

Office of Community Forensic Services Annual Report

**Fiscal Year 2015 (FY15)
July 1, 2014 – June 30, 2015
(Amended November 2016)**



Wisconsin
Department of Health Services

Division of Mental Health and Substance Abuse Services
P-00572 (12/2015)

From the Director

The Office of Community Forensic Services publishes a report following each fiscal year as part of our commitment to accountability and quality improvement.

The Office of Community Forensic Services manages and supports programs for individuals with criminal justice histories and mental health concerns. The result of the work we perform in partnership with Wisconsin's court, correctional, and mental health systems is stronger and healthier individuals and communities.

This edition of the *Office of Community Forensic Services Annual Report* shows our commitment to the application of evidence-based, client-centered services in all of our programs. Our service-delivery model meets the unique needs of each individual. With the diverse and ever changing population we serve, it is more important than ever to have a trauma-informed approach that does no harm and encourages healing.

I thank all the dedicated individuals who contribute their expertise, hard work, and passion to make the important community programs we manage and support successful. We appreciate your support and hope this report increases your understanding of our programs, outcomes, and those we serve.

Glenn Larson
Behavioral Health Director
Office of Community Forensic Services

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Visit the Office of Community Forensic Services online at:

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

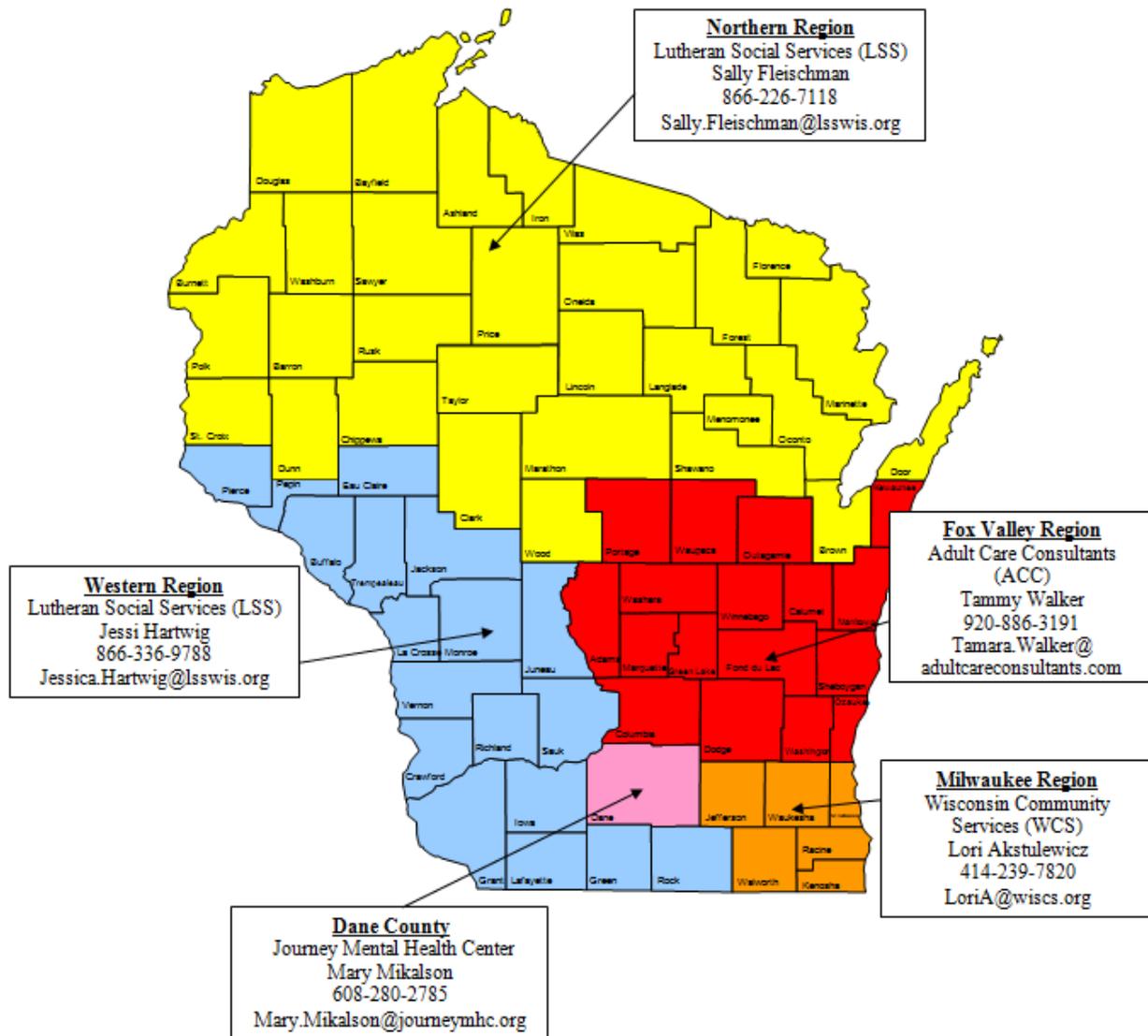
Conditional Release Program

The Department of Health Services (DHS) Conditional Release Program provides supervision and support to individuals found not guilty by reason of mental disease or defect (NGI) of criminal activity and released into the community either directly by a court or after treatment at a state mental health institute (MHI). The program manages risk to the community by addressing the individual's unique safety and security needs. This work is performed in partnership with staff at the Department of Corrections (DOC), Division of Community Corrections (DCC); Mendota Mental Health Institute (MMHI); Winnebago Mental Health Institute (WMHI); and community service providers.

Regional Provider Map

Department of Health Services (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



Summary of FY15 Goals, Activities, and Outcomes

In FY15, the conditional release program added 114 new clients.

2015 Goal	Performance Expectation	Performance Standard	Result
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. <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>	Only one client out of 114 new clients did not meet the criteria.
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.	This goal was met at 100 percent.
3	Justifications for all clients placed in community-based residential facilities (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.	This goal was met at 100 percent.
4	Case managers will use motivational interviewing with clients to address their treatment and behavioral issues.	Measures include: <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 	This goal was met at 100 percent.

Motivational Interviewing

- Approximately 95 percent of contracted staff participated in a two-day training.
- Contracted staff participated in monthly peer learning sessions and recorded two of their sessions in order to have their skills evaluated.
- On average, 89.5 percent of contracted staff attended the peer learning sessions and all contracted staff completed learning plans to assist them in application of their peer and self-critical reviews.
- Case managers who completed these practice examples had the opportunity to have the examples rated for a level of fidelity. This review was meant to show each case manager their level of practice improvement.
- Approximately 40 percent of case managers struggled to show advanced motivational interviewing practice. See [Appendix A](#) for a complete report.

Increased Collaboration with the Mental Health Institutes

- **Patient and Client Groups:** DHS Conditional Release Program staff partnered with staff at the state mental health institutes to develop and co-facilitate weekly meetings in the treatment malls at each facility to promote clients applying for conditional release and assist patients to prepare and understand their lives when they are released to the community.
- **Weekly Contact:** Community case managers called new conditional release clients weekly. Individuals granted conditional release had weekly contact with their community treatment team to facilitate effective communication and a client-centered treatment plan.
- **Revocation Review:** Conditional Release staff tracked client revocations. Revocation data was integrated into the program and available to the state mental health institutes for ongoing system improvement. The number of clients revoked for FY15 was 57. See [Appendix B](#) for more information.
- **Mental Health Institute Staff Ride-Alongs:** State mental health institute staff completed ride-alongs with case managers. Each staff person completed a survey to provide feedback to the Conditional Release Program.
- **Preparing Clients for Living in the Community:** This ongoing study investigated what meaningful activities are reported by clients who are on conditional release and who took part in the leisure education intervention at Mendota Mental Health Institute versus those reported by clients on conditional release who were not part of this program. This information may assist the state mental health institutes in their programming, as well as community providers in assisting current conditional release clients in developing meaningful activities in their lives.

Contractor Reports

In FY15, all four regional case management service providers produced annual reports.

- **Adult Care Consultants (ACC)** in the Fox Valley Region created a uniform individualized service plan form that was utilized in both the CR program, as well as other programs, such as Opening Avenues for Reentry Success (OARS). Also, ACC created a client group that met monthly and assisted clients in developing social skills. ACC reduced medical costs for clients.
- **Journey Mental Health Center** in Dane County focused on smoking cessation and cultural awareness. Staff received advance training on providing trauma-informed and recovery-oriented services.
- **Lutheran Social Services (LSS)** in the Northern and Western Regions held a peer group that assisted clients with participating in community activities, such as gardening and cooking. Also, LSS managed a food pantry during the holidays for clients.
- **Wisconsin Community Services (WCS)** in the Milwaukee Region partnered with the mental health institutes to co-facilitate weekly meetings in the treatment malls. WCS also assisted clients with transportation issues, the use of Secure Continuous Remote Alcohol Monitors, and compliance with a new sex offender residency ordinance in Milwaukee.

Summary of FY15 Program Data

**In FY15, data was collected in a different format from previous years.*

	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Total Served	407	380	397	392	431	424	466	437
Average Daily Population (ADP)	276	274	269	266	284	290	313	311
New Conditional Release (CR) Placements								
Number of New Placements	108	108	117	124	145	117	152	114
Direct Court	64	65	70	82	95	77	97	75
	59%	60%	60%	66%	66%	66%	64%	66%
Mental Health Institute (MHI)	44	43	47	42	50	40	55	39
	41%	40%	40%	34%	34%	34%	36%	34%
New NGI Commitments								
Direct Court to CR	64	65	70	82	95	77	97	75
To MHI	39	29	48	40	40	57	43	62
Total Admissions	103	94	118	122	135	134	140	137
Revocation Data								
Rule/Other Violations	7.6%	8.1%	10%	8%	9.7%	9.9%	8.8%	9.4%
Nonviolent Offenses	1%	1.1%	0.5%	0.25%	0.2%	0.5%	0.2%	1.4%
Violent Offenses	1%	0.8%	0.5%	0%	0%	0%	0.2%	
Percent Revoked	9.6%	10%	11%	8.25%	10%	10.4%	9.2%	13%
Living Situation								
Independent	74%	76%	74%	76%	78%	80%	74%	74%
Community Based Residential Facility/Adult Foster Home	12%	15%	14%	14%	13%	10%	12%	11%
Supported/With Family	11%	7%	10%	8%	7%	7%	9%	12%
Other	3%	2%	2%	2%	2%	1%	1%	3%
Employment								
Competitive	38%	33%	31%	29%	26%	26%	23%	28%
Sheltered/Supportive	7%	9%	8%	7%	8%	7%	4%	5%
Not Employed/Retired	30%	48%	53%	55%	58%	60%	70%	57%
School	6%	7%	5%	4%	5%	3%	3%	2%
Crime at Commitment								
Felony – violent	60%	63%	62%	58%	58%	63%	61%	54%
Felony – non-violent	31%	28%	25%	31%	34%	22%	26%	32%
Total Felonies	91%	91%	87%	89%	91%	85%	87%	86%
Misdemeanor – violent	2%	6%	5%	6%	8%	6%	7%	25% *
Misdemeanor – non-violent	7%	3%	8%	5%	5%	9%	8%	19% *
Total Misdemeanor	9%	9%	13%	11%	13%	15%	14%	44% *
New Convictions	n/a	n/a	4	1	1	2	0	4
Diagnostic Categories								
Schizophrenia	29.1%	26.9%	26%	26%	28%	37%	38%	24%
Other Psychotic Disorders	23%	26.2%	26%	44%	40%	13%	14%	26%
Mood Disorders	29.1%	30%	30%	29%	27%	34%	30%	33%
Developmental Disability	2.6%	4.4%	2%	3%	2%	3%	5%	7%
Substance Use/Mental Illness Co-Occurring	44.1%	45.1%	38%	44%	45%	33%	31%	53%
Cost Per Client								
Mental Health Institute	\$256,413	\$224,877	\$221,161	\$202,940	\$224,464	\$231,197	\$235,752	\$246,521
General Purpose Revenue (GPR) Only - Net Cost/ADP	\$15,504	\$13,763	\$14,528	\$12,069	\$13,068	\$12,027	\$13,229	\$12,136
GPR Only - Net Cost/Total Served	\$10,529	\$9,924	\$9,844	\$8,190	\$8,611	\$8,226	\$8,890	\$8,617

FY16 Goals

1. Implement a client satisfaction survey to evaluate the quality of client care.
2. Implement Microsoft SharePoint, a secure browser-based collaboration and document management tool, to share client files between DHS staff and contracted staff.
3. Develop a forensic peer specialist program.
4. Promote client participation in meaningful daily activities.
5. Educate case managers on motivational interviewing to help them demonstrate motivational interviewing fidelity.
6. Ensure case managers use motivational interviewing in behavior change conversations.

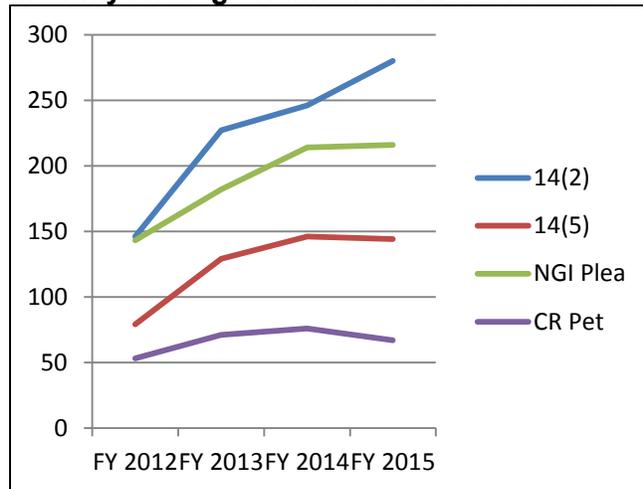
Court Liaison Services Program

The Court Liaison Services Program provides education and consultation to Wisconsin's judiciary system on cases under Wis. Stat. §§ 971.14(2) and 971.14(5). It also tracks these cases and collects data on these proceedings in an effort to ensure statutory timeframes are followed and client treatment needs are met. DHS contracts with Wisconsin Community Services, Inc., to manage this program.

Summary of FY15 Goals, Activities, and Outcomes

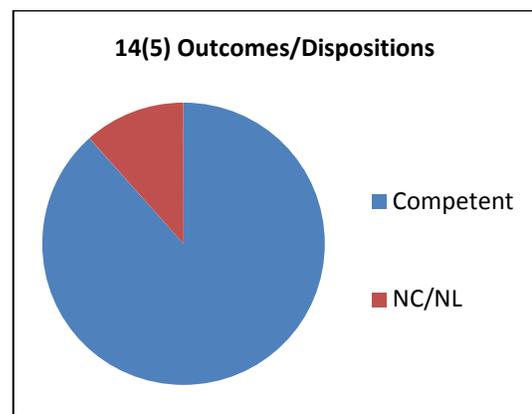
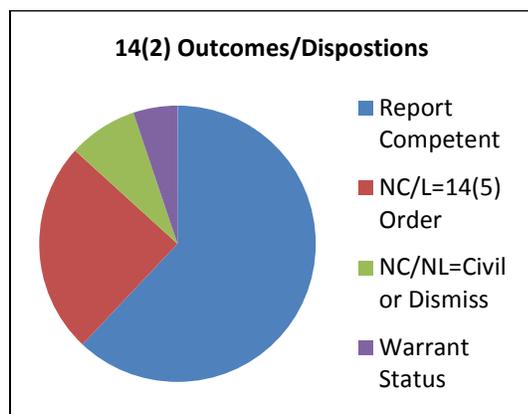
The number of criminal cases being processed under Wis. Stat. §§ 971.14(2) and 971.14(5) remained high in FY15.

Monthly Average Number of Cases Tracked

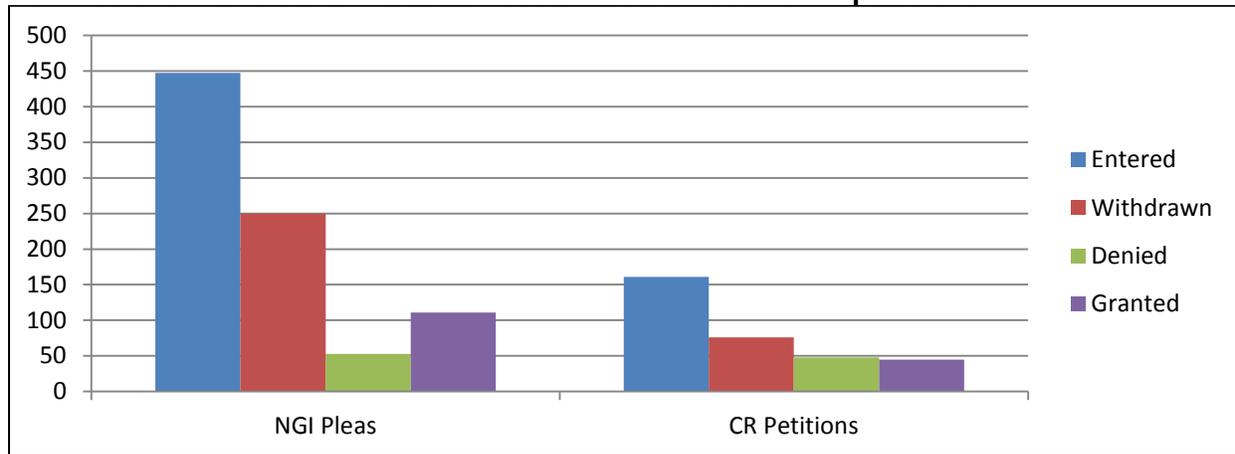


- 14(2) cases being tracked on a monthly basis increased again this past FY, showing approximately a 14% increase
- 14(5) cases being tracked on a monthly basis leveled out a bit, despite the increased number of 14(2) exams ordered
- NGI pleas being tracked on a monthly basis also leveled out a bit, despite the increase in the total number of pleas that were entered
- Conditional Release Petitions being tracked on a monthly basis decreased this past FY (13%), despite the increase in the total number of petitions that were filed

The discrepancy between the average number of Not Guilty by Reason of Mental Disease or Defect (NGI) and Conditional Release (CR) petition cases being tracked on a monthly basis, and the total number of NGI pleas and CR petitions entered this past fiscal year, is due to the carryover cases from the previous fiscal year. The number of carryover cases from FY14, that reached disposition in FY15, outnumbered the increase in the NGI pleas and CR petitions entered in FY15.



NGI Plea and Conditional Release Petition Outcomes and Dispositions



The outcomes and dispositions in the Wis. Stat. §§ 971.14(2) and 971.14(5) legal statuses remained relatively stable, percentage wise, despite the significant increase in the number of competency examinations being ordered. With regards to the data for the NGI pleas and CR petitions, as previously stated, the number of NGI pleas and CR petitions entered this past fiscal year increased. NGI pleas increased by 5 percent and CR petitions increased by 18 percent. However, the number of pleas accepted decreased by 17 percent and the number of petitions granted decreased by 12 percent. The data also illustrated an increase in NGI pleas being withdrawn or denied, while the number of CR petitions being withdrawn or denied decreased slightly this past fiscal year.

2015 Goal	Performance Expectation	Performance Standard	Result
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 or moved up in accordance with the statute and to follow-up with the court in writing two days later, if the hearing date has not been set or moved up.	Defendants appear for a competency hearing within the statutory timeframe 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 or moved after two business days, Court Liaison Services will follow-up with the court in writing in 80 percent of these cases.	This goal was met. Seventy-nine percent of cases (253 of 321) were in compliance with the 14-day timeframe.

2015 Goal	Performance Expectation	Performance Standard	Result
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).	Generate an average of 300-bed days saved per month at the MHIs by reducing the amount of time a defendant spends in the treatment program after the report has been sent to the court.	This goal was not met. An average of 221-bed days was saved per month. This is a result of the court system's increased adherence to the practice of setting review hearings in accordance with the statutory progress review due dates. By setting the review dates in conjunction with when the progress report would be due to the court, there is less of a need to set or move dates up, thus decreasing the bed days that are saved by doing so. The court system's adherence to the statutory timelines is an operational improvement to moving defendants through the MHI treatment programming.
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 mental health institute social worker and/or the court to confirm that the petition was received by the court and that an examiner was appointed.	Defendants have an examiner appointed within the statutory timeframe of 20 days in 70 percent of these cases.	This goal was met. Eighty-two percent of cases (139 of 170) were in compliance with the 20-day timeframe.
4	Promote usage of online resources and reference materials for processing cases under Wis. Stat. ch. 971 by directing people to the website through contact, correspondence, presentations, and the DHS Forensic Newsletter.	The online services will be monitored for access, with the goal of having: <ul style="list-style-type: none"> • 350 entrances, number of times visitors entered site through specific address • 650 unique page views, number of visits during which a specific page/link was viewed at least once 	This goal was met. There were 396 entrances and 1,346 unique page views.

In FY15, to ensure statutory compliance and promote procedural efficiency, the Court Liaison Services Program:

- Managed the Court Liaison Services webpage hosted on the WCS website.
- Presented for the first time at the Office the Wisconsin State Public Defender's Criminal Defense Conference in November 2014.
- Presented again this year at the Wisconsin Clerks of Circuit Court Association's Criminal Law and Sentencing Institute and in June 2015.

- Presented at regional specialty training for clerks of courts in March and May 2015. Chaired monthly DHS Admissions Team Meeting and the quarterly Milwaukee County Forensic Systems Meeting.
- Participated in the Milwaukee County judges' meeting, Milwaukee County Criminal Coordinating Meeting and the Milwaukee County Community Justice Council Meeting on a regular basis.
- Participated in the Sequential Intercept Mapping session in Milwaukee County.
- Participated in the Dane County Forensic Systems Meeting.
- Linked Dane County partners to the Milwaukee County Community Justice Council leaders to aid in their coordinated care initiatives.
- Continued enhancements to tracking sheets, which identified where delays were occurring in the various processes.
- Developed the quarterly DHS Forensic Newsletter and distributed it quarterly to court personnel, DHS employees, and DHS contracted providers.

Summary of FY15 Program Data

	FY10	FY11	FY12	FY13	FY14	FY15
14(2) Cases Tracked	N/A	N/A	1013	2723	2953	3363
14(5) Cases Tracked	745	814	952	1549	1749	1726
Days Saved on 14(5)'s	914	1308	2946	3295	4250	2648
Avg Days Between Rep & Court on 14(5)'s	18	21	16	17	13	12
14(5) Cases Discharged from MHI	135	148	190	256	302	282
NGI Cases Tracked	1305	1550	1721	2189	2563	2594
Clients Found NGI	97	113	107	106	133	111
Clients Ordered Inst Care vs CR on NGI	38/54	45/68	34/74	48/67	43/65	41/65
CR Petitions Tracked	314	505	640	851	832	748
CR Petitions Granted	29	48	34	52	58	45
CR Petitions Withdrawn	26	45	57	65	77	76
CR Clients Placed	36	34	42	45	58	41
Avg Days Petition & Placement on CR	129	137	169	140	145	146

FY16 Goals

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 or moved up in accordance with the statute.
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 one.
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.
4. Reduce the number of days the client remains in a state mental health institute after being granted conditional release by adhering to the expectation and standard outlined in goal three.

Outpatient Competency Examination Program

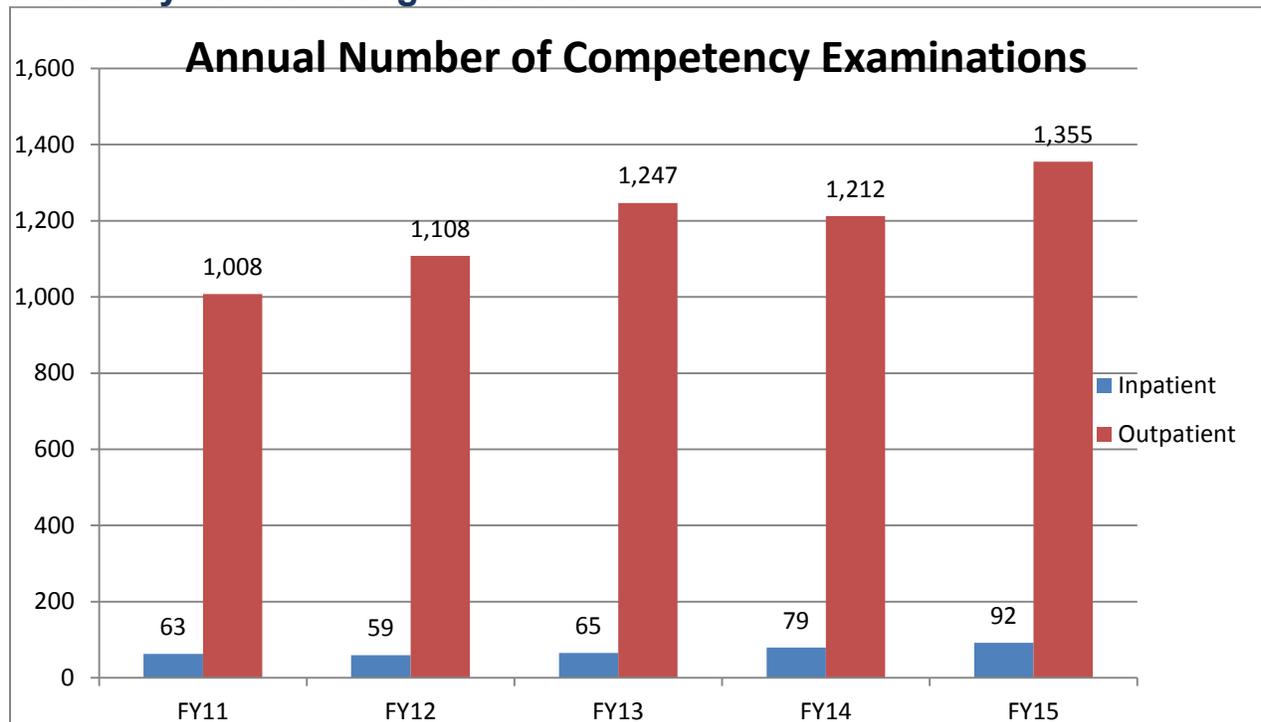
The Outpatient Competency Examination Program evaluates the mental health of individuals accused of crimes whose ability to participate in legal proceedings is questioned by the courts. This program skillfully completes these examinations in a manner that allows the judicial system to handle these cases timely.

Summary of FY15 Goals, Activities, and Outcomes

In FY15, the Outpatient Competency Examination Program completed a total of 1,355 examinations.

2015 Goal	Performance Expectation	Result
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.	This goal was met. Dr. Jenna Hernke is completing her postdoctoral year with Wisconsin Forensic Unit (WFU) this fall, including the didactic training offered through the Medical College of Wisconsin (MCW) forensic psychiatry fellowship program. WFU also served as a part-time training site for the 2014-15 MCW forensic psychiatry fellow.
2	Provide a Wisconsin Forensic Unit examiner seminar to support goals of quality, consistent competency examinations. This seminar will be the basis for a training video.	This goal was met. The WFU seminar was held March 5, 2015, at the Medical College of Wisconsin, providing 3.5 hours of approved continuing education credits to WFU examiners and invited staff of the mental health institutes. Dr. Deborah Collins and Dr. Robert Rawski presented a workshop on "Complex Cases: Malingering, Refusals, and Conflicting Data."

Summary of FY15 Program Data



Disposition of Examinations

	#	%
Competent	790	58.3
Incompetent	457	33.7
Inpatient 2nd Opinion	42	3.1
Inpatient Refusal	27	2
Undetermined	39	2.9
Total	1355	100%

Multiple Exams/ Same Person	110
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Demographics

Gender	#	%
Male	1122	82.8
Female	233	17.2
Total	1355	100%

Ethnicity	#	%
Caucasian	734	54.2
Black	501	37
Hispanic	44	3.2
Asian	20	1.5
American Indian	28	2.1
Other	24	1.8
Not Specified	4	0.2

Age	#	%
<21	152	11.2
21-30	449	33.1
31-40	272	20.1
41-50	225	16.6
51-60	165	12.2
61-70	64	4.7
70+	28	2.1

FY16 Goals

1. Add additional examiners in the western and northern counties to provide better coverage and improve turnaround times.
2. Add new content to the website that will provide additional tools and resources for the examiners and court officers.

Outpatient Competency Restoration Program

The Outpatient Competency Restoration Program (OCRCP) provides treatment in the community to criminal defendants found not competent to stand trial in an attempt to return them to competency so that legal proceedings can resume. This program provides for less disruption to the lives of individuals who need competency restoration services and allows DHS to better manage resources and beds at the mental health institutes. However, clinically, individuals appropriate for community restoration may have acute or severe cognitive disabilities, mental health issues, and/or substance use problems, which often require, at least initially, inpatient stabilization before services in the community can be offered.

Summary of FY15 Goals, Activities, and Outcomes

In FY15, the Outpatient Competency Restoration Program served 66 defendants.

2015 Goal	Performance Expectation	Result
1	Conduct an OCRCP summit in the fall of 2014. This meeting of service providers will provide the case managers and behavioral specialists an opportunity for information gathering, sharing, and professional development.	This goal was met. More than 40 team members, comprised of core OCRCP staff and various representatives from partnering agencies, met in the fall of 2014 at Mendota Mental Health Institute.
2	Develop a plan and procedure that will allow a potential OCRCP client to be admitted into a state mental health institute 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 OCRCP.	While this goal was not formally met, the OCRCP did focus on strengthening its working relationship with the MHIs and readiness for anticipated statewide expansion of services.

Summary of FY15 Program Data

Of the 66 individuals served:

- 39 (59%) were discharged.
 - 25 (64%) were found competent to proceed with their criminal cases.
 - 14 (36%) were referred to an inpatient facility or had their cases dismissed.
- 13 (20%) were removed from the program for noncompliance.
- 14 (21%) were still in the program as of June 30, 2015.

The average length of time to treat these individuals to become competent to proceed with their court cases was 115 days. The average length of stay for individuals treated in one of the two state mental health institutes was 86 days.

State law allows this program to provide services at the DHS Wisconsin Resource Center (WRC), a secure treatment center, which provides services to inmates transferred from the Department of Corrections. Staff at WRC provided treatment to competency services to 30 individuals in FY15, a 43 percent increase over the previous year.

FY16 Goals

1. Conduct a follow-up training for all case managers and behavioral specialists.
2. Expand coverage into the western counties by developing relationships with clinics and individual clinicians in those areas.

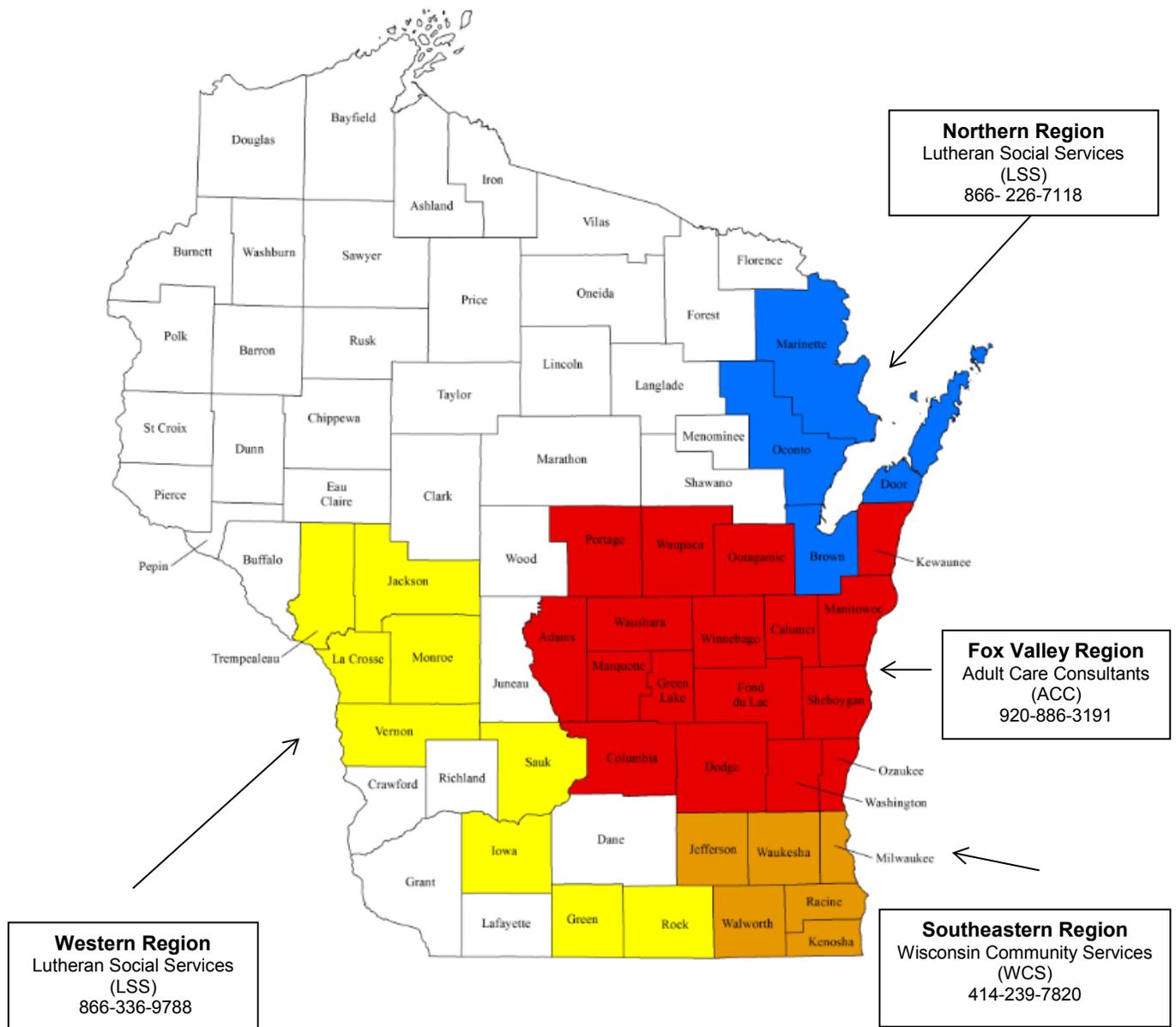
Opening Avenues to Reentry Success Program

The Opening Avenues to Reentry Success (OARS) is a voluntary program that enhances public safety by supporting the transition and self-sufficiency of individuals with mental health needs as they release from prison and reintegrate into the community. Participants include the most seriously and persistently mentally ill assessed at a moderate or high risk for reoffending. OARS uses a team approach and evidence-based practices to reduce recidivism and revocation rates for this population by providing specialized supervision built around the individual's unique recovery needs.

Regional Provider Map

DHS Forensic Services Specialists:

- **Boon Coleman** - Southeastern Region, 608-266-3878
- **Lila Schmidt** - Fox Valley, Northern, and Western Regions, 608-261-5314



Summary of FY15 Goals, Activities, and Outcomes

In FY15, OARS served 148 individuals.

2015 Goal	Performance Expectation	Performance Standard	Result
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.	This goal was not met. Sixty-five percent of OARS participants (on average) had a reduction in their cost of care.
2	OARS participants engage in meaningful daily activities.	Ninety percent of OARS participants will be involved in meaningful daily activities. Meaningful activities will be discussed and implemented as a goal on client individual case plans.	This goal was met. All OARS participants engaged in meaningful activities.
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 OARS, 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.	This goal was not met. Approximately 77 percent of OARS participants (on average) are moved to a less structured living situation.
4	Case managers will use motivational interviewing with participants to address their treatment and behavioral issues.	Measures include: <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 	This goal was met. All case managers used MI with OARS participants.

Program Expansion

In FY15, modifications to Wisconsin's BadgerCare Plus program allowed more OARS participants to become eligible for Medicaid. This resulted in cost savings, allowing the program to add 11 counties (Green, Iowa, Jackson, La Crosse, Marinette, Monroe, Rock, Oconto, Trempealeau, Sauk, and Vernon) and accept more participants.

Trauma-Informed Care

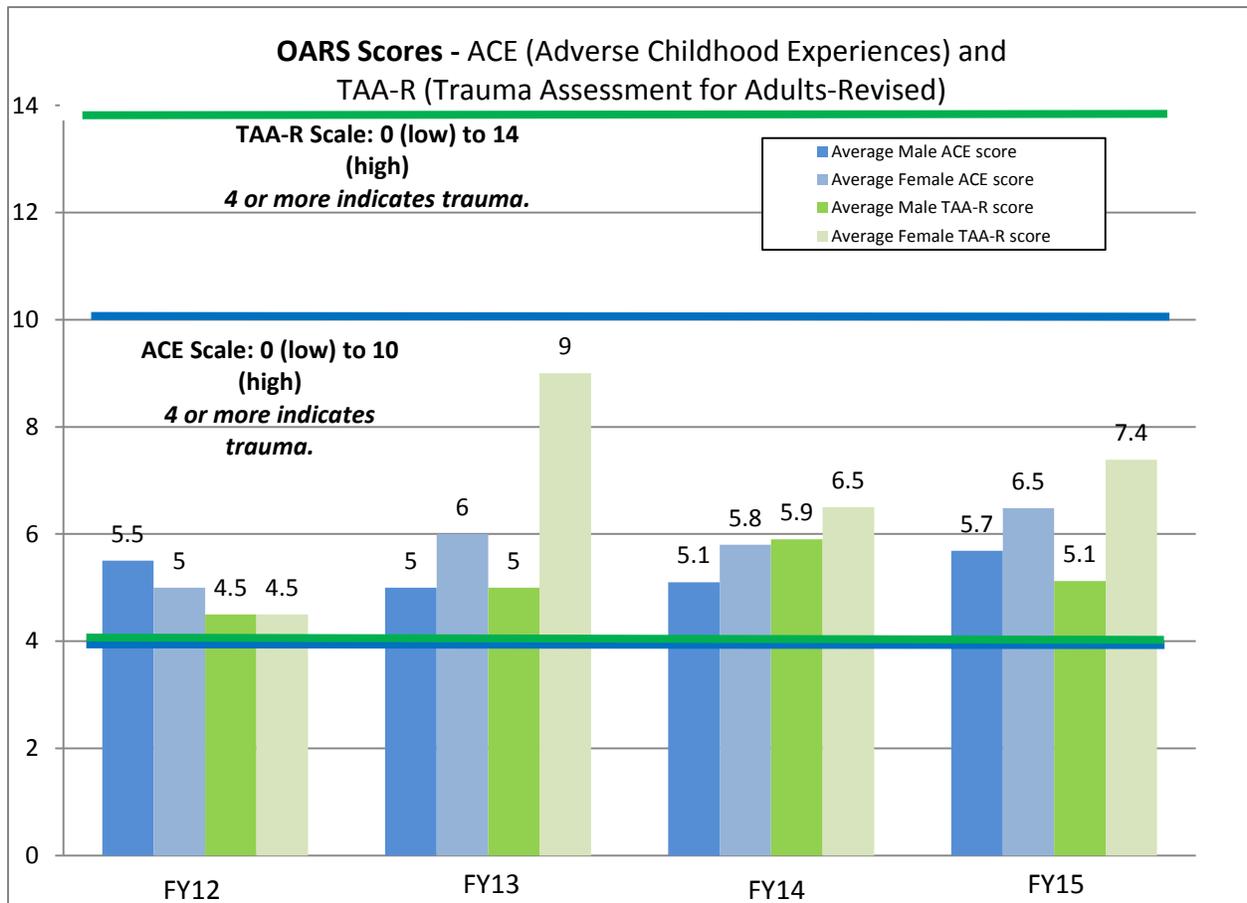
OARS utilizes two trauma screening tools: the Adverse Childhood Experiences (ACE) and Trauma Assessment for Adults-Revised (TAA-R). These screening tools are administered by the OARS case manager in the pre-release and post-release phases. Screening provides an opportunity to:

- Enhance the professional working relationship with the participant
- Reduce the stigma

- Silence surrounding traumatic experiences
- 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 2013 study by the Centers for Disease Control and Prevention found there is a strong relationship between the breadth of exposure to abuse or household dysfunction during childhood and risk factors for several of the leading causes of death in adults.



Recidivism Review

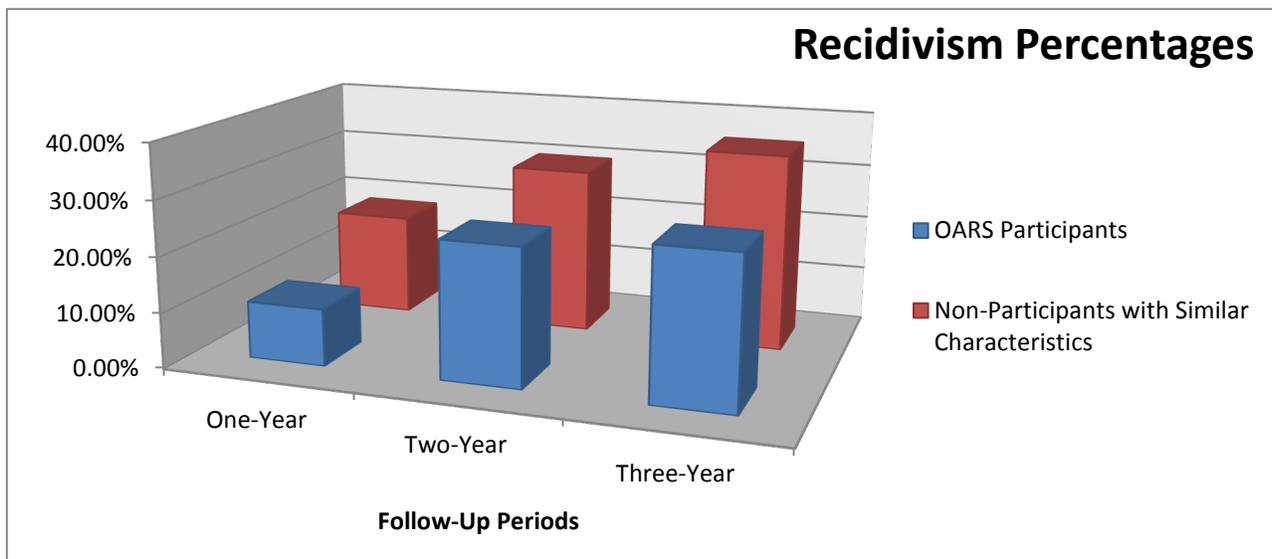
The following information is from the Wisconsin Department of Corrections Becky Young Community Corrections Recidivism Reduction Fiscal Year 2015 Report.

OARS PARTICIPANT RECIDIVISM FY2011-2013								
Sample Size	Recidivists	One-Year	Sample Size	Recidivists	Two-Year	Sample Size	Recidivists	Three-Year
54	7	12.96%	50	10	20.00%	48	13	27.08%
60	6	10.00%	59	17	28.81%	...	...	...
60	5	8.33%	...	...	...	...	...	...
174	18	10.34%	109	27	24.77%	48	13	27.08%

MENTALLY ILL, MEDIUM AND HIGH RISK OFFENDER RECIDIVISM FY2011-2013								
Sample Size	Recidivists	One-Year	Sample Size	Recidivists	Two-Year	Sample Size	Recidivists	Three-Year
257	43	16.73%	265	79	29.81%	242	86	35.54%
386	84	21.76%	367	111	30.25%	...	...	...
304	48	15.79%	...	...	...	...	...	...
947	175	18.48%	632	190	30.06%	242	86	35.54%

Recidivism measures for participants in the first three fiscal years of the program indicate 44 percent lower rates when compared to non-participants with similar characteristics. The two-year follow-up rate for OARS participants shows a 17.61 percent lower rate than the group with similar characteristics.

This fiscal year is the first in which program staff have been able to evaluate the three-year recidivism follow-up period for OARS participants. The three-year follow-up recidivism rate for OARS participants is 27.08 percent, which is 23.79 percent lower than the group with similar characteristics. While the sample size for the three-year rate is relatively small at 48 participants, it offers an encouraging sign that the program has a positive effect on participants well after completion of the program.



Summary of FY15 Program Data

** In FY15, data was collected in a different format from previous years

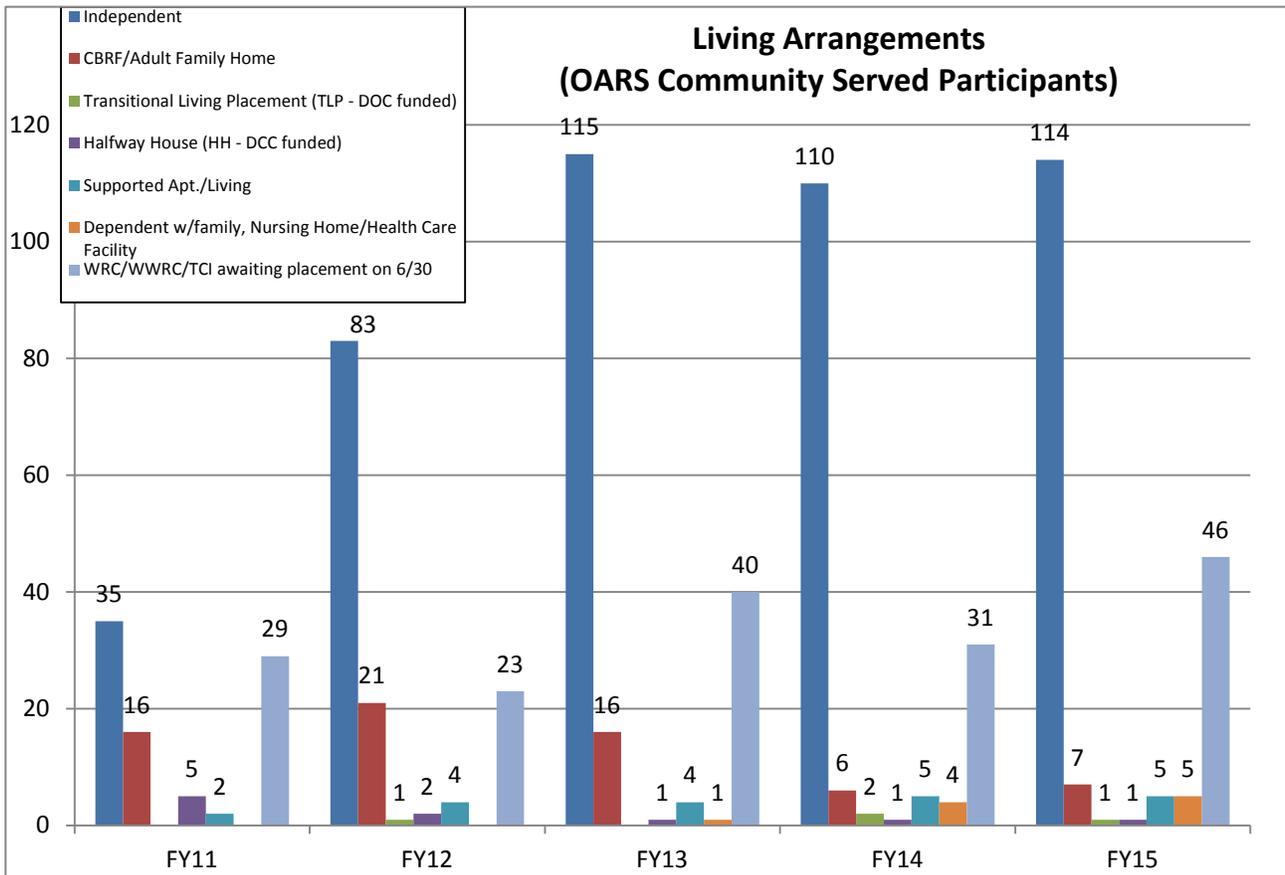
	FY11	FY12	FY13	FY14	FY15
Total Served, pre-release and post-release	88	142	174	162	148
Average Daily Population (ADP)	48	79	101	97	98
Admissions to OARS Program					
Pre-release as of June 30	29	23	40	30	45
Post-release as of June 30	72	76	69	92	63
New Admissions Release Origin					
Wisconsin Resource Center (WRC)	52	34	42	44	34
	59%	45%	61%	44%	39%
Taycheedah Correctional Institution (TCI)	36	23	24	23	13
	41%	30%	35%	33%	18%
Women's Wisconsin Resource Center ONLY	n/a	3	2	4	n/a
	n/a	4%	3%	3%	n/a
Women's Wisconsin Resource Center, Oshkosh Correctional Institution, Robert E. Ellsworth Correctional Center, Redgranite Correctional Institution, Racine Correctional Institution, John C. Burke Correctional Center	n/a	n/a	n/a	n/a	11 **
	n/a	n/a	n/a	n/a	17% **
Living Situation					
Independent	35	83	115	110	114
CBRF/adult family home	16	21	16	6	6
Transitional living placement (Department of Corrections funded)	0	1	0	2	1
Halfway house (Division of Community Corrections funded)	5	2	1	1	1
Supported apartment/living	2	4	4	5	5
Dependent w/family, nursing home/health care facility	0	0	1	4	5
Pre-release awaiting placement on June 30	29	23	40	31	46
Employment					
Competitive	5	12	17	19	50
Sheltered/supportive	2	2	1	2	1
Unemployed	50	85	99	100	65 **
Pre-employment training/vocational rehabilitation, school/other educational, retired, unknown	31	60	20	41	32 **
Diagnostic Categories					
Schizophrenia	17%	18%	35%	17%	17%
Other psychotic disorders	29%	28%	16%	15%	16%
Mood disorders	42%	39%	43%	52%	45%
Anxiety disorders	8%	13%	13%	9%	7%
Percent of total population with co-occurring mental health/substance abuse diagnosis	85%	74%	67%	72%	96%
Percent of total population with co-occurring personality disorder diagnosis	75%	72%	58%	54%	34%
Department of Corrections (DOC) Mental Health Code 2A	85%	90%	89%	98%	100%
Department of Corrections (DOC) Mental Health Code 2B	15%	10%	11%	2%	0%
Crime at Sentencing					
Total served—violent felony committing offense	42%	46%	49%	48%	65%
Total served—nonviolent felony committing offense	56%	38%	36%	58%	36%
DOC Risk Assessment Rating—medium	45%	50%	52%	48%	29%
DOC Risk Assessment Rating—high	55%	78%	48%	48%	25%
Total served revoked	3%	4%	1%	2%	1%
Total participants placed in short-term hospitalization	9	20	24	20	14
Percentage of total	29%	18%	17%	15%	11%
Population approved for Social Security benefits as of June 30	63%	66%	66%	52%	32%

The following is data from the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) risk and needs assessment tool administered in 2015 to 298 former and current OARS participants.

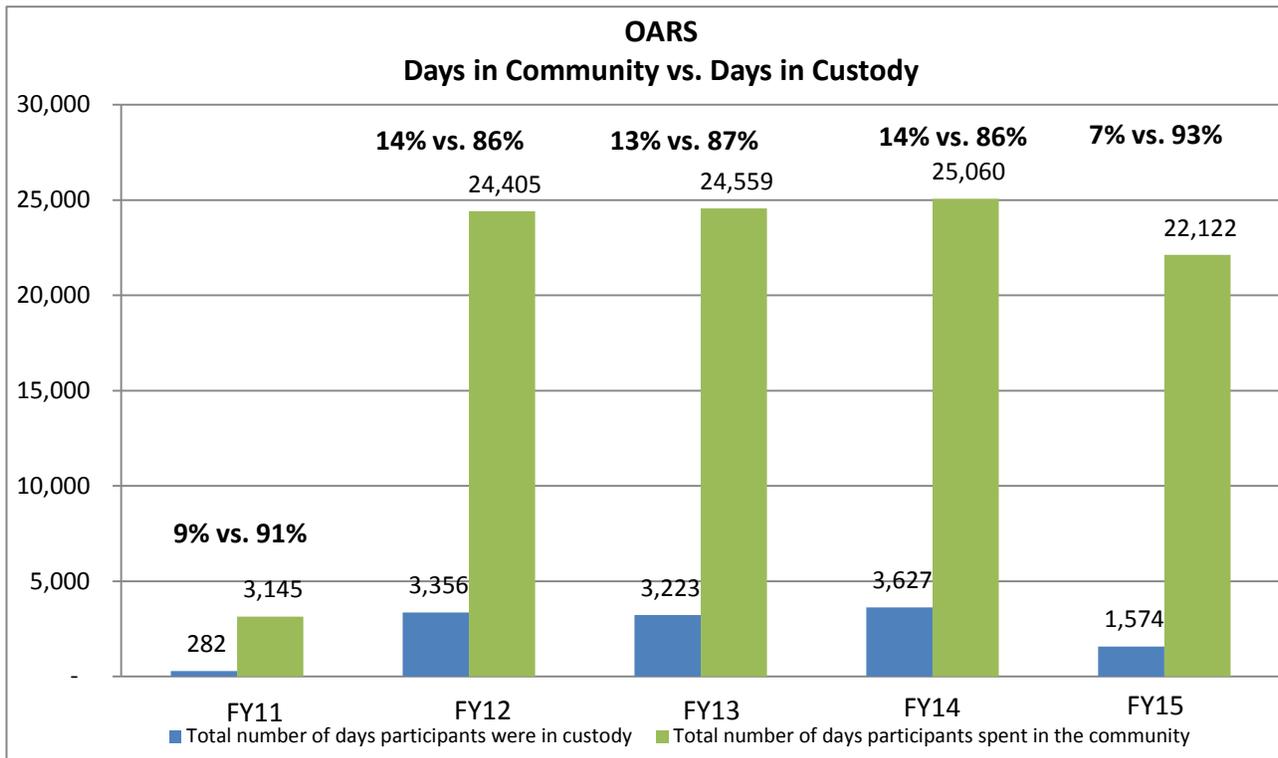


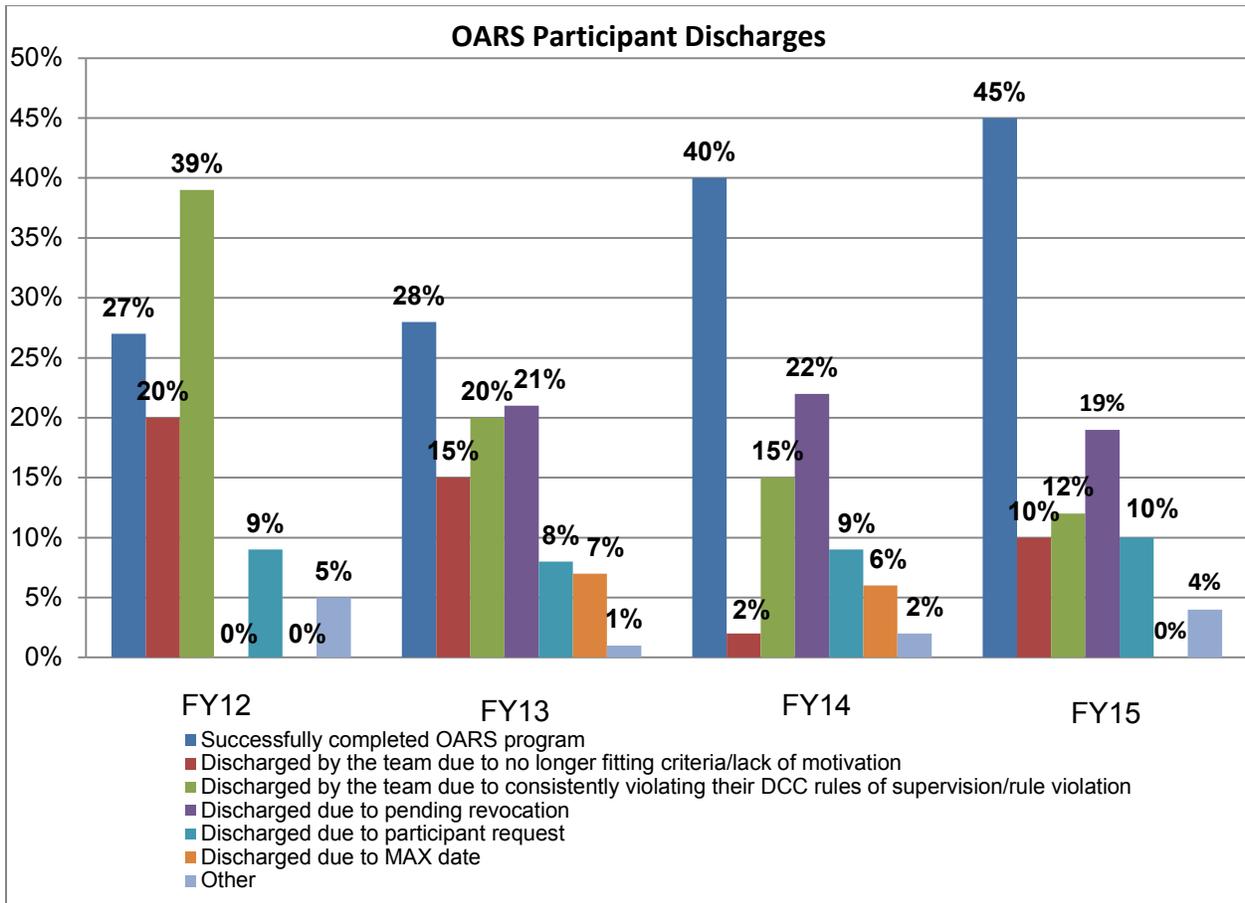
In FY15, of the OARS participants receiving treatment for mental health and substance use concerns:

- 96 percent were diagnosed with a co-occurring mental health/substance use diagnosis.
- 52 percent were diagnosed with both a major mental illness and a personality disorder.



In FY15, 77 percent of OARS participants resided in independent living during the majority of the post-release phase, only 4 percent of participants resided in a CBRF or adult family home throughout the majority of the post-release phase.





FY16 Goals

1. Ensure participants participate in meaningful daily activities.
2. Educate case managers on motivational interviewing to help them demonstrate fidelity.
3. Ensure case managers use of motivational interviewing in behavior change conversations.
4. Provide participants the opportunity for ongoing input into their treatment.
5. Encourage participants to provide insight into their experience in OARS.

Appendix A: Motivational Interviewing and Implementation Project Report

By Scott Caldwell, Motivational Interviewing Trainer, Wisconsin Department of Health Services

This report summarizes the Motivational Interviewing Training and Implementation Project (MI-TIP) in the Division of Mental Health and Substance Abuse Services, Office of Community Forensic Services for Conditional Release (CR) and Opening Avenues to Reentry Success (OARS) programs during contract year 2014-2015. CR/OARS provider agencies have been involved with MI-TIP since 2012. The stated goal of MI-TIP is for case managers to systematically integrate MI into all behavior change conversations with fidelity. Results of the most recent contract year will be described for three components of MI-TIP: workshop training, peer learning, and fidelity reviews. Conclusions and recommendations will also be discussed.

Workshop Training

One component of MI-TIP is an annual workshop for all CR/OARS case managers and agency supervisors, as well as invited participation for Department of Corrections, Division of Community Corrections' agents and supervisors. During spring 2015, three two-day MI trainings were provided statewide and 67 staff participated. Workshop training was highly experiential and focused on skill building. Approximately 95 percent of CR/OARS case managers completed a required pre-workshop reading and written exercise. At the conclusion of the workshop, a standardized evaluation was administered. The evaluation was completed by 90 percent of staff. Staff were asked to rate their experiences with several aspects of training (e.g., usefulness, content, exercises, workshop materials) as either 1 (poor), 2 (fair), 3 (good), or 4 (excellent). The evaluation items showed strong reliability ($\alpha = 0.91$), therefore, all items were averaged together. The overall evaluation average was 3.6 suggesting staff perceived the workshop to be between good and excellent. Average evaluation results by site are shown in **Table 1**. There was no difference ($p = .15$) in evaluation results between workshop sites.

Table 1. Summary of workshop evaluation results.

Workshop site (dates)	N	M	SD
Stevens Point (May 5-6)	22	3.57	0.43
Milwaukee (June 2-3)	19	3.50	0.46
Madison (June 9-10)	16	3.78	0.36

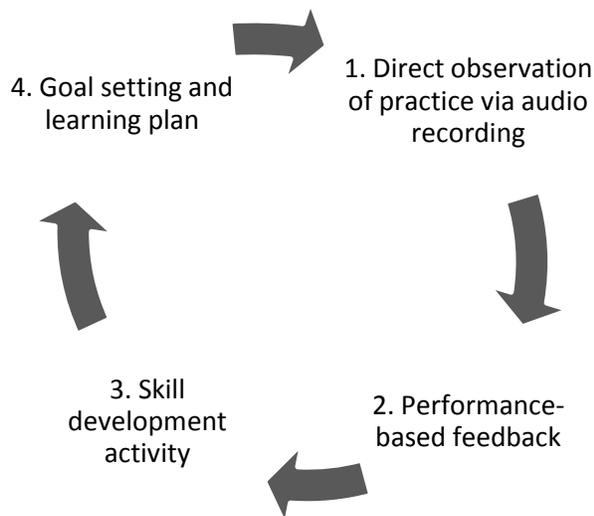
Key: Number (N) of participants, Mean (M), and Standard Deviation (SD)

The final evaluation item asked, "Would you recommend this training to others?" and staff made a 0 (not at all recommend) to 10 (highly recommend) rating. Originally developed as a metric of customer satisfaction in the private sector, this question represents a Net Promoter Score (NPS) ranging from -0 percent to 100 percent.¹ An NPS of 50 percent or higher is considered a strong benchmark for business. Overall evaluation in this MI workshop showed an NPS of 56.1 percent suggesting a solid level of staff satisfaction—with room for improvement. On the evaluation, staff noted several suggestions for training improvement and these will be incorporated into the 2016 workshop.

Peer Learning

Another component of MI-TIP involves peer learning. MI training outcome studies consistently show that "one shot" workshops are insufficient to promote fidelity.^{2,3} Moreover, like learning any complex skill, learning MI to fidelity requires ongoing learning.^{4,5} As a contract deliverable, CR/OARS case managers attended a monthly one-hour peer group with a learning process depicted in **Figure 1**.

Figure 1. Peer learning group process.



First, case managers presented (on a rotating basis) an audio-recorded practice sample of MI obtained with written permission from a client. Direct observation of practice is critical as there is “no reliable and valid way to measure MI fidelity other than through the direct coding of practice samples.”⁶ Then, performance-based feedback was offered by peers using a structured coding system. With time remaining, staff participated in a pre-determined skill building activity.⁷ Finally, once peer review coding sheets were collected, averaged, and examined by the presenter, an individualized learning plan was formulated for practice improvement with supervisor input.

During the contract year, each case manager was required to present two audio-recorded practice samples of MI. Practice sample #1 was presented during 2014 (the first six months of the contract year) and practice sample #2 was presented during 2015 (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. As shown in **Table 2**, case managers were highly engaged in the peer learning process. Each group, on average, comprised 7-10 case managers and this reflected approximately 90 percent of CR/OARS program staff. Furthermore, all case managers (100 percent) developed and revised an individualized learning plan.

Table 2. Peer learning group descriptives.

Measure	First six months (2014)	Second six months (2015)
Number of staff presenting an audio-recorded practice sample	32	31
Average number of staff attending peer groups	7.7	10.2
Average percentage of CR/OARS staff in attendance (of total)	89.5%	89.4%
Average percentage of staff who completed a learning plan	100%	100%

Fidelity Reviews

A critical question in the delivery of any evidence-based practice is this: are staff delivering the practice as intended, that is, to specified fidelity benchmarks? This question is critical because fidelity of MI practice directly links to service outcomes,⁶ that is, MI must be delivered with fidelity if clients are to benefit. Peer fidelity reviews of the audio-recorded practice samples were based on the behavior count coding system of the Motivational Interviewing Treatment Integrity (MITI) instrument.⁸ During audio playback, peers coded presenter utterances into the following (mutually exclusive) categories: Open Question, Closed Question, Simple Reflection, Complex Reflection, MI Adherent behavior, or MI Non-Adherent behavior. Staff received guidance for coding during workshop training. As shown in **Table 3**, this coding system allows five measures of MI to be calculated with comparison to established fidelity benchmarks.⁹ Each provider

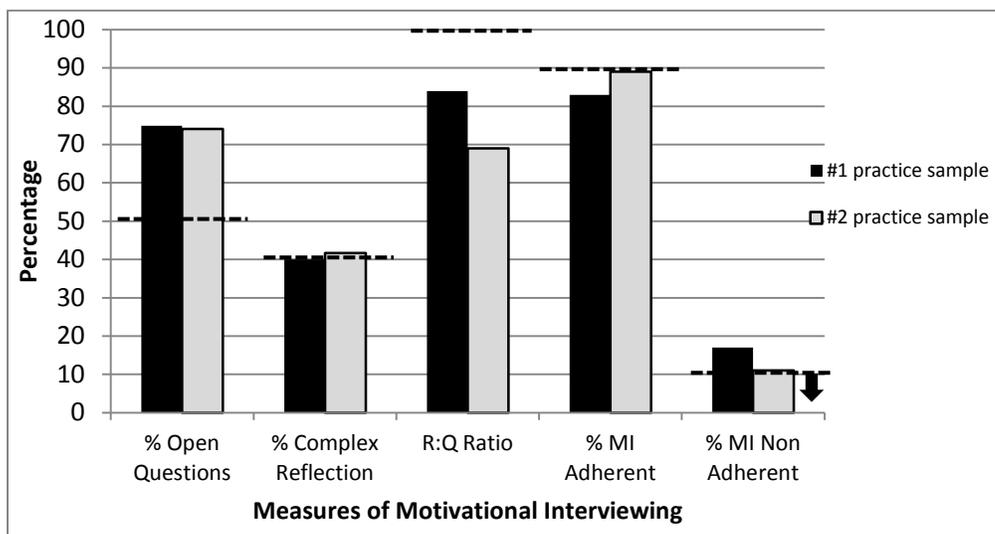
agency entered fidelity review results for each case manager into a spreadsheet and submitted this data quarterly to the DHS contract manager. DHS maintained a database of all CR/OARS program data, then imported the data into a statistical software program (SPSS) for analysis of aggregate results.

Table 3. Calculation of MI measures and corresponding fidelity benchmarks.

MI Measure	Calculation	Fidelity Benchmark ⁹	
		Basic	Advanced
Percent open questions	# of open questions/total questions x 100	≥ 50%	≥ 70%
Percent 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
Percent MI adherent behaviors	# of MI adherent behaviors/# of total other behaviors x 100	≥ 90%	≥ 98%
Percent MI non-adherent behaviors	100% - % MI Adherent	≤ 10%	≤ 2%

Two data analysis strategies were taken. First, case manager practice sample #1 was directly compared to practice sample #2 for the 2014-2015 contract year. All results were compared to the benchmarks for *basic fidelity*. As depicted in **Figure 2**, results showed one MI measure (percentage of open questions) exceeded and another measure (percentage of complex reflection) met basic fidelity. Other measures (ratio of reflection to question, percentage of MI adherent, percentage of non-adherent behaviors) did not reach fidelity with the exception of practice sample #2 decrease in non-adherent behaviors.

Figure 2. Average case manager practice sample results compared to basic fidelity benchmarks.



Key: Dashed line denotes threshold for basic fidelity.

Pair-wise comparisons (practice sample #1 versus practice sample #2) were made for all MI measures. Results showed no statistically significant improvement in the use of MI (p s ranged from .15 to .88). (Note: a statistically significant difference is when the probability [p] of results due to chance is less than 5 in 100, that is, $p < .05$.)

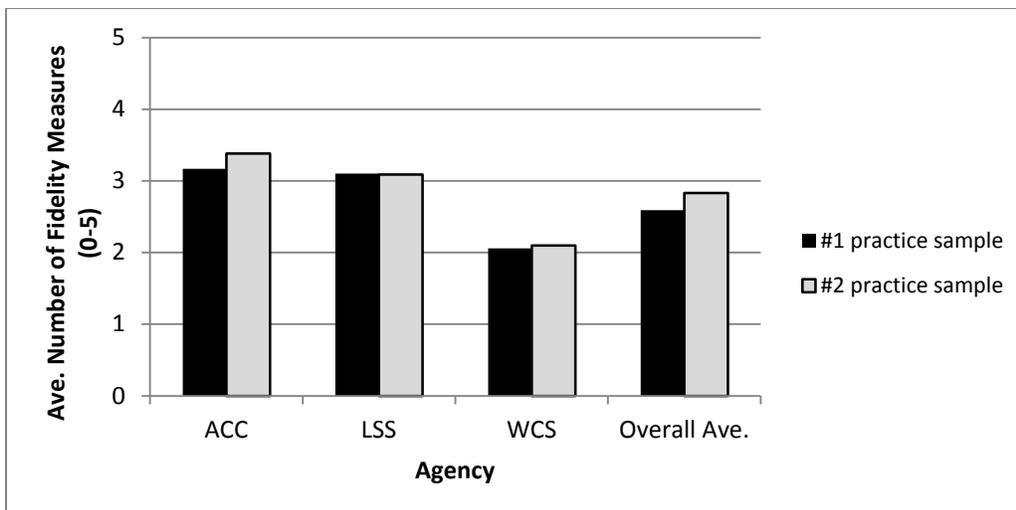
To what extent did individual case managers demonstrate basic fidelity during contract year 2014-2015 and was there improvement over time? To address this question, each MI measure for all case managers was converted into a dichotomous score of either 0 (did not demonstrate fidelity) or 1 (demonstrated fidelity), thus creating a 0 (no fidelity measures) to 5 (all fidelity measures) scale. Overall, there was no statistically significant improvement in MI practice. Case managers, on average, demonstrated about the same number of MI fidelity measures on practice sample #1 (M = 2.6) as they did on practice sample #2 (M = 2.8). For practice sample #2, **Table 4** shows the breakdown of percentage of case managers (N = 30) who demonstrated the average number of basic fidelity measures: 30 percent demonstrated fidelity on 1-2 measures; 44 percent demonstrated fidelity on 3-4 measures; and only 3 percent (n = 1) demonstrated fidelity on all 5 measures.

Table 4. Percentage of staff who demonstrated fidelity by number of MI measures on practice sample #2.

No. Fidelity Measures	Percentage of Case Managers
0	0%
1	15%
2	15%
3	21%
4	23%
5	3%

Additionally, an agency-level analysis showed no statistically significant within-agency improvement of MI practice during the contract year. However, there was one significant between-agency practice difference ($p < .05$) regarding practice sample #2 such that ACC case managers (M = 3.4) demonstrated a higher number of fidelity measures than WCS case managers (M = 2.1).

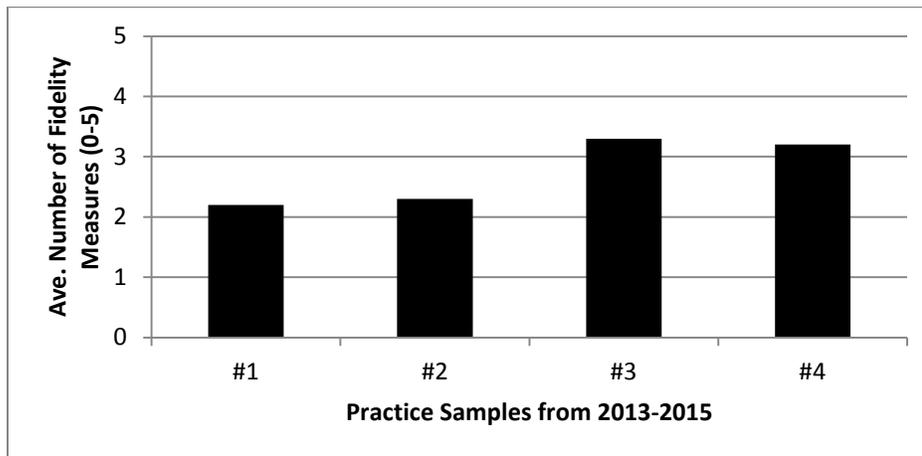
Figure 3. Average number of fidelity measures demonstrated by agency.



The second data analysis strategy examined practice sample results over a longer time period. Four sets of practice samples from contract years 2013-2014 and 2014-2015 were examined. This analysis involved 38 case managers and a total of 95 practice samples. This data analysis approach addresses an important confound. Because of staff turnover, “practice sample #1”

within a single contract year may not necessarily be the *first* practice sample submitted by an individual case manager. Therefore, by examining practice samples in the order submitted by each case manager, a more clear analysis of practice improvement can be ascertained. A between-subjects analysis of variance was conducted to examine four (4) practice samples across a two-year period regarding the number of fidelity measures (0-5) demonstrated. As depicted in **Figure 4**, results showed there was no practice improvement in case managers' (n = 38) practice sample #1 (M = 2.24, SD = 1.34) compared to case managers' (n = 30) practice sample #2 (M = 2.33, SD = 1.29). Additionally, there was no practice improvement from case managers' (n = 16) practice sample #3 (M = 3.31, SD = 1.19) compared to case managers' (n = 11) practice sample #4 (M = 3.18, SD = 1.33). However, case managers did show a statistically significant practice improvement ($p < .02$) from practice sample #2 to practice sample #3.

Figure 4. Average number of fidelity measures achieved by case managers over time.



What may explain the lack of steady practice improvement during this time period? To examine this, an individual-level analysis was conducted for case managers who submitted at least two practice samples. The goal was to identify possible patterns of results. Three unique patterns from the fidelity review results were identified, which seemed to underscore three types of learners. *Strugglers* (n = 36) were case managers who were only able to demonstrate 1-2 fidelity measures on practice sample #1, then never improved beyond this starting point. *Slight improvers* (n = 24) may have started low (1-2 measures), but improved over time, or started higher (3 measures) and then maintained. *Strong improvers* (n = 28) were case managers who, regardless of starting point, ended much higher than they started. For number of fidelity measures demonstrated, a between-subjects analysis of variance showed a strong and significant effect for learner type ($p < .001$) such that, on average, strugglers (M = 1.72, SD = 1.09) showed the least number of fidelity measures, compared to the slight improvers (M = 2.50, SD = 1.10), and the strong improvers (M = 3.79, SD = 1.03). Of note was an average difference of 2 fidelity measures (on a 0-5 scale) between the strugglers and the strong improvers. Interestingly, there was no difference ($p = .44$) in length of time case managers were employed with the agency (in months) and learner type. Moreover, there was no correlation ($r = .04$, $p = .72$) between length of time employed and the number of fidelity measures demonstrated.

Conclusions and Recommendations

How to make sense of these findings? Several conclusions can be made. First, the CR/OARS case managers and supervisors are to be commended for their ongoing participation in MI-TIP. Rarely is direct observation of practice and performance-based feedback utilized in the behavioral health field.¹⁰ These innovative agencies have invested in staff professional development for MI learning. Second, learning MI to fidelity is not easy.¹¹ MI is a relatively

simple practice, but like any complex skill, dedicated effort is required to achieve proficiency. It is of note that the results reported here were based on comparisons to *basic* fidelity—not advanced fidelity. Third, the peer learning group appears to be a useful format for case managers to continue developing MI skills. The data showed a trend in practice improvement over time, especially between practice samples #2 and #3. The significant decrease in case manager MI Non-Adherent behaviors (with the subsequent increase in Adherent behaviors) probably accounted for the practice improvement. “Non-Adherent” behaviors included case managers warning, advising, or confronting clients to change. These practices are ineffective in promoting behavior change¹² and for some staff, letting go of such behaviors should be the first priority of learning MI.⁴ Finally, although many case managers advanced their MI practice, approximately 40 percent struggled to demonstrate even one or two fidelity measures (out of a possible five). This struggle to learn persisted even with monthly attendance in a peer learning group! Some agencies may have a higher proportion of strugglers than others. The finding that “site matters” is a reminder that the organizational context in which learning and service delivery occurs is an important ingredient in successful implementation of MI.¹³

The stated goal of MI-TIP is for CR/OARS case managers to systematically integrate MI into all behavior change conversations with fidelity. Now in its third year, themes of “practice-based evidence” are emerging and recommendations are offered for the current 2015-2016 contract year:

- 1) **Implementation planning.** Each agency should develop a strategic plan for how MI will be implemented into routine practice: What target behaviors will case managers address using MI? When will MI be utilized? How will MI be integrated into services? How will supervision be used to monitor and support case manager learning and integrating MI into routine practice? On a quarterly basis, the DHS forensic services specialists should check in with agency supervisors and staff to develop and revise the plan.
- 2) **Deepen learning.** Implementation planning should also address how to deepen staff’s learning, especially the case managers who are struggling to integrate and learn MI. Beyond participation in the monthly learning group, what resources and supports can be made available to assist the strugglers? How can supervision be used to increase support as well as accountability? It is recommended that all case managers complete a monthly MI self-assessment to increase reflection on MI utilization. Also, the DHS forensic services specialists should regularly review submitted fidelity data to monitor progress.
- 3) **Protocol-guided delivery.** Development of a protocol for delivering MI may be a useful tool for implementation as well as accountability for case managers to utilize and integrate MI into practice. Each agency could develop and standardize their own version.
- 4) **Clinical consultation.** Consultation to CR/OARS case managers is routinely provided by the DHS forensic services specialists and thus allows an excellent opportunity to promote the application of MI. How can case consultations be provided through an “MI lens?”

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Appendix B: Forensic Client Revocation Data

The Department of Health Services tracks information on each client who is revoked from the Conditional Release Program.

	FY11	FY12	FY13	FY14	FY15
Number of Clients Revoked	25 (6.4% of total served)	41 (9.5% of total served)	41 (9.7% of total served)	41 (8.8% of total served)	57 (13.0% of 437 total served)
Release Origin – Mental Health Institute (MHI)	56%	46%	42%	44%	39% (vs. 34% of total served)
Release Origin – Directly from Court	44%	54%	58%	56%	61% (vs. 64% of total served)
History of AODA issues?	80%	73%	76%	71%	86% (vs. 53% of total served)
Average Time on CR	517 days	690 days	780 days	742 days	928 days
Primary Diagnosis (most frequent)	36% (schizophrenia)	39% (schizophrenia)	37% (schizophrenia)	29% (schizophrenia)	32% (schizophrenia) (vs. 24% of total served)
	24% (other psychotic disorder)	20% (other psychotic disorder)	20% (other psychotic disorder)	17% (bipolar)	25% (bipolar) (vs. 33% of total served)
Revocation Reason	Exacerbation of Symptoms of Mental Illness = 9	Exacerbation of Symptoms of Mental Illness = 14	Exacerbation of Symptoms of Mental Illness = 13	Exacerbation of Symptoms of Mental Illness = 11	Exacerbation of Symptoms of Mental Illness = 10
	New Charges = 3	New Charges = 4	New Charges = 1	New Charges = 2	New Charges = 6
	Rules Violation = 13	Rules Violation = 23	Rules Violation = 27	Rules Violation = 28	Rules Violation = 41
Original Crime (remainder are misdemeanors)	Non-Violent Felony = 6, 24%	Non-Violent Felony = 15, 37%	Non-Violent Felony = 8, 20%	Non-Violent Felony = 11, 26%	Non-Violent Felony = 19, 33% (vs. 32% of total served)
	Violent Felony = 14, 56%	Violent Felony = 19, 46%	Violent Felony = 21, 51%	Violent Felony = 25, 60%	Violent Felony = 32, 56% (vs. 54% of total served)
Prior Violations	12 clients (48%) revoked without a prior custody	22 clients (54%) revoked without a prior custody	24 clients (59%) revoked without a prior custody	25 clients (61%) revoked without a prior custody	20 clients (35%) revoked without a prior custody

Contributing factors that led to revocation	MHI Clients	Direct Court Clients
Exacerbation of symptoms of mental illness	55%	39%
Frustration/Inability to deal with everyday tasks	55%	45%
Using alcohol or other drugs	41%	55%
Unstructured free time or not involved in structured activities	36%	64%
Medication noncompliance	36%	39%
Inappropriate sexual behavior	26%	9%
Resistive or not cooperating with treatment	45%	42%

Activities the client was involved in prior to revocation	MHI Clients	Direct Court Clients
Attending counseling	68%	64%
Structured leisure activities	64%	42%
Social activities	41%	58%
Fitness/exercise	23%	18%
Caring for dependent children/family members	14%	12%
Competitive employment	14%	24%

	FY12	FY13	FY14	FY15
Number of Revoked Clients	41	41	41	57
Total Clients Served on Conditional Release	431	424	466	437
	9.5%	9.7%	8.8%	13.0%
Number of Revoked Clients from Direct Court	22	24	23	35
Total Clients from Direct Court	208	260	253	254
	10.6%	9.3%	9.1%	13.8%
Number of Revoked Clients from MHI	19	17	18	22
Total Clients from MHI	163	162	179	167
	11.7%	10.5%	10.1%	13.2%