

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

April 12, 2018 1:30PM-4:00PM  
710 Kipling, 3<sup>rd</sup> Floor Conference room

**ATTENDEES:**

**TASK FORCE MEMBERS**

Joe Pelle, Boulder County Sheriff, chair  
Callan Reidel for Patrick Costigan, 17<sup>th</sup> JD District Attorney's Office  
Benjamin Harris, Department of Healthcare Policy and Financing (on the phone)  
Doug Wilson, Office of the Public Defender  
Moses Gur for Frank Cornelia, Colorado Behavioral Healthcare Council  
Abigail Tucker, Community Reach Centers  
Tina Gonzales, Colorado Health Partnerships  
Jamison Brown, Colorado Jail Association  
Norm Mueller, Defense Bar

**ABSENT**

Patrick Costigan, 17<sup>th</sup> JD District Attorney's Office  
John Cooke, State Senator, District 13  
Charles Smith, Substance Abuse and Mental Health Services Administration  
Dave Weaver, County Commissioner  
Charles Garcia, CCJJ Member At-Large  
Evelyn Leslie, Private Mental Health Treatment Provider  
Joe Morales, Adult Parole Board  
Patrick Fox, Office of Behavioral Health  
Matthew Meyer, Mental Health Partners

**STAFF**

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

**GUESTS**

Vincent Atchity, Equitas Foundation  
Peggy Heil, Division of Criminal Justice

<p><b>Issue/Topic:</b> Welcome</p>	<p><b>Discussion:</b> Mental Health/Jails Task Force Chair Joe Pelle welcomed the group and reviewed the agenda.</p>
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<p><b>Issue/Topic:</b> JBC Bill Drafts</p> <p><b>Action:</b></p>	<p><b>Discussion:</b></p> <p>Doug Wilson and Moses Gur presented on four bills drafted by the Joint Budget Committee to address the increasing number of court orders for competency evaluations and restoration services. These bills are designed to divert individuals with mental health and co-occurring conditions from the criminal justice system into treatment and to improve collaboration between the courts, district attorneys, defense attorneys, Colorado Department of Human Services (CDHS), Department of Health Care Policy and Financing (HCPF), local law enforcement, and community-based behavioral health providers concerning the available treatment options.</p> <p><b>Competency &amp; Restoration Services</b> This bill includes a set of comprehensive changes to C.R.S. Title 16, Article 8.5, Competency to Proceed, designed to provide timelier competency-related services based on clinical necessity and to integrate services with existing community-based behavioral health supports to address the underlying causes of incompetency. The changes included in this bill are designed to help the state meet the requirements of a settlement agreement related to the length of time pretrial detainees wait in jail to receive competency evaluations and restoration treatment.</p> <p><b>Expanding the Scope of the Existing Jail Based Behavioral Health Services (JBBS) Program</b> Administered by CDHS, this program is designed to assist jails in screening inmates for substance use disorders, providing treatment in jail, and promoting continuity of care upon release from jail. The bill draft will expand this program and provide funding for jails to screen for mental health disorders and suicide risk, provide mental health treatment and medication, and promote continuity of care upon release.</p> <p><b>Establishing a Statewide Behavioral Health Court Liaison Program</b> This bill would establish a Behavioral Health Court Liaison Program in the Office of the State Court Administrator and would dedicate behavioral health liaisons for each judicial district to keep judges, district attorneys, and defense attorneys informed about community-based behavioral health services for defendants, including those who are ordered to have a competency evaluation or restoration treatment. Duties of behavioral health court liaisons would include:</p> <ul style="list-style-type: none"> <li>• Accessing treatment records and systems and making connections to behavioral health services;</li> <li>• Screening for behavioral health conditions;</li> </ul>
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- Making determinations regarding program fitness, considering the following information:
  - The nature of the behavioral health condition;
  - The availability of the individual's treatment history, including past or current involvement with a local Community Mental Health Center;
  - Opportunities for redirection into community behavioral health treatment; and
  - Availability of local, regional, and state resources and behavioral health services.

#### **Establishing a Pre-File Behavioral Health Redirection Program**

This established a program intended to redirect individuals with mental health concerns out of the criminal justice system and into treatment. The State Court Administrator's Office would administer funding for this program. This bill draft incorporates policy recommendations approved by the Colorado Commission on Criminal and Juvenile Justice (CCJJ) in January of 2018. The goal of these programs is to:

- Reduce criminal recidivism through early redirection of individuals to behavioral health treatment;
- Reduce costs associated with continued incarceration; and
- Decrease the need for criminal justice involvement.

The JBC will be voting next week on whether to proceed with the concept.

#### **DISCUSSION**

#### **Competency and restoration evaluations**

Judge Weisman from the Miami-Dade County Diversion Program recently stated that about 20% of people nationwide who have had their competency raised are actually found incompetent. In Colorado, this number is about 40% to 50% and because of the current backlog to complete competency evaluations, this bill would speed up the evaluation and allow people eligible for diversion to be moved to out-patient (out-of-custody) for evaluation and restoration. The purpose is to get low level offenders out of custody for evaluation and restoration. These exclude sexual offenses, crimes of violence and crimes that fall under the Victims Crime Acts. There is also a shorter timeframe for the dismissal of cases of permanently incompetents.

#### **Jail Based Behavioral Health Services**

Sheriff Pelle explained that Boulder County has three clinicians who work in the jails under the Jail Based Behavioral Service program (JBBS). This program has proven to be a very positive asset. Sheriff Pelle mentioned that he noted some issues first related to pay disparity between the JBBS clinicians and clinicians on staff. Additionally, because the JBBS positions are grant funded and there are substantial reporting requirements, the JBBS staff spend about half of their time doing administrative reporting.

#### **Court liaisons**

The court liaisons would be based in the local courts. The staff would serve as liaisons between the bench, the community mental health centers, prosecution,

	<p>defense and law enforcement. The court liaisons would help direct the evaluation and restoration programs. The number of court liaisons would depend upon the size of the district and their primary role would be to connect, make referrals and educate people on available services.</p> <p><b>Redirection Program</b>                  This bill would create redirection specialist positions across the state. The redirection specialists would be based in the courts to help with the screening of individuals with mental health conditions (including co-occurring) who have been arrested and charged (pre-plea). The screening would be used as a tool to re-direct people out of the criminal justice system into the civil side. The primary role of the redirection specialist is to conduct assessments and make a recommendation based on the criteria agreed upon locally.</p> <p>It was commented that a redirection specialist would be very helpful to connect with services in other counties for those jail inmates who do not reside in the that county.</p> <p>Sheriff Pelle asked the Task Force members whether they support the general concept of the bills. The group voted and approved unanimously.</p>
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<p><b>Issue/Topic:</b>                  Updates: Pre-filing mental health diversion program – pilot project</p>	<p style="text-align: center;"><b>Discussion:</b></p> <p>Kim English and Jamison Brown will attend one of the jails administrators’ meetings to reach out to the 5 jurisdictions that are interested in the pilot project. The jurisdictions mentioned are the counties of Boulder, Denver, Adams, Pitkin and Eagle.</p> <p>Kim and Peggy Heil will also attend an upcoming CDAC meeting to discuss the project.</p> <p>Kim commented that the roll out of the project will likely take more time than anticipated as the implementation of such project necessitate lots of reaching out, information sharing and planning.</p> <p>Abigail Tucker will be attending a meeting with stakeholders from Adams County on May 2 to also provide information on the pre-filing diversion pilot program.</p> <p>Sheriff Pelle informed the group that an implementation team has been created in Boulder County to discuss the project.</p> <p>Kim and Peggy will meet with Jagruti Shah, Director of the Criminal Justice Services at Colorado Department of Human Services. Jagruti is responsible for the Jail Based Behavioral Health Services and is collecting data that might be useful.</p>
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<p style="text-align: center;"><b>Issue/Topic:</b></p> <p style="text-align: center;">Recap of March meeting</p> <p style="text-align: center;">Post-filing/pre-adjudication mental health diversion</p> <p style="text-align: center;">The provision of Mental Health Services in Jail</p> <p style="text-align: center;"><b>Action:</b></p>	<p style="text-align: center;"><b>Discussion:</b></p> <p>Richard Stroker provided a recap of the March meeting.</p> <p>Richard asked that considering the draft bills discussed earlier, whether the members of the task force would like to reconsider the topic of post-filing diversion or they believe that the bills would address this issue if approved by the legislature.</p> <p>It was agreed that the bills discussed earlier would provide the ability to include post-charge and redirect out of the system. The topic may be revisited if the legislation doesn't pass.</p> <p>Richard engaged the group to discuss the last topic of the hospitalization in secure facilities of individuals who have acute and severe behavioral health problems and are in the jails. Those individuals are not eligible for diversion.</p> <p>Peggy Heil presented information she gathered regarding models of regional hospitalized secure facilities with forensic unit from other states. The handouts of the presentation can be found <a href="#">here</a>.</p> <p>Ms. Heil's presentation also included a concept paper of a multi-purpose facility serving different high needs population. According to the Forensic Patients Psychiatric Hospitals 2017 report, there are only nine states that accept multiple jail detainee transfers. The states are: Georgia, Maryland, Nevada, New Jersey, New York, North Carolina, Ohio, Pennsylvania, South Carolina. The report also mentions the Florida Forensic Hospital Diversion Pilot Program. The number of detainee transfer indicated in the report represent a one-day census and was conducted in 2014.</p> <p>Peggy Heil's presentation provided more detailed information on the models which represented the highest numbers of transfers:</p> <ul style="list-style-type: none"> <li>- New Jersey Ann Klein Forensic Center, New Jersey Department of Health, Division of Mental and Addictions Services. This center is a 200-bed psychiatric hospital serving a unique population that requires a secured environment. This facility provides care and treatment to individuals suffering from mental illness who are also in the legal system. The Center takes jail detainees who have committed a serious crime. If jail detainees have lower level crimes and lower recidivism risk, they are sent to psychiatric regional hospitals.</li> <li>- Pennsylvania's Warren State Hospital Regional Forensic Psychiatric Center, Pennsylvania Department of Human Services. This center provides psychiatric evaluations in a medium security facility to persons that are involved with the county-based judicial/correction systems.</li> <li>- The Florida Hospital Diversion Pilot Program – Miami Dade Forensic</li> </ul>
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Alternative Center, Department of Children and Family Services (see link above for summary description of the program) has a residential inpatient treatment as part of the diversion program.

DISCUSSION:

It was commented that there may be some challenges from private hospitals to accept inmates from jails. The model from Florida has increased the pay for psychiatric beds to make it more attractive for private hospitals to open up psychiatric wards.

Victims have to be notified and a conversation should occur with regards to the security in place in case of transfer to private hospitals. The cost of security would be expensive.

It was suggested to consider private/state partnership to make it suitable from a security-expense perspective.

The Correctional Care Medical Facility (CCMF) located in Denver has a secure correctional care facility with 24 forensics beds where county jail detainees can be transferred.

The group discussed at length the importance of assessing the number of people that would be impacted in order to better identify the solutions or approaches to adopt.

The questions for the jails will be:

On any given day, how many people in the jails meet the following criteria?

1. Ineligible for diversion, redirection, bail or PR due to the nature of the charge. Cannot get out of custody.
2. Acutely mentally ill.
3. Unmanageable by jail staff maybe because of their unwillingness to take medication.

Jamison Brown proposed to discuss this question at the next Jails Association meeting and obtain data on the number of people in the Colorado jails that meet these criteria. He will ask how many of people in the jails currently meet these criteria and how long does it take to get an individual placed out for services in a secure facility.

<b>Issue/Topic:</b>	<b>Discussion:</b>
Next steps and Adjourn	For next meeting, the group will review the information presented by Ms. Heil and the elements of regional facility concept.  Jamie Brown will report on the number of individuals who meet the criteria described above so the group continue discussions about possible solutions.  Meeting adjourned at 3:30 pm

**Next Meeting**

May 10, 2018

1:30pm – 4:00pm

710 Kipling, 3rd Floor Conference room