

**Criminal Justice Coordinating Council (CJCC)**

**November 17, 2011**

**8:00 a.m.**

**River Place**

CJCC Members Present (7): Bill McCarthy, Sally Kreamer, Judge Gamble, Tom Hockensmith, Marilyn Lantz, John F. Mauro, Gary Mikulec

CJCC Members Absent (3): John Sarcone, Valorie Wilson, Judy Bradshaw

Others present: Sue Elliott, Jan Sears, Curtis Pion, Dillon Kraft, Dave Knight, Doug Phillips, Linda Ford, Michael O'Meara, Angela Connolly, DMPD, Gary Sherzan

Moved by Hockensmith, Seconded by McCarthy to approve the October 13, 2011 minutes.

Jail Medical Update – Linda Ford

Staff from Corizon is here today. She introduced Judy Fowler, Corizon Health Services Administrator; Lisa Wells, psychiatric nurse physician's assistant; and Sharon Chambers Smith, Mental Health Director at the Jail. Also, from the corporate office, Rodney Holliman, President, Community Corrections and Dr. Joe Pastor, Vice-President of Behavioral Health.

Corizon has a really strong mental health program. Priority of mental health issues at the jail. Rod and Dr. Pastor are here to address mental health and medication issues and answer any questions the CJCC may have. Rod Holliman stated that most questions around the clinical areas Dr. Pastor will address. Dr Pastor has been in corrections since 1997, more people with serious mental illness are incarcerated than in any mental hospital. Dr. Pastor began a forensic unit in 1996 and 1997, and then migrated into full time corrections. The best practice in community is looking at integrated care for mental health services.

Corizon specializes in integrated care for those with psychiatric problems. Those with bipolar and depression are frequently incarcerated and die 20 years earlier if they have a serious mental illness. Corizon is working within the community to establish a seamless continuum of care continuing while people are incarcerated. We treat diabetes, high blood pressure and cholesterol because those with mental illness have those problems as well.

Endorsed by a 2003 report, American Psychiatric Association provides integrated care as part of their mission and passion. Their philosophy is to provide specialized evaluation. Many are certified in psychiatry and mental health. We provide an analysis of how people are doing. We need to look at someone in a substance free environment. When people are incarcerated, it is a rare time to observe someone in a substance free environment and can determine whether they are suffering from a serious mental illness or not. It is not good for a patient to do a knee jerk reaction on medication.

Risk management, liability and documentation are critical when it comes to suicide prevention. Risk assessment, standard of care includes assessment for risks for suicide, past medical problems, drug and alcohol use and adjustment to life. We need to avoid medications that are abused that make the medical illness worse. Correctional list of medications used is specialized and specific to the correctional environment.

Dr. Pastor spoke on the care of the seriously mentally ill. It is a problem with incarcerated mentally ill persons. Corrections have become a problem. Corizon specializes in integrated care for medically psychiatric services. Persons with serious mental illness are frequently incarcerated and die much younger than others. We need to establish a seamless continuum of care, treat all medical problems as well as mental illness, of incarcerated persons. The philosophy is to provide specialized evaluations/detailed analysis assessment for incarcerated persons, in a substance abuse free environment. The work is specific to corrections. Staff is trained in corrections and suicide risk assessment.

Rod Holliman said he is responsible for 68 contracts around the country, of those, Polk County has the most active, engaged and funded mental health program. The integrated care model will work in Polk County where it doesn't work in other places. Corizon is working in California with the same issues but they have no resources to address the problem.

Polk County is unique to be able to coordinate care. We have the resources in the community. This summer, we started to talk about how to integrate with the community. We need more two-way communication and the way we reach out to people. We are excited to be here to do something and make a difference in this community. Across the country there is nowhere to send people. Other communities do not have the resources. The traditional treatment teams, the service that you are doing here do not exist. Drug court and jail diversion programs have been cut back. Dr. Pastor said the programming Polk County has is working well and they look forward to collaboration.

Sheriff McCarthy stated that from his observations, we are pleased with Corizon. Recent complaints received in the past had to do with the change in medication. We have worked to extend provider medication up to 30 days and that has reduced the calls. Even though I believe the arguments that I have heard internally doesn't conflict with the circumstance that they find themselves in. We heard issues raised by the Judge and County Attorney about why we would cut them off and put them on something else. They have been working on this and complaints have been reduced. Dr. Pastor said that is a frequent concern. They educate and train on this issue. Assessments and diagnosis have to be done to see what is really going on with the person in order to treat them correctly. Communication among providers is critical.

Supervisor Connolly asked about risk assessments and how long they take. Persons are interviewed and then referred to mental health based on symptoms they have when entering the jail. In the past, treatment waited until they were detoxed. But now the illness is treated if they are aware of it. Rod mentioned there is a lot that providers have to deal with, i.e. too many medications being taken which then result in violence in the jail.

Judge Price asked about certain psych meds that the jail won't dispense. Dr. Pastor stated that the insurance company has a list of preferred meds based on science. Corrections have a similar list. Some meds we are concerned about giving because of the subculture and common ones not getting in the jail. Common ones from corrections and providers are Saraquil. Inmates store it while incarcerated and are barred in corrections as other inmates have sustained acts of violence. In addition to correction concerns, there are concerns in the community. It needs to be looked at as a scheduled med by the DEA. Benadryl, Triciclic, antidepressants can give them a buzz or hurt themselves. All meds are checked for side effects to anti-psych drugs because people get a buzz off of them. Stimulants are another area of concern. Someone addicted to meth will ask for a stimulant which is not in their best medical interest.

Questions were asked about psych meds the jail won't dispense and has that list been expanded.

Judge Gamble spoke of an individual on a clinically prescribed drug, then taken off that drug and then they become incompetent for court. Judges have to fight to get them back on their meds so they can stand trial.

Dr. Pastor said that is a concern among the providers and judges. They found having providers collaborating and discussing the medication needs of the patient works well.

Judge Gamble stated that another question is the subculture in the jail makes sense but doesn't understand why that's an issue. If the delivery system is that you provide them with a single dose and you make sure they take it. Holliman stated that he is amazed how inmates regurgitate pills and hoard. It is amazing mental health patients physically and mentally disabled patients are routinely targeted by other people in that population and forced to do things that you wouldn't imagine. Talk with providers about the kind of things that happen. These are good points and we need to educate the community.

Sheriff McCarthy stated that several months ago, Supervisor Connolly dealt with issues that have been raised here. We would extend what the private provider had authorized for 30 days. The other thing is that they would communicate with a private doctor because of Supervisor Connolly's initiative. I know we've seen those things in the past but not sure we will see those in the future. Sheriff McCarthy stated we have families who overcome great difficulties and suffer when their meds get changed and that is what we are trying to work around need and safety.

Judge Price stated we are seeing a significant rise of individuals who are methadone maintenance in Polk County. Individuals are coming into the jail and go cold turkey. Holliman stated we believe titrating people off of methadone. Ford stated that we always detox them in a concerted way. You need to let us know if you have specific instances that are occurring. Dr. Pastor stated that heroine is extremely popular here mostly snorting IV use has been speed balling and occurring as well. Adolescents are now going into culinary herbs. These drugs seem to go in cycles.

#### I-Leads Committee Update – Jan Sears (handout)

- As of November 15<sup>th</sup>, population 885, that is down from summer, usually goes back up around March
- Two of our operating pods are closed to adjust staffing to account.
- Parole violations – 11 for October, not many changes
- Probation violations – there is an increase in those numbers coming into the jail. The system is moving individuals in and out quickly
- Booking and release time is quicker
- 14 Juveniles in custody, we are down to 5. Juveniles are sent to Marshalltown, which has a separate pod from adults. It is more economical to send them there instead of opening up a new pod. Sheriff anticipates the Youth Detention Center taking all juveniles eventually. They are working towards that.

Marilyn said the younger kids should not be mixed with the older kids

- No real changes in individuals coming in with a mental illness diagnosis. Females are up slightly with self-reporting (i.e. depression is the most common)

Sally mentioned there is a huge influx of female offenders. Marilyn said there are more girls in detention than boys. DMPD said girls are more active and involved in violent issues (fighting, gang issues, etc). There are more domestic dual arrests of females (maybe fighting back). DMPD can check with the County Attorney's Office for statistics.

Crimes against person are on the rise too. Dr. Pastor said there is a trend of violent adolescent females throughout the country; intervention will need to be used. Dr. Pastor also mentioned that for those who are self-reporting, staff has to determine if there is alcohol or drugs involved.

- Oakdale has a higher than normal waiting period due to holidays
- Booking numbers are up this year. There have been 16,000 by the end of October. If we continue, we will have 19,700 bookings for the year more than the jail has ever had.
- Moving forward: Corizon is working on merging their numbers with ours, also working on the integration of medical stats and demographic information

Angela inquired about special needs inmates (homeless and veterans) and who are we providing those numbers to. Reports are available with data on the homeless and veterans and we are providing the data to the Iowa Coalition. Also working to integrate specific data.

#### 23 Hour Crisis Center update – Angela Connolly

This center is modeled after the one in San Antonio. The sub-committee met on October 25<sup>th</sup> at youth shelter using Steve Day who along with Health Services established mobile crisis. A meeting was also held with Broadlawns to get them up to speed. The next subcommittee meeting is scheduled for November 29<sup>th</sup> with Steve Day facilitating. There are several on the committee, Polk County, Eyerley Ball, Magellan, Fifth Judicial, Sheriff, Iowa Health systems, Mercy Franklin, Optima and Condoo. We are off to a pretty good start. We need to have a crisis plan once someone comes in. We are doing a great job with mobile crisis.

#### CJCC Coordinator position – Tom Hockensmith

Tom introduced Gary Sherzan who is the new CJCC Coordinator. We started this process a few years ago. Most CJCC across the country have a full time coordinator. Tom was assigned this task through the community conversation. A subcommittee was created to look internally or outside. We decided to bring someone in on contract. The Board of Supervisors approved Gary's contract on Tuesday by unanimous vote. Gary is a former legislator and former Director of Community Corrections. Gary will start with us today.

#### Open Discussion:

Sheriff McCarthy met with representatives from the Hispanic community and the DMPD. He suggested this be an item on the next agenda and he could discuss their concerns. Possibly have Candy Morgan with County Attorney's Office discuss the Iowa Supreme Court committee that has been recently established.

A person in the audience spoke on the legislative and mental health redesign. Marilyn said that she is on the committee along with Beth Baldwin and Polk County Supervisor representatives. It was decided to put this item on the next agenda to give a report.

Supervisor Mauro recognized Becky Dewey for recording minutes and thanked everyone for being here. Next CJCC meeting 8 a.m., January 26<sup>th</sup> at Veterans Convention Center.