

Criminal Justice Coordinating Council

NOTES

DATE 7/23/15

ATTENDEES

Voting Members

- Judge James Fleetwood Judge Jennifer Jones Judge John Kisner
- Sheriff Jeff Easter Interim Chief Nelson Mosely District Attorney Marc Bennet
- Commissioner Tim Norton Commissioner Dave Unruh Marilyn Cook
- City Council Member Lavonta Williams Sharon Dickgrafe Mark Masterson
- Marv Duncan

Ex Officio Members and Others in Attendance

- Judge William Woolley* Ann Swegle* Tom Struble* Jason Scheck*
 - Gail Villalovos* Col. Richard Powell* Jama Mitchell*
 - Capt. Scott Heimerman* Ron Holt* Jan Jarman* Paul Ricdel Jared Schechter Janice Bradley Kim Pennington Dr. Tim Rohrig James Scott
 - Roger Taylor Chris Chronis Melinda Wilson Brenda Dietzman Dan Soliday Mary Shannon Karen Powell Mitch Kolf
- * Voting designee

LOCATION

Detention Facility, 2nd Floor Training Room

| ACTION ITEMS | PERSON RESPONSIBLE | COMPLETION DATE |
|--------------|--------------------|-----------------|
| | | |

Discussion

Judge Fleetwood called the meeting to order. A quorum was not present

- I. Approval of Minutes
 - a. June 25, 2015- Vote was not taken as there was no quorum. Ms. Marilyn Cook asked that the meeting minutes be amended slightly.

- II. New Business
 - a. Population Report
 - i. Sheriff Easter says female inmates are a challenge because other counties do not want to take them. Female inmates are on the rise. With rise of female inmates, we are being forced to send males out of County.
 - ii. Judge Fleetwood mentions that another judge was very excited about Drug Court.
 - b. JRBR YRCII alternative – Mark Masterson
 - i. Mr. Masterson mentions that Daniel Salazar did a great job of explaining the program in his recent article for the Eagle. We are not reopening a facility, it is a program to reduce recidivism that involves family engagement.
 - ii. The change in juvenile justice is happening nationally. There are reforms being discussed and these reforms are being done through this new program. The reform goal is to support pro-social development.
 - iii. Juvenile justice is focused on three areas: accountability for wrongdoing, preventing reoffending, and fairness.



Sedgwick County...
working for you

- iv. Most effective practices require: a uniform risk assessment process, target those at moderate or high-risk, begin cognitive behavioral programming that targets criminogenic risk factors, a family engagement plan to strengthen parental authority, and ensure the practices are structured.
 - v. JRBR was successful because it was serving youth close to home. JRBR included parental involvement. It also was ensured that the groups had performance measurement that went through annual review processes.
 - vi. YRC IIs are a type of program that are out of home residential placement facility for youth. The average length of stay is 150 days. There are four YRC IIs serving juvenile offenders in Sedgwick County. Local YRC IIs have a bed capacity of 123. The majority (68 percent) of the youth are served locally.
 - vii. The alternative is focused on reducing recidivism. Secondly, the program is designed to take advantage of local YRC IIs, so that we do not have to interrupt services by sending them away. A local teen will receive cognitive behavioral programming at intensities and frequencies based on their risk levels.
 - viii. The population is SGCO youth committed to KDOC-JS custody for out of home placement They must score moderate or high-risk on a risk assessment. The YRC II placement is within SGCO.
 - ix. The family engagement model is a paradigm shift in the corrections system, which makes the implementation difficult. Research is showing that quantity of engagement has a strong correlation with reduction of recidivism.
 - x. Mr. Masterson met with Commissioners to see what types of measurements they wanted to see to be sure that the program was working. They decided that 90% of local YRC II youth needed to be served in SGCO. 80% or more of youth will be required to complete programming. 70% of graduates will show improvement in changes of criminal thinking, thus, implementation of pre/post testing. The program needed to reduce recidivism to 18% or less for graduates measured at 6 and 12 months. It will also need the measurement to expand to 24 and 36 months. The goal is to serve 100 youths annually.
 - xi. Sheriff Easter asks if the way we are looking at measuring is the way it normally is measured. Mr. Masterson mentioned that there is not a set standard of how to measure the program.
 - xii. D.A. Bennett asked if there would be something that the research shows that we are headed towards different programs. Mr. Masterson mentions that the studies are going more in the direction of the engagement model.
 - xiii. Judge Fleetwood asks about the pre-trial screenings checkbox. The question is whether or not the people that are being checked on actually need the pre-trial screening. Judge Fleetwood mentions that he needs to discuss this with other judges. Mr. Struble questions the afternoon limitations. Mr. Struble mentions that they get to people same day or the day after the releases. The only exceptions to this are weekends and when they don't have knowledge of the release. Sheriff Easter wants to know about visitation from their desks. D.A. Bennett mentions that defense attorneys are arguing that once people have been bonded out, there should be no further reason to hold those offenders. Judge Fleetwood just wanted to make sure that the offenders are not being held an extra day after the bond has been posted. It is further clarified that it does happen on the weekend and when the bonds are posted in the afternoons.
- c. COMCARE Crisis Center – Marilyn Cook
- i. The Community Crisis Center is a 24/7 program. This year the State gave \$1 million to COMCARE for a new Community Crisis Center. Ms. Cook realized that the current



Sedgwick County... *working for you*

COMCARE administration building was originally built as a residential facility. Now the Community Crisis Center is going to be located in the current COMCARE administration building. The hope is that the community will eventually offer some support for the Community Crisis Center.

- ii. A new component to the Community Crisis Center is the clinical recliners that are 23-hour observation. Doing this has allowed COMCARE to deescalate situations more effectively. CSU expanded this year from four to twelve. More and more is being done with peer support. The Community Crisis Center has both a detox and sobering unit. They let the people in the sobering unit sleep and then assess them and subsequently encourage them to take some form of program to reduce substance abuse. Whenever people are brought in, an initial assessment is done.
 - iii. The proposed facility is designed to allow the sobering unit in the garage. The County is paying for the bulk of the renovations to move the Community Crisis Center.
 - iv. Growth in various COMCARE services admissions while there has been reductions in state hospital admissions. When comparing last year versus this year, COMCARE expects to save in excess of \$2 million for the State.
 - v. Sheriff Easter is bothered by the fact that he cannot put a moratorium on the jail, but the state hospitals are delivering moratoriums. The State is harming our County because they are not taking care of all the issues that they are supposed to. D.A. Bennett wants to know about the change in state beds. Ms. Cook responds that there was a state hospital remodeled to increase capacity, but they then did not have enough staffing to actually accept those increases in patient load.
- d. Osawatomie Update – Marilyn Cook
- i. Ms. Cook starts with a brief history of the Osawatomie state hospital. In 1990, the Mental Health Reform legislation signed by Gov. Hayden. It was a philosophy and funding change at the time. Ultimately, the CMHCs received double funding to serve their own community members rather than sending them to a state mental health facility. In the mid-2000s, the State Mental Health Hospitals (SMHH) began portraying themselves as short-term facilities. Many other communities use the SMHHs for acute care as they didn't have local inpatient psych beds. Many of the admissions from these communities have been voluntary patients. In the interim, many local inpatient psych beds closed.
 - ii. Osawatomie State Hospital (OSH) is currently licensed as a 206 bed facility. For the past several years the census there has exceeded 206 patients (sometimes reaching to the 230s and 240s). Some double bunking occurred to accommodate all of the patients there. Because of the overpopulation, there were concerns over staffing and safety concerns. Centers for Medicaid & Medicare Services (CMS) made a visit last fall. CMS identified the census issues as a major concern and that a number of patients admitted were voluntary and many had SUD issues. CMS demanded that OHS reduce the census to the licensed level immediately. Kansas Department on Aging and Disability Services (KDADS) worked with CMHCs to review the status of all patients there to determine which could be dismissed. Patients with I/DD, primary addiction issues, TBI, and patients with Guardians had been there a long time.
 - iii. In the first week of December 2014, OSH put a hold on voluntary admissions. COMCARE had seven individuals who were involuntary patients who needed to be admitted, but there were no beds. Some of them stayed several days at local EDs, some were admitted to ICU beds, and some were discharged, but those in the ED and other beds eventually were sent to OSH after a few days. Admissions were delayed, not denied. OSH has had a contract with Via Christi and Prairie View for some time,



Sedgwick County...
working for you

but both facilities have the right to refuse an admission if there are concerns remanaging the behavior of the patient.

- iv. CMS returned early in 2015 and had facility changes that needed to be made immediately. The earliest building there was built in 1952. The concerns involved drop ceilings and the need for anti-ligature fixtures in the bathrooms. The plan was to modify one building at a time (60 beds). KDADS announced in April that the census would need to drop to 146 and go no higher until the renovations were completed. KDADS asked each CMHC to meet with their local community partners to come up with a plan for how individuals were going to be diverted from the state hospital if the census reached 146. KDADS made it clear that if the census got above 146, then a moratorium on all admissions would be enforced. On Sunday, June 21, the census did go above 146 and the moratorium was enacted. KDADS issued a Temporary Census Diversion plan to pay for local hospitals to provide beds for the individuals who needed state hospital care. The moratorium is scheduled to continue through October as it is too confusing to go on and off that status. Individuals will be admitted in the order they are called in. There are some individuals with OTOs that have not met the conditions of the orders who need to be sent back that has caused some confusion, but they are taking individuals in the order they call in for a bed.
- v. COMCARE receives a daily census report that delineates the total census and the number of patients from our CMHC. This is difficult between Friday and Monday each week as we have a team that goes to OSH once a week (Thursdays) to check on our patients and to bring back patients ready to return to the community. It's common for our staff to screen (assess) ten patients for the state hospital over the weekend. So it's also been common to have one to two individuals following a busy weekend who are waiting in the local ED for a bed to open. The longest was there two days. KDADS has convened a stakeholder group called the Continuum of Care group to help determine the number of SMHH beds needed after the renovations are completed. CMHCs are worried that the state will try to keep the census low, putting a burdened on local communities to find a safe alternative to the state hospital. Having the Community Crisis Center has enabled us to reduce the number of state hospital admissions by 50%.

III. Old Business

- a. Day reporting being cut – Sheriff Easter
 - i. Sheriff Easter noted that the budget recommendation had cut the day reporting. Now the Sheriff's Office needs to look at other counties to find beds to house inmates. Elimination of day reporting is actually going to cost the County more than doing the day reporting program. There needs to be some reach out to the Commission to make sure they understand that the costs will be increasing. Judge Fleetwood believes we need to be more proactive. Sheriff Easter intends to meet with the Commission to let them know the consequences of their actions.

IV. Other Business

- a. None



Sedgwick County...
working for you

V. Public Comment

- a. Mr. *Todd* questions why Commissioners Norton and Unruh are not here. Mr. Duncan responds that the Commissioners are tied up with the new County Manager search.
- b. Mr. Todd asks the Sheriff in what way day reporting is being cut. Sheriff Easter responds that it is being eliminated altogether from the budget.