Rock County TAPs, Eau Claire TAP must refer out and rely upon other publicly supported mental health providers to meet their clients' mental health needs. In addition to the AODA treatment and case management Eau Claire TAP provides, they are also able to access a DOC funded Triniteam Day Monitoring Program for additional services. Seventy five percent (75%) of their clients receive anger management counseling and criminal thinking cognitive interventions counseling from the Day Monitoring Program.

Twenty five percent (25%) also receive victim impact services.

In 2002 nearly 3,000 random UA's and Breathalyzer tests were administered. Nearly 80% of test results were negative.

Eau Claire TAP administers a client satisfaction questionnaire at discharge. Ninety to one hundred percent (90-100%) of feedback is very positive. Ninety percent (90%) indicated they would return to TAP if they needed help again.

Eau Claire TAP has attempted to do 3, 6, 9 and 12-month follow-up outcome surveys of clients. Forty percent (40) returned the voluntary self-report survey. In 2002, 40% indicated they had relapsed at some level. Twenty percent (20%) were still receiving treatment and 20% had been rearrested. Again while not an official evaluation, it does give a picture of the continuing positive impact of the Eau Claire TAP program.

As with both of the other TAPs, Eau Claire TAP has a very positive relationship with their primary criminal justice referral agency, Department of Corrections probation and parole. P/P has assigned a liaison agent who is actively involved with TAP clients from referral to discharge. The P/P TAP liaison agent along with other community services provider staff have long been a part of Eau Claire TAP's coordinated and collaborative programming.

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November 4, 2003

TO: Senator Carol Roessler
Room 8 South, State Capitol

FROM: Chris Carmichael and Yvonne Onsager

SUBJECT: Treatment Alternative Program and Drug Courts in Wisconsin

In an August, 1998, study entitled *Substance Abuse and Need for Treatment Among Arrestees in Wisconsin*, the authors estimated that over 65,600 adult arrestees need substance abuse treatment services. In addition, the study found that only 9% of adult arrestees (approximately 18,500 adults) were receiving treatment at the time of their arrest. Therefore, the study concludes that there is a gap between arrestees' need for treatment services and the provision of these services.

This memorandum provides information on two programs in Wisconsin that provide substance abuse treatment services to adults involved in the criminal justice system. These programs are the treatment alternative program (TAP) and drug courts.

Treatment Alternative Program

1987 Wisconsin Act 339 created and provided funding for 27 alternative community-based alcohol and substance abuse treatment pilot programs. One of these programs was the treatment alternative program (TAP) (s. 46.64 of the statutes). Under this program, the Department of Health and Family Services (DHFS) awards grants to three counties to provide alcohol or other drug abuse services, as a treatment alternative in lieu of imprisonment, for eligible individuals who need these services. DHFS allocates $937,600 ($196,300 GPR and $741,300 FED) annually in TAP grants to three counties: Dane, Eau Claire, and Rock. DHFS is required to make the grants so that the program serves a variety of geographic locations. The federal funding is available under the substance abuse prevention and treatment (SAPT) block grant.

Administrative code HFS 66 states that TAP consists of grants made by DHFS to local agencies to provide TAP services, including assessment and treatment services, to persons likely to benefit from those services who are referred from courts, law enforcement agencies, probation and

parole agents, and other parts of the criminal justice system. A person is eligible for treatment if he or she: (1) is involved with the criminal justice system as evidenced by a formal charge or diversion agreement, is charged with or convicted of a misdemeanor or a felony, or is currently or has previously been determined drug dependent as evidenced by the client's own testimony, medical or social histories from treatment agencies, a physical examination or a urinalysis or other laboratory test; (2) has given informed voluntary consent to participate, as evidenced by the person's signature on a written agreement to participate and to comply with TAP requirements, including the release of information for monitoring client participation and progress, that are detailed in the written agreement; and (3) if a parolee or probationer, under supervision of the Department of Corrections, is recommended as appropriate for participation by his or her probation and parole agent.

TAP is based on a national treatment alternatives to street crime (TASC) project and uses a case management model to serve participants. This includes identification, assessment, client monitoring (including urinalysis), and coordination of client-appropriate treatment services. TAP can divert eligible offenders from the criminal justice system at any stage in the legal process. It is a voluntary program that provides treatment and services for between six and nine months. TAP participants who violate the conditions of their criminal justice mandate or their TAP agreement return to the justice system for continued legal processing or sanctions.

In its December, 1993, evaluation of Wisconsin's TAP program, the University of Wisconsin Medical School, Center for Health Policy and Program Evaluation, found that "the strongest elements of the TAP model are case management and increased communication between the criminal justice system and treatment providers." The study found that 41% of TAP participants successfully completed the program, as defined by the TAP case managers at the time of discharge, though half of all admissions were determined by case managers to have either successful or somewhat successful outcomes, regardless of discharge status. In addition, the study found that individuals who complete TAP are significantly less likely to be rearrested than those who do not complete the program. Overall, of those who completed the program, 43% were rearrested in the 18 months following TAP and 74% of those who did not complete the program were rearrested within the same time frame.

The intent of implementing TAP was to: (a) reduce crowding in jails and prisons; (b) provide the justice system with offender information germane to policy development, program administration, as well as disposition to individual cases; (c) supply additional supervision of clients; (d) establish linkage with appropriate substance abuse treatment providers, increasing communication between the criminal justice and health care systems; (e) maintain continuity of care for those in community corrections; (f) reduce costs to the community; and (g) increase public safety by reducing criminal recidivism of substance abusing offenders.

The three TAP programs in Wisconsin are based on the same model, but are structured to meet the needs of each participating county. For example, Dane County contracts with community-based treatment providers to provide the case management and treatment services, whereas both Eau Claire and Rock Counties provide the case management and some of the treatment services to

participants in the program. The table in the attachment to this memorandum provides information on the three TAP programs.

Drug Courts

The National Association of Drug Court Professionals defines a drug court as "a special court given the responsibility to handle cases involving drug-using offenders through comprehensive supervision, drug testing, treatment services and immediate sanctions and incentives." According to the National Criminal Justice Reference Service, drug courts can vary in terms of structure, scope, and target populations, but generally share three primary goals: (a) to reduce recidivism; (b) to reduce substance abuse among participants; and (c) to rehabilitate participants. The Office of Justice Program's Drug Court Clearinghouse indicates that, as of September, 2003, there were 1,079 drug courts operating in the United States.

According to the Drug Court Clearinghouse, drug court programs currently operate in three Wisconsin counties: Dane, La Crosse, and Monroe. Information on each of these programs is provided below.

Dane County Drug Court Treatment Program (DCTP). In 1996, Dane County implemented a pilot program for a drug treatment court for ten offenders. In 1997, DCTP received a $393,833 federal grant from the U.S. Department of Justice's Drug Courts Program Office (DCPO) to implement a fully operational drug treatment court.

A 2002 study on Dane County alcohol and other drug abuse (AODA) treatment programs, entitled *AODA Program and Facility Study*, describes the Dane County drug court as a "pre-trial, pre-adjudication alternative program for drug abusing offenders. Drug Court is a single court to which non-violent drug offenders are referred for voluntary participation in a comprehensive rehabilitation program." The program is designed to: (a) reduce incarceration and criminal justice costs for defendants who present a low risk to public safety; and (b) provide defendants with the life skills necessary to reduce drug addiction and crime. To be eligible for the program, offenders must: (a) be a resident of Dane County; (b) have a drug problem; (c) be charged with a drug-related offense (other than operating while intoxicated); (d) not be charged with, or previously convicted of, any violent felonies or misdemeanors within the past three years, or certain drug trafficking offenses; and (e) voluntarily participate. Offenders may be referred to DCTP by defense attorneys, district attorneys, judges, the police, or the offender, but the District Attorney's Office makes the final eligibility determination. While the Dane County Human Services Department administers and oversees the drug court program, the DCTP judge places the offender in the program and has ultimate responsibility over individual cases.

The Dane County Mental Health Center's Clinical Assessment Unit provides project coordination, screening, and assessment services for DCTP. Subsequent to placement by the court in the program, participants are referred to either a treatment track or an education track, depending on individual needs. The treatment track "targets drug addicted offenders and provides court supervised individualized treatment through an intensive case management model" and lasts between nine and 24 months (usually nine months). Case management involves monitoring and

supervision, home visits, daily check-in, random urine testing, and assistance in areas such as housing, employment, childcare, education, and living skills. Treatment is highly individualized but may involve counseling/psychotherapy (individual, group, couple, family sessions), psychiatric and medical support services, and ongoing assessment. The education track "targets non-addicted individuals, generally first-time possession of marijuana, and includes participation in a 'brief intervention program,' which includes testing for drugs." Offenders participate in the education track for a minimum of six months. The education track includes education sessions and random drug testing.

Based on information provided by Dane County, the per participant costs in 2003 for the drug court were: (a) $927 for education services and for outpatient treatment services (average cost); (b) $2,925 for day treatment services; and (c) $4,092 for residential treatment services. In addition, it is indicated that case management services of $1,658 apply to each participant, except for participants in education services. According to the 2002 AODA program study, DCTP is funded through the Human Services with Dane County tax revenues, city and county law enforcement block grants, and client fees and donations. Total program costs for DCTP in 2003 are $504,243 as follows: (a) $316,543 from county levies (property tax and sales tax revenues); (b) $56,700 from community aids allocations; (c) $75,000 from a city law enforcement block grant; and (d) $54,000 from a federal law enforcement block grant. To the extent that client fees (paid directly to treatment providers) and donations are collected, these amounts would offset amounts received from county levies. Daily program costs averaged $17.78 per participant.

According to the 2002 AODA program study, approximately 83% of admissions are for the treatment track and 17% are admitted for the education track. As of June 30, 2003, 64 participants were in the treatment track and 15 participants were in the education track. Since 1996, a total of 585 offenders have participated in DCTP with 312 graduations.

In March, 2001, Dane County conducted a study of recidivism rates for drug court participants. According to the study, out of the 104 graduates of DCTP who had been out of the program for at least one year, 23 were re-arrested, resulting in a recidivism rate of 22%. In comparison, out of the 63 participants who did not graduate from the program, 41 were re-arrested, resulting in a 65% recidivism rate. Of the 99 persons who had been referred to the program but declined to participate, 43 were re-arrested for a recidivism rate of 43.4%.

Based on discussions with Dane County drug court officials, the following points could be raised if consideration is given to expanding the use of drug courts in Wisconsin:

- Participation and planning from the judiciary, prosecution, law-enforcement, defense bar, treatment providers, and local political leaders is necessary prior to the implementation of a drug court program.

- Establishment and implementation of a drug court takes time and is an ongoing process. In Dane County, an Advisory Committee meets monthly on program policies, such as eligibility requirements, referral processes, screening and assessment processes, and general program requirements. The committee is composed of members of the Dane County criminal

justice system, and includes members from the District Attorney's Office, the Public Defenders, the Sheriff's Office, treatment providers, and county board members.

- System-wide support is necessary for a drug court program to be effective, including support from judges, district attorneys, public defenders, sheriffs, treatment providers, and the community generally.

- DCTP was established based on existing community-based coordinated treatment services. As a result, services were available already in the community. To the extent that other counties may have more limited treatment services currently available in their communities, implementation of a drug court program could be more difficult.

La Crosse County Drug Court. The La Crosse County drug court program began in January, 2002, after the county received a $5,000 La Crosse Community Foundation Grant for drug testing. According to the La Crosse County 2002 Justice Sanctions Program Annual Report, the 12-month program is "designed to promote treatment to support rehabilitation over punishment." Similar to Dane County, offenders may be referred to the program by a variety of sources, but the district attorney makes the final determination. To be eligible for drug court, offenders must: (a) be a resident of La Crosse County; (b) voluntarily participate; (c) have a drug addiction; (d) be charged with a controlled-substance felony or enhanced misdemeanor or be charged with a drug-motivated felony or enhanced misdemeanor; and (e) not have any previous convictions for violent offenses or offenses involving weapons. Treatment is individualized to each offender's needs and focuses primarily on substance abuse counseling and therapy. The program currently has 19 participants who must remain drug- and alcohol-free for 12 consecutive months in order to graduate. As of October, 2003, four participants had graduated from the program and one participant had been removed.

In September, 2003, La Crosse County received a two-year $320,000 grant from the U.S. DCPO for implementation and expansion of the drug court program. Funding will support a coordinator position for the drug court and an expansion of the program to approximately 25 participants. In addition, the county received a La Crosse Community Foundation Grant for 2006-08, for which the county is required to match funding. According to its website, the La Crosse Community Foundation provides endowments "to support organizations which make contributions for the betterment of the people who live in the greater La Crosse area." The county's match amount will increase each year in order to gradually take over costs. In 2006, La Crosse County will receive $100,000 grant, with a $25,000 county match. In 2007, the grant amount is $75,000, with a $43,000 county match. In 2008, the grant amount is $25,000, with a $84,000 county match.

Monroe County Drug Court. In 2002, Monroe County received a two-year federal grant of $500,000 from DCPO to begin a drug court. The program began in March, 2003, and currently has 14 participants. The program is designed similarly to the La Crosse County drug court.

We hope this information is helpful. Please contact us if you have any questions.

YMO/CC/lah
Attachment

ATTACHMENT

Treatment Alternative Program
Calendar Year 2002

County	Dane County	Rock County	Eau Claire County
Administering Agency	Dane County Department of Human Services	Rock Valley Community Programs, Inc.	Triniteam, Inc., under contract with Eau Claire County Human Services Department
Allocation from DHFS	$373,200	$322,600	$241,800
Total TAP budget*	$536,900	$322,600	$256,800
Number of clients program can serve at one time	50	35	34
Average number of waiting list	5	40	20
Referrals	• 52%: 3rd and 4th OWI • 18%: property crimes • 15%: battery/disorderly conduct/ robbery • 12%: drug offenses	• 80% from DOC probation and parole (final attempt at treatment) • 18% from intoxicated driver program and for individuals with multiple OWI charges • 2% from either sheriff or judiciary	• 95% from DOC Community Corrections • 5% Huber referrals
Length of program	6 months	6 months	6 - 9 months
Number clients discharged in 2002	106	N/A	80
Percent successfully completed	66%	27%	50 - 55%

County	Dane County	Rock County	Eau Claire County
Definition of successful completion	• Maintaining sobriety for 3 months; • No new criminal arrests; • Having stable housing; • Having community supports and connections; and • Completion of criminal cognitive intervention programming.	• 90 days of abstinence from drugs or alcohol; • No new criminal charges; • Employment, school enrollment, or waiver based on disability; and • Completion of treatment goals.	• Abstinence from illegal drugs or alcohol; • No new criminal charges; • Improved living condition. • Employment; and • Completion of individualized treatment plan;
Results of random drug tests	90% negative	• 82% of probation/parole clients were negative for any illegal drug and 99% were negative for alcohol • 86% of IDP clients were negative for any illegal drug and 100% were negative for alcohol	• Almost 80% negative
Demographics	• 63% Caucasian males • 22% Caucasian females • 10% African-American males • 2% African-American females • 1% Hispanic males • 1% Hispanic females • 1% Native American and Asian	• 80% male • 20% female • 75% Caucasian	• 80% men; 20% women • 90-95% Caucasian
Drugs "of choice"	Alcohol (79%), cocaine, marijuana	Alcohol (95%), marijuana, cocaine, prescription drugs	N/A
Number with dual diagnosis (substance abuse and mental illness)	50% at admission; 70% at discharge	75 - 80%	35% are on psychotropic medications for mental disorders

*These numbers do not include funding for all services that TAP clients receive, since many of these services are provided by the county and are funded through other mechanisms.

DATE: 11/5/03
RE: Notes from AOAPSA meeting

Present: Secretary Frank, Dede Morgan (DOC), Sinnika Santala (DHFS), Anne Sappenfield (legislative council), Allen Buechel (Fond du Lac co. executive), Sara Driedric (counties association), Ray Luick (OJA), Paul Onsager (LFB), Yvonne Onsager (LFB), Charlie Morgan (LFB), Jerry (LFB).

Discussed:

1) Memorandum of Understanding- Sinnika stated that they made a list of problems they have to work through w/ the three agencies (didn't distribute this list). They feel that the draft should have a general framework for what this is, including the key components, but should not be very long.

Currently, OJA has a lot of experience in managing competitive grants and DHFS some experience with grants. Sec. Frank stated that it would make sense if DHFS played a role in "certifying" counties that come up with an established treatment program, which would still allow the county flexibility, but would include evidence-based treatment. The DOC's role would be to "certify" that the program is in fact a diversion program. Possibly have an annual review? Secretary Frank is concerned about it being too bureaucratic- no one wants this.

2) Contingent Resource Management- an incentive-based treatment method currently being used, Sinnika stated it works very well. Senator Roessler supports this kind of treatment and likes the name!

3) Funding Discussion- Ray (OJA) - Byrne $ purposes are large. OJA needs to decide where the money is best spent. More notes on OJA memo.

Sec. Frank- need to look at the money we're spending on out of state prisoners. Supportive of the concept of the bill, but the DOC has other priorities which need funding as well, such as electronic monitoring.

LFB (Charlie?)- asked who will be diverted. If the people diverted would be going into the county jails, then the DOC should not dole out money right away...the results won't be seen for years. Sec. Frank said some funding will eventually come from corrections, but there needs to be a way to show that this bill will actually divert people and that positive outcomes and reductions can occur.

Sinnika- discussed intoxicated driver program. One time only money- $600,000 lapse. Allocated by July? Include in language? Charlie- what's the scope? How much funding is needed? Sinnika also discussed increasing fines, surcharges.

Yvonne- 1) need $ for case management (holistic); 2) services those not in TAP can access (currently waiting lists). Expand vs. create?

Money needed for three key components: holistic case management, treatment, supervision. Jerry brought up allocating money for planning (like drug courts).

Anne: amend 1st offender program?

What flexibility is needed in current law?

Next Meeting: Wednesday, December 2nd? (time to be determined)

At this meeting, Senator Roessler would like the following to be discussed:

1) Language to be used in bill re: collaboration between three agencies. The DOC, DHFS, and DOC committed to getting together and discussing this before the next meeting. Anne Sappenfield offered for them to contact her or Mike Dsida when discussing this.
2) What do existing county committees feel they need in order to be more effective (community criminal justice planning committees)? Sara Driedric (counties association) is going to meet w/ various members and discuss how the counties can be effectively involved, and how the existing county groups can work on this. Seek specific input re: current barriers to promoting the concepts embraced in this proposal.
3) Milwaukee County- what will it take for Milwaukee County to be involved in the pilot program? Ray Luick said he'd talk to E. Michael McCann. Sara Driedric agreed to talking to several Milwaukee County Supervisors.
4) Look at 6 counties w/ the highest inmate populations and their needs: Dane, Milwaukee, Kenosha, Racine, Rock, Waukesha.
5) More discussion on funding, update on available federal funds and grants.

Senator Roessler would like to have a draft ready early sometime in December.

Wisconsin Office of Justice Assistance
Proposed Treatment Intervention Program
Potential Funding Sources and Options

Drafting of legislation is being considered that would create specific authorization for a Treatment Intervention Programs as an Alternative to Incarceration recognizing the role of mental health conditions and substance abuse in criminal conduct. Both the Office of Justice Assistance and the Department of Health and Family Services were asked to examine the various programs and funding sources and present a discussion of those options to a meeting to be held on the subject on November 5, 2003.

In exploring potential funding sources for support of either a demonstration project or universal implementation approach to the creation of a diversion or alternatives program, the following goal statement, derived from prior discussions, was used:

> **Goal**: Reduce jail and prison populations through use of effective diversion from the justice system of offenders whose primary offenses are related to diagnosed mental health and alcohol and other drug abuse conditions.

Existing Funds:

Federal Criminal Justice Formula Grant Award - The principle federal program that clearly permits funding for diversion projects is the *Edward Byrne Memorial State and Local Law Enforcement Assistance Program (Byrne)*. About $9 million are awarded to the State of Wisconsin annually under this program. Projects funded under Byrne are limited to 4 years of funding, with the exception of multi-jurisdictional law enforcement projects related to drugs and gangs and victim services projects. Matching funds are required at a ratio of 75% federal and 25% state/local.

Byrne funds allocated to Wisconsin are awarded to programs ranging from drug enforcement to a new youth initiative. The allocation of these funds for the current year has nearly been completed. A plan to use future funds from this source for a proposed jail and prison diversion need to be planned to begin no sooner than July 1, 2007 in order to assemble a fund of between $500,000 and $1 million in order to implement a significant new project from this source.

The Local Law Enforcement Block Grant (LLEBG) program allocates funds directly to larger units of local government based on a formula. This formula also generates funds for the balance of state in the amount of $521,084 in federal fiscal year 2003. The state has no role in the expenditure of the funds directly awarded to the larger units of government. Policies and priorities for the use of the balance of state amount are under development in conjunction with law enforcement organizations and representatives. These funds may only be used in areas that do not receive a direct award under the LLEBG program.

$1 mil. 4 yr. duration
monies include mental health!

The **Juvenile Justice and Delinquency Prevention Act** (JJDPA) could be a source for efforts directed at diverting juveniles from the correctional system. Funds under the JJDPA are awarded to the state based on a plan submitted to a required State Advisory

Group that would need to establish this as a priority and decide to set aside a portion of a limited amount of federal funds for this purpose. The total award to the state for this program is approximately $1 million annually.

Funds are also awarded to the state under the **Juvenile Accountability Block Grant Program** (JABG). The majority of the funds awarded to the State of Wisconsin under JABG are subsequently block granted to units of government that qualify based on a formula. A limited amount of funding, approximately $500,000 is available for award to units of government that do not qualify for a direct award.

Federal Discretionary Grant Programs –

The federal program most appropriate for the proposed Diversion Project could be available from the **Drug Courts Program** administered by the Office of Justice Programs. This is a federal discretionary program directed at efforts for state and local courts to plan, implement, or improve drug courts. Drug courts are judicial supervised projects for non-violent, drug abusing offenders that offer treatment, drug testing and graduated sanctions to help offenders break their cycle of drug use and the related criminal behavior. The judge monitors the offender's behavior and works with local service providers, criminal justice agencies and community organizations to provide comprehensive rehabilitative services.

Federal discretionary programs require the development of a comprehensive project plan submitted in competition for limited funds with other states and local units of government. No state agency is directly involved in the processing or administration of these funds. Dane County has completed their eligibility for these federal funds while La Crosse and Monroe Counties are currently implementing drug court programs with funding from this federal program. Ashland and Sawyer Counties are participating in a required planning grant program as a precursor to receiving drug court funding. Milwaukee County turned down an award under this program due to uncertainty over sources for continuation of the project following the period of federal support. Projects funded from this discretionary program are limited to four years of funding.

Other Sources of Funds

- Budget action has created the use of fines and forfeitures to support numerous criminal justice programs and projects. New or redirected fines and forfeiture pools are possible sources of funds for support of a court diversion project.
- Existing funds redirected from other programs in anticipation of savings accrued as a result of reduced prison and jail costs could be identified as a funding source.
- New federal funding could be pursued to implement a specific project developed and supported by the proposed legislation. This would require the design of a specific concept and a comprehensive effort to influence federal agencies and the budget and appropriations committees.

Dsida, Michael

From: Seaquist, Sara
Sent: Thursday, November 20, 2003 4:40 PM
To: Dsida, Michael; Sappenfield, Anne
Subject: FW: Prison diversion bill drafting language

Hi Mike,

I am leaving for the day but will call you tomorrow to talk about this...

-----Original Message-----
From: Santala, Sinikka
Sent: Thursday, November 20, 2003 4:27 PM
To: Seaquist, Sara
Subject: Prison diversion bill drafting language

Dear Sara,
We (DOC, OJA and DHFS staff) discussed the following type concept for the diversion bill in stead of the MOU. It is different from the one you wrote about in your email. Our three agencies' argeement was that OJA would manage any grant funds we have in collaboration with DOC and DHFS. OJA is able to provide staff resource to manage the grant program, our resources at DHFS to perform the practical details of the grant writing and managing are limited.
Hope you will consider this approach.
Thank you!!