EVAN
GOYKE
STATE REPRESENTATIVE
18th ASSEMBLY DISTRICT

September 10, 2015
Public Testimony of State Representative Evan Goyke
Re: Assembly Bill 51 and Assembly Bill 52

Good Morning Chairman Hutton and committee members. Thank you for holding this public hearing and the opportunity to testify in support of these important pieces of legislation.

Last year I was honored to serve as Vice-Chair of the Legislative Study Committee on Problem-Solving Courts, Alternatives, and Diversions.

The Study Committee consisted of five Representatives, one Senator, and 10 public members. The public members were professionals from across the state who are involved with various aspects of treatment courts, including judges, an assistant district attorney, the State Public Defender, a sheriff, treatment court professionals, alcohol and drug treatment service providers, and a domestic violence advocate.

I am proud of this committee and the work its members put into the legislation before you today. I would like to thank them once again for their time, expertise, and devotion to our State and judicial system.

The committee met five times from June to October 2014. The committee received testimony from a number of treatment court professionals and judges from across the state who provided information about OWI treatment courts, drug and alcohol treatment courts, veterans' courts, and mental health courts.

Our task was to review the 50+ problem solving courts currently in operation in Wisconsin, the effect they have on recidivism, and the fiscal impact of these courts. Problem solving courts include veteran's courts, drug and alcohol courts, mental health courts, and drunk driving courts. We reviewed the effectiveness of existing problem-solving courts in Wisconsin and their ability to reduce recidivism. Other topics such as program administration costs, savings, best practices, and ideas on how these courts could serve multiple jurisdictions were all discussed and examined.

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Both pieces of legislation were overwhelmingly supported by the members of the Study Committee and the Joint Legislative Council.

Before I begin my explanation of the bills I want to personally thank former State Representative Garey Bies for his hard work and commitment while serving as Chairman of this Study Committee and leading on this issue during his legislative career. It was a pleasure serving alongside him.

I also have sitting next to me Melissa Schmidt from Legislative Counsel who served as the study committee's staff attorney. I would also like to thank her for her hard work.

Assembly Bill 51

Assembly Bill 51 creates a grant-making program for problem solving courts within the Department of Children and Families. The form and function of this program is similar to the Treatment, Alternatives, and Diversion (TAD) program, which is limited to the adult criminal justice system and correctly administered by the Department of Justice.

AB 51 would create a program that would not apply to criminal behavior, but to child welfare actions under Chapter 48 and juvenile delinquency actions under Chapter 938. While in many ways these cases appear similar to adult criminal cases, they are not. Thus, the Study Committee felt the Department of Children and Families (DCF) should oversee the creation of the grant-making program because DCF is the primary state agency staffing and supporting these cases and courts.

There is no appropriation in AB 51. Any decision to appropriate additional funds to DCF for qualified problem solving courts is a future decision, but one only made possible first by establishing the Department's ability to make such a grant and establishing the appropriate, evidence-based criteria to warrant the State's investment.

Grants under AB 51 would enable counties to establish and operate problem-solving courts beyond the adult criminal justice system. This recognizes the power and effectiveness of treatment and close court supervision to solve complex issues that trigger court intervention and evidence suggests that these courts may be as effective (or even more effective) as problem-solving courts in the adult criminal justice system.

After meeting with DCF and several additional stakeholders, it has become apparent that Assembly Bill 51 may need an adjustment of language.

The bill specifically limits grants to be made for problem solving courts related to "mental illness or to substance abuse." New and promising problem-solving courts within the jurisdiction of family courts, sometimes called safe-baby or well-baby courts, may need a wider definition to receive state funding because they do not center specifically or solely on mental illness or substance abuse.

I hope this Committee considers the wisdom of crafting an amendment that allows the Department of Children and Families the discretion to award grants to evidence-based problem solving courts with greater flexibility than contained in AB 51 today. I know members of the Study Committee are open to help in this pursuit and welcome the opportunity to work with Committee members in any way we can.

Thank you and I am happy to answer any questions regarding AB 51.

Assembly Bill 52

Before addressing the changes to the TAD statute within AB 52, I'd like to make two important points.

First, ten years ago TAD was new. When it was created, we didn't know exactly how it would work and compromises were made to pass the original TAD statute after the first attempt failed. No substantial changes have been made since.

Second, one of the most important components of TAD is the required data collection and reporting. This has allowed external evaluators to review whether TAD is an effective program. This data has led to our most recent evidence of TAD's effectiveness. For every $1.00 spent on TAD programming, Wisconsinites save $1.96 on avoided costs.

Since its creation, TAD has been as accountable as any state program, giving the Study Committee ample evidence to craft the updates within AB 52.

AB 52 would achieve several important changes:

- Expands TAD eligible programs to include participants who need treatment beyond substance abuse, including mental illness.

- Codifies the Wisconsin Criminal Justice Coordinating Council (CJCC).

- Allows local control to determine whether the program may include participants charged with certain violent offenses.

- Clarifies that both counties and Tribes may qualify for TAD grants and may jointly administer a TAD program.

- Allows, but does not require, eligible programs to require program participants to pay an amount toward treatment.

- Requires the monthly submission of data requested by DOJ

In addition to the changes to the TAD statute, AB 52 authorizes the use of home detention for probationers sentenced on a crime that requires a mandatory jail sentence. Most commonly, this pertains to repeated drunk driving offenses. Several Wisconsin counties have created alcohol treatment courts and the Joint Study Committee reviewed the impact of mandatory incarceration on the effectiveness of mandatory jail incarceration for program participants in these courts.

AB 52 extends the authority to order home confinement in place of jail confinement to treatment courts. Currently, only a county sheriff or jail administrator has this authority.

AB 52 may need some changes. Since the Joint Study Committee's conclusion and introduction of AB 52, the Governor has signed a new Executive Order that will require this Committee's attention. The CJCC was created by Executive Order and an amendment to AB 52 may be necessary to ensure consistent language between the statute and the Executive Order.

Additionally, AB 52 includes the creation and appropriation for the creation of a statewide treatment court coordinator within the office of the Director of State Courts. This position was created in the most recent state budget and is no longer needed in AB 52.

As with AB 51, members of the Joint Study Committee are open and willing to assist this Committee in any way that we can to ensure these important changes move forward.

Thank you very much for your time and consideration. I am happy to answer any questions.

September 10, 2015

Dear Chairman Hutton and Members of the Corrections Committee:

I write to you today in support of Assembly Bills 51 and 52. These bills were introduced after the extensive work of the Legislative Council Study Committee on Problem-Solving Courts, Alternatives, and Diversions, which I had the pleasure of co-chairing with Representative Goyke during the fall of 2014.

The Committee was charged with reviewing the effectiveness of the 50+ specialty courts operating in Wisconsin. The bills before you had overwhelming bipartisan support from the 16 members of the committee, which included legislators, judges, prosecutors, treatment providers and mental health advocates.

Assembly Bill 51 would create a grant program to help counties screen for families that have come into contact with either children's court or juvenile court and could greatly benefit from alternative programs. These efforts can help keep families together by getting them the help they need to address a family members problems related to mental health or substance abuse.

Assembly Bill 52 would expand the successful TAD program, mandating that accepted programs must be evidence-based and designed to reduce prosecution and incarceration costs, reduce recidivism, and enhance justice and public safety. The bill also gives each project the ability to include violent offenders, where research has shown it can have the biggest impact.

I firmly believe these bills will have a large influence on improving our criminal justice system and reducing recidivism. In addition to helping an individual turn their life in a positive direction, these bills will benefit the State of Wisconsin, treatment court systems, and save taxpayers money.

Thank you for your positive support of Assembly Bills 51 and 52.

Sincerely,

Garey Bies

Garey Bies
Study Committee on Problem-Solving Courts, Alternatives, and Diversions, Co-Chair
Assembly Committee on Corrections, Former-Chair

Assembly Corrections Committee

Testimony RE: AB51

I am testifying in support of AB51, a proposal to support the creation of a family treatment court grant program and making grants available to support the development of specialty courts focusing on juvenile mental health and drug issues.

Of particular interest is the notion of supporting a family treatment court approach that can do what we all know is important – focus on the family, not just the child/youth. While current law provides a range of options for juvenile courts, both in child welfare and delinquency cases, the emphasis of this proposal on taking a more holistic view of the family and providing added services to parents whose children are the subject of proceedings has the potential to improve outcomes for all involved. So, I view this proposal as an opportunity for counties to think a bit more creatively about how to engage the parents in dealing with some of their issues, whether they are related to substance abuse or mental health.

Ultimately, a key is the quality of assessments throughout the process and the availability of quality services to promote change and success; and to the extent that a county can use these grants to move toward a more family-oriented response this makes sense.

The proposal also allows use of existing funds to support the development of a juvenile treatment court model to focus on substance abuse and mental health issues of a child/youth. In many ways current law and procedures in the juvenile court already operate essentially as a treatment court – with an increasing emphasis on individual assessments, identifying treatment and intervention plans that focus on the most evident needs, and linking youth/families with resources and services to address those needs. That is essentially what the juvenile court is supposed to do.

Again, this proposal provides some opportunity for additional support for even more creative approach and may, in some counties, stimulate greater judicial involvement in focusing on these issues and increase their expertise in doing so. Whether or not counties would "pick up" on this idea or not is hard to say.

Submitted by:

Jim Moeser
Wisconsin Council on Children and Families
September 9, 2015

Milwaukee County Family Drug Treatment Court

Sara Scullen, Children's Court Staff Attorney

National Statistics

- Between 60% and 80% of substantiated child welfare cases involve parental substance abuse
    - More than 80% of these parents never complete substance abuse treatment
- As of 2014, there are 334 Family Drug Treatment Courts (FDTC) across the country
- Participants in FDTCs are:
    - 20-30% more likely to complete treatment than non-participant parents
    - 20-40% more likely to be reunified with their child
    - 10-15% less likely to be arrested for drug related crimes
    - FDTCs reduce child welfare and court costs significantly

Evidence Based Best Practices

- Focus on services to child and parents
- Decreased time to treatment entry
- Frequent counseling sessions and longer time in treatment
- Frequent random & observed urine drug testing with immediate results
- Relationship with judge
- Judge, treatment representatives, and parent attorneys attend staffings
- Results of program evaluation lead to drug court modifications
- Program caseload is less than 125

Milwaukee County Family Drug Treatment Court Statistics

- Began in May, 2011 as the first Family Drug Treatment Court in the State of Wisconsin
- Operates in the juvenile justice system, not criminally based, and incarceration is not used as a sanction
- To date, FDTC has served 190 participants and 349 children
- Currently, there are 59 active participants in FDTC and 25 participants have successfully completed FDTC
- Of those 25 participants, only one graduate has reentered the child welfare system
- To date, 12 babies have been born healthy and clean from illegal substances to active participants and graduates of the FDTC
- Two graduates have been trained as certified peer mentors
- Children of FDTC participants were 2.5 times more likely to be reunified with their parents than children of parents who were eligible for FDTC but did not participate
- Similarly, children of FDTC participants were 50% less likely to remain in out of home care without a permanent placement after 12 months than children of the comparison group
- As of May, 2015, 55% of the children were reunified with their FDTC participant parents, while only 13% of children of the comparison group were reunified

For additional information, please see:

Douglas B. Marlowe and Shannon M Carey, *Research Update on Family Drug Courts,* NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS, (May 2012), *available at* http://www.nadcp.org/sites/default/files/nadcp/Reseach%20Update%20on%20Family%20Drug%20Courts%20-%20NADCP.pdf

Contacts: Judge Mary Triggiano 414-257-6499 FDTC Coordinator Rebecca Foley 414-257-6632

What is the Family Drug Treatment Court?

The Family Drug Treatment Court (FDTC), is part of the Children's Court. It is a team of professionals that includes a Judge, Bureau of Milwaukee Child Welfare (BMCW), District Attorney, Guardian ad Litem, parent's attorney and substance abuse treatment specialists. The shared purpose of the team is providing intense support and accountability to help you succeed in your recovery, improve parenting skills, achieve stability and independence and make a safe and permanent home for your child(ren).

Court Requirements and Phases

FDTC is a 12-18 month program with a **four phase** approach to substance abuse treatment. You are expected to cooperate with the service plan developed by Bureau of Milwaukee Child Welfare case worker and the substance abuse treatment providers and successfully complete all four phases of FDTC program. Every week throughout each phase, you must attend two community meetings to support your recovery.

After you successfully complete any phase of the FDTC, you can apply to advance to the next Phase.

Phase I

Focus: To support your choice to live a drug-free life and start living a drug-free life.

Goal: Detox and start abstinence, obtain health care and other benefits; enter community based treatment to begin recovery; maintain/re-establish contact with child(ren); and evaluate additional family needs.

Requirements to advance to next Phase:

- Minimum of 30 consecutive days clean random drug tests.
- Weekly court appearances and entry of a CHIPS dispositional order.
- Participation in scheduled visits.
- Consistently show interest in learning how to safely parent without drugs or alcohol.
- Consistently comply with all treatment and case management requirements.
- Create a sobriety support plan and a housing plan
- Minimum of 60 days in Phase 1.

Phase II

Focus: Challenge you to confront the reasons for your addiction.

Goal: Stabilize and progress in treatment; confront reasons for use/abuse; set goals for education and employment; identify community services to meet the family needs; and connect the family to the community.

Requirements to advance to next Phase:

- Minimum of 60 consecutive days clean weekly random drug test.
- At least bi-weekly court appearances.
- Participation in scheduled visits.
- Consistently attend and participate in childcare and treatment activities.
- Consistently recognize the need for assistance in treatment and parenting and rely on assistance.
- Comply with services recommending in the dispositional order and progress toward meeting those goals.
- Begin to translate skills learned into everyday behavior in treatment and parenting.
- Begin developing an aftercare plan for completion of treatment
- Must have a sponsor.
- Minimum of 90 days in Phase 2.

Phase III

Focus: Your change in behavior moves to self-sufficiency.

Goal: Begin to promote self-sufficiency; internalize recovery tools and develop coping skills; complete treatment; education and employment progress.

Requirements to advance to next Phase:

- Minimum of 90 consecutive days clean weekly random drug tests.
- At least monthly court appearances.
- Achieve permanency for your children.
- Show adequate progression in a job/ educational program.
- Consistently meet basic needs of self and child(ren) including housing, employment, medical, dental and educational needs.
- Put child(ren)'s needs ahead of own needs, and assure child(ren) is safe when meeting own needs.
- Consistent contact with a clean support and develop a relapse prevention plan.
- Minimum of 120 days in Phase 3.

Phase IV

Focus: Transition to independent, safe parenting without BMCW supervision.

Goal: Obtain GED or other vocational training; stable employment; stable housing; and fully reintegrate into family and/or community.

Requirements to advance:

- Maintain abstinence.
- Maintain stable housing and employment.
- Court appearances as needed.
- Attendance/participation in after-care.

- Able to cope with parenting drug-free, using healthy support systems and coping skills.
- Apply for graduation from the Family Drug Treatment Court.
- Recovery plan completed.
- Continued participation in community support groups.
- Reunification or other permanency plan.

Why Should I Participate in the Family Drug Treatment Court?

1. You should participate in the Family Drug Treatment Court because you know you **can** do it!
2. You should participate in the Family Drug Treatment Court because you deserve another chance.
3. You should participate in the Family Drug Treatment Court because we all care about you and are committed to helping you succeed.
4. You should participate in the Family Drug Treatment Court because you want to be healthy and provide for your child(ren).

Possible Incentives (Rewards):

- Applause
- Certificates
- Candy
- Flowers
- Promotion to next Phase
- Movie Tickets
- Personal hygiene baskets
- Manicures & pedicures
- Toys for children
- Gift cards
- Phone cards

Possible Sanctions:

- Judicial reprimand
- Increased court appearances and case management contact
- Community service hours
- Phase demotion
- Increased drug screens
- Remaining until the end of court
- Writing or reading assignments
- Termination from the program

How do you get started?

1. Complete a FDTC application with your attorney.
2. Complete an AODA assessment as arranged by your case worker or the FDTC Coordinator.
3. Attend a FDTC Friday meeting to meet the family drug treatment team.

FDTC Coordinator Rebecca Foley
414-257-6632
Rebecca.Foley@wicourts.gov

Milwaukee County

Family Drug Treatment Court

Welcome to the Milwaukee County Family Treatment Court

This is a voluntary program designed to break the cycle of substance abuse by providing timely, family-centered substance abuse treatment and supportive services to parents or guardians, with the ultimate goal of improving safety, well being, and permanence for children.

NADCP
National Association of
Drug Court Professionals

need to
Know

Research Update on Family Drug Courts

By ***Douglas B. Marlowe, J.D., Ph.D.*** *and* ***Shannon M. Carey, Ph.D.***

May 2012

Between 60% and 80% of substantiated child abuse and neglect cases involve substance abuse by a custodial parent or guardian (Young et al., 2007). Continued substance abuse by a custodial parent is associated with longer out-of-home placements for dependent children and higher rates of child revictimization and terminations of parental rights (TPR) (Brook & McDonald, 2009; Connell et al., 2007; Smith et al., 2007). Parents who complete substance abuse treatment are significantly more likely to be reunified with their children, and their children spend considerably fewer days in out-of-home foster care (Green et al., 2007; Smith, 2003). Unfortunately, more than 60% of parents in dependency cases do not comply adequately with substance abuse treatment conditions and more than 80% fail to complete treatment (Oliveros & Kaufman, 2011; Rittner & Dozier, 2000; U.S. Government Accountability Office, 1998).

Family Drug Courts (FDCs)[1] were created to address the poor outcomes derived from traditional family reunification programs for substance-abusing parents. The first FDC was established in 1995 in Reno, Nevada; now well over 300 programs operate throughout the United States (Huddleston & Marlowe, 2011). These specialized civil dockets were adapted from the adult criminal Drug Court model (adult Drug Courts) (Wheeler & Fox, 2006). As in adult Drug Courts, substance abuse treatment and case management services form the core of the intervention; however, FDCs emphasize coordinating these functions with those of child protective services. In addition, participants must attend frequent status hearings in court during which the judge reviews their progress and may administer gradually escalating sanctions for infractions and rewards for accomplishments. Unlike adult Drug Courts, where the ultimate incentive for the participant

[1] These programs are variously referred to as Family Drug Treatment Courts, Family Treatment Drug Courts, Family Dependency Treatment Courts, and Family Treatment Courts

might be the avoidance of a criminal record or incarceration, in FDC the principal incentive for the participant is family reunification, and a potential consequence of failure may be TPR or long-term foster care for the dependent children.[2]

Continued substance abuse by a custodial parent is associated with longer out-of-home placements for dependent children and higher rates of child revictimization and terminations of parental rights.

The child welfare system also reaps benefits from FDCs. Dependency courts are required by statute to make reasonable efforts towards family reunification and to reach permanency decisions within a specified time period of approximately twelve to eighteen months.[3] By allowing for more efficient case processing and providing a wider range of needed treatment services, FDCs assist the courts to meet these statutory obligations.

FDC is among the most effective programs for improving substance abuse treatment initiation and completion in child welfare populations.

Effectiveness

A number of methodologically sound impact evaluations have been completed within the past several years, revealing significantly better outcomes in FDC as compared to traditional family reunification services (Green et al., 2009; Marlowe, 2011). A recent review of the research literature concluded that FDC is among the most effective programs for improving substance abuse treatment initiation and completion in child welfare populations (Oliveros & Kaufman, 2011).

Table 1 (see end of article) summarizes outcome evaluations that had acceptable methodological rigor. Where multiple studies were conducted on the same program, the most recent or comprehensive evaluation is presented. These evaluations included comparison samples of parents or guardians in dependency proceedings who were identified as having a substance abuse problem and who would have been eligible for FDC but did not participate. The participants for the contemporary comparison samples were recruited during the same time period as for the FDC and were typically drawn from adjacent counties or had been placed on a wait list because of insufficient slots in the FDC program. Participants for the historical comparison samples were recruited from the same jurisdictions as the FDC participants during an earlier period before the FDC was established. In most of the evaluations, the researchers matched the FDC and comparison groups on variables, such as parental substance abuse history and child welfare history, that were significantly correlated with outcomes or statistically controlled for differences on these variables in the outcome analyses (See Table 1).

Treatment completion rates were 20 to 30 percentage points higher for the FDC participants than for the comparison participants.

The parents or guardians in FDC programs were more likely than the comparison participants to complete substance abuse treatment in all but one of the evaluations and these differences were statistically significant in all but two of the evaluations. In most instances, treatment completion rates were 20 to 30 percentage points higher for the FDC participants than for the comparison participants. Although not reported in the table, parents in the FDCs were also significantly more likely to enroll in substance abuse

[2] Some FDCs apply a hybrid model that consolidates criminal and civil dependency cases for individuals charged with a drug offense who also have children in the dependency system.

[3] Adoption and Safe Families Act of 1997, P.L. 105-89.

treatment, entered treatment sooner, and remained in treatment longer than the comparison parents in most of the evaluations. As was noted earlier, dependency courts are required to make reasonable efforts towards family reunification and achieve permanency within a specified time. Increasing parental entry into and engagement with treatment directly furthers these statutory goals.

Family reunification rates were higher for the FDCs in all but one of the evaluations and were significantly higher in all but three of the evaluations. In most instances, family reunification rates were approximately 20 to 40 percentage points higher for the FDC programs than for the comparison groups. The relatively few instances in which the differences were not statistically significant were typically attributable to insufficient sample sizes.

Family reunification rates were approximately 20 to 40 percentage points higher for the FDC programs than for the comparison groups.

The children of the FDC participants also spent significantly less time in out-of-home placements in the majority of the evaluations, typically averaging fewer months in foster care. Approximately half of the evaluations examined new dependency petitions or reentries to the child welfare system following family reunification; however, those that did typically tracked the samples for only a relatively brief period of twelve months post-reunification. Because returns to child protective services usually occur after a few years, new dependency petitions during the first twelve months were infrequent in most conditions and did not differ appreciably between the FDC and comparison groups. One noteworthy exception is the evaluation of the Sacramento Dependency Drug Court, which examined child welfare outcomes after sixty months. That study reported a lower rate of new substantiated allegations of child maltreatment for the FDC participants (17% vs. 23%); however, differences in reentry rates to foster care were small (21% vs. 24%) (Boles & Young, 2011).

The children of the FDC participants also spent significantly less time in out-of-home placements in the majority of the evaluations, typically averaging fewer months in foster care.

Two evaluations (Carey et al., 2010a, 2010b) also tracked and examined new criminal arrests. Both studies reported substantially lower arrest rates for the FDC participants as compared to the comparison groups (40% vs. 63% and 54% vs. 67%, respectively). These findings are important because although FDC proceedings are civil in nature, participants frequently have concurrent involvement with the criminal justice system. Reducing criminal recidivism might, therefore, be an important value-added benefit of FDC programs.

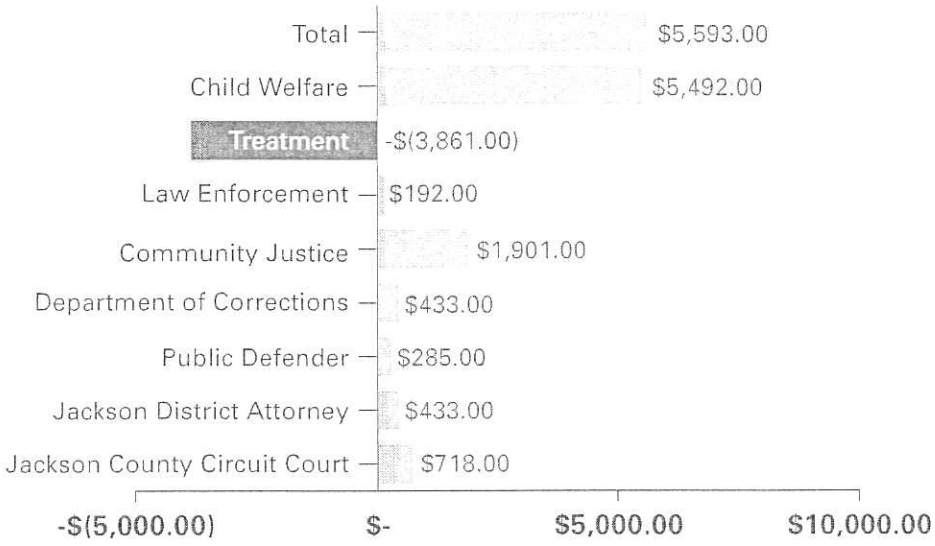
Cost-Effectiveness

Several evaluations reported cost savings for FDC resulting from a reduced reliance on out-of-home child placements. Estimated savings from the reduced use of foster care were approximately $10,000 per child in Maine (Zeller et al., 2007), $15,000 in Montana (Roche, 2005), $13,000 in Oregon (Carey et al, 2010b), and £4,000 ($6,420) in London (Harwin et al., 2011).

Several evaluations reported cost savings for FDC resulting from a reduced reliance on out-of-home child placements.

Three evaluations included cost-effectiveness analyses that took into account a wider range of up-front expenditures and financial benefits of the programs and yielded estimates of the average net cost savings per family (Burrus et al., 2008; Carey et al., 2010a, 2010b). These studies employed a cost-to-taxpayer approach that treated participants' interactions with publicly funded agencies as transactions in which public resources were consumed and societal costs incurred. *Program costs* were those associated with providing services to participants. For example, when parents or guardians appear in court for status hearings or are tested for drugs, resources such as judge time, defense attorney time, court facilities,

Figure 1. **Average Cost Savings Per Participant Realized by each Agency in the Jackson County Community Family Court. Adapted with permission from Carey and colleagues. (2010a).**



and urine test cups are consumed. *Outcome costs* were those associated with participants' subsequent interactions with outside agencies, such as the child welfare system and criminal justice system. *Cost savings* were determined by calculating the program and outcome costs for the FDC and contrasting those figures with comparison group costs.

Program costs for the FDCs ranged from approximately $7,000 to $14,000 per family.

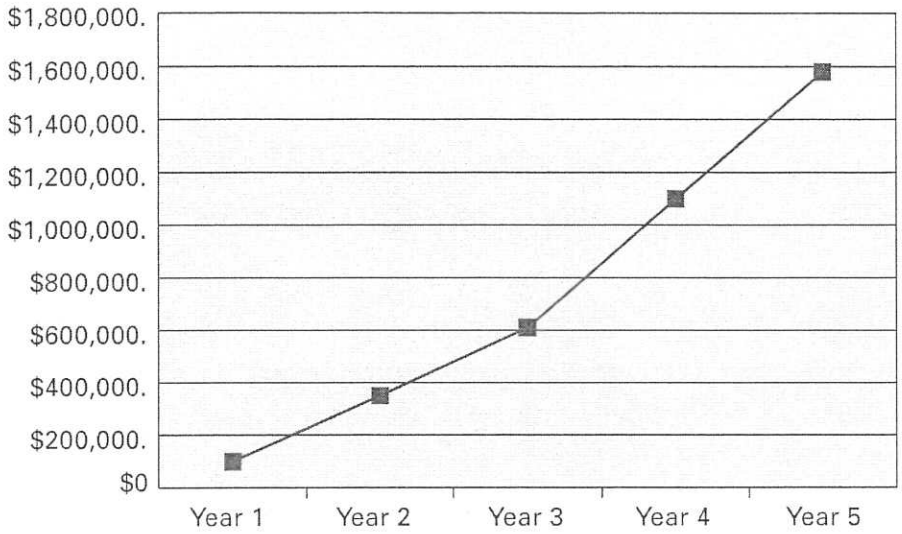
The program costs for the FDCs ranged from approximately $7,000 to $14,000 per family, depending on the range and intensity of services that were offered. The majority of the program costs were attributable to substance abuse treatment. Not surprisingly, programs that provided services for both the dependent children and their parents had the highest treatment costs.

Outcome costs were substantially lower in all three studies for the FDC participants than for the comparison groups. This was primarily due to the decreased use of child welfare resources by the children (e.g., less time in foster care) and decreased use of criminal justice resources by the parents (e.g., fewer rearrests and less time in jail or on probation). Taking into account both the investment costs of the programs and the value of the outcomes that were produced, the average net cost savings from the FDCs ranged from approximately $5,000 to $13,000 per family.

The average net cost savings from the FDCs ranged from approximately $5,000 to $13,000 per family.

Figure 1 presents detailed cost information from one of the evaluations performed in Jackson County, Oregon. Nearly every agency involved in the FDC realized some cost savings, although the magnitude of the savings varied considerably.

Figure 2. **Total Cost Savings Over Five Years for the Marion County Fostering Attachment Treatment Court. Adapted with permission from Carey and colleagues. (2010b).**



The child welfare system realized the largest cost savings as a result of reduced use of foster care. Community corrections followed in cost savings as a result of parents spending less time on probation or in jail. Notably, the treatment program was the only agency that did not reap net dollar benefits. This was because the parents in the FDC program participated significantly more in treatment than did the non–FDC participants. As was intended, the FDC significantly increased parents' use of substance abuse treatment services and as a result decreased their use of other publicly funded services, such as those of child welfare, community corrections, and the courts.

The child welfare system realized the largest cost savings as a result of reduced use of foster care.

Importantly, the total cost savings that may accrue to a community from a FDC accumulate as participants maintain improvements over time and more participants enter the program. Figure 2 depicts the total cost savings that accrued from a FDC in Marion County, OR, over a five-year period (Carey et al. 2010b). The total taxpayer cost savings increased approximately ten fold over the five years.

The total taxpayer cost savings increased approximately ten fold over the five years.

Target Population

In the criminal context, adult Drug Courts have been found to be equivalently effective for participants regardless of their primary drug of choice, associated mental health problems, or criminal history (Carey et al., 2012; Zweig et al., 2012). In fact, evidence suggests adult Drug Courts are more effective for participants who are high risk and seriously addicted to drugs or alcohol (Marlowe, 2009). Similar findings are emerging for FDC programs. A four-site national study of FDCs (Worcel et al., 2007) found that few participant characteristics predicted better outcomes, suggesting the programs

tended to be equally effective for a wide range of participants. In fact, marginally better outcomes (p = .08) were reported for mothers with co-occurring mental health problems and other demographic risk factors, such as being unemployed or having less than a high school education. Other studies similarly found that parents with extensive criminal histories, inadequate housing, and a greater risk for domestic violence were more likely to complete FDC than those without these risk factors (Carey et al. 2010a, 2010b). Treatment success rates in FDCs also do not appear to be influenced by parents' primary drug of abuse, including methamphetamine, crack cocaine, or alcohol (Boles & Young, 2011). This suggests that, as with adult Drug Courts, the effects of FDC appear to be equivalent or greater for individuals presenting with more serious histories.

Parents with extensive criminal histories, inadequate housing, and a greater risk for domestic violence were more likely to complete FDC than those without these risk factors

Best Practices

In the criminal court context, a good deal of research has identified the best practices within adult Drug Courts that are associated with better outcomes (Carey et al., 2012; Zweig et al., 2012). Although research in FDCs is just beginning to catch up to this level of sophistication, comparable findings are beginning to emerge suggesting that many lessons learned about best practices in adult Drug Courts are also applicable to FDCs.

Time to Treatment Entry. The sooner parents or guardians entered substance abuse treatment, the less time their children spent in foster care and the more likely they were to be reunified with their families (Green et al., 2007).

Many lessons learned about best practices in adult Drug Courts are also applicable to FDCs.

Frequency of Counseling Sessions. Participants who met more frequently with their counselors (typically weekly for at least the first phase of the program) remained in treatment significantly longer and were more likely to complete treatment (Worcel et al., 2007).

The sooner parents or guardians entered substance abuse treatment, the less time their children spent in foster care and the more likely they were to be reunified with their families.

Length of Time in Treatment. The more days parents or guardians attended substance abuse treatment, the more likely they were to be reunified with their children (Green et al., 2007). One evaluation in Montana reported that, particularly for parents who were abusing methamphetamine, attending at least fifteen months of substance abuse treatment increased the likelihood of success by 63% (Roche, 2005).

Completion of Treatment. A consistent finding across multiple sites is that completion of substance abuse treatment is associated with significantly fewer days in foster care for dependent children and a greater likelihood of family reunification (Green et al., 2007; Worcel et al., 2007). A statewide study in Maine found that parents who completed substance abuse treatment were five times more likely to be reunified with their children (Zeller et al, 2007).

The more days parents or guardians attended substance abuse treatment, the more likely they were to be reunified with their children.

RESEARCH UPDATE ON FAMILY DRUG COURTS

Family Treatment Model. Contrary to many beliefs, most family-based treatments are *not* evidence-based. The only family interventions that have shown consistent evidence of success are those that (a) provide outreach to participants in their homes or community, (b) teach parents or guardians to be more consistent and effective supervisors of their children, and (c) enhance positive communication skills among family members (Child Welfare Information Gateway, 2012; Fixsen et al., 2010; Liddle, 2004). Examples of counseling packages that incorporate these principles include multisystemic therapy and multidimensional family therapy. Both of these treatments, with some modifications, have been shown in controlled experiments to significantly improve outcomes in FDC (Dakof et al., 2009; Dakof et al., 2010), Juvenile Drug Court (Henggeler et al., 2006; Schaeffer et al., 2010), and the child welfare system (Oliveros & Kaufman, 2011; Swenson et al., 2009). These studies demonstrate that FDCs should apply manualized, structured, evidence-based family treatments and offer outreach services, where needed, in participants' homes or communities of origin.

Parents who completed substance abuse treatment were five times more likely to be reunified with their children.

Relationship with Counselor. Participants who reported a more positive therapeutic relationship with their counselors were more likely to complete treatment (Worcel et al., 2007).

FDCs should apply manualized, structured, evidence-based family treatments and offer outreach services, where needed, in participants' homes or communities of origin.

Relationship with Judge. Participants in FDC focus groups indicate they perceived their interactions with the judge to be especially critical to their success in the program. Specifically, being treated with respect by the judge and being empowered by the judge to engage actively in their own recovery were believed to produce greater achievements (Somervell et al. 2005; Worcel et al., 2007). More research is needed to establish whether these perceptions are, in fact, associated with better outcomes in FDC; however, comparable studies in adult Drug Courts confirmed that a participant's positive perceptions of the judge were a predictor of significantly greater reductions in substance abuse and crime (Zweig et al., 2012). It seems reasonable to anticipate that similar findings may emerge in FDC as well.

Participants in FDC focus groups indicate they perceived their interactions with the judge to be especially critical to their success.

Drug Testing. Participants who were subjected to more frequent urine drug screens remained in treatment longer and were more likely to complete treatment (Worcel et al., 2007).

Parenting Classes. Adult Drug Courts that provided parenting classes had 65% greater reductions in criminal recidivism and 52% greater cost savings than Drug Courts that did not provide parenting classes (Carey et al., 2012). Although these analyses were conducted in the criminal court system as opposed to in FDCs, they often included parents who were involved in collateral dependency proceedings.

At least a dozen methodologically defensible evaluations conducted in eight U.S. states and London by independent scientific teams offer convincing evidence that FDCs produce clinically meaningful benefits and better outcomes than traditional family reunification services for substance-abusing parents.

(Continued on page 10)

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Table 1. Summary of Methodologically Acceptable Evaluations of Family Drug Courts

Citation	Location(s)	Research Design	Sample Sizes (N's)[a]	Follow-Up Interval	Guardian Treatment Completion
Ashford (2004)	Pima County, AZ	Contemporary non-matched comparison	FDTC: 33; Comparison: 45	12 mos. post-entry	48% vs. 31%
Boles & Young (2011)	Sacramento, CA	Historical non-matched comparison	FDTC: 4,858; Comparison: 173	12 to 60 mos. post-entry	66% vs. 57%*[b]
Bruns et al. (2011)	King County, WA	Contemporary matched comparison	FDTC: 76; Comparison: 182	12 to 42 mos. post-entry	62% vs. 29%**
Burrus et al. (2008)	Baltimore, MD	Historical matched comparison	FDTC: 200; Comparison: 200	16 mos. post-petition	64% vs. 36%**
Carey et al. (2010a)	Jackson County, OR	Contemporary and historical matched comparison	FDTC: 329; Comparison: 340	12 to 48 mos. post-entry	73% vs. 44%***
Carey et al. (2010b)	Marion County, OR	Contemporary and historical matched comparison	FDTC: 39; Comparison: 49	12 to 24 mos. post-entry	59% vs. 33%*
Harwin et al. (2011)	London, England	Contemporary non-matched comparison	FDTC: 55; Comparison: 31	6 to 12 mos. post-entry	N.R.
Worcel et al. (2007)	Santa Clara, CA	Contemporary matched comparison	FDTC: 100; Comparison: 370	24 mos. post-entry	69% vs. 32%***
"	Suffolk, NY	Contemporary matched comparison	FDTC: 117; Comparison: 239	24 mos. post-entry	61% vs. 32%***
"	Washoe, NV	Contemporary matched comparison	FDTC: 84; Comparison: 127	24 mos. post-entry	62% vs. 37%**
"	San Diego, CA	Contemporary matched comparison	FDTC: 438[d]; Comparison: 388	24 mos. post-entry	31% vs. 40%
Zeller et al. (2007)	Belfast, Augusta & Lewiston, ME	Contemporary and historical non-matched comparisons	FDTC: 49; Comparisons: 38 & 55	12 mos. post-exit	55% vs. 23%* & 34%

*p < .05; **p < .01; ***p < .001; †p-value not reported. TPR = Termination of parental rights. CPS = Child protective services. N.R. = not reported.

[a] N's may reflect multiple children per family and in some instances multiple guardians per family. N's may be smaller in some comparisons due to missing or incomplete data.

[b] Includes participants who left treatment before completion but made satisfactory progress.

[c] Reflects new substantiated allegations of child maltreatment but not necessarily new petition or reentry to foster care.

[d] Includes 334 participants who received court-ordered case management and recovery support services outside of the traditional FDTC context.

RESEARCH UPDATE ON FAMILY DRUG COURTS

Child Time in Out-of-Home Ccare	Family Reunification	TPR	New CPS Petition After Reunification	Guardian Criminal Arrests	Avg. Cost Savings Per Family
N.R.	52% vs. 30%	N.R.	N.R.	N.R.	N.R.
352 vs. 369 days	45% vs. 27%***	N.R.	17% vs. 23%†c	N.R.	N.R.
481 vs. 689 days***	41% vs. 24%***	N.R.	N.R.	N.R.	N.R.
252 vs. 346 days**	70% vs. 45%**	N.R.	N.R.	N.R.	$5,022
307 vs. 407 days*	51% vs. 45%*	13% vs. 20%*	N.R.	40% vs. 63%**	$5,593
211 vs. 383 days**	80% vs. 40%**	8% vs. 35%**	N.R.	54% vs. 67%†	$13,104
153 vs. 348 days†	39% vs. 21%†	N.R.	N.R.	N.R.	N.R.
437 vs. 504 days**	76% vs. 44%***	11% vs. 34%	2% vs. 6%	N.R.	N.R.
312 vs. 310 days	57% vs. 55%	8% vs. 11%	5% vs. 0%*	N.R.	N.R.
301 vs. 466 days***	91% vs. 45%***	3% vs. 34%**	2% vs. 2%	N.R.	N.R.
477 vs. 477 days	56% vs. 45%*	24% vs. 28%	7% vs. 9%	N.R.	N.R.
589 vs. 688 & 647 days	21% vs. 25% & 28%	27% vs. 29% & 31%	7% vs. 7% & 9%	N.R.	N.R.

(Continued from page 7)

Clearly, more research is needed to identify other best practices and evidence-based practices that can optimize their effectiveness and cost-effectiveness in FDCs.[4] If the history of adult Drug Courts is any indication, research on FDCs is likely to pick up pace as the programs increase in numbers across the country and scientists take notice of the promising results.

Conclusion

In the short span of approximately seven years, FDC has emerged as one of the most promising models for improving treatment retention and family reunification rates in the child welfare system (*cf.* Green et al., 2009; Oliveros & Kaufman, 2011). At least a dozen methodologically defensible evaluations conducted in eight U.S. states and London by independent scientific teams offer convincing evidence that FDCs produce clinically meaningful benefits and better outcomes than traditional family reunification services for substance-abusing parents. These positive benefits do not appear to be limited to low-severity or uncomplicated cases and indeed may be larger for parents presenting with more serious clinical histories and other negative risk factors for failure in standard treatment programs. Finally, evaluators are beginning to uncover the specific practices within FDCs that can optimize their outcomes and cost-benefits for taxpayers.

These promising findings clearly justify additional efforts to expand and enhance FDC programs. Ignoring the positive results and continuing to invest public dollars in programs that have not been tested or that have been discredited is unjustifiable. Research is clear that FDC programs outperform the traditional child welfare and dependency court systems in terms of protecting vulnerable children and rehabilitating and reuniting dysfunctional families. The most rational and humane course of action to protect dependent children is to build upon the firm foundation of success that is emerging from FDC.

[4] Evidence-based practices that have been identified in substance abuse treatment programs and child welfare settings other than FDC can be found at http://www.oasas.ny.gov/prevention/nrepp.cfm and http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/.

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(Continued on page 12)

NADCP
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About NADCP

It takes innovation, teamwork and strong judicial leadership to achieve success when addressing drug-using offenders in a community. That's why since 1994 the National Association of Drug Court Professionals (NADCP) has worked tirelessly at the national, state and local level to create and enhance Drug Courts, which use a combination of accountability and treatment to compel and support drug-using offenders to change their lives.

Now an international movement, Drug Courts are the shining example of what works in the justice system. Today, there are over 2,500 Drug Courts operating in the U.S., and another thirteen countries have implemented the model. Drug Courts are widely applied to adult criminal cases, juvenile delinquency and truancy cases, and family court cases involving parents at risk of losing custody of their children due to substance abuse.

Drug Court improves communities by successfully getting offenders clean and sober and stopping drug-related crime, reuniting broken families, intervening with juveniles before they embark on a debilitating life of addiction and crime, and reducing impaired driving.

In the 20 years since the first Drug Court was founded in Miami/Dade County, Florida, more research has been published on the effects of Drug Courts than on virtually all other criminal justice programs combined. The scientific community has put Drug Courts under a microscope and concluded that Drug Courts significantly reduce drug abuse and crime and do so at far less expense than any other justice strategy.

Such success has empowered NADCP to champion new generations of the Drug Court model. These include Veterans Treatment Courts, Reentry Courts, and Mental Health Courts, among others. Veterans Treatment Courts, for example, link critical services and provide the structure needed for veterans who are involved in the justice system due to substance abuse or mental illness to resume life after combat. Reentry Courts assist individuals leaving our nation's jails and prisons to succeed on probation or parole and avoid a recurrence of drug abuse and crime. And Mental Health Courts monitor those with mental illness who find their way into the justice system, many times only because of their illness.

Today, the award-winning NADCP is the premier national membership, training, and advocacy organization for the Drug Court model, representing over 27,000 multi-disciplinary justice professionals and community leaders. NADCP hosts the largest annual training conference on drugs and crime in the nation and provides 130 training and technical assistance events each year through its professional service branches, the **National Drug Court Institute,** the **National Center for DWI Courts** and **Justice for Vets: The National Veterans Treatment Court Clearinghouse.** NADCP publishes numerous scholastic and practitioner publications critical to the growth and fidelity of the Drug Court model and works tirelessly in the media, on Capitol Hill, and in state legislatures to improve the response of the American justice system to substance-abusing and mentally ill offenders through policy, legislation, and appropriations.

(Continued from page 10)

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Mental Health America of Wisconsin

Testimony to the Assembly Committee on Corrections
Shel Gross, Director of Public Policy
Mental Health America of Wisconsin
AB51/AB52

Mental Health America of Wisconsin (MHA) urges your support for both AB51 and AB52 which were forwarded to the Legislature by the Legislative Council Study Committee on Problem-Solving Courts, Alternatives and Diversion. MHA recognizes that people with mental illnesses are over-represented in the criminal justice system, often due to a lack of treatment options for them in the community. For individuals whose criminal justice involvement is secondary to the symptoms of their mental illness, incarceration is often not helpful and can, in fact, be detrimental. The evidence shows that individuals who come into contact with the criminal justice system and who can be diverted to appropriate services and supports are much less likely to reoffend. However, some of the rules associated with the Treatment Alternative and Diversion program (TAD) have limited the number of people with mental illnesses who are able to participate in these programs. The recommendations from the study committee make reasonable modifications to these rules and will facilitate the program serving additional individuals who can benefit from it. Specifically:

- AB51 provides new dispositional alternatives for families who have come under the jurisdiction of the juvenile court due to parental problems related to mental illness or substance abuse. MHA operates a program called Strong Families/Healthy Homes, which works specifically with families where the primary caregiver has a mental illness (usually accompanied by a substance use disorder). We have worked with the Bureau of Milwaukee Child Welfare to successfully reunify such caretakers with their children, who had previously been removed from the home. Unfortunately, the juvenile court system has lacked the ability to promptly address the needs of such caretakers.

- AB52 expands who may participate in TAD programs. Specifically it allows a project to specify whether or not certain violent offenders will be allowed to participate. In the past violent offenders were not allowed to participate in the program, although evidence shows they are able to benefit. Certain individuals with mental health disorders have been excluded as a result. Additionally the bill requires each project to use evidence-based eligibility criteria to determine who may participate in the project and to tailor its services to the needs of each participant or target population. We understand this to include individuals who have only a mental illness without a co-occurring substance use disorder. Again, such individuals are currently excluded from participation despite the fact that they have been successfully served in similar problem-solving courts.

Thank you for your consideration.

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