

**PROCEEDINGS OF THE BROWN COUNTY
CRIMINAL JUSTICE COORDINATING BOARD**

Pursuant to Section 19.84 Wisconsin Statutes, a regular meeting of the Brown County Criminal Justice Coordinating Board was held on Wednesday, May 29, 2013 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

Present: Chair Judge Walsh, Sheriff Gossage, Brent Miller, Pat Evans, Larry Malcomson, Tom Molitor, Jason Beck, Judge Zuidmulder, David Lasee, Jeremy Kral
Citizen Reps: Tim Mc Nulty

1. **Call Meeting to Order.**

The meeting was called to order by Judge Walsh at 8:00 a.m.

2. **Approve/Modify Agenda.**

Motion made by Pat Evans, seconded by David Lasee to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

3. **Approve/Modify Minutes of November 27, 2012.**

Motion made by Pat Evans, seconded by Jason Beck to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

4. **Mental Health Court (Judge Zuidmulder).**

Judge Zuidmulder thanked the group for putting him on the agenda. He wanted to bring everyone up to date about last fall's Human Services meeting where he was challenged by one of the County Board members in regards to the Mental Health Court. Zuidmulder shared he had set up a working group including District Attorneys, representatives from the Department of Corrections, Human Services, Public Defender's office, and law enforcement. What this group is likely to roll out is a proposal that will address the non-violent offenders who already have a healthcare provider connection. This population was chosen because Zuidmulder's working group figured they could manage this from a fiscal point. What they are doing is administering and tracking. The community has people who have serious mental health issues who are treated at the crisis center or community treatment center, and sometimes they end up at the jail, where the Sheriff and others don't know what to do with them. Zuidmulder went on to share that many times in these cases you hear that the offender went off their medications, or that they thought they didn't need them anymore. The Mental Health Court will be able to connect with the health care provider to figure out what went wrong with the offender, and then the structure within the judicial system will run a report every Friday with the offender to ask such questions as: have you seen your health care provider, are you taking all your meds, have you had any law violations, are there any problems, etc.

Zuidmulder continued that over the period of time in the Mental Health Court program they can stabilize the offenders, and likely there will be a recycling population, and once they are out of the structure, they are hoping they last a while, and if not, they will be back. But the fiscal benefit to law enforcement and the community treatment center will be substantial. Zuidmulder explained he and the district attorneys determined that identifying this population was the most fiscally responsible thing to do, otherwise there is no idea what the budgetary cost would be.

Another item Zuidmulder mentioned was that he received calls from Marinette and Oconto about whether or not they would like to establish a Drug Court, or align with the County's Drug

Court. He wanted to assure that if those areas wanted to be involved that Brown County carries no cost. These areas are probably too small to set infrastructure to maintain a Drug Court, and their numbers would be small, maybe around 2-5. If they are willing to set aside an amount of money to compensate for the County's cost, then Zuidmulder could have more to share in the future with the board.

The number is currently unknown as to how many offenders fall into this population. It was shared that nationally, there are 70-80% in the criminal system with either alcohol, drug, mental, or dual diagnoses. It is Zuidmulder's experience that a lot of these offenders are faced with cases like disorderly conduct, criminal trespass, and burglary; many offenses that could be prevented if mental health was looked at.

Zuidmulder concluded that he would like to see a triage system to create efficiency to have one group to look and determine which court would best fit an offender.

Motion made by Pat Evans, seconded by David Lasee to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

5. **Presentation on issue of Heroin in our community.**

A presentation on heroin was given by Tom Molitor. It was shared with this group that a small grant from the Justice Department is in the process of being written. This project is called *Heroin Response Initiative* (HRI); a creation of a setup made up of community responses to openly list multiple disciplinary perspectives to reduce the harm of prescription and heroin for the users and the community. The project was focused on Brown County; however the framework and implementation can be replicated anywhere.

HRI started in December 2012. Several groups including schools, businesses, state coalitions, health care professionals, government agency, law enforcement, judicial systems, treatment professionals, corrections, politicians all met on two occasions. This was quite a problem from the law enforcement perspective, because the group was very large and difficult to organize and in an effort to assert organization, they created a steering group. This group met on several occasion and decided on a four pillars approach as a frame work for attack. The original group plans to reassemble on June 20, 2013 at NWTC to work under the appropriate pillar to create measurable action plans. The focus in these strategies is to reduce the number of new users and help current ones recover. The four pillars are **Prevention, Treatment, Enforcement, and Reduction.**

Prevention will cover education, employment planning, housing, and goals including delaying substance abuse among youth, reduction of poverty and history of addiction in family. This pillar requires a great amount of commitment and collaboration from the HRI. Long term prevention has the largest impact on reducing harm from substance abuse.

Enforcement is to restrict the supply of illegal substances; targeting areas, persons and organizations responsible for importation of the substances including restricting the supply of diverted prescriptions by working with pharmacies and prescribers. The enforcement strategy should recognize to funnel users to voluntary and involuntary addiction treatment. They should recognize that policing should take an integrated approach including prevention, harm reduction, and treatment.

Treatment services rank from a philosophy of full abstinence, to focusing on managing the use towards the goal of abstinence. Examples of treatment include residential withdrawal, management, outpatient treatment, substitution therapy, maintenance therapy and counseling.

Treatments will seek to create a continuing care by recognizing different drugs patterns and have guided strategies. Treatment services may include core services at community health services, withdrawal management, residential or nonresidential services, incarcerated services.

Reduction's goal is to reduce harm to the individual, and reduce the sale and use of the illegal substance. There will be focus on the harm caused by the problematic substance use, and there will be focus to not harm the individual affected by the substance addiction. Reduction strategies are proven to reduce harm to individuals and community in Canada and Europe.

Under each of these four pillars, there are a group of professionals who are going to come up with ideas and action plans to fulfill the requirements and respond to harm reduction, law enforcement, treatment, and courts.

There are about 80 people on this group, and on the steering committee, there are about 12. It's predicted there will be a large group meeting at NWTC on June 20, 2013. The steering group and subgroups will meet and approach the pillars they are forming. The goal is that by September there will be a plan to roll out and present to the County Board and City Leadership.

Molitor continued that the statistics say 85% of people involved in heroin started off abusing prescription hydrocodone, vicodin and oxytocin. When supplies dry up for these prescription abusers, it is cheaper, and an easier high for individuals to use heroin. Treatment is essential for heroin users if the goal is to see the cycle broken. The ages range in users of heroin, but it is showing up more in younger ages presently, as young as high school. It may be safe to say that heroin is the number one choice of drug use for the high school pool.

Shared were a few stories, news and sources of where and how heroin is supplied. The drug can be obtained by parents, house burglaries, open house events, parties, shop lifting, traveling to other cities for supply (less expensive), street dealers and in a case, even an elderly couple selling.

Motion made by Pat Evans, seconded by Jason Beck to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

6. **Discussion of action plan on the issue of Heroin.**

Coordination of the programs is something that needs discussion and planning which is the key to most of the problems. It was agreed by the group that a triage system is important to implement this project.

Motion made by Pat Evans, seconded by Jason Beck to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

7. **Adjourn.**

Motion made by Pat Evans, seconded by Brent Miller to adjourn at 8:50 a.m. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

Blaire Xiong
Transcriptionist