



DEPARTMENT OF CORRECTION AND REHABILITATION

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PRRS Community Advisory Committee Quarterly Meeting Minutes Thursday, June 5, 2014 @7:30am

Meeting Focus: "Healthy Reentry: Somatic & Mental Health Treatment"

Attendance: 26 individuals including representatives from Montgomery County HHS, Department of Housing and Community Affairs, Montgomery County Coalition for the Homeless, State Attorney's Office, People Encouraging People, White Flint Public Safety Committee, "Mommies and Daddies in Jail" author, UMD Masters of Public Policy Graduate, National Consultant on Alternatives to Incarceration, DOCR Medical Staff, PRRS staff, Co-chairs and citizen representatives, Montgomery County Drug Court, Catholic Charities' Welcome Home program, County Council Staff, National Coalition of Prison Ministries, Faith-based Prison Reentry Project, PRRS Residents.

- 1. Welcome and Introductions:** Co-Chairs Dr. Diane Scott-Jones and Thomas DeGonia II, Esquire convened the CAC meeting at 7:35 am. After all participants introduced themselves, the Co-Chairs explained that the meeting would focus on somatic and mental health treatment for incarcerated individuals pre-and post-release, and that this quarterly meeting was part of the CAC's year-long focus on the topic of "Healthy Reentry."
- 2. PRRS Chief's Report Highlights/Updates:** Division Chief Stefan LoBuglio presented his Chief's report to the CAC committee (attached). He began by stating that PRRS continues to run a strong, orderly, and successful program with credit due to the program's excellent staff. He shared that six new staff members had recently joined PRRS – three Case Managers and three Resident Supervisors – and all had impressive education and work backgrounds. At the meeting, he highlighted recent awards given to PRRS staff particularly Work Release Coordinator Don Meyers who is the recipient of Hillel Raskas Memorial Annual Employee Service Award and David Luu who was designated as the PRRS Division Employee of the Year. He noted that the full report includes awards received by other PRRS staff at the DOCR's annual meeting on 5/6/14.

In terms of programming and services, he reported that Maryland Governor O'Malley did sign the law permitting PRRS to allow clients to use cell phones and thanked Delegate Kathleen Dumais for sponsoring the law and for the assistance of County Attorney Dave Stevenson and County Intergovernmental Affairs staff Melanie Wenger and Sara Morningstar in supporting the legislative process. Deputy Chief of Programs and Services Shannon Murphy described PRRS' plan to re-introduce a Cognitive Behavioral Program at PRRS on July 15. Called "Thinking for Change," she explained that this program was developed over the past 20 years by the National Institute of Corrections and aims to assist individuals "catch" and "correct" thinking errors that lead to criminal behavior. She referenced the body of research that demonstrates the effectiveness of

these programs at reducing recidivism.

On issues of security, Stefan indicated that PRRS is seeking criminal charges against 5 revoked Residents who were found with K2/Spice on their person at the Pre-Release Center. Deputy Chief of Security and Facility Ben Stevenson explained that K2/Spice belong to a class of drugs called synthetic cannabinoids and that PRRS maintains a zero tolerance policy with regard to the use and possession of all illicit drugs and alcohol through regular drug testing, and personal and room searches. He added that several Residents were suspended for testing positive for synthetic cannabinoids, and that PRRS has ratcheted up both enforcement and education efforts to dissuade Residents from using and possessing them. While increasing testing, he mentioned that the PRC's Case Managers held a mandatory meeting with PRC Residents in each unit to discuss the adverse health and behavioral effects of these drugs. Highlighting the ill effects of K2, the Case Managers used a case example at the meeting of an incident that occurred on 5/21/14 where a Resident attempted to carjack a pizza delivery vehicle and then attempted to escape all during a fire drill at PRC. The now-revoked Resident self-reported and later tested positive for K2 usage and was described by staff as barely coherent when he was secured in custody.

Concerning the facility, Stefan praised Ben and his staff for their efforts to better organize all maintenance, supply, and tool areas. These improvements will assist PRRS maintain an accurate inventory of materials and tools which is necessary for accreditation purposes. Additionally, Ben and his staff have engaged in an number of projects to enhance the aesthetics of the facility including creating some flower beds and expanding the PRC garden.

Finally, Stefan asked the CAC members to review the eight statistical tables and figures at the end of the report and mentioned that PRRS increasingly is presenting its performance using statistical metrics reported monthly. Stefan explained that Table 4 shows that all three escapes from PRC this year were apprehended with 24 hours. Two of the cases have already been successfully prosecuted and that the trial on the third case is scheduled in June. On a more positive note Table 5 shows that 90% of individuals released from PRRS in May had private sector employment and that the high employment rate is also reflected in Figures 6 & 7. Finally, he explained that Table 8 provides the latest PRRS one-year and three-year conviction indices which are 10.7% and 29.4%, respectively. Stefan asked UMD Masters of Public Policy Student Sarah Berday-Sacks to give a synopsis of her study on PRRS recidivism data. Her study, which is available is on the Department's website, validated the assessment instrument used by PRRS that identifies clients with the highest needs and risks. The study also provided useful information on the recidivism rates of subgroups, and further reviewed the incidence, nature, and timing of the recidivist events.

3. **Somatic & Behavioral Health Treatment**: Dr. Scott-Jones asked Correctional Consultant Kevin Warwick to begin the discussion on what models of correctional health care have proved most effective in providing excellent somatic and behavior health care to incarcerated individuals. He cited examples of programs in Massachusetts and New Hampshire that incorporated three successful elements: excellent medical care provided for individuals while in custody; the development of a detailed medical release plan including provisions for ensuring that clients have medication upon and shortly after release; and models that see upwards of 80% of those released attend follow-up appointments. He indicated that the aftercare follow-up was the greatest challenge for correctional agencies, and affirmed that fully integrated systems that provide this continuum of care have reported profoundly better outcomes for program clients in terms of lower recidivism rates and higher quality of life indicators. .

In Montgomery County, HHS Division Chief Hardy Bennett explained that the County's HHS Department has a long history of collaboration with DOCR and community providers to ensure that incarcerated individuals receive excellent behavioral health treatment during their period of incarceration and post-release. When individuals are first booked into the jail, he described that HHS's Clinical Assessment Triage Services (CATS) program provides an immediate psychiatric screening. Those deemed at risk of self-harm or suffering from an acute mental health condition are sent to a specialized unit within MCCF. Individuals in the Crisis Intervention Unit are monitored by correctional officers and receive medical care from therapists and psychiatrist. The incarcerated individuals will remain in the unit until they are psychologically cleared to live in general population. In CIU, they may receive Dialectical Behavioral Therapy, which is a type of CBT program found effective for individuals with significant mental health conditions. Hardy also explained that HHS offers a therapeutic substance abuse program called JAS at MCCF and recently established an aftercare program at PRRS and in the community. For individuals living in the community, Hardy described the role of HHS' ACCESS as the county's one-stop assessment and referral source for publicly-funded behavioral health services. For PRRS, ACCESS plays an important role in linking PRRS clients to substance abuse and mental health therapy. Finally, Hardy mentioned that DOCR and HHS recently submitted a federal grant to develop a rapid reentry program for court-involved, serious and persistently mentally ill individuals, who are at risk of homelessness and who could be safely and legally managed in the community.

In order to determine the prevalence in the inmate population of those in need of behavioral health services, DOCR's Health Service Administrator Tony Sturgess reported on his recent research using individual case files and records from the pharmaceutical company that provides medication to the population. At PRRS,

he found that nearly 40% of individuals self-reported drug use, nearly 60% alcohol use, and over 60% cigarette use. In terms of prescribed psychotropic drugs, Tony indicated that almost 13% of PRRS clients were prescribed these drugs as compared to 26% of those in detention services. He further detailed that the ten top somatic health conditions at PRRS are: hypertension, pain management, cardiac health, vitamin deficiency, asthma, cholesterol, gastrointestinal, diabetes, swelling (treated with over the county anti-inflammatories), and immunocompromised disorders (multiple sclerosis and HIV). He added that the top five psychiatric diagnoses are: depression, anxiety, anti-psychotic, mood stabilizers, and attention deficit disorder, with diagnoses for depression accounting for more than the others combined. Finally, Tony provided a graph that showed that of those taking medication, 64% had chronic conditions, and 21% had psychiatric conditions.

At PRRS, Community Health Nurse Marcia Durant explained that she meets with all clients when they are within two weeks of release to review their aftercare medical needs. DOCR ensures that all released clients have at least a 30-day supply of medication or enough to tide them over to the next appointment the community. For those who do need follow-up appointments, she does ensure that the appointments are made prior to release. DOCR Health Service Administrator Tony Sturgess added that even with significant planning, the Department does have issues with medication compliance and follow-through. Others chimed in that that medication compliance is an issue that transcends corrections, and that many individuals who are diagnosed as needing psychotropic drugs will discontinue taking those drugs when the drugs make them feel better. While Tony and Marcia were careful to report that PRRS does not force individuals to take medication, individuals who are on a behavioral contract must comply with the medication regimen in order to stay in the program.

Co-Chair Diane Scott-Jones raised a question about the legal basis for mandating mental health treatment and fellow co-chair Tom DeGonia then asked Chief Marybeth Ayres from the State Attorney's Office about whether judges can and do require individuals to participate in mental health treatment as a condition of probation. Marybeth shared that judges increasingly do ask for psychiatric evaluations of defendants, and added that at sentencing, they have the authority to make mental health treatment a condition of probation given this type of sentence is in lieu of incarceration. Finally, she mentioned that the judge's orders do not specify the specifics of the required treatment – that is determined by the care givers – just that the individual has to seek treatment. Tom also invited the Drug Court Program Director Marie Douville to explain the treatment regimen in this program. Marie indicated that Drug Court does provide weekly therapy for its clients and keenly monitors their clients' mental health conditions. By definition, all clients in drug court have a behavior health condition and many are dual-diagnosed with both substance abuse and mental health conditions. Marie added that drug court works closely with HHS's Office

of Addictive Services and the JAS program.

Some respondents at the meeting shared their concerns about the over-medication of psychiatric disorders at the expense of “talk” therapy. White Flint Public Safety Chairman and Citizen Representative Paul Meyers cited the huge number of new drugs that come onto the market regularly and indicated that some of these drugs have side effects that discourage long-term usage. Reentry Services Manager Tyrone Alexander did indicate that 30 of PRRS clients were receiving therapeutic services. As a community-based correctional program, PRRS Residents have the advantage of access to non-profit and private providers throughout the metropolitan area. Tyrone mentioned that PRRS Case Managers work individually with Residents to determine if they are eligible for treatment services in any number of programs. For those clients who have already received services from existing community providers, Case Managers facilitate their return to this treatment whenever possible. During this discussion, a PRRS resident spoke and indicated that he arrived in this program a few weeks before after serving 18 years in federal prisons and that he is finding this program useful to his overall adjustment and stability.

Montgomery County Coalition for the Homeless Executive Director Susie Sinclair-Smith and Christy Schwartz of People Encouraging People shared their efforts to work with homeless clients with behavioral health challenges in the community. They explained that many, if not most, of their clients have behavioral health conditions, and they rely on a combination of “Motivational Interviewing” techniques and the solid rapport that their staff have with their clients to encourage them to maintain their treatment plans. They work closely with clients and their health care providers such as Cornerstone Montgomery.

The discussion concluded on a hopeful note that there is a window of opportunity to significantly improve behavioral health services for the incarcerated population due to the Affordable Health Care Act. With ACA and the expansion of Medicaid eligibility, many more incarcerated individuals now have insurance to cover their behavioral health needs. Further in Montgomery County, DOCR, HHS, and many non-profit organizations have a strong history of collaboration and have the capability and commitment to develop a more effective continuum of care from in-jail treatment to post-release community-based treatment. As mentioned before, the County has applied for a federal grant to strengthen its community support through the creation of a Forensic Assertive Community Based Treatment (FACT) team. Further MCCF has reinstated Dialectical Behavioral Therapy back in the jail, and PRRS is exploring developing a Day Reporting program.

In answer to a question from the Co-Chair Tom DeGonia, Stefan explained that the Department’s recent Master Confinement Study (published on Department’s website) proposed that DOCR develop a Day Reporting Center within PRC. Day Reporting would involve offering a range of services such as employment

assistance, cognitive behavioral programs, GED programs, and behavioral treatment to correctional populations not living at PRC. The Day Reporting Program could extend PRRS's reach beyond the incarcerated population and provide services to probation and parole populations as well as for those released from custody.

- 4. Conclusion:** At 8:55am, Co-Chairs Tom DeGonia and Diane Scott-Jones asked meeting participants for any last minute comments on the topics of the meeting. Long-time CAC member Eric Brenner asked about the item in the Chief's Report regarding the state inmate who completed his sentence at PRRS as part of a pilot program with state corrections. He reminded the meeting participants that the state had ended the "step down" program with PRRS three years ago, and he expressed his hope that this pilot would lead to a full resumption of the previous program. Montgomery Coalition for the Homeless Executive Director Susie Sinclair-Smith used her final comments to express how pleased MCCH was to hire Jay Scopin as the new Director of the Men's shelter in Montgomery County. Jay recently retired from the County after a distinguished career with the DOCR's Pre-Trial division. Reverend Dr. Elwood Grey indicated that the National Coalition of Prison Ministries will be assisting efforts to renovate some homes in Baltimore in order to provide housing for those released from incarceration.

- 5. Adjournment:** Co-chairs adjourned the meeting at 9:00am and encouraged participants to return for the next CAC meeting scheduled on Thursday, September 11, 2014 on the topic of Healthy Relationships. On Thursday, December 4, the final CAC meeting will focus on Spiritual/Emotional Health.