



WISCONSIN
DEPARTMENT OF CORRECTIONS
Division of Community Corrections

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ORIGINATED BY Administrator's Office Lance Wiersma	

Administrative Directive # 20-05 Replaces AD 19-08 <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision	Guidance Document Per § 227.01(3m) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DISSEMINATION <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Supervisory Staff Only	PRIORITY <input checked="" type="checkbox"/> Policy/Directive <input type="checkbox"/> Information Discuss at Staff Meeting Read/Route/Post
SUBJECT: Specialized Court - Treatment or Problem-Solving Courts	

Reference(s):

Wisconsin Treatment Court Standards
 Wisconsin State Statute 165.95

Policy Statement:

The Wisconsin Supreme Court describes a problem-solving or specialized court as:

"The problem-solving court approach is one that had been rapidly growing nationwide throughout the justice system over the last few decades. The most commonly known problem-solving court is the drug-treatment court but a wide range of specialized courts including mental health, juvenile, domestic violence, reentry, etc., are being developed to specifically address the underlying issues related to criminal behavior. These courts work across disciplines and with other institutions to deploy interventions that treat the offender while also holding them accountable for criminal actions."

The purpose of specialized courts is to stop related criminal activity and decrease recidivism. These types of courts promote recovery through a coordinated response to offenders which requires a team approach including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services agencies, an array of local service providers, and the greater community. The combined energies of these individuals and organizations can assist and encourage offenders to accept help that could change their lives. Specialized courts must remain flexible in practice so as to fit their participants, their relationships among collaborating agencies, and their environment. In spite of this, there must be operational characteristics or protocols that all specialized courts share.

Procedure:

As there are many agencies involved in specialized courts, there needs to be clear identification of responsibilities and use of resources. To that end, DCC's involvement in specialized courts must meet the following protocols as outlined in the Wisconsin Treatment Court Standards:

A clear mission including goals and objectives:

- Evidence based principles utilized.
- Written mission statement reviewed periodically and must be measurable.
- Measurement of relevant processes and practices with results provided to advisory committee.
- Reduce recidivism, victimization, and criminal justice related expenditures.

Clear eligibility criteria:

- Screening and assessment to determine eligibility must be evidence based and focus on the court's identified population of those who meet high risk/high needs criteria.
- Nondiscriminatory.
- Clearly diagnosed treatment needs from a validated screening tool or assessment should occur to meet criteria appropriate for specialty courts. This includes any of the following: chemically dependent, suffering from a severe or persistent mental illness, organic brain disorder, or a co-occurring disorder under the most current Diagnostic and Statistical Manual of Mental Disorders.
- Consistent with Federal Interstate Compact laws and policies.
- Participants must be on active DCC supervision. DCC role for participants not on active supervision is clearly defined (see community supervision section of this Directive).
- Eligible participants identified early and promptly placed in specialty court program.

Clearly defined treatment and continuum of care for participants:

- Evidence based modality based upon National Drug Court Institute Ten Key Components, evidence-based principles, and specific goals and objectives.
- Complies with Wisconsin licensing and regulations requirements.
- Partnerships among specialty court organizations (public agencies, community-based organizations to enhance effectiveness of specialty court) with an emphasis on community outreach and resource development.
- Provide access to a continuum of specialty court related treatment and rehabilitation services.
- Referrals are based on risk, need and responsivity. Treatment programming should be trauma informed and cognitive based interventions. Multidisciplinary and multimodal interventions should be available.
- Individualized case planning including prosocial supports and strengths should constantly inform the participants' progress through treatment court and be reviewed and updated during all individual sessions.
- Drug testing policy and procedures for collection and responses for positive tests.
- Process must be outlined for participants to challenge violation allegations and recognition of overall participant's right to request attendance of defense counsel at treatment court matters.

Clearly defined roles and responsibilities for treatment court personnel:

- Clear policies and procedures and participant/program manuals made publicly available including treatment court model description and eligibility criteria, mission statement, team member roles, advisory board role, participant contracts and handbooks, memorandums of understanding, waivers, and data collection and outcome reporting methods.
- Team expectations should include participation, decision making approaches, and responsibilities.
- Unique role of the judge to the particular type of treatment court should be thoroughly outlined.
- Utilization of memorandum of understanding between all team members that clearly defines roles, responsibilities and commitments.
- Training expectations for all treatment court team members should be outlined in policies and procedures.

Clearly defined phases and court requirements:

- Start date and projected end date.
- Standards for completion are obtainable and achievable.
- Regular, scheduled status hearings.
- Measurable reviews and tracked progress towards completing each phase.

- Judicial interaction with each specialty court participant.

Clearly defined community supervision:

- Staff resources of time and personnel including DOC agent role, duties, commitments, and responsibilities for specific treatment court shall be outlined in the MOU. DOC agent shall have a separate role from the specialty court coordinator.
- Case planning and case management by DOC agent for all participants shall meet but not exceed DOC guidelines, policies, and contact standards and include evidence-based practices (risk/need/responsivity and the use of evidence-based response to violations).
- Specialty court participants that are not on active supervision, DCC staff may remain as participants as a member of the treatment team; however, DCC shall not perform any case management duties or utilize any DCC resources for participants not on supervision.
- Definition and coordination of physical resources available shall be outlined in the MOU (urinalysis, jail beds, housing, treatment programs, assessment, electronic monitoring program/global positioning system, phones).
- Defined funding, sources of revenue by agencies involved, and sustainability planning shall be outlined via interagency agreements.
- If needed, DOC revocation process shall be separate and independent of any specialty court termination process.

Clearly identified sanctions and incentives:

- Compliance with state statute, DOC Administrative Code, evidence-based response to violations policies and most recent evidence-based practices research.
- Evidence based sanctions and rewards provided and followed per written policy and/or participant handbook.
- Distinctions made between *proximal* (pre-treatment immediate) and *distal* (long term post-treatment) goals in order to appropriately respond to violations and treatment needs.
- Team controls distribution of sanctions and incentives, consensus should be best model, final decision process for disputes should be outlined.

Obtain and maintain relevant data and outcomes, and process of records maintenance:

- Beyond demographic information of participants, all courts should track at minimum: recidivism, retention, and sobriety outcomes.
- Determine method of data collection, including who collects, monitors, maintains data and also method of outcome reporting on an annual basis.
- Monitor, evaluate, and measure achievement of specialty court program goals to gauge effectiveness and attainment of outcome goals.
- Process, impact, and outcome evaluations must be based on reliable and valid scientific principles. Process and impact evaluations, including action planning, should occur every three to five years utilizing an independent evaluator who utilizes the Corrections Program Checklist or other similar tool.
- Treatment team should work with outside experts at least every two years to assess team functionality, review all policies and procedures, and assess overall functionality of the court.
- Records maintenance protocol including compliance with confidentiality and privacy laws which must be explained to participants through the participant manual.
- The criminal court file maintained by the clerk of court must be separate from the treatment court file which contains confidential medical and treatment information. The latter must not be kept with the clerk or the judge.
- A privacy official responsible for the specialty court compliance with federal and state confidentiality law requirements must be appointed.

MEMORANDUM OF UNDERSTANDING

In addition to the above set of protocols, DCC's involvement in the specialized courts requires a written Memorandum of Understanding (MOU) that is signed by all the partner agencies. After the MOU has been signed by all local parties, except DOC, the regional chief shall route for DOC signature approval.

Attached is a template MOU for use consistent with this Administrative Directive.