

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is made this _____ day of _____ 2025, between St. Croix County d/b/a Kitty Rhoades Dementia Care Facility, and the County of _____ (hereinafter “Counties”).

I. PURPOSE

The purpose of this Memorandum of Understanding (“MOU”) is to set forth the responsibilities of the Counties and the legal authority for guardianship, emergency protective placement, and the involuntary administration of psychotropic medication as an emergency protective service or protective service, as a condition of admission to Kitty Rhoades Dementia Care Facility or, if needed, following admission and assessment.

II. BACKGROUND

A. Counties are located in the State of Wisconsin and have a need for a facility to place individuals with dementia in crisis who are not proper subjects for treatment under Chapter 51 of the Wisconsin Statutes.

B. Each County Corporation Counsel represents the interests of government and related service providers for their respective counties.

C. In *Fond du Lac County v. Helen E.F.*, 333 Wis. 2d 740, 798 N.W. 2d 707 (2012), the Wisconsin Supreme Court concluded that individuals in need of emergency protection who are presumed to have a primary diagnosis of dementia are not proper subjects for inpatient mental health treatment in a psychiatric facility nor are they subject to emergency mental health treatments and interventions provided in Chapter 51. The Court determined that Chapter 55 more appropriately serves the needs of these individuals because of the nature of the condition and the additional procedural protections afforded by Chapter 55.

D. St. Croix County has created the Kitty Rhoades Dementia Care Facility (hereinafter “Kitty Rhoades”), which is physically located in New Richmond, St. Croix County, Wisconsin. Kitty Rhoades is a ten-bed community-based residential facility licensed by the State of Wisconsin. Kitty Rhoades will be designated as the emergency protective placement facility for the Counties and may be utilized by all of the Counties.

E. If Counties utilize Kitty Rhoades, the subject will remain a resident of the Counties and will not become a resident of St. Croix County based on the subject’s physical presence in St. Croix County.

F. Counties will be responsible for having an individual from their county coordinate with the facility to ensure that all hearing requirements are met as set forth in the attachments to this MOU.

III. ADMISSION TO KITTY RHOADES

Before an individual will be admitted to Kitty Rhoades, the county of residence must verify bed availability and is also responsible for making arrangements for the individual’s admission to Kitty Rhoades. No individual will be admitted to Kitty Rhoades unless he or she has obtained written medical clearance as defined in the contract between the County and Kitty Rhoades, either before or at the time of admission. Finally, each county is responsible for providing or arranging for the individual to be

transported to Kitty Rhoades.

The county of residence is responsible for guardianship, emergency/protective placement, and/or involuntary admission of psychotropic medication as an emergency/protective service for any individual the County seeks to admit to Kitty Rhoades. No individual will be admitted to Kitty Rhoades without (1) either the establishment of a guardianship of the person or the filing of a petition for guardianship within one business day of admission; and (2) either a current court order for protective placement or a Statement of Emergency Protective Placement [Form GN-4000]. If an individual is already protectively placed, an emergency transfer of that individual to Kitty Rhoades may be made under Wis. Stat. § 55.15 (5)(b), as long as the transfer is approved by the court in accordance with Wis. Stat. §§ 55.15 (8) and (9). Kitty Rhoades may determine that a court order for involuntary admission of psychotropic medication as an emergency/protective service is needed for an individual prior to or at the time of admission. Kitty Rhoades may also determine that an individual is in need of an order for involuntary admission of psychotropic medication as an emergency/protective service following admission and assessment.

Each County agrees to coordinate and complete all paperwork needed for court proceedings for emergency/protective placement or involuntary administration of psychotropic medication related to any individual it seeks to admit or has admitted to Kitty Rhoades. If, following admission and assessment, Kitty Rhoades determines that an individual is in need of involuntary admission of psychotropic medication as an emergency/protective service, Kitty Rhoades will coordinate and complete all paperwork needed for court proceedings. Once the individual is admitted to Kitty Rhoades, Kitty Rhoades will be responsible for service of court-related documents on the individual as well as providing telephonic and/or video conferencing for the individual for court hearings.

ATTACHMENT A – GUIDANCE REGARDING EMERGENCY PROTECTIVE PLACEMENT

ATTACHMENT B – PROCEDURAL STEPS FOR EMERGENCY PROTECTIVE PLACEMENT

The process for emergency protective placement (“EPP”) is dictated by Wis. Stat. § 55.135. A law enforcement agency, fire department or county department agency or agency with which it contracts under Wis. Stat. § 55.02(2) shall designate at least one employee authorized to take an individual under custody. Counties must keep Kitty Rhoades up to date as to who the designated employee(s) are authorized to take an individual under custody under Wis. Stat. Ch. 55.

Counties must use State Form GN-4000 (Statement of Emergency Protective Placement) or draft an equivalent form. EPPs are based upon personal observation of or a reliable report made by a person who identifies himself or herself to a sheriff, police officer, fire fighter, guardian, if any, or authorized representative of a county department or an agency with which it contracts under Wis. Stat. § 55.02(2). Counties must attempt to collect medical or other documents relevant to the need for an EPP.

Pursuant to Wis. Stat. § 55.135(3), a notice of rights must be provided to the individual taken into custody by the facility, both orally and in writing. Kitty Rhoades will provide the notice of rights to the individual at the time of admission. However, it is recommended that the individual receive a copy at the time he/she is taken into custody.

ATTACHMENT C – GUIDANCE REGARDING INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION AS AN EMERGENCY PROTECTIVE SERVICE

Pursuant to Wis. Stat. § 55.13(1), emergency protective services may be provided for not more than 72

hours when there is reason to believe that, if the emergency protective services are not provided, the individual entitled to the services or others will incur a substantial risk of serious physical harm. Wis. Stat. § 55.14(1) does not prohibit the involuntary administration of psychotropic medication as an emergency protective service.

If the county department or agency with which the county department contracts under Wis. Stat. § 55.02(2) that is providing emergency protective services to an individual has reason to believe that the individual meets the criteria for protective services, the county department or agency may file a petition for protective services. If a petition is filed, a preliminary hearing shall be held within 72 hours, excluding Saturdays, Sundays, and legal holidays, to establish probable cause that the criteria for protective services are present. The criteria for protective services is as follows:

- (a) The individual has been determined to be incompetent by a circuit court or is a minor who is alleged to have a developmental disability and on whose behalf a petition for a guardianship has been submitted; and
- (b) As a result of developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, the individual will incur a substantial risk of physical harm or deterioration or will present a substantial risk of physical harm to others if protective services are not provided.

The county department or agency shall provide the individual with written notice and orally inform the individual of the time and place of the preliminary hearing. If the individual is not under guardianship, a petition for guardianship shall accompany the petition for protective services, except in the case of a minor who is alleged to have a developmental disability.

Kitty Rhoades will not administer involuntary psychotropic medication to an individual unless the following criteria have been met:

- 1) A temporary or permanent guardian of the person has been appointed; and
- 2) Either
 - a) A petition for protective services has been filed and a preliminary hearing has been scheduled, or
 - b) There is an existing order for involuntary administration of psychotropic medication.

Kitty Rhoades will provide a doctor for testimony at the probable cause hearing. Once probable cause is found for emergency protective services to continue, Kitty Rhoades and Counties will work together to prepare a treatment plan. It is the responsibility of each County to ensure the treatment plan is created and to file it with the court.

X

County Human Services Director

Date: _____

X

County Representative

Date: _____

X

County Representative

Date: _____

X

County Representative

Date: _____

X

Sandy Hackenmueller
Health Care Campus Administrator

Date: _____

X

Date: _____

ATTACHMENT A

GUIDANCE REGARDING EMERGENCY PROTECTIVE PLACEMENT

SUMMARY

A Statement of Emergency Protective Placement is used to take an individual into custody in an emergency situation and temporarily protectively place the individual in an appropriate facility.

EMERGENCY PROTECTIVE PLACEMENTS UNDER CHAPTER 55

Emergency protective placements are a means of intervening in an emergency situation if it is probable that an individual, as a result of an impairment as defined in Chapter 55, is so totally incapable of providing for his or her own care or custody so as to create a substantial risk of physical harm to himself, herself or others if protective intervention is not immediately taken.

WHO CAN MAKE AN EMERGENCY PROTECTIVE PLACEMENT?

Under Wis. Stat. § 55.135, an emergency protective placement may only be made by a sheriff or police officer, a fire fighter, a guardian of the individual, or an authorized county representative, such as a representative of the county APS or crisis system.

HOW IS AN EMERGENCY PROTECTIVE PLACEMENT MADE?

The person making the emergency protective placement must prepare Form GN-4000, the Statement of Emergency Protective Placement, which includes specific factual information concerning the person's personal observations and/or reports made to that person by others. The completed Form GN-4000 must be "filed" with the facility director where the person is placed, meaning the document can be left in the office of the director with a staff person or director designee who can accept the document on the director's behalf and give it to the director.

There is no requirement of a prior court finding of incompetence and need for guardianship to make an emergency protective placement.

A Petition for Protective Placement/Protective Services, Form GN-4040, and a Petition for Guardianship Due to Incompetency, Form GN-3100 (unless the individual is already under guardianship), must be filed in the court along with the Statement of Emergency Protective Placement, the Notice of Rights on Emergency Protective Placement, Form GN-4010, and Notice of Initial Placement by Appropriate Board or Designated Agency, Form GN-4070.

TO WHAT FACILITIES CAN EMERGENCY PROTECTIVE PLACEMENTS BE MADE?

Wis. Stat. § 55.02(2)(b)4 states that the county department shall "designate at least one appropriate medical facility or protective placement facility as an intake facility for the purpose of emergency protective placements under s. 55.135."

An individual who requires emergency protective placement may be taken into custody and transported to an appropriate medical facility or to a facility or home of the type to which a court could order a long-term protective placement. Wis. Stat. § 55.01 (6 m) defines "protective placement facility" as "a facility to which a court may under s. 55.12 order an individual to be provided protective placement for the primary purpose of residential care and custody." Pursuant to Wis. Stat. § 55.12(2), "protective placement may be made to nursing homes, public medical institutions, centers for the developmentally disabled under the requirements of s. 51.06 (3), foster

care services or other home placements, or to other appropriate facilities, but may not be made to units for the acutely mentally ill.” The individual could also remain in a home or facility where the individual is currently residing if appropriate services and supports can be provided.

ATTACHMENT B

PROCEDURAL STEPS FOR EMERGENCY PROTECTIVE PLACEMENT

This process defines the steps that are needed for a Human or Social Services Agency, as the responsible agency pursuant to Wis. Stat. § 55.02(2), to initiate and follow through with an Emergency Protective Placement pursuant to Wis. Stat. Ch. 55.

Initiating an Emergency Protective Placement (EPP)

1. Obtain copy of **GN-4000** (Statement of Emergency Protective Placement) or draft such form.
 - EPPs may be initiated by law enforcement, Adult Protective Services Worker (APS Worker), or other authorized individual per Wis. Stat. § 55.135(1).
 - If APS Worker initiates EPP:
 - APS Worker shall personally observe adult-at-risk before initiation.
 - Verify Wis. Stat. § 55.135(1) standards are satisfied. (See end of this document for definition).
 - Draft form **GN-4000**.
 - Collect medical or any relevant documents regarding situation.
 - Consult with your assigned Corporation Counsel, if assistance is needed on EPP eligibility.
2. Obtain copy of **GN-4010** (Notice of Rights on Emergency Protective Placement) or draft such form.
 - Per statute, the Notice of Rights is to be given to the adult-at-risk by the placement/treatment facility both orally and in writing. However, law enforcement and/or APS Worker is strongly encouraged to provide the Notice of Rights to adult-at-risk of EPP as well.
3. Verify bed availability at protective placement facility and provide assistance in making arrangements for admission of adult-at-risk. Prepare **GN-4070** (Notice of Initial Placement by Appropriate Board or Designated Agency) once a facility has been determined.
4. Transportation of the EPP adult-at-risk shall be provided by law enforcement or a willing family member of the adult-at-risk as arranged by APS Worker. Law enforcement or family member shall transport the EPP adult-at-risk to the medical facility for medical clearance then transport to the placement facility.
 - Note: Typically, protective placement facilities require the adult-at-risk be medically cleared before admission. Obtain medical clearance PRIOR to initiating an EPP
 - Upon discharge from medical clearance, ensure a **discharge order** or **admissions order** is provided to protective placement facility.
5. The APS Worker shall make an effort to determine if there is an identified decision maker for the subject of the EPP.

- Contact with the facility in which the individual is placed may be helpful in determining if there is an identified decision maker (i.e. Power of Attorney, Guardian, etc.).
- If Power of Attorney for Health Care is established, verify if it is activated and make attempts to contact the designated agent.
 - A Power of Attorney for Health Care is “activated” when TWO doctors have evaluated the adult-at-risk and signed a Statement of Incapacitation.

6. If there is a request for involuntary medication orders, contact your Corporation Counsel.

Court Filings

1. File completed **GN-4000** along with completed **GN-3100** (Permanent Guardianship Petition) and **GN-4040** (Protective Placement Petition) with the court ASAP after initiation of EPP. Provide filed copies to your Corporation Counsel.
 - **GN-3100** and **GN-4040** shall be completed and filed by Social/Human Services Agency.
 - If the adult-at-risk does NOT have an identified decision maker, a Temporary Guardianship Petition shall be completed and filed (Permanent Guardianship will follow).
 - Circumstances which warrant a Temporary Guardianship include lack of an identified decision maker or request of the placement facility. Temporary Guardianship petition is part of form **GN-3100**.
 - Temporary (if needed) and Permanent Guardianship Petitions may be drafted on the same petition. Contact your Corporation Counsel for assistance.
2. A court hearing shall be scheduled to occur **within 72 hours** of the initiation of the EPP (excluding holidays and weekends).
 - Contact the court for scheduling when petitions are filed.
 - At this hearing, the EPP and the Temporary Guardianship (if applicable) will be heard.
3. Once a hearing on EPP has been scheduled, the **GN-4020** (Notice of Hearing) should be drafted, filed with the court, and distributed to relevant parties with a copy to the adult-at-risk (and attorney of adult-at-risk) as soon as possible.
4. If Temporary Guardianship Petition is filed, the petition should be heard at EPP hearing with **GN-3110** (Notice of Hearing) drafted for the temporary guardianship hearing, filed with the court, and distributed to all parties.

Court Preparation

1. Ensure copy of court filings are provided to all interested parties as soon as possible.
2. County of responsibility may have the adult-at-risk evaluated by a medical doctor or psychologist **prior to the hearing**.
 - The medical doctor or psychologist shall utilize form **GN-3130** to document a completed medical evaluation by the receiving facility.
 - A copy of such report shall be provided to Social/Human Services Agency **within 24 hours** of the probable cause hearing.
 - File this report with the court and provide copy to Corporation Counsel as well as GAL and adult-at-risk's attorney.
 - Evaluating doctor must be available for testimony.
3. The facility will have a Psychiatric Mental Health Nurse Practitioner available for testimony at the probable cause hearing that can testify to the need for a temporary guardian, pursuant to Wis. Stat. § 54.50, and emergency protective placement, pursuant to Wis. Stat. § 55.135.
4. Collaborate with your Corporation Counsel to ensure medical professional or other individuals familiar with the adult-at-risk are available for testimony.
 - APS Worker shall make efforts to obtain witnesses' telephone numbers for testimony.
5. APS Worker shall make arrangements for the adult-at-risk to appear at the hearing (i.e. coordinate transportation with service provider or family member; arrange for video/telephonic appearance, etc). ****It is essential that the APS Worker make arrangements for the adult-at-risk to attend the hearing.**

Probable Cause (PC) Hearing

1. For EPP:
 - Need **GN-4030** (Temporary Protective Placement Order) completed.
2. For Temporary Guardianship (if applicable):
 - Need **GN-3250** (Temporary Guardianship Order) completed.
 - Need **GN-3260** and **GN-3265** (Temporary Guardianship Letters of Person and/or Estate) completed.
 - Need **GN-3230** (Temporary Guardianship Consent to Serve) completed by guardian.
3. All orders are preferred to be completed at the time of hearing.

Scheduling Future Hearings

1. **IF EPP IS ORDERED**, schedule the hearing on the Permanent Guardianship and Protective Placement **within 30 days** of EPP order.
 - EPP orders expire in 30 days and cannot be extended..
2. Use **GN-3110** (Notice of Hearing) to document date and time of hearing and provide copies to interested parties.

55.135(1) – EPP Statute

“If, [upon a credible report to or,] from personal observation of, or a reliable report made by a person who identifies himself or herself to, a sheriff, police officer, fire fighter, guardian, if any, or authorized representative of a county department or an agency with which it contracts under s. 55.02 (2), it appears probable that an individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious physical harm to himself or herself or others as a result of developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacities if not immediately placed, *the individual* [under this paragraph who received the credible report or] *who personally made the observation or to whom the report is made may take into custody and transport the individual to an appropriate medical or protective placement facility*. The person making emergency protective placement shall prepare a statement at the time of detention providing specific factual information concerning the person's observations or reports made to the person and the basis for emergency placement. The statement shall be filed with the director of the facility and with any petition under s. 55.075. At the time of emergency protective placement the individual shall be informed by the director of the facility or the director's designee, orally and in writing, of his or her right to contact an attorney and a member of his or her immediate family and the right to have an attorney provided at public expense, as provided under s. 967.06 and ch. 977, if the individual is a minor or is indigent. The director or designee shall also provide the individual with a copy of the statement by the person making emergency protective placement.”

ATTACHMENT C
GUIDANCE REGARDING INVOLUNTARY ADMINISTRATION OF
PSYCHOTROPIC MEDICATION AS AN EMERGENCY PROTECTIVE SERVICE

SUMMARY

Pursuant to Wis. Stat. § 55.13(1), emergency protective services may be provided for not more than 72 hours when there is reason to believe that, if the emergency protective services are not provided, the individual entitled to the services or others will incur a substantial risk of serious physical harm. Wis. Stat. § 55.14(1) permits the involuntary administration of psychotropic medication as an emergency protective service.

EMERGENCY PROTECTIVE SERVICES UNDER CHAPTER 55

Emergency protective services are a means of intervening in an emergency situation if it is probable that an individual, as a result of an impairment as defined in Chapter 55, is incapable of providing for his or her own care or custody so as to create a substantial risk of physical harm to himself, herself or others if protective intervention is not immediately taken. If there is reason to believe that the individual meets the criteria for protective services under Wis. Stat. § 55.08(2), the county department or agency may file a petition for protective services under Wis. Stat. § 55.075.

Pursuant to Wis. Stat. § 55.01(6r), "Protective services" includes any of the following:

- (a) Outreach.
- (b) Identification of individuals in need of services.
- (c) Counseling and referral for services.
- (d) Coordination of services for individuals.
- (e) Tracking and follow-up.
- (f) Social services.
- (g) Case management.
- (h) Legal counseling or referral.
- (i) Guardianship referral.
- (j) Diagnostic evaluation.
- (k) Any services that, when provided to an individual with developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacity, keep the individual safe from abuse, financial exploitation, neglect, or self-neglect or prevent the individual from experiencing deterioration or from inflicting harm on himself or herself or another person.

FORM GN-4040

Form GN-4040, Petition for Protective Placement/Protective Services, is the document to use to continue emergency protective services after 72 hours and for permanent protective services. This is NOT the petition that would be filed to continue the involuntary administration of psychotropic medication. That is detailed further below. If Form GN-4040 is filed and an order extending temporary protective services is requested, a preliminary hearing shall be held within 72 hours,

excluding Saturdays, Sundays and legal holidays, to establish probable cause that the criteria for protective services are present pursuant to Wis. Stat. § 55.13(2). The county shall provide the individual with written notice and orally inform the individual of the time and place of the preliminary hearing.

A Petition for Guardianship Due to Incompetency, Form GN-3100 (unless the individual is already under guardianship), must be filed in the court along with the Petition for Protective Placement/Protective Services, Form GN-4040.

THE PREMILINARY HEARING

Wis. Stat. § 55.13 states that if the court finds probable cause that the criteria under Wis. Stat. § 55.08(2) are present, the court may order emergency protective services to continue to be provided for up to 60 days pending the hearing on protective services under Wis. Stat. § 55.10. The criteria for protective services pursuant to Wis. Stat. § 55.08(2) is as follows:

- (a) The individual has been determined to be incompetent by a circuit court or is a minor who is alleged to have a developmental disability and on whose behalf a petition for a guardianship has been submitted.
- (b) As a result of developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, the individual will incur a substantial risk of physical harm or deterioration or will present a substantial risk of physical harm to others if protective services are not provided.

The only state form to utilize for an Order on Temporary Protective Services under Wis. Stat. § 55.13 is Form GN-4030, Order on Temporary Protective Placement or Protective Services. The order related to the involuntary administration of psychotropic medications as an emergency protective service can either be drafted on a separate form or inserted as #5 under “The Court Orders:” on the second page depending on what your judiciary prefers.

INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION

If an order for involuntary administration of psychotropic medication is requested, a Petition for Involuntary Administration of Psychotropic Medication, Form GN-4170, must be filed with the court. The petition must include a written statement signed by a physician who has personal knowledge of the individual that provides general clinical information regarding the appropriate use of psychotropic medication for the individual's condition and specific data that indicates that the individual's current condition necessitates the use of psychotropic medication. A Physician's Statement – Involuntary Administration of Psychotropic Medication, Form GN-4175, shall be completed by a medical doctor. A hearing on the petition must occur within 30 days of filing. An Order on Petition for Involuntary Administration of Psychotropic Medication (Order for Protective Services), Form GN-4180, shall be utilized to order the involuntary administration of psychotropic medications. Pursuant to Wis. Stat. § 55.14(1)(a), “Involuntary administration of psychotropic medication” means any of the following:

- a. Placing psychotropic medication in an individual's food or drink with knowledge that

the individual protests receipt of the psychotropic medication.

b. Forcibly restraining an individual to enable administration of psychotropic medication.

c. Requiring an individual to take psychotropic medication as a condition of receiving privileges or benefits.

The criteria for involuntary administration of psychotropic medication pursuant to Wis. Stat. § 55.14(3) is as follows:

(a) A physician has prescribed psychotropic medication for the individual.

(b) The individual is not competent to refuse psychotropic medication.

(c) The individual has refused to take the psychotropic medication voluntarily or attempting to administer psychotropic medication to the individual voluntarily is not feasible or is not in the best interests of the individual. If the petition alleges that the individual has refused to take psychotropic medication voluntarily, the petition shall identify the reasons, if known, for the individual's refusal to take psychotropic medication voluntarily. The petition also shall provide evidence showing that a reasonable number of documented attempts to administer psychotropic medication voluntarily using appropriate interventions that could reasonably be expected to increase the individual's willingness to take psychotropic medication voluntarily have been made and have been unsuccessful. If the petition alleges that attempting to administer psychotropic medications to the individual voluntarily is not feasible or is not in the best interests of the individual, the petition shall identify specific reasons supporting that allegation.

(d) The individual's condition for which psychotropic medication has been prescribed is likely to be improved by administration of psychotropic medication and the individual is likely to respond positively to psychotropic medication.

(e) Unless psychotropic medication is administered involuntarily, the individual will incur a substantial probability of physical harm, impairment, injury, or debilitation or will present a substantial probability of physical harm to others. The substantial probability of physical harm, impairment, injury, or debilitation shall be evidenced by one of the following:

1. The individual's history of at least 2 episodes, one of which has occurred within the previous 24 months, that indicate a pattern of overt activity, attempts, threats to act, or omissions that resulted from the individual's failure to participate in treatment, including psychotropic medication, and that resulted in a finding of probable cause for commitment under s. 51.20 (7), a settlement agreement approved by a court under s. 51.20 (8) (bg), or commitment ordered under s. 51.20 (13).

2. Evidence that the individual meets one of the dangerousness criteria set forth in s. 51.20 (1) (a) 2. a. to e.

An individual is “not competent to refuse psychotropic medication” pursuant to Wis. Stat. 55.14(1)(b) if as a result of developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, and after the advantages and disadvantages of and alternatives to accepting the particular psychotropic medication have been explained to an individual, one of the following is true:

1. The individual is incapable of expressing an understanding of the advantages and disadvantages of accepting treatment and the alternatives to accepting treatment.
2. The individual is substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his or her condition in order to make an informed choice as to whether to accept or refuse psychotropic medication.

If the court finds by clear and convincing evidence that the allegations in the petition are true, all other requirements for involuntary administration of psychotropic medication have been met, psychotropic medication is necessary for treating the condition, and all other requirements for ordering protective services have been met, the court may order the involuntary administration of psychotropic medication. An order authorizing the involuntary administration of psychotropic medication is subject to an annual review under Wis. Stats. § 55.19.