



Milwaukee Community Justice Council

Working collaboratively to ensure a fair, efficient, and effective justice system that enhances public safety and quality of life in our community.

Programs and Interventions Meeting Minutes

Thursday August 7, 2014 at 12:15PM
Milwaukee County Courthouse Room 609

Present: Nick Sayner (JusticePoint), Kit Murphy McNally (Citizen Advocate), Mike Bare (Community Advocates), Judge Elleen Brostrom (Courts), Carmella DeLucia (CJC), Dawn Rablin (SPD), Vicki Lupo (JusticePoint), Paige Styler (SPD), Jeff Altenburg (DA), Michael O'Hear (Marquette Law School), Sara Carpenter (WCS), Joe Ellwanger (MICAH), Jose Hernandez (HOC)

I. Introductions

II. Updates / Early Interventions

- Paige Styler updated the group about the Early Intervention committee which encompasses many programs such as DTC, the Central Liaison Unit (CLU), and Treatment and Diversions (TAD). The maximum number of individuals the programs can accept are 180 DPA, 90 TAD, and 600 diversion slots. Right now there are 170 Diversions, and 67% of the CLU and DPA's are minorities.
- Paige noted that they are losing diversions through several things, for instance people coming in with new cases after they are accepted.
- Paige and Jeff emphasized how much this is all possible with the data collected.
- Demographics of the CLU is doing well because there is not a requirement for alcohol/drug issues. For TAD there is that requirement, so chronic addicts that are heroin/opiate addicted skew the data Caucasian.
- Several of the group members noted that we need to know who is coming into the jails and compare that data and also look at praxis and compare those who are ineligible for EI programs versus those who are eligible.
- There was a discussion about the provider network work group. Sara Carpenter noted that she spoke with Mimi who will be doing trainings for each of the providers.

III. Thoughts on Community Resources – Judge Brostrom

- Judge Brostrom thought about 5 months ago that the DTC was struggling; dealing with heroin, ect. There was an issue with the quality and availability of treatment; service providers (i.e. safe and sober housing, alcohol/drug treatment, trauma, mental health service providers).
- Brostrom went into treatment community to connect with people and set up meetings - looked for ASAM certified (6 certified in Milwaukee County). Met with Todd Campel(?) who runs The Bridge because they pulled out of working with the DTC.
- Met with Dr. Courter(?) and he did not choose to participate in this network because of the financial burden. So many justice-involved people don't show up, so economically they couldn't afford to do it. Then she had been working with Sue Gotditch(?) and got a TAP grant. One of them runs out in Sept. of 2015 and we're just competing with Dane county.
- Vast majority of the proposed budget of \$315,000 dollars would go to treatment providers. Much of this work would be in collaboration the BHD, Sue Doditch(?) would

- love to have a state funded employee who is a licensed certified addiction specialist that would be the director of clinical care, someone hired on to Ozaukee, Milwaukee, Waukesha, ect circuit courts.
- Brostrom's idea for this person would be helping with case management and primary lobbyist for treatment funding. Quality control and training opportunities for service provider community. All the EI programs could be more effective.
 - No state money in DTC, maybe TANIF, vast majority is county founded. Carl Carlson has some legislative committee that's looking at alternatives to incarceration and she will pitch this idea to the committee. One of things they said after 1.5 million to TAD is that the next allocation should go to service providers
 - Paige talked about how difficult it is to find sober housing for someone. Nashville's DTC is all in-house. They have a campus that has treatment providers, GED, vocational trainings, ect. Their treatment providers do not kick people out. Nashville's model is almost all state funded. Director of clinical care at the regional level.
 - Kit agreed to move this forward through P&I
 - Paige mentioned the EC should be pushing for this and the provider network should be pushed at the executive committee level. Kit mentioned she would be happy to bring this issue to the executive committee
 - Judge Brostrom mentioned trying to get a post-doc grant, a perfect place for someone who is interested and passionate for those interested in addiction and the CJS

IV. CJC findings, Marquette Poll – Michael O'Hear

- Moved to next meeting

V. ACA Issues – Mike Bare

- Before the ACA in 2012 almost no individual plans covered mental health and addiction treatment. Lots of those plans didn't cover much and you would pay premiums when you were actually sick nothing happened. Major question now: Will service providers respond to new benefits and will they train/hire providers to give these services that people need?
- 6 providers to 60 providers won't be a quick change. Marketplace went live may 1st and in WI 230,000 individuals were eligible for a plan. 140,000 enrolled and 91% of them fall in that category of them getting subsidies.
- This population are poorer trend more female and trend older than the typical population. The market is responding with more providers participating and more competition. That 140,000 number is roughly half of what was projected.
- BadgerCare: 18-64 with low income, those who were above were parents and caretakers of children, roughly 50,000 of them – 54% decline in parents and caretakers off of badgercare. Lost 38,000 of the 50,000 people who they were trying to sign up for healthcare. Their status is unknown, and by unknown that means uninsured.
- Comm. Advoc. want those who are touching the system to get enrolled in medical care. Four workgroups, including:
 - One workgroup County & HOC – also includes jail, at the HOC the major barrier is that those who are considered incarcerated cannot enroll in BC and can't apply to BC or state benefits. ACA requires that it is done at the end of 2015 and they will see if they can remove or go around that program. No-show date for inmates following release is very high.
 - 2nd workgroup is thinking about healthcare as a very intricate part of the CJS and meeting with judges. Also plans to meet with clerk of municipal court
 - Termination of coverage vs. suspension of coverage

- 3rd community corrections workgroup – those supervised in community – working on handouts and presenting materials to those who are on supervision. CHAP is exploring providing services at their offices once a week. A few people will try to go to their offices and ask how this can work
- Major questions are procedural roadblocks

VI. Adjourn

VII. Next Meeting Thursday, September 4th at 12:15PM in the Courthouse Room 609