

CRIMINAL JUSTICE COORDINATING COUNCIL

Minutes – January 15, 2015

Call to Order. Vice Chair Nelson called the meeting of the Criminal Justice Coordinating Council to order at 3:07 P.M. in the Courthouse Conference Center on the second floor of the Rock County Courthouse-East.

Committee Members Present: Eric Nelson, Supervisor Sandra Kraft, Amanda Galaviz (alt. for Lance Horozewski), William Rankin, Charmian Klyve, Heath Bierman (alt. for Charles Jones), John Olsen (for Chief David Moore), Perry Folts (for David O'Leary)-then David O'Leary at 3:12 pm, and Troy Enger.

Committee Members Absent: Max Arriaga, Judge Daley, Regina Dunkin, Steve Howland, Lorenzo Henderson, Angela Moore, Sheriff Spoden, and Marv Wopat.

Staff Members Present: Elizabeth Pohlman McQuillen, Criminal Justice System Planner/Analyst and Kate Flanagan, Mental Health/AODA Division Manager.

Others Present: Supervisor Billy Bob Grahn; Neil Deupree; Ethel Below; Lynda Owens, Yes; and Sarah Johnson, Janesville Mobilizing for Change.

Approval of Agenda. Ms. Klyve moved approval of the agenda, second by Mr. Rankin. ADOPTED.

Approval of Minutes of October 16, 2014. Supervisor Kraft moved approval of the minutes, second by Ms. Klyve. ADOPTED.

Election of CJCC Chair and Vice Chair. Chair Nelson turned the meeting over to Ms. Pohlman McQuillen. She asked for nominations for CJCC Chair. Supervisor Kraft nominated Mr. Nelson. Second by Ms. Klyve. Mr. Nelson accepted the nomination. No other nominations were put forth so Ms. Pohlman McQuillen closed the nominations and asked for a vote on Mr. Nelson as CJCC Chair. The vote was unanimous to elect Mr. Nelson Chair.

Chair Nelson asked for nominations for Vice Chair. Supervisor Kraft nominated Mr. Horozewski. Second by Ms. Klyve. Ms. Pohlman McQuillen said Mr. Horozewski said he would accept the nomination if it was made in his absence. No other nominations were put forth. The nominations were closed. The vote was unanimous to elect Mr. Horozewski Vice Chair.

Discussion regarding Collaboration with the Behavioral Health Redesign Steering Committee on Heroin Issue. Chair Nelson turned the discussion over to Ms. Flanagan. She passed out two handouts. She said there are a lot of parallel processes to coordinate efforts and improve the outcomes with regard to heroin and she has been tasked by the BHRSC, to see if the CJCC wants to collaborate on an effort related to heroin. She said other communities have engaged in summits and taskforces. Mr. Rankin said Medicated Assisted treatment needs to be part of the conversation. Mr. O'Leary asked Ms. Flanagan to keep the CJCC posted on townhall and other such meetings. Mr. Nelson said attorneys often know if heroin is an issue at the outset of their case, but it takes so long to get to disposition/intervention. He said Drug Court may be appropriate for some people, but not for low risk individuals. He asked if there was a way to fast track people into treatment court. Mr. O'Leary said this is something that would be looked at through EBDM.

Ms. Klyve asked about drop boxes and a larger education model. Ms. Johnson said prevention coalitions have been doing Good Drugs Gone Bad across the county to educate. She also said that a change in DEA ruled have closed several drop boxes and others are in jeopardy of being closed. She said the money for incinerating the drugs has dried up.

Mr. O'Leary said medical professionals also need to be educated. He added that the new Attorney General has made heroin a priority and he will keep the group apprised of what is going on at the state level. Mr. O'Leary asked Ms. Flanagan for a specific recommendation as to what to do at the county level. Ms. Flanagan asked the group if they would be willing to participate in something specific and partner with the BHRSC. Unanimously the CJCC answered "yes." She said she'd go to the prevention coalitions for a specific recommendation. Ms. Johnson said successful initiative go beyond the summit and people come out of the summit with an action plan.

Chair Nelson said the CJCC is eager to be a part of a heroin initiative.

Update on Evidence-Based Practice Decision Making Initiative. Chair Nelson said there is a EBDM site visit next week. Mr. O'Leary said NIC will be in Madison to talk to the state level committee Tuesday afternoon and the local sites on Wednesday of next week. He said a group from Wisconsin went to Colorado in November for EBDM training and he felt Wisconsin was further ahead than the other states and in a good position to be chosen for the EBDM statewide initiative. Supervisor Kraft asked Ms. Pohlman McQuillen to keep the CJCC informed if/when a decision or additional information is released.

Discussion Regarding Law Enforcement Concerns. None.

Consideration of Future Areas for CJCC Focus/Action. Chair Nelson said items for future agendas were presented at this meeting, including heroin and EBDM. Mr. Rankin asked for data and evaluation information from the county's treatment courts to be discussed at a future meeting.

Citizen Participation and Announcements. None.

Future Meeting Date: Thursday, February 19, 2015, 3:00 P.M., Courthouse Conference Center, 2nd Floor Courthouse East

Adjournment. The meeting adjourned at 3:59 p.m. by acclamation.

Respectfully submitted,

Elizabeth Pohlman McQuillen
Criminal Justice System Planner/Analyst

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

GOAL: Coordinated County Wide Response to Heroin and Prescription Drug Abuse

Resources and Current Activities

- WI SCAODA Report provides guidelines for intervention across “5 Pillars” : Prevention, Treatment, Harm Reduction, Law Enforcement, Employers”
- Examples from other counties of Heroin Task Forces, Heroin Summits, Strategic Plans
- BHRSC AODA Steering Committee meets regularly and includes treatment providers and other stakeholders working to take steps per the WI SCAODA report. Includes a Prevention focused Subgroup.
- RCHSD Contract with JM4C to lead a coordinated county wide effort
 - Community based Town Hall Meetings underway
 - National Prescription Drug Abuse Conference scheduled for 4/2015 involving Prevention, Treatment, Physician and Law Enforcement partners from Rock County.

Needs

- Clearly articulated vision of what a coordinated response will look like: What do we want to see in 2015?
- Data
- Next Step?



Summary of Recommendations

Recommended in:	Recommendation	Related Pillars:				
		P	HR	LE	T	WP
Prevention Pillar	Recommendation 1: Increase community awareness and substance abuse prevention messaging in order to reduce substance abuse and the stigma of SUDs.	✓	✓	✓	✓	✓
	Recommendation 2: Substantially increase funding to support substance abuse prevention coalitions and their activities to reduce substance abuse in the community.	✓				
	Recommendation 3: Provide opportunities to support youth participation in activities that reduce risk and enhance protection.	✓	✓	✓		
	Recommendation 4: Implement recommendations from the SCAODA <i>Reducing Wisconsin's Prescription Drug Abuse: A Call to Action Report</i> in order to reduce access to prescription medications for non-medical use.	✓	✓	✓		✓
	Recommendation 5: Recruit employers, local government agencies, medical centers and non-profits to participate in substance abuse prevention and intervention activities.	✓	✓	✓		✓
	Recommendation 6: Promote safe and healthy neighborhoods.	✓		✓		✓
	Recommendation 7: Endorse policies to reduce substance abuse and related harms.	✓	✓	✓	✓	✓
Harm Reduction Pillar	Recommendation 8: Harm reduction programs, including syringe exchange, should be widely available and accessible.		✓			
	Recommendation 9: Testing for HCV and HIV should be available in outreach settings that are frequented by people who inject drugs (PWIDs).		✓	✓	✓	
	Recommendation 10: Increase and expand fatal opioid overdose prevention training and establish protocols for facilities that house or serve individuals with opioid overdose risk.	✓	✓	✓	✓	✓
	Recommendation 11: Procure funding for training on naloxone administration, including co-prescriptions of naloxone for any script written for an opioid.	✓	✓	✓	✓	
	Recommendation 12: Raise public awareness regarding 2013 Wisconsin 911 Good Samaritan Legislation (Wisconsin Act 194).	✓	✓	✓		
	Recommendation 13: Enhance awareness of heroin use by parents and caregivers, its impact on children and the need for child-focused assistance and support.	✓	✓		✓	✓
	Recommendation 14: Develop safety plans for children that are adult or child implemented.		✓			
	Recommendation 15: Provide targeted prevention and treatment services for pregnant women to protect the health of the unborn child or drug-affected newborn.	✓	✓		✓	
	Recommendation 16: Expand the number of specialized courts in Wisconsin to create Family Drug Treatment Courts to better address the needs of children whose parents or caregivers are arrested for substance-related offenses.	✓	✓	✓	✓	
Law Enforcement Pillar	Recommendation 17: Reduce barriers to prevent overdose.	✓	✓	✓	✓	
	Recommendation 18: Develop a system to allow the surrender of heroin and drug paraphernalia to law enforcement without risk of legal ramifications.	✓	✓	✓		



Summary of Recommendations

Recommended in:	Recommendation	Related Pillars:				
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	Recommendation 19: Establish a task force to examine the feasibility of sending blood samples for OWI cases to the State Crime Lab vs. the State Lab of Hygiene.			✓		
	Recommendation 20: Increase Drug Recognition Expert (DRE) and Advanced Roadside Impairment Detection Education (ARIDE) statewide.		✓	✓		
	Recommendation 21: Expand Drug Endangered Children (DEC) programs in every county and tribe in the state.		✓	✓		
	Recommendation 22: Provide basic training on substance abuse for all persons working in the criminal justice system to increase knowledge and awareness of SUDs.	✓		✓		✓
	Recommendation 23: Engage the Department of Corrections (DOC) to ensure a system for providing interventions to incarcerated persons who have SUDs (specifically heroin).		✓	✓	✓	
	Recommendation 24: Increase the number, funding and reach of Wisconsin drug courts.		✓	✓	✓	
Treatment Pillar	Recommendation 25: Establish in-patient stabilization centers/facilities throughout Wisconsin to allow patients time to detox as well as coordinate follow-up services such as continuing treatment options, stabilized housing or community recovery support.				✓	
	Recommendation 26: Provide treatment for persons while incarcerated.			✓	✓	
	Recommendation 27: Provide accessible Medication Assisted Treatment (MAT) throughout Wisconsin for all populations through multiple service providers and delivery systems.				✓	
	Recommendation 28: Provide accessible Non-MAT throughout Wisconsin for all populations through multiple service providers and delivery systems.				✓	
	Recommendation 29: Establish adolescent treatment options throughout the state.				✓	
	Recommendation 30: Provide positive proactive supportive services for pregnant women and people with SUDs with dependent children.	✓	✓	✓	✓	✓
Workplace Pillar	Recommendation 31: Establish a clear written workplace drug policy.					✓
	Recommendation 32: Employers should provide employee education and prevention resources.	✓				✓
	Recommendation 33: Provide supervisors training in how to identify, confront and report drug use.	✓				✓
	Recommendation 34: Provide or expand assistance for employees who are misusing or abusing drugs.				✓	✓
	Recommendation 35: Workplaces should establish consistent drug testing policies.					✓
	Recommendation 36: Workplaces should consider hiring policies that do not discriminate against past drug use or criminal history.				✓	✓

P = Prevention, HR = Harm Reduction, LE = Law Enforcement, T = Treatment, WP = Workplace.