MENTAL HEALTH CRIMINAL JUSTICE COMMITTEE
of the
Wisconsin Council on Mental Health
DOC Central Office Building
3099 E. Washington Ave, Madison
Thursday, October 9, 2014

MINUTES

Attendees: *Committee Members:* Committee Co-Chair Mishelle O'Shasky (MHC/GEP); Norman Briggs (SCAODA/ARC Community Services); Mike Derr (DHS/DMHSAS); Ron Jansen (citizen by phone); Kristi Dietz (DOC); Kit Kerschensteiner (Disability Rights of WI); Michael Conwill (citizen); Richard Harris (Vision Beyond Bars, by phone); Mary Delaney (Legal Action of WI); Hugh Johnston (DOC); and Glenn Larson (DHS/DMHSAS)

Advisors: JoAnn Sokolik (DOC).

Others: Kay Cram (DHS/DMHSAS, by phone); William Parke-Sutherland (GEP); Rev. Jerry Hancock (DOC). Guests from the Pennsylvania Peer Support Program included: Mary Finck (PA DOC) and Marirosa Lamas (PA DOC); and LaVerne Miller (GAINS Center) facilitated discussion.

Meeting called to order at 10:06 am by Mishelle O'Shasky, committee co-chair. (Kristi Dietz arrived at 10:30 a.m., and Kit Kerschensteiner arrived at 10:45 a.m.)

- Attendees who were present at DOC and on the phone introduced themselves.
- Co-Chair O'Shasky moved the Review of Meeting Guidelines, Additions to the Agenda, and Approval of 8/14/14 Meeting Minutes to later in the meeting, because the Pennsylvania Peer Support Program guest presenters were already on the phone conference ready to present.

Pennsylvania Peer Support Program:

LaVerne Miller introduced program participants on phone conference. Mary Finck gave program overview. The state's Commission on Crime & Delinquency includes representation from the public welfare, correctional and mental health and substance abuse services agencies, along with some counties and community-based providers. Peer support program was launched around 2010, when DOC and Office of Mental Health & Substance Abuse Services used extra federal grant funds ($115K) to assist inmates in state institutions.

Initially, the correctional institutions established offender selection criteria; each institution selected up to 20 peers to attend 2-week training. Peer support programming was piloted in different types of units (secured, treatment, special needs) throughout the statewide system.

Marirosa Lamas discussed the implementation of peer support programming in the institution that she oversees. Certified peer specialist were trained to understand that their services supplemented – not replaced -- the services provided by regular staff. The peer specialists have especially helped inmates to develop their "soft skills," and serve as an "information highway" for their inmates. It's a "win win" for staff to have peer specialists present. It's very important to have staff buy-in to make this work. This still

can be very challenging. Mary Finck: Training staff now include in presentation a "buy-in" segment to the secured staff at institutions.

Committee member Ron Jansen asked about the initial response of inmates who participate in peer support. Marirosa Lamas: At first there will be some long faces as training starts. But at the end of two weeks, one sees many inmates with a great sense of purpose and accomplishment, is often reflected in how they now carry themselves. Ron Jansen also asked about the reoffending rates of peer support specialists as compared to the general inmate population. The PA group responded that the state does not currently have that data. One noted the example of a peer support specialist released in 2011 who has worked at a Philadelphia medical center ever since, and was recently named its employee of the year. The group noted that 433 trained peers are currently working in the prison system, and that a total of 500 inmates have been trained, including some who are now out in the community. A university is evaluating six of the pilot site peer review programs, and that data hopefully will be available by the end of the year. Some preliminary data is currently available.

Committee member Richard Harris noted that is crucial that the state track the recidivism success and failure rates of peer support participants in order for program to move forward. PA group responded that there is some data on recidivism that they could ask for to share.

The PA inmate population in that state is about 51,000. There are 2 facilities for women and 27 for men, one of which is for young offenders. That last facility also has a certified peer specialist assigned there.

Committee member Norman Briggs asked about the screening process. Mariroa Lamas responded that candidates must meet several requirements: (1) be at a minimum or medium security classification; (2) no misconducts within the prior year; (3) no violent or assaultive behavior in prior 2 years; (4) be recommended by licensed psychology manager in the institution they are at; (5) no suicide attempts or unstable behavior, have a stable adjustment without meds within the prior 12 mos.; (6) have a high school diploma or GSD; (7) have a history of mental health services received; (8) be within 3 years of completing the min. sentence; and (9) go through an interview process.

Also, inmates at the Acute Units receive peer support services. Outcomes from services? There appear to have been more inmates who successfully move down from the more restrictive residential treatment unit to a less restrictive special needs unit, fewer inmate trips for psychiatric evaluations, and few instances of inmates sabotaging their release date. Mary Fincke: Prison staff have noticed that in institutions with peer support interventions there seem to be fewer instances of having to remove inmates from their normal setting into a more restrictive environment. She noted that softer skills of inmates have also been positively impacted, but those are very hard to track and to quantify as hard data that's needed for budget requests and other actions.

Ron Jansen brought up the risk of inmate suicides during the holiday season. The PA Group noted that because peer specialists reside in the housing units, accessibility to troubled inmates can be immediate. Institutions also have peer specialists "on call" during weekends and holidays. Marirosa Lamas noted that this program is a good example of an out-of-the-box program, doing something because it's the right thing to do, right thing to provide offenders. This improves staff safety, reduces the no. of inmates' time in more restrictive units. This is a true cultural change; DOC must be on the front end of such change, not the back. This change and programming requires support from the top.

Regarding prison staff's feeling regarding peer support specialists, the PA group noted that once prison staff buy in to the program, they welcome peer support, as it reduces the need for intensive interventions and improves their safety. One observation is that staff need some time to observe the program in action first before they may buy in. Eventually they'll see that peer specialists can also deal with the bothersome issues, freeing up the officers to complete other tasks they need to complete. They noted some instances where prison officers were initially resistant of a specific person being assigned to their unit as the peer specialist, but 6 mos. later they called their shift commander requesting that this same person be assigned to their unit.

Marirosa Lamas mentioned that the 32 hour crisis intervention training course for new officers does cover the way things used to be done in corrections but aren't anymore, though the use of peer support isn't required yet to be covered. This is all part of the corrections mission to "correct people", have better folks coming out than they were when they came in.

In regard to committee member Michael Conwill's question about confidentiality breaches, the PA Group responded that there have been some instances of breaches by peer specialists. When this happens, they are suspended from duties (length depending on severity of breach), will complete special assignments, revisit training, and talk with the program staff prior to reinstatement. Also, the federal prison system in PA does not use peer specialists, but some officials there are interested in the program.

Mishelle O'Shasky asked if inmates can take civil service exams to fill a peer specialist position upon release from prison. The PA group responded that they can as long as they are eligible to apply in general. Certified peer specialist is a civil service position at the county and state level. Also, some county jails within PA utilize peer specialists, including the county where the DOC secretary is from. LaVerne Miller noted also that nationally there is a rapid movement toward adopting peer specialists, and that there is a list of 87 agencies in PA that provide peer support services within their organizations – these folks can reach out to released inmates to assist them.

William Parke-Sutherland asked what is the process for an inmate receiving peer support. Mary Fincke: Inmates can request assistance, and staff can refer them (though it's not mandatory that inmates receive those services). Peer specialists can walk through the day unit or other areas asking inmates if they'd like assistance or to talk with them.

In regard to cost, Mary Fincke mentioned there is no definite understanding yet of cost savings; it hasn't been formally calculated. Marirosa Lamas added that peer interventions are hard to track; impacting soft skills of inmates is very fluid. The real savings here is avoiding negative incidents, but how does one track or quantify that? The lack of hard data or outcomes also comes into play when considering impact on staff or inmate safety. The primary feedback program leaders have seen is that there is a decrease of force used on a population when peer specialists are used there, and prison staff instead rely more on crisis intervention skills. She noted the challenge of meeting decision makers' desire for hard data and facts to tie into budget requires.

The PA group thanked the CJ committee for its interest in their program, and invited members to send questions and requests for information to them.

Inmate Access to Medications upon Release:

Committee member Glenn Larson noted that he had asked Jim Greer and Lars Brown of DOC to join in this discussion, but that there were not present at the meeting. He first mentioned that current protocol provides released inmates with two weeks of prescriptions for psychotropic medications. But released inmates face several obstacles – often they don't have money to fill prescriptions; getting psychiatric referrals is problematic.

Glenn Larson shared two possible solutions suggested by Jim Greer. **First**: Ask the Social Security Administration to suspend – not terminate – MA benefits while an inmate is incarcerated. This would expedite resumption of benefits upon release. Kit Kerschensteiner mentioned that this proposal has been on the table for many years, and in fact the federal government has suggested this to the State. She believes a federal letter to this effect was sent to states in 2008 or 2009. This proposal would also apply to forensic patients being released, since these folks are already "pre-approved" for meds. But the State (Bur. of Disability Determination) has not approved this request. Reasons cited included that it would be difficult in terms of IT requirements needed to sort this out. Glenn Larson said he would try to learn more facts about this obstacle from DVD and Kenya Bright of DHS.

A **second** possible solution would be to determine whether under the Affordable Care Act, MA would pay for one month's worth of meds once an inmate is subscribed into the system. Commission member Hugh Johnston said that there has been an effort to expedite inmate subscription into the Medicaid system upon their release. Kit Kerschensteiner stated that the lack of income should be an easier, quicker matter to approve than having a disability, given recordkeeping requirements, etc. Even so, this doesn't fix the problem that there aren't enough doctors who take inmates or who would take MA cards, especially psychiatrists.

Committee member Kristi Dietz encouraged Lars Brown to be invited to the next meeting to discuss this topic, as part of his work in the Reentry Office. He helps set up systems and processes for adult institutions inmates. Mishelle O'Shasky shared that she found out through a peer where to get her medication, and was prepared that way for standing in line at the local mental health complex. This reinforces the importance of peer support. She doesn't think institutions know where released inmates can get their meds in many of the WI counties.

Glenn Larson suggested tele-psychiatry as one way to partially address shortage of access to doctors, but also noted this is a challenge requiring a multi-front set of solutions, is complex and without a clear or simple solution. Kit Kerschensteiner added that inmates still have to stand in line to receive meds and other county services. There's still too much waiting and "figure it out on your own." While there might be peers who can help an inmate with information in Milwaukee County, that's less likely in Burnett County or other rural counties. Michael Conwill mentioned that at the Wellness Shack peer support center in Eau Claire, there occasionally might be consumers there who know this type of information.

Kit Kerschensteiner also noted that if you don't have a place to live, it's very hard to show permanent residency to establish eligibility for many services in a county. One can't even make a waiting list if they aren't eligible as a resident. William Parke-Sutherland asked whether the new requirement that the State cover the 40% match would impact this issue. Kit Kerschensteiner. wasn't sure, but said she was doubtful. A county is unlikely to find a person to be a resident for one program (e.g., CSS), but not for

another such as CSP. The county will just say you're not a resident, period. This has also been an issue for a long time.

Michael Conwill noted that many inmates are homeless and spend time at shelters and centers seeking assistance; he recently talked with five recently-released at Sojourners House who are homeless. He expressed concern that probation officers don't seem to help inmates find a place to live. Mishelle O'Shasky asked if this topic should be placed on a future meeting agenda, and Michael Conwill approved. Kristi Dietz asked whether this topic is within the scope of the committee, noting that this is a broad subject that includes not only mental health needs but correctional release policies. Michael Conwill believed it is within the committee scope because homeless inmates have mental health issues and needs. Kit Kerschensteiner felt there were linkages from this topic to mental health needs. Mishelle O'Shasky suggested this topic be addressed at the next committee meeting.

Glenn Larson then noted that he did not have data breaking down the specific medication requirements for the 8,000 inmates released annually (i.e., how many have an Axis I or Axis 2 prescription, how many are prescribed medication for schizophrenia). He wasn't sure why the prescription duration once was increased from 2 weeks to 1 mo., and then back to 2 weeks again. (Lack of money?) In addition, Glenn Larson related his experience as a mental health agent in Dane County. For inmates on Axis 1 meds who weren't taking them, the risk of recidivism increased greatly. It is essential for communication to occur among the institution and community agent to create a linkage with the county mental health service to make services available to released inmates. He noted during his time an adversarial relationship between corrections and the county mental health agency. Though inmates were on waiting lists, they did not receive any priority for meds. Advocacy to the county wait list committee was needed to provide services for inmates in situations where a community agent knew there would be a victim or bad outcome if inmates did not immediately receive meds. He isn't sure what today's landscape is like, but communication among the various parties is critical.

Ron Jansen then asked if the committee could take any action (such as a letter) to help get going on keeping released inmates on medication, to help keep them from reoffending or violating their parole. Glenn Larson suggested the committee needs accurate information on the scope of this issue. The issue does warrant further research and consideration. Also, this is an excellent time and environment to address gaps in the community mental health system, given recent support for funding by Gov. Walker, particularly where public safety is concerned. The committee should decide if this issue is great enough to warrant a committee response to it.

Norman Briggs said that the community mental health situation in Dane County that Glenn Larson described still exists. County public money will not be allocated to anyone whose still "on paper" with DOC. The belief is that DOC should take care of this resource gap. Kit Kerschensteiner brought up that this issue has been litigated in the courts: Who is responsible for what portion of the costs? County jails are part of this debate, too. Committee member Mary Delaney mentioned that the same issue exists for who is responsible for providing family care, long-term care and assisted living needs. Glenn Larson referenced the 1993 WI Supreme Court decision that when persons are committed to the state Dept. of Health Services under the Not Guilty by Reason of Mental Disease or Defect legal status and released by courts into the community, it is that agency's responsibility that medication is provided. Kit Kerschensteiner observed that with mental health needs, it is easier for folks to sit on their hands and wait to provide services. Then someone will slip through the cracks and something bad happens.

Glenn Larson concluded by noting that the challenge for all players is to close the gap and minimize the time between inmate release and accessing meds and meeting a variety of other needs. This is very complex because it involves 72 counties. There are a plethora of issues involving medication. He will ask Jim Greer and Lars Brown to attend the next committee meeting to help committee members further address: (1) suspension – vs. termination – of social security benefits for inmates; and (2) how inmates can more quickly access medication upon release.

Additions & Changes to Agenda:

(1) Committee member Norman Briggs suggested that the Taycheedah Correctional Institution's Children visitation policy might still be of interest for the committee to discuss further. Co-chair O'Shasky noted that the Committee had previously decided that it would wait for Taycheedah Inst. to address this, and then decide whether to take this up again. Committee member Kristi Dietz asked whether anyone has reached out to Taycheedah to discuss the visitation policy concerns that the Committee discussed at the 8/13/14 meeting. Committee advisor JoAnn Sokolik said she would bring this up with her supervisor. Other committee members mentioned that the private citizen letters expressing those concerns had been seen and reviewed by the committee at a previous meeting. Kristi Dietz said it is important to know the facts when addressing a concern, and that she would help as long as knows the facts first.

(2) Committee member Kit Kerschensteiner noted some specific items from the new DOC budget, including provision that inmates pay probation fees (others noted that this has always been the case), and a provision regarding development of a Milwaukee Co. Substance Abuse Center. No further action or discussion was taken regarding items in the DOC budget.

Approval of Minutes:

The 8/13/14 committee meeting minutes were passed out and reviewed. Committee members noted that the minutes needed correct the spelling of Michael Conwill's name on page 1, Meeting called to Order section. Norman Briggs made a motion approve the minutes. Mary Delaney seconded the motion. Committee members approved the motion unanimously.

Agenda Items for the Next Meeting:

1. Issue of recently released prison inmates who are homeless, and possible resources and processes that would promote more rapid permanent residency as a way to help address their mental health needs.

2. Further exploration of the access to medication obstacles for recently release inmates who require medication, so that the committee has more facts and fuller understanding of this topic before deciding whether to take action.

3. Committee co-chair Joann Stephens will provide a summary of the recent Legislative Council study on problem solving courts and their services and outcomes.

Meeting was adjourned at 11:51 am.

Minutes respectfully submitted by Mike Derr, DHS.

Next meeting is Thursday, December 11, 2014 in Madison.