



Criminal Justice Coordinating Council

Evidence-Based Decision Making Subcommittee

Meeting Minutes

Thursday, June 19, 2025, 9:00 a.m. – 11:00 a.m.

Meeting location Virtual (Zoom)

Co-Chairs Kelli Thompson and Ray Woodruff

Subcommittee Members Present:	Heather Kierzek, Dave Mack, Kelli Thompson, Ray Woodruff, Judge Elliott Levine, Nick Sayner, Emily Westover, Tiana Glenna, Brad Jago, Chloe Moore
Subcommittee Members Not Present:	Delilah McKinney
DOJ Staff:	Ryan Anderson, Ashley Billig, Kerrie Fanning, Sabrina Gentile, Brad Kelly, Marsha Schiszik, Christine Schulz, Katie Snell

Welcome and Opening Comments

Subcommittee Co-Chair Kelli Thompson welcomed members to the meeting at 9:00 a.m.

Quorum was present.

Co-Chair Kelli Thompson asked for a motion to approve the meeting minutes for the April 17, 2025, meeting.

Approval of Meeting Minutes for April 17, 2025

Motion was made by Judge Elliott Levine and seconded by Heather Kierzek to approve the April 17, 2025, Evidence-Based Decision Making (EBDM) Subcommittee meeting minutes.

The motion was passed on a voice vote.

Subcommittee Member Updates

Judge Elliott Levine reported the Effective Justice Strategies Committee is reviewing Chapter 971.13 Criminal Procedure – Proceedings Before and At Trial – Competency. Levine also reported State Courts and DOJ Staff are updating the WI Treatment Court Standards, so they align with the All Rise National Treatment Court Standards.

Tiana Glenna reported Eau Claire and Chippewa Counties paid for EBDM training for their criminal justice stakeholders. The Carey Group provided the training.

Co-Chair Ray Woodruff reported the Department of Corrections partners with the University of Cincinnati for training on Core Correctional Practices and they are discussing training opportunities next year on these foundational practices.

Interagency Council on Mental Health Briefing and Q&A

Presented by Dr. Melissa Parrent and Dr. Kevin Kallas

Dr. Melissa Parrent and Dr. Kevin Kallas used a PowerPoint to report on the recently created Interagency Council on Mental Health.

Governor Evers created this in 2024. The goal is to reduce barriers and help address gaps in mental health services. This is a statewide action plan to create healthy communities and connect Wisconsin residents to care, when and where they need it.

The presentation included local statistics summarized below as well as how state agencies can collaborate to improve prevention efforts and increase access to mental health care.

For adults, statistics show there are high rates of depression, anxiety, and suicide, and only half of those receive treatment. A possible reason for this is the high number of adults who are uninsured. Wisconsin's suicide rate has increased about 40% in the last couple of decades; it's been estimated that as many as 135 people are affected by each suicide, indicating that any given year over 100,000 individuals in Wisconsin are directly affected by suicide, excluding those who have engaged in suicide attempts or have ongoing suicidal thoughts.

According to the 2023 youth risk behavior survey, some statistics regarding the high school population in Wisconsin include:

- 59% of high school students report experiencing in the past year at least one mental health challenge
- 19% seriously considered suicide
- 15% had a suicide plan
- 9% attempted suicide
- Only 1 in 5 students who felt sad, empty, hopeless, angry, or anxious said they received help
- When kids do get connected to care many find it helpful; 78% of youth reported that counseling helps

Regarding justice-involved individuals, 46% of that population is on the mental health case flow, and 8% of that involves serious and persistent mental illness. In that female population, over 90% are in the mental health caseload and within that group, nearly 2/3 have a formal diagnosis of PTSD.

Ways that state agencies can help positively impact daily aspects of Wisconsinites' lives include:

- Improve social connectedness
- Facilitate affordable housing, food access, transportation, employment, health insurance, and affordable childcare
- Provide trauma support and other health care resources
- Reduce stigma surrounding seeking mental health care

- Improve access to mental health care (e.g., affordability, wait times, location of services, sufficient options)
- Create a sustainable mental health workforce

After the presentation, Parrent asked the subcommittee several discussion questions, summarized below.

What do Wisconsinites need to have a strong mental wellness foundation?

- Consistent reliability in care providers and available resources
- Housing/food security
- Stable financial means/assistance
- Access to education and healthcare resources

What has worked well to address these issues so far?

- Connecting incarcerated people to mental health services prior to release through DHS-subcontracted agencies to facilitate easier transitions back to the community
- Establishing and maintaining good relationships between case managers, law enforcement, dispatchers, and other service providers to create consistent wrap-around services
- Increasing mental health training for officers and other service providers

What are some barriers to success?

- People who are no longer under supervision may not have connections to needed services
- Potential loss of Medicaid to fund continued services after release
- Differences in jurisdiction (counties located on state borders or counties who utilize services in other regions)
- Lack of resources/funding, particularly in rural areas
- Wait times for residents to see providers, if local providers are even accessible
- Lack of health insurance while incarcerated
- Lack of system clarity for incarcerated people (complex health care and prison/re-entry systems, confusing social/financial assistance requirements, etc.)

What can Wisconsin state agencies do to help build a strong foundation for our Wisconsin residents and help ensure affordable, accessible, and timely care?

- Prioritize residents' access to services/resources:
 - Regardless of what state agency you work for; assist residents with finding the right person/department to assist them
 - State system can be more integrated/cohesive
- Support education opportunities for community and justice partners

- Provide written information from state agencies for consistent information regarding resources and services (make sure public information is updated regularly)
- Create better partnerships with county-level and other governmental partners to counteract silos
- Prioritize housing insecurity
- Integrate services into schools, libraries, and/or other primary care resources
- Address barriers to serving rural communities

The Interagency Council on Mental Health (ICMH) will use this information/feedback from the subcommittee as well as other meetings with community stakeholders to accumulate all the data regarding these issues for analysis to inform a statewide action plan and establish possible immediate steps for implementation.

EBDM Subcommittee Goals

Presented by Ryan Anderson, Bureau of Justice Programs Supervisor

Ryan Anderson used a PowerPoint to report on the EBDM Subcommittee goals. After Ryan's presentation, Judge Levine recommended adding an objective to Goal 5 for driving data collection in counties not yet sharing information in CORE. After that amendment, the EBDM Subcommittee goals and subsequent outcomes were agreed upon and include the following:

1. Maintain strong leadership and involvement within the subcommittee membership.
 - a. Review EBDM membership list and build investment among members.
 - b. Introduce and orientate new subcommittee members.
 - c. Review expectations of membership for existing and new members.
2. Support existing pre-trial sites and explore status of pre-trial programs statewide.
 - a. Identify training resources for pre-trial sites in collaboration with pilot pre-trial sites, the Office of State Courts, and DOJ.
 - b. Share training resources with subcommittee members.
 - c. Promote training resources to expand pre-trial programs in Wisconsin.
3. Facilitate discussions on a spectrum of initiatives promoting EBDM framework and the Sequential Intercept Model (SIM).
 - a. Review EBDM framework and SIM process and how they interact.
 - b. Review existing initiatives with DOJ that are under each intercept point in SIM.
 - c. Review State EBDM work plans and collaborate with local EBDM sites about their work plans.
 - d. Evaluate status of State EBDM work plans.
 - e. Increase the visibility of EBDM initiatives (e.g., law enforcement deflection strategies), thereby serving as a conduit for local stakeholders to elevate their concerns to the state level.
 - f. Collaborate with the DOJ and other state agencies to seek and procure grants and additional resources to advance currently-funded initiatives' efforts.
4. Continue collaboration with the TAD subcommittee and DOJ staff to deliver and guide training and technical assistance (TTA) pertinent to EBDM and TAD programs.

- a. Provide a brief overview of a SIM workshop for the facilitators.
 - b. Continue SIM process with pilot sites (Lafayette, Jefferson, Polk, Marinette, and Door counties).
 - c. Track if SIM pilot sites are meeting established outcomes.
 - d. Develop an action plan for SIM mapping in 2026 and beyond.
5. Advance data-driven policy development and program evaluation.
 - a. Implement utilization of CORE for existing pre-trial sites.
 - b. Evaluate achievement of deflection and medication assisted treatment programs' progress on achieving their objectives.
 - c. Monitor and evaluate pre-trial data entry and provide an update on status and early results at end of 2025.
 - d. Discuss and explore mechanisms to capture data from sites not entering data into CORE by collaborating with BJIA and the Data-Sharing Subcommittee.

Survey of Wisconsin Jail Programs

Presented by Kerrie Fanning, Bureau of Justice Information and Analysis

Kerrie Fanning used a PowerPoint to present preliminary results and analysis on the Jail Programs Survey. While the presentation focused on preliminary results, there is a full comprehensive summary report in-progress that contains even more detailed information that will be available at a future date.

This presentation demonstrated how the project was implemented to gather an overview of Wisconsin jails' operations. This was a voluntary statewide research survey of programs and services provided in Wisconsin jail facilities to understand facilities' barriers in providing services and programs to residents; areas of desired growth, improvement, or expansion; goals and future program plans; current program endeavors; and ways Wisconsin DOJ, DOC, or other state agencies and stakeholders might be interested in exploring further.

With an 81% response rate of facilities surveyed, two thirds of which were from rural areas, facilities were questioned about services available and pre-booking screening topics across Wisconsin (e.g., mental health, self-harm history, substance use, suicidality risk, medical conditions, pregnancy status, overdose history, parental or disability status, military experience):

- Facility requirements for ADA accommodations requirements (e.g., formal documentation, accessibility, language interpretation resources, etc.):
 - 78% of responses claimed they do ask individuals pre-booking.
- Medical/pharmacy services (excluding emergency medical services):
 - Most facilities provide some or all general medical services on-site.
 - General physician care and pharmacy services provided off-site.
- Pregnancy needs:
 - Common resources were available pretty evenly across facilities (e.g., bottom bunk assignments, extra food/fluids availability, prenatal vitamins).

- Some facilities had access to other less available resources such as on-site ultrasounds and OBGYN providers.
- Other resources mentioned included lactation resources, breast milk storage on-site, and post-partum recovery supplies such as ice packs and heating pads, which are more frequently offered at larger facilities.
- Substance use disorder medications:
 - 74% of facilities reported providing at least one FDA-approved medication.
 - Barriers to providing these resources include medication cost, having limited capacity/resources to provide the medications, insurance issues, lack of medical history or health complications.
- Types/costs of contact/visits:
 - All facilities have access to phone calls.
 - All but one have access to mail.
 - Most facilities have private attorney meeting spaces; all others have spaces with plexiglass or another barrier.
 - Most facilities offer remote or on-site video visits.
 - Only 10 facilities responded that they offered contact visits; more had plexiglass visits.
 - All facilities had fees for mail, phone calls, and remote video visits
 - Residents or the visitor has to pay the cost of a stamp for mail.
 - The average cost per minute for phone calls was about \$0.23 per minute, ranging from \$0.05 to \$0.67 per minute.
 - Remote video visits cost on average about \$0.29 per minute, ranging from \$0.07 to \$0.60 per minute.
 - The average phone call cost at facilities in rural counties (\$0.26 per minute) was significantly higher than average phone call costs at facilities in urban counties (\$0.17 per minute).
- Staff training:
 - Most facilities require training on general substance use disorder and/or mental health crisis intervention. About 59% of facilities require this training annually.
- Barriers to providing programming:
 - Lack of appropriate staffing
 - Lack of funding to implement/sustain
 - Limited space
 - Legal barriers (per federal/state statute)

Public Comment

There was no public comment.

Announcements

There were no announcements.

Co-Chair Kelli Thompson asked for a motion to adjourn the meeting.

Motion to Adjourn

Motion was made by Co-Chair Ray Woodruff and seconded by Tiana Glenna to adjourn the meeting. The motion was passed on a voice vote.

Meeting adjourned at 10:55 a.m.

2025 Meeting Dates

August 21, 2025

October 16, 2025

December 18, 2025