

OARS

Opening Avenues to Reentry Success



Program
Manual

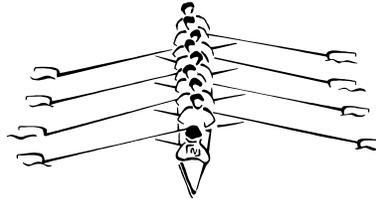


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Opening Avenues to Reentry Success (OARS)



MISSION STATEMENT:

To reduce recidivism and revocation rates through specialized supervision and individualized case management.

VISION STATEMENT:

To enhance public safety by supporting the successful transition, recovery, and self-sufficiency of offenders with mental health needs as they reintegrate into the community.

Opening Avenues to Reentry Success (OARS) Program Overview

The Opening Avenues to Reentry Success (OARS) program originated in July 2010, as a joint venture between the Department of Corrections (DOC) and the Department of Health Services (DHS). It is based on the concept that an individual's potential to successfully release to the community (with lower risk of recidivism) is greatly improved by addressing risk factors associated with criminogenic behavior. The OARS program accomplishes this by providing intensive case management and supervision in conjunction with:

- Assistance with obtaining and maintaining safe, affordable housing
- Resources for medication and access to quality psychiatric care
- Treatment options to address individualized needs
- Access to local transportation, budgeting, and financial resources
- Social support and acceptance
- Access to structured activities, including employment and education
- Ability to fulfill basic needs

Target Population:

Inmates releasing from Wisconsin state correctional institutions who meet the following criteria:

1. Rated moderate to high risk as determined by the DOC Risk Assessment tool;
2. Diagnosed with a serious and persistent mental illness (coded as MH-2A or MH-2B by the DOC);
3. Six months post-release supervision time remaining with the Division of Community Corrections (DCC);
4. Releasing to the OARS program coverage territory
5. Offenders must demonstrate a general motivation and willingness to engage in treatment programming, as evidenced by their involvement in pre-release activities and cooperation with institution treatment recommendations.

In addition, the appointed institution staff ensures potential referrals do not have any pending interstate compacts, additional criminal charges that will likely result in significant confinement, or other legal status commitments (Ch. 971 or 980).

Institution staff members also screen out inmates with significant jail time upon release.

The foundation of the OARS program consists of evidence based practices that are proven effective with this target population, which includes emphasis on medication compliance, Trauma Informed Care (TIC), dual-diagnosis treatment, Person-Centered Planning (PCP), Motivational Interviewing (MI), Strengths-Based Treatment Planning, utilizing Certified Peer Support Specialists, as well as a hybrid of other evidence-based program models such as Assertive Community Treatment (ACT) and Forensic Intensive Case Management (FICM).

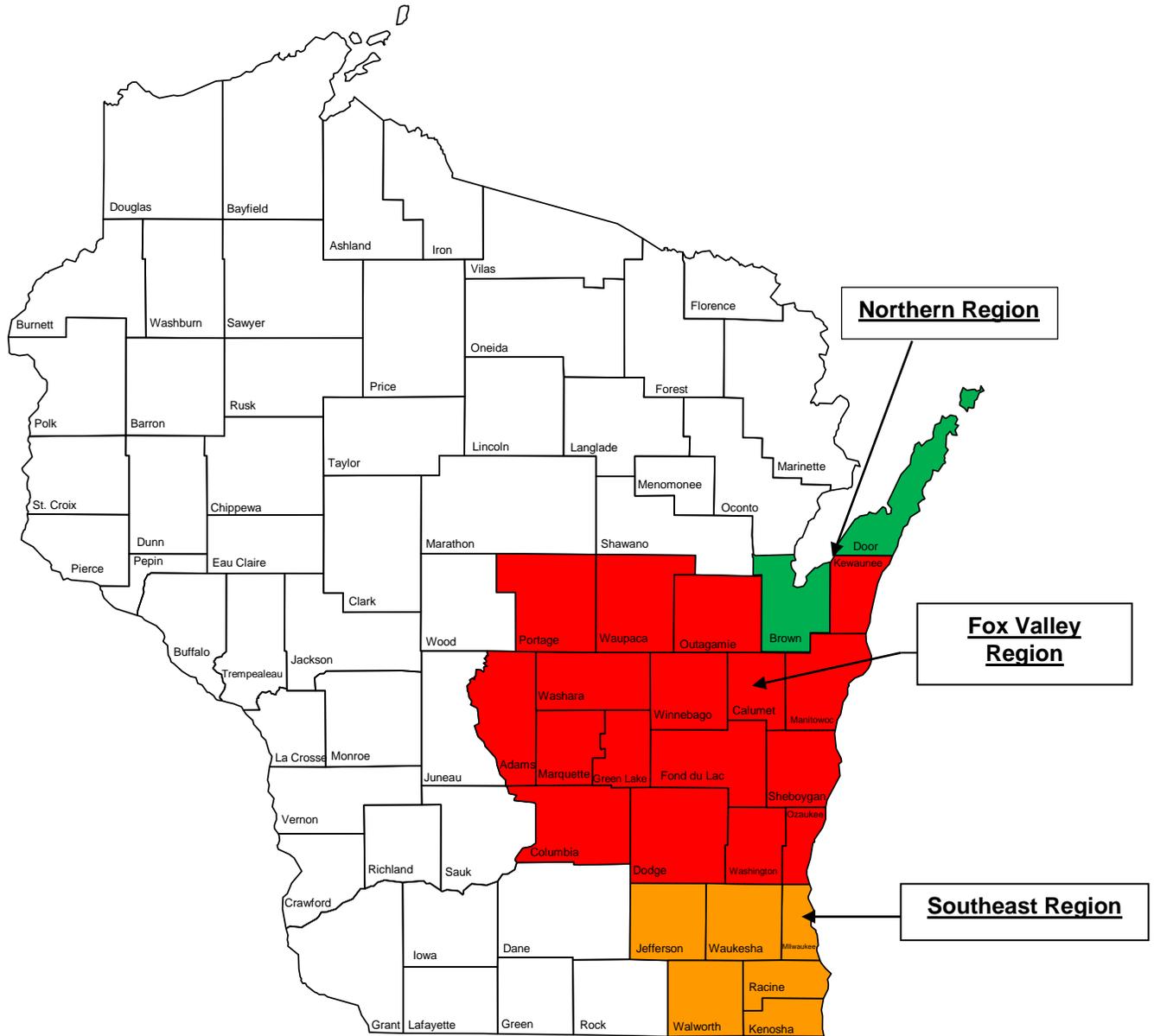
Program Goals Include:

1. To enhance public safety by reducing recidivism and revocation rates;
2. To improve continuity of care of offenders with mental health needs;
3. To encourage offender involvement in meaningful, healthy structured activities;
4. To promote offender self-sufficiency;
5. To decrease long term costs associated with this population.

Program Development and Expansion

The OARS Program is being carefully reviewed for systemic improvements that will maximize program outcomes. As the program continues to grow DHS and DOC leadership are committed to making it a successful, dynamic, and functional program that serves the needs of the community and the participants.

Opening Avenues to Reentry Success Program Department of Health Services Coverage Map



The OARS Team Concept

The team concept is inherent in the OARS program design to effectively enlarge the field of support for assisting and managing the needs of moderate-high risk, mentally ill offenders. Those who agree to participate in the program are considered members of the team, and are invited to participate in team planning and discussions when appropriate. However, team consensus among the professional members of the team needs to occur prior to discussing the direction a case is going with the program participant.

The OARS Core Team includes:

- 1) Institution Social Worker: The conduit between the participant and remaining team members in the pre-release phase; coordinates participant involvement in institution treatment and activities; participates in core team meetings, staffings, and plan development process; prepares the participant for their release and communicates participant behavioral and health updates to the team.
- 2) Department of Health Services (DHS) OARS Program Specialist: Facilitates program involvement; a liaison, consultant, and resource to the OARS teams; oversees program operations, and administers the program contract with case management providers.
- 3) DHS contracted OARS Case Manager: Works intensively with all core team members in the pre-release and post-release phase. The OARS Case Manager works with program participants to develop and maintain rapport, conduct thorough assessments, identify risk factors and clinical needs, identify goals; measure progress; arrange necessary plans and services; regularly communicates with the core team about plans and participant updates; and generally provides support and guidance to the participant.
- 4) Division of Community Corrections (DCC) Agent: Provides community supervision; participates in plan development; provides input to team for identifying risk factors and treatment needs, and communicates any supervision concerns to the team.
- 5) OARS Participant (offender): Participates in recommended pre-release treatment programming and opportunities; works with the team to develop goals and release plans.

Each professional member of the OARS Core Team may act as a liaison within their agency and is invited to include other members of their agency, or other community providers they work with, as they see fit. The contracted Case Management Supervisor or Agency Director is frequently involved, and Agent Supervisors are also welcome to participate in staffing or decision making as available. The Institution Social Worker is also encouraged to include and/or seek input from other institution staff as appropriate and available, such as the Psychological Services (PSU) staff, Health Services (HSU) staff, and the

Institution Unit Supervisor (IUS). Basically, each team member may bring in others to assist with planning and decision making.

When email is used, a “reply to all” protocol is standard operating procedure, and any team member may include others who have a need to know.

Each member of the OARS Core Team is also encouraged to raise any concerns they have at any time. They may do so with the team via email or request a phone staffing to discuss their concerns. If the concern is urgent and/or safety is at stake, phone contact with the appropriate person is recommended with a subsequent follow up communication to the team as able.

In general, team communication needs to be inclusive, succinct, and timely. Following a scheduled staffing, each member of the team should follow up on items they will take responsibility for and report that back to the team via email. Phone staffing will take place as needed or requested.

Screening and Referral Process

Screening Process:

Designated institution staff members receive a DOC generated list monthly that includes in-house MH-2a/MH-2b inmates. This list is used in conjunction with each institution's internal tracking mechanisms to determine the pool of possible OARS referrals. Institution staff members review potential OARS candidates using the following screening criteria:

1. Inmate is rated moderate to high risk as determined by the DOC Risk Assessment tool;
2. Inmate has a current serious and persistent mental illness diagnosis; coded as a DOC MH-2A or MH-2B by the treating Psychological Services staff (please see next page for more details about the MH2A and MH2B qualifying diagnostic information);
3. Inmate has six months post-release supervision time remaining with the Division of Community Corrections;
4. Inmate is releasing to the OARS program coverage territory
5. Inmate demonstrates motivation and willingness to engage in treatment, as evidenced by their involvement in pre-release activities, cooperation with institution treatment recommendations and medication compliance.

Institution staff members also screen out inmates that are in the interstate compact process, have other legal status commitments (ch. 971 or ch. 980), those with pending criminal charges that may result in significant additional confinement, and those that need to release to the jail to serve substantial time upon release.

The OARS program serves as many eligible offenders as possible within the constraints of the budget, while still maintaining the integrity of the program. Representatives from DHS and DOC meet frequently to review the budget and enrollment numbers to determine the number of new referrals that can be considered monthly. Since OARS is financially unable to serve every inmate that meets the program criteria, institution staff devotes time and energy to evaluating offender motivation in the pre-release phase prior to making the referral to OARS.

The OARS program is voluntary, thus it's important that the offenders served by this program are eager to enhance their opportunities for success in the community and to improve their quality of life.

Referral Process:

The DHS OARS Program Specialists provide designated staff at each institution with the number of referrals that are able to be considered each month.

Designated institution staff members refer inmates who have been deemed eligible for the OARS program through the screening process, by sending an email to the OARS Program Specialists with the following information:

- Inmate Name
- Inmate DOC #
- Mandatory Release Date
- Date of Release From the Institution
- Maximum Release Date
- Date of Birth
- County of Release
- MH2 Code (*please see below for more details)
- Risk Rating (*please see below for more details)
- Current Assigned Agent
- Current Institution Social Worker

* **MH Codes:** The OARS Program Specialists may require verification that the MH code has been recently reviewed by the institution psychological services staff to ensure it is accurate.

* **Risk Rating:** The OARS program provides services to inmates that screen moderate or high risk on the DOC designated risk assessment tool. In instances which offenders score “low”, but the offender has a documented history of OWI’s, Sex Offenses, or Domestic Violence, or if they believe that there is a compelling reason for program consideration, staff may consult with the DHS OARS Program Specialists and DOC Disabilities Reentry Coordinator for program override consideration.

The OARS Program Specialists will review the referral material and initiate contact with the Institution Social Worker if there are any further questions or concerns. The OARS Program Specialists may also contact the DCC agent and OARS Case Management provider for feedback about whether a referral is appropriate for enrollment. Following this review, the OARS Program Specialists will schedule an enrollment meeting with each of the program eligible referrals.

Referral Process for DAI Institutions and DCC Agents:

Outside agencies are directed to contact the OARS Program Specialists and/or the DOC Disabilities Reentry Coordinator regarding offenders that may meet the OARS program criteria prior to informing the offender. These referrals will be considered, depending on the program budget and current enrollment.

The OARS Program Specialists and DOC Disabilities Reentry Coordinator will work with the referring agency to obtain the information necessary to properly review the referral. If the referral meets the program criteria and it is determined that the program has the budget and capacity to provide services, the OARS Program Specialists will initiate contact with WRC (male referrals) or TCI (female referrals) to review their upcoming in-house referrals and discuss the possibility of the inmate transferring to the designated institution providing OARS pre-release services.

If it is determined that the OARS program is able to offer the inmate/referral the opportunity to enroll, the OARS Program Specialist will coordinate an enrollment meeting with the offender at their current institution. If the offender chooses to accept the opportunity to enroll, the OARS Program Specialists will work with the current Institution Social Worker and Psychological Services staff to coordinate a transfer to a designated institution providing OARS pre-release programming.

If for some reason the inmate is not able to be transferred to a designated institution, the Program Specialist and Disabilities Reentry Coordinator will work with the facility in which the person is housed to educate institution staff about essential OARS Program operations and facilitate access to that institution for contracted staff.

Mental Health Codes: MH2a and MH2b

These codes are used for inmates with serious mental illness and/or experience symptoms of mental illness that greatly impact their daily functioning.

These codes are determined by the institution psychological services staff (unit psychologist or psychological associate), referencing past and present diagnostic information and symptoms. They may consider input, such as observations and concerns, from the institution treatment team.

MH2a: Inmates that meet one or more of these criteria:

A current diagnosis of, or are in remission from the following conditions:

- Schizophrenia (all types)
- Delusional Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder
- Psychosis Disorder
- Major Depressive Disorders
- Bipolar Disorders

Current or recent symptoms of the following conditions:

- Brief Psychotic Disorder
- Substance-Induced Psychotic Disorders

A head injury or other neurological impairment resulting in behavioral or emotional dyscontrol/dysregulation.

A chronic and persistent mood disorder, anxiety disorder or other condition that lead to significant functional impairment.

* There may be instances in which a qualified mental health professional may assign a MH-2 code for a diagnosis that is not identified above. The symptoms that the offender is experiencing must significantly impact daily functioning. In these instances, documentation supporting the MH-2 code will be in the clinical file.

MH2b:

Inmates with a primary personality disorder that is severe accompanied by significant functional impairment and subject to periodic decompensation (for example: suicidality, depression, psychosis).

Program Enrollment Process

After referrals are received, the OARS Program Specialists review the referrals for appropriateness and then schedule enrollment meetings at the housing institution. The institution social services staff members are encouraged to prime the inmate for the invitation to participate in the program prior to the meeting so that they come with some knowledge and understanding of the OARS program. In addition, institution social services staff members may share some offender information (for example: medication compliance history, involvement in treatment/activities, behavioral concerns) with the OARS Program Specialists prior to the enrollment meeting.

Institution staff members are invited and encouraged to participate in the enrollment meetings as their schedules allow. Enrollments are conducted with each referral individually and are designed to educate candidates regarding the program while also allowing time to explore concerns and goals they have regarding their release. The OARS Program Specialists outline the benefits and expectations of participating in the OARS Program to allow the offender the opportunity to make an informed choice about their participation, as the program is voluntary. In addition, the OARS Program Specialists explain that if the offender agrees to participate in the program, they may be enrolled in the program for up to two years after release from prison. The length of enrollment is based on:

- The amount of supervision time (the participant must be on supervision to be enrolled in the OARS program);
- The participant's active participation and cooperation with the program expectations;
- The participant's need for the OARS program to provide necessary services and support.

Individuals referred to participate in the OARS program receive the following documents, which are also enclosed in this section:

1. Cover Letter

This is a form letter providing a general overview of the program concept and expectations.

2. Program Description

This is a one page summary of the core team member roles and primary responsibilities.

3. Informed Consent

This document is reviewed in detail with the inmate during the enrollment interview to ensure their comprehension and capacity to consent to the program. The inmate signs this document to enroll in the program.

During the enrollment process, the DHS OARS Program Specialist may also review the program Phases of Engagement Chart (included in section 12) to provide more information about the transition-focused design of the OARS program.

The inmates who consent to the OARS program are also provided authorizations for their review and signature, allowing DOC to release institution treatment records to the contracted OARS case management providers. For more information, please see the Records Distribution Process section of this manual.

If an inmate does not feel comfortable consenting to the program at the enrollment interview, the consent form may be left with the Institution Social Worker to allow the inmate to think about the decision for up to one week. After some thought, if the inmate chooses to participate in OARS the Institution Social Worker initiates contact with the OARS Program Specialist to make arrangements.

Scott Walker
Governor

Edward F. Wall
Secretary



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SAMPLE OARS COVER LETTER- ENROLLMENT

Section 3.2

July 11, 2013

To Whom it May Concern:

You have been selected to consider participating in the OARS Program. "OARS" stands for Opening Avenues to Reentry Success. The program is designed to work with offenders who have mental health needs to enhance their success in the community. Only some offenders who will be released to community supervision from a State Correctional facility and have at least six months of supervision time in the community are eligible.

Admission to the program is voluntary. The program utilizes an individualized and comprehensive treatment program that starts before your release and continues while you are on supervision in the community. The program team may help with your transition back into the community in the following ways:

- Provide assistance finding housing and maintaining it
- Provide assistance getting mental health services and medications
- Help in finding vocational rehabilitation, education, employment resources, or other structured activities
- Provide assistance finding transportation resources
- Provide assistance budgeting your finances
- Support participating in the community and developing a treatment plan for you

There will also be some expectations and commitment the program staff will require from you. To be in the OARS Program you must:

- Attend and participate in mental health services
- Consistently take medication as prescribed by your psychiatrist
- Participate in the development and review of your Individualized Case Plan (ICP)
- Build a schedule with your team and engage in structured activities
- Meet with your assigned case manager and community corrections agent as required
- Follow all of your rules of supervision

We hope that you will carefully consider this invitation to enroll in the OARS Program. Please review the enclosed documents and contact your unit social worker if you have any questions or concerns about this program.

Sincerely,

The OARS Program Team

Offender Hand Out- Enrollment: Team Description



“Opening Avenues to Reentry Success” Program

“OARS” is a program to help inmates who have mental health conditions transition successfully back into the community. The goal of the program is to connect individuals to resources in the community, such as housing, medication, and counseling. Each person’s support will be different depending on their individual needs. Overall, the OARS program will help participants to be successful in the community. Each program participant is a member of their OARS Team with these four key people:

Social Worker:

- Determines your eligibility for the program and helps you plan for release
- Assists the team in developing an Individualized Case Plan (ICP) to help you succeed in the community
- Identifies and supports pre-release treatment programming and planning

OARS Program Specialist:

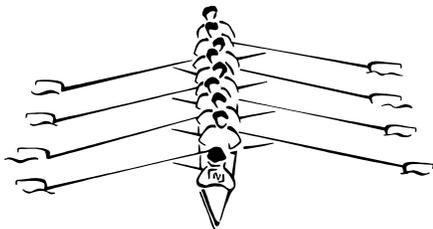
- Educates participants, program staff, and community providers about OARS
- Facilitates team meetings to enhance communication and your treatment while you are preparing for release and throughout your involvement in the program
- Serves as a liaison for the team members involved in your treatment

Case Manager:

- Meets with you regularly in your home to provide support and guidance
- Assists you with transportation, housing, and employment needs
- Helps you work towards the goals you want to achieve through your ICP
- Helps you set up appointments and find mental health services available to you in your community
- Includes your friends or family in the community in your support network

Community Corrections Agent:

- Provides specialized supervision when you return to the community and while you are on supervision
- Ensures you are following your rules of supervision



Opening Avenues to Reentry Success Informed Consent for Mental Health Evaluation, Treatment, and Community Reintegration Services

Name:

DOC #:

Consent to Evaluate/Treat: I voluntarily consent to participate in the OARS Program. I understand that this program involves pre-release evaluation, treatment, and post-release wrap-around services. I understand that I am only eligible to participate in this program while I am actively under DOC supervision. This program will provide an individualized combination of treatment services for mental health, alcohol and other substance abuse, daily living skills, vocational rehabilitation, specialized community supervision and case management, and other treatment approaches appropriate for me.

I understand that:

- a. The alternative to consenting to the OARS Program is standard supervision by a community corrections agent with the Division of Community Corrections. If I am not a participant in the OARS Program I may need to work more independently for necessary community support and treatment services. I will also have less financial assistance and staff support.
- b. Involvement in the OARS Program will include a variety of professional staff, treatment opportunities, and supervision from an OARS community corrections agent.

Benefits to Evaluation/Treatment: The benefits of participating in the program include assistance transitioning back into the community such as: housing, transportation, case management support, financial assistance, access to structured activities, mental health services, and a variety of treatment approaches. These benefits are intended to enhance my success in the community. Evaluation and treatment may be provided through interviews, psychological assessments or testing, psychotherapy, medication management, or group therapy. The benefits of treatment may include improved health status, better quality of life, improved self-awareness, and insight into my strengths and limitations.

Program Expectations: I understand that participation in this program will require that I will:

- Follow all of my rules of supervision
- Cooperate with treatment recommendations, including taking all medications as prescribed before and after my release
- Work with my OARS Team to identify treatment and educational opportunities available both before and after my release from the institution
- Participate in the development of my Individualized Case Plan (ICP)
- Sign releases of information and consent forms for housing and treatment services
- Be responsible and respectful with regards to any housing that is provided for me through this program
- Talk with a member of my OARS Team if I have any concerns about the program expectations that are asked of me
- Be honest with my OARS Team

If I do not follow through with the program expectations, the OARS Team will talk with me about my reasons, and how that may affect my participation in the program. I understand I have the right to participate in planning with the team, and the expectations listed above are an important part of my involvement in the OARS program. If I am unable to cooperate with these expectations I may be discharged from the program. Additionally, if my legal status or program eligibility changes, I may be discharged from the program.

Costs and Finances: I will be honest with my OARS Team about my income and expenses. I will work with the OARS case manager to budget my finances. For my housing I will need to sign a lease and arrange for utilities and phone services in my own name, though my case manager will assist me as needed. While I am in the OARS Program, I will also be required to contribute a portion of my earned income and benefits to my housing costs or other costs as I am able. If a representative payee is required by the Social Security Administration, then I will also need to cooperate with my representative payee. I also understand that I will not have a bill to pay for the OARS services I receive after I'm discharged from the program.

Confidentiality: I understand that in order to be involved in the OARS Program, I will need to consent to release confidential information about me to members of the OARS Team, and possibly others, such as friends or family members who are supportive people in my life. I understand that members of my OARS team may search the internet, if they have a professional purpose, to obtain information about me. Information from my confidential healthcare and treatment record will only be disclosed to my OARS Team and other service providers who have a need to know that information. Any information disclosed from my healthcare and treatment record will comply with the requirements of confidentiality laws and rules.

Right to Withdraw Consent: I have the right to withdraw my consent for the OARS Program at any time by providing a written request. If I do so I will no longer receive the services and benefits provided by the OARS program, but I understand that I will still be required to follow my rules of supervision as set forth by my community corrections agent.

Program Completion: I understand that the OARS Program is a transition focused program to enhance my ability and opportunities to succeed in the community. The program may last between six months and two years after my release. The OARS Team will talk with me about my progress meeting my goals, and what I can do to successfully complete the program. Before the OARS Program comes to a conclusion for me, the OARS Team will help to transition any services I receive to other community resources.

Expiration of Consent: This consent to treatment will expire 12 months from the date of signature, unless otherwise specified.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to participate in the OARS Program. I understand that I have the right to ask questions about the above information at any time.

Signature

Date

Core Team Assignment Process

DCC Agent

Following enrollment, the DHS OARS Program Specialist initiates contact with the Agent of record and Agent Supervisor to notify them of the offender's enrollment in the OARS program. If the OARS offender/participant isn't already assigned to an OARS Agent, the DHS OARS Program Specialist will work with DCC to facilitate that process.

This process may take a few weeks to coordinate, depending on whether the offender supervision/file needs to transfer to a different DCC office or if there is a need for caseload adjustments.

OARS Case Manager

The DHS OARS Program Specialist initiates contact with the contracted case management provider to make arrangements for the Case Manager assignment. This process typically takes 3-5 working days, with some flexibility to allow time for the case management provider to review and adjust caseloads. If the case management assignment takes longer than anticipated, the DHS OARS Program Specialist will notify the team with details about who will provide interim case management.

Institution Social Worker

Wisconsin Resource Center (WRC)/ Wisconsin Women's Resource Center (WWRC): These institutions have unit based social workers that are assigned to the participant. The Social Worker assignment may change on occasion, particularly if the OARS participant is transferred to a different unit. WRC will immediately notify the OARS team if/when that occurs.

Robert E. Ellsworth Correctional Institution (REECC): REECC social work assignments are made based on the first letter of the inmate's last name. The assigned institution social worker information will be provided upon inmate enrollment in the OARS program.

Taycheedah Correctional Institution (TCI): TCI social worker assignments are made upon inmate admission to the institution. TCI will notify the OARS Program Specialists of the inmate's social worker assignments when making referrals to the program.

Oshkosh Correctional Institution (OSCI): OSCI social worker assignments are unit-based. The social worker assignment may change on occasion, and OSCI will notify the OARS team if/when that occurs.

***If working with any other correctional facility, please feel free to ask about how social work assignments are determined. The DHS OARS Program Specialist*

will communicate who the assigned social worker will be to the OARS Case Manager and DCC Agent.

OARS Program Specialist

The DHS OARS Program Specialists cover designated regional territories. DHS OARS Program Specialist provides the Agent, OARS Case Manager, and Institution Social Worker the signed informed consent and notes/records from the enrollment meeting.

Once team assignments are completed, the DHS OARS Program Specialist sends the participant a letter “welcoming” them to the program, along with his/her assigned OARS team members. Please see the sample letter included in this section of the manual.



Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

**Participant "Welcome Letter"
Example**

Section 3.6

July 11, 2013

Dear _____,

Thank you for agreeing to participate in the OARS Program. We are confident that your involvement in the program will enhance your success in the community. A copy of the OARS Informed Consent document you signed is enclosed, please review it again as you plan for your release with your OARS team.

Your OARS case manager, _____, will contact you soon to begin planning for your release and to work on your Individualized Case Plan (ICP) with you. Your assigned Division of Community Corrections Agent, _____, will also be contacting you prior to your release to discuss your rules of supervision.

If you have any questions or concerns about the OARS program or about your release, I encourage you to write them down and either share them with your institution social worker or OARS case manager. We hope that your participation in OARS will be helpful as you prepare for release and work towards achieving your goals of being successful in the community.

Sincerely,

OARS Program Specialist

cc: Institution Social Worker
Community Case Manager
DCC Agent

Pre-Release Phase Process

The OARS program pre-release phase is typically five to six months. This time frame allows the OARS team to collectively review the OARS participant's history and current treatment/behavioral needs, in an effort to assess for clinical needs and risk factors to address in the community. In addition, this phase is critical for allowing the OARS team to develop a healthy and therapeutic rapport with the OARS participant. Engaging and motivating the OARS participant to successfully participate in pre-release treatment and programming is an important component of this phase, and often a key element for the participant's post release success.

Pre-Release Contacts and Team Collaboration

The OARS Case Manager initiates contact with participants within two weeks of their notification of the enrollment. The main focus of the initial contact is for introductions, preliminary rapport building, initial assessment, and case planning. OARS Case Managers also obtain and review institution file information, records from previous community treatment providers, CIB's and Wisconsin Circuit Court Access Program files. In addition, OARS Case Managers coordinate collateral contacts with participant family members and/or peers who are involved in the participant's life. This information gathering process and thorough case analysis is critical to identifying clinical needs, risk factors, and plan development.

The OARS Case Manager will have a minimum of monthly contact with the participant during the pre-release phase, including a minimum of two face to face contacts prior to release. OARS Case Managers should increase the frequency of participant contacts, based on client need and the release planning process. The OARS Case Manager assumes the lead in coordinating the participant's post release plans and treatment, with input and guidance from the team. OARS Case Managers shall solicit updates from institution social workers about program participants. Examples of updates to request include:

- Conduct and institutional adjustment
- Changes in medications or medication compliance
- Changes or clarification about mental health symptoms or diagnosis
- Changes in medical conditions
- Involvement and progress in treatment or vocational programming
- Medications that will be provided upon release
- Medical and treatment after-care recommendations
- Medical and mental health supplies (diabetic, wheel chair, crutches, sleep apnea machine, etc.) to be provided or needed upon release

Institution Social Workers shall proactively share significant updates with the OARS core team regarding the OARS participant's involvement in treatment, medication compliance, behaviors/conduct concerns, or changes in medical or mental health conditions (a change in diagnosis or a critical health concern).

Institution Social Workers may invite OARS Case Managers to participate in institution multidisciplinary team staffings to provide an opportunity for them to hear participant updates and discuss release planning options with other institution team members.

OARS Case Managers will also initiate contact with the Disabled Offender Economic Security (DOES) Benefit Specialist approximately 30 days prior to the inmate's release from the institution to collaborate and assist with the benefit application process.

OARS Case Managers who are working with participants that have complicated medical needs may contact the Institution Social Worker to request direct email or phone contact with the participant's designated institution health services professional to clarify and discuss any details or specialized medical needs.

The OARS Case Manager and Agent need to be actively involved when there are behavioral or treatment concerns while the participant is incarcerated. All core team members can encourage participants to cooperate with treatment and adhere to institution rules. When concerns arise, the OARS Case Manager (and Agent, as time allows) is encouraged to schedule phone calls or meetings with the OARS participant to support the institution team in addressing concerns and encouraging cooperation.

The OARS Case Manager and Agent will share pertinent information with the Institution Social Worker and DHS OARS Program Specialist regarding their contacts with participants in the pre-release phase and solicit feedback for addressing any issues or concerns. Please see the OARS Reporting and Communication Protocol, included in Section 12 of this manual for more information. It at any time, a core team member has concerns about a participant's involvement in OARS during the pre-release phase, the team will convene to review and discuss. Teams shall make every effort to avoid participant discharges within two months of release.

Within two months of enrollment, the DHS OARS Program Specialist arranges an initial core team conference call to review the participant's history, mental health and treatment, as well as release planning needs. At minimum, the Institution Social Worker, Agent, OARS Case Manager, and DHS OARS Program Specialist participate in this call. Please see the Initial Core Team Conference Call Outline, included in this section of the manual, for more details.

The Institution Social Worker will advocate for the participant to engage in treatment programming and opportunities available in the institution to add structure to their time in the pre-release phase.

The Agent will have contact with the participant, by phone or in person, to discuss their rules of supervision and any other concerns.

Approximately 30 days prior to release, OARS Case Managers will share the results of their pre-release assessments, which identify individualized clinical needs and risk factors, with the Agent and DHS OARS Program Specialist. The OARS Case Manager will also coordinate a pre-release Individualized Case Plan (ICP) staffing to review and finalize the participant's release plans and goals. At minimum, ICP staffing participants include the Institution Social Worker, Agent, and participant. Other team members, such as the DHS OARS Program Specialist, may also be invited to participate in this staffing. Please review the ICP section of this manual for more details.

The OARS Team is encouraged to communicate regularly, utilizing email communication and a "reply to all" protocol, to keep all core team members updated regarding the participant and release plans. State employees sending emails about OARS participants should utilize the "send secure" email option.

Identifying System Issues in the Pre-Release Phase

Anyone on the OARS team may identify system issues and bring them to the attention of the DHS OARS Program Specialist. Staff are encouraged to communicate openly regarding system concerns and seek resolution amongst each other. Providing specific, timely information are important components in resolving system concerns related to OARS case planning. If/when situations are not resolved, the DHS OARS Program Specialist will be notified and included in the problem solving process. Please also see the OARS Reporting and Communication Protocol, in Section 12, for more information.

Institution Information and Guidelines

Release Dates: OARS participants release from the institution on the Tuesday before their actual Mandatory Release (MR) date, unless the participant is reaching their maximum discharge date on their governing offense. The OARS Case Manager should verify the scheduled release date with the Institution Social Worker and Agent early in the pre-release phase to avoid any confusion or misunderstandings about the date of release. The participant must be released on the designated date. There are no exceptions.

Presumptive Mandatory Release (PMR): This is a status that applies to some offenders convicted under “old law”. PMR offenders are reviewed regularly by the Parole Commission (PC) to determine whether they are ready to be released to community supervision. Offenders with a PMR may be held beyond their MR date, but must be released to the community by their Maximum Release Date.

PC paperwork is submitted by the Institution Social Worker, and includes information regarding the offender’s overall institutional adjustment, involvement in treatment programs, release plans, and recommendations from the Institution treatment team. If the PC grants release, the offender will be released from the institution within approximately thirty days, depending on the date determined by the PC. Offenders that have sex offense histories warranting a Special Purpose Evaluation (SPE) prior to release will have approximately six months between receiving the parole grant and release to the community because there is a 90 day time frame for the SPE to be completed an additional 90 days for release planning.

This status is uncommon among the OARS participants, though if there are program enrollees that have PMR’s, the OARS Case Manager is encouraged to provide general information about release plans to the Institution Social Worker prior to the scheduled PC review, so that the plans can be included in the paperwork submitted for consideration. Institution Social Workers shall include language in their narratives for PC, indicating the offender is enrolled in OARS and receiving intensive case management services.

Maximum Release Date: The date the offender is no longer under supervision of the Department of Corrections and Division of Community Corrections.

Forms of Identification: Starting at intake and throughout the offender’s incarceration, the Institution Social Workers verify whether the offenders need a state issued photo ID (through the Department of Transportation), social security card, and birth certificate. The participant may use money from their institution accounts to pay for identification as they are nearing release. If they do not have the funds available, DOC has funding to assist in obtaining the necessary identification during the pre-release phase. Institution Social Workers and

Records staff members make arrangements for identification to be obtained prior to release. The OARS Case Manager is encouraged to communicate with the Institution Social Worker regarding the status of the identification.

Inmate Accounts: Inmates have a “regular account” and “release account”. Agents are responsible for determining the breakdown of how much cash offenders are allowed to be released to the community with versus the amount of money that will be provided in a check. Agents also determine if offenders are allowed to have the check or if it will be sent to the Agent. Funds that are provided to the Agent will be budgeted with the offender. OARS Case Managers are encouraged to communicate with the Agent, prior to the participant’s release to the community, to discuss inmate accounts.

Main point of contact at the Institution: The Institution Social Worker is the main point of contact at each institution for the OARS team. The Institution Social Worker is available for team collaboration and addressing participant-related questions/concerns. The Institution Social Worker may invite other institution team members, such as the Psychological Services Associate, Institution Unit Supervisor, or Nurse; to participate in pre-release OARS meetings and team emails as needed to help address issues and concerns related to release planning.

Participants Releasing From the Institution to a Community Residential Facility: The OARS Case Manager will communicate with the Institution Social Worker, approximately 30 days prior to release about the residential requirements of the community residential facility (CBRF, Adult Family Home, etc.). Prior to placement, most facilities require a recent physical, medical clearance, free of communicable disease statement, and a TB skin test within 90 days of placement at the facility. The institution health services staff will need a minimum of a few weeks notice to have the required documentation to assist in facilitating these placements.

Physical Contact with Inmates: Physical contact, with the exception of a handshake, is strictly prohibited. Absolutely no physical contact is allowed with any inmates in segregation.

Bringing videos into the Institutions: Institution wardens have granted permission for OARS Case Managers to bring videotapes or DVD’s into the institutions, for the purpose of showing participants pictures or video of aspects of their release plan (for example: housing environment or an introduction to a community team member). This activity is highly encouraged, in an effort to help minimize anxieties and concerns the participant may have about releasing to the community. The OARS Case Manager should notify the institution staff member when scheduling the pre-release visit when planning to bring such items into the institution so that a note can be made on the gatehouse memo.

Things to remember about visiting correctional institutions:

- All visitors must undergo and pass a DOC state of Wisconsin background check prior to entering correctional facilities. The OARS Program Specialists and contracted case management provider agencies will work with the Department of Corrections Disabilities Reentry Coordinator to facilitate the background checks for new OARS case managers. All visits must be arranged a minimum of one week in advance.
- OARS case managers that arrange for a staff member from a community residential facility or community treatment program to meet with the participant and/or Institution Social Worker at the institution during the pre-release phase must notify the Institution Social Worker with as much notice as possible. The OARS Case Manager must provide a Date of Birth (DOB) and requested date of visit for each visitor. A background check will be performed by institution staff and the OARS Case Manager will be notified when the visitor is cleared for entrance into the institution. Institution staff will ensure that a gate pass is available for entrance into the institution on the approved date and time.
- Do your best to arrive on time. If you are running late or need to reschedule, it is recommended you contact the institution as soon as possible.
- Bring your state issued Photo ID for every visit. Your ID must be visible while you are in the institution (it is recommended you wear it around your neck on a breakaway lanyard, or clipped to your shirt)
- Sign in as a guest in the gatehouse after checking in with the security staff, and sign out when you leave the institution.
- You may bring a pen, wireless notebook, and folder/file.
- Do not bring any electronic devices, such as cell phones, pagers, zip drives, nooks, tablets, or other computer devices.
- Do not bring any weapons (including but not limited to: guns, knives, nail files).
- Wear sensible shoes (avoid high heels, open toes, shoes without tread, etc.) and clothing that is business appropriate.
- Avoid wearing necklaces, or earrings that could easily be pulled (hoops, for example).
- Always lock your vehicle doors prior to entering the institution.
- Leave your purse, bags, and any valuables in your locked vehicle.

Wisconsin Resource Center (WRC) and Wisconsin Women's Resource Center (WWRC):

Coordinating Visits and Phone Calls: Contact the institution social worker to arrange phone calls and visits with the participant.

Transportation the Day of Release: Participant's releasing to the community may be transported by the institution security transport team, family member or friend (must have prior approval of the Agent), Agent or

DCC transport team. The OARS Case Manager may provide transportation, provided the team agrees this is safe and appropriate.

Medication Self Administration: Inmates nearing release are offered the opportunity to learn more about their prescribed medication and also self-administer their prescribed medication during the last month of their scheduled release date. The OARS Team will encourage all participants to engage in this process.

Medications Provided Upon Release: Participants are released with a 30 day supply of prescription medication. Participants may not release with medication that can be purchased over the counter (for example: Benadryl, Tylenol, vitamins) or with PRN medication. The OARS Case Manager is encouraged to contact the Institution Social Worker regarding questions or concerns related to medications at least 30 days prior to the participant's release date.

Pre-Release Curriculum/Programming: WRC utilizes an evidence based approach to re-entry planning with its inmates. Upon arrival on the unit, inmates will develop a re-entry AWARE plan and review it with their staff advisor on a weekly basis, updating it as needed. Six months prior to discharge into the community, inmates will meet individually with a member of the pre-release team to develop a map that outlines goals for re-entry. The inmates will develop the steps they need to take to achieve their goals and identify the strengths they will utilize and the barriers they need to overcome. In this process, they will select those treatment programs that are directed toward helping them reach the goals they have set. The pre-release team member will help guide the inmate through this process using motivational strategies to help identify areas of need. The COMPAS assessment will also be shared with the inmate to help him address those areas that could lead to recidivism. Pre-release programs that an inmate can choose include Successful Treatment and Recovery (STAR), Emotion Management Skills (EMS), Thinking for a Change, Illness Management and Recovery, Social Skills, Employability, Life Skills, Relationships, Leisure Skills, Financial Literacy, Parenting, Health, and Community supervision. There will also be periodic workshops on particular topics of interest such as Returning Home Simulation, riding the bus, Housing, resume building, challenge course, workforce development, technology update, etc. Inmates can continue to participate in clinical programs such as Dialectical Behavior Therapy (DBT) and Male Trauma Recovery and Empowerment (MTREM), as well as enrichment classes. Their housing unit will mirror community living as closely as possible in that they will have a budget to live on, make appointments to see care providers and pay for amenities. Completion of the pre-release program will be determined by how well the inmate meets the intervention goals he has set for himself.

Discharge Paperwork: HSU staff complete medical and mental health discharge paperwork prior to the inmate's release from the institution. Per institution policy, discharge paperwork will include the latest lab work information, diagnosis/psychiatric notes, and medication information. The Institution will provide the OARS Case Manager with the paperwork upon completion. If the OARS Case Manager does not receive the paperwork, they need to follow up with the Institution Social Worker to request the information before the participant's release date. Post Release, discharge paperwork may need to be requested from Inactive Medical Records at WWCS or DCI.

Taycheedah Correctional Institution (TCI), Robert E. Ellsworth Correctional Center (REECC), Oshkosh Correctional Institute (OSCI), and other correctional institutions:

Coordinating Visits and Phone Calls at TCI: Contact the Social Service Records Department to schedule visits and phone calls with OARS participants. Please have the participant name and DOC # available to provide to the social services staff when coordinating these visits and phone calls.

OARS Case Managers shall notify the Institution Social Worker of scheduled visits and phone calls, to provide them the opportunity to participate.

Coordinating Visits and Phone Calls at REECC, OSCI, and other Correctional Institutions: Contact the institution social worker to arrange phone calls and visits with OARS participants. Please have the participant name and DOC # available to provide to the social services staff when coordinating these visits and phone calls.

Transportation the Day of Release: Staff members may make arrangements for the OARS participant to take the bus on the day of release. Arrangements may also be made for OARS participants to be transported by a family member or friend (must have prior approval of the agent), Agent or DCC transport team. The OARS Case Manager may provide transportation, provided the core team feels as though it is safe and appropriate.

Medication Provided Upon Release: OARS participants will release with a two week supply of medication and one month written prescription. Participants may not release with medication that can be purchased over the counter (for example: Benadryl, some allergy medication, Tylenol, vitamins) or with PRN medication. The OARS Case Manager is

encouraged to contact the institution social worker regarding questions or concerns related to medications at least 30 days prior to the participant's release date.

Pre-Release Curriculum/Programming: Pre-release curriculum modules are offered to participants, as the modules are available. The modules that have been highlighted as "priority" for participants include: Wellness, Employment, Financial Literacy, Health, Housing, Personal Development, and Transitional Preparation.

The OARS Case Manager is to contact the Institution Social Worker about class availability, program referrals, and to encourage participant involvement.

Discharge Paperwork: HSU and PSU staff complete medical and mental health discharge paperwork prior to the inmate's release from the institution. Per institution policy, discharge paperwork will include the latest lab work information, diagnosis/psychiatric notes, and medication information. The Institution will provide the OARS Case Manager with the paperwork upon completion. If the OARS Case Manager does not receive the paperwork, they need to follow up with the Institution Social Worker to request the information before the participant's release date. Post Release, discharge paperwork may need to be requested from Inactive Medical Records at WWCS or DCI.

WRC and DAI Institution Staff: Please make note to contact the OARS Case Manager prior to scheduled face to face visits with OARS participants if something has occurred to prohibit the visit, such as hospital visit/placement or segregation visit. The staff travel long distances and it's important they know ahead of time, whenever possible, so that they can modify their schedules accordingly.

Initial OARS Core Team Conference Call Pre-Release Phase

The OARS Program Specialist will coordinate an initial OARS team conference call within 8 weeks after participant enrollment in the program. This provides an opportunity for core team members to share known information and to further the pre-release assessment process for the OARS Case Manager. This call will include (at minimum): the OARS Case Manager, Agent, Institution Social Worker and OARS Program Specialist. The OARS participant may also participate in the last part of the call if the team determines it would be beneficial. If there are any reasons for this call to be delayed, the OARS Program Specialist will communicate that to the team.

****All team members are encouraged to be prepared to share known information during this call.**

Discussion Outline:

1. Specialist introduces core team and provides offender enrollment meeting info.
2. Overview of offense and incarceration history
 - Length of time incarcerated for this offense
 - Length of time at current facility and why admitted to facility
 - Offense History and whether MH or AODA played a role
 - Institutional Adjustment (history of segregation & behavioral concerns)
3. Review and discuss social and community history
 - Children, family/current support system
 - Previous community adjustment concerns (supervision/revocation history)
 - What has worked well for the participant in the community
4. Current diagnosis (Axis I thru Axis 5) and prescribed medications
5. Medication and mental health stability
 - Current symptoms/mental health status
 - Is there a history of medication non-compliance during incarceration?
In the community?
 - If yes, what has been done to promote compliance
 - Is there a history of dangerousness (suicide attempts, harm towards self and/or others, or property)?
 - What are the observations of the individual's behavior when on/off medications?
 - What concerns has the individual expressed regarding the prescribed medications?
 - Are there any court orders currently in place, such as a chapter 51 or the Judgment of Conviction, that require the need for compliance with medication?
 - Is there a history of psychiatric inpatient hospitalizations?
 - Does the participant currently have a guardian?
6. Current medical needs and ongoing treatments

7. Treatment approaches that work well for the OARS participant to enhance motivation and participation.
8. Treatment approaches that haven't worked for the OARS participant and discussion about their triggers, risk factors, etc.
9. OARS participant's history of involvement in programming during their incarceration:
 - Programs/Treatment completed and work history
 - Education history and cognitive abilities
10. OARS participant's current involvement in treatment/scheduled activities:
 - Treatment and educational programs
 - Employment
11. Treatment need areas to review in preparation for community planning:
 - AODA Treatment
 - Smoking Cessation (assistance with quitting smoking)
 - Trauma-Related Treatment (ACE and TAAR scores)
 - Eating Disorders
 - Medical
 - Sex Offender Treatment
 - Domestic Violence Treatment
 - Family-Parenting
 - Individual therapy
 - Anger Management
 - Cognitive Intervention
 - Education (GED, HSED, etc.) and Employment
 - Money Management
 - Social Skills/Self Confidence focused treatment
 - Leisure skills/activities
 - Peer Support/Mentoring
 - Individualized Crisis Support Plan (AWARE/WRAP, Recovery Plan)
12. Social Security Benefits and Identification
 - Has the OARS participant received benefits in the past?
 - Has the application process been started?
 - Is the participant assigned to a LAW Benefit Specialist (DOES project)?
 - Does the individual have a state ID, social security card, and birth certificate?
13. Inmate account balances (regular and release accounts)
 - Pending court costs, restitution fees, child support, etc.?
 - Outstanding utility, phone bills
 - Encourage Inmate to save towards release
14. Team Discussion re: OARS Participant's plans for release, goals, questions/concerns, and remaining follow up items

**URICA Guidelines
(University of Rhode Island Change Assessment)**

Section 5.1

Pre Release Phase: The URICA is to be completed at approximately 30 days from release. The Institution Social Worker and OARS Case Manager will work together to ensure a meeting with the participant occurs to complete the URICA and provide guidance and encouragement with identifying the "problem area". The "problem area" should be one which the participant plans to work on throughout his/her involvement in OARS (ex: staying sober).

Post Release Phase: The OARS Case Manager will provide the URICA to the participant for updates at approximately 30 days post release and 6 months post release. After 6 months post release, the OARS Case Manager may use discretion in administering the tool. It may be helpful to utilize the URICA as the team is discussing OARS Program Discharge, or when there are concerns about motivation, to give the team more information about the participant's status.

The OARS case manager shall ensure that the "problem area" remains consistent each time the URICA is administered in order to get consistent results throughout their involvement in the OARS program.

The OARS case manager will share the identified problem area and stage of change to the OARS core team. Subsequent results will also be shared with the OARS core team and the previous stage of change will be identified to indicate progress.

The URICA is also being utilized as part of the DOC COMPAS software suite, as a tool for measuring motivation in conjunction with the stages of change. Therefore, agents and OARS case managers should communicate about the problem areas identified.

Obtain the average score per subscale using the following grid:

<u>Precontemplation (PC)</u>	<u>Contemplation(C)</u>	<u>Action(A)</u>	<u>Maintenance (M)</u>
1. _____	2. _____	3. _____	6. _____
5. _____	8. _____	7. _____	16. _____
11. _____	12. _____	10. _____	18. _____
13. _____	15. _____	14. _____	22. _____
23. _____	19. _____	17. _____	27. _____
26. _____	21. _____	25. _____	28. _____
29. _____	24. _____	30. _____	32. _____
TOTAL: _____	TOTAL: _____	TOTAL: _____	TOTAL: _____
÷ 7= _____(avg)	÷ 7= _____(avg)	÷ 7= _____(avg)	÷ 7= _____(avg)

Compute the "Readiness for Change" score via the following formula:
 $(Avg C + Avg A + Avg M) - Avg PC$

Compare the Readiness for Change score to the following group means. Choose the stage whose group average is closest to the computed Readiness Score:

<u>STAGE</u>	<u>GROUP AVERAGE</u>
Precontemplation	9.3
Contemplation	11.0
Participation (Action)	12.6
Maintenance	(Not available)

EXAMPLE

1. Obtain the average score per subscale using the following grid:

<u>Precontemplation</u>	<u>Contemplation</u>	<u>Action</u>	<u>Maintenance</u>
1. 2	2. 5	3. 5	6. 5
5. 1	8. 5	7. 5	16. 5
11. 1	12. 5	10. 4	18. 5
13. 1	15. 1	14. 4	22. 5
23. 1	19. 5	17. 4	27. 5
26. 1	21. 5	25. 5	28. 4
29. 1	24. 5	30. 5	32. 5
Total: 8	Total: 31	Total: 32	Total: 34
÷ 7= 1.1 (avg)	÷7= 4.4 (avg)	÷7= 4.6 (avg)	÷7= 4.9 (avg)

2. Compute the "Readiness for Change" score via the following formula:
 $(\text{Avg } C + \text{Avg } A + \text{Avg } M) - \text{Avg } PC = (4.4 + 4.6 + 4.9) - 1.1 = 12.8$
3. Compare the Readiness for Change score to the following group means. Choose the Stage whose group average is closest to the computed Readiness Score:

12.8 is closest to the average for participation (action) group; thus, this consumer is probably very motivated for treatment at this time.

Participant Name: _____

Date: _____

URICA
(University of Rhode Island Change Assessment)
Assessment Tool

This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel **right now**, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of what you write on the problem line below.

The problem I'm thinking of, in terms of this questionnaire is:

"Here" and "This place" refers to: The OARS program
There are FIVE possible responses to each of the items in the questionnaire:

- 1= Strongly Disagree
- 2= Disagree
- 3= Undecided
- 4= Agree
- 5= Strongly Agree

1. As far as I'm concerned, I don't have any problems that need changing.

2. I think I might be ready for some self-improvement.

3. I am doing something about the problems that had been bothering me.

4. It might be worthwhile to work on my problem.

5. I'm not the problem one. It doesn't make much sense for me to be here.

6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.

7. I am finally doing some work on my problem.

Participant Name: _____

Date: _____

8. I've been thinking that I might want to change something about myself.

9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.

10. At times my problem is difficult, but I'm working on it.

11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.

12. I'm hoping that this place will help me to better understand myself.

13. I guess I have faults, but there's nothing that I really need to change.

14. I am really working hard to change.

15. I have a problem and I really think I should work at it.

16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.

17. Even though I'm not always successful in changing, I am at least working on my problem.

18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.

19. I wish I had more ideas on how to solve the problem.

20. I have started working on my problems but I would like help.

Participant Name: _____

Date: _____

21. Maybe this place will be able to help me.

22. I may need a boost right now to help me maintain the changes I've already made.

23. I may be part of the problem, but I don't really think I am.

24. I hope that someone here will have some good advice for me.

25. Anyone can talk about changing, I'm actually doing something about it.

26. All this talk about psychology is boring. Why can't people just forget about their problems?

27. I'm here to prevent myself from having a relapse of my problem.

28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.

29. I have worries but so does the next guy. Why spend time thinking about them?

30. I am actively working on my problem.

31. I would rather cope with my faults than try to change them.

32. After all I had done to try to change my problem, every now and again it comes back to haunt me.

OARS Program Suicide Risk Assessment Protocol

Suicide Risk Assessments (SRA) are conducted by the OARS Case Manager:

1. Upon release to the community, all OARS participants will be assessed using the standard SRA.
2. The tool will also be administered as indicated by the protocol below, and when there is a crisis/significant loss in the participant's life, or when the Case Manager determines a need based on concerns related to suicide risk.
3. The SRA should be administered in a setting that allows strict confidentiality.

Participant has a plan with a method on hand and/or is making final plans:

1. Case Manager ensures participant safety and connects with locally based emergency mental health services and the DCC agent.
2. Ensure the participant is monitored (1:1) and stays in a designated safe environment.
3. If the participant is uncooperative and in immediate danger of self-harm, call local law enforcement immediately.
4. After emergency measures are taken, the OARS case manager consults with the OARS team to schedule staffing.

Scores in risk level 4 and 5 (high risk):

1. If a participant has a high score, but does not have a plan/method, the OARS Case Manager discusses concerns for suicide with the participant.
2. The OARS team will review the participant's ICP and Crisis Plan to determine whether any changes are needed.
3. The Case Manager will review the number of contacts the participant has each week. The participant should have daily contact with professional team members who have knowledge of the participant's SRA score.
4. The assessment tool should be administered weekly until the score is reduced. The OARS team may have a greater sense of caution than the risk assessment tool indicates and should initiate plans to keep the participant safe.

A score of risk level 3 (moderate risk):

1. The OARS Case Manager discusses the score with the participant and the concern for suicide risk. Review the participant's ICP and crisis plan and discuss if any changes are necessary.
2. Encourage the participant to utilize his OARS team for support.
3. Review the number of contacts the participant has each week. Ensure the participant is seen a minimum of 1-2 times each week and increase contacts as necessary.
4. Re-administer the SRA tool in 4-6 weeks.

Scores of 1 and 2 (low risk):

1. The OARS Case Manager discusses the score with the participant and offers support and encouragement. Review the participant's ICP and crisis plan and discuss if any changes are necessary.
2. Administer assessment at 6-month intervals.

Suicide Risk Assessment Instructions and Instrument

These definitions and guidelines are based on those presented in the Suicide Risk Assessment Checklist. This model was chosen due to its reliability across varying experience and education levels of those administering the tool. Standardized documentation ensures that a comprehensive assessment has been addressed and is consistent across the entire program and from one participant to the next.

For more information, read *Development and psychometric analysis of the Suicide Assessment Checklist*, in the Journal of Mental Health Counseling, July 1994.

Part One

Previous Psychiatric History:

The answer here is likely going to be **yes** with our participants. They are in our program because they have a psychiatric history even if brief.

New to Community Programming:

This answer will be yes if they have entered community programming for the first time in the past 12 months.

Client has a Definite Plan:

A plan means that a participant has thought out and formulated a process by which to commit suicide.

Plan involves:

If a plan exists, what method has been chosen? Select from the options given.

Method on Hand:

If the method is readily available then answer yes.

Making Final Plans:

Is the participant taking care of any unfinished business and/or giving away prized possessions?

Prior Attempts:

Has the participant admitted to previous suicide attempts including hidden or disguised attempts? Sometimes family, friends, or past psychiatric history will alert the provider to a suspicious life-threatening accident(s) at some point in the participant's history. Follow-up questions might include "How did you feel at the time of the accident?" "Did you want to die?" "Was this an attempt at ending your life?" The answer is yes if the participant admits to a previous attempt or psychiatric history demonstrates an attempt.

Suicide Note:

Has the participant written a suicide note, or plans to write a note placing blame for the action, leaving instructions to survivors, or saying "good bye?"

Suicide Survivor:

Has the participant had a close friend, or a relative commit suicide?

Drug and/or Alcohol Use:

Does the participant use drugs or alcohol at any frequency?

Male 15-35 or 65 and older:

Is the participant male and in either category?

Dependent Children at Home:

Does the participant have one or more children 18 years or younger living in the household?

Marital Status:

What is the marital status of the participant?

Part Two:

This part is completed based on the Case Manager's impressions of the participant's status or feelings. This is not a section for the participant's impressions of themselves, or what the participant "should" be feeling.

Each section should be rated on the scale of 1 (none/no concerns; doing well) to 5 (extreme, significant concerns) based on the responses to the sample questions provided for each area.

OARS Program Suicide Risk Assessment Checklist

Name: _____ Age: _____ Gender: _____

Part 1

		Score
Previous Psychiatric History	If yes, score 4	
New to Community Program	If yes, score 5	
Participant has a Definite Plan	If yes, score 6	
Plan Involves: <ul style="list-style-type: none"> • Firearm (10) • Drowning (6) • Drugs/poison (6) • Car Exhaust (7) • Suffocating (6) • Cutting (3) • Hanging (9) • Jumping (5) • Other (3) 	Score according to the type of plan as indicated	
Method on hand	If yes, score 5	
Making final plans	If yes, score 6	
Prior Attempt(s)	If yes, score 5	
Suicide note	If yes, score 6	
Suicide Survivor	If yes, score 6	
Drug and/or alcohol use	If yes, score 5	
Male 15-35 or 65 and older	If yes, score 5	
Dependent Children at Home	If yes, score -4 (minus 4)	
Marital Status: <ul style="list-style-type: none"> • Single (3) • Married (2) • Divorced (5) • Separated (5) • Widowed (5) 	Score as indicated based on status	

Total Part 1: _____

Part 2:**Initial perception of client's status (to be completed by case manager):**

Circle appropriate rating:	None				Extreme
Sense of Hopelessness: <i>"Do you think your situation is going to improve?"</i> <i>"Are you hopeful about the future?"</i>	1	2	3	4	5
Sense of Worthlessness: <i>"Do you feel that people are unfriendly?"</i> <i>"Do people generally like or dislike you?"</i> <i>"Do you feel that you are helpful to others?"</i> <i>"What do you like about yourself?"</i>	1	2	3	4	5
Social Isolation: <i>"Do you have friends or relatives to whom you can turn when feeling blue or in need of something?"</i> <i>"Can you name some friends whom you trust?"</i> <i>"Do you feel lonely even when you are with others?"</i>	1	2	3	4	5
Depression: <i>How many meals do you eat each day?</i> <i>What do you eat?</i> <i>Are you having trouble sleeping or feel that you are sleeping too much?</i> <i>What activities did you do this week?</i> <i>What are your interests?</i> <i>Are you feeling interest in things?</i> <i>Are you feeling down or blue?</i>	1	2	3	4	5
Impulsivity: <i>Observation and questions about particular events/incidents primarily assess this – Did you think about what may happen as a result of ... ?</i>	1	2	3	4	5
Hostility: <i>Do you have temper outbursts?</i> <i>Do you generally feel – angry, happy, sad?</i> <i>Do you have thoughts of hurting yourself? Others?</i> <i>Do you have thoughts of destroying property?</i>	1	2	3	4	5
Intent to Die: <i>Do you wish you were dead?</i> <i>How close have you come to committing suicide?</i> <i>If the client wishes to die –</i> <i>What are your plans for ending your life?</i>	1	2	3	4	5
Environmental Stress: <i>Ask questions related to these overwhelming events (job loss, anniversary of something that causes emotional disturbance, death of friend, spouse, or other significant person, change in housing status, financial problems, etc.)</i>	1	2	3	4	5
Future Time Perspective: <i>What are your plans for [upcoming holiday]?</i> <i>What are your plans for the weekend?</i> <i>What are you looking forward to this month?</i> <i>What are you looking forward to this year?</i> <i>How do you picture yourself a year from now?</i>	5	4	3	2	1
Total Part 2:					

Total Part 2: _____

Totals Part 1 and 2: _____

Risk Level:	
70 and above:	5 (High)
69-55:	4
54-38:	3
37-20:	2
<20	1(low)

Risk Level: _____

Date Completed_____

Date of Next Assessment_____

Correctional Offender Management and Profiling for Alternative Sanctions (COMPAS)

The mission of the Wisconsin Unified Corrections Coalition (UCC) is to bring the Department of Correction's (DOC) offender lifecycle to life by redesigning and implementing a single statewide system of risk and needs assessment. The UCC is made up of personnel from the DOC, county and state courts, and Northpointe staff.

The UCC has started to successfully deploy the COMPAS Risk, Needs and Case Planning Assessment Tool in the Wisconsin Corrections System. The goal is for this system to be fully utilized by the Department of Corrections by December 2012.

COMPAS is a comprehensive assessment tool that incorporates evidenced-based practices in addressing risk, needs and the case planning process. It is being utilized by the Division of Adult Institutions (DAI) and Division of Community Corrections (DCC). The completion of an assessment will identify criminogenic need areas that may impact the risk to reoffend for the correctional client to work through by establishing goals and tasks.

COMPAS provides the ability to follow the offender throughout their involvement in the criminal justice system and to share important offender information among individual agencies and team members.

The OARS program teams will be able to utilize COMPAS in the supervision of program participants and in the case planning process, as a method for identifying risks and treatment planning needs. COMPAS generates a summary and care plan that may be shared among OARS team members. These will be used in tandem with the OARS Individualized Case Plan.

Trauma-Informed Care (TIC) Overview

Trauma impacts everyone differently. Trauma may affect a person's thoughts, behaviors, mental health, physical health, and overall life expectancy. While trauma is not an excuse for actions or behaviors, awareness of a person's trauma history may enhance the direction and scope of treatment planning.

As part of a larger TIC initiative, the OARS program utilizes two trauma screening tools: The Adverse Childhood Experiences (ACE) and Trauma Assessment for Adults- Revised (TAA-R). Both are included in this section of the manual.

These screening tools are administered by the OARS case manager in the pre-release and post release process. Screening provides an opportunity to build a professional working relationship, reduce the stigma and silence surrounding traumatic experiences, and to recognize many 'problem' behaviors as coping strategies (a strength-based approach that is helpful in building a positive professional relationship).

Instructions for Administering the ACE and TAA-R

Pre-Release Phase:

The OARS case manager provides the ACE and TAA-R to new program participants early in the pre-release phase, as the information gathered may be utilized in the development of the individualized case plan. The screening tools are to be conducted during an "in person" meeting with the OARS case manager. If circumstances arise that might impact the participant's ability to complete the tools, such as the participant having a bad day or struggling with maintaining control, the OARS case manager may administer the tool at the next opportunity or when clinically appropriate.

Post Release Phase:

The OARS case manager may consider reviewing the results of the ACE and TAA-R with participants in the post release phase to offer the participant another opportunity to disclose traumatic events that they may have not felt comfortable sharing previously (or had forgotten about but now remember), and to revisit whether the participant is interested in any treatment or support.

Administering the Screening Tools:

1. The screening tools typically take approximately 10 minutes to complete.
2. Conduct the screening tools in an environment where the participant feels comfortable with disclosure, such as a quiet meeting space.
3. Introduce the screening tools to the program participant by explaining that these tools provide the opportunity to get to know more about them, acknowledge that significant events commonly occur in people's lives and such events can impact a person's health and behaviors.

4. The OARS case manager explains the instructions for completing the tools, such as answering “yes” or “no” to each question. The participant then provides the completed screening tools to the OARS case manager.
5. The OARS case manager may read the questions to the participant, if they struggle with reading or comprehending the questions on their own.
6. After administering the screening tools, the goal is to thank the participant, acknowledge the impact of trauma in general, and the strength it requires to be a survivor. It is appropriate to ask the participant if they are interested in talking further with a counselor or therapist about what they have experienced in their life.
7. If the participant appears uncomfortable while answering questions, it is okay to give them a chance to stop or take a break. OARS case managers may also encourage the use of grounding strategies. Some grounding strategies may include: counting from 1-10, taking a few deep breathes, extending and moving the fingers and toes, or visualization techniques (such as closing eyes and visualizing a favorite, calming place).

The OARS case manager shares the numerical and general information obtained from these tools with the OARS core team. This information may be used for treatment planning purposes, and to help characterize the degree of trauma history inherent in the population served by the program.

Participant Name: _____

Date: _____

**Adverse Childhood Experiences (ACE)
What's My ACE Score?**

Section 5.7

Prior to your 18th birthday, did you experience any of the following:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you? **Or**, act in a way that made you afraid that you might be physically hurt?
Yes or No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you? **Or**, ever hit you so hard that you had marks or were injured?
Yes or No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way? **Or** attempt or actually have oral, anal, or vaginal intercourse with you?
Yes or No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special? **Or**, your family didn't look out for each other, feel close to each other, or support each other?
Yes or No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or**, your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes or No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes or No If yes enter 1 _____
7. Was your mother or stepmother...
Often or very often pushed, grabbed, slapped, or had something thrown at her? **Or**, **sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or, ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes or No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes or No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes or No If yes enter 1 _____
10. Did a household member go to prison?
Yes or No If yes enter 1 _____

Now, add up your "yes" answers: _____ This is your ACE Score

Participant Name: _____

Date: _____

Trauma Assessment For Adults- Revised (TAA-R)
Developed by H.S. Resnick, C.L. Best, D.G. Kilpatrick, J.R. Freedy, S.A. Falsetti

Section 5.8

This questionnaire asks about many different types of stressful or difficult life events. These kinds of events can be frightening or upsetting to almost everyone. During your life, have any of the following things ever happened to you?

Please answer yes or no in response to each question about the following types of events:

1. Have you ever been in the military in a war zone, or had military combat experience?
Yes____ No____
2. Have you ever been in a really bad accident (car, at work, or somewhere else) and thought you might be killed or injured?
Yes____ No____
3. Have you ever been in a natural disaster (tornado, hurricane, flood, major earthquake, etc.) and thought you might be killed or injured?
Yes____ No____
4. Have you had a serious illness, such as cancer, leukemia, AIDS, multiple sclerosis, etc.?
Yes____ No____

The next three questions are about unwanted sexual experiences you may have had during your life. You may not have reported these to police or ever told anyone else about them. Also, the person who did these things might not have been a stranger, but may have been a friend, a date, or even a family member. These kind of sexual experiences can happen at any time in a person's life, even as a child. Regardless of how long ago it happened, or who did these things, have any of the following ever happened to you?

5. Did you ever have sexual contact with anyone who was at least 5 years older than you, before you reached the age of 13?
Yes____ No____
6. Before you were age 18, has anyone ever used pressure or threats to have sexual contact with you?
Yes____ No____
7. At any time in your life, whether you were an adult or a child, has anyone used physical force or threat of force to make you have some type of unwanted sexual contact?
Yes____ No____

Participant Name: _____

Date: _____

The next six questions are about abusive and/or troubling experiences you may have had during your lifetime. You may not have reported these to police or ever told anyone else about them. Also, the person who did these things might not have been a stranger, but may have been a friend, a date, or even a family member. These abusive and/or troubling experiences can happen at any time in a person's life, even as a child. Regardless of how long ago it happened, or who did these things, have any of the following ever happened to you?

8. At any time in your life has anyone (including family members or friends) ever attacked you with a gun, knife, or some other weapon, regardless of whether you ever reported it? Yes____ No____

9. At any time in your life, has anyone (including family or friends) ever attacked you without a weapon, but with intent to seriously injure or kill you? Yes____ No____

10. While growing up, were you physically hit and/or punished by someone older in a way that resulted in bruises, burns, cuts, or broken bones? Yes____ No____

11. Have you ever witnessed someone seriously injured or killed? Yes____ No____
If yes, what happened? _____

12. Have you ever experienced any other situation that was not already asked about which was extremely stressful or difficult? Yes____ No____
If yes, what happened? _____

13. Has a close friend or family member ever been intentionally killed or murdered? Yes____ No____
Relationship of the victim (s): _____

14. Has a close friend or family member ever been killed by a drunk driver? Yes____ No____
Relationship of the victim (s): _____

Smoking Cessation Initiative

Tobacco use, in all forms, is very common among the mentally ill population served by the OARS program. Despite all of the state institutions being “smoke-free”, participants may choose to resume their tobacco habits shortly after being in the community.

Smoking and tobacco use may negatively impact a person’s overall health as well as their finances. Therefore, OARS Case Managers are encouraged to proactively ask participants questions during the pre-release and post release phase about their intentions for use and offer assistance to those interested in quitting or abstaining.

Section 5.10 in this manual includes a Smoking Cessation Checklist, which is a tool designed to help prompt the conversation about smoking as well as the opportunity to discuss options for decreasing use and/or quitting. OARS Case Managers are encouraged to utilize this tool with OARS participants in the pre-release and/or post release phases. OARS Case Managers may connect interested participants with local resources and the “quit line” for free information and patches, gums, or other materials to assist them with their efforts to quit.

Smoking Cessation Data Collection Sheet

1. Do you currently smoke cigarettes (smoke on a daily basis or at least 5 cigarettes a week)?
if "no" go to #2, if "yes" go to #5
2. Have you ever smoked cigarettes. (If no, done. If yes, go to 3)
3. How long ago did you quit smoking cigarettes? _____ (years)
4. Did going into an institution that did not allow smoking cause you to choose to quit? (then done)
5. How old were you when you FIRST started smoking cigarettes on a regular basis? _____ (years)
6. For how many years have you smoked cigarettes? _____ (years)
7. In the past month (30 days), on how many of those days did you smoke at least one cigarette?
_____ days
8. On average, how soon after you wake up in the morning do you have your first cigarette?
 - Within 5 minutes
 - 6-30 minutes
 - 31-60 minutes
 - More than 60 minutes

(This question is taken from the Fagerstrom test for dependence and it is the single best item to measure dependence because people who are very dependent wake up in the morning in a state of withdrawal and smoke right away. Smokers who are less dependent do other stuff before they smoke and smoke after a greater delay.)

9. About how many cigarettes do you smoke each day?
 - 10 or less cigarettes (10 cigarettes is half a pack)
 - 11-20 cigarettes (20 cigarettes is a full pack)
 - 21-30 cigarettes
 - 31 or more cigarettes
10. Do you think you will try to quit smoking in the next 6 months?
 - I definitely will not try to quit smoking in the next 6 months.
 - I don't think I will try to quit smoking in the next 6 months.
 - I might try to quit smoking in the next 6 months.
 - I will probably try to quit smoking in the next 6 months.
 - I will definitely try to quit smoking in the next 6 months.

Program Records Distribution Process

During the enrollment process, The DHS OARS Program Specialists arrange for OARS participants to sign the DOC 1163, Authorization for Disclosure of Non-Health Confidential Information; and the DOC 1163A, Authorization for Disclosure of Protected Health Information (PHI); allowing the disclosure of their institution records to the designated OARS program case management agency. These authorizations are provided to the institution records department for processing, along with a cover letter outlining the records being requested. OARS case management providers will receive comprehensive record packets in the mail within approximately two weeks of participant enrollment.

Please see the WRC and DAI DOC 1163 cover letters, included in this section of the manual, for more details about the records that are released to the case management provider agency.

OARS case management agencies should contact the DHS OARS Program Specialists if they do not receive the records within a few weeks of enrollment.

Subsequent Institution Records Request Process:

WRC/WWRC: The OARS Case Manager sends an email to the Institution Social Worker, carbon copying (cc) the designated records department representative.

TCI: The OARS Case Manager submits requests for records in writing (or by email), to the Social Service Records Department for processing.

REECC: The OARS Case Manager submits requests for records in writing (or by email), to the Institution Social Worker.

OSCI and other DAI institutions: The OARS Case Manager submits requests for records in writing (or by email), to the Institution Social Worker.

Institution Participant Discharge Paperwork:

WRC: The Health Services Unit completes a comprehensive medical discharge packet within approximately one week of the inmate's discharge from the institution. The Institution Social Worker receives a copy and will provide it to the OARS Case Manager and Agent, most likely via email prior to release. The inmate also receives a copy, upon discharge from the institution.

Participants are released from WRC with copies of the Medical Discharge paperwork. OARS Case Managers are encouraged to review this packet with the participant during their first community contact.

WRC Release Transfer Summary (RTS):

OARS Case Managers may request a copy of the Release Transfer Summary (RTS) from the Institution Social Worker prior to the participant's release. This is a summary of the last institution team staffing that typically occurs approximately 30 days prior to release.

TCI, REECC, OSCI and other institutions within DAI: Participants releasing to the community are provided copies of their discharge medical paperwork, including prescription information. OARS Case Managers shall request copies of this information prior to the participant's release, and review this information with program participants during their first community contact.

Exchange of Records between OARS Team Members

The OARS Case Manager, Agent, and OARS Program Specialist may share all OARS program file, including institution records, without the need for a signed authorization. The OARS participant signs authorizations during the enrollment meeting allowing communication and records to be exchanged between the OARS case management agency and the institution. Since confidentiality concerns are properly addressed, the team is encouraged to share information as it is essential for collaborative planning related to treatment planning and supervision. In addition, the team members are encouraged to utilize electronic (email) sharing of records whenever possible.

OARS Case Manager

The OARS Case Manager provides the Agent copies of any requested institution records. This arrangement is in place to ease the burden of records requests for the releasing institution.

The OARS Case Manager provides the Institution Social Worker (as applicable), Agent, OARS Program Specialist and other team members (with a signed authorization allowing the disclosure of treatment records) the following:

- Pre-Release Assessment (see pre-release section of this manual for details)
- Finalized Individualized Case Plans (see ICP section of this manual for more details)
- Participant Program Discharge Summary (see Program Discharge section of this manual for more details)

Additional file paperwork may be distributed upon request from the OARS team members.

DCC Agent

The Agent provides the OARS Case Manager and DHS OARS Program Specialist (as applicable):

- Rules of Supervision

- Custody Paperwork
- Revocation Summaries
- Court paperwork
- COMPAS case plan
- Narrative summary from COMPAS assessment

DHS OARS Program Specialist

The DHS OARS Program Specialist will provide the Agent, Institution Social Worker, and OARS Case Manager the following:

- Signed informed consent upon enrollment
- Copy of the “welcome letter” sent to the participant shortly after enrollment
- New participant referral information and enrollment meeting notes

Institution Social Worker

The Institution Social Worker provides the OARS Case Manager the following:

- Completed participant University of Rhode Island Change Assessment (URICA) within 30 days of release.
- Medical and Psychiatric Discharge Paperwork (as applicable)

Releasing the Pre-Sentence Investigation

Institution professionals and the Agent may release the Pre-Sentence Investigation to the OARS case management agency and DHS Program Specialist (as applicable).

The below excerpt is from the DOC Supervision Chapter, 6.12.04

A PSI is considered property of the court, and other than DOC, can only be released to:

- Other agencies or persons with approval from the sentencing court
- Legal Assistance to Inmates Program (LAIP)
- The Attorney General’s Office, if acting as a representative for the Department
- Other state or federal prison authorities when an inmate is transferred to their custody
- Other state and federal probation and parole authorities when the supervision of an offender is transferred
- **Other agencies or persons for use related to correctional programming, parole consideration, care and treatment, or research per WI Stats. 972.15 (5). This includes any contracted agencies that provide programming to offenders.**

Any agency or person that receives a PSI under this section shall not further disclose its contents.

The “Re-Disclosure” of Institution Treatment Records & Other Records to Community Providers

The release of records generated by other agencies is sometimes referred to as re-disclosure. DHS contracted case management providers need to utilize a release of information to disclose confidential treatment information to community agencies. The origin of treatment records is not a prohibitive factor in the release of information to other provider agencies. As long as the Release of Information specifies exactly what records are to be released, to whom, and the participant consents to it, the release is valid.

However, a release is not necessary to share information received as part of the prison records to Department of Corrections Institution staff who have a need to know.

Scott Walker
Governor

Dennis G. Smith
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

1 WEST WILSON STREET
PO BOX 7851
MADISON WI 53707-7851

Telephone: 608-266-2717
FAX: 608-266-2579
TTY: 888-241-9432
dhs.wisconsin.gov

To: Designated Institution (EXAMPLE)

Inmate Name (Last, First, MI):

Date of Birth (Month, Day, Year):

DOC Number:

Date of Request:

The Opening Avenues to Reentry Success (OARS) program has enrolled the above-named inmate. Please see the attached signed authorization allowing the disclosure of the following health care records to the OARS contracted case management provider. Please remember to redact any victim sensitive information.

Social Service Confidential Folder:

- Most current Community Reintegration Offender Questionnaire DOC 2266
- Pre Sentence Investigation (if available)
- Most current AODA (Residential/Strength) Discharge Summary (if applicable)
- Strength Program Release and Relapse Prevention plan (Contact AODA treatment staff if applicable)
- Most current AODA (Residential/Strength) Evaluation documents (Contact AODA treatment staff if applicable)

Social Service File:

- Most recent Classification Review Summary (ICCR 204) and A&E (ICCR 200)
- Most recent six months conduct reports (DOC 9)
- Probation Social Investigation (DOC 179)
- Most current Judgment of Conviction (JOC)

Psychological Services File:

- Mental Health Screening Interview - TCI (DOC 3472(A))
- Most recent six months Psychological Services Clinical Contact (DOC 3473)
- Most current General Population Treatment Plan (DOC 3663)
- Most recent six months Psychological Services Report (DOC 223)
- Sex Offender Assessment Report - Initial and update assessment (as applicable)(DOC 1577)
- Most current MSMU Treatment Plan(DOC 3632)

Medical Chart in Health Services Unit:

- Initial Psychiatry Assessment and last six months of Psychiatric Reports (DOC-3496)
- Problem List (DOC-3020)
- Most recent six months Nursing Progress Note (DOC-3021)
- Medication Profile (DOC-3034)
- Discharge Medication Request (DOC-3397)

Records office: Please request the COMPAS narrative and bar chart from the inmate's Institution Social Worker. This should be included in the packet of information to the Community Case Management Agency.

If you have any questions, please contact DHS OARS Program Specialists_____.

Sincerely,

OARS Management Team

OARS Individualized Case Plan (ICP) and Scheduled Staffing Process

Pre-Release Phase:

Participant enrollment typically occurs approximately 6 months prior to the scheduled release date. The pre-release phase allows the OARS Team to conduct assessments, gather participant background information, and develop a therapeutic rapport with the participant. Utilizing motivational interviewing and person centered planning strategies, the OARS Team works together to engage the participant in the goal development and treatment planning process to gain the most out of the pre-release opportunities and to help them prepare for the post release phase.

The Initial Individualized Case Plan staffing occurs approximately 30 days pre-release. This staffing is coordinated by the OARS Case Manager and will include, at minimum, the Institution Social Worker, Agent, OARS Case Manager, and the participant.

The initial ICP includes goals identified by the participant, with some guidance and assistance from the OARS team. Team members share steps and responsibilities in helping participants achieve stated goals. The OARS Case Manager will draft the ICP, have it signed by the participant, and distribute copies among the team. The OARS Case Manager will supply the OARS Program Specialist with a final electronic copy of the ICP via email.

Post Release Case Review Process:

The Agent, OARS Case Manager and OARS Program Specialist meet via conference call monthly for the initial three months (minimum) after the participant's release to community supervision. The OARS Program Specialist takes the lead in scheduling these calls, which are tailored to include the review of the participant's community adjustment, progress and to allow time for team problem solving. These conference calls typically last 10-20 minutes unless there are significant concerns that need to be addressed by the team.

Post Release ICP Process:

The OARS Case Manager coordinates a community OARS team staffing approximately 30 days after release to review the goals identified in the pre-release phase and the participant's progress. Staffing participants include the Agent, OARS Case Manager, community providers (supportive housing staff, medication monitoring providers, therapists, county case managers, etc.), the participant, and participant's family/friends that have been identified as team members. The OARS Case Manager documents the participant's progress and changes to the goals and structured activities in the updated ICP document, has it signed by the OARS participant, and distributed amongst the team.

The frequency of the remaining community OARS team ICP staffings will be quarterly, or as deemed necessary by the OARS team, depending on the participant's needs, with guidance from the OARS Program Specialist. Factors considered will include:

- Participant's overall adjustment to community placement
- Participant's cooperation with treatment and programming
- Feedback from the team members

The OARS Case Manager facilitates the ICP staffing process throughout the participant's enrollment in the program. The OARS Case Manager is responsible for documenting the ICP staffing process using the OARS ICP template. The ICP documents should be completed, signed and then distributed to designated team members (including the participant) within two weeks after the ICP staffing has been conducted, so that all team members have access to the current case plan.

ICP Template Instructions

Goals: Goals are person-centered, understandable, measurable, and are to be written in the participant's own words after some guidance and coaching from the OARS Case Manager. In instances where the participant has significant difficulty articulating their goal, the OARS Team may assist and then note that after the stated goal.

Example: "I want to obtain part time employment" (staff assisted goal).

Example: "I want to successfully complete supervision so I can move to Kentucky to live closer to my family."

OARS Case Managers are to ask open questions to explore the identified goals areas, the participant's dedication to stated goal, and to help identify target behaviors. Examples include:

- How does your goal of _____ fit with _____ (closely held value or other important goals)?
- How does making this change fit in with your life?
- What are some good things about _____ (target behavior related to the goal area)?
- What are some not so good things about _____ (target behavior related to the goal area)?

Goal Type: The OARS Case Manager selects the goal type from the list provided in the drop down menu.

Date established: The date the goal was first established.

* **Confidence (Motivational Interviewing):** The OARS Case Manager asks the participant, "On a scale of 0 to 10, where 0 is not at all ready and 10 is very ready, how confident are you right now for making this change?"

* **Readiness (Motivational Interviewing):** The OARS Case Manager asks the participant, “On a scale of 0 to 10, where 0 is not at all ready and 10 is very ready, how ready are you right now to work on _____ (goal area)?”

* After asking the above questions, the OARS Case Manager asks open questions to learn more from the participant about where they are in terms of their readiness and confidence related to successfully achieving their goal. Suggested follow up questions include:

- Why are you at a _____ and not a zero?
- What would it take to go from a _____ to an 8 or 9?

Team Responsibilities: This section captures specific, time-limited, team steps and responsibilities to support the participant in making progress towards achieving the stated goal. This section includes the steps and responsibilities of the participant and other team members that are applicable to the specific review period. OARS Case Managers are encouraged to be person-centered and clear about the steps listed in this section. It helps to utilize bullet points so that all team members can clearly identify what the steps and responsibilities are during the review period.

Examples:

- Billy will meet with medication monitoring staff twice per day to take his medication as prescribed by his treating psychiatrist
- Dr. John will meet with Billy once per month to monitor mental health symptoms and the need for adjustments to his medication
- Dr. Gloria will meet with Billy once per week to discuss and develop coping strategies for managing his anxiety.

OARS Case Managers may ask open-ended questions related to target behaviors to solicit change talk. Some examples include:

- Why would you want to make this change? (Desire)
- How might you go about it in order to succeed? (Ability)
- What are the two or three best reasons to make this change? (Reasons)
- How important is it for you to make this change? (Need)
- What do you intend to do? (Commitment)
- What are you ready or willing to do? (Activation)
- What have you already done? (Taking steps)

Progress: This section provides a brief summary of the progress made during the current review period. Progress from previous ICP reviews can be deleted and replaced with the progress from the current review period. This section is written from the OARS team perspective; including input from the OARS participant. Please note there will likely not be progress to report on newly identified goals.

Example: Billy has been taking his medication as prescribed during this review period. He receives medication monitoring services once per day and has been cooperative during these meetings. Billy reports that he is learning more about the importance of taking his medication as prescribed because of the assistance provided by the medication monitoring staff. Billy had an appointment with his psychiatrist, Dr. John, on 12/1/2011. Billy reported that he was feeling stable on his current medication. Dr. John did not make any changes. Dr. Gloria reports Billy's individual weekly sessions are going well. She is working with Billy to develop a written plan of coping skills to help him manage his anxiety.

Next Steps: This section includes changes that are being made to the stated goal. These steps will be moved to the "team responsibilities" section during the next ICP staffing review period, unless the next step indicates the goal has been discontinued or successfully achieved, at which time the goal will move to the "past goals" section of the ICP template.

Example: Dr. John is going to start meeting with Billy once every two months starting in January 2012.

Example: Billy successfully completed his financial goal on 1/12/2012.

Structured Activities:

Best practices indicate healthy, structured activities improve the likelihood of successful outcomes for clients. Participants will be involved in structured activities consistent with their ability. It is recommended that participants initially released to the community engage in 10-20 hours of healthy, meaningful activity each week. The number of hours may increase as the participant progresses and positively adjusts to community living. Structured activities may include: treatment groups/activities, employment, education, physical fitness, hobbies, support groups, meetings with a peer support or mentor, etc.

OARS Case Managers choose from the drop down box provided and include a brief description of the type of activity. Example:

Type: Treatment

Brief Description: Appointments with his case manager, therapist, and medication monitoring staff

Hours per week: 7

SMART GOALS

OARS Case Managers are encouraged to consider the SMART goal philosophy when working with OAR participants to develop ICP', in an effort to help the goals be more specific, time limited, and measurable.

S: Specific

A specific goal answers these questions:

- Who is involved

- What do I want to accomplish
- Where/identify a location (when applicable)
- establish time frame
- Identify requirements and restraints

M: Measurable

Establish a time frame for measuring progress toward attaining the goal.

A: Attainable

Think about how likely it is to achieve the goal. Goals that are important to you, will cause you to enhance skills, abilities, and capacity to achieve.

R: Realistic

A goal that represents an objective that you are willing and able to work towards.

T: Timely

Setting a time frame for achievement is helpful to keeping on track with stated goal.

OARS Individualized Case Plan (ICP)

Name		DOC Number		Date of Birth	
Release Date from TCI/WRC	Maximum Release Date	Date of This ICP Staffing		Pre-Release ICP Staffing Date	

Staffing Attendees	
OARS Participant's Strengths	

Goal Type: (choose from drop-down)	“ ”	Date Established																							
How confident are you that you can achieve this goal? <i>0 = "not at all"</i> <i>5 = "somewhat"</i> <i>10 = "extremely"</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">0</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 5%; text-align: center;">2</td> <td style="width: 5%; text-align: center;">3</td> <td style="width: 5%; text-align: center;">4</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 5%; text-align: center;">6</td> <td style="width: 5%; text-align: center;">7</td> <td style="width: 5%; text-align: center;">8</td> <td style="width: 5%; text-align: center;">9</td> <td style="width: 5%; text-align: center;">10</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>												
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Team Responsibilities																									
Progress																									
Next Steps																									

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Team Responsibilities																									
Progress																									
Next Steps																									

Goal Type: (choose from drop-down)	“ ”	Date Established	
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OARS Individualized Case Plan (ICP)

How confident are you that you can achieve this goal? <i>0 = "not at all"</i> <i>5 = "somewhat"</i> <i>10 = "extremely"</i>	0	1	2	3	4	5	6	7	8	9	10
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Team Responsibilities											
Progress											
Next Steps											

Goal Type: (choose from drop-down)	“ ”							Date Established			
How confident are you that you can achieve this goal? <i>0 = "not at all"</i> <i>5 = "somewhat"</i> <i>10 = "extremely"</i>	0	1	2	3	4	5	6	7	8	9	10
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	<input type="checkbox"/>										
Team Responsibilities											
Progress											
Next Steps											

Structured Activities	Brief Description	Hours per Week (doing activity)
(choose from drop-down)		

OARS Individualized Case Plan (ICP)

<i>if “other,” type description here:</i>		
(choose from drop-down) <i>if “other,” type description here:</i>		
(choose from drop-down) <i>if “other,” type description here:</i>		
(choose from drop-down) <i>if “other,” type description here:</i>		
Total Number of Hours:		

Past Goals	Status	Date Established	Date Completed or Discontinued	Notes
“ ”	<input type="checkbox"/> Completed <input type="checkbox"/> Discontinued			
“ ”	<input type="checkbox"/> Completed <input type="checkbox"/> Discontinued			
“ ”	<input type="checkbox"/> Completed <input type="checkbox"/> Discontinued			
“ ”	<input type="checkbox"/> Completed <input type="checkbox"/> Discontinued			
“ ”	<input type="checkbox"/> Completed <input type="checkbox"/> Discontinued			
“ ”	<input type="checkbox"/> Completed <input type="checkbox"/> Discontinued			

My Support Network Contact Information:

(Choose from drop-down)		Phone Number	
(Choose from drop-down)		Phone Number	
(Choose from drop-down)		Phone Number	
(Choose from drop-down)		Phone Number	
(Choose from drop-down)		Phone Number	

Case Manager Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Confidentiality Statement: This document contains confidential information relating to the mental health diagnosis and treatment of a person receiving services from the Wisconsin Department of Health Services (DHS). It is protected information pursuant to §51.30, Wis. Stats., and DHS 92, Wis. Administrative Code, and the federal HIPAA laws. Distribution is limited to those who have statutory access or who are ordered by a court to have access. The use and further disclosure of this information by the recipient must be consistent with the applicable laws and regulations. If you received this document in error, please notify the sender; destroy the document or delete the email; and do not use, disclose or store the information it contains. This document and any attachments are intended only for use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, copying, or dissemination or distribution of the contents other than to the addressee of the communication is strictly prohibited. If you received this communication in error, notify us immediately.

THE STAGES OF CHANGE

OARS Program

<p>Pre-contemplation- <i>individual does not recognize there is a problem</i></p> 	<p style="text-align: center;">Problem? What Problem?</p> <hr/> <p style="text-align: center;">SOME THOUGHTS THAT REFLECT PRE-CONTEMPLATION:</p> <ul style="list-style-type: none"> • “No, smoking pot when I am not allowed to while on supervision has nothing to do with being placed in jail again” • “No, not taking my meds has nothing to do with the fight I got in yesterday” • “My crime was really just a misunderstanding”
<p>Contemplation- <i>individual admits that there is a problem but is relatively certain it does not have too much to do with him/her.</i></p> 	<p style="text-align: center;">There’s a problem alright, but I don’t think it is me</p> <hr/> <p style="text-align: center;">SOME THOUGHTS THAT REFLECT CONTEMPLATION:</p> <ul style="list-style-type: none"> • “Yes, being in jail is a problem but I wouldn’t be here if she would’ve done what I said...then I wouldn’t have to hurt her” • “If that guy would “respect” me then I would not have to hit him” • “If they would not talk to me like that I wouldn’t have to curse them out”
<p>Preparation- <i>Individual admits that there is a problem and would like to do something about it. They begin to think of alternatives to their current behavior.</i></p> 	<p style="text-align: center;">Yes, there is a problem and I want to do something about it but am not sure how?</p> <hr/> <p style="text-align: center;">SOME THOUGHTS THAT REFLECT PREPARATION:</p> <ul style="list-style-type: none"> • “I hate being in jail but I seem to always come back. I don’t know what I gotta do to stay out” • “I’m tired of having no money but I don’t know how to quit doing drugs” • “I am so tired of going off my meds and then feeling sad and scared all the time, but how do I change?” • “I know that I’m angry a lot, but I’m not sure how to change that”

THE STAGES OF CHANGE

OARS Program

<p><u>Action</u>- <i>individual admits and recognizes that there is a problem, has thought about it and begins to take action to change it</i></p> 	<p>I got a problem, I'm getting help, & I'm doing the work.</p> <p>SOME THOUGHTS THAT REFLECT ACTION:</p> <ul style="list-style-type: none"> • "I asked my case manager to help because I didn't know where to go to get my social security benefits" • "I wrote these two places looking for housing" • "I am attending my anger management group and doing the homework"
<p><u>Maintenance</u>- <i>Individual has been practicing new behavior for quite sometime & in recovery from that behavior (in the recovery world it is a year or more)</i></p> 	<p>I had a problem, I got help, & I'm much better today.</p> <p>SOME THOUGHTS THAT REFLECT MAINTENANCE:</p> <ul style="list-style-type: none"> • "I am not worried about why he is acting that way, it is not my problem" • "I am so grateful I don't get high anymore and I have more money" • "I am glad I trust my doctor and friends. I have had some struggles but I let them help, I do what I can, and I have not been in trouble for a whole year."

Post Release Phase

The OARS program post release phase may last for up to two years from the date the participant's release from the institution. The Agent and OARS Case Manager remain in frequent contact throughout this phase, to monitor the safety, stability, and reintegration of the individual. The OARS Program Specialist, Case Management Supervisor, and Agent Supervisor will be informed of significant updates, and may be consulted as necessary. The OARS Case Manager and Agent are encouraged to regularly enlarge the scope of the multidisciplinary team, such as including community treatment providers, friends or family members, or other significant individuals.

One of the main roles of the OARS team is to ensure community safety through seamless communication and planning by proactively positioning the team to prevent new crimes. The focus of case planning should also be to orient the individual towards psychiatric stability, promote decisions to enhance their mental health and their recovery from addiction, and to improve their overall well-being. This process will involve creative, individualized, intensive case planning to provide a high level of monitoring and treatment immediately following release to the community. Participants with histories of alcohol or drug use may be monitored through frequent and random urinalysis, breathalyzers, and the use of daily testing equipment (SCRAM). As the participant positively adjusts to the community, the level of monitoring and services may gradually decrease in intensity.

The OARS Case Managers will work with OARS participants to develop individualized safety/crisis support plans to include contact information for individuals who can assist with managing and de-escalating situations. In addition, information about triggers, warning signs, and coping strategies will be included. Individualized safety/crisis plans will be routinely updated and shared with team members.

Following release from the institution, it is expected that the OARS Case Manager has contact with the participant multiple times a week. As the participant positively adjusts to community living over the following few months, the OARS Case Manager is encouraged to thoughtfully and gradually scale back the frequency of contacts, while remaining available for guidance and support, with feedback and support from the OARS core team. At the point in which a participant is getting ready for successful program discharge, the OARS Case Manager shall be seeing the participant approximately once every month, in conjunction with the support services that will continue following the participant's discharge from the program.

The Division of Community Corrections (DCC) utilizes a level system for the frequency of offender and collateral contacts. Such levels include:

- Enhanced (formerly known as high risk) Supervision: weekly contacts

- Maximum: twice monthly
- Medium: once monthly
- Minimum: Approximately once every three months

Due to the acuity and high risk nature of the OARS population, Agents are encouraged to supervise participants at enhanced supervision for a minimum of 60 days immediately following release from the institution, with flexibility based on the participant's individual needs. Agents will decrease the frequency of participant contacts based on their positive adjustment to the community. Agents should contact the OARS Program Specialist prior to considering participants for minimum supervision.

The gradual transition to independence and eventual successful discharge from the OARS program is also a priority in the post release phase. The team may utilize a variety of approaches to enhance the successful transition of the individual. Assistance with employment, education, benefits, and the cultivation of a natural support system may all be included to bolster this transition. Aligning county based systems of support is also very important for the long term stability and well being of the participant.

Budgeting and Money Management

Financial decision making and money management are key factors for the long term success of the participant. If benefits are not able to be obtained or are not adequate to support the person, attention should be directed to obtaining part time employment and other resources to maintain stable housing and treatment services.

The OARS program will provide and fund (if alternative funding is not available) many resources for the individual upon release. Examples include:

- Housing and associated necessary utilities
- Treatment Programs addressing individual needs, such as mental health, sex offender, eating disorders, substance use, criminal thinking, and trauma
- Prescribed mental health medications (medical medications with approval from the DHS Specialist)
- Stipends for food, clothing and other basic needs
- Transportation
- Educational, Vocational, and Recreational Programming

Payment for resources and other items will be reviewed by the internal provider agency procedure process.

The ultimate goal of assisting participants to work towards independence should always be considered.

OARS Case Management agencies may provide assistance with housing by providing a security deposit and paying rent. Leases, energy bills, and phone bills should be in the participant's name. If past debts exist that make obtaining housing difficult, the OARS Case Manager will work with the participant and the energy/phone company to develop a payment plan. Ordinarily, program funds are not to be used to pay past debts, but rather to assist the person to pay for current living expenses. If the OARS Case Manager has significant difficulties coordinating services, they should contact the DHS OARS Program Specialist.

If a land-line phone service is required to allow for electronic monitoring, or if a phone is necessary for other purposes, the OARS Case Manager may assist in paying for that service. The OARS Case Manager must make arrangements with the phone company to restrict unauthorized changes to the account and only allow local calls and the minimum service plan. The participant should also be made aware that the bill will be in their name, and only local calls are approved unless they have prior approval from the OARS Case Manager and Agent, and they are prepared to pay for additional charges.

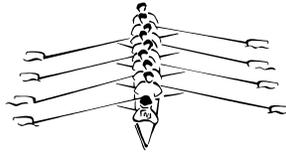
Case Manager Responsibilities

The OARS Case Manager shall have frequent discussions with the participant about their personal needs, desires, and financial priorities. Discussion and review of the participant's income and expenses should occur so that a safe and legal plan can be made to cover their basic needs, and to help them stay motivated to achieve their goals. Once an income source has been established, the OARS Case Manager will work directly with the participant to develop and maintain a monthly budget. A copy of the budget will be provided to the participant and included in the OARS Case Manager file. It is recommended that the monthly budget is updated and reviewed quarterly, or as deemed appropriate based on changes in income and expenses. Team members may also receive a copy of the budget upon request.

Money matters are a sensitive topic for many participants, particularly when living on a limited income. The fundamental right to manage your own money and prioritize expenses should be acknowledged. The primary role of the case manager is to provide support, guidance, build insight, and help the participant to make informed choices.

For individual who are tobacco users and are not able to pay for their basic needs, smoking cessation programs and medications are also to be encouraged and supported. OARS Case Managers are recommended to assist participants with accessing local resources to obtain medications, food, clothing, and support groups. As participants progress in the post release phase of the OARS program, the OARS case manager will work with the participants to promote self-sufficiency.

Prior to planning for discharge, the participant should demonstrate they can maintain necessary services without the financial support of the program and that they are living within their budget.

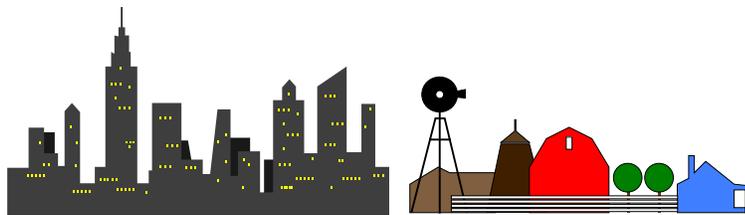


Worksheet for Residential Placement Reviews

Date of Review:	
Participant Name:	
Case Manager:	

Type of Placement:	CBRF	AFH	Supported Apartment
Facility Name:			
Date of Admission:			
Reason for Admission: <small>What are the reasons and goals identified for the participant's initial placement?</small>			
Summary regarding current status/Reason for continued placement: <small>A brief overview of how the participant has been doing within this placement. What progress has been made during the past month?</small>			
Placement Goals: <small>What are the specific, time-limited and measurable goals identified that need to be achieved prior to moving the participant to a lesser restrictive setting?</small>			
Target Behavioral Changes needed to achieve discharge: <small>What are the reasonable target behavior changes that need to occur prior to discharging from this placement?</small>			
Target Date of Discharge: <small>When do we plan to have the participant transitioning from this placement?</small>			
Next Placement Review Date: <small>Monthly reviews</small>			

WORKING WITH FORENSIC OFFENDERS IN THE COMMUNITY



SOME SUGGESTIONS FOR MAINTAINING STAFF SAFETY

**Wisconsin Department of Health Services
Community Forensic Services Program**

OPENING AVENUES TO RE-ENTRY SUCCESS (OARS) CASE MANAGER SAFETY TRAINING

Welcome to the OARS Program, a partnership between the Department of Corrections and Department of Health Services to reduce recidivism rates of inmates with mental health disorders re-entering our communities from the state prison system.

The safety of staff, offenders and the community is the primary mission of the OARS program. This population is one of the most challenging groups one can work with in the criminal justice field. The majority of our offenders are convicted for assaultive felonies. The combination of major mental illness, chemical dependency, deficits in education, financial resources and social support are common issues for these offenders. The potential volatility that these factors can contribute to criminal activity are without parallel with any other single group.

At the core of the OARS program success is the operational concept of working as a member of a cohesive treatment team. The offender is a participating member of the team. The offender's progress in the community is monitored by and issues are addressed through the coordinated expertise and resources of the team members. These members may include prison staff, the DHS Forensic Specialist, the supervising Division of Community Corrections Agent, community treatment providers and the assigned Case Manager. By providing the offender with consistent and sound case management responses, treatment success and community safety are maximized.

The suggestions listed here for maintaining staff safety are just that, suggestions. **They will not guarantee your safety.** They are intended to provide a framework for considering a number of factors, which potentially could impact upon your safety in the office and field. Specific case knowledge of your offenders, awareness of basic safety issues, vigilance in attending to these factors and above all, sound decision making on your part, offer the greatest potential to enhance your safety.

Again, we welcome you as a valued member of the OARS Program treatment team. We trust that your involvement with this dynamic program will prove to be both personally and professionally rewarding to you.

KNOWING THE OFFENDER - RELATIONSHIP SECURITY

One of your best safety precautions is to be as thoroughly knowledgeable about the offender as possible. At a minimum, the case manager should obtain and review the following documents as soon as possible.

Sources of offender information:

- Committing offense.
- Criminal complaint.
- Psychiatric evaluations.
- Crime Information Bureau report (CIB).
- Hospitalization records.
- Documented historical “red flags” of offender aggression and decompensation.
- Offender self report of aggression and decompensation triggers
- Family member reports of offender aggression and decompensation triggers.

Dynamic Security: the best security, dynamic security, lies in maintaining a positive relationship with the offender. Good trusted communication between the staff and offender is the best preventive measure. However: if an offender is under the influence of alcohol other drugs or is psychiatrically unstable – all bets are off – **do not** rely on the concept of dynamic security to provide you with any margin of personal safety.

Situations leading to increased aggression.

- Violations / custody's / potential revocation situations.
- AODA
- Psychosis / psychiatric decompensation.
- Situational stress.
- Recent failures / disappointments (relationships, employment, family issues).
- Anger / resentment toward legal status, case manager, agent.

Causes that may lead to a decline in offender investment to follow treatment plan.

- Losses – family, friends.
- Medication changes,
- Family interactions.

SAFETY TIP: MAKE YOUR INITIAL CONTACT WITH A NEW OFFENDER IN THE COMMUNITY AT YOUR OFFICE. CONSIDER REQUESTING THAT THE ASSIGNED AGENT ACCOMPANY YOU ON YOUR FIRST HOME VISIT.

OFFICE SAFETY

- General office layout.
- Location of facility exits.
- Access to securable rooms.
- Location of other office telephones you can access.
- Presence or lack of other office staff.
- Programmed emergency numbers.
- Code words or phrases for staff to call police in emergencies.
- Location of your office exits.
- Arrangement of furniture for space between you and client.
- Ability for you to exit your office.
- Presence of and location of potential weapons (e.g., lamps, computers, nameplates, staplers, tape dispensers, scissors, letter openers, excess pens and pencils, throw able chairs, other heavy objects.)

SAFETY TIP: NEVER PREVENT AN OFFENDER FROM LEAVING YOUR OFFICE.

FIELD SAFETY – SITUATIONAL AWARENESS

Assessing the area around the offenders residence

- Assess the environment around the offender's residence before entering. Drive around the block; is it an area where open-air drug transactions occur? Is it an area of active gang activity? Watch for gang-related graffiti. Look for individuals hanging out on porches or steps in the neighborhood. Look for solitary children watching the area (possible lookouts for drug houses). Listen to what your "gut level" comfort is telling you.
- If the residence is set back from the street or in a rural area, be more cautious and aware of activity around you.
- Try to stay clear of bushes or structures that could conceal an individual.
- Attempt to park your car as close to the residence as possible.
- Avoid parking your car close to visual obstructions such as larger vehicles, dumpsters or other objects which prevent you from scanning the area around your car.
- Try to schedule home visits in the morning when there is less general activity in the neighborhood. Avoid Friday afternoons when early weekend party goers may be present.
- Determine how much time you will spend on a home visit. Avoid leaving a residence in the dark.
- Be aware of the presence and quality of the lighting where the home is and where your car is parked.

- Make staff aware of your schedule and expected time of return to the office or make some other arrangement to notify staff when your field operations have concluded for the day.
- Have your cell phone preprogrammed to 911.

SAFETY TIP: TRUST YOUR INSTINCTS, IF IT DOESN'T FEEL RIGHT, LEAVE THE AREA. YOU CAN ALWAYS RESCHEDULE.

Assessing the building in which the offender resides.

- Where in the building, exactly is the offender located, which apartment, which floor.
- What is the quality of lighting in the entranceway and hallways?
- Are other tenants hanging out in the hallways, is a party going on? Are other tenant's doors open? **Leave immediately if you are uncomfortable within the building.**

Assessing the offender and residence before you enter.

- Is the offender appropriately dressed?
- Did s/he remember you were coming?
- Take a moment to evaluate the offender's demeanor.
- Try to be aware of any sights or smells that might indicate the offender has been using alcohol or other drugs
- Ask the offender who is present in the residence and what their relationship is to the offender.

If you are uncomfortable with any aspect, which can not be remedied quickly (such as having the offenders friend(s) leave), have the offender contact you later that day for a new appointment. Be clear and direct with the offender as to your expectations of the offender and the residence when you schedule an appointment.

Assessing the offender's residence after you enter.

- Attempt to always keep the offender in front of you and within your visual field, avoid allowing them to follow behind you.
- Keep at least an arms length distance between you and the offender at all times.
- Note the locking system on the entrance door. Is it locked now? Would you be able to exit quickly? Can others enter during your home visit?

- Be respectful of the offender's residence. However, if the television or radio is at a noise level that makes interviewing difficult, ask them to lower the volume or turn it off.
- On your first home visit, request a short tour of the residence. Note exits; using the *Structured Scanning* technique, visually scan each area from ceiling to floor. Be aware of any alcohol, drugs or drug paraphernalia, magazines, posters, or books of a disturbing nature (e.g., High Times; Soldier of Fortune; How to Build a Bomb, etc.). Note any real or potential weapons (e.g., rifles, handguns, baseball bats, knives, etc.) which are out in the open.
- Don't get into a power struggle or agitated argument with the offender on his or her own turf. Hot topic issues should initially be addressed at your office.
- Avoid unscheduled home visits without another staff person, agent or law enforcement personnel accompanying you.

Case Manager attire / preparation for home visits.

- Wear clothing that allows you to move freely, shoes you can run in.
- If you are going to wear a tie, use a clip on type that will easily come off if pulled.
- If you are wearing an identification badge on a lanyard, make sure that it has at least two (2) break away connections. Lanyards could be used as a garrote, noose or leash.
- Take only what is necessary. Do not carry purses, bags, or shoulder strap type accessories. Avoid note taking during the interview.
- While walking, always try to keep your hands free.
- Tie up long hair.
- Avoid using your personal vehicle, if possible. License plates are relatively easy to trace to home addresses. Make sure you lock your car.
- When leaving or returning to your car, be alert to your surroundings; watch out for individuals approaching you. As you near your car, watch for any individual who may be hiding behind or near your car. Have your car keys in your hand; lock your doors immediately upon entering your car.
- Consider obtaining an unlisted phone number or at a minimum, do not list your home address.

SAFETY TIP: DISCIPLINE YOURSELF TO REMAIN IN A HEIGHTENED STATE OF ALERT (NOT ALARM) AND AWARENESS DURING HOME VISITS.

USE THE TECHNIQUE KNOWN AS STRUCTURED SCANNING WHERE YOU VISUALLY SCAN INDIVIDUALS TOP TO BOTTOM.

PAY ATTENTION TO WHERE THEIR HANDS ARE AND WHAT THEY ARE HOLDING.

DISPLAY A STRONG SENSE OF AWARENESS OF YOUR SURROUNDINGS – BY LOOKING AROUND, YOU SEND THE MESSAGE TO POTENTIAL ATTACKERS THAT YOU WOULD NOT BE AN EASY VICTIM TO OVERPOWER

INTENTIONALLY FOCUS ON AS MANY OF THE ABOVE DESCRIBED SAFETY POINTS AS YOU CAN. PRACTICE THIS ON EACH AND EVERY HOME VISIT UNTIL THEY COME TO YOU NATURALLY, MUCH LIKE DEFENSIVE DRIVING.

CALLING 911

- Get to a safe location before calling, if possible.
- Tell the 911 operator exactly where you are located. Be as specific as possible for example; provide the address and room number; or a compass reference; “I am on the northeast corner of 1st and Vine Streets”.
- Stay calm – take a deep breath.
- Allow the 911 operator to lead the conversation.
- Answer all the operator’s questions.
- Follow all of the operator’s directions.
- Meet the responders when they arrive; direct them to the emergency.

Always carry your identification with you. Carry a card which lists any medications you take, chronic health conditions, blood type, etc.

Occasionally 911 calls will ring multiple times before the operator is able to answer – DO NOT hang up, wait for them to answer.

SAFETY TIP: NOT ALL CELL PHONES HAVE GPS CAPABILITY. PROVIDING THE 911 OPERATOR WITH YOUR EXACT LOCATION IS CRITICAL TO A TIMELY EMERGENCY RESPONSE.

WHEN IN DOUBT, CALL 911.

**Department of Health Services
OARS Program Contracted Provider
File Monitoring System**

The DHS OARS Program Specialists will visit each contracted case management agency annually to review random OARS program participant case files. This review is to ensure the required documents are contained in the file and to provide support and direction to the service delivery system. In addition, the DHS OARS Program Specialists will review the contracted provider's work quality, related to the best practices and evidence based approaches that the OARS program has adopted. These include:

- Motivational Interviewing
- Person Centered Planning
- Strength-Based Approach
- Trauma Informed Care
- Smoking Cessation
- Dual Diagnosis Treatment
- Utilizing Certified Peer Specialists/Mentors
- Incorporating healthy, meaningful structured activities
- Medication Compliance
- Assertive Community Treatment (ACT)

The above practices will be measured in the review of the Individualized Case Plans, use of the program assessment tools, and case file notes.

The results of the file reviews will be provided to the contracted case management agency and will be kept in the DHS OARS Program Specialists file.

Department of Health Services OARS Program
Provider File Monitoring Tool

Participant Name/DOC Number:		Date Enrolled:
Case Manager:		Institution Release Date:
Date of File Review:		Reviewer:
File Requirements Checklist	Completed/In File	Notes/Feedback
Referral and Enrollment		
Face Sheet/Service Plan Sheet		
Signed Informed Consent (up to date)		
Enrollment meeting notes from DHS Specialist		
Program "Welcome Letter"		
Institution Pre-Release Treatment Records		
Institution Discharge Paperwork		
Participant Rights Acknowledgment of Receipt		
Legal Information		
Signed Rules of Supervision		
Criminal Complaint		
CCAP Reports/Legal History (JOC, C-15)		
CIB Report		
Pre-Sentence Investigation (if one has been completed)		
Custody Paperwork/Revocation Summaries (if they have been completed)		
Case Planning		
CM pre- release assessment and identification of risk factors and clinical needs		

Department of Health Services OARS Program
Provider File Monitoring Tool

Referral and Enrollment		
URICA (pre release, one month post release, six month post release)		
Pre-Release ICP		
Subsequent ICP's (30 days post; quarterly)		
ICP's address risk factors and clinical needs		
ICP's person centered; measurable goals and responsibilities		
Individualized Crisis Support Plan (ex: AWARE Plan)		
High Cost Placement Justification Forms (as applicable)		
COMPAS Risk Assessment, Bar Chart, and Case Plans from DCC		
ACE and TAAR		
Suicide Risk Assessments		
Other:		
Financial		
DOES Benefit Specialist Collateral Contacts		
Financial and Insurance Benefit Information		
Participant Budget (s)		
Sub-Contracted services costs/arrangements		
Representative Payee Information (if applicable)		

Department of Health Services OARS Program
Provider File Monitoring Tool

Referral and Enrollment		
Participant bills, restitution, court fees, etc. (if applicable)		
Collateral Information		
Community Subcontracted Provider Records		
Medication Lists (institution and current)		
Signed Authorizations for Community Providers		
Other:		
Case Notes: Participant and Collateral Contact Notes		
General Comments/Feedback (case plan documentation consistent with MI and PCP principles?):		

OARS Program Specialist Signature/Date:

OARS Participant Rights and Access to the Grievance Procedure

Pre-Release Phase:

During the pre-release phase, OARS participants have patient rights established by Sec. 51.61, Wisconsin State Statutes, within the context of their involvement with contracted case management staff and OARS related treatment planning. If a conflict or complaints arise, the individual does have the right to file a formal grievance under DHS 94, Wis. Admin. Code, though the informal resolution of their concern is encouraged.

Other pre-release issues that arise related to their conditions of confinement or their interface with DOC staff should be directed to the Inmate Complaint Examiner at the institution where the individual is confined.

Post-Release Phase:

Following the person's release, the OARS Case Manager will provide the person with a new copy of the OARS Informed Consent to sign. This may occur the day of release, or within the first 30 days after release. At that time, it is important to emphasize both the benefits and the responsibilities of participating in the OARS program, and to take time to answer any questions the person may have.

The OARS Case Manager will also meet with the participant to review the Participant Rights and Grievance Procedure Notification that is enclosed in this section. This may also occur the day of release, or within 30 days of the participant's release to the community. The OARS Case Manager has each participant sign a "Document of Receipt", a form developed by the DHS contracted case management agency.

In addition, DHS contracted case management agencies are responsible for developing their own system for tracking informed consents, the annual notification of rights, and participant grievances. Both the documents (the informed consent and the notification of rights) need to be reviewed and signed annually.

Overall, the application of individual rights should be an ongoing conversation with the person. Each person has the right to ongoing participation in the development of their treatment plan, and it is important to acknowledge with them that some aspects of their plan are negotiable, and some may not be due to their legal status on community supervision. Agents are expected to take the lead related to their Rules of Supervision, while Case Managers are expected to discuss the individualized application of their rights in treatment planning and making the transition back to the community successful.

OARS Program Grievance Resolution Procedure Staff Guidance Outline

The Grievance Resolution Procedure has four levels of appeal, as outlined in HFS 94, Subchapter III, Wis. Admin. Code. Grievances may be discussed informally with the client's consent, or handled formally. Formal grievances should be submitted in writing, but do not need to be on a specific form.

Grievances specific to treatment activities, occupational therapy or residential issues should be directed to that agency's client rights specialist, and undergo program level review at the provider level there.

This outline clarifies the stages and timeframes for the process in the OARS Program.

- I. Client expresses concern to case manager, agent, or other staff
- II. Re-notify client of right to file a formal grievance under HFS 94
 - A. Client may informally discuss the issue or file a written grievance
 - B. Written grievances should specify the issue, the requested resolution, and any relevant facts
 - C. Each written grievances should involve one issue
- III. Formal grievances should be submitted to the Program Director for program level review, or the service provider relevant to the issue, as appropriate
- IV. Program Directors should issue a written response within 30 days
- V. Client may appeal decision to OARS Program Specialist within 14 days
- VI. OARS Program Specialist should issue written decision within 30 days
- VII. Client may appeal decision to State Grievance Examiner within 14 days
- VIII. State Grievance Examiner should issue written decision within 30 days
- IX. Client may appeal decision to the Administrator of the Division of Mental Health and Substance Abuse Services

For procedural questions about the process, please contact the State Grievance Examiner.

DHS State Grievance Examiner
Client Rights Office
Division of Mental Health and Substance Abuse Services
1 W. Wilson St., Room 850
Madison, WI 53703-7851
(608) 266-9369

OARS Participant Rights and the Grievance Procedure

Participant Handout

DUE PROCESS RIGHTS

As a participant in the OARS Program, you have the following rights under Wisconsin Statute § 51.61(1) and Wisconsin Administrative Code DHS 94. **These rights only apply to the case management services and treatment planning services you receive through the OARS Program.**

Your Rules of Supervision may limit your access to some of these rights. If you would like to file a complaint about your agent or your rules of supervision, please talk to your agent about your concerns or utilize the Division of Community Corrections Administrative Review Process.

If you have a concern or a complaint about some **other treatment services** you receive, please raise that concern directly with that treatment program.

Your participation in the wrap-around services provided by the OARS program requires that you **work with your case manager and your agent**. If you have any concerns about how your participation in OARS may impact the rights listed below, please ask your case manager for clarification.

PERSONAL RIGHTS

- You must be treated with **dignity and respect**, free from any verbal, physical, emotional or sexual abuse.
- You have the right to have program staff make **fair and reasonable decisions** about your treatment and care.
- You may **not be treated unfairly** because of your race, national origin, sex, age, religion, disability or sexual orientation.
- You may **make your own decisions** about things like getting married, or writing a will, if you have not been found legally incompetent.
- You may **use your own money** as you choose; however, you will be expected to take responsibility for any court costs, restitution, supervision fees, or other court ordered obligations. You will also need to inform your case manager of all sources of income you have and work with the case manager to build a budget. The budget you create will help you maintain your housing, pay for medications, costs of care, as well as other financial obligations.
- You may not be **filmed, taped or photographed** in a treatment setting or facility unless you agree to it.

TREATMENT AND RELATED RIGHTS

- You must be provided with **prompt and adequate treatment**, rehabilitation and educational services that are appropriate for you.
- You must be allowed to **participate in the planning** of your **treatment and care**. This right is ongoing during your involvement in the OARS program.
- You must be **informed of your treatment and care**, including alternatives to and possible side effects of treatment, including medications.
- Treatment or medication may be given to you with your **written, informed consent**, unless **a court orders it**. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
- You will be provided **individualized services**, such as medication monitoring, if your OARS Team determines it is necessary.
- You may **not be given unnecessary or excessive medication**.
- You may **not be subject to electro-convulsive therapy** or any **drastic treatment** measures such as psychosurgery or experimental research without your written informed consent.
- You must be **informed** in writing of any **costs of your care** and treatment for which you may have to pay.

RECORD PRIVACY AND ACCESS

Under Wisconsin Statute sec. 51.30 and DHS 92, Wis. Administrative Code:

- Your **treatment information** must be **kept private** (confidential), unless the law permits disclosure.
- Your **records may not be released** without your consent, unless the law specifically allows for it.
- You **may ask to see your records**. You must be shown any records about your physical health or medications. Program staff may, if they have cause, limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- **After discharge**, you may **see your entire treatment record** if you ask to do so.
- If you believe **something in your records is wrong**, you **may challenge its accuracy**. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.

- A copy of sec. 51.30, Wis. Stats., and/or DHS 92, Wis. Administrative Code, is available upon request.

GRIEVANCE PROCEDURES AND RIGHT OF ACCESS TO COURTS

- If you feel your rights have been violated, you **may file a grievance**.
- You may **not be threatened or penalized** in any way for presenting your concerns.
- If you believe your rights have been violated, you may informally discuss your concerns with staff, file a grievance or **take the matter to the court** that sentenced you or a county court in the county you reside in to sue for damages or other court relief.

GRIEVANCE RESOLUTION PROCESSES

Informal Discussion (Optional)

- You are **encouraged to first talk** with your **Agent** or **Case Manager** about any concerns you have. However, you do not have to do this before filing a formal grievance.
- If you want to **file a formal grievance**, you should do so **within 45 days** of the time you become aware of the problem. For good cause, you may be granted an extension beyond the 45-day time limit.

THREE AVENUES FOR COMPLAINTS

There are **three different processes** for a complaint to be addressed, **depending on the type of complaint** you have.

1. If you live in a **group residential facility**, you have **additional rights** related to living in an inpatient setting. You should be informed of those rights on admission to the facility. If you have a complaint about your living conditions in that facility, you should **file it** in writing **directly with the facility**. The process for addressing any complaints like that will be explained to you.
2. If you have a complaint about the **rules of supervision** of your release, you should file it in writing with your **Community Corrections Agent**. The process for addressing any complaints through the Administrative Review Process will be explained to you by your Agent.
3. If you have a complaint about your case manager or your **Individualized Case Plan (ICP)**, you should file your complaint with the contracted case management agency's **Program Director**. The following procedure applies to any complaints about your ICP:

Grievance Investigation--Formal Inquiry

- The contracted case management agency's Program Director will investigate your grievance and attempt to resolve the issues you raise.
- Unless the grievance is resolved informally, the Program Director will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
- If you agree with the Program Director's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
- You may file as many grievances as you want. However, the Program Director will usually only work on one at a time. The Program Director may ask you to rank your complaints in order of importance.

OARS Program Review

- If you disagree with the outcome of your complaint in the Program Director's report, you may ask the Program Director to forward your grievance to the OARS Program Specialist, or you may send it yourself.
- The OARS Program Specialist must issue his or her written decision within 30 days after you request this appeal.

State Grievance Examiner

- If you are dissatisfied with the OARS Program Specialist's decision, you may appeal it to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level.
- You may ask the OARS Program Specialist to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is: State Grievance Examiner, P.O. Box 7851, Madison, WI 53707-7851.

Final State Review

- Any party to the grievance has 14 days from receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division which operates the OARS Program. Send your request to the Division Administrator, P.O. Box 7851, Madison, WI 53707-7851.

You may talk with your Agent or Case Manager or contact the OARS Program Specialist if you would like to file a grievance or learn more about the OARS grievance procedure.

RULES OF COMMUNITY SUPERVISION

OFFENDER NAME

DOC NUMBER

Notice: If you are on parole and sentenced for crimes committed on or after June 1, 1984, or have chosen to have the new Good Time Law apply to your case and you violate these rules, the highest possible parole violator sentence will be the total sentence less time already served in prison or jail in connection with the offense.

As established by Administrative Rule DOC 328.11, you have an opportunity for administrative review of certain types of decision through the offender complaint process.

The following rules are in addition to any court-ordered conditions. Your probation, parole, or extended supervision may be revoked if you do not comply with any of your court-ordered conditions or if you violate any of the following rules.

1. You shall avoid all conduct which is in violation of federal or state statute, municipal or county ordinances, tribal law or which is not in the best interest of the public welfare or your rehabilitation. Some rules listed below are covered under this rule as conduct contrary to law and are listed for particular attention.
2. You shall report all arrests or police contact to your agent within 72 hours.
3. You shall make every effort to accept the opportunities and counseling offered by supervision.

The confidentiality of drug, mental health, and alcohol treatment records is protected by Federal and/or state laws and regulations. Generally programs you are involved in may not say to a person outside the Department of Corrections that an offender is attending the program, or disclose any information identifying him/her as a drug/alcohol abuser unless: 1) You consent in writing; or 2) The disclosure is allowed by a court order; or 3) The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit, or program evaluation; or 4) You commit or threaten to commit a crime either at the program or against any person who works for the program. Programs that contract with the Wisconsin Department of Corrections can release information to Wisconsin Department of Corrections staff.

Violation of the Federal law and regulations by a program is a crime. These regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate authorities.

Refusal to sign the consent for releasing information, including placement for treatment, shall be considered a refusal of the program.
4. You shall inform your agent of your whereabouts and activities as he/she directs.
5. You shall submit a written report monthly and any other such relevant information as directed by your agent.
6. You shall make yourself available for searches or tests ordered by your agent including but not limited to urinalysis, breathalyzer, DNA collection and blood samples or search of residence or any property under your control.
7. You shall not change residence or employment unless you get approval in advance from your agent, or in the case of emergency, notify your agent of the change within 72 hours.
8. You shall not leave the State of Wisconsin unless you get approval and a travel permit in advance from your agent.
9. You shall not purchase, trade, sell or operate a motor vehicle unless you get approval in advance from your agent.
10. You shall not borrow money or purchase on credit unless you get approval in advance from your agent.
11. You shall pay monthly supervision fees as directed by your agent in accordance with Wis. Stats. s.304.073 or s.304.074, DOC Administrative Rule Chapter 328.043 to 328.046 and shall comply with any department and/or vendor procedures regarding payment of fees.
12. You shall not purchase, possess, own or carry any firearm or any weapon unless you get approval in advance from your agent. Your agent may not grant permission to carry a firearm if you are prohibited from possessing a firearm under Wis. Stat. s. 941.29, Wisconsin Act 71, the Federal Gun Control Act (GCA), or any other state or federal law.
13. You shall not, as a convicted felon, and until you have successfully completed the terms and conditions of your sentence, vote in any federal, state or local election as outlined in Wisconsin Statutes s.6.03(1)(b).
14. You shall abide by all rules of any detention or correctional facility in which you may be confined.
15. You shall provide true and correct information verbally and in writing, in response to inquiries by the agent.
16. You shall report to your agent as directed for scheduled and unscheduled appointments.
17. You shall submit to the polygraph (lie detector) examination process as directed by your agent in accordance with Wisconsin Administrative Code 332.15.

I have reviewed and explained these rules to the offender.		I have received a copy of these rules.	
AGENT SIGNATURE	AREA NUMBER	OFFENDER SIGNATURE	DATE SIGNED

RULES OF COMMUNITY SUPERVISION

OFFENDER NAME

DOC NUMBER

-
18. You shall pay fees for the polygraph (lie detector) examination process as directed by your agent in accordance with Wisconsin Administrative Code 332.17(5) and 332.18 and shall comply with any required Wisconsin Department of Corrections procedures regarding payment of fees.
 19. You shall follow any specific rules that may be issued by an agent to achieve the goals and objectives of your supervision. The rules may be modified at any time, as appropriate. The specific rules imposed at this time are stated below. You shall place your initials at the end of each specific rule to show you have read the rule.

I have reviewed and explained these rules to the offender.		I have received a copy of these rules.	
AGENT SIGNATURE	AREA NUMBER	OFFENDER SIGNATURE	DATE SIGNED

STANDARD SEX OFFENDER RULES

OFFENDER NAME

DOC NUMBER

Notice: If you are on parole and sentenced for crimes committed on or after June 1, 1984, or have chosen to have the new Good Time Law apply to your case and you violate these rules, the highest possible parole violator sentence will be the total sentence less time already served in prison or jail in connection with the offense.

As established by Administrative Rule DOC 328.11, you have an opportunity for administrative review of certain types of decision through the offender complaint process.

The following rules are in addition to any court-ordered conditions. Your probation or parole may be revoked if you do not comply with any of your court-ordered conditions or if you violate any of the following rules.

1. You shall have no contact with _____ nor any prior victims of your offenses nor their family members without prior agent approval. This includes face-to-face, telephone, mail, electronic, third party, or “drive by” contact.
2. You shall have no contact with anyone under the age of 18 without prior agent approval and unless accompanied by an adult sober chaperone approved by your agent. This includes face-to-face, telephone, mail, electronic, third party, or “drive by” contact.
3. You shall not establish, pursue, nor maintain any dating and/or romantic and/or sexual relationship without prior agent approval.
4. You shall fully cooperate with, participate in, and successfully complete all evaluations, counseling, and treatment as required by your agent, including but not limited to sex offender programming. “Successful completion” shall be determined by your agent and treatment provider(s).
5. You shall not reside nor “stay” overnight in any place other than a pre-approved residence without prior agent approval. “Overnight” is defined as the daily period of time between the hours of _____ p.m. and _____ a.m. unless redefined by your agent in advance.
6. You shall permit no person to reside nor stay in your designated residence between the hours of _____ p.m. and _____ a.m. without prior agent approval.
7. You shall not possess, consume, nor use any controlled substance nor possess any drug paraphernalia without a current prescription from a physician from whom you are receiving medical treatment. Verification must be provided to your agent as directed.
8. You shall not possess nor view any sexually explicit material—visual, auditory, nor computer-generated—without prior agent approval.
9. You shall seek, obtain, and maintain employment as directed by your agent. You shall obtain agent approval before accepting any offer of employment and prior to beginning any volunteer work.
10. You shall not purchase, own, nor manage any residential rental properties without prior agent approval.
11. You shall fully comply with all sex offender registry requirements as applicable and directed by your agent and/or required by statute. You shall immediately respond to all correspondence from the Sex Offender Registry Program.
12. You shall fully comply with Wisconsin Statute 165.76 requiring a biological specimen to be submitted to the State Crime Lab for DNA testing as applicable and as directed by your agent.
13. You shall pay all court ordered financial obligations and treatment co-payments as directed by your agent in accordance with your established payment plan.
14. You shall not purchase, possess, nor use a computer, software, hardware, nor modem without prior agent approval.

I have reviewed and explained these rules to the offender.		I have received a copy of these rules.	
AGENT SIGNATURE	AREA NUMBER	OFFENDER SIGNATURE	DATE SIGNED

Special Bulletin Notification Process (SBN)

Community Notification occurs through a variety of means and at several levels. Provisions within the law require DOC to maintain a database of registered sex offenders. Information stored in the database is accessible on a limited basis by victims, neighborhood watch programs and the general public. All information available in the database is accessible by law enforcement via the CIB/TIME system, law enforcement web site, and through direct request to the DOC Sex Offender Registry Program. Additionally, DOC provides special notification to law enforcement about offenders that meet the criteria who are scheduled to be released from prison or a mental health institution. This notification is called Special Bulletin Notification.

SPECIAL BULLETIN NOTIFICATION

Special Bulletin Notification (SBN) is an active, written notification process whereby law enforcement officials, in the county and areas of the offender's residence, employment or school enrollment, will receive detailed information from the DOC SORP on a specific offender prior to his/her scheduled release from confinement.

Wisconsin law does not require special bulletin notifications for all offenders released from prison or a mental health facility. The overall purpose of the SBN is to highlight those cases that may pose a significant risk to the community. The SBN provides advanced notification to law enforcement officials, as well as information regarding the offender's offense pattern and specialized rules of supervision. In addition, the Bulletin serves as a mechanism to begin a local decision-making process to determine the level, scope and method of community notification, if determined necessary.

WHAT CASES REQUIRE OR WARRANT A SPECIAL BULLETIN?

The law mandates that an SBN shall be provided to law enforcement under the following cases:

1. All individuals committed under Chapter 980 (Sexually Violent Persons Law) who are to be placed into the community under supervised release or discharged from the commitment and
2. All cases where the offender has been convicted of a sex offense, as defined by crimes requiring registration, on two (2) or more separate occasions (2-Strike Cases). A previous conviction can include a conviction from another state that is comparable to one of the crimes requiring registration. Offenses/Dispositions that do NOT constitute a strike include:
 - o Juvenile adjudications
 - o Read-ins
 - o Convictions that have been reversed, set aside, or vacated

The law does provide discretion to the Department of Corrections and Health and Family Services in determining if an SBN is warranted for those cases not requiring mandatory bulletins.

GENERAL PROCESS AND PROCEDURES

A year prior to the offender's scheduled release date from a DOC institution, the offender's criminal history is screened to see if the offender meets the statutory requirement of an SBN. Following determination the following staff will receive an advanced notice via memorandum:

- Public Information Officer
- Institution Warden or Superintendent
- DOC Administrators

- Community Corrections Regional Chief
- Community Corrections Field Supervisor
- Assigned Community Corrections Agent

Some of these cases will be undergoing a Special Purpose Evaluation (SPE) to determine if they meet the criteria for Civil Commitment under Chapter 980.

The advance notice will be distributed following criminal history verification that the case is a 2-strike case.

Approximately 2 months prior to the offender's scheduled release date and following the SPE determination, the above noted staff will receive a final notification memorandum from SORP indicating the Department's intentions to distribute a Special Bulletin Notification.

The DOC Division of Community Corrections (DCC) is responsible for preparing and distributing the SBN when an offender is released from prison to the community, to a detainer, or to confinement in a Department of Health and Family Services (DHFS) mental health institution pending Sexually Violent Person commitment proceedings. The assigned agent is to prepare a SBN Release plan to provide information necessary for construction of the SBN. The DHFS is responsible for preparing the SBN when an offender is released from a DHFS Institution.

Offenders referred for possible commitment under the Sexually Violent Person law will have two SBNs issued--one when transferred from prison to a DHFS institution and a second when the offender is released from a mental health institution.

Approximately 30 days prior to the offender's scheduled release date, DOC or DHFS will disseminate the SBN to law enforcement agencies in those areas where the offender will reside, work and/or attend school.

CONTENT OF THE SBN

The SBN contains the following information about the offender:

- Physical description, including a photograph
- Sexual Offense History
- Brief description of sexual offenses
- Release plan supervision rules
- Offense Pattern Behavior(s)

LEVELS OF NOTIFICATION

Upon receipt of the SBN, law enforcement agencies in the jurisdiction(s) where the offender is to be released are responsible for determining, on a case-by-case basis, what level of community notification is to occur. The three levels of notification are as follows:

- LEVEL 1: Limited to Law Enforcement
- LEVEL 2: Targeted Notification - Including specific groups/facilities serving populations related to the offender's identified pattern of behavior. Such groups may include schools, neighbors, community groups, day care centers, parks, recreation areas, libraries etc.

LEVEL 3: Expanded Notification - Notification to the public in general. A variety of methods may be used including door-to-door notification, media releases, and/or community meetings.

The ultimate decision for determining what level of notification will occur is the responsibility of law enforcement. However, other agencies/groups, including DOC, may be involved in the decision-making process. In many communities law enforcement agencies utilize a Community Notification Core Team to assist in decision-making process.

COMMUNITY NOTIFICATION CORE TEAMS

The purpose of the Community Notification Core Team is summarized as follows:

- To review and discuss case information relative to the specific sex offender who is the subject of the SBN
- To provide recommendations to assist law enforcement in decision making relative to the level, scope and methods for notification specific to the offender and the community.

The law does not require the formation of the Core Team. When law enforcement agencies choose to utilize a team, it is the responsibility of law enforcement agencies within each county or jurisdiction to develop this team. However, DOC staff and others will assist in this process if requested.

The composition of these teams may vary from county to county across the state. However, it is recommended that, at a minimum, the team include representatives from the Sheriff's departments and police departments within the county, as well as representatives from local or regional DOC Community Corrections, including the supervising agent, field supervisor, and sex offender registration specialist.

Other team members may include representatives from the district attorney's office, crime victim/witness unit, school district, county human services, neighborhood watch captain, etc.

Decisions relative to community notification and release of information about SBN offenders are the responsibility of law enforcement agencies. DOC may assist in this process but may not participate in notification beyond the level determined by law enforcement agencies.

However, as part of the case management process, Community Corrections staff may share information about the offender with the offender's significant other, landlords, neighbors, employers, etc., if it is determined that providing the information is in the best interest of public safety and/or the offender's rehabilitation.

IMMUNITY FROM LIABILITY

The law provides immunity from liability for public officials to provide the protection necessary to allow reasonable decision-making. Officials performing notification under the provisions of this law are immune from civil liability for any good faith act or omission regarding the release of information authorized under this law. Immunity does not extend to a person whose act or omission constitutes gross negligence or involves reckless, wanton, or intentional misconduct.

OARS Request for Change in County of Residence Process

For participants in the OARS Program who request a change in residence from their county of conviction, the assigned Agent will work with the OARS Case Manager and OARS Program Specialist to determine the individual's rationale for the requested change.

DCC considers temporary or long-term placements out of the county of conviction in these instances:

- Employment
- School/Education that is appropriate and not available within the county of conviction
- Housing that is appropriate and approved
- Healthy support network
- Treatment that is not otherwise available

The OARS Case Manager provides assistance to the Agent by assessing the therapeutic supports available in the requested community. The OARS Case Manager will gather information about the participant's relationships with others in the requested community, and evaluate the pros and cons of placement in that area.

If a specific residence is proposed, the Agent or appointed Agent in the proposed county, and the OARS Case Manager may make a site visit together or independently to review it for appropriateness.

After completing any other items for follow up and collateral support information, the OARS Case Manager will provide information to the Agent for a final decision regarding the appropriateness of the requested change in residence.

The Agent makes the final determination whether the requested change will be considered, based on the standard DCC process. The receiving county DCC office also needs to determine that the request is appropriate and that they are willing to accept the case transfer.

For more information about the DCC residence policy, please see the DCC operations manual regarding intrastate transfers.

Custodies and Significant Treatment Concerns

DCC criteria for mandatory custodies will be followed by the OARS team (see below excerpts from the DCC Agent Operations Manual).

.05 MANDATORY DETENTION

Wisconsin Administrative Code 328.22(1) requires that an offender be taken into custody and detained if the offender is alleged to have been involved in assaultive or dangerous conduct. This may include verbal threats (see below). Detention by the agent is mandatory under such circumstances.

.06 ASSAULTIVE/DANGEROUS CONDUCT

Offenders shall be detained if:

- a) The offender is alleged to have participated in physical or sexual assault on another person, or;*
- b) The offender is alleged to have been involved in dangerous conduct, i.e., threat or use of a weapon or act that has the potential of physical harm to person or persons. This includes verbal threats to do physical harm, if there is a history of carrying out such threats, or a credible reason to believe the offender may carry out the threat.*

Any exception to this mandatory detention requirement shall be made only by the Regional Chief or the Chief's designee. Supervisory approval is needed to release a mandatory detention offender from custody.

The Agent will notify the OARS Case Manager and DHS OARS Program Specialist within 24 hours of the mandatory custody, excluding weekends and holidays. The OARS team will convene via conference call to collectively discuss the reasons for the custody and any necessary modifications to the plan.

For situations that do not constitute a mandatory custody, the OARS team is encouraged to collectively discuss the concerns and determine the appropriate next course of action/intervention. The OARS team will work diligently to utilize community-based resources available to properly address the presenting concerns. Progressive sanctions will be considered by the team, including the use of custodies as appropriate.

When making arrangements for a planned custody, the OARS team is encouraged to be mindful of the participant's mental health history, in addition to the reasons for the custody and presenting treatment concerns. By nature of the population served by the OARS program, there is a greater risk for participants to

flee, or perform intentional and unintentional acts of harm towards self or others. Therefore, it is recommended that OARS team members not provide the participant forewarning of the planned custody. If a participant asks whether a custody is going to occur, it's recommended that the OARS team respond by stating, "We will discuss this when we meet", so as to not provide false information. In addition, OARS team members should be thoughtful to minimize potential risks, such as the possibility of participants' overdosing, harming themselves, and/or fleeing from supervision.

Conference calls, including the Agent, OARS Case Manager and DHS OARS Program Specialist will be held within three business days of the identified concerns or mandatory custody. The Agent Supervisors and OARS Case Management Provider Directors are also encouraged to participate in these conference calls.

These calls are facilitated by the DHS OARS Program Specialist using the following outline:

1. Introductions and identify purpose of the call
2. Discuss violation and supervision concerns
3. Discuss mental health and treatment concerns
4. Review current ICP
5. What has been working well in the community? What are the offender's strengths?
6. Review history of compliance with supervision and treatment: What has worked/hasn't worked.
7. What has the team employed to avoid the current violations/concerns
8. Discuss options: alternatives, interventions, modifications in the plan
9. Team consensus regarding the direction in which the team will proceed
10. Identify responsibilities in carrying out the plan
11. Discuss the need for a follow up team discussion/conference call

The OARS Team will work together to identify options with the goal of reaching consensus on a plan for how to proceed. If anyone on the team is not in agreement or has reservations about the plan, all core team members are to be notified for further discussion with the goal of reaching consensus.

If consensus cannot be reached regarding whether or not to pursue revocation or an alternative sanction, the Agent and Agent Supervisor have the final decision making authority, as DCC is ultimately responsible for the OARS participant.

Alternatives to Revocation (ATR) Options

The OARS program funding allows for creative, treatment-based interventions to address mental health, cognitive/behavioral, and AODA concerns. If community treatment-based options are not available within the region or are not found to be appropriate, DOC DCC has existing Alternative to Revocation (ATR) programs that can be considered, which include ATR options at WRC (STAR program dual diagnosis ATR and standard mental health ATR). The OARS team may consider utilizing ES Sanctions (longer term custodies, such as 30, 60 or 90 days) for participants convicted under “new law”.

In addition, the OARS program partnered with the Wisconsin Resource Center (WRC) to develop an OARS Mental Health ATR Program. This ATR is approximately 8 weeks in length, with some flexibility, to address mental health stability concerns.

The OARS WRC Mental Health/Dual Diagnosis ATR process is as follows:

1. OARS Team determines the need for ATR placement at WRC for psychiatric stabilization/medication adjustment and the OARS participant isn't appropriate for one of the other existing WRC ATR programs (Dual Diagnosis STAR program ATR, or the Mental Health Skills ATR).
2. DHS OARS Program Specialist initiates contact with the WRC ATR Unit Supervisors to briefly discuss the presenting concerns, goals of the ATR, and discuss bed availability.
3. Agent contacts BOCM ATR Coordinator with a completed DOC-2265. In the 2265, specifically request referral to the WRC OARS ATR Program.
4. Agent and OARS Case Manager gather information for the OARS ATR referral packet and provide to WRC ATR Coordinator.
5. OARS Case Manager provides WRC ATR Coordinator the most recent ICP, medication list and current diagnosis.
6. DHS OARS Program Specialist initiates conference call with WRC institution team (unit supervisor, social worker, psychological services associate, health services staff), OARS Case Manager and OARS Agent to further discuss the reasons for the OARS ATR placement and associated goals.
7. Agent makes arrangements for medical clearance (including TB skin test) with WRC HSU representative and HSU of custody placement.
8. WRC will accept pre-arranged OARS ATR admissions Monday-Friday, during business hours. Agent makes transportation arrangements for the OARS participant, to and from WRC. The OARS participant must be admitted with release clothing.
9. As schedules allow, the Agent and OARS Case Manager may participate in the admission staffing process. There will be a double bunk expectation, unless there is a significant concern noted by the record or OARS team.

10. Agent and Case Manager will review participant visiting requests with the Institution Social Worker to determine if visitation is appropriate.
11. Institution Social Worker, OARS Case Manager, and Agent communicate frequently throughout the duration of the ATR to review progress and discuss observations and any changes to the plan.
12. OARS Case Manager initiates a team staffing, including the Agent, Institution Social Worker, and OARS Program Specialist; approximately 3 weeks before the participant's discharge from the WRC ATR to discuss release plans and update the Individualized Case Plan.

WRC OARS ATR REFERRAL PACKET

Offender Name: _____ Date of Referral: _____

DOC #: _____ DOB: _____ County: _____

Referring Agent/Phone #: _____

OARS Case Manager/Phone # _____

Current Diagnosis:

Axis I:

Axis II:

Axis III:

Is the offender taking medications as prescribed at this time? **Yes** **No**

Current Medications: _____

Psychiatrist at discharge from WRC: _____

What are the current symptoms prompting placement? _____

What occurred in the community leading up to this WRC placement (rule violations/treatment concerns)? _____

What community interventions have been attempted? _____

The last date of alcohol or other drug use: _____

What are the treatment goals for the offender during placement? _____

Is the offender willing to cooperate with recommended treatment? **Yes** **No**

Release Planning Information (please include resources that will be provided upon release):

Housing Options:

Community Mental Health Providers:

Support Services:

Supportive Contacts:

Other:

Below, please list the individuals (non-professional) that the offender is allowed to have phone or face to face contact with during this WRC ATR placement:

Name/Relation:

Type of Contact:	Phone	Face to Face	Both
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Name/Relation:

Type of Contact:	Phone	Face to Face	Both
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Name/Relation:

Type of Contact:	Phone	Face to Face	Both
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Name/Relation:

Type of Contact:	Phone	Face to Face	Both
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Successful Program Completion

In addition to community safety and reducing revocation/recidivism, another important goal of the OARS program is to provide services to participant's to help them successfully reintegrate into the community and to live a healthy and sustainable lifestyle. Establishing personal stability, local supports and services is essential, and will be followed by a titrated reduction of OARS services in preparation for successful discharge from the program. In some cases, it may also be useful to set a proposed discharge date with the program participant well in advance of final program completion, to motivate their independence and to prepare them for program completion.

The ability to maintain safe and affordable housing is also important to consider, and making a plan with the offender for them to obtain housing they can afford after program completion is important for their long term success. This may involve obtaining benefits, gainful employment, or other local services to assist with housing needs. The targeted maximum length of time that a participant will be enrolled in the program is two years.

The OARS program completion components include:

- Minimum of six month enrollment
- Offender is maintaining stable housing independently
- Offender is living without reliance on alcohol or illegal drugs
- Offender is following their rules of supervision
- Offender is actively engaged in his/her treatment, has been making progress, and has transitioned to locally based services in his/her county of residence
- Offender is making healthy decisions regarding recovery and mental health stability
- Offender is financially able to maintain treatment, housing, and basic needs without reliance on the OARS program
- OARS Case Manager has gradually titrated support services to monthly, or to the frequency that will continue by the locally bases services within the offender's county of residence
- Core team has consensus that the offender is ready to successfully complete the program

The OARS Case Manager will keep the DCC agent and DHS Program Specialist apprised when they are gradually preparing participants for program discharge and team members will have the opportunity to provide feedback/input. A core team conference call will take place to ensure that the participant meets criteria and all necessary treatment components are in place to facilitate a smooth discharge.

The OARS Case Manager will complete a discharge summary within 30 days of offenders leaving the program. This summary will include information regarding their adjustment to the community, goals achieved, and progress throughout their enrollment in the program. The discharge summary may include future treatment recommendations.

A copy of this discharge summary will be provided (via email) to:

- Agent
- DHS OARS Specialist
- Current community treatment providers
- The offender*

(*For many individuals, it may be best for the case manager or contracted provider agency supervisor to sit down with the individual to explain the discharge summary in person before giving them a copy. Including the agent in this conversation should also be considered.)

OARS Participant Discharge- Team Decision or Participant Request

Participation in OARS is voluntary, and while the program can offer many benefits there are also ongoing expectations for participants. Discharge from the program should be a carefully thought through decision, and it could occur by participant request or following a concern by a member of the professional team.

There may be times during an individual's participation in OARS when their motivation to participate in treatment activities or follow through with treatment recommendations is called into question. This presents a good opportunity for the team to discuss the situation internally, and with the participant.

Participant Request:

If an OARS participant talks with any team member about wanting to discharge from OARS, it is important to find out the reasons for their statement and ask them to think carefully about the decision. It is also important to emphasize to the participant that they do have the right to discharge, but once their discharge is finalized it cannot be reversed. It is important to emphasize that they do have a choice, the team would like to know what they are concerned about, and to ask them to take a week to consider their decision so that the team can staff the matter to see if their concerns can be resolved.

The request to self-discharge may indicate aspects of their plan or the team's interface with them that could be changed or improved. Some of these areas may be negotiable, and some may not be, based on the rules of supervision, the JOC, or the fundamental treatment requirements of the person. Such requests cannot be the basis for negotiating for power and control.

Core Team Member Request:

If any treatment team member raises concerns about the participant's motivation or involvement in the OARS program, the Specialist should be notified and will then convene the team to staff the concern.

The staffing will include the OARS Core Team and any other providers who have an interest in contributing.

1. Identify concern
2. Review history of involvement
3. Discuss content
4. Develop consensus about how to proceed
5. Follow up on any changes or updates

Ultimately, the goal of the program is to meet the individual where they are at and to work with them to build insight, encourage healthy choices, and stay involved in OARS. This may require patience and creativity, as the individuals being served present a wide variety of challenges. Program discharge is a last resort, and should be a team decision after numerous approaches to motivate the individual have been attempted. If the team agrees that the individual is demonstrating a consistent and conscious lack of motivation in spite of their best efforts, then presenting the option of discharge from the OARS Program to the individual may be considered.

When presenting the case for involuntary discharge, it is important to be specific to behavior and activities that do not indicate a motivation for change. Specifically measurable aspects of their involvement should be cited, such as attendance records, missed appointments, UA results, URICA scores, the number of hours of structured activities, or other indications of limited follow through or motivation. The attempts to enhance or improve upon these specific concerns should also be discussed.

For individuals that are violating their rules routinely, and their whereabouts/activities are unknown, the OARS team may decide discharge using the above process. The DCC typically waits for 30 days, in which offender whereabouts/activities are unknown, before determining an offender as an "absconder". In some cases, the OARS team may decide to wait on making a decision about OARS discharge until after the offender/participant officially meets "absconder" status.

In sum, the team should consider the individual's motivations, strengths, and stage of change prior to finalizing discharge.

OARS Program Discharge Summary Instructions

The Discharge Summary will be completed by the OARS Case Manager approximately 30 days prior to a participant's discharge from OARS program services.

Instances in which participants are abruptly discharged due to their request, team decision, or death; the OARS Case Manager will complete a discharge summary within 30 days of the discharge.

This discharge summary will include an overview of the participant's pre-release and post release involvement while enrolled in the OARS program. In addition, the summary will include the transition plan details and any after care treatment recommendations.

Copies of the discharge summary will be submitted to the DHS OARS Program Specialist, DCC Agent, OARS participant, and any other team members deemed appropriate.

Template Breakdown by Section

Brief Overview of the Participant's Pre-Release Phase:

This section includes (as applicable):

- Participant's enrollment date
- Participant's participation in pre-release treatment programming
- Participant's behaviors/conduct while in the institution,
- OARS Case Manager's meetings with the participant during this phase
- Summary of pre-release release planning

Brief Overview of the Participant's Post-Release Phase:

This section includes (as applicable):

- The participant's overall adjustment to the community
- The modifications and adjustments to their release plans
- Treatment/Program completions

OARS Participant Transition Plan:

This section includes the services/treatment that the participant will continue when discharged from the OARS Program. Areas to address include:

- Housing
- Psychiatric/Mental Health Services
- Therapy/Counseling
- Groups/Treatment
- Structured Activities (employment, volunteer, school, etc.)

- Social Supports/Relationships
- Sobriety
- Medical/Physical Health
- Transportation
- Income/Financial
- Supervision (supervision will continue, maximum discharge date)
- Specific plan for discharge from the OARS program

Aftercare Recommendations:

This section includes treatment and activities that are recommended by the team for the participant to consider.

Opening Avenues to Reentry Success Participant Discharge Summary Template

Name:		DOC #:	
Institution Release Date:		Program Discharge Date:	
Agent:		Case Manager:	

Brief Overview of the OARS Participant’s Pre-Release Phase:

Brief Overview of the OARS Participant’s Post-Release Phase :

OARS Participant Transition Plan:

After Care Recommendations:

Sincerely,

OARS Program Case Manager

cc: Division of Community Corrections Agent
 Department of Health Services OARS Program
 Contracted OARS Case Management Provider File
 OARS participant
 Additional community team members (as deemed appropriate)

Confidentiality Statement: This document contains confidential information relating to the mental health diagnosis and treatment of a person receiving services from the Wisconsin Department of Health Services (DHS). It is protected information pursuant to §51.30, Wis. Stats., and DHS 92, Wis. Administrative Code, and the federal HIPAA laws. Distribution is limited to those who have statutory access or who are ordered by a court to have access. The use and further disclosure of this information by the recipient must be consistent with the applicable laws and regulations. If you received this document in error, please notify the sender; destroy the document or delete the email; and do not use, disclose or store the information it contains. This document and any attachments are intended only for use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, copying, or dissemination or distribution of the contents other than to the addressee of the communication is strictly prohibited. If you received this communication in error, notify us immediately.

OARS Institution Checklist

Offender Name:	DOC #:	Date of Birth:	Social Worker:
OARS Case Manager/OARS Agent:	MR Date:	Date of Release from Institution:	
Requirement	Date	Notes	
PRE-REFERRAL PROCESS			
*Minimum Program Requirements:			
*COMPAS Risk rating (Medium/High)			
*MH-Code (MH-2a or 2b)			
*County of Residence (Releasing to OARS Region)			
*Demonstrates a general motivation and willingness to engage in treatment programming			
*Check to verify a minimum of 6 months community supervision			
Check for active warrants/detainers			
Check for pending Interstate Compact			
Check for Commitment Status (ex: Chapter 51, Chapter 55, NGI, 980)			
Check for Guardianship			
Assigned Agent Name/Agent Number			
ENROLLMENT PROCESS			
Referral to OARS Program Specialist			
OARS Program Specialist conducts enrollment interview. Social worker may participate.			
OARS Program Specialist has participant sign the informed consent and 1163's (Authorizations)			
Signed 1163's (Authorizations) are given to document services/records staff and the initial records packets are prepared for the OARS Case Management provider.			

Requirement	Date	Notes	
POST ENROLLMENT ITEMS			
DOC-2266 (or DCC reentry paperwork) completed by Participant 6 months prior to release			
SSI/SSD applications process initiated (DOES Project; at 6 months pre-release)			
Veteran Benefits eligibility determined			
Identification obtained (see notes section)		Social Security Card, Birth Certificate, State Photo ID	
Institution records sent to OARS case management provider within three weeks of enrollment			
SW participates in the initial OARS Core Team conference call			
SW invites OARS CM to participate in participant institution case staffings			
SW shares updates with core team re: MH changes, adjustment/treatment concerns			
SW participates in the pre-release ICP staffing approx. 30 days prior to scheduled release.			
Pre-release modules (see notes section)		Modules:	Status (as applicable):
		Employment	
		Financial Literacy	
		Housing	
		Personal Development	
		Transitional Prep Release Group	
		Health / Wellness	
		Relationships	
		Parenting	
		AWARE (as applicable):	
		Other:	
Complete URICA with participant 30 days prior to release. Provide it to the OARS CM			
Medication education provided			
Release clothing obtained			
Discharge Summary shared with CM prior to discharge (as applicable)			

OARS Provider Case Manager Checklist

Offender Name:	DOC#:	Agent Name/Contact Info:
Scheduled Release Date:	Date of Birth:	Institution Social Worker:

Pre-Release Process

Requirement	Date	Notes
Receive referral from DHS OARS Specialist		
Initiate contact with participant within two weeks of receiving referral		
Obtain records from institution		
Distribute copies of the institution records to agent (as requested)		
Obtain and Review CIB		
Participate in initial conference call with core team		
Face to face meetings with participant (minimum of twice before release)		
Thorough assessment, including risk factors and clinical needs		
Have participant sign necessary ROI's (51.42 board, Utility Companies, DOES Benefit Specialist, collaterals)		
Meet with participant to complete the ACE and TAA-R screening tools		
Share numerical results/pertinent information from the ACE and TAA-R with core team		
Coordinate and secure release plans, with team input by 30 days before release (Housing, Mental Health, Medication, Supports, etc.)		
Obtain Pre-Release URICA		
Schedule and lead pre-release ICP staffing (including the agent, inst. SW, and participant)		
Submit finalized ICP to OARS Specialist, Agent, SW, and participant.		
Obtain signed rules of supervision from agent		
Contact the DOES Benefit Specialist approx. 30 days from release		
Obtain Discharge Paperwork from institution		
WRC ONLY: Obtain a copy of the OARS participant's AWARE plan		

Post Release Process

The post release process for each OARS participant may be tailored based on individualized treatment and programming needs, this list covers the minimum expectations for post release case management activities.

Requirement	Date	Notes
Help participant obtain needed health care coverage and other basic needs (food, clothing, medicine, furniture, etc.)		
Assist participant with notifying SSA or the DOES Attorney re: current contact information and inquire about status of benefits (as applicable, complete SSA-3288 and SSA-1696)		
Conference call with agent and OARS specialist two weeks after participant's institution release date		
Provide participant with Client Rights notification within 30 days after release		
Schedule and lead ICP staffing with participant and community team 30 days post release. (Future ICP staffings occur quarterly, or more frequently if significant changes occur)		
Submit updated, finalized ICP's to all team members		
Complete individualized crisis/safety plan with OARS participant. Share with team. Routine updates are also shared with team.		
Re-administer URICA one month post release		
Discuss finances and develop budget with participant (update quarterly/as changes occur)		
Conference call with agent and OARS specialist 60 days post release		
Conference call with agent and OARS specialist 90 days post release		
Re-administer URICA six months post release		
Update signed informed consent annually		
Update Client Rights notification annually		
Schedule Core Team Discharge Staffing and assist with plan development for ongoing treatment and support		

OARS Team Communication and Responsibilities Chart

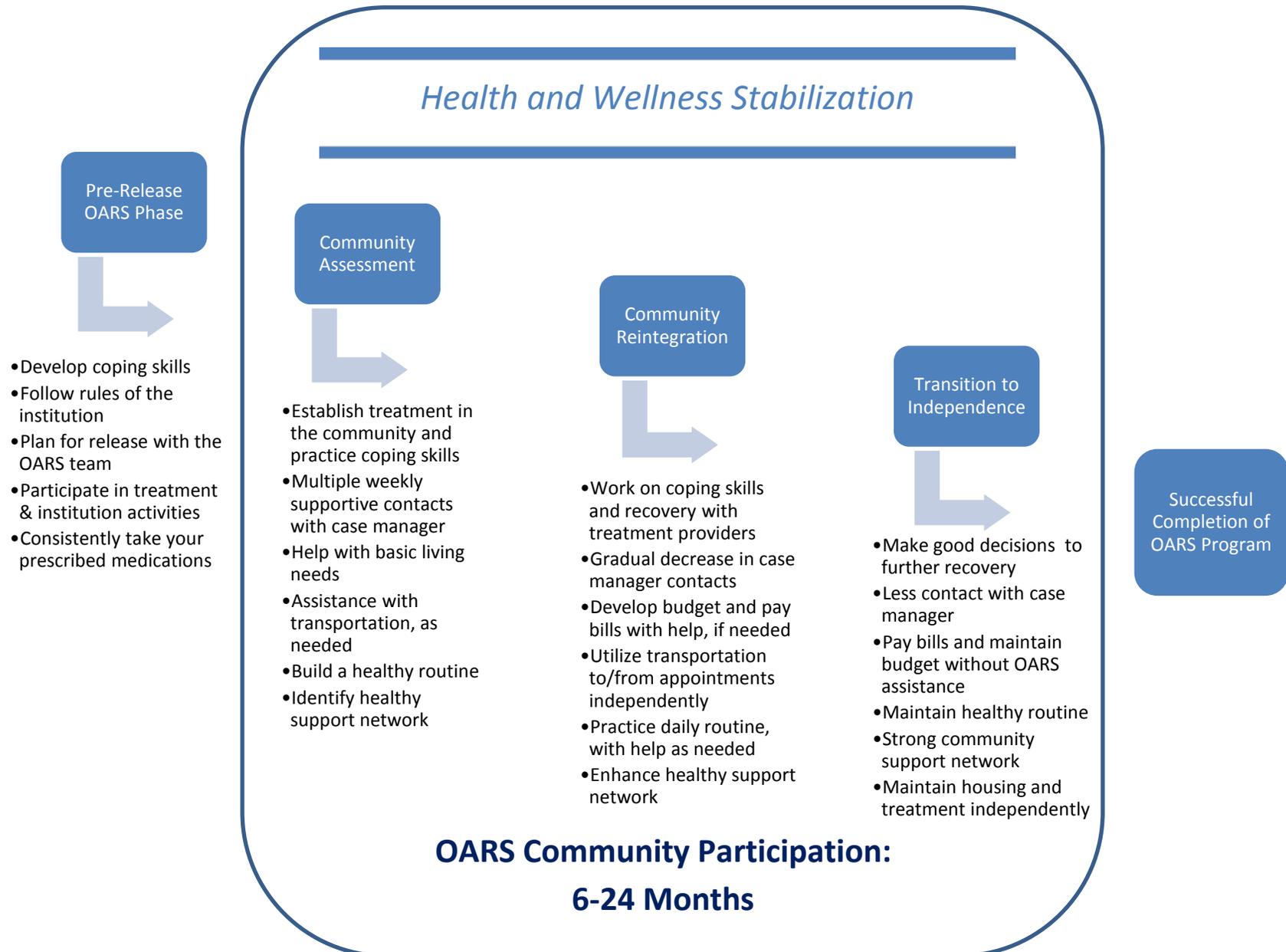
	Referral, Enrollment and Notice to Team	First CM Contact with Participant within 3 weeks of enrollment	Initial Conference Call (4-8 weeks after enrollment)	Initial ICP Staffing (30-60 days prior to release)	Release Transfer Summary Staffing (WRC Releases Only)	~ Release ~	2 week Conference Call	30 day ICP Staffing	60 day Conference Call	90 day Conference Call	Quarterly ICP Staffings	
Institution Social Worker	Participate	Notified, may participate	Participate	Participate	Participate; notifies team							
OARS Program Specialist	Coordinate		Coordinate	Notified			Coordinate		Coordinate	Coordinate		
Case Manager	Notified	Coordinate	Participate	Coordinate	Optional		Participate	Coordinate	Participate	Participate	Participate	Coordinate
Agent	Notified		Participate	Participate	Optional		Participate	Participate	Participate	Participate	Participate	Participate
OARS Participant	Notified	Participate	Optional	Participate	Participate			Participate				Participate

Definitions:

OARS Core Team: Includes the Institution SW (during the pre-release phase), OARS Program Specialist, Case Manager, and the Agent. The Core Team meets regularly via conference call and to staff any custody or other situations that may occur.

OARS Community ICP Treatment Team: Case Manager, Agent, OARS Participant. Also includes any relevant community treatment or housing providers, and supportive family members.

ICP (Individualized Case Plan): An electronic treatment plan maintained by the Case Manager. The ICP will be reviewed by the Treatment Team 30-60 days prior to release, 30 days after release, and then quarterly by the team. The OARS Participant is included in the ICP Staffings if he or she is able to participate.



OARS Reporting and Communication Protocol

For routine updates and day to day operations, the case manager takes a lead role and should keep the agent notified proactively. If significant case developments arise, it is recommended that either the case manager or the agent expand the team to include others who are involved in the person's life whenever possible.

Including the DHS Specialist proactively is recommended, and when concerns persist or escalate it is required to inform the DHS Specialist in the following instances (some examples included under each heading):

Pre-Release Phase or During Institution ATR's:

- major conduct reports
- moves to segregation
- significant changes in psychiatric or medical stability
- requests for discharge
- lack of motivation
- lack of compliance with medication

Significant Treatment Concerns and Rule Violations:

- aggressive behaviors (verbal or physical)
- changes in suicidal ideation
- non-compliance with prescribed medication
- self-harm behaviors
- a pattern of missed appointments with team members or service providers
- significant change in structured activities/routine (such as loss of job)
- a lack of meaningful motivation to participate in the OARS Program

Medical Concerns:

- hospitalizations
- significant changes in medical condition or diagnoses

System Level Concerns:

- When the case manager is not receiving the information requested for case planning from institutions in a timely manner
- When community road blocks/barriers to case planning are identified
- When any team member is not adequately available to support the program's necessary functions, such as not performing the functions of their role on the team or consistently not available or responding to team communications in a timely fashion

Potential High Cost Placements, Potential Back-Payment of Bills:

- planning for high cost residential placements
- past due utility bills or phone bills
- situations in which the participant has funds to contribute towards cost of care
- private pay and costly treatment plans

The DHS OARS Program Specialist may also identify particular high risk or high profile cases at their discretion, which will mean a “reply to all” email protocol and a request for increased collaboration.

An important role of the DHS Program Specialist is to maintain the progress of the OARS cases during pre-release phase and in the community, and support community teams in enhancing community safety. Timely, open communication is essential to accomplish this task.

The OARS Program Provider will notify the DHS OARS Program Specialist immediately, via email or telephone, when any of the following occur:

- Placement in custody, reason and date
- Elopements/absconding
- Participant Suicide attempts
- Placement in community hospital with MA, reason and date
- New charges and convictions
- Change of residence (temporary or permanent)
- Change in case manager or agent assignment
- Media attention and high profile community member concerns (ex: picketing, community phone calls, etc.)
- Death of a participant

OARS Program Media Policy

For any incident involving OARS offenders that receives media attention, or immediately following any event that the OARS case manager or agent believes may generate media attention, please contact the following people until you reach someone:

1. Case Management Provider OARS Program Director/Supervisor
2. DHS OARS Program Specialist for your region
3. DHS OARS Program Specialist for alternative region
4. DHS Forensic Program Director
5. DOC Disabilities Reentry Coordinator

Please be prepared to provide the following information:

1. Name of OARS Participant
2. DOC #
3. Nature of concern (event details)
4. Location of OARS Participant
5. Team members contact information (agent and case manager)

DHS will be responsible for conveying information to DOC Disabilities Reentry Coordinator and the DOC Public Information Officer.

If the OARS case manager or DCC agent are contacted directly from a media source representative:

- Do not confirm or deny the participant's involvement in the OARS program
- Do not provide any details regarding the inquiry
- Direct the media source representative to the DOC Public Information Officer or retrieve their contact information and let them know DOC representatives will be in contact.
- Immediately follow the above protocol

OARS Program Data Collection

DHS OARS Production

OARS Production is the database system used to store OARS participant demographic information. The DHS contracted OARS case management agencies are responsible for entering participant data into OARS Production. All data fields should be completed, except for the “placement date” (which is the release date), while the participant is still in the pre-release phase. Upon the participant’s release to the community, the provider agency will enter the “placement date” (release date). That allows DHS to generate reports on the service population.

OARS Production is a clone of the FSIS Conditional Release Database, and therefore, there is a field for “Conditional Release Order Date”. That field shall remain blank.

Any changes to the OARS participant’s diagnosis, living arrangement, or other information shall be entered by the DHS contracted provider agency in a timely manner.

DHS OARS Annual Report & Data Collection

DHS contracted case management agencies are responsible for completing an annual report, summarizing the year’s accomplishments and future goals. The data captured in the annual report is analyzed by DHS and DOC for trends and system improvement. The contracted case management agencies submit the completed annual reports to DHS around mid September.

The DHS OARS Program Specialists and DHS Community Forensics Program Director compile the annual report narratives and data received from each contracted agency into a comprehensive program-wide report. This report is typically completed in December or January, and included on the DHS website, under Community Forensics.