

Dane County Treatment Court 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 Treatment Court (DCTC) team. It outlines the operational standards, processes, and practices necessary to implement and sustain the treatment court effectively. The manual provides clear guidance on procedures, team roles, and expectations, ensuring consistency, accountability, and alignment with the National Treatment Court Standards and State of Wisconsin Treatment Court Standards. By adhering to the National

Treatment Court standards and utilizing evidence-based practices the team supports participant's recovery and rehabilitation, while reducing recidivism and enhancing community safety.

Scope and Applicability

This manual applies to all stakeholders involved in the Dane County Treatment Court, including the Treatment Court team, partner agencies that are providing recovery services, and community stakeholders contributing to participant support. It details the procedures and responsibilities associated with the intake, assessment, case management, monitoring, and graduation of participants. The policies reflect evidence-based practices and adhere to Wisconsin Treatment Court Standards, ensuring the court operates effectively to achieve its objectives.

History

The Dane County Treatment Court was established to address the increasing prevalence of substance use disorders within the criminal justice system and to offer an evidence-based alternative to incarceration. Over the years, the program has evolved to better meet participant needs and community goals.

- **1996:** Dane County launched its first Drug Treatment Court, spearheaded by Judge Jack Aulik. The court aimed to provide structured treatment and accountability for individuals with substance use-related offenses.
- **2000s:** The program expanded to include evidence-based treatment methods and community support services, emphasizing rehabilitation over punishment.
- **2015:** Revisions were made to align with emerging best practices, incorporating risk/needs assessment tools and enhanced treatment modalities.
- **2024:** The program now operates with a multidisciplinary team and a robust five-phase structure, integrating **National Treatment Court Standards** and the **Wisconsin Treatment Court Standards** to ensure optimal outcomes.

Through ongoing collaboration and commitment to continuous improvement, the Dane County Treatment Court remains a cornerstone of the county's efforts to promote recovery, reduce recidivism, and enhance community well-being.

Program Overview

Program Mission and Goals

The ultimate mission of the Dane County Treatment Court (DCTC) is to enhance community safety by providing targeted treatment interventions for participants. While fostering individualized recovery and accountability through clinical guidance and structured support, DCTC targets the underlying causes or unmet needs that lead to justice involvement. The program addresses substance use disorders as a root

cause of criminal behavior by combining accountability with comprehensive treatment to support participants in achieving long-term recovery and reducing recidivism.

Program Goals:

1. **Reduce Recidivism:** Lower rates of reoffending by addressing underlying substance use and associated risks through tailored, evidence-based clinical and behavioral interventions
2. **Promote Accountability:** Foster personal responsibility through structured oversight, individualized support, and judicial monitoring.
3. **Recovery:** Support participants in achieving and maintaining recovery from substance use disorders through evidence-based treatment and wraparound services.
4. **Strengthen Community Safety:** Mitigate the impact of substance-related offenses through targeted interventions.
5. **Ensure Equity:** Ensure fair and equitable access to the DTC program and treatment across all racial and ethnic groups while integrating culturally and linguistically responsive services (CLAS) and clinical practices.

Alignment with Evidence-Based Practices

The Dane County Treatment Court aligns with the Ten Key Components of Drug Court Programs as outlined by All Rise formerly known as the National Association of Drug Court Professionals (NADCP). This includes interdisciplinary collaboration, equitable access to services, individualized case planning, and ongoing performance measurement to ensure program efficacy.

Equity and Inclusion

The program is committed to ensuring equitable access to all eligible participants. Tools such as the Equity and Inclusion Assessment Tool are utilized to monitor program access and outcomes across demographic groups. Regular cultural competency training is provided to team members to mitigate biases and foster inclusivity.

Program Description

The Dane County Treatment Court is a post-adjudication program designed for individuals with substance use disorders who are at high risk of reoffending. Participants undergo rigorous judicial oversight, and with clinical oversight personalized treatment plans are tailored to their unique needs. The program operates over five structured phases, each focusing on recovery milestones and skill development.

Key Program Components

Comprehensive Assessments: Participants complete criminogenic risk and needs assessments using validated tools like COMPAS-CORE and the Addiction Severity Index, which informs ASAM criteria to establish appropriate level of care for treatment. These assessments collectively determine eligibility, programming needs, and necessary treatment for substance use disorders (SUD) and other behavioral health concerns.

Evidence-Based Treatments: The program incorporates evidence-based approaches, including substance use and mental health treatment, trauma-informed care, Motivational Interviewing, and cognitive-behavioral interventions such as Moral Recognition Therapy (MRT) and Thinking for a Change (T4C).

Structured Phases: Participants progress through a five-phase model designed to build recovery skills, address criminogenic needs, and promote long-term sobriety. Each phase has specific goals and requirements:

- **Phase 1:** Orientation and stabilization (minimum 30 days)
- **Phase 2:** Engagement in treatment and prosocial activities (minimum 60 days)
- **Phase 3:** Skill development and behavior change (minimum 90 days)
- **Phase 4:** Maintenance of recovery and preparation for graduation (minimum 90 days)
- **Phase 5:** Aftercare planning and graduation readiness (minimum 90 days)

Judicial Oversight: Participants attend regular review hearings to evaluate progress and address challenges. Judicial officials provide direct feedback, reinforcing accountability and motivation.

Frequent Drug Testing: Randomized drug and alcohol testing ensures accountability and monitors sobriety throughout program participation.

Case Management: Dedicated case managers develop individualized service plans, coordinate referrals, and monitor participant progress.

Behavioral Responses: The program uses a graduated incentives and sanctions model to encourage compliance and address non-compliance effectively.

Treatment and Recovery: Participants receive individualized treatment plans and recovery support, incorporating evidence-based therapies and options like Medication-Assisted Treatment (MAT) to address substance use and behavioral health needs effectively.

Upon successful completion, participants graduate from the program, which may result in reduced or dismissed charges, improved personal outcomes, and reintegration into the community.

Target Population

The Dane County Treatment Court serves adults aged 18 and older residing in Dane County who meet the following criteria:

- **Criminal Justice Involvement:** Individuals facing charges directly related to substance use.
- **Substance Use Disorder:** Participants with moderate to severe substance use disorders as identified through clinical assessments, primarily the Addiction Severity Index (ASI 5th edition) and the ASAM.
- **Risk Level:** Participants assessed as high risk for reoffending, based on validated risk/needs assessment tools.
- **Openness to Participate:** Individuals must agree to comply with program requirements, including treatment and judicial monitoring.

Exclusion Criteria

Participants may be ineligible if they:

- Have a history of violent offenses.
- Have severe physical, mental, or other impairments that prevent them from participating.

May be ineligible if they:

- Are charged and/or convicted of crimes involving significant violence or weapons.
- Are assessed as low or moderate risk for recidivism.

Equity and Inclusion

The DCTC actively promotes equity by:

- Monitoring demographic data to identify and address disparities.
- Providing cultural competency training to all team members.
- Ensuring equitable access to services through outreach and resource allocation.

Expected Outcomes

The Dane County Treatment Court (DCTC) aims to achieve the following outcomes:

1. Successful Rehabilitation

- Participants achieve and maintain sobriety through evidence-based treatment and wraparound support and services to address various individual needs.
- Individuals develop life skills to support long-term recovery and reintegration into the community.
- Improved stability in housing, employment, and social relationships.
- **Equity Focus:** Efforts to ensure equitable access to treatment resources and tailored support for underserved populations.

2. Reduced Recidivism

- Lower rates of substance use-related reoffending among program participants and graduates.
- Reduced involvement with the criminal justice system post-graduation.
- Decreased reliance on incarceration as a response to substance use-related offenses.
- **Equity Focus:** Address systemic barriers that may contribute to higher recidivism rates among marginalized groups.

3. Enhanced Public Safety

- Reduction in substance use-related criminal behavior in the community.
- Increased collaboration among law enforcement, treatment providers, and community stakeholders to address systemic issues.
- **Equity Focus:** Promote community safety through inclusive outreach and culturally responsive programming.

4. Judicial Efficiency

- Streamlined case processing for individuals with substance use-related offenses.
- Increased use of alternatives to incarceration, reducing the burden on jail and prison systems.
- Enhanced coordination of services through a multidisciplinary team approach.
- **Equity Focus:** Ensure fairness and transparency in judicial processes to reduce disparities in case outcomes.

5. Program Accountability and Continuous Improvement

- Tracking and reporting of key metrics, including participant retention, graduation rates, and recidivism rates, to evaluate program effectiveness.
- Use of data-driven strategies to identify and address gaps in service delivery.
- Regular feedback from participants and stakeholders to refine policies and practices.
- **Equity Focus:** Collect and analyze demographic data to identify disparities and implement strategies to promote equitable outcomes.

Governance and Administration

Equity and Inclusion

The Dane County Treatment Court (DCTC) is committed to fostering equity and inclusion in all design, implementation, and evaluation aspects. The program actively addresses barriers to participation for historically underserved populations and ensures that all participants are treated with fairness, dignity, and respect.

The DCTC integrates equity principles into program governance and administration by:

- Striving toward diverse representation on the Advisory Board and treatment court team.
- Monitoring demographic data to identify and address disparities in program access, retention, and outcomes.
- Providing ongoing cultural competency training to all stakeholders.
- Engaging in outreach to historically underserved communities to promote awareness and participation in the program.

Advisory Board

The Dane County Treatment Court Advisory Board provides strategic guidance and oversight to ensure the program meets its goals effectively and efficiently. The board consists of representatives from the judiciary, community organizations, law enforcement, treatment providers, and other stakeholders.

Responsibilities of the Advisory Board:

1. Develop and review program policies and procedures.
2. Monitor program performance through regular evaluation.
3. Advocate for funding and resources to support program sustainability.
4. Promote collaboration among stakeholders to ensure program success.

Roles and Responsibilities

The successful operation of the Dane County Treatment Court depends on a multidisciplinary team with clearly defined roles and responsibilities:

1. **Judicial Officer:**
 - Presides over court sessions and provides direct feedback to participants.
 - Leads the team in determining appropriate sanctions and incentives.
2. **Program Coordinator:**
 - Manages daily operations and ensures program compliance with state and national standards.
 - Organizes team meetings, tracks participant progress, and oversees reporting.
3. **Case Managers:**
 - Develop Individualized Service/Case Plans tailored to participant needs, incorporating wraparound services to address holistic support and promote skill-building.
 - Monitor compliance with treatment, drug testing, and court requirements while actively engaging participants in the community to support their progress.
 - Serve as the primary point of contact for participants, coordinating efforts alongside the CCS Service Facilitators to fill in gaps and ensure service delivery and alignment of case management strategies between the criminal justice and behavioral health realms.

4. Service Director:

- Provide oversight of program staff and daily operations as well as providing leadership, supervision and clinical consultation.
- Ensure that staff are utilizing trauma-informed, harm-reduction, and person-centered approaches in case management
- Ensure effective service coordination, adherence to national standards and clinical best practices, and compliance with program policies.
- Facilitate collaboration between court officials, probation, attorneys, and community providers, ensuring seamless communication and high-quality service delivery.

5. Treatment Providers:

- Conduct clinical assessments and deliver evidence-based substance use and mental health treatments that align with CCS principles of individualized, person-centered care.
- Collaborate with the team to address participants' comprehensive treatment needs, emphasizing a holistic approach that incorporates participants' strengths, preferences, and recovery goals.

6. Mental Health/Substance Use Professional:

- Provide clinical oversight, assessment, and recommendations for therapeutic interventions to individuals receiving services.
- Oversee comprehensive mental health and substance use assessments, utilizing evidence-based tools to identify participant needs and determine appropriate levels of care.
- Facilitate weekly or bi-weekly clinical consultations with the team to ensure that care is evidence-based, recovery-oriented, trauma-responsive, and aligned with the individual's needs and goals.
- Collaborate with case managers, treatment providers, and participants to develop individualized, person-centered treatment plans that align with CCS and case management best practice principles.
- Monitor participants' progress in treatment, providing regular updates and clinical recommendations to the team during staffing reviews to ensure integrated care and support.
- Serve as a clinical resource for the team, offering expertise in addressing co-occurring mental health and substance use disorders and a clinical lens for responses in alignment with the Behavior Matrix

7. Law Enforcement Representative:

- Contributes insights on community safety and participant supervision.
- Supports the team in monitoring compliance with court orders.

8. District Attorney and Defense Counsel:

- Advocate for public safety and participant rights, respectively.

- Collaborate to determine participant eligibility and ensure fairness.

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 All Rise standards, as well as evidence-based practices relevant to their roles.

Advisory Board Membership

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

- Dane County Treatment Court (DCTC) Judge
- 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
- Treatment Court Assessment and Coordinating Agency representative (JusticePoint)

Inclusion Criteria

Participants must meet the following inclusion criteria to be eligible for the Dane County Treatment Court:

1. Be at least 18 years old and a resident of Dane County.
2. Have a substance use disorder that is contributing to criminal behavior.
3. Be assessed as high risk for recidivism based on validated assessment tools.
4. Demonstrate willingness to comply with program requirements, including treatment and judicial oversight.

Exclusion Criteria

The following criteria can exclude individuals from participation in the Dane County Treatment Court:

1. History of violent offenses as defined by federal or state statutes.
2. Current charges involving significant violence or weapons.
3. Low or moderate risk assessment scores that indicate traditional interventions are more appropriate.

4. Have severe physical, mental, or other impairments that prevent them from participating in program requirements.

Referral Process

The referral process for the Dane County Treatment Court is designed to ensure eligible participants are identified and admitted promptly:

1. **Referral Sources:**

- Referrals may come from the District Attorney's Office, defense attorneys, probation agents, or law enforcement.

2. **Submission of Referral:**

- A completed referral form and supporting documentation must be submitted to the Program Coordinator for review.

3. **Screening and Assessment:**

- The Program Coordinator conducts an initial screening to confirm eligibility.
- Participants undergo clinical assessments to evaluate substance use and risk levels.

4. **Team Review:**

- Judicial stakeholders review the admission report with the DCTC team following assessment to determine program admission or non-admission.
- Final approval is granted by the Judicial Officer overseeing the program.

5. **Admission:**

- Approved participants meet with the Program Coordinator to review program expectations and sign the participation agreement.

Application Submission and Initial Review

All individuals seeking entry into the program must submit a completed application to JusticePoint via email at DCTReferral@JusticePoint.org. JusticePoint staff review applications to confirm eligibility. If an application does not meet program requirements, 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 assessment with the JusticePoint Assessment Team.

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:

- **High Risk (8-10):** Eligible for Drug Treatment Court.
- **Medium Risk (5-7):** Referred to DCDP.
- **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 will be completed utilizing the ASI/ASAM and will be reviewed by the MHP/SUP who will make the clinical recommendation. Clinical Assessment is not a program eligibility requirement, but all applicants are screened for substance abuse as a condition of program eligibility.

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.

Intake and Assessment Procedures

Intake Process

The intake process for the Dane County Treatment Court (DCTC) ensures that eligible participants are identified and admitted efficiently while maintaining program integrity.

1. Referral Submission:

- Referrals are submitted by the District Attorney's Office, defense attorneys, probation agents, or law enforcement using the designated referral form.
- Supporting documentation, including arrest reports and prior case histories, is included with the referral.

2. Initial Screening:

- The Program Coordinator conducts an initial review to verify basic eligibility criteria, such as residency, age, and type of offense.
- Ineligible candidates are referred to other appropriate services or court programs.

3. Assessment Scheduling:

- Qualified candidates are scheduled for comprehensive assessments to evaluate risk levels, substance use disorders, and other treatment needs.

4. Participant Orientation:

- Eligible candidates attend an orientation session where they are informed about program requirements, expectations, and available resources.
- Participants sign an acknowledgment form confirming their understanding of the program rules and their willingness to comply.

Assessment Tools and Methods

The assessment process includes a series of validated screening tools that are used to determine eligibility, these will be done post application but prior to admission:

- **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 is a tool used for risk and needs assessment. This assessment focuses on gathering baseline information about an individual's criminal history, attitudes, and behaviors to evaluate their risks and needs for effective intervention planning. This assessment is also used to determine program eligibility.

Additional assessments will be completed after the initial eligibility is determined and will be completed prior to 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 Stanely Brown Safety Plan, which is considered best practice by Zero Suicide.

Responsivity and Criminogenic Needs

The Dane County Treatment Court (DCTC) 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 characteristics or circumstances that influence a participant's ability to engage in and benefit from the program. Recognizing and addressing these factors ensures that services are equitable, accessible, and person-centered supporting participants in their recovery and justice involvement journey. These needs/factors include:

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 DCTC 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/Addiction Severity Index**
- **ASAM Criteria**
- **Mental Health/Suicide Risk Assessment and Trauma Screenings (CSSR-S)**

These tools assess both the 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 DCTC 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 Reconciliation Therapy (MRT), Thinking for a Change (T4C), Decision Points, and cognitive-behavioral approaches to reduce criminal behavior.

- **Ongoing Staff Training:** Equipping staff to address both responsivity and criminogenic factors with cultural competence and trauma-informed care.

By integrating both responsivity and criminogenic needs into eligibility determination and program delivery, the DCTC ensures equitable, individualized, and effective care for all participants.

Confidentiality and Privacy Considerations

The DCTC adheres to strict confidentiality and privacy standards to protect participants' personal information. Information is only shared with consent and on need-to-know basis. Program stakeholders are responsible for limiting disclosure to the minimum amount of information necessary (need-to-know information only). Case files include signed releases of information and confidentiality agreements

1. **Compliance with Laws:**

- The program complies with federal and state confidentiality laws, including **42 CFR Part 2** and **HIPAA** regulations.

2. **Information Sharing:**

- Participant information is shared only with authorized team members and treatment providers for the purpose of facilitating care.
- Participants sign a Release of Information (ROI) form specifying what information may be shared and with whom.

3. **Secure Record Keeping:**

- All participant records are stored in secure, password-protected systems or locked physical storage.
- Access to records is limited to authorized personnel only.

4. **Participant Rights:**

- Participants are informed of their rights regarding confidentiality during the intake process.
- They may revoke consent for information sharing at any time, subject to program limitations.

Service Delivery

Overview of Services Offered

The Dane County Treatment Court (DCTC) provides a comprehensive framework for delivering evidence-based services that address the unique needs of each participant. The service delivery model integrates substance use treatment, mental health treatment, case management, psychoeducation for participants and their families, transportation assistance, recovery coaching, and community partnerships. The program emphasizes evidence-based practices to ensure participants receive support that addresses both immediate and long-term needs.

Overview of Services Offered

Participants are provided with a range of evidence-based services, including:

- **Substance Use Disorder (SUD) Treatment:** Individualized treatment based on the American Society of Addiction Medicine (ASAM) criteria, including outpatient, intensive outpatient, residential, and partial hospitalization programs.
- **Mental Health Treatment:** Services for co-occurring mental health conditions, also including outpatient, intensive outpatient, residential, and partial hospitalization programs depending on level of care needed. Services include individual therapy, group therapy, psychiatric medication management, and the service array available to participants in CCS.
- **Case Management:** Individualized service plans, participant monitoring, and connection to supportive services such as housing, employment, and education resources.
- **Behavioral Interventions:** Evidence-based cognitive-behavioral programs such as Moral Reconation Therapy (MRT), Thinking for a Change (T4C), and trauma-informed care practices.
- **Comprehensive Community Services (CCS):** The program offers CCS for eligible participants, which provides a wide array of recovery-focused services, including individualized, person-centered care plans, peer support, and wraparound services tailored to meet diverse treatment and recovery needs. For clients who are not eligible, their wraparound case manager will be trained to offer and find similar services for clients to access.
- **Supportive Services:** Referrals to recovery housing, transportation assistance, primary healthcare, and employment training.
- **Drug and Alcohol Monitoring:** Regular, randomized drug testing to ensure accountability and monitor progress toward sobriety.

Individualized Service/Case Plans

Each participant's service/case plan is developed collaboratively by the case manager, treatment providers, and the participant. Plans are based on the results of validated assessments such as COMPAS-CORE, ASAM Criteria, and biopsychosocial evaluations. Service plans are:

- **Specific and Measurable:** Goals are clear, time-bound, and achievable.
- **Tailored to Individual Needs:** Address criminogenic risks, substance use severity, and co-occurring mental health conditions.
- **Flexible and Dynamic:** Plans are reviewed and updated at least every 90 days to reflect participant progress and evolving needs.

Program Requirements

The Dane County Treatment Court (DCTC) serves individuals identified by the COMPAS assessment as high 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, education programs, recovery coaching, vocational training programs, educational opportunities, sexual and reproductive health education and access to services and prophylactics, and medically assisted treatment. Participants must follow through with scheduling these services and adhere to the recommended treatment plans.

Program Structure

The Dane County Treatment Court (DCTC) operates on a structured, phased model designed to support participant rehabilitation, accountability, and sustained recovery. Each phase has specific goals, requirements, and advancement criteria, ensuring participants are progressively building the skills necessary for long-term success.

Phase 1: Orientation and Stabilization (Minimum of 30 Days)

- **Requirements:**
 - Attend weekly court reviews and case management meetings.
 - Comply with community supervision requirements.
 - Complete random drug and alcohol testing as scheduled.
 - Engage in treatment and mental health services as recommended.
 - Begin addressing housing needs and medical assessments.
 - Demonstrate efforts to change people, places, and things.
 - Build trust and honesty while familiarizing with program rules.
- **Advancement Criteria:**
 - Weekly court and case management attendance.
 - Participation in treatment services as recommended.
 - Development of an individualized case plan.
 - Random drug testing compliance (abstinence is not required in Phase 1).
 - 14 days of meeting consecutive appointments and UAs.

Phase 2: Engagement in Treatment (Minimum of 60 Days)

- **Requirements:**
 - Attend weekly court reviews and case management appointments.

- Comply with community supervision and treatment plans.
- Continue addressing housing needs and engaging in community support activities.
- Build recovery skills and address medical needs.
- **Advancement Criteria:**
 - Consistent attendance in court, case management, and treatment.
 - Engagement with prosocial opportunities.
 - Completion of random drug testing with 14 consecutive days of negative results.

Phase 3: Skill Development and Behavior Change (Minimum of 90 Days)

- **Requirements:**
 - Attend bi-weekly court reviews and weekly case management meetings.
 - Participate in employment, education, or other supportive services.
 - Engage in behavioral intervention programming such as MRT or T4C.
 - Comply with treatment and random drug testing.
- **Advancement Criteria:**
 - Bi-weekly court and weekly case management attendance.
 - Enrollment in behavioral intervention programming.
 - 30 consecutive days of negative drug tests.

Phase 4: Maintenance of Recovery (Minimum of 90 Days)

- **Requirements:**
 - Attend bi-weekly court reviews and weekly case management meetings.
 - Maintain stable housing and a recovery network.
 - Engage in community support events and obtain stable employment.
 - Develop a relapse prevention plan with the treatment provider.
- **Advancement Criteria:**
 - Completion of relapse prevention planning and behavioral programming.
 - 60 consecutive days of negative drug tests.

Phase 5: Aftercare and Graduation Readiness (Minimum of 90 Days)

- **Requirements:**

- Attend monthly court reviews and case management meetings as scheduled.
- Maintain stable housing and continue engaging in treatment.
- Submit a relapse prevention or continuing care plan to the treatment court team.
- **Graduation Criteria:**
 - Consistent attendance at court and case management.
 - Completion of treatment services.
 - Submission of a relapse prevention or continuing care plan.
 - 90 consecutive days of negative drug tests.

Phase Advancement and Goals

Participants progress through the phases by meeting the documented requirements and submitting a Phase Advancement Application (see Appendix). As participants advance, abstinence shifts from a distal to a proximal goal, reflecting their increasing ability to maintain sobriety. Advancement may be delayed if requirements are not met. Time spent in custody does not count toward phase advancement, but partial credit may be granted for time in residential treatment. In exceptional cases, early advancement may be approved unanimously by the treatment court team.

Review Hearings

- Participants are required to attend judicial review hearings to discuss progress, address challenges, and receive feedback.
- Hearing frequency decreases as participants demonstrate compliance and stability.

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 coordinating participant services and monitoring progress. Their responsibilities include:

- **Developing Individualized Plans:** Ensuring alignment with risk/needs assessments and treatment recommendations.

- **Monitoring Compliance:** Tracking attendance at treatment sessions, court hearings, and drug testing.
- **Providing Support and Accountability:** Addressing barriers to success through referrals to housing, transportation, and employment services.
- **Documentation and Reporting:** Maintaining accurate case files and providing timely reports to the treatment court team.

Participants are required to engage regularly with their case managers through office visits, telehealth sessions (when approved), and field contacts. Contact frequency is determined by program phase and participant needs.

Participant Contact Types

The Dane County Treatment Court (DCTC) 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 current program phase or recent violations, 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 contacts 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

Court reviews are held on Thursday mornings in Branch 4, Room 6D of the Dane County Courthouse. Participant reviews are separated by gender, with women being reviewed at 9:00 AM and men being reviewed at 9:30 AM. Participants are scheduled to report for Drug Court hearings based on their current phase and their individual efforts to meet program requirements. The Judicial Official may excuse a client from appearing for scheduled court hearings in circumstances of illness and bereavement. Requested documentation must be provided to the assigned case manager within 24 hours following the scheduled appearance to avoid behavior response. Participants may only be excused at the discretion of the judicial official.

In inclement weather conditions, clients are still required to appear as scheduled. In the event the judicial official decides to cancel court appearances or Dane County Court house closes, participants will be notified by their case manager or the program coordinator.

Team Staffing

The Service Director and CCS MHP/SAP co-facilitate a biweekly all-staff clinical supervision, where the team has the opportunity to consult on emergent, complex issues with clients and also go through the entire caseload at least monthly to ensure every participant's needs are reviewed and met. During this staffing, the behavior matrix is reviewed through a clinical lens to inform the recommendations on responses included in the court reports.

Another weekly staffing occurs involving case managers, program coordinator, DOC agent, mental health professional, peer support specialists, and any other relevant parties from the team. Team staffings are conducted once throughout the week prior to court reviews to ensure that we have valid

and correct information from all parties and to understand the full scope of the participant's actions throughout the week. An additional pre-court staffing is held prior to court reviews to discuss program response recommendations, such as incentive, sanction, or therapeutic adjustment.

Case Documentation

Effective case documentation is essential for maintaining accurate records of each participant's progress and ensuring fair and appropriate responses within the Treatment Court program. Case Managers are required to maintain detailed, comprehensive, and timely records that are relevant to the 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 program's **Electronic Case Management System (ECMS)** 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 engagement in the program and relevant to treatment progress. Relevant data should also be entered into the ECMS, ensuring centralized and consistent records.
- **Timely:** Entries should be made promptly in the 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, and the 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
 - Biopsychosocial assessment
- **Treatment Court 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**
- **Self-Assessment and Phase Advancement Requests**
- **Drug Test Results**
- **Case Management Summary Notes** – capturing interactions, goals, and interventions
- **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 the ECMS

Case Managers are required to:

- Enter all relevant participant data into the ECMS.
- Use the ECMS to manage and store participant information, track interactions, schedule activities, and monitor case outcomes.
- Regularly review 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 the 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 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 Treatment Court (DCTC) 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 DCTC.

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.

Medically Assisted Treatment (MAT)

While participants are not required to engage in Medically Assisted Treatment (MAT), the DCTC treatment team encourages MAT when clinically recommended. The program networks with multiple prescribing agencies that can provide MAT services. If a participant chooses 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.

Mental Health Treatment

Participants will be referred for mental health treatment as needed to address any co-occurring mental health issues. The DCTC 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.

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.

- **Uber:** Participants identified as having transportation barriers that impede program participation will have access to ride assistance utilizing Uber through a grant provided by SAMSHA and administered by Dane County.
- **Wrap-Around Case Manager/CCS Service Facilitator:** In limited circumstances the case manager or service facilitator if the client is enrolled in CCS will be able to assist getting a client to treatment when other options have failed.

Drug Test Monitoring and Compliance Protocols

The Dane County Treatment Court (DCTC) includes regular drug testing as a part of program compliance to support participants' progress and monitor substance use. Drug testing is done 7 days per week. 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 associated with their assigned case management agency, which they must call daily to receive instructions on 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 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 are given a grace period of 3 weeks from admission to produce a cannabinoid-negative result. Following two consecutive negative results for cannabinoids, any future positive test will be treated as new use.
 - Confirmed positive tests after consecutive negative results will be addressed with a higher-level behavioral response, potentially including increased treatment dosing. 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 Treatment Court (DCTC) 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 praise
- Bus passes
- Certificates of achievement
- Opportunity to choose a small gift

Sanctions

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

- Increased supervision
- Written assignments
- Delayed advancement, graduation, or extended program time
- Community service hours
- Electronic monitoring or curfews
- Jail

Service Adjustments

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

- Increased drug testing
- 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

Guiding Principles

The DCTC 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 vs. Distal Goals

Distinguishing between proximal (short-term) and distal (long-term) goals is critical to modifying habitual behaviors.

- **Proximal goals** are achievable behaviors necessary for long-term success, such as attendance, honesty, and providing untampered drug samples.
- **Distal goals** are the ultimate objectives, which may require additional time to achieve, such as abstaining from substances, obtaining a GED, or making attitudinal changes.

A high-level sanction is generally applied if a participant fails to meet proximal goals, while a lower-level sanction is used for unmet distal goals. Over time, as participants progress, distal goals may become proximal goals, which can shift the level of response needed, except in cases related to substance use.

Duration and Frequency of Services

The DCTC lasts an average of 12–24 months, with service intensity decreasing as participants demonstrate stability and progress.

Community Partnerships and Stakeholder Engagement

The Dane County Treatment Court (DCTC) 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 DCTC 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 staffing's, and work with the DCTC to ensure that participants receive the necessary legal and social support to succeed.

Monitoring and Evaluation

Performance Metrics

The Dane County Treatment Court (DCTC) employs various performance metrics to evaluate program effectiveness and participant outcomes. Key metrics include:

- **Participant Retention Rates:** Monitoring the percentage of participants who remain engaged in the program.
- **Graduation Rates:** Tracking successful program completions.
- **Recidivism Rates:** Evaluating reoffending rates post-graduation to assess program impact on public safety.
- **Sobriety Outcomes:** Measuring participant success in achieving and maintaining abstinence through regular drug testing results.
- **Participant Progress:** Monitoring advancements in employment, education, housing stability, and other recovery-related goals.

Data Collection Methods

Data collection is conducted systematically to ensure accuracy and consistency in program evaluation. Tools and systems include:

- **Electronic Case Management System (ECMS):** Used to document case notes, participant progress, and compliance.
- **Drug Testing Reports:** Documented results from randomized drug and alcohol testing to monitor participant sobriety.
- **Treatment Provider Reports:** Regular updates from licensed substance use and mental health treatment providers regarding participant engagement and progress.
- **Judicial Review Records:** Outcomes and participant compliance during regular court reviews.
- **Participant Surveys:** Surveys administered to gather feedback on program experiences, satisfaction, and impact.

These methods allow the DCTC to track participant progress, identify gaps, and inform decision-making for program improvements.

Reporting Procedures

The DCTC maintains a structured reporting process to ensure transparency, accountability, and program success. Key reporting processes include:

- **Case Manager Reports:** Submitted regularly to document participant compliance, behavior, and progress.
- **Program Coordinator Oversight:** Compiling and analyzing program data to ensure consistency and accuracy.
- **Advisory Board Updates:** Quarterly and annual performance reports provided to the Advisory Board for review and feedback.

- **Stakeholder Reports:** Summaries shared with funding agencies, community partners, and judicial leadership to highlight successes, challenges, and opportunities for growth.

These reporting procedures ensure all stakeholders remain informed and that program operations align with best practices.

Continuous Quality Improvement

To enhance program effectiveness, the DCTC implements a Continuous Quality Improvement (CQI) process that includes:

- **Policy and Procedure Reviews:** Regular evaluation of program policies to identify areas for improvement and alignment with evidence-based practices.
- **Team and Stakeholder Feedback:** Collaborative discussions with staff, treatment providers, and community partners to address challenges and improve service delivery.
- **Participant Feedback:** Integrating survey results and participant input to ensure services meet participant needs and expectations.
- **Equity Analysis:** Monitoring demographic data to identify disparities and implement strategies to promote equitable outcomes for all participants.

By focusing on continuous evaluation and feedback, the DCTC maintains program integrity, fosters participant success, and aligns with state and national treatment court standards.

Staff Training Requirements

The Dane County Treatment Court (DCTC) requires comprehensive training for staff to ensure effective program delivery, adherence to evidence-based practices, and alignment with state and national standards.

Initial Training Requirements

All staff must complete initial training upon joining the program to ensure they understand the core components of the DCTC. Topics include:

- **Treatment Court Philosophy and Operations:** Overview of the All Rise Standards and Wisconsin Treatment Court Standards, including the Ten Key Components.
- **Roles and Responsibilities:** Defining team roles, expectations, and collaborative processes.
- **Evidence-Based Practices:** Introduction to evidence-based interventions such as cognitive-behavioral therapy, motivational interviewing, trauma-informed care, and recovery-oriented approaches.
- **Risk and Needs Assessments:** Training on validated tools such as COMPAS-CORE and ASAM Criteria to evaluate participant eligibility and treatment needs.

- **Substance Use and Mental Health Disorders:** Education on the nature of addiction, co-occurring disorders, and the principles of effective treatment.
- **Cultural Competency and Equity:** Understanding implicit bias, cultural responsiveness, and strategies to promote equity and inclusion in program delivery.
- **Confidentiality and Ethics:** Compliance with HIPAA, 42 CFR Part 2, and ethical guidelines for protecting participant privacy and information.

Ongoing Professional Development

To maintain competency and stay informed about emerging practices, all team members are required to participate in ongoing professional development, including:

- **Annual Training Requirements:** Attendance at a minimum of 12 hours of training annually on topics such as:
 - Best practices in treatment courts
 - Trauma-informed care and adverse childhood experiences (ACEs)
 - Substance use trends and emerging treatment modalities
 - Mental health crisis intervention
 - Equity and inclusion practices
- **State and National Conferences:** Encouragement to attend conferences, such as those offered by the Wisconsin Association of Treatment Court Professionals (WATCP) and All Rise.
- **Role-Specific Training:** Specialized training for judicial officers, case managers, treatment providers, law enforcement, and attorneys to enhance role-specific knowledge and skills.

Supervision and Support

The DCTC fosters a culture of ongoing supervision and support to ensure team members receive the resources and guidance needed to succeed in their roles. Key components include:

- **Regular Team Meetings:** Weekly team meetings provide opportunities to share knowledge, discuss participant progress, address challenges, and refine program strategies.
- **Cross-Training Opportunities:** Facilitating cross-training among team members to enhance understanding of different roles and improve collaboration.
- **Mentorship Programs:** Pairing new team members with experienced staff to provide guidance, support, and knowledge transfer.
- **Training Documentation:** The Program Coordinator maintains detailed records of all training activities, including attendance logs, certificates of completion, and training materials.

By prioritizing training, professional development, and supportive supervision, the DCTC ensures its team remains skilled, knowledgeable, and well-prepared to deliver effective, equitable, and evidence-based services to participants.

Confidentiality and Data Protection

Confidentiality Policies

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

Key Policies:

- **Compliance with HIPAA and 42 CFR Part 2:** All participant information is protected under the Health Insurance Portability and Accountability Act (HIPAA) and the federal regulations governing Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2).
- **Participant Consent:** Participants must sign a Release of Information (ROI) form, specifying what information may be shared, with whom, and for what purposes.
- **Authorized Access:** Access to participant information is limited to authorized team members, including case managers, treatment providers, judicial officers, and other stakeholders directly involved in participant care.
- **Information Sharing:** Confidential information may only be shared for purposes related to treatment planning, case management, compliance monitoring, and program evaluation.
- **Training:** All team members must complete annual training on confidentiality laws, data security protocols, and ethical information sharing practices.

Data Management and Security

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

Data Management Policies:

- **Electronic Case Management System (ECMS):** Participant data is stored in a secure, password-protected case management system that is accessible only to authorized personnel.
- **Physical Records:** Paper files are maintained in locked cabinets within restricted-access areas.
- **Data Retention:** Participant records are retained for a minimum of seven years after program discharge, in compliance with state and federal guidelines.

- **Data Encryption:** All electronic communications containing sensitive information are encrypted to prevent unauthorized access.
- **Access Controls:** User access to data systems is role-based, ensuring team members only access information relevant to their responsibilities.
- **Audit Trails:** Systems include audit trails to track access and modifications to participant records, ensuring accountability and transparency.

Security Protocols:

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

Reporting Breaches

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

Steps for Reporting Breaches:

1. **Identification:** Any team member who discovers or suspects a breach must immediately report the incident to the Program Coordinator.
2. **Investigation:** The Program Coordinator conducts an investigation to determine the nature, scope, and impact of the breach.
3. **Notification:** If a breach is confirmed, affected participants are notified in writing within 10 business days. Notifications include details of the breach, potential risks, and steps participants can take to protect their information.
4. **Corrective Action:** The Program Coordinator, in consultation with relevant stakeholders, implements corrective measures to prevent future breaches. This may include:
 - Additional staff training on confidentiality and data security.
 - Updates to security protocols or access controls.
 - Disciplinary action for personnel responsible for the breach, as appropriate.
5. **Documentation:** All breaches are documented, including the date of discovery, investigative findings, actions taken, and any follow-up measures.

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

Compliance and Ethics

Legal and Regulatory Compliance

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

Code of Ethics

All DCTC team members 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 safeguarding participant confidentiality at all times. Staff are also required to adhere to evidence-based practices to ensure program interventions are both effective and equitable.

Conflict of Interest Policies

To avoid conflicts of interest, DCTC staff and partners must disclose any relationships or personal interests that may compromise their objectivity in performing program duties. Any potential conflicts must be reported to the Program Coordinator, who will work with the treatment team to address and resolve the issue in accordance with ethical standards and program policies.

Termination Process

The Dane County Treatment Court (DCTC) strives to ensure participants have every opportunity to succeed. Before initiating termination, the participant's treatment team will explore all reasonable measures to engage the participant and address identified challenges. This process includes revising treatment plans, considering alternative services, and ensuring that public safety and participant welfare remain the top priorities. The team follows best practice standards, including a thorough review of clinical considerations, participant progress, and potential service adjustments. However, in cases where a disqualifying event occurs, termination may proceed.

Termination Criteria

- 1. Self-Request**

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

2. **Disqualifying Subsequent Offense**

A disqualifying offense includes any charge categorized as a “violent felony” under Wisconsin statutes, Operating While Intoxicated (OWI), or Delivery of Controlled Substances.

- A new charge does not automatically result in termination; however, the DCTC prosecutor may file a motion to terminate based on the severity and nature of the offense.
- A conviction of a disqualifying offense may trigger termination proceedings if it impacts the participant’s ability to comply with program requirements.
- Arrests alone do not trigger termination but may result in program violations based on circumstances.

3. **Program Violations**

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

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

Termination Hearing

If the DCTC prosecutor files a motion to terminate, the participant is provided with written notice of the motion and the scheduled termination hearing. Filing a motion does not guarantee termination but triggers a formal review process.

- **Right to Counsel:** Participants have the right to legal representation at the hearing. Representation may be provided through the State Public Defender’s Office or another legal resource.
- **Hearing Process:** Both the prosecution and defense may present arguments regarding the participant’s termination. The presiding judge will assess the presented evidence and determine whether termination is appropriate or if the participant may continue in the program.

Administrative Termination

Administrative termination may occur if a participant fails to attend a scheduled review hearing or maintain contact with DCTC staff for 90 consecutive days. In these cases:

- The absence is classified as unsuccessful program completion.
- No formal termination hearing is required, but the judicial official may review the case on record and proceed with termination based on administrative criteria.

DOC Revocation and Termination

If a participant under DOC supervision faces probation or extended supervision revocation, the DCTC may schedule a termination hearing. Revocation may preclude further participation in the program. The team will consult with the participant's DOC agent to determine whether continued engagement in DCTC is feasible.

After Termination

Upon termination, the participant's next steps are determined by the judgment of conviction:

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

By maintaining clear processes for termination, hearings, and post-termination procedures, the Dane County Treatment Court ensures fairness, transparency, and accountability for all participants.

Crisis Management and Safety Protocols

Emergency Procedures

The Dane County Treatment Court (DCTC) 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:

1. **Follow Standardized Response Protocols:** Staff must respond promptly, ensuring participant safety and documenting the incident.
2. **Notify the Program Coordinator:** All emergencies must be reported immediately to the Service Director, Program Coordinator, or designated leadership.
3. **Contact Emergency Services:** If the situation requires immediate medical, law enforcement, or crisis intervention support, staff must call 911 or relevant emergency services.
4. **Document the Incident:** A written incident report must be completed within 24 hours, detailing the nature of the emergency, actions taken, and outcomes.

All staff receive annual training on emergency response protocols to ensure consistent, effective action during crises.

Risk Assessment Protocols

DCTC employs risk assessment protocols to identify and mitigate potential safety concerns during intake and throughout program participation:

- **Initial Risk Screening:** Case managers conduct a comprehensive assessment during intake using validated tools to evaluate risks related to self-harm, harm to others, and unsafe behaviors. Case managers consult with the Service Director or MHP/SAP on risk concerns to determine appropriate responses.
- **Ongoing Risk Monitoring:** Participant behavior is monitored continuously through case management sessions, judicial reviews, and team meetings. Any escalating risks are immediately addressed.
- **Service Plan Adjustments:** Based on identified risks, individualized service plans are updated to include targeted interventions such as mental health services, safety planning, or crisis support referrals.

The treatment team collaborates to proactively address risk factors and ensure participant and community safety.

De-escalation Techniques

DCTC staff are trained in de-escalation techniques to effectively manage situations where participants exhibit heightened emotional or behavioral responses. Core de-escalation methods include:

- **Active Listening:** Allowing participants to express concerns while demonstrating understanding and empathy.
- **Verbal De-escalation:** Using calm, non-confrontational language to help participants regain composure.
- **Crisis Intervention Skills:** Applying proven techniques to reduce stress and stabilize the situation.
- **Referrals to Support Services:** Connecting participants to mental health professionals or crisis intervention services when necessary.

These techniques are critical for preventing crises, maintaining program stability, and supporting participants in managing stress and conflict effectively.

Client Feedback Mechanism

The Dane County Treatment Court (DCTC) values feedback from participants as a vital tool for program evaluation and improvement. Participants are encouraged to provide feedback through the following channels:

- **Scheduled Surveys:** Anonymous surveys conducted at regular intervals to gather participant input on program services, staff interactions, and overall satisfaction.
- **Direct Communication:** Participants may share feedback directly with their assigned case manager or other program staff.

Feedback is reviewed by the Program Coordinator and treatment team to identify areas for improvement and ensure the program remains responsive to participant needs.

Grievance Process for Clients and Staff

A formal grievance process is available to address concerns or issues related to program practices, treatment services, or team interactions.

- **Participant Grievances:** Participants may submit grievances in writing to their case manager. The case manager will document and escalate the grievance to the Program Coordinator for review and resolution.
- **Staff Grievances:** Staff members may submit grievances to their immediate supervisor, who will escalate the issue to the Service Director or other designated leadership.
- **Escalation for Complex Concerns:** If a grievance cannot be resolved internally, the Program Coordinator may consult with the Advisory Board or other external stakeholders as needed.

All grievances are handled with professionalism, transparency, and respect to ensure fair and unbiased resolutions.

Resolution Timelines

DCTC is committed to resolving grievances in a timely manner:

1. **Initial Response:** Acknowledgment of the grievance will be provided within five business days.
2. **Investigation:** The Program Coordinator or designated staff member will investigate the issue, gathering input from relevant parties.
3. **Resolution Plan:** A proposed resolution will be communicated to the complainant within 15 business days of the initial grievance submission.
4. **Final Resolution:** Most grievances will be fully addressed and resolved within 30 days, with complex cases requiring additional time as needed.

All grievances and resolutions are documented to support transparency and ensure accountability.

By maintaining clear crisis management, safety, and grievance procedures, the Dane County Treatment Court ensures a safe, supportive, and responsive environment for participants, staff, and stakeholders.

Policy Review and Amendments

Review Cycle for Policies and Procedures

The Dane County Treatment Court (DCTC) conducts an annual review of its policies and procedures to ensure alignment with current treatment court standards, evidence-based practices, and legal requirements. This process includes input from program staff, partner agencies, and the Advisory Board to ensure policies remain consistent, effective, and responsive to program needs.

Process for Policy Amendments

Proposed amendments to the DCTC policy manual may be initiated by any team member, stakeholder, or Advisory Board member. The process for policy amendments includes:

1. **Review by Program Coordinator:** The Program Coordinator reviews proposed changes to assess their alignment with program goals, legal standards, and best practices.
2. **Presentation to the Advisory Board:** Reviewed amendments are presented to the Advisory Board for discussion, input, and approval.
3. **Team Feedback:** The treatment court team is consulted to ensure proposed changes are practical and applicable to day-to-day operations.

This collaborative approach ensures that policy amendments are well-informed, relevant, and support the mission and goals of the DCTC.

Documentation of Changes

All policy changes are documented to ensure transparency and accountability. The documentation process includes:

- **Amendment Date:** The date the policy change was approved.
- **Rationale for Changes:** A clear explanation of why the amendment was necessary.
- **Authorizing Body:** Identification of the individuals or bodies responsible for approving the changes (e.g., Advisory Board).

The updated policies are incorporated into the policy manual and shared with all team members and stakeholders to ensure accessibility and consistency in program operations.

By maintaining a structured review and amendment process, the Dane County Treatment Court ensures its policies reflect current best practices, legal standards, and the evolving needs of participants and stakeholders.

Appendices

Relevant Forms and Templates

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

Treatment Court Sentencing Contract Template

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

STATE OF WISCONSIN

Plaintiff,

DRUG COURT TREATMENT
CONTRACT

vs.

CASE NUMBER(S):

Defendant.

I, _____, have carefully read this contract and agree to it.

I. Basic Terms and Length of Contract

This contract is for at least twelve (12) months. It may be extended by the Court or automatically if its requirements have not been completed. These requirements include completion of substance abuse treatment and no positive drug or alcohol tests for 120 days before graduation. A missed drug or alcohol test during that period will extend the contract by one week. Two missed or positive tests during that period will extend the contract by 120 days from the date of the first negative test after the last positive or missed test. If I successfully complete this contract, the charges in this case will be disposed of as follows:

If I **do not** successfully complete this contract, the charges in this case will be disposed of as follows:

II. Sanctions

Jail time and other consequences may be imposed for violating this contract. Violations include dishonesty about use of controlled substances or compliance with any rules or requirements, failure to comply with rules of probation, parole or extended supervision, missed or positive drug/alcohol tests, failure or refusal to produce samples for such tests, missed appointments for treatment or with case management, failure to participate in court-ordered community support meetings, missed check-ins, new offenses, illegal possession of drugs or paraphernalia, failure to report prescribed meds, failure to maintain employment, schooling or volunteer work (if I am not disabled), failure to follow an opiate contract, use of over the counter drugs containing alcohol, dishonesty, failure to report police contact, threatening or assaultive behavior toward staff, failure to appear at or tardiness for court

reviews, and failure to comply with any other requirement imposed by the Court or case management as a part of this program. If a jail sanction is given, it will be imposed immediately at the court review following any violation. I understand I need to make arrangements at work and/or for child care and resolve any other conflicts that might interfere with an immediate sanction. Only in extreme circumstances will said sanction be delayed.

III. Confidentiality Waiver

I agree that during this program my treatment records, court reports, and statements I make in treatment may be communicated among Drug Court 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, Dane County Sheriff's Department, Dane County Clerk of Courts, and JusticePoint. Statements I make in Drug Court will not be used against me on criminal charges other than those case or cases covered by this contract. I may revoke this waiver at any time. I understand that if I do so this contract will end, and the case will be disposed of as if I had not successfully completed the contract. If I am sentenced on this charge, I understand the information and statements described above may be used at sentencing on this case, even if I have revoked this waiver.

IV. Pre-court Team Meetings

I understand that before court sessions the drug court team will meet and discuss my case. See section III for description of the drug court team. The meetings may also include interns or other observers approved by the Commissioner. I do not object to such persons meeting with the commissioner for this purpose without me or my attorney being present. I do not object to such persons reading and discussing reports regarding my progress treatment.

V. Due Process

I waive any right to due process regarding a determination of a violation, sanction or extension of this contract. This includes the rights to an attorney, notice of any violation, a hearing, a neutral decision maker, confrontation and cross-examination of witnesses, production of evidence at such hearing and appeal. I will still have these rights at a hearing to terminate my contract but I agree that at a termination hearing the Court may rely upon review reports and other hearsay the Court finds reliable, without objection based on rights of confrontation or cross-examination of witnesses. I understand I may be terminated from Drug Court in the discretion of the Court for violations detailed in Section II or for failure to progress and that I will automatically be terminated for tampering with or altering drug or alcohol tests or results or if I am arrested for a violent crime. The court may allow me to continue in the program following arrest for a non-violent drug related crime, in the Court's discretion.

Dated this ____ day of _____, ____.

Defendant

Defense Attorney

Assistant District Attorney

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.	

CLINICAL AND BEHAVIORAL HEALTH INFORMATION

Mental Health Needs (Diagnoses or Observations, Current Treatments, Medication Use):

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

PSYCHOSOCIAL HISTORY

Family and Social Support (Family Dynamics, Support Networks, Relationships):

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

RESPONSIVITY FACTORS

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

Click or tap here to enter text.

Childcare Needs (Dependents and Available Support):

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

PROGRAM SUITABILITY

Motivation to Participate (Willingness and Readiness for Change):

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Review 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.	
Driver's License:	Click or tap here to enter text.		Medical Insurance:	Click or tap here to enter text.	
Medical:	Click or tap here to enter text.		Mental Health:	Click or tap here to enter text.	
Substances of Use:	Click or tap here to enter text.		MAT:	Click or tap here to enter text.	
Program Start Date:	Enter Here	Current Phase:	Enter Here	Current Phase Start Date:	Enter Here
Days in Program:	Enter Here			Tentative Date Eligible for Next Phase:	Enter Here
Previous Court Date:	Enter Here	Phase Notes:	Enter Here		

PROGRAM CONDITIONS (SINCE LAST COURT DATE)

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

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

	Name of 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.
--------------------------	---

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

SUBSTANCE USE TESTING (SINCE LAST COURT DATE)

Date Tested	Results
	BA=.000 UA = negative

BEHAVIOR HISTORY

Prosocial/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

Treatment Court Response Guide for Violations and Positive Behavior				
Aggravated Response	NEGATIVE	BEHAVIOR	POSITIVE	Aggravated Response
ACCOUNTABILITY RESPONSES •Missed sobriety date •Missed phone-in •Missed participant contract/program conditions •Missed administrative •Increased communication & reminders •Increased job search/educational activity •Adjust reporting schedule •Case staffing BEHAVIORAL CHANGE RESPONSES •Missed problem-solving session •Missed homework assignment/journaling •Missed case management/treatment plan •Case management intervention •Approved framework	•Positive drug test/UT with honesty •Successful/Validated OF-USA sample •Adhere to appointments/missed appointments •Adhere to present regional document/letter* •Adhere to notify parties of change in address and contact information* •Adhere to meet recovery hours •Adhere to attend support groups	•Attendance at all treatment court hearings •Report for scheduled drug tests, be punctual for drug tests and office visits; submit a valid OF-USA •Attend all appointments, arrive on time, notify providers of tardiness or absence, make-up missed appointments in a timely manner •Adhere to orientation/initials •Obtain a sponsor/coordinator and/or peer support (recovery coach or peer supporter) •Participate in a positive (job) leisure activity •Adhere to requested verifications and medical professional disclosures •Work with coordinator or community services to locate secure housing, report address/phone change •Identify issues and maintain family and other relationships •Identify skills related to employment needs •Develop a budget	•Verbal praise and affirmation •Sobriety chips, keychains, tokens, stars •Application award/handshake •Certificate of achievement •Recognition of card •Welcome note from team member •Medical example/divert •COP or individualized incentives •Letters of recommendation	
ACCOUNTABILITY RESPONSES Any late responses plus: •Increased reporting schedule •Increased frequency of OF-USA/UT testing BEHAVIORAL CHANGE RESPONSES Any late responses plus: •Increase of treatment plan, relapse/prevention plan/case management plan •Case review •Case staffing •Bring before the court •Assess a behavior contract •Attend attendance at self-help groups •Case management intervention •Community service	•Adhere to report police contact/home arrest •Adhere to engage treatment •Report of unscheduled drug tests which are or •Adhere to establish events which primary function is role of alcohol or gambling •Adhere to perform assigned role after court •Adhere to association with those who use drugs •Adhere to refrain from using positive OF-USA or UT •Adhere to follow daily address mental or physical health cases** •Adhere to comply with notification plan/budget •Adhere to take steps to improve living/education/vocational training/employment, obtain case management hearing* •Adhere to business that conflict with recovery •Adhere to violations (2+)	•Negative UA/UT, no missed, refusal or dishonest positive OF-USA/UT/SCAM •Engage in SOC treatment, develop support system, attend support groups •Association with pro-social peers, positive leisure activities, group/cohort •Comply with court orders and directives, submit phone-in letters and written assignments •Adhere to drug free housing •Comply with education/high school support payment plan •Proactive report from 3rd party •Adherence to attendance compliance •Take steps to improve education/vocational and employment skills •Develop plan to address family/mental issues	•Any of the above responses •Award chips •Many important signs/recognition •Allowed to leave court after personal appearance •Expanded privileges under individualized rules (e.g., later curfew, reduced travel restrictions)	
ACCOUNTABILITY RESPONSES Any late or moderate responses plus: •Missed notification to TC team •Missed condition •Earlier court date/homework report •Missed condition from TC •Missed GPS location/TC team or additional conditions such as curfew, house arrest/no contact order BEHAVIORAL CHANGE RESPONSES Any late or moderate responses plus:	•Successful OF-USA •Violation of GPS conditions/SCAM •Obtain positive OF-USA/UT/SCAM when on medication without treatment •Continued substance use while on MAT •Adhere to actively participate in treatment as required by TC •Any new criminal charges •Discharge from/leaving housing/treatment HOME •Discharge from/leaving off program (MAT, MAT) •Missed court appearance •Violation of no contact order/active case order/continued engagement in unhealthy relationships •Adherence to document •Adherence to report to IP after negative treatment discharge •Repeated moderate violations (2+)	•Demonstrate use of recovery skills, pattern of continued sobriety, active engagement in recovery activities and/or taking a leadership role in recovery activity or personal activity •Adherence to healthy support system, active engagement in healthy, prosocial activities, peers, and relationships •Demonstrate good problem solving, coping, and decision-making skills •Adherence to curfew, drug free housing, employment, education and job training attendance •Active participation in mental health counseling, healthy peer management ongoing and demonstrate self-efficacy in physical and mental health	•Any of the above responses •Adherence to next phase of program •Decreased frequency of reporting •Positive feedback to court •Recognition ceremony in court •Graduation	

² considered a moderate violation for Phase 1 and Phase 2.¹¹² Including taking medications as prescribed.

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 Treatment Court Standards Overview

The Wisconsin Treatment Court Standards provide a robust framework for establishing and operating treatment courts across the state. These standards are designed to enhance program effectiveness, improve public safety, and promote equitable outcomes for participants. Rooted in evidence-based practices, the standards ensure treatment courts operate consistently while addressing the unique needs of individuals with substance use and mental health disorders.

Key Components of the Wisconsin Treatment Court Standards

1. **Adherence to Evidence-Based Practices** Treatment courts align with nationally recognized evidence-based practices, such as the Ten Key Components and the All Rise Best Practice Standards. These practices emphasize collaborative team approaches, individualized treatment, and continuous program evaluation.
2. **Eligibility and Admission** The standards require programs to establish clear, research-based eligibility criteria. Participant screening uses validated risk and needs assessment tools to ensure appropriate placement. Programs prioritize high-risk, high-need individuals to maximize public safety and rehabilitation outcomes.
3. **Equity and Inclusion** Programs are required to promote equity by addressing disparities in access and outcomes. Cultural competency training is mandatory for all team members to reduce implicit bias and foster inclusive practices.
4. **Team Collaboration** Treatment court teams include a multidisciplinary group of professionals, such as judges, prosecutors, defense attorneys, treatment providers, probation officers, and case managers. Regular team meetings and pre-court staffings ensure coordinated decision-making and effective participant support.
5. **Individualized Case Management** Participants receive tailored treatment and supervision plans based on validated assessments. Plans are dynamic and adjusted as participants progress through the program.
6. **Behavioral Responses** Programs use structured incentives and sanctions to promote accountability and encourage compliance. Responses are swift, consistent, and proportionate to participant behavior, balancing the need for accountability with opportunities for rehabilitation.
7. **Drug and Alcohol Testing** Frequent, random, and observed testing ensures accountability and monitors participant sobriety. Programs adhere to established protocols to maintain the accuracy and reliability of test results.

8. **Performance Measurement and Program Evaluation** Treatment courts engage in continuous quality improvement through systematic data collection and analysis. Key performance metrics include participant retention, graduation rates, recidivism rates, and sobriety outcomes. Programs use evaluation results to identify areas for improvement and demonstrate program effectiveness.
9. **Confidentiality and Data Privacy** Participant information is protected under state and federal confidentiality laws, including HIPAA and 42 CFR Part 2. Programs ensure all team members are trained in confidentiality protocols to safeguard participant privacy.

Application to the Dane County Treatment Court (DCTC)

The Dane County Treatment Court (DCTC) is guided by the Wisconsin Treatment Court Standards in all aspects of program development and operation. These standards inform the policies and procedures outlined in this manual, ensuring the program reflects best practices and meets state and national benchmarks for treatment courts. The integration of these standards into DCTC operations underscores the program's commitment to providing equitable, evidence-based, and effective interventions for individuals with substance use and mental health disorders.

For further details, the Wisconsin Treatment Court Standards can be accessed at:

<https://cjcc.doj.wi.gov/sites/default/files/initiative/Wisconsin%20Treatment%20Court%20Standards.pdf>

All Rise Standards Overview

The All Rise Standards, formerly known as the NADCP (National Association of Drug Court Professionals) Best Practice Standards, provide a nationally recognized framework for establishing and operating effective treatment courts. These standards are designed to enhance program outcomes, improve public safety, and support long-term recovery for individuals with substance use and mental health disorders. Rooted in decades of research, the All Rise Standards serve as a guiding document for treatment courts across the United States.

Key Components of the All Rise Standards

1. **Target Population** Treatment courts focus on individuals who are at high risk for recidivism and high need for treatment interventions. Programs utilize validated risk and needs assessment tools to ensure appropriate participant selection and service delivery.
2. **Equity and Inclusion** Programs are committed to ensuring equitable access to services and reducing disparities in outcomes across demographic groups. Cultural competency training is required for all team members to address implicit bias and promote inclusivity.
3. **Role of the Judge** The judge plays a central role in the success of treatment court participants by providing consistent, respectful, and individualized interactions during regular court appearances. Judicial involvement is key to fostering accountability and motivation among participants.

4. **Incentives, Sanctions, and Therapeutic Adjustments** Programs use evidence-based behavioral responses to encourage compliance and address non-compliance. Incentives, sanctions, and therapeutic adjustments are applied in a timely, consistent, and proportionate manner.
5. **Substance Use Disorder Treatment** Participants receive evidence-based treatment services tailored to their individual needs. These services include access to medication-assisted treatment (MAT), trauma-informed care, and cognitive-behavioral therapies.
6. **Mental Health Treatment** For participants with co-occurring disorders, treatment courts provide access to integrated mental health services, ensuring holistic care and improved outcomes.
7. **Drug and Alcohol Testing** Frequent and randomized testing ensures participant accountability and program integrity. Testing protocols adhere to scientifically validated procedures to maintain reliability and accuracy.
8. **Multidisciplinary Team** Treatment courts rely on a collaborative team approach, including judges, prosecutors, defense attorneys, treatment providers, probation officers, and case managers. Regular team meetings and staffing ensure coordinated decision-making and participant support.
9. **Monitoring and Evaluation** Continuous program improvement is supported through systematic data collection, performance measurement, and independent evaluation. Key metrics include graduation rates, recidivism rates, and participant progress in treatment and recovery.
10. **Sustainability** Programs develop long-term sustainability plans that include diversified funding sources, stakeholder engagement, and ongoing training for team members.

Application to the Dane County Treatment Court (DCTC)

The Dane County Treatment Court (DCTC) is guided by the All Rise Standards in its mission to provide effective, equitable, and evidence-based interventions for participants. These standards are integrated into all aspects of DCTC operations, ensuring the program meets national benchmarks for treatment courts. By adhering to the All Rise Standards, the DCTC demonstrates its commitment to fostering participant success, reducing recidivism, and enhancing community safety.

For further details, the All Rise Standards can be accessed at: <https://allrise.org/standards>.

Relevant Statutory Guidelines

In Wisconsin, the Dane County Treatment Court (DCTC) operates under specific statutory guidelines designed to address the needs of individuals with substance use and mental health disorders while promoting public safety and rehabilitation. While this program is not funded by the Wisconsin Department of Justice (DOJ), it aligns with state statutes and best practices for treatment court operations.

Key Statutory Provisions Relevant to the DCTC:

1. **Eligibility Criteria and Participant Screening:**
 - Treatment courts in Wisconsin are guided by state standards that prioritize individuals with substance use disorders who are at high risk of reoffending.

- The DCTC uses validated risk and needs assessment tools to ensure appropriate participant selection and service alignment.

2. Program Structure and Oversight:

- Programs must include structured supervision, evidence-based treatment, and case management to address participants' criminogenic needs.
- The DCTC adheres to these principles to ensure program integrity and participant success.

3. Confidentiality and Participant Rights:

- All participant information is managed in compliance with confidentiality laws, including HIPAA and 42 CFR Part 2.
- The DCTC ensures participant dignity and privacy during drug testing and other monitoring activities.

4. Behavioral Responses:

- Programs utilize structured incentives and sanctions to encourage compliance and support participant progress. These responses are designed to balance accountability with rehabilitation.

5. Data Collection and Program Evaluation:

- Although not funded by the DOJ, the DCTC engages in regular data collection and evaluation to monitor program outcomes, participant progress, and adherence to best practices.

Additional Legal Frameworks for Treatment Courts

The DCTC operates in alignment with the following statutes and frameworks:

- **Chapter 51:** Governs mental health and substance use treatment services, providing a framework for integrating behavioral health care into treatment court operations.
- **Chapter 346.65:** Supports Operating While Intoxicated (OWI) treatment courts, emphasizing rehabilitation for alcohol-related offenses.

By adhering to these statutory guidelines and aligning with state and national standards, the Dane County Treatment Court ensures effective, equitable, and evidence-based interventions for participants. This commitment underscores the program's dedication to fostering recovery, reducing recidivism, and enhancing public safety.

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.			

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 Treatment Court (DCTC) 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 DCTC 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 DCTC 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 DCTC 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.

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.

Sentencing Contract: A written contract between the participant and DCTC 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 Reconnection 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 Treatment Court (DCTC) operates under a comprehensive framework of policies and procedures designed to address substance use disorders, reduce recidivism, and promote 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 high risk (COMPAS score 8-10), and facing charges related to substance use.
- **Exclusion:** Individuals with violent offenses or charges listed on the program's Violent Offense List are ineligible. Additionally, participants assessed as low or medium risk are not eligible for the DCTC but may be referred to other appropriate programs.

Equity and Inclusion

- The DCTC is committed to equity and inclusion, ensuring fair access to program services regardless of race, gender identity, socioeconomic status, or other protected characteristics.
- Regular equity audits and use of tools such as the Equity and Inclusion Assessment Tool help monitor disparities and inform targeted strategies to promote equitable outcomes.

Assessment and Case Planning

- Participants undergo a rigorous intake and assessment process using validated tools, including COMPAS-CORE, ASAM Criteria, and biopsychosocial assessments.
- Individualized case plans are developed to address criminogenic and responsivity needs, with services tailored to participants' unique circumstances and recovery goals.

Behavioral Responses and Service Adjustments

- The DCTC uses evidence-based behavior modification strategies, including structured incentives (e.g., verbal praise, certificates, reduced supervision) and sanctions (e.g., increased supervision, written assignments, or curfews).
- Service adjustments, such as additional treatment referrals or enrollment in cognitive-behavioral programs (e.g., MRT, Thinking for a Change), are implemented to support participant progress.

Drug Testing Protocols

- Participants are subject to randomized, observed drug testing with a minimum frequency of twice per week.
- Responses to positive, missed, or diluted tests are guided by a structured behavioral matrix, ensuring consistency and fairness.

Use of Technology: Enterprise Supervision

- The Enterprise Supervision case management system is used to centralize participant data, streamline case planning, and monitor progress.
- The system enhances operational efficiency, facilitates team collaboration, and supports data-driven decision-making.

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 robust data security protocols ensure participant privacy.

Program Requirements and Timeline

- The DCTC operates on a five-phase model, with each phase focusing on specific recovery milestones. Participants must meet clearly defined goals to progress through the program and graduate successfully.
- The average program duration is 12–24 months. Extensions may be granted to participants requiring additional time, while terminations may occur for repeated non-compliance or disqualifying offenses.

Grievance and Feedback Mechanisms

- Participants and staff can 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

- The DCTC tracks key performance metrics, such as graduation rates, recidivism rates, and sobriety outcomes, to evaluate program effectiveness.
- Data-driven strategies and regular reviews ensure policies remain aligned with evidence-based practices and participant needs.