EXECUTIVE SUMMARY

A FOCUS ON RECOVERY

Treatment Courts in Wisconsin



WISCONSIN POLICY FORUM

EXECUTIVE SUMMARY

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.

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.

Problem-solving courts in Wisconsin have 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 (see the box at right). Treatment courts are found throughout Wisconsin but are most common in the southern half of the state (see the figure on the next page).

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 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

Treatment Courts Include Several Types

There are 104 county and tribal treatment courts in Wisconsin. Starting with the following types that deal with criminal cases, the various kinds of treatment courts include:

Adult Drug Courts – The most common type of court, these 31 courts deal with cases involving substance use and related crimes.

OWI Courts – These 12 courts handle cases involving participants with multiple Operating a Vehicle While Intoxicated offenses.

Hybrid OWI and Drug Courts – These 26 courts handle the same types of cases as the previous two court types.

Opioid Courts – A form of drug court that focuses on cases involving opioids.

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

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

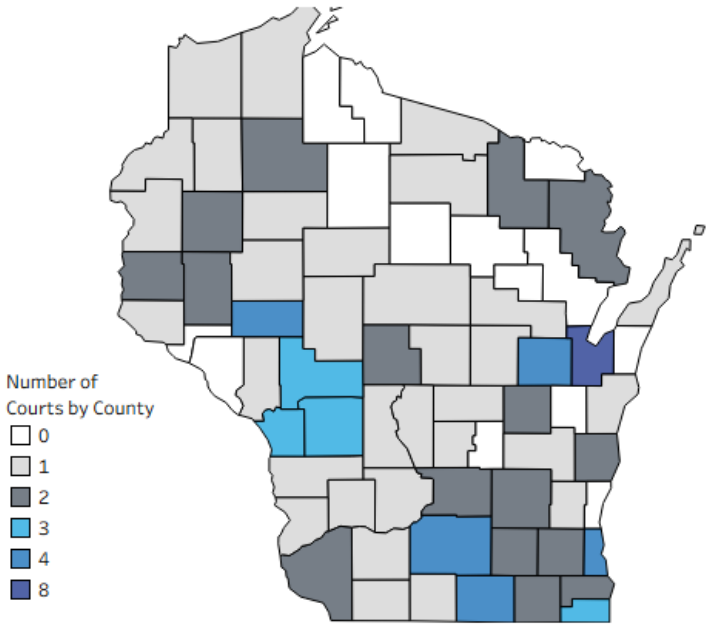
Healing to Wellness Courts – These five courts specialize in cases involving Native Americans.

This approach also extends to civil cases – the 12 **Family Dependency Courts** handle the reunification of children with parents who have lost custody of them due to substance use or mental health concerns.

court's area of focus. Depending on the court, other participants 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.

Treatment Courts Found Across State, Most Common in Southern WI

Number of different treatment courts by county, 2026



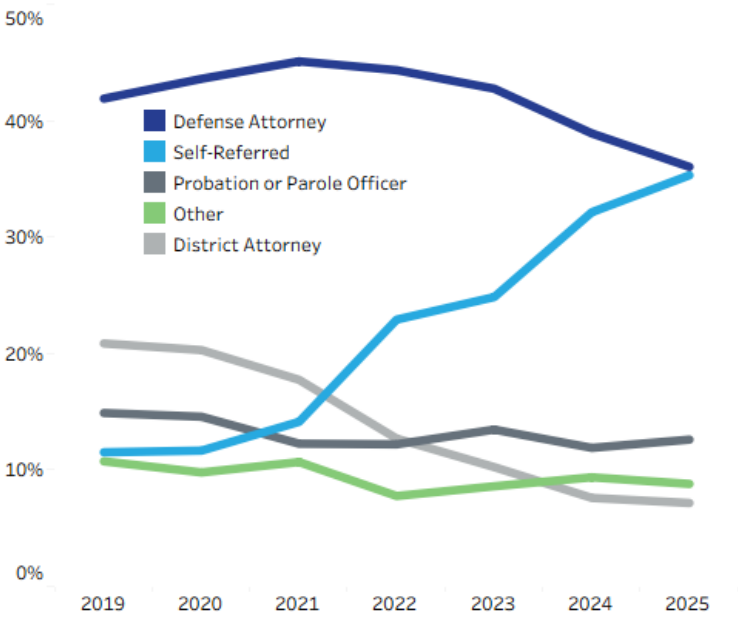
Sources: Wisconsin Department of Justice and WPF research

Data on Treatment Courts

Wisconsin is one of the 15 states plus Washington D.C. that do not maintain a statewide database for all treatment courts. However, courts receiving state Treatment Alternatives and Diversion program (TAD) funding do report some data to the state Department of Justice, which makes them available through the state CORE reporting system. The data include the number of individuals who were referred to a treatment court, deemed eligible or ineligible, and admitted to a court, as well as graduation rates. Overall, 61 of Wisconsin's 104 treatment courts (58.7%) are represented in the data, though some large counties such as Milwaukee are not.

Self-Referrals Rise, Prosecutor Referrals Fall

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



Source: WPF analysis of TAD data

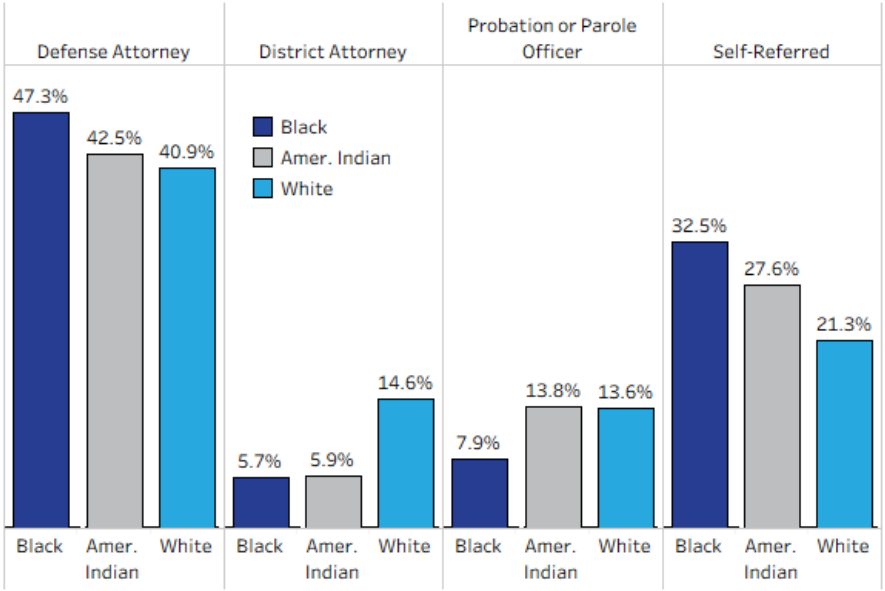
Referrals to treatment court involve individuals who are either facing criminal charges or are on probation or extended supervision and at risk of having their supervision revoked (which usually leads to jail or prison time). The number of referrals to TAD-funded courts grew by 31.9% between 2019 (1,154 referrals) and 2025 (1,522). Much of this increase is due to the rise in self-referrals, which rose

from 133 in 2019 to 538 in 2025 (see the figure on the previous page). Though this increase might suggest an interest in treatment courts among participants, it may also reflect a shift in other types of referrals, such as fewer referrals by district attorneys.

The share of people referred to a treatment court by different entities within the criminal justice system varied by racial group (see the figure). 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. Black and American Indian individuals 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.

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

Courts often restrict individuals' eligibility by their risk and need levels. 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. 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.

Only 42.2% of referrals to TAD-funded courts during our period of study were found to be eligible, 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%.

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%). We observed similar demographic information in our survey respondents, although Milwaukee County had significantly higher percentages of Black and Hispanic individuals who were admitted to adult drug court. When looking at each racial category in the TAD data 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.

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 standards from the Wisconsin Association of Treatment Court Professionals state 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-day timeframe listed above is from referral rather than arrest.

After a likely COVID-related decline in 2020, the number of treatment court admissions per year has remained relatively flat since 2021. Throughout our period of study, the courts admitted an average of 498 people per year, with the numbers in recent years below pre-COVID levels.

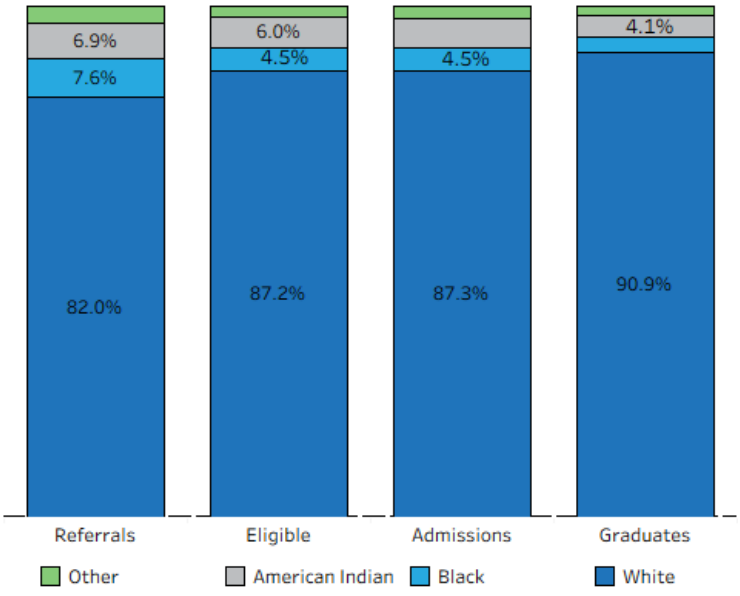
Case Outcomes

After removing active participants and those who are pending discharge, we found 2,842 people who left treatment court between 2019 and 2024. In total, 1,553 participants (54.6%) successfully completed their programs, against 1,052 (37.0%) who were terminated and 143 (5.0%) who received administrative discharges for reasons such as their medical or mental health. An additional 56 people (2.0%) withdrew.

Among the 2,487 white participants in our data who left treatment court between 2019 and 2024, 1,412 of them (56.8%) completed their programs, and 875 (35.2%) were terminated. By contrast, 63 of the 162 American Indians (38.9%) graduated, while 77 were terminated; 46 of the 129 Black attendees (35.7%) graduated and 73 were terminated. The gaps widen at each stage of the treatment court process (see the figure). White people make up 82.0% of all referrals to TAD-funded treatment courts, but 90.9% of graduates.[1] Meanwhile, their Black counterparts account for 7.6% of referrals but only 3.0% of graduates, and American

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.

[1] 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 exactly match the numbers for referrals, eligibility, and admissions used elsewhere in the report.

Indians similarly drop from 6.9% of referrals to 4.1% of graduates.

In light of these disparities, court officials at both the county and state levels may wish to gather further information about participants to study why the gaps 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 state that courts should "examine eligible offenses to determine if they have a disparate discriminatory impact, relative to the arrestee population as a whole."

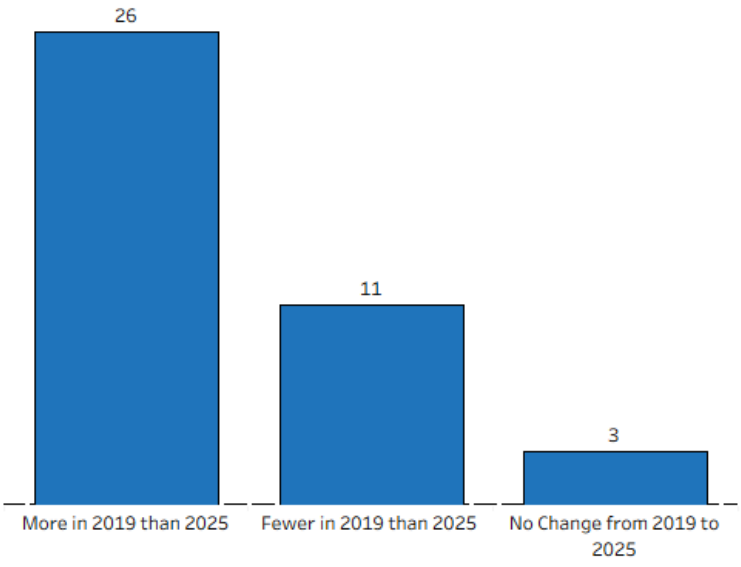
Survey of Treatment Courts

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 received 53 responses to our survey after removing duplicate and blank responses. Because some treatment court coordinators manage multiple courts, those 53 responses covered a total of 74 courts in 43 Wisconsin counties, or 71.2% of Wisconsin courts.

Across 40 responses, the coordinators reported serving a total of 1,298 people in 2019, 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 the figure). This drop corresponds with the TAD data showing a drop in admissions since the pandemic.

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 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, or individuals' risk levels being too low for the court. 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 courts 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 excluded from court.

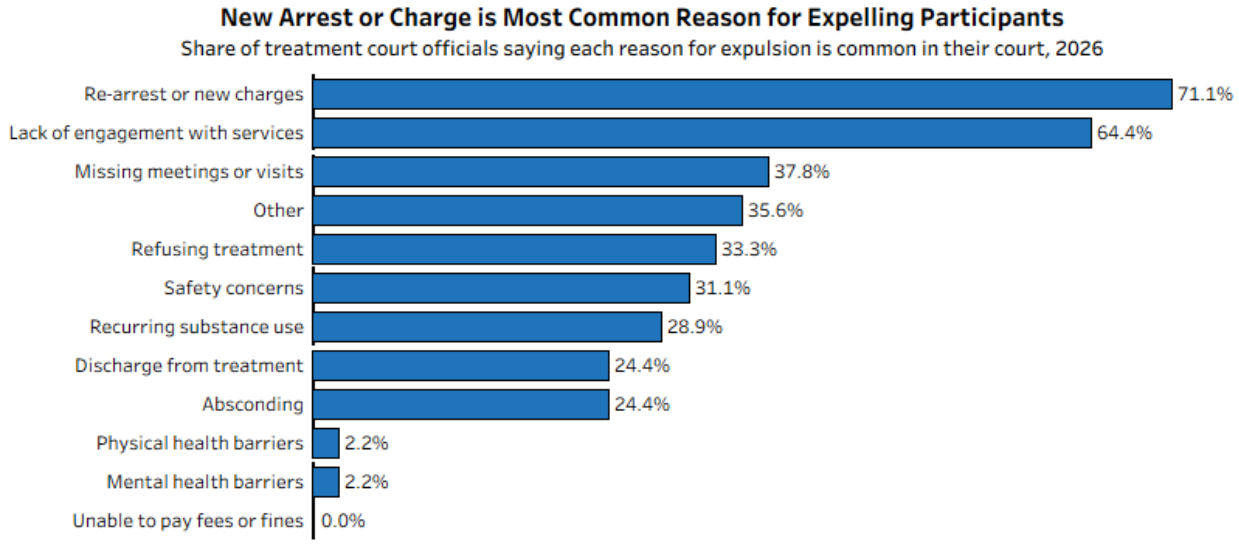
Critics have questioned whether treatment courts should always exclude individuals with a charge or conviction for a violent offense. Researchers have found that individuals convicted of violent crimes may have comparable or lower recidivism rates than those convicted of property or drug crimes, and some studies have found success among people convicted of violent crimes who have attended drug court. The Wisconsin Association of Treatment Court Professionals' standards for Wisconsin treatment courts also note that "if adequate treatment and supervision are available, studies do not show any correlation between violent offenses and reduced performance in treatment courts," although they do not otherwise take a position on whether courts should exclude individuals on those grounds.

Most of the courts in our study had a relatively wide array of treatment options available at least in principle for participants. 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, 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%).

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. In our review of 62 treatment court manuals, we found that 60 (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, a majority of coordinators also 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 sanctioned with jail 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 national All Rise Adult Treatment Court Best Practice Standards stress the importance of using jail as a tool for protecting public safety and participants rather than as a response to substance use, and note that jail sanctions can have negative consequences for participants, including the disruption of treatment.

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."



Source: WPF survey data

Continued substance use can also be a reason for individuals to be expelled from treatment court, although it is not typical (see figure above). 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.

A broader discussion about the reasons for expulsion could also be productive for state treatment courts. 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, including increased adherence to best practice standards.

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 (a different time period) among treatment courts, according to the National Treatment Court Resource Center. This report is aimed at highlighting options that might allow more individuals to participate in treatment courts in Wisconsin and succeed in the programs.

As we have already noted, some treatment courts have listed drug sales as a reason for excluding participants. However, the national 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 an addiction, rather than for financial gain." Treatment court officials may wish to consider these elements of the standards in determining who to admit.

We have also noted the debate around whether to allow individuals with convictions or charges for violent crimes to participate in treatment court. As we have stated, the state treatment court standards 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. In Wisconsin, 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 individuals with some or all violent offenses.

To the extent that treatment courts reduce recidivism, 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.

We also found substantial racial disparities in Wisconsin treatment courts that widened at each stage of the process from referral to completion. Policymakers may wish to review a range of factors and policies that may contribute to these gaps, including referral and eligibility criteria such as participants' records on drug sales and violent crimes, fine and fee levels, the availability of treatment options for participants without health insurance, sanction practices, and expulsion criteria.

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.

More than one-fifth of survey respondents reported that their treatment court uses jail as a response to positive drug tests. 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 be used "judiciously and sparingly," in the words of the state standards. 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.

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 other options besides expulsion for addressing this concern.

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 as their cases are being adjudicated. To successfully handle these difficult cases, however, treatment courts need resources and support as well as 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 challenges of drug use and mental health issues in Wisconsin.