



Wisconsin
Department of Health Services

Division of Mental Health and Substance Abuse Services

**Office of Community Forensic Services
Annual Report**

**Fiscal Year 2014 (FY14)
July 1, 2013 – June 30, 2014
Amended November 2016**

P-00572 (12/2014)

From the Director

The Office of Community Forensic Services was created in October 2014 in recognition of the varied and important work performed by staff within the community forensics unit of the Department of Health Services Division of Mental Health and Substance Abuse Services.

Our mission is to ensure community safety and assist Wisconsin's judiciary in the efficient and effective processing of forensic cases in the criminal justice system.

We are committed partners with Wisconsin's judiciary and our mental health and criminal justice colleagues in the mission of making our communities safer; reducing jail, prison and mental health institution populations; and saving tax dollars by providing evidence-based, client-centered treatment to the clients served through the Community Forensic Programs.

I wish to thank all the dedicated individuals who contribute their expertise, passion and hard work to make these important community programs successful.

The *Office of Community Forensic Services Annual Report* serves as a review of our program goals and performance in an effort to promote accountability and a continuous cycle of quality improvement.



Glenn Larson,
Behavioral Health Director
Office of Community Forensic Services

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<http://www.dhs.wisconsin.gov/mentalhealth/cf/index.htm>

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Conditional Release Program

PROGRAM STATEMENT

The Conditional Release Program provides supervision and support to individuals who commit a crime, are found not guilty by reason of mental disease or defect (NGI), and are released into the community by the committing court, either directly by the court or after inpatient treatment at a state mental health institute (MHI). Under Wis. Stat. § 971.17, the program seeks to provide client-centered, recovery-focused, strengths-based community mental health services to these individuals while also managing risk to community safety.

The Conditional Release Program is part of a well-coordinated forensic service delivery system, which includes the Department of Corrections (DOC) Division of Community Corrections (DCC), Mendota Mental Health Institute (MMHI), Winnebago Mental Health Institute (WMHI), and community service providers. This report includes information from all these parties.

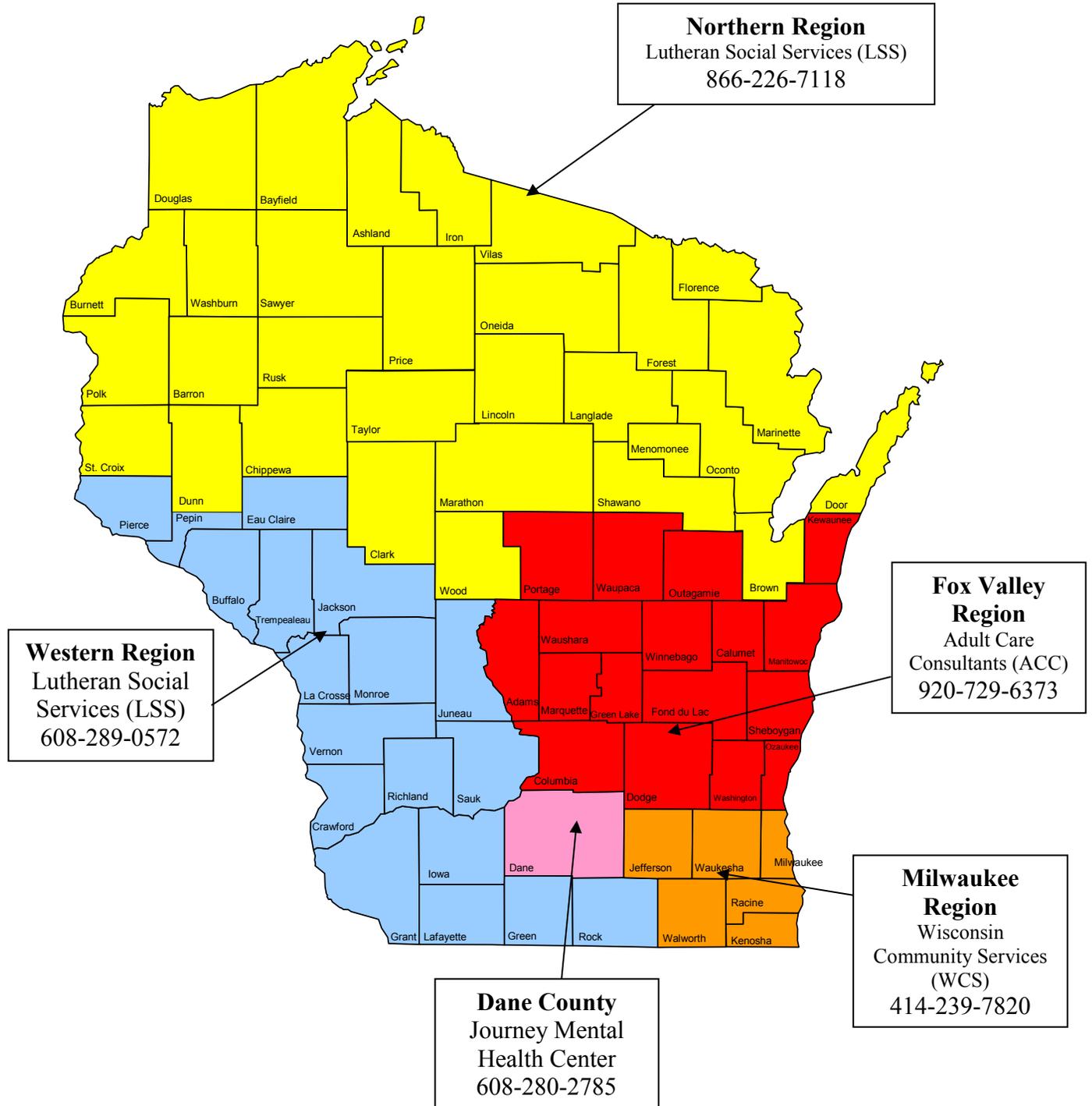
REGIONAL PROVIDER MAP

DHS Forensic Services Specialists:

Beth Dodsworth – Conditional Release Program Supervisor
608-267-7705

Katie Martinez – Dane County, Northern Region, Fox Valley Region
608-266-5677

Suzanne Williams – Milwaukee Region, Western Region
608-266-7793



FY14 GOALS AND OUTCOMES

The Conditional Release Program established several program goals for FY14. Progress toward these goals is tracked monthly by each contracted regional case management service provider.

The Conditional Release Program uses measurable outcome performance expectations in its contracting process. This data provides for better informed decision making about program initiatives. This information also allows contracted service providers to compare their performance against the goals of the program. In FY14, data from 152 new conditional release clients was included in the performance measures.

Goal 1: Conditional release case managers will engage clients in stage appropriate interventions to move toward specified goals.

Target: One stage-appropriate intervention will be identified for each treatment goal on 90 percent of the initial ISPs within 90 days of placement.

Result: This goal was met. All case managers engaged clients in stage-appropriate interventions to move toward specific goals. This initiative is now part of the Conditional Release Program's standard practices and procedures.

Goal 2: To the extent possible, conditional release clients will be financially self-sustained.

Target: At nine months of placement on conditional release, 95 percent of the clients in the Conditional Release Program will have an increase in contributions to their care.

Result: This goal was not met. At 89 percent, fewer than 95 percent of conditional release clients were financially sustained nine months post-discharge in FY14. The result of this goal was determined by comparing the initial cost of care for clients granted conditional release in July, August and September 2013 to their cost of care nine months later. The Conditional Release Program will continue to focus on this goal in FY15.

Goal 3: Conditional release clients will participate in meaningful daily activities.

Target: Ninety percent of clients in the Conditional Release Program will be involved in meaningful daily activities for an average of 20 hours per week. Hours involved in meaningful daily activities include time spent doing one or more of the following: competitive employment for clients who are able to work: structured employment, including sheltered, supported or volunteer activities; educational or vocational training; treatment or treatment-related activities; and other similar or related activities.

Result: This goal was not met. At 87 percent, fewer than 90 percent of conditional release clients participated in meaningful activities for an average of 20 hours per week in FY14. The Conditional Release Program will continue to focus on this goal in FY15.

Goal 4: Conditional release clients will live independently with justifications for clients placed in community-based residential facilities (CBRFs) completed with Department of Health Services (DHS) staff.

Target: Within 90 days of placement on conditional release, 75 percent of the clients who resided in a CBRF or group home when they were placed on conditional release will be moved to a less structured living situation.

Result: This goal was met. All clients able to be moved were moved to a less restrictive living situation within 90 days, and 100 percent of justifications for clients placed in CBRFs were completed with DHS staff.

Goal 5: Case managers will use Motivational Interviewing (MI) with clients to address treatment and behavioral issues.

Target: Case managers will work toward achieving basic proficiency of MI practice. MI fidelity checks will be completed by peer reviews of practice samples. Case managers will develop a skills acquisition plan based on these results. Additionally, case managers will participate in a monthly peer learning group. Each case manager will present an initial and a follow-up audiotaped sample of MI practice for peer review. These tapes should be 4-6 months apart. Following the peer review, each case manager will develop a learning plan. Also, during the peer learning group, case managers will participate in an MI skill building activity.

Result: This goal was met. See [Appendix A](#) for more information.

SUMMARY OF FY14 KEY ACTIVITIES AND REGION REPORTS

Key activities of the Conditional Release Program for FY14 included the following:

- Of the 466 clients served, no clients were convicted of new violent felonies. Only one client was convicted of a new violent misdemeanor.
- Staff and contracted providers received training in the Columbia-Suicide Severity Rating Scale (C-SSRS) suicide risk assessment tool. The C-SSRS is now fully integrated into the program's standard practices and procedures. More information on C-SSRS is available here: <http://www.cssrs.columbia.edu/>.
- Contracted service providers continued to receive training in MI. See [Appendix A](#) for more information.
- The Revocation Workgroup completed its work and published a report with its findings. See [Appendix B](#) for more information.

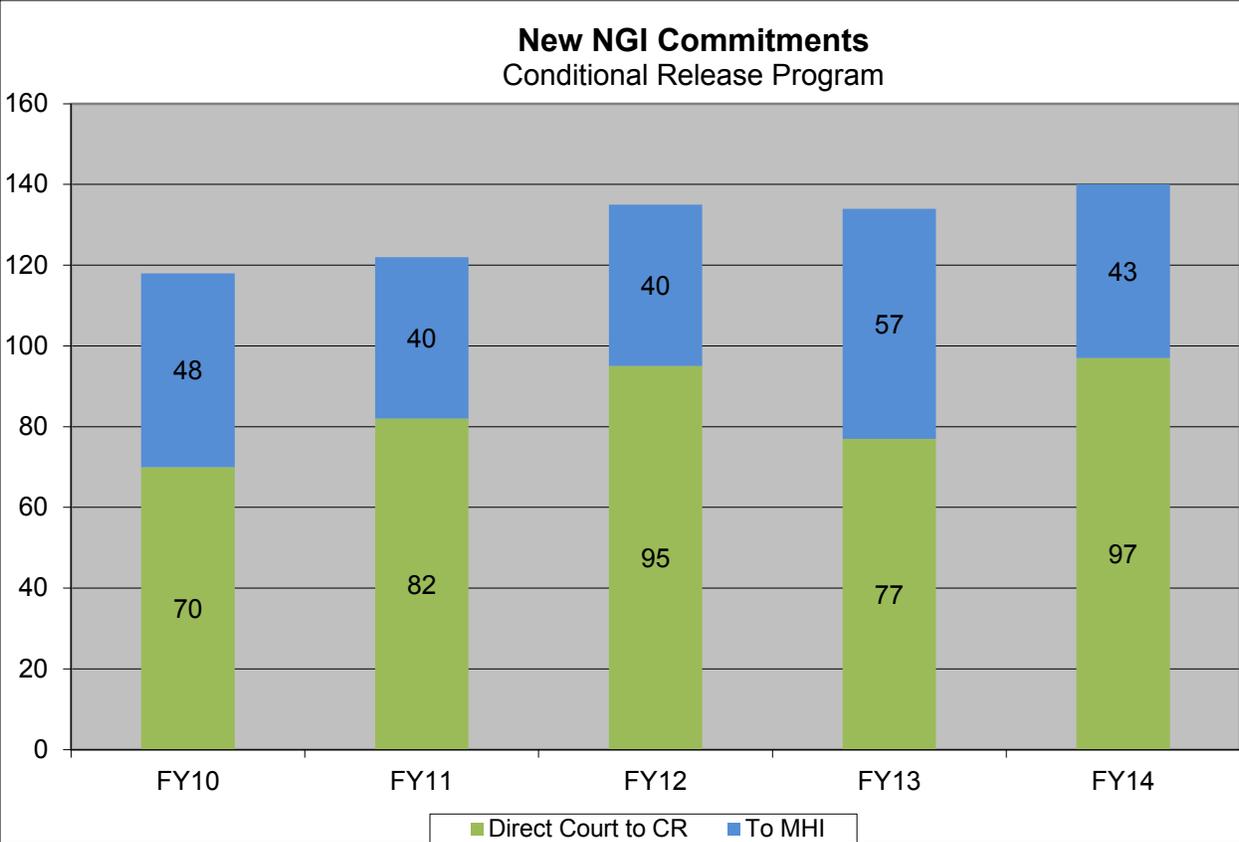
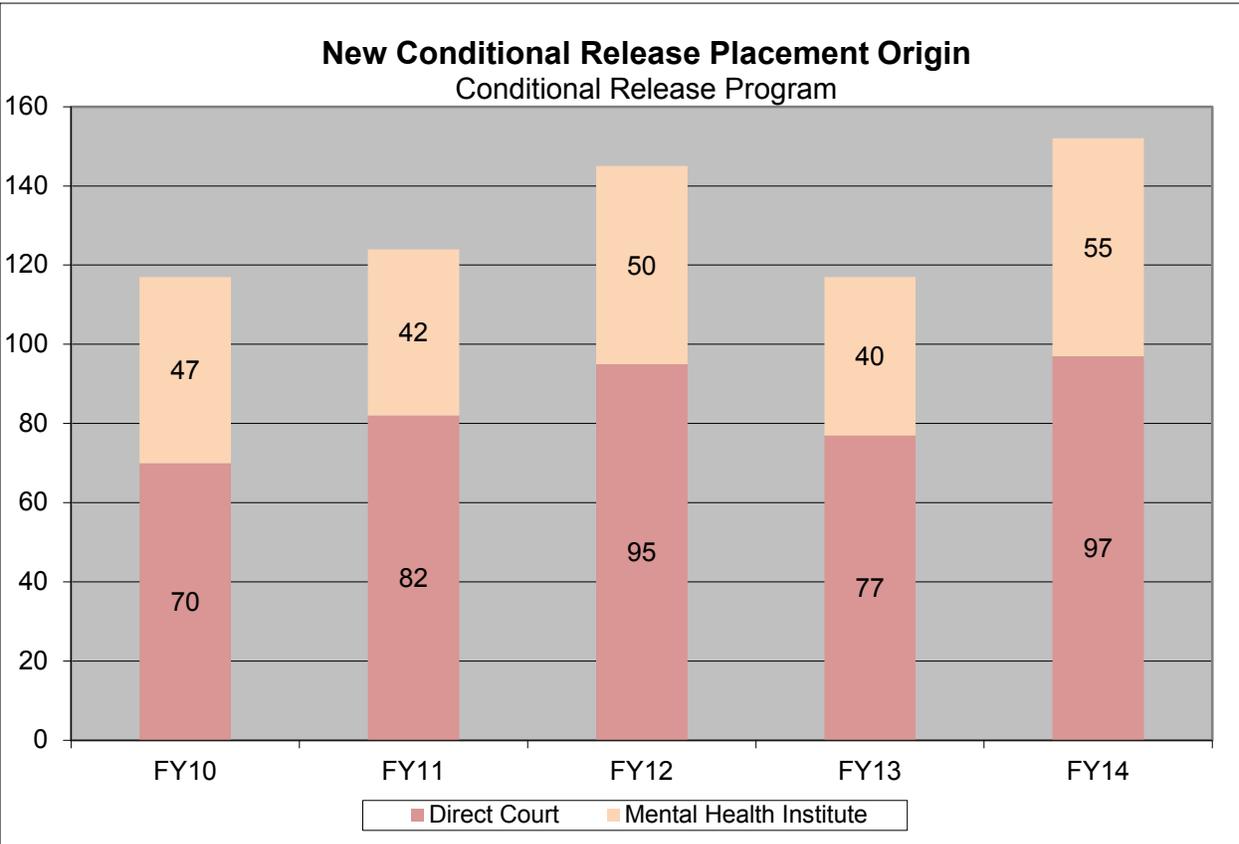
All contracted regional case management service providers have produced annual reports. The following are significant activities in each region during FY14:

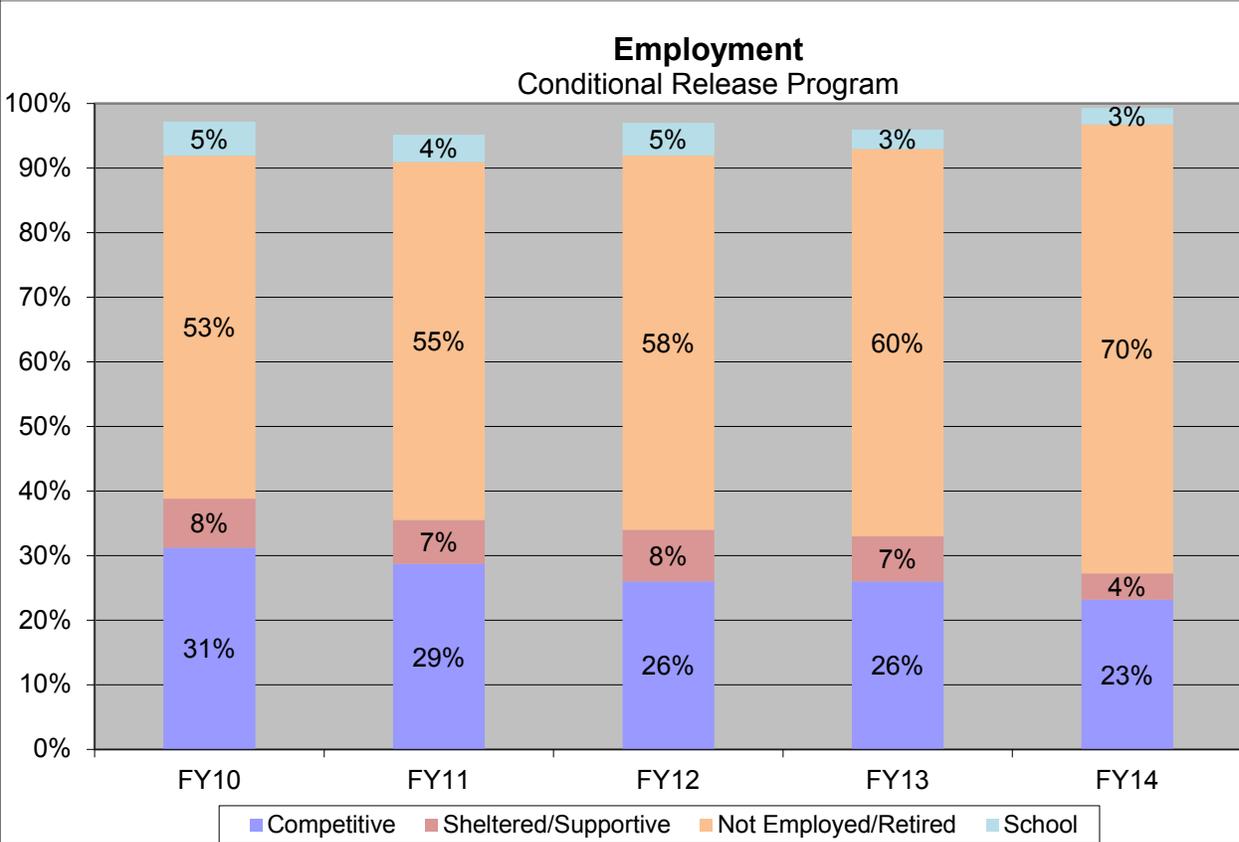
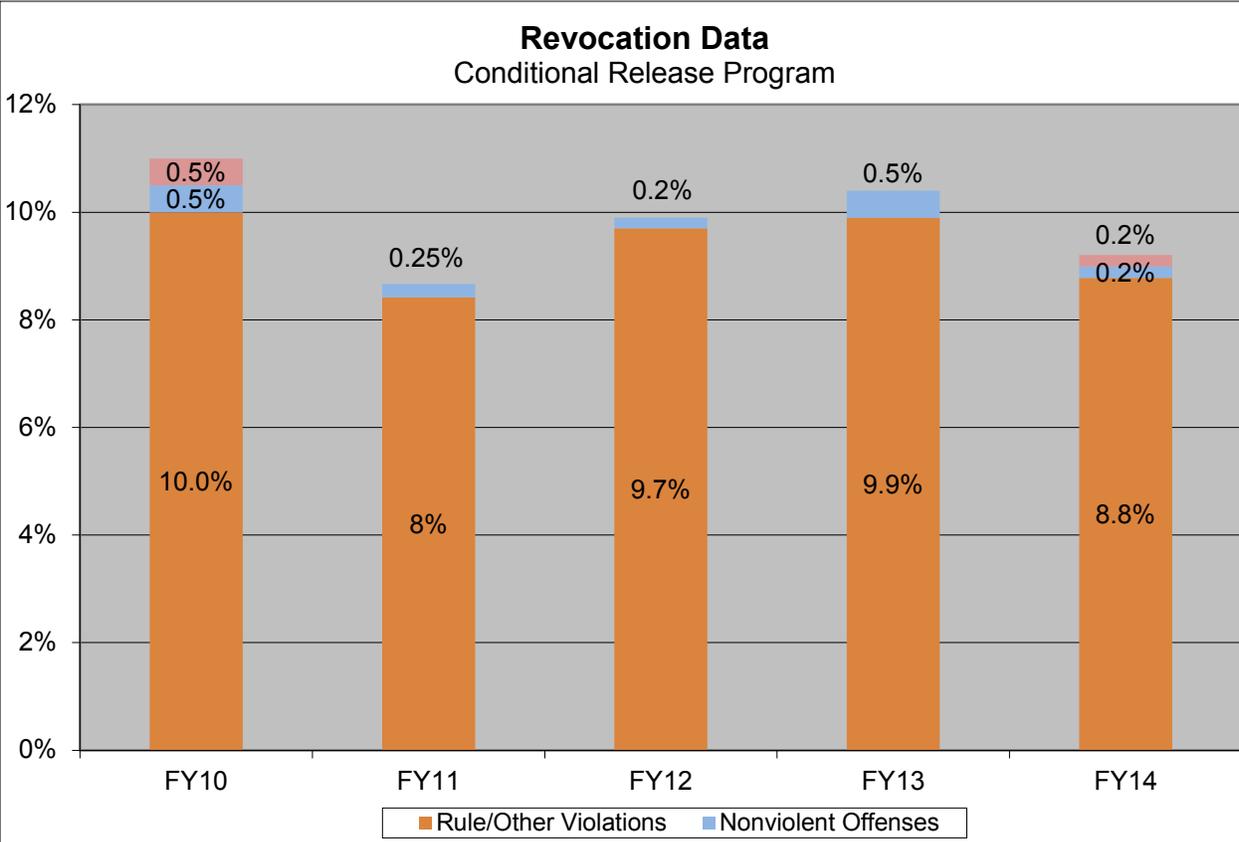
- **Adult Care Consultants** in the Fox Valley region has streamlined the review process for court paperwork so the procedure can be more efficient.
- **Journey Mental Health Center** in Dane County has been successful with three "Positive Thinking" client groups, especially with a module called "Illness Management and Recovery." Each client has goals, and the groups support their efforts.
- **Lutheran Social Services** in the northern and western regions created a new client group that encourages social activities, such as building a vegetable garden managed by clients. Also, staff meetings included several presentations that assisted case managers in helping their clients with topics such as budgeting, renting and AODA treatment.
- **Wisconsin Community Services** in the Milwaukee region ensured applicable clients were on SCRAM (Secure Continuous Remote Alcohol Monitoring) rather than placed in a more restrictive residential setting.

These five service providers have also reduced service delivery expenses. The Office of Community Forensic Services provided each service provider with information from Healthcare.gov regarding the expansion of Medicaid and the mental health and substance use disorder treatment services available under Medicaid. As a result, more clients have applied and received Medicaid benefits. This reduces costs for the service providers. Additionally, more clients are contributing to their care because of employment or other income.

SUMMARY OF CONDITIONAL RELEASE PROGRAM DATA

	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Total Served	410	407	380	397	392	431	424	466
ADP	275	276	274	269	266	284	290	313
New Conditional Release Placements								
Number of New Placements	132	108	108	117	124	145	117	152
Direct Court	66	64	65	70	82	95	77	97
	50%	59%	60%	60%	66%	66%	66%	64%
Mental Health Institute	66	44	43	47	42	50	40	55
	50%	41%	40%	40%	34%	34%	34%	36%
New NGI Commitments								
Direct Court to Conditional Release	66	64	65	70	82	95	77	97
To MHI	58	39	29	48	40	40	57	43
Total Admissions	124	103	94	118	122	135	134	140
Revocation Data								
Rule/Other Violations	4.9%	7.6%	8.1%	10%	8%	9.7%	9.9%	8.8%
Nonviolent Offenses	1%	1%	1.1%	0.5%	0.25%	0.2%	0.5%	0.2%
Violent Offenses	0%	1%	0.8%	0.5%	0%	0%	0%	0.2%
Percent Revoked	5.9%	9.6%	10%	11%	8.25%	10%	10.4%	9.2%
Living Situation								
Independent	74%	74%	76%	74%	76%	78%	80%	74%
CBRF/Adult Foster	12%	12%	15%	14%	14%	13%	10%	12%
Supported/With Family	11%	11%	7%	10%	8%	7%	7%	9%
Other	3%	3%	2%	2%	2%	2%	1%	1%
Employment								
Competitive	34%	38%	33%	31%	29%	26%	26%	23%
Sheltered/Supportive	7%	7%	9%	8%	7%	8%	7%	4%
Not Employed/Retired	29%	30%	48%	53%	55%	58%	60%	70%
School	5%	6%	7%	5%	4%	5%	3%	3%
Crime at Commitment								
Felony – violent	55%	60%	63%	62%	58%	58%	63%	61%
Felony – non-violent	30%	31%	28%	25%	31%	34%	22%	26%
Total Felonies	85%	91%	91%	87%	89%	91%	85%	87%
Misdemeanor – violent	6%	2%	6%	5%	6%	8%	6%	7%
Misdemeanor – non-violent	9%	7%	3%	8%	5%	5%	9%	8%
Total Misdemeanor	15%	9%	9%	13%	11%	13%	15%	14%
Diagnostic Categories								
Schizophrenia	26.7%	29.1%	26.9%	26%	26%	28%	37%	38%
Other Psychotic Disorders	21.8%	23%	26.2%	26%	44%	40%	13%	14%
Mood Disorders	31.1%	29.1%	30%	30%	29%	27%	34%	30%
Developmental Disability	3.7%	2.6%	4.4%	2%	3%	2%	3%	5%
Substance Use/Mental Illness Co-occurring	44.7%	44.1%	45.1%	38%	44%	45%	33%	31%
Cost Per Client								
Mental Health Institute	\$234,148	\$256,413	\$224,877	\$221,161	\$202,940	\$224,464	\$231,197	\$235,752
GPR Only Net Cost/ADP	\$17,549	\$15,504	\$13,763	\$14,528	\$12,069	\$13,068	\$12,027	\$13,229
GPR Only Net Cost/Total Served	\$11,771	\$10,529	\$9,924	\$9,844	\$8,190	\$8,611	\$8,226	\$8,890





FY15 GOALS

In FY15, the Conditional Release Program will continue to use measurable outcome performance expectations in its contracting process.

FY15 Contract Deliverables	Performance Expectation	Performance Standards	Data Source
Goal #1	To the extent possible, conditional release clients will be financially self-sustained.	At nine months of placement on conditional release, 95 percent of new clients will have a reduction in the cost of their care, which may assist in clients becoming more financially self-sustained.	Contract deliverable spreadsheet <i>The analysis will be based on a comparison of the initial cost of care for clients granted conditional release in July, August and September 2014 to their cost of care nine months later.</i>
Goal #2	Conditional release clients will participate in meaningful daily activities.	Ninety percent of the clients in the Conditional Release Program will be involved in meaningful daily activities.	Contract deliverable spreadsheet
Goal #3	Justifications for all clients placed in CBRFs are to be completed with DHS staff.	Prior to discharge from the Conditional Release Program, 75 percent of the clients who were residing in a CBRF or adult family home when they were placed on conditional release move to a less structured living situation.	CBRF tracking spreadsheet Monthly bills <i>DHS conditional release specialists will track all clients in CBRFs.</i>
Goal #4	Case managers will use Motivational Interviewing with clients to address their treatment and behavioral issues.	Continue with monthly tracked measures: <ul style="list-style-type: none"> • Staff attendance • Staff presentation of recorded audio • Peer review results • Individual learning plan on file • Staff participation in learning activity • Administer client evaluation monthly 	Motivational Interviewing training attendance Motivational Interviewing tracking sheets

FY15 RESEARCH STUDY

Topic: Investigate the collaborative efforts of the institutions and the Conditional Release Program in preparing clients for living in the community.

Description: The study hopes to discover what meaningful activities are reported by clients and whether there are differences between the meaningful activities reported by clients on conditional release who took part in the leisure education intervention at MMHI and those reported by clients on conditional release that were not part of this program. This information may assist the MHIs in their programming as well as community providers in assisting current conditional release clients in developing meaningful activities in their lives.

The anticipated benefits are:

- The development of knowledge regarding meaningful activities of adult NGI clients who are on conditional release.
- The determination the efficacy of the Leisure Education Intervention at MMHI.
- The improvement of the leisure lifestyle of adult NGI clients who are on conditional release.

This study will impact how MMHI provides programing in the area of leisure resources as well as how the Conditional Release Program uses interventions to promote the involvement in meaningful activities.

The study will be completed by the end of FY15. Results of the study will be incorporated into the Conditional Release Program.

Court Liaison Services Program

PROGRAM STATEMENT

DHS contracts with Wisconsin Community Services, Inc., (WCS) to provide statewide court liaison and forensic tracking services. This program provides case consultation and education to the court, maintains tracking, collects data for DHS on all the different phases of proceedings under Chapter 971, and works collaboratively with the various stakeholders that are involved with these types of cases to address system issues as needed.

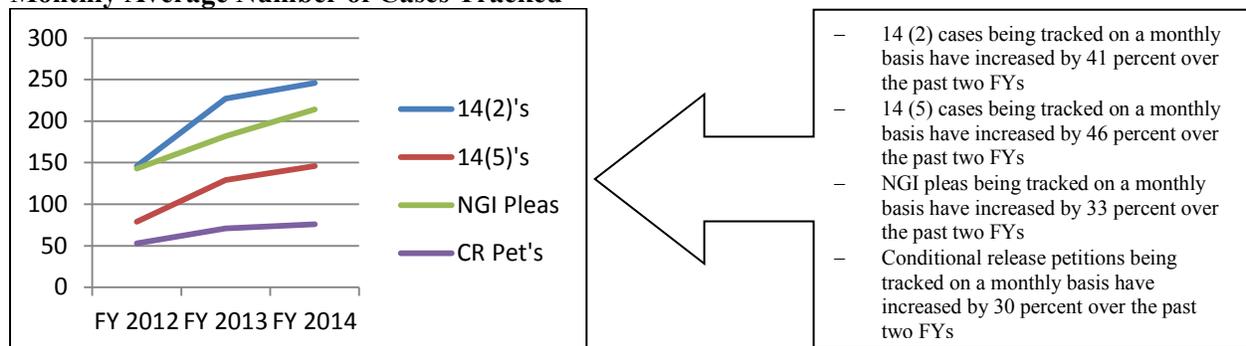
MISSION

- Promote procedural efficiency and adherence to the statutory time frames that apply in these cases.
- Monitor and evaluate the strategies that have been implemented to ensure that court orders are acted upon in a timely and appropriate manner while also assisting with the facilitation of a client's treatment needs as deemed necessary by the DHS contracted providers.
- Monitor the tracking tools and analyze the data for the various legal statuses, capturing the cost savings that is generated in cases under Wis. Stat. § 971.14 (5) and Wis. Stat. § 971.17 (4) through operational efficiency and statutory compliance.

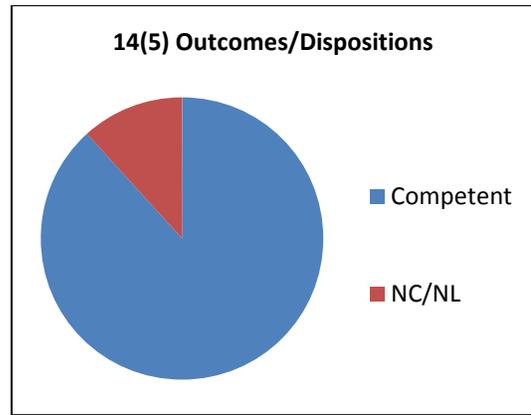
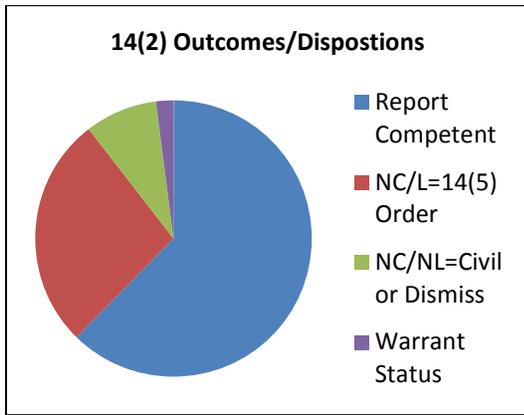
TRENDS AND DATA

The number of criminal cases being processed under Chapter 971 continues to show a steady increase.

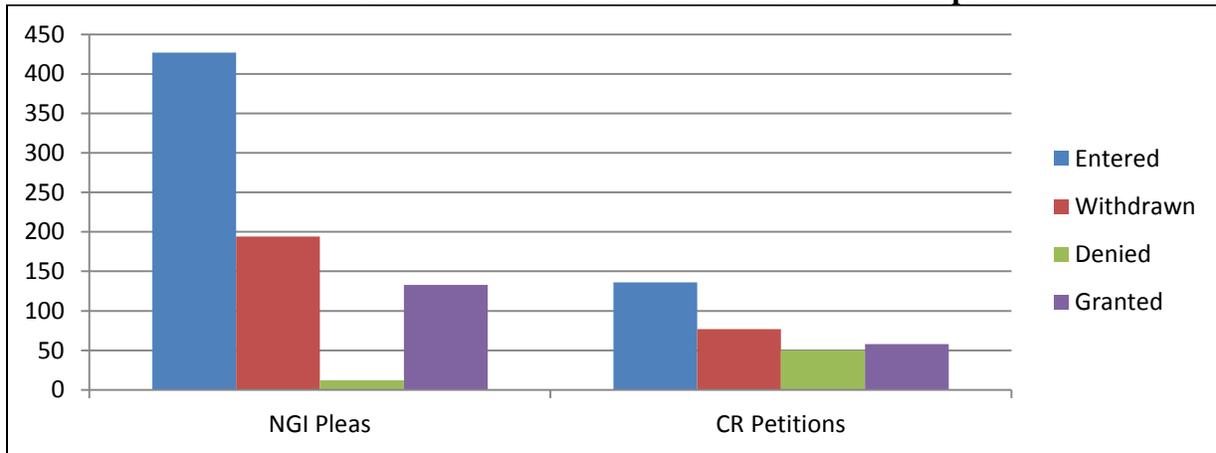
Monthly Average Number of Cases Tracked



In FY14, Court Liaison and Forensic Tracking Services added several tracking categories for the different legal statuses. This has allowed DHS to gather more detailed data on the outcomes and/or disposition in these cases.



NGI Plea and Conditional Release Petition Outcomes / Dispositions



Court Liaison and Forensic Tracking Services continues to provide reference materials and case consultation to the courts and other stakeholders involved with processing cases under Chapter 971, such as competency examinations, treatment to competency commitments, and accessing the Outpatient Competency Restoration Program. The liaisons also continue to assist the courts on the NGI commitment process, review the tools available to assist the court in determining placement under the NGI commitment, and outline the process for a petition for conditional release. These different phases are tracked through the court process in an effort to ensure statutory compliance and promote procedural efficiency.

FY14 GOALS AND OUTCOMES

Goal 1: Assist the courts in achieving statutory compliance, as outlined in Wis. Stat. § 971.14 (5) (c), by contacting the court the day after the report was received to request that a hearing date be set/moved up in accordance to the statute and to follow up with the court in writing two days later, if the hearing date has not been set/moved up.

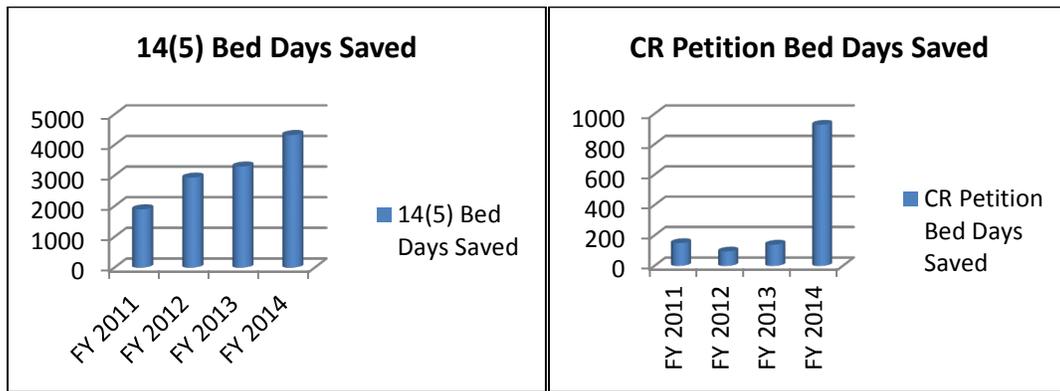
Target: Defendants appear for a competency hearing within the statutory time frame of 14 days in 75 percent of these cases. Court Liaison Services will contact the court within one business day of the report being received in 80 percent of these cases. If the hearing date has not been set/moved after two business days, the Court Liaison Services will follow up with the court in writing in 80 percent of these cases.

Result: This goal was met. Eighty percent of cases (269 of 335) were in compliance with the 14-day time frame.

Goal 2: Reduce the number of days the defendant remains in the treatment program after being opined as no longer necessary (competent) or no longer appropriate (not competent/not likely to become competent).

Target: Generate an average of 300 “bed days” saved per month by reducing the amount of time a defendant spends in the treatment program after the report has been sent to the court.

Result: This goal was met. An average of 360 “bed days” was saved per month.



Goal 3: Assist courts in achieving statutory compliance, as outlined in Wis. Stat. § 971.17 (4) (c) and 971.17 (4) (d), by contacting the state MHI social worker and/or the court to confirm that the petition was received by the court and that an examiner was appointed.

Target: Defendants have an examiner appointed within the statutory time frame of 20 days in 70 percent of these cases.

Result: This goal was met. Eighty-one percent of cases were in compliance with the 20-day time frame.

Goal 4: Promote usage of online resources and reference materials for processing cases under Chapter 970 by directing people to the website through contact, correspondence, presentations and the DHS forensic newsletter.

Target: The online services will be monitored for access, with the goal of having:

- 350 entrances, the number of times visitors entered the site through specific address
- 650 unique page views, the number of visits during which a specific page/link was viewed at least once

Result: This goal was met. In FY14, there were 525 entrances and 1236 unique page views.

FY14 HIGHLIGHTS

- Presented at the Criminal Law and Sentencing Institute and Clerk of Court Association Conference.
- Established contact with the State Office of Public Defenders and presented at their annual conference in November 2014.
- Chaired monthly DHS Admission Team Meeting and the quarterly Milwaukee County Forensic Systems Meeting.
- Participated in the Milwaukee County Judges Meeting and the Milwaukee County Criminal Coordinating Meeting on a regular basis. This has allowed the department to pilot the electronic distribution of select DHS reports directly to the judges and attorneys to more efficiently communicate a client's status change and increase the readiness of the attorneys to proceed in these cases.
- Enhanced the tracking sheets for the conditional release petition process, which identified where delays are occurring in the process and then developed strategies to address these issues. This initiative is having a substantial impact on the overall of efficiency of the process, as illustrated in the "Conditional Release Petition Bed Days Saved" table.
- Developed the quarterly DHS forensic newsletter and distributed it statewide to various court personnel, DHS employees and DHS contracted providers.
- Managed the Court Liaison Services link through the WCS website, which was made available through the DHS Community Forensics Programs website in April 2014.

Summary of Court Liaison Service FY14 Program Data

	FY09	FY10	FY11	FY12	FY13	FY14
14(2) Cases Tracked	N/A	N/A	N/A	1013	2723	2953
14(5) Cases Tracked	712	745	814	952	1549	1749
Days Saved on 14(5)'s	662	914	1308	2946	3295	4250
Avg Days Between Rep & Court on 14(5)'s	18	18	21	16	17	13
14(5) Cases Discharged from MHI	139	135	148	190	256	302
NGI Cases Tracked	1231	1305	1550	1721	2189	2563
Clients Found NGI	85	97	113	107	106	133
Clients Ordered Inst Care vs CR on NGI	35/46	38/54	45/68	34/74	48/67	43/65
CR Petitions Tracked	403	314	505	640	851	832

FY15 GOALS

Goal 1: Assist the courts in achieving statutory compliance, as outlined in Wis. Stat. § 971.14 (5) (c), by contacting the court (via phone, email or in writing) within two business days after the report was received to request that a hearing date be set/moved up in accordance to the statute.

Target: Defendants appear for a competency hearing within the statutory time frame of 14 days in 80 percent of these cases. Court Liaison Services will contact the court (via phone, email or in writing) within two business days of the report being received to request that a hearing date be set/moved up in accordance to the statute.

Goal 2: Reduce the number of days the defendant remains in the treatment program after being opined as no longer necessary (competent) or no longer appropriate (NC/NL) by adhering to the expectation and standard outlined in Goal 1.

Target: Generate an average of 325 “bed days” saved per month by reducing the amount of time a defendant spends in the treatment program after the report has been sent to the court by adhering to the expectation and standard outlined in Goal 1.

Goal 3: Assist the courts in achieving statutory compliance, as outlined in Wis. Stat. § 971.17 (4) (c) and 971.17 (d), by monitoring and assisting the social worker and/or the court (via phone, email or in writing) at the different phases of the conditional release petition process.

Target: Clients who are granted conditional release will be placed in the community within 140 days from the date of the petition being received by the court or within 60 days from the date that the conditional release plan was ordered by the court in 70 percent of these cases.

Goal 4: Reduce the number of days the client remains in the MHI after being granted conditional release by adhering to the expectation and standard outlined in Goal 3.

Target: Generate an average of 90 “bed days” saved per month by reducing the amount of time a client spends in the MHI after being granted conditional release by adhering to the expectation and standard outlined in Goal 3.

Outpatient Competency Examination Program

PROGRAM STATEMENT

The Outpatient Competency Examination Program evaluates the mental health of people accused of crimes whose competency to participate in legal proceedings is questioned by the courts.

MISSION

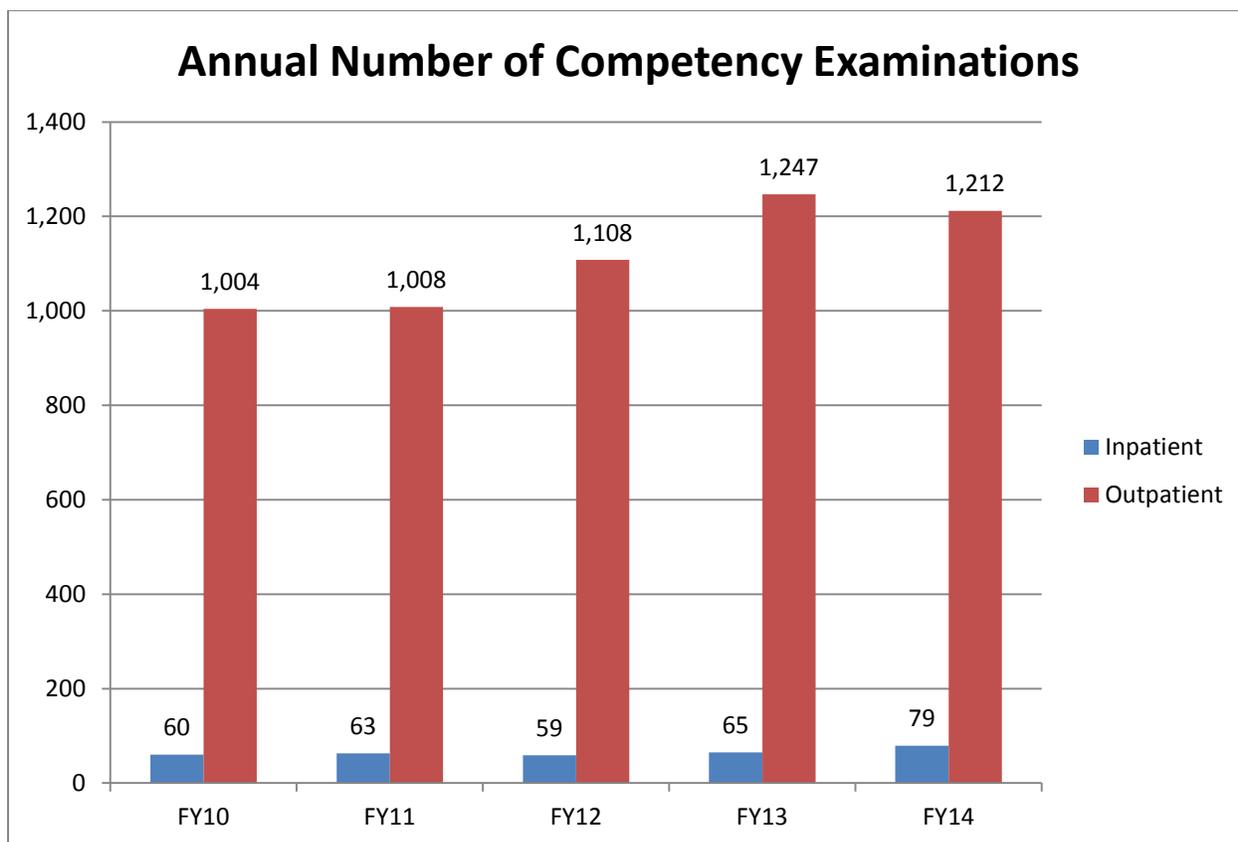
- To control DHS resources while meeting statutory obligations to conduct competency examinations.
- To serve the judicial system in the most efficient manner while providing high quality expertise.

RESULTS

Outpatient Competency Examination completed a total of 1,212 outpatient examinations in FY14.

SUMMARY

The Outpatient Competency Examination Program began in 2002 with the anticipation that 75 percent of competency examinations could be done in the community. Since the program's inception, over 90 percent of defendants have been able to be successfully examined in the community. As a result, there has been much less of a drain on institutional resources, and many more cases have been handled by the courts without the time delays associated with inpatient examinations. Further, many fewer individuals had to undergo involuntary forensic inpatient commitments in order to resolve the competency questions, and those that were adjudicated incompetent had access to treatment quicker.



FY14 GOALS AND OUTCOMES

Goal 1: Expand examiner pool in the northwestern region of Wisconsin.

Result: This goal was met. Two board-certified forensic psychiatrists were added to the program’s Wisconsin Forensic Unit examiner pool. One provides coverage to northwestern and central Wisconsin; the other provides coverage in Dane County. An additional licensed psychologist is anticipated to join this examiner pool in the coming months.

Goal 2: Develop a webinar training video for the examiners.

Result: This goal was not met. However, existing policies ensure each Wisconsin Forensic Unit examiner is maintaining ongoing education required for licensure. Additionally, examiners have been provided with examination feedback and resources by email from the director of the Wisconsin Forensic Unit (<http://www.bciwi.com/wordpressbciwi/wfuhome/>).

FY15 GOALS

Goal 1: Offer postdoctoral forensic psychology fellowship and participate in forensic psychiatry fellowship training opportunities in order to further the program’s role as a training agency for forensic professionals.

Goal 2: Provide a Wisconsin Forensic Unit examiner in-service seminar to support goals of quality, consistent competency examinations. This seminar will be the basis for a training video.

OUTPATIENT COMPETENCY EXAMINATION PROGRAM DATA

(NOTE: As result of a database error, 106 of the 1213 outpatient competency examinations completed in FY14 and 30 individuals in the demographic data are excluded from these tables. This issue will be resolved for the FY15 report.)

JULY 1, 2013 – JUNE 30, 2014

Disposition of Examinations

	#	%
Competent	680	61.4
Incompetent	348	31.4
Inpatient 2nd Opinion	4	0.4
Inpatient Refusal	10	0.9
Inpatient Clinical		
Undetermined	65	5.9
Total	1107	100

Demographics

Gender	#	%
Male	955	80.7
Female	228	19.3
Total	1183	100

Ethnicity	#	%
Caucasian	670	56.6
Black	400	33.8
Hispanic	31	2.6
Asian	21	1.8
American Indian	17	1.4
Other	1	0.1
Not Specified	43	3.6

Age	#	%
<21	130	11
21-30	390	33
31-40	221	18.7
41-50	202	17.1
51-60	156	13.2
61-70	57	4.8
70+	27	2.3

Multiple Exams/Same Person	#	%
	75	

Outpatient Competency Restoration Program

PROGRAM STATEMENT

The Outpatient Competency Restoration Program provides treatment to people found not competent to stand trial in an attempt to return them to competency so that criminal proceedings can resume.

A treatment to competency statute enacted in FY08 created an option to provide restoration treatment in the community. Prior to Wis. Stat. § 971.14 (5), the only option was to provide treatment on an inpatient basis at one of the state MHIs. There was concern that requiring an inpatient stay for this service created a major disruption in the lives of individuals who did not need inpatient services. Additionally, this change allowed DHS to better manage resources and beds at the state MHIs.

RESULTS

In FY14, the Outpatient Competency Restoration Program served 66 defendants:

- 28 defendants (42 percent) were found competent to proceed with their criminal cases.
- 16 defendants (24 percent) were referred to an inpatient facility or had their cases dismissed.
- 22 defendants were still in the program as of June 30, 2014.

The average length of time to treat these defendants to become competent to proceed with their court cases was 114 days. The average length of stay for defendants treated in one of the two state MHIs was 98 days.

Clinically, defendants appropriate for community restoration tend to have cognitive disabilities rather than acute mental health issues, which require inpatient stabilization.

In addition to the outpatient option, the statutory change also opened up the option to provide treatment in other DHS facilities. This applies most readily to the Wisconsin Resource Center, where an inmate who is facing charges but is not competent to proceed can be placed in lieu of moving the inmate to a state MHI. Wisconsin Resource Center staff was involved in developing the curriculum for this program and were trained to provide competency restoration services to inmates who were placed at or could be moved to the Wisconsin Resource Center.

Fifteen Wisconsin Resource Center inmates were treated to competency during FY14. This is a viable option as it allows the inmate to continue to be in a secure correctional-type environment and preserves inpatient beds to be used for other forensic services at the state MHIs.

FY14 GOALS AND OUTCOMES

Goal 1: Develop a plan for expansion in the La Crosse area.

Result: This goal was met. The expansion plan was completed and approved.

Goal 2: Continue to develop a series of webinar training tools for the case managers and behavioral specialists.

Result: This goal was met. In FY14, an online training tools file sharing system was expanded to include program policies, resources, forms and templates routinely used by Outpatient Competency Restoration Program service delivery providers. It is updated throughout the year as resources and materials change.

FY15 GOALS

Goal 1: In the fall of 2014, conduct an Outpatient Competency Restoration Program summit. This second gathering of service providers will provide the case managers and behavioral specialists with an opportunity for information gathering, sharing and professional development.

Goal 2: Develop a plan and procedure that will allow a potential Outpatient Competency Restoration Program client to be admitted into a state MHI for the purposes of stabilization – but only for a short time to prevent loss of community services – and then to be transitioned back into the community for competency restoration services through the Outpatient Competency Restoration Program.

Opening Avenues to Reentry Success Program

PROGRAM STATEMENT

The Opening Avenues to Reentry Success (OARS) Program, modeled after the Department of Health Services Conditional Release Program, is a joint venture of the Departments of Health Services (DHS) and the Department of Corrections (DOC). Its mission is to fund, coordinate and administer quality reentry services to mentally ill individuals as they prepare for their release from prison and transition to the community.

The individuals served by the program include the most seriously and persistently mentally ill being released from the prison system that are assessed at a moderate or high risk for reoffending. Recidivism and revocation rates for this target population are higher than average and the need for crisis intervention services (e.g., detoxification facilities, emergency detentions, emergency room visits, psychiatric hospitalization, law enforcement intervention) pose a financial burden to local governments and state taxpayers. Furthermore, members of this population that return to prison typically require far greater institutional resources than the average inmate.

The individuals who choose to enroll in this program are provided an array of comprehensive, individualized services specific to their needs and risk factors. The OARS Program employs a team approach involving institution treatment staff, contracted forensic case managers, community corrections agents, DHS program specialists and community treatment providers.

OARS team members carefully manage risks by employing evidence-based practices, including Motivational Interviewing, an emphasis on medication compliance, and a hybrid of other models.

Strong team relationships have been developed across departments and with private contractors in order to manage risk, maximize efficacy, and provide quality service to individuals in the pre-release and post release phases of the Wisconsin correctional system.

The OARS Program strives to develop and share innovative ideas, program successes, resources and comprehensive outcome data for the betterment of statewide correctional services and national forensic programs.

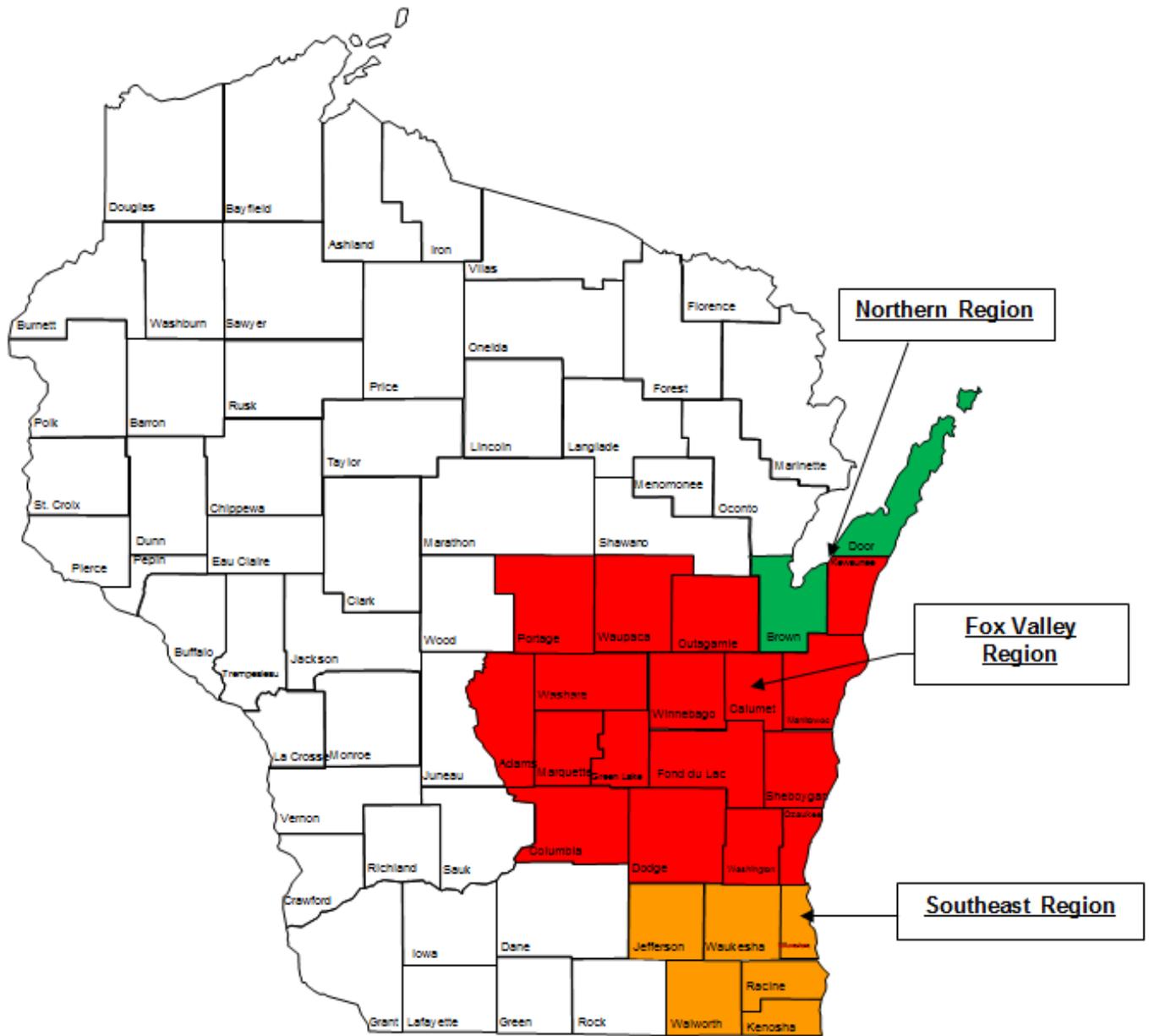
MISSION

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

VISION

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

OARS PROGRAM COVERAGE MAP



DHS OARS Contact for Southeast Region: Boon Coleman, 608-266-3878
DHS OARS Contact for Fox Valley and Northern Regions: Lila Schmidt, 608-261-9314

FY14 GOALS AND OUTCOMES

The goals below strive to bolster the program's quality, effectiveness and efficiency.

- **Implementing the OARS Exit (Satisfaction) Survey.**

Deferred. Rather than an exit survey, the program is reviewing a survey which would be administered prerelease, three months and six months after the client is placed in the community and then again near the program discharge date. It is believed this will not only provide useful programmatic information, but it would also provide more formal individual case feedback, which could be useful in adjusting how services are delivered to the individual.

- **Focus on researching/improving meaningful, healthy activities.**

Activities the case management providers engaged in included:

The use of a tracking system of the financial costs that the OARS Program spends on clients. The goal is to help case managers better understand their client's financial picture, and then they, in turn, can help their clients to understand it. This will help the client recognize what they need to do in order for them to be financially independent in the community without dependence on the OARS Program. This budget form will be used by case managers with clients at least every three months, or more frequently if needed. The form helps to show all expenses and identifies if the client is paying for that expense or the program or both. The form clearly shows a client their income and what they are able to pay for and helps the client identify what expenses they may need to start paying for on their own in the future. In addition, the case management supervisor reviews monthly bills with case managers to assure that the program is paying for necessary items only.

Case managers were provided with presentations by the Aging and Disability Resource Center (ADRC) on eating healthy on a budget and program information, Rent Smart, budgeting a fixed income, AODA, and Trauma-Informed Care.

In the prerelease phase, staff worked with clients to identify hobbies and ensure tools/equipment were available upon release. It is important to assist the client in identifying evening and weekend activities. Additionally, collaborating with prison social workers to identify natural supports/leisure activities/hobbies prior to release will be a focus.

Continued emphasis on natural supports, volunteer and employment areas were targeted and improved.

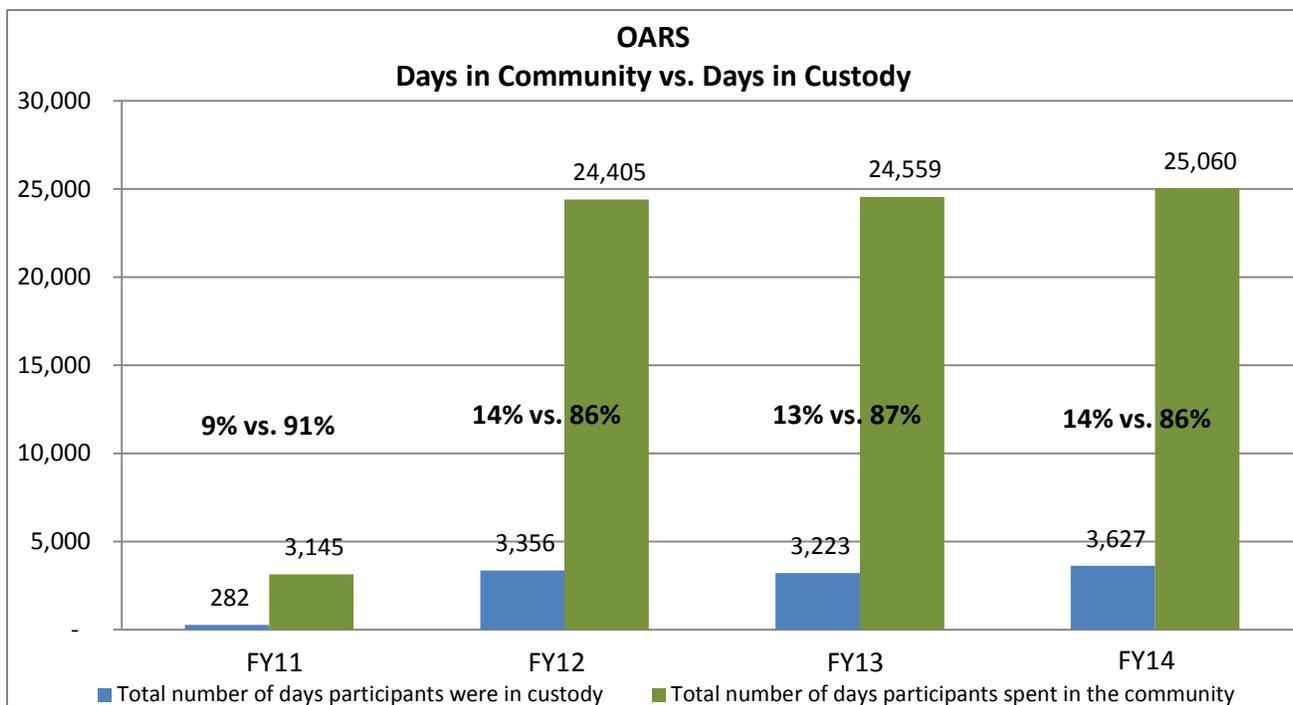
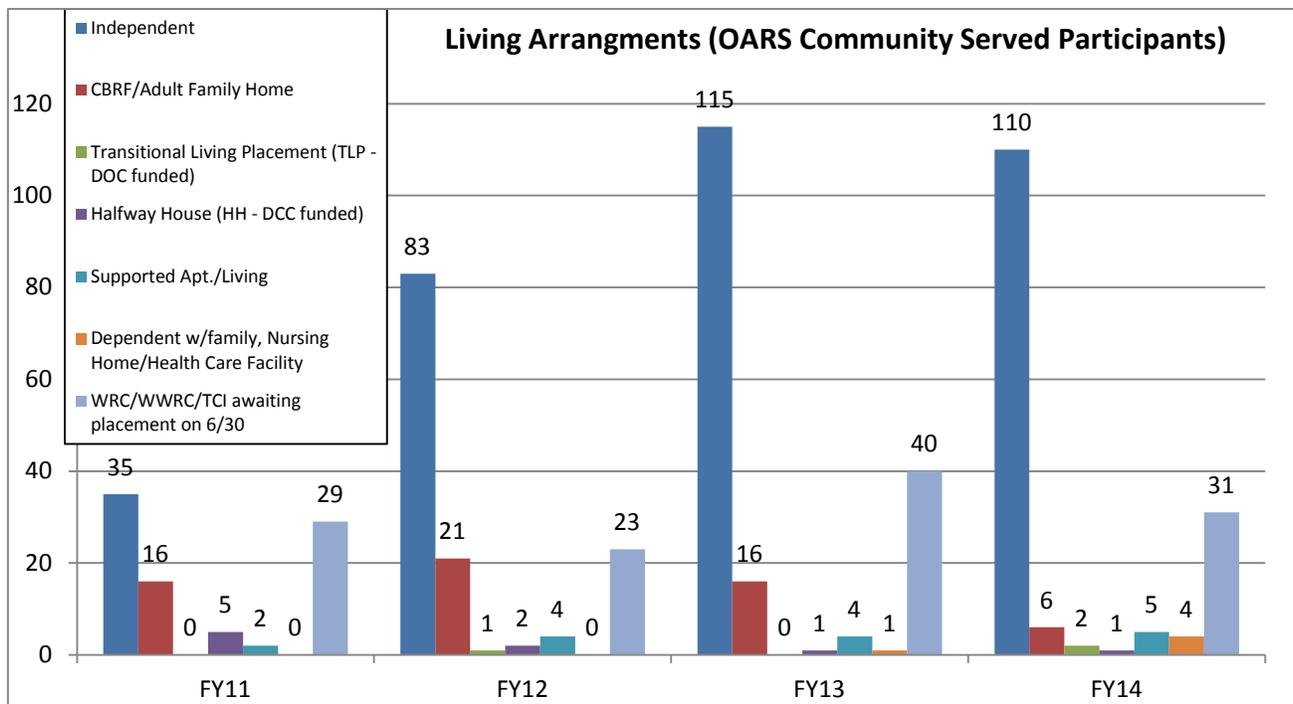
- **Focus on increasing accessibility to quality medical care and benefits (patient assistance measures), which will also improve cost savings.**

Provider program assistants participated in a Medicaid teleconference hosted by the state of Wisconsin. The training focused on Medicaid and programs that exist using Medicaid funds. All participants are assigned a DOES (Disabled Offenders Economic Security) attorney provided by the Legal Action of Wisconsin in partnership with DOC who assists them in applying for Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI). About 50 percent of OARS participants received SSI/SSDI benefits. The remainder was eligible for applying for insurance through the Market Place. **FY14 DATA**

The following are notable OARS data points for FY14.

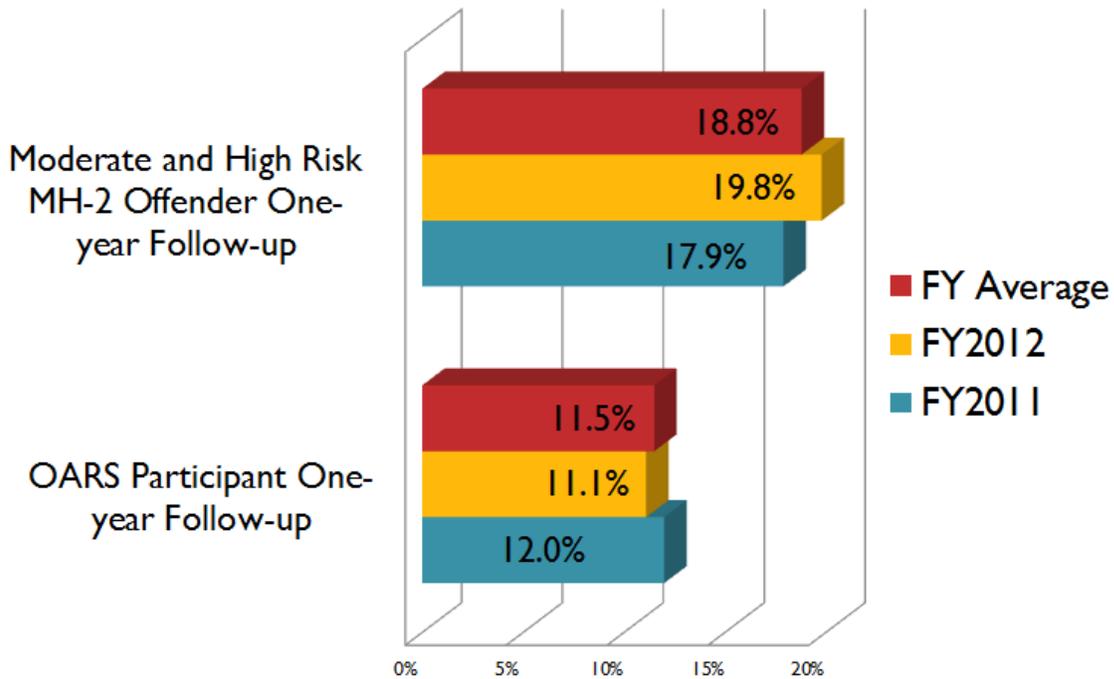
- The program provided services to 162 participants; 128 participants were served in the post-release phase
- 48 percent of participants were referred to the program with a high risk rating, based on DOC assessment tools
- 98 percent of participants had a primary major mental health diagnosis
- 72 percent of participants suffered from a diagnosed co-occurring substance use disorder
- 54 percent of participants were diagnosed with a co-occurring Axis I major mental illness and an Axis II personality disorder
- 18 percent of participants were subject to sex offender supervision rules
- 1.2 percent were convicted of a new crime during their enrollment in the program (two participants, both crimes were misdemeanors)
- 52 percent of post-release participants were receiving SSI and/or SSDI benefits
- 96 percent of post-release participants were receiving FoodShare
- 2 percent of post-release participants were receiving benefits through Family Care
- 83 percent of participants resided in independent living during the majority of the post-release phase

- 5 percent of participants resided in a community-based residential facility (CBRF) or adult family home throughout the majority of the post-release phase
- During the post-release phase, OARS participants spent 86 percent of their time in the community versus 14 percent of their time in custody



Recidivism: One-Year Follow-Up

One-year Recidivism Rates

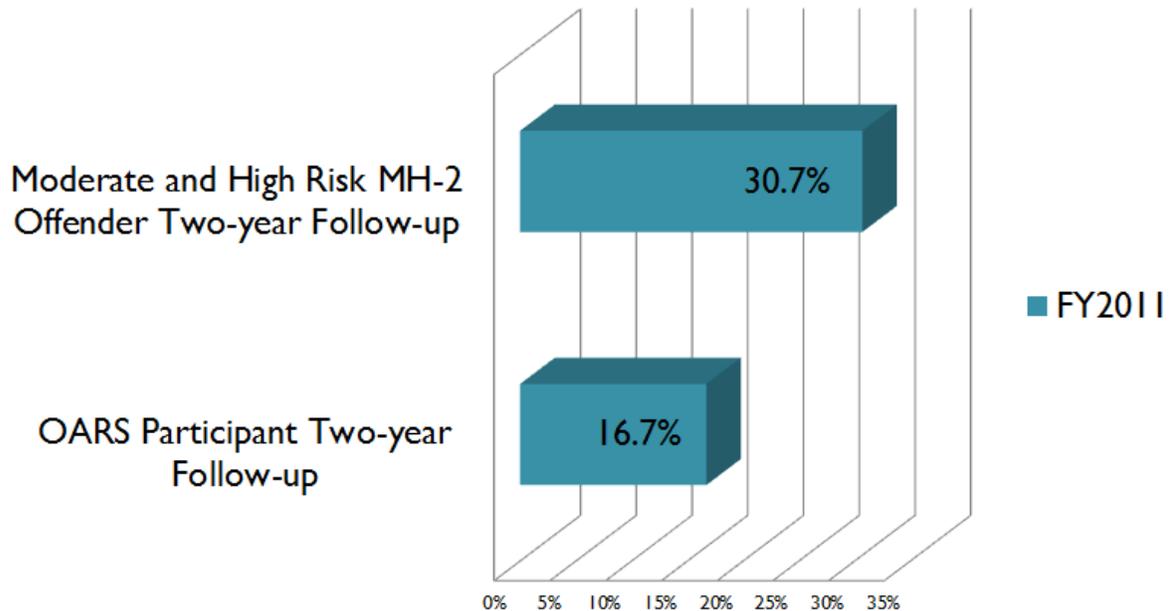


Compiled by the Wisconsin DOC for the “Becky Young Community Corrections Recidivism Reduction Fiscal Year 2014 Report”

Based on a one-year follow-up period with 104 participants, the combined recidivism rate calculated for all OARS participants for FY11 and FY12 is 11.5 percent. As a comparison, all medium and high risk offenders not enrolled in the OARS Program releasing with a serious mental illness in FY11 and FY12 have a one-year recidivism rate of 18.8 percent. Recidivism measures for participants in the first two fiscal years of the program indicate a 38.8 percent reduction in recidivism rates compared to nonparticipants with similar characteristics, a reduction of about 7 percent.

Recidivism: Two-Year Follow-Up

Two-year Recidivism Rates



Compiled by the Wisconsin DOC for the "Becky Young Community Corrections Recidivism Reduction Fiscal Year 2014 Report"

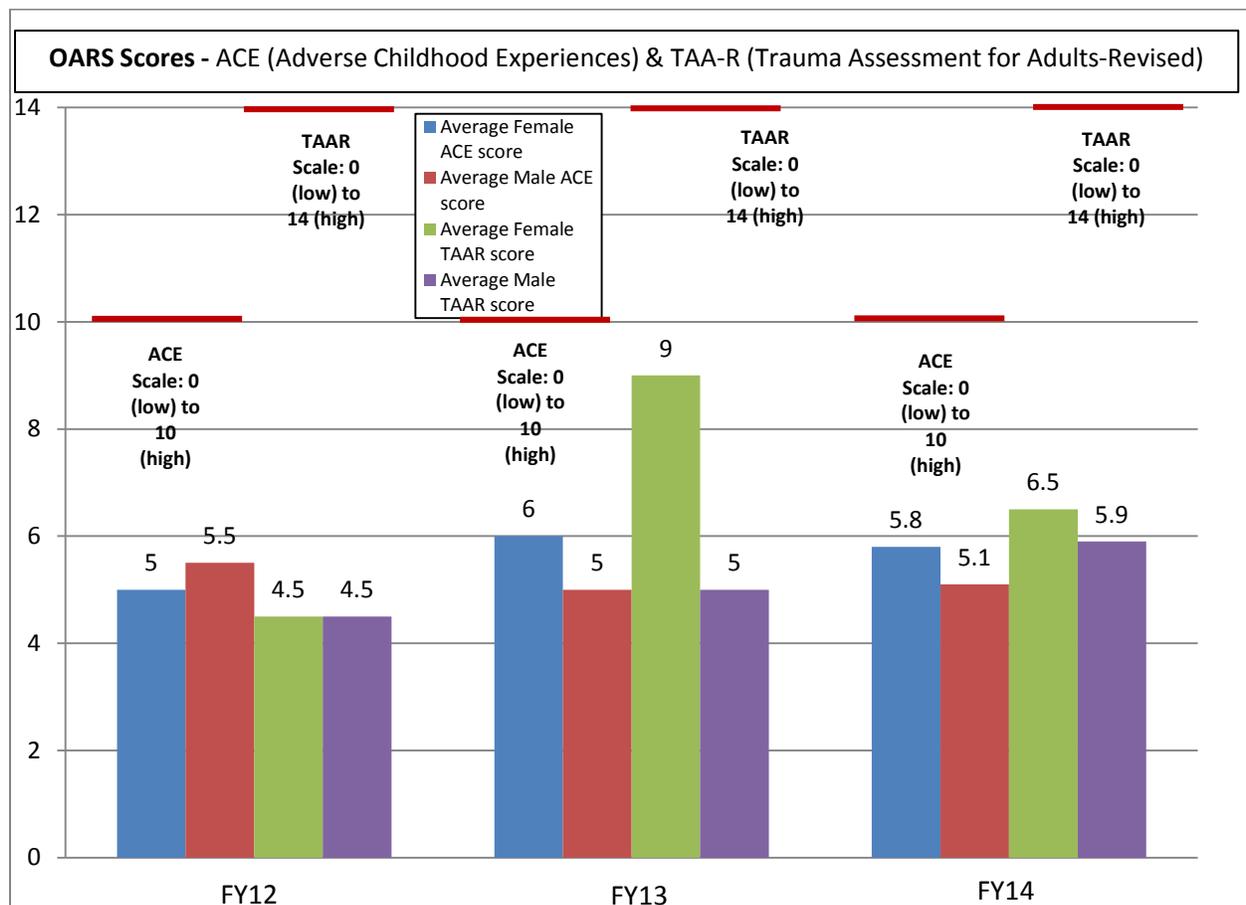
The two-year follow-up rate is available for FY11, the first fiscal year of the program. There were eight recidivists in a sample size of 48 participants, yielding a recidivism rate of 16.7 percent. By comparison, all medium and high risk mentally ill inmates not in the OARS Program releasing in FY10 had a two-year recidivism rate of 30.7 percent. This indicates a recidivism rate reduction of 45.6 percent for program participants.

While the sample size is fairly low for the first year of the program, these results are very encouraging. The program has a significant impact on participants and re-incarceration rates. A continued drop in the recidivism rates for all follow-up years is anticipated since the program focuses on the population most likely to respond to treatment, case management and supervision. The next sets of annual recidivism data will also show higher participant numbers as the program now maintains an average daily population of 100 participants.

OARS AND TRAUMA-INFORMED CARE

As part of larger Trauma-Informed Care initiatives at the Departments of Health Services and Corrections, the OARS program utilizes two trauma screening tools: the Adverse Childhood Experiences (ACE) and Trauma Assessment for Adults-Revised (TAA-R).

These screening tools are administered by the OARS case manager in the pre-release and post-release phases. Screening provides an opportunity to enhance the professional working relationship with the participant, reduce the stigma, silence surrounding traumatic experiences, and recognize many “problem” behaviors as coping strategies. Results from these tools indicate a significant degree of trauma history in both the male and female populations served. All participants were offered these screens.



A study by the Centers for Disease Control and Prevention (CDC) found that persons who scored a four or more on the ACE screen, compared to those who had experienced none, had:

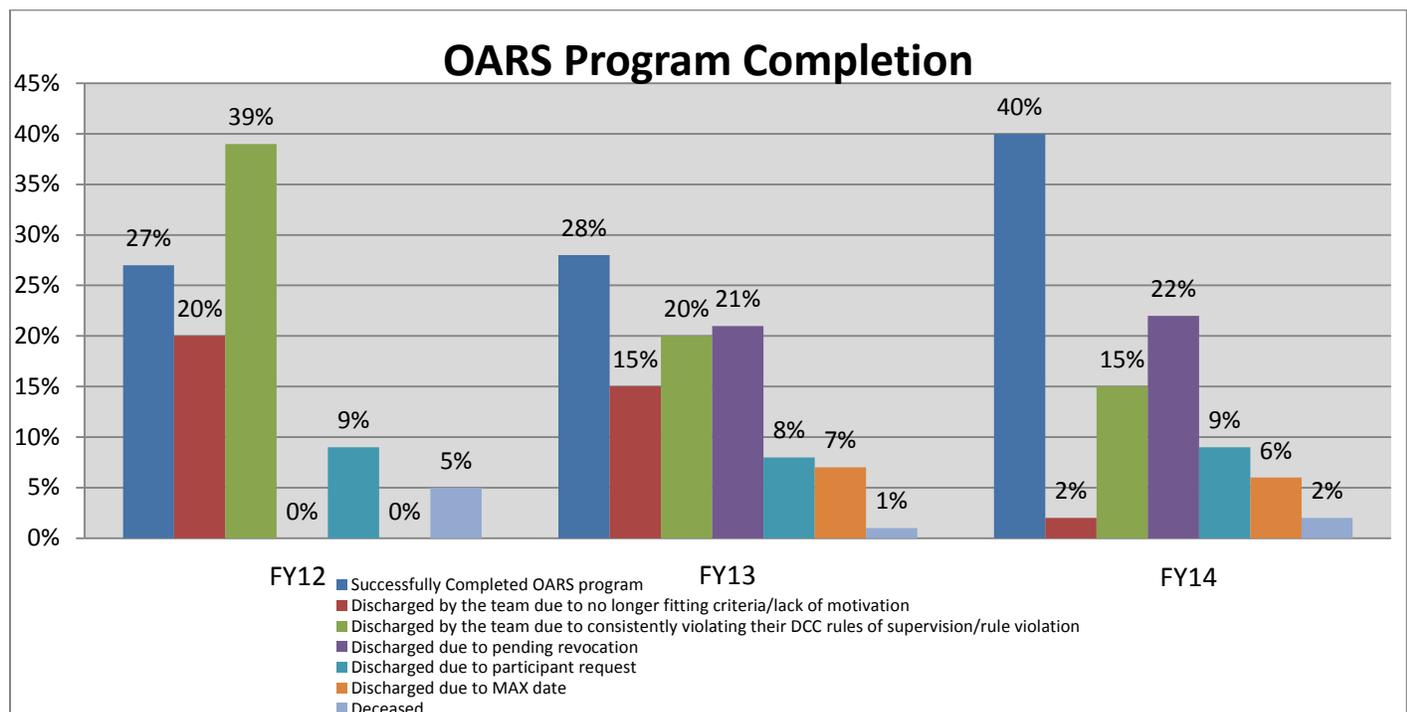
- A 4- to 12-fold increase in health risks for alcoholism, drug abuse, depression and suicide attempt.
- A 2- to 4-fold increase in smoking, poor self-rated health, greater than 50 sexual intercourse partners and sexually transmitted disease.
- A 1.4- to 1.6-fold increase in physical inactivity and severe obesity.

The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases, including ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease. The seven categories of adverse childhood experiences were strongly interrelated, and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

The conclusion of the CDC study is there is a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

OARS PROGRAM PARTICIPANT DISCHARGES

- 40 percent of participants successfully discharged from the OARS Program
- 2 percent discharged due to team decision, primarily due to lack of motivation and meaningful follow through on program goals
- 15 percent discharged due to consistent violations of their rules
- 22 percent discharged due to pending revocation
- 9 percent discharged due to participant request
- 6 percent discharged because their criminal sentence expired
- 2 percent passed away from natural causes while in the program one while in prison, two in the community)



SUMMARY OF OPENING AVENUES TO REENTRY SUCCESS PROGRAM DATA

	FY11 Total	FY12 Total	FY13 Total	FY14 Total
Total Served, eliminating transfer duplication, pre and post	88	142	174	162
ADP	48	79	101	97
Admissions to OARS Program				
Pre-release as of 6/30	29	23	40	30
Post-release as of 6/30	72	76	69	92
New Admissions Release Origin				
WRC	52	34	42	44
	59%	45%	61%	44%
WWRC	n/a	3	2	4
	n/a	4%	3%	3
TCI	36	23	24	23
	41%	30%	35%	33%
Living Situation				
Independent	35	83	115	110
CBRF/Adult Family Home	16	21	16	6
Transitional Living Placement (TLP – DOC funded)	0	1	0	2
Halfway House (HH – DCC funded)	5	2	1	1
Supported Apt./Living	2	4	4	5
Dependent w/family, Nursing Home/Health Care Facility	0	0	1	4
WRC/WWRC/TCI/OSCI/REECC awaiting placement on 6/30	29	23	40	31
Employment				
Competitive	5	12	17	19
Sheltered/Supportive	2	2	1	2
Pre-employment training/DVR	2	6	12	1
Unemployed – seeking employment/Laid off	18	20	37	49
Unemployed – currently unable to work	8	6	10	20
Unemployed – disabled or unwilling to work	24	59	52	31
School/Other educational, Retired, Unknown	0	6	8	12
Diagnostic Categories				
Schizophrenia	17%	18%	35%	17%
Other Psychotic Disorders	29%	28%	16%	15%
Mood Disorders	42%	39%	43%	52%
Anxiety Disorders	8%	13%	13%	9%
% of total population with co-occurring diagnosis	85%	74%	67%	72%
% of total population with co-occurring axis II diagnosis	75%	72%	58%	54%
DOC Mental Health Code 2A	85%	90%	89%	98%
DOC Mental Health Code 2B	15%	10%	11%	2%
Crime at Sentencing				
Total served – violent felony committing offense	42%	46%	49%	48%
Total served – nonviolent felony committing offense	56%	38%	36%	58%
DOC Risk Assessment Rating – Medium	45%	50%	52%	48%
DOC Risk Assessment Rating – High	55%	78%	48%	48%
Total served revoked	3%	4%	1%	2%
Total participants placed in short-term hospitalization (WRC/TCI, community)	9	20	24	20
Percentage of total	29%	18%	17%	15%
Population approved for SS benefits as of 6/30	63%	66%	66%	52%

FY15 GOALS

In FY15, the OARS program will continue to use measurable outcome performance expectations in its contracting process.

FY15 Contract Deliverables	Performance Expectation	Performance Standards	Data Source
Goal 1	To the extent possible, OARS participants will be financially self-sustained.	At six months post release, 75 percent of OARS participants will have a reduction in the cost of their care, which may assist in clients becoming more financially self-sustained.	Contract deliverable spreadsheet
Goal 2	OARS participants engage in meaningful daily activities.	90 percent of participants in the OARS Program will be involved in meaningful daily activities. Meaningful activities will be discussed and implemented as a goal on client Individual Care Plans.	Contract deliverable spreadsheet Review of Individual Care Plans
Goal 3	Justifications for all OARS participants placed in CBRFs are completed at three months and every month thereafter, unless otherwise exempt, until a lesser restrictive environment is appropriate for the participant and community.	Prior to discharge from the OARS Program, 90 percent of participants who were residing in a CBRF or Adult Family Home when they were placed in the community are moved to a less structured living situation.	CBRF tracking spreadsheet Review of CBRF justifications Monthly bills <i>OARS case management agencies will track all clients in CBRFs.</i>
Goal 4	Case managers will use Motivational Interviewing with clients to address their treatment and behavioral issues.	Continue with monthly tracked measures: <ul style="list-style-type: none"> • Staff attendance • Staff presentation of recorded audio • Peer review results • Individual Learning Plan on file • Staff participation in learning activity • Staff submit one consumer evaluation monthly 	Motivational Interviewing training attendance Motivational Interviewing tracking sheets

Appendix A: Motivational Interviewing and Implementation Project

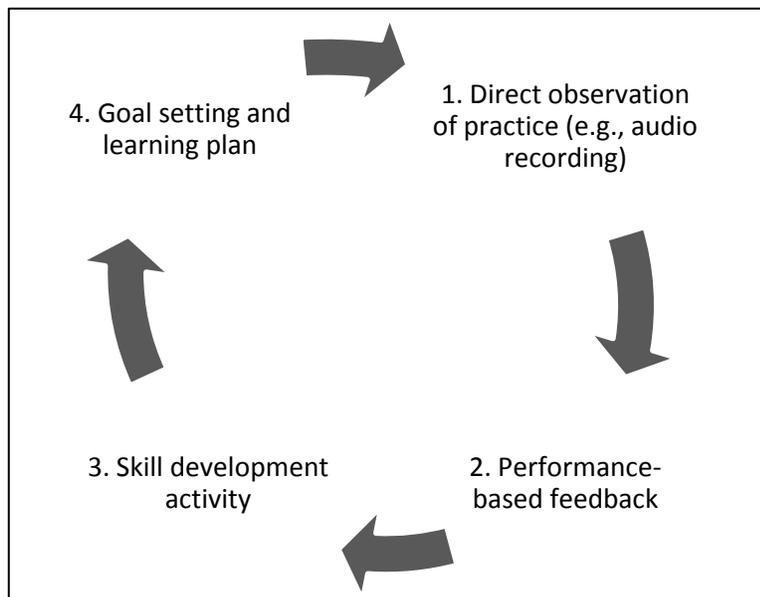
The following is a report from Scott Caldwell, Motivational Interviewing Trainer.

This report summarizes the results of the Motivational Interviewing Training and Implementation Project (MI-TIP) for Conditional Release (CR) Program and Opening Avenues to Reentry Success (OARS) program case management staff during contract year 2013-2014.

Background

MI-TIP involves an innovative training process with the goal of helping staff to learn MI as an evidence-based practice, that is, to fidelity standards. Training research in MI increasingly shows that “one-shot” trainings are insufficient to promote even a basic level of competency in MI.¹⁻³ Moreover, the training research shows that MI is not easy to learn⁴ and, like learning any complex skill, requires ongoing learning.^{5,6} As depicted in Figure 1, training research shows that the following elements comprises an effective learning cycle: (1) direct observation of practice is critical because there is “no reliable and valid way to measure MI fidelity other than through the direct coding of practice samples”;⁷ (2) performance-based feedback; (3) continued opportunities for skill building; and (4) goal setting. MI-TIP used this process to promote learning among CR/OARS case management staff.

Figure 1. Cycle of learning Motivational Interviewing.



As a contract deliverable, staff were required to attend a monthly one-hour MI peer learning group. During the group, staff presented (on a rotating basis) an audio recorded sample of MI practice and then received structured feedback from peers. With time remaining, staff participated in a skill-building exercise from a workbook.⁸ Following the presentation and feedback, each staff completed an individualized learning plan, which addressed the following questions: What area of MI do you wish to continue focusing on? What 1-2 specific goals you will work

toward? What are the barriers to achieving these goals? How will these barriers be overcome (strategies)?

MI-TIP with CR/OARS

Staff were required to present two audio taped practice samples each during the contract year. The first sample was presented during 2013 (the first six months of the contract year), and the second sample was presented during 2014 (the last six months of the contract year). With feedback on two practice samples, each case manager was able to compare their results and revise their learning plan accordingly. Each provider agency was given a spreadsheet to track their peer learning group data. Spreadsheets were submitted by the director on a quarterly basis.

As shown in Table 1, case managers were highly engaged in the learning process. Each peer learning group, on average, comprised about seven staff, and this reflected about 90 percent of the contracted employees. Furthermore, almost all staff (98.5 percent) developed and revised their individualized learning plans.

Table 1. Peer learning group descriptives.

Measure	First 6 months (2013)	Second 6 months (2014)	Total
Number of staff presenting an audio recorded practice sample	32	24	56
Average number of staff attending peer groups	7.2	7.4	7.3
Average percentage of CR/OARS staff in attendance (of total)	85.5%	95.0%	90.25%
Average percentage of staff who completed a learning plan	97%	100%	98.5%

The peer review of audio recorded practice samples was based on the skill behavior count component of the Motivational Interviewing Treatment Integrity (MITI) instrument.⁹ During review, peers coded (mutually exclusive) the presenting case manager’s utterances into the following categories: Open Question, Closed Question, Simple Reflection, Complex Reflection, MI Adherent Behavior, and MI Non-Adherent Behavior. Staff received an overview and initial practice on how to conduct MITI coding during onsite training. Based on the skill behavior counts, five measures of MI could be calculated and then compared to the corresponding fidelity standards (see Table 2).

Table 2. Calculation of MI skills and fidelity standards.

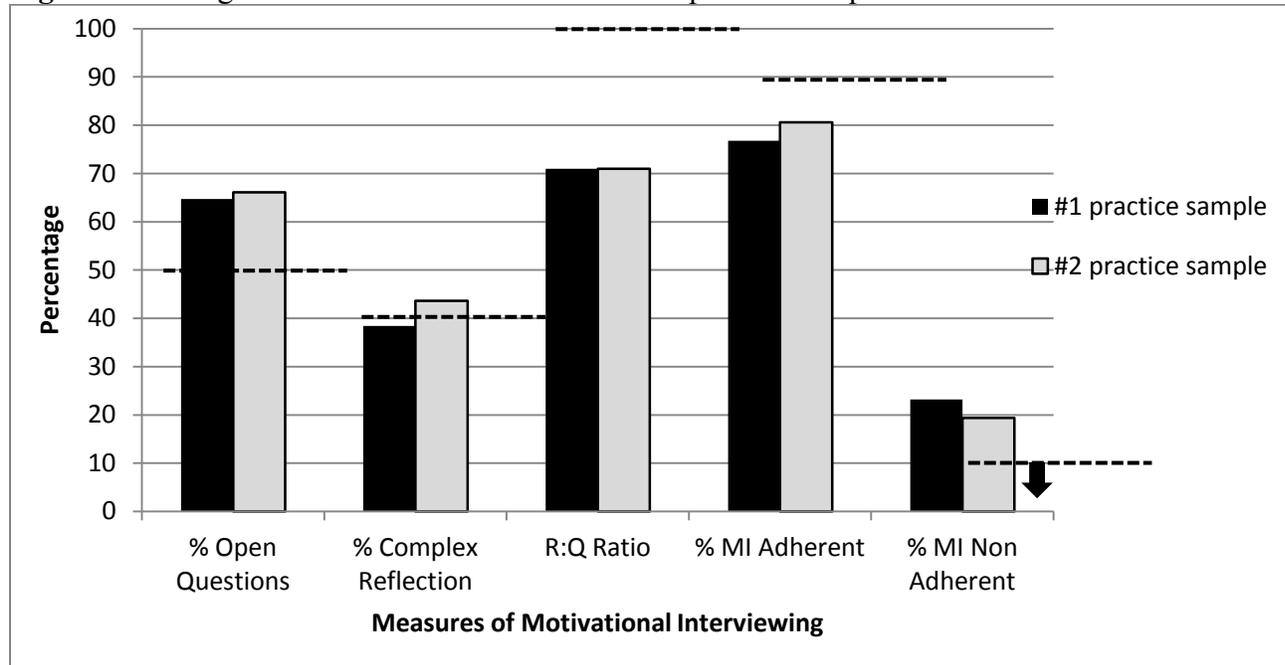
MI Measure	Calculation	Fidelity Standards ¹⁰	
		Basic Competency	Proficiency
% Open Questions	# of Open Questions /total Questions x 100	≥ 50%	≥ 70%
% Complex Reflection	# of Complex Reflections /total Reflections x 100	≥ 40%	≥ 50%
Reflection to Question Ratio	Total # of Reflections / Total # of Questions	≥ 1.0	≥ 2.0
% MI Adherent Behaviors	# of MI Adherent behaviors/ # of total other behaviors x 100	≥ 90%	≥ 98%
% MI Non-Adherent Behaviors	100% – % MI Adherent	≤ 10%	≤ 2%

Results

Spreadsheets containing the skill behavior counts were submitted throughout the contract year based on the peer review results. This data was imported into a statistical software program (SPSS) to examine overall progress in staff demonstration of MI skills. As depicted in Figure 2, staff skill behavior counts were averaged and compared to the fidelity standard of basic competency. Results showed that two skill measures exceeded basic competency (i.e., percentage of Open Questions in both practice samples; percentage of Complex Reflection in

practice sample #2). However, the other measures (Ratio of Reflection to Question, percentage of MI Adherent and Non-Adherent Behaviors) did not reach fidelity. Additionally, pair-wise comparisons showed no difference between average practice sample #1 results and practice sample #2 results on measures of Open Questions (65% vs. 66%, $p = 0.64$), Complex Reflection (38% vs. 44%, $p = 0.27$), Reflection to Question Ratio (0.7 vs. 0.7, $p = 0.98$), MI Adherent (77% vs. 81%, $p = 0.46$) and MI Non-Adherent Behaviors (23% vs. 19%, $p = 0.46$). In sum, staff showed fidelity in two skill areas; however, skills showed no change from the first to the second practice sample, which were about six months apart. Note: statistically significant difference is when the probability (p) of results due to chance is less than 5 in 100, that is, $p < 0.05$.

Figure 2. Average results for staff’s first and second practice samples.



Note: The fidelity standard of basic competency is indicated by hash mark.

Beyond average results, to what extent did individual staff achieve MI fidelity on practice sample #2? To address this question, each MI measure for staff who completed practice sample #2 ($N = 24$) was converted into a dichotomous score of either 0 (did not achieve fidelity) or 1 (achieved fidelity), thus creating a 0 (no fidelity measures achieved) to 5 (all fidelity measures achieved) scale. This group of staff demonstrated, on average, 2.3 fidelity measures. Table 3 shows the percentage of staff by number of measures.

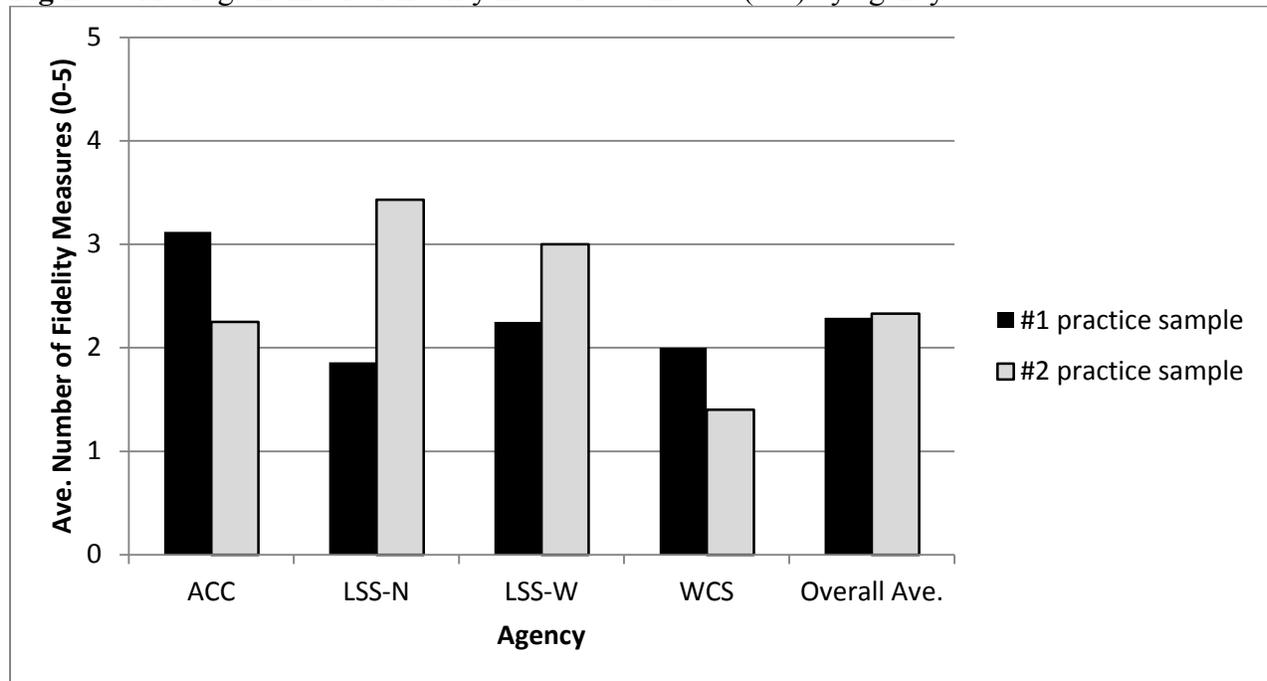
Table 3. Percentage of staff who achieved fidelity measures (basic competency) on practice sample #2.

No. Fidelity Measures	Percentage of Staff
0	0%
1	25%
2	29%
3	12%
4	21%
5	12%

The number of MI fidelity measures achieved (0-5) offers a useful glimpse into the extent to which participants advanced their skillful practice of MI during the contract year. Results showed that the majority (64 percent) achieved two or fewer fidelity measures. Only one-third of staff (33 percent) achieved four or more measures. Although some staff attrition was noted between practice samples #1 and #2, there was no difference in number of fidelity measures achieved at practice sample #1 (baseline), suggesting that no selection bias existed for the staff who completed practice sample #2.

Regarding the number of fidelity measures achieved by staff, there was no significant practice improvement overall from practice sample #1 to #2. However, several within and between provider agency differences existed. As depicted in Figure 3, there was a range of differences. ACC showed a non-significant trend toward a decrease in fidelity ($p = 0.08$); however, LSS-N ($p < 0.01$) and LSS-W ($p < 0.05$) both showed significant gains in practice toward fidelity. On the other hand, WCS ($p < 0.01$) started with a relatively lower level of fidelity and lost ground between practice sample #1 and #2.

Figure 3. Average number of fidelity measures achieved (0-5) by agency.



Summary

How to make sense of these results? CR/OARS case managers showed a high level of engagement in the monthly peer learning group process. Provider agencies demonstrated that staff involvement in peer learning that utilized best practices (e.g., direct observation plus feedback) is feasible. Yet, although staff's engagement in ongoing learning following training is necessary, it does not appear to be at all sufficient to promote gains in MI skills toward fidelity across time. Results showed that staff, on average, were able to demonstrate a basic level of competency for two of five fidelity measures (Open Questions, Complex Reflections). However, staff overall did not show practice gains from the practice sample #1 to #2. This finding is consistent with the training outcome literature that shows MI is not easy to learn.⁴ Nonetheless, it is of concern because presumably, staff are showing their best MI practice in the audio recorded practice samples. If staff are struggling to show even a basic level of competency in this context, it is likely that the majority of CR/OARS case management staff are not utilizing MI in routine practice. The high percentage of MI Non-Adherent Behaviors (e.g., telling clients what to do, advising, warning, confronting) is revealing because such behaviors would be considered practice as usual in CR/OARS case management services. Unfortunately, research shows these behaviors to be ineffective in promoting positive behavior change with confrontation being discredited.¹¹ As MI training researchers have noted, "It may be at least as important in teaching MI to diminish old habits of MI-incompatible responding."⁵ The data also showed that about one-third of staff is able to demonstrate basic MI fidelity. Interestingly, some provider agencies appear to be promoting good practice compared to others. So although the overall average results show no improvement in skills over time, analysis on the individual staff and agency level show a range of ability. That the implementation of MI varies by provider agency is consistent with research that shows "site matters."¹²

Moving Forward

Based on the results of this study, there are several implications and questions for the 2014-2015 contract year:

1. The study provides a reminder that for staff to advance from practice as usual to delivering MI as an evidence-based practice, *staff's own behavior change is required*. It is a "use-it-or-lose-it" proposition. For staff who are not integrating MI into practice, it shows in the practice sample results. Staff are not going to benefit from a monthly dose of learning if there is not an effort to integrate MI. What incentives can be offered to help motivate staff to learn and integrate MI into practice?¹³ What learning resources can be made available to increase staff's efficacy as learners? For staff who struggle to demonstrate even one or two fidelity measures, how can these staff be identified and worked with in a collaborative, effective manner?
2. The site differences are interesting. What is occurring at the provider agencies in which staff are starting at a baseline of MI skills comparable to the other provider agencies yet show greater gains in skills over time? What are the implementation factors within the agencies that seem to be promoting skillful MI practice? How can these factors be identified and replicated in other provider agencies? How can technical assistance be developed and tailored to meet the needs of staff within the agencies that seem to be struggling?

3. Support, resources, and assistance are one component in a successful implementation project. Monitoring the accountability is another component. How can the contracting process be used to focus on deliverables and provide ongoing monitoring and accountability?

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Appendix B: Forensic Client Data Revocation Study, July 1, 2010 – June 30, 2014

This was a separately produced report containing data from FY11, FY12, FY13, FY14.

Executive Summary

Effective 2014, each time a client on conditional release is revoked from the Conditional Release Program, the five providers who contract with the Department of Health Services (DHS) submit information about the revocation at:

<https://4.selectsurvey.net/dhs/TakeSurvey.aspx?PageNumber=1&SurveyID=911M9683>

The providers submitted information about clients in FY14 but also retroactively submitted information for FY11, FY12 and FY13.

This data shows, on average, revoked clients are on conditional release for 702 days, or nearly two years, before they are revoked.

History

Prior to this workgroup forming, for 13 years a DHS staff would run a report showing monthly revoked conditional release client names from the Forensic Services Information System (FSIS), a client database, and enter information from FSIS into a spreadsheet. This spreadsheet showed basic information, such as:

- County of placement
- The provider region the client was placed in
- Release origin
- Conditional release date
- Revocation date
- Time on conditional release
- Original crime
- Diagnosis
- Alcohol or other drug abuse issues
- Employment

This data showed the majority of revoked clients had alcohol and other drug abuse (AODA) issues or were not employed. However, DHS and contracted providers agreed that more information about these clients should be gathered.

The Revocation Workgroup formed in June 2013 with staff from DHS, state MHIs and contracted service providers. The group agreed to “achieve the best client care and treatment possible for mentally ill clients in the forensic system.” The group also created the online data submission form.

Scope

The Revocation Workgroup focused on:

- Developing a list of data needed to better understand which forensic clients get revoked and why
- Identifying data sources
- Analyzing data and group relevant observations
- Completing an additional evaluation of more specific and relevant issues
- Evaluating data and develop program improvements

Timeline

- August 1, 2013
 - Revocation data (14-year study of revocation data) pivot tables completed
- September 1, 2013
 - Developed data observations
- December 1, 2013
 - Agreed on data and priorities for system
- February 1, 2014
 - Entered data for more useful and system-specific information and continued gathering revocation data
- May 1, 2014
 - Data completed and information organized into charts
- June 1, 2014
 - Made plans for ongoing data review and application
- July 1, 2014
 - Wrote a summary report and presented to FSST group

Contracted Regional Providers in Wisconsin for Conditional Release Program

- Dane County Region is served by Journey Mental Health Center (Journey)
- Fox Valley Region is served by Adult Care Consultants (ACC)
- Milwaukee Region is served by Wisconsin Community Services (WCS)
- Northern Region is served by Lutheran Social Services (LSS-N)
- Western Region is served by Lutheran Social Services (LSS-W)

Data Summary

The following are highlights from a study of conditional release clients who were revoked in FY11-FY14. The total number of clients served was 1722. The data was gathered from the FSIS database and the contracted service providers. Office of Community Forensic Services Annual Reports were used as a comparison of information on the total conditional release population for the same time period the revocation data was collected.

Release Origin

- 10 percent of total conditional release clients released from the state MHIs were revoked during FY11-FY14.
- 8.9 percent of conditional release clients revoked were released directly from court.
- Of all conditional release clients:
 - 68 percent were from direct court.
 - 17 percent from Winnebago Mental Health Institute.
 - 13 percent from Mendota Mental Health Institute.
- Of 157 revoked clients reviewed from FY11-FY14:
 - 55 percent were from direct court.
 - 46 percent were from the MHIs.

AODA

- 40 percent of all conditional release clients reviewed over the last decade have AODA issues.
- 81 percent of clients with multiple revocations had AODA issues.
- 30 percent of revoked clients from FY11-FY14 have substance abuse as a secondary diagnosis.
- 74 percent of revoked clients have a history of AODA issues.

Employed

- 71 percent of conditional release clients revoked were unemployed when revoked.

Average Time on Conditional Release

- Of the 157 revoked clients reviewed from FY11–FY14, the average time on conditional release before revocation was 702 days before they were revoked.

Diagnosis

- Of the 157 revoked clients reviewed from FY11–FY14:
 - 26 percent have schizophrenia.
 - 20 percent have other psychotic disorders.
 - 24 percent have bipolar disorder.
- Of the 157 revoked clients reviewed from FY11–FY14:
 - 70 percent have a secondary diagnosis.
 - 27 percent have a substance use disorder.
 - 20 percent have antisocial personalities disorders.

Revocation Reason

- Upon initial review of the FSIS data:
 - 77 percent of clients were revoked for rule violations.

- 10 percent of clients were revoked for acute symptomatology.

Crime of Origin

- Of the 157 revoked clients reviewed from FY11–FY14:
 - 88 percent committed a felony as their original crime.
 - 60 percent of clients committed violent felonies.
 - 28 percent of clients committed non-violent felonies.

Prior Violations

Of the 157 revoked clients reviewed from FY11–FY14, 55 percent of revoked clients were revoked without a prior custody.

Reason for Revocation

- Of the 157 revoked clients reviewed from FY11–FY 14:
 - 62 percent committed a rule violation.
 - 31 percent of those violations were due to exacerbation of symptoms.
 - 8 percent were charged with a new crime.

Treatment Plan Adjustments

- Of the 157 revoked clients reviewed from FY11–FY14:
 - 74 percent were having weekly or more meetings with their case manager.
 - 61 percent were having weekly meetings with their probation agent.
- Of the 157 revoked clients reviewed from FY11–FY14:
 - 15 percent had no personal supports (family, employer, friends, mentors), only their treatment team, prior to being revoked.
- Revoked clients have increased treatment supports, for example medication monitoring (64 percent) and psychiatry services (87 percent).
- Of the 157 revoked clients reviewed from FY11–FY14:
 - 41 percent had AODA treatment and 38 percent had compliance devices, such as Secure Continuous Remote Alcohol Monitors (SCRAM) and Urinalyses (UAs).
 - 24 percent are in CBRFs.
 - 6 percent of those revoked were placed in community hospitals prior to revocation.
 - 55 percent attend counseling prior to revocation.
 - 18 percent are not involved in any activities at the time of revocation.

Contributing Factors to Revocation

- Of the 157 revoked clients reviewed from FY11–FY14:
 - 42 percent had symptoms of mental illness.
 - 41 percent have AODA problems.
 - 38 percent are unable to deal with frustration with everyday tasks.
 - 32 percent are resistant to and not cooperating with treatment.

Next Steps

- The Office of Community Forensic Services and the state MHIs will continue to be involved in quality improvement measures to assist patients with preparing for success upon their return to the community.
- DHS may complete a separate comparison of information about revoked clients versus non-revoked clients. Annual Report data contains information about revoked clients, so this would have to be a new comparison.
- What should be a part of the Conditional Release Plan?
 - Providers and MHIs will work together to prioritize client goals.
- What can the forensic system do to help prepare clients?
 - Communicate more about clients and with clients.
 - Evaluate data and apply to specific programming needs.
 - Educate staff and clients about what to expect while on conditional release.
 - Community teams become more familiar with treatment records.
 - Case managers and MHI staff ask more clarifying questions while staffing about clients.
 - Continue to gather and analyze data, evaluate programs, talk about the issues and implement changes.
- MHIs will interview patients upon intake to find out what happened in the community that led to revocation from the client's perspective. This should generate a report, which would stay in their chart throughout their treatment at the MHI.
- Move this workgroup into FSST meetings.
 - Policy making group
 - Next meetings: June 13, 2014, and September 12, 2014
- Include portions of this workgroup's report in the Community Forensics FY14 Annual Report.

More Information from the Revocation Workgroup Report

Clients Served, by Region

Dane County Region		8	5%
Fox Valley Region		34	22%
Milwaukee Region		40	25%
Northern Region		39	25%
Western Region		36	23%
Total Respondents (For this Question)		157	100%

The majority of revoked clients are from the Milwaukee region, although that region also has the most clients.

Total Clients Served (from Annual Report Data)

	FY11	FY12	FY13	FY14	TOTAL FY11-FY14	TOTAL FY11-FY14 % of revocation
ACC	96	99	82	117	394	8.6%
Journey	45	49	40	39	173	4.6%
LSS-N	96	87	80	91	354	11.0%
LSS-W	54	62	65	59	240	15.0%
WCS	141	134	125	161	561	7.1%
	432	431	392	467	1722	9.1%

Clients Served, by Fiscal Year

FY11		26	17%
FY12		41	26%
FY13		43	27%
FY14		41	26%
Total Respondents (For this Question)		157	100%

The majority of revoked clients are from FY13.

	FY11	FY12	FY13	FY14	TOTAL FY11- FY14
# of Revoked Clients	26	41	43	41	151
Total Clients Served on Conditional Release	432	431	392	467	1722
Percentage Revoked	6.0%	9.5%	11.0%	8.8%	8.8%

Clients Served, by County of Placement

Adams		0	0%
Ashland	█	1	1%
Barron	█	2	1%
Bayfield		0	0%
Brown	█	6	4%
Buffalo		0	0%
Burnett		0	0%
Calumet		0	0%
Chippewa	█	2	1%
Clark	█	2	1%
Columbia	█	1	1%
Crawford		0	0%
Dane	█	8	5%
DCS		0	0%
Dodge		0	0%
Door		0	0%
Douglas	█	1	1%
Dunn	█	1	1%
Eau Claire	█	13	8%
Florence		0	0%
Fond du Lac	█	2	1%
Forest		0	0%
Grant	█	1	1%
Green		0	0%
Green Lake		0	0%
Iowa	█	2	1%
Iron		0	0%
Jackson	█	1	1%
Jefferson	█	6	4%
Juneau	█	4	3%
Kenosha	█	2	1%
Kewaunee		0	0%
La Crosse	█	8	5%
Lafayette		0	0%
Langlade	█	1	1%
Lincoln	█	2	1%
Manitowoc	█	3	2%
Marathon	█	12	8%
Marinette		0	0%
Marquette		0	0%
Menominee		0	0%
Milwaukee	█	22	14%
Monroe		0	0%
Oconto		0	0%
Oneida		0	0%
Out of State		0	0%
Outagamie	█	4	3%
Ozaukee	█	1	1%
Pepin		0	0%
Pierce		0	0%
Polk	█	2	1%
Portage	█	3	2%
Price		0	0%
Racine	█	3	2%
Richland		0	0%
Rock	█	3	2%
Rusk	█	1	1%
Sauk	█	1	1%
Sawyer		0	0%
Shawano	█	2	1%
Sheboygan	█	13	8%
St. Croix		0	0%
Taylor	█	1	1%
Trempeleau	█	2	1%
Unknown		0	0%
Vernon	█	1	1%
Vilas	█	1	1%
Walworth	█	4	3%
Washburn		0	0%
Washington	█	3	2%
Waukesha	█	4	3%
Waupaca		0	0%
Waushara	█	1	1%
Winnebago	█	3	2%
Wood	█	1	1%
Total Respondents (For this Question)		157	100%

**Number of Custodies (during this period of conditional release)
(not including current revocation)**

0		87	55%
1		39	25%
2		13	8%
3		8	5%
4		3	2%
5		1	1%
More than 5		6	4%
Total Respondents (For this Question)		157	100%

55% of the revoked clients were revoked without having a prior “custody.” Treatment plan adjustments are utilized prior to revocation/custody.

Release Origin of Clients

Direct Court		86	55%
Mendota Mental Health		34	22%
Winnebago Mental Health		37	24%
Total Respondents (For this Question)		157	100%

	FY11	FY12	FY13	FY14	Total
# of Revoked Clients from Direct Court	11	23	26	23	83
# of Clients from Direct Court	215	208	260	253	936
# of Revoked Clients from MHI	15	18	17	18	68
# of Clients from MHI	176	163	162	179	680

- 8.9 percent of all conditional release clients released directly from court during FY11 through FY14 are revoked.
- 10 percent of all conditional release clients released from the MHI during FY11 through FY14 are revoked.
- During the same time period, 46 percent of all conditional release clients are released from the MHI, and 55 percent come directly from the court.

Original Crime

Felony Violent		83	53%
Felony Non-violent		43	27%
Misdemeanor Violent		13	8%
Misdemeanor Non-violent		18	11%

- 80 percent of the revoked clients committed a felony as their original crime; 53 percent were violent crimes, and 27 percent were non-violent crimes.
- Previous revocation data showed 88 percent of clients who have multiple revocations have felony convictions.

	FY11	FY12	FY13	FY14
Felony Violent	58%	58%	63%	61%
Felony Non-Violent	31%	34%	22%	26%
All Felonies	89%	91%	85%	87%
Misdemeanor Violent	6%	8%	6%	7%
Misdemeanor Non-Violent	5%	5%	9%	8%
All Misdemeanors	11%	13%	15%	15%

Primary Diagnosis

Antisocial Personality Disorder		10	6%
Anxiety Disorder		7	4%
Bipolar Disorder		29	18%
Dementias Cognitive		2	1%
Depressive Disorder		7	4%
Developmentally Disabled		4	3%
Other Mood Disorders		7	4%
Other Psychotic Disorders		27	17%
Paraphilias		0	0%
Post Traumatic Stress Disorder (PTSD)		4	3%
Schizophrenia		56	36%
Substance Use Disorders		4	3%
Total Respondents (For this Question)			157 100%

- 36 percent of the revoked clients have schizophrenia, with 17 percent having “other psychotic disorders” and 18 percent having “bipolar disorder.”

ALL CLIENTS (data is from annual reports)	FY11	FY12	FY13 *	FY14	Revoked Clients FY00-FY13
Schizophrenia	26%	28%	37%	38%	26%
Mood Disorders (majority of this data is “bipolar disorder”)	29%	27%	34%	30%	24%
Other Psychotic Disorders	44%	40%	13%	14%	20%

*the definition of schizoaffective disorder was changed in FY13

Secondary Diagnosis

Antisocial Personality Disorder		32	20%
Anxiety Disorder		3	2%
Bipolar Disorder		1	1%
Dementias Cognitive		1	1%
Depressive Disorder		4	3%
Developmentally Disabled		13	8%
Other Mood Disorders		4	3%
Other Psychotic Disorders		1	1%
Paraphilias		1	1%
Post Traumatic Stress Disorder (PTSD)		6	4%
Schizophrenia		1	1%
Substance Use Disorders		43	27%
None		47	30%
Total Respondents (For this Question)			157 100%

- 70 percent of the revoked clients have some type of secondary diagnosis; 27 percent have “substance use disorder,” and 20 percent have antisocial personality disorders.

Percentage of Total Population with Co-occurring Diagnosis (secondary diagnosis of Substance Use Disorder)

	FY11	FY12	FY13	FY14
ACC	37%	32%	36%	41%
Journey	60%	55%	51%	56%
LSS-N	43%	54%	40%	37%
LSS-W	42%	45%	0%	0%
WCS	38%	40%	40%	20%
TOTAL	44%	45%	33%	31%

History of AODA Issues

Yes		116	74%
No		41	26%
Total Respondents (For this Question)		157	100%

- 74 percent of revoked clients have a history of AODA issues. Of all conditional release clients, 40 percent (prior data review) have AODA issues.

Reason for Revocation

Rules Violation		97	62%
Exacerbation of Symptoms of Mental Illness		49	31%
New Crime - Felony Violent		3	2%
New Crime - Felony Non-Violent		1	1%
New Crime - Misdemeanor Violent		3	2%
New Crime - Misdemeanor Non-Violent		4	3%
Total Respondents (For this Question)		157	100%

- 62 percent of revoked clients committed a rule violation; 31 percent of revocations were due to exacerbation of symptoms, and 8 percent are charged with committing a new crime.

Frequency of Case Manager Contact

quarterly		1	1%
1 time a month (monthly)		10	6%
2 times a month		26	17%
3 times a month		4	3%
4 times a month (weekly)		79	50%
More than 4 times a month		37	24%
Total Respondents (For this Question)		157	100%

- 74 percent of revoked clients had weekly (or more than weekly) case manager contact.

Frequency of Agent Contact

quarterly		1	1%
1 time a month (monthly)		13	8%
2 times a month		41	26%
3 times a month		6	4%
4 times a month (weekly)		87	55%
More than 4 times a month		9	6%
Total Respondents (For this Question)		157	100%

- 61 percent of revoked clients had weekly (or more than weekly) agent contact.

Personal Supports Received Prior to this Revocation (check all that apply)

Children		20	13%
Employer		9	6%
Friend(s)		57	36%
Mentor		7	4%
Other Relatives		72	46%
Parents		91	58%
Partner		20	13%
Sponsor		5	3%
Spouse		6	4%
None of the Above		23	15%
Total Respondents (For this Question)		157	

- 15 percent of clients had no personal supports (only a treatment team) prior to being revoked. Children listed above signify “adult children.”

Professional Services Received Prior to this Revocation (check all that apply)

AODA Counseling		55	35%
AODA Tx Facility		9	6%
Agent		149	95%
Case Manager		154	98%
CBRF		37	24%
Community Inpatient Hospital		9	6%
CSP		24	15%
GPS		2	1%
Group Home contact		29	18%
Guardian		3	2%
Med Monitoring		101	64%
Psychiatrist		137	87%
SCRAM		15	10%
Therapist/Counselor		84	54%
UA		44	28%
Vocational Rehab		21	13%
Total Respondents (For this Question)		157	

All clients who are in the community have a case manager and agent contact as part of the Conditional Release Program, including absconders and revoked clients.

Revoked clients have increased supports; for example, medication monitoring (64 percent) and psychiatry services (87 percent).

- AODA treatment was utilized in 41 percent of cases, with SCRAM and UAs used on 38 percent of cases.
- 24 percent of clients who were revoked were in CBRFs.
- 6 percent of clients who were revoked were placed in community hospitals prior to revocation.

These increased supports were utilized as treatment plan adjustments made prior to custody.

Contributing Factors to Revocation (check all that apply)

Absconding		22	14%
Decrease in Level of Monitoring/Supervision		7	4%
Exacerbation of Symptoms of Mental Illness		64	41%
Failing to Attend Treatment Appointments		42	27%
Financial Difficulties		21	13%
Frustration/Inability to Deal with Everyday Tasks		60	38%
Inappropriate Sexual Behavior		16	10%
Isolation		11	7%
Medication Non-Compliance		41	26%
Negative Peer Pressure		32	20%
Not Involved in Structured Activities		45	29%
Resistive or Not Cooperating with Treatment		51	32%
Significant Life Event		7	4%
Suicidal		11	7%
Transportation Issues		1	1%
Unstructured Free Time		55	35%
Using Alcohol or Other Drugs		64	41%
Total Respondents (For this Question)		157	

- 42 percent of revoked clients had symptoms of mental illness, 41 percent had AODA problems, and 38 percent were unable to deal with frustration with everyday tasks.
- Other contributing factors include 35 percent of clients had unstructured free time, 27 percent failed to make treatment appointments, and 29 percent lacked participation in social/structured activities.
- 32 percent were resistant to or did not cooperate with treatment.

Client Involvement in Activities Prior to This Revocation (check all that apply)

Attending Counseling		87	55%
Caring for Dependent Children / Family Members		6	4%
Competitive Employment		21	13%
Education		9	6%
Fitness/Exercise		17	11%
Social Activities		61	39%
Structured Leisure Activities		40	25%
Volunteering		6	4%
Not involved in any of the above activities		29	18%
Total Respondents (For this Question)		157	
(skipped this question)			47

- 55 percent of revoked clients attended counseling prior to revocation.
- 18 percent of revoked clients were not involved in any activities.

Significant Recent Life Events That May Have Led to Revocation
 (check all that apply)

Anniversary of Past Traumatic Event		0	0%
Breakup of Significant Relationship		6	4%
Death of Close Family Member		2	1%
Divorce		0	0%
Financial Difficulties		17	11%
Loss of Employment		3	2%
None of the above		132	84%
Total Respondents (For this Question)		157	

- 84 percent of revoked clients did not have a significant life event recently that affected their revocation.