

HAPPENINGS

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President's Message:

Hopefully, all of the MCCA members are doing well and appreciating the extended fall-like weather. Before long, we will need to psychologically prepare for another Minnesota winter, so be sure to enjoy!

For the last 30 years, the Minnesota Community Corrections Association (MCCA) has been recognizing individuals in the field who have demonstrated excellence, creativity and commitment to community corrections. This award is named in honor of Robert H. Robinson, a gentleman who spent more than 20 years of his life in prison. However, upon his release in 1973, he developed a safe and sober living environment for individuals returning to the community following incarceration. This program is still actively working with individuals with criminal records and is called 180 Degrees.

The Honorable Judge Jenny Walker Jasper was named the 2013 winner of the Robert H. Robinson Service Award. Judge Walker Jasper was nominated by Julie Allen, licensed psychologist and senior social worker with Anoka County Social Services. Ms. Allen's written nomination detailed Judge Walker Jasper's volunteer work on the Advisory Board of the Anoka Enhanced Treatment Program (ETP). Ms. Allen stated that Judge Walker Jasper "valiantly supported the female clients who entered and successfully completed the program" for nearly seven years. She also indicated that "the program has continued due to her commitment" and Judge Walker Jasper "uplifts clients by attending their after-hours graduation ceremonies and offering on-going support." Ms. Allen closed out the nomination by saying "Judge Walker Jasper is truly dedicated to watching women succeed and become healthy members of society."

Judge Walker Jasper was presented with the Robert H. Robinson Award during an MCCA training event late this summer. She was the first judge to ever win the award and was very honored and thankful.

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President's Message, continued:

In a very kind thank you letter written to the Board of Directors, Judge Walker Jasper stated, "I have served as a public defender, private criminal defense attorney and a district court judge... and through my career, I have seen the difference that good, dedicated corrections agents can make on people's lives." She closed the letter by saying that she "appreciates how (MCCA) provides support to agents to help them effectuate change."

Once again, congratulations to Judge Walker Jasper for being named the winner of the 2013 Robert H. Robinson Service Award!



In other exciting news, the Board of Directors for both MCCA and the Minnesota Corrections Association (MCA), voted to establish a collaboration on professional training opportunities. Specifically, MCA and MCCA will work together in partnership to provide one training event each quarter starting in January of 2014. MCCA members will be able to attend these four trainings, plus the other 7 trainings established solely for MCCA members, as a part of the yearly thirty dollar MCCA membership fee. That is a cost of less than \$2.70 per professional training event. Spread the word to your colleagues and professional partners!

In addition to partnering on trainings, each Association will have a liaison to help guide the collaborative work. This liaison will be the President-elect of each Association. Our hope is that the Associations will work more closely together in the future, which will prove beneficial for all members. I would like to thank Karen Evans, President of MCA, and Mark Groves, Vice President of MCA, for initiating these discussions and working together to accomplish this collaboration.

On behalf of the entire Board of Directors, I would like to thank you for being a member of MCCA and I hope that you and yours are doing very well.

Take care, Andy

MCCA
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The *MCCA Happenings* newsletter is prepared by Amanda Nowack and Jerrod Brown, Marketing and Communications chair.

The statements contained in *Happenings* are the views of the authors and do not constitute MCCA policy or endorsement by the Association or its Board of Directors, unless so indicated.

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MCCA Mission Statement: The mission of MCCA is to promote the value and recognition of community corrections as an equal partner in the societal response to public safety and offender reintegration. We accomplish this mission through training, advocacy, fellowship, and collaboration.

EDUCATION and TRAINING EVENTS, continued

The Long Life of a Juvenile Record: From Arrest to Re-Entry

Friday, December 20, 2013, 9:00 AM to 12:00 PM

Goodwill Easter Seals: 553 Fairview Ave N, St Paul, MN 55104

Description:

Attorneys Sarah Davis and Emily Baxter de-mystify the juvenile justice system, from the point of arrest to court appearances, and from case resolution to common re-entry barriers.

Objectives:

- Gain an understanding of the juvenile justice system.
- Learn about the collateral consequences of a juvenile record—the long-term impact on employment, housing, or education with a juvenile arrest or adjudication record.
- Learn about the potential remedies that exist to juvenile record issues, including future legislation.

Presented by:

Sarah Davis: Sarah is an attorney at the Legal Rights Center in Minneapolis, where her work focuses on advocating for youth. She represents youth charged in juvenile court who otherwise could not afford an attorney, and also facilitates restorative family group conferences in the Minneapolis Public Schools with youth who have been referred for expulsion or administrative transfer. Prior to joining the Legal Rights Center, Sarah was a public defender in Boston for five years.

Emily Baxter: Emily is the director of public policy and advocacy at the Council on Crime and Justice. In this role, she advocates for persons with criminal records, seeking to identify, address, and reduce the collateral consequences associated with criminal and juvenile records. Prior to joining the Council, Emily worked for the Regional Native Public Defense Corporation, representing members of the Leech Lake and White Earth Bands of Ojibwe who were charged with crimes in state court.

Information on past, present, and future trainings can be found online at www.mnmcca.com.

EDUCATION and TRAINING EVENTS, continued

Professional Burn-Out: The Importance of Balance and Self-Care

Friday, January 17, 2014, 9:00 AM to 12:00 PM

Goodwill Easter Seals: 553 Fairview Ave N, St Paul, MN 55104

Description:

In this presentation on the topic of self-care and burnout, the presenter will facilitate a discussion of how you can achieve a balance between encouraging clients to participate in the services you offer by showing them the value of your services while ensuring that you also allow yourself limits so you do not end up feeling drained or overly involved in your work.

Presented by:

Michael Kinzer: Michael Kinzer is a Licensed Marriage and Family Therapist and the founder of Jupiter Center in Minneapolis, where he provides outpatient therapy services to a wide range of clients. Mr. Kinzer was employed for three years at the Council on Crime and Justice providing direct services, designing programs, and managing other staff who worked with inmates in state and county correctional facilities during incarceration and after their release. Prior to becoming a therapist, Michael was a successful trial lawyer for over a decade. Working with marginalized populations has been central to his practice based in part on his own personal experiences overcoming barriers.

Information on past, present, and future trainings can be found online at www.mnmcca.com.

Fetal Alcohol Spectrum Disorder (FASD): How and Why FASD in Adults Can Lead to Homelessness

Authors: Jerrod Brown¹, Pamela Oberoi², and Judge Anthony Wartnik³
Contributors: Gennae Falconer⁴, Lori Borschke⁵, and Lois Bickford⁶

Abstract

Some individuals with Fetal Alcohol Spectrum Disorder (FASD) may not be equipped for an independent lifestyle, which can result in homelessness. Various factors associated with FASD can contribute to adverse behaviors and outcomes that are difficult to overcome. Individuals with FASD suffer from varying levels of brain damage due to prenatal exposure to alcohol. Adults with FASD have different brain functionality overall, usually less and more restricted activity is observed as compared to non-FASD adults (Sowell, et al., 2002). Since levels of functioning are often lower for adults with FASD, they can easily become distracted, lack foresight and insight, are prone to mood swings, and can be impulsive. Such impairments can interfere with the ability to successfully manage routines and common practices and therefore affect day-to-day life. Many studies extensively sift through behaviors common with FASD, and several have identified five major characteristics that may contribute to homelessness for adults with FASD: (1) poor judgment/money management, (2) failure to learn from consequences, (3) impaired social interactions, (4) inability to stay focused, and (5), comorbidity.

Poor Judgment/Money Management

Adults with FASD tend to be impulsive and may have little to no control over delaying their gratifications. Individuals with FASD may possibly spend their entire paycheck without reserving resources for monthly bills, such as rent. Poor handling of money can result in late or unpaid bills, presenting those with FASD as being unreliable in the eyes of landlords and employers. Failing to consider the consequences of their actions, these individuals may overplay their emotions, have trouble adhering to responsibilities, lack initiative, display poor judgment in whom to trust, and desire attention that may lead to adverse consequences (Streissguth et al., 1991; Streissguth, Kogan & Bookstein, 1996).

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The concept of time management may be a challenge for some individuals with FASD and responsibilities that require constant time management may present to others as being irresponsible and lacking appropriate judgment. Poor judgment may also lead to trouble with the law, maintaining employment, estranged family relationships, and inconsistent decision-making. Without the fulfillment of basic “needs” like family, a stable income, and good health, individuals struggling with FASD may have significant problems maintaining a residence. These events can lead an individual with FASD into homelessness.

Failure to Learn From Consequences

Due to the difficulties experienced by adults with FASD in their ability to recognize danger or the resulting consequences of their choices, they may become prime candidates for recurring troubles with the legal system. While a person with non-FASD will make a mistake and have the cognitive ability to process and learn from the consequences in order to not commit such an error again, adults with FASD are often not equipped with this ability and may continue to make the same mistakes over and over again. This may result in their susceptibility to gang involvement (Thomas et al., 1998), substance abuse, self-harm, disorderly conduct, and domestic violence. Failure to learn from consequences inevitably can affect independent living. Since persons with FASD have difficulties removing themselves from such detrimental chain-reactions, they may be unable to sustain themselves independently, let alone adhere to the requirements of a housing lease or rental agreement. The key to success in these cases is the consistent encourage and support by caregivers and professionals. With the proper guidance and support, adults with FASD have a much better chance of maintaining a residence long-term.

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Fetal Alcohol Spectrum Disorder (FASD): How and Why FASD in Adults Can Lead to Homelessness (continued)

Impaired Social Interactions

This leads us to examine how adults with FASD react within their social environments. Daily commitments that come so easily to other people do not come as easily to adults with FASD. When a person's quality of life is disintegrating, it goes without question that dealing with others will become increasingly difficult. Many individuals with FASD face these difficulties in interpersonal communication and social interaction, learning disabilities and emotional problems, and may eventually lead to dropping out of school as teenagers or young adults (Stratton, Howe, & Battaglia, 1996). Lack of education usually leads to difficulties in obtaining work or to low-paying jobs, which in turn may result in an inability to pay bills on time. Due to impaired cognitive functioning, adults with FASD may not extricate themselves from the harm that follows. They most likely will require the assistance of others, such as close friends, relatives, or family, to provide positive influence and to help them organize their social responsibilities, by compensating for their FASD caused deficits.

Inability to Stay Focused

Individuals with FASD suffer neuro-psychological deficits that can affect memory, learning proficiency, and attention (Carmichael, Feldman, Streissguth, Sampson, & Bookstein, 1998; Mattson & Riley, 1998; Streissguth et al., 1994). The inability to stay focused may result in distraction that can contribute to significant deficits in independent living. They can, for instance, become extremely susceptible to negative peer influence.

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Fetal Alcohol Spectrum Disorder (FASD): How and Why FASD in Adults Can Lead to Homelessness (continued)

Comorbidity

The outcome of behavior associated with prenatal alcohol exposure can have lifelong consequences resulting in employment and independent living problems (American Psychiatric Association, 2013). Individuals with FASD often live with a number of comorbid conditions that impact daily functioning and independent living. Up to 90% of individuals living with FASD, deal with a co-occurring mental health disorder (American Psychiatric Association, 2013). Additional comorbid disorders, such as substance abuse or conduct disorder, can increase the risk of getting in trouble with the legal system for individuals with FASD (Bukstein, Brent, & Kaminer, 1989; Washburn, Teplin, & Voss, 2008). Similarly, aggressive and violent behaviors that may occur due to these disorders can make it increasingly difficult for those with FASD to cooperate with authority figures, peers, and land lords. Without appropriate services and supports, the risk of homelessness can increase.

Conclusion

Numerous studies on FASD have provided significant evidence that it is a serious condition impacting the lives of individuals on multiple levels. These challenges can contribute to problems of homelessness. Money management issues along with lack of foresight, noncompliance, mood swings, impaired social activities, and comorbidities are key ingredients for the unrelenting downward spiral towards homelessness. Individuals suffering from FASD often exhibit lower levels of functioning. Adults with FASD may be at an increased risk of homelessness because of the vast amount of co-occurring problems with which this disorder is associated. It is important for individuals with FASD and those around them to recognize the conflicts and challenges that come with FASD. Such recognition can help prevent FASD-associated homelessness.

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Fetal Alcohol Spectrum Disorder (FASD): How and Why FASD in Adults Can Lead to Homelessness (continued)

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Fetal Alcohol Spectrum Disorder (FASD): How and Why FASD in Adults Can Lead to Homelessness (continued)

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1. **Jerrold 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 addictions. Mr. Brown is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS). His additional research interests include autism, fetal alcohol spectrum disorders, forensic aspects of sleep disorders, and serial killers.

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Fetal Alcohol Spectrum Disorder (FASD): How and Why FASD in Adults Can Lead to Homelessness (continued)

About the Authors, continued

2. **Pamela Oberoi** is currently the Manager of the Refugee Mental Health Program at Pathways Counseling Center. She has worked as a provider of mental health services for populations suffering from Severe and Persistent Mental Illness (SPMI) and is currently in the process of writing her thesis "Refugee Mental Health - The re-creation of stability" for a degree in Psychotherapy and Counseling and is in the process of completing a Master's degree in Peace Studies. Pamela currently also serves as a volunteer forensic mental health research assistant for the American Institute for the Advancement of Forensic Studies (AIAFS). Her background is in Political Science and Political Psychology. She has worked the director of an asylum and refugee center in Austria and given guest lectures at several universities.

3. **Judge Anthony (Tony) Wartnik, BA, JD**, was a trial judge for 34 years in King County, Washington. He chaired his court's task force on protocols for determining competency of youth with organic brain damage and the Governor's Advisory Panel of FAS/FAE. In addition he presided over more than 500 Involuntary Mental Illness Treatment Commitment cases. Tony is Legal Director for FASD Experts, a multi-disciplinary FASD Forensic Assessment team. He is a SAMHSA Center for Excellence certified trainer and a nationally and internationally recognized author and speaker on FASD and the law.

About the Contributors

4. **Gennae Falconer, M.A.**, is the Director of Community Engagement for the Greater Minneapolis Council of Churches. In this role, she facilitates mentoring programs for kids ages 5-18 and adults leaving prison and re-entering the community. She also coordinates the mission of Urban Immersion Service Retreats (UISR), a program that facilitates trainings to address the complexities of poverty.

5. **Lori Borschke** is the owner and executive director of Pathways Counseling Center, Inc. Additionally, Ms. Borschke is the chief advising officer for AIAFS. Her education and experiential background is in human services, criminal justice studies, and business.

6. **Lois Bickford**, has her Associates Degree in Human Services; she has 300 practicum hours in Addiction counseling. She has 150+ continuing education hours in FASDs and related subjects. She was the Education and Family Dynamics Coordinator (EFDC) at Thunder Spirit Lodge (TSL) for five years; TSL provided services for children and young adults who have Fetal Alcohol Spectrum Disorders (FASDs) and their families/caregivers.

Illness Management and Recovery (IMR):

A Basic Understanding

Authors: Jerrod Brown, Rachel Tiede, Steve Carlson

Illness Management and Recovery (IMR) teaches strategies for symptom management to people with chronic and serious mental illness (Drake, Goldman, Leff, Lehman, Dixon, & Mueser, 2001; Mueser, Torrey, Lynde, Singer, & Drake, 2003; Mueser, Corrigan, Hilton, Tanzman, Schaub, & Gingerich, 2002). As an evidence-based practice, IMR seeks to provide clients with the hope and motivation to live happier and healthier lives. IMR was created in partnership with the National Implementing Evidence-Based Practices Project (Drake, Goldman, Leff, Lehman, Dixon, & Mueser, 2001). At the core of IMR is the effort to provide the client with hope and motivation to live a happy and healthier life. IMR should be used in conjunction with other evidence-based practices (EBP) such as Cognitive-Behavioral Therapy (CBT) and Motivational Interviewing (MI), and can be used in conjunction with other evidence-based practices such as Dialectical Behavior Therapy (DBT) (Roe, Hasson-Ohayon, Saylers & Kravetz, 2009; Roe, Penn, Bortz, Hasson-Ohayon, Hartwell & Roe, 2007). Individuals with Severe and Persistent Mental Illness (SPMI) sometimes also deal with co-occurring substance use disorder. IMR is a tool that assists clients in the overall recovery process.

Modules

The IMR program consists of 10 modules, each designed for the practitioner and client to complete together over an approximated 10 month period of one hour sessions, once or twice a week (Roe, Penn, Bortz, et. al., 2007). The first module assists the client in discovering their personal recovery goal (Slayer, Godfrey, Mueser, & Labriola, 2007). The most important part of this module is to help the client find their own goal, not the goal they believe the practitioner wants them to express. This is a key part of the motivation of this program (Saylers, Godfrey, Mueser, & Labriola, 2007). The client is working toward his/her own goal.

The second module covers three basic mental health diagnoses. They include depression, bipolar disorder, and schizophrenia (Roe, Penn, Bortz, et. al., 2007). The purpose of this content is to assist the client in understanding their diagnosis and how it impacts functioning. A large portion of this module discusses stigma reduction and assists the client in gaining understanding and reducing the shame related to their mental health disorder.

The other eight modules each cover different specific goals, such as stress management, social support, healthy living, substance abuse, and more (Mueser, Meyer, Penn, et al., 2006). Each module is formatted in a manner that provides both information and discussion points. This is intended to help encourage dialogue between the client and practitioner.

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Illness Management and Recovery (IMR):

A Basic Understanding (continued)

One major goal of IMR is to teach the client the skills needed to be able to manage their mental illness independently. As practitioners, we essentially want to "work ourselves out of a job". By teaching clients more about their illness and providing an opportunity for them to learn skills with which to cope, they are more likely to be able to implement these skills without additional support.

About the Authors

1. **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 addictions. Mr. Brown is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS). His additional research interests include autism, evidence-based practices, fetal alcohol spectrum disorders, forensic aspects of sleep disorders, and serial killers.

2. **Rachel Tiede, MA** is employed at Pathways Counseling Center as a Mental Health Practitioner. She is part of the Forensic Mental Health and the Illness Management of Recovery (IMR) team. Rachel has a Master's degree in Education and is pursuing her second Master's degree in Counseling from Adler Graduate School.

3. **Steve Carlson, Psy.D.** has been employed with Spectrum Community Mental Health since 2000 and currently is the Director of Supportive Housing Programs. Steve has been working in the mental health field for over thirty years in a variety of settings, particularly in Community Mental Health. For the past eighteen years Steve has focused his attention on serving homeless persons with serious mental illness and/or co-occurring disorders. In addition to his work in supportive housing Steve teaches a variety of courses and workshops on homelessness, mental illness, and the utilization of the evidenced-based model of Illness Management and Recovery.

About the Contributors

Trevor A. Wilcox is a senior at Brown College, Brooklyn Center, MN and on track to obtain a Bachelor of Science in Criminal Justice degree by January of 2014. Trevor is also interning at Pathways Counseling Center, Inc. while working full-time in the private security industry for G4S Secure Solutions (USA) as an Upscale Security Officer (USO) at a class A tenant building. Upon graduation, Trevor looks forward to taking on the vast challenges that await him in the criminal justice world.

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Illness Management and Recovery (IMR):

A Basic Understanding (continued)

About the Contributors, continued

Lori Borschke is the owner and executive director of Pathways Counseling Center, Inc. Additionally, Ms. Borschke is the chief advising officer for AIAFS. Her education and experiential background is in human services, criminal justice studies, and business.

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Ban the Box

Author: Emily Baxter

On May 13th, 2013 Governor Mark Dayton signed “Ban the Box” legislation, requiring private employers in Minnesota to wait until someone is selected for an interview before asking about criminal history. It was a victory for second chances and has provided countless job-seeking Minnesotans with the hope that they will be assessed on their merit and qualifications – not just past mistakes.

Currently, **one in four Minnesotans** has a criminal record. Our state has the 8th highest percentage in the nation of its residents under correctional control, that is, in jail, prison, on probation or on parole; in 1982 it was one in 98, today it is one in 26. Even after an individual has completed his sentence, a publicly accessible record of that offense remains with him. With new and easier access to these records through electronic databases, many Minnesotans are denied employment for which they are qualified, even though the offense may have happened a long time ago or may have nothing to do with the job at hand; additionally, the record itself may be inaccurate. On top of this are the high racial disparities in Minnesota’s criminal justice system combined with racial disparities in other areas of opportunity that make the impact of these records particularly devastating for African American, Latino, and Native American job seekers.

Too often, employers don’t even wait for the background report: rather, they judge job-seekers based on responses to initial application inquiries into criminal histories.

Ban the Box changes that. The mandate prohibits private employers from asking whether the applicant has ever been arrested or convicted of a crime. It’s a law that will change the way employers interact with applicants, view criminal histories, and provide for second chances. And it’s a law that has history in Minnesota.

Around 2004 “Ban the Box” became a movement throughout the United States. Soon cities from Boston to San Francisco passed variations of the mandate for employers within their jurisdictions. St Paul and Minneapolis joined in, banning the box for public employers. Within a few years, Minnesota became the first state in the nation to expand the ban statewide by requiring all public employers to ban the box. In 2009, the ban was signed into law, along with legislation to limit the liability of employers who hire people with criminal records.

As of January 1, 2014, that ban will be expanded to private employers in Minnesota. The movement to expand the legislation was fueled in part by recent EEOC [guidelines](#), recommending employers remove the inquiry as a best practice.

For a helpful tool-kit on the ban, see the Minnesota Department of Human Rights’ [site](#). **For a quick guide to Fair Hiring compliance, see page 17.**

Thanks to the lobbying efforts of the Minnesota Second Chance Coalition and several MCCA members and member organizations, hundreds of thousands of Minnesotans now - and in the years to come – will have a more meaningful shot at a second chance.

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Ban the Box, (continued)

While the new legislation is a big step for second chances, there's still much to be done.

To get involved in further reform, including expanding and strengthening the expungement remedy, contact the [Minnesota Second Chance Coalition](#) or the [Council on Crime and Justice](#). Legislators need to hear from **you**: the people on the ground dealing everyday with policies concerning criminal records and collateral consequences.

Ban the Box, (continued)

Ban the Box and Beyond: Complying with New Law in Minnesota

As of January 1, 2014, employers in Minnesota must wait until a job applicant is selected for an interview before inquiring into the applicant's criminal history.

Here's how to comply with the new **Ban the Box** legislation, as well as the EEOC's guidance on the use of arrest and conviction records in the hiring process:

- **Remove** any inquiry into criminal history from the job application.
- **Do not inquire into, consider or require disclosure of an applicant's criminal record until she has been selected for an interview or a conditional offer of employment has been made.**
- Create a job description that identifies essential job functions and actual circumstances under which the job is performed.
- **Do not use blanket bans**, like "no felonies" or "must have clean background report." Be specific: in your policy, identify particular offenses that may demonstrate unfitness for the job and include a suggested duration of exclusion from hire. Remember to document your decisions and your reasoning.
- Consider notifying applicants prior to the interview that law or policy may disqualify individuals with particular criminal histories from specific jobs.
- **Be careful** when considering arrest records. They are not proof of guilt and may lead to unnecessary and unlawful disqualifications. Unless otherwise required by law, consider limiting your inquiry to conviction-only records.
- Allow the applicant to provide additional information before making your hiring decision.

Consider:

- The accuracy of the record
 - The facts or circumstances surrounding the offense
 - The number of convictions
 - The age of the applicant when the offense occurred
 - Evidence that he has performed the same type of work since the offense
 - Employment history
 - Rehabilitation efforts, including training and education
 - Employment or character references and other information regarding fitness
- Train your human resource and hiring staff. *Contact the Council on Crime and Justice for an on-site training on criminal and juvenile records and hiring decisions.*
 - Keep the information private.

One in four Minnesotans has a criminal record. Don't let over-broad policies prohibit you from finding your best hires!