



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

December 18, 2020

Jeffrey Renk
Senate Chief Clerk
B20 (SE), State Capitol
Madison, WI 53702

Patrick Fuller
Assembly Chief Clerk
401 RJC, State Capitol
Madison, WI 53703

Dear Mr. Renk and Mr. Fuller,

In accordance with §301.068(6), please find enclosed the Becky Young Community Corrections Recidivism Reduction Report for Fiscal Year 2020. Please distribute this report to the appropriate standing committees under s. 13.172(3).

This report outlines some of the steps that the Wisconsin Department of Corrections (DOC) has taken over the past year to further our agency efforts in focusing outcomes, research, and evidence-based practices. I would like to thank our staff for their dedication and hard work in the development and implementation of the Becky Young Community Corrections Recidivism Reduction Plan. I applaud their commitment to ensuring every day that we have a safer Wisconsin.

Sincerely,

A handwritten signature in blue ink that reads 'Kevin A. Carr'.

Kevin A. Carr
Secretary

cc: Amy Pechacek, Deputy Secretary
Jared Hoy, Assistant Deputy Secretary
Makda Fessahaye, Administrator Division of Adult Institutions
Lance Wiersma, Administrator Division of Community Corrections
Ron Hermes, Administrator Division of Juvenile Corrections
Paulina de Haan, Legislative Liaison
Silvia Jackson, Reentry Director
Steve Krallis, Budget Director
John Beard, Public Affairs Director

ANNUAL REPORT

Becky Young Recidivism Reduction

Wisconsin Department of Corrections
Fiscal Year 2020



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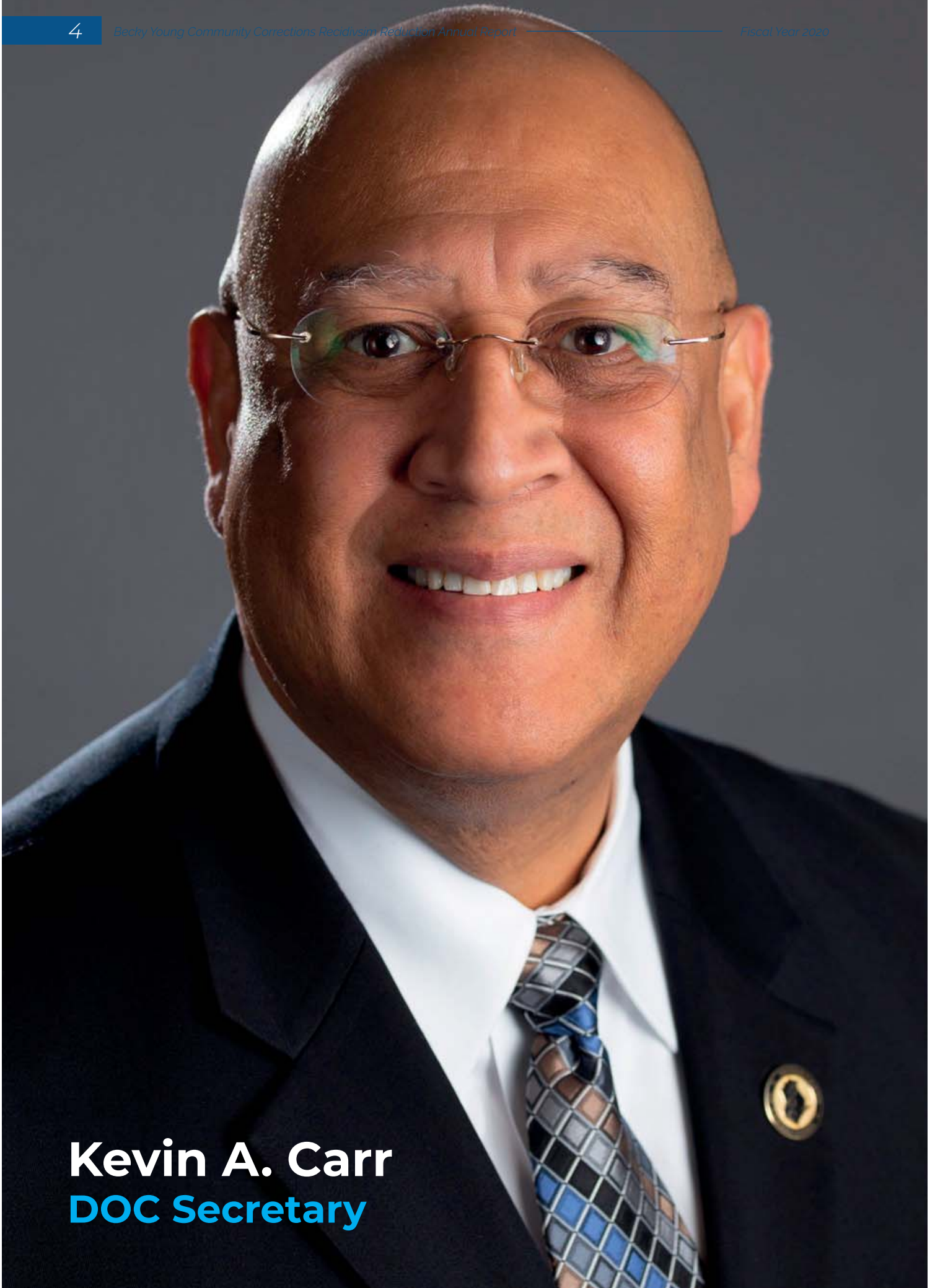
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It's remarkable the impact we can have in the lives of others if we simply make it a point to provide opportunity. Utilizing Becky Young funds, we can provide opportunities for those who maybe weren't given chances in the past, and to create an environment where people can support themselves and their families.

*- Ray Woodruff, Assistant Administrator for the
Division of Management Services*



Kevin A. Carr
DOC Secretary

A MESSAGE FROM OUR SECRETARY

One of the reasons I was excited to join Governor Evers' Administration and the Wisconsin Department of Corrections (DOC), was because I strongly believe that investing in individuals who have the capacity for positive change is always the right thing to do. Individuals do not lose their value or human dignity just because they committed an offense. And, when we help folks do better, communities, families, and businesses thrive.

The 2020 Annual Report on the use of the Becky Young Community Corrections Recidivism Reduction appropriation captures the evidence-based activities that are occurring in all of our divisions to help individuals successfully meet the unique and changing needs of the people in our care.

This report highlights key programs and initiatives that target reduction in recidivism such as; Opening Avenues to Reentry Success (OARS), Career and Technical Education (CTE) Academies, and evidence-based curriculums like Thinking for a Change. It is through these programs and initiatives that we provide resources for others to help them better themselves. We are committed to helping individuals find strong, long-lasting, family-supporting careers that can help them be successful and grow stronger communities.

I encourage our criminal justice partners, legislators, and the general public to read the report in its entirety to see the full breadth of our efforts to change people's lives while reducing recidivism.

Sincerely,

Kevin A. Carr
WI Department of Corrections Secretary

A MESSAGE FROM OUR REENTRY DIRECTOR

As the Wisconsin Department of Corrections (DOC) Reentry Director, I want to share with you our Becky Young Community Corrections Recidivism Reduction Annual Report for Fiscal Year 2020. This report details the programs and services provided with Becky Young funding in accordance with state statutes. The cornerstone of DOC's reentry efforts and the Becky Young appropriation is to promote public safety and success among persons in our care by implementing evidence-based practices that reduce recidivism. Highlighted throughout this report are both institution and community-based programs that are working toward achieving the goal of recidivism reduction.

The work of the DOC Reentry Unit has been guided by a Reentry Business Plan which can be found on the DOC public website. Examples of Becky Young funded programs in 2020 which also accomplished objectives in our Reentry Business Plan include the following:

- DOC expanded short-term vocational training academies in high demand fields for inmates at DOC Correctional Centers in collaboration with the local technical colleges. A total of 151 participants were trained with Becky Young funding in computer numerical control machine operation, industrial maintenance, welding, refrigeration essentials, and construction essentials.
- The Windows to Work Job Readiness program served a total of 418 new enrollments during the year and 115 participants transferred to a program in a different workforce development board after release from incarceration. Also during FY2020, Windows to Work participants obtained 447 episodes of employment paying an average wage of \$13.70 per hour.
- Opening Avenues to Reentry Success (OARS) provided mental health wraparound services in 51 counties serving 396 participants with an average daily population of 216 people. The average cost per participant was \$14,788.76, which is a \$2,624.79 reduction in average cost from 2019. OARS participants continue to demonstrate lower rates of recidivism than individuals with similar characteristics not in the program at the one year, two year and three year follow-up periods.
- Reentry Legal Services (RLS) attorneys provide assistance in 14 prisons with applications for social security benefits prior to release. In FY 2020, RLS served a total of 652 clients, closed 332 cases and 157 cases were awarded benefits.
- DOC Staff completed 32,377 COMPAS Assessments during FY2020. By the end of this year, 308,426 case plans have been created in COMPAS.
- In FY2020, 70.3 % of clients (6,289) releasing from incarceration applied for and were determined eligible for Medicaid, which is a slight increase over FY19 percentage of 68.3%.
- As of July 2020, DOC completed 106 Corrections Program Checklist evaluations in the areas of substance abuse, cognitive-behavioral, domestic violence, anger management, sex offender treatment, halfway house, and community residential programs with some improvement shown over scores from 2019.
- In FY2020, the Division of Community Corrections offered three different Cognitive Behavioral Programs including: Thinking for a Change; Thinking For A Change with a Focus on Domestic Violence; and Moral Reconciliation Therapy. These curriculums address antisocial cognition, which is one of the top four criminogenic needs that leads to recidivism. A total of 2,615 participants were served.
- Finally, recidivism and reincarceration trend data is reported by 1, 2, and 3 year follow-up periods as one measure of success.

These are just some of the investments made with Becky Young funding in 2020. For a complete summary of all initiatives, I encourage the reader to review the entire report. It is truly an honor to serve as the DOC Reentry Director and be able to report these accomplishments achieved by both DOC and provider agency staff.

Sincerely,

Silvia R. Jackson, Ph.D., Reentry Director



Silvia Jackson
Reentry Unit Director

Becky Young Community Corrections: Recidivism Reduction Community Services

In 2009, Act 28 created the Becky Young Community Corrections: Recidivism Reduction Community Services appropriation (Appropriation 112). The statutory language is outlined below to assist the reader in assessing the Department's efforts to provide programming to improve successful client reentry.

20.410(1)(ds)

Becky Young Community Corrections: recidivism reduction community services. The amounts in the schedule to provide services under s. 301.068 to persons who are on probation, or who are soon to be or are currently on parole or extended supervision, following a felony conviction, in an effort to reduce recidivism.

301.068(1)

The Department shall establish community services that have the goals of increasing public safety, reducing the risk that offenders on community supervision will reoffend, and reducing by 2010-11 the recidivism rate of persons who are on probation, parole, or extended supervision following a felony conviction. In establishing community services under this section, the Department shall consider the capacity of existing services and any needs that are not met by existing services.

301.068(2)

The community services to reduce recidivism under sub. (1) shall include all of the following:

301.068(2)(a)

Alcohol and other drug treatment, including residential treatment, outpatient treatment, and aftercare.

301.068(2)(b)

Cognitive group intervention.

301.068(2)(c)

Day reporting centers.

301.068(2)(d)

Treatment and services that evidence has shown to be successful and to reduce recidivism.

301.068(3)

The Department shall ensure that community services established under sub. (1) meet all of the following conditions

301.068(3)(a)

The community services target offenders at a medium high risk for revocation or recidivism as determined by valid, reliable, and objective risk assessment instruments that the Department has approved.

301.068(3)(b)

The community services provide offenders with necessary supervision and services that improve their opportunity to complete their terms of probation, parole, or extended supervision. The community services may include employment training and placement, educational assistance, transportation, and housing. The community services shall focus on mitigating offender attributes and factors that are likely to lead to criminal behavior.

301.068(3)(c)

The community services use a system of intermediate sanctions on offenders for violations.

301.068(3)(d)

The community services are based upon assessments of offenders using valid, reliable, and objective instruments that the Department has approved.

301.068(4)

The Department shall develop a system for monitoring offenders receiving community services under this section that evaluates how effective the services are in decreasing the rates of arrest, conviction, and imprisonment of the offenders receiving the services.

301.068(5)

The Department shall provide to probation, extended supervision, and parole agents training and skill development in reducing offenders' risk of reoffending and intervention techniques and shall by rule set forth requirements for the training and skill development. The Department shall develop policies to guide probation, extended supervision, and parole agents in the supervision and revocation of offenders on probation, extended supervision, and parole and develop practices regarding alternatives to revocation of probation, extended supervision, or parole.

301.068(6)

The Department shall annually submit a report to the governor, the chief clerk of each house of the legislature for distribution to the appropriate standing committees under s. 13.172(3), and the director of state courts. The report shall set forth the scope of the community services established under sub. (1); the number of arrests of, convictions of, and prison sentences imposed on offenders receiving the community services under this section; and the progress toward recidivism reduction.

University of Cincinnati Corrections Institute (UCCI)

301.068(1); 301.068(2)(a-d); 301.068(3)(a-d); 301.068(4); 301.068(5)

WIDOC and the University of Cincinnati Corrections Institute (UCCI) continue to partner in design, implementation, and monitoring of evidence-based programs and services across the Division of Adult Institutions (DAI) and the Division of Community Corrections (DCC). UCCI is nationally recognized for their work on the federal, state, and local government level, as well as in the private sector with professional organizations. With a focus on training and technical assistance, WIDOC utilizes UCCI's services to promote public safety, reduce recidivism, and improve service delivery to promote long-term behavior change.

Community Vendor Training Institute

In collaboration with UCCI, WIDOC provided a one-week Community Vendor Training Institute in October 2019 for our contracted community providers. In FY20, 54 contracted providers were trained in the areas of Advanced Practice Train-the-Trainer, Anger Control Training (ACT) plus Social Skills, Core Correctional Practices (CCP), Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA), and Advanced Practice facilitator training. Within each training, participants were taught skill building and directed practice relevant to the targeted criminogenic need. Certified community providers can now deliver research-based curriculums to treat our client population in a variety of settings including residential services, day report centers, and community groups.

Program Re-Design and Technical Assistance

In FY20, substance abuse providers at Prairie du Chien Correctional Institution (PDCI) and Stanley Correctional Institution (SCI) collaborated with a UCCI consultant, DAI Office of Program Services (OPS) staff, and Reentry Unit staff to improve program delivery in their Earned Release Programs (ERP), as well as transition to the first mixed ERP and stand-alone substance abuse need program in the state. Each institution formed multi-disciplinary implementation teams in the areas of behavior modification system (rewards and sanctions), continuous quality improvement, scheduling, admissions, and assessment. Teams worked on a number of deliverables for implementation and met with the core implementation team for feedback and decision-making on a bi-monthly basis. Over FY20, PDCI implemented an improved behavior modification system, created a staff and persons in our care program manual, improved their referral system into programming, and streamlined their assessment process. Despite several obstacles related to the COVID-19 pandemic, SCI initiated their first substance

abuse group with a mix of both ERP participants and stand-alone substance use disorder participants. Participants are anticipated to graduate in September 2020. As a result of the ongoing coaching and technical assistance by UCCI, OPS and Reentry Unit staff are now equipped to assist in future program re-designs on an independent and sustainable basis. Both PDCI and SCI staff contributed a tremendous amount of effort resulting in stronger and more effective programs for persons in our care.

Additionally, in FY20, Cara Thompson from UCCI provided technical assistance concerning the Smart Supervision grant program by assisting DCC with its sustainability plan to transition the program from a grant funded pilot program to a DCC funded and operated program. Cara's assistance focused on development of training curriculum and program modification and design allowing for additional units to be incorporated into the program.

Stand-Alone Training Opportunities and Response to COVID-19

Outside of the Training Institute, several stand-alone training sessions were provided for both institution staff and community providers. Based on positive feedback from participants in FY19, two additional sessions of the Core Correctional Practices (CCP) Interactions trainings were conducted in February 2020. The training builds on the eight principles of CCP targeting group dynamics, addressing antisocial attitudes displayed in group, and overall group facilitation techniques. In FY20, 24 staff were trained in CCP Interactions. The training is largely role play with feedback providing participants an immersive experience in the techniques. Additionally, DAI invested in three Continuous Quality Improvement (CQI) virtual training sessions to train program supervisors and sex offender treatment staff on the group observation tool and development of a CQI plan. Overall, 44 institution staff were certified in CQI.

As a response to the COVID-19 pandemic, UCCI and WIDOC collaborated on several new training delivery methods to continue to support institution and community staff. As in-person trainings were not possible, the Cognitive-Behavioral Interventions for Persons Seeking Employment (CBI-EMP), Advanced Practice, and Anger Control Training (ACT) were converted to either virtual booster or full virtual certification sessions for staff. Staff participated either from their assigned work space (using social distancing) or their work-from-home space through



Becky Young funds offer a unique opportunity to provide quality, innovative, and evidence-based services to our clients/persons in our care. They have been pivotal in our mission to reduce recidivism and provide positive reintegration for those in our care.

- Erin Thorvaldson, Evidence-Based Programs Manager for the Reentry Unit

the WebEx virtual training platform. During the sessions, participants were able to communicate, discuss, and practice skills with feedback from the facilitator. Using a creative approach, staff at the Milwaukee Secure Detention Facility (MSDF) implemented staggered class times and break-out sessions to conduct teach backs of ACT lessons. Lessons learned from the virtual sessions will inform future virtual training opportunities to ensure participants receive the full experience and necessary guidance to deliver the curriculum.

Lastly, in response to new program delivery methods, three new curricula will be explored for implementation in FY21: an open-ended CBI-SA curriculum, a new Cognitive Behavioral Interventions for Intimate Partner Violence (CBI-IPV) curriculum, and a train-the-trainer session for CQI. All three offerings will help WIDOC become more self-sustainable and offer more program delivery options for our contracted providers.

Correctional Program Checklist (CPC)

Developed by the University of Cincinnati Corrections Institute (UCCI), the Correctional Program Checklist (CPC) is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective intervention. Programs are assessed on a number of domains including Program Leadership & Development, Staff Characteristics, Offender Assessment, Treatment Characteristics, and Quality Assurance. The Correctional Program Checklist-Group Assessment (CPC-GA) assesses a specific part of the overall program and is shorter in length from a full CPC. Programs

are placed into one of four categories: Complete Alignment with EBP, Partial Alignment with EBP, Developing Alignment with EBP, and Realignment Necessary with EBP. Programs in the Complete Alignment and Partial Alignment categories are considered effective programs by the CPC standard. Figure A outlines a standard CPC evaluation process. WIDOC has 23 CPC evaluators, who attend quarterly meetings with the Evidence-Based Program Manager and booster trainings for quality assurance methods. A program's initial evaluation may occur within six to twelve months after the contract award and programs are eligible for a re-evaluation after two years from the initial evaluation.

As of July 2020, WIDOC has completed 106 CPC evaluations in the areas of substance abuse, cognitive-behavioral, domestic violence, anger management, sex offender treatment, halfway houses, and community residential programs.

CPC and CPC-GA Average Scores and Trends

Since the implementation of the CPC, WIDOC has continued to improve in all domain areas, as well as the capacity, content, and overall score. Year-by-year trends in the domain and overall scores are shown below for the CPC and CPC-GA.

From FY19 to FY20, programs generally stayed about the same in most of the measured domains for the CPC. However, improvements were noted for Program Leadership & Development (5.9% improvement), Quality Assurance (92.0% improvement), and Overall Capacity (13.2% improvement). In FY20, for the CPC-GA, there was a decrease in all

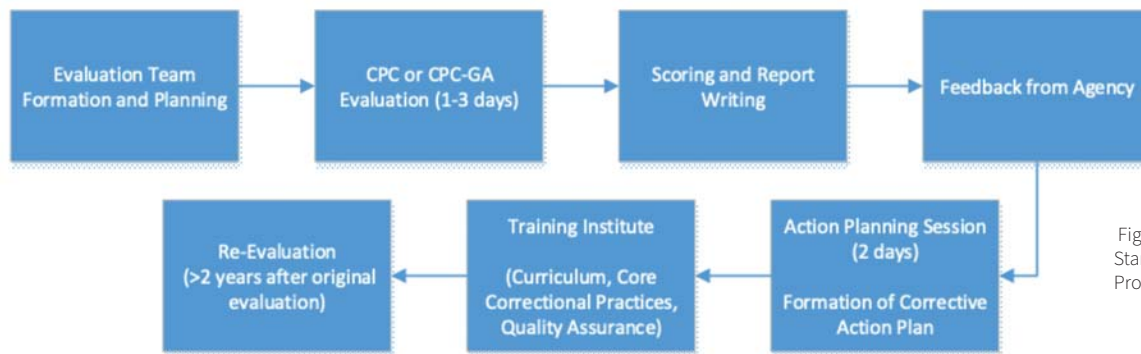


Figure A. Standard CPC Evaluation Process

domains. CPC evaluators and programs will focus on these areas over FY21 and determine how to increase scores through ongoing technical assistance, individualized action planning sessions, and training.

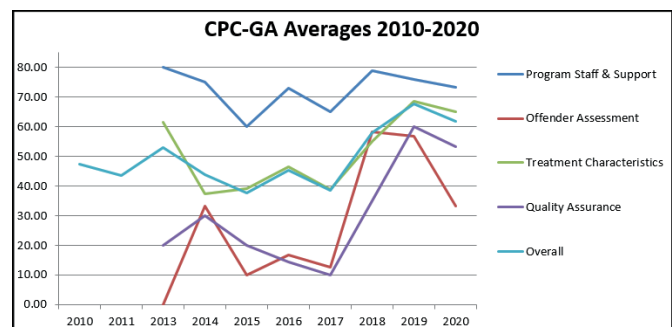
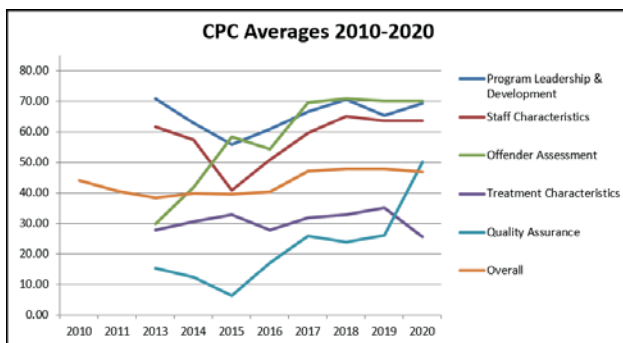
CPC 2.1 Training and CPC-GA 2.0 Booster Training

In FY20, UCCI trained seven WIDOC staff from three divisions on the updated CPC2.1 evaluation tool. Over the four-day training, participants learned how to evaluate a program, conducted a CPC evaluation on a community program, and scored the evaluation with the assistance of UCCI staff. The newly certified evaluators will participate in the CPC-GA certification process in FY21. Additionally, current CPC evaluators participated in a two-day booster session to become certified in the updated CPC-GA 2.0 evaluation tool and increase their skills in group observation and feedback. Due to the COVID-19 pandemic, this training was held virtually with a combination of lecture, discussion, break-

out sessions, and homework. Similar to the virtual curricula sessions, lessons learned from the booster training will help inform future CPC trainings in FY21.

Action Planning Sessions

Over FY20, WIDOC and UCCI hosted both an in-person multi-day session and virtual individualized one-day sessions for CPC Action Planning. Action Planning Sessions are intended for programs who have undergone a CPC evaluation in the last six to twelve months, although some programs choose to participate in more than one session outside the initial time period. Action Planning Sessions allows each program to develop their own Corrective Action Plan outlining how to maintain the strengths of the program and how to address areas in need of improvement. CPC evaluators and contract administrators provide support for the identified areas and resources are provided to address



training needs, technical assistance, and ongoing quality assurance. In FY20, four programs participated in the sessions. Although this number was less than FY19, UCCI and WIDOC created a new, individualized format over a virtual platform. This new format provided a personalized session for the participating program that can be sustainable over the

COVID-19 pandemic. For FY21, WIDOC and UCCI intends to incorporate feedback from programs and provide additional individual sessions for programs. Regional in-person sessions will resume once it is deemed safe to do so.

Reentry Legal Services (RLS)

301.068(2)(d); 301.068(3)(b); 301.068(5)

The Disabled Offender Economic Security (DOES) project served individuals with potentially disabling conditions returning from incarceration to Wisconsin communities from 2010-2020. During that time, person-first language has emerged as a best practice to reduce stigma and marginalization of individuals. During contract negotiations, both the Department and Legal Action of Wisconsin were interested in applying person-first language, and the DOES name did not fit that framework. The Department is eliminating generalizations, assumptions and stereotypes by removing the use of the term offender to describe persons in our care. Legal Action of Wisconsin has concluded that use of the terms disabled and offender can dehumanize and stigmatize formerly incarcerated people and prevent them from healing and accessing services that they need. In recognition of these concerns, the Department of Corrections and Legal Action of Wisconsin will partner to provide the same services through the Reentry Legal Services program over the next contract cycle.

The Reentry Legal Services (RLS) program, formerly known as the Disabled Offender Economic Security (DOES) project, provides access to civil legal services for individuals with mental health concerns and potentially disabling conditions preparing to release from prison. DOC contracts with Legal Action of Wisconsin, a nonprofit civil legal aid firm, to provide attorneys to represent incarcerated individuals, primarily in the Social Security disability application process.

they qualify as soon as possible after their release dates. RLS program professional relationships with the Social Security Administration (SSA), DOC, the Disability Determination Bureau (DDB), and the Department of Health Services (DHS), as well as program staff members' expert procedural knowledge result in more timely and accurate disability determinations for RLS clients. The RLS program significantly reduces the processing time for cases awaiting hearings.

RLS attorneys are expert benefit specialists who advocate for individuals who may meet the Social Security Administration's definition of disability. The attorneys work with their clients throughout the application process and advocate for their interests. The attorneys may also assist clients applying for public benefits such as Medicaid, Medicaid Savings Programs, and FoodShare. They can also provide help with legal concerns surrounding housing, employment programs, and other concerns that impact a client's successful community reintegration, though they are not the primary focus of the program.

The RLS program provides a valuable service to its clients and to the Department of Corrections. Social Security application assistance is time-consuming for release planners, and can take them away from more complex and individualized services they provide individuals prior to release. The RLS attorneys provide this assistance in 13 DOC

facilities and the Wisconsin Resource Center. Clients often face complex challenges, but the RLS program provides success rates that are nearly twice the national SSA award rates.

Social Security disability application processes can be lengthy and confusing. Many individuals in this population could not complete them without assistance.

Attorneys begin representing incarcerated individuals approximately six months prior to release from prison. The attorneys prepare disability applications and submit them on behalf of their clients. Attorneys continue to represent their clients after release, until they have attained benefits or appeals are exhausted, while considering both the merit of the case and program resources.

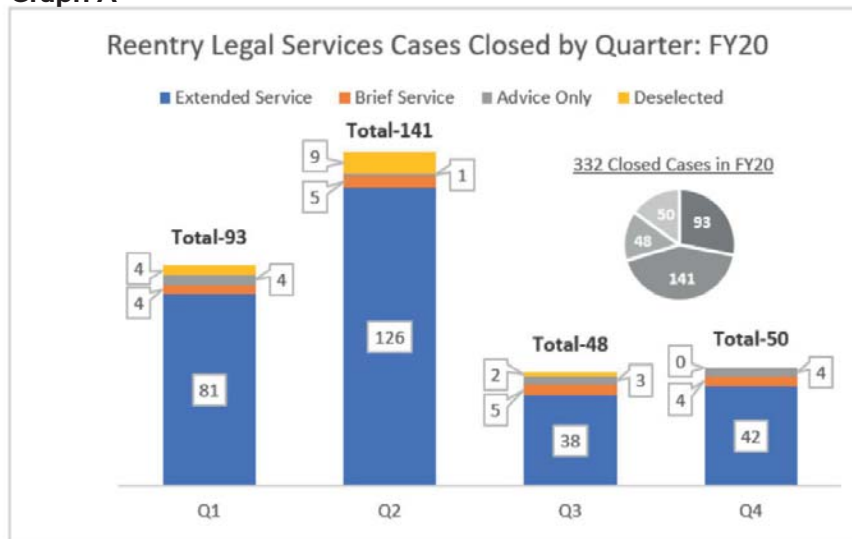
Skilled and individualized attorney representation has proven to increase the likelihood that RLS clients receive the benefits for which

they qualify as soon as possible after their release dates. RLS program professional relationships with the Social Security Administration (SSA), DOC, the Disability Determination Bureau (DDB), and the Department of Health Services (DHS), as well as program staff members' expert procedural knowledge result in more timely and accurate disability determinations for RLS clients. The RLS program significantly reduces the processing time for cases awaiting hearings.

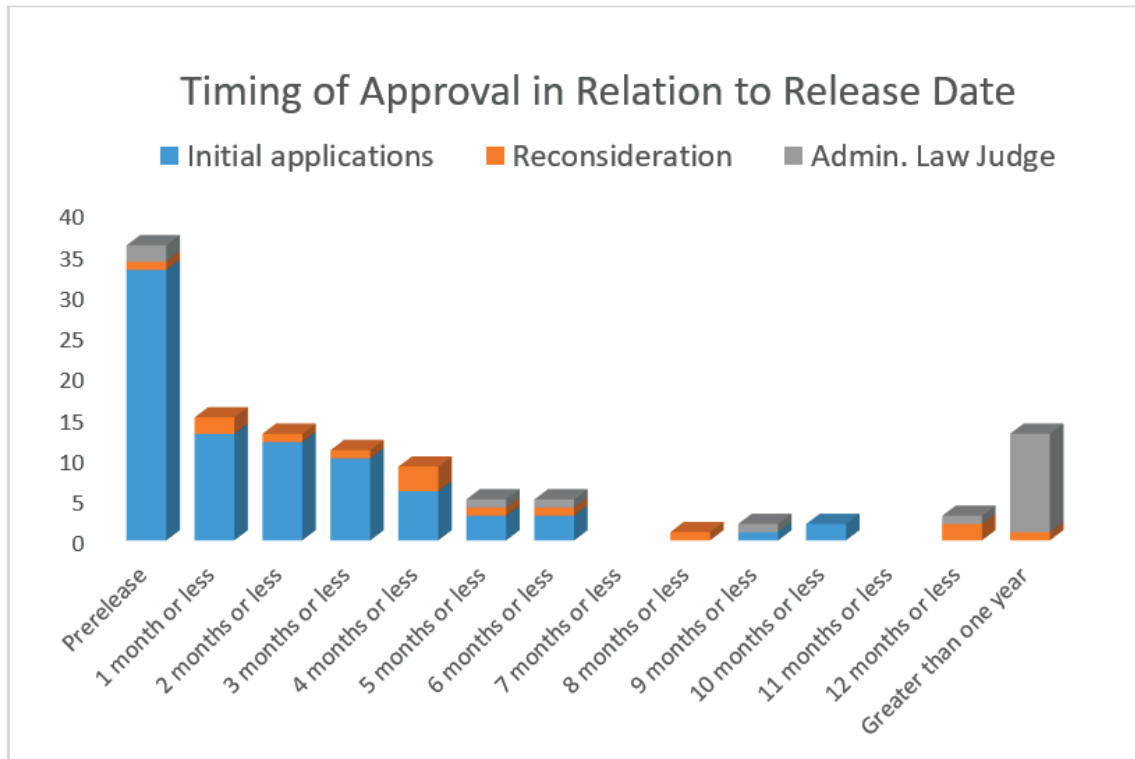
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RLS closed 287 extended service social security cases in FY20. There were 157 cases awarded benefits, resulting in a 55 percent award rate. In comparison, the SSA reported national award rates for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for 2017. SSA calculated award rates of 33.1 percent and 28.1 percent, respectively. The RLS program served a total of 652 clients in FY20, and closed a total of 332 cases during the fiscal year (See Graph A.-RLS Cases Closed by Quarter: FY20). Graph B. illustrates the importance of RLS attorney involvement from the beginning of cases, with 31 percent of cases approved pre-release. It also depicts the importance of continued advocacy in the community, with 11 percent of cases approved more than a year after release.

Graph A



Graph B



Aging Population Requires Additional Services

301.068(2)(d); 301.068(3)(b); 301.068(5)

The prison population is aging. During a point-in-time analysis, DOC has found that the average age of the incarcerated population has increased by six years from 2000 through 2019, increasing from an average of 32 to 38 years of age. The percentage of persons in our care 50 and older has tripled during that same time frame, increasing from 3.8 percent in 2000 to 12.5 percent of the population in 2019. The percentage of releases for individuals ages 50 and older also more than tripled from 2000 to 2019, increasing from 4.1% to 15.6% of all releases. Aged persons in our care increase the complexity of care required for individuals in prison and at release.

Advocate organizations and DCC regions have identified an increased need for connections to long-term care at release, including supervised living and skilled nursing facility levels of care. Since 2018, several state agencies have been working to reduce barriers to scheduling functional screens prior to release from prison and improving the continuum of care for

individuals who may qualify for Long Term Care (LTC) programs. The Department is identifying individuals with neurocognitive disorders and working through release planners to determine if individuals should be screened and referred to Long Term Care programs. While the percentage of individuals who may qualify is relatively small, screening and program referral greatly improves the transition from prison to the community for the individuals in need of these services.

The Reentry Unit is involved in this effort because of the assistance reentry programs provide to individuals transitioning between DOC divisions. The Opening Avenues to Reentry Success (OARS) program frequently interacts with LTC programs, and Becky Young-funded positions have been involved in the inter-agency effort to improved outcomes for LTC-eligible individuals releasing from prison.



Opening Avenues to Reentry Success (OARS)

301.068(2)(a-d); 301.068(3)(a-c); 301.068(5)

Opening Avenues to Reentry Success (OARS) is a Department of Corrections (DOC) program provided in partnership with the Department of Health Services (DHS). The OARS program serves individuals releasing from prison with serious mental illness and assessed at a moderate or high risk to commit new crimes. The program provides intensive case management and housing while linking participants to psychiatric treatment and other individualized needs. Program staff work closely with participants to address the drivers of participants' criminal behavior, interrupting cyclical incarceration. The vision of the OARS program is to enhance public safety by supporting the successful transition, recovery, and self-sufficiency of clients with significant mental health needs as they reintegrate into the community.

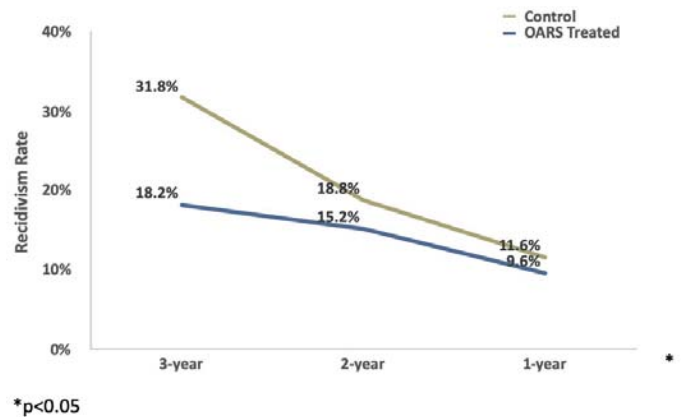
Facility social workers refer potential participants to DHS OARS specialists approximately 6-8 months prior to release for prison. Contracted case managers enter facilities to conduct enrollment interviews. They work closely with enrolled participants, DHS OARS program specialists, facility social workers, and Division of Community Corrections (DCC) agents to determine participant clinical needs and criminogenic risk factors. Case managers also spend time in the institutions developing therapeutic rapport with participants. The team develops Individual Service Plans (ISP) and encourages participants to stay engaged with treatment and programming during the pre-release phase.

The OARS programs can provide participants services for up to two years in the community. Contracted case management agencies utilize a person-centered approach and motivational interviewing in participant contacts. Motivational interviewing encourages participants to develop intrinsic motivation to engage in their own recovery and identify personal risk factors that could lead to reoffending. Case managers help participants adhere to medication regimens, establish psychiatric stability, and make decisions that improve mental health and recovery from addiction. The OARS team provides creative case

management, monitoring, and treatment during a difficult period of reintegration immediately following release to the community. Frequent case manager contacts are critical in helping participants make the transition.

As participants positively adjust, supportive contacts can begin to taper and the focus shifts toward self-sufficiency. Case managers encourage participants to reduce reliance on program funds through education, employment, or other needed

Figure 2. OARS Discharges Recidivism Comparison



county-based services. When these supports are in place and participants meet criteria, individuals can be successfully discharged.

During FY2020, the OARS program:

- Served 396 participants.
- Managed an Average Daily Population (ADP) of 216 participants.
- Had an average cost per participant of \$14,788.76.

To be enrolled in the program, potential OARS participants must:

- Volunteer to participate.
- Be referred by a staff member.
- Have a medium or high risk level recommendation on the COMPAS risk assessment.
- Be diagnosed with a serious mental illness.
- Be releasing to one of the 51 OARS-covered counties.
- Have at least six months of post-release DOC supervision remaining on their sentences.

The outcome evaluation is conducted using Propensity Score Matching (PSM) which allows for the comparison of outcomes for program participants and non-participants by controlling for variations in background characteristics that are associated with recidivism (e.g., gender, marital status, high school

Figure 1. OARS Participant Recidivism Comparison

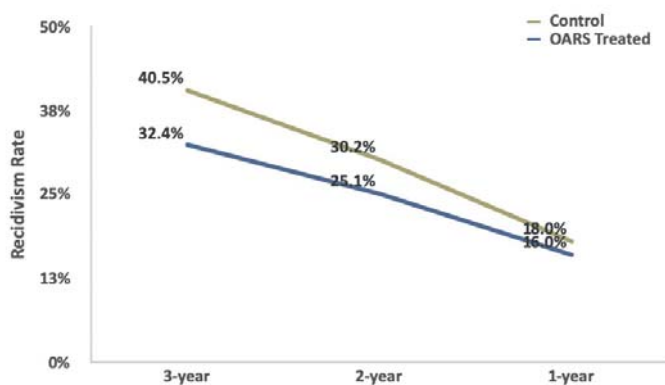


Table 1. OARS Participant Recidivism Trends FY14-FY18

Release Year (Fiscal)	OARS Participants								
	1-Year Follow-Up			2-Year Follow-Up			3-Year Follow-Up		
	Total Releases	Recidivists		Total Releases	Recidivists		Total Releases	Recidivists	
FY14	60	7	11.7%	60	13	21.7%	60	20	33.3%
FY15	72	8	11.1%	71	11	15.5%	71	17	23.9%
FY16	136	24	17.6%	132	39	29.5%	131	48	36.6%
FY17	108	19	17.6%	108	30	27.8%	-	-	-
FY18	149	26	17.4%	-	-	-	-	-	-
Total	525	84	16.0%	371	93	25.1%	262	85	32.4%
Release Year (Fiscal)	OARS Controls								
	1-Year Follow-Up			2-Year Follow-Up			3-Year Follow-Up		
	Total Releases	Recidivists		Total Releases	Recidivists		Total Releases	Recidivists	
FY14	61	9	14.8%	57	20	35.1%	57	25	43.9%
FY15	73	9	12.3%	73	15	20.5%	72	20	27.8%
FY16	135	28	20.7%	135	49	36.3%	133	61	45.9%
FY17	109	22	20.2%	109	29	26.6%	-	-	-
FY18	151	27	17.9%	-	-	-	-	-	-
Total	529	95	18.0%	374	113	30.2%	262	106	40.5%

education, race, age at release, years served, prior incarcerations, recidivism risk level, custody level, mental health code, most serious offense, program needs, and program enrollment). The use of PSM produces recidivism outcomes for OARS participants and non-participants that can more confidently be attributed to participation in the program rather than other factors. The FY2020 evaluation has been changed to more closely align with PSM best practices; using a one-to-one match in the OARS and control group. In previous years, calculations have matched two or more control group members for each OARS participant, increasing statistical power.

Figure 1 and Table 1 show recidivism trends and compare every OARS participant and control group recidivism rates. Trends continue to identify lower recidivism rates for OARS participants compared to the control group with similar characteristics. As an example, the recidivism rate for the three-year follow up period for OARS participants was 32.4 percent, while the control group has a recidivism rate of 40.5 percent for the same period. The three-year follow-up period demonstrate positive outcomes, indicating continued success after individuals discharge from the program. Even with the changes to align the evaluation with PSM best practices, increased program participation in future years will likely lead to statistically significant differences between the two groups.

Table 2. OARS Discharges Recidivism Trends FY14-FY18

Follow-up Period	Recidivism Comparison Between OARS Discharges and a Control Group					
	OARS Discharges			OARS Control		
	Total Discharges	Recidivists		Total Discharges	Recidivists	
1 year	209	20	9.6%	198	23	11.6%
2 years	164	25	15.2%	138	26	18.8%
3 years	99	18	18.2%*	88	28	31.8%*

*p<.05

and comparing them to a control group. Figure 2 indicates a similar trend as the overall participant group in figure 1. The trend continues during the three-year follow-up period, and the successful discharge group demonstrates statistically significant differences in recidivism rates compared to the control group. Successful OARS discharges recidivated at a rate of 18.2 percent during the three-year follow-up period, while the control group demonstrated a rate of 31.8 percent. The group demonstrates statistically significantly lower recidivism rates during the critical year following successful discharge from the program.

For the first time this fiscal year, the OARS program is examining recidivism trends for the group of successful OARS discharges



OARS Participant Success Story

Over the last two years, OARS has worked with RM to make a successful transition and establish a healthy lifestyle. RM released with significant needs to regulate emotions and address suicidal ideation, misuse of medication, and a history of trauma. She had a difficult transition into the community; encountering housing and employment barriers due to criminal history, lack of references, and a history of evictions. RM continued to have suicidal ideation and mental health concerns throughout the first few months. During her time in the program, she has been dedicated to her mental health treatment and medications.

She began individual therapy, group counseling, and participates in a women's support group. RM established a good rapport with her providers and community resources. She began rebuilding family relationships upon release and establishing positive supports. RM was successful in regulating her emotions with coping skills and her mood has been stable, with no suicidal ideation for over a year. She has rebuilt family connections and eliminated unhealthy relationships from her life. RM worked with DVR to build employment skills and within six months of release, she secured a job and has become a recognized asset to

her employer. RM established a payee, with whom she was able to create a budget analysis. She continues to work toward financial independence but has been able to secure housing, a car, and establish a savings account. She worked on maintaining healthy relationships and boundaries throughout her time in OARS. RM had to work through conflict with the agent to establish a relationship. After several months of planning, counseling, and determination, she received approval. After a year and a half, they were approved to share an apartment and are getting married when she completes her supervision.

Medicaid Application Assistance at Release from Prison

301.068(2)(d); 301.068(3)(b); 301.068(5)

The Wisconsin Department of Health Services is finalizing plans to suspend, rather than terminate Medicaid eligibility upon incarceration. DOC is working with DHS to support the suspension process, which will require reinstatement, rather than a new application at release, benefiting persons in our care. The information-sharing between departments will also improve DOC health care operations efficiency and reduce DOC's Bureau of Health Services costs.

The Department of Corrections (DOC), Department of Health Services (DHS), and Income Maintenance (IM) agencies partner to provide incarcerated individuals the opportunity to apply for Medicaid by telephone prior to release from incarceration.

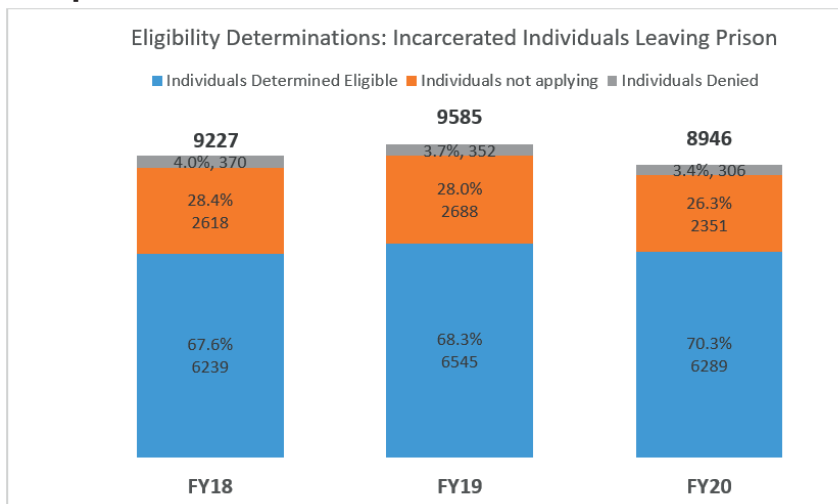
Access to health care immediately following release from prison can provide access to medications and needed treatment for acute and chronic medical conditions, mental illness, and substance use disorders. In FY20, There were 8,946 individuals released from prison that fit criteria for the purpose of this evaluation (See Table 1.). This includes youth or adults incarcerated longer than 30 days in DOC custody and released from DOC facilities, county jails contracted to house DOC inmates, the Wisconsin Resource Center, and Mendota Juvenile Treatment Center.

In FY20, there were 6289 individuals determined eligible for Medicaid programs during the evaluated timeframe, which means 70.3 percent of clients releasing from

incarceration determined eligible. Of those determined eligible, 30 percent applied the month prior to release, 66 percent applied the month of release, and 4 percent applied the month following release. Approximately 26.3 percent of inmates did not apply during these months and 3.4 percent of the identified release population were denied. This information is used to improve the Department's health care operations, reduce costs, and improve advocacy at DOC facilities.

The Reentry Legal Services (RLS) program also provides application assistance. Legal Action of Wisconsin provides three paralegals who facilitate applications at Oshkosh Correctional Institution (OSCI), Taycheedah Correctional Institution (TCI), Milwaukee Secure Detention Facility (MSDF), Robert E. Ellsworth Correctional Center (REECC), and Racine Correctional (RCI)/Sturtevant Transitional Facility (STF). The three paralegals submitted 947 applications, representing 15 percent of the successful applications submitted in FY20.

Graph A



Career & Technical Education (CTE) Initiatives

301.068(2)(d); 301.068(3)(b)

WIDOC offers Career and Technical Education (CTE)/ Vocational Programs in some capacity in 17 different institutions and across 24 different program areas. These programs are connected to the Wisconsin Technical College System (WTCS) member colleges and include program areas such as: Barbering/Cosmetology, Cabinet Making/Cabinetry, Masonry, and Machine Tool Operations, among others.

During the course of the past 5+ years, WIDOC has expanded on its existing programming to offer several short-term CTE training opportunities to better prepare persons in our care for employment in high-demand fields. WIDOC contracts with local WTCS member colleges to provide these training academies, which often occur on campus and culminate in the individual earning a technical diploma or certificate within the span of approximately 2-4 months. Due to COVID-19, many programming opportunities were suspended, however WIDOC remains committed to providing training in high-demand fields for those releasing from incarceration.

Fields of Study

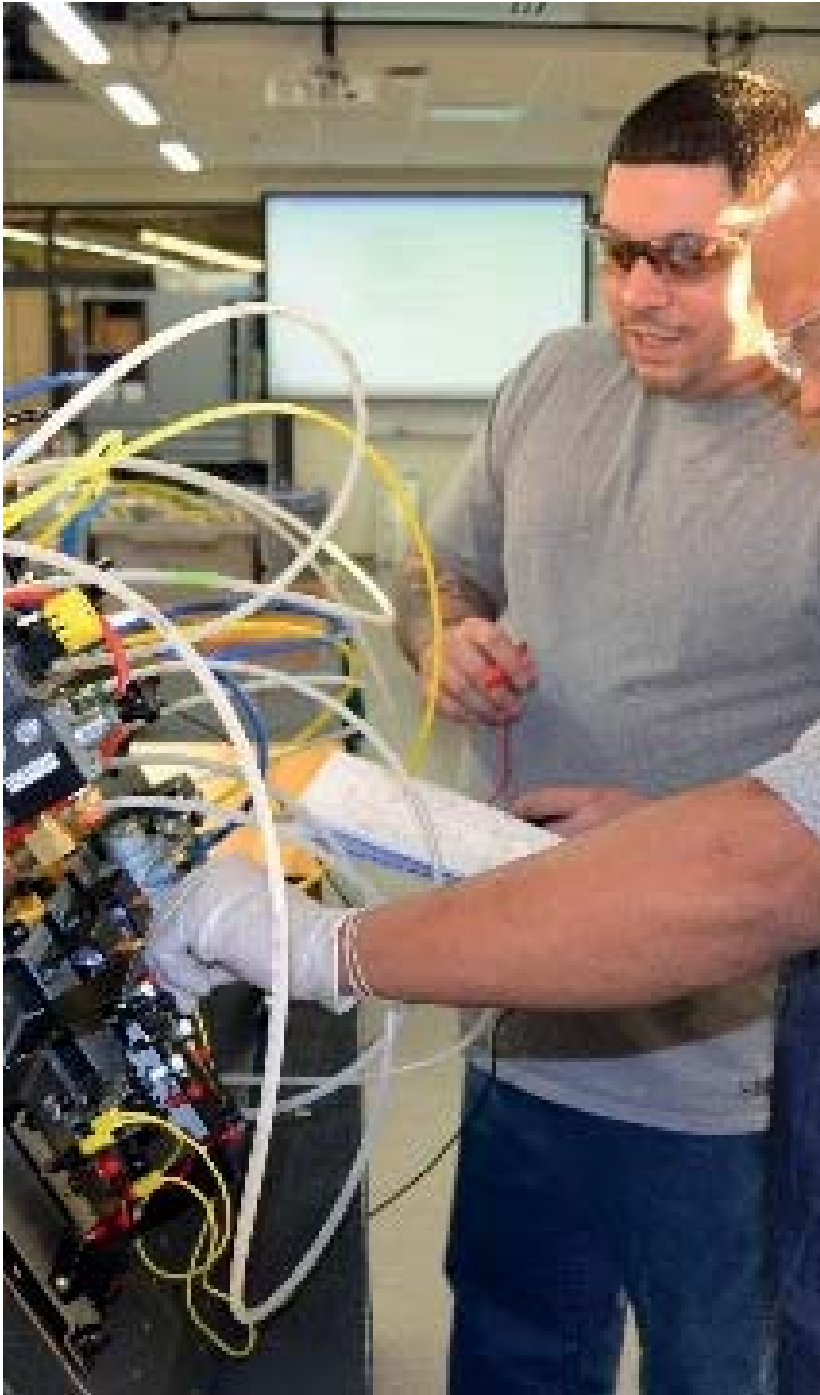
WIDOC coordinates with local technical colleges and utilizes labor market trends in determining fields of study for persons in our care. During FY20, WIDOC offered contracted training in Industrial/Mechanical Maintenance (with Madison College, Gateway Technical College, and Western Technical College), Computer Numerical Control Operator (with Gateway Technical College and Milwaukee Area Technical College), Refrigeration Essentials (with Wisconsin Indianhead Technical College), and Welding (with Moraine Park Technical College, Southwest Wisconsin Technical College, and Milwaukee Area Technical College). All of these fields are projected for statewide growth, and past program graduates have found success in the job market after release from incarceration (average starting hourly wage of \$14.67 across all programs).

Program Outcomes

While the impact of COVID-19 on correctional programming was significant, there were 151 individuals served through the various CTE academies in FY20 (mix of funding sources, including Becky Young funding). Of these, 127 individuals completed programs during FY20 (or were continuing programming in FY21), while 24 were terminated, released without program



Graduate of the Gateway Mechanical Maintenance Program



Career & Technical Education (CTE) Initiatives

\$14.67

Starting Hourly Wage

All selected program fields selected by DOC are projected for statewide growth, and past program graduates have found success in the job market after release from incarceration (average starting hourly wage of \$14.67 across all programs).

151

Participants Served

While the impact of COVID-19 on correctional programming was significant, there were 151 individuals served through the various CTE academies in FY20.

24

Program Areas

WIDOC offers Career and Technical Education (CTE)/ Vocational Programs in some capacity in 17 different institutions and across 24 different program areas.

Students in the Industrial Maintenance program at Madison College

completion, or withdrew from programs. The additional data provided here covers the various programs since their inception, as this allows for sufficient time for individuals to earn a credential, release to the community, and obtain employment. Outcomes in table 1 and chart 1 are based on available data in WICS and COMPAS as of 8/31/2020 (some data may be missing).

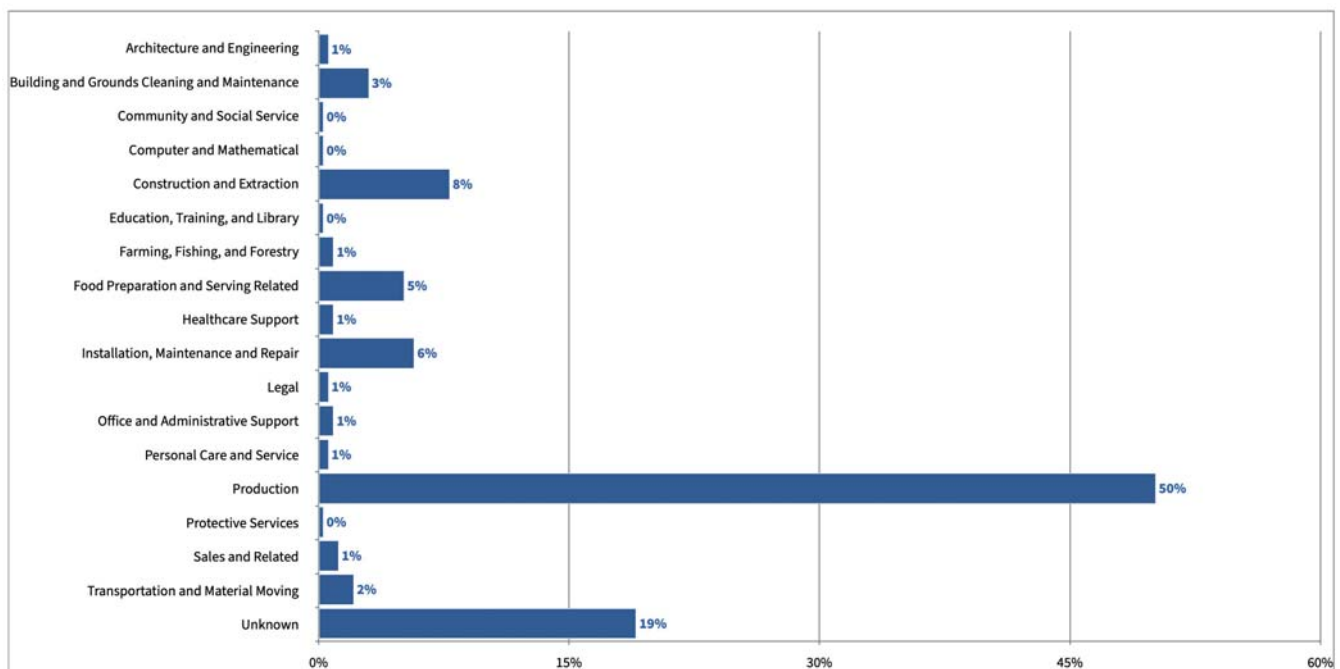
Table 1: Outcomes by Program Type FY15-FY20
As of August 31, 2020

Number of Participants	Number of completions*	Released and eligible for work#	Employed at some point following release	Average Days to First Employment	First Average Starting Wage
CNC Operator (Gateway Technical College, MATC-Milwaukee)					
300	275	206	187 (91%)	58.4	\$14.01
Welding (SWTC, Nicolet Area Technical College, WITC, MATC-Milwaukee, Moraine Park Technical College)					
159	138	89	69 (78%)	53.4	\$14.67
Industrial/Mechanical Maintenance (Madison College, NATC, Gateway Technical College, NWTC, Western Technical College)					
150	133	62	49 (79%)	28.9	\$16.23
Construction/Carpentry (Madison College)					
24	23	14	12 (86%)	13	\$21.72
Dairy Worker Training (Moraine Park Technical College)					
16	16	15	13 (87%)	27.7	\$14.06
Refrigeration Essentials (Wisconsin Indianhead Technical College)					
6	6	1	1 (100%)	27	\$13.50
All Programs					
655	591	386	331 (86%)	51.2	\$14.67

*Includes students who were continuing courses/programs into FY21.

#Does not include students who: discharged from supervision at point of release, moved to another state/jurisdiction at point of release, were determined to be disabled and/or receiving SSD or SSI benefits, were deported at point of release, or were taken in to custody by another jurisdiction without a release.

Chart 1: Occupational Category* for First Post-Release Employment FY15-FY20 (N=331)
As of August 31, 2020



Windows to Work (W2W)

301.068(2)(d); 301.068(3)(b)

Mission: To promote self-sufficiency for individuals returning to the community through the development of constructive skills and the modification of thought processes related to criminal behavior.

Overview: Windows to Work is a cognitive based program aimed at providing persons in our care with the tools necessary to be successful upon release from incarceration. The program offers both pre- and post-release components (further outlined below), making it distinctive among many program offerings within the DOC. The program begins while an individual is still incarcerated, and focuses on addressing an individual's criminogenic needs known to lead to recidivism.

The DOC contracts with Wisconsin's eleven Workforce Development Boards (WDB) to implement programming at selected state correctional institutions or county jail facilities in their respective workforce development area (program sites below). This fiscal year, the program grew to include programming at 15 correctional institutions and 6 county jails statewide, though all programming was suspended in March, 2020 due to COVID-19.

Pre-Release Programming:

- Begins approximately three to nine months prior to release from incarceration
- Participants must be identified as medium- to high-risk on a validated assessment (COMPAS)
- Curriculum focuses on 5 areas:
 1. Cognitive Based Intervention for Employment
 2. General Work Skills and Expectations
 3. Financial Literacy
 4. Community Resources
 5. Job Seeking, Applications and Resumes
- Coaches work in collaboration with social workers and probation and parole agents on comprehensive case planning prior to release

Post-Release Services:

- Programming lasts 12 months post incarceration
- Provides assistance with job search and job retention needs
- Assists participants in accessing resources in their community and offering connections to programming
- Provides limited financial assistance for transportation, education, identification, and/or work related supplies

FY20 DATA: Enrollments

Workforce Board Area	New Enrollments	Transfer Enrollments
Southeast	21	6
Milwaukee	43	7
W-O-W	17	3
Fox Valley	70	15
Bay Area	52	17
North Central	15	12
Northwest	35	9
West Central	46	5
Western	30	10
South Central	44	23
Southwest	45	8
Totals	418	115

FY20 Updates

With additional funding in the last two biennial budgets, Windows to Work programs are now provided at every medium security facility throughout Wisconsin. In FY20, WIDOC increased capacity at two facilities, and standardized programming at all institutions, improving program fidelity and data reliability. The program has also taken steps to begin offering programming at select maximum security institutions.

Additionally, several of the Windows to Work coaches were trained to become trainers for the cognitive based intervention programming delivered in the Windows to Work program: Cognitive Behavioral Interventions for Offenders Seeking Employment training (CBI-EMP). Several of these coaches went on to train dozens of internal DOC staff and external partners and become subject matter experts throughout the state, and particularly in the DOC. Their time as trainers allowed these coaches to improve their own skills, share tips with other coaches, and enhance the Windows to Work program statewide.

New Enrollment is defined as a participant being admitted into the program at a participating institution during their incarceration.

Transfers are defined as a participant who enrolled in the program at a participating institution while incarcerated, but who transferred to a new coach for the post-release portion of the program.

Completion/End Codes

Workforce Board Area	Successful Completion	Continuing Service (in FY21)	Transferred	Administrative Termination	Disciplinary Termination	Refusal	Absence Only	Death
Southeast	10	42	15	3	3	13	0	0
Milwaukee	22	58	1	15	19	9	0	2
W-O-W	19	21	0	1	6	0	0	0
Fox Valley	16	42	43	7	14	13	1	1
Bay Area	52	49	35	6	20	7	1	0
North Central	8	27	1	1	6	1	1	0
Northwest	13	31	15	1	17	0	0	0
West Central	8	44	14	2	8	8	0	2
Western	12	38	9	0	1	7	0	0
South Central	21	38	19	4	17	2	0	1
Southwest	47	38	10	8	1	3	0	0
Totals	228	428	162	48	112	63	3	6

Participants “transfer” when they release to a different WDB area/county after incarceration.

Employment Data

The data here is only for employment episodes that began during FY20, and does not include any information for employment episodes that may have started before FY20 and continued in to FY20.

During FY20, Windows to Work participants obtained 447 episodes of employment at an average starting hourly rate of \$13.70 per hour. Of these, 98% (437) were unsubsidized employment opportunities.



Computer Numerical Control (CNC) Mobile Lab

301.068(2)(d); 301.068(3)(b)

The DOC procured a third mobile training lab in FY20. This project is part of a continued collaboration between DOC and the Department of Workforce Development, Division of Employment & Training (DWD DET) to improve pre-release workforce training opportunities for inmates releasing within Wisconsin. The DOC Reentry Executive Team approved funding this project with reallocated Becky Young funds from programs that were severely affected by the global pandemic COVID-19.

DOC worked to purchase this lab to provide training in Computer Numerical Control (CNC) to inmates throughout Wisconsin. Nomad Global Communication Solutions was awarded a five-year contract for the creation of mobile

labs. The CNC lab will be delivered to Jackson Correctional Institution in January 2021.

DOC utilizes DWD Fast Forward grant funding to provide instruction for the CNC program and contracts with Western Technical College. The first cohort is scheduled to begin in February 2021. Western will provide three cohorts per fiscal year within the mobile lab. After completion of these cohorts, the lab will join the other two mobile labs in an annual rotation schedule moving between DOC institutions ensuring resources are distributed appropriately throughout the state. Funding for instruction will continue to be provided through resources allocated by DWD.



**Taycheedah Correctional Institution (TCI)
Institution-Based Job Center**

Institution-Based Job Centers

301.068(2)(d); 301.068(3)(b)

The Wisconsin Departments of Corrections (DOC) and Workforce Development (DWD) created the first institution-based job center in the state of Wisconsin in 2018 at the Oakhill Correctional Institution (OCI). The OCI Job Center is located in the school building, and operates with staff from DWD and the Workforce Development Board of South Central Wisconsin (WDBSCW). Through these projects, persons in our care have the ability to create unique Job Center of Wisconsin (JCW) accounts, which can then be accessed when the individual is released to the community. In FY20, DOC and DWD established institution-based job centers in the Taycheedah Correctional Institution (TCI), Robert Ellsworth Correctional Center (REECC), and the Milwaukee Women's Correctional Center (MWCC). Further, DOC is in the process of creating six (6) additional institution-based job centers throughout Wisconsin.

The OCI Job Center officially opened its doors in October, 2018, and the TCI Job Center was operational beginning in September, 2019. The MWCC Job Center opened in February, 2020, and the REECC Job Center was nearly operational when the decision was made to limit DOC operations during the COVID-19 pandemic. Since DOC began partnering with DWD, 382 persons in our care have received 3,209 services in the institution-based job centers (October, 2018 – February, 2020). Of note, 54 individuals have had the opportunity to interview for open jobs prior to their release from incarceration. Some of the services provided in the institution-based job centers are listed below:

- Job Search & Placement
- Bonding
- Career Guidance
- Career Planning
- Case Management
- Information on Assessment Services
- Information on Career Counseling Services
- Information on Demand Occupations
- Initial Assessment
- Job Center Information
- Labor Market Information
- Mock Interviews and Real Interviews
- One-Stop Orientation
- Referral to Employer
- Referral to Online Job Boards
- Referred to Other Services (Non-WIOA Programs, WIOA Program or Program Area, Vocational Rehabilitation Services, Veterans Services)
- Resume Development

Cognitive Behavioral Program (CBP)

301.068(2)(b); 301.068(2)(d); 301.068(3)(a-d)

The DOC contracts for Cognitive Behavioral Program (CBP) services within both DAI and DCC. Offenders are screened and assigned the program need upon completion of a COMPAS assessment. The importance of such a program cannot be understated, as antisocial cognition is identified as one of the top four criminogenic needs along with antisocial companions, antisocial personality/temperament, and family/marital. The program is offered in both the institution and in the community, in order to address the need at every stage of the lifecycle to increase the offender's opportunity for success.

The objectives of Cognitive Behavioral Programs include teaching specific strategies or techniques that enable participants to (1) identify the specific thoughts that support criminal behavior (self-observation); (2) recognize the pattern and consequences of thinking; (3) utilize reasoning, problem-solving, self-talk, and social interaction skills as a means of controlling and changing thinking; (4) recognize and evaluate potential choices and make a conscious decision to change or

not to change a behavior. These programs combine two types of cognitive interventions: cognitive restructuring (changing the thinking patterns, attitudes, and beliefs that lead to offending) and cognitive skills training (learning and practicing reasoning, problem-solving, and social skills).

In FY20 DCC offered three different curriculum CBP programs. Moral Reconciliation Therapy (MRT) was developed by Correctional Counseling, Inc and consists of 24-36 open ended sessions. Thinking for a Change (T4C) is distributed by the National Institute of Corrections and is comprised of 25 closed lessons. DAI and DCC also offer a T4C curriculum that focuses on Domestic Violence (T4C-DV).

Of the 2,615 entries for DCC participants served under Becky Young CBP services in FY20 through in-person or via telehealth, 44% of the participants successfully completed and/or were continuing CBP services in FY21.

Community Residential Programs (CRPs)

301.068(2)(a-d); 301.068(3)(a-d)

Since 2013, the DOC has provided a new model of residential treatment for our offender population, the Community Residential Program (CRP). Providers are encouraged to develop new and creative interventions to provide high dosage hours of treatment for medium and high risk clients utilizing evidence-based practices that reduce recidivism. Interventions include a step-down service for clients transitioning to off-site residential locations or their own housing. Clients may return to the facility for completion of dosage hours.

A CRP provides an environment that includes support and supervision assisting clients in making the transition to independent living. Services include assessment, treatment planning, service coordination, evaluation, group and individual counseling, life skills, and daily living skills services.

Housing assistance, if needed, will be coordinated with the probation and parole agent. Clients who are not participating in the residential component of CRP are housed in other DOC-contracted housing or in the offender's own residence while completing the proposed program.

DOC's first CRP, Portage House, became operational in FY14 and continues to offer services into FY21 for male clients. In addition, Addams House, a second CRP in Appleton, is fully operational with ten beds for female clients. Between both CRPs, 98 entries for DCC clients were recorded for services with 53 successfully completing the program. There are 10 clients who are continuing to obtain services in FY21.

Milwaukee DRC – Benedict Center

301.068(2)(a-d); 301.068(3)(a-d)

The Benedict Center in Milwaukee operates a female Day Report Center, which is contracted for DOC clients and supported with Becky Young funds. This program provides certified SUD assessments/outpatient groups, cognitive behavioral therapy groups, anger management groups, anti-social companions groups, life skills groups, family support services and employment readiness groups. The program goals are to promote abstinence from mood-altering chemicals and recovery from addiction; promote positive lifestyle changes to avoid further legal difficulties; reduce jail and prison overcrowding by providing options/diversions to clients; provide structure and monitoring to assist clients in successful reintegration; increase employment experience and basic living

skills to prepare client for self-sufficiency and independence; assist clients in restructuring their cognitive thought processes; enhance relationship skills with pro-social support systems; reduce crime/recidivism.

In FY20, out of 126 entries for DCC clients who attended services, 16 successfully completed the program and 47 continued services into FY21. This year's services were affected by the actions that our providers and DCC had to take to address the pandemic during the last half of the FY20. Services were offered via telehealth as technology allowed.



Article shared by Options Treatment Program in Appleton (Pictured)

Community Partnership Outreach Program (CPOP)

301.068(2)(a-b); 301.068(2)(d); 301.068(3)(a-d)

The Community Partnership Outreach Program (CPOP) is one of the most important programs Options Treatment Program offers. This program is run by a small team of three clinicians targeting case management needs as a way to decrease the likelihood of recidivism.

The CPOP team targets high risk individuals for the program early during the assessment process. All of the Green Bay clinicians are trained to identify the needs and qualifications for the program. These qualifications include: individuals who are reintegrating into the community, COMPAS scores, and targeted case management. Transitioning from incarceration is a chaotic time for clients, especially those who have served more than six months of incarceration. For them, it is starting from scratch, and with limited knowledge or resources it can be an overwhelming experience with multiple barriers. Options' clinicians utilize the COMPAS to target these need factors to overcome these barriers.

The CPOP clinicians pride themselves in their partnership with clients to address multiple case management areas. The team works diligently to establish and maintain relationships with community partners to ensure the process of connecting clients to the available resources is smooth. Options believes that increased partnerships and resources lead to increased success at prosocial living for our clients. A few examples are noted below.

1. An African American, self-identified male in his 30s was placed out of the home in early adolescence for behavioral concerns. His lack of education laid the ground work for him to find his way to the party scene before eventually being charged with substantial battery. After being released from his most recent incarceration, he was referred to Options for an assessment. He expressed his desire to find a place of his own to live, finish his GED, and obtain his important legal documents (ID, birth certificate, and Social Security card). After eight months of hard work, he is enrolled in GED classes, had positive police contact,

and is saving for his own apartment. He stated CPOP has "given me a chance in the community and that is what this program is about. There isn't judgement and it is helping me a lot, especially with my past situations. You guys have always been there to help me through all of this stuff."

2. A nearly 30 year old, Caucasian and Native American self-identified female was sworn into an alternative court and referred to Options for services. She had a lengthy substance use history and even longer legal history. Her personal history resulted in skepticism of anyone in authority. She was homeless, cut off from her family, lost custody of her children, did not finish high school, and did not have transportation or health insurance. Her case management needs were apparent from the start; her openness to services was limited. A short time later, she discovered she was pregnant. The work was slow with some setbacks. A relapse on methamphetamine resulted in a need for residential programming due to the risk with her pregnancy. When she returned to Options, she requested the same CPOP clinician (a testament to the relationship built), and remained open minded to all recommendations. When asked what brought her back she remarked "I believed in it and trusted in you guys." As time passed, she established stable housing, reconnected with the rest of her family, had a healthy baby, reestablished custody of her other children, and was approved for housing assistance. She is currently in the process of finding her first apartment, has started working part time, and is in the process to obtain her GED. What was it about this program that was different for her? "It helps me with life situations and gives me the structure and guidance for a better and productive life."

The professional relationship between the client and CPOP case manager sets the stage for the collaboration in both clinical and non-clinical work. CPOP allows a glimpse into what a client's day to day life, which allows for greater empathy. When clinicians are able to use this empathy, the true purpose behind the CPOP program is discovered.

Rock Valley Community Programs (RVCP)

301.068(2)(a-b); 301.068(2)(d); 301.068(3)(a-d)

Rock Valley Community Programs (RVCP), as a parent organization, offers a variety of services to both correctional and non-correctional clients. These services include assessment, case management, substance abuse treatment, mental health treatment, and community service monitoring. The program began in Beloit, WI in 1971 as a four bed halfway house, and moved to its current location in Janesville, WI in 1998. As a whole, RVCP targets adult males who are under the supervision of the DOC or the Federal Bureau of Prisons (BOP), homeless veterans, and those in need of crisis stabilization.

The program is funded primarily by the DOC, with 30 beds dedicated to their general programming and 12 beds for clients diagnosed with a co-occurring disorder. The aim of the program is to assist those who are dependent upon alcohol or other drugs in obtaining sobriety, address and stabilize mental health issues (for those in the co-occurring track), and return them to the community as productive and law-abiding citizens with the ability to maintain their sobriety. To do this, the program provides: substance abuse treatment (Cognitive Behavioral Interventions for Substance Abuse; CBISA), Moral Reconciliation Therapy (MRT), Thinking for a Change (T4C), Wellness Action Recovery Plan (WRAP) group, Anger Management, Carey Guide Groups (Family and Anti-Social Companion), life skills groups (Independent Living Skills, Stress and Anxiety, Self-Esteem), employment group (Cognitive Behavioral Interventions for

Employment; CBI-EMP), and leisure and recreation groups. RVCP also offers individual sessions with case managers.

In FY20, DOC was able to expand the Dual Diagnosis residential care with the assistance of Becky Young funding. The services for this population include a psychiatric evaluation upon placement in the facility. As applicable to the client's treatment plan, there is weekly medication monitoring, individual sessions, group treatment which will focus on mindfulness, mediation, wellness, recovery, and maintaining physical psychological and spiritual aspects of an individual's health. There is also case management and reintegration planning and a well-developed Wellness Recovery Action Plan.

Table 1: Summary of DCC Program Rates for FY20 outlines the total rates for CBP, CPOP, DRC, RSP, and CRP programs funded under the Becky Young appropriation. Contracted providers enter data into the Program Data Collection System (PDCS) on a monthly basis. The data is then used to study trends over time. It is noted that DOC may contract for additional programs in each program type, but only programs funded by Becky Young are included in the table. It is also noted that four key end statuses are in the below table, but the end statuses of death, administrative termination, and client refusal are not included, as they are out of the control of the program.

Table 1. Summary of DCC Program Rates for FY20

Program Information	Additional Statistics		Simple Completion Rate			Adding Absence Only	
	Total Served	Continuing into FY21	Completions	Disciplinary Terminations	Rate	Absence Only	Total Rate
CBP	2,615	536	624	432	59.10%	528	39.40%
CPOP	398	63	98	77	56.00%	31	47.60%
DRC	126	47	16	41	28.10%	10	23.90%
RSP	180	11	98	39	71.50%	0	71.50%
CRP	98	10	53	30	63.90%	0	63.90%
CRP/RSP Combined	278	21	151	69	68.60%	0	68.60%

Notes:

1. Total Served includes all entries for each program, who were new in FY20 or were continuing from FY19
2. CBP includes AODA programming. Based on the data, only cases for AODA Relapse are included
3. Simple Completion Rate = # Completions/Total # Completions and Disciplinary Terminations
4. Absence Only Rate = # Completions/Total # of Completions, Disciplinary Terminations, and Absence Only



Gender Responsive Policies and Initiatives

301.068(2)(d); 301.068(3)(a)

During FY20, the Wisconsin Women's Correctional System (WWCS) continued to engage in strategic planning in an effort to continue to incorporate gender responsive policies, practices and programs into the women's system as a whole. Important milestones in FY20 was an updating of the strategic plan including a method to track outcomes at all three female facilities, with the assistance of Baumann Consulting, LLC. An additional focus was placed on the female classification system.

In FY20, consultants from Baumann Consulting, LLC performed full Women's Risk & Needs Assessments (WRNA) on women at all three facilities to identify if the current classification system used in WI DOC classifies custody level for women accurately. In FY21, WI DOC will be working with the National Institute of Corrections to develop a new, evidence based classification tool for both men and women.

Green Lake County Recidivism Reduction Program

301.068(2)(a-d); 301.068(3)(b)

DOC has partnered with Green Lake County Correctional Facility (GLCCF) since 2011 to establish the Recidivism Reduction Program. GLCCF has implemented evidence-based cognitive-behavioral and educational programs to improve outcomes for DOC-supervised individuals housed at the facility and at moderate or high risk to reoffend. Individuals supervised by DOC and assessed at a lower risk to reoffend can participate in educational opportunities funded by the Becky Young appropriation and offered at GLCCF. Green Lake County Health and Human Services collaborates with GLCCF by providing follow-on services through Moral Recognition Therapy (MRT), mental health, and substance abuse treatment.

GLCCF uses DOC funding to facilitate several cognitive-based programs for individuals on DOC supervision. These programs include: the cognitive-behavior based orientation program, Dialectical Behavior Therapy (DBT), the Schema program, Epictetus, and Parenting Inside Out. The Green Lake County program partners with Moraine Park Technical College (MPTC)

to offer educational programs for DOC-supervised individuals at all risk levels.

During FY20, 76 DOC-supervised participants were involved in 86 opportunities for programming, many taking advantage of more than one course described above. The average daily population of DOC-supervised and Becky Young-funded participants in GLCCF programming was 16, and their average length of stay in programming was 67 days. The program also conducted 46 mental health assessments and 2 substance use disorder assessments during the fiscal year. COVID-19 precautions were implemented at GLCCF on March 24, 2020 and groups were moved to individual sessions.

The GLCCF program offers individuals supervised by the DOC the opportunity to work on their education, practice cognitive behavioral skills, and engage in mental health assessment during periods of jail incarceration.

Bayfield County Jail Project

301.068(2)(a-d); 301.068(3)(b)

The Bayfield County Jail Project facilitates multiple services including relapse prevention, cognitive-behavioral treatment; substance abuse assessment services; female dual diagnosis cognitive-behavioral/Dialectical Behavior Therapy (DBT); mental health assessment services, and individual mental health therapy. The project serves Bayfield, Ashland, and Sawyer counties, as well as tribal members from the Red Cliff and Bad River Band of Lake Superior Chippewa and Lac Courte 'Orielles Band of Lake Superior Ojibwe. In FY20, as a response

to the COVID-19 pandemic, the Bayfield County Jail Project moved to both individual sessions and smaller group sessions to maintain social distancing. The transition to this new format also allowed for increased training and implementation of several evidence-based interventions and updated curricula. In FY20, Bayfield County Jail served 91 WIDOC participants with an average length of time of 50 days in the program.



Northpointe Suite

301.068(3)(a); 301.068(3)(d)

DOC continued its partnership in Fiscal Year 2020 with equivalent/Northpointe for ongoing license and support of the COMPAS risk, needs, and case management system. The COMPAS system provides an actuarial decision-support tool, which allows DOC staff to align with several evidence-based principles including targeting medium and high risk clientele for services that address criminogenic needs. COMPAS also provides a comprehensive case management module in which DOC documents and stores social history information (education, employment, substance use history, etc.), violation disposition information, rewards and incentives, drug testing, rules of supervision, and the Unified Case Plan.

More than 15 states and a number of jurisdictions across the country utilize the COMPAS Risk and Needs Assessment instrument. The COMPAS assessment is a validated instrument (both internally and externally). Despite being validated in other states and jurisdictions, the statewide COMPAS implementation in Wisconsin requires continuous validation. COMPAS was normed on a Wisconsin population in February of 2016, which means the assessment is now based on a geographically representative client population. Likewise, it has been exposed to inter-rater reliability testing and measurement under a Continuous Quality Improvement framework. DOC continues to implement quality assurance measures to ensure assessment fidelity. Finally, independent validation continues to be ongoing in the DOC Research & Policy Unit. The Department of Corrections is committed to replicating all of these studies over time.

In addition to license and maintenance, Becky Young funding subsidizes approximately 400 hours of development time, technical assistance, and project management. These services allowed DOC to enhance reporting capabilities for better outcome tracking, create workflow efficiencies for staff to maximize their time spent with DOC clientele, and continue to enhance functionality of the Evidence-Based Response to Violations module.

Chart A takes a closer look at the most recent completed assessment in FY20 for each person in our care. COMPAS identifies both the risk and criminogenic needs of the assessed client. Risk levels demonstrate recidivism risk within the next three years in the community. Risk is separated into four categories: Low, Medium, Medium with Override Consideration (Medium-High), and High, and is identified

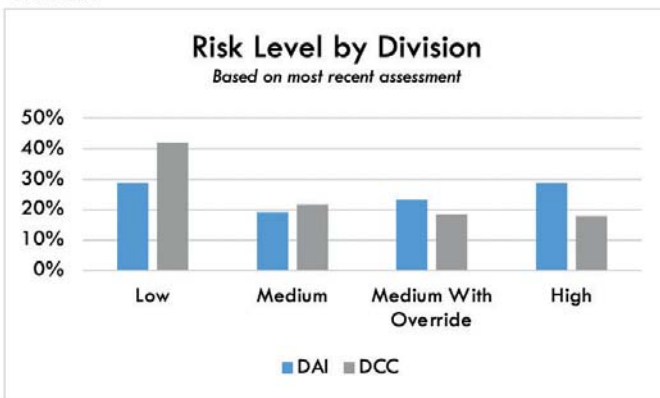
Chart A Table

Risk Level	DAI	DCC
Low	28.8%	42.1%
Medium	19.1%	21.7%
Medium With Override	23.4%	18.3%
High	28.7%	17.9%

Chart B Table

Need	DAI	DCC
Leisure	15.9%	41.7%
Education	36.1%	38.7%
Employment	48.6%	49.4%
Substance Abuse	79.4%	71.4%
Family	54.2%	34.8%
Anti-Social Personality	41.2%	51.5%
Anti-Social Companions	21.9%	45.6%
Anti-Social Cognition	68.4%	68.1%

Chart A



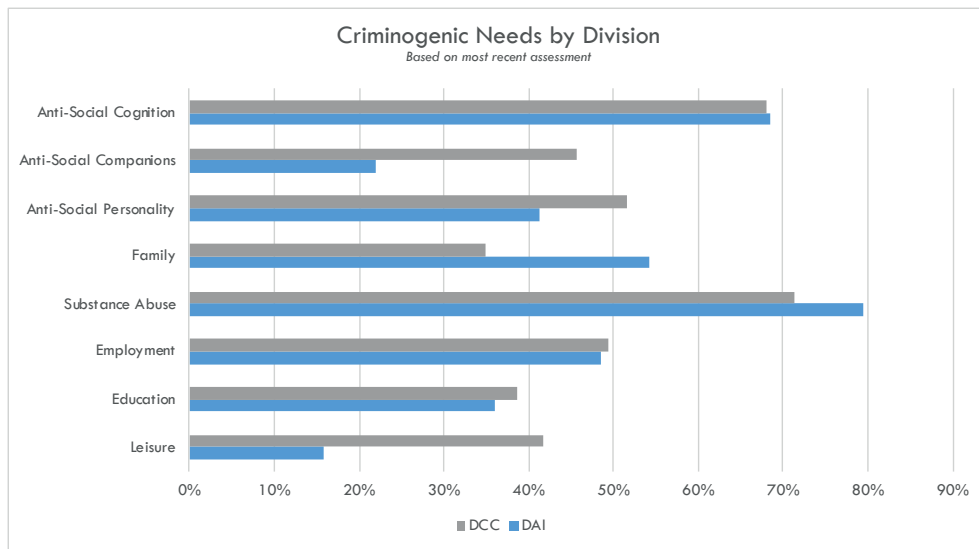
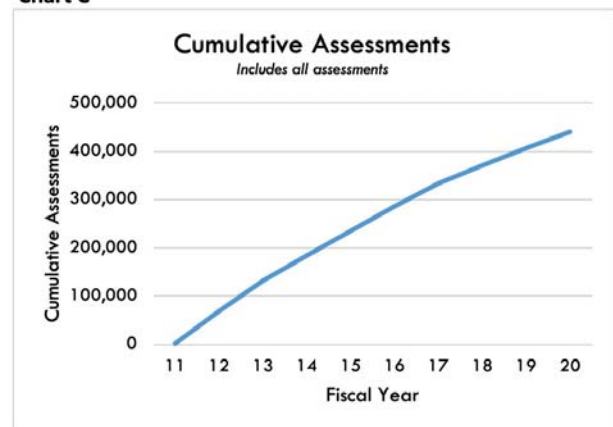


Chart C Table

Fiscal Year	Assessments	Cumulative Assessments
11	1,541	1,541
12	68,090	69,631
13	61,452	131,083
14	52,792	183,875
15	51,911	235,786
16	50,913	286,699
17	46,710	333,409
18	37,693	371,102
19	36,485	407,587
20	32,377	439,964

Chart C



by a decile score within the COMPAS software. For example, if a client scores a four on the scale then this indicates that 60 percent of a similar population has a higher risk to recidivate than him or her.

As indicated on Chart A, a larger portion of the Division of Community Corrections (DCC) completed assessments scores were Low Risk, while a larger portion of the Division of Adult Institutions (DAI) completed assessments scores were High Risk.

Just as COMPAS provides a recidivism risk level, the criminogenic needs of the client are also rated on a decile scale. In Chart B, the top eight criminogenic needs are broken out by Division according to the most recent assessment completed for each person in our care in FY20. Based on recent assessments completed, Chart B shows that substance abuse need was identified as the highest criminogenic need for 79% of the DAI population and 71% in the DCC population. As the case management process begins with each client, these criminogenic needs are analyzed and the driving needs as

understood through COMPAS are collaboratively identified for intervention.

It is important to note the work completed by the DOC staff and the progress made in conducting assessments with our client population. In FY20, a total of 32,377 assessments were completed. This number includes all COMPAS assessments, specifically, the Wisconsin Primary Needs (WPN), Core, Legacy, Reentry, and Gender-Responsive assessments. The client's position in the life cycle (e.g. Intake, Supervision, Discharge) dictates the type of assessment used. Chart C depicts the cumulative increase over time in adult assessments completed since COMPAS went live in FY11.

Likewise, by the end of FY20, a total of 308,426 case plans have been created in COMPAS. DOC and Northpointe continue to work towards ongoing enhancements related to documenting and tracking evidence-based treatment dosage, revocation workflows, the monitoring of violation/revocation practice, and the refinement of case planning, both in practice and in the COMPAS system that must support the work.

Recidivism and Reincarceration after Release from Prison

301.068(4)

WI DOC Research and Policy Unit

Reducing recidivism and reincarceration is a vital part of the mission of the Wisconsin Department of Corrections (WI DOC). Clients may participate in treatment and programming under WI DOC custody, but it is in the community where they put into practice what they have learned. Fewer crimes mean fewer victims and safer neighborhoods. An accurate understanding of recidivism and reincarceration allows WI DOC to begin to examine who is at a greater risk for re-offending, and ultimately to shift resources to focus on those clients.

WI DOC release from prison recidivism is defined as committing a new criminal offense within a specified follow-up period that results in a new conviction and sentence to either WI DOC custody or supervision (following a release from prison). The date a client becomes a recidivist is the date the offense occurs, leading to a new sentence to the DOC. Recidivism calculations require an additional lag-year to allow for new offenses to be adjudicated in court proceedings.

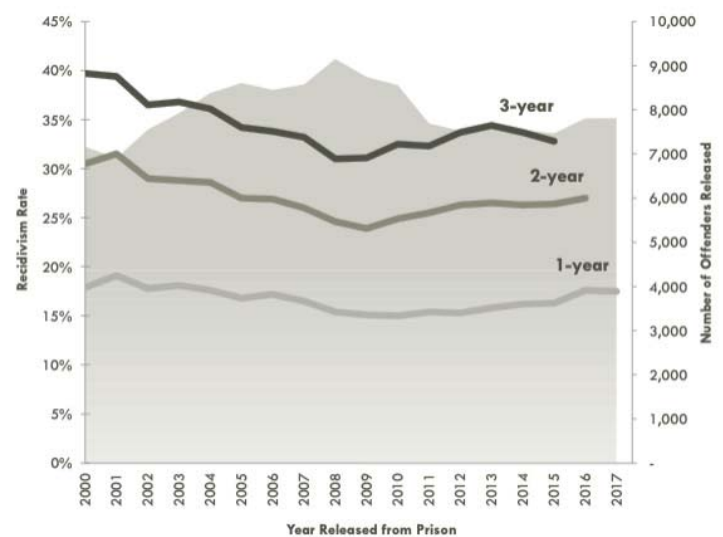
Recidivism Trends from 2000-2017 ↗

Two- and three-year recidivism rates have generally declined since 2000, with a slight increase in recent years, while one-year rates have remained relatively more stable. Offenders released in 2010, 2009, and 2008 had the lowest one-, two-, and three-year recidivism rates, respectively, across the entire period of analysis. Since then, the one-, two- and three-year rates have increased somewhat, with the one-year rate increasing 2.5 percentage points by 2017, the two-year rate increasing 3.1 percentage points by 2016, and the three-year rate increasing 1.8 percentage points by 2015.

WI DOC reincarceration is defined as an admission to a WI DOC prison within a specified follow-up period for either a revocation, a revocation with a new sentence, or a new sentence (following a release from prison). The date a client becomes reincarcerated is the date he/she physically re-enters prison. No additional lag-years are required for reincarceration rate calculations.

Recidivism Rates by Follow-up Period

Release Year	Follow-up Period	Recidivism Rate
2017	1-year	17.5%
2016	2-year	27.0%
2015	3-year	32.8%

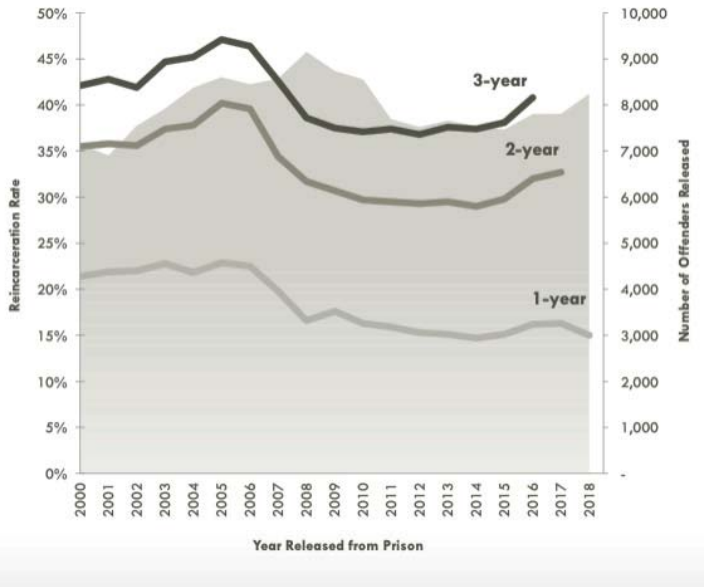


Reincarceration Trends from 2000-2018

Reincarceration trends have followed a more curvilinear pattern over time. For releases between 2000 and 2005, reincarceration rates followed an upward trend for all three follow-up periods, followed by a substantial decline for the

Reincarceration Rates by Follow-up Period

Release Year	Follow-up Period	Reincarceration Rate
2018	1-year	15.0%
2017	2-year	32.7%
2016	3-year	40.8%



following decade and only a moderate increase again in recent years. Overall, the one-year rate decreased by 7.9 percentage points from 2005 to 2018, the two-year rate decreased by 7.5 percentage points from 2005 to 2017, and the three-year rate decreased by 6.3 percentage points from 2005 to 2016.

Motivational Interviewing

301.068(5)

DOC adopted Motivational Interviewing (MI) as a key communication component for the department in August 2014. MI aligns with evidence-based practice and DOC understands the importance of incorporating MI with reentry services for those under our care, and has collaborative conversation for strengthening a person’s own motivation and commitment to change.

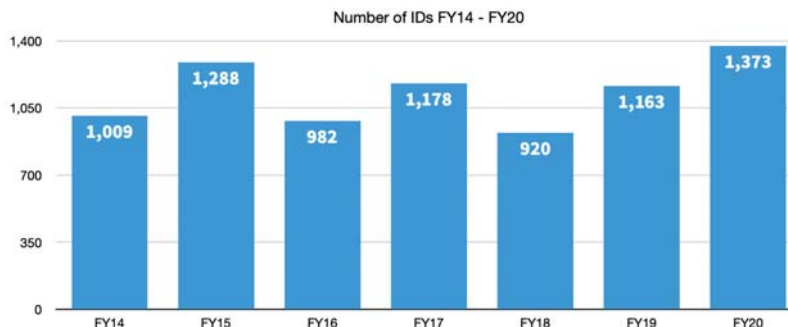
Using the funding in FY2020, DOC hosted 10 training days for Division of Adult Institutions - Social Workers/Treatment Specialist, Division of Community Corrections - Agents, and Division of Juvenile Corrections - Youth Counselors and Agents. The trainings included MI Basic Day 1 & 2, MI Day 3 – Peer Learning Groups and MI Intermediate. The trainings were split funded between Becky Young Funds and funds through the Corrections Training Center. Training included MI Basic Day 1 & 2, MI Day 3 – Peer Learning Groups and MI Intermediate.

Driver’s License & Identification Cards

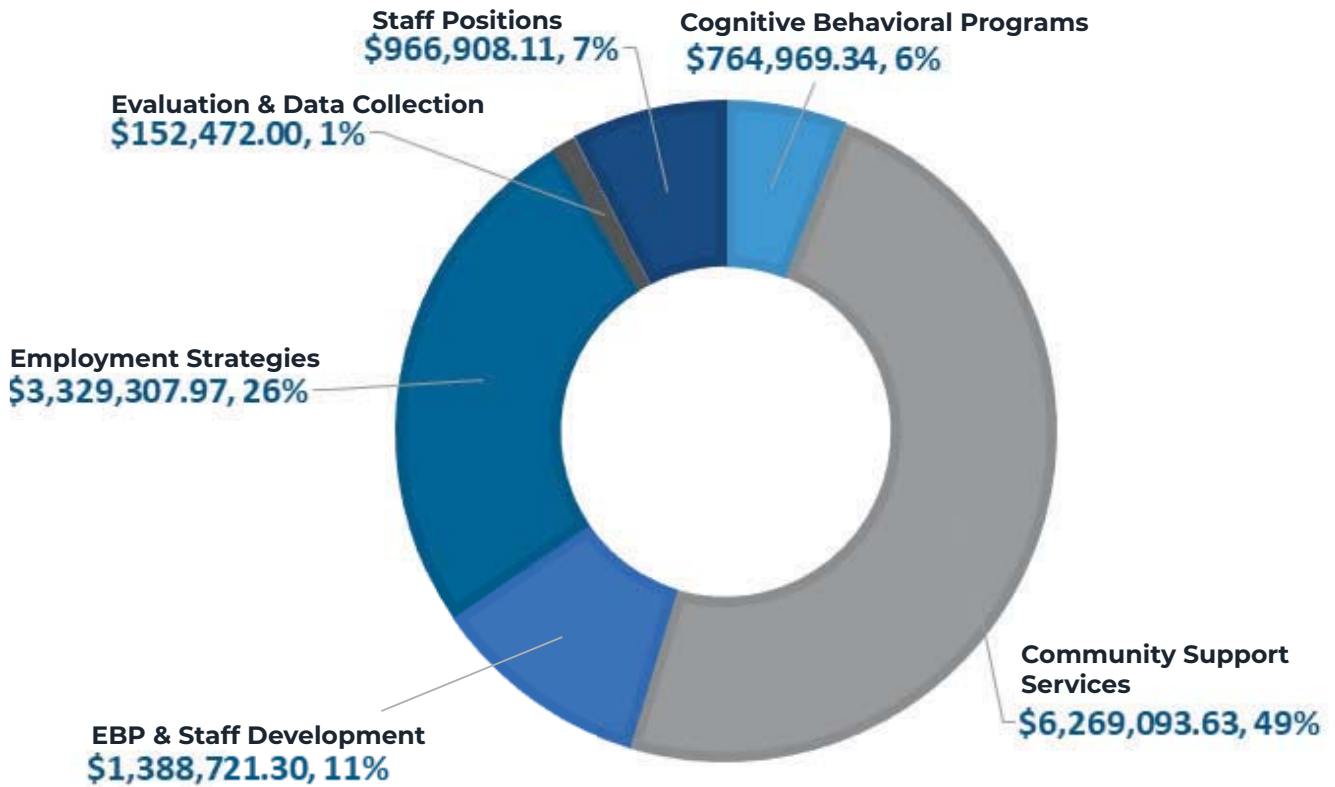
301.068(3)(b)301.068(3)(d)

DOC continues to work with individuals prior to release to help them obtain their driver’s license or state identification card. State identification cards are required in obtaining a residence, employment and to apply for state and federal benefits, making assistance in obtaining these cards essential to reentry success. WI DOC works collaboratively with the Wisconsin Department of Transportation to help persons in our care obtain these vital documents prior to their return to the community. Graph A below details the total number of driver’s licenses and state identification cards issued during each fiscal year. In FY20, 1,373 of Driver’s License and IDs were issued to persons in our care prior to release.

Graph A



Expenditures by Category



Cognitive Behavioral Programs

- Cognitive Behavioral Programs (CBP)
- Cognitive Behavioral Treatment/Therapy (CBT)
- Thinking for a Change (T4C)
- Moral Reconciliation Therapy (MRT)

Employment Strategies

- Windows to Work (W2W)
- Career & Technical Education Academies
- Mobile Labs
- Job Centers

Community Support Services

- DOES Project
- OARS and Mental Health Services
- Driving Instruction & Identification Cards
- Community Support Programs
- Community Residential & Non-Residential Programs

Evaluation & Data Collection

- Northpointe
- Contracted Research Assistance
- Technical Assistance

EBP & Staff Development

- Staff Training & Conferences
- Staff Travel & Lodging
- Motivational Interviewing
- University of Cincinnati Corrections Institute (UCCI)

Staff Positions

- Salary & Fringe Benefits



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