

*Wisconsin*

*DEPARTMENT OF HEALTH SERVICES*

*DIVISION OF MENTAL HEALTH  
AND SUBSTANCE ABUSE SERVICES*

*COMMUNITY FORENSIC SERVICES*

# ANNUAL REPORT

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CONDITIONAL RELEASE PROGRAM

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COURT LIAISON PROGRAM

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OUTPATIENT COMPETENCY EVALUATION  
PROGRAM

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OUTPATIENT COMPETENCY RESTORATION PROGRAM

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OPENING AVENUES TO REENTRY SUCCESS PROGRAM

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JULY 1, 2011 – JUNE 30, 2012  
(FISCAL YEAR 12)



Wisconsin  
Department of Health Services

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**For more information on this report, please contact:**

Glenn Larson, Forensic Services Director P.O. Box 7851, Madison, WI 53707-7851 <a href="mailto:Glenn.Larson@wi.gov">Glenn.Larson@wi.gov</a> 608-266-2862	Beth Dodsworth, Conditional Release Program Manager P.O. Box 7851, Madison, WI 53707-7851 <a href="mailto:Beth.Dodsworth@wi.gov">Beth.Dodsworth@wi.gov</a> 608-267-7705
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# 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, recovery focused, 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.



# Conditional Release Program

## FY12 GOALS AND INITIATIVES

The Conditional Release Program continues to use measurable outcome performance expectations in its contracting process and has established several program goals for FY12. The program's progress towards these goals was carefully tracked monthly by each of the contracted regional case management service providers. A sample population of 143 new conditional release clients was tracked for measurable outcomes during FY12. The objective of these measures is to create quality improvement initiatives and allow contracted providers to measure their performance towards the Conditional Release Program goals.

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

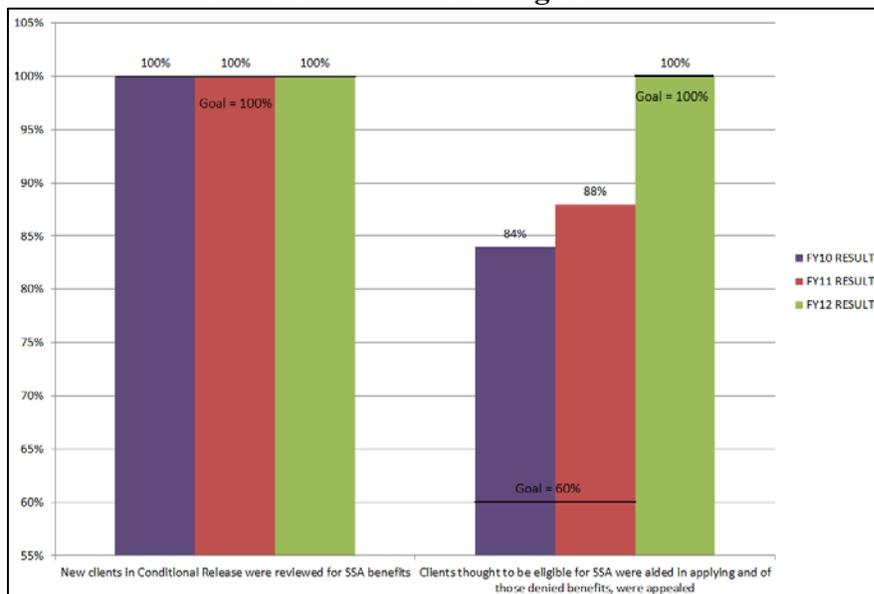
1a. Within 3 months of their placement on Conditional Release, 100% of the clients in the Conditional Release Program in FY 2012 are considered for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), and 100% of those found potentially eligible apply for these benefits.

**Results** - 100% of new clients in Conditional Release during FY 12 were reviewed for SSA benefits. This goal was met.

1b. If SSI and/or SSDI applications are found ineligible 100% are appealed for reconsideration.

**Results** - 100% of clients thought to be eligible for SSA were aided in applying and 100% of those denied benefits were appealed. This goal was met.

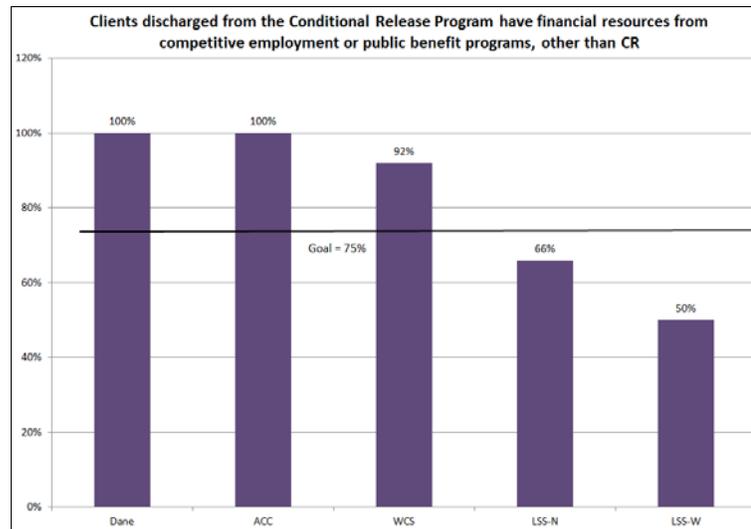
**Conditional Release Program Data**



## 2. Conditional Release clients are financially self-sustained, to the extent possible as they approach discharge.

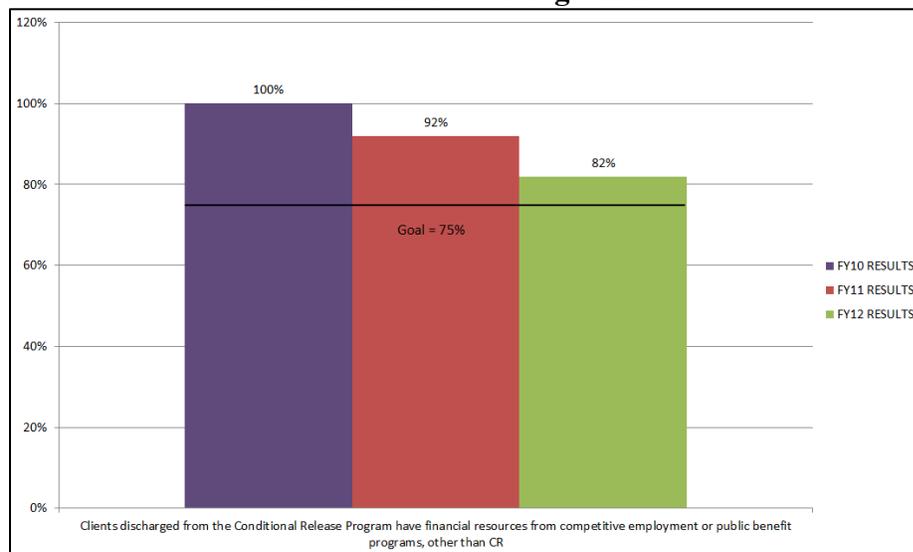
Thirty days prior to discharge, 75% of the clients discharged from the Conditional Release Program in FY12 have financial resources from competitive employment or public benefit programs, other than the Conditional Release Program, to support their treatment, housing and medical needs.

### Conditional Release Provider Data



**Results** - Overall, 82% of clients in the Conditional Release (CR) program are financially independent of the CR program and can fund their own treatment, housing and medical needs. This goal was exceeded.

### Conditional Release Program Data

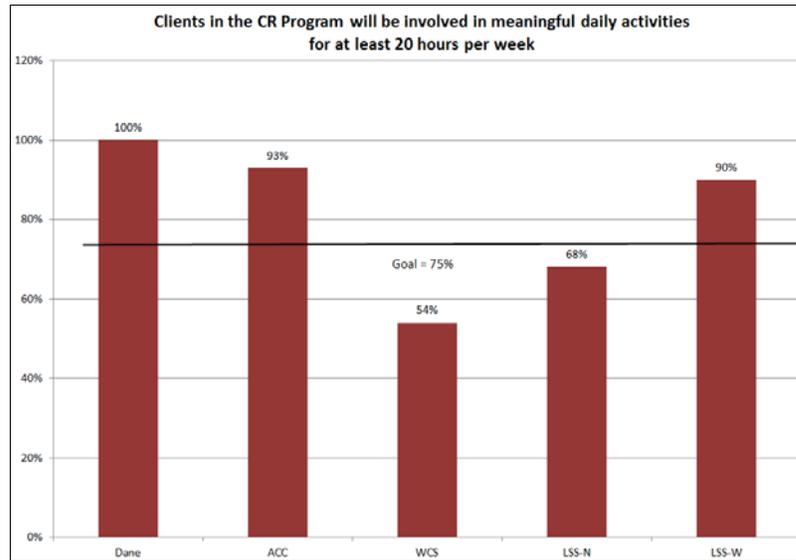


### 3. Conditional Release clients participate in meaningful daily activities.

75% of the clients in the CR Program in FY12 will be involved in meaningful daily activities for at least 20 hours per week. Meaningful activities include all of the following and the time involvement can be a composite of all elements:

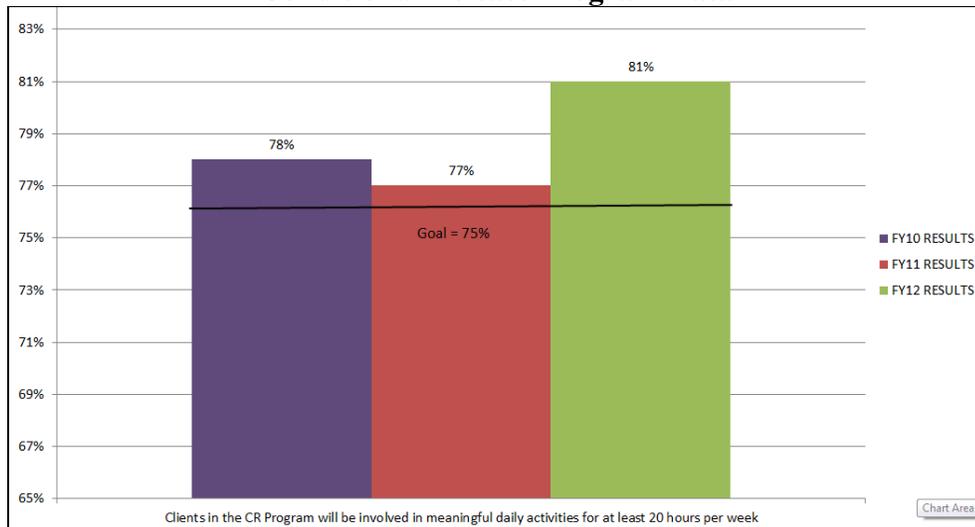
- a) Competitive employment for clients who are able to work
- b) Structured employment, including sheltered, supported, or volunteer activities
- c) Educational or vocational training
- d) Treatment or treatment-related activities
- e) Other similar or related activities

#### Conditional Release Provider Data



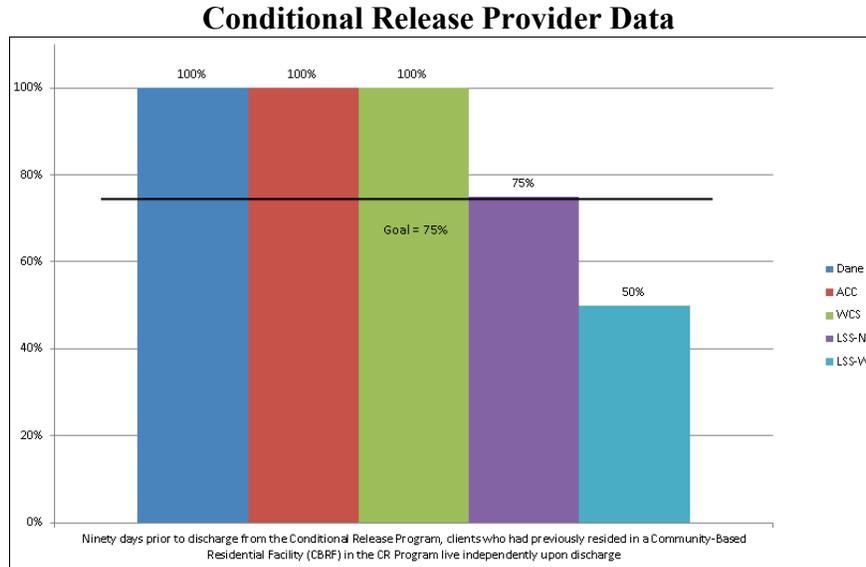
**Results** - The program goal was 75% of clients engage in 20+ hours of meaningful weekly activity; the overall program outcome was on average, 81% of C.R. clients participating in 20+ hours per week of meaningful daily activities. This goal was met.

#### Conditional Release Program Data



#### 4. Conditional Release clients live independently.

4a. Ninety days prior to discharge from the Conditional Release Program, 75% of the clients, who had previously resided in a Community-Based Residential Facility (CBRF) in the CR Program in FY12, live independently upon discharge.



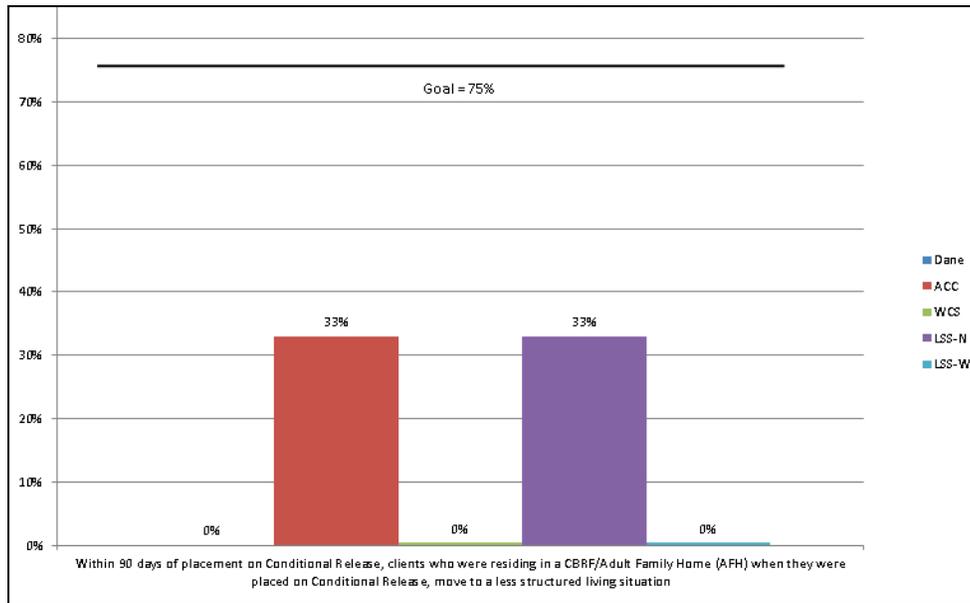
**Results** - On average, 80% of clients discharged from the CR program were moved to independent living prior to discharge. This goal was met.

4b. 100% of clients living in a CBRF/Adult Family Home (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** - 100% of Conditional Release clients in all regions listed above, living in Community Based Residential Facilities, had their living placements reviewed at a rate agreed upon by the community team (usually monthly). This goal was met.

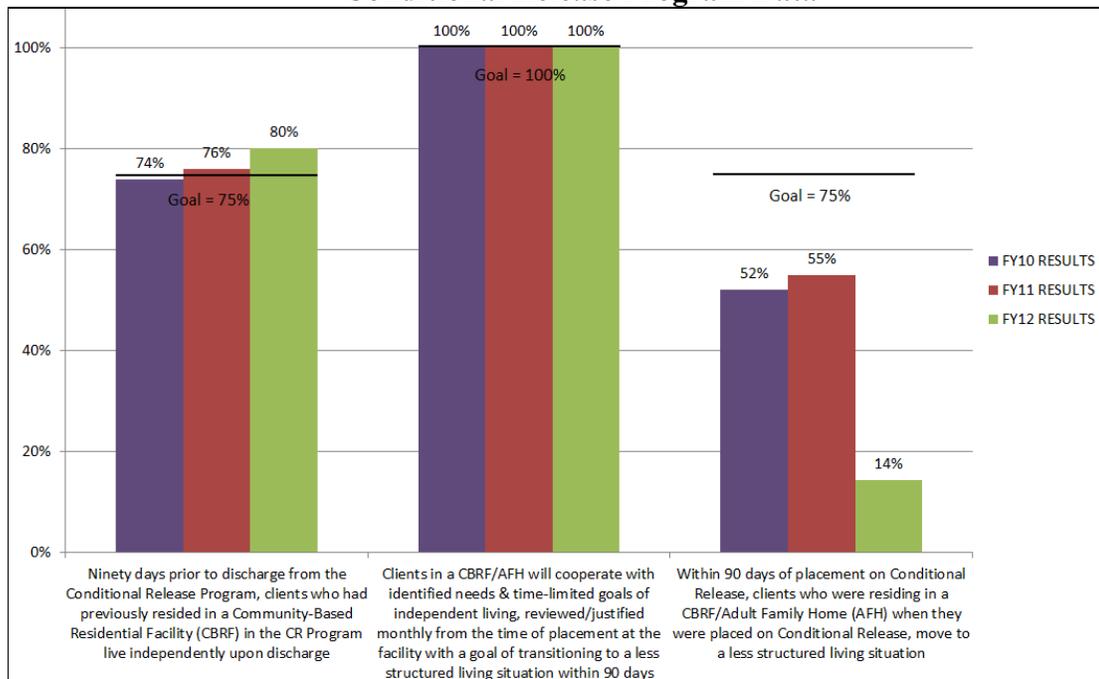
4c. Within 90 days of placement on Conditional Release, 75% of the clients in the CR Program in FY12, who were residing in a CBRF or Group Home when they were placed on Conditional Release, move to a less structured living situation.

### Conditional Release Provider Data



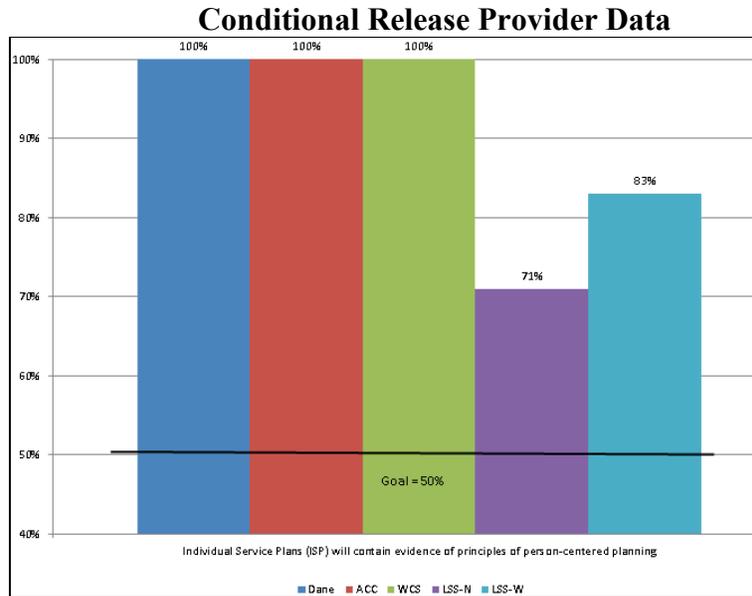
**Results** - 14% (3 of 21) of Conditional Release clients moved out of a CBRF within 90 days of placement on Conditional Release. This goal was not met.

### Conditional Release Program Data



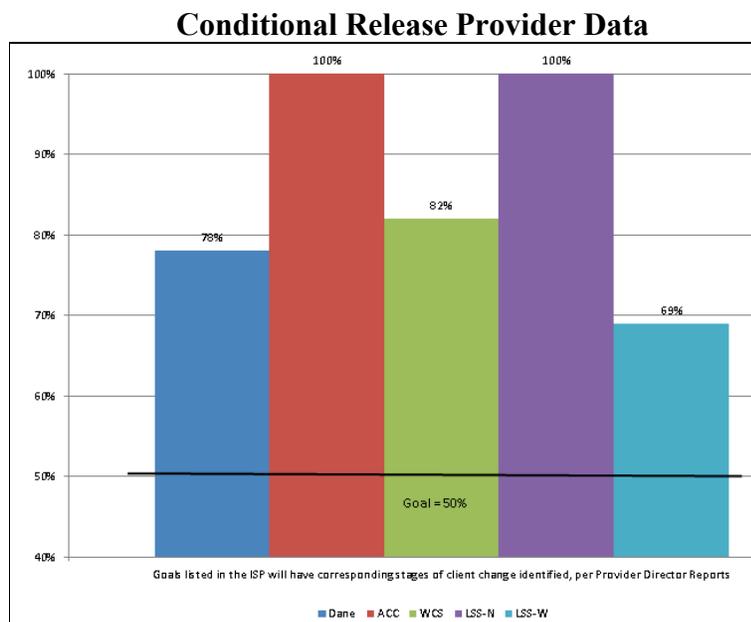
**5. Conditional release clients will have effective person centered treatment plans.**

5a. 50% of Individual Service Plans (ISP) will contain evidence of principles of person-centered planning.



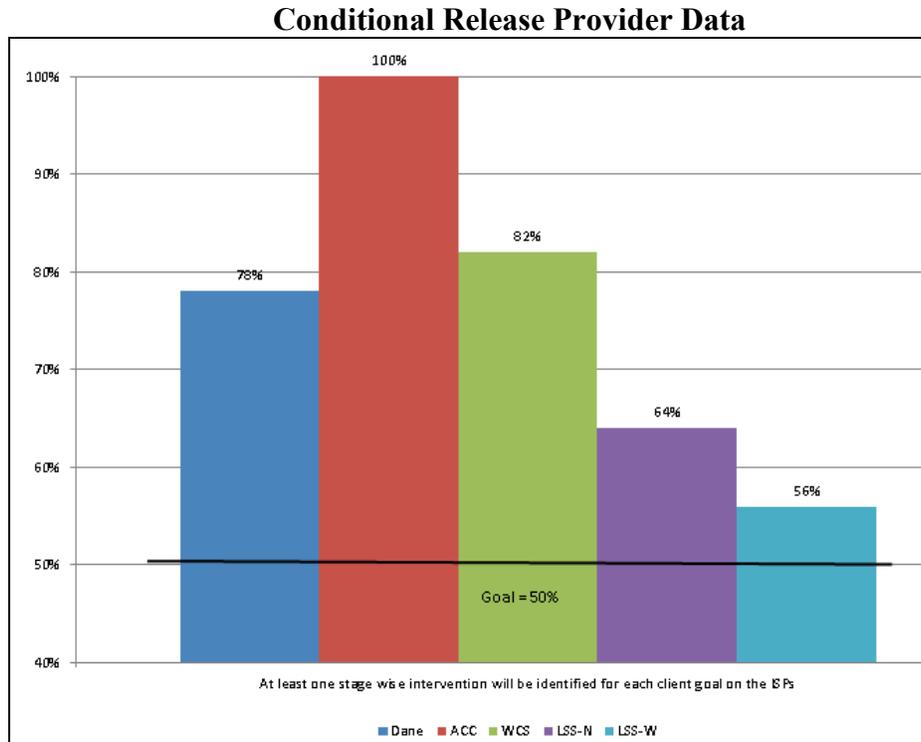
**Results** - Overall, 87% of the Conditional Release Program’s ISPs reflects principles of Person-Centered Planning. This goal was met.

5b. 50% of goals listed in the ISP will have corresponding stages of client change identified in 50% of the ISP, per Provider Director Reports.

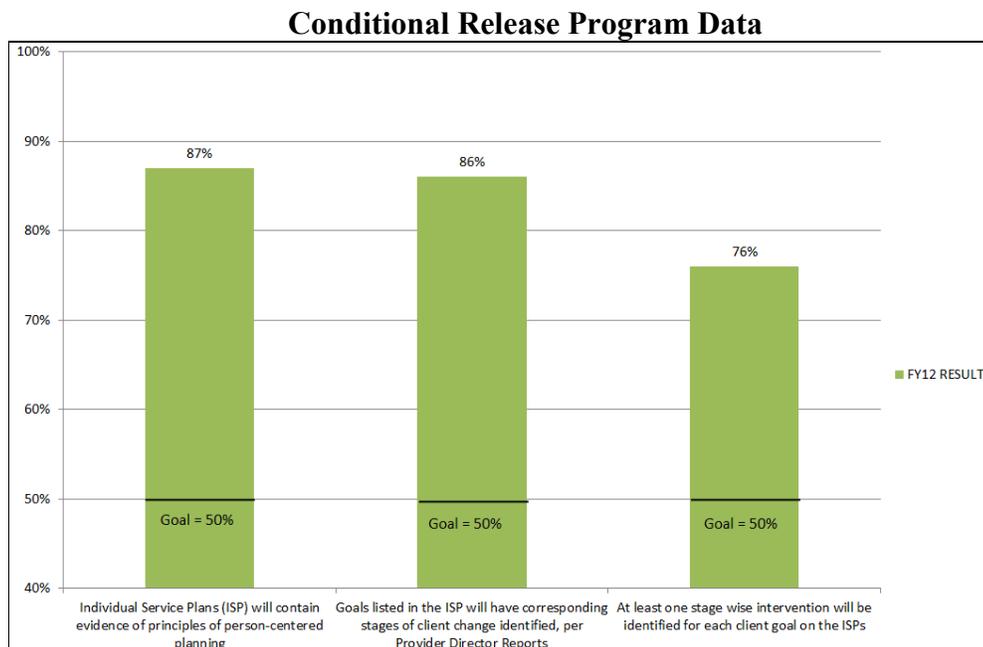


**Results** - Overall, 86 % of goals in the ISP' in the Conditional Release Program met this goal for FY12. This goal was met.

5c. At least one stage wise intervention on 50% of the client's goals will be identified for each client goal on 50% of the ISPs.



**Results** - Overall, 76% of Conditional Release clients on average had interventions that were appropriate given the client's stage of change. This goal was met.

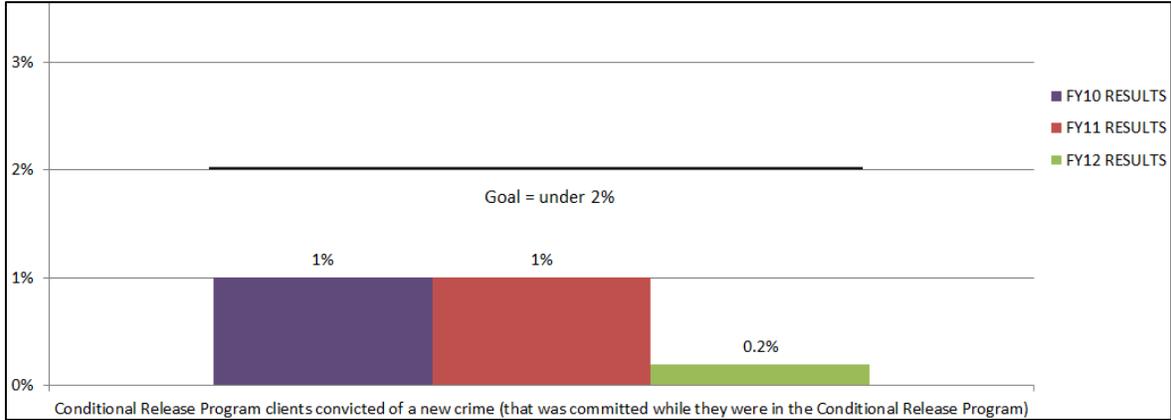


## 6: Conditional Release clients do not commit another crime.

Less than 2% of all clients in the Conditional Release Program in FY12 were convicted of a new crime that was committed while they were in the Conditional Release Program.

**Results** - One client of 431 clients in the Conditional Release Program (0.2%) was convicted of new offenses in FY12. This goal was met.

**Conditional Release Program Data**



## **FY12 Best Practice Initiatives**

Again in FY12, the Conditional Release Program partnered with the contracted service providers to offer training to contracted case managers, Department of Corrections (DOC) agents and Mental Health Institution (MHI) staff. Training focused on providing best practice initiatives to empower Conditional Release team members and clients with systems of care that are person-centered and trauma-informed. The development of these skills enables teams to provide integrated, stage-specific interventions for better treatment and opportunities for client success in the Conditional Release Program. The training included motivational interviewing, person-centered planning principles and the enhancement of developing a trauma informed care network.

The Conditional Release Program also began to measure the outcome performance of the regional provider's implementation of these skills and tools in FY12. For example, the use of person centered planning principles in the development of Individual Service Plans (ISPs) has been successful in providing person centered treatment plans in 86% of the ISPs completed in FY12. Another example is the tracking of Motivational Interviewing Skills development in each region beginning January of FY12.

The Conditional Release program has also encouraged regional providers to develop Motivational Interviewing skills and techniques to better interact more effectively with clients and thereby encourage their success. Following training in early FY12, CR regional providers were asked to complete a monthly Motivational Interviewing practice session to support their skill building beginning in January of FY12. During six months of tracking motivational skill learning activities, 3 of the 5 regional providers did complete a monthly learning activity.

In FY13, regional providers are being asked to enhance their skills in motivational interviewing by completing a monthly learning activity of presenting an example of an interview and getting and offering critiques of their skills by peers. This was the learning activity that appeared to offer the most effective skills development to case managers.

Additionally, the Conditional Release program promotes the Conditional Release team's understanding a client's readiness to make change, appreciating barriers to change and helping clients anticipate relapse episodes. This understanding can improve client satisfaction and lower the team's frustration during the change process. Case managers can enhance those stages by planning specific action based on a client's readiness for change. Accordingly, simple and effective approaches and interventions are developed by the team to enhance behavioral change. The Conditional Release Program was guided by the Stages of Change model authored by William R. Miller and Stephan Rollnick. The Conditional Release program has successfully increased the identification of a client's stage of change on an average of 86% of identified treatment goals and 76% of the time utilized interventions that were appropriate to the client's motivational level on the identified goals.

## **Observations of FY12 Goals and Results**

The measurable goals selected for the past three years constitute a number of primary program values:

- Clients achieving financial independence from the Conditional Release Program for funding their continued treatment, housing and medical needs during and after their commitment period
- Clients participating in meaningful (as defined by the client) activities
- Clients engaging in their treatment planning and goal setting by building effective relationships with their treatment teams
- Clients living independently
- Clients not committing new crimes

All but one of the measurable goal standards were exceeded with the sample population during FY12. The goal of clients residing in a CBRF/AFH moving a less structured living situation within 90 days of placement on Conditional Release was not met in FY10 or FY11. But data did reflect an increase in achievement toward the goal of independence within three months of discharge, over those years and into FY 12. This could be attributed to Monthly Justification forms where 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.

### **FY12 Summary**

The Conditional Release Program has funded, coordinated and administered quality forensic mental health services to 431 clients during FY12, with an average daily population of 284 clients. The overall mission of the program is community safety by assisting clients to achieve their highest level of mental health and independent functioning has been met this year. The outcome indicators for mental health stability and highest levels of independent functioning include independent living situations and employment. Our clients have been very successful, as evidence by the fact that 78% live in independent living situations and 39% are employed or going to school. The number of Conditional Release clients living independently of CBRF's has increased 2% over last year.

The preliminary outcome measures of community safety are revocation rates and new crimes committed. This year the Conditional Release Program's client population reached a program high, with the most new program admissions, yet the rate of Conditional Release clients receiving a new criminal conviction dropped to .2%, the lowest in the last 8 years.

Again in FY13, the Conditional Release program will continue supporting the development of skills such as Motivational Interviewing, Person Centered Planning, developing Trauma informed case managers and resources and identify the Stage of Change and engage clients in a process to go forward in the stages of change to recovery. Along with these measures, many performance goals/expectation performance standards have been increased and performance expectations will again be measured for FY13.

## FY13 Goals and Initiatives

### CONDITIONAL RELEASE PROGRAM

The Conditional Release Program continues to use measurable outcome performance expectations in its contracting process. In FY12, a series of core program issues were selected and measured. These goals and initiatives, as well as others, continue to be analyzed and expanded during FY13.

*\*within 90 days of placement*

<b>Contract Deliverables FY13</b>	<b>Performance Expectation</b>	<b>Performance Standards</b>	<b>Data Source, Collection, Method and Application</b>
Outcome #1	Conditional Release Clients will have person centered treatment plans.	75% of initial* ISPs will contain evidence of principles of person-centered planning	ISPs, Contract Deliverable Spreadsheet
Outcome #2	Conditional Release Client's stage of change will be identified in each client treatment goal.	75% of treatment goals have corresponding stages of client change in 75% of the initial* ISPs.	ISPs, Contract Deliverable Spreadsheet
Outcome #3	Conditional Release Clients will participate in stage appropriate interventions to move towards specified goals.	One stage appropriate intervention will be identified for each client treatment goal on 75% of the initial* ISPs.	ISPs, Contract Deliverable Spreadsheet
Outcome #4	Conditional Release clients will be financially self-sustained, to the extent possible, as they approach discharge.	<p>A. At 9 months of placement on Conditional Release, 95% of the clients in the Conditional Release Program in FY 13 will have sufficient resources (including employment or public benefit programs) to contribute 50% of the cost of the client's care.</p> <p>B. 100% of SSA appeals will be filed in a timely manner (according to SSA guidelines)</p>	Monthly Bills  <i>DHS Conditional Release Specialists will track new clients on costs.</i>
			Contract Deliverable Spreadsheet
Outcome #5	Conditional Release Clients participate in meaningful daily activities.	90% of the clients in the CR Program in FY13 will be involved in meaningful daily activities for an average of 20 hours per week.	Contract Deliverable Spreadsheet

Outcome #5 <i>(cont)</i>	Conditional Release Clients participate in meaningful daily activities.	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	Contract Deliverable Spreadsheet
Outcome #6	Conditional Release clients live independently. Justifications for clients placed in CBRFs are completed with DHS staff.	90 days prior to discharge from Conditional Release Program, 75% of the clients in the Conditional Release Program in FY13 who were residing in a CBRF or Adult Family Home when they were placed on Conditional Release move to a less structured living situation.	CBRF Justification, Monthly Bills, Contract Deliverable Spreadsheet.  <i>DHS Conditional Release Specialists will track new clients in CBRFs.</i>
Outcome #7	Case Managers will use Motivational Interviewing (MI) with clients to address their treatment and behavioral issues.	Conditional Release case managers will complete a Motivational Skills building activity one time per month.	Motivational Interviewing training, MI tracking sheets
Outcome # 8	Conditional Release clients are treated by a system of care that is informed about a client's trauma issues and how they affect a client's recovery.	100% of Conditional Release clients are offered a Trauma Assessment.	Trauma Informed Care Training, Contract Deliverable Spreadsheet

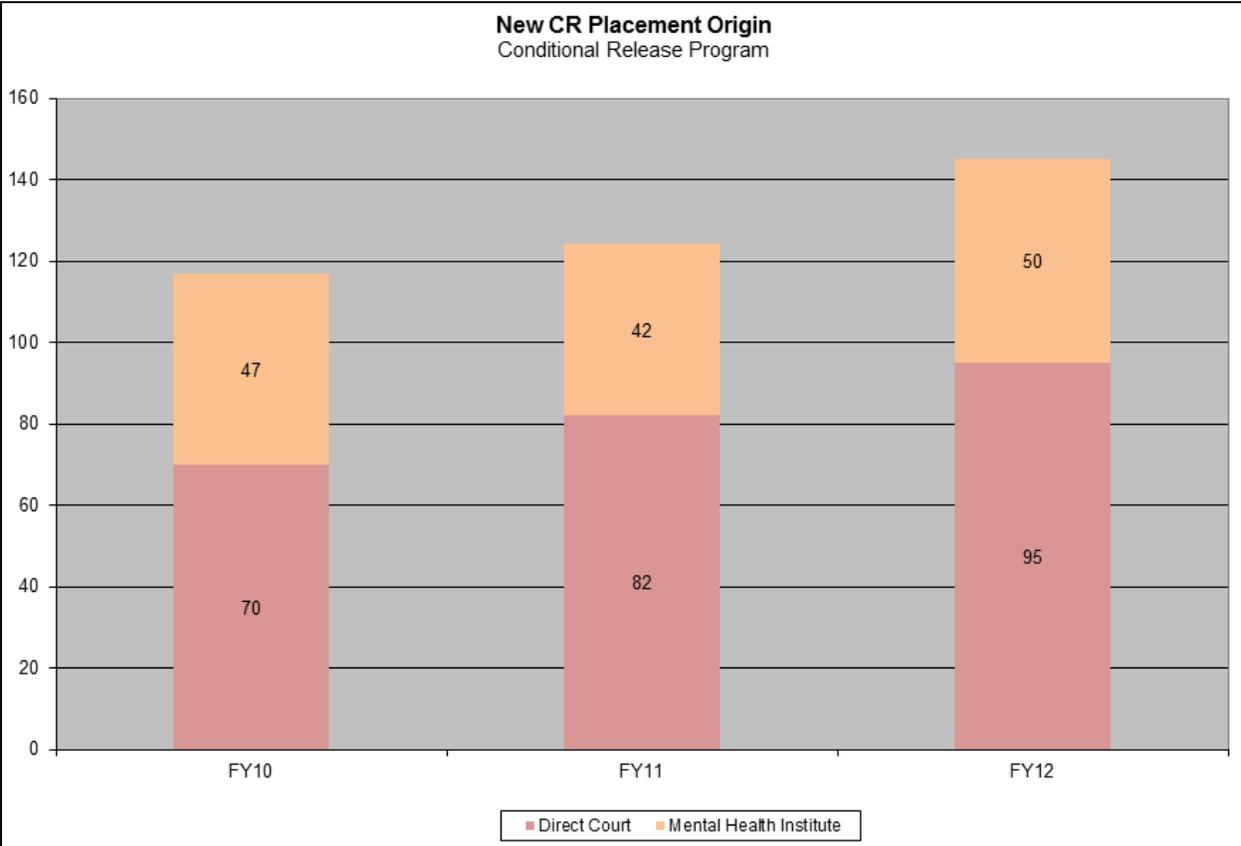
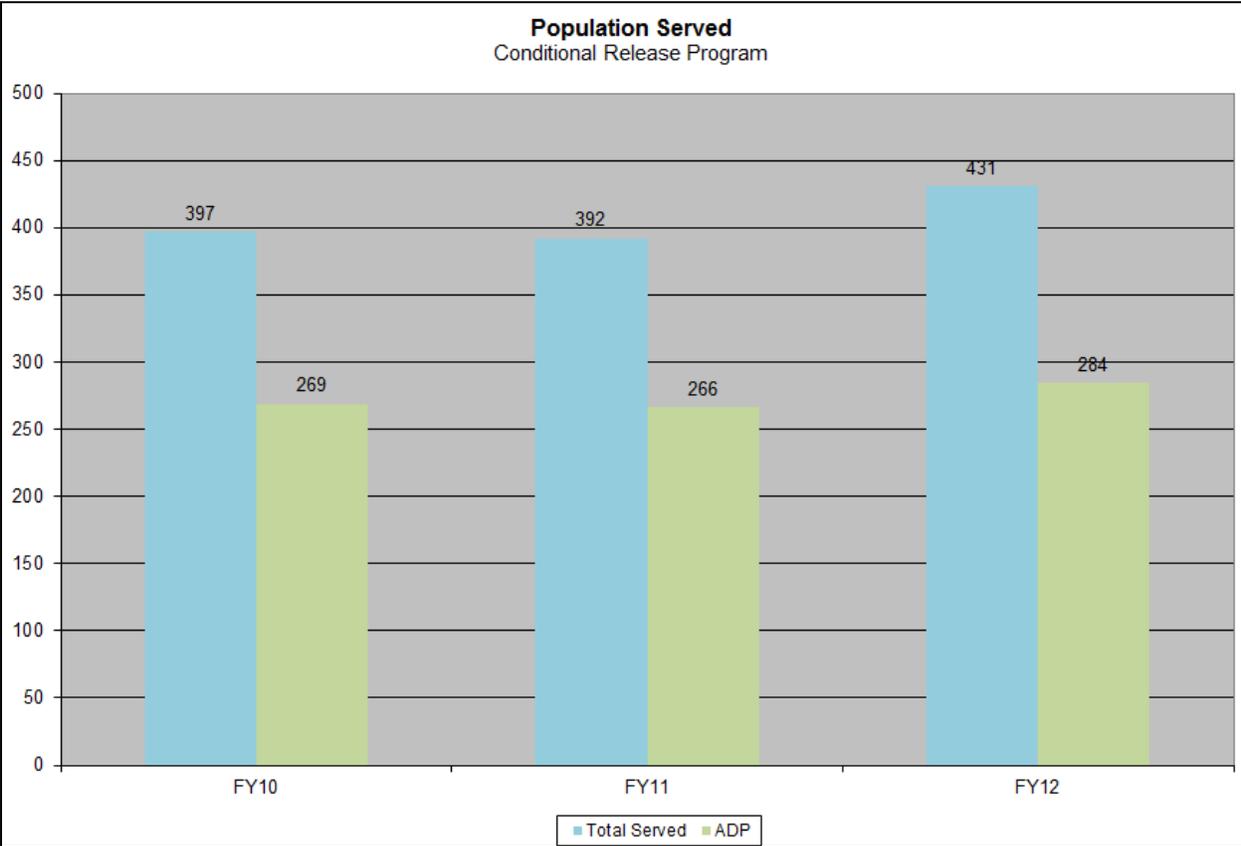
*\*within 90 days of placement*

# Summary of Conditional Release FY12 Program Data

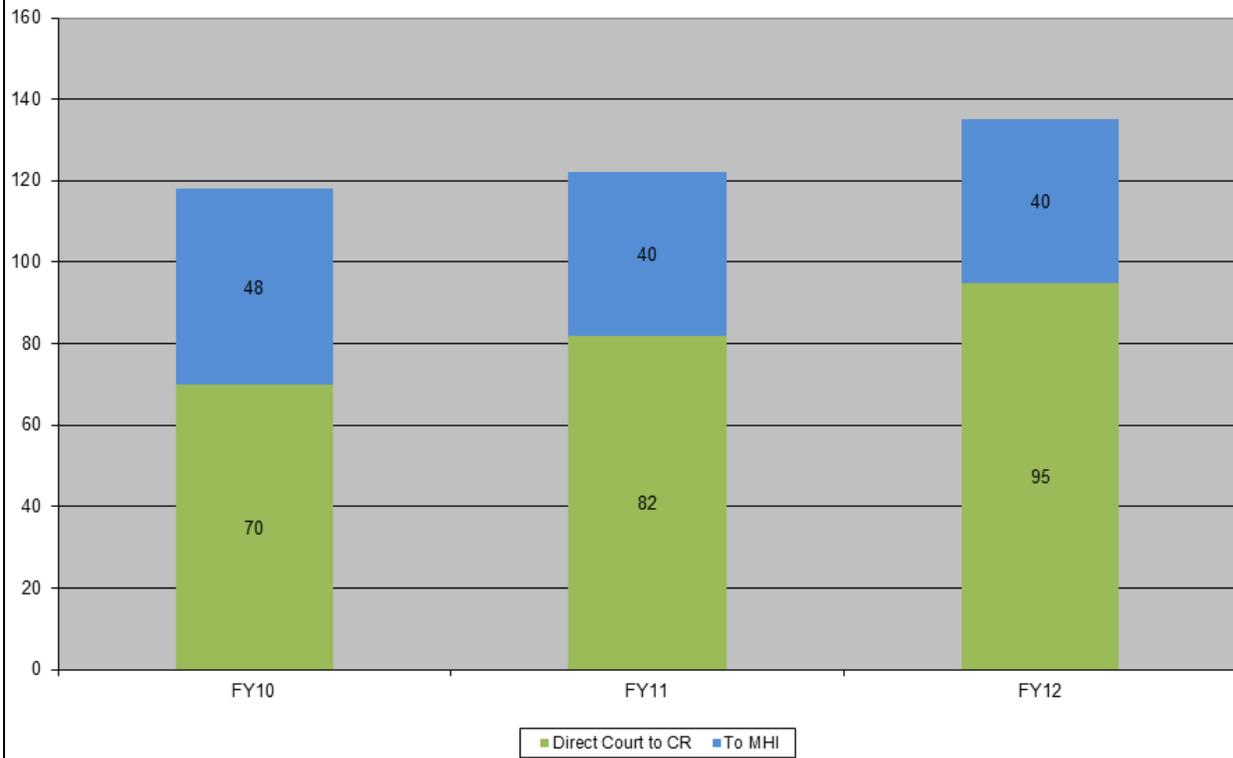
(see Appendix A on page 47 for all CR data)

	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12
Total Served	413	418	410	407	380	397	392	431
ADP	291	268	275	276	274	269	266	284
<b>New CR Placements</b>								
Number of New Placements	114	108	132	108	108	117	124	145
Direct Court	56	72	66	64	65	70	82	95
	<b>49%</b>	<b>67%</b>	<b>50%</b>	<b>59%</b>	<b>60%</b>	<b>60%</b>	<b>66%</b>	<b>66%</b>
Mental Health Institute	58	36	66	44	43	47	42	50
	<b>51%</b>	<b>33%</b>	<b>50%</b>	<b>41%</b>	<b>40%</b>	<b>40%</b>	<b>34%</b>	<b>34%</b>
<b>New NGI Commitments</b>								
Direct Court to CR	56	72	66	64	65	70	82	95
To MHI	42	54	58	39	29	48	40	40
<b>Total Admissions</b>	<b>98</b>	<b>126</b>	<b>124</b>	<b>103</b>	<b>94</b>	<b>118</b>	<b>122</b>	<b>135</b>
<b>Revocation Data</b>								
Rule/Other Violations	8.7%	10.8%	4.9%	7.6%	8.1%	10%	8%	9.7%
Nonviolent Offenses	1.5%	1%	1%	1%	1.1%	0.5%	0.25%	0.2%
Violent Offenses	0.2%	1.4%	0%	1%	0.8%	0.5%	0%	0%
<b>% Revoked</b>	<b>10.4%</b>	<b>13.2%</b>	<b>5.9%</b>	<b>9.6%</b>	<b>10%</b>	<b>11%</b>	<b>8.25%</b>	<b>10%</b>
<b>Living Situation</b>								
Independent	70%	72%	74%	74%	76%	74%	76%	78%
CBRF/Adult Foster	16%	12%	12%	12%	15%	14%	14%	13%
Supported/With Family	12%	13%	11%	11%	7%	10%	8%	7%
Other	2%	3%	3%	3%	2%	2%	2%	2%
<b>Employment</b>								
Competitive	38%	36%	34%	38%	33%	31%	29%	26%
Sheltered	10%	8%	7%	7%	9%	8%	7%	8%
Volunteer/Supportive	6%	7%	7%	6%	*	*	*	*
Not Employed/Retired	36%	30%	29%	30%	48%	53%	55%	58%
School	4%	5%	5%	6%	7%	5%	4%	5%
<b>Crime at Commitment</b>								
Felony – violent	55%	60%	55%	60%	63%	62%	58%	58%
Felony – non-violent	31%	30%	30%	31%	28%	25%	31%	34%
<b>Total Felonies</b>	<b>86%</b>	<b>90%</b>	<b>85%</b>	<b>91%</b>	<b>91%</b>	<b>87%</b>	<b>89%</b>	<b>88%</b>
Misdemeanor – violent	10%	5%	6%	2%	6%	5%	6%	8%
Misdemeanor – non-violent	4%	5%	9%	7%	3%	8%	5%	5%
<b>Total Misdemeanor</b>	<b>14%</b>	<b>10%</b>	<b>15%</b>	<b>9%</b>	<b>9%</b>	<b>13%</b>	<b>11%</b>	<b>13%</b>
<b>Diagnostic Categories</b>								
Schizophrenia	29%	28%	26.7%	29.1%	26.9%	26%	26%	28%
Other Psychotic Disorders	21.5%	22.2%	21.8%	23%	26.2%	26%	44%	40%
Mood Disorders	29%	29.9%	31.1%	29.1%	30%	30%	29%	27%
Developmental Disability	2%	2.4%	3.7%	2.6%	4.4%	2%	3%	2%
Substance Use/Mental Illness Co-Occurring	46%	40%	44.7%	44.1%	45.1%	38%	44%	45%
<b>Cost Per Client</b>								
Mental Health Institute	\$219,548	\$229,585	\$234,148	\$256,413	\$224,877	\$221,161	\$202,940	\$224,464
GPR Only Net Cost/ADP	\$15,758	\$16,623	\$17,549	\$15,504	\$13,763	\$14,528	\$12,069	\$13,068
GPR Only Net Cost/Total Served	\$11,103	\$10,658	\$11,771	\$10,529	\$9,924	\$9,844	\$8,190	\$8,611

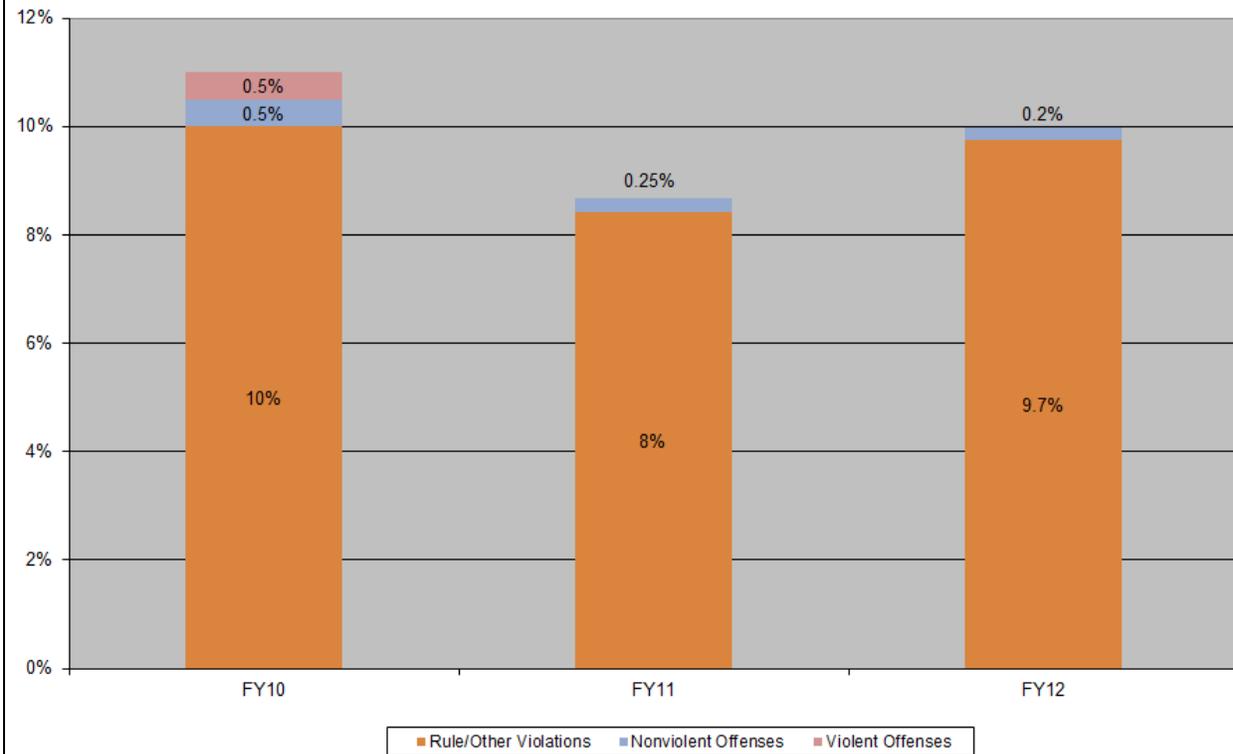
\* Note: Beginning in FY09, the category "Volunteer/Supportive" was eliminated from the employment count.



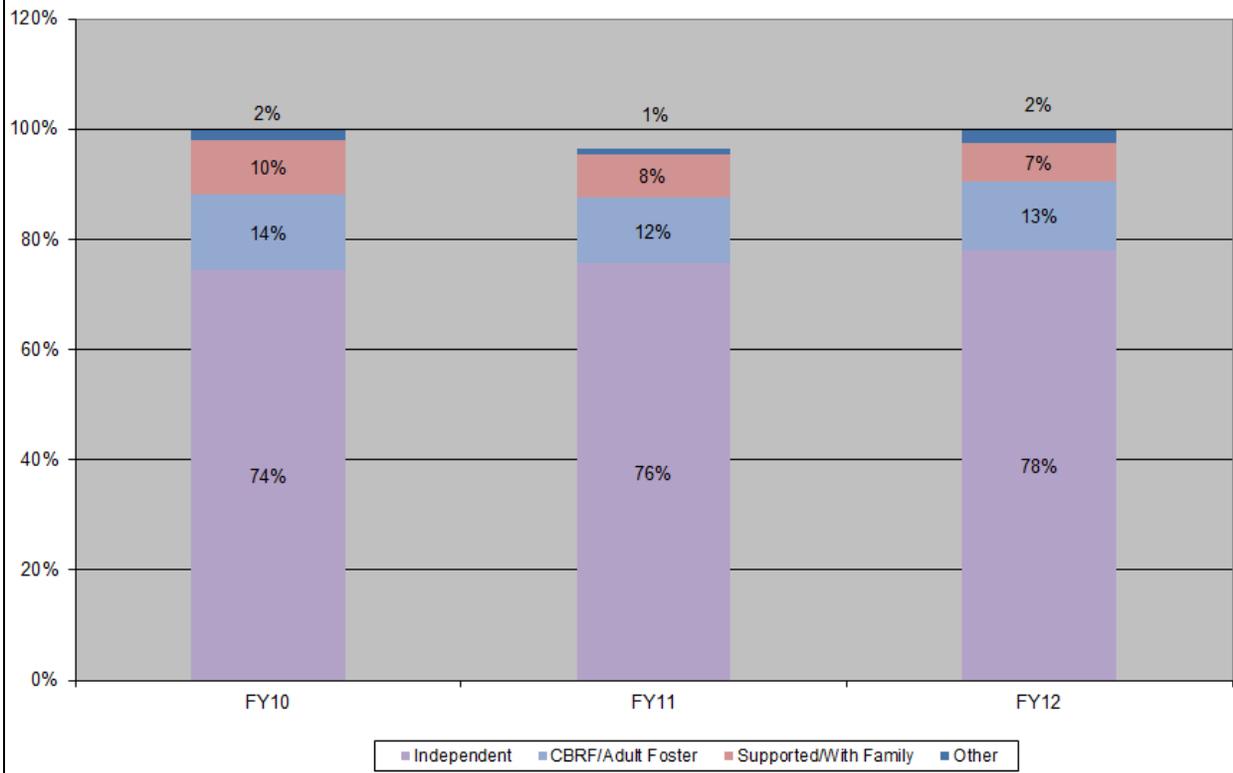
**New NGI Commitments**  
Conditional Release Program



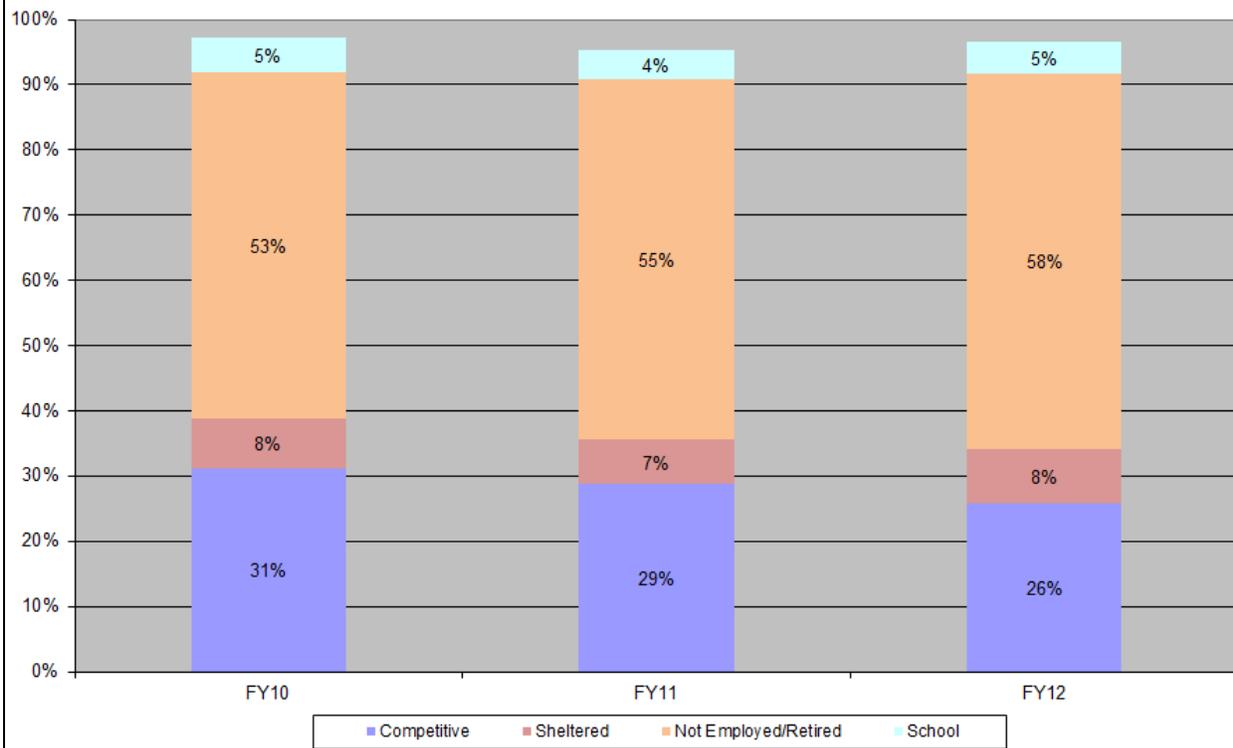
**Revocation Data**  
Conditional Release Program



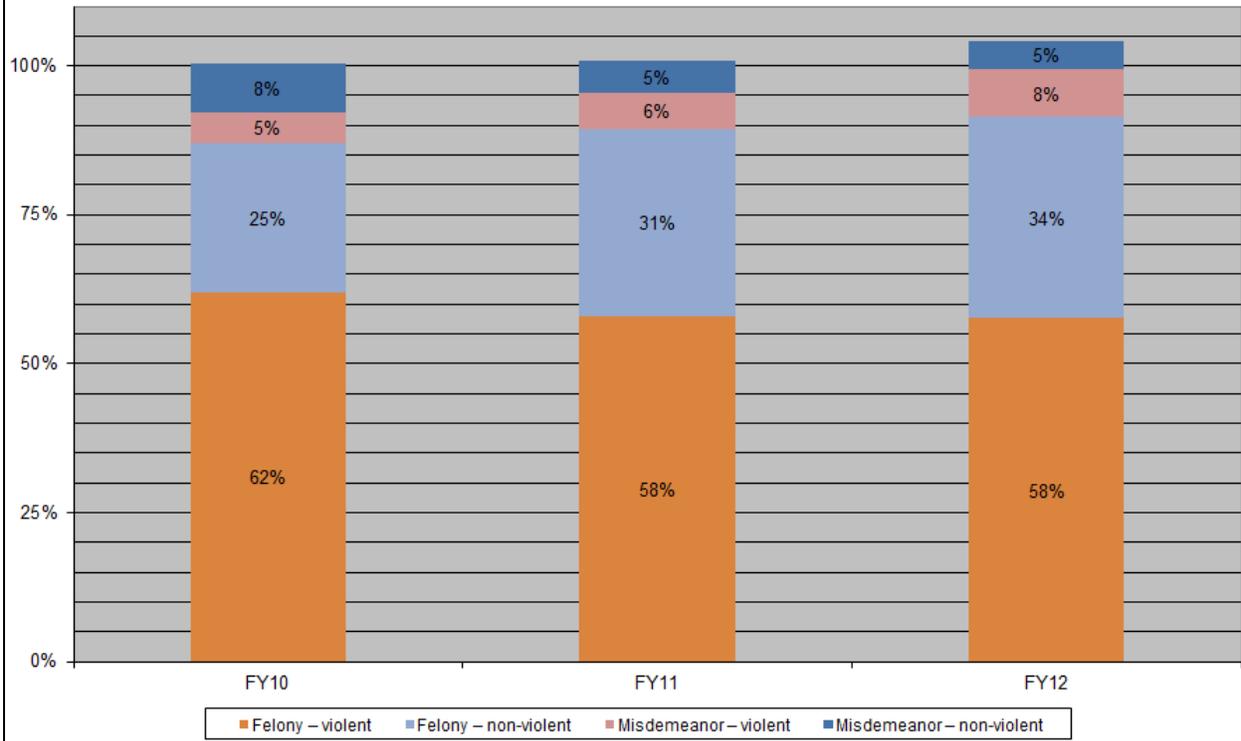
**Living Situation**  
Conditional Release Program



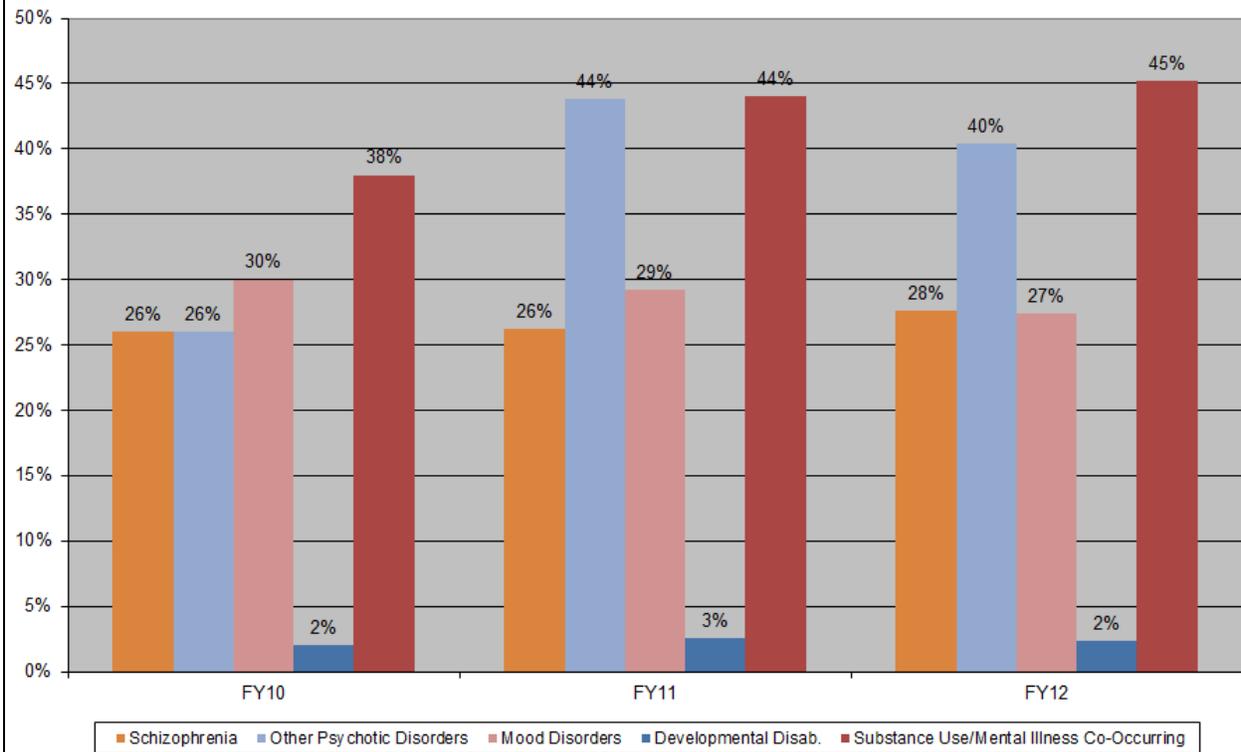
**Employment**  
Conditional Release Program



**Crime at Commitment**  
Conditional Release Program



**Diagnostic Categories of Clients**  
Conditional Release Program

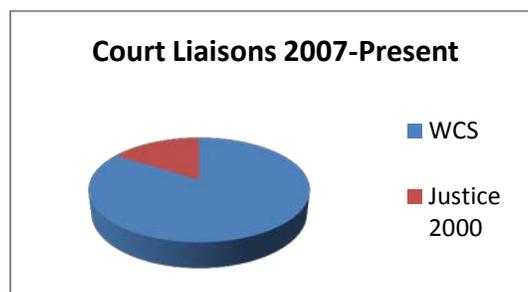
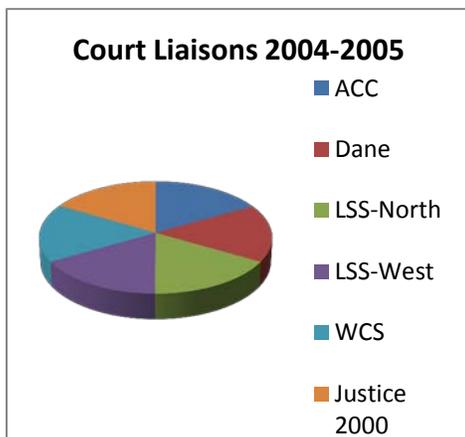


# Court Liaison Program

## PROGRAM STATEMENT

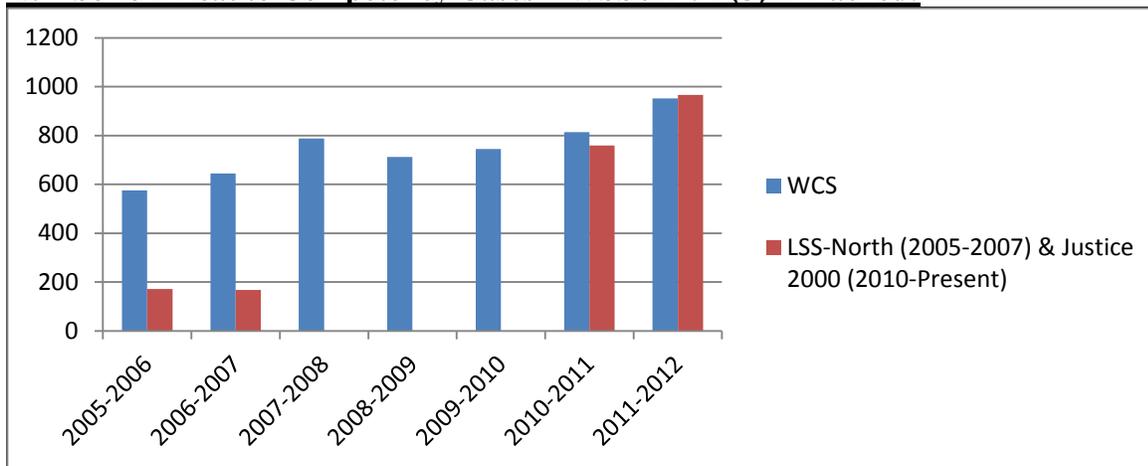
Since the inception of the Court Liaison position in 2004, there have been many modifications, advancements and new developments in the way this position is utilized by the Department of Health Services (DHS). The primary focus remains on educating and assisting the various members of the judicial system, while also serving the department's contracted service providers. Under contract with the DHS, Wisconsin Community Services (WCS) has played a major role in this effort. WCS has worked with the DHS to streamline this position, ensuring the professionals served receive consistent information regarding process and procedure, as well as providing detailed data that illustrates the cost-savings benefit this position was intended to generate for the State. Many new areas have been identified that the liaison role can have a significant impact on and ensuring that best practices strategies are being applied. Collaboration with many different service providers and stakeholders in the development of a statewide tracking system has allowed for the identification of a variety of system issues. This has enabled staff to apply evidence-based decision making strategies to address these issues.

The charts below illustrate the distribution of the Court Liaison positions around the state over the past eight years. Centralization of these duties has resulted in increased efficiency and accuracy of the data (as a result of unifying the tracking system). In addition, having a centralized point of contact has increased the liaison staff's expertise and credibility with the court system statewide.



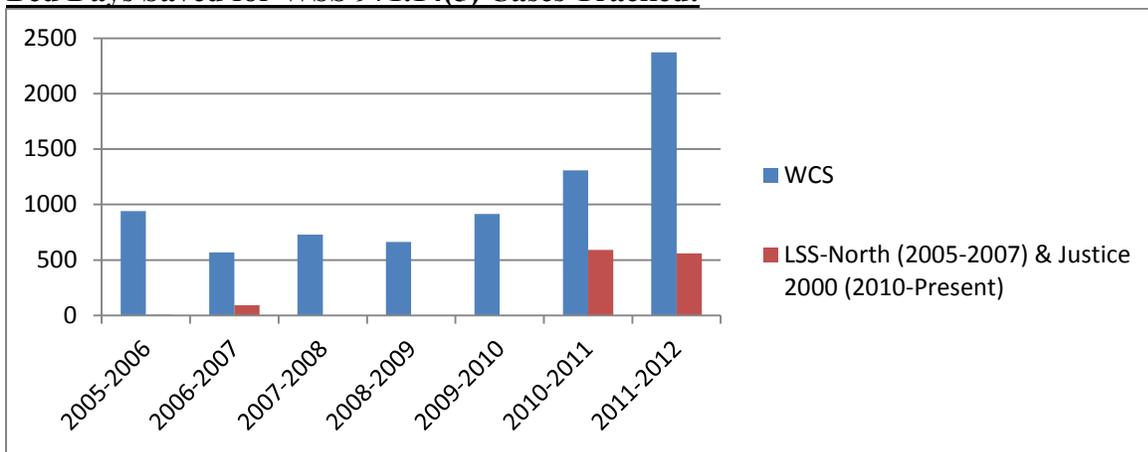
Additional benefits of having a centralized Court Liaison position are clear when the data is reviewed. WCS assisted in the development of the statewide tracking tool and they have the primary responsibility of maintaining this data collection system. This allows WCS to provide the DHS monthly data that illustrates the cost-savings benefit of the services they provide. WCS has also developed and maintains tracking tools for some of the specific phases of proceedings under WSS 971 and this has allowed them to provide the department with additional data as needed. The graphs below illustrate how the tracking system(s) evolved, as the Court Liaison position developed. As WCS gathered more information, they were able to generate more data. The data identified problem areas, which enabled the development of strategies to address them. Past success in one area prompts a review of how to duplicate the success in another process area.

**Number of Treat to Competency Cases – WSS 971.14(5) - Tracked:**

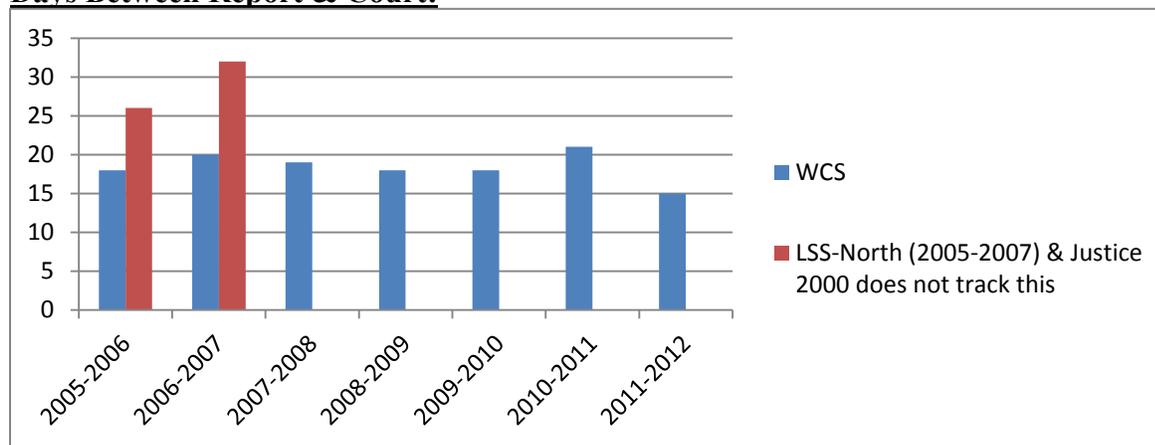


**\*\*2005-2011 WCS Court Liaison tracking statewide data (excluding Milwaukee County). In 2010 Justice 2000 began tracking and providing some data, but their number represents combined total cases tracked for 971.14(5) and 971.14(2) – competency to proceed with criminal cases - cases.**

**Bed Days Saved for WSS 971.14(5) Cases Tracked:**



### Days Between Report & Court:

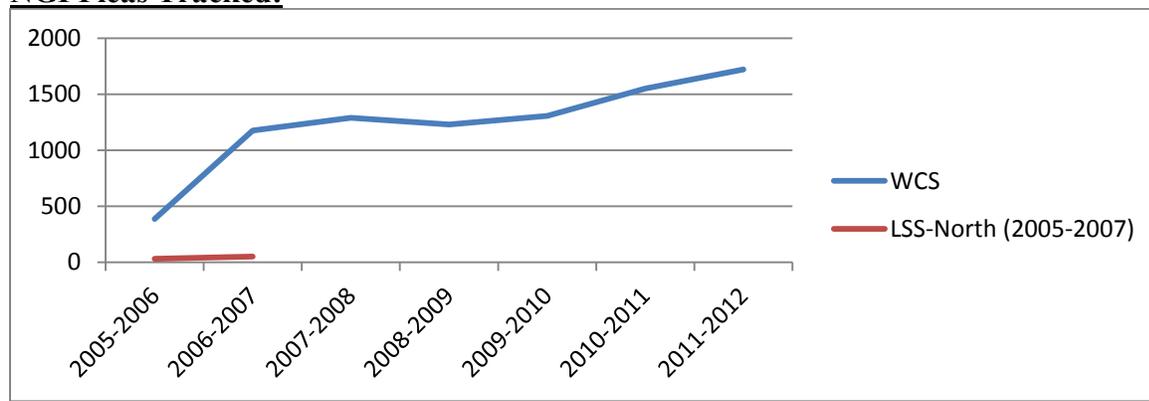


We continue to see great results in the “Bed Days Saved” category, which can be attributed to the work of all the stakeholders involved with these cases. The treatment service providers (the Mental Health Institutions (MHI’s – Mendota and Winnebago), Wisconsin Resource Center and the DHS contracted Outpatient Competency Restoration Program agency, Behavioral Consultants Inc. (BCI)) are providing quality and efficient services to the clients.

The Court Liaisons are increasing the awareness of the statutory timeframe that applies to these cases and then working with the Court staff to coordinate a hearing within this timeframe. The steady increase we have seen in this area over the past four years is a direct result of this coordinated and collaborative effort, which has created 2373 “Bed Days Saved” for the State. Despite our efforts, we continue to struggle statewide with the goal of statutory compliance with the 14 day timeframe between the report and the hearing date, which would generate an even higher cost-savings benefit if we were to achieve this. As noted in the Annual Report last year, we have identified a small number of cases that skew this data, due to lengthy delays in the second opinion process for these cases or the conversion to civil process when found Not Competent/Not Likely to regain competency. The DHS is in the process of exploring statutory language changes that could have an impact on both of these situations. Upon the request of DHS, WCS gathered additional data to support addressing these types of delays.

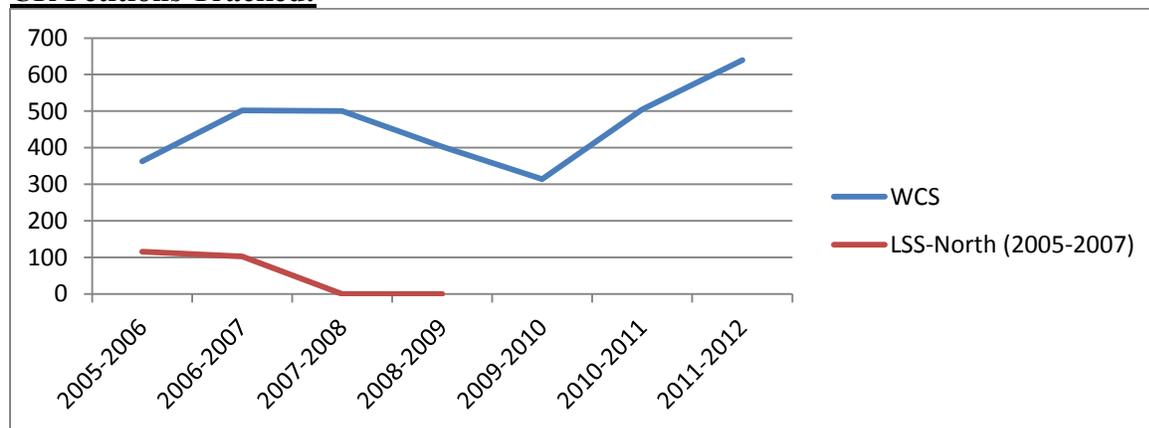
In addition to the target data represented in the graphs above for Treat to Competency cases, WCS has also tracked and provided target data for Not Guilty by Reason of Mental Disease or Defect (NGI) Pleas and Petitions for Conditional Release (CR). The number of clients tracked for NGI Pleas and CR Petitions has increased dramatically over the years, as WCS works in collaboration with BCI, the MHI’s and the CR Providers to gather more data for these categories. It is this increased communication and information sharing that has allowed WCS to gather baseline information for both of these processes, and identify the problem areas to be addressed (educating the Courts on statutory timeframes, assisting the Courts in accessing independent examiners, etc.). It also provides early notification to the CR Providers when a variety of court orders will be coming their way, ensuring timely follow-up and proper distribution of the paperwork that is needed.

### **NGI Pleas Tracked:**



**\*\*2005-2007 LSS-North was maintaining separate tracking, and then WCS assumed statewide tracking for this area. The substantial increase in the number of cases tracked from 2005-2006 to 2006-2007 is a result of establishing a notification system of these cases from the Clerk of Court offices and some independent examiners around the state.**

### **CR Petitions Tracked:**



**\*\*2005-2007 LSS-North was maintaining separate tracking, and then WCS assumed statewide tracking for this area.**

This past year WCS started to take a closer look at the CR Petition process, and added additional data categories to assist DHS in identifying potential problem areas. The Court Liaisons developed an internal tracking process with the support of DHS and provided education and training to the MHI Social Workers and CR Case Managers on their roles in this process. WCS also provided education to the Courts on the statutory timeframe which applies to this process, and made them aware of DHS's increased focus on this area. WCS worked with the MHIs to develop a fax cover sheet, which would be used to "flag" the attention of the Court, to respectfully make them aware there is a statutory timeframe that applies to CR Petitions (there was a similar fax cover sheet developed for 14(5) cases).

WCS also started tracking Competency Evaluation cases under WSS 971.14(2) as a proactive measure to monitor proper and efficient processing of these types of cases. As of 6/30/12 DHS had 81 open cases, and 267 closed on our tracking. Adding this category to our tracking allows us to be more aware of and more closely monitor these cases. This has already proved to be beneficial in assisting the contracted competency evaluation agency, Wisconsin Forensic Unit, and the MHI's to proactively manage these cases. This has resulted in reduced delays in facilitating an inpatient exam when necessary and transitioning a client from 971.14(2) to 971.14(5) statutes in a more-timely manner.

## **Court Liaison Program FY12 Goals**

***1. Continue to provide training/refreshers 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.*** In FY 2011-2012 training sessions were provided to Sheboygan County Judges, St. Croix County Clerk of Court and Judges, District 2 Judges (Kenosha, Racine and Walworth), Racine County Clerks, Milwaukee County Clerks. In addition, training was provided to the Social workers at Mendota and Winnebago Mental Health Institutions. Reference materials were provided to the following counties: Wood, Winnebago, Brown, Sawyer, Taylor, and Polk. WSS 971.14(2) tracking was added this past year and an internal CR tracking process was developed and implemented. Additional tracking/data categories for this group were also added.

***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.*** The distribution list for this continues to grow as more members of the Judicial System become aware of it and we continue to receive supportive feedback regarding the quality of the content.

***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.*** The WCS Court Liaison presented at the Clerk of Court Association summer conference in June 2012 with WCS' Court Services Administrator who presented information about the SCRAM (alcohol use detection device) services that WCS utilizes.

***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.*** In FY12, WCS was reconstructing the website design. This goal will be continued in FY13.

***5. Average 100 "Days Saved" per month on 971.14(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.*** WCS continues to create a substantial cost savings to the state in this area, averaging 198 Bed Days Saved per month. On the other hand, we continue to struggle with complete compliance with the 14 day statutory timeframe for these proceedings. As noted earlier, there continues to be a very small number of cases that lengthy delays due to challenged reports and/or Not Competent/Not Likely findings. However, the majority of cases are being processed at or below the timeframe allowed, which has resulted in reaching the lowest monthly average in this area since the Court Liaison position began to track this data, averaging just 15 days Between the Report and Court Date on this cases.

## **Court Liaison Program FY13 Goals**

1. Continue to provide training/refresher sessions, case consultations and reference materials (including the DHS Forensic Newsletter), and 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.
2. Continue to create cost savings in processing cases under WSS 971.14(5), and continue to develop and implement strategies that will create a cost savings in the CR petition process under WSS 971.17(4).
3. Develop and implement a “Court Liaison Services” link online. 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.
4. Revise and distribute the Customer Satisfaction Survey.
5. Work in collaboration with the previous contracted provider for the Milwaukee County Forensic Tracking, and ensure a seamless transition of quality service delivery. Develop and implement proactive strategies to ensure accurate and timely data and reporting for this program, and explore ways to create cost savings for Milwaukee County and the DHS.

<b>Contact Information:</b>
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Adam Oldenburg, (414) 750-3519, Fax: (414) 223-1335, <a href="mailto:aoldenburg@wiscs.org">aoldenburg@wiscs.org</a>
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# **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.

## **RESULTS**

The department completed a total of 1,167 evaluations between July 1, 2011 and June 30, 2012 (an 8% increase over FY11's 1,071 evaluations). Of this total, 95% were conducted in the community and 5% at the Mental Health Institutes.

## **SUMMARY**

The Outpatient Competency Evaluation Program began on January 1, 2002 with the anticipation that 75% of competency examinations could be done on an out-of-institution basis. The data indicates that since the program's inception, over 90% of the defendants have been able to be successfully examined in the community. The program continues to significantly exceed 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 DHS 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 continue to give very favorable reviews proves the fact that the Outpatient Competency Evaluation Program continues to be working well.

The data continue to indicate the findings for defendants found competent and the percentage of individuals found incompetent remains within the national average. In this fiscal year, 35.2% of defendants were found incompetent compared to 31.7% in the previous fiscal year. There was a 23% increase in the admissions for treatment to competency from 167 defendants in FY11 to 217 in FY12.

# OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

JULY 1, 2011 - JUNE 30, 2012

## Disposition of Evaluations

	#	%
Competent	658	59.40%
Incompetent	390	35.20%
Inpatient 2nd Opinion	4	0.40%
Inpatient Refusal	6	0.50%
Inpatient Clinical	0	0.0%
Undetermined	50	4.50%
<b>Total</b>	<b>1108</b>	<b>100%</b>

## Demographics

<b>Gender</b>	#	%
Male	917	82.80%
Female	191	17.20%
<b>Total</b>	<b>1108</b>	<b>100%</b>
<b>Ethnicity</b>	#	%
American Indian	15	1.40%
Asian	15	1.40%
Black	337	30.40%
Hispanic	41	3.70%
Caucasian	652	58.80%
Other	1	0.10%
Not Specified	47	4.20%
<b>Age</b>	#	%
<21	159	14.40%
21-30	339	30.60%
31-40	205	18.50%
41-50	201	18.10%
51-60	149	13.50%
61-70	38	3.40%
70+	17	1.50%
<b>Multiple Exams/Same Person</b>	#	%
	78	

# **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. The DHS believed there were a number 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 Mental Health 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 FY12 (June 30, 2012), the program served a total of 109 defendants not including 40 that were found inappropriate for restoration in the community or 33 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 23 counties (Dodge, Milwaukee, Ozaukee, Sheboygan, Waukesha, Racine, Manitowoc, Dane, Fond du Lac, Lafayette, Walworth, Washington, Winnebago, Price, Outagamie, Grant, Brown, Jefferson, La Crosse, Monroe, Portage, Wood, Rock). At the end of FY12, 59 defendants had been treated. As of June 30, 2012; 17 of those who were still in active treatment and 29 had been discharged from the program.

The treatment outcome for those 29 defendants who were discharged; 76% (22 defendants) were found competent to proceed with their criminal cases and 24% (7 defendants) were referred to an inpatient facility.

The average length of time to treat these defendants in the community to become competent to proceed with their court cases was 100 days at a cost of \$18,807 per defendant (total program cost of \$413,761 divided by 22 made competent). This compares with an average length of stay of 77 days at a cost of \$47,971 for defendant's 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.

17 WRC inmates were treated to competency during FY 2012. This is a viable option as it allows the inmate to continue to be in a secure correctional type environment and preserves inpatient beds to be used for other forensic services at the Mental Health Institutes.

### **Outpatient Competency Restoration FY13 Goals**

The Outpatient Competency Restoration Program will focus on two issues in fiscal year 2013:

- Develop a process to reduce the time frame from when a court issues an order for treatment to competency and the Outpatient Competency Restoration Program enrolls the defendant into the program.
- Identify judicial areas outside of the current OCRP catchment area that would best be served by future program expansion.

# Opening Avenues to Reentry Success (OARS)

## INTRODUCTION

The OARS program, modeled after the DHS Conditional Release Program, is a joint venture between the State of Wisconsin's Department of Corrections (DOC) and Department of Health Services (DHS). The purpose 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 seriously and persistently 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.

While the primary focus of the OARS program is to enhance community safety by way of incorporating individualized, comprehensive treatment and specialized supervision, the program is also likely to demonstrate substantial cost savings. Providing these individuals with intensive and effective transitional services for up to two years after release from prison the cost savings is substantial, in comparison to the average costs associated with incarceration. The FY 12 average annual cost to incarcerate a general population inmate is approximately \$33,221. The FY 12 average annual cost to incarcerate a mentally-ill inmate at the Wisconsin Resource Center is approximately \$136,427. There are also significant benefits for the individual offenders' in terms of offering them the support they need to successfully reintegrate into society.

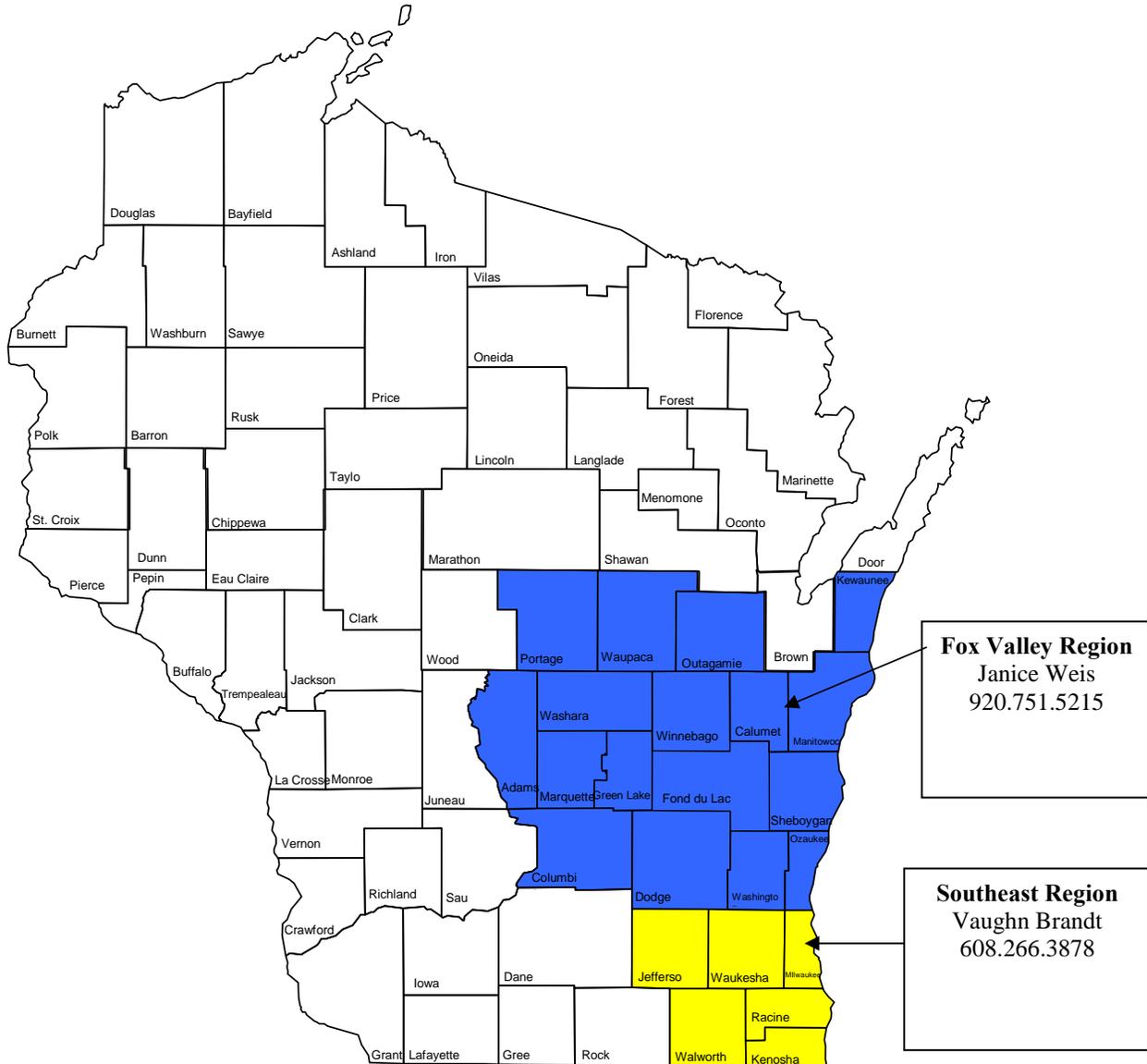
OARS team members carefully manage risks by employing evidence-based practices such as targeting high-risk and high-need offenders; emphasizing medication compliance; utilizing person-centered, strengths-based, and motivational interviewing approaches; and drawing upon a hybrid of other proven program 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's second year of operations and presents goals and initiatives for the coming year. For optimal effectiveness, services for this population must be well-coordinated through a seamless service delivery system. Therefore, this report also highlights information from the DOC, Division of Community Corrections (DCC), Wisconsin Resource Center (WRC), Wisconsin Women's Resource Center (WWRC), Robert E. Ellsworth Correctional Center (REECC) and Taycheedah Correctional Institute (TCI), as well as the DHS contracted case management service providers.

# Opening Avenues to Reentry Success

## PROGRAM COVERAGE MAP



### 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.

# Opening Avenues to Reentry Success

## PROGRAM ACCOMPLISHMENTS - FY12

During the second year of operations, the OARS program accomplished many tasks and finalized the program policy and procedure manual. The institutions, agencies, and staff supporting the OARS program are committed to the program mission and vision. The two 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, have a long-standing history of providing services within the DHS Conditional Release Program. Both agencies have expanded their scope to address the unique challenges presented by the OARS population. After two years of operating and serving many participants, the multi-disciplinary teams have developed creative ways of working together to address the needs of the population.

### **Institution Highlights:**

- Wisconsin Women’s Resource Center (WWRC) and Robert E. Ellsworth Correctional Center (REECC) joined WRC and TCI as institutions working with the OARS Program;
- Approximately 35% of OARS participants have engaged in pre-release institutional AODA or Dual Diagnosis treatment programming;
- Refined internal institution processes for identifying potential OARS candidates and accurately screening them for program eligibility;
- Encouraged all program participants to engage in and complete the identified pre-release curriculum programming available at each institution.

Institution	% of institution enrollees who <u>participated</u> in pre-release curriculum	% of institution enrollees who successfully <u>completed</u> the designated pre-release curriculum	% of institution enrollees that <u>participated</u> in the Applying Wellness and Recovery Program (AWARE) <u>WRC; WWRC ONLY</u>
TCI (women)	81%	6%*	N/A
REECC (women)	100%	0%*	N/A
WWRC (women)	34%	0%*	67%
WRC (men)	72%	50%	70%

OARS program participant involvement in pre-release curriculum classes and treatment opportunities remains a priority for the institutions and the OARS program. The OARS program supports the institutions in their efforts and strategies for providing increased opportunities and encouragement to OARS participants to engage in these pre-release treatment programs and classes.

*\*It is important to note that many inmates are not able to complete designated pre-release curriculum due to program availability, scheduling issues, and in some instances, behaviors or internal motivation.*

### **Fox Valley Region Highlights (ACC):**

- Partnered with Sheboygan County to provide Dual Diagnosis treatment that promotes recovery through hope, healing, and empowerment groups to program participants;
- Explored and created opportunities to offer peer support to program participants;
- Provided education and team building efforts to area CBRF's;
- Implemented monthly Motivational Interviewing skill-building exercises for the OARS case management team, in an effort to support and embrace the importance of on-going practice and professional enhancement.

### **Southeast Region Highlights (WCS):**

- Developed a pre-release assessment process including a pre-release interview questionnaire to assist case managers in obtaining significant participant information and formalizing essential treatment information and risk factors into one comprehensive document;
- Established incentive programs to motivate participants to avoid problematic behaviors and to follow through on positive behaviors;
- Expanded community resources (in all service areas) and developed relationships with new provider agencies;
- A cognitive restructuring group was developed by Traci Gauthier, MS, LPC, SAC at Unlimited Potential, designed specifically for OARS participants, which incorporates DBT and *Thinking for a Change*;
- Collaborated with Milwaukee County's Mi-LINC program to serve women with substance abuse issues being released from TCI.

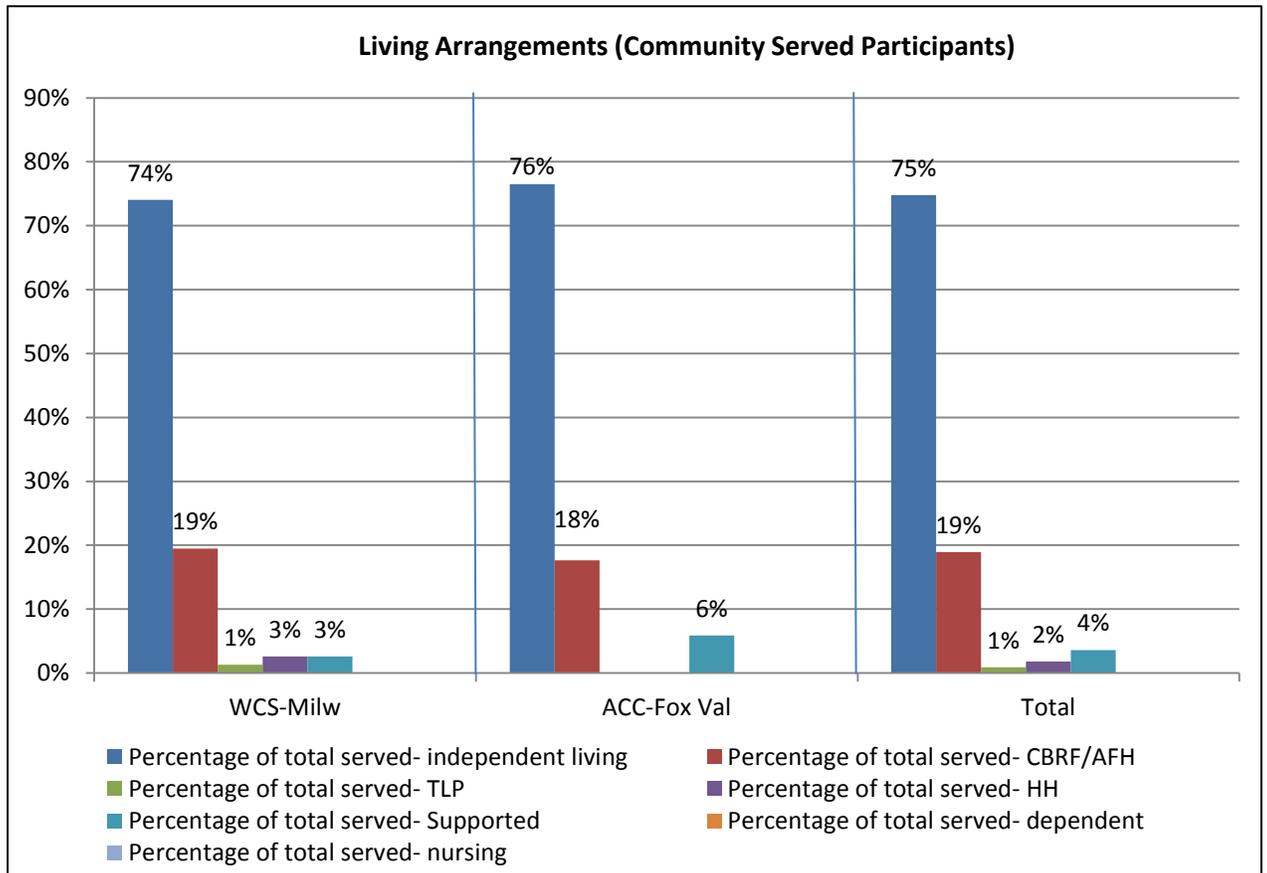
### **OARS Program Highlights:**

- Focused on enhancing the opportunity for eligible inmates to participate in the program by lowering the costs associated with serving each individual;
- Completed and distributed OARS program manuals to all stakeholders and staff;
- Partnered with WRC to offer an NIC grant funded *Thinking for a Change* facilitator training to select staff associated with ACC and WCS, in an effort to enhance cognitive behavioral strategies for working with this population;
- Organized training and educational opportunities for OARS program staff, including: Person Centered Planning (PCP), Trauma Informed Care, and Sex Offender Supervision;
- Worked with the contracted case management agencies to educate community organizations about the OARS program in an effort to build resources and treatment opportunities for the program participants.

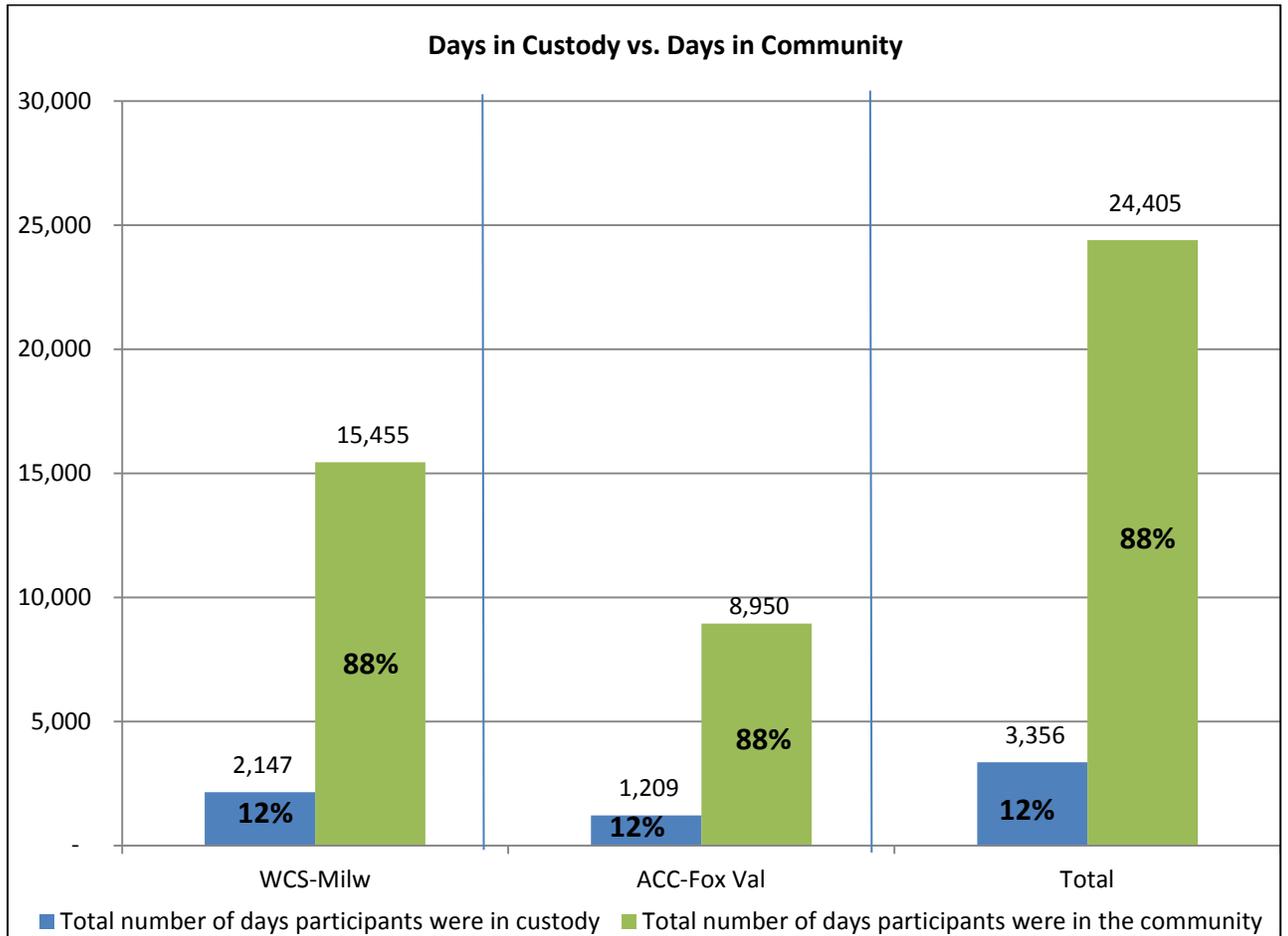
### **OARS Program Data Highlights:** *(please see data section for more details)*

- The program provided services to 142 participants, of which 111 participants were served in the post release phase
- 61% of participants were referred to the program with a high risk rating, based on DOC assessment tools
- 97% of participants had a primary major mental health diagnosis
- 75% of participants suffered from a diagnosed co-occurring substance use disorder
- 72% of participants were diagnosed with a co-occurring Axis I major mental illness and an Axis II personality disorder
- 21% of participants were subject to sex offender supervision rules

- 4% were convicted of a new crime during their enrollment in the program
- 66% of post release participants were receiving SSI and/or SSDI benefits
- 87% of post release participants were receiving Food Share
- 2% of post release participants were receiving benefits through Family Care
- 75% of participants resided in independent living during the majority of the post release phase (See bar graph below for more information)
- 19% of participants resided in a CBRF or Adult Family Home throughout the majority of the post release phase

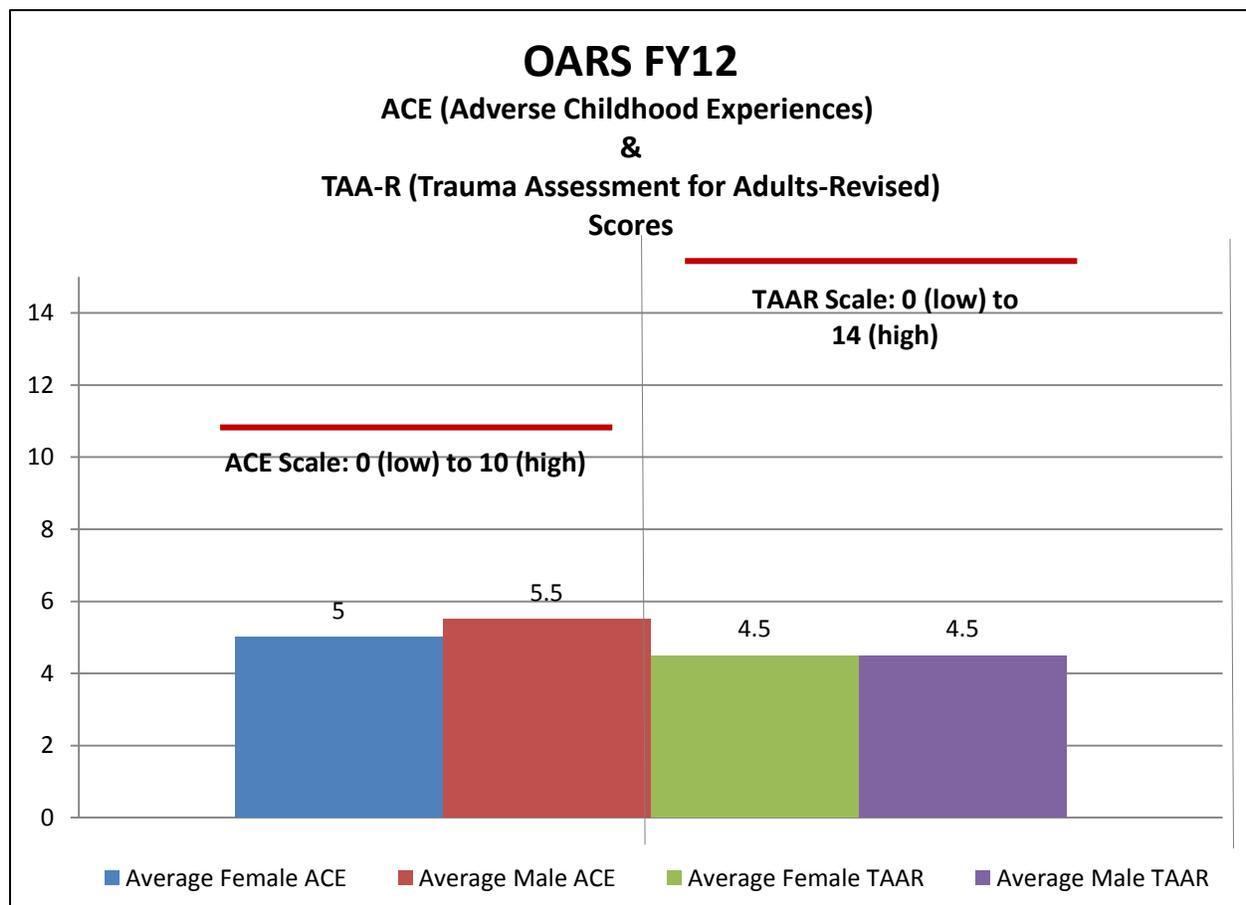


- During the post release phase, OARS participants spent 88% of their time in the community vs. 12% of their time in custody



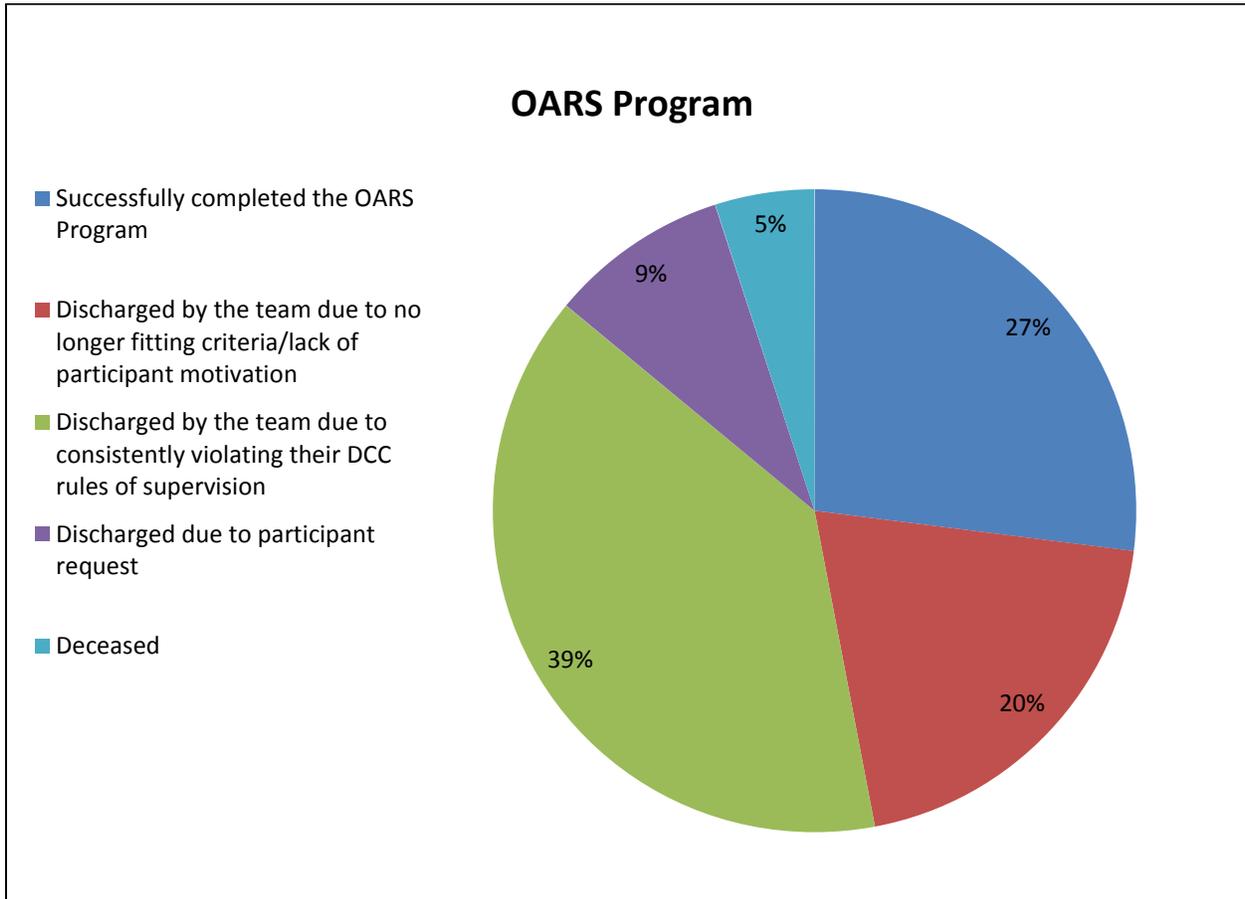
As part of a larger Trauma Informed Care initiative, the OARS program utilizes two trauma screening tools: The Adverse Childhood Experiences (ACE) and Trauma Assessment for Adults-Revised (TAA-R).

These screening tools are administered by the OARS case manager in the pre-release and post release phases. Screening provides an opportunity to enhance the professional working relationship, reduce the stigma and silence surrounding traumatic experiences, and to recognize many ‘problem’ behaviors as coping strategies. Initial results from these tools indicate a significant degree of trauma history in both the male and female populations served.



**Program Discharges (see pie chart below for more details):**

- 27% of participants successfully discharged from the OARS program
- 39% discharged due to consistent violations of their rules
- 20% discharged due to team decision (primarily due to lack of motivation and meaningful follow through)
- 9% discharged due to participant request
- 5% passed away while in the program (both instances were due to physical health conditions)



# Opening Avenues to Reentry Success

## FY12 OARS Data

	WCS-Milw	ACC-Fox Val	Total
Total Served, eliminating transfer duplication, pre & post	96	46	142
ADP	54	25	79
<b>Admissions to OARS Program</b>			
Pre-release as of 6/30/2012	14	9	23
Post-release as of 6/30/2012	52	24	76
<b>New Admissions Release Origin</b>			
WRC	18	16	34
	50%	67%	45%
WWRC	2	1	3
	6%	4%	4%
TCI	16	7	23
	41%	29%	30%
<b>Living Situation</b>			
Independent	57	26	83
CBRF/Adult Family Home	15	6	21
Transitional Living Placement (TLP - DOC funded)	1	0	1
Halfway House (HH - DCC funded)	2	0	2
Supported Apt./Living	2	2	4
Dependent w/family, Nursing Home/Health Care Facility	0	0	0
WRC/WWRC/TCI awaiting placement on 6/30/12	14	9	23
<b>Employment</b>			
Competitive	7	5	12
Sheltered/Supportive	0	2	2
Pre-employment training/DVR	0	6	6
Unemployed - seeking employment/Laid off	18	2	20
Unemployed - currently unable to work	3	3	6
Unemployed - disabled or unwilling to work	45	15	59
School/Other educational, Retired, Unknown	4	2	6
<b>Diagnostic Categories</b>			
Schizophrenia	16	4	20
Other Psychotic Disorders	23	8	31
Mood Disorders	30	13	43
Anxiety Disorders	8	6	14
Percentage of total population with co-occurring diagnosis	77%	68%	74%
Percentage of total population with co-occurring axis II diagnosis	66%	85%	72%
DOC Mental Health Code 2A	87	41	128
DOC Mental Health Code 2B	9	5	14
<b>Crime at Sentencing</b>			
Percentage of total served - violent felony committing offense	47%	44%	46%
Percentage of total served - nonviolent felony committing offense	36%	41%	38%
DOC Risk Assessment Rating – Medium	37	18	55
DOC Risk Assessment Rating – High	59	28	87
<b>Percentage of total served revoked</b>	5%	0%	4%
<b>Total offenders placed in short-term hospitalization (WRC/TCI, community)</b>	9	11	20
Percentage of total	12%	32%	18%
<b>Percentage of population approved for SS benefits as of 6/30/2012</b>	66%	67%	66%

# Opening Avenues to Reentry Success

## REVIEW OF FISCAL YEAR 2012 GOALS AND INITIATIVES

**Goal:** 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.

**Outcome:** Achieved

The OARS Program Specialists and contracted case management providers worked diligently to refine the data definitions and data collection process during the early months of FY 2012. This goal will require regular review as the program evolves in the coming years.

**Goal:** To complete and distribute the OARS program operations and procedures manual.

**Outcome:** Achieved

The OARS implementation team members (includes DHS and DOC administrative staff, the case management provider agencies, institution leadership, DCC leadership, and an attorney advocate from Disability Rights Wisconsin) participated in the development of the OARS program operations and procedures. The manual was developed and finalized by the DOC Disabilities Reentry Coordinator, DHS Community Forensics Director, and DHS OARS Program Specialists. Manuals were distributed to program staff and stakeholders in March 2012. Revisions to the OARS manual will occur as the program model is further refined.

**Goal:** 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.

**Outcome:** Ongoing

DHS OARS program staff engaged in discussions with the OARS contracted case management providers early in fiscal year 2012 to discuss the advantages and disadvantages of utilizing a service agreement within the program. In July 2012, the agreement between DHS and the contracted case management providers contained guiding language requiring the agencies to develop a service agreement and internal utilization process, with the offer of support and assistance from the DHS OARS Program Specialists.

**Goal:** To identify a comprehensive trauma assessment tool for use within the program. To research and improve access to trauma treatment services in institutions and the community.

**Outcome:** Achieved

In May 2012, the OARS program began utilizing two self-screening trauma tools: the Adverse Childhood Experiences (ACE) and Trauma Assessment for Adults-Revised (TAA-R). These screening tools improve awareness on the prevalence of trauma among this target population. These tools also increase the opportunity for case managers to build rapport, see the whole person, and connect program participants with treatment services to aid in their recovery.

**Goal:** 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.

**Outcome:** On-going

Administrative staff supporting WWRC, TCI, DOC, and DHS are working together to develop a mental health ATR program for Wisconsin female offenders.

**Goal:** 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.

**Outcome:** Achieved

The DHS OARS and Conditional Release programs partnered to offer Person Centered Planning (PCP) training. In addition, the OARS Individualized Case Plan (ICP) was modified to include Person Centered Planning and Motivational Interviewing concepts to increase opportunities for the OARS teams to better employ techniques in the field with OARS program participants.

**Goal:** To provide sex offender supervision training to DHS contracted OARS case management agency staff and improve understanding of sex offender rules and restrictions.

**Outcome:** Achieved

DHS, in partnership with DOC, coordinated two regional sex offender supervision trainings. The OARS case managers and DCC agents are encouraged to continue asking proactive questions and keep open dialog with regards to the supervision and coordinated Individualized Case Planning for sex offenders enrolled in the OARS program.

# Opening Avenues to Reentry Success

## FY 13 GOALS AND INITIATIVES

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

1. The DHS OARS program contracted case management agencies will incorporate monthly case management Motivational Interviewing (MI) skill building activities and peer learning groups.
2. The DHS contracted provider case management agencies will utilize trauma self-screening tools with OARS program participants in an effort to promote a culture of Trauma-Informed Care. DHS Program Specialists will work with the contracted case management agencies to develop a data tracking mechanism for annual reporting purposes.
3. The DOC Disabilities Reentry Coordinator will work with DCC and DHS to increase accessibility and ability for DCC OARS agents to conduct urinalysis screens among the program participants that struggle with addiction.
4. To work with the DHS contracted provider case management agencies, OARS institution staff, DCC, and DOC to refine the existing program design in an effort to improve the quality and fidelity of the program.
5. To offer Smoking Cessation training to OARS program staff and explore this practice as an initiative to adopt in FY 2014.
6. To collaborate with the Women's Wisconsin Resource Center (WWRC) and Taycheedah Correctional Institution (TCI) to develop an institution-based Alternative to Revocation (ATR) with a focus on psychiatric stabilization and symptom management for the female OARS population.
7. To partner with the DHS OARS contracted case management providers to develop a method of coordinating costly treatment and housing services for the OARS population utilizing a service agreement with subcontracted provider agencies.
8. To develop a participant satisfaction survey for use following discharge from the program.

# Opening Avenues to Reentry Success

## SUMMARY AND CONCLUSIONS

In the second year of operations the OARS Program staff throughout the service delivery system found numerous ways to coordinate between one another to accurately identify and address the profound needs of the population served. 142 individuals were served in the program, a 61% increase from the first year, with many successful outcomes. Addressing the increasing population allowed all team members to find a rhythm and flow to their communication between one another, identify additional resources, and to better understand and address the unique challenges inherent in the population. The OARS Program Manual was also completed early in FY12 through a multidisciplinary collaboration between stakeholders.

The institution staff refined their referral and treatment services, case management providers enhanced their engagement strategies with the participants and found creative ways of addressing concerns following release, and the community corrections agents found the additional collateral support and options provided through the program to be invaluable to enhance community safety and address situations as they arose.

As the OARS Program continues, further refinements and systems integration will be ongoing, but these adjustments will be minor in comparison to the first two years of program creation and implementation. The DOC and DHS institutions, DHS contracted providers, DCC agents, and DOC representatives have developed a solid baseline for collaboratively addressing the needs of the population.

Some lessons learned in the second year of operations include: 1) the importance of intensive pre-release reach in efforts and comprehensive treatment planning; 2) the significance of trauma histories inherent among the participants; 3) the challenges presented by the severe Axis II diagnoses present in the majority of the population; and 4) the importance of monitoring and proactively addressing participant follow through and motivation as a multidisciplinary team. These topics will continue to be collaboratively discussed and addressed by program stakeholders as the program continues to operate.

The evaluation of the program's success remains a work in progress, and the overarching theme of community safety continues to be the primary focus for all team members. While 27% of the discharges in the second year of the program were considered to be successful program completions, there were many other marks of success reflected in the individual cases that resulted in custodies and revocations. Treatment success for high risk, dually diagnoses individuals also takes time and can be a difficult outcome to measure. As such, the safety of the participants and the community truly is the benchmark of success for this population.

In October 2012, the WI DOC published a project titled, "*Recidivism after Release from Prison*". This provides data related to the general population DCC offender during a three year post release period. The WI DOC also plans to provide baseline data of the target OARS population, in an effort to utilize an accurate benchmark in evaluating program effectiveness in the future. The OARS Program continues to collect data, and while initial data highlights show promising results, it is anticipated that a meaningful comparison of recidivism with other corrections populations will be reviewed when the longitudinal data and sample population is statistically significant.

# Community Forensics Services

## ANNUAL REPORT SUMMARY

The DHS Community Forensic Services programs are committed to enhancing community safety and assisting Wisconsin's judiciary in the efficient and effective processing of forensic cases in the criminal justice system.

The Department's forensic programs continue to seek improved methods to achieve their individual program missions. It is imperative that program enhancements address issues central to their mission and that initiatives are measurable in order to gauge their effectiveness.

In recent years, a number of evidence based practices in the field of community forensics have demonstrated their value in reducing recidivism rates and promoting long term positive community reintegration.

Wisconsin's criminal justice system has engaged a number of these best practices ranging from specialized courts for substance abusers and veterans to training probation and parole agents in Motivational Interviewing techniques. These developments hint of a paradigm shift from a compliance model in working with individuals in the criminal justice system to a change model.

The utilization of these and other - proven to be effective - approaches are providing hopeful new pathways to making our communities safer, reducing jail, prison and mental health institution populations and saving tax dollars.

The Department of Health Services, Community Forensic Services, remain committed partners in these important endeavors.