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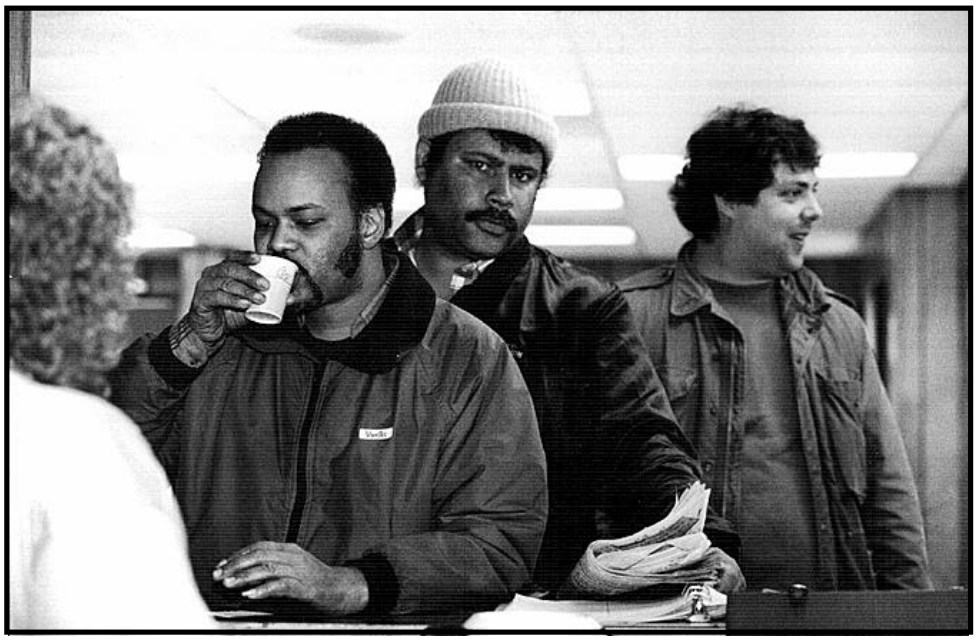
Program Focus

Managing Mentally Ill Offenders in the Community

Milwaukee's Community Support Program



Managing Mentally Ill Offenders in the Community:
Milwaukee's Community Support Program

by Douglas C. McDonald, Ph.D., and Michele Teitelbaum, Ph.D.

Persons suffering chronic mental illnesses are frequently caught up in the criminal justice system, but justice agencies are usually ill equipped to respond effectively to the problems they pose. Jailing them keeps them off the streets, but this provides only a short-term solution at a high price. Probation may be warranted in some cases, but conventional supervision and services are often insufficient. Many mentally ill persons need the most elementary of necessities as well as medication, and they require more intensive monitoring than most probation departments are able to devote to them.

Every day our crowded, overburdened jails and probation departments face yet another challenge—dealing with offenders who are mentally ill and require medication, close monitoring, and other services. Many of these persons have been in and out of jails and hospitals. Few have homes or jobs, and more and more of them are drug-addicted as well. Their own untreated, often psychotic behavior may have been the cause of their being arrested in the first place.

Milwaukee faced up to the problem 15 years ago when it developed a program to keep these offenders out of jail, out of the hospital, and under close community supervision. The Community Support Program, run by a private nonprofit agency, provides an alternative to incarceration for this population through a mix of coercion, incentives, and housing assistance, money management, and therapeutic support services.

The program does this for $3,000 a year per client—less than it would cost for intensive outpatient treatment in local mental health systems. This Program Focus describes how the program works and how it gained community acceptance. It is an approach that offers a ray of hope to municipalities seeking a just, humane, and realistic means of dealing with mentally ill offenders while protecting the wider community as well.

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The Wisconsin Correctional Service (WCS), a private not-for-profit organization in Milwaukee, has established an innovative Community Support Program (CSP) that adopts a "carrot and stick" approach to managing mentally ill offenders in the community, most of whom are schizophrenic. Since many of the program's clients come to the attention of criminal justice agencies, formal legal authority is used initially to get offenders into the program.

The program is also well suited to serving mentally ill persons who have not yet come into the criminal justice system but may be at risk of doing so. Many WCS clients have run afoul of the law because they are actively psychotic and not medicated, and with the court's authority most can be convinced to accept medications. Once engaged in the program, many offenders comply willingly with its requirements because they receive substantial benefits, various needed social services, and life supports. Indeed, some choose to stay in the program for years, well beyond the cessation of their legal obligations.

The program was developed in 1978, when WCS noticed the growing numbers of chronically mentally ill persons coming into Milwaukee's courts and jails. Since then, the county has copied the basic design and has funded three other community support programs, two under contract with private organizations, and a third operated directly by county officials. The program model includes the following five defining elements, all of which can be

adapted quite readily to other jurisdictions. These include:

Medical and Therapeutic Services. Medication is prescribed, administered 5 days a week, and closely monitored by a pharmacy on the premises. Psychotherapy and group sessions are also available, and case management services are provided to all clients to help them obtain primary health care.

Money Management. The program arranges to be the legal recipient for the client's social security and other disability benefits. The client's fixed expenses (rent, for example) are paid directly by the program. The remainder is given to the client in a daily allowance—after the client has taken his or her prescribed medicine.

Housing and Other Support Services. Intensive casework is undertaken to provide for the client's basic needs, either after arrest, or upon release from jail or a hospital. This includes referral to other social service agencies, if needed. Housing in the community is arranged directly by the program, and daily living is monitored by periodic home visits.

Day Reporting and Close Monitoring. Most clients are required to report to the clinic daily, Monday through Friday, where they can stay either for a brief period to take their medications and get their money or for longer periods. The daily observation and interaction with the clients enables the staff to monitor behavior and to spot when changes in medications are needed. Failure to report is noted, and clients are located.

Participation. Although clients must agree to enter the treatment program, their choice is constrained by other less desirable alternatives, including jail. Because many mentally ill persons are difficult to manage and resist being medicated, the combination of supportive services backed by firm legal authority is effective in bringing them into treatment.

Program administrators believe that what keeps them in the program are the benefits. Prior to coming into the program, many of the clients are homeless and without any means of support. By helping them get shelter, income, and medication, the program creates a powerful incentive for staying.

Program Operations

The program operates out of a small clinic located in a predominantly residential neighborhood. The clinic has a friendly, relaxed feeling about it, without the trappings of a more institutional environment. Clients even have a room where they can socialize with each other or just relax during the daytime.

Clinic staff are readily available to all clients and offer a broad range of services. Three full-time nurses provide clinical support to clients who, in addition to psychological distress, often need primary health care evaluation and referral to medical services. A part-time psychiatrist diagnoses clients and prescribes them psychotropic medications as needed. The pharmacy staff dispense all medications and manage the required recordkeeping.

Four full-time case managers have a caseload of 60 clients each. Several financial service staff members help clients obtain government benefits and manage their money. Daily allowances are given out by a cashier. Two staff persons work to obtain housing for those who need it and to help manage clients' ongoing relationships with their landlords. A small management and administrative staff direct overall operations.

The program has the capacity to serve approximately 250 clients at any one time, a number that has remained fairly stable over the past several years. During 1992, a total of 312 clients attended the program. On any given day, program staff see about 200 clients, most of whom visit briefly to take their medicine and get their daily allowance. The others are on schedules that require less than daily reporting.

The Community Support Program has developed a combination of coercive elements, incentives, and support that encourages clients to use services to help them live in the community without violating the law.

Entry Into the Program

Clients come into the CSP through various routes. Some are identified by workers in other programs that WCS operates for Milwaukee's municipal courts. Others are referred by probation and parole officers or by private attorneys. A small percentage come into the program on their own. Some are referred by psychiatric hospitals.

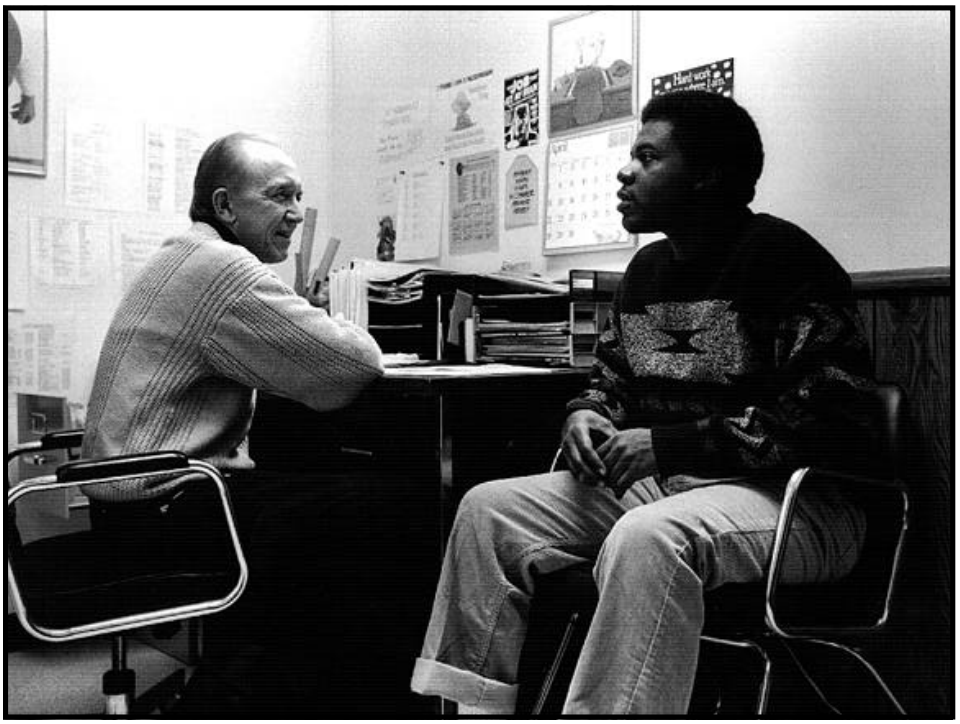


Photo by Porter Gifford, New York, N.Y.

The psychiatrist on duty has an open-door policy for clients who want to come in and talk or who have questions about their medications.

A common entry channel is through the work of the associated programs run by WCS in the criminal justice system. Two programs are based at the courts: the Central Intake Unit and the Municipal Court Intervention Program. The former is a pretrial services agency, similar to others elsewhere in the Nation, although it provides a more expansive and comprehensive set of services than many others do. These include a separate intensive pretrial supervision program and a drug testing program.

The Municipal Court Intervention Program provides a structured alternative to incarceration for persons convicted in municipal courts. It aims principally to keep in the community persons convicted of violating municipal ordinances who are in need of mental health, alcohol, or drug treatment; indigent persons unable to pay fines imposed by the municipal court; and those who are due to be transferred to the local correctional facility.

Staff at the Central Intake Unit's screening center interview all defendants brought into the courts for arraignment to obtain information needed by the court for bail and custody decisions. Each day, hundreds of such defendants are interviewed. In the course of these interviews, intake screeners also identify persons who appear to be candidates for the programs operated by WCS, including the Community Support Program. If staff suspect that a defendant is mentally ill, he or she is interviewed more intensively and considered for the CSP.

Although such screening may exist in other jurisdictions, pretrial service agencies generally lack the capability to provide needed services directly. Instead, defendants are referred to services, if they are at liberty, or they must wait to be transferred elsewhere for services if they are in custody. For mentally ill persons, such delays in treatment can exacerbate their mental and physical conditions. For that reason, the Central Intake Unit works closely with the courts to place appropriate offenders and defendants into the Community Support Program as quickly as possible.

Wisconsin Correctional Service staff also canvass the populations in the local jails and prison for possible referral to WCS programs. Again, those defendants or offenders who show signs of mental illness are identified and given more intensive consideration to determine if referral to the Community Support Program is appropriate.

Once individuals are identified as suitable for the Community Support Program, the courts are notified. In some instances, judges may refer defendants to the program as a condition of pretrial release. If the potential clients have already been convicted, the courts may order offenders into the program and impose treatment obligations as a condition of probation. Referrals that represent a genuine alternative to incarceration are given priority. The close supervision and assistance that the program provides—and the fact that conditions are enforced—gives judges and jailers the

confidence to release mentally ill persons to the program.

Another path into the program is through referral by probation and parole officers. For those mentally ill offenders in need of a blend of services—intensive supervision, day reporting, and monitored medications—participation in the program can be imposed as a condition of release. Staffs of probation, parole agencies, and the program have developed close working relationships to create a consistent set of rules and expectations.

After entry into the program, the client's behavior is closely monitored, and the appropriate authorities are routinely informed.

In recent years, about 1,000 arrestees have been identified annually as being mentally ill. Of those, approximately 200 to 300 were both eligible for release and deemed suitable for the program. Of the remaining 700 to 800, some were already in treatment programs and were referred back to them. Others were hospitalized, and still others had their charges dropped. Not all those who appeared to need the program's services and to meet the admissions criteria could be served immediately because slots in the program were limited. During 1992, for example, 67 new clients were admitted to the program. (See exhibit 1.) Thirty others were referred to other county-funded community support programs. Another 40 remained in custody through the end of the year and therefore were not eligible for admission to the program. Those who were released but not admitted to any of the community support programs were put on a waiting list. Many of those placed on the waiting lists were released from detention with the requirement that they report daily to mental health counselors/case workers in the Central Intake Unit.

Exhibit 1. Admissions to Community Support Program, 1992

Reason	Number (Percent)
Pretrial release	27 (40%)
Probation	30 (45%)
Court order after trial but before sentencing	4 (6%)
Noncriminal, voluntary	6 (9%)
TOTAL	**67 (100%)**

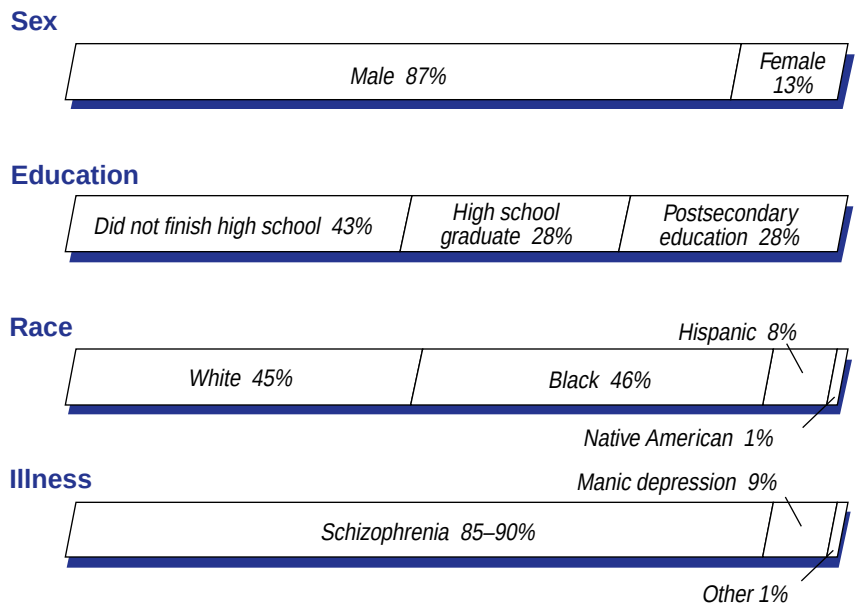
The Clients

The typical CSP client is a male in his mid-thirties who has never been married, has some secondary education, and has a diagnosed major mental illness. The majority had at least two prior arrests on their record. Clients entering the program in 1992 averaged 75 days in psychiatric hospitals during the preceding 2 years. (See exhibit 2.)

Although the number of admitted persons has remained relatively constant over the past several years, the clinical conditions of clients have changed. The Milwaukee area has seen an upsurge in mentally ill offenders who are drug users (so-called dually diagnosed clients), paralleling the reported increase in cocaine use in the area. Clinic staff say that these dually diagnosed offenders are more difficult to treat, have more serious histories of institutionalization, and demonstrate more frequent relapses and recidivism than mentally impaired offenders without substance abuse problems. Program staff report that prior to the upsurge in cocaine use and dually diagnosed clients in the area, fewer than 10 percent of the offenders released from the program were re-institutionalized in either jails or psychiatric hospitals. Staff find that now about one-quarter of the offenders released from the program are locked up again, an increase that they attribute to cocaine abuse.

The Community Support Program sees many clients who have histories of noncompliance with outpatient treatment programs. Indeed, many clients (39 percent in 1992) returned to the Community Support Program, either voluntarily or through referral, after a period of not being enrolled. Although the average length of stay in the program as an active case (defined as

Exhibit 2. Characteristics of Clients Admitted to Community Support Program, 1992



being assigned to a case manager) is 1-1/2 years, the time clients stay in the program varies greatly. A small minority of clients have been in the program for as long as it has existed (approximately 15 years).

While enrolled in the program, clients generally do not attend other programs that provide similar support services or outpatient mental health assistance. A small proportion of clients are, however, referred by case managers to other agencies for such services as substance abuse treatment and HIV counseling and testing. Such referrals are not generally made until the clients have settled into the program and have become stabilized on their medicines.

Clients leave the program for a variety of reasons. Some complete their legal obligations to stay in the program and then drop out. Others are referred to other mental health or custodial institutions, while some are sent to jail or prison for committing new crimes or violating the terms of their release. In 1992, 84 persons were discharged:

- Twenty-eight fulfilled their legal obligations and dropped out.
- Five others moved to another State.
- Three persons died.
- One disappeared "off the face of the earth," in the words of the program's administrator.
- Twenty completed their legal obligation and were referred to other, less structured outpatient programs.
- Six people were found to need closer supervision and treatment and were placed in inpatient mental health facilities.
- Three were referred to hospitals for long-term treatment for physical illnesses.
- Three were sent to long-term residential drug treatment programs.
- Fifteen were discharged because they were jailed either because they committed new offenses or because they violated the terms of their release.

The Services

Licensed as a free-standing outpatient mental health program, the CSP provides three principal types of services to participants: medical and therapeutic services, money management, and housing assistance.

Medical and Therapeutic Services

Each new client entering the program receives a baseline health interview and physical exam by the clinical staff. At intake, and every 6 months thereafter, blood tests are given to monitor clients' health and to evaluate medication levels. Urine samples are screened for illicit drug use, as needed, or as mandated by the court.

The most important element of the program is daily reporting to the clinic for medication. Most clients have a

history of stopping their medications, becoming actively psychotic, and, in some cases, aggressive. To ensure that clients comply with their medication schedules, the program has developed an efficient system for dispensing medicines and monitoring their use. After the intake exams, a psychiatrist prescribes medications. On each day, Monday through Friday, clients come to the clinic, stand in medication lines at the pharmacy window, and take their medicines in front of nurses. They then receive a chit to turn in at the cashier's window, where they get their daily allowances.

This process is not rushed, and the nurses have time to strike up conversations with clients. This provides them the opportunity to observe clients' behavior and to spot any need for adjusting the mix and dosage of drugs. Clients can be either overmedicated or undermedicated, or they can develop side effects that can be moderated or suppressed with other drugs. If a nurse suspects that an adjustment in the medications is needed or if there are other problems needing attention, the client can be referred to the psychiatrist or other service specialists in the CSP.

The use of a registered nurse, licensed practical nurses, and pharmacy assistants allows low-cost maintenance of the medication services. The pharmacy dispenses medications to some 200 clients a day. Although most clients starting the program visit daily, the program reduces this requirement for some after a period of reliable attendance. Medication alone would be an insufficient incentive to keep clients in the program. Caseworkers in the clinic also provide a number of valuable services to patients who report faithfully and maintain their medication schedules. These benefits may be far more compelling than the court order that initially motivated most of the clients.

Money Management

Clients receive considerable assistance in managing their money. Nearly all agree to have the Community Support Program serve as the payee for Social Security and other government disability benefits. The program pays all of the clients' fixed expenses, such as rent, and the remainder is doled out to the clients daily—after they have taken their medications. Failure to comply with a treatment plan can result in withholding a scheduled cash allowance. Clients interviewed at the clinic said that they appreciated this service. Many realize that they are not able to manage their money well, and many are afraid of being preyed upon by thieves and con artists who know when monthly disability checks are delivered.

The program's full-time financial services advocate manages clients' entitlement claims. Additionally, full-time money managers assist clients in maintaining their accounts, budgeting their funds, and scheduling payments and billings. A behind-the-scenes financial services coordinator oversees all accounts, keeping each client's funding stable.

Devising the internal money-management procedures was a challenge. Accounts have to be reconciled every day because clients make approximately 200 withdrawals of small amounts daily. Accounting procedures have been computerized, using a program that was written especially for that purpose.

Upon enrollment, the client (or the program on behalf of the client) applies for both general assistance/welfare and Social Security benefits, either Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). However, some clients are eligible for both SSI and SSDI, and a small number are also eligible for veterans' benefits. The general assistance benefit is usually approved first, but because the SSI or SSDI benefit is retroactive from the date of application, these Federal funds are used to reimburse the general assistance agency.

Housing Assistance

Housing assistance is another major component of the program. Over three-quarters of all clients lack stable housing when they enter the program, and the Community Support Program finds rental housing for them. Over time, and by means of a variety of strategies (including newspaper advertisements and word of mouth), CSP officials have enlisted the help of landlords willing to house clients. At present, the roster lists approximately 425 landlords, making about 1,000 apartments available to the CSP. Landlords like the program because they know that they will receive rent checks regularly and directly from the program's administrators. They are also willing to accept security deposits

Avoiding Cash Flow Problems

One of the program's important innovations was to develop special arrangements with Federal, State, and county agencies to conduct screening interviews with clients for benefits. When the program first began, many clients were not receiving benefits to which they were legally entitled.

The program helped manage their enrollment and sent hundreds of mentally ill people to government offices for interviews. But for many clients these interviews were a large stumbling block to getting registered. Many severely disturbed clients have neither the social skills nor patience required for making an appointment, showing up several days or weeks later, bringing all the required documents, waiting in line, communicating clearly with social service caseworkers, and filling out forms.

It took months to get clients on the rolls with social security and county welfare agencies. Because the program was supporting clients in the interim, substantial cash-flow problems resulted. When the program lost a client before finally getting him or her registered, it was unable to collect the client's past claims and suffered a financial loss as a consequence.

The key was to get the various benefit agencies to let the Community Support Program do all the necessary paperwork for applications. This occurred when officials in the welfare department realized that the information the CSP provided was always correct and that the difficulties of handling these clients in their offices could be avoided by having the CSP conduct the interviews and obtain the needed data. Once an agreement was reached to delegate these responsibilities to the CSP, the program made similar arrangements with other benefit agencies. This has made registration and enrollment much more efficient and has reduced the program's cash-flow problems to a manageable level.

in several installments. The housing service has computerized part of its operations, so that rent checks are written and mailed out automatically, and an inventory of housing is maintained and closely monitored. During 1992, WCS found housing for or moved 170 clients. The program even provides a truck and other assistance when clients have to move. In addition to organizing and managing funding for clients' housing, the program solicits donations of furniture and household items from the public to help clients achieve a decent, albeit minimal, standard of living. Caseworkers visit clients' households on a periodic basis to assess their treatment needs and check on their welfare.

As an additional source of assistance for the housing program, the program received a Housing Cost Reduction Grant in 1992 from the State government. This one-time grant was deposited in an interest-bearing account, and the revenue generated by this account enables the program to extend loans to clients for security deposits and first month rents. Clients can then use their monthly benefit funds to buy essential furnishings for their households and to pay the program back over time for the loans. Obtaining this additional source of funds, and using it for these purposes have proved a creative and successful venture by the program.

Success Factors

The program's primary objectives are to keep persons afflicted with chronic mental illnesses out of the local jails and hospitals and to help them live independently. Although the program has not been formally evaluated, it appears to be achieving its goals. Indeed, county officials are so persuaded of the program's usefulness that they have dedicated scarce State and Federal aid dollars to fund three other similar programs. By creating a system for identifying mentally ill persons brought into court and jail and creating a programmatic alternative that the courts use, the program is undoubtedly reducing the number of mentally ill persons in jail. The program's administrators report that in recent years the proportion of jail inmates diagnosed as mentally ill has been small—about 3 percent, on average—and that the proportion was much larger prior to the program's creation.

Further evidence of the program's success in accomplishing its objective of diverting mentally ill persons from jail is seen in the tributes voiced by court officials. The judges, prosecutors, and defense attorneys interviewed strongly support the program, as do the court and jail staff. Relations with other agencies (including mental health, parole and probation agencies, forensic services, and State hospitals) are positive, according to those officials interviewed. One judge interviewed said that confidence in the program is "as high as it could be." Another judge said that the court "cannot do without the program."

Low Cost

Central to the program's success has been its ability to provide this service at a low cost. The cost per service slot—about $3,000 per year—is about one-quarter to one-third the cost of intensive outpatient treatment in the State and county mental health systems. Costs are low because the program uses paraprofessionals to deliver services whenever possible, rather than employing a large staff of certified specialists with advanced degrees. (A majority of the program staff have bachelor's degrees rather than higher, more specialized degrees.)

Perhaps the program's greatest accomplishment, therefore, is that it has devised an important support service that did not previously exist in a fiscal environment that has not encouraged public expenditures for the poor and needy. The program has increased the level of services in a county that has high property taxes and great resistance to increased government spending. According to the county's budget director, local government would not provide these services if doing so required the creation of new county employee positions funded by county tax revenues. Relying upon a private entity, the Wisconsin Correctional Service, and a low-cost model of service delivery made it unnecessary to create new government positions.

Financial support is obtained from two principal sources. The most important and largest is a grant from the Combined Community Services Board, a State government entity established to allocate and administer State and Federal block grant funds for disabled persons. The second most important source is the United Way, which has been supporting the program for years. Additional sources of revenues include the Community Options Program funds from the State for long-term chronically mentally ill clients, as well as medicaid, medicare, and private insurance payments for psychiatric, psychological, and pharmaceutical services.

Gaining Community Acceptance

Locating facilities for mentally ill persons is difficult in many communities, because residents and merchants fear that the concentrated presence of such persons will have a negative effect on their property values and businesses. Despite this resist-ance, the CSP has managed to win the support of its neighboring community. This has resulted in part from the program's working to accommodate the interests of its neighbors. Initially, the program was located in the heart of the downtown area, in a government office building. Merchants were concerned that clients milling about the clinic might scare customers away. The most effective solutions to this problem, devised after meeting with the merchants, were surprisingly simple. Reporting times were spread throughout the day, so that an unduly large number of clients would not be congregating around the clinic at any particular hour. The building was also opened and staffed 1-1/2 hours in advance of the first scheduled reporting time so that clients arriving early could congregate inside, rather than on the street.

When the program moved to its present location, in a mixed residential and commercial area, citizen groups were concerned about the effects on their businesses. To alleviate this anxiety, the program's directors invited neighbors to an open house to see the facilities and observe operations. Local residents were invited to join an ad hoc advisory committee. Program staff also attend bimonthly neighborhood coalition meetings and make themselves available to respond to any complaints or special concerns. Area businesses are given the names and telephone numbers of project staff to be contacted in the event that clients create problems in the neighborhood. Prompt attention to residents' requests has helped diffuse tensions as they arise. Although the program still gets occasional complaints, it now appears to be operating inconspicuously in the community.

Although these various outreach efforts have been important in bringing about good community relations, the program's administrators believe that the most effective strategy has been to address the clients' basic needs (housing, money management, and medication) early and effectively. If clients are well served, their anxieties are generally reduced; acting out is minimized; and the likelihood of their drawing attention to themselves in the community is lessened.

Creating Similar Programs Elsewhere

The Community Support Program does not depend on unique conditions in Milwaukee for its existence, and it could be adapted elsewhere with only slight modifications. The program did take advantage of the pretrial screening procedures and organization already in place. It also benefited from its private rather than governmental operating authority. Neither are necessary preconditions, however.

Setting Realistic Expectations

Because our knowledge of mental illnesses is limited, it is unrealistic to expect any program to cure these illnesses. The best one can realistically expect is that mentally ill persons can be helped to achieve some stability in their living arrangements, to live independently in the community rather than in a hospital or other custodial facility, to be protected from persons who would prey upon them, and to be relieved to the extent possible of the anxieties, fears, and delusions that torment them.

It is clear that the Community Support Program is accomplishing these goals. If the program did not exist, a large proportion of the clients would be homeless, living in a succession of temporary shelters, or cycling through hospitals. Many would be actively psychotic, as most would not be medicated or under psychiatric supervision. By managing their housing and money, the program minimizes the opportunities for swindlers and thieves to victimize clients. It is also likely that the clients' own criminal behavior—mostly thefts, assaultive behavior, and drug taking or selling—is also lessened.

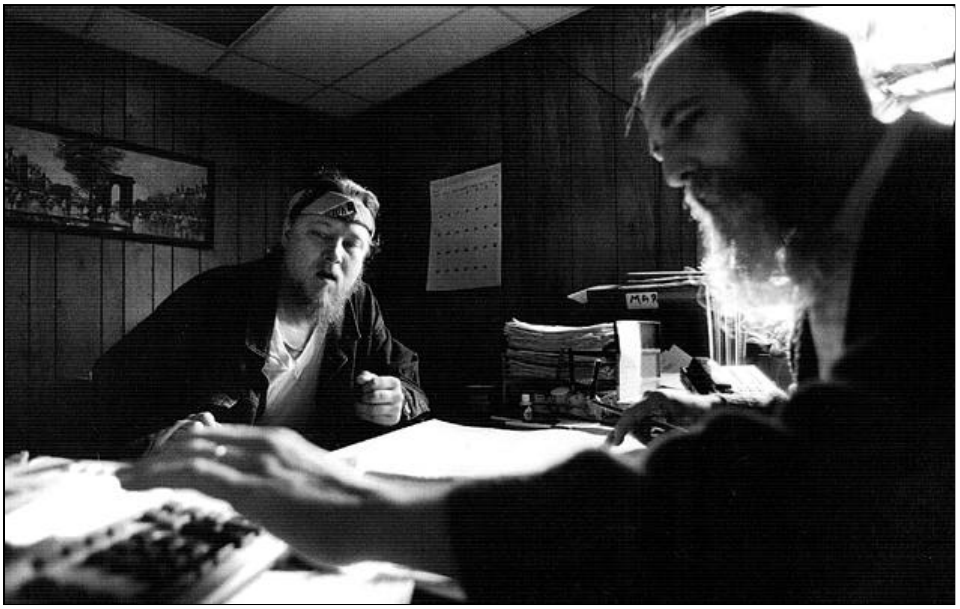


Photo by Porter Gifford, New York, N.Y.

The program's money manager works with clients to budget their funds and to reach an agreement on how much money they will receive each day.

Pretrial Screening Capacity

In many jurisdictions, there are no specific services for identifying mentally ill persons in the criminal justice system and devising placements for them, although jail administrators may do some of this on an ad hoc basis to get an unruly prisoner out of a facility. In many jurisdictions, judges rely on probation officers to assist them in fashioning a useful and appropriate response to mentally ill defendants and offenders. However, most probation agencies are only brokers: officers do not provide services directly (other than supervision), and they must refer their charges to other service providers.

Jurisdictions that already have pretrial screening agencies or organizations will be most able to develop a community support program economically. Because these agencies assess defendants' likelihood to appear at trial, they also provide a convenient point for identifying persons who might be mentally ill. In jurisdictions lacking such pretrial screening capabilities, procedures would have to be developed to identify the mentally ill in jail. While identification and referral in jail is preferable to no screening at all, identification at the pretrial stage is better, because then mentally ill detainees can be diverted from jail altogether if the charges are not serious enough to warrant detention.

Private or Public Operation

Since the Community Support Program is privately operated in Milwaukee, other local governments may want to follow this model. In considering where to locate responsibility for development and operation of a community support program, government officials should consider how existing standards and practices in the candidate agency might constrain its ability to adopt all elements of the CSP's low-cost design. For example, obligations to meet more acute care (such as inpatient treatment) standards in an agency might raise costs substantially, because such standards require the

use of professional, rather than paraprofessional, employees. However, governments willing to make the commitment could create a program similar to CSP and avoid the issue of relying on local tax revenues to supply new government services.

About This Study

This document was written by Douglas McDonald, Ph.D., and Michele Teitelbaum, Ph.D., senior social scientists at Abt Associates Inc. Elissa Weitzman, research analyst, and Stacia Langenbahn, editorial assistant at Abt, assisted the authors.

Data for this report were obtained from several sources. Site visits included interviews with directors and staff of the Wisconsin Correctional Service and its Community Support Program and Central Intake Unit; staff of the district attorney's and public defender's offices, and the local jail; judges of the State district and municipal courts and a court commissioner; representatives of the State's Department of Health and Social Services and the county's budget office; and telephone interviews with representatives of the United Way (a funding source) and the State mental health hospital. Several useful documents were also provided by the WSC, including program descriptions, recent annual reports, and public presentations of Bowne (Bob) J. Sayner, Assistant Executive Director of the Wisconsin Correctional Service.

Additional information about the Community Support Program can be obtained from the Wisconsin Correctional Service, 436 West Wisconsin Avenue, Milwaukee, WI 53203, (414–271–2512).

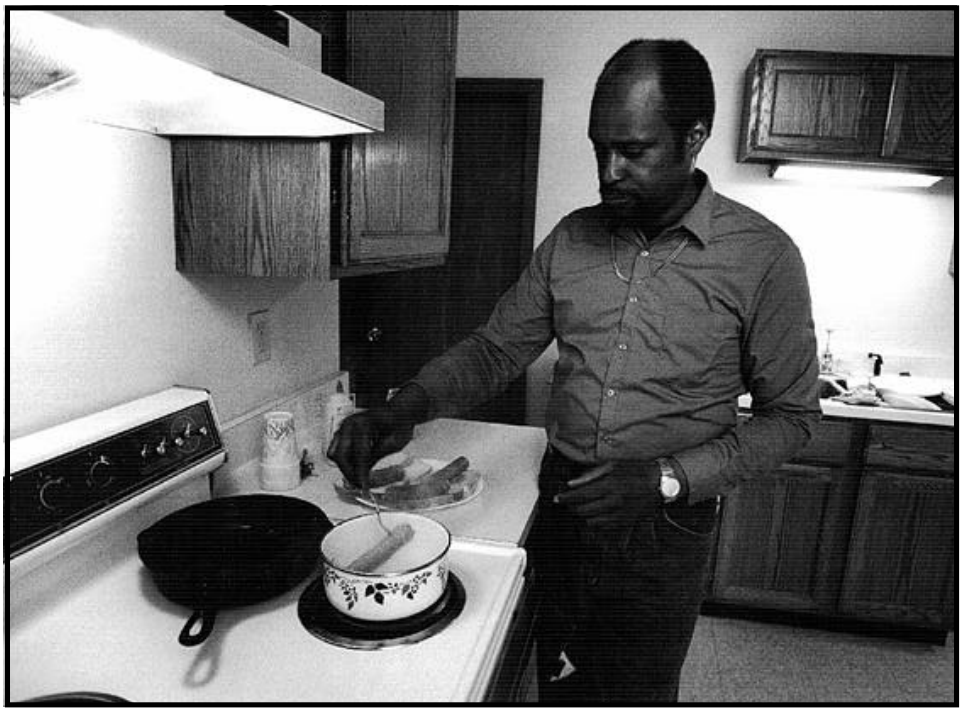


Photo by Porter Gifford, New York, N.Y.

A client cooks his lunch in the apartment that the Community Support Program arranged for him to rent.

Cover photo by Porter Gifford, New York, N.Y. Pictured are clients who report each day to the program's pharmacy window for their medications, which they are required to take in front of a nurse.

The National Institute of Justice is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, Bureau of Justice Statistics, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

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