

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

ORIGINAL

APPEAL FROM LEXINGTON COUNTY
J. Michael Baxley, Circuit Court Judge

RECEIVED
DEC 17 2013
SC Court of Appeals

Indictment Nos. 2011-GS-32-0242
2011-GS-32-0243
2011-GS-32-0244

EX PARTE:

South Carolina Department of Disabilities
and Special Needs, Appellant.

IN RE:

State of South Carolina, Respondent,

v.

Rocky A. Linkhorn, Respondent.

AFFIDAVIT OF STEVE VON HOLLEN

PERSONALLY APPEARED BEFORE ME, STEVE VON HOLLEN, who
being duly sworn, deposes and says:

1. I am the Director for Clinical Services for the South Carolina Department of Disabilities and Special Needs ("DDSN"). I have held that position since 2008.

2. I have personal knowledge of the information contained in this affidavit.

3. As the Director of Clinical Services, I am charged with the task of developing the Plan of Services that is submitted to Probate Court for an individual who is found not competent to stand trial and is being judicially committed to DDSN. In preparing the Plan of Services, I work closely with the individual's assigned local service coordinator to assess the needs of the individual and develop a plan that is presented in Probate Court.

4. DDSN is mandated under federal law and specifically the *Olmstead* decision of the United States Supreme Court to serve the clients of DDSN in the least restrictive, most community integrated setting as appropriate. Because of that mandate, I always start with trying to serve the individual at home if possible. Some of the factors that I look at include the nature of the crime, the criminal history of the individual, risk that the individual poses to society, level of functioning of the individual (i.e., skills, abilities and deficits), the support and supervision the individual can/will receive at home, and the types of community supports available.

5. Some individuals may have the supervision and structure that they need at home and require minimal supports in order to be productive members of society. At minimum, the individual will receive active, on-going service coordination, which is a service designed to monitor the individual's situation and coordinate needed services as they arise. Other support services that are possible in an effort to serve the individual in the least restrictive, most community integrated setting include day services (where an individual attends a program, usually operated by a DDSN contracted private provider, that provides meaningful structure and supervision during the day), Rehabilitative Behavioral Health Services (where a qualified contracted staff works with the individual at home and in the community with the goal of building pro-social skills and eliminating negative behaviors as well as providing direct supervision of the individual), and Waiver based services which may include Behavior Support Services (developing a behavioral management plan to address inappropriate behaviors and build acceptable behaviors), counseling services, and respite services designed to give the family a break by providing supervision for the individual.

6. For individuals accused of committing a sexual offense, a Specialized Sexual Risk Assessment is generally completed by a qualified contracted provider of risk assessments. This assessment is designed to assess the individual's general sexual knowledge as well as identify possible patterns of inappropriate sexual

behavior to assess and gauge the risk to re-offend sexually. The assessment will specify the level of care the individual needs (i.e., home versus placement), as well as specific services (i.e., Behavior Support, counseling, and other in home services).

7. If the individual is assessed to be too great a risk to remain home, or is otherwise in need of placement, DDSN has several types of placements with varying degrees of restrictiveness. These residential settings are below in order from least restrictive to most restrictive:

(1) Supervised Living program (SLP)

This model is for individuals who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support and supervision. This service is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within fifteen minutes of being called, 24 hours daily.

(2) Community Training Home I (CTH I)

The individual lives in the private home of a licensed caregiver. In this model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens.

(3) Community Training Home II (CTH II)

This model offers the opportunity to live in a homelike environment in the community under the 24 hour supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the service plan. No more than four people live in each residence.

(4) Community Residential Care Facility (CRCF)

This model, like the Community Training Home II model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan.

(5) Regional Center

DDSN directly operates four Regional Centers. These are institutions where individuals with the most significant disabilities receive more intense structure and supervision than is generally afforded in a community based placement. These facilities are considered highly restrictive and are not community integrated. While the structure and supervision is more intense, licensing standards and regulations prevent the locking of doors.

(6) Psychiatric Residential Treatment Facility (PRTF)

A PRTF is a private contracted facility for individuals who are under 21 years of age and are in need of a highly structured, intensive inpatient

program. These facilities are locked and serve individuals with co-occurring disorders (i.e., Intellectual Disability and psychiatric needs). DDSN typically places juveniles in need of inpatient sex offender treatment in PRTFs. PRTFs are also utilized for those under 21 who are in need of psychiatric stabilization, prior to stepping down to a lower level of care.

(7) GeoCare

GeoCare is a private correctional facility that provides medical, mental health and behavioral treatment in a secure, highly restrictive locked setting. GeoCare is reserved for individuals who otherwise present a significant risk of harm to self or others if not placed in such a secure facility. This facility is considered the most restrictive and least community integrated of any of the placement options.

8. I have attached to this affidavit as Exhibits A through E a copy of several Plans of Services that have been submitted to Probate Courts in the past two years. These Plans of Service have been redacted to remove personal identifiers. These Plans of Service illustrate the process that DDSN goes through in placing various individual who have been found unfit to stand trial and who have been judicially committed to DDSN. These Plans of Service further illustrate that the majority of individuals found unfit to stand trial do not require the most

restrictive placement in GeoCare or a lock-up facility and may be appropriately served in less restrictive placements.

9. I have personally found based upon my own knowledge and experience that the majority of individuals who have been found unfit to stand trial and who have been judicially committed to DDSN do not require the most restrictive placement in GeoCare. It is further my opinion that placement of most such individuals in GeoCare or a similar lock-up facility would violate those individuals' rights under federal law and specifically the *Olmstead* decision.

10. Rocky Linkhorn is, in my professional judgment, such an example. From my review of Mr. Linkhorn, I would have most likely recommended placement for him in a Community Training Home II rather than in GeoCare. As a result of the *Linkhorn* Order, DDSN is required to place Mr. Linkhorn in GeoCare. To my knowledge, no assessment was made by Judge Michael Baxley or the Probate Court to determine if GeoCare is the appropriate and least restrictive setting for Mr. Linkhorn.

11. An individual who was found not competent to stand trial and is being judicially committed to DDSN is not locked into his original placement. Typically, during the course of an individual's commitment, an individual may be moved to a less restrictive or more restrictive setting as warranted. The *Linkhorn* Order does not allow for DDSN or the Probate Court to take into consideration an

individual's actual needs and adjustment to a particular setting. Instead, the *Linkhorn* Order requires that all individuals found unfit to stand trial must be placed in a secured facility.

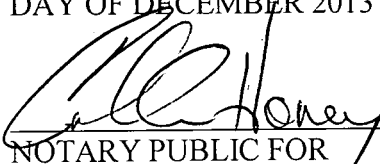
12. I have looked at the current placement within DDSN of the 159 persons who have been found unfit to stand trial and have been judicially committed to DDSN. Of those 159 judicial commitments, 87 are still in DDSN placements as follows:

GeoCare	7	
Regional Center	1	
Community ICF/ID	2	
PRTF	3	
CRCF	3	
CTH II	56	
SLP	15	
CTH I	0	1

FURTHER, AFFIANT SAYETH NOT.


STEVE VON HOLLEN

SWORN TO BEFORE ME THIS 10TH
DAY OF DECEMBER 2013

 (SEAL)
NOTARY PUBLIC FOR
SOUTH CAROLINA

COMMISSION EXPIRES: 9-25-17

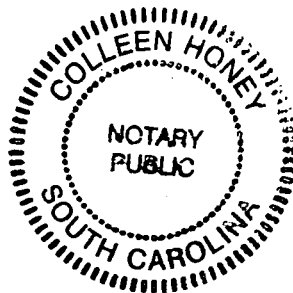


Exhibit A

PLAN OF SERVICES REPORT

Consumer: xxxx

Agencies Involved: South Carolina Department of Disabilities and Special Needs
Berkeley County Disabilities and Special Needs Board
Berkeley County Probate Court

Court Date: April 9, 2012

Background information:

The following plan has been devised for the purpose of determining a course of action following the judicial commitment hearing for Mr. xxxx.

Mr. xxxx was charged with the crime of Criminal Sexual Conduct with a Minor – First Degree, 2 counts. The Department of Disabilities and Special Needs (DDSN) received the Order For Competency To Stand Trial Evaluation on August 21, 2009. The order was initially directed to the Department of Mental Health (DMH). However upon examination by DMH there were no indications of a mental illness, yet there were indications of a possible Intellectual Disability (formerly termed Mental Retardation). As dictated in State Statute, DMH deferred on an opinion of Competency and deferred the case to DDSN. He was evaluated by examiners from DDSN on January 20, 2010 and report was mailed to the Court of General Sessions on February 2, 2010. The examiners opined that Mr. xxxx was not competent to stand trial. On December 7, 2011 DDSN received the Order For Diagnostic Evaluation from the Berkeley County Probate Court. On February 22, 2012 the Diagnostic Report was submitted to The Probate Court of Berkeley County. The Diagnostic Report confirmed that Mr. xxxx does meet the criteria for a diagnosis of an Intellectual Disability and is in need of DDSN services.

Prior to receiving the Order for Competency, Mr. xxxx had never been previously referred to DDSN as there are no prior referrals or contacts on record. Prior to his arrest, it is reported that Mr. xxxx was living with his cousin, Ms. xxxx in St. Stephen, SC as records indicate that he and his siblings were removed from the home of his mother by DSS due to neglect. File information indicates that he was initially living with an Aunt, but had to leave her home after the allegations of criminal sexual misconduct (the alleged victims were residing with this Aunt).

In regards to his offense, incident reports indicate that Mr. xxxx repeatedly sexually abused younger cousins in the family. Forensic interviews in the record indicate that this abuse reportedly occurred over a period of time and there were multiple victims. Due to the nature of his charges, a Specialized Sexual Aggression Risk Assessment was completed on March 17, 2012 by Ms. Kim Adkins, LPC. Ms. Adkins is an approved contracted provider of sexual risk assessments for DDSN. This assessment is designed to assess the consumer's general sexual knowledge as well as identify possible patterns of inappropriate sexual behavior to assess and gauge the risk to re-offend sexually. The results of that evaluation are attached to this report. As noted in her report, Ms. Adkins assessed Mr. xxxx to be a high risk to re-offend based on the results of her evaluation. She recommends 24-hour supervision and specialized treatment for low functioning sex offenders. She further notes that Mr. xxxx's family does not appear to be able to provide adequately for his supervision needs at this time.

Plan of Service:

Due to his being assessed a high risk to reoffend and need for supervision at this time, inpatient sex offender treatment is recommended. DDSN has initiated a referral to Palmetto Pines in Summerville, SC. Palmetto Pines has a comprehensive Sex Offender Treatment program that is tailored to meet the needs of individuals with intellectual disabilities who are in need of inpatient sex offender treatment in a secure setting. Mr. xxxx has been accepted for admission to this program. There, in addition to sex offender treatment, he will receive educational services, as well as general adjustment therapy and life skills training to prepare him for discharge back into the community once inpatient treatment is completed. DDSN will monitor his treatment at Palmetto Pines to include developing an after care plan for his re-entry into the community. Depending on his progress in treatment and the family structure (i.e., will need supervision and structure as prescribed in the after-care plan), this discharge plan may include longer term residential services from DDSN in a structured 24 hour supervised community placement.

Respectfully Submitted by:

Steve Von Hollen, M.S.
Director, Clinical Services
SCDDSN

Exhibit B

PLAN OF SERVICES REPORT

Consumer: xxxxx

Agencies Involved: South Carolina Department of Disabilities and Special Needs
Family Court, Eleventh Judicial Circuit
Richland/Lexington Disabilities and Special Needs Board

Court Date: October 17, 2012

Background information:

The following plan has been devised for the purpose of determining a course of action following the judicial commitment hearing for Mr. xxxx.

Mr. xxxx was charged with the crimes of Criminal Sexual Conduct with a Minor – 1st Degree and Assault and Battery – 2nd Degree. The Department of Disabilities and Special Needs (DDSN) received the Order For Competency To Stand Trial Evaluation on March 15, 2012. He was initially seen by examiners with the Department of Mental Health (DMH), however due to evidence of a possible Intellectual Disability (formerly termed Mental Retardation) in addition to his mental health issues; he was evaluated by examiners from DDSN and DMH, as required by state statute, on April 18, 2012. The report was mailed to the Family Court on May 17, 2012. The examiners opined that Mr. xxxx was not competent to stand trial and indicated the presence of a Mental Illness (Attention Deficit/Hyperactivity Disorder) and an Intellectual Disability. On July 18, 2012 DDSN received the Order For Diagnostic Evaluation from the Family Court. On July 20, 2012 the Diagnostic Report was submitted to the Family Court. The Diagnostic report confirmed that Mr. xxxx does meet the criteria for a diagnosis of an Intellectual Disability and is in need of DDSN services.

Records indicate that Mr. xxxx was first referred for DDSN services in 2000 and he received Babynet services. He aged out of Babynet in 2001. DDSN has no record of receiving any subsequent referrals until receiving the Order for Competency to Stand Trial in 2012. He was deemed an eligible DDSN consumer under the category of Intellectual Disability on July 17, 2012. In regards to his mental health history, it is noted that he is currently prescribed psycho-stimulant medication to address his diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD), however there are no records of him ever being a client with DMH.

Mr. xxxx is currently living at home with his mother, adoptive father and younger brother. He attends Irmo High school, where he is reportedly doing well with no behavioral problems noted. A review of his school records indicates that outside of the current charges, which occurred in 2011 at Irmo Middle School, Mr. xxxx does not have a significant disciplinary record in the school system and has does well in the school setting. Documentation indicates that a manifestation hearing was held at Irmo Middle School on October 13, 2011 subsequent to the current charges. It was determined that the infraction was related to his Intellectual Disability and he was therefore not suspended or expelled from school. A Behavioral Intervention Plan was put in place by the school to minimize the risk of future inappropriate sexual behavior and he is also reportedly currently receiving school based counseling. The family reports no behavioral problems or issues at home.

Due to the nature of his charges, a Specialized Sexual Aggression Risk Assessment was completed on 10/14/12 by Ms. Kim Adkins, LPC. Ms. Adkins is an approved contracted provider of sexual risk assessments for DDSN. This assessment is designed to assess Mr. xxxx's general sexual knowledge as well as identify possible patterns of inappropriate sexual behavior to assess and gauge his risk to re-offend sexually. The results of that assessment indicate that Mr. xxxx is deemed NOT to be at risk to reoffend sexually, and with counseling, which he is currently receiving through the school, and proper supervision he would not present a risk to the community.

Plan of Service:

It is recommended that Mr. xxxx remain at home with his parents. All indications are that the family genuinely cares for his best interest and are able to provide the supervision that he needs at home and in the community. He is currently receiving active service coordination through the Richland/Lexington DSN Board and it is recommended that this continue. He is receiving sexual based counseling through the school and it is recommended that this continue. Given that the charges occurred while he was at school, the school is currently addressing this through his Individualized Education Plan (IEP), which includes a Behavioral Intervention Plan addressing the behavior.

Respectfully Submitted by:

Steve Von Hollen, M.S.
Director, Clinical Services, SCDDSN

Exhibit C

PLAN OF SERVICES REPORT

Consumer: xxxxxxxx

Agencies Involved: South Carolina Department of Disabilities and Special Needs
Anderson County Disabilities and Special Needs Board
Anderson County Probate Court

Court Date: June 13, 2013

Background information:

The following plan has been devised for the purpose of determining a course of action following the judicial commitment hearing for Mr. xxxxx.

Mr. xxxx was charged with the crime of Lewd Act and Criminal Sexual Conduct (2 counts). The Department of Disabilities and Special Needs (DDSN) received the Order For Competency To Stand Trial Evaluation on November 26, 2012 after the South Carolina Department of Mental Health (DMH) evaluated him first and found evidence of both a possible mental illness as well as a possible Intellectual Disability (formerly termed Mental Retardation). As prescribed by statute, he was evaluated by examiners from DDSN and DMH on January 23, 2013 and the report was mailed to the Court of General Sessions on February 15, 2013. The examiners opined that Mr. xxxx was not competent to stand trial. On March 13, 2013, DDSN received the Order For Diagnostic Evaluation from the Anderson County Probate Court. On March 25, 2013, the Diagnostic Report was submitted to The Probate Court of Anderson County. The Diagnostic report confirmed that Mr. xxxx does meet the criteria for a diagnosis of an Intellectual Disability and is in need of DDSN services.

Prior to receiving the Order for Competency, Mr. xxxx has no prior contact with DDSN as there are no prior referrals or contacts on record. Prior to his arrest, he was reportedly living with his parents and a brother. Records indicate that he has a 3 year old child, but his involvement with this child is unclear.

His RAP sheet indicates one prior charge for Shoplifting in 2009. In regards to his current charges, Mr. xxxx is accused of sexually molesting an 11 year daughter of a family friend (lewd act charge) and he is also accused of sexually assaulting a four year old girl on at least two occasions (2 counts of Criminal Sexual Conduct). Due to the nature of his charges, a Specialized Sexual Aggression Risk Assessment was completed on March by Ms. Kim Adkins, LPC. Ms. Adkins is an approved contracted provider of sexual risk assessments for DDSN. This assessment is designed to assess the consumer's general sexual knowledge as well as identify possible patterns of inappropriate sexual behavior to assess and gauge the risk to re-offend sexually. While the written report is not yet available, Ms. Adkins opined that Mr. xxxx is a high risk to reoffend and in need of 24 hour supervision. It is noted that during the course of the evaluation that Mr. xxxx may have disclosed new victims. It is difficult to ascertain if these are actually new victims or his referring to the victims for which he is currently charged. Ms. Adkins made a report to DSS following the evaluation.

Plan of Service:

Given the nature of his crime, the fact that he is deemed to be a high risk to reoffend sexually and need for close supervision, it is recommended that Mr. xxxx receive residential services from DDSN. While DDSN is federally mandated to serve in the least restrictive setting, all indications at this time are that Mr. xxxx is too great a risk be returned to the community unsupervised. This placement would be in the form of a Community Training Home II (CTH II). A CTH II is a community based four bed group home where he would reside and receive on-going 24 hour supervision. He will also be afforded the opportunity to participate in a supervised work/day program to provide meaningful structure to his day, as well as on-going counseling and behavior support to work on his behavioral and criminal issues. The search for an appropriate CTH II to serve him has been initiated. He will also continue to receive active service coordination in the county in which he is placed to monitor his on-going needs.

Respectfully Submitted by:

Steve Von Hollen, M.S.
Director, Clinical Services
SCDDSN

Exhibit D

PLAN OF SERVICES REPORT

Consumer: xxxx

Agencies Involved: South Carolina Department of Disabilities and Special Needs
Charleston County Disabilities and Special Needs Board
Charleston County Probate Court

Court Date: August 26, 2013

Background information:

The following plan has been devised for the purpose of determining a course of action following the judicial commitment hearing for Mr. xxxx.

Mr. xxxx was charged with the crime of Disturbing Schools. The Department of Disabilities and Special Needs (DDSN) received the Order For Competency To Stand Trial Evaluation on March 21, 2013. He was evaluated by examiners from DDSN on April 5, 2013. The examiners opined that Mr. xxxx was not competent to stand trial and also opined that he appeared to meet the criteria for a diagnosis of an Intellectual Disability (formerly termed Mental Retardation). The Forensic Evaluation was mailed to the Family Court on April 11, 2013. On July 19, 2013 DDSN received the Order For Diagnostic Evaluation from the Charleston County Probate Court. On July 30, 2013 the Diagnostic Report was mailed the Probate Court of Charleston County. The Diagnostic report confirmed that Mr. xxxx does meet the criteria for a diagnosis of an Intellectual Disability and is in need of DDSN services.

Records indicate that Mr. xxxx was previously referred to DDSN in 2011, subsequent to his being opined not competent to stand trial by examiners from DDSN for charges he received in 2011. It is noted that DDSN never received a Petition for Judicial Admission subsequent to that evaluation, nor is there a record in his file regarding the disposition of those charges. While Mr. xxxx has been eligible for DDSN services since 2011, he has not received active services as

the family did not express an interest in receiving active services and there were no court orders or other legal mandates to receive active services. Records show that numerous attempts, by phone and certified letter, were made by the Charleston County DSN Board to contact the family in 2011 with no response. Charleston County Mental Health Center records indicate that he was court ordered into treatment in 2011 subsequent to his prior charges.

Prior to his arrest, Mr. xxxx was living at home with his grandmother, Ms. xxxx. However, his grandmother is currently medical treatments and He is unable to live with her. He currently resides in the home of his cousin, xxxx. All indications are at this time that he receives adequate supervision in this home. In regards to his current charge of Disturbing Schools, incident reports indicate that Mr. xxxx was arrested at James Island Charter High School after an altercation with another student where Mr. xxxx was reportedly the aggressor. A review of his school records indicates a history of behavioral problems in school to include referrals that resulted in one out of school and one in school suspension last academic year. It is noted that his last reported referral was in October 2012, indicating that his behavior improved during the school year. It is reported that he will be returning to the James Island Charter School this year.

Plan of Service:

It is recommended that Mr. xxxx remain at home at this time and receive Rehabilitative Behavioral Health Services (RBHS) coordinated by DDSN. This service would pair Mr. xxxx with a trained positive male role model with the goal of curtailing inappropriate/criminal behaviors while maximizing positive, pro-social behaviors and skills. This service will also provide Mr. xxxx with some structure and supervision during the day when he is not in school. A referral has been initiated for RBHS services. He will receive active, on-going service coordination through the Charleston County DSN Board to monitor his needs. DDSN is federally mandated with serving in the least restrictive setting. In this case, it appears that these services will meet his needs in the least restrictive setting. It is also recommended that he be assessed for school based counseling services, given his history of behavioral problems in the school setting. He should also be afforded an IEP, given his special education classification as a student with an Intellectual Disability.

Respectfully Submitted by:

Steve Von Hollen, M.S.
Director, Clinical Services
SCDDSN

Exhibit E

PLAN OF SERVICES REPORT

Consumer: xxxx

Agencies Involved: South Carolina Department of Disabilities and Special Needs
Charleston County Disabilities and Special Needs Board
Charleston County Probate Court

Court Date: August 26, 2013

Background information:

The following plan has been devised for the purpose of determining a course of action following the judicial commitment hearing for Mr. xxxx.

Mr. xxxx was charged with the crimes of Burglary – 1st Degree, Grand Larceny and Property Crime Enhancement (Shoplifting). The Department of Disabilities and Special Needs (DDSN) received the Order For Competency To Stand Trial Evaluation on March 18, 2013. Upon examination of his file, it was apparent that there was a history of mental illness, in addition to a possible Intellectual Disability (formerly termed Mental Retardation), and as prescribed in state statute, a joint evaluation was scheduled to include examiners from both DDSN and the Department of Mental Health (DMH). He was evaluated by examiners from both agencies on June 13, 2013. The examiners opined that Mr. xxxx was not competent to stand trial and also opined that he appeared to meet the criteria for a diagnosis of an Intellectual Disability as well as the presence of mental illness. The Forensic Evaluation was mailed to the Court of General Sessions on June 25, 2013. On July 23, 2013 DDSN received the Order For Diagnostic Evaluation from the Charleston County Probate Court. On August 5, 2013 the Diagnostic Report was mailed to the Probate Court of Charleston County. The Diagnostic report confirmed that Mr. xxxx does meet the criteria for a diagnosis of an Intellectual Disability and is in need of DDSN services.

Prior to the competency evaluation, Mr. xxxx has never been previously referred to DDSN and there are no prior referrals or contacts on record. File information indicates a rather tumultuous childhood to include his being placed in the foster care system at age 13 after being removed from his mother for abuse and neglect and placed in DSS custody. From ages 13 to 21 he was in a variety of foster care homes and group homes with numerous on-going behavioral problems noted. He aged out of the foster care system at age 21 and attempted to return home to live with his mother, however this did not work out. He reports that he "lived on the streets" and prior to his incarceration he was reportedly living from friend to friend with no stable residence.

Mr. xxxx has an extensive history of criminal behavior dating back to 2006 according to his RAP sheet. It is also reported that he had some involvement with DJJ for charges prior to 2006, however that information is not available to this examiner. It appears that he was convicted of at least one crime for which he served time in 2009 and may still currently be in probation, although this is unclear in his record.

Plan of Service:

Given that Mr. xxxx has no permanent residence and is basically homeless, residential services from DDSN are recommended. This would likely be in the form of a Community Training Home II (CTH II). A CTH II is a community based four bed group home that provides 24 hour supervision. In this home he would receive comprehensive services to include services designed to improve his activity of daily living skills (ADL's) and counseling/behavioral services geared towards improving his behavior. He will also be afforded the opportunity to attend a day/work program to provide meaningful structure to his day and develop job skills. He will continue to receive on-going service coordination in the county in which he is placed. The search for an appropriate home to meet his needs is currently underway. The hope is that Mr. xxxx will be able to gain the skills to be able to transition to a less restrictive setting (i.e., supervised apartment setting) in the future. DDSN is federally mandated with serving in the least restrictive setting. However, at this time he appears to need the structure and supervision afforded in a 24 hour supervised placement. Given his history of mental illness as documented in the forensic report and his file, it is also recommended that he receives outpatient services from the Department of Mental Health.

Respectfully Submitted by:

Steve Von Hollen, M.S.
Director, Clinical Services
SCDDSN