

State of  
Wisconsin  
County of  
Iowa

**AGENDA OF THE  
CRIMINAL JUSTICE COLLABORATION COUNCIL  
MEETING TO BE HELD**

**Thursday, September 18, 2014 at 3:00 p.m.  
Courthouse Upper Level Conference Room  
222 NORTH IOWA STREET  
DODGEVILLE, WISCONSIN**

2014-02

For information regarding access for the disabled, please call 935-0399

**Any subject on this agenda may become an action item.**

Item	
1)	Call the meeting to order and roll call
2)	Approval of meeting agenda
3)	Approval of minutes from May 29, 2014, meeting
4)	Opportunity for members of the public to address the Criminal Justice Collaboration Council
5)	Resolution Expanding Scope of Criminal Justice Collaboration Council
6)	Bylaws for the Criminal Justice Collaboration Council
7)	Treatment Alternatives and Diversion grant funding and Iowa County Drug Treatment Court
8)	Iowa County Courthouse security plan proposal
9)	Next meeting date and adjournment

Amended: Yes/No

Agenda Created/Amended:

Date: 09/16/14

Initials: MCA

State of  
Wisconsin  
County of  
Iowa

**UNAPPROVED MINUTES OF THE  
CRIMINAL JUSTICE COLLABORATION COUNCIL MEETING HELD  
THURSDAY, MAY 29, 2014  
Courthouse Upper Level Conference Room  
222 NORTH IOWA STREET  
DODGEVILLE, WISCONSIN 53533**

2014-01

Item		
#1	<p>Meeting called to order by Corporation Counsel/Assistant D.A. Matt Allen at 3:20 PM in the Courthouse Upper Level Conference Room in Dodgeville. Roll call: M. Allen; Casey Updike, Wis. State Patrol*; Carrie Schroeder, Dodgeville Chamber of Commerce*; Carolyn Smith, Restorative Justice Coalition/Iowa County Bar Association/citizen*; Larry Nelson, District Attorney*; Lia Gust, Clerk of Courts; David Kieffer, Dodgeville PD*; Jenny Victoria, Probation &amp; Parole*; Julie Basel, Probation &amp; Parole*; Joseph Drois, Probation &amp; Parole intern; Hon. William Dyke, Circuit Court Judge*; Meredith Davis, Assistant State Public Defender*; Lisa McDougal, Iowa County Bar Association/Assistant State Public Defender*; Zach Leigh, State Public Defender intern; Teri Engels, Judicial Assistant/Register in Probate</p> <p>(* = representing bodies named in Iowa County Resolution No. 6-0209)</p>	Call to Order and Roll Call
#2	<p>Agenda. Motion by D. Kieffer, 2<sup>nd</sup> by C. Smith to approve the agenda for this meeting. Motion carried.</p>	Approval of Agenda & Minutes
#3	<p>No comments from the public.</p>	Comment from Public
#4	<p>M. Allen reviewed resolution creating CJCC, historic lack of meetings, building of workgroup through Oct. 2013 and Jan. 2014 workshops and subsequent meetings, and May 2014 Justice Committee meeting.</p>	History of CJCC
#5	<p>Membership: M. Allen advised that a contact is needed for Dodgeville schools and Unified Community Services. W. Dyke inquired whether ATTIC would be invited and was advised that Elizabeth Booth of ATTIC intended to participate. Additional members may be proposed for approval by the Justice Committee/bylaws.</p> <p>Scope: C. Smith asked whether CJCC would be limited to supervising OWI-ISP and whether we were a county organization subject to open meeting laws. M. Allen advised that this meeting was posted, as the body is subject to open meeting laws whenever a quorum convenes. M. Allen indicated that the County Board is open to expanding the CJCC's scope and that the Justice Committee wanted the CJCC to present them with a model. M. Allen discussed Evidence Based Decision Making (EBDM), treatment and diversion programs, and facilities issues. C. Smith inquired about diversion programs from EBDM workshops. M. Davis elaborated on diversion/proxy use at point of police contact, grant applications, and system mapping.</p>	Structure and scope of CJCC

#6	M. Allen presented models from other counties. M. Davis had questions re: formal steering committee and requirements vs. informal workgroup. Volunteer work group would draft bylaws (M. Allen, M. Davis, J. Basel, and possibly S. Michek). W. Dyke agreed to act as editor/sounding board.	CJCC bylaws
#7	No specific meeting date set, but the group voiced a preference for late afternoons on Thursdays and Fridays. Motion by M. Davis, 2 <sup>nd</sup> by J. Victora to adjourn. Motion carried.	Next Meeting and Adjourn

Respectfully Submitted: Corporation Counsel/Assistant D.A. Allen.

DRAFT

**Resolution No. 8-0814**

**RESOLUTION TO EXPAND SCOPE OF  
CRIMINAL JUSTICE COLLABORATION COUNCIL**

**WHEREAS**, the Iowa County Criminal Justice Collaboration Council was established in February 2009 by Iowa County Resolution No. 6-0209 for the express purpose of providing guidance for the Iowa County OWI Intensive Supervision Program; and

**WHEREAS**, the Criminal Justice Collaboration Council is made up of major stakeholders in the justice system, including the following individuals or their offices: Circuit Court Judge, Sheriff, District Attorney, Defense Counsel/Public Defender, Department of Corrections, Unified Community Services, County Board Member, Citizen Member(s), Bar Association, Schools, Local Law Enforcement, State Highway Patrol, and Chamber of Commerce; and

**WHEREAS**, these stakeholders could provide the coordinated leadership necessary to explore, establish, and oversee additional innovative and effective programs that could enhance public safety, improve offender accountability and rehabilitation, and/or support the rights and needs of crime victims; and

**WHEREAS**, these stakeholders could provide the coordinated leadership necessary to advise the Iowa County Board on issues of general importance to our state and local justice system;

**NOW THEREFORE, BE IT RESOLVED** by the Iowa County Board of Supervisors that the scope of the Iowa County Criminal Justice Collaboration Council is hereby expanded to include, in addition to providing guidance to the OWI Intensive Supervision Program, the exploration, establishment, and oversight of other innovative and effective programs that could enhance public safety, improve offender accountability and rehabilitation, and/or support the rights and needs of crime victims; and

**BE IT FURTHER RESOLVED** that the Iowa County Criminal Justice Collaboration Council may advise the Iowa County Board on issues of general importance to our state and local justice system; and

**BE IT FURTHER RESOLVED** that in recognition of the importance of this expanded role, the Iowa County Criminal Justice Collaboration Council shall report to the Iowa County Justice Committee on no less than a quarterly basis.

Resolution drafted by Iowa County Corporation Counsel and respectfully submitted by the Justice Committee.

Adopted by the Iowa County Board of Supervisors this 19<sup>th</sup> day of August, 2014.

**WISCONSIN DEPARTMENT OF JUSTICE**

**DOJ USE ONLY**

Applicant Hereby Applies to the DOJ for Financial Support for the Within-Described Project:

Receipt Date	Award Date	Subgrant Number(s)
5/1/2014	6/2/2014 12:00 AM	2014-TD-02 10757

**SUBGRANT #: 10757**

**SHORT TITLE:** Drug Treatment Court

<b>1. Type of Funds for which you are applying.</b>	Treatment Alternatives and Diversion (TAD) (St. TD) Treatment Alternatives and Diversion 2014 Expanded Solicitation		
<b>2. Applicant</b>	<b>Name Of Applicant:</b> Iowa County		<b>County:</b> Iowa
	<b>Street Address Line 1:</b> 222 North Iowa Street		
	<b>Address Line 2:</b>		<b>Address Line 3:</b>
	<b>City:</b> Dodgeville		<b>State:</b> WI <b>Zip:</b> 53533-1564
	<b>3. Recipient Agencies</b> Iowa County		
<b>4 Signatory</b>	<b>Name:</b> Chairman David Bauer		<b>Title:</b> County Board Chair <b>Agency:</b> Iowa County
	<b>Address Line 1:</b> 222 North Iowa Street		
	<b>Address Line 2:</b>		<b>Addr Line 3:</b>
	<b>City:</b> Dodgeville		<b>State:</b> WI <b>Zip:</b> 53533-1564
	<b>Phone:</b> 608-574-0433	<b>Fax:</b>	<b>Email:</b> dave.bauer@iowacounty.org
<b>5 Financial Officer</b>	<b>Name:</b> Mr. Curt Kephart		<b>Title:</b> County Administrator <b>Agency:</b> Iowa County
	<b>Address Line 1:</b> 222 North Iowa Street		
	<b>Address Line 2:</b>		<b>Addr Line 3:</b>
	<b>City:</b> Dodgeville		<b>State:</b> WI <b>Zip:</b> 53533-1564
	<b>Phone:</b> 608-935-0318	<b>Fax:</b>	<b>Email:</b> curt.kephart@iowacounty.org
<b>6 Project Director</b>	<b>Name:</b> Honorable William Dyko		<b>Title:</b> Judge <b>Agency:</b> Iowa County
	<b>Address Line 1:</b> 222 North Iowa Street		
	<b>Address Line 2:</b>		<b>Addr Line 3:</b>
	<b>City:</b> Dodgeville		<b>State:</b> WI <b>Zip:</b> 53533-1564
	<b>Phone:</b> 608-935-0347	<b>Fax:</b>	<b>Email:</b> william.dyke@wicourts.gov
<b>7. Brief Summary of Project</b>  (Do Not Exceed Space Provided)	<p><b>Short Title</b> (may not exceed 50 characters) Drug Treatment Court</p> <p>Iowa County will use grant funds to start a post-adjudication Drug Treatment Court. This program would be a counterpart to the county's existing pre-disposition OWI program. Participants in Drug Treatment Court would be people convicted of drug possession or otherwise drawn into the criminal justice system by substance abuse issues and the need to finance addictions. We expect that participants will be heroin, opiate, and methamphetamine users, but admission will be determined first and foremost by the criminogenic risk presented by each individual. The focus will be on high-risk, high-need individuals. The court would reduce incarceration rates and recidivism while helping participants stay sober by providing supervision, incentives, sanctions, and assistance with education and employment. This combination of opportunities and enforcement is designed to help participants build new lives that do not involve using.</p>		

8. SubGrant Budget

Sources

Categories	State	Cash Match (New Approp.)	Category Total
Personnel	0.00	6,465.00	6,465.00
Employee Benefits	0.00	0.00	0.00
Travel (Including Training)	2,248.00	0.00	2,248.00
Equipment	0.00	0.00	0.00
Supplies & Operating Expenses	4,900.00	5,400.00	10,300.00
Consultants/Cont ractual	53,500.00	8,500.00	62,000.00
<b>Source Total</b>	<b>60,648.00</b>	<b>20,365.00</b>	<b>81,013.00</b>

9. Project Start Date: 6/1/2014 Project End Date: 12/31/2014

10. BUDGET DETAILS:

A. MASTER BUDGETS:

BY RECIPIENT AGENCY	YEAR 1	Total
Iowa County	81,013.00	81,013.00
<b>Total:</b>	<b>81,013.00</b>	<b>81,013.00</b>

Allocation/Recipient Agency: Iowa County

Category:	YEAR 1	Total
Personnel	6,465.00	6,465.00
Travel (Including Training)	2,248.00	2,248.00
Supplies & Operating Expenses	10,300.00	10,300.00
Consultants/Contractual	62,000.00	62,000.00
<b>Total</b>	<b>81,013.00</b>	<b>81,013.00</b>

11. BUDGET DETAILS:

A. MASTER BUDGETS:

Line Item Details for Iowa County

**YEAR 1**

**PERSONNEL**

**Justification:** These items of the budget describe members of the Treatment Court Team. Additional members will be on the Team with their time constituting an in-kind match from the county, but for the sake of simplicity we only listed the Judge, whose time has the highest match value. COST

**Position:** Treatment Court Coordinator  
**Name:**  
**Description of your computation:** calculation based on a wise jobs posting requiring similar qualifications; Coordinator would work for the county full-time but spend 25-30 hrs/wk on this project  
**Source:** State 0.00  
**Source:** Cash Match (New Approp.) 0.00

**Position:** Treatment Court Judge  
**Name:** William Dyke  
**Description of your computation:** Provided by county in form of 2 hrs/wk of treatment court judge's time, based on authorized salary of \$128,600 and assuming 40-hr work week  
**Source:** State 0.00  
**Source:** Cash Match (New Approp.) 6,465.00

**Personnel Year 1 Total: 6,465.00**

**EMPLOYEE BENEFITS**

**Justification:** These funds would provide benefits for the Treatment Court Coordinator, the only Team member whose position would be funded by the TAD grant. We believe benefits will be key to attracting and retaining a qualified individual, thereby providing continuity to the Treatment Courts. COST

**Position:** Treatment Court Coordinator  
**Name:**  
**Description of your computation:** based on County Board estimation of benefits cost proportional to salary  
**Source:** State 0.00  
**Source:** Cash Match (New Approp.) 0.00

**Employee Benefits Year 1 Total: 0.00**

**TRAVEL (INCLUDING TRAINING)**

**Justification:** Travel expenses listed are to train Team members in EBDM and participate in TAD communication/feedback. COST

**Purpose of Travel:** TAD all-site meeting  
**Location:** Madison  
**Item:** mileage and meals  
**Description of your computation:** based on state rates for mileage (110 miles) and lunch for 7 people  
**Source:** State 398.00  
**Source:** Cash Match (New Approp.) 0.00

**Purpose of Travel:** WATCP or similar training  
**Location:** TBD  
**Item:** mileage, meals, and lodging  
**Description of your computation:** used state rates for mileage, lodging, and meals for 7 team members; guessed a 300-mile round trip as location changes year-to-year  
**Source:** State 1,850.00  
**Source:** Cash Match (New Approp.) 0.00

**Travel (Including Training) Year 1 Total: 2,248.00**

**SUPPLIES & OPERATING EXPENSES**

**Justification:** These are our largest initial expenses in terms of case management and testing. We expect that there will be other smaller or incremental expenses covered by county matches. COST

<b>Supply Item</b>	COMPAS Assessment		
<b>Description of your computation:</b>	price quoted from another county's treatment Court Coordinator		
	<b>Source:</b> State		200.00
	<b>Source:</b> Cash Match (New Approp.)		0.00
<b>Supply Item</b>	Office space for coordinator		
<b>Description of your computation:</b>	\$450 x 12 = \$5,400 provided by county (value based on listings for offices in area <500 sq. ft.)		
	<b>Source:</b> State		0.00
	<b>Source:</b> Cash Match (New Approp.)		5,400.00
<b>Supply Item</b>	UAs and cheek swab tests		
<b>Description of your computation:</b>	10 people testing 2x/wk for 6 months and 1x/wk for 6 months; average test cost of \$6 for UAs and cheek swabs that do or do not cover benzos		
	<b>Source:</b> State		4,700.00
	<b>Source:</b> Cash Match (New Approp.)		0.00
<b>Supplies &amp; Operating Expenses Year 1 Total:</b>			<b>10,300.00</b>

**CONSULTANTS/CONTRACTUAL - CONSULTANT**

**Justification:** COST

<b>Name / Position</b>	ATTIC		
<b>Service Provided</b>	Treatment Court Coordinator		
<b>Description of your computation:</b>	We expect to contract with ATTIC and estimate that the contract for 1 full-time employee would cost around \$45,000. The county wouldn't set the employee's salary or benefits under that arrangement. (For the current OWI-ISP coordinator, Iowa County is billed a flat monthly amount by ATTIC.) I'm still waiting to hear back from them with a more precise quote on the annual cost.		
	<b>Source:</b> State		45,000.00
	<b>Source:</b> Cash Match (New Approp.)		0.00
<b>Name / Position</b>	Unified Community Services		
<b>Service Provided</b>	AODA Counseling		
<b>Description of your computation:</b>	Up to 100 hrs at \$85/hr. This is approximately half the rate at which Unified bills private insurers, \$169/hr. This funding would be for what we would expect to be a relatively small group of people who (1) do not have insurance and (2) are excused by the Treatment Court Team from being responsible for the paying the \$25/hr sliding scale fee		
	<b>Source:</b> State		8,500.00
	<b>Source:</b> Cash Match (New Approp.)		8,500.00
<b>Consultants/Contractual - Consultant Year 1 Total:</b>			<b>62,000.00</b>

**YEAR 1 TOTAL: 81,013.00**

12. SECTIONS:

**A BUDGET NARRATIVE**

Please describe in detail how your budget relates to the overall program/project strategy or implementation plan.

RESPONSE:

We are applying for funding to start a Drug Treatment Court accommodating 10 participants. The grant would also connect the Drug Treatment Court to our existing OWI-ISP Program (funded by the Department of Transportation and Iowa County) by allowing Iowa County to hire one Program Coordinator that would have an office in the courthouse and supervise both programs. The OWI Program accommodates up to 20 participants and usually has 8 to 15.

Act 25 requires that participants contribute financially, and we envision that happening through their treatment. We are seeking to make the most of participants' existing insurance and the Affordable Care Act, although the details of how that will play out remain unclear as our federal government just reopened today. Participants could pay via insurance, Unified Community Service's sliding scale (which starts at \$25/session), or by using the Court's fund for counseling if the Team agrees that is justified. If so, the Team would modify the participant's treatment plan so that they can comply with Act 25 and pay a small amount toward the Court in some other way.

BUDGET NARRATIVE - RELATED ATTACHMENTS:

File Name	File Description
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**B PROJECT NARRATIVE**

Describe your project in detail, including how your agency staff will use or otherwise put in place this project. Relate any potential benefits including cost savings, decrease in crime activity, or other relevant details.

All project applications must address each of the 12 items originally identified in Act 25 and introduced on page 3 of this Funding Announcement. In addition, applicants for Drug Court Projects must address the Ten Key Components for effective drug courts while applicants for Pre-Trial Diversion projects must respond to the seven specific activities expected of a successful pre-trial project identified on pages 6 and 7 of this Funding Announcement.

Applicants should use these elements as a guide in preparing their response to this section. All efforts are directed to identifying the recognized evidence-based practices for projects of this type. As such, the decision not to include an element should be discussed.

RESPONSE:

We are applying for funding to start a Drug Treatment and already have an OWI treatment program in place. The OWI program is distinct from a treatment court because it is pre-adjudication and provides treatment without the supervision of a Treatment Court Team, but it presents an opportunity to pool treatment resources in a relatively small county. (Iowa County's population was 23,600 people in the last census.) For example, therapeutic groups could be divided between medium- and high-risk offenders rather than being divided by alcohol or other drugs, consistent with established principles of evidence-based decision-making.

Our goals are to reduce property crime, incarceration, and recidivism rates; to combat the increasing prevalence of hard drugs, especially heroin, in our community; and to strengthen families by providing children with more sober role models and more stable homes. The Court will improve the overall safety, physical health, and economic health of our community.

Like many communities in Wisconsin, Iowa County seen a stark increase in the prevalence of heroin. This has coincided with an increase in the prevalence of prescription drug, and particularly opiate, abuse as well as property crimes. In response to these trends, the Sheriff's Department has begun participating in Prescription Drug Take Back Days and has installed a permanent Drug Drop box at its headquarters. 65

pounds of prescription drugs have been collected in that box over the past 6 months. Still, Drug Task Force arrests involving heroin and prescription drugs continue to climb even as arrests related to THC, cocaine, and methamphetamine drop, based on 2012 and 2013 statistics.

We are still exploring how we can best utilize resources for our Drug Treatment Court participants. Our area is particularly vulnerable to the transition from prescription drug abuse to heroin usage because of our current lack of treatment options. When faced with the pain of opiate withdrawals, many would rather turn to street drugs instead. According to our tri-county Drug Task Force, popular prescription drugs sell for about \$1.00/mg in our area. Oxycontin dosages start at 10 mg and increase steadily from there. A dime bag of heroin often costs \$10.00 and is \$20.00 at most. It quickly becomes the economic option.

Some treatment options include: local outpatient and intensive outpatient support, treatment referrals made in conjunction with Probation & Parole and their Alternatives to Revocation if participants relapse, and out-of-county referrals that could be covered by insurance. Building a local inpatient facility is not in our immediate future. Traveling for treatment is an option, as Iowa County is immediately west of Dane County. Referrals would mostly be feasible among participants under 26 that may be on parents' insurance under the Affordable Care Act, but people under the age of 26 will likely make up a large part of our participant group.

#### ACT 25 REQUIREMENTS:

All participants in the program will otherwise be people convicted of crimes related to their substance abuse, although we don't expect the underlying charge to always be possession of a controlled substance. We're concerned with the increase in property crime rates, particularly burglaries, forgeries, and thefts. People committing such crimes to finance a habit will be eligible and encouraged to participate. People charged with distribution may be considered by the drug court team on a case-by-case basis. They may be considered for admission while in post-adjudication, pre-plea, or ATR status. We believe this flexibility to be most consistent with best practice principles. It allows people to become involved in the Treatment Court as near in time to their crisis point as possible without forfeiting the ability to contest their cases. Nothing said in Treatment Court could be used against the participant in a prosecution. It also recognizes that relapse is a part of recovery, and people that were originally successful on probation without the added support of the Treatment Court may need that reinforcement later.

Participants must also be residents of Grant County aged 17 or older. Violent offenders will not be eligible for the program. We define violent offenders as those with convictions involving weapons enhancers and/or assaultive felonies. If there is a question as to whether an offender's pending charge or criminal history is violent, then the Treatment Court Team will decide on a case-by-case basis and by consensus.

Using COMPAS as an assessment tool, we will be focusing on high-risk and high-need offenders. (We are open to other instruments but intend to start with COMPAS because it is available to us at no cost.) The screening will be done by our Treatment Court Coordinator prior to the Team's decision regarding admission. However, there will be no minimum amount of exposure that makes people eligible. For example, people do not have to be facing prison sentences to participate.

Focusing on high-risk offenders should address transfer concern, protect lower risk offenders from being harmed more than helped in programming, and will also have the most dramatic impact in terms of saved jail and prison beds. It will therefore reduce county and state incarceration costs. As the program matures, we hope to allow in more people while still addressing transfer concern by pooling the treatment resources of this Drug Treatment Court and our preexisting OWI Program. Between the two programs, we should have enough people and resources to take in medium- and high-risk participants and yet deal with them as separate groups for purposes of counseling and case management.

Part of this comprehensive programming will be intensive case management, overseen by the Coordinator and featuring frequent contacts between participants and their agents and counselor. Treatment will focus on substance abuse but also take into account mental health issues and problems such as unemployment, lack of education or housing, and damaged family relationships. Treatment will be provided through Unified Community Services, which is certified by the Department of Health Services. Another facet of case management will be graduated sanctions and incentives delivered in Treatment Court sessions.

Participants will be expected to contribute financially to their own treatment, either out-of-pocket or by using their own insurance. We anticipate that most people will have some form of insurance, often BadgerCare or through the Health Insurance Marketplace. Unified Community Services also provides treatment on a sliding scale, and on that scale most participants would be charged \$25 per session. Our budget includes up to 100 hours of treatment paid for by the Treatment Court in order to cover any gaps. Participants eligible for those hours will be determined by the Treatment Court Team on a case-by-case basis.

The Treatment Court's oversight committee will be the county's reactivated CJCC. Our county has one on record, but it has been at least 18 months since it has met. The county's assistant district attorney and assistant state public defender will be meeting with the county board in May to discuss the scope of the CJCC and to seek a resolution addressing EBDM goals in particular. The CJCC has and will include the Circuit Court Judge, a representative of the DA's Office, a Public Defender, a Corrections agent, and a law enforcement representative. With the institution of the Drug Court, we would add the Coordinator and treatment provider to the Committee.

## TEN KEY COMPONENTS

#1: It is anticipated the potential candidate will be given information regarding the Treatment Court Program either at the time of arrest (at the Sheriff's Department) or at the time of the initial appearance or bond hearing (in court). A referral to the Treatment Court can be made by the arresting agency, the District Attorney's Office, the defense attorney, or by Probation & Parole, in the case of alternatives to revocation (ATR).

Upon receiving a referral the Coordinator will schedule and conduct a Treatment Court orientation. If the potential candidate agrees to the conditions of the Treatment Court Program, the Treatment Court Coordinator and treatment staff certified by the Department of Health Services will immediately begin the screening and assessment process. If the Treatment Court Coordinator deems the potential candidate appropriate according to the program's eligibility standards, the potential candidate will then be reviewed by the Treatment Court team (consisting of a judge, a District Attorney, a Public Defender, a Probation agent, a representative of the Sheriff's Department, a counselor, and the Coordinator) who will develop a recommendation for project participation..

Pre-conviction admission to Treatment Court (hereafter TC) will be allowed provided the person requests admission at or prior to the arraignment, absent good cause. TC participants may contest their guilt, but their case will follow normal court scheduling with motions timely filed or denial waived. Nothing a participant says while in TC may be used against him/her. We believe this flexibility to be most consistent with best practice principles. It allows people to become involved in the Treatment Court as near in time to their crisis point as possible without forfeiting the ability to contest their cases.

Once a defendant is referred to the TC, an initial screen is scheduled within 7-10 working days. At the screening, the TC Coordinator assesses the participant for needs and risks, collects information on the defendant's employment background, use of alcohol and drugs, treatment history, family information, and other pertinent facts. Information is retrieved on the participant's past driving record, and prior contacts with the criminal justice system through the Sheriff's Department and District Attorney's Office/NCIC. The participant is required to sign a Release of Information form(s) for individual(s) who are pertinent to the TC participant's case and a Client Rights form. A TC Plan is developed focusing on the participants identified goals, and means to obtain the goals utilizing community resources. The TC Plan also includes the participant's specific needs, areas of greatest risks and his/her willingness to participate and succeed in the program. The Treatment Court Team may approve or modify the TC plan.

#2: Admission to the Treatment Court as well as Team's responses throughout that person's participation will be decided using a non-adversarial approach. One judge, one District Attorney, one Public Defender, one Probation agent, one representative of the Sheriff's Department, one counselor from Unified Community Services, and the Coordinator will be assigned to the Treatment Court Team and attend Team meetings. While each representative may send a substitute if they are for some reason unable to attend, the original representative is responsible for staying abreast of participants' progress. Each member will serve for at least one year in order to build long-term collaborative relationships.

#3: Eligibility will be determined as early in the criminal justice process as possible, to facilitate crisis

intervention, using the process outlined under #1. The COMPAS assessment will be used as our actuarial instrument and administered by the Coordinator, most likely in an office at the courthouse. If an applicant is already on probation, that assessment may be completed with their agent.

#4: The treatment provider will be Unified Community Services, a two-county organization certified by the Department of Health Services. AODA needs will be met by a continuum of treatment that is guided by evidence-based decision-making principles. Additional services not directly tied to AODA needs may be provided by the Coordinator.

#5: Abstinence will be monitored by frequent random testing, most likely on a color system. Phase I participants will be expected to test at least twice per week, and Phase II participants will be expected to test at least once per week. The Coordinator will be responsible for running the color lottery that determines testing. Additionally, any member of the Treatment Court Team may request that a participant be tested.

Upon request, the Treatment Court Participant shall immediately deliver the requested sample. If a sample is not produced, is not of sufficient quantity, or is adulterated in any way, it will be treated as a positive sample for the presence of alcohol or unauthorized drugs. Testing may include the use of:

- Preliminary Breath Tests
- Sobriotor
- SCRAM
- Drug and alcohol panels testing saliva, urine, or blood

Prior to delivering the sample, the Treatment Court Participant will be asked whether or not the test will be positive. If the Treatment Court Participant acknowledges that the test will be positive, it will be the considered a positive test, and the test may not take place.

Missed Tests – If a client misses a test, he or she will be put on the calendar for the following session to appear in front of the court.

The Team may decide what to do about the first missed test on a case-by-case basis. If a participant has more than one unexcused missed test it will be presumed to be a positive test unless the participant proves he or she was unable to comply with testing.

Positive Tests – Any positive test will result in an appearance at the next Treatment Court session. Realizing that relapse is a part of recovery, interventions and sanctions will be determined on a case-by-case basis.

To avoid false positives, participants may not use products containing alcohol, including but not limited to toothpaste, mouthwash, astringent, cough medicine, or other health or hygiene products. Participants are not allowed to consume non-alcoholic beer. Tests that are positive for the presence of alcohol will be deemed positive regardless of any explanation involving the use of these products.

Diluted Tests – Upon testing positive for diluting the urine sample by fluid consumption, the client will be given a warning for the first positive test for dilution. Any further tests will be considered positive tests.

#6: The Treatment Court Team will coordinate responses to participants' compliance through Team meetings and Court sessions. The Treatment Court shall be held on every other Thursday with the Treatment Court Judge presiding on alternating weeks, except as ordered by the Court. A closed staffing will take place prior to court or as otherwise directed by the Treatment Court Judge. Court proceedings will begin at 9:00 a.m. All Treatment Court Participants must be in attendance at times scheduled, unless otherwise excused by the Treatment Court Judge or a Treatment Court Probation Officer. Clients will stay for the entire court hearing unless given prior approval to leave early or treatment is scheduled for that time. Because employment is considered a key element in the rehabilitation process, participants with work related conflicts may request to appear by phone or have their hearings at a different time.

A staffing of the Treatment Court Team and the Treatment Court Judge shall occur for the one hour immediately preceding Treatment Court. At the staffing, the Treatment Court Team will advise the Treatment Court Judge of the progress or any violation of each Treatment Court Participant. During each Treatment Court Hearing, the Treatment Court Judge will discuss the case with each Treatment Court

Participant and any relevant party. Sanctions or interventions will be imposed for any violations. All sessions will be held on the record.

The Coordinator interacts with the Treatment Court as needed and give reports on a weekly basis to all members describing compliance or non-compliance of participant. Issues may arise between regular staffings that require an immediate response. Any Team member that feels this is the case is responsible for bringing such issues to the attention of other members within 24 hours. For example, if the Probation Agent receives information that leads them to place a participant on a hold, they should notify other Team members within that 24 hours.

Each Treatment Court participant will be required to sign a release authorizing the disclosure to the Treatment Court Team of health, medical, mental health, AODA, criminal, employment, and educational records. Each participant will sign the release at the time of screening for Treatment Court and it will be updated as necessary. Failure to sign the release will result in termination from the program.

#7: Ongoing judicial interaction will be provided in Treatment Court sessions.

#8: Day-to-day monitoring will occur through participants' probation and the Treatment Court Coordinator, and any relevant issues will be brought before the Team. Our specific and measurable goals include pre-determined periods of sobriety in order to phase, number of support group meetings attended in each phase, and progress in the life changes which will increase likelihood of long-term sobriety. These will help us evaluate the offender. We look forward to being able to utilize the TAD database to continually evaluate the program.

#9: The Treatment Court Team will be expected to participate in continuing education. Members will attend TAD's annual all-site meeting. They will also attend an annual training, most likely through WATCP.

#10: We are also looking to the TAD program for partnerships with similar programs. Within our county, we intend to involve not only the usual criminal justice actors (the judge, District Attorney, and defense attorney) but also law enforcement, Corrections, Unified Community Services, and Social Services.

**PROJECT NARRATIVE - RELATED ATTACHMENTS:**

<b>File Name</b>	<b>File Description</b>
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## C PROBLEM DESCRIPTION

Describe the nature and scope of the problem the project will address. Local data should be used to provide evidence the problem exists, demonstrate the size and scope of the problem, and document the effects of the problem on the target population and the community. Please describe any previous or current attempts to address the problem and explain why they did or did not work. Please describe any unique factors about your community impacting the problem and the design of this proposed response. Describe your proposed target population and link that population to research and evidence-based practice.

### RESPONSE:

Iowa County has seen a significant increase in heroin usage and opiate abuse. The Iowa County Sheriff's Department has a permanent Drug Drop box at its headquarters in addition to participating in Prescription Drug Take Back Days. Over the last 6 months, the Sheriff's Department has collected 65 pounds of prescription drugs just through the Drop Box. This trend has drawn attention to the need for a Drug Treatment Court, but any AODA issue could make an individual eligible for Drug Treatment Court. (We do expect the focus to be on heroin and opiates.) Any non-violent offender aged 17 years or older with an AODA issue is eligible and will be screened in order to determine whether that person is high-risk and high-need.

We sought to provide statistics regarding the number of felony property crimes committed over the last 5 years. The DA's Office attempted to search their internal database but were unsuccessful. So for now we're acting on the common perception within the court system that felony property crimes are on the rise, and one of goals in working with TAD would be to collect specific numbers. Statistics provided by our tri-county Drug Task Force have shown that THC, cocaine, and methamphetamine arrests have been dropping while heroin and prescription drug arrests doubled between 2012 and 2013.

Our previous attempts to deal with this increase in drug and property crimes has been traditional sentencing. People currently placed on probation, however, face a 1- to 3-month waiting list for treatment appointments. Many relapse before their AODA assessments, so immediate assessment would be a priority of the Treatment Court Coordinator and treatment provider. Otherwise probation simply becomes a stopgap measure before revocation and jail or prison time. The Iowa County Jail, which houses up to 38 people, is routinely above capacity, necessitating out-of-county jail placements. Approximately 25% of the people in the Iowa County Jail at any given time are awaiting revocation or serving revocation sentences.

We also hope that institutionalizing Coordinator and treatment provider roles will make it easier and more common to provide inpatient and intensive outpatient referrals and that an expanding Drug Court could subsidize the two providers (Unified Community Services and Upland Hills) in our county. Iowa County is currently plagued by the paradox of close proximity to Madison providing easy access to heroin and other drugs while the rural nature of Iowa County itself imposes significant barriers to treatment.

### PROBLEM DESCRIPTION - RELATED ATTACHMENTS:

<b>File Name</b>	<b>File Description</b>
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## D GOALS AND OBJECTIVES

Identify the goals and objectives of this proposed project being sure to include the two primary goals established in the statute; Reduce recidivism rates for nonviolent offenders in the program and increase public safety; and, Reduce prison and jail populations by diverting nonviolent offenders to community-based interventions.

**RESPONSE:**

The primary purpose of this project is to establish a Drug Court within the court system of Iowa County that will offer effective sanctions and incentives for substance-dependent offenders. This structure will ideally serve the needs of the offenders (connecting them to treatment and intensive case management) and the needs of their communities (public safety and retribution), while reducing the jail population. Treatment courts have the unique potential to address crime by holding offenders accountable, while at the same time offering them an opportunity to change their behavior patterns for the long-term. In this way, treatment courts are congruent with state and nationwide goals of reducing recidivism, diminishing jail and prison populations, and increasing the productivity and civic participation of citizens.

This Court will improve public health by reducing the prevalence of drug usage and providing assistance and treatment to those giving up drugs. Iowa County experienced 3 heroin overdoses in December of 2013 alone, with 2 Len Bias cases pending as a result. Given Iowa County's overall size, this would be proportional to 121 overdoses in 1 month in Milwaukee County. Having a relatively small population means that we don't attract many healthcare providers, which compounds public health issues when people self-medicate and when they then can't get treatment for AODA issues. When faced with the pain of opiate withdrawals, many would rather turn to street drugs instead. According to our tri-county Drug Task Force, popular prescription drugs sell for about \$1.00/mg in our area. Oxycontin dosages start at 10 mg and increase steadily from there. A dime bag of heroin often costs \$10.00 and is \$20.00 at most. It quickly becomes the economic option.

Currently there are no diversion programs in place in Iowa County for drug-dependent offenders, other than DOC/ Community Corrections, individual Deferred Prosecution agreements, and/ or incarceration. The jail, which houses up to 38 offenders, is routinely about capacity and is often paying neighboring counties to house around 10 offenders at a time. We intend to reduce the number of jail and prison beds necessary for our offenders with AODA issues by providing them with the supervision and support necessary for them to succeed in the community. This will also save law enforcement costs by having fewer AODA-based problems in our jail, which is not equipped to handle offenders who are detoxing.

Iowa County is located directly to the West of Dane County, home of the first Drug Treatment Court program in Wisconsin. The proximity of Iowa County to Dane County is significant in at least three major ways. First of all, many residents of Iowa County commute to work in the Madison area or in surrounding communities. Secondly, Iowa County's proximity to a large metropolitan area increases opportunities for recreational drug use. Finally, with the exponential increase in the availability of illicit opioids including heroin in Wisconsin's larger cities, Iowa County residents are gaining access to highly addicting substances via Madison and its western suburbs.

Like most rural counties in Wisconsin, the Iowa County Circuit Court processes criminal cases for offenders who abuse marijuana, cocaine, and methamphetamine, as well as alcohol and other controlled substances. Incidental use of heroin and other opioids has come to the Court's attention most recently via increased property crimes and forgeries. Although those cases tend to outnumber possession cases, the number of heroin and prescription drug arrests made by the Drug Task Force doubled between 2012 and 2013. Jail staff and hospital workers are seeing an increase in the number of individuals suffering from opiate withdrawal symptoms and/or overdoses.

According to a publication by the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) entitled Reducing Wisconsin's Prescription Drug Abuse: A Call to Action (dated January 2012), support for drug courts is recommended as part of the solution to the growing problem of prescription and illicit opioid abuse in this state. Iowa County has decided to join the growing number of Wisconsin counties using problem-solving courts or related programs as a tool for intervention in the cycle of drug abuse and crime.

**GOALS AND OBJECTIVES - RELATED ATTACHMENTS:**

<b>File Name</b>	<b>File Description</b>
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## **E DESIGN AND IMPLEMENTATION STRATEGY**

Describe the steps needed to implement this plan to address the problem or issue. Please describe how you will implement your project, incorporating the key components and evidence-based principles detailed above. At a minimum, please incorporate the following elements in the description of your design and implementation strategy.

### **Eligibility:**

1. Describe the referral process. At what point are clients referred to the program and who is responsible for referring clients?
2. Who is eligible to participate? What are the criteria for program acceptance? What factors would cause a client who has been referred to be denied admission to the program?
3. Who is responsible for making admission decisions? Is there a systematic review process in place? Are decisions made by a team?
4. Is participation voluntary or mandatory? Are there consequences for not participating? Are there incentives to participate?
5. What is the maximum capacity of your program?

### **Assessment:**

1. How are the criminogenic needs of clients assessed?
2. How is the criminogenic risk level of a client determined?
3. Please list all of the assessment and/or screening tools that are currently being used or that are going to be used. All tools must be validated and subjected to ongoing validation protocols.
4. Who administers client assessments? Who receives and/or uses the information from the assessments? Please list all who apply, including both within the project and external service providers.

### **Service Provision:**

1. Please list the services available for clients. For each, describe the nature of that services and how those services will be rendered.
2. How do the services being provided relate to the goals and objectives of the project?
3. What treatment services are or will be provided to clients? Please name all curriculums.
4. Are any treatment services required of participants? If so, what are the type, frequency, and duration of those treatment sessions?
5. What, if any, services are clients referred to that are administered by external service providers and/or community partners? Please list service and name of provider.

### **Monitoring:**

1. What is the duration of the project? If an existing project, how long do/will clients typically stay?
2. Does your project have phases? If yes, list them and give the approximate length of each phase.
3. Is there a system of graduated sanctions and/or rewards? What sanctions are used for non-compliance? Describe what rewards will be used for compliance with program requirements.
4. How is "successful completion" defined by your project?

### **RESPONSE:**

The Treatment Court Team shall consist of one representative from each of the following:

- a. Circuit Court Judges,
- b. Grant County District Attorney's Office,
- c. Public Defender's Office,
- d. Probation and Parole,
- e. Sheriff's Department,
- f. Treatment Provider (Unified Community Services),
- g. Treatment Court Coordinator.

### **Eligibility**

**Referral Process:** Referrals to the Treatment Court Program should take place as soon as possible after the arrest or identification of a potential drug court candidate. In other words, the goal is to intervene as close as possible to the point of crisis.

It is anticipated the potential candidate will be given information regarding the Treatment Court Program either at the time of arrest (at the Sheriff's Department) or at the time of the initial appearance or bond hearing (in court). A referral to the Treatment Court can be made by the arresting agency, the District Attorney's Office, the defense attorney, or by Probation & Parole, in the case of alternatives to revocation (ATR).

1. Who is eligible to participate? What are the criteria for inclusion/ exclusion? Currently, the inclusion criteria are for all non-violent offenders, who are residents of Iowa County, who demonstrate a clear link between their charges and a dependence on alcohol and/ or drugs. We define violent offenders as those with convictions involving weapons enhancers and/or assaultive felonies. If there is a question as to whether an offender's pending charge or criminal history is violent, then the Treatment Court Team will decide on a case-by-case basis and by consensus. Eligibility, and its counterpart, appropriateness for the program, will be addressed during a clinical/ criminogenic risk and needs assessment and brought back to the team. We're seeking funding to license COMPAS but also looking into whether contracts related to our OWI Program may give us access to the LS/CMI. Either tool would be administered by the Treatment Coordinator. Research shows that the intensive supervision and case management provided by drug courts is most effective for medium to high-risk individuals; therefore efforts would be made to refer low-risk offenders to existing diversion options such as probation with expunction or a deferred prosecution sentence.

2. Who is responsible for making admission decisions? Systematic review process? Team decisions? The Drug Court Team will consist of one Judge, one District Attorney, one Public Defender, one Corrections agent, one law enforcement representative, one treatment provider, and the Coordinator. The Team will make admissions decisions after candidates are presented by the Coordinator.

3. Voluntary or mandatory? Consequences for not participating/incentives to participate? Participation at this point would be considered voluntary, with the missed opportunity to engage with the program as the primary consequence to turning it down if offered. Incentives to participate that are being considered include reduction in length of sentence, probation vs. incarceration, and possible reduction of charges.

4. Maximum capacity? Estimated maximum is 20, based on total county population.

#### Assessment

1. Criminogenic needs will be assessed using an evidence-based tool or tools such as the LSI or the LS/CMI. Intensive case management services will be tailored to meet these needs.

2. Criminogenic risk level, based on static and dynamic factors, will also be addressed during the needs assessment and will inform eligibility and service provision decisions.

3. In addition to criminogenic needs and risks, the potential participant's level of substance dependence and other mental health needs will be assessed by a qualified professional. The clinical assessment will be provided either by a Licensed Clinical Social Worker, a Licensed Professional Counselor, or a Certified Substance Abuse Counselor or an individual working toward such certification under adequate supervision.

4. Clinical and criminal needs will be assessed at the initial interview.

#### Service Provision

1. Participants in the program will receive intensive case management services as well as alcohol and drug treatment, plus mental health treatment if they have a co-occurring disorder. Case management services will be included in program costs. Participants who have health insurance will be directed to the services covered under their plans. County residents who do not have sufficient insurance coverage will receive services via the contracting mental health and AODA agency for Iowa County, known as Unified Community Services.

2. The combination of case management and treatment services addresses the underlying criminal and clinical needs and risks of the participants, and works towards the end goal of offender rehabilitation. It is understood that recovery is a process, and never quite completed. However, offering offenders an alternative to incarceration and a meaningful entry into the recovery process will give them a solid foundation.

3. Specific treatment services available to participants will include individual case planning based directly on the individuals' risks and needs determined at assessment, as well as ongoing needs as they emerge. Additionally, it is proposed that the contracted case management service would provide a minimum of eight weeks of Cognitive Behavioral group programming, as this is shown to be highly effective in making lasting positive change in offenders' reasoning skills and attitudes. AODA treatment, and mental health treatment if needed, will be provided by external service providers in the community and/ or region (depending on insurance affiliation—many residents have HMO's based in neighboring counties).

4. All participants will be required to take part in case management programming and AODA treatment. The intensity of AODA services will be determined based on the level of need and availability of services. Every effort will be made to match participants to treatment, with the understanding that Iowa County does not currently have intensive outpatient or residential treatment facilities.

5. The program will utilize an external service provider for case management (agency to be determined), as well as for all AODA, mental health, and medication-assisted treatment services. Area providers include but are not limited to: Unified Community Services, Uplands Counseling, Platteville Family Resource Center, Upland Hills Health (Dodgeville), Community Connections Free Clinic (Dodgeville), Southwest Hospital (Platteville), Meriter, St. Mary's, and UW Hospitals (Madison), Gateway Recovery (Madison), Tellurian, Inc. (Madison), Madison Health Services/ CRC, and Quality Addiction Management (Madison).

## Monitoring

1. Duration of project: it is estimated that a typical Drug Court term will be 12-18 months, with individual variation based on performance. We believe programming should continue until maximum benefits are reached. Needs identified in Treatment Court and adjustment under supervision could be considered new factors if the Team and participant recognize that a restructured sentence becomes more appropriate. If the intended restructuring is a shorter term of probation, this could also be done on the agent's recommendation in conjunction with the Team.

2. The program will have three phases with possibly a fourth phase for maintenance of recovery gains prior to graduation.

## PHASE I

The requirements for successful completion of Phase I are:

- Compliance with the recommended AODA treatment plan.
- Participation in traditional support meetings 3 times per week. Accepted traditional support meetings are: Smart Recovery, Alcoholics Anonymous, Narcotics Anonymous, Reformer Unanimous; Relapse Prevention; Cognitive Behavioral Group, and aftercare meetings following the completion of primary care treatment. This list may not be exhaustive, and if a participant wished to participate in another group, they may ask the Team to approve it before counting those meetings. A minimum of 30 support meetings is required. We expect at least weekly contact with a case manager to be included in this total.
- Obtain a sponsor or be able to document two pro-social supports that are willing to participate in recovery plan activities.
- Twice monthly appearances before the Treatment Court Judge assigned to the case, unless the team determines more court support is appropriate.
- Office visits with a Treatment Court Probation Officer as needed.
- Home visits with a Treatment Court Probation Officer, a Police Officer or staff as needed.
- Avoidance of any premises where the major source of business is alcohol sales  
i.e.: Bars, Beer Tents, etc.
- Comply with alcohol and drug testing.
- Identify a plan for structured time management (work, school, support groups, treatment, volunteer work, etc). Orientation Group will assist with plan development
- Comply with jail time/electronic monitoring and conclude it prior to phasing.
- Completion of other conditions, as determined by the team.
- Application must be made to the court for phase advancement. You may attach letters of support for advancement. The Phase I Participant's Requirement form must be submitted 2 weeks prior to phasing.
- A Minimum of 90 consecutive days of total abstinence from the use of alcohol, illegal or non-prescribed drugs. Any time spent in jail as a sanction does not count toward the 90-day calculation.

## PHASE II

The requirements for a successful completion of Phase II are:

- Compliance with the recommended AODA treatment plan.
- Participation in traditional support meetings 3 times per week. Accepted traditional support meetings are: Smart Recovery, Alcoholics Anonymous, Narcotics Anonymous, Reformer Unanimous; Relapse Prevention; Cognitive Behavioral Group, and aftercare meetings following the completion of primary care treatment. This list may not be exhausted, and if a participant wished to participate in another group, they may ask the Team to approve it before counting those meetings. A minimum of 50 support meetings, including contacts with a case manager, is required.
- Provide documentation of sponsorship or recovery support contacts.
- Monthly appearances before the Treatment Court Judge unless the team determines more court support is appropriate.
- Office visits with Treatment Court Probation Agent as needed.
- As needed home visits with a Treatment Court Probation Agent, a Police Officer or other staff.
- Comply with alcohol and drug testing.
- Update the plan for structured time management (work, school, support groups, treatment, volunteer work, etc) as necessary.
- Establish a payment plan for court fines and restitution.
- Completion of other conditions as determined by the team.
- Application must be made to the court for phase advancement. You may attach letters of support for advancement. Phase II requirement form must be submitted 2 weeks prior to phasing.
- Crime free for 180 consecutive days.
- 120 consecutive days of total abstinence from the use of alcohol, illegal or non- prescribed drugs.

## PHASE III

The requirements for a successful completion of Phase III are:

- Compliance with the recommended AODA treatment plan.
- Participation in traditional support meetings 3 times per week. Accepted traditional support meetings are: Smart Recovery, Alcoholics Anonymous, Narcotics Anonymous, Reformer Unanimous; Relapse Prevention; Cognitive Behavioral Group, and aftercare meetings following the completion of primary care treatment. This list may not be exhausted, and if a participant wished to participate in another group, they may ask the Team to approve it before counting those meetings. A minimum of 70 total support meetings is required.
- Contact sponsor or support person(s) at least 2 times per month.
- Appearances before the Treatment Court Judge assigned to the case will be determined by the treatment team.
- Office visits as needed.
- Home visits as determined by the team.
- Comply with alcohol and drug testing.
- Update the plan for structured time management (work, school, support groups, treatment, volunteer work, etc). as necessary.
- Maintain a payment plan for court fines and restitution
- Completion of other conditions, as determined by the team.
- The Treatment Court Team must indicate approval commence.
- 150 consecutive days of total abstinence from the use of alcohol, illegal or non-prescribed drugs.

Upon successful completion of all three phases, including a good faith effort toward payment of all assessed fees and restitution, and upon recommendation of the Treatment Court Team, the Treatment Court Judge shall declare the Treatment Court Participant a graduate of the Treatment Court Program. The commencement ceremony will recognize successful completion of all required phases.

Upon graduation, all Treatment Court Program Graduates will be invited to join the Alumni Association. The rules of the Alumni Association shall be established by the members of the Alumni Association and with the approval of the Treatment Court.

3.Incentives and sanctions will be implemented using guidance from existing drug court models and those recommended by the National Drug Court Institute based on research.

Incentives may include

1. Reduced jail time as agreed prior to entry to TC.
2. Reduced fines as agreed prior to entry to TC.
3. Reduced fees as agreed prior to entry to TC.
4. Family incentives
5. Positive team interaction
6. Phasing
7. Being called first in TC sessions and possibly leaving early
8. Door prizes
10. Assistance with employment.
11. Removal of curfew.
12. Removal of an electronic monitoring device.
13. Reduced testing.
14. Recognition
15. Verbal praise from Judge.
13. Graduation.

Any violations of the rules of the Treatment Court Program may result in the immediate imposition of interventions or sanctions, as determined by the Treatment Court Judge. Sanctions can include, but are not limited to, the following:

Jail

Curfew

Electronic Monitoring

Increased Supervision

Day Reporting

Phase Consequence

Community Service

Completing an essay and/or speaking to participants and Team

Payment when lab report differs from participant report

Interventions can include, but are not limited to, the following:

Increased Testing

Increased Support Groups

Warnings

Team Intervention

Increased treatment

A homework assignment to assist in changing the behavior

The above measures may be employed individually or in combination. If additional jail time is imposed as a sanction, the jail will be credited against any jail time stayed as part of the initial TC enrollment agreement. Time spent in jail will not count toward phase advancement.

4. Upon successful completion of all three phases, including a good faith effort toward payment of all assessed fees and restitution, and upon recommendation of the Treatment Court Team, the Treatment Court Judge shall declare the Treatment Court Participant a graduate of the Treatment Court Program. The commencement ceremony will recognize successful completion of all required phases.

Upon graduation, all Treatment Court Program Graduates will be invited to join the Alumni Association. The rules of the Alumni Association shall be established by the members of the Alumni Association and with the approval of the Treatment Court.

#### DESIGN AND IMPLEMENTATION STRATEGY - RELATED ATTACHMENTS:

**File Name**

**File Description**

**F OTHER FUNDING**

Include a description of the resources that are contributed by the county, tribe or member agencies. Include any funds related to planning or needs assessments for your county or tribe’s criminal justice system that led to the development of this project. Describe any other grants your county or tribe has received related to problem-solving courts or pre-trial diversion programs.

**RESPONSE:**

Since 2009, Iowa County has received partial funding (50 percent match) from the Department of Transportation for its pre-trial diversion program for multiple OWI offenders (2nd, 3rd, and 4th Offense, and higher with prosecutor’s approval). In July 2013, the Iowa County OWI-ISP did experience a 20 percent decrease in funding from the DOT, dropping from a 50 percent to roughly a 30 percent match. It has been clear since the program was initiated that the DOT’s expectation was for counties to take full financial responsibility for their ISP’s eventually, and a step-down model was implemented from the very beginning. From October 2013 forward, the Iowa County OWI-ISP will be operating on a reduced budget and will adjust its costs accordingly in order to minimize any impact on service delivery.

The program’s title is the Iowa County OWI Intensive Supervision Program, offering Day Report services (random chemical testing via BA’s and UA’s), Cognitive Behavioral and Relapse Prevention groups, and weekly case management sessions. The current service provider is ATTIC Correctional Services, based in Madison, Wisconsin. ATTIC employs one full-time Coordinator/ Case Manager and one part-time Day Report Technician as needed.

As an incentive for completing the Iowa County OWI-ISP, participants who successfully discharge are usually offered the minimum sentence duration, possibly reduced court costs, and have a good chance of receiving Huber privileges and/ or electronic monitoring for a portion of their sentences.

A Drug Treatment Court in Iowa County could potentially partner with the OWI-ISP for monitoring and case management services in order to cut costs for both programs.

**OTHER FUNDING - RELATED ATTACHMENTS:**

<b>File Name</b>	<b>File Description</b>
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**14. Approval Checklist:**

- A. Have you, the grant recipient, had any discrimination findings after a due process hearing on the basis of race, color, religion, national origin or sex within the last 5 years?
- Yes
- No
- B. If yes, have the discrimination findings been reported to the Office of Civil Rights as required for all recipients of Federal funds? (see <http://www.ojp.usdoj.gov/ocr/>). If no, a copy should be forwarded to: Wisconsin Department of Justice Assistance, Attn: EEOP, 17 West Main Street, PO Box 7857, Madison, WI 53707-7857
- Yes
- No
- N/A
- C. Do you have technical assistance needs regarding the financial process at DOJ that you would like contacted about?
- Yes
- No
- D. Have you utilized the DOJ Administrative Guide located on the DOJ website? (<http://www.doj.state.wi.us>)
- Yes
- No
- E. Would you like someone from DOJ to contact you?
- Yes
- No
- F. Are you a state or local government agency; AND have 50 or more employees; AND applying for \$25,000 or more? If yes, you are required to prepare and implement an Equal Employment Opportunity Plan (EEOP) or Certification form (if applicable). A copy of your EEOP federal approval letter must be submitted to DOJ. (More information may be found at <http://www.doj.state.wi.us>, Grants, Grantee Civil Rights Information.)
- Yes
- No
- N/A
- G. If this application is \$25,000 or more, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year (1) 80% or more of your annual gross revenues in US federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?; AND (2) \$25,000,000 or more in annual gross revenues from US federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
- Yes
- No
- N/A
- H. If you answered yes to the previous question, does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? If you answered no to the first part of this question; you must attach to this application the full names and compensation of the top 5 highly compensated individuals of your organization as required by The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act).
- Yes
- No
- N/A