

COUNCIL ON OFFENDER REENTRY ANNUAL REPORT

FISCAL YEAR 2022

TABLE OF CONTENTS



COUNCIL CHAIRPERSON'S MESSAGE	3
COUNCIL STATUTORY AUTHORITY	4
FISCAL YEAR 2022 COUNCIL MEMBERS	6
SEPTEMBER 2021 MEETING	7
DOC WINDOWS TO WORK	7
BAY AREA WORKFORCE DEVELOPMENT BOARD - WINDOWS TO WORK	8
FOX VALLEY WORKFORCE DEVELOPMENT BOARD - WINDOWS TO WORK	8
DECEMBER 2021 MEETING	9
CERTIFICATES OF QUALIFICATION FOR EMPLOYMENT	9
DWD JOB CENTERS IN DOC FACILITIES	10
MARCH 2022 MEETING	11
UW-MADISON - MEDICAID RESEARCH	11
DHS, CERTIFIED PEER SPECIALISTS AND RECOVERY	12
DOC, CERTIFIED PEER SPECIALISTS AND RECOVERY	13
WISCONSIN COMMUNITY SERVICES, CERTIFIED PEER SPECIALISTS AND RECOVERY	13
JUNE 2022 MEETING	14
DOC EVIDENCE-BASED PRIMARY PROGRAMS	14
DOC DAI EARLY RELEASE MECHANISMS AND EXPANSION OF EARNED RELEASE PROGRAM	16
DOC DCC TREATMENT SPECIALIST UNIT	17
DOC RESEARCH AND POLICY UNIT, PRIMARY PROGRAMS OUTCOMES	18
EDUCATIONAL PATHWAYS TO REENTRY AND PROSPERITY SUBCOMMITTEE	19

COUNCIL CHAIRPERSON'S MESSAGE



The Council on Offender Reentry was formed in 2009 bringing together diverse perspectives from throughout the state to promote successful offender reentry and recidivism reduction initiatives. Collaborative efforts are facilitated by appointing leaders representing key criminal justice stakeholders and relevant state agencies.

The Council's activities for Fiscal Year 2022 focused on coordinating Reentry initiatives across the state to assist persons in our care with a successful return to our communities. Four meetings were held in FY2022 and this report highlights the initiatives addressed.

During the September 2021 Council meeting, members heard about the Department of Correction's Windows to Work program and our collaboration with Workforce Development Boards to bring employment opportunities to persons in our care.

At the December 2021 meeting, the Office of the State Public Defender and Department of Corrections (DOC) presented the Certificate of Qualification for Employment. In addition, the Department of Corrections and Department of Workforce Development discussed their collaboration which has resulted in the opening of 10 institution-based job centers and the purchase of one mobile job center for the Division of Adult Institutions.

The Council's March 2022 meeting provided a follow up to Dr. Marguerite Burns' Medicaid Research. Secondly, DOC shared information on the expansion of the Certified Peer Specialist (CPS) program in both the institutions and community. Currently, our Division of Adult Institutions has certified 111 CPS across 14 institutions.

At the June 2022 Council meeting, the members heard from DOC's Evidence-Based Program Manager discussing DOC's primary treatment programs, and our Research and Policy Unit presented outcome data on those programs.

On behalf of the Council on Offender Reentry and the Wisconsin Department of Corrections, I am pleased to bring you the 2022 annual report highlighting the past year's accomplishments.

Sincerely,

Silvia Jackson, Ph.D.
Reentry Director



STATUTORY AUTHORITY FOR THE COUNCIL ON OFFENDER REENTRY



The Council on Offender Reentry is dedicated to coordinating reentry initiatives across the State of Wisconsin and providing a public forum for the various stakeholders of the Criminal Justice System. The Council was created by 2009 Wisconsin Act 28. The statute articulates the purpose of the Council, as well as its membership. It also illustrates the meaning and content of the Annual Report, which is distributed to the legislature.

Wis. Stats. 301.095, “Council on Offender Reentry,” delineates the Council’s purpose:

1. Inform the public as to the time and place of council meetings and, for at least one meeting per year, encourage public participation and receive public input in a means determined by the chairperson.
2. Coordinate reentry initiatives across the state and research federal grant opportunities to ensure initiatives comply with eligibility requirements for federal grants.
3. Identify methods to improve collaboration and coordination of offender transition services, including training across agencies and sharing information that will improve the lives of the offenders and the families of offenders.
4. Establish a means to share data, research, and measurement resources that relate to reentry initiatives.
5. Identify funding opportunities that should be coordinated across agencies to maximize the use of state and community-based services as the services relate to reentry.
6. Identify areas in which improved collaboration and coordination of activities and programs would increase effectiveness or efficiency of services.
7. Promote research and program evaluation that can be coordinated across agencies with an emphasis on research and evaluation practices that are based on evidence of success in treatment and intervention programs.
8. Identify and review existing reentry policies, programs, and procedures to ensure that each policy, program, and

procedure is based on evidence of success in allowing an offender to reenter the community, improves the chances of successful offender reentry into the community, promotes public safety, and reduces recidivism.

9. Promote collaboration and communication between the department and community organizations that work in offender reentry.
10. Work to include victims in the reentry process and promote services for victims, including payments of any restitution and fines by the offenders, safety training, and support and counseling, while the offenders are incarcerated and after the offenders are released.
11. Annually submit a report to the governor, any relevant state agencies, as identified by the council, and to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) that provides information on all of the following:
 - a. The progress of the council’s work.
 - b. Any impact the council’s work has had on recidivism.
 - c. The effectiveness of agency coordination and communication.
 - d. The implementation of a reentry strategic plan.
 - e. Recommendations on legislative initiatives and policy initiatives that are consistent with the duties of the council.

Creation of Council on Offender Reentry:
Wis. Stats. 15.145 (5)

Purpose of Council on Offender Reentry:
Wis. Stats. 301.095

Membership to the Council on Offender Reentry:
Wis. Stats. 15.145(5)

STATUTORY AUTHORITY FOR THE COUNCIL ON OFFENDER REENTRY



MEMBERSHIP: WIS. STATS. 15.145(5)

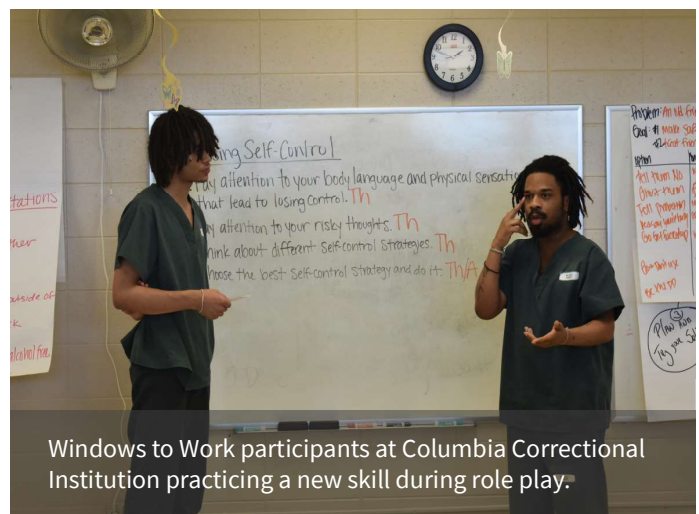
The Council shall consist of 21 members, and the appointed members shall serve for 2-year terms and may be appointed for a maximum of two consecutive terms. The Chairperson of the council shall be the Secretary of Corrections or the Reentry Director, as decided by the Secretary of Corrections. The Chairperson may appoint subcommittees and the Council shall meet no less frequently than four times per year at a date and location to be determined by the Chairperson. Members of the Council shall include the Secretary of Corrections, or his or her designee; the Secretary of Workforce Development, or his or her designee; the Secretary of Health Services, or his or her designee; the Secretary of Children and Families, or his or her designee; the Secretary of Transportation, or his or her Designee; the Attorney General, or his or her designee; the Chairperson of the Parole Commission, or his or her designee; the State Superintendent of Public Instruction; the Reentry Director as appointed by the Secretary of Corrections; current or former judge, as appointed by the Director of State Courts; an individual who has been previously convicted of, and incarcerated for, a crime in Wisconsin, as appointed by the Secretary of Corrections; and the following persons, as appointed by the governor:

- (a) A law enforcement officer.
- (b) A representative of a crime victim rights or crime victim services organization.
- (c) A representative of a faith-based organization that is involved with the reintegration of offenders into the community.
- (d) A representative of a county department of human services.
- (e) A representative of a federally recognized American Indian tribe or band in this state.
- (f) A representative of a nonprofit organization that is involved with the reintegration of offenders into the community and that is not a faith-based organization.
- (g) A district attorney.
- (h) A representative of the office of the state public defender.
- (i) An academic professional in the field of criminal justice.
- (j) A representative of the Wisconsin Technical College System.

FY22 MEETING DATES

The Council is directed to hold meetings at least four times a year. All meeting notices are posted via the DOC public website and members of the public are encouraged to attend meetings. In FY22, the Council met on the following dates:

- September 29, 2021
- December 15, 2021
- March 17, 2022
- June 15, 2022



Windows to Work participants at Columbia Correctional Institution practicing a new skill during role play.

FISCAL YEAR 2022 COUNCIL MEMBERS



COUNCIL MEMBERS DURING FISCAL YEAR 2022

Chairperson	Silvia Jackson, Reentry Director, DOC	Law Enforcement Officer	Nicole Miller, Patrol Sergeant, UW LaCrosse
Department of Corrections	Melissa Roberts, Assistant Deputy Secretary	Victim Services	Angela Mancuso, Executive Director, The Women's Center
Department of Workforce Development	Michele Carter, Administrator, Division of Employment and Training	Faith-Based Organization	Robert Koebele, Wisconsin Inmate Education Association
Department of Health Services	Beth Dodsworth, Director, Bureau of Community Forensic Services	County Department of Human Services	Sharlene Lopez, Behavioral Health Administrator, St. Croix County Health & Human Services
Department of Children and Families	Bianca Shaw, Director, Office of Urban Development	American Indian Tribe / Band	Eric Boulanger, Chief of Police, Oneida Nation
Department of Transportation	Reginald Paradowski, Director, Bureau of Driver Services	Non-profit organization ¹	Angela Eggers, Executive Director, Rock Valley Community Program
Attorney General	Winn Collins, Assistant Attorney General	District Attorney	Emily Hynek, District Attorney, Jackson County
Parole Commission	Vacant	State Public Defender	John Padgham, Deputy State Public Defender
Department of Public Instruction	Barbara Van Haren, Assistant State Superintendent	Academic Professional, Criminal Justice	Dr. Marguerite Burns, Assistant Professor, UW-Madison, Sandra Rosenbaum School of Social Work
Judge ²	Honorable Stephanie Rothstein, Branch 25, Milwaukee County	Wisconsin Technical College System	Mary Davies, Associate Dean of Economic Workforce Development, Moraine Park Technical College
Formerly Incarcerated Ex-Offender	Jerome Dillard, Lead Organizer, Expo (Ex-Prisoners Organizing)		

¹ Non-Profit/Non-Faith Based Organization: Angela Eggers served through 10/2021. On 3/2022, Jeanne Geraci, Executive Director, Benedict Center, was appointed

² Circuit Court: Honorable Stephanie Rothstein served through 3/2022. On 4/2022, Honorable Carl Ashley, Milwaukee County, Circuit Court, Branch 33, was appointed

WINDOWS TO WORK PROGRAM

The Council's first meeting focused on the collaborative efforts to increase employment opportunities for individuals returning to the community.

September 29, 2021



DEPARTMENT OF CORRECTIONS, WINDOWS TO WORK

Sara Bremser, Department of Corrections, Reentry Employment Coordinator

The Department of Corrections (DOC) Windows to Work Program promotes self-sufficiency for individuals returning to the community through the development of constructive skills and the modification of thought processes related to criminal behavior.

The DOC contracts with 11 Workforce Development Boards to deliver the Windows to Work program. The program is currently in 18 Adult Institution sites and 6 County Jails. The program is in all DOC minimum and medium secure facilities. As part of a pilot program, Windows to Work was brought to the first maximum security facility, Green Bay Correctional Institution in 2020. In FY2022, Windows to Work expanded to three additional maximum-security sites after DOC received \$200,000 in the Act 58 21-23 biennial budget. The three maximum security facilities added include Columbia Correctional Institution, Waupun Correctional Institution, and Wisconsin Secure Program Facility.

The target population for the Windows to Work Program is a person currently incarcerated in a participating WI DOC facility or county jail, with a medium to high-risk to re-offend, and an assessed employment need of probable or highly probable based on the COMPAS risk and needs assessment. The person is to be releasing from incarceration no less than 90-days or more than 12-months after enrollment into the program. The person cannot have any detainers that would prevent participation post-release, and must have at least one year remaining on community supervision after release to the community. The recruitment and referral process for Windows to Work can be from a self-referral, DOC staff member, and DOC eligibility list referral.

The goals for participants are to increase employment opportunities, increase length of employment retention, increase wages earned, and reduce recidivism.

There are two phases in the Windows to Work Program. The first phase is the Pre-Release phase of the program, and focuses on curriculum to address criminogenic needs such as employment, education, anti-social cognition, anti-social personality and anti-social companions. The second phase is the Post-Release phase and focuses on community case management and employment.

PARTICIPATING FACILITIES

- Adams County Jail
- Chippewa Valley Correctional Treatment Facility
- Columbia Correctional Institution
- Douglas County Jail
- Fox Lake Correctional Institution
- Green Bay Correctional Institution
- Jackson Correctional Institution
- Kettle Moraine Correctional Institution
- Milwaukee Secure Detention Facility
- New Lisbon Correctional Institution
- Oakhill Correctional Institution
- Oshkosh Correctional Institution
- Prairie du Chien Correctional Institution
- Racine Correctional Institution
- Racine Youthful Offender Correctional Facility
- Redgranite Correctional Institution
- Rock County Jail
- Stanley Correctional Institution
- Taycheedah Correctional Institution
- Washington County Jail
- Waukesha County Jail
- Waupun Correctional Institution
- Wisconsin Secure Prison Facility
- Wood County Jail

WINDOWS TO WORK PROGRAM



Pre-release programming is made up of five core curriculum components: 1) Cognitive Intervention, 2) General Work Skills and Expectations, 3) Financial Literacy, 4) Community Resources, 5) Job Seeking, Applications, and Resumes. The pre-release curriculum begins approximately three to 12 months prior to a participant's release.

During the Post-Release Phase, the Windows to Work Coach provides job search and retention activities for approximately 12-months or until the participant finds employment and remains stable in that employment. Participants also receive assistance in accessing community resources such as food, shelter, clothing, transportation, work supplies and other resources.

In FY21, there was a total of 340 new enrollments and 209 were released to the community. Of the 209 released, 97 succeeded in securing employment, with an average wage of \$14.39 per hour.

BAY AREA WORKFORCE DEVELOPMENT BOARD

Sarah Thiesfeldt, Family Services Windows to Work Program Supervisor

Cressondra Peters, Family Services Windows to Work Coach

Brooke Woodford, Family Services Windows to Work Coach

Amber Romanek, Family Services Windows to Work Coach

The Bay Area Workforce Development Board (WDB) contracts with Family Services to provide the Windows to Work Program, which began in 2003 at Oshkosh Correctional Institution. The program was expanded to Taycheedah Correctional Institution (TCI) in 2011, Kettle Moraine Correctional Institution (KMCI) in 2017, and Green Bay Correctional Institution (GBCI) in 2020. To date, 751 participants have been served. To the right are data tables that display FY2020 TCI and KMCI, and FY21 GBCI participation.

TABLE 1: KMCI 2020 PARTICIPATION

Total participants enrolled	17
Successful Completions	12
Disciplinary/Refusals to continue with program	5

TABLE 2: TCI 2020 PARTICIPATION

Total participants enrolled	19
Those released to the community	10
Disciplinary/Refusals to continue with program	7
Scheduled for Release in December	2

TABLE 3: GBCI 2021 PARTICIPATION

Total participants enrolled	23
Those released to the community	10
Disciplinary/Refusals to continue with program	10
Total "Packet Group" Completions	5
Total In-Person/Zoom Completions	6
Total released	14

FOX VALLEY WORKFORCE DEVELOPMENT BOARD

Brent Sanderfoot, Windows to Work Manager

P. N., Windows to Work Success Story

The Fox Valley Area Workforce Development Board provides the Windows to Work Program at Oshkosh Correctional Institution and Redgranite Correctional Institution. Coaches work with the participants in preparation for their release and provide resources specific to the county the participant will be releasing to.

COVID created numerous barriers, as contracted staff were not able to enter the institutions during this time. Fox Valley WDB made modifications to meet the needs of participants. Packets of material were emailed to the social workers. The social workers distributed the material to the participants. Upon completion of the work, the social workers emailed the packet material back to the coaches. As a result of not holding face to face groups, there was not a restriction in the number of participants. Therefore, in FY21 75 new enrollments were achieved. As of July 2021, in person groups resumed.

The Council was able to hear the benefits and success of the Windows to Work Program from a formerly incarcerated individual. He shared his experience in the Windows to Work program and successful road to employment in the community.

CERTIFICATE OF QUALIFICATION FOR EMPLOYMENT; DEPARTMENT OF WORKFORCE DEVELOPMENT JOB CENTERS IN DOC FACILITIES

The Council discussed employment preparation opportunities for Persons in the Care of DOC.

December 15, 2021



CERTIFICATE OF QUALIFICATION FOR EMPLOYMENT

Kelli Thompson, Wisconsin State Public Defender, Office of the State Public Defender

Sara Bremser, Department of Corrections, Reentry Employment Coordinator

The Certificate of Qualification for Employment (CQE) is a robust piece of legislation. The 2019 WI Act 123 was enacted on March 3, 2020, creating WI State Statute §973.25 to assist in reducing barriers to employment and promoting workforce engagement. The three-person Council is comprised of the Attorney General (or designee); the State Public Defender (or designee); and the chairperson of the Parole Commission (or designee). This initiative has been a collaborative effort with the WI State Public Defender's Office and the Department of Corrections (DOC). The Council on Offender Employment issues certificates of qualification for employment providing an individual with relief from a collateral sanction. A collateral sanction includes penalties, ineligibilities, disabilities, or disadvantages related to employment, occupational licensing, or certification that are a result of the person's criminal record.

Generally, the Department of Safety and Professional Services (DPSS) may refuse to license an initial applicant, bar, or terminate from licensure a renewal applicant who was convicted of a crime. However, with a Certificate from the Council on Offender Employment, the applicant may be provided relief from such sanction. An example of this would be if a person wishes to obtain an occupational license to be a barber, and his/her criminal record may bar them from obtaining a barber license. The applicant could apply for a Certificate of Qualification for Employment and the Council on Offender Employment can issue a CQE that may grant relief to obtain a barber license from DPSS.

A person may apply when released from confinement and has served a least 24 consecutive months in prison; or served at least 12 consecutive months in prison and at least 12 consecutive months on extended supervision. If a person has been convicted of a violent crime as defined by WI State Statute §165.85(7)(ab), they are ineligible for a CQE.

After the Council on Offender Employment reviews the application and the applicant is found to be eligible, the Council on Offender Employment will request five data elements from the Department of Corrections. Elements include the applicant's highest level of education, work performance evaluations, work history, treatment/program completions, and risk and needs assessments.

Within 60 days of receiving the information from DOC, the Council on Offender Employment will issue an order granting or denying the applicant's request for CQE.



The Council will grant a CQE if they determine the applicant is not likely to pose a risk to public safety; the CQE will substantially assist the applicant in obtaining employment, occupational licensing, or certification; and the applicant is less likely to commit an additional criminal offense if they obtain a CQE.

If the Council on Offender Employment denies the application for a certificate, the denial is the final order. There will be no appeal process. An individual can re-apply for a CQE at a later time. A CQE may be revoked by the Circuit Court if the individual is convicted of a new felony or a Class A or B misdemeanor, or if the person's probation, parole or extended supervision is revoked as a result of a criminal act. The DOC Secretary submits an annual CQE report to the legislature outlining the number of applications received, number of certifications issued or denied, and the number of certificates revoked due to new criminal behavior.

CERTIFICATE OF QUALIFACTION FOR EMPLOYMENT; DEPARTMENT OF WORKFORCE DEVELOPMENT JOB CENTERS IN DOC FACILITIES



DEPARTMENT OF CORRECTIONS & DEPARTMENT OF WORKFORCE DEVELOPMENT JOB CENTERS

Becky Heth, Department of Corrections, Employment Program Manager
Angie Reyes, Department of Workforce Development, Employment and Training Specialist
Deb Warga, Department of Workforce Development, District Job Service Director
Jason Lederhaus, Department of Corrections, Taycheedah Correctional Institution, Education Director
Cindy Holzman, Department of Corrections, Taycheedah Correctional Institution, ABE Teacher
Amber Hoffman, Department of Workforce Development, Employment and Training Specialist
Steve Blodgett, Department of Workforce Development, District Job Service Director
Mike Alexander, Department of Workforce Development, Employment and Training Supervisor
Edgard Delgado, Department of Workforce Development, District Job Service Director
A.B., Person In Our Care

The DOC has established partnerships with the Wisconsin Department of Workforce Development (DWD) and local workforce development boards in an effort to provide pre-release employment services to those in the care of the DOC by creating institution-based job centers. In 2021 seven additional DOC job centers opened, for a total of ten throughout the state, along with one mobile job center. Three of the ten DOC job centers include: Taycheedah Correctional Institution (TCI), a maximum and medium security facility housing female Persons in our Care (PIOC), Chippewa Valley Correctional Treatment Facility (CVCTF) a minimum-security male treatment facility, and Racine Youthful Offender Correctional Facility (RYOCF) a medium security facility housing males, between the ages of 18 – 24.

The goal of the job center is to provide pre-release employment services to persons who are still incarcerated by connecting them to DWD Job Service Staff and providing access to a host of programs and services including; career readiness programs, job search assistance, resume development, interview preparation, as well as interviewing for an open position in the community. PIOC are provided the opportunity to create an account on Job Center of Wisconsin (JCW), upload their resume, and search for open positions. Referrals to other programs are also made when appropriate and may include; Department of Vocational Rehabilitation (DVR), Apprenticeship and Workforce Investment and Opportunity Act (WIOA). Prior to their release, the PIOC is also connected to a job center in the area they are releasing to. When in the community they will continue to have access to their JCW account and important documents stored there.

Each DOC facility has their unique process for identifying and scheduling PIOC access to their job center. This process may include the institution sending someone who is within 60 days to release a memo informing them of the job center and the employment readiness options available to them. A social worker or case manager may refer an individual on their caseload, or someone who is enrolled in the substance use treatment program (Earned Release Program - ERP) will be asked if they are interested in receiving job center services.

At CVCTF the referral and participation process for the job center is more structured due to the individuals participating in an intensive treatment program, ERP.

1. Four weeks prior to ERP graduation, PIOC are asked if they would like to participate in the Job Center.
2. Three weeks prior to ERP graduation, PIOC watch a pre-recorded webinar on resume writing.
3. Two weeks prior to ERP graduation, PIOC develop their resume and begin their job searching.
4. One week prior to ERP graduation, PIOC view a pre-recorded webinar on interviewing skills and they may interview for open positions in the community.

A.B., a current PIOC at CVCTF spoke about his experience utilizing the Job Center and developing his resume. He spoke highly of the assistance offered to him by staff in the job center.



UW-MADISON MEDICAID RESEARCH; DEPARTMENT OF CORRECTIONS & HEALTH SERVICES CERTIFIED PEER SPECIALISTS

The Council's third quarter meeting presented information on two topics. First, on Medicaid Research, and secondly, DOC institution and community Certified Peer Support

March 17, 2022



UW-MADISON - MEDICAID RESEARCH, OUTCOMES AND CASE MANAGEMENT

Dr. Marguerite Burns, UW-Madison, Sandra Rosenbaum School of Social Work, Assistant Professor

Approximately two years ago, Dr. Marguerite Burns shared with the council the research she and her team have accomplished regarding Medicaid coverage for adults leaving the prison system and the impact on post-release health care.

Dr. Burns' motivating question for the research is how do we increase the likelihood of a sustained healthy productive return to the community for individuals when they leave prison? Dr. Burns shared Medicaid may play a role in a person's return to the community and her team is examining the association between implementing a statewide pre-release Medicaid enrollment assistance program and post incarceration health care use.

In January 2015, the WI Department of Corrections introduced the pre-release Medicaid enrollment assistance program throughout the facilities. Discharge planning staff, including paralegal benefits specialist, provide application guidance to DOC clients. The staff call the eligibility case worker located at regional income maintenance agencies and the eligibility determination typically is completed during the phone call. If eligible, Medicaid coverage is effective upon release.



It has been shown that there is a greater treatment need than supply for programming within a correctional system for substance use disorders. Nationally, 28% of individuals with a substance use disorder receive treatment while incarcerated. For those with a substance use history, the reentry period is characterized by a high incidence of morbidity and mortality. Treatment for substance use before and during the transition to the community has been found to reduce risk of relapse and overdose. To address the high prevalence of co-morbid mental and physical illnesses that accompany additional disorders, it is important for individuals released from prison to have access to a full range of health care service.

Dr. Burns' research team came to the question, "Does enrollment assistance in Medicaid translate into health care use for individuals released to the community with Medicaid"? The strategy in the study was to compare outcomes before the enrollment assistance program was implemented to after the enrollment assistance was implemented. The sample are those with a history of substance use released to a WI community from a state correctional facility, and who served a minimum period of at least 31 days, between April 2014 and December 2016. This equated to 16,307 individuals in this sample.

The outcome measures are health care use paid by Medicaid within 30 days of release. This included a variety of outpatient visits, substance use disorder related visits, opioid use disorder related visits and medication for opioid use disorder. Hospital-based measures included visits such as emergency room visits, inpatient stays for any cause and related to drug overdose. The analysis method is an Intention to Treat, which is a method for estimating the average change in the outcome for individuals released before the enrollment assistance program was implemented to individuals release after the enrollment assistance program was implemented.

UW-MADISON MEDICAID RESEARCH; DEPARTMENT OF CORRECTIONS & HEALTH SERVICES CERTIFIED PEER SPECIALISTS



The conclusion of the study indicated the availability of pre-release Medicaid enrollment assistance was associated with large absolute increases in the likelihood of any outpatient visit. This suggests the Medicaid pre-release enrollment assistance translates into an increase use of outpatient health care post-incarceration and highlights the value of making this assistance universally available within correctional settings. The table to the right compares the unadjusted percentages of adults released before and after implementation of enrollment assistance that received health care within 30-days of release. For example, the percentage of adults with any outpatient visit within 30-days of release increased from 16.1% at baseline to 24.4% after the program's implementation.

RESULTS: Unadjusted percentage of adults with outcome within 30-days of release by study period

OUTCOME	Baseline Period Percentage (95% C.I.)	Enrollment Assistance Period Percentage (95% CI)	P-value
Any outpatient visit	16.1 (15.1, 17.1)	24.4 (23.6, 25.1)	<0.001
Outpatient visit with OUD diagnosis	0.7 (0.5, 1.0)	1.4 (1.2, 1.6)	<0.001
Outpatient visit with SUD diagnosis	2.5 (2.1, 3.0)	3.8 (3.4, 4.1)	<0.001
Medication treatment for OUD	0.3 (0.1, 0.4)	0.7 (0.5, 0.8)	<0.001
ED visit	5.6 (4.9, 6.2)	6.2 (5.8, 6.6)	0.059
ED visit for overdose	0.3 (0.1, 0.4)	0.4 (0.3, 0.5)	0.125
Inpatient stay	0.8 (0.6, 1.1)	1.1 (0.9, 1.3)	0.044
Inpatient stay for overdose	0.06 (-0.008, 0.13)	0.20 (0.1, 0.2)	0.048

DEPARTMENT OF HEALTH SERVICES, CERTIFIED PEER SPECIALISTS AND RECOVERY

Beth Dodsworth, Department of Health Services, Community Forensic Services Bureau Director and Council Member
 Kenya Bright, Department of Health Services, Division of Care & Treatment Services, Integrated Services Section Supervisor
 Jason Latva, Department of Health Services, Division of Care & Treatment Services, Criminal Justice Coordinator
 Carmella Glenn, Department of Health Services, Division of Care & Treatment Services, Peer Run Respite & Peer Services Coordinator

The Department of Health Services, Division of Care and Treatment Services (DCTS), began certifying peer specialists in 2010. Certified Peer Specialist (CPS) is an evidence-based model. The specialists are part of a treatment team and have lived experience in mental health and/or substance use challenges. They offer services to those living with mental health and/or substance use challenges as identified in Table 1. CPS must complete formal training and certification in the certified peer specialist model of mental health and substance use-oriented peer support.

TABLE 1: CPS TREATMENT TEAM SERVICES

Cultivate empowering and supportive relationships
Use self-disclosure in order to deepen connection and inspire hope
Draw on their own lived experience as a valuable source of empathy
Provide information about community and recovery-oriented resources upon request
Serve a critical role in the systemic rethinking of responses to people in crisis
Value self-determination as a guiding ethical principle
Facilitate person-centered goal setting
Communicate effectively with their peers, other team members, and clinicians
Create an environment of respect for their peers and those with lived experience
Seek to understand the role culture, power, and privilege play in their peers' lives
Practice trauma-informed approaches in their peer relationships and workplaces
Affect positive change in systems

Certified peer specialist promote a sense of community and belonging, supportive relationships, and valued roles. The goal is to promote wellness, self-direction, recovery, and the ability of peers to engage in their chosen roles.

Department of Health Services contracts with Access to Independence who facilitates the WI Certified Peer Specialists Employment initiative. Access provides the training, certifications, continuing education hours, and re-certification. Currently, there are 1,078 certified peer specialists in Wisconsin.

UW-MADISON MEDICAID RESEARCH; DEPARTMENT OF CORRECTIONS & HEALTH SERVICES CERTIFIED PEER SPECIALISTS



DEPARTMENT OF CORRECTIONS, CERTIFIED PEER SPECIALISTS AND RECOVERY

Dr. Tracy Johnson, Division of Adult Institutions, Certified Peer Specialist Coordinator
Dr. Allyson Eparvier, Division of Adult Institutions, Certified Peer Specialist Coordinator
C. S., Person in Our Care

The Division of Adult Institutions, through the collaboration with Department of Health Services, has been able to train Certified Peer Specialists (CPS) at 14 institutions. To date, there are a total of 111 Persons in our Care (PIOC) that are Certified Peer Specialists. At Dodge Correctional Institution there are 11 Certified Peer Specialist and they have provided 11,000 face to face sessions since January of 2018. As new PIOC arrives, they are introduced to a CPS to offer support during their transition to institutional custody.

A guest speaker, who is a person in our care, began his journey as a certified peer specialist in April of 2017. Since then he has assisted in establishing the peer specialist program at Wisconsin Secure Program Facility, Waupun, Fox Lake, and Jackson Correctional Institution.



WISCONSIN COMMUNITY SERVICES, CERTIFIED PEER SPECIALISTS AND RECOVERY

Megan Skaggs, Wisconsin Community Services, Program Director
Startina White, Wisconsin Community Services, Program Coordinator
Michelle Laga, Wisconsin Community Services, Clinician/Certified Peer Specialist

Wisconsin Community Service (WCS) is an agency that offers Certified Peer Specialist to individuals in the community. WCS provides mental health, substance use, restorative justice and housing services to adults, youth and families. Currently, WCS works with more than 16,000 individuals annually through more than 40 unique programs, and employs 50 Certified Peer Specialists.

The certified peer specialist approach is based on a belief that individuals with lived experience have the right to make informed decisions about their lives and build meaning. A peer specialist lived experience can include:

- Mental health/substance use treatment
- Inpatient, outpatient, residential, Medically Assisted Treatment, community-based support groups
- Child Protective Services, Court/Legal
- Incarceration
- Trauma history

Through collaboration with the Department of Corrections, CPS services have been expanded and WCS will specifically serve DCC clients in Milwaukee and Waukesha County. The CPS will promote DCC client's individual success and stable transition in the community. They will attend appointments with the DCC participant related to recovery goals and treatment.

DEPARTMENT OF CORRECTIONS EVIDENCE-BASED PRIMARY PROGRAMS

The final meeting reviewed DOC Evidence-Based Programs and Outcomes

June 15, 2022



DEPARTMENT OF CORRECTIONS EVIDENCE-BASED PRIMARY PROGRAMS

Erin Thorvaldson, Department of Corrections, Evidence-Based Program Manager

Evidence-based programs adhere to the gold standard of correctional programs, which is the Risk-Need-Responsivity Principle (RNR). Using RNR, the Department of Corrections (DOC) targets moderate to high risk individuals with an identified need for programming. Research shows that moderate to high risk individuals need more intense level of service indicated by a higher number of dosage hours. Criminogenic need areas are identified through the use of our COMPAS Risk and Needs Assessment tool. The criminogenic needs, as outlined in Table 1, are the factors that lead an individual to commit criminal behavior.

DOC programs are responsive to individual unique needs, such as gender, culture, mental health, IQ, trauma, etc. The programs utilize a cognitive-behavioral approach as an effective method to change long-term behavior. Cognitive-Behavioral Programs (CBP) include structured social learning, role plays to practice new skills, and graduated practice to practice skills in increasingly more difficult situations.

The top four needs target thoughts, attitudes, values and beliefs, as research indicates this is where we will see long-term change. If we react only to the behavior, this results in short-term change and we would not see the long-term change toward prosocial behavior.

Risk level has shown that low risk individuals have fewer criminogenic needs, need fewer and less intense programming, less restrictive supervision, and are likely to “self-correct” the behavior. High risk individuals have more criminogenic needs, are more likely to reoffend, need more restrictive and structured form of supervision, and need services/interventions that are longer in duration.

Research has shown when evidence-based programming is provided to the high-risk population, and their criminogenic needs are targeted, there is a 20% decrease in failure and are less likely to recidivate.

TABLE 1: CRIMINOGENIC NEEDS

Antisocial Cognitions	Thoughts, attitudes, values, and beliefs (cognitions) that explain or justifies illegal behaviors or attitudes with logical reasons even if they are not appropriate. Some of these cognitions include refusal to accept responsibility, blaming the victim, downplaying the consequences of the behavior, negative attitudes towards the law, and identification with a criminal lifestyle.
Antisocial Companions/Peers	Association with other individuals who are involved in drugs, criminal offenses, or gangs, that increase a person’s risk for arrest or incarceration. Additionally, the person lacks law-abiding peers.
Antisocial Personality/Temperment	A disposition or orientation towards criminal behavior that includes the following personality traits: failure to conform to social norms with respect to lawful behavior, impulsiveness, risk-taking, pleasure-seeking, aggressive, reckless disregard for the safety of self and others, and a tendency to dominate others.
Family/Marital	Association with family members with criminal activity or use of illegal drugs or alcohol, lack of parental supervision as a child or adolescent, and unhealthy family relationships.
Substance Abuse	Abuse and/or dependence on alcohol and/or drugs.
Employment	Lack of successful employment and/or vocational experience, low levels of rewards and satisfaction with employment, and interpersonal conflict at work.
Education	Low levels of performance in school, low levels of rewards and satisfaction with education, and interpersonal conflict at school.
Leisure/Recreation	A low level of satisfaction with or a lack of productive, law-abiding leisure/recreational activities.

DEPARTMENT OF CORRECTIONS EVIDENCE-BASED PRIMARY PROGRAMS & OUTCOMES



Evidence-Based Program Standards are managed by the Evidence-Based Program Oversight Committee (EBPO) and the Reentry Executive Team (RET). Program standards included the following:

COGNITIVE-BEHAVIORAL PROGRAMS

Through the application of a cognitive-based/skill based approach programs target anti-social cognitions, anti-social peers, and anti-social personality/temperament.

Program curriculum includes:

- Thinking for a Change (T4C)
- Cognitive-Behavioral Interventions-Core Adult
- Moral Reconciliation Therapy (MRT)
- Anger Control Training
- Aggression Replacement Training
- SAMHSA Anger Management
- Dialectical Behavior Therapy (DBT)

SUBSTANCE USE DISORDER TREATMENT

Through the application of a cognitive-based/skill based approach programs target anti-social cognitions, anti-social peers, and anti-social personality/temperament, family, substance use, leisure and recreation.

Program curriculum includes:

- Cognitive-Behavioral Interventions for Substance Use Adult (CBI-SUA)
- ASAM Criteria
- MATRIX Model
- Helping Women Recover
- Moral Reconciliation Therapy (MRT)
- Earned Release Program (ERP)

EMPLOYMENT

Through the application of a cognitive-based/skill based approach with employability skills, programs target anti-social cognitions, anti-social personality/temperament, employment, and education. A cognitive-based approach with employability skills cover:

- Cognitive intervention
- General Work Skills and Expectations
- Financial Literacy
- Community Resources
- Job Seeking, Applications, and Resumes
- Vocational/Education Opportunities

Program Curriculum Includes:

- Cognitive-Behavioral Interventions for Employment-Adult (CBI-EA)
- Windows to Work
- Institution-Based Job Centers
- Career Technical Education Academies
- Mobile Vocational Labs
- WI Technical College System and Department of Workforce Development Partnerships

DOMESTIC VIOLENCE / INTIMATE PARTNER VIOLENCE (IN PROGRESS)

Currently determining the risk tool to identify program need and the treatment model for the standards within all three divisions.

SEX OFFENDER TREATMENT

Risk/needs are identified through the use of the Static-99R and the STABLE 2007 instruments. The SAPROF identifies protective factors. The needs targeted include sex offending specific risk factors, anti-social cognitions, and anti-social personality/temperament.

Program curriculum includes:

- Thinking for a Change (T4C)
- Education or short-term institutional programming for juvenile population
- Sex Offender Treatment (SOT)-1 for low risk
- SOT-Child Pornography Only (SOT-CPO)
- SOT-2 for average risk/short-term
- SOT-4 for high risk/long term

VIRTUAL PROGRAM DELIVERY

Developed to support virtual programs during the COVID-19 pandemic and beyond. The standards consider the options for virtual program delivery, as well as what programs to consider as appropriate for virtual/hybrid.

DEPARTMENT OF CORRECTIONS EVIDENCE-BASED PRIMARY PROGRAMS & OUTCOMES



DEPARTMENT OF CORRECTIONS, DIVISION OF ADULT INSTITUTIONS EARLY RELEASE MECHANISMS & EXPANSION OF EARNED RELEASE PROGRAM

Alisha Kraus, Office of Programs Services, Treatment Director

Charlotte Jones, Office of Program Services, Program & Policy Analyst - Advanced

Office of Program Services (OPS) oversee treatment programs in the Department of Adult Institutions (DAI). OPS provides coaching, training, and the continuous quality improvement of programs. One of the programs reviewed and standardized is the Earned Release Program (ERP).

ERP is a statutory directed program that addresses substance use disorder for persons in our care. When a participant completes ERP, they are eligible for a reduced initial confinement sentence, which is approved by the sentencing court. In 2014, OPS began to look at Substance Use Disorder (SUD) programming within each institution and made changes to ensure a consistent application of SUD programming at all sites. As a result, SUD program standards were created to include evidence-based curriculums.

DAI transitioned to levels of care and gender responsive programming in order to ensure participants received the amount of dosage and treatment based on their risk and needs. The levels of treatment range from SUD 1 low risk/least intensive programming to SUD 4 high risk/most intensive programming.

Program needs are identified, through the use of COMPAS risk/need assessment tool and the participant is placed into the corresponding SUD program as outlined in Table 1:

COMPAS
SUD Need Scale

	Low Risk	Medium Risk	High Risk
Unlikely	No program	No program	No program
Probable	SUD 1, SUD 2	SUD 3	SUD 4
Highly Probable	SUD 1, SUD 2	SUD 3	SUD 4

TABLE 1: LEVELS OF SUD PROGRAMMING

WOMEN'S SYSTEM		MEN'S SYSTEM	
SUD 1	Case Plan Intervention with general population social worker	SUD 1	Case Plan Intervention with general population social worker
SUD 2	Helping Women Recover and Connections (12 weeks)	SUD 2	Cognitive Behavioral Interventions for Substance Using Adults (CBI-SUA) (12 weeks)
SUD 3	Helping Women Recover, Connections, Moving On, and Seeking Safety (15 weeks)	SUD 3	CBI-SUA and Thinking for a Change (T4C) (18-20 weeks)
SUD 4	Helping Women Recover, Connections, Moving On, Seeking Safety, and DBT Informed Skills Group (17 weeks)	SUD 4	CBI-SUA, T4C, Epictetus and General Skills (20 weeks)
Dual Diagnosis	Helping Women Recover, Seeking Safety, Moving On, Coping with Feelings, Mental Health Education, Beyond Violence, Connections, and Picking up the Pieces (21 weeks)	Dual Diagnosis	Helping Men Recover, A New Direction, Thinking for a Change, Coping Skills, Building Resilience (35 weeks)
		Ancillaries	May include: Domestic Violence, Anger Management, and Employability

DEPARTMENT OF CORRECTIONS EVIDENCE-BASED PRIMARY PROGRAMS & OUTCOMES



Eligibility for ERP is determined by statute and judicial recommendation at the time of sentencing. However, suitability is determined by DOC, policy 300.00.11. In 2021, DOC amended the suitability policy for the Earned Release Program. Areas amended in the policy are as follows:

Custody Requirements

- Previous: Persons in our care must be classified as minimum community custody.
- Current: Persons in our care must be classified as medium, minimum, or minimum community custody.

Time to Release

- Previous: Persons in our care must have 36 months to release date in order to enroll in ERP.
- Current: Persons in our care must have 48 months to release date in order to enroll in ERP.

Program Completion History

- Previous: Persons in our care were excluded from earning early release more than once on the same case.
- Current: Persons in our care are NOT excluded from earning early release more than once on the same case. This means if a person completes ERP, is released to community supervision, commits a revocable offense and is returned to DAI, they are eligible for ERP again.

Release Plans

- Previous: Persons in our care are expected to return directly to the community upon completion of ERP.
- Current: Persons in our care are NOT expected to return directly to the community upon completion of ERP. The person may release to a detainer or other sentence.

Benefits of ERP expansion includes increased consistency among programs, eliminate barriers to liberty interests, and provide meaningful ways to address bed management concerns. To the right are the current sites offering ERP and SUD Programs.

SITES OFFERING ERP AND SUD PROGRAMS

- Black River Correctional Center
- Columbia Correctional Institution
- Chippewa Valley Correctional Treatment Facility
- Drug Abuse Correctional Center
- Flambeau Correctional Center
- Jackson Correctional Institution
- Kettle Moraine Correctional Institution
- Milwaukee Secure Detention Facility
- Milwaukee Women's Correctional Center
- New Lisbon Correctional Institution
- Oakhill Correctional Institution
- Oshkosh Correctional Institution
- Prairie du Chien Correctional Institution
- Racine Correctional Institution
- Robert E. Ellsworth Correctional Center
- Redgranite Correctional Institution
- Racine Youthful Offenders Correctional Facility
- St. Croix Correctional Center
- Stanly Correctional Institution
- Taycheedah Correctional Institution

DEPARTMENT OF CORRECTIONS, DIVISION OF COMMUNITY CORRECTIONS, TREATMENT SPECIALIST UNIT

Holly Stanelle, Division of Community Corrections, Clinical Supervisor

In February 2022, the Division of Community Corrections (DCC) created a community-based treatment unit for individuals on community supervision. The unit consists of 1 full time Corrections Services Supervisor, who is also credentialed as a Clinical Supervisor for SUD programming, as well as 7 full time Treatment Specialists who are required to have a substance abuse counselor credential.

The eligibility factors for a DCC client to participate in programming offered by the DCC Treatment Unit include:

- Actively on community supervision (Probation, Parole, or Extended Supervision).
- Medium or high-risk recidivism level. Exceptions have been made for Domestic Violence programming, as many of the Domestic Violence referrals tend to be low risk.
- Clients must have sufficient time remaining on supervision to complete the programming.
- Probable or Highly Probable on COMPAS Needs scales correlating with the requested programming and/or those indicating a need on an alternative assessment tool.

DEPARTMENT OF CORRECTIONS EVIDENCE-BASED PRIMARY PROGRAMS & OUTCOMES



- Clients cannot be receiving similar services from another agency, such as Drug Court, or any other community-based organization or contracted services providing the same programming.
- Clients must also have no legal barriers that would preclude participation.

The Treatment Unit offers programming for Cognitive Behavioral Interventions – Interpersonal Violence (CBI-IPV) and Cognitive Behavioral Interventions – Substance Use Open Ended (CBI-SUO). The CBI-IPV curriculum was designed by the University of Cincinnati Corrections Institute (UCCI) to target criminogenic need areas for intimate partner violence and other forms of adult family and relational violence. The 41 sessions include activities for cognitive, social, and emotional skill development.

The CBI-SUO curriculum is for male and female participants. The Treatment Unit is the first in the country to use this open enrollment curriculum. Through collaboration with UCCI the Treatment Unit is piloting the CBI-SUO curriculum. This curriculum is delivered in 44 sessions and contains the same components as the traditional Substance Use closed ended curriculum. The DCC Treatment Unit recognizes the challenges faced with closed ended curriculums. Closed ended curriculums create long waiting lists and delays entrance into programming until after the current group cycle completes. The new open-ended curriculum allows for clients to enroll when there is an opening and not wait until the end of a group cycle. This allows for a reduction in wait time for individuals to be placed into programming, ultimately assisting clients in a more time sensitive manner and reducing waiting lists.

The DCC Treatment Unit was asked to pilot a Contingency Management Program within its SUD programming. Contingency Management refers to a type of behavioral therapy in which individuals are reinforced or rewarded for evidence of positive behavioral change. It provides motivation for clients to participate and make positive changes. Incentive gift cards will be offered to the participants as they achieve identified milestones. Funding for this program is coming from the Substance Abuse Block Grant.

DEPARTMENT OF CORRECTIONS, OFFICE OF THE SECRETARY, RESEARCH AND POLICY UNIT

Megan Jones, Research and Policy Director

Anthony Galston, Research and Policy Analyst - Advanced

The Research and Policy Unit is responsible for leading research and evaluation efforts for the department. This includes working with cross-divisional data analysts to report on offender population statistics, developing standards for data measurement and reporting, conducting research on recidivism and other key performance indicators, and creating interactive dashboards that make DOC data more easily accessible to the public.

This type of information is fundamental to planning and implementing operations that are effective and efficient, and that ultimately reduce recidivism. The unit serves as an agency resource to support a department-wide strategy to implement evidence-based practices through data-driven policy development and research.

The Department of Corrections, Research and Policy Unit shared the data results for the outcomes of primary programs from the period of 2010 to 2019. The outcome evaluation examined three recidivism outcomes (rearrest, reconviction, and reincarceration) for a sample of individuals who completed programming while incarcerated. In 2019, while serving their sentence, 68.1% of DAI releasees had participated in at least one primary program while incarcerated, and 56.4% completed the primary program.

The research unit analyzed these recidivism measures and programs at one, two, and three years of release. In comparison to the control group, the participants in all of the primary programs had a lower rate of recidivism than the control group. Specific data outcomes for the programs can be found on the [DOC public web page](#).

PATHWAYS TO REENTRY AND PROSPERITY, SUBCOMMITTEE OF THE COUNCIL ON OFFENDER REENTRY



The subcommittee includes representation from Department of Corrections (DOC) Reentry, DOC Division of Adult Institutions (DAI) Education, the University of Wisconsin System (including a school specific member), the Wisconsin Technical College System (WTCS, including a school specific member), the Wisconsin Association of Independent Colleges and Universities (WAICU, including a school specific member), the Department of Workforce Development (DWD), a community based agency, a community based literacy group, the Department of Public Instruction (DPI), the Department of Children and Families (DCF), and standing Council members.

Meetings are held quarterly. During FY22, the subcommittee met in July, October, January, and April. The strategic focus of the subcommittee was to establish connections among stakeholders, identify a specific action plan for the work on the subcommittee, and create a standardized approach to conducting training for people who are incarcerated.

Specific outcomes for each meeting session:

July 2021:

- Established subcommittee name: Educational Pathways to Re-Entry and Prosperity
- Set regular meeting dates.
- Finalized FY21 Summary report.
- Assigned workgroup to create a Pathways document to guide partner work in developing training opportunities.
- Introduced Job Center of Wisconsin tools in Wisconsin.

October 2021:

- Reviewed the use of Job Center of Wisconsin accounts by PIOC's close to reentry. Discussed pros and cons of extending accounts to earlier in the incarceration cycle. Discussed the linkage to college level career readiness planning and database use
- Introduced community-based partners connecting newly released citizens to community programs in the Milwaukee area.
- Drafted standard guidance for training partners to consider when considering new programs within DOC facilities.

January 2022:

- Discussed case management for pre-release curriculum by DOC Social Workers and Treatments Specialists, including strengths, gaps and needs. Discussed the role of college and community partners in helping fill these gaps using college-based resources for college students who are incarcerated.

April 2022:

- Introduced new subcommittee member from community-based Ex-Incarcerated People Organizing.
- Shared what members currently do to enhance post-release activities.
- Brainstormed ways to connect siloed systems and specific deliverables the subcommittee will develop over the next year.
- Higher education providers on the subcommittee began to develop collaborative degree and certificate programs and plans for unified academic guidance for higher education students in DOC facilities.
- UW-Madison, UW-Parkside and Marquette University each offer courses at Racine Correctional Institution and working to package these courses into a degree program.

TABLE 1: SUBCOMMITTEE MEMBERS

DOC Reentry/Council	Silvia Jackson
DOC Reentry	Rebecca Heth
DOC DAI Education	Ben Jones
UW System	Vacant
UW Madison	Peter Moreno
Wisconsin Technical College System (WTCS)	Lenard Simpson
WTCS/Council	Mary Davies
Wisconsin Association of Independent Colleges and University System (WAICU)	Rebecca Larson
WAICU College	Darren Wheelock
DWD	Elizabeth Pusch and Becky Kikkert
Workforce Development Board	Chytania Brown
Community Based Organization	Brittany Lee
Community Based Literacy Organization	Holly McCoy
DPI	Sherry Holly
DCF/Council	Bianca Shaw



State of Wisconsin
Department of Corrections

Council on Offender
Reentry Annual Report
2022