


The Racial Justice Improvement Project
AMERICAN BAR ASSOCIATION
Criminal Justice
Section

Racial Justice Improvement Project: Dane County, Wisconsin

***Evaluation of the Dane County
Deferred Prosecution Child Abuse Initiative (DPCAI)***

***June 2015 Report
to the American Bar Association***

***Prepared by Kit R. Van Stelle and Janae Goodrich
University of WI Population Health Institute***



<http://uwphi.pophealth.wisc.edu/>



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Introduction

Governments across the country are developing initiatives to address racial inequities that exist in employment, housing, health, education, and criminal justice system involvement. Dane County, Wisconsin has been focusing on reducing racial disparities across the criminal justice spectrum from arrest to incarceration to re-entry. Achieving racial equity will require intentional strategies with measurable activities necessitating both sound program design and program evaluation.

The Dane County District Attorney's Office, led by District Attorney Ismael Ozanne, developed an effort to explore whether a paradigm shift from the use of corporal punishment to alternative parenting methods could impact racial disparities in both the short and long term. The DA's Office reached out to the larger Dane County system, the community, and national experts in search of answers and solutions. In late 2013, the Dane County Executive devoted a full-time specialized position to the child abuse and racial disparities initiative which marked the beginning of a new effort within the Deferred Prosecution Program (DPP) to address the parental use of corporal punishment.

As the larger community explores non-violent parenting practices and the cultural context of corporal punishment, the Dane County DA's Office launched an enhanced deferred prosecution program designed to protect children and strengthen families. Because a disproportionate number of minorities are referred to the DA's Office, it is expected that the multi-generational **Deferred Prosecution Child Abuse Initiative (DPCAI)** will impact short-term and long-term racial disparities in the criminal justice system. This initiative fills a current service gap by providing timely and culturally responsive programming to eligible individuals who have been referred for charges as a result of excessive physical punishment of a child (see Appendix 1 for an in-depth description of local racial disparities and the DPCAI model). Additionally, the DA's Office supports professional education opportunities that teach culturally responsive service delivery, as well as community education that encourages healthy parenting practices.

The Racial Disparities Subcommittee of the Dane County Criminal Justice Council is dedicated to reducing the current inequalities within our criminal justice system. As a part of the larger subcommittee, the Racial Justice Improvement Project (RJIP) Team met monthly to review the progress of the DPCAI and move towards greater collaboration and transparency. It is critical to form a cross-jurisdiction team to address the root causes of racial disparities and the policy changes that impact them. Although not originally identified as a RJIP Team member in the proposal, the Dane RJIP Team added a Child Protective Services representative. The RJIP Task Team in Dane County currently includes:

- ❖ Colleen Clark, RJIP Site Coordinator
- ❖ Ismael Ozanne, District Attorney
- ❖ Shelia Stubbs, County Board Supervisor
- ❖ Nicholas McNamara, Dane County Judge
- ❖ Richelle Anhalt, Captain, Dane County Sheriff's Office
- ❖ Dee Dee Watson, Public Defender
- ❖ June Groehler, Lieutenant, City of Madison Police Department
- ❖ Julie Ahnen, Dane County Human Services – Child Protection Services Manager

The Task Force regularly discussed the implementation and evaluation of the DPCAI – its goals and objectives, eligibility criteria, successes, and challenges. Central to this effort has been the system-level change that requires collaboration and input from numerous agencies and stakeholders to create partnerships between the criminal justice and human services systems.

In June 2013, the Racial Disparities Subcommittee of the Dane County Criminal Justice Council applied for and received a \$24,000 American Bar Association grant for a Racial Justice Improvement Project to evaluate the Child Abuse Initiative. The RJIP team used the grant funds to contract with the University of Wisconsin Population Health Institute (UWPHI) to provide technical assistance with the evaluation from January 2014 through June 2015.

Description of Pilot Program

The Deferred Prosecution Child Abuse Initiative (DPCAI) is currently offering Deferred Prosecution Agreements (DPA) to eligible individuals facing charges related to their use of excessive corporal punishment. Successful completion of DPA requirements results in a reduced or dismissed sentence, and in some cases no charge is issued. In the long term, it hopes to reduce the collateral consequences of early trauma and criminal justice involvement for families. A description of the current program model is presented in Appendix 1.

Beginning in January 2014, the Dane County DA's Office enhanced their existing deferred prosecution program to better serve individuals referred for charges as a result of excessive physical punishment of a child. These program enhancements included:

- ❖ Hired a Child Abuse Specialist within the DA's Office
- ❖ Developed intake system where each case is evaluated for deferred prosecution eligibility immediately, rather than waiting for the pre-trial conference
- ❖ All participants sign a "no corporal punishment" contract
- ❖ The "Adults and Children Together (ACT): Parents Raising Safe Kids" Parenting Program - staff were trained and the curriculum was integrated into services in August 2014 and offered free of charge to those who could not afford parenting skills classes
- ❖ "Adverse Childhood Experiences" tool used with all participants
- ❖ Enhanced use of forensic interviews with child victims
- ❖ A participant-level data system to document participant and child victim characteristics
- ❖ Increased collaboration with Child Protective Services and other system partners.

The Dane County Department of Human Services Child Protection Unit (CPS) is responsible for assessing safety when a report of intra-familial physical abuse is received. Because child safety is the mission of CPS, immediate interventions are implemented to address alternative parenting approaches and family reunification. However, a service gap exists because the criminal justice system does not currently operate this swiftly and can miss opportunities to:

- ❖ Coordinate services that will help families when they need it.
- ❖ Efficiently utilize scarce county resources by minimizing replication of services.
- ❖ Support the work of CPS by providing an incentive for parents to embrace services.

- ❖ Immediately address child protection without implementing a bail order prohibiting contact between parents and their children.
- ❖ Offer offenders a less punitive and more productive response to criminal conduct.
- ❖ Collaborate with CPS to structure meaningful services.
- ❖ Send a unified, clear and consistent systemic message to families.
- ❖ Spare defendants high legal costs that further stress families.

The DA's Office works collaboratively with CPS to expedite processing of cases in which offenders have contact with law enforcement and are referred for charges where excessive physical punishment is the presenting issue. Both parents and their children are likely to receive short-term and long-term benefits from a deferred prosecution model which provides timely intervention focusing on alternative, non-violent parenting practices. Additionally, the DPCAI takes into account the fact that in most low-level child abuse cases the defendant will not be incarcerated nor will children be permanently removed from a parent's care. This program creates and monitors Deferred Prosecution Unit (DPU) caregiver contracts that utilize community-based services, education, and support to ensure that the child victims will be safe.

Wisconsin Statutes Chapter 950.055(2)(d) pertains to child victims' rights to services and states that child victims have the right to information and referral to appropriate services to assist the child and the child's family in coping with the emotional impact of the crime and subsequent proceedings in which the child is involved. With this in mind, the DPCAI utilizes forensic interviews, when appropriate, to better preserve the case and provide linkages to needed services for child victims. The forensic interviews conducted by Safe Harbor Child Advocacy Center are designed so that a child can talk about their experience through a video recorded interview with a highly trained facilitator to minimize the need for additional interviews. Safe Harbor interviews also bring together professionals from all the agencies involved with a case, providing an opportunity for multidisciplinary communication and case planning. If charges are filed, the recorded statement can be used in court in place of the child's testimony. This process also allows for increased service coordination and referral of children and families to mental health services that may not otherwise be accessible to them.

All individuals referred by law enforcement for charges related to physical abuse of a child are screened for eligibility for the DPCAI. Upon screening, prosecutors in the DA's Office are notified of the eligibility status of each individual through the agency-wide computer system, PROTECT. The assigned prosecutor may then make an offer to an eligible individual's defense attorney regarding the option to participate in the DPCAI. This offer for participation can be made via fillable forms developed for this initiative that are available to prosecutors through the PROTECT system (Appendix 2). Use of these preformatted offer letters enhances the speed with which attorneys can inform defendants of the deferred prosecution opportunity. If the individual does not currently have a defense attorney the prosecutor may extend an offer of potential participation in the DPCAI, while also encouraging the individual to seek counsel and providing information on the avenues by which to obtain counsel. The defense bar and the State Public Defender's Office have been made aware of the DPCAI and are able to discuss this option with their clients. Each potential participant is provided with an introduction to the program in the form of a program brochure and is directed to the Deferred Prosecution Program website for additional information.

After a defendant is deemed eligible and is referred to the Deferred Prosecution Program (DPP) they begin the intake process which includes a screening or pre-screening with a DPP specialist to learn more about the individual and their family, culture, beliefs, needs, strengths, abilities, goals, and challenges. Those accepted are then invited to sign a DPP contract, which includes individualized conditions (or requirements) necessary for program completion. In addition to conditions that are standard to all DPP contracts, other conditions may be required based on their identified needs and goals.

Participants are referred to a variety of parenting, treatment, and support services that have been identified as culturally responsive. DPCAI staff indicated that these providers reported their commitment to cultural responsiveness both as an agency and as individual practitioners. Cultural responsiveness is achieved in different ways at different agencies, but includes ongoing in-house training and participation in local and national trainings. A formal assessment of provider cultural responsiveness was outside the scope of the current evaluation and has not yet been conducted. The vast majority of deferred prosecution agreements include treatment services for the defendant (and children if needed) and all treatment providers utilized have been confirmed by DPCAI staff to use best practices in their area of expertise.

Every DPCAI participant is required to participate in a parenting program. Participants may also have requirements related to mental health, substance abuse, anger management, aggression, trauma services, involvement with Court Appointed Special Advocates (CASA), family therapy, facilitation of treatment for the child, participation in a victim impact circle, employment, literacy, housing stabilization, or education services. The program also focuses on ensuring that the child victim has access to appropriate treatment services and is involved in services as appropriate. The length of the deferred prosecution agreement is determined by both the length of time necessary to fulfill requirements, and by the severity and chronicity of the offense behavior. Participants are monitored by a DPP specialist through monthly (or more frequent) contacts, and feedback from providers, victims, and other collateral contacts.

All DPCAI participants are referred to parenting skills services, regardless of their ability to pay. Participants are referred for services within one week of signing the deferred prosecution agreement (or DPCAI confirms that they are already participating in parenting enhancement). Participants without access to insurance or financial resources to pay for a parenting program required as a condition of their deferred prosecution agreement are enrolled in the *“Adults and Children Together (ACT): Parents Raising Safe Kids”* parenting curriculum. ACT Parenting is an evidence-based program developed by the American Psychological Association and was selected to provide eligible defendants with parenting skill enhancement through the DA’s Office. The ACT Parenting Program serves as a no/low cost alternative for program participants who cannot afford to participate in other parenting program options. After being trained in the curriculum, DPCAI staff began offering ACT in August 2014. Historically, participants who could not afford to pay for the services required by their deferred prosecution contract did not successfully complete their contract due to that inability to complete a mandatory requirement. Now participants who may not have been able to complete their contract in the past may be able to do so successfully because of elimination of one financial barrier.

Method

The University of Wisconsin Population Health Institute (UWPHI) provided technical assistance with program evaluation for the project from January 1, 2014 through June 30, 2015. Located in the School of Medicine and Public Health, UWPHI evaluators possess expertise in the evaluation and development of diversion programming and behavioral health programs.

The initial evaluation plan included the administrative collaborative tasks of monthly teleconferences with the RJIP Coordinator, collaboration with the DPCAI team, quarterly progress updates to the Racial Disparities Subcommittee of the Dane County Criminal Justice Council (CJC), and a final project report in August 2015. It also included the planning tasks of meeting with stakeholders to review program needs, identifying appropriate data for collection, and the development of a data collection approach. The plan further included the design of a database to capture both DPCAI program services and participant-level data, and support for the implementation of the data system. Quality improvement support tasks included ongoing evaluative feedback for program improvement based on both qualitative and quantitative evaluation data available. Analyses of available participant outcomes and comparison data were also included as measures of disparities reduction.

However, upon contract start it became apparent that changes to the original evaluation workplan above were necessary. The pilot program was in need of technical assistance to develop a solid program foundation before a valid evaluation of outcomes could be conducted. UWPHI staff, DPCAI staff, and the RJIP team worked together during the entirety of 2014 to further develop the program, reach consensus on goals and objectives, revise eligibility criteria, define and operationalize data elements, design a data collection system, select assessment tools, and integrate evidence-based practices into service delivery. In addition, process evaluation was needed to strengthen program implementation, incorporate evaluation feedback for program improvement, and document system-level and community-level efforts. The evaluation workplan was further modified to accommodate the addition of qualitative analyses of conference participant feedback and the unforeseen addition of the February 2015 ABA data analysis and reporting requirement.

Thus, UWPHI took a multi-pronged approach to the evaluation, simultaneously helping to clarify DPCAI goals/objectives and structure, while collaborating to develop data systems and analyzing both qualitative and quantitative data. The resulting plan to create a solid foundation for project evaluation and implementation included collaboratively partnering to:

- ❖ Define and articulate the project goals, objectives, and activities
- ❖ Identify evidence-based assessment tools to be used with participants
- ❖ Identify and operationalize measures as part of developing a Microsoft Access database on District Attorney's network to collect and document participant-level data, and assure that data elements address the goals and objectives
- ❖ Summarize participant data for presentation to the RJIP Team and for ABA reporting
- ❖ Analyze participant feedback from the Spring 2014 Corporal Punishment Conference
- ❖ Provide program development and implementation support with program measures, data collection, and evidence-based practices

- ❖ Entry, management, and summary of ACT parenting program pre/post survey data and satisfaction data (for program improvement)
- ❖ Collaborate with DA Office staff, DPCAI staff, RJIP Coordinator, RJIP team, RJIP cross-site evaluator, and ABA staff

Data System Development: When UWPHI evaluation staff joined the project team in February 2014, information technology staff in the DA’s Office had already begun to develop a participant-level database specifically for the DPCAI. However, without clearly articulated goals and measurable objectives at that time it was necessary to reach team consensus on the goals and objectives before proceeding to further develop the data system. The development, pilot testing, and revision of the database continued throughout the project period to assure the accurate operationalization of measures to address the objectives.

The resulting Access database is a high quality data system that resides on the DA’s network, with links to statewide criminal justice data systems to auto-populate some measures. DPCAI staff is responsible for collecting data and maintaining the database, with data quality review/support provided regularly by evaluators. The database also includes automated reports to allow DPCAI staff to independently assess progress toward program objectives without external assistance. The expertise of Information Technology staff within the Dane County DA’s Office was critical to the successful development of the data system. Information Technology staff spent an estimated 1,200 hours during the grant period to design, program, and support the DPCAI data system. Appendix 3 contains example screens and reports from the DPCAI database.

Results

Both qualitative and quantitative data were analyzed to assess progress toward program goals and objectives and to document impacts of the Deferred Prosecution Child Abuse Initiative at the program, participant, system, and community levels.

Program-Level Results

Clarification of DPCAI Goals and Objectives: The DPCAI project staff and RJIP team worked collaboratively throughout 2014 to reach consensus on program goals and objectives for the multi-generational effort. Significant time and effort were expended to develop the goals and measurable objectives in Figure 1 to further the following program mission:

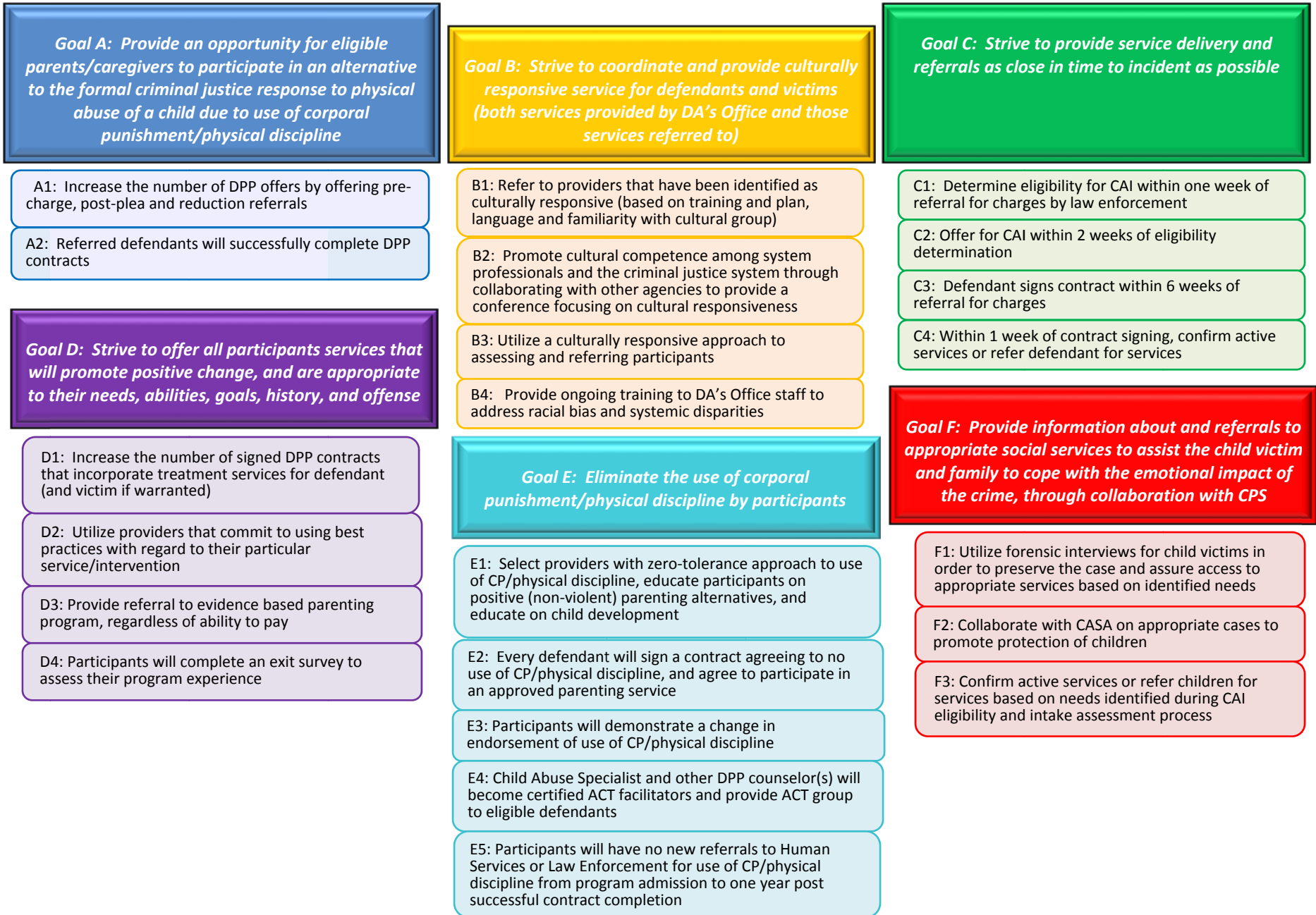
Mission

To provide meaningful criminal justice diversion programming for parents who have been arrested for child abuse following an incident of excessive use of corporal punishment.

This multi-generational initiative will strive to have a short and long-term impact on child safety and protection, racial disparities, belief systems regarding violent parenting practices, and decreasing future criminal behaviors.

Figure 1

DANE COUNTY DEFERRED PROSECUTION CHILD ABUSE INITIATIVE GOALS AND OBJECTIVES



Eligibility Criteria: Reaching consensus on the eligibility criteria required ongoing communication, particularly between the prosecution and defense. The public defender played an effective advocacy role for the RJIP Task Force in reaching a compromise with the district attorney related to the DPCAI eligibility criteria. The eligibility criteria were revised in December 2014 with the goal of increasing the number of pre-charging (direct) referrals.

General Deferred Prosecution Child Abuse Initiative Guidelines*		
Elements	Not Eligible	Eligible
Severity	Intentional: torture, burns, broken bones, internal head trauma, internal organ damage, bite marks, poly victimization	Bodily harm as the result of excessive corporal punishment, with the exception of Intentional: torture, burns, broken bones, internal head trauma, internal organ damage, bite marks, poly victimization
Frequency	History of chronic excessive corporal punishment causing bodily harm to a child within past ten years**	Lacks chronic history of excessive corporal punishment
Accepting Responsibility	Not accepting responsibility	Is accepting responsibility
Prior Criminal Behavior	History of criminal convictions, formal supervision, or Deferred Agreements within past 5 years	No criminal convictions, formal supervision, or Deferred Agreement within past 5 years
Prior Child Protective Services Involvement	More than three prior CPS referrals (for similar conduct) resulting in recommendations for services, or more than 1 prior substantiated case	Not more than three prior CPS referrals (for similar conduct) resulting in recommendations for services and not more than 1 prior substantiated case.
* These guidelines are subject to change while the program continues to develop. Additionally, the director maintains ability to make exceptions when compelling circumstances exist.		
** Chronic excessive corporal punishment: evidence of more than three incidents resulting in bodily harm		

Deferred Prosecution Child Abuse Initiative Three-Tier Eligibility***			
Elements	Pre-Charging	Post Charging - Dismissal	Post Charging - Reduction
Severity	Minimal bodily harm	Moderate harm as the result of excessive corporal punishment	More significant harm as the result of excessive corporal punishment
Frequency	Not more than two prior incidents of excessive corporal punishment causing bodily harm	Not more than three prior incidents of excessive corporal punishment causing bodily harm	Not more than three prior incidents of excessive corporal punishment causing bodily harm
Accepting Responsibility	Accepts responsibility	Accepts responsibility	Accepts responsibility
Prior Criminal Behavior	None	No criminal convictions, formal supervision, or Deferred Agreement within past 5 years; no history of assaultive convictions	No criminal convictions, formal supervision, or Deferred Agreement within past 5 years
Prior Child Protective Services Involvement	Not more than two prior CPS referrals (for similar conduct) resulting in recommendations for services and no substantiated cases	Not more than three prior CPS referrals (for similar conduct) resulting in recommendations for services and no substantiated cases.	Not more than three prior CPS referrals (for similar conduct) resulting in recommendations for services and not more than 1 prior substantiated case.
Child Protection	No formal court order; defendant agrees to DPU contract terms of no use of physical punishment	Court ordered signature bond agreeing to minimum of no use of physical punishment	A minimum of Court ordered signature bond agreeing to no use of physical punishment – could involve no contact provision
*** Contingent on compliance with WI State Statutes Chapter 950 victim's rights			

The American Bar Association facilitated expert review of the DPCAI's eligibility criteria by the Pretrial Justice Institute (PJI) who stated, "...As you know, District Attorney offices have very wide discretion in the area of pretrial diversion, including whether to offer any kind of diversion opportunity at all for various offenses and, if so, establishing the program eligibility criteria. Having said that, the criteria that the Dane County task force worked out seem very reasonable as a starting point."

ACT Parents Raising Safe Kids Parenting Program: Some participants engage in their required parenting services directly through an in-house parenting group that provides parenting education for those who lack insurance or are unable to pay out of pocket. This program is facilitated by DPP specialists who have been trained in "Adults and Children Together (ACT): Parents Raising Safe Kids" (<http://www.apa.org/pi/prevent-violence/programs/act.aspx>).

The standard ACT program is an 8-week curriculum (eight 2-hour sessions) that focuses primarily on educating parents and other caregivers to create early environments that protect children from violence. The DPCAI team has customized the curriculum to their specific target population by offering 13 weeks of 90 minute sessions, and plans to further expanded the service to offer 2-hour sessions for 12-14 weeks going forward.

The ACT curriculum is based on research demonstrating that intervening early in life and developing effective parenting skills are critical ways to prevent violence in the lives of children. The program is designed to be delivered by trained ACT Facilitators, professionals who work for organizations and agencies that provide educational, social and/or mental health services to families and children, and those who are college professors, advocates, and others.

The purpose is to help parents understand developmentally appropriate behavior, the impact of child imitation and observation of caregiver behavior, and the impact of early experiences. The program also teaches parents positive skills and strategies to use with and model for children. They include:

- Dealing with children's difficult behaviors with developmentally appropriate responses;
- Controlling their own anger;
- Helping children control their anger;
- Teaching children how to resolve conflicts without using violence;
- Using positive discipline methods that fit the children's age; and
- Reducing the influence of media violence on children.

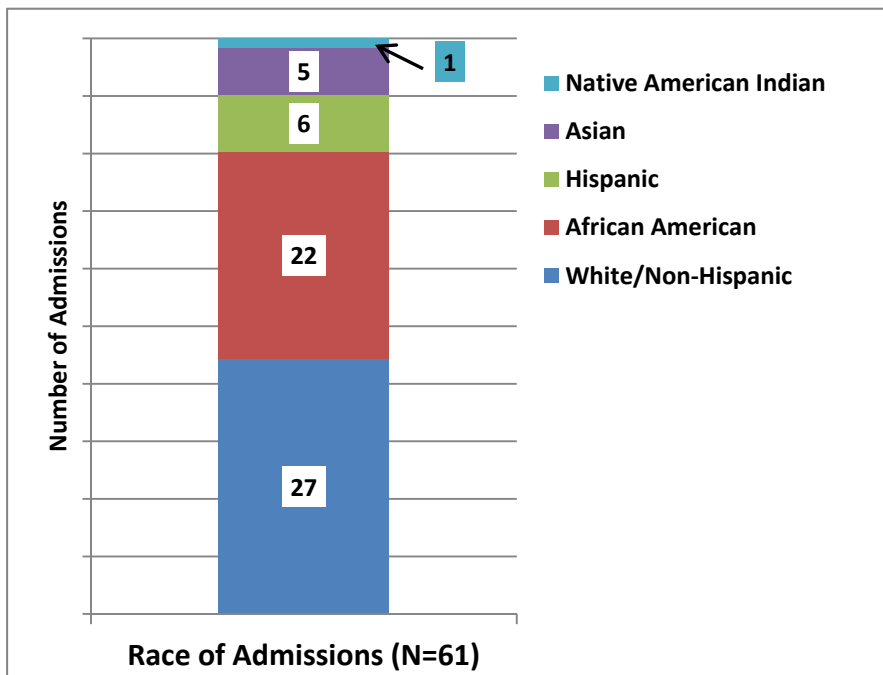
The ACT Facilitator Kit is available in both English and Spanish and includes homework sheets and powerpoint slides, brochures, TV public service announcement, and flyers. The ACT Parent Handbook includes sets of fact sheets with information on children's typical problem behaviors and outlines basic child development information. The handbook is available in both English and in Spanish and includes handouts on anger management, positive discipline, media literacy, and positive ways to resolve conflicts.

Participant-Level Results

Appendix 4 presents participant characteristics and services for all participants, as well as a comparison of results for White/non-Hispanic and Persons of Color (African American, Hispanic, Asian, and Native American Indian). None of the comparisons between the two groups revealed a statistically significant difference on any of the measures with the exception of employment status at admission (White/non-Hispanic participants were more likely to be employed at the time of admission). A brief overview of highlights is presented below.

Overview of DPCAI Target Population and Program Activity: As of May 14, 2015 there were 69 defendants who had been identified as eligible for the DPCAI. The DPCAI has admitted 61 participants, with 55 currently active. There are 7 individuals pending eligibility determination or assessment who have not yet signed a deferred prosecution contract. Five participants have successfully completed the requirements of their deferred prosecution agreements and one had their agreement revoked. While 67 children were directly provided with services through the DPCAI, the project will likely have a broader impact on other children in the homes of participants. A total of 141 children resided in the households of the 61 participants at the time of the child abuse incident and these children will likely benefit from DPCAI services as well. The DPCAI aims to provide meaningful services that will impact families beyond the specific benefits that they receive while active in the initiative.

Figure 2: Race of DPCAI Program Admissions

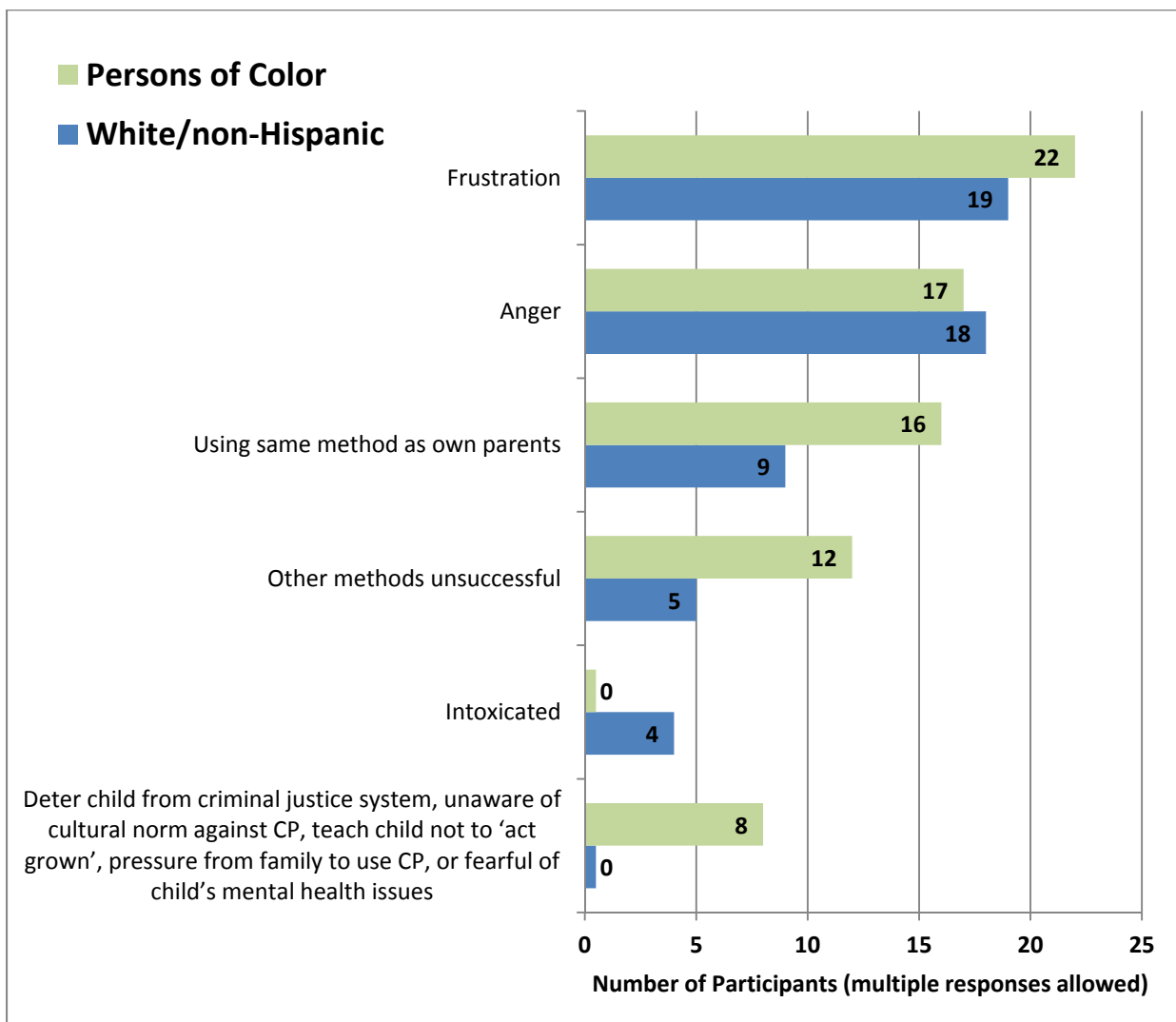


Of the 61 admissions to date, 56% were persons of color and 44% were White/non-Hispanic based on self-report at admission (Figure 2). Participants were an average of 36 years old, had an average of 2.6 children, and more than three-quarters reside in their own apartment or home. The education level of participants is quite high, with 70% having post-high school educational experience and 20% possessing a secondary degree. The

vast majority of participants were employed, and 63% had an annual income of less than \$30,000, 22% had an income of \$30,000-50,000, and 15% had an income of \$50,000 or more. Nearly one-half had no prior child protective services (CPS) reports and three of the participants for whom data were available had prior substantiated CPS reports.

More than one-half of all participants indicated that they used corporal punishment with their children because they were angry or frustrated, or because they were using the same physical discipline methods as their own parents (Figure 3). It is interesting to note that only parents of color indicated that they used corporal punishment to deter their child from the criminal justice system, they were unaware of any cultural norm against it, they were teaching their child not to 'act grown', they felt pressure from family to use corporal punishment, or they felt fearful of their child's mental health issues. None of the White/non-Hispanic parents gave any of these reasons for using corporal punishment. It is also interesting to note that only White/non-Hispanic participants cited intoxication as a reason for using corporal punishment.

Figure 3: Participant Reasons for Using Corporal Punishment (CP)



Each DPCAI program participant completed the Adverse Childhood Experiences Survey (ACES) which helps to document experiences with family dysfunction, abuse, and neglect. The rate of adults with 3 or more ACES (on a ten-point scale) in a community powerfully predicts lower child test scores, low neighborhood attachment, more positive attitudes towards drug use, and lower levels of the social skills needed to succeed in school and adulthood.

Table 3 in Appendix 4 reveals an overall average ACES score of 1.8, with White/non-Hispanics scoring 2.0 and Persons of Color scoring an average of 1.5. The White/non-Hispanic group had a higher average ACE score than the Persons of Color group, but this obscures the fact that both the White/non-Hispanics and African Americans had similar average scores of 2, Asians had zero, and Native American Indians and Hispanics both had an average of 1.

Compared to the Wisconsin Behavioral Risk Factor Survey (BRFS) results from 2011-2013, DPCAI program participants are much less likely to report zero ACES (47% BRFS vs 27% DPCAI) and more likely to report 4+ ACES (11% BRFS vs. 19% DPCAI). Thus, DPCAI program participants report life experiences that put them at risk of poor mental and physical health, heavy alcohol use, and social problems. Compared to the overall Dane County rate of 10-15% who have 4+ ACES, 19% of the DPCAI admissions had 4+. There were 25% of the White/non-Hispanics and 15% of the Persons of Color with 4+ ACES admitted to the DPCAI to date. Again, this obscures the fact that 22% of the African American participants had 4+ ACES while none of the Asian, Native American Indian, or Hispanic participants had 4+ ACES (none had more than two ACES).

Progress Toward Program Objectives: Table A reveals that the DPCAI has made consistent progress toward their primary objectives.

The majority of admissions were referred post-plea (64%), nearly one-third were direct pre-charge referrals (29%), and a small group were referred for a reduction in charges (7%) (Objective A1). The revision of the eligibility criteria in December 2014 led to an immediate programmatic change to increase the number of pre-charging (direct referral) cases referred to the DPCAI program. Initial preliminary analyses revealed that the proportion of direct referrals increased from 25% before the change to 41% after the change (N=44 and N=17, respectively).

Four of the five participants discharged from the program successfully completed DPA requirements (Objective A2). As the deferred prosecution agreements (DPA) range from 12-24 months in length, the program enhancement has not been operational for a sufficient length of time to generate a large group of successful completers. In addition, the DPCAI program has successfully made 133 referrals for services to culturally responsive providers (Objective B1).

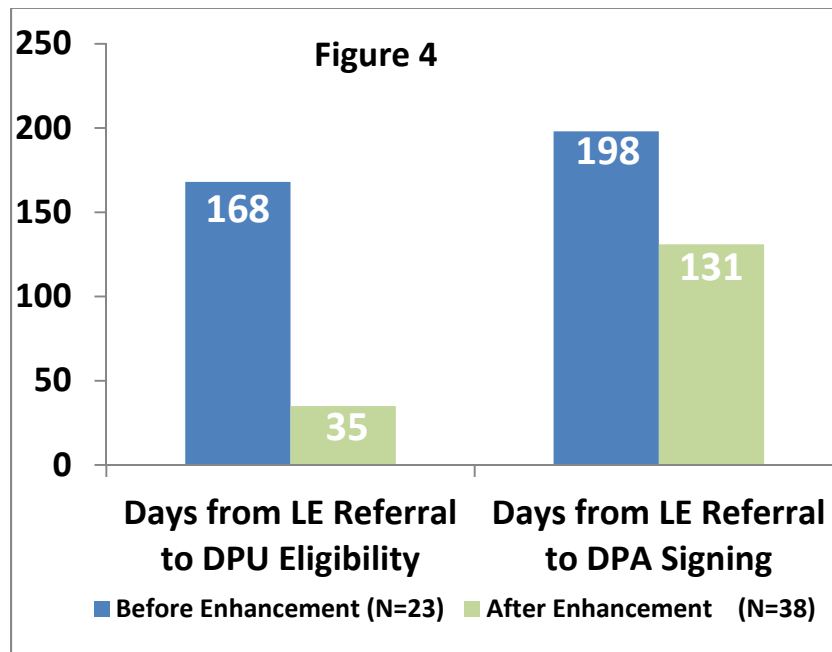
Table A: DPCAI Progress Towards Program Objectives

Table A: DPCAI Progress Towards Program Objectives			
As of May 14, 2015	Defendant Race		
	White/ Non-Hispanic (N = 27)	Persons of Color (N = 34)	Overall (N = 61)
Objective A1: Increase the number of offers for DPP by offering pre-charge, post-plea, and reduction referrals			
Pre-charge (direct) referrals	12	6	18
Post-plea referrals	13	26	39
Charge reduction referrals	2	2	4
Objective A2: Referred defendants will successfully complete DPP contracts			
# Of Signed Contracts (Admissions)	27	34	61
# Discharged	2	3	5
Contracts completed	2	2	4
Contracts not completed	0	1	1
Objective B1: Refer to providers that have been identified as culturally responsive (based on training and plan, language, and familiarity with cultural group)			
# Service Referrals To Providers (Duplicated Count)	59	74	133
Objective C1: Determine eligibility for DPCAI within 1 week of referral for charges by Law Enforcement			
Days from LE Referral to Eligibility Determination			
Within One Week (0-7 days)	11	19	30
2-4 Weeks (8-30 days)	3	0	3
1-2 Months (31-60 days)	0	0	0
2-4 Months (61-120 days)	3	3	6
More Than 4 Months (121+ days)	10	12	22
<i>Average number of days</i> <i>[Note. Average for all participants, including those referred prior to the enhancement]</i>	<i>96 days</i>	<i>77 days</i>	<i>86 days</i>
Objective C2: Offer for DPCAI within two weeks of eligibility determination			
Weeks from Eligibility Determination to DPCAI offer			
Within Two Weeks (0-14 days)	14	15	29
2-4 Weeks (15-30 days)	2	6	8
1-2 Months (31-60 days)	4	4	8
2-4 Months (61-120 days)	5	5	10
More Than 4 Months (121+ days)	2	4	6
<i>Average number of days</i>	<i>35 days</i>	<i>45 days</i>	<i>40 days</i>
Objective C3: Defendant signs contract within 6 weeks of law enforcement (LE) referral for charges			
Weeks from LE Referral to Signed DPU Contract			
Within Six Weeks (0-42 days)	4	5	9
6-12 Weeks (43-84 days)	3	4	7
12-24 Weeks (85-168 days)	9	12	21
More Than 24 Weeks (169+ days)	11	13	24
<i>Average number of days</i>	<i>164 days</i>	<i>150 days</i>	<i>156 days</i>
<i>[continued next page]</i>			

Table A: DPCAI Progress Towards Program Objectives			
As of May 14, 2015	Defendant Race		
	White/ Non-Hispanic (N = 27)	Persons of Color (N = 34)	Overall (N = 61)
Objective C4: Within one week of contract signing, active services are confirmed or defendant is referred for services			
Days from Signed Contract to DPCAI Referral for Services			N = 50
Within One Week (0-7 days)	25	30	50
More than One Week (8+ days)	0	0	0
<i>Average number of days</i>	<i>0.0 days</i>	<i>0.0 days</i>	<i>0.0 days</i>
Objective D1: Increase the number of signed DPP contracts that incorporate treatment services for defendant (and victim if warranted)			
# Contracts That Include Treatment:			
Number for defendants	27	34	61
Number for children <i>[Treatment services ordered when needed and when possible (services cannot be ordered for those over the age of 18, if a no contact order was in place, or if the child moved out of the area.)]</i>	18	26	44
Objective D2: Utilize providers that commit to using best practices with regard to their particular service/intervention			
# Referrals to Providers That Use EBPs <i>(duplicated count)</i>	59	74	133
Objective D3: Provide referral to evidence-based parenting program for all participants, regardless of ability to pay			
# of Participants REFERRED for Parenting Services <i>(Duplicated count – parents can be referred to more than one parenting service)</i>			
DPCAI ACT Parenting	2	3	5
Family Services	20	22	42
Triple P	0	2	2
Journey Mental Health Center	1	1	2
Rainbow Project	0	2	2
Marriage and Family Solutions	1	1	2
ATTIC Parenting	0	1	1
Center for Families – Parent’s Place	0	1	1
Prairie Counseling	0	1	1
CORE Psychoeducational Parenting	1	0	1
Stoughton Family Counseling	0	1	1
Ocean Hawk Counseling	0	1	1
Catholic Charities	0	1	1
Dean Medical Center	1	0	1
Meriter Medical Center	1	0	1
<i>[continued next page]</i>			

Table A: DPCAI Progress Towards Program Objectives			
As of May 14, 2015	Defendant Race		
	White/ Non-Hispanic (N = 27)	Persons of Color (N = 34)	Overall (N = 61)
Objective D4: Participants will complete an exit survey to assess their program experience			
# Participants Completed DPCAI Program Exit Survey <i>[satisfaction survey to be designed by staff in future]</i>	TBD	TBD	TBD
Objective E1: Select providers with zero-tolerance approach to use of corporal punishment (CP)/ physical discipline, educate participants on positive (non-violent) parenting alternatives, and educate on child development			
# Referrals to Parenting Providers with Zero Tolerance Approach to Use of CP/Physical Discipline <i>(duplicated count)</i>	27	37	64
Objective E2: Every defendant will sign a contract agreeing to no use of CP/physical discipline, and agree to participate in an approved parenting service			
# Participants Signed "No CP" Contract	27	34	61 100%
# Participants Agree to Parenting Service	27	34	61
Objective E3: Participants will demonstrate a change in endorsement of use of CP/physical discipline			
# of ACT Parenting participants that decreased their endorsement of the use of corporal punishment from class start to class end <i>(pre/post data not yet available for other parenting programs)</i>	1	3	4
Objective E4: Child Abuse Specialist and other DPU counselor(s) will become certified ACT facilitators and provide ACT group to eligible defendants			
# Staff Certified (and when certified)	2 staff trained in June 2014 <i>[certification occurs after site review]</i>		
# of ACT Class Sequences/Cohorts Provided	Cohort #1 completed Fall 2014 Cohort #2 in process		
Objective E5: Participants will have no new referrals to Human Services or Law Enforcement for use of CP/physical discipline from program admission to one year post successful contract completion			
# Participants 1 Year or More Post-Completion	1	1	2
# With New Referral Within 1 Year of Completion <i>[cannot yet be determined due to small sample]</i>	NA	NA	NA
Objective F1: Utilize forensic interviews for child victims in order to preserve the case and assure access to appropriate services based on identified needs			
# Forensic Interviews Conducted With Children	7	11	18
Objective F2: Collaborate with Court Appointed Special Advocate (CASA) on appropriate cases to promote protection of children			
# Contracts That Include CASA	1	10	11
Objective F3: Confirm active services or refer children for services based on needs identified during DPCAI program eligibility and intake assessment process			
Child Victims Reviewed for Service Need	28	38	66
Child Victims In Need Of Services	26	32	58
Child Victims Active In or Referred For Needed Services	18	26	44*
<i>*Services were included for victims when it was determined appropriate and could be ordered by the District Attorney's Office. Services for victims could not be ordered or required by the District Attorney's Office if the victim relocated, the victim was over the age of 18, or there was a no contact order in place.</i>			

While it is too early in the program implementation process to determine impact on participant recidivism outcomes, progress toward Objectives C1 and C2 related to improving the speed of initial processing can be assessed. Analyses were conducted to compare the speed of initial processing for (a) 23 participants that were referred for charges prior to the January 2014 enhancement with (b) 38 participants who were referred for charges after the enhancement. For these purposes, enhancement refers to the change in eligibility screening and referral to the DPCAI program after law enforcement referral. Figure 4 suggests that the DPCAI’s efforts to change the old procedures of “business as usual” show a pattern of positive impacts.



Preliminary results show that the DPCAI enhancement has significantly reduced the average time between law enforcement (LE) referral and eligibility determination, and between LE referral and signing the deferred prosecution agreement.

Reducing the length of time between law enforcement referral and eligibility determination is essential for providing services to families when they most need them. Prior to the DPCAI enhancement, a Deferred Prosecution Agreement was offered after charges were issued which could take several months. With the DPCAI enhancement, the DA’s Office has been able to respond to cases and provide services to families more quickly after the incident. This also allows the DA’s Office to coordinate with other services such as the Family Preservation Program and to ensure that families receive necessary services at a time when they need them. This reduces the detrimental effects that long case processing times have on families and it allows for a coordinated, system-wide response to corporal punishment incidents.

In addition, due to different legal standards in the child protection and criminal justice systems, the DPCAI enhancement allows the DA’s Office to provide services to families at a time when Child Protective Services (CPS) may not. Of the 61 DPCAI cases for which CPS status was available, 20% were screened-out by CPS because the incident did not meet the legal threshold for risk of harm or child maltreatment. DPCAI filled this service gap by providing assessment and services for these families.

DPCAI is also successfully meeting their objectives related to treatment service provision and use of providers using best practices (Objectives D1-D4). Participants have benefited from a variety of service referrals with 98% referred for parenting services (2% of participants were already involved in parenting services prior to starting the DPCAI program so did not require referral), 59% for family/in-home therapy, and 26% for aggression, domestic violence, or abuse services. All participants sign a “no corporal punishment” contract and the DPCAI uses providers with zero tolerance for corporal punishment (Objectives E1-E4). The program has also enhanced services for child victims through forensic interviews, use of Court Appointed Special Advocates when necessary, and referral to appropriate treatment services (Objectives F1-F3). The DPCAI Child Abuse Specialist reviews each case and refers the child victims for appropriate services when possible (some victims are determined to need services, but DPCAI cannot require them as part of the deferred prosecution agreement because there is a no contact order, the victim leaves the area, or the victim is over 18 years and declines services).

Discussion of Program and Participant Outcomes: The preliminary plan to assess program-level outcomes includes (a) reaching consensus on how the DPCAI can be a part of system change to decrease racial disparities in Dane County, and (b) measures of positive impacts on families. The outcome measures could include changes in belief systems and use of corporal punishment, as well as resulting reductions in criminal justice and human service systems involvement for both the caregiver and the child victim. Initially, this measure could include the number of new child abuse referrals to human services and law enforcement. Later, it could examine juvenile justice and criminal justice system involvement for the child victim, as well as child abuse reports for the victim and caregiver.

As these are long-term outcome measures, impact cannot be measured until more participants have completed the DPCAI and these data are available. After approximately two years of the enhancement, recidivism outcomes and changes in racial disparity could be estimated. Barring case extensions or delays, the 55 currently active DPCAI program participants will complete their diversion agreements by May 2017. Projections based on current admission rates reveal that it could take approximately two years to admit 100 participants to the enhanced intervention (until the end of 2017). Given that diversion agreements average 12-24 months in length, it appears that the DPCAI will be able to begin to measure one-year post-program recidivism and other outcomes for at least 100 DPCAI discharges during 2019.

ACT Parenting Program Change in Attitudes and Knowledge: Although the impacts on long-term individual outcomes cannot yet be determined, the preliminary effects of the Child Abuse Initiative on attitude change for those participants completing the ACT Parenting Program were examined as an example.

The first cohort of four participants completed the ACT Parenting curriculum in Fall 2014 and Appendix 5 contains a detailed summary of the pre/post-test and satisfaction survey results. Analysis of the pre-survey and post-survey responses showed improvement in summary scale scores for DPCAI participants involved in the ACT Program (Table B). While the changes were not statistically significant (using paired *t*-tests) due to the small sample size of just four participants, the results are in the expected direction. These results were seen across all areas including prosocial parenting, media violence, ages and stages knowledge, and violence

prevention skills. Analyses by race could not be performed at this time due to the small sample of four participants. Average scores from the Humboldt University multi-site evaluation of the ACT curriculum are also provided in Table B as a point of comparison.

Table B: ACT Parenting Knowledge and Attitude Scale Scores (N =4)		
	Pre-Test Average	Post-Test Average
Prosocial Parenting Scale for DPCAI	43.92	47.67
Prosocial Parenting Scale from Multi-site Evaluation	39.18	41.20
Media Violence Scale for DPCAI	18.00	25.00
Media Violence Scale from Multi-site Evaluation	21.41	23.61
Ages and Stages Knowledge Scale for DPCAI	64.25	69.75
Ages and Stages Knowledge Scale from Multi-site Evaluation	59.98	63.70
Violence Prevention Skills Scale for DPCAI	37.25	38.33
Violence Prevention Skills Scale from Multi-site Evaluation	33.19	34.56
<i>*Non-shaded fields include comparison data from a national, multi-site study (Weymouth and Howe, 2011, "A Multi-Site Evaluation of 'Parents Raising Safe Kids' Violence Prevention Program")</i>		

System-Level and Community-Level Results

System Collaboration: Significant system-level collaborations involve the courts, district attorney’s office, public defender, the faith community, RJIP taskforce and Criminal Justice Council-Racial Disparities subcommittee, child protective services, and local service and treatment providers. The Dane County District Attorney’s Office continues to collaborate with the RJIP Task Force Team, systemic multidisciplinary team (MDT) members, faith leaders, national experts, and the community to further develop the DPCAI and continue a larger community conversation about the negative outcomes associated with corporal punishment.

The Dane County District Attorney’s Office has received repeated requests to present the DPCAI program model at professional conferences. For example, the DPCAI received requests to present at the “20th International Summit & Training on Violence, Abuse & Trauma across the Lifespan” in San Diego in August 2015 and at the “American Professional Society on the Abuse of Children 23rd Annual Colloquium” in Boston in July 2015. DA’s Office staff have also shared information about the Initiative at conferences and seminars at the YWCA Racial Justice Summit, the University of WI-Madison, the University of WI-Platteville, and Loyola University.

In February 2014 the American Bar Association enacted a policy directly related to Wisconsin’s child abuse initiative that “Urges the development and adoption of trauma-informed, evidence-based approaches and practices on behalf of justice system-involved children and youth who have been exposed to violence, including victims of child abuse and neglect or other crimes and those subject to delinquency or status offense proceedings” (2014_MM_109B).

Website Development: The DA’s Office has also disseminated information about the Child Abuse Initiative activities through their website. A description of the Deferred Prosecution Unit and Child Abuse Initiative program, eligibility requirements, and benefits is available on the website (https://www.countyofdane.com/da/deferred_prosecution.aspx) as are links to other positive parenting models (https://www.countyofdane.com/da/community_resources.aspx).

Public Service Announcement (PSA): American Family Children’s Hospital and the Dane County District Attorney’s Office collaborated to create a public service announcement educating the public about the negative outcomes associated with parental use of corporal punishment. This PSA aired on local radio stations for two weeks in the summer of 2014. In the fall of 2014, the *US Alliance to End the Hitting of Children* assumed sponsorship and today the PSA can be heard on national and local websites, during professional training conferences, and on the DA’s Office website at [https://www.countyofdane.com/DA/audio/US Alliance PSA.mp3](https://www.countyofdane.com/DA/audio/US_Alliance_PSA.mp3).

*“Hi my name is Ismael Ozanne and many of you may know me as the Dane County District Attorney. I am also a husband and father of two young daughters. I am asking you to make the choice my wife and I made - to not use physical punishment with your children. Many of us are not aware that over 16 years ago, the American Academy of Pediatrics urged doctors to recommend that parents not use physical punishment on their children. Today, over 100 years of research on children and families supports this recommendation. Well-meaning parents may use physical discipline intending to teach their children to make good choices. But we now know that physical discipline actually leads to **more** disobedience and aggressive behaviors in children. We all want what is best for our kids. Today, we know what is best for kids is parenting based on respect, mutual understanding and logic rather than fear of physical pain. Please join me in learning more about positive parenting and creating a violence-free home.”*

Creation of “No Hit Zone”: Adults who present to the DA’s Office often experience high levels of stress, anxiety, fear, or uncertainty resulting in lower frustration tolerance, especially when faced with perceived problematic behaviors by their children. Adults in this type of situation may become angry, raise their voice, or hit a child or another adult. Following in the footsteps of Children’s Hospitals across the United States such as the University of Louisville Kosair Children’s Hospital, the DA’s Office sought to be the first government agency to develop clear guidelines for their office staff to follow when encountering these situations.

DA’s Office staff, an investigator, and a critical incident responder received in-depth training on the “No Hit Zone” (NHZ) concept in August 2014. Staff were taught that when hitting is observed, all staff should be responsible to intervene and communicate the office NHZ policy. An example might include “For the safety and protection of everyone in our offices, we participate in a ‘No Hit Zone’. I am obligated to say something when I see physical contact like hitting occur. What can I do to help you or your family?” In addition, brochures, magnets, and signs related to the NHZ were developed, and can be found throughout the lobbies of the DA’s Office public spaces (Appendix 6). The NHZ magnet has proven to be exceptionally popular, with many children and families taking one for their own home. The office announced the NHZ on their website (<https://www.countyofdane.com/da/nohit.aspx>). In addition to training of in-house staff, the DA’s Office has provided training on the NHZ to local law enforcement agencies – some of whom are moving forward with their own No Hit Zones.

Since October 2014, the DA’s Office has responded to requests for information about instituting NHZs from many professionals around the nation. In addition, DA’s Office staff are active advocates for the NHZ, participating in national workgroups facilitated by the University of Kentucky Department of Pediatrics and disseminating materials that they have developed to places such as the Jefferson County Kentucky Family Court, the Michigan Children’s Hospital, and Wisconsin’s Great Lakes Intertribal Council.

Community and Professional Education: Conversations about the DPCAI and corporal punishment led to the creation of a professional conference entitled “The Cultural Context of Corporal Punishment—Keeping Kids Safe” which was held on June 10-11, 2014 in Madison, Wisconsin. This conference was a collaborative effort among the Dane County District Attorney’s Office, University of WI Department of Pediatrics, Office of Continuing Professional Development, Dane County Criminal Justice Council, Dane County Board of Supervisors, Bureau of Justice Assistance, American Bar Association, and American Family Children’s Hospital.

On June 10, 2014, the Dane County Task Force held a corporal punishment and positive parenting conversation open to the community at the Fountain of Life Church. The meeting was led by Dr. Stacey Patton, who connected historical information on slavery practices and principles with modern forms of punishment and abuse. The event created a safe forum for candid conversations about race, religion, and parenting practices.

At the conference the following day, national experts on corporal punishment and culture explained the impact of corporal punishment on child development in the context of research, history and culture, and implicit bias, and facilitated subsequent audience discussions. The conference offered a forum where participants examined their own experiences, cultural beliefs, and personal biases to identify at least one strategy to move personal and community approaches toward non-violent parenting strategies.

The Conference was well attended and received overwhelmingly positive reviews from those attending. The conference gathered participants from across Wisconsin and other parts of the Midwest, including: local and state leaders, community advocates, faith-based leaders, human services and medical professionals, law enforcement, victim/witness specialists, corporation counsel, counselors/therapists, prosecutors, social workers and guardian ad litem. It garnered a high level of leadership support with attendees including the Dane County District Attorney Ismael Ozanne, and County Executive Joe Parisi. Local media also covered the event.

Appendix 7 contains a summary of conference participant feedback and supporting information related to the 2014 Corporal Punishment conference. A survey of “Intent to Change” was distributed at the conference to assess the degree to which participants could apply the information to enhance their professional practice.

Based on the positive feedback from 2014 conference participants, a second conference is planned for November 19 and 20, 2015 (<http://www.pediatrics.wisc.edu/education/continuing-professional-development-quality-improvement/continuing-education/live-events/cultural-context-corporal-punishment/>). The goal will be for participants to understand how ethnic and religious cultures affect caretakers’ use of corporal punishment, and how to work responsively with culturally diverse families. Conference participants will also be encouraged to examine how personal biases may influence their work and to learn how corporal punishment affects physical and emotional development. The 2015 conference will include two full days of structured learning, as well as an evening community conversation to enlist community leaders in thoughtful dialog regarding their experiences and belief systems.

Community Outreach: The DA's Office invited community members to conversations prior to and throughout the development process of this initiative. During 2013, community members and area professionals participated in an informal dialog with staff regarding the issue of corporal punishment in the Dane County community, and obtained a baseline of perspectives on what corporal punishment is, how it affects people, whether it is acceptable, and what the community can or should work to change regarding the use of this type of punishment.

To date, DA's Office staff also conducted 42 outreach and education presentations to court personnel, middle and high school groups, classes at University of Wisconsin and Edgewood College, numerous community service agencies, hospitals, faith-based community leaders, domestic violence intervention staff, and law enforcement agencies. During these contacts, staff elicited feedback from participants regarding attitudes toward corporal punishment and this valuable feedback assisted the DA's Office in determining steps to take as this initiative, and the community, moved forward in addressing disparities and corporal punishment.

In addition, the ABA recommended the development of a project brochure. A first draft of this brochure prepared by the ABA is included as Appendix 8. Numerous discussions among the ABA, RJIP team members, DPCA staff, and evaluators occurred over the course of the project related to the purpose of the brochure, appropriate target audience, content, cost, and methods of dissemination.

Challenges and Barriers

The Dane County RJIP project differs from some other RJIP projects nationwide in that its focus is not implementation of a checklist or new assessment tool, but rather system-level change through development of a model to address the root of a problem. However, it is similar to other RJIP-funded projects in that the evaluation focused on the development of a pilot program, identification of participant measures to be used in future evaluation efforts, development of data collection processes, and planning for future outcomes evaluation.

At this time it is unknown the level to which the current project design will impact overall racial disparities in the criminal justice system. However, it is expected that over time the project will be able to reduce corporal punishment and criminal recidivism for participants, enhance service coordination for child victims, and lower levels of future juvenile/adult justice involvement for the victims. The hope is that the participant, community, and system-level impacts will work in concert with other local disparity reduction efforts to demonstrate systemic change in the current racial disparity present in the criminal justice system. External resources and funding will be necessary to support further efforts to evaluate the effectiveness of the DPCA.

While the current short-term evaluation effort could not be expected to produce findings related to participant outcomes for deferred prosecution agreements that are 12-24 months in length, it will inform future iterations of the project and potential expansion/replication of the model. When the program has been fully implemented and stable for two years and is ready for outcomes evaluation, participant outcomes related to recidivism and system-level impacts related to disparity reduction should be measured.

An additional challenge was that the DPCAI program required some assistance to implement and stabilize the project in preparation for future outcomes evaluation. The revision of the original evaluation plan was in the best interest of the program and RJIP initiative, but the increased evaluation and reporting workload is estimated to have required nearly double the time/budget allocated. The UW Population Health Institute donated the additional time and resources to accommodate these changes during the course of the project. The Dane County DA's Office, Dane County Equity and Criminal Justice Council Coordinator, and the RJIP Task Force members also donated significant staff resources to support this RJIP project.

Summary/Highlights

The DPCAI has effectively enhanced Dane County's Deferred Prosecution Program for those individuals facing charges as a result of the use of excessive physical punishment of a child. It encourages parents to challenge their belief systems related to the use of physical punishment and to embrace healthier parenting skills, leading to behavior change and a reduction in the use of corporal punishment. Completion of Deferred Prosecution Agreement requirements allows participants to avoid the stigma and associated negative societal outcomes associated with a criminal conviction by having their charges reduced, dismissed, or avoided altogether. Initial analyses suggest that DPCAI has increased the speed of case processing for participants, and that enhanced collaboration has improved service coordination for both program participants and their child victims. The enhancements have improved services for child victims through enhanced coordination with Child Protective Services, timely use of forensic interviews, use of Court Appointed Special Advocates, and referrals to necessary treatment and support services. DPCAI stakeholders collaborated to clarify project goals and objectives, and the evaluation results reveal that the DPCAI program has made consistent progress toward their objectives. The DPCAI program has served 61 participants to date, 56% were persons of color and 44% were White/non-Hispanic. Five participants successfully completed program requirements. There were 67 children that received referrals/services through the DPCAI and 141 children resided in the homes of the 61 participants at the time of the child abuse incident and can be expected to benefit from services parents receive in the DPCAI. White/non-Hispanic and African American participants tend to report a history of life experiences that put them at great risk of poor mental and physical health, heavy alcohol use, and social problems. The DPCAI refers participants and child victims to a wide array of treatment and support services. The project offers the *ACT Parents Raising Safe Kids* Parenting Program, with an initial cohort of four participants completing the curriculum in Fall 2014 and a second cohort to begin soon.

The District Attorney's Office and Office of the State Public Defender collaborated to modify program eligibility criteria to increase the number of direct pre-charge referrals. Overall, the majority of admissions were referred post-plea (64%), nearly one-third were direct pre-charge referrals (29%), and a small group were referred for a reduction in charges (7%). However, the proportion of direct referrals increased from 25% before the December 2014 change in eligibility criteria to 41% after the change (N=44 and N=17, respectively).

In addition to these individual-level factors, the DPCAI also initiated a variety of system-level and community-level efforts to impact racial disparities and the use of corporal punishment. The Dane County DA's Office became the first non-hospital government institution in the nation to establish a "No Hit Zone" (NHZ) based on a model used by children's hospitals across the country. A NHZ team was created and they provided training to staff members throughout the DA's Office who were most likely to encounter issues that the NHZ addresses.

The extraordinary effort of the DA's Office staff also created a public service announcement denouncing the use of physical discipline that is now used nationwide, also facilitated a professional conference with national experts in 2014, and conducted extensive community outreach. The conference also included a community conversation focused on initiating dialogue with the faith based community about corporal punishment and its intersections with culture, particularly African American culture. A second, more extensive conference is planned for November 2015. More than 40 presentations to community groups of all types have encouraged community- and system-level change. Extensive collaboration with the local faith-based community and other organizations that are working collaboratively to reduce racial disparities has also occurred to maximize the impact of the Initiative.

The extent to which the DPCAI reduces disparities cannot be determined at this early date, but it is expected that the impacts of this initiative will be seen in longer term positive outcomes for the children, improvements to the system of care for these parents and families, community education to impact attitudes and norms related to corporal punishment, and integration of the DPCAI into the larger county-wide efforts to reduce disparities.

Evaluation Recommendations for Consideration

The current examination of the DPCAI resulted in a series of recommendations developed by the UW Population Health Institute to facilitate both the continued successful implementation of the program and ongoing efforts to reduce racial disparities in Dane County. These recommendations are grouped topically and are not presented in any specific order.

Recommendations for DPCAI Improvement

- A. The program model would benefit from a designated district attorney (prosecutor) assigned to DPCAI cases. Currently, the program coordinates with dozens of individual prosecutors with varying levels of support/interest/knowledge about the program in particular, and about family violence in general. A single, designated prosecutor on the team would improve speed of processing, level of communication, and overall efficiency for the entire team, as well as further enhancing the program model to benefit parents and child victims. While it would be ideal in the long-term to have a dedicated specialized prosecutor who would handle only family violence and DPCAI cases, in light of current budget challenges it may be more feasible in the short-term to limit assignment of DPCAI cases to 1-2 designated prosecutors to improve the efficiency of current case handling processes.

- B. Further increase public defender and defense bar knowledge of DPCAI eligibility criteria and participation benefits. While the Office of the Public Defender is well-represented on the RJIP team, public defender staff should be informed about DPCAI eligibility criteria and program requirements to better serve eligible families. The brochure drafted by ABA could be used as a starting point to develop a brochure for system stakeholders (Appendix 8).
- C. Continue to explore the use of evidence-based practices and tools related to criminal risk assessment and initial needs assessment for eligibility and case planning.
- D. Develop measures and data collection processes for the objectives that do not yet have them defined. For example, the database does not yet include a measure of “payment source” for Objective D3 nor a way to document the number of participants that completed a program satisfaction survey for Objective D4. These are important measures, but the development of the automated reports was assigned higher priority at the current time.
- E. Regularly (possibly quarterly) use the database to document program successes and use the data/results to improve the program through a continuous feedback loop. The DPCAI should use the evaluation data to make any necessary mid-course corrections and to regularly inform stakeholders about progress toward program goals and objectives.
- F. Use the ACT Parenting Program participant satisfaction feedback to inform and improve the provision of these services going forward. The team should review the participant input at the end of each cohort and determine whether any program modifications are necessary based on participant suggestions.
- G. External funding will be sought to take the DPCAI from pilot to full implementation and to adequately support a future assessment of program implementation and outcomes when the program has stabilized. In preparation for future evaluation:
 - 1) The DPCAI should seek to ensure that the parenting skills enhancement intervention is comparable for all participants. Currently, the DPCAI can control the content and quality of the ACT Parenting intervention it provides in-house, but most participants to date have engaged in a variety of parenting programs through other area providers. Although program requirements are customized to the specific needs of each case, the DPCAI will need to achieve consistency of content across parenting interventions in order to reliably assess any impacts on attitudes and behaviors related to physical discipline. If not, there could be systematic differences among groups of participants related to the type of parenting services they receive that could bias the results.
 - 2) The DPCAI should develop procedures to systematically obtain pre/post data for other (non-ACT) parenting programs to document attitude change related to corporal punishment. Currently, the DPCAI cannot document attitude change for participants referred to other area parenting skills programs.
 - 3) The DPCAI should also develop procedures to obtain satisfaction feedback from all program participants and use their input to improve the program. It is recommended that an annual satisfaction survey be administered to all participants at a single point-in-time (snapshot) rather than only at program discharge in order to capture feedback from participants at all stages of participation.
- H. Conduct evaluation of program and participant outcomes only after the program has stabilized. Outcomes evaluation could be conducted during 2017 when a large enough sample of participants who have received the enhancement will have completed their 12-24 month long deferred prosecution agreements. In addition, a large enough group of participants must have at least one year post-discharge for valid assessment of criminal

recidivism outcomes and subsequent CPS incidents. Finally, caution should be used during analysis to either exclude or analyze separately the 23 defendants who did not receive the enhanced intervention or received only a portion of the enhancement. The currently active participants have received all/some/none of the enhancements because they were either admitted prior to the January 2014 enhancement start or prior to the Summer 2014 implementation of the ACT Parenting Program.

- I. Develop an approach for responding to continued state and national interest in the DPCAI model. Reach team consensus on criteria for determining when the DPCAI model has achieved adequate stability for dissemination and replication, as well as at what point it will be appropriate to advance the model through professional networks and conferences.
- J. Garner the support of high level leaders within the criminal justice system, service system, and community through engagement in partnerships to advance racial equity.
- K. Determine how the current effort best fits into other ongoing Dane County efforts to reduce racial disparities and maximize impacts.

Recommendations for RJIP Team Continued Support of the DPCAI

- L. The RJIP Team should provide support for the November 2015 conference on corporal punishment through engagement in planning, promoting, volunteering, etc.
- M. Support community outreach and education efforts related to the DPCAI.
- N. Expand the conversation beyond the CPS and criminal justice system partners through community conversations, conferences, billboards, written materials, continued meetings with the faith based community, and “world café” engagement sessions.
- O. Continue the efforts to increase transparency and communication among agencies that began with discussions of program design, goals and objectives, and eligibility criteria. In the coming years, it will be critical for the project to both conduct a robust program evaluation and to support the increased system collaboration.

Recommendations for Improving Future RJIP Efforts

- P. Assure that RJIP-funded projects have a solid foundation and have stabilized prior to initiating evaluation of outcomes. Considered in terms of the “stages of evaluation” outlined by Inga James during a presentation to RJIP sites, the DPCAI would be in Stage 1 (preparation). Prior to subjecting a program to outcomes evaluation, assure that the intervention is stable and there is consensus on goals/objectives, policies and procedures, use of evidence-based assessment tools, effective interventions, and stakeholder buy-in.
- Q. Allow sufficient time to conduct a valid evaluation. This report on program effectiveness is being required a little more than one year after the 12-24 month DPCAI intervention enhancement began and no participants have yet completed the enhanced services.
- R. Provide sufficient time/resources in funding cycles to accomplish necessary system-level collaboration to integrate program processes into the service system.
- S. Provide sufficient resources to fund the necessary program and intervention activities. The current RJIP funding was designated to support the program evaluation, but no resources were provided to the DA’s Office to operate the enhancement, participate in collaborative meetings, support DA Information Technology staff to collaborate in data system design (estimated at nearly 1,200 hours), or fund a larger systems-level communications strategy.

Appendices

- Appendix 1 DPCAI Program Description April 2015
- Appendix 2 Deferred Prosecution Offer Letters
- Appendix 3 Database and Automated Report Screen Shots
- Appendix 4 Summary of Participant Characteristics
- Appendix 5 ACT Parenting Scoring Method and Data Summary
- Appendix 6 “No Hit Zone” Materials
- Appendix 7 Corporal Punishment Conference Materials
- Appendix 8 DPCAI Brochure (drafted by American Bar Association)