

Mental Health Criminal Justice Committee Report
on
Accomplishment to Strategic Plan Priorities

The Mental Health Criminal Justice Committee (MHCJ) of the WI Council on mental health is composed of influential members from the DOC, DHS, SSA, WI Counties Association, Wisconsin County Human Services Association, Disability Rights WI, providers, and members of the WI Council on Mental Health. We have advisors from the Department of Vocational Rehabilitation, Work Force Development, Badger Sheriff's Association and other agencies as needed.

The MHCJ Committee is in a position to influence positive change in the WI Criminal Justice System. It is understood that the Committee has no direct authority to cause change. The Committee's efforts, therefore, have been concentrated in those areas that were judged subject to change based on resource availability and reasonable expectation of political will and collaboration of the agencies involved.

Tasks/Activities:

Crisis Intervention Team (CIT) and Educate Correctional Officials (Based on CIT). No action to date. Sarah Diedrck, a member of the Committee representing the Wisconsin Counties Human Services Association (WCHSA) has reported that CIT training in jails Statewide is being addressed in their next general meeting. The MHCJ Committee will follow this effort and encourage CIT creation in our communities and CIT Corrections Officer training in our prisons and jails.

Support funding for improved treatment for juveniles with MH issues: Has not been addressed. The MHC members of the MHCJ Committee attended a recent meeting of the "Children and Youth Committee" to start some coordinated effort. We plan to direct future effort toward juveniles in collaboration with this Committee.

"Charter" implementation (Department of Corrections)

The "Charter" implementation has been dropped by the DOC and replaced by their general re-entry plan. Note: This item should be dropped from the Strategic Plan

Lack of MH information in Correctional Officials: The DOC has made progress in this area with the creation of:

1. A Mental Health Director position--Dr. Kevin Kallas about 6 years ago and the creation of a Director of Psychology position--Dr. Donald Hands about 3 years ago. They have addressed many important issues. They both have attended a number of the MHCJ Committee meetings, made presentations, listened to input from Committee members, and taken action on MHCJ Committee recommendations.
2. Screening of all entry inmates for mental health issues and establishing an

- electronic record that follows the inmate.
3. With lack of funding being a major barrier, they have created special sections in 14 DOC location for inmates that would normally be in segregation. They've been grouped so that their special needs are better addressed. Inmates can be assigned to these groups instead of going to segregation and they can be phased back into the general population from segregation through these groups as a transitional move. A very high percentage of inmates in segregation are mentally ill. This was a low cost alternative the DOC created with funding as tight as it is.
 4. The maintenance of psychotropic medications of individuals as they are transferred between facilities has improved in recent years.
 5. Being on psychotropic medications is no longer a block to transfer into Minimum-Work Release Facilities when certain conditions are met.
 6. The Wisconsin Resource Center is constantly upgrading their services to their mentally ill population. Two members of the MHCJ Committee serve on their Steering Committee that meets each 6 months.
 7. The DOC has created a Transitional Prep Curriculum Pre-Release Program Charter. It's a work in progress. Just getting started.

The above improvements, and others, are making a difference. The MHCJ Committee has played an active roll by their input to revisions that have improved the lot of persons with MI in the Criminal Justice System. Crowding and lack of funding has limited the DOC to incremental change.

Promote transitional planning:

- SSA benefits (Department of Corrections): MHCJ Committee effort was instrumental in the creation of DOC Directive #30 which requires all DOC facilities to start the application process for SSI/SSDI 180 days before inmates' scheduled release date so they have income and medical benefits upon re-entry. This directive is only partially implemented, but is being emphasized in the DOC general re-entry plan
- SSA benefits (County Jails): A work group was created under the auspices of the MHCJ Committee to improve coordination between the jails, county Human Services and SSA to expedite the reinstatement of SSI/SSDI benefits to individuals being released. After successfully piloting a system at the Walworth County Jail the Social Security Liaison & DOC liaison to the jails presented the program to the 5 regional jail districts around the State. We don't have a measure at this time as to how successful this program is. We do know that the regional SSA offices are now promptly notified when a disabled person enters a most WI jails. This is a very positive step, because upon notification, the SSA stops cash payments to the individual while he/she is incarcerated. This prevents the individual from having to pay back the money received while incarcerated, and reducing his/her income needed for living expenses when released. We continue to follow this program.
- Use SSA bounty dollars to fund transition: This never got anywhere. It was proposed at the 5 regional meetings without success. We'll continue to look for opportunities to promote this concept. May 11, 2009
- Under the auspices of the MHCJ Committee an "Employment Work Group" was

formed with representation from the DOC, DHS, DVR, DRW, NAMI, SSA, GEP, DMHSAS, Mental Health Council and WI Tech College System. The work group was created to; 1) identify employment related programs available for persons with mental illness leaving prisons and jails, 2) cause coordination between programs and the DOC, and 3) find ways to improve employment availability. The Work Group under the leadership of Bob Monahan (SSA), has met over the past year. Several MOU's between the DOC and the key agencies have been created that should greatly improve access to employment for these individuals. The Work Group will be making their final report at the 6/11/09 meeting of the MHCJ Committee.

Limited formularies, MH identification and Treatment in Jails

There is a wide diversity in policy, and resultant range of quality, in the treatment of mentally ill jail inmates in Wisconsin. There are over 60 county jails in our State. Each jail is administered independently by local authorities. Jail size varies considerably from a few inmates to hundreds. Locations are urban to rural. Some have links to the local Human Services Provider, others have none. Many have hired private mental health providers that only answer to the jail administration. There are a number of jails, because of their location in rural areas, that do not have ready access to psychiatric services. As a result of all of the above, there is no statewide, accepted standard of care.

Items that should be addressed statewide are:

- Adoption of evidence based screening tools to identify individuals with mental illness and those at risk of suicide, and ensure that jail staff have ongoing training.
- Have a private place and process for the intake screening and provision of medication.
- Involving Human Services in administering to mental illness or contract with a trained mental health professional. If this is not possible, 24/7 access to consultation from a mental health professional is needed.
- Streamline procedures to access medications to ensure no interruption in medication.
- Mobile crisis teams should provide care to inmates in crisis in the jail.
- Jails need additional resources to cover the cost of psychotropic medications.
- Having agreements with local hospitals to provide emergence services and hospitalization to inmates.

The State Sheriff's Association reports that the provision of mental health care in the jails is an issue of tremendous economic importance to the counties and the sheriffs. There is concern about state mandates since sheriffs do not want to give up control of the jails to the state. However, they recognize the need to develop programs that may work across the counties. The Mental Health Criminal Justice Committee of the State Mental Health Council is addressing the provision of mental health care in Wisconsin Jails at this time with representation from the Sheriffs Association and the Wisconsin Counties Human Services Association.