Mental Health/Point of Contact Through Jail Release Task Force

Colorado Commission on Criminal and Juvenile Justice

Minutes

November 10, 2016 9:00AM – 12:00PM
690 Kipling, 1st floor Meeting Room

ATTENDEES:

CHAIR

Joe Pelle, Boulder County Sheriff (Absent)

TASK FORCE MEMBERS

Frank Cornelia, Colorado Behavioral Healthcare Council
Patrick Fox, Officer of Behavioral Health
Charles Garcia, CCJJ Member At-Large
Jeff Goetz, Colorado Jail Association
Tina Gonzales, Colorado Health Partnerships
Joe Morales, Parole Board
Norm Mueller, Defense Bar
Lenya Robinson, Healthcare Policy and Financing
Charles Smith, Substance Abuse and Mental Health Services Administration
Abigail Tucker, Community Reach Centers

ABSENT

John Cooke, State Senator, District 13
Evelyn Leslie, Private Mental Health Providers
Beth McCann, State Representative, District 8
Matthew Meyer, Mental Health Partners
Michael Vallejos, 2nd Judicial District
Doug Wilson, State Public Defender
Dave Weaver, County Commissioner

STAFF

Richard Stroker, CCJJ consultant
Kim English, Division of Criminal Justice
Christine Adams, Division of Criminal Justice

GUESTS:

Vincent Atchity, Equitas Foundation
Jesse Jensen, CACP
Moses Gur, CBHC
Peggy Heil, Division of Criminal Justice
Gina Shimeall, Criminal Defense Attorney
Gwendolyn West, Equitas Foundation
Alice Wheet, Governor's Office
Adam Zarrin, Governor's Office

Issue/Topic: Welcome/Introductions	Mr. Stroker welcomed the group at 9:00AM and said he would be filling in for Sheriff Pelle who was unable to make the meeting. Mr. Stroker stated that the recommendations submitted thus far have been shared with the Sheriff for his input and he was supportive of all the ideas. Task force members and members of the audience were then asked to introduce themselves and who they represent.

Issue/Topic: Task Force Update: Senate Bill 169	Mr. Gur attends both these meetings and the SB 169 meetings as a member of the public. Mr. Gur informed the Task Force that the SB 169 group has consolidated their interests into 9 areas of focus and broad recommendations have been drafted.

Issue/Topic: Work Group Report Back and Discussion: Community Resources ("Super Group") **Action:**	Dr. Tucker stated that this work group included Patrick Fox, Vincent Atchity, Doug Wilson, Charlie Smith, Sheriff Pelle and herself. Dr. Tucker said that the group has developed two recommendations and a request to continue working on two other areas. The first recommendation was to *Eliminate jails and correctional facilities from use for M-1 holds by revising C.R.S. 27-65-105.* A draft of the recommended statutory language revisions was distributed to attendees. Dr. Fox stated that subsection 2 is where the group is striking jails and has suggested that at II the words <u>evaluation and</u> be added before <u>treatment</u> because the purpose of this statute is to identify a person that needs to be evaluated emergently and determine what treatment is needed. It was then asked if it should be <u>evaluation AND treatment</u> or <u>evaluation OR treatment</u>. Dr. Fox replied that the use of <u>FOR</u> would be even better. Dr. Tucker agreed, stating that while it is an evaluation the individual is being evaluated to determine if they need further treatment. Dr. Tucker then stated that if everyone agreed, this same correction would be made in subsection C. Ms. English asked if, at the end of the first new paragraph (subsection II) the words <u>treatment and evaluation</u> should be reversed since they occur in the opposite order. Dr. Tucker agreed that this makes logical sense but that the group tried to use existing language from the statute and believes the AND covers both sides regardless of order. Dr. Fox noted that as a transition, if we are eliminating jails and correctional facilities for M1 holds, and effectively reducing capacity, we must discuss what happens next. Dr. Tucker stated that this is a good transition into the group's

Issue/Topic: Work Group Report Back and Discussion: Community Resources ("Super Group")	other recommendation because one cannot be done without the other. Mr. Stroker asked if there are any statistics on the number of people being held on an M1 hold at a jail or other facility. Dr. Tucker stated that to her knowledge this data is not available. Dr. Fox agreed and stated that the Office of Behavioral Health requires data tracking for individuals on an M1 hold for only 27 of approximately 100 hospitals that are designated to accept such individuals. So the data for these few hospitals can be found but there is no oversight or data collected for other hospitals. There is also no oversight for jails to keep or provide this information. Any information that is obtained from the other locations, according to Dr. Fox, is anecdotal or specific case information. Mr. Goetz stated that it may be more beneficial to ask for, and easier for jails to provide, information on how many M1 holds they had on a specific day. He noted that it would be best to tell the jails ahead of time that they will be asking for this data a few weeks in advance to help with compliance. Dr. Smith clarified that if we ask this question we need to be clear about the terminology and the data we are asking for. Someone may be in jail on a 72-hour hold but have been there for several weeks/months. We are interested in information on those coming in on this status. Dr. Fox stated that an M1 hold may be initiated when the criminal charges are dropped to start an evaluation. So while the legal case has been disposed of, the individual came in on an arrest. Multiple people stated that very few, if not zero, county jails take M1 holds without the case starting as an arrest.
Collect snapshot data from jails and non-jail facilities before December 9th CCJJ meeting.	Dr. Tucker offered to present the revised recommendations to the Colorado Jail Association (CJA) at its upcoming meeting. Mr. Goetz agreed that this is a good idea. Dr. Tucker stated that, ideally, the snapshot date should be before the December CCJJ meeting (December 9th). Mr. Goetz stated that it would be useful to receive two pieces of information: the number of people currently on an M1 hold, and the number of people waiting to bond out and then placed on an M1 hold prior to bonding. Dr. Smith noted that it would be important to understand how information is documented to legally classify someone as an M1. Dr. Tucker agreed that this would be interesting data but that it would be more useful for the second recommendation. Mr. Stroker then asked if it would be possible to obtain the same count data from non-jail facilities for the same date for comparison. Dr. Tucker stated that it would be possible and informative. Mr. Stroker continued that this change may not have a huge impact, but it may, so this would be useful information. Mr. Goetz offered to reach out to the Colorado Jail Association beyond the meeting in case there are absentees so as to help obtain more data. Mr. Stroker summarized that the Work Group position is that individuals in need of mental health care should not be held in jail. He asked if this was the consensus of the Task Force, to which everyone agreed. Dr. Fox asked if the group was comfortable taking a vote. Mr. Stroker asked if Dr. Fox was calling

Issue/Topic: Work Group Report Back and Discussion: Community Resources ("Super Group")	for a vote regarding recommendation 1 and the language that has been provided concerning revision to the statute as modified today. Dr. Fox agreed and the motion was seconded by Dr. Smith. The group voted unanimously to support the recommendation. (Editor's note: This vote is only to support this recommendation. A final vote to send this recommendation to the Commission will be taken at the December 8th Task Force meeting.) Dr. Tucker discussed the group's second recommendation regarding the need for an expansion of the statewide crisis intervention system. Dr. Tucker stated that this dovetails with the first recommendation because this recommendation discusses going to an M1 facility. The expectation is that all walk-in crisis centers will take individuals on an M1 that are designated to do so (i.e., 27-65 designated) and that this is meant to reduce the utilization of emergency departments for M1 individuals. Dr. Tucker stated that the consensus of the work group is that this recommendation should be sent to the Commission in December. Dr. Tucker reiterated that the expectation is that all walk-in crisis centers will accept individuals on an M1 hold. The centers are expected to initiate an M1 hold AND accept those cases when the M1 hold has been initiated elsewhere. The group wants to make it clear that walk-in crisis centers can accept M1 individuals. Typically they are used to initiate an M1 certification but any "intervening professional person" can initiate an M1. The second point of this recommendation is to map out the location of all walk-in crisis centers across the state using technology that would be accessible to law enforcement. Dr. Tucker stated that one of the most common questions she receives when she conducts CIT training is about the location of the closest walk-in crisis center. Officers want to know what their options are. Dr. Tucker then discussed that the next purpose of recommendation 2 is to support all walk-in crisis centers in the state with equipment, training, and other support to use telehealth for crisis evaluations and other levels of remote crisis service provisions. She stated that this is a nationwide practice and is allowable under the Health Care, Policy and Finance (HCPF) manual. She stated that there is nothing preventing this from happening now except for the lack of technology, money and incentive. Her concern is that it is a staffing issue (e.g., getting people to work night shifts), especially in rural communities. The next point of recommendation 2 is about the increased utilization of Crisis Stabilization Units (CSUs) including the creation of CSU standards of care, improving emergency transportation without relying on law enforcement, and increasing workforce development. Dr. Tucker stated that the group does not yet have specifics for this recommendation to move forward but wants focus on the increased utilization of CSUs. The final point of recommendation 2 overlaps with another work group regarding the evaluation of mobile crisis and co-responder solutions to avoid duplication. For individuals on an arrest, bond, or hold at a jail but who need an evaluation (M1) this would be an opportunity for a mobile unit to respond to

Issue/Topic: Work Group Report Back and Discussion: Community Resources ("Super Group")	obtain the needed evaluation and avoid back-to-back holds or moving to a hospital with another 72-hour hold. Ms. English asked for clarification on what "back-to-back" means. Dr. Tucker explained, and Drs. Smith and Fox concurred, that a back-to-back hold occurs when someone has been held for 72-hours but the individual is not safe to go home and the next level of placement is not available for various reasons. The most common way a back-to-back occurs is to let time run out, wait 90 seconds, reassess and if the individual is still an imminent risk another M1 hold can be initiated. Dr. Fox added that there is nothing that makes this impermissible as long as it is not too significant a duration. He noted that the 14th Amendment of the Constitution states that no one will be denied life, liberty or property without due process of law. States have varying lengths of what is a permissible length (e.g., we have a 72-hour hold whereas Connecticut has a 15 day medical hold but they cannot write a subsequent hold because they are already at the extreme) and there is nothing preventing one permissible hold from following another. However, Dr. Fox stated that at some point the court should be notified. Liberties can be denied as long as post-deprivation relief is provided with a process to contest their involuntary confinement. He stated that at the end of 72 hours the Office of Behavioral Health does not want someone to be released if they still meet M1 hold criteria but would prefer that the holding facility file for an extension with the probate court. However, this concept never made it into Senate Bill 16-169. The goal, however, is to eliminate back-to-back holds. Dr. Fox added that the emergency room staff are good at what they do but that this is not one of their primary areas of focus.
A map of the walk-in crisis center locations will be provided for the December meetings. - Mr. Cornelia has an updated map that he will send to CCJJ staff.	Mr. Stroker asked how many walk-in crisis centers currently exist. Dr. Fox stated that there are nine Crisis Stabilization Units/Walk-In Crisis Centers in the Denver-metro area; in the southeast region there is one in Pueblo and one on Colorado Springs; On the western slope there is one in Grand Junction; in the northeast region there are two in Fort Collins and one in Greeley. He noted that this list is from last year and that there may be additional units now (specifically, one in Longmont). Mr. Stroker commented that a map is useful for seeing what can already be taken advantage of but also what is lacking. Dr. Tucker noted that adding language about the use of telehealth could be useful. Dr. Smith asked Mr. Morales if this information would be useful for the parole officers who may be responding to a parolee in crisis. Mr. Morales stated that it would be useful because they are often responding to similar situations. Mr. Goetz agreed that this would have a huge effect on the jail system as well. Dr. Smith stated that this carries even more weight for the recommendation to the CCJJ because the effect would be so widespread. Mr. Garcia asked for some clarification about recommendation #2 as it seems more policy driven in comparison to recommendation #1, which is statutory. Dr. Tucker replied that there would be a fiscal impact regarding the second recommendation. Mr. Stroker summarized that the recommendation includes identifying and using the resources we currently have and identifying opportunities to make better use of mobile units and telehealth and how to

Issue/Topic: Work Group Report Back and Discussion: Community Resources ("Super Group")	provide this information to law enforcement when they make decisions. This, along with supporting ongoing efforts, may not have a fiscal impact. But the next phase, deciding what is missing despite our best efforts and how to move forward from there (developing walk-in crisis centers/ crisis stabilization units where they should exist but do not yet), may have a fiscal impact. Dr. Tucker added that we should make it very clear what does exist could be utilized more. The third recommendation, what else needs to be done and where are the gaps, is where the controversy may occur because money may be involved. But Mr. Stroker stated that we should not let this get in the way of the first two recommendations that are acceptable by the group. Dr. Fox stated that the best way to examine this may be to overlay a population density map with a map of facility locations (including mobile crisis dispatching, which typically comes from walk-in crisis centers) to determine where the biggest gaps exist. To clarify what mobile crisis centers do, Dr. Tucker explained that these providers often meet officers in the field or go to hospitals or chapels. Telehealth allows for more immediate consultations rather than spending time driving people all over the state when virtual psychiatric appointments could help more quickly. Dr. Tucker reiterated that telehealth may not require more staff but better utilization of existing staff. Dr. Smith stated that this is already being done in the medical world where telehealth consultations take place with EMTs and officers in the field. Dr. Tucker and Dr. Smith stated that it would be useful to present to the Commission information on what other states and systems have used such technology to show that this is not a new idea, it can be done, and possibly the cost. The group agreed that some detail, with graphics (maps) would be beneficial. Ms. Shimeall asked if there is any information on the severity of the mental health issues. She is concerned that the walk-in crisis centers will not be able to handle these individuals. Dr. Tucker agreed but stated that the recommendations are focused on the large volumes of people in intercepts 0 and 1. They are not trying to replace an emergency department when that is needed or a jail when an arrest is appropriate, but they are focused on those in the middle who are being placed in these facilities when they do not need to be there. The Task Force expressed consensus and Mr. Morales moved, seconded by Dr. Fox, to vote on recommendations 2a and 2b. - 2a: Strengthen the Colorado crisis system's ability to respond by making the best use of existing resources was supported unanimously. - 2b: Map out what our current best efforts would reflect and identify what may be lacking. Then develop a recommendation regarding additional resources that may be needed to meet these needs. Both recommendations were supported unanimously and will be discussed and finalized at the next meeting (December 8th) and then presented preliminarily to the CCJJ (December 9th).

Issue/Topic: Work Group Report Back and Discussion: Community Resources ("Super Group")	It was agreed that the work group should continue meeting about the work force and matching the number of psychiatric beds to per capita needs for small, acute populations. Dr. Fox noted that they will make sure there are enough acute need hospital beds. Ms. Shimeall responded that that was good because she does not want to misrepresent recommendations 2a and 2b and have others think that they will solve the problems that exist for all acuity levels. Mr. Cornelia agreed and said that the Mental Health Holds Task Force (the SB169 Task Force) is focused on this smaller population.

Issue/Topic: Work Group Report Back and Discussion: Law Enforcement **Action:**	On behalf of Sheriff Pelle, Mr. Stroker and Mr. Cornelia presented the two recommendations from this work group. The group included Sheriff Pelle, Mr. Cornelia, Cory Amend (Director, POST), Jesse Jenson (CACP), Brian Turner (Deputy Director, CBHC), Evelyn Leslie and Reo Leslie (Private Mental Health Providers). Recommendation 1 is for POST and Colorado Behavioral Health Care (CBHC) to work together to provide training for peace officers on Mental Health First Aid. This is an 8-hour, evidence-based course and a version has been prepared for first responders. Resources have been offered by POST and CBHC is willing to provide the training to 200 officers a month. Dr. Tucker asked if we could expand this to include de-escalation techniques, and if it would still be within the 8 hour time frame. Mr. Cornelia stated that yes, it would still be within the 8 hour time frame but that the work group did not discuss add changing the curriculum but instead will review the curriculum and adapt it to fit the POST need. Mr. Cornelia wants the recommendation to reflect that the group cannot arbitrarily change an evidence based curriculum. Mr. Morales asked that a sustainment piece be added because it will eventually cost departments to bring their officers to this training. Mr. Morales moved and Mr. Garcia seconded the adoption of this recommendation. It was unanimously supported by the group. Mr. Stroker then stated that Recommendation 2 is about including additional training about Mental Health First Aid and making modifications as needed. Ms. English asked if the language should be changed from <u>modify the curriculum</u> to <u>review and adapt the curriculum.</u> Mr. Cornelia expressed support for this change. Mr. Garcia moved to support, Mr. Garcia seconded and the group unanimously supported. Mr. Stroker asked if this working group would be willing to continue to meet on this subject to address continuity and implementation. Mr. Cornelia agreed that this group, along with Mental Health First Aid Colorado, would continue these discussions.

Issue/Topic: Work Group Report Back and Discussion: Joint Initiatives/Law Enforcement/Mental Health **Action:**	Mr. Goetz spoke on behalf of the final work group (Jeff Goetz, Moses Gur and Matthew Meyer) that is focused on developing partnerships between first responders and community behavioral health programs. They are interested in the General Assembly dedicating funding for this initiative. Mr. Goetz stated that the group wants to get jails away from being a location for mental health holds but also recognized the need for being county-specific with programing. Mr. Goetz discussed the three tiers of programs presented in the preliminary recommendation and how this is affected by county size, need, and money. Tier 1 brings in programs that already exist and utilizes resources better. The group felt this would work best in wealthier counties. Tier 2 uses more telehealth. This would be especially useful for jails not along the front range that are lacking in resources. Mr. Goetz stated that this is a program that is already in use and is funded by inmate booking fees. Tier 3 involves providing CIT and MHFA training as well as using telehealth. Mr. Stroker asked if there is a state entity that the work group has in mind for this recommendation. Mr. Gur stated that they do not want to create new groups but instead leverage and incentivize partnerships across existing groups. He stated that this has been found to work locally as well as nationally. There may also be a role for a state oversight group. Dr. Tucker asked if this recommendation is meant to incentivize local efforts to create a group if something like this does not already exist in a county or is this suggesting a statewide approach that would be managed by a state entity such as the Office of Behavioral Health. Mr. Goetz said that it would be both. He stated that if we leave it to the counties nothing will change. We may be able to incentivize counties to improve an existing program but if they are lacking CIT training already it is difficult to motivate those types of changes at the local level. Mr. Garcia asked where funding and oversight are located now. Mr. Cornelia explained that neither currently exists. We need these partnerships to have interdisciplinary representation so that we can 1) describe the need for early diversion programing in communities to keep mental health patients out of jails, and 2) dedicate funding. He noted that where the funding would come from is not specified in the recommendation. Mr. Goetz then said that the poorest counties will not be able to afford this. Dr. Fox responded that he feels this is why it may not be important to have something in every county but that instead regionalization may be more efficient. Mr. Stroker reminded the group that when this discussion started the Task Force goal was to divert people from the criminal justice system. The second phase will be about improving mental health services for those in the jail and the third phase will be to improve the mental health services for those in the criminal justice system. Dr. Smith mentioned that this recommendation actually serves as an overarching recommendation to the others that were discussed earlier due to

Issue/Topic: Work Group Report Back and Discussion: Joint Initiatives/Law Enforcement/Mental Health **Action:**	the partnerships. He feels the previous recommendations fit into the tiers presented here. Dr. Tucker noted that this may be an extension of 2b from the Super Group – local level partnerships that are supported at a state level. Ms. Shimeall reminded the group that county money does not go into cities. There is incentive for counties and states to work together but this does not exist for cities. Mr. Stroker summarized that the Work Group goal is encourage collaboration and partnership between law enforcement and behavioral health. However, resources may not exist as we need them. There are promising models in the state that we would like to see considered and possibly expanded. We have begun to discuss funding and so the tiers may be a good starting point for looking at the structure of this mutual collaboration. Then we can look at whether this is an extension of other recommendations (e.g., 2b from the Super Group).

Issue/Topic: Next Steps/December Agenda **Action:**	Finalize the recommendations from Groups 1 and 2 to present to CCJJ on December 9th. Group 3 will continue to develop their recommendation and present a revised version in December.

Adjourned: 12:00 pm

Next meeting: December 8, 2016 – 700 Kipling, 4th Floor Conference Room, 1:30pm – 4:30pm