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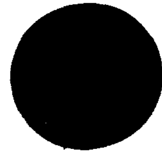

UNIVERSITY OF WISCONSIN
MEDICAL SCHOOL
Department of Preventive Medicine
Center for Health Policy and Program Evaluation

Process Evaluation of the Wisconsin Residential Substance Abuse Treatment Program for Female Prisoners: The Women in Need of Substance Abuse Treatment (WINSAT) Program

1999-2000

FINAL REPORT

April 2000

Approved By:

Date: 7/18/0

Prepared By

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PROPERTY OF
National Criminal Justice Reference Service (NCJRS)

Prepared by

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Executive Summary

The University of Wisconsin Center for Health Policy and Program Evaluation (CHPPE) applied for and received a grant from the National Institute of Justice to conduct a process evaluation of the Women in Need of Substance Abuse Treatment (WINSAT) Program. This process evaluation report covers the development and initial implementation of the program. Data collection for this summary report ended in mid-April 2000.

The WINSAT program is an intensive, extensive and comprehensive substance abuse treatment program for female offenders located at Robert E. Ellsworth Correctional Center in Union Grove, Wisconsin. WINSAT enjoys the support of the DOC, the center superintendent, and committed treatment program staff. WINSAT encountered a variety of challenges in developing and opening the treatment program. These challenges included both institutional-level barriers (delays in staff hiring, difficulties in staff recruitment, delays in passage of the State budget, parole board policies) and program-level challenges (staff communication, development of the aftercare component, lack of staff training in implementing a therapeutic community).

Research Design and Methodology

The study design included process evaluation, examination of intermediate participant outcomes, development of an impact/outcome evaluation plan, and participation in the national cross-site evaluation. Delays in treatment program start-up resulted in the collection of qualitative information only – no quantitative data on participants or their outcomes is yet available. This research study sought to identify and document important aspects of treatment program implementation. There were six primary research goals:

1. Document project progress in implementing the treatment program;

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2. Document offender participation in treatment;
3. Document treatment program impact on intermediate outcomes;
4. Document implementation and coordination of aftercare component;
5. Develop data design for future impact evaluation; and
6. Coordinate with national cross-site evaluation.

The focus of our research study has been on study goals #1, #2, and #5. We were unable to address three of our original study goals. Goals #3 and #4 pertaining to offender outcomes and the development of the program aftercare component were not possible to assess due to delays in program start-up. Study goal #6 no longer applies to our study.

Study Goal #1: Documentation of Treatment Program Progress

Implemented by the Wisconsin Department of Corrections (DOC), the Women in Need of Substance Abuse Treatment (WINSAT) Program focuses on providing residential substance abuse treatment to female prisoners who are diagnosed with substance abuse disorders. The WINSAT program has a capacity to serve 30 female inmates in a minimum security environment. It has a modified therapeutic community and is designed to be a minimum of 7 ½ months long. WINSAT admitted its first cohort of twenty female offenders on March 13, 2000.

WINSAT has accomplished a wide variety of activities since its inception. Treatment staff have been hired and received numerous training opportunities. A 30-bed wing of the institution has been renovated into a clean, comfortable, and secure treatment center. WINSAT staff developed a program mission statement and goals. They have also developed the treatment model and concepts, including the therapeutic community components incorporated into WINSAT's design. Staff selected participant assessment instruments and developed a format for treatment planning. WINSAT staff also developed the treatment schedule and content of

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treatment activities. A wide variety of program documents were created including staff and treatment schedules, a program description/manual, a participant handbook, and a resource handbook listing area service providers. WINSAT staff and administrators were also an integral part of developing the participant data system forms and database.

The most significant barriers to implementation have related to staff hiring and delays in the State budget process which combined to delay the opening of WINSAT for nearly a year.

Extended delays were experienced in obtaining authorization to hire the program treatment staff. In addition, the program opening was delayed an additional 3 ½ months due to a system-wide shortage of correctional officers. The lengthy hiring process and low wages across the DOC system make these positions difficult to fill. Staffing these positions with female correctional officers (essential for third shift work) is even more difficult.

The state budget process also dramatically influenced WINSAT's opening date. The WINSAT program start date was delayed for six months because the Wisconsin Legislature had not yet passed the State budget that would allow WINSAT to install an essential fire alarm system in the newly renovated space.

Study Goal #2: Document Treatment Participation Through The Development of a Data System

Project data collection forms were developed to describe the participants, to document project services, and to assess intermediate outcomes. Four separate participant summary forms were developed which together will serve as the WINSAT participant data system: the Referral/Admission Form, Phase 1 Summary Form, Phase 2 Summary Form, and Phase 3 Summary Form. These forms correspond to the three primary WINSAT phases of treatment. They summarize a wide variety of demographic, assessment, and treatment progress data.

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CHPPE also developed a database that will be used to summarize these forms. This database will be maintained at the treatment program site and summarized periodically by program staff.

Study Goal #5: Develop Outcome Evaluation Plan

One of the goals of this study was to develop a comprehensive plan to conduct a rigorous impact evaluation after this study has been completed. Our past experiences in conducting impact/outcome evaluation have shown that it is most often beneficial to wait until the treatment program has stabilized. Too often we are mandated to measure participant outcomes during the first year while the program is struggling with staff recruitment/retention, designing data collection procedures, changing treatment curriculum/approaches, modifying eligibility criteria, or revising completion requirements. WINSAT is not yet ready for outcome evaluation, but may be in late 2000 or early 2001.

Two separate outcome evaluation designs were developed as part of the current process evaluation study: the first, a full study design to be implemented should additional funding be obtained to engage the services of an external evaluator, and the second, an abbreviated design to be implemented by WINSAT staff in the absence of external evaluation assistance and resources. The full study design includes a description of program participants, an examination of intermediate outcomes, an examination of outcomes three months and six months after release to the community for all participants, and a comparison group identified as part of the current process evaluation. The abbreviated study design includes a subset of these components: a description of program participants, an examination of intermediate outcomes, and an examination of outcomes three months after release for program graduates.

Study Goal #6: Coordinate with National Evaluation

Study goal #6 no longer applies to our study. When we contacted the cross-site

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evaluation team at National Development and Research Institutes, Inc. we were informed that they no longer had a role in the evaluation of the RSAT projects.

Implications of Findings For the DOC and WINSAT

Several issues arose during the program start-up period for WINSAT that have implications for the DOC system.

1. **Delays in hiring staff** created significant barriers for the WINSAT program. The complicated and time-consuming process of approving job descriptions, receiving position approval, job postings, testing and interview procedures, etc. resulted in the opening of WINSAT being delayed an entire year.

2. The Wisconsin DOC has an effort currently underway to develop **consistent program standards** for its AODA programming. Uniform program standards would have been useful to guide WINSAT program development with regard to treatment content and intensity and assure a minimum level of AODA service intensity.

3. It is unclear what the **impact of prison crowding and pressure to immediately fill empty beds** will be upon WINSAT's therapeutic community approach. If WINSAT must accept a stream of new admissions to replace program terminations it will require the development of both system-level and program-level procedures to accommodate these constant transitions.

4. Another system-level concern revolves around the **current parole board opinion** that women who have been incarcerated two or more times should not be paroled early, but should serve their sentence until their mandatory release date. This atmosphere will likely negatively affect volunteerism for the treatment program and lessen incentives for treatment completion.

5. An additional issue that will need to be addressed is how **aftercare treatment plans** will be developed among the WINSAT outreach specialist, institution aftercare staff, and parole

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agents. It may be a challenge to coordinate the development of these plans, particularly determining roles and responsibilities of all of the parties involved.

6. Staff concerns regarding **supervision level and communication** among the center superintendent, treatment program director, and direct service staff were addressed by administrators with the addition of an Assistant Corrections Program Supervisor to the WINSAT staffing pattern.

7. The **staffing level** also needs to be addressed. While it is clear that WINSAT administrative staff are doing all they can to hire staff as quickly as they can in the face of existing procedures, WINSAT is currently missing critical security and treatment personnel.

8. The **development of the aftercare component** will require significant time and energy. The preliminary plan includes the outreach specialist developing release plans, conducting treatment groups at the institution and in the community, monitoring graduate progress through monthly meetings with graduates and parole agents, and coordinating treatment referrals and services.

9. The issue of obtaining **therapeutic community (TC) training** for WINSAT staff should also be addressed. Staff received no formal training in TC development or implementation prior to program opening.

10. The **role of the treatment sergeants** should also continue to be developed.

Implications of Findings for Future Evaluation

Our process evaluation of WINSAT has once again emphasized our organizational belief in the value of an interactive partnership approach to evaluation. Although an interactive relationship with evaluation staff requires a great deal of treatment staff time and input it increases the sense of program ownership and improves the quality of the products developed.

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The evaluator had significant input into early program development, particularly in the selection of measurable goals and objectives.

Another impact of the process evaluation of WINSAT is that the treatment program has been designed from the start to accommodate an evaluation of participant outcomes. However, prior to any outcome evaluation, WINSAT will need to stabilize the program and be fully staffed. There is currently no concrete plan for any type of continued evaluation of the project and no funding has been identified.

Evaluative Concerns and Recommendations

Resolving issues related to the WINSAT staff should be a high priority. It is recommended that the nurse clinician, psychiatrist, and correctional officer positions be filled quickly or quality of treatment service is likely to suffer. Staff concerns regarding the quality and quantity of communication with the program director and center superintendent are being addressed. There is also a concern that treatment staff were hired so far in advance of the first treatment admissions (due to delays in opening) that they were almost *too* prepared. Staff spent so much time developing the treatment concepts and materials that they became somewhat inflexible when changes were suggested or made.

The battery of assessment instruments should also be re-examined. The assessment process is a lengthy one that has not been adequately pilot tested. It should also be noted that some of WINSAT's assessment tools are self-developed and therefore have unknown reliability and validity and no comparative or normative data. A greater concern, however, is that WINSAT may not be measuring things that it is most likely to impact (i.e., depression, domestic violence, health care access, etc.).

While there are many services, the majority are not specifically targeted toward

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addressing addiction. In addition, there is not currently scheduled time for individual counseling sessions and no educational services related specifically related to women's health issues such as pregnancy, STD's, etc. Perhaps most importantly, there is no formal plan for the involvement of participants' children or extended family in treatment.

Finally, it is a bit worrisome that WINSAT has no formal linkages in the community to date. There have been no meetings of the stakeholders who will be attempting to coordinate services for WINSAT graduates and there are no service agreements in place.

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**Process Evaluation of the Wisconsin RSAT for Female Prisoners:
The Women In Need of Substance Abuse Treatment (WINSAT) Program**

INTRODUCTION

The number of women being incarcerated in state prisons across the United States, particularly those convicted of drug-related crimes, has been rising rapidly. From 1980 to 1990, the U.S. female prison population increased 250 percent. In the ten-year period from 1987 to 1997, the number of women incarcerated in state prisons in Wisconsin has more than doubled. The number of women in prisons and jails is growing at a faster rate than the number of men.

Incarcerated women with histories of substance abuse typically evidence multiple treatment needs that, left untreated, seriously compromise their ability to establish abstinent and crime-free lives upon their release into the community (U.S. Department of Justice, National Institute of Justice, 1998). This report on the needs of women incarcerated in state prisons underscores the role of physical and sexual violence in the lives of women who come into the criminal justice system. Forty-three percent of women inmates said they had been physically or sexually abused before their admission to prison. Women are also more likely to report family histories of alcohol and drug abuse, depression, and sexual problems. More than two-thirds of all women in prison had children under the age of 18. A Bureau of Justice Statistics Special Report (U.S. Department of Justice, 1999) underscores the need for substance abuse treatment for incarcerated women. The report indicates that about 40 percent of women committing violent crimes were under the influence of substances at the time -- "Nearly one in three women serving time in state prisons said they had committed the offense which brought them to prison in order to obtain money to support their need for drugs" (U.S. Department of Justice, National Institute

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of Justice, 1998). One-half described themselves as a daily user of drugs and 25 percent were daily drinkers prior to incarceration. The report also points to the need to reduce recidivism for women, indicating that overall "about 45 percent of women for whom parole supervision was ended in 1996 were returned to prison or had absconded" and "52 percent of women discharged from prisons were rearrested within three years and 33 percent were returned to prison"(U.S. Department of Justice, 1999).

Many studies have revealed that return to prison is significantly related to the presence and severity of parolee drug use (Forcier, 1991; Owen, 1991; Weekes, Millson, Porporino, and Robinson, 1994; U.S. Department of Justice, 1995), and that "...any relapse into alcohol and other drug use is likely to cause relapse into criminal behavior" (U.S. Department of Health and Human Services, 1993, p. 5).

Substance abuse treatment can be a cost-effective tool in reducing costs to society (U.S. Department of Health and Human Services, 2000). This recent report summary indicated that each dollar invested in substance abuse treatment earned a savings of over three dollars. The multiple treatment needs presented by female offenders call for a different management style for women that involves "a capacity to respond to expressions of emotions and a willingness and ability to communicate openly with offenders" (U.S. Department of Justice, 1998). Effective management practices suggested in the report include decentralized management decisions and involving offenders in carrying out selected responsibilities. Key program elements for program success include: recovering staff acting as female role models, comprehensiveness of approach, willingness to individualize treatment plans, and a structure that responds to gender-specific experiences such as victimization, parenting, and negative relationships with men.

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RESEARCH PROJECT DESCRIPTION

Within this context of need for women's programming, the Wisconsin Department of Corrections (DOC) applied for and received a grant to develop the Women in Need of Substance Abuse Treatment (WINSAT) Program. This process evaluation report covers the development and initial implementation of the program.

Study Timeframe

The University of Wisconsin Center for Health Policy and Program Evaluation (CHPPE) received the formal notice of evaluation grant award in January 1999 although the grant period technically began December 1, 1998. We began work on the evaluation in February 1999.

We requested a no-cost extension of our grant period during September 1999 and received approval to extend the end-date of the project to May 31, 2000. Data collection for this summary report ended in mid-April 2000. Figure 1 contains a timeline detailing major evaluation and project implementation events within the study timeframe.

Evaluation Study Goals

Table 1 delineates each proposed study goal, its associated research question, and the sources of data for investigating each question. The primary goals of the current project related to documenting the implementation of the residential treatment program, documenting the characteristics of the women who participate, and examining intermediate outcomes of participants while in the program. We also developed an outcome evaluation design with the DOC and treatment program staff and explored available comparison groups.

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Figure 1: Timeline of Major Project and Implementation Events

	1998		1999												2000			
Implementation Event	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Received human subjects deferral																		
Requested approval for hiring	✓																	
First planned program start						✓												
Evaluation grant received			✓															
Evaluation study began				✓														
RSAT grant received			✓															
RSAT grant began						✓												
Hiring approval received						✓												
Revised human subjects protocol							✓											
WI State budget due for passage									✓									
Second planned program start									✓									
Received human subjects approval									✓									
Staff hiring										✓								
Third planned program start										✓								
Additional staff hiring approved										✓								
Additional staff hiring												✓						
Fourth planned program start												✓						
Actual passage of State budget												✓						
Installation of fire alarm system													✓					
Fifth planned program start														✓				
Sixth planned program start																✓		
Actual program start																	✓	
Hiring of correctional officers																		✓
Evaluation end and report to NIJ																		✓

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Table 1: Study Goals, Research Questions, and Measures		
Study Goal	Research Questions	Data Sources
1. Document project progress in implementing the treatment program	a. Has the project been implemented as planned?	Site visits, staff meetings
2. Document offender participation in treatment	a. What are the characteristics of program participants?	Project client data system
	b. Does the treatment program engage offenders in long-term treatment? What is the average length of stay?	Project client data system
	c. Does the treatment program reduce participant disruptive behavior in prison?	Project client data system
	d. Does the treatment program reduce or eliminate substance use while in prison?	Urinalysis
3. Document treatment program impact on intermediate outcomes	a. Do participants show improvement in their behavior and progress toward treatment goals?	Project client data system
4. Document implementation and coordination of aftercare component	a. Does the treatment program provide aftercare and consult with aftercare providers?	Site visits, staff meetings
5. Develop data design for future impact evaluation	not applicable	NA
6. Coordinate with national cross-site evaluation	not applicable	NA

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The focus of our research study has been on study goals #1, #2, and #5. We were unable to address three of our original study goals. Goals #3 or #4 pertaining to offender outcomes and the development of the program aftercare component were not possible to assess due to delays in program start-up. Study goal #6 no longer applies to our study.

Human Subjects Review and Approval

CHPPE submitted the design and procedures for the current study to the University of Wisconsin Health Sciences Human Subjects Committee in September 1998, well in advance of the anticipated project start date. The committee responded with questions in October and we responded to these questions with an explanatory memo in November. The committee deferred consideration of the project in November saying the final consent form was to be submitted prior to approval (see Figure 1). We received approval for "funding purposes only" until we were able to provide the committee with the final consent form. Thus, we were allowed to draw down grant funds and work on the project, but were not allowed to enroll subjects. A revised study protocol and draft consent form were submitted in May 1999 and the committee again deferred action in June asking for data collection forms and final consent forms. We once again responded to these requests by emphasizing that the purpose of the project was to *develop* these materials. The committee asked for revisions to the draft consent form in July 1999 and we indicated that Wisconsin DOC had final say but that we would recommend the revisions to DOC.

CHPPE received full approval of the evaluation research study at the end of July 1999. WINSAT staff made minor modifications to the program participation and evaluation consent form during February 2000 and the committee approved the modifications in March 2000 just prior to the first treatment program admissions (Appendix 1).

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SCOPE AND METHODOLOGY

The proposed methodology for the study included the collection of both qualitative and quantitative evaluation research data to assess program implementation. The study design included process evaluation, examination of intermediate participant outcomes, development of an impact/outcome evaluation plan, and participation in the national cross-site evaluation. Delays in treatment program start-up resulted in the gathering of qualitative information only – no quantitative data on participants or their outcomes is yet available.

This research study sought to identify and document important aspects of treatment program implementation and included:

a) documentation of participant characteristics and service dosage through a project client data system designed specifically for the program,

b) monthly meetings with program staff to document project progress, and

c) site visits that included interviews with program staff and stakeholders to document program implementation and progress.

Development of Participant Data System

Project data collection forms were developed to describe the participants, to document project services, and to assess intermediate outcomes (see Appendix 2). The forms were adapted from Wisconsin's RSAT program for dually diagnosed men and customized to address WINSAT's unique objectives and procedures. Measures specifically related to providing treatment to women were included, such as sexual and physical abuse, self-esteem, health care, and children/family. With program staff input, these forms were designed to summarize/abstract data from existing DOC forms, as well as collect data regarding program services and inmate

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performance unique to the project. In addition to collecting information for this study, the participant data system forms were also designed to serve as part of each inmates' treatment case file to provide a system of case documentation.

Meetings/Contacts With Treatment Staff

The primary evaluator had extensive contact with the staff of the WINSAT program. During the sixteen months of process evaluation the primary evaluator visited Robert E. Ellsworth Correctional Center 13 times. These meetings were for the purpose of collecting process evaluation data, attending staff meetings, facilitating development of the participant data system and database, developing the outcome evaluation design, and monitoring program development. Evaluation staff also provided feedback on treatment program goals and materials developed by WINSAT staff and documented progress through weekly email contacts.

Site Visits

An important vehicle for documenting progress in program implementation were formal site visits by CHPPE staff (see Appendix 3 for the first site visit report; the results of the second site visit are incorporated into this report). These site visits consisted of interviews with program staff, institutional staff, DOC staff, and representatives of coordinating agencies. The interviews documented progress and barriers encountered with regard to: staff recruitment and retention, residential unit design, project eligibility criteria, participant recruitment, the treatment program, program completion criteria, and the aftercare component. Respondents were also asked to provide input regarding treatment program barriers, challenges, and strengths.

The site visits consisted of in-person interviews, telephone interviews, group discussions, and document review with the center superintendent, program director, psychologist, treatment

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specialist, social worker, teacher, nurse, treatment sergeants, program assistant, DOC Bureau of Offender Classification staff, the corrections program specialist in the Bureau of Offender Programs, Regional Chief of Probation/Parole, and a DOC Budget and Policy Analyst. The correctional officers and psychiatrist could not be interviewed as they had not yet been hired by the end of the evaluation study period. Representatives of community agencies were not interviewed for the site visits as the project had not yet made those connections. Treatment participants were not interviewed regarding program satisfaction because the first cohort had just completed the program orientation and assessment when the last site visit was conducted.

Document Review

Additional qualitative data were gathered through treatment program document review to supplement that obtained directly from Department of Corrections and treatment program staff. These documents included program progress reports, policy and procedure documents, staff manuals, treatment participant manuals, and treatment schedules.

Development of Outcome Evaluation Design

We utilized a portion of our time and resources during this study to: (a) develop an interactive partnership between project and evaluation staff; (b) develop a quasi-experimental impact design for a two-year study; and (c) identify an appropriate comparison group. The primary evaluator developed the design and measures for the local outcome evaluation of WINSAT with input from WINSAT staff. Staff were contacted by the evaluator asking for their input on potential outcome measures, intervals, and procedures. The evaluator then developed the first draft of the design and met with staff to refine it.

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STUDY GOAL #1: DOCUMENTATION OF TREATMENT PROGRAM PROGRESS

Project Background

The Wisconsin Department of Corrections (DOC) received a Residential Substance Abuse Treatment (RSAT) for State Prisoners grant to develop a substance abuse treatment program for female prisoners at the Robert E. Ellsworth Correctional Center (REECC) in Union Grove, Wisconsin. REECC is a minimum security facility for female offenders located about 20 miles south of Milwaukee, Wisconsin. According to DOC staff interviewed, REECC was chosen as the site for the treatment program because the intent of the project was to create linkages with aftercare for women who receive treatment while incarcerated. A minimum security facility, REECC can provide treatment toward the end of a woman's sentence and is geographically close to the counties of release for a large number of female prisoners. In addition, REECC has an extensive work release/pre-release component and can help women become employed while incarcerated.

The RSAT grant was slated to begin January 1, 1999, but administrative delays resulted in an approved later official grant start of April 1, 1999 (see Figure 1). The federal Department of Justice provides annual funding of $462,965 and an additional $299,403 in matching funds are supplied by the Wisconsin Department of Corrections (DOC) for a total of $762,368.

Program Description and Approach

The Women in Need of Substance Abuse Treatment (WINSAT) Program focuses on providing residential substance abuse treatment to female prisoners who are diagnosed with substance abuse disorders. The WINSAT program has a capacity to serve 30 female inmates in a minimum security environment. WINSAT admitted its first cohort of female offenders on March

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13, 2000; a group of 20 women (including two who were in violation of probation/parole and entered from the community). Program components emphasize cognitive restructuring, anger management, domestic and child abuse trauma therapy, literacy, parenting, relationships, and lifestyle change. WINSAT is designed as a therapeutic community in which offenders hold each other accountable for behaviors and provide support to each other. The program will not serve as an earned release mechanism, but may contribute to the parole board decision as to length of incarceration. The program is designed to be a minimum of 7 ½ months long, and is housed in space renovated specifically for the program.

Treatment Program Physical Setting

The WINSAT Program is housed in a separate wing of the Robert E. Ellsworth Correctional Center in Union Grove, Wisconsin. One floor on this wing has been renovated specifically to house the 30-bed WINSAT Program. The program has fifteen two-person dormitory rooms for the participants, group rooms for therapy sessions, treatment staff offices, meals, and outdoor recreation all of which are physically separate from the rest of the general population of the facility. Contact between treatment participants and general population inmates is minimal.

Project Staffing

WINSAT experienced significant administrative delays in hiring treatment staff (see Figure 1). Rather than creating limited term employee (LTE) positions, the project sought "position authority" for the treatment program staff (the creation of permanent positions that will exist after federal funding has ended). Position authority was requested from the Department of Administration in November 1998, but not received until April 1999. There were delays in

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receiving permission to fill the positions because of modifications to the staffing pattern requested by the Wisconsin DOC personnel office. At the request of the DOC personnel office, staffing was changed from three treatment specialists and a part-time program assistant to two treatment specialists, a full-time social worker, and a full-time program assistant. An additional modification to the position description of one of the treatment specialists to more clearly delineate the outreach and aftercare role was undertaken in August 1999. Each change in the staffing pattern required rewriting the position descriptions, and requesting and awaiting approval. As stated by one person interviewed, "The state process for hiring was a major barrier to getting the program underway."

Staffing Pattern and Turnover: The WINSAT program has 16 primary staff members, including five correctional officers for the program. The nine people currently on staff include one man and eight women. All of the staff are white, with the exception of the program director who is African-American. The half-time program director is also the treatment director at REECC, working directly under the center superintendent to coordinate staffing, treatment, and service issues for the entire institution. The following positions were unfilled at the time of this report: nurse clinician, psychiatrist, and three correctional officers. The staffing pattern includes:

- Program director (50%);
- Treatment specialist (100%);
- Outreach specialist (100%);
- Social worker (100%);
- Nurse clinician (50%);
- Teacher (100%);
- Psychologist (100%);
- 2 Treatment Sergeants (100%);
- Psychiatrist (25%);
- 5 Correctional officers (100%); and
- Program assistant (100%).

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It should be noted that WINSAT has its own treatment sergeants dedicated specifically to the program and who are part of the treatment team. Having this bridge between treatment and security staff is unusual, and provides the treatment team with valuable input from a security perspective during treatment planning.

The majority of WINSAT treatment staff were hired in August and September 1999. The nurse and treatment sergeants began in October 1999. The nurse was terminated from the position in January 2000 prior to the opening of the treatment program due to lack of appropriate training, and the WINSAT psychologist has been on extended probation pending state certification as a senior doctorate psychologist.

Treatment staff hours are staggered, with some staff staying on into the evening until 6:30 or 7:30 p.m. The hours for the two treatment sergeants will also be staggered, with one working 8:00 a.m. to 4:00 p.m. and the other working noon to 8:00 p.m. It is unclear whether the treatment sergeants will rotate some weekend hours as this would interfere with their ability to facilitate treatment groups during the week.

It was advantageous that the WINSAT program director and Center Superintendent were already in place at REECC. These staff bring a vast amount of experience to the project in working with this target population. These two individuals, along with other DOC administrative staff, had the primary responsibility for staffing Wisconsin's RSAT program. When asked to define her role in WINSAT, the Center Superintendent indicated that she will provide oversight for "the whole operation" and be responsible for most budget issues. She will also supervise the treatment program director, psychologist, and nurse, and plans to be involved in treatment participant staffings for the first year. The treatment program director will be

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responsible for the day-to-day operation of the program, assist in the scheduling of the treatment sergeants, and supervise the treatment specialists, social worker, program assistant, and teacher.

Each treatment staff member was asked to describe his/her role within the program:

- The **social worker** will provide case management for 15 residents, teach AODA groups, collect social histories, and oversee journal writing. She will also provide individual counseling and crisis intervention, and develop aftercare and relapse prevention plans.
- The **treatment specialist** will provide case management for 15 residents, collect social histories, develop treatment plans, conduct anger management groups, and provide group therapy.
- The WINSAT **teacher** considers herself responsible for providing "wraparound" services for treatment participants. She will provide three levels of cognitive intervention services and groups, aftercare groups for participant completing levels I and II of cognitive interventions, teach HSED classes, supervise the peer mentor program, and oversee the resource library.
- The **psychologist** viewed her role as a developing one. She indicated that she will be primarily responsible for the operation of a "treatment program for women with abuse issues." She will do psychological assessments, IQ testing, and training of the program treatment sergeants. She will provide two trauma/abuse therapy groups per week and individual psychotherapy for all residents.
- The half-time **nurse** will conduct groups on health-related topics such as prevention of sexually transmitted disease and HIV/AIDS. She will also perform medical examinations, administer medications, draw blood, collect urine samples for testing, and

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be responsible for sick call.

- The **outreach specialist** will conduct two treatment groups for WINSAT participants in addition to having responsibility for two aftercare groups within the institution for graduates who remain incarcerated and two aftercare groups in the community for graduates. She will also be charged with providing one-on-one support to graduates in the community, coordinating services for them, meeting with probation/parole agents, and gathering any follow-up data on offenders.
- The specific role of the **treatment sergeants** has yet to be determined. They anticipate participating in treatment groups, writing "chronicles" of participant behavior, and providing input on participant behavioral patterns outside of treatment groups. As of the time of this report the treatment sergeants have been attending only community meetings due to the shortage of correctional officers to monitor the inmates.
- The **correctional officers** will provide security services for WINSAT treatment participants. These positions are as yet unfilled. These positions are difficult to fill system-wide as the pay is quite low ($10-$12 per hour), women are essential for covering the third shift, and there is a test of physical ability required.

WINSAT accepted their first treatment admissions prior to being fully staffed because waiting to fill the correctional officer, nurse, and psychiatrist positions would have delayed opening even longer. In the short-term, WINSAT will use the REECC nurse and psychiatrist who provide services to the general population. As the program obviously could not open without adequate security staff, the two WINSAT treatment sergeants agreed to work overtime and work rotating shifts in conjunction with three REECC correctional officers to provide

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coverage for the program.

Staff Training: Numerous training opportunities were available to WINSAT staff as they were hired more than six months prior to program start. Some examples of these courses, workshops, and conferences are described below.

The social worker attended a "Train the Trainer" workshop in Chicago related to AODA issues and a training on female offenders. The program director and treatment specialist attended the state-level AODA certificate program. The treatment specialist and social worker attended sex offender training, and the teacher attended literacy training. All treatment staff attended Cognitive Interventions (CGIP) training, a state-wide conference on women and substance abuse, and visited Meta House (a treatment program for women) in Milwaukee. Through the primary evaluator, WINSAT has also been in contact with therapeutic community programs in Delaware to obtain informational materials. The treatment sergeants have also attended training seminars on substance abuse support groups and cognitive intervention.

While WINSAT staff have begun to receive training on a variety of topics, it is quite clear that they have not received a great deal of training specifically related to developing a therapeutic community for women in a correctional setting. WINSAT staff did visit Wisconsin's other RSAT-funded therapeutic community program (targeting dually diagnosed men) for one day, touring the facility and discussing treatment approaches with treatment staff. While the individuals hired to staff the program bring a wealth of experience to the WINSAT effort, they have not yet received training specific to implementing a therapeutic community model within an institutional environment. Staff indicated that they plan to wait until the vacant staff positions are filled before receiving training in the implementation of a therapeutic community.

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Treatment Program Mission and Goals

The WINSAT program utilizes a modified therapeutic community model to offer a large variety of treatment and support services addressing addiction, cognitive approaches to reducing criminality, abuse issues, anger management, relationships, educational needs, and parenting skills. WINSAT staff developed a mission statement to summarize the program's purpose:

> *"In keeping with the Wisconsin Department of Corrections purpose, the WINSAT program is developed to assist offenders to become productive citizens, gain self-esteem, strengthen their family unit, and reduce their likelihood of further criminal behavior. More specifically, the WINSAT program is designed to address the multiple needs of incarcerated women with substance abuse and other related issues. WINSAT's modified therapeutic community environment and its holistic approach to services will address the needs of the offender as: an individual, a family member, and a citizen. The mission of the WINSAT program is to empower the female offender with the knowledge, skills, and support necessary to maximize her opportunity to break the cycle of addiction(s), violence and criminality, and to become a productive citizen in a diverse society".*

The primary goals of the WINSAT **program** are to empower women with the skills to:

1. Manage their addiction(s).
2. Improve their decision making and problem solving.
3. Manage physical and mental health.
4. Reduce exposure to sexual and physical violence.
5. Improve personal and family relationships.
6. Increase their potential for successful community reintegration.

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The four primary objectives, or treatment goals, **for women** who participate in WINSAT are to: 1) identify needs relative to breaking the cycle of substance abuse, crime, and violence; 2) acquire skills and attitudes necessary to establish a more positive, pro-social lifestyle; 3) develop a plan for transition; and 4) implement a plan for transition.

WINSAT staff have also developed a specific set of behavioral expectations for residents. Table 2 outlines what they have defined as "core abilities".

Table 2: WINSAT Core Abilities	
Demonstrate accountability	accept responsibility for own actions arrives for work/class on time acts according to a plan completes assignments/tasks sticks to her commitment follows instructions/orders/directions
Work cooperatively	communicates so others understand behaves appropriately in variety of situations works effectively in small and large groups demonstrates respect for differences of others recognizes conflict and uses conflict resolution skills empathizes with others accepts advice
Practice critical thinking skills	differentiates between fact and opinion analyzes information, ideas, and problems makes decisions based on analysis acknowledges other points of view perseveres through difficult and complex problems
Possess sense of self-worth	recognizes the importance of a sense of humor gives and receives constructive criticism practices active listening skills asserts self in communicating/meeting needs recognizes self-worth and develops her potential values positive lifestyles and lifelong learning applies knowledge of physical/emotional well-being awareness of AODA and mental health issues sets and works toward realistic personal goals

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Eligibility Criteria

WINSAT will accept referrals from Dodge Correctional Institution (the primary intake and processing center for the state), Taycheedah Correctional Institution (TCI), and REECC who meet the following criteria:

1. Designated as DOC Level 5 or 6 AODA status, but excluding:
   a. Axis 1 diagnoses of schizophrenia, explosive disorder, and delusional disorders.
   b. No suicide attempt in the past six months.
   c. No woman past her first trimester of pregnancy.
2. Eligibility for parole or mandatory release (MR) falls within one year from referral.
3. Sufficient medical/clinical stability (based on WINSAT assessment) to participate.
4. Minimum of 3rd grade reading level.

WINSAT will also accept referrals from the Division of Community Corrections. That is, women in violation of their probation or parole may be offered WINSAT as an alternative to revocation (ATR) of their probation or parole. Referrals of ATRs who meet the following criteria will be accepted:

1. Designated as DOC Level 5 and 6 AODA status, but excluding:
   a. Axis 1 diagnoses of schizophrenia, explosive disorder, and delusional disorders.
   b. No suicide attempt in the past six months.
   c. No woman past her first trimester of pregnancy.
2. Eligibility for parole or mandatory release (MR) falls within one year from referral.
3. Sufficient medical/clinical stability (based on WINSAT assessment) to participate.
4. Minimum of 3rd grade reading level.

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5. No pending charges.
6. No substance use within the last two weeks.
7. A signed waiver of time to extend ATR placement to 180-270 days.

WINSAT may accept an offender on provisional status. Assessment and evaluation will continue throughout the first 30 days of program placement, and a final decision to accept/refuse entrance to WINSAT will be made on or before the first 30 days.

Additional eligibility criteria are also under consideration as of this writing. WINSAT is considering insisting that participants be 18 years of age or older because inmates under 18 years old must attend school 7-8 hours each day and that wouldn't be compatible with the program treatment schedule. There has also been staff discussion of how to better screen for offender level of overall functioning and ability to function in a group.

Program Referral and Admission Process

The treatment needs of inmates are assessed at Dodge Correctional Institution during the Assessment and Evaluation (A&E) process at intake to the system. Inmate substance use and treatment histories are reviewed and assigned an "AODA need level" based on this review. Programming recommendations are put in each inmate's case plan which is reviewed every six months. Female inmates are then transferred to Taycheedah Correctional Institution (TCI), the medium security facility for females in Wisconsin. When a female inmate is recommended and approved by classification staff for a move from medium to minimum security level they are automatically transferred to REECC.

WI Bureau of Classification staff interviewed indicated that WINSAT staff should maintain an on-site priority list identifying minimum security women who meet the eligibility

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criteria for WINSAT. If a women is determined to be eligible for the treatment program they will be offered the opportunity to participate at REECC. If an eligible woman is determined to be in need of the program but refuses to enter WINSAT, classification staff may chose to elevate her back to medium custody status and transfer her to TCI.

At the time of this report, WINSAT hopes to limit new admissions to every ten weeks (at the beginning of a new phase). In this way, women would be more likely to enter treatment in groups and progress through treatment together. However, WINSAT understands the realities of pressure to fill empty treatment beds. It is unclear what the impact of group entry versus a stream of admissions will have upon treatment scheduling. At the time of this report four ATR's are waiting to begin the program when Phase 1 is again offered.

Staff indicated that the reaction to WINSAT admission of this first group of treatment volunteers was overwhelmingly positive. None of the first group refused, and the majority wanted to get into treatment as they were afraid that they would not be able to get treatment prior to their release.

Participant Assessment

Table 3 provides an overview of the assessment tools used by the WINSAT program during Phase 1 to document the characteristics and problem severity of program admissions for use in treatment planning. These tools were developed or chosen by WINSAT staff based on their perceived suitability for this population of incarcerated women. Some of the tools (particularly the ones developed by WINSAT staff) have not been tested for reliability or validity. The first cohort of admissions were assessed prior to program opening using this battery of instruments.

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Table 3: Summary of WINSAT Assessment Tools

Domain	Measurement Tool	When Collected?			How Long To Administer?
		Admission	Program	Discharge	
Substance Use	Psycho-Social History and WINSAT Alcohol-Drug Screening Instrument (WADSI)	X			60-90 minutes
	Circumstances, Motivation, and Readiness Scales (CMRS)	X		X	10-20 minutes
Mental Health	Diagnostic Interview Schedule (DIS)	X			60-90 minutes
	Brief Symptom Inventory (BSI)	X	X	X	8-10 minutes
	The Symptom Checklist 90 Analogue (SCL-90 Analogue)	X	X	X	2-5 minutes
	State-Trait Anger Expression Inventory (STAXI)	X		X	10-15 minutes
Intelligence Tests	Kaufman Brief Intelligence Test (K-BIT)	X			15-30 minutes
	Peabody Picture Vocabulary Test (PPVT-III)	X			11-15 minutes
	Slosson Intelligence Test Revised (SIT-R)	X			10-20 minutes
Learning/Cognitive	Test of Adult Basic Education (TABE)	X			60-120 minutes
	Wide Range Achievement Test (WRAT-3)	As needed			15-30 minutes
	Bender Visual-Motor Gestalt Screening for Brain Dysfunction	X			10-20 minutes
Other Skills/Traits	*The Adult-Adolescent Parenting Inventory (AAPI)*	X		X	10-15 minutes
	The Hand Test	As needed			10-12 minutes
	Post-Traumatic Stress Diagnostic Scale (PDS)	X		X	10-15 minutes
	Culture-Free Self-Esteem Inventory (CFSEI-2)	X		X	15-30 minutes
	Functional Assessment of Daily Living Skills	X	X	X	3-5 minutes

Note. Italicized measures were eliminated three weeks after program start.

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The following provides a description of each assessment instrument as described in the WINSAT program manual developed by program staff:

Psycho-Social History and WINSAT Alcohol-Drug Screening Instrument (WADSI): A semi-structured interview instrument created by the WINSAT staff. Its two sections include a psycho-social history (legal, psychological, social, and medical history) and the WADSI which is an alcohol and drug screen. The WADSI is a self-report questionnaire that is quantified and scored by the interviewer to rate the interviewee's level of alcohol-drug abuse/dependency, and to determine program appropriateness.

Circumstances, Motivation, and Readiness Scales for Substance Abuse Treatment (CMRS) is a brief, self-report instrument which measures the offender's perception of circumstances, motivation, and readiness for long-term, residential, AODA treatment. There are three versions of this instrument that will be used to evaluate change over time which include the following: Intake Version (18 questions); Repeated Measures Version (37 questions); and Non-Recovery Motivation for Prison TC Scale Version (10 questions - a repeated measures version).

Functional Assessment of Daily Living Skills: A staff checklist of the life skills and current functioning of the offender in areas of: self-care; daily performance (e.g., time management, etc.); communication skills; independent living skills; and core cognitive abilities. The WINSAT team developed this instrument.

Diagnostic Interview Schedule (DIS): A semi-structured diagnostic interview conducted by the psychologist to develop a psychological profile of the offender and to facilitate proper DSM-IV categorization. The interview will be conducted with each offender individually, after scoring and evaluating the other assessments used.

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Brief Symptom Inventory (BSI): A brief (53 question), self-report assessment of psychiatric symptoms and their severity. Its purpose is to measure psychiatric and mental health issues that may impact on the offender's response to AODA treatment.

The Symptom Checklist 90 Analogue (SCL-90 Analogue): A staff-rated scale that helps provide a brief, standardized method for collecting observer data on a offender's psychological symptoms. It includes nine primary dimensional scales plus one global psychopathy scale. The SCL-90 is designed to be simple to use and easy to score and can be used by health professionals without in-depth training or knowledge of psychopathy. It provides a standardized method for gathering outcomes-related, offender-change data to help corroborate the offender's self-report on the BSI.

Kaufman Brief Intelligence Test (K-BIT). A brief, individually administered screen of verbal and nonverbal intelligence. Especially useful in prison settings and for adults who have language difficulties.

Peabody Picture Vocabulary Test (PPVT-III): A brief measure of listening comprehension and a screening test of verbal ability (requires English language ability). It is a culturally fair instrument that is appropriate for use with African-Americans and other English speaking minorities. No reading or writing is required, but she must speak and comprehend English.

Slosson Intelligence Test Revised (SIT-R): Provides a quick, reliable index of intellectual ability. The SIT-R is an excellent alternative to longer, more time-consuming intelligence tests. The items are drawn from six cognitive domains: Information, Comprehension, Arithmetic, Similarities and Differences, Vocabulary and Auditory Memory. Test questions use

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contemporary language and are free of significant demographic, racial, or sex bias.

Test of Adult Basic Education (TABE) is a battery of norm-referenced tests that give both normed scores and skill-and-outcome-performance scores for adults. It measures academic achievement in three principle areas: Reading, Language and Mathematics.

Wide Range Achievement Test (WRAT-3): A brief, evaluation instrument that measures achievement and learning in the following areas: reading, spelling, and arithmetic. It can help to detect learning disabilities.

Bender Visual-Motor Gestalt Screening for Brain Dysfunction: A brief, nonverbal, projective test used to assess the cognitive domain of visual-constructive abilities and to screen for brain damage and cognitive decline. Consists of nine figures, presented to the individual one at a time, to copy on a blank piece of paper. This screen has the ability to distinguish between brain impairment and serious mental disorders like schizophrenia. It is a projective device that uses drawing but does not depend upon the examinee's ability to draw. It is used in conjunction with the other I.Q. screens to further assess cognitive abilities/disabilities.

The Adult-Adolescent Parenting Inventory (AAPI): A 32-item scale, written in simple language, designed to help professionals assess parenting and child rearing strengths and weaknesses of offenders in the following four areas: 1) inappropriate developmental expectations of children; 2) lack of empathy toward children's needs; 3) belief in the use of corporal punishment; and 4) reversing parent-child roles.

The Hand Test: A simple projective, diagnostic technique that measures action tendencies-particularly acting-out and aggressive behavior. Using pictures of hands as the projective medium, the Hand Test elicits responses that reflect behavioral tendencies. Stimulus

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materials consist of a set of 10 unbound cards containing simple line drawings of hands in various positions. This is a nonthreatening, brief, and easily administered instrument. It is an ancillary clinical technique that can be integrated with other tests in a diagnostic battery.

Post-Traumatic Stress Diagnostic Scale (PDS): A 49-item self-report instrument that measures post-traumatic stress symptomology. To be used as a screening tool, a treatment planning device, and an outcome measure in the Trauma Recovery Program.

Culture-Free Self-Esteem Inventories (CFSEI-2): A 40-item, self-report instrument that measures the perception of individual worth. The CFSEI-2 is relatively culture-free, requires only simple yes or no answers, and can also be administered orally. The adult form (form AD) yields subscale scores in four areas: general, social, personal, and lie (defensiveness).

Assessment of First Treatment Cohort: Staff indicated that the first cohort of women liked the individual attention they received during the administration of the assessments, but indicated that they couldn't anticipate what the reaction of the women would be to repeated administrations over the course of treatment. It should be noted that some of the women expressed concern to staff about the confidentiality of the assessment content; they were afraid that the correctional officers and other treatment participants would make fun of them.

Within three weeks of program opening WINSAT eliminated three of the assessment tools: the Hand Test, the STAXI, and the AAPI. The Hand Test was deemed to be unnecessary by the psychologist. The psychologist also indicated that the treatment specialist conducting the anger management sessions would use his own instrument rather than the STAXI. However, there is no plan to substitute any different tool. Staff also indicated that the parenting instructor did not want to administer the AAPI as she felt that women would be "angry with her regarding

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some of the items on the AAPI." Thus, the parenting instructor wants to find a measure "less offensive" or develop her own tool based on course content to administer pre-test and post-test.

The utility of the staff-developed WADSI (which is described as an AODA screen) and Daily Living Skills assessment will be shown over time.

Treatment Model and Services Offered

WINSAT staff have developed a program handbook which describes the treatment model and programming approach. The following summarizes the service model, principles of programming, and treatment needs to be addressed outlined in the program handbook.

The WINSAT program employs three principle aspects in its service design:

- Cognitive Behavioral Model;
- Therapeutic Community Approach; and
- Gender-Specific Focus.

The fundamental principles of WINSAT programming include:

- Empowering women;
- Providing meaningful choices in programs and community;
- Treating women with respect and dignity;
- Providing a physically safe and supportive environment; and
- Sharing responsibility between staff and residents of the community.

This approach and its corresponding principles and emphases have been translated into three WINSAT program phases (Table 4). Each phase is designed to be eight weeks long with a two-week break between each phase for assessment, orientation of new admissions, and staffing.

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Table 4: WINSAT Program Phases
Phase 1: Assessment/Awareness (eight weeks)
The purpose of this phase is determine the appropriateness of WINSAT placement and to orient participants to the program. Orientation will include assessment and treatment planning, introduction to the therapeutic community, and introduction to AODA treatment, cognitive intervention, education, health care, and security services.
Phase 2: Treatment/Relapse Prevention (eight weeks)
Treatment services will include individual and group therapy addressing AODA relapse prevention, relationships, anger management, cognitive intervention, education (HSED) and life skills, and spirituality (optional). Additional supportive services will include parenting, sex offender groups, sexual abuse therapy, and self-help groups (optional).
Phase 3: Transition/Aftercare Planning (eight weeks)
This last phase of residential treatment will assist participants in developing transition plans and aftercare plans.

The program manual/handbook also describes the content and structure of each WINSAT component. WINSAT treatment services include: AODA awareness group, Cognitive Interventions Program (four phases), women survivors of childhood abuse recovery (WISCAR) group, post-traumatic stress disorder (PTSD) group, relationship groups, stress/anger management, group therapy, caregiving/parenting (emphasis on nurturing as not all participants have children), support groups (SMART), and religious/spirituality services. In addition, the program offers educational services (literacy, HSED, employability skills, correspondence courses, pre-vocational/vocational skills, Mentor Program) and health services (screening, assessment, health maintenance, medication monitoring, crisis intervention, health education, and mind/body therapy activities). There is no formal group addressing independent living skills during WINSAT Phase 1, but a life skills curriculum has been developed by staff to be

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implemented by the treatment sergeants during WINSAT Phases 2 and 3. Staff indicated that they plan to integrate these topics into other treatment groups as well.

The WINSAT program schedule (see Appendix 4) reflects services for two groups of Phase 1 participants. The current group of 20 participants has been divided into two groups of 10 women each; there will be 15 women per group when the program capacity of 30 women has been reached. The treatment schedule will expand as additional treatment groups are added for Phase 2 and Phase 3 participants. The WINSAT treatment schedule for Phase 1 participants currently includes:

- Therapeutic community meeting (five days per week for one hour each);
- AODA awareness treatment group (five days per week for 1.5 hours each);
- Cognitive Interventions (two days per week for 2 hours each);
- Trauma therapy group (once per week for one hour);
- Stress/anger management (two days per week for one hour each);
- Relationships group (two days per week for 1.5 hours each);
- Individual psychotherapy with psychologist (one hour per week maximum);
- Caregiving/parenting (once per week for 1.5 hours);
- Mind and Body Therapy fitness activities (two days per week for one hour each);
- S.M.A.R.T. self-help/support group (once per week for 1.5 hours);
- High School Equivalency Diploma (HSED) classes (four days per week for a total of six hours per week);
- Business Math Vocational classes (one hour per week);

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The current schedule offers 26 hours of treatment programming per week to each treatment participant (an addition 1.5 hours if a woman chooses to attend the weekly self-help group). If a woman participates in the HSED or vocational services she can receive up to an additional seven hours per week of service. If a woman avails herself of all Phase 1 services she could receive up to 35 hours of WINSAT services per five-day week. Further treatment is provided through non-scheduled weekly individual psychotherapy sessions and informal one-on-one meetings with treatment staff. There are no treatment services on weekend days, with Saturdays and Sundays given over to unit cleaning, receiving visitors, and leisure time.

The WINSAT schedule also includes seven hours of "staffing" time during which staff can meet together to do treatment planning and monitor participant progress as a treatment team.

The WINSAT program also has a Level System to help both the offender and staff measure stages of progress through treatment (Table 5). Level 1 is measured by adjustment criteria, Level 2 is measured by program/community compliance and demonstration of responsible behavior, and Level 3 is measured by application of skills, self-esteem and transition criteria. The criteria for acceptable performance will reflect community norms. Table 5 identifies the three primary levels, their requirements, and privileges.

Therapeutic Community (TC) Elements: WINSAT also includes a variety of therapeutic community elements broadly grouped here as relating to treatment atmosphere, treatment services, decision-making approach, and behavioral sanction/reward system. WINSAT staff felt that the *treatment atmosphere* was unique to a TC. The physically separate unit allows residents to eat all of their meals together, have recreation time together, and attend goal setting

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Table 5: Program Level Chart		
LEVEL	CRITERIA	PRIVILEGES
Level 1 **Stabilization**	☐ Minimum 30 days ☐ No major conduct reports ☐ Cooperation with staff & peers ☐ Positive staff/peer evaluations ☐ Positive Program participation ☐ Orientation complete/contract signed ☐ Abide by Phase 1 Program Criteria	• Staff assigned in- house jobs • Curfew: Sunday thru Thursday - 10:30 pm Friday & Saturday – Midnight • Recreation – on grounds • Canteen $90
Level 2 **Growth**	☐ Minimum 60 days ☐ Enrolled/participating in all programs ☐ No major conduct report and not more than two minor conduct reports ☐ Cooperation with staff & peers ☐ Positive staff/peer evaluations ☐ Demonstrates responsible behavior	• Eligible for paid in-house jobs • Curfew: Sunday thru Thursday – 10:30 pm Friday & Saturday – Midnight May contract for extended hours • May serve as buddy for new resident • Recreation – on grounds • Canteen $110
Level 3 **Respect**	☐ Successful completion of at least one of the following: Cognitive Intervention - Phase I Program Treatment - Phase I HSED Life Skills ☐ No conduct reports ☐ Must hold one position of responsibility (i.e., kitchen worker, mentor, etc.) ☐ Cooperation with staff and peers ☐ Positive staff/peer evaluation	• Curfew: Sunday thru Thursday - 11:00 p.m. Friday and Saturday - 1:00 a.m. • May serve as buddy for new resident • Off-grounds recreation with permission • May contract for additional privileges (shopping, work release, library, etc.) • Elected to community committees • Eligible for community service • First choice on in-house jobs; eligible for work release • Canteen $130

and community review meetings each morning. Staff felt positively about using the WINSAT core abilities as a structure for programming and stated that the "structure is based on appropriate and inappropriate behavior rather than DOC rules." Staff feel that there is more trust among staff and participants, and more interactive time than in the general population.

Staff were also enthusiastic about the wide variety of *treatment services* available to treatment participants and the comprehensiveness of those services. There is increased

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opportunity for one-on-one interaction with staff, more interaction with other inmates, more "choices for women in how their needs get met", and more options for resolving conflict.

Staff felt that the *approach to decision-making* in WINSAT was a unique part of the program. The women participants are critically involved in decision-making regarding all aspects of the treatment program. Staff noted a less "military attitude" from WINSAT staff than that held by other institutional employees, stating that WINSAT "feels more like a treatment center than a prison". WINSAT staff developed a system of positive and negative "spins" in which the residents make decisions regarding the resolution of conflicts and issuing consequences for behavior. A spin is presented to an individual by another resident at the community meeting for either positive or negative behavior. A positive spin is generally a public recognition of behavioral improvement or treatment progress and a negative spin generally includes some type of confrontation of poor attitudes or behaviors by the community.

A detailed (although as yet untested) *system of rewards/sanctions* has been developed by WINSAT staff. Resolution of conflicts among treatment participants should follow a clear progression of action that includes (a) a verbal warning/confrontation between participants, (b) one resident gives the other a "negative spin", (c) the issue is brought before the entire community at a community meeting, and (d) staff resolution of the issue if it cannot be resolved by the community. Sanctions that can be imposed upon treatment participants by staff or other TC members include elective alone time for reflection, formal written reprimand, extra duty, room confinement, building confinement, loss of privileges, written assignment, time-out away from other TC members, or segregation. In these ways the community holds residents responsible for their own actions.

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In addition, a wide variety of privileges can be withheld in attempts to modify behavior. WINSAT treatment participants receive many privileges that are not available to inmates in the general population: hand soap and paper towels in the bathrooms, chewing gum, more space (only two women per room), having treatment staff at their disposal, more recreation time, can share food items, have one-half hour to eat meals, have peanut butter sandwiches available as an option if they don't care for the meal offered, can have second servings of food, bigger televisions, use of VCR, and can listen to the radio without headphones.

Termination and Completion Criteria

As of the date of the first WINSAT admissions the program discharge criteria included:

1. Successful completion of WINSAT program Phases 1-3.
2. Unacceptable adjustment during the first 30 days of WINSAT.
3. Termination from any treatment phase for the following:
   a. Battery
   b. Sexual assault
   c. Substance use
   d. Change in status whereby offender no longer meets eligibility criteria.

While it is clear that women who are charged with battery, sexual assault, or substance use while in the program will be terminated, it is unclear what other behaviors (either chronic or episodic) will result in termination. These criteria lack the necessary specificity and will likely be modified as the program develops. As of the time of this report, WINSAT was in the process of its first administrative termination for an inappropriate diagnosis.

Classification staff interviewed for the baseline site visit indicated that classification staff,

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rather than treatment program staff, actually terminate inmates from programming. WINSAT staff should carefully document the reasons for termination and take progressive steps to attempt to retain the inmate in the program. The inmate is referred to the Program Review Committee (PRC) as a possible termination and the reasons why the participant should be terminated are presented. The participant will be suspended from programming until the termination is finalized. The inmate can contest the termination and PRC will make the final judgement of termination. Inmates terminated from the program may be returned to a REECC general population unit or be transferred to TCI for medium security incarceration if they are assaultive. ATR participants are offered the same due process through a revocation hearing.

WINSAT graduates will be asked to complete a brief satisfaction survey (Appendix 5) upon their exit from the program. The anonymous satisfaction survey asks for their perceptions of a variety of program components and services, the extent to which they found the services helpful in their recovery, and suggestions as to how to improve WINSAT. The results of these surveys will be utilized by WINSAT staff for the purposes of program improvement. Although the evaluator recommended that all WINSAT discharges be asked to complete the satisfaction survey, a decision was made by program staff to obtain this information only from graduates.

Aftercare Service Component

The aftercare component is the least developed of the WINSAT components and will be more fully developed once the other treatment services are more firmly in place. As of this writing, the outreach specialist plans to conduct two relapse prevention and release planning groups for active treatment participants each week, two relapse prevention groups each week for graduates who remain incarcerated at REECC, and two relapse prevention groups each week in

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the community for graduates. In addition, she plans to meet monthly with each WINSAT graduate and her parole/probation agent to monitor progress.

Post-Graduation Institutional Services: Continuing services for graduates who remain incarcerated at REECC will include weekly relapse prevention groups conducted by the outreach specialist. WINSAT staff also indicated that the pre-release coordinator at REECC will "help them out" in monitoring graduates and coordinating services during the time between program completion and release to the community. In addition, the existing treatment person who has conducted AODA aftercare groups at REECC for the past nine years will be contracted to provide services to WINSAT graduates ten hours per week.

Aftercare Services in the Community: The WINSAT outreach specialist will also monitor the progress of graduates after release to the community through monthly meetings with individual women and weekly relapse prevention groups in the community. As the majority of WINSAT graduates will be paroled to a numerous communities in Milwaukee, Racine, Kenosha, Rock, and Dane Counties, it is unclear which communities will be selected as the site(s) for the relapse prevention groups.

WINSAT has plans to work with the probation/parole office in the region by helping to coordinate pre-release planning. While staff expressed their desire to have one parole agent working with the program, the program's regional probation/parole chief felt that it would "not be realistic or even in the best interest" of WINSAT to have one parole agent for WINSAT graduates. WINSAT will parole treatment graduates to a variety of counties and one agent could not cover all of the geographic regions. In addition, parole agents are assigned to supervise individuals paroled to particular areas in the nearby city of Racine (on the neighborhood level).

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If a woman is paroled to either Racine, Kenosha, or Walworth counties (surrounding the treatment site) then a liaison agent from the Racine Area Project (RAP) can provide services at REECC. This liaison agent will provide reintegration services prior to release by developing a case plan, a parole plan, and conducting a "risk to reoffend" assessment, and will meet with the offender at release to the community and assign them to an agent. However, the RAP liaison cannot assist women released to other counties -- a liaison from each county would be needed.

The outreach specialist has worked with probation/parole offices in Milwaukee for a number of years and also has connections with Genesis, the area's largest treatment provider for corrections clients. She indicated that she will coordinate with Milwaukee's chief of probation and parole to get service agreements in place. She also plans to utilize her own personal and professional connections to facilitate coordination of services.

There is an obvious need to formalize these relationships and outline responsibilities as the program develops. However, DOC administrators warned that any arrangements made by WINSAT may be complicated by the fact that the Center Superintendent will no longer report to the regional chief of Probation/Parole, but will report instead to the sector chief. One DOC administrator also expressed concern that community agencies were not a part of the treatment model development, indicating that WINSAT should have used community agencies as sources of treatment information during program development and obtained their input when planning referral and coordination procedures.

WINSAT staff developed a resource handbook listing the names of resources available to women in the communities to which they will be released. WINSAT staff have the opportunity to coordinate services for women with a variety of community agencies:

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- Southeastern Wisconsin AODA program (Racine day treatment for corrections clients);
- Genesis (Milwaukee/Kenosha/Racine day treatment for parolees);
- Racine Area Project -- RAP (day reporting center for women on maximum parole supervision providing employment, treatment, and counseling services);
- ASHA in Milwaukee (counseling/treatment for women of color);
- ARC House in Madison (substance abuse treatment for female corrections clients);
- Meta House in Milwaukee (residential substance abuse treatment);
- Horizon House in Milwaukee;
- Comprehensive Community Treatment Program -- CCTP (residential AODA in Racine)
- Lincoln Park Prison Reintegration Program for support services; and
- Women's Center in Milwaukee.

Delays/Barriers to Implementation

The most significant barriers to implementation have related to staff hiring and delays in the State budget process which combined to delay the opening of WINSAT for nearly a year (see Figure 1).

Extended delays (from January 1999 to July/August 1999) were experienced in obtaining authorization to hire the program treatment staff (see section on program staffing). In addition, the program opening was delayed an additional 3 ½ months (from December 1999 to March 2000) due to a system-wide shortage of correctional officers. The WINSAT staffing pattern calls for five correctional officers to staff the program 24 hours per day, seven days per week. However, the lengthy hiring process and low wages (starting pay of $10.21 per hour) across the DOC system make these positions difficult to fill. Staffing these positions with female

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correctional officers (essential for third shift work) is even more difficult. In order to ultimately get WINSAT operational, the program director and center superintendent decided to open without these essential security personnel. The WINSAT treatment sergeants have agreed to work rotating shifts and perform correctional officer duties in the short term in order to open the program and begin treating women inmates.

The state budget process also dramatically influenced WINSAT's opening date. The WINSAT program start date was delayed from July 1999 to August 1999, and then again to October 1999, because the Wisconsin Legislature had not yet passed the State budget (due July 1, 1999) that would allow WINSAT to install an essential fire alarm system in the newly renovated space. The fire alarm system had to be bid out through the State process and the contract could not be finalized until the new budget was in place. The State budget was not passed until mid-October, moving the anticipated program start date to December 1, 1999.

Staff Perceptions of Current Program Strengths and Limitations

In April 2000, staff were asked for their perceptions of the strengths of WINSAT and the areas in which they could already see that the program needed improvement.

Current Strengths: Staff mentioned a wide variety of program strengths:

- Positive interaction between WINSAT and DOC administration, A&E, and classification staff -- "Everyone wants this to work for women offenders. They know it's needed."
- The four core abilities developed by staff;
- Comprehensivenes of treatment services -- a variety of services all in one program;
- The one-on-one counseling - inmates in general population would not receive the same level of individualized attention or "intensity of service;"

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- Staff are supportive of each other;
- The treatment participants are socializing with a new group and are more relaxed - "We can already see the difference in these women (after three weeks)";
- Participants are learning to confront each other rather than attack each other;
- Community meetings;
- Physical space -- participants are physically separate from other women in the institution;
- The rooms are clean and comfortable;
- Have excellent equipment and materials (videos, etc.).

Current Limitations: Staff also mentioned several challenges experienced and ways in which the program could be improved. They also discussed a few issues that had already been addressed or changed by WINSAT staff:

- WINSAT is not yet fully staffed - need correctional officers, psychiatrist, and nurse;
- Staff expressed a need for more clear supervision and support from the program director and center superintendent, and for more of the program director's time during the start-up period. In response, administrators acted to obtain a full-time Assistant Corrections Program Supervisor for WINSAT. As of this writing, the position description has been developed, but the position has not yet been posted to begin the hiring process;
- Staff cannot go against established DOC policy related to lines of authority -- i.e., staff do not have keys (as per DOC security policy) to some areas of the institution that are used to provide WINSAT treatment services;
- There is some concern that each staff person has developed feelings of ownership for individual program pieces rather than a sense of ownership of the entire program. Several

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people interviewed felt that staff need to be more flexible and open to modifying the program -- "Staff thinks things in the schedule are set in stone";

- Staff fear "becoming fragmented" by offering such a variety of treatment services;
- The lack of shift overlap for the treatment sergeants during the short-staffed first month of operation led to communication difficulties, but with the corrections officers on staff the treatment sergeants work together for at least four hours per shift.
- Communication difficulties were experienced between non-WINSAT security staff and WINSAT regarding program rules and institutional rules;
- The treatment schedule for women was intensified after only three weeks, adding more services related to AODA;
- Assessment procedures were not really pilot tested with the first cohort of admissions as they were assessed gradually prior to program opening and over a longer period of time.
- Termination criteria are not clear enough regarding terminating for poor behavior;
- The community meetings were being used "only to make rules" so staff changed the format to one in which residents could address "spins" (both positive and negative) and eliminated the daily wrap-up session because the women did not find it useful;
- The physical fitness activity underwent a name change to "body and mind therapy" to better reflect the focus of connecting the mind and body through physical activity; and
- Residents were attempting to maintain friendships and arrange trysts with women in the general population units from which they had been transferred so WINSAT instituted a policy of not being allowed to receive internal mail from other inmates for the first 60 days of program.

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STUDY GOAL #2: DOCUMENT TREATMENT PARTICIPATION THROUGH THE DEVELOPMENT OF A DATA SYSTEM

Development of Data System

Project data collection forms were developed to describe the participants, to document project services, and to assess intermediate outcomes (see Appendix 2).

The forms were adapted from Wisconsin's RSAT program for dually diagnosed men and customized to address WINSAT's unique objectives and procedures. With program staff input, these forms were designed to summarize/abstract data from existing DOC forms, as well as collect data regarding program services and inmate performance unique to the project. In addition to collecting information for this study, the participant data system forms were also designed to serve as part of each inmates' treatment case file to provide a system of case documentation.

Four separate participant summary forms were developed which together will serve as the WINSAT participant data system:

- Referral/Admission Form;
- Phase 1 Summary Form;
- Phase 2 Summary Form; and
- Phase 3 Summary Form.

These forms correspond to the three primary WINSAT phases of treatment. They summarize a wide variety of demographic, assessment, and treatment progress data (Table 6). A brief set of instructions on completing the forms was prepared by the primary evaluator and given to WINSAT staff along with the finalized forms (also included in Appendix 2).

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	Table 6: Participant Data System Elements				
Domain	Referral/Program Admission	Assessment/ Awareness (End of Phase 1)	Active Treatment (End of Phase 2)	Discharge from Program (End of Phase 3)	90 Days after Release (planned)
Program	referral source, referral result, prior admission data	days in phase, reason for exit, hours of group and individual services received, WINSAT level	days in phase, reason for exit, dosage of group and individual services received, WINSAT level	days in phase, exit reason, dosage of group and individual services, WINSAT level, post-test assessment results	dosage of WINSAT services received in community
Personal	age, ethnicity, marital status, pregnancy, number/age of children, where children reside	number of "spins", conduct reports, days out of unit, parenting participation, independent living skills, self-esteem, ratings of program behavior	number of "spins", conduct reports, days out of unit, parenting participation, ratings of program behavior	basic education class dosage, GED, independent living skills, conduct reports, segregation time, self-esteem, ratings of program behavior,	living situation, source of income, independent living skills, vocational assistance
Education/ Employment	years of education, highest grade completed, reading level, employment history	IQ score, reading and math level, learning disability, dosage of education services	dosage of education services, educational achievement	dosage of education services, educational achievement	educational involvement, employment status
Physical Health	medical assessment results	fitness activity participation	fitness activity participation	fitness activity participation	overall health ratings, health care access and utilization

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Table 6: Participant Data System Elements

Domain	Referral/Program Admission	Assessment/ Awareness (End of Phase 1)	Active Treatment (End of Phase 2)	Discharge from Program (End of Phase 3)	90 Days after Release (planned)
Substance Use	substance use met WINSAT eligibility criteria according to A&E assessment	primary and secondary diagnosis codes, prior treatment, CMRS, psycho-social history, urinalysis results	urinalysis results	AODA treatment dosage (number of sessions, etc.), treatment program performance and progress, urinalysis results	aftercare participation, referrals for treatment, urinalysis results
Mental Health	mental health status met WINSAT eligibility criteria according to A&E assessment	primary diagnosis, prior treatment, psychotropic medications, BSI, SCL-90, PTSD scale	symptoms, behavioral episodes, staff ratings	symptoms, behavioral episodes, staff ratings	medication, referrals for and participation in counseling or support groups
Criminal Justice	current offense, sentence length, parole eligibility, mandatory release date, prior incarcerations, institutional behavior	Cognitive Interventions dosage	Cognitive Interventions dosage	number of days incarcerated prior to discharge, DOC risk/needs assessment results	number of arrests and convictions, parole/probation performance, reincarceration

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The referral/admission form was pilot tested by WINSAT staff in December 1999 by completing the forms on a few sample inmates in the REECC general population. We made revisions and finalized the referral/admission forms in December 1999 so that they would be ready when the first cohort of program participants were admitted. We pilot tested the Treatment Phase I Summary Form in early 2000 using the same procedures. Forms documenting services during the remaining phases of institutional treatment were prepared by CHPPE and given to the program prior to study end. Forms relating to the aftercare and follow-up components of the program were not designed as these program components had not yet been developed.

CHPPE also developed the ACCESS database that will be used to summarize these forms, sending the first portion of the database pertaining to the referral/admission form to the program in December 1999 and the remainder in draft version in April 2000. This database will be maintained at the treatment program site and summarized periodically by program staff.

STUDY GOAL #5: DEVELOP OUTCOME EVALUATION PLAN

One of the goals of this study was to develop a comprehensive plan to conduct a rigorous impact evaluation after this study has been completed. Our past experiences in conducting impact/outcome evaluation have shown that it is most often beneficial to wait until the treatment program has stabilized. Too often we are mandated to measure participant outcomes during the first year while the program is struggling with staff recruitment/retention, designing data collection procedures, changing treatment curriculum/approaches, modifying eligibility criteria, or revising completion requirements. WINSAT is not yet ready for outcome evaluation, but may be in late 2000 or early 2001.

Two separate outcome evaluation designs were developed as part of the current process

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evaluation study: the first, a full study design to be implemented should additional funding be obtained to engage the services of an external evaluator, and the second, an abbreviated design to be implemented by WINSAT staff in the absence of external evaluation assistance and resources.

The full study design includes a description of program participants, an examination of intermediate outcomes, an examination of outcomes three months and six months after release to the community for all participants, and a comparison group identified as part of the current process evaluation. The abbreviated study design includes a subset of these components: a description of program participants, an examination of intermediate outcomes, and an examination of outcomes three months after release for program graduates.

WINSAT has been designed from the start to accommodate an evaluation of participant outcomes. WINSAT staff have created measurable goals and objectives and a pilot version of the participant data system will be in place by April 2000 for gathering baseline, service dosage, and intermediate outcome data.

The WINSAT outcome evaluation study will build upon the foundation developed during the process evaluation period. The treatment program goals and objectives developed during the process evaluation were designed to incorporate outcome evaluation issues should additional funding be obtained. In addition, the computerized participant data system developed during the current study was designed to systematically capture information for an outcome evaluation.

The proposed goals, research questions, and data sources of the outcome evaluation are shown in Table 7. These study goals revolve around documenting offender participation in treatment, documenting intermediate outcomes, and documenting community outcomes related to substance use, mental health, stability, physical health, and criminal justice recidivism.

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Full Outcome Research Design and Methodology

The WINSAT outcome evaluation study will seek to investigate the institutional (intermediate) outcomes and community outcomes of female offenders involved in the WINSAT program. The study will have the following primary goals:

1. Assess offender participation in treatment;
2. Assess treatment program impact on intermediate outcomes in the institution;
3. Assess treatment program impact on substance use and physical health outcomes;
4. Assess treatment program impact on mental health outcomes;
5. Assess treatment program impact on outcomes related to social supports;
6. Assess treatment program impact on criminal justice recidivism outcomes;

The outcome study will utilize a quasi-experimental design with a comparison group to assess treatment participant outcomes after release/parole to the community. This outcome evaluation is designed parallel to an outcome evaluation study underway for the Mental Illness - Chemical Abuse (MICA) Treatment Program funded by NIJ as part of the RSAT for state prisoners. The outcome study will also dovetail with current Wisconsin DOC efforts to develop standardized procedures for gathering outcome data from all DOC substance abuse programs.

Estimated Size of Treatment Group: We estimate that the potential sample of treatment participants available for a two-year study will be approximately 100-150 treatment admissions. WINSAT admitted its first group of 20 participants in March 2000 and will reach it's capacity of 30 women in May 2000. We anticipate that the first cohort of participants will complete the treatment program in November 2000 and be released to the community in December 2000.

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Table 7: Preliminary Outcome Study Goals, Research Questions, and Data Sources		
Study Goal	**Research Questions**	**Data Source(s)**
1. Document offender participation in treatment	A. What are the characteristics of program participants?	Participant data system
	B. What services do participants receive and what is the dosage of those services?	Participant data system
	C. What proportion of the participants are successfully terminated from the program?	Participant data system
	D. What is the average length of stay in the program?	Participant data system
2. Document treatment program impact on intermediate outcomes	A. Does the program reduce or eliminate substance use while in the institution?	Participant data system Treatment staff ratings
	B. Does the program stabilize symptoms and behavioral problems in the institution?	Participant data system Treatment staff ratings
	C. Do participants demonstrate accountability for their actions?	Treatment staff ratings
	D. Do participants work cooperatively?	Treatment staff ratings
	E. Do participants practice critical thinking skills?	Treatment staff ratings
	F. Do participants possess a sense of self-worth?	Treatment staff ratings
	G. Are participants more likely to participate in work release opportunities while incarcerated than the comparison group?	Participant data system
3. Document treatment program impact on substance use outcomes	A. Are participants less likely to use substances after release to the community than members of the comparison group?	Parole Agent reports Outreach specialist
	B. Are participants more likely to participate in substance abuse treatment after release than comparison group members?	Parole Agent reports Outreach specialist

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Table 7: Preliminary Outcome Study Goals, Research Questions, and Data Sources		
Study Goal	**Research Questions**	**Data Source(s)**
4. Document treatment program impact on mental health outcomes	A. Are participants more likely to reduce their exposure to sexual and physical violence than the comparison group?	Parole Agent reports Outreach specialist
	B. Are participants more likely to exhibit medication compliance after release than comparison group members?	Parole Agent reports Outreach specialist
	C. Are participants more likely to receive community mental health services after release than comparison group members?	Parole Agent reports Outreach specialist
5. Document program impact on outcomes related to stability	A. Are participants more likely to maintain a stable living situation after release than members of the comparison group?	Parole Agent reports Outreach specialist
	B. Are participants more likely to develop a social support system after release than members of the comparison group?	Parole Agent reports Outreach specialist
	C. Are participants more likely to enjoy enhanced family and personal relationships than members of the comparison group?	Parole Agent reports Outreach specialist
	D. Are participants more likely to regain/maintain legal or physical custody of their children than the comparison group?	Parole Agent reports Outreach specialist
	E. Are participants less likely to be charged with abuse or neglect of their children than the comparison group?	Parole Agent reports Outreach specialist
6. Document program impact on outcomes related to physical health	A. Are participants less likely to experience health problems associated with AODA than the comparison group?	Parole Agent reports Outreach specialist
	B. Are participants less likely to experience sexually transmitted disease than the comparison group?	Parole Agent reports Outreach specialist
	C. Are participants more likely to be physically fit/active than members of the comparison group?	Parole Agent reports Outreach specialist

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Table 7: Preliminary Outcome Study Goals, Research Questions, and Data Sources		
Study Goal	**Research Questions**	**Data Source(s)**
7. Document treatment program impact on criminal justice recidivism outcomes	A. Are participants less likely to be arrested after release to the community than members of the comparison group?	CIPIS database Parole agent reports Outreach specialist
	B. Do participants who are arrested show a longer time between release and first arrest than the comparison group?	CIPIS database Parole agent reports Outreach specialist
	C. Are participants less likely to be reincarcerated after release to the community than members of the comparison group?	CIPIS database Parole agent reports Outreach specialist

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We estimate that 110-135 women will be admitted to WINSAT during an 18-month data collection period (based on three eight-month cohorts and a capacity of 30 women, with a 25% - 50% termination and replacement rate). Assuming a treatment completion and parole rate of 50 percent (although the rate may be higher), about 50 WINSAT graduates will have been "at risk" in the community for a minimum of three months by 18 months after the study commences (when data collection will end). Approximately 35 graduates will have been "at risk" in the community for a minimum of six months by the end of this timeframe. While the sample size is not extremely large, there is national interest in the treatment of female offenders and this research has the potential to make a significant contribution.

Description of Comparison Group: We have also identified an appropriate comparison group of female inmates who will not receive WINSAT services. These inmates meet all program diagnostic and eligibility criteria except the program requirement that they have at least 12 months to serve until their mandatory release (MR) date. These women are similar to treatment participants, but did not receive WINSAT services because they had less than 12 months to MR and so would likely be released prior to completion of the treatment program. A group of 47 of these inmates have been identified by WINSAT staff to date and it is likely that this group could increase in size. An additional benefit to utilizing this group as a comparison is that they are likely to be paroled to the community within a two-year study period, allowing us to obtain data on their outcomes in the community.

Data Sources: The study will utilize data from a variety of sources, including treatment program data, parole agent reports, WINSAT staff reports, and corrections data systems.

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Participant Data System: WINSAT data collection forms were developed to describe the treatment participants, to document project services, and to assess intermediate outcomes (see Appendix 2). With program staff input, these forms were designed to summarize/abstract data from existing DOC forms, as well as collect data regarding program services, assessment information, and inmate performance unique to the project.

Participant data system forms summarizing the Transition and aftercare phases of WINSAT are still under development. However, as part of the process evaluation a database for systematizing the forms that have been developed (Referral/Admission, Phase I, Phase II, and Phase III) has been created using Microsoft ACCESS. This database will be maintained at the WINSAT program site after it has been completed.

Parole Agent Reports: We propose to gather information on three-month post-release outcomes for both the participant and comparison groups from parole agents through the Department of Community Corrections. Parole agents will be asked to complete a brief (two pages or less) report form summarizing the parolees' performance in the community for their first three months after release.

Outreach Specialist Reports: As part of the aftercare phase, the WINSAT outreach specialist will maintain close contact with treatment graduates after parole and with their parole agents throughout Wisconsin. The outreach specialist will help to coordinate a wide variety of services for WINSAT graduates including housing, mental health services, substance abuse treatment services, etc. The outreach specialist will provide information on community outcomes for WINSAT graduates for the outcome evaluation. We propose to have the outreach specialist systematically document outcomes at three months after release to the community.

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Corrections Data Systems: To gather data regarding six-month post-release recidivism outcomes (arrest and reincarceration) for both participant and comparison groups we plan to utilize the WI DOC Corrections Integrated Program Information System (CIPIS) database. We will also utilize the CIPIS database for gathering baseline data for the comparison group. We will abstract as much relevant information as we can from this system regarding demographic, needs/risk assessment, treatment need, criminal justice system history, and offense information data. The program participant data system forms will likely be used to summarize these data into a format consistent with that of the WINSAT participants. These data will be supplemented by a review of each offender's institutional case file to obtain and abstract data on clinical diagnoses, substance abuse, and medical needs not contained in the CIPIS database (see section on Comparison Group Case File Review below).

WI DOC is also developing two new data systems through which additional data could be available for our use: the WI Inmate Trust System (WITS) for incarceration information and the Offenders Active Tracking System (OATS) for probation/parole activity. These data systems are expected to be fully operational at some point during the timeframe of the proposed study.

Comparison Group Inmate Case File Review: Some of the comparison group data necessary for the outcome study is contained only in the social services section of the inmate case file located at the institution where the individual is incarcerated. Data on mental health diagnoses and treatment received, substance abuse assessment results and treatment received, medical conditions and treatments received, and institutional behavior (conduct reports) are contained only in this case file. These data would be collected by CHPPE staff who would travel to each institution in Wisconsin that holds comparison group member(s). The program

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participant data system forms will likely be used to summarize these data into a format consistent with that of the WINSAT participants.

Data Collection Plan: The study will employ a variety of data collection strategies. Multiple data collection methodologies are used to increase the validity of the data. We will combine data from the WINSAT computerized participant data system and corrections data systems with parole agent reports and outreach specialist reports. In addition, CHPPE staff will attend monthly staff meetings at the treatment site to gather contextual information useful for interpretation of results. Table 8 provides an overview of the data collection plan.

Variables and Issues to be Examined: The proposed study will examine variables and issues in four primary domains for each offender -- personal, substance use, mental health, and criminal justice. Table 9 outlines the types of measures that we will use to document participant characteristics at baseline (admission), intermediate outcomes in the institution and at discharge (see Appendix 6), and community outcomes after release. A subset of these measures will be available for the comparison group. The outcome measures were also developed to relate to the WINSAT "core abilities" of accountability, cooperation, critical thinking, and self-worth.

Intermediate Outcomes: Evaluation staff would receive a data file from WINSAT containing the program participant data system on a semi-annual basis. This data file will include information on intermediate outcomes for treatment participants while in the institution.

Data on institutional behavior (conduct reports and segregation time) and other intermediate outcomes for the comparison group will be gathered by CHPPE during the case file review for each comparison group member.

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Table 8: WINSAT Outcome Evaluation Data Collection Plan			
Type of Data	Who Collects?	Info From Where?	When/Timing?
Program Discharge Summary FOR ALL PARTICIPANTS	WINSAT staff	Program case files	At transfer out of WINSAT bed
Summary of post-WINSAT institutional services			
FOR GRADUATES	WINSAT staff	Outreach notes, social services file	Six months after graduation
FOR TERMINATIONS	CHPPE	Institutional files around Wisconsin	8 months and 14 months after program admission
FOR COMPARISON	CHPPE	Institutional files around Wisconsin	At release to the community
Summary of follow-up information after release			
FOR GRADUATES	WINSAT staff	Aftercare notes, assessment interview	3 months after release
FOR TERMINATIONS	CHPPE	Agents	3 months after release
FOR COMPARISON	CHPPE	Agents	3 months after release
Summary of parole performance information after release			
FOR GRADUATES	CHPPE	Agents	3 months after release
FOR TERMINATIONS	CHPPE	Agents	3 months after release
FOR COMPARISON	CHPPE	Agents	3 months after release
Summary of rearrest data	CHPPE	CIPIS, OATS, WITS	6 months after release
Summary of reincarceration data	CHPPE	CIPIS, OATS, WITS	6 months after release

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Table 9: Outcome Evaluation Measures				
Domain	Program Entry	Discharge from WINSAT	Release to Community	Post-Release
Personal/ Stability	age, ethnicity, marital status, years of education, highest level completed, reading level, employment history, independent living skills, self-esteem	adult basic education class dosage, GED, independent living skills, conduct reports, self-esteem, children/family	conduct reports, segregation days, release plan	living situation, source of income, independent living skills, vocational assistance, employment,
Children/ Parenting	Number/ages of children, custody/care situation	Number/ages of children, custody/care situation	custody/care situation	custody of children
Physical Health	Medical assessment results, STDs,	fitness activity participation, health service utilization	fitness activity participation, health care utilization	health care access and utilization
Substance Use	diagnosis, primary drug, length and frequency of use, treatment history, CMRS, sexual/physical abuse, health/health care	AODA treatment dosage (number of sessions, etc.), treatment program performance and progress, urinalysis results	Urinalysis results	Aftercare participation, referrals for treatment, urinalysis results
Mental Health	diagnosis, treatment history, psychotropic medications, BSI	symptoms, behavioral episodes, staff ratings	symptoms, behavioral episodes	medication, referrals for and participation in counseling or support groups
Criminal Justice	current offense, sentence length, parole eligibility, mandatory release date, prior arrests and convictions, prior incarcerations and length	number of days incarcerated prior to discharge, DOC risk/needs assessment results	security level	number of arrests and convictions, parole performance, reincarceration

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Three-Month Outcomes: We will use multiple sources of three-month data on offender outcomes to increase the validity of the outcome data that we collect.

1) Parole Agent Reports: In past projects, we have collected three-month follow-up data on parolees from parole agents with a high degree of success. We will work with the statewide administrator of the Division of Community Corrections to obtain the cooperation of the local agents in providing the information. As in the past, we plan to enlist the support of the statewide administrator and regional supervisors to foster the cooperation of busy parole agents.

Parole agents for both the treatment and comparison groups will be asked to provide information pertaining to the primary outcome domains in the proposed study. A summary form similar to those used in our other ongoing RSAT evaluation (see Appendix 6) will be designed specifically to address issues of the female offenders in the study.

In addition, it is possible that the WI Division of Community Corrections database could be utilized to gather some post-release outcomes. This database will be fully operational at some time during 2000 and may contain data useful to this outcome effort.

2) Outreach Specialist Reports: The WINSAT outreach specialist will summarize data on outcomes for WINSAT graduates three months post-release. CHPPE will work with WINSAT staff to develop a format for reporting personal, substance use, mental health, and criminal justice measures (see Appendix 6 for example). The WINSAT outreach specialist may also readminister some of the assessments performed at program admission and discharge. As the outreach specialist will be in regular contact with these parolees in the community, she will complete these summaries when graduates pass the three-month mark.

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Six-Month Outcomes: We plan to investigate recidivism to the criminal justice system utilizing data from Wisconsin's Corrections Integrated Program Information System (CIPIS) database. A recidivism abstract/summary form used in previous studies of recidivism conducted by CHPPE (see Appendix 6) will be revised to aid in the summary of these data. The abstract form will document arrest, conviction, and case disposition information (when available) for each participant and comparison group member. We are currently piloting procedures for obtaining these data in an automated fashion for a different DOC outcome study. In theory, theses procedures would include electronic matching of the identification numbers of study participants against the CIPIS database to generate a data file containing arrest and reincarceration dates for each offender. This same process could be used to gather recidivism data for the WINSAT outcome study.

Human Subjects and Confidentiality Protection: Each treatment participant will be asked to sign an informed consent form outlining this research study. We designed the program consent form jointly with program staff during the process evaluation study to include language regarding this outcome evaluation study (see Appendix 1).

Comparison group offenders will not be required to provide written consent. Comparison group data will be gathered and abstracted from Department of Corrections records and evaluation staff will not have any direct contact with comparison group members. If an external evaluator is utilized, additional approval to access inmate clinical records would be required from the State Department of Health and Family Services.

The follow-up of these offenders will utilize client data contained in project files and in public records. Should CHPPE be funded to assist with the outcome evaluation we will continue

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to carefully maintain client confidentiality. Offender identifying information is necessary to follow up offenders involved in the treatment program. The potential risk of possible violation of confidentiality resulting from misuse, theft, or disclosure of sensitive and confidential information is unlikely. CHPPE's researchers and support staff are trained in the ethical conduct of research. Data is maintained in locked file cabinets and offices. As an additional safeguard against theft and disclosure, identifying information is kept separate from client data. No names--only identification numbers--are used on all data forms or computer files. The participant data system files received from the program will contain inmate data identifiable only by ID number, not by name. The name-number master code list will be kept in a locked file cabinet, accessible only to research staff. Sensitive material will be kept in secured cabinets except when in use.

In reports and publications, only aggregate data will be reported. All data, once collected, will be maintained anonymously with no link of identification number to client name, telephone number, or other identifying information. Names will never be associated with research instruments.

If CHPPE assists with the outcome evaluation, the methodology of this study must receive the requisite review and approval of the University of Wisconsin Center for Health Sciences Human Subjects Committee.

Abbreviated Outcome Evaluation Design

In the event that no external evaluation resources or assistance are available to WINSAT, program staff and administrators would still be able to gather limited outcome evaluation data on WINSAT participants. WINSAT will continue to utilize the participant data system to document characteristics of women admitted to the program, treatment service dosage data, and

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intermediate outcomes while in the institution.

The WINSAT outreach specialist could gather limited data on graduates in the community when she meets with them. The example of a three-month follow-up form included in Appendix 6 could be modified to address outcomes suited to WINSAT women. This modified form could be completed by the outreach specialist after graduates are released to the community and summarized by the program assistant. It is possible that the program could develop a small database in which to enter the follow-up information, link it to the participant data system, and then use it to summarize the information. This abbreviated approach would, of course, provide data only on WINSAT graduates, and would not provide information regarding the outcomes of women terminated by the program or a similar comparison group of women.

STUDY GOAL #6: COORDINATE WITH NATIONAL EVALUATION

Study goal #6 no longer applies to our study. Although the national evaluation was not implemented for this RSAT project, the CHPPE evaluator encouraged WINSAT to use two assessment tools (the CMRS and ASI) that had been recommended so that WINSAT would be able to obtain comparative data from other treatment programs operating across the nation. WINSAT staff decided not to use the ASI, but did retain the CMRS in their assessment battery.

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IMPLICATIONS AND CONCLUSIONS

The WINSAT program is an intensive, extensive and comprehensive substance abuse treatment program for female offenders. WINSAT enjoys the support of the DOC, the center superintendent, and committed treatment program staff.

WINSAT has accomplished a wide variety of activities since its inception. Treatment staff have been hired and received numerous training opportunities. A 30-bed wing has been renovated into a clean, comfortable, and secure treatment center. WINSAT staff developed a program mission statement and goals. They have also developed the treatment model and concepts, including the therapeutic community components incorporated into WINSAT's design. Staff selected participant assessment instruments and developed a format for treatment planning. WINSAT staff also developed the treatment schedule and content of treatment activities. A wide variety of program documents were created including staff and treatment schedules, a program description/manual, a participant handbook, and a resource handbook listing area service providers. WINSAT staff and administrators were also an integral part of developing the participant data system forms and database.

Implications for the Wisconsin Department of Corrections System

Several issues arose during the program start-up period for WINSAT that have implications for the DOC system.

1. **Delays in hiring staff** created significant barriers for the WINSAT program. The complicated and time-consuming process of approving job descriptions, receiving position approval, job postings, testing and interview procedures, etc. resulted in the opening of WINSAT being delayed an entire year. In fact, the program would not yet be operational (due to lack of

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staff) if not for the determination and dedication of WINSAT to do whatever necessary to begin providing treatment services, even if that meant opening without needed staff.

2. The Wisconsin DOC has an effort currently underway to develop **consistent program standards** for its AODA programming. Uniform program standards would have been useful to guide WINSAT program development with regard to treatment content and intensity and assure a minimum level of AODA service intensity. These program standards (when developed) may also make clear whether the WINSAT stress/anger management component and mental health services will fulfill inmates required participation in anger management or mental health services as determined by A&E.

3. It is unclear what the **impact of prison crowding and pressure to immediately fill empty beds** will be upon WINSAT's therapeutic community treatment approach. The importance of admitting therapeutic community participants in groups who progress through treatment together may be undermined by a system which requires that the empty bed created by a WINSAT termination be immediately filled. If WINSAT must accept a stream of new admissions to replace program terminations (rather than waiting 1-8 weeks to admit eligible women as a group) it will require the development of both system-level and program-level procedures to accommodate these constant transitions. Ultimately, the pressure of crowding must be balanced against the benefit of actively supporting WINSAT and giving it the opportunity to implemented a therapeutic community model.

4. Another system-level concern revolves around the **current parole board opinion** that women who have been incarcerated two or more times should not be paroled early, but should serve their sentence until their mandatory release date. This atmosphere will affect volunteerism

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for the treatment program by removing the hope that participation will increase an inmate's chance of reducing the amount of time she will be incarcerated. This is also likely to lessen any incentives for treatment completion. For example, one WINSAT participant was just given a deferment to her mandatory release date in 2004, which means that she will not even be considered for parole until that date regardless of whether she successfully completes WINSAT.

5. An additional issue that will need to be addressed is how **aftercare treatment plans** will be developed among the WINSAT outreach specialist, REECC aftercare staff, and parole agents. It may be a challenge to coordinate the development of these plans, particularly determining roles and responsibilities of all of the parties involved, as well as deciding on the type and extent of follow-up in the community. There is also some question as to how willing or able probation/parole agents may be to do pre-release planning in the institution for these inmates. The center superintendent hopes to have WINSAT graduates released directly from REECC (as opposed to having them released from pre-release centers) to increase their chances of service coordination and assure the involvement of the WINSAT outreach specialist.

Implications of Findings for the WINSAT Program

1. Staff concerns regarding **supervision level and communication** among the center superintendent, treatment program director, and direct service staff should be addressed as quickly as possible. While staff recognized that the superintendent and director want them to develop the program and take ownership of it, there were times during the program development process when staff felt that they could have used clearer direction. Some of this situation can be attributed to the fact that the half-time program director is a very talented and in-demand professional whose duties frequently take her out of the institution. The addition of the full-time

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Assistant Corrections Program Supervisor in the coming months should address these supervisory and communication concerns, with this supervisor responsible for day-to-day oversight of WINSAT.

2. The **staffing level** also needs to be addressed. WINSAT is currently operating understaffed, missing not only essential security personnel (correctional officers), but also critical treatment personnel (nurse and psychiatrist). It is clear that WINSAT administrative staff are doing all they can to hire staff as quickly as they can in the face of existing procedures. Staff expressed concern regarding acclimating the new staff once they are hired, indicating that it might be difficult for the new staff (particularly the nurse) to feel ownership of the program and feel part of the treatment team.

3. The **development of the aftercare component** will require significant time and energy. The preliminary plan includes the outreach specialist developing release plans, conducting separate groups at the institution for active participants and graduates, conducting groups for graduates in the community, monitoring graduate progress, monthly meetings with graduates and parole agents, coordinating with parole agents, facilitating support services (housing, childcare, etc) for graduates, and coordination of treatment referrals and services. With the outreach specialist charged with providing aftercare services for up to one year after release, these activities will become even more time-consuming as the number of WINSAT graduates increases. According to the outreach specialist, the biggest challenge will be locating care for the children of WINSAT graduates who are expected to continue AODA treatment, maintain employment, and care for their children. The outreach specialist also acknowledged that there are waiting lists for services in the community but that these "will not be a problem.."

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4. The issue of obtaining **therapeutic community (TC) training** for WINSAT staff should also be addressed. Staff received no formal training in TC development or implementation prior to program opening. Although the WINSAT psychologist and treatment sergeants spent a few days visiting the DOC's Mental Illness-Chemical Abuse (MICA) treatment program for dually diagnosed men in Wisconsin, they did not take full advantage of their proximity and experience. WINSAT should consider contacting MICA for assistance in identifying formal therapeutic community training opportunities (i.e., conferences, workshops, or seminars) for staff and for help in developing the aftercare component.

5. The **role of the treatment sergeants** should also continue to be developed. While the staff shortage prohibited the treatment sergeants from immediately performing their unique duties as a bridge between security and treatment concerns, WINSAT has just begun to utilize them to facilitate treatment groups, represent security issues, and act as a member of the treatment team.

Implications of Findings for Future Evaluation

Our process evaluation of WINSAT has once again emphasized our organizational belief in the value of an interactive partnership approach to evaluation. Although an interactive relationship with evaluation staff requires a great deal of treatment staff time and input it increases the sense of program ownership and improves the quality of the products developed. The evaluator had significant input into early program development, particularly in the selection of measurable goals and objectives. In addition, the site visit interviews and related reports back to the program seemed to offer staff both an avenue for discussing problems and an impetus for program improvements. It is also important to note that without NIJ funding the implementation

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of WINSAT would not have been documented at this detailed level.

Another impact of the process evaluation of WINSAT is that the treatment program has been designed from the start to accommodate an evaluation of participant outcomes. It is unclear what type of impact can be expected from a seven-month program, even one that immerses participants in treatment. These issues will be discussed and resolved with treatment staff during the refinement of an outcome evaluation design if funding for a study is obtained.

However, prior to any outcome evaluation, WINSAT will need to stabilize the program and be fully staffed. There is currently no concrete plan for any type of continued evaluation of the project and no funding has been identified.

Evaluative Issues and Recommendations

Issues related to staff should be addressed as soon as possible : staff shortage, staff supervision, and decision-making authority. It is recommended that the nurse clinician, psychiatrist, and correctional officer positions be filled quickly or quality of treatment service is likely to suffer. Staff would like to increase the quality and quantity of communication with the program director and center superintendent. There is also a concern that treatment staff were hired so far in advance of the first treatment admissions (due to delays in opening) that they were almost *too* prepared. Staff spent so much time (more than six months) developing the treatment concepts, materials, and schedules that they became somewhat inflexible when changes were suggested or made. Increasing a sense of overall program ownership among staff rather than for individual program components may help to alleviate the problem.

The battery of assessment instruments should also be re-examined. The assessment process is a lengthy one that has not been adequately pilot tested as the first cohort of women

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were assessed over a period of time prior to the WINSAT opening. It should also be noted that some of their assessment tools are self-developed and therefore have unknown reliability and validity and no comparative or normative data. A greater concern, however, is that WINSAT may not be measuring things that it is most likely to impact (i.e., depression, domestic violence, health care access, etc.). For example, WINSAT has parenting (caregiving) treatment groups, but has eliminated any pre/post measure of these attributes. Many of the measures will be administered pre-test only, without a post-test measure with which to assess change attributable to WINSAT. There are similar concerns regarding the satisfaction survey designed jointly between the evaluator and WINSAT staff. While the evaluator recommended gathering the satisfaction information from all women discharged from the program (both terminations and graduates), WINSAT staff decided to gather the satisfaction data from graduates only. Gathering these data only from graduates will essentially ensure that all survey responses are positive ones and that the program does not receive any negative feedback about staff or services.

While the treatment services themselves are quite comprehensive, there are several other elements which may merit inclusion in the treatment schedule. While there are many services, the majority are not specifically targeted toward addressing addiction and there is not scheduled time for individual counseling sessions. While educational services related specifically related to women's health issues such as pregnancy, STD's, etc. are also currently missing from the treatment schedule, it is anticipated that these services will be developed and implemented by the WINSAT nurse clinician after he/she is hired. Perhaps most importantly, there is no formal plan for the involvement of participants' children or extended family in treatment. Both treatment staff and the program director indicated that family involvement will occur on an "as needed"

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basis as determined by WINSAT staff. Although the outreach specialist indicated that she felt such family involvement is "crucial to aftercare" there is no plan for visits by children, including children or partners in therapy or release planning, or support and informational sessions for families of WINSAT participants.

Finally, it is a bit worrisome that WINSAT has no formal linkages in the community to date. While a resource manual listing the names and telephone numbers of various service agencies in the community has been developed by staff, the manual is more a listing of available resources than a compendium of agencies formally committed to working with WINSAT. There have been no meetings of the stakeholders who will be attempting to coordinate services for WINSAT graduates after release and there are no service agreements in place.

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Appendix 1: Participation Agreement/Research Consent Form

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Rev #4 2/3/2000

Women in Need of Substance Abuse Treatment
(WINSAT) Agreement

____

Name **DOC ID#**

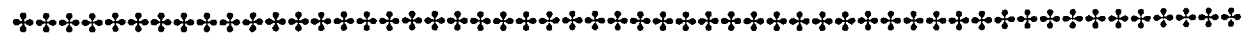
PROGRAM PARTICIPANT AGREEMENT

I agree to participate in the WINSAT Program. Participating in WINSAT means that I agree to:

1. Cooperate with all assessment processes.
2. Participate in all individual, family, and group treatment.
3. Take part in all required educational services.
4. Take part in all required program activities.
5. Follow all institution and program rules.
6. Take any prescribed medication while in the program and after release.
7. Use services after release that will help me in my recovery.
8. Cooperate with my agent to make a successful transition back to the community.
9. Submit urinalysis samples as required by the program.

______________________________ ____________________

SIGNATURE DATE



PROJECT EVALUATION AGREEMENT

WINSAT will be involved in a project with the University of Wisconsin to look at the services the program offers and who gets them. This will also let us learn if WINSAT helps women lead crime-free lives, stop using drugs, and manage their health after release to the community.

WINSAT and the University will study how the program has helped me by measuring my behavior in prison and on parole. This information can be gathered from my records for up to three years. The program will protect the confidentiality of all information and it will be coded (other than my inmate number) to assure confidentiality.

I may also be asked to volunteer to talk with University staff about the program.

The results of the study may help the DOC decide how to spend money for inmate programs. I understand I will not get money for this, and that my participation will have no effect on my parole.

My signature means that I agree to participate. I have discussed this with the WINSAT staff during my program orientation and my questions have been answered. I can get further information about this project by writing to the Center for Health Policy and Program Evaluation, University of Wisconsin-Madison, 502 Walnut Street, Madison, Wisconsin 53705-2335.

______________________________ ____________________

SIGNATURE DATE

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ABOUT POSSIBLE FUTURE STUDY INVOLVEMENT

The University of Wisconsin may also apply for more money to further study the WINSAT Program. This study may look at:

- ➔ The progress of women in WINSAT while they are in prison;
- ➔ Their progress reported by parole agents after release from prison; and
- ➔ Services received in the community after WINSAT.

Information on women who enter WINSAT may come from their prison files, their probation/parole files, and from Department of Corrections computer files. Your parole agent would also be asked for information on your progress after you are released from prison.

This part of the WINSAT project would not increase any risk to you and would help to make the treatment program better.

This part of the project may not be started unless we get more money – this is to notify you of the possibility.

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Appendix 2: Participant Data System Forms

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General Instructions for Completing the WINSAT Participant Summary Forms

March 2000

The WINSAT Participant Summary Forms are intended to serve multiple purposes – to serve as a case file summary for the treatment program, to allow creation of a program database and corresponding program summary reports, and to provide systematic data for evaluation. The WINSAT Participant Data System currently has four components:

- *Referral/Admission Form* – Summarizes demographic information; completed for all referrals and admissions.
- *Assessment/Awareness (Phase 1) Form* -- Summarizes intake assessment results, Phase 1 services, progress, and behavioral ratings; completed at exit from Phase 1.
- *Treatment Phase(Phase 2) Summary Form* -- Summarizes Phase 2 services progress, and behavioral ratings; completed at exit from Phase 2.
- *Transition Phase(Phase 3) Summary Form* -- Summarizes discharge assessment results, Phase 3 progress, and behavioral ratings; completed at exit from Phase 3.

Because the information will be used in so many ways it is important to complete *every item* required on each form. Staff are encouraged to be as detailed as possible by including notes and other descriptive information as appropriate. The following identifies a few common questions regarding the completion of the forms.

What type of identifying information should be included on each form?

Each form should include each inmate's full name and correct DOC ID number. A treatment episode number should also be included to indicate whether this is the woman's first or second time entering WINSAT. For example, if a woman is readmitted to WINSAT a second time she would have an episode number of "2" in the upper corner of each sheet, while a "1" will be recorded for participants entering WINSAT for the first time. The sequence number (abbreviated "seq" on the form) will help us to track if women repeat phases within the same treatment episode – this will be "1" for the vast majority of women under the current program model. In addition, write the WINSAT staff name responsible for completing the form on each form so that the appropriate staff person can be contacted with questions if necessary.

When should I complete a Referral/Admission form?

Complete the shaded column of the Referral/Admission form for every woman referred to WINSAT – regardless of whether she enters the program. Complete the remainder of the form for all women admitted to WINSAT. Submit this form to the WINSAT program assistant in a timely manner so that the program census in the database can be as accurate as possible.

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When should I complete a Phase 1, Phase 2, or Phase 3 summary form?

Complete a summary form each time there is a change in the inmate's participant status such as movement from one program phase to the next, graduated, dropped out, terminated from the program, etc. Complete the summary form corresponding to the program phase that she was in at the time of exit from WINSAT. Record the reason for leaving and complete each item on the rest of the form – including the "Ratings of Treatment Program Behavior." For example, if a participant is terminated from WINSAT during Phase III complete the Phase III summary form with her information to date. Record her institutional behavior and the treatment services she received in that WINSAT phase, and complete the behavioral ratings.

How do I use the Phase 1, Phase 2, or Phase 3 summary forms to describe the WINSAT services each woman receives?

Each of the summary forms includes space to document the treatment program services received by each woman. WINSAT staff elected to track some service dosage information received in both group and individual formats. **It is important to be consistent regarding the unit of measurement for each service category listed.** Make sure that all staff consistently use either number of hours, number of sessions, or number of activities for each service category.

How will all the assessment information be gathered?

It is the primary casemanager's responsibility to document the assessment results on a Phase 1 summary form for each woman. These data will have to be gathered from other WINSAT staff members who are responsible for administering each component. These data can be collected from other staff members during staff meetings, via email, or coordinated through the program assistant. WINSAT staff are encouraged to develop a systematized approach to routinely gather the assessment results and enter them onto the form. The Phase 3 summary form also contains a space to record the results of selected measures to be administered at discharge from WINSAT. As of this date, WINSAT has made a decision to collect discharge assessment (post-test) data only for program graduates.

How should the Ratings of Treatment Program Behavior be completed?

Other treatment programs have found it productive to complete the behavioral ratings as a group during regularly scheduled staffings. Staff discussion and consensus will provide the most reliable and useful indicators of treatment participant progress.

What do I do with each form after I have completed it?

Immediately after you have completed the form, submit it to the WINSAT program assistant who will enter it into the WINSAT database. The program assistant will note the date of entry on the hard copy of the form and return it to the case file. The form should not remain in the case file without being entered into the database.

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REFERRAL/ADMISSION DOC ID:____________ episode:____ seq:____ 1

WINSAT Referral and Admission Summary

Participant Name:__________________________ **Staff Name:**__________________________

Referral Information (DOC-1479)

Referral Date: ___/___/___

Birth Date: ___/___/___

Referral Source:
1 = TCI
2 = REECC
3 = DCI
4 = MWCC
5 = ATR → Probation or Parole? ______

Region:________________

County:________________

6 = Other:______________________

Ethnicity (DOC-3):
0 = Hispanic
1 = White
2 = African American
3 = American Indian
4 = Asian
5 = Other ________________

Correctional Experience (DOC-3)

No	Yes	
0	1	Previous juvenile
0	1	Previous adult

Result of Referral:
1 = Admit to WINSAT
2 = Not admitted to WINSAT
→ Reason:
0 =Pending/waiting list
1 =Inmate refused
2 =Major conduct violation
3 =Medically or clinically unstable
4 =Inappropriate AOD or MH diagnosis
5 =Substance use
6 =Other:__________________

Comments on Referral Result:

Program Admission Summary

Admitted to WINSAT?
0 = No
1 = Yes → Date:___/___/___

Previous WINSAT Admission?
0 = No
1 = Yes → Prior Dates:
Admit:___/___/___

Discharge:___/___/___

Personal/Family Information

Marital status:
1 = Never married, no significant partner
2 = Never married, but significant partner
3 = Married
4 = Separated/Divorced
5 = Widowed

Currently pregnant?
0 = No
1 = Yes → Due date: ___/___/___

Number of children.....

______ Total children

______ Under age 18

______ Have legal custody

Child Age [Youngest to oldest]	**Resides With...**
________	______________
________	______________
________	______________
________	______________
________	______________

[under 12 months enter "1"]

1 = With father
2 = With other relatives
3 = Foster care
4 = Adoptive parents
5 = Friends

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ASSESSMENT/AWARENESS DOC ID:____________ episode:_____seq:_____3

WINSAT Summary of Phase 1 Services
[Completed at Exit from Assessment/Awareness Phase)

Participant Name:___________________________ **Staff Name:**___________________________

Phase 1 Exit Date: ___/___/___

Days in Phase 1: ___________

Reason for Phase 1 Exit (circle one):

1 = Entering Phase 2 Treatment
Date: ___/___/___
2 = NOT Entering Phase 2 (circle one)
19 = Termination-lack of progress
06 = Termination-breaking internal rules
10 = Termination-positive drug test
12 = Termination- rules violation
13 = Termination-new offense/charges
14 = Admin termination-med/psych transfer
08 = Admin termination-all other
07 = Dropped out (quit)
18 = Refused to start program
05 = Reassigned to another program
11 = Escape
15 = Death
97 = Released to community
98 = Other_______________________

Institutional Unit Behavior in Phase 1

_____ **WINSAT Level at Phase 1 Entry**

_____ **WINSAT Level at Phase 1 Exit**

_____ **Number of Positive Spins in Phase**

_____ **Number of Negative Spins in Phase**

Conduct Reports:

_____ # of minor conduct reports

_____ # of major conduct reports

Urinalysis Testing:

_____ # of UA tests conducted

_____ # of positive UA tests

 # Days Out of Unit Since Admission to Phase:

_______ observation
_______ segregation
_______ medical/dental
_______ court appearances
_______ other_________________

Treatment Services Received in Phase 1

Group	Individual	
_____	_____	Hours of AODA treatment
_____	_____	Hours of psychological services
_____	_____	Hours of cognitive intervention
_____	_____	Hours of education services
_____	_____	Hours of medical educ and services
_____	_____	Hours of parenting services
_____	_____	Hours of fitness program sessions

_____ # of visits with children

_____ # of visits with other family/signif others

_____ # of community meetings attended

_____ # of psychiatric consultations

_____ # of support group sessions (AA, NA)

_____ # of recreational activities

_____ # of religious services attended

_____ # of community and agency contacts

_____ # of staffings

_____ Hours of WINSAT assessment

_____ Hours of additional casemanagement

Other Support Services Received

No	Yes	
0	1	dental
0	1	other: _________________

____

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ASSESSMENT/AWARENESS DOC ID:____________ episode:_____seq:_____5

Ratings of Treatment Program Behavior Since Admission to Phase 1:

	Ratings of Behavior			
	Poor	Good	Excellent	Not Applicable
DEMONSTRATE ACCOUNTABILITY	**0**	**1**	**2**	---
accepts responsibility for own actions	0	1	2	8
arrives for work/class on time	0	1	2	8
acts according to a plan	0	1	2	8
completes assignments/tasks	0	1	2	8
sticks to her commitment	0	1	2	8
follows instructions/orders/directions	0	1	2	8
decreased incidents and conduct reports	0	1	2	8
complies with medication directives	0	1	2	8
pays restitution and other financial responsibilities	0	1	2	8
WORK COOPERATIVELY	**0**	**1**	**2**	---
communicates so others can understand	0	1	2	8
behaves appropriately in variety of situations	0	1	2	8
works effectively in small and large groups	0	1	2	8
respect for differences of others thru work/action	0	1	2	8
uses conflict resolution skills when appropriate	0	1	2	8
empathizes with others	0	1	2	8
accepts advice	0	1	2	8
PRACTICE CRITICAL THINKING SKILLS	**0**	**1**	**2**	---
separates fact from opinion	0	1	2	8
examines information, ideas, and problems	0	1	2	8
evaluates information, ideas and problems	0	1	2	8
makes decisions based on facts	0	1	2	8
respects other points of view	0	1	2	8
appropriately manages difficult/complex problems	0	1	2	8
demonstrates motivation for change	0	1	2	8
POSSESS SENSE OF SELF-WORTH	**0**	**1**	**2**	---
recognizes the importance of a sense of humor	0	1	2	8
gives and receives constructive criticism	0	1	2	8
practices active listening skills	0	1	2	8
asserts self in communicating/meeting needs	0	1	2	8
recognizes self-worth and develops her potential	0	1	2	8
values positive lifestyles and lifelong learning	0	1	2	8
applies knowledge of physical/emotional well-being	0	1	2	8
awareness of AODA and mental health issues	0	1	2	8
sets and works toward realistic personal goals	0	1	2	8

Comments:

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TREATMENT (rev. 3/2000) DOC ID Number:____________ episode:___seq:____ 6

WINSAT Summary of Phase 2 Services
[Completed at Exit from Treatment Component]

Participant Name:____________________________ **Staff Name:**____________________________

Phase 2 Exit Date: ___/___/___

Days in Phase 2: ___________

Reason for Phase 2 Exit (circle one):

1 = Entering Phase 3 (Transition)
Date: ___/___/___
2 = NOT Entering Phase 3 (circle one)
- 19 = Termination-lack of progress
- 06 = Termination-breaking internal rules
- 10 = Termination-positive drug test
- 12 = Termination- rules violation
- 13 = Termination-new offense/charges
- 14 = Admin termination-med/psych transfer
- 08 = Admin termination-all other
- 07 = Dropped out (quit)
- 18 = Refused to start program
- 05 = Reassigned to another program
- 11 = Escape
- 15 = Death
- 97 = Released to community
- 98 = Other________________________

Institutional Unit Behavior in Phase 2

_____ **WINSAT Level at Phase 2 Entry**

_____ **WINSAT Level at Phase 2 Exit**

_____ **Number of Positive Spins in Phase 2**

_____ **Number of Negative Spins in Phase 2**

Conduct Reports:

_____ # of minor conduct reports

_____ # of major conduct reports

Urinalysis Testing:

_____ # of UA tests conducted

_____ # of positive UA tests

 # Days Out of Unit Since Admission to Phase:

_______ observation
_______ segregation
_______ medical/dental
_______ court appearances
_______ other__________________

Treatment Services Received in Phase 2

Group	Individual	
_____	_____	Hours of AODA treatment
_____	_____	Hours of psychological services
_____	_____	Hours of cognitive intervention
_____	_____	Hours of education services
_____	_____	Hours of medical educ and services
_____	_____	Hours of parenting services
_____	_____	Hours of fitness program sessions

_____ # of visits with children

_____ # of visits with other family/signif others

_____ # of community meetings attended

_____ # of psychiatric consultations

_____ # of support group sessions (AA, NA)

_____ # of recreational activities

_____ # of religious services attended

_____ # of community and agency contacts

_____ # of staffings

_____ Hours of additional casemanagement

Other Support Services Received

No	Yes	
0	1	dental
0	1	other: ____________________

____

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TRANSITION (rev. 3/2000) DOC ID Number:______________ episode:___ seq:____ 8

WINSAT Summary of Phase 3 Services

[Completed at Graduation/Exit from Transition Component]

Participant Name:____________________________ **Staff Name:**____________________________

Phase 3 Exit Date: ____/____/____

Days in Phase 3: ____________

Reason for Phase 3 Exit:

1 = Completed WINSAT (circle one)
- 02 = Completed - significant improvement
- 03 = Completed - fair improvement
- 04 = Completed - minimal positive change
- 17 = Completed - unspecified

2 = Did NOT complete (circle one)
- 19 = Termination-lack of progress
- 06 = Termination-breaking internal rules
- 10 = Termination-positive drug test
- 12 = Termination- rules violation
- 13 = Termination-new offense/charges
- 14 = Admin termination-med/psych transfer
- 08 = Admin termination-all other
- 07 = Dropped out (quit)
- 05 = Reassigned to another program
- 11 = Escape
- 15 = Death
- 97 = Released to community
- 98 = Other________________________

Institutional Unit Behavior in Phase 3

_____ **WINSAT Level at Phase 3 Entry**

_____ **WINSAT Level at Phase 3 Exit**

_____ **Number of Positive Spins in Phase 3**

_____ **Number of Negative Spins in Phase 3**

Conduct Reports:

_____ # of minor conduct reports
_____ # of major conduct reports

Urinalysis Testing:

_____ # of UA tests conducted
_____ # of positive UA tests

 # Days Out of Unit Since Admission to Phase:

_______ observation
_______ segregation
_______ medical/dental
_______ court appearances
_______ other__________________

Treatment Services Received in Phase 3

Group	Individual	
_____	_____	Hours of AODA treatment
_____	_____	Hours of psychological services
_____	_____	Hours of cognitive intervention
_____	_____	Hours of education services
_____	_____	Hours of medical educ and services
_____	_____	Hours of parenting services
_____	_____	Hours of fitness program sessions

_____ # of visits with children

_____ # of visits with other family/signif others

_____ # of community meetings attended

_____ # of psychiatric consultations

_____ # of support group sessions (AA, NA)

_____ # of recreational activities

_____ # of religious services attended

_____ # of community and agency contacts

_____ # of staffings

_____ Hours of WINSAT assessment

_____ Hours of additional casemanagement

Other Support Services Received

No	Yes	
0	1	dental
0	1	other: ____________________

____

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Appendix 3: Baseline Site Visit Summary Report

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UNIVERSITY OF
WISCONSIN-MADISON
MEDICAL SCHOOL

Department of Preventive Medicine
Center for Health Policy and Program Evaluation

Women In Need of Substance Abuse Treatment (WINSAT) Program Robert E. Ellsworth Correctional Center

Baseline Program Evaluation Site Visit
September/October 1999

Prepared by Kit R. Van Stelle, Researcher

The Women in Need of Substance Abuse Treatment (WINSAT) Program will focus on providing residential substance abuse treatment to female prisoners who are diagnosed with substance abuse disorders. The WINSAT program will have a capacity to serve 30 female inmates in a minimum security environment at the Robert E. Ellsworth Correctional Center (REECC). The program is designed to be a minimum of 7 ½ months long, and will be housed in space renovated specifically for the program. Site visits to the program are conducted as part of the evaluation of this Wisconsin Residential Substance Abuse Treatment (RSAT) for Prisoners grant funded by the Department of Justice. The purpose of the site visit is to examine project activities and to document progress in meeting established project goals and objectives. The baseline site visit was conducted during the month prior to admission of the first group of treatment participants and is based on interviews and review of program documents and reports.

The site visit consisted of in-person interviews and discussions with the center superintendent, program director, psychologist, treatment specialist, social worker, teacher, nurse, treatment sergeants, program assistant, and DOC Bureau of Offender Classification staff. The outreach treatment specialist had not yet been hired. Telephone interviews were conducted with the corrections program specialist in the Bureau of Offender Programs, Regional Chief of Probation/Parole, DOC Budget and Policy Analyst, and DOC Bureau of Offender Classification staff. Those interviewed were asked to describe their roles within the program, the characteristics of a "typical" WINSAT participant, address progress and barriers in program implementation, unique treatment needs of the target population, and the ways in which they expect the treatment program to help participants.

502 North Walnut Street Madison, WI 53705-2335 608 / 263-6850 FAX 608 / 265-3255

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Project Background

The Wisconsin Residential Substance Abuse Treatment (RSAT) for Prisoners grant to develop a substance abuse treatment program for female prisoners in Wisconsin was slated to begin on January 1, 1999. However, administrative delays resulted in an approved later official grant start of April 1, 1999. The federal Department of Justice provides annual funding of $462,965 and an additional $154,322 in matching funds are supplied by the Wisconsin Department of Corrections (DOC).

According to DOC staff interviewed, REECC was chosen as the site for the treatment program because the intent of the project was to create linkages with aftercare for women who receive treatment while incarcerated. A minimum security facility, REECC can provide treatment toward the end of a woman's sentence and is geographically close to the counties of release for a large number of female prisoners. In addition, REECC has an extensive work release/pre-release component and can help women become employed while incarcerated.

Staff Recruitment and Hiring

WINSAT experienced significant administrative delays in hiring treatment staff. Rather than creating limited term employee (LTE) positions, the project sought "position authority" for the treatment program staff (the creation of permanent positions that will exist after federal funding has ended). Position authority was requested from the Department of Administration in November 1998, but not received until April 1999. There were delays in receiving permission to fill the positions because of modifications to the staffing pattern requested by the Wisconsin DOC personnel office. At the request of the DOC personnel office staffing was changed from three treatment specialists and a part-time program assistant to two treatment specialists, a full-time social worker, and a full-time program assistant. An additional modification to the position description of one of the treatment specialists to more clearly delineate the outreach role was undertaken in August 1999. Each change in the staffing pattern required rewriting the position descriptions and requesting approval. As stated by one person interviewed for this report, "The state process for hiring was a major barrier to getting the program underway."

Staffing Pattern and Turnover: The WINSAT program has 16 primary staff members, including five corrections officers for the program. The nine people on staff at this time are comprised of one man and eight women. The staffing pattern includes:

- Program director (50%);
- Treatment specialist (100%);
- Outreach specialist (100%);
- Social worker (100%);
- Nurse clinician (50%);
- Teacher (100%);
- Psychologist (100%);
- 2 Treatment Sergeants (100%);
- Psychiatrist (20%);
- 5 Corrections officers (100%); and
- Program assistant (100%).

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It was advantageous that the WINSAT program director and Center Superintendent were already in place at REECC. These staff bring a vast amount of experience to the project in working with this target population. These two individuals, along with other DOC administrative staff, had the primary responsibility for staffing Wisconsin's RSAT program. When asked to define her role in WINSAT, the Center Superintendent indicated that she will provide oversight for "the whole operation" and be responsible for most budget issues. She will also supervise the treatment program director, psychologist and nurse, and plans to be involved in treatment participant staffings for the first year. The treatment program director will be responsible for the day-to-day operation of the program, and supervise the treatment specialists, social worker, program assistant, and teacher. She will also assist in the scheduling of the treatment sergeants.

The majority of WINSAT treatment staff were hired in August and September 1999. The nurse and treatment sergeants began in October 1999. Treatment staff transferred in from other DOC positions, have background in providing AODA treatment to inmates, and have experience working with female prisoners.

The WINSAT treatment staff have taken primary responsibility for development of the treatment model and programming. Those interviewed were extremely positive about developing the program as a team -- "We work so well together. We've come together here." With the guidance of the program director, they have developed a treatment approach, treatment schedules, treatment group content and structure, eligibility/completion/termination criteria, and behavioral expectations. Each staff member was asked to describe his/her anticipated role within the program:

- The social worker will provide casemanagement for 10 residents, teach AODA groups, collect social histories, and oversee journal writing. She will also provide individual counseling and crisis intervention, and develop aftercare and relapse prevention plans.

- The treatment specialist will provide casemanagement for 10 residents, collect social histories, develop treatment plans, conduct anger management groups, and provide group therapy.

- The WINSAT teacher considers herself responsible for providing "wraparound" services for treatment participants. She will provide three levels of cognitive intervention services and groups, aftercare groups for participant completing levels I and II of cognitive interventions, teach HSED classes, supervise the peer mentor program, and oversee the resource library.

- The psychologist viewed her role as a developing one. She indicated that she will be primarily responsible for the operation of a treatment program for women with abuse issues. She will do psychological assessments, IQ testing, and training of the program treatment sergeants. She will provide two sexual abuse therapy groups per week and individual counseling. At the time of this site visit no supervisory role was anticipated.

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- The half-time nurse will conduct groups on health-related topics such as prevention of sexually transmitted disease and HIV/AIDS. She will also administer medications, draw blood, collect urine samples for testing, and be responsible for sick call.

- The specific role of the treatment sergeants has yet to be determined. They anticipate participating in groups, writing "chronicles" of participant behavior, and providing input on participant behavioral patterns outside of treatment groups during participant staffings.

The second treatment (outreach) specialist could not be interviewed for this report due to delays in hiring. We anticipate that this position will be filled in November 1999. In addition, five correctional officers will be transferring in from other positions within the system.

Treatment staff hours will be staggered, with some staff staying on into the evening until 6:30 or 7:30 p.m. The hours for the two treatment sergeants will also be staggered, with one working 8:00 a.m. to 4:00 p.m. and the other working noon to 8:00 p.m. It is unclear whether the treatment sergeants will rotate some weekend hours as this would interfere with their ability to facilitate treatment groups during the week.

Staff Training

Although staff have only been in place for about eight weeks at the time of this writing, a variety of training opportunities have been provided for them. The social worker attended a "Train the Trainer" workshop in Chicago related to AODA issues. The program director and treatment specialist attended the state-level AODA certificate program in September and October. The treatment specialist and social worker attended sex offender training in September. Through the primary evaluator, WINSAT has also been in contact with therapeutic community programs in Delaware to obtain informational materials. The treatment sergeants have also attended training seminars on substance abuse support groups and cognitive intervention.

While WINSAT staff have begun to receive training on a variety of topics, it is quite clear that they have not received a great deal of training specifically related to developing a therapeutic community for women in a correctional setting. WINSAT staff did visit Wisconsin's other RSAT-funded therapeutic community program (targeting dually diagnosed men) for one day, touring the facility and discussing treatment approaches with treatment staff. While the individuals hired to staff the program bring a wealth of experience to the WINSAT effort, they have not yet received training specific to implementing a therapeutic community model within an institutional environment.

Program Physical Space

The WINSAT Program will be housed in a separate wing of the Robert E. Ellsworth Correctional Center in Union Grove, Wisconsin. A physically separated floor of the facility has been renovated specifically to house the 30-bed WINSAT Program. The program space has spaces for dormitory rooms for the participants, group rooms for therapy sessions, treatment staff offices, dining areas, and outdoor recreation all of which will be physically separate from the rest

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of the general population of the facility. Contact between treatment participants and general population inmates will be minimal.

The program received an informational visit from the Department of Corrections Secretary and other administrators in August 1999. They were given a tour of the facility and a description of project progress. Administrators were also informed that the treatment program start date was delayed from August 1999 to October 1999 because the Wisconsin Legislature had not yet passed the State budget (due July 1, 1999) that would allow WINSAT to install a fire alarm system in the newly renovated space. The State budget was not passed until October, moving the anticipated program start date to December 1, 1999.

Referral and Screening Process

The treatment needs of inmates are assessed at Dodge Correctional Institution during the Assessment and Evaluation (A&E) process at intake to the system. Inmate substance use and treatment histories are reviewed and assigned an "AODA need level" based on this review. Programming recommendations are put in each inmate's case plan which is reviewed every six months. Female inmates are then transferred to Taycheedah Correctional Institution (TCI), the medium security facility for females in Wisconsin. When a female inmate is recommended and approved by classification staff for a move from medium to minimum security level they are automatically transferred to REECC.

Classification staff interviewed for this site visit indicated that WINSAT staff should maintain an on-site priority list identifying minimum security women who meet the eligibility criteria for WINSAT. If a women is determined to be eligible for the treatment program they will be offered the opportunity to participate at REECC. If an eligible woman refuses to enter WINSAT classification staff may chose to elevate her back to medium custody status and transfer her to TCI.

WINSAT will also accept referrals from the Division of Community Corrections. That is, women in violation of their probation or parole offered an alternative to revocation (ATR). Referrals for ATR women will be accepted utilizing the following process:

1. Referring parole agent confirms WINSAT eligibility.

2. Referring agent will provide WINSAT staff with a completed referral packet.

3. Upon acceptance and available opening referring agent will arrange for transportation.

4. WINSAT staff may accept an offender on provisional status. Assessment and evaluation will continue throughout the first 30 days of program placement, and a final decision to accept or refuse admission will be made on or before the first 30 days.

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At the time of this report, WINSAT plans to accept referrals once per month only. The intention is to admit women in treatment cohorts, or groups, that will progress through the eight-week treatment phases together. At this point WINSAT plans to admit women in cohorts even though the program may temporarily have empty treatment beds (due to administrative or disciplinary termination of participants) while waiting for a cohort to begin.

Eligibility Criteria

WINSAT will accept referrals from Dodge Correctional Institution (the primary intake and processing center for the state), Taycheeda Correctional Institution, and REECC who meet the following criteria:

1. Level 5 and 6 AODA status, but excluding:
   a. Axis 1 diagnoses of schizophrenia, explosive disorder, and delusional disorders.
   b. No suicide attempt in the past six months.
   c. No woman past her first trimester of pregnancy.

2. Eligibility for parole or maximum release (MR) falls within one year from referral.

3. Sufficient medical/clinical stability (based on WINSAT assessment) to participate.

4. Minimum of 3rd grade reading level.

WINSAT will also accept ATR referrals from the Division of Community Corrections. These women should meet the following criteria:

1. Level 5 and 6 AODA status, but excluding:
   a. Axis 1 diagnoses of schizophrenia, explosive disorder, and delusional disorders.
   b. No suicide attempt in the past six months.
   c. No woman past her first trimester of pregnancy.

2. Eligibility for parole or maximum release (MR) falls within one year from referral.

3. Sufficient medical/clinical stability (based on WINSAT assessment) to participate.

4. Minimum of 3rd grade reading level.

5. No pending charges for ATR's.

6. No substance use within the last two weeks.

7. A signed waiver of time to extend ATR placement to 180-270 days.

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Program staff and administrators were asked to describe the characteristics of "typical" program participants. They indicated that the women who would enter WINSAT would be 32-33 years old, have two or three children, need parenting assistance, and be unmarried. They would be "low functioning", have a 7th grade education, and have learning disabilities. Only one-half will have any kind of work experience, and most will have poor money management and employment skills. WINSAT participants will be eligible for parole to southeastern WI and Rock County.

Their primary drugs will be cocaine, amphetamines, and heroin. They may be co-dependent and resistant to entering treatment. They will be incarcerated for property crimes related to obtaining drugs (forgery, theft, prostitution, etc.), have a criminal justice system history, be aggressive/assaultive, and be criminal thinkers.

They will likely have experienced physical/emotional/sexual abuse and have mental health issues. Many will be receiving clinical monitoring for depression and be receiving psychotropic drugs. Some will have sexually transmitted disease, high blood pressure, ulcers, or diabetes. They will have problems controlling anger, be oppositional, have poor problem solving skills, and lack social skills.

Participant Recruitment

While no treatment participants had been admitted at the time of the baseline site visit, staff interviewed did not anticipate any problems recruiting participants. WINSAT staff have identified 30 women currently residing at REECC who are eligible for the program and these women will be informed by the Program Review Committee (PRC) that they have become eligible for the program. The PRC will recommend participation in WINSAT for eligible women prior to their release to the community. If they choose not to participate in recommended programming they may be transferred back to Wisconsin's medium security facility for women.

WINSAT will begin by admitting 20 women and plans to be at capacity (30 women) within two months.

WINSAT will be explained to each eligible inmate and they will be asked to sign a participation agreement and consent for involvement in the evaluation on their first day of WINSAT orientation. The agreement has separate signature lines for treatment and for evaluation and has been designed to be at the eighth grade reading level. The agreement form was designed in a joint effort between project and evaluation staff, and has received the approval of the DOC legal office and of the University of Wisconsin Human Subjects Committee.

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Participant Assessment

Each participant will undergo a multi-disciplinary assessment upon admission to WINSAT. The project psychologist was developing the baseline assessment packet at the time of the site visit, which will most likely include:

- AODA/Social history questionnaire developed by WINSAT staff;
- Circumstances, Motivation, and Readiness Scales (CMRS);
- Functional Assessment of Daily Living Skills Checklist;
- Diagnostic Interview Schedule (DIS);
- Brief Symptom Inventory (BSI);
- Symptom Checklist 90 Analogue (SCL-90);
- Kaufman Brief Intelligence Test (K-BIT);
- Peabody Picture Vocabulary Test (PPVT-III);
- Bender Visual-Motor Gestalt Screening for Brain Dysfunction;
- Test of Adult Basic Education (TABE);
- Adult-Adolescent Parenting Inventory (AAPI);
- State-Trait Anger Expression Inventory (STAXI);
- Post-Traumatic Stress Diagnostic Scale (PTSD); and
- Multi-Dimensional Self-Esteem Inventory (MSEI).

In addition, the Impact of Events Scale and the Solution-Focused Recovery Scale will be administered multiple times for use as therapeutic tools in sexual abuse therapy groups. These assessment tools were identified and selected by WINSAT staff. Wisconsin DOC has an "AODA Cross-Divisional Team" that is currently examining a variety of assessment tools and procedures used for central assessment and evaluation at intake to the justice system, with an emphasis on identifying assessment tools that are more gender and culturally specific. However, this DOC team was not far enough along in their investigation to recommend specific assessment tools to the WINSAT program.

At this point, WINSAT does not plan to conduct any assessment of participant's children or other family members.

Treatment Model and Service Development

The program plans to admit its first group of participants on December 1, 1999. Program participants, or "residents", will participate in three eight-week treatment phases (24 weeks) with three two-week periods of evaluation that occur after each major phase (six weeks). Thus, WINSAT will be a minimum of 7 ½ months (a total of 30 weeks) in length.

The WINSAT program will offer a substance abuse treatment program to incarcerated women utilizing a modified therapeutic community model. A large variety of treatment and support services will be offered addressing addiction, abuse issues, cognitive approaches to reducing criminality, relationships, educational needs, parenting skills, health and nutrition, and anger management.

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WINSAT staff have developed a mission statement to summarize the program's purpose:

"In keeping with the Wisconsin Department of Corrections purpose, the WINSAT program is developed to assist offenders to become productive citizens, gain self-esteem, strengthen their family unit, and reduce their likelihood of further criminal behavior. More specifically, the WINSAT program is designed to address the multiple needs of incarcerated women with substance abuse and other related issues. WINSAT's therapeutic community, coupled with its holistic approach to services will address the needs of the offender as: an individual, a family member, and a citizen. The mission of the WINSAT program is to empower the female offender with the knowledge, skills, and support necessary to increase her opportunity to break the cycle of addiction(s), violence and criminality, and in becoming a productive citizen in a diverse society".

The primary goals of the WINSAT program are to empower women with the skills to:

1. Manage their addiction(s).
2. Improve their decision making and problem solving skills.
3. Manage physical and mental health.
4. Reduce exposure to sexual and physical violence.
5. Improve personal and family relationships.
6. Increase their potential for successful community reintegration.

WINSAT will address these goals through the following treatment model. Table 1 presents an overview of the three program phases.

Table 1: WINSAT Treatment Phases
Phase 1: Assessment/Awareness (eight weeks)
The purpose of this phase is determine the appropriateness of WINSAT placement and to orient participants to the program. Orientation will include assessment and treatment planning, introduction to the therapeutic community, and familiarization with security, treatment, cognitive intervention, education, and health care services.
Phase 2: Treatment/Relapse Prevention (eight weeks)
Treatment services will include individual and group therapy addressing AODA relapse prevention, relationships, anger management, cognitive intervention, education (HSED) and life skills, and spirituality (optional). Additional supportive services will include parenting, sex offender groups, sexual abuse therapy, and self-help groups (optional).
Phase 3: Transition/Aftercare Planning (eight weeks)
This last phase of residential treatment will assist participants in developing transition plans and aftercare plans.

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Staff have developed a program manual describing the content and structure of each WINSAT component. WINSAT treatment services will include: AODA groups, Cognitive Interventions Program (four phases), women survivors of childhood abuse recovery (WISCAR) groups, relationship groups, anger management, group therapy, parenting, family therapy, self-help/support groups, and religious/spirituality services. In addition, the program will offer educational services (literacy, HSED, employability skills, correspondence courses, pre-vocational skills, Mentor Program) and health services (screening, assessment, health maintenance, medication monitoring, crisis intervention, health education).

WINSAT also includes a variety of therapeutic community elements. The program residents will eat all of their meals together, have recreation time together, attend goal setting and community review meetings each morning, and attend a wrap-up session each evening. WINSAT staff are also developing a reward/sanction system which will award "rising stars" to program residents for exceptional behavior and "falling stars" for poor behavior.

WINSAT staff have developed a specific set of behavioral expectations for treatment residents. Table 2 outlines what they have defined as core abilities.

Table 2: WINSAT Core Abilities

Demonstrate accountability	accept responsibility for own actions arrives for work/class on time acts according to a plan completes assignments/tasks sticks to her commitment follows instructions/orders/directions
Work cooperatively	communicates so others understand behaves appropriately in variety of situations works effectively in small and large groups demonstrates respect for differences of others recognizes conflict and uses conflict resolution skills empathizes with others accepts advice
Possess sense of self-worth	recognizes the importance of a sense of humor gives/receives constructive criticism practices active listening skills asserts self in communicating and meeting own needs recognizes self-worth and develops her potential recognizes the value of positive lifestyles and learning habits applies knowledge of physical, mental, and emotional well-being sets and works toward realistic personal goals
Practice critical thinking skills	differentiates between fact and opinion analyzes information, ideas, and problems makes decisions based on analysis acknowledges other points of view perseveres through difficult and complex problems

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The WINSAT program will also have a Level System to help both the offender and staff measure community behavior and program participation. The three levels will reflect stages of progress through treatment. Level 1 will be measured by adjustment criteria, Level 2 will be measured by program/community compliance and demonstration of responsible behavior, and Level 3 will be measured by application of skills, self-esteem and transition criteria. The criteria for acceptable performance will reflect community norms. Table 3 identifies the three primary levels, their requirements, and privileges.

Program Level Chart

LEVEL	CRITERIA	PRIVILEGES
Level 1 **Stabilization**	❑ Minimum 30 days ❑ No major conduct reports ❑ Cooperation with staff & peers ❑ Positive staff/peer evaluations ❑ Positive Program participation ❑ Orientation complete/contract signed ❑ Abide by Phase 1 Program Criteria	• Staff assigned in- house jobs • Curfew: Sunday thru Thursday - 10:30 pm Friday & Saturday – Midnight • Recreation – on grounds • Canteen $90
Level 2 **Growth**	❑ Minimum 60 days ❑ Enrolled/participating in all programs ❑ No major conduct report and not more than two minor conduct reports ❑ Cooperation with staff & peers ❑ Positive staff/peer evaluations ❑ Demonstrates responsible behavior	• Eligible for paid in-house jobs • Curfew: Sunday thru Thursday – 10:30 pm Friday & Saturday – Midnight May contract for extended hours • May serve as buddy for new resident • Recreation – on grounds • Canteen $110
Level 3 **Respect**	❑ Successful completion of at least one of the following: Cognitive Intervention - Phase I Program Treatment - Phase I HSED Life Skills ❑ No conduct reports ❑ Must hold one position of responsibility (i.e., kitchen worker, mentor, etc.) ❑ Cooperation with staff and peers ❑ Positive staff/peer evaluation	• Curfew: Sunday thru Thursday - 11:00 p.m. Friday and Saturday - 1:00 a.m. • May serve as buddy for new resident • Off-grounds recreation with permission • May contract for additional privileges (shopping, work release, library, etc.) • Elected to community committees • Eligible for community service • First choice on in-house jobs; eligible for work release • Canteen $130

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Termination and Completion Criteria

Treatment program discharge criteria include:

1. Successful completion of WINSAT program Phases 1-3.

2. Unacceptable adjustment during the first 30 days of WINSAT (Phase 1).

3. Termination from any treatment phase for the following:
    a. Battery
    b. Sexual assault
    c. Substance use

4. Change in status whereby offender no longer meets eligibility criteria.

Classification staff interviewed for this site visit indicated that classification staff, rather than treatment program staff, actually terminate inmates from programming. WINSAT staff should carefully document the reasons for termination and take progressive steps to attempt to retain the inmate in the program. The inmate should then be referred to the Program Review Committee (PRC) as a possible termination and present the reasons why the participant should be terminated. The participant will be suspended from WINSAT programming until the termination is finalized. PRC will then offer the inmate the opportunity to contest the termination and PRC will make the final judgement of termination. ATR participants are offered the same due process through a revocation hearing.

Inmates terminated from the program will return to a REECC general population unit or be transferred to TCI for medium security incarceration if they are assaultive.

Institutional Services Planned Post-Completion

No inmates have been admitted to treatment to date. The Outreach Specialist has not yet been hired and WINSAT staff are currently focusing on developing the active treatment components of the program. At this point, WINSAT staff indicated that the pre-release coordinator at REECC will "help them out" in monitoring graduates and coordinating services during that time after program completion but prior to release to the community.

Aftercare Component

The Outreach Specialist has not yet been hired and WINSAT staff are currently focusing on developing the active treatment components of the program. The Aftercare component will be developed once the other treatment services are more firmly in place.

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Coordination with Other Programs

WINSAT staff are in the process of developing a resource handbook summarizing the resources available to women in the communities to which they will be released. WINSAT staff indicated that they plan to coordinate services for women with a variety of community agencies:

- Southeastern Wisconsin AODA program (Racine day treatment for corrections clients);
- Genesis (Milwaukee/Kenosha/Racine day treatment for parolees);
- Racine Area Project -- RAP (day reporting center for women on maximum parole supervision providing employment, treatment, and counseling services);
- ASHA in Milwaukee (counseling/treatment for women of color);
- ARC House in Madison (substance abuse treatment for female corrections clients);
- Meta House in Milwaukee (residential substance abuse treatment);
- Horizon House in Milwaukee;
- Comprehensive Community Treatment Program -- CCTP (residential AODA in Racine)
- Lincoln Park Prison Reintegration Program for support services; and
- Women's Center in Milwaukee.

WINSAT also has plans to work with the probation/parole office in the region by helping to coordinate pre-release planning. While staff expressed their desire to have one parole agent working with the program, the program's regional probation/parole chief felt that it would "not be realistic or even in the best interest" of WINSAT to have one parole agent for WINSAT graduates. WINSAT will parole treatment graduates to a variety of counties and one agent couldn't cover all of the geographic regions. In addition, parole agents are assigned to supervise individuals paroled to particular areas in the city of Racine (on the neighborhood level). If a woman is paroled to either Racine, Kenosha, or Walworth counties (surrounding the treatment site) then a liaison agent from the Racine Area Project (RAP) can provide services while in treatment at REECC. This liaison agent will provide reintegration services prior to release to the community by developing a case plan, a parole plan, and conducting a "risk to reoffend" assessment. This agent will also meet with the offender at release to the community and assign them to an appropriate agent. However, the RAP liaison agent can not provide the service for women released to other counties -- a liaison from each county would be needed.

There is an obvious need to formalize this relationship and outline responsibilities as the program develops. However, DOC administrators warn that any arrangement made by WINSAT now may be complicated by the fact that the Center Superintendent will no longer report to the regional chief of Probation/Parole after October 1999, but will report instead to the district chief and that this person has yet to be identified. One administrator also expressed concern that community agencies were not a part of the treatment model development, indicating that WINSAT should use community agencies as sources of treatment information during program development and obtain their input when planning referral and coordination procedures.

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Anticipated Participant Outcomes

Those interviewed for the baseline site visit were asked to explain the ways in which they felt WINSAT would impact the prisoners who participated in the program. While most interview respondents mentioned a variety of ways in which they *hoped* the inmates would benefit, they also mentioned a broad range of smaller behavioral successes that they *expected* to happen during the course of treatment. Treatment staff indicated that they hoped to achieve a treatment program completion rate of 50-75 percent.

Those interviewed were asked to address participant outcomes in the three broad categories of: (1) intermediate outcomes while in the WINSAT program, (2) outcomes after graduation while still institutionalized, and (3) longer-term outcomes after release to the community.

Institution: The following intermediate outcomes were suggested by staff and other program stakeholders for women while in the treatment program:

- get past their denial of a substance abuse problem;
- understand how addiction has affected their behavior;
- increase in self-esteem;
- obtain their high school equivalency diploma (HSED);
- change in thinking patterns;
- address anger issues through participation in anger management groups;
- address abuse issues;
- improve relationships with children;
- accept responsibility for themselves and their behavior;
- increase problem-solving skills;
- identify situations/triggers that put them at risk for substance use; and
- decrease conduct reports while incarcerated

After Completion and Prior to Release: Staff also had hopes that women who remained incarcerated after completing WINSAT would:

- use the tools they had learned in treatment;
- "practice the change process with support";
- have decreased conduct reports for behavior;
- incur decreased time in segregation status; and
- move to the pre-release/work release part of institution.

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Community: Staff and stakeholders also mentioned a variety of community outcomes. These focused not only on stabilizing individual behavior in the community, but also on increasing their ability to obtain the community support services necessary to succeed.

- Remain drug-free for one year;
- develop healthier relationships with peers and family;
- develop better relationships with their children;
- make stable decisions;
- seek help if needed, using resources appropriately;
- participate in relapse prevention services;
- obtain employment of some type;
- increase knowledge of safer sex and needle safety;
- obtain continuing preventive health care;
- improved nutrition;
- reduce recidivism to the justice system;
- decreased severity of crime if do recidivate;
- regain custody of their children;
- live independently;
- abstain from substance use; and
- obtain safe/stable housing.

Conclusion

The WINSAT Program has hired staff, developed a treatment model and schedule, and outlined referral, admission, and discharge procedures. Physical space has been renovated for the program and a group of female prisoners have been identified as eligible for entry into the program. Treatment program staff are actively working toward creating a therapeutic community environment for female prisoners. We anticipate that the WINSAT program will fill a gap in treatment services within the Department of Corrections.

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Appendix 4: WINSAT Treatment Schedule

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WINSAT SCHEDULE - Phase 1 – (April 10th – 16th)

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	SUNDAY
	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2		
6:00 AM	BREAKFAST 6:00 - 7:00											
7:00 AM			HSED 7:00 - 8:00 AM				HSED 7:00 - 8:00 AM				BREAKFAST 7:00 - 8:00	
7:30 AM												
8:00 AM	COMMUNITY TIME 8:00 - 9:00											
9:00 AM	HSED 9:00 - 10:00 AM		HSED 9:00 - 10:00 AM			Cognitive I	HSED 9:00 - 10:00 AM			Cognitive I		Bible Study 9:00 - 10:30
9:30 AM		AODA Awareness	AODA Awareness		AODA Awareness		AODA Awareness		AODA Awareness		BRUNCH 9:30 - 10:30	
10:00 AM	AODA Stress Management			AODA Stress Management				Mind & Body				
10:30 AM												BRUNCH 10:30 - 11:30
11:00 AM	LUNCH 11:00 - 12:00										Visiting 10:45 - 12:45	
12:00 PM			AODA Relations				AODA Relations		AODA Stress Management	AODA Relations		Leisure 11:30 - 5:00
12:30 PM	Cognitive I	Mind & Body			Staffings 12:30 - 3:30 PM			AODA Stress Management				
1:00 PM									Cognitive I 1:00 - 3:00		Unit Cleaning 1:00 - 4:00	
1:30 PM			Trauma	Business Math			Business Math	Trauma				
2:00 PM												
2:30 PM	Staffing 2:30 - 3:30	Staffing 2:30 - 3:30	Staffing 2:30 - 3:30	Staffing & AODA CCC 2:30 - 3:30			Staffing & AODA CCC 2:30 - 3:30	Staffing 2:30 - 3:30	Staffing 2:30 - 3:30	Staffing 2:30 - 3:30		
3:00 PM												
3:30 PM	AODA Awareness	Caregiving	Mind & Body	AODA Awareness				AODA Awareness	Mind & Body	AODA Awareness		
4:00 PM					AODA Stress Management						Leisure 4:00 - 5:00	
4:30 PM												
5:00 PM	DINNER 5:00 - 6:00											
6:00 PM	SMART Group 6:00 - 7:00			AODA Relations	Caregiving	AODA Awareness						
6:30 PM							Visiting 6:30 - 8:30				Visiting 6:30 - 8:30	Visiting 6:30 - 8:30
7:00 PM												
7:30 PM												
8:00 PM												

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Appendix 5: Participant Satisfaction Survey

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Date: ____/____/____

SATISFACTION WITH WINSAT

Please help to improve WINSAT by answering a few questions. This survey is anonymous. Do not write your name on this page - no one will be able to tell which answers are yours.

Circle the answer that comes closest to how you feel for each statement.

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
1. I was happy to enter the WINSAT program	0	1	2	3
2. I find it easy to fit in here	0	1	2	3
3. I'm glad I completed this program	0	1	2	3
4. The WINSAT program rules are fair	0	1	2	3
5. I understand the Core Abilities	0	1	2	3
6. The Core Abilities are important to me	0	1	2	3
7. Staff keep things confidential	0	1	2	3
8. Staff treat me with respect	0	1	2	3
9. Staff have taken the time to really get to know me	0	1	2	3
10. There is too much assessment in this program	0	1	2	3
11. I like attending the group meetings	0	1	2	3
12. I learn a lot from the group meetings	0	1	2	3
13. Group meetings were helpful to me	0	1	2	3
14. Individual meetings with staff were helpful to me	0	1	2	3
15. Support group meetings were helpful to me (AA, NA, or SMART)	0	1	2	3
16. Therapeutic community meetings were helpful to me	0	1	2	3
17. There are not enough individual meetings with staff	0	1	2	3
18. WINSAT has helped me to have a better understanding of myself	0	1	2	3
19. I like living in an area set apart from the general population	0	1	2	3
20. WINSAT helped me understand more about alcohol and drugs	0	1	2	3
21. WINSAT helped me understand more about my crime	0	1	2	3
22. WINSAT helped me understand more about emotional, physical, and sexual abuse	0	1	2	3
23. What I learned from WINSAT will help me to quit using chemicals	0	1	2	3
24. What I learned from WINSAT will help me to live crime-free	0	1	2	3
25. What I learned from WINSAT will help me with my other problems	0	1	2	3

26. How satisfied are you with WINSAT staff? (circle one)

1 = Very dissatisfied
2 = Somewhat dissatisfied
3 = Mostly satisfied
4 = Very satisfied

27. What do you like the MOST about the WINSAT program?

28. What do you like the LEAST about the WINSAT program?

29. Do you have any specific ideas to help improve the WINSAT program?

Thank you so much for your comments!

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Appendix 6: Draft and Example Outcome Evaluation Instrumentation

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INSTITUTIONAL POST-GRADUATION DOC ID Number:____________seq:_____ 12

MICA Summary of Institutional Services Received After OSCI-MICA
[Completed at Time of Release, End of MICA Institutional Services, or Eight Months After Graduation]

Participant Name:______________________________ **Staff Name:**______________________

Today's Date: ____/____/____

Reason for Completing This Form:
1 = Release to community
2 = End of MICA Institutional Services
3 = Eight Months After Graduation

Reason for MICA Services Exit:
0 = No Exit: Eight-month follow-up only (Still receiving MICA institutional services)
1 = Paroled ->Date:__________
2 = Mandatory release (MR) -> Date:________
3 = Maximum program length
4 = AODA relapse
5 = Medication non-compliance
6 = Poor behavior - chronic/ongoing
7 = Poor behavior - major episode
8 = Transfer to other institution/halfway house
9= Other______________________

Institutional Placement After OSCI-MICA

Received at: (Enter facility codes from below)

	Facility	# Days There
Current/last	______	__________
Prior	______	__________
Prior	______	__________

0 = Did not receive further MICA services
1 = OSCI - in V Building
2 = OSCI - NOT in V Building
3 = Oakhill Correctional Center
4 = St. John's Correctional Center
5 = Other minimum security facility
6 = Halfway house
7 = Other medium security (not OSCI)
8 = Maximum security facility
9 = WRC
10 = Other____________________

Mental Health Status

Rating of Mental Health Stability: (Circle one)
1 = Worse
2 = Same
3 = Improved

_____ **# of episodes of deterioration**

Services Received Through MICA

_____ # of meetings with outreach specialist

_____ # of relapse prevention group sessions

_____ # of community/agency contacts

_____ # of family contacts

No	Yes	
0	1	mental health services
0	1	psychiatric consultations
0	1	psychological services
0	1	substance abuse services
0	1	support group sessions(AA/NA)
0	1	employment/vocational
0	1	educational
0	1	medical
0	1	dental
0	1	religious
0	1	recreational
0	1	other:________________

Urinalysis Testing:

_____ # performed _____ # positive

Release Plans

Upon release, does he have an appropriate:

No	Yes	
0	1	Place to live?
0	1	Source of financial support?
0	1	Support system of family/friends?
0	1	Mental health service arrangement?
0	1	Substance abuse service arrangement?

Ratings of Treatment Program Behavior Improvement:

	Ratings of Behavior				Change During This Time		
	None/ Poor	Ade-quate	Good	Excellent	Worse	Same	Improved
refrains from criminal attitudes/behaviors	0	1	2	3	1	2	3
medication compliance	0	1	2	3	1	2	3
maintains personal and room hygiene	0	1	2	3	1	2	3
develops schedule of activities	0	1	2	3	1	2	3
occupies time productively	0	1	2	3	1	2	3
active role in release preparation	0	1	2	3	1	2	3
money management skills	0	1	2	3	1	2	3
community support system	0	1	2	3	1	2	3
Treatment team confidence in maintenance of stability after release...							
regarding mental illness	0	1	2	3	1	2	3
regarding chemical use	0	1	2	3	1	2	3
regarding criminal behavior	0	1	2	3	1	2	3
regarding personal issues	0	1	2	3	1	2	3

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THREE-MONTH POST-RELEASE SUMMARY DOC ID: ____________ seq: _____

Community Parole Performance Summary

Information for the Period: ____/____/____ to ____/____/____

Parolee Name:______________________________ **Agent Last Name:**____________________

PAROLE COMPLIANCE

Current Parole Status:
1 = In compliance
2 = Absconded
3 = Incarcerated
4 = ATR

Overall Rating of Parole Compliance:
1 = Poor
2 = Fair
3 = Good
4 = Excellent

Number of Missed Appointments: ________

Number of Technical Violations: ______

Urinalysis Results:

 # performed______ **# positive**______

JUSTICE SYSTEM INVOLVEMENT

Number of Arrests Since Release: ______

# of Days from Release to First Arrest: _______

Number of Convictions Since Release: ______

Returned to Prison?
0 = No
1 = Yes, revocation ☞Reason:_______________
2 = Yes, ATR back to prison treatment program
3 = Yes, new offense

HEALTH STATUS SINCE RELEASE

Has he maintained abstinence from alcohol and drugs since release?
0 = No
1 = Yes

Rate the stability of his mental health since release:
1 = Unstable
2 = Periods of stability
3 = Stable on medication
4 = Stable without medication

Has he taken his mental health medication as recommended since release?
0 = Has not taken medication since release
1 = Inconsistently
2 = Consistently

# of Episodes of Mental Health Relapse: ________

PAROLEE STABILITY

Does he have an appropriate:

No	Yes	
0	1	Place to live?
0	1	Schedule of daily activities (things to do)?
0	1	Source of financial support?
0	1	Support system of family/friends?
0	1	Mental health service arrangement?
0	1	Substance abuse service arrangement?

INSTITUTIONAL AND COMMUNITY SERVICES

Did this offender participate in the MICA Treatment Program for dually diagnosed men at Oshkosh prison?

0 = No [Continue to Back of Page]
1 = Yes
2 = Don't know

Has this offender received aftercare services from MICA Treatment Program staff since release to the community?
0 = No
1 = Yes
2 = Don't know

Have you been contacted by MICA Treatment staff about this particular offender since his release to the community? [Enter zeros if you have not been contacted]

_______ # of in-person contacts with MICA staff

_______ # of telephone and written contacts

In your opinion, did the involvement of the MICA staff person increase coordination of community services received by this offender after release?
0 = This offender was not involved in the MICA program
1 = There was no involvement by MICA staff after release
2 = MICA staff involvement had a POSITIVE impact on coordination of services for this man
3 = MICA staff involvement made NO difference in coordination of services for this man
4 = MICA staff involvement had a NEGATIVE impact on coordination of services for this man

Rating of MICA Staff Cooperativeness with You (Agent):
1 = Very uncooperative/unreceptive
2 = Somewhat uncooperative/unreceptive
3 = Somewhat cooperative/receptive
4 = Very cooperative/receptive

[Please continue to back of page]

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THREE-MONTH POST-RELEASE SUMMARY DOC ID: ______________ seq: _____

TREATMENT AND SUPPORT SERVICES RECEIVED BY THIS OFFENDER DURING THIS PERIOD:

	Referral Made?		Service Received?		
	No	Yes	No	Yes	Dosage (specify if hours, sessions, or days) (estimate if necessary)
AODA outpatient	0	1	0	1	____________
AODA residential/inpatient	0	1	0	1	____________
AODA day treatment	0	1	0	1	____________
AODA halfway house	0	1	0	1	____________
AODA support group	0	1	0	1	____________
mental health inpatient	0	1	0	1	____________
mental health outpatient	0	1	0	1	____________
criminality counseling	0	1	0	1	____________
sex offender counseling	0	1	0	1	____________
medical services	0	1	0	1	____________
housing assistance	0	1	0	1	____________
employment assistance	0	1	0	1	____________
educational assistance	0	1	0	1	____________
vocational rehabilitation	0	1	0	1	____________
financial support services	0	1	0	1	____________
transportation assistance	0	1	0	1	____________
clothing assistance	0	1	0	1	____________
other______________	0	1	0	1	____________

ACCESS TO COMMUNITY TREATMENT AND SUPPORT SERVICES DURING THIS PERIOD:

Was this parolee able to obtain the MENTAL HEALTH TREATMENT services he needed?
0 = This parolee was able to obtain ALL of the mental health treatment services he needed
1 = This parolee was able to obtain MOST of the mental health treatment services he needed
2 = This parolee was able to obtain SOME of the mental health treatment services he needed
3 = This parolee was able to obtain VERY FEW of the mental health treatment services he needed
4 = This parolee was able to obtain NONE of the mental health treatment services he needed

Was this parolee able to obtain the SUBSTANCE ABUSE TREATMENT services he needed?
0 = This parolee was able to obtain ALL of the substance abuse treatment services he needed
1 = This parolee was able to obtain MOST of the substance abuse treatment services he needed
2 = This parolee was able to obtain SOME of the substance abuse treatment services he needed
3 = This parolee was able to obtain VERY FEW of the substance abuse treatment services he needed
4 = This parolee was able to obtain NONE of the substance abuse treatment services he needed

Was this parolee able to obtain the COMMUNITY SUPPORT services he needed?
0 = This parolee was able to obtain ALL of the community support services he needed
1 = This parolee was able to obtain MOST of the community support treatment services he needed
2 = This parolee was able to obtain SOME of the community support treatment services he needed
3 = This parolee was able to obtain VERY FEW of the community support treatment services he needed
4 = This parolee was able to obtain NONE of the community support treatment services he needed

PLEASE RETURN THIS FORM TO US USING THE ATTACHED ENVELOPE

Thank you so much for your time and cooperation!!

Center for Health Policy and Program Evaluation 502 N. Walnut Street Madison, WI 53705

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THREE-MONTH POST-RELEASE SUMMARY

DOC ID: ______________ seq: _____

MICA Community Aftercare Services and Participant Assessment Summary

Information for the THREE-MONTH Period: ____/____/____ to ____/____/____

Parolee Name: ______________________________

Staff Last Name: ______________________

MICA COMPLETION STATUS:
1 = Graduate
2 = Non-graduate (drop-out, termination, etc.)

JUSTICE SYSTEM INVOLVEMENT

Current Parole Status:
1 = In compliance
2 = Absconded
3 = Incarcerated
4 = ATR

Number of Arrests Since Release: ______

Number of Convictions Since Release: ______

Returned to Prison?
0 = No
1 = Yes, revocation ☞Reason: _______________
2 = Yes, ATR back to prison treatment program
3 = Yes, new offense

MENTAL HEALTH STATUS SINCE RELEASE

Rating of Mental Health: (Circle one)
1 = Unstable
2 = Periods of stability
3 = Stable on medication
4 = Stable without medication

# of Episodes of Deterioration/Relapse: ________

CHEMICAL USE STATUS

Has he maintained abstinence from alcohol and drugs since release?
0 = No
1 = Yes

# of Episodes of Relapse: __________

PAROLEE STABILITY

Does he have an appropriate:

No	Yes	
0	1	Place to live?
0	1	Source of financial support?
0	1	Support system of family/friends?
0	1	Mental health service arrangement?
0	1	Substance abuse service arrangement?

MICA AFTERCARE SERVICES PROVIDED:

Number of Contacts in Past THREE MONTHS:

	In-person	Other (phone, written, etc.)
Parolee	_______	_______
Parolee family	_______	_______
Treatment providers	_______	_______
Support services	_______	_______
Parole agent	_______	_______

Rating of OFFENDER cooperativeness with MICA staff:
1 = Very uncooperative/unreceptive
2 = Somewhat uncooperative/unreceptive
3 = Somewhat cooperative/receptive
4 = Very cooperative/receptive

Rating of PAROLE AGENT cooperativeness with MICA staff:
1 = Very uncooperative/unreceptive
2 = Somewhat uncooperative/unreceptive
3 = Somewhat cooperative/receptive
4 = Very cooperative/receptive

ASSESSMENT RESULTS

Date Assessments Performed: ____/____/____

BSI: GSI _______

Scales over 65 ____________________

ASI:

Medical	_______
Emp/support	_______
Alcohol	_______
Drug	_______
Legal	_______
Family/social	_______
Psychiatric	_______

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Name: ______________________ ____________ ____ SSN: _____-_____-_____ Birthdate: ___/___/___
(Last) (First) (MI)

Summary of Justice Involvement Since Release

ID Number: ____________ **Date of Release:** ___/___/___ **Complete STEP?** _____ **Participant/Control/Comparison:** _______ (1/2/3)

Current Status: _______ (STEP records) _______ (CIB/NCIC) **TOTALS: Arrests** _______ **Convictions** _______ **Jail Days Sentenced** _______ **Jail Days Served** _______

Date	Arrested for:	Counts	Mis=1 Fel=2	County	Convicted of:	Counts	Mis=1 Fel=2	Sentence Type	Prob-ation?	Mths of Probation	Jail days Sentenced	Con-current	Jail days Served

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Rockville, MD 20849-6000

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