

MENTAL HEALTH CRIMINAL JUSTICE COMMITTEE

of the

Wisconsin Council on Mental Health

DOC Central Office Building

3099 E. Washington Ave, Madison

Thursday, April 10, 2014

MINUTES

Attendees: Joann Stephens (MHCJC), Norman Briggs (SCAODA/ARC Community Servs), Gary Ankarlo (DOC by phone), Mishelle O'Shasky (MHC/GEP), Lila Schmidt (DHS), Ron Jansen (citizen by phone), Kathleen Enders (DVR), Glenn Larson (DHS), Mary Delaney (LAW/DOES), Annabelle Potvin (NAMI), Abby Churchill (DRW)

Meeting called to order at 10:07 am by Joann Stephens, committee chair
Lila Schmidt read the review of the Meeting Guidelines
No additions to the agenda

Updates: Joann Stephens will be finished with her 3rd term on the MHC, which she has filled for nine years. The MHC bylaws require that each committee has a MHC representative as chair or co-chair. Mishelle O'Shasky has been appointed by MHC Chair Shel Gross to co-chair the CJC (will be official after the May MHC meeting). Joann will continue co-chairing the committee with Mishelle after her MHC term is officially up.

In addition, Joann participated in the Regional Great Lakes Addiction Technology Transfer Center's Trauma Informed Care Training of Trainers workshop, some of which included community corrections. It was a great opportunity to meet with people from other states, including OH, MI, MN, IN, and PA. The training included an executive briefing to engage systems on the importance of including the TIC framework within a Recovery Oriented System of Care.

If anyone was interested in finding out more about this committee, please visit MHC's website. There, you will find the strategic plan, minutes, accomplishments, and objectives. Joann offered to send a link to the committee page to the group, and may be able to put a pamphlet on the website about speaking with legislators about our issues. <http://www.mhc.state.wi.us/crimjustice.htm>

Minutes from last meeting:

Misspelled Mishelle's last name in "Minutes" section, should read: O'Shasky. No further discussion.

Minutes approved by 11 yays, 0 nays, 0 abstentions

Prisoner Re-Entry Pilot Program – Kathleen Enders, DVR

A copy of the MOU between DOC and DVR was supplied to the committee (attached to minutes). The pilot program ended in 2010, but Patty Johnson, the Director of DVR, has stated that what they put in place is still in place.

The program attempted to create common understanding of the release process between DOC and DVR. In addition, it has fostered continued mutual cooperation between DVR and DOC, and resolved a lot of myths on both sides. For example, DVR's ability to act on referrals made for inmates who are still incarcerated and do not have a disability is a myth. The MOU reflects the criteria for proceeding with these referrals in the future, e.g. that the individual has a disability, that the individual has perceived barriers to employment, etc. (please see handout). The MOU also outlines the process for getting information from DOC in order to establish a case with DVR, including social security benefits (which trigger a presumption of eligibility for DVR).

The DOC, under the MOU, is to identify those inmates who are otherwise eligible, who are in a community work release program, and who are projected to be released between 30 to 90 days from the date of identification. This enables DOC and DVR to plan ahead and to begin the process of applying for DVR earlier on, and cuts down on the waiting period for services that individuals have had to endure after release. There are a number of individuals working for DOC who can make a referral to DVR; the task is not exclusively assigned to the social workers at DOC.

DVR also shared with DOC their internal procedures related to prioritization of disability. In their Order of Selection categories, the highest priority is Category 1. Category 1 is reserved for individuals with the most disabilities which tend to have the greatest barriers to employment; these individuals are typically served right away and are not put on the waitlist. Category 2 is for individuals with fewer disabilities and less barriers to employment than Category 1 individuals; if found eligible, these individuals are typically put on a waitlist for about three to six months. Category 3 is for individuals with fewer disabilities and less barriers to employment than Category 2, and these folks are typically put on an undetermined waitlist for an undetermined period of time. DVR places individuals into any of these three categories based on seven different questions concerning one's functional limitations. For example, what is someone's capability to conduct "self-care" outside of the institution?

One question, related to the assignment of categories, which was posed to Kathleen was whether DVR has a procedure in place to address a situation where a prisoner with a regiment in prison is not experiencing as many symptoms as s/he may upon release. In these circumstances, s/he would "look like" a Category 3 but would actually be a Category 2. Kathleen's response was that an individual can get re-evaluated at any time for reconsideration about their Order of Selection; if an individual's circumstances have changed, they can contact DVR for another evaluation. Individuals are told about this opportunity when they receive their initial letter from DVR communicating their Category allocation. In addition, those in Category 3 are contacted once a year to inquire whether they would like a re-evaluation and whether they would like to remain on the waitlist.

One problem that has currently gone unaddressed is when an inmate is released into a different county than s/he will ultimately end up working in. The county of release comes up with a plan with the individual, and once s/he goes back to their home county, the counselor creates a new plan without considering the original plan. The new DVR counselor should be considering the original plan before making any changes, if necessary.

There is some confusion in the community about whether DVR works with folks with substance abuse issues. Kathleen assured the committee that DVR does, in fact, work with individuals with substance abuse issues. Although many of these folks also have other disabilities as well (co-occurring disorders), there is nothing in the policy against working with individuals who only have substance abuse issues (although they might be put into Category 3). In addition to this, there were questions about juveniles

and those with FAS. DVR does work with both of these groups of individuals. Specifically for juveniles, DVR has counselors assigned to accept these referrals. Currently, there are only two juvenile facilities: Lincoln Hills and Capital Lake. They have a wrap-around program, and are referred to DVR between ages 15 and 17 (generally, two years before graduation).

DVR is currently looking for other facilities/centers where inmates might be eligible for this pilot program; specifically, they would like to know which other minimum security centers have inmates enrolled in a community work release program and are coming up on their release dates. Although there are other informal community custody programs around the state, DVR would specifically like to implement a more formal arrangement between DOC and DVR through an MOU. DVR is considering extending to probation and parole programs as well. Kathleen is going to get in touch with Sylvia Jackson, who was just named as the director for the Prisoner Re-Entry program.

Another avenue where change can happen is in cutting down the cost of sending inmates to DVR and having to pay for a DOC staff member to drive them out. Sometimes DVR counselors visit the prisons; increasing this might help cut down on costs. In addition, a video meeting could be arranged.

Kathleen would like for this committee to come up with “best practices” for the program going forward. Beyond the suggestions already made in the notes, the group included: adopting a “person-centered” approach and having DOC engage in DHS trainings, e.g. trauma-informed care training.

Much of this information can be found on DVR’s website.

TAD Expansion Bill – Joann Stephens, MHCJC

Unfortunately, the part of the bill setting aside \$375,000 for mental health treatment died in Senator Grothman’s committee despite the committee’s advocacy. Specifically, Joann sent the word out to reporting agencies, put stories in the statewide newspapers, sent out many e-mails, and even set up a meeting with Senator Grothman that many people attended. Unfortunately, the Senator did not attend the meeting. The staffer who the group met with mentioned that the Senator had received a lot of information about this matter. The bill had so much support, which is perhaps why the Senator did not bring it to the floor for a vote.

The \$1.5 million part of the bill was approved. This money could be used for mental health treatment as long as there is a co-occurring disorder. The language would need to be changed to include persons with mental health only issues in order to make this explicit.

There are currently 21 counties with TAD grants. The plan is to fund another 10-15 counties by May 1; the deadline for applying is the same day. The DOJ is planning on starting new contacts on June 1.

Although the mental health part of the bill died, there are efforts to create the same effect around the state that would have been easier with this funding. There is now a hybrid DWI court that combines alcohol and drug court under one roof. In addition, Outagamie County has a county-wide initiative with NAMI right now, and there is rumor that there is a new mental health court in Milwaukee.

A handout of WI TAD programs was provided at the meeting. However, it is constantly changing and will need to be updated in the next few months.

Complaints – Joann Stephens

First Complaint

Joann recently received 50 letters from Taycheedah on their new “policy” concerning visits with children. The supervisory staff at Taycheedah allegedly unilaterally determined that the inmates would not be able to have any physical contact with their children over 11 years old except for a hug at the beginning and end of the visit. This is having drastically unjust impacts on the inmates and their children, especially if there are two children and one is older than 11. In addition, there was one particularly hard story about a mother who wanted to comfort her 16 year old son, who has been suicidal. The guards intentionally intimidated and verbally reprimanded her, and then she was placed in solitary confinement due to violating this “policy.”

This “policy” is currently unwritten, and may be a result of the staff misinterpreting the actual policy on the books, which is 17 years and older. Some of the committee members agreed that even if this was a written policy adopted by Taycheedah, it would need to apply to all of DOC in order to be valid and enforceable. One member suggested reaching out to Taycheedah and encouraging the warden to clarify the rule with her/his staff. This situation may need to be approached delicately, as the “waters are very tumultuous” at Taycheedah currently.

Second Complaint

Joann received a second complaint about inmates with mental illness at Dodge County Correctional being treated poorly. Many complaints have already been filed to DOC to the inmates’ detriment, as they allegedly experience retaliation for the complaints.

One member suggested asking whether there was an Ombudsmen who could be contacted about this. Joann will ask Kit Kerschensteiner or Kathy Jess.

MHC Budget Priorities – Joann Stephens

They are currently working on the 2015-17 budget. MHC hoping to further the expansion of programs, like OARS. Both MHC and corrections will be supporting these expansions statewide. Although this expansion looks good at a departmental level, more voices advocating for expansion in certain areas would help out with the budget process. For example, OARS is trying to serve those with schizophrenia and others positively impacted by medical intervention. However, they are not currently serving those with only substance abuse problems (they do, however, serve those with co-occurring disorders as long as they have “major mental illness” and “high risk of offending”). They have found that the program has less impact on those with personality and depressive disorders; the program doesn’t have as much “buy-in” with these inmates. 70% of these individuals have addition issues; Norman suggested that SCAODA could support these expansions. SCAODA is currently discussing their four-year plan, so he will propose this to the full council.

OARS currently engages the inmate in a six-month pre-release program, and then “wraps around” the inmate for another six months as they enter the community with supervision, until the supervision is transferred to the county. For some, it could be up to two years.

One suggestion for the budget was to set aside funding for developing Peer Specialist programs, perhaps in collaboration with OARS. (MHC Budget initiatives attached to minutes).

June Meeting in Eau Claire – Joann Stephens

We are officially have the June meeting in Eau Claire. Joann mentioned having it from 10:30 am to 2:30 pm, although this could change slightly once she receives responses to her poll. The poll will ask members about the time, what they are interested in seeing, about their expectations, etc.

Currently, cost is the biggest concern. It is about a 3 hour drive from Madison to Eau Claire. DOC could take a vehicle together, and so could DHS. MHC will reimburse others for their mileage. Joann is exploring connections in the county for someone to sponsor our lunch.

Tentative agenda includes: touring mental health courts, talking to diversion court representatives, talking to a judge, and possibly speaking with some of the offenders utilizing the courts. In order to maximize on time, someone suggested having a working lunch and possibly speaking with a judge then. The committee could then discuss as a group before the meeting ends.

Someone suggested that Pat Eisenberg might be helpful in organizing this trip. Lila also mentioned that she would help arrange visiting some of the courts.

Call for Future Agenda Items

Ron Jansen suggested including a topic that was discussed at the last meeting: inmates receiving medication while incarcerated who subsequently go on parole and cannot continue to get their medication due to a “gap” in the system. Joann will include it on the agenda for the August meeting. Prior to the meeting, Glenn offered to figure out more information about this issue and what the process is for closing this gap in the transition process. In addition, someone suggested inviting Laura Bonis (sp), a social worker with DOC, to participate in this discussion.

In addition, someone suggested having a probation/parole representative come to the meeting. This might dovetail nicely with the discussion about re-entry.

Lila will also be speaking about the Block Grant Priorities.

It was suggested that Elizabeth Hudson might come to an upcoming meeting to discuss the new office of Children’s Mental Health, possible for the October meeting.

Meeting was adjourned at 11:55 am.

Minutes respectfully submitted by Abby Churchill.

Next meeting is Thursday, June 12, 2014 in Eau Claire, WI. Details TBA.