

Dane County
Operating While Intoxicated Treatment Court
OWITC
Policies & Procedures Manual



Dane County, Wisconsin

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Introduction

Purpose of the Manual

The purpose of this Policy and Procedure Manual is to provide a comprehensive description of the philosophy, structure, policies, and operating procedures of the Dane County OWI Treatment Court (OWITC).

This manual serves as the foundational reference for all OWITC Team members and stakeholders. It ensures consistency in program delivery, defines participant expectations, and promotes fidelity to evidence-based and nationally recognized treatment court standards.

Specifically, this manual is intended to:

- Serve as a guide for OWITC Team members in the consistent implementation of program practices.
- Outline program goals, participant eligibility, and operational protocols.
- Support training and orientation for new team members.
- Promote accountability and transparency in program administration.
- Demonstrate adherence to the Wisconsin Treatment Court Standards and All Rise Best Practice Standards.

This manual will be reviewed annually by the OWITC Team to incorporate updates to laws, policies, or emerging best practices.

Scope and Applicability

This manual applies to all aspects of the Dane County OWI Treatment Court program and is intended for use by all members of the OWITC Team, including the judiciary, prosecution, defense counsel, probation, treatment providers, and case management staff.

The policies and procedures outlined herein govern program operations, participant supervision, treatment coordination, and team decision-making. All team members are expected to familiarize themselves with these policies and implement them consistently in the course of their duties.

Where applicable, OWITC policies align with and complement existing Dane County court rules, state statutes, and Department of Corrections standards governing treatment and supervision.

History

The Dane County OWI Treatment Court (OWITC) was established as a collaborative initiative between the Dane County Circuit Court, the District Attorney's Office, the Defense Bar, the Department of Corrections, and community-based treatment providers. The program was created in response to the increasing number of repeat Operating While Intoxicated (OWI) offenses and the recognition that traditional sentencing approaches often fail to address the underlying substance use disorders that contribute to impaired driving.

The OWITC builds upon the success of Dane County's other problem-solving court models, adapting evidence-based practices specifically to individuals with repeat OWI offenses. It combines judicial

oversight, supervision, case management and treatment to promote long-term recovery, reduce recidivism, and enhance public safety.

The OWITC operates in accordance with the Wisconsin Treatment Court Standards, the All Rise Best Practice Standards, and Wisconsin Administrative Code DHS 62, which governs the state's Intoxicated Driver Program (IDP) and Impaired Driver Assessment (IDA). The program collaborates with certified IDP assessors to ensure that each participant's treatment plan and court requirements align with the Driver Safety Plan (DSP) established under Wisconsin Statutes § 343.30(1q).

Program Philosophy

The OWI Treatment Court operates under the belief that substance use disorders are treatable conditions and that meaningful behavioral change is achievable through a behavioral health framework, treatment engagement, and community support.

The program recognizes that participants enter with varying levels of risk and need, requiring individualized responses consistent with the Risk-Need-Responsivity (RNR) model. Accordingly, the OWITC uses the Ohio Risk Assessment System (ORAS) to identify criminogenic risk and need, ensuring that services, treatment dosage, and case management intensity are tailored appropriately.

The program emphasizes a balanced approach of accountability and support, combining structured supervision, case management, treatment, and positive reinforcement to promote lasting recovery and reduce impaired driving recidivism.

Core Objectives

The OWITC is designed to:

1. **Reduce Recidivism:** Decrease repeat OWI offenses through assessment-driven supervision, case management, treatment, and judicial oversight.
2. **Promote Accountability:** Encourage participants to take responsibility for their actions through compliance monitoring, structured sanctions, and positive reinforcement.
3. **Enhance Community Safety:** Reduce alcohol-related crashes and fatalities through early intervention and long-term recovery support.
4. **Support Recovery:** Address the root causes of alcohol dependence through individualized, evidence-based treatment and case management.
5. **Promote System Collaboration:** Strengthen partnerships among justice system and community agencies to ensure coordinated service delivery.
6. **Ensure Equity and Inclusion:** Provide equitable access and outcomes across all participant demographics through culturally responsive practices and continuous data monitoring.

Review and Amendment

This manual is a living document. The OWITC Team shall review and, if necessary, amend this manual at least annually. Amendments must be approved by the full OWITC Team and, when required, by the presiding judge.

Updated versions of the manual will be distributed to all team members, and prior editions will be archived.

Program Overview, Mission, and Goals

Program Mission and Goals

The Dane County OWI Treatment Court (OWITC) is a problem-solving court designed to enhance community safety and reduce impaired driving recidivism by addressing the underlying substance use and behavioral health needs of individuals with repeat OWI convictions. The program provides an alternative to incarceration by integrating treatment, supervision, and judicial accountability to promote long-term recovery, reduce recidivism, and improve public safety outcomes.

Program Goals

1. **Reduce Recidivism:** Decrease repeat OWI offenses through comprehensive assessment, coordinated treatment planning, and consistent judicial oversight.
2. **Promote Accountability:** Encourage participants to take responsibility for their behavior through structured supervision, sanctions, and incentives.
3. **Support Recovery:** Facilitate long-term sobriety through individualized, evidence-based treatment aligned with the participant's Impaired Driver Assessment (IDA) and Driver Safety Plan (DSP).
4. **Improve Community Safety:** Reduce alcohol- and drug-related traffic incidents through early intervention, monitoring, and education.
5. **Enhance Collaboration:** Strengthen partnerships among justice, supervision, treatment, and community agencies to ensure coordinated service delivery and compliance with Wisconsin's Intoxicated Driver Program (IDP).
6. **Advance Equity and Inclusion:** Promote equitable access and outcomes through culturally responsive, trauma-informed practices and ongoing demographic data review.

Alignment with Evidence-Based Practices

The OWITC is designed in accordance with national and state treatment court standards, incorporating best practices identified by All Rise and the Wisconsin Treatment Court Standards. The program's structure reflects research-proven principles for addressing substance use and reducing criminal behavior, following the Risk-Need-Responsivity (RNR) model and integrating required Wisconsin IDP procedures.

Core Evidence-Based Elements

- Use of validated assessment tools — the Ohio Risk Assessment System (ORAS), American Society of Addiction Medicine (ASAM) Criteria, and Impaired Driver Assessment (IDA) — to identify criminogenic risk, treatment needs, and responsivity factors.
- Frequent judicial interaction and consistent review hearings to reinforce accountability.
- Structured behavioral response system incorporating incentives and sanctions.
- Random and frequent alcohol and drug testing to promote accountability and verify abstinence.
- Cognitive-behavioral interventions such as Moral Reconation Therapy (MRT), Thinking for a Change (T4C), and relapse prevention curricula.

- Integration of peer and recovery support services to sustain long-term sobriety.
- Ongoing data evaluation to ensure fidelity to best practices and DHS 62 compliance.

Equity and Inclusion

The OWITC is committed to promoting diversity, equity, inclusion, and accessibility across all aspects of program design and implementation. Recognizing that individuals involved in the criminal legal system may experience disparities based on race, ethnicity, gender, socioeconomic status, or other identity factors, the OWITC integrates equity principles throughout all operations.

Guiding Principles

- **Equitable Access:** All eligible participants are provided equal opportunity to enter the program regardless of demographic or socioeconomic factors.
- **Cultural Responsivity:** Services are delivered in ways that recognize and respect the cultural, linguistic, and personal identities of participants.
- **Bias Awareness:** Team members receive ongoing training on implicit bias and cultural humility to promote fair and consistent decision-making.
- **Data Review:** Admissions, retention, and graduation rates are regularly analyzed by demographic characteristics to identify and correct disparities.
- **Community Engagement:** Collaboration with culturally specific organizations and community partners ensures that services are inclusive, relevant, and supportive of participant success.

Program Description

The OWITC provides a structured, multi-phase intervention program combining judicial oversight, evidence-based treatment, case management, and recovery support. Participants engage in a continuum of care that promotes accountability, stability, and lasting behavioral change.

The program operates two distinct tracks to accommodate varying levels of criminogenic risk and clinical need. For purposes of this manual, references to supervision within the OWITC program refer to program case management and monitoring activities. OWITC track placement and program supervision adjustments do not alter or replace supervision conditions imposed by the Department of Corrections, which remain governed by DOC policy and court orders.

Risk-Need Framework and Track Placement

The Dane County OWI Treatment Court uses an evidence-based risk–need framework to guide participant placement, supervision intensity, and service delivery. This framework is commonly referred to as the Treatment Court Quadrant Model and is used nationally to align treatment court resources with participant risk profiles in a manner shown to reduce recidivism and improve outcomes.

Criminogenic risk is assessed using the Ohio Risk Assessment System (ORAS), which identifies the likelihood of reoffending and informs the appropriate level of court oversight, case management and supervision. Clinical treatment need is identified through the Impaired Driver Assessment (IDA), ASAM criteria, and related clinical evaluations. Consistent with the Risk–Need–Responsivity (RNR) model,

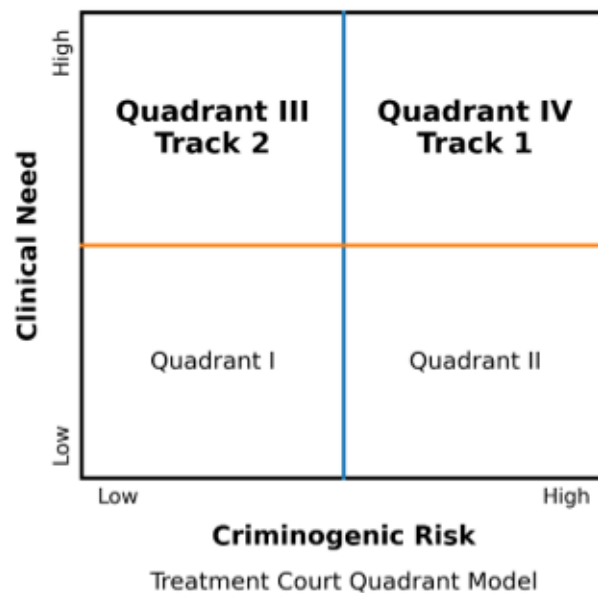
criminogenic risk is the primary determinant of case management intensity and track placement, while clinical need informs treatment type and dosage.

Under this framework, participants are assigned to one of two program tracks based on their assessed risk and need profile:

- **Participants assessed as higher criminogenic risk** require greater structure, accountability, and court involvement to effectively address factors associated with impaired driving and continued justice system involvement.
- **Participants assessed as lower criminogenic risk** benefit from structured treatment and accountability while avoiding unnecessary over-supervision that may negatively impact outcomes.

The OWI Treatment Court’s two-track structure reflects this model and ensures that participants receive case management and services proportional to their assessed risk, treatment needs, and responsibility factors. Track placement is reviewed throughout participation and may be adjusted as clinically or programmatically appropriate based on updated assessment information and demonstrated progress.

This figure illustrates the Treatment Court Quadrant Model and its application to OWI Treatment Court track placement.



Track 1 – Intensive Track (High Risk / High Need)

Track 1 serves participants who present with both high criminogenic risk and significant clinical treatment needs. Consistent with Quadrant 4 of the Treatment Court Quadrant Model, these participants typically exhibit extensive OWI histories, entrenched substance-use patterns, and multiple barriers to sustained behavior change.

Eligibility Guidelines

- **Males:** ORAS-CST score ≥ 24
- **Females:** ORAS-CST score ≥ 22
- **IDA:** Moderate/High to High

Final eligibility and track placement may be adjusted based on clinical judgment, collateral information, and team review to ensure appropriate matching of supervision and treatment intensity.

Program Intensity

- Judicial review hearings occur frequently and gradually taper as participant progress through the phases, beginning with weekly or biweekly appearance and transitioning to every 2-4 weeks based on progress and phase of the program
- Enhanced case management contact and frequent drug/alcohol testing
- Comprehensive clinical treatment plans integrating CBT interventions (e.g., MRT or T4C)
- Coordinated supervision with DOC and treatment providers
- Proportionate behavioral responses as outlined in the OWITC Behavior Response Matrix

Focus of Intervention

Participants in the Intensive Track receive the highest level of structure and accountability to address criminogenic risk factors, stabilize behavior, and develop sustained recovery supports.

Track 2 – Standard Track (High Clinical Need / Lower Criminogenic Risk)

Track 2 serves participants whose clinical needs remain significant but whose criminogenic risk is lower than those in the Intensive Track. These participants generally align with Quadrant 3 of the Treatment Court Model — high treatment need with less extensive criminal involvement.

Eligibility Guidelines

- **Males:** ORAS-CST 15 – 23
- **Females:** ORAS-CST 14 – 21
- **IDA:** Moderate to Moderate/High

Final eligibility and track placement may be adjusted based on clinical judgment, collateral information, and team review to ensure appropriate matching of supervision and treatment intensity.

Program Intensity

- Judicial review hearings approximately monthly to bimonthly, with frequency decreasing as participants advance through phases
- Standard case management and treatment contact frequency
- Ongoing randomized testing and structured behavioral responses
- Use of incentives and therapeutic adjustments to support progress

Focus of Intervention

This track emphasizes treatment engagement, relapse prevention, and skill development. Participants receive targeted interventions that reinforce accountability and self-efficacy within a supportive court environment.

Phase Structure and Progression

The Dane County OWI Treatment Court (OWITC) utilizes a five-phase model of participant progression that applies to all participants, regardless of their assigned track. Phases represent structured milestones in accountability, treatment engagement, and personal growth.

While the overall phase framework is consistent across the program, expectations such as duration, court appearance frequency, case management contact, and treatment intensity vary between tracks to reflect each participant's assessed risk and clinical needs.

Phase advancement is determined by the OWITC Team through consensus, based on sustained compliance, verified abstinence, demonstrated behavioral change, and progress toward individualized goals. The presiding Judge makes the final determination regarding advancement or graduation.

Phase I – Orientation and Stabilization

Purpose: To orient participants to the OWITC structure, establish sobriety, and initiate treatment and supervision.

Core Requirements:

- Complete program orientation and sign the Participation Agreement and Releases of Information.
- Complete all required assessments (ORAS, ASAM, IDA, and other screening tools).
- Develop an individualized case and treatment plan with case management staff.
- Begin random alcohol and drug testing.
- Attend all scheduled appointments, treatment sessions, and review hearings.

Track 1 Expectations: Weekly judicial hearings, frequent case management, AODA treatment or cognitive-behavioral treatment.

Track 2 Expectations: Court appearances approximately every 4 weeks, standard case management, and engagement in structured treatment.

Phase II – Active Treatment Engagement

Purpose: To establish consistent engagement in treatment and demonstrate compliance with court, supervision, and program expectations.

Core Requirements:

- Maintain verified abstinence.
- Consistently attend treatment and supervision appointments.
- Actively participate in counseling or cognitive-behavioral interventions (such as MRT, Thinking for a Change, or Decision Points).
- Begin implementing early relapse-prevention and coping strategies.

- Demonstrate punctuality, accountability, and honesty in all interactions.

Track 1 Expectations: Continued intensive treatment, biweekly court hearings, and frequent testing.

Track 2 Expectations: Ongoing participation in treatment, case management contact as scheduled, and court appearances every 8 weeks.

Phase III – Skill Development and Behavioral Change

Purpose: To strengthen behavioral changes, reinforce pro-social skills, and promote personal stability.

Core Requirements:

- Continue consistent abstinence and treatment engagement.
- Participate in relapse-prevention or life skills programming.
- Address employment, education, or community service goals.
- Demonstrate pro-social decision-making and accountability in all areas.
- Continue compliance with all testing, supervision, and court appearances.

Track 1 Expectations: Court every 3 weeks with enhanced focus on behavior change, skill-building, and accountability.

Track 2 Expectations: Court appearances every 12 weeks, with emphasis on maintaining progress and relapse prevention.

Phase IV – Maintenance and Community Integration

Purpose: To prepare participants for independent stability, reinforce recovery supports, and transition toward program completion.

Core Requirements:

- Maintain verified abstinence and treatment compliance.
- Demonstrate stable housing, employment, or community engagement.
- Participate in peer recovery or support group activities.
- Complete a written or verbal relapse-prevention and graduation plan.
- Exhibit leadership and mentorship behaviors with newer participants when appropriate.

Track 1 Expectations: Court hearings every 4 weeks, potentially reduced supervision intensity, reduced case management and continued relapse-prevention focus.

Track 2 Expectations: Court hearings every 12 weeks, continued maintenance of stability and accountability.

Phase V – Aftercare and Graduation Readiness

Purpose: To sustain recovery gains, demonstrate long-term stability, and complete all program requirements. Phase V functions as a structured step-down period designed to support participant independence while maintaining appropriate accountability prior to graduation.

Core Requirements:

- Maintain sobriety and compliance with all conditions for a minimum of 90 days prior to graduation.
- Complete all treatment, educational, or community service obligations.
- Participate in a final review hearing and graduation ceremony.
- Establish and maintain a post-program recovery or aftercare plan.
- Exhibit consistent accountability, responsibility, and pro-social engagement.

Track 1 Expectations: Further reduced case management and reduced testing, monthly court appearances, with ongoing stability in all recovery domains.

Track 2 Expectations: Court hearings every 12 weeks, continued stability, compliance, and readiness for graduation verified through team consensus.

Phase Advancement and Completion

Progression through phases is individualized and based on demonstrated progress rather than time alone. Participants may remain in a phase longer if additional support or accountability is needed. Advancement requires consensus from the OWITC Team, verified compliance with program expectations, and judicial approval.

Consistent with treatment court best practices, participants are not demoted to prior phases. When additional accountability, structure, or services are needed, the program utilizes phase extensions, increased supports, or individualized service adjustments rather than backward phase movement.

Graduation from the OWITC represents successful completion of all court, supervision, and treatment requirements, verified sobriety, and readiness for independent recovery and community reintegration.

Key Program Components

1. **Judicial Supervision:** Regular court appearances before the OWI Treatment Court judge for progress review and feedback.
2. **Comprehensive Assessment:** Administration of the ORAS and ASAM criteria to determine risk level, treatment needs, and responsivity factors.
3. **Individualized Case Management:** Coordination between supervision, treatment, and recovery support services through structured case plans.
4. **Substance Use Treatment:** Access to evidence-based substance use disorder treatment appropriate to each participant's assessed needs.
5. **Monitoring and Testing:** Frequent, random alcohol and drug testing to ensure compliance and promote sobriety.
6. **Incentives and Sanctions:** Use of a structured behavioral response system to reinforce accountability and encourage positive change.
7. **Recovery Support:** Engagement in peer support, community programs, and relapse-prevention planning to sustain long-term stability.

8. Data and Evaluation: Continuous performance measurement to monitor outcomes and maintain program fidelity.

Target Population

The OWITC serves adult offenders who meet the following criteria:

- Residents Dane County whose OWI offense and assessed risk and treatment needs fall within the program's eligibility parameters;
- Individuals convicted of an OWI 3rd: with a BAC of .15 or higher or when assessed as Moderate or High risk, and (2) not currently or previously charged in conjunction with an OWI related death or serious personal injury;
- Individuals convicted of an OWI 4th: (1) subject to District Attorney review and approval, and (2) not currently or previously charged in conjunction with an OWI related death or serious personal injury;
- Risk level and treatment needs are confirmed through validated assessment and clinical evaluation;
- Individuals placed on probation with participation in the OWITC as a condition; and
- Participants demonstrating motivation to change and willingness to comply with treatment, supervision, and case management requirements.

Expected Outcomes

The OWITC aims to produce measurable improvements in participant well-being and community safety through a coordinated system of treatment and accountability.

Short-Term Outcomes

- Reduced alcohol and substance use among participants.
- Increased engagement in treatment and compliance with supervision and case management.
- Improved employment, housing stability, and family functioning.
- Enhanced motivation and pro-social behavior.

Long-Term Outcomes

- Decreased impaired driving and criminal recidivism.
- Sustained sobriety and recovery.
- Improved overall health and community reintegration.
- Reduced jail and prison utilization associated with OWI offenses.

Governance and Administration

Program Governance

The Dane County OWI Treatment Court (OWITC) operates under the authority of the Dane County Circuit Court and is implemented through a collaborative partnership among the judiciary, prosecution, defense, Department of Corrections, treatment providers, and community-based service agencies.

Program policy, operations, and quality assurance are guided by the multidisciplinary OWITC Team and the OWITC Advisory Board. The OWITC Team ensures that program practices are consistent with the Wisconsin Treatment Court Standards, the All Rise Best Practice Standards, and Wisconsin Administrative Code DHS 62, which governs the Intoxicated Driver Program (IDP) and the Impaired Driver Assessment (IDA). Through this alignment, the program maintains fidelity to evidence-based principles while meeting all statutory requirements for OWI offenders in Wisconsin.

Eligibility, Exclusion, and Placement Process

Eligibility for the Dane County OWI Treatment Court is determined through a two-stage process that combines legal screening by the court and Department of Corrections with validated assessment. This process ensures that participants are appropriately matched to program services, supervision intensity, and treatment expectations.

Pre-Screening (Referral Phase)

The District Attorney's Office (DA) and Department of Corrections (DOC) conduct an initial review to confirm that basic legal and programmatic criteria are met.

Referrals may originate from the District Attorney's Office, defense counsel, probation or parole agents, law enforcement, or the presiding judge.

All referrals should include:

- Criminal complaint and case history, including prior OWI convictions
- Sentencing or probation order (if applicable)
- Any available treatment assessments, IDA reports, or Driver Safety Plan (DSP) documentation
- Relevant medical or mental health information, if applicable

Referrals are submitted to the Program Coordinator using the OWITC referral form. The Program Coordinator logs all referrals and begins initial screening within five business days of receipt.

Assessment and Team Review (Post-Referral Phase)

Eligible referrals complete the Ohio Risk Assessment System – Community Supervision Tool (ORAS-CST), the Impaired Driver Assessment (IDA), and an ASAM Criteria evaluation. The ORAS-CST identifies criminogenic risk and serves as the primary determinant of supervision intensity and OWITC track placement. The IDA and ASAM evaluations identify clinical treatment needs and guide treatment planning and service dosage. Assessment results are reviewed by the OWITC Team to determine eligibility, track placement, or exclusion decisions consistent with the Treatment Court Quadrant Model described in the Program Description section of this manual.

Eligibility Requirements

To be considered for participation, individuals must:

- Be residents of Dane County;
- Be convicted of an OWI offense that meets program eligibility, which may include:
 - OWI 3rd with a BAC of .15 or higher **and** assessed as Moderate or High risk, **and** not currently or previously charged in conjunction with an OWI-related death or serious personal injury;
 - OWI 4th, assessed at Moderate or High risk, subject to District Attorney review and approval, **and** not currently or previously charged in conjunction with an OWI-related death or serious personal injury;
 - **Drug related OWIs**
- Have a diagnosable alcohol use disorder as defined by DSM-5, which contributed to the impaired driving offense and requires structured treatment;
 - Co-occurring substance use disorders (e.g., opioids, stimulants, cannabis) do **not** preclude eligibility, provided alcohol use is also present and addressed in the participant's Driver Safety Plan (DSP) and treatment plan.
- Be eligible for community supervision under DOC; and
- Be willing to comply with OWITC expectations, treatment plans, and court appearances.

Exclusion and Ineligibility Factors

Participants may be excluded or found ineligible if they:

- Score below 15 (males) or below 14 (females) on the ORAS-CST, or below a Moderate level on the Impaired Driver Assessment (IDA), indicating risk or need levels outside the primary target population of the OWITC;
- Have a current or prior violent offense or OWI-related fatality that presents a public safety risk;
- Have an OWI offense involving serious personal injury or other violent behavior associated with the current offense;
- Are otherwise assessed as low risk using validated assessment tools and therefore are not appropriate for intensive treatment court services;
- Exhibit severe cognitive, psychiatric, or medical impairments that prevent participation;
- Lack a diagnosable substance use disorder;
- Are under sentencing or supervision conditions incompatible with OWITC participation; or
- Refuse to comply with treatment or supervision requirements.

In rare circumstances, the OWITC Team may consider participation for individuals who fall outside standard assessment thresholds when credible collateral information demonstrates a level of criminogenic risk, clinical need, or supervision responsivity consistent with the program's target

population. Any such exception requires documented team consensus and approval by the presiding judge and does not create a presumption of eligibility.

Referrals not accepted into the OWITC may be directed to community-based treatment, standard probation supervision, or alternative programs that better match their assessed needs.

Placement Flexibility

Final placement decisions are guided by the collaborative review and professional judgment of the OWI Treatment Court Team, which includes representatives from the judiciary, District Attorney's Office, Department of Corrections (DOC), defense counsel, treatment providers, and case management staff.

Prior to admission, the District Attorney's Office and DOC review referrals to determine preliminary eligibility consistent with program parameters. Once a participant is accepted into the program, the OWITC Team collectively determines the most appropriate track placement based on assessment results, treatment needs, and overall risk profile.

The presiding Judge maintains ultimate authority regarding placement decisions, program adjustments, and progression through the court's structure. Track placement may be modified throughout participation when changes in assessment data, treatment engagement, or progress toward recovery goals warrant a higher or lower level of supervision or service intensity, consistent with the risk-need framework of the program.

Comprehensive Assessment and Admission Workflow

Following initial eligibility confirmation, participants complete a comprehensive assessment process coordinated by the Program Coordinator.

This includes:

- ORAS administration to determine criminogenic risk and responsivity factors.
- ASAM Criteria evaluation to determine appropriate level of care.
- IDA and DSP review to confirm treatment recommendations and state compliance.
- Supplemental screenings (e.g., PHQ-9, GAD-7, TCU Drug Screen 5, C-SSRS) as clinically indicated.

Assessment results are reviewed by the OWITC Team during the next scheduled staffing.

The presiding Judge makes the final admission determination based on the team's recommendation.

Accepted participants then complete orientation, sign program agreements, and are scheduled for their first OWITC hearing within fourteen days of admission unless there is a program waitlist.

Rescheduling, No-Shows, and Deferrals

Applicants who fail to attend scheduled screenings or assessments are permitted two opportunities to reschedule. If contact cannot be made within thirty days, the referral is closed and must be resubmitted for further consideration.

Referrals may be deferred rather than denied when temporary barriers such as medical issues, housing instability, or pending legal matters prevent immediate entry. Deferred applicants may reapply once these issues are resolved.

Equity and Inclusion

The OWITC Team is committed to promoting equity, inclusion, and fair treatment in all aspects of program administration and decision-making. Team members ensure that decisions regarding eligibility, supervision, incentives, sanctions, and discharge are made objectively and consistently.

Team members receive regular training on topics such as cultural humility, implicit bias, and trauma-informed care. Demographic data, including participant admissions, retention, and completion, are reviewed regularly to monitor equitable outcomes and correct disparities.

Advisory Board

The OWITC Advisory Board provides oversight, guidance, and community input to maintain program fidelity, transparency, and responsiveness to local and state requirements.

Responsibilities

- Review program policies, procedures, and outcome data at least annually.
- Ensure alignment with Wisconsin Treatment Court Standards, All Rise Best Practice Standards, and DHS 62 requirements for IDA completion and Driver Safety Plan implementation.
- Provide recommendations to enhance quality assurance, participant outcomes, and program sustainability.
- Promote community awareness and stakeholder collaboration to support participant success.
- Advise on the integration of IDA-related processes within case management, treatment planning, and court supervision.

Roles and Responsibilities

The Advisory Board includes representatives from:

- The presiding judge or judicial designee
- District Attorney's Office
- Defense Counsel
- Department of Corrections
- Department of Health Services
- Treatment and clinical providers
- Program Coordinator or case management staff
- Law enforcement
- Community stakeholders and recovery support representatives

Each member contributes professional expertise to ensure that the program reflects best practices, promotes participant success, and maintains public confidence.

Member Training and Standards

New Advisory Board members receive orientation provided by the OWI Treatment Court program, covering program structure, goals, and guiding standards. Advisory Board members participate in

ongoing training offered through the program related to evidence-based practices, DHS 62 requirements for IDA coordination, equity and inclusion, and ethical considerations in treatment court administration.

Advisory Board Meetings

The presiding judge or designee chairs the Advisory Board. Meetings occur at least twice per year and may be convened more frequently as needed to review outcomes, policy updates, or significant program modifications.

Intake and Assessment Procedures

The intake and assessment process for the Dane County OWI Treatment Court (OWITC) establishes the foundation for individualized supervision and treatment planning by ensuring that each participant's risks, needs, and responsivity factors are accurately identified prior to admission. The process incorporates both criminogenic and clinical assessment tools, including the Ohio Risk Assessment System (ORAS), the American Society of Addiction Medicine (ASAM) Criteria, and the Wisconsin Department of Transportation's Impaired Driver Assessment (IDA), to ensure comprehensive evaluation and appropriate service placement.

Referral and eligibility determination procedures are outlined in the Governance and Administration section of this manual. Once participants are confirmed as eligible, the steps below outline the intake process and assessment protocols.

Intake Process

The intake process for the Dane County OWI Treatment Court (OWITC) establishes the foundation for individualized supervision and treatment planning by ensuring that each participant's risks, needs, and responsivity factors are accurately identified prior to admission.

1. Referral Submission:

- Referrals are submitted by the District Attorney's Office, defense attorneys, probation agents, or law enforcement using the designated referral form.
- Supporting documentation, including arrest reports, criminal complaints, sentencing information, and prior case histories, must accompany the referral.

2. Initial Screening:

- The Program Coordinator conducts an initial review to verify basic eligibility criteria such as residency, age, and OWI offense level.
- Eligibility determination also considers criminogenic risk, treatment need, and violence-related exclusions, consistent with OWITC eligibility criteria.
- Preliminary information is gathered from referral documents, criminal complaints, police reports, and any available treatment records to confirm indications of an alcohol use disorder and statutory eligibility. Formal substance use assessment, including ASAM, occurs after enrollment during the intake process.
- Ineligible candidates are referred to other appropriate services or community-based programs when applicable.

3. Assessment Scheduling:

- Candidates who meet preliminary eligibility are scheduled for comprehensive assessments to evaluate criminogenic risk, treatment needs, and responsivity factors.
- The Program Coordinator ensures assessments are scheduled promptly to minimize delays, coordinating with jail staff when applicants are in custody.

4. Participant Orientation:

- Eligible candidates attend an orientation session where they are informed about program requirements, expectations, and available resources.
- Participants sign acknowledgment forms confirming their understanding of program rules and their willingness to comply with conditions of participation.
- Orientation includes an overview of the phase structure, supervision requirements, and behavioral expectations.

Assessment Tools and Methods

The OWITC utilizes validated, evidence-based tools to identify criminogenic risk, treatment needs, and responsivity factors to guide case planning and supervision.

- Ohio Risk Assessment System (ORAS): Evaluates criminogenic risk and supervision needs, guiding program placement and intensity of supervision.
- American Society of Addiction Medicine (ASAM) Criteria: Determines the level of care for substance use treatment appropriate for the participant based on clinical indicators.
- Impaired Driver Assessment (IDA): Conducted by a certified Intoxicated Driver Program (IDP) assessor in accordance with Wisconsin Administrative Code DHS 62. The IDA determines the participant's treatment needs, level of alcohol or drug dependence, and recommends an appropriate Driver Safety Plan (DSP). The results are shared with the OWITC Team to ensure alignment between court supervision, treatment recommendations, and state-mandated requirements.
- Addiction Severity Index (ASI) / Biopsychosocial Assessment: Examines biological, psychological, and social factors influencing treatment and recovery, providing a holistic picture of participant needs.
- Supplemental Screening Tools: May include the TCU Drug Screen 5, Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder Scale (GAD-7), and Columbia Suicide Severity Rating Scale (C-SSRS) to evaluate substance use patterns, mental health, and suicide risk.

Assessments are completed in person or via telehealth within ten business days of eligibility confirmation.

Responsivity and Criminogenic Needs

The OWI Treatment Court (OWITC) follows the Risk-Need-Responsivity (RNR) model to guide decision-making, case planning, supervision, and treatment. This model ensures that participants receive services appropriate to their level of risk and that interventions are tailored to their individual needs and

abilities. During intake and throughout program participation, the OWITC Team assesses both criminogenic and responsivity factors, using results to guide individualized supervision and treatment planning.

Responsivity Factors

Responsivity factors are personal characteristics or circumstances that affect how a participant engages in and responds to interventions. Recognizing and addressing these factors allows the OWITC Team to deliver services in a manner that promotes equitable access, retention, and successful completion.

Responsivity factors evaluated during assessment and ongoing participation include:

- Cognitive and learning styles: Identifying intellectual ability, learning preferences, or cognitive limitations to inform communication methods and program participation.
- Mental and physical health: Evaluating co-occurring mental health and physical conditions that may require specialized supports or integrated care.
- Motivation and readiness for change: Assessing a participant's willingness to engage in behavioral change and their stage of recovery.
- Trauma and stress history: Considering the impact of trauma and stress on emotional regulation, relationships, and coping mechanisms.
- Cultural and linguistic factors: Ensuring that services are accessible, culturally responsive, and linguistically appropriate.
- Socioeconomic stability: Evaluating barriers such as housing, transportation, or employment that may impact participation.
- Support networks: Assessing family and community supports that may either strengthen or undermine recovery and compliance.

The OWITC uses this information to remove participation barriers, align treatment with participant learning styles, and refer participants to services that enhance engagement, such as mental health treatment, peer support, and trauma-informed interventions.

Criminogenic Needs

Criminogenic needs are dynamic risk factors directly associated with criminal behavior and recidivism. The OWITC identifies these needs through validated assessments, including the Ohio Risk Assessment System (ORAS) and the Impaired Driver Assessment (IDA). These assessment results determine program track placement and guide the intensity of supervision, case management, and targeted interventions. The primary criminogenic domains include:

- Antisocial cognition and thinking patterns that normalize or justify substance use or law violations.
- Antisocial personality traits such as impulsivity, risk-taking, and poor self-control.
- Antisocial peer associations that reinforce criminal or substance-using behaviors.
- Family and relationship instability contributing to stress or relapse risk.
- Substance use and dependence as a primary driver of criminal behavior.
- Unstable employment or limited vocational or educational achievement.

- Limited engagement in prosocial recreation or community activities.
- Criminal history reflecting patterns of continued law violations.

Integrated Assessment and Implementation

Assessment results from the ORAS, ASAM, and IDA are synthesized to create a comprehensive understanding of each participant’s risk level, treatment needs, and responsivity considerations. The OWITC Team integrates this information into the individualized case plan, ensuring that services address both criminogenic risk factors and barriers to engagement. Assessment findings are also used to determine appropriate program track (Track 1 or Track 2), phase expectations and treatment dosage. This integration promotes coordination across the treatment, case management, and judicial components of the program.

Programmatic Adjustments

The OWITC Team reviews assessment data and participant progress regularly to ensure that services and supervision remain aligned with the participant’s evolving needs. Adjustments may include modifying treatment intensity, supervision level, or case plan goals in response to progress or challenges. Participants demonstrating stability may transition to less intensive services, while those experiencing relapse, noncompliance, or heightened risk may temporarily receive more structured oversight or additional interventions.

Programmatic flexibility allows the team to maintain adherence to evidence-based practices while supporting individualized pathways to success.

Confidentiality and Privacy Considerations

The OWITC adheres to all federal and state confidentiality requirements, including 42 CFR Part 2, HIPAA, and DHS 62. Information is shared only with authorized team members and treatment providers for the purpose of coordinating supervision and care. Participants sign a Release of Information (ROI) specifying what information may be shared and with whom.

All records are maintained in secure, password-protected electronic systems or locked storage accessible only to authorized staff. Participants are informed of their confidentiality rights during the intake process and may revoke consent at any time, subject to program and supervision requirements.

Service Delivery

Overview of Services Offered

The Dane County OWI Treatment Court (OWITC) provides a coordinated framework for delivering evidence-based services designed to reduce impaired driving recidivism and support participant recovery. The service delivery model integrates substance use treatment, mental health services, case management, psychoeducation, transportation assistance, recovery coaching, and community partnerships. The program emphasizes individualized, evidence-based practices to ensure participants receive interventions that address both immediate needs and long-term behavioral change.

Participants are provided with a comprehensive range of coordinated services, including:

- **Substance Use Disorder (SUD) Treatment**
Participants are referred to appropriate SUD treatment services based on their level of care (LOC) as determined by the American Society of Addiction Medicine (ASAM) criteria and the

Wisconsin Department of Transportation's Impaired Driver Assessment (IDA). Treatment options may include outpatient, partial hospitalization, intensive outpatient, or residential programs, depending on clinical need and progress. All treatment plans incorporate relapse prevention, cognitive-behavioral therapy, and other evidence-based approaches. Participants' levels of care are re-evaluated periodically to ensure alignment with their current progress and clinical status.

- **Medically Assisted Treatment (MAT)**

The OWITC team encourages the use of Medically Assisted Treatment (MAT) when clinically recommended as part of a participant's individualized plan. The program collaborates with multiple prescribing agencies and community providers that offer MAT services. Participants choosing MAT are responsible for adherence to the prescribing agency's recommendations. Non-compliance, such as missed appointments, medication misuse, or diversion, may result in a treatment plan review or modification but will likely not result in punitive sanctions. MAT decisions remain grounded in medical necessity and clinical judgment.

- **Mental Health Treatment**

Participants are referred for mental health services as needed to address co-occurring mental health disorders. These services may include outpatient therapy, partial hospitalization, intensive outpatient programs, or residential mental health treatment. The OWITC team includes a mental health professional who provides transitional support for participants not yet engaged with a provider or transitioning between services. Compliance with treatment recommendations is considered essential for program stability and long-term recovery.

- **Psychiatric Medication Management**

When clinically indicated, participants may be referred to their primary care provider or a community-based psychiatric specialist for medication management. Participants are expected to adhere to prescribed medication regimens as part of their treatment plan. Coordination between prescribing providers, treatment staff, and case managers ensures medication management supports participant recovery and overall wellness.

- **Case Management**

Each participant is assigned a case manager who coordinates services, monitors progress, and ensures communication among treatment providers and the court (see Case Management Protocols for full details).

- **Behavioral Interventions**

The OWITC incorporates evidence-based cognitive-behavioral interventions such as Moral Reconciliation Therapy (MRT), Thinking for a Change (T4C), and Decision Points. These programs target criminogenic thinking, impulsivity, and relapse risk, promoting long-term cognitive and behavioral change.

- **Comprehensive Community Services (CCS)**

Participants eligible for CCS receive recovery-oriented, person-centered services that include peer support, wraparound planning, and skill-building interventions. For participants not enrolled in CCS, case managers coordinate comparable services through community partnerships.

- **Supportive and Transportation Services**

The OWITC assists participants in overcoming barriers that may interfere with treatment engagement, employment, or stability. Supportive and transportation resources are coordinated through the case management team and community partners. Services may include:

- Employment readiness, job placement, and educational or vocational training
- Housing support or referrals to recovery residences
- Financial literacy and budgeting resources
- Access to primary health care and recovery-oriented supports
- Transportation assistance through:
 - Bus Tickets: Provided for participants without income (e.g., unemployment, SSI, SSDI) to attend treatment, court, or other essential appointments.
 - State Medical Assistance: Participants using medical assistance can access free transportation through MTM/Veyo for medical and treatment needs.
 - Wrap-Around Support: When other transportation options have failed, the case manager or CCS Service Facilitator may assist directly with transportation arrangements.
- **Drug and Alcohol Monitoring**
Random, observed testing verifies participant sobriety and reinforces accountability. See Drug and Alcohol Monitoring and Compliance Protocols section for testing procedures and standards.

Case Management Protocols

Case managers play a central role in coordinating services, ensuring accountability, and monitoring participant progress. Responsibilities include:

- Developing individualized case plans aligned with ORAS, ASAM, and IDA results, as well as the Driver Safety Plan (DSP).
- Monitoring compliance with treatment attendance, supervision, testing, and court requirements.
- Providing support and accountability by addressing barriers such as transportation, employment, and housing.
- Maintaining accurate, timely, and comprehensive case records.

Participants engage regularly with their case manager through office visits, telehealth sessions (when approved), and field contacts. Frequency and contact type are determined by the participant's phase, track, and individual needs. Case management contact frequency and intensity are guided by individualized risk, need, and responsivity factors identified through assessment and ongoing review and are not based solely on track assignment.

Enhanced Case Management (Track 1)

Participants in Track 1 receive enhanced case management, which includes more frequent contacts, closer monitoring of treatment engagement, and increased coordination with treatment providers and DOC when applicable. Enhanced case management emphasizes accountability, stabilization, and the early development of recovery and behavioral skills.

Standard Case Management (Track 2)

Participants in Track 2 receive standard case management, which occurs at a reduced frequency while maintaining consistent monitoring of treatment participation, sobriety, and compliance. Standard case management promotes continued engagement, relapse prevention, and increasing independence as participants demonstrate sustained progress.

Participant Contact Types

- **Office Contacts:** Face-to-face meetings at the case management office are the preferred contact type. Contacts may include random testing, discussion of goals and barriers, review of assignments, referrals, or other structured interactions.
- **Rescheduling:** Participants must provide 24-hour notice if a meeting must be rescheduled. Missed or unexcused appointments may result in a behavioral response.
- **Telehealth Contacts:** May be approved by the Program Coordinator when appropriate. These sessions must meet the same engagement and documentation standards as in-person visits.
- **Field Contacts:** Conducted in the participant's home, workplace, or other community locations as needed. Field contacts are documented in the same manner as office visits.

Individualized Service/Case Plans

Each participant's individualized service or case plan is developed collaboratively by the case manager, treatment providers, and the participant. Plans are guided by validated assessment results, including the ORAS, ASAM Criteria, and IDA. The plan is designed to support the participant's recovery while ensuring accountability and compliance with court and treatment expectations. Service plans are:

- **Specific and Measurable:** Goals are clearly defined, time-bound, and measurable, allowing the team to monitor progress and make timely adjustments.
- **Individualized and Responsive:** Plans address criminogenic risks, substance use severity, co-occurring conditions, and responsivity factors such as motivation, trauma history, and learning style.
- **Dynamic and Adaptive:** Service plans are reviewed regularly during team staffings and updated as the participant progresses through program phases or experiences changes in circumstances.

Team and Program Staffing

Core OWITC operational staff meet weekly prior to court review hearings to discuss participant progress, compliance, and behavioral responses. These meetings typically include the Program Coordinator, Case Manager, Clinical Supervisor, and other designated program staff.

A separate multidisciplinary staffing, facilitated by the Program Coordinator and Clinical Supervisor, occurs biweekly to review treatment engagement and criminogenic needs and to ensure alignment of supervision, services, and behavioral responses with the program's risk-need framework and behavior matrix.

All discussions are confidential and protected under 42 CFR Part 2 and HIPAA regulations.

Case Documentation and ECMS Use

Accurate, timely documentation ensures fair decision-making and coordinated care.

All contacts, updates, and behavioral responses must be entered into the ECMS, which provides a centralized, secure record for all team members.

Documentation Standards

- **Comprehensive and Case-Relevant:** Include all details pertinent to treatment, supervision, and progress.
- **Timely:** Enter notes promptly after interactions or significant events.
- **Clear and Consistent:** Records must be organized, readable, and internally consistent.

Case managers must regularly review ECMS entries for accuracy and completeness.

Failure to maintain current records may affect case decisions or program reporting.

File Requirements

Each participant's record, electronic and, when required, physical, must include:

- Notice of Admission and intake documentation
- Signed OWITC participation agreement and releases of information
- ORAS results, ASAM level of care determination, and IDA/Driver Safety Plan
- Treatment attendance and progress reports
- Drug and alcohol testing results
- Court review summaries and phase advancement records
- Case management notes and referrals
- Discharge summary and aftercare or recovery plan

Records are retained for at least seven years after discharge and secured in accordance with HIPAA and 42 CFR Part 2.

Drug and Alcohol Monitoring and Compliance Protocols

Regular drug and alcohol testing is a core component of accountability and recovery within the Dane County OWI Treatment Court (OWITC). Testing supports participant progress, promotes program integrity, and reinforces sustained sobriety. Testing is available seven days per week, and participants are required to comply with all testing procedures and instructions.

Testing Frequency and Procedures

Participants are tested a minimum of twice per week throughout program participation. Testing occurs on a randomized schedule. Each participant is assigned a dedicated telephone number or notification system managed by the case management agency and is required to check daily to determine whether they are selected to report for testing. It is the participant's responsibility to know testing hours and comply with all instructions.

Testing methods may include urine, breath, or transdermal alcohol detection, depending on the participant's phase, assessed risk and need, and individual circumstances. Testing frequency and method may be adjusted as participants demonstrate sustained compliance and sobriety.

Continuous Alcohol Monitoring (SCRAM)

Continuous alcohol monitoring may be utilized as an accountability and safety tool during early program participation. All participants are required to complete a minimum of sixty (60) days of transdermal alcohol monitoring, which typically occurs during Phase I and may extend into Phase II depending on individual progress and compliance.

The duration of SCRAM monitoring may be extended beyond the minimum requirement on an individual basis in response to noncompliance, relapse risk, or other supervision and treatment considerations, as determined through OWITC Team staffing and judicial approval. Completion of the minimum SCRAM period does not automatically result in removal of monitoring and is contingent upon demonstrated stability and continued compliance.

Testing Outcomes and Response Protocols

Refusal or Missed Drug Test

If a participant misses a scheduled test or is unable to produce a sample, the participant is expected to complete testing the following day. A missed or refused test prompts review by the OWITC Team using the behavior response framework. Continued failure to report for testing may result in documentation of a violation and further review.

Participants who miss a test due to illness or emergency circumstances must provide supporting documentation to avoid a violation.

Positive Drug Test

A positive drug test is defined as the detection of a substance for which the participant does not have a valid prescription. Participants are responsible for maintaining an up-to-date list of prescribed medications and providing verification to their case manager and Department of Corrections agent.

Prohibited substances include alcohol, THC (including Delta variants), CBD, K2, Spice, bath salts, kratom, and any product containing alcohol.

Cannabinoid Baseline

Participants with a history of cannabinoid use are provided a thirty (30) day grace period from program entry to produce a negative cannabinoid test. After two consecutive negative results, any subsequent positive test is treated as new use. Confirmed positive results following prior negatives are addressed through higher-level behavioral responses, which may include increased treatment dosage. Participant honesty regarding use is considered when determining the appropriate response.

Diluted or Tampered Drug Test

A urine sample is considered diluted if it reflects elevated water content, specimen temperatures below 90°F or above 100°F, or a creatinine level below 20 mg/dL. Participants may be required to provide a retest within thirty (30) minutes. Repeated diluted or tampered samples may be treated as a failed test and addressed through the behavior response framework.

Contesting Drug Test Results

Participants have the right to contest a test result. Negative samples may be discarded once recorded. Positive test results are documented as either “positive with admitted use” or “positive with denied use.” Denied positive results require confirmation testing by a certified laboratory. Contested positive samples are sent for third-party verification with a documented chain of custody.

The presiding judge or commissioner does not address positive test outcomes until confirmation testing is complete or the participant admits to use. Diluted test results are addressed through program procedures, which may include repeat testing or other behavioral responses consistent with program policy.

Medical Documentation for Missed Program Requirements

Participants may submit medical documentation to excuse absences from program requirements. All documentation is verified with the issuing medical provider by the case manager. Falsified or invalid documentation is not accepted and may result in a sanction in addition to the missed requirement. Medical documentation must clearly describe the condition that prevented attendance or compliance.

Behavioral Response Implementation and Service Adjustment

The Dane County OWI Treatment Court (OWITC) employs evidence-based behavioral modification practices to reinforce accountability, encourage positive choices, and address non-compliance constructively. Incentives, sanctions, and service adjustments are applied consistently and proportionately to help participants achieve program goals while maintaining fairness and therapeutic intent.

Role of Case Managers

Case managers play a critical role in daily participant supervision and are responsible for administering low- to moderate-level incentives and sanctions. Because they have frequent and consistent contact with participants, case managers are uniquely positioned to deliver timely and meaningful feedback. Proposed higher-level incentives or sanctions are reviewed by the OWITC team during staffing to ensure consistency, proportionality, and due process prior to court action.

Service Adjustments

Service adjustments are supportive interventions used to help participants meet goals or re-engage with services. They are not punitive and are designed to strengthen recovery and accountability through individualized strategies. Examples include:

- Increased frequency of case management contacts.
- Enhanced drug and alcohol testing schedules.
- Assignments or journaling focused on insight and behavior change.
- Reinforcement of treatment attendance and dosage requirements.
- Clinical stabilization or specialized services for co-occurring disorders.
- Short-term counseling with a mental health professional to develop new coping strategies.
- Referral to cognitive-behavioral or trauma-informed programming.

Increases in treatment or case management are considered clinical or criminogenic adjustments, not sanctions. Likewise, decreases in these activities reflect participant progress and stability but are not considered incentives.

Timing of Behavioral Responses

Behavioral responses are most effective when applied immediately after the target behavior occurs. Delays between the behavior and response weaken the connection between cause and consequence. Case managers and the OWITC Team strive to ensure responses are delivered promptly, clearly explained, and paired with constructive feedback to support learning.

Proximal and Distal Goals

The OWITC uses the concepts of proximal and distal goals to guide behavioral responses:

- Proximal goals are short-term, achievable behaviors necessary for long-term success, such as attendance, honesty, and providing untampered drug tests.
- Distal goals are longer-term outcomes, such as sustained abstinence, stable housing, employment, or attitudinal change.

Higher-level sanctions are typically applied when proximal goals are not met, as they reflect fundamental program expectations. Lower-level sanctions or service adjustments may be used for unmet distal goals, recognizing that change occurs gradually. As participants progress, some distal goals may become proximal goals, allowing for more tailored interventions that match the participant's stage of recovery.

Guiding Principles

The Dane County OWI Treatment Court (OWITC) emphasizes that behavior modification is intended to foster change—not punishment. Incentives, sanctions, and service adjustments are applied with consistency, fairness, and therapeutic intent to promote accountability and growth.

Responses are selected using a balanced approach that considers:

- **Accountability:** Ensuring participants understand and take responsibility for their actions.
- **Therapeutic Impact:** Reinforcing behavior change through education, treatment, and skill development.
- **Individualization:** Tailoring interventions to the participant's risk level, motivation, trauma history, and learning style.
- **Timeliness and Clarity:** Delivering responses promptly and explaining their purpose to strengthen learning.
- **Equity and Respect:** Ensuring responses are free from bias and uphold participant dignity.

By adhering to these principles, the OWITC maintains a structure that supports positive, lasting behavior change while strengthening trust, consistency, and collaboration between participants and the court team.

Treatment and Supervision Integration

The OWITC Team meets regularly to review participant progress, share information, and make coordinated decisions regarding treatment, supervision, and incentives or sanctions.

Key integration elements:

- **Judicial Oversight:** The judge maintains consistent engagement through review hearings, reinforcing accountability and motivation.
- **Multidisciplinary Collaboration:** Program Coordinator, Case Managers, treatment providers, and DOC agents coordinate care and share updates.
- **Graduated Responses:** The team applies proportionate incentives or sanctions to encourage behavioral change.
- **Clinical Consultation:** The Service Director or Clinical Supervisor ensures interventions align with treatment goals and best practices.

Community Partnerships and Stakeholder Engagement

The OWITC engages with a network of criminal justice, behavioral health, and community partners to ensure participants have access to comprehensive, coordinated supports. Regular collaboration occurs with:

- Wisconsin Department of Corrections (Probation and Parole)
- Dane County Department of Human Services
- District Attorney and State Public Defender Offices
- Substance use treatment and mental health providers
- Peer and recovery organizations
- Employment and housing agencies

These partnerships strengthen service delivery, enhance communication, and improve participant outcomes through shared responsibility and cross-agency collaboration.

Quality Assurance and Continuous Improvement

The Program Coordinator and Clinical Supervisor oversee continuous monitoring of service delivery to ensure accuracy, consistency, and adherence to OWITC policies and best practices. Quality assurance and program evaluation activities are conducted by the OWITC in collaboration with partner agencies, consistent with each entity's role and authority. Oversight of probation compliance remains the responsibility of the Department of Corrections in accordance with DOC policy and procedure.

Regular QA activities include:

- **File and Documentation Reviews:** Routine audits of case records in the Electronic Case Management System (ECMS) to verify completeness, timeliness, and compliance with confidentiality standards.
- **Case Staffings and Supervision Meetings:** Ongoing multidisciplinary reviews of participant progress to ensure that interventions and behavioral responses remain appropriate and effective.
- **Fidelity to Evidence-Based Models:** Periodic observation and evaluation of treatment and case management practices to confirm alignment with evidence-based curricula such as MRT, T4C, Decision Points, and CBT methodologies.
- **Participant and Provider Feedback:** Use of feedback from participants, treatment providers, and partner agencies to identify service gaps, training needs, and opportunities for improvement.

Corrective Actions and Continuous Learning

When QA activities identify areas for improvement, the OWITC implements targeted corrective actions, which may include staff training, procedural updates, or enhanced supervision. The program fosters a learning culture that values transparency, professional growth, and data-informed decision-making.

Linkage to Broader Evaluation

Findings from ongoing QA efforts inform the program's larger evaluation and performance monitoring processes (see Section XIV: Monitoring, Evaluation, and Continuous Quality Improvement). This integration ensures that both operational practices and long-term outcomes evolve together to enhance program effectiveness, equity, and participant success.

Program Phases and Advancement Procedures

Program Structure and Phases

The Dane County OWI Treatment Court (OWITC) is organized into a structured, five-phase model that promotes accountability, treatment engagement, and sustained recovery. Each phase includes specific goals, supervision requirements, and behavioral expectations designed to support progress and reinforce positive change.

While the OWITC follows a five-phase framework with defined minimum expectations for each phase, the overall program duration is individualized and typically spans approximately twelve (12) months. This structure is consistent with Wisconsin Treatment Court Standards and the Wisconsin Department of Transportation's Intoxicated Driver Program (IDP). In limited circumstances, participants who demonstrate exceptional and sustained progress across all program domains may complete the program in a shorter timeframe with full OWITC Team consensus and judicial approval.

Participants progress through the phases based on demonstrated stability, engagement in treatment, adherence to court and supervision conditions, and consistent abstinence from alcohol and other substances. Advancement is not determined by time alone but by evidence of behavioral change and sustained compliance.

Two-Track Application of Phases

The five-phase structure applies to all participants regardless of assigned track.

- **Track 1 (Intensive Track):** Participants may receive more intensive OWITC program case management and monitoring, including increased contact with program staff, weekly or biweekly judicial review hearings, and more frequent program-based testing and treatment dosage, consistent with higher criminogenic risk and clinical need.
- **Track 2 (Standard Track):** Participants may receive standard OWITC program case management and monitoring with reduced intensity compared to Track 1. Judicial review hearings occur less frequently and follow the phase-based schedule, generally ranging from every four to twelve weeks depending on participant progress and stability. Participants receive standard program contact, randomized testing, and structured behavioral responses to support accountability and continued treatment engagement.

Both tracks share the same goals and expectations for recovery, accountability, and compliance. Differences in service intensity reflect participant risk level and clinical needs, ensuring that all participants receive an appropriate level of support.

Phase I – Orientation and Stabilization (Minimum 30 Days)

Focus: Orientation, completion of assessments, and initiation of treatment and supervision.

Requirements:

- Complete program orientation and review of the OWITC Participation Agreement.
- Complete all required assessments (IDA, DSP, ORAS, ASAM).
- Begin treatment consistent with assessment results and case plan.
- Attend scheduled court hearings and case management sessions.
- Submit to random alcohol and drug testing as directed.
- Participate in enhanced alcohol monitoring and testing as required under program monitoring protocols.
- Demonstrate honesty, punctuality, and consistent attendance.

Track Expectations:

Track 1: Weekly court hearings; frequent contact with case management and treatment providers.

Track 2: Initial orientation with the team and court appearances approximately every four weeks; standard treatment and case management contact.

Criteria for Advancement:

- Minimum 30 days in Phase I.
- Completion of required assessments and initiation of treatment.
- Demonstrated progress toward sobriety and engagement in treatment as verified through testing and provider feedback.
- Compliance with supervision and case management expectations.

Phase II – Active Treatment Engagement (Minimum 60 Days)

Focus: Intensive treatment participation, cognitive-behavioral interventions, and skill development.

Requirements:

- Attend all scheduled treatment sessions per ASAM and DSP recommendations.
- Maintain abstinence and compliance with testing requirements.
- Participate in court hearings and case management sessions.
- Engage in evidence-based cognitive-behavioral programming (MRT, Thinking for a Change, Decision Points).

- Address housing, employment, or family stability needs.

Track Expectations:

Track 1: Biweekly judicial hearings; continued intensive treatment and frequent testing.

Track 2: Court hearings every eight weeks; standard supervision and testing cadence.

Criteria for Advancement:

- Minimum 60 days in Phase II.
- Full compliance with treatment and supervision requirements.
- Demonstrated consistent abstinence from alcohol and drugs, as verified by testing and treatment reports, or significant progress toward sustained recovery as determined by the treatment team.
- Demonstrated participation in behavioral programming.

Phase III – Skill Development and Behavioral Change (Minimum 90 Days)

Focus: Strengthening recovery skills, promoting behavioral change, and building stability.

Requirements:

- Maintain consistent attendance in treatment, supervision, and court sessions.
- Demonstrate progress in behavioral programming and relapse prevention.
- Engage in employment, education, or structured daily activity.
- Participate in peer or recovery support groups.
- Continue random and frequent testing.

Track Expectations:

Track 1: Court hearings every three weeks with ongoing accountability and skill-building focus.

Track 2: Court hearings every twelve weeks emphasizing maintenance of progress and relapse prevention.

Criteria for Advancement:

- Minimum 90 days in Phase III.
- Completion of cognitive-behavioral and relapse-prevention components.
- Thirty consecutive days of negative testing.
- Demonstrated stability in housing, employment, and community engagement.

Phase IV – Maintenance and Community Integration (Minimum 90 Days)

Focus: Sustaining stability, independence, and successful reintegration into the community.

Requirements:

- Attend court hearings as scheduled based on progress.

- Continue participation in aftercare or relapse-prevention programming.
- Maintain employment, housing, and prosocial community engagement.
- Serve as a peer mentor or support newer participants when appropriate.
- Demonstrate financial and legal responsibility, including payment of fines or restitution when applicable.

Track Expectations:

Track 1: Court hearings every four weeks; reduced OWITC program case management and monitoring intensity with a continued focus on relapse prevention and community stability.

Track 2: Court hearings approximately every twelve weeks; maintenance of stability and accountability.

Criteria for Advancement:

- Minimum 90 days in Phase IV.
- Sixty consecutive days of negative testing.
- Demonstrated self-management and ongoing engagement in recovery supports.
- Completion of a written relapse-prevention and continuing-care plan.

Phase V – Aftercare and Graduation Readiness (Minimum 90 Days)

Focus: Preparing for independent recovery and successful completion of OWITC requirements.

Requirements:

- Maintain consistent sobriety and compliance with all conditions.
- Continue participation in community-based recovery or aftercare services.
- Demonstrate adherence to the DSP and completion of all treatment components.
- Participate in review hearings as directed.
- Present a written recovery-maintenance plan to the OWITC Team.

Track Expectations:

Track 1: Court monthly, minimal OWITC program case management and monitoring, with reduced testing while maintaining stability and readiness for graduation.

Track 2: Court approximately every 12 weeks. Ongoing review to verify stability and readiness for graduation.

Graduation Criteria:

- Minimum 90 days in Phase V.
- Ninety consecutive days of negative alcohol and drug tests.
- Completion of all DSP, ASAM, and program requirements.

- Stable employment or pursuit of vocational or educational goals.
- Positive community involvement and prosocial behavior.
- Team recommendation and judicial approval for graduation.

Phase Advancement and Review Procedures

Phase advancement decisions are based on individualized progress rather than time alone. The OWITC Team reviews participant progress during staffing meetings and considers the following factors:

- Compliance with treatment and supervision.
- Attendance and participation in review hearings.
- Testing results and abstinence duration.
- Completion of treatment goals and case plan objectives.
- Demonstration of insight, responsibility, and readiness for greater independence.

Phase advancement requires majority team consensus and judicial approval. Participants are recognized in open court upon advancement to reinforce motivation and success.

Extensions and Terminations

Extensions: Participants may receive a program extension if they demonstrate active engagement but require additional time to achieve consistent sobriety or meet phase goals. Extensions are used as a supportive intervention to reinforce progress rather than as a sanction.

Terminations: Termination may occur when a participant demonstrates repeated or serious noncompliance, disengagement from treatment, or behavior that endangers public safety or undermines program integrity.

Grounds for termination may include:

- Persistent refusal to participate in treatment or case management.
- Repeated substance use with no progress toward recovery.
- New criminal conduct or absconding from supervision.
- Violations that jeopardize the safety of staff, participants, or the community.
- Revocation from DOC supervision.

Termination recommendations are discussed in team staffing and must be approved by the presiding judge. Participants are entitled to due process, including written notice of termination grounds, the right to counsel, and the opportunity to be heard in court.

Graduation and Recognition

Graduation represents the culmination of sustained recovery, compliance, and personal growth. Successful participants are recognized in an open court ceremony attended by the OWITC Team, family, and community members. Graduates are encouraged to remain engaged as mentors, alumni, or peer supporters to promote ongoing community recovery and to serve as role models for new participants.

Incentives, Sanctions, and Behavioral Responses

The Dane County OWI Treatment Court (OWITC) utilizes a structured system of incentives and sanctions to reinforce accountability, promote engagement in treatment, and encourage long-term behavioral change. Consistent application of these responses helps participants connect their actions with consequences, supporting the development of personal responsibility and sustainable recovery.

The OWITC's behavioral response system aligns with the Wisconsin Treatment Court Standards and All Rise Best Practice Standards, ensuring fairness, transparency, and proportionality in all decisions.

Guiding Principles

1. **Consistency and Fairness:** Responses are applied consistently across participants to ensure fairness, transparency, and predictability.
2. **Proportionality:** The magnitude of an incentive or sanction corresponds to the behavior's significance, frequency, and context.
3. **Immediacy:** Responses are applied as soon as possible after the behavior to strengthen the association between the participant's actions and the outcome.
4. **Individualization:** The OWITC Team considers the participant's risk level, responsivity factors, phase of the program, and personal circumstances when determining appropriate responses.
5. **Positive Reinforcement Emphasis:** Incentives are used more frequently than sanctions to promote a positive, strength-based approach to behavior change.
6. **Team Decision-Making:** Incentives and sanctions are determined collaboratively by the OWITC Team during staffings and reviewed by the presiding judge during court sessions. In rare circumstances, participants under Department of Corrections supervision may also be subject to separate responses pursuant to DOC policies and procedures, independent of OWITC program responses.

Incentives

Incentives are rewards or recognitions that reinforce desired behaviors, compliance, and progress toward recovery. Incentives are individualized to each participant's motivations and may include tangible rewards, verbal recognition, or increased privileges.

Examples of Incentives:

- Verbal praise or recognition by the judge during court review.
- Applause or acknowledgment from the team and other participants.
- Advancement to the next phase of the program.
- Increased privileges or flexibility within program expectations (e.g., reduced case management, fewer program contacts).
- Gift cards or vouchers for community establishments.
- Bus passes, gas cards, or assistance with employment resources.

- Certificates of achievement for milestones (e.g., 30, 60, 90 days of sobriety).
- Decreased court appearances for continued compliance.
- Opportunity to mentor new participants.

Incentives are selected to be meaningful, relevant, and achievable, reinforcing internal motivation and engagement in recovery.

Sanctions

Sanctions are structured corrective responses to noncompliant or disruptive behavior. They are intended to be graduated, proportionate, and therapeutic, focusing on accountability while maintaining participant dignity and engagement.

Examples of Sanctionable Behaviors:

- Missed or positive alcohol/drug tests.
- Failure to appear for treatment sessions, supervision contacts, or court hearings.
- Dishonesty or failure to report substance use.
- Noncompliance with Driver Safety Plan (DSP) requirements.
- Missed payments, fines, or community service obligations.
- Inappropriate conduct in treatment, court, or community settings.

Examples of Sanctions:

- Verbal reprimand or judicial admonishment in court.
- Increased frequency of alcohol/drug testing.
- Additional program check-ins or structured corrective meetings focused on accountability and problem-solving.
- Writing assignments or reflective essays.
- Increased treatment dosage or referral for additional services.
- Curfew restrictions or temporary loss of privileges.
- Extended time in current phase.
- Community service hours.
- Brief periods of custody (as a last resort and consistent with program policy).
- Modification of Driver Safety Plan or additional court-ordered requirements.

Sanctions are not punitive; they are corrective tools designed to promote insight, accountability, and behavioral change.

Therapeutic and Service Adjustments

Therapeutic responses and service adjustments address the underlying causes of noncompliance rather than focusing solely on behavioral consequences. The goal is to modify behavior through increased insight, clinical engagement, and enhanced support.

Examples of Service Adjustments:

- Increased frequency or intensity of treatment sessions.
- Individual counseling focused on relapse prevention or motivation.
- Referrals to trauma-specific or mental health services.
- Reassessment for clinical stabilization or medication-assisted treatment (MAT).
- Creation of a behavioral contract outlining expectations and next steps.

Increases or decreases in supervision or treatment are considered program adjustments, not sanctions or incentives. These modifications are based on clinical indicators, progress, and evolving needs. Movement between OWITC tracks may also be used as a program adjustment when clinically or criminogenically appropriate. Track changes are not punitive and are not considered sanctions or incentives. Any adjustment in track assignment is based on validated assessment results, demonstrated participant behavior and engagement, and requires review by the OWITC Team and approval by the presiding judge.

Graduated Response Framework

The OWITC uses a graduated system of responses designed to balance accountability with opportunities for growth. The team applies the least restrictive, most effective intervention necessary to promote compliance and reinforce learning.

Behavioral Response Considerations:

- Frequency and severity of the violation or achievement.
- Participant's phase and prior response history.
- Level of honesty and self-disclosure during review.
- Demonstrated progress toward recovery and supervision goals.
- Responsivity factors such as trauma, cognition, and mental health.

All incentives, sanctions, and adjustments are reviewed by the OWITC Team during staffing before being imposed, except when an immediate judicial response is warranted in court or based on DOC policy/procedure.

Proximal and Distal Goals

Recognizing that change occurs incrementally, the OWITC distinguishes between proximal (short-term) and distal (long-term) goals when determining appropriate behavioral responses.

- Proximal Goals: Immediate, achievable behaviors such as attending treatment, maintaining honesty, or providing clean tests.

- Distal Goals: Long-term objectives such as sustained sobriety, stable employment, and consistent prosocial engagement.

High-level sanctions are reserved for failure to meet proximal goals, while lower-level responses are applied to unmet distal goals. As participants progress, distal goals may become proximal as expectations increase. In rare circumstances, participants under Department of Corrections supervision may be subject to separate custody decisions pursuant to DOC policies and procedures, independent of OWITC team determinations or behavioral responses.

Timing of Responses

For behavioral modification to be effective, responses must be timely and predictable. Delays between participant behavior and response weaken the learning connection.

The OWITC Team strives to apply responses promptly after the behavior is identified — ideally during the next court session — while maintaining fairness, due process, and consistency.

Use of Custody or Jail Sanctions

Custody sanctions are used sparingly and only when less restrictive interventions have been exhausted or when participant behavior poses an immediate threat to public safety or program integrity. Jail sanctions must be:

- Authorized by the presiding judge.
- Proportionate to the violation and consistent with the participant's overall progress.
- Of short duration and clearly defined purpose (e.g., reflection, deterrence, or stabilization).
- Followed by debriefing and re-engagement in treatment upon release.

Whenever possible, the OWITC Team substitutes therapeutic interventions for custodial sanctions, consistent with the Wisconsin Treatment Court Standards.

Roles and Behavior Response Implementation

Case managers and the Program Coordinator are responsible for implementing most low- to moderate-level responses, given their frequent contact with participants. The presiding judge issues high-level sanctions or incentives based on team recommendations.

Reliable and swift monitoring ensures responses remain meaningful, consistent, and aligned with treatment objectives.

Documentation and Review

All incentives, sanctions, and service adjustments are documented in the participant's Electronic Case Management System (ECMS).

Documentation must include:

- The date and nature of the behavior.
- The response applied and rationale.
- Participant's reaction and follow-up plan.

Patterns of behavioral responses are reviewed during quarterly case audits and annual program evaluations to ensure consistency, fairness, and adherence to best practices.

Behavioral Response Meetings

Participants may be required to attend a special meeting with the Program Coordinator, case manager, or treatment provider to review repeated noncompliance. These meetings serve as an early intervention to prevent escalation and encourage self-reflection. The participant's progress plan may be revised to include additional supports or increased monitoring.

Court Hearings and Judicial Interaction

Judicial interaction is a cornerstone of the Dane County OWI Treatment Court (OWITC). Consistent, supportive, and direct engagement between the participant and the presiding judge reinforces accountability, recognizes progress, and strengthens the therapeutic alliance between the court and participants. Court hearings provide a structured opportunity for the OWITC Team to review each participant's progress, discuss challenges, and coordinate supervision, treatment, and incentives or sanctions.

Role of the Judge

The presiding judge serves as the central figure of the OWITC Team, promoting collaboration, consistency, and participant motivation. The judge's interaction style is respectful, encouraging, and firm, emphasizing both accountability and the court's commitment to participant success.

Judicial responsibilities include:

- Reviewing participant progress, treatment updates, and compliance data prior to each hearing.
- Communicating directly with participants during court sessions regarding their progress, challenges, and goals.
- Delivering incentives and sanctions in a consistent, transparent manner.
- Encouraging participant accountability, sobriety, and positive lifestyle changes.
- Leading team discussions and final decisions regarding phase advancement, sanctions, extensions, or terminations.
- Maintaining fairness, impartiality, and adherence to due process principles.

The judge's approach combines judicial authority with empathy and motivational interviewing principles to foster engagement and long-term recovery.

Hearing Schedule

The frequency of review hearings is determined by the participant's assigned track, current phase, progress, and level of stability. Track 1 participants receive a higher level of judicial oversight and appear more frequently in the early phases of the program. Track 2 participants appear less frequently, with hearing schedules based on phase expectations and demonstrated progress. Participants may be scheduled for court review at different times based on track assignment, phase, and program needs to support efficient docket management and individualized judicial oversight.

Track 1 Hearing Schedule (Intensive Track)

- **Phase I:** Weekly hearings to support stabilization and close monitoring.
- **Phase II:** Biweekly hearings depending on participant progress.
- **Phase III:** Hearings approximately every three weeks as stability improves.
- **Phase IV:** Hearings every four weeks based on performance and compliance.
- **Phase V:** Hearings occur monthly, with reduced frequency for participants demonstrating sustained progress.

Track 2 Hearing Schedule (Standard Track)

- **Phase I:** Hearings approximately every four weeks.
- **Phase II:** Hearings approximately every eight weeks.
- **Phase III:** Hearings approximately every twelve weeks.
- **Phase IV:** Hearings every twelve weeks based on stability and compliance.
- **Phase V:** Hearing every twelve weeks, scheduled as needed to support graduation readiness.

Adjustments to Hearing Frequency

The OWITC Team may increase or decrease hearing frequency at any time in response to participant behavior, progress, relapse concerns, or emerging supervision and treatment needs. Hearing schedules may also be modified to support incentives or behavioral responses consistent with the OWITC Behavior Response Matrix.

Pre-Court Staffing Meetings

The OWITC Team conducts a staffing meeting prior to each court session to review participant progress, address concerns, and determine appropriate incentives, sanctions, or phase advancements. Staffing discussions inform hearing schedules and agenda preparation, and the OWITC Team is notified in advance regarding participants scheduled for court review.

Staffing Objectives:

- Review progress reports from case managers, treatment providers, and probation agents.
- Discuss participant behavior, treatment compliance, and testing results.
- Develop consensus recommendations for judicial decisions.
- Identify emerging needs or responsivity factors that may affect engagement.
- Plan coordinated interventions and updates to case plans.

All team members are expected to attend staffings and contribute relevant information. Final decisions are made collaboratively, with the presiding judge holding ultimate authority.

Court Session Format

OWITC court hearings follow a consistent and supportive structure that emphasizes transparency, encouragement, and accountability.

Standard Court Session Sequence:

1. **Call to Order:** The session begins with introductions and an overview of the docket.
2. **Participant Review:** Participants are called individually for progress updates and discussion.

3. **Judicial Interaction:** The judge engages directly with each participant, providing feedback, encouragement, and guidance.
4. **Recognition and Sanctions:** Incentives and sanctions determined during staffing are applied in open court.
5. **Phase Advancement or Graduation:** Participants achieving milestones are acknowledged publicly.
6. **Group Reinforcement:** The judge may close the session with remarks emphasizing progress, shared accountability, and community support.

Hearings are conducted in a respectful and motivational manner, maintaining the dignity of all participants and emphasizing progress over punishment.

Participant Conduct in Court

Participants are expected to:

- Arrive on time, dress appropriately, and maintain respectful behavior.
- Address the judge and court personnel respectfully and follow courtroom decorum.
- Bring required documentation, such as attendance sheets, test results, or proof of community involvement.
- Be prepared to discuss recent challenges and accomplishments.
- Refrain from using cell phones or other electronic devices during court proceedings.

Failure to comply with courtroom expectations may result in a sanction, such as additional assignments or delayed phase advancement.

Attendance Requirements

Attendance at all scheduled court hearings is mandatory unless excused in advance by the Program Coordinator, agent, or presiding judge.

- Participants who fail to appear without prior approval may face sanctions or increased supervision.
- Absences due to verified medical emergencies, treatment appointments, or employment conflicts must be communicated in advance and documented as appropriate.
- Unexcused absences may result in a formal review of program participation status.

Judicial Interaction Principles

Research demonstrates that consistent, meaningful judicial interaction improves participant outcomes. The OWITC judge employs evidence-based engagement practices, including:

- Using positive reinforcement to celebrate participant progress.
- Employing motivational interviewing techniques to explore barriers and solutions.
- Maintaining a conversational and supportive tone while upholding accountability.

- Encouraging participants to share insights, challenges, and goals.
- Providing immediate, proportionate feedback in response to participant behavior.

The judge's consistent presence reinforces the program's credibility and demonstrates judicial commitment to each participant's recovery journey.

Confidentiality and Information Sharing

All discussions during staffing and court sessions comply with confidentiality requirements under 42 CFR Part 2, HIPAA, and Wisconsin law. Only information relevant to participant progress, compliance, and treatment planning is discussed in court. Sensitive details may be addressed privately or in staffing when appropriate.

Courtroom Environment

The OWITC courtroom atmosphere is designed to be respectful, supportive, and motivational. The goal is to foster a sense of community among participants while reinforcing the seriousness of recovery and compliance. Judges, team members, and participants are encouraged to acknowledge progress and offer encouragement to peers.

Team Roles and Responsibilities

The Dane County OWI Treatment Court (OWITC) operates through a collaborative, multidisciplinary team approach that integrates the judicial, legal, clinical, and supervisory functions necessary for participant success. Each team member contributes specialized expertise and shares responsibility for implementing the program's mission, promoting accountability, and ensuring fidelity to evidence-based practices.

The OWITC Team meets regularly to review participant progress, coordinate interventions, and make decisions related to incentives, sanctions, phase advancement, and graduation. The presiding judge holds final authority on all program decisions following team consensus discussions.

The composition, roles, and responsibilities of the OWITC Team are consistent with the Wisconsin Treatment Court Standards and All Rise Best Practice Standards.

Guiding Principles

1. **Collaboration:** All disciplines contribute to participant success through shared decision-making and open communication.
2. **Consistency:** Decisions are grounded in standardized criteria and applied fairly across participants.
3. **Transparency:** All team processes are documented, and rationales for decisions are communicated clearly.
4. **Confidentiality:** All team members safeguard participant information in accordance with HIPAA and 42 CFR Part 2.
5. **Continuous Learning:** The team engages in regular training and evaluation to maintain alignment with emerging best practices.

Team Composition

Core team members include:

- Presiding Judge
- Program Coordinator
- Case Manager
- Department of Corrections (DOC) Agent
- District Attorney Representative
- Defense Counsel Representative
- Treatment Provider Representative(s)
- Law Enforcement Liaison (as applicable)
- Clinical Supervisor or Behavioral Health Representative
- Data or Evaluation Specialist (as applicable)

Additional members may be invited to staffing meetings or consultations as needed, such as peer specialists, recovery coaches, or community service providers.

Team Meetings and Staffing

The OWITC Team meets weekly (or as otherwise scheduled) to:

- Review participant progress reports and testing results.
- Discuss treatment engagement, supervision compliance, and behavioral observations.
- Determine appropriate incentives, sanctions, and phase advancements.
- Identify participants requiring case plan adjustments or clinical review.
- Review program performance and discuss process improvements.

Attendance at staffing meetings is expected for all core members. Substitutes must be designated in advance when a member cannot attend. All discussions and documents shared during team meetings are confidential and protected under 42 CFR Part 2 and HIPAA.

Individual Team Roles and Responsibilities

The OWITC Team meets weekly (or as otherwise scheduled) to:

Presiding Judge

The presiding judge provides leadership, oversight, and consistent engagement with participants.

Responsibilities include:

- Chairing OWITC Team meetings and facilitating consensus-based decision-making.

- Conducting review hearings and interacting directly with participants to reinforce accountability and motivation.
- Reviewing and approving all decisions regarding phase advancement, sanctions, extensions, or terminations.
- Upholding due process, fairness, and transparency in all program decisions.
- Promoting community awareness and stakeholder confidence in the OWITC.

The judge's interaction style models respect, encouragement, and consistency, fostering a positive therapeutic relationship that enhances participant engagement and program credibility.

Program Coordinator

The Program Coordinator manages the day-to-day operations of the OWITC and ensures coordination among supervision, treatment, and judicial components.

Responsibilities include:

- Coordinating team meetings, staffing agendas, and court calendars.
- Reviewing referrals and conducting initial eligibility screenings.
- Scheduling assessments and facilitating the intake process, including administration of the ORAS, ASAM, and IDA tools.
- Maintaining participant records, court documentation, and program databases.
- Communicating with legal counsel, treatment providers, and supervising agents regarding participant progress.
- Ensuring compliance with confidentiality standards and data integrity.
- Supporting quality assurance activities, including data collection, reporting, and evaluation.

The Program Coordinator serves as the primary liaison between the court and service providers to maintain seamless communication and consistency in supervision.

Case Manager

The Case Manager provides direct participant support, facilitates individualized case planning, and monitors compliance with supervision and treatment requirements.

Responsibilities include:

- Developing and maintaining individualized case plans based on ORAS, ASAM, and IDA results.
- Conducting regular participant check-ins, either in person or virtually.
- Coordinating service referrals for treatment, housing, employment, or supportive resources.
- Monitoring compliance with treatment attendance, testing schedules, and court appearances.
- Providing progress updates to the team and recommending case plan modifications as needed.
- Encouraging accountability, motivation, and goal-setting through consistent engagement.

- Documenting all contacts and interventions in the participant record in a timely manner.

Case Managers act as the primary point of contact for participants and play a key role in reinforcing recovery, promoting self-efficacy, and supporting relapse prevention.

Department of Corrections (DOC) Agent

The DOC Agent monitors participants' probation compliance and collaborates closely with the OWITC Team to ensure consistency in supervision and treatment.

Responsibilities include:

- Enforcing probation conditions consistent with OWITC expectations and DOC policy/procedure.
- Sharing relevant information regarding participant progress or violations.
- Coordinating with the Program Coordinator on compliance issues, sanctions, or violations.
- Ensuring risk reduction and accountability through appropriate supervision contacts.
- Participating in team staffings and contributing to sanction or incentive recommendations.

The DOC Agent ensures probation supervision supports OWITC goals by focusing on compliance with DOC-imposed conditions, while avoiding duplicative requirements that are already addressed through OWITC program monitoring and court review.

District Attorney (Prosecutor)

The District Attorney Representative safeguards community safety and ensures the integrity of program operations while supporting participant rehabilitation.

Responsibilities include:

- Reviewing cases for legal eligibility and providing input during referral and screening.
- Participating in team staffings to assess compliance, progress, and risk.
- Contributing to recommendations regarding sanctions, incentives, and graduation.
- Ensuring public safety and advocating for balanced accountability.
- Collaborating with defense and treatment partners to promote fair, effective case resolutions.

The District Attorney's role balances community protection with rehabilitative goals consistent with the OWITC mission.

Defense Counsel

The Defense Representative ensures that participant rights are protected and that due process is observed throughout participation.

Responsibilities include:

- Advising participants on program expectations and legal implications of participation.
- Ensuring voluntary, informed consent to all program agreements.

- Representing the participant’s perspective in team discussions and staffing meetings.
- Advocating for appropriate interventions that support rehabilitation while safeguarding legal rights.
- Promoting participant understanding of program requirements and court orders.

Defense Counsel plays an active, collaborative role in staffings while maintaining ethical duties of client confidentiality and advocacy.

Treatment Provider(s)

Treatment Providers deliver evidence-based clinical services addressing substance use disorders, co-occurring conditions, and other behavioral health needs.

Responsibilities include:

- Completing comprehensive clinical assessments and developing individualized treatment plans.
- Delivering treatment consistent with ASAM placement, IDA recommendations, and case plan objectives.
- Providing regular written and verbal progress updates to the team.
- Collaborating with case managers to coordinate care, monitor compliance, and address treatment barriers.
- Notifying the Program Coordinator of significant changes in treatment status or relapse incidents.

Treatment Providers ensure therapeutic services remain individualized, evidence-based, and aligned with participant needs and program expectations.

Clinical Supervisor or Behavioral Health Representative

The Clinical Supervisor provides oversight of treatment services and clinical quality assurance.

Responsibilities include:

- Ensuring fidelity to evidence-based treatment practices.
- Providing consultation to the team regarding clinical or diagnostic concerns.
- Assisting with treatment plan reviews and modifications as participant needs evolve.
- Supporting the integration of trauma-informed and culturally responsive care approaches.

The Clinical Supervisor ensures that treatment services within OWITC maintain quality, ethical integrity, and alignment with best practices.

Law Enforcement Liaison (as applicable)

The Law Enforcement Liaison supports community safety and provides insight into participant interactions with law enforcement.

Responsibilities include:

- Assisting with participant monitoring and welfare checks when appropriate.
- Providing relevant updates regarding arrests or new charges.
- Supporting participant safety and community trust through constructive engagement.

Law enforcement participation strengthens collaboration between the criminal justice system and the treatment court, promoting transparency and mutual accountability.

Collaboration and Communication

All team members share responsibility for:

- Maintaining consistent communication and mutual respect across disciplines.
- Ensuring timely exchange of relevant information while maintaining confidentiality.
- Promoting transparency in decision-making and fostering shared accountability for outcomes.
- Participating in cross-training and continuing education related to treatment court best practices.

Effective collaboration and open communication are essential to maintaining program integrity and achieving successful participant outcomes.

Confidentiality and Data Protection

The Dane County OWI Treatment Court (OWITC) is committed to protecting the confidentiality and privacy of participant information in compliance with all applicable federal, state, and local regulations. Maintaining participant trust and data integrity is essential to program credibility, ethical operations, and compliance with legal requirements. Policies and practices are designed to ensure participant information is handled securely while allowing effective communication among authorized team members for treatment, supervision, and judicial coordination.

Confidentiality Policies

The Dane County OWI Treatment Court (OWITC) is committed to maintaining the confidentiality and privacy of participant information in compliance with federal, state, and local laws. Policies are designed to protect sensitive information while ensuring effective communication among team members.

Key Policies:

- **Compliance with HIPAA and 42 CFR Part 2:** All participant information is protected under the Health Insurance Portability and Accountability Act (HIPAA) and the federal regulations governing Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2).
- **Participant Consent:** Participants must sign a Release of Information (ROI) form specifying what information may be shared, with whom, and for what purposes.
- **Authorized Access:** Access to participant information is limited to authorized team members, including case managers, treatment providers, judicial officers, and other stakeholders directly involved in participant care.

- **Information Sharing:** Confidential information may only be shared for purposes related to treatment planning, case management, compliance monitoring, and program evaluation.
- **Training:** All team members must complete annual training on confidentiality laws, data security protocols, and ethical information-sharing practices.

Data Management and Security

To protect participant information, the OWITC employs rigorous data management and security protocols. These protocols ensure that all electronic and physical records are secure, accessible only to authorized personnel, and used appropriately.

Data Management Policies:

- **Electronic Case Management System (ECMS):** Participant data is stored in a secure, password-protected case management system that is accessible only to authorized personnel.
- **Physical Records:** Paper files are maintained in locked cabinets within restricted-access areas.
- **Data Retention:** Participant records are retained for a minimum of seven years after program discharge, in compliance with state and federal guidelines.
- **Data Encryption:** All electronic communications containing sensitive information are encrypted to prevent unauthorized access.
- **Access Controls:** User access to data systems is role-based, ensuring team members only access information relevant to their responsibilities.
- **Audit Trails:** Systems include audit trails to track access and modifications to participant records, ensuring accountability and transparency.

Security Protocols:

- **Regular Security Reviews:** Periodic reviews of data security practices are conducted to identify and address potential vulnerabilities.
- **Data Backups:** Regular backups of all electronic records are performed to prevent data loss in the event of a system failure.
- **Staff Training:** Team members receive annual training on data security practices, including secure data handling, password management, and identifying phishing or malware threats.

Reporting Breaches

The OWITC has established clear procedures for identifying, reporting, and addressing breaches of participant confidentiality or data security.

Steps for Reporting Breaches:

1. **Identification:** Any team member who discovers or suspects a breach must immediately report the incident to the Program Coordinator.
2. **Investigation:** The Program Coordinator conducts an investigation to determine the nature, scope, and impact of the breach.

3. Notification: If a breach is confirmed, affected participants are notified in writing within ten (10) business days. Notifications include details of the breach, potential risks, and steps participants can take to protect their information.
4. Corrective Action: The Program Coordinator, in consultation with relevant stakeholders, implements corrective measures to prevent future breaches. This may include:
 - Additional staff training on confidentiality and data security.
 - Updates to security protocols or access controls.
 - Disciplinary action for personnel responsible for the breach, as appropriate.
5. Documentation: All breaches are documented, including the date of discovery, investigative findings, actions taken, and any follow-up measures.

By adhering to strict confidentiality, data management, and breach reporting policies, the OWITC ensures the integrity, security, and privacy of participant information at all times.

Compliance and Ethics

Legal and Regulatory Compliance

The Dane County OWI Treatment Court (OWITC) is committed to maintaining full compliance with all applicable local, state, and federal laws and regulations. This includes adherence to Wisconsin state guidelines for treatment courts, confidentiality laws, and standards established by state and national governing bodies.

Staff receive regular training to ensure they understand and follow all relevant legal requirements, including confidentiality provisions under Wisconsin Statute 51.30 and Federal Regulation 42 CFR Part 2. These standards ensure that participant information, supervision practices, and treatment services are administered ethically and lawfully.

Code of Ethics

All OWITC Team members are expected to uphold the highest ethical standards in their interactions with participants, colleagues, and community partners. This includes providing equitable and unbiased support, maintaining professionalism, and safeguarding participant confidentiality at all times.

Team members must also adhere to evidence-based and culturally responsive practices to ensure that program interventions are effective, fair, and grounded in current research and best-practice principles.

Conflict of Interest Policies

To maintain impartiality and public confidence, OWITC staff and partners must disclose any relationships, dual roles, or personal interests that could compromise—or appear to compromise—their objectivity or professional judgment.

Any potential conflicts must be reported to the Program Coordinator, who will consult with the OWITC Team to determine appropriate steps for resolution in accordance with ethical standards and program policies. Documentation of the disclosure and resolution process will be maintained in accordance with confidentiality and personnel policies.

Termination Process

The Dane County OWI Treatment Court strives to ensure that participants are provided every opportunity to succeed. Before initiating termination, the Team will exhaust all reasonable measures to engage the participant, address challenges, and provide additional supports as appropriate. This may include revisions to treatment plans, increased supervision or services, or temporary stabilization measures. Public safety and participant welfare remain top priorities throughout the process. Termination decisions are guided by evidence-based best practices, clinical judgment, and the principles of fairness and transparency.

Termination Criteria

1. Self-Request

Participants may voluntarily withdraw from the program. Before proceeding, they are encouraged to consult with their State Public Defender (SPD) liaison and any supervising Department of Corrections (DOC) agent.

2. Disqualifying Subsequent Offense

A disqualifying offense includes any charge classified as a *violent felony* under Wisconsin law, a new Operating While Intoxicated (OWI) offense, or delivery of controlled substances.

- A new charge does not automatically result in termination; however, the OWITC prosecutor may file a motion to terminate depending on the severity and circumstances.
- A conviction of a disqualifying offense may trigger termination proceedings if it prevents the participant from meeting program requirements.
- Arrests alone do not automatically result in termination but may lead to review for possible program violations.

3. Program Violations

Termination may be considered for repeated or severe violations, including but not limited to:

- Repeated drug or alcohol test tampering or attempts to falsify results
- Persistent non-compliance with program expectations or court orders
- Failure to follow treatment recommendations or attend required services
- Discharge from treatment due to rule violations or non-attendance
- Falsification of documentation or program records
- Engaging in prohibited contact or substance use with other participants
- Breach of confidentiality or disruptive behavior that undermines program integrity

Termination Hearing

If the OWITC prosecutor files a motion to terminate, the participant will be provided written notice of the motion and the scheduled termination hearing.

Filing a motion triggers a formal review process but does not guarantee termination.

- **Right to Counsel:** Participants have the right to legal representation during the hearing, which may be provided through the State Public Defender’s Office or another legal source.
- **Hearing Process:** Both prosecution and defense may present arguments. The presiding judge reviews the evidence and determines whether termination is appropriate or whether continued participation is warranted.

Administrative Termination

Administrative termination may occur when a participant fails to attend review hearings or maintain contact with OWITC staff for 90 consecutive days.

- The case will be classified as an unsuccessful completion.
- A formal hearing may not be required, but the presiding judge will review the record and enter the termination order administratively.

DOC Revocation and Termination

If a participant under DOC supervision faces probation or extended-supervision revocation, the OWITC Team will confer with the supervising agent and legal counsel to determine whether continued participation is feasible. If not, a termination hearing will be scheduled to formally conclude OWITC involvement.

After Termination

Following termination, the participant’s next steps are determined by the judgment of conviction:

- **Withheld Sentencing:** Participant returns to court for sentencing.
- **Imposed and Stayed Sentence:** Participant begins serving the imposed sentence.
- **Withheld Adjudication:** Participant returns for adjudication of guilt and sentencing.

By maintaining clear termination procedures and ensuring due process at every stage, the OWITC promotes fairness, transparency, and accountability while balancing rehabilitation goals with community safety

Crisis Management and Safety Protocols

Emergency Procedures

The OWITC has established emergency response protocols to ensure staff and participant safety in the event of a medical, behavioral, or safety-related crisis. Staff are required to take immediate, appropriate action when responding to an emergency.

Procedures include:

1. **Follow Standardized Response Protocols:**
Staff must respond promptly to ensure participant and community safety while documenting all incidents accurately.

2. **Notify the Program Leadership:**
All emergencies must be reported immediately to the Program Coordinator, Service Director, or other designated leadership.
3. **Contact Emergency Services:**
If immediate medical, mental health, or law enforcement assistance is required, staff must contact 911 or relevant emergency services.
4. **Document the Incident:**
A written incident report must be completed within twenty-four (24) hours, detailing the nature of the emergency, actions taken, and any follow-up measures implemented.
5. **Post-Incident Review:**
The Program Coordinator and Service Director will review each incident to assess response effectiveness and determine whether procedural updates or staff training are needed.

All OWITC staff should receive annual training on crisis management, emergency response, and de-escalation protocols to ensure consistent, competent action during critical situations.

Risk Assessment Protocols

The OWITC employs ongoing risk assessment procedures to identify and mitigate safety concerns during intake and throughout program participation. These assessments help ensure appropriate supports are in place to reduce the likelihood of harm to self or others.

Key Procedures:

- **Initial Risk Screening:**
During intake, case managers conduct risk screenings using validated tools such as the *Columbia Suicide Severity Rating Scale (C-SSRS)* and other behavioral health instruments to identify potential risks.
- **Ongoing Monitoring:**
Participant behavior and engagement are reviewed continuously through case management meetings, supervision sessions, and judicial review hearings. Any change in risk level is immediately discussed with the treatment team.
- **Service Plan Adjustments:**
Individualized case plans are modified as needed to address identified risks, which may include mental health services, safety planning, crisis intervention referrals, or increased supervision contacts.
- **Consultation with Mental Health Professionals:**
When high-risk concerns arise, the Service Director or designated mental health professional provides guidance on appropriate interventions and safety measures.

These procedures ensure that participant and community safety remain central to all OWITC operations.

De-escalation Techniques

OWITC staff are trained in de-escalation and trauma-informed engagement strategies to reduce tension and prevent crises from escalating into unsafe situations. Staff employ communication and behavioral techniques designed to foster calm and collaboration.

Core De-escalation Strategies:

- **Active Listening:** Allowing participants to express their emotions or frustrations without interruption while demonstrating empathy and understanding.
- **Verbal De-escalation:** Using calm, non-confrontational language and tone to redirect focus and defuse conflict.
- **Crisis Intervention Skills:** Applying evidence-based methods to manage distress and promote participant self-regulation.
- **Referral and Support:** Connecting participants to mental health or crisis resources, such as the Dane County Crisis Intervention Team or emergency behavioral health services, when needed.

These methods support the OWITC's trauma-informed approach and reinforce the program's commitment to participant dignity and emotional safety.

Client Feedback Mechanism

The OWITC values participant feedback as an important part of maintaining program quality and responsiveness. Feedback is used to evaluate program services, inform training, and improve operations.

Feedback Channels:

- **Scheduled Surveys:** Anonymous participant surveys are conducted at regular intervals to assess satisfaction with treatment, case management, and court interactions.
- **Direct Communication:** Participants may provide feedback directly to their case manager, treatment provider, or the Program Coordinator at any time.
- **Review and Action:** Feedback is reviewed by the Program Coordinator and the OWITC Team to identify trends, address concerns, and implement improvements.

This process ensures that participant voices contribute to continuous program improvement and a supportive, equitable court environment.

Grievance Process for Participants and Program Staff

This grievance process applies solely to services, practices, and staff operating under the Dane County OWI Treatment Court (OWITC) program and its contracted case management services. Detailed client rights information and formal grievance procedures are provided to participants in a separate document at intake.

The OWITC grievance process is intended to promote fairness, transparency, and timely resolution of concerns.

Participant Grievances

- Participants who wish to raise a concern, complaint, or grievance and feel comfortable addressing the issue with program staff may report the matter directly to their case manager or a supervisory staff member.
- Program staff will make reasonable efforts to address concerns informally when appropriate and document the issue as needed.

- Participants who have a substantial grievance or wish to file a formal complaint with a Client Rights Specialist who is not affiliated with the OWITC program are directed to review the client rights and grievance document provided at intake. This form can also be obtained from the resource center in the program office.
- Formal grievances must be completed and submitted in accordance with the procedures and contact information outlined in that document.

Program Staff Grievances

- Staff employed by the program operator may submit grievances related to OWITC program operations or workplace concerns to their direct supervisor, consistent with organizational personnel policies.
- Complex or unresolved issues may be elevated to the Service Director or appropriate administrator for review.

By maintaining clear and accessible options for addressing concerns, the Dane County OWI Treatment Court promotes accountability, transparency, and trust among participants and program staff.

Monitoring, Evaluation, and Continuous Quality Improvement

Purpose and Commitment

The Dane County OWI Treatment Court (OWITC) is committed to continuous quality improvement through systematic monitoring, data analysis, and stakeholder feedback. Ongoing evaluation ensures that program practices remain consistent with state and national treatment court standards, align with evidence-based principles, and produce positive outcomes for participants and the community.

The OWITC employs various performance metrics to evaluate program effectiveness and participant outcomes. These measures help assess progress, inform program adjustments, and maintain fidelity to best practices and Wisconsin Treatment Court Standards.

Performance Metrics

Key performance metrics include:

- **Participant Retention Rates:** Monitoring the percentage of participants who remain engaged in the program.
- **Graduation Rates:** Tracking successful program completions.
- **Recidivism Rates:** Evaluating reoffending rates post-graduation to assess the program's impact on public safety.
- **Sobriety Outcomes:** Measuring participant success in achieving and maintaining abstinence through regular drug and alcohol testing results.

- **Participant Progress:** Monitoring advancements in employment, education, housing stability, and other recovery-related goals.
- **Engagement in Services:** Evaluating participation in treatment, supervision, and community-based support.
- **Equity and Accessibility:** Reviewing demographic data to identify and address disparities in admissions, retention, and completion.

These indicators are reviewed quarterly and used to guide data-driven program improvements and resource allocation.

Data Collection Methods

Data collection is conducted systematically to ensure accuracy and consistency in program evaluation.

Tools and systems include:

- **Electronic Case Management System (ECMS):** Used to document case notes, participant progress, and compliance with program requirements.
- **Drug and Alcohol Testing Reports:** Documented results from randomized testing to monitor participant sobriety.
- **Treatment Provider Reports:** Regular updates from licensed treatment providers detailing engagement, progress, and discharge status.
- **Judicial Review Records:** Documentation of court review outcomes, sanctions, incentives, and phase advancements.
- **Participant Surveys:** Surveys and exit interviews used to gather feedback on satisfaction, perceived fairness, and overall program impact.

The Program Coordinator ensures all data are accurate, complete, and compliant with confidentiality regulations (HIPAA and 42 CFR Part 2).

Reporting Procedures

The OWITC maintains a structured reporting process to promote transparency, accountability, and program success.

Key reporting processes include:

- **Case Manager Reports:** Submitted regularly to document participant compliance, behavior, and progress.
- **Program Coordinator Oversight:** Responsible for compiling and analyzing data to identify trends and ensure consistency across participants.
- **Advisory Board Updates:** Quarterly and annual performance reports are provided to the Advisory Board for review and feedback.
- **Stakeholder Reports:** Reports shared with funding agencies, community partners, and judicial leadership highlighting successes, challenges, and opportunities for growth.

These reporting procedures ensure stakeholders remain informed and that operations align with best practices and statutory standards.

Continuous Quality Improvement (CQI) Process

To enhance program effectiveness, the OWITC implements a structured Continuous Quality Improvement (CQI) framework that includes:

1. **Quarterly Data Review:** The OWITC Team reviews program performance, participant outcomes, and service delivery to identify areas of strength and improvement.
2. **Annual Evaluation:** The Program Coordinator leads an annual evaluation summarizing key metrics, emerging trends, and program goals for the coming year.
3. **Advisory Board Oversight:** The Advisory Board reviews quarterly and annual reports and provides recommendations for policy or operational adjustments.
4. **Feedback Integration:** Staff, participants, and partners provide input through surveys, focus groups, and debrief sessions to inform ongoing improvement.
5. **Action Planning and Implementation:** Identified areas for improvement are translated into actionable strategies with clear timelines and accountability measures.
6. **Documentation and Accountability:** All CQI activities, including findings and follow-up actions, are documented to ensure transparency and continuous progress tracking.

Equity and Accessibility Review

The OWITC actively monitors demographic and outcome data to identify disparities in participant access, engagement, or success.

Annual reviews focus on:

- Admission and completion rates by demographic group.
- Treatment and sanction patterns to ensure fairness.
- Feedback from participants related to inclusivity and accessibility.

When disparities are identified, the OWITC collaborates with the Advisory Board to develop corrective strategies such as staff training, procedural adjustments, or enhanced outreach.

Staff Training and Professional Development

Comprehensive and ongoing training ensures that staff are knowledgeable, effective, and aligned with current best practices.

Initial Training Requirements

All team members must complete onboarding training covering:

- OWITC philosophy and operations, including the Ten Key Components.
- Roles and responsibilities of each team member.
- Evidence-based interventions (CBT, motivational interviewing, trauma-informed care).

- Use of validated tools such as ORAS, ASAM, and the Impaired Driver Assessment (IDA).
- Confidentiality and ethics (HIPAA, 42 CFR Part 2).
- Cultural competency, implicit bias, and equity in service delivery.

Ongoing Professional Development

OWITC establishes a minimum expectation of at least **12 hours of annual training** for team members who participate in program operations, decision-making, or oversight but are not responsible for direct case management or service delivery. This baseline ensures all team actors maintain familiarity with treatment court principles and program expectations.

Training topics include:

- Emerging treatment court best practices and standards.
- Substance use trends and evolving treatment modalities.
- Trauma-informed and recovery-oriented care.
- Mental health crisis intervention and co-occurring disorder management.
- Cultural responsiveness and equity initiatives.

Case managers and other direct service staff are subject to additional training requirements based on their roles, professional licensure, certification standards, funding requirements, and employer policies, which exceed this minimum and are addressed through separate personnel and program procedures.

Team members are encouraged to attend conferences and role-specific trainings offered by WATCP, All Rise, and other professional organizations.

Supervision and Support

The OWITC fosters a supportive learning environment through:

- Regular team meetings for shared problem-solving.
- Cross-training opportunities to strengthen interdisciplinary understanding.
- Mentorship and peer consultation to build professional capacity.
- Training documentation maintained by the Program Coordinator, including attendance, certificates, and materials.

External Evaluation and Research Collaboration

The OWITC may collaborate with academic or independent research partners to assess program fidelity and outcomes.

External evaluations may include:

- Analysis of long-term recidivism and sobriety outcomes.
- Validation of assessment tools and risk measures.
- Evaluation of program accessibility and participant satisfaction.

All external evaluations are approved by the Advisory Board and conducted in compliance with confidentiality and data protection requirements.

Confidentiality and Data Security

All evaluation and data management activities comply with HIPAA and 42 CFR Part 2.

Key security measures include:

- Secure ECMS with role-based access permissions.
- Encryption of all electronic communications containing participant data.
- Retention of records for a minimum of seven years post-discharge.
- Documentation of all data-sharing activities and audit trails for accountability.

Only authorized personnel may access identifiable participant information. Data shared for evaluation or reporting purposes are de-identified prior to release.

Policy Review and Amendments

Review Cycle for Policies and Procedures

The Dane County OWI Treatment Court (OWITC) conducts an annual review of its policies and procedures to ensure continued alignment with Wisconsin Treatment Court Standards, All Rise Best Practice Standards, and current evidence-based practices.

The review process ensures that the OWITC remains compliant with all applicable federal, state, and local laws while adapting to emerging research, stakeholder feedback, and operational lessons learned. The purpose of the annual review is to maintain consistency, transparency, and program fidelity across all aspects of operation.

The policy and procedure review is led by the Program Coordinator and includes input from:

- Core OWITC Team Members
- Partner Agencies and Treatment Providers
- Advisory Board Members
- County Stakeholders and Funding Partners

This collaborative approach ensures that all perspectives are considered, and that policies remain relevant, practical, and consistent with the program's mission.

Process for Policy Amendments

Proposed amendments to the OWITC Policy and Procedure Manual may be initiated by any team member, stakeholder, or Advisory Board member. The amendment process follows a structured review to ensure quality, consistency, and accountability.

Amendment Process Steps

1. **Proposal Submission:** Any OWITC team member, partner agency, or Advisory Board representative may submit a written proposal outlining the recommended policy change and rationale.
2. **Program Coordinator Review:** The Program Coordinator evaluates the proposed change for compliance with existing laws, treatment court standards, and alignment with program goals.
3. **Team Review and Input:** The full OWITC Team reviews proposed amendments during a scheduled team meeting. Members discuss potential operational impacts, alignment with evidence-based practices, and implementation strategies.
4. **Advisory Board Consideration:** Reviewed amendments are presented to the Advisory Board for feedback, discussion, and approval. The Advisory Board may request revisions, defer implementation, or approve the amendment for adoption.
5. **Approval and Implementation:** Once approved by the Advisory Board, the amendment is finalized and incorporated into the Policy and Procedure Manual. The Program Coordinator ensures that all staff and relevant stakeholders are notified of the change.
6. **Documentation of Amendments:** The Program Coordinator maintains a written record of all amendments, including the date of approval, rationale for the change, and the approving authority.

Documentation of Changes

All approved amendments are documented to ensure transparency and accountability. The documentation includes:

- **Amendment Date:** The date the policy change was reviewed and approved.
- **Rationale for the Change:** A clear summary of why the amendment was necessary or beneficial.
- **Authorizing Body:** Identification of the individual(s) or body (e.g., Advisory Board) responsible for final approval.
- **Implementation Date:** The effective date for the new or revised policy.

Updated policies are incorporated into the current version of the Policy and Procedure Manual and distributed electronically to all OWITC team members, partner agencies, and Advisory Board members. Hard copies are maintained in the Program Coordinator's office for reference.

Interim Policy Revisions

In rare cases where immediate policy modification is necessary to address urgent operational, legal, or safety issues, the Program Coordinator, in consultation with the presiding judge and Service Director, may authorize interim revisions. These temporary changes remain in effect until reviewed and ratified by the Advisory Board at the next scheduled meeting.

Distribution and Training on Policy Changes

To ensure full understanding and compliance:

- All OWITC staff and team members receive written notice of policy changes.

- Policy revisions are reviewed during staff meetings and Advisory Board sessions.
- Updates are integrated into new staff orientation and ongoing training curricula.
- The Program Coordinator maintains documentation verifying that each team member has reviewed the updated policy.

This process ensures that policy revisions are effectively communicated and uniformly implemented throughout the program.

Continuous Alignment with Best Practices

The OWITC is committed to maintaining fidelity to the principles of effective treatment court operations, including the Ten Key Components and the Risk-Need-Responsivity (RNR) Model. Policy updates are guided by:

- Current Wisconsin Treatment Court Standards.
- All Rise Best Practice Standards.
- State and federal law changes impacting impaired driving and treatment court operations.
- Research and outcome data collected through the program's Continuous Quality Improvement (CQI) process.

By maintaining a consistent review and amendment process, the OWITC ensures that policies remain effective, equitable, and reflective of the most current evidence-based and ethical practices in the field.

Appendices

Relevant Forms and Templates

This section includes essential forms and templates used within the Dane County Treatment Court (DCTC). These documents support program processes and ensure that staff, participants, and stakeholders have the necessary resources to follow program protocols. Forms include:

Assessment Report Template



Dane County OWI Treatment Court – Assessment Report

Assessed By: Enter Here Assessment Date: Enter Here

DEFENDANT SUMMARY

Date: Click or tap here to enter text.
 Referral Source: Click or tap here to enter text.
 Charge Type: Click or tap here to enter text.
 Custody Status: Click or tap here to enter text.

Defendant Information Provided:

Name: Click or tap here to enter text.
 DOB: Click or tap here to enter text.
 Address: Click or tap here to enter text.
 Phone: Click or tap here to enter text.

PENDING CHARGES

Case Number	County	Charge Description	NCD	NCD Reason
Enter	Enter	Click or tap here to enter text. Click or tap here to enter text.	Enter	Click or tap here to enter text.
Enter	Enter	Click or tap here to enter text. Click or tap here to enter text.	Enter	Click or tap here to enter text.

ASSESSMENTS & SCREENINGS RESULTS

ASAM Criteria	Enter level of care per Clinical Assessment.
Impaired Driver Assessment	Enter summary and risk level.

ORAS-CST Risk Level	Choose an item.
----------------------------	-----------------

Criminogenic Risk Assessment: Areas of Moderate, High, and Very High Identified Need

Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	

CLINICAL AND BEHAVIORAL HEALTH INFORMATION**Mental Health Needs (Diagnoses or Observations, Current Treatments, Medication Use):**

Click or tap here to enter text.

Substance Use History (Substances Used, Duration, Frequency, Last Use):

Click or tap here to enter text.

Physical Health Needs (Medical Diagnoses, Physical Disabilities, Current Treatments):

Click or tap here to enter text.

Crisis Risk Indicators (Suicidality, Aggression, or Other High-Risk Behaviors):

Click or tap here to enter text.

PSYCHOSOCIAL HISTORY**Family and Social Support (Family Dynamics, Support Networks, Relationships):**

Click or tap here to enter text.

Housing Stability (Current Housing Status, History of Homelessness):

Click or tap here to enter text.

Employment and Financial Situation (Current Job, Employment History, Financial Stability):

Click or tap here to enter text.

Education (Highest Level Achieved, Literacy/Skill Needs):

Click or tap here to enter text.

RESPONSIVITY FACTORS**Transportation Needs (Ability to Attend Court or Program Sessions):**

Click or tap here to enter text.

Childcare Needs (Dependents and Available Support):

Click or tap here to enter text.

Language or Cultural Considerations (Preferred Language, Cultural Needs):

Click or tap here to enter text.

Other Barriers (Food Insecurity, Health Access, Etc.):

Click or tap here to enter text.

PROGRAM SUITABILITY**Motivation to Participate (Willingness and Readiness for Change):**

Click or tap here to enter text.

Support Needs (Type and Intensity of Services Required for Success):

Click or tap here to enter text.

Eligibility (For OWI Treatment Court and/or for CCS Services):

Click or tap here to enter text.

Review Hearing Report Template



Dane County OWI Treatment Court Program – Hearing and Staffing Report

Case Manager: Click or tap here to enter text.

Date Prepared: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

PARTICIPANT INFORMATION

Name:	Click or tap here to enter text.		DOB:	Click or tap here to enter text.	
Address:	Click or tap here to enter text.		Phone Number:	Click or tap here to enter text.	
Employment:	Click or tap here to enter text.				
Case Number(s):	Click or tap here to enter text.		Charge(s):	Click or tap here to enter text.	
Driver's License:	Click or tap here to enter text.		Medical Insurance:	Click or tap here to enter text.	
Medical:	Click or tap here to enter text.		Mental Health:	Click or tap here to enter text.	
Substances of Use:	Click or tap here to enter text.		MAT:	Click or tap here to enter text.	
Program Start Date:	Enter Here	Current Phase:	Enter Here	Current Phase Start Date:	Enter Here
Days in Program:	Enter Here			Tentative Date Eligible for Next Phase:	Enter Here
Previous Court Date:	Enter Here		Phase Notes:	Enter Here	

PROGRAM CONDITIONS (SINCE LAST COURT DATE)

	Amount	Amount Paid	Remaining Balance
Restitution:	Enter Here	Enter Here	Enter Here
	Amount	Amount Completed	Location
Community Service:	Enter Here	Enter Here	Enter Here

	Meetings Required	Attended	Missed
Probation Contact:	Enter Here	Enter Here	Enter Here
Case Management Contact:	Enter Here	Enter Here	Enter Here
Self Help/12 Step/Sponsor:	Enter Here	Enter Here	Enter Here
Peer Support:	Enter Here	Enter Here	Enter Here
Other: Enter Here	Enter Here	Enter Here	Enter Here

	Name of Program	Date Started	Required Sessions	Attendance	Notes
Cognitive Behavioral Program	Enter Here.	Enter Here	Enter Here	Enter Here	Enter Here
Other: Enter Here	Enter Here:	Enter Here	Enter Here	Enter Here	Enter Here



Dane County OWI Treatment Court Program – Hearing and Staffing Report

CLIENT SUMMARY (SINCE LAST COURT DATE)

Treatment Summary/Update	
Program Engagement	Enter Here
Milestones Completed	Enter Here
Compliance with Court Ordered Conditions	Enter Here
Employment or Education Updates	Enter Here
Housing Updates	Enter Here
Social Support Updates	Enter Here
Responsivity Needs/Updates	Enter Here
Probation/Law Enforcement Updates	Enter Here
Challenges Encountered	Enter Here
Program Adjustments	Enter Here
Graduation Readiness	Enter Here

SUBSTANCE USE TESTING (SINCE LAST COURT DATE)

Date Tested	Results
	BA-.000 UA = negative

BEHAVIOR HISTORY

Prosocial/No n-Compliant/Incentive Log

Date	Behavior	Response to Behavior or Incentive/Sanction Given

Individualized Service Plan/Case Plan

Individual Service/Case Plan

Personal Information

Client Name	Click to add name.	Case Number(s)	Click to add case number(s).
Case Manager	Click to add name.	Date of Case Plan	[Appointment date]
Program Start Date	[Start date]	Next Case Plan Due	[End date]

Assessment Summary

Overall Risk Category	Choose an item.
Strength(s)	<i>(Help client identify strengths and then how they can use those strengths for success in the program.)</i>
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Need(s)	<i>(Help client identify top criminogenic needs and tools you can use to assist them by using (Carey Guides).)</i>
Alcohol and/or Drug Use	Click here to enter text.
Choose an item.	Click here to enter text.
Choose an item.	Click here to enter text.
Choose an item.	Click here to enter text.

Goals and Objectives

Goal Type	Goal Description	Objectives/Action Steps	Timeline	Progress Metrics
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Service Referrals

Referral Agency/Program	Contact Information	Service Provided	Appointment Date	Follow-Up Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Monitoring and Compliance Plan

Monitoring Task	Frequency	Notes/Progress
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Crisis and Contingency Plan

Identified Risk	Intervention Plan	Emergency Contact
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Outcomes and Graduation Plan

Milestone/Criteria	Target Date	Completion Status
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Participant and Case Manager Accountability Agreement

Participant Responsibilities

As a participant in the diversion/treatment court program/owt treatment court program, I agree to:

1. Actively engage in all assigned program activities and follow through with my Individualized Service/Case Plan (ISP).
2. Attend all scheduled meetings, appointments, and sessions as required by the program.
3. Communicate openly and honestly with my case manager about my progress, challenges, and any changes in my circumstances.
4. Comply with all program rules and requirements, including submitting to any supervision or testing as outlined in my case plan.
5. Take responsibility for my actions and work toward achieving the goals set in my ISP.

Case Manager Responsibilities

As the assigned case manager, I agree to:

1. Provide guidance, support, and resources to assist the participant in meeting their program goals.
2. Monitor the participant's progress and address any barriers to success in a timely manner.
3. Maintain open, respectful, and nonjudgmental communication with the participant.
4. Coordinate referrals to appropriate services and ensure follow-up as needed.

5. Uphold program policies and remain accountable for overseeing the participant's compliance and progress.
-

Acknowledgment

By signing below, both parties acknowledge their roles and responsibilities and commit to working together to achieve the participant's goals.

Participant Name: _____

Case Manager Name: _____

Participant signature: _____

Case Manager signature: _____

Date: _____

Date: _____

Release of Information (ROI) Forms

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____ DOB: ___/___/_____, hereby consent to the disclosure of the specific information listed in this document by JusticePoint, Inc. and:

Check Specifics

- The Honorable Judges, Assistant District Attorneys, and Defense Attorneys assigned to my case
- Wisconsin Department of Corrections
- Dane County Department of Human Services
- Law Enforcement Agencies
- Other (specify) _____

For the following purpose or need: (check specifics)

- to indicate my contact with, eligibility for, and need for services provided by JusticePoint.
- to indicate my eligibility for and need for services provided by the above indicated programs.
- to indicate my need for treatment.
- to indicate my progress in treatment.
- to refer aforementioned for participation in a treatment program.
- other (specify) _____

The disclosure of the following specific information is authorized (verbally and/or in writing):

Please check specifics.

- | | |
|---|--|
| <input type="checkbox"/> Assessment Results | <input type="checkbox"/> Diagnosis/Prognosis |
| <input type="checkbox"/> Name | <input type="checkbox"/> A Brief Summary of Social History |
| <input type="checkbox"/> Dates & Nature of Contacts | <input type="checkbox"/> Current status in the criminal justice system. |
| <input type="checkbox"/> Drug/Alcohol History | <input type="checkbox"/> State of treatment potential and recommendation for further treatment. |
| <input type="checkbox"/> Mental Health History | <input type="checkbox"/> Name of treatment and other agencies to which JusticePoint, Inc. has referred me. |
| <input type="checkbox"/> Past Treatment History | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Progress of Treatment | |
| <input type="checkbox"/> Urine Surveillance Reports | |
| <input type="checkbox"/> Medication Prescribed | |

(If more space is needed, use the back of this sheet and initial it.)

This authorization expires 180 days from this date or upon disposition of your case, but can be revoked at any time prior, unless section 2.35 of 42 CFR Part 2 applies.

I make this consent with the guarantee that any written information disclosed under the covenant of this document will be accompanied by a notice where applicable, which states: "This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization of the release of medical or other information is NOT sufficient for this purpose." An oral disclosure may be accompanied by or followed by such a notice.

(DATE)

(SIGNATURE)

(Person authorized to consent for client and relationship)

(WITNESS)

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH AND CONFIDENTIAL INFORMATION

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Social Security Number: _____

AUTHORIZE TO: AGENCY/PERSON NAME:
JusticePoint, Inc., _____ Release information to _____
744 Williamson St. 3rd Floor _____ Exchange information with _____
Madison, WI 53703 _____ Receive information from _____

The purpose for releasing these records is: _____
I understand that the information to be released may include diagnosis, prognosis, and/or treatment for physical illness, HIV, mental disorders, alcohol and/or drug use: The specific and relevant information I wish to release is:

- Discharge Summaries
- Social Service Databases
- History & Physical
- Medication Prescribed
- Diagnosis/Prognosis
- Test Results: Specify _____
- Dates & Nature of Contacts
- Urine Surveillance Reports
- Cooperation W/Treatment Facility
- State of treatment potential and recommendation for further treatment
- Intake Summaries
- Psychiatric/Psychological Evaluations
- Treatment Plans
- Outpatient Assessments/Evaluations
- Progress Notes
- Verbal Updates
- Cooperation W/Treatment Facility
- Other: (Specify) _____

This authorization will expire ONE YEAR from the date of the signature unless an otherwise stated date, event, or condition is stated here: _____

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Signature of Consumer _____ Date _____ Witness _____ Date _____

Signature of Guardian or person authorized to consent for consumer & relationship _____ Date _____

Drug Testing Procedure and Acknowledgment Form

Participant Acknowledgement Drug Testing Procedures in Dane County Specialty Courts

All participants of the Dane County Diversion, Drug Treatment Court, and OWI Treatment Court Programs are subject to random urine collection for drug screening. The reliability of drug testing is dependent on the integrity and accuracy of the collection process along with the chain of custody of the sample. Staff realizes that urine collection and drug testing can be an invasive procedure. Strict adherence to the following collection protocols will ensure reliability and validity of all drug test results.

Participant Preparation

1. Because selection for testing is done on a random basis, **all** program participants **must** appear at the testing facility ready to provide a urine sample on days and timeframes their color is called for testing.
2. Participants will be given from office open to office close on the same day to provide a sample after being notified, the color is changed at the beginning of the workday, samples will not be completed after close. If participants do not provide a sample before office close, a "refusal"/ "miss" will be documented and reported to the Court.

Sample Collection

1. Participants subjected to urine testing will be required to remove all extra layers of clothing down to one layer of clothing, including: coats, jackets, hooded sweatshirts, or large pocket clothing items prior to testing.
2. Participants will empty all pockets and place all items in a storage tray (any money will remain in possession of the participant) until the testing process is complete.
3. For urine testing the collection staff will direct the participant to provide a urine sample, filling the testing cup to the minimum fill line as marked on the test cup
4. Collection staff will ensure the collection of an unadulterated specimen by witnessing the participant urinating into the specimen cup. For urine testing staff will stand offset from the participant and always observe the participant during the collection process. The client must fill to the minimum fill volume line on the cup (40 ml).
5. When the sample collection is complete, the participant will hand the testing cup to the collection staff, who will place the container lid securely on the cup.
6. The participant will be instructed to dress, flush the toilet and wash their hands.

7. If collection staff believes an adulterated sample has been submitted, this will be documented and reported to the Court based on program policy, this will be classified as an “adulterated” test.
8. Upon verification of a valid sample, the collection staff will release the participant to the general waiting area. Participants must not leave the waiting area without receiving testing results and being released or given other instruction.
9. All positive (non-confirmed RX) specimens in which the participant contests the results of will be placed in a secure (locked) refrigerated container until sent to the lab for confirmation (within 1 business week).

Challenges to Accuracy of Test Results

1. Any disputed positive result including suspicion of adulterated samples will be sent for confirmation at no expense to the client.
2. Requests for re-testing may be made through your case manager or the program coordinator or the participant may contact their attorney to discuss and challenge test results.

Over-the-Counter Medications and Foods to Avoid While Being Urine Tested

It is the participant’s responsibility to limit exposure to the below list of products. It is the participant’s responsibility to read labels or inquire of a pharmacist or coordinator before using/consuming the following products. Use of the products detailed below will NOT be allowed as an excuse for a positive drug or alcohol test. When in doubt, do not use or consume:

1. **Cough and Other Liquid Medications:** Alcohol containing cough/cold syrups such as Nyquil. Other cough syrup brands containing ethyl alcohol. All prescription and over-the-counter medications must be reviewed with your case manager before use. Non-alcohol containing cough/cold remedies are readily available at most pharmacies and major retail stores.
2. **Non-Alcoholic Beer, Wine, and Kombucha:** Although legally considered non-alcoholic, NA beers (Sharps, O’Doul’s) contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed.
3. **Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol. Flavoring extracts such as vanilla or almond extract, and liquid herbal extracts (such as Ginkgo Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, bananas foster) must be avoided. Avoid foods with high levels of poppy seeds in them, poppy seeds can in rare occurrences cause a false positive for opiates and will require confirmation testing.

4. **Mouthwash and Breath Strips:** Most mouthwashes (Listermint, Cepacol, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol may produce a positive test result. Non-alcohol breath fresheners are readily available and are an acceptable alternative.
5. **Hygiene Products:** After shaves, colognes, hairsprays, mousse, astringents, bug sprays (Off) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol, excessive, unnecessary, or repeated use of these products could affect test results. Participants must use these products sparingly to avoid reaching detection levels.
6. **Solvents and Lacquers:** Many solvents, lacquers and surface preparation products contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. Frequency of use and duration of exposure to such products must be kept to a minimum. There are alternatives to nearly any item containing ethyl alcohol. A positive test result will not be excused by reference to use of an alcohol-based solvent. If a participant is employed where contact with such products cannot be avoided, this must be discussed with the case manager.

It is your responsibility to limit your exposure to the products and substances containing ethyl alcohol or ethanol discussed above. It is your responsibility to read product labels and avoid ingestion or use any OTC medications, body care products, and any other personal hygiene products with ethyl alcohol or ethanol listed as either an active or inactive ingredient before you use them. Use of products discussed above will put you in violation of your contract and will not be considered an excuse for a confirmed PBT.

SECONDHAND MARIJUANA SMOKE

A positive test result due to the passive inhalation of second-hand marijuana smoke is not feasible given the conditions necessary to produce the 50 ng/ml level at which the Dane County Diversion and Treatment Court Program tests. In various studies on passive inhalation, positive results have occurred where individuals were exposed to the smoke of 4-16 marijuana cigarettes in an extremely small, sealed, unventilated area for one hour a day over the course of several days. The conditions were extremely uncomfortable, causing watering of the eyes and irritation to the mucous membrane of the nose and throat. The few positive test results were detected at the 20 ng/ml level which is the most sensitive testing level.

The only study where the results were detectable at the 50 or 100 ng/ml level were a product of hour-long exposure in the above sealed conditions to 16 cigarettes over 6 consecutive days. It is highly unlikely that the extreme conditions necessary to produce ANY positive test (even at the lowest 20 ng/ml level) could be encountered in a real-life situation without, at least, the tacit consent of the participant. **Accordingly, it is the participant's responsibility to remove him/herself from these situations.**

I, _____ (Full name) on _____ (Date) acknowledge that the program staff thoroughly reviewed the above procedures for drug testing. I understand and agree to comply with all above procedures as an active participant of the Dane County Diversion and Treatment Court in accordance with my court ordered conditions of program participation. I understand that failing to sign this document will be reported to the Court.

Witness: _____ (Staff) on _____ (Date)

Additional Resources

The appendix provides additional resources relevant to evidence-based practices, impaired driving interventions, and guidance for staff training and participant support. Recommended resources include the Wisconsin Treatment Court Standards and the All Rise Best Practice Standards, which—while not mandatory for this program—offer valuable frameworks that inform the Dane County OWI Treatment Court’s approach.

Wisconsin Treatment Court Standards Overview

The Wisconsin Treatment Court Standards establish a statewide framework for effective treatment court operations. Although the Dane County OWI Treatment Court (OWITC) is not TAD-funded and is not required to adhere to these standards, many of the principles align with the program’s mission to enhance participant outcomes, promote community safety, and support long-term recovery.

Key Principles from the Wisconsin Treatment Court Standards

- 1. Evidence-Based Practices**
The OWITC integrates key evidence-based strategies drawn from the Wisconsin Standards, including structured accountability, individualized treatment planning, and collaborative team approaches.
- 2. Eligibility and Admission**
Participants are screened using validated risk and needs assessment tools to ensure appropriate placement. The program focuses on individuals whose impaired driving offenses are related to substance use disorders and who demonstrate readiness for change.
- 3. Equity and Inclusion**
The OWITC promotes equitable access to services and strives to eliminate disparities in participant outcomes. Staff receive training in cultural humility and bias awareness to foster inclusive practices.
- 4. Team Collaboration**
The OWITC team includes a multidisciplinary group of professionals—judges, prosecutors, defense counsel, treatment providers, and case management staff—who meet regularly to review cases and coordinate individualized responses.
- 5. Individualized Case Management**
Participants receive tailored case plans that combine treatment, supervision, and community support. Plans are flexible and updated based on participant progress and changing needs.
- 6. Behavioral Responses**
The OWITC employs a structured behavior response matrix of incentives, sanctions, and therapeutic adjustments to promote accountability and reinforce positive change.
- 7. Drug and Alcohol Testing**
Testing is conducted randomly and frequently to ensure accountability. Protocols are designed to maintain accuracy, consistency, and participant dignity.
- 8. Program Evaluation and Continuous Improvement**
The OWITC collects and reviews data to monitor performance, identify trends, and make improvements. Key indicators include completion rates, recidivism, and progress in treatment.

9. Confidentiality

All participant information is protected under applicable state and federal confidentiality laws, including HIPAA and 42 CFR Part 2.

While not required to formally adopt the Wisconsin Standards, the OWITC incorporates their best practice elements as guiding principles to maintain program integrity and participant success.

For more information: <https://www.watcp.org/wp-content/uploads/2018/12/FINAL-WI-Treatment-Court-Standards-2018.pdf>

All Rise Standards Overview

The All Rise Best Practice Standards (formerly the NADCP Standards) serve as a national framework for effective treatment courts. The OWITC draws from these standards to guide operations and decision-making, adapting the principles to the specific needs of individuals charged with impaired driving offenses.

Key Principles from the All Rise Standards

1. Target Population

The OWITC serves individuals with alcohol or substance-related impaired driving offenses who are at significant risk for reoffending without structured intervention.

2. Equity and Inclusion

The program is committed to equitable access and culturally responsive practices to ensure fair treatment for all participants.

3. Judicial Role

The judge plays a central and ongoing role, engaging directly with participants in a respectful and motivational manner during review hearings.

4. Behavioral Responses

Incentives, sanctions, and therapeutic adjustments are used strategically to encourage compliance and support recovery.

5. Substance Use Disorder Treatment

Participants receive individualized, evidence-based treatment, which may include medication-assisted treatment (MAT), trauma-informed care, and cognitive-behavioral interventions.

6. Co-Occurring Mental Health Treatment

When applicable, participants receive coordinated care addressing both mental health and substance use needs.

7. Drug and Alcohol Testing

Testing practices are consistent, random, and observed to maintain integrity and participant accountability.

8. Team Collaboration

The multidisciplinary OWITC team works together to share information, align goals, and support participant progress.

9. Program Evaluation

The program regularly reviews outcome data to strengthen effectiveness and ensure alignment with best practices.

10. Sustainability

As a county-supported initiative, the OWITC maintains sustainability through local partnerships, stakeholder engagement, and integration into broader county justice and public health strategies.

For more information: <https://allrise.org/publications/standards/>

Relevant Statutory Guidelines

The Dane County OWI Treatment Court operates under Wisconsin state statutes relevant to operating while intoxicated offenses and behavioral health treatment. While the program is not governed by the Wisconsin Department of Justice or TAD funding requirements, it functions within the legal frameworks that support evidence-based supervision and rehabilitation.

Key Statutory Frameworks

1. Eligibility and Screening

The OWITC uses validated assessments to identify appropriate candidates, consistent with state statutes addressing OWI-related offenses.

2. Program Structure and Oversight

The program provides structured supervision, case management, and treatment designed to reduce recidivism and promote recovery.

3. Confidentiality and Participant Rights

All participant data and interactions comply with confidentiality laws, including HIPAA and 42 CFR Part 2.

4. Behavioral Responses

The program uses a consistent, transparent framework of incentives and sanctions to address compliance and behavior change.

5. Data and Program Evaluation

The OWITC collects and reviews data to monitor outcomes and inform continuous program development.

Applicable Wisconsin Statutes

- Chapter 51: Mental Health and Substance Use Treatment Services
- Chapter 346.65: Operating While Intoxicated – Penalties and Rehabilitation Provisions

Although the Dane County OWI Treatment Court is not a TAD-funded or DOJ-administered program, it voluntarily incorporates the principles of the Wisconsin Treatment Court Standards and the All Rise Best Practice Standards. This approach allows the program to maintain flexibility while upholding high standards of accountability, participant support, and evidence-based practice.

Enterprise Supervision: Participant Information Management and Case Management Usage

What is Enterprise Supervision?

Enterprise Supervision, a product developed by Tyler Technologies, is an advanced case management system designed to streamline participant information management and enhance operational efficiency within justice and treatment programs. The Dane County OWI Treatment Court (OWITC) utilizes Enterprise Supervision to centralize participant data, track progress, and facilitate communication among team members. This system supports accurate recordkeeping, informed decision-making, and coordinated service delivery across all stages of the program.

Purpose of Enterprise Supervision

Enterprise Supervision serves as the OWITC's comprehensive case management platform, ensuring consistent documentation, accountability, and communication. Its primary purposes include:

1. **Participant Information Management**
Maintains a secure, centralized database for storing participant demographic, legal, and treatment information.
2. **Case Planning and Monitoring**
Tracks participant progress through each stage of the program, including treatment engagement, compliance milestones, and completion criteria.
3. **Operational Efficiency**
Reduces administrative workload by streamlining data entry, case plan updates, and reporting processes.
4. **Team Coordination**
Enhances communication among the judge, District Attorney's Office, defense counsel, treatment providers, Department of Corrections (DOC) agents, and JusticePoint case managers.

Use of Enterprise Supervision in Case Management

The OWITC relies on Enterprise Supervision to support the full case management process, from intake through discharge.

1. **Initial Intake and Enrollment**
 - Participant demographic and referral information, risk and needs assessment results, and eligibility documentation are entered during intake.
 - Signed releases of information, consent forms, and other relevant documents are uploaded to ensure secure and accessible recordkeeping.
2. **Case Plan Development**
 - Case managers develop individualized case plans in Enterprise Supervision, identifying goals, required treatment components, and compliance expectations.
 - Updates to case plans—such as changes in treatment level, employment status, or sanctions—are recorded to maintain accurate and dynamic records.

3. Progress Tracking

- Participant progress, attendance at court hearings, treatment engagement, and compliance with supervision requirements are documented in real time.
- Incentives, sanctions, and therapeutic adjustments are recorded in accordance with the program's Behavior Response Matrix.
- Random drug and alcohol test results are entered and securely maintained within the system.

4. Communication and Collaboration

- Enterprise Supervision facilitates communication among all program stakeholders through shared access to participant records and progress notes.
- Notifications, reminders, and task lists support timely follow-up on court dates, treatment appointments, and compliance requirements.

5. Reporting and Analysis

- The system generates standardized and custom reports to evaluate program performance, participant progress, and compliance trends.
- Data collected supports continuous quality improvement and helps identify areas for program enhancement.

6. Data Security and Confidentiality

- Enterprise Supervision complies with all applicable federal and state confidentiality laws, including HIPAA and 42 CFR Part 2.
- Access to participant information is limited to authorized personnel only. All user activity within the system is logged and auditable.

Benefits of Enterprise Supervision

Enterprise Supervision provides the OWITC with several operational and programmatic advantages:

- **Streamlined Case Management:** Centralizes participant data and automates essential documentation tasks.
- **Enhanced Data Accuracy:** Ensures consistent, up-to-date participant information across all program components.
- **Improved Collaboration:** Promotes effective communication and coordination among multidisciplinary team members.
- **Informed Decision-Making:** Generates meaningful data and outcome reports that guide program decisions and improvements.
- **Compliance and Accountability:** Reinforces adherence to confidentiality and data protection standards while maintaining transparency and accountability.

Participant Interaction and System Usage

Participants are informed of the OWI Treatment Court's use of Enterprise Supervision during the intake process. Their consent to maintain records in the system is obtained through signed documentation. Case managers use the system to actively engage participants, document progress, and ensure that interventions and support services remain aligned with each participant's needs and goals..

Glossary of Terms

To aid in understanding the terminology used throughout this manual, the following glossary provides definitions for key terms relevant to the Dane County OWI Treatment Court (OWITC).

American Society of Addiction Medicine (ASAM) Criteria:

Comprehensive guidelines used to assess, treat, and place individuals with substance use disorders and co-occurring conditions. The ASAM criteria provide a structured framework for individualized, evidence-based care.

Behavioral Response Matrix:

A structured framework used to determine appropriate incentives, sanctions, and therapeutic adjustments based on participant behavior and compliance.

Biopsychosocial Assessment:

A holistic evaluation of an individual's biological, psychological, and social factors that influence overall well-being, treatment needs, and recovery planning.

Case Manager:

JusticePoint staff responsible for supervision, monitoring, and case coordination.

Case Plan:

A dynamic, individualized plan developed collaboratively by the participant and case manager outlining goals, treatment requirements, supervision expectations, and timelines for progress.

Clinical Supervisor:

Licensed clinical professional overseeing treatment planning and clinical service integration.

Criminogenic Needs:

Dynamic risk factors directly linked to criminal behavior, including antisocial cognition, substance use, and associations, as well as employment, education, and leisure/recreation factors. Addressing these needs supports long-term behavior change.

Decision Points:

A cognitive-behavioral program that helps participants recognize risky thinking, evaluate consequences, and practice alternative choices that support positive behavior change. Decision Points is commonly delivered in a brief group format and typically takes 4–8 weeks to complete.

Enhanced vs Standard Case Management:

Case management in the OWI Treatment Court is delivered at two levels. Standard case management provides routine supervision and support based on program requirements and phase expectations.

Enhanced case management is used when a participant needs additional structure or accountability and may involve more frequent contact, increased monitoring, or added support. The level of case management is adjusted as needed to promote stability and progress.

Enterprise Supervision:

A case management system developed by Tyler Technologies that centralizes participant information,

facilitates progress tracking, and supports operational efficiency and communication within the OWITC team.

Equity and Inclusion:

An ongoing commitment to ensuring fair and equitable access to program services and outcomes regardless of race, ethnicity, gender identity, age, or sexual orientation.

Ignition Interlock Device (IID):

A breathalyzer device installed in a participant’s vehicle that prevents the engine from starting if alcohol is detected. Participants may be required to install an IID as part of court-ordered conditions.

Impaired Driving Assessment (IDA):

A validated assessment tool used to evaluate risk factors and needs specific to impaired driving behavior. The IDA assists in determining appropriate supervision levels, treatment intensity, and case planning.

Medically Assisted Treatment (MAT):

The use of FDA-approved medications, in combination with counseling and behavioral therapies, to treat substance use disorders, including alcohol use disorder.

Moral Reconciliation Therapy (MRT):

A cognitive-behavioral program that focuses on developing moral reasoning, accountability, and prosocial decision-making. MRT is delivered through structured group sessions and typically takes 12–16 weeks to complete, depending on participant progress.

Participant:

The individual enrolled in the OWI Treatment Court.

Participant Tracking Form:

A document or digital record used to log participant compliance, service engagement, and behavioral responses.

Program Coordinator:

Staff responsible for program operations, oversight, and decision support.

Program Director:

Administrative leadership position responsible for oversight of program operations and compliance.

Proximal and Distal Goals:

- **Proximal Goals:** Short-term, attainable goals that support immediate progress, such as attending treatment sessions or providing drug-free test samples.
- **Distal Goals:** Long-term goals that require sustained effort, such as maintaining sobriety, completing treatment, or achieving stable employment.

Program Coordinator:

The staff member responsible for overseeing the daily operations of the OWITC, coordinating team communication, and ensuring adherence to program policies and procedures.

Responsivity Needs:

Individual factors—such as mental health, trauma history, learning style, or cultural background—that influence a participant’s ability to respond to interventions and engage in services.

Review Hearing:

A scheduled court appearance where the Judge reviews progress and applies incentives or behavioral responses.

Substance Use Disorder (SUD):

A medical condition characterized by the recurrent use of alcohol or drugs leading to clinically significant impairment or distress.

Thinking for a Change (T4C):

A cognitive-behavioral program that teaches cognitive restructuring, communication skills, and problem-solving strategies. T4C is delivered through a sequenced curriculum and typically takes 10–14 weeks to complete.

Treatment Plan:

The clinical plan developed by treatment providers.

Treatment Provider:

An agency or clinician responsible for delivering clinical services, including assessments, counseling, and group or individual therapy. Providers may specialize in substance use, mental health, or co-occurring disorder treatment.

University of Rhode Island Change Assessment Scale (URICA):

A validated self-assessment tool used to measure a participant's readiness to change and stage of motivation within a treatment or behavioral change process.

Conclusion

Summary of Key Policies

The Dane County OWI Treatment Court (OWITC) operates under a comprehensive framework of policies and procedures designed to promote accountability, support long-term recovery, and reduce the risk of repeat impaired driving offenses. The program integrates evidence-based practices, individualized treatment, and collaborative supervision to foster positive behavioral change and enhance public safety.

Eligibility and Admission

- **Eligibility:** Participants must be Dane County residents, age 17 or older, convicted of an OWI-related offense and placed on probation, and determined by the District Attorney's Office and the Department of Corrections (DOC) to be appropriate for participation.
- **Referral Review:** The District Attorney's Office and DOC serve as gatekeepers for eligibility. Referrals are evaluated on a case-by-case basis to determine suitability for the OWITC.
- **Exclusions:** While the program is not bound by TAD statutory restrictions, violent or high-risk offenses may be excluded at the discretion of the District Attorney's Office and DOC to ensure participant and community safety.

Equity and Inclusion

- The OWITC is committed to providing equitable access to services and ensuring that all participants are treated with dignity and respect, regardless of race, ethnicity, gender identity, socioeconomic status, or other protected characteristics.

- Team members receive ongoing training in cultural humility and implicit bias to promote fairness and inclusivity in decision-making and service delivery.

Assessment and Case Planning

- Participants complete a comprehensive assessment process using validated tools such as the Impaired Driving Assessment (IDA), the ASAM Criteria, and a biopsychosocial assessment.
- Individualized case plans are developed collaboratively to address substance use, responsibility factors, and behavioral health needs. Case plans are updated regularly to reflect participant progress and evolving goals.

Behavioral Responses and Therapeutic Adjustments

- The OWITC employs a structured Behavior Response Matrix that outlines consistent, proportionate incentives and sanctions.
- Responses are designed to encourage compliance, reinforce positive behaviors, and address barriers through therapeutic adjustments such as increased treatment engagement, counseling, or supervision changes.

Drug and Alcohol Testing

- Participants are subject to frequent, random, and observed drug and alcohol testing to ensure accountability and promote sobriety.
- Test results are documented in Enterprise Supervision and reviewed at staffing and court hearings. Responses to positive, missed, or tampered tests are determined in accordance with the program's Behavioral Response Matrix.

Use of Technology: Enterprise Supervision

- The OWITC utilizes Enterprise Supervision, a Tyler Technologies case management system, to centralize participant data, track progress, and support collaboration among the team.
- The system enhances operational efficiency, maintains secure documentation, and enables data-driven decision-making.

Confidentiality and Privacy

- All participant information is protected under state and federal confidentiality laws, including HIPAA, Wisconsin Statute §51.30, and 42 CFR Part 2.
- Releases of Information (ROIs) are obtained as necessary, and strict data security protocols ensure participant privacy and compliance with all legal requirements.

Program Requirements and Review Hearings

- Participants in the OWI Treatment Court are required to attend review hearings throughout the program. Hearing frequency is determined by the participant's assigned track and current phase. Track 1 participants generally appear weekly or biweekly early in the program, with hearing frequency gradually decreasing as they demonstrate stability and progress. Track 2 participants appear less frequently, typically every four to twelve weeks depending on phase expectations and individual progress.

- These hearings provide the Court and the OWITC Team with opportunities to review progress, address challenges, reinforce compliance, apply incentives and behavioral responses, and adjust services or treatment as needed.
- Participants are expected to engage fully in treatment, maintain sobriety, attend all scheduled hearings, and comply with supervision and court directives. The OWITC is designed as a minimum twelve (12) month program based on phase requirements. In limited circumstances, participants who demonstrate exceptional progress and sustained stability may be considered for early completion with court approval. Participation may be extended beyond twelve (12) months based on individual progress or clinical need.

Grievance and Feedback Mechanisms

- Participants and staff have access to a formal grievance process to ensure fairness, transparency, and prompt resolution of concerns.
- Participant feedback is actively encouraged through direct communication and periodic surveys, reinforcing the program's commitment to continuous improvement.

Monitoring and Evaluation

- The OWITC tracks key performance indicators such as program completion rates, recidivism, sobriety outcomes, and participant engagement.
- Regular data analysis and team reviews support quality improvement and ensure continued alignment with evidence-based practices and community needs.