

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

December 7, 2017 1:30PM-4:30PM
710 Kipling, 3rd Floor Conference room

ATTENDEES:

TASK FORCE MEMBERS

Joe Pelle, Boulder County Sheriff, chair
Norm Mueller, Defense Bar
Jamison Brown, Colorado Jail Association
Abigail Tucker, Community Reach Centers (on the phone)
Patrick Costigan, 17th JD District Attorney's Office
Tina Gonzales, Colorado Health Partnerships
Patrick Fox, Office of Behavioral Health
Evelyn Leslie, Private Mental Health Providers
Joe Morales, Parole Board
Benjamin Harris, Healthcare Policy and Financing
Lucienne O'Hanian, for Doug Wilson, Office of the Public Defender
Evelyn Leslie, Mental Health Treatment Provider

ABSENT

Frank Cornelia, Colorado Behavioral Healthcare Council
Doug Wilson, Office of the Public Defender
Matthew Meyer, Mental Health Partners
John Cooke, State Senator, District 13
Charles Garcia, CCJJ Member At-Large
Charles Smith, Substance Abuse and Mental Health Services Administration (on the phone)
Michael Vallejos, district court judge, 2nd Judicial District
Dave Weaver, County Commissioner

STAFF

Richard Stroker, CCJJ consultant
Kim English, Division of Criminal Justice
Laurence Lucero, Division of Criminal Justice

GUESTS

Moses Gur, Colorado Behavioral Healthcare Council
Callan Riedel, 17th JD District Attorney's Office
Peggy Heil, Division of Criminal Justice
Dr. Reo Leslie, Co. School for Family Therapy
Adam Zarrin, Governor's Office (on the phone)
Vincent Atchity, Equitas Foundation

<p>Issue/Topic: Welcome and Introductions</p>	<p>Discussion:</p> <p>Mental Health/Jails Task Force Chair Joe Pelle welcomed the group and asked Task Force members and attendees to introduce themselves. Sheriff Pelle welcomed Benjamin Harris as a new Task Force member replacing Lenya Robinson and representing the Colorado Department of Healthcare Policy and Financing.</p> <p>Sheriff Pelle reviewed the agenda and asked CCJJ Consultant Richard Stroker to provide a recap of the November meeting.</p>
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<p>Issue/Topic: Recap November meeting</p> <p>Action:</p>	<p>Discussion:</p> <p>Richard Stroker explained that, at the last meeting, the group reviewed the written plan and discussed some final modifications to the proposed model. The group then voted and approved the overall content of the recommendation.</p> <p>The written proposal that is included in the meeting materials has been formatted to be presented to the Commission on Friday, December 8, and presented today for final review by this Task Force.</p>
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<p>Issue/Topic: Diversion program recommendation</p> <p>Action:</p>	<p>Discussion:</p> <p>Sheriff Pelle asked the Task Force members if they had any comments to the recommendation as written. There was no discussion on the recommendation. Dr. Fox moved to approved the recommendation as presented and Norm Mueller seconded the motion. The Task Force members unanimously approved the recommendation.</p> <p>DISCUSSION</p> <p>The group discussed the CCJJ presentation on Friday and it was agreed that Sheriff Pelle will explain the context of these efforts, Dr. Fox will describe each step of the proposed model and Dr. Tucker will discuss anticipated outcome and conclude by encouraging jurisdictions to adopt the implementation of these models.</p> <p>Sheriff Pelle referred the group to an article from the National Sheriff’s Association on a diversion program in Virginia called “Divert First” and provided in the meeting materials.</p>
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Issue/Topic:	Discussion:
<p>Pilot project next steps: Identification of interested jurisdictions to Implement the pilot model</p> <p>Action:</p>	<p>Jamie Brown informed the group that the Colorado Jails Association and the County Sheriffs' Association of Colorado conferences will be held in January in Loveland. This venue will be a good opportunity to introduce this model to the different agencies across the state and measure interest. It may also be necessary to visit some of the jurisdictions that have expressed interest in order to explain these efforts to the other stakeholders involved in this process.</p> <p>Sheriff Pelle shared that Boulder and Pitkin counties have already expressed interest in participating in this pilot model.</p> <p>Any jail can implement this model and it would be valuable to know which jurisdictions decide to move forward with implementation. However, it was suggested to limit the number of jurisdictions (2 or 3) to pilot this concept so data can be collected and outcome tracked.</p> <p>Dr. Fox suggested to reach out to Results First at the Office of State Planning and Budgeting and see if a data analysis can be conducted specially looking at the return for investment. For every dollar invested in this model, what is the total cost saving to the system, to the counties and the local programs? Adam Zarrin will contact Result First and discuss this.</p> <p>Dr. Fox shared that the OBH is looking into expanding the eligibility for Jail Based Behavior Services (JBBS) to not only substance use but mental health and substance use, and these efforts are currently being discussed at the Joint Budget Committee (JBC). Funding will likely be made available to enhance access to mental health services especially in the frontier and rural counties. It was suggested to follow up on these efforts and share this information with the counties interested in implementing these models.</p> <p><i>How will the assessments that are conducted after initial screens be funded under this model?</i></p> <p>Boulder County Sheriff's Office contracts with Mental Health Partners and there are clinicians in the jails. It is expected that this contract will continue but it is limited to the inmates who reside in Boulder county.</p> <p>Dr. Fox mentioned that the Office of Behavior Health allows innovative programs that connect people from the criminal justice system to the community. If a clinician from a mental health center provides services within the jails, this might be covered by the BHO (if this is a Medicaid case) providing that the individuals are not on inmate status. It was reiterated that, as soon as the individuals receive services to be diverted out of jails, they should no longer be on inmate status and therefore would be eligible to be covered by Medicaid. Additionally, many jails are focusing efforts in ensuring that all inmates are enrolled in Medicaid before release.</p>

	<p>The criteria for selection of the jurisdictions that would implement these pilots are that:</p> <ul style="list-style-type: none"> ➤ Jurisdictions should have capacity for data collection, ➤ Jurisdictions should be committed in this efforts and willing to work with CCJJ staff on project evaluation, ➤ Jurisdiction should be committed to these efforts demonstrated by established partnership with district attorneys, public defenders, sheriffs' offices and community mental health providers. ➤ What is the current assessment process within the jail? If none, what type of process is envisioned? ➤ Funding: What are your ideas to fund this process (assessment)? For example, applying for a grant, using diversion money or any other ideas. <p><u>Next Steps:</u></p> <p>Step 1: January Discuss this model at the Colorado Jail Association/Sheriffs' Association in January and provide criteria for selection.</p> <p>Step 2: February Interested counties to contact Kim English; Kim will gather information about the assessment process and review the selection criteria with callers.</p> <p>Step 3: February/March: Kim English will (continue to) gather information about the assessment process and review the selection criteria with callers.</p> <p>Step 4: April: Kim English will present the counties that have expressed interest to the Task Force and the group will select the counties to implement pilot sites.</p>
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Issue/Topic:	Discussion:
<p>Issue Area #3 The provision of mental health services in jail</p> <p>Action:</p>	<p>Richard reminded Task Force members that, when the Task Force originally got underway they identified three topics of area for study. The first two area of study have been completed (M1 Holds and the Crisis Response and the Diversion within the Criminal Justice System). The group will now start working on the next topic 'The Provision of Mental Health Services in Jail'.</p> <p>Sheriff Pelle started the discussion by providing a background of the issues faced by the jails.</p> <p>There is a number of individuals in the jails who are acutely mentally ill and charged with serious crimes. These individuals often required more advanced services and supervision than the treatment provided in the jails, and should be hospitalized. Sheriff Pelle indicated that as of last week, the Boulder County Jail</p>

housed eight people who were on a 6-8 week waiting list to be admitted to the State Mental Health Hospital.

The State Mental Health Hospital has had its funding cut significantly over the years. It is Sheriff Pelle's opinion that this is no longer a viable model.

Other states have decentralized their hospital systems throughout the state to facilitate access to care. For example, in California, mental health hospital wings have been added to the jails. Consequently, Sacramento is no longer the sole location and there are regional hospital facilities across the state.

Mental health providers and jail deputies cannot force medication and cannot provide the level of services that can be done in a hospital. Individuals with very severe mental health disorders are dangerous to themselves and others. Sheriff Pelle believed that this is a very important issue and it is time to dedicate efforts to improve this system.

Patrick Costigan shared the same concern that Sheriff Pelle. Individuals with severe mental health disorders are declared incompetent and cannot be prosecuted. With nowhere to go and because of the long delay to be admitted to the State Hospital, people constantly circle back to criminal justice system and end up in jails. Patrick agreed that the system is lacking response for this significant problem.

Dr. Fox explained that the number of competency, sanity and mental health evaluations conducted at the State Hospital have drastically increased over the last five years (about 2500 in 2016) and the challenge to hire additional qualified evaluators to meet this increase is a significant issue.

Additionally, there is the issue of capacity and a limited number of beds. From Dr. Fox's perspective, some of this problem is about the insufficient resources and the other about not using the resources effectively.

Dr. Fox informed that last year, about 730 individuals were sent for competency restorations which necessitate an in-patient stay of 90 to 100 days. So, in a given day, 177 beds are occupied for competency restorations. Of those 730 individuals, 213 people were charged with misdemeanor offenses. Most didn't require involuntary or emergency meds, had no episodes of seclusion and no episodes of restraints. So, this situation begs the question: could some of the 213 individuals have been served somewhere else and free some of the necessary beds needed for individuals with more severe conditions and who are in custody?

There is a provision in the statutes allowing competency evaluations to be conducted out of custody.

Dr. Fox shared that there is a proposal in the upcoming legislative session to modernize the Mental Health Institutions, and for additional beds in the Denver area.

	<p>Civil commitment beds in Colorado continue to increase. Several hospitals opened in the past years with an additional 220 civil commitment inpatient beds that are available to individuals who are Medicaid recipients.</p> <p>In Denver, there is a hospital in the jail staffed by medical staff. It is a secure facility and inmates from other jails can be transferred to this hospital for care. This doesn't exist for mental health services.</p> <p>Richard Stroker asked the group to articulate the problem discussed today and prioritize the issues to address:</p> <ol style="list-style-type: none"> 1. Alternative placement options for individuals in custody with severe mental illness. 2. Expand/make best use of MH treatment beds and resources and expand ability to restore competency out of custody 3. Expand mental health treatment services available in the jail 4. Post arraignment jail diversion <ul style="list-style-type: none"> - Deferred prosecution? - Resources <p>For the issue of Post Arraignment Jail Diversion, Colorado has diversion statutes in place (used to be called 'Deferred Prosecution'). The process is that individuals do not plead guilty, they waive their rights to speedy trial, and then are given conditions to diversion.</p> <p>Richard summarized that the January meeting would be focused on an informational discussions and suggested that Task Force members look at models in other states and jurisdictions and share any literature with the staff before the meeting.</p>
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Issue/Topic:	Discussion:
<p>Next steps and Adjourn</p>	<p>January meeting</p> <ul style="list-style-type: none"> - The next meeting will be January 11th, 1:30 – 4:00pm, at 710 Kipling, 3rd floor conference room <p>This meeting was later rescheduled to January 10, from 10 am-12:30 pm due meeting conflict with the Colorado Sheriffs' Association conference and the Colorado Jail Association meeting.</p>

Next Meeting

January 10, 2018

10:00am – 12:30pm 710 Kipling, 3rd Floor Conference room