

WISCONSIN
COMMUNITY FORENSIC SERVICES
DIVISION OF MENTAL HEALTH AND SUBSTANCE
ABUSE SERVICES
DEPARTMENT OF HEALTH SERVICES

ANNUAL REPORT

CONDITIONAL RELEASE PROGRAM
OUTPATIENT COMPETENCY PROGRAM
AND
OUTPATIENT COMPETENCY RESTORATION
PROGRAM

JULY 1, 2008 – JUNE 30, 2009



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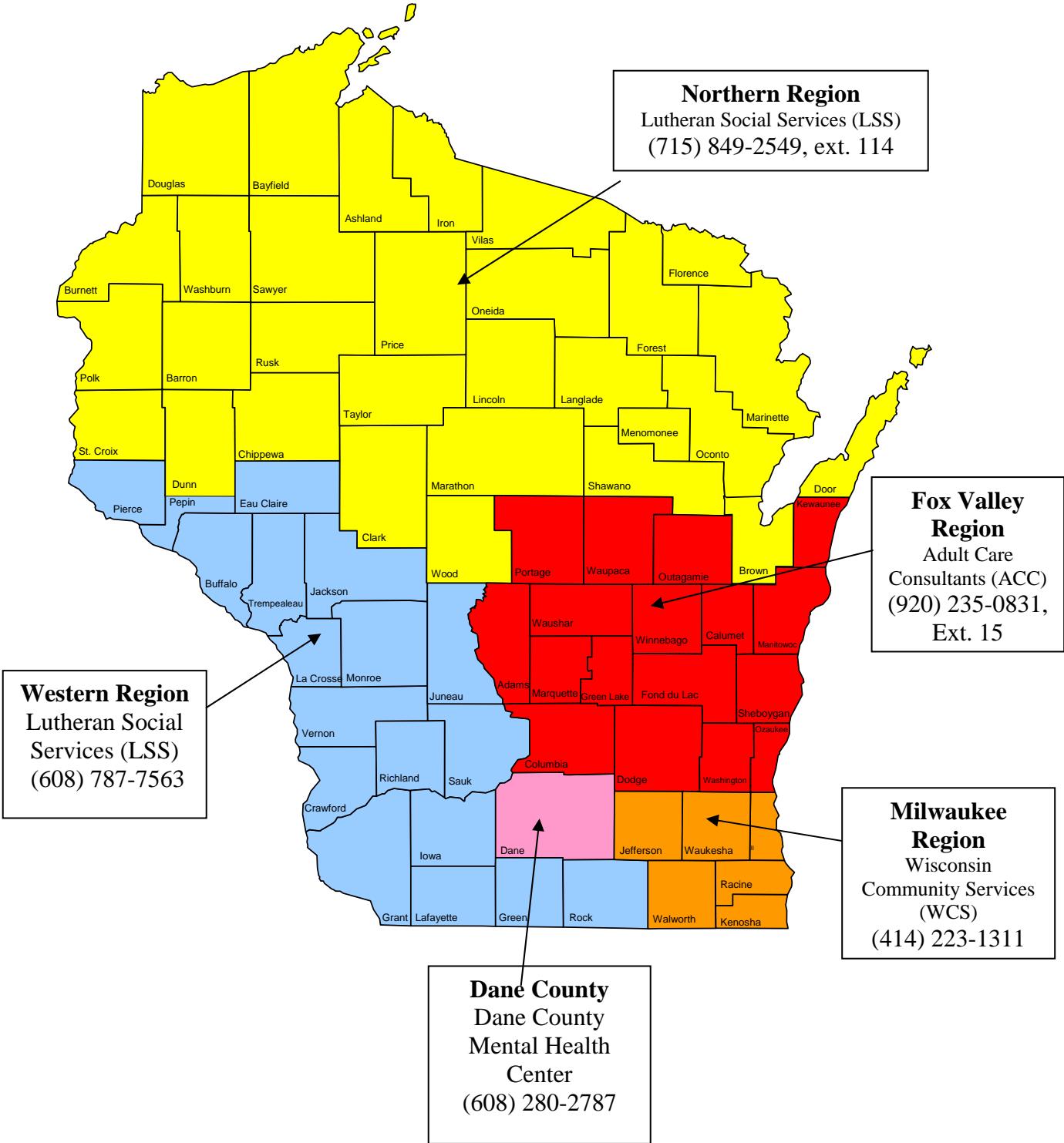
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Community Forensic Services Regional Provider Map

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PROGRAM STATEMENT

The goal of Wisconsin's Conditional Release Program (CR) is to fund, coordinate and administer quality forensic mental health services in accordance with Wisconsin State Statute 971.17. The program seeks to meet the challenge of providing client-centered, strength based, community mental health services while also managing risk to community safety.

The purpose of this report is to assess the fulfillment of our program goals, and lay the groundwork for research and program development. This report also reflects the belief that services to forensic clients must be a well-coordinated, seamless service delivery system. Therefore, information from the Department of Corrections (DOC) Division of Community Corrections (DCC), Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI) are incorporated along with the information from community service providers.

In order to fulfill our program goal, the community forensic program strives to share innovative ideas, program successes, program concerns, resource development, program information and data to the betterment of community forensic service provision statewide. We have developed strong team relationships across departments as well as with private resources in order to manage risk, and maximize efficiency, effectiveness and quality service provision to individuals on forensic commitments court ordered into community placements.

FY 2009 ACCOMPLISHMENTS

Conditional Release Program FY 09 Goals and Achievements

1. Solicit from clients their own ideas as to what would increase their quality of life and assist the clients in attaining those appropriate goals through emotional support and individualized goal setting.

- Client input is viewed as integral to client success and recovery. Clients are asked regularly by case managers what the treatment team can do to assist them in reaching their goals. While some clients had little interest and buy in for “appropriate” goals but did express their own goals (generally inappropriate, i.e. “go off meds” or the desire to watch TV all day, etc.) and some frustration when they cannot pursue those goals, others sought and appreciated the support from the case managers in pursuing their goals.

What became apparent with this goal is that more specific definitions for “increasing quality of life” and measures to track those goals are necessary. These will be incorporated and gathered in fiscal year 2010’s data collection.

2. For clients conditionally released from MMHI or WMHI, seek and obtain the input from the Rehabilitation Services staff at the Mental Health Institutions (MHI) to develop, in detail, their assessment and recommendations for what is required for a client to obtain and maintain an appropriate employment, sheltered workshop or volunteer position.
 - Case managers continue to work collaboratively with MHI staff to develop aftercare recommendations for clients released into the community from their respective institution. Case managers also provided MHI staff with suggestions specific clients could address while being treated at the MHI such as interviewing and resume writing skills, filling out employment applications when a person has an unsteady work history and criminal background and the biggest challenge, motivating the client to work.
3. For clients who are placed on conditional release directly into the community from court and who are in need of daily structured activities, consider contracting with an Occupational/Vocational /Recreational Therapist to accomplish the goal cited in number 2.
 - None of the case management providers choose to contract with an Occupational/Vocational/Recreational Therapist to obtain input and recommendations for client structured activities. Instead, a wide variety of community programs that specialize in these areas were accessed to assist with this goal. The number of clients involved in employment, vocational training and school activities ranged from a low of 42% to a high of 57% among the providers (see Conditional Release Program Data for the specific data breakdown of these activities).

A more rigorous measure of volunteer and recreational activities by clients will be incorporated into fiscal 2010’s data.

4. Regional provider staff, with assistance from DHS Central Office staff, will seek, develop and/or promote the creation of quality co-occurring substance abuse treatment services statewide to assist conditional release clients addressing this important issue.
 - This goal is a work in progress. Regional providers continue to expand treatment opportunities available to clients. Lutheran Social Services (LSS) as an agency has placed a strong focus on meeting the need for quality co-occurring substance abuse treatment services by the implementation of trainings for their Behavioral Health line of service providers to receive dual certification in mental health and AODA therapy. LSS Western Region has engaged in relationship building with this line of service, has developed lists of possible providers and contacted those as needs arise.
5. Within three (3) months of placement on Conditional Release, consider all clients for potential eligibility for Social Security and other benefits and ensure that all potentially eligible clients apply for those benefits.
 - Regional providers screened all conditional release clients for potential eligibility for Social Security and other benefits, usually within the first few weeks of being placed on conditional release (note: these are clients who are placed directly on conditional release into the community by the court without first going to one of the states MHI's for treatment. The MHI's use a streamlined Social Security Administration (SSA) process to expedite the benefit process which was developed in 2008. The Conditional Release Program is pursuing a parallel process for direct court release cases with the SSA).

Regional Provider Accomplishments FY09

Wisconsin Community Services (WCS) Multi-County Program:

- Initiated Presumptive Title 19 benefits for eligible clients conditionally released from MMHI and WMHI. This SSA benefit enables eligible clients to receive benefits, particularly benefits of a medical nature, immediately upon their release from the MHI. This has eliminated substantial delays in receiving critical medical supplies such as diabetes medications, blood sugar monitor, C PAP machines.
Collaborative efforts between regional providers statewide and MHI staff to fully utilize this SSA benefit will be pursued in fiscal year 2010.
- Initiated a "Community Survival Group". This voluntary (albeit highly encouraged) group meets weekly and is targeted at clients whose conditional release had previously been revoked or have been identified as being at risk of being revoked. Group members have reported finding the meetings helpful and mutually supporting in their efforts to remain positively engaged in the community.
- Collaborated with the DHS and Behavioral Consultants, Inc (another DHS contracted agency) to expand the Outpatient Competency Restoration Program into Judicial Districts 2 and 3 (Racine, Kenosha, Walworth, Jefferson, Waukesha, Washington and Ozaukee Counties).

Lutheran Social Services (LSS) Programs

LSS Western Region:

- Individual Service Plans (ISP) template was enhanced to indicate which particular goals on the ISP the client either requested or willingly endorsed. Engaging clients on an ongoing basis to thoughtfully set appropriate goals in their lives fosters empowerment and long term positive change.
- Conducted rigorous treatment planning reviews every 3 months of the needs and progress of clients placed in Community Residential Facilities, Adult Family Homes and Supported Apartments. This resulted in the promotion of further client independence and a cost saving of approximately \$163,927 from fiscal year 2008.
- Utilization of cost effective practices emphasizing the area's of outside service providers and transportation.
 - Focusing on clients who are not covered by Medicaid benefits, the Western team accessed such benefit programs as the Patient Assistance Program which supply medications for free or at greatly reduced prices. Charity Care, through local Clinics and Hospitals funded three LaCrosse area clients' community psychiatric hospitalizations and medications for a total of \$22,120.
 - A manufacturer of light boxes for treating Seasonal Adjustment Disorders and successfully solicited a donation of one light box. One conditional release client is using this box and another is awaiting its use.
 - Another case manager promoted the dental health of a client (a service the Conditional Release Program is not statutorily able to fund). Successfully arranging a free root canal for one client and accessed health care for low income patients in a rural county.

LSS Northern Region:

- The Northern Region experienced significant staff turnover in fiscal year 2009. Since June of 2008, four case managers and one program director were replaced. Despite these program changes LSS Northern Region maintained a high level of care, service provision and community safety. During this period there were no client suicide attempts and only one act of criminal recidivism.
- As in the Western Region, Northern Region case managers focused on and provided strong emotional support to clients with personal goal setting.
- Case managers assisting clients in obtaining either competitive employment or Social Security benefits increased client cost of care contributions by \$19,167 from the previous fiscal year.
- The Conditional Release Northern team's efforts to develop structured activities (including recreational, employment, volunteer and educational activities) resulted in over 80% of the clients served participating in some type of structured activity.

Adult Care Consultants (ACC) -Fox Valley Region

- ACC continues to develop those relationships that foster independence and secure employment for clients. In fiscal year 2009, 80% of their clients were living independently and over 30% competitively employed. Given the weakened economy and continued financial challenge in funding affordable housing, these are very good results.
- Conducted training on mental illness and enhancement of the Recovery Model for ACC case managers and all the Probation and Parole Agents within ACC's 17 county catchment area. The seminar was titled "Working with Risk" which featured dual presenters on risk assessment and how to work with the client who is either a sex offender and/or engages in difficult behaviors.
- A quality assurance program was implemented. All client files are reviewed by the program director for necessary documents. In addition, the case managers meet monthly with the director and selected files are reviewed by fellow case managers.
- Development of the "Friend Connection Program", a peer program that helps clients meet other clients for social activities and friendship.
- Development of a Conditional Release Program brochure that answers commonly asked questions of new clients, their families and attorney's involved in the conditional release process. The brochure has also been used as an outreach tool to the court systems.

Mental Health Center of Dane County

- The Positive Thinking Group started a few years ago continues to be well attended and involve more than 50% of the conditional release clients.
- Budgetary oversight and aggressive acquisition of disability determinations, the utilization of third party payers and the ability to access crisis stabilization funding remains strong and supports the Dane County Region's cost saving efforts.

FY 2010 GOALS AND INITIATIVES

Conditional Release Program

1. Conditional Release clients are not dependent on funding from the Conditional Release Program for the costs of their care.

Within 3 months of their placement on Conditional Release, 100% of the clients in the Conditional Release Program in FY 2010 are considered for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), and 100% of those found potentially eligible apply for these benefits.

Within 9 months of placement on Conditional Release, 60% of the clients in the Conditional Release Program in FY 2010 have sufficient resources including employment or public benefit programs to reduce the Conditional Release Program's contribution by 50% for the cost of their care.

2. Conditional Release clients are financially self-sustained, to the extent possible as they approach discharge.

30 days prior to discharge, 75% of the clients discharged from the Conditional Release Program in FY 2010 who participated in the Program 12 months or longer, have resources from competitive employment or public benefit programs other than the Conditional Release Program to support their treatment, housing, and medical needs.

3. Conditional Release clients participate in meaningful daily activities.

75% of the clients in the CR Program in FY 2010 will be involved in meaningful daily activities for at least 20 hours a week. Meaningful activities include all of the following and the time involvement can be a composite of all elements:

- a) Competitive employment for clients who are able to work
- b) Structured employment including sheltered, supported, or volunteer activities
- c) Educational or vocational training
- d) Treatment or treatment related activities
- e) Other similar or related activities

75% of the clients in the Conditional Release Program in FY 2010 participate in social/recreational activities such as going to a sporting event or movie, attending a neighborhood/community event, or playing cards, etc. at least once a month in each program quarter.

4. Conditional Release clients live independently.

90 days prior to discharge from the Conditional Release Program, 75% of the clients in the Conditional Release Program in FY 2010 live independently.

100% of clients living in a CBRF/AFH will cooperate with identified needs and time limited goals of independent living to be reviewed/justified monthly from the time of the placement at the facility with the goal of transitioning to a less structured living situation within 90 days.

Within 90 days of placement on Conditional Release, 75% of the clients in the Conditional Release Program in FY 2010 who were residing in a CBRF or Group Home when they were placed on Conditional Release, move to a less structured living situation.

5. Conditional Release clients are engaged in their treatment plan.

Treatment goals for 90% of the clients in the Conditional Release Program in FY 2010 reflect client input.

90% of the clients in the Conditional Release Program in FY 2010 participates in all scheduled Quarterly Reviews and 6 month ISP staffings.

Within 90 days of commitment, the CASIG/SOCI is completed with 100% of clients, that have a commitment of 12 months or longer, participating in the Conditional Release Program in FY 2010, and results are incorporated into each client's ISP.

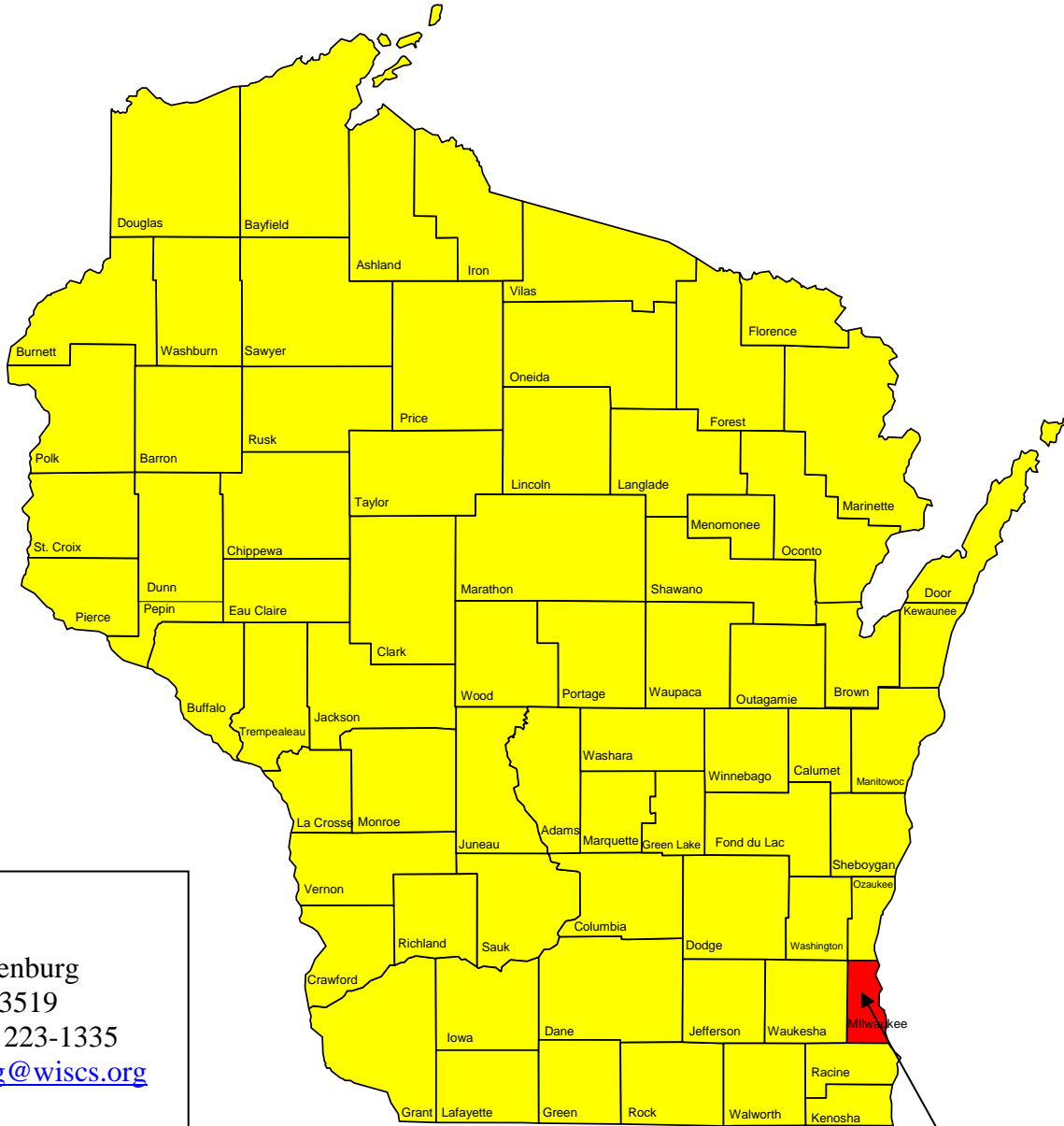
6. Conditional Release clients don't commit another crime.

Less than 2 % of clients in the Conditional Release Program in FY 2010 will be convicted of a new crime that was committed while they were in the Conditional Release Program.

Wisconsin DHS Court Liaison Coverage

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COURT LIAISON PROGRAM

Wisconsin Community Services, Inc. (WCS) is the DHS contracted service provider for the statewide Court Liaison services, excluding Milwaukee. Milwaukee is served by Justice 2000, functioning as both court liaison and a pre-trial program for the courts through a cooperative arrangement between DHS and the Court Administrator's office.

The Court Liaison Program provides consultation and education to courts. This includes education on available forensic services and DHS procedures such as appropriate processes for competency examinations and treatment. Additionally, they educate courts as to the appropriate processes for new NGI commitments as well as NGI petitions for re-examination and conditional release. Court liaisons track these processes through court systems in an effort to insure procedural efficiency.

Courts continue to express appreciation for having one contact person who can answer their system questions and coordinate with the department. These positions have received positive feedback from all of the counties with whom they have worked in the past fiscal year.

The Court Liaison Program has developed a statewide tracking system. The data indicates that incorporating court liaison responsibilities into the community forensic system has significantly improved the flow of cases through court systems and has helped to reduce the MHI's admissions waiting list.

Highlights

- Conducted a Training Session for the Social Workers at WMHI. Training and reference materials/flow charts were also provided to Richland, Grant, Door and La Crosse counties. There has been ongoing support from the Courts, and the various judicial staff continues to express appreciation for having one contact person who can answer their system questions and coordinate with the department.
- Coordinated the expansion of the OCRP into Judicial Districts 2, 3 and 5. Collaborated with Behavioral Consultants, Inc. and DHS to develop materials that introduced the program to the various members of the judicial system, and assisted in creating reference materials on the process/procedure for accessing the program. Coordinated a meeting in each Judicial District to present the program, team members, and materials for the OCRP.
- Utilizes a statewide tracking system and provides data to DHS on a monthly basis for the categories listed below.

Treat to Comp.	Statewide	Milwaukee	Total
# Cases Tracked	712	286	998
# Hearings Moved	28	25	53
# Days Saved	662	718	1380

Based on the total number of days saved, the court liaison has made 16 beds available between the two institutions.*

* Given the above data, in order to determine how many beds were made available due to tracking and hearings being moved up by the court liaisons, it is necessary to determine the MHI average length of stay of the s. 971.14(5) Treat to Competency population. Based on the data gathered this calendar year, the average length of stay for this population is 86 days. Therefore, based on the total number of days saved between the two facilities the court liaison efforts have opened 16 beds in the system.

Goals:

Training 2008 -2009

- Increase contact and develop a more proactive working relationship with the Chief Judges. Through letters and memoranda, highlight recent and ongoing issues with proper usage, form completion, and distribution.
- Feedback was received from Clerks, Case Managers, Judicial Assistants and even Judges who are relatively new, or have not had a lot of these types of cases, so periodic reminders and updates would be appreciated.
- Receive approval from DHS and the Court Administrators Office prior to sending.
- Goal Not Met. Court Admin Office prefers all contact/correspondence with/for Judges goes through their office.
- Coordinate with various members of the DHS Forensic Team to form a committee to develop a newsletter. The newsletter will be informational in nature, and provide the various members of the judicial system with educational resources and references from the various areas of expertise within the DHS Forensic Team.
- The first edition of the Forensic Newsletter was distributed in October, 2008, to the Court Administrator’s Office, Clerk of Court offices, DHS and CR Providers. It received great support and feedback from all members of the DHS forensic team and all those who received it. The second issue went out in January, 2009, the third issue in May, 2009, and the fourth will be distributed.

- Attend the Clerk of Courts Association Summer Conference to present training information and resources.
- The Summer Conference agenda was full, but the Liaison was scheduled to attend and present information at conference in October, 2009.
- Revise the Customer Satisfaction Survey to target the needs of the clerks in the Clerk of Courts offices, and through this process assess the training needs of the clerks and the effectiveness of the various reference and resource materials provided.
- The survey was revised and sent to Clerk of Court offices statewide. Again, we did not receive any new ideas to incorporate into the Liaison position, but the positive comments and feedback on the efficiency and effectiveness of the position were overwhelming. On a rating scale of 1 to 4 (4 being the highest), we averaged a score of **3.75** in the five categories that the Clerks were asked to rate.

Training 2009-2010

- Continue to provide training/refresher sessions, case consultations and reference materials as needed.
- Utilize the DHS Forensic Newsletter to provide education and references regarding process and system issues, and foster a cooperative working relationship between all parties.
- Attend the Clerk of Courts Association conference annually.

Tracking 2008-2009

- Average fifty “Days Saved” per month on 14(5) tracking by moving-up Return to Court dates.
- Averaged 55.1 “Days Saved” per month in FY 08/09.
- When no Return to Court date is set, average fourteen “Days between Report and Return to Court” per month on 14(5) tracking.
- Averaged 18 “Days Between Report and Return to Court” per month in FY 08/09.

Tracking 2009-2010

- Average sixty “Days Saved” per month on 14(5) tracking by moving-up Return to Court dates, and when no Return to Court date is set, average fourteen “Days between Report and Return to Court” per month on 14(5) tracking.

SUMMARY AND CLOSING

The Conditional Release Program has funded, coordinated and administered quality forensic mental health services to 380 clients in FY 2009, with an average daily population of 274 clients.

Community safety remains the programs first priority. FY 2009's revocation rate was 10% of the total population served (380) with a recidivism rate of 2%.

Factors present in conditional release revocations include a history of previous conditional release revocations, a lack of positive daily activities and substance abuse issues. Providers engaged a number of strategies to address these factors.

WCS initiated a "Community Survival Group". This group focuses on clients with a history of conditional release revocations or who are otherwise identified as being at risk of being revoked (e.g., clients with persistent substance abuse issues, not having positive structured daily activities, history of treatment non-compliance). Participants report finding the group helpful and mutually supporting in their efforts to remain positively engaged in the community. The other contracted case management providers are either starting similar groups around the state or are considering doing so. Dane County continues to run a well attended (more than 50% of the conditional release clients in Dane County) Positive Thinking Group.

The providers engaged in renewed collaborative efforts with mental health institution staff to develop employment, vocational and structured activities for those clients released to the community from MMHI or WMHI (accounting for 40% of the FY 09 population). Despite a historically weak economy in FY 2009, 33% of the conditional release population was competitively employed with another 9% placed in sheltered work sites for a total of 42%.

Efforts to engage clients in meaningful daily activities will be an area that will be more precisely defined and quantitatively measured during FY 2010.

The ongoing goal of promoting and enhancing quality dual diagnosis substance abuse treatment services was pursued by the providers in the form of increased outreach to community dual diagnosis agencies and to consistently address these issues with clients in one to one contacts and within their agency programs.

The state budget fiscal challenges in FY 2009 have prompted even more creative approaches to fiscal efficiencies in the program.

Providers aggressively pursue acquisition of disability determination and the utilization of third party payers.

The use of Presumptive Title 19 benefit's, accessing programs like Patient Assistance and Charity Care have substantially reduced benefit waiting periods and increased access to benefits of a medical nature.

By clearly defining the goals that necessitate placements in Community Based Residential Facilities, those goals are attained more rapidly, significant cost savings are

achieved and most importantly, the safe transition of clients to more independent living situations is promoted.

The Department of Health Services is moving toward outcome measurement in all its contractual activities. The Conditional Release Program was selected to pilot this effort by developing a series of measurable performance expectations. A series of core program issues were selected and are reflected in FY 2010 goals and initiatives.

Community safety is achieved and maintained by accurately identifying areas in a person's life which, if left unaddressed, lead to personal, social and legal difficulties. Definitive interventions to address these need areas require a cohesive and seamless forensic team approach which is proactive in nature and rapid in its response.

By consistently guiding and assisting conditional release clients to engage in positive daily activities and working to achieve their maximum level of independence and financial self sufficiency, we promote long term insight, an enhanced quality of life and a motivation to maintain those gains. These efforts offer the best approach to promoting community safety in the present and long term.

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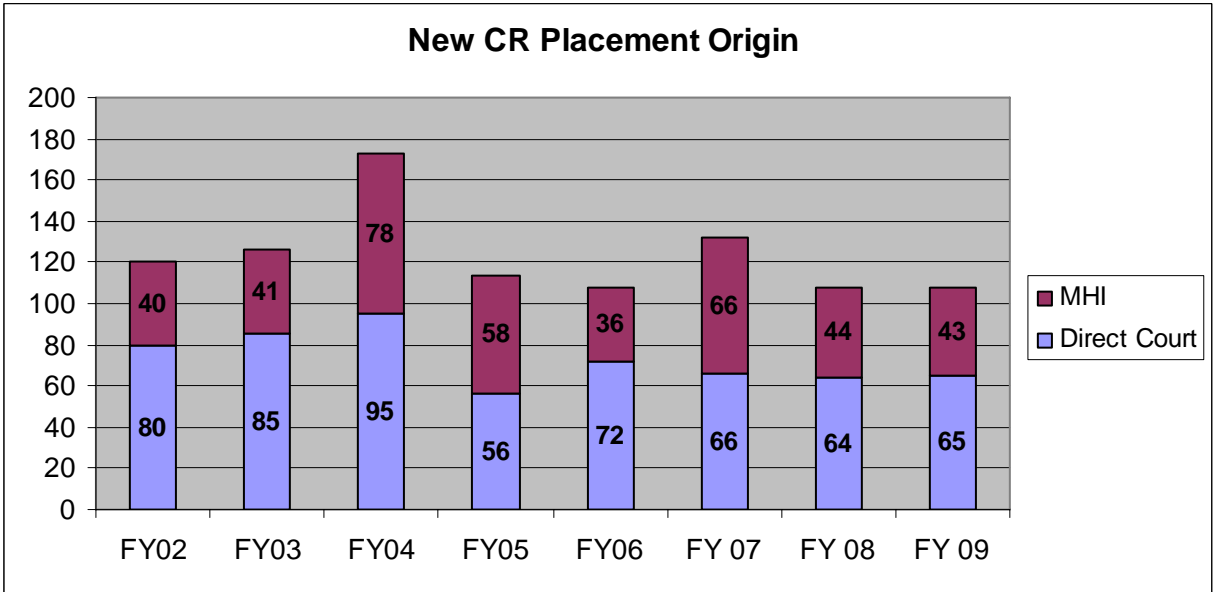
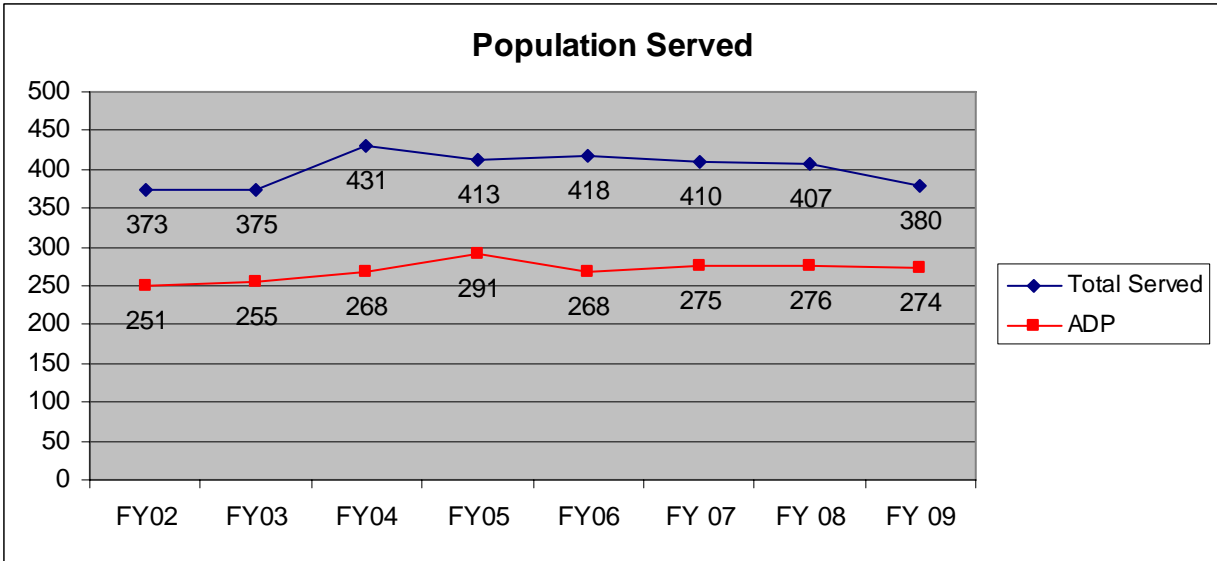
**CONDITIONAL RELEASE
PROGRAM DATA**

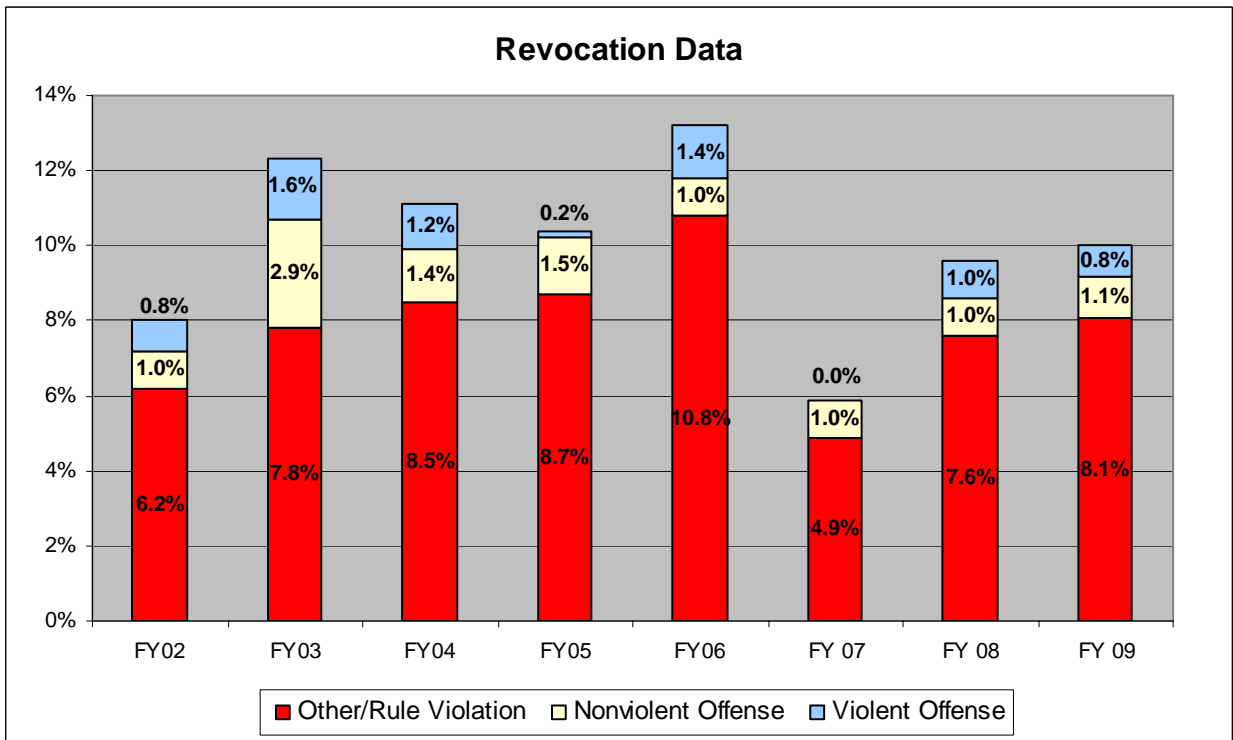
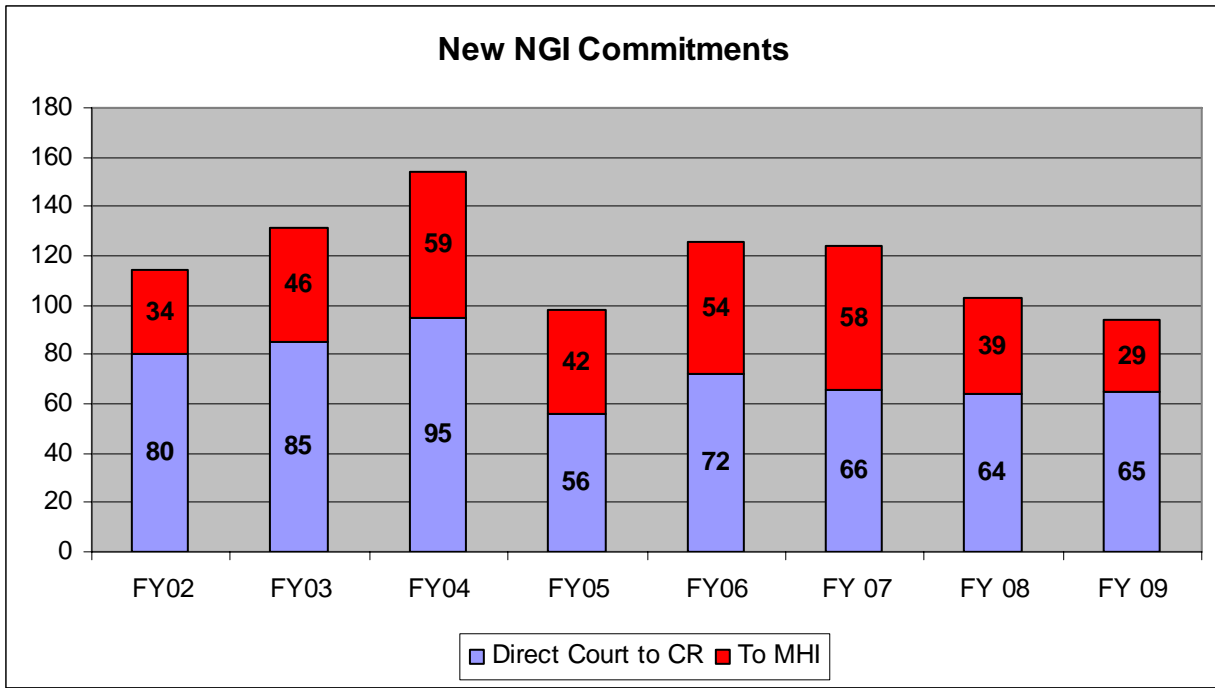
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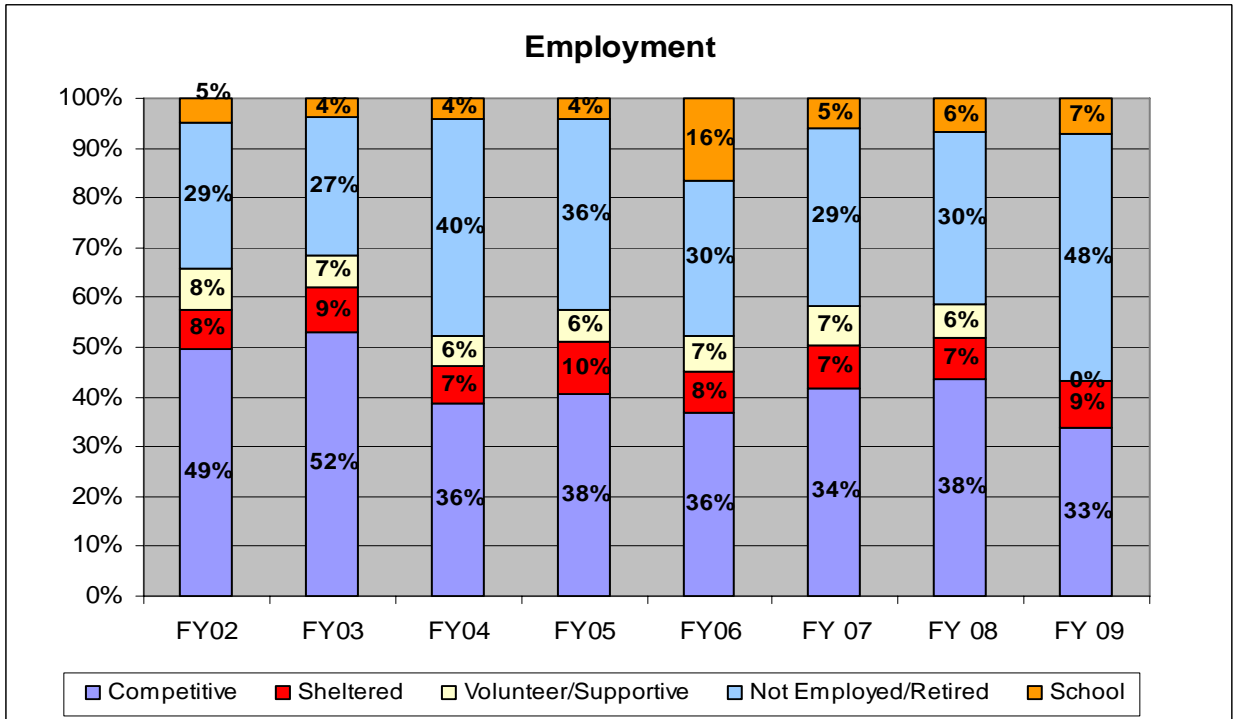
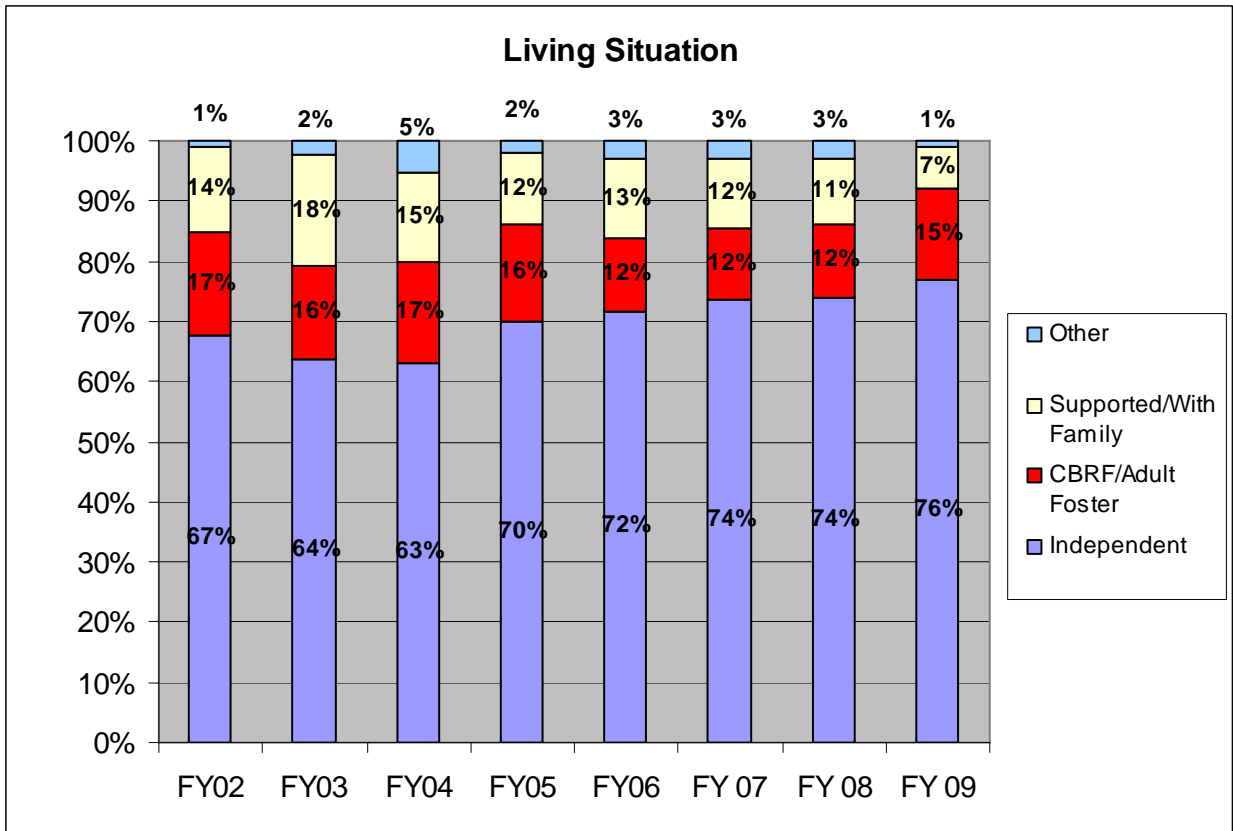
Conditional Release Data

	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY09
Total Served	373	375	431	413	418	410	407	380
ADP	251	255	268	291	268	275	276	274
<u>New CR Placements</u>								
Number of New Placements	120	126	173	114	108	132	108	108
Direct Court	80 (67%)	85 (67%)	95 (55%)	56 (49%)	72 (67%)	66 (50%)	64 (59%)	65 (60%)
Mental Health Institute	40 (33%)	41 (33%)	78 (45%)	58 (51%)	36 (33%)	66 (50%)	44 (41%)	43 (40%)
<u>New NGI Commitments</u>								
Direct Court to CR	80	85	95	56	72	66	64	65
To MHI	34	46	59	42	54	58	39	29
Total Admissions	114	131	154	98	126	124	103	94
<u>Revocation Data</u>								
Rule/Other Violations	6.2%	7.8%	8.5%	8.7%	10.8%	4.9%	7.6%	8.1%
Nonviolent Offenses	1.0%	2.9%	1.4%	1.5%	1.0%	1.0%	1.0%	1.1%
Violent Offenses	0.8%	1.6%	1.2%	0.2%	1.4%	0.0%	1.0%	0.8%
% Revoked	8.0%	12.3%	11.1%	10.4%	13.2%	5.9%	9.6%	10%
<u>Living Situation</u>								
Independent	67%	64%	63%	70%	72%	74%	74%	76%
CBRF/Adult Foster	17%	16%	17%	16%	12%	12%	12%	15%
Supported/With Family	14%	18%	15%	12%	13%	11%	11%	7%
Other	1%	2%	5%	2%	3%	3%	3%	2%
<u>Employment</u>								
Competitive	49%	52%	36%	38%	36%	34%	38%	33%
Sheltered	8%	9%	7%	10%	8%	7%	7%	9%
Volunteer/Supportive	8%	7%	6%	6%	7%	7%	6%	*
Not Employed/Retired	29%	27%	40%	36%	30%	29%	30%	48%
School	5%	4%	4%	4%	5%	5%	6%	7%
<u>Crime at Commitment</u>								
Felony – violent	65%	56%	57%	55%	60%	55%	60%	63%
Felony – non-violent	26%	32%	32%	31%	30%	30%	31%	28%
Total Felonies	91%	88%	89%	86%	90%	85%	91%	91%
Misdemeanor – violent	3%	6%	6%	10%	5%	6%	2%	6%
Misdemeanor – non-violent	6%	6%	5%	4%	5%	9%	7%	3%
Total Misdemeanor	9%	12%	11%	14%	10%	15%	9%	9%
<u>Diagnostic Categories</u>								
Schizophrenia	30%	33.3%	34%	29%	28%	26.7%	29.1%	26.9%
Other Psychotic Disorders	16.9%	21.2%	20%	21.5%	22.2%	21.8%	23.0%	26.2%
Mood Disorders	32%	29.2%	29%	29%	29.9%	31.1%	29.1%	30%
DD	3%	2.4%	2%	2%	2.4%	3.7%	2.6%	4.4%
Co-Occurring	41%	38.3%	46%	46%	40%	44.7%	44.1%	45.1%
<u>Cost Per Client</u>								
MHI	\$198,195	\$204,218	\$214,255	\$219,548	\$229,585	\$234,148	\$256,413	\$224,877
GPR Only Net Cost/ADP	\$15,194	\$13,347	\$13,571	\$15,758	\$16,623	\$17,549	\$15,504	\$13,763
GPR Only Net Cost/Total Served	\$10,225	\$9,076	\$8,439	\$11,103	\$10,658	\$11,771	\$10,529	\$9,924

* Note: in fiscal year 2009, the category Volunteer/Supportive was eliminated from the employment count.

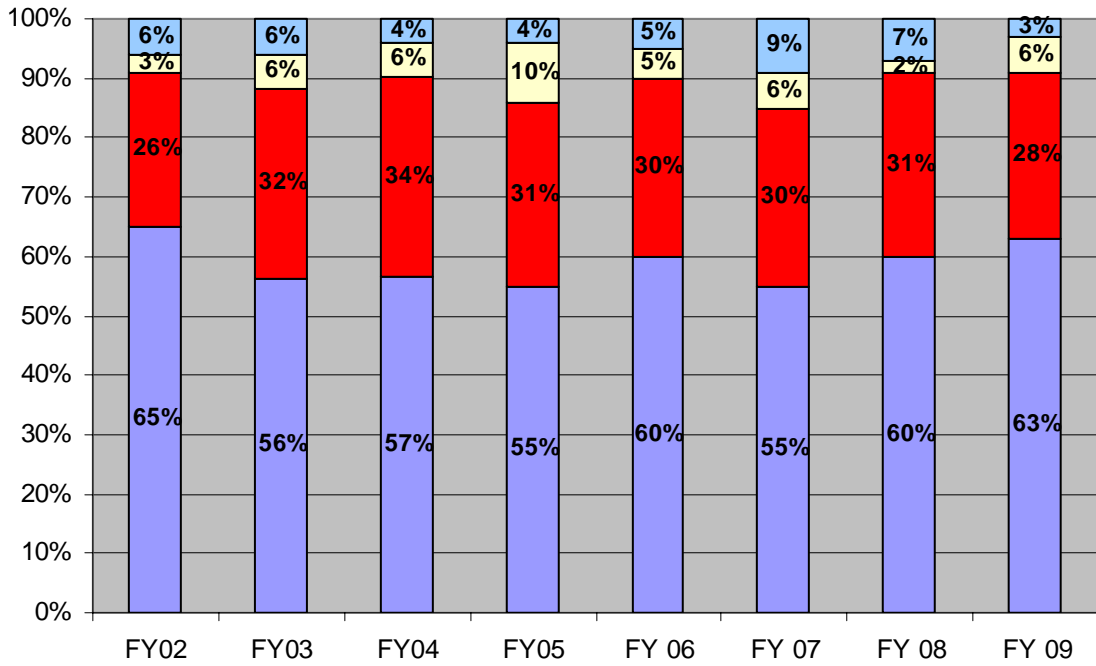






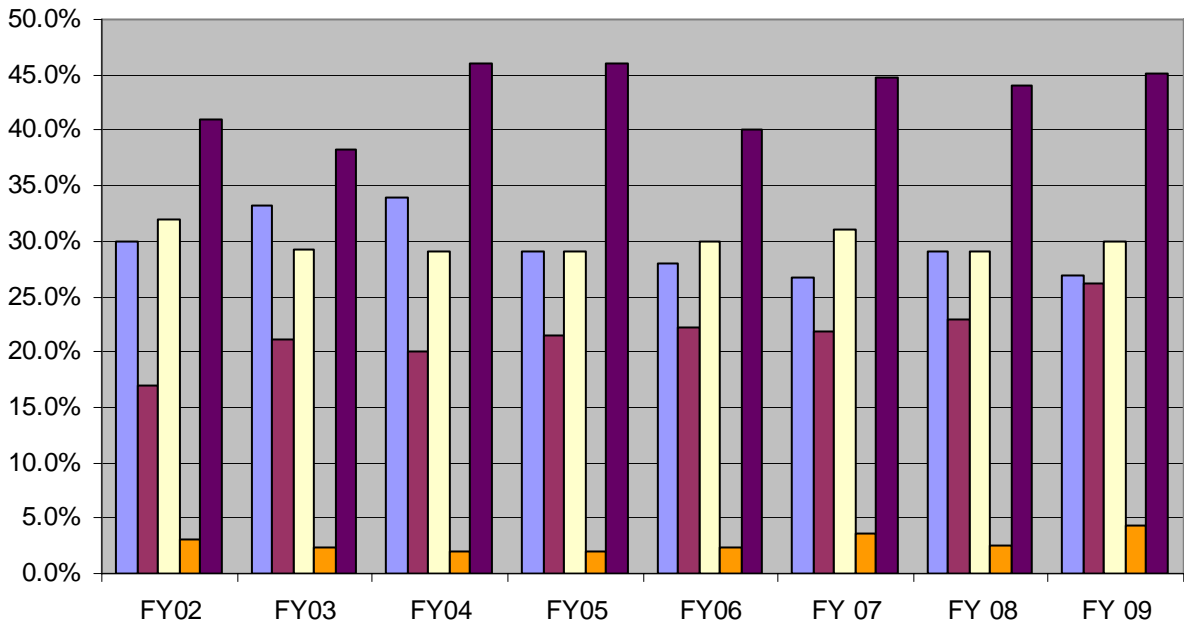
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Crime at Commitment



■ Felony - violent
 ■ Felony - nonviolent
 ■ Misdemeanor - violent
 ■ Misdemeanor - nonviolent

Diagnostic Categories of CR Clients



■ Schizophrenia
 ■ Other Psychotic Disorders
 ■ Mood Disorder
 ■ DD
 ■ Co-occurring

OUTPATIENT COMPETENCY EVALUATION PROGRAM

JULY 1, 2008 – JUNE 30, 2009



1

PROGRAM MISSION STATEMENT

The mission of the Outpatient Competency Evaluation Program is two fold.

- To control the Departmental resources while meeting statutory obligations to conduct competency examinations.
- To serve the judicial system in the most efficient manner while providing high quality expertise.

Prior to implementation of the program we anticipated that approximately 75% of individuals referred for competency evaluation did not need to be evaluated in an inpatient setting. It was most important to evaluate them quickly in the jail setting and determine those who were incompetent to proceed to trial and facilitate a quicker transition into a treatment bed at one of the state's two mental health facilities. In this way, the needs of the clients would be served and the beds at the mental health facilities would more appropriately be used for treatment to competency.

2

RESULTS

Throughout the evolution of the conversion from a predominantly inpatient program in CY 2000 to a predominantly community based program in January, 2002, there has been a great deal of cooperation between the court system, the county human service departments, jail staff, Conditional Release (CR) contract providers, Wisconsin Forensic Unit staff and Division central office staff. The program has been exceptionally well received and given very positive feedback from counties, Judges, District Attorneys, Public Defenders, sheriff's departments and jail administrators.

There were a total of 1,035 evaluations completed between July 1, 2008 and June 30, 2009. Of this total, 94% were conducted in the community, and 6% at the Mental Health Institutes. The cost per evaluation conducted by WFU in FY 09 was \$1,200 for a total cost of \$1,238,507.

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SUMMARY AND CONCLUSIONS

While we began with the anticipation that 75% of competency examinations could be done on an out-of-institution basis, in fact, the data reveal that up to 94% of the individuals in FY 09 could be examined in the local community. This percentage has remained constant since the beginning of the program in 2001. The program significantly exceeded its goal and thus there was much less of a drain on the institutional resources and many more cases could be handled by the courts without the time delays associated with inpatient examinations. Further, many fewer individuals had to undergo involuntary forensic inpatient commitments in order to resolve the competency questions and those that were adjudicated incompetent had access to treatment quicker.

The Department was correct in its assumption that we could successfully convert from using inpatient beds for evaluations to conducting them in the community for a significant cost savings without compromising the quality of the evaluations or the services to the patients. The fact that the courts and jails have given very favorable reviews to the program speaks to the fact that the program is working well.

The data continue to indicate that the findings for defendants competent and the percentage of individuals found incompetent remains within the national average. In this fiscal year 30.1% of defendants were found incompetent compared to 29.2% in the previous fiscal year. There was a decrease in the actual admissions for treatment to competency between FY08 and FY09 from 206 in FY08 to 190 in FY09.

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OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

JULY 1, 2008-JUNE 30, 2009

Disposition of Evaluations

	#	%
Competent	581	59.6
Incompetent	302	30.1
Inpatient 2nd Opinion	30	3.1
Inpatient Refusal	19	1.9
Inpatient Clinical	1	1.1
Undetermined	25	2.5
Not Specified	17	1.7
Total	975	

Demographics

Gender		
Male	766	80.6
Female	173	18.2
Unknown	11	1.2
Total	950	
Ethnicity		
American Indian	11	1.2
Asian	9	.95
Black	337	35.5
Hispanic	23	2.4
Caucasian	486	51.1
Other	2	.24
Not Specified	82	8.6
Age		
<21	120	12.6
21-30	313	33
31-40	154	16.2
41-50	195	20.5
51-60	111	11.7
61-70	40	4.2
70+	17	1.8
Not Specified	0	0

Charges

Felony	746	59
Misdemeanor	468	37
Traffic	49	4
Total	1263	
Multiple Exams/Same Person		
	25	

Outpatient Competency Restoration Program

July 1, 2008 – June 30, 2009



1

PROGRAM STATEMENT

Beginning in FY 2008, changes were enacted in the statutory language addressing treatment to competency (WSS 971.14(5)) creating an option to provide restoration treatment in the community. Prior to this change, the only option was to provide treatment on an inpatient basis at one of the Mental Health Institutes. It had long been felt, however, that there were numbers of individuals who did not need inpatient services and for whom, in fact, having to come to the inpatient setting was a major disruption in their lives. In addition, having an outpatient option further helps to manage the resources available given the demands on beds at the Institutes.

With the change in the statute, money was also provided in the budget to pilot this new approach to competency restoration in the Milwaukee area. The goal of the pilot was to develop a program and a curriculum that could eventually be rolled out on a state wide basis. Following the RFP process, a contract was awarded to Behavioral Consultants, Inc. (BCI) to provide restoration services for the pilot.

Two groups were formed, one to develop a standard curriculum of competency restoration materials to be used for the outpatient program and to also be utilized as the basis for inpatient restoration services. Materials for this curriculum were gathered from a variety of sources and represent evidence based, state of the art approaches to competency restoration. Materials were organized into a Trainers Manual to be used by staff involved in providing restoration; the Manual also includes materials to be used with patients involved in the treatment.

The second group involved members of the Milwaukee judiciary, including judges and representatives from the District Attorney's and Public Defender's office, Division representatives, and staff from BCI. The function of this group was to develop criteria for deciding which individuals would be appropriate for inclusion in the program. A criterion set was developed. With the work of these two groups completed, the program was ready to start.

2

PROGRAM UPDATE

The Outpatient Competency Restoration program began taking its first participants at the beginning of FY 2009. 15 defendants were treated to competency in 9 counties; 7 in Milwaukee and one each in the counties of Fond du Lac, Kenosha, Lafayette, Ozaukee, Racine, Sheboygan, Washington and Winnebago. 5 defendants were in active treatment at the end of the fiscal year, 6 were discharged from the program, having been restored to competency to proceed with their court cases and 4 were awaiting their competency hearing. Of the 10 defendants discharged or awaiting their court hearings, 7 were deemed competent (70%) and 3 (30%) were deemed not competent and not likely to become competent.

The average length of time to treat these defendants in the community to become competent to proceed with their court cases was 124 days at a total cost of \$14, 283 per

defendant. This compares with average length of stay of 86 days and a total cost of \$52,985 per defendant treated at one of the Mental Health Institutions.

In addition to the outpatient option, the statutory change also opened up the option to provide treatment in other DHS facilities. This applies most readily to the Wisconsin Resource Center (WRC) where an inmate who is facing charges but is not competent to proceed can be placed in lieu of moving the inmate to a Mental Health Institute. WRC staff were involved in developing the curriculum and were trained to provide competency restoration services to inmates who were placed at or could be moved to WRC. 9 WRC inmates were treated to competency during FY 2009. This is a very viable option as it allows the inmate to continue to be in a secure correctional type environment and preserves inpatient beds to be used for other forensic services at one of the Institutes.

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