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<b>Sedgwick County Criminal Justice Coordinating Council (CJCC)</b>		
Meeting Minutes: January 23 <sup>rd</sup> , 2020	Location: Sedgwick County Detention Facility, 2 <sup>nd</sup> Floor Training Room	Taben Azad Management Analyst II Sedgwick County
<b>Attendance</b>		
<b>Voting Members (nine is a quorum)</b>	<b>Voting Designees</b>	
<input type="checkbox"/> Judge Jeffrey Goering, 18 <sup>th</sup> Judicial District	<input type="checkbox"/> Judge Mike Hoelscher <input type="checkbox"/> Judge Eric Commer	
<input checked="" type="checkbox"/> Municipal Court Chief Judge Jennifer Jones, City of Wichita	<input checked="" type="checkbox"/> Court Administrator, Nathan Emmorey, City of Wichita <input type="checkbox"/> Courtney Carpenter	
<input checked="" type="checkbox"/> Sheriff Jeff Easter, Sedgwick County (Chair)	<input checked="" type="checkbox"/> Undersheriff Brian White <input checked="" type="checkbox"/> Captain Jared Schechter	
<input type="checkbox"/> Chief of Police Gordon Ramsey, City of Wichita	<input checked="" type="checkbox"/> Deputy Chief Jose Salcido <input type="checkbox"/> Captain Chester Pinkston	
<input type="checkbox"/> District Attorney Marc Bennett, 18 <sup>th</sup> Judicial District	<input type="checkbox"/> Deputy District Attorney Ann Swegle	
<input checked="" type="checkbox"/> Chief Public Defender Mark Orr, Sedgwick County	<input type="checkbox"/> Deputy Public Defender Jama Mitchell <input type="checkbox"/> Deputy Public Defender, Jason Smartt	
<input type="checkbox"/> Chief Deputy City Attorney Sharon Dickgrafe, City of Wichita	<input type="checkbox"/> Assistant City Attorney Jan Jarman <input checked="" type="checkbox"/> Assistant City Attorney Matt Coleman	
<input checked="" type="checkbox"/> Director, Glenda Martens, Sedg. Co. Dept. of Corrections	<input checked="" type="checkbox"/> Corrections Administrator Jay Holmes <input checked="" type="checkbox"/> Tom Struble Pre-trial Services	
<input checked="" type="checkbox"/> County Manager Tom Stolz	<input type="checkbox"/> Assistant County Manager of Administration, Tania Cole, Sedgwick County	
<input checked="" type="checkbox"/> Commissioner Lacey Cruse, Sedgwick County	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Commissioner Jim Howell, Sedgwick County	<input type="checkbox"/>	
<input type="checkbox"/> Council Member Brandon Johnson, City of Wichita	<input type="checkbox"/>	
<input type="checkbox"/> Executive Director Joan Tammany, COMCARE	<input checked="" type="checkbox"/> Director Tisha Darland, Crisis & Access Services COMCARE	
<input checked="" type="checkbox"/> Assistant County Manager of Public Safety, Russell Leeds, Sedgwick County	<input type="checkbox"/> Director of Emergency Communications, Elora Forshee, Sedgwick County	
<input checked="" type="checkbox"/> Criminal Presiding Judge Kevin O'Connor, 18 <sup>th</sup> Judicial District	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Sedgwick County Association of Cities, Tom Jones	<input type="checkbox"/>	
<input checked="" type="checkbox"/> President of Sedg. Co. Chief's Association, Chief Ken Winter, Cheney Police Department	<input type="checkbox"/> Chief Mark Hinkle, Colwich Police Department <input type="checkbox"/> Chief Matt Jensby, Maize Police	



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	Department
<b>Other attendees:</b>	Melinda Wilson (District Court), Lauren McMullin (COMCARE), Chris Garcia (Drug Court), Rick Morey (KBAA), Amy Leiker (Wichita Eagle), Lori Gibbs (SCDOC), Walt Chappell (Citizen)

**Sheriff Easter** called the meeting to order at 10:02 am. A quorum was present.

1. Approval of Minutes

A. October 24, 2019

**Tom Jones** made a motion to approve the October 24<sup>th</sup>, 2019 meeting minutes as presented. **Glenda Martens** seconded the motion. The motion passed unanimously.

2. Committee Reports

A. Mental Health and Substance Abuse Coalition – **Sheriff Easter**

**Sheriff Easter:** The board has been working diligently with the substance abuse coordinator and mental health coordinator and Bothner and Bradley to come up with a strategic plan, which is finished now with all our stakeholders having a piece in it. At this point, there is a larger group that was not on the board, where we will be sending out task forces and they will all be a part of the task forces with different folks chairing those task forces. There are specific subjects that we will ask them to go into, which include for example the shortage of mental health professionals in the community and how to develop that workforce. And looking at opportunities with KU Medical School and how there could be tuition reimbursement not only for psychologists but also for mental health care workers, which is a big problem that COMCARE has. There are about 15 or 16 people on the workforce task force. Access to care is another task force, to take a look at the different gaps that currently exist; how to get people into the system from a substance abuse and mental health side in quicker for help. We have a board meeting on collaboration that has to deal with transportation and breaking down some of the silos with the nonprofits that exist. We're looking at a one-stop shop for community crisis looking at COMCARE. Also, shared data is a big issue with all the entities involved. A lot of that has to deal with HIPAA, the committee will work on how to break those barriers down. In law enforcement, some lawyers at hospitals take HIPAA to the extreme when HIPAA doesn't apply. We have a barrier in law enforcement with information that we can't share. How do we allow for more information sharing in order to get people the proper help and treatment? Emergency housing is a part of that plan as well, the workforce and pipeline compensation. We've talked about the San Antonio model, which is the right model for this community; if we can get the one to three year part done with the right sizing with COMCARE and location, it will be easier to transition. Currently we are sitting on our population where 33% have mental health issues. We'll be talking to legislators on how we can have some type of a substance abuse center and giving the judges the opportunity because folks that are addicted to drugs, with their sentencing guidelines they're not going to prison. We have a board meeting coming up to discuss our summit to release our strategic plan.



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I'm going to ask to have that strategic plan distributed to everyone here in CJCC. We've added Lacey to the board, there was talk about approaching City Council if they wanted someone too.

**Lacey Cruse:** I asked Cindy, she said she wanted to join.

**Sheriff Easter:** We'll talk about that at the board meeting.

**Lacey Cruse:** Vice Mayor Claycomb and I had a conversation with Senator McGinn yesterday talking about the need for a long term regional hospital. Senator McGinn is under the impression that we need a 1-14 day stay, she also mentioned when people go to testify, it's not just we need more money, it's specific: we want to treat people, this is how we're going to do it, this is the outcome we're going to have, this is the amount of people we can treat with this amount of dollars. I plan to testify, with the help of others.

**Sheriff Easter:** I know Tisha can talk about this, but even 30 day stays are not helpful. We presented a plan about long term vs. short term. We absolutely need to have long term beds.

**Tisha Darland:** A couple of folks from KDADS came on Tuesday to tour the crisis center, that is one of the things I've stressed to them that in our community, we've solved the short term mental health bed day issue by partnerships with Via Christi and the COU and CSU, but we still have a lot of folks who need that 30-45, or 90 days to stabilize their mental health. I don't think that is something that they heard directly or seem to be aware of.

**Sheriff Easter:** On a good note, they have listened to our issues statewide with the mental health evaluation process, when a defense attorney says that they don't think their client is competent to stand trial, mental health evaluation is ordered, Larned had reached out to us, they're wanting to pilot project with us because there is such a long waiting list, they can handle about three inmates at a time, where when we would transport then up, it would be like an outpatient, so they would not be waiting for a bed and they can do the evaluation on each one for about two hours. Now the cost for us would be the two deputies up there because they are still in our custody during that timeframe, so six hour timeframe. I'm very willing to give that a try because that is where the clog is in the criminal justice system, because then if they are found competent, then the process can start over again, if not, then we are waiting until that evaluation is done for that process to take place, and we have some people who have been waiting in here for eight months for an evaluation.

**Tisha Darland:** To add to that, the ones that COMCARE is doing, if we say that they're not competent, they're waiting several months to transport, and even those that we say are competent, they're waiting that time to be adjudicated. During that time, they can become not competent and have to request another evaluation and it just slows everything down.

**Sheriff Easter:** If it wasn't for COMCARE, the system is already overloaded, it would be completely broke. They do about 70% of our evaluations at this point; the state does about 30%.

**Tom Stolz:** Can you talk about what is going to happen at Osawatomie to create long-term beds?

**Sheriff Easter:** The last I heard, the moratorium is going to be somewhat lifted which is going to add some beds, last year's budget the legislature gave KDADS some extra money to be able to do that. What we're lobbying for is for those to be long term beds, right now when someone has to be sent to Osawatomie either voluntarily or involuntarily, they're back here in the community within 5-10 days. From what I've seen, they stuff them full with medication, because they can and we can't here, they appear to be better, they send them back here, they're put on a plan here, these folks decompensate immediately because they're not going to take their medication, and then we start the process all over again. That's why we think there needs to be long term beds.



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**Tom Stolz:** There was discussion up in Topeka yesterday, because no one likes this model where you have a centralized location. There was a lot of discussion on the regionalization of this model, which I thought had a lot of bipartisan traction.

**Sheriff Easter:** Last year, it was a funding issue; how they would fund a regional center.

**Tom Stolz:** But I think they get it, and we would still advocate for a regional model.

**Sheriff Easter:** But we still would need the long term beds.

**Tom Stolz:** Right, but a long term bed solution here in Sedgwick County, small, but at least some component with support.

**Sheriff Easter:** Our original plan was that since we already fill a lot of beds at Osawatomie, that they would just convert those beds into long term care if they didn't want to do it here.

**Tisha Darland:** In the past, we would have between 75-80 community members in Osawatomie, but today we have it below 25 every day now. We're handling a lot of the folks that are short term stabilization in the community, but those longer term ones.

**Tom Stolz:** In the current population at Osawatomie, how many are Sedgwick County people?

**Tisha Darland:** Yesterday it was 24.

**Tom Stolz:** I heard the opposite number of that yesterday, someone said 80%.

**Tisha Darland:** That was maybe 20 years ago. We are down to below 25 everyday, some days below 20 in 2019, which has never been the case.

**Sheriff Easter:** What you hear quite often when you go up there is that it is just a Wichita problem, so that is a barrier that we have to face. Regionalization is not just a Wichita problem. They've got huge problems in Southeast Kansas, Western Kansas, and so yes we would like for that to be here, but when I talk on a KSA level, it's regionalization for the state because then you get more buy in from those representative and senators that Southeast and Western Kansas is facing, and so it's not just a Wichita problem.

**Tisha Darland:** One of the things that they're thinking when they're thinking of a regional model is using the crisis centers as the regional models; RSI in Kansas City is the only one that is physically equipped to keep people involuntarily. The way we are set right now, we couldn't keep them long term.

**Sheriff Easter:** All of those things combined would help law enforcement on the streets since you're not dealing with those folks as near as often and hopefully would deal with some of the violent crime taking place, I know some of that is caused by the mental health issues going on, hopefully you would see the same thing in the jail with reduced populations. It all connects; it's just how we move the stick with the mental health piece.

**Tisha Darland:** They're way more intertwined now than they've ever been. Historically, some people would have a substance abuse issue or a mental health issue, and there's a few in between, but now I would say that 90% of our Severe and Persistent Mental Illness (SPMI) population also have a substance abuse disorder, and a lot of that is meth. That just complicates everything, the treatment aspect, even if you can get into inpatient treatment, they don't want people that have schizophrenia or bipolar disorder because they have a hard time managing the treatment center when you have someone that ill. Those are folks that used to stabilize long term in Osawatomie and we don't have that option.

**Deputy Jose Salcido:** Anecdotally, we're already regionalized because what our officers are encountering is other surrounding counties are sending mental health patients here because they can't service them out there.



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**Tisha Darland:** Our KDOC liaison position has doubled, we had to add another position because they're discharging so many people in Wichita from the prisons.

**Deputy Jose Salcido:** We went from about a 40% non-Sedgwick county parole lead, to maybe slightly over 50%.

**Sheriff Easter:** Any other questions on the mental health coalition?

**Commissioner Jim Howell:** When do you guys meet typically? Is that an open meeting to the public?

**Sheriff Easter:** We meet once a month, it's coming up next week over at COMCARE in the administrative office at 3:00 PM. It's not open to the public right now.

### 3. Old Business

**Glenda Martens** – I have Lori Gibbs here, she runs the Work Release Adult Residential, and she would like to tell you about how she's doing with work release and their population.

**Lori Gibbs:** We just had our two year anniversary from taking over the work release program, and pulled together some stats to represent how many people we've been working with, we've served about 1,300 clients in that two year period for a total of about 39,000 client days. We have about 57% success rate with those folks; biggest population of unsuccessful discharges is tied to our AWOLs, we were a bit surprised with them. Lots of folks walking away.

**Sheriff Easter:** I know how we handle it, we present an affidavit to the judge, they sign a warrant, is that still the same process for you?

**Lori Gibbs:** Yes. It takes a lot of time to prepare for those cases and present them. We've seen about 150 AWOLs over the course of two years of both the felony and misdemeanor population. Some things we're working for the future, a collaboration with Goodwill Industries, we've identified parole and community corrections as the target population for a grant that they receive to bring vocational training to these offender populations, this program is called "Next Step Unlocked" intended to mean unlocked opportunity. Folks who qualify for this program will have access to vocational training at WSU Tech, paid for them. We're looking at things such as sheet metal and welding, carpentry and a robotics program. Goodwill will foot the bill for any supplies that they need for school, they'll also help offset the cost of rent at work release and residential. We're going to pilot that program with 20 work release clients and 20 parole clients will be involved in that. We're hoping at the end of that pilot program to make a case to continue that project and to expand it to make the offering available to more people.

**Tisha Darland:** How are you measuring your success rate?

**Lori Gibbs:** That they've completed their stay in work release successfully, in whatever period of time the judge had required.

### 4. New Business

#### A. Criminal Justice Reform – **Sheriff Easter**

**Sheriff Easter:** Marc Bennet isn't here because he is up testifying both on the house floor and senate floor in reference to some criminal justice reform suggestions. There are a lot of criminal justice reform committees; pretrial justice was one of them. There could be big changes coming, bonding being one of the biggest ones. I understand the bonding issue, but if it's not done correctly, it basically releases criminals on serious charges and are reoffending at huge rates. The



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sentencing commission is looking at modifying good credit time for on-grid offenses, would increase from 15-20% good time to 50%. Early discharge from probation; complete probation with early judicial hearing required after 50% of service probation. Reduce the length of sentence of drug severity level five possession crimes; I know if Marc was here he'd tell you why that's problematic. A lot of the folks that are convicted of the level five possession crimes are folks that sold the drugs and it's a plea deal that knocked it down to possession. Extended diversion allows for state funding of substance abuse treatment to incentivize offenders and lower costs to law enforcement prosecutors and the courts, I think that's a good idea. Compassionate release policy to allow the release of an inmate with a terminal illness likely to cause death within 90 days. That would help us here at the jail because we have one right now on hospice care, and we actually have hospice beds here now. Post sentencing transfer of jurisdiction, which really doesn't have much to do with what we need to talk about. Resolve conflict with mandatory and discretionary consecutive sentences for new crimes while on a felony bond; that's coming from the sentencing commission. From the juvenile justice committee, reduced penalties of juveniles that under age 14 that are committing consensual sexual acts; a lot of those kids have to register, so they don't want a registration fee for juveniles anymore, failure to pay registration fee is reduced to a C Misdemeanor. Presumptive imprisonment only applies to the S08 violations, I'm not sure what that means, new violations occurs every 90 days instead of every 30 days, do you know what that means?

**Glenda Martens:** Their system is that if a juvenile commits a probation violation, they have to do all the different sanctions. They have to do three of them before they can actually do anything and then they have to be in front of the judge. Our juvenile judges want to hear and see all the violations and so it pushes violations out farther.

**Sheriff Easter:** I'm not sure what SORNA is, if these changes take place, we get Byrne grant funding, and for law enforcement agencies, it would reduce grant funding by \$244,000.

**Jose Salcido:** About 50% of our violent gun crimes have been committed by juveniles. Typically the longest they can be held is 45 days, unless it is murder, they let them out.

**Sheriff Easter:** When's our next meeting?

**Taben Azad:** Yes it will be April.

**Sheriff Easter:** We'll have a better understanding of the bills that have been presented, what made it past the line and what has been debated.

## B. Population Report – Sheriff Easter

**Sheriff Easter:** We had last week a day in here where we had 1,709 inmates. Those are numbers we haven't seen since 2009. What I want to draw your attention to because it can sometimes be deceiving, it only shows that in December of this year compared to December in '18 and '17 that we booked 1,904 people. There number you have to pay attention to is the housing discharges, if you see we only discharged 8,053 that correlates to violent crime, those folks are staying with us, and we aren't having near the amount of turnover inside the jail because of those types of issues. Page 3 reflects that, as you can see the booking hours is increasing, that's because we don't have the beds available, so they stay in booking longer until we can come up with a trip the next morning to relieve our overcrowding. That's problematic because we have different cells, larger cells that can occupy more people and they're jam-packed with a lot of people. We're having fights and all types of issues in the booking area since we have no other place to put them. We're



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still utilizing cots, we added 68 beds to the facility when we did the remodel on the flooring, we talked about how we were going to those beds, and they've been added. We're still around 1,700 and our numbers for out of county housing is increasing. Like discussions before, contributing to that is a lot of sex crimes with child, a lot of violent crimes, we're holding around 81 murderers awaiting trial at this point, people aren't going to be getting out of jail, folks with drug crimes don't even spend time in jail, they're booked and then released. These are folks that need to be in jail and we are seeing with the bog down in the system, they work with court cases, these people are staying here much longer. There are many factors that are contributing to that; the public defender's office is swamped with clients and the DA's office is swamped with cases, it slows down the process. You throw in all the mental health issues and those folks stay with us until competent to stand trial. Usually this time of year, we see a major drop in population, but we're seeing it go up now which is not a good sign for the rest of the year.

**Glenda Martens:** What's your out of county looking like right now?

**Brian White:** We're around 250 right now.

**Sheriff Easter:** Which, we came up with that plan for you to take over work release. We've done that plus added 68 beds and we are still shipping out 250 people.

**Glenda Martens:** And it costs more to have those clients in jail than in work release.

**Sheriff Easter:** It's \$35 a day per inmate. We had a staff meeting yesterday, our out of county housing, in one month we've spent one-sixth of. We're going to have to have some discussion, instead of last year hoping we wouldn't have to ask for money, if it stays on this trend, it's going to be very problematic. Community corrections several years ago came up with an assessment tool to try to use within the facility to assess if people should be assessed or not. We're working with community corrections and hopefully be able to talk to Judge O'Connor and Judge Goering to see what would be utilized by the judges.

**Brian White:** Our average daily population on slide 6, you can see how spiked up it has maintained, as Sheriff said, we've been over 1,700 on average daily population twice this month already, it's already above 1,650 very consistently over the course of the month. Slide 4 is the average length of stay, 46 days for housing for December 2019; you can see in 2017 the number was about 34. People are staying a lot longer. Jay Holmes talked about it at the last CJCC meeting on the pretrial assessment tool, this is also being discussed at the state level, Sheriff and I were there discussing some of the strategies they're looking at. The assessment tool was created for this community in 2014. About over 1,000 inmates were assessed, we met earlier in late December to examine if this was a good thing to bring back in an effort to scientifically look at an evidence-based approach to pretrial assessment, of course there are a lot of stakeholders involved in this, and we need a lot of cooperation across partners to get this thing off the ground. In February, we'll be reaching out to judges and prosecutors to talk about this and see if there's something that we need to do and again have a pretrial assessment tool that is evidence based.

**Melinda Wilson:** When was it stopped being used?

**Tom Struble:** We found a couple target populations; one of them was level 7 with criminal history score "C" and what we discovered that there wasn't much of that population being held in the facility and so that wasn't effective. Then we moved it up to "4C" and below, and the real barrier is the ability to get it done in a timely fashion prior to first appearance so that it could be used and we weren't able to do that. We're working with the Sheriff's department with the idea to get detention deputies trained. Ideally when someone comes through booking, you would assess them at that time, but we aren't a 24 hour stop and we don't have the staff available. If we



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can make that partnership work for the detention deputy to do the risk assessment, it's a very short tool, if they can do that quickly and work the judges, DA, public defenders to move that process along quickly, we weren't able to do that.

**Brian White:** To add to that, when we were at the state there was a big conversation on how to fund it, a lot of communities run pretty hard into a brick wall because they don't have staff to do it, I talked to Sheriff about this, we've worked really hard to be able to bring in staff at this level, we feel that this is an important tool to try it with our staff, maybe we hope to see it move quickly with our staff and move it to court, that it can be an effective tool. A lot of communities don't have the resources; to be quite frank it is stretching us to even examine this. Because of our population, we're looking at other strategies to help.

**Sheriff Easter:** One thing that I like is that it does not take the decision away from the judge; it's still up to the judge. For some of us who have been here for eight years or longer, we've been talking for five years all the things that were done when CJCC was first formed, the drug courts, those types of things really had an effect, which is why you saw the population driven down, but we have plateaued because we haven't had anything new being infused into the system to curve some of these issues. There's not really much more we can do with drug courts or mental health court, we have got to start thinking about how we can do this with the number one goal of keeping the community safe.

**Tom Struble:** That's the whole idea behind the risk assessment, currently a lot of times things are based on financial ability to get out of custody, not whether you're a risk to the community or a risk to come to court, so we currently get clients assigned to pretrial that technically don't need pretrial services, so it can identify people for the courts that are low risk to fail to appear, they might not need pretrial services, they just need to be out of jail and be told when the court date is and they'll be here. Across the country, that's kind of the movement to get away from someone having to come up with financial bond to get out if they're not a risk to the community.

**Rusty Leeds:** Can you talk a little bit about your current pretrial population?

**Tom Struble:** We don't need more clients.

**Glenda Martens:** It was set up for around 250 and that population is now at 526. They're busting at the seams to manage the population right now.

**Tom Struble:** Our current ADP from 2018-2019 was about a 30% increase in one year. That doesn't really even tell us the story because that's based on 2019 and us being in the 400's, and that's not our reality right now. We're in the 500's, 520's in any given day. Slide 11 shows the jails population and then our population. Back in 2014, we were supervising about 15% of the potential clients that were in the jail, and in 2019, even though the jail's population has exploded we've still gone up almost double our percentage over 29.6% of clients that were in jail that we are now supervising. I anticipate if this tool were to be implemented, it would only increase our population, I think it would cut out some of the low level people that we don't need to supervise, but on the top end it would probably be released quicker to us.

**Jay Holmes:** Slide 10 really demonstrates the growth of pretrial.

**Tom Struble:** We've been able to handle that, by adding one FTE in February 2019. Another reason why we ended the tool is because we didn't have any traction with it or the staff to continue to use it when it was showing the signs of releases.

5. Other





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**Jose Salcido:** We had a significant drop in larcenies, about 17% in year to date, and burglaries, the amount of guns stolen from vehicles by 19%, so our public information is working out, but we're attributing the drop in the property crimes not so much to what we've done, but mainly it's due to the price of methamphetamine, it's now at a 20 year a record low, we're buying a pounds for \$2400. The market is saturated and there is not incentive for criminals to steal to finance, they're still breaking in, they're just not taking in as much.

**Commissioner Jim Howell:** On the work release discussion, is there a part of the population that would be eligible for work release if we had more beds available. What's the waiting list?

**Glenda Martens:** There is a female waiting list; there is not a male wait list right now.

Typically, our wait list for females is between 8 and 10. We are looking to expanding those beds a little bit with a small cost associated, but that building capacity can't take any more people.

**Commissioner Jim Howell:** I don't see any numbers on things like other treatment programs like SAC or COMCARE, because it is relevant to the populations. I would like to know if we can see these numbers for people being treated through COMCARE and SAC and other programs.

**Glenda Martens:** We have COMCARE staff in our buildings that work with our clients that are there. It's not like that it's together but it's not separate. So anybody that's in any of our programs either an adult or juvenile programs, they're getting access to services except for detention. We have our own mental health people that work there.

**Rusty Leeds:** You're asking specifically for COMCARE's statistics?

**Commissioner Jim Howell:** It just seems relevant to us.

**Kevin O'Connor:** I don't know if there would be a situation where you would authorize release from jail to go to COMCARE. Getting mental health treatment might be a condition of probation, but it wouldn't be a release to COMCARE. I might authorize someone into work release or community corrections residential, but treatment would be a condition of probation.

**Commissioner Jim Howell:** I understand that. The idea of a veteran's court, which gets into the idea of behavioral health treatment to address some of the folks who have committed some type of crime that would be otherwise incarcerated, but we would potentially be giving them treatment other than incarceration. We're doing the same thing with drug court already, there are people who could spend time in jail but because they're accepted into the program and monitored, they're able to participate in that program rather than being locked. That's a great program, I don't know the numbers there, if there's capacity for more, or if there's an adaptation of that for mental health, people may have committed some crimes, but because of treatment they can get out of jail. That's a great question, I know that that's been discussed as some level up in the courthouse, I would like some awareness with how well is drug court performing, is there anybody in the jail that would be eligible for mental health treatment, maybe we can see some type of programming. It's an interesting question, and I know we're potentially talking about a veteran's court, which means it's a relevant discussion.

**Jay Holmes:** Are you wanting some data on drug court outcomes? We certainly have that.

**Commissioner Jim Howell:** Yes, I would like to see that data more often if possible.

**Jay Holmes:** We can certainly provide that.

**Sheriff Easter:** I agree the number of folks that COMCARE or SAC is treating is relevant to our conversation because those are folks who could be potentially be here, so would it be possible to provide information on those stats?

**Tisha Darland:** Are you talking about general treatment or are you talking about mental health court/drug court? Those are two different.



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**Commissioner Jim Howell:** All of the above actually, really with the mental health aspect of what you guys are providing at COMCARE, I don't have awareness if you guys are busting at the seams or if you have capacity that's not being utilized yet, I don't know. I know we have a great need for mental health services in Sedgwick County, but what we have right now with COMCARE capacity, how full is that? How many clients are coming in and out of those doors in some period of time? What was it like two years ago, what is it today? To me, it's a very interesting discussion when we start talking about mental health, I don't know how full they if there's people out there that would treatment but they don't have the capacity to treat them because we don't have any more people or space to address that. If we're doing a great job of it, maybe we would see less people coming in through the jail, but because we're not keeping up with it over there, because they're understaffed, then they end up in jail.

**Sheriff Easter:** I think what we're going to track with the coalition, once we right size COMCARE, the correlation with are we seeing a reduction in jail population, we have to have a baseline. I think that would be a good idea if possible.

**Tisha Darland:** I'll talk to Joan about that.

**Commissioner Lacey Cruse:** Yesterday when I was in Topeka, there was SB 304 was passed in 2012 and it talks about batter intervention programs. What is the City of Wichita doing, are judges requiring people to go to this batter intervention program, how are we utilizing it, and is there data I can receive and is the county, do we have folks who have been?

**Kevin O'Connor:** If it's a DV designated offence, they're ordered to go through a batter intervention program. Anything that's designated as a domestic violence offense and so the DA would file a charge and then allege a domestic violence tag and if that finding is made, then there are certain provisions in state law that requires a person to go through a batter intervention program as a condition of probation.

**Jennifer Jones:** The same holds true on city domestic violence cases as well. If the prosecutor requests a tag on a domestic violence case, and the court finds or makes the finding of it is an act of domestic violence, then it is tagged and that individual is ordered to complete the batter intervention assessment and then based on the assessment, follow through with whatever those recommendations are.

**Glenda Martens:** Jay do you want to talk about what you're doing with community corrections on batter interventions?

**Jay Holmes:** Last year, we completed a comprehensive plan to look at our programs and what areas we needed to improve on. We took a look at the data and out of our population, we took a look at a snapshot of the year and we almost had 400 clients that we were supervising that either had a history of domestic violence or were currently on probation for domestic violence or had a domestic violence designation, and as a result of that, we put some established goals and objectives to address that within our own organization and with regards to making application for batters intervention program within community corrections to provide those services for those clients that we currently supervise at no cost. Right now it is somewhat cost prohibitive for offenders, it costs \$200 for an assessment, up to \$50-\$70 per treatment session.

**Commissioner Lacey Cruse:** So the batter invention program costs \$50 per client?

**Jay Holmes:** A \$200 assessment and \$50 per group session.

**Jennifer Jones:** And it's a 24 week program, it's mandatory.

**Jay Holmes:** It's somewhat cost prohibitive for that population. We have a skills team that is responsible now for going through that process of at least achieving provisional certification to



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provide those services to our offender population. They've gone through training to this point to where we've submitted our temporary permit to be able to deliver those services, which gives us another year to attain full certification. This is a program that is supported by the Attorney General's office and then there are standards and mandates that you must complete within a year timeframe to achieve full certification. We're in the middle of that process.

**Commissioner Lacey Cruse:** So people are assigned to this program, but they can't pay for it?

**Jennifer Jones:** Often times that is the case. We experience that as a result and so we are now, with our day reporting program that we are still working with, they are certified in order to do the assessments, so we can send people there but we have a limited number of people that we can send there, it was \$150 but now it's \$200 for the assessment. I did see one yesterday where he is paying \$25 a session, but it's 24 weeks, but that's money that has to come out of his pocket of course as the defendant, and not everyone's able to afford that. So what happens then if they are tagged, they're ordered to do the assessment and they can't pay for it, they can't complete their probation. Their probation gets revoked, they get revoked and they go to jail.

**Jay Holmes:** That's why internally we're trying to develop some capacity to provide that resource within our own organization. Parole already has that approved batterers intervention program. How many clients are we going to be able to serve given the resources we have? We're going to start off with 20 in April.

**Commissioner Lacey Cruse:** How do those prices compare to drug court prices?

**Tom Struble:** We only charge drug court clients \$360 for the entire 18-month program or if they go past the 18 months, a lot of our clients don't graduate until 24 months. In theory, when we developed the program, the idea was not to make it cost prohibitive. We don't charge for UA's. Just \$20 a month.

**Commissioner Lacey Cruse:** The fees for the domestic violence program are just to cover the program to administer the program?

**Jay Holmes:** Private business, they can charge, I think there are eight different batterers programs within our community and each provider can charge.

**Glenda Martens:** We didn't in the past; we are trying to do it now.

**Jose Salcido:** The municipal court was doing a great job sending people to batterers intervention, but we were not sharing case information with providers, so they would go there and assess them, but the client were not being very honest. There's no way for the providers to know. Now, we are sharing information. We started looking at this because we had serial batterers, but they were not being honest with the service providers.

**Jennifer Jones:** That has also slowed the process down with going back and adding that piece in where the provider will do their initial assessment and speak with the defendant and then the procedures at the AG's office has outlined that requires too that they hear from the victims as well. Often times, victims are not willing to go in and talk to the assessor, so the information comes through the police report, so we found that several providers that list this online are not very accurate as far as the AG's office is concerned because we have providers that say this process is so cumbersome, that we're just going to get out of the business, we're not going to continue to do it. That's why I think we're now just down to 8 providers for this particular area, the South Central Kansas area, so we're doing all that we can to provide the information to them, but that takes a while for the police to go through and send that report to the provider, so we might wait for an assessment anywhere from 8-10 weeks if not longer for some providers.

**Commissioner Lacey Cruse:** Maybe someone can help me understand this outside of this.



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**Tisha Darland:** It goes back to the access of care.

**Glenda Martens:** So we identified there was a need because of all the clients that we serve that have this. So Jay's folks are getting trained to do this internally because the burden on the community for these programs is that they're overwhelmed and there's not much availability and they don't have the money for it so we're trying to do this with our clients internally to manage that.

## 6. Public Comment

**Walt Chapell:** The problem keeps coming up; well we have overpopulation, too many people and not that many beds. We've got folks that can't afford a bail; we've got folks that are coming in that are driving on suspended. We keep putting people in jail for things, why shouldn't people be able to drive to work or go to the doctor or get to anywhere? We have a chance to change legislation this year. We need more money for mental health services, for domestic violence treatment, to help our juveniles. We need those funds to be directed at those programs to prevent folks from showing up in our jail. I bring those issues up because we have a problem that we can solve if we look at the preventative side as well as what we do when we incarcerate. I've analyzed 137,000 citations from the City of Wichita that were issued between 2016 and 2017 and 2018. Those data show that black drivers in Wichita are twice as likely to be stopped and given one of more citation. There's a reason for that, a lot of it had to do with all the accumulated citations that were issued back under Norman Williams. We had 114,000 citations in 2007; we're down to 42,000 now. We have fewer accidents, we have people driving more safely, and it has nothing to do with issuing more citations. We have an opportunity to look at things from a constructive point of view, give the officers more discretion, allow the people to do the right thing, be able to afford domestic violence treatment. Let's try to look at those things and stop some of these ideas to put them in jail to straighten them out. In most cases, it doesn't. I ask us all to think about that issue, thank you for your time.

Meeting adjourned at 11:18 a.m.