

Thursday, January 22, 2026 12:00 p.m.	Treatment Court Steering Committee	Door County Justice Center Jury Assembly Room 1209 S. Duluth Avenue Sturgeon Bay, WI 54235
A SUBCOMMITTEE OF THE CRIMINAL JUSTICE COLLABORATING COUNCIL		

AGENDA

Treatment Court Steering Committee

1. Call Meeting to Order
2. Roll Call – Establishing Quorum
3. **Adopt** Agenda
4. **Approve** Minutes
 - a) September 25, 2025 Treatment Court Steering Committee
5. Correspondence
6. Public Comments
7. Committee Response
8. New Business
 - a) Update On SIM Mapping Workgroups
 - b) Update On Sober Housing
 - c) TAD Grant Final Report
 - d) Treatment Court Program Review
 - e) Participant Admissions
9. Sustainability Matters to be Considered
10. Legislative Matters to be Considered
11. Matters to be Placed on a Future Agenda or Referred to a Committee, Official or Employee
12. Set Next Meeting Date
 - a) February 26, 2026
13. **Adjourn** Meeting

Participants may join this meeting will in person, by teleconference or video conference. Members of the public may join the meeting remotely or in-person in the Jury Assembly Room of the Justice Center

When: Jan 22, 2026 12:00 PM Central Time (US and Canada)

Topic: Treatment Court Steering Committee Meeting

Join from PC, Mac, iPad, or Android:

<https://us02web.zoom.us/j/83638812229?pwd=5WPLmoljLYMTEpO4pIqWD3bhT2iHe.1>

Webinar ID: 836 3881 2229

Passcode: 816638

Phone: 1 312 626 6799

Deviation from the order shown may occur.

Door County Treatment Court Steering Committee Minutes
(A Subcommittee of the Criminal Justice Collaborating Council Committee)
Thursday, September 25, 2025

These minutes have not been reviewed by the oversight board and are subject to approval or revision at the regular meeting.

1. Call Meeting to Order

The meeting called to order by Judge Weber at 12:00 PM in the Jury Assembly Room of the Door County Justice Center.

2. Roll Call – Establish Quorum

Quorum established.

Present: Lisa Barnaby, AODA Therapist; Kimberly Bridenhagen, Probation and Parole; Scott Dadam, Case Manager; Clint Henry, Sturgeon Bay Police Chief; Elizabeth Junion, Case Manager; Joseph Krebsbach, Health and Human Services Director; Colleen Nordin, District Attorney; Sara Siefert, Probation and Parole; Shannon Viel, Public Defender; Kyle Veaser, Chief Deputy; Judge Weber

Absent: Michael Bertrand, Jail Lieutenant

Others Present: Shannon Lauder, Recording Secretary

3. Adopt Agenda

A motion was made by C. Nordin and seconded by C. Henry to adopt the agenda as posted. Motion carried by unanimous voice vote.

4. Approve Minutes

A motion was made by C. Nordin and seconded by J. Krebsbach to adopt the minutes as posted. Motion carried by unanimous voice vote.

5. Correspondence

None

6. Public Comments

None

7. Committee Response

None

8. New Business

a) Program Status

- a. Participant Interactions
- b. Use of Sanctions and Rewards
- c. Drug Screening Status
- d. Needs

J. Krebsbach is working on the 3rd quarter report for the TAD Grant and asks for some feedback and general discussion about the current state of the program including number of clients, current practices, successes and challenges and program needs. Team members report that there are currently seven (7) participants in the program. Two (2) will be graduating soon and one (1) is pending termination. Some suggestions/discussion about program needs included ensuring that Case Management is a priority since balancing CCS and Case management is an added challenge for worker's capacity. The use of sanctions and rewards has not changed; however, team reports that there has been more consistency in how both are used. Judge reports that consumers have indicated feeling that the use of jail time was effective and appropriate in their situations. Drug Screens are

currently being done via oral swab. Team reports concern about reporting time and that clients may be able to interfere with results and suggest that the use of alternate methods be considered. Discussion regarding the potential of utilizing random UA's may help to improve the accuracy and reduce time between collection and reporting.

b) Staffing Updates

J. Krebsbach reports that the Clinical Supervisor candidate that had been scheduled to start this month rescinded her acceptance. Recruitment efforts are ongoing. A second interview of a candidate has been scheduled for October 1. Will consider another mailer to an extended area if scheduled interviews are not successful.

c) Sober Living Update

J. Krebsbach reports that we have another 980 client being returned to our county who requires housing. Once they return, both houses will be occupied with 980 consumers meaning this will no longer be an option for males sober living since priority must be given to 980 clients.

d) Funding Update

J. Krebsbach reports that he will be applying for the full grant amount in 2026 after discussion with and encouragement by the state. States he is in communication with an outside source to potentially contract with to run the program. Will share information as it becomes available.

e) SIM Mapping – Wednesday, November 19, 2025 and Thursday, November 20, 2025, at Stone Harbor

To date there are 13 RSVP's to attend. Judge Weber to send a reminder to all this week to encourage RSVP's. Confirmed that the event is one full day and one-half day. C. Henry reports this creates scheduling challenges. He does plan to have a representative present, although may need to split this time between officers. All agree to attend as much of the event as possible.

9. Sustainability Matters to be Considered

None

10. Legislative Matters to be Considered

None

11. Matters to be Placed on a Future Agenda or Referred to a Committee, Official or Employee

12. Set Next Meeting Date

J. Krebsbach reports that at this point, it does not feel necessary to have a meeting in October as he does not anticipate any changes or actionable items for discussion. November/December are holidays. He will reach out to the state to inquire about the expectation for meeting. If the team is required to meet, we will use the already scheduled October date to fulfill state requirement, If required to meet, meeting date and time will be October 23, 2025 at 12:00 p.m. Door County Justice Center – Jury Room

13. Adjourn Meeting

A motion was made by C. Nordin and seconded by C. Henry to adjourn. Motion carried unanimous voice vote. Meeting adjourned at 12:50 p.m.

Respectfully submitted,

Shannon Lauder
Recording Secretary

Door County Site Visit – 3/31/2025 Observations and Recommendations

On March 31, 2025, a Program Site Visit was conducted with the Door County Drug Treatment Court program. Present for the site visit were Department of Justice (DOJ) staff Mike Derr and Marsha Schiszik (TAD Program Specialists) and Director of State Courts Office staff Heather Kierzek (Evidence Based Program Manager). This site visit was in conjunction with a prior meeting with Joe Krebsbach and other members of the Drug Court team to discuss strategies and alternatives for the county to consider for filling the vacant Project Coordinator and Case Manager positions. The site visit meetings included a Drug Court staffing and hearing. This report documents the observations made during the meetings and provides recommendations for suggested improvements to increase efficiency and outcomes for the program.

Staffing Summary

Observations:

The staffing was attended by the following Door County employees and Drug Court Team members (hereafter referred to as the Team):

Judge David Weber	Joe Krebsbach, Interim Program Coordinator, Health & Human Services Director
Ashley Duescher, Case Manager (her final day at the program)	Shannon Veal, State Office of the Public Defender
Sara Siefert, Dept. of Corrections, Probation & Parole Agent	Clint Henry, Sturgeon Bay Police Chief
Lisa Barnaby, Therapist, Door Co. Health & Human Services	Valerie Loduha, Field Supervisor, Dept. of Corrections
Kyle Veaser, Chief Deputy, Door Co. Sheriffs Dept.	Liz Ginion, Youth Diversion Specialist
Scott Adams, Interim Case Manager	Chad _____, [Law Enforcement officer] ??

The staffing was held in the jury room and began with introductions. All Team members were present except for the District Attorney Colleen Nordin due to a scheduling conflict. She normally attends the staffing and court session. All Team members, including the judge, sat at several tables throughout the room. The case manager shared written staffing notes with Team members, and collected them following the staffing. The case manager led the staffing and facilitated discussions. The judge and other team members were very engaged in the discussion and provided treatment information when appropriate. The discussion of each participant focused on current barriers, struggles, and successes. The Team also discussed the status of two

pending participants. Incentives discussed included earning a fishbowl drawing, verbal praise, and phasing up. Sanctions discussed included a jail sentence, resetting number of sobriety days, electronic monitoring/GPS bracelet, no fishbowl drawing, and curfew. Service adjustments discussed included residential treatment, attending online meetings, involving family in treatment, and finding sober living.

Court Summary

Observations:

Court was held in Branch 2 and was attended by most Team members who attended staffing; two of the law enforcement officers did not attend. A peer support specialist with the program also attended. The participants were seated in the gallery or appeared by Zoom, while most Team members sat in the jury box. The case manager sat at one of the counsel tables while a few Team members sat in the gallery. When each in-person participant was called, they sat at the table next to the case manager. All participants stayed for the entire court hearing. For each participant, the judge asked them how many days they had been sober and the participant responded, which was followed with applause. A brief discussion was held with each participant highlighting their successes, challenges, or concerns the participant experienced since the last court appearance. Incentives observed during the court session included applause, verbal praise, eligibility for the fishbowl; drawing a mark, message and gift card; phasing up, and receiving a certificate and “300 day letter”, and handshake from the judge. Sanctions observed included GPS bracelet, verbal reprimand, not eligible for fishbowl, community service, and resetting number of days in current phase. Service adjustments included residential treatment placement, attending online meetings, MAT, and attending alternative support group meetings.

Standards and Evidence-Based Practices

All quoted information provided below comes from the *Wisconsin Treatment Court Standards, Revised 2018*, unless otherwise noted.

Standard 1: Demonstrated Commitment to Evidence-Based Practices (p. 2)	
<p>“Treatment courts are committed to incorporating evidence-based principles in the development of their policies and procedures, including program referrals, design, and delivery of services. Research shows that programs which ignore best practices and fail to have treatment team members attend regular training are those most likely to produce ineffective or harmful results.”</p>	<ul style="list-style-type: none"> • “Operate collaboratively with other team members, treatment providers, system stakeholders, and community partners.” • “Work to resolve symptoms or conditions that are likely to interfere with attendance or engagement in treatment.” • “Employ evidence-based behavioral modification techniques.” • “Enhance participants’ success and intrinsic motivation by appropriately using rewards and sanctions and employing motivational interviewing techniques.”

The Drug Treatment Court Team appeared to collaborate well during staffing and in court. The judge employed several motivational interviewing strategies during his interaction with participants during the hearing, and each interaction exceeded three minutes. The program seems to effectively use incentives, sanctions and service adjustments to achieve behavior modification. The Team clearly is interested in continuing to learn and use best practices, as evidenced by the fact that immediately prior to the staffing Team members met with DOJ and Office of State Courts staff to brainstorm and discuss ideas for maintaining and improving treatment court operation and practices.

Standard 2: Equity & Inclusion (p. 3)	
<p>“All persons, including those who have experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status shall have the same opportunity to participate in treatment courts.”</p>	<ul style="list-style-type: none"> • “Ensure equal access to the program by creating and utilizing referral and eligibility criteria and screening and assessment tools that are nondiscriminatory in intent and impact.” • “Provide all treatment court participants with equal access to appropriate levels of care and quality treatment.”

In preparation for the March 31st site visit, Door County sent copies of the *Participant Handbook* and *Door County Treatment Court Manual of Operations*, which are a set of guidelines and step-by-step directions. We also reviewed the *Treatment Court Policies and Procedures Manual*, updated 9/13/2021, and will reference both the *Policies and Procedures Manual* and *Participant Handbook* throughout this Final Report and set of recommendations.

Eligibility criteria is included in the *Policies and Procedures Manual*. The assessment tool currently used, ORAS, is a validated risk assessment tool (NADCP, Vol. 1, Appendix A). Neither the *Manual* nor the *Participant Handbook* explicitly states that an applicant’s race, gender, religion, creed, color, sexual orientation or national origin is not considered when determining eligibility. It is recommended that the program add a more in-depth equity and inclusion policy, including a description of equity monitoring practices completed by the program. Accompanying this report is sample equity and inclusion language that may be considered for the *Manual* and *Participant Handbook*.

According to CORE data from 2020 to the present, there were 35 referrals made to the program. Of those referrals, 30 were White. Though the racial composition in Door County is primarily White, the program is encouraged to review racial composition of the county, the jail, and program referrals to ensure opportunity to participate in the program is equitable. Additionally, 7 of the 35 referrals were deemed ineligible while 28 were deemed eligible. The reasons referrals were deemed ineligible were spread across seven categories. Also, according to CORE, 10 participants have graduated while seven were terminated and one was administratively discharged. The program should continue to collect and analyze the factors behind participant eligibility, enrollment, graduation, and/or termination. Reasonable actions should be taken to

prevent or correct any disparities due to race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status.

Standard 3: Planning Process (p. 4-5)	
<p>“A collaborative process used by criminal justice system stakeholders to plan and design the treatment court program.”</p>	<ul style="list-style-type: none"> • “Establish an Advisory Board with [criminal justice] stakeholders.” • “The Advisory Board meets regularly.” • “Develop a publicly available program manual.”

Door County has a Criminal Justice Collaborating Council (CJCC), which has been meeting monthly, though Joe Krebsbach noted that the Council will be moving quarterly moving forward. The Committee serves as the oversight committee for the treatment court. During the meeting with Team members prior to the staffing, concern was mentioned about the lack of direct involvement by the CJCC with the drug court program. It is hoped that the CJCC will resume greater involvement and oversight of the program, with the SIM mapping and planning scheduled for November as one possible impetus for this. (See also discussion under Standard 16.)

The county website includes a CJCC webpage that lists Council members but does not include live links to meeting agendas or minutes that the public can access. It is recommended that the webpage add meeting agendas and minutes to the website. The county website also includes a Drug Treatment Court webpage that lists contact information for the case manager (which needs to be updated). It is recommended that the *Policies and Procedures Manual* and *Participant Handbook* both be updated and added to this website, along with referral forms and program applications.

Recently updated All Rise national Adult Treatment Court Best Practice Standards recommend county treatment court programs having both a steering committee and an advisory group (All Rise Standards, p. 180-200). The tasks typically completed of those committees is included below.

Steering Committee	Advisory Group
Leadership of all partnering agencies	Broad coalition of community stakeholders
Officially approves program mission and objectives	Focus on education community members
Executes memoranda of understandings (MOUs) and assigns personnel	Provides recommendations for program improvements
Garners support	Identifies how to efficiently access services and resources for the program
Meets quarterly or semi-annually	Meets quarterly

The county might consider establishing a two-tiered oversight body structure similar to that recommended under the new All Rise Standards, or to have the current CJCC serve both “steering committee” and “advisory group” functions.

Also, the *Manual* and *Participant Handbook* were last updated in November 2024. It is recommended that program review both documents to update names, contact information and remove strike through lines and other lingering edit marks.

Standard 4: Teams (p. 6-7)	
<p>“The treatment court team is comprised of a dedicated group of professionals who are responsible for managing and overseeing the day-to-day operations of the program, including the administration of treatment and supervisory services.”</p>	<ul style="list-style-type: none"> • “Team members consistently attend and actively participant in pre-court staffings, where they discuss participant progress and prepare for status hearings.” • “Team members consistently attend status hearings.” • “Engage in regular communication regarding participants’ progress and activities to ensure the team is working together, so participants are not made to repeat the same information to multiple team members, and participants are not eluding responsibility for their actions by selectively informing different team members.” • “Drug Courts were nearly twice as cost-effective when defense counsel attended staffings consistently, and were more than twice as effective at reducing recidivism when the program coordinator, treatment representative, and law enforcement representative attended staffings consistently (NADCP, Vol. II, p. 41).

All recommended disciplines were represented at the staffing, except for the district attorney, who had a conflict. She normally attends staffings and court sessions. The presence of multiple law enforcement representatives helps with achieving “eyes and ears” functions and with establishing more trusting relationships between law enforcement and participants. Overall, the Team seemed committed to the program, and discussion during staffing was vigorous. The Team seemed to defer to the expertise of treatment providers when considering service adjustments. Staffing update reports prepared by the coordinator and shared with the Team were collected at the end of the staffing and not retained by any other Team member. Consider also including in the staffing update reports information relating to: each participant’s risk and need levels and diagnoses; case plan activities; and running list of incentives, sanctions and service adjustments. Such information can help inform Team members about the implementation of more graduated possible responses.

Neither program document defines the roles and responsibilities of Team members in detail, though the Handbook does list who the Treatment Court Team is comprised of. It is recommended that a list of Team members by position/role, plus a brief description of each position and their primary tasks be added to both program documents.

As indicated in the *TAD Site Visit Questionnaire* responses, steps are currently “in place” to provide formal orientation training on treatment court models and best practices to new treatment court Team members. To provide some additional ideas for orientation, we are attaching the New Staff Orientation Guide – 2025. Consider also adding into the Team members section the requirement that new members review the *Policies and Procedures Manual* and *Participant Handbook*.

Standard 5: Judicial Interaction & Role (p. 8-9)	
<p>“The effective treatment court judge acts as leader, communicator, educator, community collaborator, and institution builder. The treatment court judge interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.”</p>	<ul style="list-style-type: none"> • “Interact with each participant for no less than three minutes during the court review.” • “Develop and maintain a rapport with treatment court participants.” • “Attend and participate in the pre-court staffings which are held no less than every two weeks for participants in phase one and no less than once a month for participants in the last phase.” • “Participate fully as a treatment court team member. Commit to the program, mission and goals, and work as a full partner to ensure the success of participants.”

The judge is clearly a committed member of the treatment court team. He participated actively in the staffing discussion and asked open-ended questions and used them to garner further information from participants. He also did an excellent job expressing optimism and encouragement that each participant could be successful in the program. Continuing to learn and utilize these skills within the judicial interaction will be beneficial, so it is recommended the judge, and other Team members who regularly interact with participants, continue to attend motivational interviewing training when available.

The judge interacted with each participant for well over three minutes. The judge did an excellent job summarizing participant activities and behaviors that resulted in incentives such as fishbowl drawings, sanctions or service adjustments. With one participant, the judge stated that he wanted to start talking about the “unpleasant things” first. Incentivizing productive behavior will change behavior quicker than sanctioning negative behavior. The presentation of behavioral responses is important. A reminder for the judge and Team to continue using the “sandwich” technique for all participants when imposing responses to behaviors. With this technique, the

judge shows the participant that there has been progress despite current setbacks, by praising the participant and rewarding any small steps taken indicating progress.

It is important to pay attention to the language being used by the judge and Team members during interactions with participants and within program documents. Using terms like “good” or “clean” versus “bad” or “dirty” can be stigmatizing, and, according to SAMSHA, can “discourage, isolate, misinform, shame, and embarrass” a person with a substance use disorder. Some of this language was used during the staffing. It is recommended the judge and Team members discontinue the use of these stigmatizing words and that program staff review their documents to ensure stigmatizing language is not being used. Additional words to avoid using along with suggested replacement words can be found in the attached NAABT.org resource.

Standard 6: Balancing the Non-Adversarial Approach with Due Process Concerns (p. 10-11)	
<p>“Treatment courts must protect a participant’s due process and Constitutional rights while promoting public safety and working in a non-adversarial fashion.”</p>	<ul style="list-style-type: none"> • “Develop written policy and procedures for: admission, sanctions, incentives, phase advancement, monitoring treatment compliance, successful completion, and termination/expulsion.” • “Make a record of all public treatment court proceedings as required by Wisconsin Supreme Court Rule 71.01.” • “Inform treatment court participants, both verbally and in writing, of all contracts, waivers, policies, procedures, rights and responsibilities prior to their admission into the treatment court. Participants acknowledge, by signature, their understanding of those documents and are provided with copies.” • “Procedures for drug testing include a clear chain of custody for the samples and the opportunity for timely confirmation testing.”

The court proceedings were held in open court and recorded. The intake process was not observed during this site visit, so it is unknown what paperwork and policies are reviewed before admission to the treatment court. Participants must fully understand all of the requirements and expectations prior to agreeing to participate in the program. Confirmation testing is available and used when necessary. A comprehensive drug testing policy is included in the *Participant Handbook*.

In its *Site Visit Review Form* providing updates on the status of recommendations from the September 2021 site visit, the program noted that it does not include an official policy related to due process, though participants are given opportunities to share their perspective and receive advocacy from the case manager and therapist. It is recommended that the program add

language in both program documents stating that participants have due process rights when sanctions are being imposed or facing termination, including access to counsel, the right to testify and cross examination of witnesses, and calling their own witnesses.

Standard 7: Recordkeeping & Confidentiality (p. 12-14)	
<p>“Treatment courts contemplate the integration of criminal case processing and treatment participation. Sharing of limited confidential medical and treatment information is a necessary function of treatment court operations. However, the need to share such confidential information must be balanced with the presumption that criminal court proceedings are open to the public.</p> <p>Compliance with state and federal confidentiality laws can be accomplished with proper procedures, notification, consent forms and limiting disclosure of confidential treatment information to the minimum necessary to accomplish the intended purpose.</p> <p>Recordkeeping poses special concerns given the tension between open court records and confidentiality of treatment records. In order to comply with state and federal record keeping expectations for legal and medical information, all problem-solving courts must develop a bifurcated filing system to protect confidential medical and treatment records as much as possible, while still providing a complete record of judicial action in the open court file.”</p>	<ul style="list-style-type: none"> • “Define the recordkeeping system in the policy and procedure manual. Bifurcate the recordkeeping system to separate confidential information and records from other information and records. The bifurcated system consists of a criminal court file and a treatment court file for each participant.” • Document all privacy policies and procedures, including digital communication, and limit the information disclosed to the minimum details necessary to accomplish the intended purpose.” • “Ensure minutes kept by the clerk of court reflect court appearances and when a sanction, incentive or termination is imposed, and the reasons therefore, but omit any description of confidential information.” • “Establish written policies and procedures for treatment file maintenance, access, storage, retention and destruction (DHS 92.12).” • “A specific policy on email communication should be developed to ease communication barriers while ensuring participant confidentiality.”

Neither the *Policies and Procedures Manual* nor *Participant Handbook* discuss confidentiality as it relates to participant treatment, medical and other privileged information, and the need for participants to sign releases authorizing sharing of protected information with the Team. (The Handbook does include *Waiver of Confidentiality* and *Consent for Release of Confidential Protected Health Information* forms.) The program should add narratives pertaining to those requirements and subjects in both documents, and should also consider adding a policy to use encryption in all emails containing confidential and other privileged health information. Both documents should also include a Confidentiality Section describing how drug court confidential files are kept separate and distinct from public court records. A reminder that court records should include minutes of court sessions that reflect court appearances, when a sanction,

incentive or termination is imposed and the reasons, but should not include confidential information. For more guidance, we are attaching a document entitled *Court Minute Taking Standards – Treatment Courts*, and also including sample narrative on confidentiality rights and protected health care information.

Standard 8: Target Population, Eligibility & Referral (p. 15-16)	
<p>“Effectiveness is maximized in treatment courts when the target population is high-risk, high-need, determined by the use of a validated assessment tool. Eligibility and exclusionary criteria must be objective, clearly documented, measurable and easily communicated to treatment court team members, treatment providers, key stakeholders and community partners.”</p>	<ul style="list-style-type: none"> • “Promptly identify and refer eligible participants and facilitate admission to the treatment court program. Best outcomes are achieved when admission occurs within 50 days from the time of arrest or other triggering event.” • “Ensure the target population for the treatment court is assessed as high-risk and high-need.” • “Eligible participants are not excluded from the treatment court program solely because they receive Medication Assisted Treatment (MAT). Participant receipt of MAT will not be considered when determining participant eligibility.”

According to the *Site Visit Prep Questionnaire*, participants are not admitted within 50 days of arrest. We encourage the program to continue reviewing the referral and admission process to find efficiencies if possible. The program might also want to investigate if it’s possible to admit individuals on a voluntary basis before the individual is sentenced to the program. Consider adding into the *Participant Handbook* and other outreach materials a description of the legal and other programmatic incentives and benefits for participating in the Door County Drug Court, as one strategy for promoting greater interest in the program. It is recommended that the program team continue discussions and efforts to shorten the time period that typically elapses from a participant’s arrest to their admission into Drug Court.

The Drug Court targets participants who score moderate to high risk on their risk assessment and score moderate to severe substance use disorder diagnosis on their clinical need assessment. The *Handbook* includes a brief policy allowing participant use of Medication Assisted Treatment (MAT) and prescription medications, which indicate neither of these will be prohibited in the program. It is recommended that language also be added clarifying that participants may continue to take MAT and other medication after providing documentation of such prescriptions and authorization from medical professionals. This policy should also be included in the *Policies and Procedures Manual*.

The assessment tool being used (ORAS) is a validated assessment tool (NADCP, Vol. 1, Appendix A). According to the *TAD Site Visit Questionnaire*, both the risk assessment and clinical screening assessment are completed before a participant is accepted to the program. Clinical assessment

tools (i.e., AODA and Level of Care Index (LOCI)) are in accordance with DSM-V. According to All Rise Standards, not all persons with a substance use disorder need the intensity of a treatment court, so prior to admission treatment courts should assess participants for compulsive, chronic, or uncontrolled substance use disorders. Criteria associated with compulsive, chronic, or uncontrolled SUDs include:

- use that often substantially exceeds the person’s initial intentions or expectations,
- persistent desire or multiple unsuccessful efforts to stop using the substance,
- substance cravings, and/or
- withdrawal symptoms.

Standard 9: Screening & Initial Assessment (p. 17-18)	
<p>“Potential participants are promptly screened and assessed to determine program eligibility and adequate/appropriate treatment services. Screening determines if a prospective participant meets predetermined objective requirements for further assessment. Professionals with specialized education and training in the use of tools then conduct validated risk and needs assessments to determine a prospective participant’s criminogenic risk and treatment needs. Assessment results determine if a person is eligible for treatment court participation.”</p>	<ul style="list-style-type: none"> • “Use validated evidence-based assessment tools to ensure that participants meet the high-risk and high-need criteria for eligibility.” • “Complete both clinical and risk assessments before considering a potential participant for admission.” • “Ensure that to be considered for participation in the treatment court program, applicants meet the current DSM criteria for moderate-to-severe substance use disorder and are assessed as high-risk, high-need.”

As previously discussed, the program is using validated risk assessment and clinical assessment tools, and according to the *TAD Site Visit Questionnaire*, both tools are completed before the participant is considered for admission. Also as previously stated, the program should ensure that participants are screened for compulsive substance use disorders prior to admission.

Standard 10: Case Planning (p. 19-20)	
<p>“Case planning is the process by which staff and participant clearly identify and rank criminogenic/responsivity needs following completion of a validated risk and needs assessment tool. This process uses criminogenic need and responsivity factors to establish agreed upon proximal and distal goals and identifies resources to ensure participant success.”</p>	<ul style="list-style-type: none"> • “The case plan is based on the results of the initial assessment and identifies participant’s strengths, risk factors, criminogenic and treatment needs and supports.” • “Review case plan when participant is scheduled to appear in court and update the case plan periodically based on ongoing assessment of participant progress.”

Case planning and treatment planning are clearly occurring; however, this is a difficult standard to evaluate as individual sessions between the case manager and participant were not observed. Full case plans were not presented during staffing; however, pieces that would be included in a case plan appeared to be included in the staffing reports.

It is important to understand the difference between case planning and treatment planning. Case managers and probation & parole agents are responsible for case planning, while treatment providers are responsible for treatment planning. Consider adding language in the *Policies and Procedures Manual* and *Participant Handbook* detailing how the treatment court clinician, case manager and probation officer will collaborate to share information and jointly develop case plans and periodically update case plans, with input from participants.

Case plans include services that support the treatment plan goals in addition to other non-treatment goals the participant may want to achieve. Case planning activities should focus on reducing risk by targeting criminogenic needs and responsivity issues. The *Participant Handbook*, in its itemization of requirements in the five phases, addresses some basic needs and responsivity factors that are often integrated into case and treatment plans, including housing needs employment and education, and relapse prevention strategies. Consider adding further language that also addresses how case plans will address other responsivity factors and basic needs, including mental health and crisis intervention needs, and needed behavior cognitive components such as errors in thinking and anger management.

As a reminder, case plans should include specific activities that link the problem with the goal and describes the services, who is responsible for identifying, referring, and performing them, when they will be provided, and at what frequency. Case plans should be reviewed in individual sessions and updated when a participant phase advances. Additionally, completion of well-defined and achievable proximal case plan goals should be tied to phase advancement as the participant works towards accomplishing more difficult distal goals. A sample treatment court case plan template based on ORAS risk assessments is included with this report.

Post-program services should also be discussed and integrated into the program, as part of “discharge planning,” prior to completion. A discharge plan should include a summary of activities completed by the participant while in the treatment court, the dosage completed, and responses/services the participant can access if needed in the future. Program graduates have the option to develop a continuing care plan, in conjunction with the treatment clinician, that may include support groups, and continued outpatient counseling as needed.

Standard 11: Treatment (p. 21-23)	
<p>“Treatment courts must provide prompt admissions to continuous, comprehensive, evidence-based treatment, social and trauma informed rehabilitation services to meet a participant’s criminogenic needs and substance use disorder service needs.”</p>	<ul style="list-style-type: none"> • “Base substance use disorder services and other treatment recommendations on validated clinical assessments, which include current ASAM and DSM criteria.” • “One or two treatment agencies are used for most treatment services. If more than two agencies provide services, communication protocols are developed to ensure accurate and timely information about participants’ progress is conveyed to the team.”

	<ul style="list-style-type: none"> • “Treatment providers supply progress reports to the treatment court team before team meetings.” • “Participants are not incarcerated to achieve clinical or social service objectives.” • “Opportunities are provided for non-deity based treatment programs and self-help groups.”
--	---

The *Participant Handbook* and *Policies and Procedure Manual* briefly describe various treatment activities and modes, including more intensive levels of care like residential treatment and sober living placements. It is recommended that language be added detailing the importance of addressing participants’ individual responsivity and criminogenic needs to increase the likelihood of promoting recovery. According to the *Site Visit Questionnaire*, the program does not have local access to day treatment services, and the development of IOP services is “in progress.” During the meeting with Team members prior to the staffing, the program was encouraged to consider seeking TeleHealth providers that could assist with clinical consultation and supervision duties. Subsequent to the meeting, DOJ staff provided contact information for one potential provider.

Utilizing recovery capital resources increases the likelihood that a participant will identify and connect with a recovery network that they will continue staying active with post-program. In the community engagement section of the *Participant Handbook*, the program describes several strategies, resources and ideas for participants to connect with recovery networks and activities. Consider expanding available networks and resources to include various recovery capital services, and add those into the above-noted community engagement section description. Three sets of materials used for recovery capital services are included with this report. As a reminder, treatment providers should evaluate a participant’s appropriateness and stability and prepare them to start attending peer support groups.

Standard 12: Program Phases (p. 24-25)	
<p>“Treatment courts have significantly better outcomes when they have a clearly defined phase structure and specific behavioral requirements for advancement through the phases. Phase advancement rewards participants for their accomplishments and puts them on notice that the expectations for their behavior have been raised accordingly. Outcomes are significantly better when rehabilitation programs address complementary needs in a specific sequence.”</p>	<ul style="list-style-type: none"> • “Phase requirements reflect the proximal and distal goals of the high risk/high need participant.” • “Phase advancement criteria is based on the achievement of clinically important milestones that mark substantial progress towards recovery.” • “Phase demotion is contraindicated and can be detrimental to the participant’s success in the program.” • “Participants are expected to have greater than 90 days clean before graduation.” • “Financial barriers cannot be the only barrier to phase advancement.”

The five-phase structure used by the Door County Drug Court is included in the *Participant Handbook* in great detail. With the recently released update of the All Rise Treatment Court Standards, programs are encouraged to remember that the amount of time spent in a phase and the number of phases is not as critical as the participant achieving clinically important milestones and the program ensuring that the phase structure includes both the court (which is based upon risk levels), and treatment services (which is based upon clinical assessment stages). All Rise's Standards reflect and encompass the shift in focusing less on number of days and sobriety during a phase, and more on the achievement of clinical treatment and recovery milestones. This includes greater focus during early phases on the participants' achievement of proximal goals, which are short-term, attainable milestones and behaviors that participants are already capable of performing. Proximal goals serve as steppingstones toward participants meeting longer-term distal goals.

The phase structure appears to be incrementally based, which is recommended in All Rise's most current Adult Treatment Court Best Practice Standards. The early phase should be aimed at addressing responsivity needs. This may include assisting in securing stable housing, stabilizing mental health symptoms, minimizing cravings, addressing the inability to feel pleasure, and managing withdrawal symptoms. The program might consider focusing more on responsivity factors in phase 1 and not as much on factors more commonly associated with the intermediate and later phases of a treatment court program like building community support and employment. The intermediate phases appear to focus on addressing substance use needs and criminogenic needs such as anti-social thought patterns, negative peer associations, and reducing family conflict. The later phases should focus on maintenance activities including vocational and educational assistance, parenting training, and daily living skills.

All Rise's updated Best Practice Standards reflect the shift in programs focusing less on specific numbers of days and sobriety that participants must achieve during a phase, and more on the achievement of clinical treatment and recovery milestones. Thus, phase advancement should be tied to completion of well-defined and achievable proximal case plan goals as the participant works towards accomplishing more difficult distal goals. In consultation with treatment providers, individualized phase goals should be determined at the beginning of each phase. When the participant has achieved those goals and the treatment provider agrees the individual is making adequate progress in treatment, the participant is ready to advance to the next phase. We recommend that the program modify the phase tables and descriptions in both program documents to clarify that the number of stated "phase days" are approximations for the length of each phase. The program may continue requiring participants to achieve a specific number of days of sobriety prior to phase advancement, including 90 days before graduation, but with the understanding that perfection should never be expected.

The current “phase days” in the national guidance are approximations for the length of each phase. Participants should continue to have a minimum of 90 days of sobriety before graduation; however, perfection should never be expected.

When addressing commencement criteria in the *Participant Handbook*, consider objectively defining benchmarks with subjective elements, including the criteria that participants “have healthy interpersonal relationships as determined by the Drug Court Team.”

Participants are required to pay program fees, as mentioned in the *Participant Handbook*. Note that phase advancement and graduation should be based on the achievement of clinically important milestones, not payment of fees. Program fees should not be used as a barrier to phase advancement, and should be based on the participant’s ability to pay.

Standard 13: Drug & Alcohol Testing (p. 26-27)	
<p>“Efficient and accurate monitoring of the drug court participant is crucial for long-term program effectiveness. Drug testing serves as a tool for treatment court teams to direct appropriate interventions that support participant goals. In order for case adjudication to be appropriate, consistent, and equitable, drug detection procedures must produce results that are scientifically valid and forensically defensible.”</p>	<ul style="list-style-type: none"> • “Treatment court policy and procedures manual, participant contract and participant handbook contain written procedures and methods for drug testing.” • “Drug testing frequency remains consistent throughout the program until participants are in the last phase of the program and are preparing for successful completion.” • “Failure to submit to a test is considered a sanctionable offense.”

Drug testing procedures are included in the *Policies and Procedures Manual* and the *Participant Handbook*. It is recommended that information regarding the chain of custody and the procedure for collecting a witnessed specimen be included in both program documents. Consistent, random, and accurate drug and alcohol testing is a cornerstone of an effective treatment court program. Drug testing should remain consistent throughout the program. A stepdown in testing can be used in the very last phase of the program, but with caution as many other components (e.g., case management contacts and status hearings) of the program are stepping down as well. Because of the stepdown of the other components, the risk of relapse is high and drug testing can provide accountability until distal goals become proximal. Program staff indicate in the *Site Visit Questionnaire* that efforts are not “in place” to minimize interpreting changes in quantitative levels of illicit drug metabolites as evidence that new substance use has or has not occurred. It is well established that Team members should restrict analysis to whether a specific substance is present in the drug test sample above the established “cutoff line.”

Standard 14: Applying Incentives, Sanctions & Therapeutic Adjustments (p. 28-29)	
<p>“Incentives and sanctions for participants’ behavior should be administered following evidence-based principles of effective behavior modification.”</p>	<ul style="list-style-type: none"> • “Monitor participants for compliance, reward achievements, and sanction misconduct, using an incentive-to-sanction rate of at least 4-to-1.”

	<ul style="list-style-type: none"> • “Impose sanctions promptly with certainty, celerity, and fairness.” • “Incentivize productive behavior.” • “Prohibit participant use of all intoxicating and addictive substances (legal and illegal) unless prescribed by a medical professional.” • “Participants are not terminated for continued substance use if they are compliant with all other supervision and treatment requirements, nor are they terminated for a new arrest of drug possession.”
--	--

The *Participant Handbook* lists a variety of incentives and sanctions used in the program. It is recommended that the program also describe the use of service adjustments and add a list of service adjustments as an additional category of responses. Service adjustments should be used when a participant is failing to meet distal goals or benchmarks. The program should review the list of sanctions to separate out from the sanctions responses that are service adjustments (i.e., reading and writing assignments, journaling, modifying levels of treatment). Attached to this Report is a sample List of Service Adjustments. Consider adding lists of available incentives, sanctions and service adjustments in the *Policies and Procedures Manual*.

Participants received several incentives during this observation including applause, verbal praise, fishbowl draw (i.e., positive message, gift card), drawing a mark, phasing up and receiving a certificate, receiving a “300 day letter,” and receiving a handshake from the judge. Sanctions issued to participants included GPS bracelet, verbal reprimands, ineligible for fishbowl, community service, and resetting number of days in phase. Service adjustments included residential treatment placement, attending online meetings, MAT, and attending alternative support group meetings.

We noted that phase demotion was listed as a previous sanction on the staffing update notes for one participant. Phase demotion should not be used as a sanction and should not be listed as a sanction option in any of the program document.

In addition, it is recommended that the program consider also incorporating into the matrix the caveat that a participant’s current phase and whether the specific behavior violated a proximal or distal goal determines the response type used. Additional ideas for no cost to low-cost incentives, plus a table illustrating behavioral responses relating to proximal and distal violations are included with this report.

Standard 15: Training (p. 30)	
<p>“To promote effective treatment court planning, implementation, and ongoing operations, treatment courts must assure continuing education of team members. Programs that ignore best practices and fail to attend training</p>	<ul style="list-style-type: none"> • “Attend annual training workshops on best and evidence-based practices in treatment courts.”

conferences are more likely to produce ineffective or harmful results.”	<ul style="list-style-type: none"> • “Provide orientation training for new team members on the Treatment Court Model and best practice standards.” • “Review all policies and procedures as a team and assess the overall functionality of the court on a regular basis.”
---	---

As indicated in the *TAD Site Visit Questionnaire*, steps are currently “not in place” to provide formal orientation training on treatment court models and best practices to new treatment court Team members. It is recommended that the Door County Drug Court program develop formalized orientation training for the new program coordinator, case manager and other new team members and stakeholders. To provide some possible ideas, we are attaching the National Drug Court Institute’s (NDCI’s) sample new staff orientation sheet of resources, and the Wisconsin NDCI New Staff Orientation Guide of resources.

The program is incorporating several evidence-based practices in the program, many of which have been highlighted in this report. It is recommended that Team members continue to attend training, as it is available, through the Wisconsin Association of Treatment Court Professionals (WATCP), All Rise, or other recognized professional organizations to gain current knowledge on best practices.

Standard 16: Community Outreach (p. 31)	
“Engage in community outreach activities to garner support for the treatment court approach and identify and sustain key partnerships. Community buy-in will help improve program operations and outcomes, help to sustain specialized court dockets, improve access to community resources, and ensure consideration of the community’s best interests, including public safety.”	<ul style="list-style-type: none"> • “Develop and maintain community resources.” • “Participate in open dialogue with community agencies and stakeholders ensuring collaboration among partners to improve participant outcomes.”

Community engagement is important for the sustainability of the treatment court. The Drug Court Team should continue looking for opportunities to participate in educational outreach activities to increase community members’ understanding of addiction and decrease stigma (e.g., host an event during Drug Court Month, attend community events promoting the program).

We encourage the County’s CJCC and Drug Court Team to also continue exploring partnerships with community supports like a family resource center, employment staffing agencies, faith-based support groups, churches, and food pantries to foster participants’ connection with community resources. Additionally, consider exploring partnerships with businesses in the community that may be able to support the program through donation of gift cards or other incentives. Many community members are impacted by substance use or mental illness in some

way and may be interested in opportunities to give back and support those working towards recovery and establishment of pro-social behaviors.

It is recommended that the local CJCC develop a community outreach plan to increase knowledge of the programs and addiction in the community and to explore partnerships. An example community mapping resources chart is included with this report.

Standard 17: Performance Measure & Evaluation (p. 32-33)	
<p>“Treatment courts engage in ongoing data collection, performance measurement, and evaluation to assess adherence to the Ten Key Components, Wisconsin state and NADCP national standards, evidence-based practices, and specific program goals and objectives.”</p>	<ul style="list-style-type: none"> • “Develop or utilize a process to routinely collect data in a consistent, electronic format for both performance measurement and program evaluation.” • “Treatment courts may utilize the Comprehensive Outcome, Research, and Evaluation (CORE) Reporting System provided by the Wisconsin Department of Justice or another comparable system for data collection.”

Continual evaluation of performance measures is important to determine the effectiveness of the program. Programs are encouraged to complete both internal and external evaluations on a regular basis. Programs are encouraged to utilize the *Wisconsin Statewide Drug and Hybrid Treatment Court Performance Measures* report completed by the National Center for State Courts for assistance with internal evaluations. This document outlines benchmarks for the recommended performance measures. A performance measures report template to assist with reporting is included with this report. Many of those performance measures can be extracted from CORE if data entry has been consistent. It is recommended that an Evaluation Section be developed and included in the *Policies and Procedures Manual* that describes the designs for conducting implementation and process and outcome evaluations, including the types of data that is collected and monitored as part of program evaluation efforts. Now that the drug court has been in operation for more than three years, it is also recommended that the program seek an external evaluator to review past performance outcomes and accomplishments and conduct an outcome evaluation of the treatment court. We are attaching a list of Wisconsin-based external evaluators that the program may consider when moving forward with an external evaluation.

One of the requirements of the TAD grant award is to collect and submit data into CORE continuously and regularly. The *Policies and Procedures Manual* does not currently include narrative describing the CORE reporting process. It is recommended the program add data reporting language in the *Manual* that describes the management information system and who is responsible for CORE reporting.

Recommendation Summary

Overall, the Door County Drug Court is meeting the Wisconsin Treatment Court Standards and incorporating evidence-based practices throughout the program. There are improvements to the program that are recommended throughout this report and are summarized below:

- A. Add a more in-depth equity and inclusion policy into the *Policies and Procedures Manual* and *Participant Handbook*, including description of equity monitoring practices (Standard (St.) 2, see Report p. 3).
- B. Add CJCC meeting agenda and minutes onto the CJCC's webpage, and update then add the *Policies and Procedures Manual* and *Participant Handbook* onto the Drug Treatment Court's webpage (St. 3, see Report p. 4).
- C. Review both program documents to remove the use of any remaining stigmatizing language and terms, and to update names, contact information and remove strike through lines and other existing edit marks in the program documents (St. 3, see Report p. 4).
- D. Consider also including in the staffing update reports information relating to: each participant's risk and need levels and diagnoses; case plan activities; and running list of incentives, sanctions and service adjustments (St. 4, see Report page 5).
- E. Add to both program documents a list of Team members by position or role, plus a brief description of each position and primary tasks (St. 4, see Report p. 5).
- F. Ensure the judge and any Team members who regularly interact with participants attend motivational interviewing training (St. 5, see Report p. 6).
- G. Continue using the "sandwich" technique when conversing with participants and imposing responses for their behaviors (St. 5, see Report p. 6).
- H. Explore and discontinue the use of any stigmatizing words during staffings and court sessions, and review program documents to remove any stigmatizing terms (e.g., clean vs. dirty drug test results) (St. 5, see Report p. 7).
- I. Add language in both program documents stating that participants have due process rights when sanctions are being imposed or when they face termination, including access to counsel and right to testify and cross examination (St. 6, see Report pp. 7-8).
- J. An additional narrative should be included in both the *Policies and Procedures Manual* and *Participant Handbook* describing confidential and protected health information, requirement to sign a waiver for confidentiality form and consent for release of confidential information, and requiring the use of encrypted emails that contain confidential and other privileged health information. Also describe how Drug Court confidential files are kept separate and distinct from public court records (St. 7, see Report p. 8).
- K. The Team should consider discussions to shorten the time period that elapses from a participant's arrest to admission into Drug Court (St. 8, see Report p. 9).
- L. Add into both program documents clarification that participants have the right to continue taking MAT and prescription medications once they have provided required documentation and authorization (St. 8, see Report p. 9).
- M. Consider adding language in the *Policies and Procedures Manual* detailing how the case manager or treatment clinician and probation officer will collaborate to share information

and jointly develop case plans and periodically update case plans, with input from participants (St. 10, see Report p. 11).

- N. Add language in program documents addressing how case plans should address additional responsivity factors and basic needs, including mental health and crisis intervention needs, and behavioral cognitive activities (St. 10, see Report p. 11).
- O. Add further language into the *Policies and Procedures Manual* and *Participant Handbook* detailing the importance of addressing participants' individual responsivity and criminogenic needs to increase likelihood of recovery (St. 11, see Report p. 12).
- P. Consider seeking one or more TeleHealth providers for assistance with clinical consultation and provision of required staff supervision hours (St. 11, see Report p. 12).
- Q. Phase advancement should be tied to completion of well-defined and achievable proximal case plan goals as the participant works towards accomplishing more difficult distal goals, instead of a specific number of "phase days" or "sobriety days" (St. 12, see Report p. 13).
- R. The program should modify the phase tables and descriptions in both program documents to clarify that the number of stated "phase days" are approximations for the length of each phase (St. 12, see Report p. 13-14).
- S. Program fees should not be used as a barrier to phase advancement, and should be based on a participant's ability to pay (St. 12, see Report p. 14).
- T. When addressing commencement criteria in the *Manual*, consider objectively defining benchmarks with subjective elements, including the criteria that participants "have healthy interpersonal relationships as determined by the Drug Court Team." (St. 12, see Report p. 14).
- U. Add information regarding the chain of custody and the procedure for collecting a witnessed specimen into both program documents (St. 13, see Report p. 14).
- V. Add a clarification that Team members will not interpret changes in quantitative levels of illicit drug metabolites as evidence that new substance use has occurred (St. 13, see Report p. 14).
- W. Describe the use of service adjustments and add a list of service adjustments as an additional category of responses in both program documents. Review the list of behavioral responses and separate out from Sanctions those responses that are service adjustments (St. 14, see Report pp. 14-15).
- X. Phase demotion should not be used as a sanction and should not be listed as a sanction option in any of the program documents (St. 14, see Report p. 15).
- Y. Develop formalized orientation training for the new project coordinator, case manager and other new Team members (St. 15, see Report p. 15).
- Z. Attend state and national training as a Team when it is available (St. 15, see Report p. 16).
- AA. The county's CJCC should develop a community outreach plan to increase knowledge of the programs and addiction in the community and to explore partnerships. (St. 16, see Report p. 16).
- BB. Add a data reporting/evaluation section in the *Policies and Procedures Manual* and *Participant Handbook* that describes the management information system, who is

responsible for CORE reporting, and the types of data that is collected and monitored as part of program evaluation efforts (St. 17, see Report p. 17).

CC. Continue efforts to reach out to potential external evaluators to review the Drug Court's past performance outcomes and conduct an outcome evaluation (St. 17, see Report p. 17).

DD. Add data reporting language in the *Policies and Procedures Manual* that describes the management information system, the CORE reporting process and who is responsible for reporting (St. 17, see Report p. 17).

List of Documents and Resources attached to this Report or found below:

1. Sample Equity and Inclusion Language for the program documents (See below)
2. NAABT.org Resource on Use of Replacement Words to Avoid Stigmatization
3. Court Minute Taking Standards – Treatment Courts.
4. Sample Confidentiality and Protected Health Information language (See below)
5. Sample Case Plan Template based on ORAS risk assessment
6. Brief Assessment of Recovery Capital
7. Recovery Capital Scale
8. Recovery Capital Worksheets
9. Sample list of Service Adjustments
10. Quick Guide – TAD Community Resources (No cost or low-cost incentives)
11. Sample table of Behavioral Responses with violation of Proximal or Distal Goal
12. NDCI's sample new staff orientation sheet of resources; and WI NDCI New Staff Orientation Guide of Resources
13. Community Mapping Resources Chart
14. Performance Measures Report Template
15. External Evaluator List

1. SAMPLE Equity and Inclusion Language

It is the philosophy of this program that individuals who have historically experienced discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the diversion program. To ensure equity and inclusion the program creates and utilizes objective eligibility criteria and screening and assessment tools that are nondiscriminatory in intent and impact to ensure equitable access to the program.

All participants have equitable access to the same levels of care available, based on their assessed needs, as well as the same quality treatment and supportive services.

Post-charge diversion programs take into consideration an individual's responsivity needs, including but not limited to the assessed level of care, culture, gender temperament, learning style, motivation, age, trauma history, and cognitive abilities when creating an individualized case plan.

Program retention rates, the application of incentives and sanctions and final case dispositions are reviewed to promote equal outcomes for all participants.

Staff will be trained to recognize implicit cultural bias and correct disparate impacts for members who have endured sustained discrimination or reduced social opportunities.

Program policies and procedures are created and reviewed through an equity and inclusion lens to reduce and eliminate institutional bias.

3. SAMPLE Confidentiality Language

State and Federal laws require that participant privacy be protected. To be successful, the Diversion Program team must be able to communicate with each other to assist in working towards participant goals. All Diversion Program participants must sign releases of information authorizing the disclosure of health, medical, mental health, AODA, criminal, and employment records to the Diversion team as needed. Diversion program staff communicate participant program involvement verbally and in writing. When email communication is used, emails are encrypted to protect the participant's privacy.

Waivers of confidentiality are signed at the time of entrance into the Diversion Program and updated as necessary. As a rule, information gathered during the post-charge diversion program and intervention process is considered confidential and will not be released without the participant's prior written consent.

Program compliance reporting is kept confidential unless disclosure is required by mandatory reporting laws. Qualified researchers and auditors, under limited and controlled conditions, may be afforded access to post-charge diversion participant records provided that no identifying characteristics of individual participants are used in any report.