SENATE HEARING SLIP

(Please Print Plainly)

DATE: 2/22/00

BILL NO. SB 395

or

SUBJECT

LAURA FLOOD, DEP. ADMINISTRATOR

DR. ANTHONY THOMALLA, CLINICAL DIRECTOR

(NAME)

DAN STIER, CHIEF LEGAL COUNSEL

(Street Address or Route Number)

JAMES YEADON, DCTF ATTORNEY

(City and Zip Code)

DCTF (DIV. OF CARE & TREATMENT FACILITIES)

(Representing)

DEPT OF HEALTH & FAMILY SERVICES

Speaking in Favor: [X]

Speaking Against: [ ]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 2-22-00

BILL NO. SB 395

or

SUBJECT

Laura Flood, Dan Stier

Jim Yeadon, Dr. Anthony Thomalla

(NAME)

(Street Address or Route Number)

(City and Zip Code)

DHFS

(Representing)

Speaking in Favor: [X]

Speaking Against: [ ]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 2-22-00

BILL NO. SB 395

or

SUBJECT Senate Substitute

Amendment 1

Lee Pray, DOJ

(NAME)

123 W. Washington

(Street Address or Route Number)

Madison, WI 53707

(City and Zip Code)

DOJ

(Representing)

Speaking in Favor: [ ]

Speaking Against: [ ]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [X]

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 2/22/00

BILL NO. ______
or
SUBJECT SB 395

______

Rep. Mike Huebsch
(NAME)

______
(Street Address or Route Number)

______
(City and Zip Code)

______
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☒

Registering Against:
but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

Chapter 980 Patient Rights Legislation

In order to provide the best possible care to the SVP 980 patients, and to protect the public welfare, our clinicians must be given the appropriate therapeutic tools with which to work. This requires the provision of ethical and professional standards of practice, governed by state statutes, appropriate to the specific population for which they are intended. This was understood and embraced when the legislature enacted chapter 51.61 regarding rights for vulnerable mentally ill patients. It was also true in 1994 when SVP patients were differentiated from the prison population with the passage of chapter 980. Today, however, we find that there are significant clinical differences between the chapter 980 patients and the traditionally mentally ill protected under chapter 51.61.

First, the diagnostic criteria for the SVP patients at WRC are markedly different than the traditional diagnoses found among the more vulnerable civil patients. Of the 218 SVP patients now housed in DCTF facilities, less than 6% have traditional axis I psychotic disorders similar to other civilly committed patients within the state. This would include disorders such as schizophrenia, schizoaffective disorder, etc. About an additional 20 patients would fall into the category of borderline intellectual functioning (18) or mild mental retardation (3). These statistics demonstrate that less than 15% percent of the total SVP patient population would be considered "vulnerable" in the same manner as traditional civilly committed patients for whom the 51.61 law was written to protect.

In contrast to the traditional, and more vulnerable civil patients, the SVP population tends to be much more dangerous and predatory. Currently, 77% of the current SVP patients carry diagnoses of paraphilias such as pedophilia (sexual attraction to children), exhibitionism, sexual sadism (pleasure by inflicting pain during a sexual act), or paraphilia, NOS. Additionally, about 45% are documented as having high psychopathy and carry a diagnosis of antisocial personality disorder. Approximately 28% of these patients produce Psychopathy Checklist-Revised (PCL-R) scores of 30 or higher and would, therefore, be classified as "psychopaths."

These abstract numbers and diagnostic formulations, regarding the 980 patients, become manifest in real behaviors and symptoms that also differ from the mentally ill. Consistent with parameters endorsed by the national Sex Offender Treatment Quality Assurance Society, and other Internationally reknown treatment experts, this departure in symptomology requires different treatments, therapeutic levels & environments, and relapse management techniques than those designed for other civilly committed patients.

Because the current patient rights law sets the therapeutic milieu for all civilly committed patients in the state of Wisconsin, it also controls the parameters of therapy for the SVP patients. As such, it is our intent by proposing the current law, to avoid a situation wherein SVP patients receive inadequate treatment, or worse, treatment that actually leads to increases re-offense rates.

Tommy G. Thompson
vernor

Joe Leean
Secretary

State of Wisconsin

Department of Health and Family Services

DIVISION OF CARE AND TREATMENT FACILITIES

WISCONSIN RESOURCE CENTER
BOX 16
WINNEBAGO WI 54985-0016

(920) 426-4310

May 1, 1999

Thomas Alt, Administrator
Laura Flood, Deputy Administrator
Division of Care and Treatment Facilities
Department of Health and Family Services
1 West Wilson Street, Room 850
Madison, WI 53702

RE: Proposed 980 Patient Rights Law Changes

Dear Mr. Alt and Ms. Flood:

I have reviewed the draft patient rights law changes proposed by the division. Client Rights Office staff have gathered objective data detailing the problems associated with providing adequate clinical care to Sexually Violent Persons (SVP) under the current Wisconsin Chapter 980 and ss. 51.61 laws. I believe this is an accurate representation of the prevailing clinical problems and support the changes proposed.

In order to provide the best possible care to the SVP patients, and to protect the public welfare, our clinicians must be given the appropriate therapeutic tools with which to work. This requires the provision of ethical and professional standards of practice governed by state statutes appropriate to the specific population for which they are intended. To adequately address this concern, therefore, we must understand how the SVP population clinically differs from other civilly committed patient populations within the state.

First, the diagnostic criteria for the SVP patients at WRC are markedly different than the traditional diagnostic formulations found among the more vulnerable civil patients. Of the 187 patients now housed at WRC only 13 (less than 7%) have traditional axis I psychotic disorders similar to other civilly committed patients within the state. This would include disorders such as schizophrenia, schizoaffective disorder, etc. An additional 20 patients would fall into the category of borderline intellectual functioning (17) or mild mental retardation (3). These statistics demonstrate that less than 18 percent of our total patient population at WRC would be considered "vulnerable" in the same manner as are traditional civilly committed patients for whom the patient rights law was written to protect.

In contrast to the traditional and more vulnerable civil patients, the SVP population at WRC tends to be much more dangerous and predatory. Currently, 142 of our current patients (76%) carry diagnoses of paraphilias such as pedophilia (sexual attraction to children), exhibitionism, sexual sadism (pleasure by inflicting pain during a sexual act), or paraphilia, NOS. Additionally, more than 80 of our current patients (about 45%) are documented as having high psychopathy and carry a diagnosis of antisocial personality disorder. Approximately 28% of these patients produced Psychopathy Checklist - Revised (PCL - R) scores of 30 or higher and would, therefore, be classified as "psychopaths."

Another finding, regarding the dangerousness of our patients, involves the Minnesota Sex Offender Screening Tool - Revised (MnSOST-R) scores for new referrals to WRC. The psychology staff has

observed that the recent average MnSOST-R score for new referrals is 9.6. The original sample average score on this instrument was 7.1 with a standard deviation of 5.3. This finding is consistent with other clinical staff observations that the level of pathology and dangerousness of patients being referred to WRC is significantly on the increase. On average, our new referrals are scoring about ½ standard deviation higher than those original sample subjects who re-offended within six years after release. This finding is compounded by the fact that our rate of referrals is 500% greater than that projected when the 980 law went into effect back in 1994.

It is important to understand that diagnostic classifications differ for SVP patients and that they are arriving much faster than anyone had anticipated. It is more important to understand, however, how these diagnostic formulations become manifest in pathological behaviors and symptoms that also differ from the mentally ill. This subsequent departure in symptomology requires different treatments, therapeutic levels & environments, and relapse management techniques than those designed for other civilly committed patients. Because the patient rights law sets the therapeutic milieu for all civilly committed patients in the state of Wisconsin, it also controls the parameters of therapy for the SVP patients. As such, this law prevents most SVP patients from receiving the treatment they require for adequate recovery and, in many cases, tends to increase their pathology.

Please allow me to illustrate this significant point. The traditional mentally ill patients often suffer from a psychotic disorder that distorts their perceptions, often through visual or auditory hallucinations, and interferes with daily functioning, logical decision making, and interpersonal interactions. Frequently, staff pursues patient rights inquiries, as the mentally ill are often not able to advocate for themselves. These patients tend to isolate and often feel forces beyond their own bodies control their behaviors. This distorted reality renders them confused, and their basic human desire to be connected in a meaningful way makes them vulnerable to others who may exploit them. The ss. 51.61, of the Wisconsin Statutes was enacted to protect these patients' rights. Developing a therapeutic relationship, therefore, wherein trust is fostered is critical to allow these patients to confront, with adequate support, the interfering stimuli that they experience. With appropriate treatments that foster socialization, community interaction, psychotropic medication, and stress reduction these patients often can reduce the interference that impedes appropriate adaptive behavior.

In contrast, the SVP population has little need for such advocacy. In fact, since the inception of the WRC SVP program 2328 separate patient rights complaints and 289 lawsuits have been filed. All of these complaints and lawsuits have been patient initiated. This compares to a significantly smaller proportion of complaints from the mentally ill patients. Ironically, this also represents more lawsuits than WRC's inmate population that outnumbers the patients by nearly 25% and is typically considered more litigious. The SVP patients, on average do not experience perceptual interference, hallucinations, and they overall feel in complete control of, and justified in, their behaviors. In fact, these patients often cannot tolerate even the suggestion that they are not in complete control. These constructs are reflected in the SVP patients' symptomology that includes a basic disregard of others and an inability to experience empathy. Robert Hare, the author of the Psychopathy Checklist-Revised writes,

> *"Public concern about crime has never been greater. Perhaps most troubling are seemingly senseless and dispassionate acts of violence, particularly those committed by young people. In a frantic search for understanding, we readily blame up-bringing, poverty, flawed environment, or an ineffective criminal justice system. All these may be important, but we tend to ignore another part of the picture: the enormous social, economic, and personal suffering inflicted by a few people whose antisocial attitudes and behavior result less from social forces than from an inherent sense of entitlement and an incapacity for emotional*

connection to the rest of humanity. For these individuals, social rules have no constraining force, and the idea of a common good is merely a puzzling and inconvenient abstraction.

(Antisocials) use charm, manipulation, intimidation, and violence to control others and satisfy their own selfish needs. Lacking in conscience and in feelings for others, they cold-bloodedly take what they want and do as they please, violating social norms and expectations without the slightest guilt or regret. Although their numbers are small – perhaps 1% of the population –(they) account for a large proportion of the serious crimes, violence, and social distress in every society."

Hare, Robert. Antisocial Personality Disorder. The Harvard Mental Health Letter, September 1995.

This basic flaw in interpersonal functioning has been postulated by many experts as being the foundation for these patient's dangerousness, propensity to manipulate, resistance to parameters imposed by others, and lack of human empathy (Sampson & Laub, 1990; Harris, Rice, & Quinsey, 1994; Shaw & Vondra's, 1993). To whichever etiologic theory one may gravitate to explain this pathology, it is important to note that there are therapies and techniques that have shown to be helpful in reducing recidivism. The problem WRC experiences in providing effective care and treatments to our patients is that these techniques are not consistent with the current patient rights statues that were implemented to protect a more vulnerable prosocial population.

Much has been learned in recent years regarding the etiology and treatment of the conditions that afflict the majority of our SVP patients. Frick, P.J., Van Horn, Y., Lahey, B.B., Christ, M.A.G., Loeber, R., Hart, E.A., Tannenbaum, L., & Hanson, K. (1993), for example have demonstrated, through meta-analytic review of factor analyses and cross-validation, a developmental process by which simple oppositional behaviors in some children later manifests as antisocial behaviors and psychopathy. The developmental stages they identified begin with oppositional behavioral violations. These individuals then develop aggression, commence property violations, and progress through status violations that involve the disregard for others and for prosocial convictions.

It is important to understand that most people tend to find oppositional behavior more annoying than the rolling of eyes or a "bad attitude." This research clearly demonstrates, however, that by the time a conduct-disordered individual has incorporated status violations into their behavioral repertoire, they may appear well behaved but are actually more dangerous. At this stage an individual begins to use the liberties gained by better behavior as a means to beguile others. The conduct report summary provided by the Client Rights Office demonstrates how some of our own SVP patients at WRC use the protections of ss. 51.61 to further victimize others, including the lower functioning SVP patients.

It is for this reason that the DHFS Client Rights Office, with the full support of the WRC clinical staff, would like to change the current 51.61 law such that a therapeutic level system of consequences and privileges could be installed as a backdrop for the SVP treatment program and subsequent interventions. A system of privileges wherein patients could gain more rights and freedoms as they progress through the treatment program would be more therapeutically efficacious than a system that promotes liberties that run counter to patient recovery. To place this problem in context, no one would recommend that a drug addict, who is compelled to drink and drug, be mandated to participate in treatment wherein he must be allowed to make frequent unmonitored visits to the local liquor store or neighborhood bar. As our patients tend to be compelled to exploit victims, the parameters established in ss. 51.61 create a parallel situation of equal potential harm. Some of the patients rights contained in 51.61 will increase the pathology for many of the SVP patients by allowing them to continue their antisocial behavior even while incarcerated.

'n this respect SVP patients may be conceptualized as having more in common with patients suffering from addictions than with the traditionally mentally ill. A schizophrenic patient, for example, may do nothing to evoke a cyclic psychotic episode. The pathologies of an addict and an SVP patient, on the other hand, tend to require a deliberate action on the behalf of the patient. Respectively this would involve the ingestion of a substance or the exploitation of a victim. No one would argue that, in either case, it is therapeutically counter-indicated to arrest the pathological behavior before any meaningful inroads can be made towards recovery. There are no patient rights laws delimiting the treatment of substance abusers, however, ss. 51.61 does not allow for the appropriate restriction of maladaptive behaviors among SVP patients deemed pathological by clinically trained professionals.

To appropriately treat these disorders research recommends treatment and therapeutic environments wherein clinical staff can assure: 1.) Increased therapeutic interaction; 2.) Increased behavioral monitoring; 3.) Immediate behavior-specific and consistent consequences; 4.) Time-out from reinforcers; 5.) Establish incentive programs before response-cost; 6.) Anticipate and plan for maladaptive behavior; and 7.) Recognize that interactions are reciprocal (Barkley, R.A. Treating non-compliance. 1997). The proposed law changes outlined in the attached documentation is essential to empower clinical staff to provide adequate and effective treatment to the SVP patients.

Currently, the WRC SVP program is experiencing a clinical staff turnover rate of 68% over the last 14 months. This week alone I received resignations from 2 additional, and very competent, psychologists. The overwhelming reason given for leaving the SVP program is that staff believe they are not allowed to employ the appropriate therapeutic techniques (due to restrictions imposed by patient rights laws) to do heir jobs. It is hard to ask staff to work with an increasingly dangerous population without providing them with the therapeutic tools to effectively perform their duties. Because the level of SVP patient pathology for referrals to WRC is intensifying, and differs markedly from traditional civilly committed patients, it is becoming increasingly critical that we support our clinicians by enacting legislation that assures adequate patient care.

If we do not act in accordance to the requirements prescribed by this situation we will continue to lose staff at an alarming and debilitating rate. Subsequent to this, and failing to provide population specific tools, we will forsake our duty to protect the public welfare by providing adequate therapeutic services to our SVP patients. We simply cannot fail to seize this opportunity to act in a decided and professional manner.

Thank you for your time and careful consideration.

Sincerely,

Dr. Anthony Thomalla

Anthony Thomalla, Ph.D., HSPP, DABPS
Diplomate, Forensic Clinical Psychology
WRC Clinical Director, Acting SVP Program Director

SB – TESTMONY OF ANTHONY THOMALLA, Ph.D.

Good morning, ladies and gentlemen. My name is Anthony Thomalla. I have been asked to provide testimony today regarding the therapeutic needs of the Chapter 980 patients.

In order to provide the best possible care to the SVP 980 patients, and to protect the public welfare, our clinicians must be given the appropriate therapeutic tools with which to work. This requires the provision of ethical and professional standards of practice, governed by state statutes, appropriate to the specific population for which they are intended. This was understood and embraced when the legislature enacted chapter 51.61 regarding rights for vulnerable mentally ill patients. It was also true in 1994 when SVP patients were differentiated from prison populations with the passage of chapter 980. Today, however, we find that there are significant clinical differences between the chapter 980 patients and the traditionally mentally ill protected under chapter 51.61.

First, the diagnostic criteria for the SVP patients are markedly different than the traditional diagnoses found among the more vulnerable civil patients. Of the 218 SVP patients now housed in DCTF facilities, less than 6% have traditional axis I psychotic disorders similar to other civilly committed patients within the state. This would include disorders such as schizophrenia, schizoaffective disorder, etc. About an additional 20 patients would fall into the category of borderline intellectual functioning (18) or mild mental retardation (3). These statistics demonstrate that less than 15% percent of the total SVP patient population would be considered "vulnerable" in the same manner as traditional civilly committed patients for whom the 51.61 law was written to protect.

In contrast, to the traditional and more vulnerable civil patients, the SVP population tends to be much more dangerous and predatory. Currently, 77% of the current SVP patients carry diagnoses of paraphilias such as pedophilia (sexual attraction to children), exhibitionism, sexual sadism (pleasure by inflicting pain during a sexual act), or paraphilia, NOS. Additionally, about 85% are documented as having high psychopathy and/or carry a diagnosis of antisocial, borderline, narcissistic, or some other victim dependent personality disorder. Approximately 28% of these patients produce Psychopathy Checklist-Revised (PCL-R) scores of 30 or higher and would, therefore, be classified as "psychopaths."

These abstract numbers and diagnostic formulations, regarding the 980 patients, become manifest in real behaviors and symptoms that also differ from the mentally ill. Consistent with parameters endorsed by the national Sex Offender Treatment Quality Assurance Society (SOTQAS), and other Internationally

reknown treatment experts, this departure in symptomology requires different treatments, therapeutic levels & environments, and relapse management techniques than those designed for other civilly committed patients.

Because the current patient rights law sets the therapeutic milieu for all civilly committed patients in the state of Wisconsin, it also controls the parameters of therapy for the SVP patients. As such, it is our intent by proposing the current law, to avoid a situation wherein SVP patients receive inadequate treatment, or worse, treatment that actually leads to increases re-offense rates.

Much has been learned in recent years regarding the etiology and treatment of the conditions that afflict the majority of our SVP patients. Frick, P.J., Van Horn, Y., Lahey, B.B., Christ, M.A.G., Loeber, R., Hart, E.A., Tannenbaum, L., & Hanson, K. (1993), for example have demonstrated, through meta-analytic review of factor analyses and cross-validation, a developmental process by which simple oppositional behaviors in some children later manifests as antisocial behaviors and psychopathy. The developmental stages they identified begin with oppositional behavior violations. These individuals then develop aggression, commence property violations, and progress through status violations that involve the disregard for others and for prosocial beliefs. The statistical summary provided by the Client Right Office demonstrates how many of our own SVP patients engage in status violations and actually use the protections of ss.51.61 to further victimize others, including the lower functioning SVP patients.

It is for this reason that the clinical staff, with the full support of the DHFS Patient's Rights Office, would like to change the current 51.61 law such that a therapeutic level system of consequences and privileges be installed as a backdrop for the SVP treatment program and subsequent interventions. A system of privileges wherein patients could gain more rights and freedoms as they progress through the treatment program would be more therapeutically efficacious than a system that promotes liberties that reinforce relapse. To place this problem in context, no one would recommend that a drug addict, who is compelled to drink and drug, be mandated to participate in treatment wherein he must be allowed to make frequent unmonitored phone calls or visits to the neighborhood liquor stores or bars. As our patients tend to be compelled to exploit victims, the parameters established in ss.51.61 create a parallel situation of equal potential harm.

In this respect SVP patients may be conceptualized as having more in common with patients suffering from addictions than with the traditionally mentally ill. A schizophrenic patient, for example, may do nothing to evoke a cyclic psychotic episode. The pathologies of an addict and an SVP patient, on the other hand, require a deliberate action on the behalf of the patient. Respectively this would involve the ingestion of a substance or the exploitation of a victim. No one would

argue that, in either case, it is therapeutically counter-indicated to arrest the pathological behavior before any meaningful inroads can be made towards recovery. There are no patient rights laws that restrict the treatment of substance abusers, however, ss.51.61 does restrict appropriate control of maladaptive behaviors among SVP patients that are deemed pathological by clinically trained professionals.

To appropriately treat these disorders, research recommends treatment and therapeutic environments wherein clinical staff can assure: 1.) Increased therapeutic interaction: 2.) Increased behavioral monitoring; 3.) Immediate behavior-specific and consistent consequences; 4.) Time-out from reinforces; 5.) Establish incentive programs before response-cost; 6.) Anticipate and plan for maladaptive behaviors; and 7.) Recognize that interactions are reciprocal (Barkley, R.A. Treating non-compliance.1997). The proposed law changes outlined in the attached documentation is essential to empower clinical staff to provide adequate and effective treatment to the SVP patients.

Anthony Thomalla, Ph.D., HSPP, DABPS
Diplomate, Forensic Clinical Psychology
SRSTF Clinical Director
(920) 426-4310 ext. 4132
(920) 231-6353 Fax
ThomaAA@dhfs.state.wi.us

SUBSTITUTE AMENDMENT DIFFERENCES

The substitute amendment adds a "legislative purpose" section, describing the need for a separate set of rights for chapter 980 patients based on clear clinical differences from chapter 51 patients.

The substitute amendment adds provisions expressly stating that privileges may not be limited in violation of constitutional rights and may not be for the purpose of punishment.

The substitute amendment removes "access to religious worship or other religious activities" from the list of institution privileges that may be affected by assignment to various management levels. It adds to that list "any other activities that may affect institutional security or the treatment or safety of a detained or committed person."

The original bill required exhaustion of administrative remedies before a civil action could be filed "with respect to a policy established under s. 980.066(2) or an action taken to implement those policies." The substitute amendment changes that terminology to "conditions in the facility in which he or she has been detained or committed."

The substitute amendment adds the collection of specimens for urinalysis as a reasonable step the department may take in the interest of treatment or security despite the right to reasonable privacy in toileting and bathing.

The substitute amendment changes the effective date from 7 months to 12 months after publication.

PROPOSED CHANGE IN RIGHTS FOR 980s

-TESTIMONY OF JAMES D. YEADON-

Good Morning Senators, my name is Jim Yeadon. I am a Supervisor in the Client Rights Office for the Division of Care and Treatment Facilities. I have worked in patient rights for the department for over 20 years.

The Sexually Violent Persons under Ch. 980 are a relatively new population of individuals for us to work with in the patient rights arena. Since the SVP law was passed, a great deal of our staff's energy has been expanded in dealing with the patient rights complaints brought by those patients.

WRC staff had been telling us from the very beginning that this was a different population than we were used to and that the patient rights laws were making it very difficult to treat and manage these people. It was the assertion of the treatment professionals that the patient rights laws, which were designed to protect a vulnerable population, were being exploited by the SVPs and that this was counter-therapeutic to their treatment.

While we instinctively believed there were some fundamental problems with applying the current rights law to this population, we asked for facts to back up this assertion. WRC staff invited us up to the facility in the spring of 1999 to show us their evidence. They proceeded to show us all the materials they had laid out for us in a large room. There were tables upon tables full of the evidence they had collected about abuses of patient rights by the SVPs. The sheer volume of the materials was overwhelming.

We sorted through those materials and picked out a small portion of them to take back to Madison. From those, we put together the document in your packet entitled, "Abuses of Patient Rights by SVPs". The examples attached to the

document are merely illustrative of the types of abuses that have been perpetrated by the SVPs. They are by no means exhaustive. We are including these examples not for shock value or sensationalism, but to illustrate the manifestations of the disorders that the clinicians are trying to treat.

As we became convinced that abuses of patient rights by the SVP's themselves were rampant, we felt it was critical to see if there was hard data that would confirm the extent of the problem. We reviewed every Incident Report from WRC for the year 1998 and noted the types of incidents each individual had been involved in. While we knew from experience that the forensic and civil populations of the mental health institutes had nowhere near these numbers of incidents, we also gathered data from those populations for the same year. We wanted to know if the data would confirm the staff's claim that this was, in fact, a "different" population.

The results of our data gathering are shown on the graph in your packet entitled, "Population Comparison by Type of Incidents in 1998". On the chart, the red line indicates the number of incidents for the SVP population. The yellow line indicates the numbers of similar incidents from forensic patients during that year and the blue line represents the numbers for civil patients. This graph illustrates the vast differences in behavior, under the present patient rights system in Sec. 51.61, Stats., between the civil, forensic and SVP populations.

Your packet also contains set of pie charts which show the numbers of patients involved in the incidents per population type. We created these charts to see if it was only a few patients who were involved in many incidents or if the problem was more widespread.

- The data show that 75% of SVP patients abuse their rights.
- Over 1/3 do so repeatedly, creating many new victims in the process.
- Very few of the forensic or civils were involved in similar types of incidents.

The SVPs are able to perpetrate these abuses of rights because the current patient rights laws were created to protect vulnerable individuals. Instead, the rights are being used as a shield by the SVPs to continue their predatory behavior, even while residing in a secure facility setting.

Under the current law, all patients are given as many rights as possible. Most rights cannot be limited or denied for any reason, but a few rights can be limited or denied for treatment or security reasons. Usually such limits are temporary.

The current patient rights paradigm looks can be diagramed like this:

All Rights → Abuse of Right → Rights Limitation → Review → Reinstatement

From the data we have gathered and the illustrations we have provided, it is our conclusion that granting the SVPs the same rights as other patients leads to rampant abuses of those rights. This creates more community, staff and peer victims. As the treatment experts will tell you, this is counter-therapeutic to the patients' treatment.

Thus, we are suggesting a new approach to SVP Patient Rights. The new paradigm, as set forth in the bill before you, can be diagramed like this:

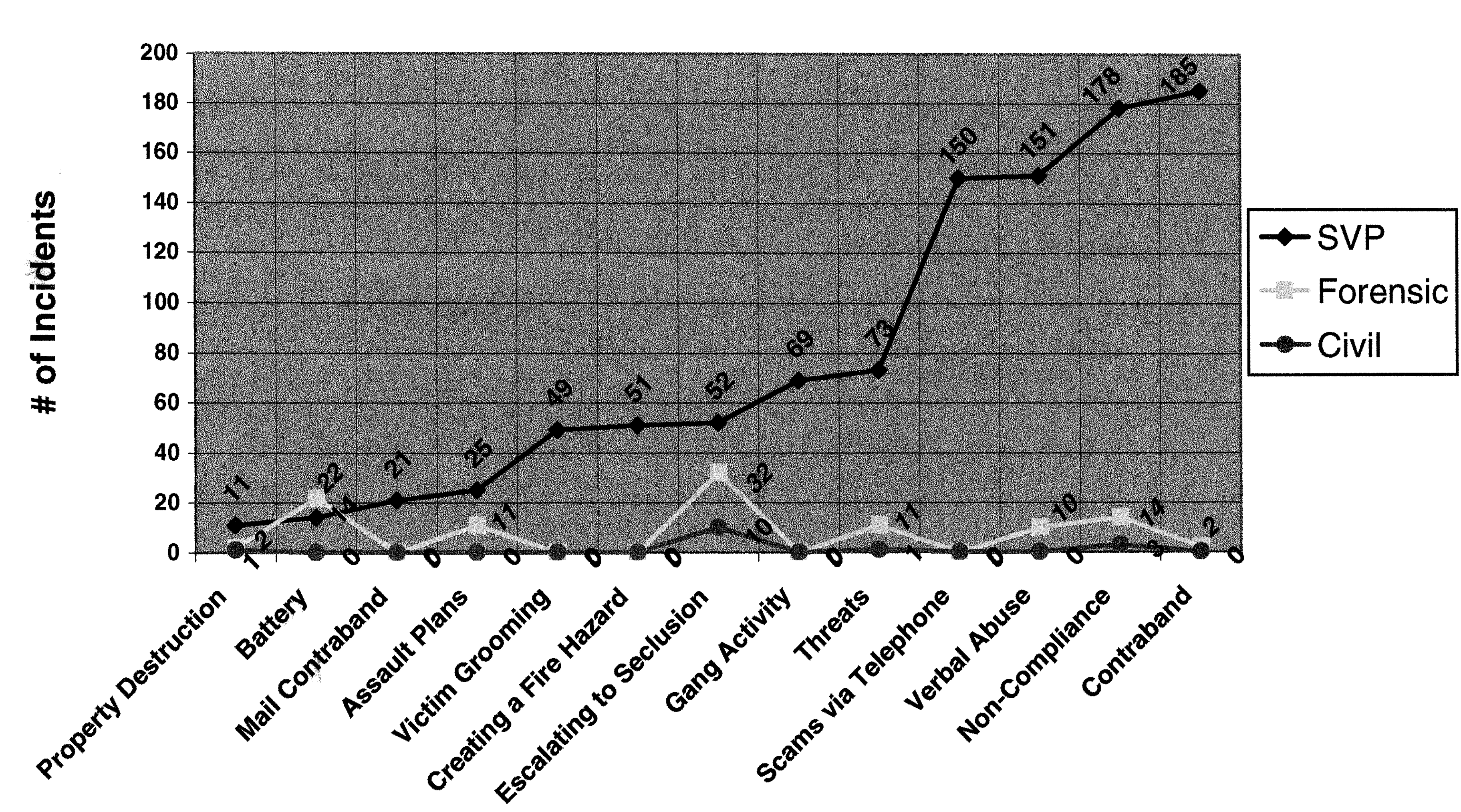
Basic rights → Treatment / trust → Incremental increase → Full rights → Release

Violation of trust

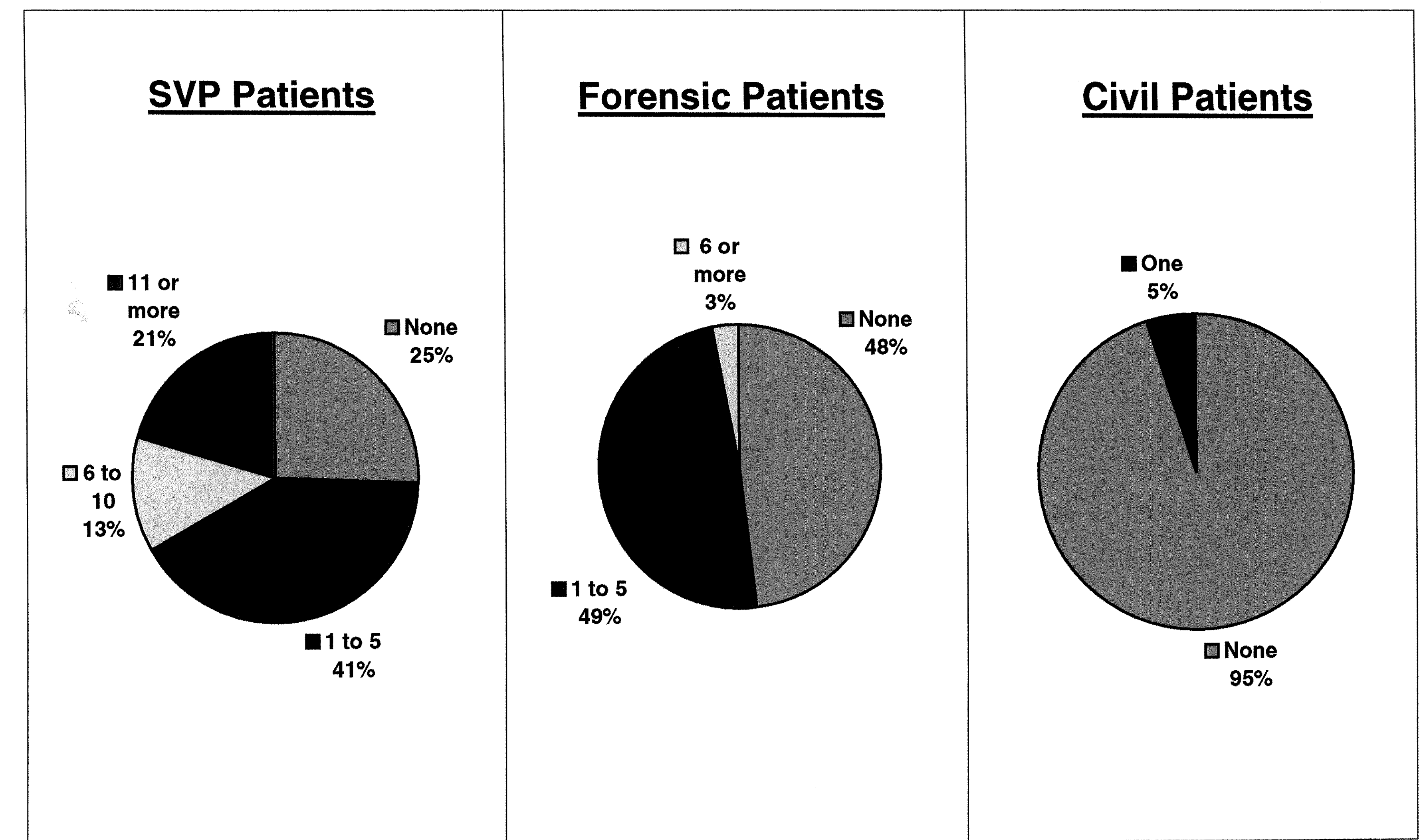
The SVPs would start out with basic rights, but staff would be able to monitor them very closely to limit their opportunities to victimize. As they progress in treatment, the amount of trust they would enjoy would increase incrementally. Violations of that trust would result in a return to a basic setting with close staff monitoring.

As a patient rights expert, I believe this paradigm shift is necessary in order for the SVPs to be treated effectively. The more effective the treatment, the sooner they will be rehabilitated and the sooner they will be able to rejoin society. In my opinion, their effective treatment, which for them means their liberty, is their most important right. Adopting this legislation is the right thing to do, not only for the community but also for the SVPs themselves.

Population Comparison by Type of Incidents in 1998



Population Comparison by Number of Incidents per Patient



ANALYSIS OF PIE-CHART DATA
(NUMBER OF INCIDENTS PER PATIENT)

SVP PATIENTS

- The sample was **155** patients [1]
- **1,075** total incidents in '98
- **114** patients involved in them
- This is **75%** of the population
- They averaged **9.43** incidents each
- **52** patients involved in **6 or more**
- This is **34%** of the population

Conclusions:

- ¾ of the population was involved
- Those involved had a high average number
- **21%** had more than **10** each

[1] 30 patients- who were at WRC 3 months or less - were discarded from the sample.

FORENSIC PATIENTS

- The sample was**132** patients [2]
- **108** total incidents in '98
- **68** patients involved in them
- This is **52%** of the population
- They averaged **2.2** incidents each
- **4** patients involved in **6 or more**
- This is **3%** of the population

Conclusions:

- ~ ½ of the population was involved
- They had a low average number
- No one had more than **10**

[2] 298 patients - who were at MMHI less than 3 months – were discarded from the sample.

CIVIL PATIENTS

- The sample was **41** patients [3]
- **17** total incidents in '98
- **2** patients involved in them [4]
- This is **5%** of the population
- They averaged **1.0** incidents each
- **0** patient was involved in **6 or more**
- This is **0%** of the population

Conclusions:

- Very few patients involved.
- They had few incidents each.

[3] 156 patients- who were at MMHI less than 3 months - were discarded from the sample.

[4] We could only identify 2 patients by name. Of the other 15 incidents, it could not be determined if they were done by one of the named patients, by one, or by several others. 11 of those particular 15 incidents were escalations to seclusion.

Senate Bill 395

Testimony in Favor of Senate Bill 395

Good Morning, my name is Laura Flood. I am the Deputy Administrator of the Division of Care and Treatment Facilities in the Department of Health and Family Services. With me this morning are Jim Yeadon, head of our Office of Clients Rights, Dr. Anthony Thomalla, Clinical Director of the Sexually Violent Persons (SVP) Program, Dr. Greg Van Rybroeck, Deputy Director of the Mendota Mental Health Institute, and Dan Stier, Legal Counsel for DHFS.

The Division of Care and Treatment Facilities has a long tradition of providing care and treatment. We operate the two state psychiatric hospitals where we provide treatment to civil and forensic patients, 90% or more that suffer from a major mental illness. People, who suffer from major mental illness, are subject to a disease centered in the physical structures and processes of the brain. When ill, they often see and hear things that are not there and the resulting behavior is a reaction to that false reality. They are unable to determine right from wrong and are not responsible for their actions under these circumstances. We believe patient rights under the mental health code are an important element in the treatment environment for these very vulnerable patients who may often have difficulty advocating for themselves and their needs.

Our Division also provides treatment for persons committed under the Sexually Violent Persons law and has done so since the law was effected in June of 1994. Since that time, this law has undergone challenges in both the state and US supreme courts and has been

found constitutional. Today there are 221 persons detained and committed under this law for whom we provide services, the majority of them (212) are housed and treated at our SVP program which is temporarily located at the Wisconsin Resource Center in Oshkosh.

Under current law, SVP patients have the same patient rights granted to mental health patients under the mental health code, WI Stats. Section 51.61. When the SVP law was crafted, 51.61 rights served as the standard for all persons receiving mental health treatment. We were familiar with them and they served us and the patients in our state psychiatric hospitals well. Patient's rights under the mental health code were tried and tested. It made sense to rely on them to provide the basic structure of rights for patients under the new SVP commitment law.

We now have 5 years of experience working with SVP's, a population we had little previous knowledge or experience with. Over that time, we have learned that the SVP patients present uniquely different diagnosis and behavior than patients in our psychiatric hospitals. Less than 6% have a major mental illness, while over 98% have victim dependent and antisocial personality disorders. Victim dependent disorders are driven by the need to create victims. Manipulation and deception are the behaviors or tools that feed this drive. These patient's actions are volitional, they know right from wrong, and they advocate for themselves quite effectively. Current patient rights provide SVP patients high levels of privacy, independence, and freedom from scrutiny or controls. As a result, rights are used and abused by the patients to create more victims, their harmful behaviors and tools are protected from our detection and intervention, and their drive or disorder is repeatedly rewarded and reinforced. At best, the current 51.61 rights for these

patients counter-act our treatment efforts, at worst they increase the patients risk and likelihood of re-offense.

The SVP law was intended to provide an added measure of protection by offering treatment through civil commitment of persons who remain at high risk of re-offense. Over the past few years, we designed and put into place a strong SVP treatment program. We accredited our program model and methods through national and international organizations, and under the review of experts in this field. We designed a new facility specially tailored to the unique treatment and management needs of these patients that will open in April of 2001. We believe that our program will serve as a national and international model for the treatment of civilly committed sexual abusers. We've learned that more than ever with these patients, good community protection requires good, effective treatment.

This proposal is about creating a more appropriate patients rights structure that supports effective treatment. It originated from the treatment and clinical staff who have worked with these patients, and who are committed to providing them effective treatment in the future. It proposes that SVP patients begin their treatment, management and rights at a level where all of their activity and interactions, responsibilities and choices can be continually observed, monitored, controlled and treated. As those patients progress through phases of treatment their personal choices and responsibilities will increase, and they will experience less control and monitoring of their activities. Under this proposal, when relapse occurs, movement to an earlier stage of management, treatment and rights can also occur, so that treatment, management and levels of rights are always mutually

supportive. Finally, we propose administrative rules to spell out fair processes to implement the new structure and to provide the patient with predictable, known procedures for representing themselves and their concerns throughout the treatment process.

New patient rights that are designed specifically for SVP's, can give both patients and clinical staff more confidence that when a patient is ready for return to the community, it is not because he has learned more skillful manipulation or artful deception, but rather because he has made treatment gains and durable change. The Department urges passage of this bill.

Through carefully researched and documented work of our clinicians and clients rights staff who have worked with this patient group, we have learned how the current patient rights environment will keep us from that goal. Those professionals are here today to share in detail with you the data and clinical information that tells us a change is necessary, what that change must look like and why.

Rossmiller, Dan

From: Lewis, Kevin
Sent: Friday, March 03, 2000 8:52 AM
To: Rossmiller, Dan
Subject: Judiciary

Good morning Dan.
I have a few questions on bills in Judiciary that I'd like to run by you:

AB 221 (and the Senate companion)
Is the amendment (LRB a1284/1) that DHFS requested going to be introduced as a committee amendment? Do you know when the exec will be?

SB 345 (Robson's clean-up to Chapter 48)
DHFS would like to see an amendment to the bill that would take care of several related issues that are rather technical and do not at all detract from the original text of the bill. These have been drafted and I'm working with Sen. Robson to get it introduced. Do you know when the hearing will be?

SB 395
Have you already talked with DOJ about speaking to Sen. Risser? Matt Frank would be a great person to discuss the issue with him. If possible, we would like our chief legal counsel to be in on the conversation.

February 22, 2000 Judiciary Committee Hearing

Special Testimony Requests

Elected Officials

- Sen. Baumgart and his DA (Robert Wells/Sheboygan Co.) want to testify first about his bill SB 213.
- Rep. Ladwig wants to testify next about her bill AB 72.
- Rep. Goetsch wants to testify next about his bills AB 562 and AB 84.

Others

- Sen. Clausing's office contacted us to let us know that Johnnie Smith from the DEA will be testifying on AB 318. He has some time constraints and has to leave by 10:00 am. They wanted to know if you could make arrangements so that he can get his testimony in before he has to leave?

Bills On the Hearing Agenda

Here is the order of bills, the likely witnesses and a brief comment about amendments I know of :

AB 614 (Your bill on piracy and bootlegging of recorded material)

Don Valdez V.P. Anti-piracy Legislation RIAA will probably testify with a multimedia show-and-tell presentation.

I am not aware of any amendments although Sen. Risser is apparently concerned about how the new penalties under the bill will mesh with Truth-In-Sentencing given the fact that we haven't adopted the code reclassification yet.

SB 395 (The DHFS bill on sexually violent persons commitment rules)

Dr. Thomalla (PhD.) is likely to testify for DHFS. I don't know whether Sec. Leean will testify or not. I don't know

There is a substitute amendment (LRB s0315/1) that has been prepared to reflect the agreement between the DHFS and the DOJ. It is ready to be introduced.

AB 174 (Rep. Kreuser's bill to allow of-duty peace officers to carry concealed weapons)

Rep. Kreuser will testify. He may have a local law enforcement official testify on behalf of his drug or gang task force folks.

I am not aware of any amendments.

AB 562 (Rep. Goetsch's committee bill to establish a Southeast Wisconsin crime abatement task force)

Rep. Goetsch will testify. (See note above)

There are two amendments.
1) Reps. Riley and Krug asked us to add the City of Milwaukee Chief of Police as a member of the Task Force. The first amendment (LRB 1379/1) does this.
2) The State Bar Criminal Law Section asked us to add to the task force a member of the State Bar of Wisconsin's Criminal Law Section who lives in the affected area, as well as a member of a local bar association for every county enumerated as part of the task force in the bill (i.e., Milwaukee, Kenosha, Racine, Rock and Waukesha). This second amendment has been requested but has not yet been received at the time of this writing.

SB 533 (The Leg. Council bill on Restorative Justice and faith-based approaches to crime reduction.)

I would expect there will be testimony from several sources. The Interfaith Conference has, for example, expressed support for the restorative justice provisions.

I am not aware of any proposed amendments.

SB 214 (Sen Burke's bill re: When a victim must be given notice of the right to make a statement at sentencing.)

Jon Reddin, Deputy DA for Milwaukee County and Mike Nieskes, Deputy DA for Racine County will be testifying on SB 214.

I am not aware of any proposed amendments.

AB 318 (Sen. Clausing's bill on Methamphetatmine penalties.)

Johnnie Smith from the DEA will be testifying on AB 318. I am not sure whether DOJ will have anybody testify or not. I expect Sen. Clausing may testify.

I am not aware of any proposed amendments.

AB 391 (Garnishment technical correction)

Rep. Gunderson's staffer will probably testify.

I am not aware of any proposed amendments.

SB 213 (Sen. Baumgart's bill on inducing or causing self-mutilation by a child.)

Sen. Baumgart and his DA (Robert Wells/Sheboygan Co.) will testify. (See note above)

I am not aware of any proposed amendments.

AB 72 (Rep. Ladwig's bill on disclosure of juvenile records by a juvenile or municipal court).

Rep. Ladwig will testify. (See note above.)

The State Bar Children and the Law Section recommends an amendment to Sect. 5 of the bill to specify that a GAL and the attorney of record can view the juvenile's record in cases where a juvenile or municipal court asks another juvenile or municipal court for records for purposes of any other proceeding.

AB 84 (Rep. Goetsch's bill on factors to be considered when sentencing a person convicted of committing a crime.)

Rep. Goetsch will testify. (See note above.)

In response to a request from the Judicial Conference an amendment has been drafted to delete the material in Assembly Substitute Amendment 1 to AB 84 at page 2, line 14. This would delete the factor "(j) The length of pretrial detention of the person, if applicable." I don't know whether this is advisable or not. I always assumed that judges considered time served when sentencing.

Bills From Previous Hearings On Which We Can Take Executive Action

AB 45 (Rep. Kelso's bill to create a Dangerous Weapons in Schools Hotline)

In response to a request from the Atty. Gen./Department of Justice we have drafted an amendment (LRB a1436/1) that basically adds threats to harm persons or damage school property to the list of items that may be reported. Rep. Kelso is o.k. with the bill with the change and so is DOJ.

AB 111 (Rep. Suder's bill on Embezzlement from Vulnerable (elderly) Adults)

In response to a request from the Elder Advocate in the Department of Justice we have drafted a substitute amendment (LRB s0307/1) that expands the bill to cover all financial crimes (e.g., attempted theft, theft, misappropriation of personal identifying information or documents, forgery, fraudulent writings, fraudulent destruction of certain writings.) against all elderly people regardless of capacity, place of residence or

participation in programs. It also makes the definition of "vulnerable adult" identical to the definition of that term used elsewhere in the statutes (e.g., Chapters 55, 813 and 940) and includes all Powers of Attorney, whether durable or non-durable.

Rep. Suder the author of the bill doesn't object to the substance of the substitute amendment but argues that adopting the amendment will kill the bill procedurally. He thinks the bill won't be able to go through both houses before the end of March.

SB 106 (Sen. Wirch's CASA bill)

Sen. Wirch's office has worked with Legal Aid of Milwuakee to craft a compromise that everybody seems to be happy with. A substitute amendment (LRB s270/3) reflects the compromise.)

SB 110 (Sen. Moen's bill on Prisoner's Throwing Bodily Substances)

There are two simple amendments.
The first one (LRB a1180/1) is at the request of the State Hygiene Lab and expands the list of bodily substances covered by the bill.
The second one (LRB a1298/1) reduces the maximum penalty under the bill from 5 years to 2 years, consecutive to the current sentence.

SB 284 (Your court reporter's bill)

No amendments as far as I know. We had voted on this at the last exec. session but haven't yet reported the bill out of committee.

In deference to you as chair, Sen. Huelsman will let the bill come out of committee and maybe try to amend it on the floor.

I hope this is helpful.

ABUSES OF PATIENT RIGHTS BY SVPs

The following examples of Sexually Violent Persons (SVPs) behavior represent some of the problems that have occurred since Chapter 980 was enacted and patients were first housed at the Wisconsin Resource Center (WRC) in 1994. These incidents have all been documented. The current patient rights laws and rules have made it possible for the following activities to occur:

Telephone Misuse:

- One patient was found to be leaving various **threatening messages** about **rape and harm** on the answering machine of a woman in New York. He was basically **stalking** her from within the facility and the staff were unable to control this behavior until the stalking was revealed. Even then, they could only restrict his phone calls for a relatively short period of time. [Exhibit A]

- A patient with a history of **sex offenses against children** was about to be released per court order. He used the telephone to **line up a babysitting job** through the newspaper. He was planning on taking that job immediately upon release. Staff learned about this and confirmed his intentions through other patients. The court subsequently revoked the patient's release.

- Another patient was found with **numerous credit-card phone bills**, with balances way overdue, under different variations of his name. It was noted by WRC staff that, "The phone bills are so lengthy and the calls so frequent that it would be extremely difficult for one person to make all of these calls." The bills **totaled over $2,000**. [Exhibit B]

- At least two patients **switched the long distance calling service** on the WRC patient payphones to receive money or credit from the new service. One patient received a check for $40 from AT&T. [Exhibit C]

- In another patient's room, staff found: **credit card numbers**, account numbers associated with a business in New York, possible **social security numbers**, various **800 numbers** followed by 10-16 digit numbers and what appeared to be 3-digit PIN numbers. These numbers were found with notes such as "cracked 3#s, switched routine". This patient was subsequently found to be one of the leaders organizing phone card and credit card "scams" on the public. [See partial Exhibit D.]

Misuse of Mails:

- Confidential correspondence amongst patients at the facility was used to facilitate and organize **gang activity** and numerous **criminal activities** to victimize the public and staff at the facility. [See Exhibit E, for example.]

- During a random room search, advertising materials entitled, "Asian Dream Girls" and "International Girls" were found in one patient's room. Apparently this patient has been **exchanging sexually explicit letters with women in Asia.** He was apparently offering them the hope of marriage and American citizenship to get them to send him letters and pictures. [Exhibit F]

- **Gang-related materials** and written communications between **inmates**, **MMHI patients** and **WRC patients** were confiscated in a room search of one problematic patient. This patient is well known for his role in a hostage takeover at Waupun when he was an inmate there and for his relatively high status in the gang world. [See Exhibit G for one small example of this.]

- Many different "**scams**" that could be pulled off were documented by one of the gang leaders. [Exhibit H]

- A patient received **legal mail** (return address was his Public Defender) that contained **marijuana**.

- A patient was corresponding with a person in the community who apparently had no idea the patient was at WRC. The two were **exchanging semen** via the mails. The person in the community also had no idea the patient has Hepatitis B.

- A woman in the community became distressed after several months of manipulation by a WRC patient and his friends. She turned over dozens of his letters to her to WRC staff. The letters illustrate the extent to which she was being manipulated by the patient. [See Exhibit I as one example.]

- Another patient used his Typing Service business (which he advertised in local papers) to run a "pyramid scheme", with another patient's name listed as the first person to be sent money. They used WRC's post office box as their address. [Exhibit J]

<u>Defrauding of the Public Using Both Telephones & Mail</u>:

- A woman in the community had to ask WRC to limit the calls of a particular patient because he had made sexual innuendoes to her. Plus, he set up a phone service in the name of the woman's mother. [Exhibit K]

- Patients were found printing false information in the **personal ads** and the **"singles"** columns of newspapers around the state. Some of these ads were used to contact women (and men) in the community to victimize by requesting money, clothing, and phone card numbers from them while leading them to believe the patient(s) sincerely cared for them. Others were used in an attempt to **entice** young women to visit patients at the facility. [See Exhibit L]

- One patient even posed as a female incarcerated on a woman's unit for DWI to answer a "singles" ad from the papers. "She" hinted that "she" would be released upon full payment of "her" $1,500 fine. [Exhibit M]

- A patient **obtained credit** under the name of a **WRC social worker** and ordered thousands of dollars worth of commercial cleaning equipment to be sent to an address in Chicago in the social worker's name. It took almost a year for this person to finally clear up his credit rating.

- Some **patients-run businesses** are used to manipulate the public or gain leverage over staff. Some patients were found running unauthorized businesses that are used to mislead or defraud the public (by not informing them about who they are, or by offering an illusory product.) Another patient, who claims to be a "paralegal," threatens staff by claiming he can get any information about them through the attorneys who are his employers.

- Patient **confidentiality** prevents WRC staff from protecting area businesses because they cannot speak openly about who the patients are, where they are housed, or what they might be attempting. Patients have ordered a lot of merchandise from companies or vendors in the community by presenting a **false identity** and having the bills sent to Accounts Payable at the Winnebago Mental Health Institute (WRC's billing office). For example, one patient had a **bill** in the amount of $117.20 for unknown type of merchandise sent to **WRC**. [Exhibit N]

Restraint & Seclusion:

- In a well-publicized incident, a WRC patient, who was **not restrained** during transport, **kidnapped a three-year-old girl** and attempted to **escape.**

- One patient **instigated four assaults** on other patients in one year. After assaulting them he would quickly say, "I'm really sorry, I don't know what got into me..." and assume a very calm demeanor. Under current "dangerousness" criteria for **seclusion**, there is no legally authorized way to reliably contain or correct these deliberate acts of violence.

Visiting Infractions:

- During a visit one patient was caught with his **hand under the dress of his baby daughter**. It is uncertain whether his intention may have been sexually motivated or to pass contraband.

Grievance Procedure:

- The patient grievance process is **monopolized** by a small number of highly **litigious patients**. One individual has submitted over 95 grievances in the

past two years. Of the more than 70 grievances which were investigated and addressed, 46 were appealed through to Stage 3 of the process, which encumbers considerable staff and administrative resources.

Right Not to be Videotaped:

- **Sexual activity** sometimes occurs in the **bathrooms** because these rooms are not able to be video monitored under current law.

Possessions:

- A variety of **pornography** has been found in patient room searches, including extremely counter-therapeutic materials depicting children and adults engaged in sexual acts. [Exhibit O]

- Also mixed in with these pornographic materials were also **photographs** of children from **common magazines** and **kids clothing catalogs**. [Exhibit P]

- For example, one patient had a full page automobile advertisement depicting a father holding his daughter's hand on a serene country road while walking towards a sedan. Because this advertisement was found mixed in with child pornography, it is assumed that the patient viewed this as **sexually arousing**. [Exhibit Q]

- One pedophile patient was found to have taken **pictures of children** and pasted **adult heads** on them he had cut from other pictures.

- Also found in one patient's room was a **list of books** in the patient's handwriting. Four of the books were about **criminal behavior**, evidence, investigation, and interrogations. One was about **poison**. Three other books on the list were about **credit card information and fraud**.

- At least two patients have been found in possession of a toothbrush whittled down to a sharp point to make a "**shank**".

Subversion of Staff:

- **Female staff members**, trained in dealing with this population, have lost their jobs as a result of being **compromised by patients**. **Eight staff** have been reassigned, or removed since the arrival of the patients.

- On one occasion, a patient was discovered to possess part of the **correctional training manual**. He had received this from a female, ex-staff person who was **fired for fraternization** with him. It is believed that the manual was received through the mail

A

WISCONSIN RESOURCE
MEMORANDUM

TO: Captain Henry Klemmer

FROM: Colleen Collier C Collier
Client Rights Facilitator

RE: Telephone Investigation

5-19-96 Captain Berger received a call from Ms. [redacted] stating she have been receiving obscene phone calls for the past six weeks at her place of employment([redacted]) by the use of an 1-800 number that activates after normal business hours. AT&T traced one of the phone calls([redacted]) and it was made from one of WRC patient pay phones. She states its the same voice on the phone. Ms [redacted] states she can be reached at [redacted] or [redacted]. Captain Berger was at a training seminar for the next 3 days.

5-22-96 Captain Hargis received a call from Ms. [redacted] (Office Manager for [redacted]) who said they were receiving calls that were threatening sexual rape and harm. Captain Hargis passed this information on to Captain Brian Garr.

5-22-96 Captain Garr phoned Ms. [redacted] at 2:00 p.m. and left a voice mail requesting her to return his call. Captain Garr began a formal investigation and started talking with the Units staff about phone use. At about 2:30 the same date, Ms [redacted] returned Captain Garr's message. This is at the point when Captain Garr was told that her office has received over 20 phone calls and felt nothing had been done.

5-22-96 Captain Garr asked for my assistance in this matter as I am the Patient Rights Facilitator and this is involving a patient. Brian briefly described the amount of calls and the violent nature of these calls. He requested me to call the company as he felt they have been very frustrated with this issue.

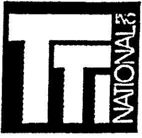
5-22-96 I called Ms. [redacted] and she briefly explained what has been happening since about March 1, 1996 and the frustration they have been experiencing in trying to get help with the obscene phone calls. She stated they received another phone recently but it is not sure what the phone number was. I asked if could have the call traced. She stated some of the 40+ calls were on their voice mail machine. She said she would make a tape and send it to me. I assured her that the patient who may be involved will not be allowed to use the

phone over the weekend in an attempt to show her we were taking this very serious. The women who has been receiving the calls is very afraid and is having nightmares because of the nature of the calls.

5-28-96 I received a call from Ms.[redacted] indicating she was unable to make a copy of the voice tape on the answering machine but she was able to receive a fax from AT&T indicating the phone number was different ([redacted]). This is one of our pay phones but a different unit. At this point the patient in question was recently transferred to the unit of where the new phone number was traced. I asked to listen to one of the voice messages and they agreed. I first spoke to [redacted] who was women who was receiving the phone calls. She was very grateful for WRC's assistance and assured we will do anything to help out. [redacted] played one recording for me. I thought I could identify the patient, the content of the recording was horrifying. One way to describe what I heard was listening to the person raping a women step by step and not leaving any details out. When the tape ended, I spoke again to [redacted] said I could understand why you were having nightmares and encouraged to speak to her law enforcement officials.

5-28-96 Captain Garr and I spoke to Henry on how we should proceed with this. It was agreed upon that we would not request the voice tape or any other documentation. Henry will be contact with our police for assistance. Mr.Steve Casperson, Deputy Director was informed of this investigation.

cc: Mr Steve Casperson



TTI National, Inc.
155 Willowbrook Blvd.
Wayne, NJ 07470
Customer Service: 1-800-724-5958

(13)

Invoice Date:	03/01/98
Account Number:	83000263773
Invoice Number:	03481352
Page Number:	1

1505 NORTH DRIVE
WINNEBAGO, WI 54985

Charges

Monthly Charges through 02/28/98:

Previous Balance:	$ 1406.27	
Credits and Adjustments:	$ 0.00	
Payments Received: (through 03/03/98)	$ 0.00	
Balance Forward:		$ 1406.27
Current Charges:		$ 340.11
TOTAL AMOUNT DUE:		1746.38

Summary of Current Charges

Usage Charges	
Premise Charges:	$ 0.00
Calling Card Usage:	$ 304.94
800 Number Usage:	$ 0.00
Miscellaneous Charges: (Includes PICC charges)	$ 8.70
Taxes	
Federal Excise Tax:	$ 9.19
State/Local Taxes and Fees:	$ 17.28
Local Service Subsidy Fee:	$ 0.00
TOTAL:	$ 340.11

Messages

NOTICE OF PENDING SERVICE INTERRUPTION
At the closing date of this bill, our records indicated your account as seriously past due. To avoid service interruption, payment must be received by the end of the month. We urge you to respond immediately. Please mail your payment to our Home Office address shown above or call 1-800-853-4495.

Pending Regulatory Tariff approval, TTI National will implement the following:
Effective April 1, 1998: Directory Assistance rates will increase to $.85. All Calling Card intrastate rates will be adjusted to equal that of the Combined Calling Plan Calling Card interstate rates.
TTI National continues to offer outstanding value with exceptional service, and competitive rates.

To ensure proper credit, please detach this portion and return with remittance.

Remittance Document

Payment in full within 10 days of receipt will enable you to avoid interest charges.

Account Number:	83000263773
Invoice Number:	03481352
Billing Date:	03/01/98
Billing & Service No:	1-800-724-5958

1505 NORTH DRIVE
WINNEBAGO, WI 54985

Address Correction:

Please remit payments to:
TTI
P.O. Box 22445
Newark, NJ 07101-2445

Amount Due:	$ 1746.38
Amount Enclosed:	

830002637734 000174638 7 0026 0301986 4813523 0

0129
WINNEBAGO, WI 54985-0000

Page: 1
Billing Period Ending: 2/23/98
Invoice Date: 2/24/98
Customer Number: 19573197

Summary of Charges

Balance Forward	Account Adjustments	SPRINT Charges	Taxes and Regulatory Rel. Charges	Current Total	Amount Due By 3/19/98
$.00	$.00	$309.15	$56.78	$365.93	$365.93

Important Information from Sprint:

A College rate of 10 cents per minute has been applied to your FONCARD calls made from 7 p.m. to 7 a.m. weekdays and all weekend (a per call connection fee applies). If you're moving or want a 10 cent rate at home, call 1-800-FONCARD.

Check out all our products and services by visiting Sprint's College Internet site at www.sprint.com/college. While you're at our website, update your address, check your balance or make payment arrangements.

Play the world's most popular game show ... and it's just for students! Visit College JEOPARDY! Online at www.station.sony.com.

If you have any questions about your invoice, please call Customer Service at 1-800-366-2273, or visit us at http://www.sprint.com.

Fold, then Detach and Return this Portion with Your Payment.

Customer Number: 195731971

Amount Due By 3/19/98
$365.93
AMOUNT ENCLOSED $________

****************** 3-DIGIT 549
00179265 1 FP 0.295 02

0129 MAIN BULTER ST
WINNEBAGO, WI 54985-0000

SPRINT
P O BOX 740504
ATLANTA, GA 30374-0504

0000036593195731971011

Thank You For Using Sprint.
Make Check or Money Order Payable to Sprint in U. S. Dollars.
Do Not Send Cash.

1003

Printed on recycled paper.

WINNEBAGO MENTAL HEALTH INSTITUTE

Department of Health and Family Services | Division of Care and Treatment Facilities

To: Mario Canziani

From: Barbara Carroll

Date: September 25, 1996

Re: Payphone Issues

[Note: WMHI is the business office for WRC also.]

I have recently spoken to Phil Ekert from AT&T regarding [redacted] attempt to change long distance carriers for Unit B7's payphone 233-9840. He will be tracking down the problem within AT&T. Normally, operators verify the customer's number before changing carriers but in this instance missed the fact that the telephone number is a payphone associated with the State of Wisconsin. He will update me on this issue as well as sending me some information on the penalties of conducting fraud by attempting to change carriers or services on telephones registered to another person or company.

The same situation would apply to the incident (15986) report concerning [redacted]. In order to verify each incident, I would need to have the payphone number, patient name and date. It would also be helpful to try to get the operator's name or contact number. AT&T and the other major telephone services do have a data base which they are to check for owner verification.

On the incident (15723) where a patient ([redacted]) complained about receiving a shock from a patient payphone, it has to be reported to the vendor. Our maintenance people cannot touch those phones because they are the property of either Ameritech or MCI. Please have your officers contact me to report the repair (or leave a voice mail message).

If I can be of further assistance, please contact me at ext. 2535.

cc: Bridget Oelke

Simply sign and cash at your bank.

75-485
919

AT&T

Attention financial institution:
Check must be endorsed by payee to be valid for deposit or cashing.

THE SUM 40 DOLS 00 CTS

THE VALUE OF THIS CHECK MAY NOT EXCEED $100.00.

CHECK EXPIRES 60 DAYS FROM DATE OF ISSUE.

414 233-9840 DM MFG

PAY TO THE ORDER OF:
[redacted]
P.O. Box 129
Winnebago, WI 54985-0129

NO. 10946011

Date September 11, 1996

AUTHORIZED SIGNATURE
Citizens State Bank, Clara City, MN 56222

⑈10946011⑈ ⑆091904856⑆ 70 324 9⑈

D

1-800-478-5043 (-111? -110? -223?)
320-336-3384 (-420? -111? - 242?)

1-800-478-4753 (cracked 3 #'s, switched routine. old one was 111 $ 242.)
2487168656

1-800-457-3112 (No clue)
112436592642 (" ")

1-800-625-3044 (cracked 9 #'s. 4032 $ 10014. switched.)
8725757352

MCI $ AT$T (find info on)

E

[redacted]

What's up bRo? I see why youre handwriting was always sloppy; it's hard as f[redacted] to write with these foul ass pens. But N-E-WAYS.

Check it out. That [redacted] [redacted] situation went like this. I was gonna strangle him like planned, right? But then I thought, "Dude jumped out there pretty bad. I need to learn something from this."

So I analyized. I came to the conclusion that nothing could be learned from the plastic bag scenario, or at least I needed improvement in other areas even worse. One area inparticular was getting out of punk situations suavely. So I attempted to go and talk to dude. I got butterflys I told you about the butterflys. Whenever I get the butterflys, somebody's getting hurt. It fucked my game all up. Nothing came out right. Next thing I knew I had the mo[illegible] By his throat and I was beating the s[redacted] out of him. Then afterwords I was like "OOOPS."

My thinking was, "Punk ass bitch, who do you think you're f[redacted]ing with, I'll beat the s[redacted] out of you." Next thing I knew, he was whooped. What I need to work on is keeping my thinking right when the butterflys come.

At least he got banged.

Well bRo, I am quite impaired as far as more C.F.C. writing goes.

F

April 31, 1997

Everdearest [redacted]

Before I introduce myself allow me first to greet you a happy & lovely day..... Hi!... ...

My name is Ludivina [redacted]. 16 yrs. old. third year High school. My hieght is 5'2 and my wieght is 120. I'm loving, caring, simple, honest, and understanding. My likes are to travel w/ my friends, reading the book of knowledge and the book of fairy tale and also I like reading letter. My interest is to study well, playing valley-ball, and how to ~~learn~~ guitar.

By the way please regards to your family circle. Tell me more about yourself. We will meet next letter.

If my address are not so clear I will write again.

LUDIVINA [redacted]
BRGY. DULAG BUTUAN CITY
[redacted]
8600 PHILIPPINES

If you dont like me, response my letter please.... although I'm ugly but friendly
FOREGET ME NOT, FOREGET ME NEVER
BUT DONT FOREGET, I'll BE YOUR "FRIEND'S FOREVER"

P.S. PHOTO
ENCLOSED PLS.

G-1

Memorandum

DATE: February 6, 1998

TO: [redacted]

FROM: Cage [Note: this is the "CAGE" gang.]

RE: This is a questioner that must be filed out and returned by the 18th

CC: [redacted]

I received your letter some few days ago and IM not satisfied in the delay in the response. Nor do I sympathize with your plight. Your responsibility was simple and straight forward as it will always be. Mr. [redacted] you need to understand this; this is not a simple matter in any way. I tell you to do things in certain ways because it has particular meaning to you [in the capacity of your growth] or to me. I suggest that you engrave in your mind now; take nothing I say for granted. I talk with meaning to you ;you can't afford to doubt me nor can I afford to have you in that kind of position. I need your growth with out it I become apart of the failure.

However I was pleased with what sounds like genuine ambition that alone will send you straight to the top of the plains that are in the works. One very good example would be your interest in sports. As you may know it is a very lucrative business, profitable for every one. I will give you some preliminary understanding in what is in store for you. One of the plains will be creating ties with recreational , and political leaders in Milwaukee. Imagine this Mr.[redacted] heading one of the most profitable aspects of a city and controlling 22.2% of the city's money train. SummerFest, city league sports, all city parades and recreational activity.

The city of Milwaukee does not have a private company competing for shares of a milti MILLION dollar pie. The whole concept is simple, Manage certain property and build the relationships around recreational activity. A sports bar is of the essence here. Now if you take the time to research these three things your eyes will see your new life open before you. 1.) study in any part of city recreation from this angle how, who and how much. 2.) study the down town area small private owners, sport bars in particular. study city counsel members there make up - on this topic of recreation.

The last part of this letter is to tell you the world as you know it is about to open up to you. I want you to do this true and false test that I have enclosed. It will come in three parts each with a subsection at one point or another. You must answer all questions you have to be honest 100 % of the time. After your test scores come back from review you will receive more in a steady progression. This is very import for your placement,there will be parts to these test your placements is defined from and only from the biographical aspects of the profiles. The mental aspects will have more to do with what changes that will be targeted. On the other hand this will help us establish your particular limitations. If you would like I, can send you scholarship information for business accounting. For now, I will leave you to your thoughts.

sincerely:

Cage Psychological Profile

Name: The only right answer is
a honest one

social scurity #

Date:

Read each question carefully, then write T(true) or F(false) on the line next to the question.

1. T/ F I am the type of person who can adapt to any set of circumstances.
2. T/ F A Physically strong / Mentally weak man is weak.
3. T/ F A Physically weak / Mentally strong man is weak.
4. T/ F A Physically strong / Mentally strong man is strong.
5. T/ F A knowledge of weapons is more important than knowledge of the law.
6. T/ F Things have a tendency to happen to me.
7. T/ F I learn only if it's useful.
8. T/ F People are gullible.
9. T/ F Manipulation of the law to escape punishment is commendable.
10. T/ F Appearances are deceptive.
11. T/ F It is necessary to fit in and be accepted.
12. T/ F Violent fantasies cause murder.
13. T/ F Evil is evil no matter how much we enjoy it.
14. T/ F Crime and criminals serve a purpose.
15. T/ F The end result is more important than your intentions.
16. T/ F Produce results not excuses.
17. T/ F The ability to adapt is essential for survival.
18. T/ F Environment dictates right and wrong.
19. T/ F Power is demonstrated through domination.
20. T/ F It is better to be passive intelligently than aggressive ignorantly.
21. T/ F The concept of death is simple.
22. T/ F The process of death is simple.
23. T/ F Dead people are all on the same level.

24. T/ F Loyalty is more important than respect.

25. T/ F A clean kill is preferable to a dirty kill.

26. T/ F The best way to control the world is to distance yourself from it.

27. T/ F Violence is situational.

28. T/ F I thoroughly understand the law.

29. T/ F If I never get caught I'll never go straight.

30. T/ F Being alone is better than being with people.

31. T/ F Smart people are more dangerous than dumb people.

32. T/ F My conscience is an important asset to me.

33. T/ F Everyone serves a purpose.

34. T/ F All criminals are the same.

(Bogus P.O. Box means getting a P.O. Box under a false name)

H-1

– the scams.

1. Police scanner move: up to $10,000 worth of merchandise.
concept: Find person (utulizing Personal Ads) who will buy a high modulatcy Police scanner, and have that person monitor it on a consistent* basis near any one of the following: BANKS
Houses on lake Dr. or equivelant there of
Department stores.
Apartment * complexs.
The person needs to be in the car parked behind the location, or in the parking lot. Must have pen and paper ready to take down unsuspecting people who are using celleaur phones or cordless phones to place orders using their credit card.

Time estimation of when first number rols in: Approx 2 or 4 weeks if the person is monitoring the scanner on a consistent basis. Say, 1 hour a day or 2 hours every other day.

Percentage it will work: 63% chance of succeding.

Done before? Yes. 3 people, each experienced success, once on my behalf. 4 altogther.

c++ ?

2. Credit Card fraud: Unknown $ estimation. Never been done before.
Concept: Game female or Gump into lying on a credit card application and getting credit card. Have bogus P.O. Box established and have the victim mail merchandise to the P.O. Box. Have solid person pick up merchandise and mail it to the appropriate places. Also, have victim get a tyme pin # hooked up to it, get it, and have solid person get money from the tyme machine. Close P.O. Box down, kick victim to the curb, and sit fat. Girl or guy claims you scammed them, then ask for proof. They go to jail for credit card fraud and you are only suspected, not able to be touched for lack of evidence. Don't ever write anything about it, only game over the phone. Keep minimum money on books, always. No proof provided. Free man.

Time estimation: Whenever card information goes through. 2-4 weeks on average.

Percentage it will work: Calculating strictly on the above, and assuming the game was tight enough, 89 %. Any flaws in game, 69 % with proper clean-up. Total screw up in game, 39 %. Any unforseen flaws, 70 % depending on flaws.

ever Done Before? No. CH

3. Lawyer Scam: up to $50,000 - $95,000

Concept: Game female or Gump to fall in love with you. Then, say you're realse was revoked, or lawyer found legal loophole that Guarntees you're realse. Have MR Cage act as lawyer, and put faith in his game that he will game right. establish bogus P.O. Box, and have down broad or Gump pick up the money orders that were sent there, because MR. Cage stated he would not represent unless fee was paid. If victim's home is owned, have her take loan out of the bank for $15,000. The "Fee" will be determined by victim's finiacial status. After money orders were apprehended and cashed, victim would be kicked to the curb very meticulosly. Money would be converted to cash flesh, and stashed in safe deposit box untill the victim get's over her heartache.

Time estimation: Approx: 2-3 months.

Percentage it will work: 98% if game is strong enough, anywhere from 0% - 50% if it isn't. Depends on victim also.

Done before? Yes, two partners. $95,000 was made.

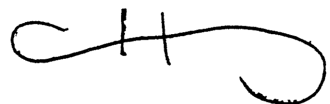
4. Regular Gump hustle: $ made varies too much to say. Concept: up to 10 Ads are ran in numerous newspapers targeting Homosexual realtionships. Responses to one ad in one paper averages 12. If 10 Ads are ran everywhere, there is a lot of Gumps to be played. You simply convince this Gump you two are involved, and have him buy you shit and put money on the Books.

Time estimation: $ or profit should "roll in" in about 2 weeks, if game is worked right.

Percentage it will work: 100% for at least a minimum of $100 worth of Profit per Gump, if game is tight. If game sucks, 67% chance and minimum profit. If game is simply not present, 48% chance and dead minimum profit.

Done Before? All the time.

Note: Also works with women, although sometimes, women simply don't answer the Ads, plus game must be super strong cuz women are expecting to be played by men who are locked up. Gumps aren't.



5. BROAD Hustle : Unknown # estimation. Information Unknown.
Concept: You target a certain type of woman in the personal ads, she should be a tad criminalistic. You have her place an ad that you wrote for her. I somewhat experimented with this. I had a Broad place a certain ad, and 43 men responded. I listened to their responses, and they usually said things like "I could retire tomorrow." or "I got a yacht, and 3 cars." and things of that nature. They advertised their ~~wealth~~ wealth, almost if they wanted to be hustled. If I had the certain type of Broad, I would have her brake them dude's for thousands.

Time estimation: Unknown

Percentage it will work: Unknown, but calculating from strictly Above, 75%.

Done Before? I would suppose so, but to my knowledge, No.

CH

6. MAil order MAcking: from $500 - $100,000

Concept: Purchase advertising blocks in famous magazines. Rolling Stone, Popluar mechanic's, and so forth. The last 3 or 4 pages Advertise numerous Items. Get a Bogus P.O. Box, and advertise some spectacular Item, say T.V., V.C.R., Radio and computer combo, and say "For catalog for things like this and other cool stuff, send $5.00 to P.O. Box...

On the average, ~~$1,000~~ 1,000 people read those Ads, and sometimes more, because they circulate throughout america. If you can get half those people to send for a catalog, that's 500 people sending $5.00 to the P.O. Box. That's $2,500. Now, place numerous Ads advertising different Items, In bigger and Better magazines, You could amplify you're profit tenfold. People that never receive their catalog Ain't gonna sweat $5.00, because the cost of suing would surpass the $5.00, but if so, simply Revoke the P.O. Box in 3 weeks, and advertise "Please allow 4 weeks to ship you're catalog." After 3 weeks of profit, you close up shop and Go home.

Time estimation: 2-3 weeks.

Percentage it will work: $500 = 98 %.
$100,000 = 45 %.

Done Before? Varied versions are done all the time.

Note: what I call "mail order macking" can be modified so you have a legal con game.

Notes about 1-6:

Remember, manipulation and deceit are the backbones of these scams. It's all about game, game, game. With right game, the profit may be incresed along with the percentage it will work.

Variation from the documented is at risk for criminal prosecution. These scams have been contemplated and tested, researched and gone over for about 1 1/2 years. Clean-ups for flaws are all in my head.

When it says: Done before? I am asking if either I or Mr. Cade have put somebody up on it, and if so, how it went. If it went flawlessly, or I've cleaned up their flaws and they made money regardless, they were counted as being done before.

(see page for notes)

\- Criminal Moves

1. ATM Machines : up to $250,000, but on average, $100,000
Concept : many versions.

I: Pour Liquid nitrogen in strategic places, then break the steel exposing the money boxes. Use proper tools to remove money boxes and open money boxes at home with proper tools.

II: Rent bulldozer, and late at night near secluded ATM, buldoze the ATM and rake up the cash using garden rake. Put it in plastic bag, either blow up bulldozer or simply leave it there. of course, you would rent the bulldozer under bogus identity.

III: Imitate construction workers or ATM repairmen and build an apparent "security camera" where the number's punched into the ATM machiene may be seen. Then, use those numbers and a stolen credit card, and go banana's.

All of the above have been done and went unsolved. See Book on ATM machienes.

If one ATM is hit every month, that is $ 1,200,000 a year.

2. LeGAl Prostitution Ring

Concept: establish or manufacture circumstance to have a sex therapist in youre pocket. Then, using ~~___~~ whores of highest calibue, have them appear as ~~se~~ secertary's for the therapist. The trick goes and see's the therapist, the therapist says "$250 a session. Pay up front." the trick does so, the trick speaks with the therapist untill he says "I must go. I'm off the clock, you will not be charged for this hour." Then He leave's, and the whore comes in and provides consensual sex for the trick. The trick leaves after the fuck. The trick payed the therapist, not the whore, so the whore provided sex without profit, and the therapist received a perhaps excessive payment for the session, but legal nontheless, So money was exchanged for sessions, not sex, and no illegal act took place.

If 3 tricks are took a week, thats $750 a week, or $36,000 a year.

3. RANSOM OPERATION

You go to LAKE DRIVE and snatch a kid from one of the rich schools. You are in disguise, and None of youre real skin ever touches the kidnapee. You hold A Gun to the kids head and ask for his/her Phone # and address. He/ tells you, and from a pay phone you CALL and SAY:

"This is the milwAUKEE Police DEPARTMENT. Your Kid is being held RANSOM by a Criminal Mastermind. His/Her life is in danger. If you do not follow these directions, He/she will die. Now, do not CALL The Police, for this really isn't The Police, it is the mastermind himself. I Got surveillence on youre house, and all members of youre family. If any Police Contact is MADE, she will die. You have 15 min to go to the BANK and withdraw $20,000 in CASH. Be quick. Go to this Bus stop on this corner with the money in a paper bag. (Give him the PLACE) look directly ahead of you, somebody will come to pick up the BAG. If the person who picks the bag doesn't report to us within 15 min of the pick-up, youre daughter dies. He will put in youre lAP, a peice of paper which will tell you