



Wisconsin
Department of Health Services

*DIVISION OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES*

COMMUNITY FORENSIC SERVICES

ANNUAL REPORT

OPENING AVENUES TO REENTRY SUCCESS PROGRAM

(This is an excerpt of a larger report)

JULY 1, 2012 – JUNE 30, 2013
(FISCAL YEAR 13)

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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.

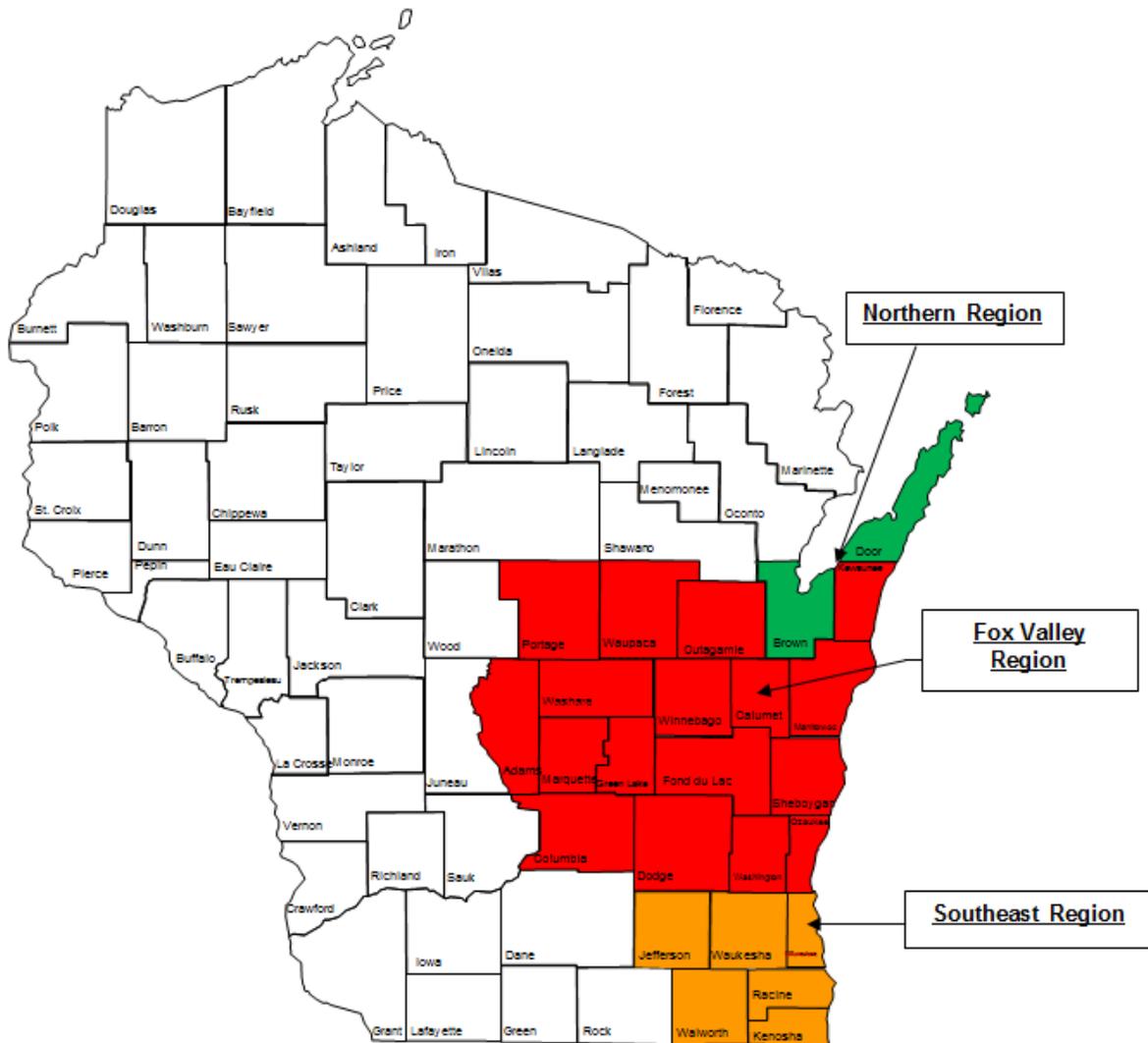
OARS team members carefully manage risks by employing evidence-based practices such as targeting high-risk and high-need participants; emphasizing medication compliance; utilizing person-centered, strengths-based, and motivational interviewing approaches; and drawing upon a hybrid of other proven program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

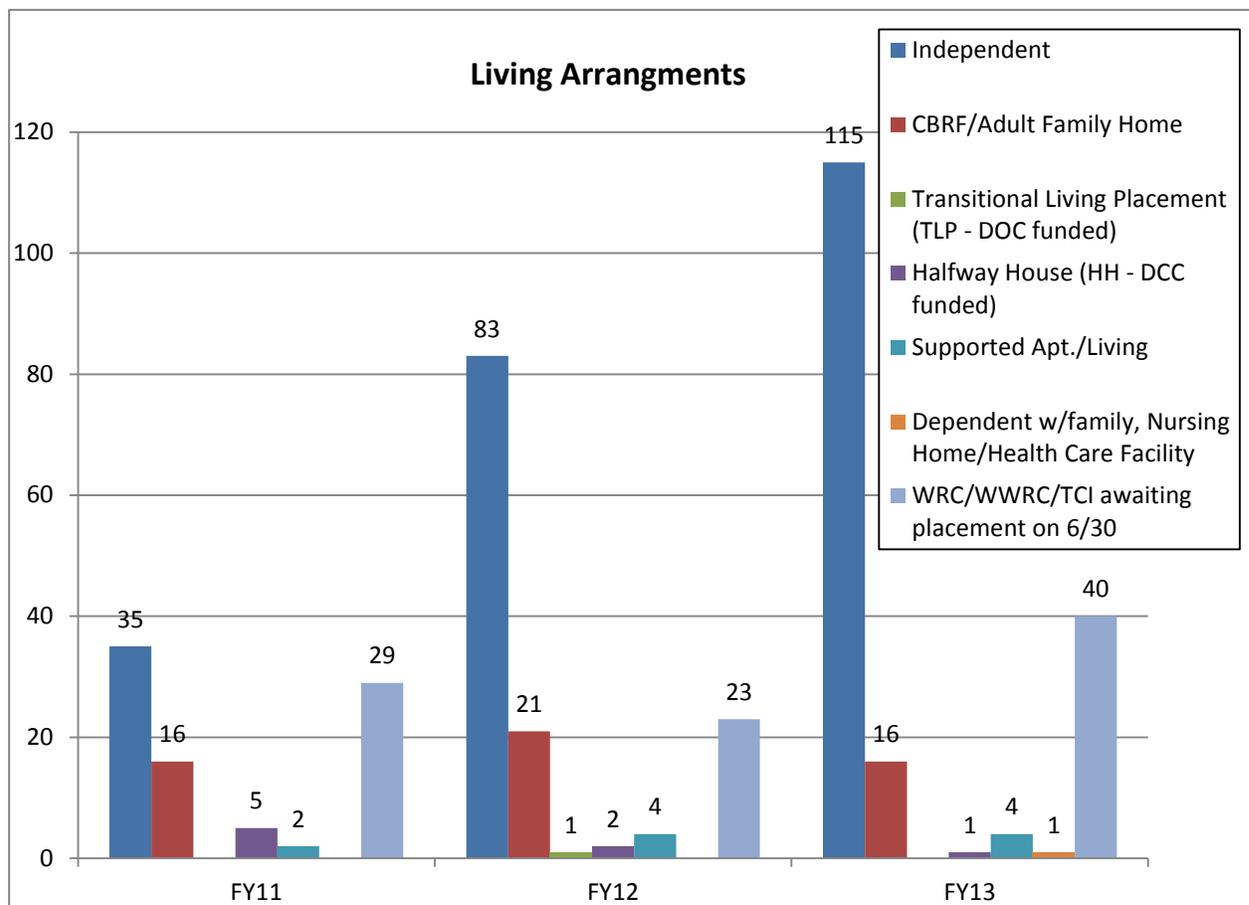
OARS Program Highlights:

- 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.

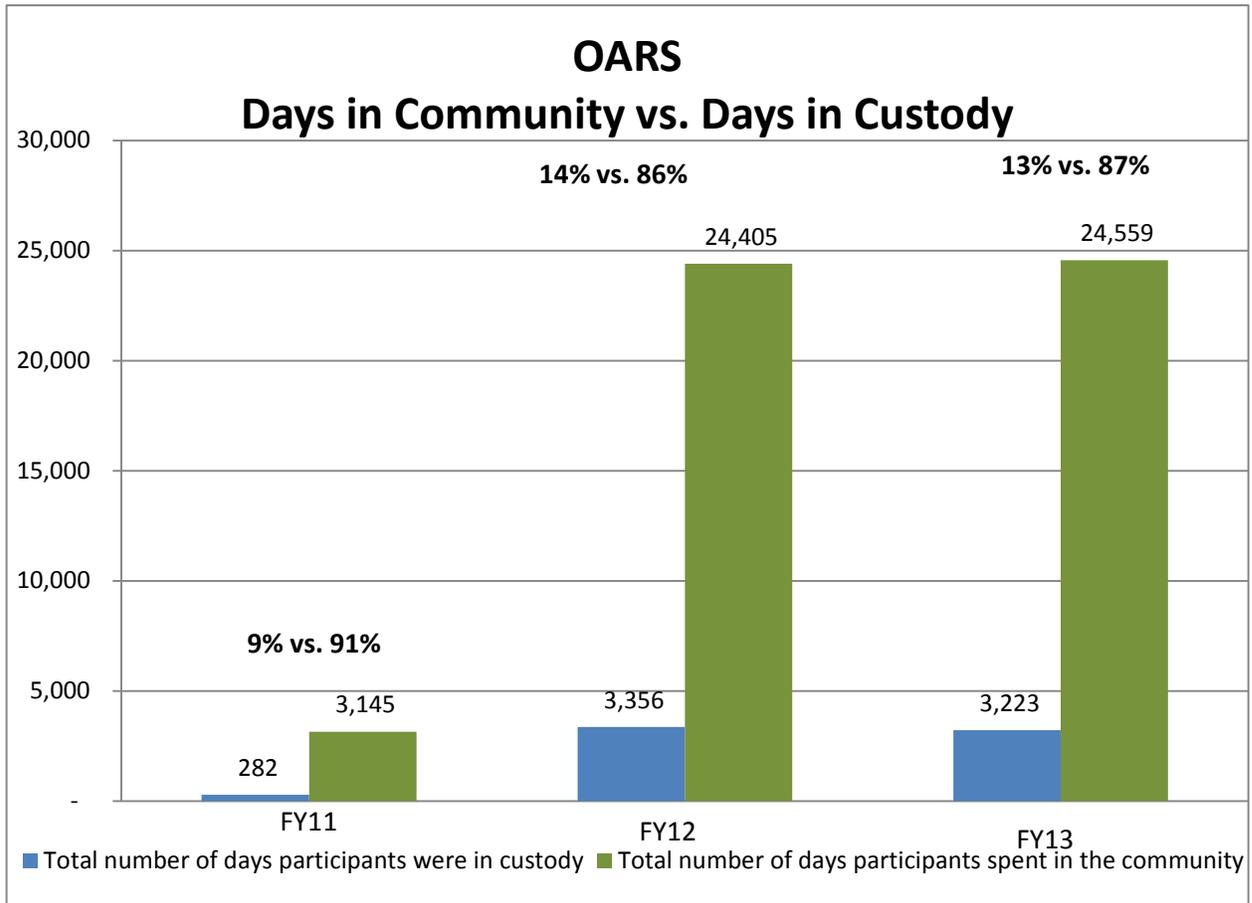
OARS Program Data Highlights: *(please see data section for more details)*

- 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.

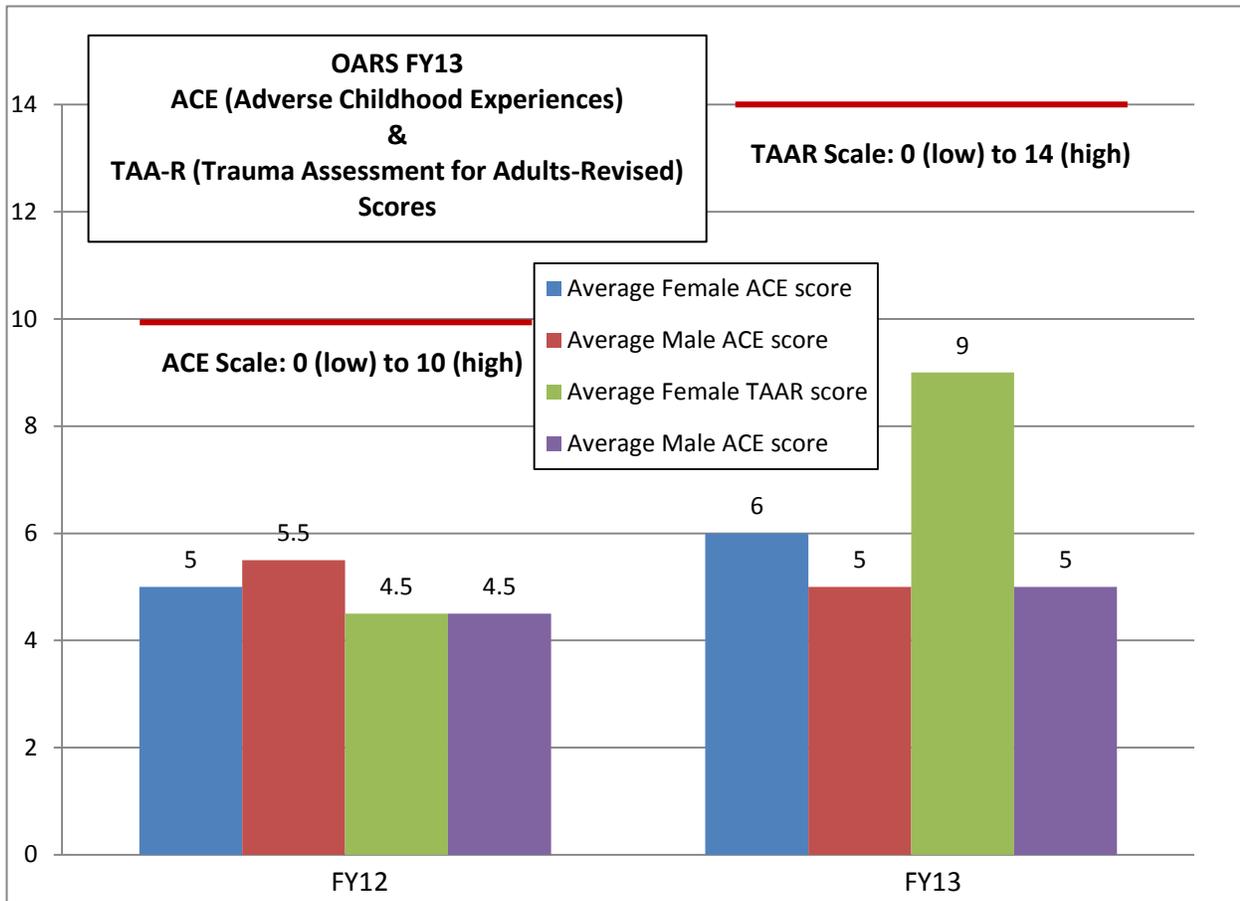


- During the post release phase, OARS participants spent 87% of their time in the community vs. 13% of their time in custody.



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).

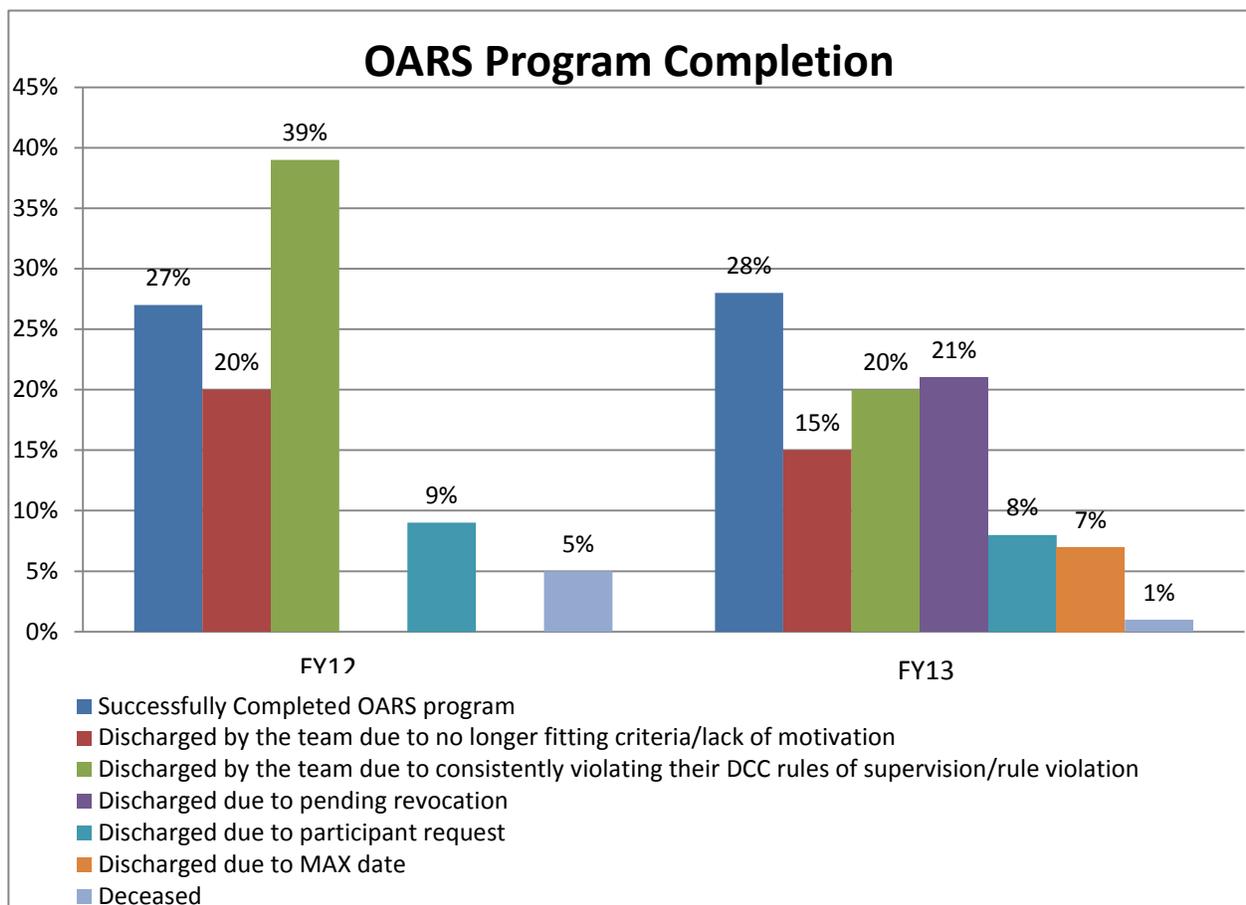
These screening tools are administered by the OARS case manager in the pre-release and post release phases. Screening provides an opportunity to enhance the professional working relationship with the participant, reduce the stigma and silence surrounding traumatic experiences, and to recognize many ‘problem’ 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

	FY11 Total	FY12 Total	FY13 Total
Total Served, eliminating transfer duplication, pre & post	88	142	174
ADP	48	79	101
Admissions to OARS Program			
Pre-release as of 6/30	29	23	40
Post-release as of 6/30	72	76	69
New Admissions Release Origin			
WRC	52	34	42
	59%	45%	61%
WWRC	n/a	3	2
	n/a	4%	3%
TCI	36	23	24
	41%	30%	35%
Living Situation			
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
Employment			
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
Diagnostic Categories			
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%
Crime at Sentencing			
% 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%
Percentage of total served revoked	3%	4%	1%
Total participants placed in short-term hospitalization (WRC/TCI, community)	9	20	24
Percentage of total	29%	18%	17%
Percentage of population approved for SS benefits as of 6/30	63%	66%	66%

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.

For more information on this report, please contact:

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