



# Dane County

## Minutes - Final Unless Amended by Committee

### Criminal Justice Council - Behavioral Health Subcommittee

*Consider:*

*Who benefits? Who is burdened?*

*Who does not have a voice at the table?*

*How can policymakers mitigate unintended consequences?*

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Tuesday, September 17, 2019

1:30 PM

City-County Building, Room 351

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City-County Building, Room 351

#### A. Call To Order

*Others present included: Carrie Simon a subject matter expert from the Human Services Department, Galen Strebe from the District Attorney's Office*

*Staff present included: Colleen Clark-Bernhardt, Jerrett Jones, and Lindsay Menard*

**Chair Tessmann called the meeting to order at 1:33 pm**

**Chloe Moore attending for Troy Enger.**

**Jonathan Triggs attending for Sherriff Mahoney.**

**Julie Foley attending for DA Ozanne**

**Present** 8 - CATHERINE DORL, SUSAN CRAWFORD, JOHN DEJUNG, AARON CHAPIN, ANNA MOFFITT, SIGNE MBAINAI, SARAH SHIMKO, and SHAWN TESSMANN

**Excused** 3 - DAVE MAHONEY, ISMAEL OZANNE, and TROY ENGER

#### B. Consideration of Minutes

MINUTES OF THE AUGUST 16TH, 2019 CRIMINAL JUSTICE COUNCIL  
BEHAVIORAL HEALTH SUBCOMMITTEE

**Attachments:** [2019 MIN-218](#)

**A motion was made by MBAINAI, seconded by DEJUNG, that the minutes be approved. The motion carried by a voice vote.**

#### C. Action Items

#### D. Presentations

*Clark-Bernhardt & Jones facilitated a discussion on Intercept-0 (community) and Intercept-1 (law-enforcement).*

## Status update on the Sequential Intercept Model Report

*Clark-Bernhardt presented briefly on the SIM Report and reviewed Intercepts 0 and 1.  
See attachment to the meeting minutes for the PowerPoint presentation.*

### STATUS UPDATE ON THE SEQUENTIAL INTERCEPT MODEL REPORT

**Attachments:** [2019 PRES-064](#)  
[2019-PRES 064 PowerPoint Presentation](#)  
[2018 SIM Report](#)

## Intercept 0 (community); Intercept 1 (law enforcement) discussion

*Sub-committee members reviewed Intercept 0 and 1 resources and gaps from the 2018 SIM Report and a discussion regarding updates to the document occurred.*

### *Resources:*

- Recovery coaches
- Recovery to jail
- Embedded mental health worker (Sheriff's Office, MPD)
- Community Paramedics
- Update reference to 911 in document. Update to incorporate quality of calls and that phone calls are tracked accurately.
- CIP (Crisis Intervention Project) for dispatch and CIT for law enforcement officials will continue
- Journey Mental Health Mobile Crisis Unit is now 24/7
  - a. Discussion ensued regarding availability, use, and challenges
  - b. 1 FTE position in Sheriff's Office, 2 FTE positions in MPD
- Update language referencing Recovery Dane, actually referencing Recovery Coalition of Dane County
- Add Tellurian Care Center (detox center/facility, treatment readiness center---people want to enter treatment but need to withdraw first) and Dane County care center---focuses on diversion for emergency detention and inpatient care (Carrie Simon will send blurb for document).
- Journey's Bayside Center
- Diversion center acting as a step down
- Update to state Miramont Behavioral Health Facility will open in 2020, not 2019
- Madison Area Recovery Initiative (MARI) has been extended through September of 2020, includes recovery coaches and peer supports

### *Gaps:*

- Hard to capture all community resources and community-based providers; point to a resource guide to capture all services/the continuum of care
- The need for peer specialists has been partially addressed through Madison Area Urban Ministry (MUM) and re-entry
- Update 2017 to 2018 numbers. Simon stated she is not sure how this information is a gap?
- Create systems/opportunities to divert individuals from jail to other options if issue is mental health rather than substance use/criminal behavior. Need a structure to divert individuals with a mental health crisis from criminal justice system
- Lack of communication, need to communicate better across systems/departments/organizations
- Lack of communication within the law enforcement community. Multiple record systems across jurisdictions are a barrier. Ability to share information is a gap.
- Hard for law enforcement to get someone into the mental health system instead of booking them into the jail
- Lack of understanding of Chapter 51 process in community and with families and caregivers. Eliminate myth of needing to call law enforcement in order to get family members help.
- Use Chapter 51 as a mechanism for people that overdose on opioids to access treatment (3rd party petition) instead of charging as a felony
- Lack of psychiatric providers
- Lack of legal document that gives family permission to treat mental health crises prior to

*crisis*

- Mental Health Court/designee that sees mental health cases more frequently. Could provide more guidance to law enforcement for what cases judge wants to see/want to prosecute/more direction/more predictability*
- Ongoing accountability/check-in of person in front of judge (similar to a treatment court but individual may not have pending charges). Could reduce recidivism.*
- Find a way to measure efficacy of programs; do not have a baseline to measure starting point.*
- Lack of process when 911 receives calls for service*
- Mental health field/providers are not racially or ethnically diverse; difficult to provide culturally component services*
- Have to send youth outside of county for residential treatment; lack of treatment services for youth*
- Lack of respite care for adults/individuals; often people are sent to Winnebago as caregivers/respite providers cannot meet their needs*
- Lack of input regarding system from people with lived experience*

### Current focal points of concern

*In order to determine focal points of concern, staff will pull together all of gaps and survey sub-committee members before the next meeting in order to determine the top 5 areas of concern that will be further analyzed. Staff will get the survey out within next 2 weeks and will bring results back to the entire sub-committee at the October meeting. Staff will ask official designees to collect one official response.*

## E. Reports to Committee

## F. Future Meeting Items and Dates

*Next steps include:*

- 1. Prioritizing focal points of concern*
- 2. Clark-Berhnardt providing information on best/innovative practices*
- 3. Surveying external and internal stakeholders and community members about their lived experience with mental health diagnoses and the criminal justice system. Moffitt will finalize the questions developed and will work on surveying external stakeholders. Triggs will see if we can survey people in the jail and determine the logistics of such surveying.*

*Future agenda items include: Results of the top 5 focal point/prioritization survey. External and internal interview/survey feedback. Recap of national best practices/models and how they relate to the top priorities.*

*Jones will send out a doodle poll to schedule the next meeting.*

*Starting in November the sub-committee will be the 3rd Friday of each month at 12:00 pm. The November meeting will be on the 15th and the December meeting will be on the 20th. Staff will send out a standing outlook meeting request to sub-committee members.*

## G. Public Comment on Items not on the Agenda

*Jeanie Verschay registered in support of the work being done by the Criminal Justice Council Behavioral Health sub-committee and the crisis support available throughout the community.*

## H. Such Other Business as Allowed by Law

### I. Adjourn

A motion was made by MBAINAI, seconded by TRIGGS, that the meeting be adjourned. The motion carried by a voice vote.

The meeting adjourned at 3:07 pm.

*Minutes respectfully submitted by Lindsay Menard, pending sub-committee approval.*

Registration before the Criminal Justice Council-Behavioral Health  
Subcommittee on 9/17/19

Attachments: [2019 RPT-265](#)