

Department of Corrections Mission Statement

Protect the public, our staff, and those in our charge.

Provide opportunities for positive change and success.

Promote, inform, and educate others about our programs and successes.

Partner and collaborate with community service providers and other criminal justice entities.

The Problem

Wisconsin is an outlier with regard to the percent of its residents on community supervision who are re-imprisoned. As the authors of “The Wisconsin Community Corrections Story” (a Columbia University Justice Lab report) explain, there are several ways to describe the connection between community corrections and re-imprisonment. One way is to look at the percent of people who exit parole supervision through re-imprisonment in a given year. According to Bureau of Justice Statistics figures for 2013, the most recent year for which Wisconsin data were reported, 39% of parole exits in Wisconsin were to prison, compared to 28% of state parole exits nationwide. Of those re-imprisoned, in Wisconsin 75% had their supervision revoked without being convicted of a new offense, compared to 57% of those re-imprisoned without a new conviction nationwide. The percent of all parole exits due to these “crimeless revocations” in Wisconsin was nearly double the national average (29.5% versus 15.7%).

Another way to assess the relationship between community supervision and re-imprisonment is to look at the proportion of people in prison who were previously on probation or parole. According to Wisconsin Department of Corrections (WIDOC) data, at the end of 2017 approximately half of all adults in Wisconsin prisons had previously been on community supervision, and 43% of these individuals had been re-imprisoned without being convicted of a new offense. More than a fifth of all adults in prison in Wisconsin were re-imprisoned without being convicted of a new offense.

A final way to show the connection between community supervision and re-imprisonment is to look at prison admissions rather than at static counts of people in prison at a point in time. Looking at admissions gives us a better sense of the scale of the impact on individuals and communities, since it captures the number of people churning into the prison system in the course of a year. According to WIDOC, 37% of Wisconsin prison admissions in 2017 were people whose supervision was revoked without being convicted of a new offense. According to WIDOC, individuals whose supervision was revoked spend an average of 1.5 years in prison at a cost to taxpayers of nearly \$150 million.

These comparisons reveal the scale of re-imprisonment in Wisconsin, but they do not show how that re-imprisonment impacts some groups and communities much more than others. Both the incidence of supervision, and the likelihood of being re-imprisoned, are far greater among racial and ethnic minorities, as well as those with mental health problems and histories of substance abuse. According to the 2016 health impact assessment, “Excessive Revocations in Wisconsin,” Blacks account for six percent of the state’s population and 44% of those re-imprisoned without being convicted of a new offense. Native Americans are one percent of the population, but they are five percent of the number re-imprisoned without a new conviction. And people with a mental health condition account for 18% of the state population and 44% of those re-imprisoned without being convicted of a new offense. But the best predictor of who is likely to be re-imprisoned is substance abuse. In a recent analysis of 189 individuals whose supervision was revoked during the final quarter of 2016, Professor Cecilia Klingele found that over 80% suffered from a “persistent and life-impairing use of alcohol and/or other substances.” More than half of all these individuals had not been convicted of a new offense. They were re-imprisoned for things like failing to complete a mandated program, for absconding broadly defined to include repeated failures to report to their supervising agent, and for “assaultive behavior” in which people were not seriously injured and that, in the opinion of local prosecutors, did not warrant prosecution. In the case of these individuals, the decisions to revoke supervision were often made in response to addiction-linked behaviors that did not directly threaten public safety.

The Custodial Response to the Problem and Some Alternatives

The preceding section describes the scale and impact of re-imprisonment for the state as a whole. Nowhere in the state is this problem greater than in Milwaukee, and its solution will depend in great part on finding local alternatives to re-imprisonment and replacing custodial with community-based treatment. As of June 30, 2018, there were 12,943 people on supervision in Milwaukee County (DCC Region 3), and 5,999 were on post-prison release (i.e., parole and extended supervision). Each year, nearly 4,000 of these supervisees are incarcerated in the Milwaukee Secure Detention Facility (MSDF). Most of these individuals do not have their supervision revoked. They are incarcerated on supervisory holds and “short-term” (i.e., less than 90 days) sanctions for alleged supervision violations. However, for those who do face (re)imprisonment, the alternatives are limited and largely custodial. MSDF has a total of 234 beds reserved for Alternative to Revocation (ATR) programs. These programs include a

13-Week Domestic Violence /Thinking for a Change (DV/T4C) ATR, a 13-Week Domestic Violence/Cognitive Behavioral Interventions for Substance Abuse (DV/CBISA) ATR, a 12-Week Cognitive Based Interventions-Comprehensive Curriculum (CBI-CC), and a 16-Week CBISA program. The DCC social workers, treatment specialists, and clinical/program supervisors who staff these programs are, or will be, trained in these cognitive-behavioral treatment programs. The limited availability of these programs is evident from the following comments of DCC agents (as quoted in “Excessive Revocations in Wisconsin”):

When it's an alternative to revocation . . . they go for 90 days and they get all this treatment. Which most of the times I've had great success rate with that. But we only use that for an alternative to revocation. Like they are almost being revoked. And those beds are very, very hard to get.

-- Parole/probation agent

There are not a lot of options available to us, so sometimes we just move to using revocations faster now because we don't have anything else for us to do . . .

-- Parole/probation agent

Say they violate . . . and we want to put them in AODA (Alcohol and Other Drug Abuse treatment program) and that's what your supervisor agrees with, fine. Then you have to wait 6 months to get them into AODA. How is that immediate response to their behavior, how is that going to help them, if they're using drugs, but you can't get them in AODA for 6 months?

-- Parole/probation agent

As the comments of these agents show, there is a shortage of potentially beneficial and effective alternatives to incarceration. One agent explained that sometimes revocation is used when an alternate program would have been the first choice, and people are often detained in MSDF for weeks before they can get into an ATR program. In addition to their limited availability, and the financial and human costs of prolonged incarceration, custody-based ATRs violate one of the principles of effective intervention identified in the Crime and Justice Institute's (CJI) report, "Implementing Evidence-Based Policy and Practice in Community Corrections." According to the CJI, one of the eight principles of effective intervention is that they should engage ongoing support in natural communities. Consistent with this principle, community-based treatment programs are better able to enlist the support of family members and other community organizations in bringing about behavioral change and successful re-entry into the community. Regardless of their therapeutic intent, custodial ATR programs are jail sanctions, and research shows that continued incarceration is often criminogenic and no more effective than community-based sanctions at altering behavior (Wodahl 2015).

Fortunately, effective alternatives to incarcerating people at MSDF exist. In addition to the state's Treatment Alternatives and Diversions (TAD) and transitional jobs program, the community-based ATR programs listed below have helped many people successfully re-enter their communities and avoid re-imprisonment.

Location	Provider	Programs	Groups/ Week	Program Length	Annual Capacity*
Milwaukee	Bridge Health Clinics	AODA/SUD Services	1	16 weeks	585 Clients
Milwaukee	Attic Correctional Services	Cognitive Behavioral Programs	1	16 weeks	260 Clients
Milwaukee	Center for Self-Sufficiency	Community Partnership Outreach Program	Varies	Varies	180 Clients
Milwaukee	Benedict Center	Day Report Center	Varies	4-6 months	110 Clients
Milwaukee	Alma Center	Domestic Violence Court Intake	Varies		247 Clients**
Milwaukee	Alma Center	Domestic Violence Services	2	25 weeks	540 Clients
Milwaukee	Employ Milwaukee	Employment/Community Service and Vocational Programs		6 months	Varies
Milwaukee	ARC Community Services	Halfway House		12-20 weeks	13 Beds
Milwaukee	Horizon Healthcare	Psychiatric Services		Individual use; max 3 months	85 Clients**
Milwaukee	Meta House	RSP		12-20 weeks	10 Beds
Milwaukee	Wisconsin Community Services	RSP		12-20 weeks	36 Beds
Milwaukee	Henger Enterprises	SOT Services	1	Varies	780 Clients
Milwaukee	Matt Talbot	Transitional Housing		90 days	60 Beds

Unfortunately, these programs currently lack the resources and capacity needed to replace custodial programs, or to substantially reduce the rate of re-imprisonment in Wisconsin and Milwaukee County. Part of the issue is inadequate funding. The health impact assessment, “Excessive Revocations in Wisconsin,” included an analysis of the potential benefits of scaling up the TAD program by increasing funding from (then) \$2 million to \$75 million. That analysis showed that increased funding, together with broadening the eligibility criteria for, and giving parents priority access to, TAD programs, would reduce the prison and jail population, reduce overall crime, improve mental health and strengthen family units. Similarly, the Transform Milwaukee Jobs Program (TMJP) has been effective at re-connecting previously incarcerated people to the work force, and could be scaled up with additional funding. Transitional jobs reduce the probability of reoffending by helping to stabilize people’s lives and giving them a stake in the economy. Over the past few years, a majority of the participants in this transitional jobs program have been previously incarcerated, and approximately 70% of those who start a transitional job go on to secure unsubsidized employment.

But the issue of also one of coordination and program management. Studies of Colorado’s WAGEES and Massachusetts Roca program show how coordinating the services of community organizations can help them reduce training costs and institute performance-based management that tracks clients’ outcomes and provides continuous feedback to clients and staff.

Recommendations

The following recommendations address the need for increased funding and better coordination of community-based services, including peer support programs.

- Advocate for increased funding of TAD and the transitional jobs program and for broadening the TAD eligibility criteria and increasing the number of ATR placements. This advocacy should be conducted, at least in part, through the Community Justice Coordinating Council as part of its mission to promote successful re-entry and divert people from re-imprisonment.
- Encourage the County and/or City of Milwaukee to provide a full time grant writer to seek funding for community based programing, with the County and/or City acting as the fiscal agency for the grants. Grant proposals should incorporate input from community service providers and follow the programmatic guidelines of the National Association of AODA and Mental Health Program Directors presented in “Financing and Marketing the New Conceptual Framework for Co-Occurring Mental Health and Substance Abuse Disorders.”
- Help community-based programs identify existing funding sources by conducting an audit of the program eligibility of those currently assigned to custodial programs or reimprisoned due to a lack of program openings. Determine how many of these individuals are eligible for community-based treatment financed through other agencies. For example, how many are eligible for Medicaid/TANF funding? How many are veterans and eligible for support through the VA? How many are under age 24 and could be enrolled in Wraparound’s case management system?
- Advocate for the expansion of program eligibility through the expansion of Medicaid coverage to those earning up to 133% of the poverty threshold. With expanded coverage, most individuals on supervision would be eligible for Medicaid funding of health care, substance abuse, and mental health programs in the community (and those who are not eligible can be enrolled in health

insurance programs through the exchanges). In addition, by extending Medicaid eligibility to individuals while they are incarcerated, the DOC would shift a large portion of its health-care expenditures onto the federal government. The cost of treating people who are transferred to hospitals or other health-care facilities can be reimbursed by Medicaid if they are eligible and enrolled in the program.

- Utilize the DCC's Day Reporting Center to move people into community-based programs and/or provide CBT training and program management assistance to community-service providers.
- Work with the DCC to create a uniform methodology for determining who gets placed in custodial ATRs and who can be provided treatment in a community setting.
- Conduct benchmarking research, including information from the National Institute of Corrections and the Council of State Governments, into best practices in the use of both graduated sanctions and graduated incentives. Assess the effectiveness of the graduated incentives used by community-based programs, such as giving children bicycles when a parent successfully completes the program.
- Use the model of pre-trial community conferencing based on restorative justice principles to divert individuals from custodial to community-based ATRs.
- Create an advisory council that includes directly impacted people that will be responsible for re-allocating to communities the savings achieved by reducing incarceration and supervision.

Projected Impacts

Promoting a closer collaboration with community organizations, modeled on the best practices of other states, will better enable the Department of Corrections to achieve the goals of its Mission Statement. In particular, replacing custodial programs at MSDF with community-based treatment and ATRs will help create healthier, safer, and stronger communities in Milwaukee.