

**IPID COMMITTEE MEETING  
DECEMBER 10, 2015  
MINUTES**

**PRESENT:** Joan Sternweis, John Kettler, Timothy Holloway, Mike O'Brien, Joe Muchka, Jennifer Holmes, Thom Moerman, Lee Wipfli, JoAnn Eiring, Sue Opper, Mike Haizel

**EXCUSED:** Richard Dettlaff

**PRESENTERS:** Mike Balda, Director of Electronic Monitoring with Wisconsin Community Services (WCS), and Rebecca Luczaj with CJCC

Meeting was called to order at 8:34 a.m.

**INTRODUCTION OF GUESTS AND COMMITTEE MEMBERS**

Introductions amongst members and guests were exchanged.

**APPROVAL OF MINUTES**

Minutes from the September 10, 2015 meeting were reviewed. A motion was made by Mike O'Brien, second by Joan Sternweis to approve minutes as written. Motion was passed.

**PRESENTATION**

Kettler introduced Mike Balda with Wisconsin Community Services (WCS) and Rebecca Luczaj, Coordinator of the Criminal Justice Collaborating Council (CJCC) for Waukesha County.

Luczaj began with an overview of the Pretrial Intoxicated Driver Intervention Program. Wisconsin Community Services (WCS) has had funding for the program since 1999 through the Department of Transportation (DOT), Waukesha County tax levy, and from program fees that the program participants pay. The two goals of the Pretrial Intoxicated Driver Intervention program are to reduce the failure to appear rate, and to increase public safety by decreasing the likelihood to reoffend while out on pretrial supervision. In CY2014, a total of 870 OWI offenders were served; 55% were 2<sup>nd</sup>, OWI, 28% were 3<sup>rd</sup> OWI, 12% were 4<sup>th</sup> OWI, and 5% were 5<sup>th</sup> OWI. A low recidivism rate was maintained for those served during supervision in 2014 with a positive outcome.

In April 2015 Luczaj mentioned that the Governor's budget transferred program oversight of the ten intoxicated driver intervention programs across the state of Wisconsin from the Department of Transportation (DOT) to the Department of Health Services (DHS). Unfortunately, Waukesha County did not realize that the cost to oversee and run the programs, \$731,600, was not included in the program transfer, thus state funding would end June 30, 2015. In May 2015, a workgroup was formed to address the loss of the state funding. Waukesha County stepped in and agreed to continue the program for the period July-September 2015 while the workgroup looked at pre-trial risk assessments to determine dosage of supervision for individuals in the program, with the goal to serve the same number of people. Given that there is not much research in the field on pretrial

risk assessment tools specific to OWI offenders, the workgroup looked and spoke with the researcher on the OWI risk tool that was developed by DOT almost five years ago. The tool was then administered by WCS staff to a sample of clients currently in the program. The results in looking at the risk principle of best practices were what WCS thought; low risk have minimal supervision and self correct on their own, so more focus was placed on the moderate to high risk. Another dosage supervision model was conducted by WCS based on risk score. While working on the new model, WCS received correspondence from DHS that funding for the program will continue at the same level for another year, July 1, 2015 to June 30, 2016. Luczaj mentioned the workgroup continues to meet on a regular basis, and a few of the workgroup members will be attending a pretrial training of best practices February 8-11, 2016. The training will provide the workgroup with a better perspective as we move forward with the pretrial intervention program. Luczaj mentioned that for low risk individuals supervised, the workgroup is proposing to use the remote breathe device that is administered by WCS, and increasing the level of supervision for moderate to high risk individuals by utilizing the scam or the scam with the electronic monitoring device.

Mike Balda with Wisconsin Community Services (WCS) provided an overview of the remote breath and scam devices.

Balda reported that WCS has had a relationship with alcohol monitoring systems and the scam bracelet since 2005. WCS is the largest provider in Wisconsin of the scam bracelet. Balda brought samples of the devices to share with the group. The scam bracelet vibrates every half hour by pulling vapors off of the client's skin that runs over a fuel cell that tells how much that client is drinking and when they began drinking. The whole process takes an hour and half for the bracelet to start detecting. The technology of the bracelet is based on the fact that it has to touch the skin to work, and often times a client will try placing something between their skin and the device, but the bracelet can still pick up the vapors from the individual. The device is not submersible. Ninety-five percent (95%) of all clients are on the scam bracelet. Information retrieved from the bracelet can be done in two ways. One method is for the client to come into the office, a direct connect is attached to the bracelet, and reads all the information off of the device. The second method is by a base station modem that is connected to a client's landline, thereby sending the information over to the base station. The second method can be done every day. All information received is sent to be data analyzed in Colorado.

The remote breathe is a hand held breathalyzer that is fairly new, within the last 1 ½ to 2 years. The client will receive a text message on their cell phone. Once the message is received, the client has a 30 minute window to test into the device. After 30 minutes, the device will power up and make a loud noise at which time the client is required to blow into the device. The device will take a picture of the client blowing into the device, and has the capability of telling the difference between identical twins. This device is a cell phone based device so it requires a charge every day, and when it does the test, it can detect where the client is in the community within that cell phone tower radius. This is for lower level supervised clients and up to 4 random tests a day can automatically be performed with the remote breathalyzer.

WCS provides GPS services for the House of Correction in Franklin, Wisconsin. Some inmates are on GPS and OWI offenders are on the scam bracelet that require a land line for monitoring.

Clients have a curfew time for testing of alcohol while in the program, and are required to come in for weekly tests at WCS.

A question and answer period followed.

#### **DISCUSSION ON PROVISIONAL ACCEPTANCE OF SERENITY RECOVERY CLINIC**

Kettler followed up on the provisional acceptance of the Serenity Recovery Clinic, located in Milwaukee County, presented by John Luznicky. Kettler noted that in September 2015 this committee approved Serenity Recovery Clinic's application as one year provisional status to reappear in front of the Committee in September 2016. The concern for the provision was primarily due to the new and fairly small agency, and if Luznicky was unable to fulfill duties, a backup plan for continuity of care for the needs of the patient would be met. Kettler shared further information which was requested of Luznicky, which speaks to a plan for continuity of care for the patient's needs. The group discussed their concerns. Wipfli expressed concern about the arrangements for supervision and the mental health component to treatment. Kettler noted that Luznicky is referring mental health services to Dr. Charles Grady. No mental health treatment is being provided at the Serenity Recovery Clinic, and a clinical supervisor is involved with the clinic. The committee agreed to watch over time to make sure that components for growth in the clinic continue, backup and expansion plans, and quality of services are in place. In September 2016 the committee will review and make sure Luznicky is compliant with HFS 75.

#### **DISCUSSION OF FUTURE TOPICS AND PRESENTERS**

John Kettler asked the committee for ideas about future topics. Suggested items include:

- Report from Luczaj about the Pretrial conference.
- Report from researcher on the DOT Risk Assessment tool.
- Report in June 2016 about the continuation/plan of grant funding for the Pretrial Intoxicated Driver Intervention Program.
- Committee membership discussion.
- Update on Interlock equipment/device.
- Report on the DRE process.
- Muchka to present in March 2016 the SCAODA Report on Marijuana.
- Muchka to follow up about having Joan Hader, Associate Dean of the Human Services department at WCTC, speak in March 2016 about the future of AODA care tied to appropriate credentials and care.

#### **CHAIR REPORT**

Kettler reported on a new adolescent primary substance use treatment group that began two months ago at WCDHHS. The group meets weekly and is almost at full capacity. The provider who runs the group is dually licensed.

Waukesha County's Outpatient Clinics and Programs and the Inpatient AODA Services at the Mental Health Center successfully transferred to the American Society of Addiction Medicine (ASAM) model.

Kettler spoke about the January 14, 2016 Heroin Task force meeting of providers, and shared a statewide public service announcement from Attorney General Schimel entitled “Dose of Reality”, a public awareness campaign and various resources.

**NEXT MEETING**

The next meeting will be on Thursday, December 10, 2015, 8:30 – 10:30 a.m., in the Health and Human Services Center Board Room 271.

**ADJOURNMENT**

Muckha made a motion, second by Wipfli to adjourn. The meeting adjourned at 10:15 a.m.

Minutes recorded by Linda Johnson.

Approved on 3-10-16