

Criminal Justice Coordinating Council (CJCC)

April 25, 2013

8:00 a.m.

VM-CCCU-CC

CJCC Members Present (10): Tom Hockensmith, Angela Connolly, Bill McCarthy, Judge Gamble, John Sarcone, Lynn Ferrell, Sally Kreamer, Judy Bradshaw, Marilyn Lantz, Gary Mikulec

CJCC Members Absent (1): Valorie Wilson

CJCC Coordinator (1): Gary Sherzan

Others Present: Sue Elliott, David Jones, Candy Morgan, Frank Marasco, Doug Phillips, Dave Higdon, Curtis Pione, Teri Sommerlot, Tom Jackowski, Dr. Tatman, Dr. Cooper, Nancy Robinson, Dillon Kraft, Mike Vasquez, Teresa Bomhoff, Rox Laird, Tony Leys, Jean Basinger, Betty Christiansen, Bob Glass, Tammy Hoyman, Paul Cornelius, Melissa Spaur.

Approval of the March 7, 2013, Minutes

Moved by Connolly, Seconded by Mikulec to approve the March 7, 2013, minutes.

I-Leads Update – Frank Marasco (handout)

On Monday, April 22, 2013, the In-facility population was 930. This is an improvement over last year when in March 2012, the population was 1135. The ADP for March of this year was 918. Frank reiterated that a population of 900+ is the baseline number, as evidenced by his statistical forecasting mentioned at the last meeting. While staffing and bed space can accommodate this number, it puts them on a constant state of alert because any misstep could put them at the higher numbers they were concerned about last year.

While the ADP is lower for the first quarter of 2013, the number of bookings is right on par with the first quarter of 2012. There is a -0.02% difference in bookings and -0.47 decrease in releases. There has been a collective effort by the different entities to expedite the processes of paper work, transporting, etc. The new credit card bonding is working well; citations are being issued where appropriate. These, among other things, are helping to manage the population numbers.

The jail just had their final site survey for the video visitation program, which will also have a component for remote video visitation. The remote program will allow video visitations from home, therefore preventing children, the elderly, etc. from having to come to the jail.

Mental Health Evaluations at Presentence Investigations – Teri Sommerlot (handout)

Every year, the Fifth District writes approximately 2,000 presentence investigations (PSI's); probably about 1,500 of those are in Polk County. A PSI is a very detailed report about a defendant - where they live, employment history, education, financial status, criminal history, etc. It also delves into their drug and alcohol issues, and their mental health status. They want to get the mental health and substance abuse information on the front-end, before a defendant is placed on probation, or goes to prison. Dr. Cooper and Dr. Tatman with the Department of Corrections are here today to talk about some of the initial assessments and screenings that are being done.

Dr. Tatman referenced the 2-page Iowa Mental Health Screening tool that was distributed to the CJCC panel. This is a tool that is being used on the front-end for offenders entering the system to identify mental health symptoms early on in the process. They have done research on about 1,000 offenders that have used this screening tool, and have found it to be very reliable in assessing mental health issues, which allows them to be more proactive in determining treatment. This tool has become standard in the PSI interview, which will help the PSI writer determine if there is a need for further exploration of mental illness. If it is determined that further investigation is needed, there is a process in place thru Dr. Cooper to do further assessments, whether it be through initial discussion, interview, or full-blown psychological evaluation with testing and full collateral documents.

When an agent comes to Dr. Cooper asking him to review a defendant's Iowa Mental Health Screening, he then starts the discussion as to whether or not there needs to be additional interviews with that person, if further records (such as mental health records) need to be obtained, etc. Dr. Cooper may meet with the individual at the jail, or in his office, to do a clinical interview to collect background information on medical treatment, family history, a prognosis of their mental illness, any collateral documents from Broadlawns or Lutheran if available, etc. He then uses this information to compile a 2-3 page document to the court recommending mental health services (or continuing services), and at what level of service. Judge Gamble asked if this would delay sentencing. Dr. Cooper said not unless comprehensive testing was deemed necessary. Sally Kremer added that there may be a question as to where to put them, if they have no place to go, while awaiting sentencing. The hope is to get the evaluation and/or recommendation done prior to the time of sentencing. The DOC will work with Eyerly-Ball or Broadlawns if it is determined that medication management is necessary, or with Corizon to obtain records from the jail.

Hockensmith asked if everyone arrested comes to the jail and receives a mental health screening. Phillips stated that we ask those questions on booking, health (Corizon) does an assessment and most are based on behavior. If we observe unusual behavior, we make a request for an evaluation to the medical provider. Dr. Cooper stated that most information received is from Corizon to discuss with individuals to see if they are seeing symptoms of mental illness.

Higdon stated that they run the booking database against health services database daily. There are two or three different ways that a mental health issue can be identified. The screening tool demographic questions, the bottom part is taken from Beck Depression and Anxiety Inventory which was widely researched and evaluated, the back page covers psychotic issues. The middle bottom is substance abuse scales from the audit of the world health organization. The bottom page is what we are using now as our validity scale on how open and honest is this person being. It has been a very reliable tool.

Pretrial Release – Teri Sommerlot

As in past reports, the statistics remain fairly consistent. For the month of March, at the lowest level of supervised pretrial release, there were 190 defendants that remained out, from 1 day up to the entire month, saving 4,383 jail bed days. There were 7 revocations. At the most actively supervised level, there were 67 defendants that remained out, saving 1,575 jail bed days. There were 10 revocations in that group.

Jail Diversion – Dave Higdon

As with pretrial release, the numbers are fairly consistent. The jail diversion staff is performing their primary function, which is to link people back to existing providers. For bookings over a 3-month period, it is at about 3%; 25 % of people were released due to ‘Credit for Time Served’; 38% were for ‘Simple Misdemeanors’; 13% for ‘Aggravated Misdemeanors’; 17% for ‘Serious Misdemeanors’; 31% for ‘Probation Violation’; and 1% for ‘Parole Violation’. At least once a month, we work with jail diversion and the 5th Judicial Community Corrections to see if we can intervene for those who may have their probation revoked, to see if there is anything that can be done before that happens. Dave touched on the identification piece at the front-end where people are followed as they get set up in traditional mental health services. Year-to-date, there have been 47 people served. At the end of the year, they will take a look at recidivism rates.

Community Corrections Behavioral Health Grant Update – Dave Higdon

Angela Connolly made a site visit to the Iowa Drug Depository. In the month from March 4 to April 4, there were 114 people that left the jail with their prescriptions; 48 of those used Primary Health Care (PHC) to fill their prescriptions. PHC then ‘hands off’ the individuals to Eyerly-Ball or Broadlawns. People have discontinued their relationship if they had one or are creating a new relationship. Once they have access, they are eligible to the program. Almost 50 percent showed up. If we would have predicted we would never have predicted that high a number. We will check after 6 months and will work with Frank on the recidivism numbers, the program could pay for itself. We can look at those who access meds and those that don’t.

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

As of this morning, there were 72 clients (16 women; 56 men). The women’s program is filling up faster than the men’s program, with a longer waiting list. An evaluator goes to the jail every Tuesday and Thursday to evaluate people that have been referred to Bridges by County Attorney’s, Defense Attorney’s, Probation Officers, etc. If someone needs a referral sooner, they send someone from their clinical staff to do the evaluation. There were 26 referrals in March, admissions were just shy of 16, and there are 60 people on the waiting list.

The gender-specific program (Stephanie Covington’s program) is going well. They had a successful open house for the public to come in and see the facility. They are still struggling with transportation—getting clients to and from doctor appointments, to and from work, etc. The public transportation system is not meeting the needs of individuals at the jail. Tom feels the transportation issue will become unmanageable at some point, and they are trying to find a way to get it resolved.

St. Gregory’s Program Update – Gary Sherzan

The Bridges program was brought into the jail after federal funding to provide substance abuse treatment at the jail was cut. It was mentioned whether Bridges could be utilized to avoid sending people to Mount Pleasant for treatment. Some people are sitting and waiting 30-35 days to get into Mount Pleasant, and then many come back from Mount Pleasant and still go into Bridges.

The goals that were discussed for the program at the jail –

- To provide a detox program at the jail with a higher level of substance abuse treatment; i.e., provide Level 3.5, as at Mount Pleasant, in addition to Level 3.1 that is provided by Bridges.
- Reduce waiting times for treatment.

- Reduce transportation costs for the Sheriff's Office by not having to go back and forth to Mt. Pleasant.
- Reduce the recidivism rate by providing that care at the jail.

Connolly stated that she would like to think we could have a local detox program and not send people to Mt. Pleasant and cut the cost of transportation and having people wait. Gary stated that there is no question the program will work. Jackowski looked at a billing process and arrived at cost of what the County is delivering now plus transportation and an amount for detox. Why can't we do more on a per day cost. You are still going to have individuals wanting to go to the 28 day experience rather than the 60 day experience. In reality, they are sitting in jail it would be the same amount of time to do the 60 day program. You will have attorneys that will want to take the 28 day versus 60 day. Look at a per day cost with a cap that might be a solution to this issue. Gary stated can we cap what the County pays now. There has been discussion with the Department of Corrections, the County Attorney's office, Judge Gamble, and others to talk about putting this program together. How can an effective program be put together while keeping costs down? That is where the problem lies. If we want to do something with recidivism and keep jail population down, we need to look at increasing the services available to offenders that need it. With mental health, substance abuse issues, there are a multitude of services needed. It does no good to evaluate someone and risk needs assess them if the court doesn't have any place to send the person for treatment. Gary feels it is time the County and Bridges come together to discuss a contract.

Tom Hockensmith is interested in pursuing this option; however, the County cannot pay for both the program at Mount Pleasant and a local program. The Iowa Code requires that the County pay for treatment for people sent to Mount Pleasant from criminal court, which is 99% of the admissions to Mount Pleasant. There are not adequate services in the community to handle the number of offenders needing treatment, therefore too many of them are waiting too long to receive services. There needs to a change in the infrastructure to improve mental health and substance abuse programs. Hockensmith stated that is our charge to work on how we can make the local detox program work. Gary to talk with Lynn and then get with the CJCC. Ongoing discussion will be necessary.

Meeting adjourned at 9:25 a.m.