

Wisconsin Community Forensic Conditional Release Program



Case Manager Procedure Manual

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Introduction

The People You Serve

Every individual you serve in the Conditional Release Program has undergone the trauma of mental illness and the stress of judicial processes from booking to hearings. Many have additional trauma and substance abuse histories. Serving clients in the Conditional Release Program takes particular skill and expertise well blended with dedication, courage, hope, and understanding.

Each client served in the Conditional Release Program is in the center of a treatment team coordinated by a case manager. The following manual outlines forensic procedures, and case manager responsibilities necessary to serve individuals adjudicated Not Guilty by Reason of Mental Disease or Defect and placed on Conditional Release in the community. Specific case manager responsibilities are highlighted in yellow throughout the manual.

Key Terms

DHFS Department of Health and Family Services
CRConditional Release
PDIPredisposition Investigation
SMESupplementary Mental Exam
MHIMental Health Institution
NGINot Guilty by Insanity
DOCDepartment of Corrections
DCCDivision of Community Corrections
CASIG Client's Assessment of Strengths, Interests, and Goals
SOCI Staff Observations and Client Information
ISP Individual Service Plan
CSPCommunity Support Program
SORPSex offender registration
SBNSpecial Bulletin Notification
CBRFCommunity-based Residential Facility
ATRAlternative to Revocation

Conditional Release Program History in Brief

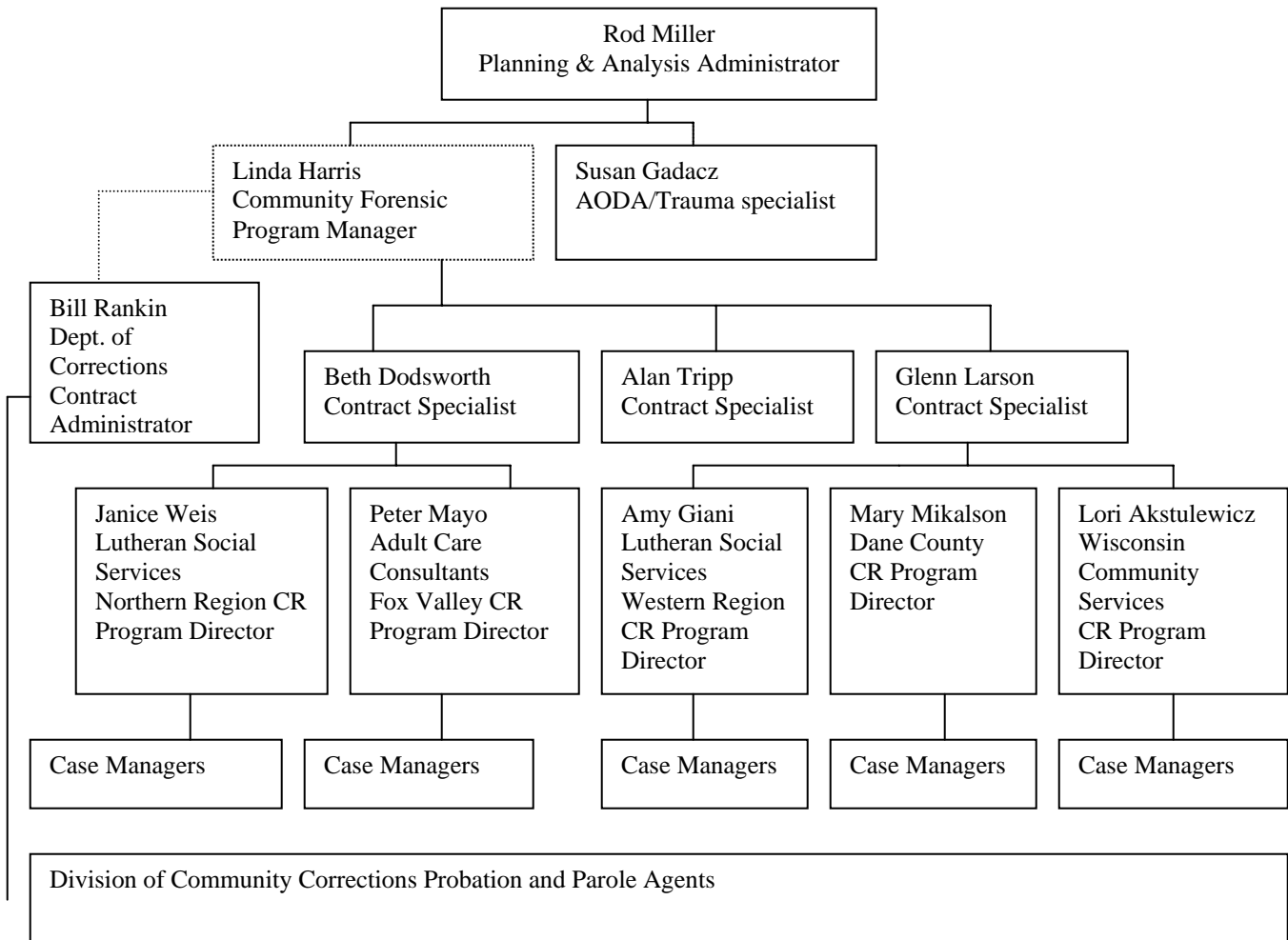
1993 BC (Before Case managers)

In 1993, the State Supreme Court ruled that the Department of Health and Family Services (DHFS) is responsible for funding mental health services to indigent persons on conditional release. Prior to this decision, each county of residence provided funding and services. No coordinated statewide conditional release program existed.

Today

The Conditional Release (CR) Program evolved from having two Forensic Specialists setting up contracts for services for each CR client throughout the state to dividing the state into regions and having regional providers oversee the daily management of client services. Each region relies on case managers to assess, create plans, coordinate services, and advocate for their clients. The program continues to operate as one system; however each region may differ somewhat in structure depending on the agency managing that region.

In the language of flow-chart, today's Conditional Release Program appears as follows:

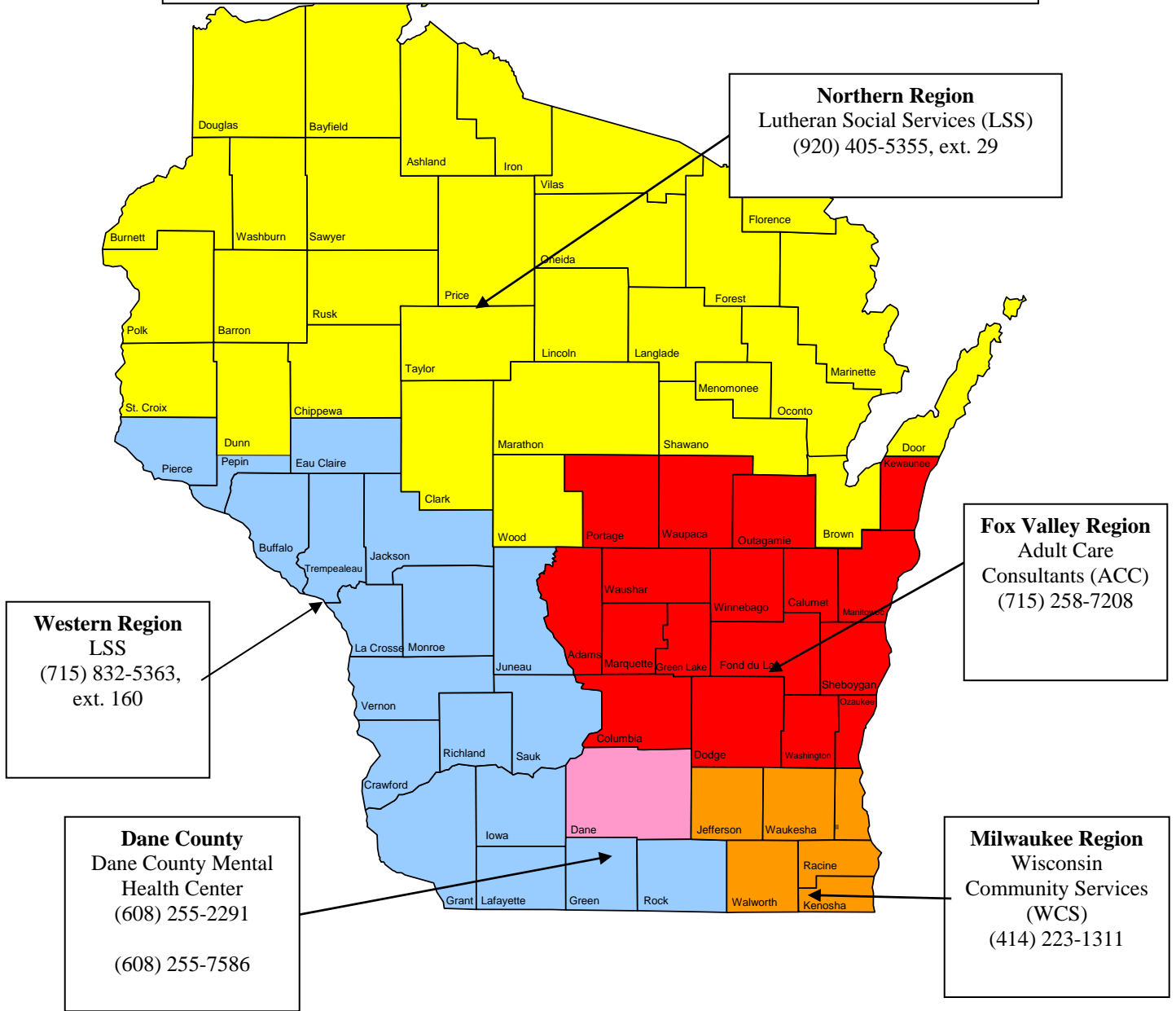


Community Forensic Services Regional Provider Map

DHFS Forensic Services Specialists:

Glenn Larson – Dane, Milwaukee and Western Regions – (608)266-2862

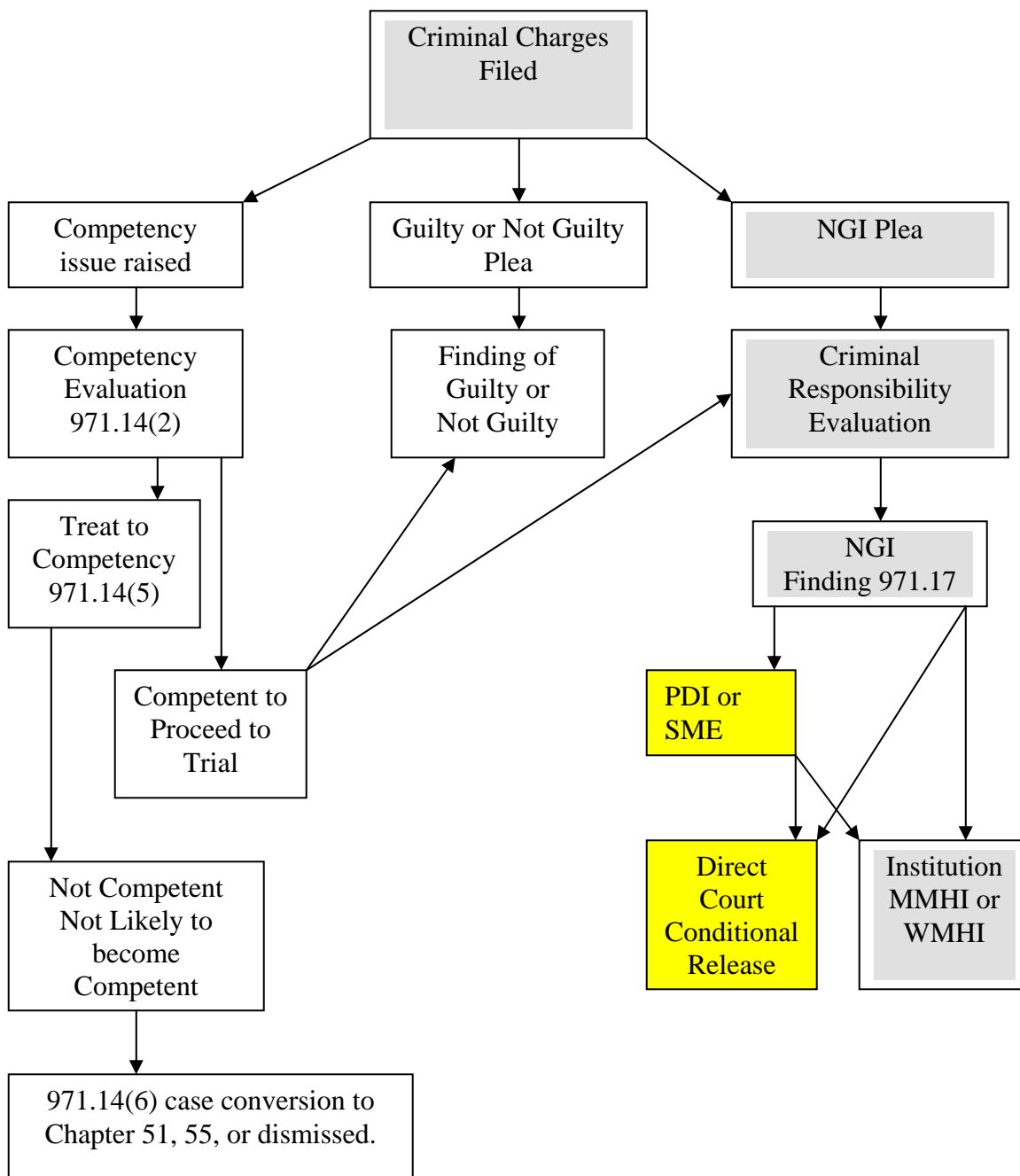
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Part I: From the Court Room to Your Case Load

How an Individual becomes a Conditional Release Program Client

**Not Guilty by Reason of Mental Disease or Defect
Finding and Placement Determination Chart**



Not Guilty by Reason of Mental Disease or Defect Finding and Placement Determination

I. Procedures for finding a defendant Not Guilty by Reason of Mental Disease or Defect

- Criminal charges are filed
- Not Guilty by Reason of Mental Disease or Defect
 - Commonly referred to as “Not Guilty by Insanity” (NGI).
 - The defendant is examined by two independent examiners (not DHFS employees) appointed by the court to determine the defendant’s mental status at the time of the crime and whether the defendant shall be held criminally responsible for their behavior.
 - If the defendant is found not criminally responsible (NGI), the court commits the defendant to DHFS and completes form [CR-271](#) Order for Commitment.

II. The court has two placement options: inpatient or outpatient

- Placement is at the court’s discretion.
- If the court lacks sufficient information to determine placement, it may adjourn the hearing and order the DHFS to conduct a Predisposition Investigation (PDI) using form [CR-272](#) Order for Predisposition Investigation
- or a Supplementary Mental Exam (SME) using form [CR-273](#) Order for Supplementary Mental Examination to be completed inpatient by Mental Health Institution (MHI) staff.
- or both, to assist the court in reaching a decision regarding placement.

Case manager responsibility:

- Using the [PDI format](#), complete the PDI within the court ordered timeframe.
- **When the court orders both** an SME and a PDI, notify the Conditional Release Program Court Liaison. The MHI examiners or CR Program Court Liaisons shall contact the court to seek permission to collaborate on one report. Both reports address the same question, whether institutional care or conditional release is appropriate.
- If the court insists on both, the PDI and SME are both conducted by DHFS, whether Institute staff or CR Program staff, and therefore should provide the court with the same recommendation.

Predisposition Investigation (PDI)

PDI's are completed by DHFS Conditional Release Program regional providers. The PDI provides information and a placement recommendation for institutional care or conditional release. PDI orders should be sent directly to the DHFS Conditional Release Provider serving that county.

[PDI Format](#)

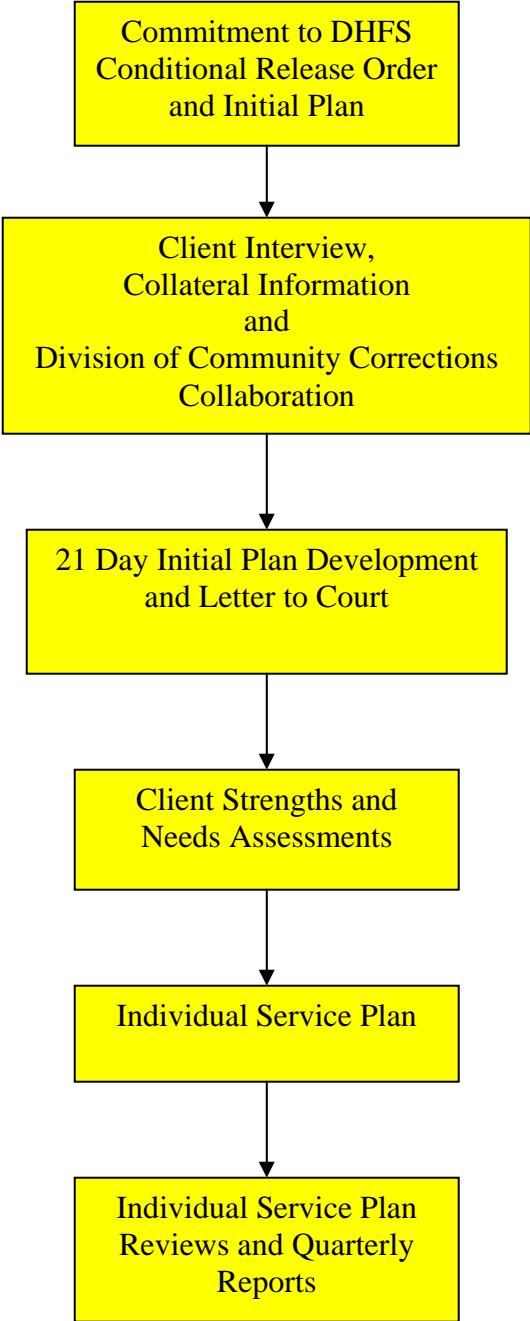
III. Inpatient option: Mental Health Institution placement

- If the court orders inpatient care, the defendant shall be sent to either Mendota Mental Health Institute (MMHI) or Winnebago Mental Health Institute (WMHI) for inpatient treatment.
- The defendant may petition the court every six months for conditional release.

IV. Outpatient Option: Conditional Release Program

Part II: Serving Clients Released Directly from Court
From Conditional Release Order to Individual Service Plan

Direct Court Conditional Release Chart



Direct Court Conditional Release

I. Direct Court Release

- After a court accepts an NGI plea, the defendant is committed to the DHFS.
- The court may determine that the client can be safely released directly into the community without placement at WMHI or MMHI in which case the court grants a Conditional Release.
- When a client is granted a Conditional Release directly from court, the client is immediately the responsibility of the Conditional Release Program.
- Usually, at the time of a direct court release, the committing court will also order the DHFS and the 51.42 Board of the county of residence to develop a plan to be submitted to the court for approval by completing form [CR-274](#) Order for Conditional Release Plan, to be accompanied by form [CR-271](#) Order for Commitment.

❖ Immediate Supervision

- The NGI client shall report **immediately** to the local Department of Corrections (DOC) Division of Community Corrections (DCC) office, upon leaving the court for a DCC agent assignment and reporting instructions.
- The DCC agent shall have the NGI client sign the Conditional Release Rules and Conditions form ([DDE-5614](#)).
- Occasionally, the DCC becomes aware of a new Direct Court Release before the case manager. The DCC intake office and/or assigned agent shall contact the DHFS Forensic Services Specialist and case manager immediately to ensure that necessary services and court ordered reports are secured in a timely fashion.

Case manager responsibility:

- Inform the client that he or she needs to meet with a DCC agent
- Contact DCC office for agent assignment
- Arrange client transportation to the DCC office if necessary
- Immediately notify DHFS Forensic Services Specialist of the new client

❖ Client Interview and Gathering Collateral Information

Case manager responsibility:

- Provide the client with information about the CR program
- Provide [Client's Rights](#) information orally and in writing
- Interview the client and have release of information forms signed (HFS 9Y).
- The case manager may choose to begin with the [Client's Assessment of Strengths, Interests, and Goals \(CASIG\)](#) and the [Staff Observations and Client Information \(SOCI\)](#) functional assessment tool, or schedule the assessment for a later date. The case manager must complete the [Suicide Risk Assessment](#).
- Investigate collateral information from previous treatment facilities, providers, family, etc., and request a Criminal Investigation Bureau (CIB).

***Release of information:** The DHFS contracts directly with the DOC and with the regional conditional release providers for services. As such, agents, the contracted case managers, WMHI /MMHI staff and DHFS Forensic Services Specialists may communicate with each other about NGI clients without the need for a signed release of information from the NGI client.

For those individuals and agencies with whom the DHFS does not directly contract, a release of information is necessary from the client to share any information regarding the client's treatment records.

II. Initial Treatment Plan

- The initial treatment plan is reported to the court in the form of a letter **within 21 days of the order**.
- The plan submitted to the court should be specific about services and conditions. Include the following when outlining the plan:
 1. Placement name, address, phone # and contact person.
 2. Case manager, agency, name and phone #.
 3. Medications: who will monitor them and how, psychiatrist name and affiliation, how they will be dispensed (i.e. pharmacy, mail, CBRF)
 4. Agencies and services' location and contact person for; CSP, day programs, vocational services, substance abuse treatment, etc.

5. DCC Agent including; phone #, plan for supervision (i.e. high risk, EMP), standard and special rules to be signed.

6. Distribution: The **original** plan should be submitted to the court. Copies of the plan should be sent to the following:

District Attorney
Defense Attorney
51.42 Board Representative
Division of Community Corrections Agent
Conditional Release Forensic Services Specialist
CR client

Case manager responsibility:

- Contact the client's county 51.42 Board and supervising DCC agent for input into the initial plan
- Confirm all services with service providers
- Document appointment dates and times
- At a minimum, complete the initial treatment plan as indicated above within 21 days.
- Review the plan with CR client
- Be prepared to give testimony regarding the plan

III. Placement

❖ **Placement Order**

A [CR-275](#) Order for Placement form specifying placement on conditional release is necessary prior to placement.

Case manager responsibility:

Attach the standard form ([CR-275](#)) to the proposed plan and request the court to return a signed copy. This is the most expedient way to obtain an Order for Placement and approval of the plan.

❖ **Community Placement**

- Implement the initial treatment plan
- Following the initial treatment plan submitted to the court, the case manager creates an Individual Service Plan (ISP) in coordination with the client and other treatment team members.
- Individual Service Plan is to be **completed within 90 days** of CR program admission.

Case manager responsibility:

- Verify initial appointments for services deemed necessary (i.e. psychiatrist, substance abuse assessment, etc.). Establish frequency of case manager contacts.
- Notify the DCC agent of the Order for Placement. Make arrangements for the patient to meet with the Agent to review and sign all Conditional Release rules of supervision (the court may have added several). The DCC agent shall arrange registration with local law enforcement.
- Assure that client's transportation and housing needs are met.
- Assist client with Social Security application and appeal immediately if denied.

Individual Service Plan Development

Following the initial treatment plan submitted to the court, the case manager creates an ISP in coordination with the client and other treatment team members. The ISP is to be completed within 90 days of admission to the CR Program.

The ISP includes client strengths, goals and issues/areas of need and must be discerned through a combination of functional assessment tools, client input, and treatment team deliberation. Additional assessments may be necessary, such as [risk of violence](#), [sexual offending](#), substance abuse, or trauma.

Case manager responsibility:

- All aspects of ISP coordination and development are the responsibility of the case manager.
- Case managers shall set up an email group for each client to ensure quick communication among team members.

I. Individual Service Plan (ISP)

❖ Assessment

- The foundation of the ISP includes a strength based functional assessment, a suicide risk assessment, and any additional assessments deemed necessary to identify specific client needs (such as substance abuse treatment, violence risk, sexual offending risk, trauma history)
- Functional assessment tools used by the Conditional Release Program include the [Client's Assessment of Strengths, Interests, and Goals \(CASIG\)](#) and the [Staff Observations and Client Information \(SOCI\)](#).
- [Suicide risk assessments](#) are completed upon admission.
- Specific criteria for risk of violence and sexual offending assessment referrals are detailed in the [Risk Assessment – Referral Process](#) section of this manual.

❖ Identify the client's treatment team and facilitate team collaboration

- Development of the ISP is a collaborative effort coordinated by the case manager.
- The client, case manager, DCC agent, and service providers must work together to form an effective team.
- A typical team might also include psychiatrist, therapist, substance abuse counselor, residential placement staff, family and other informal support.

- Include the Forensic Services Specialist for all high profile cases such as individuals who have committed murder, sex offenses, or have received significant media attention.
- At a minimum, the ISP includes:
 1. client strengths
 2. issues/areas of need
 3. goals for each issue
 4. actions for each goal - Actions include what the client will do to work toward his or her goals, as well as how various treatment team members will help.

❖ **Timeframe and review schedule**

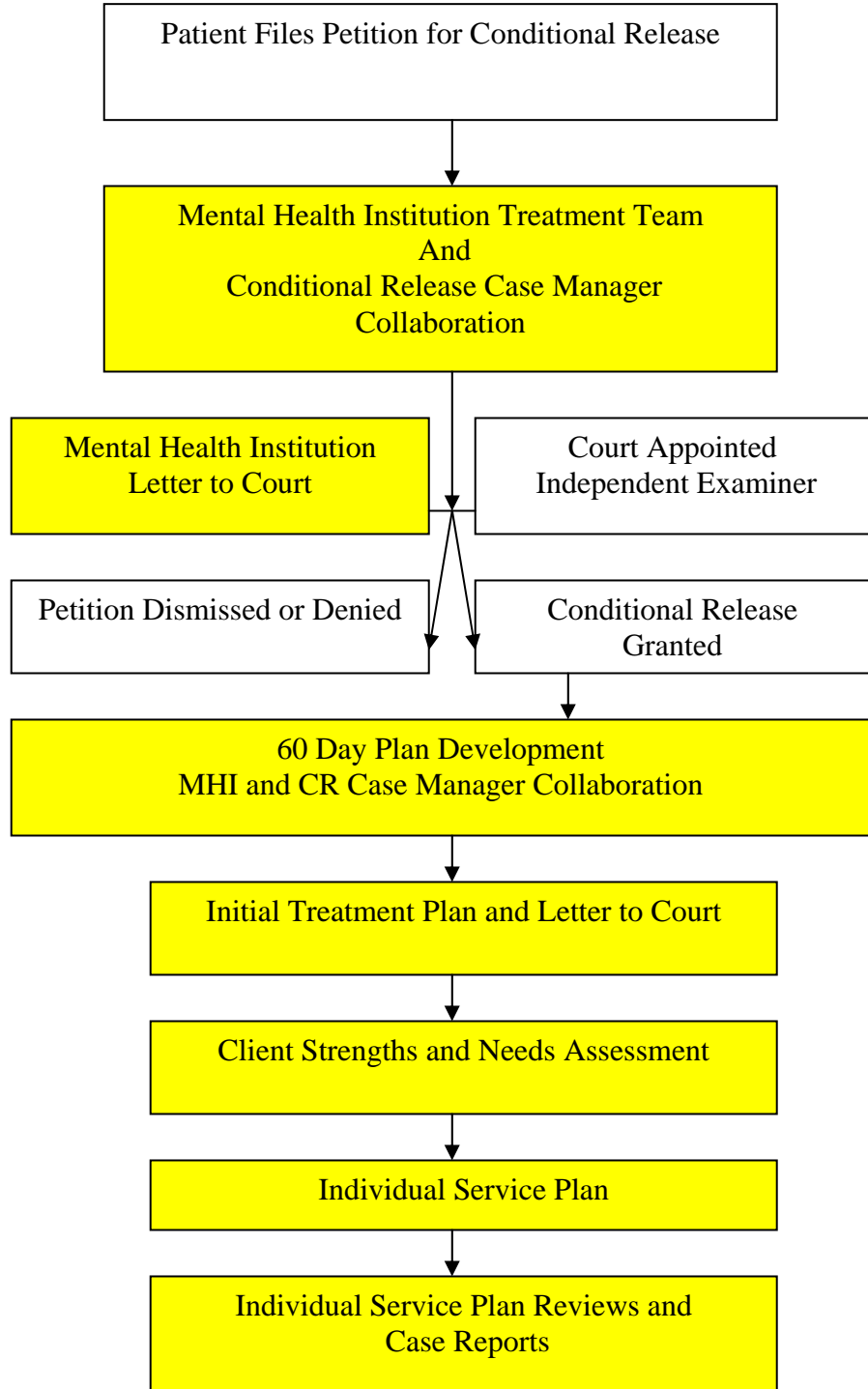
Case Manager Responsibility:

- ISPs must be completed within 90 days of the Conditional Release Order.
- ISPs are forwarded to the Forensic Services Specialists upon completion.
- ISPs are reviewed and updated at six month intervals, and when there are significant changes in client status (met goals, new goals, new issues, etc.).
- ISP reviews and updates include all members of the treatment team.
- Follow [CR Program reporting procedures](#).

Part III: From Inpatient to Outpatient

Receiving Clients on Conditional Release from State Mental Health Institutions

Conditional Release from a Mental Health Institution Chart



Petitioning for Conditional Release

- Any person who is committed for institutional care may petition for conditional release if at least 6 months have elapsed since the initial commitment was entered, the most recent petition was denied or the most recent order for conditional release was revoked.
- A person may not be prohibited from filing a petition even if the 6 months have not elapsed. It is up to the court to deny the petition.
- Individuals may petition with the assistance of Institute staff, on their own or with an attorney.
- The Institute social worker must assist any patient who requests to petition, regardless of the staff's opinion regarding appropriateness for conditional release.
- **[Petition for Re-Examination \(DDE-5392\)](#)**
This petition is submitted to the court if the committing offense occurred prior to January 1, 1991. Persons committed under the "old law" may petition the court for conditional release every 120 days.
- **[Petition for Conditional Release \(DDE-5393\)](#)**
This petition is submitted to the court if the committing offense occurred after January 1, 1991. Persons committed under the current WSS 971, may petition the court for conditional release every 6 months.
- **Notification of Petition**
The **original petition must be submitted to the committing court** with a copy for the District Attorney and Defense Attorney. A cover letter should accompany the petition including court case number, maximum release date and the institution contact person and their phone number. Persons who must be notified or copied that a petition has been submitted include:

District Attorney
Defendant's Attorney
County 51.42 Board representative
Division of Community Corrections Agent
DDES Conditional Release Specialist
Aftercare Coordinator (if applicable)
Contracted Conditional Release Program Director
Admissions Coordinator
Court Liaison for the Appropriate Region

Initial Conditional Release Plan (Mental Health Institute (MHI) Release)

Case manager responsibilities:

The case manager plays an integral role in the development of the initial treatment plan and is responsible for submitting the plan to the court.

- Collaboration is key to plan development.
- Coordinate with the county of residence/placement 51.42 Board, Mendota Mental Health Institute (MMHI) or Winnebago Mental Health Institute (WMHI) treatment team staff, Division of Community Corrections (DCC) Agent and community service providers to create the initial treatment plan.
- The plan must address the provision for supervision, medication, community support services, residential services, vocational services, and AODA treatment.
- Include the Forensic Services Specialist for all high profile cases such as individuals who have committed murder, sex offenses, or have received significant media attention.
- The plan must be presented to the court for its approval within **60 days**.

I. Process for the initial Conditional Release Plan Development

If the patient has been granted a conditional release, the court will prepare [CR-274](#) Order for Conditional Release Plan and send it to the MHI.

❖ Notification

- Institute staff shall notify the contracted conditional release case manager and the DCC Agent of the conditional release status.
- The contracted conditional release case manager must be notified immediately and the established process for developing a conditional release plan with those agencies followed.

❖ Collaboration

- If no recommendations were made prior to the client's conditional release hearing, institute social worker/staff and conditional release case manager shall convene a meeting with the DCC agent to identify appropriate referral agencies and conditional release plan development.
- The plan presented to the court must be submitted by the conditional release case manager.

❖ **Referral**

- Institute staff shall remain in contact with the conditional release case manager to obtain information about available services and possible referral sources.
- MHI staff shall explain supervision and contracting to the referral sources, obtain signed releases from the patient and submit referral information to the agencies and establish a response time, explaining the court ordered time limit for confirming services.

It is good practice to have the referral agency representative for residence meet with the patient prior to acceptance, at the Institute or at the community agency. Additionally, if the patient will be participating in a Community Support Program (CSP) the CSP Case Manager should also meet with the patient prior to placement.

❖ **County of Residence**

- Referrals for out-of-county placement or services **must not** be made unless all county of residence services have been exhausted.
- Approval must then be obtained from the Forensic Services Specialist in DDES-Administrative Office.
- In the event of an out-of-county placement, the Agent must transfer supervision and the new Agent's supervisor **must** accept the case.
- If the client is being placed in a county other than the county of residence, the following language must be in the letter sent to the court with copies to both the sending and receiving county departments:

As (client name) is a (county) resident, it is acknowledged that (county) will be responsible for coordinating any medical services that may be required by (client name), unless (client name) is able to pay for services. It is also to be noted that as (client name) progresses to a less-restrictive environment, the transition will be made back to (county), as that is her/his county of residence

❖ Confirmation and Approval

Case Manager Responsibility:

- Conditional release case manager **must** confirm and approve all aspects of the plan.
- The initial conditional release plan must be submitted by the conditional release case manager to the court only after **all** aspects of the plan have been confirmed including the following:
 1. All providers have agreed to provide services and have established an admission date.
 2. The budget for services has been approved.
 3. Sex offender registration (SORP) and Special Bulletin Notification (SBN) has been completed, if applicable.
 4. If the patient has not agreed to cooperate with the plan and rules of supervision, note this in the plan letter and proceed with revocation

❖ CBRF Notification

When placing a client in a licensed Community Based Residential Facility (CBRF), the Division of Disability and Elder Services regional office of the county of placement must be notified. Specifically, the [Licensing Chief and Area Administrator of that region are to be notified](#).

❖ Funding

- Funding for the services established in a conditional release plan **must** be approved by the Conditional Release Regional Provider representing DHFS.
- Services required as court ordered conditions of release and established by statute are typically covered.
- Services not covered include necessary medical services (i.e. blood pressure and diabetes medications, dental services, etc.) unless they are specifically related to conditional release services (i.e. blood draws for Clozoral, lithium).
- Clients must contribute to their cost of services according to their ability to pay. Therefore, income from work or entitlements will be used to offset costs.

Applications for entitlements (i.e. SSI, SSDI, VA benefits) **must** be submitted **30 days** prior to release by MHI social worker. Often, it takes 30-90 days for processing the applications. **If Mental Health Institution (MHI) staff fail to do so, Conditional Release Program case managers**

will assist clients with applications within two weeks of discharge from the MHI, and will assist with appeals if denied.

❖ **Extension**

If an extension is necessary in order to establish a conditional release plan, a request must be submitted to the court **7-14 days** prior to the 60 day deadline. Extension requests must include the following:

1. Reason for the extension, explaining the delay (i.e. unable to confirm acceptance from CBRF, difficulty placing client due to history of arson).
2. The established plan to date, including referrals and rejections.
3. Inform the court of the plans that will be carried out during the extension period (i.e. referral to other CBRFs).
4. How long the extension will be needed (30-60 days).
5. Indicate that the Institute, patient and 51.42 representative are in agreement with the extension request.

II. Submitting the Plan

❖ **Plan Specifics**

The plan submitted to the court should be specific about services and conditions. Include the following when outlining the plan:

1. Placement name, address, phone # and contact person.
2. Date of discharge from Institute, admission to community residence.
3. Case manager, agency, name and phone #.
4. Medications: who will monitor them and how, psychiatrist name and affiliation, how they will be dispensed (i.e. pharmacy, mail, CBRF)
5. Agencies and services' location and contact person for; CSP, day programs, vocational services, AODA treatment, etc.
6. DCC Agent including; phone #, plan for supervision (i.e. high risk, EMP), standard and special rules to be signed.

❖ **Distribution**

The **original** plan should be submitted to the court. Copies of the plan should be sent to the following:

District Attorney
Defense Attorney
51.42 Board Representative
Division of Community Corrections Agent
DDES Forensic Services Specialists
Aftercare Coordinator (if applicable)

Patient
Medical Record (MHI)
Service Providers

III. Placement

❖ Placement Order

A [CR-275 Order for Placement](#) form specifying placement on conditional release is necessary prior to placement. Standard form ([CR-275](#)) shall be attached to the proposed plan and request the court to return a signed copy. This is the most expedient way to obtain an Order for Placement and approval of the plan.

❖ Community Placement Preparations

The following arrangements shall be made at or prior to placement:

- Establish initial appointments for services (i.e. psychiatrist, AODA intake).
- Notify the Agent of the discharge/admission plan and make arrangements for the patient to meet with the DCC agent to review and sign all rules prior to discharge or at the time of placement.
- Transportation and property arrangements are made by MHI staff.
- The DCC agent shall arrange registration with local law enforcement.

Conditional Release Hearing

The court, without a jury, shall hear the petition within 30 days after the court-appointed examiner has filed their report with the court, unless the petitioner waives this time limit. The Community Forensic **Court Liaison** will track the petition through the court process to facilitate timeliness of the court process.

I. Hearing

❖ Testimony

MHI Treatment team staff may be requested to testify. Staff are not required to do so without a subpoena. Testimony should be consistent with the court letter information. Staff must only testify within the standards of their professional discipline. The court may establish those that testify as expert witnesses, therefore staff should be prepared to discuss their credentials and experience. Staff may request to testify by phone.

Case manager responsibility:

If the court letter recommends conditional release or includes a possible conditional release plan, the case manager will generally attend the hearing to be of assistance to the court.

II. Post-hearing:

❖ Obtain the court order ([CR 274](#))

There may be a substantial delay in receiving a court order regarding the decision for conditional release. The Institute social worker or admissions coordinator should contact the court clerk or D.A. to obtain the disposition information and to request a copy of the court order. It is important to obtain the order in a timely manner, as the time to develop an initial plan is limited to 60 days.

Procedure for Obtaining Medical Record Information from MHIs For Direct Court or MHI CR Clients

Records Request

Case Manager Responsibility:

- Format [Model Records Request Letter](#) on your agency letterhead.
- Fill out Medical Record Request Letter for appropriate Medical Record Department (either MMHI or WMHI)
- Be sure to check the items you wish to receive.
- Complete the “other” section for items specific to the client which may not be included in the generic list of items.
- In the case of WMHI, if you have been receiving information regularly, please be sure to check only those items to supplement what you are currently receiving.
- Mail directly to the Address on the model letter (one formatted for WMHI the other formatted for MMHI)
- Expected turnaround time from the MHI Medical Records department is 5-7 work days.

Part IV: Checks and Balances:

Reporting Procedures

Reporting Requirements (Revised 2-17-05)

Community providers will observe the following protocols to keep DHFS Forensic Specialists informed of CR client status in the community.

Case Manager Responsibility:

- Follow all reporting requirements outlined below.

Comprehensive progress notes, which outline each person's current treatment goals and the progress toward meeting those goals, will be forwarded to the Community Forensic Specialists for updating the FSIS database and filing in the client charts on a **quarterly** basis (every three months).

The Community Forensic Specialists require **IMMEDIATE** notice by case managers on the following occurrences either via e-mail or telephone contact:

- New clients both Direct Court and MHI's CR including the following information: Date of CR, Max.date, MHI Release date, DOB, Court Case Number, County of Commitment, DOC DCC agent name and number and DOC number (Send CR 271, 272, 274, 275 and 276 as soon as you receive them.)
- Placement in custody, reason and date
- Placement in community hospital with MA, reason and date
- Elopements/absconding
- Revocation decision by court (CR 275 & 276)
- Change in residence (address, phone number, etc)
- Change in case manager or agent
- Death of a client
- Early discharge by court of client with date of discharge (Send copy of order of discharge.)
- New charges or convictions
- Media attention on any CR client and/or client behavior likely to promote media attention according to Protocol for High Profile Reporting

Monthly Reporting:

Monthly, the face sheet shall be re-printed and any changes highlighted and sent to the respective Community Forensic Specialist. If no changes occurred during the month, no face sheet needs to be forwarded.

Treatment Plan Submission:

Completed ISP/ITP treatment plans shall be submitted to Community Forensic Specialists within 90 days of admission to CR program. Additional information including complete demographic information: Ethnicity, SS#, Religion, # of Children and whether custody of children is with client, education level, etc. shall be submitted to the Community Forensic Specialists along with the court ordered treatment plan within the time frames for submission to court. LSS has a model, which they will share, or you may develop your own but should include the same items at a minimum. The face sheet will also be revised in FSIS to reflect the demographic information we need to keep updated.

Treatment Plan (ISP/ITP) and Progress Note Guidelines (9-23-2003)

Client Name: _____ DOB _____ SS#: _____
Offense(s): _____ Max date: _____
Diagnosis(es): Axis I _____ Axis II _____

Priority Issues: Based on the comprehensive assessment, list the treatment that needs to be addressed first and foremost to effect the desired change.

Desired Outcome by Max date: **Sample: Client will comply with medication regime as directed by his psychiatrist, be competitively employed 30 hours per week in his county of residence, remain sober and participate in AA meetings at least once per week, live in and maintain his own apartment in his county of residence, participate in self initiated leisure activities 2-3x per week with family and/or friends from his support network.**

Short Term Goal: To be achieved in six months or less **Sample: Client will complete mental illness education classes (100% attendance 1x per week); complete DVR assessment and job seeking classes (100% attendance 2x per week); participate in all aspects of AODA CBRF structured program; meet with agent and cm as scheduled.**

- **Residence:** Limit time in CBRF's and Out-of-County placements; address transition plan from CBRF and/or supported apartment to gradual independent living; also address transition back to county of residence; measurable objective, time frame for achievement.
- **Skill Building:** Define type of skill needed for desired level of independence, social engagement, money management, self and domicile care, etc; measurable objective, time frame for achievement.
- **Psychiatric Services** (including Medication Management): frequency of MD visits, medications and doses; measurable objective, time frame for achievement.

- **Medication Monitoring:** Define type and frequency (blood draw, external administration, self-administration, documentation used, etc.); measurable objective, time frame for achievement.
- **AODA:** Define type and frequency of treatment; monitoring/screening for use; behavior restrictions; measurable objective, time frame for achievement.
- **Vocational/Educational Development:** Define employment (competitive, supported, sheltered, volunteer, etc.), list # hours worked per week, money earned per hour, etc. Define education, # hours and/or classes per week, etc. State measurable objective, time frame for achievement.
- **Mental Health Counseling:** type (stress management, anger management, assertiveness training, AODA support, behavioral contracting, etc.), frequency, measurable objective, time frame for achievement.
- **Offense Specific Interventions:** SOT, cognitive restructuring, anger management, domestic abuse classes, etc.; measurable objective, time frame for achievement.
- **Supervision:** frequency, measurable objective, time frame for achievement.
- **Case Management:** type of supportive counseling, symptom monitoring, behavioral observation, etc; frequency, measurable objective, time frame for achievement.
- **Contributions According to Ability to Pay:** disclosure of financial status, assets, debts, benefits, application status on benefits, insurance, etc.; client contributions; measurable objective, time frame for achievement.
- **Crisis Plan:** Reference as needed.
- Other issues that may or may not fall in the above categories but are needed for optimal functioning: parent training, marital or couples' counseling, compliance with medical recommendations for physical problems, etc.

Progress Notes

For each category that there is a treatment objective and an intervention, there needs to be a progress note that defines the outcome within the stated time frame.

- **State the desired goal.** List measurable objective
- **Describe the treatment results.** State progress toward the objective, achievement of the objective, or lack of progress

- **Describe why the above results were achieved.** State writer's assessment of outcome, appropriateness of intervention/approach, appropriateness of measurable objective and any other factors that impacted on the progress.
- **Describe the next course of action.** Establish new treatment plan. Redefine measurable objective and/or treatment approach if goal was not achieved. Or set new goal based on the achievement and need to advance to new level of accomplishment, keeping in mind the ultimate objective for Max date.

Part V: Client Transfers

Ensuring Efficient and Well Planned Client Transfers within the Conditional Release Program

Transferring a Client

I. Intra-region Transfer of Cases:

County to county transfer within one regional provider boundary

Case Manager Responsibility:

- When a treatment team determines that a client would be better served in a different county, the case manager will create a transition plan receiving input from the client's DCC agent, 51.42 board reps from the receiving county, and the DHFS Forensic Services Specialist assigned to the region.
- If a different case manager is assigned, include the new case manager in all transition plans.
- If the receiving county is covered by a different DCC agent, include the receiving agent in transition planning. Assignment/Transfer of Supervision is initiated from sending DCC agent to receiving DCC agent.
- A staffing should occur involving all treatment staff and CR staff (case manager/agent, etc.) and 51.42 board reps from the receiving county as appropriate, in order to insure that all treatment needs will be addressed and that all services are established in the receiving county PRIOR to the client moving into the new county.

II. Transfer of Cases Between CR Providers:

Client transfer from one region to another

❖ Initial Determination of Transfer Need:

Case Manager Responsibility:

- Immediately upon information that a client either wishes to be transferred to another provider region, or the treatment team determines that a transfer would be in the best interest of the client, the Program Coordinator from the sending region should send an e-mail to the Program Coordinator of the proposed receiving region outlining the facts of the case and the identified reasons for considering a transfer. A copy of that e-mail should go to the Forensic Services Specialist(s) in Central Office.

❖ Initial Discussion of Transfer Process:

Case Manager Responsibility:

- An initial discussion should occur between the sending region Program Coordinator and the proposed receiving region Program Coordinator to determine whether the plan has merit, discuss concerns identified by the receiving provider, etc.
- Create an initial written plan for the transfer process, i.e. who will schedule treatment team staffing, formulation of the plan for transfer, including notification and approval by the receiving 51.42 system.

❖ Sharing Information:

Case Manager Responsibility:

- Packet of clinical materials should be forwarded to the proposed receiving Conditional Release Program Coordinator including:
 - Commitment Order
 - Order for Conditional Release
 - Criminal Complaint
 - PDI or SME if applicable
 - CASIG/SOCI results
 - HCR-20 report if applicable
 - Court Treatment Plan
 - Current Treatment Plan
 - Summary or Quarterly Progress Report

❖ **Determination of Transfer Appropriateness is Made**

Case Manager Responsibility:

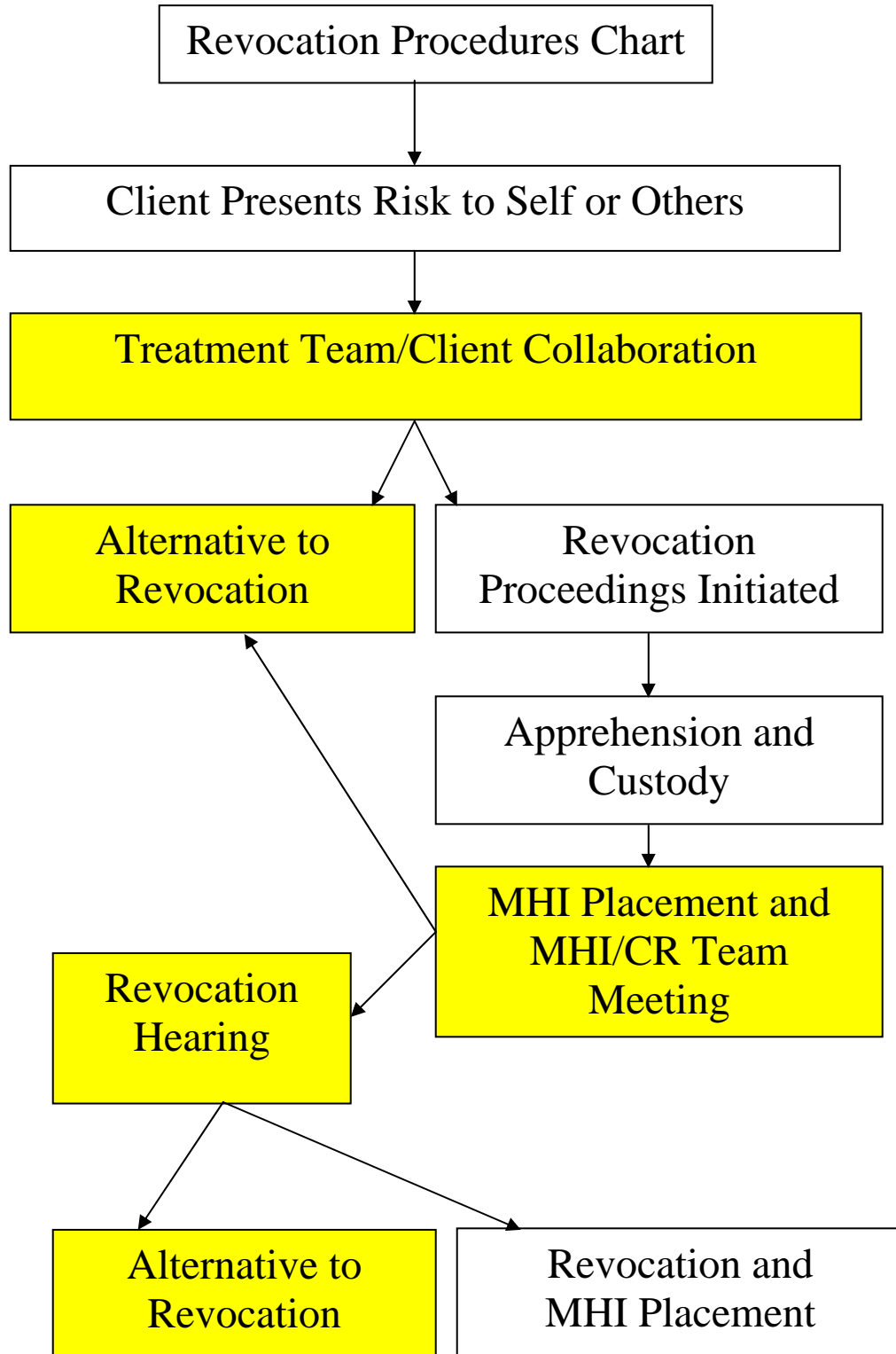
- Both receiving and sending Program Coordinators, Forensic Services Specialist(s), and DCC agents agree with the transfer plan.
- Assignment of case manager in receiving provider region to work with the case manager in sending region
- Assignment/Transfer of Supervision initiated from sending DCC agent to receiving DCC agent.
- Staffing should occur involving all treatment staff and CR staff from both provider regions (case manager/agent, etc.) and 51.42 board reps from the receiving county as appropriate, in order to insure that all treatment needs will be addressed and that all services are established in the receiving county PRIOR to the client moving into the new region or county.

III. Out of State Travel

NGI clients may not leave the state of Wisconsin. HFS 98.04(3)(k) states that NGI clients "May not live, work, travel or be trained or educated in another state, because persons committed to the department under s.971.17 or 980.06, Stats., are not covered by the interstate compact under s. 304.13, Stat., or by s. 304.135, Stats." This prohibition for out of state travel can not be waived by the agent or the committing court.

Part VI: Placement Disruptions:

Revocation Procedures



Revocation Procedures

When a client refuses to work within the guidelines of his or her Individual Service Plan (ISP), the case manager, DCC agent, and other treatment team members will meet with the client and make an effort to determine the reasons for the client's refusal. If possible, an **Alternative to Revocation (ATR) plan** should be established using community resources including, if necessary, community based hospitalization. If the client refuses to work within the established ATR, and/or commits other significant violations of the ISP including criminal activity, then revocation proceedings must be initiated.

Case Manager Responsibility:

- Work diligently to understand the client's reasons for not following the ISP
- Coordinate a meeting with the client and treatment team to identify ATR options
- Adapt the ISP accordingly
- Understand the apprehension and custody procedures that the DCC agent must perform in order to follow and support your client throughout the process.

❖ **Apprehension – DCC Procedures**

- When an NGI client violates the court ordered conditions of release or the standard conditional release rules and the client's whereabouts and activities are unknown, the DCC agent may issue an Apprehension Request (DOC-58). The DCC agent checks **NO** in the extradition section of the DOC-58.

However, if the client also has an active probation, parole or extended supervision case, follow DCC Operations Manual Chapter 09.01.04, "Apprehension Request". Check **YES** in the Extradition section of the DOC-58 if the offender's case is a felony.

- As soon as possible, the agent shall prepare the [Petition for Capias \(DDE-5206\)](#) and the [Order Granting Capias \(DDE-5207\)](#) and submit them to the committing court for the judge's signature. The court then routes the signed Capias to the sheriff's department warrants division. The Capias serves the dual purpose of a bench warrant and authorizes a law enforcement agency to detain the client pending further orders from the committing court.
- After the agent verifies (through the sheriff's department warrant division) that the Capias is active in the system, the agent shall cancel the Apprehension Request (DOC-58).

❖ Custody – DCC Procedures

- When an NGI client is placed in custody, the DCC agent must submit the completed [Statement Of Probable Cause For Detention And Petition For Revocation Of Conditional Release \(DDE-5177\)](#) to the committing court and the regional office of the State Public Defender responsible for handling cases in the county where the committing court is located **within 48 hours of detention, including weekends and legal holidays**. Copies of the [DDE-5177](#) should also be forwarded to the District Attorneys office and to the DHFS Forensic Services Specialist.
- A revocation hearing must be scheduled, by the court, **within 30 days of the date of detention**, unless the hearing or time deadline is waived by the detained person.

If a detention facility refuses to accept the Order To Detain (DOC-212), the agent shall prepare a Capias Order ([DDE-5206](#) and [DDE-5207](#)) for the committing court's signature and submit it to the detention facility.

- The supervising DCC agent will determine where the client is to be detained pending the revocation hearing (as noted on the [DDE-5177](#)). In most cases, when revocation is being pursued, transportation is arranged to the appropriate mental health institute. The agent shall contact the admissions office of WMHI or MMHI to ensure that space is available. Clients generally are returned to the institution they were conditionally released from. Female NGI clients go to WMHI. Agents should consult with the admission office if they are unsure which institution the client should be returned to. The agent prepares the [Order To Transport \(DDE-5205\)](#) for the committing courts signature. The court then forwards the Order to Transport to the sheriff's office to effect the transport.

When a DCC agent takes a CR client into custody, he or she must follow:

[Notification Procedures for Conditional Release \(NGI\) and Supervised Release \(980\) Emergencies](#)

❖ Patient is Presenting as Suicidal

Emergency Revocation Admissions to an MHI

1. Case manager must update the Suicide Risk Assessment so we can clearly communicate to WMHI or MMHI the updated information and the “rating” on the first call to the MHI.
2. The first call should be to Forensic Services Specialist in Central office by either the case manager or the agent. Once we agree that the person is suicidal and needs inpatient care, the agent completes the [Statement of Probable Cause/Petition for Revocation \(DDE-5177\)](#) and has the court sign the [Order to Transport \(DDE-5205\)](#). As a group, consensus should be reached as to who the single point of

- communication with the MHI will be (it could be that it would be easiest if in most cases, that person would be Lynne or Glenn but wouldn't have to be).
3. If there is any question, we should be sure to involve the community therapist, if possible, in the decision making as to whether the person needs inpatient treatment.
 4. The protocol for admission is as follows:
 - Connie Wolfe at WMHI, (920) 236-2902, she is a Program Assistant and will at this point just let you know where your client is on the waiting list.
 - Admissions Office at MMHI (608) 301-1352
 5. Next would be the follow up with the Program Staff who can authorize admission and adjust the waiting list:
 - WMHI--Ruth Greisinger if you are calling Monday-Friday 7:00 a.m. – 3:30 p.m. If for some reason, Ruth is not at the MHI that day, then you ask to speak to Mary Fries. If they are both at the MHI, you speak to Ruth Greisinger. Be sure to keep your communication with the same person and that we only have one person calling the MHI to avoid miscommunication and confusion during this stressful process.
 - MMHI—Paul Jones is the first point of contact, if he is not at the MHI even when paged, then ask to speak to Fred Siggelkow but as above make every effort to continue communicating with the same person if both people are at the MHI.
 6. Admissions at both MHI's are requesting that the Statement of Probable Cause/Petition for Revocation, ([DDE-5177](#)), come with the person and that if possible a copy of the original commitment order be faxed to them prior to admission but at a minimum accompany the person to the MHI.
 7. In the event you are trying to get a male admitted, and WMHI has no beds, immediately request that they check with MMHI to inquire as to whether there are beds available.

❖ **Revocation Hearing**

When revocation is pursued, the conducted by the committing court. The local District Attorney is responsible for establishing clear and convincing evidence that any rule or condition of release has been violated, or that the safety of the person or others requires that the conditional release be revoked. The agent and case manager will be called to testify as to the reason(s) for the requested revocation.

- When a client is placed at WMHI or MMHI, the institutional social worker will contact the agent and the CR case manager to discuss the nature and details of the violation.

Case Manager Responsibility:

- By the fifth (5) work day of the client's detention at the institution, the CR case manager will arrange a conference call to include not less than the case manager, institution social worker, the DCC agent, and the designated DHFS Forensic Services Specialist.
- The conference call should address the nature and details of the violation; the impression of the client's difficulties (including client's self-report) in the community and his or her specific needs; and possible alternatives to revocation. The client's needs will offer direction to the group's assessment of community treatment plan viability.
- If a recommendation for or against revocation is not determined at this conference call, the team will need to reconvene for that purpose. If the group decides to develop an alternative to revocation plan (ATR), schedule the next conference call and determine what the group participants will be working on to accomplish this goal.

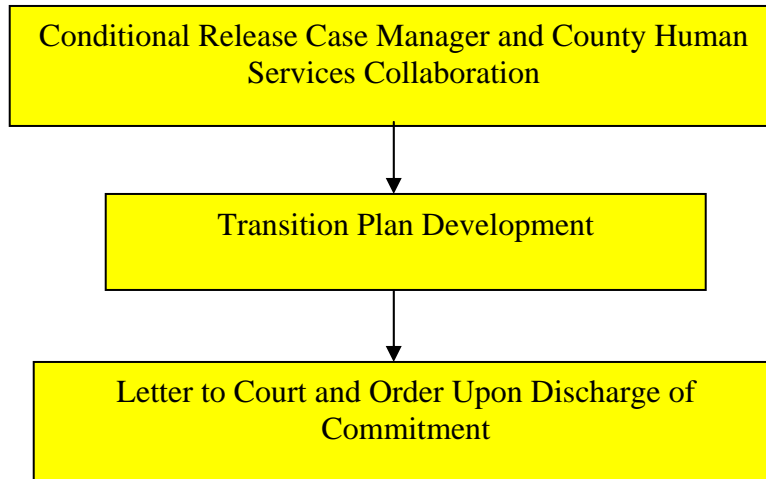
- The group's first and primary responsibility is to work together in the best interest of the client and the safety of the community. All participants will give voice to their opinions and assessments. When there are differences of opinion, the group is expected to articulate the reasons for the differences and to continue toward a consensus. Revocation will be pursued unless the DHFS and the DOC agree to an ATR.

❖ **Revocation Withdrawal**

If revocation is not pursued, the agent withdraws the petition, advises the committing court of this decision and if approved by the court, returns the client to active supervision.

Part IV: End of Commitment

End of Commitment and Transfer to County Human Services Chart



Clients Reaching Maximum Release: Expiration of Commitment:

Case Manager Responsibility:

- Notify the Client's 51.42 Board no less than six months from the Maximum Release date.
- In coordination with the 51.42 Board, prepare a plan that transitions the client from the CR program to county services.
- Notify the court of the transition plan no less than 60 days from the Maximum Release date.

❖ Establishing an Aftercare Plan:

- When a patient is within no less than six months of their maximum release date, the treatment team should meet to discuss the patient's specific needs upon discharge.
- Within six months of the maximum release date, the conditional release case manager must be in contact with the client's county of residence 51.42 board to establish a continuum of services aftercare plan. The team should consider whether the patient needs services under Chapter 51 or 55.
- If the patient is assessed to be unable to care for herself or himself without the provision of specific services currently provided by the Conditional Release Program, or is dangerous to self or others, the process for civil commitment should be initiated by contacting the 51.42 board of the county of residence.

❖ Letter to Court and Obtaining a Discharge Order:

- Case manager must send a court letter a **minimum of 60 days** prior to the expiration of the commitment to the committing court. This letter is to provide aftercare plan information to the court. Sixty days prior to the maximum release date, the supervising DCC agent must submit [DDE-5180](#) to the court for a signature. The DCC agent sends copies to the following:
 - Regional Provider
 - DDES Conditional Release Specialists (DDES will close their file)
 - DOC Central Records (a termination # is issued)