

WI Council on Mental Health Criminal Justice Committee

STRATEGIC PLAN for 2013-2016¹

Tier 1 (High) Priorities

1. RE-ENTRY. Continue a variety of strategies to improve the re-entry process for prison and jail inmates.

a. Improve access to community mental health and other necessary community services, possibly through earmarked funding.

b. Involve mental health consumers in the re-entry process, e.g. by helping people connect with appropriate community services when they return to the community, and by providing other support to people in the re-entry process.

c. Improve processes to enable inmates to re-obtain public benefits upon re-entry, possibly by a) revisiting the possibility of suspending benefits (rather than terminating them) and b) establishing timelines for jails similar to those which apply to prisons.

d. Evaluate results of the new DOC-DVR Memo of Understanding in Racine County for inmates leaving Robert E Ellsworth Correctional Center, and if (as expected) it's "working", work with DOC and the WI Counties Assn. to get other counties involved.

e. Improve the continuity of psychiatric care for people leaving jail or prison (includes Medicaid eligibility issues, lack of other funding, and communication between jail/prison physicians and community physicians). Include the expansion of information for DOC and Jail staff on the roles of ADRC's (Aging and Disability Resource Centers) at the county level to support offenders leaving prisons and jails.

f. Improve access to stable, affordable housing

g. Pay special attention to the barriers facing sex offenders when they attempt to return to community life.

h. Address barriers faced by offenders of color, increase cultural competency to include African Americans, Native Americans, and the Hmong population.

2. DIVERSION. Capitalize on the current interest in diversion and take some big steps forward in the next few years.

¹ Based on 6/3/13 committee discussion and subsequent emails from members who could not attend the meeting

- a. Work with other stakeholders to keep building the momentum for diversion in the legislature, which is tied to the goal of reducing the size of WI's prison and jail population.
- b. Relatedly, work with other players to help get progressive diversion legislation passed (which would allow each county some leeway in designing their own approach).
- c. Support counties to make good use of the new funding (\$2 million) in the 2013-15 state budget for TAD (Treatment Alternatives and Diversion).
- d. Promote the use of evidence-based diversion strategies and practices.
- e. Involve mental health consumers in diversion and implementing evidence based practices.

3. TRAUMA-INFORMED CARE. Continue efforts to build momentum and improve implementation of trauma-informed care best practice.

- a. Capitalize on the legislature's growing awareness and appreciation of trauma-informed care.
- b. Promote the fact that trauma-informed care is an evidence-based practice.
- c. Work with DOC and other stakeholders to increase awareness of trauma-informed care among all the people inside and outside the correctional system who should know about it (including a wider range of DOC facility staff).
- d. Continue efforts to improve training, standards and response protocols related to trauma-informed care.
- e. Improve continuity of trauma-informed care across boundaries, e.g. juvenile and adult systems, AODA/mental health/correctional systems.
- f. Involve mental health consumers in the education and training process re trauma-informed care and in the development of standards and response protocols.
- g. Follow through on the MHCJC Veterans Initiative, e.g. re new intake and follow-up screening procedures, new staff training approaches, and possible new TBI and/or PTSD medications.

4. AFFORDABLE CARE ACT. Focus on the implications of the Affordable Care Act (ACA) for people at risk of incarceration and people coming out of jails and prisons. This could include:

- insurance enrollment issues
- new funding opportunities for community mental health treatment and services
- the role of the new ACA Navigators in re-entry
- keeping abreast of the ACA-related work of state government (DHS and DOC) and county government
- developing strategies to ensure full access to the new health insurance opportunities under the ACA and to health care in the (changed) Medicaid and BadgerCare programs

B. Tier 2 Priorities

1. TRAINING. Continue CIT/CIP (Crisis Intervention Team/Crisis Intervention Partners) training for DOC staff and try to get more jail staff to go through the training. Broaden the scope of training to include training on trauma-informed care and other relevant mental health issues.

- involve mental health consumers as trainers whenever possible

2. PAY INEQUITY. Increase pay for mental health and AODA staff in DOC and in the community, who are generally paid much less than their counterparts in other places of employment. This is a major cause of the shortage of DOC psychologists. It is also directly related to the need for qualified staff in order to achieve effective diversion and re-entry. Possible strategies:

- broaden the base of support within state and county government, and within the mental health advocacy community for increasing pay
- increase public awareness of the issue

Other Issues which surfaced in the strategic planning process (but are not considered a priority for the committee at this time)

1. BROADEN THE FOCUS. Broaden the focus of the committee's attentions (re best practice in diversion, re-entry, etc.) to include community mental health providers, employment agencies, and other relevant local organizations.

2. SENTENCING REFORM. Work with other stakeholders to get a review of the sentencing guidelines for juveniles convicted of homicide in adult court.

- in some instances, a life sentence without parole should be "with possible parole"

3. JAIL FORMULARIES. Set standards for robust jail formularies.