

League of Women Voters
Of
Manitowoc County
Mental Health Committee Report
The Case for a Mental Health Court
In Manitowoc County
January 2022



LEAGUE OF WOMEN VOTERS

The League of Women Voters (LWV) is a nonpartisan political organization that encourages informed and active citizen participation in government. Its membership is open to men and women 18 years and older. The League works to increase understanding of major public policy issues at local, state, and national levels of government. It influences public policy through education and advocacy.

The League was established in 1920 after passage of the 19th Amendment to the US Constitution allowing women the right to vote. It is one of the oldest grassroots organizations in the country working to protect the right of all eligible citizens to vote. The LWV was organized in Manitowoc in the 1940s. League members explore issues from all points of view before arriving at a consensus and developing a position from which to act on legislation.

League of Women Voters of Manitowoc County Mental Health Study Committee

Members of the committee and responsible for this report:

Mary Wallace (co-chair), retired Social Work Supervisor

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For a copy of this report on our website, go to www.lwvmanitowoc.org under positions/studies.

All League studies begin with a study of the issue, followed by a presentation by the study committee to other League members and the public. The next step is to discuss the issues and come to a membership consensus and develop a position for action to improve the problem, in this case the creation of a Mental Health Court in Manitowoc County. The consensus process involves asking questions in areas where concerns exist in order to seek solutions to problems. Because these studies concern public services, solutions may require legislative or administrative action. Membership consensus means substantial, not necessarily unanimous, agreement. It might be seen as “the sense of the group.” Minority opinions are welcomed, respected, and included in the report.

A position on a Mental Health Court in Manitowoc County has come about as a result of this study and the consensus results. The Manitowoc County League of Women Voters Board will next decide what action should be taken. Possibilities include further public meetings related to our findings, information being sent to public officials, press releases, speaking at public hearings, petitioning, meeting with public officials, and writing letters to the media. In considering when to act on a position, timeliness, public support, members’ understanding of the issue, support of other groups, and the effectiveness of the action are considered.

Introduction

The League of Women Voters of Manitowoc County has conducted several studies of particular interest to the community (including Municipal Court, County Executive Position, Day Care, Open Housing, Storage and Transportation of Nuclear Waste, School Lunch, Mental Health, Poverty, and Drug Treatment Court) that have led to changes in services and the structure of county government based on recommendations from those studies. The community is already reaping benefits of the 2008 Drug Treatment Court Study not only with life-saving results to participants and their families, but savings of dollars to community agencies while making our community safer.

After the completion of the Drug Treatment Court Study, League members voted to begin a study of mental health services in the county in May 2010. After three years of investigation, the Mental Health Study Committee published a report focusing on the strengths and gaps in those services. (See *League of Women Voters of Manitowoc County Mental Health Study Report, March 2013: A Study of Manitowoc County Mental Health Services with a Focus on Strengths and Gaps* on our website www.lwvmanitowoc.org (under positions/studies/Mental Health Study 2013)). This was the fifth time the League had studied or taken a position on mental health issues in Manitowoc County (1975, 1977, 1979, 1991, and the 2013 study).

One of the concluding recommendations of the 2013 study was “As has been noted in this report, other counties such as Eau Claire have had great success with establishing drug treatment and mental health courts and are adding a second mental health court.” In order to improve the mental health of offenders, our committee wanted “...to provide an opportunity for our community to look at the feasibility of such a [mental health] court which could reduce recidivism and cost to taxpayers.” In our February 2017 updated position paper, the study committee noted that “These specialized courts divert individuals with mental health issues from the jail system by providing treatment, positive reinforcement, and supervision. Although this approach requires a time commitment from key players and some funding, it has proven to be cost effective as well as having a positive impact on the individuals who come before the court.”

See our website www.lwvmanitowoc.org (under positions/studies/Mental Health Study 2013).

We hosted a forum in the Fall of 2013 with speakers from Eau Claire’s Drug Treatment Court which was well attended; a judge, coordinator, and participant were featured. Given the information provided at that forum, the Mental Health Study Committee decided to investigate the possibility of adding a Mental Health Court in Manitowoc County. Later, members of the committee visited the Mental Health Courts of Brown and Outagamie counties, and conducted a virtual interview with Eau Claire County which will be described in detail later in this report. We were impressed with the success of these courts.

This report is the culmination of the League of Women Voters study of Mental Health Courts in Wisconsin, begun in March 2018. It continues our efforts to provide information on promising developments in mental health services that can benefit Manitowoc County residents.

Manitowoc County Drug Court

Because of the cooperation and trust the stakeholders have built with the CJCC (Criminal Justice Coordinating Council), the successful Drug Court could serve as a model to begin the planning for another treatment court. With that in mind, we will now describe our Drug Court. Manitowoc County Human Services manages the five-year program grant (from the Wisconsin Department of Justice) with additional funds from Manitowoc County. Many community stakeholders worked over a decade to create the Court. An early League of Women Voters Manitowoc County study on the merits and procedures of Drug Court was published in 2008 with public education forums held over two years. A local interfaith justice group, RUTH (Responding with Understanding, Truth and Hope) conducted events from 2010-2017 emphasizing the success of Alcohol and Drug Courts in surrounding areas. The 2014 creation of the Manitowoc County CJCC (a collaborative group of local professionals and one citizen-at-large focused upon improving the criminal justice system) supported the creation of the Court along with the County Executive, Bob Ziegelbauer, and the County Board.

The Manitowoc County Drug Court Program was created in 2017. Manitowoc County Human Services Department hired Jason Latva as the first Drug Court Team Coordinator. The Wisconsin State Justice Department awarded a grant of \$142,000 for each of the five years with the county budget adding \$47,466 each year from county funds (Mr. Latva’s PowerPoint, Manitowoc County Drug Court Program (MCDCP) CJCC Three Year Presentation).

The financial savings from the Drug Court are substantial. Numbers of people served, and dollars saved each year are available from the Manitowoc County Human Services Department. One such statistic is that our Drug Court has a three dollar return for every dollar spent. Mr. Latva said in April 2021 that although the financial component is important “they really need to see the Court in action when we have live Court sessions again. The success has really nothing to do with finances and everything to do with the people saving their own lives.” Those admitted to Drug Court must voluntarily commit to the 12 months of programming addressing their needs, therefore each participant works hard to change his or her life.

A presentation from January 18, 2021 of the Community Impact of Drug Court in Manitowoc County is available on the Facebook page of the Manitowoc Public Library <https://www.facebook.com/manitowoclibrary/videos/247407913466254>. Besides Judge Dewane and Jason Latva, three participants shared why Drug Court is successful. It is not a dry listing of numbers, but accounts of lives changed.

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Because of the demonstrated benefits from the Drug Court, combined with the many currently incarcerated persons with mental health diagnoses, it is very likely that adding a Mental Health Court could be similarly successful, especially due to the increased services the county has recently gained. Linking that growth with another treatment court would be a way to meet the tremendous needs in the county while saving lives and money.

Mental Health Courts

Mental Health Courts (MHC) are specialty courts with a problem-solving approach. Their goal is to divert individuals with mental health diagnoses who are charged with crimes from incarceration and to improve public safety. According to Collier (2014), half of all prisoners have some mental health concerns, and from 10% to 25% of U.S. prisoners suffer from *serious* mental illness. Specifically, 64% of jail inmates, 65% of state prison inmates, and 45% of federal

prisoners report *some* mental health concern (U.S. Bureau of Justice, 2006; Mental Health America, 2006).

“A Mental Health Treatment Court will help many of our mental health consumers... [it will] strengthen them, rather than shame or punish them, because of their illness.” *Kathy Protsman, Vice President, NAMI Manitowoc County*

Key components of a MHC are judicial supervision with regular status hearings, a team approach, individualized community-based treatment, and a system of incentives and sanctions. Courts typically have phases that participants must complete to move on and eventually graduate. Individuals eligible for the court may either be diagnosed with a mental illness or dual diagnosed with both a mental illness and alcohol and/or drug issues as well as trauma histories (Almquist & Dodd, 2009). “The focus of these courts is to address the underlying mental health and substance use issues and related needs of individuals by using the judicial leverage of the court to connect them with treatment and other alternatives to incarceration.” (Substance Abuse and Mental Health Services Administration (SAMHSA), 2019, p. 15).

The first Mental Health Court was established in Broward County, Florida in 1997; since then, as many as 350 such courts have been established in the United States (<https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/adults>, 2017). Wisconsin has several Mental Health Courts including those in Eau Claire, Outagamie, Brown, and Marinette Counties. Three of these courts will be described in detail later in this study.

The goals of a MHC are to improve the quality of life of the participants, reduce their recidivism, reduce court and corrections costs, and improve public safety. Participation is voluntary; however, the decision to take medication isn’t necessarily voluntary depending on the participant’s diagnosis and treatment needs.

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With the growth of treatment courts, especially Drug Courts, The Wisconsin Association of Treatment Courts (see <https://www.watcp.org/wp-content/uploads/2018/12/FINAL-WI-Treatment-Court-Standards-2018.pdf>) has provided professional standards for treatment courts to follow which were updated in 2018. They include procedures for intake, case planning, treatment, and evaluation so courts across the state can be consistent in their approach.

Mental Health Court Visits

Brown County Mental Health Court

In March 2019, some members of the committee sat in on the Mental Health Court (MHC) with Judge Donald R. Zuidmulder presiding. He has been the head of this court in Brown County since its inception in 2015, and a judge since 1997. Afterward, we met with both His Honor and the Brown County Coordinator, Mark Vanden Hoogen. Currently, Mr. Vanden Hoogen is the Coordinator for all the treatment courts, but normally each court has its own case manager. They explained the purpose of the courts (Brown County has five treatment courts, started in 2009—Drug, OWI, Heroin, Veterans, and Mental Health), the process and rules, best practices, and the results. They also shared the best approach to start a Mental Health Court in Manitowoc County. We invited them to a public meeting in Manitowoc sponsored by the League of Women Voters and other organizations later that year. He and staff from other MHCs in Wisconsin shared the benefits of these courts. The following paragraphs describe what we learned.

Funding is partly from the County budget and grants from state agencies, and the judge donates his time. The sheriff and police department are also involved.

First, the purpose of the court is to instill stability, help participants attend programs, reduce recidivism, keep the public safe, increase the quality of community life, and deter risky behavior. Participation leads to a more stable, healthy, and productive life for participants and graduates. The participant's mental problems leading to disruptive community behavior and crime are recognized by trained staff and treatment-oriented judges. In weekly (later less frequently) court appearances, participants are supported for positive behaviors by the judge and held accountable for negative behaviors. They are expected to stay on prescribed medication. The judge may order a short stay in jail if rules are disobeyed.

The emphasis is always on treatment rather than jail. Judge Zuidmulder stressed that while participants' mental illness can't be cured, it can be successfully managed when people get the treatment and support they need. At the time of their first appearance in court, each person is given a coin that says, "Never Alone Again."

According to Mark Vanden Hoogen, "In Brown County, most participants are on psychotropic medications with random testing and monitoring. Participants whose diagnosis offers an injectable medication option are highly encouraged [to do so] by [the] court. Since most participants struggle with ongoing medication compliance due to having to take medications potentially several times per day, this allows a once a month shot to ensure compliance. After 12 months they become conditioned to their new behavior, and with the support and structure they need, are able to function adequately. Staff support is available after graduation if desired."

A strong factor contributing to participants' success is the support and encouragement they get from each other, community members, and their families, who often come to court. That support can be as simple as clapping from the audience made up of family and community members as their accomplishments are recited by the judge.

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Public safety is increased. While only non-violent people are eligible for participation, their behaviors and danger to themselves and others may result in crimes that make them eligible for MHC. Public safety is enhanced by the structure, accountability and support of the staff, and monitoring of medication. This leads to a more wholesome life and less need for police intervention in difficult situations. Judge Zuidmulder stated "We want public safety but also to affect the quality of life in the community and reduce crime and recidivism."

One of the most striking success statistics is the reduction of recidivism. Judge Zuidmulder stated that 100 of their participants were tracked for their police contacts before the MHC was started in 2015. These 100 people had 4200 contacts with police in one year. Since starting the MHC, the total contacts have been reduced to between 300-400.

Another benefit is the reduced costs to the city and county for law enforcement and jailing. The police have long had problems with people exhibiting mental health problems publicly, some of whom may be suicidal as well. Time spent on such calls may take hours, sometimes requiring more than one officer. Some may require hospital care, sheltering, or jail. MHC has reduced the need for such law enforcement interventions.

Judge Zuidmulder believes the frequency of his meetings with the participants makes success more likely; he meets with each participant weekly. This is more frequent than a national standard recommending meetings at least twice a month. Other reasons for success are good community resources, and a positive, affirming judge who has had training.

Outagamie County Mental Health Court

Committee members observed a session of Outagamie County's Mental Health Court and met with their team on January 31, 2020.

The Court, started in 2012, was initially funded through a grant but currently receives only county funding for the Mental Health Court Coordinator position. Other team members (including the Judge, District Attorney, Public Defender, Probation/Parole agent, mental health and substance abuse providers, peer support advocates, and shelter program staff) contribute their time as part of their jobs. The Court meets every Friday morning and has a maximum of 15 participants.

The program is voluntary. Participants are motivated by the avoidance of jail/prison time, recognition of progress made as participants advance through the program, and access to needed services.

Participants must be at least 18 years of age, have a primary diagnosis of severe and persistent mental illness, and be assessed as medium to high risk according to the Correctional Officer Management Profiling for Alternative Sanctions (COMPAS) Assessment Tool. Participants must also have at least 24 months of supervision left with probation/parole.

The program has four stages and takes approximately 18-24 months to complete. Initially participants must attend Mental Health Court and meet with providers to discuss treatment plan goals and services on a weekly basis. As the participant progresses through the program stages, required attendance decreases to every other week. Participants must maintain sobriety, complete meaningful community and social wellness activities, and pay Mental Health

Court fees to progress through the stages. Prior to graduation from the program, participants must complete Moral Reconciliation Therapy, a cognitive-behavioral treatment program based partly on moral reasoning. It is a process for enhanced conscious decision-making.

There are rewards and consequences for participants' behavior and decision making. Rewards include Recognition Cards which can be accumulated and traded for a gift card, and participation in the weekly court Fishbowl Prize. Consequences could be an increased number of appearances before the MHC Judge, mandatory participation in other programs (support/AODA/peer support groups), jail time, or termination from the MHC.

At the time of our interview, the Outagamie County Mental Health Court had 67 enrollees and 15 graduates. The graduation rate is 30% which is lower than the national average of 40 to 60%. However, many who do not graduate continue to do well, and additional convictions for program participants are down 50%.

Eau Claire County Mental Health Court

Eau Claire County's Mental Health Court was started in 2008 and is one of four specialty courts in the county, including a Moms Court, Veterans Court, and Drug Court. The League Mental Health Committee interviewed Coordinator Janet Weix via Zoom on September 20, 2020.

According to Ms. Weix, the court was started because of concerns brought forth by the county's Community Support Program (CSP). This program deals with individuals who have serious mental health diagnoses, and it was found that there was significant involvement with the criminal justice system by the program's participants. It was also observed that the criminal justice system was not appropriate for the needs of this population.

Funding for the program has come from a mix of state money from the Department of Corrections and county levy dollars as well as Treatment Alternatives and Diversion Program (TAD) grants.

Referrals to the court come from a variety of places including the DA, Public Defender, jail staff, therapists, and even self-referrals. Prospective participants are screened by a therapist, observe a court session, and must agree to the court's rules before being accepted. They then work with a team which typically consists of the coordinator, probation agent, DA, public defender, jail staff, judge, and therapists.

There are normally around 12 participants in the program, with an approximately equal number of males and females. The majority of those in the program have dual diagnoses involving mental health and AODA diagnoses, as well as a history of trauma.

The MHC is voluntary and consists of five phases with an average time of 13 to 18 months to complete. Participants must attend court weekly at first, but this tapers off as they progress. They must also take their medication, submit to drug tests as appropriate and participate in a prosocial activity each week. Treatment plans are individualized and based on recommendations from the COMPAS Assessment completed by the probation agent.

The MHC builds in positives such as prizes and gift cards. Positive feedback such as clapping for small successes is also important and graduates have celebrations with cake and soda, and which are attended by guests. Connections made among the participants also provide some support.

There have been 28 graduates since the program started which is a 33.3% success rate. There were only four new criminal charges among the participants since the program began and none of the graduates has had a new criminal charge. Past participants may be readmitted to the program if they weren't recently discharged.

The Coordinator noted that two positive developments have contributed to the success of the court. The first was the establishment of an outpatient mental health clinic in the Human Services Department. This has provided easy connections with therapists and a nurse practitioner to manage medication. The second positive development is the Comprehensive Community Services program (CCS), also located in the Human Services Department which has access to funding and services not otherwise available.

Interviews with Participants in a Mental Health Court

Brown County Mental Health Court Graduates

Members of the committee interviewed two recent graduates from Brown County's MHC: "Julie" and "Jeannie."

"Julie" had mental health issues since she was a teen and did not find any treatment or medications that helped. As a young adult, she was homeless and in trouble with the law. Six

charges were pending, which could have resulted in prison time, when she was offered the chance to participate in the Brown County Mental Health Court in 2019.

Since that time, she has successfully graduated from the MHC, been sober for 2 years, has established a stable home, and become a mother. She credits several aspects of the court for her success, including the court's structure and accountability, the support of her team, the treatment she received, and most of all the encouragement and motivation provided by the judge.

The treatment that worked best for her was Dialectic Behavioral Therapy (DBT), a cognitive-behavioral approach that helps the person manage emotions and interpersonal relationships. She had DBT individually and in group settings along with medication management. She noted that the treatment team looked at each participant's individual needs and helped in any area needed, including housing and transportation. Another plus from her perspective was that the participants became like a family and supported each other.

Six months of aftercare is provided by the Mental Health Court program and she continues to check in with her case manager who indicated how proud she was of "Julie's" hard work and success.

"What if those people had been properly treated in a mental health facility, connected to the criminal justice system, rather than left to their own devices? Would they have lived? We'll never know. What we do know is that people in treatment usually recover and go on to lead productive and accountable lives."

Donna Firman, Board President, Prevent Suicide Manitowoc County

"Jeannie" had three felonies up for sentencing and was represented by the public defender when she was accepted to the Mental Health Court in Brown County. It was her second time applying – she was turned down by the District Attorney the first time. An IV heroin addict, with a diagnosed mental health condition, Jeannie describes "treatment court" (less stigmatizing than Mental Health Court) as very overwhelming for the first month or so because she was not used to so many people helping her. Once she realized that everyone was there for her and to serve her best interests, she felt more comfortable talking and asking for help. She credits that with aiding in her recovery.

“Jeannie’s” treatment included Dialectical Behavior Therapy (DBT) which she had done unsuccessfully four previous times, but it worked this time. She was required to participate in Intensive Outpatient Therapy (IOT), Heroin Anonymous, private therapy with a psychiatrist that she still sees, medication management, and a 28 day stay in a residential treatment facility when she abused Gabapentin. She describes all these treatment modalities as a “rewire” of her brain, and positive choices and good life skills are automatic to her now. Jeannie has been drug free for 18 months and today sponsors another member of treatment court.

Her exuberance and gratitude are palpable when she describes the great support she received from everyone at court. She came to court with a distrust of law enforcement, but when her team was so calm and friendly with her and helped to solve real problems, she started to trust them and further opened up with her needs. She commented that the judge never gave up on her and that still gives her confidence today.

When asked if Mental Health Court had a greater perceived value than exclusively attending Drug Court, the answer was a resounding, “Yes!” Jeannie said that she didn’t think she’d be as successful in Drug Court because the root of her drug issues was mental health related and that wouldn’t have been addressed in Drug Court. She said that every time she tried to get clean without the mental health component she had to “white knuckle it.” That is, she could stay clean for a while, but was miserable. Today, because she has improved mental health, Jeannie is drug free, confident in her sobriety, and stable.

Benefits of Mental Health Courts

Judges from three Wisconsin counties attested to the value of Mental Health Courts; these were Brown County, Outagamie, and Eau Claire, as described in detail above.

According to the Treatment Advocacy Center (Russell-Kraft, 2021), people with untreated mental illness are 16 times more likely to be killed by the police than other civilians in the U.S. The report further states that a quarter of people shot by police were suffering from mental illness. Most were not committing crimes but were behaving irrationally.

According to the Council of State Governments Justice Center (Mental-Health-Courts-A-guide-to-policy-and-practice.pdf, 2009), the benefits of MHC as described by several programs already serving individuals include the fact that participants stay out of the criminal justice system,

initially receive and then are more likely to remain in treatment after graduating from the program, and have an increased stability in community life such as maintaining housing and employment. Some participants become less reliant on illicit drugs or alcohol they often used to self-medicate. Graduates of programs had significant more case management, medication monitoring, fewer crisis interventions, and less intensive (possibly in-patient) treatment than before being involved in MHC. Participants indicated they had less distress and greater improvements in life satisfaction and independent living which is likely due to increased awareness of mental health issues and higher levels of client engagement with the community.

Successful programs increase coordinated efforts among all stakeholders such as therapists, police, probation and parole, and the court system rather than providing isolated services that may lead to conflicting information or miscommunication among agencies and the participants.

In summary, the participant is treated with dignity as a person with an illness that affects or deters his or her thinking process rather than labeled as a criminal. A person with a mental illness who is jailed may feel more hopeless, victimized, depressed, or have increased confusion or possibly rage as they are not receiving the treatment necessary. Treatment may include appropriate therapy, and/or medication that is needed to deter the behaviors that caused them to be involved with the court system in the first place.

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Mental Health Court--Law Enforcement Perspective

In January 2020 the League of Women Voters Mental Health Committee began contacting law enforcement authorities in the county to gauge whether they would be supportive of a MHC and to see if they had data showing the need for this specialized treatment court. We emailed Police Chief Nick Reimer with the Manitowoc Police Department and he was very supportive of establishing a Mental Health Court in the County. The Manitowoc Police Chief responded “Yes, we fully support a mental health court! Yes, we have the data to show the need.” He then went

on to explain how we could interpret the data by walking us through one example, and how it can be used to look more closely at the financial impact of mental health related police calls in the city of Manitowoc.

At 4:06 AM Officer Ladwig was dispatched to a Suicide Attempt/Threats call on 12-22-18. At 4:16 AM he waited at the hospital with the subject until 12:11 PM (about 8 hours while waiting for medical clearance and to find a facility for placement). At 12:11 Officer Ver Velde transported the subject to Winnebago Mental Health Institute, and he returned from that transport at 3:12 PM. These statistics do not include the time it took Officer Ladwig to do the written report on the matter. Additionally, these data do not show if the officer was on regular duty or overtime (OT) nor does it show how much the actual cost was (hourly salary multiplied by hours on the call), but top patrol pay was about \$32.80 per hour (in 2018) and on this call both officers have more than 7 years of experience, so they were making top patrol wages. He assumed there were some OT hours involved here, but it would be difficult to break it down. Just using the regular rate for all the hours, a conservative estimate for this call would be \$32.80 x 11 hours = \$360.80. Chief Reimer reported 109 such incidents in 2018 at an estimated cost of \$39,240. Again, some of these calls are shorter or longer than 11 hours, but he just took the first one. Some involve one officer at a time, but others involve more than one officer, so double the time or the wage if there were two officers at a time.

“Having experienced firsthand persons both on and off medications or structured treatment plans and the difference in behavior and family dynamics when treatment is working is a goal that should be supported by the courts through a court designed to do just that.” *Curt Green, Manitowoc County Coroner*

In addition to the Manitowoc Police Chief, we also talked to the Two Rivers Police Chief, and the County Sheriff. The Two Rivers Police Chief, Brian Kohlmeier, was also very supportive of a Mental Health Court and shared some information regarding mental health related incidents in the city of Two Rivers. He said that statistics for calls related to mental health issues are hard to quantify because they do not track the time spent on each call. Additionally, many of these calls are categorized in other ways, such as disorderly conduct, welfare checks, etc. In 2019, Chief Kohlmeier reports his department was involved with 40 suicide attempts/threats, averaging one hour in officer time per call, at an approximate cost of \$2500, and 24 mental health commitments, averaging 5.5 hours in officer time per call, at an approximate cost of \$7,000. While the above dollar amounts reflect the monetary cost from a budgetary

perspective, they do not reflect the sum of nearly 100 hours of officer time related to those calls.

“As Chief of the Two Rivers Police Department and a law enforcement officer with 30 years of experience, I can tell you that without a doubt, mental health issues have increased dramatically throughout the years. I am in full support of a local mental health court. The resources locally do not meet the needs we have in Manitowoc County. All too often we are required to rely on facilities and resources outside this county. The reliance on outside resources not only has monetary impacts to local government and in-turn the taxpayers, but an enormous cost to the individuals and families dealing with these mental health issues.”

In addition to the two local police chiefs, we also reached out to the Manitowoc County Sheriff Dan Hartwig. Sheriff Hartwig provided us with statistics regarding the number of hours and resources invested in mental health transports by the Sheriff’s Department. The Sheriff responded that they have an average of 168 mental health transports per year. The costs related to these transports include work hours, fuel, and vehicle wear and tear. When asked if he is in support of adding a MHC in Manitowoc County he stated, “We have an interesting position in the community because we deal with mental health issues both in the public and a large amount in our jail. Since taking over as sheriff I have increased the mental health services in the jail by 12 hrs. per week (32 total) and we now have an AODA counselor who is just getting started. This is a community problem, and I am open to solutions to help those who are suffering from mental illness. I am in support of a family court which would also encompass mental health/AODA. My only reservation is cost and where the funding would come from to support this. I would rely heavily on our human services and other local partners for their input on these type[s] of courts. Again, a concern is staffing and funding for these type[s] of endeavors. Currently, I have staff that help out with our local Drug Court. They do a wonderful job with it, but it also pulls them away from their normal job assignments.”

Barriers to Mental Health Court Implementation

Three significant barriers to the implementation of Mental Health Court are identified: participant hesitancy, access to care, and sustainable funding.

Participant Hesitancy

Three significant barriers to the implementation of Mental Health Court were identified: participant hesitancy, access to care, and sustainable funding. Much deliberation goes into determining the criteria for participation in Mental Health Court. According to one MHC participant from another county, less time is spent considering if qualifying participants *want* to commit to the program. This same participant said there could be many reasons why an eligible participant may hesitate to choose MHC. They include refusal to get treatment for a mental illness or an objection to mandated treatment, prior negative experiences with, and distrust of, police, jails, and court systems, denial of the mental illness diagnosis, belief that treatment will not work, stigma, lack of confidentiality as mental health conditions are discussed in open court, violating cultural norms by seeking treatment, and refusing the terms of participation.

In a recent discussion with the Executive Director of Painting Pathways Clubhouse and three members, two of whom had significant contact with legal authorities, all members expressed, to one degree or another, their lack of understanding of their own legal case and options. The members also felt a profound lack of understanding among law enforcement for the plight of the mentally ill.

The Mental Health Court participant felt that she had little choice to enter MHC and had a strong desire to leave the program when she started feeling better. She resented being mandated to take meds that she didn't understand or necessarily approve. The interviewer was disheartened to learn that there is a significant stigma in jail/prison against people with mental health disorders. For example, due to lack of privacy and stigma, inmates would rather not walk to the medication dispensary to get their meds; they would prefer to just not take them.

Access to Care

Access to care is another barrier to implementing a Mental Health Court. Well defined clinical eligibility should be developed with an understanding of treatment capacity in the county, including community-based services. Since participants will often present with co-occurring mental illness and substance misuse disorder diagnoses, it's vital to evaluate the capacity of the local substance misuse treatment resources as well. Further, for participants with difficult-to-

treat conditions like active suicidality or personality disorders, linkage to services may be especially difficult since Manitowoc County lacks residential mental health services.

According to the 2019 (the most recent data available) Manitowoc County Health Survey Report (<https://www.aurorahealthcare.org/assets/documents/community-benefits/community-health-research/manitowoc-county-community-health-survey-report-2019.pdf>) (a survey of weighted demographic variables of those aged 18 and older), 19% of respondents reported a mental health condition in the last three years. This is an increase from 15% in 2017. Of those responding, 13% considered mental health or depression a top health issue in the county. Those in the lowest 60% income bracket were the least likely to get care.

Despite the growing need for mental health services, access to care is a challenge. In 2017 (the latest available data) there was one mental health provider for every 1,113 residents in Manitowoc County. Manitowoc County falls far short of the statewide average of one mental health provider for every 590 residents. We can assume this trend continues in 2021, because State Representative Paul Tittl (R-25th Assembly District) introduced a bill in March 2021 that would relax the licensing requirements for mental health providers, citing a provider shortage in the district.

Anecdotal information also confirms the shortage. Reports from Prevent Suicide Manitowoc County suggest that behavioral health appointments often have a wait list of six or more weeks. In April 2021, for example, Prevent Suicide received reports of one provider losing a psychiatrist and a counselor, creating wait times of five to nine months for appointments. This kind of backlog puts pressure on the other providers, who also have limited resources. Prevent Suicide reports limited crisis services, so much so that they often take crisis calls on their business line when community members feel they have no viable options for resources. Annie Short, Executive Director of Northeastern Wisconsin Area Health Education Center (NEWAHEC) and Chair of Healthiest Manitowoc County, reports a recent mental health crisis where the person seeking treatment was advised to look outside the county. She says, "Access to mental health services is limited. Even worse, when people try to access those services, the community still has not implemented a "no wrong door" model. It is critical that we find a better system to access mental health services and identify ways to support people needing services whether that support is for a crisis or long-term."

CORE Treatment Services, Manitowoc's only treatment facility, and licensed for dual diagnoses, has a wait list for its residential treatment program after being open only one year. Its day treatment and out-patient clinic are planning an expansion to serve additional clients. It's

critical that MHC link participants with co-occurring disorders to integrated treatment whenever possible.

Looking at Mental Health Court as a microcosm of the general population, access to care will likely be a barrier. There simply are not enough providers in Manitowoc County to meet the current and growing needs for mental health and substance misuse disorder services.

Sustainable Funding

Sustainable funding will be a barrier to MHC if not secured. Information from representatives of the MHC in Milwaukee suggests that it doesn't have to be expensive to start the court, especially if starting small. It was also suggested and verified by our interviews with other county MHC staff that most Mental Health Courts are *partially* funded by county governments. Manitowoc County has not implicitly nor explicitly made a commitment to fund the court.

Manitowoc County Human Services states that using the same personnel and systems in place would not be possible. The Drug Court Coordinator position is already overextended, and it would not be reasonable to add another treatment court to the workload. Severe limitations also exist regarding space and funding. These concerns are reflected in the minutes of the Human Services Board meetings.

In addition to the three major barriers detailed above, the League's Mental Health Committee has also recently learned that there is a shortage of affordable housing as well as supportive housing options in Manitowoc County for potential MHC participants. It is hoped that services will grow as the court is established as was the case with the Drug Court.

Considerations/Next Steps

The League Mental Health Committee looked into the option of a Family Treatment Court. This is a voluntary program which works with parents who are involved in the Child Welfare System because of alcohol or drug abuse and have had their children removed from their home. The

Family Treatment Court is similar in structure to the regular Drug Courts but focuses on the needs of the whole family and has its main goal of returning children to a safe home with stable parents. Family Treatment Courts are not as prevalent in Wisconsin, but our committee did interview one Family Treatment Court coordinator and attempted contact with two others. It is an option our League could choose to study in the future to address the need identified by Human Service Department staff.

Mental Health Courts would conceptualize target populations, advertise well defined eligibility criteria, and actively educate potential referral sources to reduce participant hesitancy. Courts would also identify potential participants early in the criminal justice process, clearly provide understandable information to ensure informed choice, and provide immediate linkage to services.

It's also important that the unique needs of all participants in MHC be met to achieve optimal outcomes. Mental Health Court teams should pay special attention to the needs of women and ethnic minorities and make gender-sensitive and culturally competent services available. Given the lack of an adequate number of providers, this will prove challenging.

Adopting a trauma informed care model at MHC may ease some of the access to care burden as it's a model for professionals, paraprofessionals, as well as peer-support. The Center for Disease Control and Prevention's Six Guiding Principles to A Trauma-Informed Approach (safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and cultural, historical and gender Issues) are considered best practice methodologies for mental health care and can be employed across all levels of care. This approach is particularly important as we look to supplement professional level care with paraprofessionals and peer support.

Initial funding for a MHC could come from leveraging economies of scale and using some of the same personnel and systems from Drug Court in Mental Health Court. This has a particular advantage for participants with dual disorders by straddling the two courts and inching towards a "wellness court" model. However, our committee learned that using the same personnel and systems currently in place would not be possible because of severe limitations that exist for staffing, space, and funding, as stated before under barriers to sustainable funding.

We might consider exploring different sources of funding other than relying on Manitowoc County alone.

First, an approach to a private foundation could be made, proposing a never-before-done public/private/nonprofit partnership where all stakeholders come to the table prepared, not to spend, but to invest, in MHC.

Second, the Bureau of Justice (BJA) part of the Department of Justice has regularly given grant funding to Mental Health Courts. The assumption is that other opportunities will be forthcoming.

Third, the Substance Abuse & Mental Health Services Administration (SAMHSA) has provided grant funding for Family Courts and Drug Courts and it's assumed they will add Mental Health Courts to their grant portfolio.

Fourth, the treatment Alternatives and Diversions (TAD) Program, funded by the Wisconsin Department of Justice, is expected to release funds for MHC sometime this year. According to Paul Tittl, state representative for the 25th district, there is \$2,500,000 in the 2022-2023 budget that will be available for funding TAD through a competitive process. Some of that money is set aside for counties without courts. Manitowoc is currently receiving about \$150,000 through the DOJ, but this funding runs out at the end of 2021.

Finally, using the financial outcomes from Drug Court as a model, a line can be drawn to the likely outcomes for Mental Health Court, showing that treatment courts do not cost money; they, in fact, save the county money. This case should be made persuasively to the County Board to secure funding. Grants will often require matching funds, and if not, they will be easier to secure with matching funds from the county.

In conclusion, the committee presented this report to the Manitowoc County League of Women Voters on October 21st, 2021 for discussion and to reach consensus on whether to move forward with advocating for a Mental Health Court. As described at the beginning of this study, after consensus the next step is to develop a position statement and a plan for action.

QUESTIONS FOR THE CONSENSUS MEETING, 10/21/21

DISCUSSION QUESTIONS

- 1. What have we learned from our three years of experience with the Drug Treatment Court in Manitowoc County? Has it been successful in meeting its objectives?**
- 2. What are the similarities/differences between treatment (diversion) courts, namely Drug and Mental Health?**
- 3. What has been the impact of courts in the three counties we reviewed regarding public safety, quality of life of participants, recidivism, law enforcement costs, and jail costs?**
- 4. What has been the impact on the lives of former participants in MHC in other counties?**
- 5. What sources of funding exist to start and sustain a MHC? County, state, federal, private?**
- 6. What is the process in creating such a court? What is the LWV role?**

CONSENSUS QUESTIONS

- 1. Do you favor or oppose the creation of a MHC in Manitowoc County?**
- 2. Should the LWV of Manitowoc County actively endorse and support the addition of a MHC in Manitowoc County?**

Programming Considerations

Input obtained from interviews for this report and at the Consensus Meeting identified perceived gaps in Manitowoc County's continuum of mental health care.

Wait times for existing community based mental health treatment services indicate there is a need for increased availability of these services. Concerns were expressed that existing services do not target the unique needs of women and ethnic minorities.

Peer support for those experiencing mental health issues was identified as a vital intervention, either through a group format or through one-on-one support at police stations, in Emergency Rooms or through daily peer check-ins.

Mental health crisis intervention requiring residential care currently involves time-consuming law enforcement involvement and transport to out-of-county facilities. It was suggested that a mobile crisis intervention unit may avert lengthy law enforcement involvement, and the availability of an in-county residential mental health treatment would best meet the needs of all involved (particularly those of the person in crisis). We would need to assess the viability of the type of intervention that is appropriate and tailored to Manitowoc County; perhaps instead of a mobile crisis unit, a modified mobile unit could be created.

Enhancing Manitowoc County's existing continuum of mental health care will be critical to the success of a Mental Health Court.

We will be open to further study of a Family Treatment Court in the future.

League of Women Voters of Manitowoc County Position and Action Steps

Position

Based on the information in this report, and from discussions at our consensus meeting on October 21, 2021, the League is taking the position to actively promote and support the establishment of a Mental Health Court in Manitowoc County.

Advocacy and Support

We will promote the Mental Health Court Report to increase community knowledge of and support for this program. This will include distribution of the report to the community as well as completing press releases, appearing on local radio shows, and setting up meetings with key stakeholder groups. It is especially important that we gain the support of the Human Services Department and the judicial personnel.

We will evaluate the need to establish a group or task force to do ongoing promotion of the report and to plan for its implementation. This may mean working with or through the CJCC (Criminal Justice Coordinating Council), expanding our League committee, or establishing an additional committee to include key community leaders.

We will help advance community involvement and support by providing a public meeting to introduce our study and advocate for a Mental Health Treatment Court in Manitowoc County.

Training

Because many police interactions involve those with a mental disorder, sometimes resulting in unfortunate, even tragic, outcomes, we strongly support law enforcement agencies in Manitowoc County continuing to be trained in Crisis Intervention Strategies, one of which is NAMI's Crisis Intervention Team (CIT). The police and community benefit from specialized training to deescalate fraught situations. This paper makes a case for creating a new treatment court, MHC in Manitowoc County, but the court is helpful only after a person has been charged with a crime. Part of the continuum of community support for those with behavioral health

problems is the first contact with law enforcement, and it would be best to increase the odds that it ends well. Actually, NAMI has supported programs such as CAHOOTS (Crisis Assistance Helping Out on the Streets), designed to avoid contact with law enforcement (see <https://whitebirdclinic.org/cahoots/>). CIT programs “create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families” ([https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-\(CIT\)-Programs](https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs), p. 1). The program reduces arrest and costs to the community, increases safety of the officer, the individual with a mental disorder, and the community, and improves law enforcement’s knowledge of, and attitude toward, mental disorders. NAMI has developed resources to start CIT programs, e.g., *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises*, and *Police Mental Health Collaboration (PMHC) Toolkit* (supported by the Bureau of Justice Assistance at the U.S. Department of Justice). In addition, CIT International promotes best practices in CIT programs. NAMI maintains a CIT Technical Assistance Resource Center that law enforcement may consult.

We also support early training of law enforcement personnel so that they will be prepared when 988 becomes operable, by having them trained to deescalate volatile situations and to make referrals to local services. In July 2022, there will be a nationwide crisis call center in addition to 911. The 988 number will operate through the existing National Suicide Prevention Lifeline and is for suicide prevention and mental health crises. The caller can be connected to a variety of other helplines, and Manitowoc County should have resources available for that caller. Ideally, the county would have planned crisis response support systems, such as a crisis call center, a mobile crisis unit or other appropriate response personnel, and treatment programs.

Funding

We will investigate the feasibility of using some of the same personnel and systems from Drug Court in a Mental Health Court. This has a particular advantage for participants with dual disorders by straddling the two courts and inching towards a “wellness court” model.

As outlined in our report, we will explore different sources of funding other than relying on Manitowoc County alone. When investigating different funding sources, we will look at private foundations, Bureau of Justice grants, Substance Abuse and Mental Health Services

Administration grants, and Treatment Alternatives and Diversion grants from the Wisconsin Department of Justice.

Using data from the Drug Court's annual reports we will draw a comparison that shows that treatment courts can save the county money, help the individual clients, and provide for a safer community. This case should be made persuasively to the County Board to help secure future funding. Many grants will require matching funds, and if not, they will often be easier to secure with matching funds from the county.

We will promote community collaboration and planning to seek funding at least 3 years out on a continuing basis.

References

Almquist, L. & Dodd, E. (2009). Mental health courts: A guide to research-informed policy and practice. *Justice Center: The Council of State Governments*.

Collier, L. (2014, October). Incarceration nation. *Monitor on Psychology*, 45(9).
<http://www.apa.org/monitor/2014/10/incarceration>.

Mental Health America (2006). Access to Mental Health Care and Incarceration.
<https://www.mhanational.org/issues/access-mental-health-care-and-incarceration>.

Russell-Kraft, Stephanie (2021, March). Alternatives to police exist. You just haven't heard of them. *Sojourners Magazine*.

Substance Abuse and Mental Health Services Administration (SAMHSA) (2019). Principles of community-based behavioral health services for justice-involved individuals: A research-based guide. *HHS Publication No. SMA19-5097. Rockville, MD: Office of Policy, Planning, and Innovation*.

U.S. Bureau of Justice (2006, September). *Mental health problems of prison and jail inmates*.

Letters of Support

- p. 29 Kathy Protsman, Vice President of National Alliance on Mental Illness (NAMI) Manitowoc County
- p. 30 Donna Firman, Board President, Prevent Suicide Manitowoc County
- p. 31 Curtis Green, Manitowoc County Coroner



NAMI

National Alliance on Mental Illness

**Manitowoc
County**

NAMI (National Alliance on Mental Illness) is the nation's largest grassroots mental health organization. We provide advocacy, education, public support and public awareness. NAMI Wisconsin's state headquarters is in Madison; supports twenty-seven affiliates. NAMI Manitowoc County is one of these affiliates. Locally, we provide referrals, educational programs, and support groups. Together, our mission is to improve the quality of life of people affected by mental illness and to promote recovery!

NAMI supports a program in Governor Evers' budget called Treatment and Alternative Diversion (TAD), which allows non-violent offenders, with mental illness, to be diverted from jail to appropriate behavioral health services and supports, under the supervision of the court. We support the expansion of specialty treatment courts like Mental Health Treatment Courts, which are sparse in our state, compared with Drug Courts. The only three we have are in Brown County, Outagamie County and Eau Claire. Currently, law enforcement handcuffs people with mental illness, who have committed a crime, in the back of their squad car and take them to jail. They're being jailed when their need is for mental health care. We want the mental health consumers of Manitowoc County and their families, to have the benefit of having a Mental Health Treatment Court, here.

A Mental Health Treatment Court will help many of our mental health consumers, who have committed a crime, to get the behavioral health services and support that they need. This will strengthen them, rather than shame or punish them, because of their illness. Money will be saved by the county, because of these practices. Mental Health Treatment Courts, will provide mental health consumers, with a path, on which to improve the quality of their lives and promote their recoveries. These are valuable benefits.

NAMI Manitowoc County,
Vice President
Kathy Protsman

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April 20, 2021

To Whom It May Concern:

We are writing today to strongly endorse the implementation of a mental health court in Manitowoc County.

From 2008 to 2020 Manitowoc County has lost 130 of its citizens to suicide. Forty-six of those men and women (or 35%) were reported as having recent criminal legal problems.

What if those people had been properly treated in a mental health facility, connected to the criminal justice system, rather than left to their own devices? Would they have lived? We'll never know. What we do know is that people in treatment usually recover and go on to lead productive and accountable lives.

We know that everyone deserves the second chance that suicide robs.

Please consider the life-saving possibilities of mental health court in Manitowoc County.

Sincerely,

Donna Firman
Board President

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MANITOWOC COUNTY CORONER

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05-27-2021

To Whom It May Concern:

I would like to start by saying that I am in favor of a Mental Health Court for not only Manitowoc County but for those counties that currently do not have one.

After nearly four decades in public service I have become quite cognizant of the issues those who suffer from mental health disorders have endured in the standard criminal justice system because of their diagnosed and undiagnosed mental health issues. I do believe, based on my real world observations that the court system has changed somewhat to reflect the acknowledgment that mental health issues can play a major role in a person's long term experience in the criminal justice system. Acknowledgment is not enough.

Dealing with persons with numerous different mental health diagnoses and having listened to the friends, spouses, parents, children and others close to those suffering from mental health issues, I have heard on more occasions than I can count the same personal histories. The homelessness, squalid living conditions, theft of food, abuse by others, self abuse, suicidal ideation etc. are all part of the real world that many with mental health issues endure daily. Many times those with these disorders are not alone in their suffering. There are also many loving families to consider.

Distraught parents and loving family at their wits end have often told me how the courts have failed them and their loved ones who suffer from mental health issues without regard for long term required treatment for the individuals.

Having experienced firsthand persons both on and off medications or structured treatment plans and the difference in behavior and family dynamics when treatment is working is a goal that should be supported by the courts through a court designed to do just that.

I strongly support our drug court and I believe that a mental health court will have a major long term impact on how we look at the criminal justice system overall.

Thank you,



Curtis Green, Manitowoc County Coroner

www.manitowocounty.org