



WINONA COUNTY REENTRY ASSISTANCE PROGRAM PLUS

# Policies and Procedures Manual

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## I. Program Overview

### A. History:

In 2007, the Winona County Board of Commissioners approved the creation of the Winona County Criminal Justice Coordinating Council (CJCC) which is a non-adversarial, working program and policy-making team comprised of select members of the justice system plus public members. Since its creation, the CJCC has addressed system-wide issues related to the operation of the justice system. This group oversaw the creation of the Treatment Court of Winona County (TCWC), the Community Assessment and Reintegration (CARE) program, and the Winona Re-Entry Assistance Program (WRAP). The latter two were grant-funded programs that were created by the CJCC through its Jail & Jail Alternatives (JJA) Committee to address an identified lack of effective re-entry programming as an important and pressing need in Winona County. However, several additional gaps were identified through the operation of these two programs. Specifically, the newly identified gaps included the need for a collaborative and coordinated approach within the criminal justice system to help individuals with mental illness (MI) or co-occurring mental illness and substance abuse (CMISA), the need for additional behavioral health and chemical dependency interventions both for those in-custody in the Winona County Jail and for those who had been recently released from custody, and the need to bridge the gaps between criminal justice agencies and behavioral health and chemical dependency providers through greater cross-training. It is these gaps that the present program, the Winona Reentry Assistance Program Plus (WRAP+) is intended to address.

### B. Mission:

WRAP+ is a cross-systems, collaborative program whose mission is to provide opportunities for justice-involved individuals with mental illness or co-occurring mental illness and substance abuse to succeed in their recovery, enjoy a better quality of life and avoid future involvement with the justice system.

### C. Program Goals:

WRAP+ has three main goals as listed below:

1. To rapidly identify justice-involved individuals with mental illness (MI) or co-occurring mental illness and substance abuse (CMISA) and to provide an opportunity for them to voluntarily receive comprehensive case management and care coordination, as well as financial support consistent with their individualized case plan, so they can access and receive services and supports which will improve their mental well-being and quality of life, reduce their drug dependence (if applicable) and allow them to avoid further involvement with the criminal justice system, thereby increasing public safety and reducing recidivism;
2. To enhance in-jail behavioral health and chemical dependency services to lay the foundation for continuation of treatment in the community, thereby increasing public safety; and
3. To provide extensive cross-training for criminal justice system personnel and behavioral health/chemical dependency providers to bridge knowledge gaps and improve outcomes for MI/CMISA offenders.

D. About this Manual:

This manual was developed with input from the WRAP+ Policy and Procedure Committee, an implementation committee of the WRAP+ Task Force. Members of the Policy & Procedure Committee, and their respective positions in the justice system at the time the Manual was initially adopted in June of 2021, are as follows:

<b>Name</b>	<b>Department</b>	<b>Position</b>
Michael Kuehn, Chair	Third Judicial District Public Defender's Office	Managing Attorney
Steve Buswell	Winona County Sheriff's Office	Jail Administrator
Trish Chandler	Winona County Sheriff's Office	Jail Intake Worker
Kalene Engel	Winona County Criminal Justice Coordinating Council	Executive Director & Grant Manager of WRAP+
Christy Ferrington	Hiawatha Valley Mental Health Center	Adult Community-Based Services Director
Dave Fruth	Winona County Sheriff's Office	Jail Shift Commander
Dave Glithero	Winona County Sheriff's Office	Assistant Jail Administrator
Justin Green	Winona County Criminal Justice Coordinating Council	Public Member
Deb McClellan	Live Well Winona	Winona Community Hub Manager
Rená Patterson	Minnesota Department of Corrections	Supervisor
Karin Sonneman	Winona County Attorney's Office	County Attorney

The purpose of this manual is to guide the work of the Winona Reentry Assistance Program Plus and to provide structure for decision-making processes. It describes the governing procedure by which the program will be operated. Changes to this policy may be adopted with the approval of the WRAP+ Task Force, which serves as the oversight committee for WRAP+.

E. Program Flowchart

A program flowchart illustrating the intake, assessment and case management stages of the program can be found at Appendix A – WRAP+ Program Flowchart.

## II. Definitions/Acronyms

Throughout this manual, the following words or abbreviations have the following definitions or meanings:

accepted applicant or WRAP+ accepted applicant	an individual who has been accepted to WRAP+, but has not yet become a WRAP+ participant; eligible for Tier 1 funding
alumni participant	an individual who has successfully completed WRAP+; alumni are eligible for Tier 3 funding for up to 6 months after program completion
applicant	an individual who has completed an application for WRAP+
ARMHS	Adult Rehabilitative Mental Health Services; the type of service provided by MHPs in WRAP+
BJMHS	Brief Jail Mental Health Screen; a validated mental health screening tool
candidate	an individual who may be eligible for WRAP+, but has not yet submitted an application
case manager or CM	an individual who oversees the development and implementation of a case plan or care coordination plan
Case Management Team	The WRAP+ Case Management Team consists of the JIW, JSW, TCC, GM, TCC, MHPs and HVMHC Supervisor
case plan or care coordination plans	individualized plans which identify the client's goals and interventions or activities that must occur to achieve those goals
Community Connector or CC	a community-based case manager or lead case planner who works within the structure of the Winona Community Hub (Due to a program change in July of 2023; CCs were replaced by MHPs)
Chemical Dependency Assessment or Rule 25 Assessment	a clinical tool used to assess an individual for substance use disorders. In Minnesota, this is commonly referred to as a Rule 25
CJCC	Winona County Criminal Justice Coordinating Council
client	the term the Winona Community Hub uses to describe it individuals who are engaged with a Community Connector and are working on a care coordination plan
CMISA	co-occurring mental illness and substance abuse
Comprehensive evaluation or CE	An assessment of a person's mental health done through a Certified Community Behavioral Health Clinic
current participant	an individual who is actively participating in a specialty treatment court, i.e. Treatment Court of Winona County or Veterans Treatment Court
diagnostic assessment or DA	a written report that documents the clinical and functional face-to-face evaluation of a person's mental health
GM	grant manager – see Roles & Responsibilities
HUB	see Winona Community Hub

HVMHC	Hiawatha Valley Mental Health Center
HVMHC Coordinator	The adult community-based services coordinator at HVMHC responsible for checking insurance, assigning intake specialists and making ARMHS/MHP assignments
HVMHC Supervisor	The direct supervisor of the MHPs employed by HVMHC
JJA	Jail and Jail Alternatives Committee, a committee of the CJCC
JIW	Jail Intake Worker – see Roles & Responsibilities
JMHCP	Justice and Mental Health Collaboration Program, a federal grant program which supports cross-system collaboration for individuals with MI or CMISA who come into contact with the justice system
JSW	Jail Social Worker – see Roles & Responsibilities
LCP	Lead Case Planner – see Case Management; an LCP can either be a TCC or a MHP or the JSW
LSCMI	Level of Service Case Management Inventory; case management tool and an assessment that measures the risk and need factors for offenders
Mental Health Partner	the mental health partner for the JMHCP Grant is Hiawatha Valley Mental Health Center
MI	Mental illness
MHP	Mental Health Practitioner; the community-based case manager or LCP employed by HVMHC who provide ARMHS services
ORAS-CSST	Ohio Risk Assessment System – Community Supervision Screening Tool, a risk screening tool
participant or WRAP+ participant	An accepted applicant who has signed a WRAP+ Release of Information and has a valid diagnostic assessment; eligible for Tier 2 funding.
Professional Override	An override of existing eligibility requirements or funding guidelines, made by the WRAP+ Task Force
RANT	Risks and Needs Triage
TCC	Treatment Court Coordinator (for either TCWC or VTC)
TCUDS-V	Texas Christian University Drug Screen V, a substance use screening tool
TCWC	Treatment Court of Winona County
VTC	Third Judicial District Veterans Treatment Court
WRAP+	Winona Reentry Assistance Program Plus.

### III. Eligibility Requirements (Target Population)

The target population for WRAP+ is **high risk/high needs adult residents of Winona County** who, have **involvement with the criminal justice system**, have been **diagnosed** as having MI or CMISA or who manifest **obvious signs** of MI or CMISA, who **agree to participate**, and who are **not excluded** due to **risk of violence or criminal history**. Each of the highlighted terms above is further defined below.

#### A. High Risk/High Needs:

An applicant must score in the high-risk category on the Risks and Needs Triage (RANT®) to meet this eligibility criteria.

#### B. Adult Resident of Winona County:

An applicant will be considered a resident of Winona County if at the time of application, the applicant is at least 18 years of age and:

1. Resides at a permanent address in Winona County OR
2. Is homeless but considers themselves to be a resident of Winona County;
3. Currently resides elsewhere but intends to establish residency in Winona County within 3 months of the date of application

#### C. Involvement with the Criminal Justice System:

An applicant will be considered to have involvement with the criminal justice system if, at the time of application, the applicant self-reports that he or she:

1. Was arrested within the past year; OR
2. Was charged with any state or federal crime in any jurisdiction within the past year; OR
3. Has pending criminal charges; OR
4. Was an inmate in any state or federal custodial facility (such as a jail or prison) or other comparable locked facility (such as a secure medical facility) within the past year; OR
5. Is subject to terms of court supervision or probation from a criminal matter; OR
6. Was a suspect or a potential victim for a law enforcement call for service within the past year, OR
7. Was the subject of a welfare check by law enforcement within the last year, OR
8. Was screened for civil commitment within the past year OR
9. Was the subject of a child in need of protective services (CHIPS) investigation within the past year or was a party or participant in a CHIPS court case within the past year;
10. Is presently the protected party of a harassment restraining order, an order for protection or a domestic abuse no contact order or is the person against whom one of those orders was issued; OR
10. Is a participant (whether in good standing or not) or has been a participant within the last year in any specialty problem solving court (such as drug court or veteran's court).

#### D. Mental Illness (MI) or Co-Occurring Mental Illness and Substance Abuse (CMISA):

An applicant will be considered to have a MI or CMISA if, at the time of the application, the applicant:



1. Receives a score on the Brief Jail Mental Health Screen (BJMHS) which would require a referral for further mental health evaluation. Specifically, a YES answer to either Question 7 or Question 8 or two YES answers to Questions 1-6; OR
2. If the individual performing the BJMHS screen believes a referral for mental health evaluation is necessary for any other reason OR
3. If, within the year prior to application, the applicant has had a mental health diagnosis and has received treatment from a mental health practitioner. OR
4. Meets any one of the above criteria (1-3) plus a score of at least 2 on the Texas Christian University Drug Screen 5.

E. Agreement to Participate:

An applicant who completes all components of the WRAP+ application package (RANT, TCUDS-V, application form and consent to participate will be considered to have given his/her agreement for purposes of admission to the program. (Please note that accepted applicants will be required to sign one or more releases of information to access services or funding from WRAP+).

F. Risk of Violence or Criminal History:

An applicant will be excluded from participation in WRAP+ if that individual has been charged with or convicted of any sex offense as defined by [34 USC § 20911\(5\)\(A\)](#), or any offense relating to the sexual exploitation of children, or murder or assault with intent to commit murder. A list of excludable offenses is included in the Appendix B – WRAP+ Excludable Offenses.

## IV. Referral, Intake and Acceptance Process

### A. Referral Overview:

1. *Who can refer:* Anyone may refer candidates to WRAP+, including self-referrals. Individuals who are booked into the Winona County Jail will have an opportunity to apply for the WRAP+ with the Jail Social Worker.
2. *Voluntary Program:* The referral process is voluntary and should not be made the basis of any plea agreements or conditions of release or probation.

### B. Intake Process:

1. *Overview:* The intake process is the process by which a candidate can become an accepted applicant by meeting the eligibility (target population) criteria for WRAP+.
  - a. **Components:** As part of the intake process, the candidate will be required to undergo **screening** and complete an **application** and **consent to participate**.
  - b. **Assistance:** A candidate may complete the intake process on his/her own or with the assistance of any other person acceptable to the candidate. The JSW will meet with candidates who are incarcerated in the Winona County Jail to explain WRAP+ and offer assistance in completing an application.
  - c. **Repeat Applications:** There is no limit to the number of times that a candidate may complete the intake process.
  - d. **Voluntary v. Required:** Participation in WRAP+ is voluntary; however, all candidates booked into the Winona County Jail must complete the screening step as part of the booking process.
2. *Screening:* All candidates will be required to complete two screening tools as part of the application process: the Brief Jail Mental Health Screen or BJMHS (mental health screen) and the Texas Christian University Drug Screen 5 or TCUDS-V (substance use screen). Copies of the screening tools are included as Appendix D – BJMHC and Appendix E – TCUDS-V and are incorporated into the WRAP+ Online Screening and Application Form (Appendix F) and into the WRAP+ Combined Screening & Application Form (Appendix G), available at [www.winonacountycjcc.org/wrapplus](http://www.winonacountycjcc.org/wrapplus). The screening process varies, depending upon whether the candidate is being booked into the Winona County Jail or applying from within the community (not in jail).
  - a. **In Jail Candidates:** Candidates who are booked into the Winona County Jail will complete the two screening tools, as this is a requirement of the booking process. The WRAP+ Combined Screening & Application Form, which contains both screening tools and is available in paper or an online format, will be used to complete the screening tools in the jail.
  - b. **Candidates Not In Jail:** Candidates who are applying for WRAP+ from within the community (i.e. not in jail) may complete the two screening tools using the WRAP+ Online Screening and Application Form or the WRAP+ Combined Screening &

Application Form (a paper form). Both forms are available at [www.winonacountyjcc.org/wrapplus](http://www.winonacountyjcc.org/wrapplus).

Applicants who wish to apply for WRAP+ must complete the Risks and Needs Triage (RANT®) in addition to the above screening tools.

3. *Application:* All candidates who wish to apply for WRAP+ will be required to complete an application form which contains questions about the candidate's demographic and contact information, residency, justice system involvement, criminal history and areas of need. The application form is incorporated into both the WRAP+ Online Screening and Application Form and WRAP+ Combined Screening & Application Form (a paper form).
4. *Consent to Participate (included in application form):* All candidates who wish to apply for WRAP+ must agree to participate in WRAP+ including verification of eligibility. Additionally, unless the candidate is already a current participant in treatment court, the candidate must agree to have WRAP+ personnel refer the candidate to HVMHC. The consent authorization is included in the WRAP+ Online Screening and Application Form and the WRAP+ Combined Screening & Application Form. (Please note that *accepted applicants* will later be required to sign one or more releases of information in order to become a *WRAP+ participant* and access services or funding from WRAP+.)

#### C. Acceptance Process:

1. *Transmittal of Intake Forms:* Completed intake forms must be transmitted to the JIW, either in person or electronically at [tchandler@co.winona.mn.us](mailto:tchandler@co.winona.mn.us). The WRAP+ Online Screening and Application Form is automatically transmitted to the JIW upon submittal. Applicants who use the WRAP+ Combined Screening & Application Form must email it to Trish Chandler, Jail Intake Worker at [tchandler@co.winona.mn.us](mailto:tchandler@co.winona.mn.us) or personally deliver it to her.
2. *Target Population Verification:* The JIW will review the three screening tools (BJMHS, TCUDS-V and RANT), the WRAP+ Application and Consent Form and the applicant's criminal history. The JIW will then complete the Target Population Verification Form (Appendix H – Target Population Verification Form) to indicate whether the applicant meets the eligibility requirements for participation in WRAP+. Incomplete or missing intake forms will result in a rejected application.
4. *Professional Override Appeal:* Applicants who do NOT meet target population criteria may appeal the decision of the JIW to the WRAP+ Task Force, for consideration of professional override acceptance to the program, using the WRAP+ Eligibility and Appeal Form, Appendix I – WRAP+ Eligibility and Appeal Form. They may also repeat the intake process.
5. *Notification & Referrals:*
  - a. **Notifications:**
    - i. To the Applicant: The JIW will notify all applicants of the result of the target population verification—whether accepted or rejected—using the WRAP+ Eligibility and Appeal Form. The form notifies applicants who were rejected from participation of the reason for non-acceptance, encourages them to repeat

the intake process and notifies them of the right to appeal the non-acceptance to the WRAP+ Task Force. If it is not possible to provide the WRAP+ Eligibility & Appeal Form to the applicant, verbal or e-mail communication of the decision is also acceptable.

- ii. To the Lead Case Planner (LCP) or Agency: Notification will be made to the TCC or JSW for any accepted applicants assigned to them. Notification of accepted applicants assigned to MHPs will be made to the HVMHC Supervisor and HVMHC Coordinator.

**b. Referrals for Accepted Applicants:**

Referrals for accepted applicants will be made as described below, based upon the accepted applicant's status (in jail or not in jail) at the time of application for WRAP+.

- (1) Accepted Applicants Who Are Current Participants in Treatment Court: The JIW will refer accepted applicants who are current participants in treatment court to the TCC.
- (2) Accepted Applicants Who Applied While in Jail: The JIW will refer accepted applicants who are not current participants in treatment court and who applied for WRAP+ while they were in the Winona County Jail (including applicants housed in other counties on behalf of Winona County) to the JSW.
- (3) Accepted Applicants Who Applied Outside of Jail: The JIW will refer accepted applicants who are not current participants in treatment court and who did not complete the WRAP+ application while they were in jail to the HVMHC Supervisor and Coordinator.

c. **Referrals for Rejected Applicants:** The JIW will provide rejected applicants with referrals to other community resources, as deemed appropriate.

d. **Data Collection & Transmittal:** The JIW will collect and maintain data from the intake forms and will securely transmit the data and completed Target Population Verification forms to the GM.

6. *Accepted Applicant Status – Limited to 6 months:* An accepted applicant can remain in “accepted applicant” status for six months from the date of acceptance. If the accepted applicant does not become a participant within six months from the date of acceptance, the accepted applicant must repeat the intake process.

## V. Assessment for Mental Illness and Substance Abuse

### A. Assessment (Evaluation) Overview:

1. *Requirement of Program:* In order for an accepted applicant to become a participant, they must (1) sign a WRAP+ Release of Information and (2) provide proof of completion of a comprehensive evaluation (also referred to as CE or assessment) with HVMHC or another certified behavioral health clinic. Non-treatment court accepted applicants must have a recommendation for ARMHS in their comprehensive evaluation in order to become a participant. Additionally, to confirm their continued willingness to voluntarily participate in the program, all accepted applicants must cooperate and meet with a case manager AFTER completion of a comprehensive evaluation in order to become a participant.
2. *Purpose:* The purpose of the assessment stage is to obtain a more complete evaluation of an accepted applicant's mental health issues (comprehensive evaluation) and chemical dependency issues (Substance Use Comprehensive Assessment, Rule 25 Assessment a/k/a Chemical Dependency Assessment) to aid in the development appropriate case plans.
3. *Eligibility & Funding:* An accepted applicant who has signed a WRAP+ Release of Information is eligible for Tier 1 Funding (which includes, among other things, funding to pay for the assessments if there is no insurance or other readily available source of funding. An accepted applicant who completes a WRAP+ Intake Snapshot Form is (Appendix S) is eligible for up to \$500 in Tier 2 Funding.

### B. Assessment Process:

1. *Identify Person Responsible for Arranging Assessments & Complete Assessment Referral Form:* The person responsible for assisting accepted applicants in assessments will vary, based upon the incarceration status of the client at the time of application and whether they are a current participant of a treatment court.
  - a. **TCC— Current Participant in Treatment Court:** The TCC will have primary responsibility for arranging assessments for accepted applicants who are a current participant in treatment court. When making a referral to HVMHC for a comprehensive evaluation, the TCC will complete and email a WRAP+ Comprehensive Evaluation Referral Form (Appendix X) to the HVMHC Supervisor, HVMHC Coordinator, Grant Manager and other HVMHC staff, as needed.
  - b. **JSW—Accepted Applicants Who Applied for WRAP+ While In Jail:** The JSW will have primary responsibility for arranging assessments for accepted applicants who completed their WRAP+ application while they were incarcerated in the Winona County Jail (including applicants housed in other counties on behalf of Winona County), unless the individual is an current participant in treatment court. When making a referral to HVMHC for a comprehensive evaluation, the JSW will complete and email a WRAP+ Comprehensive Evaluation Referral Form (Appendix X) to the HVMHC Supervisor, HVMHC Coordinator, Grant Manager and other HVMHC staff, as needed.

- c. **HVMHC Coordinator—Accepted Applicants Who Applied for WRAP+ While Not In Jail:** The HVMHC Coordinator will have primary responsibility for coordinating the completion of assessments for accepted applicants who completed their WRAP+ application while they were not incarcerated in the Winona County Jail (including applicants housed in other counties on behalf of Winona County), unless the individual is an current participant in treatment court. When making a referral to HVMHC for accepted applicants, the JIW will also complete and email a WRAP+ Comprehensive Evaluation Referral Form (Appendix X) to the HVMHC Supervisor, HVMHC Coordinator, Grant Manager and other HVMHC staff, as needed.
2. *Obtain Signed Release(s):* The person responsible for arranging assessments will obtain a signed WRAP+ Consent and Release of Information (Appendix J – WRAP+ Consent and Release of Information Form) from the accepted applicant, if one is not already completed. If the accepted applicant is a current participant in treatment court or is a HVMHC ARMHS client, the person responsible should already have a release of information for the program in which the accepted applicant is an active participant.
3. *Arrange for Assessment(s) and Submit Funding Request for Payment:* The person responsible for arranging assessment(s) will arrange for needed assessments, as indicated by the accepted applicant’s screening results. This responsibility includes (1) setting up the assessment with a provider (or in the case of the HVMHC Coordinator, referring that responsibility to the Intake Specialists and monitoring progress), (2) providing the applicable release of information to the provider so that the results can be provided to the person responsible for arranging the assessment and the WRAP+ GM and (3) ensuring that funding is available to pay for the assessment. If insurance is not in place for the accepted applicant and there is no other readily available source of payment for the assessment, the person responsible for arranging the assessment shall submit a Funding Request (see Section VII) for the cost of the assessment to the GM for approval. Assessment(s) will not be delayed for lack of insurance as WRAP+ provides Tier 1 funding for assessments for accepted applicants (see Funding Requests).
4. *Complete WRAP+ Client Intake Data Summary:* At the same time or as soon as possible after a referral for a comprehensive evaluation is made, the LCP (TCC, JSW or MHP or their delegee) will complete a WRAP+ Client Intake Data Summary for the accepted applicant and transmit it to the GM. Completion of this form by an accepted applicant makes that applicant eligible for up to \$500 in Tier 2 funding, pending completion of the comprehensive evaluation.
5. *Case Assignment, Data Collection & Transmittal:*
  - a. **TCC— Current Participant in Treatment Court:** The TCC will have primary responsibility for collecting and maintaining data on the results of the assessments they arrange and will securely transmit a Confirmation of Participant Status Form (Appendix V – Confirmation of Participant Status) to the GM.
  - b. **JSW—Accepted Applicants Who Applied for WRAP+ While In Jail:** The JSW will have primary responsibility for collecting and maintaining data on the results of the assessments they arrange and will securely transmit a Confirmation of Participant Status Form (Appendix V – Confirmation of Participant Status) to the GM.

- c. **HVMHC Coordinator—Accepted Applicants Who Applied for WRAP+ While Not In Jail:** The HVMHC Coordinator will have primary responsibility for coordinating the completion of assessments for accepted applicants who completed their WRAP+ application while they were not incarcerated in the Winona County Jail (including applicants housed in other counties on behalf of Winona County), unless the individual is an current participant in treatment court. Once the assessments are completed, the HVMHC Coordinator will assign the case to an MHP who will securely transmit a Confirmation of Participant Status Form (Appendix V – Confirmation of Participant Status) to the GM.

## VI. Case Management

### A. Case Management Overview:

1. *Purpose*: One of the goals of WRAP+ is to provide an opportunity for individuals with mental illness (MI) or co-occurring mental illness and substance abuse (CMISA) to voluntarily receive comprehensive case management and care coordination.
2. *Case Management or Care Coordination*: Case management or care coordination is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's identified needs, usually with respect to health or social service needs.
3. *Case Plans or Treatment Plans*: Case plans or treatment plans are individualized plans which identify the client's goals and interventions or activities that must occur to achieve those goals.
4. *Lead Case Planner (LCP)*: The lead case planner (a/k/a case manager) will vary, depending upon the status of the WRAP+ participant at the time of application to WRAP+, as follows:
  - a. **TCC-Current Participant in Treatment Court**: LCP is the TCC.
  - b. **JSW-Participants Who Applied for WRAP+ While In Jail**: The initial LCP is the JSW, but will eventually transition to a community-based LCP.
  - c. **MHP-Accepted Applicants Who Applied for WRAP+ While Not In Jail**: LCP is MHP.

### B. Obtaining Collateral Information:

1. *Purpose*: By obtaining collateral information about orders or agreements that the Participant must follow in order to avoid reincarceration or receive additional consequences that might adversely affect their ability to achieve case plan goals, the LCP can help the Participant create a case plan to stay in compliance with those requirements.
2. *Responsibility*: The LCP is responsible for obtaining collateral information about existing probation terms or pretrial or conditional release orders or child protection case plan about each participant.
3. *Procedure*:
  - a. *Probation Agreements*: The procedure for obtaining probation agreements is set forth in Appendix Y – Process for Obtaining Probation Agreements.
  - b. *Pretrial Orders/Conditional Release Orders*: The procedure for obtaining pretrial orders/conditional release orders is to obtain copies of any pretrial or release orders the participant has in their possession directly from the Participant. If the client does not possess copies of the orders, the LCP should assist them in requesting copies of the orders from Court Administration. The JIW may also be consulted for assistance in locating release orders.
  - c. *Child Protection (CHIPS) Case Plans*: The procedure for obtaining CHIPS case



plans is to obtain copies of any CHIPS case plans the participant has in their possession directly from the Participant. If the client does not possess copies of the orders, the LCP should assist them in requesting copies of the orders from their child protection social worker. The GM may also be consulted for assistance in locating CHIPS case plans.

### C. Case Management Process:

1. *Jail Social Worker Case Management:* The JSW will provide case management services to participants identified in VI.A.4.b. above. In addition to the assessment coordination referenced in Section V, and obtaining collateral information in VI.B. these services will include conducting interviews and case evaluations, preparing social or trauma histories, providing preventative services, coordinating in-jail services, providing counseling, making referrals for pre-petition screenings or other services and coordinate referrals to the HUB or treatment court. The JSW may use the GAINS Case Plan (Appendix K – GAINS Re-Entry Checklist for Inmates Identified with Mental Health Service Needs) or equivalent case plan form. The JSW shall make every effort to achieve a warm handoff of a participant to a community-based service provider (TC or MHP) as soon as possible after the participant’s release from jail.
2. *Treatment Court:* The TCC will provide case management services in accordance with the policies of the treatment court policies and procedures. The intake process for treatment court includes a needs assessment stage in which a RANT tool is completed to determine the risks and needs of the client. In treatment court, the agencies and individuals involved in the participant’s case plan and in the recovery process work together with the participant/client (and the people in his or her support system) to develop collaborative and comprehensive case plans or care coordination plans (collectively “case plans”). The TCC works directly with the participant to assist, adjust and monitor the case plan. WRAP+ incorporates, by reference, the existing processes that are utilized by treatment court for case management services. A link to the program manual for treatment court is available at: <https://www.co.winona.mn.us/documentcenter/view/1916>
3. *Mental Health Practitioner:* MHPs will provide case management services in accordance with the HVMHC and Minnesota Department of Human Services policies, rules and regulations. The MHPs will work together with the participant/client to develop a client-centered treatment plan which will meet the identified needs of the client. WRAP+ incorporates, by reference, the existing processes that are utilized by these programs for those services. Links to the Hiawatha Valley Mental Health Center website and Department of Human Services ARMHS webpage are provided below:
  - [Hiawatha Valley Mental Health Center](#)
  - [Department of Human Services ARMHS Webpage](#)
4. *Data Collection & Transmittal:* The LCP will collect and maintain data on participants, as and will securely transmit the data to the GM as required for grant reporting purposes. This includes the requirement to complete a Quarterly Data Collection Form (Appendix T – Quarterly Data Collection Form) at the end of each quarter using guidance contained in the Quarterly Data Collection Guide (Appendix T – Quarterly Data Collection Guide) and a WRAP+ Client Discharge Data Summary (Appendix S) during the final quarter of participation.

## VII. Funding Requests

### A. Funding Requests Overview:

1. *Purpose:* WRAP+ provides funding to assist WRAP+ accepted applicants, WRAP+ participants and WRAP+ alumni for expenses for needed assessments or other recovery support services that are consistent with and in furtherance of the individual's case plan, as further described below.

### 2. *Tiers of Funding & Eligibility*

#### a. **Tier 1 Funding for Assessments and Monitoring Services for Accepted Applicants:**

(1) Allowable Expenses: Tier 1 Funding will pay for the following items:

- the cost of a Diagnostic Assessment or Rule 25 Assessment if there is no insurance or other readily available source of funding;
- the cost of up to 30 days of monitoring services for incarcerated individuals, if ordered as a condition of release from incarceration;
  - drug patch
  - GPS
  - electronic alcohol monitoring
  - electronic home monitoring

ALL REQUESTS FOR TIER 1 FUNDING FOR MONITORING SERVICES  
MUST BE MADE BY THE JSW

(2) Eligibility: Accepted Applicants who sign a WRAP+ Release of Information are eligible for Tier 1 Funding. Tier 1 Funding will be terminated for Accepted Applicants who do not become a WRAP+ Participant within six months of acceptance, unless the failure to become a WRAP+ Participant is not the fault of the Accepted Applicant.

b. **Tier 2 Funding for Accepted Applicants who Complete a WRAP+ Client Intake Data Summary:** Accepted applicants who complete a WRAP+ Client Intake Data Summary (Appendix S) with a LCP are eligible for up to \$500 in Tier 2 funding, pending completion of their comprehensive evaluation.

#### c. **Tier 2 Funding for Recovery Support Services for WRAP+ Participants:**

(1) Allowable Expenses: Tier 2 Funding will pay for the following items:

- **Housing:** rental application fee, payment of rent, utility bills, up to \$100 in essential housing items (toilet paper, bedding, cleaning supplies)
- **Health:** insurance premiums/co-pays, chemical dependency assessment, diagnostic/mental health assessment, domestic violence assessment, medical expenses, dental expenses, vision expenses, medications, GPS fee for appointments, up to six months of a health or fitness club membership.
- **Identification:** identification cards, Social Security cards, birth certificate
- **Clothing/shoes:** basic clothing upon release, essential toiletries, work clothes, shoes
- **Transportation:** bus pass, cab fees, one driver license reinstatement fee

- **Child care:** emergency childcare assistance for up to 30 days to any licensed childcare provider as outlined in Chapter 245A of the Minnesota Statute OR to a provider who is excluded from licensure pursuant to Minn. Stat. Sec. 245A.03, subd. 2.
- **Work-related:** up to one month of GPS, UA and daily fees for work release eligible clients; GPS fee for job search
- **Education:** application fee; GED fee; books, web access fees
- **Communication:** phone cards
- **Monitoring expenses:** up to three months of expenses for drug patch, GPS, electronic alcohol monitoring or electronic home monitoring

(2) Eligibility: WRAP+ Participants (current treatment court participant or HUB client) who have a case plan or care coordination plan are eligible for Tier 2 Funding. Accepted Applicants who have completed a WRAP+ Client Intake Data Summary are eligible for up to \$500 in Tier 2 funding pending completion of their comprehensive evaluation. The funding request must be consistent with and in furtherance of the individual's case plan or care coordination plan.

c. **Tier 3 Funding for Alumni Participants:**

(1) Allowable Expenses: Tier 3 Funding will pay for the following items:

- **Housing:** rental application fee, payment of rent, utility bills, up to \$100 in essential housing items (toilet paper, bedding, cleaning supplies)
- **Health:** insurance premiums/co-pays, chemical dependency assessment, diagnostic/mental health assessment, domestic violence assessment, medical expenses, dental expenses, vision expenses, medications, GPS fee for appointments, up to six months of a health or fitness club membership.
- **Identification:** identification cards, Social Security cards, birth certificate
- **Clothing/shoes:** basic clothing upon release, essential toiletries, work clothes, shoes
- **Transportation:** bus pass, cab fees, one driver license reinstatement fee
- **Child care:** emergency childcare assistance for up to 30 days to any licensed childcare provider as outlined in Chapter 245A of the Minnesota Statute OR to a provider who is excluded from licensure pursuant to Minn. Stat. Sec. 245A.03, subd. 2.
- **Work-related:** up to one month of GPS, UA and daily fees for work release eligible clients; GPS fee for job search
- **Education:** application fee; GED fee; books, web access fees
- **Communication:** phone cards
- **Monitoring expenses:** up to three months of expenses for drug patch, GPS, electronic alcohol monitoring or electronic home monitoring

(2) Eligibility: WRAP+ Alumni (who has successfully completed WRAP+) are eligible for Tier 3 Funding for up to six months following their date of program completion. The funding request must be consistent with and in furtherance of the individual's case plan or care coordination plan.

3. *Unallowable Expenses:* The following expenses cannot be funded with WRAP+ funds:

- **Expenses that would fund items in violation of probation terms or court order:** any expense or item that would contradict probation or an existing court order, such as funding a rent payment for someone to reside with a person who has an order for protection against the participant.
  - **Expenses that extend beyond a year:** security deposit
  - **Non-essential household items:** curtains, rugs, dishes, lamps, artwork, appliances and personal electronics.
  - **Non-essential personal items:** makeup, non job-related clothing, cell phone.
  - **Direct payments:** payments made directly to the person for whom funding is sought
  - **Other:** food, expenses that can be readily paid by another source, illegal items, fines, gas cards, past due expenses, restitution
4. *Exhaustion of Other Sources of Funding:* WRAP+ Funds are to be used as a last resort. All appropriate service agencies and/or organizations **must** be checked for expendable dollars, donations or waived fees prior to filling out this request. If a known resource or funding exists, then the LCP who made a WRAP+ Funding Request will be directed to exhaust that resource or funding first prior to receiving assistance from this fund. If a request is considered time-sensitive, such that waiting for an eligibility determination from another source will adversely impact the person for whom funding is sought, WRAP+ funds may be used to cover the costs of the request.
5. *Funding Caps:* There are two types of caps to funding in the WRAP+ program. The first type are categorical caps, which limit the amount and/or duration of funding based on a particular category of service provided. These categorical caps are covered in detail in section VII.A.2 of this Manual. The second type of cap is an aggregate cap, which limits the total amount of funding an individual participant may receive from the WRAP+ program. This cap as of July 1, 2022 is \$2,000 per individual participant, \$500 of which may be accessed by accepted applicants who complete a WRAP+ Client Intake Data Summary.
- a. **Request for Funding in Excess of Aggregate Cap:** If a participant's case manager believes that a funding request that would exceed the individual aggregate cap would support individual's case plan, they should make a request to the WRAP+ Task Force for a discretionary Funding Request. The WRAP+ Task Force will then review the discretionary Funding Request and should approve the request if the request will not negatively impact the program's capacity to meet its Mission and Goals.
  - b. **Appeal:** When a case manager decides that a Request for Funding under subpart a. is not warranted or if the WRAP+ Task Force decides such a Request for Funding should not be granted, the participants may appeal such decisions to the WRAP+ Task Force, including in their appeal any basis for reconsideration of the decision.
6. *Source of Funding Requests:* All funding requests must be made by a LCP; they may not be made directly by the person for whom funding is sought (i.e. accepted applicant, active participant or alumni participant).

#### B. Funding Request Process:

1. *Determine Need for Funding:* The LCP must determine the need for funding based upon their review of the screenings or incarceration status (for Tier 1 Funding) or case plan/care

coordination plan (for Tier 2 or Tier 3 Funding). ALL REQUESTS FOR TIER 1 FUNDING FOR MONITORING SERVICES MUST BE MADE BY THE JSW.

2. *Explore Other Funding Sources:* The LCP must explore other funding options as set forth above before applying for WRAP+ funding.
3. *Complete Application Package:* The LCP must complete an application package, which includes the following documents: (1) a WRAP+ Funding Request form (Appendix L – WRAP+ Funding Request), (2) supporting documentation for the expense, if applicable (such as a bill, signed lease, provider verification of appointment and cost) and a (3) W-9 Form if the payee is not already on file in the Winona County Finance System (Appendix M – W-9 Form). Incomplete applications will not be processed.
4. *Submit Application Package:* Completed application packages must be emailed to the WRAP+ Grant Manager at [kalene@engellawoffice.com](mailto:kalene@engellawoffice.com) or mailed or hand-delivered to Kalene Engel, 157 West Third Street, Winona, MN 55987.
5. *Payment Decision:* Completed applications will be processed by the GM within three business days following the submission of a completed application package. GM-approved funding requests will be forwarded to the County Attorney for departmental approval and transmitted to the Winona County Finance Department for payment. The GM will notify the LCP approved payment requests, as well as the rationale for non-approved funding requests.
6. *Proof of Payment:* Upon request, the GM will provide the requesting LCP with an acknowledgement or receipt of payment.
7. *Client acknowledgement:* Upon verification of proof of payment, the LCP will obtain a signed WRAP+ Funding Receipt (Appendix N – WRAP+ Funding Receipt) from the person for whom funding was provided. The receipt must be emailed to the GM at [kalene@engellawoffice.com](mailto:kalene@engellawoffice.com) or mailed to Kalene Engel, 157 West Third Street, Winona, MN 55987.

C. Donated Items Distribution:

WRAP+ occasionally receives items that are donated by others for the purpose of redistributing them to WRAP+ Participants, the most common of which are bicycles and computers. The process for requesting and acknowledging receipt for donated items is the same as outlined above. Donated items do not count towards a participants funding cap of \$2,000 per participant.

## VIII. Program Completion/Termination

### A. Accepted Applicants

1. *Program Completion:* A person who remains in the accepted applicant status and does not become a WRAP+ participant is not eligible for program completion.
2. *Time Limit on Accepted Applicant Status:* WRAP+ accepted applicants who do not become WRAP+ participants within six months of their date of acceptance will need to repeat the intake process.

### B. WRAP+ Participants

#### 1. *Treatment Court Clients:*

- a. **Program Completion:** A WRAP+ participant who is or was a treatment court client will be considered to have completed the WRAP+ Program if he or she has graduated from treatment court, as that term is defined in the policies and procedures manual for the applicable treatment court.
- b. **Program Termination:** A WRAP+ participant who is or was a treatment court client will be considered to be terminated from the program if they are terminated from the treatment court, as that term is defined in the policies and procedures manual for the applicable treatment court.

#### 2. *MHP Clients:*

- a. **Program Completion:** A WRAP+ participant who is working with an MHP will be considered to have completed the WRAP program if he or she has successfully overcome at least one-half of the barriers identified at intake (on the WRAP+ Client Intake Data Summary). At a minimum, the participant must achieve stability in housing, have received or be receiving mental health treatment and have some form of health insurance.
- b. **Program Termination:** A WRAP+ participant who is or was working with a MHP is terminated from the program if they are discharged from the HVMHC due to HVMHC discharge policies. A WRAP+ participant who re-initiates services with HVMHC during the same quarter they were discharged may re-enter WRAP+ without re-applying or undergoing another evaluation as long as the comprehensive assessment is still valid and they are not otherwise prohibited from receiving services from HVMHC.

#### 3. *JSW Clients:*

- a. **Program Completion:** A WRAP+ participant who is or was a JSW client will be considered to have completed the WRAP+ Program if he or if he or she has successfully overcome at least one-half of the barriers identified at intake (on the WRAP+ Client Intake Data Summary). At a minimum, the participant must achieve stability in housing, have received or be receiving mental health treatment and have some form of health insurance.

- b. **Program Termination:** A WRAP+ participant who is or was a JSW client is terminated from the program if the participant has had no contact with the JSW for 60 days.
- 4. **Data Collection & Transmittal:** For each client who is discharged from WRAP+ (either through completion or termination), the LCP must complete and transmit to the GM the following documents: the Quarterly Data Collection Form (Appendix T – Quarterly Data Collection Form) for the final quarter of participation of a WRAP+ Participant and the LCP must complete WRAP+ Client Discharge Data Summary (Appendix S – Client Intake and Discharge Form) reflecting the circumstances of the client AT DISCHARGE.

C. Safety Discharge:

If a case manager and supervisor, in consultation with other WRAP+ staff, believe that it is unsafe for a case manager to continue to provide services to an Accepted Applicant or Participant, the Accepted Applicant or Participant can be transferred to another case manager or discharged from WRAP+. If the Accepted Applicant or Participant cannot be transferred to another case manager, the discharge reason will be documented as “other.”

D. Residency Discharge:

If an accepted applicant or participant moves out of the service area (currently Winona County) they may remain on the case manager’s caseload for 30 days to close out the file, after which they will be discharged from the program. If it is found that an accepted applicant or participant has misrepresented his or her residency status at any time during their involvement in the program, or if an applicant who stated that they planned to move to Winona County within three months of the date of application has not moved to Winona County, their participation in the program will be reevaluated by the case management team and they may be terminated from the program due to residency status.

## IX. Roles & Responsibilities

Following is a brief description of the Roles & Responsibilities of the main committees, agencies and individuals involved in the development and implementation of WRAP+.

### A. Committees and Agencies:

1. *WRAP+ Task Force*: WRAP+ Task Force is a multidisciplinary team which is responsible for overseeing the implementation of WRAP+. The WRAP+ Task Force meets monthly to discuss program progress, provide feedback and recommend adjustments as needed. The WRAP+ Task Force may also consider appeals by individuals who were not accepted to the program or approved for recovery support services funding and make professional override decisions on those appeals.
2. *WRAP+ Implementation Committees*: Working under the direction of the WRAP+ Task Force, five committees were responsible for developing and implementing specific components of the JMHCP Grant: Human Resources, Training, Policy, Data & Evaluation and Screening/Assessment.
3. *WRAP+ Executive Committee*: The WRAP+ Executive Committee is comprised of the Chairperson of the CJCC, the Grant Manager, the Grant Evaluator and the Mental Health Partner. The Executive Committee participates in monthly phone calls with the JMHCP Grant's Technical Assistance Provider.
4. *WRAP+ Case Management Team*: The WRAP+ Case Management Team is comprised of the GM, the TCC, the JSW, the JIW, the MHPs and the HVMHC Supervisor. The WRAP+ Case Management Team is responsible for reviewing/consulting on client progress on case plans and making recommendations for policy and form changes based upon experiences with implementation.
5. *Jail & Jail Alternatives Committee*: The Jail & Jail Alternatives Committee is a standing committee of the CJCC which receives monthly reports on WRAP+ and provides updates on program activities to the CJCC.
6. *Hiawatha Valley Mental Health Center*: Hiawatha Valley Mental Health Center is Winona County's mental health partner on the JMHCP Grant. HVMHC is a certified community behavioral health clinic which serves Winona County and employs and supervises the MHPs, HVMHC Supervisor and HVMHC Coordinator. Employees of HVMHC serve on the Executive Committee, WRAP+ Executive and Implementation Committees, WRAP+ Task Force and Jail & Jail Alternatives committee and coordinate the cross-training component of WRAP+.
7. *Winona Community Hub/Live Well Winona*: Live Well Winona administers the Winona Community Hub, which provides care coordination to identified population of clients in Winona County using the Pathways Community Hub Model.

### B. Individuals:

1. *Mental Health Practitioners (MHPs)*: The MHPs are employees of HVMHC and serve as the community-based LCP for WRAP+ participants. The MHPs will conduct their work in



compliance with WRAP+ Policies and Procedures, HVMHC Policies and Procedures and rules and statutes applicable to ARMHS providers. See job description at Appendix O – Mental Health Practitioner Position Description.

2. *Jail Social Worker (JSW)*: The JSW is an employee of Winona County, primarily stationed in the jail. The JSW will recruit WRAP+ applicants, offer information and assistance to in-jail candidates during the WRAP+ intake process, arrange assessments and provide case management for in-jail accepted applicants. The JSW will also assist jail staff during encounters with clients in a mental health crisis, provide direct services and initial case planning to WRAP+ clients and coordinate referrals to the Community Hub. The JSW is also responsible for collecting and maintaining program required data and providing it to the GM for reporting purposes. See job description at Appendix P – Criminal Justice Social Worker Classification Description.
3. *Jail Intake Worker (JIW)*: The JIW is an employee of Winona County, stationed in the jail. With respect to the WRAP+ Program, the JIW is responsible for assembling the WRAP+ intake form and performing a Target Population Verification to determine whether an applicant is eligible for admission to the program, providing the results to the applicant, JSW and existing LCPs. The JIW is also responsible for recruiting WRAP+ applicants and collecting and maintaining program required data and providing it to the GM for reporting purposes. As an ancillary service, the JIW also completes bail evaluations and maintains other jail data.
4. *Treatment Court Coordinator (TCC)*: For purposes of WRAP+, a TCC is the LCP for accepted WRAP+ applicants who are current participants in a treatment court serving residents of Winona County.
5. *Grant Manager (GM)*: The GM is responsible for the overall programmatic and fiscal management of the JMHCP Grant. This includes responsibility for receiving, reviewing and preparing approval requests for recovery support services. See position description at Appendix Q – WRAP+ Position Description for Grant Manager.
6. *Evaluator*: The Evaluator is responsible for identifying performance measures directly connected to the program goals and objectives and completing both a process and outcome evaluation of the program.

## **X. Ancillary Services**

For purposes of this section, ancillary services are services or activities that support the work of WRAP+, but that are not directly funded by the JMHCP Grant.

### **A. Public Defender Applications:**

Paper applications for public defender representation are made available to persons booked into the Winona County Jail. Jail staff, including the JIW, are available to assist inmates with the application and every effort is made to have a complete application form available for review by the judge at the time of first appearances.

### **B. Bail Evaluations:**

The JIW completes pre-trial bail evaluations for inmates booked into the Winona County Jail with new charges (whether based upon probable cause or a warrant for new charges). The bail evaluation consists of an interview, gathering of collateral information (including mental health/substance abuse information) and completion of the Minnesota Pretrial Release Evaluation Form (a validated bail evaluation tool). Completed bail evaluations are e-filed in the court records management system and provided to the judge, prosecutor, defense attorney and inmate prior to first appearances.

### **C. Early Referrals:**

During the bail evaluation interview process, the JIW provides “early intervention” referrals to Winona County inmates based upon their identified needs. This can include referrals for services such as housing, transportation, health insurance and mental health/chemical dependency treatment.

### **D. Public Defender Representation at 1<sup>st</sup> Appearances:**

The 3<sup>rd</sup> Judicial District Public Defender’s Office provides pre-first appearance consultations and representation at 1<sup>st</sup> appearances to any Winona County inmates who desire the services and are not already represented by another attorney.

### **E. Sequential Intercept Mapping:**

In March of 2021, nearly 60 individuals, representing a diverse cross-system group of Winona County stakeholders from the behavioral health and criminal justice systems, participated in a Sequential Intercept Mapping Workshop, facilitated by SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation. The workshop resulted in a report which (1) described a comprehensive picture of how people with mental and substance use disorders enter and move through the criminal justice system along six distinct intercept points; (2) identified resources, gaps in services and opportunities at each intercept; and (3) suggested priorities for change and strategic action plan ideas. The SIM process and report will be used to guide the future of the CJCC and related groups in addressing the gaps in services and opportunities.

### **F. Cross-Training:**

Extensive cross-training is integral to the successful implementation of WRAP+ to bridge knowledge gaps and create a shared understanding of best practices for the successful reentry of people with MI or CMISA. Funding for extensive cross-training for criminal justice system personnel and behavioral health/chemical dependency providers is available through the WRAP+ Grant; however, much of the training is expected to be provided at no cost through volunteer trainers or other free training resources.

G. Health Care Enrollment:

A Financial Worker from Winona County Health and Human Services assists inmates with health care enrollment, when requested, upon exit from the jail and also assists inmates in accessing funding for chemical dependency treatment.

H. Advanced Correctional Healthcare (ACH)

Winona County contracts with ACH for in-jail medical care. A physician's assistant is available 24/7 by phone and visits once a week for interviews and to prescribe medications. A nurse is on-site for 15 hours per week. A part time mental health staff (social worker) is available two days on site and by phone the rest of the time. The mental health provider prioritizes stabilization, provides supportive counseling and obtains trauma history, if possible.

## **XI. Program Data, Confidentiality and Information Sharing**

### **A. Program Data:**

Program data will be collected both for purposes of the required grant reporting and to measure program effectiveness. Data will be collected and shared in accordance with the WRAP+ governing contracts, program partner policies and procedures and state and federal law. Responsibility for collecting different data elements will be a collaborative effort, as there is no integrated data system for all program data. The specific data elements that will be collected and the person or agency responsible for collecting the data is set forth at Appendix R – Data Collection Responsibility Chart.

### **B. Confidentiality:**

Federal confidentiality laws and regulations protect information about an individual if the individual has applied for or received any AOD-related services from a program conducted, regulated, or directly or indirectly assisted by the Federal Government. 42 U.S. C. SS 290dd-3 and ee-3 and 42 C.F.R. Part 2. Services applied for or received can include assessment, diagnosis, individual counseling, group counseling, treatment or referral for treatment.

Information that is protected by federal confidentiality regulations may always be disclosed after the individual has signed a proper consent form. The regulations also permit disclosure without the individual's consent in several situations, including medical emergencies, program evaluations and communications among program staff. Individuals who refuse to sign consent forms permitting essential communications can be excluded from treatment or provided treatment temporarily in the hope that resistance to signing the consent forms will evaporate as treatment proceeds.

### **C. Information Sharing:**

Interagency collaboration and information sharing is a best practice for successful reentry for people with MI or CMISA, as it allows for collaborative and comprehensive case planning. To allow for effective information sharing about participants, releases of information (informed consents) will be utilized, including a WRAP+ Release of Information and provider-specific releases of information, as required.

### **D. Use of Information**

In no event will the information obtained as a result of the referral process, screening, assessment, or participation in the WRAP+ program be used in any way to support criminal charges against a participant.

## **XII. Program Evaluation**

Two evaluations will be performed on the program: a process evaluation to be completed in approximately December of 2022 and an Outcome Evaluation to be completed in approximately June of 2024. The purpose of the Process Evaluation is to examine the program's services, policies and procedures to determine whether the program is operating as intended, what barriers have been encountered and whether changes in implementation are needed. The purpose of the Outcome Evaluation is to examine the program's results to determine whether the intended outcomes were achieved.

### **XIII. Outreach and Sustainability**

#### **A. Outreach:**

The GM is the person primarily responsible for promoting WRAP+ to the public and serving as its spokesperson. Outreach methods to ensure utilization of the program will include, but are not limited to, the following:

- Multidisciplinary membership and participation on the WRAP+ Committees
- Standing agenda item on the monthly JJA Agenda
- Regular reports to the CJCC through the JJA
- Cross-trainings being offered through WRAP+
- Live or recorded presentations on WRAP+ to partner agencies and other area organizations
- A video on the re-entry component of the program which is embedded in the on-line Screening and Application form
- Dedicated WRAP+ page(s) on the CJCC website including a video
- Social media (Facebook) posts and reminders about the program

#### **B. Sustainability:**

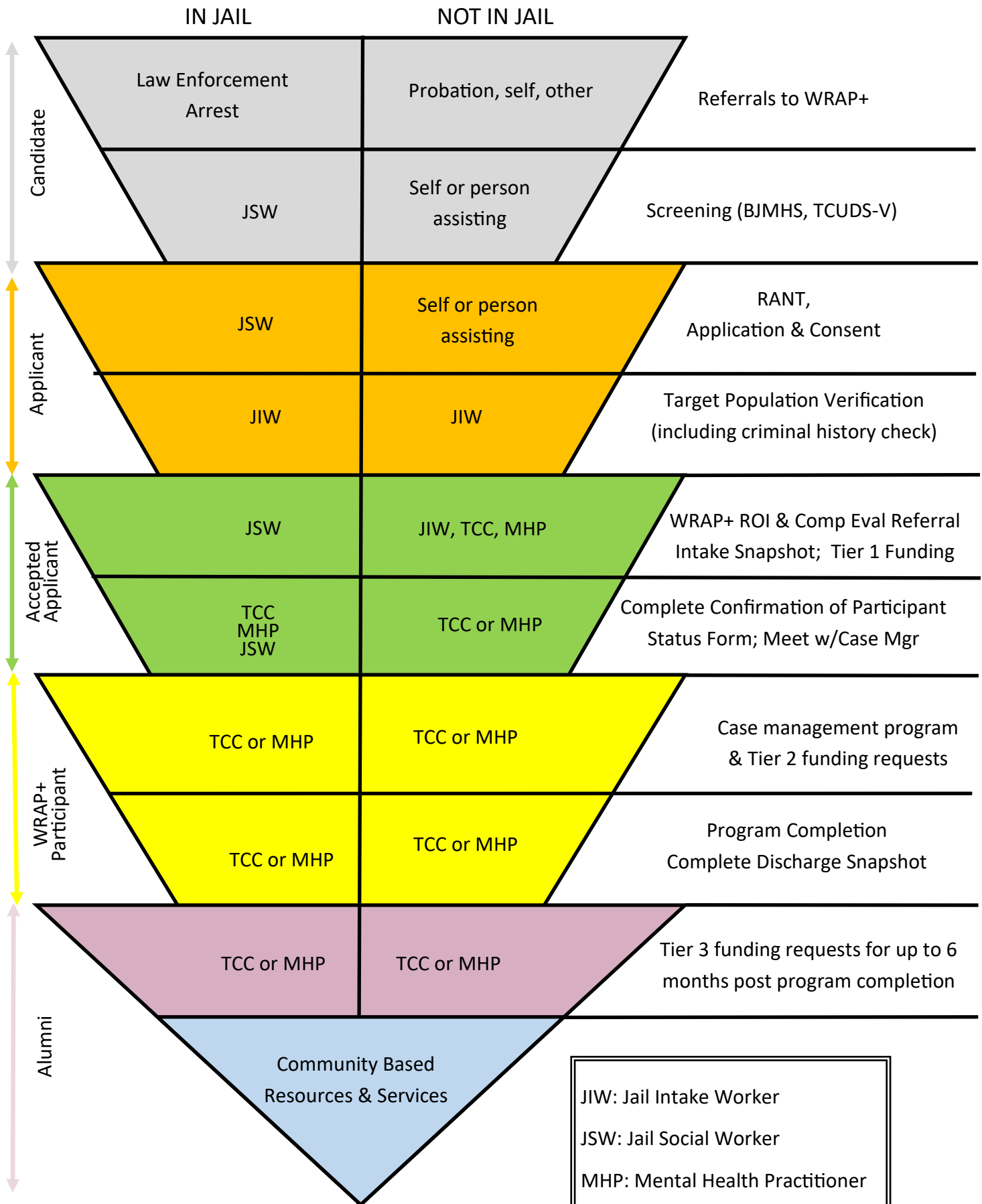
WRAP+ was designed with sustainability in mind, as the primary positions funded by the grant are capable, with time and effort, of becoming self-sustaining positions through the receipt of health insurance/Medicaid recovery. The MHPs are ARMHS providers and ARMHS is a Medicaid billable service. Similarly, some of the services that the Jail Social Worker will perform will eventually become billable (as the State of Minnesota allocates funding and defines criteria for those services). The training portion of WRAP+ could be maintained with a small amount of funding, as there are many free training resources online and area “live” trainers have mostly volunteered their services. It is hoped that the “recovery support services” funding could be achieved through a community donation fund at the Winona Community Foundation, similar to what has been done with the TCWC. It is anticipated that program outcomes will not only justify the continuation of the positions and other services currently being funded through the grant, but that program partners will continue to support the program by allowing staff to participate in post-grant planning and oversight committees.

**Appendix to WRAP+ Policies and Procedures Manual**  
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**(Updated 1/6/24)**

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Y.	Process for Obtaining Probation Agreements

# WRAP+ Program Flowchart

Updated 1/6/24



JIW: Jail Intake Worker  
 JSW: Jail Social Worker  
 MHP: Mental Health Practitioner  
 TCC: Treatment Court Coordinator



**WRAP+ Excludable Offenses**  
**Updated 8/22/23**

An applicant will be excluded from participation in in WRAP+ if that individual has been charged with or convicted of any sex offense as defined by [34 USC § 20911\(5\)\(A\)](#), or any offense relating to the sexual exploitation of children, or murder or assault with intent to commit murder. A charge or conviction for any of the following Minnesota crimes will exclude a candidate from participation in WRAP+.

MN Statute #	Title
609.185	Murder in the first degree
609.19	Murder in the second degree
609.221	Assault in the first degree
609.25*	Kidnapping
609.255*	False Imprisonment
609.294	Bestiality
609.322	Solicitation, inducement, and promotion of prostitution
609.324 Subd 1; 1a only	Other prostitution crimes; patrons, prostitutes, and individuals housing individuals engaged in prostitution; penalties
609.342	Criminal sexual conduct in the first degree
609.343	Criminal sexual conduct in the second degree
609.344	Criminal sexual conduct in the third degree
609.345	Criminal sexual conduct in the fourth degree
609.346	Criminal sexual conduct in the fifth degree
609.3453	Criminal sexual predatory conduct
609.352	Solicitation of children to engage in sexual conduct

\*if committed against a minor by a person other than a parent or guardian

**Juvenile Sex Offenses:** If an applicant was convicted of one or more of the above offenses as a juvenile, the case will be referred to the Winona County Attorney’s Office for consideration of eligibility. Any determination made by the Winona County Attorney’s Office can be appealed to the WRAP+ Task Force.

# RANT<sup>®</sup>

## RISK AND NEEDS TRIAGE FOR PROBLEM-SOLVING COURTS

Risk and Needs Triage (RANT<sup>®</sup>) is a highly secure, web-based tool designed to help judges and other criminal justice professionals place adult drug offenders into the appropriate treatment and supervision settings. By matching offenders to appropriate services, RANT helps optimally target resources for improved public safety and public health outcomes.

**When courts correctly classify a participant as a low risk offender, rather than misplacing them in a high risk program, they could:**

Save more than \$11,000 per court participant

Reduce the court burden, increase efficiency

Support effective participant rehabilitation

### HOW IT WORKS

RANT instantly sorts offenders into one of four risk/needs quadrants, each with direct implications on the optimal level of criminal justice supervision and behavioral health care.

It can be administered by non-specialists in 15 minutes or less and instantly provides client reports in order to make real-time decisions.

The following factors illustrate an individual who was classified as high risk and high need. Such individuals typically require a combination of services involving intensive treatment, close monitoring and accountability.

#### Risk factors:

- Early age of criminal activity onset
- Early age of substance use onset
- Deviant peer affiliations
- Prior failure in drug or alcohol rehabilitation
- Prior felony or serious misdemeanor convictions
- Unstable living arrangements

#### Needs factors:

- Physical addiction to drugs or alcohol

		RISK	
		HIGH	LOW
NEEDS	HIGH	X	
	LOW		

### Expand Your Use with RANT<sup>®</sup>-Plus

RANT-Plus includes all the elements of the streamlined RANT, but with additional features:

- Jurisdiction-specific customization
- Data accumulation
- Aggregate data reporting
- Optional antisocial personality disorder module
- Case outcomes module
- Web conference training

 **RESEARCH & EVALUATION GROUP**  
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For more information or to purchase, please contact:

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The Research & Evaluation Group at Public Health Management Corporation is dedicated to helping clients understand their communities, improve their programming, and deepen their impact on public health and education.

# BRIEF JAIL MENTAL HEALTH SCREEN

## Section 1

Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">First                      MI                      Last</small>	Detainee #: _____	Date: ____/____/____	Time: _____ AM PM
---	-------------------	----------------------	----------------------

## Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <u>ever</u> been in a hospital for emotional or mental health problems?			

## Section 3 (Optional)

<b>Officer's Comments/Impressions (check <i>all</i> that apply):</b>		
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Under the influence of drugs/alcohol	<input type="checkbox"/> Non-cooperative
<input type="checkbox"/> Difficulty understanding questions <input type="checkbox"/> Other, specify: _____		

### Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

Not Referred

Referred on \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_\_

Person completing screen \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

### GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

### INSTRUCTIONS FOR SECTION 1:

NAME: Enter detainees name — first, middle initial, and last  
DETAINEE#: Enter detainee number.  
DATE: Enter today's month, day, and year.  
TIME: Enter the current time and circle AM or PM.

### INSTRUCTIONS FOR SECTION 2:

#### ITEMS 1-6:

Place a check mark in the appropriate column (for "NO" or "YES" response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

#### ITEMS 7-8:

ITEM 7: This refers to any *prescribed* medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

#### General Comments Column:

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

All "YES" responses require a note in the General Comments section to document:

- (1) Information about the detainee that the officer feels relevant and important
- (2) Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jails procedure for referral services.

### INSTRUCTIONS FOR SECTION 3:

OFFICER'S COMMENTS: Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

### REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.

## TCU DRUG SCREEN 5

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? .....	<input type="radio"/>	<input type="radio"/>
2. Did you try to control or cut down on your drug use but were unable to do it? .....	<input type="radio"/>	<input type="radio"/>
3. Did you spend a lot of time getting drugs, using them, or recovering from their use? .....	<input type="radio"/>	<input type="radio"/>
4. Did you have a strong desire or urge to use drugs? .....	<input type="radio"/>	<input type="radio"/>
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? .....	<input type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems? ...	<input type="radio"/>	<input type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use? ....	<input type="radio"/>	<input type="radio"/>
8. Did you use drugs that put you or others in physical danger? .....	<input type="radio"/>	<input type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems? .....	<input type="radio"/>	<input type="radio"/>
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? .....	<input type="radio"/>	<input type="radio"/>
10b. Did using the same amount of a drug lead to it having less of an effect as it did before? .....	<input type="radio"/>	<input type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? .....	<input type="radio"/>	<input type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? .....	<input type="radio"/>	<input type="radio"/>
12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]		
<input type="radio"/> None		
<input type="radio"/> Alcohol		
<input type="radio"/> Cannaboids – Marijuana ( <i>weed</i> )		
<input type="radio"/> Cannaboids – Hashish ( <i>hash</i> )		
<input type="radio"/> Synthetic Marijuana ( <i>K2/Spice</i> )		
<input type="radio"/> Natural Opioids – Heroin ( <i>smack</i> )		
<input type="radio"/> Synthetic Opioids – Fentanyl/Iso		
<input type="radio"/> Stimulants – Powder Cocaine ( <i>coke</i> )		
<input type="radio"/> Stimulants – Crack Cocaine ( <i>rock</i> )		
<input type="radio"/> Stimulants – Amphetamines ( <i>speed</i> )		
<input type="radio"/> Stimulants – Methamphetamine ( <i>meth</i> )		
<input type="radio"/> Synthetic Cathinones ( <i>Bath Salts</i> )		
<input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol ( <i>Ecstasy</i> )		
<input type="radio"/> Dissociative Drugs – Ketamine/PCP ( <i>Special K</i> )		
<input type="radio"/> Hallucinogens – LSD/Mushrooms ( <i>acid</i> )		
<input type="radio"/> Inhalants – Solvents ( <i>paint thinner</i> )		
<input type="radio"/> Prescription Medications – Depressants		
<input type="radio"/> Prescription Medications – Stimulants		
<input type="radio"/> Prescription Medications – Opioid Pain Relievers		
<input type="radio"/> Other (specify) _____		

13. How often did you use each type of drug during the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	Daily
a. Alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cannaboids – Marijuana ( <i>weed</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannaboids – Hashish ( <i>hash</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Synthetic Marijuana ( <i>K2/Spice</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Natural Opioids – Heroin ( <i>smack</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Synthetic Opioids – Fentanyl/Iso .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stimulants – Powder cocaine ( <i>coke</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stimulants – Crack Cocaine ( <i>rock</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stimulants – Amphetamines ( <i>speed</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Stimulants – Methamphetamine ( <i>meth</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Cathinones ( <i>Bath Salts</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Club Drugs – MDMA/GHB/Rohypnol ( <i>Ecstasy</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Dissociative Drugs – Ketamine/PCP ( <i>Special K</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hallucinogens – LSD/Mushrooms ( <i>acid</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Inhalants – Solvents ( <i>paint thinner</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Prescription Medications – Depressants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Prescription Medications – Stimulants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Prescription Medications – Opioid Pain Relievers .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other (specify) _____ .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How many times before now have you ever been in a drug treatment program?  
 [DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never*       *1 time*       *2 times*       *3 times*       *4 or more times*

15. How serious do you think your drug problems are?

- Not at all*       *Slightly*       *Moderately*       *Considerably*       *Extremely*

16. During the last 12 months, how often did you inject drugs with a needle?

- Never*       *Only a few times*       *1-3 times/month*       *1-5 times per week*       *Daily*

17. How important is it for you to get drug treatment now?

- Not at all*       *Slightly*       *Moderately*       *Considerably*       *Extremely*

# WRAP+ Online Screening & Application Form

Sections 1-2 are required for all persons booked into the Winona County Jail. Others wishing to apply for the WRAP+ (Winona County Re-Entry Assistance Program) must also complete these screenings.

\* Indicates required question.

---

## Personal Information (6 questions)

These questions can be pre-completed by jail personnel or a person assisting the applicant with these forms.

1. First Name \*

---

2. Middle Name \*

If you have no middle name, type NMN (for "no middle name")

---

3. Last Name \*

---

4. Date of Birth (MM/DD/YY) \*

---

5. Gender Identification \*

Check all that apply.

Male

Female

6. Ever in Military? \*

Check all that apply.

Yes

No

7. Ethnicity

Check all that apply.

Hispanic

Non-Hispanic

I don't know

8. Race \*

Check all that apply.

White

Black

American Indian or Alaskan Native

Asian or Pacific Islander

Multi-Racial

Skip to question 9

## Brief Jail Mental Health Screen (8 questions)

Answer yes or no to each question. An answer of yes to question 7 or 8 or to two of the questions 1 through 6 qualifies an applicant for WRAP+.

9. DO NOT ANSWER: For Jail Staff Only

Mark only one oval.

RTC - Click NEXT Skip to question 66

10. 1. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? \*

Mark only one oval.

Yes  
 No

11. 2. Do you currently feel that other people know your thoughts and can read your mind? \*

Mark only one oval.

Yes  
 No

12. 3. Have you currently lost or gained as much as two pounds a week for several weeks without even trying? \*

Mark only one oval.

Yes  
 No

13. 4. Have you or your family or friends noticed that you are currently much more active than you usually are? \*

Mark only one oval.

Yes  
 No

14. 5. Do you currently feel like you have to talk or move more slowly than you usually do? \*

Mark only one oval.

Yes  
 No

15. 6. Have there currently been a few weeks when you felt like you were useless or sinful? \*

Mark only one oval.

Yes  
 No



16. 7. Are you currently taking any medication prescribed for you by a physician for any emotional or mental problems? \*

Mark only one oval.

- Yes  
 No

17. 8. Have you ever been in a hospital for emotional or mental health problems? \*

Mark only one oval.

- Yes  
 No

#### Drug Screen (13 questions)

TCU Drug Screen 5

#### Instructions

Please click the answer next to the response that best answers the question. A yes response to a question is assigned 1 point. A score of 2 or more indicates the need for further assessment.

18. DO NOT ANSWER: For Jail Staff Only

Mark only one oval.

- RTC - Press NEXT Skip to question 9

During the last 12 months (before being locked up, if applicable)

19. 1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? \*

Mark only one oval.

- Yes  
 No

20. 2. Did you try to control or cut down on your drug use but were unable to do it? \*

Mark only one oval.

- Yes  
 No

21. 3. Did you spend a lot of time getting drugs, using them, or recovering from their use? \*

Mark only one oval.

- Yes  
 No

22. 4. Did you have a strong desire or urge to use drugs? \*

Mark only one oval.

- Yes  
 No

23. 5. Did you get so high or sick from using drugs that it kept you from working, going to school or caring for children? \*

Mark only one oval.

- Yes  
 No

24. 6. Did you continue to use drugs even when it led to social or interpersonal problems? \*

Mark only one oval.

- Yes  
 No

25. 7. Did you spend less time at work, school, or with friends because of your drug use? \*

Mark only one oval.

- Yes  
 No

26. 8. Did you use drugs that put you or others in physical danger? \*

Mark only one oval.

- Yes  
 No

27. 9. Did you continue using drugs even when it was causing you physical or psychological problems? \*

Mark only one oval.

- Yes  
 No

28. 10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? \*

Mark only one oval.

- Yes  
 No

29. 10b. Did using the same amount of a drug lead to it having less of an effect as it did before? \*

Mark only one oval.

- Yes  
 No

30. 11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? \*

Mark only one oval.

- Yes  
 No

31. 11b. Did you ever keep taking drug to relieve or avoid getting sick or having withdrawal symptoms? \*

Mark only one oval.

- Yes
- No

32. Do you want to complete the WRAP+ Application Forms? \*

Mark only one oval.

- Yes Skip to question 33
- No Skip to question 66

Risk Screen (19 Questions)

Risk and Needs Triage - RANT; Persons needing assistance to complete this section should contact Katie Schild, Criminal Justice Social Worker at 507-457-6483 or kschild@co.winona.mn.us.

Instructions

Please click the answer next to the response that best answers the question. A score of 3 or more (male) or 4 or more (female) indicates a high risk. High Risk status is necessary to qualify for WRAP+.

33. DO NOT ANSWER: For Jail Staff Only

Mark only one oval.

- RTC - Press NEXT Skip to question 18

34. 1. Current Age \*

---

35. 2. Homeless during the past 12 months \*

If incarcerated, the question pertains to the 12 months prior to incarceration

Mark only one oval.

- Yes
- No

36. 3. Number of address changes during the past 12 months \*

If incarcerated, the question pertains to the 12 months prior to incarceration

Mark only one oval.

- Yes
- No

37. 4. Number of months in past 12 months engaged in regular employment for 20 or more hours per week \*

If incarcerated, the question pertains to the 12 months prior to incarceration; If retired or disabled, type "not applicable."

---

38. 5. Age of onset of criminal activity \*

---

39. 6. Number of prior diversion programs or de novo referrals \*

---

40. 7. Number of prior deferred prosecution \*

---

41. 8. Number of bench warrants for failure to appear in past 3 years \*

---

42. 9. Number of prior felony convictions \*

---

43. 10. Number of prior serious misdemeanor convictions \*

---

44. 11. Number of other misdemeanor convictions \*

---

45. 12. Age of onset of regular substance use \*

Check "not applicable" if individual has not used alcohol, illicit or prescription drugs on a repetitive basis

---

46. 13. Number of prior substance abuse treatment episodes or attempts \*

---

47. 14. Withdrawal syndrome in the past 12 months \*

If incarcerated, the question pertains to the 12 months prior to incarceration

Mark only one oval.

Yes

No

48. 15. Binge use and loss of control in the past 12 months \*

If incarcerated, the question pertains to the 12 months prior to incarceration

Mark only one oval.

Yes

No

49. 16. Cravings or compulsions in the past 12 months \*

If incarcerated, the question pertains to the 12 months prior to incarceration

Mark only one oval.

Yes

No

50. 17. Chronic substance abuse-related medical condition \*

Mark only one oval.

- Yes
- No

51. 18. Amount of time during the past 12 months spent interacting with other people who are engaged in criminal activity, including illicit drug use \*

If incarcerated, the question pertains to the 12 months prior to incarceration

Mark only one oval.

- None
- A little
- Some
- Most
- Almost All

52. 19. Major Axis 1 mental health diagnosis \*

If incarcerated, the question pertains to the 12 months prior to incarceration

Mark only one oval.

- Yes
- No

**Areas of Need**

WRAP+ can help you with many things. Use this section to indicate the areas of your life that you need help with.

53. I would like help with (check all that apply)

Check all that apply.

- Housing/rent
- Mental health services (including assessments)
- Employment
- Substance use services (including assessments)
- Health insurance
- Education
- Identification cards (including birth certificate)
- Veteran's benefits
- Medical health services
- Transportation (including getting driver's license)
- Food/clothing
- Income support (including applying for cash benefits or disability)

54. Describe anything that you need help with that is not listed above

---



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55. Of the needs that you have listed, what two things are the most important things you need help with right now?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residency & Justice System Involvement (4 questions)

To qualify for WRAP+, you must be a resident of Winona County, have some involvement with the justice system and not be excluded due to your past offenses or charges. The following questions cover these three areas.

56. Type of Offense

Certain offenses will disqualify an individual from participating in WRAP+. Please specify if you have been charged with or convicted of any of the following at any time.

Check all that apply.

- I have been charged with or convicted of murder.
- I have been charged with or convicted of assault with intent to commit murder.
- I have been charged with or convicted of criminal sexual conduct.
- I have not been charged with any of the above crimes.

57. Residency-Check all that apply

Check all that apply.

- I am a resident of Winona County.
- I am homeless and consider myself a resident of Winona County.
- I am not a current Winona County resident plan to become a resident of Winona County within the next three months.
- I am not a resident of Winona County and do not plan to become one.

58. Below are the types of justice system involvement that currently qualify an individual for participation. Please check all of the following situations that apply to you.

Check all that apply.

- I was arrested within the past year.
- I was charged with a crime within the past year (Does not include petty misdemeanors.)
- I have pending criminal charges. (Does not include petty misdemeanor.)
- I have served time in jail or prison within the past year.
- I am currently on probation or under court supervision.
- I was a suspect or potential victim for a law enforcement call for service within the past year.
- I was the subject of a welfare check by law enforcement within the past year
- I have been screened for civil commitment by Winona County within the past year.
- I was the subject of a child in need of protective services (CHIPS) investigation or was a party or participant in a CHIPS case within the past year.
- I am the protected party of a harassment restraining order, an order for protection or a domestic abuse no contact order OR am the person against whom one of those orders was issued.
- I am a participant in a treatment court or veteran's court or have been a participant within the past year.
- None of the above

59. If none of the above situations apply to you, explain your involvement with the criminal justice system. Otherwise, leave this question blank.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Info & Consent to Participate

Your agreement to participate in WRAP+ is needed before any referrals can be made.

60. E-mail address

---

61. Phone number (list best one to reach you at)

---

62. Your Street Address or P.O. Box / City / State / Zip

If you are homeless and have no way to receive mail, type "homeless."

---

63. Best way to reach you

If you qualify for WRAP+, we need to be able to reach you using either the contact information (above) or another method. Describe the best way to reach you in the future. This can include the name and number of a friend, parent or other readily available contact person. If we cannot reach you, we cannot help you.

---

64. Do you agree to participate in WRAP+?

Mark only one oval.

Yes

No

65. By my typed signature below, I agree to participate in WRAP+. I give permission for WRAP+ staff to verify my eligibility for the program (including accessing my criminal history and/or most recent bail evaluation) and to use my answers (but not my name) for grant reporting purposes. I further agree to be referred to Hiawatha Valley Mental Health Center for a comprehensive evaluation (if I do not already have a valid comprehensive evaluation) and to be paired up with a Mental Health Practitioner (case manager).

---

Submit your answers

66. JAIL USE ONLY: Type comments below.

---

---

---

---

---

67. Click below to confirm that you have completed this questionnaire.

Check all that apply.

I confirm that this questionnaire is complete.

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Google Forms







**Drug Screen—Texas Christian University Drug Screen V—TCUDSV**

A score of 2 or more indicates the need for further assessment.

During the last 12 months (before being locked up, if applicable)

- |   | YES                   | NO                    |
|---|-----------------------|-----------------------|
| 1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?                      | <input type="radio"/> | <input type="radio"/> |
| 2. Did you try to control or cut down on your drug use but were unable to do it?  | <input type="radio"/> | <input type="radio"/> |
| 3. Did you spend a lot of time getting drugs, using them, or recovering from their use?                                 | <input type="radio"/> | <input type="radio"/> |
| 4. Did you have a strong desire or urge to use drugs?   | <input type="radio"/> | <input type="radio"/> |
| 5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? | <input type="radio"/> | <input type="radio"/> |
| 6. Did you continue using drugs even when it led to social or interpersonal problems?                                   | <input type="radio"/> | <input type="radio"/> |
| 7. Did you spend less time at work, school, or with friends because of your drug use?                                   | <input type="radio"/> | <input type="radio"/> |
| 8. Did you use drugs that put you or others in physical danger?   | <input type="radio"/> | <input type="radio"/> |
| 9. Did you continue using drugs even when it was causing you physical or psychological problems?                        | <input type="radio"/> | <input type="radio"/> |
| 10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?    | <input type="radio"/> | <input type="radio"/> |
| 10b. Did using the same amount of a drug lead to it having less of an effect as it did before?                          | <input type="radio"/> | <input type="radio"/> |
| 11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?                                | <input type="radio"/> | <input type="radio"/> |
| 11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?                    | <input type="radio"/> | <input type="radio"/> |

Other important information (if any):

**IF YOU WISH TO APPLY FOR WRAP+ SERVICES AND FUNDING, TURN THE PAGE AND CONTINUE. IF NOT, SIGN AND DATE BELOW**



I do not wish to apply for WRAP+ at this time. I understand that I can re-apply at any time, but must complete the screening forms again.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+  
COMBINED SCREENER & APPLICATION FORM**  
*Revised 12/27/23*

**RISK ASSESSMENT (Risk and Needs Triage-RANT®)**

Persons needing assistance to complete this section should contact Katie Schild, Criminal Justice Social Worker at 507-457-6483 or [kschild@co.winona.mn.us](mailto:kschild@co.winona.mn.us).

1. Current Age \_\_\_\_\_
2. Homeless during the past 12 months?  Yes  No
3. Number of address changes during the past 12 months? \_\_\_\_\_
4. Number of months in past 12 months engaged in regular legal employment for 20 or more hours per week \_\_\_\_\_ or  Not Applicable (if retired or disabled)
5. Age of onset of criminal activity \_\_\_\_\_
6. Number of prior diversion programs or de novo referrals \_\_\_\_\_
7. Number of prior deferred prosecutions \_\_\_\_\_
8. Number of bench warrants for failure to appear in past 3 years \_\_\_\_\_
9. Number of prior felony convictions \_\_\_\_\_
10. Number of prior serious misdemeanor convictions \_\_\_\_\_
11. Number of other misdemeanor convictions \_\_\_\_\_
12. Age of onset of regular substance use \_\_\_\_\_  Not Applicable (no substance use)
13. Number of prior substance abuse treatment episodes or attempts \_\_\_\_\_
14. Withdrawal syndrome in the past 12 months  Yes  No
15. Binge use and loss of control in the past 12 months  Yes  No
16. Cravings or compulsions in the past 12 months  Yes  No
17. Chronic substance abuse-related medical condition  Yes  No
18. Amount of time during the past 12 months spent interacting with other people who are engaged in criminal activity, including drug use: none / a little / some / most / almost all (pick one)
19. Major Axis I mental health diagnoses  Yes  No



WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
COMBINED SCREENING & APPLICATION FORM
Revised 12/27/23

APPLICATION FOR WRAP+ (Page 1)

NAME: \_\_\_\_\_
First Middle Last

Mailing Address: \_\_\_\_\_
Street City State ZIP

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home phone:(\_\_\_\_) \_\_\_\_\_ Work phone:(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Preferred method of contact (check one): [ ] cell phone text or call [ ] home phone [ ] work phone [ ] e-mail
DO NOT CONTACT ME at [ ] cell phone [ ] home phone [ ] work phone [ ] email (check all that apply).

TYPE OF ASSISTANCE NEEDED: Please tell us what kind of help you would like to receive from WRAP+. Check all of the following that apply to you:

- [ ] Housing/rent
[ ] Mental health services (including assessments)
[ ] Employment
[ ] Substance use services (including assessments)
[ ] Health insurance
[ ] Education
[ ] Identification cards (including birth certificate)
[ ] Veteran's benefits
[ ] Medical health services
[ ] Transportation (including getting a driver's license).
[ ] Income support (including applying for cash benefits or disability)
[ ] Other—describe: \_\_\_\_\_

Most important: What are the TWO most important things that you need help with right now?

TYPE OF OFFENSE: Due to program restrictions, persons who have been charged with or convicted of certain crimes are not eligible to participate. Please check all of the following that apply to you:

- [ ] I have been charged with or convicted of murder.
[ ] I have been charged with or convicted of assault with intent to commit murder or assault in the 1st degree.
[ ] I have been charged with or convicted of criminal sexual conduct.
[ ] I have not been charged with any of the above crimes.



WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
COMBINED SCREENING & APPLICATION FORM
Revised 12/27/23

APPLICATION FOR WRAP+ (Page 2)

NAME:

First Middle Last

RESIDENCY: Due to program restrictions and service availability, WRAP+ can only serve residents of Winona County. Please check the one that best describes your situation:

I am a resident of Winona County and my permanent address is:

Street address City State ZIP

I am homeless and consider myself to be a resident of Winona County.

I currently reside in another County in (Name of State) but plan to establish residency in Winona County by (month/year).

I am not a resident of Winona County and do not plan to become a resident of Winona County.

Other-explain:

CRIMINAL JUSTICE INVOLVEMENT: WRAP+ serves individuals who have involvement with the criminal justice system at the time of application. Please check all of the following that apply to you:

I was arrested within the past year.

I was charged with any state or federal crime in any jurisdiction within the past year (NOTE: this does not include petty misdemeanors).

I have pending criminal charges (NOTE: this does not include petty misdemeanors).

I was an inmate in any state or federal custodial facility (such as jail or prison) or other comparable locked facility (such as a secure medical facility) within the past year.

I am subject to terms of court supervision or probation from a criminal matter.

I was the suspect or a potential victim for a law enforcement call for service within the past year.

I was the subject of a welfare check by law enforcement within the last year..

I was screened for civil commitment within the past year.

I was the subject of a child in need of protective services (CHIPS) investigation or was a party or participating in a CHIPS court case within the past year.

I am the protected party of a harassment restraining order, an order for protection or a domestic abuse no contact order OR am the person against whom one of those orders was issued.

I am a participant in treatment court or veteran's court or have been a participant within the past year.

Other involvement—please describe:

AGREEMENT TO PARTICIPATE: By my signature below, I agree to participate in WRAP+. I give permission for WRAP+ staff to determine my eligibility for the program (including accessing my criminal history and/or most recent bail evaluation) and to use my answers (but not my name) for grant reporting purposes. I further agree to be referred to Hiawatha Valley Mental Health Center for further evaluation and case management, if eligible.

Signature

Printed Name

Date



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+  
TARGET POPULATION VERIFICATION FORM**

*Revised 12/30/23*

*(to be completed by the Jail Intake Worker)*

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender ID:**  Male  Female **MNI:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home **E-mail:** \_\_\_\_\_

Criteria	Notes:	Yes	No
<b>Age Verification:</b> Is applicant age 18 years or older?		<input type="radio"/>	<input type="radio"/>
<b>Risk Level</b>			
Risk Level: Is risk of recidivism medium to high? • RANT Score of High Risk	HR/HN   HR/LN   LR/HN   LR/LN	<input type="radio"/>	<input type="radio"/>
<b>Mental Illness or Co-occurring MI and Substance Abuse</b> • BJMHS score of 2 on items 1-6 or YES to 7 or 8	BJMHS Q1-6 Score: _____ Question 7: _____ Question 8: _____	<input type="radio"/>	<input type="radio"/>
Drug: Not scored for WRAP+ eligibility • TCUDS-V score of 2-3 (mild)	TCUDS-V Score: _____		
<b>Criminal Justice Involvement</b> As of date of application, applicant was: 1. Arrested within past year 2. Charged with a crime within past year 3. Has pending criminal charges 4. Incarcerated within past year 5. On court supervision/probation 6. Suspect/victim in call for service within past year 7. Subject of welfare check w/in past year 8. Screened for civil commitment within past year 9. Subject of CHIPS investigation/case w/in past year 10. Projected party/subject of OFP/HRO w/in past year 11. Specialty court participant within past year 12. Other: _____	1. Date of arrest: _____ 2. Date of charge or file no.: _____ 3. Court file no: _____ 4. Date last incarcerated: _____ 5. Probation Officer: _____ 6. Date/location: _____ 7. Date/location: _____ 8. Date/location: _____ 9. Date/location: _____ 10. Date/location: _____ 11. Court: _____ 12. Notes: _____	<input type="radio"/>	<input type="radio"/>
<b>Residency</b> 1. Has a permanent in address in Winona County 2. Homeless & intends to stay in Winona County 3. Residing elsewhere, but plans to move w/in 3 mos	1. Check if applicable: _____ 2. Check if applicable: _____ 3. Check if applicable: _____	<input type="radio"/>	<input type="radio"/>
<b>Voluntary Participation</b> Did client complete and sign application?	Date signed: _____	<input type="radio"/>	<input type="radio"/>
<b>Type of Offense</b> (Must be non-violent) NO excludable criminal offenses or charges?	Answer YES if criminal history is clear; if no, specify offense _____	<input type="radio"/>	<input type="radio"/>
<b>Client rejected:</b> <input type="checkbox"/> <b>Refer for override:</b> Yes No	<b>Client accepted:</b> <input type="checkbox"/>		
<b>Reason for rejection:</b> _____	<b>Client notified on</b> _____		
<b>Notification provided to client:</b> _____	<b>Referral to JSW or HVMHC (circle one) on</b> _____		

Target Population Verification done on \_\_\_\_\_ by \_\_\_\_\_



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+  
ELIGIBILITY AND APPEAL FORM**

*Revised 8/22/23*

*(to be provided to the applicant)*

**Applicant Name:** \_\_\_\_\_

**You have been accepted to WRAP+!**

Congratulations on your acceptance to the program! The next step in the intake process is the assessment stage, where you be able to obtain comprehensive evaluation (mental health assessment) and/or chemical dependency assessments at Hiawatha Valley Mental Health Center (unless you have recently had one or both). During this stage, you will meet with a case manager who can assist you in creating a plan that will allow you to access and receive resources and support and help you avoid further involvement with the criminal justice system.

Based upon your application, the person responsible for assisting you in the assessment stage is:

- Treatment Court Coordinator (active treatment court participant; not in jail)
- Jail Social Worker (accepted applicants who applied while in jail)
- Mental Health Practitioner (accepted applicant who is not in jail at time of application)

Your case manager will attempt to reach you using the contact information listed above. If your contact information has changed, please contact Trish Chandler, Jail Intake Worker at (507) 457-6539 or tchandler@co.winona.mn.us..

Congratulations again, and we look forward to working with you.

-The WRAP+ Team

**You do not qualify for WRAP+ at this time.**

The reason or reasons that you do not qualify for the program are listed below:

Even though you have not been accepted to the program at this time, the door remains open for you to re-apply at any time. If you would like to complete a new application you may access one at [www.winonacountycjcc.org/wrapplus](http://www.winonacountycjcc.org/wrapplus) or from Trish Chandler, Jail Intake Worker. You may also complete the appeal form (below) to have your eligibility decision reviewed by the WRAP+ Task Force.

**I would like to appeal to the WRAP+ Task Force to re-consider whether I qualify for WRAP+.**

The reason or reasons that I believe that I qualify for the program are listed below:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Printed Name

Date

If appealing, return this entire form to Trish Chandler, Jail Intake Worker at (507) 457-6539 or tchandler@co.winona.mn.us.



# WINONA COUNTY REENTRY ASSISTANCE PROGRAM+ CONSENT AND RELEASE OF INFORMATION FORM

Revised 9/6/23

⇒ I, \_\_\_\_\_, D.O.B. \_\_\_\_\_, have agreed to receive services from the Winona County WRAP+ Program. I understand that signing this Consent and Release Form is a condition of my participation in the Winona County WRAP+ Program.

## SECTION 1: ENTITIES/INDIVIDUALS WHO ARE AUTHORIZED TO EXCHANGE INFORMATION ABOUT ME

A. I authorize the below entities/individuals to disclose and exchange information

⇒  I AUTHORIZE ALL OF THE BELOW LISTED ENTITIES/INDIVIDUALS TO DISCLOSE AND EXCHANGE INFORMATION

### Law Enforcement

- Winona County Sheriff's Dept
- Winona Police Department
- Department of Public Safety
- Bureau of Criminal Apprehension
- \_\_\_\_\_

### Court & Community Services/Corrections

- Winona County Court Administration
- Treatment Court of Winona County
- Winona Co. Jail Intake & Social Worker
- Minnesota Dept. of Corrections
- Winona County Health & Human Services
- WRAP+ Program Personnel
- Veteran's Treatment Court

### Medical/Mental Health

- Advanced Correctional Healthcare
- Winona Health
- Hiawatha Valley Mental Health Center
- Counseling Associates
- Acumen Counseling Services, LLC
- Common Ground Treatment Services
- Ellie Family Services
- \_\_\_\_\_

### Vocational/Financial

- Winona Workforce Center
- Social Security Administration
- Volunteer Services
- \_\_\_\_\_

### Other

- Winona Community Hub
- Attorney: \_\_\_\_\_
- \_\_\_\_\_

B. With the below entities/individuals

I AUTHORIZE ALL OF THE BELOW LISTED ENTITIES/INDIVIDUALS TO DISCLOSE AND EXCHANGE INFORMATION ←⇒

### Law Enforcement

- Winona County Sheriff's Dept
- Winona Police Department
- Department of Public Safety
- Bureau of Criminal Apprehension
- \_\_\_\_\_

### Court & Community Services/Corrections

- Winona County Court Administration
- Treatment Court of Winona County
- Winona Co. Jail Intake & Social Worker
- Minnesota Dept. of Corrections
- Winona County Health & Human Services
- WRAP+ Program Personnel
- Veteran's Treatment Court

### Medical/Mental Health

- Advanced Correctional Healthcare
- Winona Health
- Hiawatha Valley Mental Health Center
- Counseling Associates
- Acumen Counseling Services, LLC
- Common Ground Treatment Services
- Ellie Family Services
- \_\_\_\_\_

### Vocational/Financial

- Winona Workforce Center
- Social Security Administration
- Volunteer Services
- \_\_\_\_\_

### Other

- Winona Community Hub
- Attorney: \_\_\_\_\_
- \_\_\_\_\_



## SECTION 2: INFORMATION TO BE EXCHANGED

⇒  **I AUTHORIZE RELEASE OF ALL OF THE INFORMATION LISTED BELOW**

- |   |   |
|---|---|
| <input type="checkbox"/> Admission/Intake   | <input type="checkbox"/> Financial Status/Income Records                  |
| <input type="checkbox"/> Bail Evaluation Forms  | <input type="checkbox"/> Health Insurance Information                     |
| <input type="checkbox"/> Behavioral Health Notes  | <input type="checkbox"/> Human Services Records                           |
| <input type="checkbox"/> Charges/Criminal Complaints  | <input type="checkbox"/> Jail Admit/Discharge Records                     |
| <input type="checkbox"/> Chemical Health Programming Records                                    | <input type="checkbox"/> Laboratory Records/Tests                         |
| <input type="checkbox"/> Chemical Use Assessment/Recommendations                                | <input type="checkbox"/> Medical History/Physical Exam                    |
| <input type="checkbox"/> Court Records  | <input type="checkbox"/> Medication Records                               |
| <input type="checkbox"/> Criminal Complaint   | <input type="checkbox"/> PBT, Blood Test and Urinalysis Results           |
| <input type="checkbox"/> Criminogenic Screening/Assessments<br>(ex LS-CMI, ORAS-CSST)           | <input type="checkbox"/> Probation & Presentence Investigation<br>Reports |
| <input type="checkbox"/> Mental Health Assessment/Recommendations<br>(Comprehensive Evaluation) | <input type="checkbox"/> Progress Notes/Case Notes                        |
| <input type="checkbox"/> Discharge Summary  | <input type="checkbox"/> Psychiatric Evaluation                           |
| <input type="checkbox"/> Educational Records  | <input type="checkbox"/> Psychological Testing/Evaluation                 |
| <input type="checkbox"/> Emergency Room Records   | <input type="checkbox"/> Treatment/Community Support/Case Plans           |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Other: _____                                     |

X I specifically authorize the release of records pertaining to alcohol abuse or test results, drug abuse or test results and mental health.

X I authorize representatives from the entities/individuals authorized in Section 1 to discuss the information disclosed above with each other.

## SECTION 3: PURPOSE OF RELEASE

⇒  **I AUTHORIZE RELEASE OF INFORMATION FOR ALL PURPOSES LISTED BELOW:**

- |  |  |
|--|--|
| <input type="checkbox"/> To coordinate referrals and placement | <input type="checkbox"/> To determine availability for funding         |
| <input type="checkbox"/> To coordinate services                | <input type="checkbox"/> research & analysis purposes (aggregate data) |
| <input type="checkbox"/> To continue evaluation or treatment   | <input type="checkbox"/> _____   |

## SECTION 4: ACKNOWLEDGEMENT

I have been instructed as to what information will be released, the purpose and intended use of the released information, who will receive the information and any known consequences of this release. The information to be released is private, and any subsequent use and release is controlled under the Minnesota Government Data Practices Act (Minn. Stat. 1982 Chap. 13). I understand that State and Federal privacy laws protect my records. My records can be released only if I give my written permission or if the law allows it. If I refuse to sign or cancel this release, I may not be eligible to receive the service I am requesting. I may cancel this consent with written notice at any time, but that this written notice will not affect information about me that has already been requested or released. I understand that those who receive my records under this release may share it with others. I also understand that once the information is shared with others, it is no longer protected by this authorization. I have been informed of my right to refuse to release this information. I understand that I may revoke this consent upon written notice (not retroactive) and that the consent will automatically expire within one (1) year after the date of my signature. A photocopy of this release is as valid as the original and an electronic signature is as valid as an ink signature.

⇒ Participant's Signature \_\_\_\_\_ DATE \_\_\_\_\_  
Printed Name: \_\_\_\_\_

## **Instructions for Completing GAINS Jail Re-Entry Checklist**

### **General Information**

It is recommended that the form be completed in quadruplicate for all detainees identified with mental health service needs within 48 hours of arriving at the facility. The quadruplicate forms should be distributed as follows: top copy in detainee's file to give upon discharge, second copy to medical personnel, third copy to mental health personnel, and the fourth copy for use according to facility's procedures.

Detainee's Name:	Enter detainee's last name, first name, and middle initial
Gender:	Check Male (M) or Female (F)
Date of Birth:	Enter month, day, and year
Today's Date:	Enter month, day, and year
Jail ID#:	Enter Jail ID# associated with detainee
SSN#:	Enter detainee's Social Security Number
Name of Facility:	Enter name of jail
Name of Person Completing Form and Phone Number:	Print name of person completing form and unit phone number. If multiple people use this form, each person must print his/her identifying information on this form.
Current Status:	Check Sentenced Inmate or Pre-Trial Detainee
Projected Release Date:	Enter projected date of release (if known)

### **Instructions:**

#### **Potential Needs in Community after Release**

Discuss each service *with detainee* to determine if there is a need to plan for this service prior to discharge. Check the appropriate boxes that correspond to the services identified as a need by the detainee. If the person completing the form identifies a need for which the detainee does not agree to receive planning, indicate this in the Steps Taken and Date(s) section (Ex: Detainee is homeless but does not agree to receive assistance with housing upon discharge).

#### **Steps Taken by Jail Staff and Date(s)**

Indicate the steps taken to set-up the identified services and the dates this was done. Notes in this section should reflect a continuous effort to plan for re-entry services throughout the detainee's stay in the facility. If multiple people complete this form, each person must identify the steps that she/he completes in this section with initials, as well as entering his/her name at the top of the form.

*Example:*

*Detainee identifies Mental Health Services as a need:*

9/1/03      *L.T. Contacted Community Mental Health Services (MHS) to set-up appointment with intake coordinator upon release. Will contact closer to projected date of release.*

9/25/03     *S.P. Release date is firm for 10/3/03. Contacted MHS and made appointment for 10/3/03 at 1:00 p.m. MHS agreed to provide 1 bus token and jail will provide 1 token to assist with transportation.*

10/2/03     *L.T. Appointment confirmed at MHS for 10/3/03 at 1:00 p.m.*

#### **Detainee's Final Plan & Contact Information for Referrals**

Identify final plan in terms of appointment times, next steps, and person to contact for each identified need.

*Example:*

*1:00 p.m. appointment on 10/3/03 at MHS with intake coordinator: Julie Young. Phone: 333-1212; Address: 1234 Street, City, USA 11120.*

### **Final Section**

Full plan completed and discussed with detainee?	Check Yes or No
If no, why?	In this section, specify why the full plan was not completed or discussed with detainee by checking: ✓Detainee refused; ✓Court released before plan completed; ✓Incomplete for other reasons—specify (e.g., provider was unable to be contacted)
Attachments?	Check Yes if attaching corresponding materials; Check No if not.

## GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs

<b>Detainee's Name</b>  _____ , _____ M Last First	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth</b>  ___/___/___ mm dd yy	<b>Today's Date</b>  ___/___/___ mm dd yy	<b>Jail ID #</b>  _____
				<b>SSN#</b>  _____

<b>Name of Facility</b>	<b>Name of Person Completing Form and Phone Number</b>	<b>Current Status</b> <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	<b>Date of Admission</b>  ___/___/___ mm dd yy	<b>Projected Release Date</b>  ___/___/___ mm dd yy
-------------------------	--	---	---	--

<b><u>Potential Needs in Community After Release</u></b>	<b><u>Steps Taken by Jail Staff and Date(s)</u></b>	<b><u>Detainee's Final Plan &amp; Contact Information for Referrals</u></b>
Mental Health Services <input type="checkbox"/>	_____	_____
Psychotropic Medications <input type="checkbox"/>	_____	_____
Housing <input type="checkbox"/>	_____	_____
Substance Abuse Services <input type="checkbox"/>	_____	_____
Health Care <input type="checkbox"/>	_____	_____
Health Care Benefits <input type="checkbox"/>	_____	_____
Income Support/Benefits <input type="checkbox"/>	_____	_____
Food/Clothing <input type="checkbox"/>	_____	_____
Transportation <input type="checkbox"/>	_____	_____
Other <input type="checkbox"/>	_____	_____

Full plan completed and discussed with detainee?  Yes  No

Attachments?  Yes  No

**If no, why?**

Detainee refused  Court released before plan completed

Incomplete for other reasons  Specify: \_\_\_\_\_

Detainee's Copy

## GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs

<b>Detainee's Name</b>  _____ , _____ M Last First	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth</b>  ___/___/___ mm dd yy	<b>Today's Date</b>  ___/___/___ mm dd yy	<b>Jail ID #</b>  _____
				<b>SSN#</b>  _____

<b>Name of Facility</b>	<b>Name of Person Completing Form and Phone Number</b>	<b>Current Status</b> <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	<b>Date of Admission</b>  ___/___/___ mm dd yy	<b>Projected Release Date</b>  ___/___/___ mm dd yy
-------------------------	--	---	---	--

<u><b>Potential Needs in Community After Release</b></u>	<u><b>Steps Taken by Jail Staff and Date(s)</b></u>	<u><b>Detainee's Final Plan &amp; Contact Information for Referrals</b></u>
Mental Health Services <input type="checkbox"/>	_____	_____
Psychotropic Medications <input type="checkbox"/>	_____	_____
Housing <input type="checkbox"/>	_____	_____
Substance Abuse Services <input type="checkbox"/>	_____	_____
Health Care <input type="checkbox"/>	_____	_____
Health Care Benefits <input type="checkbox"/>	_____	_____
Income Support/Benefits <input type="checkbox"/>	_____	_____
Food/Clothing <input type="checkbox"/>	_____	_____
Transportation <input type="checkbox"/>	_____	_____
Other <input type="checkbox"/>	_____	_____

Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no, why?</b>			
Detainee refused <input type="checkbox"/>	Court released before plan completed <input type="checkbox"/>		
Incomplete for other reasons <input type="checkbox"/>	Specify: _____		

## GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs

<b>Detainee's Name</b>  _____ , _____ M Last First	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth</b>  ___/___/___ mm dd yy	<b>Today's Date</b>  ___/___/___ mm dd yy	<b>Jail ID #</b>  _____
				<b>SSN#</b>  _____

<b>Name of Facility</b>	<b>Name of Person Completing Form and Phone Number</b>	<b>Current Status</b> <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	<b>Date of Admission</b>  ___/___/___ mm dd yy	<b>Projected Release Date</b>  ___/___/___ mm dd yy
-------------------------	--	---	---	--

<u>Potential Needs in Community After Release</u>	<u>Steps Taken by Jail Staff and Date(s)</u>	<u>Detainee's Final Plan &amp; Contact Information for Referrals</u>
Mental Health Services <input type="checkbox"/>	_____	_____
Psychotropic Medications <input type="checkbox"/>	_____	_____
Housing <input type="checkbox"/>	_____	_____
Substance Abuse Services <input type="checkbox"/>	_____	_____
Health Care <input type="checkbox"/>	_____	_____
Health Care Benefits <input type="checkbox"/>	_____	_____
Income Support/Benefits <input type="checkbox"/>	_____	_____
Food/Clothing <input type="checkbox"/>	_____	_____
Transportation <input type="checkbox"/>	_____	_____
Other <input type="checkbox"/>	_____	_____

Full plan completed and discussed with detainee?  Yes  No

Attachments?  Yes  No

**If no, why?**

Detainee refused  Court released before plan completed

Incomplete for other reasons  Specify: \_\_\_\_\_

## GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs

<b>Detainee's Name</b>  _____ , _____ M Last First	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth</b>  ___/___/___ mm dd yy	<b>Today's Date</b>  ___/___/___ mm dd yy	<b>Jail ID #</b>  _____
				<b>SSN#</b>  _____

<b>Name of Facility</b>	<b>Name of Person Completing Form and Phone Number</b>	<b>Current Status</b> <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	<b>Date of Admission</b>  ___/___/___ mm dd yy	<b>Projected Release Date</b>  ___/___/___ mm dd yy
-------------------------	--	---	---	--

<b><u>Potential Needs in Community After Release</u></b>	<b><u>Steps Taken by Jail Staff and Date(s)</u></b>	<b><u>Detainee's Final Plan &amp; Contact Information for Referrals</u></b>
Mental Health Services <input type="checkbox"/>	_____	_____
Psychotropic Medications <input type="checkbox"/>	_____	_____
Housing <input type="checkbox"/>	_____	_____
Substance Abuse Services <input type="checkbox"/>	_____	_____
Health Care <input type="checkbox"/>	_____	_____
Health Care Benefits <input type="checkbox"/>	_____	_____
Income Support/Benefits <input type="checkbox"/>	_____	_____
Food/Clothing <input type="checkbox"/>	_____	_____
Transportation <input type="checkbox"/>	_____	_____
Other <input type="checkbox"/>	_____	_____

Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, why?</b>	
Detainee refused <input type="checkbox"/>	Court released before plan completed <input type="checkbox"/>
Incomplete for other reasons <input type="checkbox"/>	Specify: _____



WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
FUNDING REQUEST (Revised 8/22/23)

To be completed by the case manager. Use a separate form for each item Requests must be received by Thursday at noon and contain all necessary documentation to ensure payment the following week.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_
First MI Last

Describe the reason your client needs the funds (i.e. rent, bus pass, ID card, work shoes, etc.)

What other funding sources were considered/rejected and why: \_\_\_\_\_

Amount needed: \_\_\_\_\_ Payable to?: \_\_\_\_\_

Attached is documentation of the need for funding, i.e. copy of bill, copy of lease agreement, W-9 Form

Form of payment needed: Credit Card\* Check Direct Deposit Date Needed by: \_\_\_\_\_

\*Credit Card should be used only as a last resort. Please ensure that credit card payments are allowed by the vendor.

Transmit payment by?:

- I will pick it up. Contact me at \_\_\_\_\_ when payment is ready.
Mail it to: \_\_\_\_\_
Pay online at: \_\_\_\_\_

Certification: I certify that I am the case manager for the client named above, that the funds requested above are necessary to meet the basic need of the client, that the expenditure is tied to the client's case plan and that other funding sources are not readily available for the expenditure requested. If approved, I agree to obtain a receipt for the funds signed by the client and return it to the WRAP+ Grant Manager.

Case Manager Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Admin Use Only:

- Rejected. Reason for rejection: \_\_\_\_\_
Approved.

Table with 5 columns: Funding Source, GL Code, Amount, Voucher (check) #, Date payment issued. Row 1: JMHC, 01-091-095-0000-6261, [blank], [blank], [blank]

Grant Manager Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b>	Business name/disregarded entity name, if different from above		
	<b>3</b>	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		<b>4 Exemptions</b> (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
	<b>5</b>	Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code		
<b>7</b>	List account number(s) here (optional)			

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*





**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+  
FUNDING RECEIPT**

*To be completed by case manager and signed by client.*

*Revised 8/22/23*

I \_\_\_\_\_ received:

Client name – PLEASE PRINT

**CHOOSE ONLY ONE BOX TO COMPLETE BELOW**

<b>FOR MONEY PAID ON BEHALF OF CLIENT</b>	<b>FOR ITEMS RECEIVED BY CLIENT</b>
Amount paid (i.e. \$600): _____	Item received (i.e. bike): _____
Purpose (i.e. rent): _____ _____	Purpose (i.e. get to work): _____ _____
When received (i.e. 1/1/19): _____	When received (i.e. 1/1/19): _____
Client agrees that the above money has been paid on his/her behalf and that the money paid is for rent, bills or other service that is not in violation of any probation terms or court orders.	Client agrees that he/she has received the above item and that he/she will not use the item to violate any probation terms or court orders. Client agrees that the items is received AS IS.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to Kalene Engel at [kalene@engellawoffice.com](mailto:kalene@engellawoffice.com)



## **Position Description**

**TITLE:** Mental Health Practitioner, Community Based Services

**PROGRAM:** Children's Community Based Services and Adult Community Based Services

**JOB SUMMARY:** This position entails 40 hours a week providing direct therapeutic, rehabilitative skills and/or Case Management services to children/adolescents and/or adults with functional skill deficits due to mental health needs. Services can be provided in the school, home, or other natural setting for the client and/or family. This position will involve meeting with the client individually, within the family, or in a group setting.

### **JOB RESPONSIBILITIES AND ESSENTIAL FUNCTIONS:**

1. Provide direct client care based on requirements of the CTSS program, Targeted Case Management (TCM), ARMHS guidelines and agency service level standards.
2. Assure compliance with rules, regulations, licenses and/or certification standards for TCM, CTSS and/or ARMHS programming.
3. Attend all clinical supervision and client consultation meetings as required and based on qualifications.
4. Flexible work hours will be needed to meet the availability of the client which may include early mornings and later evenings. These hours may be flexed within the weekly schedule per approval of the director of the program.
5. Active team member of the agency Integrated Treatment Plan Team; participate in all treatment planning meetings focused on client centered care and treatment.
6. Works collaboratively with the client, the client's identified supports and all professionals to ensure quality of care.
7. Write and maintain daily progress notes based on client's progress and any other assessment's required for progress review. This includes keeping all documentation related to the client up to date, keeping notes and billing documents current and meeting or exceeding paperwork requirements.
8. Understands program requirements, state issued timelines, and agency expectations for client visits.
9. Attend conferences, in-services, and trainings related to assigned programs.
10. Must be able to pass a background check.
11. Possess a vehicle, valid driver license, and valid auto insurance.

**PHYSICAL REQUIREMENTS FOR POSITION:** Must be able to walk, sit, stand, crouch, twist, bend, reach overhead, maneuver stairs and stretch in a manner conducive to the execution of daily activities. Must be able to move around the office on a daily basis. While performing the duties of this job, the employee must communicate with others and exchange information. This is primarily a sedentary position (standing and/or sitting). Employee regularly operates a computer and other office equipment on a daily basis. Occasional bending and lifting of office materials up to 30 lbs.

**NON-ESSENTIAL FUNCTIONS:** Perform other duties as assigned by the Program Director.

EQUIPMENT USED: Computer, telephone/cell phone, office equipment, vehicle

JOB QUALIFICATIONS AND REQUIREMENTS:

1. Must meet minimum qualifications as a Mental Health Practitioner as outlined in MN Statutes 245, 462, Subdivision 17.
2. Worker Traits: Must possess a high level of human relation skills and an aptitude for effective decision making. Must possess good planning, organization and communication skills (oral and written) as well as problem solving skills. Independently motivated and responsible.
3. Must be able to maintain confidentiality.
4. Ability to work independently and as part of a team.
5. Must possess a vehicle, valid driver's license, and a willingness to travel as needed to client or organization locations throughout SE MN.

WORK ENVIRONMENT: Hiawatha Valley Mental Health Center is committed to providing a safe and inclusive work environment free from harassment, violence and discrimination. Our inclusive work environment represents many different backgrounds, cultures and viewpoints. The core values we live by include: integrity, respect, people focused, community focused, continuous improvement, compassion, partnership and collaboration, empowerment and financial stewardship. All Hiawatha Valley Mental Health Center owned facilities are smoke/drug free environments, with some exposure to excessive noise, dust and temperature. The employee is occasionally exposed to a variety of conditions at client sites.

SUPERVISED BY: Adult Community Based Director or Community Based Care Coordination Director

SUPERVISES: None

POSITION DESIGNATION: Non-Exempt, Full Time

This job description is subject to change at any time.

# WINONA COUNTY CLASSIFICATION DESCRIPTION

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**Classification:** Criminal Justice Social Worker

**Characteristics of Class:**

Under direction of the Health and Human Services Director, an employee in this classification performs work in providing social work services on cases involving complex social problems and social treatment plans; performs responsible and difficult casework and performs related work as assigned. Work may be performed in a detention center setting.

**Supervisory Controls:**

An employee in this class performs the duties consistent with the policies of the Health and Human Services Department and other relevant statutory and regulatory requirements. Performance is reviewed through staff meetings and written reports.

**Examples of Duties:**

Any one position may not include all the duties listed, nor do the examples listed in their relative order of importance include all the duties, which may be found in positions of this class.

- Interviews clients at intake. Assists Detention Deputies during encounters with clients in a mental health crisis.
- Carries a caseload where a need for continuing social casework predominates. Conducts complex case evaluation for the purpose of assessing problems and determining appropriate types and methods of treatment.
- Prepares intensive long or short-term treatment plans.
- Identifies client's situations which require intensified service and brings to the attention of supervisor for help or referral.
- Provides direct services to individuals with emotional, physical, or socially handicapped individuals. Provides or assists in providing services to other cases involving difficult or complex social and financial problems.
- Interprets programs to clients, refers clients to appropriate community services.
- Interprets social and emotional factors to others involved in treatment of clients.
- Prepares social histories with emphasis on psycho-social factors.
- Provides preventive services. Provides casework services for rehabilitation.
- Interprets policies and regulations to clients.
- Prepares and maintains case records which meet federal, state and local guidelines. Documents findings and correspondence. Prepares regular and special reports.
- Works with in-jail healthcare providers to coordinate in-jail services.
- Participates on task force, committees or teams relevant to work activities. Participates in in-service training and other staff development activities to increase knowledge of social work processes and skill in application to individual cases.
- Any other duties as assigned.

**Required Knowledge, Skills, and Abilities:**

Any combination of training and experience providing the following knowledge, skills, and abilities.

**For Full Performance:**

- Knowledge of the principles and techniques of interviewing and recording in social work and the ability to apply them.
- Knowledge of substance use disorder and treatment.
- Knowledge of social casework objectives, principles, and methods.
- Knowledge of socio-economic factors which promote stable family life and understanding of the elements which affect family security.
- Knowledge of the principles of community organization.
- Knowledge of social welfare research methods.
- Knowledge of family systems and dynamics.
- Ability to effectively apply casework knowledge and skills.
- Ability to work constructively within an agency in the community setting and effectively utilize appropriate resources and services.
- Ability to work constructively in the development and coordination of community resources to meet special needs.
- Ability to prioritize caseloads.
- Ability to effectively assist clients with accessing community-based services to reduce jail recidivism.
- Ability to effectively use various computer software programs (i.e., Social Services Information Systems, electronic data management system).

**For Pre-Employment:**

- Ability to manage time productively.
- Ability to communicate effectively, both orally and in writing.
- Knowledge of individual and group behavior.
- Knowledge and skills in related adult protection services and investigation.
- Knowledge of physical and mental illness and their impact on personality.
- A bachelor's degree from an accredited four-year college or university with a major in social work, psychology, sociology or closely related field.

Or

- A bachelor's degree from an accredited four-year college or university with a major in any field and one year of experience as a social worker in a public or private social services agency.
- Knowledge of computer software applications such as Microsoft Word and Microsoft Excel.
- Knowledge of English spelling, punctuation and grammar.
- Must pass a personal background investigation.
- Must possess and maintain a valid driver's license.

**Safety and Training Requirements**

The County expects each individual employee to cooperate in every respect with the Safety Program so that the operations may be carried on in such a manner as to ensure the safety of all employees. The employee's responsibility is to be consistent with OSHA regulations, the Winona County Personnel Policies and Procedures Manual, the countywide safety rules, department safety rules, and specific job training.

**Behavior Standard**

Maintain a positive work atmosphere by acting and communicating in a manner so that you get along with customers, clients, co-workers and management.

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
County Administrator

## Physical, Mental and Environmental Requirements

### Part I: Physical Requirements

#### Section A

The physical mobility requirements of this job are to spend:

5	hours a day sitting
1.5	hours a day standing
1.5	hours a day walking
	hours a day kneeling
	hours a day stooping
1	miles a day walked
	feet climbed using a ladder
	feet climbed on an incline
25	feet climbed using stairs

#### Section B

The physical effort requirements of this job are

	# of pounds lifted
10	pounds lifted waist high
	pounds lifted shoulder high
	pounds lifted above the head
	pounds are...
X	pounds are carried alone
	pounds are carried with someone else
15	distance weight must be carried (feet)
	pounds are pushed
	pounds are pulled
X	pounds are held

#### Section C

The physical dexterity requirements of this job are to operate:

X	a telephone
X	computer/electronic equipment
	hand tools
	electric tools
	manipulate small objects

### Part II: Sensory Abilities

The checked items listed below are sensory requirements needed for this job. Items are critical, useful, or not required.

critical	useful	
X		See
	X	distinguish colors
X		hear or listen
	X	Taste
X		Smell
	X	Touch
X		speak

### Part III: Mental Effort

The mental efforts required on a daily basis are:

X	reading	X	analyzing data
X	writing	X	searching for solutions
X	basic arithmetic	X	creating methodologies
X	mathematics	X	conducting research
	weighing and/or measuring	X	managing resources
X	visualizing conclusions		evaluating performance of others

### Part IV: Work Environment

The elements of this job's work environment are:

5	hours a day spent working <b>under time pressure</b>
4	Hours a day spent working <b>rapidly</b>
95	% of time spent <b>indoors</b>
5	% of time spent <b>outdoors</b>
10	% of time spent <b>in an automotive vehicle</b>
80	% of time spent <b>at a desk, bench or window</b>
80	% of time spent <b>in an office or control room</b>

X	The condition of the air is <b>clean (controlled)</b>
X	The condition of the air is <b>normal/average</b>
X	The condition of the air is <b>dusty/dirty</b>
X	The condition of the air is <b>wet/humid</b>
X	The condition of the air is <b>affected by fumes, smoke etc.</b>

X	The noise level is <b>normal</b>
	The noise level is <b>loud, requiring ear protection</b>
X	The surface of the working environment is <b>level</b>
	The surface of the working environment is <b>sloping</b>
	The surface of the working environment is <b>uneven</b>
X	The surface of the working environment is <b>slippery</b>

### Part V: Additional Comments:

## **WINONA COUNTY RE-ENTRY ASSISTANCE PROGRAM PLUS (WRAP+)**

### **POSITION DESCRIPTION FOR GRANT MANAGER**

Individuals in this position will be responsible for the overall programmatic and fiscal management of the program.

#### **Examples of Programmatic Duties:**

- Coordinate, attend and document all meetings of the WRAP+ Task Force
- Attend and document all meetings of the Planning Committees (Human Resources, Training, Policy, Data & Evaluation and Screening/Assessment)
- Attend and document all technical assistance provider meetings
- Create and distribute program forms and promotional literature.
- Maintain/update program policy guides/manuals/forms and funding guidelines
- Receive, review and approve requests for funding for recovery support services.
- Monitor the goals and objectives for program development, implementation and outcomes.
- Research and recommend strategies for improving the program.
- Maintain accurate records of all program activities.
- Ensure compliance with all federal, state and local rules and regulations, including any grant requirements.
- Serve as a spokesperson for the WRAP+ Program to the public, promoting the program both locally and in other jurisdictions

#### **Examples of Fiscal Duties:**

- Complete DOJ Financial Management Training
- Manage grant's fiscal operations in conjunction with the Winona County Finance Director.
- Organize and prepare required grant reports.
- Accurately record program expenditures and prepare expenditure reports as needed.
- Research, analyze and implement federal, state and local rules and regulations.
- Monitor compliance with grant restrictions and reporting.
- Establish efficiencies to create timelier information with less manual involvement.
- Make recommendations for corrections or budget transfers when needed.
- Compile and analyze program, grant and financial data.
- Maintain accurate records, including documentation of grant expenditures, and make them available for site visits or grant audits.



WRAP+ Data Collection Responsibility Chart  
Updated 1/6/24

<b>TASK FORCE &amp; IMPLEMENTATION COMMITTEE</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of Task Force Meetings	Task Force Minutes	GM Spreadsheet	GM	Quarterly PMT; Process Evaluation
Attendance at Task Force Meetings by Group Represented	Task Force Minutes	GM Spreadsheet	GM	Quarterly PMT; Process Evaluation
Time (in hours) for Task Force Meetings	Task Force Minutes	GM Spreadsheet	GM	Quarterly FSR; Process Evaluation
# of Implementation Committee Meetings	Task Force Minutes	GM Spreadsheet	GM	Quarterly PMT; Process Evaluation
Attendance at Implementation Committee Meetings by Group Represented	Task Force Minutes	GM Spreadsheet	GM	Quarterly PMT; Process Evaluation
Time (in hours) for Implementation Committee Meetings	Task Force Minutes	GM Spreadsheet	GM	Quarterly FSR; Process Evaluation
<b>TRAININGS</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of training sessions offered	Training attendance sheets	HVMHC Spreadsheet	HVMHC (CF), GM	Quarterly PMT; Process & Outcome Evals
Groups represented at trainings (by type)	Training attendance sheets	HVMHC Spreadsheet	HVMHC (CF), GM	Quarterly PMT; Process & Outcome Evals
# of people trained	Training attendance sheets	HVMHC Spreadsheet	HVMHC (CF), GM	Quarterly PMT; Process & Outcome Evals
Time (in hours) of training provided	Training attendance sheets	HVMHC Spreadsheet	HVMHC (CF), GM	Quarterly PMT & FSR Process & Outcome Evals
Training topic and presenter	Training flyers	N/A	HVMHC (CF), GM	Quarterly PMT; Process & Outcome Evals
% of trained persons who indicated that the training was helpful or would assist them in their job	Post training survey	HVMHC Spreadsheet	HVMHC (CF), GM	Process & Outcome Evals
<b>TECHNICAL ASSISTANCE</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
Frequency of TA contacts	TA Minutes	N/A	GM	Quarterly PMT

				Process Evaluation
Type of TA Contact	TA Minutes	N/A	GM	Quarterly PMT Process Evaluation
Satisfaction level of TA Contacts	TA Minutes	N/A	GM	Quarterly PMT Process Evaluation
<b>PARTICIPANT AND SERVICES (number of participants)</b>	Source	Management Info System	Responsibility for Collecting	Reported
# of people eligible to participate in the program? (screened)(includes people booked into jail and those outside of jail who completed screening) CANDIDATE	Daily New Arrest Form or LETG and WRAP+ apps from non-jailed persons	JIW Spreadsheet	JIW	Quarterly PMT Outcome Evaluation
# of people who applied for admission to program APPLICANT	Applications	JIW Spreadsheet	JIW	Quarterly PMT Outcome Evaluation
# of people selected to participate (those who were chosen to participate but may or may not have actually enrolled)—ACCEPTED APPLICANT	Target Population Verification	JIW Spreadsheet	JIW	Quarterly PMT Outcome Evaluation
# of people who were admitted to the program during the reported period (receive services) WRAP+ PARTICIPANT	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of total participants (including NEW this quarter and existing)	GM Records	GM Spreadsheet	JIW	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Risks/Needs Assessment)</b>	Source	Management Info System	Responsibility for Collecting	Reported
# of people receiving risk assessment	MHP, JSW & TCC records	CL and Treatment Court Software; SSIS	MHP, JSW & TCC	Quarterly PMT Outcome Evaluation
# of people assessed at different levels (high/moderate/low)	MHP, JSW & TCC records	CL and Treatment Court Software; SSIS	MHP, JSW & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Case Plans)</b>	Source	Management Info System	Responsibility for Collecting	Reported
# of people receiving a case plan for the first time during reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Mental Health Services)</b>	Source	Management Info System	Responsibility for Collecting	Reported

# of people who received mental health <b>screen</b> this reporting period	WRAP+ Application	JIW Spreadsheet	JIW	Quarterly PMT Outcome Evaluation
# of people who underwent <b>clinical assessment</b> for MI or co-occurring this reporting period	MHP, JSW & TCC records	CL and Treatment Court Software; SSIS	MHP, JSW & TCC	Quarterly PMT Outcome Evaluation
# of people whose case plan included mental health services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who <b>received</b> mental health services from a treatment provider	MHP & TCC records	CL and Treatment Court Software; SSIS	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who received mental health services for the first time this reporting period (new participants)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of days between screening and clinical assessment	WRAP+ Application & Assessment	GM Spreadsheet	GM	Process & Outcome Evaluation
# of days between referral for treatment (clinical assessment) and start of treatment	Online referral (CL) & medical records	CL, SSIS, Treatment Court Software	MHP, TCC and JSW	Process & Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Substance Use Disorder Services)</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of people who received SUD <b>screen</b> this reporting period	WRAP+ Application	JIW Spreadsheet	JIW	Quarterly PMT Outcome Evaluation
# of people who underwent <b>clinical assessment</b> for SUD or co-occurring this reporting period	MHP, JSW & TCC records	CL and Treatment Court Software	MHP, JSW & TCC	Quarterly PMT Outcome Evaluation
# of people whose case plan included SUD services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who <b>received</b> SUD services from a treatment provider	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who received mental health services for the first time this reporting period (new participants)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people enrolled in SUD treatment program for at least 90 days	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation

# of people enrolled in SUD treatment program for at least 90 days who were tested for substances during reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people enrolled in SUD treatment program for at least 90 days who tested positive during the reporting period, regardless of the # of positive tests	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of days between screening and clinical assessment	WRAP+ Application & Assessment	GM Spreadsheet	GM	Process & Outcome Evaluation
# of days between referral for treatment (clinical assessment) and start of treatment	Online referral (CL) & medical records	CL, SSIS, Treatment Court Software	MHP, TCC and JSW	Process & Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Co-Occurring Disorder Services)</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of people whose case plan included co-occurring disorder services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who <b>received</b> co-occurring disorder services from a treatment provider	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who received co-occurring disorder services for the first time this reporting period (new participants)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Employment Services)</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of people whose case plan included employment services or employment goal *specify standard services v. supportive services (for people with disabilities)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who <b>received</b> employment services *specify standard services v. supportive services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who received employment services for the first time (new participants) *specify standard services v. supportive services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation

# of people receiving employment services who obtained employment this reporting period (report only once)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people receiving employment services who maintained employment for three or more months	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Educational Services)</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of people whose case plan included educational services or educational goal	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who <b>received</b> educational services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who received educational services for the first time (new participants)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people receiving educational services who earned a ___ GED ___ high school diploma ___ vocational certificate ___ higher education degree	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Housing Services)</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of people whose case plan included housing services or housing goal *specify standard services v. supportive services (for people with disabilities)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who <b>received</b> housing services *specify standard services v. supportive services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of people who received housing services for the first time (new participants) *specify standard services v. supportive services	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation

# of people receiving educational services who achieved the following ___obtained housing (report only once) ___were housed for 3 or more months	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Medication Assisted Treatment)</b>	Source	Management Info System	Responsibility for Collecting	Reported
# of participants eligible for MAT during reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants who received MAT during reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Program Completion)</b>	Source	Management Info System	Responsibility for Collecting	Reported
# of participants who are no longer receiving services (left program during reporting period)	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants who successfully completed the program during program period *graduation from treatment court or completion of at least one pathway	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants who terminated due to (must select only 1 per participant) ___court or criminal involvement ___lack of engagement ___absconding ___relocating or case transfer ___death or serious illness ___other reasons	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>PARTICIPANT AND SERVICES (Overall Progress in Program by Graduates)</b>	Source	Management Info System	Responsibility for Collecting	Reported
<b>-# of total graduates</b>	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>-# of graduates who, during program participation</b> ___received MH assessment ___received SUD assessment	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Outcome Evaluation

<input type="checkbox"/> established mental health treatment <input type="checkbox"/> established SUD treatment <input type="checkbox"/> maintained MH treatment for at least 90 days <input type="checkbox"/> achieved at least 90 days sobriety <input type="checkbox"/> improved housing situation <input type="checkbox"/> improved employment situation <input type="checkbox"/> obtained driver's license <input type="checkbox"/> improved financial status <input type="checkbox"/> reduced RANT score or LSCMI <input type="checkbox"/> percent of case plan completed upon graduation				
Same as above, but differentiated by demographics: race, gender, sex, age	MHP, SW & TCC records	GM Spreadsheet	GM	Outcome Evaluation
Graduate reported improvement in overall functioning	Participant survey	GM Spreadsheet	GM	Outcome Evaluation
<b>AFFORDABLE CARE ACT</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of new participants (new this reporting period) who entered program with any health care coverage at all	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of new participants who entered program with Medicaid coverage	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants who were eligible for health care coverage this reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of eligible participants who were eligible for Medicaid coverage	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants who were enrolled in any health care coverage during the reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants who were enrolled in Medicaid coverage during the reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation

# of participants EXITING the program this reporting period who were eligible for any health care coverage	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants EXITING the program this reporting period who were eligible for Medicaid coverage	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants EXITING the program this reporting period who were enrolled at exit in any health care coverage	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
# of participants EXITING the program this reporting period who were enrolled at exit in Medicaid coverage	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation
<b>RECIDIVISM</b>	<b>Source</b>	<b>Management Info System</b>	<b>Responsibility for Collecting</b>	<b>Reported</b>
# of program recidivating program participants who are still participating in the program	Jail records; court records; GM Records	LETG; MNCIS; GM Spreadsheet	JIW; GM	Quarterly PMT Outcome Evaluation
# of participants who received services in a community based program who were sent to jail during reporting period	Jail records; court records; GM Records	LETG; MNCIS; GM Spreadsheet	JIW; GM	Quarterly PMT Outcome Evaluation
# of participants who were sent to jail or prison during reporting period who were sent for _____administrative violations (no new offense) _____new offense or charge	Jail records; court records; GM Records	LETG; MNCIS; GM Spreadsheet	JIW; GM	Quarterly PMT Outcome Evaluation
# of total days in jail or prison for all participants during reporting period	Jail records; GM Records	LETG; GM Spreadsheet	JIW; GM	Quarterly PMT Outcome Evaluation
# of participants who underwent a pre-petition screen during reporting period	Social services records	SSIS	JSW	Outcome Evaluation
# of participants who received services in a community-based program who were sent to a hospital or inpatient mental health facility due to a mental health crisis during reporting period	MHP & TCC records	CL and Treatment Court Software	MHP & TCC	Quarterly PMT Outcome Evaluation



FUNDING	Source	Management Info System	Responsibility for Collecting	Reported
# of participants receiving Tier 1 Funding (Accepted Applicants)	GM Records; Finance Records	GM Quickbooks; Finance	GM	Outcome Evaluation
\$\$ amount of Tier 1 Funding for Assessments Monitoring Services	GM Records; Finance Records	GM Quickbooks; Finance	GM	Outcome Evaluation
# of participants receiving Tier 2 Funding (WRAP+ Participants)	GM Records; Finance Records	GM Quickbooks; Finance	GM	Outcome Evaluation
\$\$ amount of Tier 2 Funding for Recovery Support Services (by category)	GM Records; Finance Records	GM Quickbooks; Finance	GM	Outcome Evaluation
# of participants receiving Tier 3 Funding (Alumni)	GM Records; Finance Records	GM Quickbooks; Finance	GM	Outcome Evaluation
\$\$ amount of Tier 3 Funding for Recovery Support Services (by category)	GM Records; Finance Records	GM Quickbooks; Finance	GM	Outcome Evaluation

Abbreviations:

MHP=Mental Health Practitioner

CL=Care Logic

CF=Christy Ferrington

Finance Records: Winona County Finance Records

FSR-Financial Status Report

GM-Grant Manager

HVMHC=Hiawatha Valley Mental Health Center

JIW=Jail Intake Worker

JSW=Jail Social Worker

LETG=Law Enforcement Technology Group

MNCIS=Minnesota Court Information System

PMT = Performance Measure Report

SSIS=Social Services Information System

TCC=Treatment Court Coordinator

## WRAP+ Client Intake & Discharge Data Summary (Revised 8/21/23)

**Client Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_

**Intake Date:** \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_

I-intake; D-discharge	Applies to Client
<b>HOUSING SITUATION</b>	
Incarcerated	
Homeless	
Temporary housing (includes inpatient)	
Living with family	
Renting	
Own home	
Unknown	
<b>EMPLOYMENT</b>	
Unemployed	
Seasonal/Part time	
Full time	
Other	
Unknown	
<b>FINANCIAL</b>	
No Income	
Social Security	
Government Subsidy (not SS)	
Disability Income (not SS)	
Family Assistance	
Job (full or part-time)	
Unknown	
<b>IDENTIFICATION</b>	
Valid ID?	
Social Security Card?	
Birth Certificate?	
Unknown	
<b>DRIVER'S LICENSE STATUS</b>	
Never had a driver's license	
Driver's license – not currently valid	
Valid driver's license	
Unknown	
<b>TRANSPORTATION STATUS</b>	
Walking/bicycling (self transportation)	
Public transportation (bus)	
Rely on private parties (friends/family)	
Has own vehicle	
Unknown	
<b>COMMUNICATION STATUS</b>	
Reliable method of communication?	
<b>HEALTH INSURANCE</b>	
No health insurance	
Medical Assistance	
Other subsidized insurance	
Private/employer provided insurance	
Unknown	
<b>EDUCATION</b>	
Less than high school diploma or GED	
GED or high school diploma	
Some college or tech school	
College or tech school graduate	
Unknown	

I-intake; D-discharge	Applies to Client
<b>PHYSICAL HEALTH</b>	
No established healthcare provider	
Healthcare provider – no visits in past year or not taking meds as prescribed	
Healthcare provider – sees regularly; taking meds as prescribed	
Unknown	
<b>FAMILY/VISITATION STATUS</b>	
No minor children or rights terminated	
Has minor children – no/very little contact	
Has minor children – non-custodian, regularly visits children	
Has minor children – is custodial parent	
Has adult children – little/no contact/relationship	
Has adult children – good relationship	
Unknown	
<b>COURT/CRIMINAL JUSTICE/CHIPS</b>	
Not compliant with probation/CJ Orders	
Compliant with probation/CJ Orders	
CHIPS Case – Not compliant	
CHIPS Case – Compliant	
Unknown	
<b>MENTAL HEALTH ASSESSMENT (MHA)</b>	
Has not received MHA (or MHA is no longer valid)	
Has received MHA-no treatment recommended	
Has received MHA-treatment recommended	
Unknown	
<b>MENTAL HEALTH THERAPY (MH)</b>	
Not receiving MH services	
Receiving MH services but poor attendance	
Receiving MH services with good attendance	
Completed MH Treatment	
Unknown	
<b>MENTAL HEALTH MEDICATIONS</b>	
Not currently prescribed medications	
Prescribed meds, not taking as prescribed	
Prescribed meds, taking as prescribed	
Unknown	
<b>CHEMICAL HEALTH ASSESSMENT (CHA)</b>	
Has not received CHA (or CHA is no longer valid)	
Has received CHA-no treatment recommended	
Has received CHA-treatment recommended	
Unknown	
<b>CHEMICAL DEPENDENCY TREATMENT</b>	
Not receiving CD Services	
Receiving CD services but poor attendance	
Receiving CD Services with good attendance	
Completed CD Treatment	
Unknown	

**2021-2024 WRAP+ Data Collection Form**  
**Complete at end of quarter for each WRAP+ Client (Rev. 9/6/23)**

<b>Client Name</b>		<b>DOB:</b>
<b>Form Completed by:</b>		<b>Date:</b>
<b>Year Being Reported:</b>	<b>Circle one:</b> 2021                      2022                      2023                      2024	
<b>Quarter Being Reported:</b>	<b>Circle one:</b> Q1 (Jan-Mar) Q2 (Apr-Jun) Q3 (Jul-Sep) Q4 (Oct-Dec)	

Data Element	RESPONSE	#
<b>RISK ASSESSMENT</b>		
Received this quarter?	Trish	43A
Type of assessment?	Trish	
Assessed risk level?	Trish	43B
<b>CASE MANAGEMENT</b>		
Received this quarter?		
Received a case or transition plan for the 1 <sup>st</sup> time this quarter?		48
<b>MENTAL HEALTH SERVICES</b>		
Assessed for services this quarter?		50A
Received services this quarter?		50B
Received for 1 <sup>st</sup> time this quarter?		50C
Participant sent to hospital or inpatient due to MH crisis during reporting period?		74
<b>SUBSTANCE USE DISORDER SERVICES</b>		
Assessed for services this quarter?		51A
Received services this quarter?		51B
Received for 1 <sup>st</sup> time this quarter?		51C
Enrolled at least 90 days in substance use disorder program?		54A
If yes, was person tested for use of alcohol or illicit substances?		54A
If tested, did person test positive on any test?		54B
<b>CO-OCCURRING DISORDER SERVICES</b>		
Assessed for services this quarter?		55A
Received services this quarter?		55B
If yes, what type? (Parallel, Sequential, Integrated?)		56
Received for 1 <sup>st</sup> time this quarter?		55C
<b>EMPLOYMENT SERVICES</b>		
Assessed <b>as needing</b> services?		57A
If yes, standard or supportive?		57A
Received services this quarter?		57B
If yes, standard or supportive?		57B
If yes, obtained job?		58B
If yes, had job for 90 days+?		58C
Rec'd services for 1 <sup>st</sup> time this Q?		57C
If yes, standard or supportive?		57C
<b>EDUCATION SERVICES</b>		
Assessed <b>as needing</b> services this Q?		59A
Received services this quarter?		59B
If yes, rec'd GED certificate?		60A
If yes, rec'd HS diploma?		60B
If yes, earned vocational cert?		60C
If yes, earned higher ed degree?		60D
Rec'd for 1 <sup>st</sup> time this quarter?		59C

Data Element	RESPONSE	#
<b>HOUSING SERVICES</b>		
Assessed <b>as needing</b> services this quarter?		61A
If yes, standard or supportive?		61A
Received services this quarter?		61B
If yes, standard or supportive?		61B
How many obtained housing this Q?		62B
Were housed for 90+ days?		62C
Received for 1 <sup>st</sup> time this quarter?		61C
If yes, standard or supportive?		61C
<b>MEDICATION ASSISTED TREATMENT (MAT)</b>		
Eligible for MAT this quarter?		66A
Received MAT this quarter?		66A
If yes, what type? (Methadone, Suboxone, Naltrexone/Vivitrol?)		65
<b>PROGRAM COMPLETION</b>		
Leave program during reporting period?		67.
Reason for leaving program?		
Successful completion		69.
Court/criminal involvement		70A.
Lack of engagement		70B.
Absconding		70C.
Relocating or case transfer		70D.
Death or serious illness		70E.
Other (specify)		70F.
<b>RECIDIVISM (only complete if Yes to #67)</b>		
Participant sent to jail/prison?		71
Reason: admin/technical violation?		72.
Reason: new charge		72
How many days in jail during reporting period?		73
<b>HEALTH INSURANCE SERVICES</b>		
Did person already have health ins?		ACA3
If yes, what type of coverage? (MA, etc)		ACA3
If no, was person eligible for insurance?		ACA3
If eligible, was person enrolled in health care coverage this quarter?		ACA3
If enrolled, what type of coverage?		ACA3
Insurance at program exit?		ACA3
<b>Additional Data (new participants only)</b>	<b>Date</b>	<b>Score</b>
Application Date		
When accepted to program (target popul)		
Completed Diagnostic Assessment		
Completed CD Assessment		
First mtg with CM? (or accepted into TC)		
<b>Kalene Complete Below</b>		
BJMHS Score		
TCUDSV Score		
Criminal Justice Involvement Score		
MN PAT Score		

**Data Collection Guide for**  
**WRAP Revised 1/6/24**

**NOTE:** For questions relating to MENTAL HEALTH, SUBSTANCE USE and CO-OCCURRING DISORDERS, if the person received services this quarter, you must answer YES to the question of whether they were “**assessed for**” services, even if they did not have a formal assessment this quarter. Only if a person did not RECEIVE or NEED those services, can you answer NO to the “assessed for” question. For questions relating to EMPLOYMENT, EDUCATION AND HOUSING, if a person received services this quarter, you must answer yes to the “**assessed as needing**” services. Otherwise, if a client did not NEED or RECEIVE those services, you can answer NO to the “assessed as needing service.”

<b>PARTICIPANT NUMBERS</b>	
40A. Trish	How many people were eligible to participate in the program during the reporting period? <i>Eligible people include anyone who qualifies or meets the programs predefined requirements.</i> <b>For WRAP+, this is the number of ACCEPTED APPLICANTS.</b>
40B. Kalene	Of those eligible, how many were selected to participate in the program during the reporting period? <i>“Participants selected” includes those who were chosen to participate in the program but may or may not have actually enrolled.</i> <b>FOR WRAP+, this is the number of WRAP Participants (those accepted applicants who have signed a release of information and have completed an assessment.)</b>
40C. Kalene	Of those selected, how many NEW participants were admitted to the program during the reporting period? <i>Admissions are defined as new participants who receive services in the program. For the first reporting period that the grantee becomes operational, report all participants enrolled as new.</i>
40D. Kalene	During the reporting period, how many total people participated in the program? <b>(New participants and those already enrolled).</b>
<b>RISK ASSESSMENT</b>	
43.A. Trish	How many people received a risk assessment during the reporting period? (ORAS-CSST) <i>A risk and need assessment is an instrument to help identify risk factors and criminogenic needs that may lead an offender to reoffend. It pinpoints needed services to minimize those risks.</i>
43.B – 43.E Trish	Of those assessed, how many were assessed at the following levels: -Low risk/need; -high risk/need; -do not know/unsure <b>Risk: RANT - High Risk</b>
48.	How many participants received a transition or case plan for the first time during the reporting period? <u>(For new participants, this should be a yes, as this is the first case plan through the WRAP+ program. Thus, for example, participants who have a</u>

	<p><b><u>CHIPS case plan prior to admission but are new participants to WRAP+ in the quarter being reported should have a YES to this question).</u></b></p> <p><i>A case plan is designed to reduce criminogenic need and behavioral health need and to support reintegration of people into the community. Do not count those individuals who had minor revisions to the case plan. Only count those who were reassessed and, as a result, needed new or major revisions to their plan.</i></p>
	<b>MENTAL HEALTH SERVICES</b>
50.A.	During the reporting period, how many people were <b>assessed for</b> mental health services?
50.B.	Of those assessed, how many people received mental health services?
50.C	Out of those who received mental health services, how many received services for the first time during the reporting period (i.e. new participants) <b><u>Similar to Q48, this should be a YES for new participants to WRAP+, as all WRAP+ participants should be receiving some type of mental health services during the 1<sup>st</sup> quarter, even if it is only an assessment.</u></b>
74.	Was program participant who received services w/in a community-based program sent to a hospital or inpatient facility because of a mental health crisis during the reporting period?
	<b>SUBSTANCE USE DISORDER SERVICES</b>
51.A	During the reporting period, how many people were assessed for substance use disorder services?
51.B	Of those assessed, how many people received substance use disorder services?
51.C	Out of those who received substance use disorder services, how many received services for the first time during the reporting period (i.e. new participants)
54A. & B.	<p>Of those enrolled in a substance use disorder treatment program for at least 90 days, please enter the number of participants who were tested and the number who tested positive for the presence of alcohol or illicit substances during the reporting period. (Only count each participant once, regardless of the number of tests)</p> <p># of participants tested _____</p> <p># of participants testing positive _____</p>
	<b>CO-OCCURRING DISORDERS</b>
55.A.	During the reporting period, how many people were assessed for co-occurring disorders?
55.B	Of those assessed, how many people received co-occurring disorder services?
55.C	Out of those who received co-occurring disorder services, how many received services for the first time during the reporting period?
56.	Which of the following co-occurring disorder treatment models do you follow? Sequential (one, then another); Parallel (concurrent); Integrated (providing both in the same setting)
	<b>EMPLOYMENT SERVICES</b>
57A.	During the reporting period, how many people were assessed <b>as needing</b> employment services? # needing standard services

	# needing supportive services _____ (like ORC) <i>Please separate those who receive standard employment services and those who receive supportive services. Supportive services are service provisions where people with disabilities are assisted with obtaining and maintaining employment.</i>
57B.	Of those assessed, how many people received employment services? # needing standard services _____ # needing supportive services _____
58.A-C	During the reporting period, how many participants who were directly provided with employment services accomplished the following: Not tracked _____ Obtained employment _____ (report this only once) Maintained employment for 3 or more months _____ ( <i>Participants are considered to have maintained employment if they lost a job and found a new one w/in 30 days</i> ).
57C.	Of those who received employment services, how many received them for the 1 <sup>st</sup> time during the reporting period? # needing standard services _____ # needing supportive services _____
<b>EDUCATION SERVICES</b>	
59A.	During the reporting period, how many people were assessed <b>as needing</b> educational services?
59B.	During the reporting period, how many people received educational services?
60.A-E.	During reporting period, how many participants who were directly provided w/educational services achieved the following: Not tracked _____ Earned a GED certificate _____ Earned a high school diploma _____ Earned a vocational certificate _____ Earned a higher education degree _____
59C.	Of those who received educational services, how many received services for the first time during the reporting period?
<b>HOUSING SERVICES</b>	
61.A.	During the reporting period, how many people were assessed <b>as needing housing</b> services? <i>Please separate those who receive standard housing services and those who receive supportive services. Supportive services are service provisions where people with disabilities are assisted with obtaining and maintaining housing.</i> Standard _____ Supportive _____
61.B	During the reporting period, how many people received housing services? Standard _____ Supportive _____
62.	During the reporting period, how many participants who were directly provided with housing services achieved the following: Not Tracked: _____ Obtained housing _____ (report only once) Were housed for 90 days or more _____

61.C	Out of those who received housing services, how many received housing services for the 1 <sup>st</sup> time during the reporting period. Standard            Supportive
<b>MEDICATION ASSISTED TREATMENT</b>	
65.	If your treatment program includes MAT, which of the following medications are you utilizing, regardless of BJA funding: Naltrexone _____ Buprenorphine or Naloxone (Suboxone) _____ Methadone _____
66A.	How many participants were deemed eligible for MAT (Medication Assisted Treatment) during the reporting period: _____
66A.	Participants receiving MAT
<b>PROGRAM COMPLETION</b>	
67.	Did any participants leave the program? _____
69.	How many participants successfully completed the program during the reporting period?
70A-F.	How many did not complete and why? Due to court or criminal involvement (i.e. technical violation, arrest, conviction, revocation, reincarceration) _____ Due to lack of engagement (no-shows and nonresponsive participants) _____ Due to absconding _____ Due to relocating or case transfer _____ Due to death or serious illness _____ Other/explain _____
<b>RECIDIVISM</b>	
71.	Were any participants who received services within a community-based program sent to jail or prison (e.g. as a sanction) during the reporting period? How many?
72.	Why were they sent to jail/prison? Administrative/technical violation _____ New charge _____
73.	How many days total did participants send in jail or prison during the reporting period?
<b>HEALTH INSURANCE</b>	
ACA3	Did person already have insurance when he/she entered the program?
ACA3	If yes, what kind? <i>Health care coverage includes both private health insurance and government health benefits. Examples include health insurance that is employment based, marketplace coverage/self-insured, Medicare, Medicaid, military health care or benefits from the Dept of Veterans Affairs.</i>

ACA3	If no insurance, was person eligible for health insurance?
ACA3	If no insurance and eligible, was person enrolled in health care coverage this quarter?
ACA3	If enrolled in coverage this quarter, what type of coverage?
ACA4	For those participants who exited the program, specify what type of insurance coverage they had, if any.
	<b>NEW PARTICIPANT DATA</b>
X1	On what date did applicant complete application for the program?
X1	What date was the person accepted into the program as an accepted applicant per the Target Population sheet?
X3	When did the applicant complete a diagnostic assessment?
X4	When did the applicant complete a chemical dependency assessment?
X5	When did the client first meet with a case manager? For those participants who are treatment court participants, please use the date of acceptance to treatment court.





**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+  
CONFIRMATION OF PARTICIPANT STATUS** (Revised 8/22/23)  
*To be completed by the case manager. Internal Use Only.*

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Name/Last Name

**NOTE: In order for an Accepted Applicant to become a Participant, the Accepted Applicant must sign a WRAP+ Release of Information AND must have a valid comprehensive mental health evaluation that recommends ARMHS (unless the Accepted Applicant is a Treatment Court Participant). Funding is available to Accepted Applicants to pay for a comprehensive mental health evaluation if there are no other funding sources for that assessment. To access funding, the Case Manager should complete a Funding Request Form.**

The above client has signed a WRAP+ Release of Information. Date signed: \_\_\_\_\_

The above client has a valid comprehensive mental health evaluation. Details are provided below:

- **Date of Assessment:** \_\_\_\_\_ **Type of Assessment:** \_\_\_\_\_
- **Assessing Agency/Individual:** \_\_\_\_\_
- **Diagnosis:** \_\_\_\_\_
- **Treatment Recommendations:** \_\_\_\_\_

ARMHS is one of the treatment recommendations (must be checked, unless Accepted Applicant is in treatment court).

Although a chemical dependency assessment is not required for an Accepted Applicant to become a Participant, data on CD assessments is being collected for grant reporting purposes. Please provide the following information on the most recent chemical dependency assessment completed by the above individual.

- **Date of Assessment:** \_\_\_\_\_ **Type of Assessment:** \_\_\_\_\_
- **Assessing Agency/Individual:** \_\_\_\_\_
- **Diagnosis:** \_\_\_\_\_
- **Treatment Recommendations:** \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Date Completed/Updated: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please e-mail this form to Kalene Engel at [kalene@engellawoffice.com](mailto:kalene@engellawoffice.com) when complete so that the change in status can be recorded and the Accepted Applicant's file can be transferred to the Participant folder. Kalene will transfer the folder from the Accepted Applicant to the Participant folder.**



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+  
FUNDING REQUEST APPEAL FORM**

Revised 9/6/23

**Discretionary Funding Request**  
**(to be completed by case manager only)**

Name of client: \_\_\_\_\_ Length of time in WRAP+ \_\_\_\_\_

Amount of funding already received: \_\_\_\_\_ Amount of funding requested: \_\_\_\_\_

Purpose for funding request (what is it for): \_\_\_\_\_

Other funding sources explored and results: \_\_\_\_\_

Rationale for request (how does this support individual's case plan): \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Appeal to Task Force**  
**(to be completed by participant only)**

- I would like to appeal to the WRAP+ Task Force to re-consider whether I should receive WRAP+ Funding.

Amount of funding already received: \_\_\_\_\_ Amount of funding requested: \_\_\_\_\_

Purpose for funding request (what is it for): \_\_\_\_\_

Other funding sources explored and results: \_\_\_\_\_

The reason or reasons that I believe that I should receive funding are listed below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail address

Return completed form to Kalene Engel at [kalene@engellawoffice.com](mailto:kalene@engellawoffice.com)



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+  
COMPREHENSIVE EVALUATION REFERRAL FORM**

*Revised 9/6/23*

*(to be completed by the person referring the Accepted Applicant for a  
Comprehensive Evaluation at HVMHC)*

**INFORMATION ABOUT PERSON BEING REFERRED**

**Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender ID:**  Male  Female

**Phone:** (\_\_\_\_\_) \_\_\_\_\_  Cell  Home **E-mail:** \_\_\_\_\_

**Alternative Contact Name/Number:** \_\_\_\_\_

**Date Accepted to WRAP+:** \_\_\_\_\_ **Type of Insurance:** \_\_\_\_\_

**INFORMATION ABOUT REFERRAL SOURCE**

- Trish Chandler**, Jail Intake Worker, Phone: 507-457-6539, [tchandler@co.winona.mn.us](mailto:tchandler@co.winona.mn.us)
- Trish Costello**, Mental Health Practitioner, Phone: 507-961-6509, [trishc@hvmhc.org](mailto:trishc@hvmhc.org)
- Carin Hyter**, Treatment Court Coordinator, Phone: 507-457-6434, [chyter@co.winona.mn.us](mailto:chyter@co.winona.mn.us)
- Sierra Schier**, Mental Health Practitioner, Phone: 507-961-6495, [sierras@hvmhc.org](mailto:sierras@hvmhc.org)
- Katie Schild**, Criminal Justice Social Worker, Phone: 507-457-6483, [kschild@co.winona.mn.us](mailto:kschild@co.winona.mn.us)
- Self-Referral: The person being referred is making his/her own arrangements for a CE.**
- Other:** \_\_\_\_\_

**INFORMATION ABOUT PERSON RECEIVING REFERRAL**

- Christy Ferrington**, Adult Community Based Services Dir., Phone: 507-429-9885, [ChristyF@hvmhc.org](mailto:ChristyF@hvmhc.org)
- Kate Dieter**, Adult Community Based Services Coord., Phone: 507-429-9885, [kated@hvmhc.org](mailto:kated@hvmhc.org)
- Kalene Engel**, WRAP+ Grant Manager, Phone: 507-453-3646, [kalene@engellawoffice.com](mailto:kalene@engellawoffice.com)
- Kim Page**, Office Manager, Phone: 507-725-2022, [kimp@hvmhc.org](mailto:kimp@hvmhc.org)
- Barbara Von Cor**, Intake Coordinator, Phone: 507-474-9320, [barbaravc@hvmhc.org](mailto:barbaravc@hvmhc.org)
- Other:** \_\_\_\_\_

**RELEASE OF INFORMATION ATTACHED**

Accompanying this Referral Form is a valid Release of Information which authorizes HVMHC to provide information on the status of the Evaluation and the Evaluation itself to the Referral Source.

**Date of Referral:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**WRAP+ Process for Getting Probation Agreements**  
**Last revised 7.18.23**

- Standard conditions of probation and pretrial: there are standard conditions that exist for anyone who is on probation or pretrial supervision (like remain law abiding, etc). Rena will send those to me and I will forward to you. Thus, if any of the WRAP+ Participants are on probation or pretrial, those conditions automatically apply.
- Probation or Pretrial Agreements: To get copies of any probation or pretrial agreements, at the time when you are completing the Confirmation of Participant Status for, send an email to Renee Rumpca ([renee.rumpca@state.mn.us](mailto:renee.rumpca@state.mn.us)) with the WRAP+ ROI signed by the Participant asking if the person is on supervision and, if so, requesting copies of any supervision agreements. This should be done for all Participants, as they may not always accurately self report (or even know) if they are on supervision. By limiting this to Participants, we will limit the number of emails to which Renee has to respond, while still getting the information we need for case planning purposes.
- Example language is below:  
Attached is an ROI for XXXX, who is a participant in WRAP+. Could you please tell me if XXX is on supervision with your office? If so, could you please send me the supervision agreements and contact information for the supervising agent.
- Renee will respond to all emails, even if the person is not on supervision. If the person has a probation or pretrial agreement, she will email that to the requestor.
- Renee's responsive email will also cc: the assigned agent, so that they are aware of the participation in the program and the assigned caseworker.
- Rena noted that her office is very short staffed due to some vacancies and medical leaves, so it is possible that a different person will be assigned as the point person for the DOC in the future. However, for right now, it is Renee Rumpca.

**Winona County Conditions of Probation for each Case Type**

**Last Updated 7/18/23**

**Felony conditions:**

1. Follow all State and Federal criminal laws.
2. Contact your probation officer as directed.
3. Tell your probation officer within 72 hours if you have contact with law enforcement.
4. Tell your probation officer within 72 hours if you are charged with any new crime.
5. Tell your probation officer within 72 hours if you change your address, employment, or telephone number.
6. Cooperate with the search of your person, residence, vehicle, workplace, property, and things as directed by your probation officer.
7. Sign releases of information as directed.
8. Give a DNA sample when directed.
9. Do not use or possess any firearms, ammunition, or explosives.

**Misdemeanor/Gross Misdemeanor conditions:**

1. Follow all State and Federal criminal laws.
2. Contact your probation officer as directed.
3. Tell your probation officer within 72 hours if you have contact with law enforcement.
4. Tell your probation officer within 72 hours if you are charged with any new crime.
5. Tell your probation officer within 72 hours if you change your address, employment, or telephone number.
6. Cooperate with the search of your person, residence, vehicle, workplace, property, and things as directed by your probation officer.
7. Sign releases of information as directed.
8. Give a DNA sample when directed.
9. Do not use or possess any firearms, ammunition, or explosives if prohibited by law.

**Pre-Trial Monitoring Program conditions:**

**General Conditions:**

1. Contact DOC to set up an appointment immediately following court.
2. Sign all necessary releases of information and intake documents.
3. Keep agent informed of telephone, email address, physical/ mailing address and workplace and notify Pre-Trial Agent of any changes within 48 hours.
4. Inform Pre-Trial Agent of police contact within 24 hours.
5. Complete any evaluations ordered by the Court and submit them to the Pre-Trial Agent.
6. Comply with all conditions as stated in the Order for Conditional Release issued by the Court. I acknowledge I have received a copy of the Order for Conditional Release.
7. Remain law abiding and obey all State and Federal laws and all local ordinances.
8. Report to Pre-Trial Agent as directed.

**Special Conditions:**

**DWI cases:**

1. Abstain from alcohol and controlled substances unless it is medication prescribed by a physician and taken in the dosages and amounts prescribed.
2. Submit to random testing.

**Domestic cases:**

1. Have no contact with the victim unless approved by the Court.
2. Comply with any HRO's, OFP's, or DANCO's in effect.

WINONA DISTRICT - PHONE NUMBERS (as of 7.27.23)

**WINONA CONTRACT OFFICE**  
**171 W 3<sup>RD</sup> STREET 5<sup>TH</sup> FLOOR**  
**WINONA MN 55987**  
**MAIN OFFICE NUMBER: (507) 205-6110**  
**FAX NUMBER: (612) 473-5452**

<b><u>RENA PATTERSON, SUPERVISOR</u></b>	<b><u>(507) 205-6109</u></b>
<b><u>RENEE RUMPCA</u></b>	<b><u>(507) 205-6108</u></b>
<b><u>KRIS SATHER</u></b>	<b><u>(507) 205-6107</u></b> <b><u>Work Cell (507) 429-6001</u></b>
<b><u>KEVIN BURKE</u></b>	<b><u>(507) 205-6119</u></b>
<b><u>TERI HENDERSON</u></b>	<b><u>(507) 205-6106</u></b>
<b><u>BILL MOE</u></b>	<b><u>(507) 205-6118</u></b> <b><u>Work Cell (507) 961-4022</u></b>
<b><u>MATT HUDSON</u></b>	<b><u>(507) 205-6105</u></b>
<b><u>MEGAN REICHEL</u></b>	<b><u>(507) 205-6114</u></b>
<b><u>KYLIE DAVISON - RJ</u></b>	<b><u>(507) 205-6117</u></b> <b><u>Work Cell (507) 458-3090</u></b>
<b><u>KATIE ILLIES - RJ</u></b>	<b><u>(507) 205-6116</u></b> <b><u>Work Cell (507) 205-1932</u></b>
<b><u>BERTINA ZAGER</u></b>	<b><u>(507) 205-6115</u></b>

**WINONA FELONY OFFICE**  
**370 W. 2<sup>ND</sup> STREET STE 210**  
**WINONA MN 55987**  
**MAIN OFFICE NUMBER: (507) 205-6100**  
**FAX NUMBER: (612) 473-5451**

<b><u>LOGAN JENSEN</u></b>	<b><u>507-703-0269</u></b>
<b><u>TAMI DRILL</u></b>	<b><u>507-450-5244</u></b>
<b><u>DAVID KOHRS</u></b>	<b><u>507-312-5673</u></b>
<b><u>KATHERINE MEINKE</u></b>	<b><u>(507) 730-2741</u></b>
<b><u>HUNTER MATZKE</u></b>	<b><u>(507) 703-0278</u></b>
<b><u>CRAIG WELSH</u></b>	<b><u>(507) 450-1295</u></b>
<b><u>NICOLE MYERS</u></b>	<b><u>(507) 205-6102</u></b>
<b><u>SUSAN BANNER-GOTTSCHALK</u></b>	<b><u>(507) 205-6103</u></b>

**HOUSTON CONTRACT OFFICE**  
**306 S MARSHALL STREET STE 2400**  
**CALEDONIA MN 55921**  
**MAIN OFFICE NUMBER: (507) 500-5320**  
**FAX NUMBER: (612) 473-5453**

<b><u>NICHOLE KLUG</u></b>	<b><u>(507) 703-0258</u></b>
<b><u>JENNIFER WURM</u></b>	<b><u>(507) 450-8895</u></b>
<b><u>DEANNA MCCABE</u></b>	<b><u>(507) 500-5710</u></b>
<b><u>NANCY WELSH</u></b>	<b><u>(507) 500-5325</u></b>