



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Supervised Release Program: Case Manager Handbook

P-03190 (05/2024)

Introduction and Welcome

Dear case manager,

This manual outlines procedures and responsibilities for case managers to oversee individuals civilly committed under Wis. Stat. ch. 980 and placed on supervised release in the community.

Community case management starts when the Wisconsin Department of Health Services receives a court order directing the Supervised Release Program to prepare a plan for community placement. Each client in the Supervised Release Program is at the center of a Supervised Release Team coordinated by a case manager.

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

Welcome to the Supervised Release Team. Thank you for all you do to protect and promote the health and well-being of supervised release clients.

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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Abbreviations and Acronyms

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

| | |
|--------------------|---------------------------------------------------------------|
| 51.42 Board | County department that administers human services programs |
| AAG | Assistant attorney general |
| ADA | Assistant district attorney |
| ADL | Activities of daily living |
| ADRC | Aging and disability resource center |
| AFH | Adult family home |
| CBRF | Community-based residential facility |
| CNM | Community notification meeting |
| 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 |
| 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: the action of leaving without lawful permission or authority (Wis. Stat. § 946.42(1)(a)1.e).

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

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

County of residence: 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: 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: 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: 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 service plan: a person-centered document that identifies client goals. The stage of change must be indicated for each goal toward behavior change as well as steps the client and the team are taking to make progress toward the goals. This document is reviewed during community staffings and saved as a client record after each review.

Patient: 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.

Protective factors: 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: 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 their rules of 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: 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.

Sand Ridge Secure Treatment Center: 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: 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: a Microsoft product used by DHS to store, organize, share, and access information from any device.

Staffing: a formal gathering to discuss the progress and challenges of a client. This is also a meeting that occurs when there is an event, incident, or series of incidents with a client that requires a rapid response from the Supervised Release Team. Examples include custody, hospitalization, significant sanctions, or a significant modification to the existing reintegration treatment plan. A staffing may be requested by any member of the Supervised Release Team. All core members of the Supervised Release Team and the supervised release specialist assigned to the case are invited to participate. Additional Supervised Release Team members may be invited depending on the circumstances of the event or incident. The client may not be always invited to a staffing depending on what will be discussed. The case manager will develop and review the individual service plan, update the assessment at each annual staffing, and document the outcome of each staffing in a staffing summary.

Stipulated agreement: 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.

Supervised Release Team: a group of people directly responsible for administering the care and treatment to a client on supervised release. The Supervised Release Team is made up of the SR case manager, SR case manager supervisor, DHS SR specialist, DOC DCC agent, SOT treatment provider, and other appropriate staff.

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 by offering supports including housing, treatment, medication, and employment.

History and process

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

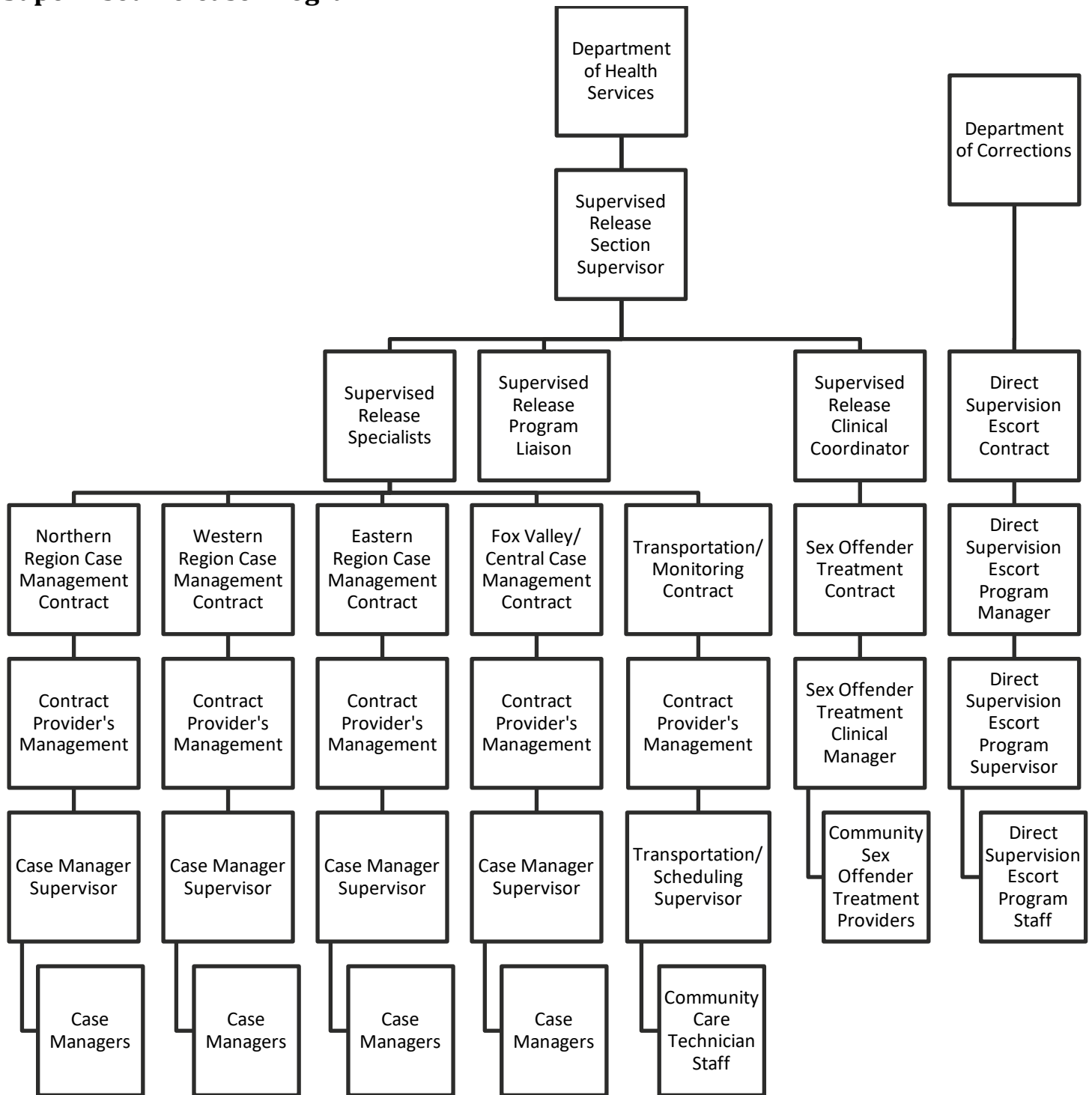
The Supervised Release Program is part of Wisconsin's Sexually Violent Persons Law (Wis. Stat. ch. 980). Since 1994, the state has had the ability to ask a court to order a convicted sex offender to inpatient treatment managed by DHS. This request comes as the sex offender is completing their prison 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 very small percentage of the population of convicted sex offenders in the state.

Individuals committed to treatment at Sand Ridge Secure Treatment Center may petition the committing court for release every 12 months. If the court determines an individual is no longer more likely than not to re-offend, the court may order either supervised release or discharge without community supervision.

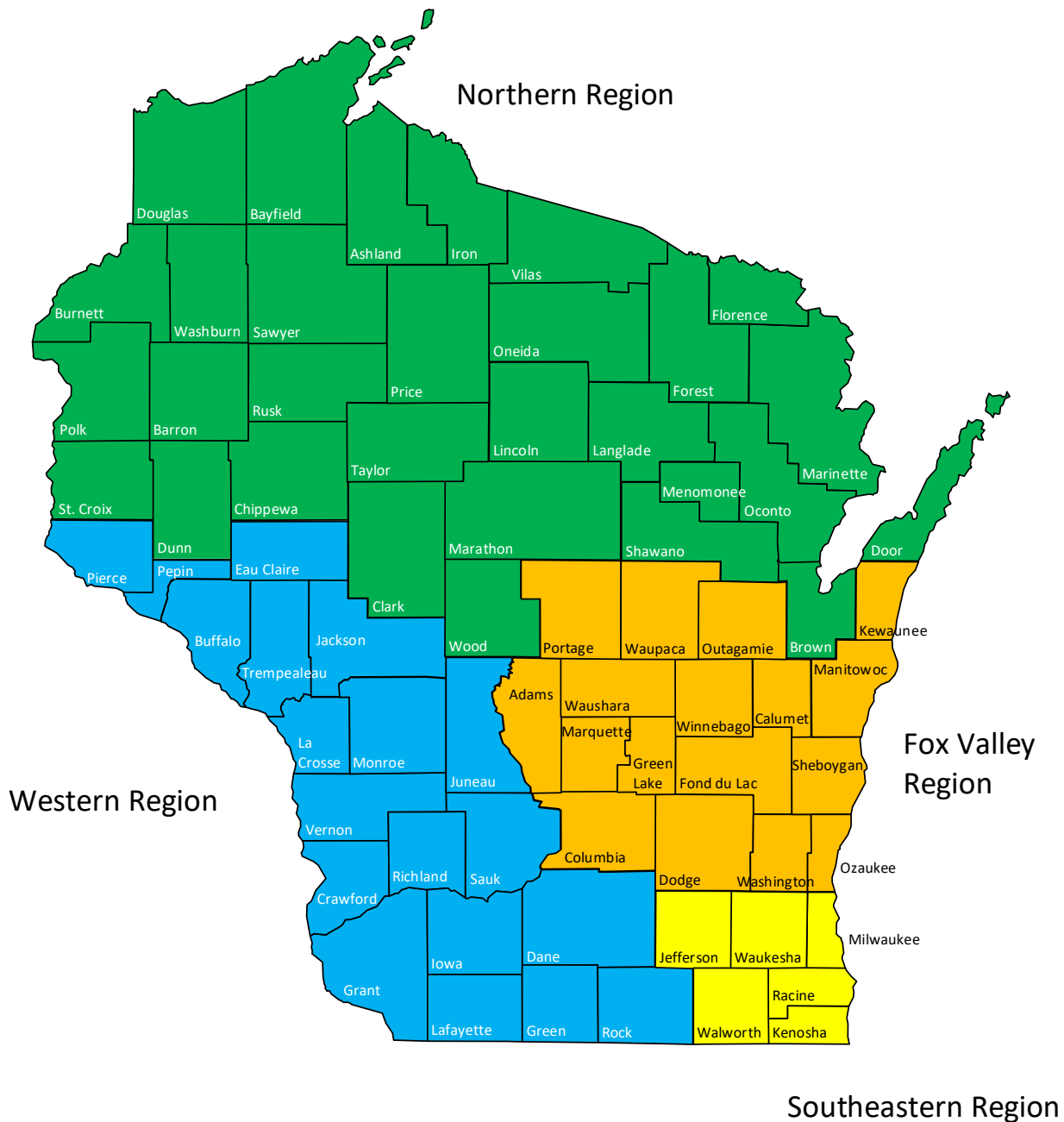
Organizational chart

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.



Northern region counties

| | | |
|----------|-----------|-----------|
| Ashland | Florence | Polk |
| Barron | Forest | Price |
| Bayfield | Iron | Rusk |
| Brown | Langlade | Sawyer |
| Burnett | Lincoln | Shawano |
| Chippewa | Marathon | St. Croix |
| Clark | Marinette | Taylor |
| Door | Menomonee | Vilas |
| Douglas | Oconto | Washburn |
| Dunn | Oneida | Wood |

Western region counties

| | | |
|------------|-----------|-------------|
| Buffalo | Jackson | Richland |
| Crawford | Juneau | Rock |
| Dane | La Crosse | Sauk |
| Eau Claire | Lafayette | Trempealeau |
| Grand | Monroe | Vernon |
| Green | Pepin | |
| Iowa | Pierce | |

Fox Valley region counties

| | | |
|-------------|-----------|------------|
| Adams | Kewaunee | Sheboygan |
| Calumet | Manitowoc | Washington |
| Columbia | Marquette | Waupaca |
| Dodge | Outagamie | Waushara |
| Fond du Lac | Ozaukee | Winnebago |
| Green Lake | Portage | |

Southeastern region counties

| | | |
|-----------|-----------|----------|
| Jefferson | Milwaukee | Walworth |
| Kenosha | Racine | Waukesha |

Part 2: Commitment Process

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

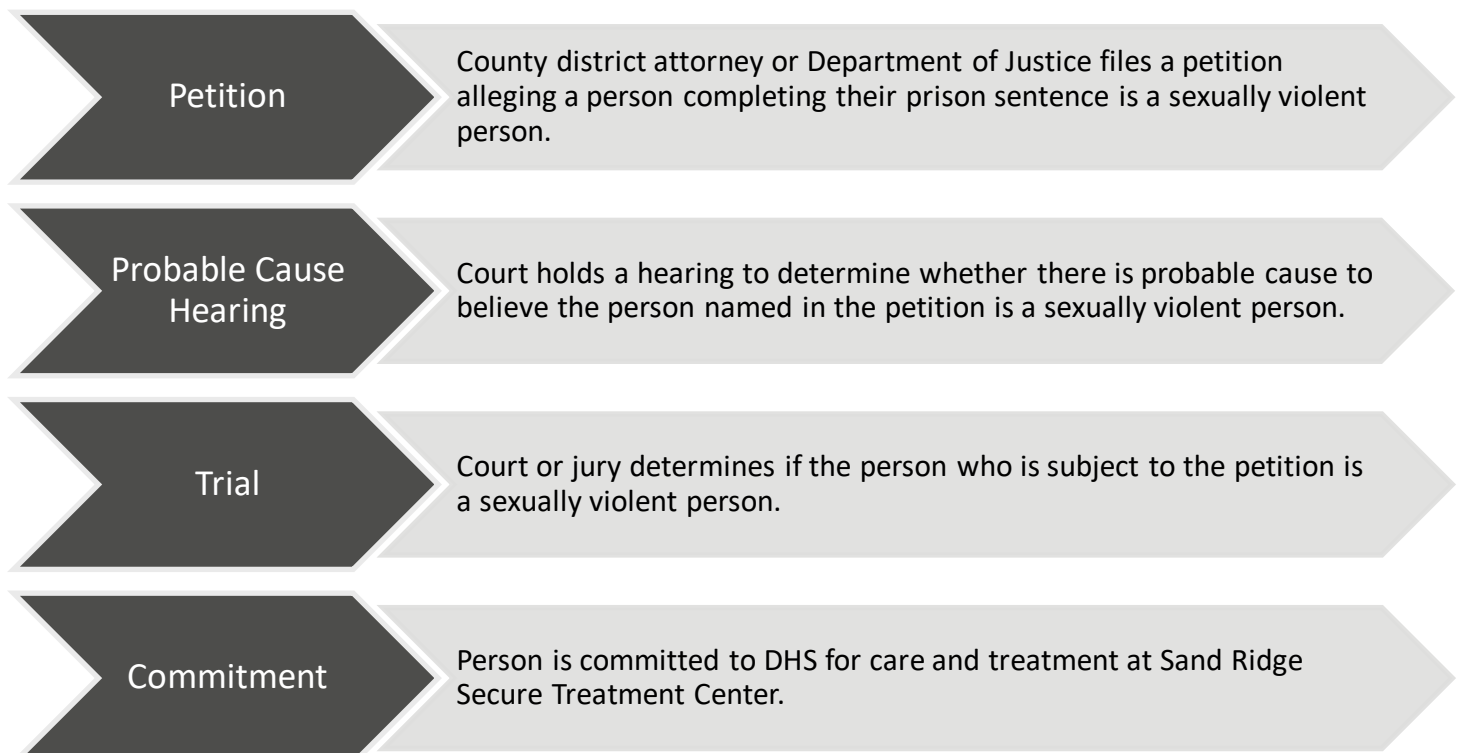
What is Wis. Stat. ch. 980 civil commitment?

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 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 mental disease, defect, or illness, and who lives with a mental illness that makes it likely the person will engage in future acts of sexual violence.

A person committed as a sexually violent person is 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 re-offend in their lifetime.

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

Court process for civil commitment



Sand Ridge Secure Treatment Center

Sand Ridge Secure Treatment Center (SRSTC) is one of two secure treatment centers operated by DHS. Opened in 2001, it houses Wisconsin's Sexually Violent Persons Program. Patients are placed in a treatment track designed to address individual treatment needs to lower the risk of re-offending.

SRSTC 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 re-offending.
- Researching the causes and treatment of sexual violent offenders.

SRSTC 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 Process

This section provides background information about the supervised release 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 SRSTC 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)).

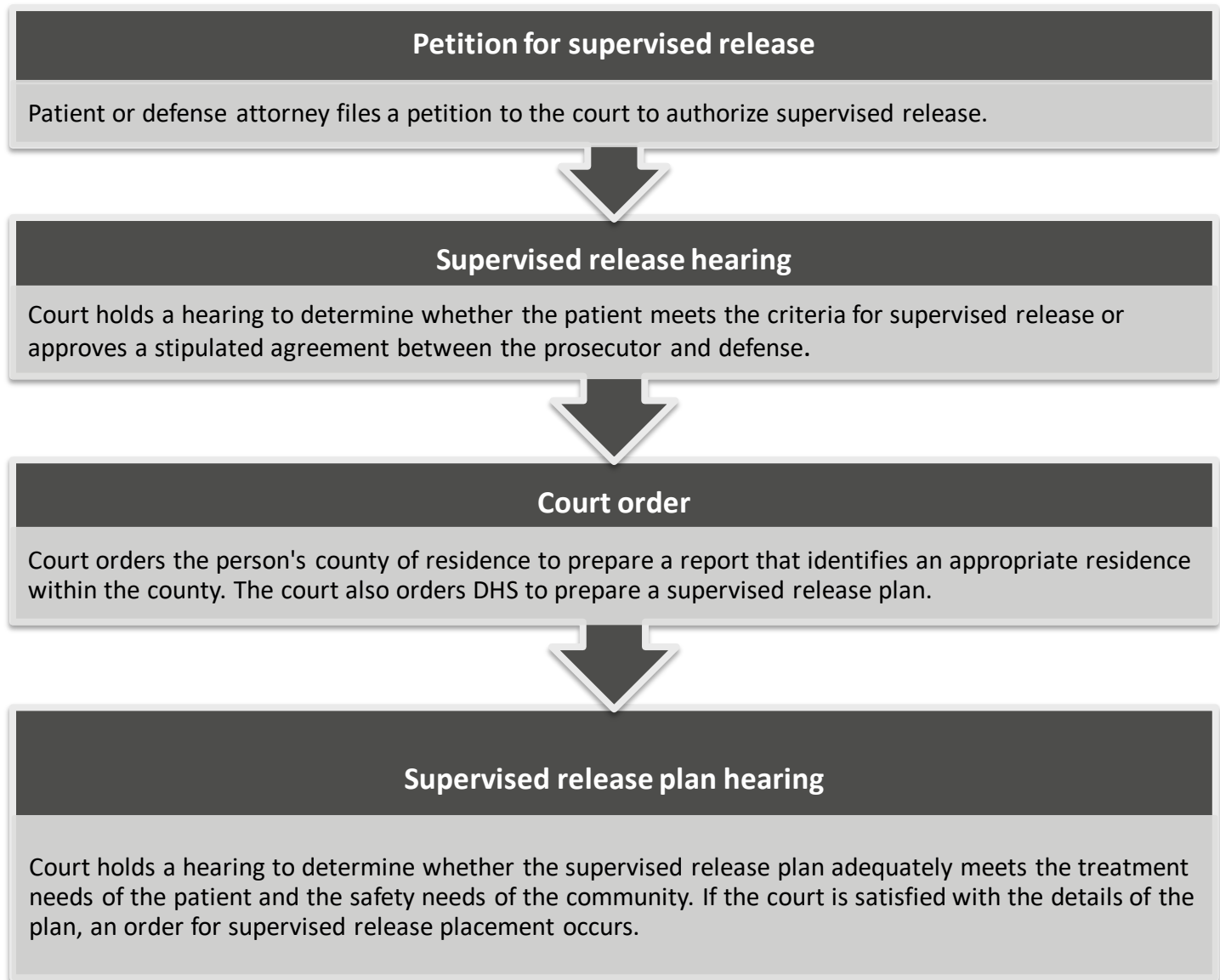
A court may authorize supervised release if the court finds based on reports, trial records, and evidence presented that all of the following criteria are met (Wis. Stat. § 980.08(4)(cg)):

- 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 their conditions or rules of supervised release that are imposed by the court or by the department.
- 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.

If a court determines the individual meets criteria for supervised release or accepts a stipulated agreement for supervised release, the court signs an Order for Supervised Release Plan and Community Placement Report.

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 detailing a housing option for the client. To prepare this report, the county is required to create a temporary committee 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 the housing option identified and that the landlord has committed to enter a lease with DHS for the property.

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

Statutory requirement for all clients placed on supervised release:

980.08(4)(dm)

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

980.08(4)(dm)

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)

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."

Intake

When the court signs the Order for Supervised Release Plan (CR-238), DHS notifies the Supervised Release Team and saves the order in the client's electronic file along with the client's commitment legal documents.

Initial supervised release planning staffing

Within 10 days of receiving notice of the Order for Supervised Release Plan, the case manager will work the DHS supervised release specialist to coordinate a staffing with the SRSTC treatment team and invite the agent and community sex offender treatment provider. The convened parties will review all medical issues, medications (prescription and non-prescription), treatments that are occurring at SRSTC and how these will be managed in the community. The goal of this meeting is to create a comprehensive aftercare plan whereby all medication, psychiatric, and medical issues are addressed and plans for community transition are secured well in advance. An appropriateness for long-term care referral through the ADRC should also be discussed.

TIP: To schedule a meeting with a client at SRSTC, contact the SRSTC records department at DHSDLSRSTCRecords@dhs.wisconsin.gov.

Following the meeting, the case manager will coordinate with the SRSTC social worker to schedule meetings with the client for the completion of the psychosocial assessment. SRSTC evaluations and reports should also be used to inform the supervised release plan. Prior to the conclusion of this staffing, the case manager will coordinate meetings with client to begin intake process activities.

Intake activities

The case manager's first meeting with the client should be to provide the client with information about the Supervised Release Program and written information about their rights as a supervised release client. The case manager will meet with the client and discuss DHS Release of Information, F-82009, for collateral contacts. The case manager should conduct a minimum of monthly check-ins (in person and video conferencing) with pre-release clients at SRSTC to complete the psychosocial assessment and assist the client with completing their initial community calendar/schedule (first month's service schedule) and budget (see Exhibit 5: SR Financial Monthly Worksheet) including cost of living contribution prior to each client's placement in the community.

If the client requires additional assistance while in the community, the case manager, in collaboration with the SRSTC social worker, will communicate with the local ADRC for a long-term care functional screen. Additional assistance includes, but is not limited to, meal planning/preparation, cleaning, hygiene, medication management, or referral to a long-term care facility, community-based residential facility, or adult family home.

Supervised release plan

The supervised release plan is informed by the psychosocial assessment and is prepared by the case manager. It includes the residence identified by the county. 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. The plan is reported to the court in the form of a letter within 30 days of DHS receiving the placement report from the county. Make sure to include the client, their natural supports, treatment providers, sex offender treatment provider, DOC agent and the Wis. Stat. § 51.42 board in the writing of the initial plan. The plan should be specific about services and conditions. Include the following (at minimum) when outlining the supervised release plan:

- Placement name, address, phone number, and contact person
- Case manager, agency name, and phone number
- Medications, including who will monitor them and how they will be monitored
- Prescriber name and affiliation (include appointment dates/times)
- Agency names, locations, and contact persons for treatment services (include appointment dates/times)
- Agent name, phone number, plan for supervision (supervision level, electronic monitoring, substance use monitoring)

Distribute the plan to the:

- Committing court
- Defense attorney
- District attorney
- Wis. Stat. § 51.42 board representative
- DOC agent
- DHS supervised release specialist
- Client
- Guardian (If applicable)

Funding

Funding for the services established in a supervised release plan must be approved by the contracted case management agency. Services required as court ordered conditions of release and established by statute are typically funded by DHS through its assigned contracted case management provider. Services not covered include necessary medical services (examples: blood pressure and diabetes medications, dental services, etc.) unless they are specifically related to supervised release services (examples: blood draws for Clozaril and lithium).

Applications for benefits should be submitted prior to release by the SRSTC social worker upon notification of a petition granted. It often takes 30 to 90 days for processing the applications. If SRSTC staff fails to file these applications, case managers should assist clients with applications within one week of release from SRSTC and assist with appeals if denied.

Clients must contribute to their cost of living according to their ability to pay. Therefore, any income will be used to offset program costs.

Extension request

The statute allows the court to grant one extension up to 30 days. If an extension is necessary to submit a supervised release plan, a request must be submitted to the court 7 to 14 days prior to the 30-day deadline. Inform SRSTC, client, and the Wis. Stat. § 51.42 board representative of the extension request. Extension requests must include the:

- Reason for the extension explaining the delay.
- Dates and outcomes of all referrals.
- Actions that will be taken to ensure that the plan is submitted as soon as possible.
- Length of extension (up to 30 days).

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, made up of the case manager with representatives from local law enforcement, DHS, and DOC, meets to determine what, if any, community notification will take place as a result of the supervised release placement. 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 news release to local media outlets.

- Public flyers — Law enforcement hands out flyers 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 DOC usually speak at these meetings.

Supervised release client placement typically occurs after community notification. DHS, DOC, the case manager, and SRSTC staff determine a placement date.

Part 4: Community Case Management Activities

This section outlines the role of supervised release case managers. Case managers are expected to use evidence-based practices, including motivational interviewing, person-centered planning, and the risk-need-responsivity model.

NOTE: *Case managers must keep personal information on their computers and phones secure to ensure client and program information is protected.*

To-do list: community placement preparation

- Complete the client supervised release psychosocial assessment
- Complete a supervised release plan
- Start an individual service plan
- Ensure set up of housing
- Create a plan for medication management (if required)
- Establish initial appointment dates for services, including primary care physician, psychiatry, medical consultant, substance use treatment intake
- Create a schedule for services, including DOC visits and sex offender treatment appointments
- Work with the client to create a financial worksheet for approved purchases
- Obtain signed release of information forms for community service providers to enhance team communication

Case management responsibilities

The Supervised Release Program uses several plans to manage clients, including the supervised release plan, individual service plan, supervised release treatment plan adjustments, quarterly progress notes, and crisis response plan.

The case manager provides individual case management services and treatment planning that address clinical needs and community risk factors. These services include, but are not limited to:

- Assessment, advocacy, referral, and resources for psychiatric services, medication, medication monitoring, treatment, vocational, employment, money management, meaningful activities, social supports, and physical health.
- Psychosocial rehabilitation to help clients develop the social, emotional, and intellectual skills they need to live independently and successfully in the community with the minimal amount of professional assistance.

The case manager must provide service coordination with all involved treatment/service providers, natural supports, and the DOC agent to ensure a coordinated service plan and response strategy to address issues or concerns that arise during the person's involvement in the Supervised Release Program. The case manager should collaborate with all necessary local, county, tribal nation, and/or regional agencies for the planning and execution of the treatment planning to achieve a coordinated program delivery system in the geographic area covered by the program. The case manager participates in inter-agency and inter-county case management coordination of services identified in the client's supervised release plan using Comprehensive Community Services (CCS), Community Support Programs (CSP) and long-term care services, when applicable. The case manager must alert DHS when a client has been evaluated for participation in these programs.

The case manager ensures access to court-ordered and voluntary mental health services by assuring immediate referral to mental health services in the client's county of residence.

The case manager must ensure that psychotropic medication management and administration will be coordinated through a qualified mental health provider, and in compliance with any applicable court order related to medications.

The case manager must provide advocacy and resource development within the coverage region for treatment and other supportive services; including the development of new resources when needed.

Examples of resource development include:

- Establishing relationships with housing providers to ensure availability of bed space as part of discharge planning.
- Procuring donated items for client residences.
- Establishing relationships with psychiatric and sex offender treatment services.
- Establishing relationships with community businesses and educational institutions to assist clients in obtaining and maintaining competitive employment.

The case manager coordinates housing set up to ensure the client has daily living supplies including food, clothing, bedding, essential furniture, and other necessary household items prior to the client's placement in the community.

Ongoing case manager responsibilities

The case manager must conduct weekly check-ins and a minimum of monthly face-to-face visits with each client in their coverage region.

The case manager assists clients with monthly schedules as needed including schedule development, schedule adherence, and schedule problem solving. Scheduled services include, but are not limited to shopping, employment, treatment appointments (sex offender, mental health, medical, etc.), DOC agent visits, law enforcement face-to-face visits, exercise, and residence maintenance (lawn mowing and snow removal).

The case manager initiates and conducts a staffing within 30 days of placement in the community and held no less than every six months thereafter.

The case manager must save individual service plans in SharePoint within 90 days of placement on supervised release and review no less than every six months.

The case manager must coordinate treatment team staffings which must involve the following members of the community treatment team:

- DHS supervised release specialist
- Case manager
- Case management supervisor
- DOC agent
- Sex offender treatment provider
- Institution staff (as appropriate)
- Wis. Stat. § 51.42 board/department representatives (as applicable)
- Treatment service providers
- Others, as deemed necessary (examples: guardian, spouse, significant other, parent, etc.)

Upon client residence vacancy, the case manager must coordinate removal of all items as well as cleaning of the residence.

Supervised release plan

The case manager must write and provide a supervised release plan for each client and submit the plan to DHS for approval at least 48 hours in advance of sending to the court. Initial supervised release plans should be completed within the statutory and court-ordered time frames in collaboration with the client, DOC, the DHS facility (when applicable), the Wis. Stat. § 51.42 board representative, long-term care services, the client's treatment team, and the client's natural supports, if applicable. The supervised release plan must include a minimum of the following categories and services: residential, psychiatric, case management, vocational and/or structured activities, substance use disorder treatment, sex offender treatment, DOC supervision, and income/cost of living.

The case manager ensures the supervised release plan aligns with court-ordered conditions and any DOC case-specific rules of supervision and treatment goals.

Individual service plan

The case manager must develop an individual service plan with each client. Person-centered individual service plans identify client goals. The stage of change must be indicated for each goal toward behavior change as well as steps the client and the team are taking to make progress toward the goals. Barriers and strengths need to be included as well as progress notes. The case manager should provide individualized treatment planning that addresses clinical needs and community risk factors for this client population.

Areas of service planning

- **Skill building:** Define the type of skills needed for the desired level of independence, social engagement, financial management, self-care, and home care.
- **Psychiatric services** (including medication management): Define the frequency of medical doctor visits, medications, and doses.
- **Medication monitoring:** Define type and frequency (blood draw, external administration, self-administration, documentation used).
- **Vocational/educational development:** Define employment (competitive, supported, sheltered, volunteer), list the number of hours worked per week, money earned per hour, and any other relevant information. Define education and number of hours and/or classes per week.
- **Mental health counseling:** Define the type and frequency of support for stress management, anger management, assertiveness training, substance use, and behavioral counseling.
- **Offense specific interventions:** Define the type and frequency of cognitive restructuring, anger management, and domestic abuse classes.
- **Sex offender treatment:** Define the frequency of sex offender treatment individual and group sessions.
- **Supervision:** Define the frequency of contact.
- **Contributions according to ability to pay:** Define the client's financial status, assets, debts, benefits, application status on benefits, and insurance, etc. and planned contributions to cost of care.
- **Safety planning:** Define a plan that prioritizes coping strategies and sources of support clients can use to address risk factors in the community.
- **State of change:** Define the client's readiness for change and/or progress of change related to a client's goal.

Quarterly progress notes

The case manager must complete and submit quarterly progress notes. Quarterly progress notes are due October 15, January 15, April 15, and July 15 of each year. All quarterly progress notes must outline expectations of the number of contacts expected with the DOC agent; format of contacts (phone, one-to-one, team); frequency of the contacts; frequency of home visits; and frequency, date, and result of urinalyses, etc. They must be coordinated with any DOC case-specific rules of supervision and treatment goals and court-ordered conditions, if applicable. Other information required:

- Current treatment team members with service provided and frequency of contact
- Current diagnoses and medications
- Most recent suicide risk assessment date and score
- Updates on the following:
 - Case management
 - Psychosocial assessment
 - Psychiatric information (symptoms, medication practices, side effects, appointments)
 - Therapy (mental health treatment)
 - Sex offender treatment, including identified risk and needs
 - Substance use, including treatment updates, dates and results of any urinalyses, SCRAM, or other drug testing. If substance use monitoring was needed but not completed by the monitoring agency, this must be indicated in the quarterly progress note with an explanation as to why the monitoring did not occur.
 - Trauma
 - Physical health/medical issues
 - Natural supports
 - Social life and leisure activities
 - Meaningful activities, including spiritual
 - Education
 - Employment
 - Residential/housing
 - Activities of daily living
 - Financial management, including benefit reviews (SSI/SSDI/insurance programs and any other programs that assist in the provision of income or basic needs)
 - DOC supervision/legal concerns
 - Motivational interviewing, including the number of sessions completed this quarter and corresponding target behaviors
 - Wis. Stat. ch. 51/Wis. Stat. ch. 55 issues
 - Any referrals made this quarter and follow up to referrals made the previous quarter (indicate what occurred because of the referral including if referral was accepted and status of client in referred services)

| Plan Type | Date/Activity | Description | Time Frame/Frequency |
|---------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Supervised release plan | Supervised release plan order | Outlines how the client's needs will be met in the community | Submitted within 30 days of receiving the county's report of identified placement |
| Individual service plan | Upon release of the client's community placement | Addresses the individual's clinical needs and community risk factors | Completed within 90 days of the client's community placement |
| Quarterly progress notes | Upon release of the client's community placement | Outlines expectations of the number of contacts expected with DOC agent; format of contacts (phone, one to one, team); frequency of the contacts; frequency of home visits; and frequency, date, and result of urinalyses, etc. | Due October 15, January 15, April 15, and July 15 of each year |

Assessment

The foundation of the individual service plan is a psychosocial assessment. This assessment measures the client's needs in a variety of areas, including physical and mental health, activities of daily living, psychosocial, community supervision and discharge, and legal. This form should be completed during the client's initial staffing by the case manager in collaboration with other team members attending the staffing (social worker, treatment provider, occupational therapist, and vocational therapist). Any additional assessments necessary to meet the client needs should be identified and requested by the case manager. This may include a functional screen and leisure and vocational feedback from the SRSTC occupational therapist.

Supervised Release Team

Development of the individual service plan is a collaborative effort coordinated by the case manager. It starts while the client is at SRSTC waiting for placement and is 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 supports. A DHS supervised release specialist can be consulted regarding any team questions or conflicts.

Releases of information

Case managers obtain the name, address, and contact information for people and professionals and complete releases of information as needed. The releases of information must be saved in SharePoint. If the client's right to sign their own release of information has been removed through a court process (for example, the guardianship process), the case manager should contact the guardian. A case manager must ask a client to sign a release of information for the following entities on an annual basis if they are involved in the client's care and treatment.

- Group home
- Primary care physician
- Local hospital
- Specialty care physicians
- Pharmacy
- Long-term care providers
- Other relevant entities

Clients have the right to refuse to sign a release of information. If the client chooses not to sign a release of information, the case manager must track the date asked and declined. A client's refusal to sign this form may be considered a rule violation and must be reported to the 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.

NOTE: *Agents, contracted case managers, sex offender treatment providers, SRSTC 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

Case managers and/or DOC agents must **immediately** call DHS when:

- There is a change in case manager or DOC agent.
- A client elopes or absconds.
- A client attempts suicide.
- A client threatens harm to self or others.
- There are concerns related a client's assaultive/dangerous conduct.
- A client is placed in a community hospital (include the date and reason).
- A client is placed on emergency detention (include the date and reason).
- A client's behavior may generate media attention.
- There has been media attention on a client.
- A client faces new criminal charges or new criminal convictions.
- A client is placed in custody (include the date and reason).
- A client experiences a medical emergency.
- A client has had unapproved contact with a victim.
- A client notifies the Supervised Release Team of plans to petition for discharge from Wis. Stat. ch. 980 commitment.
- A client dies.

Client records

The case manager must maintain all client record information in the SharePoint file for the client and send updated client record documents to Supervised Release Team members. Service agreements must be made available in the "Financial" folder of each SharePoint file. Case notes, plans, summaries, and financial documents must be completed, updated in the SharePoint file, and submitted to others as requested within 48 hours of client contact or collateral contact. The case manager must provide documentation of staffing discussions and outcomes within 24 hours of staffing and upon request to the treatment team. The case manager conducts collateral contacts with all treatment team members and the client's natural supports. Collateral contacts must be documented in client case notes within 48 hours of contact.

All records/files and/or related materials created during the provision of services are the property of the State of Wisconsin. The case management agency must maintain electronic client files and records for 20 years after the client is discharged from commitment. The files and records may be shredded and discarded after 20 years.

Pre-release communications

Connecting with the client while they are at SRSTC is key for establishing a professional relationship, ensuring continuity of care, and preparing the client for community placement. During visits, case managers complete the psychosocial assessment, prepare the supervised release plan and individual service plan, and assist with answering program-related questions. If there is a need to research answers or seek feedback with other team members, a follow-up visit or phone call should be scheduled.

The details of pre-release visits should be noted in the case manager notes. At a minimum, a case manager should conduct monthly check-ins (in person, via phone, or video conferencing). The first meeting may correlate with the client's initial staffing. At this visit, the case manager gathers information to complete the

psychosocial assessment and begin the preparation of the client's supervised release plan. While at SRSTC, the case manager should continue to meet with the client monthly to develop the individual service plan.

Upon a client's order for supervised release, typically within 30 days of release, the case manager must meet with the client to discuss and develop the client's first month's financial worksheet and schedule, information about the residence, initial grocery shopping expectations, information about their team members, first year restrictions, and other relevant information to reduce the client's anxiety connected to moving into the community.

| Pre-Release Meetings at SRSTC | | |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Contact | Time Frame | Purpose |
| Initial meeting (preferably face-to-face or video conference) | May correlate with client's initial staffing, but must be completed within 30 days of the initial court order for DHS to prepare a supervised release plan | To gather information for the supervised release plan and psychosocial assessment |
| Monthly meeting (face-to-face, video conference, or phone contact) | While client is pending placement | To complete the psychosocial assessment and supervised release plan |
| Pre-placement planning meeting (face-to-face, video conference, or phone contact) | Once the supervised release plan has been approved and prior to community placement | Help answer program questions, transition clients to communicating with case managers, and prepare clients for community placement Prepare first month's financial worksheet, schedule, and initial grocery shopping needs |

Pre-release visits and contact calls: To schedule a meeting with a client at SRSTC contact the SRSTC records department at DHSDLSRSTCRecords@dhs.wisconsin.gov.

Community placement (release day)

A release on or before date is identified on the court order approving the supervised release plan. DHS works with the case manager and DOC agent to set a placement date. Prior to placement, the case manager prepares the house and ensures the necessary community services are set up for home maintenance. Also, a final staffing occurs with the client, Supervised Release Team, and SRSTC staff to discuss any client needs, answer questions, and prepare for community placement. The case manager schedules the client's final staffing. DHS (supervised release program liaison) coordinates with SRSTC for transportation. The case manager coordinates with the DOC agent to ensure the court-ordered rules (supervised release rules and DOC rules, if applicable) get reviewed prior to placement and GPS bracelet installation gets scheduled.

Upon arrival at the community residence, the case manager meets with the client. The case manager discusses the following:

- Residence expectations (examples: certain blinds need to be closed, no access to certain areas of the residence, no removal of any window coverings, etc.)
- Sign in and sign out log
- Signs placed in the residence
- House bulletin board
- Instruction around weather warnings and emergency situations

Case managers also should review the client's property to ensure it meets the Supervised Release Program's policies, rules, and expectations. This includes going through the client's property boxes and specifically looking at certain possessions such as pictures, movies, books, and magazines. This process is usually conducted with the client's assigned DOC agent. Property items found to be in violation of supervise release rules should be confiscated. Contraband items should be reported to the DHS supervised release specialist assigned to the client.

NOTE: Case managers should send an email within 24 hours of a client's placement to update the Supervised Release Team about the placement. The email should include the following:

- Updated phone number for the client
- Any concerns regarding a client's medications, mental health, or property
- Any requests needing review by the team
- Any upcoming essential service appointments

| Community Placement | | | |
|---------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Responsibility | Time Frame | Expectation | Purpose |
| Identify a placement date | Upon the court's approval of the supervised release plan prior to the client's final staffing | Coordinate a date with the supervised release specialist and DOC agent. Date should be before the final court-ordered placement date | Coordinate GPS bracelet installation, prepare client and transportation |
| Residence setup | Prior to community placement | Case manager should refer to their agency's housing prep checklist to ensure all supplies are present for placement Necessary community services are set up | 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 Ensure the residence is safe and meets the needs of the client |

Community Placement

| Responsibility | Time Frame | Expectation | Purpose |
|--------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Prepare first month's calendar and financial worksheet | Prior to community placement | Case manager preferably meets face-to-face or by video conference with the client and prepares their calendar and financial worksheet Case manager discusses program expectations around scheduling services, activity requests, financial requests, and overall supervision/guidelines (supervised release rules, policies, paperwork, etc.) | Helps build client/case manager relationships and ensures communication around program expectations |
| Final staffing at SRSTC | Prior to community placement | Case manager preferably attends in person or by video conference and leads the staffing | Helps build client/case manager relationships and provides continuity of care between the institution and community |
| Plans and preparation for groceries upon placement | The day of placement into the community | Case manager provides enough groceries for the client to sustain 48 hours or ensures the client is scheduled for grocery shopping the day of placement | Ensures the client has necessary food upon placement into the community |

| Community Placement | | | |
|---------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Responsibility | Time Frame | Expectation | Purpose |
| Face-to-face for placement date | The day of placement into the community | <p>Case manager meets face-to-face with the client the day of placement</p> <p>Discuss the program rules and expectations regarding the residence (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/out logs and signs placed in the residence</p> <p>Discuss the house bulletin board and instruction around weather warnings and emergency situations</p> | <p>Helps build client/case manager relationships</p> <p>Helps reduce anxiety around community transition</p> <p>Ensures the client has access to daily living needs (examples: food, clothing, bedding, medications, etc.)</p> <p>Ensures the client understands program rules and expectations regarding the residence and house safety</p> |
| Property review | The day of placement into the community | <p>Case manager meets the client face-to-face the date of placement at the client's community residence</p> <p>The case manager, with the help of the DOC agent, goes through the client's property boxes and specifically looks at pictures, movies, books, and magazines</p> <p>Any contraband items or items in need of further review should be confiscated by the agent and communicated to the supervised release specialist</p> | Ensures the client's property falls within the program's policies, guidelines, and rules |

Emergency situations/crisis response

Case manager safety is a priority. In situations where a case manager does not feel safe (examples: client is making sexual comments or advancements, client is exhibiting violent behavior, client is threatening violence), leave the situation immediately, find a safe place, and call for help. In emergency situations, case managers should call 911 to initiate emergency responders. Once emergency responders arrive on scene, the case manager should notify their supervisor. As soon as possible, the case manager or their agency supervisor should contact the DHS supervised release specialist or DHS on-call after hours and weekends (including holidays). The case manager must document the incident in an incident report and cooperate with any law enforcement or custody investigation.

Medical emergencies should also be handled in a similar way. If the case manager feels safe in the area where the medical emergency is taking place, call 911 to initiate emergency responders. In situations where a case manager does not feel safe, leave the situation immediately, find a safe place, and call for help. Once emergency responders arrive on scene, the case manager should notify their supervisor. As soon as possible, the case manager or their agency supervisor should contact the DHS supervised release specialist or DHS on-call after hours and weekends (including holidays). The case manager may be asked to document the incident in an incident report and cooperate with any law enforcement or custody investigation (when applicable).

Crisis situations include clients exhibiting behaviors or making statements indicative of urgent or emergent suicidality. In these cases, the case manager needs to assess the situation and take the necessary steps to mitigate such risk, including, but not limited to, contacting the 988 Suicide & Crisis Lifeline, law enforcement, or the client's psychiatrist and/or therapist. As soon as possible, the case manager should contact their supervisor and report the incident. Upon reporting the incident to their supervisor, the case manager (or agency supervisor) should contact the DHS supervised release specialist or DHS on-call after hours and weekends (including holidays). The case manager must document the incident in an incident report and cooperate with any law enforcement or custody investigation (when applicable).

In non-emergency situations, the case manager should contact their agency supervisor to report the situation. As soon as possible, the case manager or their agency supervisor should contact the DHS supervised release specialist or DHS on-call after hours and weekends (including holidays).

NOTE: *In any of the situations listed above, the case manager must send an email to the Community Reintegration Team and DHS supervised release agency liaison within 24 hours of the incident to notify team members of the situation.*

Crisis response plan

The case manager must provide written crisis response plans for each client. Plans must be saved in both the client file and on-site. The plan must include crisis response for regular working hours and after hours.

At a minimum, the following information must be identified:

- DOC agent and supervisor name and phone number
- Local law enforcement phone numbers
- Provider name and phone number, including emergency contact information
- Specific plan for handling emergency situations, including specifics about whom to contact and where the client is to be taken if emergency physical health and/or inpatient psychiatric hospitalization is required
- Operation and documentation of crisis communications

Crisis response plans must be reviewed and updated by the case manager annually at minimum and as appropriate.

In advance of a client being placed on supervised release, the crisis response plan should be distributed to:

- Local law enforcement agencies (police department and sheriff's department) in the area where the client will be residing.
- Crisis agency in the county where the client will be residing.

The case manager must administer a suicide risk assessment at initial intake, quarterly, and when a client experiences a crisis, significant loss, custody placement, or when the need for an assessment is determined.

Home visits

Home visits are an important component of the case manager role. They are natural ways to help build client/case manager rapport and provide perspective on how the client interacts within their home environment. Home visits also help the case manager assess the client's needs (examples: purchase requests, activity requests, medical concerns, and house maintenance concerns) and program compliance (supervised release rules, policies, and house maintenance concerns).

Home visits should be scheduled in advance with the client. On occasion, the case manager may consider an unscheduled home visit. The details of the home visit should be noted in the client's case notes within 48 hours. At a minimum, a case manager should conduct a home visit once per month depending on the needs of the client. Generally, home visit discussions should focus on the case management plan, financials, and reintegration needs, including whether there is an adequate supply of food and medications, and the residence is in order.

Things to be mindful of during a client home visit

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

Case managers should document client contacts. These notes should include the following information: date, type (home visit or phone), and a summary of discussion. Chronological notes should also document key events such as house vandalism or maintenance problems, violations of rules, custodies, hospital visits, and media attention. These notes should be kept by the case manager and filed on SharePoint. Case managers

must inform DHS supervised release specialists about rule violations, client contraband items, and any concerns about the residence.

Phone contacts

Case managers must maintain routine phone contact with all clients on their caseload. The details of the phone contact should be noted in the client's case notes within 48 hours. The frequency of the phone contacts is determined by the needs of the client. At minimum, a case manager should have weekly phone contact with a client. The purpose of the telephone contact depends on the needs of the client. Generally, phone contacts should focus on the individual service plan, financials, and reintegration needs.

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 DOC agent and sex offender treatment provider. The frequency of this contact is determined by the needs of the client. At a minimum, a case manager should have phone or in-person contact with the assigned DOC agent and sex offender treatment provider once per month. Other collateral contacts are important and should be included on a case-by-case basis. These include, but are not limited to, parents, siblings, employer, long-term care agency, and mental health therapist.

| Community Contacts | | | |
|-----------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Contact | Time Frame | Expectation | Purpose |
| Community placement (release day) | As needed | <p>Face-to-face contact</p> <p>Meet the client in their home upon release day, conduct a home walk through with the client, and go through the client's property to ensure it complies with program rules</p> | <p>Helps build client/case manager relationships and reduces client's anxiety</p> <p>Ensures program compliance and educates the client on expectations/procedures</p> |
| Home visits | Minimum of one time per month | <p>Face-to-face contact</p> <p>Focus on the individual service plan, financials, calendar, and reintegration needs</p> | <p>Helps build client/case manager relationships and allows the case manager to see the client in their home environment</p> <p>Helps the case manager assess the client's needs</p> <p>Helps the case manager assess program compliance</p> |
| Telephone contacts | Weekly | <p>Phone contact</p> <p>Focus on the individual service plan, financials, calendar, and reintegration needs</p> | <p>Helps case managers maintain effective communication with clients</p> <p>Helps the case manager assess the client's needs</p> |
| Collateral contacts | Minimum of one time per month with the Supervised Release Team | <p>Face-to-face, phone contact, or email</p> <p>Focus on the client reintegration needs, activity requests, and positive support network</p> | <p>Ensure effective communication with all members of the client's community support network</p> <p>Helps the case manager gather needed information for the individual service plan</p> |

Client staffings

There are usually three types of staffings. The individuals attending may change as needed to provide comprehensive input and information to the team.

- **Pre-release:** These staffings occur while the client is at SRSTC awaiting community placement.
- **Community:** These staffings occur once the client is placed in the community on supervised release.
- **Adjustment to supervision/alternative to revocation:** These staffings can occur while the client is at SRSTC or in the community.

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

The case manager organizes, facilitates, and schedules all community staffings. The case manager works with the contracted transportation scheduler(s) if needed to ensure the client is scheduled to attend the staffing if applicable. Staffings should be scheduled based upon the availability of members of the Supervised Release Team and the client. The case manager should try to accommodate the availability of the Supervised Release Team. The case manager should ensure the individual service plan is the focus of these staffings and review the progress toward goals with the team. The case manager makes edits in the electronic copy. The final version of the individual service plan must be signed by all members of the Supervised Release Team and the client prior to saving it as a record in the client's file.

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

Staffings should be scheduled anytime there are behavioral concerns rising to a level of needed intervention.

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.

| Staffings (SRSTC) | | | | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Staffing Type | Attendees | Time Frame | Expectations | Purpose |
| Initial supervised release staffing | <ul style="list-style-type: none"> • Case manager • Case manager supervisor • Sex offender treatment clinical manager • DOC agent • DHS supervised release specialist | First 30 days of the court ordering DHS to prepare a supervised release plan | <p>Case manager leads the staffing</p> <p>Case manager attends in person or video conference</p> <p>DHS supervised release specialist schedules the staffing</p> | Gather information for the psychosocial assessment and the supervised release plan |
| Final supervised release staffing | <ul style="list-style-type: none"> • Case manager • Case manager supervisor • 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 schedules staffing</p> <p>Case manager attends in person or video conference</p> <p>Case manager leads the staffing</p> | Discuss client's preparation for supervised release, review calendar |
| Staffing | <ul style="list-style-type: none"> • Case manager • Case manager supervisor • 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 schedules staffing</p> <p>Case manager attends in person or video conference</p> <p>Case manager leads the staffing</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 schedules staffing</p> <p>Case manager attends in person or video conference</p> <p>Case manager leads the staffing</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 • Case manager supervisor • Sex offender treatment provider • DOC agent • DHS supervised release specialist | First staffing should be scheduled within 30 days from community placement date | <p>Case manager schedules staffing</p> <p>Case manager attends in person and leads the staffing</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 • Case manager supervisor • Sex offender treatment provider • DOC agent • DHS supervised release specialist (as applicable) | At or near the six-month anniversary date of community placement | <p>Case manager schedules staffing</p> <p>Case manager attends in person and leads the staffing</p> | Review the client's individual service plan and discuss client's adjustments to supervised release |

Community Staffings

| Staffing Type | Attendees | Time Frame | Expectations | Purpose |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual service plan staffings | <ul style="list-style-type: none"> • Case manager • Case manager supervisor • Sex offender treatment provider • DOC agent • DHS supervised release specialist (as applicable) | At or near six months from previous staffing | <p>Case manager schedules staffing</p> <p>Case manager attends in person and leads the staffing</p> | Review the client's individual service plan and discuss client's continued adjustments to supervised release |
| Discharge staffing | <ul style="list-style-type: none"> • Case manager • Case manager supervisor • Sex offender treatment provider • DOC agent | Upon the client petitioning for discharge | <p>Case manager schedules staffing</p> <p>Case manager attends in person and leads the staffing</p> | Review the client's discharge plans and discuss community needs/services |
| General staffing | <ul style="list-style-type: none"> • Case manager • Case manager supervisor • Sex offender treatment provider • DOC agent • DHS supervised release specialist | <p>Anytime there are behavioral or medical concerns that needs to be addressed</p> <p>Staffings must occur within five business days of being notified of any concerns</p> | <p>Case manager schedules staffing</p> <p>Case manager attends in person and leads the staffing</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> |
| Custody staffing | <ul style="list-style-type: none"> • Case manager • Case manager supervisor • Sex offender treatment provider • DOC agent • DHS supervised release specialist | These staffings should be scheduled within 72 hours | <p>Case manager schedules staffing</p> <p>Case manager attends in person and leads the staffing</p> | <p>Review the client's progress in the areas of goals, objectives, and expectations</p> <p>Determine next course of action</p> |

Treatment plan adjustments

There are four types of treatment plan adjustments.

- **Institution alternative to revocation:** This process requires court action. The case manager, in collaboration with the DOC agent, submit supporting documents requesting the court to order the client back to SRSTC for a period of time to engage in treatment plan goals and objectives. Include expectations and time frames in the alternative to revocation documents submitted to the court. On occasion, the prosecuting attorney may stipulate 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. 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:** This process may involve treatment changes and/or adjustments to the client's community supervision and supervised release plan. Documents requesting community alternative to revocation are submitted to the court. Community alternative to revocation requests are written by the case manager, in collaboration with the DOC agent, with input from other Supervised Release Team members, and include treatment changes, supervision adjustments, goals, and objectives. Expectations and time frames are included in the alternative to revocation documents.
- **Community behavioral plan:** This is a formal plan in response to 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 and case manager, in collaboration with other Supervised Release Team members, writes the plan. A behavioral plan is community-based and not submitted to the court unless used to support a revocation process.
- **Sex offender treatment plan adjustment:** This is an informal plan in response to a rule violation, change in status, or concerning behavior. This process is treatment-oriented and written by the sex offender treatment provider with input from the Supervised Release Team. A sex offender treatment plan adjustment is community-based and not submitted to the court unless it used to support a revocation process. The plan may include treatment adjustments and changes of goals and objectives. Time frames are included in the documents. The sex offender treatment provider reviews the time frames with the client.

No formal treatment plan adjustment: If the Supervised Release Team determines no formal treatment plan adjustment is warranted, the case manager, DOC agent, and/or sex offender treatment provider addresses the concerns regarding the client's actions and behaviors in their case planning and treatment plans.

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).

Prior to placement, a schedule of activities is submitted by the case manager to the assigned DOC agent. When preparing the initial schedule, the case manager should get the weekly appointment schedule from the assigned DOC agent and sex offender treatment provider. The DOC agent must enter this schedule into the client's GPS system 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 should 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 should be limited to one time per month unless it is the only grocery store available to the client.
- Post office — The client likely needs to cancel any mail forwarding to SRSTC and establish mail forwarding to their new address.
- Financial institution (bank or credit union)
- Weekly DOC visits — Home visits also should be scheduled on the client's schedule unless the DOC agent is completing an unscheduled visit.
- Weekly sex offender treatment appointment

Upon placement, the case manager and client should create their monthly and upcoming monthly calendar. The client should submit the calendar to their assigned DOC agent for the upcoming month by the 10th day of the month prior. The agent should review the locations, check GPS times, and share the calendar with the case manager within two business days but no later than the 14th of the month. The case manager should review the calendar and ensure the calendar includes any medical appointments; approved spiritual activities; exercise time; yardwork time; grocery shopping; monthly supply shopping; sex offender treatment appointments; agent visits; face-to-face visits, if any are approved; and anything else the client may have received approval for in the upcoming month. The calendar should be emailed to SR_scheduling@correctoinalservices.org within two business days but no later than the end of the day on the 17th of the month. After the calendars are submitted to Attic Correctional Services on the seventeenth, any changes moving forward by any agency will need a schedule change form. Attic Correctional Services sends final calendars to the Supervised Release Team by the 25th of the month.

Case managers are responsible for reviewing each calendar to ensure the services all within statutory requirements and 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 substance use treatment), agent visits, residence maintenance, or for caring for the person's basic living needs. Case managers 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. The transportation and monitoring service's agency should return final calendars to the assigned DOC agent no later than the 25th of each month. This allows enough time for the agent to enter the necessary GPS schedules. An updated calendar should be finalized on SharePoint within 30 days of the completed month by the contracted agency. This provides DHS an accurate calendar of services used to audit contractor invoices and services provided.

DOC agents are responsible for entering and modifying the GPS schedule on an ongoing basis, though it is the responsibility of the case manager to ensure that the final schedules are accurate and comply with program rules. Any changes that need to be made should be brought to the assigned DOC agent's attention in a timely fashion.

Changes to schedules may occur for essential services. Essential services include treatment, supervision, emergency medical, and employment. DHS or 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.

Employment, school, volunteering, and religious activities

Participation in employment, school, or volunteering is a protective factor against sexual re-offending.

Supervised release clients can have a tremendous amount of down time that can affect their success in the program and their physical and mental health.

Employment: Supervised release clients who are capable of employment should be encouraged to seek out employment. The factors the Supervised Release Team must consider before approving employment include:

- Cost to transport and possibly monitor the client compared to the client's income.
- Worksite location should be no farther than 45 minutes one way from the client's residence.
- Client's status on supervised release — clients within their first year should be limited to part-time employment (20–25 hours per week).
- The point in which the client is at in their first year of placement.
- Client's potential of discharging within a year.
- Client's offending pattern and victim profile.
- Work being performed.
- Client's physical abilities.
- Reputation of the employer.
- Location of the employer.
- Public's access to the employer.
- Type of business.
- Client's access to potential victims and contraband.
- Requirements of the job, such as having to drive a vehicle or work equipment.
- Level of supervision by employer.
- Client's wage and frequency of being paid.
- Work hours, schedule adjustments, and whether overtime is required.
- 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 Supervised Release 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. They already have a monitor scheduled, so they don't need to worry whether they can do an interview. This decreases the anxiety and concern associated with a job interview.

Once a client has been offered a position, their DOC agent must provide the employer a full disclosure of the client's supervised release status and verify and approve the position and job site, along with input from the rest of the Supervised Release Team. The supervised release specialist must be included in the approval process for employment. This must occur before the client can accept the position and start work. Once

approved, the agent should have contact (phone or email) with the employer periodically to ensure no concerns have surfaced.

School: There are several factors the Supervised Release Team must consider before approving schooling. These include:

- Cost to transport and monitor the client compared to the client's income (client may have 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.
- Client's potential of discharging within a year.
- Client's offending pattern and victim profile.
- Classes being taken.
- Client's physical abilities.
- Reputation of the school.
- Location of the school.
- Campus security and policies that may pertain to a client.
- Type of school.
- Client's access to potential victims and contraband.
- Ability of the courses to help the client gain employment.
- 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 must contact the school to discuss the client's supervised release status and the need for a safety plan. This conversation usually occurs with the school's security team. The Supervised Release Team makes the final determination regarding a client's school attendance. 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 Supervised Release Team must determine whether a contracted monitor is needed during this activity.

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 Supervised Release Team must consider before approving a volunteer activity include:

- Cost to transport and monitor the client.
- The point in which the client is at in their first year of placement.
- Client's potential of discharging within a year.
- Client's offending pattern and victim profile.
- Work being performed.
- Client's physical abilities.
- Reputation of the volunteer site.
- Location of the volunteer site.
- Public's access to the volunteer site.
- Type of volunteer site.
- Client's access to potential victims and contraband.
- Requirement of the job, such as having to drive a vehicle or work equipment.

- Level of supervision by the volunteer site.
- Work hours and schedule adjustments.
- 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 Supervised Release Team decides a job search is not required. The DOC agent should consult with the volunteer supervisor monthly to ensure that there are 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 groups, congregate/group services, pastoral visits, celebratory meals, and Native American activities, such as pipe ceremonies, culturally spiritual 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 handbook 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, 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 of 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 Supervised Release Team for approval or denial. Any approved religious activities should be documented on a DOC sex offender activity request form. Safety plans should be considered as part of the approval process.

NOTE: *If approved, the client must follow the DHS scheduling guidelines for religious activities.*

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 Supervised Release 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.

Funeral activities or death bed visitations should be denied if there is a likelihood a client's victim(s) will be present at the activity. In these situations, the DOC agent (with Supervised Release 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 recommend cessation of the activity at any time there is cause for 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 Supervised Release Team |
| Client case consultation | <ul style="list-style-type: none"> • Case manager • Sex offender treatment provider • DOC agent • DHS supervised release specialist | 4 to 6 weeks after the activity has started | Consult on how the Supervised Release 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 Supervised Release 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: <i>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.</i></p> |
| "Black Friday"/Day After Thanksgiving | Clients should not be scheduled to shop on the Friday after Thanksgiving. |
| Holidays Other: <ul style="list-style-type: none"> • Christmas Eve • Christmas Day • Memorial Day • Fourth of July • Labor Day | Client schedules are restricted to essential services only on these holidays. Pre-approved Christmas religious services may be permitted. |

Supervision changes, chaperoned transports, and self-transport

While clients are on supervised release, it is expected their supervision will change as they progress in the program. This is part of the community reintegration process. The Supervised Release Team wants 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 approved by DHS. As a result, a client's supervision within their first year is restricted and cannot be altered due to state statute. It is within a client's second year and beyond when the Supervised Release Team may begin to make adjustments to 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. These exceptions include:

- Client having communication with their attorney.
- Client having communication with their spiritual counselor.
- Client having communication with a physician or other medical provider.

- Client participating in a medical examination, health care emergencies including emergency transport, or other health care procedures.
- Client participating in sex offender treatment, mental health treatment, or related testing.
- Client participating in polygraph examinations and polygraph interview.
- Client placement inside a secure facility such as jail or SRSTC.
- Client use of a restroom facilities.

The committing court may authorize other exceptions not listed here.

A client within their first year of supervised release can only be transported to approved activities by a DOC-contracted direct supervision escort, DOC agent, case manager, or DHS personnel.

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

DHS supports a step-down approach to assess a client with reduced supervision levels to ensure community safety. The Supervised Release Team should allow enough time between steps for an assessment to occur. Tools used to assess a client's adherence to rules may include reviewing contracted monitor service reports, GPS points, use of polygraph testing, and ongoing consultation.

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

- Level one — direct supervision
- 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 Supervised Release 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, the Community Reintegration Team may adjust a client's supervision back to level one to ensure community safety. A quarterly progress note, treatment plan adjustment, or alternative to revocation (community-based) must document the necessary adjustment to supervision.

As a client's behavior improves, adjustments back to their original supervision level should occur. These adjustments must also be outlined in the quarterly progress note, treatment plan adjustment, or alternative to revocation (community based) and agreed upon by the Supervised Release Team.

Chaperone transports: Chaperone transports may be approved by the Supervised Release Team when a client has earned the privilege through the reduction in their supervision levels. The DOC agent must approve the chaperone by using the Contact Request Form and DOC chaperone agreement. Chaperones need to 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 Supervised Release Team or rules.

Clients approved chaperone transports should be at a level three supervision for services or higher. 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 Supervised Release Team should 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 should 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 is not allowed to self-transport unless they are at level four supervision for services. The Supervised Release Team should consider regular polygraph testing to ensure rule compliance. Self-transporting should be limited at first to employment transports. The Supervised Release Team can add additional self-transport to a client's calendar as a privilege for following program rules and expectations around self-transporting.

Safety plans should be used when approving a client to self-transport. These plans also should 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 on a monthly calendar and provide the calendar to their assigned DOC agent for review. The Supervised Release Team should 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 should 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.

Government benefits and short-term and long-term care services

Case managers should familiarize themselves with federal and state benefit options to assist clients when they are placed in the community. Clients should be assessed prior to community placement to determine if they meet criteria for federal and/or state benefits. Case managers should continuously assess their client's needs in the community and assist clients with the enrollment process for federal and state benefits when appropriate.

Short-term and long-term care involves services designed to meet the client's health and personal care needs. These services help people live safely on their own when they can no longer perform the essential daily tasks of independent living.

Short-term care

Short-term care may include assistance with activities of daily living such as bathing, dressing, grooming, toileting, eating, or moving around. These needs may result from medical issues or an injury. In cases where there is a planned medical procedure, case managers should work with the client and medical providers, if applicable, on any short-term care needs during recovery. Case managers should work with clients to determine what care coverage is offered through their current insurance provider. Clients without coverage may need to seek alternative insurance coverage for short-term care needs or request an adjustment to their cost of care to pay for short-term care services. Short-term care services should be set up prior to the medical procedure to ensure continuity of care upon returning home. In situations where short-term care is needed due to an emergency medical condition or injury, case managers should work with medical providers to identify the client's care needs and secure a service provider for the short-term care needs.

Long-term care

Like short-term care, long-term care typically includes assistance with activities of daily living. Long-term care may also include services such as making meals, adult day care, and transportation services. Clients in need of long-term care often have a serious, ongoing health condition or disability. The need for long-term care can arise suddenly. Most often it develops gradually as people get older and frailer or as an illness or disability worsens.

Case managers should consult the local ADRC to address the long-term care needs of clients, including:

- In-home personal care and nursing
- Housing options
- Housekeeping and chore services
- Home modifications
- Adaptive equipment
- Transportation
- Health, nutrition, and home-delivered meal programs
- Medicare, Medicaid, and Social Security
- Caregiver supports and respite

Clients in need of long-term care should be referred for a functional screen to the ADRC in their county of residence. This referral may occur while the client is at SRSTC or in the community.

Changes to a client's care needs must be communicated to DHS. If a client has been evaluated and requires a change in residence because long-term care services cannot be adequately provided in their current residence, the case manager must inform the assigned supervised release specialist. A client may not be moved to a new residence without court approval.

In situations where long-term care is needed due to an emergency medical condition or injury, case managers should work with medical providers to identify the client's care needs for planning purposes and make the necessary referral to the ADRC.

Medical services

Medical services and non-psychotropic medications are not covered by DHS. Prior to placement, clients must apply for Medicaid benefits, which cover certain medical and medication expenses. Clients may pay for medical services out of pocket or identify and work with a medical provider to obtain free or reduced-cost care. When a medical service is related to a client's criminogenic needs, the case manager should request DHS to consider covering the cost of the service. Clients may need case manager assistance to sign up for Medicaid or Medicare services.

Psychotropic medications, if not covered by a client's benefits or a client's own ability to pay, may be paid for by the Supervised Release Program. The case manager must coordinate payment with the third-party payment vendor contracted through DHS to make payment.

The case manager should work with clients to help clients develop responsible habits for using the health care system. This may include assistance with understanding the differences between a primary care clinic, an urgent care clinic, and the emergency room and how to get the most benefit from each. Clients may need help understanding how to schedule appointments to comply with Supervised Release Program policies related to transportation and calendars.

Upon release into the community, clients may need assistance to establish relationships with doctors and other medical resources. The case manager should support clients to achieve independence. The case manager should make the establishment of community medical providers and services a priority.

If a client is not following their doctor's orders, misusing medications, or taking medications incorrectly, the case manager must document the incident in the case notes. The case manager also should report the information immediately to DHS. These behaviors could be considered a rule violation and may require the Community Reintegration Team to conduct a case consultation.

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. Clients being housed in alternative housing (adult family home or community-based residential facility) may need assistance in filling out the financial worksheet. In these cases, the case manager should work with the group home manager to ensure the client has the support needed to complete the form.

NOTE: *Case managers must follow the guidelines set forth in the Supervised Release Program Financial Guidelines.*

Case managers must follow up with clients who have not submitted financial paperwork. Clients who do not turn in financial paperwork may receive the following:

- A written warning documenting the violation
- The denial to make purchases other than food and hygiene related items. Any unapproved purchases may be considered a supervised release rule violation.

Further action may result if a client continues to fail to submit financial documents as required by program policy, rules, and their supervised release plan, which may include, but is not limited to:

- Issuance of a violation investigation report
- Adjustments to shopping-related services
- Adjustments to supervision
- Alternative to revocation procedure
- Revocation of supervised release

Case managers are responsible for determining a client's cost of care payment. This payment is based upon a client's ability to pay. One hundred percent of a client's income (wages, benefits, and assets) should be applied to their cost of care. The case manager should track all income sources on the financial tracking worksheet located on SharePoint and include updates on client's wages and income sources. Cost of care includes:

- Rent (up to \$800)
- Utilities
- Home maintenance contracts (lawn mowing, snow removal, septic system cleanout, heating fuel fill up, etc.)

The case manager should prepare a cost of care invoice and mail it to the client with the client's financial worksheet form for the next month. This invoice should include the amount the client must pay for their cost of care. Every client should receive an invoice even if their cost of care responsibility is zero. The client is responsible for submitting their cost of care payment to the contracted agency listed on the invoice. The case manager should work with the contracted agency to monitor cost of care payments.

Clients' cost of care typically falls within four categories.

Fully dependent upon DHS: If a client has no income, the client is considered fully dependent upon DHS for their cost of care. A case manager should approve only essential and necessary items to be purchased. The case manager should request a check from the contracted third-party billing company to be sent to the client to cover the approved purchases. Clients fully dependent upon DHS should only be approved to purchase food items using their FoodShare card. Money from DHS should not be provided for food-related items. If needed, a food pantry may be considered as an additional source of food.

Partial cost of living: Clients receiving income are required to pay towards their cost of living. If a client cannot pay their entire cost of living payment, the client should apply their income to the approved anticipated expenses first. A case manager should approve essential and necessary items to be purchased. Any money remaining should be applied towards the client's cost of living.

Total cost of living: Some clients receive enough income to pay their total cost of living and anticipated monthly expenses. Income exceeding cost of living may be put into a savings account and/or used for other client requests. All purchase requests must be documented on the Supervised Release Financial Worksheet form by the client and approved by the case manager.

Discharge planning cost of living: A client receiving income may be allowed to save in preparation for discharge. This is referred to as targeted savings. Case managers should refer to the Supervised Release Program Financial Guidelines when determining discharge cost of living savings.

A case manager may allow a client to purchase some property items as part of the client's discharge planning process; however, the purchases must be limited to essential needs items in case the client's discharge is not granted by the court. In these cases, a client must have the financial resources to purchase essential needs items while continuing to fully pay their cost of care.

NOTE: *Under state law, DHS cannot pay for client-related medical expenses or medications. The case manager should allow the client to use their income towards medical-related expenses and medication before applying it to cost of care expenses. A client should set up payment plans to pay medical bills exceeding \$500.*

A client's transition into the community may include the purchase of a vehicle to provide independence and self-transport. The Supervised Release Program will not pay for a client's vehicle or any related expenses (maintenance, fuel, and insurance). A client may be permitted to purchase a vehicle and/or pay for vehicle-related expenses provided the vehicle purchase guidelines have been met. A client in their first year of supervised release is not allowed to purchase a vehicle.

NOTE: *See SharePoint for the Supervised Release Program Financial Guidelines and the Supervised Release Targeted Savings Approval Form.*

Client purchases

DOC agents play a role in approving client's requested items for purchase that 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 to the assigned DOC agent and sex offender treatment provider any potential purchase requests that may be questionable or concerning to the client's treatment, community safety, or supervision requirements.

Client financial violations

Case managers are responsible for follow-up on violations associated to financial purchases and paperwork. Case managers are expected to communicate violations associated with financial purchases and paperwork to the assigned DOC agent, treatment provider, and supervised release specialist.

All other client violations fall within the scope of supervision; therefore, DOC agents are responsible for follow-up regarding general rule violations. Case managers should document violations in their case notes. If appropriate, case managers should issue violation reports to clients and make necessary adjustments to shopping services and purchase privileges. Input from the assigned DOC agent and sex offender treatment provider should be considered.

Case managers may also use behavioral agreements/contracts in conjunction with supervision adjustments to prevent or correct concerning behavior and violations with financial purchases and paperwork. 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:

- Assign a contracted monitor to take the client to the bank to obtain bank statements
- Denial to participate in the shopping service activity
- Denial to purchase specific items
- Need to create a corrective action plan to address financial violations

- Reinstating direct supervision requirements (sight, sound, and physical access of a monitor) for shopping services

Client cell phone purchase guidelines

A cell phone is considered a purchase request. Case managers must approve cell phone purchases. Case managers must be familiar with the following purchase requirements for cell phones:

- Cell phone cannot be considered a smartphone.
- Cell phone must be through an approved provider.
- Cell phone service plan must be a talk-only plan — no data plan or texting permitted.

Any client seeking approval to purchase and use a cell phone must review, complete, and sign the Cellular Based Phone Agreement Form (F-02227). Case managers should ensure the information is accurate on the form and the client provides all login information, passwords, and access codes for the phone and service provider accounts. The case manager should save the completed agreement form to the client's file on SharePoint and share copies with the assigned DOC agent.

All cameras on a client's cell phone must be non-functioning. This can be done in any of the following ways:

- Camera lens is blacked out with black permanent marker (case manager and DOC agent should look at the phone on a regular basis to ensure the lens is blacked out)
- Camera lens is broken by the client to ensure it is not functioning properly
- Camera lens is professionally disabled by a cell phone repair company (at the cost of the client)

When a client requests to purchase a cell phone, the case manager should discuss the request with the Community Reintegration Team to determine whether the team believes this purchase is in the client's best interest and is necessary for self-transport, employment, educational, or volunteer activities.

NOTE: *Case managers must follow the Supervised Release Financial Guidelines when approving the purchase of a cell phone and permitting a client to use the cell phone.*

Vehicle purchase guidelines

When a client requests to purchase a vehicle, the case manager should discuss the request with the Community Reintegration Team to determine whether the team believes this purchase is in the client's best interest. The case manager should review the Vehicle Purchase Request Form with the client to ensure the client understands the initial requirements, purchase process, and post-purchase expectations of owning a vehicle and self-transporting. The case manager should submit the completed Vehicle Purchase Request Form to the supervised release specialist for review.

Initial requirements:

- Client must have a valid driver's license before a vehicle can be purchased.
- The Community Reintegration Team approves the client to own and operate a vehicle.
- The client is substantially contributing to their cost of care.
- The client should have a safety plan in place, if required by the Supervised Release Team.
- The client should have a backup transportation plan in place that is approved by the Supervised Release Team. This backup plan should not rely upon the contracted transportation agency.

Purchase process:

- The purchase should be made through a dealership. Purchases through private parties, social media, or marketplaces (example: Craigslist) are not allowed.
- If needed, a client's cost of care may be adjusted to help save towards a vehicle purchase. The assigned supervised release specialist must be consulted and must approve this request.
- Loans generally will not be approved for the purchase of a vehicle. The assigned supervised release specialist must be consulted and must approve a request for a loan.
- The overall cost and budget for the vehicle should be discussed with the supervised release specialist. These costs include, but are not limited to, license and title fees, sales tax, and insurance.
- The supervised release section supervisor must provide written approval for the vehicle purchase.

Post purchase:

- The client is responsible for all vehicle-related expenses (maintenance, repairs, etc.).
- The client will need to request Community Reintegration Team approval for financial expenses and locations related to gas stations, vehicle maintenance, and repairs.

Any requested exceptions to the policy should be brought by the case manager to the DHS supervised release specialist and the DHS supervised release section supervisor.

NOTE: *See SharePoint for the Vehicle Purchase Request Form.*

Housing setup, shutdown, walk-through, and maintenance

Case managers are tasked with multiple roles regarding housing. Each role is an essential part of a client's continuity of care and well-being while on supervised release.

Housing setup

Case managers are responsible for preparing the client's residence. The contracted agency will create a housing setup checklist form that case managers should use as a reference guide. This form should be reviewed and approved by DHS prior to implementation. Setup and preparation include activating utilities (examples: gas, electric, propane/fuel oil, phone service); contracting home maintenance services, if needed (examples: lawn care and snow removal); coordinating basic maintenance; purchasing furniture and other household items; and ensuring that the house is move-in ready. Upon release, clients can participate, if able or in conjunction with supportive living staff, in setting up the home to their liking. The case manager should complete their agency's housing setup checklist form when setting up a residence to ensure it is ready for occupancy. All items purchased for the home by a contracted provider should be billed to DHS through the third-party billing process. No tax should be charged on these purchases if the contracted provider is tax exempt.

Case managers must maintain an inventory of DHS property located in the home. A copy of this list must be saved in the client's file on SharePoint. Case managers may be requested to place a property tag on DHS property and keep an inventory list.

NOTE: *The case management agency is responsible for ensuring utility bills and services are paid and all heating tanks are filled, if necessary.*

Housing shutdown

When someone is revoked, returned to SRSTC on an alternative to revocation, or discharged, case managers are responsible for coordinating any changes to the residence. This includes, but is not limited to, removing food and trash, coordinating the removal of personal property, and ensuring the cleanliness of the home. In cases where the client is returned to SRSTC, the case manager will work with the supervised release program coordinator to identify which property and medication is allowed to return to SRSTC and coordinate with the client and their designee to ensure the remaining property is removed. The contracted agency will create a DHS-approved housing shutdown checklist that case managers must complete. This form should be stored on SharePoint.

NOTE: *See the Community Status Protocol and Property Retrieval Protocol sections of this manual for more information.*

Housing walk-through

Walk-throughs should be conducted when a case manager completes a home visit. The purpose behind walk-throughs is to look for items in plain sight that would be considered a supervised release rule violation and assess the living conditions (examples: maintenance concerns and housekeeping cleanliness) according to Supervised Release Program property policy guidelines. Housing walk-through notes should be documented in the case manager's chronological notes. Any violations or immediate concerns must be reported to the DHS supervised release specialist immediately.

Housing maintenance

Case managers are responsible for communicating with the landlord and/or their maintenance personnel to address issues and concerns that are under the jurisdiction of the landlord. Case managers should contact the DHS supervised release specialist if there are questions about this section or if the landlord does not respond in a timely manner. A case manager must contact and seek approval from DHS for any repairs needed from a contracted service provider.

Housing keys and door locks

House keys must be maintained in an external lockbox which is accessible to contracted staff. This allows staff access to house keys to enter a residence when needed. Case managers are responsible for ensuring a lockbox is available at the client's residence prior to a client's placement into the community. Lockbox codes must be changed on a regular basis, and codes must be maintained in a shared file on SharePoint. Clients may be permitted a copy of the house key if the client has been on supervised release for more than one year AND the client is approved for chaperoned transport services OR the client is self-transporting to and from activity services.

The client is responsible for paying for key copying. The cost may be charged through the client's cost of care invoice.

External door locks (knob locks or deadbolts): Door locks must be changed when a client is by court order discharged from their civil commitment or revoked from supervised release. The landlord must be contacted to get the necessary approval to change the lock. It is the case manager's responsibility to ensure door locks get changed and keys get distributed to contracted staff and the landlord.

Internal doorknob locks: Clients may be permitted to have a doorknob lock on their bedroom door with the permission of the landlord and the following requirements:

- Client must have a roommate.
- Client must keep the room unlocked when present in the residence.
- A key must be kept in the external lockbox to allow contracted staff to access a client's locked room.

NOTE: *The client may be permitted to have a key to their bedroom doorknob lock as long as they follow the requirements listed above.*

Training and development

The case manager should understand Supervised Release Program processes and provide education and assistance to community mental health providers, the court system, and DOC agents through ongoing training and consultation.

Case managers must attend trainings at the direction of DHS. These trainings may include sessions on motivational interviewing, boundaries, technology, and SharePoint protocol.

The case management agency should attend DHS meetings, which occur monthly, but may occur at other times.

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, programming, 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

Case check-ins

Case managers and supervised release specialists should meet monthly to consult about client cases. This meeting allows the case managers to discuss client or team questions and/or concerns and get feedback from the supervised release specialist. These meetings can be hosted in person, through a video conference, or by phone. The case manager should begin each meeting with a short overview of each client and any questions related to that client. It is the case manager's responsibility to provide the client overview discussion and case-related questions or concerns.

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.

Additional case management duties

The case manager will conduct yearly visits to SRSTC or other DHS facilities housing Wis. Stat. ch. 980 clients to offer any client in their coverage region an opportunity to discuss the Supervised Release Program. The case manager must attend various staffings organized by SRSTC or other DHS facilities Wis. Stat. ch. 980 clients to discuss a variety of patient transition concerns (transitioning to/from the DHS facility or to/from the community on supervised release).

Part 5: Custody and Revocation Procedures

This section describes the reasons for placing a client into custody, the case manager'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 should 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 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 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 case manager to submit a Statement of Probable Cause, F-25177, to the court within 72 hours of detention (not including weekend and holidays). If the Supervised Release Team knows that revocation is not being pursued, the case manager should make note of this in a cover letter accompanying the Statement of Probable Cause.

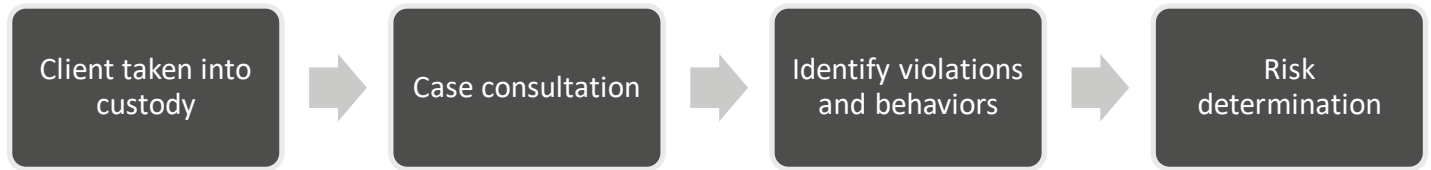
Case managers role with custodies

Staffings

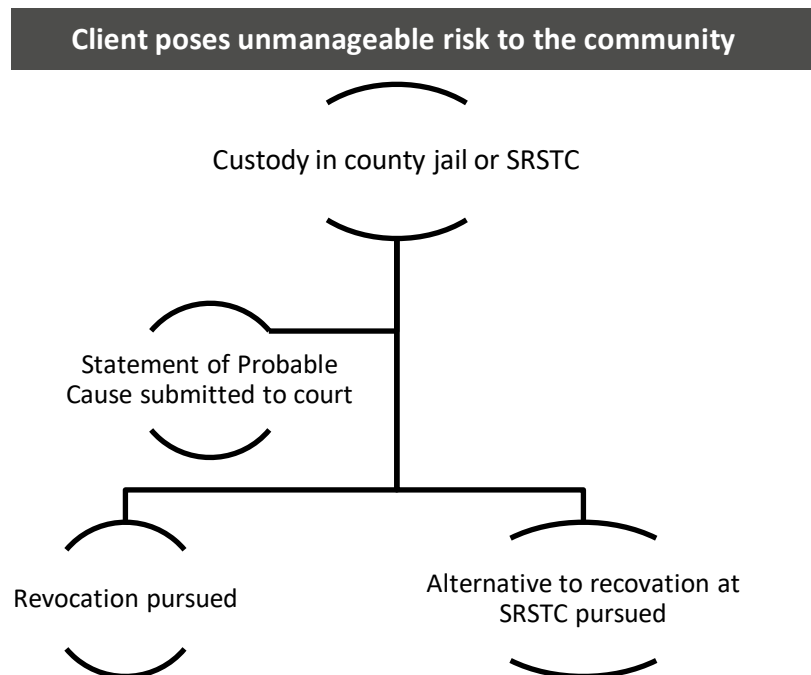
Cases reaching the point of potential custody require the involvement of a DHS supervised release specialist or the DHS supervised release section supervisor. When a client presents behaviors or violations that put their community placement at risk, a case consultation with the Supervised Release Team should occur and include the DHS supervised release specialist, DHS supervised release agency liaison, sex offender treatment clinical manager, DHS supervised release section supervisor, and DOC field supervisor. The group's first and primary responsibility is to work together on the path forward based 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 Supervised Release 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 staffing was not held in advance of the custody, the case manager should hold the staffing as soon as possible or no later than 48 business hours of the custody.

Custody



There are two types of risk determination.



Custody staffing

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

- The case manager should schedule the staffing and send an invite to the necessary partners. Primary partners 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 DHS supervised release psychiatry consultant, if applicable.
- The case manager should lead the staffing and request input from various team members involved in the incident, investigation, or decision leading to custody. Discuss the violations and behaviors leading up to the custody or potential need of custody. In many cases, a DOC agent will take a statement from the client and distribute it to the team prior to the staffing.
- If the client is not already in custody, the team should determine the need for custody or implementation of other security measures to ensure community safety.
- The team should discuss potential custody outcomes and determine the necessary course of action to ensure the safety of the community (including 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 SRSTC, 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 should address the concerns in their case plan or treatment plan.

Custody Outcomes

- **Petition for revocation:** This process requires court action. The case manager and/or the DOC agent should 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 SRSTC 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).
- **Treatment plan adjustments — 4 types:**
 - **Institution alternative to revocation:** This process requires court action. The case manager, in collaboration with the DOC agent, submit supporting documents requesting the court to order the client back to SRSTC for a period of time to engage in treatment plan goals and objectives. Include expectations and time frames in the alternative to revocation documents submitted to the court. On occasion, the prosecuting attorney may stipulate 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. 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:** This process may involve treatment changes and/or adjustments to the client's community supervision and supervised release plan. Documents requesting community alternative to revocation are submitted to the court. Community alternative to revocation requests are written by the case manager, in collaboration with the DOC agent, with input from other Supervised Release Team members, and include treatment changes, supervision adjustments, goals, and objectives. Expectations and time frames are included in the alternative to revocation documents.
 - **Community behavioral plan:** This is a formal plan in response to 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 and case manager, in collaboration with other Supervised Release Team

members, writes the plan. A behavioral plan is community-based and not submitted to the court unless used to support a revocation process.

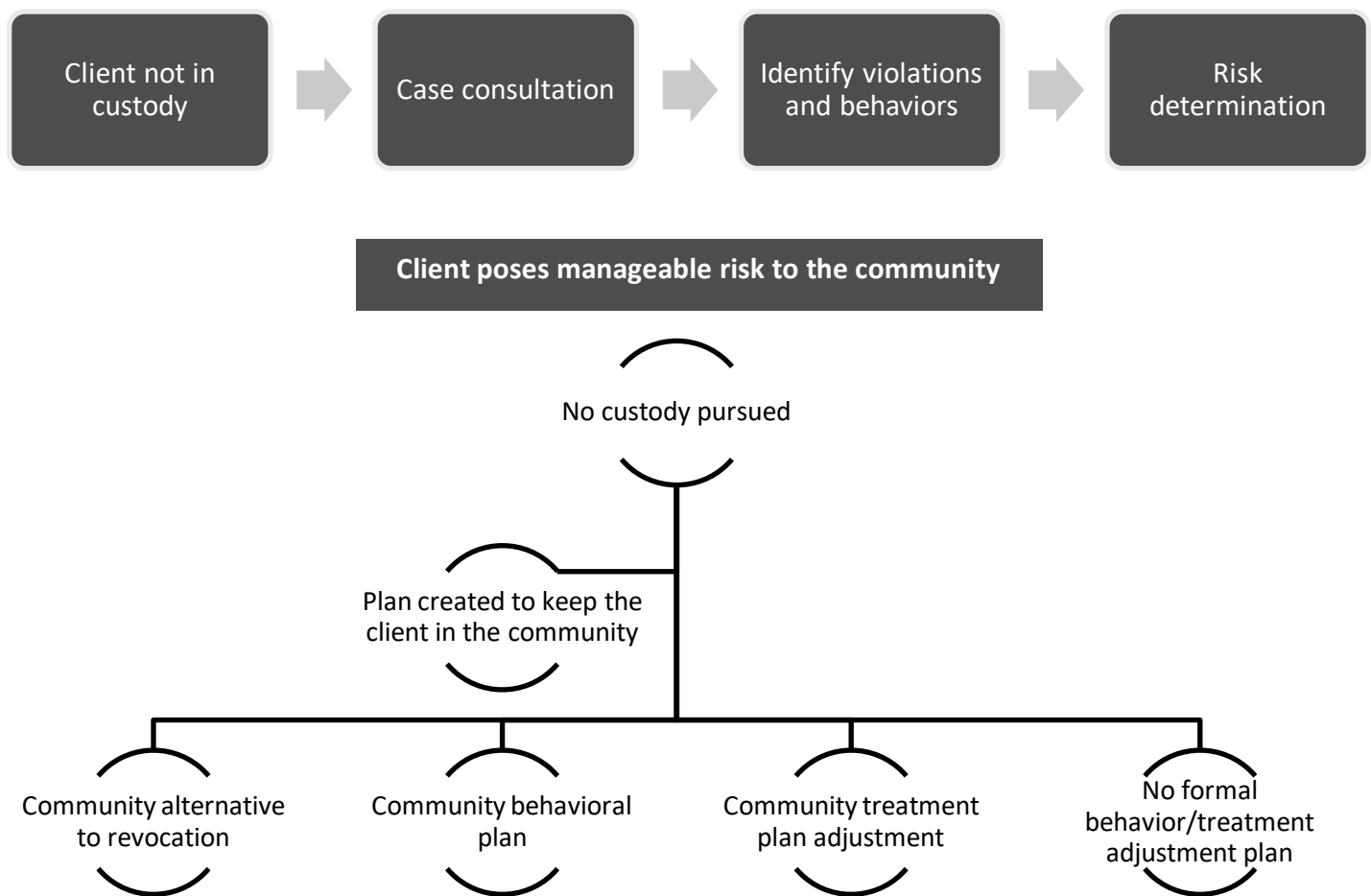
- **Sex offender treatment plan adjustment:** This is an informal plan in response to a rule violation, change in status, or concerning behavior. This process is treatment-oriented and written by the sex offender treatment provider with input from the Supervised Release Team. A sex offender treatment plan adjustment is community-based and not submitted to the court unless it used to support a revocation process. The plan may include treatment adjustments and changes of goals and objectives. Time frames are included in the documents. The sex offender treatment provider reviews the time frames with the client.
- **No formal treatment plan adjustment:** If the Supervised Release Team determines no formal TPA is warranted, the case manager, DOC agent, and/or sex offender treatment provider will address the concerns in their case planning and treatment plans.

Custody follow-up

Anytime a client is taken into custody or released from custody, the case manager has to be vigilant of the following:

- If the client is going to remain in custody, the case manager should inform ancillary and key partner team members of the client's situation. The case manager should prep the house because of the client's custody using the housing shutdown checklist.
- If the client is going to return to their community residence, the case manager should ensure the client has necessary food and medications in the residence and make any necessary adjustments to the client's schedule to ensure monitoring personnel are scheduled, if required.

Non-custody



Non-custody staffing

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

- The case manager should notify applicable ancillary and key partner team members of the client's actions and behaviors.
- The case manager assesses whether a case consultation should be scheduled. If so, the case manager should schedule the case consultation and send an invite to the necessary partners. Primary partners 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 DHS supervised release program psychiatry consultant, if applicable.
- The Supervised Release 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 a treatment plan adjustment, alternative to revocation, or no formal supervision adjustment plan. If no formal supervision adjustment plan is created, the case manager and/or sex offender treatment provider should address the concerns in their case plan or treatment plan.

Non-custody outcomes

Community alternative to revocation: A formal plan submitted to the court in response to a client's serious rule violations or concerning behavior in the community. The Supervised Release Team assesses a client's violations and behavior and determines if their 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 case manager submits supporting documents to inform the court of the plan.

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

No formal treatment plan adjustment: If the Supervised Release Team determines no formal treatment plan adjustment is warranted, the case manager, DOC agent and/or sex offender treatment provider should address the concerns in their case planning and treatment plans.

Violation planning

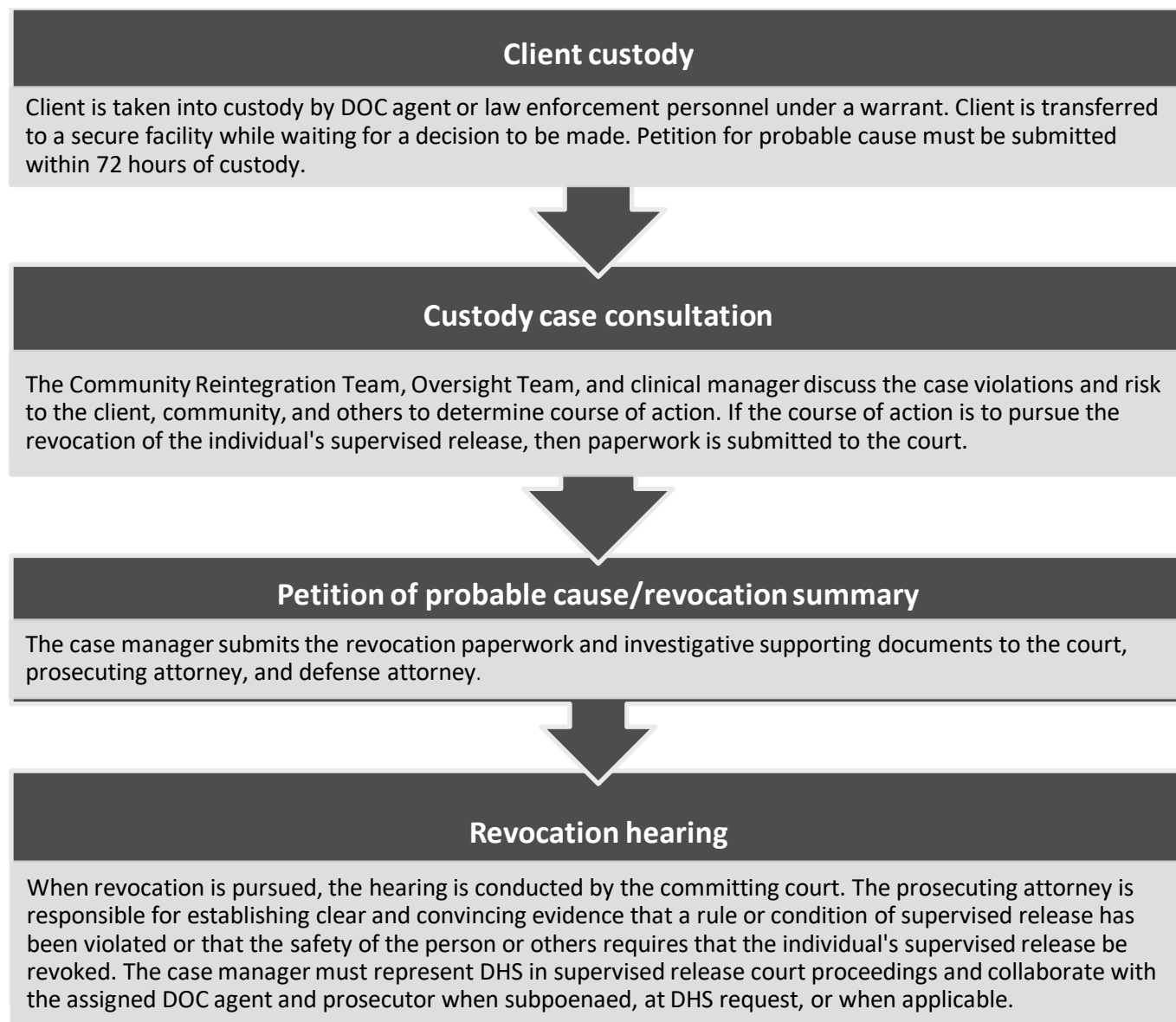
The case manager must identify, write, and/or provide supervised release treatment plan adjustments within one week of the Supervised Release Team's decision to pursue the treatment plan adjustment.

Documentation of treatment plan adjustments that occur as a result of a violation/safety concern, transfer, or other significant change in the client's case are filed in the client record and copies sent to the following:

- Provider
- DOC DCC agent
- DHS facility staff (as appropriate)
- Wis. Stat. § 51.42 board/departments representatives (as applicable)
- Treatment service providers and others as deemed necessary (examples: guardian, spouse, significant other, parent, etc.)

Revocation procedures

Court process for revocation of supervised release



Revocation planning

In preparation for revocation hearings, the case manager must collaborate with DOC to write and submit an adjustment summary (sometimes referred to as a revocation letter) to court. This summary is a letter to the court detailing the client's violations and/or concern for risk and reasons DHS is pursuing revocation. This summary must be submitted to DHS for review at least 48 hours in advance of submission to the court.

Revocation follow-up

Following the revocation of a client's supervised release, the case manager should work with the DHS supervised release agency liaison to collect the client's property, medications, and medical supplies that are to be returned to SRSTC. The case manager should also coordinate other property removal with the client's family, friends, or others identified by the client. The client must authorize any disposal of their property. If

the client is at SRSTC, the case manager should work with the DHS supervised release agency liaison to obtain the client's property release authorization form.

DHS-owned property that is no longer being used should be used for other clients or donated to local charities or thrift stores.

Case managers should refer to the housing shutdown section and community status protocol in this manual for further guidance.

Custody and return to Sand Ridge Secure Treatment Center follow-up

Community status protocol

When a client goes into custody and the Supervised Release Team pursues revocation or an institution-based alternative to revocation, the following must happen within 15 business days.

Medications: Medications are in the client's lockbox. The client's lockbox must remain in the home until further instruction from the DHS supervised release specialist and/or supervised release agency liaison. The DHS supervised release agency liaison verifies if medications should be brought back to SRSTC. These items should be included on the client's request for property to be returned to the institution. The DHS supervised release agency liaison coordinates property pick-up by DHS support staff.

Durable medical equipment: Durable medical equipment in the client's home needs to be gathered and brought to SRSTC. These items should be included on the client's request for property to be returned to the institution. The DHS supervised release agency liaison coordinates property pick-up by DHS support staff.

Medical records: Case manager should coordinate the client's medical records being sent to SRSTC. Once completed, please list the date and your name on the Client Change in Status Checklist.

Supervised release residence garbage: Garbage must be emptied from the home and taken out during a regularly scheduled garbage day unless instructed by DHS to not empty the trash pending a search of the home.

Supervised release residence refrigerator: The refrigerator must be emptied. All items should be thrown out. Once completed, please list the date and your name on the Client Change in Status Checklist.

Personal property: An inventory of the client's personal property must be completed prior to releasing the property to the client's designee. The list should be saved on SharePoint for documentation purposes. Once completed, please list the date and your name on the Client Change in Status Checklist.

NOTE: *In the event that the client has a roommate, personal property in common areas must be gathered and put in the client's assigned bedroom. The client's bedroom should be locked.*

Supervised release residence appliances: Appliances must be turned off and, in some cases, unplugged to prevent electrical fires.

NOTE: *Heating and air conditioning may be adjusted to save costs if no one is residing in the home. The heat can be adjusted to 55 degrees and air conditioning can be adjusted to 77 degrees. Once completed, please list the date and your name on the Client Change in Status Checklist.*

Keys: Keys must be secured, especially in cases where there is no roommate or there is concern that a third party has the outdoor key lock code or access to keys. In the event that there is a third-party concern, DHS may require that the locks to the home be changed immediately. Once completed, please list the date and your name on the Client Change in Status Checklist.

Communication with community partners:

- Case manager should notify the client's employer of custodies, alternative to revocations, revocations, etc.
- Case manager should inform government benefits agencies in situations where the client is returning to SRSTC or remaining in jail for a period longer than 72 hours.
- Case manager should complete: Client Change in Status Assessment Checklist and save it on SharePoint. Additionally, the case manager should send a copy to the SRSTC social worker supervisor.

Once these things are completed, please list the date and your name on the Client Change in Status Checklist.

Property retrieval protocol

Upon return to SRSTC and the completion of the client's court case (court-ordered revocation or institutional-based alternative to revocation), the DHS supervised release agency liaison should do the following with the client:

- During admission, the client is provided a copy of the Return From SR: Patient Admission Property Form and the Property Release Authorization Form to complete.
- Once completed, the client should submit both forms to their social worker. The social worker submits the forms to the DHS supervised release agency liaison for follow up.

Within 30 days, the following should occur:

- The DHS supervised release agency liaison schedules DHS support staff to go to the former community residence and collect the belongings that will be brought to the client at SRSTC (based on the SRSTC property allowances).
- The case manager contacts the client's designated person (on the release form) that may be retrieving any remaining property and schedules a time for the designated person to meet the case manager to gather the remaining property.
- In the event that the property is not picked up by the designated person or if no one is designated by the client, 1-800-GOT-JUNK or another removal company should be contacted to remove remaining property. Thrift stores or other donation agencies may be considered for the removal of the property.

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 by Wis. Stat. § 980.09. The case manager is not 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

Case managers and clients should be considering life after supervised release when identifying short-term and long-term goals in their ongoing case plans.

To-do list: discharge planning

- Schedule a discharge staffing within six months of the scheduled hearing/trial.
- Update DHS Discharge Plan, F-00387.
- Place a PDF of the final version of the client's discharge plan on SharePoint.
- Email a copy of the discharge plan to the supervise release agency liaison once completed.

Establishing a discharge plan

When a patient is within six months of their discharge hearing, the Supervised Release 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. To prepare for the client's discharge staffing, the case manager must complete the DHS Discharge Plan Form, F-00387. This form should be updated as needed and finalized just prior to the court hearing date. The case manager must facilitate discharge planning with the client's county of residence and any other service providers who will continue to work with the discharging client. The case manager should provide transition/case management services and coordination of treatment planning with the county when discharge from commitment is granted.

The final version of the client's discharge plan must be saved as a PDF on SharePoint and emailed to the supervised release agency liaison.

Part 7: End-of-Life Planning

This section describes a case manager's role with end-of-life planning.

End-of-life planning is the responsibility of the case manager in consultation with other partners.

To-do list: end-of life planning

- Plan financial matters (examples: creation of a will and identification of next of kin).
- Identify a power of attorney (types: general, limited, durable, and medical).
- Plan the burial (if financially applicable).
- Coordinate care needs (examples: nursing home and hospice).
- Obtain releases of information.
- Coordinate with doctor and nurses during hospital care.
- Coordinate with the supportive living services manager to adjust services.
- Coordinate the disbursement of property.

DHS Contacts

Supervised release specialists

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|------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 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

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| Kristin Kiel | Phone: 608-215-5560 Email: kristin.kiel@dhs.wisconsin.gov |
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Supervised release agency liaison

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| Scott Timm | Phone: 608-444-5996 Email: scott.timm@dhs.wisconsin.gov |
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Clinical coordinator

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| Amy Gasser | Email: amyj.gasser@dhs.wisconsin.gov |
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DHS webpages

- Supervised Release Program: www.dhs.wisconsin.gov/sr
- Sand Ridge Secure Treatment Center: www.dhs.wisconsin.gov/sandridge