



DEPARTMENT OF CORRECTION AND REHABILITATION

Isiah Leggett
County Executive

Robert L. Green
Director

PRRS COMMUNITY ADVISORY COMMITTEE MEETING **June 9, 2016 @ 7:30am**

Committee Members Attendance: Diane Scott-Jones, Co-Chair CAC; Tom DeGonia, Co-Chair CAC; Angela Talley, PRRS Chief; Ben Stevenson, Deputy Chief of Programs and Services; Tyrone Alexander, Reentry Manager; Jasper Ezeigbo and Ivan Downing, RSIII; Kara Davis, Case Manager; Marcia Durant, PRRS Nurse; Joanna Henriquez, Principal Admin Aide; Sidney Katz, Councilmember; Dr. Lauren Campbell, Clinical Supervisor MCCF; Eric Brenner, Citizen; Alicia Flores, CATS; Monir Khanjani, JAS; Eugene Morris Manager at Access, Kendra Jochum, Reentry Services Manager MCCF; Three (3) current PRRS Residents attended

Welcome and Introductions: Brief introduction of all attendees.

PRRS Division Chief's Report: Angela Talley highlighted the following items during Chief's Report to the Community Advisory Committee:

- ACA audit was completed May 16th-20th. All DOCR facilities were found to be in 100% compliance. Very proud of our staff and residents for assisting with audit preparations and good work throughout the year.
- The department's budget submission will move Pre-Trial Services to the Pre-Release Center. This will be a major cost savings for DOCR. It will allow opportunities for sharing of resources and identification of more program efficiencies. Both programs will maintain their identities and current business practices. Renovations will be completed by end of June

Focus Topic: Service Delivering in DOCR (Discussion lead by Dr. Lauren Campbell, Clinical Supervisor (DOCR): Alicia Flores, Supervisory Therapist at CATS: Monir Khanjani, Clinical Supervisor with JAS; Eugene Morris, Manager at Access for Behavior Health Services

Questions/Discussion:

a. Identifying Needs at Intake

-Identifying the needs of an inmate starts at CPU with mental health questions. Based on assessment and review of substance abuse history, determinations are made for possible diversion to Avery Road or recommendations are made to the court for Pre-Trial placement and treatment services

- Approximately 2200-2300 inmates are screened a year. About 30% go to the Crisis Intervention Unit (CIU).

-HHS received a grant to fund the Comprehensive Reentry Project (CORP). Please see attachment for more information on the program.

Pre-Release and Reentry Services Division

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b. Programs and Services at Detention Services

- After CATS evaluates inmate, MCCF reviews evaluation. Inmates are assessed again at intake when transferred to MCCF from MCDC to determine housing.
- Inmate is assigned therapist if they are placed at CIU.
- For an inmate that is at risk to commit self-harm, we have a standard 15 minute observation by a correctional officer. The goal is to stabilize and remove inmate from suicide watch. We also provide 1 on 1 observation on extreme suicide cases. One or two correctional officers will always be with inmate and be within arm's length of inmate.
- If needed, two (2) State hospitals are utilized if they are a dangerous case of self-harm. The therapist can make referral.
- Currently 9 inmates at Springfield, 8 on the waiting list.
- Cannot force an inmate to take any medication. Only a hospital can get a court order.
- Once an inmate is cleared to be housed in general population, they can attend JAS. The request must go through the case manager.
- JAS addresses substance abuse and mental health. JAS covers 8 topics and covers different phases such as education, after care, and recovery plan.

c. Continuing Service Delivery at PRRS

- James Sutton does JAS orientation at MCCF. He also provides continuing care at PRRS for those who were previous JAS participants. He meets with residents' individually and also conducts group sessions. Current PRRS residents who were not previous JAS participants can be referred to his groups by their PRRS case manager. Residents are also welcome to continue the group after release.

d. Ease of Obtaining Services

- HHS Access to Behavior Health Services assist residents with obtaining medication, counseling, and applying for universal health care to help with payment.
- FED Gov't is expanding Medicare to cover services for individuals in jails and community based programs. State is currently reviewing coverage in regards to medical and mental health services.

e. Knowledge of Services Available

- Inmates and residents are provided with information about services at the earliest entry point into the system. PRRS residents understand that case managers are available for information and assistance

Meeting adjourned at 9:00am.

Remaining 2016 CAC Quarterly Meeting Dates:

Theme for the Year: Addressing Behavioral Health Needs

Thursday, September 8, 2016: Diversion Opportunity in the Community

Thursday, December 1, 2016: Community Support

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