A FOCUS ON RECOVERY

Treatment Courts in Wisconsin



WISCONSIN POLICY FORUM

ABOUT THE WISCONSIN POLICY FORUM

The Wisconsin Policy Forum was created on January 1, 2018, by the merger of the Milwaukee-based Public Policy Forum and the Madison-based Wisconsin Taxpayers Alliance. Throughout their lengthy histories, both organizations engaged in nonpartisan, independent research and civic education on fiscal and policy issues affecting state and local governments and school districts in Wisconsin. WPF is committed to those same activities and that spirit of nonpartisanship.

PREFACE AND ACKNOWLEDGMENTS

We wish to acknowledge and thank Vital Strategies for its support of *A Focus on Recovery*. We also wish to thank the Director of State Courts Office of Court Operations, the Wisconsin Association of Treatment Court Professionals, the Wisconsin State Public Defender's Office, the Milwaukee County treatment courts, the Milwaukee County District Attorney, the Badger State Sheriffs Association, the Wisconsin Counties Association, and the numerous treatment court team members and participants who answered our survey and questions. The analysis offered in this report, however, should be attributed to the Wisconsin Policy Forum alone.





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INTRODUCTION

In recent years, our state has faced substantial challenges due to substance use. Though drug overdose deaths fell sharply in 2024 and early 2025, they have since plateaued at 943 deaths across the state for the 12 months ended in May 2026, according to provisional federal data. Drug and narcotics violations made up 24.5% of all statewide arrests in 2023, and 28.9% of admissions to Wisconsin prisons in 2024 had at least one active drug offense. The state is also facing elevated alcohol-related deaths and, as the Forum pointed out in a July brief, the number of individuals imprisoned in Wisconsin for intoxicated driving offenses has more than quadrupled since 2000. Since 2010 alone, the incarceration rate for these offenses has tripled for adults 55 and older.

Mental health adds another layer of complexity. According to the Department of Health Services, as of 2022-23, Wisconsin had a higher percentage of adults with any mental health concern than the U.S. average, as well as adults with a serious mental health concern. Within the justice system, the number of individuals deemed not competent to stand trial nearly tripled between 2013 and 2025.

It is hard to overstate the impact of these trends, whether on the individuals themselves, the friends and family of those lost or incarcerated, the taxpayers shouldering high prison costs, or those affected by crime and economic loss associated with these challenges. In light of that, local and state officials are in sore need of tools they can use to respond – we highlighted one of those tools with our March report on access to medications for opioid use disorder (MOUD) in jails and prisons in Wisconsin. Treatment courts, when adhering to best practices, can serve as another such tool.

First adopted in Florida in 1989, treatment courts now operate in every U.S. state except Connecticut. In Wisconsin, the state's first treatment or problem-solving court was established in 1996, when Dane County launched an adult drug court. Today, the state has more than 100 treatment courts in nearly 60 counties and their number now includes several other types of criminal and civil courts. Despite their broad adoption and use, these treatment courts are often not well understood by the public and even by some key actors within the criminal justice system. They also have substantial discretion in how they operate, meaning that courts have varying program rules and different levels of adherence to evidence-based practices. They also have faced substantial changes and challenges brought on by the COVID-19 pandemic and shifts in federal policy.

For these reasons, we have undertaken this study of treatment courts and their practices in Wisconsin, which is anchored by a survey of these courts and supplemented by a review of court manuals and state data, as well as interviews with practitioners. Like our MOUD report, this study is once again supported by the public health group, Vital Strategies. Our key research goals include:

- Reviewing state laws, policies, and guidance as well as county policies and procedures to better understand the basic contours of treatment courts in Wisconsin
- Using state data and survey results to understand treatment court outcomes in our state
- Providing options to improve those outcomes and better align policies with best practices

Treatment courts take on complex cases and individuals at high risk of returning to the legal system. We hope this report will serve Wisconsin's justice system professionals and policymakers as they seek to improve treatment courts, public safety, and public health in our state.

PART ONE: THE RISE OF TREATMENT COURTS IN THE STATE

Treatment courts and other problem-solving courts in Wisconsin have established a long history of not just adjudicating criminal cases and civil cases of family separation, but also seeking to address the underlying issues that may be affecting the participant and case, such as drug or alcohol use or mental health conditions. These courts encompass a range of types, from adult drug courts to courts focusing on operating while intoxicated (OWI) cases, veterans, individuals with mental health conditions, and family issues.

Here we provide a description of our study methods and then an introduction to these courts in which we review their numbers and distribution, staffing, eligibility, financing, and the available sources of data on them. These basic facts aid in understanding the courts and the challenges they face and help to point toward ways to improve them.

Study Methods

Forum researchers used several approaches to prepare this description of Wisconsin's 104 treatment courts. Although Wisconsin does not track data for all treatment courts, the state does publish data for the 61 courts across 50 counties and tribes that receive funding through the state's Treatment Alternatives and Diversion (TAD) program (see Part Two). We also reviewed and gathered data from individual treatment court web pages on the website of the Wisconsin Criminal Justice Coordinating Council (CJCC), as well as from 66 treatment court policy and procedure manuals provided by the Office of Court Operations.

In addition, we conducted an online survey of all treatment court coordinators in Wisconsin. After data cleaning, we received 53 usable responses from 43 counties. Because some coordinators manage more than one court, our respondents represented 74 Wisconsin courts, or 71.2% of all courts in the state (see Part Three). We also compared our findings to the national All Rise Adult Treatment Court Best Practice Standards and the Wisconsin Treatment Court Standards. Our survey instrument, and the number of respondents to each question, can be found in Appendix One.

Each of these data sources comes with its own limitations. The TAD data represent only 58.7% of Wisconsin treatment courts, and notably do not include most of the treatment courts located in the state's most populous and racially diverse counties. The treatment court manuals available to us included most of the state's adult drug courts and hybrid drug/OWI courts, but less common court types were less likely to be included. For example, a manual was available for only one of Wisconsin's 12 family dependency courts, two of its nine veterans courts, and two out of six mental health courts. And while we strove for comprehensive statewide coverage among our survey respondents, our survey was voluntary, and respondents were not required to answer every question. Readers should keep these caveats in mind as they read this study.

Understanding the Basics About Treatment Courts

Treatment courts are intended to serve high-risk, high-need individuals who may be experiencing an alcohol or substance use disorder, a mental health condition, or both. The courts typically offer people a chance to avoid a criminal conviction or prison time if they successfully complete the program, which usually lasts between 12 and 24 months.

Treatment courts can serve as a form of diversion program, meaning that individuals are offered the chance to avoid a criminal conviction or incarceration by completing their treatment programs and other requirements. These requirements vary between courts and individual cases, but participants may be obliged to appear regularly in court, follow court-imposed rules, undergo periodic drug or alcohol testing, complete recovery programming, and work with a case manager or community supervision agent. Individuals may also receive medical and psychiatric care and counseling, either in the community or in a facility, and some courts attempt to connect individuals to other resources such as housing, transportation, and vocational services. Participants are typically supervised by the Department of Corrections, a case manager, or a nonprofit community supervision agency such as JusticePoint.

Most treatment courts in Wisconsin (at least 76 of the 90 courts with a CJCC web page, or 84.4%) handle at least some of their cases post plea, meaning that defendants must plead guilty to their criminal charges and be convicted to be accepted into the program. At least 32 courts (35.6%) including Milwaukee County admit at least some defendants after they enter a plea but before they are judged to be guilty, meaning that they can avoid a criminal conviction by successfully completing the program. In many cases, the Department of Corrections supervises those who have been sentenced, but the agency cannot supervise individuals who have not been sentenced; they are supervised by a nonprofit agency such as JusticePoint, meaning that this approach is limited to areas with this type of agency. Additionally, at least 13 courts (14.4%) admit defendants without requiring them to enter a guilty plea, which also allows them to potentially avoid a conviction. Many courts admit individuals in more than one of these categories, and some courts did not publish this information.

Another path to treatment court is as an alternative to revocation from supervision. Instead of being sent to jail or prison, individuals facing revocation from probation or extended supervision can petition to join a treatment court, with the promise of avoiding or

Treatment Courts Include Several Types

Here are the most common kinds of county and tribal treatment courts, starting with the following types that deal with criminal cases:

Adult Drug Courts – The most common type of court, these courts deal with cases involving substance use and related crimes.

OWI Courts – These courts handle cases involving participants with multiple Operating a Vehicle While Intoxicated offenses.

Hybrid OWI and Drug Courts – These courts handle the same types of cases as the previous two court types.

Opioid Intervention Courts – A drug court focused on preventing overdose and providing same- or next-day access to opioid use disorder stabilization post-arrest.

Veterans Courts – These courts serve military veterans who have criminal charges involving substance use or mental health disorders.

Mental Health Courts – These courts oversee cases of participants who have been charged with crimes related to mental disorders.

Healing to Wellness Courts – These courts specialize in cases involving Native Americans.

This approach also extends to civil cases – **Family Dependency Courts** serve parents who have lost custody of their children due to substance use or mental health concerns, and are attempting to regain custody.

reducing their period of incarceration if they succeed. According to treatment court web pages, at least 67 of Wisconsin's 104 courts accept people in this way.

Wisconsin's Treatment Courts in More Detail

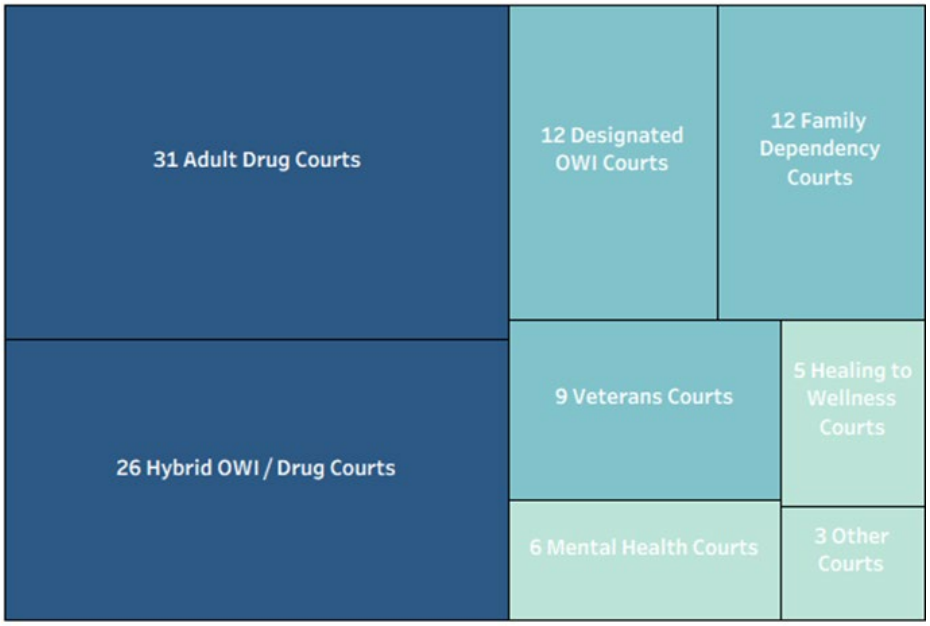
According to the state Department of Justice and the Office of Court Operations within the Director of State Courts Office, Wisconsin had 104 treatment courts in 58 counties as of January 2026, including 26 counties with more than one court. The most common are the state's 31 adult drug courts, followed by the 26 hybrid OWI and drug courts, 12 designated OWI courts, and 12 family dependency courts (see the text box on the previous page and Figure 1). Other court types include Wisconsin's nine veterans courts, six mental health courts, one opioid court, one community court, one adult co-occurring disorder court, and five Healing to Wellness courts, which are often operated by American Indian tribes and primarily serve tribal members.[1]

Brown County easily leads the state with eight distinct treatment courts, which is twice as many as any other county and includes nearly every type found elsewhere in the state. Courts in Brown County are relatively specialized, including a drug court that serves young adults up to age 23 and another that serves all other adults. Five other counties have four treatment courts apiece: Dane, Eau Claire, Milwaukee, Outagamie, and Rock (see Figure 2 on the next page). All of those counties have a veterans court and all but Eau Claire and Outagamie have an adult drug court. The fact that some counties have made the effort to create several distinct treatment courts suggests officials there believe in their utility.

Treatment courts are found throughout Wisconsin but are most common in the southern half of the state, particularly in the southeastern and southcentral regions. Most of the counties with no treatment court and many of the counties with one treatment court are found in the northern half of the state. In counties with just one treatment court, it is frequently a hybrid OWI and drug court, which serves a wider variety of cases.

Fig. 1: Adult Drug Courts and Drug/OWI Courts Most Common In Wisconsin

Wisconsin treatment courts by type, as of January 2026



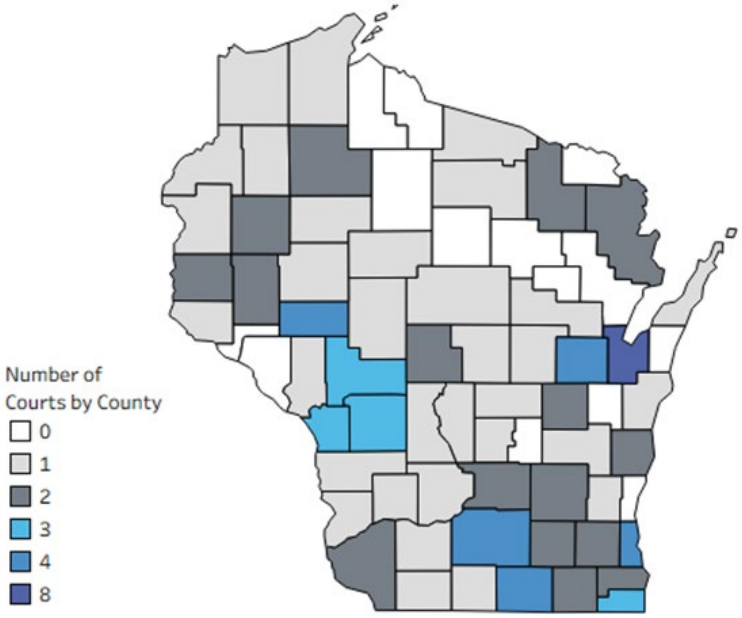
Sources: State Office of Court Operations and the Department of Justice

[1] In addition to the above treatment courts, Milwaukee County has one Healthy Infant Court, which is designed to address the needs of infants (ages 0 to 3) in the county's child welfare system by providing case management and focusing on early child development and social and emotional health. This report does not include data from the Healthy Infant Court, as its data cannot be directly compared with those of other courts, but it is conceptually similar to Wisconsin's other treatment courts.

After rising very slowly in the late 1990s and early 2000s, the number of treatment courts statewide grew rapidly in the late 2000s and 2010s. Since then, however, the pace of court creation has slowed. Only a handful of courts have been started since 2020 and the onset of the pandemic. The slowdown suggests that treatment courts may have reached a saturation point in which broadening their impact will depend as much or more on improving their operations as on extending their geographic reach.

Fig. 2: Treatment Courts Found Across State, Most Common in Southern WI

Number of different treatment courts by county, 2026



Sources: Wisconsin Department of Justice and WPF research

Treatment Court Teams

The participants in these courts are overseen by teams that typically include a treatment court judge, a court coordinator who manages the program, a prosecutor with the county district attorney's office, a defense attorney, and one or more treatment professionals specializing in the court's area of focus. Depending on the court, other team members may include probation and parole agents, law enforcement officers, peer mentors, and program evaluators. Although the judge typically has final authority over participants after they are admitted to the court, the team can debate and make recommendations for how to handle a person's case, including whether to grant the person incentives for meeting program requirements or impose sanctions for program violations.

Not all individuals in the justice system are eligible to participate in a treatment court, even among those with a relevant offense who are in a county with at least one such court. Some courts exclude individuals with a violent offense, which in some cases may be due to requirements for receiving state or federal funding, or with offenses related to selling or manufacturing drugs. Most courts use one or more risk assessments to evaluate potential participants, and they may exclude people who are assessed as too low-risk or too high-risk for a given program. All Rise, which publishes national standards for treatment courts, recommends that these programs serve only individuals assessed as high-risk and high-needs unless local law requires them to serve a broader array of individuals. Because treatment court is often part of a negotiated plea agreement, which can be offered by the prosecutor as an alternative to probation or incarceration, district attorneys have a significant amount of influence over who is allowed into the program. Finally, participation in a treatment court is voluntary, and individuals can choose not to enter the court or to leave the program once they enter it, although the consequences for declining or withdrawing from treatment court often include jail or prison time.

Treatment Court Outcomes

Treatment court participants are subject to a range of requirements that in practice are often not met. Graduation rates speak to this point. According to the National Treatment Court Resource Center, 60.7% of people who were discharged from treatment courts in 2022 had successfully completed their program. That leaves just under two-fifths who did not.

In reviewing the outcomes for court participants in later sections, we will also examine the policies and practices of the treatment courts themselves, which can vary widely. For example, not all treatment court participants are able to access MOUD and other medications for substance use disorder, which can help support successful completion of the program. These medications can also reduce participants' risk of overdose. Some courts may also employ practices, such as jail sanctions in response to positive drug tests or the use of fines for non-compliance, which researchers have found are associated with lower completion rates for participants and which may not be compliant with national standards. Finally, strict admission criteria and treatment court teams' choices can exclude high-need individuals who might successfully complete treatment court if given an opportunity. Researchers have also found racial disparities in admission, eligibility, and graduation rates among potential and actual treatment court participants. These considerations underscore the importance of evaluating not only treatment court outcomes, but also whether these programs are employing best practices.

Despite those caveats, researchers have found that individuals who do complete a treatment court program can benefit from the experience. *The Journal of Criminal Justice* published a 2012 meta-analysis of 154 treatment court evaluations that found that drug court participants were 12.0% less likely to be arrested in the 12 months after graduation than a control group of non-participants, although the evidence for improved health-related outcomes is less clear. Similar effects have been found for people who graduate from OWI courts, family drug courts, and mental health courts, across a variety of meta-analyses and multi-site studies. This reduction in future arrests, charges, and jail or prison time also provides financial benefits for states; researchers have estimated that every $1 spent on treatment court can save the criminal justice system between $2 and $4 in averted costs, with estimates as high as $27 per $1 when factors such as reduced health care usage and reduced crime are taken into account.

Treatment Court Financing

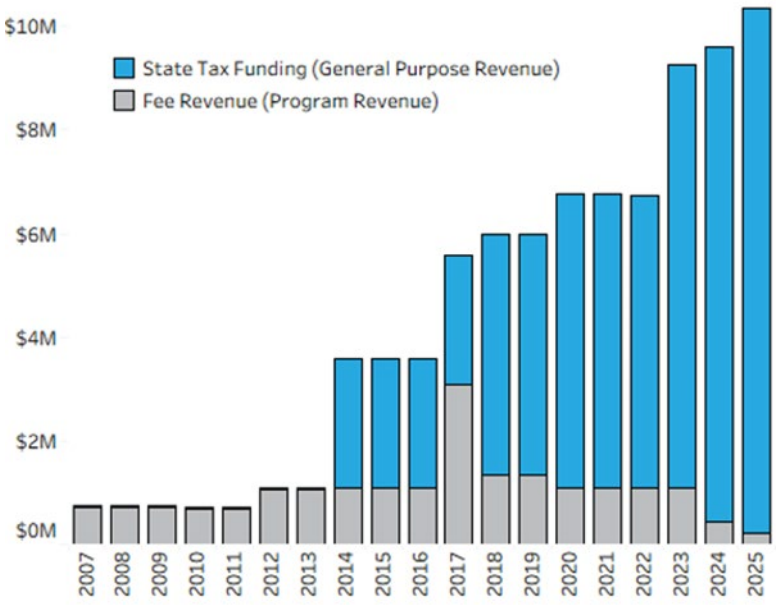
Wisconsin's treatment courts are funded through a variety of sources. The most prominent of these is the state Treatment Alternatives and Diversion (TAD) program, which was established by 2005 Wisconsin Act 25 and is funded by a combination of state tax dollars (general purpose revenue or GPR) and criminal justice fees (also known as program revenue). The program funds grants to counties to set up and run programs such as suspended and deferred prosecution programs. For programs to qualify for a TAD grant, Wisconsin state law requires them to be designed for people with a substance use disorder.

Funding for treatment courts has grown substantially over the years, though it remains a relatively small share of the funding for the overall courts system. In the 2007 fiscal year (which ended on June 30, 2007), TAD funding totaled $755,000 in fee revenue, according to a Legislative Fiscal

Bureau briefing paper from last year. At its start, the TAD program funded six projects. In 2014, state tax funding was added to the program and it has gradually displaced fee revenue, with the program's 2025 budget set at just under $10.2 million in GPR with a modest amount of program revenue for a total of nearly $10.4 million (see Figure 3). By comparison, the state of Wisconsin spent $141.1 million on the circuit court system in fiscal year 2024, and Wisconsin's counties collectively spent between $233.7 million and $236.9 million on courts in calendar year 2023.

Fig. 3: Funding for Treatment Courts and Diversion Has Risen

State Treatment Alternatives and Diversion funding by fiscal year, 2007-25



Source: Wisconsin Legislative Fiscal Bureau

In 2025, the TAD program funded 61 treatment courts, according to the Office of Court Operations. These courts are operated by 48 Wisconsin counties and two tribes, and they include 27 hybrid drug and OWI courts, 21 drug courts, seven OWI courts, and six other courts.[2] During the 2025 calendar year, 41 courts in 36 counties received $5.1 million in TAD funding. Twenty other courts in 14 counties received an additional $3.4 million, although these funds were split between the counties' treatment courts and various TAD-funded diversion programs. The remaining TAD funding went to counties operating diversion programs but no treatment courts.

Other state funding comes from the Department of Children and Families, which funds two family treatment courts, and the Department of Health Services. Individual counties also provide support and often funding for their treatment courts; 32 of 42 respondents to this question in the Forum's treatment court survey (76.2%) said that they received county funding. Some courts also receive funding through private grants or donations (seven courts, or 16.7%) or from opioid settlement funding (eight courts, or 19.0%).

The federal government also provides some funding through grants from the Office of Justice Programs within the U.S. Department of Justice, as well as the federal Substance Abuse and Mental Health Services Administration (SAMHSA). According to USASpending.gov, 84 grants related to treatment courts have gone to Wisconsin recipients since 2009, including 52 grants to counties and 25 grants to American Indian tribes. Four other grants went to the state Department of Justice or the Wisconsin Court System, two went to the city of Madison, and one went to a nonprofit health care provider. After providing an average of four grants per year from 2009 through 2017, the federal government made 13 grants to treatment courts in 2018, followed by another 10 in 2019. New

[2] The discrepancy between this number of hybrid drug/OWI courts and the current number is because several courts transitioned from an adult drug court to a hybrid court, or vice versa, between 2025 and 2026.

grants have gradually decreased since then, and the Forum did not find any new grants since the end of 2024.

Recent federal cuts have led to the closure of at least one Wisconsin drug court. In January 2026, SAMHSA announced that it was terminating approximately $2 billion in mental health grants without prior notice, including the remaining $1.3 million of a five-year, $2 million grant for the Ashland County Wellness to Recovery Court, an adult drug court that had operated for more than two decades. The judge there responded by discharging the court's 11 participants and winding down the program. Although the federal funding was restored two days later, Ashland County policymakers decided not to restart the court due to the uncertainty around continued federal funding. The county has applied for state TAD funding, which would be used to provide some treatment services in lieu of the full treatment court.

Federal cuts also are affecting the resources available to treatment courts at the national level. Among the estimated $500 million in cuts to nonprofit criminal justice organizations was a four-year, $4 million grant to the National Center for State Courts, which funded planning, training, and technical assistance for adult treatment courts. Organizations such as these can provide assistance to counties or statewide organizations as they seek to establish or expand existing treatment court programs, and without them, there are fewer resources available for state or local policymakers.

National Context

According to the National Treatment Court Resource Center, as of 2025 there were 4,392 treatment courts in the United States, including 97 in Wisconsin (a count that is somewhat less than what we find in state data but still relatively close). Adult drug courts were by far the most common, at 1,885 courts, followed by mental health courts (704), veterans courts (601), and family treatment courts (406). Among other Upper Midwest states, Michigan had the most courts with 206, while Indiana (136) and Illinois (128) also had more than Wisconsin; Minnesota (72) and Iowa (38) had fewer.

There is no single model for how treatment courts can be funded. Federal funding is relatively common; according to the National Center for State Courts (NCSC), 21 states receive statewide federal grants that support treatment courts, while individual courts in 39 states apply separately for other federal grants. At the state level, 30 states have line items in their budgets that specifically fund treatment courts, while 21 states direct funding to courts through an agency such as the state Department of Justice. Additionally, 24 states direct at least some opioid settlement funding to their courts, while eight states mandate that courts levy fees on participants, and another 26 (including Wisconsin), plus Washington D.C., allow but do not require courts to impose fees.

Similarly, states oversee their treatment courts using different approaches. According to the NCSC, 30 states have a statewide advisory committee for their treatment courts including Wisconsin. However, Wisconsin is not among the 23 states that have a statewide evaluation program for their treatment courts, or the 14 states which certify that treatment courts are in compliance with state standards. Wisconsin also does not require counties to apply to a central authority, such as the state Supreme Court, for permission to start a treatment court.

In Wisconsin, the state Office of Court Operations within the Director of State Courts Office provides training and technical assistance to all treatment courts, but does not have the authority to change their policies or practices. However, the state Department of Justice can impose certain requirements on TAD-funded courts. The Wisconsin Association of Treatment Court Professionals publishes its own standards, based on prior versions of the national standards published by All Rise, and provides regular training on those standards for court coordinators and judges.

PART TWO: STATEWIDE DATA

In this section, we draw on publicly available data to understand the current uses and impact of treatment courts across the state. These data include the performance measures reported by TAD-funded courts, as well as information about individual treatment courts from the Criminal Justice Coordinating Council's website. We also reviewed and gathered data from 66 policy and procedure manuals for treatment courts across the state that were provided by the office of the Director of State Courts.

Data on Treatment Courts

Although Wisconsin is one of the 15 states plus Washington D.C. that do not maintain a statewide database for all treatment courts, those courts that receive TAD funding are required to report some performance measures to the state Department of Justice, which are publicly available through the state CORE reporting system. These include the number of individuals who were referred to a treatment court, deemed eligible or ineligible, and admitted to a court, as well as individuals' graduation and termination rates. The publicly available data include race and gender information, but do not allow users to separate the data by court, county, or court type; more detailed data are available to state Department of Justice staff.

The TAD data also have other limitations because of which types of courts are funded by the program. Wisconsin law requires that courts receiving TAD funding must serve people who struggle with alcohol or drug use, and who have been charged with or convicted of a crime related to their substance use. As of January 2026, none of the state's 12 family dependency courts were receiving TAD funding, and only one of Wisconsin's nine veterans courts and two of its six mental health courts were TAD-funded, according to the Office of Court Operations. Counties with large urban centers also tended to have fewer TAD-funded courts. None of the courts in Milwaukee, Dane, or La Crosse counties received TAD funding as of that date while only some of the courts in Brown and Rock counties were supported. (The program does fund other diversion programs in some of those counties.) One current and one former Milwaukee County judge did note that the restrictions on individuals who can be accepted into a TAD-funded treatment court played a role in their decision not to apply for funding.

Overall, as noted above, 61 of Wisconsin's 104 treatment courts (58.7%) are represented in these data. As a consequence, the TAD data presented in this report may not accurately reflect treatment court outcomes for the state as a whole. However, we were able to corroborate some of our findings with data from an evaluation of Milwaukee County's Adult Drug Treatment Court, which will be examined later in this section.

With these caveats in mind, we now turn to the four main types of data available in the TAD database: referrals, eligibility, admissions, and program status.

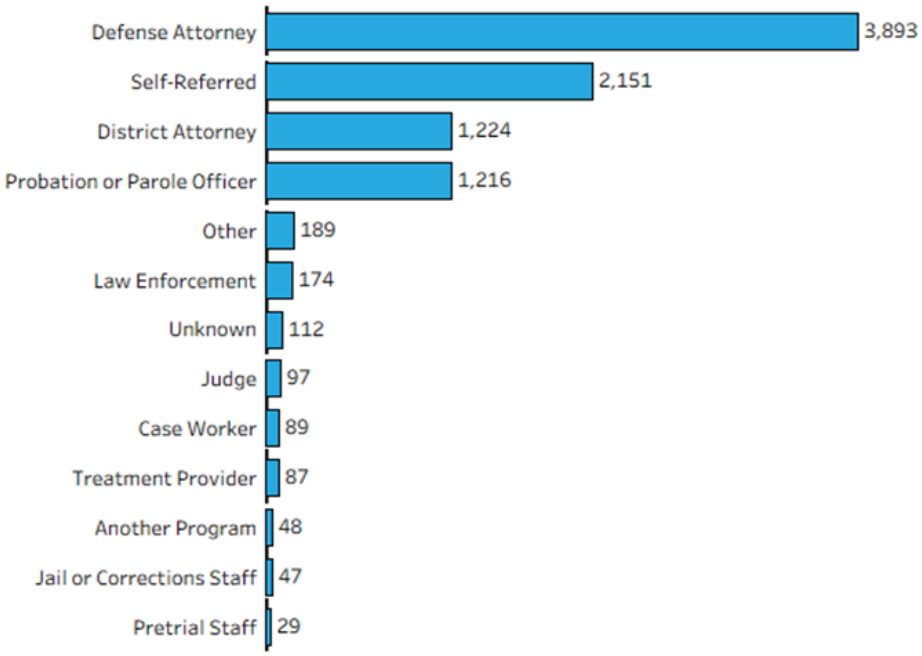
Referrals to Treatment Court

Referrals to treatment court involve individuals who are either facing criminal charges, or are on probation or extended supervision and at risk of having their supervision revoked (which usually

leads to jail or prison time). These referrals can come from many different agencies in the criminal justice and treatment systems, but defense attorneys are by far the most common (see Figure 4). Of the 9,356 referrals to a TAD-funded treatment court in Wisconsin between 2019 and 2025, 3,893 of them (41.6%) came from a defense attorney. Another 2,151 (23.0%) were classified as self-referrals, followed by 1,224 people who were referred by a district attorney (13.1%), and 1,216 from a probation or parole officer (13.0%).

Figure 4: Most Referrals Come From Defense Attorneys and Participants

Number of treatment court participants referred by different stakeholders, 2019-25



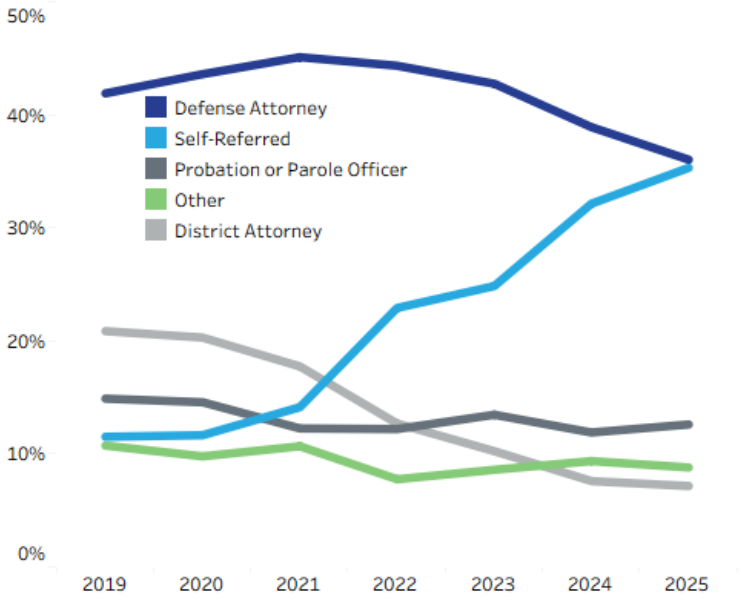
Source: WPF analysis of TAD data

Despite the effects of COVID, the number of referrals to TAD-funded courts grew by 31.9% between 2019 (1,154 referrals) and 2025 (1,522). Much of this increase is due to the rise in self-referrals, which rose from 133 in 2019 – representing 11.5% of all referrals – to 538 in 2025, or 35.3% of all referrals (see Figure 5). Though this increase might suggest an interest in treatment courts among participants, it may also reflect a breakdown in other types of referrals, as we will discuss. Other common types have decreased slightly as a share of total referrals, such as those made by defense attorneys (41.9% to 36.1%) and probation or parole agent referrals (14.9% to 12.6%).

These shifts have occurred even as the absolute number of referrals in those categories has grown. However, the number of candidates referred by district attorneys dropped from 241 to 109 during this period, and their percentage of referrals fell accordingly, from 20.9% to just 7.2% of all referrals. These trends – combined with the current

Figure 5: Self-Referrals Rise, Referrals From Prosecutors Fall

Referrals to TAD-funded treatment courts by source, 2019-2025



Source: WPF analysis of TAD data

open slots at many treatment courts – raise the question of whether more might be done to ensure potentially eligible candidates are being referred to treatment court by various members of the justice system.

Referrals by Race and Sex

The data on the race of individuals referred to TAD-funded courts should be treated with caution. These data do not include treatment courts in Milwaukee County, and also omit some courts in other counties with large Black or American Indian populations, including courts in Dane, Racine, Kenosha, and Rock counties.

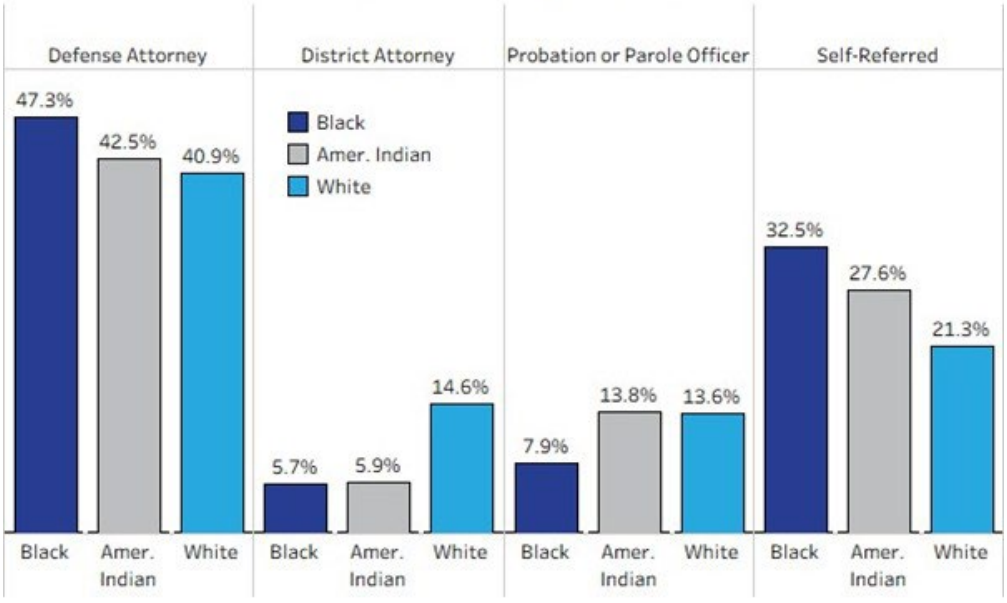
The majority of individuals in Wisconsin's justice system are white, and this is also true for people who are referred to treatment courts. White people made up 81.2% of the referrals to TAD-funded treatment courts during our period of study, followed by Black (8.2%) and American Indian (7.1%) individuals.[3]

However, the percentage of people referred to a treatment court by different entities within the criminal justice system varied by racial group (see Figure 6). For example, 47.3% of all referrals of Black individuals came from a defense attorney, but only 42.5% of American Indian referrals and 40.9% of referrals of white individuals came from that source. Black and American Indian people were also more likely to self-refer to treatment court than whites, and were less likely than whites to be referred by a district attorney.

There were no large differences in the percentages of men and women who were referred from different sources. Overall, just over two-thirds of referrals to treatment court during this period were male (66.7%), and one-third were female (33.2%).

Fig. 6: Black and American Indian Participants are More Likely to be Self-Referred

Share of total treatment court referrals made by different stakeholders according to the race of the defendant or individual being referred, 2019-25



Source: WPF analysis of TAD data

Eligibility

To determine whether a person is eligible for treatment court, the team reviews his or her current charges, criminal history, and other

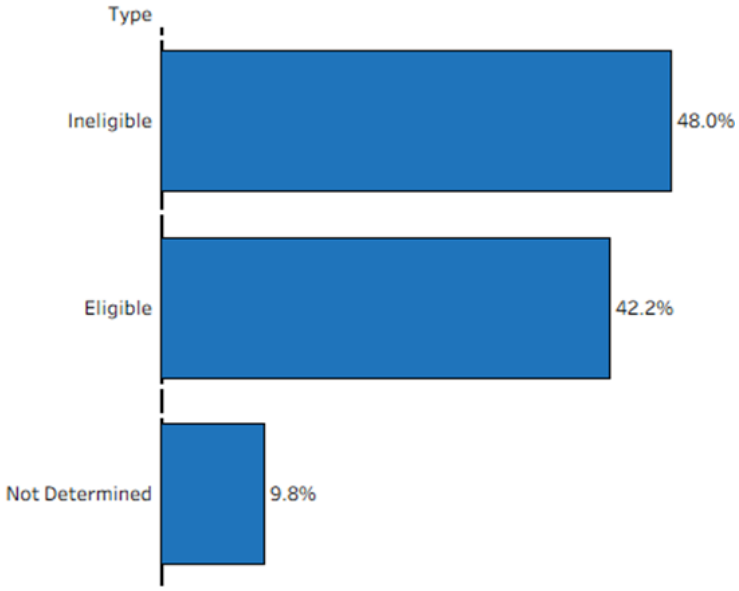
[3] The TAD data do not include ethnicity, so we were unable to calculate the percentage of Hispanic or Latino individuals in TAD-funded courts. Additionally, although the TAD database contains a category for Asian people, as well as categories for people whose race is given as "Unknown" or "Other," they are too small for us to draw meaningful conclusions from them.

available information, and will typically conduct one or more risk and needs assessments on the person. There are many reasons why an individual may be deemed ineligible for treatment court. For example, Wisconsin law prohibits TAD-funded courts from accepting people who have been charged with or convicted of several types of violent crime, as does the federal law authorizing drug court grants. Courts can also adopt these restrictions voluntarily; during our review of 66 treatment court manuals, we found that 50 of them (75.8%) explicitly excluded at least some individuals who had a current charge or past conviction for a violent offense.

Courts also often restrict individuals' eligibility by their risk of recidivism and specific needs, such as housing or substance use, as determined by a risk and needs assessment. The Wisconsin Association of Treatment Court Professionals recommends that courts admit only people who are assessed as high-risk and high-need. In practice, however, treatment courts often accept moderate-risk individuals as well. In our review of 89 courts' pages on the Criminal Justice Coordinating Council website, we found that while 54 of those courts (60.7%) accepted high-risk individuals, a total of 46 courts (51.7%) also or exclusively accept moderate-risk individuals, and another 11 courts (12.4%) accept people at all risk levels. However, referrals may still be denied for risk levels that are too low or too high, depending on the court. Other restrictions vary by county, but often include residency requirements, exclusions of specific crimes such as drug sales or sex offenses, and requirements that the person be charged with crimes such as drug possession to participate.

Figure 7: Nearly Half of Referrals are Ineligible

Referrals to treatment courts by eligibility determination, 2019-25



Source: WPF analysis of TAD data

Given these restrictions, it is perhaps unsurprising that treatment courts reject more referrals than they accept. Only 42.2% of referrals to TAD-funded courts during our period of study were found to be eligible (see Figure 7), with 48.0% ruled ineligible and 9.8% whose eligibility was not determined. The percent of individuals who were found eligible notably decreased during our period of study, from 52.6% in 2019 to just 36.1% in 2025, while ineligible referrals rose from 36.6% to 56.4%. This decrease may be related at least in part to the increase in self-referrals, given that individuals in the system may be less familiar with the rules than other key actors such as defense attorneys and prosecutors.

The TAD data also list the most common reasons for referrals to be found ineligible. Excluding the number one category of "other" (872 denials), the most common reasons for a denial were that the person's risk level was too low (610), a current or prior offense for drug manufacture, delivery, or sale (609), a current violent or weapon offense (595), and failure to meet residency requirements (567). Some individuals may have been denied for more than one reason.

We also observed some differences in the TAD data regarding the most common reasons for ineligibility across different racial groups, notably regarding violent or weapon offenses. Although a current or violent weapon offense was only the fifth most common disqualification for white individuals (385 denials), it was the most common reason for denial among both Black (124) and American Indian (59) applicants. Additionally, while a *past* violent or weapons offense was not among the top five reasons for denial among white applicants, it was the second most common reason among Blacks (99) and the fifth most common among American Indians (44).

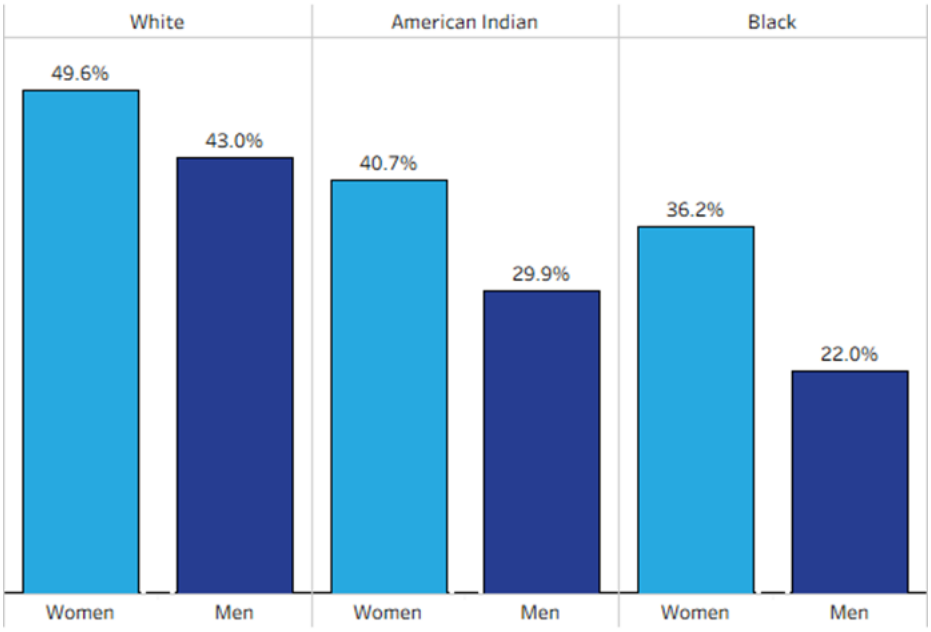
Eligibility by Race and Sex

Of the 3,917 people who were found eligible for treatment court, 3,406 were white (87.0%), followed by 235 who were American Indian (6.0%), and 186 who were Black (4.7%). When looking at each racial category individually, we found that 45.2% of white referrals were deemed eligible, against 45.3% who were ineligible. This was a higher eligibility rate than we observed with American Indian referrals, 35.8% of whom were deemed eligible (48.1% were ineligible), or Black individuals. Only 24.4% of Black people referred to these courts were determined to be eligible, against 69.3% who were found to be ineligible.

We were also able to review an evaluation of Milwaukee County's Adult Drug Treatment Court during 2022 and 2023, conducted by the University of Wisconsin-Milwaukee (UWM), including the percentages of individuals referred to the court by race and ethnicity.[4] UWM found that of 260 referrals to the adult drug court, 40.4% were white, compared to 44.6% who were Black and 13.9% who were Hispanic. However, of individuals who were deemed eligible, 46.2% were Black, compared to 35.6% who were white and 16.3% who were Hispanic. For context, according to the U.S. Census, non-Hispanic whites made up 47.8% of the county population, along with 25.0% of non-Hispanic Blacks and 17.2% of Hispanic individuals. Further context about Milwaukee County is included below and in Part Three.

Fig. 8: Women are More Likely to be Eligible for Treatment Court than Men

Percentage of individuals who are eligible for treatment court by race and sex, 2019-25



Source: WI Department of Justice; *only courts funded with TAD Program grants.

Across all racial categories in the TAD data, women were more likely to be found eligible for treatment court than men. Close to a majority of women (47.6%) were ruled

[4] Note that Milwaukee County separates individuals into Hispanic, non-Hispanic white, and non-Hispanic Black. As such, its results cannot be directly compared to the TAD data, which does not include information about participants' ethnicity, but is nonetheless worth examining.

eligible by treatment court teams, against 40.6% who were ineligible; among men, just 39.5% of applications were found to be eligible, against a majority (51.6%) who were ruled ineligible. This pattern held true within the three racial groups that we studied, with white, Black, and American Indian women all being found eligible at rates that exceeded their male counterparts (see Figure 8 on the previous page). This may reflect a variety of reasons, including the fact that women are less likely to be arrested for a violent crime, as we noted in our 2026 report, *Cross Examination*.

It should be noted that in practice, eligibility restrictions can sometimes be circumvented if the treatment court team agrees to do so. We interviewed a person with past convictions for misdemeanor battery who nevertheless was admitted to a Wisconsin treatment court despite the manual specifying that the court serves nonviolent offenders. In the case of our interviewee, the court coordinator knew him personally and advocated for him to be admitted. He later graduated from that court and now works in a harm reduction clinic. While this is just one anecdote, the court coordinators and judges that we interviewed also emphasized that eligibility rules are often the subject of negotiation and debate among team members, and should not necessarily be treated as absolute.

At the same time, the All Rise standards note that treatment courts should not "apply subjective criteria or personal impressions – such as a candidate's perceived motivation for change, attitude, optimism about recovery, likely prognosis for success, or complex service needs – to determine their eligibility for the program." Objective criteria should in theory serve as a defense against disparate treatment of participants from different backgrounds.

Admissions

Not all individuals who are deemed eligible are actually admitted to treatment court; 3,917 people were found to be eligible for court during our period of study, but only 3,489 were admitted. On average across TAD-funded courts, it took 22 days for the court to determine whether a given person was eligible, and another 21 days for them to be admitted to court. The Wisconsin standards state that the "best outcomes are achieved when admission occurs within 50 days from the time of arrest or other triggering event." This raises the question of whether state treatment courts are typically meeting this goal, given that the 43 days listed above is from referral rather than arrest.

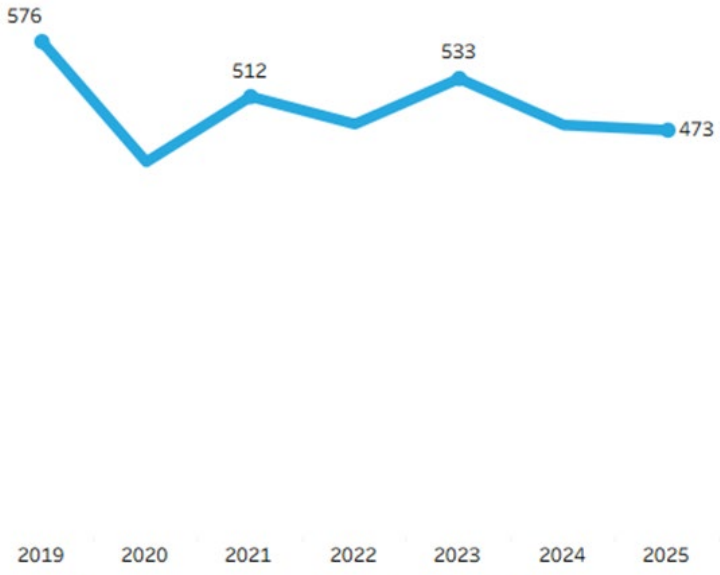
The reasons for these delays are multifold; in our survey of treatment court coordinators, 23 of 45 coordinators (51.1%) cited the availability of public defenders who must negotiate plea deals for people who face criminal charges, while 18 (40.0%) mentioned court dates or schedules, and others pointed to the availability of clinical assessments or treatment beds. The decision to enter treatment court is voluntary, and individuals under consideration also may reconsider during this time and choose not to participate.

The growth in the number of referrals to treatment courts has not led to a corresponding increase in admissions, reflecting again in part the rise in individuals who were deemed not eligible. After a likely COVID-related decline in 2020, the number of treatment court admissions per year has remained relatively flat since 2021 (see Figure 9 on the next page). Throughout our period of study, the courts admitted an average of 498 people per year.

Across this seven-year period, 87.2% of people admitted to treatment court programs have been white, compared to 5.8% who were American Indian and 4.7% who were Black; these percentages did not meaningfully change over the course of this study. These numbers differ from the rates we found in our study of Wisconsin court cases. In 2024, non-Hispanic white individuals made up 77.8% of the state population but 58.3% of participants in a criminal case, while Black people made up 5.9% of the population but 24.7% of all participants. American Indians made up 0.6% of the state population but 3.3% of all participants. We caution that the TAD data do not include courts from counties that have relatively high percentages of Black and American Indian individuals, such as Milwaukee and Dane. That makes it difficult to draw definitive statewide conclusions from the data. However, these findings and the survey data in the next section point to racial disparities with respect to treatment courts in the state.

Figure 9: Treatment Court Admissions Down Since 2019

Admissions to Wisconsin treatment courts* over time, 2019-25



Source: WI Department of Justice; *only courts funded with TAD Program grants.

In their examination of Milwaukee's adult drug court, UWM researchers found that of the 91 total participants admitted in 2022 and 2023, 39 (42.9%) were non-Hispanic Black individuals, 34 (37.4%) were non-Hispanic whites, and 17 (18.7%) were Hispanic; one participant (1.1%) was Asian. The researchers also noted that white individuals made up a majority of those admitted to the court in each year between 2009 and 2021, although Black participants were in the majority in 2022 and a close second in 2023. The proportion of Hispanic individuals in the court also grew steadily between 2019 and 2023, when 20.5% of admitted individuals were Hispanic.

Additionally, we observed a small but notable trend in the TAD data towards more male participants; men made up 58.5% of those admitted to treatment court in 2019, but 61.9% in 2025, while the percentage of women correspondingly dropped from 41.5% to 38.1%.

Case Outcomes

Last, the TAD data also track the percentage of people who have graduated from a treatment court, been terminated for non-compliance or removed from the court for other reasons, or remained active in the program. After removing active participants and those who are pending discharge, we found 2,842 people who left treatment court between 2019 and 2024, a majority of whom graduated from their programs (see Figure 10 on the next page).[5] In total, 1,553 participants (54.6%) successfully

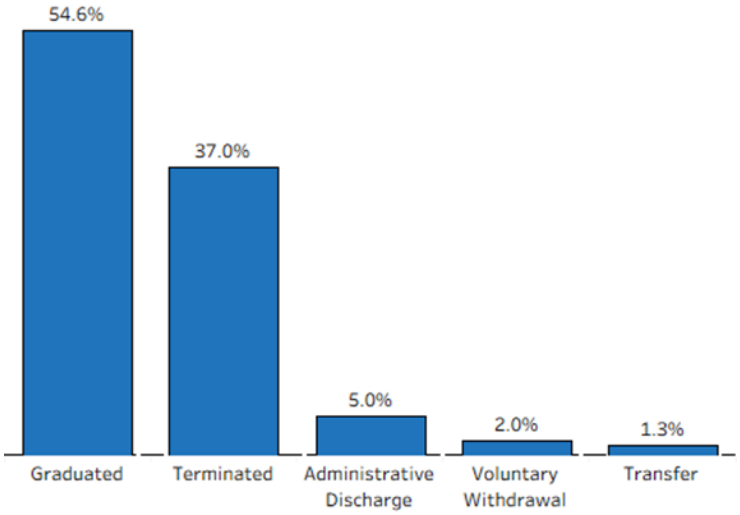
[5] We excluded 2025 because of the high percentage of individuals who started treatment court in that year and are still active in their court today. In our survey, we found that 27 out of 45 programs (60.0%) typically lasted between 12 and 18 months, and the other 18 (40.0%) typically lasted between 18 and 24 months. Some participants also stay in their program for even longer periods.

completed their treatment court programs, which was below the 60.7% overall rate noted by the National Treatment Court Research Center. In addition in Wisconsin, 1,052 (37.0%) were terminated and 143 (5.0%) received administrative discharges for reasons such as their medical or mental health. An additional 56 people (2.0%) withdrew from the program.

Though women were more likely to be found eligible for treatment court, they were slightly less likely to graduate successfully than men. Of the 1,115 women who left a treatment court program between 2019 and 2024, 580 (52.0%) successfully completed their program, and 436 (39.1%) were terminated. Of the 1,727 men in the sample, 973 (56.3%) graduated from the program, and 616 (35.7%) were terminated.

Figure 10: Over Half of Treatment Court Entrants Graduate

Court* participants by current status, excluding active participants and pending discharges, 2019-24



Source: WI Department of Justice; *only courts funded with TAD Program grants.

There are also racial disparities in these data, although the number of non-white individuals in these programs was fairly small. Among the 2,487 white participants who left treatment court between 2019 and 2024, 1,412 of them (56.8%) successfully completed their programs, and 875 (35.2%) were terminated (see Figure 11 on the next page). By contrast, 63 of the 162 American Indians in these data (38.9%) graduated from their courts, while 77 were terminated; 46 of the 129 Black attendees (35.7%) graduated and 73 were terminated.

Despite the relatively high proportion of Black individuals admitted to Milwaukee County's adult drug court, UWM researchers also found racial disparities in program completion rates. Among the court's 26 graduates, 53.8% were white, while 26.9% were Black individuals and 19.2% were Hispanic. By contrast, of the 33 people who were terminated, 45.5% were Black, compared to 33.3% who were white and 21.1% who were Hispanic.

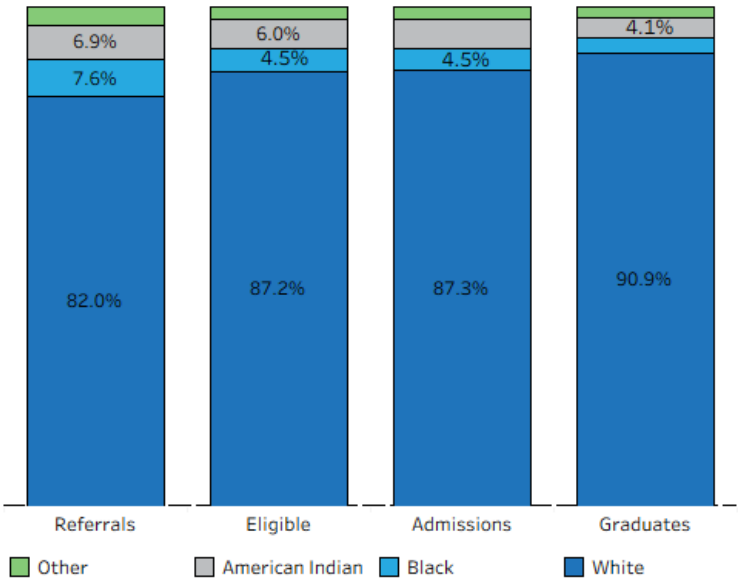
Other research has found disparities among treatment court participants across the country when sorted by race, though the gaps were smaller than in Wisconsin. The National Treatment Court Resource Center's 2025 report, which uses 2022 data from a national survey of treatment courts, found that 62.7% of white treatment court participants successfully completed their programs, compared to 53.4% of Black participants and 49.4% of American Indian participants. The report also found success rates of 65.2% among Asian and Pacific Islander participants, and 61.6% among Hispanic individuals. Although the full analysis from that report is not yet available, the Center's 2022 report found similar trends and noted that in addition to racial disparities in graduation rates, past treatment court studies have also uncovered disparities among individuals who are referred and admitted to treatment court.

In light of these gaps, court officials at both the county and state levels may wish to further study why they exist and how they could be reduced. Notably, the Wisconsin standards recommend that courts

"collect valid and reliable data and evaluate the factors that might account for discrepancies in participation and progress of underserved populations." They also specify that courts should "examine eligible offenses to determine if they have a disparate discriminatory impact, relative to the arrestee population as a whole."

Figure 11: Whites More Likely to Advance in Treatment Courts

Court* referrals, eligibility, admissions, and graduates by race, 2019 to 2024



Source: Wisconsin Department of Justice. *Only courts funded with TAD program grants.

Analysis

Other studies have also identified underrepresentation of Black and Hispanic people in treatment court compared to those groups' share of individuals arrested for drug-related crimes, and lower graduation rates among those groups compared to non-Hispanic white participants. Incomplete data in Wisconsin cases makes it difficult to fully investigate these disparities. For example, we could not review to what degree these gaps may relate to differences among participants in income, health insurance coverage, or local access to treatment providers or transportation as opposed to other factors such as disparate treatment within the system.

In addition, the TAD data do not include Milwaukee County – home to the state's largest Black population and one of its largest American Indian populations – or other courts in southeastern Wisconsin counties with large minority populations. However, the data still highlight how the gaps widen at each stage of the treatment court process (see Figure 11). White people make up 82.0% of all referrals to TAD-funded treatment courts, but 90.9% of graduates from those courts.[6] Meanwhile, their Black counterparts account for 7.6% of referrals but only 3.0% of graduates, and American Indians similarly drop from 6.9% of referrals to 4.1% of graduates. These disparate outcomes make this an important area for further review by treatment court teams and policymakers.

[6] We excluded 2025 data from the calculations that produced these numbers in order to match the current program status data, which also excludes 2025 due to its high percentage of individuals who are still active in their treatment courts. Consequently, these numbers do not match the numbers for referrals, eligibility, and admissions quoted earlier in this piece (pages 13 to 15).

PART THREE: TREATMENT COURT SURVEY

To fill some of the gaps in existing data sources, the Forum conducted its own survey of the coordinators for the state's 104 treatment courts. We worked with the Office of Court Operations in the Director of State Courts office, the Wisconsin Association of Treatment Court Professionals, Vital Strategies, the Wisconsin State Public Defender's Office, the Wisconsin Counties Association, the Badger State Sheriffs Association, and several current Wisconsin court coordinators and treatment court judges to develop and refine our survey instrument (see Appendix One). Our goal was to create a survey that would yield useful information about current policies and practices in treatment courts across Wisconsin, without being unmanageably long or difficult for coordinators to complete. The Office of Court Operations distributed our survey across the state in July, with subsequent follow-ups by both that office and by Forum staff.

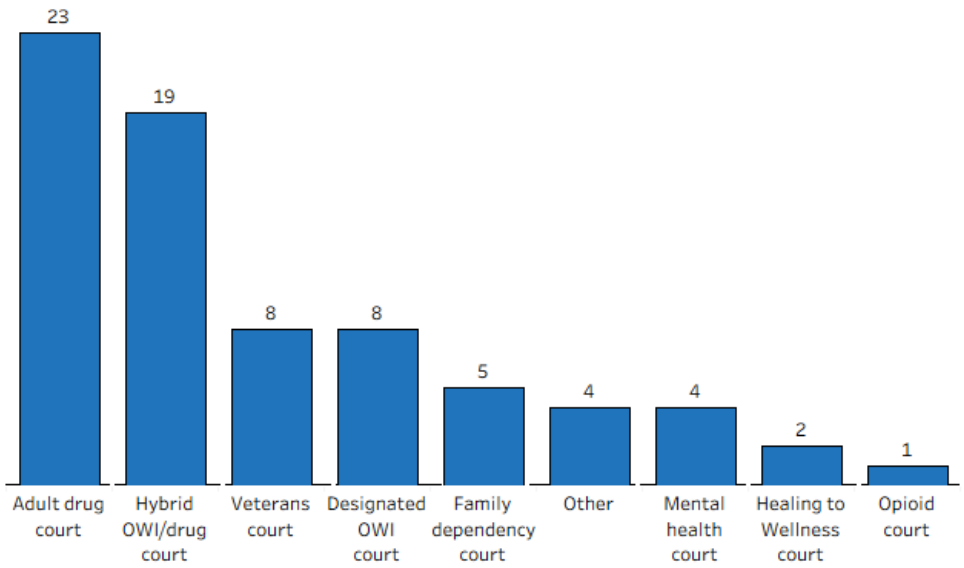
We received 53 responses to our survey after removing duplicate and blank responses. Because some treatment court coordinators manage multiple different courts, those 53 responses covered a total of 74 courts in 43 Wisconsin counties, or 71.2% of Wisconsin treatment courts. These courts included 23 adult drug courts, 19 hybrid OWI/drug courts, eight designated OWI courts, eight veterans courts, and five family dependency courts, among others (see Figure 12). Geographically, our survey respondents cover much of Wisconsin, including its largest urban counties and many rural counties, particularly in the western and southern parts of the state. However, we received relatively fewer responses from northern and central Wisconsin, due in part to the larger number of northern counties that do not have treatment courts.

Program Basics

The Forum asked court coordinators to estimate the number of individuals served by their program in 2019, as well as the number served in 2025, and compared the difference between the two. Across 40 responses, the coordinators reported serving a total of 1,298 people in 2019,

Figure 12: Adult Drug and Hybrid Courts Lead Among Survey Respondents

Responses to WPF survey by type of treatment court, 2026

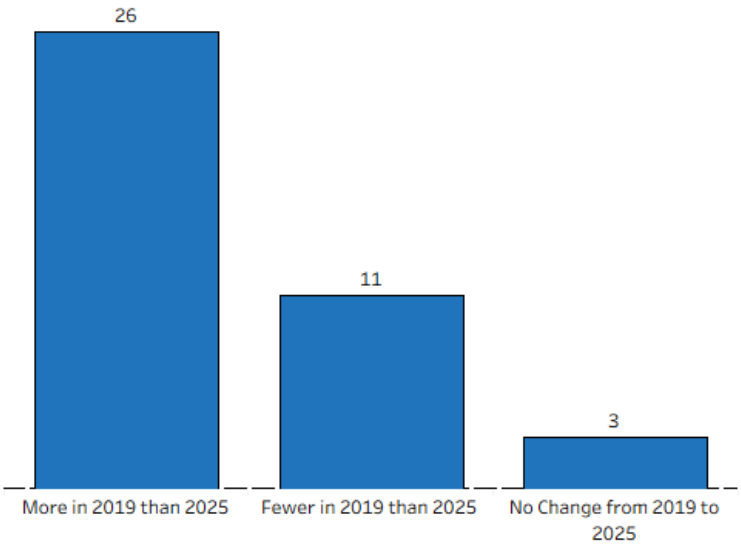


Source: WPF survey

but only 1,130 people in 2025, a 12.9% decrease. Twenty-six of those courts (65.0%) reported that they had served more people in 2019 than 2025, while 11 courts reported a larger population in 2025, and three reported that they served the same number of people in both years (see Figure 13). This drop corresponds with the TAD data showing a drop in admissions since the pandemic.

Fig. 13: Most Courts Serve Fewer People Today Than Pre-Covid

Number of treatment courts serving fewer, more, or the same number of individuals in 2025 compared to 2019



Source: WPF survey data

When asked how their current population compared to the court's capacity, 41 of the 46 respondents said that they were below capacity (89.1%), while just four (8.7%) reported being at capacity, and one respondent said that the question was not applicable. None were over capacity – an important consideration for policymakers.

Several courts with decreases in individuals served cited the effects of COVID, either as a short-term disruption of referrals or as part of a longer-lasting change. Others reported decreases in the number of eligible referrals, although the reasons for that varied by court; responses cited fewer referrals from district attorneys, stricter eligibility guidelines for their court, or changing behavior by the state Department of Corrections.

In some cases, coordinators noted that changes to the criminal justice system had influenced the number of referrals. Several coordinators, both in the survey and in interviews with Forum staff, said that criminal sanctions for some drug-related crimes had been reduced since COVID, which may have led to fewer individuals opting in to treatment courts as a way to avoid these charges. An assistant district attorney also noted that some individuals may be directed into other diversion programs instead; his county offers several different types of diversion and deferred prosecution agreements, which have grown between 2022 and 2025, in addition to treatment court.

Other coordinators noted that when a person is detained pretrial, there are early opportunities for the person's lawyer to meet with the district attorney's office and discuss treatment court referrals, which may not be possible when a person receives a citation and instructions to attend court instead of being arrested. There are various reasons why policymakers have sought to reduce the use of pretrial incarceration. Researchers have found that even short periods of pretrial incarceration can cause people to lose their jobs and lead to significantly decreased long-term earnings. Pretrial detention also is associated with higher rates of guilty pleas among individuals who are incarcerated pretrial than those who remain in the community, longer sentences for defendants who are jailed before trial even when controlling for other factors, and an increased risk of future crimes. People are also often at high risk for overdoses or suicide during and shortly after a stay in jail. Given the

benefits of reducing pretrial detention, policymakers may wish to consider whether there would be benefits to connecting potential treatment court participants to these programs when they remain in the community.

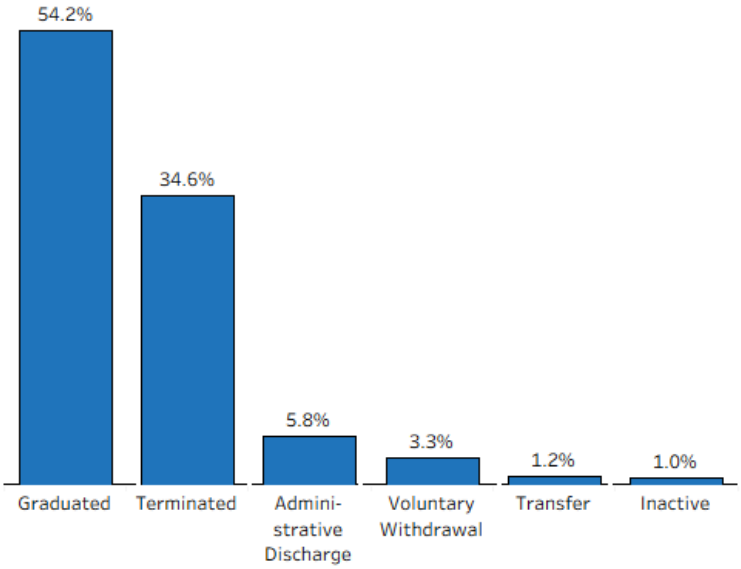
Program Outcomes

The status of people who graduated from or left our survey respondents' courts in 2025, excluding active participants, was broadly similar to our findings from the TAD database. Survey respondents reported that 602 people left the courts in 2025, of whom 326 (54.2%) graduated successfully, while 208 (34.6%) were expelled (see Figure 14). See the "Sanctions and Expulsion" section below for a discussion of reasons for expulsion.

Individuals who complete one of the treatment courts in our sample can receive several different benefits in terms of their criminal or civil cases, depending on their circumstances and their plea deal, if applicable (see Figure 15). According to survey respondents, 30 of 42 courts (71.4%) allow individuals to avoid jail time by completing court, while in 20 courts (47.6%), people can reduce the time that they serve. Other potential benefits include the dismissal (38.1%) or reduction (33.3%) of criminal charges, as well as erasing a guilty plea and expunging a criminal conviction from their record.

Figure 14: Most Participants Graduated Last Year

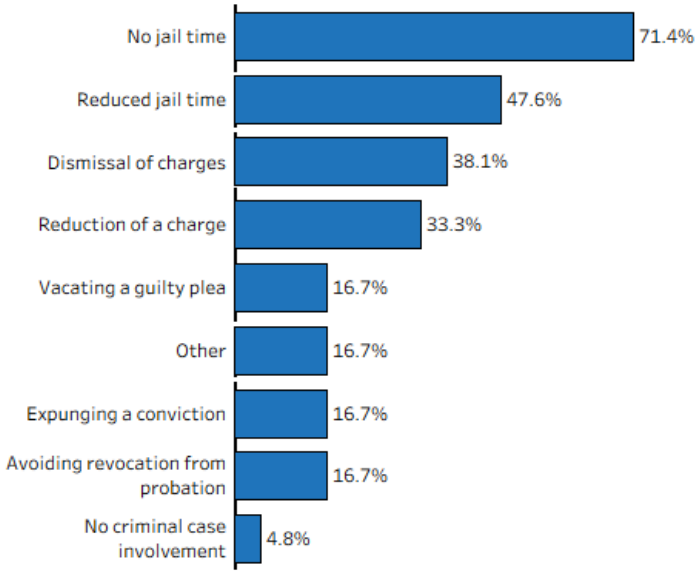
Share of treatment court participants* for each program outcome, 2025



Source: WPF survey data. *Excludes participants who started treatment court in 2025 and remain active.

Figure 15: Most Treatment Courts Allow Grads to Avoid or Reduce Jail Time in Some Cases

% of treatment courts offering the following benefits to graduates, 2026



Source: WPF survey data

The demographic data provided by our respondents were also broadly similar to the TAD court data. When asked to describe the sex of their participants in 2025, 37 courts reported serving 752 people, including 456 men (60.6%) and 295 women (39.2%). In addition, 38 courts reported serving

689 individuals whose race could be identified, including 550 white people (79.8%), 46 Black individuals (6.7%), and 45 American Indians (6.5%), as well as 38 Hispanic participants (5.5%). These included courts located in relatively populous counties, such as Racine, Kenosha, and Outagamie. Notably, white participants were overrepresented and Black participants were underrepresented compared to their share of all individuals in criminal courts in the state, which is consistent with the TAD court data.

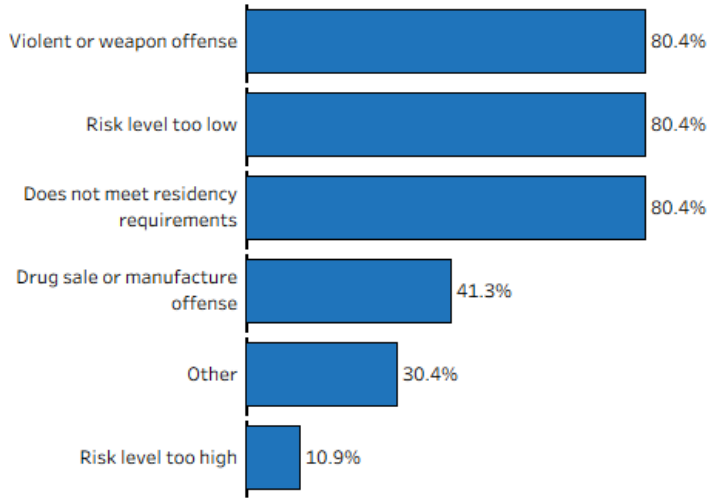
Almost all courts included Hispanic or Latino individuals as a separate racial category, instead of an ethnicity to which people of any race can belong, as is the case in surveys by the U.S. Census Bureau. The data from two Milwaukee County courts followed the Census definition, and could not be reconciled with the other counties' data, so we report it separately here. Ninety-two of those courts' 170 participants with a listed race were white (54.1%), along with 67 (39.4%) who were Black and 11 who were listed as another race (6.5%). Additionally, 24 of the 171 participants with a listed ethnicity identified as Hispanic or Latino (14.0%), while 143 (83.6%) were not Hispanic or Latino, and four (2.3%) were listed as unknown. In these Milwaukee County courts, whites were somewhat underrepresented and Black individuals somewhat overrepresented compared to the population of the county overall.

Eligibility

When asked to name common reasons for ruling people ineligible in their treatment court, over 80% of respondents (37 of 46) cited current or past violent or weapons offenses, failure to meet the court's residency requirements (which differ between courts, according to our review of treatment court manuals), or individuals' risk levels being too low for the court (see Figure 16).

Figure 16: Residency Requirements and Prior Violent Offenses Limit Treatment Court Eligibility

Share of courts saying these factors are common grounds for declining potential candidates



Source: WPF survey data. Respondents could pick more than one factor

Both our review of treatment court manuals and our survey found that fewer than half of courts exclude individuals who were charged with or convicted of manufacturing, selling, or delivering drugs. Some of those counties also review cases to determine whether the person was selling drugs to support his or her own use, or whether he or she was acting purely for financial gain, with only the latter being categorically excluded from court.

Critics have questioned whether treatment courts should always exclude individuals with a charge or conviction for a violent offense. Researchers have found that individuals convicted of violent crimes may have comparable or lower recidivism rates than those convicted of property or drug crimes, and some studies have found success among people convicted of violent crimes who have attended drug court. However, the question is not a simple one, and treatment court teams may choose to exclude

violent offenders from their courts on the grounds of both public safety and public opinion. Additionally, as noted above, both federal and state grants for treatment courts require recipients to exclude some individuals charged with or convicted of violent crimes in order to receive funding.

District Attorneys

Prosecutors can also exert significant influence on treatment court referrals and eligibility determinations. For individuals facing criminal charges, district attorneys must determine whether to offer the person a plea bargain that includes treatment court or otherwise direct them into a diversion program. Although other individuals, such as victims or other members of the treatment court team, can influence that decision, the decision to offer treatment court as part of a plea bargain remains with the district attorney. However, once an individual has been sentenced, such as in extended supervision cases where a person is referred to treatment court as an alternative to revocation, the district attorney may have less influence on the process.

Some courts formalize the role of the district attorney in making decisions about which individuals to admit to the program. In our review of treatment courts' policy and procedure manuals, 15 courts out of 60 gave the district attorney broad authority during the referral process. Some of those courts grant the district attorney the ability to veto participants, while others empower the DA's office to conduct an initial eligibility screening before a person can be considered by the full team, allowing them to rule out candidates at an early stage of the process. Even without a formal role, however, district attorneys can still wield influence; when asked whether the district attorney's office was required to agree for a defendant to participate in treatment court, 26 of 46 survey respondents (56.5%) said yes, against 17 (37.0%) who said no and three (6.5%) who said that it depends on the court.

District attorneys can also help to expand the treatment court referral process. In Milwaukee County, the district attorney's office tasks seven full-time assistant DAs with staffing the county's treatment courts and screening cases for early intervention programs, including both treatment courts and other interventions. Milwaukee is unusual in the size of its office and the resources available to its district attorney, but prosecutors in other counties may also take an active role in identifying and referring cases to the treatment court.

Treatment Options and Medication for Opioid Use Disorder

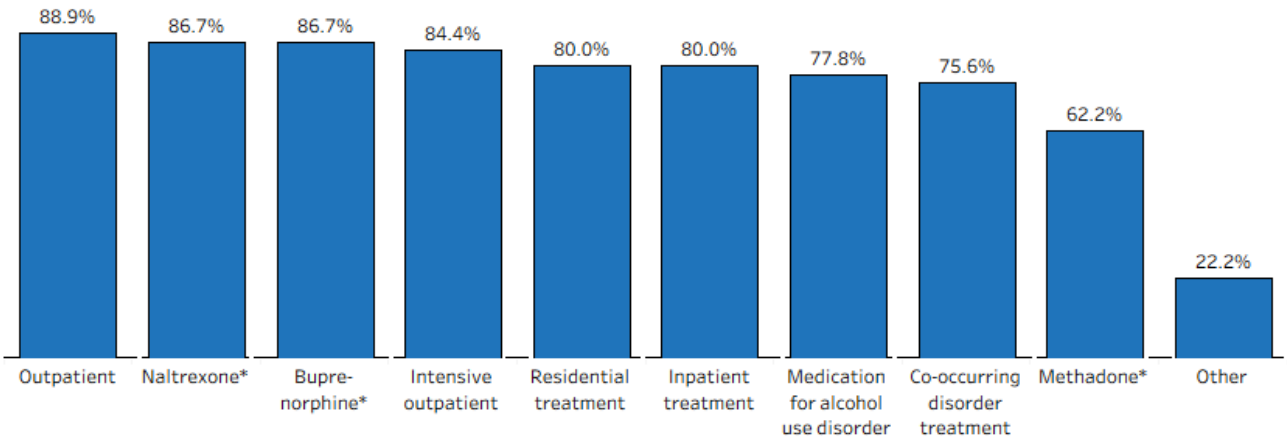
Most of the courts in our study had a relatively wide array of treatment options available at least in principle for participants. Eighty percent of respondents reported their court had access to residential and inpatient treatment programs, with higher percentages having access to basic and intensive outpatient treatment (see Figure 17 on the next page). A majority of respondents also reported providing access to other support services, such as family interventions or counseling (40 of 45, or 88.9%), educational services (86.7%), or vocational services (82.2%). However, it should be noted that coordinators were not asked to estimate the average wait time for those services, or whether enough services were available in their area to meet participants' needs.

Many treatment courts also work with partner organizations to secure housing for their participants, such as beds in sober living homes (29 of 39, 74.4%), transitional housing (56.4%), or subsidized permanent housing (46.2%). However, only one-third of courts have access to temporary housing

programs that do not require abstinence (35.9%), and even fewer have access to supportive permanent housing services (25.6%).

Figure 17: Most Responding Courts Offer Multiple Treatment Options

Share of treatment courts with specific options available for at least some participants, 2026



Source: WPF survey data. *Medication for opioid use disorder.

Most coordinators also reported providing access to medications for opioid use disorder (MOUD), such as buprenorphine and naltrexone, although only 28 of the 45 coordinators, representing 34 courts, reported access to methadone (for more on these medications and the federal restrictions on providing methadone, see our March report). A majority of coordinators reported that they work with treatment providers who offer access to all three types of MOUD, although they were more likely to report access to MOUD in outpatient treatment (33 of 38, 86.8%) and relatively less likely to provide MOUD access as part of inpatient treatment (60.5%). Additionally, 36 of 41 coordinators (87.8%) reported that people in their court could receive a referral to either continue an existing MOUD prescription or start a new one, while 32 (78.0%) reported providing recovery options that work for someone taking MOUD, and almost all (44 of 45) provide harm reduction items such as naloxone or fentanyl test strips. However, we were not able to collect data on the availability of overdose prevention measures for people being released for custody or hospitalization, which is an important area for future study.

These high percentages are consistent with our review of treatment court web pages. Among those official descriptions of each program, 73 of 89 courts with a listing reported that they allow medication-assisted treatment, a category which typically includes MOUD. However, when considering medications that may be prescribed by a person's doctor, not all courts allow participants to use all types of medication. In our survey, 10 of 37 responding coordinators (27.0%) said that participants in their court were not allowed to take certain medications, normally stimulants or opioids, that could be misused. Almost all of the other respondents (26, or 70.3%) have no restrictions on medication use, although some of them do require doctors to be notified that a person is in treatment court, or to sign a form before making a prescription.

As we noted in *Treatment Behind Bars*, numerous federal agencies and medical organizations recommend or endorse the use of MOUD to treat people with opioid use disorder, and individuals who receive MOUD in jail are less likely to overdose after their release, among other

benefits. Agonist MOUD such as buprenorphine and methadone are particularly associated with a reduced likelihood of overdose after starting treatment. The All Rise national treatment court standards also require courts to admit individuals who are receiving these types of medications, and note that providing them can reduce opioid overdose and mortality rates, as well as the transmission of diseases such as HIV.

Sanctions and Expulsion

In addition to treatment resources and other support, treatment courts also have the ability to sanction participants for breaking the rules, or to further assist them if they continue to use drugs or alcohol. In our review of treatment court manuals, we found that 57 of 63 treatment courts (90.5%) may sanction participants with new or increased community service hours. Other common options include increased drug testing (74.6%), additional court appearances (74.6%), increased supervision requirements (63.5%), or extending the amount of time that a person spends in the program (65.1%).

We also found that almost all courts in that sample, 60 of 62 (96.8%), use jail as a sanction under at least some circumstances, such as being arrested or engaging in new criminal activity. Among our survey respondents, most court officials say they do not use jail as a response to a positive drug test. Instead, they turn to sanctions such as increased treatment requirements (88.9%), verbal warnings (77.8%), and increased drug testing (77.8%). Ten of our 45 respondents (22.2%) reported using a short-term jail sanction in that circumstance.

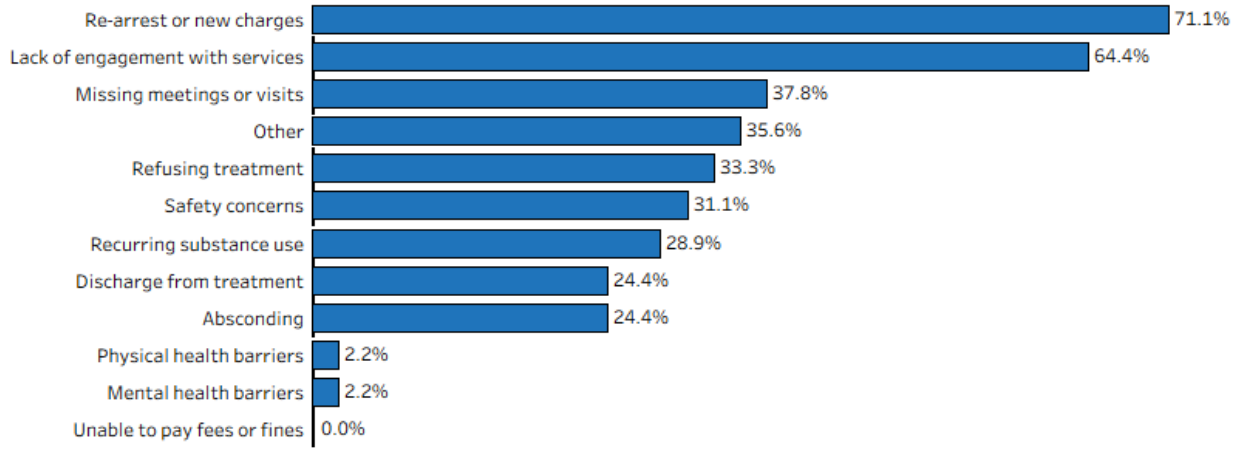
However, when the survey question was asked slightly differently, a majority of coordinators said that the court might use jail sanctions after a positive drug test if some other conditions were also met. For example, 21 of 40 coordinators (52.5%), representing 28 courts, said that people would not be jailed if they only tested positive, but could receive a jail sanction if they tested positive and also lied about their drug or alcohol use. Only eight coordinators (20.0%) said that they did not use jail after positive drug tests, regardless of other circumstances. On this point of when to employ jail as a sanction, a broader discussion within the state treatment court community could be valuable given that the All Rise standards stress the importance of using jail as a tool for protecting public safety and participants rather than as a response to substance use.

Continued substance use can also be a reason for individuals to be expelled from treatment court, although it is not typical (see Figure 18 on the next page). When asked about the most common reasons for expulsion from treatment court, 32 of the 45 coordinators cited participants being rearrested or incurring new criminal charges (71.1%). Others said that a participant refusing to engage with treatment services (64.4%), not showing up to meetings or other visits (37.8%), or refusing treatment altogether (33.3%), were also common reasons for expulsion. Thirteen coordinators, or 28.9%, included recurring or ongoing substance use in that category.

The All Rise standards give three reasons for discharging participants from treatment court: If they pose an imminent public-safety risk, withdraw on their own, or repeatedly refuse treatment. Treatment court teams may wish to consider whether there are steps besides expulsion that they could take with individuals who continue to use drugs or alcohol.

Figure 18: New Arrest or Charge is Most Common Reason for Expelling Participants

Share of treatment court officials saying each reason for expulsion is common in their court, 2026



Source: WPF survey data

The use of jail as a sanction is also worth examining. For context, the All Rise standards state that jail sanctions should be imposed "only after verbal warnings and several low- and moderate-magnitude sanctions have been unsuccessful in deterring repeated infractions of proximal goals or when participants engage in behavior that endangers public safety." The standards hold that the "continued use of illicit substances is insufficient, by itself, to establish a risk to public safety or participant welfare requiring a jail sanction."

The standards state that the process of imposing sanctions should include "reasonable due process protections before a jail sanction is imposed, including notice of the ground(s) for the possible jail sanction, defense counsel assistance, a reasonable opportunity to present or refute relevant information, and a clear rationale for the judge's decision." The standards also find that jail sanctions should not be used solely for continued use of illicit substances, and that they should be "no more than three to six days" and delivered "in the least disruptive manner possible," such as on weekends or in the evening. Our data do not allow us to assess whether these recommendations are being followed across Wisconsin in the administration of jail sanctions. However, given the relatively large number of responses that use jail sanctions for positive tests under at least some circumstances, and the potential negative effects of jail on an individual's recovery and risk of overdose, court coordinators may wish to examine whether the All Rise standards' best practices are being applied in those courts.

Finances

Most participating coordinators reported receiving funding from the state Department of Justice through a TAD grant (35 of 42, or 83.3%). Counties receiving a TAD grant are required to provide matching funds equal to 25% of the grant's value, and 32 coordinators also reported receiving county funding (76.2%). Counties without a TAD grant may also provide funding to their treatment courts through other avenues. Eight courts (19.0%) receive opioid settlement funding from their counties, and another seven (16.7%) receive private grants or donations; only five (11.9%) mentioned receiving federal funding.

As noted above, most states with treatment courts either require or allow courts to charge fees to individuals who participate in them. Wisconsin is one of 26 states plus Washington D.C. that allow its courts to charge such a fee, which can range from a flat fee to participate in the program to periodic fees for treatment, drug testing, or program costs. However, courts that accept TAD funding are required to charge participants "a reasonable amount" for their treatment "based on their income and available assets." Our review of 66 treatment court manuals found that 55 of those courts (83.3%) impose at least some fees or costs. Most courts list a flat fee that is between $200 and $750, although some courts charge periodic fees for costs such as electronic monitoring devices. Twenty-two courts offered participants the chance to reduce at least some of their fees through community service, usually up to a given proportion of the total cost, and 18 said that fees could be reduced as an incentive for good behavior. Only five courts use an ability-to-pay assessment to adjust fee amounts as needed.

The All Rise standards state that fees should be "imposed on a sliding scale in accordance with participants' demonstrable ability to pay and at amounts that are unlikely to impose undue stress on participants, which may impede treatment progress." In light of that, court officials may wish to consider the fees and fines imposed on participants to the extent they are not fixed in state law and legislators may also wish to review those that are imposed under state law.

We also asked coordinators to estimate their courts' total budgets for 2025. Thirty-three coordinators reported an average of $228,744, with most courts (75.8%) falling between $100,000 and $299,999. That suggests that even relatively modest additional spending on a treatment court might have a notable effect on its operations, such as by adding to the existing tools and resources available to assist participants. Any increase in spending, however, would need to be justified based on its cost and potential return.

PART FOUR: CONCLUSION

The success rate of participants in Wisconsin's treatment courts appears to modestly lag that of the nation. Our review of state TAD data yielded a 54.6% completion rate between 2019 and 2024, and our survey found a success rate of 54.2% in 2025 among responding courts. That is somewhat less than the 60.7% nationwide completion rate in 2022 among treatment courts according to the National Treatment Court Resource Center, though there may be differences in how the respective rates were calculated. As we noted, treatment court evaluations have consistently found statistically lower recidivism rates among successful treatment court graduates, underlining the potential benefits of this approach when implemented appropriately.

Referrals

However, treatment courts are also facing difficulties, perhaps most notably the post-pandemic decline in their usage. While referrals to treatment court have risen considerably over our period of study, from 1,154 in 2019 to 1,522 in 2025 among TAD-funded courts, admissions to those courts have yet to bounce back from their pandemic-era decline. TAD-funded courts admitted 576 individuals in 2019, but only 473 in 2025. These results were borne out in our survey, as 26 of our 40 respondents said that they were serving fewer participants in 2025 than in 2019, and only four of 46 respondents said that their court was currently at or above capacity.

In their survey responses and in interviews with the Forum, court coordinators and judges pointed to a variety of reasons for these trends. One recurrent theme from those responses was post-COVID structural changes to the justice system that disincentivized treatment court participation or introduced other barriers.

Several court coordinators noted that lower penalties for some drug offenses had reduced the incentive for participants to opt into a long and demanding treatment court program, while some OWI court coordinators mentioned increased penalties for OWIs that made some individuals ineligible for court. Others told us that the increased use of citations for drug offenses in their jurisdiction, meaning that individuals are given a notice to appear in court rather than being arrested and taken to jail, had made it more difficult for prosecutors and defense attorneys to meet before trial and discuss plea bargains, potentially including treatment court.

It is important not to jump to conclusions about the net effect of these trends. For example, these changes may benefit participants who would otherwise spend more time in jail, which can negatively affect individuals' jobs, criminal cases, and physical or mental health, including by increasing the risk of a fatal overdose. This trend may also have had the effect of reducing treatment court participation and increasing the number of people having their cases handled by traditional courts. The effect of that shift likely depends on a number of factors, including the acuity of the cases that are potentially shifting back into traditional court. Policymakers can decide what response if any to make to this trend. To the extent that treatment court cases produce better outcomes than traditional court cases for certain individuals who graduate from their programs, policymakers may wish to consider developing or strengthening other pathways to treatment court participation.

However, individuals may also be opting for other diversion programs instead. An assistant district attorney in Milwaukee County noted that although treatment court participation has declined since the pandemic, his office is now offering more deferred prosecution agreements, which allow participants to avoid jail or prison time by completing treatment and meeting other requirements. In 2025 alone, 625 Milwaukee County defendants accepted such an agreement, and 82.0% of those agreements resulted in reduced or dismissed charges. The Milwaukee County district attorney's office also employs seven prosecutors whose full-time job is to screen cases for early intervention.

We have already noted the issues and debate around whether to allow individuals with violent crime convictions or charges to participate in treatment court. As we have also noted, some treatment courts have listed drug sales as a reason for excluding participants. The All Rise standards state, "Persons charged with selling drugs or with offenses involving violence, or who have a history of such offenses, are not categorically excluded from treatment court, barring statutory or other legal provisions to the contrary, and are evaluated on a case-by-case basis." The state standards concur, noting that "drug distribution-related charges are not automatically excluded from participation in the treatment court program because the behavior may be related to supporting a substance use disorder, rather than for financial gain." Treatment court officials may wish to consider these elements of the standards in determining who to admit.

Who Participates and Who Succeeds in Treatment Court?

We also found that although Black individuals made up 7.6% of referrals to TAD-funded courts, they made up only 3.0% of graduates from those courts. The percentage of American Indians in those courts also declined during the treatment court process, from 6.9% of referrals to 4.1% of graduates. While the TAD-funded courts do not include several counties with large Black populations, as noted previously, these results echo other Forum findings noting significant racial disparities in the Wisconsin justice system. National findings also note gaps around race in treatment courts. The National Association of Drug Court Professionals found that across the country, 62.7% of white individuals who were admitted to treatment court in 2022 graduated successfully, compared to 53.4% of Black participants, 52.9% of multiracial individuals, and 49.4% of American Indians. However, Asian and Pacific Islander people (65.2%) and Hispanic individuals (61.6%), groups which we were not able to analyze in this study, saw graduation rates comparable to or above the rates for white participants.

There could be a range of reasons for these gaps, and some might be more easily addressed by policymakers than others. For example, Black residents of the state have lower incomes and less wealth than whites. To the extent that is true of treatment court participants, that in turn might affect their transportation options and other circumstances that contribute to missed court dates and program meetings. Black residents also have lower health insurance rates, which might affect their treatment options and program outcomes. These areas may be worth further discussion and exploration.

The Forum's previous criminal justice reports have also found that Black and American Indian Wisconsinites are more likely to be arrested compared to their share of the population, both across all arrests and for specific violent crimes such as aggravated assault and murder and non-negligent manslaughter. Current or past violent crimes are a leading cause of exclusion from treatment courts,

and per the TAD data, exclusion based on a current or past violent or weapons offense was a more common reason for rejection among Black and American Indian individuals than among whites.

The statewide standards published by the Wisconsin Association of Treatment Court Professionals (WATCP) note that if adequate treatment and supervision are available, individuals convicted of violent offenses are no less likely to succeed than those without such a conviction. Additionally, the national standards published by All Rise recommend that people with a current charge or history of violent offenses be evaluated on a case-by-case basis rather than being banned outright, as many Wisconsin treatment courts do. TAD-funded courts are barred by statute from accepting people charged with or convicted of possession or use of a dangerous weapon, use of force against another person, or another person suffering death or serious harm, as well as anyone with a past conviction for a felony involving use of force with the intent to cause death or serious bodily harm. Most of the court manuals that we examined prohibit people with some or all violent offenses.

To the extent that treatment courts reduce recidivism, then blanket prohibitions on all individuals with past violent crimes might actually leave the public less safe in the long run. Policymakers may wish to consider whether it might be worth experimenting with more flexible approaches in a thoughtful and limited manner and then assessing whether the outcomes have been beneficial to the public.

In addition, the All Rise standards caution against imposing fines and fees that participants are unable to pay. State standards also caution that "financial obligations cannot be the only barrier to phase advancement." For that reason, court officials may wish to limit fees and fines where allowed under the law and state legislators may wish to consider revisiting some fees and fines that could have a disproportionate impact on low-income treatment court participants.

It is worth noting here that although both the WATCP and All Rise standards recommend that treatment courts serve only high-risk, high-need individuals, more than half of Wisconsin courts accept moderate-risk people as well. This approach includes individuals who may benefit from treatment court, and may be attractive to courts in rural areas that serve small numbers of people, but also runs the risk of providing intensive supervision and treatment resources to individuals who may not need or benefit from them.

On the one hand, many of Wisconsin's treatment courts currently have available slots, and it could be seen as reasonable to serve these additional participants. On the other, given the additional cost of treatment courts and their greater requirements on the individuals, policymakers may wish to consider evaluating the programs' handling of participants who are not high risk, or establishing separate tracks with less demanding requirements for lower-risk individuals as some Wisconsin courts have already done. All Rise's national standards recommend establishing these separate tracks for such individuals to avoid negative outcomes for low-risk individuals in traditional treatment court programs. The state standards concur, stating that courts should "separate participants with different actuarial risk for purposes of court intervention and treatment."

Some of our survey respondents have already put this recommendation into practice. Outagamie County has a track for low-risk, high-need individuals in both its hybrid court and its veterans court, while Sauk County has two tracks in its hybrid court, and Chippewa County also described its hybrid

court as "multi-track." Meanwhile, St. Croix County's adult drug court previously had a second track for OWI clients, but recently discontinued that part of the program.

MOUD, Treatment, Sanctions, and State Standards

The state standards are also useful for considering the availability of different treatment options across Wisconsin's courts, including medication for opioid use disorder (MOUD). While most courts follow the WATCP recommendation that participants should be able to receive these medications, a small number of Wisconsin courts do not admit individuals who receive this treatment, and others report that individuals are not allowed to take specific medications. Additionally, although most courts have numerous treatment options that are available to participants, treatments such as methadone and co-occurring disorder treatment are relatively less common among treatment courts. We also lack good statewide data about the true availability of these medications in practice, even within programs that embrace them in theory. Expanding access to these medications both in principle and practice would be one likely tool for both improving outcomes and reducing overdoses.

More than one-fifth of survey respondents reported that their treatment court uses jail as a response to positive drug tests. In a different question, more than half of respondents also reported that they might sanction a participant to jail if he or she failed a drug test and were dishonest with the court. While neither the All Rise standards nor the state standards prohibit the use of jail sanctions for treatment court participants, both recommend that they should be used "judiciously and sparingly," in the words of WATCP. With regard to the timing of such sanctions, All Rise first recommends that those "with a compulsive substance use disorder receive service adjustments, not sanctions, for substance use until they are in early remission, defined as at least 90 days without clinical symptoms that may interfere with their ability to attend sessions, benefit from the interventions, and avoid substance use." All Rise further recommends numerous procedural safeguards that serve to limit both the use and duration of jail sanctions, which can have what the standards describe as "serious negative effects" on participants including increasing the risk of overdose.

Our survey found that there is substantial variation among Wisconsin treatment courts' policies and practices on how and when to use jail sanctions. Policymakers may wish to consider whether these practices should be more standardized across courts and brought into greater conformity with national and state standards.

Another issue for treatment courts to consider is expulsion. Some treatment court officials stated in the survey that they expel participants for continued substance use. However, the Wisconsin treatment court standards state, "Participants are not terminated for continued substance use if they are compliant with all other supervision and treatment requirements, nor are they terminated for a new arrest for drug possession." In cases where these participants do not pose an imminent public-safety risk, court teams may wish to consider steps besides expulsion for addressing this concern.

Program evaluation is one way for treatment courts to periodically assess themselves and continue to strengthen their operations and the services they provide. The state standards recommend that treatment court teams routinely monitor their own performance and adherence to best practices,

including periodic evaluations and the presence of an outside evaluator. However, only nine of the 66 treatment court manuals that we examined included an evaluator as part of the treatment court team, and only 35 of those courts (53.0%) have an advisory board or steering committee that could also help with program evaluation. Treatment court teams may periodically conduct self-evaluations as well, with or without these entities, but it can be difficult to do so given the ongoing workload of treatment court and the fact that most treatment court team members have other responsibilities.

Statewide entities can also evaluate treatment courts and provide training and technical assistance. However, Wisconsin does not have a statewide certification program for treatment courts. The Office of Court Operations visits each court once a year and provides technical assistance, and the WATCP organizes annual conferences for court coordinators and judges. Neither body can compel a treatment court to change its policies or practices, although TAD-funded courts must comply with requests from the state Department of Justice, which also visits and evaluates those courts. Policymakers may wish to give a state agency such as the Office of Court Operations more oversight over treatment courts, in order to help courts adhere more closely to statewide standards. However, in doing so they would also need to consider the constitutional and legal responsibilities of elected judges and prosecutors.

In the Wisconsin justice system, the need for effective tools to address difficult cases is as great as ever. As of August 2026, Wisconsin's prison population was at an all-time high, due in part to an increase in the severity and length of sentences for crimes such as OWI. For individuals with alcohol or substance use disorder or mental health issues, drug and mental health courts represent one avenue to receive treatment for their conditions while adjudicating their cases. To realize the vision of handling these difficult cases, however, treatment courts need resources and support and effective strategies and policies. We hope that our findings will be of use to state and county officials as they continue to strengthen the state's systems for addressing the problems of drug use and mental health issues in Wisconsin.

APPENDIX ONE: SURVEY QUESTIONS

To obtain these data, the Forum developed a 44-question online survey for treatment court coordinators, in consultation with the state Office of Court Operations, the Wisconsin Association of Treatment Court Professionals, the Wisconsin State Public Defender's Office, Vital Strategies, the Wisconsin Counties Association, the Badger State Sheriffs Association, and several current court coordinators and treatment court judges. The Office of Court Operations initially emailed the survey to the state's list of court coordinators, and both that office and the Forum followed up with email outreach to courts that did not respond. One important limitation of this survey is that we were only able to solicit information from treatment court coordinators or managers. Other members of treatment court teams, such as judges, district attorneys, defense attorneys, or Department of Corrections staff, might have provided different insights or opinions about current practices in treatment courts and the challenges that they face. Additionally, in an effort to boost participation, we did not require our respondents to complete every question, so the number of responses to each question will vary throughout the survey.

Survey Instrument

	Question Text	Respondents
1	Please provide your name.	N/A
2	Please provide your email address.	N/A
3	What is your job title?	53
4	What type(s) of court do you work with? Please select all that apply.	50
5	What county is your court program physically located in?	50
6	How many individuals did your treatment court serve in 2019? Estimate if needed.	46
7	How many individuals did your treatment court serve in 2025? Estimate if needed.	46
7a	Please provide data by race and sex for the individuals your court served in 2025, if available. If it is easier to send a spreadsheet, you can email the data to atisdel@wispolicyforum.org.	44
8	If the number of individuals served has increased or decreased significantly between 2019 and 2025, please explain.	33
9	Are you currently at, below, or above your program capacity?	46
10	What is the average time in months that it takes individuals to successfully complete your program?	45
11	Does the district attorney's office need to agree to allow a defendant to participate in your county's treatment court?	46
12	What factors, if any, typically render a person ineligible for treatment court? Please select all that apply. • Current or prior offense for drug manufacture, delivery, or sale • Violent or weapon offense	46

	Question Text	Respondents
	• Risk level too low • Risk level too high • Does not meet residency requirements • Other (please explain)	
13	How long do individuals typically have to wait before being admitted to your treatment court, including both the time to determine their eligibility and the time to admit them after an eligibility determination?	41
14	What factors contribute to the wait between arrest and admission? Select all that apply.	45
15	What percentage of individuals in your court are on probation, parole, or extended supervision? Please estimate if data are not available.	47
16	In 2025, how many people in your treatment court were in each of the following categories: graduated, terminated, active, administrative discharge, voluntary withdrawal, pending discharge, transfer, and inactive?	43
17	When someone successfully completes the program, what are the potential outcomes related to their criminal case, if a criminal case is involved? Please select all that apply.	42
18	What are the most common reasons for someone to be expelled from your program? Please select all that apply. • Recurring/ongoing substance use • Re-arrest/new charges • Lack of engagement with services • Discharge from treatment • Treatment refusal • Safety concerns • Mental health barriers • Physical health barriers • Inability to pay fees or fines • Not showing up to meetings or other visits • Other	45
19	Which of the following responses may be used following a positive drug test? Please select all that apply.	45
20	Under what circumstances, if any, is a jail sanction used in response to a positive drug test?	40
21	What is the typical length of a jail sanction for a positive drug test?	41
22	Which of the following treatment options are available to participants in your court? Please select all that apply.	45
23	Among treatment providers that work with your court: which of the following treatment options, if any, allow all three forms of medication for opioid use disorder (MOUD)? These include methadone, buprenorphine, and naltrexone.	38

	Question Text	Respondents
24	Are the requests of the participant included in decision-making about treatment? If so, how?	40
25	Do participants receive individual or group counseling? (Select options)	44
26	Which of the following services, if any, are provided through your treatment court? Please select all that apply.	41
27	Are there any medications prescribed by a doctor that individuals are not eligible to use while in the program? If so, please specify.	37
28	Which of the following housing options or referrals does your program offer, if any?	39
29	Which of these services or programs, if any, do people in your treatment court have access to? Please check all that apply.	45
30	For participants being released from custody, including after a jail sanction, what overdose prevention measures are in place?	Data not viable
31	For participants being released from hospitalization and inpatient treatment, what overdose prevention measures are in place?	Data not viable
32	What was the approximate budget for this treatment court in 2025?	33
33	What sources of funding does your treatment court currently receive money from? Please select all that apply.	42
34	(If yes to federal funding) Has your federal funding changed over the last three years, in the amount of money provided or in any other way? Please describe.	5
35	What participant fees, if any, are standard in your court?	Data not viable
36	What types of participant fines, if any, are levied in your treatment court? Please list.	30
37	Does your court share the cost of treatment services with other treatment courts, or partner with those courts in other ways? If so, please describe them here.	31
38	Does your court track recidivism among graduates from your program? If so, please provide the estimated recidivism rate for the most recent available year, including your definition of recidivism.	35
39	Does your court track other social, economic, and health-related outcomes among participants? Please select all that apply.	25
40	Does your court have access to language interpretation and materials in other languages when needed?	40
41	Does your treatment court do any public outreach, engagement or education with the local community on your programs? If so, please describe.	36
42	Does your treatment court have formal structures in place to receive feedback from participants (former, current or prospective), such as an Advisory Board? If so, please describe.	39
43	In your opinion, what aspects of your treatment court are currently working well?	33

	Question Text	Respondents
44	What challenges, if any, is your treatment court currently facing?	34

Note: Data from questions 30, 31, and 35 were not usable due to errors with the survey platform. Additionally, data from Question 38 could not be standardized, so we do not present it here.

APPENDIX TWO: WISCONSIN TREATMENT COURTS

	Adult Drug	Family Depend-ency	Hybrid OWI / Drug	Mental Health	OWI	Veterans	Healing to Wellness	Other	None	More Than One Court
All Courts	**31**	**12**	**26**	**6**	**12**	**9**	**5**	**3**	**14**	**26**
Adams			1							
Ashland									1	
Barron		1	1							X
Bayfield			1							
Brown	2	1		1	1	1	1	1		X
Buffalo									1	
Burnett			1							
Calumet									1	
Chippewa			1							
Clark	1									
Columbia	1				1					X
Crawford			1							
Dane	1				1	1		1		X
Dodge	1				1					X
Door	1									
Douglas	1									
Dunn		1	1							X
Eau Claire		1	2			1				X
Florence									1	
Fond du Lac	1									
Forest	1						1			X
Grant	1				1					X
Green			1							
Green Lake									1	
Iowa	1									
Iron									1	
Jackson	1	1					1			X
Jefferson	1				1					X
Juneau	1									
Kenosha	1	1						1		X
Kewaunee									1	
La Crosse	1				1	1				X
Lafayette			1							

Langlade									1	
Lincoln									1	
Manitowoc	1									
Marathon	1									
Marinette	1			1						X
Marquette			1							
Menominee									1	
Milwaukee	1	1		1		1				X
Monroe	1	1			1					X
Oconto									1	
Oneida					1					
Outagamie		1	1	1		1				X
Ozaukee									1	
Pepin									1	
Pierce			1							
Polk			1							
Portage	1									
Price									1	
Racine	1					1				X
Richland			1							
Rock	1	1			1	1				X
Rusk			1							
St. Croix	1	1								X
Sauk			1							
Sawyer			1				1			X
Shawano	1									
Sheboygan			1			1				X
Taylor			1							
Trempealeau			1							
Vernon			1							
Vilas							1			
Walworth		1			1					X
Washburn			1							
Washington	1									
Waukesha	1				1					X
Waupaca			1							
Waushara			1							
Winnebago	1			1						X
Wood	1			1						X

APPENDIX THREE: ACCESS TO MEDICATION AND TREATMENT

Treatment Options Available in a Court

County	Court	In-patient	Resid-ential treat-ment	Intens-ive out-patient	Out-patient	Co-occurring disorder treatment	Bupren-orphine	Meth-adone	Nal-trexone	Meds for alcohol use disorder	Other	Did Not Respond	No Court
Adams	Hybrid Drug / OWI	X	X	X	X	X	X		X	X			
Ashland													X
Barron	Family Dep.											X	
Barron	Hybrid Drug / OWI	X	X		X	X	X	X	X	X			
Bayfield	Hybrid Drug / OWI			X	X	X	X		X	X			
Brown	Adult Drug											X	
Brown	Adult Drug											X	
Brown	Family Dep.											X	
Brown	Mental Health											X	
Brown	Opioid											X	
Brown	OWI											X	
Brown	Veterans											X	
Brown	Healing to Wellness											X	
Buffalo													X
Burnett	Hybrid Drug / OWI		X	X			X		X	X			
Calumet													X
Chippewa	Hybrid Drug / OWI	X	X	X	X	X	X	X	X	X			
Clark	Adult Drug	X	X		X		X		X	X			
Columbia	Adult Drug											X	
Columbia	OWI											X	
Crawford	Hybrid Drug / OWI											X	

County	Court	In-patient	Resid-ential treat-ment	Intens-ive out-patient	Out-patient	Co-occurring disorder treatment	Bupren-orphine	Meth-adone	Nal-trexone	Meds for alcohol use disorder	Other	Did Not Respond	No Court
Dane	Adult Drug	X	X	X	X	X	X	X	X	X			
Dane	OWI	X	X	X	X	X	X	X	X	X			
Dane	Veterans		X	X	X	X	X	X	X	X			
Dane	Commun ity											X	
Dodge	Adult Drug		X	X	X	X	X		X	X			
Dodge	OWI		X	X	X	X	X		X	X			
Door	Adult Drug											X	
Douglas	Adult Drug	X	X	X	X		X		X	X	X		
Dunn	Family Dep.	X	X	X	X	X	X	X	X	X			
Dunn	Hybrid Drug / OWI	X	X	X	X	X	X	X	X	X			
Eau Claire	Family Dep.											X	
Eau Claire	Hybrid Drug / OWI	X	X	X	X	X	X	X	X	X		X	
Eau Claire	Hybrid Drug / OWI	X	X	X	X	X	X	X	X	X			
Eau Claire	Veterans	X	X	X	X	X	X	X	X	X			
Florence													X
Fond du Lac	Adult Drug											X	
Forest	Adult Drug											X	
Forest	Healing to Wellness											X	
Grant	Adult Drug	X	X	X	X		X		X	X			
Grant	OWI	X	X	X	X		X		X	X			
Green	Hybrid Drug / OWI	X	X	X	X	X	X	X	X	X			
Green Lake													X
Iowa	Adult Drug											X	
Iron													X
Jackson	Adult Drug											X	
Jackson	Family Dep.	X					X			X			

County	Court	In-patient	Resid-ential treat-ment	Intens-ive out-patient	Out-patient	Co-occurring disorder treatment	Bupren-orphine	Meth-adone	Nal-trexone	Meds for alcohol use disorder	Other	Did Not Respond	No Court
Jackson	Healing to Wellness											X	
Jefferson	Adult Drug											X	
Jefferson	OWI											X	
Juneau	Adult Drug											X	
Kenosha	Adult Drug	X	X	X	X	X	X	X	X	X	X		
Kenosha	Family Dep.											X	
Kenosha	Co-occurring Disorder											X	
Kewaunee													X
La Crosse	Adult Drug											X	
La Crosse	OWI											X	
La Crosse	Veterans	X	X	X	X	X	X	X	X	X	X		
Lafayette	Hybrid Drug / OWI												
Langlade													X
Lincoln													X
Manitowoc	Adult Drug	X	X	X	X	X	X	X	X				
Marathon	Adult Drug	X	X	X	X	X	X	X	X	X			
Marinette	Adult Drug	X		X	X	X	X		X	X			
Marinette	Mental Health											X	
Marquette	Hybrid Drug / OWI											X	
Menominee													X
Milwaukee	Adult Drug	X	X	X	X	X	X	X	X	X	X		
Milwaukee	Family Dep.	X	X	X	X	X	X	X	X	X			
Milwaukee	Mental Health	X	X	X	X	X	X	X	X	X			
Milwaukee	Veterans	X	X	X	X	X	X	X	X	X	X		
Monroe	Adult Drug											X	
Monroe	Family Dep.											X	

County	Court	In-patient	Resid-ential treat-ment	Intens-ive out-patient	Out-patient	Co-occurring disorder treatment	Bupren-orphine	Meth-adone	Nal-trexone	Meds for alcohol use disorder	Other	Did Not Respond	No Court
Monroe	OWI	X	X	X	X	X	X	X	X	X	X		
Oconto													X
Oneida	OWI											X	
Outagamie	Family Dep.											X	
Outagamie	Hybrid Drug / OWI	X	X	X	X	X	X	X	X	X			
Outagamie	Mental Health	X	X	X	X	X	X	X	X	X			
Outagamie	Veterans	X	X	X	X	X	X	X	X	X			
Ozaukee													X
Pepin													X
Pierce	Hybrid Drug / OWI	X		X	X				X		X		
Polk	Hybrid Drug / OWI			X	X		X		X				
Portage	Adult Drug	X	X	X	X	X	X	X	X	X			
Price													X
Racine	Adult Drug	X	X	X	X	X	X	X	X	X	X		
Racine	Veterans	X	X	X	X	X	X	X	X	X			
Richland	Hybrid Drug / OWI		X	X	X	X							
Rock	Adult Drug												
Rock	Family Dep.										X		
Rock	OWI										X		
Rock	Veterans										X		
Rusk	Hybrid Drug / OWI	X		X	X	X	X		X				
St. Croix	Adult Drug	X	X	X									
St. Croix	Family Dep.	X	X	X									
Sauk	Hybrid Drug / OWI		X	X	X		X	X	X	X			
Sawyer	Hybrid Drug / OWI											X	

County	Court	In-patient	Resid-ential treat-ment	Intens-ive out-patient	Out-patient	Co-occurring disorder treatment	Bupren-orphine	Meth-adone	Nal-trexone	Meds for alcohol use disorder	Other	Did Not Respond	No Court
Sawyer	Healing to Wellness											X	
Shawano	Adult Drug											X	
Sheboygan	Hybrid Drug / OWI											X	
Sheboygan	Veterans											X	
Taylor	Hybrid Drug / OWI				X	X							
Trem-pealeau	Hybrid Drug / OWI											X	
Vernon	Hybrid Drug / OWI											X	
Vilas	Healing to Wellness	X	X	X	X	X	X	X	X	X			
Walworth	Family Dep.											X	
Walworth	OWI	X	X		X	X	X	X	X	X			
Washburn	Hybrid Drug / OWI	X	X	X	X								
Washington	Adult Drug	X	X	X	X	X	X	X	X	X	X		
Waukesha	Adult Drug	X	X	X	X	X	X	X	X	X	X		
Waukesha	OWI	X	X	X	X	X	X	X	X	X	X		
Waupaca	Hybrid Drug / OWI											X	
Waushara	Hybrid Drug / OWI											X	
Winnebago	Adult Drug	X	X	X	X	X			X				
Winnebago	Mental Health	X	X	X	X	X			X				
Wood	Adult Drug	X	X	X	X	X	X	X	X	X	X		
Wood	Mental Health											X	

Courts that Work With a Treatment Provider Offering All Three Common Medications for Opioid Use Disorder

County	Court	Inpatient treatment	Residential treatment	Intensive outpatient treatment	Outpatient treatment	Co-occurring disorder treatment	Did Not Respond	No Courts
Adams	Hybrid						X	
Ashland								X
Barron	Family Dep.						X	
Barron	Hybrid				X			
Bayfield	Hybrid	X		X	X	X		
Brown	Adult Drug						X	
Brown	Adult Drug						X	
Brown	Family Dep.						X	
Brown	Mental Health						X	
Brown	Opioid						X	
Brown	OWI						X	
Brown	Veterans						X	
Brown	Healing to Wellness						X	
Buffalo								X
Burnett	Hybrid			X				
Calumet								X
Chippewa	Hybrid		X	X	X	X		
Clark	Adult Drug	X	X		X			
Columbia	Adult Drug						X	
Columbia	OWI						X	
Crawford	Hybrid						X	
Dane	Adult Drug			X	X	X		
Dane	OWI			X	X	X		
Dane	Veterans			X	X	X		
Dane	Community						X	
Dodge	Adult Drug			X	X	X		
Dodge	OWI			X	X	X		
Door	Adult Drug						X	
Douglas	Adult Drug						X	
Dunn	Family Dep.			X	X	X		
Dunn	Hybrid	X	X	X	X	X		
Eau Claire	Adult Drug	X	X	X	X	X		
Eau Claire	Family Dep.						X	
Eau Claire	Hybrid	X	X	X	X	X		

County	Court	Inpatient treatment	Residential treatment	Intensive outpatient treatment	Outpatient treatment	Co-occurring disorder treatment	Did Not Respond	No Courts
Eau Claire	Veterans	X	X	X	X	X		
Florence								X
Fond du Lac	Adult Drug						X	
Forest	Adult Drug						X	
Forest	Healing to Wellness						X	
Grant	Adult Drug						X	
Grant	OWI						X	
Green	Hybrid			X	X	X		
Green Lake								X
Iowa	Adult Drug						X	
Iron								X
Jackson	Adult Drug						X	
Jackson	Family Dep.						X	
Jackson	Healing to Wellness				X			
Jefferson	Adult Drug						X	
Jefferson	OWI						X	
Juneau	Adult Drug						X	
Kenosha	Adult Drug	X	X	X	X	X		
Kenosha	Family Dep.						X	
Kenosha	Co-occurring Disorder						X	
Kewaunee								X
La Crosse	Adult Drug						X	
La Crosse	OWI						X	
La Crosse	Veterans	X	X	X	X	X		
Lafayette	Hybrid						X	
Langlade								X
Lincoln								X
Manitowoc	Adult Drug	X	X	X	X	X		
Marathon	Adult Drug	X	X	X	X	X		
Marinette	Adult Drug						X	
Marinette	Mental Health						X	
Marquette	Hybrid						X	
Menominee								X
Milwaukee	Adult Drug	X	X	X	X	X		
Milwaukee	Family Dep.	X	X	X	X	X		

County	Court	Inpatient treatment	Residential treatment	Intensive outpatient treatment	Outpatient treatment	Co-occurring disorder treatment	Did Not Respond	No Courts
Milwaukee	Mental Health			X	X	X		
Milwaukee	Veterans	X	X	X	X	X		
Monroe	Adult Drug						X	
Monroe	Family Dep.						X	
Monroe	OWI	X	X	X	X	X		
Oconto								X
Oneida	OWI						X	
Outagamie	Family Dep.						X	
Outagamie	Hybrid	X	X	X	X	X		
Outagamie	Mental Health	X	X	X	X	X		
Outagamie	Veterans	X	X	X	X	X		
Ozaukee								X
Pepin								X
Pierce	Hybrid	X		X	X			
Polk	Hybrid						X	
Portage	Adult Drug							
Price								X
Racine	Adult Drug	X	X	X	X	X		
Racine	Veterans							
Richland	Hybrid		X	X	X	X		
Rock	Adult Drug						X	
Rock	Family Dep.						X	
Rock	OWI						X	
Rock	Veterans						X	
Rusk	Hybrid	X			X			
St. Croix	Adult Drug	X	X	X				
St. Croix	Family Dep.	X	X	X				
Sauk	Hybrid		X	X	X			
Sawyer	Hybrid						X	
Sawyer	Healing to Wellness						X	
Shawano	Adult Drug						X	
Sheboygan	Hybrid						X	
Sheboygan	Veterans						X	
Taylor	Hybrid				X	X		
Trempealeau	Hybrid						X	
Vernon	Hybrid						X	

County	Court	Inpatient treatment	Residential treatment	Intensive outpatient treatment	Outpatient treatment	Co-occurring disorder treatment	Did Not Respond	No Courts
Vilas	Healing to Wellness						X	
Walworth	Family Dep.						X	
Walworth	OWI	X	X		X	X		
Washburn	Hybrid		X	X				
Washington	Adult Drug	X	X	X	X	X		
Waukesha	Adult Drug	X	X	X				
Waukesha	OWI	X	X	X				
Waupaca	Hybrid						X	
Waushara	Hybrid						X	
Winnebago	Adult Drug						X	
Winnebago	Mental Health						X	
Wood	Adult Drug	X	X	X	X	X		
Wood	Mental Health						X	

Treatment Options Incorporating Medication for Opioid Use Disorder (MOUD)

County	Court	MOUD referrals: initiation	MOUD referrals: continuation	Recovery support (MOUD-friendly)	Vocational options (MOUD-friendly)	Other (please specify)	Did Not Respond	No Courts
Adams	Hybrid	X	X	X				
Ashland								X
Barron	Family Dep.							X
Barron	Hybrid						X	
Bayfield	Hybrid	X	X	X	X			
Brown	Adult Drug						X	
Brown	Adult Drug						X	
Brown	Family Dep.						X	
Brown	Mental Health						X	

County	Court	MOUD referrals: initiation	MOUD referrals: continuation	Recovery support (MOUD-friendly)	Vocational options (MOUD-friendly)	Other (please specify)	Did Not Respond	No Courts
Brown	Opioid						X	
Brown	OWI						X	
Brown	Veterans						X	
Brown	Healing to Wellness						X	
Buffalo								X
Burnett	Hybrid		X	X	X			
Calumet								X
Chippewa	Hybrid	X	X	X	X			
Clark	Adult Drug			X				
Columbia	Adult Drug						X	
Columbia	OWI						X	
Crawford	Hybrid						X	
Dane	Adult Drug	X	X	X				
Dane	OWI	X	X	X				
Dane	Veterans	X	X	X	X			
Dane	Community						X	
Dodge	Adult Drug		X	X	X			
Dodge	OWI		X	X	X			
Door	Adult Drug						X	
Douglas	Adult Drug	X	X	X	X			
Dunn	Family Dep.	X	X					
Dunn	Hybrid	X	X	X	X			
Eau Claire	Adult Drug	X	X	X				
Eau Claire	Family Dep.						X	
Eau Claire	Hybrid	X	X	X				
Eau Claire	Veterans	X	X	X				

County	Court	MOUD referrals: initiation	MOUD referrals: continuation	Recovery support (MOUD-friendly)	Vocational options (MOUD-friendly)	Other (please specify)	Did Not Respond	No Courts
Florence								X
Fond du Lac	Adult Drug						X	
Forest	Adult Drug						X	
Forest	Healing to Wellness						X	
Grant	Adult Drug						X	
Grant	OWI						X	
Green	Hybrid	X	X					
Green Lake								X
Iowa	Adult Drug						X	
Iron								X
Jackson	Adult Drug						X	
Jackson	Family Dep.						X	
Jackson	Healing to Wellness		X	X	X			
Jefferson	Adult Drug						X	
Jefferson	OWI						X	
Juneau	Adult Drug						X	
Kenosha	Adult Drug	X	X	X				
Kenosha	Family Dep.						X	
Kenosha	Co-occurring Disorder						X	
Kewaunee								X
La Crosse	Adult Drug						X	
La Crosse	OWI						X	

County	Court	MOUD referrals: initiation	MOUD referrals: continuation	Recovery support (MOUD-friendly)	Vocational options (MOUD-friendly)	Other (please specify)	Did Not Respond	No Courts
La Crosse	Veterans	X	X	X	X	X		
Lafayette	Hybrid	X		X				
Langlade								X
Lincoln								X
Manitowoc	Adult Drug							
Marathon	Adult Drug	X	X	X				
Marinette	Adult Drug	X	X	X				
Marinette	Mental Health						X	
Marquette	Hybrid						X	
Menominee								X
Milwaukee	Adult Drug	X	X	X	X			
Milwaukee	Family Dep.	X	X	X				
Milwaukee	Mental Health	X	X	X				
Milwaukee	Veterans	X	X	X	X			
Monroe	Adult Drug						X	
Monroe	Family Dep.						X	
Monroe	OWI	X	X	X				
Oconto								X
Oneida	OWI						X	
Outagamie	Family Dep.						X	
Outagamie	Hybrid	X	X	X	X			
Outagamie	Mental Health	X	X	X	X			
Outagamie	Veterans	X	X	X	X			
Ozaukee								X
Pepin								X
Pierce	Hybrid	X	X					
Polk	Hybrid						X	

County	Court	MOUD referrals: initiation	MOUD referrals: continuation	Recovery support (MOUD-friendly)	Vocational options (MOUD-friendly)	Other (please specify)	Did Not Respond	No Courts
Portage	Adult Drug	X	X	X	X			
Price								X
Racine	Adult Drug	X	X	X		X		
Racine	Veterans	X	X	X		X		
Richland	Hybrid	X	X					
Rock	Adult Drug						X	
Rock	Family Dep.						X	
Rock	OWI						X	
Rock	Veterans						X	
Rusk	Hybrid	X	X	X	X			
St. Croix	Adult Drug	X		X				
St. Croix	Family Dep.	X		X				
Sauk	Hybrid	X	X					
Sawyer	Hybrid						X	
Sawyer	Healing to Wellness						X	
Shawano	Adult Drug						X	
Sheboygan	Hybrid						X	
Sheboygan	Veterans						X	
Taylor	Hybrid	X	X	X				
Trempealeau	Hybrid						X	
Vernon	Hybrid						X	
Vilas	Healing to Wellness			X	X	X		
Walworth	Family Dep.						X	
Walworth	OWI	X	X	X				
Washburn	Hybrid		X					
Washington	Adult Drug	X	X	X	X			

County	Court	MOUD referrals: initiation	MOUD referrals: continuation	Recovery support (MOUD-friendly)	Vocational options (MOUD-friendly)	Other (please specify)	Did Not Respond	No Courts
Waukesha	Adult Drug	X	X	X	X			
Waukesha	OWI	X	X	X	X			
Waupaca	Hybrid						X	
Waushara	Hybrid						X	
Winnebago	Adult Drug	X	X			X	X	
Winnebago	Mental Health	X	X			X	X	
Wood	Adult Drug		X	X	X			
Wood	Mental Health						X	

APPENDIX FOUR: THE USE OF JAIL SANCTIONS FOR POSITIVE DRUG TESTS

This table contains the answers of our survey respondents to this question: "Under what circumstances, if any, is a jail sanction used in response to a positive drug test?" The table is limited to the court coordinators who answered this question, so some Wisconsin counties do not appear. Other counties have multiple entries, reflecting that different courts within the same county may have different court coordinators. The courts column reflects the courts for which any given coordinator in a given county is responsible.

Responses were coded by WPF staff based on open-ended answers. Respondents to this question generally said that their court did not impose jail sanctions solely for drug use or a positive test, but might impose sanctions under those circumstances if other factors were also present. Columns to the right of the Courts column reflect those additional circumstances.

	Courts	Never	Dishonesty	Pattern of Behavior	Pending Residential Treatment	Criminal Activity	Other
Barron County	Hybrid OWI/Drug Court			X			
Bayfield County	Hybrid OWI/Drug Court					X	
Burnett County	Hybrid OWI/Drug Court		X	X	X		
Chippewa County	Hybrid OWI/Drug Court	X					
Dane County	Adult Drug Court, Designated OWI Court, Drug Diversion Court	X					
Dane County	Veterans Court		X				
Dodge County	Adult Drug Court, Designated OWI Court		X				

	Courts	Never	Dishonesty	Pattern of Behavior	Pending Residential Treatment	Criminal Activity	Other
Douglas County	Adult Drug Court			X			
Dunn County	Family Dependency Court	X					
Dunn County	Hybrid OWI/Drug Court		X				
Eau Claire County	Adult Drug Court, Hybrid OWI/Drug Court, Veterans Court		X				
Grant County	Adult Drug Court, Designated OWI Court		X				
Green County	Hybrid OWI/Drug Court	X					
Jackson County	Healing to Wellness Court	X					
La Crosse County	Veterans Court		X				
Lafayette County	Hybrid OWI/Drug Court			X			
Manitowoc County	Adult Drug Court		X				
Marathon County	Adult Drug Court		X				
Marinette County	Adult Drug Court		X				
Milwaukee County	Mental Health Court		X	X		X	
Milwaukee County	Adult Drug Court, Veterans Court			X			
Milwaukee County	Family Dependency Court	X					

	Courts	Never	Dishonesty	Pattern of Behavior	Pending Residential Treatment	Criminal Activity	Other
Monroe County	Designated OWI Court					X	
Outagamie County	Hybrid OWI/Drug Court, Mental Health Court, Veterans Court		X				
Pierce County	Hybrid OWI/Drug Court		X				
Polk County	Adult Drug Court			X			
Portage County	Adult Drug Court		X				
Racine County	Adult Drug Court	X					
Racine County	Veterans Court	X					
Richland County	Hybrid OWI/Drug Court						X
Rusk County	Hybrid OWI/Drug Court		X				
St. Croix County	Adult Drug Court, Family Dependency Court						X
Taylor County	Hybrid OWI/Drug Court		X				
Vilas County	Healing to Wellness Court		X				X
Walworth County	Designated OWI Court						X
Washburn County	Hybrid OWI/Drug Court		X				
Washington County	Adult Drug Court		X			X	

	Courts	Never	Dishonesty	Pattern of Behavior	Pending Residential Treatment	Criminal Activity	Other
Waukesha County	Adult Drug Court, Designated OWI Court		X		X		
Winnebago County	Adult Drug Court, Mental Health Court						X
Wood County	Adult Drug Court		X				