

2015

Jail & Jail Alternatives Committee

Complete Minutes

**Jail and Jail Alternatives Meeting**  
**Winona County Criminal Justice Coordinating Council**  
**January 22, 2015**  
**Noon at Kensington Banquet Room**

Present: Kalene Engel, Justin Green, Judy Gilow (via Skype), Karen Bunkowski, Don Cratchy, Latrisha Green, Carmaine Sturino, Amy Moe

- **Call to order:** 12:05 p.m.
- **Welcome and Introductions:** Welcome to Donald Cratchy who is the new Clinical Supervisor at Riverfront, Inc.
- **Approval of Minutes from last meeting:** Approved without changes.
- **CARE Update:** CARE just completed its first month of operation under the new grant. It is a time of transition as the new mental health and chemical dependency screening tool is being implemented. There are currently 27 clients in various categories (clients, candidates, referrals). The Policy & Procedure Manual will need to be reviewed and updated, and Latrisha would like input from this committee, which is the advisory group for CARE. Kalene will forward the committee list to Latrisha and she will coordinate a meeting.
- **Transitional Housing Update:** Latrisha and Kalene updated the Transitional Housing white paper presented at the January 10, 2015 Elected Official's Forum. Despite the reforms taking place, there is still a housing gap for individuals exiting jails/prisons who have no natural supports, no current income and are not GRH-eligible. The GRH reforms, which were largely precipitated by a lawsuit, did not change the eligibility standards for GRH. Others at the forum spoke about the need for housing for the ordinarily homeless population. There are no easy solutions.
- **Healthcare Coverage for Incarcerated Individuals:** In the process of drafting a white paper on healthcare coverage for incarcerated individuals for the Elected Officials Forum, Justin and Kalene determined that there were really too many unanswered questions to take a stand on the issue.
  - **Issue:** Federal law prohibits an inmate from using Medicaid funds to pay for care. States can use state dollars to pay for inmate health services. The definition of "incarceration" is different for Medicaid and non-Medicaid. Under Medicaid, anyone residing in a correctional facility is considered incarcerated, regardless of status as convicted, awaiting disposition, etc. whereas for non-Medicaid coverage, a person is considered incarcerated only if convicted of a crime and serving a sentence. Approximately 25% of the Winona County Jail population are convicted individuals who are serving a sentence.
  - **Issue:** People who are out on release are not considered incarcerated under either federal or state law and are NOT excluded from coverage under Medicaid or non-Medicaid health insurance programs. Winona County does not have a formal pretrial release program. The County Board cut anticipated funding for the program from its 2015 budget.
  - **Issue:** Given the fact that a large percentage of the inmate population has either mental health or chemical dependency issues (or both) it is important to make sure they have insurance so that once they leave the jail (either on pre-trial release or after serving a sentence) they have continuity of care. Current law allows incarcerated individuals to submit applications to

MNSURE no sooner than 45 days prior to their release date, with the earliest coverage date being the date of release. It is often difficult to determine the release date of Winona County inmates, since only a small percentage of them are actually serving a sentence. Those who are in jail awaiting disposition are sometimes released shortly after the disposition because they have already served enough time to fulfill their sentence.

- Issue: Other jurisdictions, such as Hennepin and Ramsey County, have established procedures and contracted with outside vendors (Portico) who provide MNSURE navigators who come into the jail and assist inmates with applications and follow-up. These applications, according to MN DHS, must be filed on paper and accompanied by a Discharge Form showing the release date. By mapping the process that is being followed in Winona County to assist inmates with applications, we can determine whether any improvements can be made. It does not appear as though there are any MNSURE navigators in this area.
- Issue: Despite the efforts of Jail and Community Services staff to develop a process to streamline jail “furloughs for treatment,” problems still exist. Clients who have private insurance to pay for treatment are expected to contact their health insurance to arrange for coverage. Unfortunately, if they are housed at certain jail facilities outside of Winona, they are not given access to a phone for this purpose.
- Issue: Minnesota Statute Sec. 641.15, subd. 2 provides maximum caps on what the County Board should pay for medical services rendered to an inmate. Is this being done?
- Issue: For those inmates who qualify for insurance despite their incarceration, can Advanced Correctional Healthcare (the in-jail contracted health care provider) bill their insurance for medical services provided?

After much discussion, it was agreed that the best place to start was to assemble a workgroup to map out the current process being followed to enroll/re-enroll inmates in health coverage following incarceration. The workgroup should include representatives from Jail, ACH, probation, Community Services, County Board, CARE/Drug Court and anyone else who is interested.

- **Pretrial Services Program:** The committee agreed to put further discussion of this item on hold at this time, pending funding.
- **Mental Health Resources:** More and more concerns have been raised by justice system partners about the need for better interventions for mentally ill persons who come into contact with the criminal justice system. This includes both people who have committed an offense and those whose behavior prompts a call to law enforcement. Because of gaps in services, the jail is often used as a de facto mental health facility. The 2013 Community Health Needs Assessment identified mental health services as one of the top three priorities to be addressed in 2014-2016. A task force was created to address this issue, but several of the people involved are no longer employed in their former capacities, so the task force has not been active. Judy Gilow has agreed to organize a workgroup to identify issues, resources and solutions. Don and Karen agreed to serve on the workgroup. Other suggested workgroup members include Ron Ganrude, Steve Buswell, Karin Sonneman, representatives from local mental health providers including Winona Health and others who may be interested in joining the discussion.
- **Next Meeting:** February 26, 2015 at noon at the Kensington.

Adjourned: 1:15 p.m.

# Cam Systems Price Sheet

## SCRAM

\$70 Hookup

\$10 Per Day Monitoring with Landline

\$11.50 Per Day Monitoring with Cellular Modem

## Electronic Monitoring Release

\$70 Hookup

\$8 Per Day Active GPS Monitoring

\$7 Per Day Passive GPS Monitoring

## Soberlink Alcohol Monitoring

\$70 Hookup

\$7 Per Day Monitoring

\$13 Per Day with Active GPS Tracking

## Pharmcem Drug Patch

First Month \$130

All Continuous Months \$120

**All of these options it is required 2 weeks monitoring plus the hookup fee upfront and a debit or credit card to be used for automatic withdraw on weekly payments**



# GRH & MSA Update

## Updates and happenings in Group Residential Housing and Minnesota Supplemental Aid Shelter Needy

February 2015

[GRH & MSA Update archive](#)

### Reform proposal legislation overview webinar

On February 17, the Corporation for Supportive Housing (CSH) hosted a webinar with an overview of the Housing and Supportive Services for People with Disabilities (GRH/MSA Shelter Needy Reform) Legislative Proposal. Almost 200 people attended the webinar, which included a ½ hour presentation and 45 minutes of question and answer. If you missed it, find the taped webinar and slides [here](#).

### Frequently asked questions

Watch this section for answers to questions the community often asks about the Housing and Supportive Services for People with Disabilities (GRH/MSA Shelter Needy Reform) bill. The below answers are based on proposed changes, and the bill is subject to change throughout the legislative process.

**Where can I find the actual bill?** The House version is House File 850, and Senate version is Senate File 825. The portions on GRH and MSA Shelter Needy are in Sections 6-7, 9, and 12-34 (as of February 24, 2015). Find all bills and statutes on the [Minnesota State Legislature website](#).

**What minimum staff qualifications would this proposal set for GRH providers?** Qualifications would depend on the license held by the GRH provider, and the responsibilities of the staff members. Most staff would complete background studies, just like staff of other DHS-funded services, and some staff would also need to meet additional qualifications.

- Background studies: Providers would be able to initiate background studies July 1, 2016, and all required staff would have to pass background studies by July 1, 2017. Providers would pay no more than \$20 for each study.
- Additional qualifications would be required only for staff and employees of providers with licenses other than only a "board and lodging" license. These would be required by July 1, 2016, and they include:
  - The skills and knowledge acquired through **one of these**:
    - a course of study in a health or human services-related field leading to a bachelor of arts, bachelor of science or associate's degree, or
    - one year of experience with the target population served, or
    - experience as a certified mental health peer specialist, or
    - meeting the requirements for unlicensed personnel under a Home Care license
  - Plus **all of these**:
    - Current Minnesota driver's license if transporting participants
    - Mandated reporter training
    - GRH orientation training (offered by the Department of Human Services)

Staff roles	Background study	Additional qualifications
Staff and employees of providers with licenses other than only a "board and lodging" license	Yes, unless completed for another license	No
Managing and controlling individuals		
Volunteers and employees with unsupervised access to participants, their personal property or their private data		

Volunteers and employees with direct contact with participants

Yes

**Who are the qualified professionals, and what would they do?** The same qualified professionals who can verify disabling conditions for Minnesota Family Investment Program (MFIP), General Assistance (GA) and Chemical Dependency Treatment (Rule 31) would also be able to verify disabling conditions (for people not receiving SSI or SSDI) and certify a person's need for services for GRH eligibility, and authorize GRH Services.

Disabling condition	Professional
Developmental disabilities	Licensed psychologist, certified school psychologist, certified psychometrist under supervision of a licensed psychologist
Learning disabilities	Licensed professional, school psychologist
Mental illnesses	Psychiatric registered nurse, clinical social worker, licensed professional clinical counselor (LPCC), licensed psychologist, licensed psychiatrist, marriage and family therapist
Physical illnesses, injuries or incapacities	Licensed physician, physician's assistant, nurse practitioner, certified nurse midwife or licensed chiropractor
Chemical dependencies	Treatment director, alcohol and drug counselor supervisor, alcohol and drug counselor
All	Physician, and additional entities approved by a county or tribe's director of human services

**What's a habitability inspection?** Habitability standards are developed by the Department of Housing and Urban Development, and an example can be found [here](#). DHS would post these standards on the DHS website before implementation.

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## Keep yourself informed

Find archived Updates with information about the Housing and Supportive Services for People with Disabilities proposal [here](#). Watch future Updates for more details on the proposal, and answers to frequently asked questions. Questions or comments? Email the [reform team](#).

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**Jail and Jail Alternatives Meeting**  
**Winona County Criminal Justice Coordinating Council**  
**March 27, 2015**  
**Noon at Kensington Banquet Room**

Present: Justin Green, Latrisha Green, Kalene Engel, Ben Klinger, Karen Bunkowski, Carmaine Sturino, Erin Stephens

- Call to Order: 12:07 p.m.
- Approval of Minutes: Minutes of the previous meeting were approved without changes.
- CARE Staff and Team Updates: CARE is currently providing case management services to 31 clients. Latrisha has been meeting with Ben Klinger, Jail Program Coordinator, about how to better provide services to CARE clients. The first CARE evaluation meeting was held yesterday and participants exchanged some good ideas about how to streamline the process. The group is looking at using technology to assist with data collection and to free Latrisha's time to provide direct client services. The end of the second quarter is on March 31<sup>st</sup>; Latrisha is working on the quarterly reports.
- Grant Opportunities:
  - **American Job Centers Grant (AJC):** At the last CJCC meeting, Gerry Krage referenced a grant that the Workforce Center was reviewing which would provide funding for in jail employment services. The Rochester Workforce Center is preparing a grant application for a regional (11 county) program to provide these services. They have requested letters of commitment from Winona County Administration and the Jail. Kalene and Karin Sonneman are helping to facilitate the signing and delivery of these letters.
  - **Residential Substance Abuse Treatment (RSAT) Grant:** The Minnesota Office of Justice Programs has a no-match, \$36,000 grant available to fund substance abuse programs in the jail. Previously, the jail had a dual diagnoses program operated by Wenden Recovery. When Wenden left Winona, the program ended. However, Common Ground is planning to hold group CD treatment sessions in the jail. This grant could provide funding to expand that program to include individual services. In order to be eligible to apply, a letter of intent must be submitted to the OJP by April 1<sup>st</sup>. The purpose of the letter is to let the OJP know how many applicants are interested in applying and to ensure that the interested applicants get a copy of the actual Request for Proposals (RFP). The committee feels that it is appropriate to submit the letter of intent and review the RFP requirements to determine whether it is appropriate to submit an application. Karin will follow up with County Administration. Note: it was later discovered that only one grant will be awarded. A consensus developed that writing a letter of intent was not a good use of scarce time and resources.
  - **Remote Alcohol Monitoring Grant (REAM) Grant:** The MN Department of Corrections is offering a no-match, up to \$120,000/year grant for a Remote Alcohol Monitoring System to monitor DWI offenders. The DWI offenders must have been court-ordered to abstain from alcohol use as a condition of pretrial

release, supervised release or probation. Kalene is waiting for data from the County Attorney's Office to determine whether the number of qualified offenders justifies the preparation of a grant proposal.

- **BJA Justice and Mental Health Collaboration Program:** The Bureau of Justice Assistance is offering funding for proposals which increase access to treatment services for offenders with mental illness, chemical dependence or both. One category of funding is for a planning process to conduct a comprehensive evaluation of the system and identify strategies to reduce the prevalence of individuals with mental disorders in local jails. A 20% match is required, but can be cash or in-kind. Given recent feedback at CJCC-related meetings about the high number of mentally ill people in the jail, the committee feels that this could be a worthwhile effort. However, with other grant proposals in the works, it is unclear whether there will be sufficient time to write this proposal, assuming the County Board does not object to doing so. Kalene will discuss with Karin.
- Transitional Housing: Latrisha has begun discussions with interested persons the possibility of sober housing opportunities in Winona. She intends to tap into the local landlord's association. Justin noted that there are also people in Winona looking into housing—likely scattered site housing—for abused/homeless women and children.
- Inmate Health Insurance: The workgroup held its first meeting on March 23, 2015 and discussed current processes and practices regarding: (1) finding out whether an inmate has health insurance; (2) removing them from Medicaid and Minnesota Care due to incarceration; and (3) getting them back onto health insurance post-incarceration. The group will continue this discussion and search for possible solutions at the workgroup meeting which will be held immediately after the conclusion of this meeting.
- Next Meeting: April 23, 2015 at noon at the Kensington
- Adjournment: 1:00 p.m.

**Jail and Jail Alternatives Meeting**  
**Winona County Criminal Justice Coordinating Council**  
**April 23, 2015**  
**Noon at Kensington Banquet Room**

Present: Latrisha Green, Kalene Engel, Ben Klinger, Karen Bunkowski, Judy Gilow, Mattea Schmitz, Eric Spagenski, Amy Moe

- Call to Order: 12:03 p.m.
- Approval of Minutes: Minutes of the previous meeting were approved without changes.
- In-Jail CD Treatment Program: Mattea Schmitz and Eric Spagenski from Common Ground were present to discuss and answer questions about the new in-jail CD Program (Gateway Program). They originally gave a presentation on the program at the April 1<sup>st</sup> CJCC Meeting and were asked to attend the JJA Meeting to provide additional information. They provided the following information about the program:
  - Groups will be held in the library and will likely be 9 hours per week (3 sessions x 3 hours) as opposed to the original plan of 6 hours per week.
  - Participants can be sentenced or not sentenced and can be assessed at any level of outpatient (from 30 to 111 hours).
  - They can also be assessed at needing the in jail program (which is equivalent to inpatient) and there is specific wording that evaluators can include on the Rule 25 for that purposes. Because the program is specific to the jail, the program can be recommended by name.
  - If participants do not complete treatment by the time of release, they can transfer to an outpatient facility to complete their treatment. This is true for those who were originally assessed at an inpatient equivalent level of care, provided that their reassessment shows that their risk level has been reduced to an outpatient level.
  - Discussion has been had on making the program and MI/CD program; however, the biggest roadblock is that the patient's insurance gets cut off in jail and CCDTF will not fund the MI component. However, Gateway does provide MI education and referrals.
  - The curriculum used was developed by the Minnesota Department of Corrections and Hazeldon.
  - The CD provider will also help with discharge plans and will work closely with CARE and probation. Eric or another Common Ground representative will gladly serve on the CARE Team.
  - The State Fire Marshall inspection of the jail took place today; the department of Human Services inspection is tomorrow. They are hoping to get licensed within the next two weeks and, once licensed, can accept anyone with insurance. It will probably take another month to get Rule 25 funding approval.
- Furloughs for Treatment: Kalene is attempting to gather data on treatment furloughs. Winona County is one of very few counties (maybe the only one) who grant furloughs from jail for individuals to receive treatment. CJCC has spent much time on the subject of furloughs over the years. Although a specific Furlough Order was developed, it is not consistently used for furloughs and is not always clear as to whether the individual is

Released on Recognizance or is still under the custody of the jail. Aftercare can present problems, especially if the individual does not have health insurance in place to fund medications. Motivation for furloughs and transportation to/from facilities for court appearances also create problems.

- Transitional Housing: Common Ground is working with a realtor to find property in which to operate a halfway house of up to 16 beds for males. Five hours of treatment plus an individual session per week would be provided with payment from insurance. Future expansions would include a female halfway house. Initially Common Ground had intended to provide GRH (group residential housing), as the State (and nearby counties) consider chemically dependent individuals to be eligible for GRH housing. Because of this, in Olmsted County, transitional housing is plentiful. However, Winona County does not approve GRH for such individuals, so Common Ground opted to start a halfway house, as housing is a significant unmet need.
- CARE Staff and Team Updates: CARE recently completed the first part of its first process evaluation. This evaluation consisted of comparing the process set forth in the grant to the current process and best practices. Quarter 2 reporting has been submitted. Last quarter there were 32 active clients; of those, five were discharged as successful graduations, 2 were unsuccessful terminations and one was a death. Public Health Nurse Mary Bronk has served on the CARE Team since its inception and, although she is retiring soon, would like to remain on the team.
- Inmate Health Insurance: Following its last meeting, the workgroup developed a handout directed to inmates on the need to enroll/re-enroll in health insurance. This will be widely distributed by jail staff, ACH staff, CARE staff and any others who come in contact with the inmates in the hopes that it will prompt them to secure coverage when eligible to do so. CARE and Gateway staff will also work with re-entering inmates and counsel them on obtaining insurance.
- Mental Health Workgroup: Judy Gilow has been in contact with Alex Bradford, a technical assistance provider of the Mental Health Division of the Council of State Governments. Ms. Bradford has assembled information on how to address the mental health issues in the justice system, which she is sending to Judy. Once she receives the information, Judy will convene a meeting of the workgroup.
- Next Meeting: May 28, 2015 at noon at the Kensington
- Adjournment: 1:00 p.m.

**Jail & Jail Alternatives Committee**  
**Winona County Criminal Justice Coordinating Council**  
**May 28, 2015**  
**Noon at Kensington Banquet Room**

**Present:** Christi Wieczorek, Brian Goergen, Erin Stephens, Justin Green, Amy Moe, Karen Bunkowski, Amy Moe, Latrisha Green, Kalene Engel

**Call to Order:** 12:05 p.m.

**Approval of Minutes:** Minutes from the previous meeting were approved without changes.

**Group Residential Housing:** Christi Wieczorek and Brian Goergen from Community Services were present to discuss the process and qualifications for Group Residential Housing (GRH). In general, GRH is a state-funded program that pays for room and board costs for low-income elderly (over age 65) and adults with disabilities. In order to qualify for GRH, individuals must meet the qualifications for General Assistance (GA), and that's where the disability piece comes into play. An applicant must complete the Combined Application Form (available online at [www.applymn.dhs.mn.gov](http://www.applymn.dhs.mn.gov)). They must also have a qualified individual complete a Medical Opinion, attesting to their disability (see attached Medical Opinion form). Paper copies of the Combined Application Forms are available at the Community Services counter. The processing time is approximately 30 days; verification of income and assets is part of the process. Continuing qualification will require updated disability forms which are sent to the individual from the State. Although drug addiction or alcoholism can be a disabling condition, the question on the Medical Opinion Form phrases the question of disability in terms of whether the condition would still be disabling if the person were to stop the addictive behavior.

**In-Jail Treatment Program:** Via telephone, Eric Spagenski of Common Ground reported that they expect licensing approval within a week. However, once the license is approved, they need to obtain Rule 25 funding approval which will take another month. Thus, they anticipate being fully operational in the jail sometime in July.

**CARE Staff & Team Updates:** Latrisha anticipates that there will be approximately 30 active clients by the end of the quarter (June 30<sup>th</sup>). In addition to the active clients, there will be a number of referral only participants. Latrisha and Kalene have been looking at data management systems. Compas by Northpointe seemed like it would be a great solution; however, the webinar demo was underwhelming. The two most important things that Latrisha needs are a way to keep track of the data needed for the grant and a way to perform risk screening that is faster than the LSCMI. She has already started to speed the process up by combining the GAIN-SS screening with the initial screening. Discussion was had on the possibility of having jail staff assist with the screening and doing a video for inmates describing the program and screening. Kalene and Latrisha will be meeting soon to revise the Policies & Procedures Handbook consistent with the Process Evaluation Results. The CARE Team is now meeting twice a month.

**Mental Health Resources Workgroup:** The planning group met recently to discuss a strategy for organizing the workgroup. After developing a proposed strategy, the group listened to a

webinar overview of the Stepping Up Initiative that is supported by a number of national partners, including NaCo. Since both strategies were nearly identical, the planning group decided to move forward using the Stepping Up Initiative plan and strategies. The first strategy of the Stepping Up Initiative is to seek county support through a Resolution of the Board of Commissioners. The County Board will be asked to support the Resolution at its June 9<sup>th</sup> meeting. Thereafter, the first meeting of the workgroup will occur on June 11<sup>th</sup> at 12:30 p.m. at the County Board Room. Anyone who is interested in the topic is invited to attend.

**Adjourn:** 1:15 p.m.

**Next Meeting:** June 25, 2015 at noon at Kensington Banquet Room



Minnesota Department of **Human Services**

## Group Residential Housing

Group Residential Housing is a state-funded program that pays for room and board costs for low-income elderly and adults with disabilities living in some licensed or registered community-based settings. The program aims to reduce and prevent institutional residence or homelessness.

### How does it work?

- The Group Residential Housing rate is paid on behalf of program participants in more than 6,461 licensed or registered settings in Minnesota. About 4,538 of those are adult foster care homes. Other settings include boarding and lodging facilities, supervised living facilities, noncertified boarding care homes, housing with service establishments and other assisted living facilities.
- County human service agencies receive, assess and approve applications.
- Housing providers receive payments on behalf of eligible recipients. Funds are used to pay for rent, utilities, food, household supplies and other necessities to provide room and board to participants. Recipients may be required to pay a portion of their income directly to the housing provider.
- A Supplemental Service Rate can be paid in some settings if an individual is not eligible for home and community-based waiver services.

### Who is served?

- In fiscal year (FY) 2013, the Group Residential Housing program served a monthly average of 19,031 participants. Seniors accounted for 17 percent of all recipients.
- All Group Residential Housing recipients younger than 65 years old have conditions that limit their self-sufficiency, including a physical or mental health disability, visual impairment and chemical dependency.
- Recipients must meet a combination of eligibility requirements set by the Supplemental Security Income program or General Assistance program to qualify for assistance.

### What does it cost?

- The current Group Residential Housing Rate limit is \$876 per month. The average monthly payment per recipient is approximately \$570.
- The standard limit for the Supplemental Service rate is \$482.84 per month.
- A total of \$130 million was spent for Group Residential Housing in FY2013.

More information on Residential Housing Assistance and eligibility requirements can be obtained by contacting a local county social services department and by visiting the Minnesota Department of Human Services website, [mn.gov/dhs](http://mn.gov/dhs).

This information is available in accessible formats for individuals with disabilities by calling 651-431-4671 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.



# Request for Medical Opinion

**Date:**

**Case number:**

(Medical provider name, title, address, zip code)

**To:**

Worker name:

Agency name:

Agency address:

City, state, zip code:

Worker phone:

Fax:

**Medical Provider:** Please provide the information requested on the back of this form for the person listed below. This request does not represent an offer of payment on the part of the state or county agency. This authorization (see below) will end one year from the date it is signed. Return this form to the person and agency listed above. On the bottom half of this form is a signed authorization to release this information to the human service agency listed.

Person name:

Birth date:

Address:

Social Security number:

City/state/zip code:

Spouse or former name:

**Client:** We need to know what your medical provider thinks about your health to decide what programs can help you. We will send this form to the medical provider listed above and ask him/her to answer the questions on the back. If you want, you can get your own letter from the medical provider answering these questions. If you want to use this form, read and sign the "Authorization for Release of Information" section below.

If we do not get these medical facts about you, you may not get help.

## Authorization for Release of Information

**Giving Permission:** I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

**Consequences:** State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE	DATE	Original copy for agency Provide copy to client
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	

*Do NOT use this form for SMRT applications.*

**Over**

## Medical Opinion

**Do NOT use this form for SMRT applications**  
 (Mail or fax to agency address/fax number on first page)

**Medical provider:**

**Client:**

NAME
CLINIC

NAME	CASE NUMBER
DATE OF MOST RECENT EXAM	

Based on your knowledge of the patient or client, please respond to the following questions. A county worker will use your response to determine if this person is eligible for cash assistance, Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) or the Child Care Assistance Program (CCAP). It may also serve as a basis for referral to apply for a Social Security disability program or Supplemental Security Income (SSI).

Minnesota Statutes 13.03, subd. 3 allow clients access to private data recorded in their files. Be informed that upon request by the client or his/her representative, this agency is required by law to provide access to the information contained on this form.

1. Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Will the condition last:  Less than 30 days  Between 30-45 days  More than 45 days  Other: \_\_\_\_\_  
 a. If less than 30 days, how long do you expect the condition to last? \_\_\_\_\_  
 b. List any **temporary** physical or mental limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 c. List any **permanent** physical or mental limitations: \_\_\_\_\_  
 \_\_\_\_\_

3. Have you prescribed a treatment plan?  Yes  No  
 If yes, is patient following the treatment plan?  Yes  No  Unknown

4. When will the patient be able to perform employment? (Check one)  
 Patient can perform **any** employment now. hours per day? \_\_\_\_\_, or week? \_\_\_\_\_  
 Patient can perform **limited** employment now. hours per day? \_\_\_\_\_, or week? \_\_\_\_\_  
 Limitation(s): \_\_\_\_\_  
 Patient will be able to perform **any** employment starting (date) \_\_\_\_\_ .  
 hours per day? \_\_\_\_\_, or week? \_\_\_\_\_  
 Patient will be able to perform **limited** employment starting (date) \_\_\_\_\_ .  
 hours per day? \_\_\_\_\_, or week? \_\_\_\_\_  
 Limitation(s): \_\_\_\_\_  
 Patient **will not** be able to perform any employment in the foreseeable future.

5. Does the patient have: (Check all that apply)  
 Developmental disability?  Yes  No  Unknown  
 Mental illness?  Yes  No  Unknown  
 Learning disability?  Yes  No  Unknown  
 Chemical dependency?  Yes  No  Unknown

6. If the diagnosis is Drug Addiction and/or Alcoholism, would there still be a disabling condition if the person were to stop the addictive behavior?  Yes  No  Unknown

7. If female, is this person pregnant?  Yes  No  
 If yes, what is the date of conception? \_\_\_\_\_ Due date? \_\_\_\_\_

8. Comments: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE	TITLE	PHONE NUMBER	DATE
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**Jail & Jail Alternatives Committee**  
**Winona County Criminal Justice Coordinating Council**  
**June 30, 2015**  
**Noon at County Office Building**

**Present:** Erin Stephens, Justin Green, Amy Moe, Judy Gilow, Latrisha Green, Kalene Engel, Ben Klinger, Don Cratchy

**Call to Order:** 12:03 p.m.

**Approval of Minutes:** Minutes from the previous meeting were approved without changes.

**CARE Staff and Team Updates:** The CARE Process Evaluation is complete. The CARE Team actively participated in the evaluation, reviewing what was *supposed* to be done per the grant application, what was *actually* done and what changes *should* be done to improve the program. Several of the recommended changes have already been implemented. To speed up the qualification process, CARE will be switching to a new screening tool—the ORAS (Ohio Risk Assessment System). The ORAS and the GAIN-SS (which is the screening tool for co-occurring disorders) are both available electronically from Assessments.com. This will speed the screening process and also allow for instantaneous reports. Currently, there are 32 active clients, up from 24 active clients who started the quarter.

**Health Insurance for Inmates:** The one page “insurance reminder” sheet that was developed by the Health Insurance Workgroup is being distributed to jail inmates. Amy Moe reported that former inmates are securing health insurance more quickly than they had in the past. Furthermore, entering inmates are not kicked off their insurance as quickly as they had in the past.

**Stepping Up Workgroup:** The County Board passed the Stepping Up resolution on June 9, 2015. The first meeting of the workgroup was held June 11<sup>th</sup> and the second is scheduled to take place immediately after the JJA Committee Meeting. Several members of the workgroup will be participating in a Mental Health Roundtable with Senator Al Franken at the Winona History Center on July 2, 2015 from 1:45 – 2:45 p.m.

**Jail Programs:** Ben Klinger and Latrisha Green are spearheading an effort to expand the number and types of programs/classes that are available in the jail. Ben has been contacting other jails and doing research to find out what type of programming is being offered by others. Latrisha has inmate surveys and other programming documentation drafted. Offering sufficient jail programming would allow the jail to reclassify inmates to the Annex, provided that they have good behavior.

**In Jail Treatment Program:** The Common Ground “Gateway” Program will start in the Winona County Jail on July 16<sup>th</sup>.

**Group Residential Housing:** Kalene reported that there is a Group Residential Housing webinar available on the Department of Human Services website which discusses the reforms

made to GRH and how those will be implemented. The webinar can be accessed at through the following

link: [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_190087](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_190087)

Additionally, there is a new GRH Professional Statement of Need, which is used to identify those people who need GRH and what kind of supports they need. (See attached Group Residential Housing – Professional Statement of Need).

**Adjourn:** 12:30 p.m.

**Next Meeting:** July 23, 2015 at noon at Kensington Banquet Room



## Group Residential Housing - Professional Statement of Need

APPLICANT NAME:	MAXIS CASE NUMBER:	DATE OF BIRTH:
COUNTY:	FINANCIAL WORKER:	FINANCIAL WORKER FAX:
Statement of need is being used for the purpose of: <input type="checkbox"/> Establishing GA basis of eligibility <input type="checkbox"/> Authorizing GRH supplementary services (Rate 2)		

DHS needs to know that the above applicant:

- Has an illness or condition which limits their ability to work and provide self-support, and
- Needs assistance to access or maintain housing.

The county will use this statement of need to determine if the applicant is eligible to receive Group Residential Housing (GRH) benefits. It may also serve as a basis for a referral to apply for a Social Security disability program. This request does not represent an offer of payment on the part of the state or county agency.

**GRH Applicant:** Please complete the authorization for release of information.

<b>Authorization for release of information</b>	
I give permission for the Qualified Professional below to release the requested information to the county listed above. The county will use this information to determine my eligibility for Group Residential Housing. This authorization will end one year from the date I sign it.	
State and Federal privacy laws protect my records. I know:	
<ul style="list-style-type: none"> <li>• Why I am being asked to release this information</li> <li>• I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent</li> <li>• That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it</li> <li>• I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested</li> <li>• The person or agency who gets my information may be able to pass it on to others</li> <li>• If my information is passed on to others by DHS, it may no longer be protected by this authorization.</li> </ul>	
APPLICANT SIGNATURE:	DATE:

**GRH provider where applicant intends to reside:**

SERVICE PROVIDER/ORGANIZATION NAME:	CONTACT NAME:	
PHONE NUMBER:	EMAIL ADDRESS:	VENDOR NUMBER:

**When this form is complete, please get it to the financial worker listed above as soon as possible. GRH benefits cannot be approved until this form is received.**

**Qualified Professional:** Please review the definitions of a Qualified Professional prior to making any recommendation to ensure that you meet the “Qualified Professional” requirements for the GRH program. All information that you provide is subject to auditing by DHS.

<b>Indicate type of disabling condition. (Check one)</b>		
<b>X</b>	<b>Disabling condition</b>	<b>Allowable qualified professional</b>
<input type="checkbox"/>	Developmental Disability	Licensed psychologist, certified school psychologist, or certified psychometrist under the supervision of a licensed psychologist*
<input type="checkbox"/>	Learning Disability	Licensed psychologist or school psychologist with experience determining learning disabilities*
<input type="checkbox"/>	Mental illness	Licensed psychiatric registered nurse, licensed psychiatric nurse practitioner, licensed independent clinical social worker (LICSW), licensed professional clinical counselor (LPCC), licensed psychologist (LP), licensed marriage and family therapist (LMFT), or licensed physician*
<input type="checkbox"/>	Physical illness, injury, or impairment	Licensed physician, physician's assistant, nurse practitioner, certified nurse midwife or licensed chiropractor*
<input type="checkbox"/>	Chemical dependency	Treatment director, alcohol and drug counselor supervisor, licensed alcohol and drug counselor (LADC), or licensed physician*

\*A county human services agency may designate other qualified professionals

<b>Indicate at least two of the following supports that the applicant needs.</b>	
<input type="checkbox"/>	Tenancy supports to assist an individual with finding their own home, landlord negotiation, securing furniture and household supplies, understanding and maintaining tenant responsibilities, conflict negotiation, and budgeting and financial education.
<input type="checkbox"/>	Supportive services to assist with basic living and social skills, household management, monitoring of overall well-being, and problem solving.
<input type="checkbox"/>	Employment supports to assist with maintaining or increasing employment, increasing earnings, understanding and utilizing appropriate benefits and services, improving physical or mental health, moving toward self-sufficiency, and achieving personal goals.
<input type="checkbox"/>	Health supervision services to assist in the preparation and administration of medications other than injectables, the provision of therapeutic diets, taking vital signs, or providing assistance in dressing, grooming, bathing, or with walking devices.

<b>How long do you anticipate the applicant will have an illness or incapacity which limits his/her ability to work and provide self support, and need assistance to access or maintain housing?</b>
<input type="checkbox"/> Permanent <input type="checkbox"/> Other (please specify length of time):

***I certify that (client name) \_\_\_\_\_ has an illness or incapacity which limits his/her ability to work and provide self-support, and needs assistance to access or maintain housing.***

NAME OF QUALIFIED PROFESSIONAL:	CLINIC, ORGANIZATION, OR COUNTY NAME:
TITLE / LICENSURE:	ARE YOU A COUNTY DESIGNEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE:	DATE:

# 651-431-3941

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0001 (3-13)

ADA2 (12-12)

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**Jail & Jail Alternatives Committee**  
**Winona County Criminal Justice Coordinating Council**  
**July 23, 2015**  
**Noon at County Office Building**

**Present:** Erin Stephens, Justin Green, Amy Moe, Judy Gilow, Kalene Engel, Ben Klinger, Karen Bunkowski

**Call to Order:** 12:30 p.m.

**Approval of Minutes:** Minutes from the previous meeting were approved without changes.

**CARE Staff and Team Updates:** The CARE Team would like to improve coordination of case management between CARE, Community Services and Department of Corrections to ensure that all departments are aware of the involvement of the others with respect to the individual being served. At present, the team is looking into developing an introduction letter or form which, with appropriate authorization, could be distributed to the other departments. To take some of the burden off Latrisha, other CARE Team members could be responsible for sending that out. This would ensure that efforts are not being duplicated and that services that could be provided by each department/program are maximized. Additionally, Kalene and Latrisha will be meeting with Samantha to see if the current information management systems being used by Drug Court could be adapted to use by the CARE Program.

**Transitional Housing Update:** The Department of Human Services has implemented several rule changes with respect to GRH. The DHS website contains links to bulletins and webinars which describe those changes. An informational webinar will be held on July 28, 2015 at 1:30 p.m. to discuss changes to the GRH Professional Statement of Need (PSON). Karen Bunkowski noted that her office had sought clarification from the state on whether the new PSON applied only to Rate 2 settings. After the meeting, via e-mail, the state provided the following clarification on the PSON.

*The professional statement of need (PSN) will be required for every resident of a service rate GRH setting, either to establish their initial eligibility or upon recertification if they're an existing resident of a service rate setting.*

*The PSN can also be used to establish a basis of eligibility for GRH. A qualified professional or county designee who signs the PSN is attesting that the applicant "[h]as an illness or condition which limits their ability to work and provide self-support, and [n]eeds assistance to access or maintain housing" (from the form).*

*Regardless of the nature of the applicant's disabling condition, it must "limit their ability to work and provide self-support." In determining eligibility for GRH benefits, Winona County is (and has been) correct to consider the applicant's ability to work to the level of self-support.*

**Stepping Up Workgroup:** The Mental Health Roundtable with Senator Al Franken at the Winona History Center on July 2, 2015 went extremely well. Thank you to those who participated and attended. Senator Franken did follow up with one of the participants and his staffers encouraged anyone to contact them with further questions or requests for assistance. The next meeting of the Workgroup is August 20, 2015 at noon at the Winona History Center Classroom. In the meantime, smaller groups have been meeting to develop a mission statement, determine the prevalence rate of mental illness in the jail and to help plan the October 8<sup>th</sup> Community Collaboration Summit on Mental Illness. Karen Bunkowski reported that the Request for Proposals for the CIT (Crisis Intervention Training) had not yet been released by the State.

**Jail Programs:** The Jail Programs Workgroup met just prior to the committee meeting. The workgroup reviewed the jail structure/capacity, current jail programs and current procedures regarding volunteers. Ben Klinger, Jail Programs Coordinator, discussed and distributed information on programs offered by other jails. The workgroup provided input on possible jail program offerings. Ben stated that, due to current space limitations, he would like to start with a few new programs, then assess and adjust. The workgroup will meet again in approximately two months.

**Adjourn:** 1:00 p.m.

**Next Meeting:** August 20, 2015 at 11:30 a.m. at Winona History Center Classroom (just prior to Stepping Up Workgroup Meeting)

**Jail & Jail Alternatives Committee**  
**Winona County Criminal Justice Coordinating Council**  
**August 20, 2015**  
**11:30 a.m. at Winona History Center Classroom**

**Present:** Don Cratchy, Amy Moe, Judy Gilow, Latrisha Green, Justin Green, Ben Klinger, Kalene Engel

**Call to Order:** 11:35 a.m.

**Approval of Minutes:** Minutes from the previous meeting were approved without changes.

**CARE Staff and Team Updates:** There are currently 32 active clients, with 10 people “on deck.” The new ORAS (Ohio Risk Assessment System) screening tool software has been purchased and implemented.

**Stepping Up Initiative Workgroup:** Since the date of the last Stepping Up Workgroup meeting, two groups have been working on different projects for the initiative. A Community Outreach and Diversity workgroup has been planning the 2015 Community Collaboration Outreach on Mental Health. The event will be held on October 8, 2015 at Winona Middle School from 6:00 – 8:30 p.m. Another group met to discuss how to establish the prevalence rate, i.e. the percentage of individuals in jail who suffer from mental illness. Another meeting of the workgroup is scheduled for immediately following the JJA meeting, with future meetings/webinars set for September 10<sup>th</sup> and October 8<sup>th</sup>.

**Jail Programs:** Ben reported that the Gateway Program is going well, with 4 current participants. After September 1<sup>st</sup>, the program will be providing mental health services in the jail for its participants. Chris Dembiac from Express Personnel will be teaching a “job seeking” class starting next week. He will conduct the class every other week to start out. Ben is also working with a WSU professor for other courses, but with school starting soon the professor would like to wait a few weeks to let the students settle in. Ben does have the La Crosse County curriculum for Thinking for a Change, but does not have anyone lined up to teach it. Likewise, he needs someone to teach a GED course, preferably during the evening hours.

**Review of 2014-15 Strategic Plan Goals:** With respect to the 2014-15 Strategic Planning Goals, the committee has made the following progress:

- **CARE Program Oversight and Sustainability:** The committee continues to oversee the program, through regular committee reports and feedback. Grant funding was secured last November and the program should be grant funded through at least November of 2016.
- **Transitional Housing:** The committee developed a white paper on transitional housing and brought the issue before legislators at the January Legislative Outreach Event. Since that time, the committee has followed the progress of the GRH housing reforms.
- **Develop/Implement Pretrial Services Program:** Although the committee has not specifically worked on developing a pretrial services program, it will likely be part of the

Stepping Up Initiative Action Plan. The Courts Committee has agreed to tackle this strategy as part of the work it will be doing in the next year.

- Inmate Health Insurance Accessibility: A workgroup was formed to discuss/develop better procedures for ensuring that inmates retained/obtained health insurance following incarceration. The end result of the work of the group was to develop a handout which is to be widely distributed to inmates to inform them of the need to follow-up on insurance matters following jail discharge. In addition, those professionals who have contact with the inmate (jail staff, ACH, CARE, social workers) have also been counseling inmates on the need to obtain insurance.

**Plans for 2015-16:** In addition to providing continuing oversight of the CARE Program, the committee plans to continue working on the Stepping Up Initiative.

**Adjourn:** 12:00 p.m.

**Next Meeting:** October 8, 2015 at 11:45 a.m. in County Board Room (between Jail Programs and Stepping Up Workgroup Meetings)

**Jail & Jail Alternatives Committee**  
**September, 10, 2015**

The Jail and Jail Alternatives Committee did not meet in September of 2015; however, the Stepping Up Workgroup viewed a webinar entitled “Effective Law Enforcement and Diversion Strategies” on September 10, 2015. The next meeting of the Jail & Jail Alternatives Committee is on October 8, 2015.

**Jail & Jail Alternatives Committee**  
**Winona County Criminal Justice Coordinating Council**  
**October 8, 2015**  
**11:45 a.m. at Winona History Center Classroom**

**Present:** Judy Gilow, Latrisha Green, Justin Green, Ben Klinger, Kalene Engel, Marie Kovecsi, Erin Stephens, Matt Brickle, Mary Olson

**Call to Order:** 11:45 a.m.

**Approval of Minutes:** Minutes from the previous meeting were approved without changes.

**CARE Staff and Team Updates:** CARE is almost one year into the new leg of the current grant, which has an added mental health component. Latrisha met with the evaluator to discuss what things are working and what needs tweaking. Services have evolved into three categories:

- Level 1: Free mental health and CD screening through the GAIN-SS
- Level 2: Referrals for people who are interested in receiving recommendations but are not interested or eligible to receive ongoing case management
- Level 3: People who are eligible for and interested in case management

The next evaluation will focus on analyzing some of the results based upon the category of service.

**Stepping Up Initiative Workgroup:** The workgroup hosted a webinar on September 10<sup>th</sup> and has a meeting and webinar immediately after this committee meeting. The Community Collaboration Summit on Mental Health will be held this evening from 6-8:30 p.m. at the Winona Middle School. Although reservations were taken, people can still attend without a reservation. As of October 2, 2015, the Jail has started to use the new screening tool during the booking process.

**Jail Programs:** The Jail Programs Workgroup met just prior to this meeting. The workgroup discussed surveying the inmates to determine interest for classes and recruiting additional people to teach the classes. SMRLS will be assisting with the legal classes and the Workforce Center will add to what Express Personnel is currently doing regarding job seeking and employment.

**Review of 2015-16 Strategic Plan Goals:** The main accomplishment of the committee last year was the strengthening of the CARE Program. The two main projects for the upcoming year are the Stepping Up Initiative and Jail Programming.

**Adjourn:** 12:15 p.m.

**Next Meeting:** November 19, 2015 at 11:30 a.m. at Winona History Center Classroom (just prior to Stepping Up Workgroup Meeting and webinar)

**Jail & Jail Alternatives Committee**  
**Winona County Criminal Justice Coordinating Council**

The Jail and Jail Alternatives Committee did not meet in November of 2015. The next meeting of the committee is scheduled for Monday, December 14, 2015 at 12:45 p.m. in the Kensington Banquet Room. There will be a meeting of the Stepping Up Workgroup immediately prior to the committee meeting, starting at noon. The Jail Programs Workgroup will meet at Livewell Winona on December 15, 2015 at noon.

**Jail & Jail Alternatives Committee**  
**Winona County Criminal Justice Coordinating Council**  
**December 15, 2015**  
**1:15 p.m. at County Board Room, Conf. Room B**

**Present:** Judy Gilow, Latrisha Green, Justin Green, Ben Klinger, Kalene Engel, Marie Kovecsi, Steve Buswell, Sam Carter, Helen Newell, John Rislove

**Call to Order:** 1:15 p.m.

**Approval of Minutes:** Minutes from the previous meeting were approved without changes.

**CARE Staff and Team Updates:** Provided post-meeting via e-mail by Latrisha Green:

- During the last quarter, CARE Processes were refined, including revised intake procedures and the addition of new, time-saving technology. All CARE candidates are meeting with the CARE Team to develop personal goals and concerns. With the new technology, the candidate will be able to exit the team meeting with a written case plan. The improved processes also include increased service referrals and client check-ins to verify that CARE services are being utilized.
- Beginning next quarter, CARE will have a 32 hour per week intern.
- Latrisha is working on expanding programming in the jail for including a behavioral skills class and possibly other related programming. She is also working on locating local providers willing to conduct diagnostic assessments in the jail.
- Latrisha has been working on making community connections on behalf of CARE to assist in sustainability of the program. Next semester, a WSU Social Work Class will conduct asset mapping for reentry services. They will identify reentry barriers, research best practices and recommend a long-term and sustainable solution for each identified reentry barrier. Latrisha has also reached out to key leaders and groups in the community concerning a mentor/peer support addition to individuals who would not otherwise qualify or be agreeable to an Adult Mental Health Case Manager or an ARMHS worker.
- Latrisha has created a CARE Handbook to provide readily accessible information regarding the types of services offered by CARE and the benefits it can have for its participants

**Stepping Up Initiative Workgroup:** The Stepping Up Workgroup met immediately prior to the JJA Meeting. With the assistance of Sue Abderholden, Executive Director of NAME who was present on speakerphone, workgroup members discussed possible strategies to better address the mental health needs of individuals who come into contact with the justice system. Some ideas mentioned included peer specialists, psychiatric advance directives, mental health courts, crisis intervention training, crisis response team, Winona Regional Care Consortium, Chemical Dependency Navigator Program, crisis home/psych error, motivational interviewing, ARHMS workers, crisis planning, specialized mental health jails, pre-petition screening/civil commitments, mental health case management, in-jail mental health treatment and law enforcement holds. Kalene discussed three training opportunities that are being offered through Stepping Up. She has already applied for the Sequential Intercept Model (SIM) training workshop which is designed to lead a community through Intercepts 1 and 2 of the SIM.

**Jail Programs:** The Jail Programs Workgroup is meeting on December 15, 2015 at noon at Livewell, Winona. Plans are underway to add additional programs in the jail after the first of the year.

**Pre-Trial Services Workgroup (Courts Committee):** The Courts Committee has taken over the planning and development of the pretrial services program which was formerly included under the strategies of the Jail & Jail Alternatives Committee. At its last meeting, the workgroup viewed a webinar which outlined the elements of an ideal pretrial services program. The workgroup is taking a break for the holiday and will resume work in January.

**Adjourn:** 1:30 p.m.

**Next Meeting:** January 28, 2016 at noon at Kensington Banquet Room