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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2001-02

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on ... Corrections and Courts (AC-CC)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Mike Barman (LRB) (May/2012)

Assembly

Record of Committee Proceedings

Committee on Corrections and the Courts

Clearinghouse Rule 01-045

Relating to the use of force to prevent escapes, pursue and capture escaped persons detained or committed under chapter 980, stats., and to provide security at facilities housing such persons.

Submitted by the Department of Health and Family Services.

September 24, 2001 Referred to Committee on Corrections and the Courts.

November 14, 2001 **PUBLIC HEARING HELD**

Present: (6) Representatives Walker, Suder, Owens, Skindrud,
Balow and Pocan.

Absent: (4) Representatives Friske, Underheim, Coggs and Colon.

Appearances for

- Steve Watters, DHFS, Sand Ridge Secure Treatment Center
- Sheriff Brent H. Oleson, Juneau County
- Mark Messer, Mauston Police Department

Appearances against

- Todd Winstrom, Wisconsin Coalition for Advocacy
- Corryn Schulz, Hortonville, The Support Group
- Beth West, St. Francis, The Support Group
- Nancy Ganzel, Racine, The Support Group
- Leshia Lesham, Milwaukee

Appearances for Information Only

- None

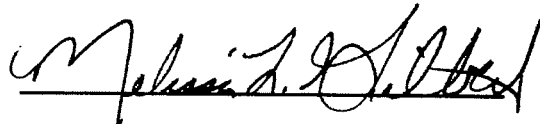
Registrations for

- None

Registrations against

- Sarah L. Anspaugh, Racine, The Support Group

November 23, 2001 **NO ACTION TAKEN**



Committee Clerk

Vote Record

w:thdrawn

Assembly - Committee on Corrections and the Courts

Date: 11/14/01
 Moved by: Suder Seconded by: Owens
 Clearinghouse Rule: OT-045
 Appointment: _____
 Other: Waive review period

AB: _____ SB: _____
 AJR: _____ SJR: _____
 AR: _____ SR: _____

A/S Amdt: _____ to A/S Amdt: _____
 A/S Sub Amdt: _____ to A/S Sub Amdt: _____
 A/S Amdt: _____ to A/S Amdt: _____ to A/S Sub Amdt: _____

- Be recommended for:
- Passage
 - Introduction
 - Adoption
 - Rejection
 - Indefinite Postponement
 - Tabling
 - Concurrence
 - Nonconcurrence
 - Confirmation

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Rep. Scott Walker, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Scott Suder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Donald Friske	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Carol Owens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Rick Skindrud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Gregg Underheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Larry Balow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. G. Spencer Coggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Mark Pocan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Pedro Colon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: _____



DATE: September 24, 2001

TO: Melissa Gilbert

Committee on Corrections and the Courts

FROM: John Scocos, Assembly Chief Clerk

RE: Clearinghouse Rules Referral

The following Clearinghouse Rule has been referred to your committee.

CLEARINGHOUSE RULE 01-045

AN ORDER to create chapter HFS 95, relating to the use of force to prevent escapes, pursue and capture escaped persons detained or committed under chapter 980, stats., and to provide security at facilities housing such persons.

Submitted by **Department of Health and Family Services.**

Report received from Agency on **September 19, 2001.**

To committee on **Corrections and the Courts.**

Referred on **Monday, September 24, 2001.**

Last day for action - **Wednesday, October 24, 2001.**

Under section 227.19 (4) of the Wisconsin Statutes, your committee has 30 days to take action or get an extension. The day **after** the official referral date is day one of your review period. Therefore, the 30th day should fall four weeks and two days after the referral date. For example, for Clearinghouse Rules referred on a Monday, a Wednesday would be your 30th day. For Clearinghouse Rules referred on a Tuesday, a Thursday would be your 30th day. For Clearinghouse Rules referred on a Wednesday, a Friday would be your 30th day. For Clearinghouse Rules referred on a Thursday or Friday, your 30th day would fall on a weekend. Therefore, your time would expire on the next working day (Monday) as provided for in s. 990.001 of the Wisconsin Statutes. Also, if the 30th day falls on a legal holiday, time would expire on the next working day.

Section 227.19 **requires** you to notify each member of your committee that you have received this Clearinghouse Rule. Although some committee chairs do so, you are not required to send a copy of the text of the rule to each member at this time. Your notice could state that members should contact you if they wish to receive a hard copy of the rule. (Please note that, unlike bills and amendments, the text of Clearinghouse Rules is not currently available online. However, LTSB is currently working on such a project.) Please put a copy of your official notification memo in the rule jacket.

Three copies of the Clearinghouse Rule and its accompanying documents are contained in the jacket. If you wish to have your Legislative Council attorney review the Clearinghouse Rule, send him/her a copy. I only need one copy remaining in the jacket when you report it out of committee at the end of the review period.

The identical process is happening simultaneously in the Senate. Keep track of their action on the rule.

For assistance with the Clearinghouse Rule process, please consult Ken Stigler (6-2406) or your Legislative Council attorney. If you wish to learn more on this subject, read section 227.19 of the Wisconsin Statutes or part 2 of the *Administrative Rules Procedures Manual* written by the Revisor of Statutes Bureau and the Wisconsin Legislative Council staff.





Scott Walker

Wauwatosa's Representative in the Wisconsin State Assembly

TO: Members of the Assembly Committee on Corrections and the Courts
FROM: Rep. Scott Walker, Chair
DATE: Sept. 26, 2001
RE: Clearinghouse Rule 01-045

The following clearinghouse rule has been referred to the Assembly Committee on Corrections and the Courts:

CR 01-045 An order to create chapter HFS 95, relating to the use of force to prevent escapes, pursue and capture escaped persons detained or committed under chapter 980, stats., and to provide security at facilities housing such persons.

The committee's jurisdiction over CR 01-045 ends on Wednesday, October 24, 2001. If you wish to receive a copy of this rule or if you wish to submit comments or request a hearing, please contact Missy in my office at 266-9180.

Thank you.





Scott Walker

Wauwatosa's Representative in the Wisconsin State Assembly

TO: Members of the Assembly Committee on Corrections and the Courts

FROM: Rep. Scott Walker, chair

DATE: Dec. 4, 2001

RE: DHFS Response on CR 01-045

As you may recall, the committee held a public hearing Nov. 14 on Clearinghouse Rule 01-045, relating to the use of force under certain circumstances on persons detained as sexual predators. Toward the end of our discussion, the Department of Health and Family Services was asked to consider a germane modification to the rule. Specifically, we asked that HFS 95.06 (1) (c) more narrowly proscribe the use of lethal force so that such actions are limited to those times when the staff believe themselves or others to be in imminent danger of death or "great" bodily injury. "Bodily injury" is one of the triggers currently listed in the rule.

About a week following the hearing, our office received the attached correspondence from the department. In summary, DHFS denied the request because the department feels that the committee's concerns are already addressed in the body of the rule. In particular, DHFS points out that the rule clearly states that the minimum amount of force necessary must be used in all situations.

The committee's jurisdiction subsequently ended on Friday, Nov. 23. Please contact my office or DHFS if you have any questions.

Thank you.

November 20, 2001

To: Representative Walker
Chair, Assembly Committee on Corrections and the Courts

From: John Kiesow
Dept. of Health and Family Services

Subject: HFS 95 / Use of force related to persons committed under ch. 980, Stats.

At the conclusion of the November 14, 2001 meeting of Assembly Committee on Corrections and the Courts, the committee informally asked the Department to consider changing "bodily injury" to "great bodily injury" in s. HFS 95.06 (1) (c), which addresses when lethal force may be used. Specifically, the language in question currently states that lethal force may be used only when the user reasonably believes such force is necessary to prevent death or bodily injury. The Committee's concern was that this language may unintentionally allow the use of lethal force in situations that are not serious enough to call for lethal force.

The Department believes a language change is unnecessary because the rule as currently drafted addresses the committee's concern. Specifically, the language in question must be read in the context of the entire s. HFS 95.06 which describes the full use of force continuum. Of particular importance is s. HFS 95.06 (1) (a), which introduces the progression of force allowed as follows:

"The director shall adopt written policies and procedures that establish a systematic progression of force based on the perceived level of threat...This progression includes staff presence, dialogue, empty-hand control, incapacitating devices, and lethal force. The policies and procedures shall be designed to help ensure that force is only used when necessary and that only the amount of force that is necessary under the circumstances is used." (Emphasis added.)

The limits this introductory language places on the paragraphs that follow addressing non-lethal and lethal force ensure that both non-lethal force and lethal force will be allowed only in circumstances and in a degree to which they are necessary, while also allowing facility staff to appropriately respond to threats of physical harm.



Page 1 of 1

CRule
01-045
folder

S U P P O R T G R O U P

For Family and Friends

P. O. Box 172
Hortonville, WI 54944

Copies of letters submitted to DHFS in opposition to proposed
Chapter HFS 95 - Use of Lethal Force.

May 31, 2001

James Yeadon
Division of Care and Treatment Facilities
P. O. Box 7851, Room 850
Madison, WI 53707-7851

Re: Proposed Chapter HFS 95

Mr. Yeadon:

I was quite shocked to hear about this proposed order from DHFS. I found out about the hearing on this rule the day before, so I could not get off of work to personally appear at the hearing. As you know, I am a member of the Support Group of WRC patients. If we had more notice, I think many of the Support Group members would have attended the public hearing. Instead, you will be hearing from us by letter.

I do not understand how DHFS can propose an order like this for **civilly committed patients**. This order follows DOC 306 and the use of force. DOC rules are for inmates that are **criminally committed and being punished**. Chapter 980 patients are supposed to be civilly committed for treatment. The use of any type of force, lethal or not, is not treating these patients. This is **not** a violent population, they are instead people who have "sexually violated another person". Using violence against them certainly will not help along any treatment intent or goals. **Violence promotes violence.**

I have seen the staff at WRC and noted how much they detest Chapter 980 patients. DHFS now wants to give that staff a "license to kill" and have it be justified. I think you are giving far too much discretion to staff at WRC (or for that matter at Sand Ridge) in this rule, as to how much force they feel is "necessary". Many of the staff would like nothing more than to use force against this population of patients. A perfect example is when my husband first arrived at WRC the perimeter guard, who carries a gun, pointed it in the direction of my husband and other patients and pretended like he was shooting them. This is the mentality of the staff. And this rule proposes to give this same staff the right to use lethal and nonlethal force against patients.

Some of the patients at WRC are a little slower mentally. I am concerned they may not understand what is going on and find themselves getting maced or even worse, merely because they are in the wrong place at the wrong time.

The term "reasonably believe" to be in danger or a threat in using lethal or nonlethal force is used. Again, you are leaving it to the discretion of each staff person how much force is "necessary" to control the situation. Now, I realize these people will go through the same "training session" (such as it is), but what I "reasonably believe" to be a threat, you, or someone else, may not.

As this rule reads, I know a patient will be unjustifiably shot by a staff person. And the 5 person panel set up to investigate the incident will be **worthless**. Once the patient is dead, no investigation will ever be able to change that. And you and I both know that these institutions, i.e., WRC, have a way of concealing things and stonewalling when they don't want to provide information. Ask a patient's attorney or psychologist how difficult it is to get information when performing evaluations. I do not believe for one minute that a fair investigation could or would be conducted.

The claim is that Chapter 980 patients have "thinking errors" that need to be corrected through treatment. So how does violence of any type or as you prefer to call it, nonlethal or lethal force, show them how to behave or correct the errors of their thinking? It shows them just the opposite.

In summary, the bottom line is that these are **civilly committed patients** who are there for treatment. No type of force or violence should **ever** be used against Chapter 980 patients. It is shocking to the conscious that this rule is even being proposed.

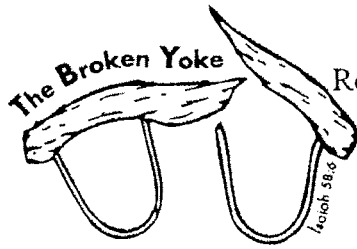
Chapter 980 has been in effect all of these years, without this type of rule – there is no need for it now.

Thank you for your time.



Beth A. West
3795 E. Denton Avenue, #58
St. Francis, WI 53235

cc: Representative John Lehman
Secretary Phyllis Dube



Broken Yoke Ministries, Inc.

Robert J. Van Domelen, Executive Director

P.O.Box 361

Waukesha, Wisconsin 53187-0361

(262) 896-0841

RobertVBY@juno.com

<http://www.jefnet.com/brokenyoke>

All things are possible with God!

James Yeadon
Division of Care and Treatment Facilities
PO Box 7851, Room 850
Madison, WI 53707-7851

June 1, 2001

Mr. Yeadon,

One of my activities as director of Broken Yoke Ministries includes writing a newsletter which focuses on the topic of child molestation and the offender. This newsletter is received by almost 1500 inmates in over 400 institutions around the country. From my perspective as a former sex offender, I seek to offer hope and encouragement to those in confinement. I realize that this might not sound like much to you in terms of numbers, but I believe strongly in the ability to change and certainly to become a non-offender.

Just today I received a copy of a Notice of Hearing to discuss the use of force to restrain patients in specified circumstances, prevent escapes, and facilitate the capture of those attempting escape. While I have not gone over the document with a magnifying glass, it seems to me that justification for this proposal comes under the sentences which read:

1999 Wisconsin Act 9 created s. 48.058, Stats. That law requires the department to establish rules to define the use of "necessary and appropriate force. . ."

I could understand the need to follow these guidelines if Sand Ridge was a penal institution under the direction of the Department of Corrections. It is my understanding, however, that Sand Ridge is a *medical* facility under the direction of the Department of Health and Social Services. As such, I am at a loss as to why you and your department deem it incumbent upon yourselves to look upon Sand Ridge as an extension of the Department of Corrections.

Isaiah 58.6

I was present at a meeting in which we were told by officials for Sand Ridge that the Department of Corrections would not be running the facility—especially the security staff. Either a rather substantial number of us present misheard the statement or it was made in a placating fashion to “appease” those present.

There is no doubt in my mind that there are men and women for whom Chapter 980 is critical. Whatever treatment offered in prison didn’t work or was rejected, and society has legitimate concerns over the safety of its children. To that extent, civil commitment laws were established to force these individuals to participate in extensive treatment programs or choose by rejecting them to remain in confinement. But the key word that I read and heard repeatedly was MEDICAL and not prison. Even the Supreme Court stood by this kind of commitment **because** it was for treatment purposes and not as a form of punishment.

If there has been no cause to date for physical force beyond an occasional issue that was not reported to the public, then there should be no *new* rule established at this point. If, on the other hand, the safety of staff at the Winnebago Resource Center has been in constant jeopardy over the previous years, then perhaps discussion should take place. If this is the case, then I am sure you will be able to document these occasions.

In conclusion, physical force begets physical force. . .at least that’s the argument parents are given when told not to spank their children. Why mandate a policy that can only make treatment more of a “We vs Them” condition. It really is not needed.

Sincerely,



Robert J. Van Domelen
Broken Yoke Ministries, Inc.

cc: Representative John Lehman
Secretary Phyllis Dube
The Support Group

June 2, 2001

James Yeadon
Division of Care and Treatment Facilities
P.O. Box 7851, Room 850
Madison, WI 53707-7851

Re: Proposed Chapter HFS 95

Mr. Yeadon:

Reading your proposal was if nothing else very interesting. We are here for violent acts committed in our past, but we are for the most part a nonviolent population within the institutions. There has been a few patient staff assaults in my time within this system, however there has never been an escape or even an attempted one. There was an attempted escape with patient Eastman while he was in the custody of the Sheriffs department, that has never happened within a secured facility housing 980 patients nor to my knowledge would it ever happen.

I do have some concerns with this proposal when it comes to the use of lethal force within the institution. I was a witness to the beating of patients here at WRC, by your staff and the department of correction staff. This incident started because of a PCS, and lucky for the patients involved in that incident they had their day in court and were found not guilty of any wrong doing. One patient did plead guilty prior to the trial for being involved as he took a plea bargain as he also had several patient assaults also pending and the court ran them altogether. Under your current proposal the patients involved in this incident could have been shot dead and under your proposal it would have been justified. They would never have had there day in court. Your proposal gives the department the authority to be judge jury and executioner, I am not okay with that.

This proposal would give staff personnel a license to do anything they want to a patient and the only time it would be investigated would be if a patient is killed or injured by a fire arm. I think this is giving far to much authority to staff that for the most part have expressed their hatred for this population.

This proposal gives all kinds of safe guards for the staff, were are the safe guards for the patients, what is to protect the patients from the staff? Is everything one sided here? The one

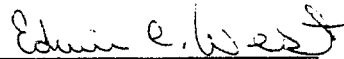
thing I have learned in my colleges classes is that you really need to plan carefully for the future and this proposal sure doesn't seem like you put to much thought into it, in fact, it rather looks like something designed for inmates, if I didn't know better, I would say it is almost verbatim with DOC 306.

What happens when a patient wants to commit suicide, all they have to do is cause a disturbance within the institution or even destroy state property and you would be justified in killing that patient.

This is some really scary stuff you are proposing and to think you are only doing it for the population of patients labeled 980. Wisconsin does not have the death penalty for inmates, yet we now will have one for 980 patients. We know from many studies that violence only breeds violence, is this really the treatment that we want to teach? Helping correct what is wrong rather than creating a policy that promotes violence would make more sense.

When you have nothing to lose you also have nothing to gain and all the policy's in the world can't bring back someone that is dead. Do you really want to kill us?

Sincerely,



Edwin C. West
Edwin C. West

June 3, 2001

Harris D. Byers
P.O.Box 129
Winnebago, Wisconsin
54985-0129

Mr. Jim Yeadon
Division of Care and
Treatment Facilities
P.O. Box 7851, Room 850
Madison, Wisconsin
53707-5525

RE: Proposed Rule: Use of Force,
Lethal, other, S.46.058(1) and
227.11(2) Dept. Health and
Family Service

Dear Mr. Yeadon:

After reading the proposed changes to the above to include use of Lethal or other force as deemed needed, I am appalled to think any consideration would even be given such a change.

There can be no doubt in my mind this is an overt attempt to eradicate those mental patients, found to have a mental defect and are under the Chapter 980 part of the Law. Also, from the way it is now worded, it is only a short jump to include forensic and other patients under the control of the Department of Health and Family Services.

What is being done is to take an already questionable law and making it purely punitive in its whole conception. There is no distinction in the proposed changes. If a staff member wants to shoot someone, they can do it. What about the person who is not committed under Chapter 980 but is awaiting his CIVIL TRIAL TO SEE IF HE CAN BE CIVILLY COMMITTED? I guess it would be okay to go ahead and shoot this individual (to kill or not) and if he is found to NOT MEET THE CRITERIA FOR COMMITMENT UNDER CHAPTER 980, JUST SAY OOPS!!!

The State of Wisconsin does not have a death penalty, yet you people are allowing men in effect be put under a possible death sentence, and the insane part of this is that these men have not committed a crime to be incarcerated. CIVIL COMMITMENT IS NOT THE SAME AS BEING FOUND GUILTY OF A FELONY. So what you are saying here is that if someone goes on killing rampage of adults, children, whoever, then they can only be given a prison term, but if a person is even charged under Chapter 980 they can in effect be shot dead or seriously wounded by some DHFS Staff Member WHO MIGHT HAVE A GRUDGE AGAINST THAT INDIVIDUAL OR 980 PATIENTS IN GENERAL. That is not safety, it is a chance for legal murder. How would you like for a person in your family, someone you love and care about, someone who did something wrong but is trying to atone for it by getting treatment and trying to change their life around, to be put under the proposed conditions? Or, what if it happened to you? I don't think you would like either case very much, and Mr. Yeadon, don't kid yourself, it could happen.

The real problem with this is that most of the people who will be in charge of and who could be using the weapons, at one time or the other have expressed strong dislike for 980 patients. just hear at WRC have heard several DOC Security people express that with this proposed change they would be happy to go to Sand Ridge to work. Does that not suggest anything at all

as to the mentality of the staff involved.

Several patients who are seriously involved in treatment have expressed grave concerns about this proposal and that it will affect their frame of mind in treatment. Some even say they are considering not taking more treatment so that they will not have to even leave their units and be able to feel a little safer.

During the history of the Chapter 980 Civil Commitment Statute there has been NO incident of any staff member being seriously hit or injured. There have been NO escapes from either the Mendota or WRC facility by 980 patients, nor has there been any type of uprising at all that could be considered insurrection. However, there have been several incidents of patients being severely beaten by DOC staff, and DHFS staff with serious injury. At least one of these beatings involved two men who were beaten and hurt and then found innocent of the infraction they were accused of. If staff could beat them without checking facts, they could shoot them without the facts also. **OOPS!!!**

We have volumes of material to support the fact that regardless of what staff says, Chapter 980 is meant to keep people locked up for the rest of their life. It has gone way beyond the intended scope of the law. To prove that point, consider that 15 states now have a sexual predator civil commitment law in effect. There are less than 1100 people committed or waiting to be committed in all 15 states. Including high population states such as California and Illinois to mention just two, no state has as many persons being held under the law, either committed or awaiting court action on their commitment. Does that not tell you something again about the mentality behind this law and what is being done with it.

If these policies are adapted and put into effect, shame on the leaders and law makers of this state. One thing for sure, it is only time before you will have to live with the inhumanity of the policy, and it will cause this law to fall.

Sincerely,

Harris D. Byers

cc: Wisconsin Bar Association,
Newspaper,
Attorney Schairer,
Support Group,
File

copy

James yeadon
Division of Care and Treatment Facilities
P.O. Box 7851, Room 850
Madison, WI 53707-7851

6/04/01
Monday

RE: Proposed Chapter HFS 95

Mr. yeadon:

I am quite sick to have received and read a copy yesterday about this proposed Order from DHFS. Had I known about this earlier I would of found a way to be there in person. I am a member of the Support Group at WRC. I cannot Comprehend how DHFS can propose such an order like this for "Civilly committed patients". This order follows DOC 306 and the use of Violence and force. DOC rules are for inmates committed for "Criminally committed and being punished". Chapter 980 patients are for and supposed to be "Civilly committed" and are treated for "thinking errors Not for murdering people. This is not a violent population and someone could be hurt or harmed and there would not be an investigation to stastify the Loved ones of these patients. When, we all know how cover ups are behind those walls at WRC. I beleive that you are giving Permission to use lethal or non lethal (weapons) in the wrong hands because the staff at WRC detest these patients very much. How can people in their right minds think that this would be a right rule where violence promotes violence and will only solve hardships for the loved one of the patients at WRC or Sand ridge. The panel will be worthless to us, because we know how staff detects Chapter 980 patients. There has never been a rule like this in the past, where there has been Chapter 980 patients in the past years without this rule, why would there need be one now. There is no need for it. Thank you for your time. I have a son there. P.S. So please reconsider this Law!

Cystal Graham
cell 261816-#3 Lime Kiln Rd.
Green Bay, WI 54302-3842



"Nancy Ganzel" <nancyjo@execpc.com> on 06/04/2001 10:26:43 PM

To: <cschulz@baxglobal.com>
cc:

Subject: HFS 95

June 4, 2001

Mr. James Yeadon

Division of Care and Treatment Facilities

P.O. Box 7851, Room 850

Madison, WI 53707-7851

Re: Proposed Chapter HFS 95

Dear Mr. Yeadon:

We have just read the Proposed Chapter HFS95, relating to the use of force to prevent escapes, etc. regarding persons under Chap. 980 status.

1. Chapter 980 persons are CIVILLY committed persons. This proposed order follows guidelines established for CRIMINALLY committed persons.

1. Chapter 980 persons have sexually "violated" another person. They usually are not "violent persons" who need "violent restrictions".

1. With all due respect for the need to provide protection to the public, the staff and other patients, we believe that the HFS95 provides unnecessary opportunity for violent, tragic mistakes in judgment to be made.

1. All Chapter 980 persons have theoretically been committed for treatment, not to be subject to potentially violent restrictions.

1. Bodily harm to others and escape attempts must be a concern at our state's other mental health institutions also. We would like to see these guidelines serve as a model as opposed to the criminal tract.

When we attended the Sand Ridge facility open house we were shocked to see that the public's first stop on the tour was a dramatic weaponry display, explained with great enthusiasm by a combat uniformed staff person who obviously relished his job.

No one argues the need for security and written rules to direct that security but there are far too many employees at these secure facilities who would be glad to shoot first and ask questions later. An inbred dislike (even hatred) of the Chapter 980 patients, born out of ignorance and lack of compassion has already resulted in difficult, dangerous attitudes.

To give a broad opportunity for use of debilitating or even deadly weapons upon these patients is counter productive to the goals of treatment.

We are not dealing with dangerous criminals; we are dealing with patients in need of treatment. Let the security procedures reflect that fact.

The paragraph under "Fiscal Estimate" states, "By having rules in place for the use of force, when such use becomes necessary, the state's potential civil liability will likely be reduced."

As taxpayers we too are interested in keeping liability costs at a minimum but that concern must not drive our actions. *Appropriate* rules must be put in place, not just rules.

Members of WRC and Sand Ridge have assured members of our Support Group that they and the DHFS are committed to working together for the betterment of all those committed under Chapter 980. We would hope that in the future, adequate notice of hearings such as this would be provided to us.

Sincerely,

Richard and Nancy Ganzel

1419 Harrington Drive

Racine, WI 53405

cc: Representative John Lehman
Secretary Phyllis Dube

June 6, 2001

James Yeadon
Division of Care and Treatment Facilities
P. O. Box 7851, Room 850
Madison, WI 53707-7851

RE: Proposed HFS 95

Dear Mr. Yeadon,

As head of the Client Rights Office at DHFS, I find it extremely troubling that you are promoting HFS 95. Your official responsibilities should require you to testify against this measure. You may have been assigned this project but I clearly remember you were a leader of Senate Bill 395 last spring. That proposal would have limited patient's rights so severely their status would have been more restricted than prison inmates.

I would support HFS 95 if it was limited to "pursuing and capturing persons...who have escaped." At Sand Ridge there are two high fences with coils of razor wire. Indeed, one of the fences is a stun fence so there is literally no way a patient could "go over the wall" to escape. Advocating the proposal would be more reasonable if Sand Ridge was a minimum type facility with no perimeter restrictions. As it is, only the lack of towers for armed guards keeps Sand Ridge from being a maximum security prison. So the internal rules and policies have to keep the institution from being what it too obviously looks like.

I also have a problem with Mr. Watters repeatedly assuring the Support Group that all of Sand Ridge's staff will be Department of Health and Family Services personnel. He said there would not be any Department of Corrections guards such as are at the Wisconsin Resource Center. Well, there doesn't have to be DOC guards if DHFS security has the same sanctions for using force. There was no hint from Mr. Watters about requesting this type of authority and no timely notice to the Support Group so we could have stated our opposition to this measure in person. One of our members called you and you plainly told her that these rules were requested by the "institution." I believe we know who that is.

I confess I have never read the DOC guidelines for using force but I'd expect HFS 95 copies it pretty much word for word. Or is this proposal even more restrictive? The whole issue is one of power and control. 980 patients used some sort of power, verbal or otherwise, to control some one else during their crime.

But they repaid their debt to society by serving many years behind bars. Now they are patients, not prisoners.

The need for all of the force spelled out in HFS 95 contrasts with the fact that I live out in society without a personal armed guard. I can go to church, a concert, or shop at the store and there are no armed people standing around, even by the cash registers. We all rely on our city police and county sheriff departments to provide armed security when we need it. That same option is available to Sand Ridge.

And realistically, the treatment program is like remedial parenting: to teach these men the proper values and behaviors to live in our society. Their obviously distorted actions came from their own experiences of abuse or misinterpreting the standards that families and schools were trying to instill. Implementing HFS 95 is akin to a parent beating their kid because he hit his brother. "Do as I say; don't do as I do!"

I am reminded of the computer axiom GI-GO, garbage in - garbage out. We abhor the force patients used on their victims but it is OK for the housing institution to use force or threats of force? HFS 95 says "This order requires the adoption of policies and procedures to ensure that only so much force is used as is necessary under the circumstances." Mr. Canzianni, Security Director at WRC, referred to "a near patient takeover of a unit several years ago" in a recent letter. Our loved ones in WRC knew it was just 3 men who didn't move immediately when they were requested to go to their rooms for shift change. Charges in court were brought against these 3 - a remedy also available to Sand Ridge - but the trial transcript shows the judge didn't rule that all of the allegations were valid as presented.

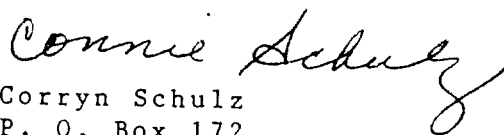
The Support Group has documented evidence of staff members being unprofessional. A grievance was won against a staff person who ridiculed a patient's physical shape. I personally knew several food service workers who detested the patient population at WRC. Fortunately, they had the grace to transfer to other institutions. And I suppose it is illegal to inquire about personal prejudices against this population during the hiring process.

Trained staff at WRC have called men "predators" to their face on more than one occasion. A careful reading of the 980 law will show that term never appears in the statute making it derogatory and inflammatory when used to address or refer to a patient. So, in the heat of a crisis, whose version of "only as much force ...as is necessary" will prevail? I don't conduct myself like a bully who can hide behind someone bearing weapons. Neither should the men and women entrusted with the responsibility of teaching patients a better way to conduct themselves.

In real life, trained teams talk people out of dangerous acts whether directed toward themselves or others. There will be trained teachers and staff at Sand Ridge. The money allocated for buying guns could be used for more specialized training. By the way, where did all of those guns come from that were displayed during the Sand Ridge Open House? Who owns them?

All of the hopes we have that our loved ones will finally be in a supportive environment that reflects their mental health patient status seems drastically misplaced. The care they are receiving as legally committed patients is only a thin line away from their being held as punishment which is a double jeopardy issue. The scope of HFS 95 is truly chilling. Enactment of that proposal could well upset the delicate balance which allows the state of Wisconsin to keep our family and friends locked away.

Sincerely,



Corryn Schulz
P. O. Box 172
Hortonville, WI 54944

Copy: Secretary Phyllis Dube
Representative John Lehman
Senator Michael Ellis
Support Group

June 6, 2001

Phyllis Dube, Secretary
Department of Health and Family Services
P. O. Box 7850
Madison, WI 53707-7850

Dear Ms. Dube,

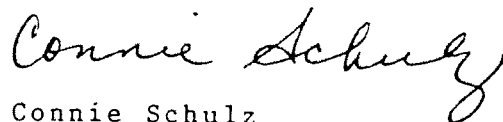
Enclosed is my letter to Mr. Yeadon about HFS 95. His business card shows his title is Supervisor-Client Rights Office. For him to be assigned the job of getting this ruling implemented is a conflict of interest at best and could be viewed as downright dereliction of his duties. Who are his "clients"? Are the institutions housing patients his clients? Are the staff at these institutions his clients? Because the patient grievance process escalates to his office, I thought patients were his exclusive clients.

The old cliché that absolute power corrupts absolutely is a truism. So I viewed the Client Rights Office as the "checks and balance" department. Our whole federal and state systems of government operate on a checks and balance system.

Mr. Yeadon and members of his staff explained their duties in a program for the Support Group last year, I was impressed by the sincerity and professionalism of his subordinates. But what kind of "atmosphere" does Mr. Yeadon provide for them when he is continually in the forefront of efforts to severely curb patient's rights and freedom?

As you can see, many of us who have loved ones at WRC, soon to be moved to Sand Ridge, have serious reservations about the need for HFS 95. I hope our concerns are fully considered before you decide what will be done with this measure.

Sincerely,



Connie Schulz
P. O. Box 172
Hortonville, WI 54944

Copy: Mr. Yeadon
Representative John Lehman
Senator Michael Ellis
Support Group



DIVISION OF CARE AND TREATMENT FACILITIES

WISCONSIN RESOURCE CENTER

BOX 16

WINNEBAGO WI 54985-0016

Scott McCallum
GOVERNOR

State of Wisconsin

Department of Health and Family Services

Telephone: 920-426-4310

www.dhfs.state.wi.us

May 16, 2001

Beth West
3795 E. Denton Avenue #58
St. Francis, WI 53235

REFERENCE: Follow-up to April 7, 2001 Meeting

Dear Ms. West:

I have reviewed your letter regarding the April 7, 2001 Patient/Family Support Group Meeting. You indicated I stated that we get quite a few dirty UA's. I did not make this comment. Mr. Watters was speaking in general as to how drugs enter a facility. WRC has a zero tolerance policy on drugs. Our testing and screening methods are considered confidential. Historically we, to our knowledge, have never had serious drug trafficking problems. We have been told of the availability of drugs, intercepted illegal drugs, and collected a small number of dirty UA's from both inmates and patients during the five years that I have been Security Director here at WRC. Unfortunately, we have never collected any statistical data. Given that we have had drugs enter our secure facility is reason enough for the measures we take. I would like to believe that our low numbers are a result of our drug interdiction efforts. These efforts include elements such as intelligence gathering, frequent searches, use of drug dogs, use of our UA program, prosecution, and treatment interventions.

Even with these measures in place we still see drugs entering our facility from time to time. Drug use in an institutional setting creates all of the same problems that we see out on the streets in our community. There is one main difference - we are in a closed society. Unchecked public, staff, and patient safety is at extreme risk. Thorough interdiction efforts coupled with meaningful consequences and treatment interventions are an essential management component in a secure setting like WRC or SRSTC. I wish I could elaborate further on the subject, but to elaborate any further may reveal weaknesses in our drug-screening program.

The second part of your request indicated you wish to know how many trouble calls we have had on third shift. We do not collect this type of data, nor do we maintain separate records of false alarms that can be easily compiled. If the substance of your concern is/has WRC had trouble call problems related to third shift, I could tell you we have. **We had a near patient**

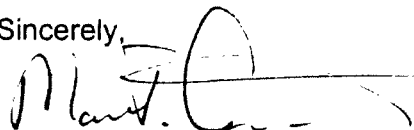
Ms. Beth West
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Takeover of a unit several years ago and we have also had a serious fire which caused us to evacuate the unit. There have been other disruptions on third shift as well resulting in trouble calls.

Sand Ridge Secure Treatment Center is responsible for developing sound security policies related to their physical plant and staffing pattern. They feel strongly that a night lock policy is important in their environment. WRC certainly has had incidents that would warrant a night lock policy if our staffing pattern and security controls were not as they are. Given current budget considerations, SRSTC may be looking at diverting resources from third to the day shifts in order to provide more treatment resources during the day. Mr. Watters would have to provide more information as to why they are making this request.

I apologize that I can not provide any more specifics related to either our dirty UA's or our numbers of third shift trouble calls, but whether we have one incident every year or several a week, individual institution policy should provide both a deterrence and protection of the public, staff, and patients. Mike Dittman, SRSTC Security Director, should be able to advise you on SRSTC policies. Please feel free to contact me if you have any further questions related to WRC.

Sincerely,



Mario Canziani
Security Director

MC/kkk

cc: Byran Bartow
Kathy Bellaire
Steve Watters
Mike Dittman
Wendy Norberg