

Madison Area Recovery Initiative



Final Grant Evaluation Report

Program Implementation (2019-2024)

February 2025

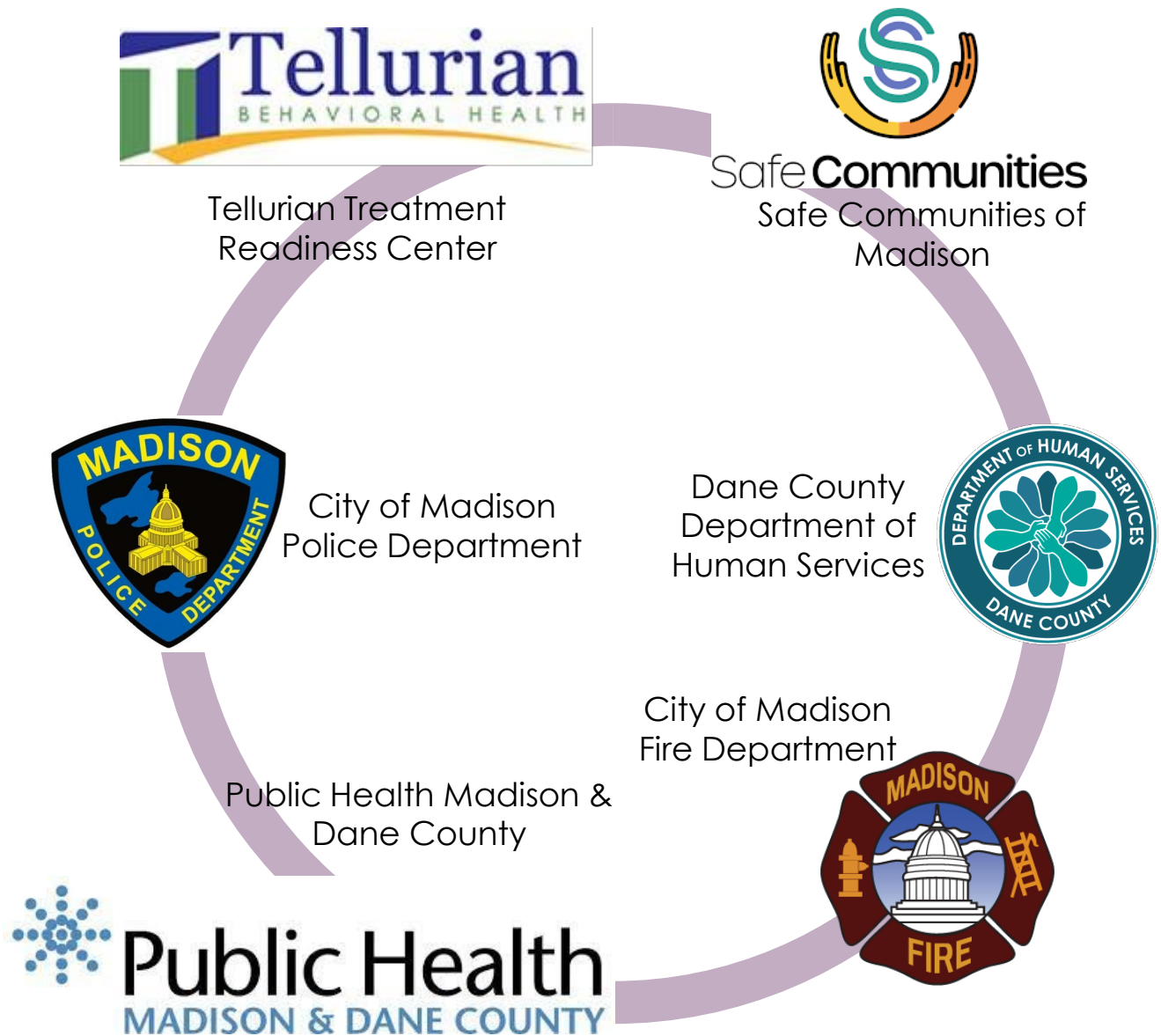
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SCHOOL OF MEDICINE AND PUBLIC HEALTH

Madison Area Recovery Initiative is a collaboration between:



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Introduction & Background

The Madison Area Recovery Initiative (MARI) is funded by a three-year grant from the Bureau of Justice Assistance (BJA) operating from October 1, 2019-December 31, 2024. The City of Madison Police Department (MPD) applied for BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) to address the impacts of illicit opioid and prescription drug abuse in the City of Madison and larger Dane County.* Data from the Dane County Emergency Medical Services (EMS) showed that Dane County EMS completed 501 runs to individuals experiencing suspected opioid overdoses in 2018. Data from the Wisconsin Department of Health Services (DHS) also showed that opioid-related hospital discharges in Dane County increased 73% between 2005-2017.

In the first two years after receiving the COSSAP grant in October 2019, the use of illicit opioids and prescription drugs in Madison and Dane County increased. Dane County EMS data shows that 1,839 individuals experienced a non-fatal overdose in Dane County between April 1, 2020 and December 31, 2021 (this is likely a duplicated count with individuals experiencing multiple overdoses over time). Additionally, data from DHS shows Dane County had the highest number of emergency room visits for opioid overdoses in 2020, compared to the per year totals over the previous 10 years.

MPD's 2019 grant proposal project design sought to *"improve public safety and health in Madison and Dane County by diverting drug-addicted individuals from the criminal justice system through a framework of treatment referral and engagement, as well as active outreach."* Upon receiving this COSSAP grant award, MPD created a multi-agency collaboration that included staff from City of Madison Fire Department, Dane County Department of Human Services, Safe Communities of Madison, Public Health Madison & Dane County, and Tellurian Treatment Readiness Center to implement two initiatives that seek to connect individuals experiencing opioid and prescription drug use with services, with the larger goal of diverting individuals from arrest and further criminal justice system involvement.

1. **The MARI Pre-Arrest Diversion Program** serves individuals who overdose or who commit low-level, nonviolent offenses that are substance use-related. MARI offers referral to medication for opioid use disorder (MOUD), behavioral health treatment, and recovery coaching as an alternative to criminal charging. Citations are written prior to MARI referral, but no charges are filed if the participant meets program requirements. MARI began on September 1, 2020, and builds on the Madison Addiction Recovery Initiative (MARI) pre-arrest diversion model implemented from Sept. 1, 2017 to Aug. 31, 2020.
2. **The MARI Resource Team (MARI RT)** has included officers paired with Certified Peer Support Specialists and/or community paramedics who follow-up with individuals who have experienced an overdose or other substance use related call for service. At times, the team is also available to respond to active emergency calls involving an overdose. The MARI RT distributes Naloxone and other harm reduction supplies and offers referrals and warm-handoffs (personal connections) to an array of harm reduction and treatment services. The MARI RT began in April 2021, and it is the first multidisciplinary team responding to overdoses in the state of Wisconsin. This effort was initially called the Addiction Resource Team (ART), but was recently updated to the MARI RT in an effort to be less stigmatizing.

Development and implementation of the MARI pre-arrest diversion and the MARI RT models has required significant staff time at multiple levels in each of the partner agencies. These models are based on program models implemented across the nation. Thoughtful collaboration among the partner agencies has allowed these models to be adapted and implemented according to the needs of Madison and Dane County. Collaboration and devotion of staff time among the partner agencies has also allowed for developing and implementing comprehensive models informed by multiple viewpoints and areas of expertise.

Evaluators at the University of Wisconsin Population Health Institute (UWPHI) have been contracted to perform comprehensive evaluation of the models.

*This grant builds on MPD's original MARI program created under USDOJ Smart Policing Initiatives grant award No. 2016-WY-BX-0004.



MARI Pre-Arrest Diversion Program

Pre-Arrest Diversion Program Information & Process

The MARI pre-arrest diversion program is one of a few pre-arrest diversion programs operating in Wisconsin and is an early adaptation of pre-arrest diversion programs operating across the nation. The program is a tool used by MPD, the Dane County Sheriff's Office (DCSO), and Middleton Police Department to offer individuals they encounter diversion from arrest, charging, and further criminal justice system involvement. While citations are written prior to program referral, no charges are filed with prosecuting agencies if the individual successfully completes the program. Individuals eligible for the program must be Dane County residents at the time of law enforcement contact who have committed non-violent, low-level crime that is connected to their substance use. Other options for pre-arrest diversion for this population do not exist in the area. The iteration of the program implemented in this grant builds on MPD's innovative MARI program, and it expands the local partnerships and accessibility to eligible individuals outside of the City of Madison, but within the broader Dane County area.

The operation of the program includes several local partnerships outlined below. MPD collaborated closely with these partners to develop all program protocols based on lessons learned from the review and evaluation of the previous iteration of MARI.

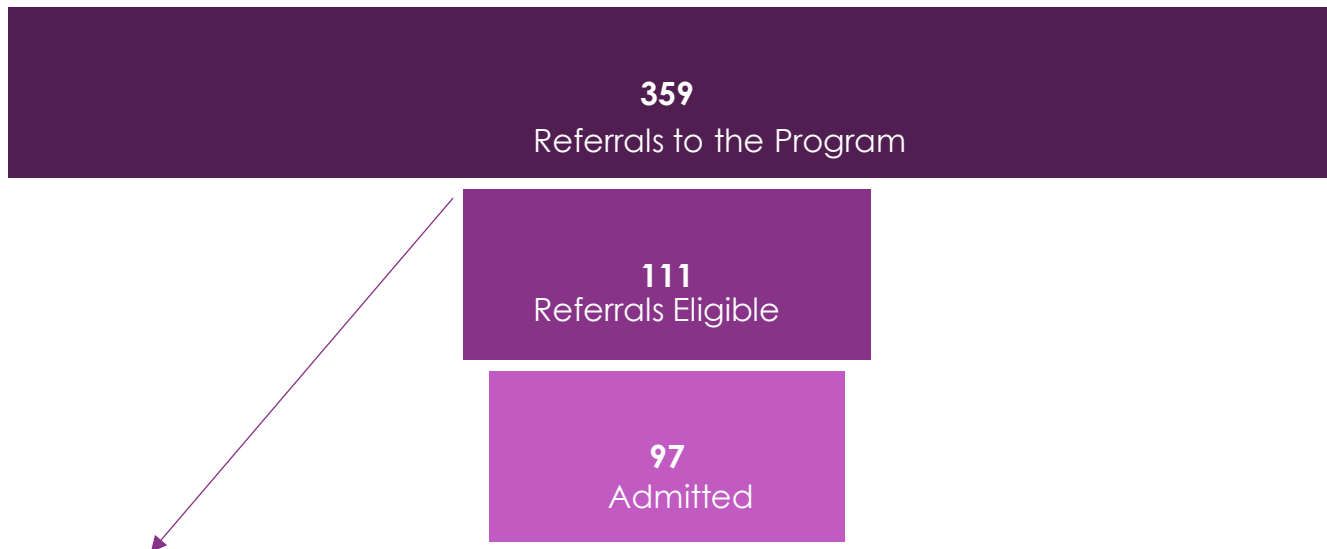
- MPD officers, DCSO deputies, and Middleton police officers refer eligible individuals to the program via specialized MPD program staff.
- MPD staff confirm initial eligibility for the program and with the consent of the prospective participant, shares referral information with staff at Tellurian's Treatment Readiness Center (TRC) who further confirm program eligibility via initial screening and assessment. Staff at the Dane County Department of Human Services (DCDHS) manage the Tellurian TRC for MARI referrals and subsequent SUD clinical assessments.
- Upon completion of the assessment, individuals are referred to treatment based on individual recommended level of care identified during the assessment process. At the conclusion of their clinical assessment, MARI participants are paired with Certified Peer Support Coaches employed by Safe Communities.
- Post-assessment, MARI participants sign and commit to a six-month MARI Pre-Arrest Diversion Treatment Plan and consent to their progress in treatment and recovery being followed by staff from Tellurian, Safe Communities, MPD, and DCDHS.
- After six months of treatment and regular recovery coach support, participants are eligible to successfully complete the program, and criminal charges are not filed.

A summary of the program's process is outlined below.



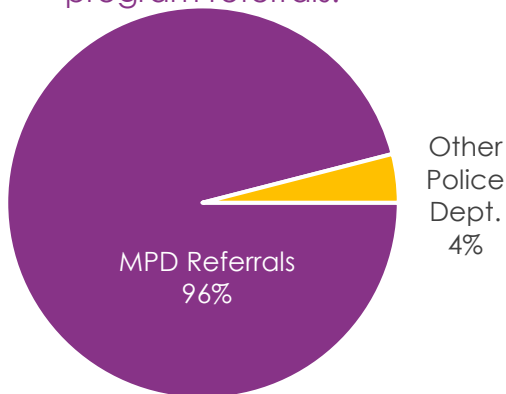
Overall Program Numbers

The information below includes all program data collected between initial implementation (September 1, 2020) and December 31, 2024.

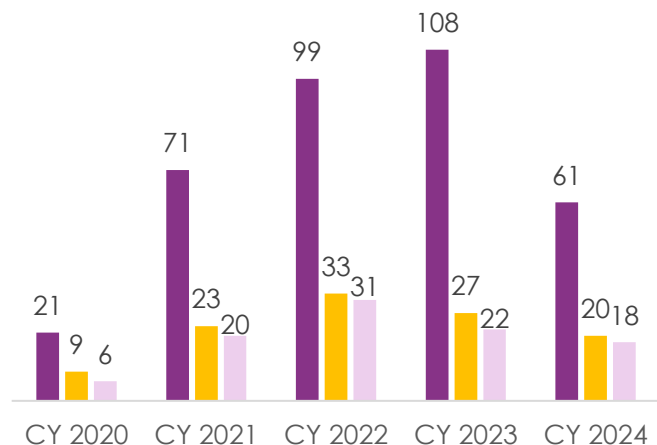


Reason Referrals were Not Eligible:	# (%)
Lack of Follow-Through with Program Processes (failure to receive eligibility notification, contact TRC, complete screening, complete assessment, sign arrest diversion plan)	119 (45%)
Ineligible Criminal Justice Reason (ineligible offense, violence, other open cases, overlap with probation/parole)	97 (37%)
Outside Program's Residency Requirement	19 (7%)
Other Reason (death, relocation out of state, former participant, DA charged, referral received late)	28 (11%)

Madison PD (MPD) staff made 96% of program referrals.



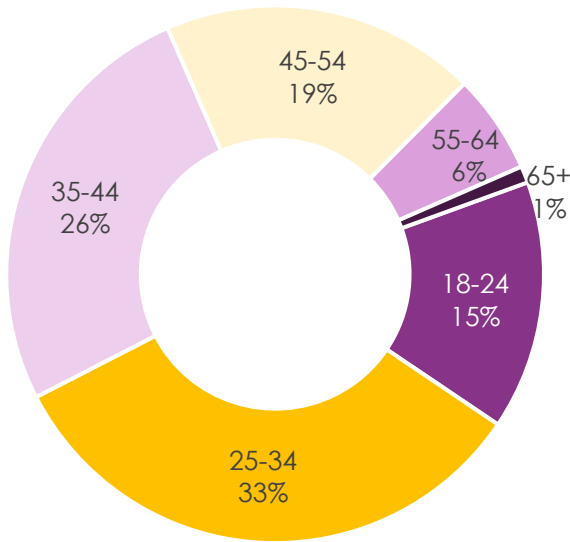
Calendar Year (CY) 2022 saw the highest number of **referrals**, **referrals eligible**, and **admissions**.



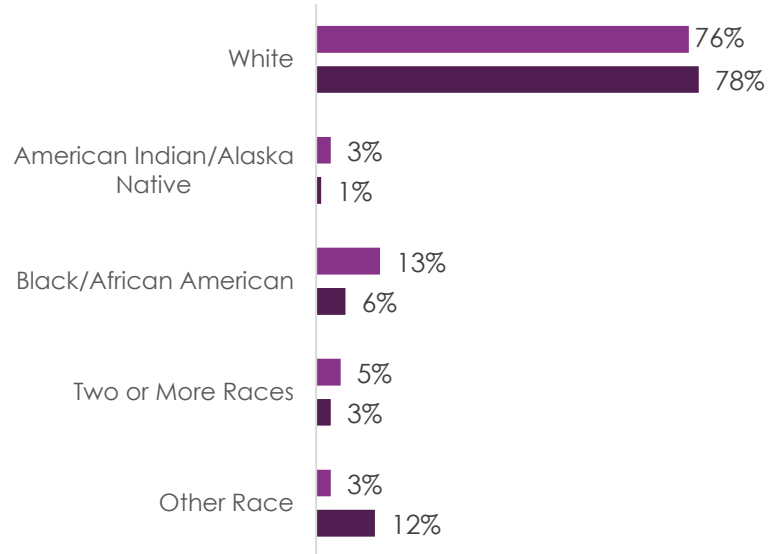
Program Participant Characteristics

The information below includes data collected for the 97 program participants admitted between initial program implementation (September 1, 2020) and December 31, 2024. The average referral was white, male, and 37-years-old. Unknowns have been excluded.

More than half (59%) of participants were 25-44 years old at admission.
The average age at admission was 37.

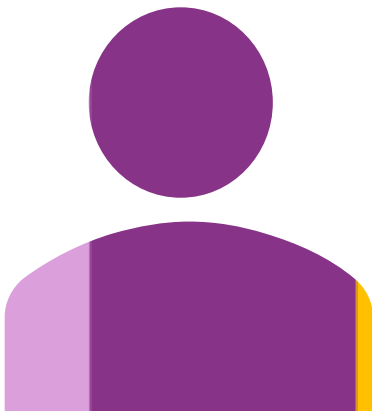


Most participants identified as white. Comparisons to Dane County 2022 U.S. Census estimates are shown for context.*



*Note: Race information is gathered differently across sources.

Just under half (44%) of participants identified as female, 55% as male, and 1% as transgender.



Participant Ethnicity

7% of participants identified as being of Hispanic/Latinx/Spanish Origin.

Veteran Status

Only 4 participants (4%) were veterans.

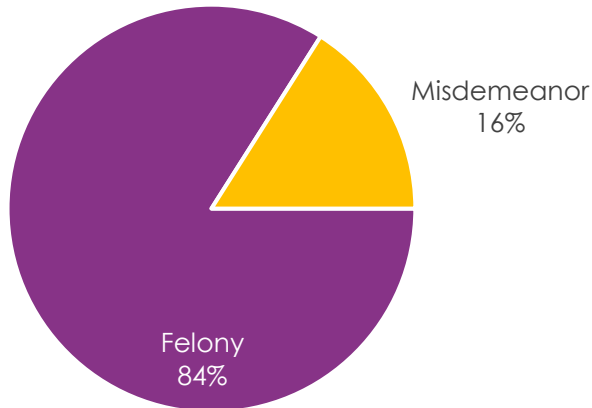
Insurance Status

89% of participants had health insurance at admission.

Participant Offense & Criminal Risk at Admission

The information below includes data collected for the 97 participants admitted between initial program implementation (September 1, 2020) and December 31, 2024.

Most participants (84%) were referred on felony charges.



Slightly less than half of participants (42%) were referred for possessing Heroin.

Offense Description	%
Possess Heroin	42%
Possess Narcotics/Other Schedule Drugs	26%
Possess Cocaine/Cocaine Base	17%
Possess Controlled Substance	6%
Possess Drug Paraphernalia	4%
Misdemeanor Retail Theft	4%
Acquire Controlled Substance by Fraud	1%

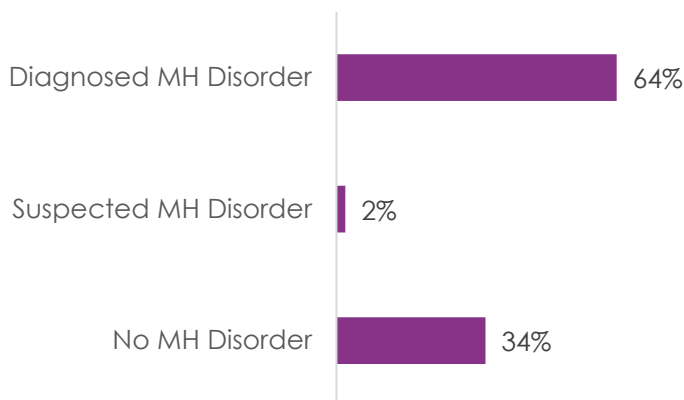
Criminal Risk Level

53% of participants had a low risk of reoffending according to the Proxy Risk Assessment tool.

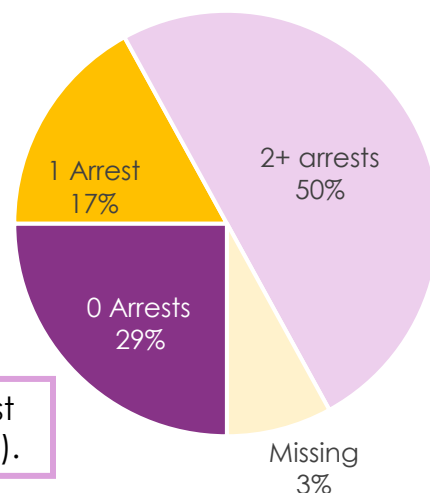
Participant Mental Health & Arrest History at Admission

The information below includes data collected for the 97 participants admitted between initial program implementation (September 1, 2020 – December 31, 2024).

Almost 2/3rds of participants (64%) reported a diagnosed mental health disorder(s) at admission.



Half of participants (50%) were arrested 2+ times before admission.
The average number of arrests before program admission was 4.5 (0-100 range).



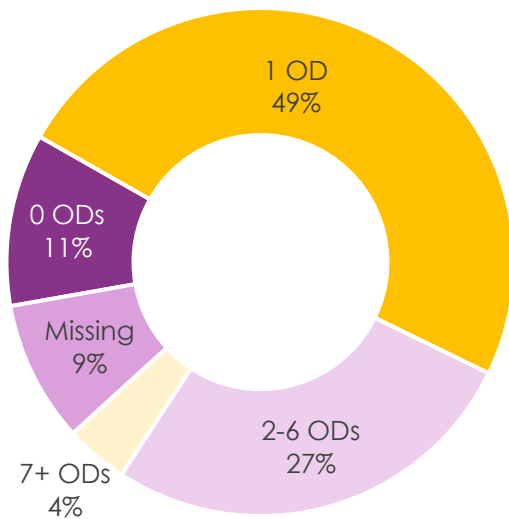
The average amount of time between a participant's first arrest and program admission was 16.5 years (0-62 range).



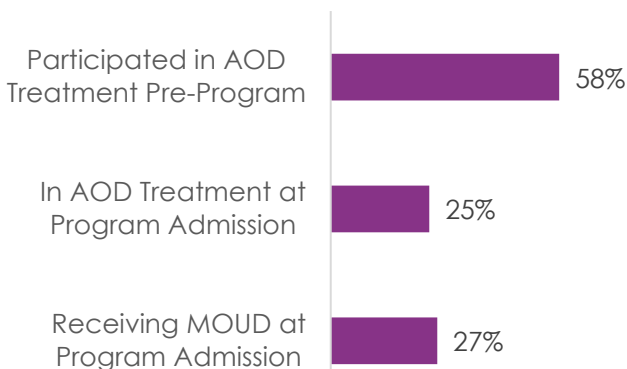
Participant Substance Use & Treatment at Admission

The information below includes data collected for the 97 participants admitted between initial program implementation (September 1, 2020) and December 31, 2024.

Slightly less than half (49%) of participants overdosed once prior to admission. The average number of overdoses before admission was 2.



Slightly more than half of participants (58%) had participated in substance use treatment before admission.*



*Note: Participants may be counted more than once in the above chart.

Most participants (56%) had an Opioid/Opiate as their primary drug of choice at admission.

Primary Drug of Choice	%
Heroin	37%
Cocaine	23%
Opiates/Opioids (non-Heroin)	19%
Marijuana	8%
Alcohol	6%
Benzodiazepines	3%
Methamphetamine	2%
None	2%

64% of participants reported having more than one drug of choice at admission.

Most participants (55%) were recommended to attend outpatient treatment.

Recommended Level of Care	%
Outpatient	55%
Individual Counseling	17%
Intensive Outpatient	14%
Residential	9%
Day Treatment	4%
Detoxification	1%

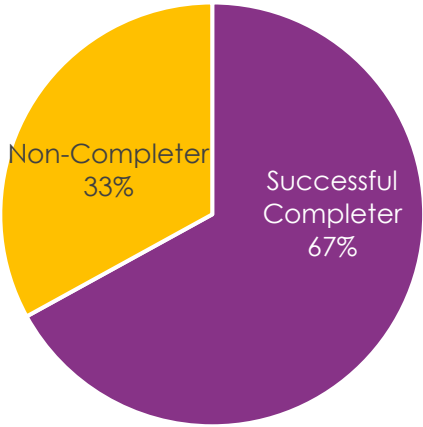
29% of participants were recommended to attend Medication for Opioid Use Disorder (MOUD) as a part of their treatment.



Participant Completion Rate & Recidivism Outcomes

The information below includes data collected for the 60 participants admitted to and discharged from the program between initial implementation (September 1, 2020) and December 31, 2024.

89 individuals were discharged from the program; more than two-thirds (67%) successfully completed the program.

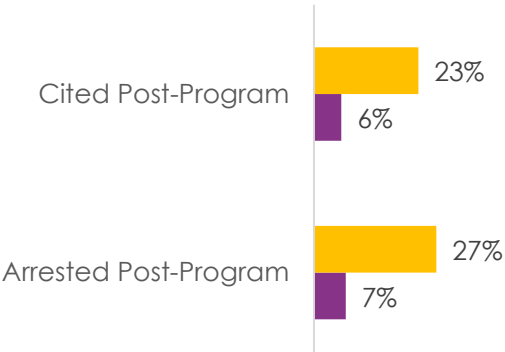


81 participants were discharged from the program for at least six months as of December 31, 2024: 55 completers and 26 non-completers.

Program Completers were significantly less likely to be arrested or cited after the program. ($p < .03$)
50 Completers were not arrested or cited post-program.

19 Non-Completers were not arrested or cited post-program.

These results show that the program is effective in reducing future recidivism.



Program Naloxone Distribution

Staff throughout the program processes distributed Naloxone to participants and their supports and provided education about Naloxone use. As of December 31, 2024:

37

Doses of Naloxone distributed to participants

+

19

Doses of Naloxone distributed to supports of participants

=

56

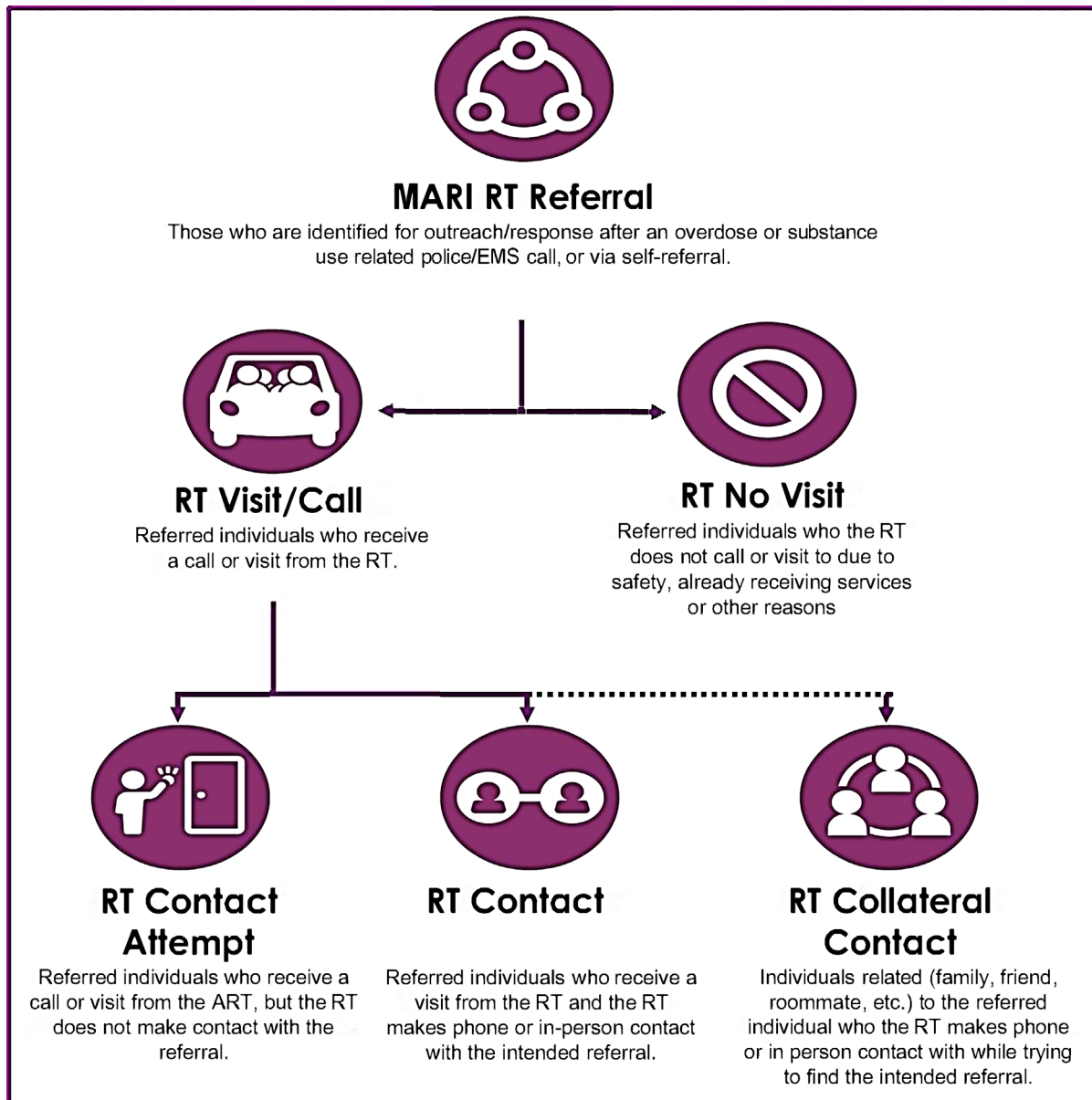
Total doses of Naloxone distributed via through December 31, 2024



MARI Resource Team (MARI RT)

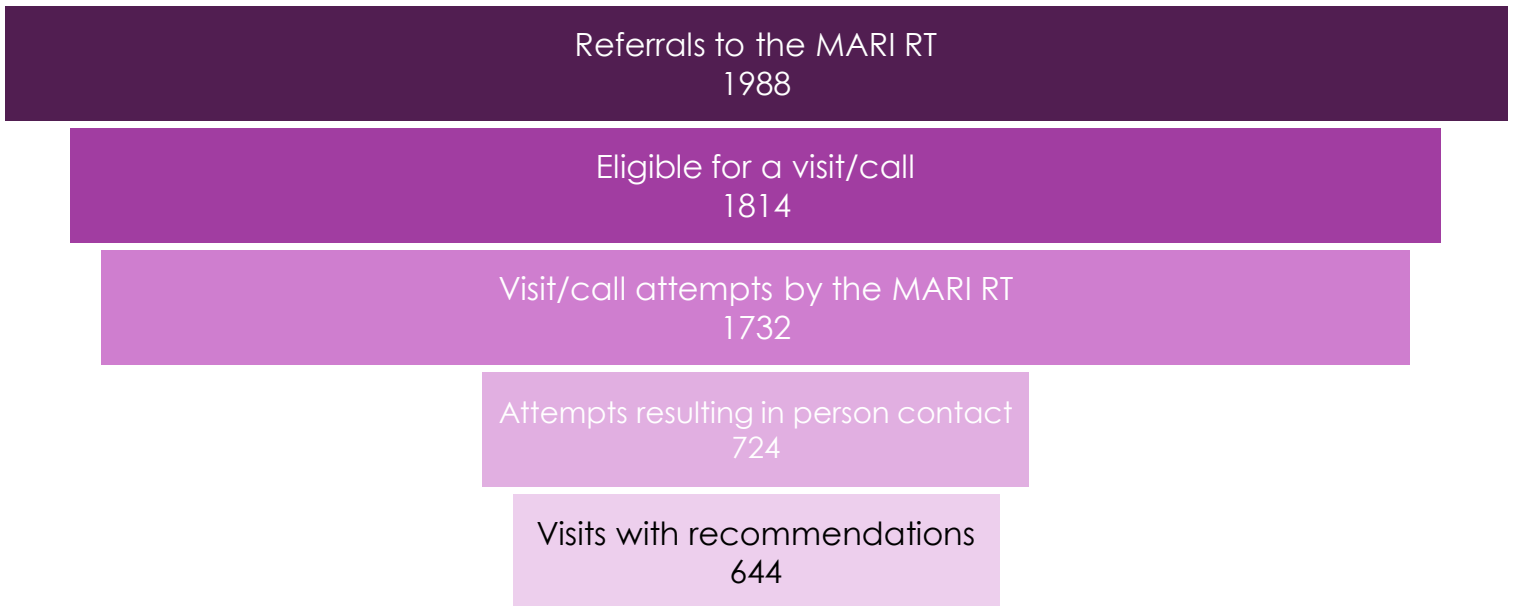
MARI RT Information & Process

The MARI Resource Team (MARI RT) provides outreach to individuals who have experienced an overdose or had police/EMS contact for a substance use-related incident. The MARI RT also responds to individuals who self-refer (e.g. contact MPD for SUD assistance). When the team is available, they are also able to respond at the time of active overdose calls. The MARI RT seeks to connect individuals who experience substance use disorders and their families/supports to services such as Active Outreach and Officer Prevention pathways. During MARI RT implementation, the team included MPD Officers paired with a MFD Community Paramedic and/or a Safe Communities Certified Peer Support Specialist (Note: Pairing with a Community Paramedic was discontinued in 2022 due to program needs). Several Certified Peer Support Specialists and MPD officers rotated to perform outreach visits. The MARI RT process is as follows:

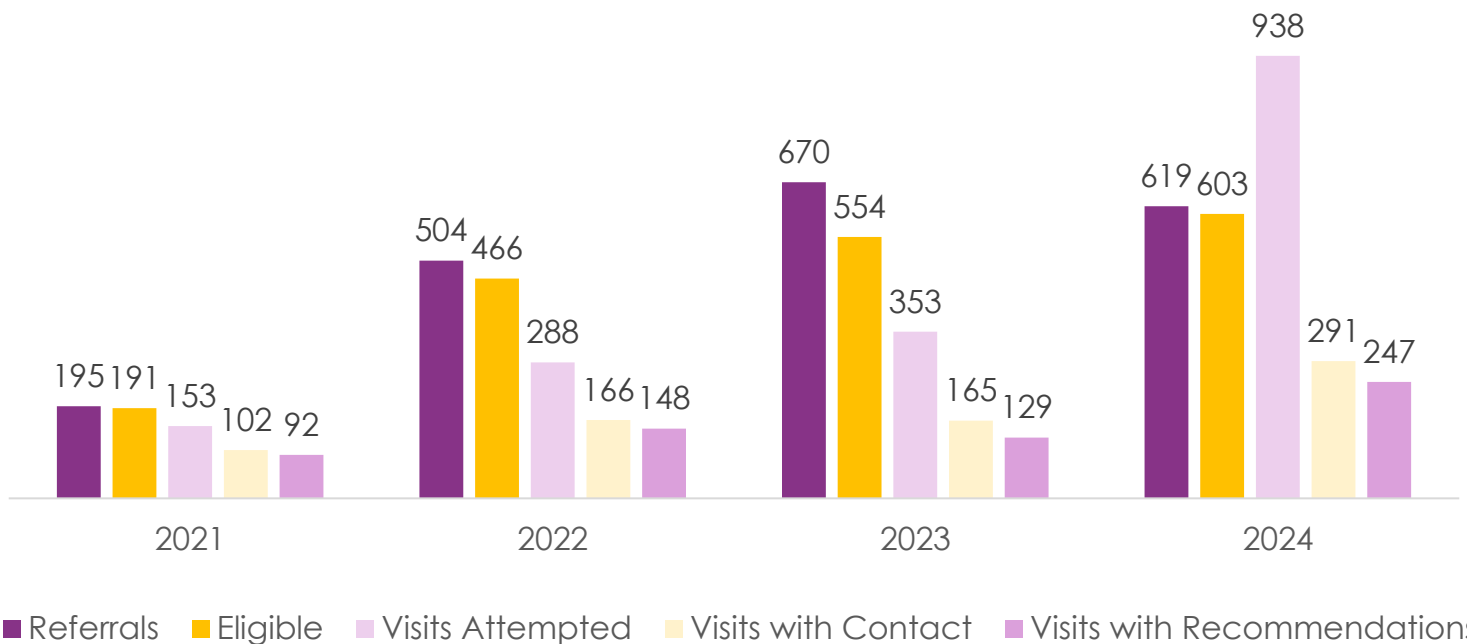


Overall MARI RT Numbers

The information below includes all MARI RT data collected between April 28, 2021 and December 31, 2024. Please note that counts are duplicated, meaning individuals referred or visited more than once are double-counted.



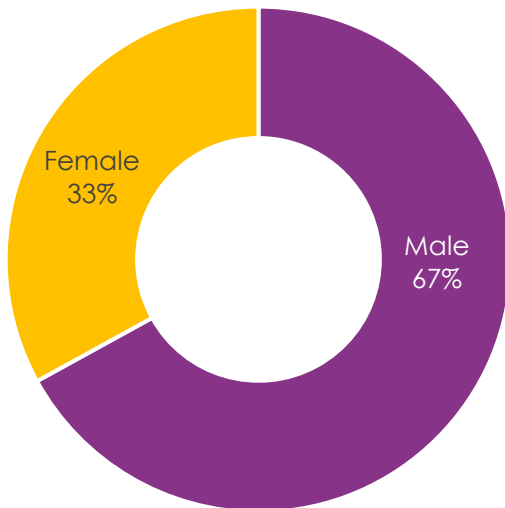
2023 had the most referrals to the MARI RT. 2024 had the most referrals eligible for a visit, visits attempted, visits where personal contact was made, and successful visits.



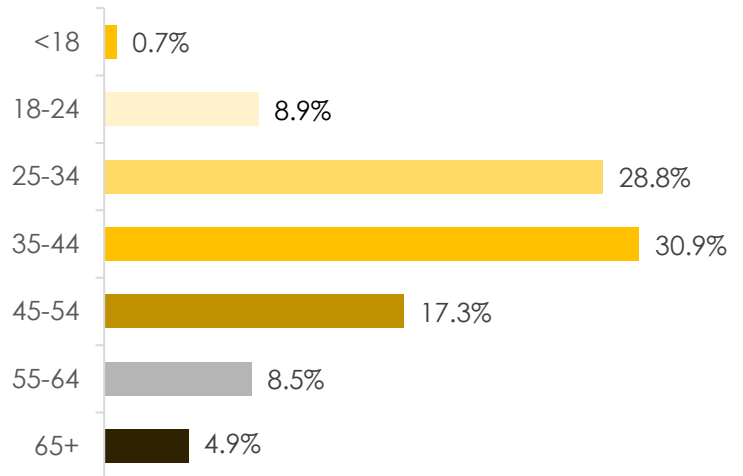
MARI RT Referral Characteristics

The information below includes all MARI RT data collected between MARI RT implementation (April 28, 2021) and December 31, 2024. There were 1,988 referrals made to 1529 unique individuals during this timeframe. The graphics in this section depict the 1,988 referrals (duplicated). The average referral was white, male, and 39 years old. Unknowns are excluded from the charts.

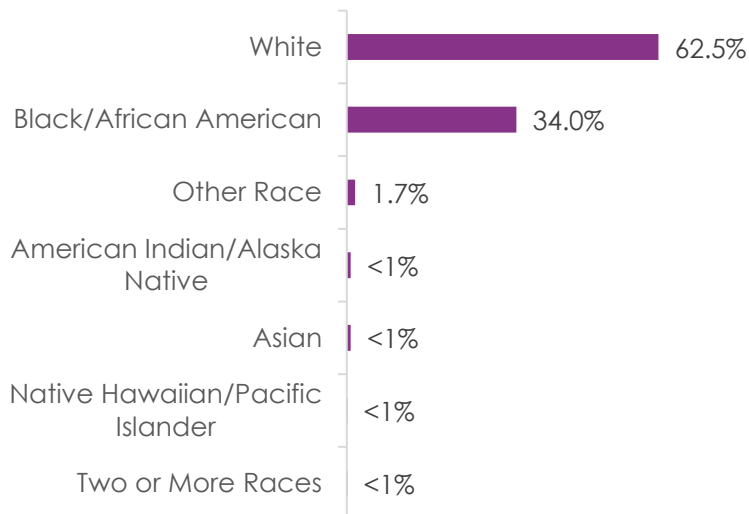
About 2/3rds of referrals were male.



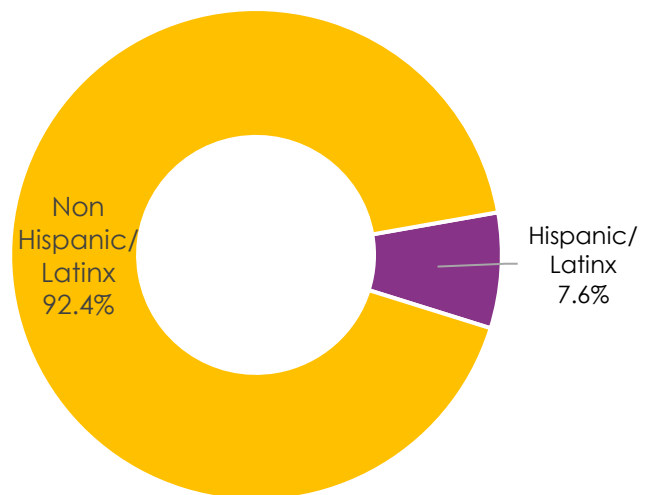
Most referrals (60%) were between the ages of 25-44.



Over 96% of referrals were either white or black.



8% of referrals identified as Hispanic/Latinx.*



24.2% (481 referrals) were on probation or parole.



3.5% (69 referrals) had addresses that were unable to be verified.



11.8% (235 referrals) were confined at time of referral.



2.1% (42 referrals) were a participant in MARI's pre-arrest diversion program at some point before their MARI RT referral.



9.1% (181 referrals) had been referred to MARI's pre-arrest diversion program before their MARI RT referral.

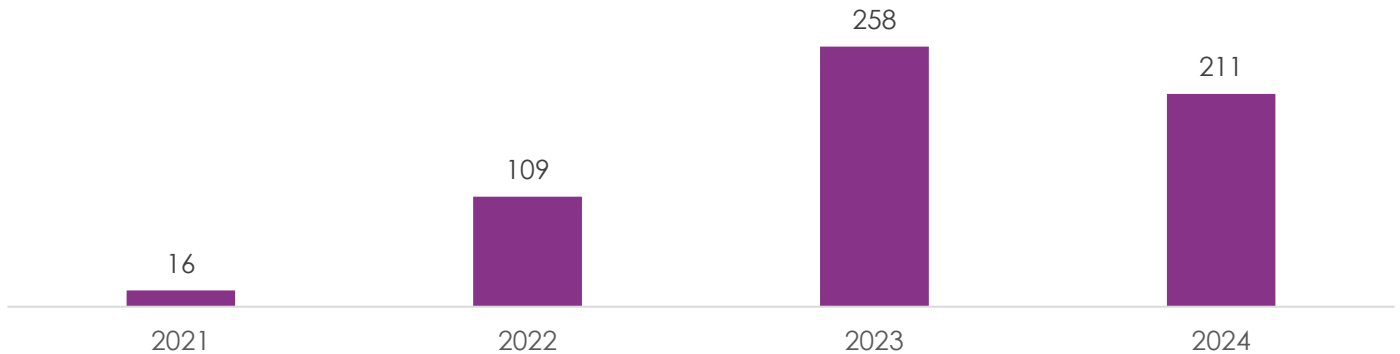


MARI RT Visit Ineligibility

598 MARI RT referrals were ineligible for an in-person visit from the team. This makes up 30% of all referrals. Of those ineligible for an in-person visit, 322 (53.8%) were eligible for a phone visit. Of those who were not eligible for an in-person or phone visit, 105 (17.6%) were eligible for a jail visit.

For in-person visit ineligibility, other issues (i.e. , being confined, having a warrant, etc.) were the most common reason for in-person visit ineligibility (72.7% of all those ineligible). The most common safety reason for in-person visit ineligibility was violence.

2023 had the most referrals ineligible for an in person visit.



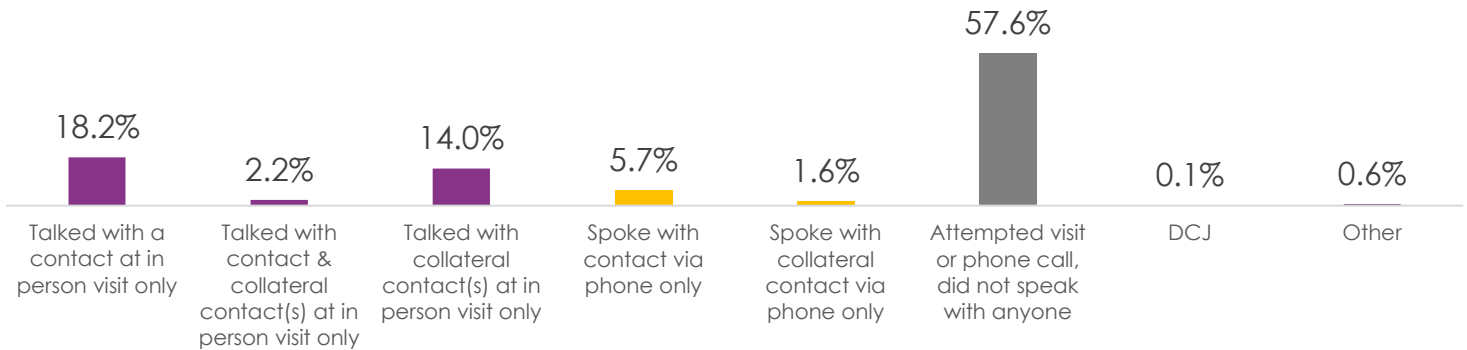
Reasons for In-Person Ineligibility 598 ineligible for in-person visits	
Other	435 ineligible (% of ineligible for an in-person visit)
Confined	231
Active Warrant	122
Multiple	44
Violence	11
Investigation	7
Possession	3
Other	17
Safety	155 ineligible (% of ineligible for an in-person visit)
Violence	94
Battery	11
Weapons History	11
Multiple	9
Criminal History	9
Possession/Drug Activity	8
Reckless	4
Use of Force	3
False Imprisonment	2
Strangulation	2
Sexual	1
1st & 2nd Degree	1
Unknown	8



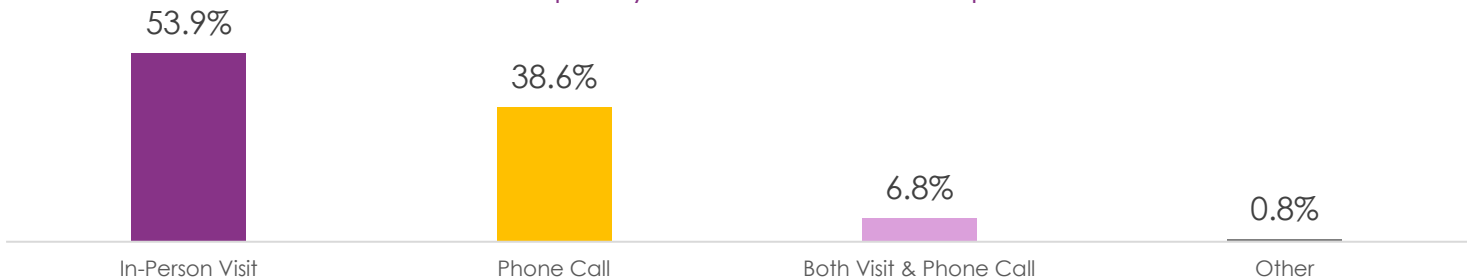
MARI RT Visit Outcomes

From April 2021 to December 2024, the MARI RT made 1732 visit attempts (visits or phone calls) to eligible referrals. 20% of visits resulted in talking with the intended contact only; 16% of visits resulted in speaking with a collateral contact only; and 58% of visits were attempts only where no interaction with a contact or collateral contact occurred. The vast majority (81%) of visit attempts were in-person visits.

Most visit attempts by the MARI RT resulted in not speaking with anyone.



Most visit attempts by the MARI RT were in-person visits.



MARI RT Resource Distribution

The MARI RT offered naloxone and Harm Reduction Kits (clean syringes, cotton balls, alcohol wipes, tourniquets, and a cooking receptacle), Hope Kits (2 doses of Narcan, a Fentanyl Test Strip, CPR Face Shield, hygiene kit, surgical face mask, latex gloves, tissues, soap, hand sanitizer and resource cards), fentanyl testing strips, and xylazine testing strips to contacts and collateral contacts. 699 doses of naloxone were distributed, along with 80 Fentanyl testing strip kits.

699 Doses of naloxone distributed to individuals during MARI RT visits.

5 Hope Kits were distributed.

7 Harm reduction kits were distributed.

0 Xylazine testing strip kits were distributed.

80 Fentanyl testing strip kits were distributed.



MARI RT Outcomes

One way to measure the MARI RT's impact is referrals having a subsequent precipitating event and referral to the team after their initial referral. Of the 1988 referrals to the team since April 2021, 265 (13%) have been referred more than once. The most referrals to the MARI RT a single individual had was 13 referrals.

11 referrals were re-referred after the MARI RT attempted a visit, contacted the intended contact, and gave a recommendation/warm handoff to the individual.

13% of referrals have been referred to the MARI RT multiple times.



MARI RT Community Outreach Events

In addition to outreach work via outreach to specific individuals experiencing substance use, the MARI RT conducted a variety of community outreach activities. After recognizing additional program needs an opportunities for prevention and resource connection, the MARI RT began hosting tabling events in the community and targeted places that were accessible to individuals who may be needing support or services and were located near areas of the community with high substance use/overdose rates. Information about the outreach events that occurred from April 5, 2024, through December 31, 2024, is summarized below.

119

Tabling events held.

547

Naloxone doses distributed.

566

Individuals met at tabling events.

158

Fentanyl testing strip kits distributed.

204

Safe Communities resources distributed.

22

Hope Kits distributed.

64

Mental health resources distributed.

12

Xylazine testing strip kits distributed.



Overall MARI Lessons Learned

There are many lessons learned throughout the implementation of MARI, both from program implementation and evaluation perspectives. A summary of key lessons learned is included below.

- ❖ **Modifying program implementation plans to ensure alignment with local conditions throughout implementation is critical.** The period of MARI implementation saw unprecedented and challenging conditions in policing and public health. The grant began just before the COVID-19 pandemic and the murder of George Floyd occurred soon thereafter. Both of these events brought unprecedented challenges to policing; to public health and social determinants of health; to the scope of substance use and supporting basic needs; and ultimately resulted in a clear need to shift program plans and implementation. Additionally, some concepts initially included in the grant application become more difficult to implement in light of the events and shifting priorities, so plans and implementation was adjusted.
For instance, Public Health Madison and Dane County didn't replace the MARI Coordinator that had been hired and quit in September 2021. This was due to agency demands during the pandemic. A MPD sergeant took over the role on an interim basis until MPD brought back the Coordinator from the previous iteration of MARI (retired MPD captain) who was then paid directly by MPD.
In March 2023, the Madison Fire Department withdrew from MARI participation to focus on their community paramedics working in their new Community Alternative Response Emergency Services (CARES) unit responding to non-violent behavioral health emergencies.
Finally, after more than three years, in September 2023, the MPD designated MARI Officer (an Addiction Resource Officer) was re-assigned by the Chief to patrol to meet increased calls for serviced demands. The team responded by training a cadre of other officers in the MARI processes and outreach, which has resulted in better coverages and more contacts with community members.
- ❖ **Strong partnerships with defined roles and responsibilities facilitates program implementation.** Throughout the implementation of MARI, partners worked closely together to implement, monitor, and modify plans and processes in way that was responsive to ever changing conditions. The importance of strong partnership was clear in this initiative, and it was beneficial to have representatives from partner agencies with decision-making authority in addition to those closest to the work. Finally, procedures and other documents outlined the roles and responsibilities of partner agencies that helped to facilitate the work.
- ❖ **Ensuring that program services are easily accessible, culturally-responsive, and effective to the target population should be a priority.** MARI project partners closely monitored initiative efforts as they were being implemented to ensure that disparities were addressed, and that efforts were being made to reach those most in need. This also included monitoring language being used about and within the initiative; developing new efforts to implement in order to address gaps; and modifying processes and strategies as needed.
- ❖ **Intentional decision-making to ensure alignment with priorities and areas of expertise greatly enhance implementation and sustainability.** Throughout implementation of MARI, intentional decision-making and planning has been a critical part of the process. For example, the MARI grant was moved out of MPD's Criminal Intelligence Section and moved over to Community Outreach. In late 2023, MPD assigned a Lieutenant to Community Outreach and moved MARI from Community Outreach to MPD's Mental Health Unit. This was a critical, and intentional decision by MPD as the goals, objectives, and staffing of MARI align much better with MPD's Mental Health Unit and this will be beneficial for sustainability and long-term purposes.



Overall MARI Lessons Learned Continued

- ❖ **Planning for sustainability of program services beyond grant funding should occur throughout program planning and implementation.** In early implementation and development, MARI was reliant on grant funding to continue many of the positions that were implementing the initiative efforts. Over time, MARI partners considered sustainability of positions and modified operations accordingly. Both the MARI pre-arrest diversion program and MARI RT have been modified to models that are more sustainable in the absence of grant funding.
- ❖ **Ongoing program monitoring is important for continuous program improvement and monitoring of trends.** Substance use in communities is constantly changing. Monitoring trends, information, and adjusting operations accordingly is important to ensure efforts are effective and beneficial to those needing assistance.
- ❖ **Evaluation with these programs is complex and requires support.** With the variety of project partners involved, it was important to ensure partners were (a) gathering information about their specific efforts, (b) sharing information appropriately, (c) able to access and document information when they needed it, and (d) informed about outcomes of the efforts on the ongoing basis. This required staff time within each partner agency, infrastructure to support evaluation/data collection, and a central evaluation partner to monitor and implement evaluation activities.

