

# *Evidence-Based Decision Making in Local Criminal Justice Systems*

## **Phase III Application of The Milwaukee Collaborative**

“By applying what the evidence tells us about what actually works in protecting the community and holding offenders accountable, Milwaukee County’s criminal justice system will make the smartest possible use of its limited resources, continuously improving its performance against quantifiable goals, and reinvesting the savings in programs that reduce crime in the first place.” – ***Milwaukee EBDM Initiative Vision Statement***



**“In Milwaukee, we’re used to such skepticism and we’ve seen so much ‘I know better’ posturing, but since we started collaborating on this EBDM project what I’ve seen is thoughtful engagement and true dialogue.”**

– Kit McNally, a community member of the EBDM Policy Team

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## ***The Milwaukee Collaborative***

Milwaukee will bring to Phase III an established practice of collaboration that has flourished as we strived to meet the challenges of Phase II.

### ***The evolution of the Milwaukee Collaborative***

The team that offers this application for your consideration is an expanded and experienced second generation of a criminal justice collaborative that has been at work in Milwaukee improving criminal justice since 2006. Our collaborative has its roots in the suggestion of an NIC assessment team invited to Milwaukee by Sheriff David Clarke in 2006, which led to the founding in 2008 of our CJC, the Milwaukee County Community Justice Council.<sup>1</sup> In our CJC bylaws, we make an explicit commitment to collaboration.



As you can see, what began as a basic collaborative and then formed into the executive committee of our CJC has expanded significantly and become the EBDMI policy team. (The policy team we proposed when we first applied for this grant is the policy team

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<sup>1</sup> A glossary spelling out the acronyms used throughout this application may be found in Appendix A.

still at the helm, but with the additional members listed above.) We started with a diverse, knowledgeable circle of chief policymakers, but as we needed to learn the working parts of each other's operations and our collective capacity for change, we tapped the first-hand expertise of our agency staffs. In all we recruited more than three dozen individuals, from many levels of our organizations. A few joined us at the policy team level; most worked within one of our seven work groups, which were constituted around one or more of the key decision points in the criminal justice continuum. Agency chiefs now work side by side with the rank and file of both their own and other agencies. And to this mix we added the outside perspectives of service providers, nonprofits and community members.

As a result, the teams working on the EBDM initiative are not made up of the usual crowd working in the normal channels. The membership of the sentencing work group, for example, included some obvious choices – a judge, an ADA and a defense lawyer – but also a victim/witness advocate, a sheriff's deputy and a clinical law professor who works with prison inmates. The pre-arrest work group, meanwhile, included not only police officers but also forensic psychiatrists as well as the executive director of a non-profit law firm representing persons with disabilities. The mix of disciplines and the fresh perspectives and experienced observations of these additional collaborators made for a much more insightful and creative planning process.

We collaborated on a grand scale in December, 2010 and May, 2011 in two day-long, system-wide trainings in evidence-based practices. More than 150 colleagues – prosecutors, defense attorneys, judges, commissioners, victim/witness advocates, pretrial service providers, probation agents, law enforcement, elected officials and others – gathered to hear about the state of the art in the field and exchange views on how to incorporate EBPs into a variety of criminal court and corrections practices in Milwaukee. The Chief Judge closed the courthouse to all but a few operations so that professionals throughout the system could

attend, and agency chiefs made attendance a priority. The presentations took place in a specially equipped classroom at Marquette University Law School which made everyone in the audience a participant in the highly interactive presentations.

At the end of the sessions, participants began speaking in one voice in support of integrating EBDM into our system protocols. The evaluation of the May session indicated that 64% of respondents now feel very knowledgeable about EBPs and the potential system impact, compared with 27% beforehand. Further, 84% said they were clear about the purpose and potential of the EBDM initiative and *90% indicated a desire for more information on EBDMI and their agency's involvement.*

### ***Collaborative Strengths and Challenges in Phase II***

To achieve true collaboration, we needed to confront and overcome two inherent divides among our stakeholders. First, we confronted the natural divide that grows out of the adversary system. Reforming criminal justice depends on bringing together prosecutors and defense counsel, but the adversary system tends to pit them against one another. In Milwaukee, however, we are fortunate to have leaders in both these camps who are like-minded on the question of making policy based on research and data. (*See the letters of support of DA John Chisholm and First Assistant SPD Thomas Reed, at App 109, 122.*) So, to spearhead our efforts in Phase II, we strategically chose to recruit coordinators from each camp, Paige Styler, a veteran in the SPD office, and Jeffrey Altenburg, a high ranking deputy in the DA's office. And they came prepared to lead a collaborative effort, having teamed up previously to develop and lead our current diversion/deferred prosecution program.

Our second major challenge, one certainly not unique to Milwaukee, was the political tension between advocates of risk assessment and offender treatment and those who perceive those strategies as “soft on crime.” This tension was a bit more acute during Phase

II because Sheriff Clarke faced re-election. Some within the Sheriff's political base are skeptical of ambitions such as NIC's, and the Sheriff's skepticism for other innovations in the corrections field might be construed as hostile to the particular aims of this initiative.

But this tension did not stymie us; to the contrary, it spurred us to work even harder at collaboration, to which Sheriff Clarke is committed also. His letter of support (see App. 111) demonstrates his commitment. Further, in administering his office, he subscribes to the same fiscal stewardship, cost-effectiveness and data-driven management virtues to which the rest of the collaborative subscribes. And throughout Phase II he and his command staff have collaborated with others in the system to address mutual challenges, even when it has required his office to shoulder additional financial burdens, one example of which is discussed at page 6. In accord with our communications strategy (see page 18-19), we need to be especially mindful of those in our community for whom law and order is a singular priority, and we need to be particularly deliberate in demonstrating for them how EBDM ensures sound decision-making about public safety. Having Sheriff Clarke as a collaborator will help us do so.

Our collaborative is even more cohesive now than when we began, as became evident when the policy team met to narrow more than a dozen proposals offered by the work groups to the four we are submitting to NIC. We worked by consensus. Each policy team member cast votes for his or her top three choices. Although hard work and high ambitions were invested in each proposal, it was clear from the vote tallies that policy team members put aside parochial preferences and pledged their support for the four proposals that promise the best results for the system as a whole.

### ***Collaboratively Engaging Phase III***

In Phase III we intend to build on the collaborative momentum we developed in

Phase II. The current policy team will continue for the foreseeable future to manage the work of Phase III. Although Phase III will entail considerable effort among agency staffers and outside consultants, many of the planning and preparatory tasks, as our work plans illustrate, will need to be done up front by policy team colleagues.

We already are planning ways to expand our collaborative to bring additional expertise to the tasks that lay ahead of us. We have identified Phase III tasks in each of the project areas that will require us to enlist accountants, information technologists, social service providers, evaluators, researchers and others. These experts will help us establish baseline data, develop reliable methodologies for judging the harm reduction measures we discuss below, review and upgrade our programming to ensure that it is evidence-based, and assess our fidelity to our work plans and the potential for them to be replicated.

Our collaborative is so committed to our proposals that we fully intend to pursue them even if another seed site offers NIC a superior plan for demonstrating EBDM in a major metropolitan criminal justice system. Of course, we do not underestimate our need for technical assistance – especially in helping us learn more about EBDM principles that we are just beginning to put into practice and in developing our data capture strategies, but also in simply keeping us focused on our vision – and we are eager to be selected.

## ***The Lessons of Phase II***

The lessons we have learned in Phase II make us confident that Milwaukee can serve as an example to the nation of the potential of EBDM in criminal justice:

***(1) We’ve demonstrated to ourselves what we can accomplish when we collaborate.*** In Phase II, we surprised ourselves by resolving issues that had stubbornly divided us. The policy team’s commitment to results that are best for the system as a whole – even when the solution to one agency’s issue might require another to shoulder additional



burdens – made a demonstrable difference. For example, our routine practice of shuttling inmates between our downtown and suburban jail facilities in an effort to manage population limits complicates a variety of pretrial functions which require the defendant's presence downtown. This practice has been questioned often, but when stakeholders across the system gathered and laid the map of the transport process alongside the map of the intake and plea negotiation process, and considered data showing that inmate movement was causing court delays resulting in longer jail stays, the impediments became obvious and the Sheriff's Office got right to work on a solution.

***(2) True collaboration can't proceed until the collaborators know what's going on outside their own silo (and inside as well).*** We labored long and hard mapping our system and the effort is paying dividends, as our colleagues help us discover how anomalies within the process can skew results across the system. For example, by mapping the arrest-to-booking process, we could see that many defendants arrested in the suburbs got to court without being booked and detained downtown at all. This led the Milwaukee Police Department to consider booking arrestees and taking bail at district stations and commit to a pilot project to test the idea. This pilot holds serious potential for reducing both unnecessary pretrial confinement and its substantial costs.

***(3) True change is possible when EDBM principles are put to work.*** During Phase II we not only learned about EDBM, we put it to work, and in doing so we demonstrated that we need not be stuck doing things as we always have, on the assumption that it's the best we can do. Systematic review of policy and practice, systemwide agreement to a set of principles and outcomes, and consulting research and data can make for true change:

For a year before we began work on Phase II, SPD lawyers had been trying to convince the DA's office to divert certain low-level cases from the system altogether, rather

than handling them as deferred prosecutions, which entails more court proceedings and exposes the offender to greater potential punishment. The cases that were the focus of these efforts were solicitation and prostitution cases in which the defendant had no criminal record or a limited criminal record.

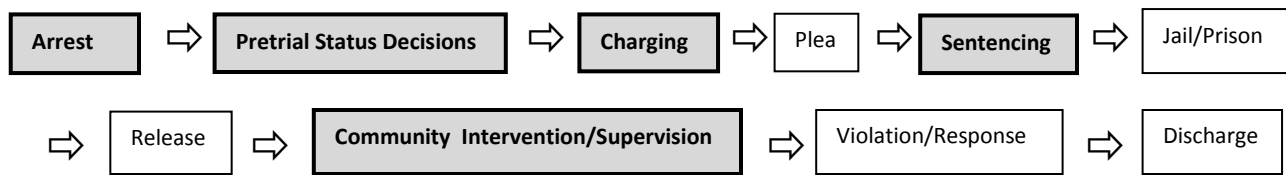
After we began work on Phase II, both sides approached this problem in a completely different way. The SPD lawyers convened a work group to gather data about risk, recidivism and past successes and failures. Then the parties met again. They saw evidence, just not anecdotal stories, about the limited harm this group of offenders presents, which might make them suitable for diversion altogether rather than merely deferred prosecution. As a result, the DA's office agreed to pilot a diversion program for these offenders.

**(3) *Be true to the logic model.*** What might seem at first like just a compulsory exercise could turn out to be the medal competition. The logic model, approached with integrity, encourages its developers to stretch their imagination and be accountable to their vision. For us, the logic model forced us to think harder and to be more specific about the results for which we will be required to answer and about how to measure them. It denied us the option of settling for platitudes or unquantified commitments.

### ***Phase III Implementation Plan***

The mission of our collaborative is greater accountability in the criminal justice system and better stewardship of our criminal justice resources by putting into practice what data and research tell us actually works. It is in pursuit of this mission that we intend to implement **four specific, measurable harm reduction projects that will yield the outcomes spelled out in the scorecard featured on page 13.** Our projects will

be instituted at five points along the continuum of key decision points, highlighted here:



Each of our four projects is founded firmly on research, best practices and principles embraced by the *Framework for EBDM in Local Criminal Justice Systems*. One tenet of the Framework is paramount in each of our proposals: in assessing an offender’s risk of reoffense and criminogenic needs, and in matching offenders with the appropriate supervision, treatment and jail resources, systems like ours should employ instruments built on actuarial data, as opposed to professional judgment alone. Smith, Gendreau, *et al.* (2009), Bonta, Andrews, *et al.* (2006); Gendreau, Little, *et al.* (1996).

Detailed work plans for each of our four projects, demonstrating how we will plan, implement, evaluate and publicize the results of each of them, are found in Appendix E.

## **1. Sharing and Using Richer Data about Detainees with Mental Illness**

Through a structured program of Crisis Intervention Team (“CIT”) training over the past six years, the Milwaukee Police Department has begun to equip police officers to respond effectively in situations involving individuals with mental health conditions. We propose to expand and build on this experience in four ways: (1) expand the program so that at least one-quarter of all MPD officers are CIT-trained (currently, about 18% of officers are so trained); (2) enhance the program by training dispatchers and booking officers to collect mental health information and by linking CIT information to the jail booking process through a specially trained CIP (Crisis Intervention Partners) staff; (3) strengthen the network of those with CIT training so that the critical information they acquire about any given encounter is communicated down the line to decision-makers including jail managers,

booking officers, prosecutors, defense attorneys and judicial officers in critical decision making about classification, charging, bail and diversions and deferred prosecution; and (4) through a Chronic Consumer Stabilization Initiative, identify those individuals with mental illness who account for the majority of police calls for service within a police district and link them to individual officers tracking their progress in the community.

By integrating these three modalities – CIT, CCSI and CIP – we will greatly improve outcomes for individuals in our system with mental illness. As soon as possible after a person with mental illness who needs special treatment enters the system, those needs will be accurately identified, and then at each of the key decision points in the process the decision makers will have the best available information about him or her. These programs have been proven nationwide to preserve the health of those who come into contact with the criminal justice system, while at the same time increasing officer and community safety. Compton, Bahora, *et al.* (2008).

## **2. Using Risk/Needs Information to Pinpoint Cases for Diversion or Deferred Prosecution**

The key to an effective strategy for diverting or deferring prosecution of certain cases is knowing which cases are suitable for this expedited handling and which cases are not. Knowing whose behavior can be changed without subjecting them to a full dose of the criminal justice system allows us to judiciously reserve those resources for those who commit or are at the greatest risk to commit more serious crimes.

Since 2007, Milwaukee has had a structured program for diverting cases and deferring prosecution (“Div/DPA”). Although the program is generally effective, with almost 600 cases diverted or deferred every year, and a success rate of about 70%, it can be expanded significantly and achieve even better results. In Phase II, we reviewed our Div/DPA program. We concluded that we have not implemented the program as

systematically as we can, nor have we focused on offenders upon whom we might leverage the greatest benefit for the community. We believe we can be more selective about the participants, provide programming and incentives that are better tailored to individual criminogenic needs and avoid prescribing services to low-risk offenders.

Relying principally upon research demonstrating the utility of risk/needs assessment and case management planning (*see* page 8), we will give our Div/DPA program this systematic, clear focus by (1) admitting offenders to the program only after assessing their risks and needs, using two separate assessment tools (the MCPRAI to measure pretrial risk and needs and LSI or COMPAS to measure risks and needs in the long term<sup>2</sup>) and then negotiating the terms of the Div/DPA agreements accordingly; (2) evaluating the programming we currently offer to ensure that it is evidence-based and suited to the needs we anticipate, and creating a menu of treatment/intervention options for everyone in the system who will be negotiating and approving these arrangements; and (3) creating a matrix of EBP incentives and sanctions to promote compliance. *See, e.g.,* Andrews & Janes (2006); Tonry (1996).

### **3. More Rigorous Risk-Needs Management of the Pretrial Population**

At most bail hearings in Milwaukee, two pieces of information dominate: the current charge and the defendant's criminal history. Bail decisions tend to be *ad hoc* and driven by intuition and unanchored professional judgment. We have not put fully to work the copious research (*see* page 8) and best practices developed in other jurisdictions about other factors that should be considered in determining a defendant's risk of pretrial misconduct.<sup>3</sup>

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<sup>2</sup> We are currently transitioning from the LSI-R, which we have used for a number of years in a special felony sentencing program known as AIM, to COMPAS, which DOC will roll out in October, 2011.

<sup>3</sup> We are experienced in applying risk assessment research, although on a limited basis, as a result of a small jail-screening operation funded through Wisconsin's TAD program that supports our current Div/DPA operation.

Putting this research to work, we will (1) deploy trained screeners in the jail to screen all persons arrested for an offense for which a bail decision must be made, using an actuarial instrument we have developed and are validating for use here (the MCPRAI); (2) institute risk/needs-driven, presumptive bail conditions – contained in a grid known as a “Praxis,” which we recently devised under the tutelage of Dr. Van Nostrand – which correspond to risks of pretrial misconduct and failure to appear and particular criminogenic needs, and track our performance to ensure consistency; (3) spare low-risk defendants confinement and bail conditions which should be reserved for higher-risk defendants; and (4) compile, analyze and report data about the pretrial population to ensure that we are maximizing the benefits of our various pretrial supervision and detention options.

#### **4. Better Stewardship of Probation Resources by Managing Dosage, Not Merely Duration**

Sometimes the principal goal of probation is to contain a known risk over a given period of time. In most cases, however, the principal goal is risk reduction. Unfortunately, we don’t often structure probation around that goal, but instead we tie probation to the offender’s ability to remain trouble-free throughout a certain period of time.

There is a growing body of research that likens probation services to medicine and predicts that after a certain dosage, further services and supervision are unnecessary. (Gendreau and Goggin, (1996); Bourgon and Armstrong (2005); Latessa & Sperber, forthcoming). This research complements the large body of research cited in the Framework demonstrating that behavior change-oriented supervision is more effective in reducing recidivism than surveillance-oriented supervision. The dosage research suggests, for example, that for an offender who presents a medium-high risk of reoffense, 200 hours of appropriate services at a sufficient intensity level will suffice to reduce the offender’s risk.

If early termination of probation is offered, both the offender and the probation department are incentivized to reach the dosage level as soon as possible.

We intend to put this research to work in a pilot program in which probationers will be permitted to earn early termination of probation by accomplishing risk-reducing objectives. We will (1) invite an independent evaluator to ascertain how closely the risk reduction programming available to probationers in Milwaukee meets EBPs and principles of effective intervention (as DOC already does with many of its programs, under a contract with Dr. Ed Latessa and the University of Cincinnati); (2) develop a profile of the kind of medium- to high-risk offender who might be most effectively treated by such programming; (3) assess defendants in the target population with a COMPAS instrument; (4) randomly select 150 offenders who meet the profile and assign them to agents specially trained to manage and administer the required dosage of services; and (5) track the target group, as well as other probationers who meet the profile but were not selected, and compare results.

### *Priorities, Capacities and Community Commitment*

In accord with the page limits suggested in the application kit, our discussion of how we selected the four projects we propose here, our capacities to take them on, and our strategies for enrolling our community may be found in the “Additional Considerations” section beginning on page 17.

## ***Our Scorecard and Dashboard***

On the following two pages we show the two devices we will use to communicate our progress to our constituents, to hold ourselves accountable and to keep our collaborative focused on the short- and long-term indicators of progress.

The first is a scorecard that will be shared with the public – indeed, touted – to show our progress on our four harm reduction goals, and to ensure accountability.



*Evidence-Based Decision Making Initiative*  
***System Scorecard***

***Four Commitments We Make to  
Criminal Justice in Milwaukee***

The Milwaukee County Criminal Justice Council, a collaboration of all stakeholders in Milwaukee's justice system, is firmly committed to greater accountability in criminal justice and better stewardship of criminal justice resources.

To make this vision a reality, we are implementing **Four Systemic Changes** with the assistance of the National Institute of Corrections and the Bureau of Justice Assistance.

By applying what research and data tell us about what works in protecting the community, holding offenders accountable and making the smartest possible use of our limited resources, by the end of 2013 we will:

1. **Reduce by 25% the number of people with mental health needs who lose their benefits due to being jailed or losing housing, and increase by 25% the number of individuals with mental health needs who are reconnected to the services they need within 20 days after arrest.**
2. **Safely release and/or supervise 15% more pretrial detainees in the community rather than in jail, generating at least \$1,000,000 in savings that can be reinvested in the community, and at the same time reduce by at least 40% the already low rates at which defendants waiting for trial fail to follow pretrial rules.**
3. **Divert or defer prosecution in 10% more cases than we do currently, holding offenders accountable, compensating victims and reducing recidivism, while generating at least \$350,000 in savings that can be reinvested in the community.**
4. **Demonstrate in a pilot project that by terminating probation as soon as an offender in need of treatment has received sufficient treatment, we can cut the cost of probation by at least 50% and at the same time reduce probation recidivism by 50%.**





# EBDM Initiative Monthly Project Dashboard

## Measures of Progress:

<b>CIT/CCSI/CIP</b>	<b>Baseline:</b>	<b>Goal:</b>	<b>Current Progress:</b>
Percentage of MPD Officers with CIT Training:	18%	25%	
Percentage of Chronic Consumers identified:	0%	100%	
EDs for CCs:			
Aggregate cost of EDs for CCs:			
Number of CCs in Special Needs Pod:			
Aggregate cost of housing CCs in Special Needs Pod:			

<b>Universal Screening</b>	<b>Baseline:</b>	<b>Goal:</b>	<b>Current Progress:</b>
Percentage of defendants considered for bail who are screened:	0%	100%	
Percentage of cases in which bail = Praxis recommendation:	0%	85%	
Pretrial jail bed-days			
Average length of stay			
Average daily population (pretrial)	738		
FTA rate:			
Rearrest rate:			

<b>Diversion/DPA</b>	<b>Baseline:</b>	<b>Goal:</b>	<b>Current Progress:</b>
Diversions/DPAs screened annually:			
Diversions approved annually:	119	130	
Diversions successfully completed annually:	84	100	
DPAs approved annually:	456	500	
DPAs successfully completed annually:	320	385	
Jail bed days avoided by successful diversion:			
Jail bed days avoided by successful DPAs:			
Arrests resulting in new charges during diversion period:	2.8%		
Arrests resulting in new charges during DPA period:	5.9%		

<b>Dosage Probation</b>	<b>Goal:</b>	<b>Current Progress:</b>
Number of offenders serving sentence with Dosage Pro condition	150	
Number of offenders in control group	150	
Number of offenders scheduled for low dose		
Number of offenders scheduled for medium dose		
Number of offenders scheduled for high dose		
Number of Dosage Probations successfully discharged	112	
Number of control group probations successfully discharged	No goal	
Average length of discharged Dosage Probations	50% of control group	
Average length of discharged control group probations	No goal	
Number of Dosage Probations revoked	50% of control group	
Number of control group probations revoked	No goal	
Number of Dosage Probationers arrested on new charges	50% of control group	
Number of control group probationers arrested on new charges	No goal	

The second is a dashboard of the key short-term indicators drawn from the work plans and logic model. It is intended as a structured managerial tool which will be used regularly by the policy team, stakeholders and staff.

These documents are not finished products but depict what these devices might look like once a data system has been fully developed to capture the needed information.

The design of these devices is, admittedly, tentative. As our work plans demonstrate, we are building data collection protocols to identify baseline conditions, track our progress in implementing our proposals, and demonstrate the success we hope to achieve. We must acknowledge that in a number of areas we do not yet collect all the data we need to measure and prove the performance of our proposals. For example, we do not yet have reliable data or a data collection system to track the fate of persons with chronic mental illnesses who seem to cycle through our jail, who are the focus of one of our work plans. Likewise, pinpointing the costs of a variety of current functions, like the cost of revoking supervision, is elusive and not supported by existing data collection efforts.

In developing a scorecard and dashboard, we have learned to delve deeply into how we currently collect and use data; how to broaden the available data to support our efforts to achieve harm reduction goals; how best to create a platform to share data to inform policymaking; and how to link the new data systems to what evidence demonstrates is effective. The deeper we have drilled into our internal processes, the more we have discovered that our need to consult data cannot be met without first building improved data collection systems. Hence, a distinctive feature of each of our work plans and our comprehensive logic model is developing the data capture strategies needed to specify the baseline and progress features of the scorecard and dashboard.

Our previous experience as collaborators makes us confident that we can build these data systems, in particular our experience bridging data systems of agencies who collaborate

with us. For example, after many years of collaborative effort between the Sheriff's Office and MPD, arrest data collected by MPD is now entered into a database that is shared with MCSO in a virtual single booking system, which also can provide needed information to others like pretrial service agencies and counsel. We have systems in place to replicate this success. Our CJC maintains a standing Data and Information System Committee; IT managers of several county, city and state agencies serve on it. These agencies have committed their resources to the EBDM initiative. Further, participation in JRI and the assistance it offers will provide us the opportunity to refine data collection to support reinvestment initiatives.

Foundational to achieving our harm reduction goals is to develop the data collection and reporting system which will support the scorecard and dashboard. Our experience with the EBDMI has conditioned us to insist that policy formation and implementation be grounded in data and demonstrate fidelity to evidence. The strength of our commitment fuels our belief that we can overcome the data gaps we have identified.

Five tenets will govern the development of these systems. First, data must be collected in a format that allows its use by others outside the collecting agency. Our work plan for data has action steps designed to inventory existing data sources from all EBDMI partners and assess its transferability. A preliminary review of this material reassures us that a substantial amount of information will be available in a usable form. Second, the data sources currently available must be analyzed to determine which are most powerful in their ability to guide decision making. Third, we will install as a regular feature of our CJC executive committee monthly meetings a collaborative review of available data, and we will update and present the dashboard any time the executive committee meets. Fourth, we will work to create a robust feedback loop so that as data analysis occurs it is converted into actions that can be further measured or refined into questions to be posed to data sources.

Fifth, data collection and analysis must be guided by what evidence has demonstrated to be effective.

## ***Additional Considerations***

In addition to the factors addressed above, we believe four items merit consideration in judging our application:

***(1) We will have the capacity we need to implement the projects we propose.*** Milwaukee will have the capacity to undertake these projects immediately upon NIC's selection decision. Indeed, we already have begun the work needed to implement these ideas. For example, we already have gathered and begun training our teams in the two training sessions described on pages 2-3, and we are emboldened by the very positive, system-wide response. Dr. Van Nostrand already has helped us develop the Praxis described on page 11. In partnership with our technical assistance advisor, we already have sought grant funding for the training and evaluation components of our dosage probation proposal. And finally the CJC and JRI are already at work identifying data we will need for our projects and devising ways of collecting, converting and distributing data monthly.

There are aspects of each of our proposals that will require support beyond what NIC will provide to those sites which are selected. We are confident that we can make the case for funding where needed. Milwaukee's mayor and Milwaukee County's chief executive, who are responsible for our region's two largest public sector budgets, are full partners in this initiative and fully support bringing EBDM to Milwaukee. (See the letters of support of County Executive Chris Abele and Mayor Tom Barrett, at App 102, 105.) Furthermore, stifling budget constraints have not prevented us from finding the funds to begin implementing the proposals we offer here. Our phase-in of universal screening will begin next month. And in the fall of this year we will roll out the Praxis we developed after retaining Dr. Van Nostrand as our consultant. We believe our willingness to put EBDM

principles to work even before Phase III begins, to engage specialists in our planning process and to put our financial resources behind these ventures demonstrates the seriousness of our purpose and the strength of our commitment to EBDM in Milwaukee.

***(2) We are already deploying a strong communications strategy for engaging the community in our harm reduction goals and action steps.*** One very important measure of the health of any community is the public's sense of safety. Our sense of safety is often measured in terms of the crime rate, but the community's subjective perception of its safety may be more salient. Our challenge as we move forward with EBDM in our system is to demonstrate progress both in reducing crime and enhancing community perceptions that its streets are safe. In each of our work plans you will see that we assign detailed responsibilities for engaging the public in our work.

***In all our communications, we intend to spread our message: Our commitment to the discipline of EBDM will enable us to hold offenders accountable, reduce the overall crime rate and recidivism, and give taxpayers a better return on the dollars they invest in criminal justice.***

The Public Policy Forum, a local nonpartisan think tank, recently conducted a survey on public perceptions about crime and the criminal justice system. It provides us with a ready baseline to measure our progress. We will follow a strategy that reaches the media, citizens, educators, business executives, elected officials, law enforcement, and other justice system partners. Since no single strategy will reach all, it must be flexible, responsive and multi-faceted. In our current environment, perceptions are too often driven by anecdotal crime stories; great for sound bites but not for sound policy.

Our communication strategy is already being implemented. We are already establishing a network of the public information officers who work for the organizations in

our collaborative. In addition, our CJC operates a standing Public Outreach and Education committee. Our CJC operates its own website, [milwaukee.gov/cjc](http://milwaukee.gov/cjc), which will give us a prominent place to publish our scorecard and regularly update the public. We plan to enhance the website to enable users to extract data about our performance for purposes of evaluation and further innovation. These resources enable us to get our message out quickly and accurately, proactively contacting large and small media outlets, at the editorial page level and through individual reporters.

In addition, our collaborators are becoming more visible in the community, attending citizen meetings, law enforcement gatherings and civic sessions, and talking about our commitment to EBDM. Just last week, the CJC Public Outreach and Education committee sponsored a presentation at a MPD District Community Crime Meeting to build community support for the CJC and EBDMI projects. Over the course of Phase II, we have taken opportunities as they presented themselves to speak out and publish our commitment to this initiative. For example, DA John Chisholm delivered a major policy address on the virtues of EBDM at Marquette Law School, an excerpt from which was published in the *Milwaukee Journal Sentinel*. Three members of the Policy Team authored an op ed piece also published in the *Journal Sentinel*. Judge Sankovitz authored an article for inclusion in the *MBA Messenger*, the magazine of the Milwaukee Bar Association, and another article in the quarterly newsletter delivered to all state court employees across the state.

We expect that our scorecard will be featured prominently in all communications.

**(3) The four projects we propose are the best of the best.** Our four projects were selected from more than a dozen others as a result of the discernment process described on page 4. We developed a tool to help us rate each of the proposals according to, among other factors, feasibility, novelty, how integrally the proposal tied to our vision

statement and how conducive to measurement our performance would be. (A copy of the tool we used may be found at Appendix C, App. 131.)

***(4) We have a strong commitment to reinvesting savings generated by our work.*** Our pursuit of a Phase I JRI grant, and our success in being selected, demonstrates our enthusiasm and commitment to reinvesting harm reduction savings in additional evidence-based justice system improvements.

## ***Conclusion***

We have embraced the Framework principles that “we can improve outcomes if criminal justice decisions are informed by research,” and that “risk and harm reduction are fundamental goals of the justice system.” We have spent the last year going back to school to determine how to rebuild our system to better use evidence in our decisions to achieve specific and measurable harm reduction goals. We are excited and humbled by the scope of the changes we are committed to making, but are convinced of “the new opportunities recent research offers regarding clear and specific strategies that will reduce crime, ease rising costs, and most importantly, prevent future victims.”

Thank you for considering our application.

## ***Appendix A – Glossary of Acronyms***

ADA	Assistant District Attorney
ADP	Average daily (jail) population
ALJ	Administrative Law Judge
ALOS	Average length of stay (jail)
BHD	Milwaukee County Department of Health & Human Services Behavioral Health Division
CB	Cognitive Behavioral
CC	Chronic Consumer
CCAP	Circuit Court Automation Project (the court's information system)
CCF-C	County Correctional Facility-Central (the downtown jail)
CCSI	Chronic Consumer Stabilization Initiative
CJC	Community Justice Council
CIP	Crisis Intervention Partners
CIT	Crisis Intervention Team
CN	Criminogenic Need(s)
CPC	Correctional Program Checklist
DAS	Milwaukee County Department of Administrative Services
DCC	Division of Community Corrections (the probation arm of DOC)
DIV/DPA	Diversion/Deferred Prosecution
DOC	Wisconsin Department of Corrections
DPA	Deferred Prosecution Agreement
DRC	Day Reporting Center
EBP	Evidence-Based Practices
EBDM	Evidence-Based Decision Making (as distinguished from the established, discrete practices we refer to as EBPs)
ED	Emergency Detention
FTA	Failure to Appear
IMSD	Milwaukee County Information Management Services Division
J2K	Justice 2000, a non-profit pretrial services provider
JMI	Justice Management Institute
LSI-R	Level of Service Inventory-Revised
MCPRAI	Milwaukee County Pretrial Risk Assessment Instrument
MCSO	Milwaukee County Sheriff's Office
MH	Mental Health
MOU	Memorandum of Understanding
MPD	Milwaukee Police Department
NAMI	National Alliance on Mental Illness
NIC	National Institute of Corrections
OJA	Wisconsin Office of Justice Assistance
PJI	Pretrial Justice Institute
PRAR	Pretrial Risk Assessment Report
TA	Technical Assistance
SPD	State Public Defender
TAD	Treatment Alternatives and Diversion (sentencing alternatives program for non-violent offenders with drug and alcohol problems, funded by OJA)
UW	University of Wisconsin
V/W	Victim/Witness
WCS	Wisconsin Community Services, a nonprofit pretrial services provider



# Milwaukee County Community Justice Council

*Working to improve safety and the quality of life in Milwaukee County*

June 20, 2011

Morris Thigpen  
Director, National Institute of Corrections

Dear Mr. Thigpen:

I am writing to express our Council's strong interest in being considered for phase III of the Evidence-Based Decision Making in Local Criminal Justice Systems initiative. We have learned quite a bit since starting this process last fall about ourselves and what it means to apply the EB framework to a criminal justice system in a relatively large urban setting. We have been challenged to examine each part of our system and I believe we are ready to take our efforts to the next level.

Already we have started to implement a key component of a major change in how we assess risk, measure harm reduction and ensure community safety. Universal screening of persons arrested and brought to jail will provide an evidence-based risk and needs assessment report to judicial officers charged with setting bail and conditions of pre-trial monitoring.

This program along with our other prioritized initiatives show great potential not only for us but for other jurisdictions as well. A key component of the NIC initiative as I understand is the ability to replicate lessons learned across other jurisdictions, especially urban settings most challenged by the current economic circumstances. I assure you that we are fully committed to opening up our system to anyone who wants to come observe, measure and learn from our successes and challenges.

Ten years ago Milwaukee was the recipient of a federal grant to challenge the notion that judicial oversight of domestic violence cases would result in greater offender accountability and victim safety. Twin goals that are inherent to this NIC initiative as well. We were one of four sites chosen to participate. Milwaukee's project was clearly the most successful and the one most often replicated. Several of our judges, me included, are part of a national faculty for the National Council of Juvenile and Family Court Judges and the Family Violence Prevention Fund that has taught the lessons learned to several thousand judges from around the country. We will be happy to do the same with this project.

We will, of course, cooperate and participate in any evaluation component that NIC might wish to fund. Separate and apart we will need to evaluate for ourselves the efficacy of any changes we make to our system. We have to do more to convince the public and our government funders, (legislators, governor, county board, county executive) than just telling them a process is safe and cost effective, we have to show them.

As a Council we are engaged in making major changes in how we operate our criminal justice

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## EBDM PHASE III PROPOSAL SCORING TOOL

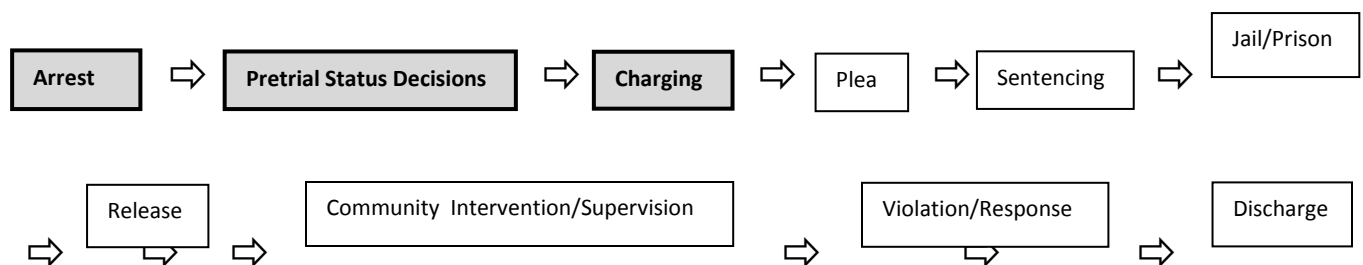
Criteria	Scale	Default Weight in Relation to Overall Score
<b>Integrity</b> <ul style="list-style-type: none"> <li>How closely does this proposal tie into the vision statement (stewardship/ reducing recidivism/collaboration/harm reduction, etc.)?</li> </ul>	<p>1 = whether it's a good idea or not, it's just not a strong example of EBDM principles at work</p> <p>10 = epitome of EBDM principles at work, and especially useful in addressing the issues the criminal justice system in Milwaukee County needs to tackle</p>	14.285%
<b>Predictability</b> <ul style="list-style-type: none"> <li>To what extent does existing research suggest the proposal will be successful?</li> </ul>	<p>1 = in essence, the proposal is a hypothesis that hasn't been tested anywhere else we know of</p> <p>10 = solid research show this has been a winner in similar circumstances in other jurisdictions</p>	14.285%
<b>Novelty</b> <ul style="list-style-type: none"> <li>How innovative is the proposal?</li> </ul>	<p>1 = it may be somewhat embarrassing to have to explain why we aren't doing this already</p> <p>10 = someday someone will call this "the Milwaukee _____"</p>	14.285%
<b>Supportability</b> <ul style="list-style-type: none"> <li>To what extent do we have baseline data about the issue the proposal addresses, and to what extent do we have data collection systems in place that will help us track progress and success (or lack of it)?</li> </ul>	<p>1 = considerable effort will be needed to collect data about (1) existing practices and (2) the results of the project as we implement it</p> <p>10 = current, easily accessible data about our practices already exists and data collection systems are already in place that we can use to track progress</p>	14.285%
<b>Impressiveness</b> <ul style="list-style-type: none"> <li>How big a hit will this be if it's successful?</li> </ul>	<p>1 = barely worth the effort</p> <p>10 = candidates for public office will jockey to take credit for this idea</p>	14.285%

<p>Scorability</p> <ul style="list-style-type: none"> <li>How measurable are the projected results? Can the results be evaluated in terms of our overall scorecard?</li> </ul>	<p>1 = the aspirations of the proposal are not quantified and the proposal makes no suggestion of how they might be</p> <p>10 = the proposal contains a specific, quantified estimate of costs savings, reduction in recidivism, harm reduction, etc., and a firm methodology for conducting future measurements of actual performance as against the estimate</p>	<p>14.285%</p>
<p>Feasibility</p> <ul style="list-style-type: none"> <li>Do we have the financial and infrastructure capacity to implement the proposal immediately or must additional resources be sought?</li> </ul>	<p>1 = it is unlikely that necessary budgetary resources can be obtained, or necessary infrastructure developed, or both</p> <p>10 = no additional budgetary resources or infrastructure is needed to implement the proposal</p>	<p>14.285%</p>

Phase III Work Plan to Achieve Harm Reduction Goals

## CIT/CIP/CCSI

**Key Decision Points:**



<b>Harm Reduction Goals:</b>	<p>1) <i>Reduce by 25% the number of people with mental health needs who lose their benefits due to being jailed for 20 days or more</i></p> <p>2) <i>Increase by 25% the number of individuals with mental health needs who are reconnected to the services they need within 20 days after arrest</i></p>					
<b>Objective 1:</b>	Increase from 18% to 25% the proportion of MPD <sup>4</sup> officers who receive CIT training so that there are CIT-trained officers on every shift in every district					
		Dates that Action Steps are Undertaken and Completed	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Develop preliminary agency-level and case-level logic	August 1, 2011 to October 1,	Tom Reed Asst. Chief Harpole	CIT Implementation Team		

<sup>4</sup> A handy glossary spelling out the acronyms used throughout this application may be found in Appendix A.

	models for MPD	2011				
Action Step 2:	Identify current percentage of CIT-trained officers	August 1, 2011	Asst. Chief Harpole		NAMI training	CJC
Action Step 3:	Develop data reporting link between MPD and EBDM Policy Team to regularly update report of percentage of CIT-trained officers	August 1, 2011 to October 1, 2011	Tom Reed Asst. Chief Harpole	EBDM Policy Team, CIT Implementation Team	IT support	
Action Step 4:	Establish training schedule to reach 25% goal	September 1, 2011	Asst. Chief Harpole	CIT Implementation Team	NAMI training	
Action Step 5:	Strengthen recruiting for CIT training, including creating internal rewards	October 1, 2011	Asst. Chief Harpole	CIT Implementation Team		
Action Step 6:	Establish coverage for each district/shift	November 1, 2011 to December 1, 2012	Asst. Chief Harpole	CIT Implementation Team	NAMI training	
Action Step 7	Develop a data system to track CIT Activity including: number of non-criminal interventions produced by CIT	November 1, 2011 to December 1, 2012	Asst. Chief Harpole	CIT Implementation Team	NAMI, IT	

	Policing, and number of CIT contacts					
Action Step 8:	Report progress to Policy Team to update Scorecard and Dashboard	August 1, 2011 to December 1, 2012	Asst. Chief Harpole	CJC Data & Information Committee,  Policy Team, CIT Implementation Team	Date/IT Resources	
Potential Barriers:	<ul style="list-style-type: none"> <li>• Reduced MPD budget, especially in training resources</li> <li>• Gaps in coverage among shifts and districts</li> </ul>					
Strategies to Address Barriers:	<ul style="list-style-type: none"> <li>• Seek outside funding to support NAMI training</li> <li>• Phase in full coverage; focus on districts with highest need</li> </ul>					
Objective 2:	<b>Reduce arrests and emergency detentions (“EDs”) of chronic consumers (“CCs”) by 20%</b>					
		Dates that Action Steps are Undertaken and Completed	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Develop preliminary agency-level and case-level logic models for MPD	September 1, 2011 to November 1, 2011	Tom Reed  Asst. Chief Harpole	CIT Implementation team		Policy Team
Action Step 2:	See Action Steps 1-6 under Objective 1					

Action Step 3:	Develop protocol for dispatchers to follow in gathering mental health information to support CIT-trained officers	October 1, 2011 to December 1, 2011	Asst. Chief Harpole	CIT Implementation Team	NAMI training	
Action Step 4:	Train dispatchers to gather mental health information useful to CIT-trained officers	October 1, 2011 to November 1, 2011	Asst. Chief Harpole	CIT Implementation Team	NAMI training	
Action Step 5:	Design pilot system for identifying CCs in a selected police district, including criteria of identifiable traits of CCs	December 1, 2011 to March 1, 2012	Tom Reed Asst. Chief Harpole	BHD  CJC Data & Information Committee	NAMI training	BHD
Action Step 6:	Develop database to apply criteria to CCSI target population	December 1, 2011	Tom Reed Asst. Chief Harpole	CJC Data & Information Committee	Data/IT resources	BHD
Action Step 7:	Develop data link to CIT-trained officers in pilot district to relay information about CCs	December 1, 2011	Asst. Chief Harpole		Data/IT resources	
Action	Develop pilot list	January 1,	Asst. Chief	CIT Implementation	NAMI	BHD

Step 8:	of CCs	2012	Harpole	Team	training	MCSO
Action Step 9:	Determine baseline information regarding rate of arrest, EDs and recidivism of CCs	January 1, 2011 to January 1, 2012	Tom Reed Asst. Chief Harpole	CIT Implementation Team	MPD, MCSO, CCAP data	MCSO
Action Step 10:	Determine baseline information regarding costs associated with CCs – cost of EDs, incarceration and medical and mental health care	January 1, 2011 to January 1, 2012	Tom Reed Asst. Chief Harpole	CIT Implementation Team	MPD, MCSO data	BHD MCSO
Action Step 11:	Work with advocates for persons with mental illness to develop protocols to resolve any civil liberty concerns with selecting some citizens for heightened police attention and implement protocols	January 1, 2012 to March 1, 2012	Tom Reed Asst. Chief Harpole	CIT Implementation Team	NAMI	BHD
Action Step 12:	Relay pilot list of CCs to CIT-trained officers in pilot district	January 15, 2012	Asst. Chief Harpole		Data/IT resources	



Action Step 13:	Track CCs on pilot list <ul style="list-style-type: none"> <li>Collect observations and data from CIT-trained officers</li> <li>Collect data from MCSO and BHD regarding cost of ED, incarceration and medical and mental health care for CCs</li> <li>Collect data from MCSO and BHD regarding rate of arrest, recidivism and EDs of CCs</li> </ul>	January 15, 2012 to December 1, 2013	CIT Implementation Team	BHD MCSO CJC Data & Information Committee	Data/IT Resources	BHD MCSO
Action Step 14:	Compare results to date with baseline and arrange independent evaluation of project	December 1, 2013 to March 1, 2014	CIT Implementation Team			
Action Step 15:	Report progress to Policy Team to update	January 15, 2012 to December	Asst. Chief Harpole	CIT Implementation Team	Date/IT Resources	BHD MCSO

	Scorecard and Dashboard	1, 2013				
Potential Barriers:	<ul style="list-style-type: none"> <li>• Developing data links between MPD and BHD computer systems</li> <li>• Civil liberties concerns about selecting certain citizens for special treatment</li> </ul>					
Strategies to Address Barriers:	<ul style="list-style-type: none"> <li>• Apply techniques proven successful in linking MPD and MCSO booking data</li> <li>• Involve mental health advocates in implementing work plan</li> </ul>					
<b>Objective 3:</b>	<b>Place 50 more cases involving persons with mental illness in Div/DPA within 18 months</b>					
		Dates that Action Steps are Undertaken and Completed	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	See Action Steps under Objective 1 in Div/DPA Work Plan; follow each of the steps with a particular focus on persons with mental illness					
Action Step 2:	See Action Steps 1-6 under Objective 1 above					
Action Step 3:	Develop preliminary agency-level and case-level logic models for the Alternatives	September 1, 2011 to November 1, 2011	CIT Implementation Team	Alternatives Team		

	Team					
Action Step 4:	Determine baseline information regarding number of cases involving persons with mental illness that are referred for Div/DPA, approved for Div/DPA and successfully completed	November 1, 2011 to November 1, 2012	CIT Implementation Team			
Action Step 5:	Establish Crisis Intervention Partners (“CIP”) structure in jail to coordinate collection and sharing of information with CIT-trained officers	November 1, 2011 to March 1, 2012	CIT Implementation Team	John Chisholm Alternatives Team J2K Universal Screening		MPD MCSO J2K
Action Step 6:	Train CIP personnel in jail to coordinate collection and sharing of information with CIT-trained officers	December 1, 2011 to March 1, 2012	Insp. Schmidt	CIT Implementation Team, NAMI	MCSO Training resources, IT	
Action Step 7:	Jail screeners flag cases involving defendants arrested by CIT officers, for	December 1, 2011 to March 1, 2013	J2K	Alternatives Team MPD, MCSO	IT	Courts J2K DA

	consideration for Div/DPA					SPD MPD
Action Step 8:	Track cases involving defendants arrested by CIT officers to determine how many are referred for Div/DPA, how many Div/DPAs are approved and how many are successfully completed	December 1, 2011 to June 1, 2013	J2K	Alternatives Team, CIT Implementation Team	SJC Data & Information Committee, J2K IT	
Action Step 9:	Report progress to Policy Team to update Scorecard and Dashboard	December 1, 2011 to June 1, 2013	CIT Implementation Team	BHD MCSO  CJC Data & Information Committee  Policy Team	Data/IT Resources	BHD MCSO
<b>Objective 4:</b>	<b>Within 20 days of arrest, 25% more defendants with mental health issues who receive housing, other benefits and services are released to continue community based placements; within 20 days of arrest, those without current behavioral health division services are (re)connected</b>					
		Dates that Action Steps are Undertaken and Completed	Lead Person	Others Responsible	Resource Needs	Partner Coordination

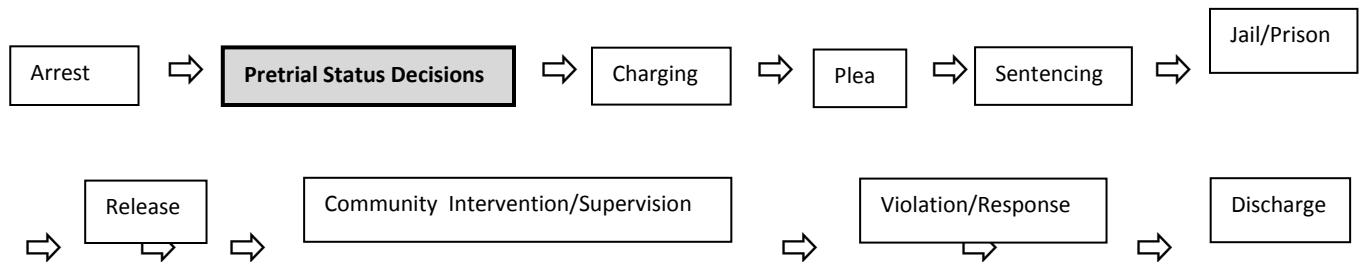
Action Step 1:	Develop preliminary agency-level and case-level logic models –CIT, MCSO, Universal Screening and BHD	September 1, 2011 to November 1, 2011	CIT Implementation		IT, BHD	
Action Step 2:	See Action Steps 5-8 of Objective 3					
Action Step 3:	Identify if arrested defendants are receiving benefit services or have housing- confirm continued availability	March 1, 2012	MCSO, J2K, BHD	Pretrial Services, Community Service Providers, Mental Health Task Force	IT, BHD	
Action Step 4:	Assess arrested defendants without services prior to initial appearance	March 1, 2012 to December 1, 2012	MCSO, J2K, BHD, DA, PD, Courts	Walter Laux (BHD)	IT, BHD	
Action Step 5	Refer to appropriate community service provider	March 1, 2012 to December 1, 2012	MCSO, J2K, BHD, DA, PD, Courts	Walter Laux (BHD)	IT, BHD	
Action Step 6:	Use pretrial release programming to monitor and connect to services- data capture	March 1, 2012 to December 1, 2012	MCSO, J2K, BHD, DA, PD, Courts	Walter Laux (BHD)	IT, BHD	

Action Step 7:	Capture data on the number of arrested defendants who were connected to services or housing and the length of time for connection to occur	March 1, 2012 to December 1, 2012	MCSO, J2K, BHD, DA, PD, Courts	Walter Laux (BHD)	IT, BHD, J2K	
Action Step 8:	Report progress to Policy Team to update Scorecard and Dashboard	March 1, 2012 to December 1, 2013	CIT Implementation Team	BHD MCSO  CJC Data & Information Committee  Policy Team	Data/IT Resources	BHD  MCSO

Phase III Work Plan to Achieve Harm Reduction Goals

## Universal Screening

**Key Decision Points:**



**Harm  
Reduction  
Goals:**

- 3) \$1,000,000 decrease in jail operating costs by 2013 (System Costs)
- 4) 40% reduction in the rate of pretrial misconduct by 2013 (Public Safety)

**Objective  
1:**

100% of defendants subject to appearance and bail setting in ICCR will be screened using a pre-screen or pretrial risk instrument (Universal Screening)

		Date of Completion	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Develop Agency & Case Level Logic Models	June 1, 2011-July 31, 2011	Holly Szablewski	-Justice 2000 -Courts -WCS	Staff time	-Justice 2000 -Courts -WCS
Action Step 2:	Select Pre-Screening Tool	May 1, 2011-July 31, 2011	Holly Szablewski	-Justice 2000 (Mark Rosnow, Nick Sayner, Ed Gordon)	Staff time	-Courts -Justice 2000

				-Possibility to coordinate with MCPRAI validation study		
Action Step 3:	Develop curriculum and select faculty for risk tool training	June 1, 2011- Ongoing	Holly Szablewski	-Justice 2000 -WCS -DA -SPD -Courts -MPD -MCSO	Staff time  Technical assistance  Funding	
Action Step 4:	Train 100% of PTS staff on how to use tool(s)	Ongoing	-Nick Sayner  -Sara Carpenter	-Justice 2000 & WCS supervisory staff	Staff time	-Justice 2000  -WCS
Action Step 5:	Train DA, PD, Victim Witness, MCSO, DOC, PTS Judges, MPD, Commissioners on Risk Assessment, EBDMI/EBPs	Ongoing (-1 <sup>st</sup> session complete 12/2010.  -2 <sup>nd</sup> session complete 5/2011)	Holly Szablewski	NA	Technical Assistance/  Funding for future training	-Courts-  -DA  -SPD
Action Step 6:	Validate MCPRAI  Implement use of Pretrial OWI Risk Tool <sup>5</sup>	May 1, 2011-July 31, 2011	Holly Szablewski	-Dr. Christopher Lowenkamp, - Dr. Marie VanNostrand  -Justice 2000-	<b>Courts have executed contract for completion of work</b>	-Justice 2000  -WCS  -Courts

<sup>5</sup> Pretrial risk assessment instrument specific to OWI offenders designed by Dr. Marie VanNostrand through a project funded by the Wisconsin Department of Transportation and Wisconsin Community Services. Project completed in May, 2011. Instrument will be used to screen all OWI arrestees.



				(Mark Rosnow)		
Action Step 7:	Develop local risk-based Praxis (terms, conditions of release & level of supervision based on risk/need/charge)	June 1, 2011-July 31, 2011	Holly Szablewski	-Dr. Marie VanNostrand (contract has been executed)  -Universal Screening Work Group	<b>Courts have contracted with Dr. Marie VanNostrand. Development session completed on 6/20.</b>	-Courts  -DA  -SPD  -Justice 2000
Action Step 8:	Develop curriculum and select faculty for Praxis training	June 1, 2011-Ongoing	Holly Szablewski	-Justice 2000  -WCS  -DA  -SPD  -Courts  -MPD  -MCSO	Staff time  Technical assistance  Funding	
Action Step 9:	Train PTS staff and system stakeholders on application of Praxis	July 1, 2011-Ongoing	Holly Szablewski	-Dr. Marie VanNostrand	<b>Courts have executed contract w/Dr. VanNostrand</b>	-Courts  -DA  -SPD  -Justice 2000 -WCS  - Law Enforcement
Action Step 10:	Develop Pretrial Risk Assessment Report (PRAR) (format, content)	June 1, 2011-July 31, 2011	Holly Szablewski	-Universal Screening Work Group	Staff Time	-Justice 2000
Action Step 11:	Execute MOU with MCSO on	July 1, 2011-July 31, 2011	Holly Szablewski	-MCSO (Inspector	Staff time	-Courts

	inter-facility movement of pretrial inmates			Richard Schmidt  Inspector Kevin Nyklewicz)		-MCSO  -Justice 2000
Action Step 12:	Develop Data Collection and Reporting Protocol for outcomes and future risk tool validation studies	July 1, 2011- July 31, 2011	Holly Szablewski	-Universal Screening Work Group  -Justice 2000- (Mark Rosnow, Nick Sayner  WCS IT Staff)	Staff time	-Courts  -WCS  -Justice 2000 -MCSO  -CCAP
Action Step 13:	Develop protocol for use of the PRAR in decision making	July 1, 2011- August 31, 2011	Holly Szablewski	-Jeff Altenburg  -Paige Styler  -Courts  -Justice 2000	Staff time	-Courts  -DA  -SPD  - Justice 2000 -WCS
Action Step 14:	Implement pilot universal screening @ CCFC	January 1, 2011- September 1, 2011	Holly Szablewski	-Justice 2000 (Nick Sayner/Ed Gordon)	Staff to conduct screening	-Courts  -DA  -SPD  MCSO  -Justice 2000
Action Step 15:	Implement pilot book/screening/ bail/release project @ MPD District Station (Identify low-risk arrestees who can safely be released and ordered to	June 1, 2011- January 1, 2012	MPD	-Jeff Altenburg  -Holly Szablewski  -Nick Sayner  -SPD  MCSO	Funding for screening positions  Screening space  Computers  Phones	-Courts  -DA  -SPD  -Justice 2000

	appear.)					
Action Step 16:	Establish fidelity measures to insure adherence to EBPs in Praxis/risk tool completion and application	July 31, 2011- September 1, 2011	Justice 2000- (Nick Sayner/Ed Gordon)  Courts	-Courts  -DA  -SPD	Staff time	
Action Step 17:	Measure fidelity to EBPs in Praxis/risk tool completion and application	September 1, 2011- January 1, 2012	Justice 2000- (Nick Sayner/Ed Gordon)  Courts	-Courts  -DA  -SPD	Staff time	
Action Step 18:	Create a plan to use outcome data to message the success of the program both in the public and among stakeholders.	September 1, 2011 to May 1, 2012	DA SPD Courts	DA SPD Courts CJC	Staff time	
Action Step 19:	Implement full universal screening	September 1, 2011- January 1, 2012	Holly Szablewski	-Justice 2000 (Nick Sayner/Ed Gordon)	Staff to conduct screening	-Courts -DA -SPD MCSO -Justice 2000

Potential Barriers:	-Funding-need funding to support staffing level to screen all arrestees who will appear in In-Custody Intake Court -Stakeholder buy-in					
Strategies to Address Barriers:	-JRI-use project to identify cost-benefit of program and support funding request(s) -Conduct training for all stakeholders on pretrial risk assessment. Provide jurisdictional examples where universal screening has been implemented and had positive impact on system/jail.					
Objective 2:	<b>Decrease of 10% in the average length of jail stay for pretrial detainees by 2013</b>					
		Date Action Steps Undertaken & Completed	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Determine Milwaukee County's annual pretrial detention costs past 5 years	June 1, 2011-July 31, 2011	DAS-Fiscal	DAS MCSO Co. Board Analyst	Staff time Annual Budget Info	-DAS-Fiscal -MCSO Fiscal -Co. Board
Action Step 2:	Establish accurate cost per day for pretrial detainees	June 1, 2011-July 31, 2011	DAS-Fiscal MCSO-Fiscal	DAS-Fiscal MCSO-Fiscal Co. Board Analyst	Staff time	-DAS-Fiscal -MCSO Fiscal -Co. Board
Action Step 3:	Determine ALOS for pretrial population for ea. of past 5 years.	June 1, 2011-July 31, 2011	MCSO Special Projects	IMSD	IMSD staff and MCSO Special Projects Team staff time	-IMSD -MCSO Special Projects -CJC Data Committee
Action Step 4:	Develop protocol for reporting ALOS information to CJC on consistent basis	June 1, 2011-July 31, 2011	MCSO Special Projects	IMSD	IMSD staff and MCSO Special Projects Team staff time	-IMSD -MCSO Special Projects -CJC Data

						Committee
Action Step 5:	See objective #1- Universal Screening					
Potential Barriers:	<p>Various “cost-per-day” figures used over the years. No system-wide agreement</p> <p>Currently no baseline data for comparison</p> <p>-Staff resources</p> <p>-Agreeing on an acceptable, achievable level of reduction (applies to this and next 2 objectives.)</p>					
Strategies to Address Barriers:	<p>-Utilize national cost-per day average (\$60-\$65?)</p> <p>-CJC and Co. Board need this data to evaluate effectiveness of Universal Screening, for budgeting purposes, long-range planning for bed utilization.</p> <p>-Engage MCSO Special Projects Team and IMSD to develop plan to obtain baseline data and collect and report information on regular basis going forward.</p>					
Potential Barriers:	<p>Availability of data</p> <p>Staff resources</p> <p>Obtaining system-wide stakeholder consensus in establishing a target jail capacity for pretrial defendants</p>					
Strategies to Address Barriers:	<p>-Engage CJC and Co. Board in long term strategic plan for correctional bed utilization</p> <p>-Engage MCSO Special Projects Team and IMSD to develop plan to obtain baseline data and collect and report information on regular basis going forward.</p>					
<b>Objective 3:</b>	<b>Decrease of 15% in the average daily pretrial population by 2013</b>					
		Date of Completion	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Determine ADP for pretrial population for ea. of past 5 years.	June 1, 2011-July 31, 2011	MCSO Special Projects	IMSD	IMSD staff and MCSO Special Projects Team staff time	<p>-IMSD</p> <p>-MCSO Special Projects</p> <p>-CJC Data Committee</p>

Action Step 2:	Develop protocol for reporting ADP information to CJC on consistent basis	June 1, 2011-July 31, 2011	MCSO Special Projects	IMSD	IMSD staff and MCSO Special Projects Team staff time	-IMSD -MCSO Special Projects -CJC Data Committee
Action Step 3:	See objective #1- Universal Screening Pilot					
Potential Barriers:	Availability of data Staff resources Obtaining system-wide stakeholder consensus in establishing a target jail capacity for pretrial defendants					
Strategies to Address Barriers:	-Engage CJC and Co. Board in long term strategic plan for correctional bed utilization -Engage MCSO Special Projects Team and IMSD to develop plan to obtain baseline data and collect and report information on regular basis going forward.					
<b>Objective 4:</b>	<b>75% decrease in number of low risk defendants detained pretrial by 2013</b>					
		Date of Completion	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Phase II Pretrial Jail Population Analysis  (Determine baseline risk composition of current population)	September 1, 2011- December 31, 2011	Holly Szablewski		Funding for analysis	-Courts -MCSO -CJC -County Board -PJI?
Action Step 2:	See objective #1- Universal Screening					

Potential Barriers:	-Availability of funding/TA for this level of analysis -Stakeholder agreement on definition of “low risk” -Excessive, inappropriate use of overrides in application of Praxis					
Strategies to Address Barriers:	-Stakeholder training on risk assessment, application of the “risk principle”, appropriate and effective methods for mitigation of risk -Develop clear policies for use of overrides. Collect data on number and reason for overrides. -CJC & County Board develop strategic plan for correctional bed utilization					
<b>Objective 5:</b>	<b>50% decrease in pretrial failure to appear rate by 2013</b>					
		Date of Completion	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Establish baseline jurisdictional FTA rate by case type and release type	June 1, 2011-December 31, 2011	Holly Szablewski	CJC Data Committee Justice 2000	Staff time FTA data	-CCAP
Action Step 2:	Develop protocol to track and report this data on a regular basis	June 1, 2011-December 31, 2011	“ “	CJC Data Committee	Staff time	-CCAP -IMSD
Action Step 3:	See objective #1  Universal Screening					

Potential Barriers:	-Uncertain whether all of the data needed to measure FTA by case type and release type can be extracted in a method to determine baseline rate.  -Data contained in multiple, separate data systems.					
Strategies to Address Barriers:	-CJC Data Committee review systems to determine if data elements necessary exist, in which systems and whether it can be extracted to establish an accurate baseline rate.  -Modification of current data/information systems to address key measures of universal screening					
<b>Objective 6:</b>	<b>10% reduction in pretrial rearrest rate by 2013</b>					
		Date of Completion	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Establish baseline pretrial rearrest rate by case and release type.	June 1, 2011-Dec 31, 2011	Holly Szablewski	CJC Data Committee  Justice 2000  WCS	Staff time  FTA data	-CCAP  -IMSD  -CJC
Action Step 2:	Develop protocol to track and report this data on a regular basis	June 1, 2011-December 31, 2011	“ ”	CJC Data Committee  Justice 2000  WCS	Staff time	-CCAP  -IMSD
Action Step 3:	See objective #1-Universal Screening					
Potential Barriers:	-Uncertain whether all of the data needed to measure pretrial rearrest rate by case type and release type can be extracted in a method to determine baseline rate.  -Data is contained in multiple information systems that are not currently integrated					



Strategies to Address Barriers:	-CJC Data Committee review systems to determine if data elements necessary exist, in which systems, and whether it can be extracted to establish an accurate baseline rate. -Modification of current data/information systems.					
Objective 7:	<b>90% of defendants released pretrial will successfully meet conditions</b>					
		Date of Completion	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Clearly define pretrial success	May 1, 2011-July 30, 2011	-Universal Screening Work Group		-Staff time	-Courts -DA -SPD -Justice 2000
Action Step 2:	Analyze current information systems to determine if data is available to measure	May 1, 2011-July 31, 2011	-CJC Data Committee	-IMSD -CCAP -Court Admin -DA -Justice 2000 -WCS	-Staff time	-IMSD -MCSO -CCAP -Courts -DA -Justice 2000 -WCS
Action Step 3:	Develop plan for collection and reporting of data	May 1, 2011-July 30, 2011	-CJC Data Committee	-IMSD -CCAP -Justice 2000 -WCS	Staff Resources Funding-information system development and modification	
Action Step 4:	See objective #1- Universal Screening					

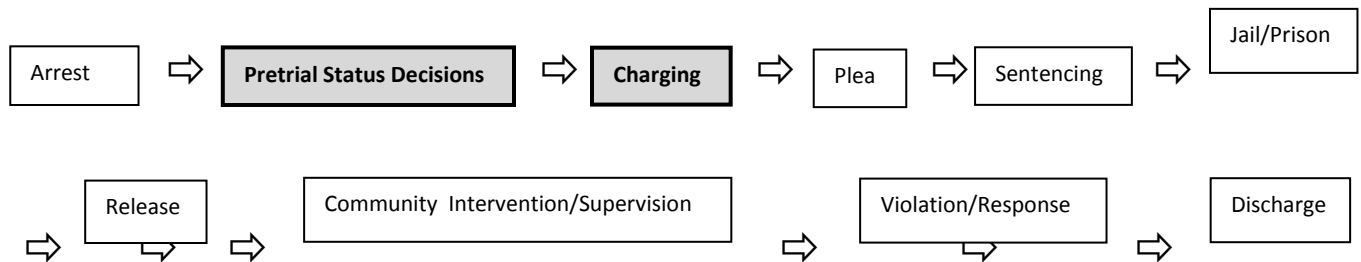
Potential Barriers:	-Data/information is likely contained in multiple information systems that are not currently integrated.  -Coming to agreement among all stakeholders as to how to define pretrial success.					
Strategies to Address Barriers:	-Modification of existing data/information systems to allow for collection and reporting of this data.  -Review definitions other jurisdictions are using.					
<b>Objective 8:</b>	<b>Annually train 80% of stakeholder agency staff on EBDM, EBPs, Risk Assessment and Application of Praxis</b>					
		Date of Completion	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Develop training curriculum	July 1, 2011-January 1, 2012	Holly Szablewski	-Jeff Altenburg -Paige Styler -Nick Sayner -Courts -Victim Witness Staff	Staff time	-DA -SPD -Courts -MCSO -V/W -MPD -PTS
Action Step 2:	Gather supporting materials	Ongoing	Holly Szablewski	-DA -SPD -Courts -Justice 2000	Staff time	-DA -PD -Courts -MCSO -V/W -MPD -PTS
Action Step 3:	Identify training faculty	January 1, 2012	Holly Szablewski	-Jeff Altenburg -Paige Styler -Nick Sayner	Staff time	

				-Court Admin		
Action Step 4:	Identify agency staff in need of training	Ongoing	Agency Leaders	-All stakeholder agencies -Agency leaders	Staff time	-DA -SPD -Courts -MCSO -V/W -MPD -PTS
Action Step 5:	Establish training schedule	Ongoing	Holly Szablewski	-Jeff Altenburg -Paige Styler -Nick Sayner -Court Admin	Staff time	-DA -PD -Courts -MCSO -V/W -MPD -PTS
Potential Barriers:	-Obtaining stakeholder agency commitment to participate in annual training -Staffing shortages and demanding schedules make attendance at training difficult/onerous.					
Strategies to Address Barriers:	-Establish regular annual training schedule -Piggyback on already scheduled agency training/in-service programs					

Phase III Work Plan to Achieve Harm Reduction Goals

## Diversion/DPA

Key Decision Points:



<b>Harm Reduction Goals:</b>	<p>1) <i>Reduce the number of offenders serving time in jail, resulting in the closing of another dorm at the House of Correction (the Div/DPA<sup>6</sup> program already spares Milwaukee County about a dorm-and-a-half worth of bed-days), resulting in savings of \$350,000 (System Costs)</i></p> <p>2) <i>Reduce recidivism by offenders subject to diversion and deferred prosecution by 10%</i></p>					
<b>Objective 1:</b>	<p>Increase the number of low- to moderate-risk offenders screened and accepted into the Diversion/DPA Program by 10% by May 1, 2012 through the implementation of appropriate evidence based tools to screen and identify both short term and longer term risk and needs leading to:</p> <ul style="list-style-type: none"> <li>• 130 fewer cases in the system, corresponding to number of successful Div/DPAs</li> <li>• 75 fewer probation sentences, corresponding to increase in number of successful DPAs</li> <li>• 10% fewer jail bed-days by offenders for whom a Div/DPA is approved</li> <li>• 15% fewer arrests resulting in new charges during diversion/deferral period</li> </ul>					
	Dates that Action Steps are Undertaken and	Lead Person	Others Responsible	Resource Needs	Partner Coordination	

<sup>6</sup> A handy glossary spelling out the acronyms used throughout this application may be found in Appendix A.

		Completed				
Action Step 1:	Clarify vision/ purpose of the Diversion/DPA Program consistent with the risk/needs research and available risk assessment tools	September 1, 2011 to October 1, 2011	DA SPD	J2K, Courts, DOC, BHD	Realign with existing resources and expand with JRI	CJC
Action Step 2:	Develop Diversion/ DPA Policy and Procedures Team consisting of a representative of the Courts, DOC, MPD, MCSO, DA, SPD, Clerk of Circuit Court, J2K, the Milwaukee County Behavioral Health Division (“BHD”) and Community Programming Providers (the “Alternatives Team”)	September 1, 2011 to October 1, 2011	DA SPD	Alternatives Team		IT designee
Action Step 3:	Develop agency- and case-level logic model for Alternatives Team and member agencies	September 1, 2011 to October 1, 2011	DA SPD	Alternatives Team		
Action Step 4:	Gather and review data on current and previous participants to determine current demographics of Div/DPA participants to: 1) determine current	September 1, 2011 to November 1, 2011	J2K Courts	Alternatives Team	Access to data and interpretation /computer software	

	<p>success/failure rate of program participants; 2) determine recidivism rates for program participants 3 years after sentencing (failures) and completion of Agreements (successes); 3) evaluate current programming and 4) determine which offenders should be targeted in the future and which programming is appropriate for them; determine data gaps and implement means to close them</p>					
Action Step 5:	<p>Determine Primary Target Population by pretrial risk score category for: a) Diversions b) DPAs c) Drug Treatment Court d) cases appropriate for expunction, d) others (e.g., Milwaukee County Day Reporting Center ("DRC"))</p>	<p>September 1, 2011 to December 1, 2011</p>	<p>DA SPD</p>	<p>Alternatives Team</p>	<p>Access to data/outside technical assistance</p>	
Action Step 6:	<p>Determine Eligibility/Exclusionary Criteria for: a) Diversions b) Deferred Prosecution</p>	<p>September 1, 2011 to December</p>	<p>DA</p>	<p>Alternatives Team</p>	<p>Access to data/outside technical</p>	

	Agreements c) Drug Treatment Court d) cases appropriate for expunction e) others	1, 2011			assistance	
Action Step 7:	Determine Sanctions/Incentives for a) Diversions b) Deferred Prosecution Agreements c) Drug Treatment Court d) cases appropriate for Expunction, d) others	September 1, 2011 to December 1, 2011	J2K DOC Courts	Alternatives Team	Technical Assistance/ access to data	
Action Step 8:	Determine whether to use LSI-R or COMPAS along with a more in-depth AODA/MH screening to measure long-term recidivism and criminogenic needs ("CN screen")	September 1, 2011 to January 1, 2012	DOC J2K Courts	Alternatives Team	DOC/Court/J2K resources  JRI process	CJC
Action Step 9:	Determine criteria that will be used to identify (using EDBM principles and LEBPs) which arrestees will be screened with CN Screen	September 1, 2011 to January 1, 2012	J2K Courts	Alternatives Team	Staff time	
Action Step 10:	Develop layout and content of assessment report	December 1, 2011 to January 15, 2012	J2K Courts	Alternatives Team		
Action Step 11:	Hire and train staff to conduct assessments	January 1, 2012 to February 15, 2012	J2K Courts	Alternatives Team	Funding	
Action	Establish a protocol	December	J2K	Alternatives		

Step 12:	and timing of dissemination of assessment report to courts and parties	1, 2011 to January 15, 2012	Courts	Team		
Action Step 13:	Meet jointly with existing Div/DPA monitors (community agencies who supervise defendants subject to these agreements) and describe the change to a risk/need based structure for Div/DPA/Drug Court and identify which CN needs each provider is suited to address	December 1, 2011 to February 1, 2012	J2K Courts	Alternatives Team	Training/ Coordination of training	
Action Step 14:	Establish a service provider/monitor referral chart which requires placements to programming which matches with participants' needs	December 1, 2011 to March 1, 2012	J2K Courts	Alternatives Team		
Action Step 15:	Determine appropriate programming dosage based on needs for: a) Diversions, b) Deferred Prosecution Agreements, c) Drug Treatment Court, d) cases appropriate for expunction, e) others.	December 1, 2011 to March 1, 2012	J2K DOC Courts	Alternatives Team	Technical assistance as to dosage programming and determination of what programming is appropriate for each offender; access to data	
Action	Determine performance	November 1, 2011 to	J2K	Alternatives	Technical assistance from	



Step 16:	measures: a) Diversion b) Deferred Prosecution Agreements c) Drug Treatment Court d) cases appropriate for expunction, d) others	April 1, 2012		Team	NIC and access to data	
Action Step 17:	Create an Intake Referral Chart based on Action Steps 1-12 for: a) Diversion b) Deferred Prosecution Agreements c) Drug Treatment Court d) cases appropriate for expunction, d) others (hereinafter, the “Alternatives Protocol”)	November 1, 2011 to April 1, 2012	J2K Courts	Alternatives Team	Technical Assistance	
Action Step 18:	Train for all stakeholder agencies on Alternatives Protocol and process (DA, SPD, J2K, BHD, Courts, DOC, and other monitoring agencies)	March 1, 2012 to April 1, 2012	Courts J2K	Alternatives Team	Technical Assistance	CJC
Action Step 19:	Establish a mechanism to problem solve with affected stakeholders so that agency representatives provide insight and assistance to ensure that the program participants have their needs met	March 1, 2012 to April 1, 2012	SPD DA	Alternatives Team		

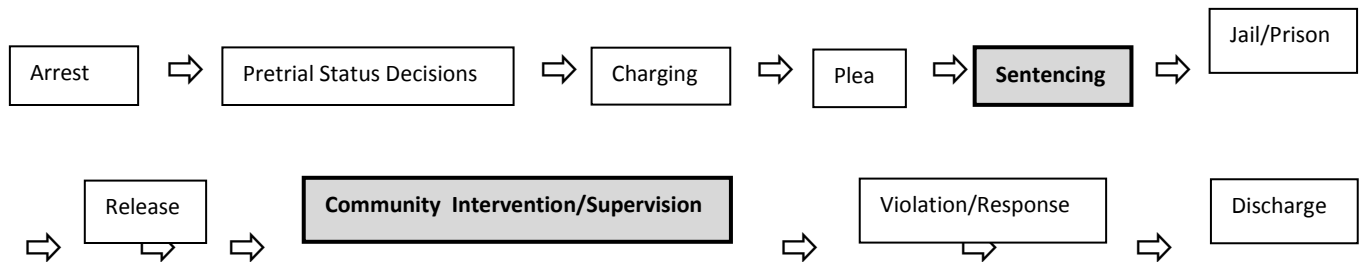
Action Step 20:	Utilize a case staffing check list to structure case staffings so that important factors are not overlooked such as triggers, high risk situations, targeting criminogenic needs, identification of strengths and incentives/ disincentives	December 1, 2011 to April 1, 2012	J2K	Alternatives Team	Technical assistance on development of form	
Action Step 21:	Collect data to determine if the programs are meeting their intended outcomes for both internal and external use. Track data to determine outcomes specified in objective above	Initial review May 1, 2012 and then ongoing	J2K Courts	Alternatives Team	IT support	
Action Step 22:	Obtain stable and expanded funding in order to achieve full success of DPA/Diversion/Drug Treatment programs	September 1, 2011 and ongoing	Courts	Alternatives Team		
Action Step 23:	Create a plan to use outcome data to message the success of the program both in the public and among stakeholders	September 1, 2011 to May 1, 2012	DA/SPD /Courts	Alternatives Teams		
Potential Barriers:	(1) Lack of funding/resources to support use of risk/needs tool to determine eligibility/conditions of DPA/Diversion.					

	<p>(2) Lack of appropriate evidence-based programming to which offenders with given criminogenic needs may be referred during diversion/DPA</p> <p>(3) Getting DOC or another agency to conduct risk/needs assessment before defendant is sentenced and becomes a DOC client</p> <p>(4) Funding for a DPA/Diversion/Drug Treatment Court</p>
Strategies to Address Barriers:	<p>(1) Work collaboratively to shift resources used at the end of the system in the front so we can effectively address client and community needs and identify mutual benefits of doing so</p> <p>(2) Working collaboratively with service providers to find evidence based programming and hold them accountable by collecting outcomes and performance data</p> <p>(3) Building a strong collaborative team which includes all agency stakeholders</p> <p>(4) Collecting data to show that it is cost-effective to conduct risk/need assessments at the beginning of an agreement so that we can address criminogenic needs to ensure successful outcomes</p> <p>(4) With stakeholder agencies, attract funding and work to shift resources so that the program can be maintained without being grant-funded</p>

Phase III Work Plan to Achieve Harm Reduction Goals

## Dosage Regulated Probation

**Key Decision Points:**



**Harm Reduction Goals:**

- 1) Reduce cost of probation by 50%, saving \$1,400 per offender (System Costs)
- 2) Reduce recidivism by probationers by 50% (Public Safety)

**Objective 1:**

At least 112 of 150 offenders in target sample (75%) will complete probation in less than half the time of offenders with similar risk scores who are not selected for the target sample

		Dates that Action Steps are Undertaken and Completed	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	Form "Dosage Pro Team" to implement workplan; team to consist of designees of Chief Judge (including Judicial	September 1, 2011 to September 15, 2011	Judge Sankovitz			Chief Judge DA's Office SPD Office DOC/DCC

	Review Coordinator), DA's Office, SPD <sup>7</sup> Office, DOC Division of Community Correction, Ken Streit (UW) and NIC technical adviser					Ken Streit/UW NIC TA
Action Step 2:	Obtain permission from DOC to conduct and share research on offenders in the project	September 15, 2011 to December 1, 2011	Judge Sankovitz	Denise Symdon  Dosage Pro Team		Chief Judge  NIC
Action Step 3:	Develop agency-level logic model for DOC Department of Community Corrections	September 15, 2011 to October 15, 2011	Judge Sankovitz	Dosage Pro Team		
Action Step 4:	Develop agency-level logic model for courts, DA's office and SPD	September 15, 2011 to October 15, 2011	Judge Sankovitz			
Action Step 5:	Determine average and marginal costs of probation supervision; retain accountant if necessary	September 15, 2011 to December 1, 2011	Roberta Gaither Mike Williams		DOC data  Subject Matter Expert Contractor	DOC
Action Step 6:	Determine average length of probation for medium- and high-risk offenders	September 15, 2011 to December 1, 2011	Roberta Gaither Mike Williams		DOC data	DOC
Action	Determine criteria	September	Judge	Dosage Pro	COMPAS	DOC

<sup>7</sup> A handy glossary spelling out the acronyms used throughout this application may be found in Appendix A.

Step 7:	for inclusion in pilot sample ( <i>e.g.</i> , types of cases and defendants with types of criminal records that suggest criminogenic needs and suggest the defendant will be scored on COMPAS as medium- or high-risk)	15, 2011 to October 15, 2011	Sankovitz	Team	training for Dosage Pro Team	
Action Step 8:	Evaluate existing offender programming to identify programs available to probationers in Milwaukee that employ EBPs and meet criteria in dosage research; assess programming effectiveness using the Correctional Program Checklist; coordinate project purposes and plan with community programming providers	September 15, 2011 to January 15, 2012	Roberta Gaither Mike Williams	Dosage Pro Team	DOC CPC evaluation process  BJA Evaluation/ Training grant	DOC  BJA-grant Evaluators  Community Programming Providers
Action Step 9:	Upgrade programming as necessary to address any gaps identified in evaluation process (skill trainings,	January 15, 2012 to March 15, 2012	Roberta Gaither Mike Williams	Dosage Pro Team	BJA Evaluation/ Training grant	DOC  Community Programming Providers  Subject Matter

	enhancement of programmatic approaches, etc.)					Expert Contractors
Action Step 10:	Develop tools, training, policies and practices for Region 3 agents assigned to supervise Dosage Pro offenders	September 15, 2011 to January 15, 2012	Roberta Gaither Mike Williams	Dosage Pro Team	Development time	
Action Step 11:	Train a subset of Region 3 agents (and their supervisors) to use one-on-one interactions with offenders as risk reduction opportunities, that is to directly provide cognitive behavioral training to supplement treatment dosage provided in programming, as well as apply EBP incentives/sanctions to guide offenders to successful – and early – probation discharge	October 15, 2011 to March 15, 2012	Roberta Gaither Mike Williams	Dosage Pro Team	BJA Evaluation/Training grant  EPICS training  Motivational Interviewing training  Training time	DOC  BJA
Action Step 12:	Develop tools, training, policies and practices for judges, district attorneys and defense counsel	September 15, 2011 to January 15, 2012	Judge Sankovitz Jeffrey Altenburg  Paige Styler	Dosage Pro Team	Development time	Chief Judge District Attorney  First Assistant State Public Defender

Action Step 13:	Train judges, assistant district attorneys assigned to felony court and defense counsel taking felony assignments to consider Dosage Pro condition ( <i>i.e.</i> , DOC is authorized to terminate probation upon offender attaining dosage) if ordering probation for defendants who meet Dosage Pro criteria	January 15, 2012 to March 15, 2012	Judge Sankovitz Jeffrey Altenburg Paige Styler	Dosage Pro Team	Training time	Chief Judge District Attorney  First Assistant State Public Defender
Action Step 14:	Publish list of tentative case/defendant types that fit Dosage Pro criteria; distribute list to judges, ADAs and SPD and contracted counsel taking cases assigned to drug, gun and general felony branches; advise recipients of the pilot project and goal of identifying 300 probationers from which 150 are to be randomly selected for the project (follow with frequent reminders)	March 1, 2012 to March 15, 2012	Judge Sankovitz	Dosage Pro Team		Chief Judge District Attorney  First Assistant State Public Defender
Action	Build sample of 300	March 15, 2012 to	Judge	Dosage Pro	DOC COMPAS-	Felony division



Step 15:	<p>probationers</p> <ul style="list-style-type: none"> <li>• Counsel alerts Dosage Pro Team when, in any case fitting criteria, either side plans to recommend probation or incarceration of 8-18 months</li> <li>• Dosage Pro Team evaluates case and determines whether probability of a qualifying COMPAS score is high enough, and, if so, arranges for defendant to be COMPAS assessed by DOC</li> <li>• DOC performs COMPAS assessment; results provided to DA, defense counsel, court, Dosage Pro team</li> <li>• Judge sentences defendant</li> <li>• If judge orders probation <i>and</i> imposes Dosage Pro condition; <i>and</i> COMPAS score is in target range . . .</li> <li>• . . . then case is added to pool of 300</li> </ul>	September 15, 2012	Sankovitz	Team	trained agents	<p>judges</p> <p>Felony DAs</p> <p>Defense counsel taking felony cases</p> <p>DOC</p>
Action Step 16:	<p>Build sample of 150 probationers:</p> <ul style="list-style-type: none"> <li>• Rolling admission</li> <li>• As the pool of 300 is being built, 150</li> </ul>	March 15, 2012 to September 15, 2012	Judge Sankovitz	Dosage Pro Team	DOC COMPAS-trained agents	<p>Felony division judges</p> <p>Felony DAs</p> <p>Defense counsel</p>

	<p>cases are selected at random</p> <ul style="list-style-type: none"> <li>• <i>E.g.</i>, every time another 20 cases is added to the pool of 300, 10 are randomly selected for the pool of 150</li> </ul>					<p>taking felony cases</p> <p>DOC</p>
Action Step 17:	150 probationers in sample are assigned to specially trained agents, and agent is notified of required dosage level	April 1, 2012 to October 1, 2012	Roberta Gaither Mike Williams	Dosage Pro Team		DOC
Action Step 18:	<p>Agents supervise and treat 150 offenders in sample and report to Dosage Pro Team:</p> <ul style="list-style-type: none"> <li>• Type of programming completed, and number of hours</li> <li>• Number of hours of one-on-one cognitive behavioral intervention</li> <li>• after dosage plateau achieved, offender's performance on reassessments and behavioral change assessments</li> <li>• Rules violations, if any</li> <li>• Sanctions, if any</li> <li>• Date of discharge</li> </ul>	April 1, 2012 to September 1, 2014	Roberta Gaither Mike Williams	Dosage Pro Team	EBP programming	DOC
Action Step 19:	DOC tracks other 150 offenders in the pool of 300 and reports to Dosage	April 1, 2012 to September 1, 2016	Roberta Gaither Mike Williams	Dosage Pro Team		DOC

	Pro Team: <ul style="list-style-type: none"> <li>• Type of programming completed, and number of hours</li> <li>• Rules violations, if any</li> <li>• Sanctions, if any</li> <li>• Date of discharge</li> </ul>					
Action Step 20:	Conduct booster training and continuous quality improvement for agents and supervisors	January 15, 2013 to March 15, 2013	Roberta Gaither Mike Williams	Dosage Pro Team	BJA Evaluation/ Training grant  Agent time	DOC
Action Step 21:	Establish and apply fidelity measures to insure adherence to EBPs in programming and supervision	April 1, 2012 to September 1, 2014	Roberta Gaither Mike Williams	Dosage Pro Team	BJA Evaluation/ Training grant  Subject Matter Expert Contractor  Agent time	DOC
Action Step 22:	Dosage Pro Team aggregates, analyzes and reports performance data, including the construction of a cost simulation model to determine cost-benefits of dosage regulated probation	March 1, 2016 to September 1, 2016	Judge Sankovitz	Dosage Pro Team	Staff time  Subject Matter Expert Contractor	
Action Step 23:	Report occasionally on progress and results of pilot, and at its conclusion: <ul style="list-style-type: none"> <li>• In internal DOC,</li> </ul>	March 15, 2012 to September 1, 2014	Judge Sankovitz	Dosage Pro Team	Staff time	

	<p>court, DA, SPD publications</p> <ul style="list-style-type: none"><li>• In trade journals in corrections, courts, criminal law</li><li>• At professional conferences, for example, the ABA Annual Meeting (Judicial Division) and the annual statewide Wisconsin Supreme Court Judicial Conference</li><li>• In general periodicals, including the <i>Milwaukee Journal Sentinel</i></li></ul>					
Potential Barriers:	<ul style="list-style-type: none"><li>• Training agents may be delayed if bid for BJA evaluation/training grant is unsuccessful</li><li>• Project depends on quality of programming available in the community, but it remains to be seen for certain what the evaluation will have to say about the available programming and what, if anything, is necessary to upgrade programming</li><li>• Backlash if an offender who has earned early termination commits a serious offense within the time frame during which he or she otherwise would have been under supervision</li><li>• Once other offenders learn of offenders being terminated early, they may pressure agents to offer the same programming, which potentially could interfere with the capacity needed to provide the requisite dosage to the pool of 150; likewise with defendants at sentencing asking the court to specify dosage probation programming as a condition of probation</li></ul>					
Strategies to Address Barriers:	<ul style="list-style-type: none"><li>• Seek alternate grant funding for agent training, program evaluation, program upgrades</li><li>• Devise in-house training and evaluation capacity</li><li>• Communication strategy and collaboration commitment in CJC by-laws and Policy Team Mission Statement are designed to build mutual support and counter backlash in the event of an exceptional result</li><li>• Offenders eager for Dosage Probation but not selected for pilot project, and their counsel, will be informed of the experimental nature of the project, but data will be collected to help measure enthusiasm for this sentencing option</li></ul>					
Objective 2:	Offenders in the target sample will be revoked 50% less frequently than the offenders in the prospective sample who were not selected for dosage treatment					
		Dates that Action Steps are	Lead Person	Others Responsible	Resource Needs	Partner Coordination

		Undertaken and Completed				
Action Step 1:	See Action Steps 1-4 under Objective 1					
Action Step 2:	Determine cost of revocation, number and rate of revocations for rules violations (as opposed to new charges); retain an accountant if necessary	September 15, 2011 to December 1, 2011	Roberta Gaither Mike Williams	Dosage Pro Team	DOC data  Subject Matter Expert Contractor	DOC
Action Step 3:	Determine average and marginal costs of probation revocation; retain an accountant if necessary	September 15, 2011 to December 1, 2011	Roberta Gaither Mike Williams	Dosage Pro Team	DOC data  Subject Matter Expert Contractor	DOC
Action Step 4:	See Action Steps 7-19 under Objective 1					
Action Step 5:	For any offenders in pool of 300 who are revoked, DOC reports: <ul style="list-style-type: none"> <li>• Date of revocation</li> <li>• Revocation charges</li> <li>• Whether revocation was stipulated or ordered by an ALJ</li> <li>• Additional incarceration ordered as a result of revocation</li> </ul>	March 15, 2012 to September 1, 2016	Roberta Gaither Mike Williams	Dosage Pro Team	DOC data	DOC

Action Step 6:	See Action Steps 20-23 under Objective 1					
Potential Barriers:	• See Potential Barriers under Objective 1					
Strategies to Address Barriers:	• See Strategies under Objective 1					
Objective 3:	Offenders in the target sample will be charged with new offenses 50% less frequently than offenders in the prospective sample who were not selected for dosage treatment					
		Dates that Action Steps are Undertaken and Completed	Lead Person	Others Responsible	Resource Needs	Partner Coordination
Action Step 1:	See Action Steps 1-4 under Objective 1					
Action Step 2:	Determine baseline recidivism rate (i.e., new charges, as opposed to misconduct that results in rules violation but not new charges) for probationers who fit criteria established in Action Step 7 under Objective 1	September 15, 2011 to December 1, 2011	Judge Sankovitz Roberta Gaither Mike Williams	Dosage Pro Team	DOC data CCAP data	DOC CCAP
Action	See Action Steps 7-19 under Objective					

Step 3:	1					
Action Step 4:	Dosage Pro team tracks all offenders in the pool of 300 on CCAP to see if offender is charged anew	March 15, 2012 to September 1, 2016	Judge Sankovitz	Dosage Pro Team	DOC data CCAP data Staff time	DOC
Action Step 5:	See Action Steps 20-23 under Objective 1					
Potential Barriers:	<ul style="list-style-type: none"> <li>• See Potential Barriers under Objective 1</li> <li>• DOC does not track new charges issued against offenders under its supervision, unless they result in revocation and a sentence served in a state prison, because not all agencies (including courts and county jail records administrators) use the same “unique primary identifier” DOC uses to connect data to particular offenders</li> </ul>					
Strategies to Address Barriers:	<ul style="list-style-type: none"> <li>• See Strategies under Objective 1</li> <li>• Manually track offenders in CCAP</li> </ul>					