CALL TO ORDER
Tim Gruenke called the meeting to order at 7:32 a.m.

APPROVAL OF JUNE 20, 2018 MINUTES OF THE CRIMINAL JUSTICE MANAGEMENT COUNCIL
MOTION by Burke/Gonzalez to approve the June 20, 2018 minutes of the Criminal Justice Management Council. Motion carried unanimously; Helgeson, Strieble, Young excused.

PUBLIC COMMENT: There was no public comment.

STATUS REPORTS:

Sheriff’s Department – numbers are holding steady; they have a sergeant who is retiring after 20+ years.

Human Services – Jason Witt recognized their staff as they supported each other at the Juvenile Detention Facility last week when they had attacks on staff. He also appreciates the support our system (law enforcement, DA’s office, etc) has shown to those staff.

Jason also reported that, along with the La Crosse School District, law enforcement, Boys & Girls Club, to name a few, received a Coulee Collaboration Award that will allow their coalition to expand the work of the La Crosse Area Family Collaborative and Neighborhood Social Workers into the Hintgen School and have an office in the Huber home.

County Board – they are working on resolutions on referenda questions for the fall election regarding marijuana and transportation funding. The County Board will be voting Thursday on these resolutions.

JAIL MENTAL HEALTH OVERVIEW
Steve Anderson and Sam Seefeld were present to discuss the Jail Mental Health Overview. Last year, there were 5700 bookings, 2361 (over 40%) of them had to be placed on medical watch due to an overdose (mainly meth and heroine). Because of mental health issues that go along with this, it is very difficult. Last year, there were 200 threats and attempts at suicide. Sam presented the following

Trauma informed care –
- Trauma – includes physical, sexual and institutional abuse, neglect, inter-generational trauma, and disasters that induce powerlessness, fear, hopelessness, and a constant state of alert, often resulting in recurring feelings of shame, guilt, rage, isolation and disconnection
- Adverse childhood experience (ACE) questionnaire
- Attachment theory
The way we interact and experience the world
- Developed between the child and caregiver
- Developed over time
- Basis of trust
- Trauma often affects that sense of security necessary to navigate the world
- The most traumatic experience often include betrayal by a trusted person or institution.
- Someone who has been beaten as a child expects that they are going to be beaten.
- Traumatic events can shatter an individual’s sense of safety and trust
- An essential component of being trauma informed is to understand these behaviors not as character flaws or symptoms of mental illness, but as strategies or behavioral adaptations developed to cope with the physical and emotional impact of past trauma

Reactions to Traumatic Stress
- Loss of trust in others
- No sense of personal safety
- Altered neural pathways
  - Physical changes to the brain structure
- Unable to adapt to changing situations
- Under or no development of skills necessary to cope
  - They may have the knowledge of the skills and unable to use them
- No sense of self
- Hopelessness

Challenges in correctional field
Physical Environment
- Initially designed to house perpetrators
- Shackles
- Lights on all night in certain situations
- Limited privacy
- Strip searches
- Restricted movements
- Discipline

Psychological/Emotional
- Both males and females may under-report sexual violence and symptoms of sexual trauma, either because they do not consider them to be out of the ordinary
- Do not want to be perceived as “weak”
- They may not want to tell on a family member

Users Perspective
- Multiple ways to be involved in mental health services
  - Individual, group, medications, relapse prevention, supportive contact
- Voluntary Services – unless in a crisis

Referral Sources
- Police officer/sheriff deputies
- Intake screening
- Jailer referral – triitary
- Nurse referral – secondary
- Self-referral – primary
  - Kiosk
- Community Referral
  - Case manager/family/attorney
Process of services

- Mental health evaluation
  - Based on severity of need
    - Life threatening concerns
      - Suicide/self-harm
    - Symptoms
      - SPMI (psychosis, bipolar) takes priority
      - May get collateral from jail staff/nursing staff
    - Quality of life
      - Providing an accurate diagnosis than previously
  - Records request

Two primary routes of services

1. Medications
   - Phone consults with on call providers given an established history
     - If there is an established history of treatment
   - Weekly consults with primary care doctor
     - Established history with prolonged absence of medications
     - No history of seeking treatment

2. Psychotherapy route
   - Seen in order referral made unless life threatening behaviors exist
   - Referral to individual or group therapies
   - Groups – masters level therapists
     - Coping skills
     - AODA Group
     - Dual diagnosis

General Treatment Directions

- Most treatments work in connection with medications and psychotherapy
- Providing framework to continue services

Medication Management

- Corrective care solutions (CCS) primary care doctor – weekly
  - On call provider
- Psychiatrist twice a month
- Coordinating with La Crosse County Human Services and other external providers

Medically assisted treatment

- Able to continue medically assisted treatment
- Pregnant females are continued on medically assisted treatment
- Few are approved to provide medically assisted treatment
- New program – process of starting

Medically assisted treatment struggles

- High regulation to prescribing
- Regulations on medications and it’s availability
- Methadone
- High abuse potential
- High cost to Vivatrol injections

Non-traditional solutions

- Very few jails have full time therapists
- Integration with ISRS (Crisis, CCS, Outpatient Clinic)
- Integration with JSS (Second Chance Grant/Fresh Start)
• Integration with Winona State University and Viterbo University to work with providing counseling interns
• Coordinating with JDC therapist to continue providing services
• Coordinating with Chaplin about services and/or supports
• Narcan being available in the jail

**Stabilizing in the Jail**
• Voluntary service (not everyone wants to stabilize)
• Restarting medication
• Detoxing
  • Medical
  • Non-medical
• Focus on developing skills and transitioning service if returning to the community

**Crisis vs. mental health**
• Personality Disorders
• Serious and Persistent mental illness

**INFORMATIONAL/MISCELLANEOUS:**
• Tim Gruenke reported that the Citizen Prosecution Academy is going well so far; he has held 2 of the 3 sessions
• The Rebuilding for Learning Summit is scheduled for October 29th at the La Crosse Center. The theme is Trauma Informed Care.
• Troy Harcey introduced his new team member at the School District, Christy Arentz.
• Monica Kruse is involved with “Lighthouse” which is a peer respite establishment that provides jail alternatives. They have achieved 501C status and are now in the active fundraising stage. Their target is people in overdose situations.
• Coulee Council has started offering peer support for people with opiate overdoses where they will send a peer into ER with the person.
• Teen Challenge has come to La Crosse; it is a faith based drug addiction treatment facility; they are also a 501C. Theirs is a one year program for opioid addiction.
• Araysa Simpson was introduced as the new Public Defender rep on the CJMC

**FUTURE AGENDA ITEMS:**
• Discussion regarding lack of community resources concerning mental health issues

**ADJOURN:** Chair Tim Gruenke adjourned the meeting at 8:23 a.m.

**APPROVED August 15, 2018 - Recorded by Terri Pavlic**