

Mental Health/Jails Task Force
Colorado Commission on Criminal and Juvenile Justice
Minutes

December 8, 2016, 1:30PM-4:30PM
700 Kipling, 4th Floor Conference room

ATTENDEES:

CHAIR

Joe Pelle, Boulder County Sheriff

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 (phone)

Joe Morales, Parole Board

Norm Mueller, Defense Bar

Lenya Robinson, Healthcare Policy and Financing

Charles Smith, Substance Abuse and Mental Health Services Administration (phone)

Abigail Tucker, Community Reach Centers

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

ABSENT

STAFF

Richard Stroker, CCJJ consultant

Kim English, Division of Criminal Justice

Germaine Miera, Division of Criminal Justice

GUESTS:

Jesse Jensen, CACP

Moses Gur, CBHC

Peggy Heil, Division of Criminal Justice

Gina Shimeall, Criminal Defense Attorney

Gwendolyn West, Equitas Foundation

Adam Zarrin, Governor's Office

| | |
|--|---|
| <p>Issue/Topic: Welcome and Introductions</p> | <p>Discussion: Sheriff Joe Pelle opened the meeting and asked attendees to introduce themselves. He reviewed the agenda and began the meeting at 1:34.</p> |
|--|---|

| | |
|--|---|
| <p>Issue/Topic: Senate Bill 169 Mental Holds Task Force Update</p> <p>Action: -SB169 Task Force will vote on their recommendations in December -Outcomes to be reported at the January Mental Health /Jails Task Force</p> | <p>Discussion: Joe asked Lenya Robinson if she would update task force members on the status of the work by the Senate Bill 16-169 Task Force.</p> <p><i>DISCUSSION POINTS</i></p> <ul style="list-style-type: none"> • Lenya noted that the SB169 task force is in the process of reviewing their recommendations and making last minutes tweaks and verbiage changes before voting, which is scheduled to take place on December 21st. • Frank Cornelia advised the group that there is a public document available on the task force website where stakeholders can make recommendations or comments on proposed recommendations. • The SB169 recommendations are very similar to the ones coming forth from this group. • Doug Wilson noted that he is concerned about some discussions going on behind the scenes and that there may be pushback from some consumer groups that may be receiving misinformation. • Group members agreed to deal with questions and any pushback as it arises. |
|--|---|

| | |
|---|--|
| <p>Issue/Topic: Work Group Recommendations and Final Vote</p> <p>Action: -Preliminary recommendations to be presented to the CCJJ on December 9, 2016 -Any suggested revisions to be brought back to this task force for review and approval at the January 12th meeting</p> | <p>Discussion: Abigail Tucker and Frank Cornelia presented the recommendations that have been produced by the Community Resources/Joint Initiatives/Law Enforcement/Mental Health Working Group.</p> <p><i>DISCUSSION POINTS</i> FY17-MH #01 Changes to Emergency Mental Health Commitment Statute.</p> <ul style="list-style-type: none"> • Abigail noted that no changes have been made to the recommendation since the last time this task force reviewed the text, but that this version provides clarity around emergency evaluation and transport. • The bulk of the recommendation suggests revisions to C.R.S. 27-65-105. • The goal of the recommendation is to funnel people away from the criminal justice system unless there are charges involved. • The recommendation also addresses issues around outpatient evaluation. • Kim English pointed out that in the “Discussion” portion of the recommendation there is a mention that Colorado is one of only eight states in the nation that allows for individuals experiencing a mental health crisis to be held in a jail or correctional facility without charges. |
|---|--|

- She suggested that there be an end note linking that comment to an article previously shared in the Mental Health Holds Task Force.
- Senator Cooke mentioned that he is concerned about what this recommendation would mean for rural counties that do not have as many available services. He is worried about what a sheriff would/could do with these individuals.
 - Abigail replied that the goal of this recommendation is to meet those needs. She directed task force members to a map that highlights the lack of current, available resources. The hope is that this recommendation would result in an expansion of coverage in rural areas.
 - Senator Cooke also mentioned problems with available space at treatment facilities in rural counties. He said that if beds are full in a place like Mesa County – someone then needs to be transported to another place like Loveland, which takes a deputy off the street. He stressed that small counties do not have resources to transport people hours away.
 - Abigail responded that the working group is trying to gather some snapshot data to show the extent of the problem and how this recommendation will best address these issues.
 - She added that one concept in the 2nd recommendation (**FY17-MH #02 Strengthening a Community Based Crisis Response**) is to provide services by telehealth. Additionally, many crisis centers have mobile units that could assist in transport rather than law enforcement.
 - Senator Cooke finished by saying that he would not feel comfortable voting on this first recommendation until after the task force reviews the second recommendation.
 - Frank noted that if a sheriff is the first on the scene, and all available beds are full, the goal of this recommendation is to explore where and how to expand services. In addressing mental health holds the recommendation also speaks to a tiered approach and placement agreements.
 - Dr. Patrick Fox added that recommendation #2 addresses more than just expansion of services, but also calls for hospitals to do their part. He explained that if someone in a rural community is under 18, a hospital can refuse to take that person. The hospital association says rural hospitals lack expertise, but at the same time they manage to treat all others. Those 100 hospitals that exist should be able to work with local participants in the crisis network and be able to hold and stabilize someone.
 - Sheriff Pelle asked how it is possible to make a hospital willing to treat a medical condition.
 - Dr. Fox replied that this could be done through passage of law, and that from a mental health parody perspective, this could be a required prerequisite of licensing.
 - Lenya shared that the Mental Health Holds Task Force (also referred to as the SB 169 task force) has also been grappling with this and that their number one recommendation right now is the same as the recommendation is similar to the one coming from this task force, which is centered on adjusting the statute regarding use of correctional facilities for M1 holds.

- She went on to say that transportation and a number of other things will need to be put in place.
- One of the main drivers of these recommendations is around how to better work together and leverage resources. She added that it has been challenging to get hard data about the extent to which this occurs.

FY17-MH #02 Strengthening a Community Based Crisis Response

- The driving force behind this recommendation is to strengthen community-based crisis response.
- The recommendation considers amendments to statute (enacted by SB13-266) to clarify the intent of the crisis system and formally introduce the responsibilities of the crisis system so that it is the preferred response to behavioral health crises across the state, and for engaging in community partnerships that facilitate such response.
- If the recommendations in this proposal are carried out correctly it could mean a shift in the volume of people being served by community mental health centers.
- The recommendation also details that Crises System contracting and regulatory reform should specify the operational components necessary to achieve functionality.
- It is necessary to evolve our current crisis system to address population growth and demographic changes in Colorado.
- The cost expended to access and modify the community-based crisis response system would be a quick return on investment.
- The recommendation specifies that all Walk-in-Centers be prepared to take individuals on M1 holds and are "27-65" designated.
- Another element revolves around how to use a coordinator in each region to find transportation solutions, which gets to Senator Cooke's concerns about rural sheriffs. If a sheriff isn't the one who has to make the trip or make the calls, this is a lot more palatable.
- Another element of the recommendation calls for all crisis services facilities to have appropriate staff ratios, training of staff and adequate reform to increase security.
- The recommendation also introduces regulations that formalize the expectation that rural crisis facilities engage with 24/7 facilities in their region to form facility placement agreements and other local arrangements.
- Dr. Fox offered an amendment that would address issues around an individual with a current medical condition that necessitates care and treatment at a medical facility.
- Abigail shared that in the metro area, a referring agency pretty much knows when they can bring someone to her for mental health care vs. taking someone to a medical facility for a physical issue like a broken leg. She added that is important for the referral source to know and understand the difference.
- There would also need to be tracking of referrals vs. admissions.
- The recommendation also calls for the creation of a web-based portal for data submission to support designated facilities by decreasing administrative workload and increasing capacity.

- This recommendation lines up with a recommendation coming from the Mental Health Holds Task Force.
- Appendix B in the recommendation addresses additional funding for mobile response units, walk-in centers and the development of telehealth capabilities.
- Not all crises can be managed by telehealth, but the goal is to ensure every county in Colorado has (at least) a facility with capacity to receive a patient via telehealth.
- Incentivizing local partnerships dovetails with the coordinator position and this would be a huge part of that role.
- The recommendation also calls for developing, as needed, data collection and outcomes evaluation systems. This gets to where data is the most helpful.
- Abigail summarized that all of the recommendations are a result of the best effort to date by the Working Group.
- Kim noted that the information and mandates in the appendices are fairly specific. She asked if the goal is for the work to be undertaken by the Office of Behavioral Health. She added that the recommendations will need some specifics around determining implementation. CCJJ recommendations need to have an element that identifies an implementing agency.
- Abigail responded that the recommendation is a request that the legislature fund OBH to administer and organize these proposals.
- Frank clarified that it would be a shared responsibility. OBH already has current contracts with providers, and the solution is around contract change.
- Abigail said she recognizes that most of the recommendations are about things that don't have fiscal sustainability if they're not incentivized with seed money.
- The hope is for shared financial responsibility.
- Doug replied that there will need to be a fiscal note process, but that these recommendations dovetail with SB169 money that has already been allocated.
- There are some parallels which could be beneficial.
- Sheriff Pelle said he would like to take a vote regarding support for these recommendations conceptually, understanding there are still a lot of questions around financials and data gathering, etc.
- Senator Cooke noted that he will vote no on Recommendation #1 if Recommendation #2 isn't implemented.
- Joe said he sees this as a package and that it should be voted on as one recommendation. He added that you can't take away a sheriff's only tool without replacing it.
- Doug pointed out that there is a significant lack of data when it comes to these issues, especially from the Sheriffs' Association, and it makes it difficult to move forward on a recommendation. He said it's hard to tell if these issues affect one person or 1000 people.
- Joe replied that he thinks this affects a handful of people annually, but that no matter what, if jails are taken out of the equation they must be replaced with an alternative.

- Abigail agreed that the data is a big part of the problem which is why there is an element in the recommendation to build a data solution.
- There is a desire to gather data, analyze it and create a database. As a provider the desire is to shift the burden in the right direction—from the criminal justice system to the mental health system. What is occurring to date is not creating a solution.
- The data issue has been discussed at Sheriffs' Association meetings and emails and surveys have been sent to sheriffs with little response. Abigail noted that she's only had responses from four metro county jails.
- Frank said the question remains around this recommendation moving forward and how quickly jails would be removed as an option.
- This has also been a topic of discussion at SB169 Task Force, but they're talking about a longer phased-in approach.
- Lenya recommended voting on Recommendation #2 and then Recommendation #1, in order to address the concerns raised by Senator Cooke.
- Kim reminded the group that there will need to be a wording change to designate what entity will be responsible for making changes. Possibly something along the lines of "OBH should take the lead in partnership with... ", or "OBH would be the contractor/broker..."
- Doug explained that if this is presented to the CCJJ tomorrow with statutory amendments, Michael Dohr could then work on the statutory language and bring it back to the Commission.
- Abigail asked again if it is the desire of the group to add a data component to the recommendation.
- Joe replied that it will be difficult to mandate data collection because the M1 piece of paper goes into records management, which is not part of jail management system.
- Joe called for a vote and reminded task force members that they would vote on Recommendation #2 first, and then Recommendation #1.
- A vote was taken on Recommendation #2 and it was unanimously approved.
- A vote was then taken on Recommendation #1 that was also then unanimously approved (please note these recommendations were reordered for the Commission meeting the following day with **FY17-MH #02 Strengthening a Community-Based Crisis Response** becoming the official Recommendation #1).
- Joe Pelle went on to explain Recommendations #3 and #4 and noted that they were fairly straight forward.

FY17-MH #03 Review and include the Mental Health First Aid curriculum for peace officer in-service training through POST

- Recommendation #3 has to do with Mental Health First Aid training and de-escalation.
- Joe explained that a productive meeting was held with officials from the Colorado Peace Officer Standards and Training academy and representatives from the Colorado Behavioral Healthcare Council, and the two organization agreed to work together to review and include Mental Health First Aid training through POST for up to 200 officers per

| | |
|--|---|
| | <p>month.</p> <ul style="list-style-type: none"> • The goal of this recommendation is to make mental health first aid more available across the board in Colorado. • Training is schedule to begin in spring 2017. • POST has committed to providing approximately \$40,000 to fund classes and training will apply toward continuing education requirements. • Recommendation #4 is about introducing the same curriculum for inclusion in the POST Basic Academy. <p>FY17-MH #04 Introduce Mental Health First Aid curriculum for inclusion in the POST basic academy</p> <ul style="list-style-type: none"> • Basically, Recommendation #3 is about in-service training and #4 is for basic POST training. • The courts have mandated that officers have de-escalation training and this will go toward that de-escalation requirement. • Joe added that this gives POST a pre-packaged program that will be used as a substitute for the past training curriculum. • A vote was taken on Recommendations #3 and #4 and both were unanimously passed. |
|--|---|

| Issue/Topic: | Discussion: |
|-----------------------|---|
| <p>Public Comment</p> | <p>Joe asked if there was any public comment. Jesse Jensen from Jensen Public Affairs offered some feedback.</p> <p><i>DISCUSSION POINTS</i></p> <p>Jesse stated that it seems like there should be a repository somewhere in the state for collecting the M1 forms. If the state is creating this form for everyone to use, there should be an entity responsible for collecting them.</p> <p>Frank responded that the M1 information is protected and by statute, it can't be released to anyone. There is a triplicate form, one for the person holding the patient, one that follows the patient to the receiving facility and one for the patient.</p> <p>There's also an issue about documentation regarding who is coming into and out of jail. The same mentally ill person released to the streets is sometimes taken by the same police across the state to a homeless shelter, and there's no documentation on that.</p> |

| Issue/Topic: | Discussion: |
|---|---|
| <p>NEXT STEPS</p> <p>Action:</p> | <p>Richard summarized the outcomes from the meeting and the unanimous approval of all four recommendations for preliminary presentation to the CCJJ the following day. He noted that the final vote for the recommendations will take place in January and that some editing on the recommendations may need to take place between the December and January CCJJ meetings.</p> <p>Richard added that if the final vote goes smoothly in January the group can turn its attention to the provision of mental health services to those in jail.</p> |

Next Meeting

January 12th, 2017 1:30pm – 4:30pm 700 Kipling, 4th floor training room