

**CHIEF JUSTICE'S
TASK FORCE
ON CRIMINAL JUSTICE
AND MENTAL HEALTH**



SEPTEMBER 2010 REPORT

**An Inventory of Current Practices,
Current Challenges and Future Initiatives**

Madison, Wisconsin

2010 REPORT OF THE CHIEF JUSTICE'S TASK FORCE ON CRIMINAL JUSTICE AND MENTAL HEALTH

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2010 REPORT OF THE CHIEF JUSTICE'S TASK FORCE ON CRIMINAL JUSTICE AND MENTAL HEALTH

The report is the result of work begun in February of 2010, when Chief Justice Shirley S. Abrahamson launched a statewide task force to develop recommendations to improve responses to persons with mental illnesses who are at risk of incarceration or in contact with the criminal justice system. Wisconsin distinguished itself in a grant-seeking competition sponsored by the Council of State Governments and was awarded a small grant to assist with the planning process.

People inside and outside the mental health and criminal justice systems know well the serious issues government, communities, treatment providers, law enforcement and families face when people with mental illness come into contact with the criminal justice system, and they need not be catalogued here. The need is clear for coordinated and cooperative statewide and community efforts to address these issues and our performances.

Mission Statement

The mission of the Chief Justice's Criminal Justice Mental Health Task Force is to develop models of research-based, cost-effective intervention processes that can be implemented to improve responses of the criminal justice system to persons with mental illnesses.

Goals for Criminal Justice Mental Health Leadership Task Force

- Inventory existing programs in the mental health and criminal justice systems that respond to persons with mental illnesses.
- Identify gaps within and across the criminal justice and mental health systems.
- Recommend methods and programs from pre-arrest to post initial hearings that will assist in improving responses of the criminal justice system to persons with mental illnesses.
- Promote the development of collaborative working relationships between criminal justice, mental health and community personnel and encourage participation in pilot projects implementing research-based best practices.

About the Task Force

In 2008 the Council of State Governments Justice Center (CSG) selected Wisconsin through a competitive application process to participate in the Chief Justices' Criminal Justice Mental Health Leadership Initiative. The Leadership Initiative is a national project designed to assist state supreme court chief justices in guiding efforts in their state focused on improving the criminal justice system's response to people with mental illness.

Chief Justice Shirley S. Abrahamson appointed a steering group to help lead and focus this effort in late 2008. See page 48 (List of steering group members). In 2009 four members of the steering group attended a national policy forum hosted by the Council of State Governments Justice Center. The policy forum represented the kick-off technical assistance event for the initiative and provided an opportunity to build on lessons learned from other states that had similar task forces the previous year. The steering group outlined objectives and developed a project plan in preparation for a meeting of a larger task force.

In 2010 Chief Justice Abrahamson appointed a statewide multi-disciplinary task force including law enforcement, legislators, judges, district attorneys, public defenders, Department of Corrections and Department of Health Services staff, jail administrators, state mental health directors, local mental health providers, lawyers, nonprofit organizations, consumers, hospital administrators and counsel, county board members and county executives, and mental health advocates.

Under Chief Justice Abrahamson's leadership, the Task Force met on March 11, 2010 with three main goals: 1) to identify current programs and initiatives operating across the state, (2) analyze gaps in services in the mental health and criminal justice systems, and (3) develop a best-practices model of research-based, cost-effective interventions to improve responses to people with mental illnesses.

The Task Force considered the Sequential Intercept Model in developing this report. See Appendix A (Sequential Intercept Model PowerPoint).¹

The Sequential Intercept Model offers a conceptual framework to assist communities with developing and organizing strategies for persons with mental illnesses who come into contact with the criminal justice system. The model illustrates the interfaces between criminal justice and mental health systems and "points of interception" where there are opportunities for partnerships and intervention to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system.

The Task Force focused especially on the first three intercept points in the Sequential Intercept Model: (1) pre-arrest / law enforcement and emergency services; (2) pretrial detention / initial detention and initial appearance; (3) post initial hearings / jail, courts.

¹ Sequential Intercept Model PowerPoint adapted by the Council of State Governments Justice Center from Dr. Henry Steadman's July 16, 2009, presentation *Planning & Implementing Effective Interventions*, available at: <http://consensusproject.org/bja-ta-training-event-july-2009/agenda-july-16-2009>.

Task Force Recommendations

The Task Force recommends that courts, law enforcement, service providers, and community leaders collaborate to identify at an early stage in criminal proceedings persons with mental illnesses, leverage existing resources and diversion alternatives and continue to build and implement processes that will improve our responses to persons with mental illness who are at risk of incarceration or in contact with the criminal justice system.

The Task Force recommends expansion and replication of current programs that are working, consolidation of efforts to fill in the gaps in both the criminal justice and mental health systems, and collaboration to undertake new initiatives. Many existing services and programs are models for replication and others offer the potential for expansion on a regional basis.

The Task Force recommends creating new programs wherever possible, monitoring the results, and communicating to others.

The Task Force recommends implementation of the following programs and processes that were highlighted at the March 2010 conference.

Community Partnerships:

- Develop and enhance community partnerships in which law enforcement, human services, the treatment system, local government, community support systems, and the criminal justice system, work together to improve responses to persons with mental illnesses.
- Identify and maintain a list of existing programs and stakeholders in the community that assist with responses.
- Build relationships with an understanding of each partner's responsibilities in the mental health and criminal justice systems.
- Develop memoranda of understanding with community partners to provide continuity in relationships and expectations.
- Study existing services across the state to serve as models for replication and expansion on a multi-county or regional basis.
- Evaluate opportunities for new partners outside of or within the community.
- Create committees that work across city, county, and agency lines to break down "silo mentality" and barriers to cooperation.
- Conduct meetings of collaborative committees to educate members on roles and responsibilities of different stakeholders to address gaps in services and communication.
- Expand and create Mental Health Court programs.

- Seek grant, community and state funding to assist in efforts.

Information sharing:

- With due regard for confidentiality, share among community partners as much information as may reasonably be shared about any given suspect or defendant who comes into contact with the criminal justice system. Remove existing barriers so as to create an appropriate balance between confidentiality and information sharing. See Education, below, regarding statutory restrictions.
- Study and implement research-based screening and assessment tools for intercepts from pre-booking to pre-sentencing.
- Identify information needed to assist with linking services, including services for treatment, housing, and employment.
- Adopt methods to collect and analyze outcome data.
- Make readily accessible a current list of mental health providers, treatment professionals, and resources available in the community, including contact information and services.

Training:

- Coordinate efforts to provide crisis response training for law enforcement, dispatchers, jail staff, and correctional officers to equip responders with skills to respond safely and effectively and assist people with mental illnesses.
- Define core competencies of various stakeholders.
- Establish cross-systems training, including training on mental health issues for jail personnel, law enforcement, correctional officers, attorneys, judges and court staff, and training on the criminal justice system for mental health service professionals to gain a better understanding of their counterparts' roles and responsibilities.

Education:

- Review HIPAA requirements and Wisconsin Statutes Chapter 51 limitations.
- Provide information about alternatives to incarceration in the criminal justice system in order to build support for diversion programs that protect public safety and are effective in reducing recidivism.
- Build awareness about the structure of mental health system.
- Develop informational guides on the legal process for persons with mental illness and their families.

A note of thanks is extended to Judge Richard J. Sankovitz, Judge Gerald P. Ptacek, and Judge Lisa K. Stark for facilitating the task force meeting and their reporters, Ben Letendre, Laurie Mlatawou, and Mary Moyer, for preparing initial draft reports; to the steering group for organizing the task force meeting; to court staff Erin Slattengren and Theresa Owens for their assistance; and to all task force members for their valuable contributions.

The Report at a Glance

This report is a resource for all stakeholders in the criminal justice and mental health systems, including the public, who are looking to improve public safety and the plight of persons with mental illnesses who come into contact with the criminal justice system. The report inventories:

- Current initiatives around Wisconsin – more than a dozen innovative programs worth replicating throughout the state.
- Gaps in the criminal justice and mental health systems that hinder our ability to deal fairly, efficiently and effectively with the special issues that arise when persons with mental illness come into contact with the criminal justice system.
- Programs, policies and procedures worth considering and instituting across Wisconsin when resources can be made available to pursue them.

In compiling this report, the task force focused on the intersection between the mental health and the criminal justice systems and the manner in which both respond to persons with mental illnesses. The common themes expressed at the conference were three "C's": Communication, Collaboration, and Community Partnerships.

The report consists of four parts:

- I. The first part summarizes current initiatives (the "is"), current challenges (the "gaps"), and future initiatives (the "ought"). See Conference Summary at a Glance, p. 6.
- II. The second part is a description and inventory of current initiatives, as best we can determine at this time. We assume the list is not all inclusive. As other initiatives are reported we will add them to the court's Web site.
- III. The third part consists of a description of gaps in the criminal justice and mental health systems that impact our responses to persons with mental illness.
- IV. The fourth part consists of suggested future initiatives.

I. CONFERENCE SUMMARY AT A GLANCE:

How the Criminal Justice System Copes with Mental Illness: An Inventory of Current Practices, Current Challenges & Future Initiatives

Current Initiatives <i>(The “is”)</i>	Current Challenges <i>(The “gaps”)</i>	Future Initiatives <i>(The “ought”)</i>
<p>Mobile crisis response team working closely with local care center (La Crosse, Wood, Washburn Counties)</p> <p>47 programs certified by DHS to provide county crisis intervention programs</p> <p>Care facilities provide assessments, services, and opportunity for stabilization and continuity of care (statewide)</p> <p>Mental Health & Substance Abuse Infrastructure Study identify core services of mental health system (DHS)</p> <p>Crisis Intervention Team training (based on Memphis model by NAMI-Fox Valley)</p> <p>Crisis Intervention Partners training for jail staff on mental health responses (Walworth County, DOC, NAMI)</p> <p>eMail listserv used by law enforcement to post entries about daily “mental health contacts” (City of Appleton)</p>	<p>Views favoring incarceration may be difficult to overcome</p> <p>Law enforcement attitude: to what extent is an officer a social worker? The contents of a police report may leave the district attorney with little choice but to prosecute.</p> <p>Whose client? is ongoing struggle between law enforcement and mental health system</p> <p>Lack of communication and trust between law enforcement officials and mental health professionals.</p> <p>Making mental health intervention training a priority when law enforcement departments and academies have so many other priorities.</p> <p>Patient confidentiality, privacy issues impede information sharing</p> <p>Continuity of care; transition without records, prescription, medication, or benefits leads to setbacks</p> <p>Affordability of more effective medication</p>	<p>Mobile crisis response teams and regional mental health hubs; strengthen community partnerships</p> <p>Ride-alongs with local law enforcement to build trust</p> <p>Developing rapport with patients when they are not in a state of crisis.</p> <p>Educate 911 dispatchers about more appropriate tone when contacting first responders.</p> <p>Cross Training in mental health and criminal justice systems; ongoing core competencies training.</p> <p>Release planning: one page, statewide uniform discharge summary</p> <p>Free calls by those in custody to Community Service Programs</p> <p>Video links for communication between patient and service providers</p> <p>Human services’ Web sites list local, county, regional mental health services and providers</p> <p>Need mental health information at first contact</p>

Current Initiatives
(The “is”), cont’d

Continuity of care provided by mental health professional (Rock County ACH)

Crisis counselors in the jail, and a site nurse with access to behavioral health records (Brown County)

Specialized probation / parole agents work with defendants with mental illnesses (Milwaukee, Madison)

Collaboration of Mental Health & Criminal Justice Systems:

Criminal Justice Coordinating Councils confront mental health issues, demonstrate community partnership (over two dozen statewide)

Wisconsin Mental Health Criminal Justice Committee of the Wisconsin Council on Mental Health

Publications and educational seminars offered by the Wisconsin Counties Association share best practices

Mental Health Court in Eau Claire County

Memorandum of Understanding between criminal justice and mental health systems clarifies responsibilities and roles (DOC, Washburn County)

Current Challenges
(The “gaps”), cont’d

Treatment in Jails were not designed as primary place to deliver psychological care

Jail standards needed

Diversion incentives and disincentives:

Detention in jail allows an officer to return to service
Diversion takes more time and up-front knowledge about the case

District attorney funding based on cases charged, not diverted

Lack of **insurance coverage** for mental health services

Screening tool to accurately identify the patient’s diagnosis and dangerousness

Co-occurring disorders

Logistics of serving **rural** populations

Tension between **statewide uniformity** and **local control**

Housing and employment

Outcome data to support services and programs

Support systems needed; family and friends who also have significant drug/alcohol and mental health issues are risky supports

Mental health centers limited on **dispensing** medication

Veterans with PTSD

Future Initiatives
(The “ought”), cont’d

Liaison assist person with mental illness in crisis by facilitating communication between systems and linkage to services

Universal screening, to identify mental health issues as soon as possible after booking; report shared with prosecutor and defense attorney

Expand use of **deferred prosecution agreements**

Special plea (“guilty but less culpable due to mental illness”) and special procedures to attend it

More **Mental Health courts**

Consolidated court calendars to address multiple cases of person/family.

Accessibility of **booking lists** by mental health providers

Services deal with **co-occurring disorders**

Review of **HIPAA** laws and restrictions

Handouts providing information on the legal process to persons with mental illness

Funding: securing more resources from federal, state, county, and grants.

Develop **peer support** network

Current Initiatives
(The “is”), cont’d

Consent / Release form facilitates information sharing between service providers, law enforcement, lawyers, and courts (Dane County, Racine County)

Release planning and Reentry programs provide assistance and support for transition to community (WRC, Justice 2000, DOC, Middleton Memorial Veterans Hospital)

Tools: screenings and assessments provide information that identify risk, needs, and appropriate alternatives to incarceration

Audit of mental health services and reports provide recommendations to improve responses

Current Challenges
(The “gaps”), cont’d

Inadequate funding, lack of services, wait lists, and institutional barriers

Homeless clients overwhelm crisis centers, unable to treat mental health clients

Core competencies training

Future Initiatives
(The “ought”), cont’d

Statewide medication formulary or more inclusive medication formularies in jails

II. CURRENT INITIATIVES (THE "IS")

A. Mobile Crisis Response Teams

1. Description

- A mobile crisis response team can assist law enforcement and others to assess crisis situations that may include mental health concerns and the need to assess the risk of harm to self or others. In a mental health crisis the mobile team works with law enforcement to determine what type of service is needed, *i.e.*, examining the appropriateness for an emergency detention or arranging for another service and diverting the individual from hospitalization.
- When law enforcement encounters a person suspected of mental illness, trained professionals are called to the scene.
- Crises may be resolved without jailing, before involvement in the criminal justice system.
- A critical piece is officer training. Joint training with law enforcement and mental health team members builds collaboration.
- A mobile crisis team may encompass different types of response opportunities; a team may provide services on site or to a region of the state via phone or video; services can be customized to meet the needs of the county or region.
- The implementation of a mobile crisis team necessitates a change in culture recognizing a person is everyone's client not a criminal justice client or a mental health client.

2. List of Mobile Crisis Response Teams in Wisconsin

Wood County Unified Services

The Wood County Unified Services has developed a response plan and monitors the person's compliance and follow-up occurs the very next day. See information available at the Wood County Unified Services Web site at <http://www.co.wood.wi.us/Departments/Unified/>

For more information, contact:
Kathy L. Roetter, Director
Wood County Unified Services
2611 12th Street South
Wisconsin Rapids, WI 54457
kroetter@co.wood.wi.us
715-421-8800 (phone)
715-421-2266 (fax)

La Crosse County

La Crosse County's Mobile Crisis Program is available 24 hours a day to respond to crisis situations by phone or in person. The crisis team works closely with the CARE Center, an 8-bed crisis community based residential facility.

For more information on La Crosse County's Mobile Crisis Program, contact:
Donna Christianson
Crisis Program Administrator
La Crosse County Department of Human Services
300 4th Street North
La Crosse, WI 54601
(608) 785-6118

Washburn County

Washburn County contracts with a mental health services provider for mental health crisis support by phone for law enforcement officers encountering persons who may be experiencing a mental health crisis.

For more information, contact:
Washburn County Sheriff's Office
Sheriff Terry Dryden
P.O. Box 429
421 Highway 63
Shell Lake WI 54871
(715) 468-4700

B. Crisis Intervention Programs and Care Facilities

1. Description

- A person who may be suffering a mental health crisis may be conveyed by a law enforcement officer to a crisis center for treatment rather than taken to a jail.
- Care facilities may provide assessments, services, and opportunity for stabilization and continuity of care.
- Ideally, care facilities and mobile response teams would be coordinated through regional mental health hubs, where programs throughout the region could be tracked and supported.
- Crisis Intervention Programs:
 - The Division of Mental Health and Substance Abuse Services in the Department of Health Services is responsible for developing and interpreting the Administrative Rule for crisis programs (DHS 34) and promoting the development of additional crisis programs.
 - The Division of Quality Assurance in the Department of Health Services is responsible for assuring that the program meets the standards and certifies Crisis Intervention Services under the Administrative Rule DHS 34.
 - All counties are required to provide some level of emergency services in Chapter 51, but not all counties are at the level of providing a DHS 34 certified comprehensive crisis intervention service.
 - As of July 2009, 47 counties have certified crisis intervention services. The division promotes the development of additional crisis services using a grant

program for counties to meet these standards. This program has resulted in a steady increase in the number of counties certified in the last few years.

2. List of Care Facilities in Wisconsin

Infrastructure Study: Mental Health & Substance Abuse Service System



The Wisconsin Department of Health Services commissioned an infrastructure study of Wisconsin's publicly funded Mental Health and Substance Abuse Service System in 2009. The report of the DHS Mental Health and Substance Abuse Infrastructure Study is located at www.uwsp.edu/conted/conferences/mhsasummit.

Phase 2 of the study will identify core services that must be part of the future of our state's publicly funded mental health and substance abuse service system and should be provided by all counties. The study committee will focus on making recommendations on a core benefits set and eligibility for mental health and substance abuse services and the other focused on shared service/regional pilot initiatives. The committee will issue a report to the Department. DHS maintains a Web site on the study <http://dhs.wisconsin.gov/MentalHealth/infrastructure/index.htm>

For more information, contact:

Joyce Allen
Wisconsin Department of Health Services
Division of Mental Health and Substance Abuse Services
1 West Wilson Street, Room 850
P.O. Box 7851
Madison, WI 53707-7851
Joyce.Allen@wisconsin.gov
(608) 266-1351

Racine County Mental Health Assessment Unit

The program is designed to conduct an early assessment of a person who may be experiencing a mental health crisis and to screen cases before an involuntary mental health commitment is initiated. The facility will provide an opportunity for a person to stabilize and for staff to conduct a mental health assessment. It is an 8-bed facility staffed by specially-trained mental health staff 24 hours per day. Patients may stay at the facility up to 5 days. The Center is located on the campus of St. Luke's Hospital, 1244 Wisconsin Avenue, Racine, Wisconsin.

For more information, contact:

Michelle Goggins
Division Manager, Adult Services
Racine County Human Services Department
1717 Taylor Avenue
Racine, WI 53403
(262) 638-633
michelle.goggins@goRacine.org
or

Robin Heffernan
Program Administrator, Racine County Assessment Center
Racine County Human Services Department
1717 Taylor Avenue
Racine, WI 53403
(262) 638-6442
robin.heffernan@goRacine.org

La Crosse CARE Center

The CARE center name stands for Crisis Assessment, Recovery and Empowerment. The goal of the Center is to work closely with the La Crosse County's mobile crisis responders in providing an array of services and responses to behavioral health crises in the community and to divert those who do not need to be placed on an emergency detention hold (Wis. Stat. Ch. 51) by offering a community alternative to treatment. Staff at the 8 bed facility assess and respond to both psychiatric crises and emergencies associated with substance abuse. Law enforcement and the judicial system has assisted the county for over a year in developing what should be a prototype model for responding to behavioral health crises in a less intrusive and restrictive way by offering a continuum of services in the community.

For more information, contact:

Donna Christianson
Crisis Program Administrator
La Crosse County Department of Human Services
300 4th Street North
La Crosse, WI 54601
(608) 785-6118

Dane County Residential Diversion Facility

This facility will provide an environment for stabilization and an opportunity to treat persons with mental illness in the community and out of the criminal justice system. This facility will provide community crisis services for up to twelve consumers, diverting and shortening admissions from inpatient settings, including private hospitals and Mendota/Winnebago Mental Health Institutes. The facility will have a more intensive staffing pattern than other Dane County funded residential resources and is expected to serve consumers with higher level care needs.

For more information, contact:

Mary Grabot
Community Services Manager - Adult Mental Health
Dane County Department of Human Services
1202 Northport Drive, 3rd floor
Madison, WI 53704
(608) 242-6484
grabot@co.dane.wi.us

a. Community Treatment Alternatives (CTA)

CTA is a Community Support Program (CSP) for people who have a serious mental illness and are incarcerated in the Dane County Jail or have been granted a conditional release after being found not guilty by reason of mental disease or defect (NGRI). Referrals come from several sources: the Jail's Mental Health Team, the Public Defender's office, the District Attorney's office, the Dane County Conditional Release coordinator, probation and parole agents, parents, and occasionally the potential clients themselves. CTA was the first jail diversion program in the country to employ the principles of assertive community treatment. Services include: medication evaluation and monitoring, assistance in obtaining a source of income, locating housing, securing and maintaining competitive employment, counseling for alcohol and other drug abuse, and help with the activities of daily living. CTA started accepting clients in April of 1991. The program's current capacity is 81 clients. 100% of the clients had been arrested prior to their admission. Those who have completed three years of treatment with CTA spent 73% less time incarcerated in the three years after admission than they did in the three years before admission.

For more information, contact:
Dave Delap, Clinical Manager
Community Treatment Alternatives (CTA)
708 Williamson Street, Madison, WI 53703
(608) 280-2740

b. TEAM program

In 2007 the TEAM program was implemented as part of the Core Services Program, which is a program that provides supportive services to help individuals, who are experiencing major difficulties as a result of having a mental health and substance abuse problem, to achieve and maintain sufficient stabilization to remain functional in the community. Referrals to the TEAM program are made through the Dane County Jail and TEAM provides psychotropic medications to people leaving the jail. The program provides time-limited support while linking people with ongoing needs with other community resources. More information is available at <http://www.mhcdc.org/Services/AODAFrameset.html>

For more information, contact:
Brad Schlough
Clinical Manager
625 West Washington Avenue
Madison, WI 53703
(608) 280-2510
(608) 280-2428 fax

c. Emergency Services Unit

The Emergency Services Unit provides mobile crisis intervention service with mental health professionals available to respond on-site when needed during the day and for consultation during overnight hours. Referrals to the mobile team are from law enforcement, emergency rooms, social service agencies, mental health providers, and families. In addition to direct service, the unit staff serves as mental health consultants to law enforcement and human services staff. The Emergency Service Unit's crisis stabilization services provide a variety of wraparound, supportive services for persons who are at risk or initial or repeat hospitalization. The unit works with other support systems and links the person to needed service and resources. Web site: <http://www.mhcdc.org/Services/ESUFrameset.html>

For further information, contact:

Kristen Esbensen, Area Manager
Emergency Services Unit (ESU)
625 West Washington Avenue
Madison, WI 53703
(608) 280-2611

Milwaukee Crisis Resource Center

The Community Crisis Resource Center was established by a community mental health task force including the law enforcement, courts, county mental health, hospital systems, mental health service providers and consumers, and family members and advocates.

The Center serves adults in Milwaukee County with mental illness who are in need of crisis intervention or short-term stabilization. The Center offers respite housing and stabilization staffed by peer support specialists and an on-site nurse. The Center provides mental and physical health assessment, case management and connections to existing housing, mental health, and legal services. This program helps to divert persons with mental illness from the criminal justice system and Wisconsin Statutes Chapter 51 emergency detentions.

For more information, contact:

Dan Baker, Program Director
Office locations:
1040 South 70th Street,
Milwaukee, WI 53214
(414) 476-9631
or
3710 Douglas Avenue, Racine, WI
(262) 639-8084

Jewish Family Services

Jewish Family Services (JFS) provides services as a state certified outpatient mental health facility. A multidisciplinary team of social workers, psychologists and psychiatrists conduct a comprehensive evaluation and establish the most appropriate treatment intervention. JFS clinical staff provide a wide range of services to individuals and families and specialize in treating depression, anxiety, issues related to life transition, domestic

violence, men's issues, and conflict resolution. The organization's Web site is http://www.jfsmilw.org/mental_health_services/default.htm

For further information, contact:

Jim Welsh
Vice President of Clinical & Case Management Services
Jewish Family Services
1300 N. Jackson Street
Milwaukee, WI 53202
(414) 225-1216

C. Crisis Intervention Team (CIT) Training

1. Description

- The training is based on the so-called Memphis model, after the pioneering Memphis Police Department partnership with NAMI.
- CIT law enforcement officers help identify persons in need of community service, assist them in getting them connected to those resources and work towards keeping them connected.
- Law enforcement officers are trained to respond immediately, intelligently and compassionately to persons suffering a mental health crisis, rather than waiting for specialized mental health workers, or automatically conveying the person to a jail.
- By taking an immediate, humane and calm approach, CIT officers reduce the likelihood of physical confrontations (which protects officers, the person, and bystanders) and enhance patient care.
- Three main stumbling blocks to wider application of this initiative:
 - Financial disincentive: CIT is costly to a community; if a person is dropped off at the jail, a city or village incurs no expense.
 - Law enforcement attitude (see page 40 below)
 - Expense: there are 15,000 patrol officers and 5,000 corrections officers in the state to be trained.

2. List of Crisis Intervention Training in Wisconsin

Wisconsin Crisis Intervention Team Training



The Wisconsin Crisis Intervention Team (CIT) Training Initiative is anchored by NAMI Fox Valley, an affiliate of the National Alliance on Mental Illness. Further information on crisis intervention team training is available on the NAMI Fox Valley Web site at <http://www.namifoxvalley.org>

The mission of the CIT program is to equip law enforcement officers with the skills to assist people with mental illness, thereby increasing the likelihood that an individual receives needed treatment rather than incarceration.

Law enforcement personnel from several counties and cities have participated in the 40-hour training course.

The Web site lists law enforcement officers who have completed the training. The list includes 40 counties, cities, and towns in Wisconsin. See <http://www.namifoxvalley.org/citdirect.html>

The training leaders, Sergeant John Wallschlaeger and Karen Aspenson, received national recognition in 2010. Sergeant Wallschlaeger and Ms. Aspenson were awarded the "International CIT Trainer of the Year" and "Advocate of the Year," respectively, for their efforts to bring and expand the CIT initiative in this state.

For more information on Wisconsin CIT training, contact training leaders:

Sgt. John Wallschlaeger	Karen Aspenson
Appleton Police Department	Executive Director
Community Liaison Officer	NAMI Fox Valley
Crisis Intervention Team Office	(920) 954-1550
(920) 832-5544	karen@namifoxvalley.org

City of Milwaukee Police Department

The City of Milwaukee Police Department's CIT initiative has been highly successful.

For more information, contact:

Captain Carianne Yerkes
City of Milwaukee Police Department
Coordinator Crisis Intervention Team
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233-1418
(414) 933-4444

Racine County

NAMI-Racine organized a community collaboration including law enforcement, mental health specialists, and representatives of a health care facility and county government which developed CIT and Crisis Intervention Partners (CIP) courses. These training sessions have been offered for the past 2 years to Racine County law enforcement and correctional officers and other professionals contacting clients with mental health needs. Future sessions are scheduled.

For information contact:

Debby Ganaway, Executive Director
NAMI - Racine
2300 DeKoven Avenue
Racine, WI 53403
(262) 637-0582
namiracine@tds.net

Deputy Chief Thomas Christensen
Racine Police Department
730 Wisconsin Avenue
Racine, WI 53403
(262) 635-7808
thomas.christensen@cityofracine.org

Counties: Wood, Racine, La Crosse

Task force members from these counties noted the benefits that they have experienced from CIT training and the manner in which it has improved their responses to persons with mental illnesses. The challenges they struggle with include funding, staffing, and other mandated training. For example, CIT training has been provided to 50% of law enforcement officers in La Crosse County.

For more information, contact:

Wood County
Kathy L. Roetter, Director
Wood County Unified Services
2611 12th Street South
Wisconsin Rapids, WI 54457
kroetter@co.wood.wi.us
(715) 421-8800 (phone)
(715) 421-2266 (fax)

Racine County
Lt. Thomas Christensen
Racine Police Department
730 Center Street
Racine, WI 53403
(262) 635-7749

La Crosse County
Margaret Larson
Mental Health Coalition of Greater La Crosse Area
P.O. Box 3724
La Crosse, WI 54602
(608) 782-7744
larsonmargaret@centurytel.net or mhc@mentalhealthlacrosse.org
Web site: <http://mentalhealthlacrosse.org/>

D. Crisis Intervention Partners ("CIP")

1. Description

- Training is modeled on CIT program and designed for jail staff, first responders, corrections officers, dispatchers, emergency room personnel, and individuals who work in professions related to crisis services.

- The training is designed to provide staff with skills to de-escalate a crisis situation and tools to use in their direct interactions with individuals in serious mental health crisis.

2. List of Crisis Intervention Training in Wisconsin

Walworth County

Through the collaborative efforts of the county Department of Health and Human Services (DHHS) and the Sheriff's office, training is held for jail staff on mental health issues and their interactions with persons with mental illnesses.

The three-day CIP program provides an overview on mental illnesses, medications, and the legal process, and training on dual diagnosis, personality disorders, interview and de-escalation techniques, risk assessments, and cultural competence. The training is county based and includes corporation counsel, law enforcement, DHHS, and consumers.

This partnership between law enforcement and DHHS staff provides the opportunity for law enforcement to rely primarily on the human services crisis intervention units rather than local emergency rooms.

Law enforcement and DHHS staff coordinate the release of an incarcerated person with mental illness if additional mental health services are deemed necessary and jail staff works to reinstate the person's SSI benefits to cover some of the cost of the mental health services.

A social worker at the jail also serves as a liaison and connects jail staff with human services staff. DHHS staff coordinates with jail staff on medications if the incarcerated person has previously received services through the department and is available to jail staff for consultation.

For more information, contact:

Liza Drake, Crisis Intervention Supervisor
Walworth County DHHS
W4051 County Road NN
Elkhorn, WI 53121
(262) 741-3747

NAMI Fox Valley

NAMI Fox Valley offers a training session designed for individuals who work in professions related to crisis services (corrections officers, EMS personnel, fire fighters, educators, hospital and emergency room personnel, etc.). The program is modeled after the CIT format. The Web site is: <http://www.namifoxvalley.org/citprof.html>

For more information, contact:

Karen Aspenson
Executive Director
NAMI Fox Valley
(920) 954-1550
karen@namifoxvalley.org

Department of Corrections

The Wisconsin Department of Corrections is planning a future initiative with NAMI to coordinate CIP training plan for jail staff. The training sessions would be conducted on a regional basis.

For more information, contact:
Marty Ordinans, Director
Office of Detention Facilities
Wisconsin Department of Corrections
P.O. Box 7925
Madison, WI 53707-7925
(608) 240-5052

NAMI - Wood and Portage Counties

NAMI offers a two-day training workshop designed for individuals who work in professions related to crisis services including corrections officers, EMS personnel, hospital and emergency room personnel, receptionists and case workers in social service and mental health related fields, group home staff, and educators, etc. The training aids in furthering participants' understanding of mental illness and its related issues.

For more information, view Web site: <http://namiportagewoodcounties.org/>

Racine County

NAMI-Racine organized a community collaboration including law enforcement, mental health specialists, and representatives of a health care facility and county government which developed CIT and Crisis Intervention Partners (CIP) courses. These training sessions have been offered for the past 2 years to Racine County law enforcement and correctional officers and other professionals contacting clients with mental health needs. Future sessions are also scheduled.

For information contact:
Debby Ganaway, Executive Director
NAMI - Racine
2300 DeKoven Avenue
Racine, WI 53403
(262) 637-0582
namiracine@tds.net

Deputy Chief Thomas Christensen
Racine Police Department
730 Wisconsin Avenue
Racine, WI 53403
(262) 635-7808
thomas.christensen@cityofracine.org

E. eMail listserv

1. Description

- Law enforcement posts entries to a designated email list of local or regional crisis staff about daily “mental health contacts” with persons whom they can identify.
 - For example “spoke with Ms. Smith today, she mentioned she stopped taking her medication two days ago because it makes her feel tired”
 - For example, a law enforcement officer sees a man talking to the mailbox. The officer stops and has a conversation with him. She determines that there isn’t enough for a hold but she learns that the man hasn’t taken his medication in four days and is about to be evicted. That officer posts this information on the listserv.
- Providers, county and city mental health workers and others interested in notice about persons they serve monitor these emails for “red flags” and attempt to contact their patients independently.
- The concept might be expanded to include posting of other public events: booking into the jail, release from jail, positive drug tests reported by a pretrial supervision program, etc.
- A more robust version of the application might involve software that would enable a provider monitoring the eMails to automatically cross-check the provider’s list of patients with lists of those reported on the daily eMail.

2. List of eMail Listserv in Wisconsin

Appleton Police Department and Mental Health Email/communication

The Appleton Police Department in collaboration with Outagamie and Winnebago counties developed a list of county crisis staff, including contact information. The email account allows law enforcement officers to post daily “mental health contacts” to one of two lists, entitled “Outagamie County Crisis” and “Winnebago County Crisis.”

For more information, contact:

Sgt. John Wallschlaeger
Appleton Police Department
Community Liaison Officer
Crisis Intervention Team Officer (CIT)
(920) 832-5544

F. Continuity of Care Programs

1. Description

- Mental illness can be exacerbated by changes in medication and treatment. Handing off a patient from one provider to the next without treatment records or up-to-date prescriptions leads to setbacks. The lack of communication often arises when persons with mental illnesses are removed from the community or returned to the community after

jail. Jails usually do not give out more than three days of medication, for fear a patient will be tempted to sell the medicine rather than take it.

- Jail nurses and social workers can help insure continuity of care by communicating with the person's case manager before release and conveying current information about medication and treatment.
- A potential downside to contracting out such services (rather than offering the services through jail personnel) is that it introduces another link into the communication network, creating the possibility of discontinuity in care.

2. List of Continuity of Care Programs in Wisconsin

Brown County, Jail Division

Brown County provides crisis counselors on a contract basis. The crisis counselors also respond to requests for EM-1 assessments in the jail. Brown County Human Services also provides a site nurse in the jail who can access behavioral health records.

For more information, contact:
Captain Larry Malcomson
Brown County Sheriff's Office
Director, Brown County Jail Division
3030 Curry Lane
Green Bay, WI 54313
(920) 391-6806

Rock County, Jail Division

Jail staff conducts initial screenings of persons booked into the jail. If screenings warrant, staff contact Rock County Crisis Intervention to conduct an initial assessment. Follow up care and monitoring are provided by a contracted social worker and psychiatrist.

Advanced Correctional Healthcare (ACH) in Rock County provides a mental health professional three days a week for follow-up care and monitoring. ACH staff assists with stabilizing the person and provide continuity of care and medication. ACH's Web site is <http://www.advancedch.com/>

For more information, contact:
Tom Gehl
Jail Commander, Rock County
200 East U. S. Highway 14
Janesville, WI 53545-9601
(608) 757-7916

Specialized Probation/Parole Agents

The Division of Community Corrections utilizes probation and parole agents who specialize in working with offenders with mental illnesses in Milwaukee (Region 3) and Madison (Region 1).

For more information, contact:
Wisconsin Department of Corrections
Division of Community Corrections
3099 East Washington Avenue
P.O. Box 7925
Madison, WI 53707-7925
(608) 240-5300

New Horizons North

New Horizons North, a nonprofit organization serving Ashland and Bayfield counties, provides some supportive employment services and housing assistance to individuals with mental health issues. Bayfield County Circuit Court Judge John Anderson, noted this program provides assistance in a rural area in which there is a significant lack of mental health services available.

For more information view Web site <http://www.newhorizonsnorth.com/index.php>

G. Collaboration of Mental Health and Criminal Justice Systems

1. *Description*

- In many Wisconsin localities, mental health and criminal justice professionals are developing collaborative working relationships focused on improving responses to persons with mental illness.
- Bureau of Justice Assistance, Office of Justice Programs:
The Justice and Mental Health Collaboration Program (JMHC) was created by the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems to increase access to treatment for this unique group of offenders.
Web site: <http://www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html>

2. *List of examples of collaboration of mental health and criminal justice systems in Wisconsin*

County Criminal Justice Coordinating Councils

Over one-third of Wisconsin counties have independently established some form of local criminal justice council (CJC) to assess the needs of their local criminal justice system, develop programming and practices in response to these needs, and address mental health issues as they relate to the criminal justice system. A directory can be found on the Wisconsin courts' Web site: <http://wicourts.gov/about/organization/programs/alternatives.htm>.

An example of this expanding initiative is the partnership between criminal justice and mental health systems in Racine and Kenosha counties. Representatives from the respective Criminal Justice Coordinating Councils formed the Racine-Kenosha County

Justice and Mental Health Collaboration Project. The members have been convening since October 2007 to develop strategies to direct individuals with mental illnesses from the criminal justice system to community-based resources. The Project's major focus is on reducing recidivism of individuals with mental illnesses who commit minor crimes or violate conditions of probation.

For more information on Criminal Justice Coordinating Councils, contact:

Erin Slattengren, Special Projects Manager
Wisconsin Supreme Court, Court Operations
110 E. Main Street, Suite 410
Madison, WI 53703
(608) 261-0684

For more information on the Kenosha Justice Coordinating Council, contact:

Chief Judge Mary K. Wagner
Kenosha County Circuit Court
Kenosha County Courthouse
912 56th Street
Kenosha, WI 53140-3747
(262) 653-2712

For more information on the Racine Justice Coordinating Council, contact:

Judge Gerald P. Ptacek
Racine County Circuit Court, Branch 1
Racine County Courthouse
730 Wisconsin Avenue, Room 703
Racine, WI 53403-1274
(262) 636-3139

Wisconsin Mental Health Criminal Justice Committee

The Wisconsin Mental Health Criminal Justice Committee (MHCJ) is one of several committees of the Wisconsin Council on Mental Health (WCMH), <http://www.mhc.state.wi.us>.

The legislature created the Council on Mental Health to advise state government on mental health policy, review and make recommendations with respect to governmental mental health plans and serve as an advocate for persons with mental illness in the state. The WCMH evaluates and reviews the mental health system's progress towards achieving improved client outcomes and the adequacy of mental health services in the state.

The MHCJ Committee consists of representatives from the Wisconsin Department of Corrections, Disability Rights Wisconsin, NAMI Wisconsin, Department of Vocational Rehabilitation, Disability Determination Bureau, Wisconsin County Human Services Association, Wisconsin Counties Association, Department of Health Services and other providers of mental health services. Web site: <http://www.mhc.state.wi.us/crimjustice.htm>

For further information, contact:

Joann Stephens, Co-chair
joann@stablelifeinc.org



Wisconsin Counties Association

The Wisconsin Counties Association is an association representing the interests of counties. The Association's publications and educational seminars are a resource for counties to share their best practices and learn more about how other counties are working to improve responses to persons with mental illness who come into contact with the criminal justice system. The Association's Web site is <http://www.wicounties.org/>

For more information about the Wisconsin Counties Association, contact:
Sarah Diedrick-Kasdorf, Senior Legislative Associate
Wisconsin Counties Association
22 E. Mifflin, Suite 900
Madison, WI 53703
(608) 663-7188

Wisconsin Courts AIM (Assess, Inform, and Measure) Project

The Wisconsin court system has developed a process to provide the circuit courts with information including assessments of an individual's risk to commit further crime in the community, an individual's needs that are directly related to the individual's criminal behavior, an individual's responsivity including motivation to change, learning style, gender and cultural needs, and community-based treatment programs that address the needs and reduce the offender's risk to the community. The process offers the court reliable information in the sentencing process and may lead to safe diversion of the person to community-based treatment and supervision. The process includes a feedback loop that provides the circuit court with information on the success of court dispositions and community interventions in promoting offender success and public safety.



For more information, contact:
Mary Moyer
AIM Program Specialist
Wisconsin Supreme Court, Court Operations
110 E. Main Street, Suite 410
Madison, WI 53703
(608) 261-0680

Racine County Mental Health Diversion Grant Program

Racine County received a Bureau of Justice Assistance (BJA) grant to develop a program to divert non-violent misdemeanants from the criminal justice system. Clients are identified at jail intake through a risk assessment interview. Non-violent, misdemeanants with a mental health history and treatment need are referred to a designated assistant district attorney who offers a deferred prosecution agreement if appropriate. The agreement requires compliance with an individualized mental health treatment plan.

For more information about the Racine county program, contact:
Wendy Piehler
Program Coordinator
Racine County Mental Health Diversion Grant Program
(262) 504-8630
wendy.piehler@goRacine.org

City of Madison Police Department's Mental Health Liaison Program

The Madison Police Department's Mental Health Liaison Program was established in 2004. Volunteer officers serve as a liaison to mental health consumers, mental health service providers, and fellow district officers. The liaison officers work proactively with Dane County Mental Health (DCMH), NAMI, the hospitals, and other mental health providers to coordinate and improve services when appropriate. They review officer reports documenting incidences involving a mental health component, and share relevant information with other officers. This district-level approach allows officers to become most familiar with the individuals in their respective districts and to potentially offer effective assistance early as opposed to having to react in a time of crisis.

For more information, contact:
Lt. Kristen Roman
Program Coordinator
MPD Mental Health Liaison Program
Central District
211 S. Carroll St.
Madison, WI 53709
(608) 266-4316

H. Problem-Solving Courts, Including Mental Health Courts

1. Description

- Mental health courts operate on a model similar to drug and other problem solving courts.
- There are limitations to the kinds of cases a court can supervise. In Eau Claire, the mental health court team hesitates to admit persons who are diagnosed with an antisocial personality disorders.
- A propitious time to launch such a court, and seek county funding, may be when increased pressure on the size or services provided by the county jail makes it necessary to consider jail renovation; a mental health court can be a cost-effective alternative.

2. List of Mental Health Courts and Other Problem-Solving Courts in Wisconsin

Eau Claire County Mental Health Court

In June 2008 Eau Claire County established a Mental Health Treatment Court that provides a three-step, two-year program. The Eau Claire Community Support Program (CSP) provides clinical services for mental health court participants. Currently, the court

supervises 8 defendants. The mental health court was established as a result of the Mental Illness Jail Diversion Task Force, a multi-disciplinary community planning group, to address mental health needs of the Eau Claire County Jail population and develop diversion programs.

The court operates on a team approach, including the judge, a court coordinator, providers, and representatives from the state public defender and district attorney offices. The mental health court team meets weekly prior to court to review the status of participants, determine potential rewards or sanctions, and evaluate eligibility criteria for those individuals who may be interested in participating in the mental health court.

The Task Force is pursuing grant funding to further expand the Mental Health Treatment Court and to serve as a learning site for other jurisdictions in Wisconsin interested in implementing problem solving strategies for persons with mental illnesses in the criminal justice system.

For more information on Eau Claire County Mental Health Court, contact:
Mary Van Roy, SW III
CSP Case Manager
Eau Claire County Dept of Human Services
721 Oxford Avenue
Eau Claire, WI 54703
(715) 839-6834
mary.vanroy@co.eau-claire.wi.us

Dunn County Diversion Court

This problem-solving court focuses on persons with dual diagnosis substance abuse and mental health treatment needs. The target population is persons charged with non-violent felonies involving drugs or alcohol, including persons with mental illnesses. The program is county funded as well as participant funded.

For more information about the Dunn County Diversion Court, contact:
Carolyn Mnichowicz
Dunn County Diversion Court Coordinator
Arbor Place Inc.
320 21st ST NE
Menomonie, WI 54751
(715) 235 4537 ext. 115
carolynm@arborplaceinc.com

Rock County Veterans Court

The first veterans court in the state was established Rock County. The court addresses mental health and AODA issues of veterans who are charged with crimes. Each participant is also matched with a mentor of similar military background.

For more information, contact:
Judge James Daley
Rock County Circuit Court
51 S. Main Street, 5th Floor
Janesville, WI 53545-3978
(608) 743-2261

La Crosse County Veterans Mentors Program

The La Crosse County Veterans Mentor Program is a stand alone entity designed to assist veterans in the legal system obtain reduction of their risk to reoffend by submitting to appropriate treatment aimed at addressing service connected behavioral health issues. The mentor program is composed of veterans trained to be Veterans Mentors and is a critical component of the La Crosse County Veterans Court Initiative. It is anticipated that the mentor program will expand into several neighboring counties to avoid duplication of efforts and consolidation of coordination and training of mentors. The La Crosse County Veterans Court Initiative has developed a Veterans Mentor Program Policy and Procedures Manual and two dozen forms.

For more information, contact:
Judge Todd W. Bjerke
La Crosse County Circuit Court
333 Vine Street
La Crosse, WI 54601
(608) 785-9773

La Crosse Area Veterans Court

The implementation of this veterans court is planned for the fall of 2010. It is anticipated that the court program will provide services to a larger region surrounding La Crosse County. A Veterans Court Policy and Procedure Manual and over a dozen forms have been developed.

For more information about the La Crosse Area Veterans Court, contact:
Judge Todd W. Bjerke
La Crosse County Circuit Court
333 Vine Street
La Crosse, WI 54601
(608) 785-9773

County Veterans Officers

County Veterans Service Offices (CVSO) and Tribal Veterans Service Offices (TVSO) provide information and assistance in obtaining state and federal veterans benefits, programs and services. Each county has a county veteran officer. The officer should be contacted to seek assistance for veteran benefits.

For more information, contact:
Wisconsin Department of Veterans Affairs
30 West Mifflin Street
P.O. Box 7843
Madison, WI 53707-7843
(608) 266-1311
1-800-947-8387 (toll free)



See the Wisconsin Department of Veterans Affairs Web site for specific county contact information: <http://dva.state.wi.us/CSVSO.asp> or www.WisVets.com/CSVSO

The veterans hospitals in Wisconsin may also be of assistance with regard to mental health issues and benefits.

See Tomah VA Medical Center at <http://www.tomah.va.gov/index.asp>
VA Medical Center
500 E. Veterans Street
Tomah, WI 54660
(608) 372-3971

See Milwaukee VA Medical Center at <http://www.milwaukee.va.gov/>
VA Medical Center
5000 West National Avenue
Milwaukee, WI 53295
(414) 384-2000

See William S. Middleton Memorial Veterans Hospital at <http://www.madison.va.gov/>
2500 Overlook Terrace
Madison, WI 53705
(608) 256-1901
(888) 478-8321
Further information is available at page 33 of this report.

I. Memorandum of Understanding (MOU)

1. Description

- A memorandum of understanding is a tool that community partners can use to address delivery of services, transportation issues, fiscal responsibility, and other issues.
- The designation of roles and responsibilities can provide stability and consistency to collaborative teams of mental health professionals, criminal justice professionals, and service providers.

2. List of Memoranda of Understanding in Wisconsin

Washburn County Jail / County Health & Human Services Department

A MOU between the county jail and the county health and human service department addresses mental health and substance abuse services for county inmates, communication between the entities, and fiscal responsibility for services.

For more information, contact:
Washburn County Health and Human Services
Jim LeDuc
Mental Health and AODA Supervisor
P.O. Box 250
110 Fourth Avenue

Shell Lake, WI 54871
(715) 468-4747

Web site:

<http://www.co.washburn.wi.us/departments/humanservices/mental-health-aoda/>

Washburn County Sheriff's Office
Sheriff Terry Dryden
P.O. Box 429
421 Highway 63
Shell Lake WI 54871
(715) 468-4700



Washburn County Sheriff's Office, Washburn County Jail, Birchwood Police Department, Minong Police Department, Shell Lake Police Department, Spooner Police Department, Northwest Counseling & Guidance Clinic, Spooner Health System, Washburn County Health & Human Service Department

Criminal justice and mental health systems are partnered in a memorandum of understanding regarding responsibility for mental health and substance abuse emergency services to persons in Washburn County. This memorandum of understanding with police departments in the county sets forth procedures where officers encounter a person who appears to be experiencing a mental health crisis.

For more information, contact:

Washburn County Health and Human Services
Jim LeDuc
Mental Health and AODA Supervisor
P.O. Box 250
110 Fourth Avenue
Shell Lake, WI 54871
(715) 468-4747

Web site:

<http://www.co.washburn.wi.us/departments/humanservices/mental-health-aoda/>

Washburn County Sheriff's Office
Sheriff Terry Dryden
P.O. Box 429
421 Highway 63
Shell Lake WI 54871
(715) 468-4700



Wisconsin Department of Corrections, Division of Community Corrections

The Division of Community Corrections of the Department of Corrections has developed ongoing partnerships with over two dozen specialty courts in the state. In 2009 the Division developed a memorandum of understanding identifying the role and responsibilities of the Division in specialty courts.

For more information, contact:

Denise Symdon, Administrator
Wisconsin Department of Corrections
Division of Community Corrections

3099 East Washington Avenue
PO Box 7925
Madison, WI 53707-7925
(608) 240-5300

J. Consent or Release Forms

1. Description

- Consent or release forms signed by an individual can facilitate information sharing and improve responses to persons with mental illness while maintaining patient confidentiality.
- There is a significant amount of communication, cooperation, and relationship building behind the development of a consent form involving multiple service providers, criminal justice officials, and mental health professionals.

2. List of Consent/Release forms in Wisconsin

Dane County Service Access Team

Porchlight, Inc. coordinated the Reciprocal Authorization for Disclosure of Confidential Information for Service Access and Coordination. The team created this comprehensive joint release / client consent form to facilitate information sharing between service providers, law enforcement, healthcare providers, and housing and benefit providers and facilitates access to and coordination of needed services.

For more information, contact:
Steven Schooler, Executive Director
Porchlight, Inc.
306 North Brooks Street
Madison, WI 53715
(608) 257-2534

Racine County Consent for Disclosure

The Racine County Human Services Department and Racine County District Attorney's Office in conjunction with Zimmerman Consulting, Inc. have developed a multi-party consent form that authorizes the district attorney and Human Services Department to disclose confidential information to Zimmerman Consulting, Inc. and Zimmerman Behavioral Health, which provides jail alternative and diversion programs and treatment services to include substance abuse and mental health counseling and case management. The form is intended to facilitate effective and efficient delivery of services to the individual.

For more information, contact:
Zimmerman Consulting, Inc.
524 Main Street
Racine, WI 53403
(262) 632-1780

K. Release Planning and Reentry

1. Description

- Release planning can address a wide range of issues including mental health services, housing, employment, benefits, insurance, support sources, medication, and public safety.
- Support and assistance provided by reentry programs to a person with mental illness is critical for a successful transition into the community.
- Continuity of care is improved if planning begins before release.

2. List of Release / Reentry programs in Wisconsin



Wisconsin Resource Center

a. Community Reintegration Initiative

The Community Reintegration Initiative is a pilot re-entry program that will provide follow-up, community-based case management, and treatment services to eligible persons leaving the Wisconsin Resource Center and Taycheedah Correctional Institution. The pilot is part of the Council of State Governments Justice Center's Justice Reinvestment Project and modeled on the conditional release program operated by the Wisconsin Department of Health Services.

The program will build off of current partnerships between the Department of Corrections, Department of Health Services, and community treatment providers and will use an existing, statewide, community-based service delivery system with staff that possesses specialized skills and expertise in mental health assessment, treatment and intensive, strength-based case management services. The pilot will also include comprehensive program evaluation including data collection, analysis and annual reporting.

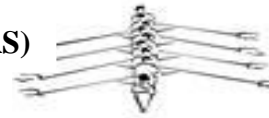
b. Mental Health Alternative to Revocation

The Mental Health Alternative to Revocation is a project jointly developed by the Division of Community Corrections of the Department of Corrections and the Wisconsin Resource Center. The purpose of the project is to assist those offenders, under supervision in the community, in learning the coping skills and mental health management skills needed for a more successful community adjustment. Programming includes time management skills, medication education and management, budgeting, thought distortions, assertiveness, talking with their agent and treatment providers, leisure activities, developing their community resources as well as the development of a relapse/wellness plan.

For more information on the Wisconsin Resource Center programs, contact:
Wisconsin Resource Center
Dr. Thomas Speech
Deputy Director
1505 North Drive, P.O. Box 16
Winnebago, WI 54985-0016
(920) 426-4310

Wisconsin Department of Corrections

a. **Opening Avenues to Reentry Success (OARS)**



The Wisconsin Department of Corrections OARS program is one component of Wisconsin Act 28, Becky Young Community Corrections fund, intended to provide intensive pre- and post-release case management and treatment services to high risk / high need inmates with serious and persistent mental illness who are being released to community supervision from the Wisconsin Resource Center and Taycheedah Correctional Institution.

OARS is patterned after the highly successful Department of Health Services, Conditional Release program model and uses the established regional community provider network to provide reach-in release planning, mental health case management, and community-based treatment services. Under this multi-agency collaboration, the case manager, agent, and institution treatment team will work with the inmate in crafting an comprehensive release plan to prepare the inmate for his/her successful return to the community. As many elements as possible will be put into place prior to the release date, including job or vocational contacts, appointments for ongoing treatment and/or medication services, living arrangements, appointments for sources of funding/support and connections with support systems.

It is anticipated that the first participants will be enrolled in the program in July 2010.

For further information, contact:
Tony Streveler
Executive Policy Initiatives Advisor
Wisconsin Department of Corrections
3099 East Washington Avenue
Post Office Box 7925
Madison, Wisconsin
53707-7925
(608) 240-5801

b. **Benefits Specialists**

The Wisconsin Department of Corrections intends to use Wisconsin Act 28, Becky Young Community Corrections funds, to hire six benefit specialists to provide expert

assistance to approximately 355 offenders with serious mental health or medical issues to apply for social security or Medicaid benefits.

Access to medical services is critical to many inmates under Department of Corrections supervision and when an inmate lacks the capability to be gainfully employed due to age, medical or mental health conditions, their access to medical services is impacted.

To help address the issues facing this population, the Department of Corrections previously collaborated with other agencies including Legal Action of Wisconsin. This collaboration produced a unique Homeless Outreach Projects and Evaluation (HOPE) project that worked exclusively with disabled prisoners. The project was successful. It received favorable national attention due to the project's collaborative nature and resulted in systematic improvements despite a challenging population. The results of the project show that 44% of initial social security applications were approved. This percentage is higher than the national average of 33%.

For more information, contact:

Mary Kay Kollat, Reentry Director
Wisconsin Department of Corrections
3099 East Washington Avenue
Post Office Box 7925
Madison, Wisconsin
53707-7925
(608) 240-5015

William S. Middleton Memorial Veterans Hospital Health Care for Re-entry Veterans (HCRV) program

The Re-entry Veterans program assists incarcerated veterans with their return to the community providing outreach, assessment, referral and linkage to services. The relationship between HCRV specialists and the prison facilities is key to the program's success. Further information on the Health Care for Re-entry Veterans (HCRV) is available at <http://www1.va.gov/HOMELESS/Reentry.asp>

Information about VA Medical Centers in Wisconsin is listed at page 28 of this report.

For more information, contact:

Dr. Dean Krahn
Chief of Mental Health Service
Wm. S. Middleton Memorial Veterans Hospital & Clinics
Mental Health, A2005
Madison, WI 53705
(608) 280-7015
<http://www.madison.va.gov/>

Justice 2000

This private non-profit organization in Milwaukee works to promote and expand opportunities for the safe release and community integration of criminal offenders. In January 2010, Justice 2000 merged with Community Advocates. Community Advocates' mission is to provide basic needs advocacy and services to low-income, at-risk individuals and families in the Milwaukee area. Services include mental health advocacy,

case management and protective payee services, homelessness prevention, energy assistance, disability advocacy services, and housing/case management services for individuals who are homeless and also have chronic mental illness.

Justice 2000 uses jail screeners to identify individuals in need of mental health services. Prior to release, pretrial release planners prepare reports containing verified information about a defendant and recommendations for release conditions needed to minimize risk for failure to appear in court and minimize risk of rearrest while pending trial.

If an individual is released, case managers at Justice 2000 monitor the conditions set by the courts including participation in mental health treatment and other identified services. Justice 2000 also reports the client's status, progress, or noncompliance to the courts and assures continuity of care through ongoing communication with identified service providers and continues this case management service until the person is sentenced or discharged from the program.

Lastly, workers for Justice 2000 submit letters to the courts about the program participants' progress and of the treatment and the appropriateness of diversion from jail into medical services.

For more information, contact:

Marilyn Walczak, Associate Director
Justice 2000 Inc.
744 N. 4th St. Suite 200
Milwaukee, WI 53203
(414) 270-2959
Email: mwalczak@justice-2000.org

Circles of Support Program



The Community Circles of Support Program serves the Fox Valley, Green Bay, Oshkosh and surrounding communities helping people transition from incarceration to the community. This initiative started as a program of Goodwill North Central Wisconsin in September 2008. The mission of the Circles of Support program is to provide recently released prisoners with a support network of local volunteers (a Circle) that provides guidance, and direction to the offender in all areas of his/her life-employment, education, housing and social..

For further information, contact:

Daniel Burchby, Program Coordinator
1800 Appleton Rd., Menasha, WI 54952
1-877-490-3120
(920) 968-6832
<http://www.circles-of-support.org/>

Madison-area Urban Ministry, Inc. (MUM)

The Madison-area Urban Ministry is a nonprofit interfaith social justice organization that serves the greater Dane County area working with persons leaving jail or prison and assisting with their transition into the community.

For more information, contact:

Madison-area Urban Ministry
Prisoner Re-entry Programs
2300 South Park Street, #5
Madison, WI 53713
(608) 256-0906
<http://www.emum.org/index.cfm>

STRENGTH: Dual Diagnosis Program at Taycheedah

The Strength program is a treatment initiative for incarcerated women that provides support to develop mental health toolbox to prevent relapse and comprehensive release planning.

The program is a six month voluntary treatment program tailored to the needs of women diagnosed with serious and persistent mental illness and substance use disorders. Strength is designed to empower the female offender with the knowledge, skills and support necessary to increase her opportunity to effectively manage her mental health and break the cycle of addiction(s) and criminality.

In addition to addressing mental health and substance use issues, the program includes components on anger management, parenting, domestic violence, prostitution, self-esteem, coping skills, expressive therapies and problem solving/decision making.

The final month of Strength is devoted to release planning and relapse prevention. Staff consults with probation/parole agents to coordinate the initial provision of services after release to facilitate a successful return to the community.

For more information about the Strength program, contact:

Carin Fuerstenberg, MSW, CAPSW, CSAC
Taycheedah Correctional Institution
Monarch / Strength Program SW
P.O. Box 1947, Co. Rd. K
Fond du Lac, WI. 54936
(920) 929-7154

L. Tools – Screening, Assessment, Jail Standards

1. Description

- Several counties have initiatives to develop tools to determine the risk and need levels of individuals entering jail. An assessment could be used from arrest through sentencing and beyond.
- Universal screening and risk assessment tools provide information that may be used to identify situations in which alternatives to incarceration are appropriate.

2. List of screening and assessment tools in Wisconsin

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)

The Risk/Needs/Case Plan and Case Management Manual Planning and Implementation Coalition is made up of personnel from the Department of Corrections (DOC), and county and state courts, committed to the successful statewide implementation of a Risk, Needs and Case Planning system. The Implementation Coalition is initiating a statewide implementation of COMPAS, Correctional Offender Management Profiling for Alternative Sanctions. COMPAS is an evidence-based risk and needs assessment tool for criminal justice practitioners to assist them in the placement, supervision, and case management of offenders in community and secure settings. The Wisconsin Department of Corrections will integrate COMPAS into its case management system and partner with the Wisconsin courts and Eau Claire County to facilitate a demonstration process for the judicial system.

For more information, contact:
Mary Kay Kollat, Reentry Director
Wisconsin Department of Corrections
3099 East Washington Avenue
Post Office Box 7925
Madison, Wisconsin
53707-7925
(608) 240-5015

Racine County

Racine County employs a risk assessment tool during the jail intake process to measure the person's risk to re-offend and to fail to appear. The risk assessment report is distributed to the district attorney, public defender, and the court prior to the initial appearance.

For more information, contact:
Wendy Piehler
Program Coordinator
Racine County Intake Risk Assessment Project
(262) 504-8630
wendy.piehler@goRacine.org

Bayfield County

Bayfield County uses the LSI-R assessment, which is a quantitative survey of offender attributes and offender situations relevant for making decisions about levels of supervision and treatment. The instrument's applications include assisting in the allocation of resources, helping to make probation and placement decisions, making appropriate security level classifications, and assessing treatment progress.

Milwaukee County



Milwaukee County Community Justice Council developed a 24-hour jail screening program. For further information, see Web site: <http://www.milwaukee.gov/cjc>

Jail Standards

The Wisconsin Department of Corrections is reviewing and will be proposing new standards with regard to mental health practices and services in jails.

For more information, contact:
Marty Ordinans, Director
Office of Detention Facilities
Wisconsin Department of Corrections
P.O. Box 7925
Madison, WI 53707-7925
(608) 240-5052

M. Audit and Reports

1. Description

- A recent audit was conducted of mental health care services in correctional prisons and provides recommendations for improvements to responses to persons with mental illnesses.

2. List of Audits and Reports in Wisconsin

Wisconsin Legislative Audit Bureau: *An Evaluation of Inmate Mental Health Care*

In 2009, the Wisconsin Legislative Audit Bureau completed an evaluation of mental health care services in adult correctional facilities, as requested by the Joint Legislative Audit Committee (Report 09-4). The audit includes statistics on the mental health population in our prisons, recognition of steps the Wisconsin Department of Corrections has taken to improve inmate mental health care services in recent years, and recommendations for further improvements in areas including screening, release planning, training, and the collection of outcome data. The full report is available at <http://www.legis.state.wi.us/lab/reports/09-4full.pdf>.

For more information, contact:
Legislative Audit Bureau
22 East Mifflin Street, Suite 500
Madison, WI 53703
(608) 266-2818
leg.audit.info@legis.wisconsin.gov



Wisconsin Department of Corrections:
Response to Audit on Correctional Officer Training

In response to the 2009 Legislative Audit Bureau Report of Inmate Mental Health, the Wisconsin Department of Corrections recommended an additional 16 hours of mental health training be added to the Division of Adult Institutions training mandate. The Department of Corrections is exploring a number of options for providing training to correctional officers within prisons that is based on the Crisis Intervention Team model.

Report: *Treating Mentally Ill Inmates in Segregated Settings*

The Segregation Workgroup of the Wisconsin Department of Corrections met over a period of 18 months and developed recommendations, which were released in a report issued January 7, 2005. The group made ten recommendations as part of a comprehensive plan to address the needs of inmates with mental health problems who are in segregated settings or within the disciplinary process. The Workgroup consisted of a wide variety of Corrections personnel and Wisconsin Disability Rights attorneys.

For more information about the study, contact the chairperson of the workgroup:
Dr. Kevin Kallas
Wisconsin Department of Corrections
3099 East Washington Avenue, Post Office Box 7925
Madison, Wisconsin
53707-7925

See also Dr. Kevin Kallas, *Mental Health Treatment in the Wisconsin Department of Corrections: "Jails and Prisons - America's New Mental Hospitals"* (2007), available at http://dhs.wisconsin.gov/mh_bcmh/docs/confandtraining/2007/DOCOct407Kallas.pdf

III. CURRENT CHALLENGES (THE "GAPS")

A. Public opinion

- While some Wisconsinites might give persons with mental illnesses a pass on minor crimes, there is a common perception that when someone breaks the law, incarceration is necessarily the correct remedy. Views favoring incarceration may be difficult to overcome.
- Change in culture is necessary to move away from incarcerating a person with mental illness. Prevention and diversion need to be valued more highly.
- It is difficult to persuade voters that incarceration might not change a mental illness, but that it might aggravate it, and treating mental illness in jail or prison is very expensive.

B. Law enforcement attitudes

- Law enforcement officers serve objectives that sometimes compete: protecting the community, enforcing the law and serving people who live in the community. Serving those with mental illnesses is often viewed as failing to protect the community. Compassionately serving a person with mental illness is often seen, especially within law enforcement, as outside an officer's job description. To many officers, the title social worker is a pejorative.
- There is a lack of trust in mental health officials, which is aggravated by the confidentiality requirements imposed by Wisconsin Statutes Chapter 51. When a mental health worker, or even a jail employee, declines to provide a law enforcement officer with information about a patient, the officer might consider the worker obstinate and uncooperative.
- The way an officer discusses an incident in a police report may leave the district attorney with little choice but to prosecute rather than to divert the prosecution so the individual can obtain treatment. An officer trained to understand the incident from a mental health background may leave the district attorney with more choices.

C. Whose client is it? Lack of Trust and Communication

- A lack of trust may exist between components of the criminal justice system and the mental health care system that impedes coordination and connection between the critical stakeholders that have the ability to link to treatment services and improve responses to persons with mental illness. Mental health care providers, law enforcement, and hospital staff often find themselves in conflict over who is responsible for the care of a person with a mental illness (and who should bear liability for any claims made about that care).
- Financial responsibility for a person detained who may be experiencing a mental health crisis has a negative impact on our response and delivery of services.
- Memoranda of Understanding can assist in defining roles, responsibilities, and expectations where resources and staff are limited.

D. Competing Priorities

- It may be difficult to squeeze in CIT and CIP training among all the other training mandates that law enforcement officers and corrections officers must accomplish.

- Adding some form of crisis intervention training may require the law enforcement departments or academy to forego other necessary training.
- Funding for training is an issue. Additional training usually requires overtime, which is difficult to justify in lean budget times.

E. Patient confidentiality; Continuity of care.

- HIPAA laws and privacy issues impede information sharing.
- An offender is moved from one entity to another without moving records, prescriptions, medication or benefits.
- When patient hand-offs are made from one stage in the process to the next, confidentiality requirements can hamper the transfer of patient information necessary to sustain continuity of care and consistent medication.
- Too often, persons with mental illness are poor historians about their own health care.

F. Affordability of more effective medication

- Better and more appropriate medicine may be more expensive; often there is no generic substitute. Working under tight budgets and limited medication formularies, jails and other government providers often opt for less expensive, but less effective, medication.

G. Treatment in jail

- In many communities, jails are the first and last resort for many with mental health needs. In a mental health crisis, the most efficient solution seems to be to detain the patient, drop the patient at the jail and get the law enforcement officer quickly back into service. While the law enforcement officer moves on to the next call, the patient is now the county's problem.
- Jails are hardly an ideal place to deliver quality psychological care. Jails lack proper staffing and facilities to deliver mental health services.
- Detention in the jail of a person with a mental illness is typically an expensive option and services are limited.
- Updated and uniform jail standards are needed.

H. Disincentives to divert mental health treatment from our jails

- Crisis intervention centers are often better places to drop patients than jail, but if an individual is released and goes right back to where the problem started, law enforcement loses faith in the alternative and begins to rely more heavily on the jail.
- Law enforcement officers are trained as "fixers." If an officer has to return to the same house or the same family after a person has been jailed and released, then the officer may be looking for a more productive alternative.

I. Disincentives to Prosecution Diversion

- It takes time to investigate a case and determine whether a mental health diversion makes more sense than prosecuting a criminal case. Time is a precious commodity for overburdened district attorney offices.
- It is difficult to get reliable up-front knowledge about the case and about an alleged defender to justify diversion.
- Many district attorneys are uncomfortable talking about an alleged offender's case with anyone other than the offender or his or her attorney.
- District attorneys' offices are funded based on cases charged, not diverted, although diversion takes a prosecutor's time.
- Law enforcement officers who present the case are often pro-charging rather than pro-diversion.
- Prosecutors rarely meet the defendant before the first court appearance.
- There may be no existing system to supervise the diversions and make sure the defendants are compliant.

J. Lack of Insurance Coverage and Benefits

- Lack of insurance coverage for mental health services is a barrier to treatment.
- Lack of insurance coverage has significantly reduced the availability of services in hospitals for persons with mental illnesses.
- Benefits such as social security and others are suspended or terminated when a person is incarcerated.

K. Effective screening tools; Co-occurring disorders

- Professionals lack a tool to quickly and accurately identify a patient's diagnosis and dangerousness. A correct assessment is a critical factor in making confident decisions about whether to charge or divert.
- Mental health issues often co-occur with drug and alcohol abuse. Screening tools must address co-occurring disorders.
- The sharing of screening information with the prosecutor and defense counsel and providers can facilitate and improve responses. Information may assist the judge in making an informed bail decision at the initial appearance.

L. Serving Rural Populations

- Serving rural populations is difficult because a small population cannot support services.
- Given limited resources, counties need to work cooperatively with state and local partners to ensure services are available in all communities statewide.
- Consumers and families may lack resources to travel 5-6 hours to Madison or Milwaukee for mental health services and support.

M. Tension between statewide uniformity and local control

- Any existing services must be leveraged to their fullest and most effective extent, but one size doesn't necessarily fit all.
- While the county-based system is a great model for fostering ingenuity and creativity, it makes it difficult to provide a consistent array of programs and treatment across counties due to insufficient funding from the federal and state governments for mental health services.
- Director Joyce Allen, DHS, Division of Mental Health and Substance Abuse Services, reported it is not unusual for one county to have a great mental health program while the county next door provides only the most rudimentary services.

N. Housing and Employment Assistance

- Persons with mental illnesses need aid in finding housing and employment.

O. Outcome Data Needed

- Programs must be evaluated to determine what services and programs should be continued and supported.
- There is a lack of measurement criteria for mental health services to build support for funding and changes in legislation.
- The effectiveness of a program must be evaluated, at least in part, on its ability to address co-occurring disorders.

P. Support Systems Needed

- Court-based treatment programs often depend on family and friends to support the individual, but in many cases the very people on whom the individual must depend also have significant drug/alcohol and mental health issues. There is a need to expand and build a stronger peer support system.
- Wrap around services are needed to support transition.

Q. Dispensing prescriptions

- Mental health centers are often barred from giving high quality (and otherwise expensive) medication to jails. All too often mental health centers end up discarding drugs that could have been put to good use in jails.

R. Veterans

- Services need to be expanded and our responses inclusive of veterans with Posttraumatic Stress Disorder (PTSD).
- Prosecutors, defense counsel, treatment providers, and court staff underutilize the county Veterans Service Officer and other veteran offices.

S. Inadequate funding

- Lack of services, wait lists, and institutional barriers are common problems.
- The availability of state and federal funds is decreasing, the ability to increase a local tax levy is limited, and grant funding fails to provide a sustainable solution.

T. Homeless Clients

- Homeless clients overwhelm crisis centers.
- Homeless shelters are unable to treat mental health clients.

U. Core Competency Training

- Core competencies need to be identified and training needs to be coordinated at each intercept identified in the Sequential Intercept Model.
- Core competency training of all persons regarding mental health issues is lacking.
- There must be a commitment to learning about the mental health issues, educating the public, and developing new techniques and methods of providing information.

IV. FUTURE INITIATIVES (THE "OUGHT")

A. Mobile Crisis Response Teams and Regional Health Hubs

- Encourage collaborative efforts to serve smaller population counties with fewer resources and pool and leverage existing services.
- Develop provider network and mechanisms to share information across a county or region.
- Develop 24-hour point of entry to mental health system where law enforcement can bring a person who appears to be experiencing a mental health crisis.

B. Ride-alongs

- To build trust, collaboration and communication between law enforcement officers and mental health professionals, one inexpensive suggestion is to have professionals ride along with patrol officers, and vice-versa.
- During a police ride-along, officers and professionals can see what officers are up against and also how professional responses might produce superior results.
- During a mental health ride along (*e.g.*, while a case manager supervises patients), officers are able to develop rapport with patients when they are not in a state of crisis and are sensitized to when something may be "off."

C. Develop rapport with patients

- Develop rapport with patients when they are not in a crisis stage.
- Create a medical alert card that contains emergency information for persons who come into contact with law enforcement.

D. Educate 911 dispatchers

- The tone a 911 dispatcher sets and the information the dispatcher conveys when contacting first responders is critical. Making sure responders are aware of mental health issues is an important step in the right direction.

E. Cross Training

- Create ongoing core competency training and cross training in mental health and criminal justice systems.

F. Release Planning

- Every county should have a one page, standardized discharge summary. It is a cost-effective first step to providing continuity of care.
- The summary would be available to future care providers and, perhaps more importantly, it would

be available to the jail and prison system should an individual be incarcerated again.

- Consider notification of law enforcement when a person is released from a mental health facility or has failed to show up for community-based medication checks to help officers respond more effectively.

G. Free calls

- The State Public Defender has an arrangement with AT&T whereby defendants are not charged for initial calls to the office by those in custody.
- A similar program might encourage defendants with mental health issues to get in touch with a community service programs that might assist in sustaining the continuity of their care.

H. Video Links

- Videoconferencing may be used for communication and consultation between patient and service provider.

I. Human Services' Web sites and technical assistance

- Web sites could list network of local, county, regional and state mental health services, providers, and crisis intervention trained law enforcement officers.
- Provide technical assistance to practitioners on legal requirements of various mental health and privacy laws.

J. Liaison Programs

- Liaisons are needed to assist person in mental health crisis by facilitating communication between systems and linkage to services.

K. Universal screening

- Universal screening should be undertaken as soon as possible.
- The sooner the system can identify individuals with serious mental health issues, the sooner the system can begin to work on appropriate responses.
- The screening report should be shared with prosecutor, defense counsel, courts, and treatment personnel.

L. Deferred Prosecution Agreements

- Use of deferred prosecution agreements should be expanded.
- Arranging for attorneys to meet with clients before charging may create more options for the prosecutor.

M. Consider Special Plea

- If a court or legislature permitted a special plea for those suffering serious mental illnesses (e.g., “guilty but less culpable due to mental illness”), it might create an opening for an array of special procedures focused on treating the mental illness so as to avoid future brushes with the criminal justice system. In other realms within the system – in cases involving juveniles and NGI pleas – the plea triggers such special arrangements.

N. Increase Number of Mental Health Courts

- Establishing a mental health court brings together stakeholders in the community, creates an environment to build relationships, provides an opportunity to cross train, and focuses efforts to improve our responses to persons with mental illness.

O. Consolidated Court Calendars

- Consolidate cases involving a person with mental illness.
- The consolidation allows a judge to become familiar with all the cases, insures greater consistency and continuity in handling cases, and facilitates appearances by all stakeholders.

P. Accessibility of County Jail Booking Lists

- Mental health providers should have access to county jail booking lists.

Q. Provide Services for Persons with Co-Occurring Disorders

- Persons with mental illness often suffer from drug and alcohol abuse; assessments and services should address co-occurring disorders.

R. Information about Legal System

- Develop handouts providing information on the legal processes to persons with mental illness.

S. Increase Funding

- Funding is needed in all aspects and at each intercept of the Sequential Intercept Model for mental health services, programs, facilities, training, transport, assessment, reentry, and ancillary services.
- Grant funding helps establish a pilot program and generate outcome data, but the need is for permanent funding.

T. Develop Peer Support Network

- Support is a significant component of a person's successful transition to the community. Support sources outside of a family need to be established and integrated into case management services.

- Mentor programs provide on-call support or assistance with daily tasks and responsibilities.

U. Medication Formularies

- A statewide medication formulary or more inclusive medication formularies in jail are needed.

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Allen, Joyce

Wisconsin Dept. of Health Services

Blackburn, Neal

Unified Community Services

Dryden, Terry

Sheriff, Washburn County

Harris, Linda

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Senator, Wisconsin State Senate

Jadin, John

Jail Division Director, Brown County

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HO-CHUNK NATION

Matha, Todd
Chief Tribal Judge, Ho-Chunk Nation

KENOSHA

Morrissey, John
Chief of Police, Kenosha

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Dunphy, Donald
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Heimerman, Ken
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Judge, Rock County Circuit Court

Gehl, Tom

Jail Administrator, Rock County

Spoden, Robert

Sheriff, Rock County

Topinka, Ralph

Mercy Health

SHAWANO

Whealon, Edward

Chief of Police, Shawano

TREMPEALEAU

Semb, Barbara

Trempeleau County Supervisor

WALWORTH

Graves, David

Sheriff, Walworth County

Schmitz, Mike

Jail Administrator, Walworth County

WASHBURN

Dryden, Terry

Sheriff, Washburn County

WINNEBAGO

Aspenson, Karen

NAMI Fox Valley

Speech, Thomas

Doctor, Wisconsin Resource Center

WOOD

Roetter, Kathy

Wood County Unified Services

CHIEF JUSTICE'S CRIMINAL JUSTICE MENTAL HEALTH TASK FORCE

List of Task Force Members (by Profession)

JUSTICE / JUDGE / COURT STAFF

Abrahamson, Shirley S. Chief Justice, Wisconsin Supreme Court	Owens, Theresa Executive Assistant to Chief Justice
Anderson, John P. Judge, Bayfield County Circuit Court	Ptacek, Gerald P. Judge, Racine County Circuit Court
Daley, James P. Judge, Rock County Circuit Court	Sankovitz, Richard J. Judge, Milwaukee County Circuit Court
Johnson, Scott District Court Administrator	Slattengren, Erin Special Projects Manager
Lenz, Paul J. Judge, Eau Claire County Circuit Court	Smeltzer, Rod W. Judge, Dunn County Circuit Court
Matha, Todd Chief Tribal Judge, Ho-Chunk Nation	Stark, Lisa K. Judge, Eau Claire County Circuit Court
Niess, Richard G. Judge, Dane County Circuit Court	Yamahiro, Glenn H. Judge, Milwaukee County Circuit Court

ATTORNEYS

Chisholm, John District Attorney, Milwaukee County	Kushner, Blanche Assistant State Public Defender
Doherty, Charlotte District Attorney, Lafayette County	Liedtke, Mary Assistant State Public Defender
Dorl, Catherine First Assistant, State Public Defender	Reed, Tom First Assistant, State Public Defender
Dunphy, Donald District Attorney, Lincoln County	Ricciardi, Rhoda Assistant State Public Defender
Garvey McNeil, Kathleen Garvey McNeil & Associates	Troy, Joseph Habush Habush & Rottier
Heimerman, Ken District Attorney, Marathon County	Zabawa, Barbara Whyte Hirschboeck Dudek

LAW ENFORCEMENT**Dryden, Terry**

Sheriff, Washburn County

Flynn, Edward

Chief of Police, Milwaukee

Gehl, Tom

Jail Administrator, Rock County

Graves, David

Sheriff, Walworth County

Jadin, John

Jail Division Director, Brown County

Kondracki, Ed

Chief of Police, La Crosse

Mahoney, David

Sheriff, Dane County

Morrissey, John

Chief of Police, Kenosha

Schmitz, Mike

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Spoden, Robert

Sheriff, Rock County

Whealon, Edward

Chief of Police, Shawano

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Taycheedah Correctional Institution

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Wisconsin Dept. of Health Services

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Doctor, Wisconsin Dept. of Corrections

Ordinans, Marty

Wisconsin Dept. of Corrections

Rolli, Molli

Doctor, Wisconsin Dept. of Corrections

Speech, Thomas

Doctor, Wisconsin Resource Center

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Wisconsin Office of Justice Assistance

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Van Van Rybroek, Greg

Mendota Mental Health Institute

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Krahn, Dean

Doctor, William S. Middleton Mem. Veterans Hospital

Leabman, Sylvan

Jewish Family Services

Mode Eastham, Catherine

Froedtert Community Health

Schooler, Steven

Porchlight, Inc.

Stanford, Matthew

Wisconsin Hospital Association

Topinka, Ralph

Mercy Health

Van Roy, Mary

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Justice 2000

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Dunn County Diversion Court Mental Health Counselor

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Wisconsin Counties Association

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La Crosse Dept. of Human Services

Laux, Walter

Milwaukee County Dept. of Health & Human Servs.

Roetter, Kathy

Wood County Unified Services

Semb, Barbara

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Watson, Sarah

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Parisi, Joe

Representative, Wisconsin State Assembly

Pasch, Sandy

Representative, Wisconsin State Assembly

Pocan, Mark

Representative, Wisconsin State Assembly

Rohol, Susan

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Taylor, Lena

Senator, Wisconsin State Senate

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NAMI Fox Valley

Auerbach, Gail

NAMI Wisconsin

Kerschensteiner, Kristin

Disability Rights Wisconsin

Lowenberg, Jennifer

NAMI Wisconsin

Martinez, Ava

NAMI Dane County

CONSUMERS

Dunn, Heather

Consumer

Mason, Kristi

Consumer

Stapf, Donna

Consumer

CHIEF JUSTICE'S CRIMINAL JUSTICE MENTAL HEALTH TASK FORCE

APPENDIX A:

Sequential Intercept Model (PowerPoint presentation)

Sequential Intercept Model

Adapted by the Council of State Governments Justice Center from Dr. Henry Steadman's July 16, 2009, presentation *Planning & Implementing Effective Interventions*, available at: <http://consensusproject.org/bja-ta-training-event-july-2009/agenda-july-16-2009>

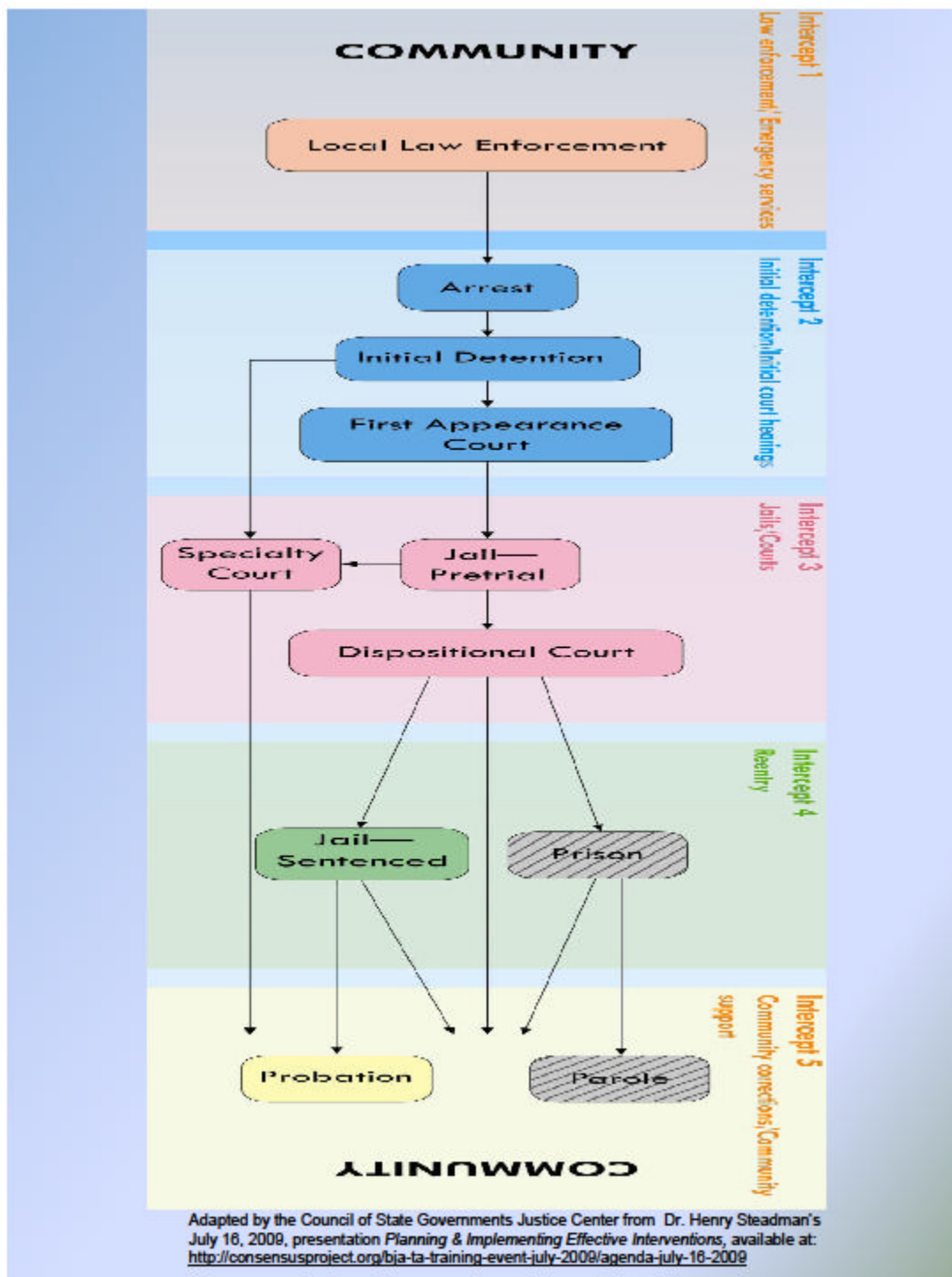
Sequential Intercept Model

Sequential: People move through the criminal justice system in predictable ways

Intercept: Examine this flow and look for ways to intercept persons with mental illness and often co-occurring disorders to ensure:

- Prompt access to treatment
- Opportunities for diversion
- Linkage to community resources

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Sequential Intercept Model

Five Key Points of Interception

1. Pre-arrest

Law enforcement / Emergency Services

2. Post-arrest

Initial detention / Initial hearings

3. Jails / Courts

4. Re-entry

5. Community

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Intercept 1

Law Enforcement / Emergency
Services



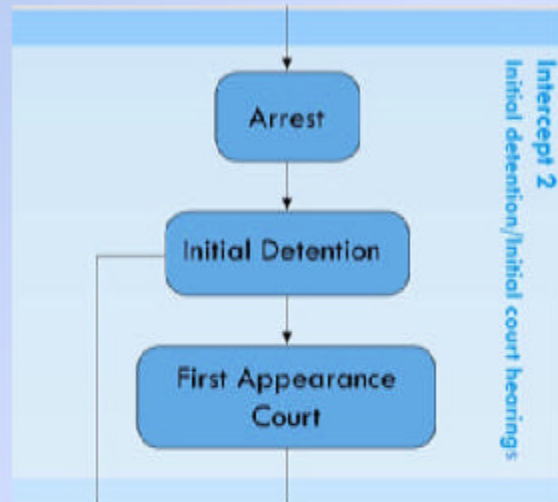
Examples of Intercept 1 interventions:

- **Crisis Intervention Teams (CIT)**
- **Other specialized police-based responses and trainings**
- **Collaboration with EMTs and/or other emergency services**
- **Mobile crisis teams**

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Intercept 2

Initial Detention / Initial Court
Hearings



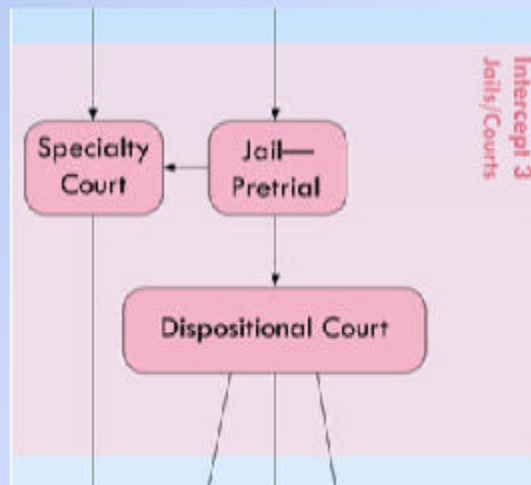
Examples of Intercept 2 interventions:

- **Identification, screening and assessment**
- **Pretrial diversion / diversion into specialty court programs**
- **Connection to community supports**

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Intercept 3

Jails / Courts



Examples of Intercept 3 interventions:

- Mental Health / co-occurring courts (or specialized dockets)
- Post-disposition discharge planning in jails
- Provision of mental health services to individuals in jails

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