



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Supervised Release Program: Agent Procedures Manual

Introduction and Welcome

Dear Agent,

This manual outlines the procedures and responsibilities necessary for Department of Corrections agents to serve people civilly committed under Wis. Stat. ch. 980 and placed on supervised release in the community.

The Supervised Release Program is a person-centered program. The client's Community Reintegration Team focuses on the client's unique needs. The case manager coordinates the work of the client's Community Reintegration Team.

Your work helps the Supervised Release Program uphold its commitment to community safety. Community safety is upheld by the identification of client risk factors and treatment needs; the delivery of high-quality mental health services; and the use of a team approach in the supervision, monitoring, and treatment of the client.

Welcome to the team and thank you for all you do to protect and promote the health and well-being of clients in the Supervised Release Program.

Sincerely,

A handwritten signature in black ink that reads "Emily Propson". The signature is written in a cursive, flowing style.

Emily Propson, MS
Director
Bureau of Community Forensic Services
Division of Care and Treatment Services

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Acronyms

This glossary provides a quick reference to the acronyms and abbreviations commonly used by the Supervised Release Program.

51.42 Board	County department that administers human services program
AAG	Assistant attorney general
ADA	Assistant district attorney
ADL	Activities of daily living
AFH	Adult family home
CBRF	Community-based residential facility
CNM	Community notification meeting
CRT	Community Reintegration Team
DA	District attorney
DCC	Department of Corrections — Division of Community Corrections
DHS	Department of Health Services
DOC	Department of Corrections
DOJ	Department of Justice
ECRB	End of Confinement Review Board
GIS	Geographic information system
GPS	Global Positioning System
ROI	Release of information
SLS	Supportive living services
SOT	Sex offender treatment
SORP	Sex Offender Registration Program
SR	Supervised release
SRSTC	Sand Ridge Secure Treatment Center
SVP	Sexually violent person
SBN	Special Bulletin Notification
TPP	Third party payment

Definitions

Abscond/escape: This is the action of leaving without lawful permission or authority (Wis. Stat. § 946.42(1)(a)1.e).

Ancillary Team: This is the team that primarily offers community support to the client. The Ancillary Team is made up of supportive living staff; guardian; community-based residential facility or adult family home case manager; Family Care case manager; employer; community supports, including family, friends, faith leaders, and organizations (for example, Circles of Support); and community providers, including counselors, doctors, and medical consultants.

Case consultation: This is a meeting that occurs when there is an event, incident, or series of incidents with a client that requires a rapid response from the Community Reintegration Team. Examples include custody, hospitalization, significant sanctions, or a significant modification to the existing reintegration treatment plan. A case consultation may be requested by any member of the Community Reintegration Team. All core members of the Community Reintegration Team and the supervised release specialist assigned to the case are invited to participate. Additional Community Reintegration Team members may be invited depending on the circumstances of the event or incident. The client is not invited to participate in the case consultation.

Client: This is a general term used to describe people on court-ordered supervised release. The term patient is used when a person is at Sand Ridge Secure Treatment Center.

Collateral contacts: This is a person that is knowledgeable about the client's situation and serves to support or corroborate information provided by a client.

Community Reintegration Team: This is a group of people directly responsible for administering the care and treatment to a client on supervised release. The Community Reintegration Team is made up of the Primary Team, Ancillary Team, and Oversight Team.

County of residence: This is determined by DHS under Wis. Stat. §§ 980.04(4)(dm)1 and 980.105. The county of residence typically is where the person lived on the date that the person committed the sexually violent offense that resulted in the commitment under Wis. Stat. ch. 980.

Criminogenic needs: This term describes the characteristics, traits, problems, or issues of a person that directly relate to the person's likelihood to re-offend and commit another crime.

Global Positioning System: This is a satellite-based system that tracks the movement and location of GPS devices. All people committed under Wis. Stat. ch. 980 are considered lifetime GPS registrants. People placed onto supervised release are required to wear a GPS ankle monitor.

Guardian: This is a person who has the legal authority and corresponding duty to care for the personal and property interests of another individual. If a client on supervised release has a guardian, the guardian must be consulted on all matters relating to the client that the client would normally be included. This does not mean the client should be excluded from the decision-making discussion.

Individual Client Summary: This is a multi-part document that lists the team members working with the client, community supports, approved contact list, service location and activity request history, medical/medication details, community support network, employment, and summary updates, including information from the case manager, DOC agent, sex offender treatment provider, and supportive living services support (if applicable). This plan is reviewed during community staffings and saved as a client record after each review.

Oversight Team: This is the team that provides direction and support to the primary team members. The Oversight Team is made up of a DHS supervised release specialist, the DHS supervised release section supervisor, the DHS Bureau of Community Forensic Services director, a sex offender treatment clinical manager, a DOC field supervisor, and the DOC Sex Offender Registration Program director.

Patient: This is the term for people who are committed under Wis. Stat. ch. 980 living at Sand Ridge Secure Treatment Center. The term client is used when a person is placed on supervised release.

Primary Team: This is the team that provides direct support and supervision to the client. The Primary Team is made up of a contracted case manager, a DOC agent, and a sex offender treatment provider.

Protective factors: This term describes conditions or attributes in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

Random monitoring check: This is a check of the client's whereabouts. The primary focus of this check is to ensure the client is physically present at the scheduled location, in compliance with the rules of their supervision, and not in contact with an unauthorized person. The check is conducted by a contracted agency staff at the request of DHS.

Risk factors: This term describes an attribute or characteristic that increases the likelihood of re-offending. A static risk factor is a feature of the offender's history. Dynamic risk factors are potentially changeable factors, such as substance use or negative peer associations.

Sanctions: This term describes disciplinary action against the client for violations of program rules that may cause a change to a client's privileges or supervision.

Sand Ridge Secure Treatment Center: This is the secure treatment facility operated by DHS in Mauston. SRSTC treats people who are committed under Wis. Stat. ch. 980 as well as people who are proceeding through the commitment process.

Sexually violent person: This is someone who was convicted of a sexually violent offense, adjudicated as delinquent for a sexually violent offense, or been found not guilty of or not responsible for a sexually violent offense by reason of insanity or mental disease, defect, or illness, and who suffers from a mental disorder that makes it likely the person will engage in future acts of sexual violence. These people are committed under Wis. Stat. ch. 980.

SharePoint: This is a Microsoft product used by DHS to store, organize, share, and access information from any device.

Staffing: This term describes a formal gathering to discuss the progress and challenges of a client. Staffings are scheduled at specific intervals and involve the client and the Community Reintegration Team. The case manager will develop and review the Individual Client Summary at each staffing, update the assessment at each annual staffing, and document the outcome of each staffing in a staffing summary.

Stipulated agreement: This is an agreement between the prosecuting attorney and defense attorney pertaining to an order for a client's supervised release or the terms of the client's supervised release.

Third party billing: This is a form of billing in which DHS utilizes a contracted provider to handle the invoicing and payment between DHS and a vendor.

Viable residence: This is the location where a client on supervised release may live in the community that meets all statutory requirements and is available for occupancy or sale. The location may be a stand-alone residence, a community-based residential facility, an adult family home, or a nursing facility.

Part 1: About Supervised Release

This section outlines the history of the Supervised Release Program and describes the program's organizational structure.

Mission statement

The Supervised Release Program assists sexually violent persons transition to independent community living.

History and process

The Supervised Release Program is a DHS program that supports the safe and orderly transition of people committed under Wis. Stat. ch. 980 to independent community living.

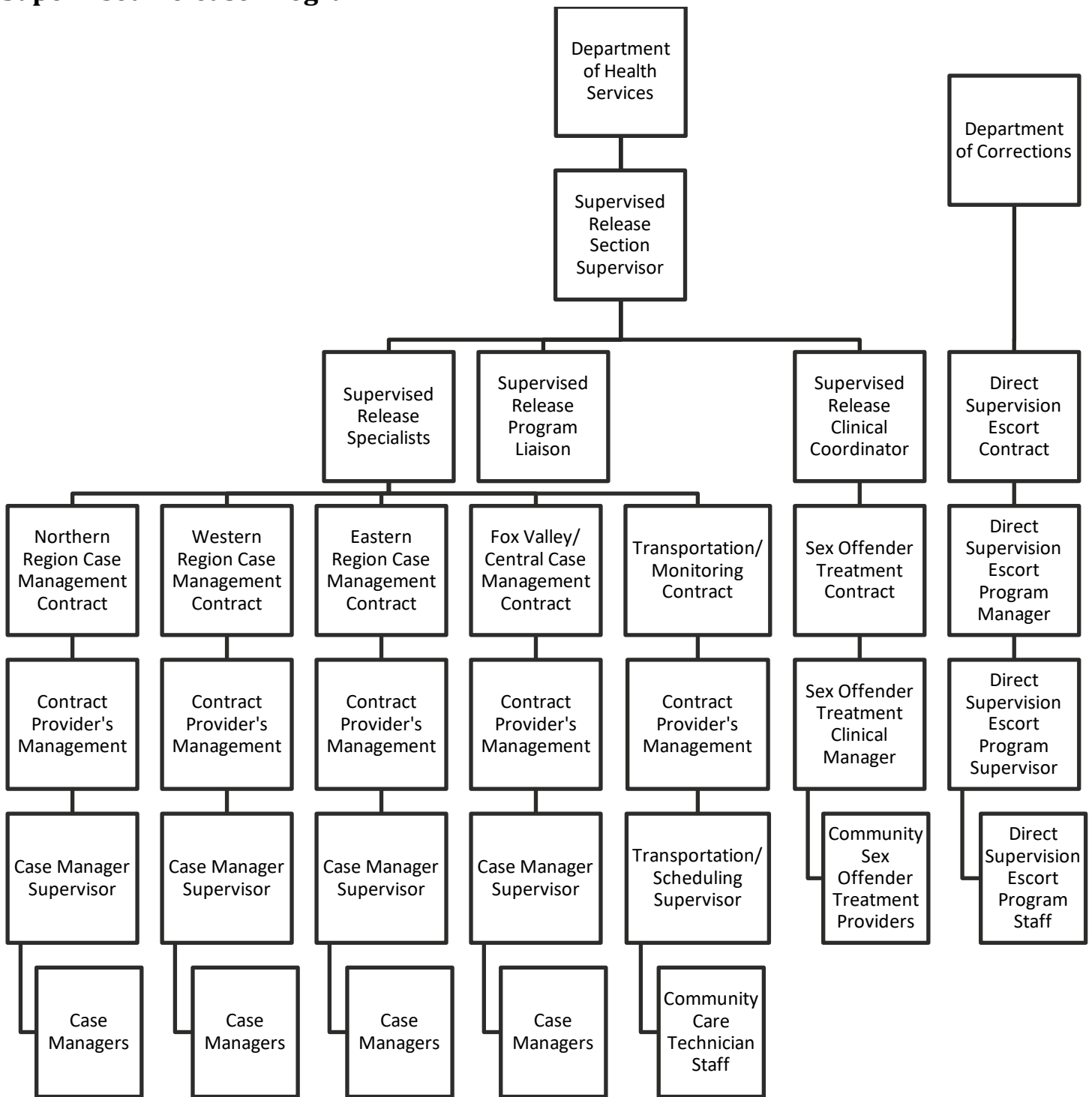
The Supervised Release Program is part of Wisconsin's Sexually Violent Persons Law (Wis. Stat. ch. 980). Since 1994, the state has had the ability to ask a court to order a convicted sex offender into inpatient treatment managed by the DHS. This request comes as the sex offender is completing their prison term and is on the verge of being released to the community. The sex offender is committed if they have been convicted of certain crimes and have a mental disorder that makes them more likely than not to engage in acts of sexual violence.

Committed sex offenders become patients at Sand Ridge Secure Treatment Center in Mauston. The number of people housed at Sand Ridge Secure Treatment Center is a small fraction of the population of convicted sex offenders in the state. The facility's average monthly population is about 225 patients. There currently are more than 26,000 convicted sex offenders living in communities all around Wisconsin.

Individuals committed to treatment at Sand Ridge Secure Treatment Center have the opportunity to petition their committing court for release every 12 months. If the court determines an individual has reached a point in their treatment in which they are no longer more likely than not to reoffend, the court orders either community living on supervised release or discharge from Sand Ridge Secure Treatment Center with no supervision.

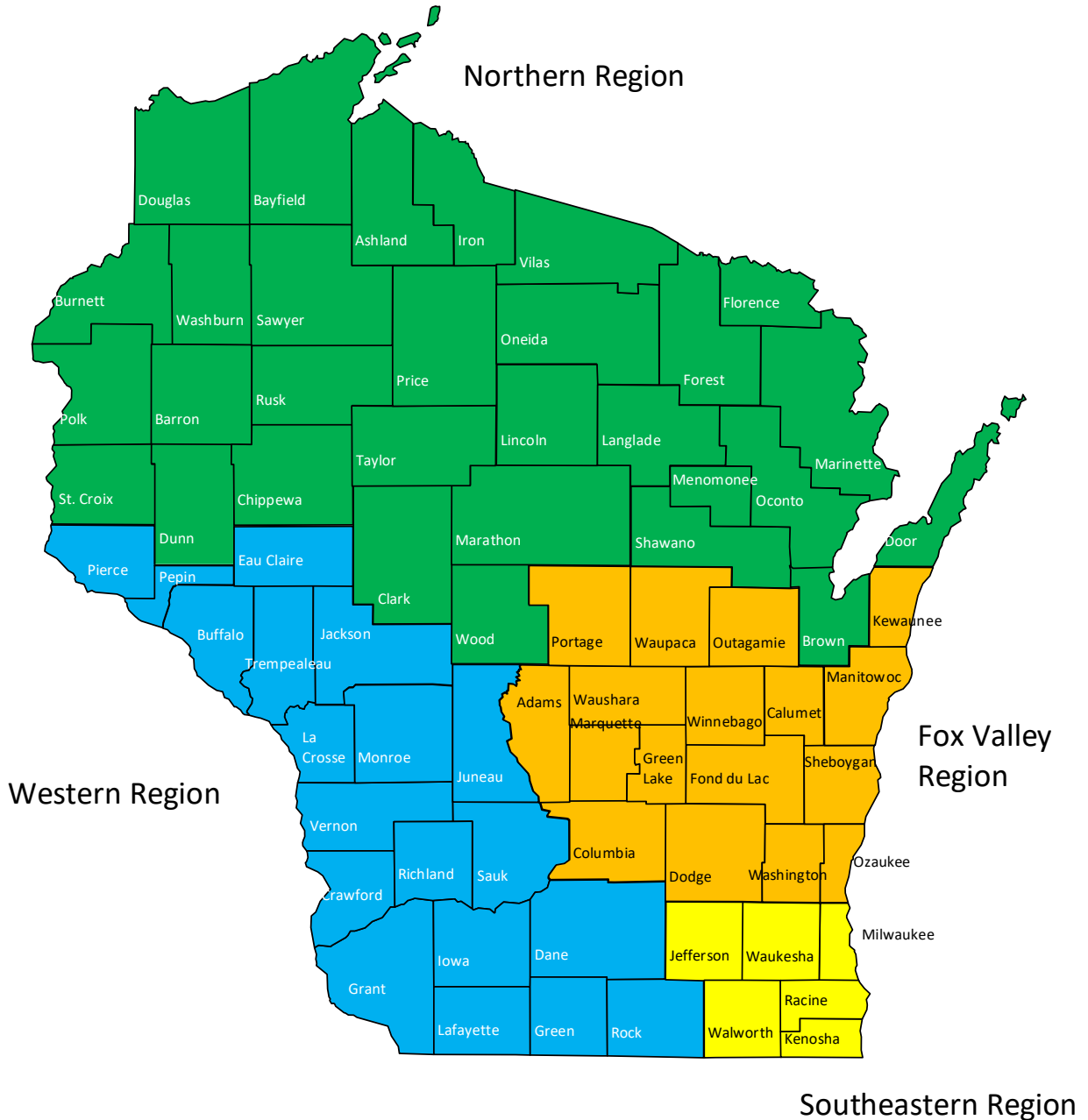
Organizational chart

Supervised Release Program



Supervised Release Program regions

The DHS Supervised Release Program operates with a regional structure. Each DHS supervised release specialist is responsible for program activities in their assigned region. See the last page of this manual for contact information and the region assignment for each DHS supervised release specialist.



Part 2: Commitment Process

This section outlines the civil commitment process under Wis. Stat. ch. 980.

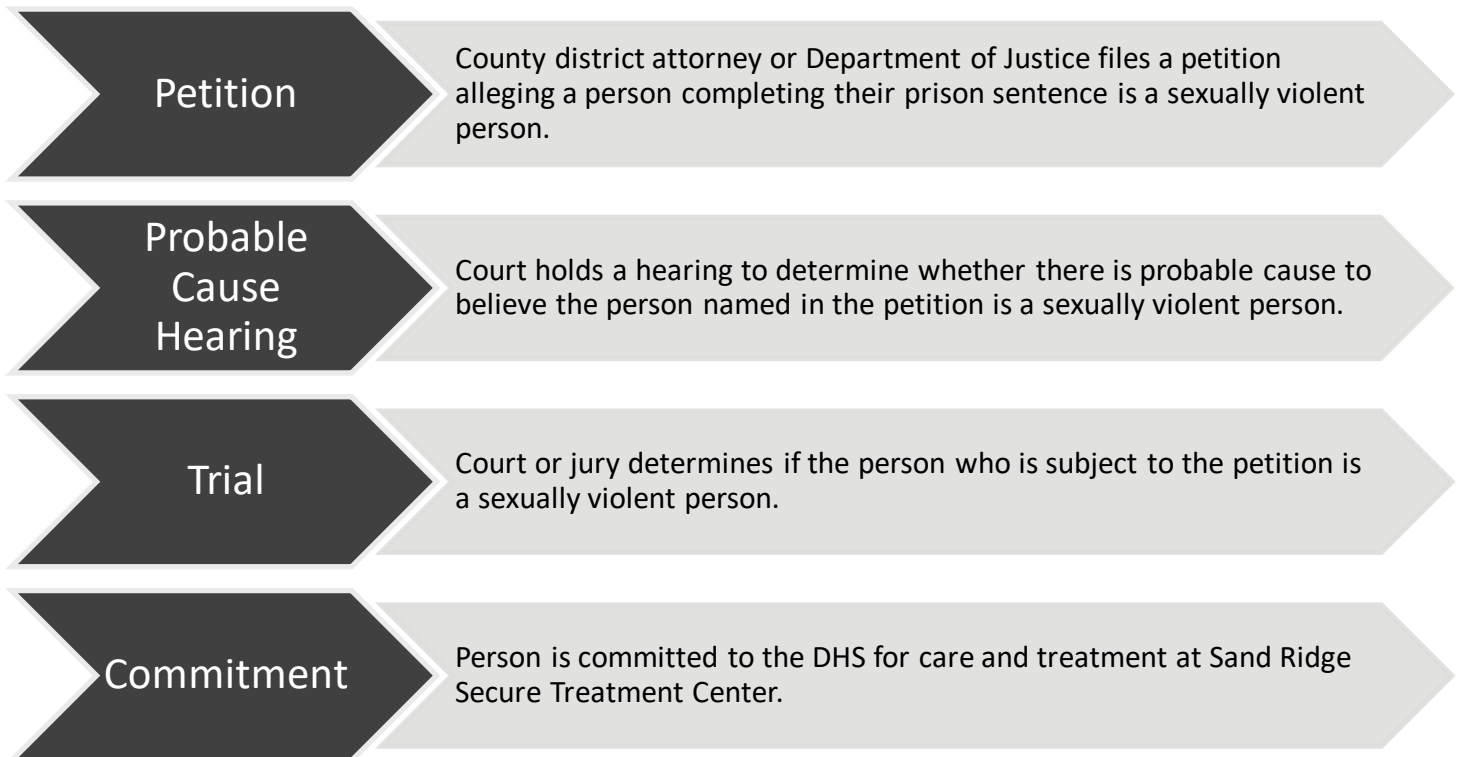
What is Wis. Stat. ch. 980 civil commitment?

Wisconsin Stat. ch. 980 describes the civil commitment process for individuals determined to be sexually violent persons. The statute defines a sexually violent person as someone with a mental disorder that makes it likely the person will engage in future acts of sexual violence who has been convicted of a sexually violent offense, adjudicated as delinquent for a sexually violent offense, or found not guilty of or not responsible for a sexually violent offense.

Sexually violent persons are committed to the custody of DHS for control, care, and treatment until a court determines the person is no longer a sexually violent person. This is a civil commitment based on a court or jury's determination that the person will more likely than not sexually reoffend in their lifetime.

A court-ordered discharge is the only way a person can be release from their civil commitment.

Court process for civil commitment



Sand Ridge Secure Treatment Center

Sand Ridge Secure Treatment Center is one of two secure treatment centers operated by DHS. Opened in 2001, it houses Wisconsin's Sexually Violent Persons Program. On admission, patients are assessed for cognitive and functional levels and level of mental disorder. Based upon this assessment, patients are placed in a treatment track designed to address individual treatment needs to lower their risk of reoffending.

Sand Ridge Secure Treatment Center enhances public safety by:

- Assessing individuals for commitment purposes under Wis. Stat. ch. 980.
- Treating and teaching patients with a history of sexual aggression toward the goal of providing a safe return to the community.
- Preparing individuals ordered by a court to be returned to the community in a manner that reduces the opportunities for sexually violent reoffending.
- Researching the causes and treatment of sexual violent offenders.

Sand Ridge Secure Treatment Center also serves:

- Men who have been found not guilty of a crime by reason of mental disease or defect committed under Wis. Stat. § 971.17.
- Men involved with the criminal justice system in need of treatment to competency services committed under Wis. Stat. § 971.14.

Part 3: Supervised Release Planning

This section provides background information about the supervised release planning process. It outlines the court process, Supervised Release Plan development, and community notification.

Court process

A person who is committed under Wis. Stat. ch. 980 residing at Sand Ridge Secure Treatment Center may petition the committing court to order supervised release. This petition can occur if at least 12 months have elapsed since the initial commitment order or at least 12 months have elapsed since the most recent petition was denied (Wis. Stat. § 980.08(1)).

A court may not authorize supervised release unless, based on all of the reports, trial records, and evidence presented, the court finds that all of the following criteria are met (Wis. Stat. § 980.08(4)(cg)):

- The person is making significant progress in treatment and the person's progress can be sustained while on supervised release.
- It is substantially probable that the person will not engage in an act of sexual violence while on supervised release.
- Treatment that meets the person's needs and a qualified provider of the treatment are reasonably available.
- The person can be reasonably expected to comply with their treatment requirements and with all of their conditions or rules of supervised release that are imposed by the court or DHS.
- A reasonable level of resources can provide for the level of residential placement, supervision, and ongoing treatment needs that are required for the safe management of the person while on supervised release.

A court may also accept a stipulated agreement prepared and agreed to by the prosecuting attorney, defense attorney, and the individual petitioning for supervised release.

Court process for supervised release



Supervised Release Plan development

Housing

Wisconsin law requires the supervised release client's county of residence to prepare a report. The county is required to create a temporary committee to prepare the report that consists of representatives from the county (health and human services, county corporation counsel, and land use planning), a local probation or parole officer, and a representative from DHS (Wis. Stat. § 980.08(4)(dm)1).

The report identifies a residential option in the county for the supervised release client. In counties with a population over 750,000 (at this time, only Milwaukee County), the committee must select a residence in the client's city, village, or town of residence. The report demonstrates the county has contacted the landlord for that residential option and that the landlord has committed to enter a lease.

The residential option identified by a county's temporary committee must meet the following requirements.

Statutory requirements for all clients placed onto supervised release

980.08(4)(dm)1a

Schools, day cares, parks, churches, and youth centers

"Ensure that the person's placement is into a residence that is not less than 1,500 feet from any school premises, child care facility, public park, place of worship, or youth center."

Statutory requirements for clients that are considered adult at risk offenders or serious child sex offenders

980.08(4)(dm)1b

Sexual offense against an adult at risk or elder adult at risk

"If the person committed a sexually violent offense against an adult at risk, as defined in s. 55.01 (1e), or an elder adult at risk, as defined in s. 46.90 (1) (br), ensure that the person's placement is into a residence that is not less than 1,500 feet from a nursing home or an assisted living facility."

980.08(4)(dm)1c

Serious child sex offender

"If the person is a serious child sex offender, ensure that the person's placement is into a residence that is not on a property adjacent to a property where a child's primary residence exists. For the purpose of this subdivision, adjacent properties are properties that share a property line without regard to a public or private road if the living quarters on each property are not more than 1,500 feet apart."

Supervised Release Plan

If a court determines the individual meets criteria or accepts a stipulated agreement for supervised release, the court orders DHS to prepare a Supervised Release Plan. The Supervised Release Plan is prepared by the DHS supervised release specialist and includes the residential option the county committee identified in its report. All supervised release plans must "address the person's need, if any, for supervision, counseling, medication, community support services, residential services, vocational services, and alcohol or other drug abuse treatment" (Wis. Stat. § 980.08(4)(f)). A cover letter and supporting documents also accompany the Supervised Release Plan when submitted to court.

Supervised Release Plan hearing

The court determines if the Supervised Release Plan adequately meets the treatment needs of the client and the safety needs of the community. If so, the court approves the Supervised Release Plan and determines that supervised release is appropriate. This is usually done at a Supervised Release Plan hearing; however, the court can approve a Supervised Release Plan without holding a hearing. Once approved, the court orders the individual to be placed on or before a certain date. DHS typically asks for up to 30 days for placement; however, a court may order any placement date.

Supervised release placement process

Upon court approval of the Supervised Release Plan, DHS submits a Special Bulletin Notification to the law enforcement agency with jurisdiction over the client's supervised release residence. The Special Bulletin Notification is also sent to the DOC Division of Community Corrections.

The Core Team, hosted by local law enforcement, consists of representatives from local county and municipal law enforcement, DHS, and DOC, and meets to discuss the history and release plan and court-ordered placement of the client. Local law enforcement makes the final determination on community notification.

Options for community notification include:

- Social media — *Law enforcement posts information on agency or community social media site(s).*
- News media — *Law enforcement submits a press release to local media outlets.*
- Public fliers — *Law enforcement hands out fliers in targeted areas such as nearby neighborhoods, schools, libraries, day care facilities, and senior housing.*
- Public meeting — *Law enforcement holds a meeting to provide a forum for educating the public of the upcoming release. Staff from DHS and the DOC usually speak at these meetings.*

For more information regarding community notification, contact the local sex offender registry specialist in the area.

Supervised release client placement typically occurs after community notification. DHS, DOC, the client's case manager, and staff at Sand Ridge Secure Treatment Center determine a placement date.

Part 4: Community Supervision Activities

DHS contracts with DOC through a memorandum of agreement to provide supervision to people committed to DHS under Wis. Stat. § 980.08 in accordance with the rules and standards of DHS.

This section outlines the expectations of the assigned DOC agent. DOC agents are expected to follow best practices through the use of motivational interviewing and the risk-need-responsivity model.

To-do list: Community placement and supervision preparation

Complete these tasks before the client is placed in the community.

- Ensure client information packet is received from Sand Ridge Secure Treatment Center.
- Attend client's final staffing at Sand Ridge Secure Treatment Center (*attend in person or virtually*)
- Identify placement date with DHS supervised release specialist and assigned case manager.
- Schedule GPS installation for client placement.
- Schedule a supervision training with the DHS supervised release specialist. This is only for DOC agents new to the supervision of a DHS client or DOC agents who have not supervised a DHS client for more than one year.
- Establish appointment dates for weekly visits. Notify the client's case manager of weekly dates.

Supervision level

Clients on supervised release will be supervised at the intensive supervision level for an indeterminate period of time. Intensive supervision includes at least four face-to-face monthly contacts by the DOC agent. Home visits by the DOC agent will be both scheduled and unscheduled. This level of supervision also includes several collateral contacts each month to ensure compliance with treatment programming and any other community supervision issues.

DOC agents must get DHS approval to reduce the level of supervision. If approved, the DOC agent will be required to communicate the request to adjust the client's supervision level with the court. DOC agents should collaborate with the DHS supervised release specialist to determine necessary court notification.

Dual role supervision

In some cases, clients on supervised release also have concurrent DOC supervision (probation, parole, or extended supervision). In these cases, clients are considered under dual supervision through DOC and DHS. Clients on dual supervision must adhere to DOC policies, expectations, and rules as well as DHS policies, expectations, and rules. Clients on dual supervision can face revocation of their DOC supervision and DHS supervised release for serious violations or concerning behaviors.

Agent pre-release planning

Global Positioning System (GPS) requirements

Installation

It is the DOC agent's responsibility to enroll a new supervised release client onto the DOC GPS monitoring program. This requires the DOC agent to submit GPS Enrollment/Employment (Form 1362). Installation must be scheduled to take place at the client's community residence on the date of placement.

GPS zones

Under 2005 Wisconsin Act 431, it is the DOC agent's responsibility to enter GPS inclusion and exclusion zones for each client placed onto supervised release. Suggested zones include: schools, daycares, parks, victim addresses, shopping malls, city/county zoo, and other places children may congregate.

GPS tracking form

It is the DOC agent's responsibility to complete GPS Tracking Screening (Form 2435) and forward it to the DOC GPS specialist with Sex Offender Registry Program.

DOC rules

Any client still serving probation, parole, or extended supervision during supervised release is considered under dual supervision. In these cases, DOC agents will need to have the client sign DOC rules as part of their community supervision.

NOTE: *DOC agents need the Order for Supervised Release (Form CR-239) to send to the status keepers. This starts the point process and alerts them to reopen the client in COMPAS.*

TIP: To schedule a meeting with a client at Sand Ridge Secure Treatment Center, contact the DHS supervised release agency liaison.

CORE Team collaboration meeting with partners

Once the court approves the Supervised Release Plan and orders placement into the community, the DHS supervised release agency liaison will send out a Special Bulletin Notification to the law enforcement agency with jurisdiction over the placement. Upon receipt of the Special Bulletin Notification, law enforcement schedules a CORE Team meeting to determine the level of notification to the community. The CORE Team meeting involves law enforcement, DOC (Community Corrections and Sex Offender Registry) and DHS. Members of the county district attorney's office may also attend. The purpose of this meeting is to support law enforcement by providing necessary program-related information and client offense history information. This information is intended to assist law enforcement's decision on community notification. Typically, the assigned DHS supervised release specialist attends to provide an overview of the Supervised Release Program and answer program-related questions. Members of DOC typically provide information regarding community supervision and offense history information.

Final supervised release staffing at Sand Ridge Secure Treatment Center

A final staffing will occur at Sand Ridge Secure Treatment Center once a client's Supervised Release Plan is approved by the court and community placement has been court ordered. The purpose of a final staffing is to provide continuity of care between Sand Ridge Secure Treatment Center and the Community Reintegration Team and provide opportunity for the client to meet their Community Reintegration Team. It provides an opportunity for staff working with the client at the institution to share information with the Community Reintegration Team members. Such information may include, but is not limited to: Sex offender treatment information, risk factors, protective factors, medical and medication information, etc. The final staffing also gives the client an opportunity to share their preparations for supervised release with the Community Reintegration Team.

The assigned DOC agent must attend final staffings at Sand Ridge Secure Treatment Center either in person or virtually. It is important for clients and team members to be seen during staffings. Attendance by phone is not encouraged. Phone attendance may be permitted in some cases with permission from DHS.

Community placement date

Once the Supervise Release Plan has been approved by the court, a release on or before date will be identified on the order. The assigned DOC agent, contracted case manager, and DHS supervised release specialist will determine the placement date for the client. The placement date must be within the dates outlined in the court's order for supervised release. Once a placement date is determined, the contracted case manager or DHS supervised release specialist will notify DHS supervised release agency liaison or designee at Sand Ridge Secure Treatment Center. The DHS supervised release agency liaison or designee will coordinate the transportation of the client and their property with Sand Ridge Secure Treatment Center's transport team.

NOTE: *Clients are typically placed on Tuesdays or Thursdays due to the need to obtain a state ID. Mauston's Division of Motor Vehicles service center is open these days. Transport staff are able to stop at the office to obtain a state ID for the client on their way to the client's community placement.*

Community placement (release day)

The assigned DOC agent needs to be present at the client's community placement on release day. The assigned case manager also is required to be present. The DOC agent's role is to oversee the GPS installation to ensure the device is installed and functioning properly prior to the contracted GPS provider leaving the residence. Another role for the DOC agent is to ensure the client's property/belongings meet the conditions of supervision.

The DOC agent and case managers will review the client's property to ensure it meets the Supervised Release Program's policies, rules, and supervision expectations. This includes going through the client's property boxes and specifically looking at certain possessions such as pictures, movies, books, and magazines. Any property identified as being a violation will be considered contraband and will not be allowed inside the residence. The agent should confiscate these items and communicate the concerns to the DHS supervised release specialist.

COMMUNITY PLACEMENT

Responsibility	Time Frame	Expectation	Purpose
Identify a placement date	Upon the court's approval of the Supervised Release Plan and prior to the client's final staffing	Coordinate a date with the DHS supervised release specialist and contracted case manager. Date should be before the final court ordered placement date	Coordinate GPS bracelet installation, prepare client and transportation
Coordinate GPS installation	Prior to community placement	DOC agent will need to submit necessary paperwork to the DOC monitoring center	Ensure the client has daily living supplies upon placement into the community Ensure necessary contracts and services are in place for house maintenance and client needs.
Final staffing at Sand Ridge Secure Treatment Center	Prior to community placement	DOC agent will attend the staffing in person or via video conference	Helps build client/team member relationships and provides continuity of care between the institution and community
Face to face for placement date	The day of placement into the community	DOC agent and assigned case manager will meet face to face with the client the day of placement DOC agent and case manager will conduct a walk-through of the residence to identify any existing contraband, safety concerns, or denied access points	Helps build client/case manager relationships Helps reduce anxiety around community transition Ensures the client understands house safety

COMMUNITY PLACEMENT

Responsibility	Time Frame	Expectation	Purpose
Property review	The day of placement into the community	<p>The DOC agent and case manager will meet the client face-to-face on the date of placement at the client’s community residence</p> <p>The DOC agent, with the help of the assigned case manager, will go through the client’s property boxes and specifically look at certain possessions such as pictures, movies, books, and magazines</p> <p>Any contraband items or items in need of further review should be confiscated by the DOC agent and communicated to the DHS supervised release specialist</p>	Ensures the client’s property falls within the program’s policies, guidelines, and rules
Program expectations and rules discussion	The day of placement into the community	<p>The DOC agent and case manager will meet the client face-to-face on the date of placement at the client’s community residence</p> <p>The DOC agent and case manager will discuss the program rules and expectations regarding the residence with the client(s) [examples: certain blinds need to stay closed, no access to certain areas of the residence, no removal of any window coverings, etc.]</p> <p>Discuss the expectations around the sign-in/sign-out logs and signs placed in the residence. Discuss the expectations around unauthorized visitors and exterior lighting (if necessary).</p> <p>The DOC agent will go over the expectations of GPS, DOC supervision expectations and answer any related questions.</p>	Ensures the client understands program rules and expectations regarding the residence and house safety
Complete Intake paperwork	Within 30 days of community placement	The DOC agent will complete the necessary intake paperwork	Ensure necessary paperwork and set up is completed for COMPAS

Intake and case planning

DOC agents should schedule to meet with the client within the first week of community placement to complete COMPAS and intake paperwork.

COMPAS and intake paperwork

DOC uses the Correctional Offender Management Profiling for Alternative Sanctions tool, commonly known as COMPAS, for criminogenic risk and needs assessments and unified case planning.

Intake paperwork includes the completion of the following forms:

- DOC 2625 — Intake Checklist (mark all that applies)
- DOC 2065 — Sex Offender Supervision Reclassification Checklist
- DOC 2084 — Sex Offender Intake Checklist

Case planning

The Supervised Release Program utilizes different case plans (Case Management Plan, Individual Client Summary, and Sex Offender Treatment Plan). The assigned DOC agent is also responsible for case planning through COMPAS.

Case plans should be focused on person-centered planning and evidence-based practices to ensure the goals are within reason, relevant, and attainable. Plans should be clear and simple. These plans will be regularly reviewed and updated with the clients during office visits, home visits, and phone contacts. Assigned DOC agents will share their case planning changes and/or updates with the Community Reintegration Team. These changes/updates should be included in the clients Individual Client Summary.

Individual Client Summary

The Individual Client Summary is a multi-part document that compiles relevant information pertaining to the client and summarizes the client's progress. The Individual Client Summary identifies team members working with the client, community supports, contact information, service location and activity request history, medical/medication details, community support network, employment and summary updates from the case manager, DOC agent, sex offender treatment provider, and supportive living services support, if applicable. Case managers are responsible for Individual Client Summary coordination and development. The Individual Client Summary should be updated monthly in preparation for the client's staffing. During the staffing, the Community Reintegration Team in coordination with the client will review the Individual Client Summary and sign sections of the form. Upon receipt of all necessary signatures, the case manager will upload a copy to the DHS SharePoint.

Community Reintegration Team collaboration

Development of the Case Management Plan and Individual Client Summary is a collaborative effort coordinated by the case manager. It starts while the client is at Sand Ridge Secure Treatment Center waiting for placement and is an integral part of the continuity of care from the institution into the community. While in the community, the client, case manager, DOC agent, sex offender treatment provider and community support service providers must work together to form an effective team. The team may also include a medical consultant, therapist, substance use counselor, residential placement staff, family, and other informal support. A DHS supervise release specialist should be consulted regarding any team questions or conflicts.

Releases of information

DOC agents obtain the name, address, and contact information for people and professionals and complete releases of information as needed. This information must be included in the Individual Client Summary. If the client's right to sign their own release of information has been removed through a court process (example: the guardianship process), the DOC agent should contact the guardian.

Clients have the right to refuse to sign a release of information. If the client chooses not to sign a release of information, the DOC agent must track and document the date asked and declined. Any refusals to sign this form may be considered a rule violation and must be reported to the DHS supervised release specialist.

Signed releases help clients know which entities have information about their case and helps them be active participants in the Community Reintegration Team process. If there is any question as to whether a signed release is necessary, the client should sign a release of information.

NOTE: DOC agents, contracted case managers, sex offender treatment providers, Sand Ridge Secure Treatment Center staff and DHS supervised release specialists may communicate with each other about supervised release cases without the need for a signed release of information from the client.

Required communications

DOC must **immediately** call DHS when the following events occur. DOC agents should call the assigned DHS supervised release specialist. If unavailable, agents should call any other DHS supervised release specialist or the DHS Supervised Release Section supervisor.

- Change in DOC agent (provide the reason)
- Concerning behaviors (Examples: sexual behaviors, violent behaviors)
- Death of a client
- Elopements/absconding
- Emergency medical and other health concerns
- Media attention on any supervise release client and/or client behavior likely to attract media attention
- Mental health concerns
- New charges or convictions
- Petitions for discharge
- Placement in community hospital (provide the reason and date)
- Placement in custody (provide the reason and date)
- Possible violations of supervise release rules
- Suicidal concerns
- Unauthorized people at the client's home

Face-to-face contacts

DOC agents must maintain routine contact with all clients on their caseload. These contacts typically involve office and home visits. The frequency of these visits often varies. Clients on supervised release are expected to be supervised at the intensive supervision level for an indeterminate period of time. Intensive supervision includes at least four face-to-face contacts monthly by the assigned DOC agent. Home visits by the DOC agent should be both scheduled and unscheduled. This level of supervision also includes several collateral contacts each month to ensure compliance with treatment programming and any other community supervision issues.

A reduction to the level of supervision for a client on supervised release must be agreed upon by DHS and go through the court. The DOC agent should contact the assigned DHS supervised release specialist to determine the process for court notification regarding the reduction of supervision.

Office visits

Office visits allow the DOC agent to monitor the client's progress on supervision and supervised release. The focus of the visit is to ensure the client is compliant with the rules of supervision and address complaints and issues. DOC agents should review any supervision issues or concerns, employment opportunities (request forms, applications, etc.), community contacts, contracted monitor/approved chaperone interactions (conflicts, boundary concerns, etc.), substance use concerns/requests, house issues, activity requests, and home maintenance concerns.

DOC agents must document client office visits in COMPAS. At a minimum, these notes should include the following information: date, time, and a summary of the discussion. COMPAS notes should also document key events such as house maintenance problems, concerning behaviors (client, contracted staff, or approved community members/family), violations of rules, custodies, hospital visits, and media attention. DOC agents must inform other Community Reintegration Team members (including DHS) about rule violations, client contraband items, and any concerns about the residence.

Home visits

Home visits are an important component of the DOC agent's supervision role. They are a natural way to help build a client-agent relationship and provide prospective on how the client interacts within their home environment. Home visits also help the DOC agent assess the client's needs (Examples: activity requests, medical, and house maintenance concerns) and program compliance (supervised release rules, policies, and house maintenance concerns).

Things to be mindful of during a client home visit

- Contraband items or supervise release rule violations
- House concerns (examples: damage and mold)
- DHS property policy

DOC agents must document client home visits in COMPAS. At a minimum, these notes should include the following information: date, time, and a summary of discussion. COMPAS notes should also document key events such as house damage or maintenance problems, concerning behaviors, violations of rules, custodies, hospital visits, and media attention. DOC agents must inform other Community Reintegration Team members (including DHS) about rule violations, client contraband items, and any concerns about the residence.

Collateral contacts

Collateral contacts are important to ensure the most comprehensive understanding of the client's status and needs. It is important to have regular contact with the client's assigned case manager and sex offender treatment provider. The frequency of this contact will be determined by the needs of the client. At a minimum, a DOC agent should have phone or in-person contact with the assigned case manager and sex offender treatment provider once per month.

Client staffings

There are usually four types of staffings. The individuals attending may change based on what needs to be discussed.

- **Pre-release:** These staffings occur while the client is at Sand Ridge Secure Treatment Center awaiting community placement.
- **Community:** These staffings occur once the client is placed in the community on supervised release.
- **For cause:** These staffings can be scheduled while the client is at Sand Ridge Secure Treatment Center or in the community.
- **Adjustment to supervision/alternative to revocation:** These staffings can occur while the client is at Sand Ridge Secure Treatment Center or in the community.

Team staffings are an important component of a client's supervision and reintegration. Team staffings are meant to be client centered. These staffings offer face-to-face contact and collaboration between the Community Reintegration Team and client. They provide a formal opportunity to discuss the client's progress and challenges. In-person participation is preferred. Virtual participation is acceptable.

The case manager will organize, facilitate, and schedule all community staffings. The case manager will work with the contracted transportation scheduler(s) to ensure the client is scheduled to attend the staffing. Staffings should be scheduled based upon the availability of members of the Community Reintegration Team and the client. The case manager should try to accommodate the availability of the Community Reintegration Team. The Community Reintegration Team should ensure the Individual Client Summary is the focus of these staffings and reviewed with the team. Minor handwritten changes can be made during the staffing. If major changes are required, it is the responsibility of the case manager to make the changes in the electronic copy. The final version of the Individual Client Summary must be signed by all members of the Community Reintegration Team and the client prior to saving it as a record in the client's file.

The Individual Client Summary is not reviewed during a client's first community staffing, for cause staffings, or adjustment to supervision/alternative to revocation staffings.

The first staffing is designed to discuss the client's adjustments to supervised release, review and approve activities, address residence concerns, and discuss program expectations.

For cause staffings should be scheduled anytime there are behavioral concerns rising to a level of needed intervention. If a DOC agent identifies a need for a staffing, the DOC agent should contact the assigned case manager and discuss the request for a staffing.

The case manager is responsible for taking notes and documenting the staffing conversations. Staffing notes should be documented on the contracted agency's staffing form. These notes should include the date of the staffing, who was present, and the location where the staffing occurred. Draft staffing notes must be sent out to the Community Reintegration Team for review and feedback. Once the notes are finalized, the case manager will send out final notes to each team member for their records.

STAFFINGS (SAND RIDGE SECURE TREATMENT CENTER)

Staffing Type	Attendees	Time Frame	Expectations	Purpose
Initial supervised release staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment Clinical manager 	First 30 days of the court ordering DHS to prepare a Supervised Release Plan	<p>DHS supervised release agency liaison will lead the staffing</p> <p>Case manager will attend in person</p>	Complete initial assessments and begin case planning with the client
Final supervised release staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist 	Within two weeks from the court's order approving the Supervised Release Plan and ordering community placement	<p>Case manager will attend in person and lead the staffing</p> <p>DOC agent will attend in person or via video conference</p>	Discuss client's preparation for supervised release and review the client's Individual Client Summary
For cause staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist 	Anytime there are behavioral or medical concerns that need the client present to be addressed.	<p>DHS supervised release agency liaison will lead the staffing</p> <p>DOC agent will attend via video conference</p>	<p>Discuss identified concerns and determine course of action</p> <p>This may involve adjustments to the client's privileges or schedule</p>
Alternative to revocation staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist 	These staffings should be scheduled as needed, but no later than every six months	<p>Case manager will lead the staffing</p> <p>DOC agent will attend via video conference</p>	<p>Review the client's progress in the areas of goals, objectives, and expectations</p> <p>Determine next course of action</p>

COMMUNITY STAFFINGS

Staffing Type	Attendees	Time Frame	Expectations	Purpose
First staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist • DHS supervised release agency liaison 	First staffing should be scheduled within 30 days from community placement date	<p>Case manager will attend in person and lead the staffing</p> <p>DOC agent will attend in person</p>	Discuss client's adjustment to supervise release, review scheduled activities, residence or supervision concerns and program expectations
Second staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent 	At or near the six month anniversary date of community placement	<p>Case manager will attend in person and lead the staffing</p> <p>DOC agent will attend in person</p>	Review the client's Individual Client Summary and discuss client's adjustments to supervised release
Subsequent staffings	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent 	At or near six months from previous staffing	<p>Case manager will attend in person and lead the staffing</p> <p>DOC agent will attend in person</p>	Review the client's Individual Client Summary and discuss client's continued adjustments to supervised release
Discharge staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent 	Within six months of discharge trial or hearing	<p>Case manager will attend in person and lead the staffing</p> <p>DOC agent will attend in person</p>	Review the client's discharge plans and discuss community needs/services
For cause staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist 	Anytime there are behavioral or medical concerns that need the client present to be addressed.	<p>Case manager will attend in person and lead the staffing</p> <p>DOC agent will attend in person</p>	<p>Discuss identified concerns and determine course of action</p> <p>This may involve an alternative to revocation, alternative to supervision or treatment plan adjustment, or adjustments to the client's supervision or schedule</p>

COMMUNITY STAFFINGS

Staffing Type	Attendees	Time Frame	Expectations	Purpose
Alternative to revocation/adjustment to supervision staffing	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist 	These staffings should be scheduled as needed	<p>Case manager will attend in person and lead the staffing</p> <p>DOC agent will attend in person</p>	<p>Review the client's progress in the areas of goals, objectives, and expectations</p> <p>Determine next course of action</p>

Institution alternative to revocation: This process requires court action. The DHS supervised release specialist will submit supporting documents requesting the court to order the client back to Sand Ridge Secure Treatment Center for a period of time to engage in treatment plan goals and objectives. Alternative to revocation expectations and time frames are included in the alternative to revocation documents submitted to the court. On occasion, the prosecuting attorney may stipulate to an alternative to revocation agreement without the support of DHS. In these cases, the goals, objectives, and expectations may be directed by the stipulated agreement or prosecuting attorney.

Community alternative to revocation: This process is usually risk-oriented and may likely involve treatment changes and/or adjustments to the client's community supervision. These alternative to revocations are community based and may be submitted to the court. Alternative to revocations are written by the DHS supervised release specialist with the Community Reintegration Team's input and include treatment changes, supervision adjustments, goals, and objectives. Alternative to revocation expectations and time frames are included in the alternative to revocation documents

Community behavioral plan: A formal plan in response to a client's minor rule violations or concerning behavior. A behavioral plan should contain specific goals and objectives. It may include changes to supervision and treatment. The DOC agent or case manager, the latter involved if financial violations, with input from other community reintegration team members writes the plan. A behavioral plan is community based and not submitted to the court unless used to support a revocation process.

Treatment plan adjustment: This process is treatment oriented and written by the sex offender treatment provider with the input from the case manager, DOC agent, and DHS supervised release specialist. Treatment plan adjustments are community based and not submitted to the court unless used to support a revocation process. Treatment plan adjustments include treatment adjustments, goals, and objectives. Time frames are included in treatment plan adjustment documents and are reviewed with the client by the sex offender treatment provider.

Case consultations

Case consultations are not considered staffings and should not affect the staffing cycle. Consultation participation is mandatory for the Community Reintegration Team and should be scheduled based upon the availability of key partners. Client consultations are done on an as needed basis by phone or video. Clients do not participate in a case consultation unless the Community Reintegration Team decides to invite them. The DHS supervised release specialist, sex offender treatment clinical manager, DHS Supervised Release Section supervisor, and the DOC field supervisor should also be invited to consultations. A case consultation is advisable when a client's behavior may be unsafe and/or inappropriate.

All client custodies require a case consultation within 48 hours (weekends and holidays not included) of the custody unless waived by the DHS supervised release specialist. The DHS supervised release specialist, DHS supervised release agency liaison, sex offender treatment clinical manager, DHS Supervised Release Section supervisor, and DOC field supervisor should be invited to take part in the consultation. When a client is taken into custody, the case manager should communicate the following information (if known) to the Community Reintegration Team:

- Client’s behavior or precipitating events
- Previous interventions attempted
- Expected date of release from custody
- Anticipated behavioral outcomes resulting from custody intervention
- Proposed adjustments to the treatment plan upon release

The case manager will facilitate the case consultation. The case manager will schedule all consultations and send out invites for the meeting. These consultations should be scheduled based upon the availability of team members. It is important that DOC agents make themselves available to attend case consultations. It is understandable that everyone may not be able to attend a case consultation. The case manager should do their best to accommodate the availability of the Community Reintegration Team. In some cases, the sex offender treatment clinical manager may fill in for the community sex offender treatment provider.

CASE CONSULTATIONS (SAND RIDGE SECURE TREATMENT CENTER)

Staffing Type	Attendees	Time Frame	Expectations	Purpose
For cause consult	<ul style="list-style-type: none"> • Case Manager • Sex offender treatment Provider • DOC agent • DHS supervised release specialist • Sex offender treatment clinical manager • DHS Bureau of Community Forensic Services psychiatry consultant (if applicable) • Sand Ridge Secure Treatment Staff • DHS supervised release agency liaison 	Anytime there are behavioral, psychiatric, or medical concerns that need to be addressed prior to the Supervise Release Plan being submitted.	<p>DHS supervised release agency liaison will schedule the consult and lead the discussion</p> <p>DOC agent will attend via video conference or telephone</p>	<p>Discuss identified concerns and determine course of action</p> <p>This may involve adjustments to the client’s privileges or schedule</p>

CASE CONSULTATIONS (SAND RIDGE SECURE TREATMENT CENTER)

Staffing Type	Attendees	Time Frame	Expectations	Purpose
Alternative to revocation consult	<ul style="list-style-type: none"> • Case Manager • Sex offender treatment Provider • DOC agent • DHS supervised release specialist • Sex offender treatment clinical manager • DHS Bureau of Community Forensic Services psychiatry consultant (if applicable) 	These should be scheduled as needed by the DHS supervise release agency liaison.	<p>DHS supervised release agency liaison will schedule the consult and lead the discussion</p> <p>DOC agent will attend via video conference or telephone</p>	Review the client’s progress in the areas of goals, objectives, and expectations. Determine next course of action

COMMUNITY CASE CONSULTATIONS

Staffing Type	Attendees	Time Frame	Expectations	Purpose
Custody	<ul style="list-style-type: none"> • Case Manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist • Sex offender treatment clinical manager • DHS Bureau of Community Forensic Services psychiatry consultant (if applicable) • DHS supervised release agency liaison 	Within 72 hours of a client custody	<p>Case manager will schedule the consult as a video conference call and lead the discussion</p> <p>DOC agent will attend via video conference or telephone</p>	<p>Discuss identified concerns and determine course of action</p> <p>This may involve an alternative to revocation, adjustment to supervision or treatment plan adjustment, or adjustments to the client’s supervision or schedule</p>
For cause consult	<ul style="list-style-type: none"> • Case Manager • Sex offender treatment Provider • DOC agent • DHS supervised release specialist • Sex offender treatment clinical manager • DHS Bureau of Community Forensic Services psychiatry consultant (if applicable) 	Anytime there are behavioral, psychiatric, or medical concerns that need to be addressed.	<p>Case manager will schedule the consult as a video conference call and lead the discussion</p> <p>DOC agent will attend via video conference or telephone</p>	<p>Discuss identified concerns and determine course of action</p> <p>This may involve an alternative to revocation, adjustment to supervision, or treatment plan adjustment or adjustments to the client’s supervision or schedule</p>

Client activities and requests

All clients committed under Wis. Stat. ch. 980 are required to be monitored by GPS for the remainder of their life if they reside in Wisconsin and outside of a secure facility. (Wis. Stat. § 301.48)

Clients within their first year on supervised release

According to Wis. Stat. § 980.08(9)(a), “As a condition of supervised release granted under this chapter, for the first year of supervised release, the court shall restrict the person on supervised release to the person's residence except for outings approved by the department of health services that are under the direct supervision of a DOC escort and that are for employment or volunteer purposes, religious purposes, educational purposes, treatment and exercise purposes, supervision purposes, or residence maintenance, or for caring for the person's basic living needs.”

NOTE: DOC agents should refer to Department of Corrections Administrative Directive #15-10 “Direct Supervision Escort of Sexually Violent Persons”

Prior to placement, a schedule of activities will be submitted by the case manager to the assigned DOC agent. When preparing the initial schedule, the case manager will obtain the weekly clinic appointment schedule from the assigned DOC agent and sex offender treatment provider. The DOC agent must enter this schedule into the client's GPS scheduling software prior to the client being placed. This original schedule may include the following:

- Grocery shopping on the first day (If grocery shopping is not scheduled upon placement, the case manager will provide a limited stock of groceries for the client and schedule grocery shopping within 48 hours of the placement date.)
- Face to face with law enforcement (The case manager should work with the client's DOC agent to obtain the necessary paperwork for the law enforcement visit.)
- Weekly laundromat (The case manager should equip the residence with a washer and dryer, if possible. In cases where a washer and dryer are not allowed, the client should be scheduled for weekly visits to a local laundromat.)
- Weekly grocery shopping (Grocery stores can be overwhelming in size. Case managers should take this into consideration. Local grocery stores should be considered initially, if available. Walmart is considered a luxury grocery store. Trips to Walmart should be limited to one time per month unless it is the only grocery store available to the client.)
- Post office (The client will likely need to cancel any mail forwarding to Sand Ridge Secure Treatment Center and establish mail forwarding to their new address.)
- Financial institution (bank or credit union)
- Weekly DOC visits (Home visits should also be scheduled on the client's schedule unless the DOC agent is completing an unscheduled visit.)
- Weekly sex offender treatment appointment

Upon placement, clients are required to submit their calendar to their assigned DOC agent for the upcoming month. The calendar must include any medical appointments; approved religious activities; exercise time; yardwork time; grocery shopping; monthly supply shopping; sex offender treatment appointments; DOC agent visits; face-to-face visits, if any are approved; and anything else the client may have received approval for in the upcoming month.

DOC agents are responsible to review each calendar to ensure the activities and locations fall within supervision guidelines of a sex offender, as well as statutory requirements, program policy and guidelines. Under Wis. Stat. § 980.08(9)(a), for the first year of supervised release, a supervised release client is restricted to their residence except for services approved by DHS. These services include employment (include job searching), volunteering, religious/spiritual worship, educational purposes, treatment (sex offender treatment or alcohol and other drug use), DOC agent visits, residence maintenance, or for caring for the person's basic living needs. DOC agents should refer to the Supervised Release Activity Planning Policy (Policy #SR 807) when reviewing and approving scheduled services. All services during the first year require direct supervision of a DOC direct supervision escort. DOC agents must review and submit the approved calendar to the contracted agency providing transportation and monitoring services and case management services on or before the 10th day of each month.

Case managers (or designee) must return final calendars to the assigned DOC agent no later than the 25th of each month. The agent is responsible for entering and modifying the GPS schedule on an ongoing basis. Any changes that need to be made must be brought to the assigned DOC agent's attention in a timely fashion.

Changes to schedules may occur for essential services. Essential services are considered: treatment, supervision, emergency medical treatment, and employment. DHS or a DHS designee and DOC have the authority to approve or deny a schedule change request. When a change is going to be made from the client's current schedule, the assigned DOC agent must be notified. This ensures DOC ability to monitor the client's GPS and helps prevent the issuance of a warrant for an unauthorized stop.

NOTE: See *Supervised Release Activity Planning Policy (Policy #SR 807)*

The following chart identifies the processes around client calendars.

Initial Client Calendar

A case manager will meet with a client prior to community placement and prepare their first month's calendar. Services on this calendar include, but are not limited to: Grocery shopping, dollar store shopping, Sex offender treatment appointments, DOC agent visits, medical and psychiatry appointments, law enforcement face-to-face visit, exercise purposes and residence maintenance (lawn mowing and snow removal)

DOC Agent's Role

The DOC agent is responsible for approving service locations and entering/modifying the GPS schedule on an ongoing basis. Any changes that need to be made should be brought to the DOC agent's attention in a timely fashion. DOC agent's making changes to a client's calendar should complete a change request form and submit it to the contracted agency providing transportation and monitoring services.

Case Manager's Role

Case managers are responsible for reviewing each monthly calendar to ensure the services (including random monitoring checks) are accurate and comply with statutory restrictions and program policy and guidelines.

First Year Restrictions and Schedule Changes

State law restricts first-year clients to the following services: employment or job search, volunteer activities, religious and spiritual services, education purposes, treatment, exercise purposes, DOC agent visits, residence maintenance (lawn mowing and snow removal) and shopping (groceries, clothing, and household supplies).

Schedule changes may occur for essential services. DHS or its designee and DOC have the authority to approve or deny a schedule change request. Any time a service change is going to deviate from the client's approved scheduled activity, the assigned DOC agent must be notified. Essential services are: Treatment, supervision, emergency medical treatment, and employment

Contact screening (approval/denial)

Contact screening is a part of supervision. This process is the primary responsibility of the DOC agent. Contacts fall into three categories: phone contact, face-to-face contact, and chaperone. Clients must use the DHS Supervised Release Client Contact Request, F-02620, when submitting requests for contact approval to their assigned agents.

It is the responsibility of the client to complete the first page of the contact form including providing a signature on the bottom of the page to ensure acknowledgement and compliance with the expectations.

DOC agents should use the form for guidance and documentation of the process. DOC agents will consult with the case manager and sex offender treatment provider.

Employment, school, volunteering, and religious activities

Supervised release clients can have a tremendous amount of down time that can affect physical and mental health. Participation in employment, school, volunteering, or religious activities is a protective factor against sexual reoffending.

The DOC agent has a significant role in the approval/denial process of employment, school, volunteer, and religious activities. A DHS form (F-02661) must be used to track a client's request for employment, school, or volunteer activities. During a client's first year of supervised release, direct supervision monitoring is required by state law during employment, school, and volunteer activities. After the first year, the DOC agent should consult with the case manager and sex offender treatment provider to discuss the need for monitoring during these activities. If monitoring is required, the DHS supervised release specialist must be notified due to the financial costs to the Supervised Release Program.

Employment: Supervised release clients who are capable of employment must be encouraged to seek out employment. This is part of the client's court-ordered Supervised Release Plan and rules. The factors the Community Reintegration Team must consider before approving employment include:

- The cost to transport and possibly monitor the client compared to the client's income.
- The worksite location should be no further than 45 minutes one way from the client's residence.
- The client's status on supervised release. Clients within their first year should be limited to part-time (20-25 hours per week) employment.
- The point in which the client is at in their first year of placement.
- The client's potential of discharging within a year.
- The client's offending pattern and victim profile.
- The work being performed.
- The client's physical abilities.
- The reputation of the employer.
- The location of the employer.
- The public's access to the employer.
- The type of business.
- The client's access to potential victims and contraband.
- The requirements of the job (example: having to drive a vehicle or work equipment).
- The level of supervision by employer.
- The client's wage and frequency of being paid.
- The work hours, schedule adjustments, and overtime.

- The employer's flexibility to permit client to attend essential appointments (sex offender treatment, DOC visits, case manager visits, etc.)

Clients may find job opportunities from a variety of sources including the local job center, referrals from members of the Community Reintegration Team, newspaper advertisements, and word-of-mouth.

Clients should be scheduled to visit the local job center weekly, though this may be substituted for job interviews or, with approval from a DOC agent, a stop at a potential place of employment that requires an in-person application. The weekly job search service is also a good time to encourage clients to schedule their interviews when they get them, if possible. As a monitor is already scheduled for the weekly job search service, it could decrease the anxiety and concern associated with a job interview.

Once a client has interviewed and is offered a position, their DOC agent must ensure the employer received a full disclosure and verify and approve the position and job site, along with input from the rest of the Community Reintegration Team. The DHS supervised release specialist must be included as part of the approval process for employment. This must occur before the client can accept the position and start work. Once approved, the DOC agent should have contact (phone or email) with the employer periodically to ensure no concerns have surfaced.

School: The factors the Community Reintegration Team must consider before approving schooling include:

- The cost to transport and monitor the client compared to the client's income. (Client may have Supplemental Security Income (SSI) or some other form of income/ financial aid to help pay for school without creating debt.)
- The point in which the client is at in their first year of placement.
- The client's potential of discharging within a year.
- The client's offending pattern and victim profile.
- The classes being taken.
- The client's physical abilities.
- The reputation of the school.
- The location of the school.
- The campus security and policies that may pertain to a client.
- The type of school.
- The client's access to potential victims and contraband.
- The ability of the courses to help the client gain employment.
- The class times and impact on the ability to attend routine appointments.

Clients attending school still need to be encouraged to find employment. When a client identifies a school and the course(s) they want to take, the DOC agent needs to contact the school to discuss the client's background and the need for a safety plan. This conversation often involves the head of the school's security team. The Community Reintegration Team makes the final determination whether the client can attend the school. A school environment is very different than a work environment. It is essential the client work with their sex offender treatment provider to establish appropriate safety plans. The DOC agent should have regular collateral contact with campus security or school administration to ensure no concerns have surfaced. If a client uses a computer for school purposes, the Community Reintegration Team must determine whether a monitor is needed during this activity. If the client is within the first year of supervised release, a direct supervision escort will be required to be present with the client while in class.

Volunteering: Due to age or physical abilities, some clients may not be interested in school or work. These clients should be encouraged to find activities to help alleviate the stressors caused by isolation and community confinement. Volunteering can help clients to build a work history for employment purposes. The factors the Community Reintegration Team must consider before approving a volunteer activity include:

- The cost to transport and monitor the client.
- The point in which the client is at in their first year of placement.
- The client's potential of discharging within a year.
- The client's offending pattern and victim profile.
- The work being performed.
- The client's physical abilities.
- The reputation of the volunteer site.
- The location of the volunteer site.
- The public's access to the volunteer site.
- The type of volunteer site.
- The client's access to potential victims and contraband.
- The requirement of the volunteer position having to drive a vehicle or work equipment.
- The level of supervision by the volunteer site.
- The work hours and schedule adjustments.
- The volunteer site's flexibility to permit client to attend essential appointments (sex offender treatment, DOC visits, case manager visits, etc.)

Clients participating in volunteer activities should also search for employment unless the Community Reintegration Team (with DHS input) decides a job search is not required. The DOC agent should consult with the volunteer supervisor monthly to ensure that there no issues with the client's participation in the volunteer activity.

Religious activities: Clients may be approved to participate in religious activities. Each client is allowed to designate one religious preference at a time. Religious activities include, but are not limited to: religious study group, congregate/group services, pastoral visits, celebratory meals, and Native American activities such as pipe ceremonies, dances/pow wow ceremonies, and sweat lodges. First year restrictions, travel time, and distance to activities must be considered as part of the approval process. Any religious activities outside of the client's placement county or any religious activities not included in this manual must have DHS approval. A client is not allowed to attend religious activities at a private residence or other private locations.

Prior to the DOC agent reviewing the client's request, the client must ensure the organization's spiritual leader has knowledge of their offense history, supervision needs, and restrictions and the potential need of a contracted monitor. It is the client's responsibility to provide the DOC agent with the necessary contact information (name, address, phone, etc.) for the organization's spiritual leader.

Approval for religious activities should be handled in the same way as employment, school, or volunteer activities. DOC agents should use form F-02661 as a guide to approving religious activities.

The following must be verified with the organization’s spiritual leader for the religious activity to be approved.

- Verify the spiritual leader understands the client’s offense history.
- Verify the spiritual leader understands the client is on supervision.
- Verify the spiritual leader approves the client participating in the requested activity.
- Verify the spiritual leader understands supervised release and the client’s rules.

Once verified, the DOC agent should consult with the assigned case manager and sex offender treatment provider to discuss approval or denial of the requested activity. Any approved religious activities should be documented on a DOC sex offender activity request form. Safety plans shall be considered as part of the approval process.

NOTE: *If approved, the client must follow the scheduling guidelines for religious activities outlined in the supervised release activity planning policy.*

Funeral activities or death bed visitations

Funeral activities or death bed visitations are not permitted within the first year of supervised release, except with a court order. Any requests to attend funeral activities or death bed visitations during the first year must be shared with DHS. The DOC agent should contact the assigned DHS supervised release specialist to discuss the request.

After the first year, funeral activities or death bed visitations may be approved by the DOC agent with Community Reintegration Team approval. The DOC agent must consider the potential contact with unapproved family and friends. Most importantly, the DOC agent must also consider potential contact with client victims that may be present. Funeral activities or death bed visitations should be denied if there is a likelihood a client victim will be present at the activity. In these situations, the agent (with Community Reintegration Team feedback) should consider alternatives. These alternatives include, but are not limited to, one-on-one death bed visits, visits at the funeral home or other viewing location prior to the service beginning, or a cemetery visit after the burial. Any approved funeral activities should be documented on a DOC sex offender activity request form. Safety plans should be considered as part of the approval process.

Work, School, Volunteering, and Religious Activities				
Action	Person(s) Responsible	Time Frame	Expectations	Purpose
Monitor client’s behaviors	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent 	<ul style="list-style-type: none"> • While employed • While attending school • While volunteering 	Monitor the client’s actions for changes and recommended cessation of the activity at any time there is cause for the concern of safety	Maintain community safety
Develop a safety plan	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent 	<ul style="list-style-type: none"> • Pre-employment • Pre-schooling • Pre-volunteer • Pre-religious activity • Pre-funeral activity 	The safety plan should be reviewed and adjusted as needed.	Provide direction to the client and Community Reintegration Team

Work, School, Volunteering, and Religious Activities

Action	Person(s) Responsible	Time Frame	Expectations	Purpose
Client case consultation	<ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent 	4-6 weeks after the activity has started	Consult on how the Community Reintegration Team feels the activity is going and discuss any expressions the client makes to the team on how they feel about the activity	Ensure the Community Reintegration Team is still in agreement with the activity

Holiday and special event schedule and guidelines

Holiday/Special Event	Guidelines
New Year's Eve and New Year's Day	Clients are restricted to their residences from December 31 to January 1 unless prior approval is granted for the client to attend employment or sex offender-related services.
Halloween (DOC Sex Offender Registration Program Memo)	<p>DOC distributes a memo annually outlining the restrictions regarding Halloween and trick-or-treating.</p> <p>Generally, clients are required to remain indoors at their residence a minimum of one hour before and one hour after local trick-or-treating. (An exemption may be granted for previously authorized employment or treatment services.)</p> <p>Note: Clients cannot display or give any indication to the public that they are participating in trick-or-treating activities. Porch lights should be shut off. Halloween decorations and costumes are not allowed.</p> <p>NOTE: DOC agents should obtain client signatures on the DOC policy for Halloween restrictions and requirements.</p>
Black Friday/Day After Thanksgiving	Clients should not be scheduled to shop on the Friday after Thanksgiving.
Other Holidays <ul style="list-style-type: none"> • Christmas Eve • Christmas Day • Memorial Day • Fourth of July • Labor Day 	Client schedules will be restricted to essential services only on these holidays. Pre-approved Christmas religious services may be permitted.

GPS monitoring and scheduling

DOC agents must monitor a client's GPS points regularly to ensure they are following their supervised release rules and only going to approved locations. The DHS supervised release specialist should be notified of any

concerning GPS alerts or unapproved activities (stopping at unapproved locations, veering off of their approved schedule of activities, etc.).

Home zones

Home zones or geofences should be used to ensure clients stay within the boundaries of their residence or property. While a client is on supervised release, the home zone/geofence should be as tight as possible to the residence. This provides a level of security and alerts if the client were to go outside the zone. The zone may need to be adjusted if the client’s GPS equipment is causing numerous alerts.

GPS schedules

GPS schedules must be approved for any activity for which a client leaves their residence. This includes activities in the yard or on a deck/patio. It is important that a client’s GPS schedule is not open. It should not have lengthy gaps between activities. GPS schedules must be specific to each activity the client is approved. This provides a necessary level of security for clients on supervised release.

Example of “open” GPS schedule		Example of activity specific GPS schedule	
Activity	GPS schedule	Activity	GPS schedule
Yard Work	9:00 a.m. to 11:30 p.m.	Yard work	9:00 a.m. to 10:00 a.m.
Shopping/exercise		Shopping/exercise	1:00 p.m. to 3:00 p.m.
Employment		Employment	4:30 p.m. to 11:30 p.m.

Supervision changes, chaperoned transports, and self-transport

While clients are on supervised release, it is expected their supervision will change as they progress on the program. This is part of the community reintegration process. Community Reintegration Teams want to promote client reintegration and preparation for discharge while ensuring community safety. Clients within their first year on supervised release are statutorily restricted to their residence except for activities authorized by law and by DHS. As a result, a client’s supervision within their first year is restricted and cannot be altered. It is within a client’s second year and beyond when the Community Reintegration Team may begin to adjust a client’s supervision levels.

Clients within their first year of supervised release require direct supervision whenever they leave their residence for an approved activity. Direct supervision means continuous, unimpeded sight, sound, and physical access, such that the contracted monitoring staff can always see the client, hear the client and, if necessary, physically contact the client, without first going through any barrier. There are some exceptions to the direct supervision requirement including:

- The client is having communication with their attorney.
- The client is having communication with their religious counselor.
- The client is having communication with a physician or other medical provider.
- The client is participating in a medical examination or experiencing a health care emergency.
- The client is participating in sex offender treatment, mental health treatment, or related testing.
- The client is participating in polygraph examinations and polygraph interview.
- The client is placed inside a secure facility such as jail or Sand Ridge Secure Treatment Center.
- The client is using restroom facilities.

The committing court may authorize other exceptions not listed here.

A client within their first year of supervised release must be transported to approved activities by a DOC contracted direct supervision escort, DOC agent, or DHS personnel. This is mandated by state law.

After the first year of supervised release, the decision to maintain direct supervision for a client becomes the Community Reintegration Team's discretion. This discretion is based upon a client's ability to follow program rules and expectations, as well as the client's honest communication with team members. The Community Reintegration Team must be confident a reduction in the client's supervision is in the best interest of the client and will not pose a safety risk for the community.

DHS supports a step-down approach to allow a team to assess a client with reduced supervision levels to ensure community safety. The Community Reintegration Team should allow enough time between steps or levels to allow necessary assessment to occur. Tools used to assess a client's adherence to rules may include reviewing contracted monitor service reports, reviewing GPS points, using polygraph testing, and employing ongoing consultation.

The following is a guideline for the step-down approach in reducing a client's transportation supervision levels:

- Level One — Direct supervision (mandated by statute during first year)
- Level Two — Supervision reduced to sight and/or sound only with a contracted monitor
- Level Three — Supervision reduced to random checks on the client by a contracted monitor
- Level Four — Supervision reduced to drop off and pick up by a contracted monitor
- Level Five — Chaperone transportation or self-transport

The following is a guideline for the step-down approach in reducing a client's non-transportation supervision levels:

- Level One — Direct Supervision
- Level Two — Supervision reduced to random checks on the client by a contracted monitor
- Level Three — Supervision reduced to no monitoring

Adjustments to a client's supervision can always be made by the Community Reintegration Team if a client's behavior warrants a change. For example, a client may be approved for Level Three supervision; however, due to a change in behavior (increased risk) or rule violations occurring, the Community Reintegration Team may adjust a client's supervision back to Level One to ensure community safety. A violation report, client behavioral plan, or alternative to revocation (community based) must document the necessary adjustment to supervision.

As the client's behavior improves, the Community Reintegration Team will assess the level of supervision and adjust accordingly. It is the goal to have the client be on the least restrictive level as possible, depending on risk and behavior. These adjustments must also be outlined in the violation report, client behavioral plan, or alternative to revocation (community based) and agreed upon by the Community Reintegration Team.

Chaperone transports: Chaperone transports may be approved by the Community Reintegration Team when a client has earned the privilege through the reduction in their supervision levels. The DOC agent must approve the chaperone using the Contact Request Form and DOC chaperone agreement. Chaperone's must comply with approved travel routes and GPS schedules to ensure the client is not traveling through exclusion zones or other areas prohibited by the client's Community Reintegration Team or rules.

Clients must be at a level three supervision for services or higher to earn approved chaperone transports. Chaperone transports can be limited to specific services or multiple services. Safety plans should be

considered when approving chaperone transports. Clients are required to document proposed activities and GPS times for all chaperone transport services on a monthly calendar and provide the calendar to their assigned DOC agent for review. The Community Reintegration Team will periodically review a client's chaperone transport privileges and calendars to ensure supervised release program compliance.

If needed, adjustments to a client's supervision may result due to rule violations or concerning behaviors. In these cases, chaperone transports would be suspended/removed and monitored transports may be reinstated as part of the adjustment to supervision.

Self-transporting: Self-transporting to and from services is the least controlled form of supervision allowed on supervised release. A client must be at a level four supervision for services to earn self-transport. The Community Reintegration Team should consider regular polygraph testing to ensure rule compliance.

Self-transporting services should be limited initially for to and from employment. The Community Reintegration Team may add additional self-transport services to a client's calendar as a privilege for following program rules and expectations.

Safety plans should be used when approving a client to self-transport. These plans will be used to manage the client's risk factors during the approved activity. Clients are required to document proposed activities and GPS times for all self-transporting services on a monthly calendar and provide the calendar to their assigned DOC agent for review. The Community Reintegration Team will periodically review a client's self-transporting privileges and calendars to ensure Supervised Release Program compliance.

Adjustments to a client's supervision may result due to rule violations or concerning behaviors. In these cases, self-transporting would be suspended/removed and monitored transports would be reinstated as part of the adjustment to supervision. In some cases, client services may be reduced due to the need of monitored transports.

Investigations

Investigations are a collaboration between DOC and DHS. The purpose of investigations is to establish relevant facts to prove or disprove allegations. Investigations gather evidence to establish whether violations occurred, the seriousness of the violations, and potential risk to the community. Such allegations could include rules violations, client behaviors and statements, or witness observations of concerning activity. Investigations may include, but are not limited to, searches, urinalyses, interviews, polygraph testing, evidence collection, and evidence preservation.

Investigations typically occur while the client remains in the community. The DOC agent, in conjunction with the DHS supervised release specialist, can request the client be placed in lock down at their residence. In these cases, the client's GPS schedule would be deleted, and the client would not be able to leave the residence except for an emergency medical need. The Community Reintegration Team may agree to allow the client to go out for essential activities while in lock down status. In these circumstances, a client would require a contracted monitor to transport and provide direct supervision whether the client is in first year status or beyond.

In some cases, clients are taken into custody for community safety purposes while the investigation is conducted (see custody section of this manual for further information). In these cases, DOC authorizes custody and submits an order to detain the client in the county jail. After hours (including weekends and holidays), DHS may authorize custody through the DOC monitoring center.

Any allegations of new criminal offenses should result in notification to local law enforcement. DHS and DOC may assist law enforcement in a new offense investigation; however, law enforcement should be the lead investigators. Agents must obtain law enforcement reports associated to any criminal or municipal investigations. Once obtained, the agent must share the reports with DHS.

Statements

Statements are an integral part of an investigation. DOC agents are responsible for obtaining client statements at the following times: as part of an investigation, following searches, whenever significant violations occur, for inconclusive/ untruthful/deception indicated polygraph results, or when a client exhibits concerning behaviors. Witness statements may also need to be obtained as part of an investigation. Agents should use DOC form 1305 for obtaining statements with a client signature. If a client refuses to sign a statement, the DOC agent should document "client refused" in the signature section of the statement form.

In cases where a client is in custody for an investigation, DOC agents must obtain statements within 48 business hours of the custody date/time. This is due to the statutory requirements governing custody and the need to file a probable cause/petition for revocation within 72 hours (excluding weekends and holidays) after custody. DOC agents should consult with the DHS supervised release specialist to discuss the need for client statements and witness statements.

Searches

DHS or DOC may request a search of a client's residence, vehicle, employment locker, etc., at any time. DOC will conduct searches under the authority and in accordance with administrative code and DOC policies. In making its final decision related to searches, DOC will work collaboratively with DHS staff. In some cases, the court may order DOC to conduct searches as part of the court's order for supervised release. In these cases, DHS will provide the court order to DOC for reference and discuss the frequency of the searches and if regular searches will be scheduled.

Searches should occur within 48 business hours of the request. Any concerns or questions regarding searches should be discussed with the DHS supervised release specialist.

DOC search procedures will be followed, including documentation of the search, its findings, and any evidence taken into DOC possession. Results must be communicated to DHS upon completion of the search. The DOC agent should notify the other Community Reintegration Team members as soon as possible. Any contraband or evidence discovered in the search should be confiscated, logged, and stored as outlined in DOC policy and procedures. DOC will provide any contraband or evidence to DHS as requested or destroy after permission is obtained from DHS.

Urinalyses

DOC will conduct urinalyses under the authority and in accordance with administrative code and DOC policies. The court-ordered Supervised Release Plan allows DOC to utilize random urinalyses to assist in monitoring a client's abstinence from alcohol and other drugs in the community.

Polygraph tests

Polygraph tests are used by the Supervised Release Program as a tool for supervision and program compliance. Polygraph testing is coordinated by the DHS supervised release agency liaison. There are four main types of polygraph tests used for clients placed on supervised release, including maintenance, monitoring, specific issues, and sexual thoughts and fantasies. DOC does not use Division of Community Corrections polygraph slots for supervised release clients.

Community Reintegration Team members will receive emails seeking feedback regarding client polygraph tests. Agents should provide feedback regarding any potential violations or suspected violations for testing consideration.

DOC agents must follow-up with clients with indicated polygraph results that are untruthful, inconclusive, or deceptive. DOC agents should obtain a statement from a client with these test results and share it with team members, including the DHS supervised release specialist.

NOTE: *DOC agents should refer to the Supervised Release Program Annual Community Polygraph Guidelines for definitions, processes, and procedures regarding polygraph tests.*

Client finances

Case managers are responsible for reviewing and approving the client's monthly purchase requests. Every month, each client is expected to complete a financial worksheet and submit the form to their assigned case manager.

DOC agents should refer clients to their case managers for financial inquiries.

Client purchases

DOC agents play a role in approving client's requested items for purchase. Without DOC agent input, client purchases may result in violations of their supervision. This includes, but is not limited to, movies, music, televisions, cell phones, and magazines. DOC agents also provide feedback regarding purchase requests that may pose a risk to the community or a client's supervision. While reviewing a client's monthly purchase requests, the case manager must communicate potential purchase requests that may be questionable or concerning to the client's treatment, community safety, or supervision requirements.

Client violations

Financial/purchase violations: Contracted case managers are responsible for follow up and violations associated to financial purchases and paperwork. Case managers are expected to communicate violations associated with financial purchases and paperwork with the assigned DOC agent and treatment provider.

Non-financial purchase violations: All other client violations fall within the scope of supervision; therefore, agents are responsible for follow up regarding general rule violations. DOC agents are expected to communicate general rule violations with the assigned case manager, treatment provider, and DHS supervised release specialist. DOC agents should document violations in COMPAS. If appropriate, DOC agents should prepare violation reports regarding the behavior and make necessary adjustments to a client's supervision. Input from the assigned case manager and treatment provider should be considered.

DOC agents may also use behavioral agreements/contracts in conjunction with supervision adjustments to prevent or correct concerning behavior and violations. Adjustments to a client's supervision should be in alignment with the violation and include a timeline for reinstatement consideration based upon corrective actions. Adjustments to supervision may include any of the following:

- Denial to participate in the service activity.
- Denial to possess specific items.
- Need to create a safety plan to address potential risk or safety concerns.
- Reinstating direct supervision requirements (sight, sound, and physical access of a monitor).

Client property

DOC agents should confiscate and hold any property that is not approved for the client to possess. This includes property considered contraband or evidence. Property items which a client is not permitted to possess and which are not considered contraband or evidence should be returned (at the client's expense) to the owner or transferred to another person (at the client's expense).

Any property items considered contraband or evidence must be confiscated, logged, and stored by the DOC agent as outlined in DOC policy and procedures. DOC will provide any contraband or evidence to DHS as requested or destroy after permission is obtained from DHS.

Intoxicating substances, such as alcohol or controlled substances, must be reported to DHS and disposed according to DOC policy and procedures.

If a client believes that property should be returned or sent out at their direction and a decision to dispose of it in a different manner has been made, the client may file a complaint under Wis. Admin. Code § DHS 98.10. The property should not be disposed until the complaint is resolved.

DHS Supervised Release Program Staff Roles

Supervised release section supervisor

The DHS supervised release section supervisor is responsible for the oversight of the Supervised Release Program, including administration and supervision of staff, contracting, and programming.

This position needs to be notified when there are the following: client complaints/grievances, concerns related to actions of DHS staff, case consultations, contract items, open records requests, community reaction/concerns, any correspondences with the public or elected officials, any programmatic legal concerns, and any other matter that may impact the structure or function of the program.

Supervised release specialist

The DHS supervised release specialist provides contract oversight and support to case managers. Case managers are expected to be the experts on their clients. The supervised release specialist and case manager should check in regularly to ensure the supervised release specialist is aware of the client's status.

This position needs to be notified of the following: behavioral concerns, rule violations, treatment issues, medical/medication concerns, financial changes, peer relationship issues, client/team conflicts, client

complaints/grievances, staffings/case consultations, and any other matters that may impact the client's placement, programing, or well-being.

Supervised release specialist role

- Maintaining the Supervised Release Program's best interest
- Ensuring community safety
- Encouraging the use of best practices
- Overseeing the program's policies
- Overseeing the client's team, including conflict resolution and training of team members
- Monitoring/auditing contract compliance
- Reviewing court-related communication
- Acting as a consultant to county residence location committees
- Consulting in client custody decisions, supervision adjustments, and rule violation responses
- Coordinating searches and polygraphs
- Making final decisions on large purchases, client employment, and other designated matters
- Serving as after-hours on-call contact person for the program

Supervised release agency liaison

The DHS supervised release agency liaison assists with the coordination of continuity of care between SRSTC and the Supervised Release Program and provides outreach to community partners.

Clinical coordinator

The DHS clinical coordinator is responsible for providing clinical oversight of service delivery for individuals in programs managed by the DHS Bureau of Community Forensic Services, including the Supervised Release Program.

Part 5: Custody and Revocation Procedures

This section describes the reasons for placing a client into custody, the agent's role with custodies, custody outcomes, and the process to revoke a client's supervised release.

Prior to initiating custody

When a client refuses to follow program rules and policies, the case manager, DOC agent, sex offender treatment provider, DHS supervised release specialist, and other Supervised Release Program team members will convene for a staffing with the client. The goal of this staffing is to determine the reasons for the client's refusal. If possible, an adjustment to supervision should be established using community resources including, if necessary, community-based hospitalization.

Reasons for placing a client into custody

Most custodies occur due to a combination of reasons rather than one isolated reason.

Dangerousness: Client exhibits behavior that presents dangerousness to self and/or others. The client is taken into custody in a county jail or placed in a psychiatric hospital to protect the client or to protect those at risk of harm by the client.

Investigation: Client is suspected of significant rules violations, illegal activity, or arrested for a new offense. The client is placed in custody in a county jail while an investigation is completed. Custody is mandatory if the client is alleged to have:

- Participated in physical or sexual assault of another person.
- Been involved in dangerous conduct (examples: threat or use of weapon or act that has the potential of physical harm to a person or people). This includes verbal threats to do physical harm, if there is a history of carrying out such threats, or a credible reason to believe the client may carry out the threat.
- Committed a new criminal offense.
- Absconded from supervision as outlined in Wis. Stat. § 946.42(3m)(b).

All custodies require the DHS supervise release specialist to submit a Statement of Probable Cause, F-25177, to the court within 72 hours (excluding weekend and holidays) of detention. If the Community Reintegration Team knows that revocation will not be pursued, the DHS supervised release specialist will make note of this in a cover letter accompanying the Statement of Probable Cause.

Agent's role with custodies

Authorizing custody

DHS delegates full authority to DOC agents to take into custody supervised release clients who are believed to have violated any condition or rule of supervision, or to protect the health and safety of the person or others. It is understood that in performing their responsibilities under the memorandum of agreement, DOC employees are acting as agents of DHS within the meaning of Wis. Stat. § 895.46. When timing permits, DOC agents must communicate with DHS when a client is going into custody.

DHS may authorize a custody during business hours or after hours (including holidays and weekends). In these cases, DHS will contact the DOC agent or supervisor during business hours to authorize custody. After hours (including holidays and weekends), DHS will authorize custody via a warrant, also known as an apprehension request, through the DOC monitoring center. Apprehension requests may only be issued for pick up in Wisconsin only with no extradition from other states. If a client is taken into custody in another state, a different process is completed by DHS and the court.

Custody holds

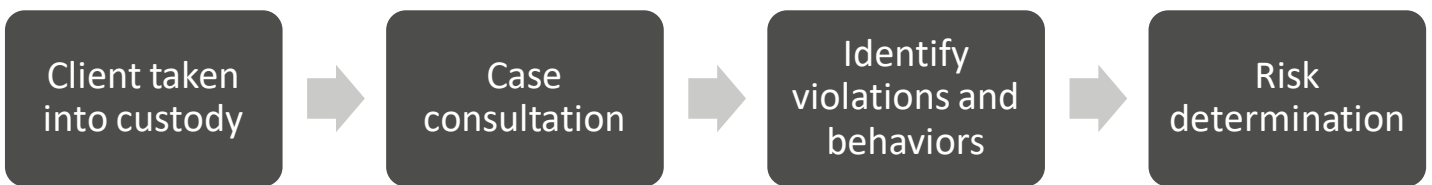
Once a client is in custody, the DOC agent must submit an order to detain to the county jail. This order will hold the client in custody for up to 72 hours (not including weekends or holidays). If a client is being detained at Sand Ridge Secure Treatment Center, the DOC agent does not need to submit an order to detain.

If a client is going to remain in custody beyond 72 hours, the DHS supervised release specialist must submit a Statement of Probable Cause for Detention and Petition for Revocation of Supervised Release (Form F-25536) to the court within the 72-hour period from date/time of custody. This form should also be sent to the county jail and will act as a custody hold until court proceedings occur for the revocation case.

Custody consultations

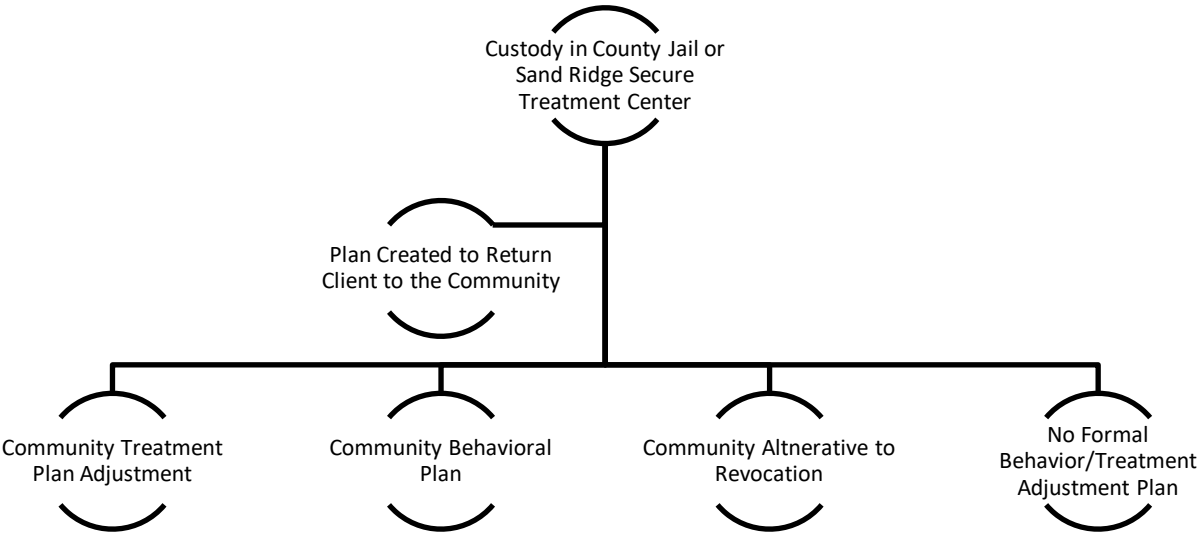
Cases with violations needing further investigation and reach the point of potential custody require the involvement of a DHS supervised release specialist or the DHS Supervised Release Section supervisor. When a client presents behaviors or violations that put his community placement at risk, a case consultation with the Community Reintegration Team will occur and include the DHS Supervised Release Specialist, sex offender treatment clinical manager, DHS Supervised Release Section supervisor, and Department of Corrections agent and/or field supervisor. The group's first and primary responsibility is to work together to collaborate on what is best for client and community safety. All participants should provide their opinion and assessment of the situation and their recommendation for the path forward. When there are differences of opinion, the group is expected to articulate the reasons for the differences and to continue working toward consensus. If the Community Reintegration Team is unable to come to consensus, DHS or DOC (if the client has dual supervision) may pursue revocation or an institutional custody. If a case consultation was not held in advance of the custody, the case manager should hold the consultation call as soon as possible or no later than 48 business hours of the custody.

Custody

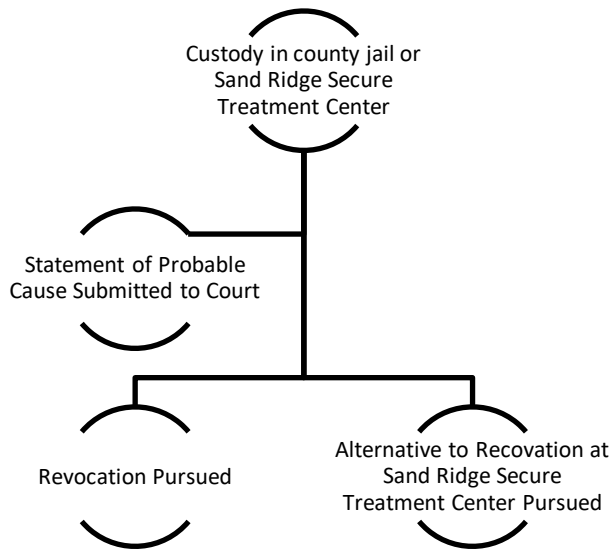


There are two types of risk determination.

1. Client poses potential risk to the community



2. Client poses unmanageable risk to the community



Custody case consultation

Anytime a client is taken into custody for rule violations/safety concerns or displays concerning behavior that may lead to custody, a case consultation will be scheduled to discuss (as a team) the potential safety risk to the client or others.

- The case manager will schedule the case consultation and send out an invite to the necessary stakeholders. Primary stakeholders include the case manager, DOC agent, sex offender treatment provider, DHS supervised release specialist, sex offender treatment clinical manager, DHS Supervised Release Section supervisor, DOC field supervisor, and supervised release psychiatry consultant, if applicable.

- The case manager will lead the case consult and request input from various team members involved in the incident, investigation, or decision leading to custody. They will discuss the violations and behaviors leading up to the custody or potential need of custody. In many cases, an agent will take a statement from the client and distribute it to the team prior to the consult.
- If the client is not already in custody, the team will determine the need for custody or implementation of other security measures to ensure community safety.
- The team will discuss potential custody outcomes and determine the necessary course of action to ensure the safety of the community (*includes other supervised release clients, staff working with the client, and community members in general*). These outcomes may include petition for revocation, alternative to revocation at Sand Ridge Secure Treatment Center, community alternative to revocation, community alternative to supervision, community adjustment to supervision, community treatment plan adjustment, or no formal supervision adjustment plan. If no formal supervision adjustment plan is created, the case manager and/or sex offender treatment provider will address the concerns in their case plan or treatment plan.

Custody outcomes

Petition for revocation: This process requires court action. The DHS supervised release specialist will write and submit supporting documents requesting the court to revoke the client's order for supervised release. If revoked, the client is ordered back to Sand Ridge Secure Treatment Center and is no longer under the authority of the Supervised Release Program. [The statutory authority for this process falls under Wis. Stat. §980.08(8)(b)].

Institution alternative to revocation: A formal plan approved by a court in response to a client's serious rule violations or concerning behavior that a client completes at Sand Ridge Secure Treatment Center. An alternative to revocation contains specific goals and objectives to reduce a client's risk. This may mean changes to supervision and treatment. The DHS supervised release specialist submits supporting documents requesting the court to order the client return to Sand Ridge Secure Treatment Center for a period of time to accomplish the goals set forth by the alternative to revocation. A judge must approve a client to return to the community. [The statutory authority for this process falls under Wis. Stat. §980.08(8)(a)].

Community alternative to revocation: A formal plan submitted to the court in response to a client's serious rule violations or concerning behavior that a client completes in the community. The Community Reintegration Team assesses a client's violations and behavior and determines his risk is manageable in the community. An alternative to revocation contains specific goals and objectives to reduce a client's risk. This may mean changes to supervision and treatment. The DHS supervised release specialist submits supporting documents to inform the court of the plan.

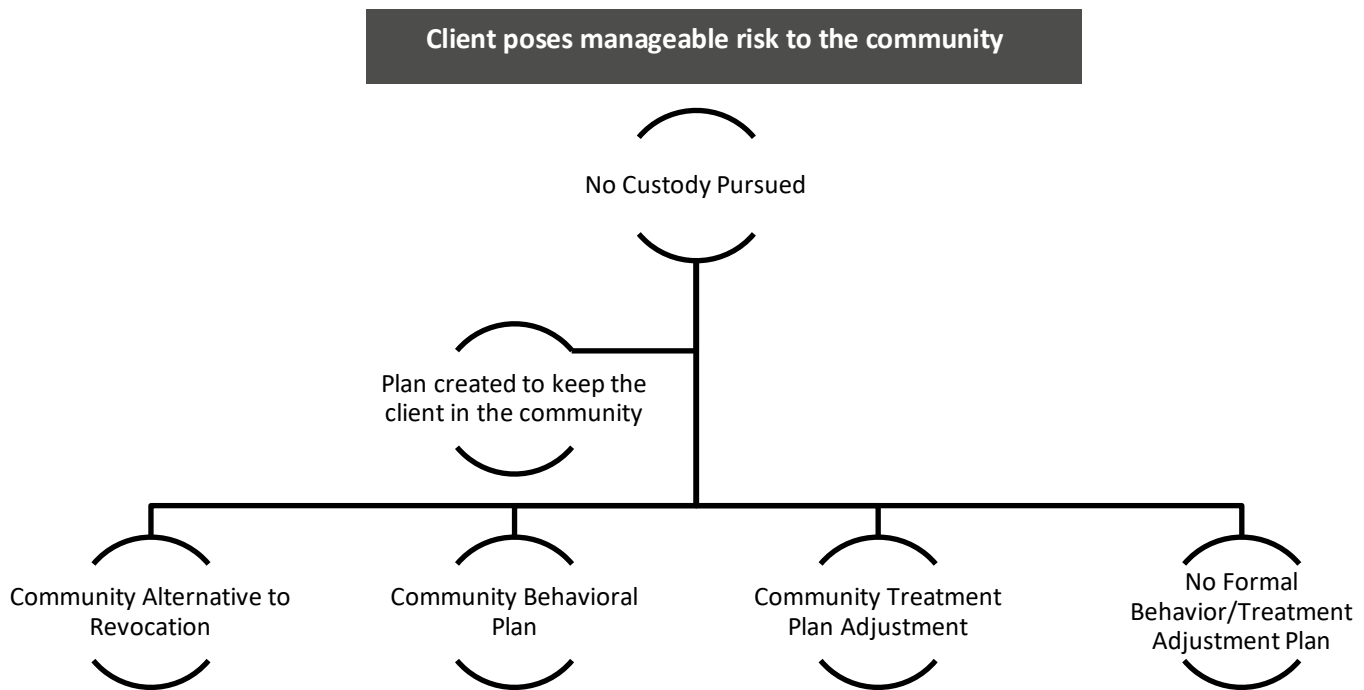
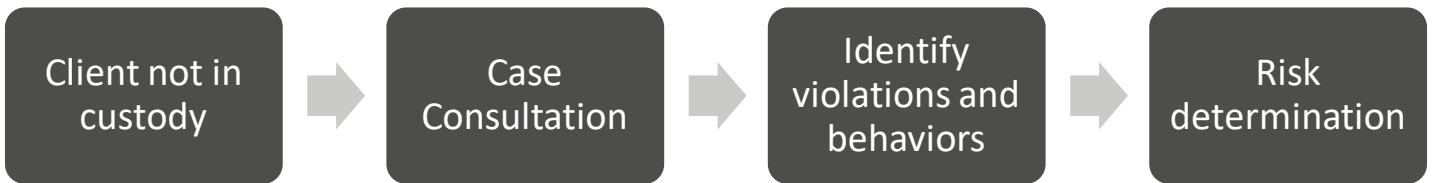
Community behavioral plan: A formal plan in response to a client's minor rule violations or concerning behavior. A behavioral plan shall contain specific goals and objectives. It may include changes to supervision and treatment. The DOC agent or case manager, the latter involved if financial violations, with input from other community reintegration team members writes the plan. A behavioral plan is community-based and not submitted to the court unless used to support a revocation process.

Community treatment plan adjustment: This process is treatment oriented and written by the sex offender treatment provider with the input from the case manager, DOC agent, and DHS supervised release specialist. Treatment plan adjustments are community based and not submitted to the court unless used to support a

revocation process. Treatment plan adjustments include treatment adjustments, goals, and objectives. Time frames are included in treatment plan adjustment documents and are reviewed with the client by the sex offender treatment provider.

No formal supervision plan or treatment plan adjustment: If the Community Reintegration Team determines no formal behavioral plan or treatment plan adjustment is warranted, the case manager, DOC agent, and/or sex offender treatment provider will address the concerns in their case planning and treatment plans.

Non-custody



Non-custody case consultation

If a client has violated rules or displayed concerning behaviors; however, poses little to no risk to the community, a case consultation may be held to discuss a plan to assist the client to modify their actions and behaviors.

- The case manager will notify applicable ancillary and key stakeholder team members of the client's actions and behaviors.
- The case manager will assess whether a case consultation should be scheduled. If so, the case manager will schedule the case consultation and send out an invite to the necessary stakeholders. Primary stakeholders include the case manager, DOC agent, sex offender treatment provider, DHS supervised release specialist, sex offender treatment clinical manager, DHS Supervised Release Section supervisor, DOC field supervisor, supervised release program psychiatry consultant, if applicable.
- The Community Reintegration Team should discuss potential non-custody outcomes and determine the best course of action to manage the client's actions and behaviors. These outcomes may include community-based alternative to revocation, behavioral plan, treatment plan adjustment or no formal adjustment (behavior/treatment) plan. If no formal adjustment plan is warranted, the case manager, DOC agent and/or sex offender treatment provider will address the concerns in their case planning or treatment plans.

Non-custody outcomes

Community alternative to revocation: A formal plan submitted to the court by DHS in response to a client's serious rule violations or concerning behavior in the community. The Community Reintegration Team assesses a client's violations and behavior and determines if his risk is manageable in the community. An alternative to revocation contains specific goals and objectives to reduce a client's risk. Changes to supervision and treatment may be developed. The DHS supervised release specialist submits supporting documents to inform the court of the plan.

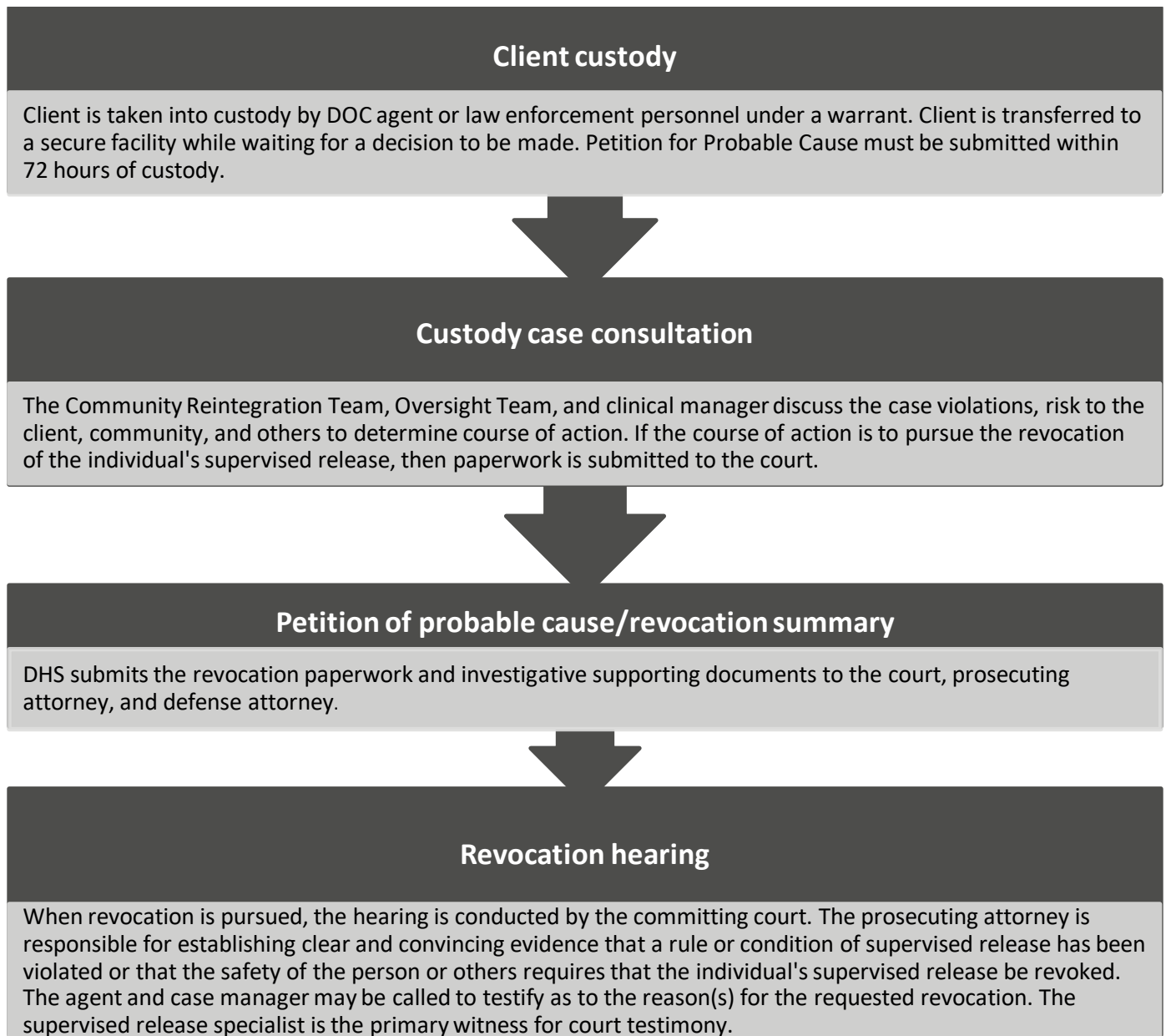
Community behavioral plan: A formal plan in response to a client's minor rule violations or concerning behavior. A behavioral plan shall contain specific goals and objectives. It may include changes to supervision and treatment. The DOC agent or case manager (financial violations) with input from other team members writes the plan. A behavioral plan is community-based and not submitted to the court unless used to support a revocation process.

Community Treatment plan adjustment: This process is treatment oriented and written by the sex offender treatment provider with the input from the case manager, DOC agent and DHS supervised release specialist. Treatment plan adjustments are community based and not submitted to the court unless used to support a revocation process. Treatment plan adjustments include treatment adjustments, goals, and objectives. Time frames are included in treatment plan adjustment documents and are reviewed with the client by the sex offender treatment provider.

No formal supervision plan: If the Community Reintegration Team determines no formal behavioral plan or treatment plan adjustment is warranted, the case manager, DOC agent, and/or sex offender treatment provider will address the concerns in their case planning and treatment plans.

Revocation procedures

Court process for revocation of supervised release



Revocation follow-up

Following the revocation of a client's supervised release, the DOC agent will need to obtain the court order revoking the client's supervised release. Agents can obtain the necessary orders by contacting the assigned DHS supervised release specialist.

DOC agents will retrieve all GPS equipment at the residence or county jail. This equipment shall be returned to the contracted agency for the DOC monitoring center.

Part 6: Discharge

This section describes discharges from a Wis. Stat. ch. 980 commitment and outlines the expectations of case managers around discharge planning.

Petition for discharge

Any person who is committed under Wis. Stat. ch. 980 is committed to the custody of DHS for control, care, and treatment until such time as the person is no longer a sexually violent person. A client may petition for the discharge of their civil commitment at any time. This is a court process that is governed under Wis. Stat. § 980.09. The case manager will not be involved in the petition process of a client. Case managers or agents cannot give legal advice to clients and should refer a client to their legal counsel for advice.

Discharge planning

DOC agents should work with clients to plan for life after supervised release and identify short-term and long-term goals in the client's ongoing supervision planning.

Agent to-do list: discharge planning

- Assist with identifying local ordinances governing where for sex offenders can live in some communities.
- Assist with GPS-related questions and coordinating communication with assigned sex offender registry program specialist.

Agent to-do list: upon Discharge Order

- Complete updated DOC form 1759 (Sex Offender Registry)
- Explain lifetime GPS procedures
- Complete DOC form 1362 to reflect change in GPS status
- Update picture for registry
- Complete DOC form 2877 (Discharge Checklist) if applicable

Establishing a discharge plan

When a client is within six months of their discharge hearing, the Community Reintegration Team should meet to discuss the client's specific needs upon discharge. This plan will help guide the client and identify specific goals and needs.

DHS Contacts

Supervised release specialists

Kim Dexter	Phone: 608-893-0626 Email: kimm.dexter@dhs.wisconsin.gov	Consultant for: Northern Region Western Region
Hannah Christian	Phone: 608-509-5441 Email: hannahk.christian@dhs.wisconsin.gov	Consultant for: Southeastern Region
Katie Freitag	Phone: 262-389-5942 Email: katie.freitag@dhs.wisconsin.gov	Consultant for: Fox Valley Region

Supervised release section supervisor

Kristin Kiel	Phone: 608-215-5560 Email: kristin.kiel@dhs.wisconsin.gov
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Clinical coordinator

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DHS webpages

Supervised Release Program: www.dhs.wisconsin.gov/sr

Sand Ridge Secure Treatment Center: www.dhs.wisconsin.gov/sandridge

DOC online resources

- Wisconsin Sex Offender Registry: <https://appsdoc.wi.gov/public>
- Wisconsin Sex Offender Registrant Portal: www.SORWI.gov