

WISCONSIN
COMMUNITY FORENSIC SERVICES

DIVISION OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

DEPARTMENT OF HEALTH SERVICES

ANNUAL REPORT

CONDITIONAL RELEASE PROGRAM

COURT LIAISON PROGRAM

OUTPATIENT COMPETENCY EVALUATION
PROGRAM

OUTPATIENT COMPETENCY RESTORATION PROGRAM

OPENING AVENUES TO REENTRY SUCCESS PROGRAM

JULY 1, 2010 – JUNE 30, 2011



Wisconsin
Department of Health Services

TABLE OF CONTENTS

| | |
|--|-----------|
| Conditional Release Program | 3 |
| Program Statement..... | 3 |
| Regional Provider Map..... | 4 |
| Regional Provider Accomplishments | 5 |
| FY11 Goals and Initiatives | 6 |
| Summary and Conclusions | 9 |
| FY12 Goals and Initiatives | 11 |
| Conditional Release Program Data..... | 13 |
| Court Liaison Program | 18 |
| Program Statement..... | 18 |
| Court Liaison Coverage Map..... | 21 |
| Outpatient Competency Evaluation Program..... | 22 |
| Program Statement..... | 22 |
| Results..... | 22 |
| Summary..... | 23 |
| Outpatient Competency Evaluation Program Data..... | 24 |
| Outpatient Competency Restoration Program | 25 |
| Program Statement..... | 25 |
| Program Update | 25 |
| Opening Avenues To Reentry Success (OARS) | 27 |
| Introduction..... | 27 |
| Mission and Vision | 28 |
| Program Evolution..... | 28 |
| Program Coverage Map | 33 |
| FY11 Program Accomplishments..... | 34 |
| OARS Program Data..... | 36 |
| FY12 Goals and Initiatives | 38 |
| Summary and Conclusions | 39 |
| Contact Information | 40 |

Conditional Release Program

PROGRAM STATEMENT

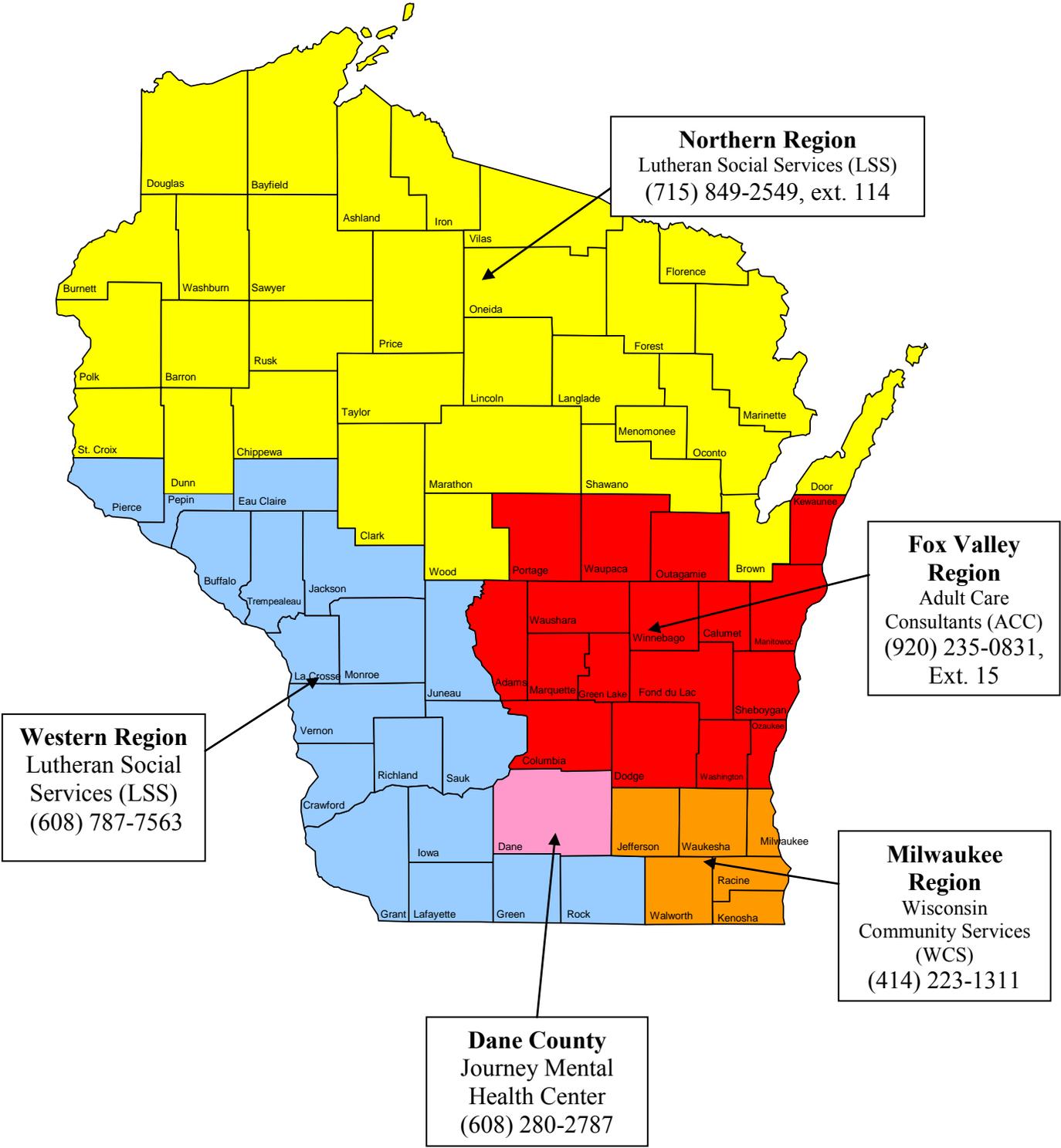
The goal of The Department of Health Services (DHS) Conditional Release Program (CR) is to fund, coordinate and administer quality forensic mental health services in accordance with Wisconsin State Statute 971.17. The program seeks to meet the challenge of providing client-centered, strength-based, community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

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

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

Community Forensic Services Regional Provider Map

DHS Forensic Services Specialists:
Janeen Meyer – Dane, Milwaukee/Multi-County and Western Regions
 (608) 266-5677
Beth Dodsworth – Northern, and Fox Valley Regions
 (608) 267-7705



Regional Provider Accomplishments

The five Conditional Release Program regional case management providers continued their focus on providing quality mental health services to arguably the most challenging population in the criminal justice/mental health system. In partnership with DOC DCC agents, the regional providers ensure that this population is safely reintegrated into our communities to lead positive and law abiding lives.

The economic situation has continued to challenge the Conditional Release Program providers in discovering new ways to efficiently reduce costs, yet continue the program goal of maximizing client social, financial and residential independence.

The program's case management providers continued their diligent and creative efforts to expand innovative ways of meeting program goals in a more cost efficient way. These efforts continue to be a mainstay of the Conditional Release Program. Examples of providers' innovative ideas include:

- Developing new assessment tools
- Partnering with community resources for new socialization and recreational opportunities, including YMCA memberships and community gardens
- Soliciting grants to enhance programming for Conditional Release clients
- Negotiating contracts for cost-efficient transportation and utilizing video conferencing to reduce face to face meetings
- Maintaining crisis stabilization options for clients who need additional support to stay in the community
- Providing groups that address community living and positive support
- Encouraging positive behavior by developing an Incentive Program
- Utilizing the best practices Integrated Dual Disorder Treatment model for treating individuals with severe and persistent Mental Illness and substance abuse issues
- Receiving training to begin implementation of SAMSA-recommended best practices, including Person Centered Planning and Motivational Interviewing
- Expanding use of peer specialists in the Conditional Release Program

Conditional Release Program

FY11 GOALS AND INITIATIVES

The Conditional Release Program continues to use measurable outcome performance expectations in its contracting process. In FY 10 a series of core program issues were selected and measured. These goals and initiatives continue to be analyzed and tracked during FY 2011.

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

Within 3 months of their placement on Conditional Release, 100% of the clients in the Conditional Release Program in FY2011 are considered for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), and 100% of those found potentially eligible apply for these benefits.

Results: 100% of all clients determined to be potentially eligible for SSI/SSDI, applied for these benefits. Goal met.

Within 9 months of placement on Conditional Release, 60% of the clients in the Conditional Release Program in FY2011 have sufficient resources from employment or public benefit programs to reduce the Conditional Release Program's contribution by 50% for the cost of their care.

Results: 88% of clients were contributing at least 50% of the cost of their care within 9 months of placement on conditional release. Goal met.

2. Conditional release clients are financially self-sustained, to the extent possible as they approach their commitment expiration date.

30 days prior to their commitment expiration date, 75% of the clients discharged from the Conditional Release Program in FY2011 who participated in the Program 12 months or longer, have resources from competitive employment or public benefit programs other than the Conditional Release Program to support their treatment, housing, and medical needs.

Results: 92% of conditional release clients were financially self-sustained within 30 days of their discharge with the exception of one client. Goal exceeded.

3. Conditional release clients participate in meaningful daily activities.

75% of the clients in the CR Program in FY2011 will be involved in meaningful daily activities for at least 20 hours a week. Meaningful activities include all of the following and the time involvement can be a composite of all elements:

- a) Competitive employment for clients who are able to work
- b) Structured employment including sheltered, supported, or volunteer activities

- c) Educational or vocational training
- d) Treatment or treatment related activities
- e) Other similar or related activities

Results: 77% of clients involved themselves for at least 20 hours a week in meaningful activities as defined above. Goal met.

75% of the clients in the Conditional Release Program in FY2011 participate in social/recreational activities such as going to a sporting event or movie, attending a neighborhood/community event, or playing cards, etc. at least once a month in each program quarter.

Results: 87% of the clients participated in social/recreational activities at least once a month in each program quarter. Goal exceeded.

4. Conditional release clients live independently.

90 days prior to discharge from the Conditional Release Program, 75% of the clients in the Conditional Release Program in FY2011 will live independently.

Results: 76% of the clients were living independently 90 days prior to discharge. Goal met.

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

Results: This goal was met by 100%.

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

Results: 55% of the clients who had been residing in a CBRF or Group Home when they were placed on conditional release moved to a less structured living situation within 90 days of placement on conditional release. Goal nearly met.

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

Treatment plans for 90% of the clients in the Conditional Release Program in FY2011 reflect client input.

Results: 98% of treatment plans reflect client input. Goal exceeded.

90% of the clients in the Conditional Release Program in FY2011 participates in all scheduled Quarterly Reviews and 6 month ISP staffings.

Results: 98% of the clients participated in scheduled Quarterly Reviews and biannual staffings. Goal exceeded.

Within 90 days of commitment, the CASIG/SOCI or another psychosocial assessment, is completed with 100% of clients, that have a commitment of 12 months or longer, participating in the Conditional Release Program in FY2011, and results are incorporated into each client's ISP.

Results: 100% goal met.

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

Less than 2 % of clients in the Conditional Release Program in FY2011 will be convicted of a new crime that was committed while they were in the Conditional Release Program.

Results: Less than 1% (one client) of the total client population of 392 was convicted of a new crime during their commitment period - a non violent misdemeanor. Goal met.

Observations of FY Goals and Results

The measurable goals selected for FY10 and FY11 constitute a number of core program values: clients achieving financial independence from the program for funding their continued treatment, housing and medical needs during and after their commitment period; encouraging client participation in meaningful (as defined by the client) daily activities; engagement in their treatment planning and goal setting; moving to independent housing and reducing the commitment of new crimes.

All but one of the measurable goals were met or exceeded during FY10 and FY 11. The goal that was not met in FY10 or FY11 did reflect an increase in achievement toward the goal over the two years. This is the goal of clients residing in a CBRF/AFH are able to move a less structured living situation in 90 days. This may be attributed to the Monthly Justification forms wherein CR Providers review, monitor, revise and implement the treatment plan to continue client transitions to a less structured setting. This continued movement to less restrictive housing is important in the reintegration of the client into the community and keeping the focus on increased independence for the client. This is coordinated in conjunction with the program's primary goal of community and client safety.

The remaining goals although meeting or exceeding the goals identified did decrease in FY 11 from FY 10. The decrease ranged from 2 % to 13%. The 13% decrease was regarding the goal of clients living independently 90 days prior to discharge. This could be the result of the intensive needs of the remaining clients in CBRF/AFH facilities.

The past two years measurable goal results continue to offer encouraging evidence that the program continues to be effective in achieving positive outcomes in these important areas.

Conditional Release Program

SUMMARY AND CONCLUSIONS

The Conditional Release Program has funded, coordinated and administered quality forensic mental health services to 392 clients in FY2011, with an average daily population of 266 clients.

Community safety remains the programs first priority. FY2011's revocation rate was 8% of the total population served 392 with a recidivism (new crime) rate of less than 1%.

FY 10 measurable performance goals continued into FY 11 as core program issues. All but one of the outcomes goals continue to be met or exceeded.

A number of evidence based practices have been incorporated in the DHS Conditional Release program for FY 2011. These practices offer new opportunities to improve the lives of this challenging population and bring an enhanced level of safety to our communities. The best practice initiatives included Integrated Dual Disorder Treatment (IDDT), Motivational Interviewing techniques with continued support and supervision, and Person Centered Planning. The FY 12 outcome measures will encourage usage of these best practices.

The IDDT model for treating individuals with severe and persistent mental illness and co-occurring substance use disorders has been piloted in Brown, Eau Claire, La Crosse and Marathon Counties. Training and ongoing support have been contracted and provided by Case Western Reserve University, Ohio, to the designated Counties. IDDT has been used in FY 11 for some of the most difficult and costly clients in these Counties, the program has been well received and the initial results are very promising for dually diagnosed clients.

A two day introduction to Motivational Interviewing (MI) Training was offered in two different locations in June 2011. This was attended by 96 individuals from throughout the state including Conditional Release case managers, DOC Conditional Release Agents and MHI staff. MI is a well established, evidence-based and efficient method for promoting positive behavioral change. Supervision techniques have been developed and implemented to support staff in the MI learning process.

Person Centered Planning (PCP) training was also offered to the Conditional Release Program case managers, DOC Conditional Release Agents and MHI staff in two locations statewide in FY 11. Person Centered Planning is both a way of providing supports and services as well as a documentation style for a person's plan for recovery. Person Centered Planning is an additional best practice that augmented the MI training previously offered.

FY 12 outcome measures will be coordinated to measure Conditional Release Providers adherence to the principles of Person Centered Planning and Motivational Interviewing.

Another of the FY11 goals to incorporate the use of Certified Peer specialists in the Conditional Release Program continues to expand. DHS contracted case management provider Lutheran Social Services West hired a Peer Specialist on as staff for the CR program. This is in addition to the Peer Specialist that the DHS contracted case management provider Adult Care Consultants has on staff currently.

FY12 Goals and Initiatives

CONDITIONAL RELEASE PROGRAM

The Conditional Release Program use of measurable outcome performance expectations initiated in FY2010, continues with select goals and initiatives to be tracked during FY2012.

1. Within 9 months of placement on Conditional Release 60% of the clients in the Conditional Release Program in FY2012 have sufficient resources from employment or public benefit programs to reduce the Conditional Release Program's contribution by 50% for the cost of their cares.
2. 90 days prior to discharge from the Conditional Release Program, 75% of the clients in the Conditional Release Program in FY2012 will live independently.
3. 75% of the clients in the CR Program in FY2012 will be involved in meaningful daily activities for at least 20 hours a week. Meaningful activities include all of the following and the time involvement can be a composite of all elements:
 - a) Competitive employment for clients who are able to work
 - b) Structured employment including sheltered, supported, or volunteer activities
 - c) Educational or vocational training
 - d) Treatment or treatment related activities
 - e) Other similar or related activities
4. Less than 2 % of clients in the Conditional Release Program in FY2012 will be convicted of a new crime that was committed while they were in the Conditional Release Program.

The following outcome measure is an extension of a goal measured in FY2011, but a further step taken to monitor whether SSA benefits denied are appealed to ensure eligible benefits for clients are pursued.

5. 100% of clients who are found by case managers to be potentially eligible for SSA benefits and denied, will file an appeal following the SSA guidelines.

The DHS Community Forensic Services annual report is produced in late November and reports on a fiscal year basis running from July 1 to June 30 of the preceding year. This means that only 6 to 7 months remain before the next reporting period begins. The measurable performance expectations selected this year require additional orientation and training of the Conditional Release Program staff. In order to maximize positive outcomes with these goals, the remaining months in 2011 were utilized to adequately prepare community staff in these performance expectations. Therefore, we will be tracking on and reporting on these outcomes starting in January FY2012 and reporting in the FY2013 report.

6. Conditional release clients will have person centered treatment plans.
 - 50% of initial Individual Services Plans (ISP) will contain evidence of principles of person-centered planning.

7. Conditional release client's stage of change will be identified for each client goal.
 - The goals listed in the initial ISP will have corresponding stages of client change identified in 50% of the ISP's.

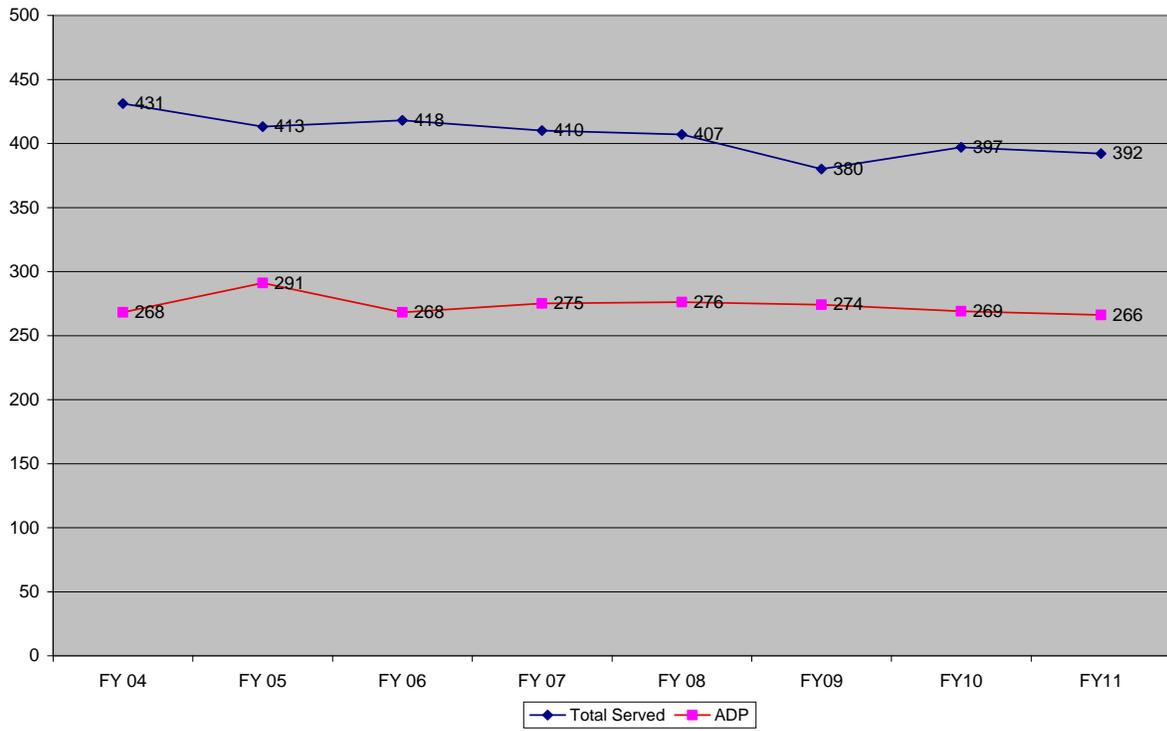
8. Conditional release clients will participate in stage appropriate interventions to move towards specified goals.
 - At least one stage appropriate intervention on the client goals will be identified on 50% of the initial ISP's.

Conditional Release Program Data

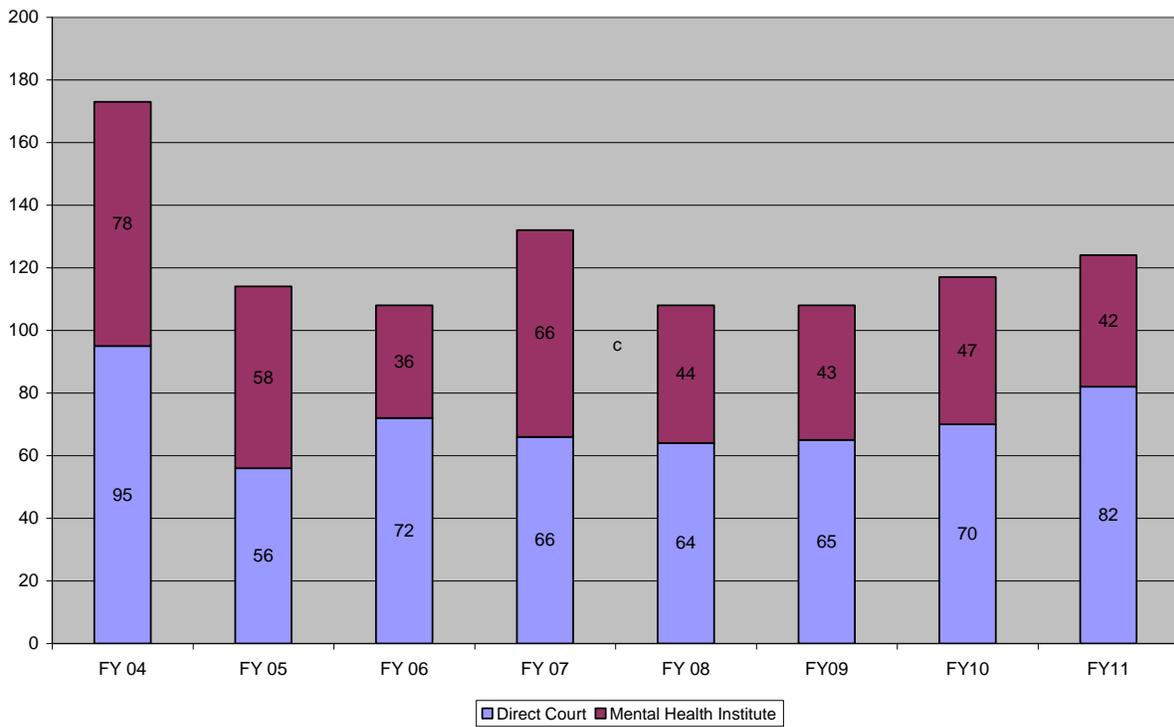
| | FY 04 | FY 05 | FY 06 | FY 07 | FY 08 | FY09 | FY10 | FY11 |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|
| Total Served | 431 | 413 | 418 | 410 | 407 | 380 | 397 | 392 |
| ADP | 268 | 291 | 268 | 275 | 276 | 274 | 269 | 266 |
| New CR Placements | | | | | | | | |
| Number of New Placements | 173 | 114 | 108 | 132 | 108 | 108 | 117 | 124 |
| Direct Court | 95 | 56 | 72 | 66 | 64 | 65 | 70 | 82 |
| | 55% | 49% | 67% | 50% | 59% | 60% | 60% | 66% |
| Mental Health Institute | 78 | 58 | 36 | 66 | 44 | 43 | 47 | 42 |
| | 45% | 51% | 33% | 50% | 41% | 40% | 40% | 34% |
| New NGI Commitments | | | | | | | | |
| Direct Court to CR | 95 | 56 | 72 | 66 | 64 | 65 | 70 | 82 |
| To MHI | 59 | 42 | 54 | 58 | 39 | 29 | 48 | 40 |
| Total Admissions | 154 | 98 | 126 | 124 | 103 | 94 | 118 | 122 |
| Revocation Data | | | | | | | | |
| Rule/Other Violations | 8.5% | 8.7% | 10.8% | 4.9% | 7.6% | 8.1% | 10% | 8% |
| Nonviolent Offenses | 1.4% | 1.5% | 1% | 1% | 1% | 1.1% | 0.5% | 0.25% |
| Violent Offenses | 1.2% | 0.2% | 1.4% | 0% | 1% | 0.8% | 0.5% | 0% |
| % Revoked | 11.1% | 10.4% | 13.2% | 5.9% | 9.6% | 10% | 11% | 8.25% |
| Living Situation | | | | | | | | |
| Independent | 63% | 70% | 72% | 74% | 74% | 76% | 74% | 76% |
| CBRF/Adult Foster | 17% | 16% | 12% | 12% | 12% | 15% | 14% | 14% |
| Supported/With Family | 15% | 12% | 13% | 11% | 11% | 7% | 10% | 8% |
| Other | 5% | 2% | 3% | 3% | 3% | 2% | 2% | 2% |
| Employment | | | | | | | | |
| Competitive | 36% | 38% | 36% | 34% | 38% | 33% | 31% | 29% |
| Sheltered | 7% | 10% | 8% | 7% | 7% | 9% | 8% | 7% |
| Volunteer/Supportive | 6% | 6% | 7% | 7% | 6% | * | * | * |
| Not Employed/Retired | 40% | 36% | 30% | 29% | 30% | 48% | 53% | 55% |
| School | 4% | 4% | 5% | 5% | 6% | 7% | 5% | 4% |
| Crime at Commitment | | | | | | | | |
| Felony – violent | 57% | 55% | 60% | 55% | 60% | 63% | 60% | 57% |
| Felony – non-violent | 32% | 31% | 30% | 30% | 31% | 28% | 25% | 31% |
| Total Felonies | 89% | 86% | 90% | 85% | 91% | 91% | 87% | 89% |
| Misdemeanor – violent | 6% | 10% | 5% | 6% | 2% | 6% | 5% | 6% |
| Misdemeanor – non-violent | 5% | 4% | 5% | 9% | 7% | 3% | 8% | 5% |
| Total Misdemeanor | 11% | 14% | 10% | 15% | 9% | 9% | 13% | 11% |
| Diagnostic Categories | | | | | | | | |
| Schizophrenia | 34% | 29% | 28% | 26.7% | 29.1% | 26.9% | 26% | 26% |
| Other Psychotic Disorders | 20% | 21.5% | 22.2% | 21.8% | 23% | 26.2% | 26% | 44% |
| Mood Disorders | 29% | 29% | 29.9% | 31.1% | 29.1% | 30% | 30% | 29% |
| Developmental Disab. | 2% | 2% | 2.4% | 3.7% | 2.6% | 4.4% | 2% | 3% |
| Co-Occurring | 46% | 46% | 40% | 44.7% | 44.1% | 45.1% | 38% | 44% |
| Cost Per Client | | | | | | | | |
| Mental Health Institute | \$214,255 | \$219,548 | \$229,585 | \$234,148 | \$256,413 | \$224,877 | \$221,161 | \$202,940 |
| GPR Only Net Cost/ADP | \$13,571 | \$15,758 | \$16,623 | \$17,549 | \$15,504 | \$13,763 | \$14,528 | \$12,069 |
| GPR Only Net Cost/Total Served | \$8,439 | \$11,103 | \$10,658 | \$11,771 | \$10,529 | \$9,924 | \$9,844 | \$8,190 |

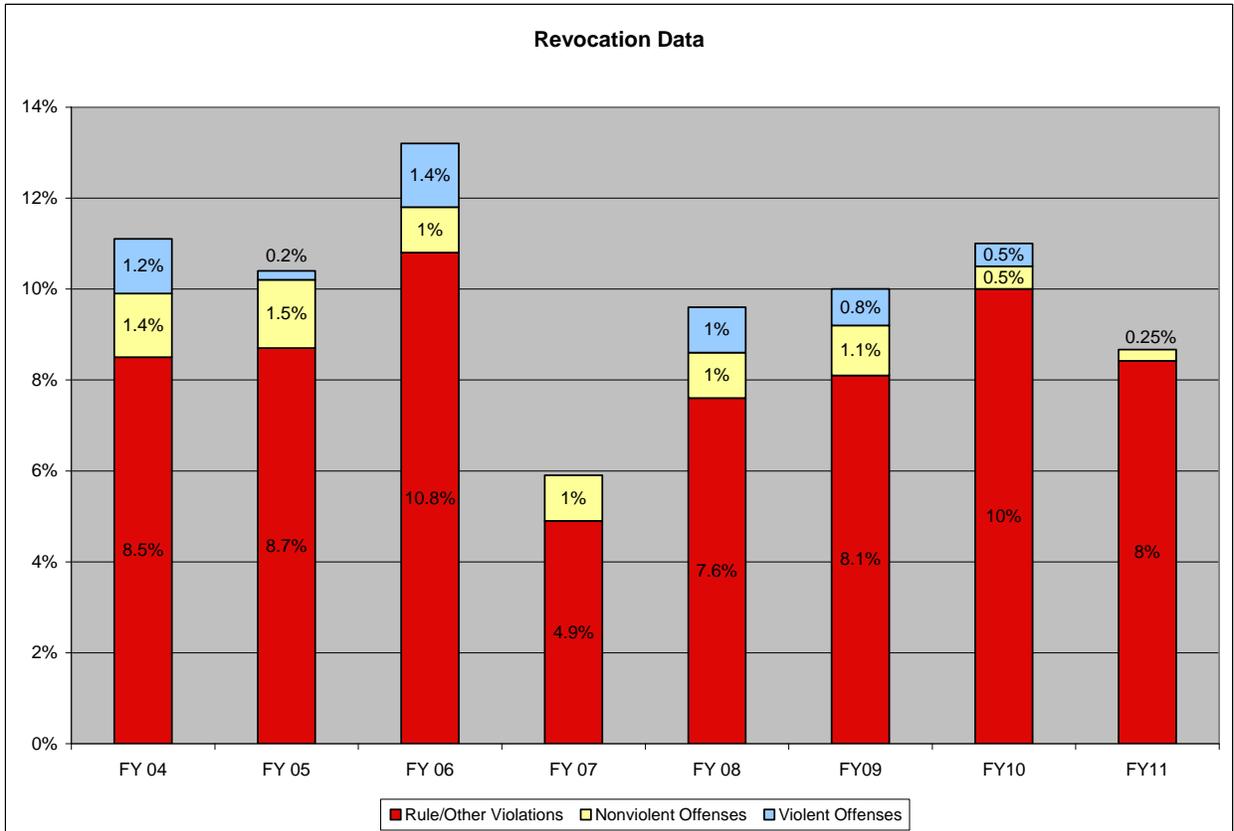
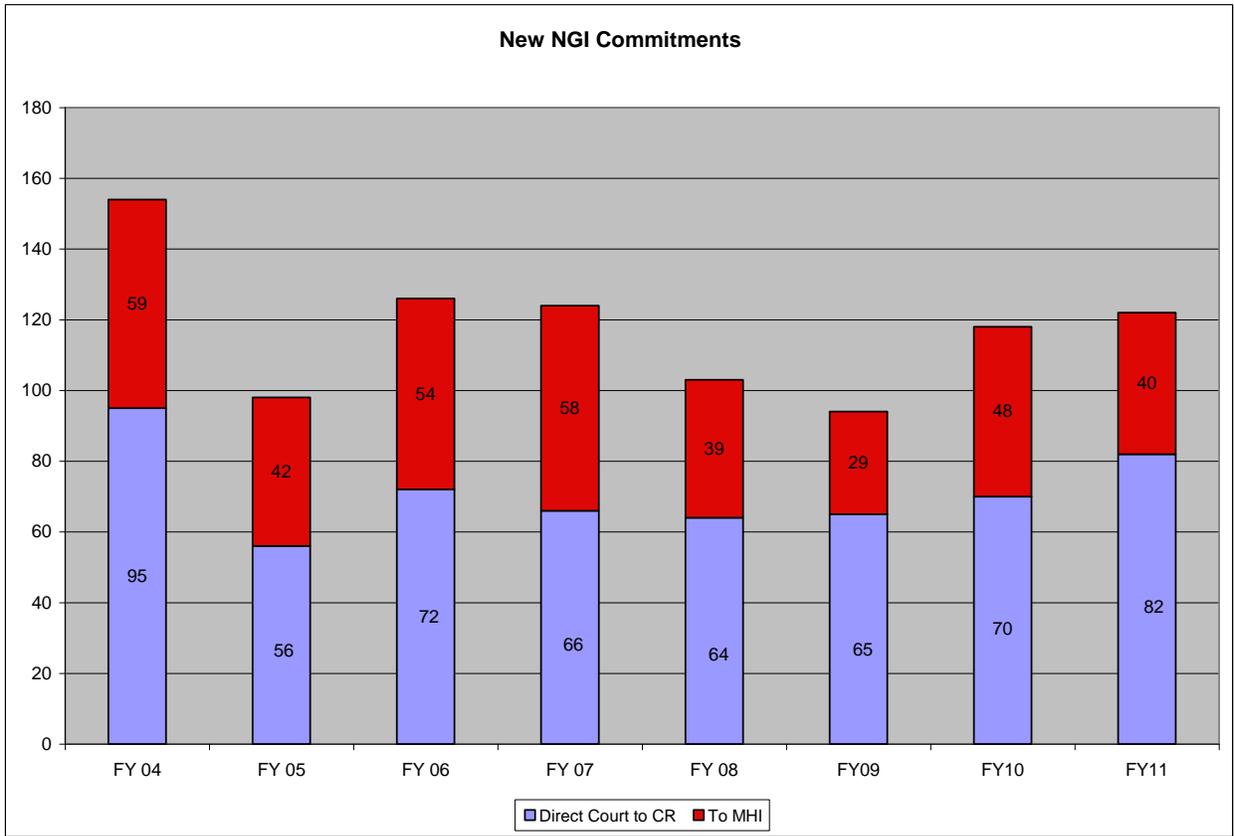
* Note: in FY09 - FY11, the category "Volunteer/Supportive" was eliminated from the employment count.

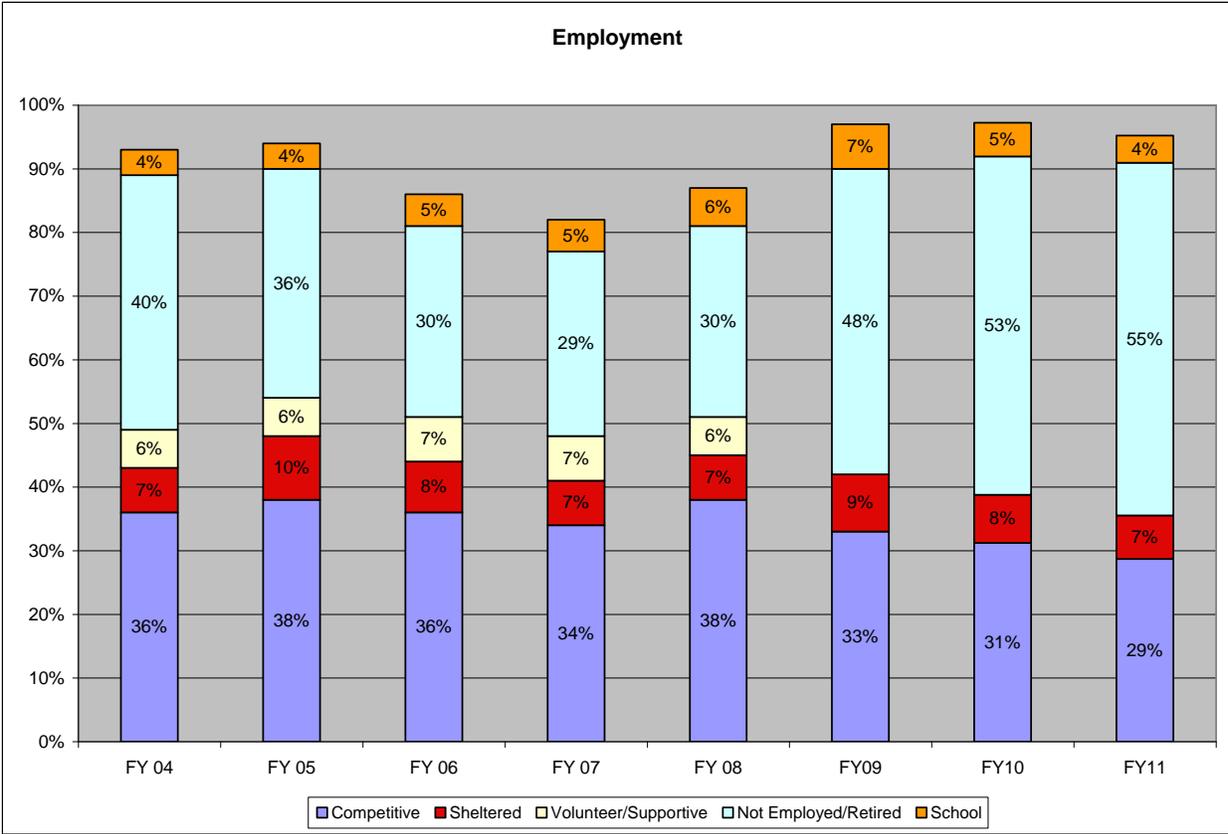
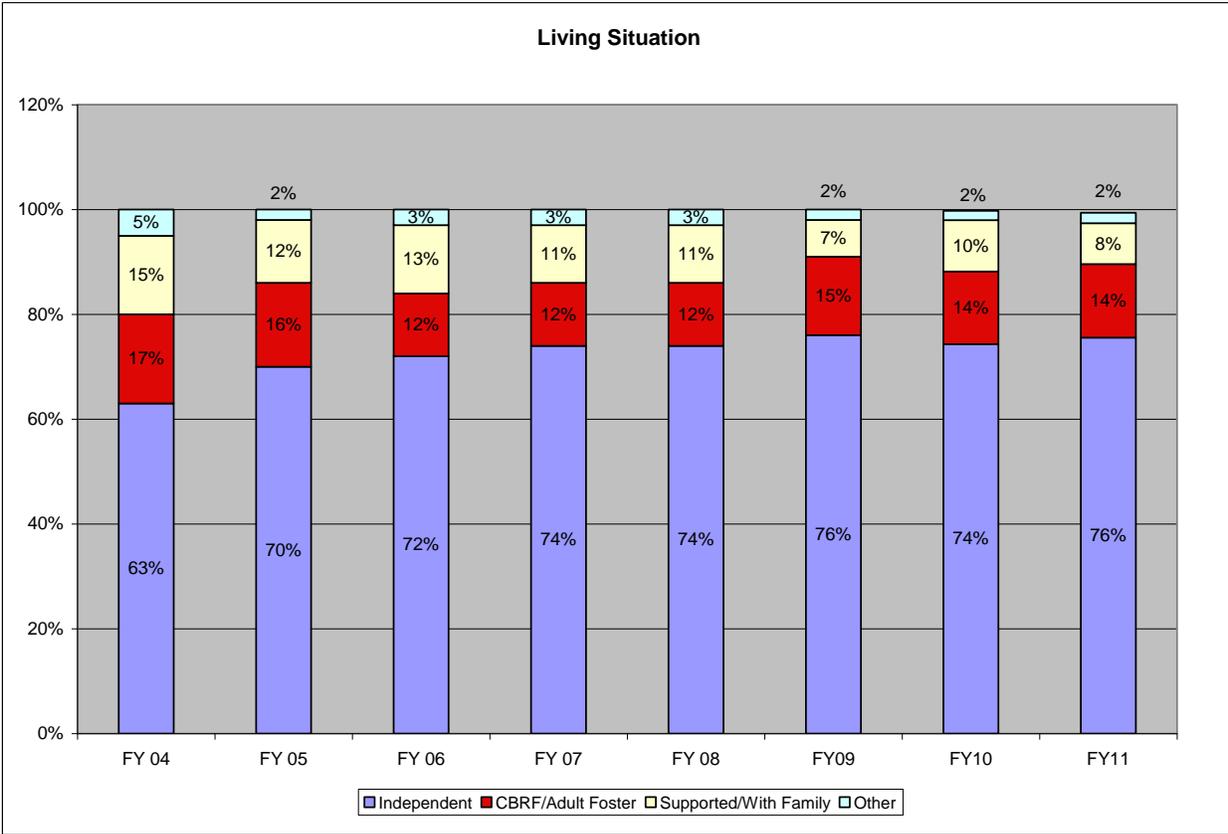
Population Served

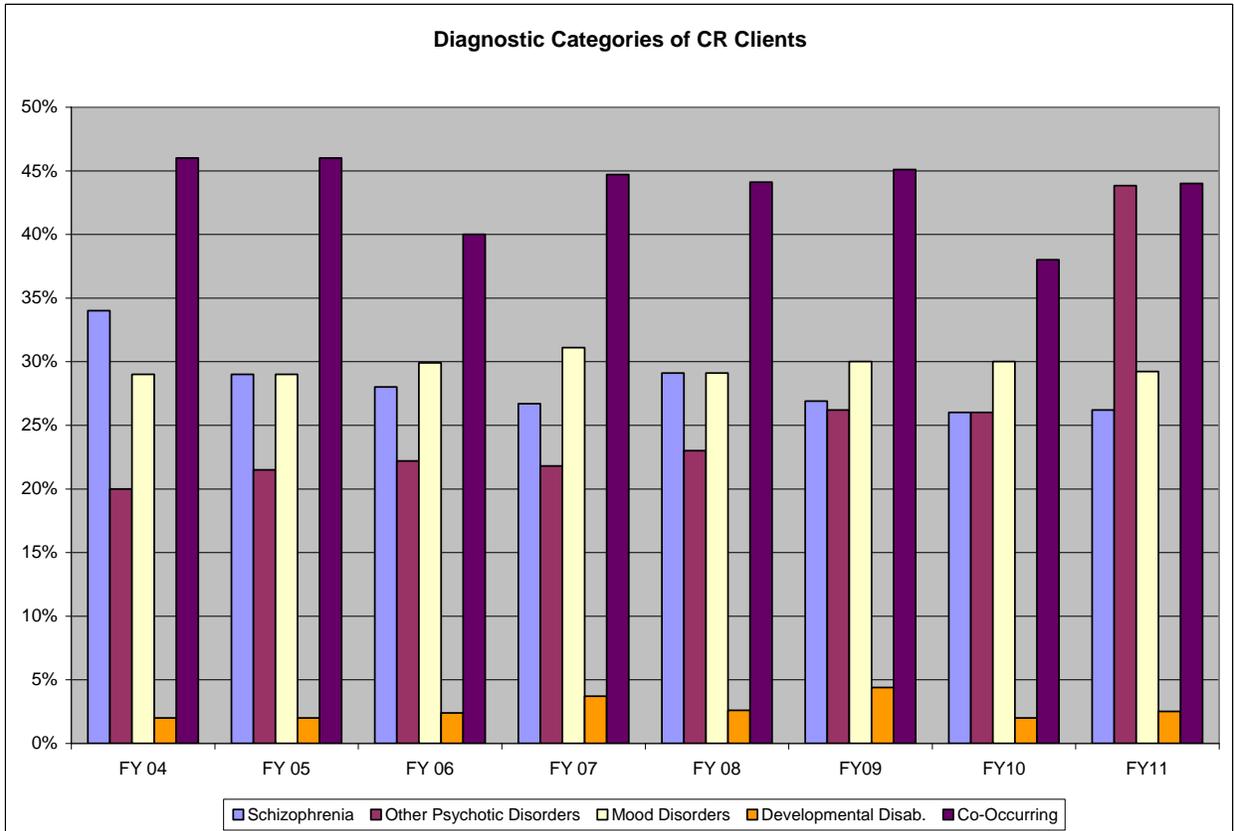
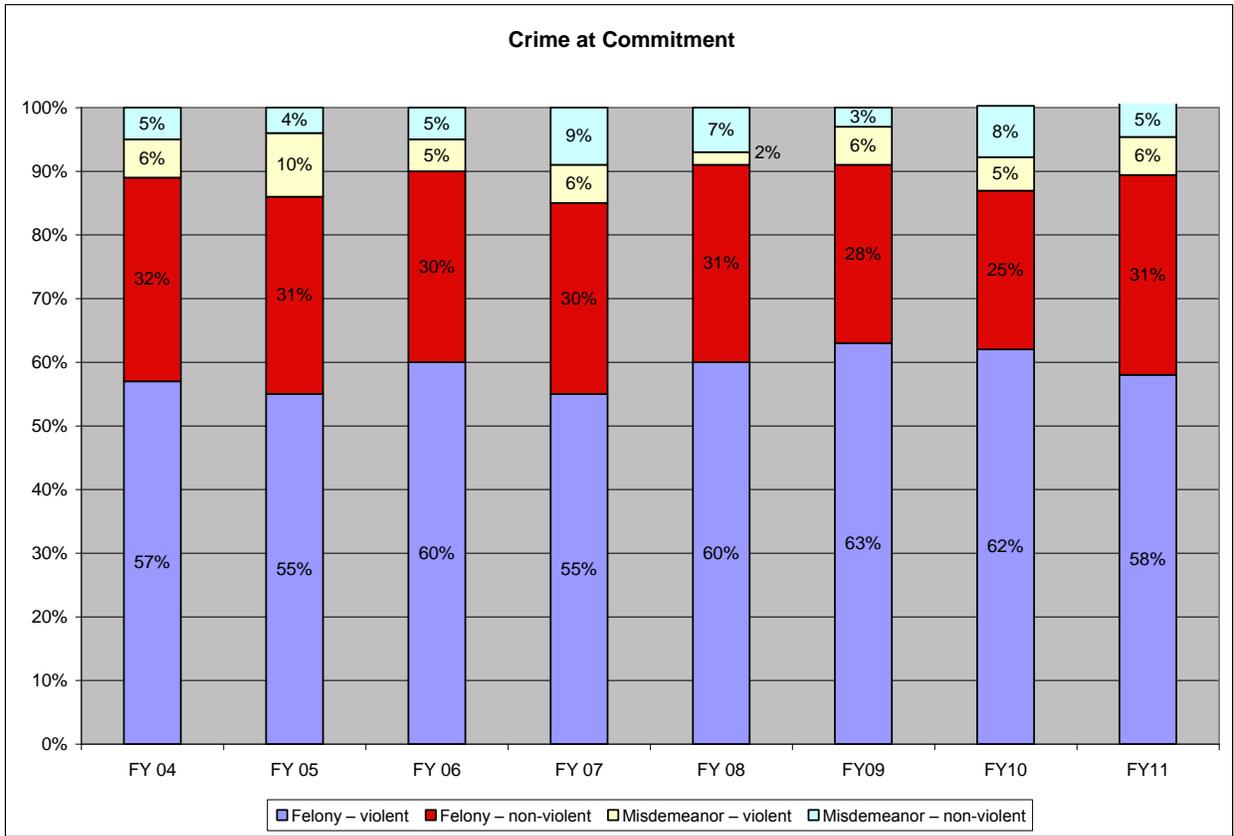


New CR Placement Origin









Court Liaison Program

PROGRAM STATEMENT

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

The Court Liaison Program provides consultation and education to the courts. This includes education on available forensic services and DHS procedures such as appropriate processes for competency examinations, treatment to competency and accessing the Outpatient Competency Restoration Program (OCRCP). Additionally, the liaison educates courts as to the appropriate processes for new NGI commitments as well as NGI petitions for re-examination and conditional release. These processes are tracked through court systems in an effort to insure procedural efficiency. Courts continue to express appreciation having a single point of contact to answer system questions and coordinate with the department.

The Court Liaison Program utilizes a statewide tracking system and provides data to the DHS on a monthly basis for the categories listed below. Current data indicates that we continue to have a significant impact on the flow of cases through the court system and continue to help maintain the MHI's admission list.

| Treat to Comp. | Statewide | Milwaukee | Total |
|-------------------------|------------------|------------------|--------------|
| # Cases Tracked | 814 | 359 | 1173 |
| # Hearings Moved | 37 | 23 | 60 |
| # Days Saved | 1308 | 590 | 1898 |

Based on the total number of days saved, the court liaison has made 19 beds available between the two institutions.*

** Given the above data, in order to determine how many beds were made available due to tracking and hearings being moved up by the court liaisons, it is necessary to determine the MHI average length of stay of the s. 971.14(5) Treat to Competency population. Based on the data gathered this calendar year, the average length of stay for this population is 99 days. Therefore, based on the total number of days saved between the two facilities the court liaison efforts have opened 19 beds in the system.*

The Court Liaison responsibilities include tracking Mental Health Institution's (MHI) treat to competency cases where courts have not set hearings. In this area the statewide court liaison has set hearings in 120 cases (excluding Milwaukee Co), which is up from 104 cases last FY. The average time to set a hearing was 21 days (excluding Milwaukee Co), which is above the 14 day statutory timeframe specified for these cases, and remains a focal point for education with the courts.

As noted last year, further review of this data identifies that there are a small amount of cases that result in skewing the data, and this accounts for the differential in the statutory timeframe. This differential is a result of delays due to the time it takes to convert a client to the civil commitment process, when there is a report of "Not Competent & Not Likely to Become Competent" (NC/NL), or delays due to the second opinion process. This prompted the liaison to begin tracking these two situations that frequently delay this process, and tracking began in February 2011. Between February and June there were 8 cases where clients were reported as NC/NL, with an average of 19 days to set a hearing. During this time period there were 3 cases where the report was challenged, with an average of 25 days to set a hearing.

In FY11, there were 125 (74 in FY10) petitions for re-examination filed state wide. This resulted in 48 (29 FY10) individuals with conditional releases moving into the Conditional Release Program. There were 45 (26 FY10) petitions withdrawn by the clients and 32 (19 FY10) petitions were denied by the courts.

Goals and Achievements:

Training FY11

- 1) Continue to provide training/refresher sessions, case consultations and reference materials as needed.
 - The following training session were conducted: Judicial Dist 4 & 6 Clerks, Waupaca Co Clerks, COC Association Conference, Judicial Dist 7 Clerks, Waukesha Co Clerks, Walworth Co Clerks, Criminal Law & Sentencing Institute.
 - Training and reference materials/flow charts were provided to the following counties: Wood, Langlade, Dane, Sauk, Brown, Monroe, Vilas, Portage, Fond du Lac and Ozaukee.
- 2) Utilize the DHS Forensic Newsletter to provide education and references regarding process and system issues, and foster a cooperative working relationship between all parties.
 - The Forensic Newsletter continues to receive great support and feedback. Regular distribution continues to increase, adding new Judicial Assistants and some Judges around the state.
- 3) Attend the Clerk of Courts Association conference annually. Explore new training topics for the clerks, as suggested by the various DHS contracted service providers, and utilize guest speakers if appropriate/as needed.

- Presented at the COC Association conference in Oct 2010, and had two representatives from the CR Providers (LSS-West & LSS-North) present additional info regarding PDI's and CR Plan processes.
- 4) Brainstorm developing a “Court Liaison Services” link on the WCS website. This would provide all visitors instant access to the various resource materials available through the Court Liaison; allow visitors to request training session dates in their county; and make suggestions for future topics to be covered in the DHS Forensic Newsletter.
- Still in planning phase

Tracking FY11

- 5) Averaged eighty “Days Saved” per month on 14(5) tracking by moving-up Return to Court dates, and when no Return to Court date is set, average fourteen “Days between Report and Return to Court” per month on 14(5) tracking.
- Averaged 109 “Days Saved” per month on 971.14(5) tracking by moving up Return to Court dates, and when no Return to Court date was set, averaged 21 “Days between Report and Return to Court” per month on 14(5) tracking.

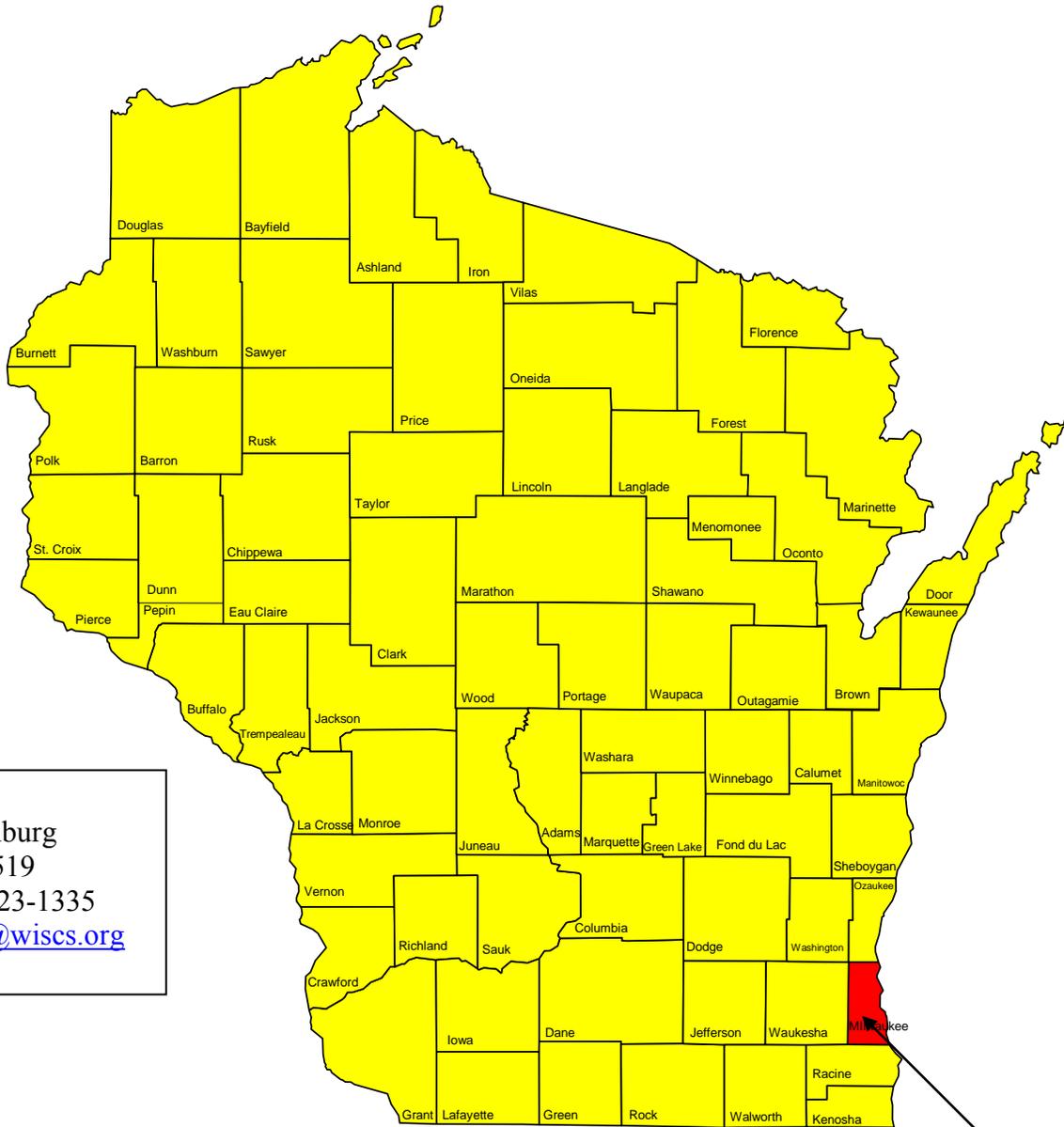
Court Liaison Program FY12 Goals

1. Continue to provide training/refresher sessions, case consultations and reference materials as needed. Incorporate new proactive measures into the tracking and case follow-up, as part of the ongoing expansion of the Court Liaison services.
2. Continue to utilize the DHS Forensic Newsletter to provide education and references regarding process and system issues, and foster a cooperative working relationship between all parties.
3. Attend the Clerk of Courts Association conference and the Criminal Law & Sentencing Institute annually. Explore new training topics, as suggested by the various DHS contracted service providers, and utilize guest speakers if appropriate/as needed.
4. Develop and implement a “Court Liaison Services” link on the WCS website. This would provide all visitors instant access to the various resource materials available through the Court Liaison; allow visitors to request training session dates in their county; and make suggestions for future topics to be covered in the DHS Forensic Newsletter.
5. Average 100 “Days Saved” per month on 14(5) tracking by moving-up Return to Court dates, and when no Return to Court date is set, average fourteen “Days between Report and Return to Court” per month on 14(5) tracking.

Wisconsin DHS Court Liaison Coverage Map

DHS Consultants:

- Janeen Meyer – (608) 266-5677
- Beth Dodsworth – (608) 267-7705



Statewide

Adam Oldenburg
(414) 750-3519
Fax: (414) 223-1335
aoldenburg@wiscs.org

Milwaukee - Justice 2000

Jim Fenske (414) 223-1338
jfenske@justice-2000.org

Outpatient Competency Evaluation Program

PROGRAM STATEMENT

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

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

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

RESULTS

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

The department completed a total of 1,071 evaluations between July 1, 2010 and June 30, 2011. Of this total, 94% were conducted in the community and 6% at the Mental Health Institutes.

SUMMARY

The Outpatient Competency Evaluation Program began with the anticipation that 75% of competency examinations could be done on an out-of-institution basis. The data indicates that since the programs inception, over 90% of the defendants have been able to be successfully examined in the community. The program significantly exceeded its goal and thus there was much less of a drain on the institutional resources and many more cases could be handled by the courts without the time delays associated with inpatient examinations. Further, many fewer individuals had to undergo involuntary forensic inpatient commitments in order to resolve the competency questions and those that were adjudicated incompetent had access to treatment quicker.

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

The data continue to indicate that the findings for defendants competent and the percentage of individuals found incompetent remains within the national average. In this fiscal year, 31.7% of defendants were found incompetent compared to 30.1% in the previous fiscal year. There was a decrease in the actual admissions for treatment to competency from 168 in FY10 to 167 in FY11.

OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

JULY 1, 2010 - JUNE 30, 2011

Disposition of Evaluations

| | # | % |
|-----------------------|-------------|-------------|
| Competent | 618 | 61.3% |
| Incompetent | 320 | 31.7% |
| Inpatient 2nd Opinion | 3 | 0.3% |
| Inpatient Refusal | 11 | 1.1% |
| Inpatient Clinical | 0 | 0.0% |
| Undetermined | 56 | 5.6% |
| Total | 1008 | 100% |

Demographics

| Gender | | |
|-----------------------------------|-------------|-------------|
| Male | 816 | 81.0% |
| Female | 188 | 18.7% |
| Unknown | 4 | 0.3% |
| Total | 1008 | 100% |
| Ethnicity | | |
| American Indian | 17 | 1.7% |
| Asian | 22 | 2.2% |
| Black | 321 | 31.8% |
| Hispanic | 39 | 3.9% |
| Caucasian | 557 | 55.3% |
| Other | 2 | 0.2% |
| Not Specified | 50 | 5.0% |
| Age | | |
| <21 | 184 | 18.3% |
| 21-30 | 270 | 26.8% |
| 31-40 | 201 | 19.9% |
| 41-50 | 178 | 17.7% |
| 51-60 | 121 | 12.0% |
| 61-70 | 40 | 4.0% |
| 70+ | 14 | 1.4% |
| Not Specified | 0 | 0.0% |
| Multiple Exams/Same Person | | |
| | 71 | |

Outpatient Competency Restoration Program

PROGRAM STATEMENT

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

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

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

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

PROGRAM UPDATE

The Outpatient Competency Restoration program began taking its first participants at the beginning of October of 2008. By the end of FY11 (June 30, 2011), the program served a total of 70 defendants not including 22 that were found inappropriate for restoration in the community or 13 others who were later transferred to inpatient care due to emerging stability issues which could not be safely addressed in the community. Defendants have been successfully been restored in 15 counties (Brown, Dane, Dodge, Fond du Lac, Grant, Kenosha, Lafayette, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha and Winnebago). At the end of FY11, 30 defendants had been treated. As of June 30, 2011; 7 of those were still in active treatment, 2 were awaiting their court hearing and 21 had been discharged from the program.

The treatment outcome for those 23 defendants who were discharged or awaiting their court hearing; 78% (18 defendants) were found competent to proceed with their criminal cases and 22% (5 defendants) were determined to be not competent and not likely to regain competency.

The average length of time to treat these defendants in the community to become competent to proceed with their court cases was 159 days at a total cost of \$19,162 per defendant. This compares with average length of stay of 99 days and a total cost of \$55,044 per defendant treated at one of the Mental Health Institutions. 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 (WRC) where an inmate who is facing charges but is not competent to proceed can be placed in lieu of moving the inmate to a Mental Health Institute. WRC staff were involved in developing the curriculum and were trained to provide competency restoration services to inmates who were placed at or could be moved to WRC.

Seven WRC inmates were treated to competency during FY 2011. 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 one of the Institutes.

Opening Avenues to Reentry Success (OARS)

INTRODUCTION

The OARS program is a joint venture between the State of Wisconsin's Department of Corrections (DOC) and Department of Health Services (DHS). The OARS program is modeled after the successful DHS Conditional Release program. The purpose of the program is to fund, coordinate, and administer quality reentry services to the highest need and risk based population of mentally ill offenders as they prepare for their release from prison and transition to the community. The offenders who choose to participate in this voluntary program are provided an array of comprehensive, individualized, wrap-around 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.

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

The OARS program seeks to demonstrate that by providing these individuals with intensive and effective transitional services for a one- to two-year period, the cost savings is substantial, in addition to the added benefits of enhanced community safety and the offenders' successful reentry to society.

OARS team members carefully manage risks by employing evidence-based practices such as targeting high-risk and high-need offenders; emphasizing medication compliance; utilizing client-centered, strengths-based, and motivational interviewing approaches; and drawing upon a hybrid of other proven program models.

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

This report provides an overview of the OARS program and presents the groundwork for research and program development. For optimal effectiveness, services for this population must be well-coordinated through a seamless service delivery system. Therefore, it is vital to incorporate information from the DOC, Division of Community Corrections (DCC), Wisconsin Resource Center (WRC), and Taycheedah Correctional Institute (TCI), as well as DHS contracted case management service providers.

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 offenders with mental health needs as they reintegrate into the community.

PROGRAM EVOLUTION

The state of Wisconsin Department of Corrections (DOC) has been tracking recidivism and revocation rates of moderate to high risk offenders with significant clinical needs for several years. In 1995, DOC reported that 56% of offenders with clinical needs return to prison within five years. Of those, 72% return to prison within the first two years of release. Following a multi-departmental initiative between the DOC and DHS Mental Health Division, OARS was introduced to the WI Legislature in 2005. The OARS program funding source, The Becky Young Appropriation, was identified in 2010 and the program began in July of that year.

The Becky Young Appropriation is named after a Wisconsin legislator who served on the Dane County Board of Supervisors, Madison School Board and WI State Assembly (1985-1997). Ms. Young championed many issues such as education, women's and children's rights, and public health. The Becky Young Appropriation, in conjunction with Act 28, provided funding in the 2009-11 biennial budget and statutory language to provide services to persons who are released from prison on parole following a felony conviction, in an effort to reduce recidivism.

The OARS program is based on the concept that an individual's potential to successfully release to the community (with lower risk of recidivism) is greatly improved by addressing risk factors associated with criminal behavior. The OARS program accomplishes this by providing:

- Safe, affordable housing
- Resources for medication and psychiatric care
- Treatment options to address individualized needs
- Access to local transportation
- Social support and acceptance
- Access to structured activities, including employment and education
- Ability to fulfill basic needs

The OARS program began enrolling participants in August 2010, and is now entering a second year. Many of the first year participants have successfully entered the post release phase. The first year's goal to serve 88 participants was met, and in the first year fewer than 5% of offenders

had returned to prison after nine months. Despite the program's infancy, the early success and significant groundwork laid in the first year is promising.

Target Population:

Inmates releasing from the Wisconsin Resource Center and Taycheedah Correctional Institute who meet the following criteria:

1. Rated moderate to high risk as determined by the Department of Corrections 502 Risk Assessment tool;
2. Diagnosed with a serious and persistent mental illness (coded as MH-2A or MH-2B by the DOC);
3. Six months post-release supervision time remaining with the Division of Community Corrections;
4. Releasing to the OARS implementation phase coverage territory (*see coverage map*);
5. Offenders must demonstrate a general motivation and willingness to engage in treatment programming, as evidenced by their involvement in pre-release activities and cooperation with institution treatment recommendations.

In addition, the appointed staff at WRC and TCI ensures potential referrals do not have any pending interstate compacts, additional criminal charges that will likely result in significant confinement, or other legal status commitments (Ch. 971 or 980). They also screen out inmates with significant jail time upon release.

Preliminary Program Goals:

1. Reducing new crimes;
2. Enhancing public safety by proactively addressing activities related to violence;
3. Lowering long term costs associated with this population;
4. Improving continuity of care for offenders with mental health needs as they release from prison to the community;
5. Encouraging offender involvement in structured activities; and
6. Promoting offender self-sufficiency.

Collaborative Partners:

Many organizations participated in the development and success of the OARS program during the first year, including: The Council of State Governments (CSG), National Alliance for the Mentally Ill (NAMI), Wisconsin Resource Center, Taycheedah Correctional Institute, county social service departments, Social Security Administration, Disability Rights of Wisconsin (DRW), Legal Action of WI, DOC, Wisconsin Community Services (WCS), Adult Care Consultants, Inc. (ACC), and DHS.

Enrollment Process:

The DHS OARS program specialists review program referrals received from TCI and WRC to verify suitability. The OARS program specialists request program referrals six to seven months prior to the inmate's release date to allow ample time to coordinate the review and enrollment process. Enrollment meetings are scheduled with referred individuals, at which time the OARS specialists provide an overview of the OARS program and the participant program expectations. Enrollment meetings provide an opportunity for the OARS specialists to educate potential participants about the program and to learn about their goals and interests related to their upcoming release. The participant's expectations to be in the program include: cooperating with mental health and treatment recommendations, taking their medication as prescribed by their treating physician, actively participating in the development of their individualized care plans, meeting with their agent and OARS case manager, being respectful and responsible with regards to housing and other community services that are arranged, and following their rules of supervision. If the inmate is qualified for and interested in the program, the OARS specialists discuss the Program Informed Consent in detail and assess their ability to consent.

Enrollees are required to sign the Informed Consent document and DOC authorization allowing the use and disclosure of DOC generated protected health information. Following this, the DHS program specialists initiate contact with the contracted case management providers and local DCC agents to coordinate core team assignments and proceed with pre-release planning.

Pre-Release Phase:

Intended to be approximately six months in length, this phase commences with the assignment of all core team members (i.e., case manager, agent, DHS program specialist, institution social worker, and the participant). OARS case managers initiate contact with OARS participants within the first few weeks of enrollment. This is followed by an initial team conference call between the DHS program specialist, institution social worker, OARS case manager, and assigned DCC agent. This is the first opportunity for the team to convene and learn about the participant's history, current mental health/medical status, involvement in treatment programming, as well as the individual's goals and needs related to their upcoming release.

The OARS program pre-release phase utilizes unique approaches to bolster participant success. The program incorporates assessment tools such as the Adult Self Assessment and the University of Rhode Island Change Assessment (URICA) to gauge participant confidence and motivation related to succeeding in the community. In addition, the assigned OARS case manager has frequent contact with OARS participants and team members throughout this phase to enhance working relationships and develop comprehensive release plans. The OARS team serves as a catalyst to help motivate pre-release OARS participants to engage actively in treatment opportunities and cooperate with recommendations, including adherence to medication compliance. An established and consistent relationship with the OARS team in the pre-release phase is an important resource for each participant as he/she faces the challenges of community reintegration.

The OARS case manager coordinates an Individualized Case Plan staffing approximately 30 days prior to release, which involves the treatment team, community corrections agent,

institution social worker, and the participant. At this time, release plans and goals are discussed and finalized so that everyone on the team is aware of their individual responsibilities to aid the participant's successful transition from institution to community.

Post-Release Phase:

OARS participants may be active in the post release phase for six months to two years. Immediately upon release, the OARS team's goal is to place participants into residential settings with wrap around services suited to fit their needs. In most instances, this includes independent housing with individualized support services, such as professional medication monitoring, supported apartment staff, alcohol use detection bracelets or other electronic monitoring, etc. For the highest need individuals, community based residential facilities are also utilized, with specific, time limited goals for skill building and stabilization. The participant is also provided with intensive reach-in and wrap-around support services which increase in frequency and intensity if the participant experiences psychiatric instability, relapses, or decision making that does not indicate positive mental health. Early in this phase, case management visits occur multiple times per week. As the individual demonstrates motivation and success, the case manager and agent work with the person to develop a long term plan for independence.

The focus of the OARS core team is to provide comprehensive release planning and treatment services, including connecting the participant with locally-based support services, which has been found to improve their chances of success while ensuring community safety. Later in the post-release phase the participant progress is carefully reviewed and monitored with the intent to prepare for the participant's successful transition from the program to a more self-sufficient and/or locally supported lifestyle.

Program Discharge:

One of the OARS program's unique characteristics is its voluntary nature. OARS participants may request discharge at any time during their involvement. If this occurs, the OARS team convenes to assess why the participant is requesting to be discharged and they attempt to motivate the participant to remain in the program by reviewing the benefits and expectations. Ultimately, it is the participant's choice and they may be discharged from the program, despite the team's recommendation to remain. If this occurs, the offender returns to standard parole supervision without the intensive wrap around case management services that the OARS program provides.

The ultimate goal of the OARS program is to assist the offenders to gain insight into the benefits of positive community reintegration and the behavior necessary to prevent recidivism. By working to provide services to offenders to help them attain their personal goals for successful reintegration into the community, the program seeks to motivate and empower offenders to make healthy choices. Establishing personal stability and local supports/services is essential, followed by a titrated reduction of OARS services in preparation for successful discharge from the program. The targeted maximum length of time that a participant will be enrolled in the program is two years. Successful completion of the OARS program is individualized, with consideration given to the following:

- Offender has completed a minimum of six months' enrollment;
- Offender is maintaining stable housing independently;
- Offender is living without reliance on alcohol or illegal drugs;
- Offender is actively engaged in his/her treatment and has transitioned to locally based services in his/her county of residence;
- Offender is making healthy decisions regarding recovery and mental health stability; and
- OARS team reaches consensus that the offender is ready for transition.

The OARS team's work closely with program participants throughout the pre-release and post release phases. During this time, if any team member identifies a participant does not fit the program criteria, the DHS program specialist is notified and consideration is given to discharging the participant. It is vital to the integrity and success of the program that participants fit the program criteria and follow through with expectations.

The OARS case manager completes a discharge summary for all offenders leaving the program. This summary includes information regarding their adjustment to the community, goals achieved and progress throughout their enrollment in the program. The discharge summary also includes future treatment recommendations.

Evidence Based Practices:

The foundation of the OARS program consists of evidence based practices that are proven to bode well for this population, including emphasis on medication compliance, dual-diagnosis treatment, Person-Centered Planning, Motivational Interviewing, Strengths-Based Treatment Planning, utilizing Certified Peer Support Specialists, as well as a hybrid of other evidence-based program models such as Assertive Community Treatment (ACT) and Forensic Intensive Case Management (FICM). The DHS OARS program staff continue to devote time and effort to research successful practices for on-going quality improvement.

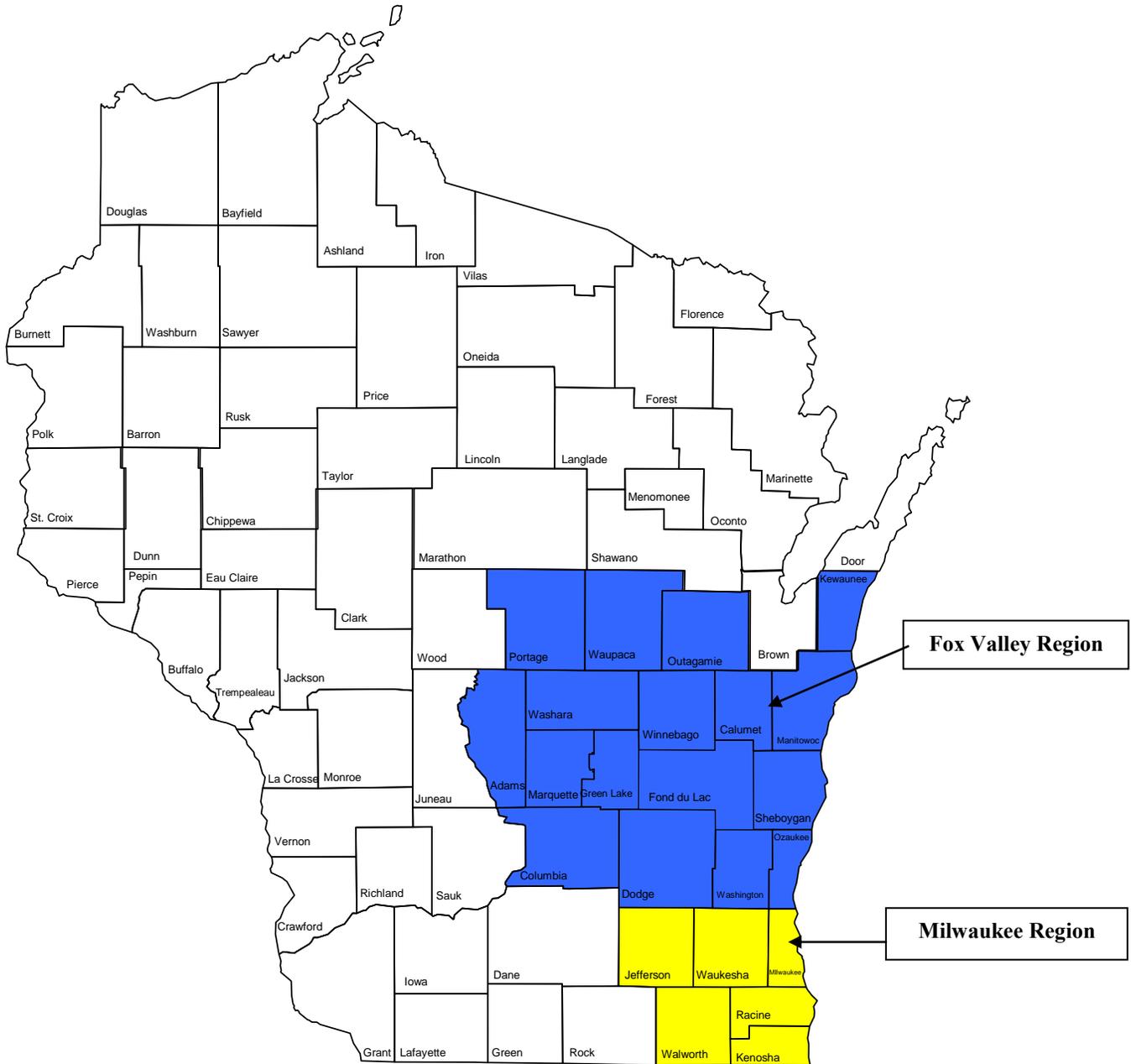
Multidisciplinary Team Approach:

The OARS program adopted the DHS Conditional Release program's multidisciplinary team approach, including institution staff, an assigned case manager, DCC agent, DHS program specialist, and community team members (county case manager, peer support, family member, etc.). The team convenes frequently in the pre-release and post release phases to discuss participant's progress and goals.

Members of the OARS team also convene to review and discuss participant rule violations and significant treatment concerns. Also adopted from the DHS Conditional Release program, this concept lends the opportunity for a collective, thorough team review and creative, thoughtful plans for addressing the concerns. The teams develop a plan to address the specific violations or treatment concerns to maximize the use of community resources while keeping the safety of the community and the program participants at the forefront of the decision making process.

Opening Avenues to Reentry Success

PROGRAM COVERAGE MAP



DHS OARS Program Specialists:

Janice Weis – Fox Valley Region

(920) 751-5215 Janice.Weis@wi.gov

Vaughn Brandt – Milwaukee Region

(608) 266-3878 Vaughn.Brandt@wi.gov

Opening Avenues to Reentry Success

FY11 PROGRAM ACCOMPLISHMENTS

The OARS program gained significant ground in its first year of operations. The regional DHS contracted case management providers, Adult Care Consultants (ACC) for the 17 counties of the Fox Valley region, and Wisconsin Community Services (WCS) for the 6 counties of the Southeast region, both grew into their roles working with the unique OARS population. ACC and WCS were chosen to provide case management services to OARS program participants due to their long-standing history of providing quality services within the DHS Conditional Release program.

ACC and WCS case management teams worked closely with institution staff, DCC agents in their respective regions, and community providers to develop comprehensive, individualized services. In an effort to bridge any gap between institutional care and community services, partnerships and resources were developed to address the moderate- and high-risk offenders who suffer from severe and persistent mental health issues.

This population has been identified as one of the most challenging and costly within the criminal justice system. The FY 11 average annual cost to incarcerate a general population inmate is approximately \$32,080. The FY 11 average annual cost to incarcerate a mentally-ill inmate at the Wisconsin Resource Center is approximately \$125,560. The long term recidivism rates for this target population are estimated by DOC to be around 45%.

By striving to deliver high-quality, cost-effective services to this population, the OARS program staff collectively work to significantly reduce the likelihood of behaviors which lead to recidivism, harm to the offender and/or community, and the consumption of institutional and legal resources. Ultimately, the intention is for the offenders participating in OARS to live safe, healthy, and law-abiding lives.

The State's economic struggles have increased budgetary pressure on public assistance programs and local community resources. Therefore, the OARS program has risen to this challenge by finding creative opportunities to facilitate release planning and maximize participants' self-sufficiency. The program strives to ensure long-term success for its participants by working with them to obtain financial benefits, expand vocational opportunities, and promote involvement in healthy, structured activities. By enhancing the quality and stability of these offenders' transition back to their home communities, the OARS program works to ease the burden on other sources of assistance and promote community safety.

WRC and TCI Highlights:

- Developing internal processes for identifying potential OARS candidates and accurately screening them for program eligibility;
- Partnering with OARS Program Specialists to educate institution staff regarding the program goals and pre-release process;
- Encouraging all participants to engage in and complete the identified pre-release curriculum programming available at each institution.

| Institution | % of enrollees who <u>participated</u> in pre-release curriculum | % of enrollees who <u>successfully completed</u> the designated pre-release curriculum | % of enrollees that <u>participated</u> in the Applying Wellness and Recovery Program (AWARE) WRC ONLY |
|--------------------|---|---|---|
| TCI (women) | 65% | 13% | N/A |
| WRC (men) | 63% | 43% | 49% |

Involvement in pre-release curriculum classes and treatment opportunities is a priority for the institutions and the OARS program. In FY 12, further emphasis will be devoted to program accessibility and engaging offenders to improve participation.

Fox Valley Region Highlights:

- Utilizing peer support specialists to provide support services in the day to day functioning of program participants;
- Collaborating successfully with county services staff to facilitate release planning for high-risk, highly acute program participants;
- Developing relationships with local residential placements, such as CBRFs, to improve the quality of care for participants requiring these types of structured settings.

Southeast Region Highlights:

- Expanding housing options within the region by developing relationships with local Adult Family Home providers and landlords to increase independent living opportunities for program participants;
- Expanded and reoriented organizational structure, hired and trained additional staff to serve growing number of OARS participants in the region;
- Collaborating with Unlimited Potentials, a Milwaukee treatment provider, to provide specialized treatment options for program participants, including intensive dual diagnosis treatment groups, AODA treatment, individual therapy, and psychiatric care.

OARS Program Highlights:

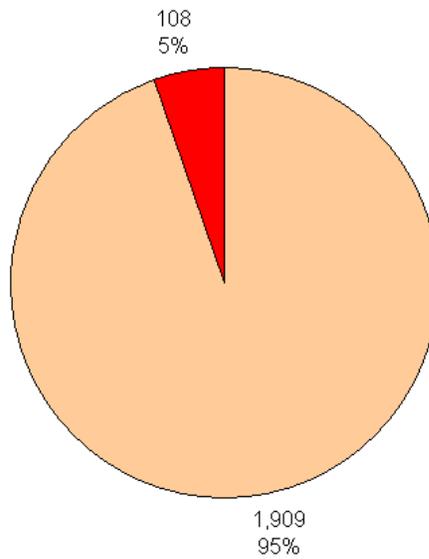
- Orienting provider case management agencies, institution staff and DCC agents to OARS concepts, goals and mission;
- Crafting the enrollment, pre-release, and post release program procedures;
- Organizing trainings for OARS program staff, including: Dual Diagnosis Treatment, Trauma Informed Care, and Motivational Interviewing;
- Presenting the OARS program goals and initiatives at the National Mental Health and Corrections conference in Chicago, IL;
- Enhancing Alternative to Revocation (ATR) opportunities for the OARS population by partnering with WRC to develop a specialized mental health ATR program for male OARS participants.

OARS PROGRAM DATA

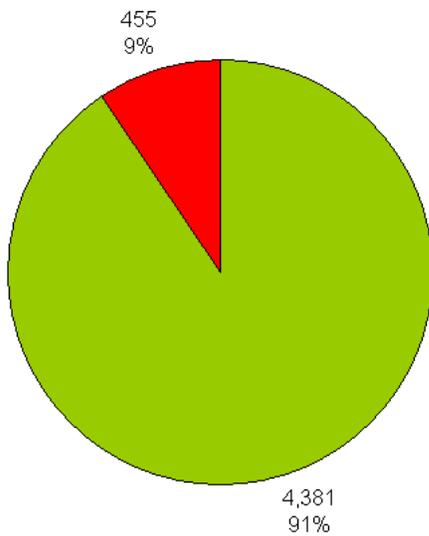
- Program served 88 participants (52 men and 36 women), 59 of whom were released to the community;
- 60% of program participants resided in independent housing;
- 85% of program participants had a dual diagnosis involving a mental illness and a substance use disorder;
- 75% of program participants carried a co-occurring personality disorder diagnosis;
- 55% of the program participants were rated as high risk for reoffending;
- The Revocation rate was 3% in the first year;
- 63% of the population was approved for and receiving social security benefits;
- Program participants on active community supervision spent 91% of time in the community (versus 9% of time spent in custody).

| | WCS-Milw | ACC-Fox Val | Total |
|--|----------|-------------|-------|
| Total Served, eliminating transfer duplication, pre & post | 61 | 27 | 88 |
| ADP | 35 | 13 | 48 |
| New Admissions to OARS Program | | | |
| Pre-release, as of 6/30/2011 | 16 | 13 | 29 |
| Community placements, as of 6/30/2011 | 45 | 14 | 72 |
| New Admissions Release Origin | | | |
| WRC | 36 | 16 | 52 |
| | 41% | 18% | 59% |
| TCI | 25 | 11 | 36 |
| | 28% | 13% | 41% |
| Living Situation | | | |
| Independent | 29 | 6 | 35 |
| CBRF/Adult Family Home | 11 | 5 | 16 |
| Transitional Living Placement (TLP - DOC funded) | 0 | 0 | 0 |
| Halfway House (HH-DCC funded) | 4 | 1 | 5 |
| Supported Apt./Living | 0 | 2 | 2 |
| Dependent w/family, Nursing Home/Health Care Facility | 0 | 0 | 0 |
| WRC/TCI awaiting placement on 6/30/11 | 16 | 13 | 29 |
| Employment | | | |
| Competitive | 3 | 2 | 5 |
| Sheltered/Supportive | 0 | 2 | 2 |
| Pre-employment training/DVR | 0 | 2 | 2 |
| Unemployed - seeking employment/Laid off | 15 | 3 | 18 |
| Unemployed - currently unable to work | 5 | 3 | 8 |
| Unemployed - disabled or unwilling to work | 22 | 2 | 24 |
| School/Other educational, Retired, Unknown | 0 | 0 | 0 |
| Diagnostic Categories | | | |
| Schizophrenia | 20% | 7% | 17% |
| Other Psychotic Disorders | 27% | 36% | 29% |
| Mood Disorders | 42% | 43% | 42% |
| Anxiety Disorders | 9% | 7% | 8% |
| Percentage of total population with co-occurring diagnosis | 82% | 93% | 85% |
| Percentage of total population with co-occurring axis II diagnosis | 73% | 79% | 75% |
| DOC Mental Health Code 2A | 52 | 23 | 85% |
| DOC Mental Health Code 2B | 9 | 4 | 15% |
| Crime at Sentencing | | | |
| Percentage of total served - violent felony committing offense | 40% | 50% | 42% |
| Percentage of total served - nonviolent felony committing offense | 60% | 43% | 56% |
| DOC 502 Risk Assessment Rating – Medium | 30 | 10 | 45% |
| DOC 502 Risk Assessment Rating – High | 31 | 17 | 55% |
| Percentage of total served revoked | 2% | 7% | 3% |
| Total offenders placed in short-term hospitalization (WRC/TCI, community) | 5 | 4 | 9 |
| Percentage of total | 11% | 15% | 29% |
| Percentage of population approved for SS benefits as of 6/30/2011 | 58% | 79% | 63% |

**Days in Custody vs. Days in Community
OARS Program -- ACC
FY11**



**Days in Custody vs. Days in Community
OARS Program -- WCS
FY11**



FY12 GOALS AND INITIATIVES

The DHS Community Forensic Services annual report is produced in November and reports on a fiscal year running from July 1st to June 30th of the preceding year. This means that approximately seven months remain before the next reporting period begins. The measurable performance goals below aim to bolster the program's quality, effectiveness, and efficiency.

1. To refine the definitions used in the data collection process, ensuring the information gathered is both necessary and accurately depicts the realities of the program functions.
Target completion date: 12/31/2011
2. To complete and distribute the OARS program operations and procedures manual.
Target completion date: 1/31/2012
3. To partner with the DHS OARS contracted case management providers to develop a comprehensive and consistent method of coordinating costly treatment and housing services for the OARS population utilizing a service agreement.
Target completion date: 3/1/2012
4. To identify a comprehensive trauma assessment tool for use within the program. To research and improve access to institution and community trauma treatment and services.
Target completion date: 6/30/2012
5. To collaborate with Women's Wisconsin Resource Center (WWRC) and Taycheedah Correctional Institution (TCI) in developing an institution Alternative to Revocation (ATR) with a focus on psychiatric stabilization and symptom management for the female OARS population.
Target completion date: 6/30/2012
6. To provide Person Centered Planning (PCP) training to OARS program staff and incorporate concepts of PCP and motivational interviewing into OARS participant Individualized Case Plans.
Target completion date: 6/30/2012
7. To provide sex offender supervision training to DHS contracted OARS case management agency staff and improve understanding of sex offender rules and restrictions.
Target completion date: 6/30/2012

Opening Avenues to Reentry Success

SUMMARY AND CONCLUSIONS

The OARS program funded, coordinated, and administered quality forensic mental health and treatment services to the maximum allowed population of 88 program participants in FY 2011. The support and dedication to this program from DOC, DHS, and the contracted community treatment providers have resulted in a well established program model. The enthusiasm and effort of state officials, contracted providers, and DOC prison officials have contributed positively to the challenges of creating this new program and making it work. Each agency involved in the implementation phase learned many lessons that will serve them well as they continue to work with the OARS population and further establish the program model.

The population served by the OARS program offer challenges for building and maintaining rapport and trust, working with individuals' motivations, and bolstering the belief that success is possible. In general, the population is historically underserved, has little natural support in their home community, and may even require careful education to enhance insight into their mental illnesses. This population frequently possesses a severe history of trauma and addiction issues, coupled with criminogenic behaviors. These all add to the complexity of prioritizing and addressing their needs, and the contracted providers have risen to these challenges.

Coordinating between multi-disciplinary providers also presents complex challenges. Institution treatment staff, community corrections agents, and community treatment providers each bring unique perspectives and experiences to the teams. Finding the correct pace and timing for team meetings and conference calls is one key part of reaching collaborative decisions. Empowering and enhancing all members of the team to actively participate and to communicate their perspective is another. Ultimately, the team concept and collaborative approach produces excellent outcomes, but reaching consensus sometimes requires careful timing and attention to details.

Mental health and psychiatric stability upon release and into the community also requires careful coordination between team members. Releasing from prison can be stressful, and it can be difficult for many offenders to admit to the need for treatment and assistance. Building trust that the OARS team is working for the success of the individual requires a consistent and patient approach. When the offenders' behavior is not pleasant or cooperative, redirection and the clarification of boundaries and expectations requires a cohesive message from all members of the team.

Building a new program based on existing models also requires considerable adaptation. While many aspects of the OARS program mirror the established principles of the DHS Conditional Release program, the pace and intensity level of serving moderate to high risk, mentally ill offenders is significantly more demanding. The OARS population typically has less insight into their mental health needs and present as less psychiatrically stable and more criminally oriented than the forensic mental health population released from state psychiatric institutions. While the same principles of team collaboration and wrap around services apply to both populations, the OARS population often requires more time, attention, and resources. Nonetheless, the focused

intensity of serving this population in the first year demonstrates many positive outcomes and success stories. As the current and future population continue to be served it is anticipated that the data will illustrate these outcomes quite clearly.

In conclusion, many individuals and agencies have worked very hard to establish the OARS program in the first year. While the population presents many challenges, the teams of providers have successfully engaged the population and continue to respond appropriately to the behaviors the population presents. As program implementation continues, the initial outcomes are excellent and the comfort level and coordination between teams continues to improve.

For more information on this report, please contact:
Glenn Larson, Community Forensic Services Manager
P.O. Box 7851
Madison, WI 53707-7851
Glenn.Larson@wisconsin.gov
608-266-2862