

**Criminal Justice Coordinating Council (CJCC)**

**October 24, 2013**

**8:00 a.m.**

**VM-CCCU-CC**

**CJCC Members Present (11):** Tom Hockensmith, Angela Connolly, Bill McCarthy, Judge Gamble, John Sarcone, Sally Kreamer, Lynn Ferrell, Valorie Wilson, Marilyn Lantz, Gary Mikulec, Major Steve Waymire (for Judy Bradshaw).

**CJCC Coordinator (1):** Gary Sherzan.

**Others Present:** Sue Elliott, Ami Anderson, Doug Phillips, Candy Morgan, Frank Marasco, Dave Higdon, Tom Jackowski, Mike Vasquez, Teresa Bomhoff, Dillon Kraft, Nick Lemmo, Michael O'Meara, Jennifer Miner, Nancy Robinson, Kathy Douglas, Jeanette Minor, Tammy Hoyman, Betty Andreaux, Chris Gammell, Bob Glass, Teri Sommerlot, Jean Basinger.

**Approval of the August 29, 2013, Minutes**

Moved by McCarthy, Seconded by Sarcone to approve the August 29, 2013, minutes.

**I-Leads Committee Update—Frank Marasco (handout)**

The average daily population (ADP) was 968 on October 21 which is a little high for this time of year. In early October, it was a struggle to stay below 1,000, so the numbers have improved from the start of the month. Currently, the ADP is at 947. The immigration and customs enforcement (ICE) numbers are low and are keeping an eye on the women's population, as it is close to threshold. As mentioned in the last few meetings, they are not seeing a drop in the numbers like they had before.

Bookings in September were down quite a bit from August, but the ADP continues to be the same. There continues to be issues that prevent releases from keeping up with bookings. This is something that, collectively, still needs to be worked on. Bookings and releases are at a record pace, being up 3% and 1.5% respectively, from last year.

Frank introduced a new slide showing the current judicial status of inmates. The chart shows that there are 17 inmates that have a murder first degree charge, which is the highest since 2006. Murder and robbery represent 16.4% of inmates with a charge in the 'Person Offenses'.

Another new slide indicates the number of inmates having a Mental Health Diagnosis. On October 22, the ADP was 963, of which 30.3% had a mental health diagnosis (26.9% of males and 47.5% of females). This was determined by those people that were diagnosed with, and had a prescription to treat a mental illness. They are working with Corizon on getting a method set up to get more accurate numbers, determine what some of the diagnoses are, what the cost is, and the demographics.

**Pretrial Release—Teri Sommerlot (handout)**

Teri referred to her handout with the statistics for September, stating that there was nothing unusual for this month. She did indicate that in the lowest level of supervised release there were 224 people out for 1 to 30 days, and in the most intensely-supervised programs there were 60 people out for 1 to 30 days. There would have been over 7,000 possible jail days if those people had remained in custody. 18 people were revoked from any of the pre-trial release programs during the month.

Chairperson Hockensmith asked Gary Sherzan to report on the status of the pilot project with the Arnold Foundation. He reported that Polk County has been turned down for the pilot project at this time. Teri explained that, while the County wasn't selected for the pilot study, we may still get a chance at the second level, the beta-testing. In a pilot study, any defects, problems, flaws, etc. with the program are discovered and corrected. After the changes and corrections have been made, the refined program is sent out to selected groups for the beta-testing. The program is used under normal, everyday conditions to see how it works. They hope that Polk County will be selected for this phase, where we would still have the opportunity for on-site training of the risk assessment tool, a coordinator to help with the process, and the use of the software the Foundation has developed.

Hockensmith asked if we currently have a validated assessment tool in place. Teri, having not been here at the time, replied that her assumption is that the tool currently being used was validated when we started using it, but modifications made to it over the years have not been validated. The new risk assessment tool is cutting edge based on the latest research in determining the predictive factors in recidivism.

Gary indicated that maybe by February or March of 2014, we could be participating in the beta-testing. His interpretation is that Marie with the Foundation was concerned about what pretrial should look like in this district, or county. Some of the issues that need to be addressed/determined: Who gets interviewed for pretrial release? When do they get interviewed? (Gary believes the Foundation feels that everyone should be, with the possible exception of people on probation or parole. Currently, about 20% are interviewed). What are the staffing needs? What resources are available to achieve those needs? What about the education of all the stakeholders about how pretrial release is to be handled? These are issues that need to be discussed openly and resolved so that we can move forward.

#### **Post-Booking Jail Diversion—Dave Higdon (handout)**

Dave discussed several charts in his presentation, including: 'People Served by Jail Diversion' from July 2012 to September 2013. In general, the numbers have increased during that time frame; July 2013 was a big month, with 73 people served by Jail Diversion. The difference between the people that are on medications, and the people that are served by this program, has a lot to do with the acuity of the people and their connection to the mental health system. Post-booking jail diversion has always targeted people with the most serious and persistent mental illnesses, and it is those people that are involved in the case management and integrated services projects. When medications are used as a proxy indicator, you may get individuals that are booked in on substance abuse charges that may have some anxiety or depression, but that don't really need to be connected to the program in an ongoing way, except for perhaps some outpatient services; they are not looked at for post-booking jail diversion at this time.

The next chart shows a breakdown of those people that are connected (or referred) to ongoing community based supports, and those not connected. The people that are already connected are really being worked with, and even more so in the first three months of the current FY.

Chart #4 shows the average length of stay of those people that are connected, and those that are not. For those connected, the average number of jail days has trended downward, at an average 34-35 days.

The last slide Dave discussed showed the number of days of incarceration before community support, and the number of days during community support. In the second part of the program, support is given to help bridge the transition from incarceration into the community. During community support, there were 721 days of incarceration; before community support there were 1,739 days.

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

There are currently 87 men and women in the program; 62 men, 15 women, and 10 in independent living that are due to graduate. There are 12 more scheduled to graduate in December, with 38 graduations for the year. There were 37 referrals in August, and 33 referrals in September. Admissions are running ahead of schedule, with 9 in August with 2 discharges; and 12 in September with 5 discharges.

The placement list is into February for men and into December for women.

They are rapidly approaching the point where the program will be full, and there will be a true waiting list. The men's program is essentially full. They are 'growing' the women's program slower as they learn to implement the trauma-informed care principles. They are experimenting with an after-care pre-placement program within 60 days after graduation. There are 8 women in the transitional housing apartments that have completed Phase I and II of the program, are gainfully employed, and living independently. They are working on their financial literacy and budgeting program.

A committee of interested individuals was put together to work on the transportation issues, and they seem to have worked out a solution that has eased the problem.

They believe that they are now in a position to implement the level 3.5 detoxification treatment program. They will work with Judge Gamble and other criminal judges to determine what the detox placement criteria will look like; the County Attorney's Office and Sheriff's Department for Risk Assessment; and with Pretrial Release to determine how they will take incarcerated individuals that need detox services and place them into the program.

In regard to St. Gregory's, Gary Sherzan added that they are looking at January for implementation. The jail will need to apply to Medicare as a provider, which is a 30-60 day commitment for approval once the application is received.

**Juvenile Justice Research Projects in Iowa Update—Marilyn Lantz, Juvenile Court Services Director**

In 2012, Juvenile Court Services had 2,839 juvenile complaints come to them from Law Enforcement, involving 2,182 kids. About 26% of kids coming through the front door had petitions filed on them, with the remaining 74% had a diversion of some kind; 9% had orders for placement, including the State Training School. At this time, there are 24 kids (1%) at the State Training School, the same number that were there in August. Sheriff McCarthy had asked previously what the racial breakdown is of the kids in the school--the answer is 11 boys and 2 girls are African-American. About 33% of referrals are African-American, or bi-racial; the overall caseload goes up to 41%; and of those in placement in places such as Woodward Academy, Orchard Place, Clarinda, (private residential treatment providers) it is 47%.

At the State Training School for Boys, there are a set number of beds allocated for each judicial district depending on the population of the district. The number of beds for the 5<sup>th</sup> District is 30. They are consistently way below that allocation because they work so hard to keep kids in the community; therefore, they consistently have extra beds that they lend to other districts.

The RAY's research project is off and running with the treatment and control groups. It will probably be about 2 years before it is known how effective the project is.

## **Affordable Care Act – Impact on Iowa Offenders—Lynn Ferrell, Exec. Dir., Polk County Health Services**

Lynn referred to the two sets of numbers (3% and 30%) regarding the number of people in jail that have a mental illness, and wants to try to tie the two sets together. The current Jail Diversion program was intentionally designed to work with people who are already in the system. It is known that there are many people in jail with a mental illness who aren't being assisted. The issue is how do we get more of those people in the system? What tools do we need to close that gap?

Lynn is on the Health Steering Committee for the National Association of Counties, and he received a report that provided the information Gary asked him to report on today regarding the Affordable Care Act (ACA). Of course, the intent of the ACA is to ensure that everyone in the country has health insurance; it builds on our existing insurance and safety net systems. With the ACA, it is intended that people at or below 138% of the federal poverty level (FPL) would be enrolled into the Medicaid system, and states would receive an enhanced Federal match for that; for people above 138% of the FPL that don't have health insurance available through an employer, they would purchase insurance through the exchanges or market places; there would be a subsidy for people up to 400% of the FPL; and an income tax penalty for those that do not purchase insurance.

Essentially, the ACA would provide 3 or 4 different ways for people to be covered by health insurance. In Iowa, an alternative to Medicaid expansion was devised that is still awaiting Federal approval. What the state proposes to do is to provide the equivalent of the state employee's insurance benefits to those people below 100% of the FPL; for those from 100-138% of the FPL, they would use Federal Medicaid dollars to purchase insurance. There is a mechanism by which 'medically frail' individuals can opt into the Medicaid program, which covers a wider array of services than typical private insurance plans, such as group homes, residential substance abuse treatment, etc. This mechanism will be very important for people with mental illness and substance abuse disorders to receive the more intensive, supportive services that Medicaid covers.

Under ACA, states have 3 options to set up their exchanges—they could operate it themselves, they could let the Feds do it, or they could have a state & federal partnership. Iowa has chosen the latter. All insurances offered to the exchanges must have mental health and substance abuse parity. There is an annual enrollment period, so people can change their plan or company during that time, or at other times if there are extenuating circumstances such as the loss of a job.

Estimates show that approximately 279,000 people in Iowa are uninsured; about 148,000 of those are at or below the 138% FPL; about 64,000 are eligible for the exchange study up to 400%. It is estimated that 11.3% of the 148,000 and 5% of the 64,000 have a serious mental illness; and 16.5% and 13.5%, respectively, have a substance abuse disorder. This will be an opportunity, if we get people signed up, to use the newly available insurance and Medicaid expansion products to provide services to these people with mental illness and substance abuse who currently don't have any coverage, and services are dependent on public support.

An important thing to remember is that Medicaid does not cover inmates in a public institution, such as a jail, unless they are transferred from a public institution into a hospital. In most states, once a person is released, they have to reapply for Medicaid. Iowa is one of only a few states where Medicaid coverage is suspended during this time, and automatically starts back up once released. A provision in the ACA says that insurance that is purchased through the exchanges must cover incarcerated individuals pending disposition of charges. There are a couple of implications to this—1) Medical services received while incarcerated may be billable to insurance and 2) Coverage will not be suspended while a person is in jail.

The question is will the federal government look at the Iowa plan as Medicaid because it is being paid for with Medicaid dollars? Or are they going to look at it as insurance because it was purchased through the exchange?

The NaCo Report identified a series of issues and recommendations concerning the ACA and county jails--

- Recommends that county jails be considered a point of contact for newly eligible individuals. The ACA requires that states provide some kind of targeted outreach to assist underserved and vulnerable individuals to enroll. Each state is required to have 'Navigators' to assist in the enrollment process.

Some of the barriers to enrolling:

- Does the jail staff have the capacity to assist inmates?
- What about the high turnover rate at the jail (people in & out)?
- Do the navigators have the experience to deal with some of the types of people they may encounter in jail?
- Inmates are likely not to have the documentation they need to apply.
- They may be reluctant to enroll in the system.
- Release dates are frequently changing.
- Getting hardware in the jail needed for enrollment.
- Eligibility change challenges (ex.- Inmate found guilty and coverage stops).
- Recommend improving the data gathering and sharing between the state and local levels.
- Recommend a current inmate screening process that includes questions about insurance.
- A better partnership with the state.
- Using people in the justice roles to inform inmates that coverage is available to them, the types of coverage, and assisting them in enrolling.
- Developing or improving the diversion program.

Some counties are identifying people who are frequently in jail, and targeting them to try and get them enrolled as part of the discharge process. Some are sending letters to all individuals who have been in a county program, such as General Assistance. Some counties are putting navigators in Public Health, General Assistance, and other offices. In addition to navigators, some are training other individuals as helpers.

Teresa Bomhoff talked about a program called the Certified Application Consort (CAC). It encourages corporations to either hire people or get volunteers to learn the enrollment process and assist people in that process. Since there probably will only be 9-10 navigators in the state, the more people there are to assist, the more people will be enrolled.

### **Open Discussion-**

Judge Gamble shared that beginning October 29, the EDMS system goes live in Polk County Criminal Court. All cases filed and initiated that day, become electronic filings. It is a huge process change and a lot of work has been done to make sure EDMS does not slow down the jail process. Marilyn Lantz added that Juvenile Court will not be electronic at this time.

Judge Gamble also said that on January 1, 2014, he will reopen jail court on Sundays and Holidays.

Meeting adjourned 9:10 a.m.