



CUMBERLAND COUNTY SHERIFF'S OFFICE

- Kevin J. Joyce
SHERIFF
- Naldo S. Gagnon
CHIEF DEPUTY

JAIL BOARD OF VISITORS

*January 13, 2023
Jail Conference Room*

- I. Call to Order: 1000
 - II. Roll Call: Sheriff Kevin Joyce, Major Kortez, Health Services Administrator Matt Steinback, Jason Wilmot, Bill Prout- Executive Assistant (minutes) Chair Members: Colleen Hilton, Victor Dumais, Cushman Anthony
Absent Humza Khan, Garrett Stewart,
 - III. Approval of minutes: N/A
 - IV. Old Business:
 - a. Regarding an inmate who has been housed in the Special Housing Unit- Major: He left the facility and went to DOC. He had been in our SHU unit for most of his stay due to his behavior.
 - b. ACA Audit- Met Accreditation, difficult considering where we are staffing wise. Sheriff will be attending the panel hearing in January. Only standard not met was the physical size of the cell which we can't meet. Major only 3 agencies in the state are ACA. We are the only ACA, NCCHC
 - c. Mental Health: Steinback: Fully staffed, great team. Armor is roughly 20% vacant. Hiring a new MAT coordinator starting soon.
 - d. Mortalities- Sheriff gave an overview of the cases. Hilton asked if people are caught or known to digest narcotics if they are sent out for flush out. Answer is, no, they are put on dry cell status. All cases have been cleared by D.O.C. and the Medical examiner's Office as well as Portland PD.
 - e. Staffing- We've hired 11 since September. 4 Graduated recently 1 quit due to family issues. 4 more going to the Academy this month. Sheriff: We used to have our own Academy's when staffing was strong, trying to work with other Agencies to get that back. Intake is still shut down closed since August. May be opening up fully soon. Scarborough Police Department is helping with Hospital Details.
 - f. Inmate/Offender nomenclature: The Major: national standard is offender. Locally they are referred to inmates but for the most part inmate. Anthony: technically they aren't Offender's if they are innocent. Hilton: whatever works for you.
 - V. New Business:
 - Sheriff: Since last meeting, the Feds pulled their inmates out due to staffing. Another issue was grievances, outside recreation. Working with the USMS to get them back. Major: if they come back we would need to have them in their own unit but it's cost prohibitive. 2010 Contract needs to be updated.
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It would help to have a case worker for the feds. Sheriff: relief to staff with no FEDS but lack of their revenue is tough on the taxpayers.

- Sheriff: Medical Expansion breaking ground in June or July. The new medical unit will have a mental health unit.
- **Update on last year's Board of Visitors recommendations**
- The current Electronic Medical Record system used by our medical providers is quite out of date and causes inefficiencies. Recommend explore updating to a new Electronic Medical Record

Steinback: Still working with Correctek. Pulled some information from his team, clinicians and staff.

He handed out information packets to the Board and staff present on issues with Correctek. Gave an example with insulin orders being difficult, have to change entire order vs simply the dosage.

Steinback stated a new one is roughly \$20,000. Matt explained that the current one charges for every form that needs to be changed costs roughly \$300 to update. One EMR suggested to purchase is CORE EMR. Matt has been trained on CORE EMR and it is more user friendly and can better meet our needs. Budget discussion, loss of Federal Revenue will make it difficult.

- Recruit and/or employ via partnership additional staff to increase frequency of warm hand-off referrals for individuals leaving incarceration for needed services, especially housing, substance use, and mental health services. These services may best be carried out by Intensive Care Managers funded by the Department of Health and Human Services, or case managers funded by other means.
- Create programs when able such that individuals who are suffering from substance use disorder may engage in medication assisted treatment if they have not received a previous diagnosis or were not already receiving MAT. Clients engaged in such supports shall receive a direct referral for continued services upon release.

We appreciate the many programs which were in place pre Covid that supported residents in their preparation to return to their communities. Once staffing can be stabilized, we encourage a resumption of all programs which will support successful reentry.

Wilmot: We've had AA, Religious, Recovery staff come in. Overdose prevention, Portland Public Health. Harm reduction kits go out to inmates on release. Looking into more virtual operations for programs. Wants to make sure any virtual system ties into current systems such as tablets. Want to add work skills classes. Have looked at driving simulators, serve safe, OSHA classes. MAT program update, inmates screened in intake, support connections. Currently about 75 inmates on MAT. We've started induction. Have partnerships with Amistad to connect the inmates in the community. Have connections with 5 community partners to help with reentry, Maine Behavioral Health, Catholic Charities, Spurwink, Northern Light, Comprehensive Treatment Center. We have 2 full time ICMs (DHHS) 1 part time. Very helpful with our 2 integration specialists and MAT coordinator. Hi Set (GED) is only in house class at the moment. Dumais stated Recovery Connections of many have long term recovery beds available.

- Advocate for the Maine Department of Corrections to move their sentenced individuals to other premises to alleviate effects of acute staffing shortages.

Major gave an update that it is a non-issue. Sentenced DOC inmates have been transferred.

- Consider a review of the Residents grievance policy and procedure and consider a step which includes an independent review. Although the policy does have DOC oversight, we may benefit from designating one contact person to streamline where able.



Major: Spoke to Sheriff and Command on how they are handled. Exploring to put them on the tablets. Best practice to have 1 person handle them. That would satisfy access and answering them. 2021 grievances were 270 and in 2022 we ended with 138. The decrease was due to Captain Costellos involvement with the inmates is the reason by helping solve inmate problems day to day. Major offered annual review from the Board. Major gave overview of DOC oversight.

- Dumais asked about chow times and why they are so early. Major, Prout discussed the plan of day. Also brought up med pass early and inmates don't want to get up. Wilmot mentioned it was shifted to be more secure. There's been talks when the expansion happens it may be adjusted. One of the complaints was med pass was cutting into rec times.

VI. Set time for next meeting: TBD, Prout will set up soon.

VII. Adjourn: 1130

