Criminal Justice Coordinating Council (CJCC)
March 7, 2013
8:00 a.m.
Polk County Administration Bldg. Rm. 120

CJCC Members Present (9): Tom Hockensmith, Judge Gamble, Angela Connolly, Bill McCarthy, John Sarcone, Marilyn Lantz, Gary Mikulec, Sally Kreamer and Lynn Ferrell.

CJCC Members Absent (2): Judy Bradshaw, Val Wilson

CJCC Coordinator (1): Gary Sherzan

Others Present: Sue Elliott, David Jones, Candy Morgan, Doug Phillips, Frank Marasco, Dave Higdon, Tom Jackowski, Teri Sommerlot, Dillon Kraft, Nancy Robinson, Frank Marasco, Curtis Pione, Doug Phillips, Mike Vasquez, Nick Lemmo, Rox Laird, Mike O'Meara, Tony Tatman, Paul Cornelius, Bob Glass, Jean Basinger, Jennifer Miner, Teresa Bomhoff, Chris Gammell, Candy Morgan, Max Knauer, Kay Grother, Monica Wilke-Brown, Sheena Thomas, Jeannette Minor.

Approval of the February 7, 2013, Minutes
Moved by McCarthy, Seconded by Sarcone to approve the February 7, 2013, minutes.

I-Leads Update – Frank Marasco (handout)
The inmate population numbers for February are much better than what they were in January, which was in the high 900 range. As of Monday, March 4, jail population was at 910; as of today's date, it is at about 918. Hopefully, the numbers will stay in the low 900's, as some of the issues seen last year that drove the numbers up have been, or are being, addressed. We are not seeing the spikes in the numbers, but we're also not seeing the dips, either. Frank believes we will be seeing more of a straight-line projection, however, he also believes that the days of high 700's or low 800's are over.

As for the population break down by each authority, there is really nothing out of the ordinary. There can be some improvements made as far as the statistics. Looking at the 5th Judicial (probation) numbers, of the 102 inmates listed as probation violations, there are only 77 that actually are; the other 25 are inmates for which there is not a system in place to track exactly what they are in for. Frank feels we can dig much deeper into the numbers to get a clearer, more detailed picture. The task of breaking those numbers down is a work in progress.

On the waiting facility report, there is nothing out of the ordinary. We have 11 inmates going today to Oakdale, the remaining will go tomorrow.

Teri Sommerlot - Pretrial Program (handout)
The numbers remain very consistent from month to month. In the regular pretrial release program (the lowest supervision level), there were 190 people out. This was a savings of 4,258 jail days. In the highly supervised release program, 58 people were out for all or part of the month, saving 1,200 jail bed days. There

were 19 revocations in February; 7 in the lowest level of supervision, and 12 in the supervised release program.

Jail Diversion – Dave Higdon (handout)

There have been 351 total bookings YTD; 186 (60%) were linked back to existing providers. The majority of people are getting linked back to existing providers, or referred into the system.

Legal Outcomes – These numbers remain fairly consistent. YTD, 93 had 'Credit for Time Served Linked Back to Existing Supports' (working with Attorneys and Judges); 67 had probation of some kind and were working with a Probation Officer to get them back into society.

Days by Charge Class – The number of days for all misdemeanors (simple, aggravated and serious), felonies, and probation or parole violation are basically divided equally into thirds for the YTD total, with the numbers being 4,111 for misdemeanors, 4,051 for felonies, and 4,037 for probation and parole violations.

Bookings by Charge Class – 58% are for misdemeanor class charges, which represent just 34% of the days. Looking at the average number of days, people with misdemeanors spend the least amount of time in jail. Also, overall, people that are connected to services get out in a shorter amount of time than those not already in the system.

John Sarcone asked if there were any spikes. Dave responded that the numbers are consistent every month.

Community Corrections Behavioral Health Grant Update

Mid-Iowa Health Foundation, Prairie Meadows and Polk County have provided grant money for the program. Dave met with Primary Health Care, Eyerly-Ball and Broadlawns earlier in the week to discuss the program. Primary Health Care has received their first fax from the jail to dispense medication for somebody being released from jail. The program started on March 5th. A meeting was held to discuss what the next steps would be; after someone has been to Primary Health Care and received their medication, how do they get them enrolled in the traditional mental health system with Eyerly-Ball and Broadlawns. A plan is in place, and a follow-up meeting will be scheduled to see if any adjustments need to be made to the process.

Bridges Substance Abuse Treatment Program – Tom Jackowski, J.D., CEO, Bridges of Iowa

In February, there were 52 clients in the program. There have been 6 women enrolled since the program opened, about 1 per day. There were 14 admissions in February. There are 24 females and 16 males on the approved waiting list, the majority of which are still in the jail. These people have been approved by Bridges, but have not necessarily gone through their legal process. The Bridges staff is going into the jail weekly to meet with people who have expressed a desire to enter the program. They help complete the applications and get substance abuse evaluations done. As Bridges is now the 'gatekeeper' of the referral process, the barriers to the process has been taken care of.

The first week in April, 10 clients will graduate from the program. This will free up 10 beds at the Vine Street location; those approved will then move from the West Wing to Vine Street, freeing up space there. Supervisor Hockensmith asked about follow up and case management. Tom explained that after graduating from the year-long program, each alumni graduate becomes part of the Alumni Association Elder Board, with each having a sponsor and a mentor. The graduates receive a coin, which is turned in in the case of a relapse.

Usually, they are taken back into the earlier phase of the program which includes evaluation, but don't have to go thru the entire program again. They are moved through the process as seems fitting for each individual and/or circumstance. Bridges recognizes relapse is a normal part of the recovery process, and their goal is to get people back on track as quickly as possible.

Bridges has gone through their licensure evaluation from the State Department of Public Health, receiving a 3-year license, with an average score of just under 99%—

--Clinical Standards received 98.67%.
--Administration received 100%.
--Program Standards received 99.24%.

Bridges is licensed at the highest level available in the state, and the staff carries the highest levels of certification available. This is a credit to the staff, who is caring and committed in providing professional treatment services at the West Wing of the jail.

Most of the clients are doing well, and there have been just 4 discharges, which is usually a lot higher. They are working with a number of organizations that have stepped up to provide food services.

With Bridges having been in the environment for 6 months now, and hearing concerns and comments from many different people, including clients, they are beginning to have discussions about what the next step is for delivering a continuum of care to individuals involved in the criminal justice system. No one can argue that there is a significant need for medical detox, stabilization and a higher level of care to inmates at the jail. Tom believes that the St. Gregory's program is at the cutting edge of substance abuse and delivery of services. Mike Vasquez, President and CEO of St. Gregory's, is here today to give information about the program.

St. Gregory's – Mike Vasquez, President and CEO

St. Gregory's is licensed at the state level as a Residential 3.5 (Full Residential), as well as Outpatient programs; Partial Hospitalization 2.5 (20 contact hours); Intensive Outpatient Hospital (9 contact hours); and Extensive Outpatient Hospital (less than 9 contact hours). They are also licensed as a medical detox unit. They operate 101 beds in Iowa. About 80% of their patients come from Los Angeles, Miami, Dallas and New York. Blue Cross and Blue Shield of California would not cover services by St. Gregory's with state licensing only in Iowa, which made it necessary for them to approach accreditation from an international level. The program operates under 900 policies and procedures. These same policies and procedures will be brought into the jail. Because they have to be fully reimbursable by insurance, they have electronic medical records, which provide a daily record of progression in the program.

St. Gregory's began doing the type of therapy they perform in late 2008. They have a 72% sobriety rate after 1-year post-completion. The Iowa Consortium from the University of Iowa did research and found that after 1-year post-completion, 94.3% of graduates had no arrests.

[The details of the program can be found in a report issued in April 2011 by the American Society of Addiction Medicine, which is contained in the materials distributed at today's meeting.]

A board certified psychologist is the Medical Director for St. Gregory's, as well as for their medical detox unit. He is also the Medical Director for Magellan Health, which adjudicates behavioral health claims for Medicaid patients. He is certified by the American Society of Addiction Medicine, and the American Board of Addiction.

St. Gregory's is an 8-week, fully evidence-based program, as opposed to a faith-based, or religion-based program. Upon entering, the patient receives a full physical by a physician to be sure they are medically ready to be in the program because of what drugs and lifestyle has done to their body. This also determines at what level the patient will enter the program, be it the medical detox unit, or at a different level. Does the patient need medical detox, or medical stabilization? The patient cannot enter the core portion of the program until they are detoxed, which generally takes 5-7 days, depending on what substances they have in their system.

Substance abuse causes the neurotransmitters in some portions of the brain to quit firing. This might also be accompanied by cerebral dysfunction. Either one, or both, of these prohibit the body and the brain from communicating with each other. The abuser doesn't have the self-regulation needed to overcome impulses, thus leading to further substance abuse, and sometimes criminality. They become dehydrated, nutrition and sleep suffers, and the body, that normally produces dopamine naturally, is unable to do so. Through IV therapy, the precursors to producing dopamine naturally are given to the patient. They are rehydrated, nutrition and sleep are focused on, and the toxins are eliminated. Once the patient is feeling better, and the chemistry portion of the treatment is taken care of, exercises to increase brain function are introduced. During this time, self-regulation, or functionality, is improved 241%; they are taken from the lowest percentile of functioning to normal functioning within 7 weeks.

At this point, they are ready to start talking about addiction. Addiction is generally caused by anxiety, depression, and stress. Through cognitive therapy, they begin to work on changing the addict's thought processes. If they change their thinking, they can change their actions, now that they are feeling better and can control their impulses. The cognitive therapy portion of the treatment is curriculum-driven, i.e., it has a start date and an end date. Everyone has the exact same opportunity to learn and change; they learn, or relearn, the difference between right and wrong. Mike interprets cognitive therapy as—

--Thoughts become beliefs.
--Beliefs become actions.
--Actions become character.
--Character defines who we are, and what we become.

There was a twelve month study done, 103 patients studied for 12 months. In 12 months, they moved from depression into normal range into anxiety depression and stress. This process is curriculum driven. Cognitive therapy has a start and end date. We have developed a workbook for each inmate to respond on an individual basis. We teach virtues and values, right and wrong. Every element is critical to success.

The benefit of taking what we do and integrating it into a long term phase with Bridges in Phase 2 and Phase 3 program could become a national model. Phase 2 is a work release program. We can work out of the west wing of the jail. Sarcone asked how the program interacts with inmates of various levels of education. We have blind patients, and are ADA compliant. We don't believe in stopping psychotropic medications. We have a safe and controlled environment to bring people down psychotic from addiction or prediagnosis. If a substance abuser comes in with a mental health diagnosis, it needs to be determined if there is a true mental health issue, or if the mental health diagnosis is caused by the drug addiction. In order to find a baseline to

accurately diagnosis, they need to start with a clean slate. 60% of people enter the program on medication for mental health issues; 95% are off all prescribed psychotropic medications upon completion of the program. If a true mental health issue is diagnosed, the patient is referred accordingly.

Open Discussion

Sally stated that the first experimental jail diversion drug court client was put in Fort Des Moines on a bracelet. The offender paid for the bracelet and time at the Fort and kept his job. We will try it again in future. This was the first pilot and it went well. We are going to reserve a few beds. We needed an immediate consequence and the offender agreed.

Meeting adjourned at 9:15 a.m.