



AGENDA

Eau Claire County
Criminal Justice Collaborating Council
Wednesday, August 18, 2021 at 7:00 a.m.
Virtual Meeting via Webex

Dial In: 415-655-0001 **Access Code:** 145 662 9711
**please remain muted when not speaking*

Meeting Link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m7dc95daa6b793d740560be0e9ed8dd4e>

Password: U2Je6iESpy8

For those wishing to make public comment, you must email Samantha Kraegenbrink at samantha.kraegenbrink@co.eau-claire.wi.us at least 30 minutes prior to the start of the meeting. You will be called on during public session.

1. Call Meeting to Order and Confirmation of Meeting Notice
2. Roll Call
3. Public Comment (3-minute limit per person)
4. Approval of Full Council Meeting Minutes – **Discussion/Action**
 - a. June 16, 2021
5. Election of Vice-Chair – **Discussion/Action**
6. Cross System Review: Dan Bresina – **Discussion**
7. Understanding the Budget – **Information**
8. CJCC Budget – **Discussion/Action**
9. Restorative Justice Agreement – **Information/Discussion**
10. Covid Update – **Information/Discussion**
 - a. Courts Opening
 - b. Construction Update
 - c. Jail Opening
11. 2022 Highlights from DHS by Diane Cable – **Information/Discussion**



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12. Fingerprint Room Update - **Information**
13. Set Agenda Items for future meetings – **Discussion/Action**
14. Adjourn

MINUTES

Eau Claire County
Criminal Justice Collaborating Council
Wednesday, June 16, 2021 at 7:00 a.m.
Virtual Meeting via Webex

Present: Connie Russell, Kathryn Schauf, Justin Patchin, Lieske Giese, Matt Rokus, Nick Smiar, LaRue Pierce, Dana Brown, Jenessa Stromberger, Laurie Osberg, Dana Smetana, Christie Knutson (for Susan Schaffer)

Others: Samantha Kraegenbrink, Jen Coyne, Tiana Glenna, Dan Bresina, Dana Swanstrom,

Supervisor Smiar called the meeting to order at 7:05 a.m. and confirmed meeting notice.

No members of the public were present or wished to make comment.

The Council reviewed the minutes from April 21, 2021. Motion by Administrator Schauf. Seconded by Dana Smetana. No deletions or corrections. Minutes approved as presented.

Tiana Glenna provided an update on community collaborations and interventions. Tiana also provided an update on jail screening.

Tiana Glenna provided an update on EBDM. Dan Bresina will present his report from group discussions at the next meeting of the full council. The team is working on mental health engagements and will plan to meet more frequently.

Tiana Glenna provided a brief update on jail procedure as they relate to warrant arrests. Warrants are not issued until there are 3 misses from a zoom meeting. Once the individual was at the jail, the jail would not admit into the jail and the officer was forced to issue a new date. Will request Judge Schumacher provide another update at a future meeting.

Christie Knutson from the Clerk of Courts provided an update to transition to in-person criminal court appearances. Judge Schumacher will provide an update at the next meeting.

Agencies and partners provided updates in their respective areas.

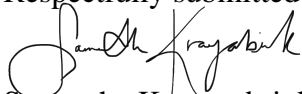
Tiana Glenna provided an update on the WCCA-REST data application (a platform used by Dana Swanstrom) to create complete and robust reports.

The following items are requested for a future meeting:

- a. Warrant Update – Judge Schumacher
- b. Transition to in-person court appearances
- c. Update on EBDM group from Dan Bresina
- d. Presentation from DHS.

The meeting was adjourned at 8:25 a.m.

Respectfully submitted by,



Samantha Kraegenbrink – Assistant to the County Administrator



Cross System Mental Health/ Substance Use Disorders Review

Dan Bresina

Criminal Justice Systems Coordinator

August 2021

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I was hired in Eau Claire County as a Criminal Justice Systems Coordinator with a focus on system enhancements related to mental health (MH) or substance abuse disorders (SUDS) for those who enter our criminal justice system. As part of this role, I reviewed Eau Claire Counties' criminal justice system and prepared a succinct report of observations and suggested enhancements for consideration of the Criminal Justice Collaborating Council (CJCC). The review is broken down into three categories to include System Successes, System Gaps, and a Conclusion. A few strategies to understand and review the process included the following:

1. A set of standard questions related to interactions and perspectives were asked of government and non-government professionals who either worked within the criminal justice system or connected to serving those with MH or SUDS matters. The goal was to create a list of common gaps derived from across the system.
2. Observed the process and received training on the use of the Pretrial Systems Assessment tool.
3. Observation of our intake court process.
4. Spoke to State and Local Legislative Representatives on upcoming initiatives.
5. Reviewed our current Stepping Up Initiative and processes.
6. Engaged in workgroups related to pre-trial and diversion efforts for those with MH and SUDS matters.
7. Received training on pre-trial and system approaches to include multiple learning events on successes of other jurisdictions on MH and SUDS systems.
8. Review of reports directly related to MH or SUDS or other community efforts and successful system changes.

The review is a continuation of the work Eau Claire County has engaged in over the last decade. The county has used an Evidenced Based Decision Making (EBDM) model to examine and review its' process. Eau Claire County is a recognized leader in the use of evidenced based practices and improvements across the criminal justice system. Initial success was found in the details and ongoing review of the system, collecting and analyzing the data, setting common goals, and employing a model of continuous learning and experimentation. This review moves the evidence-based work into the areas of MH and SUDS. Continued success requires a unified community response. The goal of this work is to apply appropriate trauma informed care and resources for those who intersect the criminal justice system while at the same time balancing community safety.

A common observation made across the system relates to individuals who are showing signs or patters of behaviors related to MH or SUDS who end up in the criminal justice system for many reasons which include:

- The individual does not fit statutory criteria to require intervention services.
- They do not voluntarily choose services.
- Many times, they are disassociated with family or other support mechanisms.
- They are experiencing homelessness.

- As a result of behaviors (many times repeated or ramped up behaviors) or risks they pose to the public they end up in the criminal justice system.

In certain scenarios we see these same individuals continually experiencing MH or SUDS issues within our community and in some occurrences ending up in the criminal justice system repeatedly either as youth or adults. There are many studies indicating individuals with MH end up incarcerated more frequently and for longer periods of time during their pre-trial status.

The 2021 CJCC strategic goals are centered on equity, inclusion and diversity, MH, and SUDS engagement. This report is the first step towards a cross-sectional government and community approach.

SYSTEM SUCCESSES: (NOT ALL INCLUSIVE)

Over the past decade Eau Claire County has been a leader in EBDM resulting in community or system enhancements to include the following:

1. Law enforcement receiving comprehensive critical incident training (CIT) both in patrol and in the jail.
2. Northwest Connections – mobile or phone service to include mobile triage services for law enforcement to review and determine mental health identified cases for potential chapter 51 or diversion.
3. Specialty Courts – Post conviction working with specific needs of individuals with MH or SUDS matters.
4. Community Transition Center working with pre-trial individuals enhancing avoidance of incarceration and increasing community safety.
5. Pre-Trial Risk Assessments Program utilizing a recognized tool to assist with release planning for pre-trial.
6. Proxy at Law Enforcement to determine risk and potential diversion from arrest and incarceration.
7. DHS jail social worker assisting with release planning and currently under reorganization to assist with pre-trial case management needs.
8. DHS Comprehensive Community Services (CCS) - CCS Comprehensive Community Services- is intended to assist individuals who need care outside of inpatient settings, but who may have ongoing needs that, if left unaddressed, could result in hospitalizations during times of crisis.
9. Restorative Justice, OWI Programs or Pre-Charge Diversion Program at the District Attorney's Office averages 300 individuals per year diverted in pre-charge status with over 90% success at avoiding new charges.
10. Systems Analyst – Data Dashboards utilized to assist decision makers on results or areas of need.

11. Stepping Up Initiative to work towards systems improvement for those with mental health needs.
12. Jail mental health services provided by WellPath and connections made to DHS enhancing MH services.
13. Partnership with 411/211 services for connection to community services.

SYSTEM GAPS:

As a result of talking to stakeholders across the system and asking the same set of questions around MH and SUDS a few common themes arose. These themes are listed below with suggested examples of improvement areas for consideration. These areas are further separated with local control and state control.

Local Control – the areas of improvement that can be accomplished with local government and local community partners to build capacity and resources.

- A. Gap - The County should identify ways to align MH or SUDS services with first responders (law enforcement, emergency responders, dispatch, and local hospitals) to build a real-time 24 hour service model.
 1. Co-Responder Models – Co-Responder Models should be reviewed and considered in our community and if approved a key component is the connection of data sharing and communication across the system. There are a few different successful models related to co-responder models or teams. One model includes a behavior health clinician co-responds to crisis calls with law enforcement. The goal is diversion services to remain a community option or civil option vs. criminal charges or incarceration.
 - a. The City Police Department has hired a MH co-responder and for this to be successful city/county needs to be directly connected as though they are one service provider.
 - b. Dispatch – Training and potentially embedding crisis workers inside or screening calls jointly with dispatch. This would enhance upfront services and provides the potential for alternatives to incarceration.
 - c. A review of services provided by Northwest connection should be considered with the potential to enhance those services as a common link to the co-responder and services in the community or at the county.
- B. Gap - Divert to What? – There are no options for diverting individuals other than jail or hospitals. If individuals don't fit criteria under the current laws, there is no ready solution for

services. Specialized Crisis Facilities with a variation of services intended to assist law enforcement, families, and those being released from civil or criminal custody with crisis stabilization is an essential need.

1. A key component of success is systems mapping with all government and community resources. These facilities can be jointly financed between city/county/private entities and should be community based.
 2. Partnerships are crucial for success. No one organization is equipped or able to deal with the issues alone. A community approach is critical.
 3. Receiving Centers, Living Rooms, Crisis Clinics, Crisis Residential Centers are a few outlined in many communities' key resources.
 4. Post Crisis Centers – wrap around services to ensure that individuals are successfully linked to long-term treatment and avoid reutilization of crisis and other acute services should be enhanced.
 5. The county is in a unique position with the recent CARES dollars to potentially build or lease infrastructure for MH services as described above.
 - a. Additional funding should be considered to sustain infrastructure and services with reallocating of current funding, if possible, new funding with a special county tax, state funding, or community collaboration.
 6. Establishing a Peer Support Program to assist those navigating the system be more connected to community.
- C. Gap - Enhancing MH and SUDS services within the jail should be considered.
1. System wide assessment tool conducted by non-jail staff to identify the needs of inmates and services should be considered within a short period of time of booking.
 2. Consideration of a specific pod/block for both male/females individuals to work on stabilization needs with additional services provided for stabilization of individuals prior to release. Direct services would need to be provided for this to be successful.
 3. Pre-Trial case manager(s) to work across the judicial system with the goal to release from custody if stabilized and appropriate in pre-trial. The case managers should be connected to specialty courts or other services like the city police departments new position of co-responder. This is a missed opportunity.

- a. It will be important for system players such as probation, department of human services, district attorney, law enforcement, courts, and community providers work together to make this successful.
4. Probation should consider having an agent imbedded in the jail to work directly with the system when identified clients either currently on probation or newly placed on probation who have MH or SUDS assessed to react more rapidly to needs of clients and work more connected to the system.
- D. Gap - Specialty Courts or programs pre-trial vs. post-conviction should be considered for those screened and identified as having mental health or SUDS matters. (Screening and who conducts the services will be a key component)
1. The program should include all pre-trial individuals vs. just those who are incarcerated. This will require reimagining how we entwine services throughout the system.
 2. Screening without services will not allow success for individuals. Enhancements of screening assessments for MH or SUDS should be considered as part of the decision for pre-trial release similar to PROXY (risk assessment conducted by law enforcement) and our current Pre-Trial system.
- E. Gap - Utilize our current data across all systems to identify the familiar faces population and proactively reach out to those individuals with a goal to understand their needs, build trust, and connect services vs. waiting for those individuals to be introduced into the criminal justice system.
1. We know who the familiar faces population of the system are and a pro-active approach utilizing case managers or peer support programs to connect with individuals might prevent future criminal justice system connections and build trust with those individuals with a goal of accepting services. This includes case managers making connections if someone is incarcerated to start building trust for those connection upon release to the community.
- F. Gap - Housing Stability is a basic need to be safe and have a roof over a person's head. This is a critical component before individuals can work on other needs in their lives. This will require a community-wide collaborative approach to housing. Steps to bring partners together in a common vision/shared approach is needed.
1. Re-Thinking County and community services will be important to make affordable housing or transitional housing a reality. We must figure out a way to connect MH and SUDS services with transitional housing.

- a. One area to consider is the current utilization of the Midway House and how this might be a good resource for transitional housing for those being released from the jail who fit certain criteria.
- G. Gap - Data Sharing under the Health Insurance Portability Act and Accountability Act often prevents law enforcement, co-responder teams, dispatch, or the jail the knowledge that an individual is or has received services preventing a possible alternative care solution. Internal systems data sharing is limited and prevents overall continuity of care for an individual's needs. We should be able to share information if someone is incarcerated and has had services provided at DHS or local clinics/hospitals.
1. Create a Memo of Understanding (MOU) amongst systems to help facility information sharing and understanding of individual's needs.
 2. Consideration of a pre-trial case manager(s) to help facilitate information sharing and connection to services. The case managers should be imbedded in pre-trial services.
- H. Gap – Stakeholder collaboration or engagement. Silos remain within the Eau Claire County System.
1. Intercept mapping should be considered to help facilitate both government and private entities to come together as partners to work on and enhance our MH and SUDS systems in our community.
 2. Medical providers (hospitals/clinics) are a key stakeholder and need to be at the table to talk about community system approaches. In communities that are having successes one of the main ingredients are local hospitals engaging and assisting local government with MH and SUDS needs in a direct partnership.
 3. Community Support and interaction will need further expansion for community-based services to be accomplished and funded.

Recap Local System Gaps:

- MH and SUDS services focus shifted to upfront services and provided 24/7/365
- Joint City/County Co-Responder model
- Multi services facility with step down options
- MH provider screening all bookings within 24 hours
- Specialty courts and screening done for all pre-trial individuals
- Data collection and sharing critical for continuity of services
- Housing key for stabilization

- Community stakeholder engagement with local hospitals or advocacy groups critical

State Control – Change in this area will need connection with state elected officials and personnel.

A. Gap - Civil Commitment and Mental Health Laws need updating. The Laws were written many years ago and should be reviewed to include earlier interventions and alternative crisis stabilization responses. In our state civil commitment statutes require that an individual's risk of harm to self or other be "imminent" creating many times a situation to decompensate to dangerousness causing conditions for a volatile encounter with families, law enforcement or the public.

Protection of rights need to remain; however, a review of the MH system should be considered to help when appropriate prevent criminalizing MH needs.

1. It is recommended a CJCC Subcommittee comprised of Corporation Counsel, DHS, and the criminal justice systems coordinator (other members as deemed appropriate) meet with local representatives around these topics. Representative Jesse James has agreed to be a member and has been an active advocate for MH and SUDS enhancements.

B. Gap – Medicaid funding should be reviewed for possible expansion of services. The State of WI is currently reviewing MH and SUDS services to include how Medicaid is administered.

1. Continuity of care is lost when services are stopped once someone is incarcerated. It is key to fund services for those in County Jails (not prisons) as many times the individual will not voluntarily seek services if they do not have healthcare or the ability to pay for those services.
 - a. In our jail over 50% of individuals booked into the jail are released within 48 hours. If we are to achieve continuity of care, we must continue services during incarceration.
 - b. We need to commit (funding or no funding) additional connection services in our jail for those with MH or SUDS issues.
2. It is recommended a CJCC Subcommittee comprised of Corporation Counsel, DHS, and the criminal justice systems coordinator (other members as deemed appropriate) meet with local representatives around these topics. Representative Jesse James has agreed to be a member and has been an active advocate for MH and SUDS enhancements.

C. Gap Medicare – most private health care plans provide little or zero coverage for crisis services.

Recap State System Gaps:

- Civil Commitment and Mental Health Law need review and update to today's needs
- Medicaid law need to include those incarcerated at local jails receive funding for services
- Medicare laws need to provide additional services for MH and SUDS

CONCLUSION

It was a pleasure talking to internal and external systems stakeholders and gaining understanding and perspective on this important topic. It is clear a common goal is to work towards enhancing services for our community to include assisting individuals and families, law enforcement, enhancing services in our jail, and avoiding criminalizing those with MH or SUDS needs.

Consideration of the following items should be reviewed at the CJCC Committee:

- A. Leaders across the criminal justice systems and community should consider how their agency is interacting with the rest of the system and how improvement can be made to better enhance services (regardless of how it has always been done or barriers to why it cannot be done) to work towards the goal of decriminalizing citizens with MH or SUDS matters.
 1. Revitalize the counties systems map to include expanding this work to community systems such as area hospitals or advocacy groups for enhancing the entire system. The system map should be reviewed annually to ensure relevance to continued system enhancements.
 2. Dedicated biannual meetings (day long retreats) are essential of key system decision makers to talk about goals, system maps, data, and setting decision points to keep our system moving forward.
 - a. Review of strategic plan to ensure it aligns with current goals. <https://www.co.eau-claire.wi.us/home/showpublisheddocument/7746/635814462315230000>
- B. Review the gaps included in this report, select the top two or three and assign the work to standing committees such as the stepping up committee to review and make recommendations to enhance our system. Once these selections are accomplished a secondary review for reassessment of needs is necessary ensuring we continue moving forward.
- C. Re-educate system players on the goals and framework of Evidence Based Decision Making Principals and Concepts. With turnover of key stakeholders, it appears the unity or understanding of the system goals have been diminished and need to be revitalized. Unity and an understanding of common goals are key to success.

1. Training current key stakeholders is a critical first step and should be considered a priority.
 2. Updating key stakeholder commitment agreements to Evidence Based Decision Making policies should be considered.
 3. New staff training should be considered an essential element to avoid repeating pitfalls as described above.
- D. Continue to enhance data collection and sharing to better understand the goals and outcomes across the system.
1. In the world of data, we often get bogged down in collecting data for the sake of collecting data. A key area is to identify what data is important and how it will be identified, measured, and utilized to make system updates. It is recommended a review of what is being collected and why is done to potentially clean up dashboards and keep data relevant.
- E. Criminal Justice Collaborating Council Meeting attendance is critical by all key stakeholders to share updates or areas of successes or concerns. Members must hold each other accountable if other members are observed missing multiple meetings.

If there are questions or additional information you would like to see in future reports, please feel free to reach out to me at dan.bresina@co.eau-claire.wi.us

Respectfully Submitted - Dan Bresina, Criminal Justice Systems Coordinator

2021 Eau Claire County CJCC Goals

EQUITY, INCLUSION AND DIVERSITY

Develop a methodology for viewing how current practices and processes are examined with an equity lens.

Question: What ways can the CJCC make this a priority; and develop a strategy for shared dialog and learning?

Suggestions from the CJCC

Create an advisory group under the CJCC through the EBDM team

Include persons with lived experience, community group or lead or other

Stakeholder group with diverse backgrounds

Data collection – Dashboard that is currently being assembled will be reviewed

System mapping

MENTAL HEALTH ENGAGEMENT

Implementation of Law Enforcement diversion – early intervention options

Police Department use of co-responder.

Gaining ground

Jail screening

Question: What is your vision for law enforcement diversion for those with mental health or who are chronic callers?

Identify needs and support law enforcement responses to mental health and AODA with a comprehensive community system approach. The goal, when appropriate, is to shift our system to a medical based model vs. a criminal system model.

Resource guides and suggested reading Includes the following:

National Association of State Mental Health Program Directors [Welcome | National Association of State Mental Health Program Directors \(nasmhpd.org\)](#)

Effective Crisis Care for Homeless <https://www.nasmhpd.org/sites/default/files/2020paper2.pdf>

Legal Issues in Crisis Services [Legal Issues in Crisis Services \(nasmhpd.org\)](#)

Diverse Populations in Crisis Settings [Crisis Services: Addressing Unique Needs of Diverse Populations \(nasmhpd.org\)](#)

Crisis Services and Law Enforcement [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies \(nasmhpd.org\)](#)

Stakeholder Initial Meeting Questions

I was recently hired by Eau Claire County in the role of Criminal Justice Systems Coordinator (CJSC). The initial goal is to meet with criminal justice system and community key stakeholders specifically to talk about how your area of work directly relates to mental health/AODA and the effect of that work on our community and pre-trial criminal justice system. Upon completion of the meetings, I will provide an outline of commonalities and potential gaps to the Criminal Justice Collaborating Council for consideration and next steps to enhance our mental health/AODA pre-trial approach.

I am requesting a meeting either in-person or via Webex to talk about your perspectives as it relates to mental health/AODA matters specific to pre-trial factors. The meeting will be conducted on Tuesdays or Wednesdays and I anticipate the meeting lasting 60 minutes or longer based on the conversation details. I am hopeful to wrap up the meetings in a 90-day period, so I ask that you provide a few dates/times when you and/or your designee/team are available. I can be reached at this e-mail dan.bresina@co.eau-claire.wi.us or phone 715-839-6979.

A few topics of discussion include:

1. What is your general understanding of the Criminal Justice Collaborating Council (CJCC)?
2. What do you feel should be the goal related to mental health/AODA and pre-trial to best serve the individual yet balance public safety?
3. What are some methods your agency is utilizing to fund your mental health/AODA pre-trial work?
4. What funding gaps does your agency identify (if any) for mental health/AODA pre-trial services?
5. What if anything could help your agency related to mental health/AODA with individuals who are connected to or potentially connected to the justice system (Law Enforcement, District Attorney referrals, Department of Human Services ((specialty courts)), incarcerated etcetera) for CJCC to consider or focus on?
 - a. Example: What are the key areas you feel need to be enhanced to effectively keep those with mental health/AODA needs away from incarceration yet balance community safety?
6. What do you feel are areas your agency has recently focused on that are aiding in your responses to mental health/AODA issues across the criminal justice system or in the community?
7. What do you feel are areas your agency could increase focus on that would aid in your responses to mental health/AODA issues specific to pre-trial or avoiding incarceration?
8. What community or government partners do you currently collaborate with and share examples of how this is working?
9. What community or government partners do you feel should be engaged to assist with collaborating for mental health/AODA services?
10. What data do you collect and how could this data be helpful to the CJCC, Community Partners, and others to help provide direction to enhancing our work around pre-trial and mental health/AODA?
11. One idea to help bridge the gap for those individuals who are in contact with the criminal justice system is to have a cross partner case manager or team. The case manager/team would monitor referrals or those in custody who met a specific criterion to help engaged in the communications with the criminal justice system partners with a common goal to assist these identified individuals safely and effectively with resources. This approach is to divert or release those incarcerated into the community.
 - a. What do you feel will need to be accomplished to meet this goal?
12. If you are aware of another jurisdiction who you believe is doing cross governmental/community work related to pre-trial or avoidance of incarceration of mental health/AODA provide those details or connection points.
13. Other topics you feel are pertinent to this discussion.

Thank you for your time and consideration of this important topic ~ Dan Bresina CJSC

Stakeholder Meeting List

- Eau Claire County District Attorney's Office
- Eau Claire City/County Dispatch Center
- Eau Claire County Human Services
- Department Of Corrections – Probation and Parole
- Eau Claire County Jail Mental Health Services
- Individual with lived experience
- Eau Claire County Law Enforcement (Patrol/Jail)
- Eau Claire County Corporation Council
- WI Public Defenders Office (Eau Claire)
- Local Hospital Representatives
- Eau Claire County Court System
- Community Resource Provider (Mental Health)

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