



**Wisconsin Women's Council  
Thursday, August 12, 2004  
10:00 AM –1:30 PM  
Investment Board Room  
Lake Terrace Building  
121 East Wilson, Madison, WI**

**MINUTES**

**Members Present:** Kristine F. Martinsek, Chair; Mary Jo Baas; Kathy Blumenfeld; Jane Clark; Representative Samantha Kerkman; Senator Mary Lazich; Ann Peggs; Dr. Joan Prince; Senator Carol Roessler; and Arlene Siss.

**Others Present:** Nikki Amato (Office of the Lieutenant Governor); Karen Asbjornson (Office of Senator Roessler); Katie Boyce (Office of the Governor); Dagny Coe (Office of Representative Judy Krawczyk); Catherine Hixon (WWC Acting Executive Director); Nicole Hudzinski (Office of the Governor); Peggy Kendrigan (Wisconsin Department of Corrections); Barbara Stoddard (Great Lakes Inter-Tribal Council).

**Adoption of the Agenda and Approval of the Minutes** – Action on the minutes was postponed pending a quorum being present.

**Old Business**

- Discussion of the website. The Chair directed Catherine Hixon to request biographies from the Members that had not yet submitted them. Ms. Hixon requested that the Council review the website ([womenscouncil.wi.gov](http://womenscouncil.wi.gov)) to recommend improvements. All else was in order.
- Correspondence. Many Council Members have not yet used their State email accounts. This is the chosen mode of communication for Council business. Ms. Hixon explained how to use the email system:
  1. Go to the internet address: [webmail.doa.state.wi.us](http://webmail.doa.state.wi.us)
  2. A pop-up menu will appear. Members should type in their email address using the format [firstname.lastname@wwc.state.wi.us](mailto:firstname.lastname@wwc.state.wi.us) (e.g., [Kristine.Martinsek@wwc.state.wi.us](mailto:Kristine.Martinsek@wwc.state.wi.us)).
  3. Another pop-up menu will appear. Here Members must enter their user name and password. The user name is the first five letters of the last name and the first letter of the first name (e.g., martik for Kris Martinsek). Passwords were handed out at the first meeting and subsequently mailed to Members.
  4. For further assistance, contact the DOA Help Desk at (608) 267-6930. Help Desk staff can also reset passwords if forgotten or lost.

- Biennial Report. Mary Jo Baas reported that she is in the process of completing the Report for the period 2001-2003. Once completed, she will submit the report to the Chair.
- Staffing for the Executive Director position. The Chair reported that recruitment is still underway, with vacations having delayed some interviews. The Council will be notified as soon as a candidate is chosen.
- Announcements:
  - The Status of Women in Wisconsin Report is expected to be released in the Fall.
  - Senators Lazich and Roessler, two new members recently appointed to the Women's Council, arrived at this time and were introduced. The Chair requested that Ms. Hixon send thank you letters to the members that recently retired from serving on the Council.

### **New Business** – Testimony on Barriers to Women's Full Participation

1. Barbara Stoddard, Great Lakes Inter-Tribal Council (GLITC), spoke on barriers to program participation for Native American women in Wisconsin.

Ms. Stoddard provided information on the GLITC Honoring Our Children Program (HOC). This program provides maternal and child-related health services to eight separate tribal communities in northern Wisconsin. The HOC program is coordinated by Alice Soulier of Lac du Flambeau and Barb Stoddard is the project manager.

The primary goal of the HOC program is coordinating and facilitating local efforts to integrate formal and informal support services to reduce the infant mortality rate. HOC staff serve perinatal women and their children up to age two through maternal and child health (MCH) nursing care, home visits, health education, transportation and access services with inter-departmental and inter-agency consortium building to provide additional health care, education and community assistance. HOC is funded in part by three Human Resources & Services Administration (HRSA) federal grants: 1) Eliminating Disparities in Perinatal Health – a Healthy Start Initiative; 2) Rural Health Outreach; and 3) Health Disparities in Minority Health. The tribes contribute toward the costs associated with HOC by contracting directly with GLITC or by providing direct services.

Ms. Stoddard reported on four issues that may act as barriers to program participation for Native American women: a) program sustainability; b) Native American data collection; c) MCH nurse overload; and d) health and social access issues of Native American women.

a) Continued Reliable Program Funding. While the GLITC/HOC program has been in place since 1997, it is currently in its second four-year funding cycle from the federal Healthy Start Initiative. This cycle ends in 2005 and competitive reapplication will be necessary. The Rural Health Outreach funding ends in 2005 and prohibits reapplication competitively until one year after the end of the cycle. The Health Disparities in Minority Health grant cycle also ends in 2005. It is difficult when programs come and go in the Native American community. Trust takes time to put in place. If programs are discontinued, families are

reluctant to participate without the confidence that the program will be there when they need it. Continued program funding needs to be provided if perinatal health disparities are to be eliminated and infant mortality is to be reduced.

Since 1997, HOC has been providing prenatal care coordination including case management services through the tribal MCH nurse, an on site coordinator (to build consortia through tribal and non-tribal collaboration), and an outreach worker (to provide transportation, education, home visits) at each of the eight tribal sites. Funding is used to cover operational costs and NEST (a source for useful items needed when a new baby is born and children are small). NEST points are earned by program participants who attend educational sessions and by keeping scheduled appointments with WIC, doctors, etc. Funding also covers salary for the HOC Central Staff located at GLITC in Lac du Flambeau. The absence of stable and/or available funding for programs is a barrier for Native American women.

b) Native American Data Collection. Developing public health programming requires accurate and reliable statistics and information about the target population and their needs, including patterns and changes in social and economic health status. In the Native American community, however, small populations make it difficult to generate statistically reliable data samples and those data that are collected may be poor in quality and vary based on the organization that collects/codes the data (clinic, county, state, national). Often a child's status as Native American is self-report by the mother, who may be afraid to be categorized as Native American, or status is reported by clinicians who make assumptions about race based on what the mother, father or child, may look like. As a result, information for community assessment and program development is limited and may be flawed.

c) MCH Nurse Overload. MCH nurses provide a wide variety of clinic-based and at-home services and assessments, including:

- Maternal pre- and post-natal health, including health assessment and monitoring, maternal depression screening, and information/education/assistance regarding birthing, breastfeeding, smoking cessation and diet/nutrition/exercise.
- Child related, including well-child visits, immunizations, developmental screening, referral from physicians or other social service sources and follow-up, special health needs (asthma, allergies, obesity), and screening for lead poisoning.
- Parent-related, including car seat safety, discipline and parenting skills, diabetes awareness and education, wellness education, and anti-smoking/drugs/alcohol programs.
- Grants and data collection, including the need for MCH nurses to write grants to raise the funds for many needy services in the community, and tracking of services and families as required for the SPHERE database (a web-based data collection system operated by the Wisconsin Department of Public Health that allows for secure sharing of public health data among public health agencies). These activities are also very time consuming.

D. Health and Social Issues. A variety of health and social issues act as barriers to providing needed services to our communities, including the need for rural facilities, required travel out of the community to provide services to clients categorized as “high risk” (e.g., high risk pregnancy or other health issue), provider shortages, waiting lists, oral health needs, and the prevalence of diabetes. Social barriers include lack of family support for change, absence of the baby’s father, and having to return to work leaving the baby in someone else’s care.

2. Dr. Peggy Peterson Kendrigan, Ph.D. (Assistant Chief, Division of Community Corrections, Milwaukee Region, Wisconsin Department of Corrections) spoke on barriers female offenders face on re-entry to society after incarceration.

Dr. Kendrigan provided a summary of the history of women’s incarceration in Wisconsin, noting that the first female was admitted to Waupun Prison in 1852. In 1931, the Wisconsin Prison for Women – Addams Hall – focused on punishing female offenders (cells, bars, etc.). The Women’s Industrial Home opened in 1921 with a view toward treatment and re-entry, with women learning cooking, baking, sewing and laundry skills. The Industrial Home housed “delinquents” and those guilty of “procreation” (including a diagnosis of venereal disease). Until 1958, pregnant inmates could keep children up to age six months in the nursery. The dichotomy between punishment and treatment remains today and is a key distinction as we look at the issue of barriers.

As of 2001, more than 70,000 women (nationally) are released from state and federal prisons each year—with the number of women on probation approaching nearly 1 million. Nationwide, more than 90,000 women are currently on parole and reintegrating into community life. The implications of these statistics for women, their children, and programming designed to facilitate re-entry and minimize recidivism are significant when we look at the profile of the female offender.

Dr. Kendrigan reported that the national profile of female offenders shows women in the criminal justice system are disproportionately women of color, in their early to mid-thirties, incarcerated for drug and drug-related offenses, have a history of having suffered abuse, and have family members in the criminal justice system. Indeed, these women are three times more likely than their male counterparts to have a history of having suffered abuse as a child and/or adult.

Dr. Kendrigan provided the following demographics about women in the Wisconsin criminal justice system:

- Most female offenders have minor children: 65% of female offenders have never been married; however, 82% have children and 90% of those children are minors. In a 1991 study, only 25% of female offenders reported that their children lived with family, compared to 90% of male offenders. Moreover, 64% of female offenders are not living with their minor children at the time of sentencing.

- African American women are disproportionately incarcerated in the Wisconsin criminal justice system compared to white women at a rate of 1:12 (one white inmate to every 12 black inmates).
- 54% of female offenders never graduated from high school and only 12% have post high school education.
- 60% of female offenders were unemployed at the time of arrest and less than one-third had held one job for one year or more.
- Connections to alcohol and drug addiction are pervasive among female offenders and there is a 75% rate of recidivism associated with drug and alcohol abuse.
- While the rate of incarceration for females is lower than for males (51/100,000 for women versus 819/100,000 for men), the population of incarcerated females is growing at a faster pace than for males. The population of women incarcerated by the Wisconsin Department of Corrections increased by 240% from 1996 to 2000, compared to 34% from 1991 and 1995.
- Differences in male/female offense patterns:

<u>Offense</u>	<u>Females</u>	<u>Males</u>
Violent	27%	48%
Property	26%	2%
Drug	35%	19%
Public Order	10%	9%
Other	2%	3%

Research finds that criminal involvement for women has often come through relationships with family members, significant others or friends (e.g., first introduced to drugs by partners or supply prostitution in exchange for drug supply). Women, especially those women who commit crimes to generate money, frequently engage in criminal activities with their romantic partners. In fact, women living with criminally involved men are 37% more likely than other women to deal drugs.

Research finds that family cycles of incarceration also correlate with women in the criminal justice system. Two out of every three women in State prisons have at least one family member who has been incarcerated. For 20% of women, this is a parent and 4% have had both parents serve time. Twelve percent of women in prison – nearly 10,000 women – have a child who is incarcerated.

Women – and their children – also suffer more from the economic impacts of welfare reform. The 1996 Federal Welfare Reform Law provides for a lifetime bar from TANF (Temporary Assistance for Needy Families, including federal public assistance funds and food stamps) for individuals who have been convicted of drug felonies. States must either enact legislation

to opt out of or modify the ban, or impose the lifetime ban. Wisconsin has modified the ban, limiting restrictions to convictions for drug sale and distribution-related offenses.

Female ex-offenders' eligibility to receive public assistance may be critical to successful re-entry given their status as parents of minor children, and, often, lack of education and job experience. Moreover, many people with criminal records are not "job-ready" immediately upon release and require services such as substance abuse treatment, job training, or education before they can even attempt to enter the job market.

In identifying barriers related to women in the criminal justice system, then, we find intersecting issues of substance abuse, trauma, mental health, and economic marginality. The statistics provided above also help highlight why there is a need to address female offenders separately from their male counterparts.

Dr. Kendrigan reported that in order to move from punishment to treatment, services must address alcohol and drug (AODA), trauma and mental health issues. Service providers must also acknowledge that gender makes a difference and develop policies, practices and programs that are relational and promote connections to children, family, significant others and the community. To this end, service providers and policy makers must focus on: 1) integrated approaches to service delivery; 2) include a wrap-around approach that looks at the individual's social and economic environment; and 3) be based on the empowerment model rather than a medical/clinical model.

Dr. Kendrigan reported that the Wisconsin Department of Corrections (DOC) has taken a number of steps to refocus its approach to providing services to female offenders and to create gender-based treatment programs. These include, for example, halfway and three-quarters way houses, AODA counseling, relational therapy programming (nurturing groups for women, wrap-around principles in case planning), and early planning for re-entry.

DOC has also developed regional initiatives and created new partnerships in the community related to child welfare, W-2, and AODA treatment. DOC's Female Alternative to Prison Program (FAPP) incorporates the research and lessons learned regarding successful supervision of female offenders. FAPP uses a collaborative, wrap-around approach that seeks input from the community and criminal justice system and seeks to address the broader needs/issues of the family.

Dr. Kendrigan identified several legal impediments to re-entry, including:

- Adoption and Safe Families Act (ASFA 1997): enables a state to begin a termination of parental rights (TPR) if a child has been in foster care 15 out of 22 months. Public policy can be improved to ensure that ASFA does not unnecessarily result in TPR in cases where family preservation is possible and desirable.
- Temporary Assistance for Needy Families (TANF): many states bar TANF (public assistance and food stamp) benefits to persons convicted of drug-felonies, but have the option to opt out of or modify the ban.

- Housing: many states bar felons from subsidized housing (e.g., Section 8 housing). Restrictive public housing laws and Section 8 guidelines could be modified to allow formerly incarcerated women access to affordable housing.
- Other bans including restrictions on voting rights and employment restrictions.

Dr. Kendrigan provided the following conclusions and recommendations to help remove barriers for female offenders to re-enter the community and reduce the likelihood of recidivism:

- Eliminate automatic exclusions based on convictions from eligibility for public benefits, certain jobs, and other supports central to re-entry.
- Increase the quantity and accessibility of low-cost, good quality housing.
- Ensure access to affordable, high quality health care in the community.
- Ensure access to publicly funded daycare.

#### **Discuss Strategy/Goal Setting**

- Open Discussion of Barriers – The Chair opened the meeting to the Council to suggest identifying barriers by category. It was noted that the Council has not yet heard testimony on some important areas such as barriers facing older women and education-related issues.
- It was decided that subcommittees should not be formed at this time. Council Members indicated that it is important to hear testimony on a broader range of topics before goals are set. The incoming Executive Director will be given information from the testimony heard to-date and asked to compile a list of barriers with the goal of identifying public and private agencies that may be potential partners in WWC's work.

#### **Other Business**

- Minutes from June 24, 2004 meeting were approved.

**Public Comments** – None.

The next meeting of the Wisconsin Women's Council will be held in the first week of October. Ms. Hixon was asked to poll the members and choose the date with the most possible attendees.

APPROVED BY THE COUNCIL (10/05/04)