

# Opening Avenues to Reentry Success (OARS) Program

## ANNUAL REPORT FISCAL YEAR 2011

INTRODUCTION	Pages 2
PROGRAM MISSION AND VISION STATEMENTS	Page 3
PROGRAM EVOLUTION	Pages 4-8
REGIONAL PROVIDER MAP	Page 9
PROGRAM ACCOMPLISHMENTS OF FY 11	Pages 10-12
FY 12 GOALS AND INITIATIVES	Page 13
SUMMARY AND CONCLUSIONS	Pages 14-15
OARS PROGRAM PIE CHARTS	
OARS PROGRAM DATA	

## **INTRODUCTION**

The OARS program is a joint venture between the State of Wisconsin's Department of Corrections (DOC) and Department of Health Services (DHS). The OARS program is modeled after the successful DHS Conditional Release program. The purpose is to fund, coordinate, and administer quality reentry services to the highest need and risk based population of mentally ill offenders as they prepare for their release from prison and transition to the community. The offenders who choose to participate in this voluntary program are provided an array of comprehensive, individualized, wrap-around services specific to their needs and risk factors. The OARS program employs a team approach involving institution treatment staff, contracted forensic case managers, community corrections agents, DHS program specialists, and community treatment providers.

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

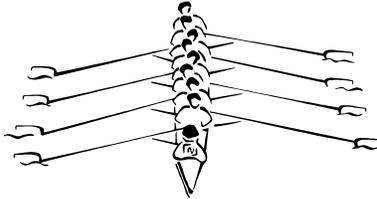
The OARS program seeks to demonstrate that by providing these individuals with intensive and effective transitional services for a one- to two-year period, the cost savings is substantial, in addition to the added benefits of enhanced community safety and the offenders' successful reentry to society.

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

This program strives to develop and share innovative ideas, program successes, resources, and comprehensive outcome data for the betterment of statewide correctional services and national forensic programs. Strong team relationships have been developed across departments and with private contractors in order to manage risks, maximize efficacy, and provide quality service to individuals in the pre-release and post release phases of the Wisconsin correctional system.

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

# Opening Avenues to Reentry Success



## **MISSION:**

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

## **VISION:**

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

# Opening Avenues to Reentry Success

## PROGRAM EVOLUTION

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

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

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

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

The OARS program began enrolling participants in August 2010, and is now entering a second year. Many of the first year participants have successfully entered the post release phase. The first year's goal to serve 88 participants was met, and in the first year fewer than 5% of offenders had returned to prison after nine months. Despite the program's infancy, the early success and significant groundwork laid in the first year is promising.

**Target Population:**

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

1. Rated moderate to high risk as determined by the Department of Corrections 502 Risk Assessment tool;
2. Diagnosed with a serious and persistent mental illness (coded as MH-2A or MH-2B by the DOC);
3. Six months post-release supervision time remaining with the Division of Community Corrections;
4. Releasing to the OARS implementation phase coverage territory (*see coverage map pg. 10*);
5. Offenders must demonstrate a general motivation and willingness to engage in treatment programming, as evidenced by their involvement in pre-release activities and cooperation with institution treatment recommendations.

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

**Preliminary program goals:**

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

**Collaborative Partners:**

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

**Enrollment Process:**

The DHS OARS program specialists review program referrals received from TCI and WRC to verify suitability. The OARS program specialists request program referrals six

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

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

#### **Pre-Release Phase:**

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

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

The OARS case manager coordinates an Individualized Case Plan staffing approximately 30 days prior to release, which involves the treatment team, community corrections agent, institution social worker, and the participant. At this time, release plans and goals are discussed and finalized so that everyone on the team is aware of their individual responsibilities to aid the participant's successful transition from institution to community.

### **Post-Release Phase:**

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

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

### **Program Discharge:**

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

The ultimate goal of the OARS program is to assist the offenders to gain insight into the benefits of positive community reintegration and the behavior necessary to prevent recidivism. By working to provide services to offenders to help them attain their personal goals for successful reintegration into the community, the program seeks to motivate and empower offenders to make healthy choices. Establishing personal stability and local supports/services is essential, followed by a titrated reduction of OARS services in preparation for successful discharge from the program. The targeted maximum length

of time that a participant will be enrolled in the program is two years. Successful completion of the OARS program is individualized, with consideration given to the following:

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

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

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

### **Evidence Based Practices:**

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

### **Multidisciplinary Team Approach:**

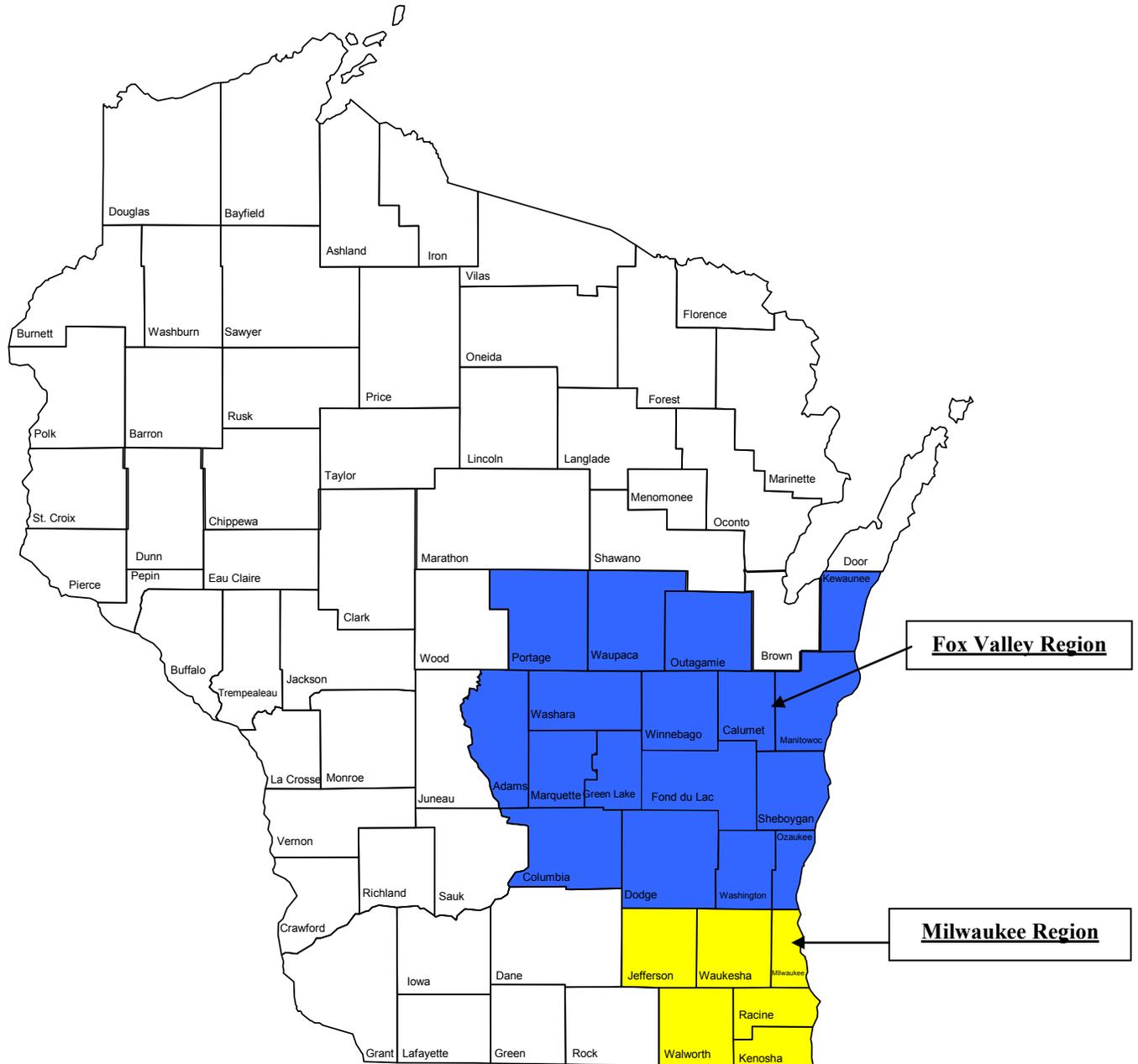
The OARS program adopted the DHS Conditional Release program's multidisciplinary team approach, including institution staff, an assigned case manager, DCC agent, DHS program specialist, and community team members (county case manager, peer support, family member, etc.). The team convenes frequently in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

Members of the OARS team also convene to review and discuss participant rule violations and significant treatment concerns. Also adopted from the DHS Conditional Release program, this concept lends the opportunity for a collective, thorough team review and creative, thoughtful plans for addressing the concerns. The teams develop a

plan to address the specific violations or treatment concerns to maximize the use of community resources while keeping the safety of the community and the program participants at the forefront of the decision making process.

# Opening Avenues to Reentry Success

## PROGRAM COVERAGE MAP



# Opening Avenues to Reentry Success

## PROGRAM ACCOMPLISHMENTS - FY11

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

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

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

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

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

**WRC and TCI Highlights:**

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

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

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

**Fox Valley Region Highlights:**

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

**Southeast Region Highlights:**

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

**OARS Program Highlights:**

- Orienting provider case management agencies, institution staff and DCC agents to OARS concepts, goals and mission;
- Crafting the enrollment, pre-release, and post release program procedures;
- Organizing trainings for OARS program staff, including: Dual Diagnosis Treatment, Trauma Informed Care, and Motivational Interviewing;
- Presenting the OARS program goals and initiatives at the National Mental Health and Corrections conference in Chicago, IL;

- Enhancing Alternative to Revocation (ATR) opportunities for the OARS population by partnering with WRC to develop a specialized mental health ATR program for male OARS participants.

**OARS Program Data Highlights:** (please see attached data section and pie charts)

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

# Opening Avenues to Reentry Success

## FY 12 GOALS AND INITIATIVES

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

1. To refine the definitions used in the data collection process, ensuring the information gathered is both necessary and accurately depicts the realities of the program functions.

Target completion date: 12/31/2011

2. To complete and distribute the OARS program operations and procedures manual.

Target completion date: 1/31/2012

3. To partner with the DHS OARS contracted case management providers to develop a comprehensive and consistent method of coordinating costly treatment and housing services for the OARS population utilizing a service agreement.

Target completion date: 3/1/2012

4. To identify a comprehensive trauma assessment tool for use within the program. To research and improve access to institution and community trauma treatment and services.

Target completion date: 6/30/2012

5. To collaborate with Women's Wisconsin Resource Center (WWRC) and Taycheedah Correctional Institution (TCI) in developing an institution Alternative to Revocation (ATR) with a focus on psychiatric stabilization and symptom management for the female OARS population.

Target completion date: 6/30/2012

6. To provide Person Centered Planning (PCP) training to OARS program staff and incorporate concepts of PCP and motivational interviewing into OARS participant Individualized Case Plans.

Target completion date: 6/30/2012

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

Target completion date: 6/30/2012

# Opening Avenues to Reentry Success

## SUMMARY AND CONCLUSIONS

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

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

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

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

Building a new program based on existing models also requires considerable adaptation. While many aspects of the OARS program mirror the established principles of the DHS Conditional Release program, the pace and intensity level of serving moderate to high risk, mentally ill offenders is significantly more demanding. The OARS population typically has less insight into their mental health needs and present as less psychiatrically

stable and more criminally oriented than the forensic mental health population released from state psychiatric institutions. While the same principles of team collaboration and wrap around services apply to both populations, the OARS population often requires more time, attention, and resources. Nonetheless, the focused intensity of serving this population in the first year demonstrates many positive outcomes and success stories. As the current and future population continue to be served it is anticipated that the data will illustrate these outcomes quite clearly.

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