



Division of Mental Health  
& Substance Abuse Services  
(DMHSAS)

**2011 - 2013 Performance Report**

# Table of Contents

(In the electronic version of this report, the page numbers are linked to the respective area)

	PAGE(S)
<b>Executive Summary</b>	<a href="#">3</a>
<b>Potential Clients, Clients Served by Facility</b>	<a href="#">6</a>
<b>Data</b>	
Forensics & Civil – Inpatient	<a href="#">7</a>
Civil – Inpatient	<a href="#">8</a>
Community – Mental Health	<a href="#">9</a>
Community – Substance Abuse	<a href="#">12</a>
Inpatient – Client Rights	<a href="#">15</a>
Forensics – Community	<a href="#">17</a>
Inmate – Community	<a href="#">19</a>
Inmate – Facility	<a href="#">21</a>
Sexually Violent Persons – Community	<a href="#">24</a>
Sexually Violent Persons – Inpatient	<a href="#">26</a>
<b>Quality Improvement Plans</b>	
Civil – Inpatient	<a href="#">27</a>
Community – Mental Health	<a href="#">28</a>
Inpatient – Client Rights	<a href="#">29</a>
Forensics – Community	<a href="#">29</a>
Inmate – Community	<a href="#">29</a>
Inmate – Facility	<a href="#">30</a>
Sexually Violent Persons – Community	<a href="#">30</a>
Sexually Violent Persons – Inpatient	<a href="#">31</a>
<b>Acknowledgements, Contact Information</b>	<a href="#">32</a>

## Time Periods for this Report:

- **CY11** = Calendar Year 2011 (Jan. 1 – Dec. 31, 2011)
- **CY12** = Calendar Year 2012 (Jan. 1 – Dec. 31, 2012)
- **FY12** = Fiscal Year 2012 (Jul. 1, 2011 – Jun. 30, 2012)
- **FY13** = Fiscal Year 2013 (Jul. 1, 2012 – Jun. 30, 2013)



*signifies a Quality Improvement Plan is tied to that Performance Measure*

**Wisconsin Department of Health Services  
Division of Mental Health and Substance Abuse Services (DMHSAS)  
2011 - 2013 DMHSAS Performance Report  
Executive Summary**

DMHSAS is pleased to present this report which reflects the work of the Department of Health Services, Division of Mental Health and Substance Abuse Services for calendar years 2011 and 2012, as well as fiscal years 2012 and 2013. This report offers a summary of the work and outcomes DMHSAS provides to the citizens of Wisconsin.

Public enterprises are complex organizations based on tax payer supports and often lack a single quantifiable measure of success such as profit. As a result public entities use other measures of performance to assess service delivery and outcomes. This report identifies the principal goals of DMHSAS programs and the extent to which these goals have been accomplished. DMHSAS tracks performance on more than 280 measures, this report offers a summary of the Division's work to support people with mental health and substance abuse concerns.

**DMHSAS Mission:**

*Provide services to the people of Wisconsin and support the development of services and systems which are recovery focused, person and family centered, client rights compliant, evidence based, and cost-effective. Promote an atmosphere of accountability through performance outcomes; utilize data to inform our policy and decision-making. Improve the efficiency of operations within DMHSAS and in our collaborations statewide.*

**DMHSAS Values:**

- *We have compassion and respect for the people we serve.*
- *We emphasize hope and optimism.*
- *Data-Driven: We collect and analyze data to support quality improvement and decision making that is objective, realistic, and respectful of the citizens of Wisconsin.*
- *Evidenced-Based: Our programs and financial supports reflect models of programming and treatment proven to be effective, recovery oriented, person and family centered and trauma informed.*
- *Meaningful consumer involvement is expected.*

DMHSAS business operations include inpatient psychiatric services for civil and forensic populations, specialized secure treatment services, community mental health and substance abuse services, community forensic treatment services, and the protection of client's rights in mental health and substance abuse treatment settings statewide.

DMHSAS offers inpatient psychiatric services for civil and forensic populations at two psychiatric hospitals, Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI). Both hospitals maintain accreditation through The Joint Commission.

- National psychiatric hospital readmission rates within 30 days in 2013 are 7.4%. Wisconsin's mental health institute (MHI) readmission rates for FY13 are both lower than the national average: MMHI = 5.6%; WMHI = 6.8%. Statewide psychiatric hospital readmission rates for 2011 are 12.4%. Along with developing internal processes to reduce readmissions, the MHIs are working to gather more specific data to analyze which counties account for high readmission rates.
- Continuity of care is vital to the success of civil and forensic clients' ongoing recovery in community placements. The national average in FY13 for transmitting the continuing care plan to the next level of service within five days of discharge is 86.6%. Both MMHI and WMHI have higher compliance rates in FY13 than the national average; MMHI is 95.2% and WMHI is 92.5%.

DMHSAS provides specialized secure treatment services at the Wisconsin Resource Center (WRC) and the Sand Ridge Secure Treatment Center (SRSTC). The Wisconsin Resource Center serves correctional inmates with mental health and/or substance abuse issues; the Sand Ridge Secure Treatment Center serves patients civilly committed as sexually violent persons.

- Recovery Participation [number of WRC inmates who have an Achieving Wellness and Recovery Everyday (AWARE) plan] has increased in past years.
- WRC reduced the percentage of readmissions from Department of Corrections (DOC) facilities within 60 days of discharge and is under the goal of 3%.
- WRC is continuing to attempt to lessen incidences of physical assaults.
- SRSTC has developed performance measures related to participation in treatment. The target for participation in the Sexually Violent Persons treatment programs is 80%. In fiscal year 2013, treatment participation at SRSTC is 79%.
- Treatment participation in programs beyond the Motivation Assessment Program (MAP) target is 90% and in FY13 the participation rate was 86%.

DMHSAS supports community mental health and substance abuse services in partnership with Wisconsin counties and private provider organizations across the state. Community services focus on prevention, treatment, and recovery programming.

- DMHSAS tracks satisfaction data for people using community based mental health services. In calendar year 2012, 89.6% of parents with children engaged in treatment identified satisfaction with the quality of their services. For adults engaged in treatment, 74.2% reported satisfaction with the quality of their services.
- DMHSAS measures the percentage of people that complete substance abuse treatment administered by county service providers. The 2009 National Average for treatment completion was 42%. In Wisconsin, 49% of adults completed treatment and 49% of youth completed treatment in calendar year 2011, therefore exceeding the national average for both adults and youth.
- DMHSAS is working with county provider systems to increase treatment completion rates as these correlate with positive post treatment outcomes.

DMHSAS operates community forensic treatment programs that support people with criminal justice histories and associated mental health concerns. Individuals live meaningful and productive lives in safe, secure community settings.

- The Conditional Release Program has set a goal of having less than 2% clients convicted of a new offense. This rate has continued to decline from 1.9% in fiscal year 2009 to 0.2% in fiscal year 2013.
- Conditional Release clients are expected to become financially self-sustained 30 days prior to discharge. The target for this goal is 75% of the population. In fiscal year 2010, 100% of participants were financially self-sustained; in fiscal year 2013, the rate was 94.2%; both rates exceeded the target.
- In the Supervised Release (SR) Program for people committed as Sexually Violent Persons, an established performance target is 50% of participants will attain meaningful employment and/or participate in volunteer or educational activities. In fiscal year 2013, 36% of SR released clients were employed and 9% of participants were involved in volunteer or educational activities, for a total of 45%.

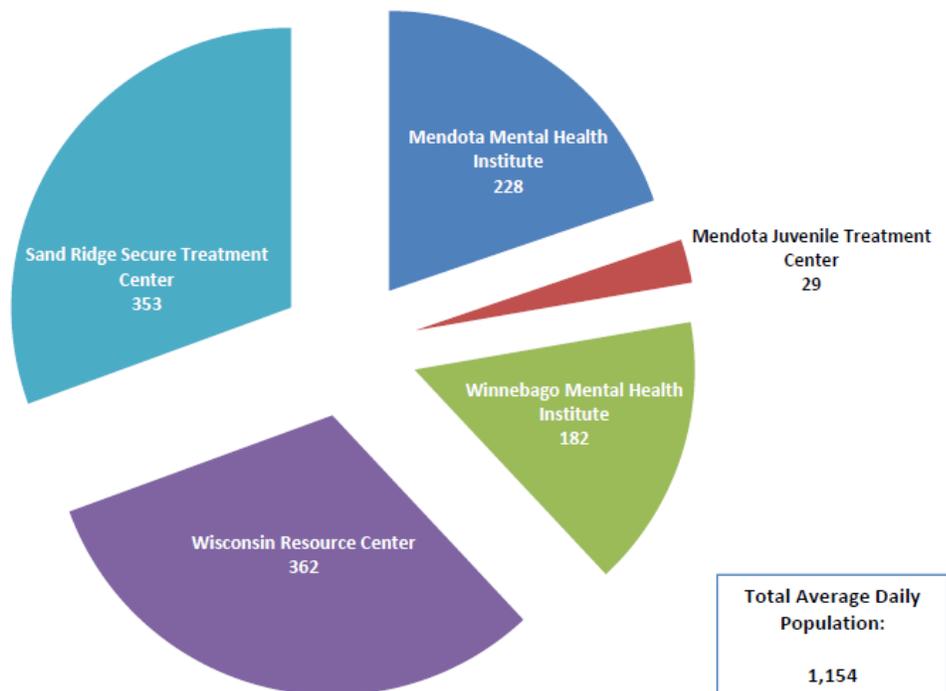
DMHSAS assures client's rights are protected throughout Wisconsin's public and private mental health and substance abuse treatment programs.

- DMHSAS client' rights investigators work to resolve complaints and grievances at the lowest possible level. In fiscal year 2013, only 1% of total grievances were appealed to the 4<sup>th</sup> and final stage. This reflects on the quality of the effort to resolve complaints and grievances before the appeal process is exhausted.

# DMHSAS' Potential Clients

<b>Total Wisconsin Residents (2010 census)</b>	<b>5.7 million</b>
Adults (population age 18 and over)	4.3 million
Children (population age 17 and under)	1.4 million
<b>Residents with any mental health (MH) need</b>	<b>1,138,331 (20%)</b>
<b>Residents with a serious MH need</b>	
Adults	201,736 (4.6% of adults)
Children	106,879 (11.0% of children)
<b>Residents aged 12+ with substance abuse issues</b>	<b>448,000 (9.5%)</b>

Division of Mental Health & Substance Abuse Services  
**Clients Served in State Facilities on an Average Day**  
 FY 2013



## DMHSAS Performance Measure: Forensics & Civil - Inpatient

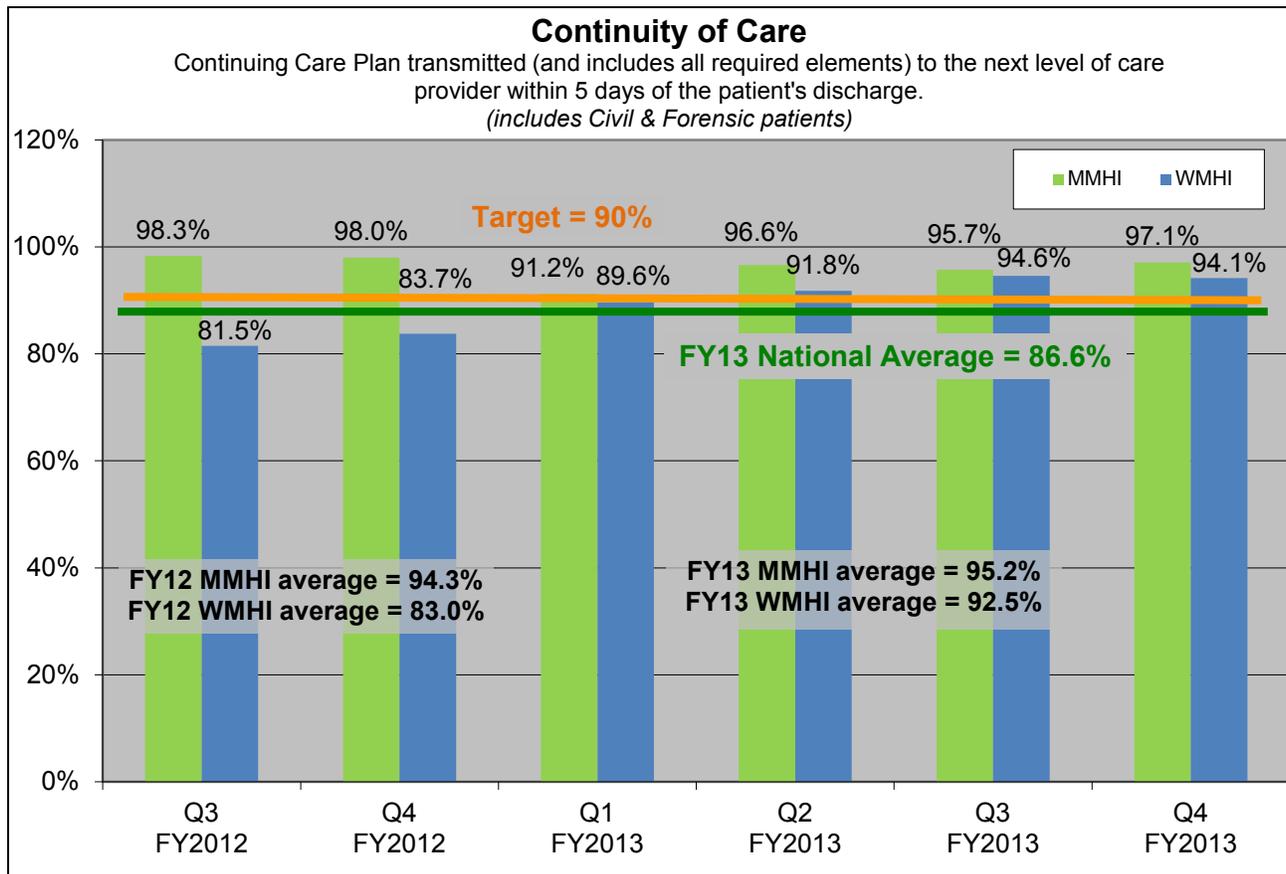
**Performance Measure:** Continuing Care Plan transmitted (and includes all required elements) to the next level of care provider within 5 days of the patient's discharge.

**Objective:** To ensure that optimal care is provided when a patient transitions from the inpatient setting into the community.

**Significance:** In order to provide optimum care, next level of care providers need to know details of precipitating events immediately preceding hospital admission, the patient's treatment course during hospitalization including rationale and target symptoms for medications changed, discharge medications and next level of care recommendations. Goal is to increase the percent of patient discharges for which a Continuing Care Plan was transmitted to the next level of care provider within 5 days of the patient's discharge.

**Data Source:** Audit of discharged patient charts. This measure is also reported to the Joint Commission as a Core Measure.

**Program Area:** Mendota Mental Health Institute (MMHI)  
Winnebago Mental Health Institute (WMHI)





## DMHSAS Performance Measure: Civil – Inpatient

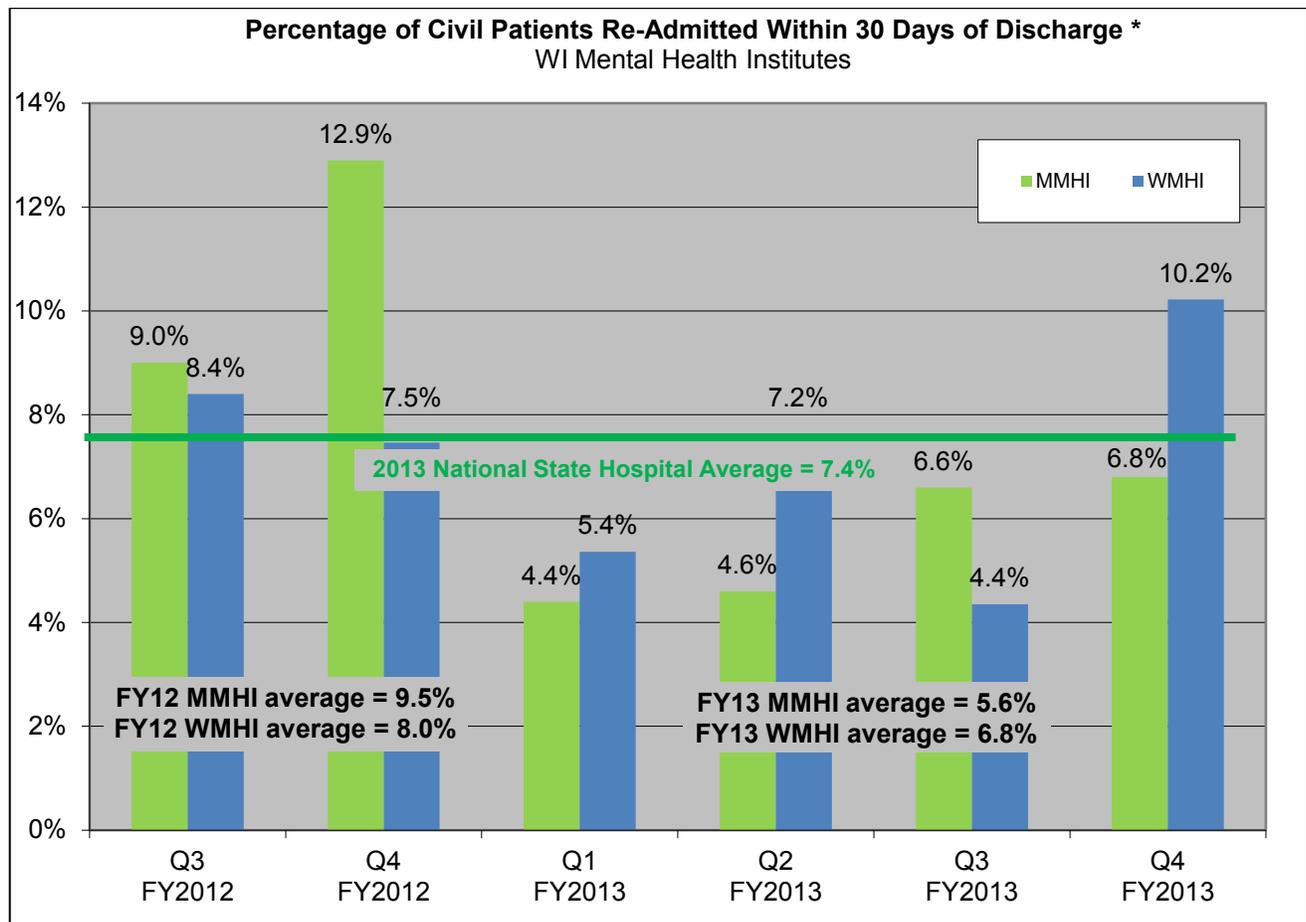
Performance Measure: Re-admissions to state psychiatric hospital within 30 days

Objective: Treatment Efficacy - Individuals discharged from an inpatient hospitalization are able to successfully remain in the community. This is a measure of inpatient and community treatment efficacy, discharge planning and continuity of care.

Significance: Provides information regarding the efficacy of the State's mental health system across all settings - from the inpatient setting to the community. Goal is to reduce the percent of readmissions.

Data Source: Insight

Program Area: Mendota Mental Health Institute (MMHI)  
Winnebago Mental Health Institute (WMHI)



\* Data includes readmissions from unique situations, such as a return from court or a general hospital.



## DMHSAS Performance Measure: Community – Mental Health

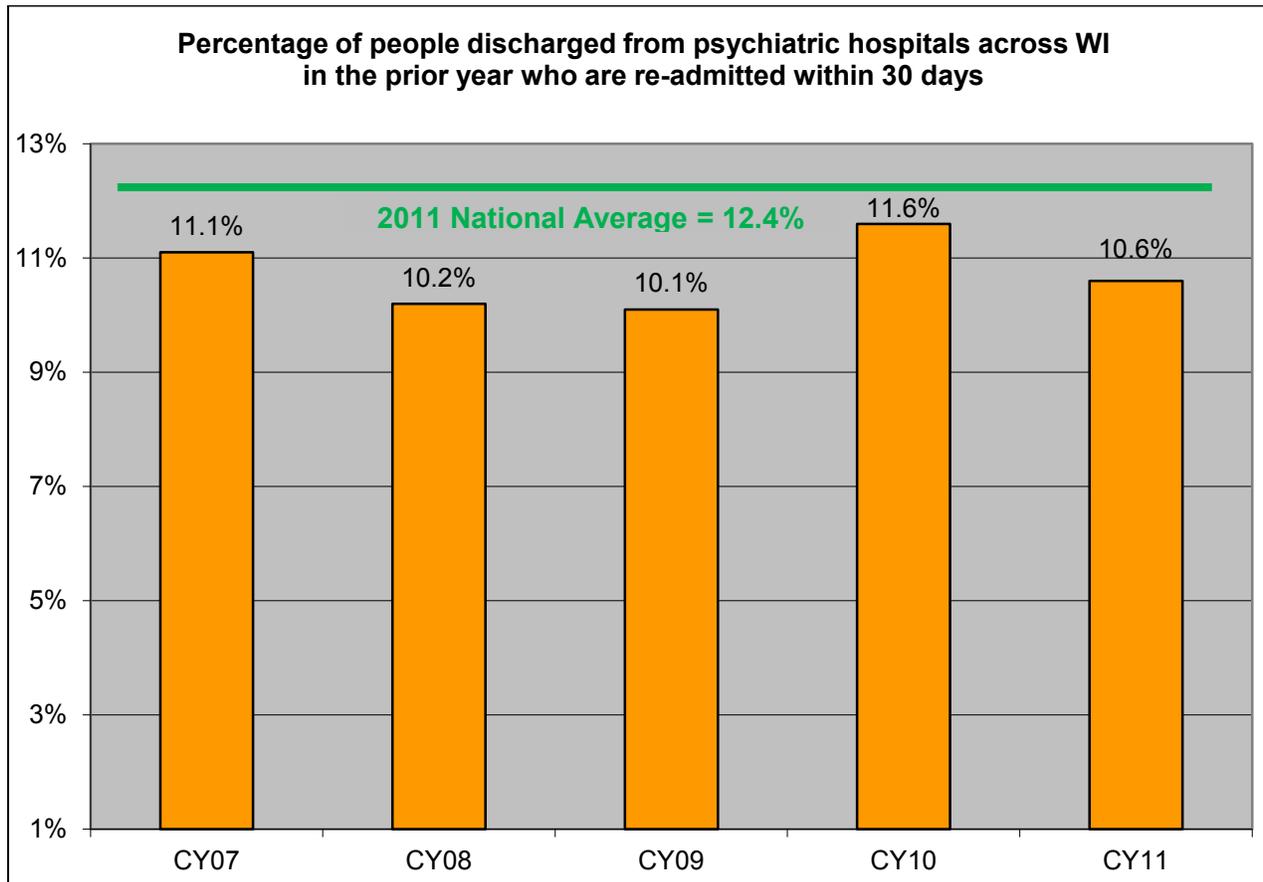
**Performance Measure:** Utilization of Inpatient Psychiatric Hospitals in the Public System - Percentage of county-authorized persons readmitted within 30 days to psychiatric hospitals across WI

**Objective:** Decrease the rate of readmission to inpatient psychiatric hospitals within 30 days by one percent annually.

**Significance:** Community-based treatment is at the core of the Wisconsin service delivery philosophy. Reducing readmissions to psychiatric hospitals reduces costs and facilitates the use of other community-based treatment approaches. The consumer should be placed in the least restrictive, most appropriate level of care.

**Data Source:** Human Service Reporting System (HSRS), Uniform Reporting System table 21

**Program Area:** Bureau of Prevention Treatment & Recovery  
*CY12 data is not available at this time.*



## DMHSAS Performance Measure: Community – Mental Health

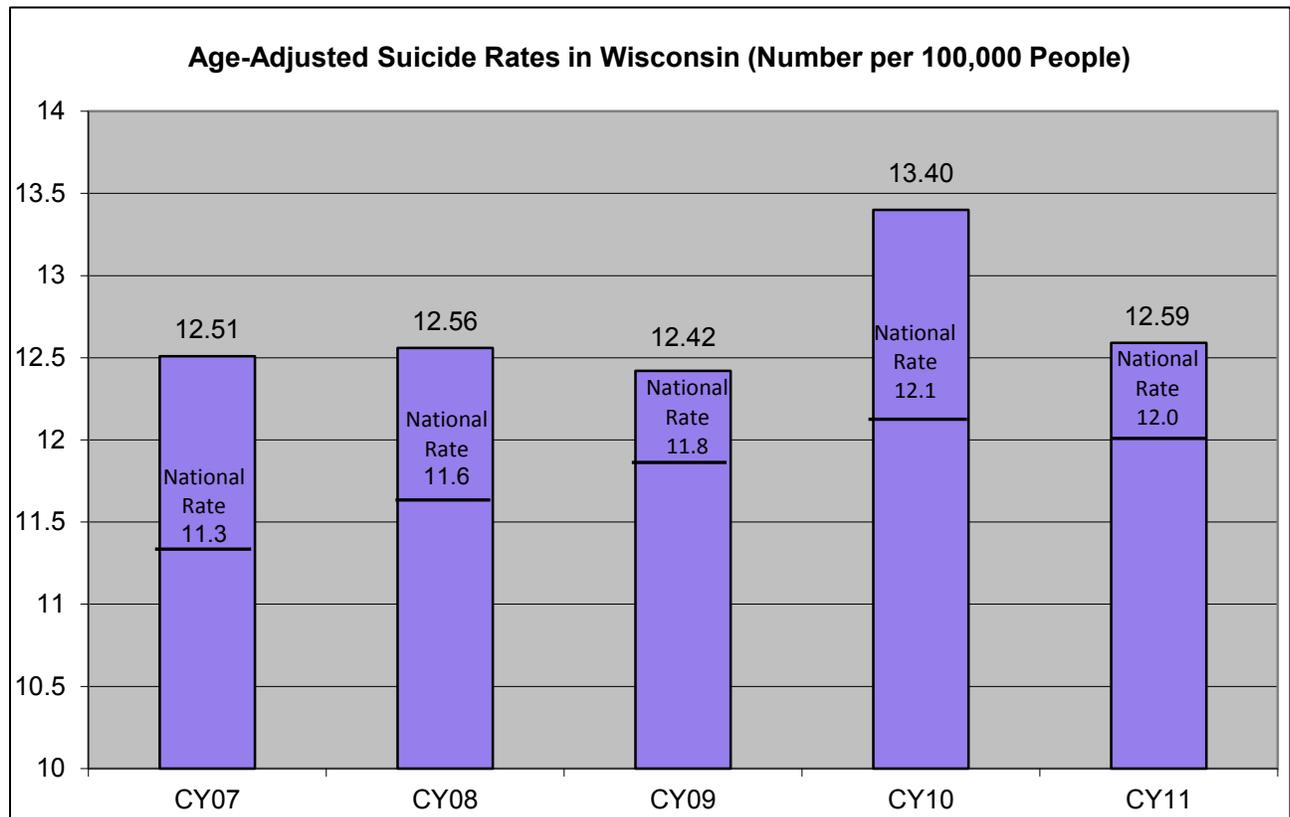
Performance Measure: Age-Adjusted Suicide Rates in Wisconsin (Number per 100,000 People)

Objective: To reduce disparities in suicide and mental health disorders for disproportionately affected populations, including those of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status.

Significance: Reducing the rates of suicide and mental health disorders in population groups identified by characteristics such as race/ethnicity, sexual orientation, and age will increase health equity and quality of life. Suicide rates are typically higher for certain demographic groups which indicate these groups may experience greater risk factors and have a disproportionate unmet need for care. Identifying these disparities in the suicide rate helps prioritize for whom suicide prevention efforts should be targeted.

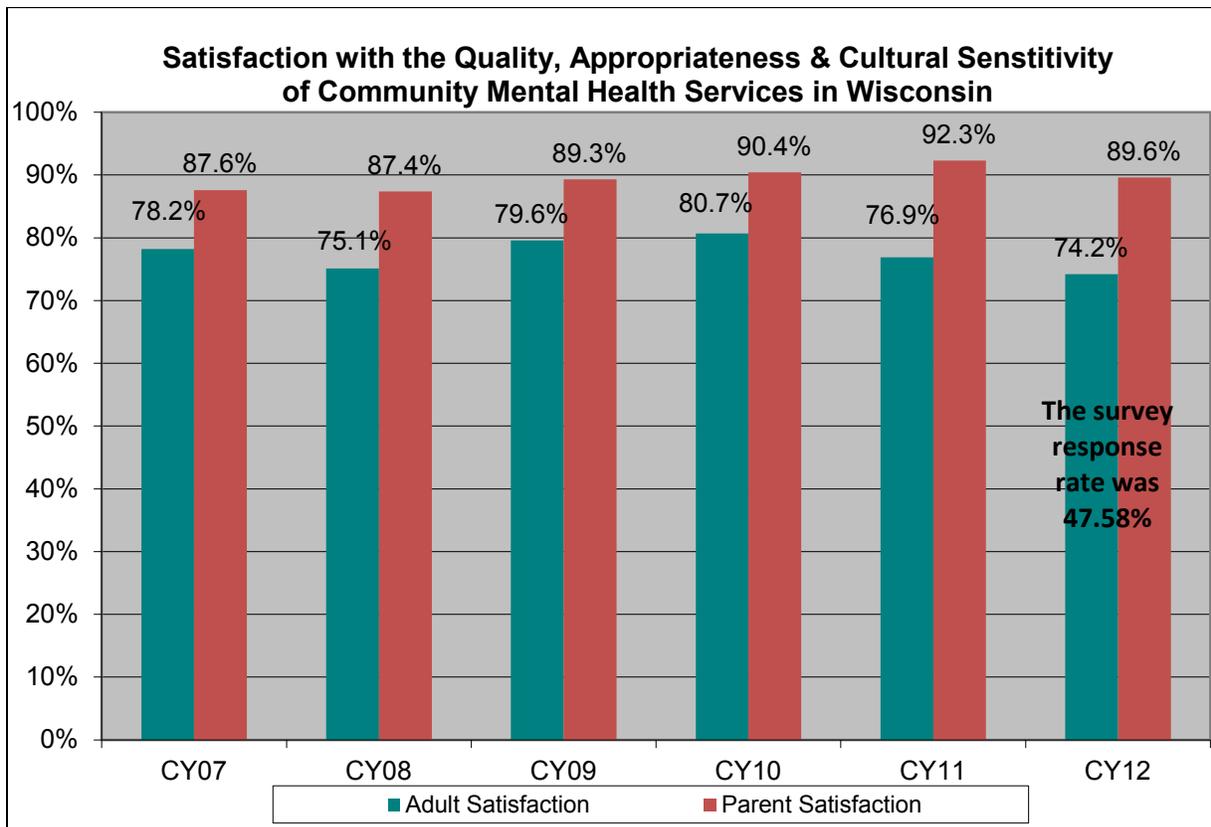
Data Source: Wisconsin Violent Death Reporting System provided the data for CY07-CY08. Wisconsin Interactive Statistics on Health Mortality Data provided the data from CY09-11

Program Area: Bureau of Prevention Treatment & Recovery  
*CY12 data is not available at this time.*



## DMHSAS Performance Measure: Community – Mental Health

Performance Measure:	Satisfaction - The quality, cultural sensitivity and appropriateness of mental health services received
Objective:	To increase the percentage of consumers who perceive their mental health services to be delivered in an appropriate, supportive manner by two percent annually.
Significance:	Consumers who are provided quality, appropriate care are more likely to be engaged in their care. Quality care means consumers are given information about their care to help them fully understand their rights and role in the care process. Quality care means that providers are respectful of consumers' preferences and individual needs and incorporate them into the plan of care. Consumers' cultural background should be used to individualize care and providers should convey to consumers that they believe they can recover. These elements of a quality, appropriate mental health care experience will increase consumers' chances for a successful recovery.
Data Source:	Mental Health Statistical Improvement Project (MHSIP) Satisfaction Survey
Response Rate:	For 2012 (surveys done in 2013): 47.58% (48.71% for adults and 46.37% for caregivers of children in the system)  Of those responding, the adult satisfaction rate was 74.2% and the parent satisfaction was 89.6%.
Program Area:	Bureau of Prevention Treatment & Recovery



## DMHSAS Performance Measure: Community – Substance Abuse

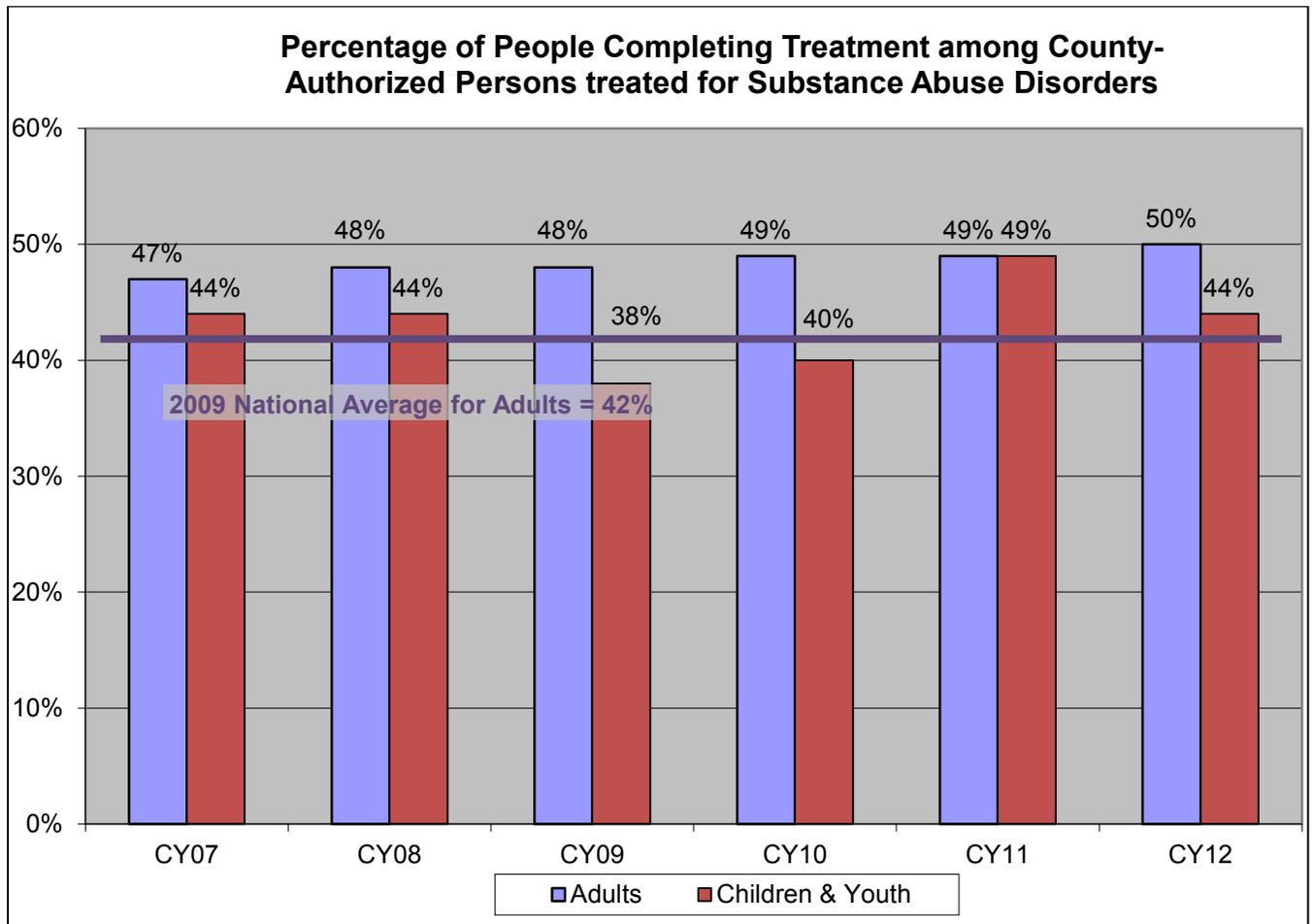
Performance Measure: Percentage of persons completing treatment among county-authorized persons treated for substance use disorders

Objective: Exceed the 2009 national average of 42%

Significance: Studies show that successful treatment completion predicts positive post-treatment outcomes (study citations available upon request)

Data Source: Human Services Reporting System (HSRS)

Program Area: Bureau of Prevention Treatment & Recovery



## DMHSAS Performance Measure: Community – Substance Abuse

Performance Measure: Percentage of heavy, episodic (binge) alcohol consumption

Objective: Be lower than the 2011 national average of 40% for adults age 18-25 and 21.9% for high school aged youth

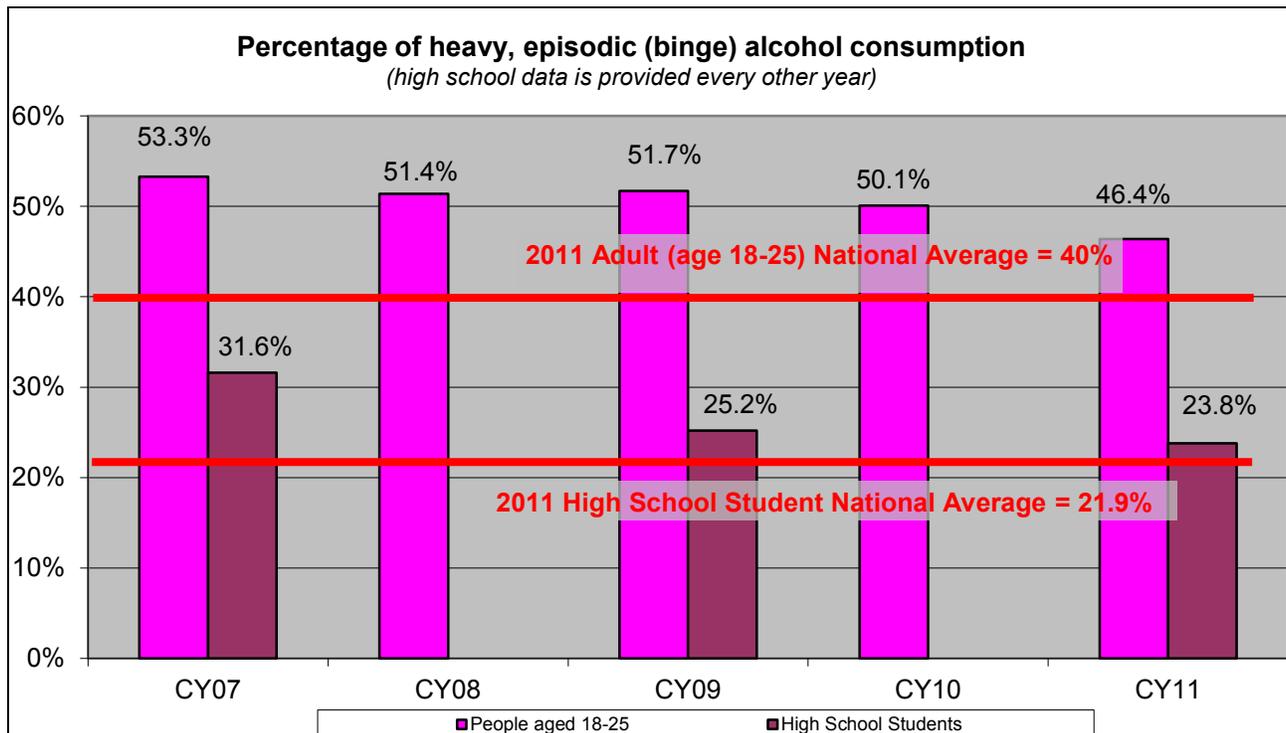
Significance: Binge drinking for males means having 5 or more drinks on an occasion of drinking; for females it is 4 or more drinks. A male who consumes 5 drinks in a three-hour period will have a blood alcohol concentration of .05 (.07 within two hours); a female who has 4 drinks in a three-hour period of time will have a BAC of .05 (.08 within two hours).

At a BAC of just .02, experiments have demonstrated that people experience some impaired judgment, decreased reaction time, a decline in their visual ability to track a moving object, and a reduced ability to perform two tasks at the same time.

At the .05 BAC level, people begin to exhibit more risk-taking behavior, drowsiness, loss of small-muscle control, loss of coordination, more impaired judgment and more impaired reaction time. According to the federal Centers for Disease Control (CDC), binge drinking accounts for more than 40,000 deaths and \$168 billion in economic costs (productivity losses, health-care expenses and criminal justice system costs) each year in the United States.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) & Youth Risk Behavior Survey (YRBS)

Program Area: Bureau of Prevention Treatment & Recovery



## DMHSAS Performance Measure: Community – Substance Abuse

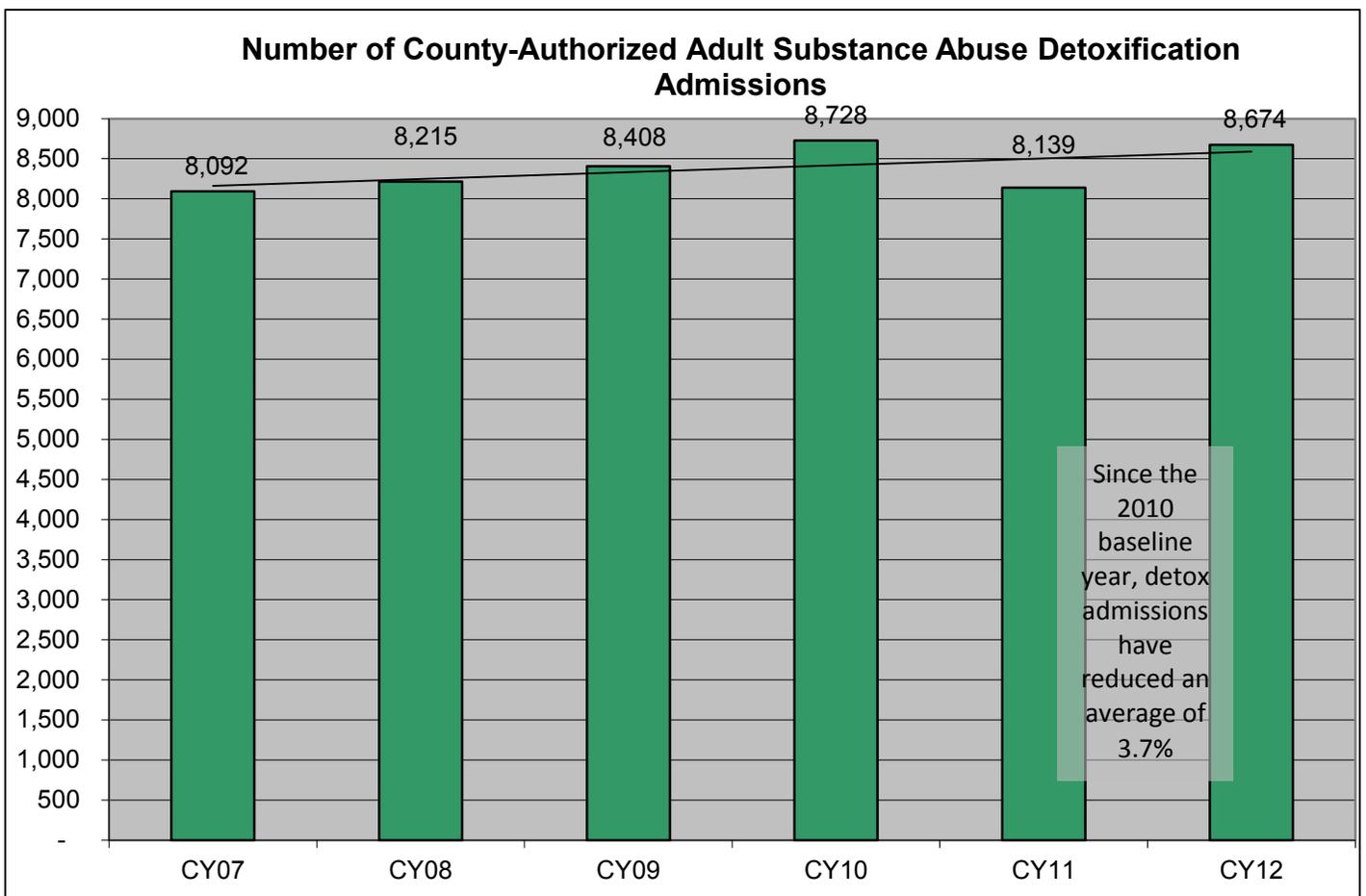
Performance Measure: Number of county-authorized adult substance abuse detoxification admissions

Objective: Reduce by 2% the previous year's detoxification admissions

Significance: Detoxification (detox) is one of the most expensive substance abuse services (\$2,280 for a 3-day stay) and many detox admissions are preventable through post-discharge referrals for continuing treatment.

Data Source: Human Service Reporting System (HSRS), Medicaid Interchange Data

Program Area: Bureau of Prevention Treatment & Recovery



## DMHSAS Performance Measure: Inpatient – Client Rights

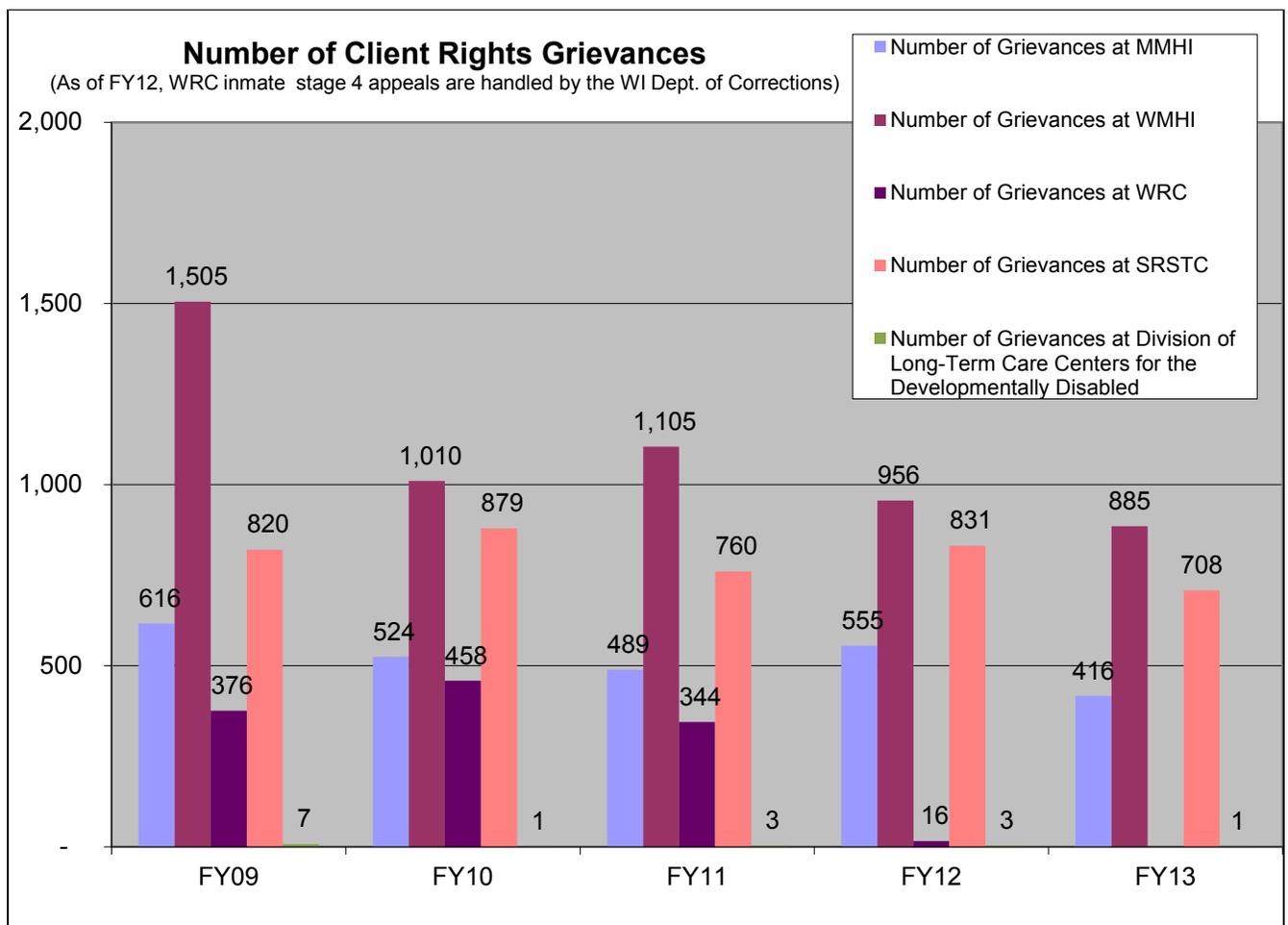
Performance Measure: Number of Grievances

Objective: Patients have the right to file as many complaints as they wish. The Clients Rights Office objective is to ensure that all complaints are processed in a fair and timely manner at all levels of the procedure.

Significance: Most complaints are resolved at the first level of the grievance process. The numbers of grievances filed do not necessarily reflect on the quality of services provided, but may reflect a multitude of other issues – such as patient type, acuity levels, or other issues the facility may have little control over.

Data Source: Client Rights records

Program Area: Client Rights Office



## DMHSAS Performance Measure: Inpatient – Client Rights

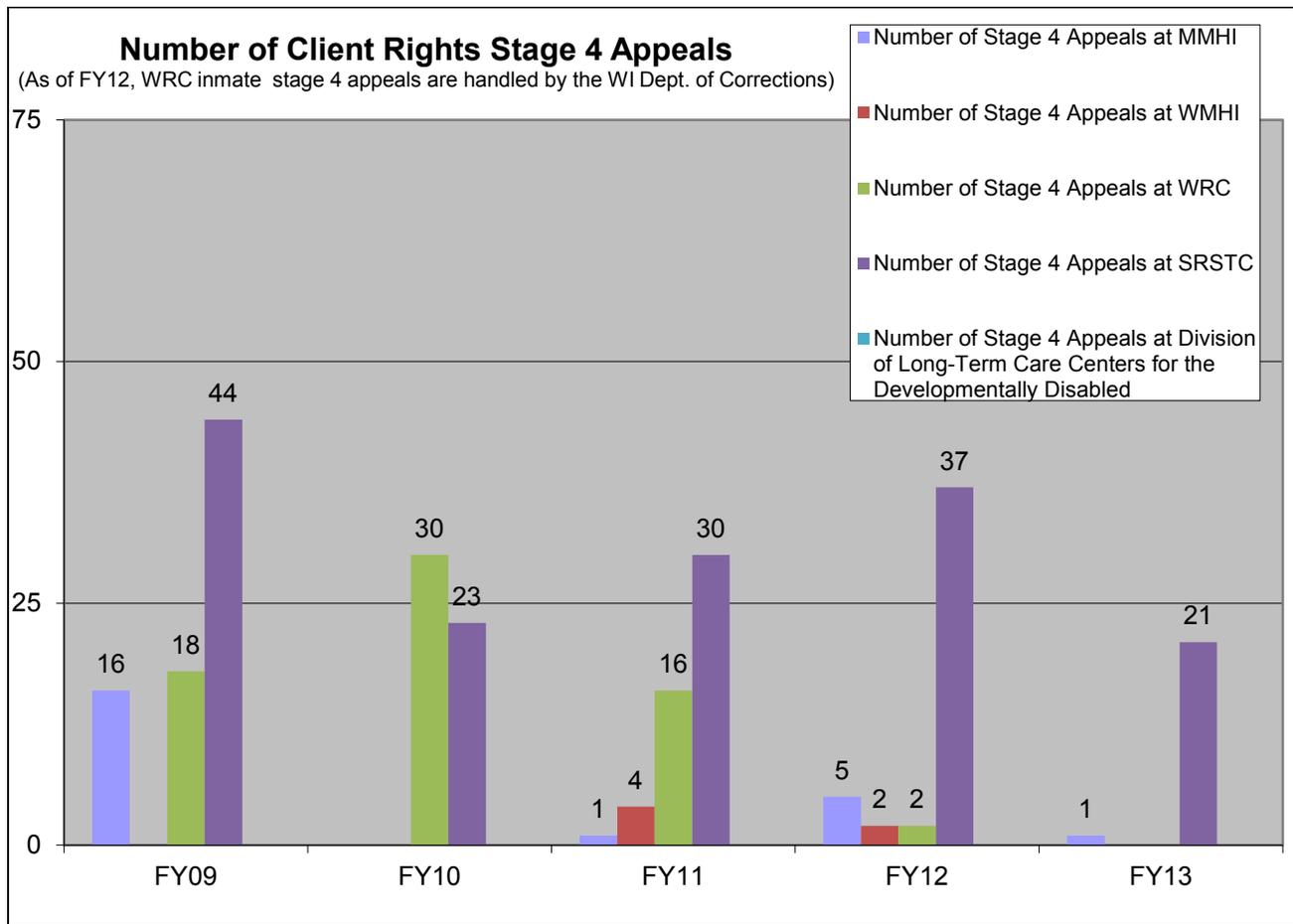
Performance Measure: Stage 4 Appeals

Objective: Patients have the right to appeal any grievance decision up to the final fourth stage. The Client Rights Office objective is to ensure that patients are informed of their appeal rights and their right to also take the matter to court.

Significance: The numbers of appeals to the fourth level of the grievance process are insignificant compared to the total numbers of complaints filed. That reflects on the quality of the process to resolve all of the issues that can be resolved before the appeal process is exhausted.

Data Source: Client Rights records

Program Area: Client Rights Office



## DMHSAS Performance Measure: Forensics – Community

Performance Measure: Percentage of clients financially self-sustained 30 days prior to discharge

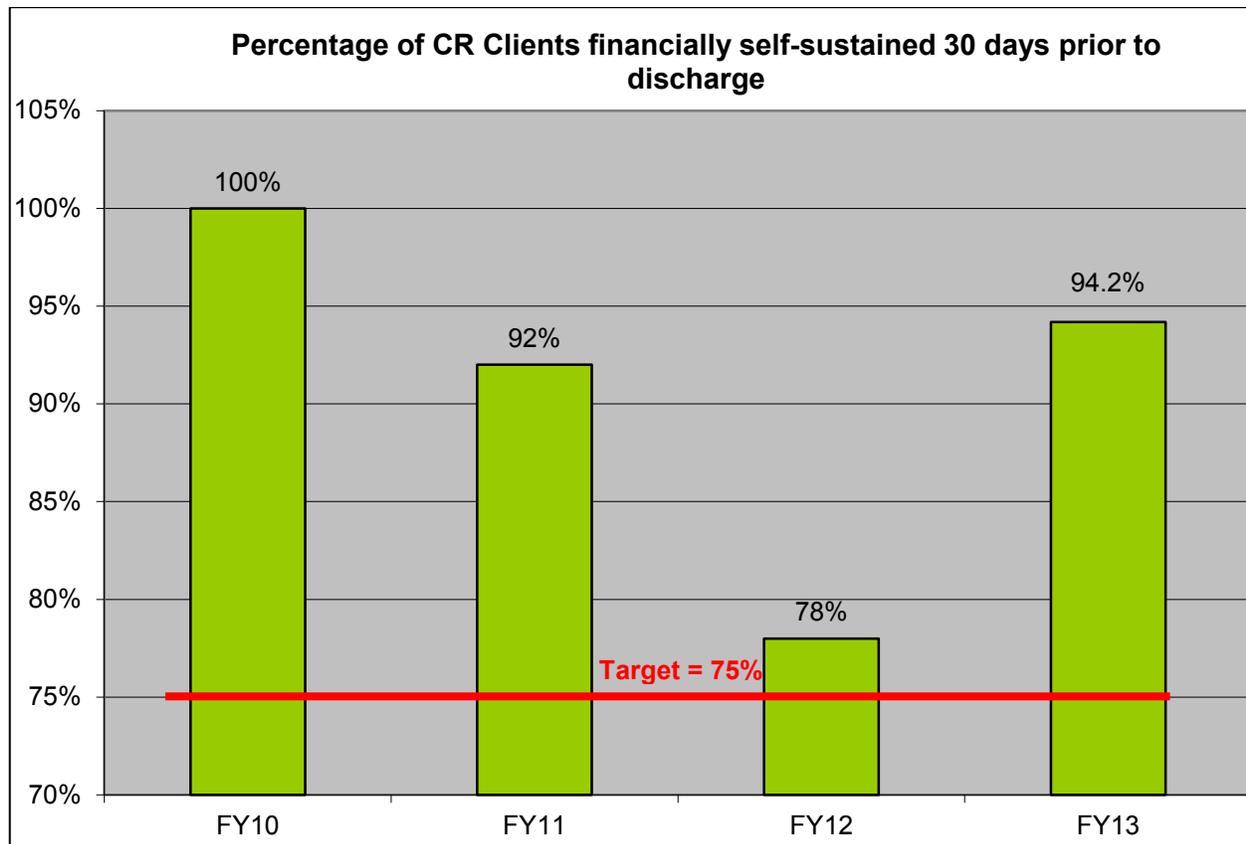
Objective: Independence – clients are able to live independently and are financially independent.

Significance: The DHS Conditional Release (CR) Program works with Individuals who have been committed by the courts to the Department as Not Guilty by Reason of Mental Disease or Defect and released to the community.

The program's primary mission is ensuring community safety. Community safety is enhanced by addressing each client's risk factors from a person centered planning perspective and assisting clients to establish and maintain long term financial, personal and housing independence.

Data Source: Data is collected from five regional providers

Program Area: Conditional Release



## DMHSAS Performance Measure: Forensics – Community

Performance Measure: Percentage of clients who are not convicted of new crimes

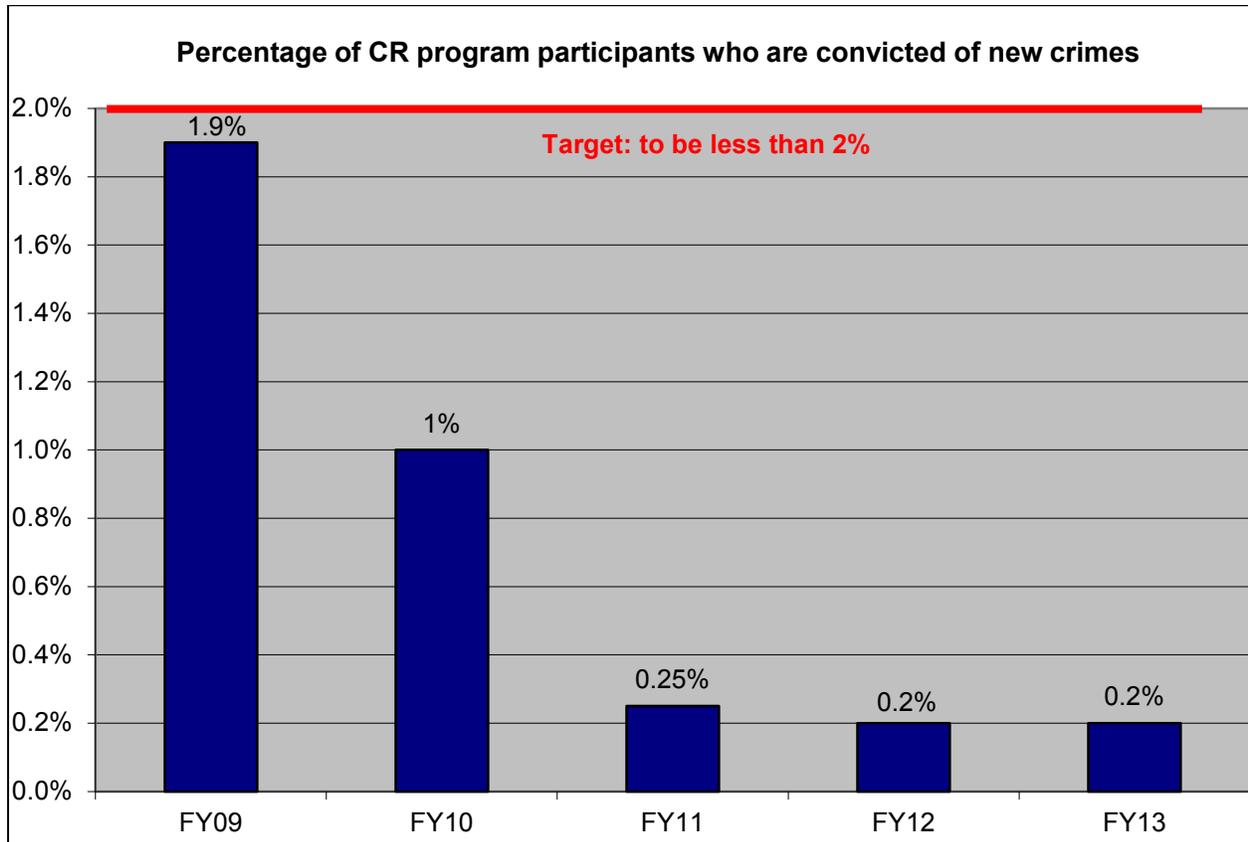
Objective: Community Safety – Services are delivered to clients in a manner that ensures the safety of the general public, clients and staff.

Significance: The DHS Conditional Release (CR) Program works with Individuals who have been committed by the courts to the Department as Not Guilty by Reason of Mental Disease or Defect and released to the community.

The program's primary mission is ensuring community safety. Community safety is enhanced by addressing each client's risk factors from a person centered planning perspective and assisting clients to establish and maintain long term financial, personal and housing independence.

Data Source: Data is collected from five regional providers

Program Area: Conditional Release



## DMHSAS Performance Measure: Inmate – Community

Performance Measure: Percentage of program participants who receive benefits, minimizing costs incurred by the Opening Avenues to Reentry Success (OARS) program

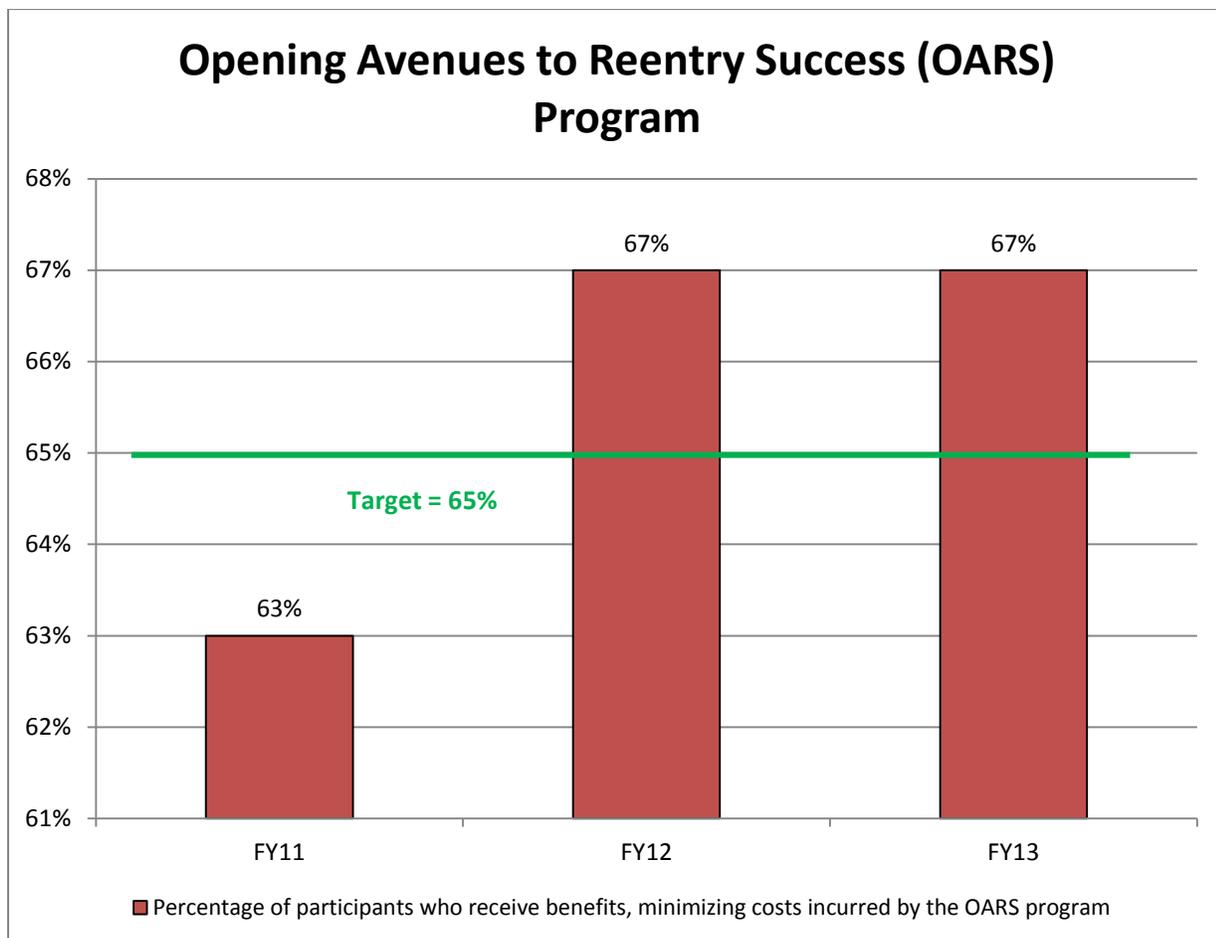
Objective: Fiscal responsibility and financial sustainability

Significance: The OARS Program works with moderate-high risk offenders who have severe and persistent mental illness.

Maintaining stable housing and the ability to afford one's basic needs are core elements of successful community reintegration for this population.

Data Source: OARS records

Program Area: Opening Avenues to Reentry Success



## DMHSAS Performance Measure: Inmate – Community

Performance Measure: Percentage of program participants who are convicted of new crimes

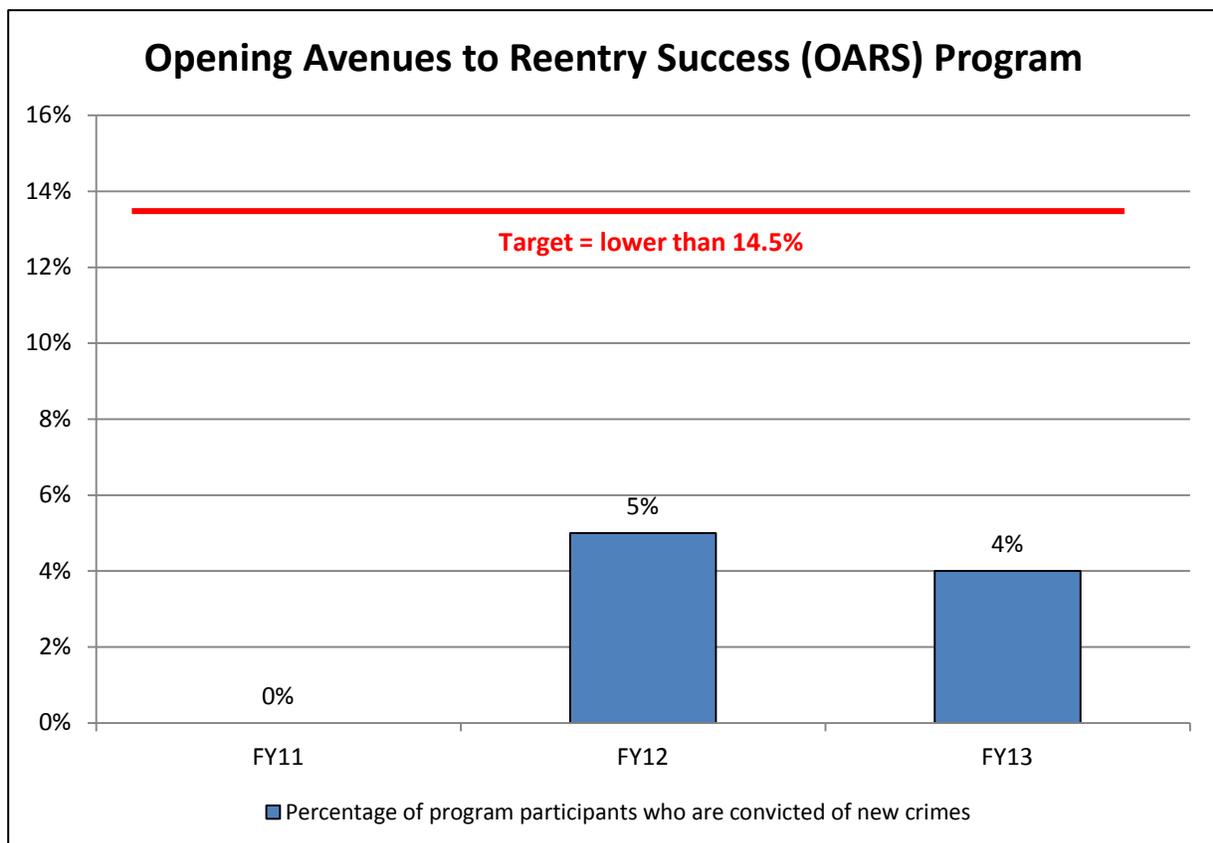
Objective: Community Safety – Services are delivered to participants in a manner that ensures the safety of the general public, participants and staff.

Significance: The Opening Avenues to Reentry Success (OARS) Program works with moderate-high risk offenders who have severe and persistent mental illness.

The program's mission is to reduce recidivism and revocation rates through specialized supervision and individualized case management. The program's vision is 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.

Data Source: OARS records

Program Area: Opening Avenues to Reentry Success



## DMHSAS Performance Measure: Inmate – Facility

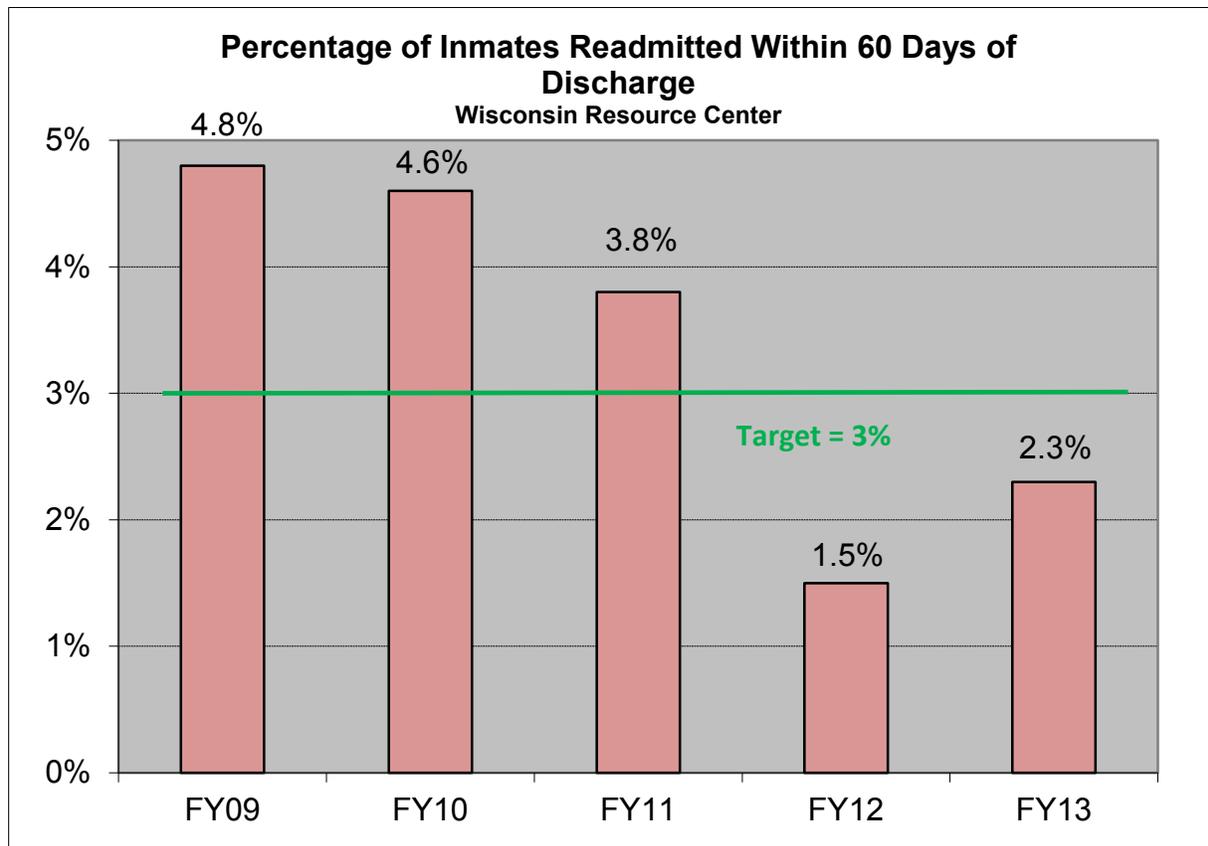
Performance Measure: Percentage of readmissions from Department of Corrections (DOC) facilities within 60 days of discharge, planned & unplanned

Objective: Reduce readmissions within 60 days (except if readmitted for specific treatment needs)

Significance: The treatment provided to correctional inmates at the Wisconsin Resource Center (WRC) is effective in stabilizing the symptoms of mental illness so inmates can successfully return to a correctional facility or be released into the community on parole, without being a danger to themselves or others. Treatment effectiveness also supports the inmate to engage in self-help behaviors and take personal responsibility for self-actualization.

Data Source: Admissions  
*(data prior to FY10 includes planned readmissions)*

Program Area: Wisconsin Resource Center





## DMHSAS Performance Measure: Inmate – Facility

**Performance Measure:** Recovery Participation - number of Wisconsin Resource Center (WRC) inmates who have completed an Achieving Wellness and Recovery Everyday (AWARE) plan in the specified fiscal year

**Objective:** Every inmate at WRC creates a personal AWARE plan

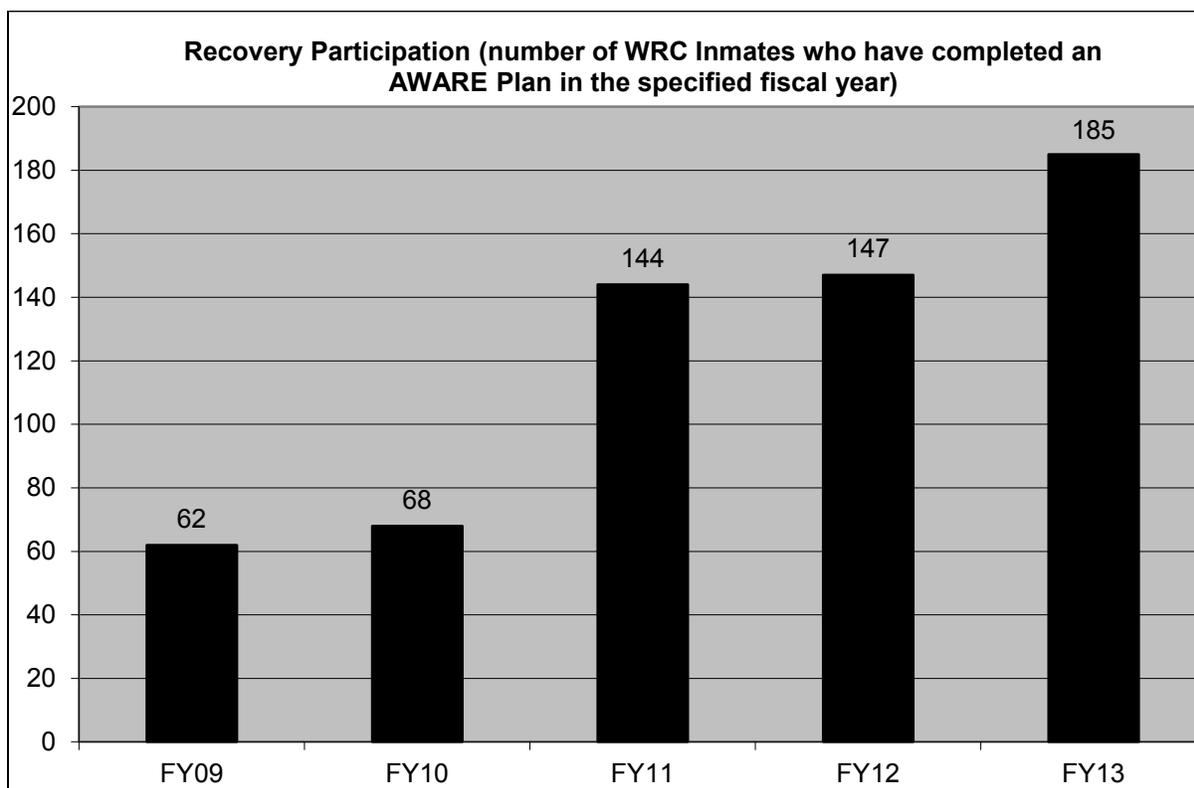
**Significance:** Individuals who take ownership of their wellness and mental health experience greater success. The recovery approach aims to improve the lives of individuals with mental health challenges.

Recovery involves creating a new personal vision for oneself:

- Reducing internalized stigma
- Developing whole personhood
- Incorporating Recovery concepts into one's life:
  - Hope
  - Personal Responsibility
  - Education
  - Self-Advocacy
  - Support

**Data Source:** The Copeland Center: <http://copelandcenter.com/>; Patricia F. Deegan, "Recovery: The Lived Experience of Rehabilitation;" Leroy Spaniol, et.al. "Reflections on Recovery", Illness Management and Recovery; a SAMHSA evidence-based practice

**Program Area:** Wisconsin Resource Center (WRC)



## DMHSAS Performance Measure: Inmate – Facility

Performance Measure: Total number of assaults  
(includes inmate to inmate & inmate to staff assaults)

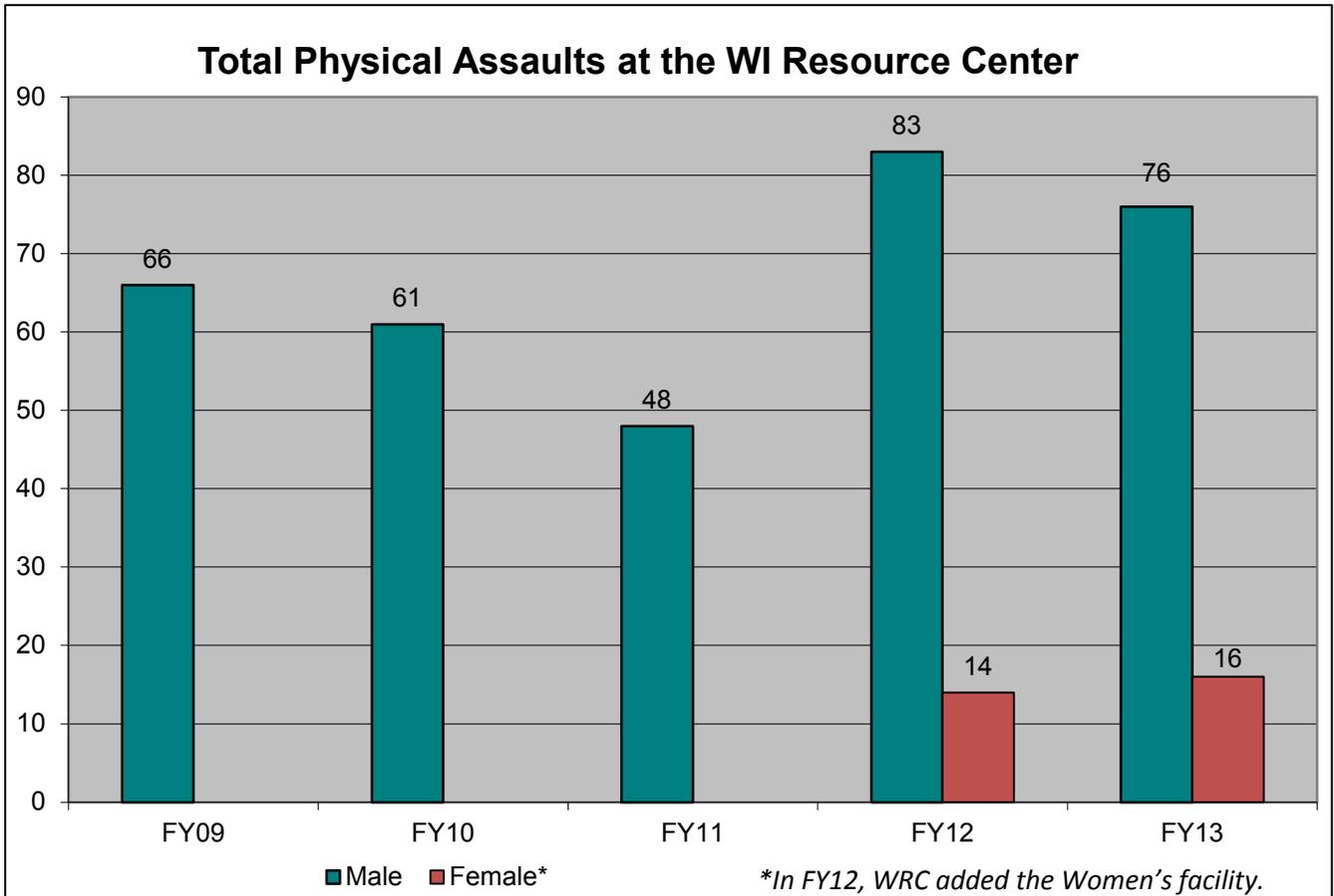
Objective: Reduce number of assaults at the Wisconsin Resource Center (WRC)

Significance: The secure treatment facility provides a safe environment for both the inmates being served and the staff who serve them.

*\*In FY12, WRC added the Women's facility.*

Data Source: Conduct Report Database

Program Area: Wisconsin Resource Center



## DMHSAS Performance Measure: Sexually Violent Persons - Community

Performance Measure: Percentage of clients with violations\*

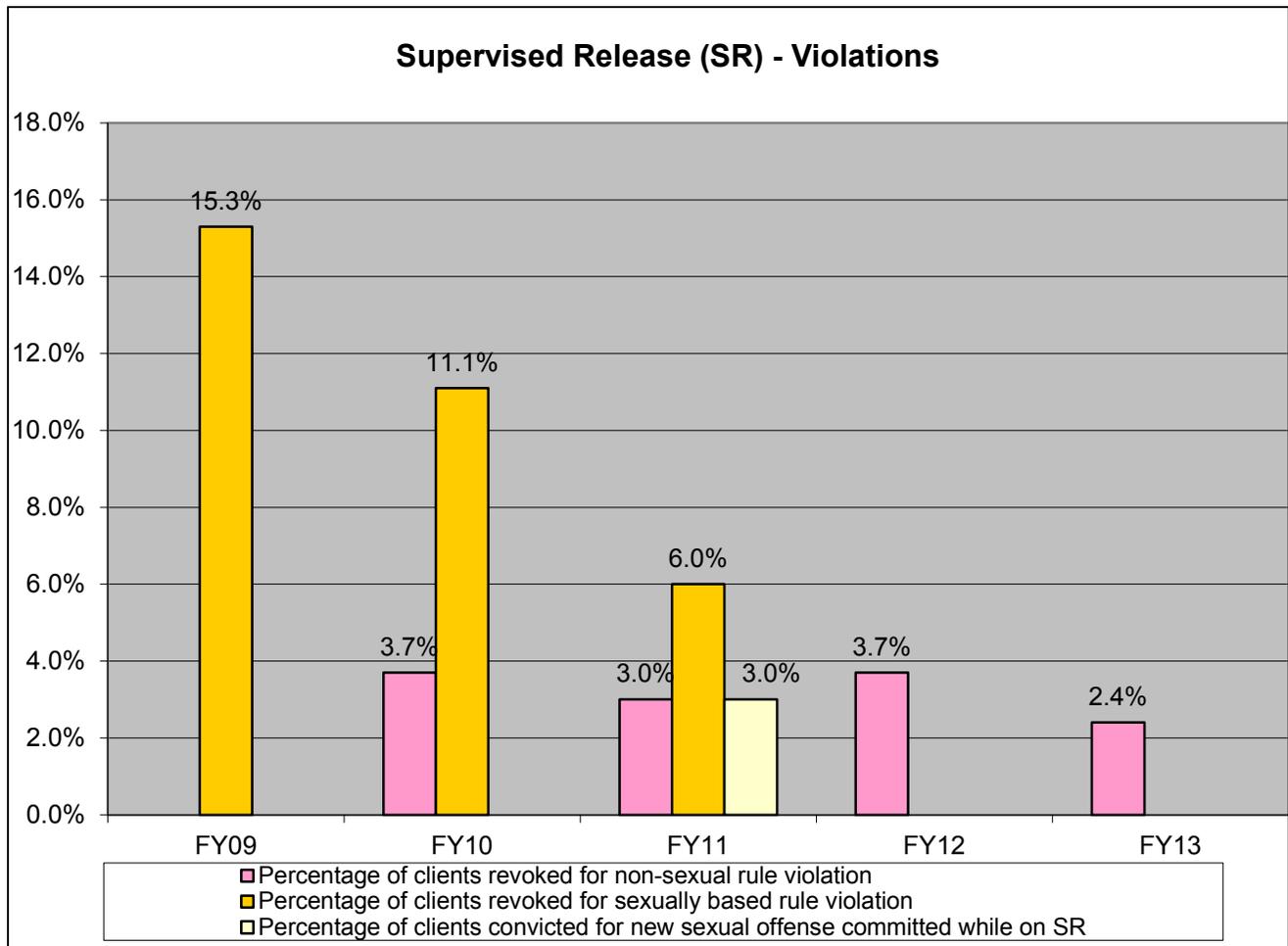
Objective: Maintain community safety when clients are in the community on Supervised Release.

Significance: When a client exhibits behavior that is considered a threat to the safety of others or engages in behavior that threatens future acts of sexual violence, revocation is pursued.

*\*In some cases, the violation which resulted in a revocation or conviction may have occurred in a previous FY*

Data Source: SRSTC Records

Program Area: Supervised Release



## DMHSAS Performance Measure: Sexually Violent Persons - Community

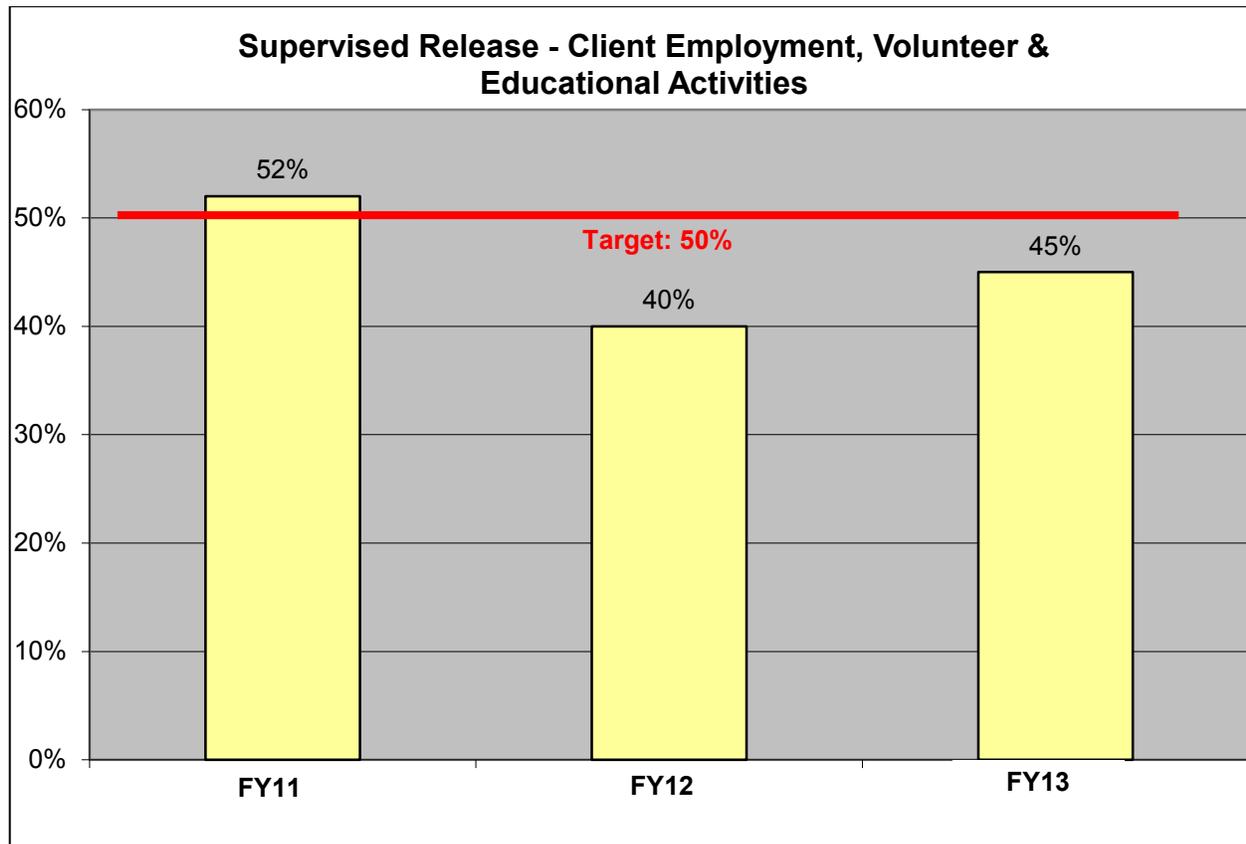
Performance Measure: Percentage of clients engaged in employment, volunteer, or educational activities

Objective: Reduce the risks of re-offending and prepare clients for movement to the next level of care by engaging in productive activities.

Significance: Engaging in employment, volunteer opportunities, and educational activities helps reduce risk for re-offending by providing clients with a responsible activity that is directly linked with being a productive member of the community. It also contributes to clients' self-esteem and independence and can help establish healthy relationships for the client in the community. Clients who are employed contribute to their cost of care.

Data Source: SRSTC Records

Program Area: Supervised Release





## DMHSAS Performance Measure: Sexually Violent Persons - Inpatient

Performance Measures: The percentage of committed patients who are participating in the Sexually Violent Persons (SVP) treatment program

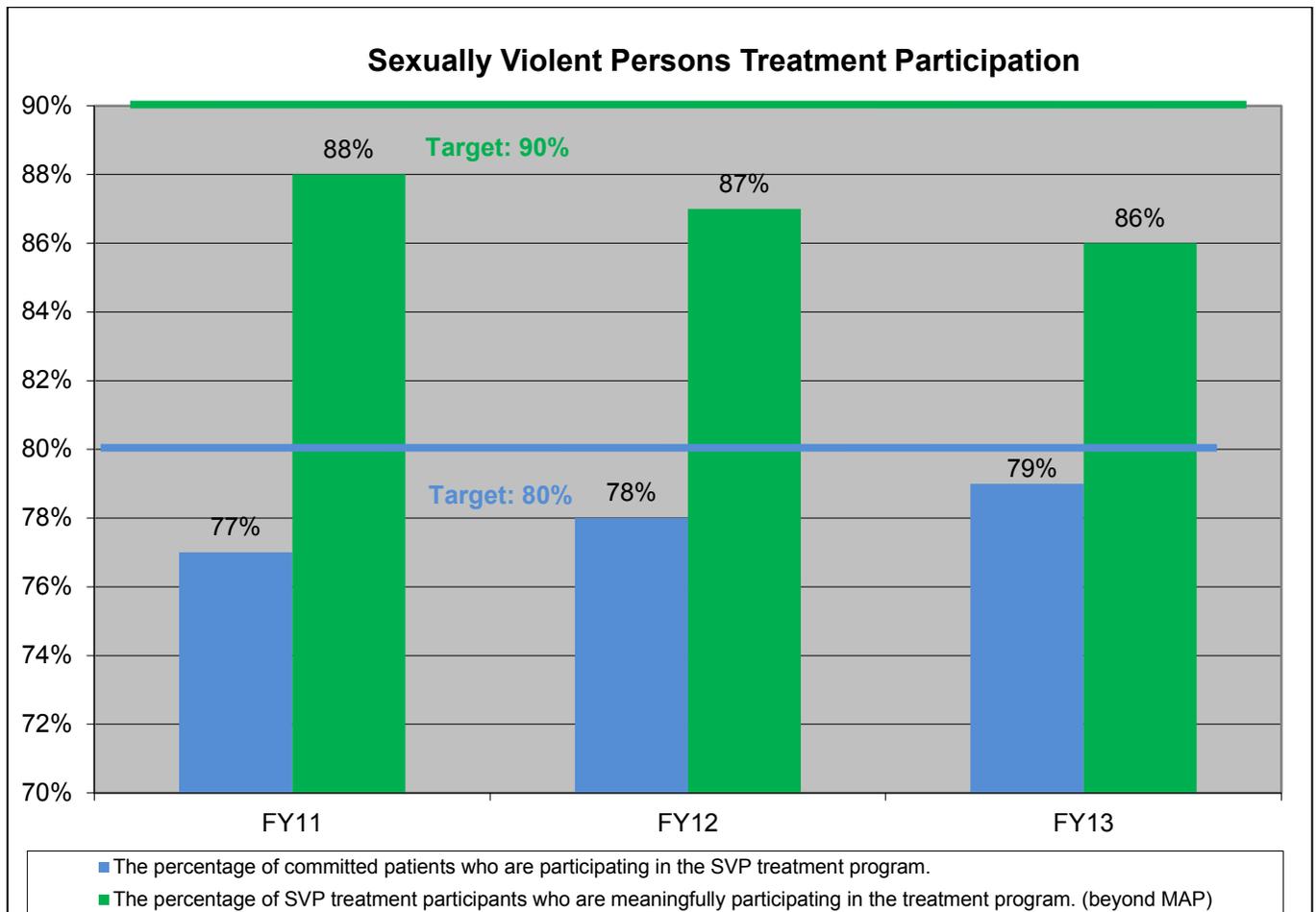
The percentage of SVP treatment participants who are meaningfully participating in the treatment program beyond the Motivation Assessment Program (MAP)

Objective: Enhance public safety via treatment

Significance: Involvement in treatment is a critical factor in effectively reducing risk of sexual violence.

Data Source: Data is collected from treatment records

Program Area: Sand Ridge Secure Treatment Center



# Quality Improvement Plans

DMHSAS has developed a performance quality improvement initiative for all primary service sections in the Division. Each service section identified an outcome measure to be targeted for improvement in the past fiscal year. The outcomes selected were chosen as performance measures:

- with significant impact to organizational operations
- related to performance expectations associated with national standards identified through industry leaders and/or accrediting organizations
- of interest to DHS administration including the DHS Secretary's Office and/or the DMHSAS Administrator's Office

This initiative creates a cycle of quality improvement and highlights primary measures of performance for DHS and the Wisconsin public. The following information provides a summary of each section's performance quality improvement initiative and the associated outcome.



*signifies that Quality Improvement Plan is tied to a Performance Measure*

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## Program Area: Civil – Inpatient, Mendota Mental Health Institute (MMHI)



**Quality Improvement Plan:** Reduction of 30 Day Civil Readmission Rate

**Outcome:** This goal was met. The goal is 7.4% or below; the FY13 rate was 5.6%, which was reduced from the FY12 rate of 9.5%.

- The Readmission Workgroup met regularly during FY2013 to review the literature, identify trends and discuss specific cases and interventions. Workgroup members were: Social Services Program Director, Civil Program [(Geropsychiatric Treatment Unit (GTU) and Civil Secure Treatment Unit (CSTU)] Social Workers, CSTU Physician, Policy and Standards Director, MTU Psychiatrist
- A spreadsheet was developed to help with data review. Geropsychiatric Treatment Unit (GTU) and Civil Secure Treatment Unit (CSTU), two civil units, also began piloting an adapted version of WMHI's Readmission Analysis, as well as the Crisis Plan Document. These interventions (as well as others that may be identified as we proceed) will continue during FY2014.

## Program Area: Civil – Inpatient, Winnebago Mental Health Institute (WMHI)



### Quality Improvement Plan: Reduction of 30 Day Civil Readmission Rate

**Outcome:** This goal was met. The goal is 7.4% or below; the FY13 rate was 6.8%, which was reduced from the FY12 rate of 8.0%.

- Pre-Crisis Readmission Rate (January 2012-August 2012) is 8.56% and the Post-Crisis Readmission Rate (September 2012-April 2013) is 5.19%.
- The data revealed that 7 individuals accounted for 22% of WMHI's Civil Readmissions. In addition, 25 individuals with 2 or more 30-Day Readmissions accounted for 48% of WMHI's 30-Day Civil Readmissions. It was decided to focus analysis on the "multiple readmissions" in an effort to determine if there are trends or similarities that would lead to identifying effective treatment or aftercare resources that would support the individual in the community. Our plan is to partner with the community supports to identify methods that can be utilized to maintain the individuals in the community.
- The crisis plan will be reviewed with the patient to determine if it was helpful and to make appropriate revisions as necessary.

## Program Area: Community - Mental Health



### Quality Improvement Plan: Reduction of 30 Day Civil Readmission Rate

**Outcome:** This goal was met. Rate is 10.6 % in CY11. Lowered from previous year (11.6% in CY 10) and lower than 2011 national average (12.4%)

- Since 2010, 23 counties have participated in Mental Health Collaborative, featuring the University of Wisconsin's Center for Health Enhancement Systems Studies-Network for the Improvement of Addictions Treatment (NIATx) change projects
- Currently provide coaching to 7-8 counties with high volumes of readmissions & ability to change
- Some counties don't utilize state hospitals (i.e. some operate county hospitals)
- Trying to expand the Collaborative to any county interested (Feb. "Change Leadership Academy") ~14 of 72 counties & Area Administration participated-small scale systems change
- Counties develop phone contact with clients 2-3 days after discharge (seamless delivery of services)
- Target counties that send the most people to hospitals (bigger impact)

## Program Area: Inpatient, Client Rights

**Quality Improvement Plan:** Increase the number of people taking the client rights training to ensure that people who handle Level I complaints are properly certified as Client Rights Specialists

**Outcome:** This goal was met. Through May 2013, 142 people signed up for the CRS training and 116 completed the training curriculum.

- CRO is counting the number of people taking the training and have been gathering monthly stats for 2013. CRO has engaged regional office staff to promote the training among county provider agencies.

## Program Area: Forensics – Community, Conditional Release (CR)

**Quality Improvement Plan:** Increase the proficient use of Motivational Interviewing (MI) techniques by contracted Conditional Release (CR) providers

**Outcome:** This goal was met. In FY13, 177 staff working with Community Forensics attended 5 trainings sponsored by Community Forensics during the spring of 2013. This signifies an increase in attendance from FY12 of 81 staff.

- This is a partnership with Bureau of Prevention and treatment and Recovery, the Mental Health Institutions and the WI Department of Corrections.
- CR case managers and agents are adopting and moving toward implementing MI to assist clients with their treatment adherence and recovery. CR philosophy promotes community safety through client treatment.
- CR Program staff will continue to be guided sequentially through the training, implementation and maintenance phases of establishing MI skill development to ensure the maintenance of proficient MI skills. They will also assist client adherence to treatment and achieve overall better outcomes for recovery.
- In FY14, CR will be working with providers towards achieving basic proficiency of MI practice. MI fidelity checks will be determined by peer reviews of practice samples and, based on those results; each case manager will develop a plan for skill development.

## Program Area: Inmate – Community, Opening Avenues to Reentry Success (OARS)

**Quality Improvement Plan:** The OARS program target is to increase the percentage of successful program completions by 5%

**Outcome:** In FY12, 27% of the OARS participants successfully completed the program. In FY13, 28% of the OARS participants successfully completed the program. Although there was an increase, it did not achieve the goal stated. The OARS program will continue to strive for the target of a 5% increase.

- The OARS program provides an individualized, comprehensive, multidisciplinary team approach to participants in the pre-release and post release phases. The team regularly assesses program participants throughout their involvement in the program and works diligently with them to meet the successful program completion criteria



## Program Area: Inmate – Facility, Wisconsin Resource Center (WRC)

**Quality Improvement Plan:** Reduce re-hospitalization/recidivism using recovery concepts. Encourage and assist each inmate with severe mental illness to develop an AWARE (Achieving Wellness and Recovery Everyday) Crisis Intervention Plan prior to community release. With consent, WRC will share these plans with the County, Division of Community Corrections and Law Enforcement agencies, as applicable.

**Outcome:** This goal was met. In FY13, 185 inmates completed an AWARE plan, an increase from 147 in FY12.

- AWARE facilitators will meet with individuals having severe mental illness and encourage them to participate in Crisis Plan Development.
- Facilitators will make AWARE crisis planning groups available for inmate participation.
- WRC will work with Opening Avenues to Reentry Success (OARS), when applicable, to assist eligible inmates.
- Social Worker Release Planning will include securing a release from willing inmates to communicate the crisis plan with the release County, Division of Community Corrections (DCC) and Law Enforcement Agencies (LEA), as applicable.
- Inmates will receive contact information with the respective organizations for crisis support.
- WRC will track whether or not the inmate has been contacted, attended the AWARE group, developed a plan, and signed a release.
- WRC will also track whether contact has been made with the County of release, DCC and LEA, and whether these organizations have accepted the plan.
- WRC will review inmates released over a protracted period to monitor and measure recidivism.

## Program Area: Sexually Violent Persons – Community, Supervised Release (SR)

**Quality Improvement Plan:** Improve the average cost of care per client per year, excluding DOC expenses, to under \$90K per person per year for FY 12-13. The Supervised Release program implemented cost savings initiatives in FY 12-13 with the intent of reducing the average cost of care per client per year (excluding DOC expenses) while not compromising our primary goal of community safety.

**Outcome:** This goal was met. Through the implementation of the cost saving initiatives, the average cost per client per year (excluding DOC expenses) for the Supervised Release Program in FY12-13 was \$81,812.

- In FY11-12, the average cost per client per year (excluding DOC expenses) in the Supervised Release Program was \$88,130
- The FY10-11 figure matches the FY12-13 amount. This was done without any increase in revocations, new sexual offenses, or new convictions as compared to the previous two FY's – in other words community safety was not compromised.

**Program Area: Sexually Violent Persons (SVP) – Inpatient,  
Sand Ridge Secure Treatment Center (SRSTC)**



**Quality Improvement Plan:** Increase the percentage of committed patients who are participating in the SVP program by 5%

**Outcome:** In FY13, the percentage of committed patients participating in the SVP program was 86%. This is slightly below FY12 data: 87%. SRSTC is implementing the following steps to attempt an increase in the target for the next fiscal year:

- **Re-structure Consent Procedures** - modify consent procedures, such that patients may consent to participate in components of the treatment program that are not Sex Offender Treatment specific.
- **Schedule Bi-Monthly Treatment Informational Meetings** - arrange bi-monthly meetings, grounded in Motivational Interviewing (MI) techniques, in which patients are given the opportunity to voice concerns, ask questions about the treatment program, offer opinions about which kinds of treatment groups they would find useful, etc. Staff adept in MI would facilitate these meetings.
- **New admission orientation via advanced treatment units** - place patients who are newly admitted on advanced treatment units (i.e. Phase Two/Three) for an orientation period of two months. If they consent to treatment during that time, they would be assessed and placed as appropriate. If they still choose not to consent to treatment after the two-month orientation period, they would be transferred to a pre-treatment unit.
- **Provide adequate training for staff in critical positions** - provide additional training and follow up for staff that are assigned to pre-treatment units or positions which directly relate to treatment consent (e.g. presenting the treatment consent form every six months). This initiative will require long-term ongoing attention and monitoring, rather than achieving it through a finite number of training sessions.

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Collaboration is the cornerstone of all successful endeavors and this project has been a huge collaboration across the division. An endeavor of this type requires someone who will tirelessly work to keep us on track, follow us around and remind us of deadlines and make sense out of all of the bits and pieces of information we provide in the course of compiling the data on the performance measures, quality improvement plans and meetings which result in one cohesive document. For us, in this project that person has been Lena Funseth. Thank you, Lena, for keeping us all focused on the outcome!

The Division appreciates the support of the Administration in engaging us in our goal of making use of the data we collect and report to others to better inform our decision-making within the department.

Thank you, everyone, for engaging in the goal of continuous quality improvement for DMHSAS.

*Linda A. Harris, DMHSAS Administrator*

*Patrick Cork, DMHSAS Deputy Administrator*