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President's Message

Monique Drier
MCA President

Hello Fellow MCA Members:

As we begin a New Year, I am very excited about serving as your President for 2014. As I reflect back on MCA through the years and serving on the MCA Board I am always impressed with the number of individuals who give so much to this organization to make it the pillar that it is within the Corrections arena. A word of many thanks to all who volunteered to serve on the Board for 2014. We have some returning members and some new Board Members that will work with all of us this year to make 2014 a year to remember. I think that it is important for all to know who the Board members are – please let me take this opportunity to introduce the Board of Director's for 2014: Michelle Smith, President-Elect; Steve King, Vice President; Lynn Rohlf, Secretary; Dayna Burmeister, Treasurer; Karen Evans, Past President; Mark Bliven, Adult Justice/Legislative Chair; Sara Eischens and Nancy Johnson, Education & Training Co-Chairs; David Heath, Technology Chair; Lori Korts, Student Services Chair; Shannon Fette and Amy Moeckel, Fall Institute Co-Chairs; Laura Anderson, Nomination Chair; Travis Gransee, Juvenile Justice Chair; Dan Kempf, Membership Chair; and Calvin Saari, Legislative Liaison. Thanks again for your dedication to MCA. If you are interested in joining a committee, the chairs always look forward to new members. In addition to our Board members we are very fortunate to have a very dedicated Administrative Manager, Debbie Beltz.

In the latter part of 2013, we were approached to be the fiscal overseer for a JJAC grant. Not knowing what our role would be or how we could be helpful, we decided that it would be a good endeavor for MCA to be a part of. During the initial stages we were told that the reason we were approached as an association is in part due to the reputation that MCA has with our Corrections Peers. Again this is unexplored territory for all and we look forward to the doors that it may open for the association as a result of our participation. More information about the JJAC grant will be forthcoming.

On March 12, 2014, five organizations have again agreed to partner to sponsor Capitol Day which will kick off with a breakfast session at the Kelly Inn in St Paul starting at 7:30 a.m.

This event is free, but reservations are required. Please register on the MCA website.

MCA Sponsors



Sponsors for the 2014 Capitol Day are:

Minnesota Corrections Association (MCA)
Minnesota Association Community Corrections Act Counties (MACCAC)
Minnesota Association of County Probation Officers (MACPO)
Minnesota Community Corrections Association (MCCA)
Volunteers of America Minnesota (VOAMN)

I would like to encourage all to sign up for the Spring MCA workshop. Heroin has been in the forefront of the news lately and the Spring workshop topic "Working with Opiate & Heroin Addiction: An Approach With Results" will be addressing this very topic. The date is Thursday, March 27, 2014, at the St. Peter Community Center, 600 S. 5th Street, St. Peter, MN from 8:30-4 (training begins at 9:00 a.m.), with lunch on your own. The Education and Training Committee has put a great deal of work into planning this training event. Please see the website for further details.

In closing my hopes as President would be to: increase and diversify membership to include all three delivery systems in the state, work with other correctional peers in collaborative relationships and for 2014 to be remembered as a year that MCA was very progressive in meeting the needs of its members.

Monique Drier
MCA President
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Legislative Affairs – January 2014

CAL SAARI
MCA Legislative Liaison

As this edition of the FORUM is being prepared on this date, the Legislature also beginning to show signs of preparation for the second year of the biennium scheduled to be called to order on February 25th.

In a special provision adopted by the House leadership, those legislators anxious to get back to work, were given an opportunity to draft their new legislative proposals early and file them with the Reviser's Office on January 13, 2014. A total of 279 bills were filed that day and were assigned to a Committee for formal introduction on the first day of the new Session. I have reviewed all of those bills and will closely track seventeen of them as of this time as they relate to our systems in one way or another. Sixteen of the new introductions were local bonding proposals. As you know, Governor Dayton has issued his bonding proposals for this Session, a bonding proposal with a wide spectrum that amounts to almost \$ 1 billion. If a branch of government

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has a bonding request that was not included in the Governor's proposal, the Legislator from that area introduces their own request with hopes that either the DFL or Republican leadership will work to include that bill in their bonding proposal during the Session. With three comprehensive bonding proposals to be debated, you can appreciate where much of this short Session time will be spent. Add the health care issues to this with an almost impossible solution in view of federal mandates, and one can easily surmise that it's going to be very difficult to have any success with most other policy/rule changes initiatives. But those who have been around a long time well know that anything can and probably will happen when the Legislature is in Session.

This will be a "short Session" with the February 25th start and May 19th adjournment - an eleven week legislative session unless impasse again results in the necessity of a Special Session. Nevertheless, we expect a busy few months and each of us organizations advocate for our legislative agendas. I'm going to provide further details on the new bills that we will follow on the MCA web page in our legislative tracker report so look there in a few more days if you want details on what has been brought up so far. As most of you know, MACCAC will be spending all of their energy on a new funding mechanism for Corrections. They are in the process of sharing this plan with folks in the Criminal Justice system, but because it changes all of the funding formulas in a way that nobody really understands at this point, I think it is extremely important that you all educate yourself on this proposal, which as I understand, will be an evolving process and will likely see several changes as the Legislature wrestles with the funding solution to this. I don't believe any other Corrections organizations including the Department of Corrections, have endorsed this plan at this point, but it is "a game changer" and worthy of consideration. We in MCA will be continuing our discussions on its impact on an on-going basis.

We also want to remind everyone that the 2014 Corrections "Capitol Day" is set for Wednesday, March 12th, at the Kelly Inn in St Paul, starting at 7:30 AM with a breakfast Buffet which will be sponsored by MCA, MACPO, MACCAC, MCCA, and The Volunteers of America in Minnesota. We really appreciate everyone stepping up and willing to be a part of this great traditional day in which we can share our thoughts and hear from key Legislators as well as Commissioner Roy from the DOC. Mark your calendars and plan to attend. Registrations are necessary and can be made directly through the MCA website at www.mn-ca.org. You may also contact Debbie Beltz, MCA Administrative Manager at mca-mn@hotmail.com.

Please feel free to contact me with your questions or suggestions and I look forward to seeing many of you at Capitol Day on March 12th!

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Techie Talk

Best of the 2014 CES



By David Heath - Technical Committee Chair

The 2014 CES Show was held in Las Vegas last month. The Consumer Electronic Show is all about showing off device proto types and gadgets that vendors hope will catch on and become mainstream products. Unfortunately, there are thousands of items to sort through and many are not really suitable for the average consumer. This year, after reading many CES reviews, I found it difficult to sort through the information overload being reported.

I came across the Wirecutter web site in my research, and thought it was as accurate as any, so I have included the link:

<http://thewirecutter.com/2014/01/tech-were-looking-forward-to-in-2014-a-realists-guide-to-ces/>

In particular, I liked a home monitoring product by Canary which is an interesting concept without needing an elaborate video monitoring system. It can alert movement in your home sending video to a cell phone. It can also send home temperature readings and more to your cell phone. It might be nice to know your furnace is working and your home and pets are safe while on a winter vacation somewhere warm. They are taking pre-orders on this product for \$ 199.00 and it is deliverable in the summer of 2014. See the link for more information and pictures. <http://www.canary.is/>

The Oculus Rift 'Crystal Cove' prototype is a 2014's Best of CES winner. My CES research concluded that everyone loved this product including Wirecutter. It is a Virtual Reality (VR) Device you wear on your head and is reported so realistic it will trick your inner ear and can give you motion sickness. I am not sure if that qualifies the product as great, but it won the coveted award. VR technology seems to have made a big leap with this product. How the VR applications are regulated might be interesting as this technology becomes a common home device someday. Many have suggested that computer games can cause violent tendencies, addictive behavior and seizures. Super real computer games will probably do all that and then some. On the positive side, VR will be used for much more than just fun and games. Virtual training will be one of them. Doctors will practice surgical techniques using this technology along with many other future occupational uses. The Travel industry is another that instantly comes to mind and will market VR travel tours to a distant destinations. I think most of us will still want "real" vacations and not simulated ones, but there seems to be a market for almost everything.

Here is the link to see more:

<http://www.engadget.com/2014/01/09/the-oculus-rift-crystal-cove-prototype-is-2014s-best-of-c/>

To be named the Best in Show is kind of a subjective opinion, but in 2014 the official judge was Engadget and here is who they picked:

<http://www.engadget.com/2014/01/09/best-of-ces-2014-awards-winners/>

Understanding Traumatic Brain Injury

Traumatic Brain Injury (TBI) and Seizure Disorders: A Basic Understanding

Traumatic Brain Injuries can occur at any time in life and may lead to epilepsy and difficulty adjusting to the necessities of daily living. This can present a host of new challenges for individuals and families who are not accustomed to managing a disability. Mental health challenges can often become a greater concern in these individuals' lives and it is important to provide resources for the patient and relatives to help them cope with these sudden demands. While a TBI does not always lead to epilepsy, the more severe the brain damage, the more likely it is that epilepsy can be present. Adults with TBI and epilepsy may experience problems with maintaining employment, and may find it impossible to return to their old jobs and previous way of life.

Securing social services for these adults is paramount, especially if the person is a parent. The combination of a TBI and epilepsy can result in an increase in behavioral, cognitive, and emotional problems. It is imperative for criminal justice and mental health professionals to receive adequate education and training to ensure that patients fully understand their disability, to help individuals improve their overall quality of life, and to help individuals and families obtain services and care that can best support their unique challenges.

Because both of these diagnoses are often labeled "invisible", individuals can be viewed to have negative personality traits, or be seen as aggressive or inappropriate, when truly, they are working against symptoms that can make it difficult to function in daily living environments. By understanding that the frustrations and anxiety that they are feeling is part of their brain function, individuals can begin to open the door to treatment that can greatly improve their day to day functioning. Along with an individual learning to cope with some of the symptoms that they are dealing with, open communication with both family and employers can assist everyone in understanding the triggers that can create difficult situations while living with a TBI and epilepsy.

It may be difficult to pinpoint all of the areas that can be affected by these diagnoses; cognition, memory, behavior and social/emotional changes can occur, which can change the way a person deals with normal daily events. Some of the changes that may be noted include increased reactions to upsetting situations, difficulty reading or interpreting others' feelings, poor recall of information or the inability to learn from prior experiences, and inappropriate behaviors related to social situations. Although not all of these reactions can be controlled or modified, understanding why they occur, and how they can be alleviated or minimized can greatly improve the quality of life both at home and at work for someone suffering from TBI and epilepsy.

Individuals living and working at home are not the only people who experience complicated factors with these diagnoses; proper care for veterans is also a growing concern. There is often a whirlpool of factors that can make life extremely difficult for veterans returning with combat-related TBIs and epilepsy. These individuals, in addition to the challenges of readjusting to civilian life and life with a disability, may also experience mental health issues such as depression or post-traumatic stress disorder (PTSD), which can be aggravated by the TBI. Understanding the wide reaching symptoms and difficulties that can occur with both TBI and epilepsy can greatly impact the success of the transition back to the mainstream of civilian life. Understanding that TBI and epilepsy may initially go undiagnosed, it is important that appropriate medical care be provided when symptoms that are not typical of the individual become apparent. This will ensure a more successful result during their time of transition.

Some TBIs can directly cause certain personality changes that can alienate family members and support. Since these symptoms can also make employment difficult, many sufferers wind up in a downward spiral of frustration and feeling of worthlessness. As seizures worsen from the TBI, work can become more challenging, and the person may not be able to afford medication or regular care, which can lead to worsening of the epilepsy. The perceived stigma of seeking mental health care may also be particularly damaging to service members. Instead of seeking treatment for what can be a medical problem, they may turn to alcohol, drugs, or other forms of harmful and self-destructive behaviors to cope. This approach can worsen the TBI and epilepsy and can then present a host of new challenges, including the potential for criminal behavior and arrest. Thus, it is important to intervene early and maintain medical awareness of returning veterans and other members of the community impacted by TBI and epilepsy whenever possible.

About the Authors:

Jerrod Brown, MA, MS, MS, MS is the Treatment Director for Pathways Counseling Center, Inc. Pathways' focus is to provide programs and services that benefit individuals impacted by mental illness and addiction. Jerrod is the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS). Additional research interests include: autism, fetal alcohol spectrum disorders, forensic aspects of sleep disorders, and serial killers.

Lisabeth Mackall, M.S.CCC-SLP is a speech-language pathologist with nineteen years of experience treating adults and children with neurological impairments. She has managed multiple rehab teams throughout Ohio, Minnesota and Wisconsin, and has developed many training tools used to educate physical, occupational and speech therapists. Lisabeth is married to Officer Frank Mackall of the Savage police department who was critically injured on duty January 2012. She is now an educator for both law enforcement and healthcare fields in trauma and brain injury. She is also a published author - *27 Miles: The Tank's Journey Home* follows her through the 84 days following her husband's crash and hospital stay.

Erv Weinkauff, MA, is a retired 40-year law enforcement veteran who also has 19 years teaching experience. He currently serves as Criminal Justice Department Chair at Concordia University, St. Paul.

MNSure 101: What Corrections and Reentry Staff Should Know about MNSure

As of January 1, 2014, all Americans must have health insurance, with very few limited exceptions. To help make insurance affordable, tax credits are available, and in Minnesota, Medical Assistance (MA) was expanded to include low-income adults. Previously many people faced lack of coverage for mental health treatment; high deductibles; barriers to accessing insurance due to a pre-existing condition such as a mental illness; or not meeting disability criteria that used to be required to qualify for MA.

NAMI Minnesota recently received a grant to provide outreach and assistance to people with mental illnesses and their families to access insurance through Minnesota's health care exchange MNSure. NAMI Minnesota is collaborating with mental health providers to ensure statewide outreach.

MNSure offers multiple health plans from insurance companies all in one easy-to-shop location. People can compare plans side-by-side to see how price coverage and features differ. MNSure is also the only place Minnesotans can go to obtain federal tax credits to help pay health insurance premiums. A single individual earning less than \$45,000 a year or a family of four earning less than \$94,000 a year, will likely qualify for a tax credit.

MNSure is important for corrections and reentry staff to know about. This is especially true given the large number of people in the criminal justice system who live with mental illnesses and co-occurring substance use disorders. Some helpful features of MNSure include:

- All plans under MNSure must cover mental health and substance use disorder treatment and must follow mental health parity laws.
- There are no exclusions or waiting periods for people with pre-existing health conditions.
- MA has expanded. People can be eligible for MA based on income, not just based on having a disability.
- MinnesotaCare will no longer have waiting periods or a \$10,000 cap on inpatient hospital services.

The open enrollment period for private insurance for individuals and families is through March 31, 2014. However, people may apply and be eligible for MA and MinnesotaCare at any time throughout the year. As a MNSure Official Partner, NAMI Minnesota is helping spread the word about MNSure, as well as assisting people to enroll. NAMI Minnesota also has official MNSure materials, such as bookmarks and posters, to distribute to mental health organizations. Please contact NAMI Minnesota if you would like MNSure materials. Find out more information by visiting MNSure.org or by contacting NAMI Minnesota at (651) 645-2948, or emailing the MNSure project director, Dara Larson at dlarson@namimn.org.



About the MCA FORUM

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

Articles may be submitted to the 2014 *FORUM* editor **Steve King** at stevek@co.mower.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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