

PROGRAM NARRATIVE

The Winnebago County, Wisconsin, District Attorney's Office is submitting this Category 1b proposal in response to BJA Grant Opportunity Number O-BJA-2021-94008 (C-BJA-2021-00092-PROD).

A. DESCRIPTION OF THE ISSUE

Applicant agency.

This proposal requests funding to support a collaboration among the Winnebago County District Attorney's Office (WCDAO) and partner public agencies and community-based organizations in Winnebago County, Wisconsin to address substance use disorder while reducing incarceration for felony drug possession.

State and region or communities included in the proposed program.

Winnebago County, Wisconsin is a largely rural county with a population of approximately 170,000. This program is available to any eligible participant within the county, including the City of Oshkosh, City of Menasha, City of Neenah, and other small municipalities within county limits.

Impact of opioids, stimulants, and other illicit drugs within the proposed service area.

Data from the Wisconsin Department of Health Services (2021) indicate that, statewide, fatal drug overdoses are on the rise, increasing by 40% from 2014 to 2019 (from 851 to 1,189), and fatal deaths involving opioids grew by 46% over the same period. 77% of fatal overdoses involved opioids, and a half (49.5%) involved polydrug use.

Winnebago County has an ongoing struggle with opioids, stimulants, and other illicit drugs; sadly, the problem grew progressively worse in 2020, with 37 fatal overdoses in the county. Twenty-two percent of those deaths involved methamphetamine and 75% included fentanyl.

Winnebago Co. was one of six counties selected to develop a drug-overdose-fatality review program. It involves a countywide partnership across sectors that uses inter-agency data sharing and practitioner expertise to review fatal drug overdoses, to identify strategies for prevention and intervention for drug use and overdose in Winnebago Co.

In 2020, 1,454 people received services for substance use disorder (SUD) in Winnebago Co., through the Wisconsin public behavioral health system; services mostly involved case management and intake and assessment. Currently, in the county we have diversion programs for defendants with low-level drug charges as well as a drug court for persons who are at the last step before receiving a prison sentence. There currently is no diversion program for which defendants with felony drug-possession charges for opioids or stimulants are eligible.

In 2018–2019, there were 393 unique cases in Winnebago Co. with a felony drug-possession that was the highest charge on the case (195 in 2018 and 198 in 2019). Of these cases, 239 (61%) had a referred charge (from law enforcement) for possession of methamphetamine. Excluding the 52 cases that resulted in No State Charges, 187 felony cases had charges issued in those two years (121 in 2018 and 118 in 2019).

The majority of these cases come from the local law-enforcement agencies: Oshkosh Police Department, 149 cases; Neenah Police Department, 65 cases; Lake Winnebago Area Metropolitan Enforcement Group, 50 cases; and Menasha Police Department, 45 cases. In 2018–2019, 120 of these cases included heroin (43 in 2018 and 59 in 2019) or fentanyl (5 in 2018 and 13 in 2019).

Importantly, Wisconsin saw the end of its Mandatory Overdose Diversion programs in late 2020. As indicated by its title, these programs mandated that an individual who overdosed be offered a deferred prosecution agreement (under WI Stat. 961.443(2)(b)(2)). With the expiration of this program, there is now a gap in treatment for individuals arrested following an overdose—typically related to the substances listed above.

[Specific challenges motivating the interest to apply for this grant.](#)

We have two strong motivations for our submission to BJA. First, to offer diversion and services provision for people with felony drug cases. We currently have programs for low-level drug offenses, as well as a drug court for persons who have already been convicted of a drug charge, taken probation, and agreed to participate as part of the sentencing. With this application, we are seeking support from BJA to help fill a substantial gap in service provision in Winnebago Co., by providing treatment services for persons facing *felony* drug-possession charges. Our aim is to detect people struggling with SUD *before* they are sentenced and give them the opportunity to access the services they need and have their case dismissed.

Second, stimulant use is trending up in our county. While FDA-approved medications exist for treatment of opioid-use disorder (OUD) (SAMHSA, 2020), treatment for stimulant use disorders (in particular, methamphetamine) is underdeveloped and of limited effectiveness. Current treatment options vary from cognitive-behavioral therapy (CBT) to medications such as bupropion (Elkashaf et al., 2008) or bupropion/naltrexone (Trivedi et al., 2021). In the absence of effective medications for stimulant use, our focus is on identifying effective behavioral interventions and bolstering community and supervision services to curtail use. We hope to establish evidence-based treatment approaches for those struggling with stimulant use disorder and to bring more available resources to the county.

Inability to fund the proposed program without federal assistance and existing funding or resources that are being leveraged to support the proposed program.

This program will give Winnebago Co. the ability to bridge the gap in treatment services for defendants facing felony drug-possession charges. It will attend to persons struggling with substance use disorder (SUD) before they are sentenced and provide them the opportunity to get their case dismissed.

In addition to using BJA resources to design and implement a felony drug-diversion program, this project will also allow us to expand the provision of MAT for defendants with OUD and provide recovery coaches (RC) and peer-support specialists (PSS) to participants, a practice that has been little used in Winnebago County. RCs and PSSs are able to intercept participants while they are in custody, provide transportation services, and provide individual support, from someone who has lived with an SUD and is now sober and contributing to society.

The project will leverage the strides Winnebago Co. has made in recognizing and addressing SUD in the CJ population, and address our shortcomings in intercepting and addressing SUD problems. There is currently no path to diversion for persons with SUD who are facing felony drug charges. The proposed initiatives to divert and treat eligible people with felony drug-possession cases come at a cost that is beyond the means of our county in our current budget environment, especially in the wake of COVID-19. Budget constraints and limited resources hinder our ability to adequately manage the SUD problems affecting our communities. Our need for federal funding is to support the development, implementation, and assessment of a coordinated, cross-system felony drug-diversion program tailored to our county, in collaboration with other public agency and community partners. We are enthusiastic to work with the BJA

TTA providers under this solicitation and to learn of strategies that have shown promise elsewhere that we can integrate into our own response.

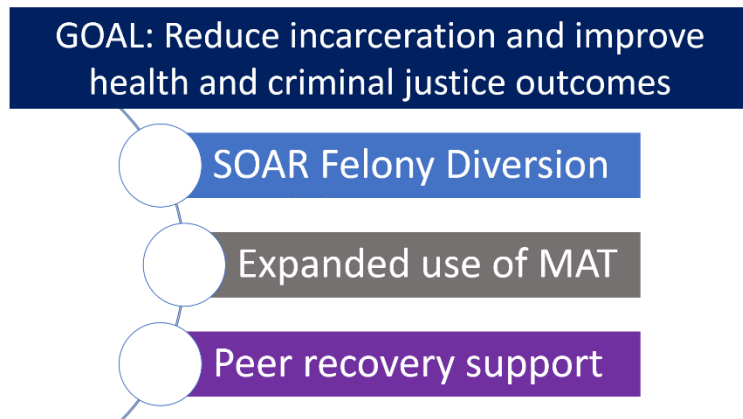
B. PROJECT DESIGN AND IMPLEMENTATION

How the project addresses one or more of the allowable uses and how it will be implemented.

The proposed programming aligns with four BJA-allowable uses: (1) by offering post-booking treatment alternatives to incarceration for persons at high risk of overdose or substance abuse, (2) through implementing a diversion and referral model for felony drug cases, (3) by providing evidence-based treatment, including medication-assisted treatment (MAT), and (4) providing recovery-support services, including peer recovery-support services.

Figure 1 summarizes our main project goal and our project components. Our goal is to reduce unnecessary incarceration and improve health, behavioral, and criminal-justice outcomes. By more effectively identifying

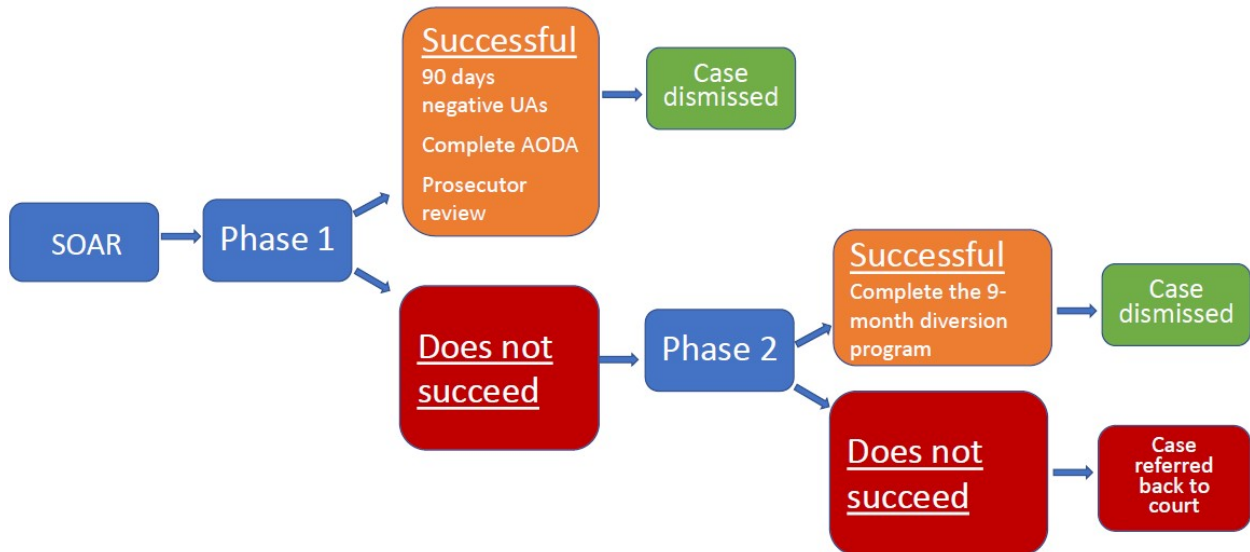
Figure 1. Project Goal and Components



persons with SUD and diverting them into appropriate care, including expanding our use of MAT and the support of peer recovery specialists, along with supervision and judicial oversight, we can reduce SUD impacts and interrupt the interrelated cycle of addiction and criminal activity (Du et al., 2013). To achieve this goal we will develop, implement, and assess a felony diversion program that addresses SUD and related problems and focuses on addressing the needs of defendants, while accommodating the circumstances and resources of Winnebago County.

The project will entail the creation of the Stimulant and Opioid Addiction Recovery (SOAR) Program. SOAR will operate in two phases, with the first beginning with the defendant being arrested or summoned to an initial court appearance. Figure 2 summarizes the approach.

Figure 2. Summary of Proposed SOAR Felony Diversion



Phase 1 includes a 24/7 drug-monitoring program and Phase 2 consists of a post-charge diversion agreement. The purpose of the two-stage approach is to rapidly triage people who are able to desist from drug use (with or without treatment) out of the criminal justice system and have their cases dismissed, so they are able to avoid the harms of incarceration and the collateral consequences of a felony conviction. People who are not successful in Phase 1 are moved to Phase 2, where they are prioritized for intensive supports to assist with their recovery. If they are able to succeed with these additional supports, they too will have their cases dismissed. Those who are not able to succeed, even with the additional supports provided during Phase 2, are returned to court where their case will be subject to standard processing.

Phase 1

Phase 1 will be initiated after a defendant's law-enforcement contact with a referral to the Winnebago County District Attorney's Office (WCDAO) for felony possession of opioids or stimulants, including but not limited to heroin, fentanyl, methamphetamine, or cocaine. Based on previous data, we expect to be able to intercept approximately 70% of possible eligible participants while they are in custody at the Winnebago Co. Jail before their bond hearing. A recovery coach, peer-support specialist, Winnebago Co. Department of Health Services (DHS) jail social worker, public defender, or a representative from WCADO can approach potentially eligible persons while they are in custody and inform them of the opportunity to participate in this program.

At the initial appearance, the Court Commissioner will offer the defendant SOAR and the following bond conditions:

- 1) The participant will be informed of and required to comply with the protocol of the Winnebago County Drug-Free Monitoring Program (commonly referred to as the 24/7 Drug Program¹), run by DHS, and maintain sobriety.
 - a) The DHS 24/7 Drug Monitoring Program Protocol:
 - i) Participants are obligated to call within one business day upon being released from jail custody, schedule an intake appointment, and report in person to the 24/7 Drug Program at their scheduled time. On their report day, they need to bring all prescriptions and over-the-counter medications. It is their responsibility to update the case manager on any changes to the medications.

¹ Note that this is *not* a "24/7 Sobriety" program (which uses flash incarceration, for DUI offenders).

- ii) On their report day, they will be assigned a DHS case manager, who will be responsible for coordinating the overall care delivered to the participant based on the participant's health or human services issues, needs, or interests.
- iii) Participants will provide a urine sample within two business days of being ordered to this condition.
 - (1) They will be assigned to report on "A" day or "B" day to provide urine samples for the duration of their program. They will be tested every other day (including weekends and holidays) for three months by urinalysis (UA), operated by a locally run laboratory (Options Lab) that has worked with WCDAO previously.
 - (2) UA results will not be instant.²
 - (3) Participants will not be told which substances we are testing for.
 - (4) A positive drug test will not lead to incarceration but will trigger a case review.
 - (5) THC will be tested for but will not necessarily trigger a bond review or require a bail-jumping charge, if positive.
 - (6) Unexcused failures to appear for drug testing will be considered positive circumstantially.
 - (7) Due to the frequency of drug testing, DHS and WCDAO will be tracking participants' drug levels with each test, as drugs vary in the duration after use for which they are detectable in urine (Center for Substance Abuse Treatment, 2006). Drug levels will be monitored to determine if participants are making an effort in their recovery, by seeing if their levels decrease with each test.

² During Phase 1, participants will not yet be enrolled in a diversion program, so they will need to comply with and participate in the 24/7 Drug Monitoring Program (run by DHS), which does not conduct instant tests.

(8) Participants will be financially responsible for any positive UAs (\$11 for each positive test).

- 2) If the participant wishes their case to be dismissed in Phase 1 of the program:
 - a) The participant must have 90 consecutive days of negative UAs, to begin after the first UA. Participants are allowed two positive UAs in month one (this will not be known to them but important for us to track progress) and must test negative throughout months two and three.
 - b) The participant must agree to complete an alcohol and other drug assessment (AODA).
 - c) DHS case managers will relay the necessary qualifying information to the case prosecutor; if the prosecutor believes dismissal is appropriate, they will recommend it to the case judge.

This avenue for dismissal is for participants who are able to take charge of their own recovery (with or without SUD treatment) with little support from DHS and other resources; we cannot estimate what share of participants will be likely to take advantage of this avenue.

A diversion review will be triggered by a third missed/positive UA in month one, or any positive test in months two or three. Participants will be notified that any further positive drug tests may disqualify them from dismissal and that prosecutors will review their preliminary information, summary of testing history, summary of treatment plan, and results of the AODA. If WCDAO and DHS feel it necessary, the participant will be moved to Phase 2, where they will be offered a diversion agreement to get them back on track with their treatment. Triaging people to Phase 2 who are not able to succeed in Phase 1 allows intensive service resources to be targeted to those who need them most.

Phase 2

Participants can be moved to Phase 2 of the program at any point during Phase 1 (either through their own request or based on an assessment of their progress). A collaborative effort among the project coordinator, DHS case managers, and the prosecuting attorney will track the participants' UAs as well as their ability to remain crime-free while on bond.

In Phase 2, the participant will be enrolled in a nine-month diversion agreement with WCDAO. Program fees are \$300 per participant (paid for by the grant). These agreements are customized to fit the specific needs of the participant; however, for this program the following conditions will be outlined in every agreement:

- 1) Complete a COMPAS[®] assessment with the risk assessor from the WCDAO.
- 2) Submit two UAs per week at the courthouse during the workweek and at the Winnebago County Sheriff's Department on weekends and holidays.
- 3) Submit monthly proof of fulltime employment, schooling, or job search.
- 4) No use or possession of illicit substances, drug paraphernalia, or prescription drugs without a valid prescription.
- 5) Provide proof of completed AODA and followup (if applicable).
- 6) Be subject to review hearings at any point in the program.
- 7) Complete a DHS intake assessment and follow-up.
- 8) Provide proof of high-school diploma/GED/HSED documentation or demonstrate pursuit of equivalent (if intellectually capable of doing so).
- 9) No contact with specific individuals (if applicable).

Possible additions to the agreement can include, but are not limited to:

10) Adhere to the treatment plan.

11) Meet with the DHS case manager at least once per week.

If a participant has two missed/positive UAs in two consecutive months of the nine-month diversion, or if the participant has three or more missed/positive UAs in the entire nine-month program, it will trigger a judicial review. The participant will appear before a county judge, who will review their performance and may order more treatment programs or more frequent UA testing. Participants will *not* be revoked from the program at these reviews.

If a participant completes the nine-month diversion and adheres to all conditions of their contract, the prosecuting attorney may ask for the case to be dismissed. If the participant is revoked from the program, their case will be sent back to the court for standard case proceedings.

Areas the proposed project will address.

This funding will be used in Winnebago County, Wisconsin, in all cities, towns, villages and unincorporated areas within county lines. This program will address the high rates of overdose deaths and a lack of access to treatment providers for defendants with a felony drug-possession charge (who are ineligible for other diversion programs).

Deliverables to be produced.

The primary deliverables will include:

- A documented process to improve screening for SUD among felony-possession cases; improved data collection to respond to SUD and other related issues.
- An assessment of the effect of SOAR on SUD treatment (including MAT), opioid and stimulant use, related harms (including nonfatal and fatal overdose), incarceration, and recidivism.

- A report on process-improvement experiments that were conducted to refine the model.
- A report on mechanisms that work (and do not work), to inform other implementations.

Priority considerations.

Fatal drug-overdose deaths in Winnebago Co. increased sharply in 2020, to 37 (from 24 in 2018 and 17 in 2019). Fentanyl is now implicated in the majority of fatal drug overdoses (11 of 20 [55%] in 2019 and 26 of 37 [70%] in 2020).

Despite the increase in drug overdoses, residents in Winnebago Co. lack access to treatment providers and facilities and to emergency medical services. As a whole, Winnebago Co. has insufficient inpatient and outpatient treatment providers to meet the growing need, with only five agencies considered treatment facilities.

The Winnebago Co. drug-overdose-fatality review program

reviews two overdose deaths in the county each month. Of the cases reviewed in 2018–2019, none had Narcan/naloxone available at the time of overdose. To complicate matters further, there are no free Narcan/naloxone distribution sites within the county.

Figure 3. Felony Drug-Possession Cases, by Census Tract (Jan 1, 2020–July 8, 2021)

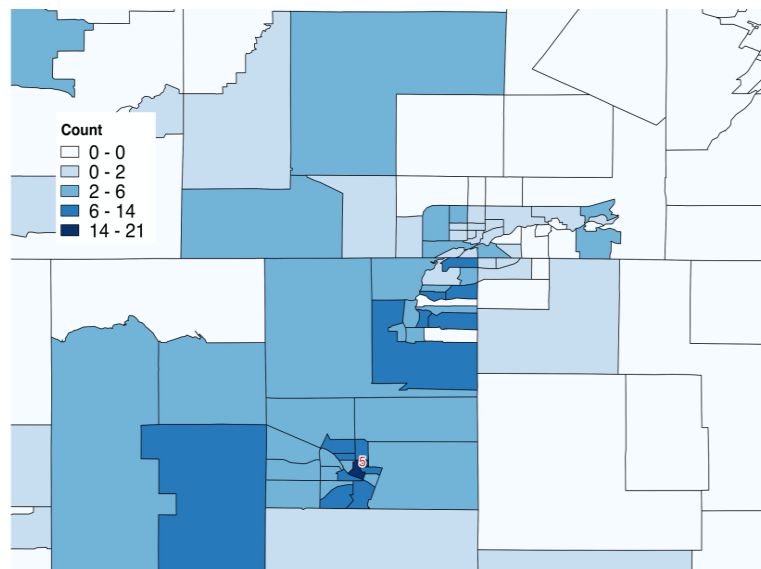


Figure 3 maps the felony drug-possession cases in Winnebago Co., Jan. 1, 2020–July 8, 2021. The intensity of the shading reflects case counts. Census Tract 5, the darkest shaded area,

has the highest count, and is the highest-poverty tract in the county, at 36% (more than three times the countywide rate). Although Tract 5 is small (0.9 square miles), with 10% of the population of the City of Oshkosh, it accounts for a disproportionate share of calls for service to the Oshkosh Police Department. The proposed project will therefore offer an alternative to incarceration and intensive services for people with SUD, many of whom reside in a high-poverty, crime-affected neighborhood.

[Potential barriers to implementing the project and strategies to overcome them.](#)

Potential barriers include participants' willingness to participate in and complete the program. This program differs from others, as it emphasizes case management, with participants meeting with their case manager at least once per week (as outlined in their agreement).

Participants will have to keep up communication with their case manager, as well as adhere to their treatment plans, to work towards their success in the program. There will also be frequent UAs for the participant to schedule and complete for Phase 1 and Phase 2, more so than in Winnebago County's other diversion programs that are available only to misdemeanants.

Another potential obstacle is the lack of standardized, evidence-based treatments for persons suffering from a stimulant use disorder. Recent research suggests a balance of medication therapies and cognitive-behavioral therapies is best (Ronsley et al., 2020). Under this award, we plan to partner with a local community-based organization that specializes in providing recovery coaches (RC) and peer-support specialists (PSS). Such organizations have gained footholds in the smaller municipalities of our neighboring counties, and we have been seeing considerable interest among community members in wanting to be trained in crisis response.

How an evaluation will provide meaningful insights and contributing to knowledge.

We are partnering with researchers at New York University, with whom we have partnered on several action-research projects. The team is familiar with the operations of our office and with our databases. Our goal is not to pursue a full-blown evaluation of SOAR, as we do not anticipate a *stable* implementation in its first few years. Rather, our plan is to work with our action-research partner on developing data tools to improve screening for SUD that can be embedded in our existing data systems, and to provide regular reports on our administrative data and on outcomes of interest (program uptake, Phase 1 and Phase 2 entry and completion, UA results, recidivism, and incarceration). The NYU team will provide presentations on project data to the implementation team and facilitate discussions on data-informed modifications to our implementation. The action-research partner will also survey staff, providers, and participants, to solicit their perceptions of the program and inform program modifications. NYU will assist us with a series of micro-experiments (pragmatic field tests of process improvements, in the form of small-scale randomized controlled trials) to help us fine-tune the operational components of SOAR. We have recently completed a pragmatic field experiment on probation “dose” with the proposed action-research partner. Examples of candidate pragmatic experiments to inform SOAR include testing text-message reminders for UAs and service appointments; testing changes in program uptake depending on who approaches the defendant (for example, are eligible defendants more likely to enter the program if it is introduced to them by a peer-support specialist, case manager, representative of DHS, jail social worker, public defender, or representative from WCDAO?). These pragmatic questions will help to improve our implementation but will also be of great interest to managers of diversion programs throughout the United States.

Forms of MAT provided and coordination between in-custody and community-based treatment.

We have partnered with a local pharmacy that has agreed to provide naltrexone (Vivitrol[®]) shots to participants who are interested in pursuing that path. We plan to keep these treatments based primarily in community settings, as we do not intend to keep participants in custody long enough for them to receive a naltrexone shot in jail. As naltrexone tends to have poor adherence (Farabee et al., 2020; Perez-Macia, 2021), we will also look into adopting other FDA approved medications for OUD, as new data emerge on the relative promise of antagonist versus agonist medications (Waddell et al., 2021).

Peer training offered, training certification, peer-supervision structure.

The project will entail a collaboration with Fox Valley PRISM (Peer-based Response, Information, Support, and Maintenance), a recovery-services and training facility in Winnebago County with certified RCs and PSSs. PRISM was established in 2017, to assist local law enforcement, government agencies, healthcare and treatment providers, and basic-needs agencies to carry a message of hope from peers with lived-recovery experience and connect with people affected, both directly and indirectly, by SUDs.

PRISM is seeing success in other areas of the state with their community-outreach services as well as with directly supporting those with an SUD. PRISM peer recovery coaches are certified by the Connecticut Community for Addiction Recovery (CCAR). They are trained to assist clients in developing a personalized recovery plan and guide them along their recovery. PRISM will provide RCs and PSSs to the program's participants. Participants will have access to these services from the first day of Phase 1 and can continue with treatment for however long they are in the program, and beyond. We are also looking at placing a PSS in the Winnebago Co. Jail every morning before bond hearings begin and introducing this program to persons who may be

eligible. A list of names and appropriate charges will be made available to the PSS along with program information to be passed out to potential participants.

C. CAPABILITIES AND COMPETENCIES

Management structure and staffing; key people responsible for carrying out program activities.

The project will be led by the Winnebago County District Attorney, Christian Gossett. The project will be coordinated by a team of Winnebago County District Attorney's Office (WCDAO) staff, including an in-house data analyst to facilitate data tracking and provide data to our action-research partner, the NYU Marron Institute. The team will comprise (1) a project lead, responsible for project implementation and oversight of the grant; (2) a project coordinator, responsible for the day-to-day management of grant activities and data collection; and (3) an in-house data analyst, whose responsibilities are listed above.

Partner agencies committed to this effort, previous collaborations, and agreements.

The project will be a collaborative effort with partners in other local public agencies and community-based organizations. The **WCDAO** will implement and facilitate the program, provide leadership and oversight, and collect data for grant reporting and research.

Local law-enforcement agencies will refer cases to WCDAO and be actively involved in the project. The **Oshkosh Police Department (OPD)**, **Winnebago County Sheriff's Office (WCSO)**, and the **University of Wisconsin-Oshkosh Police Department (UWOPD)** have supported previous WCDAO projects, including several alternatives-to-incarceration programs and other grant-funded programs. Through previous and current letters of support and ongoing conversations, we fully anticipate successful collaboration with this current project. In addition, UWOPD will participate in Narcan/naloxone and recovery-coach training facilitated by our Peer Support Service group.

Substance use disorder and its consequences are public-health concerns. The **Winnebago County Department of Human Services** (DHS) will run the 24/7 Drug Monitoring program in Phase 1 of the project. DHS will also provide case-management services to participants, provide referrals to outpatient programs, and facilitate UA testing for both phases. The **Winnebago County Department of Public Health** (DPH) administers programs for vital statistics, clinical health services, immunizations, emergency preparedness, communicable-disease reporting and investigation, and other public-health services. **Options Lab** will conduct UA drug tests and will report to WCDAO. They will be located in the basement of the Winnebago County Courthouse, where participants will go to submit urine samples. We are able to customize the testing for specific drugs and to monitor levels in order to track whether they are decreasing or increasing, as indicators of desistance or continued use.

The courts play an essential role in post-charge pretrial diversion. **Winnebago County Circuit Court** judges who are assigned these cases will be called upon to conduct a judicial review in Phase 2 of the program, when a participant has two missed/positive UAs in the first two months of the diversion agreement or has three or more missed/positive UAs in the entire diversion program. Judges will review the cases and may order additional UA testing to get the participant back on track. The **Winnebago County Circuit Court Commissioner** will be the presiding judge at initial appearances, who will agree to use the program as a bond condition.

Community-based service providers are essential to a successful diversion program. **PRISM (Peer-based Response, Information, Support, and Maintenance)** will provide recovery coaches and peer-support specialists who, ideally, will go to the jail every afternoon and discuss the potential benefits of this program with persons who WCDAO believes would be eligible. The person will then have several hours to review this option before appearing before the court

commissioner at the initial appearance. (The **Wisconsin State Public Defender's Office** will have access to potential participants in jail, to explain options, including the program.) PRISM will also be available throughout the program to assist with recovery or peer-support needs.

[Research partner qualifications and prior experience.](#)

The New York University Marron Institute, led by Dr. Angela Hawken and her team of researchers, will serve as the action-research partner. They have substantial experience working with jurisdictions in developing and testing responses to SUD, including serving as the current action-research partner to seven COAP grantees. The NYU team has collaborated with WCDAO on several other studies and are familiar with our county and state criminal-justice data systems. The NYU team will support the data-gathering and reporting needs of our collaboration and will assist our team in aligning program components with evidence-based practices. NYU will assess our efforts and will assist with fine-tuning our programming through pragmatic process-improvement tests and with data-supported recommendations for modifications. NYU will also assist with manualizing the SOAR approach if data indicate the program is meeting our goals.

[Project coordinator, project-related duties, time dedicated per week, and where housed.](#)

A project coordinator, hired and trained by WCDAO, will devote 50% of their time to this project. They will be housed within the WCDAO's office and will have day-to-day oversight of project activities and ensure progress towards project deliverables. They will schedule monthly calls with implementation partners to discuss progress towards goals, troubleshoot any implementation issues as they arise, and review interim reports from the action-research partner.

[Willingness to work closely with an evaluator.](#)

WCDAO and our project partners are willing to work with BJA TTA providers and support any future evaluation plans for site-specific or cross-site evaluations in future years.

D. PLAN FOR COLLECTING REQUIRED DATA

Who will be responsible for required performance measures and how data will be collected.

The project lead, project coordinator, and data analyst will share data-collection responsibilities, working in close collaboration with our action-research partner. This will include monitoring participants throughout the program, starting with their diversion offer through their exit from the program. Data collection and compilation will include data-entry templates provided by our action-research partner that are customized for this project and use of the Winnebago County Diversion Management System (DMS) software. The NYU team has extensive experience working with our databases, including having developed customized software for our office to report on outcomes and to visualize pertinent data.

Additional performance metrics to assess the project's effectiveness.

The project coordinator will work with the NYU team to ensure they have access to administrative and other data needed to assess our project's effectiveness and to make data-informed recommendations for program improvements. NYU's research will be overseen by the university's Institutional Review Board for research involving human subjects. All data will be de-identified (after being assigned an arbitrary research code, see below) prior to a secure transfer to a secure data repository at NYU. Administrative data elements (along with dates) to be compiled by the WCDAO for transfer to NYU include:

- Defendant demographics
- Defendant priors
- Eligibility screens
- Diversion-acceptance rate
- Dates of phase entry
- UA results
- Failures to appear
- Assessments
- Treatment attendance

- Treatment status at discharge
- Compliance with terms of community supervision
- Days in custody
- New crimes, by type
- Status at program exit
- Overdose (fatal and nonfatal)
- ER admissions

The project will collect data from various sources, including the Law Enforcement Records Management System (LRMS), Wisconsin Circuit Court Access (CCAP), PROTECT (for prosecutors' records), COMPAS (risk/need assessment for diversion programs), DMS (for diversion-participation information), DOC LOCATOR (probation access to prison records), and treatment information from our partners (i.e., Options Lab, PRISM, DHS). Administrative data will be supplemented with surveys of staff, providers, and participants, to solicit perspectives on the program and recommendations for program improvement.

[Data sources; legal, policy, or other barriers to gaining access to the data.](#)

Data for PMTs are already gathered by WCDAO and partners. Other data for project assessment will be hosted in a secure repository. The project will collect data from various sources including the Law Enforcement Records Management System (LRMS), Wisconsin Circuit Court Access (CCAP), PROTECT (for the Prosecutors' records), COMPAS (risk/need assessment for diversion programs), DMS (for diversion participation information), DOC LOCATOR (probation access to prison records), and treatment information from our partners (i.e., Options Lab, PRISM, DHS). Each participant will have an arbitrary research code and no personal data that can be used to identify a participant will be entered into the project data repository. NYU will ensure that no data are collected or disseminated that violate confidentiality laws or policies. There are no barriers to gaining access to these data.

REFERENCES

- Center for Substance Abuse Treatment. (2006). TIP 47: Substance abuse: Clinical issues in intensive outpatient treatment. Rockville: Substance Abuse and Mental Health Services Administration. Retrieved July 5, 2021, from ncbi.nlm.nih.gov/books/NBK64092.
- Du, J., Huang, D., Zhao, M., & Hser Y.I. (2013). Drug-abusing offenders with co-morbid mental disorders: gender differences in problem severity, treatment participation, and recidivism. *Biomedical and Environmental Sciences*, **26**(1):32–39.
- Elkashef, A., Rawson, R., Anderson, A., et al. (2008). Bupropion for the treatment of methamphetamine dependence. *Neuropsychopharmacology*, **33**:1162–1170.
- Farabee, D., Condon, T., Hallgren, K.A., & McCrady B. (2020). A randomized comparison of extended-release naltrexone with or without patient navigation vs enhanced treatment-as-usual for incarcerated adults with opioid use disorder. *Journal of Substance Abuse Treatment*, doi.org/10.1016/j.jsat.2020.108076.
- Perez-Macia, V., Martinez-Cortes, M., Mesones, J., et al. (2021). Monitoring and improving naltrexone adherence in patients with substance use disorder. *Patient Preference and Adherence*, **15**:999–1015.
- Ronsley, C., Nolan, S., Knight, R., et al. (2020). Treatment of stimulant use disorder: A systematic review of reviews. *PLOS One*, doi.org/10.1371/journal.pone.0234809.
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2020). TIP 63: Medications for opioid use disorder. Publication No. PEP20-02-01-006. Rockville. Retrieved

July 5, 2021, from store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-006_508.pdf.

Trivedi, M.H., Walker, R., Ling, W., et al. (2021). Bupropion and naltrexone in methamphetamine use disorder. *New England Journal of Medicine*, **384**:140–153.

Waddell, E.N., Springer, S.A., Marsch, L.A., et al. (2021). Long-acting buprenorphine vs. naltrexone opioid treatments in CJS-involved adults (EXIT-CJS). *Journal of Substance Abuse Treatment*, doi.org/10.1016/j.jsat.2021.108389.

Wisconsin Department of Health Services (2021) Substance use: Drug overdose deaths dashboard. Madison. Retrieved July 5, 2021, from dhs.wisconsin.gov/aoda/drug-overdose-deaths.htm.