Wisconsin Department of Health Services
Division of Care and Treatment Services

2016 Annual Report

P-00568-2016 (02/2017)
Introducing DCTS

We are pleased to introduce you to the new Division of Care and Treatment Services (DCTS). DCTS was established on July 1, 2016, as part of a larger reorganization effort at the Department of Health Services (DHS).

The DHS reorganization moved the state centers for the developmentally disabled into the same administrative structure as the state mental health institutes, the state secure treatment centers, the oversight of community-based forensic treatment services, the management and support of community-based mental health and substance use services, and the oversight of client rights for developmental disability, mental health, and substance use services. While DCTS includes many unique and complex service areas, taken together, these service areas provide support to individuals living with life challenges, with the goal of improving their physical and emotional well-being.

The creation of DCTS marks a new chapter in behavioral health care services in Wisconsin. It represents a commitment to integrated services and a more direct pathway to wellness and recovery. The structure of DCTS is designed to promote efficiencies in service delivery and improved outcomes. We’ll track our progress in this regard by monitoring more than 300 performance measures or quality indicators with the goal that all state residents will be able to point to marked improvements in the way we support some of the state’s most vulnerable residents.

This report is published annually. This edition highlights key accomplishments of our 10 major service areas in calendar year 2016 as well as indicators of the quality of services provided.

We thank all the dedicated individuals who contribute their expertise, hard work, and passion to make the important programs and services we manage and support successful. We appreciate your support and hope this report increases your understanding of our programs, outcomes, and those we serve.

Patrick K. Cork, ACSW
Administrator

Rose Kleman, Ph.D., M.P.A.
Deputy Administrator
By The Numbers: Supporting Wellness

Percentage of adults who experience a mental health condition each year

20

Percentage of people with a substance use concern each year

10

Number of Wisconsin residents of all ages who have a disability, which is defined as being limited in any way in any activities because of physical, mental, or emotional problems

640,000

Number of children in Wisconsin with a special health care need or disability, including physical, developmental, behavioral, or emotional conditions that require supports beyond those that are required by children generally

200,000 +

Sources: Substance Abuse and Mental Health Services Administration and the Wisconsin Board for People with Developmental Disabilities
Because of the manner in which data was collected, the latest available data for the quality indicators in this report reflect outcomes for calendar year (CY) 2015, fiscal year (FY) 2016 (July 1, 2015-June 30, 2016), and CY 2016. All items in the year in review sections are from CY 2016.
Mission and Values

Mission
The DCTS mission reflects the division’s purpose. It serves as a standard against which decisions are weighed.

• Provide services to the people of Wisconsin and support the development of services and systems that are recovery-focused, person- and family-centered, client-rights compliant, evidence-based, and cost-effective.
• Promote an atmosphere of accountability through performance outcomes and use this data to inform our policy and decision-making.
• Improve the efficiency of operations within DCTS and in our collaborations statewide.

Values
The following principles guide DCTS actions:

• We have compassion and respect for the people we serve.
• We emphasize hope and optimism.
• We collect and analyze data to support quality improvement and decision-making that is objective, realistic, and respectful of the citizens of Wisconsin.
• We develop and support programs that reflect models proven to be effective, recovery-oriented, person- and family-centered, and trauma-informed.
• We encourage meaningful consumer involvement.
By the Numbers: Working for Wisconsin

3,979.36
Number of budgeted full-time equivalent (FTE) employees in FY2016

$474,138,800
DCTS Budget FY2016

Federal
$37,237,500

General Purpose Revenue
$245,071,100

Program Revenue
$191,830,200

8%
52%
40%
Major Initiatives
In 2016, DCTS staff engaged in several initiatives to improve the efficiency of division operations, expand access to services, and enhance the quality of life for all state residents.

Creation of DCTS
DCTS was created as part of a larger DHS reorganization effort.

- **July 1, 2016**
  The Division of Mental Health and Substance Abuse Services assumed administrative responsibility for the state centers for developmentally disabled: Central Wisconsin Center, Northern Wisconsin Center, and Southern Wisconsin Center.

- **August 22, 2016**
  The Division of Mental Health and Substance Abuse Services changed its name to the Division of Care and Treatment Services (DCTS). The development of the DCTS name involved internal and external stakeholders, including staff, partners, and providers.

- **October 18, 2016**
  The final DCTS administrative structure was approved.

The DCTS administrative structure includes a focus on both community and facility services.

Community Services

Community service programming includes mental health and substance use services overseen by the Bureau of Prevention Treatment and Recovery and services for individuals with behavioral health needs who are involved in the criminal justice system overseen by a new bureau, the Bureau of Community Forensic Services. This bureau includes two sections: 1) The Forensic Mental Health Section incorporating all of the service areas of the former Office of Community Forensic Services and 2) the Supervised Release Section incorporating the case management functions of the Supervised Release Program for men with sexual offense histories placed
into the community by court order. These functions previously were supervised by the Sand Ridge Secure Treatment Center. The community service programming area reports to an Assistant Administrator. The Assistant Administrator reports to the Division Administrator.

This new structure is designed to expand access to services and to integrate the services for individuals with mental health and substance use concerns across the civil and forensic systems.

This structure will be implemented in 2017. In this report, this area is highlighted by sections for the Bureau of Prevention Treatment and Recovery, the Office of Community Forensic Services, and the Sand Ridge Secure Treatment Center.

**Facility Services**

Facility service programming includes the activities at Central Wisconsin Center, Mendota Mental Health Institute, Northern Wisconsin Center, Sand Ridge Secure Treatment Center, Southern Wisconsin Center, Winnebago Mental Health Institute, and the Wisconsin Resource Center as well as the new Office of Electronic Health Records Systems Management, which is managing the selection of an electronic health records system and implementation of the product in all seven facilities. This programming area reports to the Deputy Administrator. The Deputy Administrator reports to the Division Administrator.

This structure was implemented in 2016. In this report, this area is highlighted by sections for each facility and center.

The Office of Electronic Health Records Systems Management will be highlighted in future annual reports. Its work in 2016 focused exclusively on the procurement process, including reviewing proposals from vendors and hosting product demonstrations involving the prospective vendors and selected staff from each facility and center.

**DCTS Structure**

The following chart illustrates the reporting structure for DCTS service areas. This reporting structure was approved in 2016, with full implementation expected in 2017.
Nationally, including in Wisconsin, there has been unprecedented growth in referrals from the criminal justice system, including orders for competency evaluations and competency restoration. The reason for the increase is believed to be a broader understanding of mental health concerns and their impact on behaviors. As a result, more officers of the court are questioning competency and requesting evaluations and commitments.

DHS is required by state law to provide these services. DCTS meets this requirement primarily by drawing on the resources of Wisconsin’s two state mental health institutes and community-based forensic service providers.

Niney percent of competency evaluations are completed in the community. Competency restoration services are offered in community settings, but the majority of competency restoration programming is offered at Mendota Mental Health Institute (men) and Winnebago Mental Health Institute (women). Individuals committed for competency restoration wait in county jails for an inpatient bed at one of the state mental health institutes. The Wisconsin Resource Center provides this service to inmates transferred from the Department of Corrections.

In 2016, DHS implemented a plan to reduce the waiting period for individuals ordered for competency restoration services.
• Opened 14 new beds at Mendota Mental Health Institute.
• Performed more competency evaluations in the community, which releases space at the state mental health institutes for patients in need of competency restoration.
• Expedited court dates for patients ready for discharge from the state mental health institutes.
• Expanded outpatient competency restoration programming to additional counties.
• Worked with county jail systems to initiate competency restoration programming in the jail while the individual awaits admission to one of the state mental health institutes.
• Discussed partnerships with private providers to offer inpatient psychiatric services.

Use of Opioids

Addressing the inappropriate use of opioids is a DHS priority. In 2016, DCTS staff provided leadership on the following projects.

Educated the public. Together with staff from the DHS Division of Public Health, DCTS created and published new online content to raise awareness and educate state residents about opioids and their risks, including signs of inappropriate use, how to respond to an overdose, and treatment options for individuals using opioids inappropriately.

Focused on high need communities. In partnership with local coalitions in Ashland, Columbia, Dane, Douglas, Eau Claire, Florence, Forest, Kenosha, Marinette, Menominee, Milwaukee, Oneida, Rock, and Vilas counties, staff assisted in the expansion of community education campaigns on healthy and safe use of prescription drugs, including opioids. This work was funded by a federal grant.

Expanded the Dose of Reality campaign. This campaign was developed by Attorney General Brad Schimel, with financial support from DHS-DCTS. New materials were created to help coaches, educators, employers, and parents identify and support individuals actively using prescription drugs in an unhealthy way. New materials also were created for the medical community to educate patients on the proper use of prescription painkillers and alternative pain treatments. This campaign included two statewide drug take-back days (April 30 and October 22) in which individuals had the opportunity to safely dispose of unused, unwanted medications at community locations.

Supported the expansion of medication-assisted treatment. A new opioid treatment program opened in Racine, one of 19 such clinics in Wisconsin. These privately-run clinics primarily provide methadone combined with counseling and other support services to help individuals move from the inappropriate use of opioids to

121,347 Pounds
Amount of unused, unwanted medicines collected at Wisconsin’s 2016 Drug Take-Back Day events, held April 30 and October 22

#HopeActLiveWI
DHS social media campaign to raise awareness of the inappropriate use of opioids and actions everyone can take to be healthy and safe
long-term recovery. Staff also supported the continued growth of three regional programs providing medication-assisted treatment in northern Wisconsin. These programs were established under the state’s Heroin Opiate Prevention Education (HOPE) Agenda. Staff also supervised efforts funded by a federal grant in Sauk County to recruit 24 physicians to offer medication-assisted treatment.

**Improved treatment services and customer satisfaction.** Together with the University of Wisconsin-Madison Department of Family Medicine and Community Health and 40 county agencies and community treatment providers, the Strengthening Treatment Access and Retention-Quality Improvement (STAR-QI) Program in the Bureau of Prevention Treatment and Recovery implemented “Plan-Do-Study-Act” projects. These projects reduced waiting times and increased rates of successful treatment completion. Among participating agencies, wait times decreased to nine days and treatment completion rates rose to exceed the state and national average.

**Secured new federal grants.** The U.S. Department of Health and Human Services awarded DCTS two five-year grants through a competitive application process. One supports training on prevention of opioid overdose-related deaths as well as the purchase and distribution of naloxone to first responders. The other supports efforts to raise awareness about the dangers of sharing prescription painkillers and work with the pharmaceutical and medical communities on the risks of overprescribing. Both grants are managed by the Bureau of Prevention Treatment and Recovery.

**Hosted listening sessions with law enforcement agencies.** Together with DHS Deputy Secretary Tom Engels, DCTS staff hosted listening sessions with representatives from police and sheriff departments to learn more about the impact of opioid use on communities and families. These listening sessions were held in Ashland, Balsam Lake, and Darlington.

DCTS staff also actively participated in a DHS committee formed to provide strategic direction for DHS opioids-related initiatives. Additionally, staff attended the three meetings of the Governor’s Task Force on Opioid Abuse and provided information to task force members to inform their decision-making on strategies to address this public health crisis.
Leaders in Their Fields

In 2016, three DCTS staff members received awards recognizing their outstanding contributions to protecting and promoting the health and safety of Wisconsin residents.

**Exemplary Psychiatrist**

**John Battaglia, M.D.** was one of 12 doctors nationwide selected as a 2016 National Alliance on Mental Illness (NAMI) Exemplary Psychiatrist. This award recognizes doctors who have improved the lives of people affected by mental illness. He is the medical director of Mendota Mental Health Institute’s Program of Assertive Community Treatment.

**Women’s Health Champion**

**Bernestine Jeffers** was one of seven recipients of the 2016 Champions in Women’s Health Award from the Wisconsin Women’s Health Foundation. This award recognizes individuals who have devoted themselves to improving the lives of Wisconsin women and their families. Jeffers oversees substance use services for women in the Bureau of Prevention Treatment and Recovery, including programming related to the prevention, identification, and treatment of fetal alcohol spectrum disorders.

**Distinguished Nurse**

**Kathlyn Steele, R.N.** (holding the plaque presented by University of Wisconsin-Madison School of Nursing Dean Linda Scott) received the UW-Madison School of Nursing’s 2016 Distinguished Achievement Award. This award recognizes alumni who have achieved prominence in the field. The Nurses Alumni Organization Board selects the recipients. Steele retired in 2016 after 41 years of state service. She served in many nursing roles at Central Wisconsin Center, including unit nurse, staff training, and administration.
## By The Numbers: Building Strong Communities

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>280</strong></td>
<td>Number of individuals who benefited from a stay and the recovery supports at one of Wisconsin’s three peer-run respites in 2016</td>
</tr>
<tr>
<td><strong>343</strong></td>
<td>Number of homeless veterans and veterans at risk of homelessness with behavioral health needs identified and contacted by specialists in year two of the Veterans Outreach and Recovery Program</td>
</tr>
<tr>
<td><strong>4,300 +</strong></td>
<td>Number of individuals enrolled in the Comprehensive Community Services Program at the end of 2016</td>
</tr>
<tr>
<td><strong>3,232</strong></td>
<td>Number of professionals who attended one of 39 trauma-informed care trainings sponsored by DCTS in 2016</td>
</tr>
<tr>
<td><strong>258</strong></td>
<td>Number of participants in the Opening Avenues to Reentry Success (OARS) Program in FY2016 who were supported in their transition from prison to the community in a manner that helped them manage the symptoms of their mental illness and become productive, independent residents.</td>
</tr>
</tbody>
</table>
Bureau of Prevention Treatment and Recovery

Location: 1 West Wilson Street, Madison
Director: Joyce Allen, M.S.W.

2016 Year in Review

- Added Eau Claire and St. Croix counties to the Comprehensive Community Services (CCS) Program.
- Supported the expansion of peer-run respite services with the opening of sites in Madison and Menomonie.
- Partnered with Jefferson and Outagamie counties to host events for young adults ages 16-25 to eliminate the stigma linked to mental health conditions as part of a federal grant to develop strategies to build supports for transition-aged youth.
- Awarded grants to five counties to expand early intervention services for first episode psychosis through coordinated specialty care programs funded by the federal Community Mental Health Services Block Grant.
- Launched new initiatives to enhance crisis services, including grants for enabling crisis programs to effectively identify, recognize, and provide services to individuals with dementia and grants to counties to assure compliance with a new law requiring a mental health professional to provide a crisis assessment on all intended emergency detentions.
- Supported crisis program certification efforts in Chippewa, Iron, Taylor, and Trempealeau counties.
- Expanded crisis intervention team training to increase the capacity for law enforcement to more effectively respond to situations with individuals with behavioral health conditions.
- Provided financial support to Mental Health America Wisconsin to train health and behavioral health care organizations on the Zero Suicide model.
- Launched initiative with Rock County and three schools in Beloit that provides supports and services to young people instead of directing them into the juvenile justice system.
- Engaged stakeholders in the first phase of the revision process for Wis. Admin. Code ch. DHS 40, Mental Health Day Treatment Services for Children.
- Provided training on the Matrix Model, a proven practice for treating individuals with methamphetamine use disorder.
- Published the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2016, which details the latest trends in consumption and consequences in an effort to inform prevention strategies at the state and local level on underage drinking, adult binge drinking, drinking among pregnant women, drinking and driving, and opioid use for nonmedical purposes.

Services

The Bureau of Prevention Treatment and Recovery supports Wisconsin’s county and community-based mental health and substance use service providers. This system includes prevention programs, crisis intervention, treatment programs promoting wellness for children and adults, and peer-based recovery support services.

Number of Employees: 39.10 FTE
**Quality Indicators: Bureau of Prevention Treatment and Recovery**

**Percentage of county-authorized psychiatric hospital patients readmitted within 30 days of discharge**
Repeat hospital stays are traumatic for patients and costly for counties. Reducing hospital readmissions gives more people access to these critical services and has a significant financial benefit for the state’s publicly funded mental health system. Research shows the initial hours after a patient’s discharge from the hospital are critical in determining the likelihood of a readmission. With support from the Bureau of Prevention Treatment and Recovery, the process improvement collaborative NIATx manages the Wisconsin Mental Health Collaborative, which helps counties break the hospital admission cycling commonly seen in their seriously ill populations. These efforts include follow-up phone calls and home visits within hours of discharge. The most recent published national rate (FY2015) was 13.4 percent.

![Graph showing readmission rates](image)

**Percentage of county-authorized individuals completing substance use disorder treatment**
Current treatments for substance use disorders are as effective as treatments for other chronic health conditions such as asthma, diabetes, and hypertension. Completion of substance use disorder treatment means clients are better able to manage their own recovery with the natural supports available to them in their daily lives. Research shows clients who complete treatment have better social functioning after discharge than clients who do not complete treatment. Completion of treatment is a very useful measure of post-discharge recovery and the overall effectiveness of the public substance use disorder treatment system. The published national rate is 38 percent.

![Graph showing completion rates](image)

**For more information:** dhs.wisconsin.gov/bptr
Office of Community Forensic Services

Location: 1 West Wilson Street, Madison
Director: Glenn Larson (retired May 31, 2016), Beth Dodsworth (Interim Director)

2016 Year in Review

- Developed a procedure to improve continuity of care for the Conditional Release Program in which staff at the mental health institutes, program staff, and community case managers together assess and address a client’s needs and barriers to success in the community.
- Presented information about the clinical components and processes for committing individuals who have been found not guilty due to mental disease or defect and the Conditional Release Program to judges at the Criminal Law and Sentencing Institute, to clerks at the Clerks of Circuit Court Association Conference, and to public defenders and private bar attorneys at the State Office of Public Defenders Conference.
- Allowed all adult correctional institutions to refer inmates to the Opening Avenues to Reentry Success Program.
- Added two outpatient competency examiners: one in Dane County and one in Price County.
- Implemented a jail-based competency restoration program in Eau Claire, Jefferson, Marathon, Racine, and Waukesha counties to initiate treatment as quickly as possible after receipt of the court order while the inmate awaits admission to Mendota Mental Health Institute and to reduce to the length of stay for competency restoration treatment.

Services

In partnership with Wisconsin’s judicial, correctional, and mental health systems, the Office of Community Forensic Services manages and supports programs for individuals with criminal justice histories and mental health and substance use concerns.

Number of Employees: 6.5 FTE
Quality Indicators: Office of Community Forensic Services

Re-offense rates for Opening Avenues to Reentry Success participants

Participants in the Opening Avenues to Reentry Success (OARS) program have a lower rate of re-offense than people who have not participated in the program. OARS supports the transition and self-sufficiency of individuals with mental health needs as they release from prison and reintegrate into the community. The chart illustrates re-offense rates one year after release from prison for OARS participants and non-participants with similar characteristics (year 1), two years after release from prison (year 2), and three years after release from prison (year 3). OARS participants continue to be more successfully reintegrated to the community than non-participants. In FY2016, 258 individuals participated in OARS.

Outpatient competency examinations completed

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>Number of outpatient competency examinations</th>
<th>Percentage found not competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1,446</td>
<td>39%</td>
</tr>
<tr>
<td>2015</td>
<td>1,355</td>
<td>34%</td>
</tr>
<tr>
<td>2014</td>
<td>1,212</td>
<td>34%</td>
</tr>
</tbody>
</table>

This is one measure of the referrals from the criminal justice system. While DHS is meeting all statutory deadlines regarding these referrals from the criminal justice system, the increase in the number of individuals found not competent to stand trial has resulted in an increase in referrals for inpatient competency restoration services. The state mental health institutes have been challenged in serving the increase in referrals due to a finite number of available inpatient beds. To maximize space, in 2016, DHS partnered with five counties to establish a jail-based competency restoration program, which is designed to begin competency restoration treatment in the jail while the inmate awaits an inpatient admission. Beginning treatment as soon as possible offers benefits to the inmate, the jail, and may reduce the length of stay for inpatient services.

For more information: dhs.wisconsin.gov/cf
Services
Mendota Mental Health Institute primarily provides forensic treatment services to men. This work includes court-ordered mental health competency evaluations, treatment to competency services, and treatment for those found not guilty of criminal activity by reason of a mental illness. A geriatrics psychiatric treatment unit assesses and treats elderly men and women who suffer from emotional and neurological conditions that affect behavior. The Mendota Juvenile Treatment Center uses a unique clinical approach in service to violent juvenile boys referred from the Department of Corrections.

Number of Employees: 769.83 FTE
Number of Beds: 274 (FY2016, Psychiatric Hospital); 29 (FY2016, Juvenile Treatment Center)
Average Daily Population: 272 (FY2016, Psychiatric Hospital); 29 (FY2016, Juvenile Treatment Center)
Quality Indicators: Mendota Mental Health Institute

Average length of stay for evaluation of competency

The goal is to complete competency evaluations within 14 days. It is important to complete these evaluations promptly to support a timely criminal justice process and to ensure efficient utilization of inpatient bed space.

Average length of stay for treatment to competency

This is a measure of the efficiency of services provided to the growing number of individuals ordered for competency restoration. Providing these services in an expeditious manner reduces the period of time individuals in need of these services wait to be transferred from county jails.

For more information: dhs.wisconsin.gov/mmhi
Winnebago Mental Health Institute

Location: 1300 South Drive, Winnebago
Director: Thomas Speech, Ph.D.

2016 Year in Review

- Completed the reaccreditation process for The Joint Commission and received a full three-year Gold Seal of Approval® demonstrating compliance with health care performance standards and a commitment to provide safe and effective patient care.
- Improved treatment delivery environments for patients, including the addition of sensory stimulation rooms, calming rooms, a fitness room, and a traverse wall.
- Tailored programming to adapt to a more rapid turnover of patients.
- Developed a process for opening and closing overflow patient spaces to more quickly and efficiently respond to frequent census changes.
- Increased video conferencing capability, allowing even more patients to attend court hearings at the facility without the cost and risk of transportation outside the hospital.
- Expanded use of technology (primarily cell phones and laptops) on units to increase staff efficiency, flexibility, and responsiveness.
- Added medication verification technology in the pharmacy to improve dosing efficiency and accuracy.
- Added paved walkways to allow patients to spend more time outdoors and improved outdoor furniture to reduce risk of patient injury.
- Entered into an agreement with nearby behavioral health care organizations, including the Wisconsin Resource Center, to establish the Northeastern Wisconsin Psychiatric Residency Program in partnership with the Medical College of Wisconsin to address the shortage of psychiatrists in the region, with the first residents scheduled to begin their training in the summer of 2017.
- Initiated plan to virtually eliminate the potential for power outages, improving patient safety and security.
- Initiated a multi-year security improvement plan to decrease the risk of patient elopement.
- Updated frequently visited pages of external website to make the information clearer for the public.

Services

Winnebago Mental Health Institute primarily provides treatment to adults and children living with complex psychiatric conditions and challenging behaviors. All patients are court-ordered into treatment through county-based emergency detention and commitment proceedings. WMHI also serves all women court-ordered for mental health competency evaluations, treatment to competency services, and found not guilty of criminal activity by reason of mental illness.

Number of Employees: 634.36 FTE
Number of Beds: 184 (FY2016)
Average Daily Population: 192 (FY2016)
Quality Indicators: Winnebago Mental Health Institute

Rate of civil readmissions within 30 days of discharge

Many factors affect this rate, which measures the effectiveness of inpatient and community-based treatment in fostering recovery/resiliency, discharge planning, and continuity of care planning. In the case of Winnebago Mental Health Institute, this rate is a reflection of work performed in partnership with many stakeholders—patient families and support networks, county agencies, and community providers. With the support of DHS and Winnebago Mental Health Institute, many of these stakeholders have successfully implemented change agents that over time should contribute toward reducing this rate.

Number of youth admissions

Winnebago Mental Health Institute provides a safety net for youth and their families who have limited access to mental health services in their health care networks. Counties may hospitalize a child in lieu of other community-based services. In 2014, as a result of Governor Walker’s nearly $30 million investment in Wisconsin’s mental health care system, DCTS began working with counties to build a more robust system of community-based services. To support this process, DHS also works with health care systems to ensure they are screening for the behavioral health needs of their enrollees and that those youth who are screened as positive are gaining access to the mental health services they need. This ensures they are served timely to avoid behavioral health crisis and hospitalization.

For more information: dhs.wisconsin.gov/wmhi
Sand Ridge Secure Treatment Center

Location: 1111 North Road, Mauston
Director: Doug Bellile

2016 Year in Review

- Increased number of supplemental treatment groups focused on dynamic risk factors.
- Assessed all operations through a trauma-informed care lens to better address patient trauma and improve treatment outcomes.
- Implemented a fall reduction plan to identify and evaluate patient falls, including staff training on patient safety needs and how to respond to incidents.
- Added a personal care worker component to the psychiatric care technician training academy, which educates new staff on how to identify changes in patient conditions and how to assist with personal cares to improve patient quality of life and staff safety on the Skilled Care Unit.
- Expanded the facility garden and harvested and processed more than 8,000 pounds of produce for patient meals.
- Donated knitted or crocheted hats and gloves made by patients to county community action teams in Columbia, Juneau, and Sauk counties.
- Donated dog and cat treats baked by patients and crocheted kennel blankets to local animal shelters.
- Opened a “Community Closet” in which staff and supervised release patients can donate gently used clothing for resale to patients.
- Provided patients approved for supervised release, but waiting for community placement, an opportunity to develop job skills they’ll need to succeed in the community through the completion of custodial and landscaping projects outside of the secure perimeter of the facility.
- Placed 19 patients in the community on court-ordered supervised release, despite continued challenges in locating and securing residences for these patients.

Services

Sand Ridge Secure Treatment Center enhances public safety through the application of Wis. Stat. ch. 980. This law supports the assessment and treatment of sex offenders who present a substantial risk of recidivism, with the goal of safely returning them to the community. Staff also conduct research on the evaluation and treatment of sex offenders.

Number of Employees: 527 FTE
Number of Beds: 400 (FY2016)
Average Daily Population: 362 (FY2016)
Quality Indicators: Sand Ridge Secure Treatment Center

Percentage of patients committing to treatment

Involvement in treatment is a critical factor in effectively reducing the risk of sexual violence. In an attempt to continue the positive trend in this metric, the majority of new admissions are now assigned to a specific treatment unit for an orientation period, typically an advanced treatment unit. Consent to treatment procedures have been modified to allow patients to participate in treatment programming that is not sex offender treatment specific. Biweekly meetings grounded in motivational interviewing are held with pre-treatment patients to encourage patients to commit to treatment.

Average annual total cost of care per client on supervised release

This is a measure of the efforts by the Supervised Released Program to be cost conscious in meeting its mission to reintegrate clients into the community while protecting public safety. The cost of care per client has fallen in part because of more double-occupancy placements and more clients contributing to the cost of their care. Among the most costly elements of the care per client is the intensive monitoring of the client’s whereabouts and behavior. Additionally, there is a limited supply of appropriate residences for supervised release clients. With the demand higher than the supply, the program often must pay above-market rent in order to have safe housing for clients. The average annual total cost of care per client committed to the Sand Ridge Secure Treatment Center is $154,000.

For more information: dhs.wisconsin.gov/srstc
Wisconsin Resource Center

Location: 1505 North Drive, Winnebago
Director: Byran Bartow, M.P.A.

2016 Year in Review

- Completed the reaccreditation process for the National Commission on Correctional Health Care and received a full three-year Certificate of Accreditation in recognition of compliance with the standards for health care in a prison setting.
- Improved health care services by providing EEGs onsite, bringing dental equipment up to current standards, and improving follow through on court-ordered medication with the Department of Corrections.
- Increased understanding of effective interventions for non-suicidal self-injury by studying these behaviors and actions of treatment teams.
- Completed improvements to the Intermediate Psychiatric Unit to achieve compliance with the Americans with Disabilities Act and reduce slip, trip, and fall hazards for a population with cognitive and physical challenges.
- Demonstrated the effectiveness of the trauma-informed program used by the Specialized Treatment Unit of the Wisconsin Women’s Resource Center through psychological testing showing significant symptom reduction.
- Modified the facility and program of the High Acuity Unit in the Wisconsin Women’s Resource Center to increase effectiveness of interventions with women who present with severe aggression and self-injury.
- Held a variety of restorative justice service projects challenging inmates (patients) to give back to the community in hopes of increasing the opportunity for change, which, with support from staff, raised a total of $3,385 for local charities.
- Continued “Stories of Change” method to engage inmates in recovery and reinforce their personal growth during treatment.
- Eliminated the purchase of plastic foam-based products to reduce landfill use and costs.

Services

Wisconsin Resource Center is a specialized mental health facility for men. The complex also includes the Wisconsin Women’s Resource Center. DHS is responsible for administering these programs as a correctional institution. Staff evaluate, treat, and provide educational services to medium and maximum security inmates (patients) transferred from the Department of Corrections (DOC) whose behavior presents a serious problem to themselves or others in the state prison system.

Number of Employees: 524.60 FTE (DHS), 110 FTE (DOC)
Number of Beds: 385 (FY2016)
Average Daily Population: 381 (FY2016)
Quality Indicators: Wisconsin Resource Center

**Average number of days spent in high management per placement**

The Wisconsin Resource Center uses placement in high management as a method for controlling inmates presenting with dangerous and/or extremely disruptive behavior. The least restrictive approach is used to intervene. The average time inmates (patients) spend in high management (the most restrictive setting at the Wisconsin Resource Center) demonstrates effective implementation of mental health care.

![Bar chart showing average number of days spent in high management per placement for FY2014, FY2015, and FY2016.](image)

- FY2014: 9.6
- FY2015: 10.1
- FY2016: 8.4

**Number of injuries to staff**

The Wisconsin Resource Center strives to provide a safe environment for staff and inmates (patients). This measure reflects performance at balancing risks and safety. The number of staff injuries per year often is higher at the Wisconsin Resource Center than other Wisconsin correctional institutions because the inmates (patients) at the Wisconsin Resource Center have more complex mental health needs that can lead to more aggressive behaviors.

![Bar chart showing number of injuries to staff for FY2014, FY2015, and FY2016.](image)

- FY2014: 39
- FY2015: 50
- FY2016: 45

For more information: dhs.wisconsin.gov/wrc
### By The Numbers: Protecting Health and Safety

#### Number of Civil Admissions (FY2016)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnebago Mental Health Institute</td>
<td>3,150</td>
</tr>
<tr>
<td>Mendota Mental Health Institute</td>
<td>137</td>
</tr>
</tbody>
</table>

#### Number of Forensic Admissions (FY2016)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mendota Mental Health Institute</td>
<td>357</td>
</tr>
<tr>
<td>Winnebago Mental Health Institute</td>
<td>99</td>
</tr>
</tbody>
</table>

#### Number of Admissions to Wisconsin Resource Center (FY2016)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>528</td>
</tr>
<tr>
<td>Women</td>
<td>74</td>
</tr>
</tbody>
</table>
Number of lean and process improvement projects completed by Central Wisconsin Center, Northern Wisconsin Center, and Southern Wisconsin Center in 2016

Through a Change Leadership Academy and other programs, staff received training and support over six months to make improvements in day-to-day work processes.

Reduced documentation time from 25 to 10 minutes

Four resident care technicians took the lead with others in their building to improve the process for completing their daily charting on a resident’s care. By combining and relocating records where staff did their work they made the process more efficient and effective for all staff.

Improved use of maintenance shop

Maintenance staff applied “Lean 5S” (sort, shine, set in order, standardize, and sustain) to change an area so they can work more efficiently and better store supplies. This improved productivity and satisfaction of staff who work in this environment.
Central Wisconsin Center

Location: 317 Knutson Drive, Madison
Director: Catherine Murray

2016 Year in Review

- Implemented evidence-based practices for health and safety, including incorporating closed system enteral feeding systems and antibiotic stewardship.
- Adopted the Academy of Nutrition and Dietetics best practice for standardized language in nutrition care charting.
- Implemented a co-unit structure for nursing and residential services to support continuity of care and balance resources throughout campus.
- Reorganized residential living units and provided more staff support in each unit through the addition of Resident Care Supervisors and Resident Care Assistants.
- Adjusted schedule patterns for staff to decrease mandatory overtime shifts.
- Implemented a strengths-based advertising campaign to fill vacant positions.
- Increased the number of CNA training classes for new staff.
- Established full staffing in the psychological services department and realigned caseloads, ensuring timely attention to residents.
- Initiated a pilot project to reduce employee injuries funded by a grant from the Department of Administration related to techniques to reposition individuals that decreased worker’s compensation claims through the use of repositioning sheets, which are now used in all living units.
- Organized a daylong Summer Olympic event, involving the participation of every service area and every resident.
- Celebrated the high school graduation of two students, one in the Medical Short Term Care Unit and one in the Short Term Assessment Program.
- Enhanced Short Term Assessment Program/Intensive Treatment Program, collaborated with community services staff to streamline the admissions process, implemented a comprehensive assessment and treatment summary report, and piloted a quality measures dashboard to improve program efficiency.

Services
Central Wisconsin Center provides habilitation, rehabilitation, and treatment services to individuals living with intellectual disabilities designed to prepare these individuals to live as independently as possible. These individuals typically have significant behavioral or medical support needs.

Number of Employees: 811 FTE
Number of Licensed Beds: 255 (FY2016)
Average Monthly Population: 221 (FY2016)
Quality Indicators: Central Wisconsin Center

Pressure injury incidence rate
Pressure injuries can be serious and cause pain for residents. They most often can be avoided with appropriate interventions and care. The goal is that no residents acquire a pressure injury while residing at Central Wisconsin Center. This rate is based on the total pressure injuries reported per month as a percentage of total census. It includes all pressure injuries, including those acquired at Central Wisconsin Center and those acquired while a resident is in the community or another health care facility that are present on admission or readmission. Prevention strategies include a regular schedule for repositioning, customized wheelchair seating systems, routine nursing assessments, and staff training and support. For many years, including the last three years, Central Wisconsin Center’s pressure injury incidence rate has been well below the national average for similar facilities.

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0.01%</td>
</tr>
<tr>
<td>2015</td>
<td>0.04%</td>
</tr>
<tr>
<td>2014</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Average length of stay for intensive treatment program clients admitted each year
Reducing the length of stay means clients are able to return home or to community-based settings sooner and increases opportunities for others who are waiting for these services. The reduction in the average length of stay in 2016 reflects improvements made in the intake to discharge process. Discharge planning now begins at the point of assessment and intake so that the treatment approaches are geared specifically toward achievement of the outcomes needed for successful community transition. The treatment team utilizes a comprehensive assessment and treatment summary form to ensure necessary information is captured, concerns are addressed, and recommendations are implemented by staff, families/guardians, and community partners involved.

For more information: dhs.wisconsin.gov/cwc
Northern Wisconsin Center

**Location:** 2820 East Park Avenue, Chippewa Falls  
**Director:** Jacqueline Neurohr, M.S.E.

### 2016 Year in Review

- Wrote a new mission statement: “Working Together to Empower Change and Inspire Hope.”
- Provided program and environmental consultation to community-based residential services providers, which aided in the successful transition of clients with challenging behaviors from the center’s program to the community.
- Presented an overview of services provided on campus at the Western Wisconsin Cares Fall Conference.
- Improved safety measures for clients and staff, including the development of a risk safety assessment tool, upgraded cell phones, and campus mapping.
- Installed new bathroom equipment to increase therapeutic benefits to clients.

- Replaced a one-lane roadway that serves the client living unit building with a safer two-way roadway, which includes additional parking.
- Maintained critical services needed to serve clients, despite the total loss of the maintenance building in a fire.
- Offered students at Eagle’s Nest School the opportunity to create ornaments highlighting Wisconsin wildlife for the state Capitol’s Christmas tree.
- Organized a fall car show for the enjoyment of clients and staff.
- Reorganized the safety committee to better track and address client and staff safety.
- Implemented a staff-directed program to recognize positive employee contributions.

### Services

Northern Wisconsin Center is a short-term assessment and treatment facility for individuals who have an intellectual disability as well as a mental illness and aggressive or challenging behaviors. The programming is designed to prepare individuals to live successfully in a community setting.

- **Number of Employees:** 119.50 FTE
- **Number of Licensed Beds:** 25 (FY2016)
- **Average Monthly Population:** 12 (FY2016)
Quality Indicators: Northern Wisconsin Center

Length of stay for clients

This is a measure of efforts to reduce the length of stay for clients. Reducing the length of stay means the client returns to more inclusive community participation and a better quality of life. It also maximizes resources, allowing more clients to be served.

Number of client injuries

Safety is a critical factor in successful treatment. This measure reflects efforts to reduce the number of client injuries at Northern Wisconsin Center. The goal is to help clients manage their behaviors to avoid injuries and improve their quality of life.

For more information: dhs.wisconsin.gov/nwc
Southern Wisconsin Center

**Location:** 21425 Spring Street, Union Grove  
**Director:** James Henkes

### 2016 Year in Review

- Presented work using Music & Memory℠ to support individuals with dementia and as a behavioral therapy for individuals with intellectual disabilities at the Association of Public and Private Developmental Disabilities Administrators Conference and the National Association of Qualified Developmental Disability Professionals Conference.
- Reinstated CNA training program in which 71 people passed this year, making them available to fill direct care professional vacancies.
- Established a resident care technician-advanced position, adding a third promotional step to the resident care technician classification.
- Created a work group to engage employees, which sponsored several activities, including policy recommendations, employee recognition efforts, and support of the local food bank.
- Expanded the Continuous Service Excellence work group to include more staff and more discipline areas to better instill the culture of continuous quality improvement into all aspects of work and personal interactions on campus.
- Reduced direct care professional vacancies by offering a pilot program for add-on pay for resident care technicians and overtime reductions.

### Services

Southern Wisconsin Center provides habilitation, rehabilitation, and treatment services to individuals living with intellectual disabilities designed to prepare individuals to live as independently as possible. These individuals typically have significant behavioral or medical support needs.

**Number of Employees:** 533.55 FTE  
**Number of Licensed Beds:** 160 (FY2016)  
**Average Monthly Population:** 138 (FY2016)
Quality Indicators: Southern Wisconsin Center

Average annual percentage of injuries of unknown origin

By better being able to identify probable causes of injuries, staff can come up with better plans for prevention and provide better health and safety for residents. Unknown injuries also require time consuming investigations. Southern Wisconsin Center initiated new tools and processes in the second quarter of 2015 to identify probable causes early and reduce the time spent on investigations, allowing more time for direct care staff and supervisors to focus on caring for the individual’s needs.

Percentage of clients attending programming outside of living areas

This is a measure of the effort to improve the quality of life for clients. Allowing for opportunities for social events and experiences in the community is an important part of the mission of Southern Wisconsin Center. In recent years, a larger variety of activities have been offered, which has increased the percentage of clients attending programming and their time spent there. Individuals who are unable to attend activities outside of their living areas also are offered more options for active programming.

For more information: dhs.wisconsin.gov/swc
Client Rights Office

**Location:** 1 West Wilson Street, Madison  
**Supervisor:** Alicia Boehme, M.S.W., M.P.A.

### 2016 Year in Review

- Celebrated the 40th anniversary of Wisconsin’s client rights law, which took effect in 1976, with a proclamation from Governor Scott Walker, a press release, and an educational event for DHS staff.
- Provided online training to 267 client rights specialists to ensure the people who handle Stage 1 complaints are properly certified.
- Presented a workshop for professionals at the annual Mental Health and Substance Use Recovery Training, organized by DHS.
- Published the *In Wisconsin, Treatment Never Includes Sex* brochure, which was created in partnership with the Bureau of Prevention Treatment and Recovery and Disability Rights Wisconsin to educate the public and mental health and substance use service providers that it is illegal for helping professionals to have sexual contact with their clients and to provide information on what to do if sexual contact occurs.
- Reviewed research studies involving participants covered by client rights to determine whether the studies complied with state and federal law and, in many instances, requested changes to protect client rights.
- Revamped the internal workflow for research reviews to be more efficient.
- Ensured DHS reviewed and updated 20 medication consent forms to include the most up-to-date information for each medication reviewed.

### Services

Through a four-stage grievance process, the Client Rights Office works with individuals receiving services for developmental disability, mental illness, or substance use; service providers; and facilities operated by DHS to ensure that client rights are preserved.

**Number of Employees:** 2.92 FTE
Quality Indicators: Client Rights Office

Contacts for technical assistance

The Client Rights Office tracks the number of phone contacts received from clients or their families/friends and professionals. This is one measure of the quantity of technical assistance provided annually by the Client Rights Office.

Number of Stage 3 and Stage 4 grievances investigated

Patients have the right to appeal any grievance decision. The Client Rights Office’s objective is to ensure clients are informed of their appeal rights. The relatively low number of appeals to Stage 3 and Stage 4 in relation to the total number of grievances filed reflects on the quality of the process to resolve all of the issues that can be settled before the appeals process is exhausted.

For more information: dhs.wisconsin.gov/clientrights
By The Numbers: Promoting Wellness

Fall Drug Take-Back Day Promotion

Top DCTS tweet on DHS Twitter by number of replies, re-tweets, and likes (13)

Top DCTS post on DHS Facebook by number of people reached (853)

38,139
Number of page views to the home page for Winnebago Mental Health Institute, the top DCTS webpage on the DHS website by number of page views in 2016

15,390
Number of subscribers to DCTS email bulletins, including lists for memos, Trauma-Informed Care News and Notes, and the Wisconsin Public Psychiatry Network Teleconference
Location Map
This map shows the locations of DCTS offices and facilities and their major service area(s).