

WISCONSIN
COMMUNITY FORENSIC SERVICES
DIVISION OF DISABILITY AND ELDER SERVICES
DEPARTMENT OF HEALTH AND FAMILY SERVICES

ANNUAL REPORT

CONDITIONAL RELEASE PROGRAM
AND
OUTPATIENT COMPETENCY PROGRAM
JULY 1, 2005 – JUNE 30, 2006

C O N T E N T S

Section-Conditional Release Program

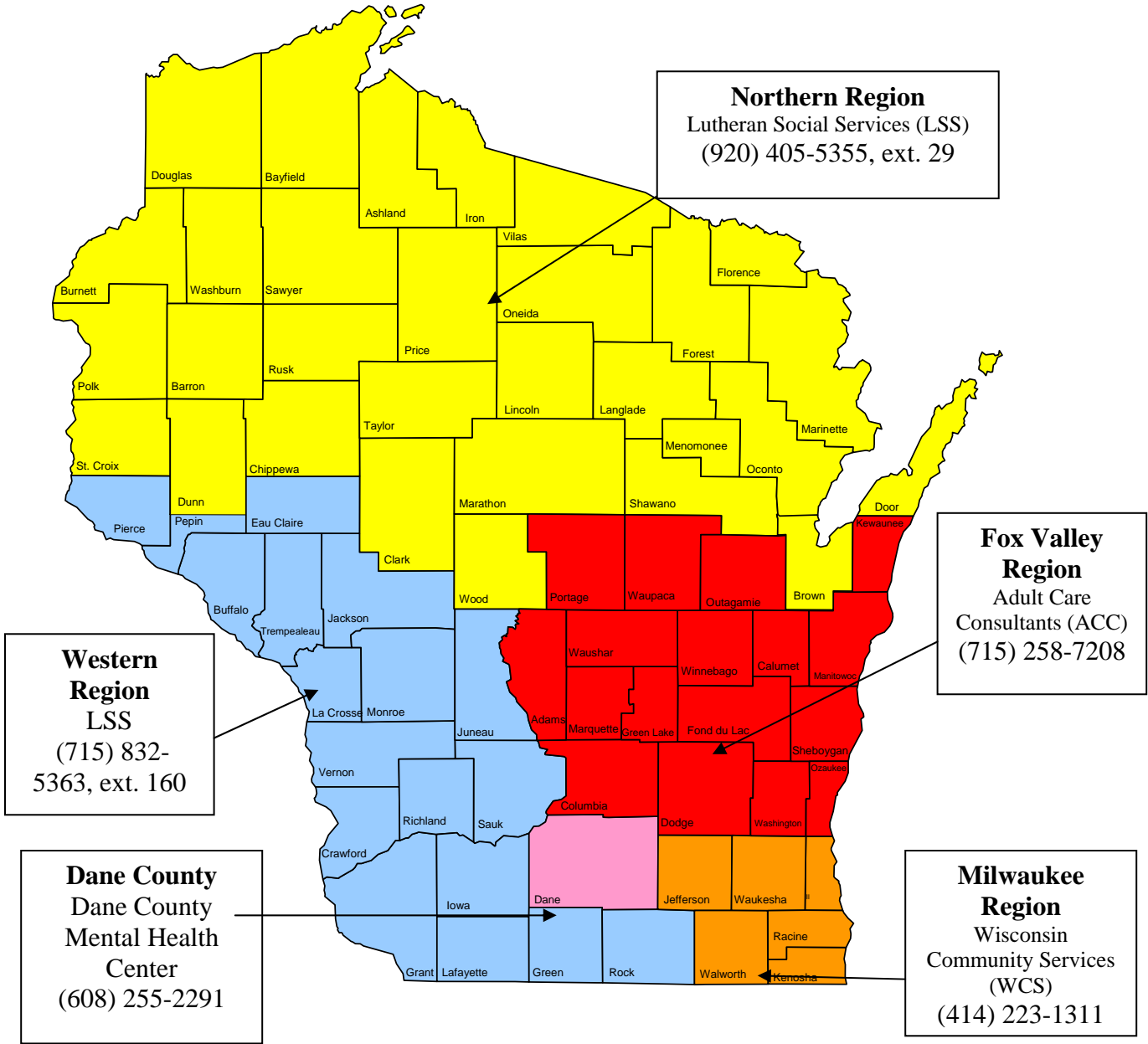
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Community Forensic Services Regional Provider Map

DHFS Forensic Services Specialists:
Glenn Larson – Dane, Milwaukee and Western Regions – (608)266-2862
Beth Dodsworth – Northern, and Fox Valley Regions – (608)267-7705



PROGRAM MISSION STATEMENT

The mission of Wisconsin's Conditional Release Program is to fund, coordinate and administer quality forensic mental health services in accordance with Wisconsin State Statute 971.17. The program seeks to meet the challenge of reintegrating individuals on conditional release successfully into community living, while managing risk to community safety.

The purpose of this report is to assess the fulfillment of our mission, and lay the groundwork for research and program development. This report also reflects the belief that services to forensic clients must be a well-coordinated, seamless service delivery system. Therefore, information from the Department of Corrections (DOC) Division of Community Corrections (DCC), Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI) are incorporated along with the information from community service providers.

In order to fulfill our mission, the community forensic program strives to share innovative ideas, program successes, program concerns, resource development, information and data to the betterment of community forensic service provision statewide. We have developed strong team relationships across departments as well as with private resources in order to manage risk, and maximize efficiency, effectiveness and quality service provision to individuals on forensic commitments court ordered into the community.

FY 2006 ACCOMPLISHMENTS

1. Goal: Continue providing assistance to MHIs through Court Liaison staff to eliminate the waiting list for admissions.

Outcome:

Court liaisons have done an excellent job tracking competency cases as well as NGI Conditional Release petitions. Please see part six of this section titled Court Liaison Program for details.

2. Goal: Develop and implement protocol for conducting substance abuse and violence risk assessments on all new clients to the Conditional Release Program.

Outcome:

The Fox Valley Region has continued to utilize violence risk assessments (HCR-20) after their initial pilot and added substance abuse assessments to their protocol. This addition has added very minimal time and cost to the assessment process and they have found both to be very valuable in the treatment planning process. Assessments utilizing the Client's Assessment of Strengths, Interests, and Goals (CASIG) and the Staff Observations and Client Information (SOCi) instruments have been implemented program wide except in Dane County. Protocol has been developed making violence risk assessments (HCR-20) and sex offender assessments available statewide beginning July 1, 2006. A goal in FY07 will be to determine how best to standardize assessments in Dane county.

3. Goal: Clarify and implement Clients' Rights Grievance Procedure for Conditional Release clients.

Outcome:

This project was deferred to FY07 due to workload constraints.

4. Goal: Develop Standards of Practice and standards for hiring case managers program wide. Develop curriculum to be completed by all case managers.

Outcome:

This project has begun but has not been fully implemented. It will be continued in FY07 in order to establish a clear program standard of excellence.

5. Goal: Develop a means to maintain core case management services as case manager caseloads fluctuate.

Outcome:

Case manager positions were added to the program in order to more adequately meet client needs. Case managers are expected to have frequent face to face contacts with clients. CR clients meet with DCC agents in addition to case managers in order to maximize the number of personal face to face contacts clients have each week.

Having clients meet with DCC agents and case managers separately has increased the number of contacts.

6. Goal: Develop strength based treatment modules for all Conditional Release clients including:

- Substance abuse assessments and treatment programs
- Positive Thinking groups
- Social Skills programming
- Employment and volunteer opportunities

Outcome:

CASIG/SOCI assessments are used statewide to identify individual client's strengths and needs. Data collected from assessments is used to develop individual client goals. Violence risk assessments and access to sex offender risk assessments have been added to the treatment plan development process. The CR program aims to base all treatment plans on sound assessments, client input, and treatment team discernment. Progress reports generated by case managers reflect progress made both qualitatively and quantitatively toward achieving client goals. The program continues to develop ways to motivate clients toward determining their treatment goals and assessing their progress toward meeting their identified goals.

Strengths identified in the assessment process are used to constructively address need areas. Strength based programming following the assessments has led to social skills groups, positive thinking groups and substance abuse treatment groups added to treatment programs. Many of these groups are facilitated by CR contract provider staff which is a relatively new part of the program.

7. Goal: Develop monthly schedules for clients to determine percent of unstructured time.

Outcome:

A concentrated effort is also underway to address issues related to clients with unstructured time. Using assessment information, interest/leisure skills information, and etc., case managers work with clients to reduce the amount of unstructured time by increasing activities clients find meaningful.

8. Goal: Expand Treatment Teams to include both formal and informal support systems.

Outcome:

This has not been set up program wide, however, the multidisciplinary staffing process has expanded to include more team members, in particular psychiatrists and therapists. In the Western Region, we were able to contract with a psychiatrist to serve all CR clients in the region and actively participate in staffings.

9. Goal: Fiscal Accountability

- Increase collections from third parties
- Work with clients to apply for entitled benefits.

- Review all monthly bills for accuracy, timeliness and appropriateness for level of care required by clients

Outcome:

This is an on-going goal for the CR Program. Program staff diligently maximizes third party payments, assist clients with application for entitled benefits, and review all bills, etc. to insure fiscal responsibility. This year due to bed constraints at the Mental Health Institutes (MHI) the division allowed the CR program to fund short term hospitalizations at community psychiatric facilities in lieu of using beds at the MHIs. This has been a positive addition to the program for clients as well as assisting the MHIs in opening more forensic beds for admissions.

10. Goal: Maintain clinical accountability

Outcome:

Through program monitoring and regular meetings with CR Program Directors, CR Specialists insure that client treatment plans are strength based, and address need areas identified in the assessment tools. Treatment plans are reviewed regularly, progress is documented and adjustments are made according to client needs.

Clinical accountability is the cornerstone of the CR program. The combination of sound clinical programming and comprehensive supervision work together to assist the client in psychiatric stability and overall wellness. The program reinforces client responsibility for their psychiatric stability as well as compliance with their treatment program and rules of supervision.

The Conditional Release Program has also collected data on clients who have not maintained community placement. The program analyzes this data to gain a better understanding of client needs and risk areas, and to develop program efforts for high risk individuals. Information is shared with MHI administration to assist with treatment plan development for these clients while they reside at the MHI.

FY 2007 GOALS AND INITIATIVES**Conditional Release Program**

1. Clarify and implement Clients' Rights Grievance Procedure for Conditional Release clients.
2. Develop standards of practice and standards for hiring case managers program wide. Develop case manager curriculum to be completed by all case managers.
3. Revise Quality Assurance monitoring mechanisms to review the quality of the documentation in client charts as well as to streamline the paperwork and avoid duplication.
4. Increase time spent between CR program staff and NGI clients at Mental Health Institutes (MHI). Also make efforts to better integrate the CR program and the MHI treatment programs, including better avenues for information sharing.
5. Coordinate and promote program wide training for case managers, DCC agents and CR program administration.
6. Streamline meetings in order to maximize time spent with clients, utilizing teleconferencing whenever feasible.
7. Complete CR Procedure Manual which will include specific program policies and procedures.

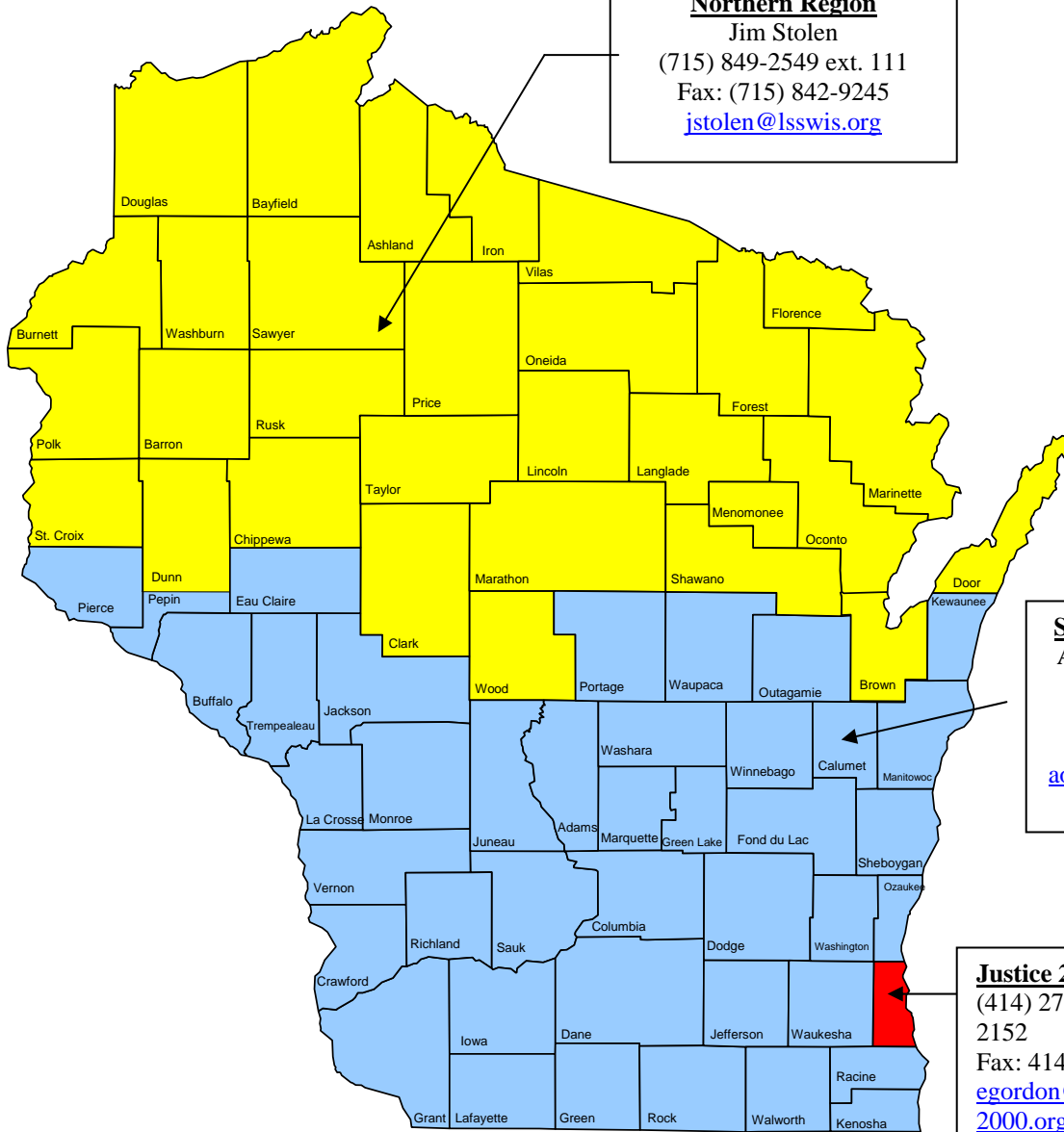
Court Liaison Program

1. Southern Region has set a goal of conducting 4-6 court training sessions or refresher training programs within FY07. The Northern Region has also set training as a goal and a priority for the next FY.
2. Conduct training sessions on the role of the court liaisons and the coverage areas, etc at State Mental Health Institutes.
3. Review data collection methods to insure that court liaisons are collecting like data sets and reporting information consistently. Review data sets for usefulness to program analysis and program development.
4. Work to reduce the number of days between report and return to court in cases where the hearings need to be set by court liaison staff. Increase the number of days saved in cases where a hearing is set by the court and needs to be moved closer by court liaison staff.
5. Review the purpose, accuracy and value of NGI plea tracking.

Wisconsin DHFS Court Liaison Regional Coverage

DHFS Consultants:

- **Glenn Larson – (608) 266-2862**
 - Southern Region
- **Beth Dodsworth – (608) 267-7705**
 - Northern Region



Northern Region
Jim Stolen
(715) 849-2549 ext. 111
Fax: (715) 842-9245
jstolen@lsswis.org

Southern Region
Adam Oldenburg
(414) 750-3519
Fax: (414) 223-1335
aoldenburg@wisconsin.gov

Justice 2000
(414) 278-2143 or 278-2152
Fax: 414-278-2146
egordon@justice-2000.org
jjahnke@justice-2000.org

COURT LIAISON PROGRAM

This is the first full year we have had data on court liaison activities. The state has been divided into the Northern Region with a half time court liaison, the Southern Region with a full time court liaison as of December, 2005, and the Milwaukee area with Justice 2000 functioning as both court liaison and a pre-trial program for the courts through a cooperative arrangement between DHFS and the Court Administrator's office.

The focus for court liaisons in the northern and southern regions has been to educate courts as to appropriate processes for competency examinations and treatment. Additionally, they educate courts as to the appropriate processes for new NGI commitments as well as NGI petitions for re-examination and conditional release. Court liaisons track these processes through court systems in an effort to insure procedural efficiency.

The training/consultation responsibilities of the court liaison have increased and formal trainings have been conducted in numerous counties this fiscal year. The on-going consultation role seems to be the most valuable to court systems. Courts appreciate having one person to contact who can answer their system questions and coordinate with the department. These positions have received very positive feedback from all of the counties with whom they have worked in the past fiscal year.

The tracking component of the court liaisons has been in a period of transition this year. We have made strides to develop a tracking system that works for the entire state and is accurate so that everyone is compiling data in the same manner, etc. Justice 2000 is working on re-designing parts of their data tracking system so they can provide DHFS the data they need as well as providing the Milwaukee County Court system the data it needs. Therefore, we have data in some areas and not others for this annual report. However, from the data it is clear the addition of the court liaison into the community forensic system has made a significant positive improvement in the flow of cases through the court systems and has been a significant help to the MHIs in terms of managing their beds and keeping the waiting list at a somewhat manageable level.

Treat to Comp.	Northern Region	Southern Region	Milwaukee	Total
#Cases Tracked	172	575	530	1277
#Hearing Moved	1	25	19	45
# Days Saved	7	941	453	1401

Based on the total number of days saved, court liaisons have made 18 beds available between the two institutions.¹

Additionally court liaison responsibilities include tracking MHI treat to competency cases where the courts have not set hearings, and MHI NGI patient petitions for re-examination to determine appropriateness for conditional release.

In these two areas, court liaisons in the northern and southern regions set hearings in 132 cases. The average time to set a hearing in the northern region was 33 days and in the southern regions was 18 days. We will work with the court systems in both areas to shorten this time period in the next fiscal year but especially will target the northern counties to attempt to make this period of time waiting for a hearing significantly shorter.

In FY06 there were 91 petitions for re-examination filed state wide. This resulted in 35 individuals with conditional releases moving into the Conditional Release Program. There were 37 petitions withdrawn by the clients and 19 petitions were denied by the courts.

¹ Given the above data, in order to determine how many beds were made available due to tracking and hearings being moved up by the court liaisons, it is necessary to determine the MHI average length of stay of the s. 971.14(5) Treat to Competency population. Based on the data gathered this calendar year, the average length of stay for this population is 78 days. Therefore, based on the total number of days saved between the two facilities the court liaison efforts have opened 18 beds in the system.

SUMMARY AND CLOSING

The Conditional Release Program has funded, coordinated and administered quality forensic mental health services to 418 clients in FY 06, with an average daily population of 268 clients. Accomplishments related to quality forensic mental health services include the implementation of a standardized strength-based assessment tool, and an in-depth analysis of revocation data. The results of the revocation data analysis provide crucial guidance to program planning and development. One primary area of development continues to be substance abuse and mental health service integration. FY06 goals related to quality service provision included developing Standards of Practice, case manager hiring standards, and Clients' Rights Grievance Procedures protocol. These will be continued into FY07.

In an effort to promote a well-coordinated, seamless forensic service delivery system, the Conditional Release Program created Court Liaison positions to provide tracking, consulting and training services to circuit courts throughout Wisconsin. Additionally, through their efforts approximately 1401 Mental Health Institution bed days were saved which equate to approximately 18 beds made available for new admissions.

The balance of providing community forensic mental health services while managing risk to the community continues to be the Conditional Release Program's priority. Of the 418 clients served, ten (10) were convicted for new offenses. While this percentage is quite low, the Conditional Release Program will continue to address the balance of service provision and community safety by incorporating a violence risk assessment tool into the standard client assessment process in FY07. The program will continue to review and carefully assess the issues which bring our clients back into the inpatient mental health system each year.

The Conditional Release Program had another successful year. Client success is evidenced by the fact that 87% of the clients remain in the community and 72% continue to reside in independent living settings.

For more information contact Community Forensic Services Supervisor:

Linda Harris 608-267-7909, HARRILA@DHFS.STATE.WI.US

1 W. Wilson St.

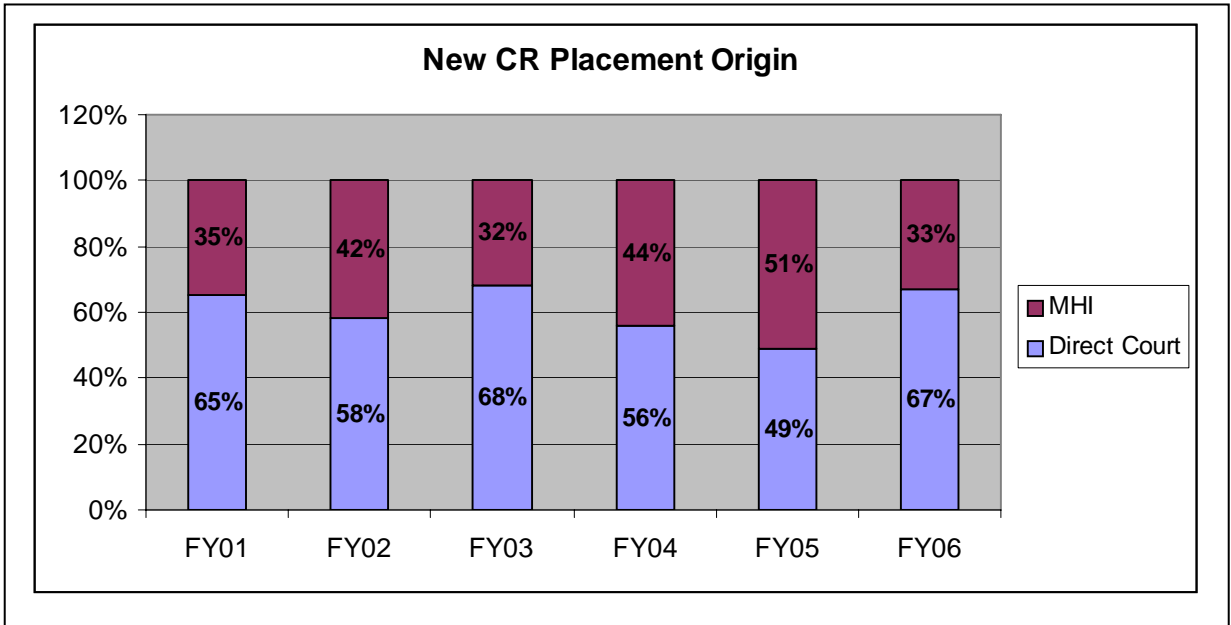
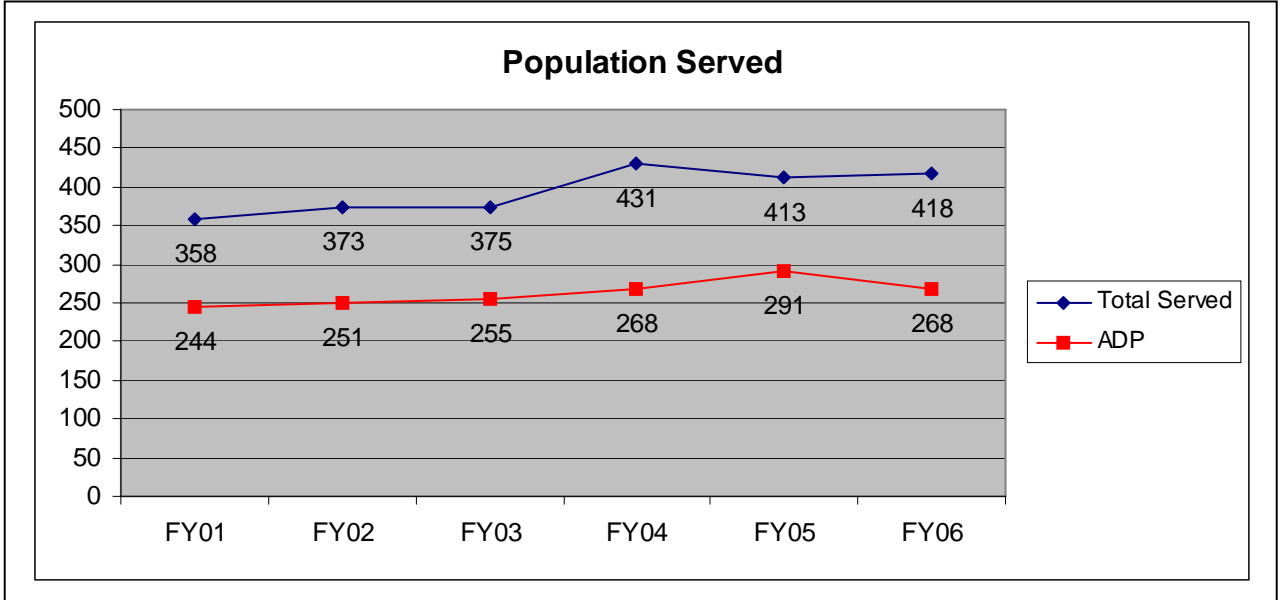
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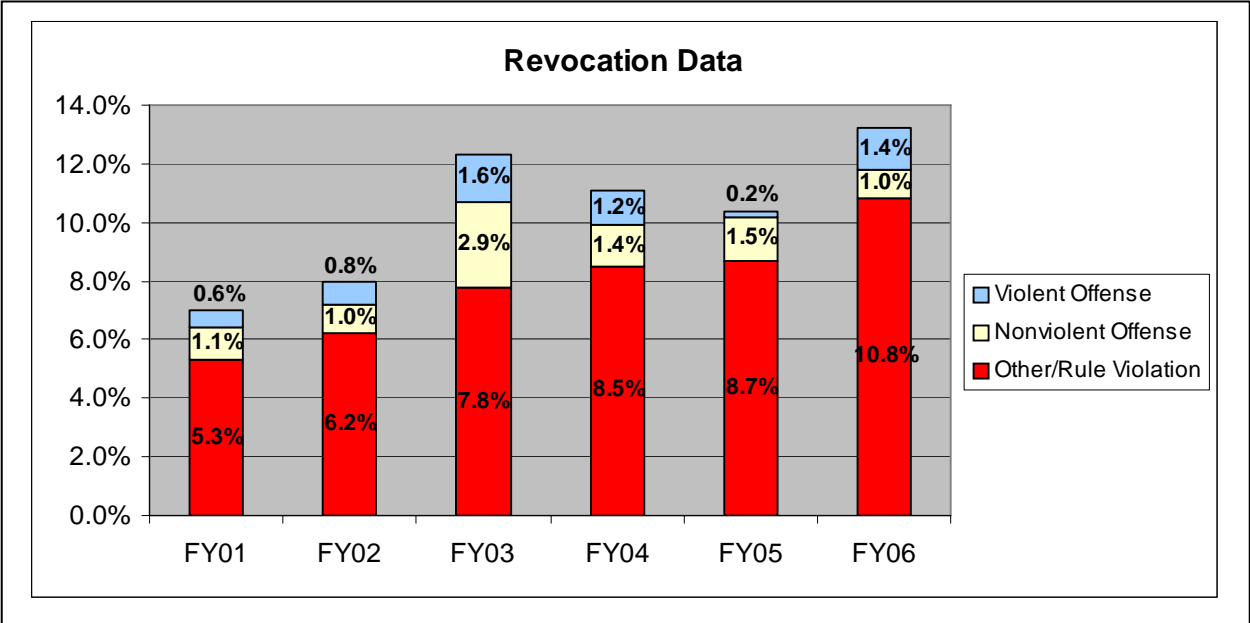
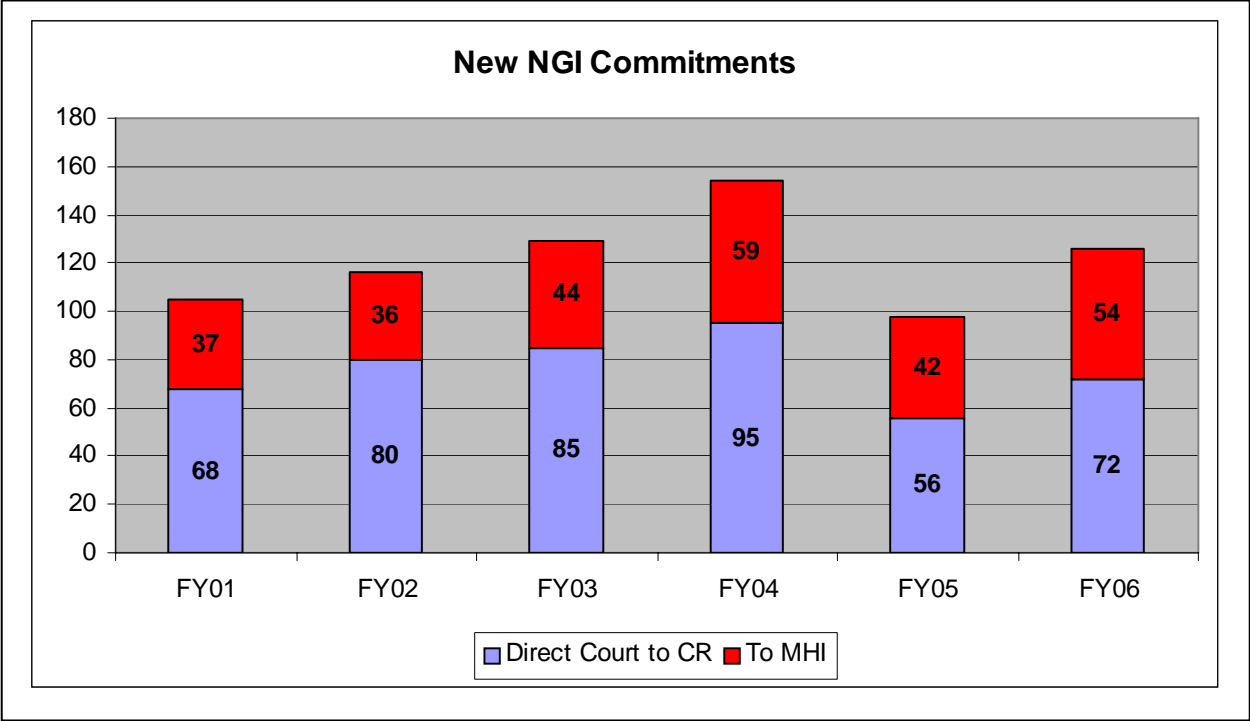
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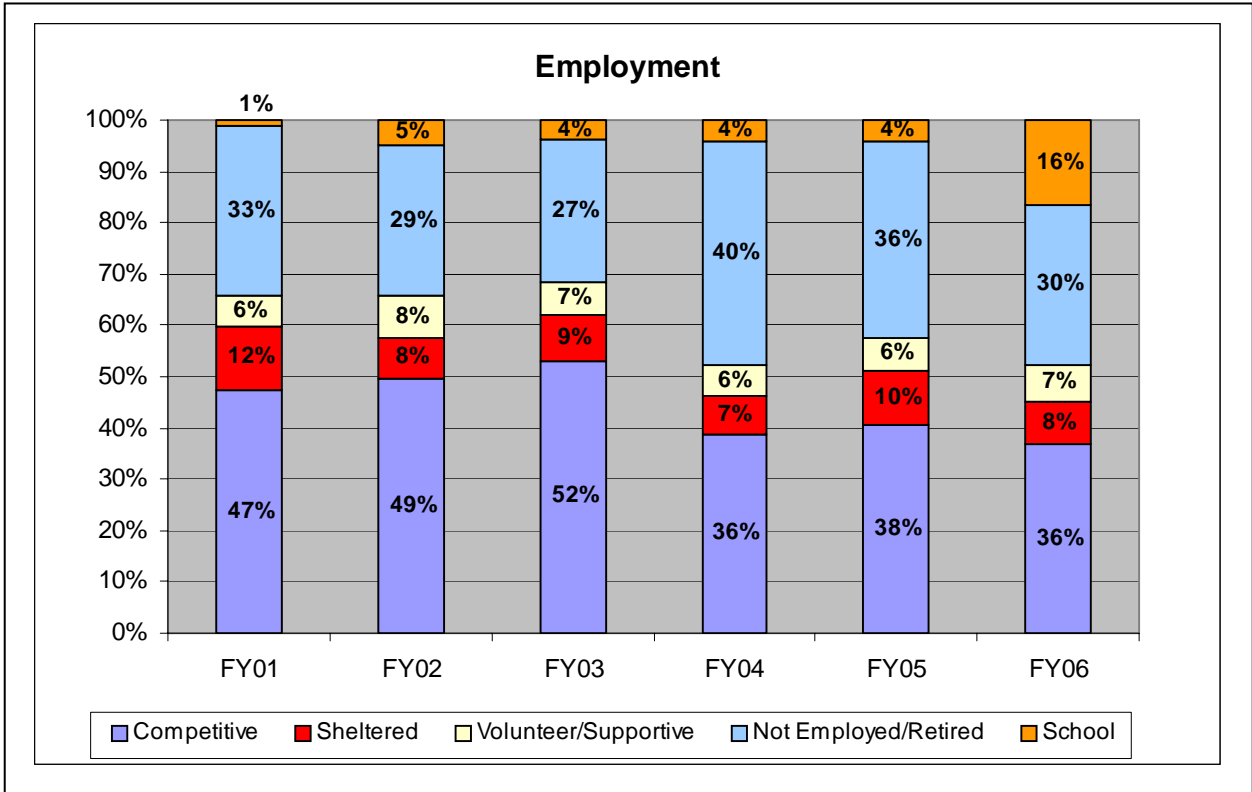
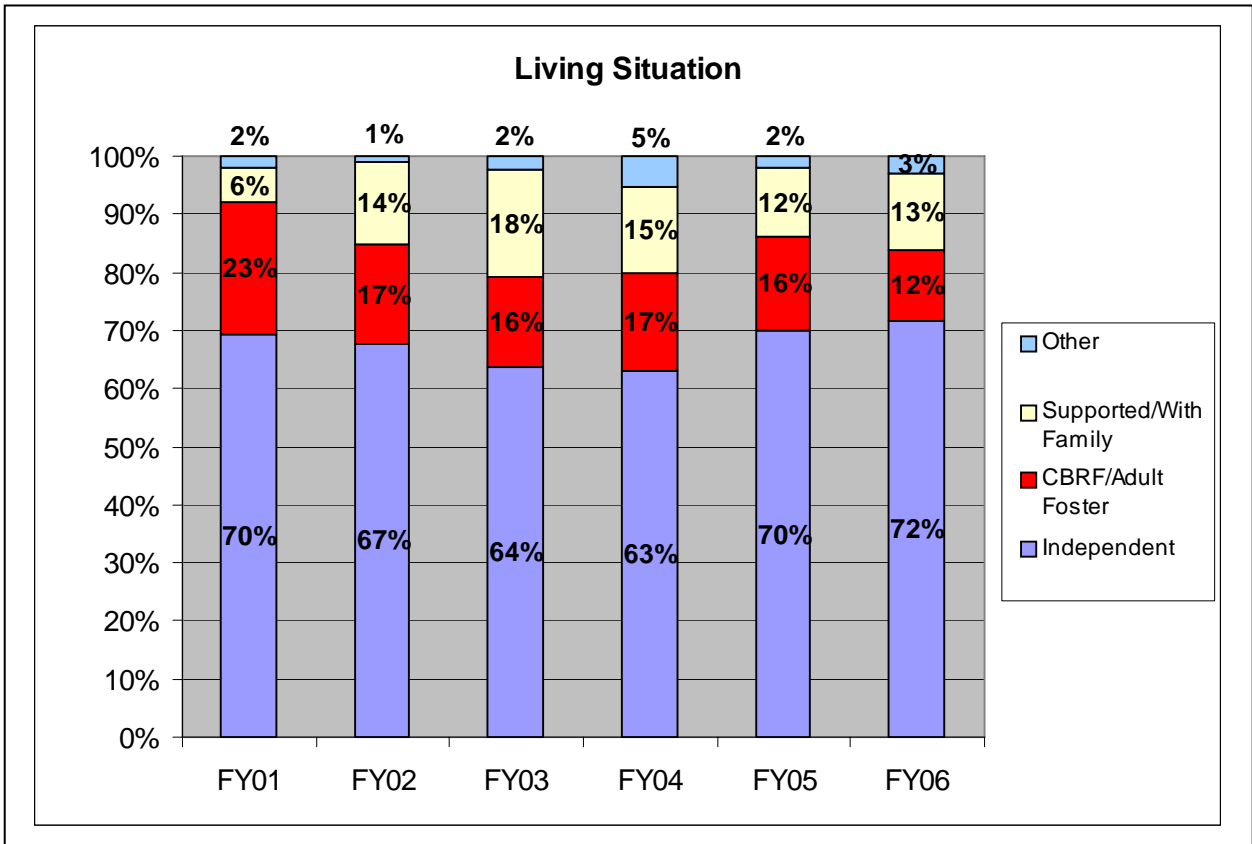
**CONDITIONAL RELEASE
PROGRAM DATA**

JULY 1, 2005 – JUNE 30, 2006

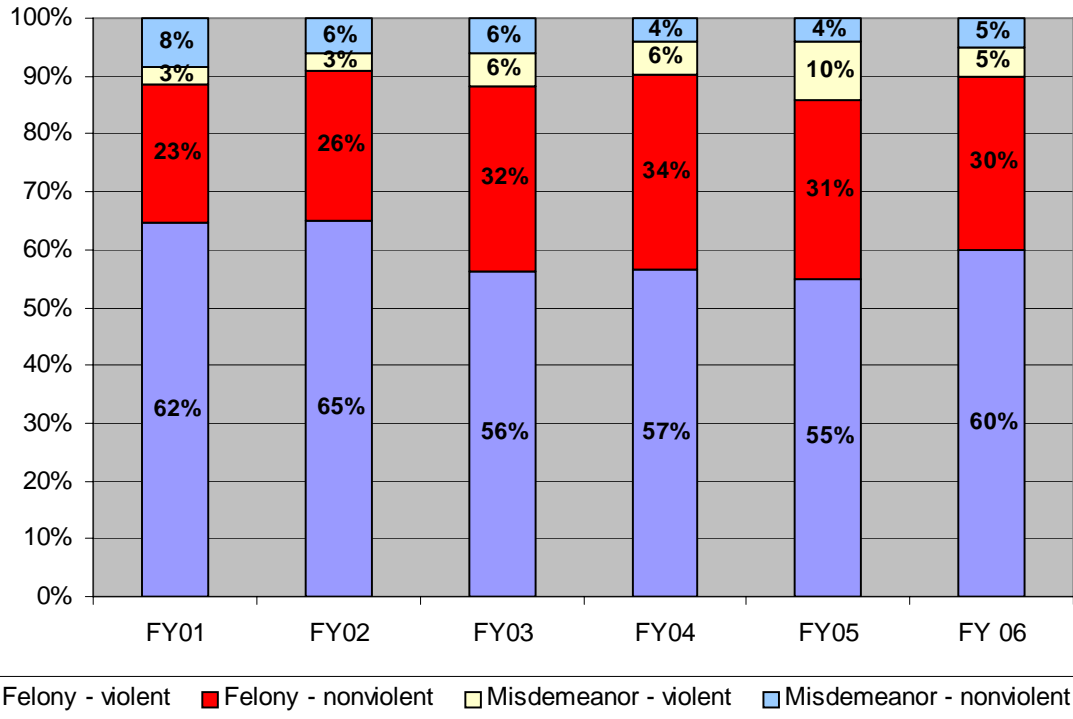
<u>Conditional Release Comparison over Time</u>						
	<u>FY01</u>	<u>FY02</u>	<u>FY03</u>	<u>FY04</u>	<u>FY05</u>	<u>FY06</u>
<u>Population Data</u>						
Total Served	358	373	375	431	413	418
ADP	244	251	255	268	291	268
<u>New CR Placement Origin</u>						
Direct Court	65%	58%	68%	56%	49%	67%
MHI	35%	42%	32%	44%	51%	33%
<u>New NGI Commitments</u>						
Direct Court to CR	68	80	85	95	56	72
To MHI	37	36	44	59	42	54
Total Admissions	105	116	129	154	98	126
<u>Revocation Data</u>						
Other/Rule Violation	5.3%	6.2%	7.8%	8.5%	8.7%	10.8%
Nonviolent Offense	1.1%	1.0%	2.9%	1.4%	1.5%	1.0%
Violent Offense	0.6%	0.8%	1.6%	1.2%	0.2%	1.4%
Total % Revoked (of total served)	7.0%	8.0%	12.3%	11.1%	10.4%	13.2%
<u>Living Situation</u>						
Independent	70%	67%	64%	63%	70%	72%
CBRF/Adult Foster	23%	17%	16%	17%	16%	12%
Supported/With Family	6%	14%	18%	15%	12%	13%
Other	2%	1%	2%	5%	2%	3%
<u>Employment</u>						
Competitive	47%	49%	52%	36%	38%	36%
Sheltered	12%	8%	9%	7%	10%	8%
Volunteer/Supportive	6%	8%	7%	6%	6%	7%
Not Employed/Retired	33%	29%	27%	40%	36%	30%
School	1%	5%	4%	4%	4%	16%
<u>Crime at Commitment</u>						
Felony - violent	62%	65%	56%	57%	55%	60%
Felony - nonviolent	23%	26%	32%	34%	31%	30%
Total Felony	89%	91%	88%	89%	86%	90%
<u>Misdemeanor - violent</u>						
Misdemeanor - violent	3%	3%	6%	6%	10%	5%
<u>Misdemeanor - nonviolent</u>						
Misdemeanor - nonviolent	8%	6%	6%	4%	4%	5%
Total Misdemeanor	11%	9%	12%	11%	14%	10%
<u>Diagnostic Categories</u>						
Schizophrenia	34%	30%	33%	34%	29%	28%
Mood Disorder	46%	32%	29%	29%	29%	30%
DD	3%	3%	2%	2%	2%	2%
Co-occurring	40%	41%	38%	46%	46%	40%
<u>Cost per Client</u>						
MHI	\$128,500	\$133,590	\$139,300	\$139,300	\$139,300	\$143,479
GPR Only Net Cost/ADP	\$12,859	\$13,269	\$11,386	\$11,998	\$14,046	\$14,765
GPR Only Net Cost/Total Served	\$8,764	\$8,930	\$7,742	\$7,460	\$9,897	\$9,467



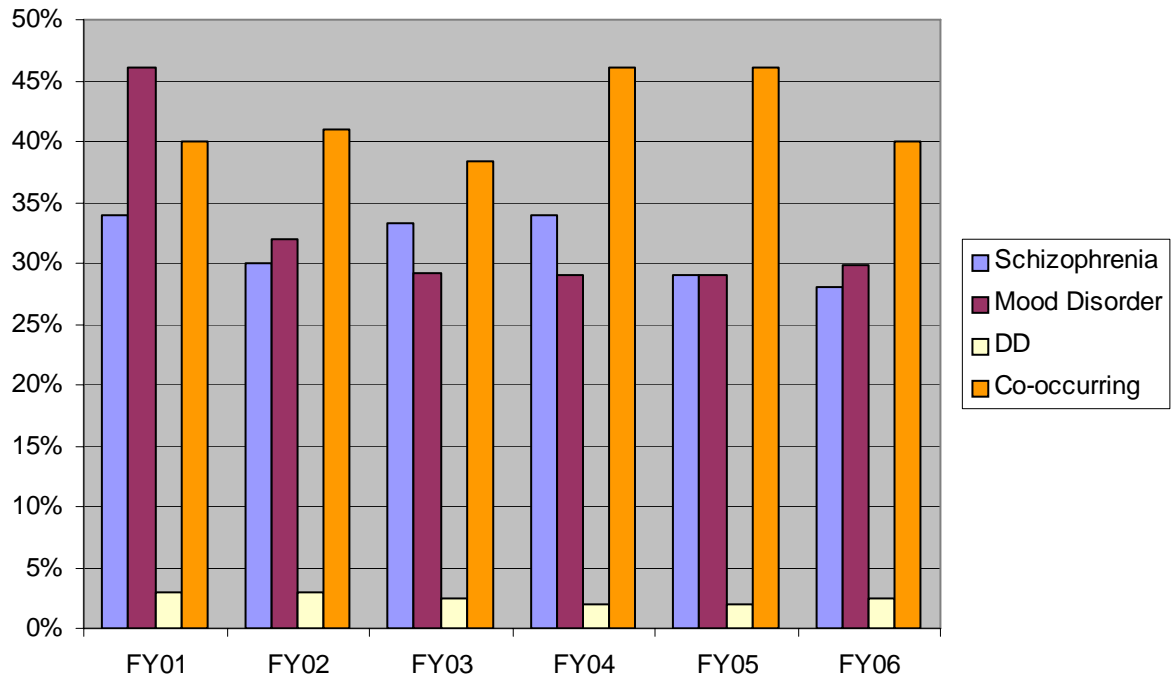




Crime at Commitment



Diagnostic Categories of CR Clients



**OUTPATIENT COMPETENCY
EVALUATION PROGRAM**

JULY 1, 2005 – JUNE 30, 2006

1

PROGRAM MISSION STATEMENT

The mission of the Outpatient Competency Evaluation Program is two fold.

- To control the Departmental resources while meeting statutory obligations to conduct competency examinations.
- To serve the judicial system in the most efficient manner while providing high quality expertise.

Prior to implementation of the program we anticipated that approximately 75% of these individuals did not need to be evaluated in an inpatient setting. It was most important to evaluate them quickly in the jail setting and determine those who were incompetent to proceed to trial and facilitate a quicker transition into a treatment bed at one of the state's two mental health facilities. In this way, the needs of the clients would be served and the beds at the mental health facilities would more appropriately be used for treatment to competency.

2

RESULTS

Throughout the evolution of the conversion from a predominantly inpatient program in CY 2000 to a predominantly community based program in January, 2002, there has been a great deal of cooperation between the court system, the county human service departments, jail staff, Conditional Release (CR) contract providers, Wisconsin Forensic Unit staff and Division central office staff. The program has been exceptionally well received and given very positive feedback from counties, Judges, District Attorneys, Public Defenders, sheriff's departments and jail administrators.

There were a total of 1165 evaluations completed between July 1, 2005 and June 30, 2006. 1122, (96%) of these were conducted in the community, and 43 (4%) were conducted at the MHI's. The cost per evaluation conducted by WFU in FY 06 was \$1076 for a total cost of \$1,272,395.

3

SUMMARY AND CONCLUSIONS

While we began with the anticipation that 75% of competency examinations could be done on an out-of-institution basis, in fact, the data reveal that up to 96% of the individuals could be examined in the local community. The program significantly exceeded its goal and thus there was much less of a drain on the institutional resources and many more cases could be handled by the courts without the time delays associated with inpatient examinations. Further, many fewer individuals had to undergo involuntary forensic inpatient commitments in order to resolve the competency questions and those that were adjudicated incompetent had access to treatment quicker.

The Department was correct in its assumption that we could successfully convert from using inpatient beds for evaluations to conducting them in the community for a significant cost savings without compromising the quality of the evaluations or the services to the patients. The fact that the courts and jails have given very favorable reviews to the program speaks to the fact that the program is working well. The program remains an evolving service with more potential for cost and time efficiencies.

For more information contact Community Forensic Services Supervisor:

Linda Harris 608-267-7909, HARRILA@DHFS.STATE.WI.US

1 W. Wilson St.

P.O. Box 7851

Madison, WI 53707-7851

OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

JULY 1, 2005-JUNE 30, 2006

Disposition of Evaluations

	#	%
Competent	791	67.9%
Incompetent	317	27.2%
Inpatient 2nd Opinion	26	2.2%
Inpatient Refusal	7	0.6%
Undetermined	24	2.1%
Inpatient Clinical	0	0.0%
Total	1165	

Demographics

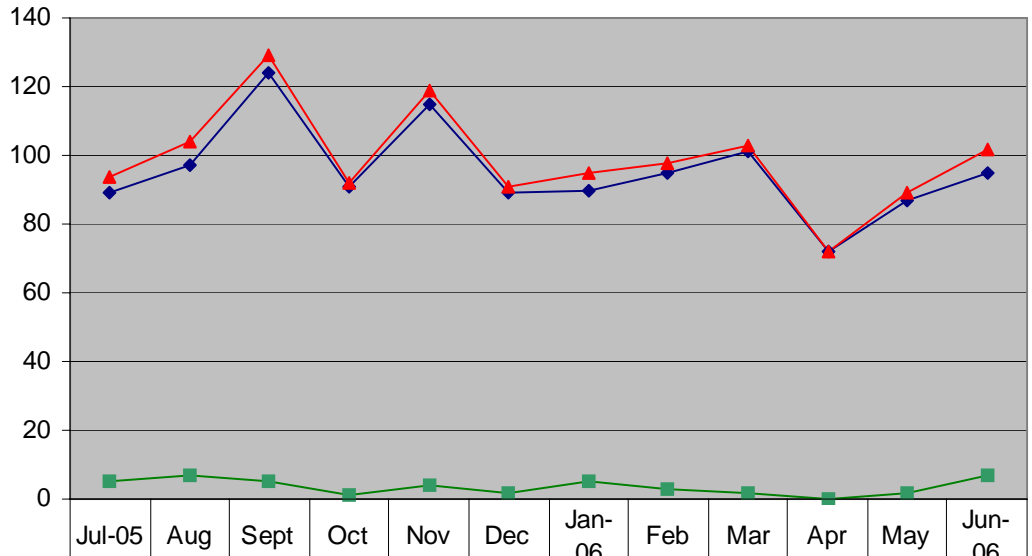
Gender		
Male	934	80.2%
Female	227	19.5%
Not Specified	4	0.3%
Ethnicity		
American Indian	11	0.9%
Asian	13	1.1%
Black	410	35.2%
Hispanic	31	2.7%
Caucasian	630	54.1%
Not Specified	70	6.0%
Age		
<21	166	14.2%
21-30	316	27.1%
31-40	243	20.9%
41-50	290	24.9%
51-60	100	8.6%
61-70	23	2.0%
70+	23	2.0%
Not Specified	4	0.3%

Charges

Felony	705	60.5%
Misdemeanor	435	37.3%
Traffic	25	2.1%

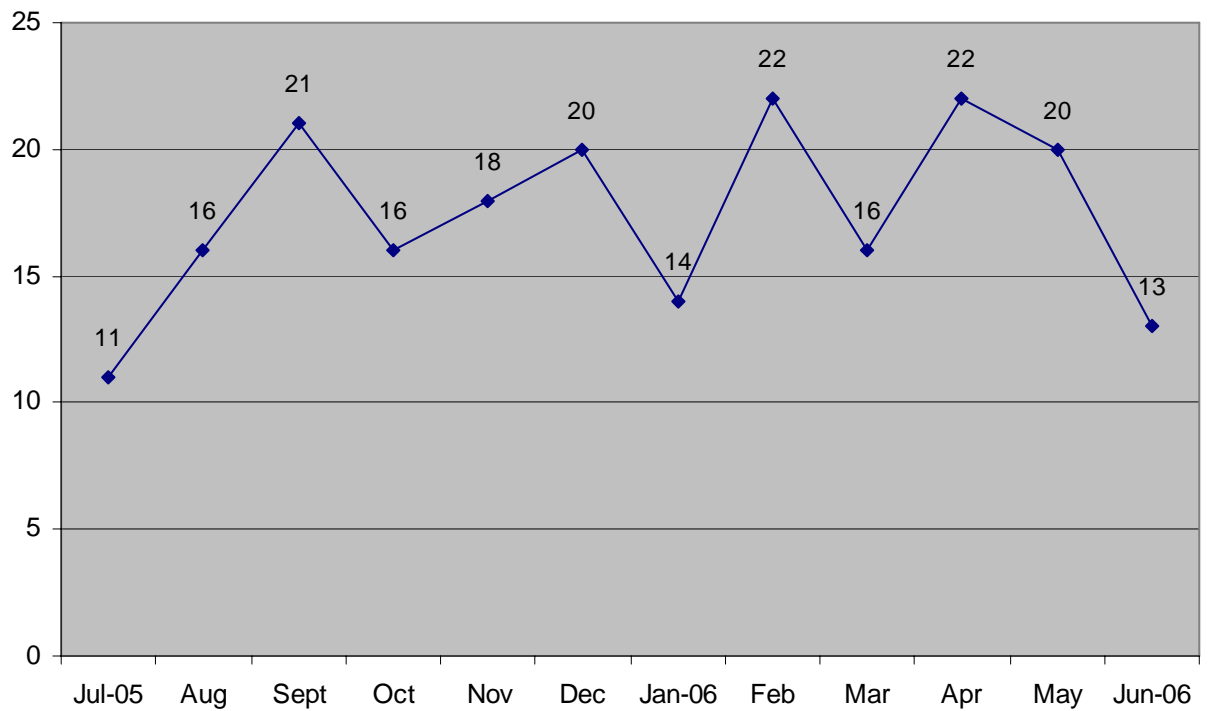
Multiple Exams/Same Person		
	69	5.9%

Competency (14.2) Evaluations FY 06

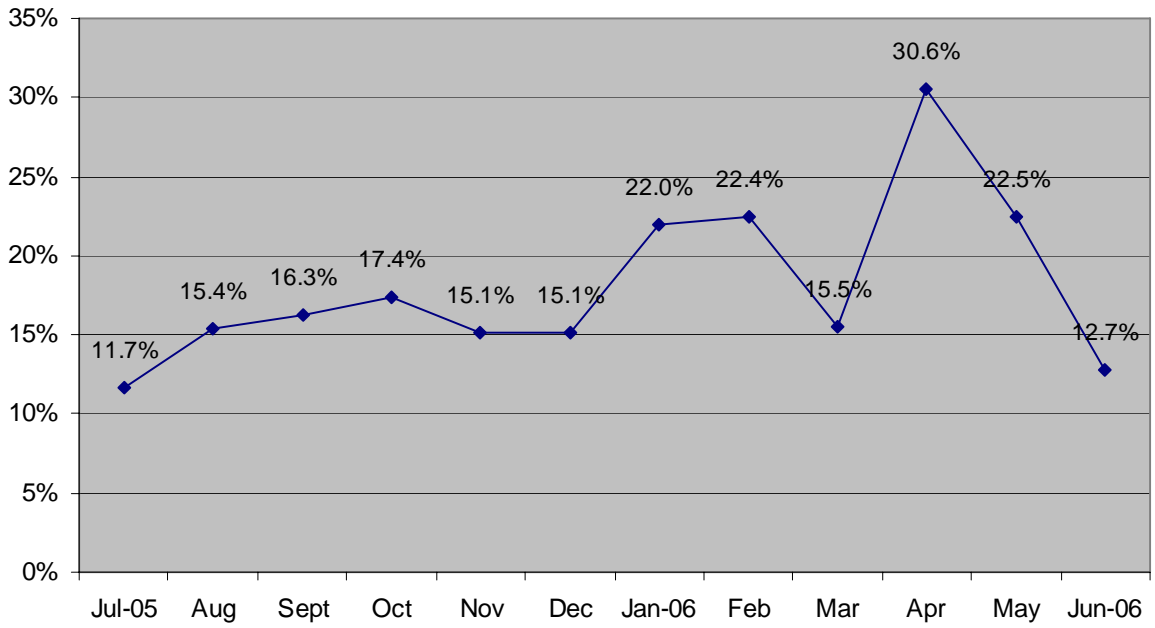


	Jul-05	Aug	Sept	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun-06
◆ Oupatient	89	97	124	91	115	89	90	95	101	72	87	95
■ Inpatient	5	7	5	1	4	2	5	3	2	0	2	7
▲ Total	94	104	129	92	119	91	95	98	103	72	89	102

Treat to Competency (14.5) Admissions FY 06



**Percent 14.2 Admitted as 14.5 FY 06
(% Found Incompetent)**



Evaluation Outcomes FY 06

