

Port Washington, Wisconsin  
Wednesday, October 31, 2007

The Justice Initiatives Committee met in Room 118 of Administrative Center.

Meeting called to order at 3:38 PM by Chairperson Bock.

Present: Committee Members Supervisor Bock, Ron Hauser, Joanne Manion, Mark Roherty, Shea Halula, Tom Kopp, Brenda Peterson, Honorable Judge Grundahl, Captain Ebert, Chuck Blumenfield.

Others Present: Kathy Johnson – ATTIC Correctional Services, Joan Kojis-Behavioral Health Manager, Ozaukee County Health and Human Services, Michael Vann-AODA Counselor, Ozaukee County, Jason Wittek.

Absent: Ann Brownfield, Terry Carr, Erin Ede, Jan Chapman, Daryl Herrick, Jennifer Sullivan, Nina Walker, and Tom Meaux.

1. Proper Notice and adoption of agenda: Assurance that the meeting had been properly noticed provided. Motion made by Mr. Kopp to adopt the agenda, seconded by Manion. Motion carried 8-0.

2. Approve Minutes September 26, 2007: Motion made by Hauser to approve September 26, 2007 minutes, seconded by Halula. Motion carried 8-0.

3. Presentation/Discussion ATTIC Correctional Services: Kathy Johnson presented ATTIC Correctional Services offender programs. ATTIC Correctional Services are 30 years old. ATTIC serves correctional offenders exclusively. ATTIC's state contracts are over 4 ½ million dollars and they serve mainly men. Services provided are Federal Drug Aftercare Contracts, surveillance of chemical abusers, and counseling. ATTIC provides services to the state and counties. ATTIC's goals are to help improve people's lives and strengthen public safety. Primary institutional services provided by ATTIC: intensive alcohol treatment startup, jail programming, and population management.

Other services provided by ATTIC: Day Reporting, electric monitoring programming, home visits, OWI programs, specific case management, pre-trial services, community service programs, drug court case management for Wood County, Treatment Alternative Programming (TAP) and Drug court Services in Dane County, Correctional case management in Rock County, and intensive AODA counseling as an alternative to jail.

Youth Programs: Youth counseling for truancy, Boys and Girls Club - life skills.

Acute Protective Supervision Program (APSP) began in La Crosse County in 2003. ATTIC works with their Social Services Department and serves 10-12 youth. APSP keeps youth in the community and out of corrections, foster care and is cost effective. Clients are adjudicated delinquents, primarily Asian, Caucasian and male. Crimes of clients: Battery and property offenses highest, some substance abuse, alcohol abuse, and truancy violations.

Judges in APSP supported and placed youths in program. Participants are electronically monitored and intensively case managed immediately. Parents must be involved and case managers make contact each day. APSP is completed in four phases, 90 days each and electronic monitoring devices are removed in one year. Ms. Johnson stated the three main elements to correctional are assessment, case management coordination, and interventions including available treatment services.

Chuck Blumenfield inquired if location and distance issues existed in providing services? Ms. Johnson stated there haven't been many problems, because most cases are in La Crosse, but have provided some services out of city. Mr. Blumenfield inquired about a bias in always treating for substance abuse when clients might be served better by another treatment. Ms. Johnson stated literature suggests most or 75% of people in corrections are substance abusers. Many problems are co-mingled; substance, mental health, or past history problems. Mr. Blumenfield inquired about the success of boot camp programs? Ms. Johnson stated that evidence suggests many boot camp programs don't work, but boot camps with treatment available work better, including ATTIC's program in Black River Falls.

Joanne Manion inquired how out of school activities mesh with treatment. Ms. Johnson replied there is structured routines and monitoring by parents or youth participate in after school activities. Ms. Johnson explained stakeholders must buy into program to make it last. Ms. Johnson stressed a team approach between county and service provider.

4. Supervisor Bock - Report on Drug court Workshop - National Drug court Institute: Supervisor Bock reported there are three types of Drug courts:
- 1) Juvenile Dependency- substance abuse
  - 2) Family Drug and Dependency- Addicted parents that affect family
  - 3) Adult Court.

Drug courts exist at any level of court. Drug courts number over 1900 in the U.S. 400 are Juvenile, and 200 are Family. Traditional courts have a temporary rapport with clients and services are not individualized. Traditional courts have sporadic case management and limited incentives. In drug court model, Juvenile and Family courts treat family as a whole. Drug courts offer immediate service and mediation begins in courtroom in front of all other Drug court offenders followed by lengthy intervention. Judge, case manager, and offender are held

accountable. Drug courts use motivational interviewing as a different approach than traditional courts. Sanctions and rewards are implemented rather than punishment.

#### Themes

- 1) Solid partnership from all parties
- 2) integration of treatment into court system
- 3) Identify target population in county and choose program with best chance to succeed
- 4) Access to services is in drug court.

Shea Halula discussed assessment process at the municipal level now.

Brenda Peterson joined the meeting at 4:49 PM.

Supervisor Bock discussed referral of offenders to drug court. Differentiating one time offenders and habitual offenders is important. Committee discussed Ozaukee County's need for a drug court and how to use Judges time wisely. Mr. Kopp discussed whether Judges in Ozaukee County would be open to a drug court. Mr. Blumenfield responded that the judges felt that they are already running at capacity. Mr. Hauser suggested if model fits in the existing docket, there will be a buy in by judges. Mr. Blumenfield stated demonstrating the empirical evidence to judges is important. Supervisor Bock discussed the importance of trying programs that are successful and inexpensive. Mr. Blumenfield discussed approaching private businesses for funding help by showing them the benefits to quality of life in Ozaukee County. Mr. Hauser discussed reaching out to clients at the front end of the system. Captain Ebert stated expunging may be an issue with differentiating first time offenders and habitual offenders.

Mark Roherty excused at 5:35 PM.

Supervisor Bock stated drug courts save money by offering treatment faster, moving offenders through system faster while still functioning in society. Drug courts have less duplication, time and resources aren't wasted, and fewer continuances.

5. Adjournment: Meeting adjourned at 5:39 pm.

# **REPORT FROM SEMINAR ON DRUG COURTS**

## **PRESENTATION BY MEGHAN M. WHEELER, PROJECT MANAGER OF THE NATIONAL DRUG COURT INSTITUTE.**

There are 3 types of drug courts:

Juvenile Dependency Treatment Court – dealing with substance abuse  
(can juveniles change their drug/alcohol behavior?)

Family DTC – dealing with the addiction of parents and the placement  
of their children (can parents gain stable recovery in order to reclaim  
their children?)

Adult – dealing with addiction

The drug court model is based on a collaborative system of care and  
involves both delinquency and child protection. There can be a drug court at  
any level – could transfer jurisdiction to the drug court judge.

History: Started with the crack cocaine epidemic of the '80's in Miami to  
streamline cases. There were 12 in 1994 – now there are over 1900  
throughout the US. The Juvenile Drug Court (over 400 now) has been  
shown to have the biggest impact. There are over 250 Family Dependency  
courts now.

Traditional court process:

- Temporary/limited rapport between judge and individual
- Not family based
- Has delays in services
- Services are not individualized
- Sporadic case management
- Limited capacity for monitoring
- Lacks the incentives and sanctions necessary to change behavior

Drug Court Model:

- Treatment of the family as a unit

- Has immediacy of intervention, treatment and structure (drug/alcohol is a bio/social issue) – coercion works (baby steps approach, incentives and sanctions are witnessed by all)
- Early, long term treatment
- Individuals are identified, screened, assessed. The court finds out what is going on in the child’s life and measures their self-efficacy (ability to change) and their self-esteem (the family support/dynamics)
- Accountability – of the adolescents, adults, and service providers – all held to a specific time frame by the judge.
- Judge develops ongoing relationship with individual – (motivational interviewing) “Find the good in those who can’t see it in themselves”
- Uses incentives (rewards) and sanctions (consequences, not punishments – punishment is not effective)

#### THEMES OF DRUG COURTS:

- PARTNERSHIPS – treatment providers, delinquency, child welfare, mental health specialists, schools, welfare to work, child development specialists, and court appointed guardians, etc.
- INTEGRATION – Treatment and social services into the court – agencies come into the court and can do assessments right there. Treatment plans are set and have timelines. Everyone is accountable.
- NON(LESS)-ADVERSARIAL PROCESS – teams of people come to court every one or two weeks – progress is checked from week to week and there is immediacy to the consequences.
- ELIGIBILITY CRITERIA – The target population is defined. Start with one group – another track can always be opened. Put evaluation as part of your program – track outcomes. Maintain expectations.
- ACCESS TO SERVICES – Humanize the experience, create facilitated access, a preliminary screening can be done in court followed up by a full assessment. Assessment is an ongoing process (GAIN – a global assessment and medical model is often used) - A comprehensive psycho/social full assessment should be part of the plan.
- ABSTINENCE – Drug testing must be frequent, random, and observed. Probation officers are an integral part of the court.

- INCENTIVES AND SANCTIONS – Know the individual and their likes and dislikes - match incentives and sanctions to that. Must be tangible and child-focused (juvenile court)
- JUDICIAL INTERACTION – There is an ongoing interaction with each participant. The judge builds a rapport. Court is held after school/work. The judge does the staffing meeting (1 – 1 ½ hrs. per week) and the court session (1 – 2 hours per week or two weeks). A one page report comes to the judge with very specific items and a basic understanding of what happened between court sessions is presented. Participants tell the group – everyone learns – teachable moments are used – there is a sense of sharing in the incentives.
- EVALUATION – Start early in the process. Even in training for drug court you are asked to collect data and that is used to develop your procedures and policies.
- CONFIDENTIALITY – Waivers allow treatment providers to talk to the team and better inform the judge.

#### HOW DO DRUG COURTS SAVE MONEY?

- ❖ Participants enter treatment faster
- ❖ There is a shorter time to case closure
- ❖ Participants stay longer in treatment and much less recidivism
- ❖ Family dependency courts can save over \$1million in foster care
- ❖ Keeps the strain off other system – the person is still working/in school/with family
- ❖ Teams of people – more and better communication – less duplication – more efficient use of people’s time – less revolving door.
- ❖ Time and resources are not wasted
- ❖ Continuances not happening

#### HOW TO BEGIN:

The National Drug Court Institute offers training. There is a 10 day training curriculum but they can do 3 and 5day training sessions as well.

In Wisconsin – Fresh Light – Comprehensive Community Services Benefit  
Go after Grants to fund training.