



Latino Health Council

Mendota Mental Health Institute

301 Troy Dr. Madison

June 28, 2018

9:30-11:30

0. Continental breakfast
1. Introductions
 - a. Exercise led by Fernando: What are you looking forward to for the summer?
 - b. In attendance: Fernando Cano Ospina, Rodrigo Valdivia, Gerardo Rodriguez, Sara Cuadra, , Rosario Angulo, Kari Sievert, Deanna ?, Steph Mondloch, Evie Storto, Carmin Valerdi, Dianne Maglaque, Judith Rasmussen, Elena Espana Regan, Catherine Roen, Kirsten Norslien, Maggie Gritt, Lucia Ledesma, Roberto Godinez, Maria Rozo, Kristi Jones, Diane Feest, Arely Tinoco
2. Minutes (approval/corrections)
 - a. Approval of May minutes postponed to next meeting.
3. Announcements/check-in
 - a. **UNIDOS** currently has two job openings: Bilingual Outreach & Volunteer Coordinator and Bilingual Sexual Assault Advocate. Also, will be celebrating their 22nd Anniversary at a fundraising gala on July 20, 2018 at Monona Terrace.
 - b. **LHC** Website update: Website still under construction, hired someone to assist, had new ideas about formatting, etc. Please send any updates on information/NEW LOGOS/new members/new staff contacts to Fernando ASAP at Fernando.canoospina@dhs.wisconsin.gov
 - c. Latino Health Fair is LHC's next big event, will take place in October at Bethel Lutheran Church. Planning for event will begin next month, volunteer list will go around at next meeting. Hoping to add dental screenings this year.
 - d. **Mendota Mental Health** continues to grow! Hiring for Psychiatric Care Technician positions, provide paid training, and put employees through CNA courses and credentialing. Starting wage ~\$16/hr, with great benefits, and is a good way to enter state employment system. Also hiring for many other positions including housekeeping, doctors, psychologists, etc. Job postings can be found at wisc.jobs, type Mendota Mental Health into search bar. Always looking for bilingual, bicultural applicants.
 - e. **FAMILIES BELONG TOGETHER** Press Conference on Saturday June 30th at 2:00pm at First United Methodist Church, put on by Dane Sanctuary Coalition, Worker Justice Wisconsin, End Domestic Abuse Wisconsin, and Wisconsin Faith Voices for Justice, to be followed by rally at Capitol at 3:00pm.

- i. If you have clients/patients who are worried about what is going on with regard to family separation/deportation, speak with Fabiola Hamden, Dane County Immigration Affairs Specialist, connect them directly to her, Shiva Bidar-Sielaff, or Fernando Cano Ospina for more information/resources.
- g. **MEDiC Clinic** to hold fundraiser at Chipotle (4000 University Ave) on Monday July 16th from 4pm-8pm. Mention fundraiser or bring flyer, and 50% of proceeds will go to MEDiC Clinic.
- h. **Centro Hispano** looking to fill AmeriCorps position as a volunteer coordinator. Holding monthly Grupo de apoyo for mothers with babies 0-12mos the second Monday of every month from 10am to 4pm. Also, weekly farmers' market/Mercadito held every Wednesday throughout the summer (June 6 – September 26) in their front parking lot, from 4pm to 7pm.

4. Old business:

Please notice that our next meeting will be 7/19, NOT the fourth Thursday as usual.

5. New business:

MMHI presentation: Fernando Cano Ospina, Diversity Services Coordinator
A very large state institution that is part of the Department of Health Services (DHS)

- A number of ways for people to get to MMHI, three main service groups:
 - Largest patient population consists of **forensic patients**, who are individuals that have been accused of committing a crime. In order to have a fair trial, an individual must be competent. Patients can be in Forensic services for three reasons: a) short-term evaluation to determine whether someone is competent to stand trial. If deemed competent, trial will proceed. If not, b) will return to MMHI for treatment to competency to stand trial. And c) if patient pleads NGI (not guilty for reason of mental illness), will go to MMHI (or Winnebago) for treatment, which will last a minimum of six months, but there are patients who have been there for years. Every six months, patients have the right to petition the court for supervised release back into the community, at which point an individual evaluator will assess the patient. If patient is deemed not a danger to self or others by the DA, judge, evaluator, etc., patient will be release under supervision to a team of mental health service providers.
 - Second group are the patients at **Mendota Juvenile Treatment Center (MJTC)**, who are youth that have been convicted of a crime, and come to MMHI for treatment, is a maximum security facility that works in conjunction with the dept. of corrections. Patients there have access to high quality services, healthcare, trauma informed care, AODA treatment, etc. Not a part of DHS, but rather a correctional facility with mental health services.
 - Third group is known as the **Civil Program** (only remaining civil program is the geriatric unit). These are patients who are considered a danger to self or others, that come to MMHI before or during a time of crisis, to receive services. These are patients that may be experiencing dementia, alzheimers, etc., that may not be safe enough in group homes or other facilities, as they may be slightly more aggressive or more confused. MMHI will stabilize the patient and return them to their community with specific behavior and treatment plans so other institutions can implement them.
- Overall, MMHI provides the best care possible while people are there. Availability of resources may not be there when they return to the community, but it is best for people to be in their own communities.

- May potentially be opening more forensic units, as the criminal justice system keeps growing.
- Differences between MMHI and Winnebago: Winnebago has no maximum security units, and has units for women. MMHI is the only maximum security MH facility in the state.
- Value statement: Focused on helping, quality treatment and care, respect and dignity, safety and security, participation. MMHI seeks to empower patients, wants them to be involved in their care. Some work on grounds, assist in facilitation of groups, etc. Two multicultural picnics are held per year (most recent was a Juneteenth celebration), which patients assist in coordinating/collaborating to put on. In the context of being confined, patients are encouraged to work toward being free with their minds and emotions, and explore how to support and help one another interculturally. Faith and spirituality are often an integral part of recovery as well, and as such MMHI is home to chapels with many religions represented and volunteers who can provide spiritual services to patients.
- As Diversity Services Coordinator, Fernando supervises all interpretation services at MMHI. Starting in October, ALL state agencies/institutions MUST provide access to interpreters from approved list. MMHI has had these services in play for many years, and has been integral in pushing for this to be a standard.
 - Interpreter services at MMHI: Interpreters providing services at MMHI should *ideally* have experience working in the mental health field. They also must come with cultural humility, and the ability to acknowledge cultural biases. Sixty percent of patients who come to maximum security units are POC, so interpreters must possess a cognizance of systems of oppression, institutional racism, and biases within society that have allowed for/caused this to be the case. Interpreters will also often be working with difficult and very emotionally challenging situations, or with patients who are not able to effectively communicate.
 - Approximately 3% of the patient population identifies as Latino. Of that 3%, 50% are monolingual in Spanish, comprised of both documented and undocumented patients. All services at MMHI are provided regardless of immigration status. When status may come into play is when developing the aftercare plan, as access to services can be severely limited if a patient is undocumented, since there are extremely minimal services available to this population.
 - Undocumented patients are facing many uncertainties in the current climate, as far as at what stage or if a patient will be deported. Varies greatly. MMHI provides patients access to consulates, speaks with families about looking into legal representation.
 - Deaf patients receive quality and consistent ASL interpretation while there.
 - For blind and visually impaired patients, one-on-one care is provided: have staff accompaniment 24/7 to monitor, assist, evacuate, and help keep safe.
 - Have held competency trainings for staff on how to respectfully communicate with deaf and visually impaired patients. Have adaptive equipment. Do everything both verbally and in writing. Competency materials are in the works for staff, in video format in multiple languages.

YWCA presentation

Roberto Godinez, Night Case Manager at YWCAs Family Shelter

- Only 90-day family shelter in Dane County
- Families get there through referral from Salvation Army. VI-SPDAT assessment must be done, to evaluate for risk factors, homelessness, puts clients on housing priority list, come to Y from there.
- In case management during this 90 days, try to find housing, also address any other barriers such as acquiring birth certificates, SS cards, applications, etc. 80% of residents leave to housing, however, some do not. Some double up, some are homeless. Collaborate with other programs/resources to provide stability. Have room, with key, clients leave their things there, provides stability. Any other shelter in Dane county is 45 day. Decision was made to keep 90 days because success rate higher with that amount of time and stability. 2 case managers: Lucy during the day, Roberto at night. Case management is provided that is accomodating to clients' schedules, bilingual if needed, no income requirements. Offer assistance, food pantry, gas cards, food cards.

General information: 101 Mifflin is where clients reside. 12 floors, 11 floors are housing. Family shelter is on second floor (12 rooms), can keep 12 families. 3rd and 4th floors, 3rd Street program: for mothers with children under 5. Applications open to public. Can stay up to 5 years (if come with baby, until child turns 5)—transitional housing. 5th floor: Empower Home. 6-11 floors: Single women. Give tours, sometimes community living is not for everyone. Children's program: offer programming for children in building, 2 days a week to drop kids off, provide childcare, outings, etc. Block Party in August. Make connections in community to offer services. Donations accepted, most go to shelter families. Need a lot of size 4 and 5 diapers. any drives at work, collaborate/contact Lucia.

- 3 floors for families, 18 units. 60 units for single women.
- 3rd street program has waiting list.
- Empower Home does not have a waiting list
- provide transportation limited assistance depending on availability of resources, bus passes
- conveniently located for bus systems, however NOT good for people with cars because parking is minimal in downtown area.
- YWCA now owns the building!

Lucia Ledesma, Case Manager for Empower Home program

- Transitional housing program for women fleeing domestic violence and/or sexual assault. Referrals only come from DAIS and UNIDOS. Receive their grant through Department of Justice, regulations come from them. Residents have their own bathroom, living, bedroom, and kitchen. Their own space, but quite small. All units are furnished. Provide welcome baskets with cleaning supplies, etc. Provide rent subsidy to families. No restrictions based on income or criminal background when it comes to receiving case management. Accepted into Empower Home program, first and foremost is case management, not all residents must live in YWCA, can work with case manager to find alternate housing in community. After first year, subsidy goes down every 3 months. Families entering into program, for first 3 months: with case manager, establish goals, housing goals, employment goals, etc.
- No waiting list. Housing situations are constantly changing.
- Referrals are first come first serve from DAIS and UNIDOS
- High need for housewares, furniture, etc for when residents move into permanent housing

Jael Curry, Housing Director:

- How to navigate coordinated entry, housing programs at 101.

- All families who access family shelter come through Salvation Army.
- Housing Services Consortium (HSC), built of agencies that provide housing services. Community sets priorities, homelessness is extremely prevalent. Work with “literal homeless.” Does not include those “doubled-up.” Highest needs are with those without place to stay at night.
- Overview of in-house housing programs offered through YWCA, as well as YWCAs external housing programs. Case management integral component of programs.
- Within HSC, very cohesive partnership between YWCA, the Road Home, and Salvation Army, to provide support services to homeless families.
- VI-SPDAT: needs assessment to place families on priority list. Documented disability, chronic homelessness, may need permanent housing support, placed higher on priority list.
 - VI-SPDAT can be done at the Beacon and a few other designated “entry hubs” throughout community.

Meeting adjourned

Next meeting: **July 19, 2018**

Meeting place: Agrace Hospice

Minutes: Hannah Flanagan/TBD –any volunteers willing to do minutes for July meeting?