

# WeCare Project

10th Judicial Circuit, Public Defender Office

# WeCare Statistics for January 2015– December 2015

**How many people have been referred  
to WeCare this past year?**

**471**

# WeCare Statistics for January 2015– December 2015

**How many of those referred received  
some type of service from WeCare?**

**304**

# Overview of Services

Screeners

Evaluation / Assessment

Individual Counseling

Group Counseling

Referral Services

# Screeners

- \* PD Interviewers forward names/case numbers to WeCare
- \* **Used to distinguish those in clear need of services**
- \* Used to determine need for evaluation; Not used to diagnose or predict future issues
- \* Email attorneys after completion

1.	Have you ever used illegal substances (drugs)? / Have you ever blacked out when drinking alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
2.	Has your drinking or drug use increased since your first use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
3.	Have you had legal problems or engaged in illegal activity due to drug and/or alcohol use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
4.	Have you attended self-help (e.g. 12 Step) meetings related to drug and/or alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
5.	Have you received any addiction treatment, including hospitalizations or detoxification?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
6.	Do you currently believe someone can control your mind or put thoughts into your head?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
7.	Do you currently believe other people can read your mind or thoughts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
8.	Is anyone currently after you, following you, or out to hurt you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
9.	Have you had recurrent nightmares or flashbacks as a result of being involved in some traumatic/terrible event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
10.	Have you ever worried about gaining weight becoming fat, or controlling your eating by binge eating taking enemas, or forcing yourself to throw up? Have you lost or gained more than 7 lbs recently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
11.	Have you ever thought you were capable of amazing feats, such as curing cancer or ending hunger?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
12.	Are you currently struggling to get out of bed? Have you had trouble making decisions? a) Have you thought about killing yourself? b) Have you attempted suicide?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
13.	Do you give into an aggressive that has resulted in serious harm to others or to the destruction of property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
14.	Does God often speak with you? Do you communicate with a higher power regularly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
15.	Do you participate in any ritualistic behaviors? Do others find your behavior odd?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
16.	Does anyone have to tell you or remind you to bathe?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.
17.	Do other people tell you that you talk excessively?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click here to enter text.

# Evaluation & Assessment

## \* **Evaluations**

- \* When there is a question about mental illness, substance abuse, and/or competency
- \* When the client may need some help but issues are unclear
- \* Takes 1.5 to 2 hours

## \* **Assessments**

- \* Determine appropriate treatment or care for individuals
- \* Psychometric testing (K-BIT, M-FAST, etc.)
- \* WeCare Project Services (individual/group counseling, case management, etc.)
- \* Part of evaluation process

# Individual Counseling & Case Management

- \* **Case management:** assist client with finding services
- \* **Individual mental health & substance abuse counseling**
  - \* Typically 1x/week, sometimes 1x/ biweekly
  - \* Possible use in mediation of court case / disposition
  - \* Assist with client's coping skills re: life concerns, including legal issues
  - \* Aftercare plan development and implementation

# Group Counseling & Aftercare

## \* **Group counseling**

- \* Meets 1x/ week, 1.5 hours
- \* emphasis on substance abuse, coping skills, mental health, self-care
- \* Use in mediation /disposition of court case
- \* 8 to 10 participants per group
- \* Group participants must be screened/assessed by WeCare prior to entrance into group

## \* **Aftercare**

- \* past clients or current clients who have been successful in treatment
- \* Group or individual aftercare; depends on clients needs and recommendations are made based on the individual client

# Things to Consider

- \* All services are provided by **qualified professionals**, including licensed clinicians and state registered interns who have completed a Master's Degree or higher in Mental Health Counseling
- \* Everyone who wants/needs help has access to services despite criminal history, charges, or inability to pay; therefore **everyone** has the opportunity to change their lives for the better.

# Referral Services

- \* Refer client to community providers as needed
  - \* Provide phone numbers and assist client with making appointments
- \* Referral to helping courts, upon attorney's request
- \* Assistance with application to residential providers (specifically, required pre-evaluations)

# Who is appropriate for WeCare?

- \* **EVERYONE**

- \* Those who need or want help re: MH & SA related issues
- \* Those who need to build coping skills and decrease destructive behavior
- \* Helping all clients = greater reduction of recidivism

# Why WeCare works...

- \* Collaboratively create goals with client
- \* Safe, confidential atmosphere
- \* Trained, experienced, and educated MH professionals
- \* Open, working relationship with the court and attorneys

# Thank you

Thank you for listening.

Thank you for your help.

**Thank you for enhancing Public Safety by reducing  
recidivism.**