

Dane County
Diversion Program
Policies & Procedures Manual



Dane County, Wisconsin

(January 2025)

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Introduction

Purpose of the Manual

The purpose of this manual is to serve as a comprehensive guide for the Dane County Diversion Program (DCDP) team, outlining the operational standards, processes, and practices required to implement and maintain the diversion program. The manual provides clear guidelines on procedures, roles, and expectations to ensure consistency, accountability, and adherence to evidence-based practices, with the ultimate goal of reducing recidivism and supporting the successful rehabilitation of participants.

Scope and Applicability

This manual applies to all stakeholders involved in the DCDP, including the Diversion Program team, partner agencies, and contracted service providers. It outlines the procedures and responsibilities associated with intake, assessment, case management, monitoring, and completion of participants in the program. The policies and procedures are based on the Wisconsin Diversion Standards, and compliance with these standards is mandatory to maintain program integrity and achieve desired outcomes.

History

The Dane County Diversion Program (DCDP) has evolved over the years to address substance use disorders and reduce recidivism through alternative approaches to traditional prosecution.

Early Initiatives:

- **1996:** Dane County established its Drug Treatment Court, initiated by Judge Jack Aulik, to provide structured support for individuals with substance use disorders.
- **Deferred Prosecution Program (DPP):** The DPP allowed eligible defendants to avoid criminal convictions by fulfilling specific contract requirements, such as participating in assessments, treatment programs, and community service.

Program Expansion:

- **2013:** In response to rising opioid-related incidents, the Deferred Prosecution Opioid Diversion Program (DPP-O) was introduced to offer targeted interventions for individuals with opioid use disorders. In 2020 the DPP-O program was enhanced to accept individuals with stimulant use disorders.
- **2022:** The Dane County Diversion Program (DCDP) was officially launched as a medium-risk diversion initiative. This program, developed collaboratively by the Dane County Drug Court Advisory Board and the Department of Human Services aims to provide evidence-based support tailored to participants' needs.
- **2025:** JusticePoint assumed responsibility for delivering services under the DCDP, integrating Comprehensive Community Services (CCS) to enhance access to psychosocial rehabilitation and wrap-around services. This expansion included a redesign of the staffing structure to align with CCS and treatment court service qualifications, ensuring a seamless integration of clinical and court services.

Current Framework:

The DCDP operates alongside other diversion initiatives, such as the Deferred Prosecution Unit (DPU) for low-risk individuals and the Drug Court Treatment Program (DCTP) for high-risk participants. These programs collectively strive to enhance public safety by reducing recidivism and coordinating effective treatment and supportive services for individuals with substance use disorders.

Through continuous collaboration and adaptation, Dane County's diversion programs have become integral components of the criminal justice system, emphasizing rehabilitation and community safety.

Program Overview

Program Mission and Goals

The Dane County Diversion Program (DCDP) works to improve community safety by providing targeted treatment interventions for individuals facing non-violent charges linked to substance use. Through a combination of clinical guidance and structured support, the program's mission aims to address the underlying causes that lead to justice involvement while fostering individualized recovery and accountability.

Goals

1. **Reduce Recidivism:** Lower reoffending rates by addressing participants' criminogenic needs through tailored, evidence-based clinical and behavioral interventions.
2. **Promote Equity:** Ensure fair and equitable access to the Diversion Program across all racial and ethnic groups while integrating culturally and linguistically responsive services (CLAS) and clinical practices.
3. **Decrease Costs:** Lower the costs associated with criminal justice by reducing reliance on incarceration and utilizing cost-effective, clinically driven diversion strategies and treatment options, such as Intensive Outpatient, Partial Hospitalization, Medically Assisted Treatment, and community-based case management, such as Comprehensive Community Services.
4. **Mitigate Negative Impacts:** Minimize the adverse effects of justice system involvement on participants' lives by offering therapeutic, recovery-focused alternatives that enhance participants' long-term well-being, such as Trauma-focused therapy, Motivational Interviewing, peer support, recovery groups, and harm-reduction approaches.

Program Description

The Dane County Diversion Program (DCDP) is a post-charge, pre-conviction program that offers participants the chance to avoid traditional prosecution and, upon successful completion, reduce or dismiss the pending charges. The program targets medium-risk individuals facing non-violent felony charges driven by substance use and is designed to operate over approximately nine months.

Target Population

The DCDP serves Dane County residents aged 18 and older who are assessed as medium risk for reoffending and are facing non-violent felony charges related to substance use. Participants must be willing to engage in treatment and meet residency requirements.

Expected Outcomes

Successful Rehabilitation: Participants achieve recovery milestones and reintegrate into their communities without further justice involvement.

Charge Reduction or Dismissal: Upon program completion, eligible charges may be reduced or dismissed.

Enhanced Community Safety: A decrease in substance-related offenses, as participants receive structured interventions addressing the root causes of criminal behavior.

Governance and Administration

Equity and Inclusion

The Dane County Diversion Program (DCDP) is committed to promoting equity and inclusion in all aspects of program design, implementation, and evaluation. Recognizing the impact of systemic inequities and disparities on underserved populations, the DCDP strives to ensure that all participants have equitable access to resources and opportunities for success.

Commitment to Racial Equity

The DCDP acknowledges the importance of racial equity as a core objective of the program. Efforts to address disparities include:

- Continuous review and revision of violent offense criteria by the Advisory Board to remove charges that disproportionately affect underserved populations.
- Using data-driven insights to guide programmatic changes aimed at fostering equity and fairness.
- Ensuring CLAS standards are being met

Evaluation and Feedback for Improvement

In 2023, the DCDP conducted a comprehensive evaluation that provided critical feedback on equity and inclusion practices. These recommendations are being implemented to enhance the program's ability to serve all participants equitably in 2024 and beyond.

Monitoring Disparities

The DCDP has adopted the Equity and Inclusion Assessment Tool developed by the National Drug Court Institute (NDCI) to systematically monitor and address disparities.

- A dedicated database has been built to collect, report, and analyze data on racial, ethnic, gender identity, age, socioeconomic, and sexual orientation disparities.
- These insights guide continuous improvements to ensure fair access, treatment, and outcomes for all program participants.

Ongoing Commitments

- The DCDP will continuously evaluate its practices and policies to identify and address inequities.
- All program staff and stakeholders are trained in cultural humility and responsiveness and implicit bias to ensure equitable service delivery.
- The program is dedicated to fostering a culture of inclusivity, where participants' identities and experiences are valued and respected.

By embedding equity and inclusion into its foundation, the DCDP aims to build a program that not only supports individual success but also contributes to broader systemic change.

Advisory Board

The Diversion Program Advisory Board comprises team members from the Diversion Program and supervisory representatives from partnered community agencies. The Advisory Board provides oversight on judicial components and operational progress, guiding the program's direction in alignment with best practices. The board also works in coordination with the Dane County Community Justice Council (CJC) to ensure alignment with broader community justice initiatives. The CJC's mission is to enhance public safety and promote justice by fostering collaboration among stakeholders to address systemic issues, improve outcomes, and reduce recidivism.

Roles and Responsibilities

The board's primary responsibilities include:

- Monitoring local, state, and national trends that could impact the Diversion Program.
- Reviewing and making decisions on major changes to program policy and procedures.
- Supporting consensus-based decision-making, with final decisions made by the presiding Commissioner of the Diversion Program.
- Collaborating with the CJC to share insights and recommendations on community justice trends and initiatives.

The board convenes bimonthly, with judicial attendance required. Meetings are scheduled in advance by the Program Coordinator and are based on the Commissioner's availability.

Member Training and Standards

Advisory Board members and program team members are encouraged to attend ongoing training, including events such as the Wisconsin Association of Treatment Court Professionals annual conference. All board members are expected to stay knowledgeable about current Wisconsin state and National Drug Court standards, as well as evidence-based practices relevant to their roles. The board also collaborates with the CJC to stay informed on justice system innovations and to integrate community-focused strategies into the Diversion Program.

Advisory Board Membership

The board includes the following representatives, with additional members added upon approval by the board:

- Dane County Diversion Program (DCDP) Commissioner
- Dane County Clerk of Courts
- Representative from the Dane County District Attorney's Office
- Representative from the WI State Public Defender's Office
- Representative from the WI Department of Corrections
- Representative from Dane County Human Services
- Representative from the Dane County Sheriff's Department
- Representative from Madison Police Department
- Diversion Program Assessment and Coordinating Agency representative (JusticePoint)
- Clinical Treatment Provider Representatives

The Advisory Board's collaboration with the Community Justice Council ensures that the program's policies and practices align with community justice priorities and systemic improvement efforts.

Roles and Responsibilities

Judicial Official: The judicial official leads the Diversion Program team, making final determinations on high level participant incentives and sanctions. This role also involves developing a positive rapport with participants, promoting motivation, and addressing treatment issues between hearings.

District Attorney: A representative from the District Attorney's Office advocates for public safety and participant accountability in a non-adversarial role, providing feedback on participant performance and drafting motions for termination if necessary.

State Public Defender: The assigned public defender ensures that participants' legal rights are protected and offers non-adversarial feedback on their program progress during review hearings.

Service Director: This role oversees all program staff and daily operations, ensuring effective service coordination, adherence to clinical best practices, and compliance with program policies. It provides leadership, clinical consultation, and staff supervision, ensuring trauma-informed, harm-reduction, and person-centered approaches are integrated into case management. The Service Director facilitates collaboration between court officials, probation, attorneys, and community providers, ensuring seamless communication and high-quality service delivery.

Program Coordinator: Responsible for daily operations, overseeing screenings and assessments, coordinating team communication, and ensuring adherence to evidence-based practices. The coordinator also gathers evaluation data and ensures equitable program access across demographics.

Probation and Parole Agent: Assigned by the Department of Corrections (DOC), the agent supervises participants who are also on probation or parole, performs home and employment visits, and administers DOC policy when applicable.

Case Manager: Monitor participant compliance, complete assessments, create individualized case plans, and connect participants to necessary resources and treatment providers. They facilitate Cognitive Behavioral Programming and manage participant records in compliance with confidentiality standards.

Service Facilitator: Play a crucial role in helping individuals with mental health or substance use challenges navigate and coordinate their services. Their primary responsibility is to ensure that individuals receive person-centered, recovery-oriented support tailored to their unique needs and goals. A Service Facilitator emphasizes self-direction and collaboration, helping individuals actively participate in their recovery journeys.

Mental Health/Substance Use Professional: The primary role of a Mental Health and Substance Use Professional is to provide clinical oversight, assessment, and therapeutic interventions to individuals receiving services. They ensure that care is evidence-based, recovery-oriented, and aligned with the individual's needs and goals. The MHP/SAP provides clinical expertise and treatment recommendations, ensuring interventions align with best practices. Clinical guidance and consultation are for the case managers, service facilitators, and the whole team.

Inclusion Criteria

- Be at least 18 years old and reside in Dane County.
- Facing non-violent felony charges in which substance use is a driver of the criminal behavior.
- Be willing to participate in treatment.
- Score medium risk (5-7) on the COMPAS-CORE assessment.

Exclusion Criteria

- Facing charges listed on the ineligible violent offense list.
- Score low risk (1-4) or high risk (8-10) on the COMPAS assessment.

Referral Process

In alignment with best practices, the Dane County Diversion Program (DCDP) aims to admit participants as close to the arrest date as possible. This early engagement promotes effective intervention and provides eligible individuals with timely access to program resources.

Identification of Potential Participants

Potential participants may be identified through multiple referral sources:

- Assigned prosecution
- Defense attorneys representing a client
- Assigned judicial officials
- DOC probation and parole agents

Individuals currently supervised by the Department of Corrections (DOC) are encouraged to discuss program eligibility with their assigned agent of record (see Alternative to Revocation and Diversion Program Eligibility for specific guidelines).

Application Submission and Initial Review

All individuals seeking entry into the program must submit a completed application to JusticePoint via email at DCReferral@JusticePoint.org. JusticePoint staff review applications to confirm eligibility. If an application does not meet program requirements (18 or older, eligible criminal offense, Dane County Resident), it will be declined, and the applicant will not proceed to further assessment. The Program Coordinator or Service Director (or designee) will inform relevant parties, including the Dane County Clerk of Courts, about the application status. Eligible applicants are then scheduled for a COMPAS assessment with the JusticePoint Assessment Team. Once the initial assessment is completed, all parties will be provided with a document indicating eligibility and outlining programming needs of the individual. This will be done via email.

Assessment

Eligible applicants are scheduled for a two-part assessment, which evaluates their treatment needs and psychological and physical health requirements. For applicants under DOC supervision, the agent of record provides the COMPAS and staffing report. If an individual is in custody at Dane County Jail, JusticePoint staff coordinate with the jail liaison to complete the necessary documents and schedule assessments.

Assessments are conducted in person or via telehealth. JusticePoint administers a criminogenic risk and needs assessment using COMPAS Core to evaluate reoffending risk. Eligibility is categorized as follows:

- **Medium Risk (5-7):** Eligible for DCDP.
- **High Risk (8-10):** Referred to Drug Treatment Court.
- **Low Risk (1-4):** Referred to defense attorney for potential placement in the Prosecutorial Diversion Program (DPP-O).

JusticePoint notifies the assigned prosecuting attorney and defense attorney of the clinical assessment determination.

The clinical assessment is completed by the assigned case manager, utilizing the Addiction Severity Index (ASI), which informs the completion of the American Society of Addiction Medicine (ASAM), determining the appropriate level of care for treatment. The ASAM is reviewed and approved by the MHP/SAP, who makes the clinical recommendations.

Rescheduling, No-Shows, and Failed Contacts

Applicants who miss their scheduled screenings or assessments are allowed two opportunities to reschedule. If JusticePoint staff cannot make contact within 30 days, the application is closed, and the individual must submit a new application for further consideration.

Using Diversion as an Alternative to Revocation (ATR) for a New Charge and Program Eligibility

For individuals on DOC supervision, who are facing new charges in which the Dane County Diversion Program is being offered as part of an Alternative to Revocation (ATR) the following process should be followed:

1. Proposed Diversion Agreement for New Charges while on DOC Supervision (DOC Approved)

- If the referral is originating from anyone other than the DOC agent (i.e. Defense Attorney), then the DOC agent should be consulted and in agreement to make the referral and consult with the District Attorney's office.
- The DOC agent of record contacts the Assistant District Attorney (ADA) to confirm approval to make a Diversion Program referral as part of the ATR on their case for picking up a new case.
- If the ADA agrees, the DOC agent begins the ATR process and sends the Diversion Program Coordinator the assessment packet for eligibility approval.
- The Diversion Program Coordinator then schedules the assessment and first court appearance and informs the agent and relevant program staff.
- JusticePoint completes necessary assessments, and case managers are notified to coordinate the initial intake meeting with the participant. Case planning and treatment referrals are developed based on the completed assessment packet.
- The individual will be required to participate in the DCDP as any participant on the standard track with the added conditions of working with their Probation Officer and conditions of the case they are on DOC supervision for.

Intake and Assessment Procedures

Intake Process

Upon referral to the Dane County Diversion Program (DCDP), potential participants are scheduled for an intake session to discuss program expectations, commitments, and privacy policies. Participants sign a Diversion Agreement with the assistance of their attorney, ensuring they understand program requirements and legal implications. Case managers then facilitate initial case planning and connect participants to the appropriate services, depending on their needs and level of care.

Assessment Tools and Methods

All assessments are completed by the contracted agency JusticePoint. The assessment process includes a series of validated screening tools and assessments to determine program eligibility and guide individualized treatment planning.

- **TCU Drug Screen 5:** A self-report instrument designed to quickly assess an individual's drug use and related problems, it serves as a screening tool to identify substance use disorders (SUDs) and inform treatment decisions.
- **Correctional Offender Management Profiling for Alternative Sanctions-CORE (COMPAS-CORE):** This tool is used for risk and needs assessment. It focuses on gathering baseline information about an individual's criminal history, attitudes, and behaviors to evaluate their risks and needs for effective intervention planning and to determine program eligibility.

Additional assessments will be completed after the initial eligibility is determined and will be completed before admission:

- **Addiction Severity Index, Biopsychosocial Assessment:** This comprehensive evaluation tool examines an individual's biological, psychological, and social factors to understand their overall well-being and the interplay between these dimensions. It allows providers and staff to get a holistic understanding of an individual's challenges and strengths, guiding the development of tailored intervention plans.
- **American Society of Addiction Medicine Criteria (ASAM):** This comprehensive set of guidelines assesses, treats, and places individuals with substance use disorders (SUDs) and co-occurring mental health conditions. It provides a structured framework for delivering individualized, evidence-based care.

Additional screening tools such as the following may be utilized as needed to fully assess the needs and care of each participant. Additional assessments will be considered and recommended by the MHP/SAP and/or Service Director.

- **Patient Health Questionnaire 9 (PHQ-9):** A validated tool designed to screen for depression.
- **Generalized Anxiety Disorder – 7 (GAD-7):** A validated tool used to identify and assess the severity of anxiety disorders.
- **Columbia-Suicide Severity Rating Scale (C-SSRS):** An evidence-based tool designed to assess the severity and immediacy of suicide risk. If needed, this will be followed by a safety plan based on the Stanley Brown Safety Plan, which is considered best practice by Zero Suicide.

Responsivity and Criminogenic Needs

The Dane County Diversion Program (DCDP) recognizes the importance of addressing participants' unique responsivity and criminogenic needs to ensure equitable access and successful program

engagement. These needs are systematically assessed to tailor interventions and maximize positive outcomes.

Responsivity Needs

Responsivity needs refer to individual strengths, characteristics, and circumstances that influence a participant's ability to engage in and benefit from the program. Recognizing and addressing these factors ensures that services are accessible, equitable, and person-centered, supporting participants in their recovery and justice-involvement journey.

1. Mental Health Needs

- Identify existing mental health conditions, strengths, and coping strategies, including diagnosis and treatment history.
- Collaborate with mental health professionals to ensure continuity of care and access to appropriate services.

2. Substance Use History

- Conduct a comprehensive assessment of substance use patterns, exploring the impact on overall well-being.
- Identify withdrawal risks and ensure access to medically appropriate care, including harm reduction strategies.
- Integrate relapse prevention and recovery-oriented interventions into individualized service plans.

3. Cultural and Linguistic Considerations

- Provide culturally responsive and linguistically appropriate services that respond to participants' identities, values, and lived experiences.

4. Cognitive and Learning Styles

- Adapt services to accommodate neurodiversity, cognitive impairments, or learning preferences to enhance engagement and comprehension.

5. Trauma History

- Utilize trauma-informed approaches that foster safety, empowerment, and healing, mitigating barriers caused by past experiences.

6. Motivational Readiness

- Assess readiness for change using strengths-based tools such as the University of Rhode Island Change Assessment Scale (URICA).
- Support motivation through engagement strategies tailored to individual stages of change.

7. Socioeconomic Barriers

- Provide wraparound support for housing, employment, transportation, and childcare to reduce barriers and promote stability.

8. Physical Health Needs

- Ensure accommodations for chronic medical conditions, disabilities, and overall physical well-being.
- Collaborate with healthcare providers to address unmet medical needs that may impact engagement.

9. Gender Identity and Sexual Orientation

- Ensure services are inclusive, affirming, and respectful of participants from LGBTQ+ communities, promoting a safe and supportive environment.

10. Family Dynamics and Support Systems

- Assess family, peer, and community support to strengthen participants' engagement, stability, and success.
- Provide resources for healthy relationship-building and support network development.

Criminogenic Needs

Criminogenic needs are dynamic risk factors directly linked to criminal behavior. The DCDP assesses the following 8 criminogenic needs during intake and eligibility determination to align program interventions with participant risks and needs:

1. Antisocial Cognition

- Addressing criminal thinking patterns and attitudes through cognitive-behavioral interventions.

2. Antisocial Personality Traits

- Providing support to reduce impulsivity, aggression, and other traits linked to criminal behavior.

3. Antisocial Associates

- Encouraging pro-social connections and reducing reliance on peer groups engaged in criminal activity.

4. Family/Marital Relationships

- Strengthening family support systems and addressing dysfunctional relationships that contribute to criminal behavior.

5. Substance Use

- Tailored substance use disorder treatment to address dependency issues that contribute to criminal behavior.

6. Employment/Education

- Enhancing job skills and educational opportunities to reduce economic instability as a risk factor.

7. **Leisure/Recreation**

- Promoting involvement in pro-social recreational activities to reduce idle time associated with criminal behavior.

8. **Criminal History**

- Evaluating past criminal behavior patterns to guide appropriate levels of supervision and intervention.

Integrated Assessment and Implementation

During the intake process, participants are evaluated using evidence-based tools such as:

- **Correctional Offender Management Profiling for Alternative Sanctions (COMPAS-CORE)**
- **Biopsychosocial Assessments**
- **ASAM Criteria**
- **Mental Health and Trauma Screenings**

These tools assess both responsivity and criminogenic needs, which are integrated into individualized case plans to ensure program alignment. Case plans focus on addressing the most significant criminogenic needs while accommodating responsivity factors to enhance participant engagement and success.

Programmatic Adjustments

To address responsivity and criminogenic needs effectively, the DCDP implements:

- **Individualized Interventions:** Incorporating tailored services for high-risk factors.
- **Supportive Resources:** Addressing barriers, such as transportation, childcare, and mental health support.
- **Evidence-Based Programming:** Including Cognitive Behavioral Programming (Moral Reconation Therapy (MRT), Thinking for a Change (T4C), Decision Points, and cognitive-behavioral approaches to reduce criminal behavior.
- **Ongoing Staff Training:** Equipping staff to address responsivity and criminogenic factors with cultural responsiveness and trauma-informed care.

Integrating responsivity and criminogenic needs into eligibility determination and program delivery, the DCDP ensures equitable, individualized, and effective care for all participants.

Confidentiality and Privacy Considerations

The DCDP adheres to Wisconsin state and federal confidentiality laws, ensuring that participant information is shared only with consent. Program stakeholders are responsible for limiting disclosure to the minimum necessary information. Case files include signed Releases of Information (ROIs) and

confidentiality agreements to protect participant privacy. Records must comply with the WI Mental Health 51.30 Statute and Federal Confidentiality Rule 42 CFR Part 2.

All email communications containing protected participant information must be encrypted to safeguard against unauthorized access. Personal information such as names, dates of birth, case numbers, treatment plans, and substance use histories must only be shared through secure and approved channels.

Service Delivery

Overview of Services Offered

The Dane County Diversion Program (DCDP) offers comprehensive support services to address substance use and other factors contributing to criminal behavior. Key services include substance use disorder treatment, mental health support, case management, cognitive behavioral programs, psychoeducation for participants and their families, transportation assistance, and referrals to community resources. The program emphasizes evidence-based practices to ensure participants receive support that addresses both immediate and long-term needs.

Individualized Service/Case Plans

Each participant receives a personalized service plan based on their initial assessment results. These individualized plans are developed collaboratively between participants and case managers to ensure they are specific, measurable, achievable, relevant, and time-bound (SMART). Service plans are adaptable and reviewed regularly, at least every 90 days, to address evolving needs as participants progress through the program.

Program Requirements

The Dane County Diversion Program serves individuals identified by the COMPAS assessment as medium/moderate risk for recidivism. Participants are expected to attend scheduled review hearings, engage in treatment sessions at their recommended level of care, meet with their case managers and DOC probation agents as required, and comply with alcohol and other substance testing when requested. As part of their progress in the program, participants may be referred to community agencies for additional services, including recovery housing, primary healthcare, mental health support, recovery coaching, vocational training programs, as well as sexual and reproductive health education and support, education programs, and medically assisted treatment. Participants must follow through with scheduling these services and adhere to the recommended treatment plans.

Program Structure

The Dane County Diversion Program is designed to follow a 9-month framework. If all program requirements are consistently met, participants may be eligible to graduate after 9-months in the program. In some cases, participants may be extended in the program to show further progress or may be terminated if requirements are not met. Reviews will minimally be scheduled at the 3-month and 9-

month (graduation mark). Should any case require more court intervention as a response, this will be determined by the legal parties, through staffing, or after review of the behavior matrix and the participant's compliance in the program.

Reviews

Participants are scheduled for reviews to assess their compliance with program requirements and progress in treatment and recovery. The program includes two primary reviews:

1. 3-Month Review

- This review serves as a checkpoint for participants to discuss their progress in treatment engagement and to identify any obstacles they may be facing. Participants should be actively engaging in treatment services at their indicated level of care, maintaining communication with their case managers, and showing progress toward abstinence from non-prescribed substances.
 - This review may be waived if: the participant or staff have no concerns, the client has made progress toward the completion of the agreement and maintained all program conditions. Any request for a review to be waived will be orchestrated by the Program Coordinator after a thorough case staffing with assigned program staff.
- During this review, the Commissioner may ask questions to evaluate the participant's progress and discuss any needed adjustments to their treatment plan or program involvement. Clinical staff, in collaboration with treatment teams, will be a part of this discussion prior to this review and will hold primary responsibility for deciding the need for an adjusted treatment plan. This will then be ordered by the Commissioner.

2. 9-Month Review

- This review is typically designated as the participant's graduation from the program. To be eligible for graduation, participants must have:
 - Completed all treatment recommendations from their provider and submitted an aftercare or relapse prevention plan.
 - Demonstrated at least 60 days of abstinence from non-prescribed substances.
 - Completed a Behavioral Intervention Program, such as Moral Reconation Therapy (MRT), Thinking for a Change, or Decision Points.
 - Maintained regular contact with their case manager.
- If a participant has not met all program requirements by this review, they may be extended in the program for additional time to achieve these goals. This extension will be granted by the court through the process of the case not being closed at the tentative final review and another court date being scheduled.

- Participants who are unable to meet program expectations due to non-engagement or non-compliance may be considered for termination.
- If all conditions are met and the participant has maintained all program compliance requirements, the agreement can be successfully ended after 6 months.

Extensions and Terminations

- **Extension:** Participants may be extended in the program if they have demonstrated efforts to engage in treatment and case management but require additional time to achieve consistent abstinence or other program milestones. Extensions are considered a supportive measure to allow participants to continue making progress.
- **Termination:** Participants may be terminated from the program if they fail to engage in required treatment, maintain regular contact with case management, or demonstrate consistent non-compliance with program expectations. Termination is typically reserved for cases where participants have shown a lack of progress and have not responded to supportive interventions.

Case Management Protocols

Case managers play a central role in supporting participants, ensuring they understand program requirements, and connecting them with necessary resources. They maintain regular contact with participants, monitor treatment engagement, and document participant progress. Case managers also work closely with treatment providers to verify compliance and adjust case plans as necessary.

Participant Contact Types

The Dane County Diversion Program (DCDP) uses various contact methods to ensure participant engagement and compliance with program requirements. Contacts are conducted purposefully and documented accurately to support participant progress and program accountability. The following contact types outline expectations for both participants and case management staff:

Office Contact

Office contacts are the primary means of interaction between participants and their case managers or DOC agents, unless an alternative contact type is approved by a supervisor. An office contact consists of face-to-face interaction at the respective offices of the case manager and agent, and may include:

- Randomized UA testing
- Review of prior information or assigned homework
- Discussion of obstacles to treatment or program compliance
- Referrals for additional services, if needed
- Addressing any non-compliant behaviors
- Scheduling the next appointment

Participants are provided appointment information in advance. Case managers and DOC agents are encouraged to work with participants to schedule appointments at times that minimize conflicts with other responsibilities. Office visits are scheduled based on the participant's risk level or in response to recent noncompliance, while DOC contacts are scheduled according to DOC supervision standards.

Rescheduling

Participants are expected to provide at least 24 hours' notice if they need to reschedule an office contact. If appropriate notice is given and the reschedule request is approved, this should be documented in case notes. Requests with less than 24 hours' notice are not guaranteed to be accommodated, and missed appointments may result in a behavioral response.

If a participant fails to contact their case manager or DOC agent to reschedule, one outreach attempt should be made. If the participant does not respond, the missed appointment and attempted contact must be documented and reported to the Program Coordinator.

Telehealth Appointments

In certain cases, participants may be approved for telehealth appointments as an alternative to in-person office contacts. Telehealth sessions should meet the same standards for documentation, engagement, and follow-up as in-person visits. Telehealth contacts are reviewed on a case-by-case basis and require prior approval. Participants must continue in-person contact until telehealth approval is granted.

Field Contacts

Field contacts may be conducted when the case manager or DOC agent needs to visit the participant's home, workplace, or treatment facility. These contacts should be scheduled with the participant in advance and documented to the same standard as office contacts. Additionally, field contacts may occur in the community between case management and the client if requested by the client and deemed appropriate.

Review Hearings

Review hearings are held on Friday mornings at 9:30 AM in Branch 2, Room 1A of the Dane County Courthouse. Participants are scheduled to appear for Diversion Program hearings based on their compliance and efforts to meet program requirements.

The Judicial Official may excuse a participant from a scheduled review hearing in cases of illness or bereavement, provided the participant submits required documentation to the case manager within 24 hours of the scheduled appearance. Excused absences are granted solely at the Judicial Official's discretion. Participants are required to attend hearings despite inclement weather, unless the judicial official cancels the hearing or the courthouse closes, in which case participants will be notified by their case manager or the Program Coordinator.

Team Staffing

Team staffing occurs once weekly on Tuesday afternoons and includes case managers, the Program Coordinator, DOC agents, mental health professionals, peer support specialists, and other relevant team members. These sessions provide an opportunity to review participant progress, ensure the accuracy of information, and discuss participant actions over the past week. Additional staffing is held on Friday mornings to discuss higher-level program responses, including incentives, sanctions, or service adjustments.

Case Documentation

Effective case documentation is essential for maintaining accurate records of each participant's progress and ensuring fair and appropriate responses within the Diversion Program. Case Managers are required to maintain detailed, comprehensive, and timely records relevant to each participant's case. Accurate and consistent documentation supports the integrity of the program, fosters participant trust, and helps Case Managers make informed decisions regarding client progress and needed interventions.

The use of the State CORE database and the program's Electronic Case Management System (ECMS – Enterprise Supervision) is mandatory for ensuring consistency, accessibility, and reliability of records. These systems streamline data entry, facilitate reporting, and enhance communication among team members.

Documentation Standards

The information collected by Case Managers must meet the following standards:

- **Comprehensive and Case-Relevant:** Documentation should include all information pertinent to the participant's program engagement and treatment progress. Relevant data should also be entered into CORE and ECMS, ensuring centralized and consistent records.
- **Timely:** Entries should be made promptly in CORE and ECMS to ensure records reflect current status and interactions.
- **Understandable and Consistent:** Information should be recorded in a clear and organized manner so it can be interpreted by other team members as needed. Documentation should also be internally consistent to provide an accurate history of client progress.

File Requirements

Each Case Manager must maintain an open file for every active participant, ensuring data is captured in physical files, CORE, and ECMS. Files should be retained for seven years after program discharge. Each file should contain the following documents and information:

- **Notice of Admission from JusticePoint**, including:
 - COMPAS screening summary
 - ASAM summary
 - Addiction Severity Index 5th addition (Biopsychosocial assessment)
 - All additional assessment tools outlined in this manual

- **Diversion Program Contract** – signed by the participant
- **Intake Documentation**
- **Signed Releases of Information (ROIs) and Waivers**
- **Confidentiality Agreements**
- **Treatment Attendance and Progress Reports** – for monitoring outpatient, residential, and other treatment engagements
- **Participant Tracking Forms** – to document compliance with required or recommended referrals and participation in ancillary services
- **Review Hearing Reports** (also uploaded into CORE)
- **Self-Assessment and Phase Advancement Requests**
- **Drug Test Results** (entered in CORE for tracking compliance)
- **Case Management Summary Notes** – capturing interactions, goals, and interventions (recorded in ECMS for accessibility)
- **Home Visit Reports** – documenting any relevant findings or follow-up needs from home visits
- **Discharge Summaries and Aftercare/Relapse Prevention Plan**
- **Exit Interviews** conducted at graduation to capture participant feedback and final progress insights

Utilization of CORE and ECMS

Case Managers are required to:

- Enter all relevant participant data into the CORE database as part of the program's reporting obligations to the State.
- Use the ECMS to manage and store participant information, track interactions, schedule activities, and monitor case outcomes.
- Regularly review CORE and ECMS records to ensure consistency between physical files and electronic systems.

Importance of Accurate Documentation

Inaccurate, incomplete, or untimely information can result in inappropriate responses that may undermine participant trust and impede treatment progress. Case Managers should ensure that each entry in CORE, ECMS, and physical files is:

- Accurate and reflective of the participant's current status.
- Timely to allow for appropriate interventions and program responses.

- Suitable for internal review by other team members to maintain continuity of care.

This structured documentation process, supported by the CORE database and ECMS, ensures a consistent approach to case management and supports the program's goal of providing equitable, evidence-based care for all participants.

Treatment and Support Services

The Dane County Diversion Program (DCDP) utilizes a range of treatment and support services designed to address substance use and mental health needs. Participants are expected to engage in recommended services as part of their individualized care plan. Below are the primary treatment and support services used by DCDP.

Substance Use Disorder (SUD) Treatment

Participants are referred to appropriate SUD treatment services based on their level of care (LOC), as determined by the ASAM (American Society of Addiction Medicine) criteria gathered during the assessment process. Treatment options vary and may include outpatient, intensive outpatient, inpatient residential services, or partial hospitalization programs. Further ASAM assessments may be conducted to adjust a participant's LOC based on their treatment progress and engagement. Adjustments may indicate a need for either a higher or lower LOC, depending on participant progress. Individual or group programming may be required for participation in the program.

Medically Assisted Treatment (MAT)

While participants are not required to engage in Medically Assisted Treatment (MAT), the DCDP treatment team encourages MAT when clinically recommended. The program networks with multiple prescribing agencies that can provide MAT services. If participants choose to incorporate MAT into their SUD treatment plan, they are responsible for adhering to the agency's recommendations. Non-compliance, such as missed appointments, misuse of medication, or other violations, could result in discharge from the assigned treatment service.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) addresses cognitive distortions, negative thought patterns, and maladaptive behaviors contributing to substance use or other challenges. Based on their treatment plan, participants may engage in individual or group CBT sessions. These services aim to develop coping strategies, improve problem-solving skills, and support long-term recovery efforts.

Mental Health Treatment

Participants will be referred for mental health treatment as needed to address any co-occurring mental health issues. The DCDP team includes a mental health professional (MHP) who provides transitional support to participants who are not yet engaged with mental health services or are transitioning between providers. Adherence to mental health treatment recommendations is important for sustained progress within the program.

Harm Reduction Strategies

The DCDP incorporates harm reduction strategies to meet participants where they are in their recovery journey. These strategies may include education on safe use practices, access to overdose prevention

resources like naloxone (Narcan), and referrals to harm reduction-focused support groups. The program emphasizes reducing the risks associated with substance use while encouraging participants to work toward their individualized recovery goals.

Psychiatric Medication Management

When clinically indicated, participants may be referred to their Primary Care Provider (PCP) or a community provider for psychiatric medication management. This service supports those with substance use or co-occurring mental health disorders. Participants are expected to follow the recommendations and guidelines provided by their psychiatric prescriber as part of their treatment plan.

Transportation Assistance

To support participants in attending treatment and meeting program requirements, transportation assistance is available:

- **Bus Tickets:** Provided for participants without an income (e.g., employment, SSI, SSDI) to attend treatment sessions, employment searches, review hearings, and other essential appointments.
- **State Medical Assistance:** Participants utilizing state medical assistance can access free transportation services through local resources such as MTM/Veyo, enabling them to attend medical and treatment appointments without cost.
- **Wrap-Around Case Manager/CCS Service Facilitator:** In limited circumstances, the case manager or service facilitator, if the client is enrolled in CCS, will assist in getting a client to treatment when other options have failed.

Releases of Information

To ensure seamless coordination of care, participants will sign Releases of Information (ROIs) for all treatment and service providers involved in their care plan. This ensures effective communication while maintaining compliance with confidentiality and privacy laws.

Drug Test Monitoring and Compliance Protocols

The Dane County Diversion Program (DCDP) includes regular drug testing as a part of program compliance to support participants' progress and monitor substance use. Participants are required to follow the drug testing protocols outlined below.

Drug Testing Frequency and Compliance

Participants will be tested a minimum of twice per week throughout their program duration. Testing is conducted on a randomized schedule. Participants are provided with a dedicated telephone number, which they must call daily to receive instructions and determine whether they are required to report for a test that day. It is the participant's responsibility to be aware of testing hours and to complete testing as directed.

Definitions and Outcome Protocols for UA Testing

- **Refusal or Missed Drug Test:** If a participant misses a scheduled drug test or is unable to produce a sample, they are expected to complete the test the following day. A refusal or missed

test will prompt a review using the Behavior Matrix for an appropriate response. Should the participant fail to report the next day, the case manager will document the missed test and consult the Behavior Matrix again. Participants who miss a test due to illness or unforeseen events must provide supporting documentation to avoid a program violation.

- **Positive Drug Test:** Positive drug tests are defined as tests indicating the presence of substances for which the participant does not have a valid prescription. Participants are responsible for updating their case managers and DOC agents with current medication lists, and prescriptions must be active at the time of testing. Participants are prohibited from using any and all illegal drugs, alcohol, THC (including Delta variations), products containing CBD, K2, Spice, bath salts, Kratom, and over-the-counter medications with alcohol while in the program.
 - *Cannabinoid Baseline Testing:* Participants with a history of cannabinoid use may have residual amounts in their system even after their last use. The amount will decrease over time. Participants will continue to be drug tested and the program will monitor the THC creatinine levels. This ratio is the best indicator of continued drug use when compared to previous values on the same individual.
 - Confirmed positive tests after consecutive negative results will be addressed with a higher-level behavioral response, potentially including increased treatment participation. Honesty about substance use is encouraged and will be considered in determining the appropriate response.
- **Diluted or Tampered Drug Tests:** Drug tests are considered diluted if the sample indicates an elevated water content. Urine specimens with temperatures below 90°F, above 100°F, or with creatinine levels under 20 mg/dL are presumed to be diluted or altered. Participants may be required to provide a retest sample within 30 minutes. A second dilute or tampered sample is treated as a failed test and may result in sanctions.
- **Contesting Drug Test Results:** Participants have the right to contest their test results. Negative samples may be discarded once results are recorded, while positive samples can be documented as "positive with admitted use" or "positive with denied use." Denied positive results require third-party confirmation testing. Contested samples are sent to a third-party lab for verification, with a documented chain of custody. Until test confirmation or participant admission of use, the Commissioner will not address positive or diluted test outcomes.

Medical Notes for Missed Program Requirements

Participants may submit medical notes to excuse themselves from program requirements without incurring a violation. Each medical note is verified by case managers with the issuing medical office. Falsified or illegitimate notes are not accepted as valid excuses and will result in sanctions, in addition to those for the missed requirement. Medical notes must pertain directly to the participant's health and explain why the condition prevented participation.

Behavioral Responses and Service Adjustments

The Dane County Diversion Program (DCDP) employs evidence-based behavior modification practices to support participants in achieving program goals. Incentives, sanctions, and service adjustments are utilized to encourage adherence to program requirements and help participants overcome challenges that may impede progress. Decisions regarding responses are made based on input from qualified treatment professionals, service providers, and other knowledgeable team members.

Role of Case Managers

Case managers are primarily responsible for administering low to moderate-level incentives and sanctions, as they have more frequent contact with participants than the judicial official. Reliable and timely monitoring is critical to effective behavior modification. Case managers and the program coordinator actively monitor participant performance, providing consistent and swift responses to achievements and infractions.

Incentives

Incentives are used to reinforce positive behavior and achievements, helping participants recognize and continue effective behaviors. Examples of incentives include:

Verbal Affirmations	Note Card w/Message	Transportation Assistance	3 rd Party Sharing of Behavior	Treat/Snack
Low Denomination Gift Card	Reading/Coloring Book	Planner	School/Art Supplies	Frames/Picture Albums
Permission to Travel	Medium Denomination Gas/Gift Card	Positive Note Home to Family Member	Movie Passes	Beauty Supplies
Recreational Passes	Childcare Supplies	Home Goods	Grocery Assistance	Intro Memberships (Gym/Spa)
Decreased Drug Testing	Decreased Frequency/Level of Reporting	Certificate of Accomplishment	Letter of Support for School	Reduction in Curfew/Community Service
Positive Feedback to Court	Recognition in Court	Concert/Sports Tickets	Tattoo Removal Aid	High Denomination Gas/Gift Cards
Savings Bonds	Assistance w/Home Improvement or Car Repair	Membership to Gym/Health Club	Bicycle	Early Discharge

Sanctions

Sanctions provide structured responses to non-compliance, guiding participants back on track with program requirements. Examples of sanctions include:

Review Program Conditions	Verbal Admonishment	Increased Communication and Reminders	Adjusted Reporting Schedule	Written Notification (to Defense Attorney)
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Problem Solving Session w/CM	Reflective Writing Assignment	Cognitive Behavioral Assignment	Case Management Intervention	Community Service
Written Admonishment (ADA/Defense Counsel Notified)	Increased Reporting Schedule	Report of Incident to Treatment Provider	Extension of Agreement	Noncompliance Report Filed with Court
Notify/Bring Before the Court	Execute a Behavioral Contract	Request Attendance at Self Help Groups	Cognitive Behavioral Intervention (i.e. Enrollment in CBT Program or CBT Exercises with CM)	Increased Reporting Schedule
No Contact Order (as a Condition)	Add GPS/SCRAM Monitoring	Jail Sanction	Earlier Court Date	Issuance of a Bench Warrant
More Frequent Court Appearances	Revocation/Termination of Agreement	Amend DPA to include Additional Charges		

Service and Treatment Adjustments

Service adjustments are intended to help participants address challenging goals by tailoring services to their current needs. Examples include:

- Increased drug testing to support accountability, provide early intervention, enhance recovery monitoring and promote safety
- More frequent supervision or case management visits
- Learning assignments specific to behavior change
- Reinforcement of treatment requirements at the indicated level of care
- Clinical stabilization and specialized services for co-occurring disorders, trauma, etc.
- Short-term counseling with a mental health professional (MHP) to develop new skills
- Referrals to cognitive behavioral programs addressing criminogenic thinking

At times a treatment adjustment will need to be made by your provider or therapist. The program will then make it a requirement to engage in your treatment at that level of care. This is separate from an incentive or sanction as it is following clinical recommendations and in alignment with evidence-based practices.

Guiding Principles

The DCDP emphasizes that punishment is not the goal—changing behavior is the goal. Incentives reinforce desired behaviors, sanctions discourage undesired actions, and service adjustments assist participants in achieving challenging objectives. Recognizing the impact of co-occurring disorders on participants' understanding and responses, the program encourages repetition and clear explanations to support behavior change.

Treatment and Supervision Adjustments

1. **Increases in treatment or supervision** are not considered sanctions but rather adjustments to support participants based on clinical or criminogenic needs.
2. **Decreases in treatment or supervision** are not incentives but are evidence of participants' improvement or recovery.

Timing of Behavioral Responses

For behavior modification to be effective, responses should be delivered swiftly. Delays between the behavior and the response can reduce the impact, as the connection between the action and the consequence may weaken.

Proximal, Distal, and Managed Goals

Understanding the distinction between proximal (short-term), distal (long-term), and managed goals is essential for supporting participants in modifying habitual behaviors and achieving sustainable success.

- **Proximal goals** are immediate, achievable behaviors that serve as foundational steps toward long-term success. Examples include consistent attendance, honesty, and providing untampered drug samples.
- **Distal goals** are the ultimate objectives that may require additional time and sustained effort to achieve, such as long-term abstinence from substances, earning a GED, or making meaningful attitudinal and behavioral changes.
- **Managed goals** are structured, measurable, and individualized objectives designed to guide participants through their recovery journey. These goals serve as dynamic benchmarks that align proximal and distal goals, helping participants track progress and receive appropriate interventions or support. Examples include maintaining regular communication with case managers, adhering to treatment plans, and successfully completing intermediate steps like attending all scheduled therapy sessions for a specified period.

The program applies a tiered approach to behavior responses:

- **High-level responses** are typically applied when a participant fails to meet proximal goals, as these behaviors are critical for immediate program compliance and recovery momentum.
- **Lower-level responses** are used when distal goals are unmet, reflecting the longer-term nature of these objectives and the need for ongoing support.

As participants progress, some distal goals may transition into proximal goals, necessitating shifts in the level of response or intervention. However, exceptions may apply for specific areas, such as substance use, where unique therapeutic approaches are required. Managed goals play a critical role in bridging this transition, providing participants with a clear and supportive path toward achieving both short- and long-term objectives.

Duration and Frequency of Services

Services are typically structured over a 9-month period, with adjustments based on participant progress. During this time, participants are expected to attend weekly case management meetings, engage in treatment services at the recommended level of care, and participate in required assessments. The program duration may be extended if participants need additional support, or it may be shortened if participants meet early completion criteria.

Community Partnerships and Stakeholder Engagement

The Dane County Diversion Program (DCDP) actively engages with community stakeholders and service providers to ensure participants have access to a range of supportive services. Community partnerships with mental health providers, substance use treatment facilities, housing agencies, and other organizations help facilitate comprehensive support for participants. These partnerships are essential to the program's mission, as they enable a coordinated response to address participants' individual needs.

Coordination with Other Agencies

The DCDP operates as a collaborative effort, involving regular coordination with key criminal justice and social service agencies, including the Department of Corrections, District Attorney's Office, State Public Defender's Office, and JusticePoint case management services. This coordination helps maintain consistent communication on participant progress, enhance service delivery, and ensure adherence to evidence-based practices. Partner agencies provide input on program policies, participate in staffings, and work with the DCDP to ensure that participants receive the necessary legal and social support to succeed.

Monitoring and Evaluation

Performance Metrics

The Dane County Diversion Program (DCDP) utilizes evidence-based performance metrics to evaluate program effectiveness and participant outcomes, aligning with the standards outlined in the Statewide Pre-Charge and Post-Charge Diversion Program Outcome and Performance Measures Report. These metrics ensure consistency with statewide benchmarks and provide a framework for continuous improvement.

Key performance metrics include:

- **Recidivism Rates:** Monitoring recidivism helps assess the program's impact on reducing reoffending, a primary goal identified in the statewide report.
- **Program Completion Rates:** Successful completion rates reflect the program's effectiveness in supporting participants through the diversion process.
- **Participant Engagement Levels:** Engagement is tracked through attendance, compliance with treatment plans, and proactive communication with program staff, aligning with the report's emphasis on participant accountability.

- **Adherence to Program Requirements:** Measuring adherence ensures participants are meeting the structured goals necessary for rehabilitation and long-term success.

By aligning its metrics with the statewide report, the DCDP is able to benchmark its outcomes against other diversion programs, identify areas for growth, and demonstrate the program's contribution to public safety and individual rehabilitation. This alignment also supports transparent reporting and collaboration with stakeholders invested in the program's success.

Data Collection Methods

Data collection is conducted through the use of tools provided by the DOJ such as CORE, additionally a case management system called Enterprise Supervision is utilized to capture data on the individual level which can be used to create aggregate reports. These systems are utilized to record application timelines, assessment results, participant demographics, and program performance indicators. These systems allow the DCDP to track progress, identify potential gaps, and review participant data over time to inform decision-making and policy adjustments.

Reporting Procedures

The DCDP maintains a structured reporting process to document program activities and participant progress. Case managers submit regular reports on participant compliance and behavior, which are then reviewed by leadership staff including the Program Coordinator and judicial officials. These reports ensure all team members stay informed about participant status and help guide program responses.

Continuous Quality Improvement

To continuously improve program quality, the DCDP conducts periodic reviews of policies, procedures, and program outcomes. These reviews include annual presentations to the Advisory Board and collaborative discussions with partner agencies. By incorporating feedback from staff and stakeholders, the program can adapt its approach to meet evolving participant needs and align with best practices.

Training and Professional Development

Staff Training Requirements

All DCDP staff, including case managers, mental health professionals, and program coordinators, are required to undergo initial training on evidence-based practices, including Motivational Interviewing (MI), Moral Reconciliation Therapy (MRT), Thinking for a Change, Carey Guides and BITS, and Wisconsin Diversion Standards. Staff are expected to stay updated on best practices for diversion programs and adhere to protocols for ethical and effective participant engagement.

Ongoing Professional Development

The DCDP emphasizes the importance of ongoing professional development to ensure staff remain informed about best practices and emerging trends in the fields of diversion, treatment, and recovery. Clinical and program staff regularly attend conferences and workshops, including:

- The Wisconsin Association of Treatment Court Professionals (WATCP) Annual Conference, which provides specialized training on evidence-based practices and innovations in treatment courts.
- The Opioids, Stimulants, and Trauma Summit, which addresses the intersection of substance use, trauma, and recovery, offering strategies to enhance participant outcomes.
- The Mental Health and Substance Use Recovery Conference, which focuses on effective approaches to treating co-occurring mental health and substance use disorders.

In addition to these conferences, staff are required to participate in workshops on equity and inclusion, implicit bias, and cultural competency. These sessions ensure equitable service delivery across diverse populations and reinforce the program's commitment to reducing systemic disparities.

This comprehensive approach to professional development ensures that staff are well-equipped to provide high-quality, responsive services to participants and align with evolving state and national standards.

Supervision and Support

To support staff effectiveness, the DCDP provides regular supervision and guidance through weekly team staffings led by the Program Coordinator. These sessions offer an opportunity for staff to discuss cases, seek advice on participant challenges, and receive feedback on program adherence. Staff are encouraged to share insights and collaborate on strategies to improve participant outcomes.

Confidentiality and Data Protection

Confidentiality Policies

The Dane County Diversion Program (DCDP) adheres to strict confidentiality policies to protect participant privacy. Information related to participant assessments, treatment progress, and case management is only shared with team members and partner agencies as necessary and in compliance with state and federal laws. All participants sign informed consent and Release of Information (ROI) forms at intake, authorizing specific information sharing required for program purposes.

Data Management and Security

The program's data management practices comply with the Wisconsin Mental Health 51.30 Statute and Federal Confidentiality Rule 42 CFR Part 2. All participant data is stored in secured systems, and access is restricted to authorized personnel only.

Reporting Breaches

In the event of a data breach, DCDP staff are required to immediately notify the Program Coordinator, who will assess the breach and take appropriate measures to mitigate any risks. The Program Coordinator will follow applicable laws and organizational protocols to notify affected parties and report the breach to the appropriate authorities, as required.

Compliance and Ethics

Legal and Regulatory Compliance

The Dane County Diversion Program (DCDP) is committed to maintaining full compliance with all applicable local, state, and federal laws and regulations. This includes adherence to Wisconsin state guidelines for diversion programs, confidentiality laws, and treatment court standards as outlined by state and national bodies. Staff are regularly trained to ensure they understand and follow relevant laws, including confidentiality requirements under the Wisconsin Mental Health 51.30 Statute and Federal Rule 42 CFR Part 2.

Code of Ethics

All DCDP staff are expected to uphold the highest ethical standards in their interactions with participants, team members, and partner agencies. This includes providing unbiased support, maintaining professionalism, and always safeguarding participant confidentiality. Staff must also adhere to evidence-based practices to ensure that program interventions are effective and equitable.

Conflict of Interest Policies

To avoid conflicts of interest, DCDP staff and partners are required to disclose any relationships or personal interests that may affect their objectivity in performing program duties. Any potential conflicts should be reported to the Program Coordinator, who will work with the team to address and resolve the issue in alignment with ethical standards and organizational policies.

Termination Process

The Dane County Diversion Program (DCDP) strives to ensure participants have every opportunity to succeed. Prior to initiating termination, the participant's treatment team makes every effort to develop a treatment plan that has a reasonable chance of therapeutic success, poses minimal burdens, and does not jeopardize participant welfare or public safety. The DCDP team uses best practice standards typically applied to treatment courts to confirm that all alternative measures to engage the participant have been attempted. This review includes an assessment of clinical considerations, goal achievements, and potential service adjustments. However, if a participant is charged with a disqualifying subsequent offense, the Diversion Program prosecutor may file a motion to terminate without further discussion.

Termination Criteria

1. Self-Request

Participants retain the right to voluntarily withdraw from the program at any time. Before making this request, they are advised to consult with the State Public Defender (SPD) liaison and their assigned DOC agent. A decision to withdraw from the program will not be considered an aggravating factor during sentencing proceedings. This policy ensures that participants are not penalized for choosing to discontinue their involvement, aligning with the program's commitment to equitable treatment and respect for individual circumstances.

2. Disqualifying Subsequent Offense

A disqualifying offense includes any charge listed in the “Violent Felonies” list maintained by the Diversion Program, Operating While Intoxicated, or Delivery of Controlled Substances.

- A new charge does not automatically result in termination, but the DCDP prosecutor may file a motion to terminate based on the offense.
- The conviction of a disqualifying offense may trigger a termination motion if it impacts the participant’s ability to meet program requirements.
- Arrests alone do not trigger termination motions but may result in program violations depending on the circumstances.

3. Program Violations

Termination may be considered for the following program violations, including but not limited to:

- Repeated drug test tampering or the use of supplements to alter samples
- Intentional dilution of samples or use of synthetic urine
- Persistent non-compliance with program requirements
- Failure to adhere to treatment recommendations
- Discharge from services due to non-attendance or rule violations
- Falsifying documentation or records
- Engaging in substance use with other program participants
- Breaching confidentiality agreements

Termination Hearing

If the Diversion Program prosecutor files a motion to terminate, the participant receives notice of the motion and the scheduled termination hearing date. A filed motion does not guarantee termination but initiates a hearing where the appropriateness of termination is reviewed. Participants have the right to counsel at the hearing, which may be provided by the State Public Defender’s office or another legal resource. Participants may also choose to represent themselves.

During the termination hearing, both parties may present arguments on whether termination is warranted. The presiding judge has the discretion to decide if the participant will be terminated or allowed to continue in the program.

Administrative Termination

The Diversion Program team may request termination if a participant fails to attend a review hearing or make contact with any Diversion Program staff for 90 consecutive days. This absence counts as an unsuccessful completion of the program. After 90 days, a termination hearing is not scheduled, but the

case may be reviewed on record, and the judicial official may terminate the participant based on administrative criteria.

DOC Revocation and Termination

If a participant is on DOC supervision and the DCDP is facing revocation of probation or extended supervision, the participant may be scheduled for a termination hearing, as revocation would prevent further engagement in the program. In cases where all charges associated with the Diversion Program are revoked, the participant will be terminated. If not all cases are revoked, the assigned DOC agent will confer with the team to assess the participant's ability to continue in the program.

After Termination

Following termination, the judgment of conviction dictates the participant's next steps:

- **Withheld Sentencing:** The participant returns to court for sentencing.
- **Imposed and Stayed Sentencing:** The participant serves the imposed and stayed sentence.
- **Withheld Adjudication:** The participant returns to court for adjudication of guilt and sentencing.

Crisis Management and Safety Protocols

Emergency Procedures

The Dane County Diversion Program (DCDP) has established emergency procedures to ensure the safety and well-being of participants, staff, and community members. In the event of an emergency, staff are instructed to follow a standardized response protocol that includes notifying the Program Coordinator, contacting local emergency services if necessary, and documenting the incident. All staff members are trained to respond quickly and effectively to emergencies, ensuring that participant needs are addressed while maintaining a safe environment.

Risk Assessment Protocols

DCDP utilizes risk assessment protocols to identify potential safety concerns and mitigate risks associated with participant behaviors or circumstances. During the intake and assessment process, case managers assess each participant's risk level for self-harm, harm to others, or engagement in unsafe behaviors. Ongoing monitoring is conducted throughout the program to address any new or escalating risks, with adjustments to service plans as needed.

De-escalation Techniques

Staff receive training on de-escalation techniques to effectively manage situations where participants may exhibit heightened emotional or behavioral responses. Techniques include active listening, verbal de-escalation, and crisis intervention skills to help participants regain control and engage cooperatively in program activities. These techniques are intended to prevent crises and support participants in managing stress or conflict in a healthy manner.

Client Feedback Mechanism

The Dane County Diversion Program (DCDP) values feedback from participants as a critical component of program improvement. Participants are encouraged to provide feedback on their experiences through scheduled surveys or directly to their case manager. This feedback helps identify areas for program enhancement and ensures that participants' voices are incorporated into the program's continuous quality improvement efforts.

Grievance Process for Clients and Staff

A formal grievance process is available for both participants and staff to address concerns or issues related to program practices, treatment, or interactions with team members. Participants may submit grievances in writing to their assigned case manager, who will document and escalate the concern to the Program Coordinator. Staff grievances follow a similar process, allowing for fair review and resolution. This process ensures that all grievances are handled with transparency and respect.

Resolution Timelines

DCDP strives to resolve all grievances promptly, with initial responses provided within five business days. The Program Coordinator or designated staff member will investigate the concern and communicate a resolution plan to the complainant. Final resolution timelines may vary based on the complexity of the grievance, but DCDP aims to address most concerns within 30 days.

Policy Review and Amendments

Review Cycle for Policies and Procedures

The Dane County Diversion Program (DCDP) conducts an annual review of its policies and procedures to ensure alignment with current standards, best practices, and legal requirements. This review process includes input from program staff, partner agencies, and the Advisory Board to maintain consistency and effectiveness across all operational areas.

Process for Policy Amendments

Proposed amendments to the DCDP policy manual can be initiated by any team member or stakeholder and are reviewed by the Program Coordinator. Once reviewed, proposed changes are presented to the Advisory Board for discussion and approval. This collaborative process ensures that amendments are well-informed, applicable, and support the program's mission and goals.

Documentation of Changes

All policy changes are documented in the policy manual with a record of the amendment date, rationale, and authorizing body. This documentation provides transparency and helps track the evolution of program policies, ensuring that the most current procedures are accessible to all team members and stakeholders.

Appendices

Relevant Forms and Templates

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

Diversion Agreement Template

STATE OF WISCONSIN CIRCUIT COURT

DANE COUNTY

Court Case No:

STATE OF WISCONSIN

Plaintiff,

vs.

**DANE COUNTY DIVERSION PROGRAM
DIVERSION AGREEMENT**

Defendant.

The State of Wisconsin, by Assistant District Attorney [REDACTED], and the defendant, [REDACTED], personally with counsels, [REDACTED], hereby move the court to accept the following Diversion Agreement pursuant to Wisconsin Stats. Section 971.37(5):

1. **Guilty Plea** – The defendant will plead guilty to the charge(s) of [REDACTED] in Dane County Circuit Court Case No. [REDACTED] as charged in the criminal complaint.
2. **Deferral** – The parties ask that the court find the defendant's plea was knowing, intelligent, and voluntary, find a factual basis for the plea, accept the defendant's plea, and suspend the prosecution pursuant to Wisconsin Stats. Section 971.37(1m)(b) and 971.37(5), and withhold adjudication for 9 months and allow participation in the Dane County Diversion Program monitored by JusticePoint. The agreement may be terminated early after 6 months if the Monitoring Agency states that the defendant has completed all conditions of the agreement successfully and the parties and the Court agree to early termination.
3. **Conditions** – During the pendency of this Agreement, the defendant agrees to:
 - a. Commit no further acts which rise to the level of probable cause of a violation of the laws of the State of Wisconsin, or any other state, or of the United States of America.
 - b. Upon the entering of this Agreement in Court, meet with the assigned Case Management Agency for the defendant's initial appointment.
 - c. Notify their assigned case manager of any police contact that result in arrest or citation as soon as possible. The assigned case manager must then notify the District Attorney's Office and the Case Management Agency concerning this contact. Police contact does not mean the Diversion Agreement will terminate. However, failure to notify the Case Management Agency of police contact will be deemed a violation of this Agreement.
 - d. Participate in Substance Use Disorder (SUD) and/or mental health assessment and appropriate treatment.
 - e. Undergo random screens for drugs and alcohol to ensure absolute sobriety. The defendant acknowledges that he or she may be drug tested at any time. In the event that the defendant, [REDACTED] is given a location and time to report for a

scheduled drug test, it is their responsibility to report to the assigned location at the time given for the test. A missed test or a specimen that comes back as “diluted” will be considered “positive” for which the defendant may be sanctioned. Repeated positive, diluted, or missed drug screens may be grounds for termination of this Agreement by the State.

f. Notify any medical practitioner seen for medical/dental treatment that they are subject to the terms of this Agreement, disclosing that they have an open criminal case in Dane County and that this information should be considered by the practitioner in making medical determinations on the participants behalf in connection with prescribed substances. The defendant should also request that the practitioner write on the participant’s medical file that the patient is a participant in a drug treatment program. The defendant must provide the Court and parties with a written acknowledgement of this disclosure that has been signed and dated by the practitioner. Failure to comply with this Policy may result in termination of the Agreement.

g. Notify their case manager if they are prescribed any medication while this Agreement is in effect. This rule applies whether or not the defendant actually fills the prescription. The defendant must also notify their case manager if they receive any medication during a visit to a hospital, emergency room, urgent care center, walk in clinic, or doctor’s office.

h. Appear before Commissioner Scott McAndrew or his designee for periodic Court hearings as determined by the Court as part of this program.

i. Participate in and complete Moral Reconnection Therapy, or other identified cognitive behavioral programming approved by your Case Manager.

j. Notify your Case Management Agency within one week if you change your residence at [REDACTED]

k. Make a good faith effort to pay restitution in the amount of \$ [REDACTED]. Absent any other violation, failure to pay this fee will not automatically be grounds for termination of this Agreement.

l. Participant in any additional programming as determined by the Monitoring or Case Management Agency and the parties to this Agreement.

m. Complete any requested releases of information necessary for monitoring.

n. Provide a copy of this Agreement to the Case Management Agency.

o. Complete [REDACTED] hours of community service at a non-profit agency in coordination with your Case Management Agency.

p. OTHER AGREED UPON CONDITIONS (recommendations provided by JusticePoint screening/assessment staff).

4. **Reports** – During the pendency of this Agreement, the Monitoring Agency will provide periodic reports to the Assistant District Attorney and Public Defender’s Office certifying compliance with the terms of this Agreement. It is the responsibility of the Monitoring Agency to provide a copy of the Monitoring Agency’s reporting for any review date before the Court.

5. **Proof of Completion** – At the end of the deferral period, the defendant shall submit written proof of compliance which will be certified by the Monitoring Agency and provided to the Court.

6. **Successful Completion** – If, at the end of the deferral period, the defendant has complied with the conditions of this Agreement, the State will move to dismiss this case.
7. **Extension of Agreement** – The State reserves the right to move the Court for a stipulated extension of the deferral period, as conditions required, and the defendant agrees that if any date is set beyond the Agreement's expiration date by the Court, the Defendant is agreeing to an extension of the Agreement until that date. Further, if at any time during the pendency of the case a bench warrant is issued for the defendant's arrest, the defendant agrees that the Agreement shall be automatically extended up until at least the date of the Defendant's next appearance in court on this case.
8. **Non-Compliance** – If at any time during the deferral period the defendant has not complied with the conditions of this Agreement, the State may at its discretion revoke this Agreement, and upon notice to the defendant, move the court to enter the judgement of conviction, at which point the parties shall proceed to sentencing. Under these circumstances, the State will recommend that the defendant be sentenced to in the Dane County Jail (DCJ).
9. **Termination for Extended Absence** - In the case the defendant has a bench warrant or probation warrant that is active for 90 days or more, this agreement will be revoked and they will be terminated from the program without notice or a hearing, though the defendant may petition for re-admission.
10. **Revocation by the Defendant** – At any point during the deferral period, the Defendant may, through written motion, notify the State and the Court of its intention to revoke this Agreement, and move the court to enter the judgment of conviction and schedule the matter for sentencing.
11. **Conditions of Bond** – The parties agree, and the defendant understands that the conditions of any bond in effect on the plea deal date shall continue for the entire length of this Agreement and that any violation of the defendant's bond may result in bail jumping charges pursuant to Wisconsin Statutes Section 946.49.
12. **Staffing** – The parties to this Agreement understand that there may be periodic meetings between the Monitoring Agency, Case Management Agency, the defendant, State Public Defender's Office, and an Assistant District Attorney representative to address the defendant's compliance with the conditions of this Agreement, which the defendant will be required to attend unless attendance is waived by the parties to this Agreement. Upon advance noticed from the Monitoring Agency or another party to this Agreement, the attorney for the defendant agrees to make a good faith effort to attend these meetings.
13. **Confidentiality Waiver** - At any point during the deferral period, the defendant's treatment records, court reports, and statements made treatment may be communicated among the Dane County Diversion Program team members which consists of the Court Commissioner and representatives of the District Attorney Office, the WI State Public Defenders Office, the WI Department of Corrections, Sheriff's Department, Dane County Clerk's Office, the Dane County Department of Human Services, the Monitoring Agency, and the Case Management Agency. Statements I make in Court will not be used against me on criminal charges other than those case or cases covered by this Agreement. Upon written request, I may

revoke this waiver at any time. I understand that if I do so this Agreement will be revoked, and the deferral period over. If the defendant is sentenced on this charge, the information and statements described above may be used at sentencing on this case, even if I have revoked this waiver.

Dated at Madison, Wisconsin, this ____ day of _____, 2023.

Respectfully submitted,

Assistant District Attorney

Defendant:

Signature _____ Date _____
Print Name:

Defendant Contact Info.:

Address: _____
Phone #: _____
E-Mail: _____

Defense Counsel for Defendant:

Attorney Name: _____

Signature _____ Date _____
Print Name: _____

Counsel Contact Info.:

Name: _____
Phone #: _____
E-Mail: _____

Please forward a copy of this Agreement to JusticePoint, Attention: Program Coordinator, 744
Williamson St., 3rd Floor, Madison, WI 53703
DCReferral@JusticePoint.org

Assessment Report Template

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 treatment recommendations here.
---------------	---------------------------------------

COMPAS-CORE 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.	

PROGRAM SUITABILITY

Eligibility (For Diversion Program and/or for CCS Services):

Click or tap here to enter text.

Staffing and Hearing Report Template

Case Manager: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Date Prepared: 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.
Medical/Insurance:	Click or tap here to enter text.	Mental Health Needs:	Click or tap here to enter text.
Program Start Date:	Enter Here	Days in Program:	Enter Here
		Tentative Completion Date:	Enter Here
Last Court Date:	Enter Here	Next Court Date:	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

	Name of Treatment Facility/Counselor	Type of Treatment/Current Level of Care	Date Started	Required Sessions	Attended Session(s)	Missed Session(s)
Treatment (1 on 1):	Enter Here	Enter Here	Enter Here	Enter Here	Enter Here	Enter Here
Treatment (Group):	Enter Here	Enter Here	Enter Here	Enter Here	Enter Here	Enter Here
Cognitive Behavioral Program	Enter Here.	Enter Here	Enter Here	Enter Here	Enter Here	Enter Here
Other: Enter Here	Enter Here	Enter Here	Enter Here	Enter Here	Enter Here	Enter Here

CLIENT SUMMARY (SINCE LAST COURT DATE)

Treatment Summary/Update	Enter treatment update since last court date and include the date that feedback was received from the provider.
Case Management Contacts	Enter notes on the office contacts scheduled and whether your client missed or attended those meetings. Details that are gathered during meetings that are relevant can be captured in General Update. This section is more related to their compliance with making their appointments.

General Update	Enter Here
Graduation Readiness	Enter Here

SUBSTANCE USE TESTING (SINCE LAST COURT DATE)

Date Tested	Results
	BA=.000 UA = negative

BEHAVIOR HISTORY

Prosocial/Non-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 (Corey 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 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.

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

I, _____ Date of Birth: _____

Social Security Number: _____

AUTHORIZE

JusticePoint, Inc.,
744 Williamson St. 3rd Floor
Madison, WI 53703

TO:

____ Release information to _____

____ Exchange information with _____

____ Receive information from _____

AGENCY/PERSON NAME:

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

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

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to received Copy of this Authorization- I understand that if I sign this authorization, I will be provided with a copy of this authorization. **Right to Refuse to sign this Authorization-** I understand I am under no obligation to sign this form and that JusticePoint may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization except regarding: a) research-related treatment, b) health plan enrollment or eligibility, c) the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party. **Right to Withdrawal this Authorization-** I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to JusticePoint **PRIVACY OFFICER** (Edward Gordon). I am aware that my withdrawal will not be effective until received by JusticePoint and will not be effective regarding the uses and/or disclosure of my health information that JusticePoint has made prior to receipt of my withdrawal statement. I understand if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. **Right to Inspect or Copy Health Information to Be Used or Disclosed-** I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting the JusticePoint **PRIVACY OFFICER** (Edward Gordon). **Redisclosure Notice-** This information has been disclosed from records whose confidentiality is protected by Federal (42 CFR 2) and Wisconsin (51.30) laws. These laws prohibit disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations and statutes. If the information is disclosed, the information may no longer be protected by privacy protection under Federal Law.

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 Diversion and Drug Treatment Court

All participants of the Dane County Diversion or Drug 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. If a participant cannot provide a urine sample, they will remain in the designated drug testing waiting area until they are able to do so. They will not be allowed to leave and return to provide a sample. If the participant leaves the drug testing waiting area for any reason before providing a sample, a "refusal" will be documented and reported to the Court.
3. Participants who cannot provide a sample when initially requested will be given a 30-minute window to submit a specimen. They will be required to wait in a designated area and will not be allowed to consume fluids. This window will be timed from their first attempt/request to submit a sample. Failure to provide a sample in this period will be recorded as a "refusal." Any participant arriving less than 30 minutes prior to the end of testing will be considered a "refusal" if they have not provided a sample prior to the end of testing.

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 will be placed in a secure (locked) refrigerated container and maintained for a period of 10 calendar days.

Challenges to Accuracy of Test Results

1. Under **no circumstance** will a participant be allowed to submit a “new” specimen based on a claim of lab error. If a participant wishes to challenge the accuracy of a test result, the challenge **MUST** be made within 10 calendar days of the participant providing the specimen that tested positive.
2. Any disputed positive result including suspicion of adulterated samples will be sent for confirmation at no expense to the client.
3. 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 coordinator 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)

Behavioral Response Matrix

Diversion Behavior Response Guide for Moderate-Risk Individuals				
Suggested Response	NEGATIVE	BEHAVIOR	POSITIVE	Suggested Response
ACCOUNTABILITY RESPONSES - Review Program Conditions - Verbal Admonishment - Increased Communication & Reminders - Adjust Reporting Schedule - Written Notification to Defense Attorney BEHAVIORAL CHANGE RESPONSES - Problem Solving Session w/ CM - Reflective Writing Assignment - Referral to Counseling/Treatment - Cognitive Behavioral Assignment - Care Management Intervention	- Disruptive Behavior - Late to Appointment w/o Adequate Explanation - Missed Office Contact - Refusal to Follow UA Protocol - Failure to Submit a UA (Following Baseline/PBT Sample) - Ut Positive Drug or PBT Test (Following Baseline) - Missed/Refused UA Sample	L O W	- Attendance at Court Hearing - Enrolling in Mandated Program/School - Improved Physical Health/Hygiene - Honesty - Actively Seeking Employment - Improved Communication Skills - Improved Social Skills	- Verbal Affirmation - Write Card with Message - Transportation Assistance 2nd Party Hearing of Behavior - Treat/Track - Low Denomination QR Card - Reading/Coloring Book - Wishes - Gifts/Supplies - Frames/Picture Albums
ACCOUNTABILITY RESPONSES - Community Service - Written Admonishment (AGA/Defense Counsel Notified) - Increased Reporting Schedule - Report Incident to Treatment Provider - Medical Agreement - Noncompliance Report Filed with Court BEHAVIORAL CHANGE RESPONSES - Cognitive Behavioral Assignment - Revision of Treatment Plan - Meeting/Visit Before the Court - Execute a Behavioral Contract - Request Attendance at Self-Help Group - Cognitive Intervention (i.e. involvement in CBT Program or CBT Exercises with CM)	- Repeated Low Violations (Any Repeated Violation 2+ of Same Behavior) - Missed/Positive Drug or Alcohol Tests (2 or more) - Missed Treatment Session (after 4th session) - Failure to Provide Requested Verification - Unauthorized UA Sample - Negative 3rd Party Report - Negative Report from Community Service Provider - Failure to Present Physician Disclosure Form - Failure to Notify Parties of Changes in Contact Information - New Arrest (Not Resulting in Charges)	M O D E R A T E	- Association with Pro-social Peers - Negative UA/PBT (Excludes from RX Medication) - Maintain Housing - Maintain Driver's License - Obtain in a Diploma/GED - Keeping Appointment - Making Institutional/Free Payment - Positive Report from 3rd Party - Motivation Compliance - Obtain and Maintain Employment	- Low Response + - Permission to Travel - Midlevel Denomination Gas/Gift Cards - Positive Note Home to Family Member - Movie Passes - Weekly Supplies - Recreational Games - Childcare Supplies - Home Goods - Weekly Assistance - Intro Membership (Gym/Spa)
ACCOUNTABILITY RESPONSES - Increased Reporting Schedule - Medical Agreement - WFO Contact Order (Added as a Condition) - Add ons Monitoring/Restrict - Full Sanction - Earlier Court Date - Issuance of a Bench Warrant - More Frequent Court Appearances BEHAVIORAL CHANGE RESPONSES - Sign Behavioral Contract or Modify Behavioral Contract - Revisit Treatment Plan - Previous Matrix Responses Will Apply As Appropriate	- Repeated Moderate Violations (Any Repeated Moderate Violation 2+) - Initial (Program Entry) Missed Office Appointment w/ Monitoring Agency - Negative Discharge From or Leaving Treatment or Housing Against Medical Advice - Negative Discharge from CBT Program - Repeated Refusal to Comply with Drug Testing Requirements (Including Refusing to Submit Baseline UA) - Missed Treatment Assessment/Intake - Missed Treatment Appointment (1st-4th) - Failure to Participate in Treatment after Repeated Positive Drug/Alcohol Tests - Missed Court Appearance(s) - Violation of No Contact Order (Property Crimes or Other than Person or Property Crimes) - Failure to Report New Criminal Activity	H I G H	- Care Plan Goal/Objective Completion - Completing a Program - Obtain Driver's License - Demonstrating Positive Coping Skills - Obtain Housing - Program Attendance/Participation - Proactively Engaging with Family - Repeated (3 or more) Negative Drug/Alcohol Tests - Securing Transportation	- Low or Moderate Response + - Increased Testing - Increased Frequency/Level of Reporting - Certificate of Accomplishment - Letter of Support for School - Reduction in Curfew/Community Service - Positive Feedback to Court - Motivation in Court - Concert/Sports Tickets - Utterance Removal Aid - High Denomination Gas/Gift Cards - Wishes/Bonds - Assistance with Home Improvement or Car Repair - Movie/Bench to Bym/Health Club - Movie
ACCOUNTABILITY RESPONSES - Full Sanction - Earlier Court Date - Issuance of Bench Warrant - Revocation/Termination of Agreement - Amend OPA to include Additional Charges BEHAVIORAL CHANGE RESPONSES - Previous Matrix Responses Will Apply As Appropriate	- Repeated High Violations (Any Repeated High Violation 2+) - New Criminal Charge - Violation of No Contact Order (Person Crimes)	V E R Y H I G H	- Enrolling in Unmandated Program/School or Prosocial Activity - Restitution Paid in Full - Early Completion of All Conditions	Early Discharge

Additional Resources

The appendix also provides resources relevant to evidence-based practices, Wisconsin Diversion Standards, and guidelines for staff training and participant support. Recommended resources include:

Wisconsin Diversion Standards Overview

The Wisconsin Diversion Standards provide a comprehensive framework for implementing diversion programs that serve as alternatives to traditional prosecution. These standards aim to enhance public safety, reduce harm, promote fairness, and use resources effectively. Developed under Wisconsin's Evidence-Based Decision Making (EBDM) Initiative, the standards support the creation of diversion programs that are fair, equitable, and research-informed.

Key components of the **Wisconsin Diversion Standards** include:

1. **Commitment to Justice, Equity, and Inclusion:** Diversion programs prioritize equitable access, ensuring participants are treated fairly regardless of race, socioeconomic status, or other protected characteristics. Staff are trained to recognize and address implicit bias, and program policies are created with an inclusion-focused approach.
2. **Diversion Definitions and Types:** The standards outline various types of diversion:
 - **Pre-Charge Diversion:** Diverts eligible individuals before charges are formally filed, allowing them to avoid criminal prosecution by meeting specified program requirements.
 - **Post-Charge Diversion:** Diverts individuals after charges are filed but before case resolution, with successful participants potentially receiving reduced charges or case dismissal.
3. **Eligibility and Enrollment:** Programs set objective, research-based criteria for eligibility, ensuring timely assessment and voluntary participation. Criteria are tailored to include individuals with varying risk and needs levels, fostering opportunities for rehabilitation over punitive measures.
4. **Behavior Response:** The standards emphasize evidence-based behavior modification through structured incentives and sanctions. Behavior responses are timely, consistent, and balanced between promoting accountability and supporting participant progress.
5. **Intervention Services:** Diversion programs use validated risk and needs assessments to develop tailored intervention plans. Services are designed to be least restrictive while addressing specific criminogenic needs, reducing the likelihood of future offenses.
6. **Completion and Termination:** Successful program completion offers participants harm reduction benefits, such as dismissal of charges. Termination is reserved for those unable to meet program requirements despite support, with procedural fairness maintained.

7. **Confidentiality and Data Privacy:** To foster trust, all participant information remains confidential, with data collection restricted to program compliance and evaluation needs.
8. **Performance Measurement and Evaluation:** Diversion programs engage in ongoing data collection and evaluation, monitoring adherence to standards and adjusting programs based on performance data.

The Wisconsin Diversion Standards serve as a guiding document for the development and operation of fair, effective diversion programs, aligning with national standards and promoting long-term participant success.

These standards guide the Dane County Diversion Program and were utilized to craft this policy and procedure manual. They can be accessed at:

https://cjcc.doj.wi.gov/sites/default/files/initiative/Wisconsin%20Diversion%20Standards%20-%20Final_0.pdf

Relevant Statutory Guidelines

In Wisconsin, the Treatment Alternatives and Diversion (TAD) program which provides funding for the Dane County Diversion Program (DCDP) is governed by specific statutory guidelines aimed at providing alternatives to prosecution and incarceration for non-violent offenders with substance abuse issues. The primary statute outlining these provisions is **Wisconsin Statute §165.95**, which details the establishment, funding, and operational requirements of TAD programs.

Key Provisions of Wisconsin Statute §165.95:

1. **Definition of Violent Offender:** The statute defines a "violent offender" as an individual who, during the commission of an offense, carried, possessed, or used a dangerous weapon; used force against another person; or caused death or serious bodily harm. Additionally, it includes individuals with prior felony convictions involving the use or attempted use of force with intent to cause death or serious bodily harm.
2. **Grant Program Administration:** The Wisconsin Department of Justice (DOJ) is responsible for administering grants to counties and tribes to establish and operate TAD programs. These programs offer alternatives to prosecution and incarceration for criminal offenders who abuse alcohol or other drugs. The DOJ collaborates with the Departments of Corrections and Health Services in this endeavor.
3. **Eligibility Criteria for Grants:** To be eligible for a TAD grant, a county or tribe must design a program that:
 - Addresses the needs of individuals who abuse alcohol or other drugs and are charged with or convicted of crimes related to such abuse.
 - Promotes public safety, reduces prison and jail populations, decreases prosecution and incarceration costs, reduces recidivism, and improves the welfare of participants' families.

- Excludes violent offenders from participation.
 - Provides services consistent with evidence-based practices in substance abuse and mental health treatment, including intensive case management.
 - Utilizes graduated sanctions and incentives to encourage successful treatment outcomes.
 - Offers holistic treatment addressing various aspects such as mental health, employment, education, housing, family reunification, and compliance with court-ordered obligations.
 - Integrates mental health services provided by state and local agencies and other organizations, ensuring regular communication among all parties involved in a participant's treatment and compliance monitoring.
4. **Matching Funds Requirement:** Counties or tribes receiving TAD grants are required to provide matching funds equal to 25% of the grant amount.
 5. **Oversight and Reporting:** Grantees must establish an oversight committee to monitor program progress and compliance. They are also required to submit annual reports to the DOJ and the oversight committee, detailing the program's impact on jail and prison populations and its success in achieving stated goals.
 6. **Data Submission:** Grantees must submit monthly data to the DOJ as requested, facilitating program evaluation and the preparation of progress reports.
 7. **Urine Collection Procedures:** The statute outlines specific procedures for urine collection in drug testing, emphasizing the preservation of participants' dignity and privacy.
 8. **Evaluation and Reporting by DOJ:** The DOJ is tasked with annually analyzing submitted data and preparing public progress reports evaluating the effectiveness of the TAD program. Every five years, the DOJ must prepare a comprehensive report, including a cost-benefit analysis, and submit it to the legislature.

For a comprehensive understanding of these statutory guidelines, refer to the full text of Wisconsin Statute §165.95. Additionally, the Wisconsin Department of Justice provides resources and updates on the TAD program, which can be accessed through their official website.

Violent Offense List

This list of offenses may deem a potential participant as ineligible for program participation based on eligibility criteria provided by Wisconsin Statute tied to TAD funding:

Code	Description	Code	Description
940.01	First Degree Intentional Homicide	940.02	First Degree Reckless Homicide
940.03	Felony Murder	940.05	Second Degree Intentional Homicide

940.06	Second Degree Reckless Homicide	940.08	Homicide - Negligent handling of weapon, explosives, or fire
940.09	Homicide Intoxicated Use of Vehicle or Firearm	940.10	Homicide by Negligent Operation of Vehicle
940.19 (2)-(6)	Substantial or Aggravated Battery	940.195 (2)-(6)	Substantial or Aggravated Battery Unborn Child
940.20	Battery Special Circumstance (Status)	940.201	Battery or Threat to Witness
940.203	Battery or Threat to Judge	940.21	Mayhem
940.225 (1), (2), (3)	1st, 2nd, or 3rd Degree Sexual Assault	940.23	Reckless Injury
940.285 (2)	Abuse of Vulnerable Individuals at Risk	940.29	Abuse of Residents at Penal Facilities (including Jails)
940.295 (3)	Abuse and Neglect of Patients and Residents	940.3	False Imprisonment
940.305	Taking Hostages	940.31	Kidnapping
940.43 (1)-(3)	Intimidation of Witnesses	940.45 (1)-(3)	Intimidation of Victims
941.20 (2) & (3)	Endangering Safety - Use of Weapon	941.26	Machine Guns
941.28	Possession of Short-barrel Shotgun or Rifle	941.29	Possession of Firearm by Felon
941.3	Recklessly Endanger Safety	941.327 (2) & (3)	Tampering with Household Products
943.01 (2) & (d)	Damage to property of petit or grand juror, reduced value over \$2500	943.011	Damage or Threat to Property of Witness
943.013	Damage or Threat to Property of Judge	943.02	Arson
943.04	Arson with Intent to Defraud	943.06	Molotov Cocktail
943.10 (2)	Armed Burglary	943.23 (1g)	Car Jacking
943.32	Armed Robbery	943.86	Extortion against Financial Institution
943.87	Robbery of Financial Institution	943.88	Organizer of Financial Crimes
946.43	Assaults by Prisoners	947.015	Bomb Scares
948.02 (1) or (2)	1st & 2nd Degree Sexual Assault of Child	948.025	Repeated Sexual Acts
948.03	Physical Abuse of a Child	948.04	Causing Mental Harm to Child
948.05	Sexual Exploitation of Child	948.06	Incest
948.07	Child Enticement	948.08	Soliciting a Child for Prostitution
948.085	Sexual Assault of Child in Substitute Care	948.3	Child Abduction
940.07	Homicide from Negligent Control of Vicious Animal	940.205	Battery or Threat to Dept. of Revenue Employee
940.207	Battery or Threat to Dept. Of Safety & Professional Services	940.208	Battery or Threat to Local Government Employees
940.22	Sexual Exploitation by Therapists	940.235	Strangulation

940.24	Injury by Negligent Handling of Dangerous Weapon or Explosive	940.25	Injury by Intoxicated Use of Motor Vehicle
940.302	Human Trafficking	940.32	Stalking
941.295	Possess Electric Weapons	941.296	Possess Handgun and Armor Piercing Bullets
941.298	Possess Firearm Silencers	941.31	Possess Explosives
941.315 (3)	Possess, Use, Distribute Nitrous Oxide	941.316 (3)	Distribution/Abuse of Hazardous Substance
941.32	Administering Dangerous or Stupefying Drug	941.375	Throwing/Discharging Bodily Fluids at Public Safety Worker
942.09	Representations to Depict Nudity	943.015	Damage or Threat to Property of DOR Employee
943.03	Arson of Property other than Building	943.07 (1)	Criminal Damage to Railroads (Intent to Cause Injury, Accident)
943.26	Loan Sharking	943.3	Extortion (Threats to Injure or Accuse)
944.32	Soliciting Prostitutes (as related to Human Trafficking)	944.33 (2)	Pandering - Receiving Compensation
944.34	Keeping a House of Prostitution	947.017	Threats to Release Hazardous Substances
948.051	Trafficking of a Child	948.055	Causing a Child to View or Listen to Sexual Activity
948.075	Use of Computer to Facilitate Child Sex Crime	948.095	Sexual Assault of Child by School Staff
948.11	Exposing a Child to Harmful Material	948.13	Child Sex Offender Working with Children
948.21 (a) and (b)	Child Neglect – Death, Great Bodily Harm, or Sexual Assault	948.23	Concealing or Not Reporting Death of a Child
948.24	Unauthorized Placement for Adoption	948.31	Interference with Child Custody
948.51	Hazing (Felony)	948.6	Possession of Dangerous Weapon by Person Under 18 (Felony)
948.62 (2)	Possession of Dangerous Weapons Other than Firearms on School Premises	941.291(1)(b)	
Wisconsin Statute § 941.291(1)(b) defines "violent felony" for the purposes of regulating body armor possession. Under this statute, a "violent felony" includes any felony, or the solicitation, conspiracy, or attempt to commit any felony, under specific sections of the Wisconsin Statutes.			

CORE System: Description, Purpose, and Reporting Process

What is CORE?

The **Correctional Offender Reporting for Evaluation (CORE)** system is a state-operated database designed to facilitate data collection, reporting, and evaluation for justice-involved individuals participating in treatment court and diversion programs across Wisconsin. CORE supports the Dane

County Diversion Program (DCDP) by enabling accurate tracking of participant progress and program outcomes while ensuring compliance with state standards and funding requirements.

Purpose of CORE

The CORE system serves several critical purposes for the DCDP:

1. **Data Collection:** Captures comprehensive information about program participants, including demographic details, risk/needs assessments, service engagement, and program compliance.
2. **Performance Monitoring:** Tracks participant outcomes and program metrics to measure effectiveness and identify areas for improvement.
3. **Accountability:** Ensures the program meets the reporting requirements mandated by state agencies and funding bodies.
4. **Equity Analysis:** Monitors racial, ethnic, gender identity, and other disparities to inform program adjustments and promote equity and inclusion.
5. **Evidence-Based Evaluation:** Supports data-driven decision-making by providing reliable data for evaluation and reporting purposes.

CORE Reporting Process

The DCDP staff are responsible for maintaining accurate and timely entries in the CORE system. The reporting process includes the following steps:

1. **Data Entry:**
 - Upon participant admission, case managers and program staff enter key data into CORE, including demographics, assessment results, and individualized case plans.
 - Updates are made regularly to reflect participants' progress, treatment milestones, and compliance status.
2. **Ongoing Monitoring:**
 - Case managers input data on participant attendance, treatment progress, and any program violations.
 - Drug test results, review hearing outcomes, and other compliance-related updates are recorded promptly.
3. **Quarterly and Annual Reports:**
 - DCDP leadership generates reports from CORE on a quarterly and annual basis to review program performance and identify trends.
 - Metrics such as recidivism rates, successful completions, and service disparities are analyzed for continuous quality improvement.
4. **State Compliance:**

- CORE data is submitted to the Wisconsin Department of Justice (DOJ) as required by state guidelines.
- This reporting ensures that the DCDP aligns with statewide diversion and treatment program standards and secures ongoing program funding.

5. **Equity and Inclusion Analysis:**

- CORE data is analyzed periodically using the **Equity and Inclusion Assessment Tool** developed by the National Drug Court Institute (NDCI).
- The DCDP team uses this analysis to identify and address disparities in participant outcomes and service access.

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 the operational efficiency of justice programs. The Dane County Diversion Program (DCDP) utilizes Enterprise Supervision to centralize participant data, track progress, and facilitate communication among program staff, ensuring accurate and accessible records for effective case management.

Purpose of Enterprise Supervision

The Enterprise Supervision system supports the DCDP by serving as a comprehensive tool for managing participant cases and meeting operational needs. Key purposes include:

1. **Participant Information Management:** Maintains a secure, centralized database for storing participant records and case details.
2. **Case Planning and Monitoring:** Tracks participants' progress through the program, including milestones, treatment compliance, and other key indicators.
3. **Operational Efficiency:** Reduces administrative workload by automating data entry, reporting, and recordkeeping processes.
4. **Coordination:** Enhances communication and collaboration among case managers, treatment providers, and other stakeholders.

Use of Enterprise Supervision in Case Management

The DCDP relies on Enterprise Supervision for several critical functions:

1. **Initial Intake and Enrollment:**

- Participant data, including demographics, risk/needs assessment results, and eligibility criteria, are entered into Enterprise Supervision during intake.
- Signed agreements, releases of information, and other necessary documentation are uploaded for easy access and reference.

2. Case Plan Development:

- Case managers create individualized case plans within the system, outlining goals, required services, and compliance expectations for each participant.
- Updates to case plans, such as treatment progress or adjusted requirements, are logged to ensure accurate and dynamic records.

3. Progress Tracking:

- Enterprise Supervision allows case managers to document participant engagement in treatment, attendance at review hearings, and compliance with program requirements.
- Random drug test results, behavioral responses, and sanctions or incentives are recorded in real time.

4. Communication and Collaboration:

- The system facilitates efficient communication between case managers, program coordinators, and other stakeholders, providing a shared platform for accessing participant records.
- Notifications and reminders for upcoming appointments, court dates, or compliance checks can be generated to support participant engagement.

5. Reporting and Analysis:

- The system generates detailed reports on participant and program performance, including compliance rates, treatment engagement, and program outcomes.
- Data analytics features enable the identification of trends, gaps, and areas for improvement to support continuous quality improvement.

6. Data Security and Confidentiality:

- Enterprise Supervision complies with all state and federal confidentiality laws, ensuring secure storage and controlled access to sensitive participant information.
- Access to the system is restricted to authorized personnel, and audit trails are maintained to track all system activity.

Benefits of Enterprise Supervision

Enterprise Supervision provides the DCDP with several advantages, including:

- **Streamlined Case Management:** Reduces administrative burden by centralizing participant information and automating key processes.
- **Enhanced Data Accuracy:** Minimizes errors in recordkeeping by maintaining up-to-date and comprehensive participant records.
- **Improved Collaboration:** Facilitates seamless communication among program staff and stakeholders, ensuring coordinated support for participants.
- **Informed Decision Making:** Provides actionable insights through robust reporting and analytics tools to guide program enhancements.
- **Compliance and Accountability:** Ensures adherence to state and federal regulations regarding data security and participant confidentiality.

Participant Interaction and System Usage

Participants are made aware of the use of Enterprise Supervision during the intake process, and their consent is obtained through signed documentation. Case managers utilize the system to engage participants actively, ensuring that their progress is accurately reflected, and interventions are effectively aligned with individual needs.

Glossary of Terms

To aid understanding of terminology used within this manual, a glossary is provided. Terms include:

Alternative to Revocation (ATR): A program option available to individuals on Department of Corrections (DOC) supervision who are at risk of revocation. ATR allows eligible participants to complete the DCDP as a substitute for revocation.

American Society of Addiction Medicine (ASAM) Criteria: Comprehensive guidelines used to assess, treat, and place individuals with substance use disorders and co-occurring mental health conditions. The criteria provide a structured framework for individualized, evidence-based care.

Behavioral Matrix: A structured framework used to determine appropriate incentives, sanctions, and service adjustments based on participant behavior and compliance.

Biopsychosocial Assessment: A holistic evaluation of an individual's biological, psychological, and social factors to understand their overall well-being and inform tailored interventions.

COMPAS-CORE: Correctional Offender Management Profiling for Alternative Sanctions—an evidence-based tool used to assess participants' risk levels and needs for effective intervention planning and program eligibility.

CORE (Correctional Offender Reporting for Evaluation): A state-operated database that facilitates data collection, reporting, and evaluation for justice programs. CORE is used to track participant progress, monitor disparities, and support program accountability.

Criminogenic Needs: Dynamic risk factors directly linked to criminal behavior, including antisocial cognition, personality traits, associates, family relationships, substance use, employment/education, leisure/recreation, and criminal history.

Diversion Agreement: A written contract between the participant and DCDP outlining program expectations, requirements, and potential outcomes upon successful completion.

Enterprise Supervision: A case management system from Tyler Technologies that centralizes participant data, facilitates progress tracking, and supports operational efficiency within justice programs.

Equity and Inclusion Assessment Tool: A model developed by the National Drug Court Institute (NDCI) to monitor and address disparities in program access and outcomes based on racial, ethnic, gender identity, age, or sexual orientation factors.

Medically Assisted Treatment (MAT): The use of FDA-approved medications, in combination with counseling and behavioral therapies, to treat substance use disorders.

Moral Reconciliation Therapy (MRT): A cognitive-behavioral intervention designed to address criminal thinking patterns and improve decision-making and behavior.

Participant Tracking Form: A document used to record participant compliance with program requirements, service referrals, and engagement with ancillary services.

Proximal and Distal Goals:

- **Proximal Goals:** Short-term, achievable goals necessary for long-term success, such as attending appointments or providing drug-free samples.
- **Distal Goals:** Long-term objectives that require time and sustained effort, such as achieving abstinence or completing a GED.

Responsivity Needs: Individual factors, such as mental health conditions, cultural or linguistic considerations, trauma history, or cognitive abilities, that influence a participant's ability to engage with and benefit from program services.

State Public Defender (SPD): An attorney assigned to represent participants in the program to ensure their legal rights are protected.

University of Rhode Island Change Assessment Scale (URICA): A psychological tool used to measure a participant's readiness to change in the context of therapeutic or behavioral interventions.

Conclusion

Summary of Key Policies

The Dane County Diversion Program (DCDP) operates under a comprehensive framework of policies and procedures designed to promote equitable access, reduce recidivism, and support participant rehabilitation. Below is a summary of the program's key policies:

Eligibility and Exclusion Criteria

- **Eligibility:** Participants must be Dane County residents aged 18 or older, assessed as medium risk (COMPAS score 5-7), and facing non-violent felony charges related to substance use.
- **Exclusion:** Individuals with violent offense charges or high/low COMPAS scores are ineligible. Specific exclusions include charges listed on the violent offense list.

Equity and Inclusion

- DCDP is committed to equity and inclusion in all aspects of program operations, using tools such as the **Equity and Inclusion Assessment Tool** to monitor disparities and promote fairness.
- Recent program enhancements include targeted support for underserved populations and data-driven strategies to address disparities in program access and outcomes.

Assessment and Case Planning

- Participants undergo a thorough intake and assessment process using validated tools such as COMPAS-CORE, ASAM Criteria, and biopsychosocial assessments.
- Individualized case plans are developed based on responsivity and criminogenic needs, ensuring services are tailored to each participant's unique circumstances.

Behavioral Responses and Service Adjustments

- The program employs evidence-based behavior modification practices, including incentives (e.g., certificates of achievement, bus passes) and sanctions (e.g., increased supervision, curfews).
- Service adjustments, such as additional treatment referrals or cognitive-behavioral programming, are implemented to support participant success.

Drug Testing Protocols

- Participants are subject to randomized drug testing, with a minimum frequency of twice weekly.
- Clear guidelines address positive, missed, or diluted tests, with responses determined using a structured behavioral matrix.

Use of Technology: CORE and Enterprise Supervision

- The **CORE database** is used for state reporting, performance monitoring, and equity analysis.
- **Enterprise Supervision**, a case management system, streamlines participant data tracking, case planning, and progress reporting.

Confidentiality and Privacy

- Participant information is protected under Wisconsin state and federal confidentiality laws, including WI Mental Health 51.30 and 42 CFR Part 2.
- Releases of Information (ROIs) are required for any data sharing, and strict protocols are in place for data management and security.

Program Requirements and Timeline

- The program operates on a 9-month framework with two mandatory review hearings (3-month and 9-month). Participants must engage in treatment, meet with case managers, and comply with program requirements to graduate successfully.
- Extensions are available for participants needing additional time, while terminations may occur for repeated non-compliance.

Grievance and Feedback Mechanisms

- Participants and staff may submit grievances through a formal process designed to ensure fairness and timely resolution.
- Feedback is actively sought through surveys and direct communication, supporting the program's commitment to continuous quality improvement.

Monitoring and Evaluation

- Key performance metrics, such as recidivism and program completion rates, are tracked to evaluate program effectiveness.
- Data-driven decision-making is prioritized, with regular reviews conducted to refine policies and enhance outcomes.