

Criminal Justice Coordinating Council (CJCC)

May 14, 2015

8:00 a.m.

VM-CCCU-CC

CJCC Members Present (8): Judge Gamble, Tom Hockensmith, Sally Kreamer, Sheriff Bill McCarthy, Valorie Wilson, Karen Walters-Crammond, Chief Dana Wingert, Chief Gary Mikulec.

CJCC Members Absent (3): John Sarcone, Angela Connolly, Cory Williams.

CJCC Coordinator (1): Gary Sherzan.

Others Present: Sarah Boese, Roger Kuhle, Candy Morgan, Dave Higdon, Dillon Kraft, Mike Reasoner, Tom Jackowski, Teresa Baumhoff, Nick Lemmo, Rebecca Buch, Frank Marasco, Chad Jensen, Teri Sommerlot, Michael Mortensen, Mike Vasquez, John Conway, Bob Glass, Art Hessburg, Lori Muck, Jay Rosmann, Marty Ryan, James Cornick, Lacey Smith, Arnold Woods, Lawrence James.

Approval of the March 12, 2015, Minutes

Moved by McCarthy, Seconded by Mikulec to approve the March 12, 2015, meeting minutes.

Jail Diversion, Crisis Observation Center and Sobering Center Update – Dave Higdon, PCHS (handout)

One item that is presented at each CJCC meeting is the Polk County Intercept, where programs have been created to identify people with a mental illness that have been booked into the jail, and get them into other treatment programs before they get any further into the criminal justice system.

Jail Diversion continues to serve about the same number of people, but there has been an up-tic in the last two months. The **'Number of Bookings by Status'** graph shows how many people were booked that are connected to services, and how many are not connected to services. They've added data to show how many individuals that were not connected to services at booking received a referral to a service provider. There has been staff added at the jail (20 hours/week) whose only duty is to work with people that are not connected, and get them connected in the system. There are a couple of processes used to identify individuals with a mental illness that have been booked into jail: One is an electronic database between the jail and Polk County Health Services that is monitored daily to see if someone has been booked in that is under mental health care; another is the screening process that is done at booking.

The **'Average Length of Stay for People Connected and Not Connected to Mental Health Services'** is less, or remains fairly flat, for those that are connected, while the average stay for people not connected is on an upward trend.

'Community-based Support' is on upward tic. This is for people that are connected but may need some help getting back with their provider, or that need a bridge between providers, services, etc. They are also a support for people that are on probation.

Mobile Crisis Response Team (MCRT)—Only about 2% of the people seen by the MCRT end up in jail, which is very good. The rest are either served in their home, or they go to the hospital. When looking at the cost avoidance of the MCRT for this report, there was a change in the assumption of the cost of a day in the hospital, and the number of days someone stays in the hospital. Therefore, the cost avoidance will be lower than that in previous reports. For July 2014 – April 2015, there were 719 people treated in the field. If they had been taken to jail, it would have cost \$3.1 million; \$719,000 if taken to Emergency Room; \$7.5 million if taken to hospital. If the 434 people taken to the hospital for treatment would have been taken to jail, the cost would have been \$1.9 million. For the 719 people treated in the field, the cost avoidance for Medicaid would have been: \$258,840 if taken to the E.R., and \$1 million if they had been admitted to the hospital with a 4 day stay.

Crisis Observation Center (COC)—The COC averaged 2.53 people per day in March. The majority are walk-ins; about 20% are triaged to the hospital, but most go back home; 67% of people treated at the COC say they would have gone to the hospital if the COC wasn't an option. For July 2014 –April 2015, if the 280 people treated at COC would have gone to the emergency room, the cost would have been \$280,000; \$1.1 million if admitted to the hospital; 20 people were brought in by police, which would have cost \$88,000 if they had been taken to jail instead. The Medicaid cost avoidance for the 280 people treated at the COC: \$108,200 for an emergency room visit; \$403,200 if admitted to the hospital. Programs like

the COC avoid the cost of other services, saving money for different programs such as Medicaid, as well as engaging people and getting them the necessary mental health services available while possibly avoiding more intensive services.

Tom Hockensmith commented on information he read concerning current legislation and funding, and how it could negatively impact programs like the COC, as well as other services. Dave confirmed that was true, and that “they could very well be on the chopping block.” Karen Walters-Crammond expounded on funding, stating that it was anticipated they would get about \$6.9 million in equalization funds from the state, which would then have to be offset by about \$1.5 million. The Governor’s budget included nothing for equalization, and at this point the House and Senate are going along with that. The Senate appropriations bill included \$4.6 million for regions that don’t have the necessary cash reserves, but the House’s version did not include the \$4.6 million. An amendment to add it back in failed. There’s hope that when it goes to the conference committee, they will take the Senate version. Without the necessary funding, there will be some difficult decisions to make regarding programs and services.

Crisis Stabilization Center – The Crisis Stabilization Center opened in September 2014. Dave told the story of a man that was having a mental health crisis and went to the COC. Once he was stabilized, he was triaged to the Crisis Stabilization Center, a ‘house’ on Des Moines’ south side. After 2-4 weeks in the program, he got a job as a mechanic in Indianola at \$15.00/hr. By the end of the first day, they gave him a raise to \$20.00/hr. Now [they’re] working on getting him set up in an apartment. If programs such as these had not been in place, the outcome could have been much different.

Sobering Center – The Sobering Center (still on the drawing board) is another diversionary program whose objective is to provide a medically supervised sobering area, at a site convenient for police to drop off intoxicants, reducing sobering at the jail, and being a point of engagement to other services. There was previously a similar center at 915 Hickman Ave. The target population is public intoxicants brought by the police to divert from entering the legal system; individuals in need of a safe place to sober up and have withdrawal symptoms monitored; individuals that may be involved with criminal justice or who are homeless. Only individuals with a blood alcohol content (BAC) of 0.20 or below would be able to use the center; there are too many risks involved with a person whose BAC is above that.

Pretrial Release –Teri Sommerlot (handout)

In April, there were 254 defendants in the lowest level of supervision, a potential savings of 6,200 jail bed days. There were 40 in the highest level, a savings of 881 jail bed days. 18 people were revoked from the program.

Bridges Substance Abuse Treatment Program and St. Gregory Update

The average daily census is 47 (18 men and 29 women). As of May 31, new admissions will be up to 167. There were 38 referrals in March & 58 in April; the majority of referrals are being approved, but if there is a sex offense or violent criminal history, they are taken on a case-by-case basis. Admissions for March was at 25, being a little higher due to 21 graduates that month, opening up space for more clients. The bed availability for women is close to being at an equalization point, i.e., there is currently no waiting list for women. Unsuccessful discharges are running lower than the historical average (9 in March and 6 in April). A couple of those were due to medical conditions that prevented them from completing treatment at that time.

With the addition of Level 3.7 detox and medical stabilization in Level 3.5, some modifications were made. What use to be a three phase program is now five phases: **1.** Health and wellness **2.** Employment acquisition **3.** Integration **4.** Supervised living program at the jail **5.** Community transition. They are transitioning people back into the community more quickly, usually in 9-10 months, with drug testing and treatment follow-up being done for 60-90 days while they are still in permanent supportive housing.

A full report on statistics was handed out, but Tom touched on a few numbers: The rate of recidivism over the last couple of years is 6%; sobriety is at 90% with a 10% relapse rate; the completion rate (measured by a 60-day industry standard) show men at 80%, with women at a slightly higher number; Phase I (ALPP) has an 84% completion rate. 80 men and women have successfully completed probation since 2012.

Bridges is currently working on a plan to move the women’s trauma informed care program from the jail to a location that they feel will be more conducive to strengthening the curriculum. Besides being a more appropriate place for the trauma informed care, it will free up bed space at the jail. The new proposed location will also increase the capacity of clients the program can take, despite the fact that it is smaller.

I-Leads Committee Update—Frank Marasco (handout)

In-Facility Population--As of Monday, May 11, 2015, there were 933 inmates—151 females and 782 males.

In-Custody Population—As of the same date, there were 991 total—165 females and 826 males.

Bookings and Releases by Year—They are moving at a slower pace compared to prior years; obviously January thru April are slower, while May thru September are busier months, so those numbers will increase in the coming months.

Bookings and Releases January – December Average—It is at 1400; compared to 1500 and 1600 in past years. When looking into a possible reason for this reduction, they checked **Bookings by Agency**, and it was found that the Des Moines Police Department was down 13% in bookings for the same time frame (Jan.-Apr.)

Bookings and Releases by Month—March and April had the most significant reductions. Typically, there is an increase in May, but by all indications, the population should still remain manageable.

Average Daily Population (ADP) for April—With the bookings being down, the ADP for April is 897, which is below average, being a plus for operations and staffing.

Average Daily Population (ADP) by Year—The average is 929, with the aggregate being 920 for the year; still a manageable number for the jail facility.

The American Correctional Association (ACA) is coming to the jail next week to do an audit to recertify the facility's core accreditation. Though not required, Sheriff McCarthy has directed the audit be done in order to implement and maintain the best practices and policies. The Polk County Jail is 1 of only 200 facilities nationwide with that accreditation, and it is a standard and a model for other facilities.

There has been a team working for the last 6 months compiling information and documentation for the audit, which includes 137 different standards including Booking, Intake, Security, Medical and Mental Health, Cost Effectiveness, etc. Jail staff is striving to meet every one of the 137 standards, and will report on the results at the next CJCC meeting.

Iowa Prescription Drug Corporation (IPDC) – 2nd Year Statistics—Jon Rossman, Dir., Iowa Prescription Drug Corp.

The IPDC collaborates on a program with the Polk County Jail and Primary Health Care, a federally qualified health center. Jon conveyed a case study—A female had been released from the Polk County Jail and had gone three days without her behavioral health medication. She had a job interview in a few days, and was concerned about her ability to participate in the interview. She walked into PHC, was seen by a primary care provider, and was provided with a 30 day supply of her prescribed medication. She stabilized her condition, the job interview was successful, and she is currently employed as a Certified Nursing Assistant. The alternative to that scenario—This person goes without her medications, her conditions exasperates, she is arrested and goes back to jail. The average length of stay for someone with behavioral health disorders is 36 days at a cost of \$2,160.00. That cost is greater than that of providing medications to all offenders in the program on a monthly basis.

The IDPC is a non-profit safety net provider that tries to connect individuals that are up to 200% of the federal poverty level with access to medications. They also have programs for people in specific high-risk populations, which has brought them to work with the Department of Corrections and with county jails. The issue that is being addressed thru this pilot is that when people are released from jail or correctional system, they don't have access to their medications. Upon release they are expected to locate a medical provider, have new prescriptions written, seek financial assistance, find a place to live, look for a job, etc. The chances of them being successful in these endeavors in the event they are going without their medications is unlikely.

The question is whether the rate of recidivism can be positively impacted by providing people with additional access to their behavioral health medications? In Polk County, when someone is released from jail, they are asked if they need assistance with any of their medications. If they do, they are referred to PHC, and provided with a 30-day supply, and two 30-day refills, of any of their behavioral health medications. If additional assistance is needed during that 90-day time period, they can be transitioned to Broadlawns, or a mental health center.

In the 6.5 years since the new Polk County Jail opened, 25% of inmates identified as mentally ill accounted for 43% of all bookings; 71% of this group are recidivists. A study done from March 4, 2013 – December 31, 2014, showed 341 participants in the program; 1,301 scripts filled at a cost of \$19,942.45, averaging out to about \$15.00 per script at a 340B pharmacy. This is a cost reduction of 80-90%.

A Recidivism Analysis was done from March 4, 2013 through October 14, 2014, analyzing the first 90 days post release from jail. Of the individuals with at least one mental illness indicator that did not participate in the program, 24% recidivate. That number dropped to 9% for individuals that did participate. The longer the program is utilized, the lower the rate of recidivism. Potentially 102 people with behavioral health disorders remained out of jail using the program. Had they gone to jail for the average length of stay of 36 days, it would have cost \$220,320, compared to the \$19,942 it cost to provide behavioral health medications to this group.

IPDC is currently working with the Attorney General to implement the program in some of the other larger counties.

Mt. Pleasant Closing—Gary Sherzan, CJCC Coordinator

The Mount Pleasant drug treatment program has closed, however, individuals that had been sent there by the courts are still considered to be in custody, and are being held at an alternative jail site in Mount Pleasant. Bridges is impacted by this, because they can't accept someone that is still in custody, and Polk County will no longer have an alternate site. The Board of Supervisors can authorize a contract with a public or private nonprofit agency or corporation, per Iowa Code 356A. Judge Gamble feels it would be decided on a case-by-case basis whether someone would be released to Bridges, based on the risk factor. He wasn't sure how the closing of Mount Pleasant would impact 'us' statistically, but that it was often used pre-adjudication, and that is a loss.

The Safety and Justice Challenge Grant—Gary Sherzan, CJCC Coordinator

Although he was told we should hear something on the status of the grant by mid-May, he hasn't had anything yet.

Open Discussion

Sheriff McCarthy commented on a controversy concerning the Immigration and Customs Enforcement (ICE) task force. ICE requested that county sheriffs detain undocumented immigrants up to 48 hours, even without judicial confirmation, giving ICE time to check their legal status. In June of 2014, Polk County stopped the detaining of undocumented immigrants unless a judge signed the request. Sheriff McCarthy was invited to participate in a White House task force on issues with ICE, and he just returned from there yesterday. There were many things on the table and many important people there, including the Commissioner of the NYPD, as well as officials from Los Angeles and Houston. The Sheriff stated [we] were given an equal voice, and they pushed for ICE having to participate openly with local law enforcement. It has since been learned that Los Angeles will be adopting the policy adopted by the Polk County Jail several months ago, something they are very proud of.

Tom Hockensmith cited his frustration from a local government standpoint with some of the positions the Iowa House has taken regarding mental health funding. He feels they not only put some of the programs that the CJCC has put together at risk, but also shows a lack of compassion for people.

Next Meeting –TBD

Meeting adjourned 9:05 a.m.