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President's Message Michelle Smith 2015 MCA President

Spring is here!! Our Spring vacations have come to an end, the birds are back in town, and the legislators are at back in the office. True signs of Spring in Corrections would also include the opening of the yard for evening activities and the completion of the MCA Spring Training Workshop. What a great day of training it was in Monticello. Thank you to the training committee for putting on a great event. I had an opportunity to speak with each of the vendors, speakers were phenomenal and it was a day filled with great information.

Along with the above signs of Spring also comes Graduations (and road construction) I'd like to share several thoughts about the upcoming graduates. This is a great time of year for recruitment, retention, and job fairs. Please consider attending local schools to talk about a career in Corrections. These young adults are looking for jobs and careers at just the right time. There will always be transition in any business and succession planning is a huge part of the success of those businesses. A good solid foundation with experienced staff to teach, mentor and grow the next level of employees. Our time is now to be engaged with recruitment.

I'm looking forward to attending some of the student job fairs and have participated in college career day speaking events. I ask all of you to consider doing the same. Let's grow and diversify the field of Corrections.

One last thought with the session in full swing again. Please read and support the legislative agenda that is in place to ensure corrections is heard on the "Hill". Cal is keeping us updated on the progress and you can read more about it in his article.

The rain will soon turn the grass green and the sun with eventually arrive to warm us up. Until then we enter the best arena in all of hockey.....cheer loud! GO Wild ☺

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Legislative Affairs CAL SAARI MCA Legislative Liaison



Report on Legislative Affairs:

As I prepare this article to you, the Legislature prepares to return to Session beginning Tuesday, April 7th, following a ten-day Easter break. In the first twelve weeks of the current Session there have been 4,150 bills introduced (2011 in the Senate, 2139 in the House). Out of those bills, 159 of them have been referred to the House Public Safety Policy and Finance Committee, and 226 were referred to the Senate Judiciary Division.

In addition there were a few more bills related to Public Safety/Corrections issues referred to the House Civil Law Committee and a few to the Senate Transportation and Public Safety Division. We have devoted our attention to about eighty bills that appeared may selected by the Committee chairs for hearings. To date, there is not a single proposal related to our legislative agendas that are close to passage and being sent to the Governor.

The most visible of those bills, of course, is the Voting Restoration bill, **HF 342**, which has yet to be heard in the House. The Senate version, **SF355**, was heard and approved as amended by three different Committees. It remains to be seen if the language will be included in the Division's Omnibus bill, and then if it can survive in a Conference Committee debate.

A similar scenario occurred with **SF 994 / HF 1069**, the Juvenile Justice bill, which addressed the Juvenile Life without parole, expansion of diversion, and addressed the use of restraints with juveniles. The bill was passed by the Senate Judiciary Division, but has not had a hearing in the House, where the Committee Chairman is also one of thirty five authors of the bill. No reason has been provided for the reasoning for lack of action, but we can only conclude that the Republican leadership does not want to address anything that can be interpreted to be "soft on crime." We advocates of this legislation still hope to have the language included in one of the Committee omnibus bills, then survive a Conference Committee debate, in order to get at least part of that language passed this Session.

These preceding examples are typical of this Session although I will predict that several bills of interest will be included in the Committee Omnibus bills of both Chambers. I noted in reviewing this week's Committee schedules do include about a dozen bills that the Committee Chair has already announced they intend to continue for possible inclusion in an Omnibus bill. We don't expect to see these bills until later this month, but we maintain some optimism that those final bills will include some of the issues we've addressed this year with legislators.

This week, as the Legislature returns to action, their focus will also drastically change with fiscal matters taking full priority. There is lots of work to do - adopting a state budget for 2016-17. The final budget will be dependent upon what the Legislature decides to fund during this period, then agreeing to how you raise the dollars to balance the budget. The budget proposals of the Governor, the Republican House leadership and the Democratic Senate vary widely. We are really beginning to hear that this is not going to be an easy accomplishment as political philosophies will again resist many changes. Coming to some general agreement on spending is going to be needed in order for any Omnibus bill to have much meaning. So what we see now is that the budget discussions will take over almost the full attention of the Legislature, and passing anything is going to depend on their ability to reach some type of consensus. Don't look for adjournment any time before the mandated May 18th date, and perhaps another year where this debate may stretch well into the summer months. It's going to be another interesting final seven weeks!! We'll keep you posted so check on our webpage for legislative updates.

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Techie Talk

Graphene the Super Substance



By David Heath - Technical Committee Chair

In my latest internet technology research, I was looking for advancements in bullet proof vests and stumbled across an amazing material called Graphene.

Two scientists at the University of Manchester, won the Nobel Prize in Physics for their experiments with the material in 2010. Graphene, was recently tested for absorbing impacts with micro bullets and it showed superior results. It is rated twice as good as Kevlar and 10 times better than steel at absorbing impacts.

<http://www.techtimes.com/articles/21185/20141129/graphene-may-make-better-bulletproof-vests-than-kevlar.htm>

<http://gizmodo.com/graphene-body-armor-will-be-twice-as-good-as-regular-bu-1664320431>

It has been called the super substance that will change the world. Graphene was discovered in October of 2004, and like most past discoveries, it has been a long road to practical use. The 2010 Nobel Prize Physics experiments started to show how it could be used.

As I read further into this incredible material, the more amazed I became. This really does have future applications that could change mankind. Things like: Graphene filters that will convert saltwater to drinkable water (MIT is working on it), super huge and fast uploads of data (an incredible 1 Terabyte per second), making batteries obsolete, and much more. Take a look at the link below on 9 incredible uses.

<http://gizmodo.com/5988977/9-incredible-uses-for-graphene>

So, for the scientific types, I have added a link on what Graphene really is. In simple terms, it is pure carbon. In complicated terms, it is much more than I can explain. What astounds me, is the scientist that discovered it, (see last paragraph of link) just used a piece of graphite and some of Scotch tape. Way to go for helping out 3M !

<http://www.graphenea.com/pages/graphene#.VSVZ4tF0wdU>

Maybe this discovery will even make things like a Kevlar canoe more affordable in my lifetime... Expensive Graphene designed boats may become the future craft of choice for those class IV rapids.

Thanks for reading!

MCA Education and Training Committee

The Education and Training Committee held its Annual Spring Workshop on March 27, 2015 at the Monticello Community Center.

The Stolen Ones....



Sexual Exploitation and Trafficking.....

Sexual exploitation and trafficking are present – though often hidden – in every community in Minnesota. The Safe Harbor law, effective August 1, 2014, represents a paradigm shift in how Minnesota addresses this challenge, viewing exploited youth as victims and focusing on holding traffickers and buyers accountable. The session provided corrections professionals with an understanding of this issue and Minnesota's response, with additional perspectives from law enforcement, prosecution, child protection, and service providers.

Attendees had the opportunity to hear about the unique delivery of holistic services provided at 180 Degrees Brittany's Place, from Trauma Informed Care, Culturally Responsive Services, to Physical, Mental and Chemical health services, and Family Reunification services. We learned about their one of a kind wraparound approach to programming all housed within a brand new state of the art 14 bed facility designed specifically for girls ages 10-17 who have been sexually exploited and/or trafficked.

We had an excellent turnout for our training with 61 individuals attending along with 15 vendors. There were 8 speakers that presented at the event. Positive comments were heard throughout the training day about the topic, speakers, and venue.

The MCA Education and Training committee would like to thank all of the speakers, vendors, and attendees for a great day of training. **A special thank you to our break sponsors – Prairie Lakes Youth Programs (PLYP) and Woodland Hills.**

Submitted by –
Nancy Johnson – Education & Training Co-Chair

The Next Education and Training Event

MCA/MCCA Present:

Hybrid Gangs & Security Threat Groups

June 5, 2015 9:00 a.m. – 12:00 p.m.

Rochester, MN

Watch for registration to open soon! Space is very limited for this event.

*This is a free workshop for MCA & MCCA Members



Save the Date

**Student Services Career Fair & Annual Training Institute
October 20-23, 2015
Verizon Wireless Center
Mankato, MN**

**Student Services Career Fair – October 20
MCA Annual Training Institute – October 21-23
Watch for Exhibitor Registration to open soon!**

FASD in Detoxification Centers: A Need for Examination¹

Authors: Bob Rohret, Jerrod Brown, Stefanie Varga, Anthony P. (Tony) Wartnik, Tina Andrews, Mary Mahoney Weaver, Anne Russell, Mario L. Hesse, and Hannah Brown

This article briefly explores the challenges associated with the identification of Fetal Alcohol Spectrum Disorder (FASD) in detoxification centers. Detoxification centers are natural entry points to the health care system for many individuals suffering from addiction and co-occurring mental health disorders. Still, detoxification centers continue to be under-utilized as a filter for identifying, screening, and treating patients with FASD. The purpose of this article is to increase awareness regarding the under-utilization of detoxification services, and to discuss strategies for improving FASD services within these settings. This article assumes the reader has a basic understanding of FASD.

¹ Disclaimer: Some of the information presented in this article is based on professional experience and opinion. The subject of Fetal Alcohol Spectrum Disorder (FASD) is complex and requires extensive education and training in order to grasp the concepts and key research findings associated with this topic. Professionals interested in learning more about FASD are encouraged to review the scholarly literature related to this topic and should consult with other professionals with advanced competencies in this subject matter.

Detoxification centers typically exist as separate entities from mainstream healthcare settings. They evolved as a unique service system to enhance public safety and public health. A challenge within the detoxification center, is that priority is often given to public safety over public health. Freestanding detoxification centers are typically designed as short-term solutions providing stabilization and brief treatment of patients experiencing acute intoxication and/or withdrawal from alcohol and other drugs. In many cases, the use of restraint and seclusion room placement is common, resulting in center policies that emphasize practices of detention and security versus those that are therapeutic. In spite of this, detoxification centers do not qualify as correctional placement, or as organizations providing correctional services.

In addition to public safety-focused policies, these freestanding detoxification centers often lack funding to adequately staff their programs with medical and behavioral health professionals. Nursing staff are often present at rounds and staffing meetings, yet nursing care is seldom available 24 hours a day. Physician care also tends to be limited due to expense, resulting in telephone consultation with physicians or on-call services. Given these limitations, detoxification centers often fall short in providing both correctional and “health care services.”

The limitations of insurance payers to acknowledge detoxification centers and their services as medically necessary presents a further challenge to staffing such centers with medical professionals. Health plans vary greatly in their definitions of “medical necessity”, tending to follow Medicaid guidelines. Those policies limit reimbursement to hospital-based detox services. The lack of medically trained professionals hired within such centers further leads to the under-identification and misdiagnosis of individuals with FASD. Considering the higher rates of substance misuse and addiction problems associated with FASD, the likelihood of such individuals being seen in detoxification centers within the United States seems likely. However, the actual prevalence rates of how many individuals with FASD come into contact with detoxification centers are currently unknown, emphasizing the need for further research and study.

Screening Challenges

The challenges of screening and identifying FASD within detoxification settings are numerous. One challenge is that the typical short lengths of stay for most detoxification centers do not allow for sufficient time to identify underlying disorders. Short stays within detox centers combined with a lack of multi-disciplinary expertise among staff further contribute to lower identification rates (National Institute on Drug Abuse, 2012). Additional challenges include overlapping and masking of the symptoms of FASD by short term cognitive impairments from alcohol, and neurological conditions such as Traumatic Brain Injury (TBI), or Wernicke-Korsakoff Syndrome. Even when an individual is successfully screened for FASD, many centers may not have the ability to refer that individual to proper resources for further assessment and treatment.

Potential Strategies for Improvement

There are efforts currently underway in many states to re-visit the purpose and function of detoxification centers, with an overall goal of integrating them with mainstream health care (Ford & Zarate, 2010). Behavioral Health Homes are one strategy that offers promise if these health home models include a detoxification/withdrawal management component. State and Federal strategies to develop behavioral health homes offer the potential to move away from short-term acute treatment of those suffering from addiction, toward a longitudinal, chronic disease model. If this effort is successful, there would in theory be no distinction between treatment of addiction disorders and any other chronic disease, such as diabetes or asthma. In order to successfully integrate detoxification services and all other addiction services into mainstream health care, it will be necessary to better define the service. Detoxification/withdrawal management services must be clearly defined as a medically necessary and billable care option. There must be agreement among policy makers,

health plans, physicians and the scientific community that addiction and related disorders are medical conditions with established criteria for diagnosis, treatment and billing. Identity confusion surrounding the mission and purpose of detoxification services must be clarified, or confusion will continue to undermine the legitimacy of the science that supports treating detoxification as a medically necessary service. Cost associated with the use of Emergency Departments as a gateway to other healthcare services is receiving more attention as health care costs rise. By integrating primary care into behavioral health care settings, FASD may be more accurately identified and treated. Solutions to quality, cost-effective care for those suffering from FASD and substance abuse problems within a system of care that considers addiction as a chronic disease and less as a condition warranting detention, security, and a public safety service is critical.

Author Biographies

Bob Rohret, MPH, holds a Master of Public Health Degree from the University of Iowa with an emphasis on Community and Behavioral Health. Bob has over 20 years of experience working in the field of addictions and co-occurring disorders, serving in a variety of positions from direct-care staff to Executive Director/CEO. Bob has developed and managed services in diverse cultural settings for adults, adolescents, families, correctional clients, the homeless, and veterans. He is currently employed as a Program Director for Ramsey County Community Human Services in St. Paul, Minnesota, and also serves as a consultant and trainer for the American Indian and Alaska Native Addiction Technology Transfer Center (AI/AN ATTC), under the College of Public Health at the University of Iowa.

Jerrod Brown, MA, MS, MS, MS, is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefitting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS) and the lead developer and program director of an online graduate degree program in Forensic Mental Health from Concordia University, St. Paul, Minnesota. Jerrod is also in his dissertation phase of his doctorate degree program in psychology.

Stefanie Varga, PhD, is a clinical neuropsychological in Minnesota who specializes in the assessment, diagnosis and treatment of individuals with Fetal Alcohol Spectrum Disorders (FASD). She is the owner and clinical director of Treehouse Psychology, PLLC, and contracts independently with correctional settings within the state providing court-ordered neuropsychological evaluations.

Judge Anthony P. (Tony) Wartnik, served as a trial judge for 34 years, nine of which were on the Bellevue District Court, a limited jurisdiction court and almost 25 years on the King County, Washington Superior Court, a general jurisdiction court. In the latter capacity, he presided over involuntary mental illness treatment commitment cases, juvenile offender and dependency cases, adult criminal cases, and family law cases in addition to other assigned responsibilities. He chaired a task force in the mid-1990s to establish protocols in Juvenile Court for determining the competency of youth with organic brain damage and chaired the Governor's Advisory Panel of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Since retirement from the court in 2005, Tony has served as a consultant to the Fetal Alcohol and Drug Unit, University of Washington, School of Medicine and as the Legal Director/Liaison for FASD Experts, a multidisciplinary Forensic Assessment and Diagnostic Team, and has presented at workshops and conferences throughout the United States, in Canada, New Zealand and Australia. In addition, he has authored and co-authored numerous articles on issues involving Fetal Alcohol related issues, mental health, and other subjects as they relate to the law and the court.

Tina Andrews, MBA, MEd, is co-founder and member of the Board of Directors for Families Affected by FASD. FAFASD works to raise awareness through education, support, and research-based training for family and professionals working with individuals with an FASD. Tina is also the

author of a blog, Ten Second Kids in a Two Second World, where she explores a wide range of topics related to being a caregiver for a child with FASD. Ms. Andrews works full time in quality and statistical analysis in addition to her FASD advocacy efforts.

Mary Mahoney Weaver, has a Bachelor of Science degree in Human Services and is the Northwest Prevention Initiatives Coordinator for Minnesota Communities Caring for Children/Prevent Child Abuse Minnesota and contracts with Minnesota Organization on Fetal Alcohol Syndrome for family support work. She is a public member of the Minnesota Board of Social Work, appointed by Governor Mark Dayton in October 2014. Mary and her husband are parents of six children, most of who were prenatally exposed to drugs and/or alcohol.

Anne Russell, is the biological mother of two adult children with Fetal Alcohol Spectrum Disorder (FASD). Since 2000, Anne has worked to raise awareness in Australia pertaining to alcohol and pregnancy and FASD. In 2005, she published the first of three books and is currently preparing the second edition of Alcohol and Pregnancy – My Responsible Disturbance. In 2007, she founded the Russell Family Fetal Alcohol Disorders Association (RFFADA) which provides support for over 200 parents around the world.

Mario L. Hesse, PhD, is a professor of Criminal Justice at St. Cloud State University. Dr. Hesse's areas of research focus on corrections, delinquency, gangs, and media and crime.

Hannah Brown, is a mental health research assistant with the American Institute for the Advancement of Forensic Studies (AIAFS). She will graduate from Macalester College in 2015 with a Bachelor of Arts degree in Neuroscience.

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About the MCA FORUM

FORUM is published up to six times a year by the Minnesota Corrections Association, a nonprofit professional association incorporated in Minnesota.

Articles submitted by our membership do not express the views of MCA or the board of directors.

Articles may be submitted to the 2015 *FORUM* editor **Marc Bloomquist** at marc.bloomquist@state.mn.us

Articles should not be of the nature of a commercial solicitation of products or services; rather, they should be informative on topics of interest to MCA membership at large.

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