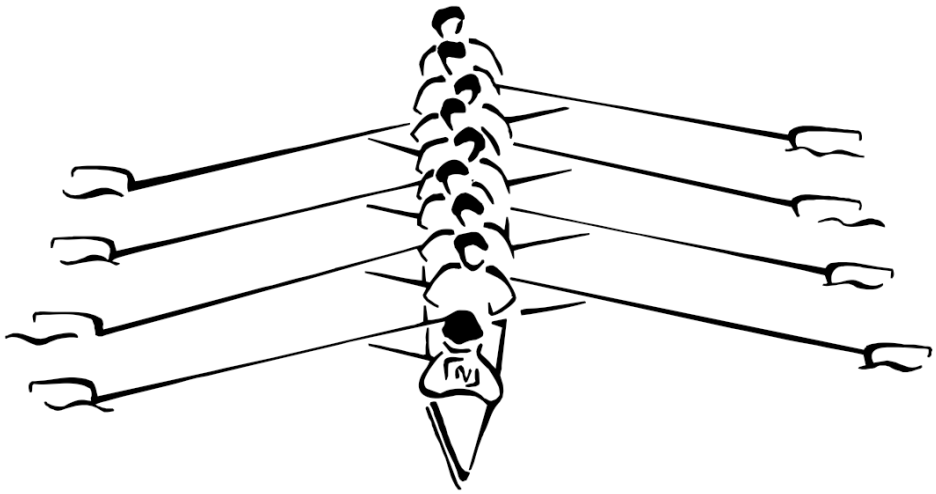

OARS

Opening Avenues to Reentry Success

Program Manual

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

P-00702 (01/2018)

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Acronyms

ACE	Adverse Childhood Experiences
ACT	Assertive Community Treatment
ADP	Average Daily Population
AFH	Adult Family Home
ATR	Alternatives to Revocation
AWARE	Applying Wellness and Recovery Everyday
CBRF	Community-Based Residential Facility
CIB	Crime Information Bureau
COMPAS	Correctional Offender Management Profiling for Alternative Sanctions
C-SSRS	Columbia-Suicide Severity Rating Scale
DAI	Division of Adult Institutions
DCC	Division of Community Corrections
DCI	Division of Criminal Investigation
DHS	Department of Health Services
DOC	Department of Corrections
DOES	Disabled Offender Economic Security
EBP	Evidence-Based Practice
FICM	Forensic Intensive Case Management
GED	General Educational Development
HSED	High School Equivalency Diploma
HSU	Health Services Unit
ISP	Individualized Service Plan
MH-2A	DOC diagnosis category encompassing psychotic, mood and anxiety disorders.
MH-2B	DOC diagnosis category encompassing personality disorders
OARS	Opening Avenues to Reentry Success
OSCI	Oshkosh Correctional Institute
PC	Parole Commission
PCP	Person-Centered Planning
PMR	Presumptive Mandatory Release
PRN	Pro re nata (as needed)
PSI	Pre-Sentence Investigation
PSU	Psychological Services Unit
REECC	Robert E. Ellsworth Correctional Center
SBN	Special Bulletin Notification
SMART	Specific, Measurable, Attainable, Realistic, Timely
SPE	Special Purpose Evaluation
TAA-R	Trauma Assessment for Adults-Revised
TCI	Taycheedah Correctional Institution
TIC	Trauma-Informed Care
WRC	Wisconsin Resource Center
WWCS	Wisconsin Women's Correctional System
WWRC	Wisconsin Women's Resource Center

Program Overview

Opening Avenues to Reentry Success (OARS) was established in July 2010. It is a joint venture between the Department of Corrections (DOC) and Department of Health Services (DHS). It is based on the concept that an individual's potential to be successfully release to the community (with lower risk of recidivism) is greatly improved by addressing risk factors associated with criminogenic behavior. OARS provides intensive case management and supervision in conjunction with:

- Assistance obtaining and maintaining safe, affordable housing.
- Resources for medication and access to quality psychiatric care.
- Treatment options to address individualized needs.
- Access to transportation, budgeting, and financial resources.
- Social support and acceptance.
- Access to structured activities, including employment and education.
- Ability to fulfill basic needs.

Mission Statement

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

Vision Statement

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.

Target Population

Inmates releasing from Wisconsin correctional institutions who meet the following criteria are eligible for OARS.

- Inmate is rated moderate to high risk of reoffending as determined by the DOC risk assessment tool.
- Inmate has a current serious and persistent mental illness diagnosis; coded as a DOC MH-2A or MH-2B (inmate has a current serious and persistent mental illness diagnosis) by the treating psychological services staff.
- Inmate has six months post-release supervision time remaining with DOC.
- Inmate is releasing to an OARS county.
- Inmate demonstrates motivation and willingness to engage in treatment, as evidenced by their involvement in pre-release activities, cooperation with institution treatment recommendations, daily programming, and medication compliance.

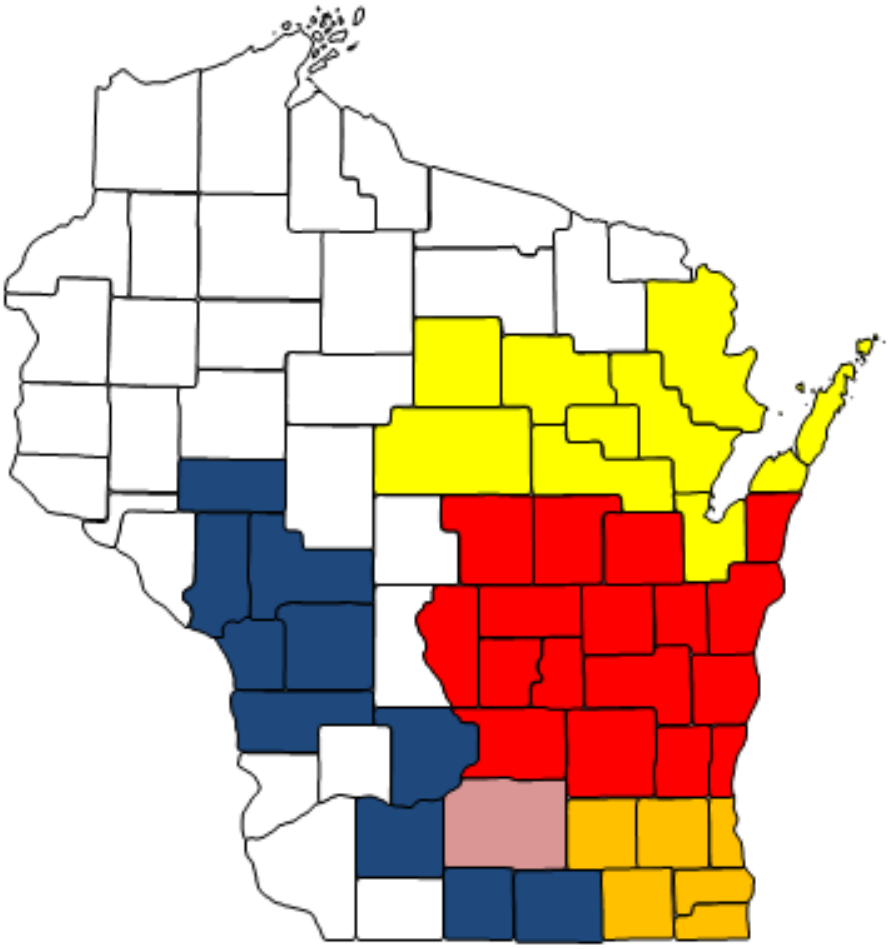
Eligible inmates must not have any pending interstate compacts, additional criminal charges that will likely result in significant confinement, nor other legal status commitments (e.g., Wis. Stat. ch. 971 or Wis. Stat. ch. 980). Institution staff screen out inmates that have to serve time in a county jail after releasing from a state prison.

The foundation of OARS consists of strategies proven effective with the target population, including an emphasis on medication compliance, trauma-informed care (TIC), dual-diagnosis treatment, person-centered planning (PCP), motivational interviewing (MI), strengths-based treatment planning, and certified peer support specialists, as well as a hybrid of other evidence-based practice (EBP) models, such as assertive community treatment (ACT) and forensic intensive case management (FICM).

Program Goals

1. To enhance public safety by reducing recidivism and revocation rates.
2. To improve continuity of care of offenders with mental health needs.
3. To encourage participant involvement in meaningful, healthy, structured activities.
4. To promote offender self-sufficiency.
5. To decrease long-term costs associated with this population.

Program Coverage Area



	Northern Region
	Fox Valley Region
	Southeastern Region
	Western Region
	Dane County

Team Concept

A team concept is used to expand the support system for participants. Natural supports are assessed during pre-release and can be involved in the pre- and post-team process as active team members. Participants are considered members of the team. They are invited to participate in team planning and discussions as appropriate.

Core Team

- **Institution Social Worker:** Serves as conduit between the participant and other team members in the pre-release phase; coordinates participant involvement in institution treatment and activities; participates in core team meetings and reentry plan development; prepares the participant for their release; and communicates the participant's behavioral, physical, and mental health updates to the team.
- **DHS OARS Program Specialist:** Facilitates program involvement; receives and screens referrals; interviews potential participants for acceptance determination; functions as a liaison, consultant, and resource to the OARS teams; oversees program operations, budget, and treatment; monitors DOC program contractual guidelines and the memorandum of agreement; and administers the program contract with case management providers.
- **DHS-Contracted OARS Case Manager:** Works with other core team members in the pre-release and post-release phase; works with participants to develop and maintain a therapeutic relationship; conducts assessments that identify strengths, natural supports, risk factors**,** clinical needs, and participant goals; measures progress towards these goals; arranges necessary wraparound plans and services; communicates regularly with the core team about ISP and participant updates; and provides general support and guidance to the participant as needed and/or requested.
- **DCC Agent:** Provides community supervision; participates in ISP development; provides input to team for identifying risk factors, treatment needs and judgment of conviction requirements; and communicates any supervision concerns to the team.
- **OARS Participant (offender):** Participates in recommended pre-release treatment programming and opportunities; works with team to develop goals, ISP, and release plans; explores and identifies natural supports in the community; follows rules of supervision; and participates in 20 hours of weekly structured activities.

Collaboration is the key to the success of OARS. Each professional member of the OARS core team should develop a therapeutic alliance with other staff in their agency and community providers. This may include the involvement of case management supervisors and agency directors. At the state level, supervisors are encouraged to participate. Institution social workers should consult staff in psychological services unit (PSU) and health services unit (HSU). Participants should work with all members of their team to develop their service plan, including their natural supports.

When email is used, a "reply to all" protocol is standard operating procedure. Any team member may include others who have a need to know.

OARS core team members can raise concerns about a participant at any time. They may do so with the team by email or a phone staffing. If the concern is urgent and/or there's a personal or community safety concern, the issue should be addressed over the phone with the appropriate person. All team members should be informed of the issue promptly.

In general, team communication should be inclusive, concise, and timely. Phone staffings will take place as needed or requested. Following a scheduled phone staffing, each team member is expected to follow up on the items assigned to them and report back to the team by email.

Program Eligibility

Each month, designated institution staff members receive a DOC generated list that includes in-house MH-2A/MH-2B inmates. This list is used in conjunction with each institution's internal tracking mechanisms to determine the pool of possible OARS referrals. Institution staff members review potential OARS candidates using the following screening criteria:

- Inmate is rated moderate to high risk of reoffending as determined by the DOC risk assessment tool.
- Inmate has a current serious and persistent mental illness diagnosis; coded as a DOC MH-2A or MH-2B by the treating psychological services staff.
- Inmate has six months post-release supervision time remaining with DOC.
- Inmate is releasing to an OARS county.
- Inmate demonstrates motivation and willingness to engage in treatment, as evidenced by their involvement in pre-release activities, cooperation with institution treatment recommendations, daily programming, and medication compliance.

Institution staff members screen out inmates in the interstate compact process, as well as inmates with other legal status commitments (Wis. Stat. ch. 971 or Wis. Stat. ch. 980) and pending criminal charges that may result in significant additional confinement. Inmates releasing to a county jail to serve substantial time upon release are not eligible for OARS.

OARS serves as many eligible offenders as possible within the constraints of its budget. Representatives from DOC and DHS meet frequently to review the budget and enrollment numbers to determine the number of new referrals that can be considered monthly. Since OARS is financially unable to serve every inmate that meets program criteria, institution staff evaluate offender motivation in the pre-release phase prior to making the referral to OARS.

OARS is voluntary, thus it is important the offenders served by this program are eager to enhance their opportunities for success in the community and to improve their quality of life.

Risk Rating

OARS provides services to inmates who screen moderate or high risk of reoffending on the DOC risk assessment tool. Institution staff may consult with the DHS OARS specialists and DOC Reentry Disabilities Treatment Director for program override consideration if an offender scores low on the risk assessment and the offender has a documented history of operating while intoxicated, sex offenses, and domestic violence. DOC uses specific tools to assess risk level for these offense types (e.g., Static-99 and Impaired Driver Assessment). These assessments will be used to determine the risk level of these offenders.

Mental Health Codes: MH-2A and MH-2B

DHS program specialists may require verification that the individual's MH code has been reviewed recently by the referring institution's psychological services staff. These codes are used for inmates with serious mental illness and/or those who experience symptoms of mental illness that greatly impact their daily functioning.

These codes are determined by the institution's psychological services staff (unit psychologist or psychological associate), referencing past and present diagnostic information and symptoms. They may consider observations and concerns from the institution treatment team.

MH-2A: Inmates meet **one or more** of these criteria.

Individuals with a current diagnosis or in remission from the following conditions:

- Schizophrenia (all types)
- Delusional disorder
- Schizophreniform disorder
- Schizoaffective disorder
- Psychosis disorder
- Major depressive disorders
- Bipolar disorders

Individuals with current or recent symptoms of the following conditions:

- Brief psychotic disorder
- Substance-induced psychotic disorders
- A head injury or other neurological impairment resulting in behavioral or emotional dyscontrol or dysregulation
- A chronic and persistent mood disorder, anxiety disorder, or other condition that lead to significant functional impairment

There may be instances in which a qualified mental health professional may assign an MH-2 code for a diagnosis that is not identified above. The symptoms that the offender is experiencing must significantly impact daily functioning. Documentation supporting the MH-2 code should be placed in the offender's clinical file.

MH-2B: Inmates have a primary and severe personality disorder accompanied by significant functional impairment and subject to periodic decompensation (e.g., suicidality, depression, psychosis).

Referral Process

DHS sends a monthly email to all adult DOC institutions that provides information regarding the current average daily population (ADP) and the possible number of referrals program specialists may be able to enroll per region. The email also contains the program coverage map and the OARS Participant Referral (DOC-2774). A follow-up email sent from DOC includes an attachment with a list of all individuals with an MH-2A or MH-2B classification who will be releasing in the program coverage area. This information helps institution staff identify potential OARS participants.

Institution social workers review the list to consider who has shown motivation for services based on current program participation, medication compliance, and motivation towards change. Not everyone on the list is a good candidate for OARS. Designated institution staff members refer motivated inmates by emailing a completed OARS Participant Referral to the DHS program specialists. Social workers are expected to provide detailed responses to all questions on the form.

Outside agencies are directed to contact the DHS program specialists and/or the DOC Reentry Disabilities Treatment Director regarding offenders who may meet OARS criteria **prior** to informing the offender. These referrals will be considered depending on budget and current enrollment.

Referral Screening Process

DHS program specialists screen all of the submitted referrals to determine which individuals will be scheduled for an enrollment interview. DHS program specialists may follow up with institution staff for

more information. DHS program specialists also may contact the DOC Division of Community Corrections (DCC) agent and OARS case management provider for feedback about whether a referral is appropriate for enrollment. Not all referrals will be accepted for an interview. A DHS program specialist informs the referring institution of the status of the referral. If a referral is denied, an explanation is provided. The institution social worker informs the inmate of the reason for denial. DHS does not send a formal notification of denial to the inmate.

If the referral meets the program criteria and it is determined the program has the financial resources and capacities to provide services, DHS program specialists schedule an enrollment interview. In times of limited funds and capacity, individuals coded as MH-2A with psychotic disorders are given priority admission. Individuals with medium to high COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) scores also are given priority over those with low COMPAS score overrides.

Program Enrollment Process

If it is determined that OARS is able to offer the inmate the opportunity to enroll, a DHS program specialist coordinates an enrollment meeting with the referring social worker at the institution or the person designated as the OARS contact for visitation and gatehouse memos. Participant enrollment typically occurs four to six months prior to the scheduled release date. The DHS program specialist conducts an in-person interview with the inmate to explain OARS. Institution staff members are invited and encouraged to participate in the enrollment meetings as their schedules allow. They are not required to attend.

Institution social services staff should inform the inmate of the invitation to participate in OARS prior to the enrollment interview. In addition, institution social services staff may share any updated inmate information (e.g., medication compliance history, involvement in treatment/activities, behavioral concerns) with the DHS program specialists prior to the enrollment meeting.

Enrollment interviews are conducted with each prospective participant individually. The enrollment interview gives the candidate all the information they need in order to make an informed decision about whether to join the program. A DHS program specialist explains the program and its expectations and explores the candidate's concerns and goals regarding their release from prison. In addition, the DHS program specialist explains that if the inmate agrees to participate in the program, they may be enrolled in the program for up to two years after release from prison.

The length of enrollment is based on:

- The amount of supervision time (the participant must be on supervision to be enrolled in OARS).
- The participant's active participation and cooperation with the program expectations.
- The participant's need for OARS to provide necessary services and support.
- The length of time needed for the participant to meet program criteria for successful completion.
- The participant's request to voluntarily discharge from the program.

Inmates who choose to enroll in OARS receive the following documents:

- **Enrollment Letter** (F-01628): This is a form letter providing a general overview of the program and its expectations.
- **Team Description**: This is a summary of the core team member roles and primary responsibilities.
- **OARS Phases of Engagement Chart**: This is a one-page handout (see page 15) that shows the phases of OARS community reintegration and program completion.
- **Informed Consent** (F-01620): This document is reviewed in detail with the inmate during the enrollment interview to ensure their comprehension and capacity to consent to the program. The inmate signs this document to enroll in the program.

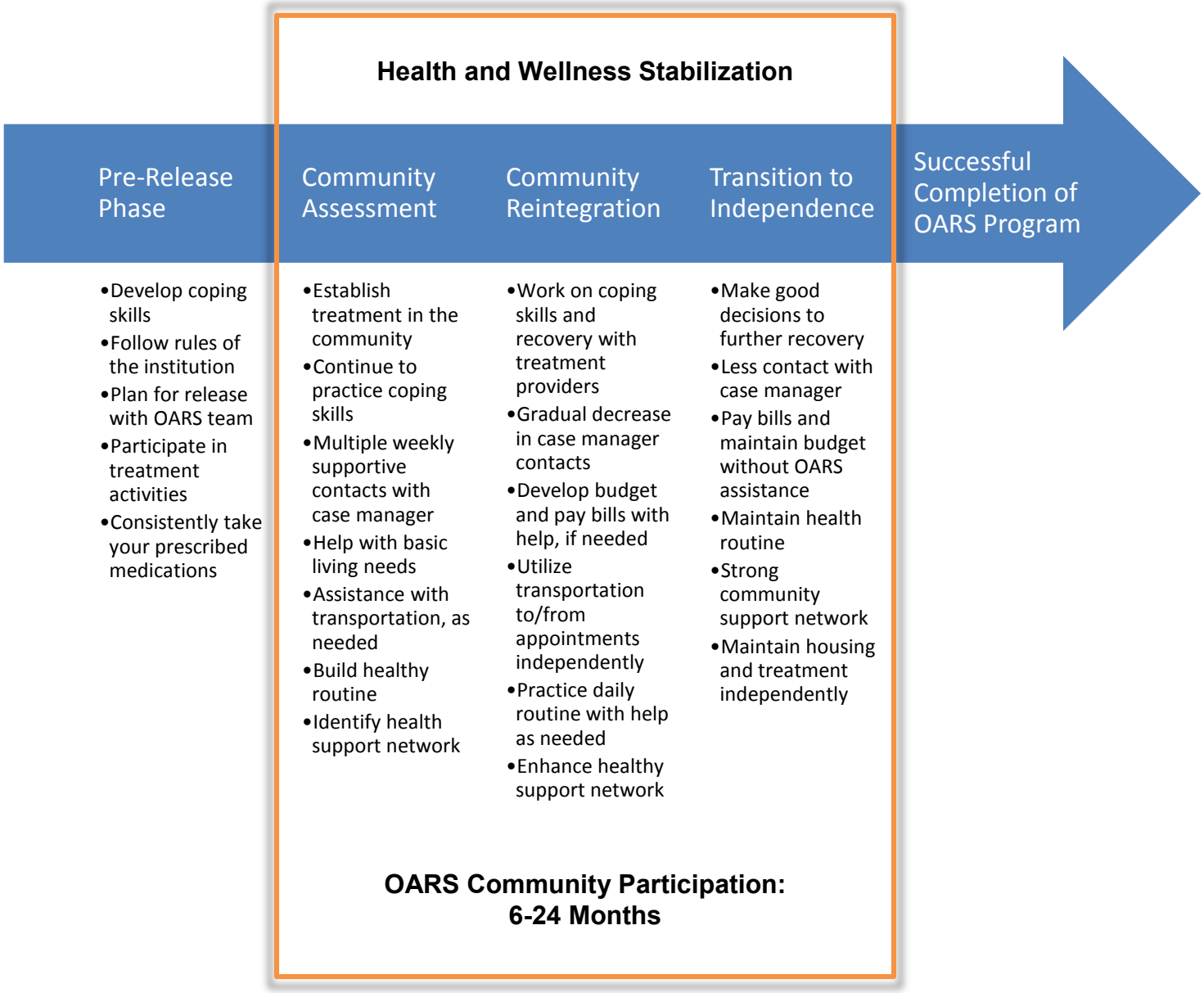
Inmates who enroll in OARS must sign the Authorization for Disclosure of Non-Health Confident Information, DOC-1163, and the Authorization for Use and Disclosure of Protected Health Information, DOC-1163A. These forms authorize DOC to release institution treatment records to the contracted OARS case management provider for their region. For more information, see the Records Distribution Process section of this manual.

If an inmate does not feel comfortable consenting to the program during the enrollment interview, the consent form and release of information forms may be left with the institution social worker. The inmate has one week to complete the forms. If the inmate chooses to participate in OARS, the

institution social worker initiates contact with the DHS program specialist to make arrangements for enrollment into OARS.

If the inmate decides to enroll, a DHS program specialist works with the current institution social worker and psychological services staff to consider a possible transfer to WRC for OARS pre-release programming. After WRC accepts the transfer request, the DHS program specialist instructs the referring institution to complete the Referral for Mental Health Placement, DOC-1479 (generated by PSU), and forward the completed form to WRC. In the event a transfer to WRC is not an option, OARS pre-release contact and re-entry planning will occur at the referring institution.

Phases of Engagement Chart



Core Team Assignment Process

The process of notification of enrollment and case assignment is completed by an email from the DHS program specialist to the receiving county DCC supervisor and regional case manager agency supervisor. The email includes the referral form, interview notes, COMPAS bar chart/narrative, and the signed informed consent.

DCC Agent
If the OARS participant isn't already assigned to an OARS agent, the DHS program specialist will work with DCC to facilitate that process. The process may take a few weeks to coordinate depending on whether the participant's supervision file needs to transfer to a different DCC office or if there is a need for caseload adjustments.

OARS Case Manager
Case manager assignment may take up to five working days. The case management provider needs time to review and adjust caseloads. If the case management assignment takes longer than anticipated, the DHS program specialist informs the core team about who will provide interim case management.

Institution Social Worker
The institution social worker is identified on the OARS referral form. If a new social worker assignment is made, the institution notifies the DHS program specialist. The DHS program specialist informs the core team members.

OARS Program Specialist
The DHS program specialists cover designated territories. After team assignments are completed, a DHS program specialist sends a welcome letter (F-01619) to the participant listing his/her assigned OARS team members.

Pre-Release Phase

OARS pre-release phase is typically five to six months. There is a “fast track” option for participants releasing in four months or less. The pre-release phase allows the OARS core team to conduct assessments, gather participant background information, and develop a therapeutic rapport with the participant. The OARS core team works together to engage the participant in their goal development and treatment planning process to help him/her prepare for the post-release phase. The OARS core team utilizes motivational interviewing and person-centered planning strategies during this phase. Participants are expected to take part in appropriate pre-release treatment and programming.

Contacts and Team Collaboration

Case Manager
An OARS case manager contacts participants within two weeks of their notification of the enrollment. The main focus of the initial contact is for introductions, preliminary rapport building, and to begin the assessment and development of the participant’s individual service plan (ISP).

OARS case managers receive and review institution file information, records from previous community treatment providers, Crime Information Bureau (CIBs), and Wisconsin Circuit Court Access Program files. OARS case managers coordinate contact with the participant’s family members and natural supports who are involved in the participant’s life. This information gathering process and thorough analysis is critical to identifying clinical needs, risk factors, and plan development.

At minimum, the OARS case manager will have monthly contact with the participant during the pre-release phase, including at least two face-to-face contacts prior to release. OARS case managers should increase the frequency of participant contacts based on client need and the release planning process.

The OARS case manager assumes the lead in coordinating the participant’s post-release plans and treatment, with input and guidance from the OARS core team. OARS case managers shall solicit updates from institution social workers about program participants. Examples of updates to request include:

- Conduct and institutional adjustment
- Changes in medications or medication compliance
- Changes or clarification about mental health symptoms or diagnosis
- Changes in medical conditions
- Involvement and progress in treatment or vocational programming
- Medications that will be provided upon release
- Medical and treatment after-care recommendations
- Medical and mental health supplies (diabetic, wheelchair, crutches, sleep apnea machine, etc.) to be provided or needed upon release

OARS case managers who are working with participants with complicated medical needs may contact the institution social worker to request direct email or phone contact with the participant’s designated institution health services professional to clarify and discuss any details or specialized medical needs.

OARS case managers contact the disabled offender economic security (DOES) benefit specialist approximately 30 days prior to the inmate's release from the institution to assist with the benefit application process.

Social Worker
Institution social workers shall proactively share significant updates with the OARS core team regarding the participant's involvement in treatment, medication compliance, behaviors/conduct concerns, and/or changes in medical or mental health conditions (a change in diagnosis or a critical health concern).

Institution social workers may invite the OARS case managers to participate in institution multidisciplinary team staffings to provide an opportunity for them to hear participant updates and discuss release planning options with other institution team members.

The institution social worker advocates for the participant to engage in treatment programming and opportunities available in the institution to add structure to their time in the pre-release phase.

DCC Agent
The DCC agent contacts the participant, by phone or in-person, to discuss their rules of supervision and any other concerns.

OARS core team
The OARS case manager and DCC agent need to be actively involved when there are behavioral or treatment concerns while the participant is incarcerated. All OARS core team members can encourage participants to cooperate with treatment and adhere to institution rules. When concerns arise, the OARS case manager (and DCC agent, as time allows) should schedule phone calls or meetings with the participant to support the institution team in addressing concerns and encouraging cooperation.

The OARS case manager and DCC agent will share pertinent information with the institution social worker and DHS program specialist regarding their contacts with participants in the pre-release phase and solicit feedback for addressing any issues or concerns.

If at any time during the pre-release phase an OARS core team member has concerns about a participant's involvement in OARS, the full team convenes to review and discuss. Teams shall make every effort to avoid participant discharges within two months of release.

The OARS core team should communicate regularly by email using a "reply to all" protocol to keep all members updated regarding the participant and release plans. State employees sending emails about OARS participants should utilize the **send secure** email option.

Required Staffing Process and ISP Development

Initial OARS core team Conference Call
Within two months of enrollment, the OARS case manager coordinates an initial OARS core team conference call to review the participant's history, mental health diagnosis and treatment, and release planning needs. This provides an opportunity for core team members to share information and to further complete the pre-release assessment process for the OARS case manager.

At minimum, the institution social worker, DCC agent, OARS case manager, and DHS program specialist participate in this call. The participant may join the last part of the call if the team

determines it would be beneficial. If there are any reasons for this call to be delayed, the OARS case manager will communicate that to the team.

Discussion Outline:

1. DHS program specialist introduces core team and provides participant enrollment meeting information
2. Overview of offense and incarceration history
   - Length of time incarcerated for this offense
   - Length of time at current facility and why admitted to facility
   - Offense history and whether mental health or alcohol and other drug abuse played a role
   - Institutional adjustment (history of RHU placement and behavioral concerns)
3. Review and discuss social and community history
   - Children, family, and current support system
   - Previous community adjustment concerns (supervision/revocation history)
   - What has worked well for the participant in the community
4. Current diagnosis and prescribed medications
5. Medication and mental health stability
   - Current symptoms/mental health status
   - Is there a history of medication noncompliance during incarceration? In the community? If yes, what has been done to promote compliance?
   - Is there a history of dangerousness (e.g., suicide attempts, harm towards self and/or others, or property)?
   - What are the observations of the individual's behavior when on/off medications?
   - What concerns has the individual expressed regarding the prescribed medications?
   - Are there any court orders currently in place that require the need for compliance with medication? (e.g., Chapter 51 or Judgment of Conviction)
   - Is there a history of psychiatric inpatient hospitalizations?
   - Does the participant currently have a guardian?
6. Current medical needs and ongoing treatments
7. Treatment approaches that work well for the participant to enhance motivation and participation.
8. Treatment approaches that haven't worked for the participant and discussion about their triggers, risk factors, etc.
9. Participant's history of involvement in programming during their incarceration:
   - Programs/treatment completed and work history
   - Education history and cognitive abilities
10. Participant's current involvement in treatment/scheduled activities:
    - Treatment and educational programs
    - Employment
11. Treatment need areas to review in preparation for community planning:
    - Alcohol and other drug abuse treatment
    - Smoking cessation (assistance with quitting smoking)
    - Trauma-related treatment (adverse childhood experiences [ACE] and trauma assessment for adults-revised [TAA-R] scores)
    - Eating disorders
    - Medical
    - Sex offender treatment
    - Domestic violence treatment
    - Family-parenting
    - Individual therapy
    - Anger management

- Cognitive intervention
- Education (general educational development [GED], high school equivalency diploma [HSED], etc.) and employment
- Money management
- Social skills/self-confidence focused treatment
- Leisure skills/activities
- Peer support/mentoring
- Individualized crisis support plan (applying wellness and recovery everyday [AWARE/WRAP], Recovery Plan)

12. Social Security benefits and identification
    - Has the participant received benefits in the past?
    - Has the application process been started?
    - Is the participant assigned to a DOES attorney?
    - Does the individual have a state ID card, Social Security card, and birth certificate?
13. Participant account balances (regular and release accounts)
    - Pending court costs, restitution fees, child support, etc.?
    - Outstanding utility, phone bills
    - Encourage participant to save towards release
14. Team discussion regarding participant's plans for release, goals, questions/concerns, and remaining follow-up items

Pre-Release Assessments
Approximately 30 days prior to release, OARS case managers will share with the DCC agent and DHS program specialist the results of their pre-release assessments using the OARS assessment tools. These assessments identify individualized clinical needs and risk factors.

ISP Call
The OARS case manager coordinates a pre-release ISP staffing to review and finalize the participant's release plans and goals. The initial OARS ISP includes goals identified by the participant, with some guidance and assistance from the OARS core team. Team members share steps and responsibilities in helping participants achieve the stated goals. The OARS case manager drafts the ISP, has it signed by the participant, and distributes copies to the core team. The OARS case manager submits the final copy of the ISP by email to the DHS program specialist and DCC agent.

At minimum, the institution social worker, DCC agent, OARS case manager, participant, and DHS program specialist participate in this call. Institution staff, supervisors, and/or natural supports may be invited to participate.

Identifying System Issues

Anyone on the OARS core team may identify system issues and bring them to the attention of the DHS program specialist. Staff should communicate openly regarding system concerns and seek resolutions together. Providing specific, timely information is an important component in resolving system concerns related to OARS case planning. If situations are not resolved, the DHS program specialist is notified and included in the problem solving process.

Institution Information and Guidelines

Release Dates: OARS participants release from the institution on the Tuesday before their actual mandatory release date, unless the participant is reaching their maximum discharge date on their governing offense. The OARS case manager should verify the scheduled release date with the institution social worker and DCC agent early in the pre-release phase to avoid any confusion about the date of release. The participant **must** be released on the designated date. There are no exceptions.

Presumptive Mandatory Release (PMR): PMR is subject to approval by the Parole Commission (PC) for certain felonies committed on or after April 21, 1994, but before December 31, 1999, Wis. Stat. § 302.11(1g). PMR inmates are reviewed regularly by the PC to determine whether they are ready to be released to community supervision. Offenders with a PMR may be held beyond their mandatory release date, but must be released to the community by their maximum discharge date.

PC paperwork is submitted by the institution social worker. It includes information regarding the inmate's overall institutional adjustment, involvement in treatment programs, release plans, and recommendations from the institution treatment team. If the PC grants release, the inmate will be released from the institution within approximately 30 days, depending on the date determined by the PC. Inmates that have sex offense histories warranting a special purpose evaluation (SPE) prior to release will have approximately six months between receiving the parole grant and release to the community. There is a 90-day time frame for the SPE to be completed and an additional 90 days for release planning.

This status is uncommon among OARS participants. If potential program enrollees have PMRs, a DHS program specialist contacts the DOC Reentry Disabilities Treatment Director to discuss the referral before proceeding with an enrollment interview. If the person appears OARS eligible, the DOC Reentry Disabilities Treatment Director will contact a parole commissioner to discuss the specific individual and the possibility of working together on a release plan. If a parole commissioner is supportive of OARS and is willing to establish a targeted release date, the DHS program specialist proceeds with the enrollment.

The OARS case manager should provide general information about release plans to the institution social worker prior to the scheduled PC review (so that the plans can be included in the paperwork submitted for consideration). Institution social workers shall include language in their narratives for the PC that indicates the inmate is enrolled in OARS and receiving intensive case management services.

Maximum Discharge Date: The date the inmate is no longer under DOC supervision.

Forms of Identification: Starting at intake and throughout the inmate's incarceration, the institution social workers verify whether the inmate needs a state-issued photo identification (through the Department of Transportation), Social Security card, and birth certificate. The participant may use money from their institution accounts to pay for the identification card. If they do not have the funds available, DOC has funding to assist in obtaining the necessary identification during the pre-release phase. Institution social workers and records staff make arrangements for the identification to be obtained prior to release. The OARS case manager is encouraged to communicate with the institution social worker regarding the status of the identification.

Inmate Accounts: Inmates have a regular account and release account. Agents determine how much money inmates may have in cash upon release and the amount of money provided in a check.

Generally, funds not dispersed to the inmate in cash at release are sent to the agent in the form of a check payable to the inmate. Funds provided to the agent will be budgeted with the participant. OARS case managers should discuss the participant's accounts with the agent prior to their release to the community.

Main Point of Contact at the Institution: The institution social worker is the main point of contact at each institution for the OARS core team. The institution social worker shall be available for team collaboration to address participant-related questions and concerns. The institution social worker may invite other institution team members, such as a psychological services associate, institution unit supervisor, or nurse to participate in pre-release OARS meetings and team emails as needed to help address issues and concerns related to release planning.

Participants Releasing from the Institution to a Community Residential Facility: The OARS case manager communicates with the institution social worker approximately 30 days prior to release to discuss the requirements of the community residential facility (community-based residential facility [CBRF], adult family home [AFH], etc.). Most facilities require a recent physical, medical clearance, free of communicable disease statement, and a tuberculosis skin test within 90 days of placement at the facility. Completing this documentation may take several weeks.

Physical Contact with Inmates: Physical contact is strictly prohibited. Handshakes are allowed. No other physical contact with the offender is allowed.

Bringing Videos into the Institutions: Institution wardens have granted permission for OARS case managers to bring videotapes or DVDs into the institutions for the purpose of showing pictures or a video that relates to the participant's release plan (e.g., housing environment or an introduction to a community team member). This activity is highly encouraged. It helps minimize anxieties and concerns the participant may have about releasing to the community. The OARS case manager should notify the institution staff member when scheduling the pre-release visit about their intent to bring videotapes or DVDs so that it can be noted on the gatehouse memo.

Things to remember about visiting correctional institutions:

- All visitors **must** pass a DOC background check. The DHS program specialists and contracted case management provider agencies will work with the DOC Reentry Disabilities Treatment Director to facilitate the background checks for new OARS case managers.
- All visits must be arranged a **minimum** of one week in advance.
- OARS case managers that arrange for a staff member from a community residential facility or community treatment program to meet with the participant must notify the institution social worker with as much notice as possible. The OARS case manager must provide a date of birth and requested date of visit for each visitor.
- A background check will be performed by institution staff. The OARS case manager will be notified when the visitor is cleared for entrance into the institution. Institution staff will ensure that a gate pass is available for entrance into the institution on the approved date and time.
- Institution visitors may be instructed to pass through a machine designed to detect metal. If unable to pass through successfully after three attempts, visitors may be denied entrance. For this reason, clothing containing or made with metal should not be worn on the day of the visit. (e.g., underwire bras, garments with heavy metal buttons, snaps, or clasps).
- Arrive on time. If you are running late or need to reschedule, contact the institution as soon as possible.

- Bring a state-issued photo identification for every visit. This photo identification must be visible while you are in the institution. Wear it around your neck on a breakaway lanyard or clipped to your shirt.
- Sign in as a guest in the gatehouse after checking in with the security staff. Sign out when you leave the institution.
- You may bring a pen, notebook, and folder/file.
- **Do not** bring any electronic devices, such as cell phones, pagers, zip drives, tablets, or other computer devices.
- **Do not** bring any weapons (including but not limited to: guns, knives, nail files).
- Wear sensible shoes (avoid high heels, open toes, shoes without tread, etc.) and clothing that is business appropriate.
- Avoid wearing necklaces or earrings that could easily be pulled (e.g., hoops).
- Always lock your vehicle doors prior to entering the institution.
- Leave your purse, bags, and any valuables in your locked vehicle.

Wisconsin Resource Center (WRC) and Wisconsin Women's Resource Center (WWRC)

- **Coordinating Visits and Phone Calls**: Contact the Social Services Department at 920-426-4310, ext. 4505, to arrange phone calls and visits with the participant.
- **Transportation the Day of Release**: Participants releasing to the community may be transported by the institution security transport team, family member or friend (must have prior approval of the DCC agent), DCC agent, or DCC transport team. The OARS case manager may provide transportation, provided the team agrees this is safe and appropriate.
- **Medication Self Administration**: Inmates nearing release are offered the opportunity to learn more about their prescribed medication and also self-administer their prescribed medication during the last month of their scheduled release date. The OARS core team should encourage all participants to engage in this process.
- **Medications Provided Upon Release**: Participants are released with a 30-day supply of prescription medication. Participants may not release with over-the-counter medication (e.g., Benadryl®, Tylenol®, and vitamins) or with PRN medication. The OARS case manager is encouraged to contact the institution social worker regarding questions or concerns related to medications at least 30 days prior to the participant's release date.
- **Pre-Release Curriculum/Programming**: WRC utilizes an evidence-based approach to re-entry planning with its inmates. Upon arrival on the unit, inmates develop a re-entry AWARE plan and review it with their staff advisor on a weekly basis, updating it as needed. Six months prior to discharge into the community, inmates meet individually with a member of the pre-release team to develop a map that outlines goals for re-entry.

  The inmates identify the steps they need to take to achieve their goals, including the strengths they can utilize and the barriers they need to overcome in this process. They select treatment programs that are directed toward helping them reach the goals they have set. The pre-release team member guides the inmate through this process using motivational strategies to help identify areas of need. The COMPAS assessment also is shared with the inmate to help him address those areas that could lead to recidivism.

  Pre-release programs include STAR, emotion management skills, thinking for a change, illness management and recovery, social skills, employability, life skills, relationships, leisure skills, financial literacy, parenting, health, and community supervision. There are also periodic workshops on topics of interest such as returning home simulation, riding the bus, housing, resume building, challenge course, workforce development, and technology updates.

Inmates can continue to participate in clinical programs such as dialectical behavior therapy and Male-Trauma Recovery and Empowerment Model, as well as enrichment classes. Their housing unit will mirror community living as closely as possible in that they will have a budget, make appointments to see care providers, and pay for amenities. Completion of the pre-release program is determined by how well the inmate meets the intervention goals he/she has set for him/herself.

- **Discharge Paperwork**: HSU staff complete medical and mental health discharge paperwork prior to the inmate's release from the institution. Per institution policy, discharge paperwork will include the latest lab work information, diagnosis/psychiatric notes, and medication information. The institution provides the OARS case manager with the paperwork upon completion. If the OARS case manager does not receive the paperwork, they need to follow up with the institution social worker to request the information before the participant's release date. Post-release discharge paperwork may need to be requested from the Inactive Medical Records Department at WWCS or DCI.

Taycheedah Correctional Institution (TCI), Robert E. Ellsworth Correctional Center (REECC), Oshkosh Correctional Institution (OSCI) and Other Correctional Institutions

- **Coordinating Visits and Phone Calls at TCI**: Contact the Social Service Records Department to schedule visits and phone calls with OARS participants. Provide the participant's name and DOC number to the social services staff when coordinating these visits and phone calls.

  OARS case managers should notify the institution social worker of scheduled visits and phone calls.
- **Coordinating Visits and Phone Calls at REECC, OSCI, and Other Correctional Institutions**: Contact the institution social worker to arrange phone calls and visits with OARS participants. Provide the participant's name and DOC number to the social services staff when coordinating these visits and phone calls.
- **Transportation the Day of Release**: Staff members may make arrangements for the OARS participant to take the bus on the day of release. Arrangements also may be made for participants to be transported by a family member or friend (must have prior approval of the agent), DCC agent, or DCC transport team. The OARS case manager may provide transportation, provided the core team feels it is safe and appropriate.
- **Medication Provided Upon Release**: OARS participants release with a two-week supply of medication and a one-month written prescription. Participants may not release with over-the-counter medication (e.g., Benadryl®, some allergy medication, Tylenol®, vitamins) or with PRN medication. The OARS case manager should direct questions or concerns regarding medication to the institution social worker at least 30 days prior to the participant's release date.
- **Pre-Release Curriculum/Programming**: Pre-release curriculum modules are offered to participants, as the modules are available. The modules that have been highlighted as a priority for participants include: wellness, employment, financial literacy, health, housing, personal development, and transitional preparation.

  To encourage participant involvement, the OARS case manager should contact the institution social worker about class availability and program referrals.
- **Discharge Paperwork**: HSU and PSU staff complete medical and mental health discharge paperwork prior to the inmate's release from the institution. Per institution policy, discharge paperwork will include the latest lab work information, diagnosis/psychiatric notes, and medication information. The institution provides the OARS case manager with the paperwork upon completion. If the OARS case manager does not receive the paperwork, they need to follow up with the institution social worker to request the information before the participant's release

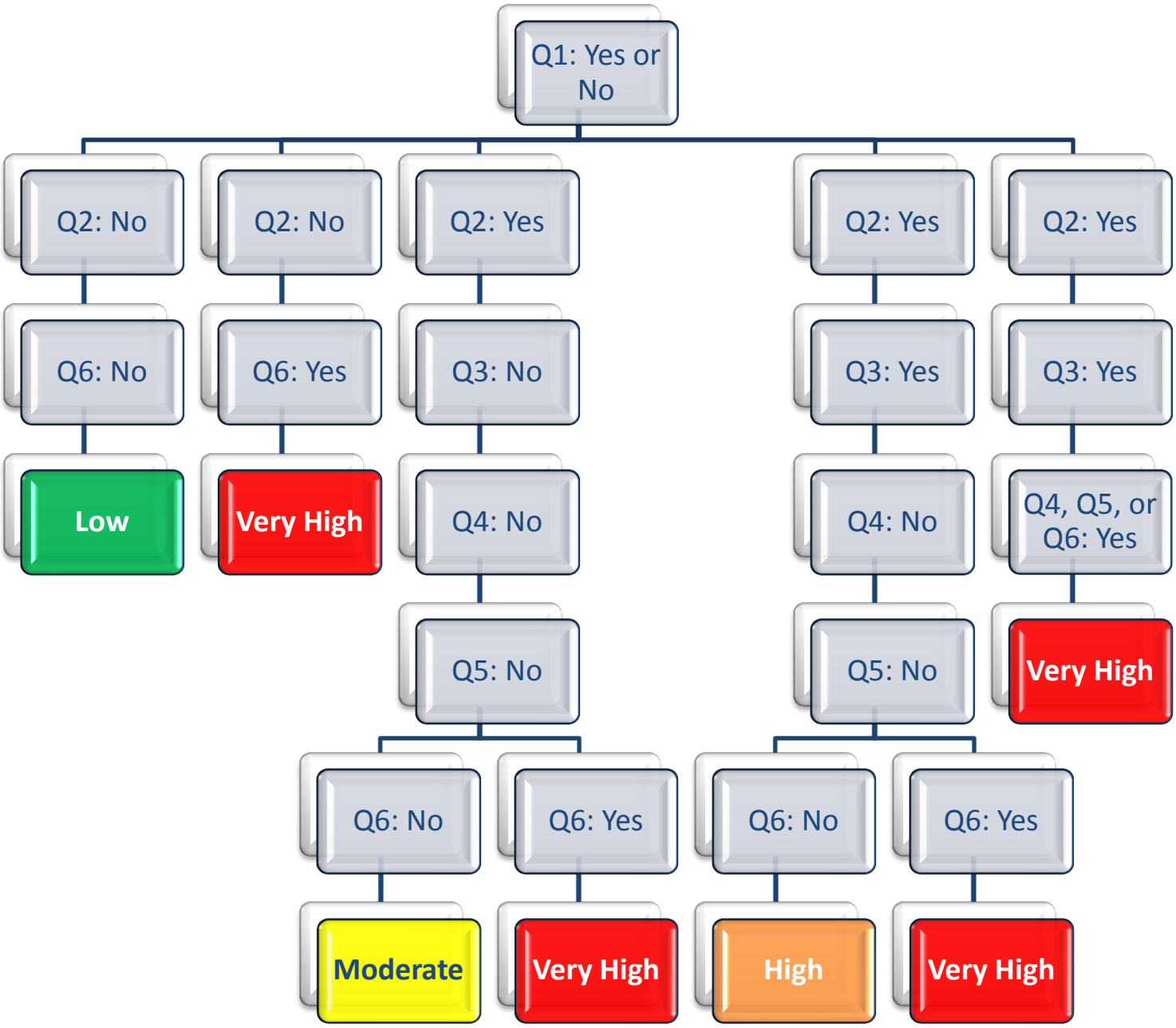
date. After release, discharge paperwork may need to be requested from the Inactive Medical Records Department at Wisconsin Women's Correctional System (WWCS) or Dodge Correctional Institution (DCI).

WRC and Division of Adult Institutions (DAI) staff shall immediately contact the OARS case manager if a visit needs to be canceled, postponed, or delayed due hospital visit/placement or a restrictive housing unit placement, etc. OARS case managers travel long distances and it is important they know about these issues as soon as possible so that they can modify their schedules accordingly.

Columbia-Suicide Severity Rating Scale (C-SSRS)

The **Lifetime Recent-Clinical/Already Enrolled Subjects** should be administered at initial intake. The **Screen Version-Since Last Visit** should be administered quarterly or when there is a crisis/significant loss in the participant's life, custody placement, or when the case manager determines a need based on concerns related to suicide risk. For more information, go to: http://www.cssrs.columbia.edu/scale_versions.html

Scoring Protocol (Screen Version – Since Last Visit)



	LOW	MODERATE	HIGH	VERY HIGH
What does this mean?	Client has a low risk for suicide.	Client has a wish to be dead and has experienced suicidal thoughts.	Client is experiencing suicidal thoughts with a method (without specific plan or intent to act).	Client has suicidal intent with a method (with or without a specific plan) and/or suicide attempt.
Next steps	• Discuss score with the client and any concerns the treatment team has • Reiterate the client's support system	• Discuss the score with the client and the concern for suicide risk • Discuss with the client about ways in which the treatment team and their support network can support them • Develop or review safety plan and provide a copy to the client • Increase contacts if client tends to isolate • Assess and refer to mental health services as needed	• All of "next steps" from the moderate risk column • The team will assess environment for safety and remove any potential devices that could be used for self-harm • Case manager and DCC agent will consult with community treatment team and program supervisor to determine appropriate intervention • Review the number of contacts the client has each week to ensure that the client should have daily contact or subcontractor who has knowledge of the risk level • If at any point the treatment team has concern regarding the client's safety, then community or institutional hospitalization will be arranged	• Case manager will contact law enforcement (OARS: law enforcement will assess the client for voluntary or involuntary hospital admission) • Arrange to safely transport the client to a secure environment • Case manager will stay with client to monitor until support help comes. Try to keep client in a designated safe environment (not kitchen or bathroom) • Case manager and DCC agent will notify program supervisor and DHS specialist • After client is safe in community hospital or jail, the community treatment team will be notified and an aftercare plan will be developed
Follow up	• Administer assessment quarterly or if client is in crisis • Document	• Administer assessment weekly until client is at low risk or their baseline • The community team will communicate until the risk is reduced • Document	• Administer assessment at every visit, or at minimum weekly, until client is at low risk or their baseline • The community team will communicate until the risk is reduced • Document	• Upon discharge to the community, administer assessment at every visit, or at minimum weekly, until client is at low risk or their baseline • The community team will communicate until the risk is reduced • Document

COMPAS

COMPAS is an actuarial risk/need assessment and case management tool to assess risk and criminogenic needs as well as document service delivery. COMPAS is used in all three DOC divisions to inform supervision level and dosage of service delivery at a variety of decision points throughout the inmate's incarceration. This system allows DOC to share information and coordinate a continuum of supervision and treatment services from initial arrest at the local level through discharge.

OARS core teams are expected to utilize the COMPAS risk/needs assessment in the supervision of program participants and in the case planning process as a method for identifying risks and treatment planning needs. COMPAS generates a risk/needs profile and case plan that may be shared among team members. These will be used in tandem with the OARS ISP.

TIC Overview

Trauma impacts everyone differently. Trauma may affect a person's thoughts, behaviors, mental health, physical health, and overall life expectancy. While trauma is not an excuse for actions or behaviors, awareness of a person's trauma history may enhance the direction and scope of treatment planning.

OARS uses two trauma screening tools: the ACE and the TAA-R. Both are included in this manual.

These screening tools are administered by the OARS case manager in the pre-release and post-release phase. Screening provides an opportunity to build a professional working relationship, reduce the stigma and silence surrounding traumatic experiences, and to recognize many problem behaviors as coping strategies.

Instructions for Administering the ACE and TAA-R

Pre-Release Phase
The OARS case manager administers the ACE and TAA-R to new program participants early in the pre-release phase. The information gathered may be used to develop the ISP. The screening tools should be administered during an in-person meeting of the participant and case manager. If circumstances arise that might impact the participant's ability to complete the tools, such as the participant having a bad day or struggling with maintaining control, the OARS case manager may administer the tool at the next opportunity or when clinically appropriate.

Post-Release Phase
The OARS case manager may consider reviewing the results of the ACE and TAA-R with participants in the post-release phase to offer the participant another opportunity to disclose traumatic events that they may have not felt comfortable sharing previously or had forgotten about, but now remember. This also is an opportunity to revisit whether the participant is interested in any treatment or support.

Administering the Screening Tools
1. The screening tools typically take approximately 10 minutes to complete.
2. Administer the screening tools in an environment where the participant feels comfortable with disclosure, such as a quiet meeting space.
3. Introduce the screening tools to the participant by explaining that these tools provide the opportunity to get to know more about them, acknowledge that significant events commonly occur in people's lives and such events can impact a person's health and behaviors.

4. The OARS case manager explains the instructions for completing the tools, such as answering “yes” or “no” to each question. The participant then provides the completed screening tools to the OARS case manager.
5. The OARS case manager may read the questions to the participant if they struggle with reading or comprehending the questions on their own.
6. After administering the screening tools, the goal is to thank the participant, acknowledge the impact of trauma in general, and the strength it requires to be a survivor. It is appropriate to ask the participant if they are interested in talking further with a counselor or therapist about what they have experienced in their life.
7. If the participant appears uncomfortable while answering questions, it is okay to give them a chance to stop or take a break. OARS case managers may also encourage the use of grounding strategies. Some grounding strategies may include: counting from 1-10, taking a few deep breaths, extending and moving the fingers and toes, or visualization techniques (such as closing eyes and visualizing a favorite, calming place).

The OARS case manager shares the numerical and general information obtained from these tools with the OARS core team. This information may be used for treatment planning purposes and to help characterize the degree of trauma history in the population served by the program.

ACE

This tool is from the Centers for Disease Control and Prevention:
http://www.cdc.gov/violenceprevention/acestudy/

Prior to your 18th birthday, did you experience any of the following:

1. Did a parent or other adult in the household **often or very often**…
   Swear at you, insult you, put you down, or humiliate you? **Or,** act in a way that made you afraid that you might be physically hurt?
   Yes or No If yes, enter 1 _____

2. Did a parent or other adult in the household **often or very often**…
   Push, grab, slap, or throw something at you? **Or,** ever hit you so hard that you had marks or were injured?
   Yes or No If yes, enter 1 _____

3. Did an adult or person at least five years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way? **Or** attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes or No If yes, enter 1 _____

4. Did you **often or very often** feel that …
   No one in your family loved you or thought you were important or special? **Or,** your family didn't look out for each other, feel close to each other, or support each other?
   Yes or No If yes, enter 1 _____

5. Did you **often or very often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or,** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes or No If yes, enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes or No If yes, enter 1 _____

7. Was your mother or stepmother…
   Often or very often pushed, grabbed, slapped, or had something thrown at her? **Or, sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or, ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes or No If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes or No If yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes or No If yes, enter 1 _____

10. Did a household member go to prison?
    Yes or No If yes, enter 1 _____

Now, add up your "yes" answers: _____ (This is your ACE Score)

TAA-R

Developed by H.S. Resnick, C.L. Best, D.G. Kilpatrick, J.R. Freedy, S.A. Falsetti

This questionnaire asks about many different types of stressful or difficult life events. These kinds of events can be frightening or upsetting to almost everyone. During your life, have any of the following things ever happened to you?

Please answer yes or no in response to each question about the following types of events:

1. Have you ever been in the military in a war zone, or had military combat experience?
   Yes____ No____

2. Have you ever been in a really bad accident (car, at work, or somewhere else) and thought you might be killed or injured?
   Yes____ No____

3. Have you ever been in a natural disaster (tornado, hurricane, flood, major earthquake, etc.) and thought you might be killed or injured?
   Yes____ No____

4. Have you had a serious illness, such as cancer, leukemia, AIDS, multiple sclerosis, etc.?
   Yes____ No____

The next three questions are about unwanted sexual experiences you may have had during your life. You may not have reported these to police or ever told anyone else about them. Also, the person who did these things might not have been a stranger, but may have been a friend, a date, or even a family member. These kind of sexual experiences can happen at any time in a person's life, even as a child. Regardless of how long ago it happened, or who did these things, have any of the following ever happened to you?

5. Did you ever have sexual contact with anyone who was at least five years older than you, before you reached the age of 13?
   Yes____ No____

6. Before you were age 18, has anyone ever used pressure or threats to have sexual contact with you?
   Yes____ No____

7. At any time in your life, whether you were an adult or a child, has anyone used physical force or threat of force to make you have some type of unwanted sexual contact?
   Yes____ No____

TAA-R (page 2)
Developed by H.S. Resnick, C.L. Best, D.G. Kilpatrick, J.R. Freedy, S.A. Falsetti

The next six questions are about abusive and/or troubling experiences you may have had during your lifetime. You may not have reported these to police or ever told anyone else about them. Also, the person who did these things might not have been a stranger, but may have been a friend, a date, or even a family member. These abusive and/or troubling experiences can happen at any time in a person's life, even as a child. Regardless of how long ago it happened, or who did these things, have any of the following ever happened to you?

8. At any time in your life has anyone (including family members or friends) ever attacked you with a gun, knife, or some other weapon, regardless of whether you ever reported it?
   Yes____ No_____

9. At any time in your life, has anyone (including family or friends) ever attacked you **without** a weapon, **but with intent to seriously injure or kill you**?
   Yes____ No_____

10. While growing up, were you physically hit and/or punished by someone older in a way that resulted in bruises, burns, cuts, or broken bones?
    Yes____ No_____

11. Have you ever witnessed someone seriously injured or killed?
    Yes____ No_____

    If yes, what happened? _____
    _____
    _____

12. Have you ever experienced any other situation that was not already asked about which was extremely stressful or difficult?
    Yes____ No_____

    If yes, what happened? _____
    _____
    _____

13. Has a close friend or family member ever been intentionally killed or murdered?
    Yes____ No_____
    Relationship of the victim(s):_____

14. Has a close friend or family member ever been killed by a drunken driver?
    Yes____ No____
    Relationship of the victim(s):_____

Smoking Cessation Initiative

Smoking is very common among the population served by OARS. All state prisons are smoke-free. Participants may choose to resume their smoking habit after being released in the community.

Smoking negatively impacts physical and financial health. The DHS Smoking Cessation Data Collection form (F-01621) is a tool designed to help prompt conversation about smoking as well as the opportunity to discuss options for decreasing use and/or quitting. OARS case managers should use this tool with participants in the pre-release and/or post-release phases. OARS case managers may connect interested participants with local resources and the Wisconsin Tobacco Quit Line (1-800-784-8669) for free information regarding gums, patches, or other materials to help individuals quit smoking.

Example of ISP Template Instructions

Goals
Goals are person-centered, understandable, measurable, and written in the participant's own words with guidance and coaching from the OARS case manager. In instances where the participant has significant difficulty articulating their goals, the OARS core team may assist. The assistance should be noted after the stated goal.

- Example: "I want to obtain part-time employment." (staff-assisted goal).
- Example: "I want to successfully complete supervision so I can move to Kentucky to live closer to my family."

OARS case managers should ask open-ended questions to explore the goals, the participant's dedication to the goals, and target behaviors. Examples include:

- How does your goal of _____ fit with _____ (closely held value or other important goals)?
- How does making this change fit in with your life?
- What are some good things about _____ (target behavior related to the goal area)?
- What are some not so good things about _____ (target behavior related to the goal area)?

Goal Type
The OARS case manager selects the goal type from the list provided in the drop-down menu.

Date Established
The date the goal was first established.

*** Confidence (Motivational Interviewing)**: The OARS case manager asks the participant, "On a scale of 0 to 10, where 0 is not at all ready and 10 is very ready, how confident are you right now for making this change?"

*** Readiness (Motivational Interviewing)**: The OARS case manager asks the participant, "On a scale of 0 to 10, where 0 is not at all ready and 10 is very ready, how ready are you right now to work on _____ (goal area)?

* After asking the above questions, the OARS case manager asks open-ended questions to learn more from the participant about where they are in terms of their readiness and confidence related to successfully achieving their goal. Suggested follow-up questions include:

- Why are you at a _____ and not a zero?
- What would it take to go from a _____ to an eight or nine?

Team Responsibilities
This section captures specific, time-limited, team steps and responsibilities to support the participant in making progress towards achieving the stated goal. This section includes the steps and responsibilities of the participant and other team members that are applicable to the specific review period. OARS case managers are encouraged to be person-centered and clear about the steps listed in this section. It helps to utilize bullet points so that all team members can clearly identify what the steps and responsibilities are during the review period. Some examples include:

- Billy will meet with medication monitoring staff twice per day to take his medication as prescribed by his treating psychiatrist.
- Dr. John will meet with Billy once per month to monitor mental health symptoms and the need for adjustments to his medication.
- Dr. Gloria will meet with Billy once per week to discuss and develop coping strategies for managing his anxiety.

OARS case managers may ask open-ended questions related to target behaviors to solicit change talk. Some examples include:

- Why would you want to make this change? (Desire)
- How might you go about it in order to succeed? (Ability)
- What are the two or three best reasons to make this change? (Reasons)
- How important is it for you to make this change? (Need)
- What do you intend to do? (Commitment)
- What are you ready or willing to do? (Activation)
- What have you already done? (Taking steps)

Progress
This section provides a brief summary of the progress made during the **current** review period. Progress from previous ISP reviews can be deleted and replaced with progress from the current review period. This section is written from the OARS core team perspective, including input from the OARS participant. There likely will not be progress to report on newly identified goals.

> Example: Billy has been taking his medication as prescribed during this review period. He receives medication monitoring services once per day and has been cooperative during these meetings. Billy reports that he is learning more about the importance of taking his medication as prescribed because of the assistance provided by the medication monitoring staff. Billy had an appointment with his psychiatrist, Dr. John, on 12/1/2011. Billy reported that he was feeling stable on his current medication. Dr. John did not make any changes. Dr. Gloria reports Billy's individual weekly sessions are going well. She is working with Billy to develop a written plan of coping skills to help him manage his anxiety.

Next Steps
This section includes changes that are being made to the stated goal. These steps will be moved to the "team responsibilities" section during the next ISP staffing review period, unless the next step indicates the goal has been discontinued or successfully achieved, at which time the goal will move to the "past goals" section of the ISP template.

- Example: Dr. John is going to start meeting with Billy once every two months starting in January 2012.
- Example: Billy successfully completed his financial goal on 1/12/2012.

Structured Activities
Best practices indicate healthy, structured activities improve the likelihood of successful outcomes for clients. Participants will be involved in structured activities consistent with their ability. It is recommended that participants initially released to the community engage in 10-20 hours of healthy, meaningful activity each week. The number of hours may increase as the participant progresses and positively adjusts to community living. Structured activities may include: treatment groups/activities, employment, education, physical fitness, hobbies, support groups, meetings with a peer support or mentor, etc.

OARS case managers choose from the drop-down box provided and include a brief description of the type of activity.

SMART Goals
OARS case managers should use SMART goals when working with participants to develop ISPs.

S: Specific
A specific goal answers these questions:
- Who is involved?
- What do I want to accomplish?
- Where? (identify a location, when applicable)
- What is the time frame?
- What are the requirements and restraints?

M: Measurable
Establish a time frame for measuring progress toward attaining the goal.
A: Attainable
Think about how likely it is to achieve the goal. Goals that are important to the individual will enhance their skills, abilities, and the capacity to achieve the goals.
R: Realistic
The goal represents an objective that the individual is willing and able to work towards.
T: Timely
Setting a time frame for achievement is helpful to keeping the individual on track with the stated goal.

The Stages of Change

Pre-contemplation - Individual does not recognize there is a problem.	Problem? What Problem? **SOME THOUGHTS THAT REFLECT PRE-CONTEMPLATION:** • "No, smoking pot when I am not allowed to while on supervision has nothing to do with being placed in jail again." • "No, not taking my meds has nothing to do with the fight I got in yesterday." • "My crime was really just a misunderstanding."
Contemplation - Individual admits there is a problem but is relatively certain it does not have too much to do with him/her.	There's a problem alright, but I don't think it is me. **SOME THOUGHTS THAT REFLECT CONTEMPLATION:** • "Yes, being in jail is a problem but I wouldn't be here if she would've done what I said…then I wouldn't have to hurt her." • "If that guy would "respect" me, then I would not have to hit him." • "If they would not talk to me like that, I wouldn't have to curse them out."
Preparation - Individual admits there is a problem and would like to do something about it. They begin to think of alternatives to their current behavior.	Yes, there is a problem and I want to do something about it but am not sure how. **SOME THOUGHTS THAT REFLECT PREPARATION:** • "I hate being in jail but I seem to always come back. I don't know what I gotta do to stay out." • "I'm tired of having no money but I don't know how to quit doing drugs." • "I am so tired of going off my meds and then feeling sad and scared all the time, but how do I change?" • "I know that I'm angry a lot, but I'm not sure how to change that."
Action - Individual admits and recognizes there is a problem, has thought about it, and begins to take action to change it.	I got a problem. I'm getting help. I'm doing the work. **SOME THOUGHTS THAT REFLECT ACTION:** • "I asked my case manager to help because I didn't know where to go to get my Social Security benefits." • "I wrote these two places looking for housing." • "I am attending my anger management group and doing the homework."
Maintenance - Individual has been practicing new behavior for quite some time and is in recovery from that behavior (in the recovery world it is a year or more).	I had a problem. I got help. I'm much better today. **SOME THOUGHTS THAT REFLECT MAINTENANCE:** • "I am not worried about why he is acting that way, it is not my problem." • "I am so grateful I don't get high anymore and I have more money." • "I am glad I trust my doctor and friends. I have had some struggles but I let them help. I do what I can and I have not been in trouble for a whole year."

Institution Records

Program Records Distribution Process
During the enrollment process, DHS program specialists arrange for participants to sign the DOC 1163, Authorization for Disclosure of Non-Health Confidential Information and the DOC 1163A, Authorization for Disclosure of Protected Health Information. This allows for the disclosure of their institution records to the designated OARS case management agency.

These authorizations are provided to the referring institution's records department for processing. A cover letter is attached outlining the records being requested. With rare exceptions, OARS case management providers should receive comprehensive record packets in the mail within two weeks of participant enrollment. OARS case management agencies should contact the DHS program specialists if they do not receive the records within a few weeks of enrollment.

See the WRC and DAI DOC 1163 cover letters included in this section of the manual for more details about the records that are released to the case management provider agency.

Subsequent Institution Records Request Process
- **WRC/WWRC**: The OARS case manager sends an email to the institution social worker, copying the designated records department representative.
- **TCI:** The OARS case manager submits requests for records by mail or email to the Social Service Records Department for processing.
- **REECC, OSCI, and Other DAI institutions:** The OARS case manager submits requests for records by mail or email to the institution social worker.

Institution Participant Discharge Paperwork
- **WRC:** HSU completes a comprehensive medical discharge packet within one week of the inmate's discharge from the institution. The institution social worker receives a copy and provides it to the OARS case manager and agent. This is typically done by email prior to release. The inmate also receives a copy upon discharge from the institution. OARS case managers are encouraged to review this packet with the participant during their first community contact.
- **WRC Release Transfer Summary:** OARS case managers may request a copy of the release transfer summary from the institution social worker prior to the participant's release. This is a summary of the last institution team staffing that typically occurs approximately 30 days prior to release.
- **TCI, REECC, OSCI, and Other institutions within DAI:** Participants releasing to the community are provided copies of their discharge medical paperwork, including prescription information. OARS case managers should request copies of this information prior to the participant's release and review this information with the participant during their first community contact.

Exchange of Records Between OARS Team Members
The OARS case manager, agent, and DHS program specialists may share all contents of an individual's OARS program file, including institution records, without the need for a signed authorization. The OARS participant signs authorizations during the enrollment meeting allowing communication and records to be exchanged between the OARS case management agency and the institution. Since confidentiality concerns are properly addressed, the team is encouraged to share information as it is essential for collaborative planning related to treatment and supervision.

OARS Case Manager
The OARS case manager provides the agent copies of any requested institution records. This arrangement is in place to ease the burden of records requests for the releasing institution.

The OARS case manager provides the institution social worker (as applicable), agent, DHS program specialist, and other team members with the following:
- A signed authorization allowing the disclosure of treatment records
- Pre-release assessment (see pre-release section of this manual for details)
- Finalized ISPs (see ISP section of this manual for more details)
- Participant program discharge summary (see program discharge section of this manual for more details)

Additional file paperwork may be distributed upon request from the OARS core team members.

DCC Agent
The agent provides the OARS case manager and DHS program specialist (as applicable):
- Rules of supervision
- Custody paperwork
- Revocation summaries
- Court paperwork
- COMPAS case plan
- Narrative summary from COMPAS assessment

DHS OARS Specialist
The DHS program specialist provides the agent, institution social worker, and OARS case manager the following:
- Signed informed consent upon enrollment
- Copy of the welcome letter (F-01619) sent to the participant shortly after enrollment
- New participant referral information and enrollment meeting notes

Institution Social Worker
The institution social worker provides the OARS case manager the medical and psychiatric discharge paperwork (if applicable).

Releasing the Pre-Sentence Investigation
Institution professionals and the agent may release the pre-sentence investigation (PSI) to the OARS case management agency and DHS program specialist (as applicable).

The following is an excerpt from the DOC Electronic Case Reference Manual, DCC Supervision, Chapter 6.12.04.

A PSI is considered property of the court, and other than DOC, can only be released to:
- Other agencies or persons with approval from the sentencing court
- Legal Assistance to Inmates Program AIP
- The Attorney General's Office, if acting as a representative for the DOC
- Other state or federal prison authorities when an inmate is transferred to their custody
- Other state and federal probation and parole authorities when the supervision of an offender is transferred

- Other agencies or persons for use related to correctional programming, parole consideration, care and treatment, or research per Wis. Stat. § 972.15(5). This includes any contracted agencies that provide programming to offenders.

Any agency or person that receives a PSI under this section shall not further disclose its contents. This prohibition includes distribution to the participant him or herself.

Disclosure of Institution Treatment Records and Other Records to Community Providers
The release of records generated by other agencies is sometimes referred to as re-disclosure. DHS-contracted case management providers need to utilize a release of information (F-01622) form to disclose confidential treatment information to community agencies. The origin of treatment records is not a prohibitive factor in the release of information to other provider agencies. As long as the release of information specifies exactly what records are to be released, to whom, and the participant consents to it, the release is valid.

However, a release is not necessary to share information received as part of the prison records to DOC institution staff that have a need to know.

Post-Release Process

The OARS post-release phase may last for up to two years from the date of the participant's release from the institution. The agent and OARS case manager remain in frequent contact throughout this phase to monitor the safety, stability, and reintegration of the individual. Participants successfully complete the program when they have attained self-sufficiency through stable housing, resources for medication and psychiatric care, and meaningful structured activities, which may include employment and education, and are able to financially maintain treatment, housing, and basic needs without OARS assistance.

The DHS program specialist, case management supervisor, and DCC agent supervisor are informed with periodic updates, and may be consulted as necessary. The OARS case manager and DCC agent are encouraged to include community treatment providers and natural supports in team discussions for greater input and perspective.

One of the main roles of the OARS core team is to ensure community safety. This is accomplished through proactively addressing criminogenic needs. The focus of case planning also should be to orient the individual towards psychiatric stability, to promote decisions to enhance their mental health and their recovery from addiction, and to improve their overall well-being.

This process involves creative, individualized, intensive case planning to provide a high level of monitoring and treatment immediately following release to the community. Participants with histories of alcohol or drug use may be monitored through frequent and random urinalysis, breathalyzers, and the use of daily testing equipment and alcohol monitoring devices. As the participant positively adjusts to the community, the level of monitoring and services may gradually decrease in intensity.

OARS case managers work with participants to develop individualized safety/crisis support plans to include contact information for individuals who can assist with managing and de-escalating situations. In addition, information about triggers, warning signs, and coping strategies are included. Individualized safety/crisis plans are routinely updated and shared with team members.

Frequency of contact

Following release from the institution, it is expected that the OARS case manager has contact with the participant multiple times a week. As the participant positively adjusts to community living over the following few months, the OARS case manager should thoughtfully and gradually scale back the frequency of contacts, while remaining available for guidance and support, with feedback and support from the OARS core team.

At the point in which a participant is getting ready for successful program discharge, the OARS case manager shall see the participant approximately once a month, in conjunction with the support services that will continue following the participant's discharge from the program.

DCC utilizes a supervision level system based on the COMPAS risk/needs assessment to determine the frequency of contact with the offender.

The supervision levels include:

- Enhanced (formerly known as high risk): weekly contacts
- Maximum: twice monthly
- Medium: once monthly

- Minimum: once every three months

Due to the acuity and high-risk nature of the OARS population, DCC agents are expected to supervise participants at enhanced supervision for a minimum of 60 days immediately following release from the institution. Agents will decrease the frequency of participant contacts based on their positive adjustment to the community. Agents are expected to notify the OARS core team prior to considering participants for medium supervision. No further reduction of supervision will be done prior to discharge planning.

The gradual transition to independence and eventual successful discharge from OARS is a priority in the post-release phase. The core team uses a variety of approaches to enhance the successful transition of the individual. Assistance with employment, education, benefits, and the cultivation of a natural support system may all be included to bolster this transition. Aligning county-based systems of support is also very important for the long-term stability and well-being of the participant.

ISP Scheduled Staffing Process

The OARS case manager coordinates a community OARS team staffing approximately 30 days after release to review the goals identified in the pre-release phase and the participant's progress. Staffing participants include the agent, OARS case manager, community providers (supportive housing staff, medication monitoring providers, therapists, county case managers, etc.), the participant, and participant's natural supports that have been identified as team members. The OARS case manager documents the participant's progress and changes to the goals and structured activities in the updated ISP document. The OARS case manager provides a copy of this document to the participant. The copy signed by the participant is distributed to the OARS core team.

The frequency of the remaining community OARS team ISP staffings will be **quarterly**, or as deemed necessary by the OARS core team, depending on the participant's needs, with guidance from the DHS program specialist. Factors considered will include:

- Participant's overall adjustment to community placement.
- Participant's cooperation with treatment and programming.
- Feedback from the team members.

The OARS case manager facilitates the ISP staffing process throughout the participant's enrollment in the program. The OARS case manager is responsible for documenting the ISP staffing process. The ISP documents should be completed, signed, and then distributed to designated team members, including the participant.

Budgeting and Money Management

Financial decision making and money management are key factors for the long-term success of the participant. If benefits are not able to be obtained or are not adequate to support the individual, attention should be directed to obtaining employment and other resources to maintain stable housing and treatment services.

OARS **may** fund some resources for the individual upon release. Examples include:

- Housing and associated necessary utilities
- Treatment programs addressing individual needs, such as mental health, sex offender, eating disorders, substance use, criminal thinking, and trauma
- Prescribed mental health medications (medical medications with approval from the DHS program specialist)

- Stipends for food, clothing, and other basic needs
- Transportation
- Educational, vocational, and recreational programming

Payment for resources and other items will be reviewed by the OARS provider agency. The ultimate goal of assisting participants to work towards independence should always be considered.

OARS case management agencies may provide assistance with housing by providing a security deposit and paying rent. Leases, energy bills, and phone bills should be in the participant's name. If past debts exist, the OARS case manager will work with the participant and the creditor to develop a payment plan. Program funds should not be used to pay participant debts. These funds should be used to pay for current living expenses. If the OARS case manager experiences difficulties coordinating services, they should contact a DHS program specialist.

If landline phone service is required to allow for electronic monitoring, or if a phone is necessary for other purposes, the OARS case manager may assist in paying for that service. The OARS case manager shall make arrangements with the phone company to restrict unauthorized changes to the account. A minimum service plan should be purchased, one that only allows local calls. The participant also should be made aware that the bill will be in their name and only local calls are allowed unless they have prior approval from their OARS case manager and DCC agent. Any charges above those for local calls are the participant's responsibility to pay.

Case Manager Responsibilities

The OARS case manager shall have frequent discussions with the participant about their personal needs, desires, and financial priorities. To ensure participants have the financial resources to cover their basic needs, the OARS case manager should review the participant's income and expenses on a regular basis. This should be a joint review involving the participant. This review should include the development of a monthly budget.

A copy of the budget is provided to the participant and included in the OARS case manager file. It is recommended that the monthly budget is updated and reviewed quarterly, or as deemed appropriate based on changes in income and expenses. Team members also may receive a copy of the budget upon request.

Money matters are a sensitive topic for many participants, particularly when living on a limited income. The desire of adults to manage their own money and prioritize expenses should be acknowledged. The primary role of the case manager is to provide support and guidance, build insight, and help the participant to make informed choices.

Tobacco cessation programs and medications should be offered to smokers who are not able to pay for their basic needs.

OARS case managers should assist participants with accessing local resources to obtain medications, food, clothing, and support groups. As participants progress in the post-release phase of OARS, the OARS case manager will work with the participants to promote self-sufficiency.

Prior to planning for discharge, the participant should demonstrate they can maintain necessary services without the financial support of the program and that they are living within their budget.

Residential Placement Reviews

Monthly reviews are completed for all participants who are in a residential placement to review their progress and assess their ongoing service needs. Once a participant has mastered the goals of the placement the team will consider transitioning to a lesser restrictive level of care. The goal of residential placements should be 30-90 days. The placement reviews allow updates to the team to determine what is needed in order to make the next transition towards independence.

The OARS provider agencies are required to submit an OARS – Residential Placement Review (F-01623) at the end of each month justifying the need for continued care. The DHS program specialist reserves the right to exempt the form when it appears that the participant will require ongoing care at the highest level of community care. In these situations, a referral to Family Care and/or other ongoing case management services is required. Once an alternative, ongoing case management service has been approved, the OARS core team will focus on addressing the criminogenic needs and move towards successful program completion. The other case management services will provide housing and support the participant's physical and mental health stability.

Case Manager Safety Training

The safety of community, staff, and clients is the primary mission of Wisconsin's community forensic program. The forensic population is one of the most challenging groups one can work with in the criminal justice field. The combination of major mental illness, substance use disorders, deficits in education, financial resources, and social support are common issues for these clients. The potential for these factors to contribute to criminal activity is without parallel with any other single group.

At the core of success of OARS is the operational concept of working as a member of a cohesive treatment team. The client is a participating member of the treatment team and the client's progress in the community is monitored by this team. Issues are addressed through the coordinated expertise and resources of the team. This approach ensures treatment success and community safety.

The actions listed here are intended to provide a framework for safety.

Relationship Security
The case manager should review the following information about the client:

- Committing offense
- Criminal complaint
- Psychiatric evaluations
- CIB report
- Hospital records
- Documented historical "red flags" of client aggression and decompensation
- Client self-report of aggression and decompensation triggers
- Family member reports of client aggression and decompensation triggers

Dynamic Security
The best security, dynamic security, lies in maintaining a positive relationship with the client. A relationship between the staff and client built on trust is the best preventive measure. **However,** if a client is under the influence of alcohol or other drugs, or is psychiatrically unstable—***do not*** rely on the concept of dynamic security to provide you with any margin of personal safety.

Situations that may lead to increased aggression

- Violations/custody/potential revocation situations
- AODA
- Psychosis/psychiatric decompensation
- Situational stress
- Recent failures/disappointments (relationships, employment, family issues)
- Anger/resentment toward legal status, case manager, agent

Situations that may lead to a decline in client investment to follow treatment plan

- Losses or interactions among family or friends
- Medication changes

Safety Tip: Make initial contact with a new client at your office. Consider requesting that the assigned agent accompany you on your first home visit.

Office Safety
The following are details you should know about your office:
- General office layout
- Location of facility exits
- Access to securable rooms
- Location of other office telephones you can access
- Presence or lack of other office staff
- Programmed emergency numbers
- Code words or phrases for staff to call police in emergencies
- Location of your office exits
- Arrangement of furniture for space between you and client
- Ability for you to exit your office
- Presence of and location of potential weapons (e.g., lamps, computers, nameplates, staplers, tape dispensers, scissors, letter openers, excess pens and pencils, throwable chairs, other heavy objects)

Safety Tip: Never prevent a client from leaving your office.

Field Safety—Situational Awareness
Be clear and direct with the client as to your expectations of the client and the residence when you schedule an appointment.

Assessing the area around the client's residence
- Assess the environment around your client's residence before entering. Drive around the block; is it an area where open-air drug transactions occur? Is it an area of active gang activity? Identify gang-related graffiti. Look for individuals hanging out on porches or steps in the neighborhood. Look for individuals or solitary children watching the area (possible lookouts for drug houses). Listen to what your "gut level" comfort is telling you.
- If the residence is set back from the street or in a rural area, be more cautious and aware of activity around you.
- Try to stay clear of bushes or structures that could conceal an individual.
- Attempt to park your car as close to the residence as possible.
- Avoid parking your car close to visual obstructions such as larger vehicles, dumpsters, or other objects that prevent you from scanning the area around your car.
- Try to schedule home visits in the morning when there is less general activity in the neighborhood. Avoid Friday afternoons when early weekend partygoers may be present.
- Determine how much time you will spend on a home visit.
- Avoid leaving a residence in the dark.
- Be aware of the presence and quality of the lighting where the home is and where your car is parked.
- Make staff aware of your schedule and expected time of return to the office or make some other arrangement to notify staff when your field operations have concluded for the day.
- Have your cell phone preprogrammed to 911.

Safety Tip: Trust your instincts; if it doesn't feel right, leave the area. You can always reschedule.

Assessing the building in which the client resides

- Where in the building, exactly, is the client located (which apartment, which floor)
- What is the quality of lighting in the entranceway and hallways?
- Are other tenants hanging out in the hallways?
- Is a party going on?
- Are other tenants' doors open?
- **Leave immediately if you are uncomfortable within the building.**

Assessing the client and residence BEFORE you enter

- Is the client appropriately dressed?
- Did s/he remember you were coming?
- Take a moment to evaluate the client's demeanor.
- Try to be aware of any sights or smells that might indicate the client has been using alcohol or other drugs.
- Ask the client who is present in the residence and what their relationship is to the client.

Ask the client to contact you later that day for a new appointment if your initial assessment of the client and his/her residence makes you feel uncomfortable and there are no quick fixes to make the environment comfortable for the visit.

Assessing the client's residence AFTER you enter

- Attempt to always keep clients in front of you and within your line of sight, avoid allowing them to follow behind you.
- Keep at least an arm's-length distance between you and the client at all times.
- Note the locking system on the entrance door. Is it locked now? Would you be able to exit quickly? Can others enter during your home visit?
- Be respectful of the client's residence. However, if the television or radio is at a noise level that makes interviewing difficult, ask them to lower the volume or turn it off.
- On your first home visit, request a short tour of the residence. Note exits, visually scanning each area from ceiling to floor. Be aware of any alcohol, drugs, drug paraphernalia, magazines, posters, or books of a disturbing nature.
- Note any real or potential weapons (e.g., rifles, handguns, baseball bats, knives) that are out in the open.
- Don't get into a power struggle or agitated argument with the client on his or her own turf. Hot issues should initially be addressed at your office.
- Avoid unscheduled home visits without another staff person, agent, or law enforcement personnel accompanying you.

Case manager attire/preparation for home visits

- Wear clothing that allows you to move freely, shoes you can run in.
- If you are going to wear a tie, use a clip-on type that will easily come off if pulled.
- If you are wearing an identification badge on a lanyard, make sure that it has at least two (2) break away connections. Lanyards could be used to strangle you.
- Take only what is necessary. Do not carry purses, bags, or shoulder strap type accessories. Avoid taking notes during the interview.
- While walking, always try to keep your hands free.
- Tie up long hair.
- Avoid using your personal vehicle, if possible. License plates are relatively easy to trace to home addresses. Make sure you lock your car.

- When leaving or returning to your car, be alert to your surroundings; watch out for individuals approaching you. As you near your car, watch for any individual who may be hiding behind or near your car. Have your car keys in your hand; lock your doors immediately upon entering your car.
- Consider obtaining an unlisted phone number or, at a minimum, do not list your home address.

Safety Tip: Discipline yourself to remain in a heightened state of awareness during home visits**.**

Use the technique known as structured scanning where you visually scan individuals top to bottom. Pay attention to where their hands are and what they are holding.

Display a strong sense of awareness of your surroundings by looking around you send the message to potential attackers that you would not be an easy victim to overpower; intentionally focus on as many of the above-described safety points as you can. Practice this on each and every home visit until they come to you naturally, much like defensive driving.

CALLING 911

- Get to a safe location before calling, if possible.
- Tell the 911 operator exactly where you are located. Be as specific as possible for example; provide the address and **room number;** or a compass reference, “I am on the **northeast corner** of 1st and Vine Streets.”
- Stay calm—take a deep breath.
- Allow the 911 operator to lead the conversation.
- Answer all the operator’s questions.
- Follow all of the operator’s directions.
- Meet the responders when they arrive and direct them to the emergency.

Always carry your identification with you. Carry a card that lists any medications you take, chronic health conditions, blood type, etc.

Participant File Audit

DHS program specialists audit each contracted case management agency annually to review randomly selected participant case files. This review ensures case files contain all required documents. It also is an opportunity to provide support and direction to case managers. Additionally, DHS program specialists review the extent to which case managers have adopted the best practices for the program, including evidence-based strategies for the services provided.

These best practices and evidence-based strategies include:

- MI
- PCP
- Strength-based approach
- TIC
- Smoking cessation
- Dual-diagnosis treatment
- Certified peer specialists/mentors
- Incorporating healthy, meaningful structured activities
- Medication compliance
- ACT

Use of the above practices and strategies should be documented in ISPs or in case files. DHS program specialists will share the results of their review with the contracted case management agency. A copy of the results will be kept by the DHS program specialists.

Participant Rights and Access to the Grievance Procedure

Pre-Release Phase
In the pre-release phase, during contacts with case management staff and their team, OARS participants are covered by the patient rights listed in Wis. Stat. § 51.61. Participants may file a formal grievance if they have concerns about the services provided (Wis. Admin. Code ch. DHS 94). Participants are encouraged to seek a resolution to their concerns through their case manager and team before filing a formal grievance.

Pre-release issues related to the conditions of confinement or interactions with DOC staff should be directed to the inmate compliant examiner at the participant's institution.

Post-Release Phase
The first scheduled appointment in the community will be with the OARS DCC agent at their office. They will review the rules of supervision and the participant will signs a copy of the rules.

The OARS case manager meets with the participant to review the Participant Rights and Grievance Procedure Notification included in this section. This may occur the day of release or within 30 days of the participant's release to the community. The OARS case manager has each participant sign a document of receipt, a form developed by the DHS contracted case management agency.

In addition, DHS-contracted case management agencies are responsible for developing their own system for tracking informed consents, the annual notification of rights, and participant grievances. The informed consent and the notification of rights documents need to be reviewed and signed annually.

Overall, the application of individual rights should be an ongoing conversation with the person. Each participant has the right to contribute in the development of their treatment plan. It is important to explain to the participant that some parts of their plan are negotiable, while other parts are not due to the participant's legal status on community supervision. DCC agents take the lead related to rules of supervision, while case managers explain the rights of participants.

OARS Grievance Resolution Procedure Staff Guidance Outline
The grievance resolution procedure has four levels of appeal, as outlined in DHS 94. Grievances may be discussed informally with the client's consent or handled formally. Formal grievances should be submitted in writing, but do not need to be on a specific form.

1. Client expresses concern to case manager, agent, or other staff.
2. Program staff re-notifies client of right to file a formal grievance under DHS 94.
    a. Client may informally discuss the issue or file a written grievance.
    b. Written grievances should specify the issue, the requested resolution, and any relevant facts.
    c. Written grievances should involve one issue.
3. Formal grievances should be submitted to the program director for program level review or the service provider relevant to the issue, as appropriate.
4. Program directors should issue a written response within 30 days.
5. Client may appeal decision to DHS program specialist within 14 days.
6. DHS program specialist should issue written decision within 30 days.
7. Client may appeal decision to State Grievance Examiner within 14 days.
8. State Grievance Examiner should issue written decision within 30 days.
9. Client may appeal decision to the DHS Division of Care and Treatment Services Administrator.

For procedural questions about the process, please contact the State Grievance Examiner.

State Grievance Examiner
DHS Client Rights Office
P.O. Box 7851
Madison, WI 53703-7851
608-266-9369

OARS Participant Rights and the Grievance Resolution Process
The information in this section should be shared with OARS participants.

Your participation in the services provided by OARS requires you work with your case manager and your agent. If you have concerns about how your participation in OARS may impact the rights listed below, please ask your case manager for clarification.

Your rules of supervision may limit your access to some of these rights. If you would like to file a complaint about your agent or your rules of supervision, please talk to your agent about your concerns or use the DCC Administrative Review Process.

The following rights are also listed in Your Rights and Grievance Resolution Process, P-20377, and only apply to the case management services and treatment planning services you receive through OARS.

Personal Rights

- You must be treated with dignity and respect, free from any verbal, physical, emotional, or sexual abuse.
- You have the right to have program staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- You may make your own decisions about things like getting married, or writing a will, if you have not been found legally incompetent.
- You may use your own money as you choose; however, you will be expected to take responsibility for any court costs, restitution, supervision fees, or other court-ordered obligations. You will also need to inform your case manager of all sources of income you have and work with the case manager to build a budget. The budget you create will help you maintain your housing, pay for medications and costs of care, as well as meet other financial obligations.
- You may not be filmed, taped, or photographed in a treatment setting or facility unless you agree to it.

Treatment and Related Rights

- You must be provided with prompt and adequate treatment, rehabilitation, and educational services that are appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- Treatment or medication may be given to you with your written, informed consent unless a court orders it. If you have a guardian, your guardian may consent to treatment and medications on your behalf.
- You will be provided individualized services, such as medication monitoring, if your OARS team determines it is necessary.

- You may not be given unnecessary or excessive medication.
- You may not be subjected to electroconvulsive therapy or any drastic treatment measures such as psychosurgery or experimental research, without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you may have to pay.

Record Privacy and Access
Under Wis. Admin. Code ch. DHS 92 and Wis. Stat. § 51.30:
- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Program staff may, if they have cause, limit how much you may see of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge these reasons through the grievance process.
- After discharge, you may request to see your entire treatment record.
- If you believe something in your treatment record is wrong, you may challenge its accuracy. If staff will not change the record you have challenged, you may file a grievance and/or put your own version in your record.

Grievance Procedures and Right of Access to Courts
- If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns.
- If you believe your rights have been violated, you may informally discuss your concerns with staff, file a grievance, or take the matter to the court that sentenced you or the court in the county you reside to sue for damages or other relief.

Informal Discussion (Optional)
- You are encouraged to first talk with your agent or case manager about any concerns you have. However, you do not have to do this before filing a formal grievance.
- If you want to **file a formal grievance**, you should do so **within 45 days** of the time you become aware of the problem. For good cause, you may be granted an extension beyond the 45-day time limit.

Three Avenues for Complaints
There are three different processes for a complaint to be addressed, depending on the type of complaint you have.
- If you live in a group residential facility, you have additional rights related to living in an inpatient setting. You should be informed of those rights on admission to the facility. If you have a complaint about your living conditions in that facility, you should file it in writing directly with the facility. The process for addressing any complaints like that will be explained to you.
- If you have a complaint about the rules of supervision of your release, you should file it in writing with your DCC agent. The process for addressing any complaints through the Administrative Review Process will be explained to you by your agent.
- If you have a complaint about your case manager or your ISP, you should file your complaint with the contracted case management agency's program director.

The following procedure applies to complaints about your ISP.

Grievance Investigation

- The contracted case management agency's program director will investigate your grievance and attempt to resolve the issues you raise.
- Unless the grievance is resolved informally, the program director will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
- If you agree with the program director's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.

You may file as many grievances as you want. However, the program director usually only will work on one at a time. The program director may ask you to rank your complaints in order of importance.

OARS Program Review

- If you disagree with the outcome of your complaint, you may ask the program director to forward your grievance to a DHS program specialist or you may send it yourself.
- The DHS program specialist must issue a written decision within 30 days after you request this appeal.

State Grievance Examiner

- If you are dissatisfied with the DHS program specialist's decision, you may appeal to the State Grievance Examiner within 14 days of receiving the report from the DHS program specialist.
- You may ask the DHS program specialist to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is:

  State Grievance Examiner
  DHS Client Rights Office
  P.O. Box 7851
  Madison, WI 53703-7851

Final State Review

Any party to the grievance has 14 days from receipt of the written decision of the State Grievance Examiner to request a final state review by the Division of Care and Treatment Services Administrator. Send your request to:

Administrator
DHS Division of Care and Treatment Services
P.O. Box 7851
Madison, WI 53707-7851

You may choose, instead of filing a grievance or at the end of the grievance process, or any time during it, to take the matter to court to sue for damages or other court relief if you believe your rights have been violated. Your agent, case manager, and the DHS program specialists can provide you more information about the OARS grievance procedure and accept your grievance, if necessary.

DCC Supervision

The forms listed below contain the standard rules. Agents may add additional rules at any time. The participant should sign a copy of their rules prior to release and every time they are modify. A copy of the signed document should be provided to the participant.

- Rules of Community Supervision (DOC-10)
- Standard Sex Offender Rules (DOC-10SO)

Special Bulletin Notification Process

Community notification occurs through a variety of means and at several levels. Provisions within the law require DOC to maintain a database of registered sex offenders. Information stored in the database is accessible on a limited basis by victims, neighborhood watch programs, and the general public. All information available in the database is accessible by law enforcement via the CIB/TIME (Transaction Information for the Management of Enforcement) system, and through direct request to the DOC Sex Offender Registry Program. Additionally, DOC provides special notification to law enforcement about offenders that meet the criteria who are scheduled to be released from prison or a mental health institution. This notification is called a Special Bulletin Notification (SBN).

An SBN is issued to law enforcement in the areas of the offender's residence, employment, or school enrollment. It includes information on the individual's offense pattern and specialized rules of supervision.

Wisconsin law does not require SBNs for all offenders released from prison or a mental health facility. The overall purpose of the SBN is to highlight those cases that may pose a risk to the community. It starts the local decision-making process to determine the level, scope, and method of community notification.

What Cases Require or Warrant a Special Bulletin?
The law mandates that an SBN shall be provided to law enforcement under the following cases:

- All individuals committed under Wisconsin's Sexually Violent Persons Law (Wis. Stat. ch. 980) placed into the community under supervised release or discharged from commitment.
- All individuals convicted of at least two separate crimes have to register with the Sex Offender Registry Program. A previous conviction can include a conviction from another state that is comparable to a Wisconsin crime requiring registration. Offenses/dispositions that do not constitute a strike include:
    - Juvenile adjudications
    - Read-ins
    - Convictions that have been reversed, set aside, or vacated

DHS and DOC staff have the authority to issue SBNs in other cases as needed to protect public safety.

General Process and Procedures
A year prior to the offender's scheduled release date from a DOC institution, the offender's criminal history is screened to determine if the offender meets the statutory requirement for an SBN. The following staff receive advance notice of all cases identified for SBNs:

- Institution records staff
- Institution social services staff
- DCC field supervisor
- Assigned DCC agent

An SPE may be completed on some of these cases to determine if the individual meets the criteria for a commitment as a sexually violent person.

Two months prior to the offender's scheduled release date and following the SPE determination, the institution records and social services staff, DCC field supervisor, and assigned DCC agent receive a final notification memorandum from SOR indicating DOC's intentions to distribute an SBN.

DCC prepares and distributes the SBN when an offender is released from prison to the community, to a detainer, or to DHS pending sexually violent person proceedings. The DHS Division of Care and Treatment Services prepares the SBN when individuals are released from a DHS facility.

Two SBNs are issued for offenders referred for possible commitment as a sexually violent person. One is issued when the individual is transferred from a DOC institution to a DHS institution. The second is issued when the offender is released or discharged from a DHS institution.

SBNs are issued at least 30 days prior to the individual's release from the care and custody of DOC or DHS.

Content of the SBN
The SBN contains the following information about the offender:

- Physical description, including a photograph
- Sexual offense history
- Brief description of sexual offenses
- Release plan supervision rules
- Offense pattern behavior(s)

Levels of Notification
Upon receipt of the SBN, law enforcement agencies in the jurisdiction(s) where the offender is to be released are responsible for determining the level of community notification.

The three levels of community notification are as follows:

LEVEL 1: Limited to law enforcement

LEVEL 2: Targeted notification, including specific groups/facilities serving populations related to the offender's identified pattern of behavior. These groups may include schools, neighbors, community groups, day care centers, parks, recreation areas, libraries, etc.

LEVEL 3: Expanded notification to the public in general. A variety of methods may be used in these cases, including door-to-door notification, press releases, and/or community meetings.

Other agencies and groups, including DOC and DHS, may be involved in the decision-making process regarding community notification. In most cases, law enforcement agencies use a Community Notification Core Team to assist in this process.

Community Notification Core Team
The Community Notification Core Team reviews and discusses case information relative to the specific sex offender who is the subject of the SBN. The group provides recommendations to assist law enforcement in decision-making relative to the level, scope, and methods for notification specific to the offender and the community.

Community notification core teams are not required. Law enforcement is responsible for organizing a team. DOC staff and others are available to assist in this process, if needed.

The composition of these teams may vary. However, it is recommended that, at a minimum, the team include representatives from all law enforcement agencies impacted by individual's release, as well as local or regional DOC representatives, including the supervising agent, field supervisor, and sex offender registration specialist. DHS should be offered a seat on the team for all individuals being released from a DHS institution.

Other team members may include representatives from the district attorney's office, the county's crime victim/witness unit, county human services, local school district(s), neighborhood watch captain, etc.

DOC (and DHS) may assist in the community notification process, but staff only will notify the parties identified by law enforcement. However, as part of the case management process, DCC staff may share information about the offender with the offender's significant other, landlords, neighbors, employers, etc., if it is determined that providing the information is in the best interest of public safety and/or the offender's rehabilitation.

Immunity from Liability
The law provides immunity from liability for public officials to provide the protection necessary to allow reasonable decision-making. Officials performing notification under the provisions of this law are immune from civil liability for any good faith act or omission regarding the release of information authorized under this law. Immunity does not extend to a person whose act or omission constitutes gross negligence or involves reckless, wanton, or intentional misconduct.

OARS Request for Change in County of Residence Process
OARS participants may request a change in residence from their county of conviction. These requests are reviewed by the participant's DCC agent, case manager, and DHS program specialist.

DCC considers temporary or long-term placements out of the county of conviction in these instances:
- Employment
- School/education that is appropriate and not available within the county of conviction
- Housing that is appropriate and approved
- Healthy support network
- Treatment that is not otherwise available

The OARS case manager provides assistance to the DCC agent by assessing the therapeutic supports available in the requested community. The OARS case manager gathers information about the participant's relationships with others in the requested community and evaluates the strengths and weaknesses of a placement there.

If a specific residence is proposed, the DCC agent, or an appointed agent in the proposed county, and the OARS case manager may visit the site together or independently to review it for appropriateness.

It is the responsibility of the OARS case manager to review all available information about the proposed change of residence and issue a decision on the request to the DCC agent.

The DCC agent uses this report to decide whether the requested change will be considered. For the change to take effect, the receiving county DCC office must determine if the request is appropriate and be willing to accept the case transfer.

If accepted, the sending and receiving OARS contracted case management agencies schedule a meeting with the DHS program specialists and DCC agents to discuss the transfer of the participant's treatment records.

Plans for delivery of services in the new location must be ready to be implemented. Transfers will not be approved if services are not in place in the new location.

The sending contracted case management agency should complete a written transfer summary identifying current treatment needs and strengths/barriers to treatment. This can be done by updating the progress area of the participant's ISP prior to transfer.

For more information about the DCC residence policy, see the DCC Electronic Case Reference Manual regarding intrastate transfers.

Custodies and Significant Treatment Concerns

OARS follows the DCC criteria for mandatory custodies. The following excerpts are from the DCC Agent Operations Manual.

Mandatory Detention

Wisconsin Admin. Code § DOC 328.22(1) requires that an offender be taken into custody and detained if the offender is alleged to have been involved in assaultive or dangerous conduct. This may include verbal threats (see below). Detention by the agent is mandatory under such circumstances.

Any exception to this mandatory detention requirement shall be made only by the DCC regional chief or their designee. Supervisory approval is needed to release a mandatory detention offender from custody.

Assaultive/Dangerous Conduct

Offenders shall be detained if:

- The offender is alleged to have participated in physical or sexual assault on another person.
- The offender is alleged to have been involved in dangerous conduct, i.e., threat or use of a weapon or act that has the potential of physical harm to person or persons. This includes verbal threats to do physical harm, if there is a history of carrying out such threats, or a credible reason to believe the offender may carry out the threat.

The DCC agent shall notify the OARS case manager and DHS OARS specialist within two business days of a mandatory custody. The OARS core team will convene by phone to discuss the reasons for the custody and any necessary modifications to the participant's plan.

For situations that do not constitute a mandatory custody, the OARS core team discusses concerns and determines the appropriate next course of action/intervention. The OARS core team works diligently to utilize community-based resources available to address concerns. Progressive sanctions are considered by the team, including the use of custodies, as appropriate.

When making arrangements for a planned custody, the OARS core team should be mindful of the participant's mental health history, reasons for the custody, and treatment concerns presented. Because of the risks of flight and self-harm, OARS core team members should not provide forewarning of the planned custody. If a participant asks whether a custody is going to occur, it's recommended that the OARS core team respond by stating, "We will discuss this when we meet."

Conference calls including the DCC agent, OARS case manager, and DHS program specialist should be held within two business days of the identified concerns or mandatory custody. The agent supervisors and OARS case management provider directors also are encouraged to participate in these conference calls.

These calls are facilitated by a DHS program specialist using the following agenda:

- Introductions and identify purpose of the call.
- Discuss violation and supervision concerns.
- Discuss mental health and treatment concerns.
- Review current ISP.

- What has been working well in the community? What are the offender's strengths?
- Review history of compliance with supervision and treatment. What has worked/hasn't worked?
- What has the team employed to avoid the current violations/concerns?
- Discuss options—alternatives, interventions, and modifications in the plan.
- Team consensus regarding the direction in which the team will proceed.
- Identify responsibilities in carrying out the plan.
- Discuss the need for a follow-up team discussion/conference call.

The OARS core team works together to identify options with the goal of reaching consensus on a plan for how to proceed. If anyone on the team is not in agreement or has reservations about the plan, all team members are to be notified for further discussion with the goal of reaching consensus.

DCC ultimately is responsible for the OARS participant. If consensus cannot be reached regarding whether or not to pursue revocation or an alternative sanction, the DCC agent and agent supervisor have the final decision-making authority.

Alternatives to Revocation (ATR) Options

OARS allows for creative, treatment-based interventions to address mental health, cognitive/behavioral, and substance use concerns. If community treatment-based options are not available in the region or are not found to be appropriate, the participant should be considered for ATR programs. Complete the OARS Alternative to Revocation Referral, F-01624, and submit it to the DHS program specialist.

DHS offers two options at WRC for men. One is the Successful Treatment and Recovery Program for people with dual diagnosis. The other program is for mental health only.

DOC offers two options at TCI for women. The Strength Program is for dual diagnosis. The Addams Program is for substance abuse only.

The OARS core team may consider utilizing extended supervisor sanctions for longer term custodies, such as 30, 60 or 90 days.

The OARS WRC mental health/dual diagnosis ATR process is as follows:

1. OARS core team determines the need for ATR placement at WRC for psychiatric stabilization or medication adjustment **and** the OARS participant isn't appropriate for one of the other existing WRC ATR programs.
2. DHS program specialist initiates contact with the WRC ATR unit supervisors to discuss the presenting concerns, goals of the ATR, and bed availability.
3. DCC agent submits an Institution ATR Referral, DOC-2265, to the Bureau of Classification and Movement ATR coordinator with a notation that specifically requests referral to a WRC OARS ATR program.
4. DCC agent and OARS case manager gather information for the referral packet and provide this information to the WRC ATR coordinator.
5. OARS case manager provides WRC ATR coordinator the participant's most recent ISP, medication list, and current diagnosis.
6. DHS program specialist a organizes conference call with WRC team (unit supervisor, social worker, psychological services associate, health services staff), OARS case manager, and OARS agent to further discuss the reasons for the placement and associated goals.
7. DCC agent makes arrangements for medical clearance (including TB skin test) with WRC HSU representative and HSU of custody placement.

8. WRC accepts pre-arranged OARS ATR admissions Monday-Friday during business hours. DCC agent makes transportation arrangements for the OARS participant to and from WRC. OARS participant must be admitted with release clothing.
9. As schedules allow, the DCC agent and OARS case manager participate in the admission staffing process. Housing is double bunk, unless there is a concern noted in the participant's record or by their OARS core team.
10. DCC agent and OARS case manager review participant visiting requests with the institution social worker to determine if visitation is appropriate.
11. Institution social worker, OARS case manager, and DCC agent communicate frequently throughout the duration of the ATR to review progress and discuss observations and any changes to the plan.
12. OARS case manager organizes a team staffing, including the DCC agent, institution social worker, and DHS program specialist three weeks before the participant's discharge from WRC to discuss release plans and update the ISP.

Program Completions and Discharges

Successful Program Completion
OARS participants have up to two years after release from prison to successfully complete the program. Setting a proposed discharge date may motivate the participant to take the steps necessary to build a healthy, sustainable life in the community.

After at least six months of enrollment, participants are considered to have successfully completed OARS if they have:

- Maintained stable housing independently.
- Lived without reliance on alcohol or illegal drugs.
- Followed their rules of supervision.
- Engaged actively in their treatment.
- Showed progress in treatment.
- Transitioned to services in their county of residence.
- Made healthy decisions regarding recovery and mental health stability.
- Obtained the financial means to cover the costs of basic needs (including housing) and treatment without reliance on program staff.

To facilitate successful completion of the program, as the participant's discharge date approaches, the OARS case manager should gradually reduce the frequency of support services to monthly or to the frequency that is offered by the providers in the participant's county of residence. The DCC agent and DHS program specialist should be informed of these steps and offered the opportunity to provide feedback on the process.

Participant Discharge
Participation in OARS is voluntary. Participants may request to be discharged from the program at any time for any reason.

Participant Request
OARS participants may request a discharge from the program from any of their OARS core team members. Participants should be reminded that a discharge can't be reversed. The OARS core team will review and address the participant's concerns about their ability to complete the program successfully. However, some areas of the program may not be negotiable due to the participant's treatment requirements, rules of supervision, etc.

Core Team Member Request
OARS core team members may request the discharge of a participant by contacting a DHS program specialist. When such a request is made, the DHS program specialist will convene the participant's full core team and any providers who have an interest in contributing. The agenda for this meeting will be as follows.

- Identify concern
- Review history of involvement
- Discuss content
- Develop consensus about how to proceed
- Follow up on any changes or updates

OARS works with a population with a wide variety of challenges. The services and supports offered by the program are designed to move the participant from dependence to independence. This is done by building the participant's understanding of healthy decision-making and the positive impact of

healthy choices. Patience and creativity are needed to make this happen. Given that participants are at different levels of readiness to change their behavior, program staff use motivational interviewing (MI) to help participants explore and resolve their ambivalence.

Discharge is a last resort. It should be a core team decision after numerous attempts to motivate the individual have been failed. If the core team agrees that the individual is demonstrating a consistent and conscious lack of motivation in spite of their best efforts, the participant should be informed of their option to leave the program.

When presenting the case for involuntary discharge, it is important to specify the behavior and activities that do not indicate a motivation for change. Cite specific examples, such as attendance records, missed appointments, UA results, the number of hours of structured activities, or other indications of limited follow-through or motivation. The attempts to enhance or improve upon these specific concerns also should be discussed.

For individuals who violate their rules routinely, and their whereabouts/activities are unknown, also known as absconding, the OARS core team may decide to discharge using the above process. In some cases, the OARS core team may decide to wait to make a decision about OARS discharge until after the participant officially meets absconder status.

Discharge Summary Instructions

The OARS case manager completes an OARS Participant Discharge Summary, F-01625, no later than 30 days after a participant leaves the program for any reason. The discharge summary includes an overview of the participant's pre-release and post-release involvement, including their adjustment to the community and progress with ISP goals. The discharge summary also includes information on the transition plan for the participant, after care treatment, and re-enrollment recommendations.

A copy of this discharge summary is emailed to:

- DCC agent
- DHS program specialist
- Current community treatment providers
- Participant

In some cases, it may be best for the OARS case manager or OARS-contracted provider agency supervisor to meet with the individual to explain the discharge summary before giving them a copy. This meeting may also include the DCC agent.

Explanation (By Section)

Brief overview of the participant's pre-release phase

- Participant's enrollment date
- Participant's participation in pre-release treatment programming
- Participant's behaviors and conduct while in the institution,
- OARS case manager's meetings with the participant during this phase
- Summary of pre-release release planning

Brief overview of the participant's post-release phase

- The participant's overall adjustment to the community
- The modifications and adjustments to their release plans
- Treatment/program completions

OARS participant transition plan
This section includes the services and treatment that the participant will continue when discharged from OARS.

- Housing
- Psychiatric/mental health services
- Therapy/counseling
- Groups/treatment
- Structured activities (employment, volunteer, school, etc.)
- Social supports/relationships
- Sobriety
- Medical/physical health
- Transportation
- Income/financial
- Supervision (supervision will continue, maximum discharge date)
- Specific plan for discharge from OARS

Aftercare recommendations
This section includes treatment and activities that are recommended by the team for the participant to consider.

Checklists, Reporting, and Communication Reference Documents

- OARS Facility Checklist (F-01626)
- OARS Provider Case Manager Checklist (F-01627)

Team Communication and Responsibilities Chart

Pre-Release

OARS core team	Referral, enrollment, and notice to team	First CM contact with participant within 3 weeks of enrollment	Initial conference call (4-8 weeks after enrollment)	Initial ISP staffing (30-60 days prior to release)	Release transfer summary staffing (WRC releases only)
Institution Social Worker	Participate	Notified; may participate	Participate	Participate	Participate; notifies team
DHS Program Specialist	Coordinate; notifies team		Participate	Participate	
Case Manager (CM)	Notified	Coordinate; notifies team	Coordinate	Coordinate	Notified; may participate
Agent	Notified		Participate	Participate	Notified; may participate
OARS Participant	Notified	Participate		Participate	Participate

Post-Release

OARS core team	Custody and significant treatment concerns (ongoing)	60-day ISP staffing	Quarterly ISP staffing's	Discharge planning 30-90 days prior to discharge
Institution Social Worker				
DHS Program Specialist	Participate			Participate
Case Manager	Coordinate	Coordinate	Coordinate	Coordinate
Agent	Participate	Participate	Participate	Participate
OARS Participant		Participate	Participate	Participate

The OARS core team meets over the phone during the pre-release phase and as needed to staff custody placements, discharge planning, or other concerns in the pre- and post-release phases. Participants join these calls as appropriate.

OARS Community ISP Treatment Team

- Case manager
- DCC agent
- Participant
- Any relevant community treatment or housing providers
- Natural supports

The OARS Community ISP Treatment Team meets regularly via conference calls to review the ISP and as needed to address concerns or other situations that may occur. The ISP is an electronic treatment plan maintained by the case manager. The ISP is reviewed by the core team 30-60 days prior to release, and by the ISP Treatment Team 30 days after release and quarterly thereafter.

Reporting and Communication Protocol

For routine updates and day-to-day operations, the case manager takes a lead role and should keep the DCC agent notified proactively. If significant case developments arise, it is recommended that either the case manager or the DCC agent expand the team to include treatment/service providers or natural supports whenever possible.

The OARS case manager and DCC agent will include the DHS program specialist proactively when concerns persist or escalate.

The DHS program specialist **must be informed** of the following:

- **Pre-release phase or during institution ATRs**
  - Major conduct reports
  - Moves to restrictive housing unit
  - Significant changes in psychiatric or medical stability
  - Requests for discharge
  - Lack of motivation
  - Lack of compliance with medication
- **Significant treatment concerns and rule violations**
  - Aggressive behaviors (verbal or physical)
  - Changes in suicidal ideation
  - Noncompliance with prescribed medication
  - Self-harm behaviors
  - A pattern of missed appointments with team members or service providers
  - Significant change in structured activities/routine (such as loss of job)
  - A lack of meaningful motivation to participate in OARS
- **Medical concerns**
  - Hospitalizations
  - Significant changes in medical condition or diagnoses
- **System level concerns**
  - When the case manager is not receiving the information requested for case planning from institutions in a timely manner.
  - When community roadblocks/barriers to case planning are identified.
  - When any team member is not adequately available to support the program's necessary functions, such as not performing the functions of their role on the team or consistently not available or responding to team communications in a timely fashion.
- **Potential high-cost placements, potential back payment of bills**
  - Planning for high-cost residential placements
  - Past due utility bills or phone bills
  - Situations in which the participant has funds and is unwilling to contribute towards cost of care
  - Private pay and costly treatment plans

The DHS program specialist may also identify particular high-risk or high-profile cases at their discretion, which will mean a "reply to all" email protocol and a request for increased collaboration.

An important role of the DHS program specialist is to maintain the progress of the OARS cases during pre-release phase and in the community, and support community teams in enhancing community safety. Timely, open communication is essential to accomplish this task.

The OARS provider will notify the DHS program specialist **immediately**, via email or telephone, when any of the following occur:

- Placement in custody, along with reason and date
- Elopements or absconding
- Participant suicide attempts
- Concerns of increased agitation or violence
- Assaultive or dangerous conduct
- Placement in community hospital, along with reason and date
- New charges and convictions
- Change of residence (temporary or permanent)
- Change in case manager or agent assignment
- Media attention and high-profile community member concerns (e.g., picketing, community phone calls, etc.)
- Death of a participant

Media Policy

For any incident involving OARS offenders that receives media attention, or immediately following any event that the OARS case manager or agent believes may generate media attention, please contact the following people until you reach someone:

- Case management provider
- DHS Bureau of Community Forensic Services Director
- DHS program specialists
- DOC Reentry Disabilities Treatment Director

Be prepared to provide the following information:

- Name of participant
- DOC number
- Nature of concern (event details)
- Location of participant
- Team members contact information (agent and case manager)

DHS is responsible for conveying information to the DOC Reentry Disabilities Treatment Director and the DOC Public Information Officer.

If the OARS case manager or DCC agent are contacted directly by a media representative:

- Do not confirm or deny the participant's involvement in OARS.
- Do not provide any details regarding the inquiry.
- Direct the media representative to the DOC Public Information Officer or retrieve their contact information and let them know DOC representatives will be in contact.
- Immediately follow the OARS Media Policy.

Program Data Collection

The OARS Program has a database used to store participant demographic information. It is referred to as OARS Production. DHS-contracted OARS case management agencies are responsible for entering participant data into this database.

Any changes to an OARS participant's diagnosis, medication, living arrangement, legal status, etc., shall be entered by the DHS contracted provider agency as soon as possible.

DHS OARS Annual Report and Data Collection
DHS contracted case management agencies are responsible for completing an annual report, summarizing the year's accomplishments and future goals. The data captured in the annual report is analyzed by DHS and DOC for trends and system improvement. The contracted case management agencies should submit their completed annual reports to DHS by September 30 every year.

Information from these reports are included in the annual report of the DHS Bureau of Community Forensic Services, which is published each fall and available on the DHS website.

Referral Form

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-2774 (Rev. 12/2016)

WISCONSIN

OPENING AVENUES TO REENTRY SUCCESS (OARS) PARTICIPANT REFERRAL

INSTRUCTIONS: The designated employee completing this form may obtain Protected Health Information (PHI) from the Health Services and / or Psychological Services Unit, and forward the form to the OARS Specialist, without an authorization from the patient.

INMATE NAME	DOC#	DOB	County of Residence

Prior OARS Participation	Fast Track Referral (< 4 months)	COMPAS Risk Rating (*Email bar chart and narrative with referral)
☐ Yes ☐ No	☐ Yes ☐ No	

Current Prison Admission Date	Institution Release Date	Mandatory Release Date	Max Date (Months on Supervision)

Detainers / Pending Charges (WICS / ETIMES / CCAP) Portal 100's

Current Facility Contact Information

Referring Facility Name			Date of Referral
Facility Social Worker Name	Phone Number		Email
Assigned Agent Name	Agent Number		Unit
County	Phone Number		Email
Street Address	City	State WI	Zip Code

Mental Health / Substance use / Physical / Medical

☐ MH-2A ☐ MH-2B ☐ ID

Psychiatric Diagnosis

Psychological Diagnosis

Medications

Physical / Medical Ongoing Needs / Concerns

DISTRIBUTION: Original – OARS Enrollment Process Folder (DHS); Official Record – Social Service File, Miscellaneous Section (when completed by Social Worker); Official Record (when completed by PSU Staff) – PSU Record, Referrals / Screenings / Contracts Section

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-2774 (Rev. 12/2016)

WISCONSIN

Legal

Sentenced of New Charge ☐ Yes ☐ No Sentence(s) on Revocation ☐ Yes ☐ No

Potential Risk Reduction Release ☐ Yes ☐ No Presumptive Mandatory Release ☐ Yes ☐ No If PMR, is grant approved? ☐ Yes ☐ No

Description of current Offense(s) and / or Revocation Violations

Criminal History (chronological list of offenses)

Facility History (last 6 months)

Behavior / Conduct Reports

Programming Compliance

Medication Compliance

Peer / Staff Interactions

Present Level of Motivation

Additional Comments (transitional community needs, reason for referral)

OARS Contact Information: Please email referrals to:

Southeastern Region -
Boon Coleman – (608) 266-3878 Southeastern Region @ Boon.Coleman@wisconsin.gov

Dane, Fox Valley, Northern & Western Regions –
Lila Schmidt (608) 261-9314, for Fox Valley, Northern & Western Regions Lila.Schmidt@wisconsin.gov

DISTRIBUTION: Original – OARS Enrollment Process Folder (DHS); Official Record – Social Service File, Miscellaneous Section (when completed by Social Worker); Official Record (when completed by PSU Staff) – PSU Record, Referrals / Screenings / Contracts Section