



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, 2012 – JUNE 30, 2013  
(FISCAL YEAR 13)

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# Conditional Release Program

## PROGRAM STATEMENT

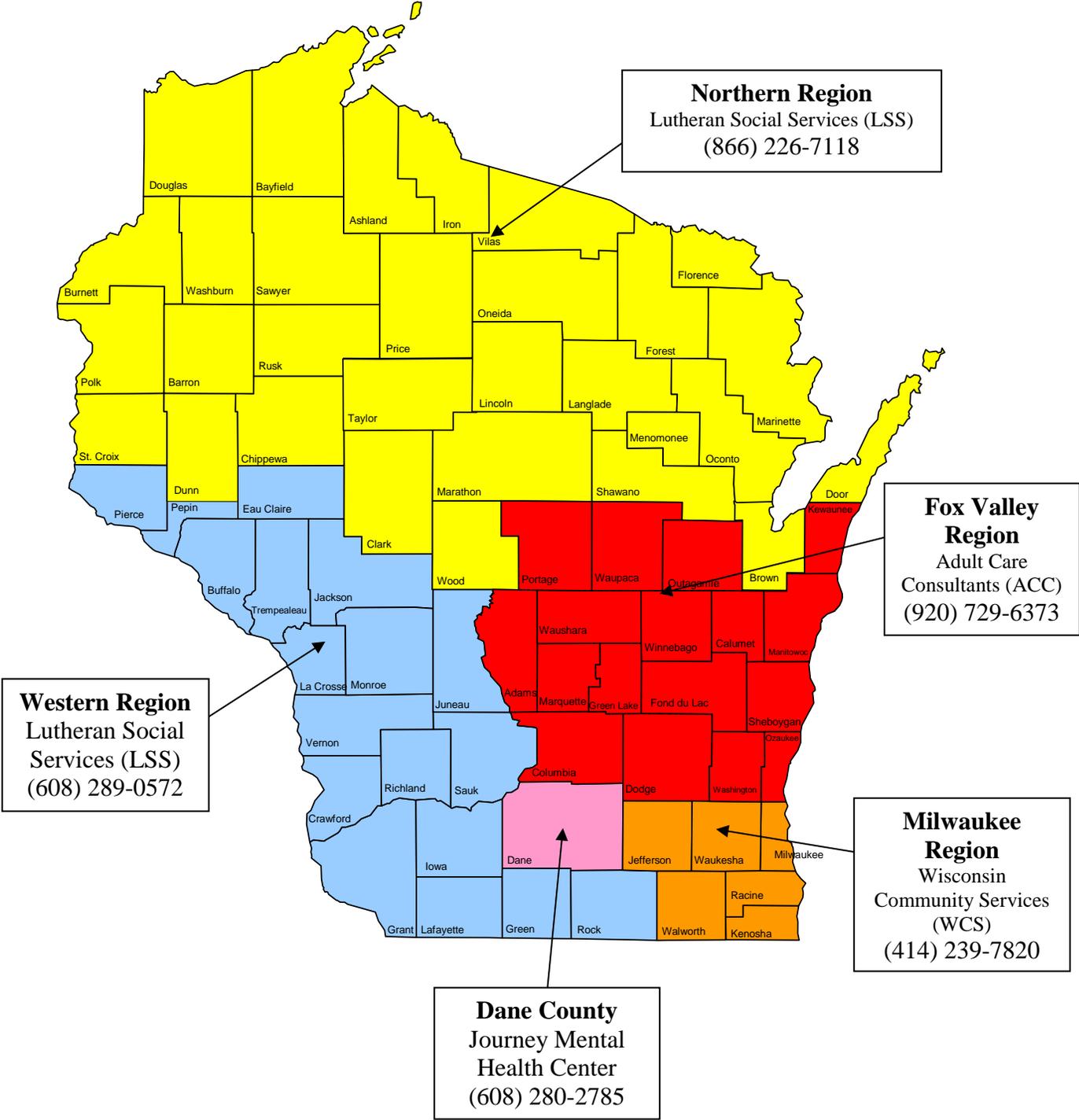
The goal of The Department of Health Services (DHS) Conditional Release Program (CR) is to fund, coordinate and administer quality forensic mental health services in accordance with Wisconsin State Statute 971.17. The program seeks to meet the challenge of providing client-centered, recovery focused, 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 Regional Provider Map

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# Conditional Release Program

## FY13 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 FY13. The program's progress towards these goals was carefully tracked monthly by each of the contracted regional case management service providers. Sample populations of 115 new conditional release clients were tracked for measurable outcomes during FY13. 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 will have person centered treatment plans.

- *75% of initial (within 90 days of placement) Individual Service Plans (ISP) will contain evidence of principles of person-centered planning.*

#### **Results for Goal 1: Conditional Release clients will have person centered treatment plans.**

- **ACC:** Some clients did not have a completed initial ISP due to revocation, discharge or proximity to the end of the fiscal year. Of the ISPs completed, 100% were person centered. ACC met the FY12 goal in this area and continues to do so even with an increased goal to 75% in FY13.
- **Dane:** Dane had two new clients in 2013. One client was at the end of the FY so was not applicable. The results of this outcome are based on one new client in 2013. The program exceeded the goal of 75% by achieving 100% compliance with having a person centered treatment plan.
- **LSS-N:** There were 24 new clients placed on conditional release in the community. Three additional clients were awaiting placement at the MHI, 2 were revoked and 1 reached their maximum discharge date within FY13. In FY13, 100% of clients had person centered ISPs. This is an improvement from FY12 as 71% of new FY12 clients had person centered ISPs.
- **LSS-W:** 93% of the initial ISPs included person centered planning principles for each goal, exceeding the program goal of 75%, and increasing from 83% in 2012.
- **WCS:** 100% of the initial ISPs included person centered planning principles for each goal with client input in 2013 exceeding established goals for the CR program.

## **2. Conditional Release clients' 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 (within 90 days of placement) ISPs.*

### **Results for Goal 2: Conditional Release clients' stage of change will be identified in each client treatment goal.**

- **ACC:** For all ISPs created, 100% of client treatment goals have corresponding stages of change identified. This is a continuation from FY12 as ACC met this goal at 100%.
- **Dane:** One hundred percent (100%) of the treatment goals have an identified stage of change in the initial ISP, exceeding the goal of 75%. Data from 2012 indicated 78%, so there was an increase of 22% in 2013.
- **LSS-N:** For all ISPs created, 100% of client treatment goals have corresponding stages of change identified. LSS-N continues to excel in this area as they met this standard at 100% in FY12 as well.
- **LSS-W:** 95% of the goals on the initial ISP have an identified stage of change, exceeding the program goal of 75%. Data from 2012 indicated 69%, so there was an increase of 26% in 2013.
- **WCS:** 100% of the ISPs include corresponding stages of change for each client goal in 2013, exceeding the established goals. Data from 2012 indicated 82%, so there was an 18% increase in 2013.

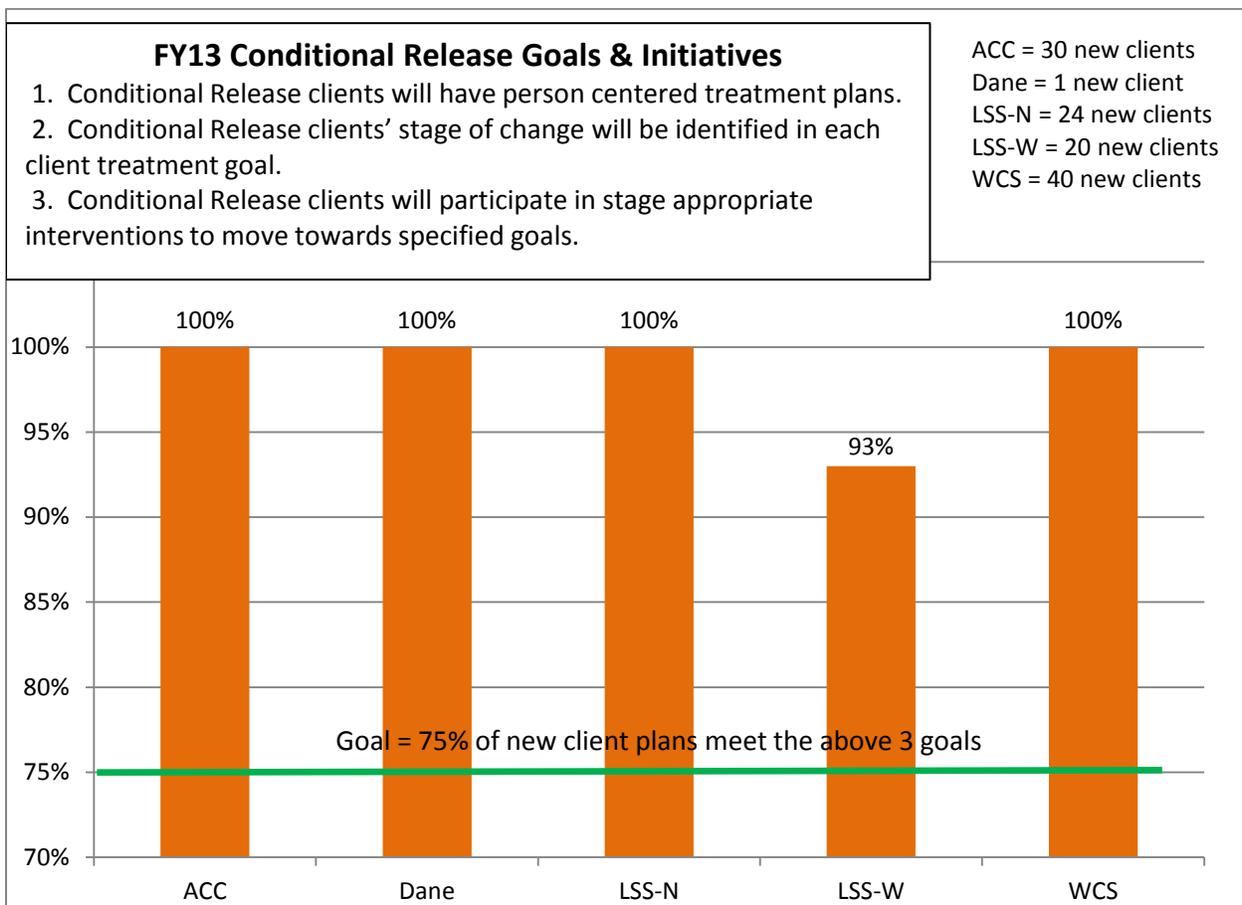
## **3. Conditional Release clients will participate in stage appropriate interventions to move towards specified goals.**

- *One stage appropriate intervention will be identified for each client treatment goal on 75% of the initial (within 90 days of placement) ISPs.*

### **Results for Goal 3: Conditional Release clients will participate in stage appropriate interventions to move towards specified goals.**

- **ACC:** At least one stage appropriate intervention is identified on 50% of the client goals on 100% of the initial ISPs completed. ACC continues to meet this goal at 100% in FY13 as in FY12.
- **Dane:** 100% of the initial ISPs have identified on all client goals at least one stage appropriate intervention, exceeding the goal of 75%. Results from 2012 indicate a 78% attainment toward this goal, for a 22% increase in 2013.

- **LSS-N:** 100% of initial ISPs completed identified at least one stage appropriate intervention. LSS-N has dramatically improved in this area from FY12. In FY12 64% of LSS-N clients participated in stage appropriate interventions. The improvement in this area can be attributed to the unitization of a new ISP form that encourages the use of stage identification and a corresponding intervention.
- **LSS-W:** 95% of the ISPs identified a stage appropriate intervention for each goal, exceeding the 75% goal of the program. There is a 39% increase in this goal from 2012.
- **WCS:** At least one stage appropriate intervention is identified on 100% of the client goals on 100% of the initial ISPs, exceeding the established goals for 2013. This was an 18% increase in this goal from 2012.



**4. Conditional Release clients will be financially self-sustained, to the extent possible, as they approach discharge.**

- 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.*

- Only new clients granted CR in July, August & September 2012 will be measured by looking at the initial cost of care and their cost of care 9 months later. That time period was chosen in order to gather a full 9 months of data.

**Results for Goal 4a:**

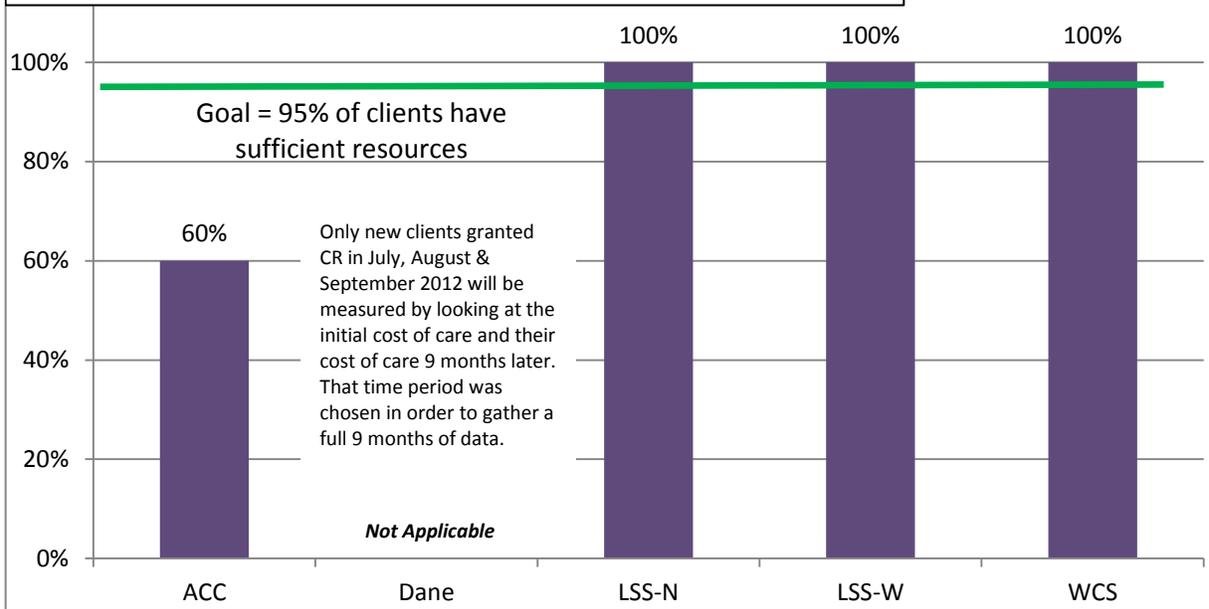
- **ACC:** Five FY13 clients met this timeframe. Three of the 5 clients (60%) were able to contribute at least 50% of the cost of their care within 9 months of their CR placement. This is a change from the FY12 goal in that the program looked at financially self-sustained thirty days prior to discharge. ACC met the FY12 goal at 100%.
- **Dane:** This goal was not applicable as the one applicable client did not reach the 9 month time-frame in 2013.
- **LSS-N:** Eight new FY13 clients met this timeframe. 100% of the new clients in FY13 contribute at least 50% of the cost of their care. New referrals to Family Care were made as well. This is an improvement from FY12 where LSS-N had 66% of their new FY12 clients financially self-sustained thirty days prior to discharge.
- **LSS-W:** The four new clients in 2013 that reached the 9 month time-frame (100%) developed sufficient resources to contribute over 50% of the cost of the client's care, exceeding the program goal of 95%.
- **WCS:** The three new clients in 2013 that reached the 9 month time-frame (100%) developed sufficient resources to contribute over 50% of the cost of the client's care, exceeding the program goal of 95%.

### FY13 Conditional Release Goals & Initiatives

4. Conditional Release clients will be financially self-sustained, to the extent possible, as they approach discharge.

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.

ACC = 30 new clients  
 Dane = 1 new client  
 LSS-N = 24 new clients  
 LSS-W = 20 new clients  
 WCS = 40 new clients



b. 100% of SSA appeals will be filed in a timely manner (according to SSA guidelines)

#### Results for Goal 4b:

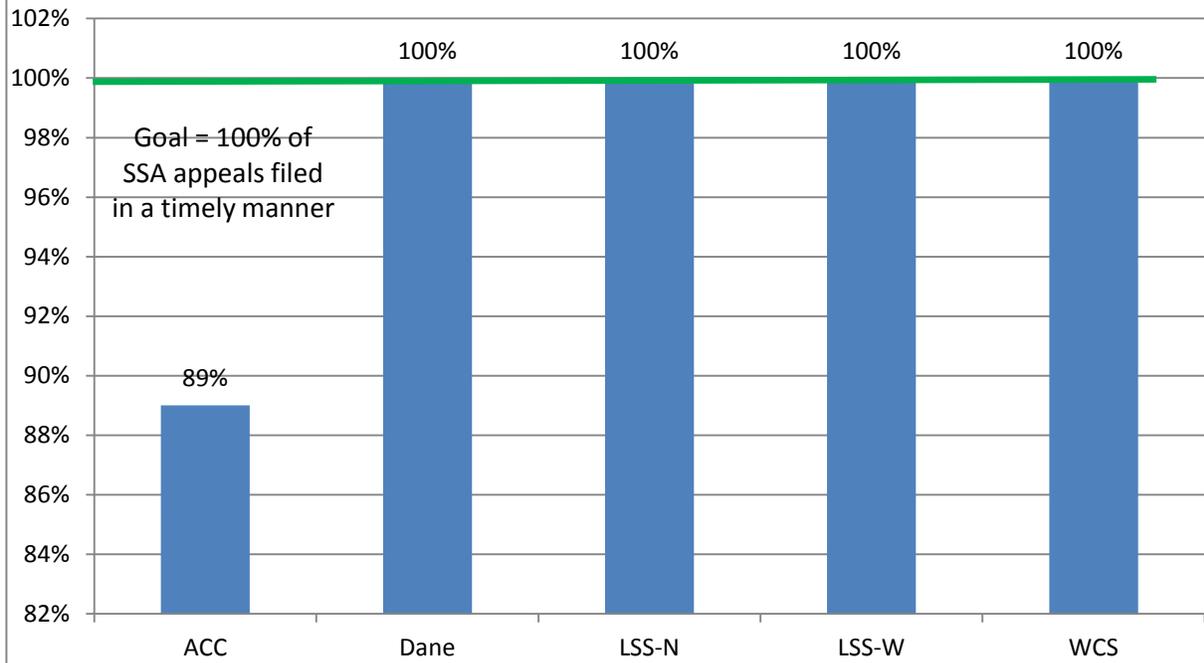
- **ACC:** 89%, or eight out of nine, new FY13 clients that were denied SSA benefits filed an appeal. In FY12, this goal was met at 100%.
- **Dane:** The applicable client in 2013 was already receiving SSA benefits so this goal was met at 100%.
- **LSS-N:** 100% of FY13 clients met this goal. This goal was also met at 100% in FY12.
- **LSS-W:** All new CR clients were reviewed for SSA benefits, meeting 100% of the 2013 goal.
- **WCS:** All new CR clients were reviewed for SSA benefits, meeting 100% of the 2013 goal.

### FY13 Conditional Release Goals & Initiatives

4. Conditional Release clients will be financially self-sustained, to the extent possible, as they approach discharge.

b. 100% of SSA appeals will be filed in a timely manner (according to SSA)

ACC = 30 new clients  
 Dane = 1 new client  
 LSS-N = 24 new clients  
 LSS-W = 20 new clients  
 WCS = 40 new clients



### 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.

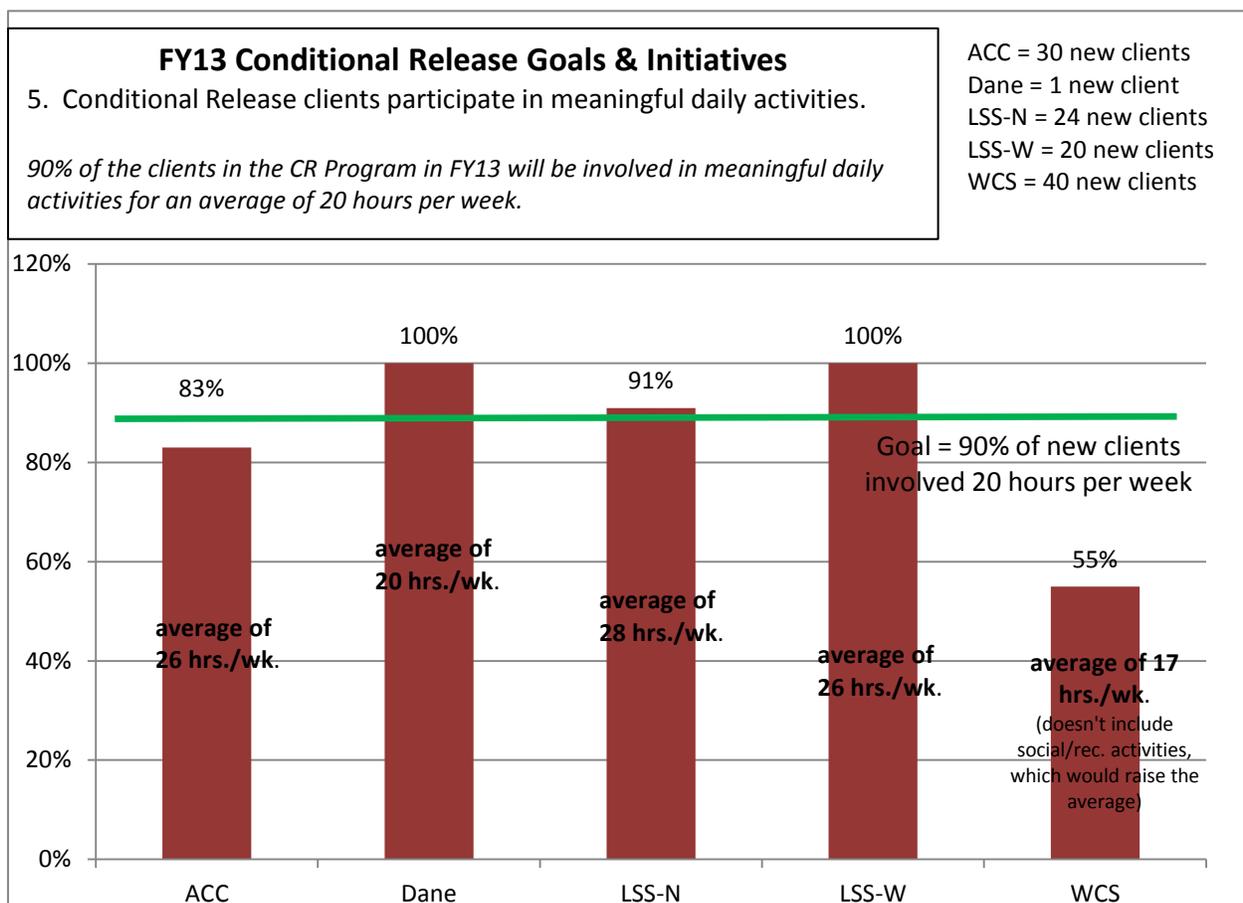
Meaningful activities include all of the following, and the time involvement can be a composite of all elements:

- *Competitive employment for clients who are able to work*
- *Structured employment, including sheltered, supported, or volunteer activities*
- *Educational or vocational training*
- *Treatment or treatment-related activities*
- *Other similar or related activities*

#### Results for Goal 5:

- **ACC:** 83% of new clients meet and exceed the goal of 20 hours of meaningful activity each week, which included social/recreational activities. In FY12, ACC met this goal at 93%. ACC is utilizing the Leisure Interest Measure as a means of assisting client in making meaningful leisure choices.

- **Dane:** This goal was met, as 100% of new clients on CR were involved in 20 hours a week of meaningful activities, exceeding the goal of 90%. Data for this goal included social/recreational activities.
- **LSS-N:** This FY13 goal was met at 91%. The FY13 data included social/recreational activities. Some clients participate well beyond 20 hours and others are still working on this area. LSS-N has made an improvement over FY12 where only 68% of new clients were involved in at least 20 hours of meaningful activity per week. The Wausau office offered clients an opportunity to eat together as a group once a month, as well as the opportunity to participate in the CR Community Garden. LSS-N is also utilizing the Leisure Interest Measure as a means of assisting client in making meaningful leisure choices.
- **LSS-W:** This goal was met, as 100% of new clients on CR were involved in twenty hours a week of meaningful activities, exceeding the program goal of 90%. This was an increase of 10% from the 2012 data for this goal. Also, a case manager offered free yoga experience for CR clients.
- **WCS:** The goal was not met as only 65% of new CR clients in 2013 were involved in 20 hours a week of meaningful activities. This was an increase of 11% from the 2012 data. WCS did not include social/recreational activities in their data collection for FY13, which would likely raise the average.



## **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 new 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.*

### **Results for Goal 6:**

- **ACC:** No new FY13 clients reached their discharge date within FY13. However, ACC moved 1 of their 5 new FY13 clients out of a CBRF and into independent living within 90 days of entering supportive housing. ACC met this goal at 100% in FY12. Justifications were completed on all clients living in a CBRF.
- **Dane:** No new FY13 clients reached their discharge date within FY13. The applicable new client was in a Community Based Residential Facility (CBRF) and the client transferred to another provider (to another CBRF) and did not discharge in 2013. Justifications were completed on all clients living in a CBRF.
- **LSS-N:** No new FY13 clients reached their discharge date within FY13. Two new clients entered a CBRF in FY13, and one was able to move into more independent living after 7 months and the other moved after 3 months. Justifications were completed on all clients living in a CBRF. The FY12 goal was 75% and LSS-N met that.
- **LSS-W:** One client discharged in 2013, and resided in a CBRF, but was only on CR for 30 days. The client then did move to a less restrictive setting. Justifications were completed on all clients living in a CBRF.
- **WCS:** No new FY13 clients reached their discharge date within FY13. Justifications were completed on all clients living in a CBRF.

## **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.*

**Results for Goal 7:** 100% of the 5 Conditional Release Providers completed a Motivational Skills building activity with their case managers one time per month.

- **ACC:** For the second year in a row, ACC Case Managers were chosen to be a presenting panel at the Motivational Interviewing Training, held in August 2013.
- **Dane:** Case managers completed a motivational interviewing skill building activity monthly.
- **LSS-N:** Case managers continue to practice Motivational Skill building activities during monthly meetings.
- **LSS-W:** 100% of case managers completed a peer review and a motivational skill building activity.
- **WCS:** All case managers participated in/completed a monthly motivational skill building activity (including learning plans, audio tape coding exercises, and work book activities).

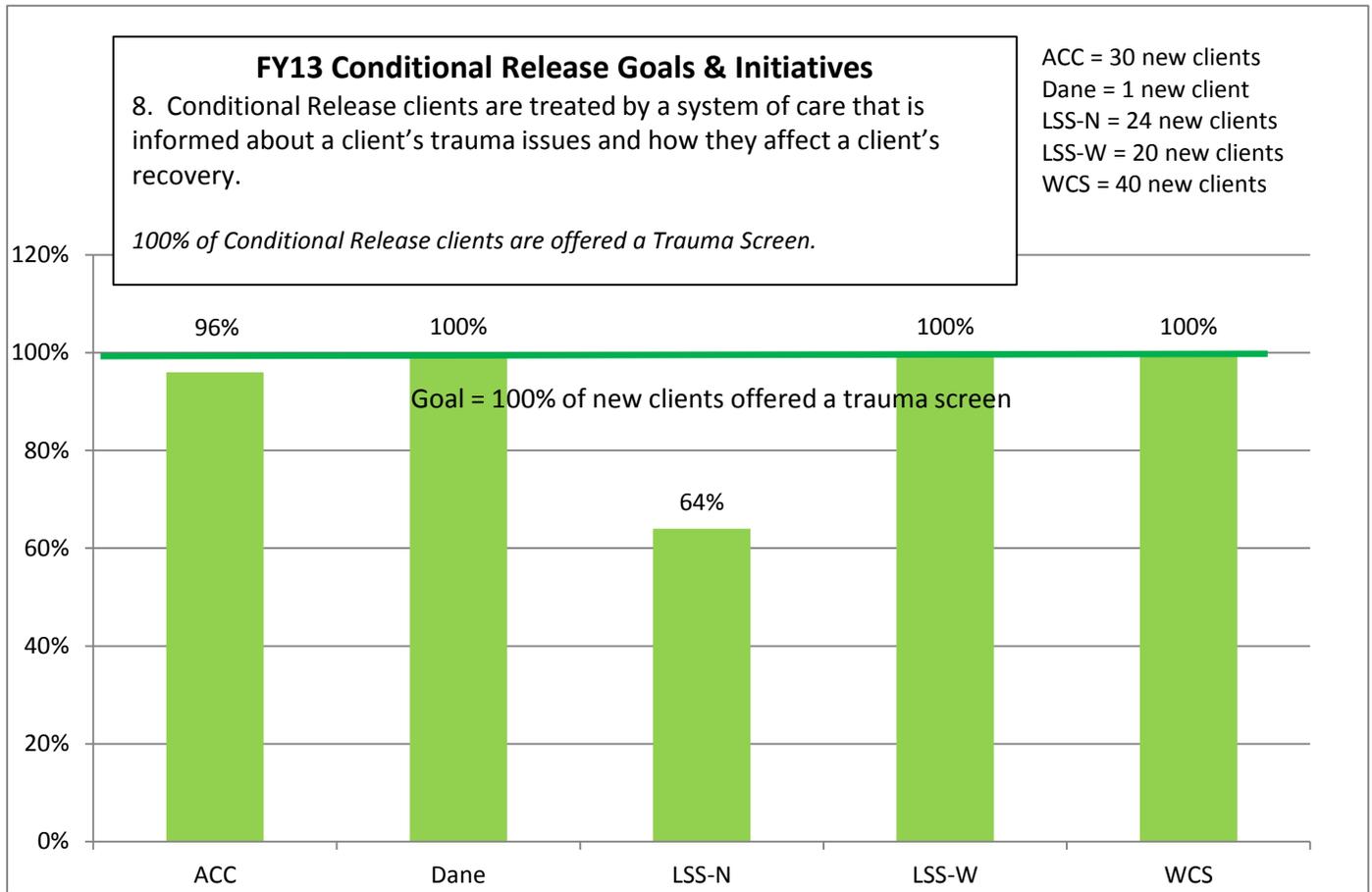
## **8. Conditional Release clients are treated by a system of care that is informed about a client's trauma issues and how they affect a client's recovery.**

- *100% of Conditional Release clients are offered a Trauma Screen.*

**Results for Goal 8:**

- **ACC:** Case managers are trained to have a basic understanding of how trauma affects the lives of individuals they serve. One client was not offered a Trauma Screen because they were a short term conditional release client.
- **Dane:** The applicable new CR client in 2013 was offered a trauma screen, meeting the goal for the program.
- **LSS-N:** All clients that were stable and living in the community were offered a Trauma Screen. Some clients were not offered the assessment due to revocation and client discharge from the program.

- **LSS-W:** All new CR clients in 2013 were offered a trauma screen, meeting the goal for the program.
- **WCS:** All new CR clients in 2013 were offered a trauma screen, meeting the goal for the program.



## **FY13 Measurable Goals & Program Enhancements – in Review**

DHS continues moving towards outcome measurement in all of its contractual activities. The Conditional Release (CR) Program has utilized measurable performance expectations since FY10 to progressively incorporate a number of quality, evidence-based initiatives into the Conditional Release Program.

**Measurable goals selected constitute a number of fundamental program values, including:**

- Clients achieve financial independence from the Conditional Release Program for funding their continued treatment, housing and medical needs during and after their commitment period.

In FY12, 100% of clients were reviewed for Social Security benefits and 100% of those denied benefits were assisted in appealing by contracted case managers. Those goals were met and integrated into the program's standard policies and procedures ongoing.

- In FY12, 82% of clients in the CR program were financially independent as they approached discharge. Contracted providers have utilized various employment and benefit opportunities to assist clients in achieving greater independence. This goal is now integrated into the program's goals and procedures ongoing during a client's discharge planning. The goal was shifted to focus on assisting client's to achieve prompt financial independence.
- To improve program performance further, in FY13 the goal was for the sample population of clients to be financial independent within 9 months of intake into the CR program. In FY13, 89% of the CR population sample were financially self- sustaining to the extent possible (at least 50% of costs) within 9 months of placement on CR.
- The new FY14 benchmark is 95% of new CR clients will have at least a 50% increase in financial contribution to the cost of their care.

**Clients live independently in the community. By consistently guiding and supporting clients in reaching their maximum level of independence, the CR Program promotes improved quality of life for CR clients and the motivation to keep their independence. Community Based Residential Facility (CBRF) placements were reviewed at intake in CR and again at discharge from CR.**

- In FY10 when this measurable goal was initiated, 52% of clients who had been residing in a CBRF or group home when they were initially on CR moved to less structured settings. In FY11 this improved to 55% of clients moving out of CBRFs, but in FY12 the focus the CR program moved the focus to client's treatment in CBRF's being reviewed and justified monthly by CR treatment teams as an intervention towards improving this measurable outcome. These justification meetings aided the achievement in FY12 of 80% of clients moving towards independence and culminated in 100% of clients discharged in FY13

being in a less structured setting. There were minimal numbers of applicable clients qualified as a measure for this goal, but the outcome points to improvement for client living independently.

- In FY10, 74% of the clients previously in CBRFs were living independently 90 days prior to discharge. In FY11, this changed to 76% of clients placed on CR were residing at a CBRF at discharge and improved to 80% in FY 12. In FY 13 only one new client originally living in a CBRF at intake discharged and he was living independently at discharge in FY 13.
- For FY14, a clients' residence in a CBRF will continue to be justified monthly by the CR treatment teams residence reviews or justifications, with the goal being clients live as independently as possible.

### **Clients participating in meaningful (as defined by the client) activities**

*This goal was initially split between social/recreational activities where the client was encouraged to be out of their residence and participating in social and community activities and develop meaningful daily activities.*

- In FY10, 90% of new clients participated in social/recreational activities at least once a month. FY11 resulted in 87% of CR clients meeting this goal. Due to the success of CR client involvement in social/recreational activities, this goal was met and finished. Ongoing case manager discussions about a client's social and recreational activities are now fully assimilated into the CR program treatment planning and goal setting process.
- In FY10, 78% of new CR clients participated in at least 20 hours of daily meaningful activities. The CR contracted providers found this goal to be helpful for inspiring clients to identify and increase their meaningful activities. The results remained almost the same in FY11, but in FY12, the results were 81% of new CR clients participated in at least 20 hours of daily meaningful activities.
- In FY13, the benchmark was moved up to 90% of clients reaching the 20 plus hours of meaningful activity per week and 88% of new CR clients were able to complete 20 hours or more of meaningful activities each week.
- The same FY13 benchmark of 90% of clients reaching 20 plus hours of meaningful activity per week is continued for FY14.

### **Clients not committing new crimes**

- Community safety continues to be the number one goal of the CR program. The balance of providing community CR client's mental health treatment and services while managing risk to the community continues to be the Conditional Release Program's priority. Of the 424 clients who were served through FY13, 0.5% were convicted of a new non-violent crime and no violent crimes.

**The Conditional Release Program has developed measurable performance expectations to gradually incorporate a number of quality, evidence-based initiatives into the Conditional Release Program. These have combined with the CR program's fundamental values.**

### ***Person Centered Planning***

This began as a goal in FY10, resulting in 100% of client's treatment plans reflecting client input and 100% of clients having a psycho-social assessment within 3 months of their commitment to CR and 90% of clients participated in their team treatment plan reviews. These goals were exceeded again in FY11 and further enhancements of the CR treatment planning process were made in FY12. Contracted treatment providers were trained in principles of person centered planning, stages of change and motivational interviewing in FY11 and FY12. In FY12, 87% of treatment plans contained evidence of principles of person centered planning culminating to 99% in FY13. These evidence based practices are now fully assimilated into the CR program treatment planning and goal setting.

### ***Stages of Change***

Beginning in FY12, contracted treatment providers were asked to identify a client's stage of change and select stage appropriate intervention based on the client's identified stage. In FY12, 86% client treatment goals included the client's identified stage of change increasing to 99% in FY13. This goal was completed and is now part of the Conditional Release client's treatment planning process.

### ***Motivational Interviewing***

This began in FY11 and the Community Forensic Program began a best practice initiative to educate contracted treatment providers in motivational interviewing with the intention of enhancing their skills of engagement. A 2-day introduction training and ongoing supervision and support were provided. Providers also provided evidence of a monthly MI learning activity. Starting in FY12, 100% of contracted treatment providers completed a monthly learning activity. An additional 2-day advanced MI training was offered in FY12.

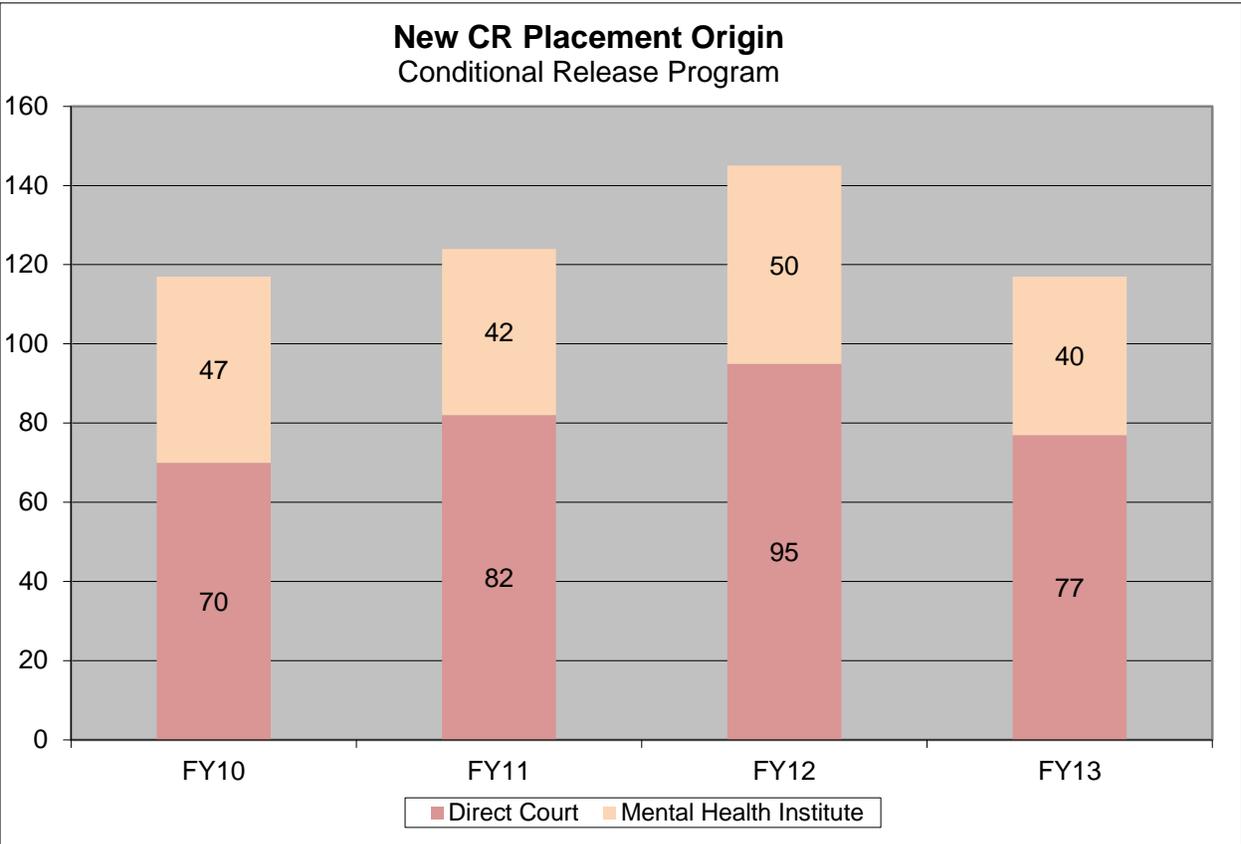
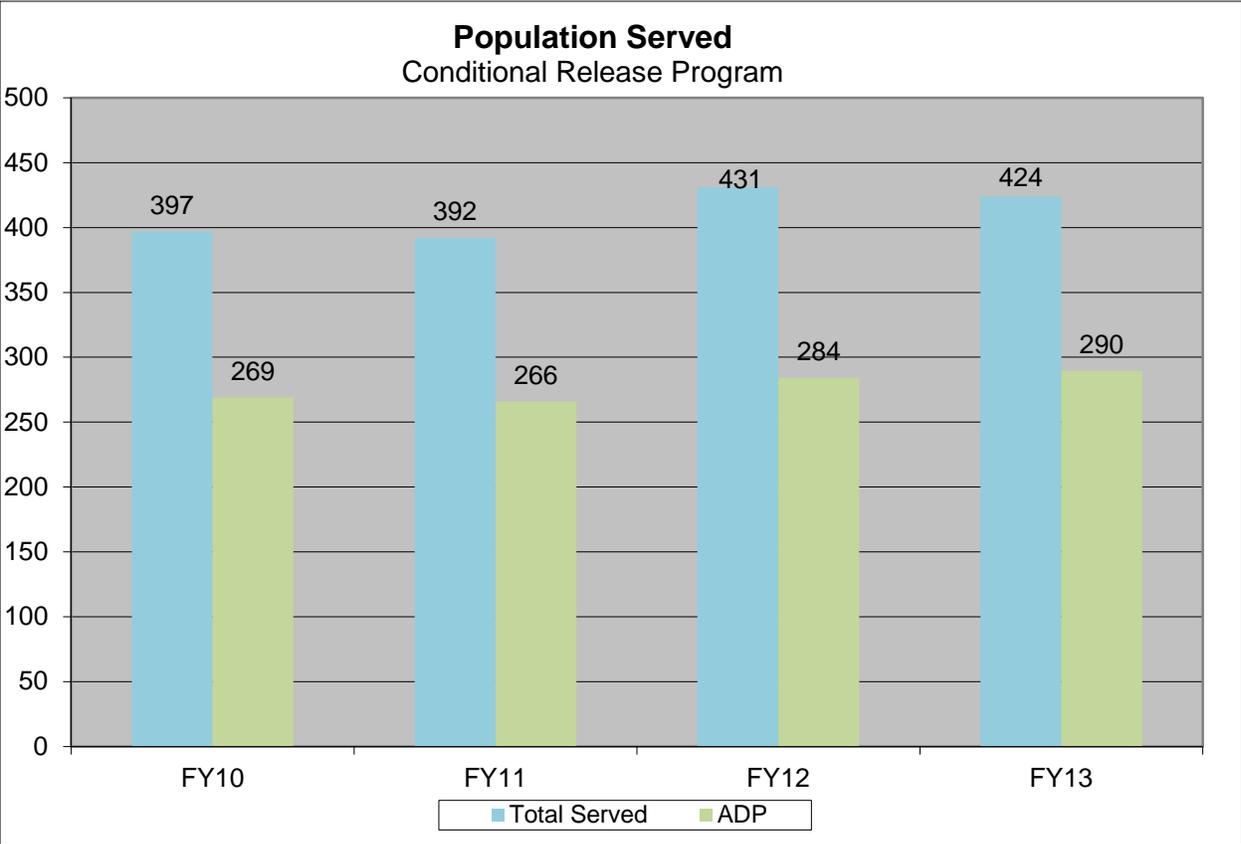
For FY14, to verify the development of case manager's MI skills, each case manager will develop an MI learning plan. They were also asked to show evidence of their MI skills by taping an interview with a client and getting MI skills critiqued by peers. In FY14 another basic and advanced Motivational Training will be offered in the spring of FY14 as a collaborative effort with the Bureau of Alcohol and Drug Treatment and Prevention.

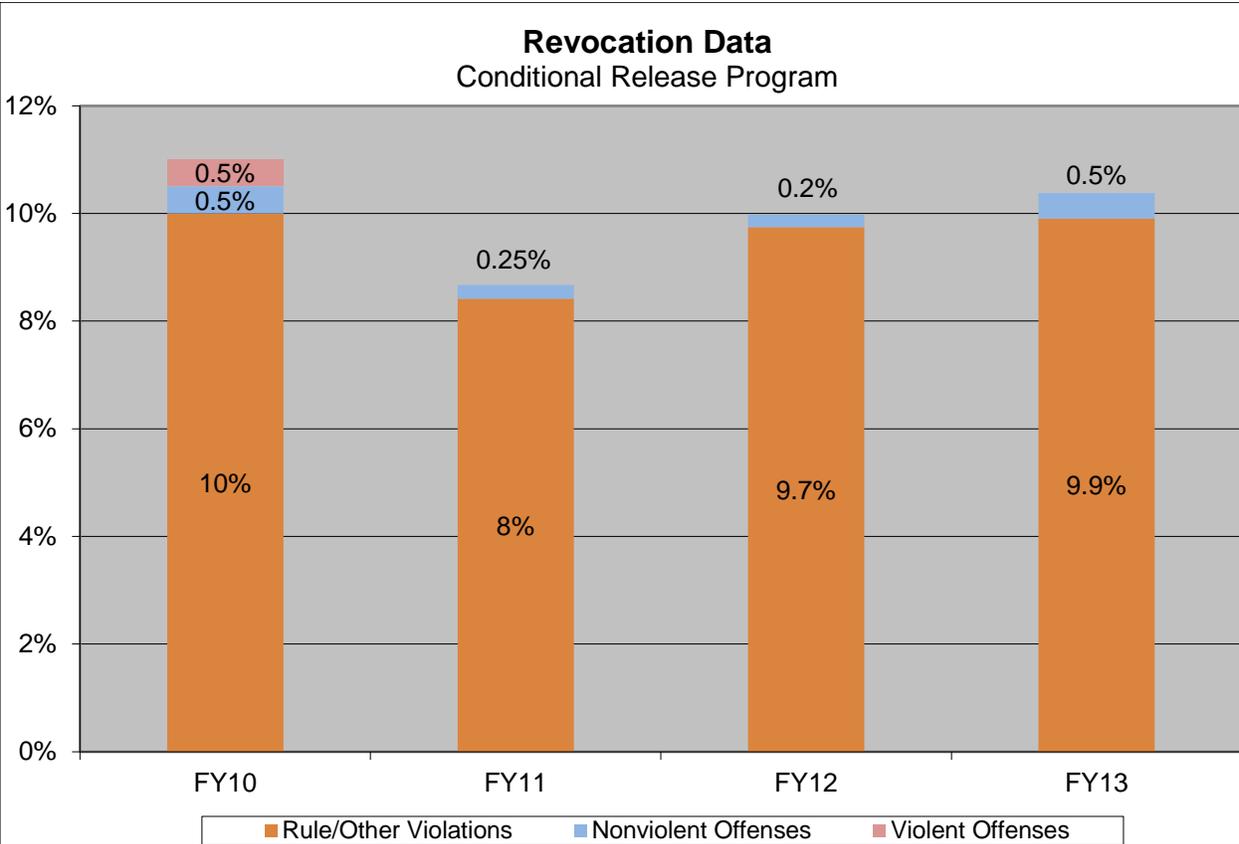
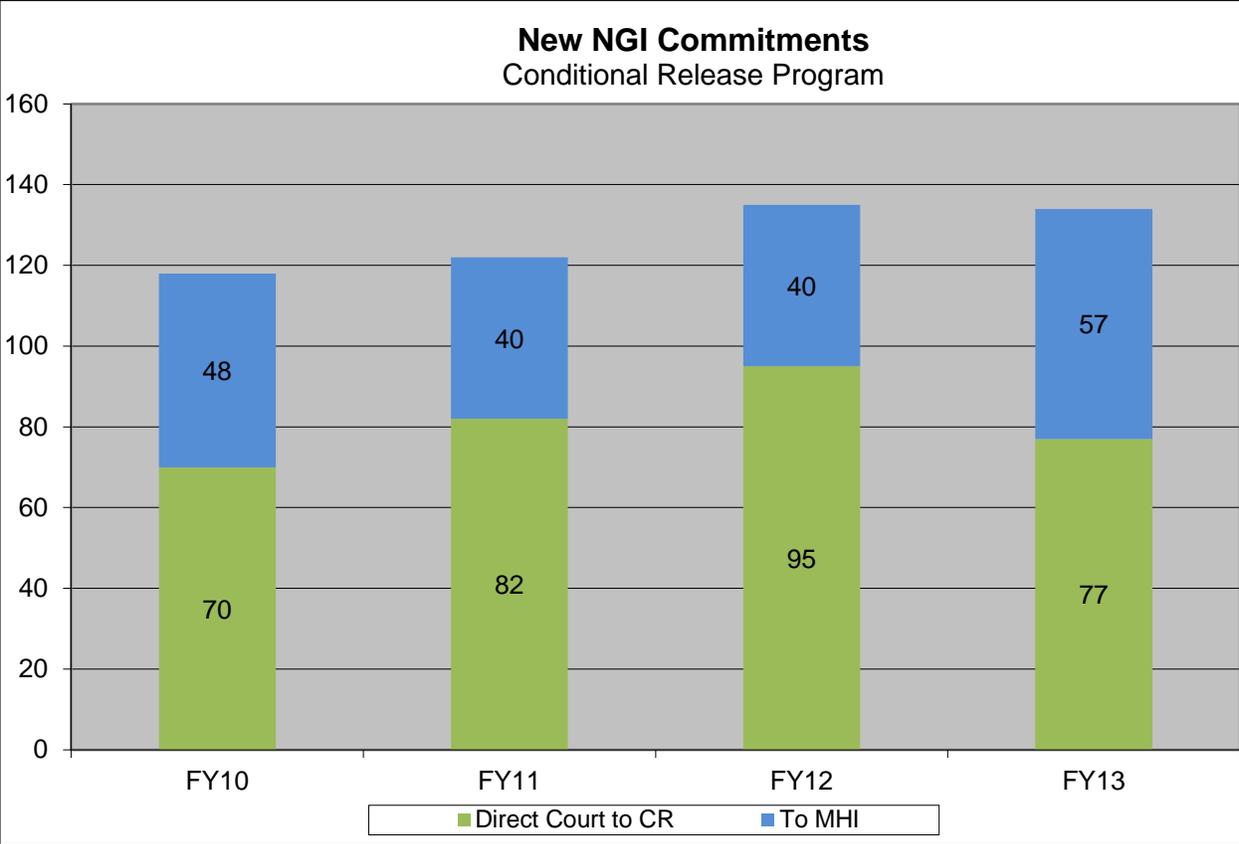
### ***Trauma Informed Screens***

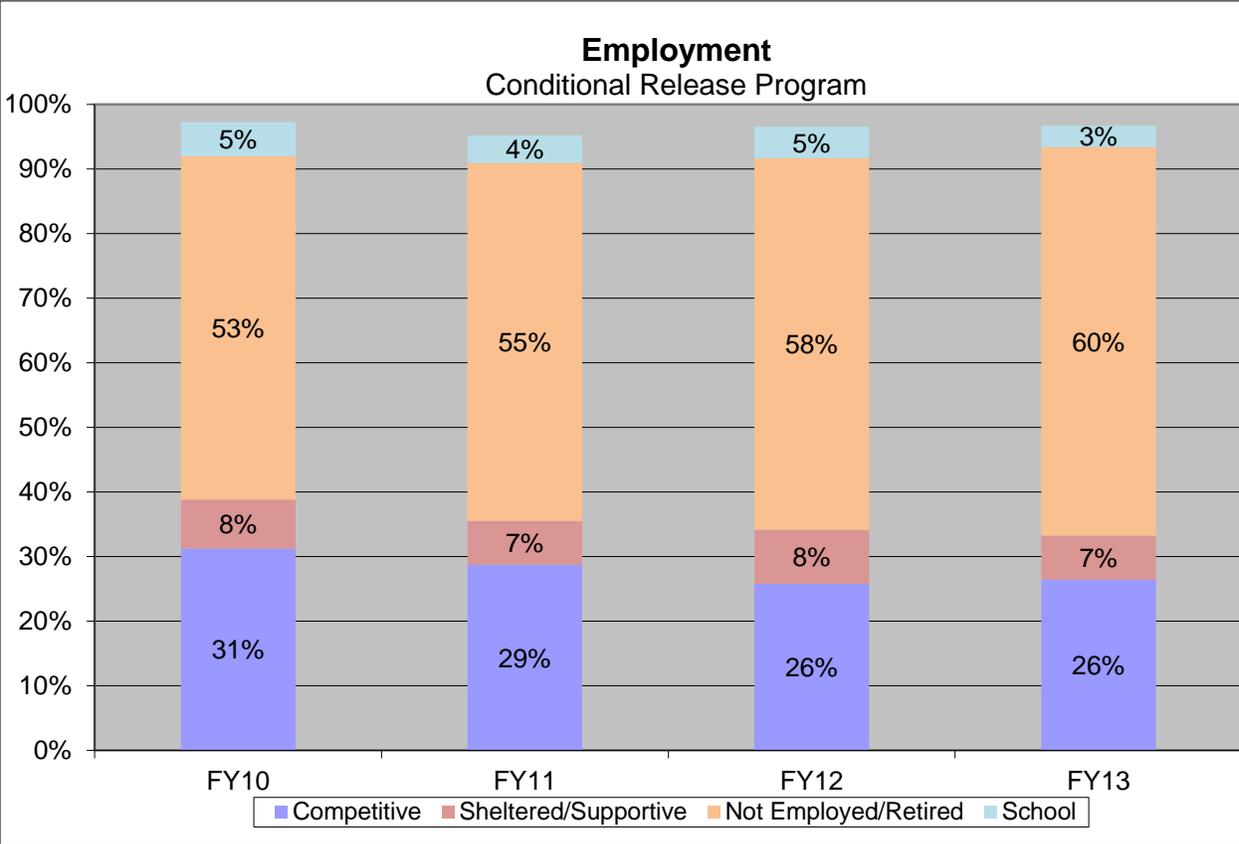
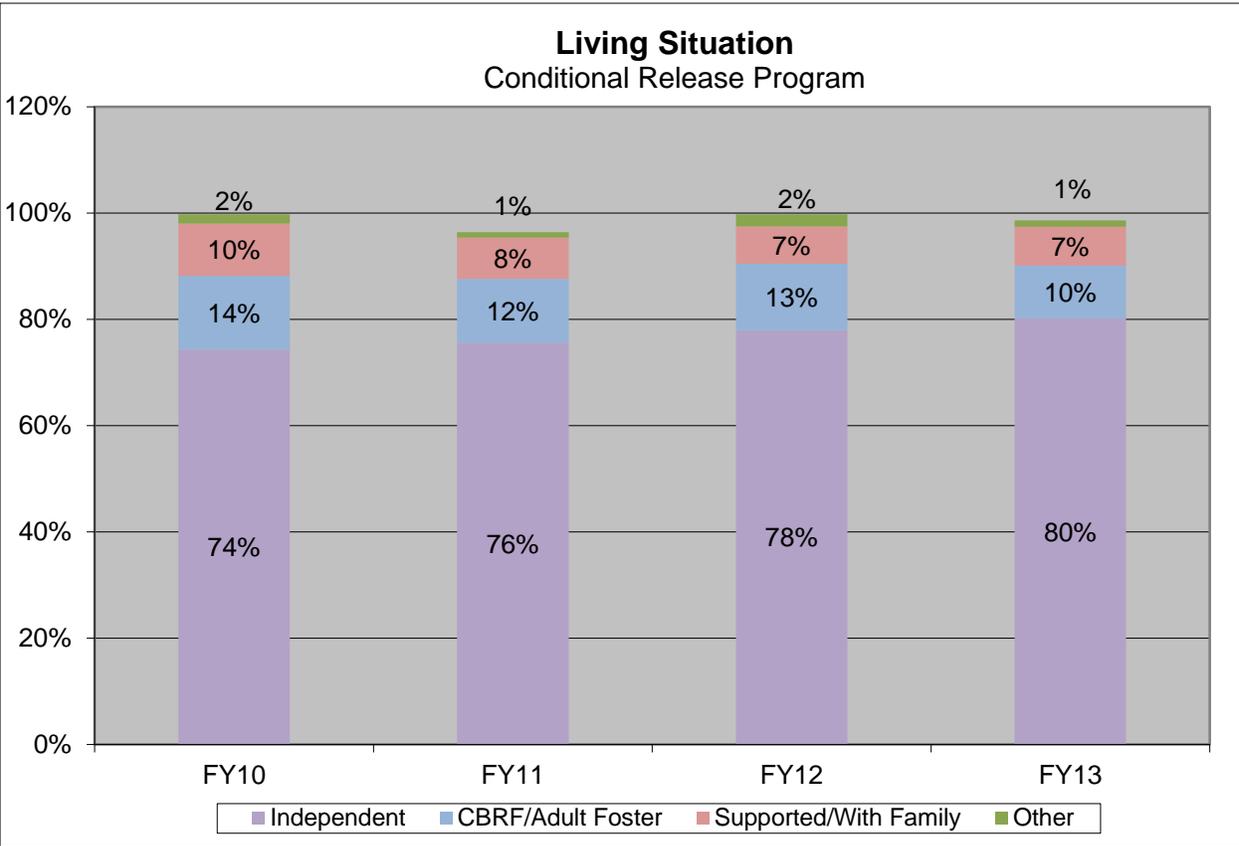
In FY12, contracted treatment providers completed training to be better informed about a client's trauma issues and how they affect a client's recovery. In FY13, Trauma screens were completed on 100% new CR clients. This initiative has led to the program embracing this practice as a routine part of understanding a CR client's treatment needs. These practices are now fully assimilated into the CR program's treatment planning, assessment and goal setting process.

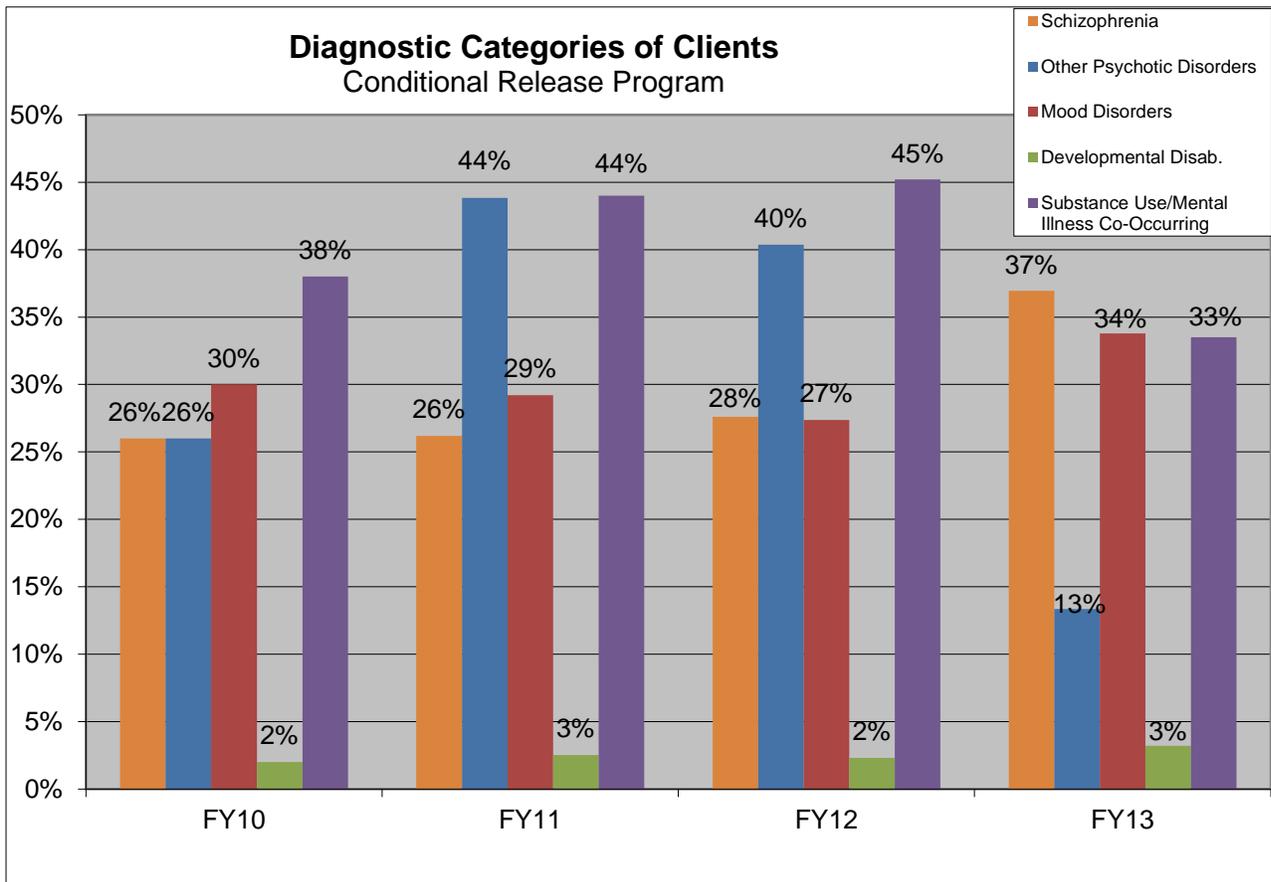
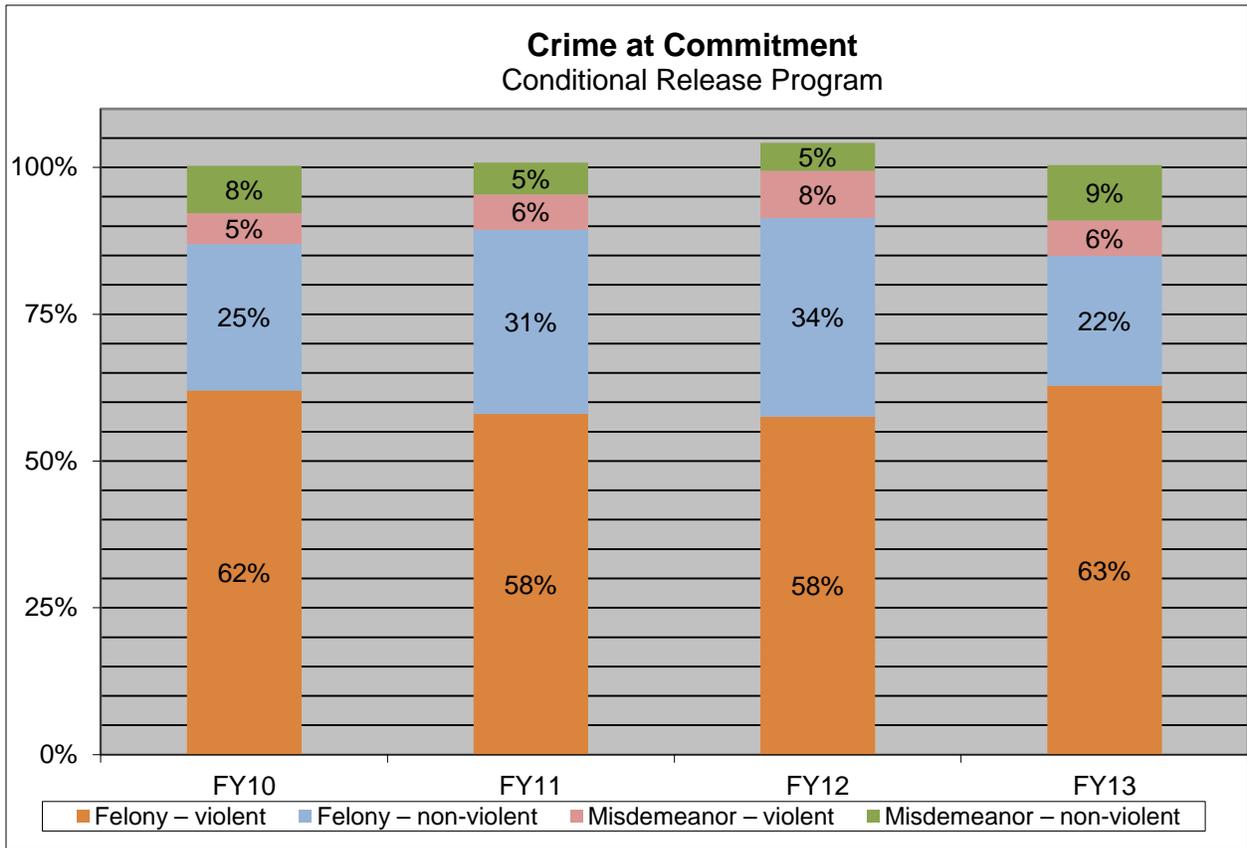
# Summary of Conditional Release Program Data

	<b>FY06</b>	<b>FY07</b>	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>
Total Served	418	410	407	380	397	392	431	424
ADP	268	275	276	274	269	266	284	290
<b>New CR Placements</b>								
Number of New Placements	108	132	108	108	117	124	145	117
Direct Court	72	66	64	65	70	82	95	77
	<b>67%</b>	<b>50%</b>	<b>59%</b>	<b>60%</b>	<b>60%</b>	<b>66%</b>	<b>66%</b>	<b>66%</b>
Mental Health Institute	36	66	44	43	47	42	50	40
	<b>33%</b>	<b>50%</b>	<b>41%</b>	<b>40%</b>	<b>40%</b>	<b>34%</b>	<b>34%</b>	<b>34%</b>
<b>New NGI Commitments</b>								
Direct Court to CR	72	66	64	65	70	82	95	77
To MHI	54	58	39	29	48	40	40	57
<b>Total Admissions</b>	<b>126</b>	<b>124</b>	<b>103</b>	<b>94</b>	<b>118</b>	<b>122</b>	<b>135</b>	<b>134</b>
<b>Revocation Data</b>								
Rule/Other Violations	10.8%	4.9%	7.6%	8.1%	10%	8%	9.7%	9.9%
Nonviolent Offenses	1%	1%	1%	1.1%	0.5%	0.25%	0.2%	0.5%
Violent Offenses	1.4%	0%	1%	0.8%	0.5%	0%	0%	0%
<b>% Revoked</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>10%</b>
<b>Living Situation</b>								
Independent	72%	74%	74%	76%	74%	76%	78%	80%
CBRF/Adult Foster	12%	12%	12%	15%	14%	14%	13%	10%
Supported/With Family	13%	11%	11%	7%	10%	8%	7%	7%
Other	3%	3%	3%	2%	2%	2%	2%	1%
<b>Employment</b>								
Competitive	36%	34%	38%	33%	31%	29%	26%	26%
Sheltered/Supportive	8%	7%	7%	9%	8%	7%	8%	7%
Not Employed/Retired	30%	29%	30%	48%	53%	55%	58%	60%
School	5%	5%	6%	7%	5%	4%	5%	3%
<b>Crime at Commitment</b>								
Felony – violent	60%	55%	60%	63%	62%	58%	58%	63%
Felony – non-violent	30%	30%	31%	28%	25%	31%	34%	22%
<b>Total Felonies</b>	<b>90%</b>	<b>85%</b>	<b>91%</b>	<b>91%</b>	<b>87%</b>	<b>89%</b>	<b>91%</b>	<b>85%</b>
Misdemeanor – violent	5%	6%	2%	6%	5%	6%	8%	6%
Misdemeanor – non-violent	5%	9%	7%	3%	8%	5%	5%	9%
<b>Total Misdemeanor</b>	<b>10%</b>	<b>15%</b>	<b>9%</b>	<b>9%</b>	<b>13%</b>	<b>11%</b>	<b>13%</b>	<b>15%</b>
<b>Diagnostic Categories</b>								
Schizophrenia	28%	26.7%	29.1%	26.9%	26%	26%	28%	37%
Other Psychotic Disorders	22.2%	21.8%	23%	26.2%	26%	44%	40%	13%
Mood Disorders	29.9%	31.1%	29.1%	30%	30%	29%	27%	34%
Developmental Disability	2.4%	3.7%	2.6%	4.4%	2%	3%	2%	3%
Substance Use/Mental Illness Co-Occurring	40%	44.7%	44.1%	45.1%	38%	44%	45%	33%
<b>Cost Per Client</b>								
Mental Health Institute	\$229,585	\$234,148	\$256,413	\$224,877	\$221,161	\$202,940	\$224,464	\$ 231,197
GPR Only Net Cost/ADP	\$16,623	\$17,549	\$15,504	\$13,763	\$14,528	\$12,069	\$13,068	\$12,027
GPR Only Net Cost/Total Served	\$10,658	\$11,771	\$10,529	\$9,924	\$9,844	\$8,190	\$8,611	\$8,226









## FY14 Goals and Initiatives

### CONDITIONAL RELEASE PROGRAM

The Conditional Release Program continues to use measurable outcome performance expectations in its contracting process. In FY13, 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 FY14.

*\*within 90 days of placement*

Conditional Release (CR) Contract Deliverables FY14	Performance Expectation	Performance Standards	Data Source, Collection, Method and Application
<b>Outcome #1</b>	Conditional Release case managers will engage clients in stage appropriate interventions to move towards specified goals.	One stage appropriate intervention will be identified for each treatment goal on 90% of the initial* ISPs in FY14.	ISPs, Contract Deliverable Spreadsheet
<b>Outcome #2</b>	Conditional Release clients will be financially self-sustained to the extent possible.	At 9 months of placement on CR, 95% of the clients in FY14 will have an increase in contributions to their care.	Contract Deliverable Spreadsheet  <i>Only new clients granted CR in July, August &amp; September 2013 will be measured by looking at the initial cost of care and their cost of care 9 months later. That time period was chosen in order to gather a full 9 months of data.</i>
<b>Outcome #3</b>	Conditional Release Clients participate in meaningful daily activities.	90% of the clients in the CR Program in FY14 will be involved in meaningful daily activities for an average of 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	Contract Deliverable Spreadsheet

<b>Outcome #4</b>	Conditional Release clients live independently.  Justifications for clients placed in CBRFs are completed with DHS staff.	Within 90 days of placement on Conditional Release, 75% of the clients in who were residing in a CBRF or Group Home when they were placed on Conditional Release, move to a less structured living situation.	CBRF Justification, Monthly Bills  <i>DHS Conditional Release Specialists will track new clients in CBRFs.</i>
<b>Outcome #5</b>	Case Managers will use Motivational Interviewing (MI) with clients to address their treatment and behavioral issues.	CM will work toward achieving basic proficiency of MI practice. MI fidelity checks will be determined by peer reviews of practice samples and, based on those results, each CM will develop a plan to focus skill acquisition.  CM will participate in a monthly peer learning group. Each CM will present an initial and a follow-up audiotaped sample of MI practice for peer review. These tapes should be 4-6 months a part. Following the peer review, each staff will develop a learning plan with Director input and review. Also during the peer learning group, staff will participate in an MI skill building activity.	Motivational Interviewing training, MI tracking sheets

### **FY14 Goals and Initiatives**

Using CR program averages, 8 of the 9 measurable goals were met for FY13. For FY14, the goals relating to completion of trauma informed assessments, identification of a client’s stage of change and creating person centered treatment plans have been converted from a measurable goal to a program expectation supported by CR program policy.

FY14 measurable performance goals have been modified from 9 measurable goals to 5, due to the programs successful implementation of treatment practices. In addition, contracted treatment providers will be completing Motivational Interviewing (M.I.) learning plans along with interviews for critique of M.I. skills, by peers on two occasions in FY14.

### **Other Initiatives**

In FY14, the Community Forensics Program, together with Mendota Mental Health Institute and Winnebago Mental Health Institute, will complete a comprehensive revocation data review of CR revocation data from FY00 - FY13. This information will be used to inform the DHS Forensic System to help people committed to DHS be successful in the community. For the overall health and wellness of the CR population the Community Forensic Program considered a smoking cessation initiative however while surveying program needs, it was clear program participants are already being assisted by contracted treatment providers in encouraging and supporting smoking cessation goals.

In FY14, the Conditional Release Program will review and update the suicide risk tool and protocol.

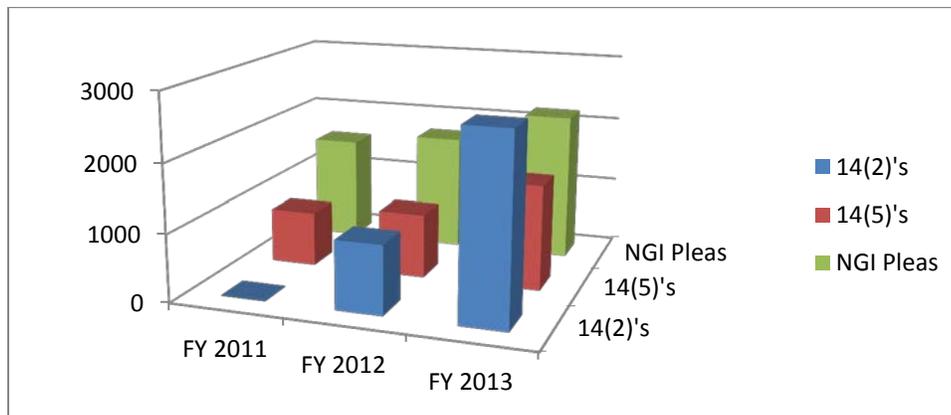
# Court Liaison Program

## Program Statement

Wisconsin Community Services, Inc. (WCS) is the State Department of Health Services (DHS) contracted service provider for the statewide Court Liaison and Forensic Tracking services. This program provides case consultation and education to the court, maintains tracking and collects data for DHS on all the different phases of proceedings under WSS 971 and works collaboratively with the various stakeholders that are involved with these types of cases to address system issues as needed.

The number of criminal cases being processed under *WSS 971* continues to increase statewide, and the costs associated with processing these types of cases for the counties and the State Department of Health Services is substantial. The steady increase in volume and cost, as well as the complexity of the processes to be followed in these cases, creates a consistent need for the oversight of and assistance to the various players involved with these cases.

## Trends in Forensic Tracking



- 971.14(2) – Competency Examination - tracking did not begin until FY 2012, and the number of cases being tracked has doubled
- 971.14(5) – Treatment to Competency - cases being tracked increased by 16% on average over the past two FY's
- 971.17(1) Not Guilty by Reason of Mental Disease or Defect (NGI) Pleas being tracked increased by 11% on average over the past two FY's

The lack of expertise and/or limited practice in application of the various processes associated with *WSS 971*, as well as the case volume and time constraints placed on the judicial system, are barriers to achieving procedural efficiency and statutory compliance in these cases. Our objective is to identify system issues and create quality improvement initiatives that will measure our performance towards the Court Liaison Service goals.

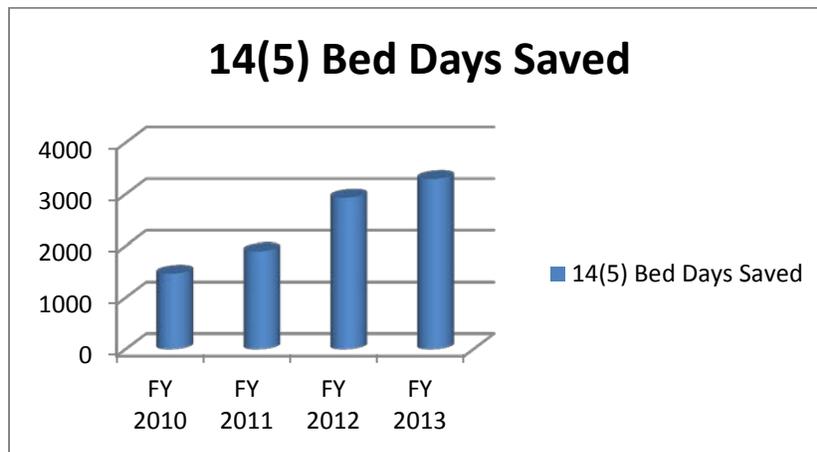
## Goals Fiscal Year 2013

- 1. Provide training/refreshers sessions, case consultation and reference materials (including the DHS Forensic Newsletter). Attend the Clerk of Court Association Conference and the Criminal Law & Sentencing Institute annually. Explore new training topics, as suggested by the various DHS contracted service providers, utilizing guest speakers if appropriate/as needed.**

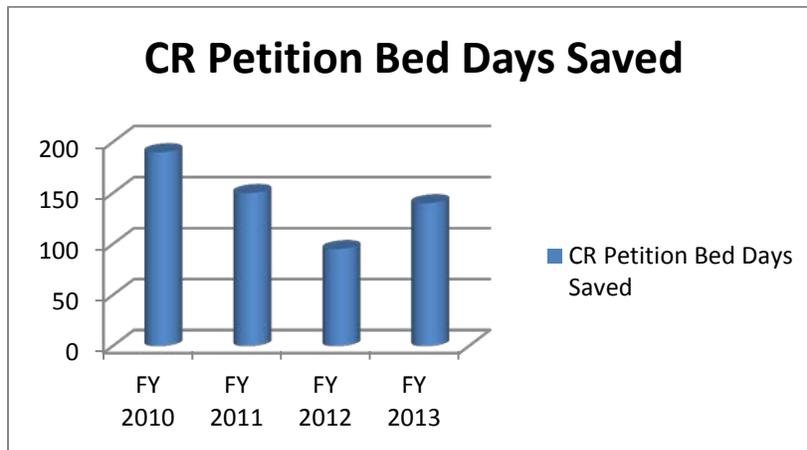
Educational and reference materials are provided for the various DHS processes under WSS 971, such as: Competency Examinations; Treatment to Competency Commitments; and accessing the Outpatient Competency Restoration Program (OCRP). The liaisons also educate the Court on the NGI Commitment process, review the tools available to assist the Court in determining Placement under the NGI Commitment and outline the process for a Petition for Conditional Release (CR). These different phases are tracked through the Court process in an effort to ensure statutory compliance and promote procedural efficiency. The Court Liaison presented at the Criminal Law & Sentencing Institute in May 2013 and at the Clerk of Court Association Conference in June 2013.

- 2. Create cost savings in processing cases under WSS 971.14(5). Develop and implement strategies that will create a cost savings in the CR Petition process under WSS 971.17(4).**

Court Liaison Service works with the Courts to ensure that the Competency Hearing is set within the statutory timeframe that applies to these cases, which results in “Bed Days” being saved in these cases, generating cost savings for the state.



Court Liaison Service works with the Courts and the DHS Providers to ensure that CR Petitions proceed within the statutory timeframes that are outlined for this process, which results in “Bed Days” being saved in these cases, generating cost savings for the state.



3. **Develop and implement a “Court Liaison Service” link online. This would provide all visitors instant access to the various resource materials and available through the Court Liaison; allow visitors to request training dates in their county; and make suggestions for future topics to be covered in the DHS Forensic Newsletter.**

Court Liaison Service had the webpage go “Live” on January 3<sup>rd</sup>, 2013. We continue to add to this site and update the content as needed. We have seen a steady increase in usage, as indicated by the following data:

**WCS Court Liaison Website Activity – February 1, 2013 – June 30, 2013**

Month	Page Views	Unique Page Views	Avg. Time on Page	Entrances
February	77	24	.53	4
March	236	61	.42	19
April	226	67	.36	44
May	182	51	.26	33
June	170	63	.37	45

**Page Views:** Total number of pages viewed. Repeated views of a single page are counted.

**Unique Page Views:** Number of visits during which the specified page was viewed at least once. A unique page view is counted for each *page URL + page Title* combination.

**Avg. Time on Page:** Average amount of time visitors spent viewing a specified page or set of pages.

**Entrances:** Number of times visitors entered your site through the specified address.

4. **Revise and distribute the Customer Satisfaction Survey.**

Court Liaison Service developed a new Customer Satisfaction Survey format and system, utilizing the web-based program “SurveyMonkey.Com”, and we plan to distribute our first electronic survey in August 2013. We are also utilizing the services available through Survey Monkey to have an instant online survey attached to the Court Liaison Service webpage, and we will be collecting feedback on our site this year.

**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 State DHS.**

Court Liaison Service met with the previous service provider on several occasions over the course of the last six months of 2012, and all tracking tools and contact information was transitioned to our office prior to 1/1/13. Court Liaison Service also reached out to the various members of the Milwaukee County Judicial system prior to the end of the year, to assure that the lines of communication were open, and that all the players involved in the system were aware of the changes and who to contact in our office. Court Liaison Service also reached out to the DHS providers to explain the changes, and provide direction on who to contact for different situations. Our office also merged the Milwaukee Forensic Tracking into the statewide Court Liaison Report. We assumed the responsibility of providing Forensic Tracking Reports to the Court for those individuals who were in custody and awaiting admission to the MHI under a forensic commitment and we implemented a new “Monthly Summary” report for the Judicial Review Coordinator. Court Liaison Service is a regular participant at the Milwaukee Judges Meeting and Criminal Coordinating Meeting and our office chairs the Milwaukee County Forensic Systems Meeting.

### **Initiatives Fiscal Year 2013**

- 1) Court Liaison Service developed a comprehensive manual, covering all aspects of the program and operations, including but not limited to: Program Description; Mission Statement; Position Descriptions; Orientation Training; Reference & Training Materials; Order Forms & Processes; Contact Information & Directories.
- 2) Court Liaison Service developed a program brochure, which will be posted on the webpage and distributed throughout the new fiscal year.
- 3) Court Liaison Service assumed the role of chairing the quarterly Milwaukee County Forensic Systems Meeting as of 1/1/13. We have been working in collaboration with Milwaukee County Behavioral Health Division, State Department of Health Services, State Mental Health Institutes, Wisconsin Community Services and other stakeholders to identify system issues and develop strategies to address these issues.
- 4) Court Liaison Service participates in the Milwaukee County Judges Meeting, the Milwaukee County Criminal Coordinating Meeting and the DHS Forensic Systems Meeting on a regular basis.

## Summary of Court Liaison Service FY13 Program Data

	FY09	FY10	FY11	FY12	FY13
<b>14(2) Cases Tracked</b>	N/A	N/A	N/A	1013	2723
<b>14(5) Cases Tracked</b>	712	745	814	952	1549
<b>Days Saved on 14(5)'s</b>	662	914	1308	2946	3295
<b>Avg Days Between Report &amp; Court on 14(5)'s</b>	18	18	21	16	17
<b>14(5) Cases Discharged from Mental Health Institutions</b>	139	135	148	190	256
<b>NGI Cases Tracked</b>	1231	1305	1550	1721	2189
<b>Clients Found NGI</b>	85	97	113	107	106
<b>Clients Ordered Inst Care vs CR on NGI *</b>	35/46	38/54	45/68	34/74	48/67
<b>CR Petitions Tracked</b>	403	314	505	640	851

\* Differences in totals in this row compared to "Clients Found NGI" are due to cases where a court had not yet ruled as to the person's placement prior to the end of the state fiscal year.

## Goals Fiscal Year 2014

**\*Outcome #1: Expectation:** Court Liaison Service will assist the Courts in achieving statutory compliance, as outlined in WSS 971.14(5)(c) by: **Part A)** contacting the Court the day after the report was received to request that a hearing date be set/moved-up in accordance to the statute; **Part B)** follow-up with the Court in writing two days later, if the hearing date has not been set/moved-up.

**Standard:** Defendants appear for a Competency Hearing, within the statutory timeframe of 14 days, in 75 % of these cases. **Part A)** CL Service will contact the Court within one business day of the report being received in 80% of these cases. **Part B)** If the hearing date has not been set/moved after 2 business days, the CL Service will follow-up with the Court in writing in 80% of these cases. **\*\*FY2013 191 of 262 (73%) cases was in compliance with the 14 day timeframe\*\***

**\*Outcome #2: Expectation:** Court Liaison Service will reduce the number of days the defendant remains in the treatment program after being opined as no longer necessary (competent) or no longer appropriate (NC/NL).

**Standard:** Generate an average of 300 "Bed Days" saved per month by reducing the amount of time a defendant spends in the treatment program after the report has been sent to the Court. **\*\*FY2013 averaged 275 "Bed Days" saved per month\*\***

**\*Outcome #3: Expectation:** Court Liaison Service will assist the Courts in achieving statutory compliance, as outlined in WSS 971.17(4)(c)&(d), by contacting the SW and/or the Court to confirm that the petition was received by the Court and that an examiner was appointed.

**Standard:** Defendants have an examiner appointed, within the statutory timeframe of 20 days, in 70 % of these cases. **\*\*FY2013 64% of cases was in compliance with the 20 day timeframe\*\***

**\*Outcome #4: Expectation:** Court Liaison Service will promote the usage of the "On-Line" resources and reference materials for processing cases under WSS 971 by directing people to the site through contact, correspondence, presentations and the DHS Forensic Newsletter.

**Standard:** *The On-Line services will be monitored for access, with the goal of having: 1) 350 "Entrances"-# of times visitors entered site through specific address; 2) 650 "Unique Page Views"-# of visits during which a specific page/link was viewed at least once. **\*\*Webpage went "Live" January 2013-based on first six months of data we had 174 Entrances & 319 Unique Page Views\*\****

# **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**

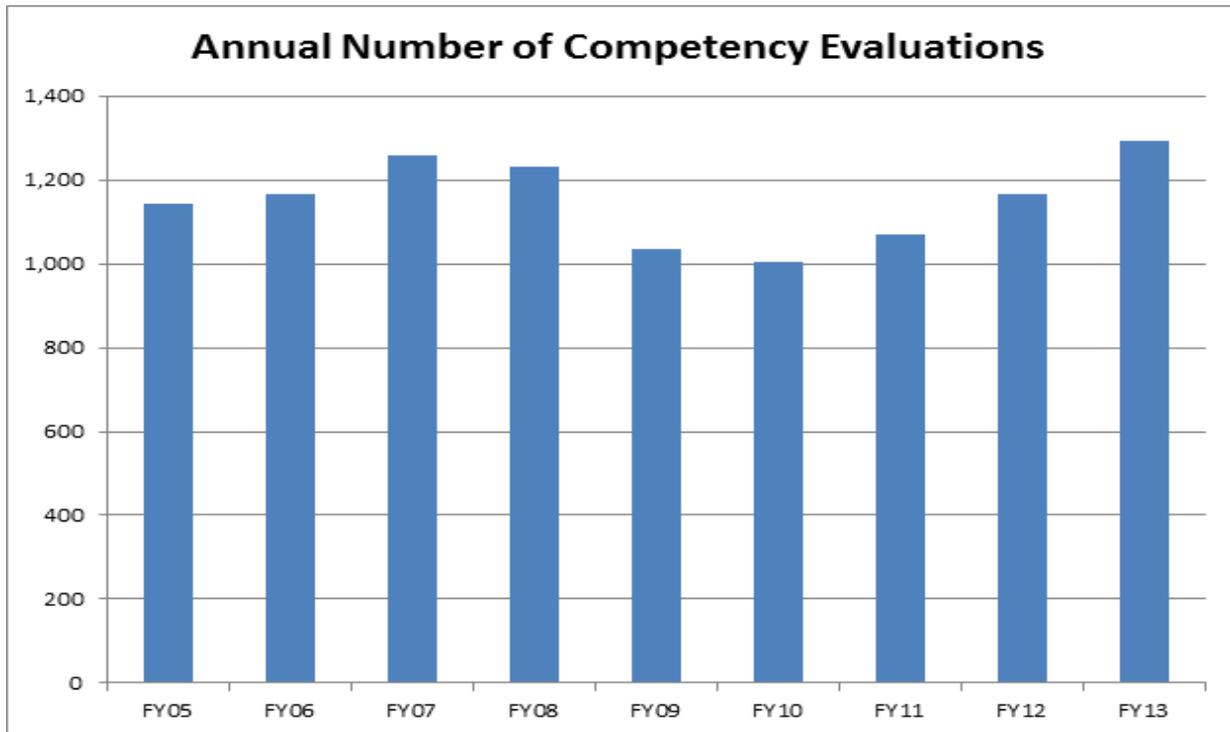
The department completed a total of 1,294 evaluations between July 1, 2012 and June 30, 2013 an 10% increase over FY12's 1,167 evaluations. Of this total, 95% were conducted in the community and 5% at the Mental Health Institutes.

## **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 have been handled by the courts without the time delays associated with inpatient examinations. Further, many fewer individuals had to undergo involuntary forensic inpatient commitments in order to resolve the competency questions and those that were adjudicated incompetent had access to treatment quicker.

The percentage of defendants found incompetent remained about the same from last fiscal year; 35%. There was a 16% increase in the admissions for treatment to competency from 217 defendants in FY12 to 258 in FY13.

The number of competency evaluations has continued to rise since FY10 (July 1, 2009 - June 30, 2010). It is unclear what this trend is indicating. It appears that more mentally ill individuals are being arrested and charged with crimes. If this is the case, does it indicate mental health service delivery gaps at the community level? Is there a need for more jail diversion strategies or mental health court initiatives? The DHS will continue to examine this trend and appropriate strategies will be suggested to address this issue.



### **Outpatient Competency Evaluation Fiscal Year 2014 Goals**

- Expand examiner pool in the north western region of the state
- Develop a webinar training video for the examiners.

# OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

JULY 1, 2012 - JUNE 30, 2013

## Disposition of Evaluations

	#	%
Competent	704	59.0%
Incompetent	415	34.80%
Inpatient 2nd Opinion	2	0.20%
Inpatient Refusal	7	0.60%
Inpatient Clinical	0	0.0%
Undetermined	66	5.50%
<b>Total</b>	<b>1194</b>	<b>100%</b>

## Demographics

<b>Gender</b>	#	%
Male	965	79.60%
Female	247	20.40%
<b>Total</b>	<b>1212</b>	<b>100%</b>

<b>Ethnicity</b>	#	%
Caucasian	688	56.8%
Black	393	32.4%
Hispanic	36	3.0%
Asian	24	2.0%
American Indian	21	1.7%
Other	1	0.10%
Not Specified	49	4.00%

<b>Age</b>	#	%
<21	141	11.6%
21-30	374	30.9%
31-40	239	19.7%
41-50	218	18.00%
51-60	160	13.20%
61-70	53	4.40%
70+	27	2.20%

<b>Multiple Exams/Same Person</b>	#	%
	77	

# **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 FY13 (June 30, 2013), the program served a total of 162 defendants not including 57 that were found inappropriate for restoration in the community or 42 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 27 counties, mostly in the Milwaukee metro, Dane metro and Fox Valley regions. 62 defendants were treated in Fiscal Year 2013. As of June 30, 2013, 20 of those who were still in active treatment while 34 had been discharged from the program.

The treatment outcome for those 34 defendants who were discharged is as follows: 79% (27 defendants) were found competent to proceed with their criminal cases, 6% (2 defendants) were referred to an inpatient facility and 15% (5 defendants) had their cases dismissed.

The average length of time to treat these defendants in the community to become competent to proceed with their court cases was 128 days at a cost of \$25,418 per defendant (total program cost of \$686,294 divided by 27 made competent). This compares with an average length of stay of 99 days at a cost of \$62,708 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 was 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.

11 WRC inmates were treated to competency during FY 2013. 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.

## **Review of Fiscal Year 2013 Goals**

The Outpatient Competency Restoration Program set two goals for FY13:

- 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.

**Outcome:** The entire intake process takes, on average, 21 days to complete with a range between 8 to 33 days. Efforts to streamline the enrollment process include prearranging intake assessment dates/times with our providers for the potential program participants. These assessments are prearranged to enable the court to inform defendants at the time the court orders treatment to competency is made that they may be eligible to receive this service in the community. Unfortunately, despite OCRP's efforts, no court has exercised this option. Nonetheless, it has aided in reducing processing time as an Intake Specialist has already reserved time slots. Thus, we will continue this effort. Other factors causing delays in participant enrollment include variable workloads at the case management agency level; a factor which falls outside of our control though also impedes rapid turnaround times for initial environmental assessments. Our analysis of factors which may delay the intake process at various stages will continue in the coming year as will our efforts to address them when possible.

- Identify judicial areas outside of the current OCRP catchment area that would best be served by future program expansion.

**Outcome:** Based upon inquiries, referrals and population, the greater La Crosse County area appears a logical place to prepare for expansion. The presence of a university should provide a source of appropriately trained professionals (i.e., behavioral specialist, Intake Specialist).

### **Outpatient Competency Restoration Fiscal Year 2014 Goals**

- Develop a plan for expansion in the La Crosse area.
- Continue to develop a series of webinar training tools for the case managers and Behavioral Specialist.

# 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 participants as they prepare for their release from prison and transition to the community. The participants who choose to enroll 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 participants 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. By 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 FY13 average annual cost to incarcerate a general population inmate is approximately \$32,135. The FY13 average annual cost to incarcerate a mentally-ill inmate at the Wisconsin Resource Center is approximately \$146,999. The FY 13 average annual cost to serve the OARS participant was \$16,996.

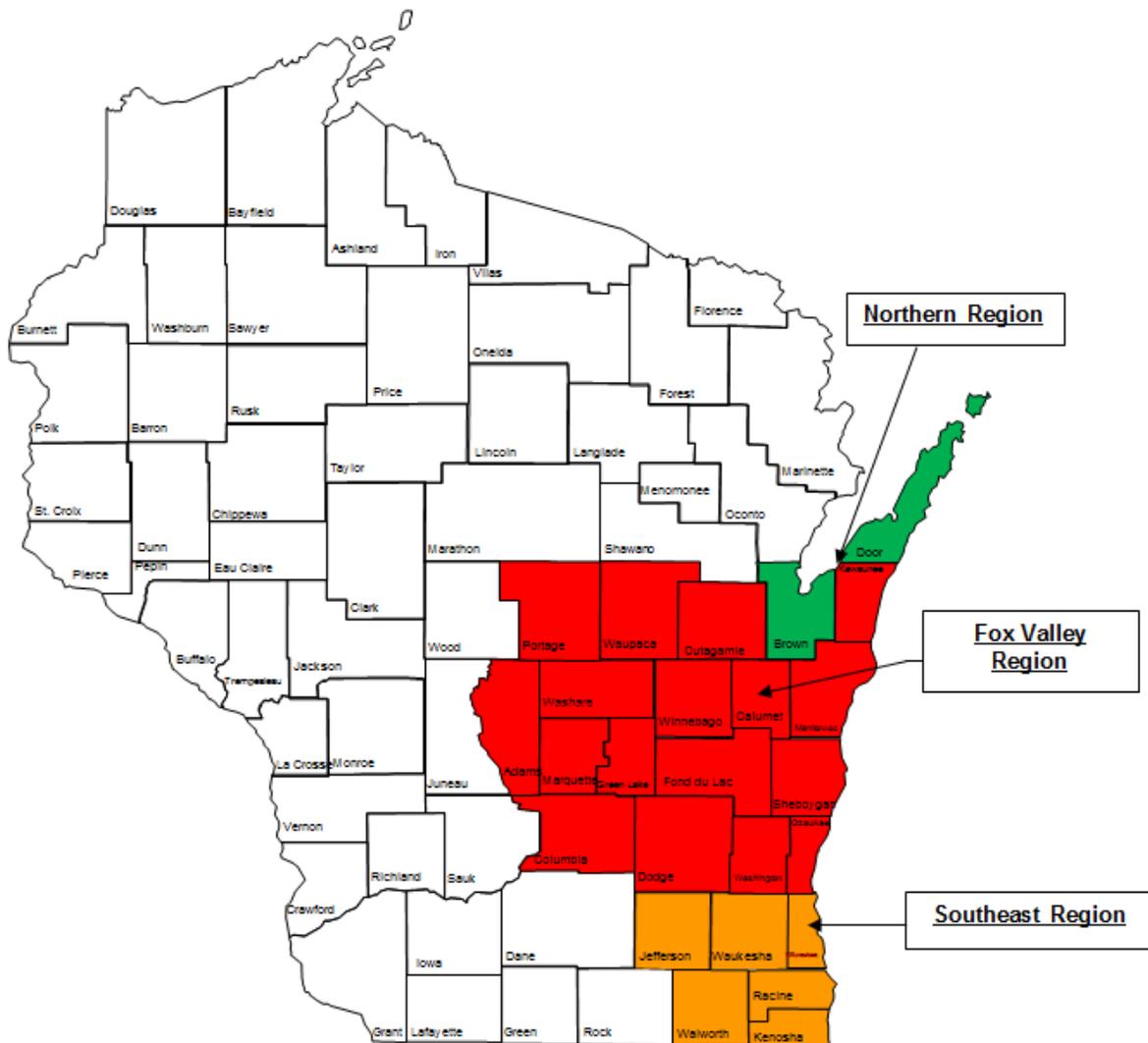
OARS team members carefully manage risks by employing evidence-based practices such as targeting high-risk and high-need participants; emphasizing medication compliance; utilizing person-centered, strengths-based, and motivational interviewing approaches; and drawing upon a hybrid of other proven program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

The 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 risk, 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 third 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) as well as the DHS contracted case management service providers.

# Opening Avenues to Reentry Success

## PROGRAM COVERAGE MAP



DHS OARS Contact for Southeast Region: Boon Coleman, (608) 266-3878

DHS OARS Contact for Fox Valley and Northern Region: Sarah Puls, (608) 261-9314

### **MISSION:**

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

### **VISION:**

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

# Opening Avenues to Reentry Success

## PROGRAM ACCOMPLISHMENTS - FY13

During the third year of operations, the OARS program accomplished a number of goals that it set for itself in fiscal year 2013. The institutions, agencies, and staff supporting the OARS program are committed to the program mission and vision. The three DHS contracted case management providers, Adult Care Consultants (ACC) for the 17 counties of the Fox Valley region, Wisconsin Community Services (WCS) for the 6 counties of the Southeast region and Lutheran Social Services covering Brown and Door counties, added this fiscal year to the program, have a long-standing history of providing services within the DHS Conditional Release Program. All three agencies have expanded their scope to address the unique challenges presented by the OARS population. After three 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.

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

- Continued to actively learn and use motivational interviewing to assist clients in recognizing what might need to change and to create the motivation to make those positive changes. ACC was asked to present at the motivational interviewing training in August 2013 for the second year in a row.
- Administered the DHS Trauma Informed Screen to OARS participants. Case managers were able to assist clients seek appropriate interventions to address any trauma areas that the client identified.

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

- Implemented DHS Trauma Screens with all participants as a means of assessment and engagement. Enabling team members to be better informed regarding a participants trauma issues and engaging them in treatment.
- Incentive programs are utilized to motivate participants with problematic behaviors.
- Expanded and identified community resources and providers that can meet the needs of the OARS population.
- Expanded prison in-reach to serve participants releasing from Robert E Ellsworth Correctional Center and John C. Burke Correctional Center

- Introduced healthy choice initiatives by offering YMCA passes and other fitness opportunities to participants.
- As part of routine assessment, participants with AODA issues were referred to Wiser Choice as an alternative payer source.
- Established positive working relationships with Milwaukee Secure Detention Facility, Milwaukee County Criminal Justice Facility and Kenosha Detention Facility.
- Developed collaborative, weekly meetings with Unlimited Potential's clinical staff to address difficult participant circumstances/decompensation.
- One participant was approved for and is receiving Family Care benefits.
- OARS staff was provided training in Advanced Motivational Interviewing, Ethics & Boundaries, Suicide Prevention, Nonviolent Crisis Intervention, Personality Disorders, Sex Offender Training and Smoking Cessation.

### **Northern Region (LSS)**

- The OARS Program expanded into Brown and Door counties at the end of FY13, taking its first participants in the community in August of 2013.

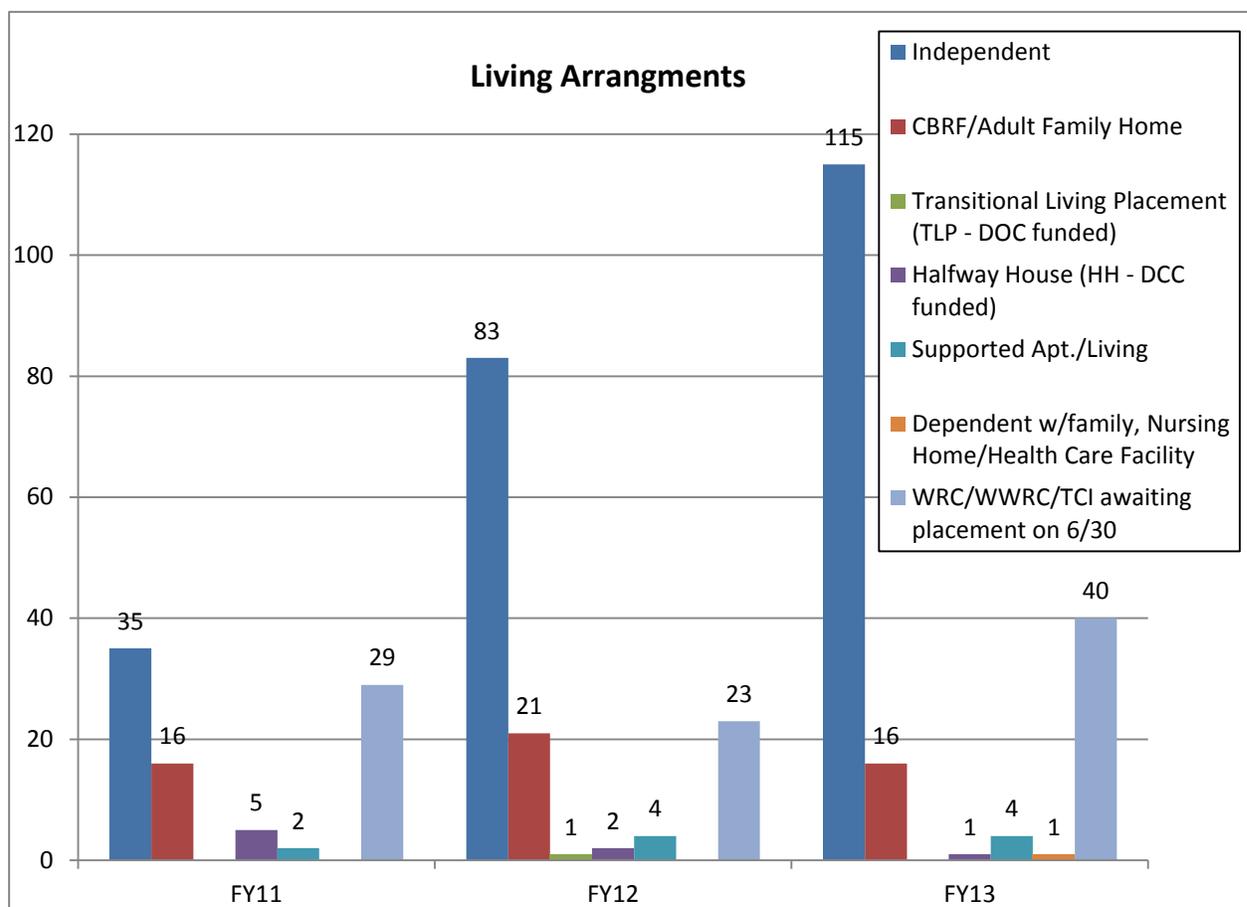
### **OARS Program Highlights:**

- Focused on enhancing the opportunity for eligible inmates to participate in the program by lowering the costs associated with serving each individual.
- Continued to support and monitor case managers to achieve fidelity in the use of Motivational Interviewing Techniques, Suicide Prevention, Nonviolent Crisis Intervention, Personality Disorders, Sex Offender Training and Smoking Cessation.
- Expanded program coverage into Brown and Door counties.

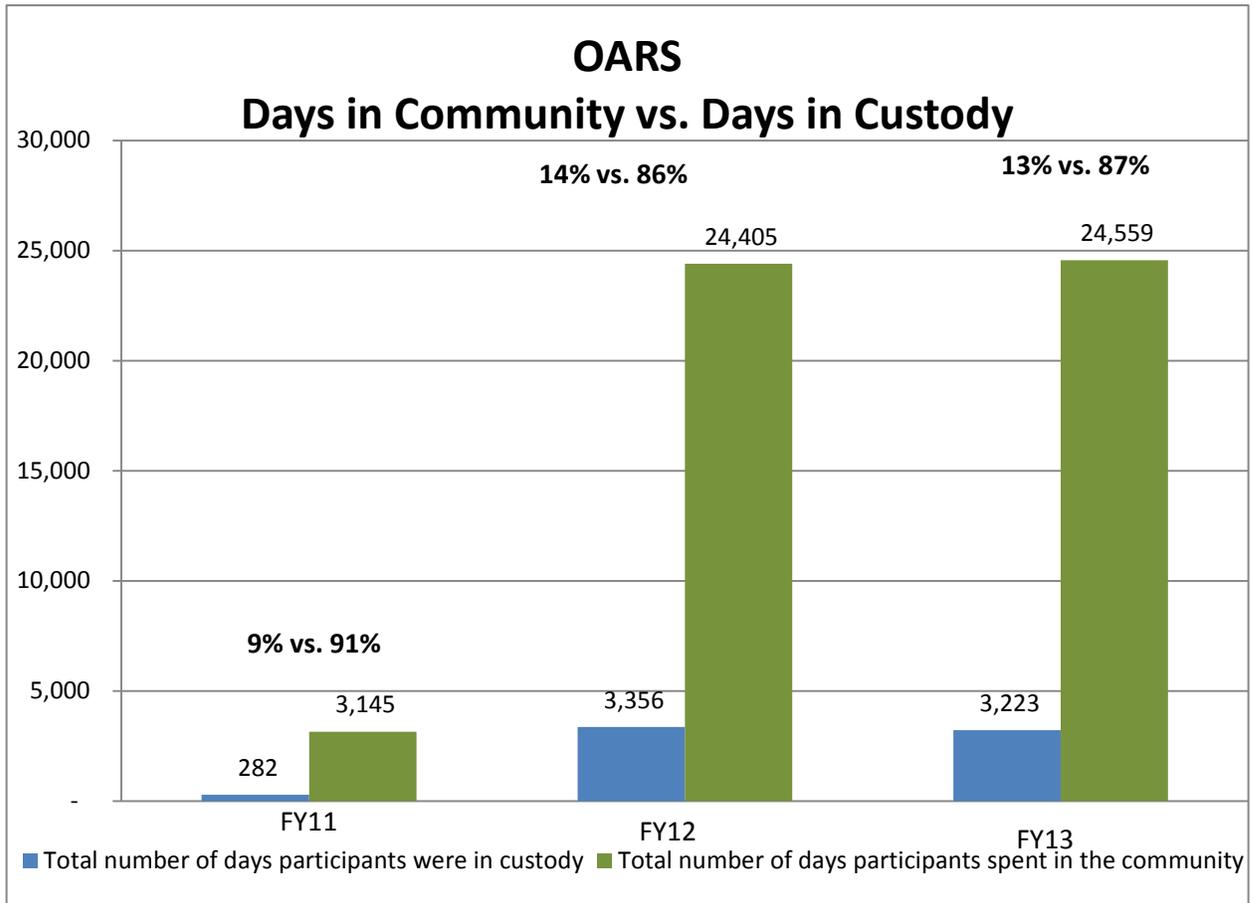
### **OARS Program Data Highlights:** *(please see data section for more details)*

- The program provided services to 174 participants, of which 137 participants were served in the post release phase
- 48% of participants were referred to the program with a high risk rating, based on DOC assessment tools
- 85% of participants had a primary major mental health diagnosis
- 67% of participants suffered from a diagnosed co-occurring substance use disorder

- 58% of participants were diagnosed with a co-occurring Axis I major mental illness and an Axis II personality disorder
- 25% of participants were subject to sex offender supervision rules
- 4% were convicted of a new crime during their enrollment in the program
- 67% of post release participants were receiving SSI and/or SSDI benefits
- 84% of post release participants were receiving Food Share
- 2% of post release participants were receiving benefits through Family Care
- 84% of participants resided in independent living during the majority of the post release phase *(See graph below for more information)*
- 12% of participants resided in a CBRF or Adult Family Home throughout the majority of the post release phase.

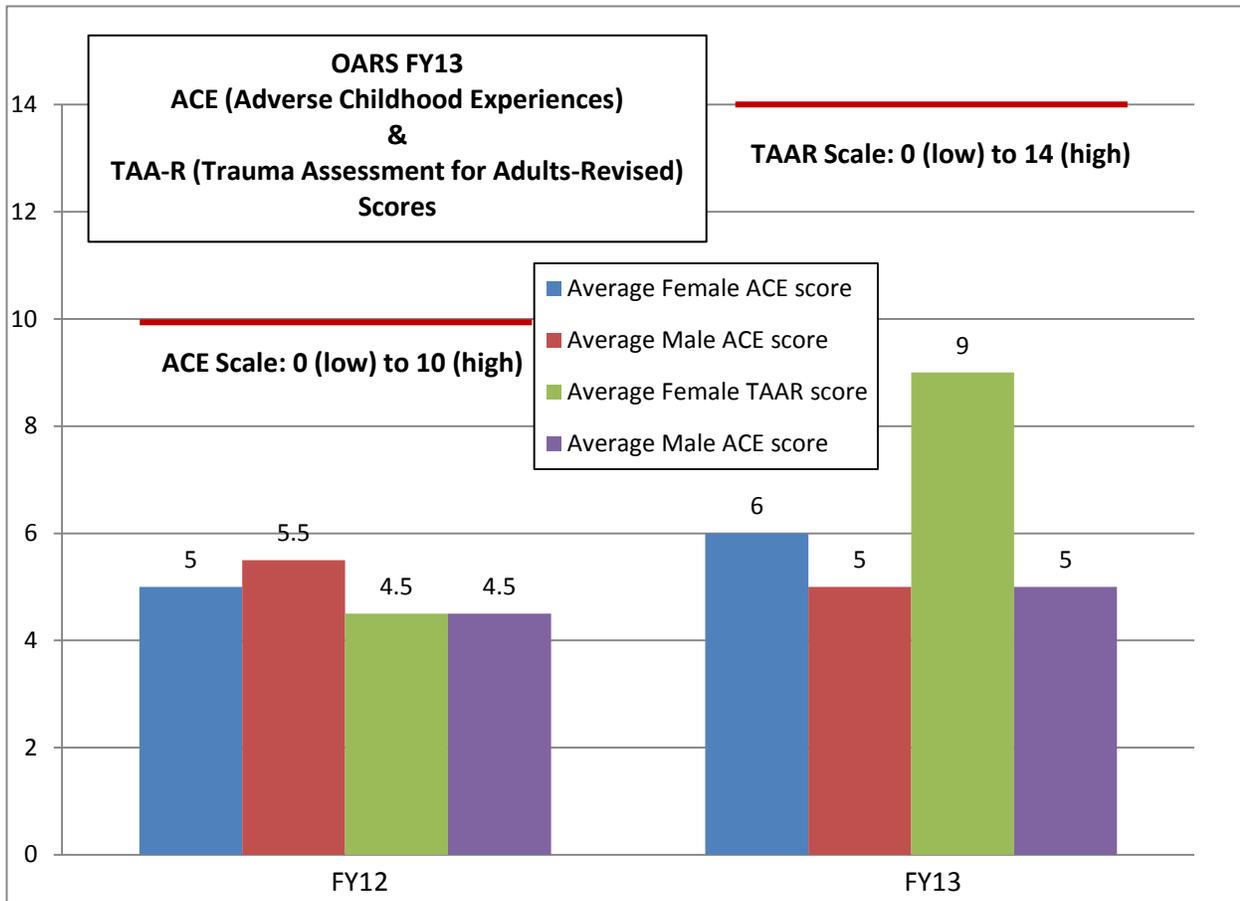


- During the post release phase, OARS participants spent 87% of their time in the community vs. 13% of their time in custody.



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).

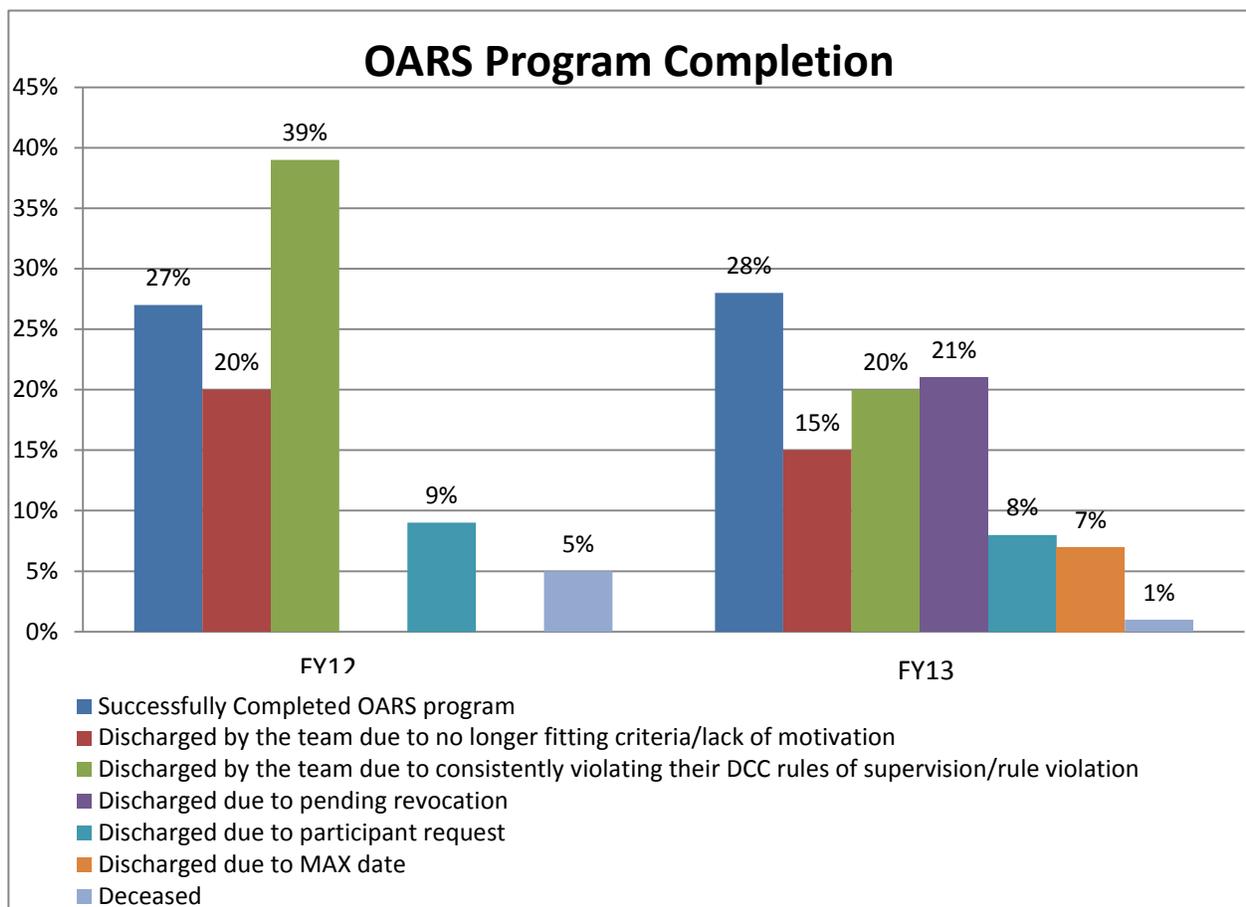
These screening tools are administered by the OARS case manager in the pre-release and post release phases. Screening provides an opportunity to enhance the professional working relationship with the participant, reduce the stigma and silence surrounding traumatic experiences, and to recognize many ‘problem’ behaviors as coping strategies. Results from these tools indicate a significant degree of trauma history in both the male and female populations served. One hundred percent (100%) of participants were offered these screens.



**Program Discharges:**

*(see chart below for more details)*

- 28% of participants successfully discharged from the OARS program
- 20% discharged due to consistent violations of their rules
- 15% discharged due to team decision (primarily due to lack of motivation and meaningful follow through)
- 8% discharged due to participant request
- 1% passed away while in the program (heat related death)



# Opening Avenues to Reentry Success (OARS) Data

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

# Opening Avenues to Reentry Success

## REVIEW OF FY13 GOALS AND INITIATIVES

**Goal 1:** The DHS OARS program contracted case management agencies will incorporate monthly case management Motivational Interviewing (MI) skill building activities and peer learning groups.

**Outcome:** Achieved

The OARS contracted case agencies demonstrated an acknowledgement of the value of motivational interviewing techniques to engage the client, elicit change talk, and evoke motivation to make positive changes. Each month case managers actively reviewed and assessed their motivational interviewing skills by listening and coding a peer's taped session with a participant and by performing an exercise that promotes growth of the skills case managers possess. The case managers have grown in their abilities in the following areas:

- Successfully using MI in conversations with their OARS participants.
- More accurately coding taped sessions of peers.
- Being able to provide peers with constructive comments regarding what was done well in a taped session and what could be done better or differently.

**Goal 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.

**Outcome:** Achieved

Case managers administer two trauma informed assessment tools to clients: The Adverse Childhood Experience (ACE) and the Trauma Assessment for Adults – Revised (TAAR). These are administered at the time the participant is enrolled in the program (pre-release) and a month or two after they have been placed in the community. The assessments are scored and the scores are submitted monthly as part of the tracking of the contract objectives. One hundred percent (100%) of participants were offered these screens.

Case managers are trained to have a basic understanding of how trauma affects the lives of the individuals they serve. The assessments aide the case managers in having an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that they can find services and programs that can be more supportive of the client and avoid re-traumatization.

**Goal 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.

**Outcome:** Achieved

The DOC Disabilities Reentry Coordinator collaborated with the DHS OARS Program Specialists and DCC to identify the need for urinalysis screens within the OARS regions. Instant screens were purchased and have been utilized throughout the fiscal year. Availability and accessibility of urinalysis kits throughout the OARS regions were greatly enhanced. Towards the end of this fiscal year, the DCC implemented a policy regarding UA's which involves agents utilizing COMPAS to help manage the frequency of screens among all participants on their caseload. The DHS OARS Specialists and DOC Disabilities Reentry Coordinator worked collaboratively with the DCC administration to ensure that the OARS case managers will continue to be actively involved in the treatment planning process related to the utilization and frequency of urine screens, and can continue to request and recommend increases in frequency for the OARS population. This goal area will continue to be monitored.

**Goal 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.

**Outcome:** Achieved/on-going

The DHS OARS Program Specialists worked diligently with OARS case management agencies, institution staff, DCC and DOC to update the OARS program manual during this fiscal year. In July 2013, the updated version of the manual will be posted on the DHS Community Forensics Internet website for easy access and it will be shared with all OARS program staff.

**Goal 5:** To offer Smoking Cessation training to OARS program staff and explore this practice as an initiative to adopt in FY 2014.

**Outcome:** Achieved/on-going

The DHS Community Forensics unit arranged for Smoking Cessation training for all case management staff, institution representatives, and DCC agents in October of 2012. Following this training, agents and case managers began utilizing the concepts and resources among the OARS population. In addition, the program adopted the "Smoking Cessation Checklist" to be utilized with program participants to help increase awareness and offer support to those that are willing and interested in quitting smoking. Resources through programs such as WiNTiP are being utilized and the issue is addressed with participants on an ongoing basis using a motivational interview style approach.

**Goal 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.

**Outcome:** On-going; Discontinue

The DHS OARS administration team has continued to encourage and support DOC’s efforts to develop and implement a mental health institution based ATR for the female correctional population. A committee was established and DOC plans to continue to support this initiative. The DHS OARS administration will continue to be available to provide feedback and encourage the development of this opportunity.

**Goal 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.

**Outcome:** Achieved

The OARS program case management providers have implemented a service agreement to utilize among high cost sub-contracted agencies, such as medication monitoring providers and costly residential placements. These are intended to better streamline the services requested and hold sub-contracted providers accountable to the agreements. The treatment providers will share the sub-contract templates and agreements with the DHS Program Specialists as requested or as modifications are made to the existing templates.

**Goal 8:** To develop a participant satisfaction survey for use following discharge from the program.

**Outcome:** Achieved

The DOC Disabilities Reentry Coordinator and DHS OARS Program Specialists worked collaboratively with DOC administration to develop a participant satisfaction survey to be utilized shortly before discharge, or following discharge from the OARS Program. DOC piloted the survey in May of 2013 and minor changes were made. Moving forward, DOC and DHS will work on developing a plan for full program implementation.

# Opening Avenues to Reentry Success

## FY 14 GOALS AND INITIATIVES

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

- Implementing the OARS Exit (Satisfaction) Survey.
- Focus on researching/improving meaningful, healthy activities.
- Focus on increasing accessibility to quality medical care and benefits (patient assistance measures); which will also improve cost savings.

# Opening Avenues to Reentry Success

## SUMMARY AND CONCLUSIONS

In the third year of operations, the OARS Program staff continues to develop expertise in addressing the profound clinical, social and criminogenic needs of this population. 174 participants were served in fiscal year 2013; 137 of whom were residing in the community.

Challenging programmatic areas which require further work include: 1) improving the accuracy of the clinical diagnosis component of an inmate's assessment prior to the inmates referral to the OARS program; 2) compliance with and investment in OARS programming by the inmate during the pre-release phase. Problematic, assaultive, non-compliant behavior which cannot be tolerated in the community needs to be challenged and addressed within the prison setting by institution staff, community case managers and field agents; and 3) enhanced strategies for engagement of inmates who are enrolled during the pre-release phase. From enrollment date within the prison to placement in the community, case managers and DCC Agents play an important role in creating a meaningful and effective bridge to support the participant's transition back into the community.

The OARS population has a stunning array and volume of needs. Long term positive change for this group requires highly individualized, targeted approach which is dynamic and flexible in its change strategy. By definition, this population ranks medium to high in risk of committing new crimes. Community safety is paramount. By using a cohesive team approach with seamless, ongoing communication amongst the team members, the team remains in a proactive position to effectively intervene when case problems develop.

The stakes are high but the benefits are great in terms of community safety, positive community reintegration and reduced tax dollar expenditures at the local and state level.

# 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.